LGBTQ Cultural Competency: History, Disparity and Prevalence in Behavior Analysis

New Hampshire ABA
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Outline

- LGBTQ Terminology 101
- BCBA’s Service to the Autism Community
- Intersection between LGBTQ Community and ASD Community
- Ethics!!!
- Prevalence in Literature and History
- Limitations
- Impacts of Competency
- Personal and Clinical Recommendations

- Content Warning
GENDER EXPRESSION
The way a person communicates their gender identity to others by the way they dress, act or refer to themselves.

GENDER IDENTITY
A person’s internal sense of being a man or a woman or anything in between.

ORIENTATION/ATTRACTION
A term to describe sexual and/or romantic attractions to others.

SEX
The labels, male, female, or intersex, given to someone at birth based on their body parts.
**Cis Gender:** A term for people whose gender identity, gender expression or behavior conforms to that typically associated with the sex they were assigned at birth.

**Orientation:** A term to describe sexual and/or romantic attractions to others.

**Gender Identity:** A person’s internal sense of being male or female or anything in between.

**Gender Expression:** The way people communicate their gender identity to others by the way they dress, act, and/or refer to themselves.

**Sex:** The labels male, female, or intersex given to someone at birth based on their body parts.

**Trans/Transgender:** A term for people whose gender identity, gender expression or behavior does not conform to that typically associated with the sex they were assigned at birth.

**Queer:** A term used by people who are not heterosexual or cisgender. Although, historically used as a put down for people who were perceived to be outside the norm in regards to orientation/attraction or gender identity; for some, it has been reclaimed as a self-identifying term and symbol of pride.

**Questioning:** A self-identifying term for people who are in the process of exploring or discovering their sexual orientation or gender identity.

**Heteronormativity:** The assumption that everyone is straight. It may also refer to the oppression experienced by people who are not straight in a society that represents being straight as dominant, normal and superior.

**Heterosexism:** Attitudes, biases, and discrimination in favor of those who are straight.
BCBA Service to the Autism Community

- Data collected by the BACB says that as of October 1, 2019 there are 36,106 certified BCBA’s
  - Nearly 3,000 more than in March 2019
- In February 2016 the BACB conducted a Job Task Analysis Survey
  - 7,107 participants
- 67.65% of participants listed their primary area of practice as Autism
36,106 BCBA’s x .6765 Percentage of BCBA’s working in Autism
24,425.709

Approximate Number of BCBA’s Working in Autism: 24,426
Autism and the LGBTQ Community


- Participants (n)
  - ASD: 675
  - General Population: 8,064

- Study looked only at sexual orientation (not gender identity) using gender assigned at birth as the determinant for attraction to someone of same or opposite gender.
- Study also looked at gender identity with the ASD group, but data was not available with control group.
**METHOD**

- Survey Conducted on Stockholm County, Sweden
- Participants (N): 47,356
- Sexual Orientation was assessed with self-report
- Participants with autism were identified with the Autistic Quotient questionnaire
  - 10 Questions. The tool is not intended to diagnose Autism, but its authors suggest it could be used as a screening tool
  - Individuals identified in this study as part of the autistic population scored a 6 or higher on the questionnaire


**Autism and the LGBTQ Community**
Results

➢ Adults who have characteristics of autism are about three times as likely as their peers to not identify themselves as heterosexual, homosexual or bisexual, according to a new study.

➢ 1:5 women autism traits does not believe they fits into any of these standard categories for sexual orientation.

➢ Autistic traits are associated with minority sexual orientation, and perhaps with uncertain self-identification and/or a defiance of traditional ways of categorizing sexual identity.


*Autism and the LGBTQ Community*
Autism and the LGBTQ Community

METHOD

- Population (n)
  - ASD: 309
  - Typical Developing: 310
- Both Groups had similar median age and distribution of gender in the sample
- Online survey

Results

- In The group with ASD reported higher rates of homosexuality, bisexuality and asexuality, but lower rates of heterosexuality.
  - The group with ASD, 69.7% of the sample reported being non-heterosexual, while in the TD group, 30.3% reported being non-heterosexual.
- It is important to increase awareness about increased non-heterosexuality in ASD among autistic populations, medical professionals and care-takers, so as to provide specialized care, if needed and increase support and inclusion for non-heterosexual autistic individuals.

