Pride Counseling
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- Support Groups
- Holistic Approach
- Build Intimacy & Trust
- Explore Spiritual Options
- Strengthen Relationships
- Transgender Issues

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What do you think caused your Heterosexuality?
Is it possible that your heterosexuality is just a phase?

Is it possible you may grow out of it?
Is it possible that all you need is a good gay lover?
Your heterosexuality doesn’t offend me as long as you don’t force it on me.

Why do you feel so compelled to seduce people into your lifestyle?
Why do heterosexuals place so much emphasis on sex?
Why do you insist on being so obvious, and making a spectacle of your heterosexuality?

Can’t you be who you are and be quiet about it?
**Working Assumptions**

- All service providers can and should have the capacity, and be prepared, to work with all members of the community who may be experiencing substance abuse issues, including LGBTQ people.

- Most professionals have minimal training on working with LGBTQ populations; thus improving response and treatment to these cases require more understanding of this community.

- Without relevant training, we have the potential to do further harm in situations that are already complicated and unhealthy.
WORKING ASSUMPTIONS

We believe it is okay to be LGBTQ. We know that people have a range of personal beliefs and values regarding LGBTQ issues; we are not here to discuss the acceptability of LGBTQ people’s identities and relationships, but rather to focus on effective responses for this population.

We believe that LGBTQ individuals have unique dynamics that are important to understand in order to provide best practices.

This material is presented through a framework that LGBTQ people also have other identities such as race, gender, class, religion, etc. that may also be impacting their life circumstance.
Basic Knowledge & LGBTQ Cultural Competency
HETEROSEXUAL PRIVILEGE

- The assumption that all people are heterosexual, or that heterosexuality is the only legitimate way to live one’s life.

- Being a heterosexual in society carries with it power and privileges.
WHO IS AND WHO ISN’T?

- The question of who is gay, lesbian, or bisexual is itself controversial.

- Frequently people confuse sexual behavior, gender expression and life styles with sexual identity.
Homo SEXual
SEXUAL BEHAVIOR

- With whom we have sex is related, but not determined by or dependent upon, our sexual orientation.

- It is a separate construct.

- We are capable of being sexual with a variety of people.

- With whom we fall in love is more closely related to sexual/affectional orientation.
Language & Terminology
HOMOSEXUAL
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- A “medical” term first developed in 1859 by German Physician Ulrich

- An outmoded term used by “others” to define the GLBTQ community

- The word has pathologically-based overtones and associations, even though it was deleted from DSM in 1973
APPROPRIATE TERMS

Gay
Lesbian
Bisexual
Gay

- A double meaning word that comes from hiding, oppression, and management of a stigmatized identity.

- This is a term used by mostly males in the community to define itself after Stonewall riots of 1969; increasingly used by women as well.
BISEXUAL

1. A normal variation of sexual orientation with affectional, romantic and erotic attraction to either genders- but usually NOT at the same time.

2. A transitional period which acts as a bridge from heterosexuality to a gay or lesbian identity, or vice versa.
Lesbian

- An older term derived from the Greek island of Lesbos where the poet Sappho wrote about her love for women.

- An emotionally charged term, no double meaning. Not a term that all homosexually-identified women use.

- Differentiates the experience of sexual identity by gender- gay males are very different from lesbian females.
QUESTIONING

1. Those who are “going through a phase,” i.e., experimentation, situational homosexuality

2. Those who are exploring their own sexual identity

3. Those who have survived sexual abuse, without treatment, especially same-gendered abuse

4. Those with some types of serious psychiatric illnesses
**Transgender**

An umbrella term for several groups of individuals, such as:

1. Transvestites
2. Transsexuals
3. Drag Queens/Kings
4. Cross Dressers
5. People who are gender non-conforming and/or may identify with neither or both genders
TRANSSEXUALS/TRANSGENDER

- DSM IV Diagnostic Category Exists

- Gender Identity Disorder

- “Gender Dysphoria”

- It’s about Gender Identity, one’s sense of maleness or femaleness

- Do not focus on genitalia

- The sex change operation

- An older term that is quickly becoming outdated
SEXUAL IDENTITY

• “Gay,” “lesbian,” “bisexual”, and transgender are socio-political-cultural labels.

