train the trainer manual

MOVING THE MARGINS
CURRICULUM FOR CHILD WELFARE SERVICES
WITH LESBIAN, GAY, BISEXUAL, TRANSGENDER, AND QUESTIONING YOUTH IN OUT-OF-HOME CARE

NASW
National Association of Social Workers

Moving the Margins:

Training Curriculum for Child Welfare Services with Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) Youth in Out-of-Home Care

Developed for: the National Association of Social Workers and Lambda Legal Defense & Education Fund

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Acknowledgements

Our sincere thanks to those who generously provided materials and content contributing to this curriculum:

Introduction

The National Association of Social Workers and the Lambda Legal Defense & Education Fund joined in partnership to improve out-of-home care for lesbian, gay, bisexual, transgender and questioning/queer (LGBTQ) youth. *Moving the Margins: Training Curriculum for Child Welfare Services with LGBTQ Youth in Out-of-Home Care* is intended to provide training on building the capacity, awareness and skills of social workers and other child welfare practitioners to better serve and respond to the needs of this population of youth.

This curriculum is divided into modules, assuming that trainers will present aspects of the materials to a range of different audiences, with differing levels of understanding, prior knowledge and job responsibilities.

The first half of the curriculum (LGBTQ 101) is designed as an introduction for trainees just beginning their journey toward cultural competency with LGBTQ clients, staff and peers.

The basic LGBTQ 101 is a 2.5-hour values clarification training that offers participants the opportunity to

- explore their personal views and values regarding this population,

- differentiate between a value or belief and a myth or stereotype and

- develop strategies to balance personal views and professional responsibilities when the two are in conflict.

Module V (Learning Lab) may be added to the basic curriculum when there is a minimum of 3 hours to train or as a second, skill-building training with the same participants.

The second half of the curriculum (LGBTQ 201) is designed in skill-building modules. Each module explores in greater depth many of the issues LGBTQ clients face in out-of-home care systems. These modules include scenarios that can be explored in small group discussions, through role-play and in learning labs. Because facilitators may be required to provide training in less than the optimal 2.5 to 3 hours, the curriculum also provides sample agendas for 1 hour, 1.5 hour and 2 hour workshops.

LGBTQ 101

2.5 Hour Values Clarification and Skill Building

Sample Agenda

1. Introductions   5 minutes

2. Goals, Framework and Working Agreements   10 minutes

3. The Impact of Silence[a]   20 minutes

4. Working Definitions   20 minutes

5. Values Clarification Activity   30 to 45 minutes

6. Learning Lab[b]   30 to 45 minutes

7. Next Steps/Action Steps   15 minutes

8. Evaluation and Close   5 minutes

[a] Another icebreaker may be used if "The Impact of Silence" was used in the first part of
   a two-part training session.

[b] Insert with 3 hour trainings. This also can be used as a stand-alone skill building session
   and may be increased by 90 to 180 minutes.

LGBTQ 201
2.5 Hour Skill-Building Workshop
Sample Agenda

1. Introductions	5 minutes (LGBTQ 101)
2. Goals, Framework and Working Agreements	10 minutes (LGBTQ 101)
3. The Impact of Silence[a]	20 minutes (LGBTQ 101)
4. Working Definitions	5 minutes (LGBTQ 101)

And then choose from among the following modules

5. Identification of LGBTQ Issues for Youth in Out-of-Home Care	45 minutes
6. Learning Lab	45 minutes (depending on time available)
7. Next Steps/Action Steps	15 minutes
8. Evaluation and Close	5 minutes

[a]Another icebreaker may be used if "The Impact of Silence" was used in the first part of a two-part training session.

To prepare to deliver any of these modules, trainers should be thoroughly familiar with the following resources:

Estrada, R., & Marksamer, E. (2006). Lesbian, gay, bisexual and transgender young people in state custody: Making the child welfare and juvenile justice systems safe for all youth through litigation, advocacy and education. *Temple Law Review, 79(2),* 415–438. Available from National Center for Lesbian Rights at http://www.nclrights.org/site/PageServer?pagename=issue_youth_docsDownload

Just the Facts Coalition. (2008). *Just the facts about sexual orientation and youth: A primer for principals, educators and school personnel* [Online.] Available at http://www.naswdc.org/practice/equity

Lambda Legal Defense & Education Fund & Child Welfare League of America. (2006a). *Getting down to basics: Tools to support LGBTQ youth in care.* New York: Authors.

Lambda Legal Defense & Education Fund & Child Welfare League of America. (2006b). *Out of the margins: A report on regional listening forums highlighting the experiences of lesbian, gay, bisexual, transgender and questioning youth in care.* New York: Authors.

Ryan, C., Huebner, D., Diaz, R. M., & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay and bisexual young adults. *Pediatrics, 123,* 346–352.

Sullivan, C., Sommer, S., & M off, J. (2001). *Youth in the margins: A report on the unmet needs of lesbian, gay, bisexual and transgender adolescents in foster care.* New York: Lambda Legal Defense & Education Fund. Available at http://www.lambdalegal.org/our-work/publications/youth-in-the-margins.html

Wilber, S., Ryan, C., & Marksamer, J. (2006). *CWLA best practice guidelines: Serving LGBT youth in out-of-home care.* Washington, DC: Child Welfare League of America. *(Particularly helpful to this exercise are chapters 2–8.)* Available at http://www.cwla.org/pubs/pubdetails.asp?PUBID=0951

<u>Please Note</u>: *Getting Down to Basics* includes the following best-practice tips, which trainers should read in preparation for delivering this section:

- Caseworkers with LGBTQ Clients
- Families Supporting an LGBTQ Child
- Foster Parents Caring for LGBTQ Youth
- Congregate Care Providers Working with LGBTQ Youth

- Working with Transgender Youth

- Basic LGBTQ Policies, Training & Services for Child Welfare Agencies

- Recommendations for Training & Education on LGBTQ Issues

- Attorneys, Guardians ad Litem & Advocates Representing LGBTQ Youth

- Keeping LGBTQ Youth Safe in Juvenile Justice & Delinquency Placements

- Working with Homeless LGBTQ Youth

Sample Agenda
LGBTQ 101

1 Hour
- Introductions
- Goals
- Guiding Principles
- Impact of Silence
- Action Steps and Close

1.5 Hour
- Introductions
- Goals
- Guiding Principles
- Impact of Silence
- Values Clarification Exercise
- Action Steps and Close

2 Hour
- Introductions
- Goals
- Guiding Principles
- Impact of Silence
- Definitions
- Values Clarification Exercise
- Action Steps and Close

2.5$^+$ Hour
- Introductions
- Goals
- Guiding Principles
- Impact of Silence
- Definitions
- Values Clarification Exercise
- Learning Lab(s)
- Action Steps and Close

Alternative Sample Agenda
LGBTQ 201

1 Hour
- Not appropriate except as an on-going training with a team or group — there is not enough time to set up, process and complete an exercise unless the group has been working together for a while and is very comfortable with the process.

1.5 Hour
- Introductions
- Goals
- Guiding Principles
- Definitions Overview
- Learning Lab (either taken from the 201 or drawn from their experiences such as in the 101 Learning Lab)

2 hour
- Introductions
- Goals
- Guiding Principles
- Icebreaker
- Definitions
- Learning Lab
- Action Steps and Close

2.5$^+$ hours
- Introductions
- Goals
- Guiding Principles
- Icebreaker
- Definitions
- Learning Lab(s)
- Action Steps and Close

LGBTQ 101

An Overview of LGBTQ Youth in Out-of-Home Care

The purpose of this section is to provide an overview to introduce the participants to both the issues faced by LGBTQ youth in out-of-home care and LGBTQ cultural competence. Participants will learn how to assist child welfare service providers in addressing these issues with children and youth and those who provide care to them.

LGBTQ 101 Training Goals and Objectives

1) Introduce participants to the workshop, establish guiding principles and identify core concepts.
2) Clarify and assess personal, religious and cultural views and values regarding LGBTQ youth and young adults and develop strategies that balance personal beliefs with professional responsibilities.
3) Identify issues of risks, challenges and strengths specific to LGBTQ youth and young adult populations, their families, other caregivers and service delivery systems.
4) Develop an action plan for immediate, short-term and long-term activities that will develop or enhance professional and agency cultural competency.

[Module 1](#)

Introductions, Goals, Working Agreements, Setting the Framework

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Purpose Statement

The purpose of this module is to

- introduce participants to the workshop,

- establish guiding principles and

- identify core concepts.

Learning Objectives

1) Create an open learning environment in which participants can safely explore personal views and values and articulate professional responsibilities.

2) Develop strategies for balancing personal and professional values when they are in conflict.

3) Increase participants' understanding of, and competence with, sexual and gender minority clients.

List of Supplies

- Easel pad

- Markers

- Extra pens for trainees

- Hard candy or fiddle toys (if desired)

Unit Structure

- Trainer introduction

- Introduction exercise

- Introduction of core concepts

Module Handouts

- Agenda

- Participant handouts or materials

Before session start, develop flipchart pages that include workshop goals, working agreements, the words "Values, Safety and Family" and the list of LGBTQ youth risk factors (see pages 25-28 in LGBTQ 101). Ensure that you have enough copies and materials (pens, scrap paper, markers, etc.).

Activity Description

This activity is designed to set the stage for the training, by establishing the workshop goals and providing guiding principles (or ground rules) for discussion.

In addition, it helps set the framework by identifying three core concepts:

1) The necessity of balancing personal views with professional responsibilities.
2) The profound impact of family rejection.
3) The reality that youth and adults often have very different opinions about what constitutes a safe environment.

Instructions

Welcome trainees to the session and introduce yourself and your agency/organization (if applicable).

Take care of housekeeping concerns: sign-in (and in some cases, sign-out) sheets, CEU or CEC requirements, restrooms, break times, cell phone policy, etc.

Ask trainees to introduce themselves briefly (e.g., Who are you? What do you do? What do you hope to get out of today's training?). Capture this information on an easel pad. If the group is too large, you can create more general introductions, such as the following:

- Pick a partner you don't know, take 2 minutes and share who you are, what you do and what you hope to get out of today's session. Process by asking for examples of the various 'roles' in the room and the various goals that were shared. Capture on an easel pad and post for review/evaluation at the session's end.

- Stand up, pick a partner you don't know, take 1 minute each to share your name, what you do and your greatest hope or wish for today's session. After the first round, have trainees pick new partners and share their names and what they do again; but this time, they could share their greatest fears about today's session.

Process by asking for examples of each of the above. Capture on an easel pad and post for review/evaluation at the session end.

Segue to written workshop goals and cover these briefly, adding any that came up during the discussions above.

Workshop Goals

This training is designed to help participants

- clarify and assess their personal, religious and cultural views and values regarding LGBTQ youth and young adults and develop strategies to balance personal beliefs with professional responsibilities;

- identify issues of risks, challenges and strengths specific to LGBTQ youth and young adult populations and the people and agencies serving them; and

- develop an action plan for immediate, short-term and long-term activities to enhance or develop participants' professional cultural competency and that of their agencies.

Introduce and briefly discuss the working agreements (these may also be called *guiding principles* or *ground rules*). Working agreements, guiding principles or ground rules are the set of agreed-upon expectations regarding behavior during the workshop for all participants. The goal of the working agreement is to create a workshop environment in which participants may safely and respectfully share common and conflicting opinions, values, beliefs and ideas.

- Depending on the time frame available, you can solicit working agreements from the group or have them already written on a flip chart and review them. The instructor should ensure that the following (or similar) concepts are covered:

    1) Respect differences of belief, opinion and values.

    2) Use "I" statements.

3) Step Up/Step Back (e.g., If you are someone who holds back your thoughts, consider stepping up and sharing your ideas. If you are a person who always has an opinion to offer, consider stepping back to ensure that others can share).

4) Right to Pass (e.g., We invite you to participate fully and understand that the more you participate, the more you are likely to get out of the training. However, every participant also has the right to "pass" on a question or activity).

5) Expressing feelings, questions and concerns is accepted and encouraged.

6) Confidentiality (Note that, although confidentiality can be requested, it cannot be required or absolutely ensured; remind participants to share accordingly).

7) Ask if there are any issues that participants would like to address, and post if applicable.

Set the framework for the training, introducing three overarching or core constructs:

Core Concepts/Constructs

1) **Personal, cultural and religious values have an impact on our work**

Every human being has his or her own personal, cultural and religious values and beliefs. Whenever an issue or idea comes up, it is likely that the human beings talking about or addressing it will have a wide range of personal feelings, beliefs and values regarding it. Depending on the subject, some of those beliefs or values may be very strongly held.

Unexamined personal values, beliefs and biases can negatively affect our ability to work effectively with clients, families and staff. Some of the workshop's focus, therefore, will be to offer participants the opportunity to (a) clarify and assess their views and values about LGBTQ youth and families and (b) develop

strategies for balancing personal values and professional responsibilities when the two are in conflict.

Additional language that trainers might use around values:

- Aspects of this training may challenge some of your beliefs, personal values and feelings and you may challenge some of our beliefs, values and feelings. We assume that we may not all believe the same things about homosexuality, sexual orientation, gender identity and related issues. We assume that we may not hold the same values, attitudes and beliefs.

- Some of us may hold negative beliefs about homosexuality based on our religious values. Others of us may hold negative beliefs based on personal values not rooted in religion.

- All of us—whether or not we hold positive or negative beliefs about homosexuality—face challenges when we work with clients, because of their myriad, diverse beliefs. (For example: "I am someone who holds very positive beliefs about homosexuality and same-gender relationships. Because of this, I am challenged when I need to engage parents with very conservative religious beliefs about homosexuality about the needs of their gay son.")

- Some of you may feel challenged when you interact with youth about their same-sex attractions because you hold negative beliefs about homosexuality and same-gender relationships. We all face some challenges on this issue, although our challenges differ.

- One of our tasks, as facilitators, is to help you understand how your personal beliefs may be different from your professional responsibilities and what you must do professionally to assist youth and their families. For example, I am responsible for providing parents with very conservative religious beliefs with the

best and most sensitive service possible. At the same time, I need to advocate for their son's needs and educate family members and providers about ways to help promote their gay child's well-being.

- Our major professional associations' codes of ethics require that we provide culturally competent service using research, evidence-based practices and best practices in working with LGBTQ youth and their families.[1]

2) **Safety: Youth and adult perspectives about what is safe can differ greatly**

In 2003, Walden Family Services in San Diego conducted a survey of 400 homeless LGBTQ youth and 50 providers. Youth consistently reported that they did not feel safe accessing the support services available to them in San Diego County. They also reported that service providers encouraged them not to disclose their sexual orientation or HIV status at the shelters, for their own safety. Although virtually all the youth identified safety as a primary concern in accessing services, only 20 percent of providers identified safety as one of the top five concerns. That suggests a major disconnect between adult and youth perspectives on safety.

Another example comes from the Gay, Lesbian, Straight Education Network (GLSEN), which conducts an annual survey of LGBTQ youth nationwide. In their 2005 publication, *From Teasing to Torment*, based on a survey of students and secondary teachers online, GLSEN reports that the majority (57%) of students who experience harassment in school—regardless of demographics or reasons for the harassment—never report these incidents of harassment to teachers or other school personnel.

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[1] National Association of Social Workers. (2009). *NASW Code of Ethics*. Washington, DC: Author.

Two-thirds (67%) of LGBTQ students who experience harassment never report such incidents. Furthermore, they are more than twice as likely as non-LGBTQ students to blame this decision on their belief that school staff would not do anything or that harassment would continue (23% vs. 9%).

3) **Family**

Emerging research suggests that the single most significant factor in predicting outcomes for youth is the response of their families when the children come out (Ryan, 2009). A multi-year, mixed-methods study—conducted by Caitlin Ryan and her team for the Family Acceptance Project™ at San Francisco State University's Cesar E. Chavez Institute—clearly indicates the profound impact of family reactions to adolescents' sexual orientation, gender identity and expression on the children's health, mental health and well-being.

Ryan found that, compared with young adults from families that were a little or not at all rejecting, LGBTQ youth from highly-rejecting families are at far higher risk for major health and mental health problems as young adults. Such problems may include: suicidal ideation and attempts, depression, substance abuse and increased risk for HIV and STDs.

In comparing family rejection overall, Ryan et al. (2009) found that LGB young adults from families that highly rejected their sexual orientation during adolescence, compared with peers from families that reported no or low levels of family rejection were:

- 8.4 times more likely to have attempted suicide
- 5.9 times more likely to report high levels of depression
- 3.4 times more likely to use illegal drugs
- 3.4 times more likely to report having engaged in unprotected sexual intercourse (which puts them at high risk for HIV and STDs)

Findings for LGBTQ young adults were comparable to the impact on LGB young people.

Family acceptance, on the other hand, has a positive impact on an LGBTQ young person's health and mental health. Ryan's most relevant findings may be that parents and caregivers typically become *more* accepting over time and the outcomes for youth with ambivalent families are significantly less severe, compared with youth from highly rejecting families.

Ryan also found that parents and caregivers can modify rejecting behavior and become more supportive when they understand how rejecting behavior dramatically increases their LGBTQ youth's risk for health problems. Currently, through the Family Acceptance Project™, Ryan and her team are developing a new research-based, family-related approach to prevention and care. This new approach includes interventions to help maintain LGBTQ youth in their homes, to strengthen families and to promote permanency.

The fact that family members do not need to transform *themselves* to make room for their LGBTQ youth has significant ramifications for child welfare providers. It suggests, for example, that we should wrap support services around families as their children come out, with the goal of helping youth stay in their homes. It also suggests that permanency plans might continue to include birth families, even if the family is initially rejecting. Later in the session, we will look at ways in which we, as workers, might help families negotiate these rocky waters.

<div style="border:1px solid black; padding:10px;">

Module II

Icebreaker: The Impact of Silence

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Purpose Statement

The purpose of this module is to increase participants understanding, empathy and knowledge regarding the unique stressors often experienced by sexual and gender minority youth, foster parents and families.

Learning Objectives

1) Participants will demonstrate increased understanding of the issues around coming out and how they might affect youth in care.

2) Participants will recognize that coming out is not about sexual behavior, but about statements of identity and relationships, both of which are critical to emotional and social development in youth.

3) Participants will be able to articulate the potential consequences of social and emotional isolation on sexual and gender minority clients.

List of Supplies

- Easel pad
- Markers
- Paper or 3 x 5 cards
- Extra pens for trainees

Unit Structure

- Trainer introduction
- Dyad exercise
- Discussion to process activity

Module Handouts

- The activity questions may be written out in advance and provided as a handout for participants

Description of Activity

In this interactive activity, participants write down the answers to the following four questions:

- What were/are the most important relationships in your life?
- What are the places that have special significance in your life?
- What life events or topics do you discuss with friends?
- What hobbies or leisure time activities do you enjoy?

