

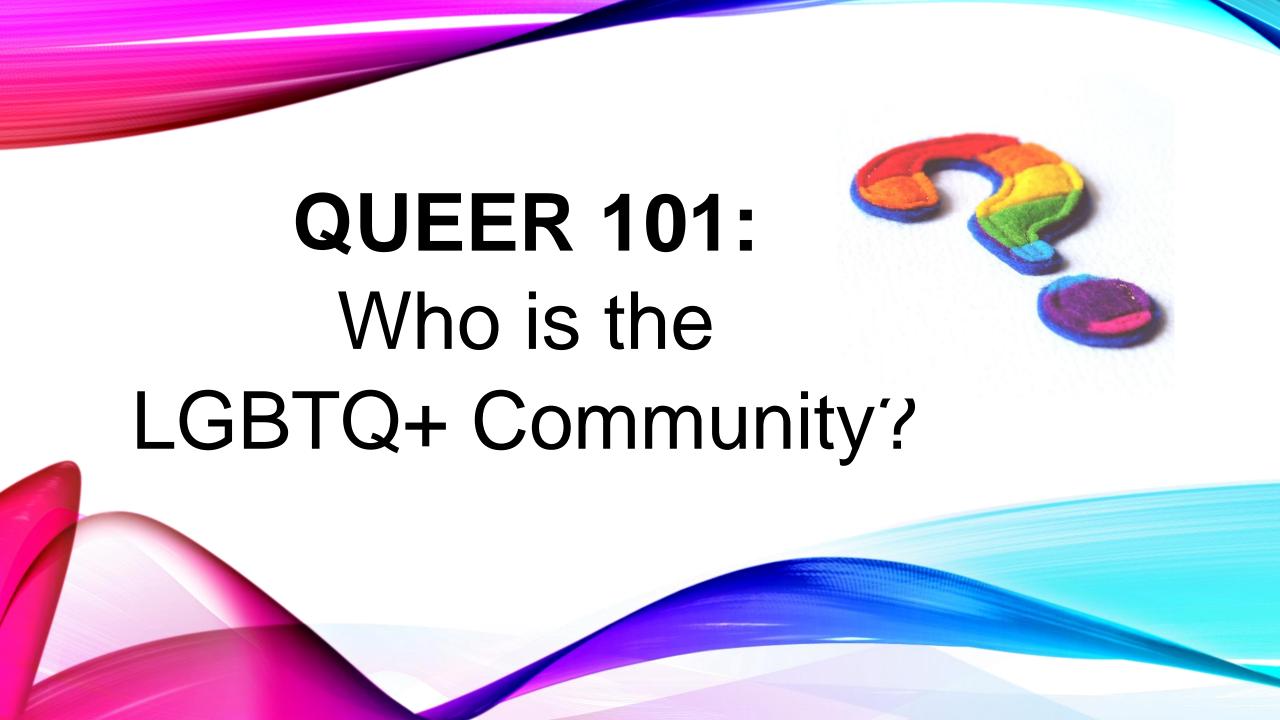
Presented by Barbara Acosta

& Robyn Gantsweg



TRAINING AGENDA

- Queer 101
- Challenges Seeking Providers
- Importance of Self-Advocacy
- Creating a Safe Space
- Scenarios
- Providers' Roles & Responsibilities



LGBTQQIAAP2S

Lesbian

Gay

Bisexual

Transgender

Queer

Questioning

ntersex

Asexual

Agender

Pansexual

2-Spirit

Glossary of LGBT Terms for Health Care Teams [PDF]. (2017, June). Boston, MA: National LGBT Health Education Center. https://www.lgbthealtheducation.org/wp-content/uploads/2018/03/Glossary-2018-English-update-1.pdf

SEXUAL ORIENTATION

- Gay
- Lesbian
- Queer
- Bisexual

- Straight/Heterosexual
- Questioning
- Asexual
- Pansexual

GENDER

- Transgender
- Nonbinary
- Agender
- Intersex
- Gender fluid

- Cisgender
- Questioning
- 2-Spirit
- Genderqueer

BASIC TERMINOLOGY



 Lesbian: A woman emotionally & sexually attracted to other women

 Gay: A person emotionally & sexually attracted to people of the same gender • Bisexual: A person emotionally & sexually attracted to people of the same gender & people of other genders

 Transgender (Trans): A person whose gender & assigned sex at birth do not correspond Queer: People whose sexual orientation or gender is outside societal norms. More fluid & inclusive than traditional categories for sexual orientation and gender

 Questioning: An individual who is unsure about or exploring their own sexual orientation and/or gender • Intersex: Group of individuals whose reproductive organs & genitals do not develop as expected

• Asexual: A person who experiences little or no sexual attraction to others - not the same as celibacy

Agender: A person who identifies as having no gender

 Pansexual: A person who is emotionally & sexually attracted to people of all genders.

