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Advocating for LGBTQ+ Curriculum Integration in University Training Programs to Address Mental Health Disparities

The Public Health Issue

Multiple studies have consistently shown that mental health challenges are more prevalent among individuals who identify as lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ+) compared to their heterosexual and cisgender counterparts. For instance, research by Israel, Gorcheva, Burnes, and Walther (2008) has highlighted this discrepancy: LGBTQ+ people face an elevated risk of experiencing mental health challenges, including but not limited to depression, anxiety, substance misuse, and thoughts of suicide than heterosexual people do. In a study conducted by King et al. (2008), it was revealed that LGBTQ+ individuals were at least twice as likely to encounter issues such as anxiety, depression, and thoughts of suicide. The majority of therapists have encountered LGBTQ+ clients in their professional practices. According to a survey involving 2,544 psychotherapists who are members of the American Psychological Association, 99% of therapists disclosed that they had worked with at least one gay or lesbian client throughout their careers (Garnets, Hancock, Cochran, Goodchilds, & Peplau, 1991). On average, therapists indicated that approximately 13% of their caseloads consist of LGBTQ+ clients (Green & Bobele, 1994).

Despite the prevalence of mental health issues in LGBTQ+ populations, relevant training for therapists is limited. Scholars have argued that the current generalist training model is insufficient in preparing therapists for effective work with LGBTQ+ clients (Phillips and Fischer, 1998). To bridge this gap, it is imperative to reform therapist training programs and incorporate a comprehensive LGBTQ+ curriculum. The exposure to opportunities for therapists to confront

and overcome their own biases is crucial (Phillips and Fischer, 1998). Training should include education on the specific strengths and challenges unique to LGBTQ+ individuals, as well as an understanding of the cultural nuances within the community. Therapists need to be equipped with the knowledge to navigate the similarities and differences between LGBTQ+ culture and the dominant culture.

Project goal

The integration of LGBTQ+ training programs into university curricula is imperative due to the substantial deficiencies identified in existing training programs. Research reveals that current training inadequacies result in limited exposure to LGBTQ+ topics among doctoral students in counseling and clinical psychology (Phillips & Fisher, 1998). A glaring issue is the lack of required readings on LGBTQ+ topics, indicating a gap in foundational knowledge. Moreover, the scarcity of dedicated time for LGBTQ+ issues during training, as reported by family therapists (Malley & Tasker, 1999), underscores the need for a structured and comprehensive approach to LGBTQ+ education.

A concerning finding is that a significant percentage of students do not encounter LGBTQ+ topics in comprehensive examinations, indicating a systemic oversight in assessing crucial knowledge areas. Additionally, the failure to encourage exploration of heterosexist biases during training programs reveals a missed opportunity for self-awareness and bias mitigation among future professionals. The limited availability of seminars, trainings, and postdoctoral opportunities focused on LGBTQ+ issues further emphasizes the need for a deliberate and integrated approach to fill these gaps (Murphy et al., 2002).

The goal of this project, therefore, is to rectify these deficiencies by advocating for the integration of a LGBTQ+ training program into university curricula. The program aims to provide students and faculty with essential knowledge, skills, and sensitivity to work effectively with LGBTQ+ clients.

Theoretical Framework: Health Belief Model (HBM)

The Health Belief Model (HBM) serves as the guiding theoretical framework for the project focused on the integration of LGBTQ+ education into university curricula. HBM is a psychological framework developed to understand and predict health-related behaviors. It posits that an individual's engagement in health-promoting actions is influenced by their perceived susceptibility to a health threat, the severity of that threat, the perceived benefits of taking a specific health action, and the perceived barriers or costs associated with that action. Additionally, cues to action, such as information or environmental triggers, can stimulate the decision-making process, and self-efficacy influences an individual's confidence in their capacity to adopt and maintain health-promoting behaviors. This model has been widely applied in health education and promotion to design interventions that effectively address individuals' perceptions and motivations related to health (Nobiling & Maykrantz, 2017). In the context of the project's initiative, the HBM will inform the development and implementation of the LGBTQ+ training program by addressing key components of the model.