Participants then split into pairs and complete an introduction activity that prohibits them from discussing anything they wrote down when answering the questions above.

Trainer Notes

- This activity is generally used as an opening exercise immediately after the establishment of ground rules. The two key points of the activity are as follows:

  1) To provide participants with a clear and somewhat visceral understanding of the profound negative impact that imposed silence has on sexual and gender minority youth.
  2) To highlight potential risks associated with the social isolation many LGBTQ youth experience.

- The exercise requires an even number of participants and may require that facilitators partner with someone if there is an uneven number of participants in the room. In addition, the exercise requires paper and something to write with (e.g., 3 x 5 cards, a note page in the handouts or scrap paper).

- Because the activity is designed to create a moderate amount of tension and discomfort in participating individuals, the facilitator must be able to help participants uncover and explore those feelings—and then relate them to the intent of the workshop.

Instructions

Tell participants you are going to ask a series of questions and they should write the answers down on the paper in any way they want. Assure them that they will not be asked to discuss anything they write down with others and that you will not be collecting the materials. Ask them to jot down the first things that come to mind for each question.

Ask each of the following questions in turn, allowing not more than a minute or so for participants to write down their answers:

1) Name the three most important people or relationships in your life. If you like, you may name more than three people or relationships.

2) Name three places that have special meaning to you. Again, you can name more if you wish.

3) List three topics of conversation that you and your friends usually discuss. Again, you can name more if you wish.

4) List three leisure time activities (something you do when you are not sleeping or working). Again, name at least three, but as many as you wish.

Ask everyone to pair up with someone they didn't come to the training with and to decide who is going to go first. Ask whoever is going first to introduce themselves to their partner without mentioning anything written on their cards. Make a big deal about this. Say things like, "You can talk about whatever you want, but everything on your card is **taboo**. Don't mess up and talk about something on your card, because if you do, the person you are talking to might despise you, reject you or no longer respect you."

Those going first then introduce themselves to their partners for 90 seconds. At the end of 90 seconds, tell them to stop and switch. Those going second must then introduce themselves, again not mentioning anything they wrote down on their cards, but this time they must talk for 2.5 minutes. Stop them at 2.5 minutes.

Next, ask the following (or similar) questions to stimulate discussion about the impact of silence:

1) Tell me about the experience:

- What was it like to not be able to talk about what was on your card?

- What made it hard (to those who found it hard) and what made it easy (for those who found it easy)?

- Did anyone forget and say something on their list or talk around something on their list?

- Did anyone find that they would start talking and then run into something they couldn't talk about and have to suddenly stop or switch topics?

- What did you talk about?

- Did anyone notice that they had to invest energy in not talking about these important parts of their lives?

Usually people will notice that they talked about superficial things, about their pasts or found a particular topic and stayed on it for the whole time.

2) What would it be like to have to do this exercise for two hours, two days or a lifetime, instead of only 2.5 minutes? At this point, most people begin to realize that it would be very hard not to talk about the people, places and experiences that are so important to us as human beings. They begin to see how limiting it would be, that they would not be able to relate authentically with other people and how silenced they would be.

3) Ask the group: What was the point of the exercise? (How does it relate to homophobia and heterosexism in our society?) Notice that people who are not 'out' can't talk about their relationships, where they go and with whom they go, what they do or other important things that happen in their lives. Imagine with participants what it might be like to be 14 years old and having to keep so many secrets. Generate a list of the potential impacts of this level of social isolation (e.g., depression, anxiety, frustration, anger, substance abuse, sexual acting out, etc.)

At this time, offer statistics, such as those below, that relate to the higher areas of risk associated with LGBTQ status in our culture. Note that stigma, harassment and social isolation are what lead to high risk factors for LGBTQ youth—not the fact that they are LGBTQ.

❖ **Severe social, emotional and cognitive isolation result in a higher incidence of mental health issues**: These may include bouts of depression, lower self-esteem and problems with anxiety. Often these young people exist in complex, unstable family situations, due in part to issues of coming out, silence and secrecy. (Cochran et al., 2002). In addition, the typical "concealment strategies" designed to hide a youth's sexual orientation become an "unending and extremely stressful chore" (Grossman, 1997) that is emotionally and socially crippling (Dempsey, 1994). While these information sources are older than ten years old they point to early information that continues to have important impacts.

❖ **Significant substance abuse problems:** A 1995 Massachusetts Youth Risk Behavior Survey found that LGBTQ youth were more likely to report using tobacco, marijuana and cocaine before 13 years of age. A number of studies indicate that a significant percentage of sexual minority youth use drugs and alcohol as a coping strategy. Findings from the National Longitudinal Study of Adolescent Health indicated that, compared with peers who endorsed only opposite-sex attractions, youth with both-sex attractions were at higher risk for substance use and abuse. The same study also showed that females with same-sex attractions were at higher risk for marijuana and tobacco use, use of cocaine or other illegal drugs and episodes of intoxication (Russell, Driscoll, & Truong, 2002).

❖ **Higher incidence of homelessness, dropping out, running away and sexual acting out:** At the same time, there are few external resources in place to support, safe, culturally competent, identity-affirming, out-of-home care, such as foster homes and group homes (Ryan, 2003; Youth in the Margins, 2001; Cochran, 2001).

❖ **Significantly higher risk of HIV/AIDS transmission:** Up to one-half of gay/bisexual boys forced out of their homes engage in survival sex to support themselves, greatly increasing their risk of HIV infection (Savin-Williams, 1988). Additionally, recent figures released by the Centers for Disease Control indicate that 50 percent of all new infections are among people under the age of 24, with the highest rates of infection among young, gay, Black men.

❖ **Higher incidence of multiple suicide attempts and the creation of suicide plans:** Multiple studies of LGBTQ youth and young adults have reported a substantially higher proportion of suicidal thoughts and attempts than their heterosexual peers (Russell, 2003). A number of studies have indicated that between 48 and 76 percent of sexual minority youth have thought of suicide and 29 to 42 percent have attempted suicide (Hammelman, 1993; Hershberger & D'Augelli, 2002; Rotheram-Borus, Hunter, & Rosario, 1994; Russell, 2003). Findings from the National Longitudinal Study of Adolescent Health indicated that youth with same-sex or both-sex attractions and relationships report more suicidal thoughts and attempts than youth who report only opposite sex attractions and relationships (Russell & Joyner, 2001). While some of this research is over ten years old it continues to contribute significantly to our understanding of the stress experienced by LGBTQ youth. Further, recent findings from the Family Acceptance Project™ linked highly-rejecting families with dramatically higher rates of attempted suicide and suicidal ideation (Ryan et al., 2009).

❖ **Heightened risks for homeless LGBTQ youth:** LGBTQ homeless youth are at higher risk for negative outcomes like depression and substance abuse than non-LGBTQ homeless youth (Ray, 2006).

❖ **Vulnerability to involvement with the juvenile justice system:** A number of factors contribute to the over-representation of LGBTQ youth in the juvenile justice system, where they face discrimination, harassment and violence. These factors may include the following:

- survival activities that LGBTQ youth may engage in on the streets to secure food, clothing or shelter after running away or being kicked out;

- selective enforcement of "quality of life" and "morals" regulations for LGBTQ youth of color congregating in public places; and

- harsher punishments of violations of age-of-consent laws between young people of the same sex than different-sex partners (Wilber, Ryan & Marksamer, 2006; Lambda Legal Defense & Education Fund & Child Welfare League of America, 2006).

Be sure to note that none of the "parade of horribles" listed above are set in stone or experienced by all LGBTQ youth. In fact, many of these risks factors can be ameliorated when youth receive support in one or more areas of their lives. The emotional distress that can lead to suicide, substance abuse and other problems is caused, in large part, by social isolation and stigma. Remove the social isolation and stigma and much of the emotional distress is relieved.

Harassment has been identified as a critical factor in predicting outcomes for youth. The greater the level of harassment a youth experiences, the greater the likelihood that she or he will engage in risky behaviors (Bontempo & D'Augelli, 2002).

Close the activity by reflecting on the difference between identity and behavior. Two examples of how you might discuss this are offered below:

1) Notice, for example, that if a youth, family member or co-worker is not out, even the most mundane of daily living activities can become off-limits. Imagine never being able to discuss what you did last weekend or with whom. The most profound experiences—falling in or out of love, the beginning of a new relationship, the ending of a meaningful relationship, the birth of a child, a partner's death or illness — are all taboo. All of these events are about relationships, rather than behavior; they are about connections, not what one does in the privacy of one's bedroom with a significant other.

2) Ask participants how many wrote down what they do with a significant other in the privacy of the bedroom? Note that the reason you are bringing this up is because in a heterosexual context even the most quintessential sexual acts are seen differently than in a same-sex context. In a same-sex context even straightforward statements about identity are reduced to sexual behavior.

Consider a pregnant co-worker. When she announces her pregnancy with great joy, what do most people say? Most of us offer congratulations and wish her well. But how many people try to picture how she got that way? (Participants usually laugh here and recognize that they "don't go there"). In a heterosexual context, sexual behavior is usually about relationships, rather than the *sexual act* leading to the pregnancy. Among heterosexual couples, sex for the sake of procreation is about growing their family.

However, if LGBTQ youth or adults **say** they are LGBTQ, people often respond with, "Don't tell me about what you do in bed." This makes the statement that if they're LGBTQ they're all about sex, rather than about the people they love, the places they go or the events and activities that are important to them.

Module III

Working Definitions

Purpose Statement

The purpose of this module is to increase participants' knowledge regarding current definitions of sexual orientation, sex and gender.

Learning Objectives

1) Participants will demonstrate increased understanding of the differences between sexual orientation, sex and gender and increased competency in using culturally competent terminology.

(Note: Trainers should also be prepared to devote time to explain terms like "transgender," "gender identity," "gender expression," "transsexual" and "gender nonconforming," as people are often unfamiliar with these terms. It's important that trainers are clear about the distinctions between these terms, since people often have questions here.)

List of Supplies

- Handouts

Unit Structure

- Trainer introduction and review of definitions

- Small group exercise (optional, based on time and audience)

- Discussion to process activity

Module Handouts

- Definitions

Description of Activity

- Depending on the audience, the trainer may review all or some the following definitions, may hand them out and ask for questions or may conduct an activity to review them.

- The trainer should note that definitions continue to evolve, that there might be disagreements and various opinions about specific definitions and that the primary reason to explore them is to come to a common (if somewhat temporary) understanding for the purposes of the discussion.

- The trainer should be sure to explore the differences between sexual orientation and gender and between sex and gender.

The trainer can conduct the activity in various ways, including the following:

1) **Didactic**: Trainer reviews the definitions of sex, intersex, gender, gender identity, gender expression, gender roles, gender dysphoria and sexual orientation and asks for questions.

2) **Experiential**: Trainer writes each word on 3 x 5 cards, breaks the larger group into smaller groups, gives each group one of the 3 x 5 cards and asks them to develop a definition based on their own experiences and understanding. Their definitions are read aloud and discussed. The definition handout is distributed and participants identify discrepancies between the definitions they created and the ones on the handout. An alternative way to conduct this is to list each label and each definition on separate sheets or slips of paper. Hand them out randomly and ask participants with labels to find their definitions. Once everyone is matched, have each pair read out their word and definition, discuss any disagreements or incorrect pairing and allow time for discussion of definitions for which there is confusion or disagreement.

3) **Group discussion**: Trainer hands out the definitions, asks participants to review them and then facilitates a discussion about the differences between sex, gender and sexual orientation.

Definitions

Sex is assigned at birth and determined usually by our external, physical bodies. Are our genitals clearly male or female? Additional sex markers include our chromosomes and our internal and external reproductive organs. Some people also use *sexed bodies* to describe our physical sex. Some key points to make in this definition are**:**

- People often use *male* or *female* to express physical sex. As intersex children can attest, though, our biology is not always so binary or polarized.

- Sex and gender are often conflated. While sex and gender may be congruous for a majority of people, for some they are not.

Intersex children are born with chromosomal and/or reproductive differences. They may have an extra or missing chromosome, have some elements of both male and female reproductive systems (for example, one testicle and one ovary) or have genitals that do not appear clearly male or clearly female at birth.

Gender is an ascribed social status assigned at birth, which is congruent with the sex also assigned at birth.

Gender Identity is an inner psychological sense of oneself as a man or a woman, both, neither or something else. This term refers to the gender with which one identifies regardless of one's sex.

Gender Expression is the communication of gender through behaviors (e.g., our dress, mannerisms, speech patterns, etc.) and appearance (e.g., clothing, hair, accessories, etc.) culturally associated with a particular gender. Societal definitions of gender influence these communications.

Gender Dysphoria is the term for the clinical symptoms of excessive discomfort, confusion, pain and anguish from feeling an incongruity with the gender assigned to one at birth (Israel & Tarver, 1997; Lev, 2004). Gender dysphoric young people often suppress and hide these feelings from others. Not all transgender youth or adults experience gender dysphoria.

Transgender is an umbrella term that describes people whose gender identity or gender expression differs from expectations associated with the sex assigned to them at birth. This term may include pre-operative transsexuals, post-operative transsexuals, non-operative transsexuals, cross-dressers, androgynous people, gender benders, drag kings and drag queens. Transgender people may be heterosexual, bisexual, gay, lesbian or asexual. Gender variance in children may forecast a same-sex sexual orientation or transgenderism (with or without gender dysphoria) or may simply indicate variance in gender expression (Lev, 2004).

A **transgender woman** or **transgender girl**, also sometimes referred to as a **male-to-female** or **MTF** transgender person, is someone who identifies as female but was assigned "male" at birth. Conversely, a **transgender man** or **transgender boy**, also sometimes referred to as a **female-to-male** or **FTM** transgender person, is someone who identifies as male but was assigned "female" at birth.

Transgender people live and express their gender and identities in diverse ways, including:

- **Crossdressers** occasionally dress in clothing more common to another gender, for relaxation, catharsis, sexual pleasure, to express more feminine or masculine sides of themselves and for any number of other reasons. Many crossdressers report that they are not interested in transitioning to a different gender.

- **<u>Transsexuals</u>** are people whose gender identity does not match expectations associated with the sex assigned to them at birth. Transsexuals may or may not opt to transition to another sex via medical treatments and may or may not live full time in the gender expression congruous with their identity. For those individuals who *are* interested in sex reassignment, medical treatment may be financially impossible since it is rarely covered by insurance. Often, people who are able to live consistent with their gender identity full time will opt for some form of hormonal therapy to support a congruent gender expression.

- **<u>Genderqueer</u>** is a term describing people who identify not as male or female, but as in-between or beyond the binary. Genderqueer youth are more likely to reject the idea that there are only two genders.

Hormonal Support: Some transsexual people may work with an endocrinologist or other physician to provide hormones that stimulate or promote the development of secondary sex characteristics, such as facial hair or breasts, that support their gender identity. Note that access to resources (insurance, availability of culturally competent health care providers, financial resources) may play a significant role in whether or not people are able to receive hormonal support. Some youth without access to health care use other means of access (friends, the Internet, the street). *We include this as a definition in order to generate discussion regarding hormonal support for adolescents in the system – a sometimes controversial but necessary discussion.*

Currently, a number of child welfare agencies are reluctant to provide masculinizing or feminizing hormonal interventions at puberty for transsexual youth, due to concerns about the long-term effects. However, the decision not to provide such treatment also has long-term consequences for the young person that must not be overlooked.

The *Harry Benjamin Standards* (International Protocols for Gender/Sex Reassignment, available at http://www.hbigda.org/soc.cfm) recommend puberty-postponing hormones that allow for bone and other development, but interrupt the masculinizing or feminizing effects of puberty. These effects, if allowed to progress, can have life-long implications for transsexual youth.

For example, once a youth's body has masculinized, estrogen has less impact. The youth will have to deal with on-going facial hair (or find a way to pay for and deal with the pain of long-term electrolysis) or may face vocal cord surgery to shave the "Adam's apple" and impact the traditionally lower pitch of male voices. A female bodied, male identified child will have to cope with monthly menses (often leading to depression as his body "betrays" him), breast growth and the movement of body fat to the hips.

The *Harry Benjamin Standards* further address provision of masculinizing or feminizing hormones to adolescents under some circumstances. The following is an excerpt from the *Standards*:

> *Partially reversible interventions…include hormonal interventions that masculinize or feminize the body, such as administration of testosterone to biologic females and estrogen to biologic males…Adolescents may be eligible to begin masculinizing or feminizing hormone therapy as early as age 16, preferably with parental consent…Mental health professional involvement is an eligibility requirement for triadic therapy during adolescence. For the implementation of the real-life experience or hormone therapy, the mental health professional should be involved with the patient and family for a minimum of six months.*

Gender Identity Disorder: A strong, persistent desire to be the opposite sex, as well as a persistent discomfort about one's anatomical sex or a sense of inappropriateness in the gender role corresponding to one's anatomical sex. Note that this is a diagnosis in the American Psychiatric Association's *Diagnostic and Statistical Manual for Mental Disorders (DSM-IV)*. Some people oppose classification of transgender identity as a disorder, while others recognize the advantages of having explicit standards of health care for transgender individuals.

Sexual Orientation is defined by whom you are emotionally, romantically and erotically _attracted to_, for the most part and over a period of time. It exists on a continuum of feelings and attractions and is not necessarily congruent with behavior. Some key points to make in this definition are**:**

- Most youth in early adolescence have a wide and confusing range of feelings. This is totally normal. Sexual orientation is about whom you are attracted to _for the most part_ and _over a period of time._

- Sexual behavior and sexual orientation are not the same thing. Most people, for example, know whom they are attracted to long before they act on those attractions. In addition, an individual's sexual behavior and sexual orientation are not always congruent. Some LGBTQ youth may act out sexually with the opposite sex to hide or deny their same sex feelings. Some youth may engage in same sex behavior when their underlying attractions are toward the opposite sex.

Some of the terms associated with sexual orientation include:

Heterosexual, **Straight:** People whose overall attraction is for members of a different gender. The term "metro-sexual," is sometimes used to describe heterosexual men who fit some gay male stereotypes.

Homosexual, Gay, Lesbian, Same Gender Loving, Two Spirit: People whose overall attraction is for members of the same gender. Same Gender Loving emerged in the late 1980's and may be used most often by People of Color. Two Spirit emerged from First People or Native Americans Traditions and has in various contexts been used to describe people who have same sex attractions and people who take on cross-gendered roles within the community.