• **Two-Spirit:** A person with both a masculine and a feminine spirit. A culture-specific term used by some Native American, American Indian & First Nations people.

More than just labels like LGBTQ!

 Other identifying terms: Bear, Twink, Butch, Femme, nb/enby, SGL, mlm/wlw, QPOC or QTPOC, etc.

 Other language specific to the queer community: Binding, Tucking, AMAB/AFAB, Dysphoria, HRT, slurs, etc.

"Ally" is not a part of the community!

TERMINOLOGY & LANGUAGE CHANGES

 Not every person will use the same language to describe themselves.

Others may define terms in different ways.

 Respect who the person is do not deadname or misgender.



CHALLENGES SEKING PROVIDERS



OVERCOMING STIGMA

 Negative assumptions, misunderstanding & judgment about people who:

- 1) Are queer
- 2) Receive mental health services
- 3) Have a mental health disability

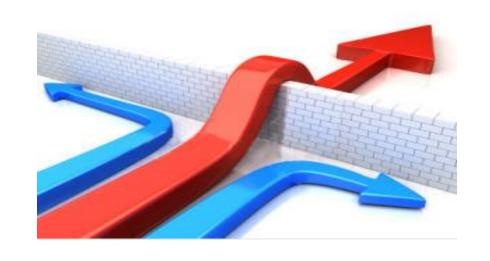


OTHER BARRIERS

 Self-Stigma: When a person believes the negative perceptions & attitudes others have about them

Low self-confidence & self-esteem

 Lack communication & self-advocacy skills



May prevent many from getting treatment

IMPORTANCE OF SELF-ADVOCACY

Learn how to advocate for yourself

 Know what you want & have the ability & confidence to ask for what you need

Develop a plan & skills to take action

Successfully reach your goals

STEPS TO SELF-ADVOCACY

- Identify your Needs & Goals
- Develop a Plan
- Learn Self-advocacy Skills
- Take Action
- Outcome did you get what you want?
- Evaluate & Adjust strategy
- Try Again



FINDING A PROVIDER

- Referrals from friends, family & other providers
- Websites & Social media
- LGBT Centers
- Queer media
- Support groups
- APA referral list
- Yelp



ARE THEY A PEER?

Do they have to be queer?

Are they out?

Do they have to be the same gender?

Do they have to have the same life experiences?

DO THEY:

 Understand difference between gender & sexual orientation

 Make false assumptions about gender & gender expression

Respect a person's sense of self



UNDERSTAND DISABILITY & SEXUALITY/GENDER?

Being queer is not a disability

A disability is not a result of being queer

Interaction between queerness & disability

Self-stigma

DO THEY UNDERSTAND:

Social & Political Climate

Stigma & Discrimination

Our Legal Rights

Coming out Challenges



QUEER = ?

- It is not our responsibility to educate you
- Ask what being queer means to us and it's role in our sense of self
- Ask how being queer may specifically impact our unique life experiences



PROVIDERS' ROLES & RESPONSIBILITIES

CULTURAL RESPONSIVENESS & CULTURAL HUMILITY

Aware & Informed about the queer experience

 Acknowledge you may have different life experiences, yet listen to their experience of being queer

Listen, Accept & Respect

CREATING A SAFE SPACE

What do you think a "safe space" for queer clients looks like?



<u>Transparency</u>: Personal background, experiences, perspective, values, self-identity, pronouns, etc.



Knowledge: Do not ask or expect us to educate you; do your own research; ask clarifying questions (what being queer means to them)

Self-Disclosure: Being "out", pros & cons, potential consequences

Consultations: Who is interviewing Who?

Physical Office Environment: Rainbow flag, "safe space" sign, waiting room, privacy, reading materials

