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

Intensive Workshop #3
Tampa, Florida
March 7, 2010

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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

From Primer Hands On – Pires, S. (2008). Adapted from Stroul., & Friedman, R. (1986). A system of care for children and youth with severe emotional disturbances (Rev. ed.) Washington, DC: Georgetown University Child Development Center, Technical Assistance Center for Children's Mental Health.

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Frontline Practice Shifts

Control by professionals (*I am in charge*)	→ Partnerships with families/youth (*I* (acknowledging a 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

Primer Hands On – Pires (2007); Adapted from Orrego, M. E. & Lazear, K. J. (1998) EQUIPO: Working as Partners to Strengthen Our Community and Conlan, L. Federation of Families for Children's Mental Health

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There are an estimated 2.7 million school age LGBTQ youth in the US (some comparative estimates figure between 1.1 to 5.3 million)

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

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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., "faggot," "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.

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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.

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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 30% 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%.

"LGB 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)*

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IS IT OK TO BE ME?

- 60.8% felt unsafe at school because of their sexual orientation and 38.4% felt unsafe because of their gender expression.
- 32.7% skipped a day of school in the past month because of feeling unsafe (more than 4.5 times more likely than their heterosexual peers).
- 28% dropped out of school to escape the violence and harassment (3 times the national average).
- For LGBTQI2-S youth of color, stigma creates even greater risk for substance use, violence, and risky sexual behaviors (e.g., 44.7% reported being harassed because of their sexual orientation and their race and ethnicity).

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New Lens

•60.8% felt unsafe at school because of their sexual orientation.

What made the 39.2% feel safe?

•28% dropped out of school due to peer harassment (3 times the national average).

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

31.1% who did report an incident said that school staff did nothing in response.

How did 69% of the school staff respond?

•26% of youth who "come out" to their families are thrown out of their homes because of conflicts with moral and religious values.

What's happening in the homes of the other 74%?

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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)

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Include LGBT Role Models in School Celebrations

US Representative & Chairman of the House Finance Committee
Barney Frank

John Amaechi

Tammy Baldwin
US Representative - WI

"Hold fast to dreams
For if dreams die
Life is a broken-winged bird
That cannot fly.
Hold fast to dreams
For when dreams go
Life is a barren field
Frozen with snow."
Langston Hughes
(1902-1967)

Keith Haring
(1958-1990)

Athlete of the Year
1988

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Life Domain Areas

Primer Hands On, Pires (2002): Adapted from: Dennis, K, VanDenBerg, J., & Burchard, J. (1990). *Life domain areas*. Chicago: Kaleidoscope.

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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

Adapted from Pires, S. (2002). *Building systems of care: A primer.* Washington, D.C.: Human Service Collaborative

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Change Exclusionary Practice; Change Heterosexual Bias in Language

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

Do you have a girlfriend?

Is there someone you're very close to or are intimate with?

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

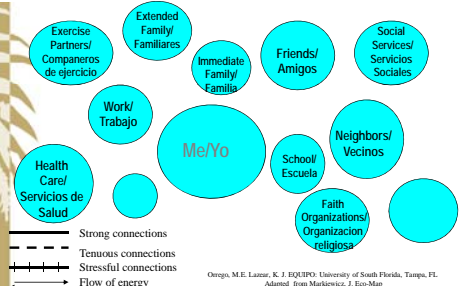Natural helping networks are support systems (Gottlieb, 1983; Pancoast, 1980).

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; Gottlieb, 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 (Ireys, Sills, Kolodner, & Walsh, 1996).

Lazear, 2008 Many Faces of Trauma

Recognizing Social Supports Eco-Mapping

- Exercise Partners/ Companeros de ejercicio
- Extended Family/ Familiares
- Immediate Family/ Familia
- Friends/ Amigos
- Social Services/ Servicios Sociales
- Work/ Trabajo
- Me/Yo
- School/ Escuela
- Neighbors/ Vecinos
- Health Care/ Servicios de Salud
- Faith Organizations/ Organizacion religiosa

Strong connections
Tenuous connections
Stressful connections
Flow of energy

Orrego, M.E. Lazear, K. J. EQUIPO: University of South Florida, Tampa, FL. Adapted from Markiewicz, J. Eco-Map

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Familiarize Yourself with Resources and Opportunities

Lazear, K.J. Training Institutes, 2008

Get to Know Local, State and National LGBTQI2-S Resources *(need to add SAMHSA)*

Lazear, K.J. Training Institutes, 2008

Select Strategies to Meet Needs: Formal Service Providers

Knowledge: Discrimination, oppression, prejudice, Homophobia/biphobia and heterosexism, Mental health issues affecting LGB persons, Lifespan 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 heterosexual bias, Create safe environment/do not assume person is heterosexual.