Bisexual, Pansexual: People who are attracted to members of the same and other genders. Note that individuals may vary in the degree of attractions toward other or the same genders. Other terms which may be in use in your community might include: Not-Straight; Queer, Non-Labeling; Asexual (people who are not sexually attracted to others) (Bogaert, 2004).

Questioning: Some youth identify as questioning when they are unsure of where their primary attractions lie.

LGBTQ: This is an acronym that stands for Lesbian, Gay, Bisexual, Transgender and Questioning/Queer.

It is often useful to make a list of other positive or negative terms participants have heard. Additional terms facilitators may wish to address include:

Heterosexism: The institutionalized assumption that everyone is heterosexual and that heterosexuality is inherently superior to and preferable to homosexuality or bisexuality.

Homophobia/Biphobia/Transphobia: The irrational fear or hatred of, aversion to or discrimination against, homosexuals, bisexual or transgender people and behavior.

Internalized Homophobia/Biphobia/Transphobia: The experience of shame, aversion or self-hatred- in reaction to one's own attractions or gender identity.

The Down Low: The Down Low (also known as "DL") refers to closeted bisexual men who have sex with men without the knowledge of their female partners (from www.GLAAD.org). Although this term is coming into more common usage, there is significant controversy around it. The impact of racism regarding this concept is explored in a new book by Keith Boykin (Boykin, Harris, 2005) titled: *Beyond the Down Low: Sex, Lies and Denial in Black America*.

Womanist: This is a term introduced by author Alice Walker to describe women of color who are concerned about the oppression of other women. This term was introduced to embrace women of color who have — due to institutionalized racism — felt left out of the "feminist movement."

Module IV
Values Clarification

Purpose Statement

The purpose of this module is to help participants explore their personal views and values regarding sexual orientation and gender, to undermine common myths and stereotypes about sexual orientation and gender identity/expression and to identify strategies that participants can use to balance personal views with professional responsibilities when the two are in conflict.

Learning Objectives

1) Participants will obtain clarity regarding their personal, religious and cultural beliefs and values regarding sexual orientation, gender identity and expression.

2) Participants will identify strategies for balancing personal views with professional responsibilities.

3) Participants will reduce adherence to stereotypes and myths regarding sexual and gender minority people.

List of Supplies

- Easel pad
- Markers

Unit Structure

- Trainer introduction of goals
- Small group exercise (three choices are provided)
    a) Parallel Lines/Concentric Circles
    b) Messenger and Messages

    c) Common Ground

- Discussion to process chosen activity

Trainer Notes

Trainers should read the following resources in preparation for this discussion:

- Lambda Legal Defense and Education Fund & Child Welfare League of America. (2006a). Basic facts about being LGBTQ. *Getting down to basics: Tools to support LGBTQ youth in care*. New York: Authors.

- Lambda Legal Defense and Education Fund & Child Welfare League of America. (2006b). *Out of the margins: A report on regional listening forums highlighting the experiences of lesbian, gay, bisexual, transgender and questioning youth in care* (pp. 1-15). New York: Authors.

Module IV

Values Clarification, Option 1: Parallel Lines/Concentric Circles

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Learning Objectives

1) Participants will obtain clarity regarding their personal, religious, cultural beliefs and values regarding sexual orientation, gender identity and expression.

2) Participants will identify strategies for balancing personal views with professional responsibilities.

3) Participants will reduce adherence to stereotypes and myths regarding sexual and gender minority people.

This activity begins with organizing participants into either parallel lines facing each other *or* concentric circles facing each other (circles work better in smaller spaces). Once participants are organized, the trainer provides two minutes to discuss each of five to eight questions (one minute per participant). After each question, the participants change partners (usually by having one line stay in place and the other moving down one space.) The activity is processed upon completion of all questions.

Alternatively, this exercise can be done with participants as individuals or in pairs in small groups; parallel lines, concentric circles that rotate with each question or by the group as a whole on the board or flip charts.

In addition, if you conduct the activity in small groups or in seated pairs, you can process each question as it is discussed, rather than processing all of them at the end. This style of processing, however, increases the length of time necessary to do the activity.

Instructions

Remind participants about your guiding principles and your earlier conversation about values. Their primary focus will be to explore their own personal views and values. They will not be responding to, commenting on or challenging other people's views or values.

Ask participants to count off into two groups in any way you choose (one, two; apples, oranges; kiwis and mangos, etc.). Ask all of one group to join you in the center of the open space and to make a circle facing in. Once the circle is formed, ask these participants to turn around and face out. Then ask the second group to come and find a partner to do the exercise with. If there are an uneven number of participants, the facilitator may also have to participate so everyone is working in a pair.

Note that you are going to read off a question. People will have one minute to share their responses with their partners. Then you will switch and the others will answer the same question. Let participants know they will probably find that one minute isn't enough. Suggest that they use this exercise as a first step to a deeper self-exploration. Indicate that they will rotate after each question and will be talking with someone new each time. Remind them that they are working to clarify *their own* thinking, not their partners'.

Choose as many of the following questions as you wish or have time for. In each case, provide time signals after one minute so participants can finish up and allow their partners to speak. After each question, ask the outer circle to rotate one person to the left (or right) so that they are speaking to a new partner each time. If participants do not know each other, provide a few seconds after each rotation for them to introduce themselves.

Trainer Notes

- Participants may find the conversation uncomfortable, especially if they experience the topic of sexual orientation or gender as taboo. In addition, if supervisors and subordinates participate together, there can be the fear of repercussions after the training if one expresses an unpopular view. (This can be addressed during ground rules as well.)

- Time can be a constraint. Depending upon the length of the training or workshop, facilitators may need to reduce the number of questions, generally using about five. A maximum of about eight questions can be covered in a single session.

Discussion Questions

1) When you were growing up, what messages did your family and friends give you about sexual orientation (especially LGBTQ)? Have their views remained the same or have they changed over time?

2) What is your earliest memory regarding the existence of homosexuality or bisexuality? What messages did you receive from that experience? Who is the first LGBTQ person you ever met? What messages did you get from that person about LGBTQ people? What 'transgressions' regarding sexual orientation make you uncomfortable?

3) What were the rules in your family regarding gender? What gender "transgressions" make you uncomfortable?

4) Try to name every myth or stereotype you ever heard about LGBTQ people in one minute. For person number two: When you do this, try to name some that you haven't heard yet.

5) What view did your childhood religious faith have regarding homosexuality and gender? Are your current religious views similar or different? If you do not have a particular religious tradition that you adhere to, what do you know about various religious beliefs regarding homosexuality and gender?

6) How would you describe your agency's culture regarding sexual and gender minorities? Another way to frame this question is: What are the "unwritten rules" at your agency? What happens if someone violates them? Some areas to consider include: chatter, jokes, comments, staff conversations; rules about speaking up; openness to exploring topics of sexuality; overcompensating (where sexual and gender minority youth are held to lower standards in an effort to be sensitive); and fear of repercussions (from above, below, outside). These are often the hidden barriers to change. Saying them out loud may be the first step to re-writing them.

7) Have you ever chosen **not** to speak up when you heard someone make an anti-gay remark/joke? Was it a situation in which you would have spoken up if it had been another form of prejudice? What made speaking up difficult for you?

8) What do you think it might be like for a young person to discover that he or she is lesbian, gay, bisexual or transgender in a society where the above beliefs, myths and stereotypes are prevalent?

After you have completed as many questions as you wish (or have time for), ask people to return to their seats to process the exercise.

Discussion Questions (Note that question 6 closes out the activity — be sure to save 5 to 10 minutes to consider it with the group.)

1) Tell me about that experience. Were there any surprises or interesting lessons?

2) What were some of the myths and stereotypes you mentioned or heard? You may find it useful to list these, reminding people that we are looking for stereotypes. Ask about each subset: gay male, lesbian female, bisexual, transgender/transsexual or queer/questioning. Ask, "What do gay men look like, walk like and talk like? What do they do for a living?" Then, ask the same questions about lesbians. Note that most of the stereotypes about gay men are that they are like women and most of the stereotypes about lesbians are that they are like men.

   Remind people of the definition of sexual orientation — that it is about your attractions — yet we make it about gender behavior. Make the point that the people you assume are gay or lesbian are those who fit the stereotypes. If adults or youth don't fit the stereotypes, they are assumed to be heterosexual. Continue the discussion by asking for myths and stereotypes about bisexual and transgender people. Ask about LGBTQ relationships and any other areas of misconceptions.

3) What are the myths about how people become gay, lesbian or bisexual? What are some common beliefs about why some people are transgender? This question allows the facilitator to debunk a number of myths about sexual abuse, influence, parenting, what toys kids played with, who their parents are and so forth. Note that the most accurate thing one can say about the development of sexual orientation is that some combination of nature and nurture results in each individual's unique combination of attractions.

We know a lot more about what doesn't create sexual orientation, than we do about what does. Similarly, we know very little about how and why gender variance occurs. The one thing that all the myths have in common is that they are looking back at an individual's life and trying to figure out what went wrong. What if sexual orientation and gender exist along a naturally occurring continuum and there isn't *anything* wrong? What effect does that have on the question?

4) What impact might these pervasive myths and stereotypes have on a person's views, values, beliefs and behavior? What impact do you think this environment might have on the self-esteem and emotional development of a lesbian, gay or bisexual youth who is just coming into an awareness of his or her sexual orientation?

5) What were some of the issues you noted in the question about agency culture? Does the agency culture serve as a support for providing affirming service or a barrier? How so?

6) What strategies or ideas can you offer to help colleagues balance strong anti-gay views with their professional responsibilities, so they may provide safe and competent care? (Suggestions might include: education and training; effective supervision; appropriate discipline; on-going self-reflection and evaluation; and face-to-face contact with LGBTQ people.)

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Module IV

Values Clarification, Option 2: Messages and Messengers

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Learning Objectives

1) Participants will obtain clarity regarding their personal, religious and cultural beliefs and values regarding sexual orientation, gender identity and expression.

2) Participants will identify strategies for balancing personal views with professional responsibilities.

3) Participants will reduce adherence to stereotypes and myths about sexual and gender minority people.

Trainer Notes

Another variation is to explore messengers and messages first as a brainstorming exercise, then as a small group activity. Participants will brainstorm a list of the messengers who transmit values (family members, media, clergy, professional associations, etc.). Once a comprehensive list is developed, participants will form smaller groups and discuss the messages they received about sexual orientation and gender identity and expression from their top three or four messengers. Process the activity by asking participants to share some examples. Close the activity with a discussion about strategies for balancing personal views with professional responsibilities when the two are in conflict.

Unit Structure

- Trainer introduction
- Large group brainstorming
- Small group activity
- Processing discussion

Instructions

Begin with the introduction to values clarification as discussed above. Put up an easel paper with the title "Messengers" and ask: "Who are the messengers who transmit values?" Brainstorm a list with participants. When you finish brainstorming, ask if all of these transmitters of values are equally credible? (Generally, the answer is no.)

Introduce the assignment:

Break into groups of three or fewer people. Identify three or four most credible messengers and share with other group members the messages you received from each of those sources about sex and sexuality in general. Can you think of a time when you or someone in your family transgressed those rules? What happened?

Then, ask participants to have the same conversation regarding sexual orientation. What did you learn from these sources about what it means to be gay, lesbian or bisexual? Can you think of a time when you or someone in your family transgressed those rules? What happened?

Last, ask them to consider gender: What were the gender rules in your family/community while you were growing up? Can you think of a time when you or someone in your family transgressed those rules? What happened?

Discussion Questions (Question 5 closes out the activity so be sure to save 5 to 10 minutes to consider it with the group.)

1) Tell me about that experience. Were there any surprises or interesting lessons?
2) What were some of the rules and what happened if someone transgressed?
3) What are the myths about how people become gay, lesbian or bisexual? What are the myths about why some people are transgender?

4) What impact might these pervasive myths and stereotypes have on a person's views, values, beliefs and behavior? What impact do you think this environment might have on the self-esteem and emotional development of lesbian, gay, bisexual or transgender youth just coming into awareness of their sexual orientation?

5) What strategies or ideas do you have to help someone balance strong anti-gay views with his or her professional responsibilities to provide safe and competent care? Answers might include: education and training; effective supervision; appropriate discipline; on-going self-reflection and evaluation; and face-to-face contact with LGBTQ people over a period of time.

Module IV

Values Clarification, Option 3: Common Ground Exercise

Learning Objectives

1) To help participants see the commonalities they share with other people in the group.

2) To help participants see the differences among the people in the group.

3) To provide participants with opportunities to challenge their assumptions about other people in the group.

List of Supplies

- Masking tape
- List of social identities

Trainer Notes

- A list of social identity categories appears at the end of this module.

- Have group members line up next to each other, in a straight line. Make a line on the floor with masking tape, parallel to the group members, approximately six feet in front of them.

- The facilitator should say, "Thank-you" to those who cross over in order to cue them to walk back. Use different languages if possible.

- The facilitator may also need to remind people to take a moment to look at the others who crossed the line and at those who did not cross the line.

Instructions

- We are going to do an exercise that helps us identify the different kinds of common ground we share with each other and also how we are different from each other.

- We are going to call out categories that some of us might identify with.

- If the category applies to you, or if you identify with the category, we ask that you step forward and cross over the line.

- If you identify with a category, but *do not* wish to cross over the line, please feel free to stay where you are and not cross over the line. We do ask that you reflect on the reasons for your decision.

- If you cross over the line, we would like you to turn and look at the others who have crossed over the line with you. We would also like all of you on *one side* of the line to look in the eyes of the others for a few moments.

- This is an exercise based on trust and mutual respect. We want this environment to feel very safe. To do that, we need to have silence throughout the exercise.

Discussion Questions

1) How did it feel to identify yourself in front of other people?
2) What feelings or thoughts did you have about the moments when you shared identities with other people?
3) When did you feel ambivalence, if you did, around identifying yourself in a particular way?
4) What barriers kept you from identifying yourself, if any barriers existed?
5) Have any of us been socialized in ways that made it uncomfortable or unacceptable to share, in front of other people, some of that information about ourselves?
6) Were any of your assumptions about other people or groups challenged in this exercise?
7) Were you surprised by how anyone identified themselves?

8) What did you learn about your own assumptions of others?

9) What did you learn about yourself, in relation to others' status within the group?

10) What could this mean about the assumptions we may make about clients or colleagues?

11) How comfortable are we with differences? When are we comfortable with differences and when are we uncomfortable?

12) What feelings or thoughts do you have about the identities or groups with which you chose not to identify?

13) What identities and communities are <u>not</u> represented in our group? What implications might those silences have in terms of our social work education and profession?

Points to Make During the Discussion/Insights from this Activity

- People share multiple statuses.

- People may or may not identify with certain social groups, even if they appear to hold membership in a particular social group, or their identification may be minimal.

- We may use words that have different meanings to clients and colleagues. These words may also have *multiple* meanings.

- Sometimes these labels do not capture who we are and how we think of ourselves.

- Sometimes we feel ambivalent about these labels or ways of identifying ourselves.

- We make assumptions about people based on how they look and who we think they are.

- We also make assumptions based on these labels.

- We can't just look at people and think we know them or know how they might identify.

- Even when people share statuses, they may be very different in many other ways.

- We need to be sensitive to how self-disclosure may feel to our clients. Clients often do not have a choice about whether or not to disclose, because they may be denied services if they do not give the social worker certain information.

Final Statement to Make to the Group

- In this exercise, we explored the places where we share commonalities with other people and the places where we are different from each other. The exercise offers opportunities for us to seek out our similarities with other people and to find places where you can build coalitions with people across the spectrum of your agency.

- We also encourage you to identify the differences between yourself and those with whom you work; seek opportunities to understand and find the strengths in those differences.

- Thinking in this way about commonalities and differences will help you understand the dynamics between yourself, your clients and your colleagues.

List of Social Identities/Categories

Start each social identity off by saying: "Cross over the line if you identify as …"

Start in this column ↓	
The first born in your family	Married
The youngest in your family	Having found your first job through a family member or a friend
Having grown up poor	Having ancestors who were in North America before 1492
Born outside the United States	Someone who has been in the role of client
Raised outside of the United States	Heterosexual
Having grown up upper class	A person who is returning to school after being out for more than five years.
Having a life partner	Gay, lesbian or bisexual
A person with children	Having lived in an all-White building or worked in an all-White workplace
Multi-racial	A person who has been hired or supervised by a person of color
Having grown up working class	American-Indian
Having a parent who attended college	Arab-American
Having grown up in a rural area	A person raised in an American Indian community
White or Caucasian	Transgender
Having found your house or apartment through a family member or friend	A person with a disability
Having grown up middle class	Jewish
Raised in a single-parent household	Christian
Latino, Latina, Hispanic or Chicano/ Chicana	Muslim
African-American or Black	Hindu
Asian/Pacific Islander	Buddhist
South Asian	Atheist

Module V
LGBTQ 101: Learning Lab

Purpose Statement

The purpose of this activity is to provide participants with hands-on experience in dealing with the issues and concerns they are most likely to face in their particular out-of-home care roles.

Learning Objectives

1) Participants will have the opportunity to identify situations and scenarios associated with sexual orientation or gender that they are most likely to face in their current jobs.

2) Participants will increase their comfort levels regarding — and expertise in handling — these situations as they arise.

Description

The trainer will conduct a brainstorming activity about the kinds of situations and concerns that have arisen or could arise regarding LGBTQ clients. After the group generates a list, they will choose two or three scenarios participants would most like to address. Each scenario will be explored and processed using a learning lab technique that allows participants to try out several different ways of responding to the same situation.

Sample scenarios might include the following:

- Staff intervenes when a youth harasses another youth
- A co-worker (or subordinate or supervisor) is letting personal beliefs interfere with his or her professional responsibilities

- A transgender youth wants to wear gender congruent clothing that is contrary to her or his birth sex
- A youth comes out to a staff member
- A youth expresses romantic feelings toward a same sex staff member
- Two youth of the same sex are caught kissing

List of Supplies

- Easel pad
- Markers
- Different color circle stickers
- Three moveable chairs

Trainer Notes

Sometimes participants feel shy or embarrassed by role-playing. This is one of the reasons this exercise is framed as a learning lab rather than a role-play. The trainer might ease tension by volunteering to go first or by using a playful, enthusiastic approach and tone of voice.

Instructions

Tell participants that the next part of the training is designed to give them an opportunity for hands-on, skill building training using their own real life situations. Pose the following (or a similar) request: Let's generate a list of your "worst nightmares" when it comes to issues of sexual orientation or gender identity in out-of-home care. What kinds of situations have already come up? What kinds do you fear *might* come up with an LGBTQ youth or family on your caseload? Generate a comprehensive list.

