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What does the 'Q' stand for anyway? : queerness and agency competence

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Anyway?: Queerness and Agency
Competence

ABSTRACT

This exploratory study's purpose was to explore queer identity in mental health practice through the question, "Does queerness emerge as a distinct cultural category through the language of conversation, clinical practice, and administrative policy in mental health agencies that serve queer people, and in what practices is this reflected?" This project was undertaken in order to begin to fill gaps in existing cultural competence literature, particularly regarding queer identity.

This project entailed semi-structured interviews with ten participants, who worked in direct service at mental health agencies that serve LGBTQIA+ populations. This study examines the meanings and effects of queerness in mental health agency practice with queer and non-queer clients.

Major findings were that queerness emerges as a cultural category in participant narratives and clinical practice, in tension with its deconstructive and interrogative functions. Queer identity is used as a framework and intervention in clinical practice among study participants. Policy at most represented agencies implicitly rejected queerness as an identity and framework.

This study highlights the roles queer identity and frameworks can play in reflexive, relational clinical practice, the need for queer-specific training at mental health agencies, and the value of a queer interrogation of social work institutions and policies.

WHAT DOES THE 'Q' STAND FOR, ANYWAY?:

QUEERNESS AND AGENCY COMPETENCE

A project based upon an independent investigation
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CHAPTER I

Introduction

The purpose of this study is to answer the following question: "Does queerness emerge as a distinct cultural category through the language of conversation, clinical practice, and administrative policy in mental health agencies that serve queer people, and in what practices is this reflected?" For the purpose of this study, "Queer not only denotes a rejection of the fixed identity constructions of gay, straight, bisexual, or transgendered, it also calls into question the normativism of heterosexual" (Loutzenheiser, 2007). This question arose from my experience at an agency that values the cultural competency model as a framework for addressing the perceived needs of "special populations" of clients. This model relies on fixed identity constructions of race, ethnicity, gender, and sexual identity, necessarily reinforcing the "normativism of heterosexual." It is essential that this question be examined in order to assess knowledge in the field of social work regarding queer identity, evaluate the effectiveness of current models for addressing queerness, and examine alternatives.

At the site of my internship, "special population" status was based on a client's self-identification into one or more of a series of identity categories listed on the intake form, which included a series of ethnic, national, and racial categories, as well as the category "LGBTQ." Clinicians assigned to work with clients in a "special population" group were required to participate in a 15-minute to two-hour consultation with the "special population consultant" for the specified population. The premise of this system is that consultation with an "expert" can increase a clinician's ability to work effectively with a "special" client. However, this premise was belied by the reality that our agency

only had "consultants" for a few monolithic racial/ethnic categories (Asian; Black/African American; Hispanic/Latino; Native American; LGBT) into which more specific identifications from the intake form had to be subsumed. Consultations for clients who identified as "LGBTQ" were outsourced to another agency entirely. After witnessing a supervising clinician ask, hands thrown in the air, "What does the 'Q' stand for, anyway?," I became increasingly interested in alternative models for addressing difference, and specifically queerness, in mental health settings. Is it possible, for instance, for cultural competence training to increase attention to fluidity of gender construction and how this might impact clients' lives, needs, expectations and experiences of treatment?

In my review of the literature, I have found that my experiences at this agency echo a larger trend. The "special population" framework is a variation of the cultural competency model, the dominant framework for addressing client difference in social work theory and practice. This model was originally created to assess and ensure "competency" for white clinicians working with clients perceived as racially/ethnically other, but has grown to incorporate other "minority identities", often including disability, sexual identity, gender identity, and even queerness. The sense of confusion and exasperation I witnessed regarding queer identity reflects not only a gap in clinical understanding of queer identity in the field of social work, but also, I hypothesize, a failure on the part of the cultural competency model to effectively subsume ever-increasing and intersectional identities and produce "success" or even confidence on the part of clinicians. Client experiences must be siloed into monolithic categories with little room for overlap or fluidity, and clinicians receive training on these categories as if they

are discrete rather than intersecting. Queers, trans* people, people of color, women, disabled people, and others with multiple marginalized identities have long known and expressed that this flattening affects us and our capacity to be seen, and thus "helped", heard, or healed, in social service settings and in general.

Though a review of the literature shows a variety of articles and books dedicated to "competent" practice with gay men and lesbians, and more recently with bisexual and transgender clients, most literature related to "LGBTQ" identity in the field of social work understands "queer" as a catch-all term for "minority sexual identity" rather than the distinct social and political stance referenced above. Though queerness as "rejection of fixed identity constructs" has a long history both in social movements and academia, which I will explore in my review, the absence of this definition of queerness in the social work literature is remarkable. In reviewing the literature, I will explore the origins of the cultural competence model, critiques of this model, and current practice of this model incorporating "LGBTQ" identity, limiting literature on current practice to the field of social work. I will briefly review alternatives to competency-based models offered by other fields and disciplines.

A critical examination of social work practice with queers is long past due, considering high needs for support in conjunction with apparent gaps in clinical knowledge about this population. As a result of systemic heterosexism and cis-sexism, the need for mental health and social services in this community is high, particularly for young people who are at high risk for homelessness. Though "minority sexual identity" is still commonly estimated at 10% of the general population, LGBT youth make up 30-43% of clients at drop-in centers, street outreach programs, and housing programs (Durso

& Gates, 2012), all of which are staffed by social workers. If they become homeless, LGBTQ youth are at increased risk for suicide, mental health problems, substance abuse, and sexual violence (Nguyen, 2014). "Queer" is becoming more widely recognized as a possible identity, particularly for young people, as evidenced by the proliferation of projects and agencies run by or for "queer youth" in recent years. Though the distinct political and social aspects of this identity are not captured by the data, the weight of this identification in the LGBTQ community is supported by an abundance of writing and oral history from activists, educators, writers, and academics.

The goal of this study is to address the gap in clinical knowledge suggested by the literature by exploring the meanings, policies, and practices associated with queerness at mental health agencies specifically serving this population. The study will be exploratory in nature. I hypothesize that clinical knowledge and practice at agencies with a focus on LGBTQ populations may be more developed than at agencies without a specific focus on LGBTQ clients. This examination of social work practice with queers can open dialogue among social workers in contact with this population, clarify gaps in current institutional knowledge, and create space for emerging alternatives that may more fully address the complex meanings of client queerness.

CHAPTER II

Literature Review

In this chapter, I will ground a discussion of "queer" as a target for cultural competence intervention by outlining the historical emergence of "queer" as a personal identifier and theoretical construct. My review of the literature indicates that 'queer' was born of necessity and activism during the AIDS crisis of the 1980's and 1990's, when the political framework of "gay rights" ceased to effectively serve those most affected by the epidemic. I will then outline the construct of "cultural competence" in social work literature and finally review "queer" as a target for cultural competence intervention. My objectives in reviewing social work literature on cultural competence and queer identity from 1980 to the present are as follows: to describe the circumstances that called for queerness and the movements from which it emerged; to outline historical and current meanings of queer; to show that queer is a distinct personal, social, and political identity from LGBT; and to describe the ways in which queer identity and concepts can influence the development of truly effective, reflexive, anti-racist social work praxis across difference.

This review of the literature is limited in its scope, due to the exploratory nature of the project, and I would like to acknowledge several significant limitations here. This literature review cannot provide an adequate history of the gay liberation movement and its interaction with other previous and concurrent political movements, such as the black power movement, civil rights movement, white feminist movement, black feminist and womanist movements, and the disability rights and consumers movements. Though such a review would certainly increase the depth of the study, it is beyond the scope of the

current project. This review only briefly introduces queer theory, and cannot provide an exhaustive introduction to queer theory and the philosophical movements from which it evolved. This chapter reviews literature regarding queer identity and interventions within the field of social work and social service. The abundant articles regarding queer identity in the fields of education and pedagogy, sociology, and philosophy, for example, are beyond the scope of this review. Lastly, due to the nature of the research question, which addresses queer identity specifically, social work literature regarding theory and practice with lesbian and gay clients is largely beyond the scope of this study. The relationship between social work intervention with lesbian and gay clients and queer clients is an area that merits future investigation.

The Emergence of Queer: Activism and Academia

For the purpose of this study, "Queer not only denotes a rejection of the fixed identity constructions of gay, straight, bisexual, or transgendered, it also calls into question the normativism of heterosexual" (Loutzenheiser, 2007). Loutzenheiser's definition does not quantify queer in any positive way. Instead, queer is a "rejection" and a commitment to "question" – an orientation to the world understood in relation to its context. Loutzenheiser and MacIntosh (2004) expand,

> The use of *queer*, as opposed to *gay, lesbian,* or *bisexual*, purposefully disrupts the notion that identity is fixed or immutable. It includes a move to highlight the existence of and interrupt silent assumptions about heterosexuality as normal and homosexuality as Other.

Jagose states that the "definitional indeterminacy" of queer, "its elasticity, is one of its constituent characteristics"; indeed that "part of queer's semantic clout, part of its

political efficacy, depends on its resistance to definition, and the way in which it refuses to stake its claim" (1996). Because queer is a relational identity construct, it is impossible to adequately examine current meanings of queerness without an acknowledgement of the circumstances in which they emerged: the "interdependent spheres of activism and theory that constitute its necessary context" (Jagose, 1996).

The emergence of "queer" is a messy and multi-layered history of political struggle and theoretical shifts. Those who began to theorize queerness in academia trace queer as a "new form of personal and political organization" (Jagose, 1996) to radical confrontation of government inaction during the global AIDS epidemic beginning in the late 1980's. Politically, queer designated a critical distance from the liberal gay movement's call for recognition and tolerance as a minority group with claim to legal rights (DeLauretis, 1991; Duggan, 1991). Rights to privacy, legal recourse to discrimination and harassment, and marriage, were to be won piecemeal in order to normalize lesbian and gay sexuality and open space for full participation in society. As Duggan states, "This rhetorical overture to the logic of liberal tolerance has generally met with very limited success" (Duggan, 1991). The mission statement of the AIDS Coalition to Unleash Power (ACT UP) clarifies that queer activists were "united in anger" rather than civility, and "committed to direct action" rather than legal reform (Crimp, 1988). Queerness began to signify, in theory and in practice, a rejection of the liberal value of privacy in favor of publicity and self-assertion; rhetoric of difference rather than assimilation; and "counterposing of anger to civility, of flamboyance to respectability" (Duggan, 1991).

The emergence of AIDS in NYC's gay communities was deeply significant for queer identity and organizing. White cisgender[1] gay men died at such rates that AIDS was initially called "the gay cancer" in these communities (ACTUP oral history project). In 1978, in the first years of the crisis, Susan Sontag (1989) observed:

> [T]o get AIDS is precisely to be revealed, in the majority of cases so far, as a member of a certain 'risk group,' a community of pariahs. The illness flushes out an identity that might have remained hidden from neighbors, job-mates, family, friends. It also confirms an identity and, among the risk group in the United States most affected in the beginning, homosexual men, has been a creator of community as well as an experience that isolates the ill and exposes them to harassment and persecution.

The realities of AIDS forced an interrogation of identity, political goals, and organizing tactics that shifted experiences and understandings of sexual difference, sickness, and community. Organizing that explicitly named itself as 'queer' emerged out of this process of interrogation.

The most publicly recognized queer organizing began when white gay men began to face violence at the hands of the state. People with significant privilege and financial resource became enraged when it was clear that legal strategies for civil rights were doing very little to stem the increasing number of deaths as AIDS expanded in their communities. As Roger McFarlane, a founding member of the Gay Men's Health Collective (GMHC), remembers, "never had we, as white, middle-class men, experienced such impotence" (McFarlane, 2002). The deaths of these "extraordinarily privileged and

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[1] Cisgender indicates an alignment between one's medically assigned gender and one's internal or felt sense of gender.

well-connected people" (2002) were "considered by most people as a calamity one brings

on oneself," a symmetrical punishment for transgression of heteronormative family

structure and reproductive values (Sontag, 1989). "The unsafe behavior that produces

AIDS," writes Sontag, "is judged to be more than just weakness. It is indulgence,

delinquency – addictions to chemicals that are illegal and to sex regarded as deviant"

(1989). The AIDS crisis spurred an increased awareness of ableism within white gay

male communities suddenly disabled by lack of access to medical care for AIDS

symptoms. Some groups began to center consumer rights and self-determination, notably

the People With AIDS Coalition (PWA): "no, we will not be characterized as victims; no,

we will not be experimented upon without our complete understanding and approval; no,

we will not be medicated without explanation; no, we will not go out with a whimper"

(Crimp, 1988).

Destructive myths about AIDS were backed by the intellectual authority of

government-funded research, which "conceptualized AIDS as a gay disease…all the

while taking little notice of the others who were dying of AIDS, and thus allowing HIV

to be injected into the veins of vast numbers of IV drug users" (Crimp, 1988).

Expendability has little regard for discrete identity categories, and focus shifted from

single-identity "gay liberation" to coalition work. DeLauretis argued that "institutional

backlash against queers of all sexes" necessitated a political alliance between gay men

and lesbians, groups that had previously seen their interests as divergent (1991). Cohen

expands, "No particular identity exclusively determined the shared political commitments

of these activists; instead their similar positions, as marginalized subjects relative to the

state – made clear through the government's lack of response to AIDS – formed the basis

of this political unity" (Cohen, 1997). Queer organizing moved away from single-identity politics toward expansive coalition work across identity differences within and beyond "gay and lesbian" community. ACTUP, in particular, was a largely white gay organization that worked in coalition with lesbians, people of color, prisoners, and working-class people targeted by regressive drug policies, inadequate health care, and state violence. This movement reflects an emerging, if unreliable, attention to intersectionality in queer identity and politics.

Indeed, movements led by white cisgender gay men were prefigured by a history of organizing led by black and trans*[2] people. Gossett, Gossett, and Lewis (2011) write that the 1966 Compton Cafeteria riot, a flashpoint in the history of queer activism,

> was all but erased form mainstream LGBT history, obscuring the fact that the
>
> individuals who fought back against the police that evening were not simply
>
> members of San Francisco's gay community, but were also those who most often
>
> have to resist police oppression: street youth, gay and lesbian people of color, sex
>
> workers, drag queens, transgender, and gender-nonconforming people.

The Stonewall riot of 1969, "rather than being narrated as an urgent act of resistance and rebellion against state violence, …has been refashioned into a homonormative tale of the LGBT community's first proud public proclamation of gay identity and rejection of social stigma" (2011). In the 1970's, "activists of the gay liberation movement looked to the Black Panther Party in their call for an end to the 'racist police force'" (2011). There

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[2] I use trans* in alignment with Ryan's (2014) article: "the asterisk stems from common computing usage wherein it represents a wildcard…the * is used metaphorically to capture all the identities—from drag queen to genderqueer—that fall outside traditional gender norms" (2014). This use of trans* highlights the alignment between trans* and queer in their capacity to both transgress and include infinite identity categories.

is abundant documentation of the fact that "in one form or another, strains of LGBT political work have always addressed police violence," work that has been led by those whose daily lives are most threatened by the state (2011). By the mid-1970's, the movement of politically active anti-racist and queer of color organizations had grown to include Salsa Soul Sisters, Black and White Gay Men Together (BWGMT), National Coalition of Black Lesbians and Gays, Dykes Against Racism Everywhere, and the Combahee River Collective (2011). In a congressional hearing addressing police brutality, James Credle of BWMT spoke to the complexity of intersecting identities in the movement:

> while we are often stereotyped as members of a single community, our roots emerge from and encompass multiple ethnic and racial identities. We have suffered, and continue to suffer, brutality as blacks, Hispanics, Asian and Native Americans, in addition to our third-class status as lesbians and gay men (2011).

