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Providing Culturally and Linguistically Competent Services and Supports to Address the Needs of LGBT Youth and Their Families

Cultural and linguistic competence (CLC) is a core principle for enhancing policy and practice within mental health services organizations and communities. CLC provides a conceptual framework for systems, agencies, and practitioners to develop their capacity to effectively respond to the preferences, needs, and identities of youth from diverse cultures. For lesbian, gay, bisexual, and transgender (LGBT) youth, CLC provides a rationale and framework for examining and improving organizational policies, structures, procedures, practices, behaviors, and attitudes toward LGBT youth in youth-serving systems.

This chapter applies CLC to LGBT cultures in a manner similar to other recent literature (e.g., Planned Parenthood Mid-Hudson Valley, Inc., et al., 2007; Poirier et al., 2008) to help ensure that LGBT youth receive culturally and linguistically appropriate services and supports in systems of care. Services and supports that are *not* culturally and linguistically competent are apt to be less responsive, not fully inclusive, and perhaps less efficacious than services and supports that are. Throughout this book a CLC lens is used to discuss and integrate strategies that can help ensure that youth-serving systems become more responsive to the multifaceted cultural identities of LGBT youth. Furthermore, CLC should be one basis for continuous quality improvement (CQI) and research efforts related to this population in systems of care.

This chapter briefly reviews the evolution of CLC, including emphasis on cultural responsiveness, and related key literature and its growing application to mental health services and supports. The chapter discusses the implications of CLC for providing effective, appropriate services and supports, and presents recommended strategies and practices. It also shares community examples, including two in-depth descriptions of how systems of care in Michigan and Minnesota have worked to enhance CLC and improve supports and services for LGBT youth in their communities.

WHAT IS CULTURAL AND LINGUISTIC COMPETENCE?

Culture has many definitions, which reflects the diversity of culture itself. It can be defined as learned and shared knowledge, as well as patterns of human behavior such as communication styles, customs, and values (Cross, Bazron, Dennis, & Isaacs, 1989). Culture is complex, dynamic, and shapes our views of the world and our

communities. Culture includes our beliefs and how these influence our behaviors, as well as how we interpret our experiences and interact with others and our social environments. Furthermore, cultures can and do evolve (as is true with LGBT cultures). Culture has multiple influences: the various contexts within which we live (ecology), important people and communities in our lives and in society, and what we learn. Together, these shape our values, beliefs, traditions, roles, and rituals, as well as our biases and prejudices, which are part of each person's cultural roots. Culture deeply affects our perspectives, interpretations, and experiences. Although some systems of care may use the term *culture* interchangeably with *race/ethnicity* (Goode & Jackson, 2005), it is important to acknowledge the broader scope of culture, including LGBT cultural identities, among others.

Competence pertains to individual, organizational, and system capacity to effectively address individual preferences and needs. Specific knowledge, skills, behaviors, and experience are needed to build this capacity and implement effective policies, procedures, practices, and CQI efforts (National Association of Social Workers [NASW], 2001). To be competent, individuals need sufficient proficiency of a particular topic. Many professions (e.g., social workers) require certifications to demonstrate competence, but competence is a minimum standard. Developing competence is a lifelong learning process that requires a unique path for each individual, a personal commitment to growth, and openness to diversity. CLC self-assessments can facilitate personal reflection about one's level of competence related to particular groups or topics. They are short surveys that ask an individual to respond honestly to a series of questions about self-perceived prejudice, discrimination, stereotypes, and other related biases (see Chapter 3).

Historically, *culture* and *competence* were not usually linked. During the last 20 years, however, the health and behavioral health care fields, in particular, have linked these concepts, including in a landmark monograph (i.e., Cross et al., 1989). Cultural competence involves valuing the worth of individuals, families, and communities and is a process through which individuals, organizations, and systems effectively and respectfully interact with and support others from all cultural backgrounds (NASW, 2001). NASW (2001), for example, issued 10 standards for cultural competence in social work, including self-awareness of one's values and beliefs, as well as development and application of cross-cultural knowledge and skills.

In addition, cultural competence has evolved over time to include concerns related to language and communication. Linguistic competence has been defined as follows:

The capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or

are not literate, individuals with disabilities, and those who are deaf or hard of hearing. (Goode & Jones, 2009, p. 1)

In addition, linguistic competence involves a commitment to using appropriate language for describing and interacting with LGBT youth (e.g., preferred first names and identity-related terms, including gender pronouns) and acknowledging the importance of using these terms.