If there isn't an easily discernable way to group the list into two or three scenarios, you can ask the group to prioritize them by giving each person three stickers. Ask them to come on up (quickly) and put them on the two or three scenarios they most want to cover in this session. Focus on the scenarios with the most stickers.

The trainer then places three chairs in the front of the room (two facing each other and one slightly to the side for the facilitator) and describes the activity.

Everyone in the room has a role to play in this exercise. Two people will begin the session playing one of two roles from the scenarios you brainstormed or from one that you assigned. A third role is the facilitator (the trainer) and everyone else serves as a consultant and can be called upon at any time to change places with the role players.

The two role-play participants can call a "time out" at any time and as often as they want during the exercise. The facilitator can also call a time out, but consultants may **not**. Upon calling for a time out, participants can turn to the consultants or the facilitator and ask for guidance. Consultants may offer suggested language, an alternative approach, another perspective, etc. They may be invited to change places with the current person in the role. The facilitator may also ask the participants to switch roles or invite other people to try a different approach.

The facilitator's job is to help participants explore different ways of handling each situation. Ideally, each scenario will be played out multiple times. In addition, the facilitator probes for feelings as the role-play progresses, especially if one person says or does something that clearly defuses or clearly escalates the situation.

Facilitators can call a time out and ask one player or the other, "How are you feeling right now? What was it like when so and so used that tone of voice or asked that question or validated that feeling?" The facilitator can also turn to the consultants and ask, "What did you think of what just happened? Did it have the intended outcome? What might be another way to approach the situation?"

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Module VI

Next Steps/Action Steps

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Purpose Statement

To reinforce the learning and provide participants with concrete next steps in developing culturally competent child welfare practice with sexual and gender minority clients

Learning Objectives

1) To develop concrete next steps for providing culturally competent services to sexual and gender minority clients.
2) To encourage participants to put their learning into action in the field.

Description

This activity is designed to help participants identify concrete actions that they will commit to undertake in the field. The trainer leads participants through a discussion regarding cultural competency and what it looks like with sexual and gender minority clients.

Participants are asked to independently identify three to five actions that they are committed to implementing within the next two weeks. The exercise ends with participants sharing their action plan with others around them and stating their commitment to put them into action.

List of Supplies

- Easel pad
- Markers
- Action steps form

- A ball or other tool to 'toss' ideas around the room

- A basket or container to place the contact forms in

Trainer Notes

The trainers should read the following resources in preparation for this discussion:

- Lambda Legal Defense & Education Fund & Child Welfare League of America. (2006a). Caseworkers with LGBTQ Clients; Basic LGBTQ Policies, Training & Services for Child Welfare Agencies; Recommendations for Training & Education on LGBTQ Issues. *Getting down to basics: Tools to support LGBTQ youth in care*. New York: Authors.

- Lambda Legal Defense & Education Fund & Child Welfare League of America. (2006b). *Out of the margins: A report on regional listening forums highlighting the experiences of lesbian, gay, bisexual, transgender and questioning youth in care.* New York: Authors.

- Wilber, S., Ryan, C., & Marksamer, J. (2006). *CWLA best practice guidelines: Serving LGBT youth in out-of-home care* (pp. 9–13). Washington DC: Child Welfare League of America.

Instructions

Training in and of itself is only helpful until "life gets in the way," *unless* we put mechanisms in place to reinforce the learning and to put the ideas into action. This discussion is designed to identify concrete steps and actions that you might take immediately to ensure that the care you provide is safe, affirming and culturally competent.

Let's start by brainstorming some ideas. How would an LGBTQ client know that you are culturally competent, knowledgeable and aware of their issues? For example, consider your agency's environment (the waiting room, your office, your bookshelves), the forms you use and the language you use.

Create a comprehensive list of action steps. You can refer participants to the *Lambda Legal Getting Down to Basics* Tool Kit as a review. In addition, here is a list of specific action steps you can include.

Create a Welcoming Environment

LGBTQ clients often "scan" an office for clues to help them determine to what extent the office, staff or agency is affirming of their sexual orientation or gender identity. You may want to implement some of the following suggestions as appropriate to your setting:

- Posters showing racially and ethnically diverse, same-sex couples or families
- LGBTQ friendly stickers and symbols posted in offices or doors (e.g., safe zone stickers, rainbow flag, etc.)
- Visible non-discrimination statement that explicitly includes orientation and gender identity/expression
- At least one universal, gender inclusive or gender neutral restroom, so that people are not faced with the issue of choosing the right or wrong bathroom.
- Providing LGBTQ-specific media, such as this resource guide, local or national magazines or newsletters. Post appropriate resource information and activities.

Intake Forms and the Use of Inclusive Language

Filling out intake forms gives clients their first, and most important, impressions of the extent to which their identity and families systems are recognized and affirmed. Review your forms for inclusive language regarding sex, gender, relationship status and family structures. In addition, because your practice is likely to include transgender and intersex people, additional training about their unique health, mental health and other concerns is critical to effective, competent service delivery.

- When discussing sexual history, it is important to reflect client language and terminology about their partners and their behavior. Many people do not define themselves through a sexual identity label, yet may have sex with persons of their same sex or gender or with more than one sex. If you identify an individual as gay when they don't self-identify in that way, you can damage rapport and trust. Respect transgender clients by using appropriate pronouns for their gender identity. If you are unsure, ask in a gentle, respectful way.

- When talking about sexual or relationship partners, use gender-neutral language such as "partner(s)" or "significant other(s)." Ask open-ended questions and don't assume the gender of a client's partner(s) or sexual behaviors. Don't assume that current and past behaviors are the same. Look for ways in which stereotypes can impact the questions you ask and those you don't ask (for example, not asking a gay man about children; or not asking a woman who identifies as lesbian about STD risks).

- In your agency, some forms may have been updated to include gender-neutral language and others may not. Practice using inclusive language until you are comfortable with it. If the form terminology is not neutral, practice asking the question in a way that is. For example, Connecticut's Department of Public Health updated their forms to include questions about "birth sex" and "current gender," a respectful way of recognizing and including transgender individuals.

- Ask violence screening questions in a gender neutral way: Have you been physically or sexually hurt (are you currently being hurt, have you ever experienced being hurt) by someone you love or by a stranger? Have you ever been sexually assaulted or raped?

Additional individual actions a trainee might commit to undertaking:

- Challenge biased remarks consistently, regardless of the source.
- Understand that questioning, exploration and fluidity are normal for adolescents.
- Challenge pre-conceived ideas of what is good for youth and children in terms of placements, family structures and relationships. Educate about sexual orientation, sexuality and gender.
- Consider carefully what you place into youth's records since those records are going to follow them throughout the system.
- Use supervision if you are struggling to balance personal views with professional responsibilities or to "check out" assessments or recommendations for hidden biases. (Note that a supervisor — *or* a trusted peer, mentor or other knowledgeable support person — can provide supervision.)
- Learn about the connections between anti-LGBTQ bias and racism, sexism and classism.
- Look for a support network of advocates. Listen and learn from LGBTQ people. Attend LGBTQ events, films, workshops, pride marches and PFLAG meetings.
- Learn about laws, policies and political issues affecting LGBTQ people's rights (e.g., Boy Scouts policies, domestic partnerships and second parent adoption).
- Collect pamphlets, information and community resources to use, share and display.
- Wear a button or sticker that promotes awareness.
- Identify and use opportunities to contradict negative messages. Take advantage of "teachable moments." Stop heterosexist jokes or remarks. Speak up in defense and support of LGBTQ clients, students and staff.

- Set, and consistently enforce, clear rules of behavior that respect and protect diversity; encourage respectful discussion and debate.

Hand out the action step form and ask participants to spend the next several minutes writing down three to five actions that they can take immediately, in the short term and in the longer term. Participants should also fill in the contact information on the bottom of the form.

Upon completion, ask for one or two volunteers to share their action steps and their stated commitment to undertaking them. Ask all participants to share their action steps with two others around them and to state aloud their commitment to making them happen. When finished, ask participants to tear off the contact information on the bottom of the form, fold it in half and place it in the basket you provide. Put the basket aside until the end of the session.

<u>ACTION STEPS FORM</u>

I commit to taking the following actions to ensure that I am providing culturally competent services to my sexual and gender minority clients:

I will immediately: • • •	In the next two weeks I will: • • •
My longer term actions for continuing to develop my skills with this population: • • •	Notes:

Name: _____

Work phone number: _____

E-mail address: _____

[Module VII](#)

Close and Evaluations

Purpose Statement

- To reinforce the learning
- To provide participants with the opportunity to offer feedback on their experience in the training

Learning Objectives

1) To ensure that participants achieved the learning objectives set forth at the beginning

Description

This closing activity serves as a quick review of the materials covered and offers another opportunity to reinforce the material once the session is over. Participants will toss a ball around the room. Each recipient will finish the sentence, "One thing I learned today is…" with a unique statement (that no one has shared before). At the end, participants will be asked to complete an evaluation.

In closing the session, in addition to thanking participants, the instructor will let them know that s/he will be calling each participant over the next month to check in regarding their action steps. At this time, participants will also be asked to identify the action steps they committed to implementing, to assess their progress and to talk about their next steps as they continue to enhance their own and their agency's cultural competency.

List of Supplies

- Evaluation form
- A soft large ball or other throw-able object (teddy bear, stuffed animal)
- The basket or container with the contact forms

Instructions

We are going to end with a rapid review called, "One thing I learned today." Here's how it works. I am going to toss this ball to someone who will finish the statement "One thing I learned today is…" and then toss the ball to someone else who will finish the statement with a new answer. The objective is to ensure that everyone receives the ball at least once and that no statement of learning is repeated.

Once everyone has received the ball at least once, pass out the written evaluation forms and ask everyone to fill them out. Thank them for coming and provide them with the following "homework" information:

"Over the next several weeks, I will be calling each of you to check in regarding the action steps you committed to undertaking. When I call, I'll ask you to identify the action steps you wrote down, to assess your progress in completing those steps and to talk about your next steps as you continue to enhance your own and your agency's cultural competency."

LGBTQ 201

Issues for Youth in Out-of-Home Care

The following modules contain content on specific issues affecting LGBTQ youth in out-of-home care, their family members, other caregivers and service providers. Trainers can select from the following modules according to the needs of the agencies requesting training. Content from LGBTQ 101 can be combined with one or more of these modules to comprise a workshop.

The purpose of this section is to identify the unique issues and challenges facing LGBTQ youth in out-of-home care, and their parents, other caregivers and service providers and settings. Participants will learn how to assist child welfare service providers in addressing these issues with children and youth, their parents, other caregivers and colleagues.

LGBTQ 201 Training Goals and Objectives

1) Articulate the psychosocial needs of LGBTQ adolescents and identify risk and protective factors facing LGBTQ youth in out-of-home care.

2) Understand how to manage confidential information within the child welfare system around youth' disclosures of sexual orientation diversity and gender variance.

3) Experience increased confidence and competence in discussing sexual orientation and gender identity issues with adolescents and in helping families and other caregivers adapt and adjust to children's sexual orientation diversity and gender variance.

4) Identify LGBTQ-affirmative programmatic and policy interventions for LGBTQ youth in out-of-home settings and community resources for LGBTQ adolescents, their families, other caregivers and service providers.

Module 1

Identification of LGBTQ Issues for Youth in Out-of-Home Care

Learning Objectives

1) To identify the issues and challenges affecting LGBTQ youth in out-of-home care.

2) To increase participants' awareness of how these issues manifest in their own agencies and service delivery systems.

List of Supplies

- Easel pad

- Markers

- 3 x 5 cards

Unit Structure

- Brainstorm activity

- Review of supplemental material (as necessary)

Description of Activity

Participants brainstorm issues experienced by LGBTQ youth in out-of-home care in their particular geographical region and agencies. They then describe how these issues are specifically manifested in the service delivery system in their area.

The trainers can conduct this exercise in various ways:

- *A large-group brainstorming session:* The trainers can write each identified issue on an easel pad that will then be put up around the room. When the brainstorm is completed, participants can walk around the room and, for each issue, record specific ways they see the issue manifested in their service delivery systems.

- *Brainstorming in small groups:* The trainers can write each identified issue on an easel pad. When the brainstorming is completed, participants can be broken up into small groups. Each small group will record and discuss specific ways they see their assigned issue manifested in their service delivery systems.

The trainers should be sure that the following issues are reflected in the brainstorming session. If any of these issues are missing, the trainers can ask participants if they have witnessed or heard about any problems or concerns around that issue.

I. **Victimization**

1) Verbal (oral/written), physical, sexual and emotional abuse and medical neglect.

2) Predators may be out-of-home care staff, peers, foster parents and/or other caregivers.

Examples

- Hostility toward a youth's sexual orientation, sexuality, gender identity, and gender expression, which can cause instability in placements.

- Homophobic, biphobic, transphobic remarks at staff meetings.

- Verbal harassment from staff, sometimes in front of other youth.

- Transgender youth are consistently referred to with the wrong names or pronouns, sometimes intentionally.

- Transgender youth are forced to wear the clothing of the gender they were assigned at birth.

- Youth are forced to attend the religious institution of their foster parents when that institution is homophobic.

- Youth are subjected to staff persons' religious proselytizing.

- Physical abuse and verbal harassment from peers.

- Youth are subjected to "conversion" therapies or reparative therapies which have been disavowed as inappropriate and unethical by the major professional associations.[2]

- Transgender youth are denied medically recommended hormone treatments.

II. Confidentiality

1) Child welfare settings
2) Foster parents
3) Biological parents
4) Courts

Examples

- Staff persons disclosing a youth's sexual orientation or gender identity to foster parents, biological parents and/or the youth's peers without the youth's consent.

- Lack of policies that address confidentiality around sexual orientation and gender identity, including policies on written documentation, when expert model policy guidelines have been developed and disseminated by the Child Welfare League of America (Wilber, Ryan, & Marksamer, 2006).

III. Differential Treatment

1) Dating and romantic relationships (foster homes and residential programs)
2) Same-sex versus other-sex sexual interactions

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[2] See the American Psychological Association's *Resolution on Appropriate Therapeutic Responses to Sexual Orientation*; the NASW Position Statement *"Reparative" and "Conversion" Therapies for Lesbians and Gay Men* by the National Committee on Lesbian, Gay, and Bisexual Issues (http://www.socialworkers.org/diversity/lgb/reparative.asp); and the American Psychiatric Association's *Therapies Focused on Attempts to Change Sexual Orientation (Reparative or Conversion Therapies) Position Statement* (http://archive.psych.org/edu/other_res/lib_archives/archives/200001.pdf).

3) Gender expression

4) Permanency planning

For example:

- LGBTQ youth may not be allowed to share a room with another youth.

- Different standards may be applied to LGBTQ youth around dating and the pursuit of romantic relationships.

- Youth experience multiple placements due to lack of staff acceptance and understanding, lack of safety and peer rejection (Mallon, 2001).

- LGBTQ youth experience disapproval and rejection from caseworkers, foster parents, residential program staff and their peers in foster care.[3]

- Youth have a difficult time accessing LGBTQ-affirmative health and behavioral health services.

- Permanency is seldom the goal (Jacobs & Freundlich, 2006).

- LGBTQ youth drop out of educational placements due to hostility and lack of support.

- If they are caught engaging in sexual behaviors with a same-sex peer, an assumption is often made that the gay/lesbian youth is a "predator." There may be serious consequences for engaging in age appropriate, same-sex, sexual exploration.

IV. Lack of Cultural Competence in Service Providers and Settings

1) Staff persons often lack knowledge and sensitivity on how to support LGBTQ youth in their identity and gender expression.

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[3] Ryan et al. at the Family Acceptance Project have identified and measured more than 50 rejecting behaviors that parents, caregivers and guardians use to express rejection of adolescents' LGBT identity, and they have linked each of these behaviors with risk for health and mental health concerns, e.g., suicide, illegal drug use, HIV risk, etc. Some of these behaviors, such as blocking access to LGBT information, resources and peers may not seem like rejection but Ryan's team has shown that these behaviors have serious negative health outcomes.

2) Staff persons often lack knowledge of LGBTQ resources, such as youth groups, affirming religious institutions and LGBTQ positive behavioral health resources.

3) Transgender youth are inappropriately placed in settings that are incongruent with their gender identity.

Examples

- Lack of policies addressing harassment based on gender identity and sexual orientation. Guidelines for appropriate policies and practices in custodial care are available through the *Child Welfare League of America (CWLA).*[4]

- Transgender youth may not be allowed to use their preferred name.

- A transgender youth who is used to dressing as a female is placed in an all male group home.

- Transgender youth are prohibited from dressing and grooming in ways that are congruent with their gender identity.

- Transgender youth experience assumptions about their sexual orientation.

- Professional staff, support staff and foster parents lack training.

- Providers lack knowledge of LGBTQ community resources.

- LGBTQ resources (e.g., literature, support groups, affirming religious institutions) are not made available to youth.

- Professionals may not know how to talk with or educate biological and/or foster families about sexual orientation/gender identity issues. They may be ill equipped to facilitate family acceptance and reunification.

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[4] (Wilber, Ryan, & Marksamer, 2006). The *Best Practice Guidelines* developed out of recommendations from the Model Standards Project, collaboration between Legal Services for Children and the National Center for Lesbian Rights.

- Families may come apart if there are no interventions to help prevent family disruption.

V. Disclosure Dilemmas (e.g., foster parents, residential staff, peers)

1) Decision-making around disclosure of sexual orientation or gender identity.
2) Inappropriate responses to youth' disclosures by professionals, caregivers and peers.
3) Lack of skill in handling youth' disclosures in group meetings.

What are the fears that LGBTQ youth may have around disclosure?

- Many youth do not share personal information and have fears around disclosure.
- They are, of course, in various stages of awareness and comfort with their sexual orientations and/or gender identities and may have many unresolved issues themselves.
- Cultural norms and negative messages that they have received from the larger culture may prevent youth from disclosing.
- Young people are also afraid that their sexual orientation or gender identity will become the filter through which their behavior is interpreted. Too much importance may be given to their sexual orientation/gender identity.
- Existing research has found, over and over again, that service systems and residential programs do not appropriately serve LGBTQ youth.

VI. The Lack of Family-Centered Services for LGBTQ Youth

- Barriers to family reunification efforts
- Lack of interventions with biological and foster families
- Lack of focus on permanency for LGBTQ youth

- Many programs serve LGBTQ youth as individuals rather than serving them within the context of their families (Mallon, 1999; Wilber, Ryan, & Marksamer, 2006).