Limitations

- Limitations already discussed with studies correlating autism to the LGBTQ
- Research was all conducted with higher functioning individuals with ASD
1.05 Professional and Scientific Relationships

(c) Where differences of age, gender, race, culture, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status significantly affect behavior analysts’ work concerning particular individuals or groups, behavior analysts obtain the training, experience, consultations, and/or supervision necessary to ensure the competence of their services, or they make appropriate referrals.
Sexual & Romantic Expression

- sexual orientation
- expression
- romantic orientation

- heterosexual
- homosexual
- bisexual
- pansexual
- polysexual
- asexual
- demisexual
- gray-sexual

- heteroromantic
- homoromantic
- biromantic
- panromantic
- polyromantic
- aromantic
- demiromantic
- gray-romantic

- Transgender
- Binary
- Non-Binary

- Trans man
- Trans woman
- Genderqueer
- Demiboy
- Demigirl
- Genderfluid
- Bigender
- Neutrois
- Agender
- And more!

genderqueer – Israel
Cultural Humility: “Ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the [person].”

Cultural Humility

- This process recognizes the dynamic nature of culture since cultural influences change over time and vary depending on location.

- First proposed in 1998 in a medical model as a “more suitable goal in multicultural medical education. Cultural humility incorporates a lifelong commitment to self-evaluation and self-critique, to redressing the power imbalances in the patient-physician dynamic, and to developing mutually beneficial and nonpaternalistic clinical and advocacy partnerships with communities on behalf of individuals and defined populations.”

- Cultural humility is a process of reflection to gain a deeper understanding of cultural differences in order to improve the way vulnerable groups are treated and researched. Cultural humility does not focus on competence or confidence and recognizes that the more you are exposed to cultures different from your own, you often realize how much you don’t know about others.


### Competence Vs. Humility

<table>
<thead>
<tr>
<th>Attributes</th>
<th>Cultural Competence</th>
<th>Cultural Humility</th>
</tr>
</thead>
<tbody>
<tr>
<td>View of culture</td>
<td>• Group traits&lt;br&gt;• Group label associates group with a list of traditional traits and practices&lt;br&gt;• De-contextualized</td>
<td>• Unique to individuals&lt;br&gt;• Originates from multiple contributions from different sources&lt;br&gt;• Can be fluid and change based on context</td>
</tr>
<tr>
<td>Culture definition</td>
<td>• Minorities of ethnic and racial groups</td>
<td>• Different combinations of ethnicity, race, age, income, education, sexual orientation, class, abilities, faith and more</td>
</tr>
<tr>
<td>Traditions</td>
<td>• Immigrants and minorities follow traditions</td>
<td>• Everyone follows traditions</td>
</tr>
<tr>
<td>Context</td>
<td>• Majority is the normal; other cultures are the different ones</td>
<td>• Power differences exist and must be recognized and minimized</td>
</tr>
<tr>
<td>Results</td>
<td>• Promotion of stereotyping</td>
<td>• Promotion of respect</td>
</tr>
<tr>
<td>Focus</td>
<td>• Differences based on group identity and group boundaries</td>
<td>• Individual focus of not only the other but also of the self</td>
</tr>
<tr>
<td>Process</td>
<td>• A defined course or curriculum to highlight differences</td>
<td>• An ongoing life process</td>
</tr>
<tr>
<td>Endpoint</td>
<td>• Competence/expertise</td>
<td>• Making bias explicit</td>
</tr>
</tbody>
</table>

Prevalence in Literature

- Journal Applied Behavior Analysis
- Journal Experimental Applied Behavior Analysis
- Behavior Intervention
- Behavior Analysis in Practice

Key terms:
- Homosexual
- Gay
- Lesbian
- LGBTQ
Prevalence in Literature

Article Subjects per Journal

Behavioral

- JABA: 16
- JEABA: 7
- Behavior Intervention: 3
- Behavior Analysis in Practice: 3

Total: 41 Articles

- Homosexual
- Gay
- Lesbian
- LGBTQ
Comparison to Other Practices

- Annual Review of Psychology
- Psychological Bulletin
- Psychological Science in Public Interest
- Perspectives on Psychological Science

Journals were selected based on their SCImago Journal Rank Indicator (SJR Ranking) This is a measure of a journals’ impact, influence or prestige. It expresses the average number of weighted citations received in the selected year by the documents published in the journal in the three previous years.
Comparison to Other Practices

