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Measuring Competency in Social Work: LGBTQIA Populations

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MEASURING COMPETENCY IN SOCIAL WORK:
LGBTQIA POPULATIONS

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Desirae Aguirre and Samantha Stephens

May 2022

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ABSTRACT

The study conducted interviews to measure the level of competency social workers have assisting members of the lesbian, gay, bisexual, transgender, queer and/or questioning, intersex, and asexual community (LGBTQIA+) using a qualitative exploratory research design. Data was collected from nine social workers from the United States of America. Key findings indicated the participants generally did not feel competent to work with this community, particularly transgender persons. Training at work, through school, or learned on their own about serving LGBTQIA+ clients were generally limited in scope. Lastly, findings on what the participants thought the specialized needs of the transgender population were ranged from more education, quality mental health services, and access to health care. Recommendations include agencies requiring yearly mandatory LGBTQIA+ training, utilizing affirmative and trauma informed care, and the hiring and supporting of queer social workers to increase visibility in the field.

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DEDICATION

We would like to dedicate this research to the LGBTQIA+ community. We especially want to dedicate this research to the black and brown trans women who have lost their lives to senseless violence. We acknowledge the struggles of the queer community and wish them peace, love, and understanding.

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CHAPTER ONE

LGBTQIA+ COMMUNITY

Introduction

Social workers serve a variety of people and groups from different cultures and communities. To do this ethically, social workers must ensure that they are culturally competent. Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning, Intersex, and Asexual (LGBTQIA+) individuals are part of a community that is oftentimes marginalized and oppressed. Throughout this paper, terms “LGBTQIA+” and “queer” will be used interchangeably given queer is an umbrella term used to describe the community.

Research shows that members in the LGBTQIA+ communities have greater mental and physical health concerns, economic stresses, and more acts of violence perpetrated against them (Moe & Sparkman, 2015). According to the American Psychology Association, among women between the ages of 18-44, 29% of bisexual women and 23% lesbian women are living in poverty and 20% of bisexual men and 25% of gay men are living in poverty (American Psychology Association [APA], 2010). Within the queer community, transgender and non-gender conforming individuals are marginalized at even greater rates. It has been estimated that 54% of transgender people have experienced some form of abuse from their partner (Human Rights Campaign [HRC] 2021).

Social workers play a key role in interacting with this community by providing mental health services, support, and guidance to queer clients. As the LGBTQIA+

population, especially transgender individuals, continues to grow and becomes more visible, it is important that social workers continue to commit themselves to working with the vulnerable and growing their knowledge of the needs of this community (Dentato et al., 2010).

According to the National Association of Social Workers, social workers must be knowledgeable about a variety of cultures to practice cultural competence (National Association of Social Workers [NASW], 2021). To be competent, social workers must have a grasp of the knowledge, skills, and values of their field to perform in their scope of practice (Craig et al., 2010). Although the NASW delineates guidelines of cultural competency, in October 2020 the Texas State Board of Social Work Examiners removed an order that protected clients from discrimination based on their sexual orientation and gender identity (NASW, 2020). By removing this rule, LGBTQIA+ in Texas faced another obstacle receiving services from social workers. This policy change received an enormous amount of backlash from social workers and within two weeks the order was ultimately reversed. Thankfully, there is a policy that was passed by the U.S. House of Representatives in February of 2021 titled the Equality Act (HRC,2021). If this act is passed by the Senate, gender identity and sexual orientation will become a protected class under the federal law, no longer allowing incidents in Texas to happen again at the macro level (HRC, 2021).

LGBTQIA+ clients face many micro issues that can be harmful whether it be unintended or intended. This population may experience homophobia, which is the irrational dislike or discrimination against individuals who are attracted to the same sex; microaggressions, which is the subtle action or comment that is offensive towards a

minority group, and wrongful assumptions from social workers (Solomon et al., 2017). Transgender people are often forgotten and excluded from the LGBTQIA+ community. Not only does this occur within their own community, but their experiences in clinical settings have proven to be negative (McCullough et al., 2017). This is manifested in microaggressions, inappropriate use of language, and overall lack of experience in working with transgender individuals by clinicians (McCullough et al., 2017).

Shelton and Delgado-Romero (2011) found that LGBTQIA+ clients felt like their clinicians automatically assumed that they had major struggles with their families solely based on stereotypes. An important aspect that may be overlooked by social workers is the use of appropriate language with this community (Troutman & Packer-Williams 2014). LGBTQIA+ vocabulary is constantly evolving, and certain words are deemed offensive (Rossi & Lopez, 2017). For example, according to Rossi and Lopez (2017), the use of “lifestyle” and “preference” was used by social workers to describe how members of the queer community identified. These words may seem harmless, but they insinuate that sexual orientation and gender identity are merely a choice. Queer individuals are born into their community and deserve to be treated with dignity and respect.

Purpose of the Study

The purpose of this research study was to measure the level of competency social workers have assisting members of the queer community, and more specifically transgender people in the United States of America. Social workers continue to work with diverse populations, and it is inevitable that they have, or they will work with an individual who identifies as queer. Given this, it is important to understand the complex

issues this population faces and to understand how to provide inclusive and appropriate services. Research needed to be conducted to critically analyze the competency of social workers to work with the transgender population and further understand where there are gaps in training and education. This research explored the differences in competency to work with varying members of this population (i.e., queer, transgender).

The researchers conducted a qualitative exploratory study that explored how social workers assess their competency in working with the queer and transgender populations. Researchers obtained verbal and written consent from current social workers to begin the study. The researchers asked a total of eight questions that encouraged the participants to reflect on their competence, training, and experience working with the LGBTQIA+ population. Using follow-up questions, the researchers were able to identify how current social workers determine their overall competence in working with the LGBTQIA+ population, with a focus on transgender individuals.