• “Queer”, “Dyke” and other names might also be used as socio-political-cultural labels.

• Sexual identity and gender identity are two different things!

• Language is fluid, changing, and contextual
LGBT Culture

- It is very difficult to hide one’s sexual orientation or gender identity

- Hiding one’s sexual orientation or gender identity is called “being in the closet.”

- The need for honesty with self and others create a great deal of pressure to “come out of the closet.”
Basic Knowledge

- It is not possible to know if a person is gay, lesbian, bisexual, transgendered or questioning, unless they tell you.

- There are no outward signs that a person is GLBTQ.

- There is no such things as gay tendencies - only gay stereotypes.
COMING OUT

- The point at which a lesbian, gay or bisexual person openly acknowledges their sexual orientation to another.

- It is not appropriate to use terms such as “discovered, admitted, revealed, found out, declared”, to describe this phenomena. These are pejorative terms which suggest judgment and should be avoided by helping professionals.
Coming Out (cont’d)

- Coming out is not a “one time event” but rather is negotiated on a daily basis by most LGBTQ individuals.

- People may be “out” in one area of their life or to certain people but not in others.
COUNSELORS SHOULD...

- Explore the meaning of clients stating they have been out for a long period of time.

- Length of time they consider themselves gay or lesbian does not predict having worked through the process of claiming a positive identity of feeling good about themselves as LGBTQ.
Queer Families

- Families of Choice as relevant as families of biology.

- Gender Roles tend to be negotiated versus defined by gender.
  - Recognized as a factor of relationship satisfaction

- Stressors impacted by macro/systemic oppression.
  - Example: Marriage Issues
  - Medical, Legal and Policy recognitions
Queer Families Continued

- Stressors of Mezzo level issues
  - Extended Family (Family rejection, lack of extended family support)
  - Holidays and other extended family traditions
  - Public Displays of affections
    - Fear of violence
    - Heterosexual privilege
FAMILY OF ORIGIN AND FAMILY OF CHOICE

- **Family of Origin** means birth or biological family or family system.
  - Was anyone in the family identified as LGBT?
  - Belief and attitudes that family members adhere too regarding LGBTQ issues.
  - How did the family respond to individuals coming out or being identified as LGBT individuals?
  - Are you out to your family?
    - If out, how did your family respond?
**Family of Choice and Relationships**

- Individuals who are significant to the client and should be included in the assessment.
- A family of choice does not necessarily exclude blood relatives. It includes those who, by their support, nurturing and understanding, have earned a significant place in the LGBTQ persons life.
- Interpersonal Relationships: Partner, Lover, Significant Other, Spouse, husband/wife, FWB...
Questions?
CLINICAL ISSUES WITH SUBSTANCE ABUSE

LESBIANS

- The reliance of many lesbian upon women’s bars for socializing and peer support.
- The interaction of sexism, stress and substance use.
- Issues related to coming out such as
  - Alienation from loved ones upon revealing sexual orientation,
  - Passing as heterosexual and the use of substances to reduce conflict and anxiety.
  - Interaction of Trauma (abuse, discrimination, assault) and substance use
CLINICAL ISSUES WITH GAY MEN

- Some gay men cannot imagine socializing without alcohol or other mood altering substances.
  - Even after coming out gay men will use mood altering substances to temporarily relieve persistent self loathing.
Clinical Issues with Gay Men

- Being Gay, Being Male
  - Stereotypes of being Male
  - Stereotypes of being Gay

- Gay Male Social Life
  - Lots of expectations physically, sexually, gender expression, age, physical...

