Assessing Clinical Competence of Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) Treatment Needs in a Community-based Mental Health Setting

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Acknowledgement

Thank you so much Rogers Behavioral Health for allowing us to conduct research at your facility and to work with your team!

ROGERS
Behavioral Health

Background

- Within mental health settings, many LGBTQ+ persons have largely demonstrated a medical mistrust.

- Clinicians who are not culturally responsive to the needs of sexual minorities risk exacerbating the maladaptive coping mechanisms commonly associated with LGBTQ+ persons who are dealing with a highly stigmatized identity.

Background

- Mental health clinicians have an ethical responsibility to do no harm to clients, especially marginalized identities and foster a counseling relationship conducive for growth

- In mental health treatment settings, it is important for providers to understand intersectionality, specific to sexual orientation and gender identity

Purpose and Objectives

- The purpose of this study was to conduct an evaluation to assess clinical competence of staff working with youth who identify as LGBTQ at Rogers Behavioral Health

- The evaluation team specifically assessed skills, attitudes, and clinical competence of those clinicians and non-clinical staff working with LGBTQ youth utilizing the Lesbian, Gay, Bisexual, and Transgender Development of Clinical Skills Scale (LGBT-DOCSS)the clinical guidelines from the Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling Competencies

- Qualitative Interviews were also used to assess barriers to providing competent treatment

Research Questions

- Q1: What is the clinical competency of staff who work with LGBTQ youth?
- Q2: What are the staff attitudes regarding working with LGBTQ youth?
- Q3: Are staff providing culturally responsive clinical treatment services for LGBTQ youth based on established clinical guidelines?
- Q4: What are the barriers to implementation of culturally appropriate treatment interventions from clinical staff?

Methods

- Concurrent mixed-methods study design with use of surveys and interviews conducted over a five-month span

- Survey included use of evidence-based clinical assessment for evaluating clinical competence, attitudes, and skills of staff (LGBT-DOCSS)

- Semi-structured interviews with clinical and non-clinical staff at Rogers Tampa Bay were conducted to understand the barriers to working with LGBTQ youth and issues with implementing culturally competent interventions

Participants

- All Rogers clinical and non-clinical staff were emailed a link to the 18-item survey each week

- Participants working at Rogers Tampa Bay or other national locations for at least one month and having experience working with LGBTQ youth were included in this study

LGBT-DOCSS Assessment and Demographics Items

- An 18-item self-assessment tool that measures attitudes, skills, and clinical competence when working with the LGBTQ population

- Included a 5-item demographic questionnaire which gathered information about age, gender identity, race/ethnicity, highest level of education, role at the agency, and religious affiliation

Survey Results

Rogers Locations that Participated	Number of Participants
Tampa Bay (FL)	32
Madison (WI)	16
Oconomowoc (WI)	5
Nashville (TN)	3
Saint Paul (MN)	2
Skokie (IL)	1
Walnut Creek (CA)	1
TOTAL:	60

Demographics

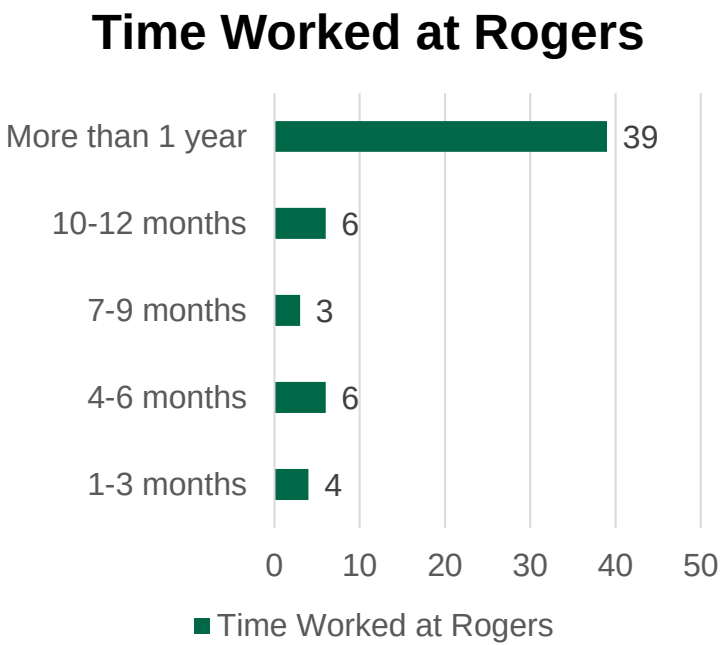


Table 1
Demographics of Participants

	n	%
Gender		
Female	46	76
Male	12	20
Other	2	3
Race		
White	51	85
Black/African American	2	3
American Indian/Alaska Native	3	5
Asian	2	3
Latino/Latina	9	15
Other	1	1
Education		
Bachelor's	20	33
Master's	31	51
Doctorate	6	10
Other	3	5
Religious Affiliation		
Christian	27	45
Buddhist	1	1
Catholic	4	6
Other*	28	46

Note. *N* = 60. Participants were on average 33 years old.