Significance of the Project for Social Work

The research was conducted because the queer community has historically been mistreated by systems that impact their daily lives. Members of this community need the support of social workers to help with their unique needs. The findings of this research project had many possible implications for social work such as agencies providing periodic mandatory training(s), allowing LGBTQIA+ speakers to discuss their knowledge, and hiring more LGBTQIA+ social workers. The queer community is ever growing, and social workers have a duty to practice social justice, promote advocacy,

and address their needs. The research question for the study was: How do social workers assess their competency in working with the LGBTQIA+ population, and more specifically, transgender individuals?

It was hypothesized that there are gaps between the type of training and amount of training social workers are provided when working with the queer community, and more specifically inadequacies with what members of the LGBTQIA+ population are focused on during these trainings. For example, there may be more opportunities for training on gay individuals than with transgender individuals. It was also hypothesized that social workers will assess their competency in respect to their personal familiarity with the population and not by formalized training and/or education. The findings of this study contributed to the profession of social work by providing insight into where there is competence and where there is not. By understanding the discrepancies, social workers can seek further education and training for areas they feel unsure about.

CHAPTER TWO

LGBTQIA+ COMPETENCY IN SOCIAL WORK

Literature Review

As social workers continue to work with individuals from vulnerable populations, it is necessary that cultural competence is guiding their decisions. When it comes to specific LGBTQIA+ issues, it is crucial that social workers continue to receive specific competency training and/or education to ensure they are providing appropriate services (Craig et al., 2014; Moe & Sparkman, 2015).

Clear service gaps are documented in the literature. In 2019 SAMHSA reported 61.8% of LGB young adults with a serious mental illness received treatment, while 38.2% did not receive treatment (SAMHSA, 2020). In the same study it was found that 72.1% of LGB adults aged 26-49 with a serious mental illness received treatment, while 27.9% did not receive treatment (SAMHSA, 2020). A study conducted by Mizock & Lundquist (2016), found that transgender individuals often experience discrimination, dehumanizing treatment, or refusal for services, which leads to this population being underserved in terms of mental health counseling.

It has been found that transgender folks are less likely to receive mental health services as compared to their cisgender counterparts, which are individuals whose gender identity aligns with their sex assigned at birth (SAMHSA, 2020). One reason behind this discrepancy can be attributed to transphobia, which is the “fear, hatred, disbelief, or mistrust of people who are transgender, or thought to be transgender, or whose gender expression doesn’t conform to traditional gender roles” (Planned

Parenthood, 2022). Transphobia is just one barrier that is experienced by transgender individuals when attempting to receive services from social workers (Nadal et al., 2016). Other factors include queer individuals simply not feeling comfortable working with social workers. The gap could be decreased by, increasing use of appropriate language, decreasing social workers' use of microaggressions, and assessing mental health training/barriers social worker's encounter.

Appropriate Language

The current estimate of individuals who identify as lesbian, gay, bisexual, transgender, queer, and/or questioning is 18 million in the United States of America (Morales, 2021). This is significant because the larger this community grows; their unique needs must be met with appropriate use of language in social work practice. Terminology used regarding the queer community is constantly changing, with good reason, and it is important that social workers are staying informed and up to date. This is important because clinicians who use improper and outdated terminology may cause a barrier for clients (Moe & Sparkman, 2015; Rossi & Lopez, 2017). For example, some agencies may still use the word "hermaphrodite" instead of the more appropriate term "intersex". Intersex is the term used for folks who naturally have biological traits which do not match what is typically identified as male or female (Rossi & Lopez, 2017). Using outdated words such as hermaphrodite can be harmful to those who identify as intersex. Several suggestions on how to create a more inclusive environment for LGBT clients include using inclusive language in conversation and on paperwork, allowing the client to use their own words to describe themselves, and working with the client to achieve self-determined goals (Rossi & Lopez, 2017; Troutman & Packer-Williams, 2014).

For social workers to gain the knowledge and skills to utilize appropriate and affirming language, the Council for Accreditation of Counseling and Related Educational Programs (CACREP) must include specific LGBT training standards (Troutman & Packer-Williams, 2014). Clinicians may use affirmative language such as allowing clients to discuss their gender identity versus checking off a male or female box. By allowing this open dialogue between a social worker and client, it allows for better rapport to be built, less stigma around being queer, and an overall more inclusive and affirmative experience (Alessi, 2013; Dentato et al., 2010; Solomon et al., 2017). It is important to remember that gender identity goes beyond identifying with a biological sex.

In the past, researchers have offered suggestions on how to better improve clinicians' interactions with LGBTQIA+ clients in terms of affirmative language. A limitation of the current literature is that there is little to no qualitative or quantitative research to support these claims. The current study will be different by collecting qualitative data to analyze and assess social worker's level of competency in using affirmative language and correct terminology while working with the queer community.

Unfortunately, those in the transgender community are victim to misgendering, which happens when an individual is labeled with a gender that they do not identify as, either intentionally or unintentionally (Mizock & Lundquist, 2016; Nadal et al., 2012). The use of derogatory language, and incorrect gender pronouns leads these populations to have negative experiences with whomever they are working with (Mizock & Lundquist, 2016). It's important as social workers to ensure appropriate language is at the forefront

of all interactions with all clients but especially those who are part of the queer community.

In the past, researchers have offered suggestions on how to better improve clinicians' interactions with LGBTQIA+ clients in terms of affirmative language. A limitation of the current literature is that there is little to no qualitative or quantitative research to support these claims. The current study collected qualitative data to analyze and assess social worker's level of competency in using affirmative language and correct terminology while working with the queer community.

Use of Microaggressions

Microaggressions from mental health professionals unfortunately occur far too often. LGBTQIA+ participants in clinical work have been the subject of several studies researching microaggressions within the therapeutic setting (Solomon et al., 2017; Shelton & Delgado-Romero, 2011; McCullough et al., 2017; Nadal et al., 2016). Several microaggression themes discovered were making stereotypical assumptions about LGBQ clients, avoidance, minimization of sexual orientation, and assuming sexual orientation is the cause of presenting problems (Shelton & Delgado-Romero, 2011). These findings further demonstrate the queer and transgender experience when receiving mental health services.