Throughout the 1980's and 1990's, community responses to government inaction continued to grow, claiming queerness as a necessarily "more confrontational political formation" in response to institutions and systems that rendered people with AIDS expendable (Cohen, 1997). These groups, in rough chronological order, included the Gay Men's Health Collective (GMHC), the AIDS Coalition to Unleash Power (ACT UP), People with AIDS Coalition (PWAC), and Queer Nation. The AIDS Coalition to Unleash Power (ACT UP) surfaced in 1987, and aimed to use creative and confrontational organizing tactics to challenge government inaction as AIDS claimed increasing numbers of lives in New York City and nationwide. ACT UP began a range of activism that put pressure on these systems from outside, rather than through legal and bureaucratic

channels. Strategies focused on "information and mobilization," including distribution of art and information in low-income communities of color, addressing inadequate healthcare and rapid HIV transmission among IV drug users. ACT UP members organized through community groups and social networks to create multiple thriving harm-reduction projects, including safe needle exchange for IV drug users, HIV/AIDS safety videos for public television and paper pamphlets for wide public distribution, safe drug use workshops and demonstrations.

In the process of reciprocal influence invoked by Jagose (1996), theorists beginning to write about queerness took cues from shifting political goals, tactics, and popular uses of "queer." This shift was critical in the development of queer theory and identity: "Both the lesbian and gay movements were committed fundamentally to the notion of identity politics in assuming identity as the necessary prerequisite for effective political intervention. Queer, on the other hand, exemplifies a more mediated relation to categories of identification" (Jagose, 1996). Duggan asks, "From what subject position do prisons, mental asylums, confessionals and sexuality seem connected and central to the operations of power?" (1991). Such a subject position is inherently relational, self-reflexive, and necessarily political in its attention to power. Sex and desire are understood as fluid, rather than as essential qualities to be exhumed in a "coming out" narrative: "In queer politics sexual expression is something that always entails the possibility of change, movement, redefinition, and subversive performance – from year to year, from partner to partner, from day to day, even from act to act" (Cohen, 1997).

In a split parallel to the divergence of queer politics and activism from gay rights movements, queer academia sought to address silences that covered over nuance and

intersecting social and political identities in monolithic "gay and lesbian" theoretical

discourse (DeLauretis, 1991). DeLauretis names the specificity of lesbian identity, and

highlights the "equally troubling question" of "constructed silences around the relations

of race to identity and subjectivity in the practices of homosexualities" (1991). Queer

theorists and activists joined a longstanding critique by communities of color of the

erasure of gender, race, and class diversity in the gay liberation movement (i.e. Gosset,

Gosset & Lewis, 2011), which prioritized goals and visibility of cisgender upper-middle-

class white people without physical or psychiatric disability. Assimilationist legal reform

led by white gays and lesbians erased both difference within the movement and the

origins of its tactics in the civil rights organizing led by people of color. Whether

"queerness" as politics or identity has met the charges of racism, sexism, and ableism

leveled against the gay liberation movement remains contested.

Larry Kramer, a founding member of ACTUP, recalls that the group was

criticized "for being white…by people who didn't look like that…or were older"

(Kramer, ???). Kramer speaks obliquely to the direct influence of black organizers on

ACTUP's strategy, recalling: "some big black guy who had done something with Dr.

M.L.K.… came in and taught us how to do civil disobedience" (Kramer). The vagueness

of Kramer's reference to a clearly seminal moment in ACTUP's development is telling.

While the informal context of this comment must have influenced Kramer's delivery, his

lack of specificity and detail speak to continued erasure of the work of people of color in

queer politics. Gosset, Gosset and Lewis (2011) note that in some iterations, queer

organizing of the 80's and 90's paralleled the broader political shifts toward conservative,

single-issue approaches to social change:

Though they championed their confrontational style of direct action politics and

radical, antiassimilationist ethos, Queer Nation, for instance, espoused an analysis

of antigay violence that did not posit the threat of violence as coming from the

state but rater looked to the police force…as a potential source of support.

With the radical origins of queer organizing in the 60's and 70's in mind, this "embodied

a significant shift away from the critiques of state- and police-perpetrated violence"

(2011). The results of the LGBT movement's broad support of state-sanctioned responses

to heterosexism and homophobia (i.e. hate crimes legislation) can be seen in increased

and unprecedented numbers of people incarcerated in United States today (2011). Cohen

held hope in the potential of queerness as a transformational political structure, but in

1997, she wrote that queer politics had not yet emerged as a successful challenge to

systems of domination: "In its current rendition, queer politics is coded with class,

gender, and race privilege, and may have lost its potential to be a politically expedient

organizing tool for addressing the needs – and mobilizing the bodies – of people of

color."

Gathering from historical and theoretical sources, it is clear that the functions of

queer identity are many and varied. Community can be understood as one function of

queer identity, particularly the expansive understanding of community created by

common marginalization. As Sontag noted, while the AIDS epidemic made political

alliances necessary, it also made constructed boundaries between identity categories

obviously false. The necessary contextual dependence of queerness makes defining the

boundaries of queer identity and "community" a complicated task. "Identity" assumes an

existence of the self "outside all representational frames, and as somehow marking a

point of undeniable realness" (Jagose, 1996). Jagose states that "In recent years 'queer' has come to be … used sometimes as an umbrella term for a coalition of culturally marginal sexual self-identifications" (1996). Many organizations and people use "queer" as a synonym for lesbian or gay, and don't mean to invoke the "altered boundaries" that queer can imply (Jagose, 1996). Queerness, for others and for the purpose of this study, explicitly evokes a destabilization of identity categories. The collectivity referred to by the "notion of a 'queer community'" is "no longer defined solely by the gender of its members' sexual partners. This new community is unified only by a shared dissent from the dominant organization of sex and gender" (Duggan, 1991). This collectivity could also be understood as defined by shared commitments: "queer activists…directly challenge the multiple practices and vehicles of power which render them invisible and at risk" (Cohen, 1997).

Lovaas identifies the parallel emergence of post-modernism from modernism and queerness from gay rights - modernism centers the search for knowable meanings and "undeniable realness" and posits linear understandings of individual and collective history (Lovaas, 1996). This type of modernist meta-narrative is exemplified by the trope of the "coming out story," in which a knowable point of change is identified and something hidden but essential is uncovered. In contrast, queer theory draws on post-modernism and post-structuralism. Identity is understood as active: "an *effect* of identification with and against others: being ongoing, and always incomplete, it is a process rather than a property" (Jagose 1996, italics added). Sedgwick proposes a radical understanding of queerness as a collection of "particular, performative acts of experimental self-perception and filiation," posing the possibility that "what it takes – all

it takes – to make the description 'queer' a true one is the impulsion *to* use it in the first person" (Sedgwick, 1993).

Cultural Competence: Concept and Critique

Cultural competence has been a "fundamental tenet" of social work theory and practice since the early 1980's, and has been incorporated as a mandate into the CSWE educational policy and accreditation standards and the NASW code of ethics (Abrams & Moio). "Cultural Competency" is identified as an "Ethical Responsibility to Clients" in the Code of Ethics: social workers should "understand culture and its function in human behavior and society," working from a strengths-based perspective, and be able to "demonstrate competence" in provision of culturally "sensitive" services (NASW, 2008). The 2008 revisions to the NASW code of ethics specifies "cultural groups" and speaks specifically to oppression:

> Social workers should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical disability.

The NASW defines "cultural competence" as

> a heightened consciousness and analytical grasp of how race and ethnicity, gender and sexual orientation, social class and status, religion and spirituality, age, and developmental stage, as well as physical or mental abilities affect the lives of people and their environments" (2001).

This model of competence guides individuals and institutions in working across difference.

A brief history of cultural competence in social work theory and practice provides context for current perspectives on queer competence by illuminating strengths, stumbling points, and repetitions over time. The growing body of literature on "cultural competence" indicates increased interest and "concern about social workers' practice with diverse populations" (Van Den Bergh & Crisp, 2004). The authors identify "two major ideological underpinnings" of cultural competence: self-awareness and skills development (Van Den Bergh & Crisp, 2004). "Standard skills" for cultural competency is likened to a "toolbox" which can be modified to fit "needs, styles, world-views, and customs of the focal group" (Rothman, 2008).

Writing and research on "culture and ethnicity" in social work literature emerged in the 1960's and 1970's as studies of specific beliefs, practices, and characteristics of "ethnic groups" (Dean, 2001; Abrams, 2008; Williams, 2006). Abrams and Moio (2008) locate the origins of "ethnic sensitive" social work practice in the Civil Rights Movement of the 1960's and 1970's. In 1968, a group of black social workers walked out of the National Conference on Social Welfare in San Francisco and formed the National Association of Black Social Workers (Spencer et al, 2000). Social workers of color "challenged some of the long-standing Eurocentric biases in social work teaching and practice, including a predominantly deficit-oriented view of individuals and communities of color" (Abrams & Moio, 2008). Abrams and Moio (2008) assert that resultant publications on "ethnic-sensitive" practice

> challenge social workers to become aware of their personal value orientations and worldviews; expose how racism creates structural disadvantages that impact individual and community well-being; and offer suggestions for working with

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increased competence with racial, ethnic, and cultural minorities in the United States.

The anthropological approach that emerged at this time was typified by studies of African-American families included as chapters in compilations (i.e. Sue, 1981; Staples, 1978; McGoldrick, Giordano, & Pierce, 1996) that were often implicitly written for white clinicians working with "different" or "diverse" clients, words that functionally translated to non-white (Abrams, 2008). Dean notes that in early cultural competence theory and practice, a static understanding of ethnicity and culture was assumed: "If a group can be seen as a stable entity that can be characterized in certain ways, then it is possible for clinicians to develop schema that allow them to interact 'more competently' with members of the group" (2001). The assumption that "reality is something we can understand and capture probabilistically using the right tools" is characteristic of modernist and post-positivist thought, which is still a common framework for cultural competence in social work literature (Dean, 2001; Park, 2005; McPhail, 2004).

Beginning in the mid-1980's, "ethnic-sensitive practice" began to expand to include groups targeted by sex, gender, age, and ability oppression. "Ethnic-sensitive" practice became "multicultural" or "cross-cultural" practice (Van Den Bergh & Crisp, 2004), indicating the expansion of difference to include non-racial or "ethnic" identities. On the heels of AIDS and gay rights activism, in 1992, the CSWE revised the Curriculum Policy Statement to add a requirement that programs include content on sexual orientation (CSWE, 1992; Van Voorhis, 2001). Since the late 1990's, "culture" has been the key identifier of difference and deficit in social work literature (Park, 2005), and "cultural competence" the framework for working across that difference. Park asserts that

the work of interrogating political functions of the concept of "culture" in social work literature and practice remains to be done.

> The essential existence of culture is taken for granted…and it is only the deficits of our existing methodologies in capturing and measuring culture that we find troublesome; the problem is conceived as the need for epistemological refinement rather than ontological scrutiny. (Park, 2005)

In the 1980's and 1990's, McPhail echoes, "increased rights and opportunities were sought for those deemed oppressed while the assumptions of the categories themselves remained unchallenged" (2004). Though it is a "key signifier of difference" in social work literature (Park, 2005), definitions of "culture" in social work literature are often absent, implicit, or widely varied.

In grounding this Critical Discourse Analysis (CDA) of "culture" in social work literature, Park identifies a "conceptual muddle" within the field (Park, 2005). Ruth Dean identifies definitions of "culture" grounding each of four "current perspectives" on cultural competency: "modernist," "post-modern," "psychoanalytic/intersubjectivist," and "sociopolitical" (Dean, 2001). Others in the field of social work echo that definitions of "culture" are bound by context and epistemological perspective (i.e. Abrams & Moio, 2008; Williams, 2006; Laird, 1998). Current usage of "culture" in social work literature overwhelmingly reflects the modernist assumption that culture exists and has defining, enduring characteristics (Park, 2005; Dean, 2001). From this perspective, culture consists of "the beliefs, customs, arts, etc., of a particular society, group, place, or time" (Mirriam-Webster, 2015), and competency can be gained by learning about these static beliefs, customs, and arts (Dean, 2001).

The "conceptual muddle" regarding definitions and epistemological framework in cultural competence theory makes it difficult to evaluate cultural competence interventions in social work practice (Williams, 2006). Cultural competence is presented as a technique without explicit links to a theoretical foundation that would provide framework for why a particular action is expected to be effective. Absence of theoretical framework also makes guiding beliefs and worldviews invisible. The CSWE has revised its standards to include 14 axes of difference as sources of oppression and diversity without naming dominant identities as sites of "culture" or "difference." Abrams and Moio (2009) argue that the diversification of "sources of difference," driven by increasing attention to intersectionality and complexity of identity formation, has had the additional result of eclipsing race as a central mechanism of oppression and reinforcing a color-blind lens in social work classrooms (Abrams & Moio, 2009).

For the purpose of this thesis, I will use Laird's 1998 definition of culture as "contextual, emergent, improvisational, transformational, and political; above all, it is a matter of linguistics or of languaging, of discourse" (cited in Dean, 2001). This definition speaks to Park's assertion that

> destabilizing basic constructs – interrogating contesting, and reinscribing entrenched, sedimented, and naturalized assumptions – becomes a *political* imperative… a task which we tend to see as an ancillary aggravation to the *real* work of building interventions, is deemed necessary as a mode of resistance against the marginalizing, exclusionary forces of hegemonic ideologies. (Park, 2005)

"Discourse," in the Foucaultian context of CDA and queer theory, is understood as a "constitutive mode/function of power relations" (Park, 2005). Laird's definition of culture allows for queer understandings of identity as destabilizing, relational, contextual, and necessarily political (i.e. Cohen, 1997; DeLauretis, 1991). Queerness offers a specific critique of cultural competence, as well as specific praxis for moving forward.

Queer Competence in Social Work Literature

"Queer" is rarely acknowledged as an identity category in the reviewed literature. Juxtaposing Loutzenheiser's (2007) definition of queer as "rejection" and "questioning" with the Cartesian framework of cultural competency practice (Dean, 2001; Park, 2005), we can see why. If culture and identity must be quantifiable and concrete in order to exist, queer, with its necessary "definitional indeterminacy" (Jagose, 1996), can be neither. If culture is understood as a "contextual, emergent, improvisational, transformational, and political," product of discourse, however, queer culture is right at home (Laird, 1998). Current use of "queer" in social work literature often overlooks these foundational aspects of queer identity. Duggan's 1991 observation that "The notion of a 'queer community'…is often used to construct a collectivity no longer defined solely by the gender of its members' sexual partners" holds true. Jagose writes, "'queer' has come to be used…as an umbrella term for a coalition of culturally marginal sexual self-identifications [LGBT]" (1996). Such uses of "queer" are not intended to "invoke these altered boundaries" that queer signifies (1996), but to stand in for an acronym (LGBT).

In the introduction to Morrow and Messinger's LGBT-focused cultural competence text, *Sexual Orientation and Gender Expression in Social Work Practice* (2006), the authors note that "Many social workers…have had minimal preparation for

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serving gay, lesbian, bisexual, and transgender (GLBT) clients…The purpose of this book is to help social work and human services students and practitioners to develop a theoretical and methodological knowledge base for understanding and working with sexual minority people" (Morrow & Messinger, 2006). "Queer" is included only in "Appendix A: Words and Symbols of GLBT Culture": "Deviating from the expected or normal, something that is strange. A historically slang term for *gay* or *lesbian*. Many GLBTs now embrace the term as a form of activism for social justice" (Morrow & Messinger, 2006). While this definition identifies general interrogatory and political functions of "queer," Morrow and Messinger do not include "queer" as a "sexual minority" identity for which social work students and practitioners must develop a "theoretical and methodological knowledge base" (2006).

Treatment of "queer" as an advanced vocabulary term rather than a target for cultural competence intervention is common in the literature. Van Den Bergh and Crisp briefly address queerness in their 2004 article, *Defining Culturally Competent Practice with Sexual Minorities*": "a conceptual framework known as 'queer theory' has evolved from the gay rights movement. Its proponents seek to reclaim power by building queer identity and queer community and engaging in radical social action" (Van Den Bergh & Crisp, 2004). The authors reference "queer" as a generationally determined identity: "The way that a sexual minority person self-describes may be a function of age and related cultural experiences. For example, while an older gay male might refer to himself as 'homosexual,' a young gay man may prefer to call himself 'queer'" (Van Den Bergh & Crisp, 2004). In a 2007 qualitative study of "same-sex attracted young people" (SSAY), Willis writes that SSAY "may include young people who identify as gay, lesbian,

bisexual, and/or queer, but is not limited to the expression of specific sexual identities" (Willis, 2007). Willis' nod to non-specificity of sexual identity is aligned with queerness' focus on performativity, "recognizing that their same-sex desires may change across time, context, and relationships" (2007). Indeed, most references to queerness in the reviewed literature are tangential or implicit, and do not name queer identity as such.