CLC integrates culture, language, and competence into a cohesive principle and has become one of three fundamental values defining systems of care (Stroul, Blau, & Sondheimer, 2008). Although CLC emerged to provide responsive systems of care for individual children and youth with emotional and behavioral challenges and their families, it has influenced a much broader population in many more systems beyond the behavioral health field (Wheeler, 2011). CLC theory and practice is applied ever increasingly in the health care industry because of greater concern about the quality of care and related liability issues.

Evidence of the benefits of CLC is emerging. This suggests that culturally and linguistically competent health care is associated with a number of positive outcomes, such as more effective patient–provider communication and increased patient satisfaction with care (Goode, Dunne, & Bronheim, 2006; Robert Wood Johnson Foundation, 2009). Legislation at the federal and state levels has influenced development of policies that emphasize culturally and linguistically competent practices. In particular, in 2001, The Office of Minority Health, within the U.S. Department of Health and Human Services, issued the National Standards for Culturally and Linguistically Appropriate Services in Health Care to correct inequities in the provision of health services and to be more responsive to the individualized needs of clients (U.S. Department of Health and Human Services, The Office of Minority Health, 2001). These standards include mandates, guidelines, and recommendations. For all recipients of federal funds, standards 4–7 are mandated practices related to language access services, such as the provision of bilingual staff or interpreter services for consumers; also, the provision of verbal offers as well as written notices in the preferred language of consumers informing them of their right to receive language assistance services. These standards are meant to be integrated throughout organizations in partnership with communities.

The behavioral health field applies *cultural and linguistic competence* in its system of care work. There is now debate about the word *competence*, which connotes a destination versus a process of ongoing learning, growing, and progressing. Individuals can never really be competent in another person's cultural experiences and perspectives. Even on many of the various iterations of *continuum of cultural competence*, the idea of the highest level, *cultural mastery*, can be misleading. Because this chapter and book do not focus on redefining CLC, but rather on describing its role in improving services and supports, the authors of this chapter use CLC but acknowledge that the underlying goal is to move systems of care toward

being more responsive to the cultural and linguistic needs of LGBT youth and their families.

WHY A CULTURAL AND LINGUISTIC COMPETENCE STRATEGY FOR LGBT YOUTH AND THEIR FAMILIES?

Systems of care initially focused on children and families of color who were "un-served, underserved or inappropriately served" by most behavioral health delivery systems (Isaacs, 1998, p. 9). Resonating throughout this book, though, are the many challenges that LGBT youth may experience, often at disproportionately greater rates compared with non-LGBT youth (e.g., depression/anxiety, suicidal ideation, homelessness, harassment/assault). To address these behavioral health disparities and challenges, professionals in youth-serving systems should work to enhance their CLC efforts for LGBT youth and their families. This requires a cohesive strategy for providing more culturally and linguistically responsive services and supports through organizational change and work force development.

A CLC strategy can help to address barriers to accessing and appropriately utilizing care, including inadequate provider knowledge and stigma. Inadequate knowledge of providers, regardless of their attitudes, and insufficient training contribute to structural barriers to culturally responsive services and supports at institutional levels (Institute of Medicine [IOM], 2011). Another serious concern is *stigma*, which can be defined as the "inferior status, negative regard, and relative powerlessness that society collectively assigns to individuals and groups that are associated with various conditions, statuses, and attributes" (IOM, 2011, p. 61). In systems of care, stigma can be enacted (e.g., by biased behaviors), felt (e.g., by avoiding the experience of stigma because of fear of it, such as by not disclosing one's LGBT identity), and internalized (e.g., LGBT individuals feeling unworthy of the same access to health care as non-LGBT individuals [IOM, 2011]). Addressing these concerns should be the foundation of a community's CLC strategy.