Within the framework of perceived susceptibility, we recognize the potential vulnerability of individuals within the university community due to a lack of knowledge, sensitivity, and awareness regarding LGBTQ+ issues. Our campaign aims to shift the currently held belief that insufficient LGBTQ+ education is inconsequential to a new belief that it poses a significant

threat to the quality of care. Therapists' perceived susceptibility to effectively treat LGBTQ+ patients stems from the high likelihood of encountering individuals within the LGBTQ+ community during their practice, combined with potential gaps in knowledge that could compromise the quality of care. Therapists may feel incompetent working with LGBTQ+ clients due to a lack of training and education. Given the expectation that virtually every therapist will engage with clients who identify as lesbian, gay, bisexual, or questioning their sexual orientation, as well as with family members of LGBTQ+ individuals (Liddle, 1999), it becomes crucial for therapists to undergo formal instruction during their training.

Perceived severity plays a crucial role in our application of the HBM to LGBTQ+ education. In shaping the quality of care received by clients, the attitudes and knowledge of healthcare providers play a pivotal role. For example, the research conducted by Powell and Cochran (2021) reveals a significant correlation between higher levels of provider transphobia and reduced awareness of gender identity issues, leading to unwarranted differences in the treatment of transgender and non-transgender clients. As a result, we emphasize the severity of the consequences associated with insufficient LGBTQ+ education, including compromised mental health outcomes, increased risk of discrimination, and the perpetuation of social disparities. Illustrating how a lack of understanding can contribute to an unsupportive and exclusionary environment underscores the need for a comprehensive and integrated educational approach.

In considering perceived benefits, the project aims to articulate the positive outcomes of integrating LGBTQ+ education into university curricula. By highlighting improved cultural competence, enhanced communication skills, and the creation of a more inclusive and supportive campus environment, we aim to demonstrate the potential advantages that extend beyond the

academic realm. The perceived benefits serve as motivating factors for the adoption of LGBTQ+ education.

Addressing perceived barriers is an integral part of our application of the HBM. We acknowledge potential obstacles to the integration of LGBTQ+ education, such as resistance from faculty, concerns about curriculum overload, or fear of controversy. Through strategic planning, we aim to develop effective strategies to overcome these barriers, emphasizing the long-term advantages and positive outcomes associated with a more inclusive educational approach.

Strategic cues to action play a critical role in our approach to LGBTQ+ education. These cues include targeted awareness campaigns, workshops, and endorsements from respected figures within the university community. By strategically implementing these cues, we aim to motivate and prompt action, encouraging the adoption of LGBTQ+ education within curricular frameworks and fostering a sense of collective responsibility.

Finally, in terms of self-efficacy, the project is designed to enhance the confidence of faculty and students in their ability to contribute positively to a more inclusive academic environment. Providing the necessary tools, resources, and support systems is essential for building self-efficacy, fostering a sense of competence and assurance in successfully integrating LGBTQ+ education.

In summary, the project employs the Health Belief Model (HBM) to address key psychological constructs. Perceived susceptibility, perceived severity, and perceived barriers are targeted to bring about a change in existing beliefs. We aim to shift perspectives from viewing insufficient LGBTQ+ education as inconsequential to recognizing it as a threat to the quality of care and mental health outcomes. Our campaign emphasizes the severity of consequences, such

as increased discrimination and social disparities, to underscore the need for comprehensive education.

Conversely, perceived benefits, cues to action, and self-efficacy are crucial aspects we explore to design our campaign effectively. By highlighting the positive outcomes of LGBTQ+ education, showcasing strategic cues to action like awareness campaigns and workshops, and fostering self-efficacy among faculty and students, we aim to frame the campaign in a way that emphasizes the tangible advantages and long-term benefits associated with a more inclusive educational approach. This dual focus on changing beliefs and framing the campaign strategically ensures a comprehensive and impactful initiative for the integration of LGBTQ+ education.

Target Audience

In the pursuit of integrating LGBTQ+ education into university curricula, our primary target audience is university administrators. This vital group comprises decision-makers, policy implementers, and academic leaders with the authority to shape the academic landscape, particularly within psychology and social work programs. University administrators hold the key to determining curriculum, policies, and the overall direction of the educational institution.

The primary beneficiaries of our campaign are individuals who identify as LGBTQ+ and seek culturally competent and inclusive mental health therapy. Simultaneously, a secondary population of interest includes individuals enrolled in therapy training programs who stand to enhance their competence through our initiative. By strategically engaging with university administrators, the project aims to catalyze a transformative shift in institutional policies,

curriculum development, and faculty training, in order to create lasting impact and drive positive change within the realm of mental health therapy education.