Solomon, Heck, Reed, and Smith (2017) provided a guideline clinicians can use when conducting intake interviews with LGBTQ youth. The guideline consists of utilizing affirmative terminology, expressing LGBTQ-affirming attitudes while addressing their own therapist biases, and suggested questions and prompts (Solomon et al., 2017).

The intake process is crucial, and it is the duty of the clinician to provide a welcoming space and to check their biases.

Biases and microaggressions experienced by queer clients are not always subtle but can also be more blatant, such as a clinician's insensitivities towards a transgender individuals intersectionality of race and gender and minimizing their experience as both (McCulloch, 2016). For transgender and gender non-conforming members of the queer community, transphobia is often expressed through microaggressions (McCulloch, 2016 & Nadal et al., 2016). Despite clinicians well-mannered intentions or not, these encounters are detrimental to the client's ability to receive services.

The above articles discussed various forms of microaggressions towards queer clients including transgender and gender non-conforming individuals. One limitation in the studies were that most of the participants assumed their therapist were heterosexual and had a bias towards cisgender clients. This assumption distorts whether the therapist was using microaggressions based on sexual orientation. Another limitation was that the study solely focused on LGBTQ youth and did not include any other age groups.

Use of LGBTQIA+ Training for Clinical Social Workers

As it stands today, there is no mandatory or specialized training for social workers as it pertains to working with the LGBTQIA+ community. Although there is a stated need to incorporate LGBTQ-affirmative approaches at both the micro and macro levels, it seems as if the task is left for clinical social workers to take on at their own convenience (Alessi, 2013; Mizock & Lundquist, 2016). Unfortunately, the literature has proven that not all workers in the service sector agree about how this should be

addressed. On one hand, in a study conducted at a school setting, it was found that school administrators who resisted LGBTQ professional development believed that such was not relevant when working with students (Payne & Smith, 2017). On the other hand, in a study conducted on rural social workers who worked in the child welfare system, it was reported that they had a lack of opportunity to receive LGBTQ education or specific training and faced challenges because of their incompetence (Toner, 2013).

To provide ethical and effective services for the queer community, those who work with individuals in any service field, should be offered and/or required to receive specific LGTQIA+ and transgender cultural training, whether they feel it is necessary or not. At both ends of the spectrum, there is a common theme, and that is the absence of queer cultural competence training for individuals who work with individuals, families, and groups (Craig et al., 2014; Moe & Sparkman, 2015; Payne & Smith, 2017; Toner, 2013; Troutman & Packer-Williams, 2014; Mizock & Lundquist, 2016).

In the current study, the researchers aimed to address this gap in the literature. Through qualitative research, the researchers obtained a clearer understanding of what specific cultural competence training social workers have received in the past, and what they believe could be a way to address the disparity when it comes to LGBTQIA+ training in the future.

Theories Guiding Conceptualization

The theories used to conceptualize the ideas in this study were the humanistic theory and the theory of intersectionality.

The Humanistic Theory or humanistic approach is the idea that an individual is whole and unique, and through free will, the individual is always on that path to achieve self-actualization (Goldstein, 1986). This theory was first proposed in 1957 by psychologists Abraham Maslow and Clark Moustakas who believed that psychology should emphasize an individual's need for self-actualization, individuality, awareness of self, being and becoming (Goldstein, 1986). Through this approach, it was viewed that mental health should be focused on an individual's strengths, creativity, and their personal view of self-actualization (Goldstein, 1986). Humanism in social work emphasizes that treatment should promote the individual's exploration of personal identity and goals. The social worker's role is to aid in the pursuit of connectedness with others through interpersonal relationships (Goldstein, 1986).

The humanistic perspective helps frame the mindset of LGBTQIA+ individuals and their needs to pursue self-actualization. Additionally, it provides a framework for how social workers should approach their role in this process when working with transgender individuals as well as members of the queer community. Given that being part of the LGBTQIA+ community can be a part of an individual's identity, it is important to approach the topic through the humanistic perspective.

Intersectionality is an approach that allows individuals to be viewed through multiple lenses that are crossed by gender, sexuality, class, and race (Mattson, 2014). For example, an individual can have multiple intersections of oppression by social structures, such as being a black lesbian woman. The intersections of three oppressed groups adds to the discrimination faced by the individual. Intersectionality was originally founded on feminist theory in the 1990s and the term was coined by Dr. Kimberlé

Crenshaw. Intersectionality aimed to approach the complexity of women's different experiences of oppression because of their race, sexuality, and gender.

The intersectionality perspective allows researchers to consider and view individuals as the complex beings that they are. Being part of the LGBTQIA+ community is multifaceted and has multiple layers of identity. It is critical to view an individual through the lens of intersectionality to understand them. Additionally, when working with members of the queer community, intersectionality must always be considered when providing services, relaying information, and empowering clients.

Summary

Through the review of literature, it was found that there is a disparity in the services LGBTQIA+ individuals receive through social services, which can be attributed to the lack of appropriate language used by social workers as well as the use of microaggressions. It was also found that there is no mandated cultural competence training as it pertains to the queer community for social workers in the United States. Lastly it was concluded that there was an overall lack of literature pertaining to the relationships between transgender individuals and competence of social service practitioners. This study sought to explore this phenomenon and answer the question, how do social workers assess their competence in working with the LGBTQIA+ community, and more specifically with transgender individuals.

CHAPTER THREE

METHODS

Introduction

This study sought to explore how social workers in the United States determine how competent they are with working with the LGBTQIA+ community, and more specifically transgender individuals, and offer suggestions on how to further improve their service to this unique population. This chapter will describe how the study was conducted. The sections include study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis.