- Permanency is seldom a goal for LGBTQ youth in care and there is a shortage of LGBTQ-affirming foster families (Jacobs & Freundlich, 2006; Mallon, Aledort, & Ferrera, 2002).

(Legal Defense & Education Fund, and Child Welfare League of America, 2006b; Wilber, Ryan, & Marksamer, 2006).

Evaluation and Close

- Trainers are encouraged to identify, with the participants, the "take home" points from this module.

- Trainers can ask the participants: "What are the 'take home points' for you in the work that we did today?"

- Trainers can also ask the participants: "What would be helpful for you to know or practice that we did not get to today?"

- Trainers can then ask participants to complete the evaluation.

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[Module II](#)

Increasing Providers' Sensitivity and Enhancing Skills

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Learning Objectives

1) To experience increased confidence and competence in discussing sexual orientation and gender identity issues with adolescents.

2) To articulate the challenges LGBTQ youth experience during their coming out process and when considering disclosure to other persons.

List of Supplies

- Easel pad
- Markers
- 3 x 5 cards
- Learning lab vignettes
- Case vignettes

Unit Structure

- Brainstorm activity
- Review of supplemental material (as necessary)
- Case vignettes

Trainer Notes

The trainers should read the following resources in preparation for this module:

- Lambda Legal Defense & Education Fund & Child Welfare League of America. (2006a). Caseworkers with LGBTQ clients. *Getting down to basics: Tools to support LGBTQ youth in care*. New York: Authors.

- Wilber, S., Ryan, C., & Marksamer, J. (2006). *CWLA best practice guidelines: Serving LGBT youth in out-of-home care* (e.g. pp. 27-30, 35-39). Washington DC: Child Welfare League of America.

Overview of Learning Lab #1

In this learning lab, participants will practice talking with a youth about sexual orientation or gender identity issues and making an appropriate plan for pursuing additional resources (e.g., counseling, LGBTQ youth groups).

Background Information on Talking with Youth about Sexual Orientation and Gender Identity Issues

Preparing Yourself

Self-awareness about personal beliefs and attitudes	+	*Knowledge and appreciation of LGBTQ youth*	+	*Competent social work skills*	+	*Emphasize professional over personal values*	=	*Ability to work with LGBTQ youth*

- Become an "approachable person who signals to youth that they can safely discuss issues of sexuality, sexual orientation and gender identity with you.

- Explore your own biases, feelings, beliefs and attitudes towards diversity in sexual orientation, gender identity and gender expression.

- Educate yourself about the psychosocial strengths and needs of LGBTQ youth (see Appendix A).

- Familiarize yourself with local, state and national resources for LGBTQ youth and their families.

- Display culturally diverse, LGBTQ-affirmative books, posters, magazines, brochures and symbols in your office. Regularly obtain a copy of local LGBTQ newspapers.

- Identify mental and physical health care professionals that specialize in serving transgender adolescents.

- If you suspect a youth may be experiencing gender identity issues, explore using such questions as, "Who would you like to be in five years, when you think about your future?" "How would you like your life to look in five years?"

(Elze, 2003, 2006; Longres & Entyre, 2004; Ryan, 2001; Tully, 2000).

What to Do After a Youth Discloses

It is important to understand appropriate ways to respond after a youth discloses to you.

- Affirm, validate and accept youth' expressions of same-gender attractions, desires and behaviors; gender variance; and self-identification.

- Remember to start where the client is and proceed with gentleness and patience.

- Avoid labeling young people, but instead help them safely explore and understand their feelings, thoughts and behaviors related to sexuality and gender identity.

- Remember that sexual orientation and gender identity are different constructs. Transgender youth may self-identify as gay, lesbian, bisexual, heterosexual or they may be questioning their sexual orientation or not labeling themselves. Validate their sexual orientation as it unfolds. Transgender youth may need help in differentiating between their gender identity and sexual orientation (Israel & Tarver, 1997). While Israel and Tarver first made this observation over a decade ago it is still valid.

Follow the youth's lead in using terminology. However, be able to say the words gay, lesbian, bisexual and transgender comfortably and without hesitation.

Examples

You can reflect back the youth's feelings and pose a question, as follows: "Katie, you've been having sexual feelings about your best friend and this is worrying you. Have you been worrying that you may be a lesbian?"

When a youth discloses to you that she or he is lesbian, gay, bisexual or transgender, respond in an affirming, supportive way; anticipate concerns about confidentiality; and give the message that you are willing to talk about any issue.

- Anticipate LGBTQ youth' feelings of vulnerability.

- They are divulging personal information about themselves that could potentially lead to negative outcomes in their life; violence and isolation may be a fear. Make sure to examine their fears of coming out. Discuss anticipated consequences.

- Be aware that disclosing to you makes them highly vulnerable, because you have the power to tell others. They may be afraid that you will not protect their identity.

- You are in a position of authority over LGBTQ youth. They are very aware that they lack control in this aspect of their lives. Be sure to acknowledge their trust in you. Make sure you discuss confidentiality and what that means for you and for them.

Example of Helpful Language

"Antonio, I feel honored that you trusted me enough to share with me that you are feeling attracted to boys. Please know that I will keep that confidential. I would be very interested in hearing more about your experience, if you would like to talk about it and what it is like for you here and with your family. Or, if there is something else that you want to talk about, I'm here for that, too."

1) Help them find the information and resources they need.

    - Be knowledgeable about LGBTQ resources, such as support groups, hotlines and community centers in the area.

2) Provide accurate information that eliminates myths and stereotypes about LGBTQ people.

    - Make sure to regularly examine your own personal biases and stereotypes surrounding LGBTQ people. Ensure that these biases are kept in check when working with LGBTQ youth.

3) Provide psycho-educational support.

4) Do not assume that youth' problems are related to sexual orientation or gender identity and do not assume that they are not. Remember that these young people are, first and foremost, adolescents.

How to Respond to Youth Who Express Feelings of Distress over Being LGBTQ

Some young people may feel distress over being LGBTQ. Distress is often grounded in myths, stereotypes and fears of rejection and stigmatization. They may have concerns about family rejection and societal stigmatization. They may hold anti-LGBTQ religious beliefs.

- Encourage further expression of feelings, worries and concerns.
- Explore with them their underlying beliefs and attitudes.
- Correct any misinformation.

Example of Helpful Language

"Joel, I can see that you are very upset at these feelings you are having. Please tell me more about what makes you say that you don't want to be gay."

"Sasha, I understand your concern that you will go to Hell. Your religious tradition believes that about gay and lesbian people. However, I want you to know that many religious institutions and people *do not* believe that. But I imagine that it is very hard for you to have your church believe it."

- Assess their readiness and desire for resources and information (e.g., books, web sites, groups, LGBTQ-positive religious/spiritual leaders). Leave the door open for them to talk with you again, if this is possible within the parameters of your job.

How to Respond to Youth Who Express Feelings of Confusion

1) Validate their confusion. Let them know it is normal to be confused. Explore their confusion with them. What is it about? Where does it stem from?
2) Be affirming and supportive.
3) Assess their level of information and provide accurate information, correcting myths and stereotypes as they come up.

- What do they know about being LGBTQ? What have they heard about LGBTQ people? Where have they received their information? What are their concerns?

4) Provide reassurance.

5) They should not be pushed toward premature resolution of sexual and/or gender identity.

6) Focus on the quality of their interpersonal relationships, general coping skills and a gradual exploration of sexuality.

7) In the best of circumstances, understanding and accepting one's sexual orientation and gender identity is an ongoing process that spans a number of years.

8) Young people who have been sexually abused may require even more time to work out their sexual identity.

9) Sometimes, experiencing sexual abuse can cause confusion about sexual orientation. For example, a youth may wonder if sexual abuse caused them to be gay or may question his or her sexual orientation because of the abuser's gender.

- Reassure them that sexual abuse does not cause homosexuality.
- Keep in mind that the sexual abuse is what needs to be treated first. The youth's orientation will unfold.
- If you are learning about sexual abuse for the first time, you will need to report this information based on the required protocol for your agency and your state's laws on mandated reporters.

Example of Helpful Language

"Robert, I can hear how confused you are. This is very confusing to you, but it won't be confusing forever. It may take you some time to figure this out. You don't need to know today. Let's talk about what you can do to take care of yourself while you figure this out. That might include getting information, coming here regularly to talk, talking with someone else who you think would be helpful…things like that."

Instructions for Learning Lab #1

The trainers can conduct the following learning lab in several different ways, depending on their preferences and the size and nature of the group. Participants will practice engaging youth in an exploratory conversation about sexual orientation or gender identity issues. Each participant will be given a piece of paper with minimal amount of information about the role that they will assume.

Groups of two or three: Participants can be divided into small groups of three, with one person taking the role of observer, or into dyads, with one person playing the professional and one person playing the youth.

If working with groups of three, the observer can assume the role of professional after a period of time and can either begin the role-play all over again, trying a different approach or pick up where the previous professional left off.

The trainers should help the participants immerse themselves back into their roles, particularly after discussing how the learning lab is going and providing suggestions for how to continue.

Round-robin role-plays: In round-robin role-plays, one individual (sometimes a trainer) plays the client and participants take turns playing the role of professional. In round-robin role-plays, participants can either begin the role-play all over again or pick up where the last professional left off.

Additional suggestions to trainers: Role-plays are very effective training tools when trainers spend time helping the participants immerse themselves in the roles.

Participants should read their papers, place the papers face down, never look at them again and (in silent self-reflection) "become the person" they are going to play, embellishing the role as they so choose. Before the role-play begins, the participants should share with their partners the names they will be using during the exercise.

"Clients/participants" should respond authentically to the professional. The role-play could start with the introductions, "The youth came to your office to see you. Stand up and greet the youth and invite the youth in."

When the role-play has progressed for a little while, stop and check in with the group. Ask the "clients" to stay in their roles and explore with the professionals how they are doing. How do you feel? To what extent are you stuck? Have you not asked something that you would really like to ask? The trainers can process feelings and provide suggestions. After processing, help the participants immerse themselves back in the role-play.

When the role-plays are completed, trainers should ask the observers and "clients" to give feedback to the "professionals," such as: What did the professional do that was helpful? What did the professional do that was not as helpful? (See Appendix B, Observer Feedback).

Vignettes for Learning Lab #1

Vignette A

Youth

You are a 15-year-old who is scared to death that you might be gay. You've been having sexual feelings for your best friend. You don't know any gay people. You are also worried that you might be gay because you were once molested by a man who lived in your old neighborhood. (Your Department of Social Services caseworker does not know about the molestation.)

You live with your parents, who have very strong religious beliefs — they see homosexuality as a sin that will send you straight to Hell. They are already fed up with you because you've been in some trouble with the police and you have a Deputy Juvenile Officer that you check in with. (Curfew violations and you broke into a neighbor's house and took some money.)

Your family has been involved with Department of Social Services because of allegations of neglect (you also have three younger siblings) and you've seen this caseworker several times. You think you might be able to talk with your Department of Social Services caseworker. You really are desperate to talk with someone. You are seeing your Department of Social Services caseworker today and you are VERY nervous and probably look REALLY scared.

Department of Social Services Caseworker

You are a Department of Social Services Caseworker and you are seeing a 15-year-old today. (Prior to beginning the role-play, the two of you can decide where you will be meeting.) You've been involved with the family because of neglect of the youth and his/her three younger siblings.

The youth has been in some trouble with the police (curfew violations and breaking into a neighbor's home). The two of you have been seeing each other for a while and you have a pretty good rapport going. The parents are pretty fed up with the kid. You know that they have very strong religious beliefs.

Trainers should identify whether "professionals:"

- Encouraged expression of feelings
- Explored underlying beliefs and attitudes
- Were affirming and supportive
- Corrected misinformation
- Left the door open for future discussions

Vignette B

You are a 15-year-old who identifies as lesbian, gay or bisexual (you choose.) You are pretty sure about this because you've been having feelings and attractions for a couple of years. You live in a residential facility and you have not told anyone. You have been thinking about telling one of the workers at the facility whom you think is pretty neat, and whom you have a pretty good relationship with. You are going to feel this person out before you spill the beans.

Residential Care Worker

You are a worker in a residential facility and a 15-year-old asks if he/she can speak with you. You have a pretty good relationship with this youth.

Trainers should identify whether "professionals:"

- Responded affirmatively and supportively
- Anticipated concerns about confidentiality
- Anticipated feelings of vulnerability
- Gave a clear message that they were willing to discuss these issues
- Explored and identified youth' needs

Vignette C

Youth

You are a 15-year-old who is very confused about his sexuality. You have attractions to boys and to girls. Some days you think you are gay and on others you are not sure. You are living with a foster family and it is hard to have all these feelings. You don't dare tell them about this right now because you are afraid they won't want you anymore. Your caseworker of about 2 years is going to pick you up and take you to a doctor's appointment and you think you will talk to your caseworker about this. Your caseworker has been pretty good with you.

Department of Social Services Caseworker

You are a Department of Social Services Caseworker and you are picking up a 15-year-old who you've been working with for a couple of years. The youth lives in a foster home. You offered to take the youth to a doctor's appointment because you haven't seen the youth in about three weeks.

Trainers should identify whether "professionals:"
- Validated confusion
- Responded affirmatively and supportively
- Provided accurate information
- Provided reassurance
- Provided youth with appropriate resources and "next steps"

Vignette D

Youth

You are a 15-year-old who entered a residential treatment center about three weeks ago. The center serves boys and girls. You decide that you are going to go talk with a worker at the center about your gender identity. You really, really believe you are meant to be a person of the other gender. You feel very uncomfortable living with the other youth with whom you are living and you want to be able to dress and express yourself in the way that matches your gender. You need information and resources.

Residential Center Worker

A 15-year-old comes to talk with you. The youth entered the residential treatment center about three weeks ago.

Trainers should identify whether "professionals:"
- Responded affirmatively and supportively
- Anticipated concerns about confidentiality
- Anticipated feelings of vulnerability
- Gave a clear message that they were willing to discuss these issues
- Explored and identified youth' needs

Vignette E

Youth

Deana, who is 14 years old, tells her social worker that she has romantic feelings for other girls, but that she does not want to be a lesbian. She wants help to "become straight."

Social Worker

Deana, who is 14 years old, comes to talk with you.

Trainers should identify whether "professionals:"

- Responded affirmatively and supportively, acknowledging and empathizing with Deana's feelings

- Started "where the client is"

- Explored with Deana her beliefs, attitudes and feelings for not wanting "to be a lesbian" and wanting "to become straight" and family and peer influences on these beliefs.

- Anticipated concerns about confidentiality and feelings of vulnerability

- Provided Deana with information on what professional medical and mental health associations say about changing one's sexual orientation

- Provided Deana with an appropriate counseling referral, including family counseling.

- Provided Deana with other resources, if she was willing to take them, such as youth groups, youth web sites and LGBT-affirming religious institutions.

Vignette F

Youth

Your name is Anthony and you are 16 years old. You entered a juvenile detention facility four weeks ago. You have always felt like a girl and you hope someday to have a "sex change." When you were on the outside, you were often mistaken for a woman because you have many "feminine" characteristics and when you dress up, you look better than your older sister. You are about to meet with your social worker at the facility because you want to be called "Amber" and you want to be able to wear a bra and other female clothing. Also, you are being sexually harassed by males in your unit. You want to be moved into the girls' unit because you do not feel safe where you are right now.

Social Worker

You are about to meet with Anthony who is 16 years old. He entered your juvenile detention facility four weeks ago.

Trainers should identify whether the "professionals:"

- Responded affirmatively and supportively

- Explored and identified youth' needs

- Anticipated concerns about confidentiality

- Anticipated feelings of vulnerability

- Gave a clear message that they were willing to discuss these issues

- Communicated their plan of action to ensure the youth's immediate safety

- Communicated to the youth their knowledge (or lack of) of facility policies and procedures related to the youth's concerns

- Developed a plan of action with the youth to address the issues

Evaluation and Close[5]

- Trainers are encouraged to identify, with the participants, the "take home" points from this module.

- Trainers can ask the participants: "What are the 'take home points' for you in the work that we did today?

- Trainers can also ask the participants: "What would be helpful for you to know or practice that we did not get to today?"

- Trainers can then ask participants to complete the evaluation.[6]

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[5] See Psychosocial Strengths & Needs to Explore with LGBTQ Youth in Appendix A.

[6] See Observer Feedback Form in Appendix B.

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Module III

Addressing Confidentiality Issues for LGBTQ Youth in Out-of-Home Care

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Learning Objectives

1) To appreciate the importance of confidentiality for LGBTQ youth in out-of-home care.

2) To identify strategies for managing confidential information related to sexual orientation and/or gender identity.

Trainer Notes

The trainers should read the following resources in preparation for this module:

- Lambda Legal Defense & Education Fund & Child Welfare League of America. (2006a). Caseworkers with LGBTQ clients; Attorneys, Guardians ad Litem & Advocates Representing LGBTQ Youth. *Getting down to basics: Tools to support LGBTQ youth in care*. New York: Authors.

- Wilber, S., Ryan, C., & Marksamer, J. (2006). *CWLA best practice guidelines: Serving LGBT youth in out-of-home care* (pp. 35-39). Washington DC: Child Welfare League of America.

Interactive Values Clarification Exercise: Agree-Disagree Continuum

The trainers place a sheet of paper, on which is written "Strongly Agree," on one wall of the room and a sheet of paper on which is written, "Strongly Disagree," on the opposite wall of the room, making the room into a continuum from "SA" to "SD."

The trainers read the following statements, one at a time and ask participants to place themselves somewhere on the continuum between SA and SD. People may occupy the same spot. Trainers will process with participants after each statement.

1) Foster parents should know ahead of time if an LGBTQ youth is going to be placed with them, regardless of whether the youth wants them to know.

2) Other staff in a residential center should know if a youth comes out as LGBTQ to a staff person.

3) A youth's sexual orientation and gender identity should always appear in the youth's written case file.

4) If a caseworker knows that a youth is LGBTQ, he or she should always tell the foster parent.

5) If a caseworker knows that a youth who needs to be placed is LGBTQ, she or he should always tell the prospective foster parent before the youth is placed.

6) Case workers, facility administrative staff and foster parents should discuss a youth's LGBT identity with other adolescent residents.

7) Biological parents should be told that their child is LGBTQ before the child is placed back in the home.

Potential Questions to Use for Processing

- What made you place yourself there?

- What makes you think that?

- How do you think about balancing the needs of foster parents/biological parents and youth?

- What circumstance might occur that would change where you placed yourself in response to that statement?

Group Discussion

Trainers can engage participants in a discussion of how confidentiality around sexual orientation and gender variance are handled in their agencies.

- What gets written in case records?

- When is it necessary and when is it not necessary to document a youth's sexual orientation and/or gender identity in case records?

- What gets told to all staff?

- What gets told to parents?

- What gets told to foster parents?

- What gets told to schools?

- Does the agency have written policies regarding the management of confidential information related to a youth's sexual orientation and/or gender identity?

- Where can the agency/worker find accurate information and guidance about developing appropriate policies on managing and disclosing an LGBT youth's identity?

Trainers can ask the question: What should be the criteria for disclosing information about the sexual orientation or gender identity of a youth?

Possible Responses

- The disclosure will directly benefit the youth.

- The disclosure has been discussed with the youth, the youth understands the consequences of the disclosure and the youth has given consent for the disclosure.

- Information about sexual orientation and gender identity should be treated like all other confidential client information.

- Does it serve the youth's best interests?

- If a youth is being abused by a family member because of his or her sexual orientation or gender identity, then the youth's sexual orientation or gender identity may need to appear in court records.[7]

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[7] Ryan et al. and the Family Acceptance Project (http://familyproject.sfsu.edu) have identified and measured the health and mental health outcomes of specific behaviors that parents, caregivers and guardians use to reject their LGBT children. They will be writing additional publications on how to legally interpret these rejecting behaviors and the responsibility of child welfare and other custodial care settings in protecting LGBT youth from these common, consistently tolerated and harmful behaviors that increase risk for depression, suicide, illegal drug use, HIV infection, low self-esteem, etc. Please be aware that new findings will be forthcoming that will affect these issues.

- The information disclosed should be limited to only that information which is necessary to achieve the goal or purpose, such as for identifying an appropriate placement.

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Module IV

Enhancing Knowledge and Skills to Intervene with Biological, Adoptive and Foster Parents

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Learning Objectives

1) To articulate the rationale for intervening with families of LGBTQ youth.

2) To identify approaches and strategies for strengthening and supporting the families of LGBTQ youth.

3) To understand the issues and concerns presented by biological, adoptive and foster parents of LGBTQ youth.

4) To experience increased confidence and competence in discussing sexual orientation and gender identity issues with biological and foster families and other caregivers.

5) To identify emerging resources for guiding professionals in working with families of LGBTQ youth.

Background Information: The Importance of Family Connections for LGBTQ Youth

Many thanks to Caitlin Ryan, MSW and the Family Acceptance Project™ at San Francisco State University's Cesar E. Chavez Institute, the first major study of LGBTQ adolescents and their families, for providing information for this section (see also Appendix A).

- LGBT youth are coming out at much younger ages.
- Family rejection has serious negative health and mental health outcomes for LGBTQ young people.
- Family rejection places youth at risk of homelessness, abuse, sexual exploitation, suicidality, depression, illegal drug use, unprotected sex and internalizing and externalizing disorders.

- Family acceptance is an important protective factor for LGBTQ young people.
- Family acceptance promotes health and well-being in LGBTQ youth.
- Families struggle to adapt to their children's sexual orientation and/or gender variance; most are concerned about their child's safety and well-being.
- Many families want information and desire a resolution of conflict related to their child's sexual orientation and/or gender variance.
- Parents and caregivers can modify rejecting behavior and become more supportive when they understand how rejecting behavior dramatically increases their LGBTQ children's risk for health problems.

Group Brainstorming: Trainers should ask participants what they think parents might think and feel when they find out that their child may be lesbian, gay, bisexual or transgender.

Possible Responses
- Guilt
- Shame
- Anxiety
- Fear
- Blame self or spouse
- Fear of losing their child
- Concerns about causality
- Worries about HIV/AIDS
- "My child is sick (or immoral, or going to Hell)"
- Denial
- Bewilderment
- Confusion
- Anger
- Embarrassment

- Grief and loss

- Often the last to know

- Fears and concerns for child (i.e., social stigma)

Some positive reactions identified by Ryan et al. (2009) from the Family Acceptance Project include:

- Pride

- Respect

- Affection

- Validation

- Confirmation of earlier perceptions that their child might be LGBT

- Admiration for child's capacity to be a role model for others

- Supportive interest

- Excitement for their future as an LGBT adult

Professionals should remember that, on average, LGBTQ youth have been thinking about their sexual orientation for approximately two years before they tell their parents.

Helpful Approaches

- Acknowledge the family's "coming out" process.

- Provide psycho-educational support.

- Dispel myths and stereotypes.

- Share findings from the Family Acceptance Project on how family reactions affect their LGBT children's health and well-being.

- Provide empathic support for grief and loss reactions.

- Encourage expression of feelings.

- Affirm parents' importance to children's well-being.

- Refer to knowledgeable professionals.

- How does the family interact around other issues?

- Serve as a guide to the family.

- Help family members assess the real issues.

- Focus on developmental tasks.

- Help family members identify the source of their discomfort.

- What are the feelings evoked by the LGBTQ family member?

Interventions to Strengthen Families

"…The [Family Acceptance Project] research also demonstrates that intervention by knowledgeable providers who are trained to assess family dynamics, provide counseling and accurate information and educate families about the effect of their words, actions and behaviors on their child's well-being can make a substantial difference in helping families adjust more rapidly." (Wilber, Ryan, & Marksamer, 2006, p. 18).

- Intervene early to increase understanding of sexual orientation and/or gender variance and the impact of caregiver behaviors on the well-being of LGBTQ youth.

- Provide support and guidance to caregivers to help them adjust.

- Help parents and caregivers understand the impact of their words and behaviors on their LGBT children's well-being.

- Refer caregivers to counseling to address feelings, attitudes and behaviors towards their children's sexual orientation and/or gender variance.

- Provide intensive home-based services to address any crisis situation presented by the family's discovery of the youth's sexual orientation and/or gender variance.

- Support LGBTQ youth's attachments to their extended families.

- Support permanency plans for LGBTQ youth and develop agency policies and procedures that emphasize permanency.

Issues That Clinicians May Need to Address

- Separate the issue of sexual orientation/gender variance from other family conflicts.

- Explore parental fears.

- Encourage parents to talk with their child without interrupting or expressing disapproval and to ask questions of their child.

- Address questions and issues about relating to child's significant others.

- Address questions about telling others.

- Address personal and cultural shame related to having an LGBT child.

- Identify strategies for handling homophobic/biphobic/transphobic jokes within the family.

- Explore conflicts related to religious values.

- Confront denial.

- Clarify responses that are homophobic/biphobic/transphobic in nature.

- Confront efforts to scapegoat the family member.

- Be aware of how the family system can punish.

- Be specific when contracting with family members around desired behaviors/actions (e.g., Mr. and Mrs. Anderson will talk with Amy about the information Amy finds on the GLSEN web site; parents will prohibit anti-LGBT name-calling in the home).

- Affirm alternative organizational rules for the family.

- Speak the unspoken rules.

- Assist in redefining family roles.

- Strive for resolution.

(Elze, 2002; Jacobs & Freundlich, 2006; Ryan, 2001; Ryan, Huebner, Diaz, & Sanchez, 2009; Wilber, Ryan, & Marksamer, 2006).

Overview of Learning Lab #1

Participants will discuss a series of vignettes, identify the major issues presented by the vignettes and determine appropriate courses of action.

Vignette A

Marta, a teenager, has lived with the Stevenson foster family since infancy. She has recently come out and wants to have her girlfriend come to the house to visit. Ms. Stevenson opposes this. Marta calls her caseworker to complain. What should the caseworker do?

Questions to Consider and Possible Responses

1) What concerns might Ms. Stevenson have?

   - Fears about Marta having sex in the house.

   - Feelings such as revulsion, discomfort or anger around Marta having a girlfriend and/or engaging in same-sex sexual activity.

   - Concern around adolescents being unsupervised in the home when Ms. Stevenson is not there.

2) What should the caseworker's approach with Ms. Stevenson be?

   - Listen empathically to her concerns.

   - Empathize around the difficulty she may be having assimilating the new information regarding Marta.

3) What are the strengths presented by the people involved?

   - Marta's courage.

   - Ms. Stevenson's commitment.

   - Marta and Ms. Stevenson's connection with each other.

   - The trust Marta must have for Ms. Stevenson.

4) What are the legal issues that may be involved?

   - Ms. Stevenson cannot discriminate if she allows other children in the home to bring girlfriends or boyfriends into the house.

5) What might be helpful to this family?

- Books, articles and support groups for Ms. Stevenson.[8]

- Sharing information with Ms. Stevenson on adolescent sexual development and the appropriateness of Marta's desires and behaviors.

- Helping Ms. Stevenson and Marta negotiate appropriate house rules around having friends over.

Vignette B

Jackie is a transgender, male-to-female, 15-year-old who lives with a supportive and loving foster family. Jackie wants to go to school dressed like a girl. The foster family approves, but the caseworker prohibits this, expressing fear for Jackie's safety. What do you think about the caseworker's decision?

Questions to Consider and Possible Responses

1) What are Jackie's rights in this situation?

- Jackie has the legal right to express her gender identity through her dress, hairstyle and make-up.

2) What might be motivating the caseworker?

- Genuine concern for Jackie's safety and well-being.

- Assessment that Jackie may lack skills to handle subsequent harassment.

- Heterosexism.

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[8] Ryan et al. will be publishing family education materials and additional research papers that show the impact of specific family and caregiver reactions to an LGBT adolescent's identity, including preventing or encouraging LGBT friends and partners to come to their home and to participate in family events and activities. Since these new findings are linked to risk and well-being, they will help families and foster parents respond appropriately to issues like these. Because these findings are very compelling, they will guide and direct family members' responses to the LGBT youth in care. Visit FAP's webpage at http://familyproject.sfsu.edu for information as new findings and resources are published.

- The challenge to help Jackie find a balance between the right to self expression, the need for acceptance by peers and the need for safety.

3) What issues should Jackie consider? What might Jackie need?

- Her plan of action if she is verbally threatened or insulted.

- Her plan of action if she is physically threatened or assaulted.

4) What actions might the foster family take?

- Meet with the principal and Jackie's teachers to share with them Jackie's plan, to obtain their approval of the plan and to discuss how the school will ensure Jackie's safety and handle any verbal or physical harassment.

- Role-play with Jackie about strategies for handling negative comments from peers and teachers.

- Role-play with Jackie about self-advocacy strategies that she can use with the principal and other persons in authority.

- Give Jackie the contact information for Lambda Legal Defense and Education Fund or the local chapter of the American Civil Liberties Union; she can share that with her teachers and other persons in authority should they have any questions about their legal obligations.

- Discuss with Jackie the need to find a balance between desires for self expression and the importance of safety.

Vignette C

Grant has been in a relative placement with his Aunt Lynn since he was five years old. He is now 13 and has recently come out to his aunt. Lynn wants Grant removed from her home for fear that he will hurt her children. Grant does not want his biological parents to know about his sexual orientation and tells his social worker not to mention this in the decision-making meeting. Lynn is adamant about bringing up Grant's sexual orientation in the meeting in the presence of Grant's parents. What should the social worker do?

Questions to Consider and Possible Responses

1) What should the social worker explore with Grant?
    - Whether he wants to continue living with Lynn.
    - His knowledge of resources for LGBTQ youth.
    - The likelihood that Lynn will mention his sexual orientation at the meeting and a plan for what the two of you will do if she does.
2) What should the social worker explore with Lynn?
    - Her fears about Grant being in the home.
    - Whether Grant has ever hurt the children and what makes her think that he will hurt them now.
    - Her willingness to get counseling to explore her feelings and fears.
    - Her reasons for wanting to bring up Grant's sexual orientation at the meeting.
3) What approach should the social worker take with Lynn?
    - Grant is the same person now as he was before he came out.
    - Acknowledge their deep connection and her long-standing commitment to Grant.
    - Determine if she will take some time to consider her decision.

Vignette D

Rafael, who is 15 years old and bisexual, is being physically and emotionally abused by his father, who will not accept his son's sexual orientation and wants him out of the home. Rafael's mother does not agree with her husband and wants Rafael to stay in the home. What should the social worker do?

Questions to Consider and Possible Responses

1) What should the social worker explore with Rafael?
   - What does Rafael want?
   - Does he want to live with his family?
   - Ask questions to assess the severity of the abuse
   - Knowledge of resources for LGBTQ youth

2) What should the social worker explore with Rafael's parents?
   - Severity of abuse.
   - Parental knowledge about LGBTQ adolescents, developmental issues and the much higher risk that parental rejection places LGBTQ youth in for major mental health and health problems (e.g., suicidal ideation and attempts, depression, substance abuse and risk for HIV).
   - Parental knowledge that their loving support can protect and enhance their child's mental and physical health and well-being into adulthood.

3) What approaches might the social worker take with this family?
   - Determine safety needs of the child and whether the child can remain in the home.
   - Determine the family's willingness to engage with services.

- Determine community resources or mechanisms for agencies and parents to develop a plan for supporting the child and his family (e.g., team meetings).

Vignette E

Paul is an openly gay 15-year-old. A worker needs to recommend a placement for Paul. The worker has a choice between a foster family that has never dealt with an LGBTQ youth but seems open and a group home specifically for LGBTQ youth. What should the social worker consider in this case?

Questions to Consider and Possible Responses

1) What does "open" mean? What would be important to assess with this foster family?

- What is non-discriminatory care?
- Knowledge about LGBTQ youth development.
- Feelings and attitudes about adolescent same-sex dating.
- Any needs for services and support.

2) What type of placement does the youth want? (It is important to NOT make assumptions.)

- A family setting?
- A group care setting?
- A setting with only LGBTQ youth?
- A more diverse setting?

Many thanks to the Out-of-Home Youth Advocacy Council and Jody Marksamer from the National Center for Lesbian Rights for these vignettes.

Overview of Learning Lab #2[9]

- In this learning lab, participants will practice talking with a biological, adoptive or foster parent about sexual orientation or gender identity issues and making an appropriate plan with the person around pursuing additional resources (e.g., counseling, printed information, PFLAG).[10]

Trainer Notes

The trainers should read the following resource in preparation for this discussion:

- Lambda Legal Defense & Education Fund & Child Welfare League of America. (2006a). Families Supporting an LGBTQ Child; Foster Parents Caring for LGBTQ Youth. *Getting down to basics: Tools to support LGBTQ youth in care*. New York: Authors.

Instructions for Learning Lab #2

The trainers can conduct the following learning lab in several different ways, depending upon their preferences and the group's size and nature. Participants will practice engaging youth in exploratory conversations about sexual orientation or gender identity issues. Each participant will be given a piece of paper on which appears a minimal amount of information about the role they will assume.

Groups of two or three: Participants can be divided into groups of three, with one person taking the role of observer, or into pairs, with one person playing the professional and one person playing the youth.

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[9] The Family Acceptance Project is currently developing new evidence-based interventions to help ethnically diverse families decrease rejection and increase support for their LGBT children—to decrease their risk and promote well-being. Guidelines and protocols will be available for these new interventions by 2012; some will be available sooner.

[10] Parents, Families and Friends of Lesbians and Gays (PFLAG) promotes the health and well-being of gay, lesbian, bisexual and transgender individuals, their families and friends through support, education and advocacy.

If working with groups of three, the observer can assume the role of professional after a period of time and can either begin the role-play all over again, trying a different approach or pick up where the previous professional left off.

The trainers should help the participants immerse themselves back into their roles, particularly after processing how the learning lab is going and providing suggestions for how to continue.

Round-robin role-plays: Trainers can also use round-robin role-plays, where one individual (sometimes a trainer) plays the client and participants take turns playing the role of professional. In round-robin role-plays, participants can either begin the role-play all over again or pick up where the last professional left off.

Additional suggestions to trainers: Role-plays are very effective training tools when the trainers spend time helping the participants immerse themselves in the role. Participants should read their papers, place the papers face down, never look at them again and (in silent self-reflection) "become the person" they will play, embellishing the role as they so choose.

Before the role-play begins, the participants should share with their partners the names they will be using during the role-play. Trainers should encourage the "clients" to respond authentically to the professionals. The trainers can also suggest a starting place for the role-play, such as, "The youth came to your office to see you. Stand up and greet the youth and invite the youth in."

When the role-play has progressed for a while, stop and check in with the group. Ask the "clients" to stay in their roles and explore with the professionals how they are doing. How do you feel? To what extent are you stuck? Have you not asked something that you would really like to ask? The trainers can process feelings and provide

suggestions. After processing, help the participants immerse themselves back in the role-play.

When the role-plays are completed, trainers should ask the observers and "clients" to give feedback to the "professionals," such as: What did the professional do that was helpful? What did the professional do that was *not* as helpful?[11]

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[11] See Observer Feedback Form in Appendix B.

Vignette A

Parent

Your 15-year-old has been living in a group home for about nine months and is due to return home in two weeks. You live with your husband, who is the youth's stepfather. Your child called you yesterday and told you over the phone that he or she is gay or lesbian. You are adamant that you do not want the child to return home. This is really the last straw with this kid. You have had it! You have two other children at home to worry about, a daughter, age 11 and a five-year-old son. You are also worried about how your husband would take this news.

Social Worker

You are a social worker in a child welfare agency that provides a continuum of services to children and families. A 15-year-old in one of your group homes is due to return home in a couple of weeks to his or her biological mother and her husband, the youth's step-father. They have two other children at home, a daughter, age 11 and a son, age five. The mother comes to see you because the youth called her and told her that he or she is gay or lesbian. The mother does not want the youth to return home.

Vignette B

Aunt Lynn

Your nephew, Grant, has been placed with you since he was five years old. He is now 13 years old and has recently come out to you. You want him removed from your home. You are afraid that he will hurt your children. There is a planning meeting coming up and you want to bring up Grant's sexual orientation at the meeting in the presence of Grant's biological parents. The social worker scheduled a meeting with you and has just arrived at your home.

Social Worker

Grant has been in a relative placement with his Aunt Lynn since he was five. He is now 13 years old and has recently come out to his aunt. Lynn wants Grant removed from her home for fear that he will hurt her children. Grant does not want his biological parents to know about his sexual orientation and tells his social worker not to mention this in the decision-making meeting. Lynn is adamant about bringing up Grant's sexual orientation in the meeting in the presence of Grant's parents. You set up a meeting with Aunt Lynn. You have arrived at her home.

Potential Questions for Processing

- What was difficult for you in this role-play?
- What was easy for you in this role-play?
- What did you notice about your internal responses?
- What were your concerns for the youth?
- What were you trying to assess?
- What was your plan of action?
- What did you identify as the needs of the parent/foster parent?
- What were the legal issues involved?