Intake Forms: Name, Pronouns, Accessibility



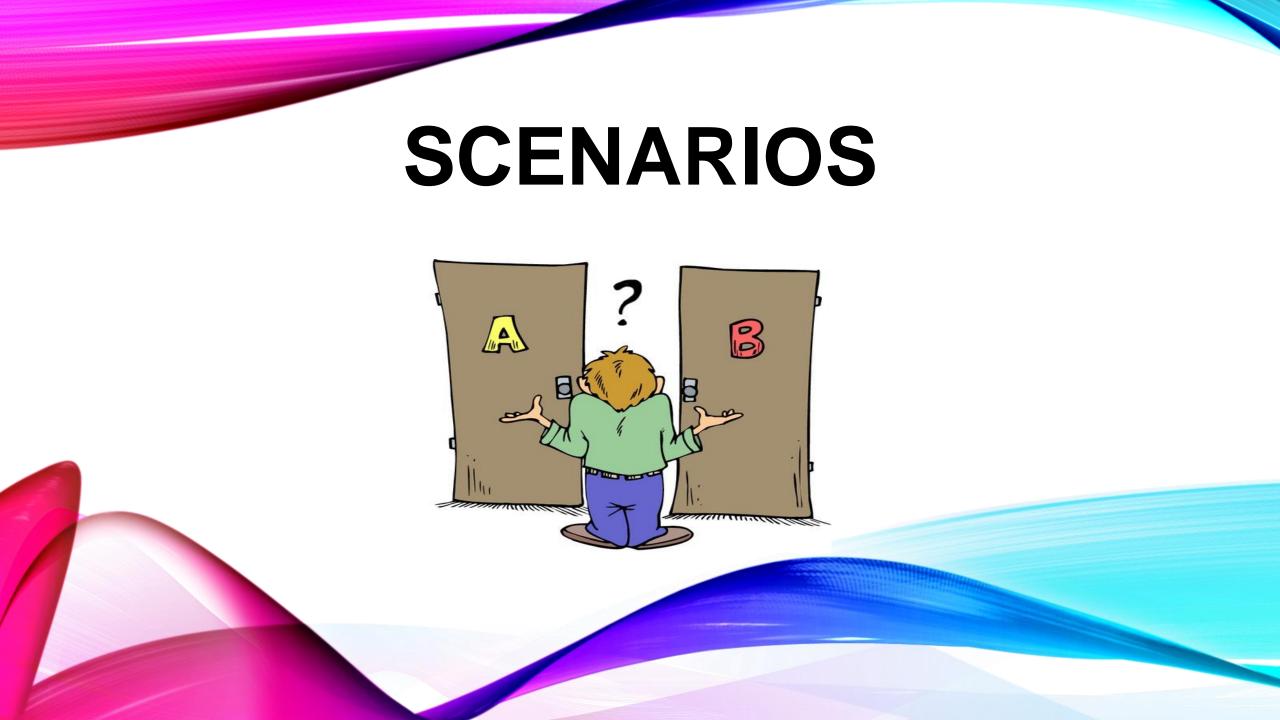
WHAT ARE YOUR PRONOUNS?

1	2	3	4	5
(f)ae	(f)aer	(f)aer	(f)aers	(f)aerself
e/ey	em	eir	eirs	eirself
he	him	his	his	himself
per	per	pers	pers	perself
she	her	her	hers	herself
they	them	their	theirs	themself
ve	ver	vis	vis	verself
xe	xem	xyr	xyrs	xemself
ze/zie	hir	hir	hirs	hirself

RESPONSIBILITY REGARDING REFERRALS:

Evaluate bond between client & provider (from their & your perspectives)

- Provider's knowledge
- Comfort discussing sexuality, intimacy & relationships
- Responsibility to refer out & knowledge about other providers



KNOW THE LAWS & INDIVIDUAL RIGHTS

 Discrimination based on a person's disability, sexual orientation, gender identity and gender expression are protected by certain federal and state laws.

 State laws related to these protected classes may differ.

KNOW A CLIENT'S RIGHTS TO:

Receive services voluntarily



Receive culturally responsive services

Ask questions & understand their treatment options

Receive information in a language they understand

Privacy & confidentiality

Reasonable accommodations

Expressed wishes vs. best interests

Refuse treatment

File a complaint & Appeal the decision

MENTAL HEALTH PARITY

- Federal & State laws differ
- Medical necessity
- Prior authorization requirements
- Types, frequency & number of services provided
- Maximum lifetime benefits
- Copayments
- Prescription Drugs



FOR CLIENTS ON MEDI-CAL

Parity doesn't apply

 Determination of Medical Necessity (opinions may differ between client & provider)

Covered benefits

Outpatient & inpatient services

KNOW THE IMPORTANCE OF SELF-ADVOCACY

What is it? What does it involve? Know the steps

Help your clients learn it

Encourage & empower them to advocate for themselves

Be a consultant & guide – you are a team!

BEST INTERESTS vs. EXPRESSED WISHES

• <u>Best Interest</u>: Someone believes they know what is "best" for us.

• Expressed Interest: Only we truly know ourselves & what might be helpful. We make the final decisions about what treatment & service providers we want.

- Respect the person for who they are –
 meet them where they are at
- Refrain from judgment
- Ask for & use their pronouns
- Ask how the person feels
- Listen to & hear what they say



 Acknowledge & support their interests, desires & goals (expressed wishes vs. best interests)

Ask them what they need & want

Ask how you can best help & support them

Make the space safe



FEEL FREE TO CONTACT US AT:

Barbara Acosta, Peer Self-Advocacy Coordinator:

barbara.acosta@disabilityrightsca.org

Robyn Gantsweg, Peer Self-Advocacy Program Manager: robyn.gantsweg@disabilityrightsca.org