- Alcohol/Drug Use and Sexual Activity
  - Internalized homophobia can strengthen the link to substance use.
  - Meth in particular seems to increase and prolong sexual feelings and stamina.
External Sources of Homophobia
Church/Religion    Military    Media
Legal System      Family      Medical System

Individual with feels of attraction to members of the same sex

Internalized Homophobia
Fear/Guilt/Shame/Anger/Depression

Stress
Internalized Homophobia
Fear/Guilt/Shame/Anger/Depression

Realistic Perception of Feelings

Adequate Coping Mechanisms

Support Systems

Increased Self Concept
Increased Self Worth
Tendency to "come out"

Distorted Perception of Feelings

Inadequate Coping Mechanisms

No or limited Support System

Lowering of Self Concept
Decreased Self Worth
Tendency to Remain "Closeted"

Psychological Growth

Self Hatred/Self Destructive Behavior
Mental Health

• Reparative Therapy/ Conversion Therapy
  • Reflects the bias that something is wrong and to be normal requires to be heterosexual.
  • Reinforces gender stereotypes and facilitates shame and guilt

• Therapist Transference Issues
  • “Good therapist, just missed it.”
  • “Could tell they struggled with the ‘gay thing’
  • “Went in for depression and my being gay became the focus”

• Cultural Competency
  • What do I know about being gay, can I related to the experience or do I know anything about the gay culture?
  • Stereotypes
"Reparative" and "Conversion" Therapies for Lesbians and Gay Men

Position Statement

Can therapy change sexual orientation?

People seek mental health services for many reasons. Accordingly, it is fair to assert that lesbians and gay men seek therapy for the same reasons that heterosexual people do. However, the increase in media campaigns, often coupled with coercive messages from family and community members, has created an environment in which lesbians and gay men often are pressured to seek reparative or conversion therapies, which cannot and will not change sexual orientation. Aligned with the American Psychological Association’s (1997) position, NCLGB believes that such treatment potentially can lead to severe emotional damage. Specifically, transformational ministries are fueled by stigmatization of lesbians and gay men, which in turn produces the social climate that pressures some people to seek change in sexual orientation (Haldeman, 1994). No data demonstrate that reparative or conversion therapies are effective, and in fact they may be harmful (Davison, 1991; Haldeman, 1994).
Providing Competency-Based Services for the Gay and Lesbian Community
PROVIDING COMPETENCY-BASED SERVICES FOR THE GAY AND LESBIAN COMMUNITY

1. Acknowledge that GLBT are your clients.

2. Educate yourself and your co-workers about the reality of gays & lesbians.

3. Use gender neutral language.

4. Use the words “gay”, “lesbian” or “bisexual” in an appropriate context when talking with clients about diversity.
Providing Competency-Based Services for the Gay and Lesbian Community

5. Have literature and other visible signs in the waiting room or in your office that speaks to creating a gay or lesbian affirming environment.

6. If a client discloses to you that they are gay or lesbian - Talk about it!

7. Not all gay, lesbian or bisexual persons need to be referred to counseling immediately.

8. If you are a gay or lesbian professional and feel that it is safe to come out, come out.
Providing Competency-Based Services for the Gay and Lesbian Community

9. If you are heterosexually oriented professional, be a professional ally for gay, lesbian and bisexual persons

10. Do not confuse transgender and homosexuality

11. Research resources in the gay and lesbian community
Providing Competency-Based Services for the Gay and Lesbian Community

12. If resources do not exist, work toward developing them.

13. Do not look for stereotypical gay or lesbian cues to help you identify clients who are gay, lesbian or bisexual.

14. Do not try to make the client come out to you, if they feel they can trust you, and if they feel it is safe they will come out when they are ready to come out.
WHAT SHOULD WORKERS/HEALTH CARE PROFESSIONALS DO?

- Do not focus on identifying a GLBTQ
- Focus on creating safe and affirming environments
- Focus on providing opportunities for the individual to disclosure
- Accept that no matter what you do, some GLBTQ persons may opt not to disclose to you
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