

**C013018 ABSTRACT:** In this article, the authors describe and evaluate a workshop developed to enhance the expertise of service providers who work with gay and lesbian adolescents, with the goal of helping to make social services more responsive to gay and lesbian youngsters which may provide the impetus for the establishment of special programs providing direct services for them. (authors)

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# Training Service Providers To Work with Gay or Lesbian Adolescents: A Workshop

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*The authors describe and evaluate a workshop developed to enhance the expertise of service providers who work with gay and lesbian adolescents.*

As the result of recent research (see Gonsiorek, 1982), professional organizations such as the American Psychiatric Association and the American Psychological Association no longer consider homosexuality per se to be a sign of mental illness. Rather, it is considered to be a different pathway in the development of sexuality. Mental health professionals now advocate the goal of helping the gay or lesbian client to accept his or her sexual orientation and to cope with the possibility of stigmatization (Davison, 1976).

In response, gay men and lesbians are increasingly willing to "come out of the closet." Likewise, more and more homosexual adolescents are openly identifying themselves. People who work with adolescents are discovering that they have gay and lesbian youngsters among their clients as well as young people who are confused about their sexual orientation. As a result, a children's mental health facility in the Metropolitan Toronto area has sponsored the development of a workshop to enhance the expertise of service providers who encounter gay and lesbian adolescents or adolescents who are questioning their sexual orientation.

The workshop was developed and is led by the authors, a research psychologist and a child care worker. Both have expertise in the area of gay and lesbian studies and close ties to the gay and lesbian community in Toronto.

The workshop was developed over 6 months. We began with a literature search, and we met with many groups of workers in children's services, identifying their questions and concerns about gay and lesbian youth. We spoke with representatives from the gay and lesbian community to sensitize ourselves to issues from the perspective of the community and to familiarize ourselves with the community's resources.

The workshop that emerged is a response to all these constituents. It is 3 hours long and combines a lecture and discussion format. Each participant receives a folder of information containing an agenda, a bibliography, a list of relevant resources within the gay and lesbian community, and a detailed outline of the workshop. The workshop is presented to groups of 10 to 15 people, an optimal number for generating discussion. It is held at the participants' workplace.

Before each workshop, participants are asked to complete a questionnaire to help us assess the special concerns or interests of a particular group. It is also an impetus for discussion and, in combination with a second questionnaire completed after the workshop, is used to evaluate the impact of the workshop. The

workshop consists of six segments, each about 30 minutes long. The first segment is an introduction to the workshop, including a videotape. The topics of the remaining five segments are (a) the gay and lesbian community, (b) developmental issues, (c) coming out to the family, (d) the confused adolescent, and (e) the gay or lesbian adolescent with multiple problems.

We begin the workshop by stating its purpose: (a) to provide some general information about homosexuality and to examine critically some of the myths and stereotypes surrounding homosexuality, (b) to raise some issues about working with gay and lesbian adolescents, and (c) to explore some possible approaches to these issues. We clarify at the onset our presupposition that homosexuality is not a mental illness.

A number of themes are developed during the workshop, and these, too, are stated at the onset:

1. Homosexuality is not a barrier to developing and maturing into a happy, productive adult.
2. Gay and lesbian adolescents must not be allowed to use their sexual orientation as an excuse to ignore the responsibilities of growing up and maturing.
3. Issues and concerns of gay and lesbian youth are often the same as those of heterosexual youth, although the context may be different. For example, a guidance counselor once asked us what he should do about a gay male student who was making indiscriminate and unwanted sexual advances toward other male students. When asked what he would do if a heterosexual young man made similar advances toward female students, the counselor was able to generate a number of strategies. We pointed out that the same strategies would be appropriate for this case, and he agreed. The youth's inappropriate behavior, not sexual orientation, was the real issue.
4. There are no easy answers to working with gay or lesbian youngsters. Approaches to counseling issues are as varied as the individual differences between youths. Sound counseling practice works with all youngsters—gay or straight. Service providers cannot be all things to all people, however. If a counselor does not feel comfortable working with gay or lesbian clients, he or she should not be obliged to do so.

The videotape presentation is a narrated slide show punctuated by observations from gay and lesbian adolescents. It provides general information about homosexuality and explains some of the pitfalls for gay and lesbian youth as they struggle to come to terms with their sexual orientation. The slides offer some visual images of homosexual adolescents and adults that are removed from the stereotype, including photographs of or-

dinary-looking people, who happen to be homosexuals, doing ordinary things—playing baseball, working, caring for children, cooking, and so forth.