The dearth of attention to queer identity is not surprising, considering that even "lesbian and gay issues are still largely absent" in social work literature (Hicks & Watson, 2003). Reviewing social work literature on LGB identity from 1988-1997, Van Voorhis notes that SW literature does not reflect the "increased level of public attention to homosexuality" (2001). An even smaller percentage of articles reviewed in Van Voorhis' study focused on LGB people of color, and all four concerned HIV/AIDS. McPhail echoes that "largely absent within the social work literature are critiques from a postmodern/queer theory perspective, the latest sex research, or from people who do not perceive themselves as fitting neatly into binary categorization, such as bisexuals, intersexuals, and transgenderists [sic][3]" (McPhail, 2004). "Continuing the pattern of having the vast majority of articles remain silent on color, sexual orientation, and other aspects of diversity implies that such factors are not significant" (Van Voorhis, 2001). Willis adds, "When social work has given attention to sexual 'minorities', it has chiefly remained situated within an essentialist discourse" (2007). In the context of queer competence, this means that even when sex and gender are appropriately understood as separate, the basic structures underlying the male/female binary remain uncontested (McPhail, 2004). In the broader field of cultural competence theory, as Park acutely

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[3] The term "transgender" is used currently to indicate that transgender is an identity, not a behavior, as implied by "transgenderism" or "transgenderist."

observes (2005), structures of "culture" and "race" remain unquestioned at the same time "tools" are accumulated to address problems created by these same structures.

Essentialist discourse in the development of cultural competence theory has "led to the 'adding in' (also called the "add-and-stir" or "ethnic model") of queer populations to previously established practice models that are written as texts for the social work profession, informing interventions with socially diverse groups" (Willis, 2007). O'Brien notes, for example, "After the early 1980s I found that the marginalization of nonheterosexual orientations is no longer accomplished through extremely negative representation but takes other forms, such as exclusion or token inclusion" (1999). Hicks and Watson found that "even where lesbian and gay issues are addressed, we detect an approach that we call 'adding in'…insertion of lesbians and gay men into existing models without any attention being given to the ways in which these models promote certain views of sexuality over others" (2003). Vocabulary lists, glossaries, inclusion of "cultural activities" (i.e. pride, rainbow flag) are typical of this model (i.e. Morrow & Messinger, 2010). Practitioners see lesbians and gay men as an "essentially different group with particular lifestyles and special needs. The result is that practitioners believe that, if only they meet these needs, then lesbians and gay men will not be discriminated against and can be offered equality with heterosexuals." In this model, queerness is always situated within a system in which heterosexuality (and cisgender, whiteness, and productivity) is promoted and enforced (Hicks & Watson, 2003). O'Brien observes, "The terms of their entry into social work discourse require that authors who focus upon lesbian and gay sexualities situate those sexualities within a gay/straight binary…and accept their status as a subordinate literature," which in turn accepts and reproduces the binary (1999).

Because queerness is seen as a "natural variation" of normative gender and sexuality, there is no need to develop new models. This logic has led to the development of strategies such as "anti-discriminatory practice" and "gay affirmative practice" within existing models that center dominant perspectives (Hicks & Watson, 2003). These models are comprised of texts "written from the perspective of the heterosexual knower, a position which confers epistemological authority and the power to define lesbians and gay men as having a set of identifiable characteristics" (Hicks & Watson, 2003).

Anti-discriminatory practice relies on "assimilating these ideas into existing social welfare theories" in order to legitimize the profession as a whole as one that can accommodate difference. From a Foucauldian framework, such implicit motives can be understood as strategic attempts to hold power and maintain dominant discourse about sexuality, gender, race, and bodies: "Social welfare literature regulates ideas about sexuality so that the dominant discourse of the liberal model is foregrounded, and so that other more challenging models are silenced" (Hicks & Watson, 2003). The authors add, "such belief systems actually obstruct a more dynamic project of transformation" by centering assimilation: sexuality is theorized in a way that poses no threat to existing binaries and systems of privilege and oppression (2003). Loutzenheizer and MacIntosh (2004) echo, "As with anti-racist and multicultural discourses, inclusivity borne of heteronormative social institutions and motivations means that the resulting assimilationist decoupage simply covers over larger ideological mechanisms of oppression."

Another consequence of identity essentialism is that intersectionality is unseen where identities are understood as discrete and essential. In an "add-and-stir" model,

identity group membership is mutually exclusive (Loutzenheizer & MacIntosh, 2004) –

such a model emphasizes commonality and minimizes difference (McPhail, 2004).

Loutzenheizer and MacIntosh continue, "popular usage and understandings have led to

identity markers such as race, gender, and sexuality being viewed as fixed and

unchanging. This results in an ultimate naming around which individuals are organized

into groups that are too often viewed as universal. For example, queer students whose

queerness simultaneously disallows being recognized as female, working class,

differently abled, or of color" (Loutzenheizer & MacIntosh, 2004). Erasure of complexity

and fluidity in social identity is something black feminists and womanists have been

speaking about for decades. It has always been abundantly clear to those with multiple

identities targeted by systemic oppression that "we cannot have single-issue politics

because we do not lead single-issue lives" (Lorde, 1984). The gay liberation movement's

"failure to work the intersections of race and queer" can be traced to white feminism and

white gay men's movements prioritizing goals and values that benefit groups based on

one identity (i.e. gay or lesbian), without an understanding of how intersectionality

delineates who can actually benefit from such gains: "there must also be an

understanding of the ways our multiple identities work to limit the entitlement and status

some receive from obeying a heterosexual imperative" (Cohen, 1997). Cohen continues,

"queer activists who evoke a single-oppression framework misrepresent the distribution

of power within and outside of gay, lesbian, bisexual, and transgendered communities,

and therefore limit the comprehensive and transformational character of queer politics"

(1997).

Queer theory and politics directly critique the identity politics that ground cultural competence in social work literature. While Morrow and Messinger (2006) assert that "there is such a thing as GLBT culture," queerness' definitional (see Loutzenheiser et al) resistance to binary pushes back against this very assertion.

Foucault's analysis of "the construction of the homosexual" is foundational for understanding queer resistance to identity politics, particularly in the context of social science and social work (Willis, 2007; Hicks & Watson, 2003; McPhail, 2004). In *The History of Sexuality*, Foucault traces the modern construct of "the homosexual": "No longer simply someone who participates in certain sexual acts, the homosexual begins to be defined fundamentally in terms of those very acts" (O'Brien, 1999; Jagose, 1996; McPhail, 2004). O'Brien describes a history that deeply implicates social work and psychoanalysis: "Psychiatry and medicine labeled homosexuality a perversion and gave 'the homosexual' a case history; this created a space for a form of resistance that Foucault calls 'reverse discourse'" (1999). In a process of reverse discourse, "Homosexuality began to speak in its own behalf, to demand that its legitimacy or 'naturality' be acknowledged" (O'Brien, 1999). Homosexuality's understanding of itself, borne of resistance to pathologization, upholds the heterosexual/homosexual delineation that is the source of its subjection: reverse discourse necessarily defines itself in terms of existing discourse, definitions, and values (O'Brien, 1999). The gay rights movement's prioritization of recognition as "sexual minority" over challenging the social construction of sexual categories is an example of this (McPhail, 2004).

With this analysis, it becomes clear why "Group identity is viewed as both the source of oppression and the potential site of liberation," and "can be problematic as well

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as politically useful" (McPhail, 2004). Queer theory has been widely critiqued for its "anti-identity" stance (Willis, 2007), the view that "all such fixed versions of identity are regulatory and disciplinary, since they are forms of knowledge which define lesbians and gay men in certain forms over others" (Hicks & Watson, 2003). Others have argued that group identity, including queer identity, is useful as a category of analysis for theory and research, political action, social work practice and education, and personal meaning-making (McPhail, 2004; Willis, 2007; Loutzenheiser & MacIntosh, 2004). Cohen notes that the "material independence" of rigid anti-identity politics is espoused largely by queers with relative privilege, and "allows them to disregard historically or culturally recognized categories and communities…without ever establishing permanent relationships or identities with them" (Cohen, 1997). She continues, "We must reject a queer politics which seems to ignore, in its analysis of the usefulness of traditionally named categories, the roles of identity and community as paths to survival" (1997).
 Loutzenheiser and MacIntosh note the complex role of context in determining the effects of group identification: "Depending on the circumstances, to be called 'queer,' 'faggot,' or 'lesbian' may be understood as an affirmation of self or… an insult hurled in an attempt to politically immobilize the queer body and render it visible as Other" (2004). Francis provides a potential compromise position: "If sexual categories are both inevitable, and inevitably troubling, I would argue that we must wear these notions of identity lightly, so they do not contain us, or contain the work of understanding desire" (1998).

Queer Alternatives

Considering the contradictions and tensions between queer and cultural competence theories and praxes, what can queer identity offer cultural competence theory and practice? There are no empirical or qualitative studies regarding the application of queer theory to social work practice, and as mentioned above, very few regarding social work practice with queer identified people (where "queer" is not synonymous with LGBT).

One practice model that developed out of the gay rights movement is Gay Affirmative Therapy or Gay Affirmative Practice (GAP), which has expanded to include Gender Affirmative Therapy (GAT) for people on the trans* spectrum. While an in-depth review of the literature on GAP and GAT is beyond the scope of this study, a brief review of Van Den Bergh and Crisp's summary of GAP provides context for the research question. Van Den Bergh and Crisp, drawing from their theoretical study, highlight the need to operationalize the construct of cultural competence as it pertains to "sexual minority" clients in the field of social work (Van Den Bergh & Crisp, 2004) – GAP is one way to achieve this. "The etiology of GAP," the authors state, "has arisen from acknowledgement that although there is no evidence of greater maladjustment among GLBT individuals, compared to heterosexuals, lesbian and gay people have been found to use psychotherapy services more often than others" (2004). They continue, "at the heart of the GAP model is an emphasis on a basic theme of social work: unconditional positive regard and acceptance of a client that affirm a client's sense of dignity and worth" (2004). The authors identify key attitudes, knowledge, and skills necessary for the practice of GAP. In this type of practice, "Same gender sexual desires and behaviors are viewed as a

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normal variation in human sexuality" (2004). Practitioners are expected to acquire

knowledge of key terms; demographic characteristics; intragroup diversity; group history

and traditions; group experiences with discrimination and oppression; impact of policy;

social science that informs practice; community resources; and culturally sensitive

practice models (2004). Necessary skills include that practitioners address their own

heterosexual bias and homophobia, and make no assumptions about client's sexualities

(2004).

The practice goals of "unconditional positive regard" and affirmation of a client's

self-identity are important elements of any ethical social work practice, and hold true for

practice with queer-identified clients today. These expectations have even been

considered radical in practice with LGBTQ clients, whose identities have been

understood as medical pathologies in the DSM for many years. However, goals of GAP

related to understanding GLBT identity as a "natural variation" of human sexuality differ

from queer theory and politics, which demand an interrogation of the concept of a

"natural human sexuality" from which some people might deviate. As Urvashi Vaid

states, "the goal of winning mainstream tolerance," for example as a "natural variation"

on the norm (Van Den Bergh & Crisp, 2004), "differs from the goal of winning liberation

or changing social institutions in lasting, long-term ways" (Vaïd, 1995).

Queer identity, in its interrogation of dominant discourse and resistance to

"business as usual," begins with an understanding that the systems we practice within as

social workers uphold dominant perspectives and silence subjugated knowledge. Social

work theory and practice "are far from being socially neutral or limited to technical

interventions; they are deeply implicated in the construction of power relations in

sexuality" (O'Brien, 1999). Social work broadly construed, and cultural competence theory and practice specifically, are key areas in which "knowledge claims about sexuality are routinely made via the operations of an expert or professional discourse" (Hicks & Watson, 2003). From a queer perspective, it is clear that "once such categories [i.e. sexuality, gender] are formulated, various institutions, including parents, families and friends, as well as the more formal institutions of medicine, the law, and the mental health and criminal justice systems, regulate and police them" (McPhail, 2004). O'Brien offers an invitation to move beyond "reverse discourse" and draw on queer theory to "reject the terms of social work discourses and critique social work practices and broader social relations" (O'Brien, 1999). These observations provide a set of questions to consider when evaluating potential cultural competence interventions for ways in which they could uplift subjugated discourses and highlight the complexity of identity formation, or alternatively, ways they might reinforce narrow understandings of social identity or erase elements of identity that fall outside normative gender and sexuality constructs.

Cohen's hope for queer identity is that it use "shared experiences of oppression and resistance to build indigenous resources, shape consciousness, and act collectively… it is the multiplicity and interconnectedness of our identities which provide the most promising avenue for the *destabilization and radical politicalization* of these same categories" (Cohen, 1997). The goal of using shared experiences to build client and community resources is aligned with NASW Ethical Standards, Standards for Cultural Competence, and CSWE Educational Policies requiring that social workers "promote self-determination (1.02)," "recognize the strengths that exist in all cultures (1.05)," and

"advocate for and with clients (Standard 6)" (NASW, 2008). Cultural categories named in these documents are race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical disability (NASW, 2008).

Application of Cohen's invocation to "destabilize and politicize" to the categories invoked by cultural competence frameworks would support the application of critical thinking to social workers' awareness of "the nature of social diversity and oppression," "the influence of personal biases," and "the impact of the political arena on practice" (NASW, 2008). Such interrogation is essential if social workers are to uphold the NASW mandate to take political action to "prevent and eliminate domination of, exploitation of, and discrimination against any person, group, or class" (NASW, 2008). McPhail reminds us that "Failure to recognize the complexities of sexualities is more than a theoretical or semantic dispute, but can have life and death consequences" (2004). McPhail references the absence of HIV/AIDS prevention resources for bisexual people during the early decades of the AIDS epidemic. However, McPhail's observation could easily be applied to the absence of services for trans* women of color in prisons, hospitals, and social work agencies (Dean, 2011) that stems from the politically motivated failure of institutions to recognize this identity as legitimate. Forms of expression and identity that are acceptable and unacceptable are regulated increasingly by incarceration (Cohen, 1997). Social workers are often in the position of upholding systems that threaten and end the lives of people who don't fall into widely recognized categories, making interrogation of these systems and categories essential to ethical practice. Hicks and Watson offer, "we think it far better that health and social welfare practitioners, students and academics are

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reflexive about their use of, or assumptions that inform 'lesbian' and 'gay'" (Hicks & Watson, 2003).

Perhaps queer thought and action can offer the "ontological scrutiny" that is conspicuously absent in social work literature's limited call for "epistemological refinement" (Park, 2005). McPhail provides a list of ways to incorporate such ontological scrutiny into social work education and practice across difference, including:

- o "Use continuums of gender and sexualities rather than discrete categories in diagrams, explanations, and models

- o Speak more hesitantly and conditionally when we make generalizations based on categorizations of people

- o Teach critical questioning and analysis, by asking questions such as: Whom do these categories serve? Who do these categories include and whom do they exclude? Who has the power to define the categories? How are the categories policed? How do these categories change over time and over cultures?

- o Challenge problematic diagnoses for gender non-conforming youth and adults

- o Rather than simple yes/no questions about sexual orientation, in practice and research, ask about specific aspects of same gender behavior, practice, and feelings over the course of an individual's life" (McPhail, 2004).

- o Include queer theory in social work curriculum (2004)

Several authors (Willis, 2007; Valdez, 2011; Park, ; Loutzenheiser & MacIntosh, 2004; Abrams & Moio, 2009) recommend Critical Race Theory (CRT) as an alternative

to cultural competence models that could specifically address the fluidity and contextual nature of gender and sexuality invoked by queer identity: "CRT explodes the notion of color-blindness or race neutrality, just as queer theory explodes heteronormativity and sexual sameness" (Loutzenheizer & MacIntosh, 2004). While an in-depth account of the history and current practice of CRT is beyond the scope of this study, several key points can illuminate the ways in which CRT is a viable alternative to current models, one that could address queer identity and queer politics in social work practice.

CRT emerged out of the US legal academy in the 1980's, and challenges liberalist principles of colorblindness, neutrality, and objectivity that normalize and perpetuate racism by ignoring structural inequalities that permeate social institutions (Abrams & Moio, 2009). In strong alignment with Vaïd and others who have critiqued rights-based political advocacy in and outside the gay liberation movement, Valdez states, "Neutrality and objectivity are not just unattainable ideals; they are harmful fictions that obscure the normative supremacy of whiteness in American law and society" (2011). CRT challenges the belief that "'blindness' to race will eliminate racism. This belief…stems from the deep-rooted individualism that leads most American scholars and lawmakers, even liberal ones, to abhor all forms of group-based identity. Critical race theorists have challenged this belief, asserting instead that self-conscious racial identities can be – and have been – the source of individual fulfillment, collective strength, and incisive policymaking" (Valdez, 2011).

This assertion is important for queer politics and social work practice that places value on group identity, an implied value in any social work intervention that references cultural categories and social identities. As referenced earlier in this review of the

literature, group identity has come under increased scrutiny, not least from queer theorists. Valdez notes this trend: "it now has become almost de rigeur for feminists, critical race theorists, and queer theorists to use antiessentialism to argue that the traditional categories of race, class, and sexuality, and the identity warriors within those categories, are defined in ways that exclude or subordinate the voices of the non-privileged, in turn reproducing historic injustices" (2011). In this way, CRT unveils the operations of white supremacy, structural heterosexism, and institutional operation of power, including as it functions within and between identity categories, while simultaneously acknowledging the power and political necessity of tenuous, flexible group identity. Echoing Francis and Cohen, Valdez states that "all struggles based on identity must acknowledge that identities always are deeply contested, even as they also are socially constructed. The trick is to forge a potent theory and praxis through a critical and self-critical melding of identity-conscious analysis, antiessentialist politics, and antisubordination principles" (Valdez, 2011).

While authors have separately noted alignment between CRT and queer theory (Loutzenheizer & MacIntosh, 2004), and the applicability of CRT to social work practice and education (i.e. Abrams & Moio, 2009; Razack & Jeffrey, 2002), the connections between queer theory and CRT have yet to be developed as applied to cultural competence theory and practice in social work. These connections illuminate trajectories for further research, as well as development of practice interventions that account for the operations of power, systemic oppression, and intersectionality and fluidity of personal identity.

CHAPTER III

Methodology

The purpose of this exploratory research project is to better understand how queer identity is understood at mental health agencies that serve LGBTQIAA+ populations. To this end, I developed an exploratory qualitative study examining the research question, "Does queerness emerge as a distinct cultural category through the language of conversation, clinical practice, and administrative policy in mental health agencies that serve queer people, and in what practices is this reflected?" I chose to use a qualitative methodological approach to address this research question, using semi-structured interviews as my primary research tool. In order to operationalize the construct, "cultural category," I use Laird's 1998 definition of culture as "contextual, emergent, improvisational, transformational, and political…a matter of linguistics or of languaging, of discourse" (Laird, 1998, p. 28-29).

Based on a review of the literature on my topic, a qualitative design emerged as most appropriate for my research question. While gay, lesbian, and transgender identities have been explored in the context of mental health treatment and agency policy, queer identity has not been studied as a distinct cultural category in the reviewed literature. Because this study is the first of its kind in the field of social work, it is necessarily exploratory and interpretive. Through interpretive research eliciting "thick description" (Locke et al, 2004, p. 149) from participants, I use inductive analysis to generate a tentative explanatory theory of queer identity as a cultural category in mental health practice at agencies that serve LGBTQ+ people. This project is also phenomenological,

examining the meaning of the phenomena under investigation from the point of view of the group experiencing this phenomena (Locke et al, 2004).

A qualitative design allows for open-ended exploration of concepts based on the varied experiences of study participants (Engel & Schutt, 2005). This project aims to assess the design and delivery of services, uncovering the process and nature of service delivery, and identify meanings that participants attach to words and experiences related to the topic of study. These goals are all aligned with qualitative methodology. Qualitative and phenomenological methodologies are particularly well-suited to creating grounded theory about queer identity in mental health practice. Queer theory and praxis has its origins in critical and intersectional analysis of social systems, dominant narratives, and operations of power. Like phenomenological research, queer theory centers reflexivity, context, and meaning-making as discursive processes (Locke et al., 2004).

Sample and Recruitment

My sample is a self-collected national convenience sample composed of adults who have provided at least 20 hours per week of direct service for at least one year in the past ten years, at a mental health agency that serves LGBTQ+ populations. Inclusion criteria were designed to be as wide as possible while ensuring significant experience with LGBTQ+ populations in an agency setting. I was influenced by a Laird's (1998) understanding of culture and discourse in my choice to include front-desk staff, case managers, and outreach workers as well as mental health practitioners in my recruitment efforts, in order to build a broad understanding of how "cultural categories" are understood across agency hierarchies.

I submitted a Project Change Request to the IRB during my recruitment process to expand my recruitment to include providers who are not currently working with LGBTQ people in an agency setting, but have fit these criteria for at least one year in the past ten years (see Appendix B). During initial recruitment and interviewing, I came in contact with several clinicians who had extensive experience serving LGBTQ people in agency settings during the past five to ten years, but had recently transitioned to other work (policy, administration, private practice, etc). These perspectives on agency practice with queer-identified people, though not current, are essential for understanding the context of current practice and agency construction of "queer" as a cultural category. This revision of procedures as research progresses is consistent with reflexive research design that acknowledges the reciprocal influence of research on the researcher and vice versa, and allows for in vivo responses to unanticipated developments (Engel & Schutt, 2005).

The exploratory nature of this study and the exclusionary criteria for participation made non-probability sampling the most appropriate recruitment strategy. I used a combination of snowball sampling and purposive sampling to recruit participants who fit study criteria. Snowball sampling was initiated using Facebook posts and emails to colleagues in social work and mental health practice, briefly describing inclusion criteria and encouraging wider disbursement of the recruitment message. I also used purposive recruitment, contacting social work listservs and emailing agencies that serve LGBTQ+ populations to request disbursement of my recruitment message to the listserv or all-staff email. Additionally, I personally called people who I thought might be a good fit for the study and represented geographic areas or population subsets not yet covered in my sample.

Ten participants were selected from those who responded to the recruitment message, based on fit with inclusion criteria. I collected informed consent and demographic data from these participants in person or via scanned and emailed documents, and scheduled interviews over email. Four of the interviews were conducted in person in library private study rooms or participants' personal offices, and recorded using GarageBand, a MacBook application, or VoiceMemo, an iPhone application. Six interviews were conducted over speakerphone in a private room and recorded on GarageBand. All recordings were coded with participant ID numbers, stored on a password-protected computer or phone, and transcribed in their entirety.

This sample is limited by inclusion criteria and access to a diversity in agency setting, participant race, educational background, and other social identities, within the time-limited context of a masters-level thesis in the field of social work. Participants represent a small number of agencies and a limited range of social identities, and thus findings are not generalizable to all US agencies that provide mental health services to LGBTQ+ populations.

Researcher Reflexivity

My perspective on research is informed by queer theory as well as qualitative methodology, both of which emphasize reflexivity and the subject role of the researcher (Engle and Schutt, 2005). As the researcher, I approached this project as a white, queer, gender-fluid, able-bodied person with owning-class family history, completing my masters of social work. These identities affected my choice of research topic, my theoretical framework, and certainly my interactions with study participants. During interviews, I shared my own identities when appropriate, and found these disclosures

invariably elicited nuanced and important information from study participants. I believe

and experienced that strategic self-disclosure builds trust during a brief interaction in

which I hold institutional power as the researcher.

Informed Consent Procedures

In order to protect confidentiality of participants, each participant was required to

read and agree to the terms of Informed Consent (Appendix A). Prior to recruitment and

data collection, a detailed Human Subjects Review (HSR) application was submitted and

approved by the Smith College School for Social Work Institutional Review Board (see

Appendix A for HSR Application; Appendix C for HSR approval letter). As per the terms

of Informed Consent I developed, participants were guaranteed confidentiality but not

anonymity. I ensured confidentiality by keeping participants' identifying information in a

separate location from data they provided, which was coded with ID numbers and did not

include names or identifying information. Participants' names and identifying

information were disguised in transcriptions and analyses of data – once interviews were

transcribed, each participant was assigned a pseudonym. All electronic data and

transcripts are kept on a password-protected computer. Data and recordings will be kept

secure for three years as required by federal regulations, and after that time, they will be

destroyed or continue to be kept secure as long as needed. When no longer needed, all

data will be destroyed.

During the course of data collection, several participants expressed concern about

their identities being revealed through context, if agencies, job titles, and other

information was revealed in discussion of research findings. This concern is justified,

particularly in the small community of mental health agencies in the US that serve

LGBTQ+ populations, in which many practitioners know detailed information about other agencies in the field, and often know each other personally. In response to this concern, I chose to report findings and discussion in a way that ensures participant anonymity as well as confidentiality.

Risks and Benefits of Participation

This study explores participants' experiences related to policy, clinical work, and interpersonal interaction regarding queer identity at mental health agencies serving LGBTQ+ people. Discussing agency policy, particularly if this policy has affected an individual negatively or is at odds with the participant's own views, can be uncomfortable. Discussing experiences of gender, sexual identity, and other personal identities can bring up painful memories. I prefaced each interview with a review of confidentiality procedures, as well as an acknowledgment that discussing personal identity and clinical work can be difficult. However, because participants are a low-risk population of mental health professionals with their own resources for support, I did not offer follow-up interviews or debriefs.

Participants stood to benefit from the opportunity to narrate and make meaning of their experience. Participants had a chance to reflect on their role at an agency, their relationship to client/clinician difference, and their understanding of gender and sexual identity. Participants will also have access to a summary of study results, and may benefit from access to the experiences of other practitioners in their field. This study will join the voices providing a critical examination of social work practice with queers.

Data Collection

The data for this project was collected between October 3rd, 2015 and November 11th, 2015. Both in-person (4) and phone (6) interviews were conducted using semi-structured and open-ended questions (see Appendix F). The interview process was designed to take 30-45 minutes, with another 30 minutes built in to account for scheduling and completion of Informed Consent and Demographics paperwork (see Appendix E). Questions included in the semi-structured interviews included such questions as:

- Could you give me your working definition of "queer"?

- Tell me about your work with people in the LGBTQ community.

- How often do you work with clients who identify as queer?

- How do you notice your own political and social identities impacting your work with queer clients?

- How have you developed your perspective on how to work with queer clients?

- How do you understand the term "cultural competence," and is this term used at your agency?

- What kind of conversations do you have with other staff about gender and sexual identity?

Some bulleted questions contain subquestions (see Appendix F), which were designed to be optional follow-up questions to elicit more detail and nuance.

Data Analysis

Demographic data was analyzed with attention to themes and differences in participants' experiences of geographical location, agency setting, age, race, and gender

identity and sexual orientation. My sample is relatively small, is not representative and can not offer generalizability - therefore analysis of demographics is not extensive.

I transcribed the interviews myself, and qualitative data was analyzed using narrative analysis, in which I considered the concepts that emerged from the narratives as whole stories, rather than answers to specific questions. I reviewed transcripts multiple times, highlighting themes and coding for repetition, silences, and emerging constructs through extensive use of a Microsoft Office Excel spreadsheet. As themes emerged, I developed theory and uncovered discourse grounded in participants' own words and experiences. In the following chapter I will discuss the findings generated from data analysis, which follow themes of queer identity and culture in LGBTQ+ agency mental health policy (official and unofficial) and practice.

CHAPTER IV

Findings

The findings presented in this chapter are in relation to the research question,
"Does queerness emerge as a distinct cultural category through the language of
conversation, clinical practice, and administrative policy in mental health agencies that
serve queer people, and in what practices is this reflected?" This chapter contains the
findings from interviews that were conducted in person and over the phone with mental
health service providers who work with LGBTQIA+ clients in major cities in the Pacific
Northwest, Northeast, and Southeast United States. These interviews were transcribed in
their entirety and coded using thematic analysis. The interviews were semi-structured and
guided based on participant experiences and responses in the moment.

The major findings of this study were that a) queerness does indeed emerge as a
distinct cultural category in clinical practice and conversation, and that b) this cultural
category is notably absent in administrative policy, training, supervision, intakes, and
documentation at the agencies represented. This chapter will 1) present aggregated
demographics of study participants, and 2) present descriptive and relational findings
obtained from analysis of data related to semi-structured interview questions.

Demographics

Demographics of study participants will be reported as an aggregate in order to
maintain anonymity and confidentiality of study participants. A total of ten individuals
completed the interview process. Seven participants identify as white; two participants
identify as Black/African American; and one participant identifies as Mixed Race

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(Basque-Lebanese, born in Mexico). All ten participants are the between ages of 30 and 39, and all have Masters or Doctorate degrees. Four participants identify their gender as female, five identify their gender as queer, and one participant identifies as a transgender man. Eight participants identify their sexuality as queer, one as bisexual, and one as heterosexual. Participants represent direct service roles at agencies that work with LGBTQIA+ people. Participants have worked at these agencies for at least two of the past ten years, for at least 20 hours a week. Three of the agencies represented are specifically dedicated to work with LGBTQIA+ populations; two agencies represented are not specifically dedicated to LGBTQIA+ services overall, but have departments or roles dedicated to serving this population. These agencies were chosen with the intention of gathering data from participants and agencies with at least a basic familiarity with LGBTQIA+ identity and LGBTQIA+-affirmative services. Participants represent agencies in major cities in the Northwest and Northeast United States, and one small city in the Southeast United States. Participant roles include mental health counselors, program coordinators, medical and non-medical case managers, administrative staff, and youth and family therapists. All participants chose or were assigned the pseudonyms used throughout this paper in order to protect confidentiality. I will refer to participants using their preferred gender pronouns, which for some includes the gender-neutral "they/them/theirs."

Generalizability and Limitations

Due to small sample size, the findings of this study are not generalizable to larger samples of practitioners who work with LGBTQIA+ clients and agencies that dedicate services to this population. Sample diversity is limited by its size and the convenience

sampling method – participants are overwhelmingly queer-identified in gender, sexuality, or both, and this surely affects participants' narratives of their perspectives and experiences. The sample is severely limited in racial diversity, with 70% of participants identified as white. The sample is also homogenous in terms of education - all ten participants have masters or doctorate-level degrees.

However, this exploratory study's emergent findings offer an important starting point for further research on queer identity in mental health practice, which has been woefully under-studied in the field of social work and social services. The reach of clients represented by study participants who worked with them is broad – some participants in case management and counseling worked with two- to five-hundred clients each year. All participants were familiar with queer identity as a discrete construct and cultural category; eight of ten participants (80%) reported working daily with clients who identified specifically as queer. Extrapolating from these figures, study participants have worked with many hundreds of queer-identified clients across the United States who are currently unrepresented in research and best practices.

Queer Identity and Culture

Initial semi-structured interview questions were designed to build an emergent understanding of queerness based on participant narratives. The picture that emerged in participants' responses to the interview question, "What is your working definition of 'queer'?," reflects key elements of queerness indicated in the literature. Participant responses indicate that queerness exists as a personal marker of gender and sexuality distinct from lesbian, gay, bisexual, and transgender, as well as a larger cultural identity in alignment with the elements of culture identified in Laird's 1998 definition:

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"contextual, emergent, improvisational, transformational, and political…a matter of linguistics or of languaging, of discourse" (Laird, 1998). Participants speak to the necessity and difficulty of language in naming identity; queer as essentially expansive and inclusive; queer as a challenge to binary systems of meaning; and queer as political. Findings based on semi-structured interview questions are broken down into subsections based on emergent themes of queer identity and culture; queerness clinical practice; and queerness in agency policy. Emergent findings are broken down into subsections based on emergent themes of queer identity development, queer critique of agency structure, and queer visions for the future.

I will preface this section by presenting the range of clients represented by study participants. Because "queer" has not been offered as a possible sexual or gender identity in large-scale demographic studies, notably of homeless LGBT youth, the research appears to indicate that "queer" is not a common or legitimate gender or sexual identity. However, this erasure of queerness does not reflect the reality that many people who seek mental health services, particularly young people, do identify as queer, as indicated by participants in this study.

Client demographics. Nine out of ten participants report working with specifically queer, non-binary, and trans* clients frequently, if not on a daily basis. For four participants (40%), most of these clients are black youth or adults in the Northeast US. One participant reports working with mostly white clients and some clients of color in the Southeast US; four participants report working with a range of white clients and clients of color in the Northwest US. One participants works with almost exlusively black clients and clients of color who are immigrants and refugees in the Northwest US; this

participant is the only one who reported that her clients do not generally identify as "queer," due in part to using first-languages that are not English. Participants work with clients who are mostly poor or working class and receive services through Medicaid, Medicare, or on a sliding scale. The range of gender and sexual identities represented is vast, as illustrated by Devin's statement:

> I worked with youth that identified as gay men, youth that identified as lesbians, youth that identified as bisexual, pansexual. Some of the trans youth that I worked with very specifically identified as heterosexual. I worked with a youth that identified as asexual. I worked with a youth that identified as zoophyllic as a sexual orientation. But a lot of the youth that I worked with identified as queer.

Participants report that queer identity is affected by age (more young people identify as queer), access to education, region, culture, and language. As an aggregate, over the years they've worked at agencies with LGBTQIA+ populations, participants represent thousands of clients, many hundreds of whom have identified specifically as queer.

Language is a virus from space. Queer's "definitional indeterminacy," referenced by Jagose (1996), is a theme throughout the interviews, particularly for those participants who identify as queer themselves. Jagose states, "part of queer's semantic clout, part of its political efficacy, depends on its resistance to definition, and the way in which it refuses to stake its claim" (1996). The request for a "working definition of 'queer'" literally made participants take pause, and several spoke to this resistance. Murray identifies as queer and worked for ten years coordinating the queer youth drop-in group and counseling queer youth at a mental health non-profit. Following a long pause, she responded, "I sometimes hate talking about this. [pause] I guess the way I feel about

that is sort of what I'm saying… it's hard to describe." Other responses included, "That's such a challenging question…It's hard to talk about!" CJ is a queer and trans-identified clinician who is currently in private practice after working for six years as a therapist at a large mental-health non-profit dedicated to mental health services for LGBT people. He offers a full and direct response to the ambivalent relationship between language and queerness:

Queer…I'll talk about what it's not. Because to talk about what it is would destroy it and won't be real. It's like an electron, you can never know what it is. But you know it's there…[*Because of how it affects other things?*[4]] Yeah, exactly. Maybe queer is not binary, or not this or that, or not straight. None of these things are bad things...Language is a virus from space. That's what William Boroughs said. It's a good story. It's true. When we put language to something, we crush it. You know what I mean? When something is queer, for me, it means that I can express a truer version of myself than I would than what is described in the English language. I'm American and I use English as my first language. So I have options of gay. Transgender. Or transsexual. Lesbian. And those are all fine things! But those are things that can never truly define me, because nothing can. But queer was this sort of relief. It's not a catch-all, but I feel queer is kind of this exponentially expansive way of helping someone relate to themselves with language. So queer can mean that I have sex with… something. Or queer can mean…I can look a certain way. But the language is killing it.

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[4] Italicized, bracketed words indicate questions or interjections from the researcher.

Queer's "definitional indeterminacy" and "semantic clout" is also apparent in its capacity to indicate reference not only gender and sexual orientation, but also in its use as a verb, which Jane notes: "Queer is a verb, too – to queer something – in a way that makes it our own. I think because as queer folks, we've had to, because those mainstream movements don't represent who we are in a lot of ways." The differentiation Jane and CJ reference introduce the ways in which all study participants (N=10) identified queer as a challenge to existing binaries and a departure from binary understandings of lesbian, gay, and bisexual identity and historical "mainstream movements" for gay liberation.

Challenging binaries. In her 2007 study, Loutzenheiser observes that "Queer not only denotes a rejection of the fixed identity constructions of gay, straight, bisexual, or transgendered, it also calls into question the normativism of heterosexual" (p. 111). This relational, disruptive element of queerness is reflected throughout all ten interviews, and nine out of ten participants (90%) explicitly expressed queerness as challenging normativity and binaries. CJ notes that "queer is not binary, not this or that, or not straight." Jane adds that queer is "a real assertion of doing things differently;" Caldwell that "it's about not looking at things so linear-ly;" Murray that "Queer is non-normative." And again, from Devin, "I think of queer as a way to talk about experiences that are not heterosexual or heteronormative." Shannon and Krystal offer examples with regard to personal identity. Queer is, for Shannon,

> [s]omebody who does not identify as heterosexual...not that one can't identify as
> queer *and* gay or queer *and* lesbian, but identifying one's desire as less associated
> with the binary. I think that is probably the biggest thing to me, because I think
> there's a lot of people who identify as queer and get the question, "Why don't you

identify as bisexual?," and when I've had that question asked of me, I've found "bi" the problematic part of that word.

Krystal describes a queer person as

> [s]omeone who identifies not within that binary of hetero or lesbian/gay. Not necessarily bi, but someone who doesn't conform to one of those either/ors and maybe is considered, and not in a bad way, but outside of the other sort of definitions and words that we use to figure out what people are...it's not heteronomative, that's what it's not.

Ximena invokes politics in her statement, "I think the next frontier is really gender…a lot of the work that transgender folks are doing is around that, the liberation of gender from this idea that you have to be male or female." Ximena continues, recounting many conversations she's had with LGBT elders regarding queer identity. She explains to them that

> being defined as lesbian, gay, bisexual, or transgender, in this day and age, feels limiting. Because now we know that we are not *only* that. We know that sexual orientation is different from gender. We know that gender is very complex and is not just a binary model, it's a spectrum.

Rita states that she thinks of queer as "challenging both the gender binary and then how the gender binary plays out in the LGBTQ framework – what digression from that looks like and how it gets tempered or reeled in or waved-a-finger-at or stopped by normative roles." Ximena's and Rita's statements both take up the relationship between queer identity and lesbian, gay, bisexual, and trans* identities, another key theme throughout all

ten interviews. In participants' narratives, this relationship emerges as one of simultaneous and sometimes conflicting expansion and inclusivity.

Queer's political efficacy: expansion and inclusivity. All participants (100%) associate queer with politics, social justice, and intersectionality. For example, note Jane's first response when asked about the meaning of queer: "Well, when I think of queer, one thing I think of is an explicitly political relationship to gender and sexuality that flies in the face of a lot of the assimilation that's happened in mainstream LGB community." In a striking reflection of the dual roles of identity categories that emerged in my review of the literature (see Chapter II), participants observe that queer is both expansive and inclusive in its politics, often within the same interview or even the same statement. Queer is expansive in the sense that Loutzenheiser and MacIntosh (2004) illustrate:

> The use of *queer*, as opposed to *gay, lesbian,* or *bisexual*, purposefully disrupts the notion that identity is fixed or immutable. It includes a move to highlight the existence of and interrupt silent assumptions about heterosexuality as normal and homosexuality as Other.

Queerness interrogates and disrupts the entrenched delineations between identity categories, calling the notion of fixed identity into question, and rejecting identity that is predicated on a binary gender system, and refusing a politics that is a response to a heterosexual norm. On the other hand, queer is inclusive in Cohen's (1997) sense, when she states,

> No particular identity exclusively determined the shared political commitments of these [queer] activists; instead their similar positions, as marginalized subjects

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relative to the state – made clear through the government's lack of response to AIDS – formed the basis of this political unity.

Queer identity performs a coalition-building function in this way, encompassing or including many intersecting identities marginalized by the state. Four of ten participants (40%) trace the political element of queerness to reclamation of "queer," historically a slur, as a powerful "new form of personal and political organization" distinct from the mainstream gay movement (Jagose, 1996). Caldwell states,

> Queer used to be a derogatory term, and it's been reclaimed by the younger
> community…it's a radical anti-oppressive way to exist in the world…it's about
> getting to the roots of what's happening and getting to oppression and privilege
> and where it's all stemming from and how to create radical change at that
> level…That's what I think of when I think of queering politics, like okay, let's
> really get down to what's really going on and talk about how the intersections of
> privilege, race, class, gender, are all playing into this so that we can all find
> equity.

Pearl echoes, "We used to not be able to say 'queer' because queer was bad, kind of like 'fag'… We couldn't say queer because queer was actually a slur." CJ notes that queer

> can be political…At one point, 'queer' was a derogatory slur for gay men
> (because lesbians didn't exist)[5]. Some of our elders don't like that, and I respect
> that. So queer, for me, means that I can be really adaptable and not fixed.

When asked about the political element of queerness, CJ continues to name both expansive and inclusive functions: "Expansion. The word 'inclusive' is really confining

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[5] CJ references erasure of women and lesbians from white gay movements.

because I don't want to be included. But it does reach a greater number of people and makes things accessible for a greater number of people. I guess access. Yes, access." Expansion explodes, opens, creates room; inclusion builds, unites, and creates access. Jane also notes both expansion and inclusion:

> A lot of the words we use are more binary because that's the culture we come from, so in order to be more expansive, and inclusive, we say 'queer'… There are so many different ways to be a gendered human. There are so many ways to be in a body.

Devin echoes inclusion, stating, "I recognize [queer] as a political label and organizing label, in terms of being inclusive of as many people who are outside the heteronormative structure as possible." Ximena speaks first to inclusive, coalition-building properties of queerness, then to its expansive possibilities:

> We need to come up with some way of unifying ourselves so we can go to the next level of self-determination…to me, genderqueer is that right now. I think people 30-down are using this as a way of not only talking about who they are, but about a moment in history - what it means to be gender non-conforming in this time of history or challenges. I think the next frontier is really gender…the liberation of gender from this idea that you have to be male or female.

Pearl also speaks about queer as a short-hand way of encompassing or including an infinite range of gender and sexuality:

> It used to be just LGBT. Then add the A, then the Q. Then it became LGBTQ, Q, I, A, A, blah, blah, blah, blah – everybody wanted in. I'm glad that we can say queer because I think queer encompasses…every label that keeps coming out,

which I think isolates people more than it includes people. The more labels we have, the more we exclude people. Why can't we just say queer…instead of all these definitions that I can't keep up and memorize? Queer is just like an umbrella to encompass love and loving differently than mainstream America might imagine.

Rita notes the tenacity and the limits of such a politics, based on discrete, accumulating categories:

gender-normativity or binary gender is so hard to shake...with LGB there's this understanding that if you're a 'L,' you're female-bodied and female-identified and you're attracted to other female-bodied and female-identified people. I think with queer that opens up, right? And we don't have to understand it that way...it's complicated by the fact that the T just gets lumped in with the LGBTQ thing. Like the T and the Q are like, we just lump them all together, and we understand why they're all together, but I feel like at the beginning it's confusing for people.

Discrete categories that expand on an existing binary model are harshly policed when they are transgressed within and outside of gay community - "tempered or reeled in or waved-a-finger-at or stopped," as Rita noted earlier. Continuing in this vein, Rita states,

[I]t's okay to be gay, but it's not okay to be male walking around in girls' clothes. You watch these things shift and shift but there's still so much, the way that our world is not queer. It doesn't validate a queer paradigm and it doesn't really want to do that.

Queerness clearly emerges as a nuanced cultural category in the narratives of study participants, a culture whose marginality is pivotal. When asked what creates the sense of

community in queer culture, Caldwell answers, "A shared experience around oppression, hands down. No white, cis, male person has a sense of what it feels like to sit in a classroom and be misgendered. A bunch of queer kids are like, 'Yeah, I get you.' Trauma bonding." Participants' understandings of queer, in turn, affect their clinical practice with queer and non-queer clients.

Queer Practice

This section will address findings related to queerness in clinical practice, as posed in my research question, beginning with the theme of access to queer identity. Participants' responses indicate that queerness comes into play two key ways in clinical practice. Queerness emerges as an ideological framework that guides participants' clinical goals and use of self. From within this framework, participants then use queerness as a clinical intervention by connecting queer clients to queer community and supporting clients' flexible, reflexive, and social justice-oriented identity development through access to a queer lens.

Intersectionality and access. All study participants (n=10; 100%) spoke about intersectionality in their clinical practice with queer clients. Participants noted how access to resources generally, and to the language and framework of queerness specifically, are impacted by clients' intersecting social and political identities. As an aggregate, participants spoke to race, class, immigrant/refugee status, gender and sexual identity, HIV status, disability, and age. For example, Krystal speaks about the clients who attended youth drop in at a Northeast US LGBTQ mental health agency:

At drop-in, [clients were] all under 25 years old. We saw kind of fifty-fifty in terms of folks who identified as male and folks who identified as female,

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including trans*. Predominantly youth of color. No surprise there that a lot of

them, as statistics will show, were experiencing housing insecurity, dealing with

issues with family, all of that stuff… A lot of folks, the main things I was helping

them with, was sort of accessing benefits.

Devin, who worked at a LGBTQ youth center, also in the Northeast US, elaborates:

[T]he needs of trans* youth can vary greatly. So when I'd get the kids whose

parents had brought them from the suburbs, and were on board with their

transition, and they were transitioning in high school, it was really different than

the 20 year old that was from [the city] and living with friends and not in

communication with their family. The needs of those two people were very

different and they were often broken down by economic access. And because of

the way that racism works, that often also meant race.

Study participants all expressed awareness of the ways such multiple, marginalized
identities affect their clinical work. For example, Jane states,

I'm not always going to be able to meet my queer clients from a place of common

experience. Even if you do share a queer identity, you don't share exactly the

same queer identity, and there will always be countertransference and privilege.

"[I]t's about having multiple labels that these kids are identifying with," Caldwell adds,
"what's they're sexuality versus their romantic identity versus their gender identity." At
the mental health agency where he runs an LGBTQ drop-in group, "there's a high Latinx[6]
population. But when you're in the schools, from what the kids tell me, it feels very
white. So those kids are feeling so many different levels of oppression based on so many

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[6] Latinx is a way to include gender non-conformity within Latina/Latino identity.

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different things." Ximena, who does outreach to immigrant and refugee communities regarding mental health services at the large LGBT agency where she's employed, states, "the US has this construct around gender and sexual orientation and race that is so obtuse and closed, that it's really hard for people to see the complexity." This "closed construct" renders multiple targeted identities impossible:

> Race, gender, sexual orientation – all of those things can be different in one person. They don't know that any of the immigrants and refugees they're serving are gay. They don't put those two things together – they assume immigrants and refugees are straight.

Most (n=9; 90%) participants made connections between intersecting marginalized identities and access to resources. CJ summarizes, "often the marginalized populations, whether they were queer, or trans, or trans people of color, or trans with a disability, all those people honestly just did not have access. Nor could they access it even if they had it." Several (n=4; 40%) participants explicitly spoke about queer identity as a resource that comes with access to education, language, and diverse community. Shannon states,

> I think that queer as an identity is largely associated and sort of plays out, as I see it, as a young, white, often affluent, well-educated demographic sect. Not exclusively, obviously, I don't mean to paint the queer community as a monolith…there are more young people of color who I've seen using that word for themselves…there's a different lexicon sometimes within different communities where if that was the term they were introduced to that would be one thing, but it's not, like, what you come up[7] with.

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[7] "Come up," here, is in the sense of "grow up" or "come into yourself."

At the LGBTQ youth center where Devin worked,

> [Y]outh that had a queer lens had more access to information about sexual
> orientation and identity and homophobia and the history of our movement. They
> seemed to have more language and more ideas that there was kind of more
> awareness in that way.

Rita, who worked at the same LGBTQ youth center, adds that there were often multiple
conversations happening simultaneously, from different points of access:

> A lot of folks were just looking for a safe place - looking for food, looking for a
> place to dance, to practice their drag...There's different ways that I, as a white
> college-educated person, come to understand queer, and someone who grew
> up…as a gay black man understands queer.

When asked if her clients identify as queer, Ximena states:

> No, not really, because what I'm finding is that the US has had the opportunity for
> the last ten years, through all the civil rights work that has been done in the LGBT
> community, to develop language to talk about a lot of these things. There are 77
> countries right now where being gay is a crime and you can die or be imprisoned
> for life…You are dealing with survival.