LGBT YOUTH CULTURE

Although individuals may have a personal definition of self, others, including the systems and professionals with which they interact, also have preconceived notions about groups of individuals that may be quite divergent. Discrepancy and divergence between self and others may lead to stereotyping, bias, prejudice, and discrimination. Youth may identify with any of a host of cultural identities, including youth culture or their own ethnic, racial, religious/spiritual, or LGBT culture. These multiple overlapping identities that many youth experience can both enrich and sometimes complicate youth development, depending on the presence or absence of supportive families, peers, or other allies. The "jagged edges" around these overlapping identities can present challenges to youth as they attempt to reconcile aspects of their identities

that do not complement each other as a result of nonacceptance by significant others or an inability to successfully integrate these identities in a way that benefits youth as they achieve developmental competencies. Historical or current trauma may also affect the development and health of youth navigating their LGBT identity. Progressing through this delicate and formative period in youths' lives can be challenging, but effective efforts to foster CLC for these youth and their families can provide opportunities for successful integration or, at least, a satisfactory conjunction of these identities that can support and strengthen youth and their families. LGBT youth are especially vulnerable to societal and dominant culture biases that may judge, discount, and stigmatize them, but CLC can play a central role in helping youth successfully integrate the strengths of their multifaceted identities into a stronger and integrated whole. A challenge for system of care communities is that LGBT youth may be "invisible," experiencing their struggles quietly, secretly, or in fear of potential ramifications if others find out. They may fear their parents knowing they are LGBT, being "outed" by peers, being teased or bullied, having their sexual orientation or gender identity affect their future opportunities for education or employment, or being judged and ostracized in general by their peer groups. To foster trust so that LGBT youth access services and supports, as with any marginalized group, requires professionals in systems of care to create an atmosphere of openness and acceptance that allows for culturally and linguistically appropriate outreach.

INCREASING CULTURAL AND LINGUISTIC COMPETENCE WITHIN ORGANIZATIONS

Because of the stigma related to LGBT identity and marginalization of youth with mental, behavioral, and emotional health needs, communities should carry out specific CLC strategies to support LGBT youth. For organizations to develop their CLC capacity, they should 1) value diversity; 2) engage in cultural and linguistic self-assessment; 3) address dynamics of difference (e.g., by acknowledging the effects of historical experiences among different populations due to trauma or discrimination); 4) institutionalize cultural knowledge; and 5) adapt to diversity by making the appropriate policy, hiring, program, training, coaching, evaluation, and other infrastructure changes (Cross et al., 1989). Organizations should sustain their CLC efforts so that they become a part of daily operations and organizational culture. These efforts should also involve CQI activities to inform improvements of CLC efforts.

Organizational infrastructure "describes the basic components of an agency including its leadership, legal documentation, staff policies and procedures, financial accounts and procedures" (U.S. Department of Health and Human Services, The Office of Minority Health, 2008, para. 1). An organization's infrastructure determines how it functions, how services are provided, and how responsive it is to established goals and objectives. Developing a functional infrastructure takes planning and time

and involves a clear understanding of the population(s) to be served, including their specific needs and cultural identities. To build organizational capacity and responsiveness to effectively meet the needs of LGBT youth, diversity needs to be valued throughout organizations. Although inclusion is important, it is insufficient to just state that a service delivery system welcomes all who come for services. Rather, service delivery needs to be established at several levels, including policies, procedures, practices, and supports, so that LGBT populations are represented and cultural information is infused within an organization's values, beliefs, and capacity.

Organizational infrastructure strategies include self-assessment and planning; creating a safe and supportive environment; work force hiring, retention, and training; developing and providing culturally appropriate services and supports; and advocacy and education. Organizations should examine both structural and operational capacity for addressing the needs of LGBT youth. Operational capacity includes the development and implementation of a CLC plan that identifies action steps and details specific tasks and responsibilities related to developing culturally and linguistically competent programs and services. Administrative leadership is critical to cultivate and sustain culturally competent practices at an organizational level and contribute to their success (Davis & Travis, 2010; The Workgroup on Adapting Latino Services, 2008).

STRATEGIES TO MOVE CULTURAL AND LINGUISTIC COMPETENCE FORWARD IN YOUR COMMUNITY

CLC activities can be challenging, and related results have tended to be disappointing in systems of care (Isaacs, Jackson, Hicks, & Wang, 2008). Strategies presented throughout this book and the following key recommendations, however, can help advance the effective implementation of CLC approaches within systems of care. In particular, although LGBT culture is as heterogeneous as other diverse cultures, it is important to be as knowledgeable as possible about LGBT cultures through training, technical assistance, and culturally appropriate inquiry of those who have knowledge and experience. Professionals supporting LGBT youth do not need to be LGBT themselves (although it may help), but they need to be open to learning, engage in an authentic self-assessment process, and be able to speak as an authentic ally of LGBT youth.