Evaluation and Close

- Trainers are encouraged to identify, with the participants, the "take home" points from this module.
- Trainers can ask the participants: "What are the 'take home points' for you in the work that we did today?"
- Trainers can also ask the participants: "What would be helpful for you to know or practice that we did not get to today?"
- Trainers can then ask participants to complete the evaluation.

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Module V

Addressing Differential Treatment in Child Welfare Agencies

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Learning Objectives

1) To articulate how differential treatment of LGBTQ youth manifests in child welfare agencies and institutions.

2) To identify strategies for eliminating differential treatment of LGBTQ youth in child welfare agencies and institutions.

3) To understand agencies' legal obligations to provide non-discriminatory treatment.

4) To identify next steps for participants' individual agencies or institutions.

Trainer Notes

The trainers should read the following resources in preparation for this module:

- Lambda Legal Defense & Education Fund & Child Welfare League of America. (2006a). Caseworkers with LGBTQ clients; Attorneys, Guardians ad Litem & Advocates Representing LGBTQ Youth; Basic LGBTQ Policies, Training & Services for Child Welfare Agencies. *Getting down to basics: Tools to support LGBTQ youth in care*. New York: Authors.

- Lambda Legal Defense & Education Fund & Child Welfare League of America. (2006b). *Out of the margins: A report on regional listening forums highlighting the experiences of lesbian, gay, bisexual, transgender and questioning youth in care* (pp. 18-32). New York: Authors.

- Wilber, S., Ryan, C., & Marksamer, J. (2006). *CWLA best practice guidelines: Serving LGBT youth in out-of-home care* (e.g. pp. 9-13, 27-31). Washington DC: Child Welfare League of America.

Overview of Learning Lab #1: Case Discussions

Depending on the size of the group, trainers can divide it into smaller groups of three to four people. Have each group discuss and report back on a specific case. The trainers could also have the entire group discuss each case.

Case A

Crystal, a 15-year-old transgender male-to-female in a group home, got jumped by a bunch of guys in the home when she came back to the home after visiting a friend one night. Crystal was dressed in a dress, heels and make-up. How should the group home staff respond? What should the group home address with the boys? With Crystal? What policies should be in place? What other actions should the group home take to ensure the safety of LGBTQ youth?

Potential Responses

1) Provide Crystal with appropriate medical attention and psychological counseling.
2) Discuss with Crystal the extent to which she experiences verbal or physical victimization and how she responds to these occurrences. Identify any additional strategies and safety plans she can implement.
3) Administer appropriate consequences with the boys who beat up Crystal.
4) Train all staff on how to create and maintain a safe environment.
5) Require all staff (old and new) to sign a memorandum of understanding stating: (a) verbal and physical harassment of youth and adults based on personal characteristics, including perceived or actual sexual orientation and/or gender identity violates their rights; (b) harassment and discriminatory treatment is prohibited; and (c) staff witnessing harassment and discriminatory treatment are required to intervene to stop it.
6) Develop and implement an anti-harassment, non-discrimination, no-name calling and pro-safety policy. Explain the policy verbally to all youth and staff and give a copy of the non-discrimination policy.

7) Provide psycho-educational training to residents and staff on LGBTQ issues, including sexual orientation, gender identity and addressing biases, such as heterosexism and fear of gender variance and diversity.

Case B

LaToya, a 16-year-old lesbian who lives in a group home, wants to go to her junior prom with her girlfriend, who goes to the same school. The school has notified the group home that they will not permit her to come with a date of the same sex. How should the group home respond?

Potential Responses

1) The group home staff should let LaToya know that they will advocate for her if she wants them to and that the school is probably acting illegally.
2) Find out from LaToya what she would like to see happen in this situation.
3) The staff will probably need to contact LaToya's caseworker and advocate that the state or county child welfare agency support LaToya.
4) The child welfare agency's lawyer should contact the school principal and advocate for LaToya, reminding the school principal of the district's responsibility.
5) Lambda Legal Defense & Education Fund should be called, especially if the school principal refuses to change his/her mind.
6) The youth at the group home and the high school might organize a demonstration to protest the principal's decision or attend a school board meeting.

Case C

Josh, a 17-year-old gay adolescent, lives at a residential center. He was notified that he must appear before the treatment planning committee because a staff person saw him walking on the grounds, holding hands with another young man who lives at the center.

The committee is meeting to consider what consequences should be imposed, such as point loss or moving him down a level. What issues must be considered here?

Potential Responses

1) Is this conduct prohibited for all youth at the center?
2) Are rules governing intimate behavior and romantic relationships applied equally to all youth?
3) Do LGBTQ youth face consequences that heterosexual youth do not?

Background Information: Culturally Competent Service Delivery and the Legal Rights of LGBTQ Youth

Trainers can explain that there are several sources that define professionally or culturally competent services to LGBTQ youth, such as the following:

- National Association of Social Workers[12]
- American Psychological Association
- American Psychiatric Association
- American Pediatric Association
- National Education Association
- Child Welfare League of America

Trainers should also mention the Lambda Legal & Child Welfare League of America resources and the *Best Practice Guidelines* from the Child Welfare League of America (Wilber, Ryan, & Marksamer, 2006).

Trainers can ask participants if they are aware of their states' laws that prohibit discrimination against LGBTQ youth in out-of-home care.

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[12] See National Association of Social Workers. (2006). *NASW Code of Ethics*. Washington, DC: Author; and National Association of Social Workers. (2009). Lesbian, gay, and bisexual issues. In *Social Work Speaks, National Association of Social Workers Policy Statements 2009–2012* (Eighth ed., pp. 218–222). Washington, DC: Author.

Examples

- California Foster Care Non-Discrimination Act: Cal. Welf. & Inst. Code § 16001.9(a)(23) This law explicitly protects LGBTQ youth and adults involved in the foster care system from discriminatory or unequal treatment.
- California Juvenile Justice Safety and Protection Act: Cal. Welf. & Inst. Code § 224.71.
- New York State Non-Discrimination Law: N.Y. Exec. Law § 296.
- New York State OCFS Policy & Procedure Manual 3442.00 (March 17, 2008) Lesbian, Gay, Bisexual, Transgender and Questioning Youth and Guidelines for Good Childcare Practices with Lesbian, Gay, Bisexual, Transgender and Questioning Youth.

In addition to professional associations and state laws, advocates can look to the U.S. Constitution to ensure the safety and well-being of LGBTQ youth.

1) LGBTQ youth in the custody of the child welfare or juvenile justice system have a constitutional right to safety. The state must provide protection from harm.
2) LGBTQ youth have a right to safety in foster care and juvenile justice placements (foster homes, group homes and locked facilities) that includes safety from physical and sexual abuse and protection from mental and emotional harm at the hands of staff and peers.
3) LGBTQ youth have a right to not be placed in isolation or segregated from other youth of the same sex based on the unfounded and illogical myth that LGBTQ youth are a danger to other youth or to provide "for their own safety."
4) LGBTQ youth have the right to receive appropriate medical and mental health care.
5) LGBTQ youth have a First Amendment right to express their sexual orientation and/or gender identity while in state custody.
6) LGBTQ youth have a First Amendment right to participate in religious activities of their choice and to be free from religious indoctrination.

7) LGBTQ youth have a Constitutional right to Equal Protection. LGBTQ youth have a right to be treated equally in the provision of all placements and services and in the agency's response to complaints of harassment and abuse.

(Estrada & Marksamer, 2006; Lambda Legal Defense & Education Fund & Child Welfare League of America, 2006a; Wilber, Ryan, & Marksamer, 2006.)

Many thanks to Lambda Legal Defense & Education Fund for the information on the legal rights of LGBTQ youth.

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Module VI

Addressing the Needs of Transgender Youth in Out-of-Home Care

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Learning Objectives

1) To increase participants' self-awareness of gender, gender expression and gender identity.

2) To increase participants' sensitivity to the experiences of transgender youth in out-of-home care.

3) To identify strategies for delivering culturally competent care to transgender youth.

4) To identify policies that protect and enhance the well-being of transgender youth.

Helpful Tip

People often get stuck in discussions of gender identity and gender expression and service providers often have strong reactions when particular strategies are identified that respect the gender identity and expression of transgender youth (e.g., allowing young trans women to wear women's clothing in residential centers).

A helpful exercise is to distribute 3 x 5 file cards to everyone and ask them to write down, anonymously, what they are feeling and thinking right at that moment. Collect the cards, shuffle and redistribute them. You then hold a "read-around," where each participant reads what is on the card aloud, not disclosing if they, coincidentally, are reading their own card.

Trainers can process with the group the issues that emerge.

Awareness Building Exercise: The Line-Up Game

Many thanks to the Bay Area's Out of Home Youth Advocacy Council (OHYC) training for this activity.

Trainer Notes

The trainers may read the following resource in preparation for the module. Mallon, G.P., (Ed.) (2009). Social work practice with transgender and gender variant youth (2nd Ed.). New York: Rutledge.

- Trainers should only use this exercise if they are highly skilled in facilitating the many issues that may arise within the group around people's sexual and gender identity and how they feel about being perceived by others in ways that may be contrary to their personal identification.

- This exercise touches participants personally and raises many issues for discussion, such as the intersections between race, gender, sexual orientation and age and the pain, anger and distress that people may have felt when they have been labeled and misunderstood by others.

- This exercise is best used with groups in which trust has developed among the participants and participants are able to engage in meaningful conversations with each other about issues of race, gender and sexual orientation.

- As you are facilitating the discussion with participants, keep making the connection for people that young people are affected every day by how their gender and gender expression are perceived by others.

The trainer asks for two volunteers who are given the instructions for the exercise, which are kept secret from the rest of the group. These two participants work together in silence and line everyone up according to the person's gender expression, on a continuum of masculinity to femininity. Thus, they should place the most "masculine" person on one end of the line and the most "feminine" person at the other end of the

line. They should not tell anyone what they are doing. This should only take about three minutes.

The trainers then thank the two participants and ask everyone if they know how they are lined up.

If no one guesses, have the two participants explain that they organized everyone by the person's gender expression, on a continuum of masculinity to femininity.

Potential Processing Questions
- How do you feel about where you were placed in line?
- What do you think caused the volunteers to place you there?
- How did the two volunteers feel about placing people?
- How did the volunteers decide where to place people?
- How do you feel about this activity?

The trainers should be sensitive to the emotional pulse of the group. Acknowledge that many people are targeted for their gender expression. Some heterosexual people are assumed to be gay or lesbian. Being targeted in this way causes feelings of anger, shame and embarrassment.

Trainers may want to ask the group: "How many of you feel some discomfort about where you were placed?" "Have any of you ever been targeted in some way because of how you expressed your gender?" For example: women and girls who are very athletic are sometimes called "dyke" or "lezzie," regardless of their sexual orientation.

The trainers can then ask the participants to line themselves up according to their gender identity.

Potential Processing Questions

- What differences do you observe in how you placed yourselves versus how the volunteers placed you?

- How do you feel standing in the place that you chose? Does this feel different than how you felt when the volunteers placed you?

Trainer Notes

Another way to conduct this activity is to simply ask participants to line themselves up in a continuum of masculinity to femininity, rather than have two volunteers line the participants up. This option often results in an experience that is less intense though again the exercise is only recommended for use by trainers who are highly skilled and experienced.

Potential Take Home Points

- People read each other's gender expression.

- Our own gender expression is read by others.

- People label our gender expression as masculine or feminine.

- Our gender identity might not match how people read our gender expression.

- Gender, gender presentation and gender expression are social constructions. Our society prescribes what is acceptable for men and women to do, to look like and to behave. When we step outside those prescriptions, we risk being targeted for discrimination, harassment and assault.

- "Masculinity" and "femininity" are value-laden words in our culture. What is considered feminine is devalued.

Group Brainstorm: Challenges Facing Transgender Youth

Trainers say: "Imagine that you are a 13-year-old biological female, but you have never felt like a girl. You have always felt like a boy and you believe in your deepest self that you are a boy. You are in foster care and living in a group home for girls. What do you

imagine that you would feel on a day-to-day basis? What do you imagine that you would think about on a day-to-day basis?"

Trainers can write responses on easel pad paper.

Trainers ask: "Think about the child welfare and juvenile justice systems and how group homes, residential centers, foster homes and other agencies operate. What challenges will arise for this 13-year-old boy who is living inside a girl's body?

Trainers can write responses on easel pad paper.

Trainers can distribute colored dots to participants and ask participants to place a dot next to each challenge that this youth would find within their agency.

When participants have completed this part of the exercise, the trainers can pose the following questions:

1) What do you notice?
2) How do you feel in response to this exercise?

Agency Actions and Policies to Discuss: What do we think about these issues? How do we feel about these issues?

Trainers can have participants review the policies issued by the New York State Office of Children and Family Services on providing a safe and discrimination-free environment for LGBTQ youth.

- Initiation and continuation of hormone treatment for transgender youth
- Allowing personal grooming, including hair and clothing, that is congruent with their gender identity
- Distributing undergarments to transgender youth that are congruent with their gender identity (i.e., panties to MTFs and boxers/briefs to FTMs)
- Using the youth's preferred pronoun and name

- Providing the youth with a private bedroom
- Providing the youth with privacy while showering

Helpful Hint: Read-Around Exercise

On some of these topics, the trainers may want to use file cards and do a "read-around" exercise.

Distribute 3 x 5 file cards to everyone and ask them to write down, anonymously, without putting their name on the card, what they are feeling and thinking right at that moment. Then, trainers collect the cards, shuffle them and redistribute them. You then hold a "read-around," where each participant reads aloud what is on the card, not disclosing if they, coincidentally, are reading their own card.

Trainers can then process with the group the issues that emerge.

Remember to meet the participants "where they are." Participants may react for many different reasons, both personal and professional. Some reasons may stem from personal values, attitudes, beliefs and feelings.

Other reasons may stem from a perceived and/or real lack of institutional support for systemic changes that would benefit youth and families. Public services often reflect the values, biases and beliefs, including misperceptions and stereotypes, of public opinion and politicians. Additionally, public services may be threatened with funding cuts by legislators who hold anti-LGBT opinions and perceive the service system to be pro-LGBT.

Potential Questions to Ask Participants

- What makes it hard for your institution to think about this? What makes it hard for you to think about this?

- What does this say about our beliefs about gender?

- What do you fear?

- What would need to happen to lessen that fear? What would need to exist in your institution to reduce that fear?

Identifying Next Steps

The trainers can divide the group into small groups of three to four people and ask the members of each group to discuss one or two steps they believe they can take within their agency or organization to make service delivery more sensitive to the needs of transgender youth. Give participants 15 minutes for this discussion.

Trainers then ask group members to report out and share their next steps.

For suggestions of action steps, see the following:

- Lambda Legal Defense & Education Fund & Child Welfare League of America. (2006a). Basic LGBTQ Policies, Training & Services for Child Welfare Agencies; Recommendations for Training & Education on LGBTQ Issues; Caseworkers with LGBTQ Clients. *Getting down to basics: Tools to support LGBTQ youth in care*. New York: Authors.

- Wilber, S., Ryan, C., & Marksamer, J. (2006). *CWLA best practice guidelines: Serving LGBT youth in out-of-home care* (generally and pp. 9-13, 29-30, 49-51, 56-61). Washington DC: Child Welfare League of America.

Evaluation and Close

- Trainers are encouraged to identify, with the participants, the "take home" points from this module.

- Trainers can ask the participants: "What are the 'take home points' for you in the work that we did today?"

- Trainers can also ask the participants: "What would be helpful for you to know or practice that we did not get to today?"

- Trainers can then ask participants to complete the evaluation.

Participants in this training should feel free to contact Lambda Legal Defense & Education Fund with any questions or concerns that arise as they conduct training sessions with their local service providers.

www.lambdalegal.org

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Appendix A

Psychosocial Strengths & Needs to Explore with LGBTQ Youth

Individual

- Developmental history of same-sex attractions or gender identity issues
- Intersection of sexual/gender identity development with racial/ethnic identity development
- Availability and accuracy of information about sexual orientation, gender identity, and LGBTQ people (i.e., cognitive isolation, exposure to LGBT role models, life options for LGBT people)
- Feelings and beliefs about sexual orientation or gender identity
- Degree of social isolation (e.g., disclosure to anyone) and availability of social support
- Fears related to disclosure and its consequences and perceived benefits of disclosure
- Chronic stress from managing stigmatization related to sexual, gender and racial identity
- Grief and loss issues (e.g., rejection by family and friends; perceived loss of status and dreams for their future)
- Coping strategies for dealing with stigmatization and other stressors
- Spiritual or religious beliefs regarding sexual orientation and gender identity diversity
- Awareness of HIV/AIDS, involvement in risky sexual behaviors and use of risk reduction strategies
- Mental health problems (e.g., depression, suicidality, anxiety, self-mutilation, substance use) and expressions of well-being (e.g., life satisfaction, feelings of mastery, future orientation)

Family

- Cultural values, beliefs, and meanings related to sexuality, sexual orientation, gender identity, gender roles, marriage, childrearing and parental expectations of children, adolescents and adults
- Awareness of the youth's sexual orientation or gender identity (e.g., Do family members know? Were they told? By whom? Did they find out another way? How long have they known? How did they react?)
- Actual or anticipated (e.g., violence, being thrown out) and benefits (e.g., better relationships) risks in disclosing
- Actual or anticipated attitudes of family members
- Presence of other LGBTQ people in the lives of family members
- Other family stressors (e.g., substance use, mental illness, violence, financial stress, death, divorce)
- History of physical, sexual or emotional abuse and/or neglect
- Nature of family's coping responses to crises and other challenges

Peers

- Nature of peer support (e.g., How do they describe their relationships with their peers? What kind of support have they historically received from them?)
- Disclosure history (e.g., How many friends have they confided in? What was their response? How many friends could they confide in? How open can they be with their peers?)
- Actual or anticipated attitudes of peer group
- Conflicts in or loss of peer relationships; new peer relationships and peer groups after disclosure
- Presence of other LGBTQ youth in peer group
- Availability of LGBTQ peers in community or on Internet
- History of dating relationships, availability of age-appropriate dating partners

School & Community

- The importance of attachments to ethnic community
- Experiences with "coming out" or being perceived as LGBTQ
- Expressions of heterosexism (e.g., anti-gay remarks, assumptions of heterosexuality)
- Experiences with harassment and discrimination from students, professionals and community.
- Positive reactions and support from peers, professionals and community.
- Interactions between heterosexism and racism, sexism, ableism and classism in school and community
- Potential sources of support (e.g., Gay-Straight Alliance, LGBTQ youth groups, Internet, school staff, library materials)

Compiled by Diane Elze, PhD, MSW

Appendix B

Observer Feedback Form

Observe and take note of the professional's verbal and nonverbal behaviors in engaging with the client and supporting the client in articulating and exploring the feelings and issues important to him or her.

