Asset-Based Approaches in Systems of Care for Youth and Families who are LGBTQI2-S

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Values and Principles for a System of Care

- Family-driven and youth-guided
- Home and community based
- Strength-based and individualized
- Culturally and linguistically competent
- Integrated across systems
- Connected to natural helping networks
- Data-driven, outcomes oriented


Frontline Practice Shifts

Control by professionals Partnerships with families/youth (acknowledging x power imbalance)
Only professional services Partnership between natural and professional supports and services
Multiple case managers One service coordinator
Multiple service plans Single, individualized (meeting needs of agencies) child and family plan (meeting needs of family)
Family/youth blaming Family/youth partnerships
Deficits focused Strengths focused
Mono Cultural Cultural & Linguistic Competence

What the Research Tells Us

- LGBT students are significantly more likely than other students to:
  - Experience depression
  - Attempt suicide (3-4x more likely)
  - Be harassed at school and in the community
  - Experience verbal and physical violence (7 x more likely)
  - Abuse substances
  - Drop out of school
  - Become homeless

What’s Happening in Our Schools
(GLSEN’s 5th National School Climate Survey 2006-2007)

- 97% of all students reported hearing anti-gay/homophobic remarks or slurs in school (e.g., “faggit,” “homo,” and “sissy”), an average of 25 times a day.
- 86.2% of LGBT students experienced verbal harassment at school because of their sexual orientation (e.g., called names or threatened).
- 44.1% had been physically harassed (e.g., pushed or shoved) because of their sexual orientation and 30.4% because of their gender expression.
- 1/3 of transgender students heard school staff make homophobic (32%) remarks, sexist (39%), and negative comments about someone’s gender expression (39%) sometimes, often, or frequently in the past year.

How Our Schools Respond

- 82.9% of LGBT students reported that staff never or only sometimes intervened.
- 31.1% who did report an incident said that school staff did nothing in response.
- 50% of LGBTQ adolescents said homosexuality was discussed in their class; and nearly half said it was handled negatively.
What’s Happening in Our Families

- 26% of youth who “come out” to their families are thrown out of their homes because of conflicts with moral and religious values. Over 50% report suffering physical violence at the hands of a family member after “coming out.”
- The percent of homeless LGBT youth within the population of youth who are homeless is between 11% and 35%.

“LGBT young adults who have reported higher levels of family rejection during adolescence were...
- 8.4 times more likely to report having attempted suicide
- 5.9 times more likely to report high levels of depression
- 3.4 times more likely to use illegal drugs, and
- 3.4 times more likely to have reported having engaged in unprotected sexual intercourse compared with peers from families that reported no or low levels of family rejection.” (Family Acceptance Project - 2009)

New Lens

- 60.8% felt unsafe at school because of their sexual orientation.
- 38.4% felt unsafe because of their gender expression.
- 32.7% kids died of suicide because of feeling unsafe (more than 4.5 times more likely than their heterosexual peers).
- 26% of youth who “come out” to their families are thrown out of their homes because of conflicts with moral and religious values.
- 31.1% who did report an incident said that school staff did nothing in response.
- 28% dropped out of school due to peer harassment (3 times the national average).

What is it about the 72% who stayed in school?

Changing the School Climate

- Gay-Straight Alliances (or similar clubs) provide support to LGBTQI2-S students and promote respect for the entire school community.
- Supportive, knowledgeable school staff who will intervene when they hear or see anti-gay remarks or activities.
- Enforcement of comprehensive safe school policies that include sexual orientation and gender identity/expression.
- Increase student access to appropriate and accurate information regarding LGBTQI2-S people (e.g., homosexuality is not a mental or physical disorder, not contagious, not a choice, not evil)

Life Domain Areas

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Screening, Assessment, Evaluation, and Care Planning

Screening: 1st step, triage, identify children and youth at high risk, link to appropriate assessments
Assessment: Based on data from multiple sources; Comprehensive; Identify strengths, resources, needs; Leads to care planning
Evaluation: Discipline-specific, e.g., neurological exam; Closer, more intensive study of a particular or suspected clinical issue; Provides data to assessment process
Care Planning: Individualized decision making process for determining services and supports; Draws on screening, assessment, and evaluation data


Change Exclusionary Practice; Change Heterosexual Bias in Language

Are you...
- Married
- Single
- Divorced
- Separated
- In a Committed Relationship
- Domestic Partnership

Omit discussions of marital status unless legal marital relationships is the point of the discussion.

Lazear, K.J. Training Institutes, 2008

Studies of Social Support

Natural helping networks are support systems (Gotlieb, 1983; Pancout, 1990).
People first go to friends, relatives, neighbors, and lay helpers such as bartenders and beauticians for information and help (Cohen & Wills, 1985; Germain & Patterson, 1988; Gotlieb, 1988).
This is especially true of racially and culturally diverse populations (Lazear, Pires, Issacs, Chaulk and Huang, 2008).
Social support from other families can reduce anxiety in parents (Ileys, Sills, Kolodner, & Walsh, 1996).