**Other: Other for religious affiliation included non-religious affiliation

Survey Results: Total Means for All Sites

- Clinical Competence:
  - Highest Score Possible: 49
  - Lowest Score Possible: 8
- Attitudes:
  - Highest Score Possible: 49
  - Lowest Score Possible: 8
- Skills:
  - Highest Score Possible: 28
  - Lowest Score Possible: 8

Total Mean Scores		
CP	A	S
33.87	46.61	22.02

Survey Results: Clinical Competence

- Participant responses regarding clinical competence when providing services to LGBTQ clients were inconsistent

- Highest reported scores in clinical competence reflected perceptions of their own skills when working with LGBTQ youth (Highest Score: 49)

- Lowest scores in clinical competence related to perceptions that supervision was less than adequate (Lowest Score: 8)

- Overall, participants felt that they had adequate competence when working with LGBTQ youth with some variation between sites

Survey Results: Skills

- Participants results varied when assessing skills depending on the facility's location
  - The highest score on utilizing skills and being provided supervision of skills in relation to the LGBTQ clients being served was a score of 28
  - The lowest on the skills assessment and reported lower rates of high-quality supervision being provided was a score of 12

- In total, more than half of participants (53%) reported feeling prepared to talk about LGBTQ specific issues in treatment while some participants felt unprepared to work with LGBTQ clients due to lack of clinical competence and knowledge (15%)

Survey Results: Attitudes

- Attitudes of employees across sites were higher than clinical skills or knowledge of LGBTQ barriers and stigma associated with behavioral health treatment utilization across sites

- Participants responses were generally positive and accepting of LGBTQ clients

- Highest attitude scores were reported (49) and lowest were reported at a 27

Survey Results: Knowledge

- Participants varied in knowledge of stigma and systematic barriers that affect LGBT populations from seeking and accessing behavioral health services
- The highest knowledge scores reflected highest score possible (28)
- The lowest knowledge score reported was a score of 12
- Scores were higher for awareness regarding stigma and barriers for Transgender stigma and barriers (78%) compared to Lesbian, Gay, or Bisexual client barriers (65%)

Survey Results: Takeaway

- Clinical competence was adequate, but improvements could be applied to supervision of clinical staff
- Attitudes were generally high and reflected acceptance of LGBTQ youth
- Skills were the lowest of the three categories as participants reported need for improvement of specific skills with LGBTQ youth

Interview Results

- 10 face-to-face interviews were conducted at the Tampa Bay Rogers location
- Interviews lasted about 10-25 minutes each
- All interviews were conducted with clinicians that work or have worked with LGBTQ youth at Rogers

Interview Results

Need for Training

"The training was pretty generalized. It didn't give any specifics about how to actually implement any type of intervention, specifically for the LGBTQ community"

Level of Understanding

"I think the one thing that I would say is the struggle is keeping up with all the different changes within the community and how they want to be addressed…it's hard to keep up on and unless your part of that community, you're probably not going to keep up"

Interview Results

Need for Resources

"Bolstering the resources…Even if they were just on an email out maybe sometimes…like hey here's an article we can read about some research that might be beneficial for you and as far as treatment goes in the population that would be fantastic"

Lack of LGBTQ Specific EBPs

"I'll say that a lot of the studies that we've been given through upper management have talked to that a little bit. I wouldn't say there is anything overarching that says this is specifically evidenced based [for LGBTQ clients] other than maybe some of those studies"

Interview Results

Systemic Barriers

“It’s that stigmatization. I think it’s also important for us to be a part of the community because with these barriers, they’re not seeking care…they don’t feel comfortable seeking care.”

Need for Applied Clinical Skills

“Maybe, like skills-based practice. let's say like your role playing…we're gonna practice a skill you know a DBT skill and talk about how they're going to go through it and how they might respond in these situations…not just like general education. So, putting yourself in those situations where you have to practice.”

Interview Results

Facilitators
Clinical Experience
Communication
Leadership
Use of Evidence-based Practice

“I think allowing them to have a voice and them to…formulate their thoughts and what they need is really, really effective.”

Recommendations

- **Training with emphasis on applied skills**
- **Resources within organization and community**
- Bringing in community-based expertise
- Increase level of understanding with education and training
- More signage and inclusive messages around the clinic
- Outreach to promote services
- **Practicing Applied Clinical Skills with Supervision**

Limitations

- Topics surrounding LGBTQ are considered sensitive
- Clinician bias based on internal fear
- All interviews were based from one clinic so these recommendations may be different depending on the needs of the site

Future Research

- Future research is suggested to improve the professional and cultural capacity of clinicians.

- Following the administration of an evidence based and influenced training, clinicians may benefit from being reassessed to evaluate if their organizations competency levels have improved.

Future Research

- In order to provide an additional set of qualitative data, LGBTQ+ youth clients should also be considered.

- Evaluations that allow youth to rate their experience.

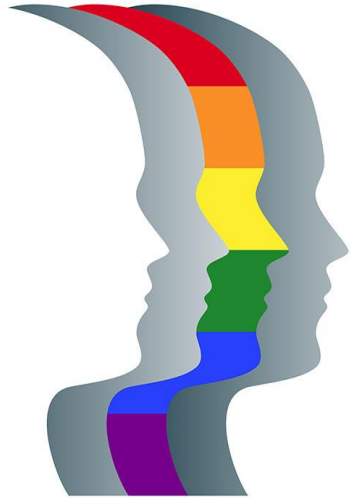
Implications for Research

- More pertinent research is needed to reduce disparities in marginalized communities.
- Agencies often have difficulty in translating vast clinical experience into more nuanced pieces as it relates to marginalized identities due to the lack of trainings.
- More agencies need to be evaluated to ascertain their level of strengths and weaknesses in helping the community.

Implications for Practice

- More research surrounding LGBT Mental Health can influence the creation of more evidence-based programs.

- This can lead to the creation of widely adopted policies that positively affect the lives of these vulnerable populations on a social, cultural and intrapersonal level.



Questions?

Thank you for attending our presentation!

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