Insensitive, biased systems can frustrate LGBT youth trying to access mental health services and affect the quality of these supports (U.C. Davis Center for Reducing Health Disparities, 2009). As system of care professionals improve their CLC for LGBT youth and their families, they will actively address heterosexism and transgender bias. Communities can frame bias and stigma as conditions to be ameliorated through active interventions. Conditions can improve over time as system of care staff and constituencies develop more culturally and linguistically competent attitudes, enhance their knowledge base, and expand their experience with LGBT

youth and their families. Communities can then identify constructive steps to address these needs and improve individual and organizational competence. Linguistic competence is also central to organizational cultural competence (Goode & Jones, 2009). To help engage LGBT youth and families, communities should prohibit biased comments and behavior, refrain from making assumptions by using language that communicates respect for the terms youth use to describe themselves (e.g., queer, nongender), and avoid using gender-specific pronouns, when appropriate.

Assess Strengths and Needs

Individual and organizational assessments are another important strategy for moving CLC forward in systems of care. The information gathered from these assessments can inform strategic planning (e.g., development of CLC plans), decision making (e.g., service delivery), and, among individuals, a deeper awareness of their personal commitment and ability to meet the needs of LGBT youth and their families. Various resources to assess organizational and individual CLC are available, including an assessment adapted for this book (see Chapter 3). Understanding your community's strengths and needs provides a valuable starting place to develop a strategic plan and engage in activities that will build on strengths and address challenges.

Develop, Support, and Implement an Inclusive Cultural and Linguistic Competence Plan

Some system of care communities have struggled to establish responsibility and accountability among much-needed stakeholder groups, particularly for LGBT populations. A community's CLC plan, which should include LGBT youth as a priority population, is an important tool for communities to guide CLC development and implementation (Martinez et al., 2010). For those engaged in the process, the CLC plan can help raise awareness, create a sense of urgency for action, and manage progress. For example, most state child-serving systems, such as juvenile justice, are mandated to address disparities that exist in their systems, and these efforts should include disparities encountered by LGBT youth and their families.

It is important to develop a CLC plan, supported by a CLC committee that provides meaningful infrastructure and serves as a community leadership group, while clearly documenting a community's vision, mission, and goals (Martinez et al., 2010). A focus on LGBT, questioning, intersex, and two-spirit youth should be part of the broader organizational CLC plan (Martinez et al., 2010). Systems of care should identify and adequately support the key staff who will lead efforts focused on LGBT youth (e.g., inclusion of budget line items for CLC activities and services) so that these efforts are truly valued and sustainable. Although CLC is a shared responsibility, it is important to identify a leader who serves as the coordinator or

"point person." For example, a CLC coordinator should help move LGBT CLC efforts forward by ensuring effective and efficient utilization of community resources, leading related CLC planning efforts, and providing support to community partners.

All partners in the system of care community should be involved in creating a shared vision that specifically includes youth, families, and culturally diverse community members. It is also important that stakeholders publicly embrace values and activities and provide in-kind and financial resources for LGBT CLC activities. Partners should include both formal and informal leaders to grow and ultimately sustain CLC values.

Provide Safe, Welcoming Environments

It is critical to foster and sustain a safe, welcoming environment for LGBT youth and their families. This recommendation cannot be overstated—the implementation of nondiscrimination policies, procedures, and practices is just one approach to fostering a safe, supportive environment. Maintaining a physical environment that promotes safety and security for these youth and families is also important. Organizations can create welcoming environments by displaying in visible locations LGBT-related materials (e.g., brochures and announcements from local LGBT organizations, LGBT-affirming literature, information on appropriate LGBT-related web sites) and symbols (e.g., rainbow flags, signage) that LGBT youth may embrace. For example, in 2009, the Substance Abuse and Mental Health Services Administration (SAMHSA) Child, Adolescent and Family Branch's Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, or Two-Spirit (LGBTQI2-S) National Workgroup recommended adapting the systems of care logo to help communities identify safe spaces for LGBT youth and their families. Subsequently, the logo was modified to display a rainbow-themed background because rainbow symbols are frequently embraced within LGBT culture. You can view this logo online at www.tapartnership.org/COP/CLC/lgbtqi2s.php.