Total: 459 Articles
<table>
<thead>
<tr>
<th>Journal</th>
<th>Homosexual</th>
<th>Gay</th>
<th>Lesbian</th>
<th>LGBTQ</th>
</tr>
</thead>
<tbody>
<tr>
<td>JABA</td>
<td>17</td>
<td>8</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>JEABA</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Behavior Intervention</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Behavior Analysis in Practice</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Annual Review of Psychology</td>
<td>5</td>
<td>0</td>
<td>32</td>
<td>0</td>
</tr>
<tr>
<td>Psychological Bulletin</td>
<td>4</td>
<td>21</td>
<td>0</td>
<td>19</td>
</tr>
<tr>
<td>Psychological Science in Public Interest</td>
<td>44</td>
<td>6</td>
<td>37</td>
<td>3</td>
</tr>
<tr>
<td>Perspectives on Psychological Science</td>
<td>22</td>
<td>38</td>
<td>15</td>
<td>3</td>
</tr>
</tbody>
</table>

Total: 459 Articles

Total: 41 Articles
Limitations

- My research doesn’t capture all the journals
- Search terms selected could miss an article or section of research
  - For example: LGBT vs LGBTQ or searching sexual orientation

Fig. 1. Five representative images from the series of 16 images used during the fading for the first subject. These images were projected in color during the experiment.
Conversion Therapy

Why does cultural competency/humility matter?

We’re Behavior Analyst, Let’s Look at the Data!
Data Driven Look at Impact

The Trevor Project is the leading national organization providing crisis intervention and suicide prevention services to LGBTQ Young People under the Age of 25

**METHODOLOGY:** A quantitative cross-sectional design was used to collect data through an online survey platform between February and September 2018. A sample of LGBTQ youth who resided in the United States were recruited via targeted ads on social media.

- Participants (n) = 25,896 Youth Age 13-24
  - A total of 34,808 youth consented to complete The Trevor Project’s 2019 National Survey on LGBTQ Youth Mental Health with a final analytic sample of 25,896.

Nearly 80% of youth who completed The Trevor Project’s National Survey on LGBTQ Youth Mental Health reported disclosing their sexual orientation to at least one adult.

Among those who disclosed to at least one adult, 79% had at least one adult who was accepting of them.

LGBTQ youth who report having at least one accepting adult with 40% less likely to report a suicide attempt in the past year.
While research about LGBTQ youth has examined the impact of accepting parents, this study shows that any accepting adult can reduce the risk of suicide attempts for LGBTQ youth.
Coming Out...

Teens are more likely to reveal their sexuality, as opposed to gender identity.

Two-thirds of LGBTQ youth reported that someone attempted to convince them to change their sexual orientation or gender identity.

LGBTQ youth who experienced discrimination related to their sexual orientation or gender identity were twice as likely to attempt suicide.
Number of Transgender Students

- METHODOLOGY: data represented the largest ever federal effort to capture data on transgender youth by surveying 118,803 high school students
  - “Some people describe themselves as transgender when their sex at birth does not match the way they think or feel about their gender. Are you transgender?”
  - Those who were unsure or didn’t understand were not included in the sample pool
  - Used Center for Disease Control and Prevention’s Youth Risk Behavior Survey (YRBS)

Results

1.8% of youth identified as transgender.

- Previous statistical estimates had the number at .07% (Herman et al., 2017).

- What does this mean?
  - This is almost double from previously estimated rates of transgender students
  - Persons are identifying as transgender at a younger age

Limitations

- Only 10 states and 9 large urban school districts included a question on gender identity in the 2017 YRBS.

- Additionally, we do not have information about other youth who do not identify as cisgender including gender fluid, non-binary, and agender youth.


LGBTQ Youth Living in States with Conversion Therapy

- Population in states without law or policy: 44%
- Population in states with partial bans: 3%
- Populations in states that ban conversion therapy: 53%

Impacts of Conversion Therapy

Thirty-two percent of cisgender LGBQ youth who have experienced conversion therapy report a suicide attempt in the past year.

Fifty-seven percent of transgender and non-binary youth who have undergone conversion therapy report a suicide attempt in the last twelve months.
What Can I Do?

Clinical Recommendations

Personal Recommendations
BCBA Clinical Recommendations

- Consciousness raising in our field
- LGBTQ Research from BCBA’s
- More LGBTQ Cultural Competency opportunities for BCBA’s
- Review of our practices to measure cultural competency
  - This includes internal review of the workplace environment
  - ie: gender neutral toilets, intake forms
Using a transgender youth's chosen name at work, at school, with friends, and at home:

- reduces depression symptoms by 71%
- reduces thoughts of suicide by 34%
- reduces suicide attempts by 65%

Clinical Recommendations for Cultural Humility

- Normalize not knowing. Supervisors and managers should aim to instill in staff the understanding that it is not only okay to not know—it is a necessary condition for growth, central to the practice of cultural humility and good social work practice.