Ximena continues, speaking to the need for increased attention to the behavioral health
needs of a complex, intersectional queer community:

> [W]e get all clumped in the LGBTQI, people just look at us like this monolithic
> community, but each one of us, each one has very particular needs around
> behavioral health, each one has very specific things that they need, and nobody

has ever cared to ask them, "What is it that you need? What do you need to be happy and thrive?"

This theme, of working with frameworks and interventions that reflect the experience of queer people, is reflected throughout all ten participants' narratives.

Queer framework and use of self. Throughout participant interviews, queerness emerges as an ideological framework that guides participants' goals and use of self in clinical practice with queer and non-queer clients. "Queer is a marginalized identity," Jane offers, "and for me, coming from a lot of marginalized identities, how would I want to be held by other people? I try to be as wide and as gracious as possible in seeing people and really holding their humanity and the core of who they are." The depth queerness offers in Jane's clinical work is also political: "the way I work somatically, that lineage is rooted in a lot of political stuff, so we're automatically saying our bodies are sites of political shaping and political transformation." Rita echoes that queer "makes space for an intersectional understanding of things," and that a commitment to intersectionality has implications for individual and agency practice:

[H]ow can we have a queer youth center if we're not going to be creating a space that really is youth-led, if we're going to not challenge oppression against young people, if we're not challenging racism?...this is part of a queer framework, there are these systems that have organized our lives that we're trying to deconstruct.

Rita relates a story about a co-worker's resistance to integrating political analysis in work with queer youth. The co-worker, referencing Maslov's hierarchy of needs, asked, "How could someone be thinking about organizing when they're hungry?" Rita replied, "That's so dated, of course they can!" She continues, "We need to be recognizing, as an agency,

that that is one of the needs that queer youth have, so that they have the tools to advocate for themselves and their communities." Rita's response illustrates a larger trend in study participants' interviews, a commitment to bringing intersectional analysis into work with clients. For each participant (n=1-; 100%) this commitment to intersectional interrogation extended to reflexive, transparent use of self in clinical work.

Use of self. For Murray, who provided therapy and drop-in group facilitation to queer youth for ten years, use of self means "being more of myself in work with queer youth than I would with, say, a queer adult." She recalls,

A lot of kids were coming in, literally saying, 'You're the ONLY one.' Being a queer adult, wanting to be a role model, to be seen. I think as mental health practitioners we're often encouraged to leave a lot of ourselves at the door, so the client can have a more clear reflection of themselves. In this situation, I didn't find that as useful.

Caldwell also speaks to being "more myself," working with queers as a queer person:

I think it's really important that they see a queer adult who has healthy relationships and exists in a life that's very queer-normative. Meaning that my life is queer, and that, to me, is normal. I have boundaries, of course, but I disclose more than I would if a client was not queer, and that's a therapeutic choice.

Pearl also speaks to transparency about politics and identity: "they know that I have my soapboxes…They kind of enjoy hearing my side of things because I'm kind of loud and sassy when it comes to certain topics." She continues, "That's part of counseling, is being an advocate for people who don't always have a voice. They can tell I kind of walk it, too." On the same theme, Jane recalls, "those clients who did identity as queer were

really excited that I could meet them at that level. I just understood what it's like to be queer...talking about queer sex and safer sex and consent and how to ask for what you want."

Participants also speak to the importance of reflexivity in use of self with regard to privilege and oppression. For example, Devin states that in his work with young people, "it was a lot of transference around what people expected of me or how they expected me to be, what language they felt they could use with me, what they thought I could understand or not understand." He continues,

> I really looked at coming from a place of transparency around identity and bringing up, "What is it like to work with a white therapist? Are there things you don't think I know that I should know?"

Krystal emphasizes this point, stating that as a white social worker working mostly with people of color, "My own identity is something I take into consideration in the work that I do....because it's really important for people to see themselves in all landscapes of all things, right?" Krystal offers a frame for addressing difference that she's borrowed from a respected practitioner:

> I think it's really important for me to be present, and for me to be fully present, you need to know who I am. I think there's gotta be a way for us to be like, okay look, we can look at each other and see things that are different about each other. Here are some things you can't see. We can have a little bit of conversation and find out there are a million and one things that are different about each other.

All participants' narratives reflect the importance of strategic transparency and reflexivity, considering the differences we navigate with queer clients and in any clinical

interaction. A queer understanding of identity, in which categories are understood as context-dependent and fluid, supports this attention to intersectionality.

Clinical goals. Participants emphasize the need to address trauma their clients experience as members of multiply marginalized identity groups. One key clinical goal that emerged across participant narratives is supporting clients' positive, flexible, reflexive, and social justice-oriented identity development through access to a queer lens. Caldwell notes, "because we're in such a hetero-cis-normative space, they're so invalidated in their gender…finding a place where they get to practice their identities and be validated is really helpful." This becomes possible, Shannon states, "when people feel like they have the space in themselves and the space socially, physically, emotionally, etcetera…to explore what that means to them and how they want to practice and live out their identity." Caldwell continues,

> My first go-to is usually getting kids connected in queer community. How do I get queer kids around queer kids so that they know that they're okay, that they're not weird or different, that there are lots of people like this...finding a place where they get to practice their identities and be validated is really helpful.

Social and linguistic access to queerness allows for exploration of fluidity and nuance in personal identity – as Rita describes it, "I think queer is a good way to support people in seeing what limits us in our own self-expression." CJ observes, "Sometimes if someone's identifying as queer and has an understanding of that, I might say they are in a different level of development than another person…there might be a different kind of expansion." He clarifies that ordinal stage models don't imply a hierarchy of "better" or "worse," but can indicate access to complexity:

[I]f I'm a stage "five" in Kohut's moral stages of development, and I'm integrative, I see that all things can be true, and it's really amazing. I also have more access to be like, that's really sad and really hard...Someone who has an understanding of queer, maybe we could talk about something different than someone who's just like "I'm just gay and I don't like queer."

Devin and Rita worked for several years at the same queer youth center, and both emphasized the way young people developed queer identity in relationship with each other and with staff. As the center brought in more youth with different identities, Devin states, "[Queer] was a word that a lot of the staff used, so some of the youth didn't necessarily come in with that identity, but through their work with [the center], felt like that identity described them." Rita notes that "queer was something we worked towards." She continues, "often that was our work or my work, to support people…in finding peace with themselves through questioning normative binary non-queer ways of looking at the world, and pushing to find their place and be able to name it." Rita and Ximena offer thick descriptions of this process. From Rita:

[Y]ou watch people showing up kind of shy and self-hating and, like, small. You could just feel the emotional context was just tiny. And then it was usually two to three weeks after someone would come regularly, you know, they would just be huge! It was so profound, and it happened over and over and over. The explosion would just keep happening if someone stuck around and made friends and got involved... people have been around for a while, involved in certain projects, and suddenly they're super articulate and amazing…often they were people who'd been around a minute and had gotten to be parts of conversations.

Ximena works with a different population, but paints a similar picture of this process of expansion:

> What I'm learning is that it's just this kind of discovery process that goes hand-in-hand with language. It takes about five to seven years for people to really start to understand their identity in the context of being a refugee or an immigrant here, and trying to negotiate being from a community that's marginalized as an immigrant, and also within their community and within the bigger society... [people] come into the agency and see all sorts of folks. Gay men, transgender, lesbian, bisexual – for a lot of people, they've never met another transgender person, it's pretty shocking, encouraging, and for some it's – to realize all the stuff they have to put up with, so much hatred and oppression that that's become normalized in their life, and the idea that you could have a different life, get some respect, be connected to people – it's very overwhelming…Some become more introspective, and others just go crazy!

As practitioners, participants in this study aimed to support their clients' growth and self-determination by providing access to queer community, language, and frameworks.

Queer Policy

Several of the semi-structured interview questions were designed to gather information about participants' experience of official and unofficial agency policy as it relates to queer identity. Regarding official policy, participants respond along themes of agency structure, funding, and agency training. Participants speak to unofficial policy in their observations of staff attitudes and conversations about queer identity.

Agency structure, leadership, and funding. Nine of ten participants spoke about ways that agency structure and policy were limiting in their work with queer clients. Jane relates, "In the policy we're forced to be a gatekeeper for medical transition for trans folks. Their standards aren't up to the current WPATH standards...I believe in informed consent so it just didn't really work for me." Several specifically referenced "Special Population Consultation" or other intake-forms that require distilling client identities to a series of boxes, none of which allow for queer identity. Krystal notes, "We had young people and adults who'd be like, 'I don't like these boxes that we have here. I don't' really fit into any of these.'" Caldwell states, "Some things come up for me around Special Pop Consults, which I think are inherently racist… there's all these hoops you have to jump through because Special Pops are so linear." CJ elaborates on this point:

> It was hard because – they called it "sexual minority." Like, what does that mean, are my genitals weird? And if they are, that's fine, but what does that mean, do I have sex different? Sexual minority, minority...I think the model is not at all representative of the people who are being served. I think it's completely white supremacist, to start with. It's super ableist, it's based on homonormative, heteronormative versions of who a person should be. It's a eugenicist model, that's how I look at it.

This perspective references a Foucauldian framework in which discourse is a mode of power relations, and institutional discourse determines reality. In this way, the function of a limited number of boxes on a form, for example, is to literally limit the ways a person can be in the world.

Five participants explicitly spoke about the ways in which agency leadership affects current practice with queer clients. Jane and CJ worked at the same LGBT-focused agency during different periods of time, and both point to a top-down non-profit structure that was severely constraining. Both Jane and CJ theorize that this constraint was a result of internalized homophobia played out at an agency level. Jane relates:

I think there's a real trauma shape in that organization, which I think makes sense. That organization has been around since the '60s or '70s, so they had a gas can next to the filing cabinet ready to torch the records. Their location was secret. White, queer, gay men were being targeted. And now it's trans women of color who are the ones who are dying. So I think that totally shaped the way the agency is now. They're really, really careful about criticism...They think if there's criticism...that's seen as a homophobic attack. That's seen as not presenting a united front against the world. I think it's like – if they had to talk about anything that was slightly out there, they jeopardized their credibility. They really gained a lot of credibility, so it was really protecting the organization. It's just not a political organization. Well, it is, but it's just their politics, which are not my politics.

CJ describes agency structure in similar terms:

[The agency] is so stagnant. The top-down will not let any kind of flow come in. There's no flow of newness or openness about learning something different. Because they already know...The three people that run the agency and have for so long, coming up on two decades, are so fixed in how they see things, and they're so fixed in their own triad of what the right thing to do is, I think they just didn't

have room for anything else. I think they spent a lot of time trying to prove

themselves as a "real agency" to the other agencies in town. We always had the

best paperwork, our charts were the best. We had seven-page charts, not three-

page charts. We were the most thorough…It was like, "We're a gay agency, we're

going to show you that we have the best services" and I think that was a direct

result of internalized homophobia.

Three other participants point to top-down agency structure and stagnant founding

leadership as real barriers to healthy agency culture and services. Devin describes:

[T]here's an executive director who is also the founding director, and who has all

the power. So anything that anyone wants, you have to go through her. And there

wasn't very much middle-management…that also meant that people often didn't

feel very empowered to make decisions for their programs...there was a lot of

vying for resources and for attention. So instead of working as a cohesive

organism, it was always like, "Who's the person who's getting all the attention

right now?" There was always like a favorite.

Rita names this trend, which emerged strongly across interviews, as "the older founder-

director syndrome." Shannon speaks directly to the assimilation that has become possible

for white, cisgender gays and lesbians, many of whom are now in positions of power:

Part of me wonders whether it's the privilege of being able to not have to depend

on other members of your community for support. These are people who have

basically pursued the American Dream to the best of their ability and have been

pretty successful in doing so, because aside form identifying as gay or lesbian

they have been able to accumulate wealth…they're able to live a very private life

and accumulate wealth, start a family, and do the nuclear family house dog

etcetera.

Jane, CJ, Rita, and Shannon all reference a real disconnect between assimilated white lesbian and gay agency leadership and the marginalized populations served by these agencies. Rita says, of the founding director of the queer youth center where worked, "[T]his place is her baby and it was birthed at a…different time and, like, the transgender experience was still so hidden and invisible, not like it is today...the issues that people were facing were more binary, ultimately." Devin notes that this founding director is white, and that "The reputation about the attic, and maybe it's changed, was that it was a place where white people hired white people and there weren't that many people of color on staff." Rita speaks to this point as well, saying, "It's really important as an agency that serves mostly black youth, that we have black staff." However, Rita and Devin note, there have been policy-level improvements in this area. Devin states,

one of the things [the agency] has gotten better and better at is making it a space

that feels safe for intersecting identities, especially in the last couple years since

they've switched to a more social justice frame that I think is allowing more and

more space for conversations about race and ethnicity and sexual orientation.

Rita continues, "They have been doing some really awesome work around challenging racism and taking on the Black Lives Matter framework." Youth at the center, Rita says, have voiced that they need to "have the tools to advocate for themselves and their communities. And now that's part of the five-year plan language, our mission… and that's pretty cool."

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Funding. Clients' multiple identities, including queerness, affect resource allocation at an agency level, as CJ notes: "queer people holding different marginalized identities, different targeted identities, often would not be the recipients of certain resources allocated for, say, someone who might be a gay man or even a lesbian woman." Murray, who ran the queer youth drop-in group at a large mental health non-profit for ten years, speaks to the same theme:

> Support was limited by funding sources – there were not many grants available
> for working with LGBTQ people, just Pride Foundation, and this money would
> get allocated to other places with less resources in the region, smaller programs
> with more limitations. The agency would give leftover money at the end of the
> year to queer youth programming but that was often like $200 for pizza for the
> year or $15,000 for staff hours for the whole year.

CJ expands, speaking specifically to the historic prioritization of white gay men's health over other populations:

> Everyone is susceptible to HIV/AIDS, it's true. As we know, unfortunately, it
> impacted the gay male subculture. Most of our funding at the agency I was
> working for, so much of it came for gay men with HIV…most people aren't
> targeting trans* women of color. That's just not happening…I would see a lot of
> resources being allocated toward non-trans* cisgender gay men…people were not
> really geared toward helping a lot of people from marginalized populations.

Devin observes the same limitations around funding at the queer youth center: "I think originally the Gay Men's Group was all about talking about how to stay safe, right? How to practice safe sex. And I'm pretty sure that's what the funding for it was." Participants'

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responses reflect that narrow requirements for funding, usually targeting groups and methods with the most social capital, dictated the rigid identity-specific services that become barriers to clients whose identities are non-linear. Shannon observes that agency funding streams also affect where resources are allocated. Shannon works at a large LGBT-focused non-profit which includes a medical health center, case management, youth drop-in, and mental health services. She says,

> [I]t's not like we don't get grants, but we also do make money from the health center, especially as people get insurance, which I think is part of the reason there was this big shift to emphasizing insurance stuff, to make sure the agency gets paid.

Though many of the agency's programs target trans* youth and adults, specifically those seeking medical transition,

> [T]he agency's insurance policy did not cover trans care [for employees]. Didn't cover hormones, didn't cover surgery. Nor did the agency have in place any sort of employee fund that you could choose to contribute to whether it's for emergencies or anything specific for trans care. There was nothing.

In this way, agency-level transphobia in resource allocation for trans*, gender non-conforming, and queer clients can also be seen reflected in policies affecting trans* staff.

