

RAINBOW TEENS Clinical & Ethical Considerations When Treating LABTQ* Youth Presented by David Flack, MA, LMHC, SUDP

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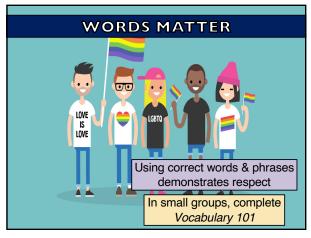
TODAY'S SCHEDULE

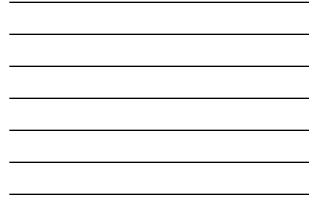
- This workshop runs 9:00am to 4:30pm
- We're not going to end early
- Break about 10:30am
- Hour lunch about 12:00pm
- Break about 2:30pm
- To get CEUs for today, you must be present the entire time

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FIRST THINGS FIRST

- We're talking about youth 13 to 18ish
- It's convenient to generalize, but teens aren't all the same
- LGBTQ+ teens don't inherently warrant mental health services
- Nobody chooses orientation or gender
- We're all learning





MICROAGRESSIONS

A comment or action that subtly, perhaps unconsciously or unintentionally, expresses a prejudiced attitude toward a member of a marginalized group

> A FEW EXAMPLES "You don't look queer" "I thought you were a real man" "Lesbians are hot" "That's so gay"

ONE MORE EXAMPLE The phrase *preferred pronoun*

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PRONOUNS

She/her

Typically used by someone who identifies as female

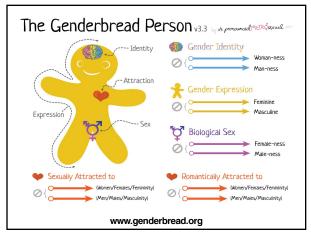
He/him

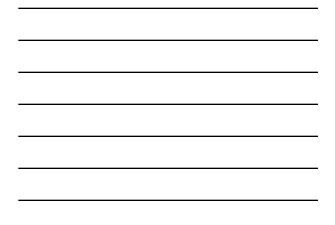
Typically used by someone who identifies as male

They/them

Typically used by someone who identifies as non-binary or nonconforming









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DEFINITION

- Assigned female at birth, identifies as male *or* assigned male at birth, identifies as female
- Can be used more broadly to include non-binary individuals
- Defining trans as *only* AFAB or AMAB keeps us stuck in a binary perspective on gender

A FEW MORE TERMS

- Trans-feminine / trans-masculine
- Dead name
- Misgender
- Stealth / pass
- Gender affirming hormones / surgery

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TRANSITIONING

Social Transitioning

Might include: name, pronouns, hair style, clothes, binders, or other "visual cues"

Legal Transitioning

Might include: legally changing name &/or sex designation on birth certificate, state issued IDs, or elsewhere

Medical Transitioning

Might include: blockers, hormones, birth control, or surgeries

There's no "right way" to be trans

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GENDER DYSPHORIA

- Incongruence between experienced or expressed gender & assigned gender
- Clinically significant distress or impairment
- Insistent, persistent & consistent

DSM-5 INCLUDES:

Gender Dysphoria in Adolescents & Adults (302.85) Gender Dysphoria in Children (302.6) Other Specified Gender Dysphoria (302.6) Unspecified Gender Dysphoria (302.6)



THE LETTER

Doctors & insurance companies typically require a *support letter* from a therapist for any medical transitioning of a minor

LETTERS TYPICALLY INCLUDES:

- Therapist's qualifications for diagnosing GD Length of time therapist has met with client & focus
- of treatment (if relevant) Client meets diagnostic criteria for GD
- Client has taken less invasive transitioning steps & these haven't provided adequate decrease of GD symptoms
- Proposed medical intervention will likely provide additional symptom reduction
- Client is capable of making an informed decision

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AND THEN THERE'S...

- What if it's just a phase?
- Is there a corollary between trans identities & neurodiversity?
- Are the numbers of transgender teens increasing?

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INCREASED RATES OF...

- Bullying 70% of LGBTQ+ h.s. students
- Homelessness 40% of homeless teens in Seattle
- Discrimination School, work and hiring, community
- Mental health issues Depression 6 times more likely
- Suicidality
- Substance-related problems

SUICIDALITY

- 2nd leading cause of death among all teens
- LGBTQ+ teens 4 times more likely to attempt suicide than peers
- LGBTQ+ teens rejected by family 8 times more likely to attempt
- About 60% of trans teens from unsupportive families report ideation

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SUBSTANCE USE DISORDERS

- Nearly 200% higher among LGBTQ+ teens
- 340% higher among bisexual teens
- 400% higher among cisgender females who identify as lesbian or bisexual
- No studies on trans teens

Why so much higher?



DEFINING MINORITY STRESS

- Ethnic, sexual & religious minorities
- Can result in a variety of mental health & physical health impacts
- Intersectional identities exacerbate this further
- Tends to magnify other challenges a person might be experiencing

In small groups, complete Case Study: Kamal

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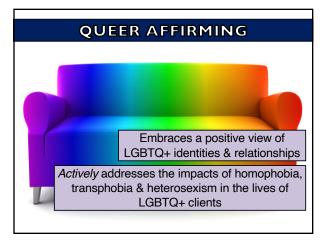


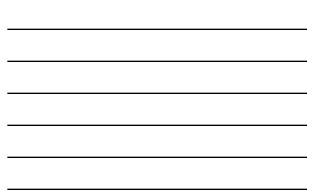
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GETTING CLINICAL

- Unconditional positive regard
- Increased focus on resiliency, alliance & self-efficacy
- Decreased focus on symptom reduction
- Address social justice

STRIVE TO BE: Queer affirming Trauma informed Culturally competent



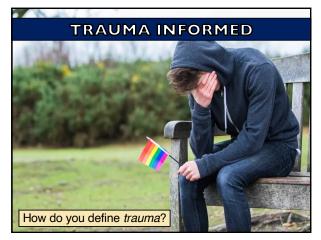


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HOW TO BE MORE AFFIRMING

- Self-reflection
- Get involved
- Create a welcoming environment
- Be open about your commitment to affirmative therapy with all clients & colleagues – not just LGBTQ+ ones
- Challenge heterosexism & the gender binary



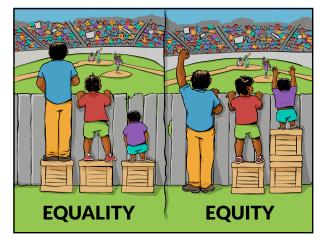
TRAUMA AMONG QUEER TEENS

- Significantly higher than cis-het peers
- Trauma leads to more trauma
- Short term impacts
 Overwhelmed, emotional extremes, can't process experience
- Longer term impacts
 Hypervigilance, intrusion, constriction
 "Little T" Trauma



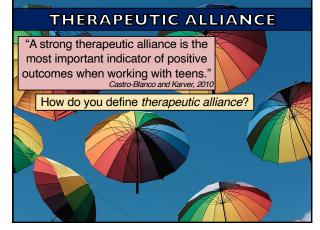








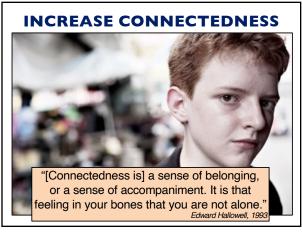




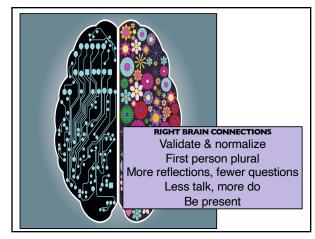


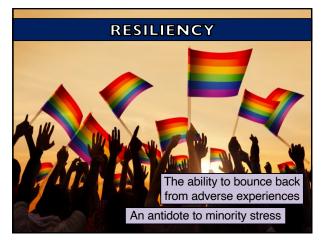
















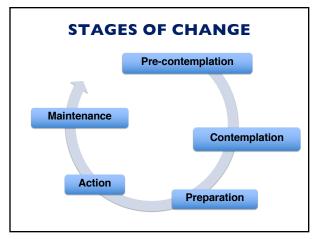
FOSTERING RESILIENCY

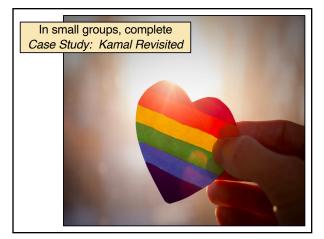
- Intentionally integrate resiliency skills into your work with LGBTQ+ teens
- Provide opportunities for youth to use natural resiliencies & develop new ones
- Without ignoring real challenges that might exist, focus on strengths
- Create opportunities for meaningful contributions
- Help teens improve self-efficacy













HELP PARENTS TO...

- Explore their beliefs about sexuality & gender
- Learn more about LGBTQ+ issues
- Understand the role acceptance plays in assuring healthy, happy LGBTQ+ teens
- Use youth identified names & pronouns
- Acknowledge their grief, when relevant

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COMING SOON

Behind the Mask: Depression in Adolescent Males 12/03/21 • 9am to 4:30pm • In-person & via Zoom

Transforming Teen Therapy: An Online Series *Cultivating Rapport* • 1/13/22 • 9am to 12pm *Facilitating Change* • 2/17/22 • 9am to 12pm *Beyond Resistance* • 3/24/22 • 9am to 12pm

Ethical & Legal Considerations When Counseling Teens

4/15/22 • 9am to 4:30pm • In-person & via Zoom