In our discussion of the gay and lesbian community, we try to convey the message that life-style choices are not limited by sexual orientation. Certainly, the most visible and highly publicized components—bars and steam-baths—help sustain the stereotype of the promiscuous, alcohol-focused, and sex-inappropriate "gay life-style." The gay and lesbian community, however, is as diverse as the community at large and includes recreational sports leagues, outdoors clubs, political groups, newspapers, cultural events, health services, and discos. This overview of the gay and lesbian community promotes discussion regarding gay and lesbian stereotyping and the role of the community in the lives of adult and adolescent homosexuals.

In the section on developmental issues, we pose the following question: "What does it mean to be gay or lesbian?" First, it means that developmental tasks such as building self-esteem, a sense of identity, and social skills are especially complex for the gay or lesbian adolescent. The ubiquitous homosexual stereotypes, the inaccessibility of appropriate and visible gay and lesbian role models, and the absence of gay and lesbian peers delay some aspects of maturation and have important consequences as the homosexual adolescent approaches adulthood.

For most people, however, gay or straight, sexual orientation is not the most salient part of their identity. Rather, it exists in harmony with a full inventory of traits that embody the individual. It is a frequent pitfall of both straight and gay people that they allow the characteristics *gay* or *lesbian* to obscure the other items on the list. Putting a homosexual identity into an appropriate perspective is an important developmental task for the gay or lesbian adolescent, as it is for us in the workshop.

In the section on self-disclosure, we examine the pros and cons of coming out to parents and the various issues that must be addressed in planning for disclosure. We discuss the role of the worker in helping the youngster weigh the costs and benefits, plan for the disclosure, and respond to the parents when they react.

The most common area of concern for workers is clients' confusion regarding sexual orientation, because it can occur in both homosexual and heterosexual youngsters. What are the signs of confusion? How can the counselor raise the issue with a youngster? How and when is it resolved? Should a confused youngster be encouraged to "go straight"? Can sexual orientation be changed? These are among the questions that are raised and discussed.

The gay or lesbian adolescent with multiple problems holds particular interest for workers in social services, because they work with youngsters with a range of problems, usually unrelated to sexual orientation. How can a worker determine the relevance of sexual orientation in a particular case? We suggest separating out the homosexuality and see what is left, in much the same way that we described above. We try to emphasize that although homosexuality makes life more complex, it need not be a barrier to a rich and productive life.

#### IMPACT OF THE WORKSHOP

This workshop was the first opportunity for many participants to talk about adolescent homosexuality. We did not want to lose the attention or interest of those participants who might find the topic anxiety provoking. Therefore, the workshop was meant to be "low key," to provide information, and to be a forum for discussing counseling strategies without overtly confronting

participants regarding their attitudes, values, or possible homophobia. Some participants were relieved; others were looking for an opportunity to examine their own values. Generally, the workshop served to establish a dialogue, inviting people to approach the topic at whatever level was comfortable.

We tried to avoid unresolvable debates or academic discussions that were unlikely to enhance service delivery. For example, we downplayed causal theory, because a focus on cause tends to shift attention away from the clients' immediate needs and concerns. We would not engage in a debate about the morality of homosexuality, although we did recommend relevant reading material. We dealt with this issue, when it arose, by discussing the effects of moral reprehension on the client and by examining the options for the worker who objects to homosexual behavior on moral grounds. Our noncombative and nonconfrontive approach allowed some participants to feel safe enough to spontaneously raise concerns about their own homophobia, which we then had permission to discuss.

Did the workshop affect beliefs and attitudes toward homosexuality? The questionnaire data suggest that participants had a more positive and supportive attitude toward homosexuality after attending the workshop, as well as a more accurate perception of the homosexual population as it is understood to exist. The data reflect a decreased tendency to perceive homosexuals as essentially different, a decreased adherence to myths and stereotypes, a decreased tendency to perceive homosexuality as pathological or undesirable, and a greater level of comfort with homosexuality. Participants felt better informed after the workshop as well (Schneider & Tremble, 1985).

Frequently, participants commented that the workshop was not long enough. Although we concur, we chose a 3-hour workshop because it would fit best into staff training schedules. We are certainly aware of the many relevant topics that are not covered in the workshop, such as residential placement for gay and lesbian youngsters, gay and lesbian parents, peer relations between gay and straight youngsters, and discussions with adolescents about homosexuality. Therefore, in response to requests, we are now offering three specialized workshops. One addresses the issues relevant to the gay or lesbian social service provider, another focuses on management of current cases, and the third deals with how to develop a workshop.

Informal feedback indicates that the workshop has opened the topic of adolescent homosexuality for discussion in the respective workplaces. This finding indicates to us an increased awareness of gay and lesbian youth and also indicates that workers with homosexual clients are seeking advice and consultation rather than treating the topic as taboo and working in isolation. In the long run, these workshops will help make social services more responsive to gay and lesbian youngsters and may provide the impetus for the establishment of special programs providing direct services for them.

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