Agency training. All ten participants (n=10, 100%) reported that their agencies provided no training specific to queer identity, and some report that their agencies provide very little cultural competence training whatsoever. Trainings on queer identity that did occur at the represented agencies were facilitated or organized by study participants, and have not been institutionalized. Jane reports, "There's a trans consult

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group, but it's not required like the other consult is. And it's the people who don't need to go who go – they're the people who already know about trans issues. No resources around race, class, or other targeted identities. [The agency] is particularly bad around race." When asked if she received training on working with queer clients, Murray states, "Not through supervision. Not through trainings or consultations. I didn't know of anyone else doing mental health work with queer youth." When Murray began doing this work, over ten years ago, "[There were] no other orgs to get information from, no mentors." She continues, "During taskforce, we had our yearly 5-hour training devoted to gender and sexuality. I was the one doing the training." Murray was part of a large-scale grant-funded effort to assess and improve access to services for LGBTQ people called Taskforce, which she implemented at her agency during the time she worked there. This implementation entailed an "agency-wide effort to be accessible – in the way that queer doesn't just have to do with gender and sexuality, but with other intersections of identity that affect accessibility." For a time, the Taskforce had regular meetings, though these meetings stopped happening when Murray left the agency. Caldwell recalls a handful of one-time trainings: "Two years ago we had an LGBTQ training...It was a basic training, I think people were confused most of the day…we had another training about school and how gender can play out at school." They continue, speaking about trainings they've personally facilitated at their agency:

> We did mandatory gender trainings when I came out at work as using gender-
> neutral pronouns. We made them...We used to have a queer caucus and that's
> fallen by the wayside because I'm tired and I had been organizing it...Education
> and training is coming from the queers at [the agency]...We've started a culture of

names and gender pronouns before every meeting. We've started a culture of…

pictures of staff with their names and pronouns. I'm curious what will happen

when I leave. Will there be another queer that comes in and takes over, or will it

just die down, is this the end of an era?

When they asked for agency support for queer-specific training, Caldwell reports, "The

impression that I got was that working with queer youth was my passion, not my job.

Even though it's clearly my job." For participants, relevant training was dependent on

individual staff members who happened to hold the necessary knowledge. Pearl echoes

this theme: "We had a girl who…started GSBS. Gender, sexuality…advocacy group, and

it was a few of us clinicians throughout the practice who'd get together and talk about

queer issues. Then she got pregnant, it's gonna be on hold for a little while." Murray

speaks to the bigger picture this represents:

Sometimes organizations will have a really inspired queer person and that person

will start, but not really have the capacity to do the work beyond that person and

that's sort of a set up. Queers working with queers need supervision and support.

Supervision that's relevant to the work they're doing.

Unfortunately, as interviews reflect, this type of supervision has been inconsistently

available, if at all, for queer-identified participants working with queer clients in agency

contexts.

Shannon and Krystal, who both worked at an LGBT center that provides medical

and mental health services, report that the trainings they received on trans* issues were

focused on medical transition rather than social or political identity. Krystal states,

I learned a crap ton at [the agency], medically speaking, when it comes to trans

health care...I did have to go to like an LGBT training. I wouldn't say that had any

information in it that I didn't already know. No, [queer is not an element in any of

the trainings]…I think most people drop queer out of conversations and just refer

to queer as questioning.

Ximena was hired by her agency to do outreach, with the goal of reaching LGBTQ

immigrants and refugees who are covered by Obamacare but not accessing services at her

agency. Part of Ximena's role is to develop training on resource-provision and

competence with this population, and she notes that she also fills this role within the

agency. Her experience has been positive:

We have a weekly meeting where we discuss how the work is impacting us, and

we find ways of supporting each other so we can process that...Every week, I

share an article or a story from the folks I interview. It's been really awesome,

frankly. The clinical director sent me an email and told me he had never thought

about how all these things impact an individual. He was really touched when one

of our staff members is a refugee...told him his story, and he was just in tears. He

said, "all these years, I assumed he was just like us."

The director's response, though positive, indicates a longstanding lack of awareness

regarding immigrant and refugee experience at the agency.

Devin notes that though the queer youth center provided some trainings on

cultural competence (though never regarding queer identity specifically), "they never

really got together a training every staff person would take or that every new volunteer

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would take. I think that was problematic because people were coming from really different places." CJ recalls a much more hostile and tokenizing agency environment:

They would not let me do trainings at the agency – I was "too emotional." I would train for other agencies. I was never ever – the trans people there, there were a couple of us, we were way "too emotional." But we could earn money for the agency by doing trainings outside.

CJ speaks to the fact that several of the represented agencies provided trainings to other agencies or organizations, or even had departments dedicated to cultural competence training, though this training was not happening internally. CJ, Caldwell, Murray, and Ximena have all been responsible for representing their agency as cultural competence trainers for other agencies. Shannon observes,

They do a lot of education and outreach. They do professional training for everyone from medical providers, educational settings, there's a cohort of people who do this…But their skills at having conversations about those issues do not necessarily carry through to the rest of the organization, especially the old heads who have been doing it for 25 years, who are affluent white gay and lesbian identified folks who don't necessarily think about issues affecting other members of their community, so-called.

Rita's observations highlight this theme, stating, "we have this part of the agency that does trainings, they do trainings and support young people to be part of those trainings. But they never trained me, as a staff person."

Jane and CJ, in alignment with Shannon, hypothesize that the absence of training is correlated with relative privilege and lack of awareness in white gay and lesbian

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community. Jane: "When you are an explicitly LGBTQ agency, I think they start thinking they're immune from having explicit policies because 'We're gay, so we just get it! All of it, all the time.'" CJ states,

> It was already from the vantage point of "We are culturally competent and we will teach you how to be culturally competent"...I think most people [at the agency] would argue that they don't have to be culturally competent because they are gay, and they'd say, "I already know this."

Skills development. How, then, did study participants develop their considerable skills and in-depth frameworks for working with queer clients? One hundred percent of participants reflected that their training was informal, and came as a result of their own personal identity development and/or commitment to working with a queer population. If they were lucky, some participants had supervisors or colleagues (n=2) who had experience working with queer clients and were dedicated to passing on this knowledge. At the agencies where there have been trainings, even one-time trainings organized and led by queer staff, participants are hopeful that "making it up for conversation" is an effective way of raising awareness at agencies. Devin continues, "It's like something we can talk about, and there's a culture of talking about it, and that's the most effective part about it."

Unofficial policy: conversation and attitudes. If official policy acknowledging and supporting queer identities is lacking, unofficial policy paints a more detailed and more hostile picture. Eight of ten interviews explicitly reflect that even at LGBT agencies and agencies that support periodic conversations on queerness or other marginalized

identities, the larger picture of societal heteronormativity and transphobia remains unchallenged. Jane says, of the LGBT-focused mental health agency where they work,

> [The agency] is not a queer agency. None of the staff currently identify as queer. No [this was never talked about]. No, those conversations are super shut down [about gender fluidity, nuance] by the leadership. I identify as genderqueer and I never got to be out there. I don't use she and her as pronouns, but I present as cis, so…well, I feel like I have to pick my battles. I don't think it's a very affirming place in a lot of ways for queer-identified people.

"It comes up every day at work, my gender, it comes up every day," says Caldwell. "It depends on who I'm talking to. I've heard the front desk staff give feedback that they'll misgender clients or use the wrong name sometimes. So it's like people know, but they just don't try sometimes." CJ relates, "when I first started working there, a direct quote was, "Most trans people have personality disorders." He elaborates:

> This is from an agency, this is 2004. We'd gone to the moon, there were satellites in the sky, there was the internet, Google Earth existed and you could see your house you grew up in on your computer, and that was a general accepted idea about trans-feminine people. And trans men, too…For me, as a person who's not trying to live in a defined binary where people are "male-looking" and "female-looking," it was very hard, and every day was a struggle for me with my co-workers...I had to tell my supervisor like five times, I was constantly fighting, like, "No, I'm trans!" It's already hard enough for me to be trans anyway, that's not how I'm perceived...It was terrible for me as a non-binary trans queer person.

Every day was a struggle. I had co-workers who constantly mispronounced me,

every day, unapologetically...

Shannon, Krystal, and Rita also report hearing agency staff "misgendering" or "dead-naming" trans*, queer, or gender-nonconforming staff at their agencies. Rita remembers persistent resistance to gender-neutral pronouns at her agency:

There was a time we would always say it [our preferred pronouns], and people

started to feel silly, and then… People whose gender identities were more

conforming wouldn't say anything, and they [the non-conforming people] would

end up being the first person to include gender into the list of things you share

about yourself...If you can't even do that at a staff meeting…that's what it looks

like when we're clinging to a binary, to me...The closet is believing it's queer or

gay peoples' obligation to say something.

Devin adds to the conversation on ambivalence toward non-binary identities in LGB-agency culture:

The hierarchy of identities, one way that it would happen was people feeling like

a queer identity was like the coolest one or the best one, and having judgment for

people who didn't have that, and then also people also feeling like it's not a real

identity and so maybe having judgment about that.

Agency-level oppression toward non-binary-identified staff, as indicated by informal conversation and staff-attitudes, often showed up as isolation and tokenization of queer and trans* study participants. Caldwell illustrates, "Because I hold this position of doing the [queer youth group] stuff, I'm in this role and I'm tokenized…even though I know about queer stuff I don't always want to be in the role of having to train people."

Caldwell recalls that they had a supervisor who was a "really awesome queer therapist,"

who soon was assigned to a different site because the agency "wanted to 'spread us out'

in order to be able to see more clients." CJ speaks to the devastation of being

simultaneously used (to implement "cultural competence" outside the agency, to bring in

more clients, etc) and rejected by an agency:

> [A]s a queer person I just can't teach people about being queer anymore. It's just
>
> too painful for me…It was intense, I was constant voice of dissent at this agency,
>
> I am not a popular person there. I'm a Bad Person. It's crushing.

Murray relates that she had

> conversations over and over with my supervisor about having me not be the only
>
> one doing this work. I…finally left because I couldn't do it any more…knowing
>
> that other staff won't understand specifics of the situation, so being unable to gain
>
> input or share the burden of what's happening.

Again, the lack of specific and relevant training and supervision adds to isolation and

tokenization of queer staff at agencies that serve LGB people. Devin states:

> It was challenging because of the… lack of supervisors. When they ended my
>
> position as a supervisor, they didn't replace anybody, they lost funding so they
>
> ended it. I think it's challenging to continue teaching in that way when you don't
>
> have a supervisor, and your supervisor is just like a task supervisor, and you're
>
> just kind of left out in the wind to kind of do your own thing.

Unofficial policy at the represented agencies, which emerges in consistent conversational

themes and silences, is not only unsupportive of queer identity, but often rejects it

entirely. Several participants offer that while non-queer staff members are open to

conversation and training, this training exists only piecemeal, and in the meantime leaves agencies hostile environments for queer staff and clients.

This chapter has presented major findings of this study, which focuses on queer identity in mental health agencies as experienced by practitioners. Major findings are that a) queerness emerges as a distinct cultural category in participant narratives of self, clinical practice, and conversation, and that b) this cultural category is largely absent or rejected entirely in administrative policy, training, supervision, intakes, and unofficial conversation at the agencies represented.

CHAPTER V

Discussion

The purpose of this study is to explore the question, "Does queerness emerge as a distinct cultural category through the language of conversation, clinical practice, and administrative policy in mental health agencies that serve queer people, and in what practices is this reflected?" This discussion will review key findings and explore ways the findings both reflect and address gaps in literature on this topic in the field of social work. This chapter will discuss the findings in the following sections: 1) key findings, 2) limitations and recommendations for further research, and 3) implications for social work practice.

Key Findings

The semi-structured interviews conducted as part of this study were designed to elicit thick descriptions from participants regarding their experience and understanding of queer identity as employees and practitioners with queer clients. These narratives, individually and as an aggregate, build a picture of what queer practice and policy look like, for this group, at mental health agencies that serve queer people. Key findings that emerge from this picture are as follows:

1) Queerness emerges as a distinct cultural category in practitioner self-narratives and clinical practice at mental health agencies that serve queer people. Simultaneously, queerness' status as a "cultural category" is complicated by its interrogative and deconstructive political functions.

2) Queerness is absent from explicit agency policy, and implicit agency policy rejects queerness.

These findings reflect current literature in the field in several ways. In theory, personal narrative, history, sociology, and many other fields, "queer" is accepted as a social and political identity and theoretical construct. Authors in the field of social work also acknowledge, if briefly, that clients may identify as queer (i.e. Alexander, 1999; Hicks & Watson, 2003; Loutzenheiser, 2007; Loutzenheiser & MacIntosh, 2004; McPhail, 2004; Morrow & Messinger, 2006; O'Brien, 1999; Van Den Bergh & Crisp, 2004; Willis, 2007); study participants confirm this reality through their reports on client demographics and narrative reflections on practice. While queer emerges as a distinct personal and political identity in participants' practice at mental health agencies, queer also emerges as a tenuous "category" that implies interrogation of systems of power, in alignment with the ways queer has been theorized (i.e. Cohen, 1997; Crimp, 1988; DeLauretis, 1991; Duggan, 1991; Jagose, 1996; Lovaas, 1996; Warner, 1991). The absence of queer in agency training and policy reported by study participants reflects the near-absence of literature in the field of social work, particularly in cultural competence texts. This absence, and the implicit rejection of queerness in agency policy illustrated by funding allocation and staff attitudes, also reflects the larger social context of heteronormativity and transphobia in which agencies and social workers operate.

Queerness as a cultural category that interrogates itself. Queerness, as it emerges through the semi-structured interviews, fits Laird's definition of culture as "contextual, emergent, improvisational, transformational, and political; above all, it is a matter of linguistics or of languaging, of discourse" (cited in Dean, 2001). All participants refer to queer, again and again, as a "culture" and a "community." However, participants also refer to queerness as a framework that interrogates the construction of

discrete identity categories and explicitly challenges these delineations. In the body of

work known as queer theory, queer is understood as having multiple functions that are

often in tension with each other. Cohen emphasizes the "political expedience" of queer

identity as an organizing tool to build coalitions among "marginalized subjects relative to

the state" (Cohen, 1997). For others theorizing queer, identity is understood as active and

intangible. For example, in Jagose's (1996) description, "an effect of identification with

and against others: being ongoing, and always incomplete, it is a process rather than a

property." Participant interviews explicitly reflect both the coalition-building and

deconstructive elements of queerness.

Devin and Rita provide examples of ways in which queer youth utilized the

connecting or coalition-building elements of queerness. For youth who identified

specifically as queer, Devin observes,

there was much more of a frustration with other people, that they couldn't catch

up with them or they didn't understand, so there's, like, more anger than sadness.

People who had more binary gender identity, it was often more about being sad

than being angry. I also think maybe a feeling more connected with other people

who are like, in the fight.

In this context, queer becomes a tool for externalizing problems that have been located

within the individual, allowing queer youth to understand themselves as limited by

external structures and systems of oppression, and connected to others experiencing this

marginalization. Rita recalls,

There was also the language of solidarity…I saw youth who in many ways were

born male, identified as male, hot for boys who were born male and identified as

boys who would identify as queer sort of as like a way to kind of challenge some

of that stuff even though it might not be their own experience. And to be able to

be like, "Yeah, I'm queer. We should all be queer. There should be space for

everybody."

Participants also speak to queer's interrogative, expansive function that transcends intake

form tick-boxes, binaries, and delineations between identities, particularly in describing

identity development.

Queerness in clinical practice. This study found that agencies providing services

to queer clients do not provide training on queer identity for staff, which reflects

observations in the literature that queer frameworks are not used in social work theory or

practice (Hicks & Watson, 2003; McPhail, 2004). Despite the absence of queer identity in

"add-and-stir" models of cultural competence (Willis, 2007), and NASW Code of Ethics

recommendations (Workers, 2008), queer is clearly a way clients understand their own

gender and sexual orientation. This study also elicited a wealth of information about how

queerness is used in clinical practice, and the implications of a queer framework for

"cultural competence" and clinical work across difference. Queer, as "an effect of

identification with and against others" (Jagose, 1996), emerges as in important construct

in relational work with queer clients. Participants also reflect that a queer framework has

been important for understanding and communicating about intersectionality with clients.

As detailed in Findings (see Chapter IV), queerness also emerges as instrumental in

practitioners' reflexivity, self-awareness, and use of self with clients. Indeed, many of the

methods and frameworks put forth by participants reflect recommendations from the

limited literature. Participants' narratives affirm Willis' (2007) assertion that

Queer ideas, such as deconstructing and moving beyond dominant ways of

thinking about sexualities and re-examining all aspects of social life for the ways

in which heterosexuality is privileged and institutionalized, provide an alternative

framework for rethinking pedagogy and practice with sexually diverse groups.

