

# Creating LGBTQQIA+ Inclusive Workspaces and The Role Of Cultural Humility



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# Agreements of self/group care



- What you hear stays here
- What you see stays here
- This is a place of safety in every possible way
- If you are feeling triggered or activated, please feel free to leave the room. I have a thick skin so you won't hurt my feelings 😊

# Framework For Today



- Diversity is having a seat at the table
- Inclusion is having a voice
- Belonging is having that voice heard
- Tolerance: “You can be here as long as.....”
- Acceptance: “You can be here even if.....”
- Affirming: You can be here because you are....”

# Today's News



- **Donald Trump and the Labor Department**
  - Will allow businesses with federal contracts to cite religious objectives as a legal way to discriminate against employees
  - This includes LGBTQQIA people, race, sex, national origin, ethnicity and unwed single mothers
  - Corporations/schools are included if “they have a religious purpose”
  - Contractors do not have to be “entirely religious”
  - Impacts 420,000 contractors

# Today's News



- Supreme Court will hear 3 cases involving anti-LGBTQ+ discrimination
- No protections for LGBTQ+ individuals currently
- Half of the States provide it at the state level
- Two cases are looking at whether sex-based discrimination covers sexual orientation based discrimination
- One case is looking at whether gender identity based discrimination is a form sex-based discrimination (trans individual)

# LGBTQQIA+ Overview



- Stigma
- Shame
- Gender: Getting out of the binary
- Power: To have and/or do not have
- Privilege: To have and/or do not have
- Oppression: Individual, Institutional, Cultural
  - ✦ Sexism, racism, ageism, anti-semitism, classism, heterosexism, ableism, islamaphobia

# LGBTQQIA Overview



- Substance Abuse/Misuse
- Process Addictions
- Mental Health Issues
- Suicide (LGBT 2X likely and trans 40% attempt)
- Trans Violence (18 POC trans women)
- Hate Crimes (17% jump and 20% LGBT)
- Trauma – Overt and Covert
- Intimate Partner Violence
- Health Care

# Trauma – Overt and Covert



- Sexual violence
- Physical Abuse
- Intimate partner violence
- Institutional harassment
- Secondary trauma
- Bullying
- Religious trauma
- Invisibility



# Micro aggressions and Macro aggressions



- Language, name, pronoun use
- Transphobic comments
- Assumptions
- Eroticization
- Discomfort/disapproval
- Gender normative/binaried beliefs (“passing”)
- Denial of transphobia (individual and systemic)

# Language is Everything



- Attachment from parents and caregivers
- Start of not feeling safe/cared for/respected
- Messages we heard – school, institutions, peers, family, etc.
- Stereotypes
- Pronouns and chosen names matter
- How do others hear you?
- Connection is the antidote!
- Intimacy (not intensity) is the antidote!

# Gender and Sexuality Basics



- Gender is who you go to bed AS
- Sexuality is who you go to bed WITH
- Biological: Body, brain
- Social: Cultural messages, life circumstances
- Psychological: Personal experience, reflection

# Imagine How Things Shift For Clients



- Gender identities, gender expressions, roles, experiences
- Work
- Family of origin
- Friends
- Chosen family
- Faith community
- Clubs/groups
- Home
- Strangers
- Vacations

# The Need For Addressing Cultural Humility



- Mistreatment within the medical and mental health fields
- Access to trained clinicians
- Sharing the duty
- Lack of training
- Lack of understanding
- Access to referrals for mental health/medical interventions

# Therapist Qualities (Attitudes)



- Affirm gender identity, expression, presentation and diversity beyond a male-female binary
- Acknowledge own biases
- Recognize intersections of identities
- Refute pathology of gender dysphoria
- Understand ongoing nature of humility and empathy building
- Affirm mental health/medical care needs of trans/GNC individuals

# Therapist Qualities (Attitudes)



- Trans/GNC affirmative care and support increases the potential for positive life outcomes
- Understand that we may misstep/make mistakes
- Acknowledge that both trans/GNC and cis-gender therapists are vulnerable to concerns in the therapeutic relationship and clinical humility with trans/GNC clients

# Cultural Humility: How Is It Observed?



- Developing an awareness of gender identity and transitioning issues
- Empathy, compassion, care, sensitivity, support, directness, flexibility
- Experience in working with specific populations/areas (expertise)
- Knowledge of resources, referrals, processes
- Foster self acceptance/validation and coping with painful experiences
- Challenge without prescribing
- Confidentiality
- Understand potential long term treatment need for therapy