Supported exploration of feelings and issues; avoided assumptions.

Conveyed genuineness, caring, acceptance, empathy, validation.

Made statements that facilitated clarification and identification of goals.

Raised particularly good questions or statements.

Raised questions or statements that were not as helpful.

Appendix C

Power Point Presentation

Moving the Margins:
Training Curriculum for Child Welfare Services

with **LGBTQ Youth**
in Out-of-Home Care

Developed by:
Robin McHaelen, MSW
Diane E. Elze, PhD, MSW

N A S W
National Association of Social Workers

NASW *foundation*

Lambda Legal
making the case for equality

LGBTQ 101

2

LGBTQ 101
Training Goals & Objectives

- To introduce participants to the workshop, establish guiding principles and identify core concepts.

- To clarify and assess personal, religious and cultural views and values regarding LGBTQ youth and young adults and develop strategies that balance personal beliefs with professional responsibilities.

- To identify issues of risk, challenges and strengths specific to LGBTQ youth and young adult populations, their families, other caregivers and service delivery systems.

- To develop an action plan for immediate, short-term and long-term activities that will develop or enhance professional and agency cultural competency.

3

Icebreaker Exercise

4

Opening Introductions

5

Dyad Exercise

- How did you get your name? Tell a story about your name.

- What brought you to this workshop? What made you sign up?

- What is your greatest hope and your greatest fear for the training?

- How would you describe the culture of your agency in terms of LGBTQ issues?

- How would you describe the culture of the geographical region in which you will be training and the culture of the agencies/organizations in which you will be training?

6

Guiding Principles

- Be open.
- Respect differences.
- Use "I-Statements."
- Step Up/Step Back.
- Feelings are 100% OK.
- Right to pass.
- Respect confidentiality.
- Take care of yourself.
- Any question or concern is 100% OK.
- Share air time.

7

Module I
Goals & Objectives

- To introduce participants to the workshop, establish guiding principles and identify core concepts.

- To create an open learning environment in which participants can safely explore personal views and values and articulate professional responsibilities.

- To develop strategies for balancing personal and professional values when they are in conflict.

- To increase understanding and competence with sexual and gender minority clients.

8

Core Concepts

- Personal and Religious Values
- Safety
- Family

9

3

Module II:
Opening Icebreaker Exercise

The
Impact of
Silence

10

Module II
Goals & Objectives

- To increase knowledge and empathy regarding the unique stressors experienced by sexual and gender minority youth, their families and caregivers.

- To demonstrate increased understanding of the issues around coming out and how they might impact youth in care.

- To recognize that "coming out" is not about sexual behavior, but about identity and relationships, both of which are critical to youth development.

- To articulate the potential consequences of social and emotional isolation on sexual and gender minority clients.

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Potential Consequences of Isolation

- Substance abuse
- Homelessness
- Dropping out
- Running away
- Risky sexual behaviors
- Higher risk of HIV infection

- Depression
- Anxiety
- Suicidality
- Vulnerability to juvenile justice involvement
- Victimization

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Protective Factors for LGBTQ Youth

- Family functioning
- Family support
- Family acceptance
- Self-esteem
- Educational achievement
- Connection to school
- Active coping strategies
- Self-acceptance
- Positive attitudes towards sexual and gender diversity
- (Sometimes) Disclosure of sexual orientation to parent

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Module III
Working Definitions

- Increase participant knowledge regarding current definitions of sexual orientation, sex, gender and other relevant constructs.

- Demonstrate increased understanding of the differences between sexual orientation, sex and gender, and increased cultural competence in use of terminology.

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Working Definitions

- Sex
- Intersex
- Gender
- Gender Identity
- Gender Expression
- Gender Dysphoria
- Transgender
- Hormonal Support
- Gender Identity Disorder
- Sexual Orientation

- Heterosexual/Straight
- Homosexual
- Gay
- Lesbian
- Same Gender Loving
- Two Spirit
- Bisexual
- Pansexual
- Questioning
- LGBTQ

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Working Definitions

- **Heterosexism**
- **Homophobia**
- **Biphobia**
- **Transphobia**
- **The Down Low**
- **Womanist**

Module IV
Values Clarification

- **Achieve clarity about personal, religious and cultural beliefs and values regarding sexual orientation, gender identity and expression.**

- **Identify strategies for balancing personal views with professional responsibilities.**

- **Reduce adherence to myths and stereotypes regarding sexual and gender minority people.**

Module V
Learning Lab

- **Provide participants with hands-on experience in dealing with the issues and concerns that they are most likely to face in their roles.**

- **Identify situations and scenarios associated with sexual orientation or gender identity that participants are most likely to face in their current jobs.**

- **Increase comfort and expertise in handling these situations as they arise.**

Module VI
Next Steps/Action Steps

- To develop concrete next steps for providing culturally competent services to sexual and gender minority clients.

- To put what has been learned in this training into action in the field.

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Group Brainstorm

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Brainstorming Activity

What are the situations and concerns that have arisen, or that you believe could arise, in your work with LGBTQ clients?

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Identify Action Steps

- **Immediate**

- **In the Short-Term**

- **Over the Long-Term**

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Module VII
Close & Evaluations

- **Reinforce the learning.**

- **Provide participants with the opportunity to offer feedback on their experience in the training.**

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LGBTQ 201

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LGBTQ 201
Training Goals & Objectives

- To articulate the psychosocial needs of LGBTQ youth and identify risk and protective factors facing LGBTQ youth in out-of-home care.

- To understand how to manage confidential information within the child welfare system around a youth's disclosures of sexual orientation and gender identity.

- To experience increased confidence and competence in discussing sexual orientation and gender identity issues with youth and helping families and other caregivers adapt and adjust to children's sexual orientation and gender identity.

- To identify LGBTQ-affirmative programmatic and policy interventions for LGBTQ youth in out-of-home settings, and community resources for LGBTQ youth, their families, other caregivers and service providers.

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Module I
Identification of LGBTQ Issues for Youth in Out-of-Home Care
Goals & Objectives

- Identify the issues and challenges affecting LGBTQ youth in out-of-home care.

- Increase participants' awareness of how these issues are manifested in their own agencies and service delivery systems.

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Brainstorming Activity

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LGBTQ Issues for Youth in Out-of-Home Care

- **Victimization**
- **Confidentiality Violations**
- **Differential Treatment**
- **Lack of Cultural Competence Among Providers**
- **Disclosure Dilemmas**
- **Lack of Family-Centered Services**

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Victimization

- **Many LGBTQ youth experience rejection and abuse when they come out to their caretakers, peers or teachers at school.**

- **They may be thrown out of their homes or experience violence resulting from adult response to their sexual orientation and gender identity.**

- **39% of 400 LGBTQ or HIV+ youths (ages 12 to 24) living in out-of-home care or homeless in San Diego had been kicked out of their home due to sexual orientation or gender identity (Berberet, 2004).**

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Victimization

- **56% of a sample of gay/lesbian youth in NYC child welfare system said they stayed on the streets because they felt safer than living in group or foster homes (Mallon, 1998).**

- **78% of LGBTQ youth were removed or ran away from placements as a result of hostility toward their sexual orientation and/or gender identity (Joint Task Force, 1994).**

- **90% of the 400 San Diego youth said that safety was a concern in group homes and shelters (Berberet, 2004).**

- **Only 20% of the San Diego service providers thought safety was an issue (Berberet, 2004).**

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Confidentiality Violations

- Staff persons disclose a youth's sexual orientation or gender identity to foster, biological and adoptive parents and/or the youth's peers without the youth's consent.

- Lack of policies that address confidentiality around sexual orientation and gender identity, including policies on written documentation.

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Differential Treatment

- LGBTQ youth may not be allowed to share a room with other youth.
- Different standards may be applied to LGBTQ youth around dating and the pursuit of romantic relationships.
- Youth experience multiple placements due to lack of staff acceptance and understanding, lack of safety and peer rejection.
- LGBTQ youth experience disapproval and rejection from caseworkers, foster parents, residential program staff and their peers.
- Youth have a difficult time accessing LGBTQ-affirmative health and mental health services.
- Permanency is seldom the goal.
- LGBTQ youth drop out of educational placements due to hostility and a lack of support.
- An assumption is often made that LGBTQ youth are "predators" if they are caught engaging in sexual behaviors with a same-sex peer.

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Lack of Cultural Competence

- Staff persons often lack knowledge and sensitivity on how to support LGBTQ youth in their sexual orientation, gender identity and gender expression.

- Staff persons often lack knowledge of LGBTQ resources.

- Transgender youth are inappropriately placed in settings that are incongruent with their gender identity.

- Transgender youth may not be allowed to use their preferred name.

- Transgender youth are prohibited from dressing and grooming in ways that are congruent with their gender identity.

- Professionals may not know how to talk with biological, adoptive or foster parents about sexual orientation and gender identity issues.

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Disclosure Dilemmas

- Decision-making around disclosure of sexual orientation or gender identity.

- Unsupportive and negative responses to a youth's disclosures by professionals, peers and caregivers.

- Lack of skill in handling a youth's disclosures in group settings.

34

Lack of Family-Centered Services

- Many programs serve LGBTQ youth as individuals rather than serving them within the context of their families.

- Permanency is seldom a goal for LGBTQ youth and there is a shortage of LGBTQ-affirming foster families.

- LGTBQ youth are at a greater risk of a lack of permanence due to a lack of connection with birth families and communities and a shortage of LGBTQ-friendly placement options.

- LGBTQ youth are often placed in congregate care due to a lack of connection with family of origin and a shortage of LGBTQ-friendly placement options, but many of these youth are not in need of this type of structure.

- This type of care decreases the likelihood of permanence because there is a greater likelihood of running away and aging out of systems of care.

- Youth in these settings are less likely to transition into a family type setting.

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Module II
Increasing Providers' Sensitivity & Enhancing Skills
Goals & Objectives

- To increase confidence and competence in discussing sexual orientation and gender identity issues with youth.

- To articulate the challenges LGBTQ youth experience during their process of coming out to self and when considering disclosure to other persons.

36

Prepare Yourself

Become an ask-able person.

- Self-awareness about personal beliefs and attitudes.
+
- Knowledge about and appreciation of LGBTQ youth.
+
- Competent social work and interpersonal skills.
+
- Emphasize professional over personal values.

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Essential Knowledge

- Psychosocial strengths and needs of LGBTQ youth and families.

- Local, state and national resources.

- Culturally diverse, LGBTQ-affirmative books, posters, magazines, brochures and symbols.

- Mental and physical health care professionals who specialize in serving LGBTQ youth, especially transgender youth.

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When Youth Disclose

- Anticipate feelings of vulnerability.
- Affirm, validate and accept.
- Start where the client is.
- Avoid labeling.
- Help youth safely explore and understand their feelings, thoughts and behaviors.
- Follow the youth's lead in using terminology.
- Help them find information and resources.
- Provide accurate information that eliminates myths and stereotypes.
- Do not assume their problems are related to their sexual orientation or gender identity; do not assume they are unrelated.

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When a Youth is Distressed

- Encourage expression of feelings, worries and concerns.

- Explore underlying beliefs and attitudes.

- Correct misinformation.

- Assess readiness and desire for resources and information.

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When a Youth is Confused

- Validate confusion.

- Be affirming and supportive.

- Assess their level of information and provide accurate information.

- Correct myths and stereotypes.

- Provide reassurance.

- Focus on quality of interpersonal relationships, general coping skills and gradual exploration of sexuality. 41

Learning Lab #1

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Module III
Addressing Confidentiality Issues for LGBTQ Youth in Out-of-Home Care
Goals & Objectives

- Appreciate the importance of confidentiality for LGBTQ youth in out-of-home care.

- Identify strategies for managing confidential information related to sexual orientation and gender identity.

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Values Clarification Exercise

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Module IV
Enhancing Knowledge & Skills to Intervene with Families
Goals & Objectives

- To articulate the rationale for intervening with families of LGBTQ youth.

- To identify approaches and strategies for strengthening and supporting the families of LGBTQ youth.

- To understand the issues and concerns presented by biological, adoptive and foster parents.

- To increase confidence and competence in discussing sexual orientation and gender identity issues with families and other caregivers.

- To identify emerging resources for guiding professionals in working with families of LGBTQ youth.

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Learning Lab
Vignette A

Marta has lived with the Stevenson foster family since infancy. She has recently come out as a lesbian and wants to have her girlfriend come to the house to visit. Ms. Stevenson opposes this. Marta calls her caseworker to complain. What should the caseworker do?

- What concerns might Ms. Stevenson have?
- What should the caseworker's approach with Ms. Stevenson be?
- What are the strengths presented by the people involved?
- What are the legal issues involved?
- What might be helpful to this family?

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Learning Lab
Vignette B

Jackie is a transgender MTF 15-year-old who lives with a supportive, loving foster family. Jackie wants to go to school dressed like a girl. The foster family approves, but the caseworker prohibits this, expressing fear for Jackie's safety. What do you think about the caseworker's decision?

- What are Jackie's rights?
- What might be motivating the caseworker?
- What issues should Jackie consider?
- What might Jackie need?
- What actions might the foster family take?

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Learning Lab
Vignette C

Grant has been in a relative placement with his Aunt Lynn since he was 5 years old. He is now 13 years old and recently came out as gay to his aunt. Lynn wants Grant removed from her home for fear that he will hurt her children. Grant does not want his biological parents to know about his sexual orientation and tells his social worker not to mention this in the decision-making meeting. Lynn is adamant about bringing up Grant's sexual orientation in the meeting in the presence of Grant's parents. What should the social worker do?

- What should the social worker explore with Grant?
- What should the social worker explore with Lynn?
- What approach should the social worker take with Lynn?

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Learning Lab
Vignette D

Rafael, who is 15 years old and bisexual, is being physically and emotionally abused by his father, who will not accept his son's sexual orientation and wants him out of the home. Rafael's mother does not agree with her husband and wants Rafael to stay in the home. What should the social worker do?

– What should the social worker explore with Rafael?
– What should the social worker explore with Rafael's parents?
– What approaches might the social worker take with this family?

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Learning Lab
Vignette E

Paul is an openly gay 15-year-old. A worker needs to recommend a placement for Paul. The worker has a choice between a foster family that has never dealt with an LGBTQ youth but seems open and a group home specifically for LGBTQ youth. What should the social worker consider in this case?

– What does "open" mean? What would be important to assess with this foster family?
– What type of placement does the youth want?

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Learning Lab #2

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Module V
Addressing Differential Treatment in Child Welfare Agencies
Goals & Objectives

- To articulate how differential treatment of LGBTQ youth is manifested in child welfare settings and institutions.

- To identify strategies for eliminating differential treatment of LGBTQ youth in child welfare agencies and institutions.

- To understand agencies' legal obligations to provide non-discriminatory treatment.

- To identify next steps for participants' individual agencies or institutions.

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Learning Lab #1

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Learning Lab
Case A

Crystal, a 15-year-old transgender MTF in a group home, got jumped by a bunch of guys in the home when she returned after visiting a friend one night. Crystal was dressed in a dress, heels and make-up.

- How should the group home staff respond?
- What should the group home address with the boys?
- With Crystal?
- What policies should be in place?
- What other actions should the group home take to ensure the safety of LGBTQ youth?

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**Learning Lab
Case B**

LaToya, a 16-year-old lesbian who lives in a group home, wants to go to her junior prom with her girlfriend, who goes to the same school. The school has notified the group home that they will not permit her to come with a date of the same sex.

▪ **How should the group home respond?**

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**Learning Lab
Case C**

Josh, a 17-year-old gay adolescent, lives at a residential center. He was notified that he must appear before the treatment planning committee because a staff person saw him walking on the grounds, holding hands with another young man who lives at the center. The committee is meeting to consider what consequences should be imposed, such as point loss or moving him down a level.

▪ **What issues must be considered here?**

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Resources on Culturally Competent Service Delivery & Legal Rights for LGBTQ Youths

- **Lambda Legal Defense and Education Fund**
  http://www.lambdalegal.org/

- **National Association of Social Workers http://www.socialworkers.org**

- **American Psychological Association   http://www.apa.org/**

- **American Psychiatric Association   http://www.psych.org/**

- **American Pediatric Association   http://www.aap.org/**

- **National Education Association   http://www.nea.org**

- **Child Welfare League of America   http://www.cwla.org**

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Resources

- Just the Facts Coalition. (2008). *Just the facts about sexual orientation and youth: A primer for principals, educators, and school personnel.* [Online.] Retrieved from http://www.socialworkers.org/practice/equity/default.asp

- Lambda Legal Defense and Education Fund and Child Welfare League of America. (2006). *Getting down to basics: Tools to support LGBTQ youth in care.* New York: Authors.

- Lambda Legal Defense and Education Fund and Child Welfare League of America. (2006). *Out of the margins: A report on regional listening forums highlighting the experiences of lesbian, gay, bisexual, transgender, and questioning youth in care.* New York: Authors.

- Sullivan, C., Sommer, S., and Moff, J. (2001). *Youth in the margins: A report on the unmet needs of lesbian, gay, bisexual, and transgender adolescents in foster care.* New York: Lambda Legal Defense and Education Fund.

- Wilber, S., Ryan, C., and Marksamer, J. (2006). *CWLA best practice guidelines: Serving LGBT youth in out-of-home care.* Washington DC: Child Welfare League of America.

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Module VI
Addressing the Needs of Transgender Youth in Out-of-Home Care
Goals & Objectives

- To increase participants' awareness of gender, gender expression and gender identity as social constructions.

- To increase participants' sensitivity to the experiences of transgender youth in out-of-home care.

- To identify strategies for delivering culturally competent care to transgender youth.

- To identify policies that protect and enhance the well-being of transgender youth.

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Awareness Building Exercise

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Group Brainstorm

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Agency Actions and Policies for Discussion

- Initiation and continuation of hormone treatment for transgender youth.

- Allowing personal grooming, including hair and clothing, that is congruent with a youth's gender identity.

- Providing undergarments to transgender youth that are congruent with their gender identity.

- Using the youth's preferred name and pronoun.

- Providing the youth with a private bedroom.

- Providing the youth with privacy while showering.

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Closing & Evaluation

We have provided a broad overview in this training of:

•Issues of LGBT youth in out-of-home care.

•LGBT cultural competence.

•Challenges facing LGBT youth, their parents, other caregivers and service providers.

Your role in addressing next steps is key.

train the trainer manual

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NASW
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Lambda Legal
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