Study Design

The purpose of this research was to explore how practicing social workers in the United States assessed their competency in working with queer community, and more specifically with the transgender community. The research project was a qualitative study in which the researchers conducted an interview via telecommunication (*Zoom*) due to the COVID-19 pandemic. The interview consisted of eight open-ended questions that allowed the participants to explain their answers. A strength of the practical methodology of this study was the ability to reach a variety of social workers in different cities, counties, and states because of the accessibility of telecommunication. Another strength of the practical methodology of this study was the ability to answer open-ended questions, giving time and space for in depth, thoughtful answers. One last strength was

the researcher's ability to gather more information about a specific answer which may lead into further questions not planned. A practical methodological limitation to this study was the inability to observe full body language, movement, and posture via telecommunication. Another limitation was the failing of Wi-Fi or interruption of the interview due to computer or phone errors. One last limitation was participants dropping out of the study and having to find new willing participants.

Sampling

The types of sampling utilized in the study were snowball and purposive. Social workers were chosen from willing participants from the websites *Reddit* and *LinkedIn*. The participants were recruited through *Reddit* by creating a thread explaining the research in a social work subreddit, which is a forum, as well as attaching the recruitment flyer through the website. The participants were also recruited through *LinkedIn* by searching through profiles of eligible social workers and contacting them through the LinkedIn message application. Social workers were invited to participate from the researchers' social and professional networks.

The selection criteria included social workers who have their BSW, MSW, LCSW, DSW, and/or PhD were all considered to participate in the research. The individual must have been currently practicing in the United States. Lastly, the participant was of sound mind and able to provide informed consent. The research aimed for ten participants which would likely reach data saturation.

Data Collection and Instruments

Qualitative data was collected by video via telecommunication. Initial data that was collected included demographic information, such as age, gender, ethnicity, and years practicing social work. The names of the participants were also collected. All identifying information was confidential. For the main research, questions were asked regarding the cultural competence trainings they've received in the past, times of working with the queer and transgender community, comfort of working with LGBTQIA+ clients, and how they assessed their competency. To ensure validity and reliability of the interview questions, the researchers considered previous literature. The researchers also created questions that were lacking in previous research. Lastly, the researchers also received assistance from their research advisor in creating the interview guide. The following questions were asked:

1. How long have you been working as a social worker? Can you tell me about your experience with working with diverse populations?
2. Have you been trained in cultural competency, and if so, can you explain?
3. In your own words, can you explain what it means to be transgender?
4. Can you tell me about your experience working with the queer community?
5. Can you tell me about your experience working with transgender individuals?
6. In your opinion, what do you believe are the special needs of the transgender community?
7. Have you received any formal training to work with the LGBTQIA population or done any of your own research? Have you received formal training to work with

transgender individuals? If so, were you mandated by your agency or did you participate on your own accord? If so, can you rate the overall effectiveness?

8. How do you determine your competency with working with the queer population?
How do you determine your competency working with the transgender population?

Please see the appendix for the full interview guide.

Procedures

Researchers solicited participants through *Reddit* by posting a thread in a social worker sub-Reddit which explained the study. Researchers also solicited participants through *LinkedIn* by searching through profiles who meet the participant's criteria and sending them the study's flyer. Researchers also contacted practicing social workers they knew through email to inquire about their interest in participating in the study. Researchers responded to the participants who initiated interest through email to provide further information about the study. The researchers did a preliminary screen of the respondents to ensure they meet the criteria for participation.

Those who were eligible received an invitation to participate in the study through telecommunication. The researchers scheduled the time and date at the convenience of the participants to conduct the interview. This period, from initial posting for participants, to contacting and scheduling interviews typically took two weeks.

Prior to the interview, the researchers provided the participants with a copy of the informed consent as well as the interview guide via email. During the interview, the

researcher introduced themselves and conducted informed consent, including the time the interview should take, and ask if there are any questions or concerns prior to beginning the interview. The interview was estimated to last between 45-60 minutes. Researchers asked the eight questions and provided ample time for the participant to respond to each question. Further clarifying questions were asked to gather more information about a specific answer.

The researcher video recorded the interview with the consent of the participant. At the conclusion of the interview, the researchers asked if the participant had any questions or concerns regarding the study. Researchers also provided participants with information regarding any national hotlines/resources they can access if they felt negatively after the study.

The process of conducting interviews was completed in four weeks. While collecting data and up to one week after, the researchers transcribed the data. With the assistance of their research advisor, the researchers took one week to analyze the data.

Protection of Human Subjects

To protect the human subjects, researchers ensured that HIPPA guidelines were followed, and confidentiality was maintained. This process was included in the informed consent and debriefing statements made by the researchers both prior and after the interview was conducted. Interviews were conducted in a quiet and private space. Interviews were not conducted if participants were unable to speak in a quiet and

private space. Participants were reminded not to use any client's names when answering any questions. All the participants referred to their clients as "my client". All data and video recordings were stored in a password protected file. Once the research project is submitted, then all data and video recordings will be kept in the password protected file for 3 years and then deleted.

Data Analysis

Researchers analyzed the transcriptions from interview responses. Researchers looked for themes, subthemes, and concepts from respondents by utilizing a content analysis coding method. Themes, subthemes, and concepts explored social worker's general perceptions, experiences, and competency of working with the both the queer and transgender populations. Researchers transcribed interviews on a word document.

Researchers designed an excel sheet that kept track of themes, subthemes, and concepts that arose from the interviews. The researchers used a color-coding sequence to organize the various themes. "Little experience", "no experience" and "sufficient experience" are examples of themes that were used for the content analysis.

Summary

This chapter outlined the type of methods used for the study. Qualitative methods were used to conduct the most sufficient research. The types of sampling methods used were snowball and purposive. The researchers solicited participants from *Reddit*,

LinkedIn, and their social and professional networks. The researchers collected data using an interview guide during video interviews. Informed consent and confidentiality were conducted to protect the human subjects. Lastly, a content analysis was used to explain the overall findings.

CHAPTER FOUR

RESULTS

Introduction

This chapter discusses the themes and subthemes that emerged from the following study and includes demographic statistics. For confidentiality purposes, the participants were given a letter ranging from A-I to be identified throughout this chapter. The researchers interviewed a total of nine participants with a social work education. Most of the participants were recruited through snowball sampling within the researcher's professional network. The interviews all took about 30 minutes, the shortest being 20 minutes and the longest being 40 minutes.

Demographic Statistics

There was a total of nine participants, ages ranging from 23-53. The average participant age was 32. Most of the participants were female with seven identifying as female and two identifying as male. All participants had received a social work education at various levels. Majority of the participants had their MSW while a minority had their BSW. The levels of social work experience ranged from three years to seventeen years with the majority having around four years of experience. More than half of the participants are currently working in case management positions while the other half are working in clinical roles.

Qualitative Interview Data

The results of the thematic analysis conducted by researchers illustrated the various discrepancies, challenges, barriers, and needs social workers identified when working with the queer community and more specifically with transgender individuals. There was a total of four major themes identified with several sub themes found consistently throughout the interviews. The first major theme found throughout the interviews were whether the participants felt competent to work with this community and to which extent. Another major theme was training, and whether participants received training at work, through school, or learned on their own the different barriers and needs of the queer population. A third theme identified was experience, and the extent to which the participants did or did not have working with different members of the LGBTQIA+ community. Lastly, another recurring theme that was highlighted was the specialized needs of the transgender population, and those needs ranged from more education, quality mental health services, and access to health care.

Competency Working with the Queer Community

Each of the participants reflected on how they measured their competence when working with the LGBTQIA+ community. Overall, a majority of the participants felt incompetent if having to work with the queer community, and more specifically transgender individuals. This was due to reasons such as little to no experience interacting with them in the workplace and evolution of identities. Participant G felt incompetent, and stated:

I guess I would determine it based on the knowledge that I have and like keeping up. Yeah, right, like I was saying right like keeping up with it and so like right now like I feel that I thought I was pretty competent. It wasn't until I started working at Cal State LA right because there's just so many now that are identifying not only you know transgender but there's so many different, you know, labels.

Participant E did not feel competent due to inexperience and said:

I think building rapport with them is such a huge aspect. There is still a lot that I don't know, but thankfully one of my supervisors is extremely knowledgeable of the LGBTQ+ community. My experience is still very low, and I don't think I would be able to take on a trans client on my own to tell you the truth.

Participant C also felt that they were not competent enough and stated, "And like I said, I'm not very knowledgeable, or very skilled with working with that community so I don't know that's how I assess my level of competency".

Although seven out of nine participants felt incompetent, two participants reported they felt competent with working with members of the LGBTQIA+ community. Participant D reported that they felt competent in their abilities as a social worker, which would be reflected in their work with diverse populations. They stated:

Um well let's see, I feel I am not confident because only in the aspect that I've never had that experience, but as a social worker I am the person that I am. By that I mean I will look, I will find, I will read, and I will talk to people, I will engage, and I will ask questions. I think that makes me competent.

Similarly, participant I felt competent in working with this community due to their own personal relation to it and said:

Coming from the community I feel like I am very competent. I'm not one to kind of be afraid to kind of disclose my own sexuality to those individuals because I know for me the reason why I went into this type of field is because I never received that type of support in a school setting. So, I definitely wanted to be that resource to students and individuals that were kind of going through something similar I was going through.

Training on LGBTQIA+ Clients

Another theme that was found throughout the research was centered around training on LGBTQIA+ clients. Participants identified that they had little to no formalized training regarding the queer community or transgender individuals. Training or information that they did receive was either through their work, their social work education, or research they conducted on their own time.

All the participants reported that they had little to no training provided by their place of employment. Those who reported receiving training through work also reported that they felt the information provided was surface level and did not discuss major issues facing this population. Rather, training focused on topics such as resources and pronouns. Participant B reported, "I did receive training, but it wasn't like detailed... I mean it was mostly about resources and like pronouns and how to use them". Participant I discussed their frustrations with the type of queer trainings they received at work:

No, but whenever we do have trainings with, but kind of focused on diverse populations when it comes to the LGBTQ community it's always the same thing, it's what do the letters stand for? Or always ask like pronouns, or what do people

like, what do they identify as? I want to say that's usually where it kind of ends. But it doesn't really go kind of past that, it doesn't say, what are the kind of like, best practices to probably work with the community? That's what I've received from my trainings so it's like okay, besides, knowing what the letters stand for and bringing in the conversation of pronouns, what are we trained on to do? What type of training are we actually receiving? Are we actually equipped to serve these individuals? No, unless you kind of come from the actual community, or involved with it somehow then you're actually going to know. But if you really aren't part of the community or have done the actual research on your own then no one's going to be equipped to kind of serve those individuals.

All participants reported that they received information about this population during their social work education. Several participants reported that they learned about the queer population and their specialized needs through topics of cultural competency. Participant E stated, "I haven't received any formal cultural competency training at my workplace, but it was talked about a lot in grad school obviously. We talked about that subject in many of the diversity and integrated behavioral classes". Participant A reported, "I received education in both my BSW program and MSW program... I learned a lot from taking this one class in my BSW program, it was the sex and sexuality course".

Seven of the nine participants reported conducting research on their own to stay up to date and familiarize themselves with specialized needs of transgender individuals. Participant F stated:

For research I like to watch interviews on *YouTube*. So, like I don't know, an interview on like maybe Laverne Cox who's a celebrity who identifies as transgender or watching shows, like I love to watch *Pose*. So that has helped me develop some knowledge.

Similarly participant C reported:

What I do know comes from documentaries and just like *YouTube* videos and stuff I've watched over the years...what I do know, it's based on my learning about it online, just videos, and a lot of documentaries on *Netflix*, especially about coming out as young adults and teenagers and their struggles... for example I have done my research on the whole process of what a person who wants to get like an operation to change [their] sex goes through and they have to go to therapy and really get approval from the doctor.

Experience Working with LGBTQIA+ Clients

A common theme that was found throughout the interviews was regarding experience working with different members of the LGBTQIA+ community. Several participants mentioned that they had more experience working with individuals who identified as lesbian, gay, or bisexual than with transgender individuals. The following quote from participant H illustrates their experience working at a domestic violence shelter:

Um, so I know when working at the shelter we had very few cases where it was, um, any kind of queer/LGBT relationship. It was mostly just like cis-hetero couples. Every once in a while, we would have them but when they were it was usually female and female. And, again, everything I think with domestic violence seems like it's very female centered.

Participant G also discussed how they mainly had experience working with lesbian, gay, and bisexual individuals over transgender/non-binary individuals:

I think I had it [experience] more in New York. I worked at a community health clinic, but it had a satellite clinic, called *The Door*, and that was like a drop-in center for like, a lot of like adolescents, young adults. It was kind of a one stop shop kind of like where they would get a whole bunch of different services, mental health being one of them. It was mostly more gay, lesbian, and bisexual people there. I've worked with people that have identified as trans, but not too much experience.

Participant F reflected on their first experience working with a non-binary client:

I remember I had a client at my internship agency, and she let me know that she was identifying as like non-binary and she wanted to change her pronouns (corrects herself), see, they wanted to change their pronouns to they/them. I got corrected because I remember I did a presentation on them, and you know, practicing the pronouns were not presented in the presentation. So, I was called out which was, you know, perfectly fine. It was a learning experience.

Although several participants had some experience, seven of the nine participants reported having no experience at all working with transgender individuals. Of those participants four of the seven reported having no experience at all working with any members of the queer community. When asked about experience working with the LGBTQIA+ population, participant C stated, "You know what, I've never worked with the queer community, and it's unfortunate". Similarly participant D responded, "Um I don't have a lot of experience, actually, I don't remember ever working with anybody from the

LGBTQ+ community”. It’s evident that there is a range of experience when it comes to working with this population, whether it be having no experience at all or having more experience working with specific members of the community.

Specialized Needs for Working with the Transgender Community

When asked what the specialized needs were for transgender individuals, there were several recurring themes, and one of those being education. Participant C stated, “So I think that’s really important, I think education for like the families, and especially the families who are not accepting or families that have a very traditional view”. Another component of education that was indicated by Participant F was regarding the need for expanded social work education. They said:

Yeah, definitely the education and psychoeducation and understanding, you know like the language. You know the different discrepancies that they must go through life, different discrimination stories to try to, you know, have that cultural humility towards that community.

Lastly, participant E discussed the need for more research and the overall expansion of transgender education for everyone. They stated, “First I think there needs to be more research on their community and simply more awareness of their issues”.

Four of the nine participants mentioned the need for better access, better quality, and better experiences when it comes to receiving mental health services for this population. These services can come in many forms, such as crisis hotlines or peer support groups. Participant A reported:

I think one of the biggest things would probably be an anonymous helpline that people can go to, not everyone feels comfortable with putting their information

out and having that be public record but it does wonders what a call can do when someone's going through a really difficult time... Also, there's a need for peer support programs.

Similarly Participant C stated:

Um for the transgender community I think better access to mental health services. I also think support groups. I don't know if there's a lot of support groups or if it's been promoted, especially for teens, but young adults are still learning and discovering their sexuality and stuff.

Lastly, the mention of health care as a specialized need arises from several of the participants. Participant B stated:

Um, based on what I know there's a lot of health disparities, with the transgender community, they don't like getting what they want or what they need and like health care in general. And then even like the cost to transition I know it's very high so that's a huge barrier.

Similarly, Participant D stated:

We all have challenges but being transgender, I could see that they might need help with transition surgeries, insurance, and hormones...I mean that what they need help with, you must have health insurance coverage to have the ability to afford you know the hormones and different things like that.

Summary

Through a thematic review of the data, it was found that most of the participants did not feel competent in working with the LGBTQIA+ population. Those who found themselves competent attributed this to their overall social work skills. Those who did not feel competent cited a lack of experience working with various members of this community. It was also found that most of the participants briefly learned about the queer population while receiving their social work education. When it came to formalized learning opportunities in the workplace, most of the participants stated that they received minimal training about this population, and what was given to them was inadequate. In chapter five the researchers will further discuss these findings as well as subsequent data.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter discusses the significance of the various findings from the study which included the participants having more experience working with lesbian, gay, and bisexual clients versus transgender, insufficient work trainings, researching information on their own, and different interpretations of the needs of the trans community and how the social workers measure their competency. The following sections explained are discussion of limitations and recommendations for social work practice, policy, and research.

Discussion

There were various interpretations of how the social workers perceived the research question of, “How do you determine your competency with working with the LGBTQIA+ population, and more specifically with transgender individuals?”. Some participants took the question as what they would need to do to feel prepared to work with them. Some examples of these would look like expanding their already known knowledge and focusing on the rapport building phase to build trust as told by participants G and E. Others simply stated if they felt competent or incompetent to work with them. Majority of the social workers didn’t feel competent enough solely based on little to no experience working with them. Participants H, F, and C admitted to having a

lack of experience with queer and transgender clients. Participants D and I were the only ones who felt competent enough to take on queer and transgender clients. Based on all the social worker's responses to the research question, there is no clear answer to determine one's competence. The researchers learned that each social worker thought this study was necessary and that they were willing to do their own research or have done their own research on the queer community.

It was found that overall while, most of the participants had experience working with individuals who identified as lesbian, gay, or bisexual, but had minimal or no experience working with transgender individuals. There are several explanations for this phenomenon that are present in current research done on this population. Like stated in chapter two, it was found that transgender individuals experience discrimination, dehumanizing treatment, or overall refusal of services due to their gender expression, which has led to decrease access of services (Mizock and Lundquist, 2016). If transgender individuals are uncomfortable utilizing social services, or experience discrimination in the process, social workers will have less experience working with this marginalized group, further perpetuating the problem. Another explanation for this phenomenon is social workers being unaware to the fact that they have had experience working with queer individuals, but since gender identity and sexuality are often left out of assessment, or the use of harmful language is used, then those individuals are less likely to share their identity. If social service agencies are still utilizing harmful language, then those who do identify with the queer community are less likely to claim this when accessing services. It is estimated that there are 18 million people who identify as LGBTQIA+ in the United States (Morales, 2021). With only two out of nine participants

reporting have worked with transgender individuals, it is safe to assume that this disparity may be due to both lack of access to services for this community as well as gender identity being left out of assessments.

It was found that overall, there was minimal work training provided for current social workers, and that which was provided was not in depth. Participants identified that although they were provided one or two trainings about the queer population through work, what they were provided focused on the use of pronouns or accessing mental health counseling but shied away from topics such as transgender individuals threat of violence, or best practices when working with this population. That is not to say that understanding pronouns or matters of such are not important, but it is to say that there is a lack of quality training that dives deeper into the barriers and obstacles these individuals face. Lack of work training coincides with findings in the study conducted by Toner (2013), it was found that child welfare social workers who worked in a rural community identified incompetency in working with this population due to lack of training provided by their place of employment.

The study also identified that all the participants conducted research on their own to educate themselves on this community. Like participant D identified, it is part of the social work profession to research what you do not know and grow your knowledge to better understand the populations they serve. Although this may be true, it does not deviate from the fact that social workers should be provided with more training specifically to work with this population.

Lastly, when on the topic of training, it was found that all the participants had received education about working with diverse populations when receiving their social

work education, but the focus was on ethnicity and race. Although understanding the complexities of race and ethnicity is important, culture encompasses a lot more. Like stated in chapter one, according to the NASW, social workers must be knowledgeable about a variety of cultures to be considered competent (NASW, 2021). By disregarding LGBTQIA+ as a culture is doing a disservice to all those who are part of the community.

The social workers had their own interpretations on what they thought were the specific needs of the transgender community. Many of them explained what they thought social workers needed to do for queer clients such as continuing to educate themselves especially with language and conduct more research is said by participants F and E. Similarly, previous research offered suggestions such as clinicians using inclusive language on paperwork and in conversations (Rossi & Lopez, 2017; Troutman & Packer-Williams, 2014). The other participants expressed what they thought were the specific needs of the transgender community such as better access to mental health services and health care as stated by participants B, C, and D. Mizock & Lundquist (2016) found that transgender clients experienced discrimination and refusal of services in mental health settings. This type of treatment is unacceptable and should not be occurring. The social workers in the study each agreed that the transgender population had unique needs that should be met.

Limitations

The research project had many limitations throughout the study. The first being the small sample size. The researchers aimed to interview 10-15 practicing social workers but interviewed nine participants. This was due to many reasons such as a short amount of time to collect data and many interested participants falling through in the end due to failing to respond to the researcher's emails.

The last limitation was the study not being very diverse in terms of demographics such as in gender and age. Most of the participants identified as female, but we would have been curious to get more perspectives from male, trans, or non-binary social workers. As far as age, most of the participants fell within the 25-34 age range. The researchers anticipated interviewing more of a variety in ages. Overall, identifying these limitations is crucial for future researchers who would like to conduct similar research.

Recommendations for Social Work Practice, Policy, and Research

There are many ways in which social workers can improve the services they provide to the LGBTQIA+ community. First, agencies can implement an array of techniques such as practicing affirmative care which allows clients to express their identities, trauma informed care, and utilizing correct terminology. Second, the researchers suggest mandatory yearly trainings for social workers presented by people who identify from the queer community. Whitman-Walker Institute and National LGBTQIA+ Health Education Center are two types of organizations that offer queer cultural competency trainings for clinicians. It's important that these trainings cover topics such as interventions to use, current needs of the community, and issues that are

greatly affecting them. Lastly, the researchers believe the hiring of queer social workers allows the opportunity of visibility in the field. Participant I who is gay empathized the importance of not being afraid to disclose their sexual orientation to clients. They felt extremely competent working with the queer community simply because they belong to the same group. Queer clients might be more comfortable and receptive to receiving services if they know their clinician is from the community.

Social workers can create stricter policies within their respective agencies that protect LGBTQIA+ clients. The use of discrimination and microaggressions should always be strictly prohibited. Social workers can also get involved with their local politicians to advocate for policies that ultimately protect and benefit the queer community. The researchers suggest social workers staying up to date on current federal, state, and local policies that negatively affect the queer community. For example, Florida's "Don't Say Gay Bill" which was recently passed ban public schools from teaching about gender identity, sexual orientation, or any other LGBTQIA+ material for children in grades kindergarten through third. This type of ban sends the message to young children especially queer children that it is not okay to discuss your identity and the name of the bill alone completely singles out queer people. Social workers can challenge this legislation and advocate for policies that protect queer individuals.

Research on the LGBTQIA+ community has come a long way, but the researchers demand more. Research needs to be conducted on transgender and non-binary folks because they are often left out of the conversation. Violence specifically against black and brown transgender women continues to rise each year and we have seen little to no research conducted. The researchers would like to see more research

conducted similarly to this study that addresses social workers interactions with queer clients and how satisfied they are with their clinicians and agencies they receive services from. Lastly, it would be interesting to interview queer clinicians on the positives and negatives of serving their own community.