Lazear, 2008 Many Faces of Trauma

Recognizing Social Supports Eco-Mapping

Familiarize Yourself with Resources and Opportunities

Get to Know Local, State and National LGBTQI2-S Resources (need to add SAMHSA)
Select Strategies to Meet Needs: Formal Service Providers

Knowledge: Discrimination, oppression, prejudice, Homophobia/biphobia and heterosexism, Mental health issues affecting LGB persons, Life issues and LGB identity development, Hate crimes and violence, Heterosexual bias in counseling theories, Ethical issues, Community resources, Diversity of experiences in coming out, Same-sex sexual behavior, Family of origin issues.

Skills: Be sensitive to ethical issues (i.e., confidentiality), Talk about/listen to all aspects of person’s life. Help with coming-out process. Use non-biased affirming techniques. Be clear about setting boundaries. Interview/assess/take history without heteronormative bias. Create safe environment do not assume person is heterosexual.

Attitude: Do not feel homosexuality is wrong, evil, or should be changed. Non-heterosexual identity, self-expressed regarding sexuality. Acceptance of same-sex intimacy as a healthy lifestyle. Not assuming sexual orientation is relevant to person’s problems. Open to judgmental accepting attitudes. Affirming attitudes that go beyond tolerance. Respectful of differences within the LGB community.

Examples of Other Home and Community-Based Services You’d Want to Provide Based on Practice, Family, and Youth Experience & Outcomes Data

• Intensive in-home services
• Child and youth respite services
• Mobile response and stabilization services
• Mental health consultation services
• Independent living skills and supports
• Family and youth education and peer support

Service and Support Plans Identify Strength-Based, Creative, Practical, Culturally Competent Strategies to Meet the Needs Identified by the Child, Youth and Family

EXAMPLE: Positive Aspects of Gay or Lesbian Identity

• belonging to a community;
• creating families of choice;
• forging strong connection with others;
• serving as positive role models;
• developing empathy and compassion;
• living authentically and honestly;
• gaining personal insight and sense of self;
• involvement in social justice and activism;
• freedom from gender-specific roles; and,
• exploring sexual relationships

Residential Treatment Facilities

(Center for Health Care Strategies Survey 2009)

• Fewer than half (47%) of facilities provide training to staff on GLBT issues.
• Less than a quarter (19%) train staff on community resources for GLBT youth.

Wraparound

Wraparound is a definable planning process that results in a unique set of community services and natural supports that are individualized for a child and family to achieve a positive set of outcomes. **

Think of Wraparound as a strengths-based practice approach that can be applied to any population of children and families with or at risk for intensive service needs – not just to those with the most serious and complex problems.

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Riggle et al. (2008)
Resilience

a "phenomenon that some individuals have a relatively good outcome despite suffering risk experiences" (Rutter, 2007)

Resilience theory, supports an assets-based approach by:
1. identifying qualities of individuals and support systems that explain or predict success,
2. describing the process of coping with negative stressors, and
3. creating experiences that move individuals toward reintegration (Richardson, 2002; Masten & Powell, 2003).

Lazear, 2008 Many Faces of Trauma

Studies of Resilience for LGBTQI-S Youth

1. positive social relationships moderate the relationship between stress and distress (Rosario, Schrimshaw, & Hunter, 2005);
2. affirming faith experiences contribute to less internalized homonegativity, more spirituality, and psychological health (Lazear, Home, & Neffinger-Frazier, 2003);
3. family support and acceptance explains adolescent comfort and resilience in later life (Glicken, 2006);
4. cultural factors do not impede sexual identity formation; however, identity integration involving internal and external acceptance and comfort being known as LGB, in addition to positive engagement in LGB social activities, is delayed by negative cultural factors (Rosario, Schrimshaw, & Hunter, 2004).

EXAMPLE (Health): Long Term Goals and Normalizing Strategies of Children and Families Affected by HIV/AIDS

The 3 main goals families had to establish normalcy and stability were…
1. staying healthy;
2. facilitating children’s participation in schools and social activities; and,
3. enhancing social and emotional well-being of all family members.

Rehm and Frank (2000)

Barriers to Parents or Caregivers who are LGBTQI-S Participation

There are an estimated 6 – 14 million children with one or two gay or lesbian parents in the U.S.

LGBTQI-S and a Public Health Approach

Assets-based approaches can be structured within a population-based approach, that is, a public health approach concerned with the health of all people, including their relationship to the physical, psychological, cultural, and social environments in which people live, work and go to school.
Organizational Cultural Competence within a Community Context

- Systems Respond to Needs of Youth Who are LGBTQI2-S
  - Child, Adolescent and Family Branch, CMHS, SAMSHA: LGBTQI2-S National Workgroup
  - National Center for Cultural and Linguistic Competence: cultural competency practice briefs
  - National Child Traumatic Stress Network: brief focused on trauma among youth who are LGBTQ
  - CWLA: best practice guidelines for serving LGBT youth in out-of-home care
  - CWLA & Lambda Legal “toolkit” to support LGBTQ youth in care

- Create a Safe Environment
  - Learning about the relationship between gender, bullying, and school violence will change the way I deal with harassment.
  - Lynn White, 3rd Grade Teacher
  - YES Institute ReVision March/April 2006

Definition of a System of Care: A system of care incorporates a broad, flexible array of services and supports for a defined population that is organized into a coordinated network, integrates care planning and management across multiple levels, is culturally and linguistically competent, builds meaningful partnerships with families and youth at service delivery, management, and policy levels, and has supportive policy and management infrastructure.