



Building Competence, Building Capacity: A 2SLGBTQ+ Competent Trauma-Informed Care Workshop for Service Providers

Activity: Putting 2SLGBTQ+ Competent Trauma-Informed Care into Practice

This is an opportunity to work with all the expertise in the room to think together on implementing 2SLGBTQ+ competency into practice.

In your breakout groups, each group will be given a cluster of different recommendation. Find your cluster, below.

In your group:

- Talk about how you would put any of the recommendations in your cluster into practice
- How do the recommendations speak to your practice?
- What have you already been able to implement?
- What have you not been able to implement? Why?

RECOMMENDATIONS:

CLUSTER ONE:

Recognize your own story and what you bring to your work (e.g., social location, beliefs about trauma/mental health/addiction/recovery, beliefs about gender and sexuality, triggers, vulnerabilities, ability to emotionally regulate).

Recognize that individuals may be afraid to disclose their gender identity or sexual orientation to their therapist/service provider for various reasons or they may not think it is relevant for you to know. You may work with 2SLGBTQ+ clients and not even know it.

Shift language and thinking to be strengths-based and non-stigmatizing (i.e., resist framing issues as something is missing or wrong with the individual).

Do not expect or need a disclosure of trauma to work in a trauma-informed manner.

Develop affirming knowledge of diverse relationship structures (e.g., polyamory, open) and expressions of sexuality (e.g., kink).

Differentiate between “gender” and “sex assigned at birth” on intake forms, with “sex assigned at birth” only being relevant to medical settings that require this information.

Minimize the potential for re-traumatizing individuals during intake processes (e.g., have a compassionate and non-judgemental stance, enhance a client’s sense of choice and control).

CLUSTER TWO

Publish a clear policy or position statement that includes a commitment to trauma-informed care, and identifies the relationship between trauma, mental health and substance use, and the implications for service design and access.

Publish a clear policy or position statement that includes a commitment to inclusive and affirming care of diverse 2SLGBTQ+ clients.

Ensure that leadership endorses and is actively committed to 2SLGBTQ+ competency and trauma-informed care. This includes allowing staff time and resources (e.g., space) to focus on building organizational capacity and implementing trauma-informed care. This may include an initiative, committee or working group, that may include clients or community members.

Be aware that trauma can impact anyone, including staff. Promote an environment of self-care/wellness and take organizational measures to prevent burnout and vicarious trauma.

Use inclusive, non-binary language (e.g., “Do you have a partner?” instead of “Do you have a boyfriend or girlfriend?”; Ask about “relationship status” instead of “marital status”) on the website, on forms and in written/verbal communication

CLUSTER 3

Conduct an audit to identify organizational gaps and opportunities with regard to providing quality, inclusive and affirming trauma-informed care to 2SLGBTQ+ clients.

Develop an internal standard for writing clinical notes and reports in a culturally competent, trauma-informed manner.

Job interviews include questions about working effectively with diverse individuals, including members of the 2SLGBTQ+ community.

In your waiting room, office or website:

- Post a bill of rights that demonstrates a commitment to non-discriminatory care of 2SLGBTQ+ clients from a trauma-informed stance.

In your waiting room, office or website:

- Provide information on 2SLGBTQ+ resources.

In your waiting room, office or website:

- Display images that affirm 2SLGBTQ+ identities (e.g., same-gender couples, rainbow flag).
- Provide 2SLGBTQ+ magazines.

CLUSTER FOUR

Provide time and resources (e.g., money, in-house training, lunch-and-learns, webinars, reading groups) for knowledge and skill development.

Ensure consent forms, intake forms, and any other information is in accessible language, translated into other languages as relevant (i.e., family members or friends are not appropriate interpreters).

Use inclusive, non-binary language (e.g., “Do you have a partner?” instead of “Do you have a boyfriend or girlfriend?”; Ask about “relationship status” instead of “marital status”) on the website, on forms and in written/verbal communication.

Supports are in place to ground clients after intake.

Ensure a clear structure for feedback is in place

Ask clients their pronouns, and what pronouns to use in the waiting room/in the presence of family members.

CLUSTER FIVE

Respect the historical and contemporary trauma 2SLGBTQ+ people have been subjected to within the mental health field, and the ambivalence and trepidation an individual may feel working with them.

Recognize that individuals may be afraid to disclose their gender identity or sexual orientation to their therapist/service provider for various reasons. You may work with 2SLGBTQ+ clients and not even know it.

Be aware and sensitive to the fact that some diagnostic labels have been used to undermine the legitimacy of trans and bisexual peoples’ identities and impose significant barriers to accessing medical transition resources.

Differentiate between “gender” and “sex assigned at birth” on intake forms, with “sex assigned at birth” only being relevant to medical settings that require this information.

Minimize the potential for re-traumatizing individuals during intake processes (e.g., have a compassionate and non-judgemental stance, enhance a client’s sense of choice and control).

Provide staff at all levels foundational training to build capacity in providing competent care to 2SLGBTQ+ clients.

CLUSTER SIX

Create space for clients to bring their whole selves to a session and understand how sexual orientation and gender are only one aspects of their identity, and that all parts of their identity (e.g., race, class, ability) intersect to inform their experiences of trauma and health.

Adopt Trauma-Informed Care as a Universal Precaution (i.e., do not expect or need a disclosure of trauma to work in a trauma-informed manner).

Ensure that policies and procedures are culturally competent and inclusive and respectful of clients of diverse backgrounds (e.g., race, class, language, citizenship status, gender, ability, spirituality).

Develop an organizational learning culture, where programs and projects can be effectively and efficiently adjusted to implement ongoing lessons learned

Provide gender neutral washrooms in your location(s), for both clients and staff.

Cultivate and promote an 2SLGBTQ+ competent trauma-informed environment for all staff and clients.

References

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