- Create a culture-based client self-assessment tool. Workers need to offer clients a mechanism by which they can be seen and heard—an instrument such as this affords that opportunity. While clients have the right to refuse to complete it, practitioners can nonetheless remain vigilant and true in the practice of cultural humility.

- Incorporate your pronouns into your life so gender non-conform persons aren’t the only ones using this language. Make it universal. Add it to your email.

This questionnaire is designed to measure clinicians’ beliefs about treatment with gay and lesbian clients and their behaviors in clinical settings with these clients. There are no right or wrong answers. Please answer every question as honestly as possible.

Please rate how strongly you agree or disagree with each statement about treatment with gay and lesbian clients on the basis of the following scale:

SA = Strongly agree
A = Agree
N = Neither agree nor disagree
D = Disagree
SD = Strongly disagree

1. In their practice with gay/lesbian clients, practitioners should support the diverse makeup of their families.
2. Practitioners should verbalize respect for the lifestyles of gay/lesbian clients.
3. Practitioners should make an effort to learn about diversity within the gay/lesbian community.
4. Practitioners should be knowledgeable about gay/lesbian resources.
5. Practitioners should educate themselves about gay/lesbian lifestyles.
6. Practitioners should help gay/lesbian clients develop positive identities as gay/lesbian individuals.
7. Practitioners should challenge misinformation about gay/lesbian clients.
8. Practitioners should use professional development opportunities to improve their practice with gay/lesbian clients.
9. Practitioners should encourage gay/lesbian clients to create networks that support them as gay/lesbian individuals.
10. Practitioners should be knowledgeable about issues unique to gay/lesbian couples.
11. Practitioners should acquire knowledge necessary for effective practice with gay/lesbian clients.
12. Practitioners should work to develop skills necessary for effective practice with gay/lesbian clients.
13. Practitioners should work to develop attitudes necessary for effective practice with gay/lesbian clients.
14. Practitioners should help clients reduce shame about homosexual feelings.
15. Discrimination creates problems that gay/lesbian clients may need to address in treatment.

Please rate how frequently you engage in each of the behaviors with gay and lesbian clients on the basis of the following scale:

A = Always
U = Usually
S = Sometimes
R = Rarely
N = Never

16. I help clients reduce shame about homosexual feelings.
17. I help gay/lesbian clients address problems created by societal prejudice.
18. I inform clients about gay affirmative resources created by societal prejudice.
19. I acknowledge to clients the impact of living in a homophobic society.
20. I respond to a client’s sexual orientation when it is relevant to treatment.
21. I help gay/lesbian clients overcome religious oppression they have experienced based on their sexual orientation.
22. I provide interventions that facilitate the safety of gay/lesbian clients.
23. I verbalize that a gay/lesbian orientation is as healthy as a heterosexual orientation.
24. I demonstrate comfort about gay/lesbian issues to gay/lesbian clients.
25. I help clients identify their internalized homophobia.
26. I educate myself about gay/lesbian concerns.
27. I am open-minded when tailoring treatment for gay/lesbian clients.
28. I create a climate that allows for voluntary self-identification by gay/lesbian clients.
29. I discuss sexual orientation in a non-threatening manner with clients.
30. I facilitate appropriate expression of anger by gay/lesbian clients about oppression they have experienced.

Scoring instructions: Using the chart below, please give each answer the indicated number of points. After all questions have been answered, add up the total number points. Higher scores reflect more affirmative practice with gay and lesbian clients.

<table>
<thead>
<tr>
<th>Items 1–15</th>
<th>Items 16–30</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>Always</td>
<td>5</td>
</tr>
<tr>
<td>Agree</td>
<td>Usually</td>
<td>4</td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td>Sometimes</td>
<td>3</td>
</tr>
<tr>
<td>Disagree</td>
<td>Rarely</td>
<td>2</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>Never</td>
<td>1</td>
</tr>
</tbody>
</table>

EXAMINE SOCIETAL INFLUENCES. WHICH MAY INVOLVE UNLEARNING THINGS
SEX = GENDER
OR
GENDER IденITY = GENDER EXPRESSION

RESPECT NAME AND PRONOUN CHANGES (INCLUDING THEY/THEM)

DON’T MAKE A BIG DEAL OUT OF MISUSING PRONOUNS. JUST FIX IT AND MOVE ON.

USING GENDER NEUTRAL TERMS, ESPECIALLY IN LARGE GROUPS.
INSTEAD OF SAYING “HEY GUYS!” TRY “HEY EVERYONE!”

BE AN ADVOCATE - INCLUDING POLICY CHANGE.

LISTEN AND ASK QUESTIONS

Personal Recommendations
Thank You

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References: