

# Clinical Issues in Counseling LGBTQ Youth & Families



Nichole C. Wofford, LMFT  
& Emily Herr, LGBTQ Focus Intern  
SCUSD Connect Center  
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# Top 10 Clinical Issues of LGBTQ Youth

## 1) Internalized Homophobia/Heterosexism-

Refers to negative feelings because of one's sexual orientation. The feeling that one is "bad" or flawed due to not adhering to heteronormative expectations.

Youth who are able to accept their LGBTQ identity have lower levels of depression, anxiety and other

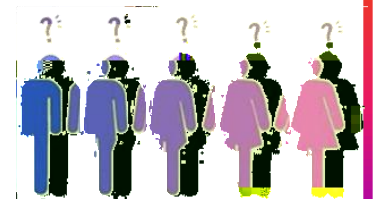


# Top 10 Clinical Issues of LGBTQ Youth

## 3) Self-Esteem-

Self- esteem is a term used to reflect a person's overall evaluation or appraisal of his or her own worth.

Having low self worth or lack of personal value can become a mental health risk factor. (?)

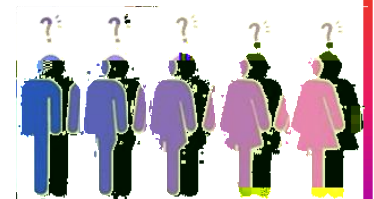




# Top 10 Clinical Issues of LGBTQ Youth

Gays and lesbians are some of the most frequent victims of hate crimes, and are 7 times more likely to be crime victims than heterosexual people.

At least 75% of crimes against gays and lesbians are not reported to law enforcement due to shame, embarrassment and/or fear that reporting would result in retaliation or disclosure of their sexual identity.



## 5) Lack of Knowledge of LGBT History, Culture, Role Models and Resources-

During GSA Focus Group interviews, 2 out of 6 GSAs involved had

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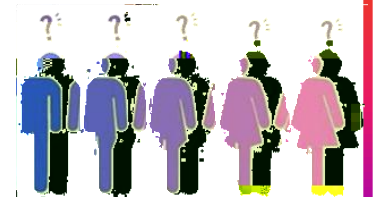
## 6) Discrimination/Harassment-

84.6% of LGBT students reported being verbally harassed at school.

40.1% reported being physically harassed at school.

18.8% reported being physically assaulted at school.

An important safety component for students are for school districts to have a clear discrimination, harassment and anti-bullying policy.





# Top 10 Clinical Issues of LGBTQ Youth

## 7) Social Isolation-The challenge of adolescence

LGBTQ Youth (especially those who are not out), can be very socially isolated from their peers.

The role of the GSA/QSA/LGSA is to reduce isolation and to help students connect with a supportive peer group.



## 8) Dating/Sexuality-

Inability to be open about their feelings with peers and/or family members.

Inability to access "age appropriate" information about same sex attractions.

Lack of knowledge about safer sex practices.

Managing a "double life" in order to  
feelings

# Top 10 Clinical Issues of LGBTQ Youth

## 9) Homelessness/School Drop-Out Rates-

50% of all gay and lesbian youth report that their parents reject them due to their sexual orientation.

26% of gay and lesbian youth are forced to leave home because of conflicts over their sexual orientation.

40% of homeless youth are identified as LGBTQ.

29.1% of LGBTQ students missed a class at least once and 30% missed at least one day of school in the past month because of safety concerns.



# Top 10 Clinical Issues of LGBTQ Youth

## 10) Coming Out Issues - Considerations.....

To come out vs. not come out

Dealing with internalized homophobia

Risking possible rejection of peers/family/community

Self-esteem

Risk of bullying, harassment, violence and discrimination

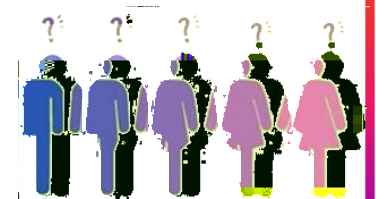
Dating/Sexuality

Increased risk of high school drop out (if rejected)

Increased risk of substance use/abuse

Increased risk of STIs

Increased risk of homelessness (if rejected)



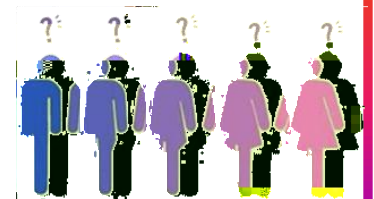
# Clinical Diagnosis

## Depression

Rates of suicide attempts among LGBTQ youth are 20 – 40% higher than among non-LGBTQ youth.

Suicide is the leading cause of death among gay and lesbian youth.

Over 30% of all reported teen suicides each year are committed by gay and lesbian youth.



# Clinical Diagnosis

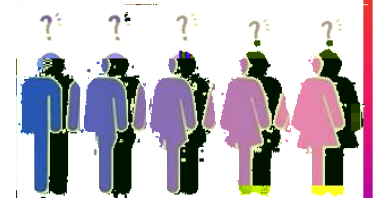
## Anxiety

LGBTQ youth ages 14-21 are significantly more likely to report anxiety than their heterosexual peers.

Fear of being "outed" by others

Fear of rejection by family members/peers

Fear of bullying/harassment

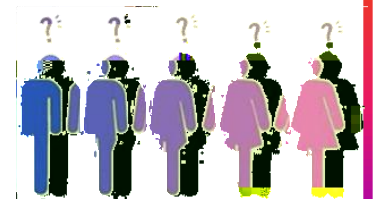


# Clinical Diagnosis

## Substance Abuse & Substance Dependence

Gay and lesbian youth are at much higher risk than their heterosexual peers for alcohol and drug abuse.

Approximately 30% of lesbians and gay men have problems with alcohol.



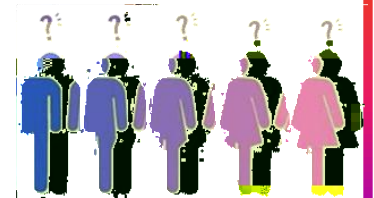
# Clinical Diagnosis

## Trauma (PTSD)

LGBTQ youth are more likely to be physically, verbally and emotionally abused by family members than their heterosexual peers (for reasons related to their sexuality).

LGBTQ youth are at least 7 times more likely to be crime victims than their heterosexual peers.

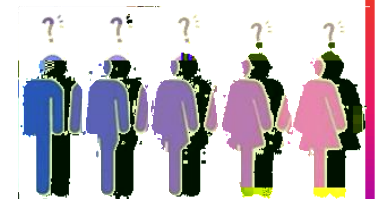
There is a strong link between victimization (trauma) and the vulnerability to mental illnesses such as depression, anxiety and PTSD.





# Interventions

Creating a safe and supportive environment  
Clinical vs. School







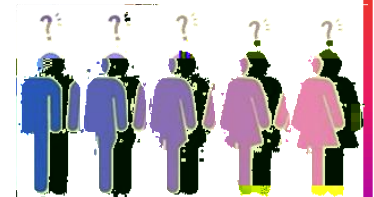
# Interventions

## Building coping skills-

Utilizing a strength based approach which focuses on areas the youth is doing well.

Reminding the youth of previous life challenges in which they have coped well.

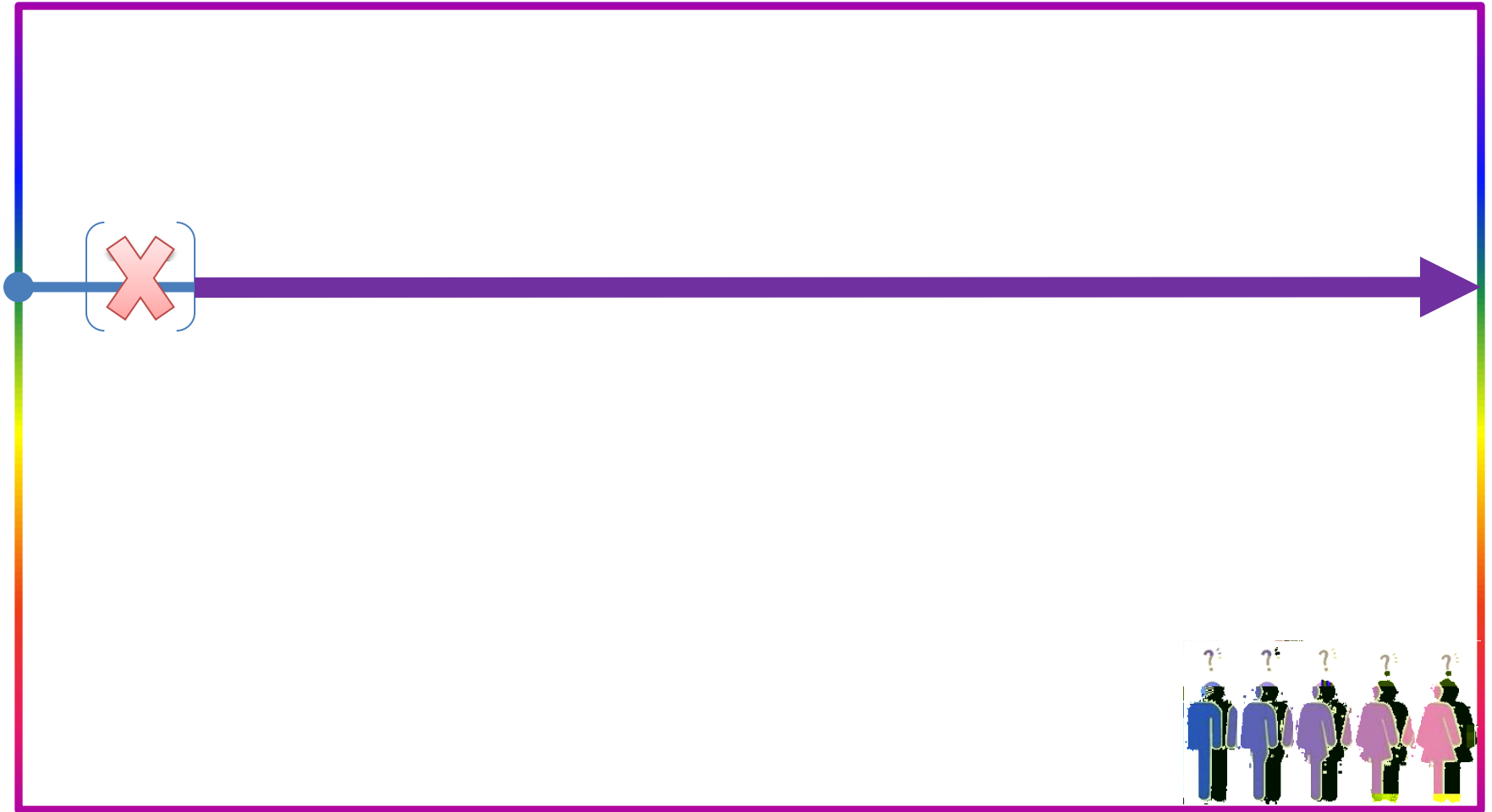
Encouraging the use of journaling, art and music to identify and express their feelings.



# Interventions



# Timeline Interventions



# Case Study

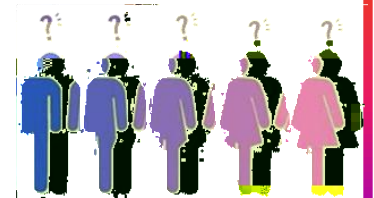
"Michael"

13 year old African-American male

Middle school

Referred to the Connect Center LGBT Focus Intern in December, 2011.

Presenting Problem: Harassing a male student with "love notes."



# Special Considerations



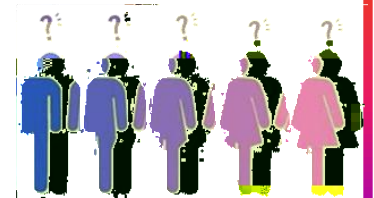
# Take Home Message

Working with LGBT families can be complex, and it often takes a high level of skill and clinical experience in order to provide the level of support these youth and families need.



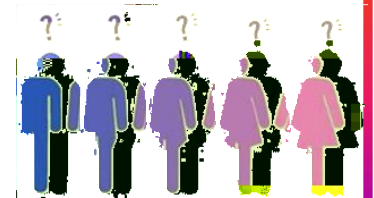
# Take Home Message

Understanding the unique challenges that LGBT youth face is imperative in being able to handle the issues of sexuality, coming out, bullying/harassment, confidentiality, mental health issues, substance use/abuse, trauma, educational difficulties, etc. that may be present in the lives of these youth.



# Take Home Message

The ethical mandate to “Do No Harm”, means that we all share the responsibility of being culturally skilled, not just culturally competent, to effectively work with these youth and their families.



# Resources