Participants' clinical uses of queer, in general, moved beyond Gay Affirmative Practice

(GAP) models that accept a binary model of gender and understand homosexuality as a

"natural" deviation from the heterosexual norm. GAP elements of "unconditional positive

regard and acceptance of a client that affirm a clients' sense of dignity and worth" (Van

Den Bergh & Crisp, 2004), however, were endorsed by participants. Participants also all

reported addressing their own heterosexual bias and (internalized) homophobia, which

are skills deemed necessary in GAP (Van Den Bergh & Crisp, 2004).

All study participants implemented recommendations given by McPhail (2004)

for incorporating a queer framework's ontological scrutiny into practice, such as:

- o Use continuums of gender and sexualities rather than discrete categories in
  diagrams, explanations, and models

- o Speak more hesitantly and conditionally when we make generalizations
  based on categorizations of people

- o Teach critical questioning and analysis, by asking questions such as:
  Whom do these categories serve? Who do these categories include and
  whom do they exclude? Who has the power to define the categories? How
  are the categories policed? How do these categories change over time and
  over cultures?

- o Rather than simple yes/no questions about sexual orientation, in practice

  and research, ask about specific aspects of same gender behavior, practice,

  and feelings over the course of an individual's life" (McPhail, 2004)

For example, Pearl speaks to addressing specific aspects of gender in work with clients,

stating, "I always ask if they haven't already offered the information. I ask what

pronouns, how should I identify you, what do you prefer. How do you wish to be

indentified? They'll usually offer it up." Rita speaks to the need for frameworks that

support queer youth in challenging the paradigms that seek to contain and delimit them:

> My line was, we should always be asking people what pronouns we prefer. In this
>
> world we want to live in, the way we believe the world should be, that's what we
>
> do...I do think that if we had more intention about talking about a queer
>
> framework as a way to give young people these really great tools to design
>
> themselves and their lives and name it in this world that is following some other
>
> kind of paradigm or framework, I think that would have been awesome...how do
>
> we really develop a space, and how do we be accountable to each other, and how
>
> are we dreaming this world, what do we need it to be like to make space for us?

Queer emerges as a cultural category that is committed to Park's (2005) "political

imperative" of "destabilizing basic constructs – interrogating, contesting, and reinscribing

entrenched, sedimented, and naturalized assumptions… a task which we tend to see as an

ancillary aggravation to the *real* work of building interventions." This imperative to

interrogate and contest becomes an intervention in itself as study participants support

their clients in reflexive, expansive, relational gender and sexual identity development.

Agency policy implicitly rejects queer identity. Study participants worked at agencies where queerness was not addressed in training, policy, or administration. Most agencies represented by participants worked within a binary understanding of gender and sexuality, in which intersectionality was difficult to accommodate. Participant observations of mental health agencies reflect McPhail's observation that even when sex and gender are appropriately understood as separate, the basic structures underlying the male/female binary remain uncontested (2004). When it was accommodated, in passing, in one-time trainings, or when addressed by individual queer staff, queerness had a subordinate status in some agencies, as O'Brien notes that queer discourse is subordinate in social work literature (1999).

In the unofficial policy of conversation among staff, eight of ten (80%) participants reported rejection of queer frameworks and identity in the form of mis-gendering, resistance to gender-neutral pronouns, and flat-out transphobia. Participant narratives also O'Brien's (1999) observation, on an agency level: "After the early 1980s I found that the marginalization of nonheterosexual orientations is no longer accomplished through extremely negative representation but takes other forms, such as exclusion or token inclusion" (1999). As detailed in Findings (Chapter IV), six participants spoke specifically to being marginalized within their agencies through isolation and tokenization. Competition over funding and federally mandated funding steams (i.e. for Gay Men, HIV/AIDS, etc) police categories and ensure that they are maintained. Queerness, in its distinct, political iteration, poses a threat to continued reliable funding if the mandated categories cannot be represented and accounted for. The agency CJ and Jane speak about, for instance, has put an incredible amount of effort into

professionalization and legitimacy. Queerness positions itself in opposition to these things, as in Duggan's "counterposing of anger to civility, of flamboyance to respectability" (1991).

More than just a generation gap: binary gender at LGBT agencies. But even aside from funding, study participants speak to LGBT agencies' investment in the binary. Participants' interviews reflect tension between policy and funding based on discrete categories and a political and social identity that demands fluidity, reflexivity, and attention to context. Pearl remembers herself as a young practitioner:

> I think I was like everybody else, even in the gay community, because even in the
> gay community I see a lot of judgment. I will be quite honest with you, I was like
> everybody else, I really was focused on genitals. I hate that that was part of who I
> was, but I was so curious! Like, How does this person have sex? And that makes
> me sad. But it's just a growing process. I was like, "What do they do for sex?"
> And now, 13 years ago, looking back, that's how people are today... I learned
> over time, that's not what makes a trans person. I was so focused on, "Are you
> gonna transition, are you gonna transition?"

Even as the "gay community," we have an investment in binary gender based on maintaining categories that feel safe or predictable. Rita states:

> [I]t feels clear to me that despite all these advances, there's still something that
> our society is so afraid of and really others...there is a fair amount of buy-in in the
> gender binary. That [buy-in] is really, at the end of the day, the thing that I think
> stops well-intentioned people from shifting. There is something about it that

people think they need or think organizes things in a way that makes things less

scary.

Jane and CJ both identified internalized homophobia as a reason for leadership and

agency-level buy-in to gender binary, a binary that is played out at every level in the

world at large. Ximena recalls speaking with representatives of juvenile detention centers

regarding queer youth:

When you start separating them and talking to people about the differences, they

get all like, "literally, why should I care?"…I'm looking at all these charts and

stuff, and I'm like, there's no data here. I asked them, "How do you house a

transgender youth? Do you have a policy?" [shrug]. Trying to find literature to tell

them…there's nothing. No best practices, no baselines, nothing. I'm starting to

tell these people, "When you come to me and tell me, 'Who are the LGBTQ

youth?' I can't, because you don't collect the data. I can't advocate for this

community because there's nothing about us." We need to start collecting that

data ourselves and creating processes and services that work for us.

Most (n=8) interviews explicitly reflected agency-level binary gender structures for

working with LGBT populations.

Limitations and Recommendations for Further Research

This study has significant limitations due to its exploratory nature. Qualitative

design was the best choice for the research question, in order to elicit thick narratives

from participants based on their experiences. However, it is not a methodology that can

control for reactivity, researcher bias, or respondent bias. The study is also limited by my

status as a student and a beginning researcher.

Semi-structured interviews allow for flexibility and nuance, but cannot offer anonymity. Because my sample is small (n=10), even for an exploratory qualitative study, and because participants were recruited through purposive sampling, participants could easily be motivated by social factors and social desirability. It is also likely that people who participated were motivated to do so because of personal connection to the topic matter, such as holding a queer identity. Thus, the sample does not adequately represent practitioners who are not motivated by these factors and is not generalizable. Another limitation of this study is that the sample is relatively racially homogenous (70% white), and thus is unrepresentative of the larger population of clinicians and staff at agencies that serve LGBTQIA+ populations. Based on this study's findings, one recommendation for further research is to conduct a larger-scale qualitative study that captures a agencies that are not led by white gay men and women, a wider range of geographic regions, and a less racially homogenous sample. Research on queerness in social work, including this study, would also benefit greatly from more grounding in the political work of black and brown LGBTQ people and movements that prefigured queer politics.

This study paints a picture of clinical practice with queer clients on a relatively small scale. Further research should include more questions designed to elicit ways of moving forward from current practice, in order to establish best practices. Lastly, more research must be done into queer clients' experiences at agencies that provide mental health services. In a truly reflexive praxis, the client's experience must be centered.

Implications for Social Work Practice

One clear implication from this study for social work practice is that CSWE standards and NASW Codes of Ethics are not being met, in the sample represented, with regard to policy and practice with queer clients. The "nature of social diversity and oppression with respect to…gender identity or expression" are not clearly understood at the represented agencies, except by practitioners who are queer themselves. CSWE standards are not being met. All ten participants (100%) explicitly stated that training on queer identity was absent or inadequate. Several specifically recommended that agencies institute staff-wide, regular trainings that include queer identity and perspectives. Participants also recommended changes in policy that would support queer frameworks and queer identity, such as policy-level commitments to social change and anti-racism. Ximena recommends, "I'm almost feeling like we need to recruit people from those communities and train the trainer, so they can advocate and organize for their communities." She continues,

> we get all clumped in the LGBTQI, people just look at us like this monolithic
> community, but each one of us, each one has very particular needs around
> behavioral health, each one has very specific things that they need, and nobody
> has ever cared to ask them, "What is it that you need? What do you need to be
> happy and thrive?"

This study demonstrates that queer identity and frameworks are instrumental in developing truly effective, reflexive, anti-racist social work praxis that supports clients in being happy and thriving.

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Consent to Participate in a Research Study
Smith College School for Social Work ● Northampton, MA
……………………………………………………………………………….
Title of Study: "What does the Q stand for, anyway?: Queerness and Competence"
Investigator(s): Ellie Taylor, Smith College School for Social Work, xxx-xxx-xxxx
……………………………………………………………………………….

Introduction
- You are being asked to be in a research study about the experiences of clinicians and administrators at mental health agencies that serve clients with non-normative gender and sexual identities.
- You were selected as a possible participant because you are an administrator or clinician at a mental health agency that primarily works with LGBTQ clients.
- We ask that you read this form and ask any questions that you may have before agreeing to be in the study.

Purpose of Study
- The purpose of the study is to explore the ways in which queerness is addressed as a social and political identity at LGBTQ-focused mental health organizations.
- This study is being conducted as a thesis requirement for my master's in social work degree.
- Ultimately, this research may be published or presented at professional conferences.

Description of the Study Procedures
- If you agree to be in this study, you will be asked to do the following: Complete a 40-60 minute interview about your experience as staff at your agency, your experience with LGBTQ clients, and your perspectives on queerness and queer identity. I You will be asked about your personal experiences with regard to these topics and how your social and political identities may have impacted these experiences. I anticipate your time commitment (including scheduling) to be approximately 1.25 hours.

Risks/Discomforts of Being in this Study
- The study has the following risk: The interview could bring up uncomfortable feelings or experiences, though this is unlikely given the nature of the interview questions.

Benefits of Being in the Study
- The benefits of participation are the chance to share your experience and point of view on important issues and the possibility of gaining insight around your experience.
- The benefits to social work/society are: I hope the results of this project will help administrators and clinicians in the field of social work better understand current clinical practice with queer clients in the field of social work, explore the strengths

and limitations of current practice, and explore increasingly complex ways of addressing multiple social and political identities in therapeutic work.

Confidentiality

- The records of this study will be kept strictly confidential. Research records will be kept in a secured (e.g.: encrypted) file, and all electronic information will be coded and secured using a password protected file. Any video or audio recordings that are made will only be accessed by myself and any professional (and confidential) transcriptionist that is used, who will also sign a confidentiality agreement. To keep your information safe, the video/audio file of your interview will be saved to a password protected file. The written transcript of your interview will be stored on a password-protected computer that only the researchers can access.
- We will not include any information in any report we may publish that would make it possible to identify you.
- The data will be kept for at least three years according to Federal regulations. They may be kept longer if still needed for research. After the three years, or whenever the data are no longer being used, all data will be destroyed.

Payments/gift

- You will not receive any financial payment for your participation.

Right to Refuse or Withdraw

- The decision to participate in this study is entirely up to you. You may refuse to take part in the study *at any time* (up to the date noted below) without affecting your relationship with the researchers of this study or Smith College. Your decision to refuse will not result in any loss of benefits (including access to services) to which you are otherwise entitled. You have the right not to answer any single question, as well as to withdraw completely up to the point noted below during the study. If you choose to withdraw, I will not use any of your information collected for this study. You must notify me of your decision to withdraw by email or phone by March 1, 2014. After that date, your information will be part of the thesis, dissertation or final report.

Right to Ask Questions and Report Concerns

- You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact me, Ellie Taylor, at etaylor@smith.edu or by telephone at (xxx) xxx-xxxx. If you like, a summary of the results of the study will be sent to you. If you have any other concerns about your rights as a research participant, or if you have any problems as a result of your participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee at (413) 585-7974.

Consent

- Your signature below indicates that you have decided to volunteer as a research participant for this study, and that you have read and understood the information

provided above. You will be given a signed and dated copy of this form to keep, along with any other printed materials deemed necessary by the study researcher.

……………………………………………………………………..

Name of Participant (print):

_____

Signature of Participant: _____ Date: _____

Signature of Researcher(s): _____ Date: _____

……………………………………………………………………..

1. I agree to be audio or video (depending on the setting) **taped for this interview:**

Name of Participant (print):

_____

Signature of Participant: _____ Date: _____

Signature of Researcher(s): _____ Date: _____

2. I agree to be interviewed, but I do not want the interview to be taped:

Name of Participant (print):

_____

Signature of Participant: _____ Date: _____

Signature of Researcher(s): _____ Date: _____

Demographic Questions

1. Race (Please select one)
   - ☐ Asian
   - ☐ African American
   - ☐ White
   - ☐ Hispanic/Latino
   - ☐ Native American
   - ☐ Pacific Islander
   - ☐ Other (Please Specify)

   _____

2. Age (Please select one)
   - ☐ 18-29
   - ☐ 30-39
   - ☐ 40-49
   - ☐ 50-59
   - ☐ 60-69
   - ☐ 70-79
   - ☐ 80+

3. Education (Please select one)
   - ☐ High School/GED
   - ☐ Some College
   - ☐ Associate Degree
   - ☐ Bachelors Degree
   - ☐ Masters Degree
   - ☐ PhD

4. Gender (Please select one)
   - ☐ Female
   - ☐ Male
   - ☐ Transgender
   - ☐ Queer
   - ☐ Intersex
   - ☐ Other _____

5. Sexual Orientation
   - ☐ Gay
   - ☐ Lesbian
   - ☐ Bisexual
   - ☐ Queer
   - ☐ Other _____

6. Religion (Please select one)

☐ None
☐ Buddhist
☐ Catholic
☐ Christian
☐ Hindu
☐ Jewish
☐ Muslim
☐ Other (Please Specify)

7. Job Title _____

8. Which of the following best describes your household's total annual income, before taxes, in 2012?

☐ Less than $25,000
☐ $25,000 - $50,000
☐ 50, 000 - $75,000
☐ $75,000 - $100,000
☐ $100,000 or more

APPENDIX C
Interview Guide

- How long have you worked here?
    - What types of roles have you had?
    - What is your current role?

- What kind of work have you done before coming to this agency?

- Could you give me your working definition of "queer"?

- Tell me about your work with people in the LGBTQ community:
    - Who have you worked with in this community, and how have they identified?

- How often do you work with clients who identify as queer?

    - How does it impact your work for a client to identify as queer rather than, say, lesbian or gay?

    - What does it look like to work with a queer [or if no work with queer clients, LGBT] person who holds multiple targeted identities (i.e. race, class, gender, ability?)

    - What has surprised you in your work with queer clients?

    - What's been the greatest challenge?

    - Has your thinking changed as a result of your work?

- How do you notice your own political and social identities impacting your work with queer clients?

- How have you developed your perspective on how to work with queer clients?

    - Have you been to any trainings related to this topic?

- How do you understand the term "cultural competence," and is this term used at your agency?

- What kind of conversations do you have with other staff about gender and sexual identity?

APPENDIX D
HSR Approval

October 24, 2014

Eleanor Taylor

Dear Ellie,

You did a very nice job on your revisions. Your project is now approved by the Human Subjects Review Committee.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Congratulations and our best wishes on your interesting study.

Sincerely,

Elaine Kersten, Ed.D.
Co-Chair, Human Subjects Review Committee

CC: Claudia Bepko, Research Advisor

APPENDIX E
Project Change Request Approval

October 19, 2015

Eleanor Taylor

Dear Ellie:

I have reviewed your amendments and they look fine. Please make sure to update any target dates in your proposal and informed consent (eg date for withdrawal if you had it in the original).

The amendments to your study are therefore approved. Thank you and best of luck with your project.

Sincerely,

Elaine Kersten, Ed.D.
Co-Chair, Human Subjects Review Committee

CC: Claudia Staberg, Research Advisor, Research Advisor