Attitude: Do not feel homosexuality is wrong, evil, or should be changed, Non-homophobic attitude; self-awareness regarding sexuality, Acceptance of same-sex intimacy as a healthy lifestyle, Not assuming sexual orientation is relevant to person's problems, Open/non-judgmental/accepting attitude, Affirming attitude that goes beyond tolerance, Respectful of differences within the LGB community.

Adapted from Israel, T. et. al. (2003) Identifying Counselor Competencies for Working with Lesbian, Gay, and Bisexual Clients

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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.

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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

Pires, S. 2005. *Building systems of care.* Human Service Collaborative. Washington, D.C.

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Wraparound

Engagement and team preparation
Plan development
Implementation
Transition

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 strength-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.

Pires, S. (2002). *Building systems of care: A primer.* Washington, D.C.: Human Service Collaborative; *Bruns, B. & Hoagwood, K. (Eds.) *Community-Based Interventions for Children and Families.* Oxford: Oxford University Press and National Wraparound Initiative,.

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

Culture and Strengths
- Johnny is a good artist
- Claire (mother) likes to help others
- Claire has strong spiritual beliefs
- Family is close
- Guidance counselor and truancy officer have strong community connections (including a church affiliated HIV/AIDS clinic)

Needs
- Johnny needs to learn to get along with others
- Jonny needs to feel that he is "OK" and contributing to school, community
- Johnny needs to feel safe at school
- Johnny needs to attend all his classes for the next 3 months to graduate
- Claire needs to develop a social support network; accept Johnny for who he is
- Community needs help with project

Family Vision: To get along better; Johnny to graduate from high school and get a good job

Strategies
- Johnny will work with other youth to design logos and posters for clinic
- Art teacher will introduce Johnny to gay artists, such of Keith Haring, and local artist, Erik Sosa
- Claire will attend PFLAG and family organization meetings
- Johnny, Johnny's brother, Claire and live-in boyfriend will participate in family counseling
- School will provide in-service to school staff to understand LGBTQI2-S issues and provide strong support and intervention in the event of bullying

Lazear, KJ (2009) Primer Hands On

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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

Riggle et al. (2008)

Lazear, 2008 Many Faces of Trauma

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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 LGBTQI2-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 (Lease, Horne, & Nofffsinger-Frazier, 2005);

(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).

Lazear, 2008 Many Faces of Trauma

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…

• staying healthy;
• facilitating children's participation in schools and social activities; and,
• enhancing social and emotional well-being of all family members.

Rehm and Frank (2000)

Lazear, 2008 Many Faces of Trauma

Barriers to Youth Participation

As Identified by Youths

- Ageism/Adultism
- Money
- Racism, sexism, homophobia
- Stereotyping by appearance
- Time
- Transportation
- Language
- Lack of access to information
- Lack of access to opportunities
- Lack of support from adults
- Few role models
- Lack of motivation
- *Confidentiality and appropriate boundaries**

"Political victories will mean little if hearts and minds of parents, clergy, teachers, and caretakers of our youth do not change."

Jonathan D. Lewis, Philanthropist
From YES Institute ReVision March/April 2006 Institute Course - Communication for Safer Leaning Environments

Adapted from Politz, B. (1996). *Barriers to youth participation.* Washington, DC: Academy for Educational Development. The Center for Youth Development
*identified by youth, not in Politz study.

Barriers to Parents or Caregivers who are LGBTQI2-S Participation

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

LGBTQI2-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.

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Organizational Cultural Competence within a Community Context

Definition: Within a framework of addressing mental health disparities within a community, the level of a human service organization's/system's cultural competence can be described as the degree of compatibility and adaptability between the cultural/linguistic characteristics of a community's population AND the way the organization's combined policies and structures/processes work together to impede and/or facilitate access, availability and utilization of needed services/supports (Hernandez & Nesman, 2006).

Organizational Infrastructure and Direct Service Domain

Hernandez, M., & Nesman, T. (2006).

Systems Respond to Needs of Youth Who are LGBTQI2-S

• Child, Adolescent and Family Branch, CMHS, SAMHSA: 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

Lazear, 2008 Many Faces of Trauma

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
Teaching Tolerance - A Project of the Southern Poverty Law Center, Education March/April 2003 - Communication for Safer Leaning Environments

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In a system of care, there are opportunities at every turn to make a positive difference in the lives of individuals who are LGBTQI2-S and their families.

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.

Pires, S. (2002). *Building systems of care: A primer.* Washington, D.C.: Human Service Collaborative.