Conclusion

This research sought to explore how social workers assessed their competency in working with members of the queer community, and more specifically with transgender individuals. The researchers interviewed nine social workers and asked a series of questions to learn more about their experiences, preparedness, and overall feelings of working with this population. Universal themes were uncovered, which aligned with previous research conducted on similar topics. The data collected uncovered that most participants had no experience working with transgender individuals, and few had experience working with lesbian, gay, or bisexual individuals. It also revealed that participants received little to no queer competency training through work, which was like findings in previous research. It also revealed that participants were often left to conduct their own research about this population to feel prepared. The data collected emphasized the specialized needs of mental health counseling, better access to health care, and more education for this population, which coincided with previous research. Lastly, the data revealed that most participants felt incompetent to work with this community. Although the data seems grim, the researchers also uncovered that the participants had a desire to learn more and felt it was important for

this research to be conducted. Despite several limitations, the research was able to illustrate where there is need for further research and practice implications.

APPENDIX A
INFORMED CONSENT

Informed Consent

The study in which you are asked to participate is designed to explore how social workers assess their competency to work with individuals of the LGBTQIA community, and more specifically with transgender individuals. The study is being conducted by Desirae Aguirre and Samantha Stephens, graduate students, under the supervision of Dr. Laurie Smith, Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board at CSUSB.

PURPOSE: The purpose of the study is to explore how practicing social workers assess their competency to work with individuals of the LGBTQIA community, and more specifically with transgender individuals.

DESCRIPTION: Participants will be interviewed via telecommunication and asked 8-10 questions that explore the research question.

PARTICIPATION: Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY: Your responses will remain confidential, and data will be held in a password protected device.

DURATION: The interview will take between 30-60 minutes, depending on response time and depth of answers.

RISKS: Although not anticipated, there may be some discomfort in answering some of the questions. You are not required to answer and can skip the question or end your participation.

BENEFITS: There will not be any direct benefits to the participants. However, findings from the study will contribute to our knowledge in this area of research.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Smith at (909) 537-3837.

RESULTS: Results of the study can be obtained from the Pfau Library Scholar Works database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2022.

I understand that I must be 18 years of age or older to participate in your study, I have read and understand the consent document and agree to participate in your study.

- Do we have your verbal consent to record the interview? _____ YES _____ NO
- Do you have any questions regarding the research? _____ YES _____ NO
- Do we have your verbal consent to conduct the research? _____ YES _____ NO

APPENDIX B
INTERVIEW GUIDE
DEVELOPED BY DESIRAE AGUIRRE AND SAMANTHA STEPHENS

Interview Guide

1. How long have you been working as a social worker? Can you tell me about your experience with working with diverse populations?
2. Have you been trained in cultural competency, and if so, can you explain?
3. In your own words, can you explain what it means to be transgender?
4. Can you tell me about your experience working with the queer community?
5. Can you tell me about your experience working with transgender individuals?
6. In your opinion, what do you believe are the special needs of the transgender community?
7. Have you received any formal training to work with the LGBTQIA population or done any of your own research? Have you received formal training to work with transgender individuals? If so, were you mandated by your agency or did you participate on your own accord? If so, can you rate the overall effectiveness?
8. How do you determine your competency with working with the queer population? How do you determine your competency working with the transgender population?

APPENDIX C
RECRUITMENT FLYER

CALLING ALL SOCIAL WORKERS

PARTICIPANTS NEEDED

Do you have education as a social worker? Do you have your BSW, MSW, LCSW, DSW, or PhD of Social Work? Are you currently practicing as a social worker in the United States? Then we need your help!

We are conducting research on how social workers assess their competence in working with the LGBTQIA community, and more specifically with transgender individuals. All you have to do is participate in an interview that will consist of 8-10 questions and will last between 30-60 minutes. Your knowledge can help affect the profession of social work! Even better, you can participate in the comfort of your own home. The interview will be held virtually!

If interested or want any more information, please email:

desirae.aguirre4255@coyote.csusb.edu

or

samantha.stephens3696@coyote.csusb.edu

We appreciate your help!

This research project has been approved by California State University San Bernardino IRB

APPENDIX D
INSTITUTIONAL REVIEW BOARD APPROVAL

November 10, 2021

CSUSB INSTITUTIONAL REVIEW BOARD

Administrative/Exempt Review Determination

Status: Determined Exempt

IRB-FY2022-70

Laurie Smith Desirae Aguirre, Samantha Stephens
CSBS - Social Work
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Laurie Smith Desirae Aguirre, Samantha Stephens:

Your application to use human subjects, titled “Measuring Competency in Social Work: LGBTQIA Populations” has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has weighed the risks and benefits of the study to ensure the protection of human participants.

This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses. Investigators should consider the changing COVID-19 circumstances based on current CDC, California Department of Public Health, and campus guidance and submit appropriate protocol modifications to the IRB as needed. CSUSB campus and affiliate health screenings should be completed for all campus human research related activities. Human research activities conducted at off-campus sites should follow CDC, California Department of Public Health, and local guidance. See CSUSB's [COVID-19 Prevention Plan](#) for more information regarding campus requirements.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission webpage. Failure to notify the IRB of the following requirements may result in disciplinary action. The Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have completed your study.

- **Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.**
- **Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.**

- **Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.**
- **Submit a study closure through the Cayuse IRB submission system once your study has ended.**

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mjillesp@csusb.edu. Please include your application approval number IRB-FY2022-70 in all correspondence. Any complaints you receive from participants and/or others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

Nicole Dabbs

Nicole Dabbs, Ph.D., IRB Chair
CSUSB Institutional Review Board

ND/MG

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ASSIGNED RESPONSIBILITIES PAGE

While collaborating with each other, Desirae Aguirre completed chapter one and chapter three. Samantha Stephens completed chapter two. The researchers both collaborated and completed chapter 4 and 5. With each other's help they met on several occasions to discuss the articles they would use and the overall goal of their research. Samantha Stephens took the lead in creating the IRB and each researcher assigned themselves roles and responsibilities. Desirae Aguirre drafted the project proposal in a word document and submitted the paper for both researchers. Both researchers conducted the interviews and analyzed the data shortly after. Lastly, both researchers collaborated on editing, revising, formatting with the assistance of their research advisor.