Enhance Work Force Capacity and Provide Community Learning Opportunities

Communities can also promote CLC through the hiring, retention, and training of a work force and staff who are equipped to address the unique needs of LGBT youth and their families. Not only do staff need to be committed to CLC, but they also need the skills and expertise to work appropriately with LGBT youth. Staff training and ongoing professional development opportunities are necessary to ensure that staff and volunteers possess the necessary knowledge and attitudes to provide effective and appropriate services and supports for LGBT youth. Professionals can easily access free CLC training materials on LGBT youth.

Learning opportunities should be important components of a community's or organization's larger CLC strategy. For example, in September 2011, the Technical Assistance Partnership for Child and Family Mental Health's (TA Partnership)

LGBTQI2-S Learning Community (<http://tapartnership.org/COP/CLC/lgbtqi2s.php>) provided LGBT "cultural and linguistic competence in focus" learning events in seven system of care communities (including three statewide, two urban county, and two rural regional systems of care) to build knowledge, share strategies and recommended practices, and disseminate resources to enhance cultural and linguistic competence and support LGBT youth and their families (SAMHSA, 2011). Participants included system of care community partners from child welfare, education, juvenile justice, mental health, and other youth-serving systems; administrators; clinicians and other front-line professionals; family members; and youth. The learning events included presentations, large and small group discussions, videos, and exercises. Between 40 and 130 participants attended each event. Completed feedback forms from more than 320 participants indicated that almost all felt that the learning events increased their understanding of LGBT cultures, expanded their understanding of challenges LGBT youth may experience, and provided information they could use to enhance the cultural and linguistic competence of their community's services and supports for LGBT youth and their families (Technical Assistance Partnership for Child and Family Mental Health, personal communication, October 17, 2011).

Meaningfully Engage the Community

Community engagement involves processes and strategies for collaboration with groups of individuals affiliated by similar situations to address issues affecting their well-being (Centers for Disease Control and Prevention, 1997). To effectively provide services for LGBT youth, it is important to identify and mobilize community members, including allies, family members, community- and faith-based organizations, and service professionals involved in addressing the needs of these youth. Community engagement, which can help address the health and well-being of LGBT youth, provides opportunities to address challenges regarding availability, access, and appropriateness of services while building on existing strengths and resources. Community engagement can also enhance the availability of supports and should provide information about how LGBT youth are perceived within the community (Poirier et al., 2008). In addition, systems of care should implement CQI processes that include LGBT youth so all data-driven system of care decisions are credible in their efforts to improve these youths' experiences and outcomes. Related strategies should include gathering community input to learn about societal barriers and community needs of LGBT youth and their families, as well as creating safe, honest dialogues of diverse stakeholders, including youth, family, and leaders of LGBT organizations in the community and other allies.

Challenges to effective community engagement (e.g., mistrust, bias) require strategies that foster meaningful relationships, respectful and open engagement, inclusion, and partnerships with the LGBT community. Examples include 1)

providing a safe and supportive environment for LGBT youth; 2) facilitating building a supportive community between LGBT youth and allies; 3) encouraging healthy community engagement; 4) empowering LGBT youth and allies through leadership building, recreation, and education; and 5) promoting outreach to local youth and youth groups (San Francisco Lesbian Gay Bisexual Transgender Community Center, 2011). It is important to capitalize on your community's assets, such as LGBT "cultural brokers" who can bridge different cultural groups and facilitate change because of their knowledge and credibility (Jezewski & Sotnik, 2001), by building mutual trust and fostering meaningful collaboration within the community on behalf of LGBT youth and their families.

Implement Other Strategies

It is important to also protect LGBT youth (and staff), enhance practice and service delivery, and support families. For example, LGBT youth and professionals should be included in nondiscrimination policies of all agencies and organizations partnering with a system of care. To improve services, it is important to discuss sexual orientation and gender identity/expression with youth in a supportive manner, avoid biased language and behavior (e.g., assuming that youth are heterosexual), avoid assuming that youth are distressed or troubled because of their LGBT identity, and demonstrate an open and positive attitude about LGBT youth, which can promote a positive therapeutic relationship (Poirier et al., 2008). Moreover, it is important to engage all family members of LGBT youth, who may be struggling with understanding or accepting the LGBT family member's sexual orientation or gender identity and may also need resources or supports (Ryan, 2009).