# Cultural Humility: Training



- Textbook knowledge isn't enough
- Supervision, consultation, training, CEU's
- Familiarization with WPATH and other published guidelines
- Ongoing consultation and professional development

# Cultural Humility: Further Skills



- Awareness of the following:
- Expectations of others around the binary
- Complexities/ongoing nature of the coming out process
- Transphobia, heterosexism, sexism, cisgenderism at individual/institutional/systemic levels
- Variance of expression across the lifespan
- Distinct/interrelated nature of gender identity and sexual orientation
- Social, biological, familial, cultural, psychological, economic factors that influence development, identity and distress

# Cultural Humility: Further Skills



- Various ways of living consistently with one's gender identity
- Trans/GNC positive resources/referrals in your area such as support groups, providers for individual/partner/family/group, medical providers for general/transitioning, voice training, legal, spiritual
- Multiple identities
- Climate of community you provide services in
- Individuals/groups we can seek collaboration/consultations from

# Cultural Humility: Further Skills



- Consider differential/co-occurring diagnoses
- Distress isn't pathology
- Psychological assessment instruments
- Acknowledge experiences, training and expertise working with gender issues at the start of engagement

# Therapeutic Relationship: Client and Therapist Identities



- Therapeutic relationship holds identity differences
- Looks at individual/systemic differences around power, privilege and oppression
- Discussion of differences/similarities in identities and how they may impact the relationship
- Privileged identities of the therapist
- Therapists gender identity, expression and concepts are relevant to and influence the relationship

# Therapeutic Relationship: Other Factors



- Discuss the following:
- Name and pronoun usage which can be ongoing
- Restroom access in your space
- Feelings of comfort/safety in your space like how the client will “show up”
- How clients will be identified in your system
  
- Awareness of:
- Language, how it evolves, clients wishes/desires
- Presenting issues may not be related to gender identity

# Therapeutic Relationship: Other Factors



- Openness to discussing experiences of discrimination and oppression
- What does your space look like?
- What message does your space send?
- Do your clients see you practice what you preach?

# Cultural Empathy



- Defined as:
- Empathic responses capable of transcending cultural differences
- Ability to understand/accept/feel the clients situation while separating own person/cultural experience
- Boundary between self and other
- Don't expect clients to adopt your values
- We understand empathy from our own position influenced by our own experiences/identities/values/cultures



# Cultural Empathy



- Importance of understanding the context for trans/GNC individuals
- Acquire knowledge needed
- Ability to recognize what we don't know and how to obtain that information
- Acknowledge we cannot genuinely understand the clients unique positions

# Cultural Empathy: Development



- Seek out perspectives/narratives of the trans/GNC community
- Understand/accept the context of family/community for clients of different backgrounds
- Incorporate providers/practices familiar with or requested by the clients
- Learn about the historical/political backgrounds of the community
- Seek knowledge about psychosocial adjustment to new environments/situations
- Oppression related to intersecting identities
- Position yourself as an ally/advocate

# Advocacy



- Social justice and advocacy should be part of our work
- Use our position to advocate for institutional changes
- Educate professionals/students/supervisors
- Empower clients in underprivileged/devalued positions
- Advertise yourself, be visible, network, build a reputation

# Organizational Assessment



- Basic Cultural Competency
- Documentation
- Knowledge of Health Insurance
- Processes/Policies/Procedures
- Affirmation
- Staff Training

# Organizational Assessment



- Identify organizational issues related to LGBTQQIA+ employees
- Diversity training – dispel myths and stereotypes
- Communicate the organizations policies and programs internally and externally
- Create and/or enforce policies
- Assist employees to start/build employee resource groups and find mentors
- Allow employees to give back to the LGBTQQIA community
- Make inclusive communication an organizational goal (pronouns in emails)
- Include LGBTQQIA identity in diversity metrics
- Leverage management to support all employees

# Recommendations



- Medical cannabis – What's your POV?
- CBD – What's your POV?
- Psychiatric medication – what's your POV?
- How do you support individuals utilizing medication if its runs counter-intuitive to their use of substances?
- How do you support individuals utilizing medication if it's counter-intuitive to support groups, sponsorship, peer support?
- Silence keeps people stuck in destructive patterns, cognitions, isolation, depression, etc.

# Social Work 101



- Meet the client where they're
  - Assess for safety
  - What is their priority?
  - Tell me what I need to know about
  - Tell me what you don't want me to know
  - What does healthy sexuality look like?
  - Medication adherence – education
  - Tap into resiliency through family of choice
  - How do you get connection?

# Thank you for Coming!



- Discussion?
- Comments?
- Questions?





- THANK YOU!!!!
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