Health Communication Strategy

The primary communication channel for reaching university administration is through direct, personalized engagement. This involves targeted meetings, presentations, and workshops with key decision-makers, including deans, department heads, and academic leaders. Additionally, official channels such as university newsletters, intranet platforms, and official email communications will be utilized to ensure a wide-reaching and consistent message.

The dissemination plan involves a phased approach to ensure sustained and impactful communication. In the initial phase, an awareness campaign will be launched using university-wide communication channels. Take USC as an example. The messages could be delivered through university-wide email lists, such as USC Student Life newsletters. Social media platforms like Twitter, Facebook, and Instagram, also provide a means to share updates, events, and engage with the university community. USC's student newspapers, such as the Daily Trojan, could feature articles and editorials discussing the importance of LGBTQ+ education and the university's commitment to inclusivity. This high-visibility initiative aims to capture the attention of a broad audience within the academic community. Simultaneously, informative materials, including fact sheets, will be distributed to provide a comprehensive overview of the current status of LGBTQ+ education and underscore its implications. This foundational phase sets the stage for understanding the urgency and significance of addressing this critical issue.

Moving into the second phase, the focus shifts to targeted workshops and presentations for specific administrative groups. Still using the example of USC, experts from USC's School of

Social Work or affiliated organizations specializing in LGBTQ+ education could serve as presenters. External experts with a proven track record in implementing similar initiatives might also be brought in. Additionally, trained facilitators, possibly from USC's Diversity, Equity, and Inclusion office or experts in workshop facilitation, could lead discussions and foster an open dialogue during the workshops. This approach allows for a more focused and in-depth exploration of the project's objectives and benefits. Providing detailed information on the advantages of LGBTQ+ education becomes a central theme during this period. Addressing potential concerns and fostering open dialogue through these workshops is crucial for building support and garnering commitment from key decision-makers within the university administration.

The final phase emphasizes consistent and reinforced engagement through official channels. This sustained effort aims to maintain visibility and momentum for the LGBTQ+ education initiative. Regularly featuring articles, interviews, and success stories related to LGBTQ+ education in university publications serves to keep the community informed and invested. These narratives contribute to a positive narrative around the initiative. Additionally, leveraging official channels becomes a strategic tool to continually reinforce the university's ongoing commitment to the LGBTQ+ education project, using established communication platforms to affirm the institution's dedication to fostering inclusivity and understanding within the academic environment.

This phased approach allows for a comprehensive and sustained engagement strategy, ensuring that the message is not only delivered but also reinforced over time. Targeted workshops provide an opportunity for in-depth discussions, while official channels contribute to the continual reinforcement of the initiative.

Campaign example: Handbook for LGBTQ+ Curriculum Integration Advocacy

The Handbook for LGBTQ+ Curriculum Integration Advocacy contains the most important aspects of the campaign. It summarizes the background information and goal of the project, and offers guidelines for the most crucial modules that should be integrated into the therapy training curriculum. The handbook will be presented through official channels and workshops, serving as a vital resource to impart messages and strategies for advocating LGBTQ+ curriculum integration within university settings.

Overview:

The Handbook for LGBTQ+ Curriculum Integration Advocacy emerges from the recognized need to address significant gaps in understanding and inclusivity within university curricula regarding LGBTQ+ topics. Research indicates a deficiency in comprehensive training programs, underscoring the urgency of our project (Phillips and Fischer, 1998). The primary goal is to advocate for the development and implementation of a robust LGBTQ+ curriculum that fosters inclusivity, understanding, and respect within academic environments.

Goal:

This handbook is designed to empower advocates with the knowledge and strategies needed to effectively influence university administrators in embracing LGBTQ+ curriculum integration. The overarching goal is to create educational environments that authentically represent the diversity of the LGBTQ+ community, promoting cultural competence, and fostering a more inclusive and supportive academic atmosphere.

Guidelines for LGBTQ+ Curriculum Integration:

Gender and Sexuality: The curriculum should enhance therapists' proficiency in differentiating between gender and sexuality, fostering a more inclusive and supportive therapeutic environment. The foundational modules introduce therapists to the complex historical, cultural, and theoretical frameworks that shape gender and sexuality, providing a solid understanding of the diverse terminology and perspectives that influence these identities.

Intersectionality: Intersectionality is the concept that encompasses various forms of oppression influencing an individual's physical, social, and psychological experiences. It is grounded in three key principles: (a) the recognition that no social group is uniform, (b) the necessity to position individuals within social structures reflecting the power dynamics inherent in those structures, and (c) the acknowledgment of distinct, noncumulative impacts when identifying with multiple social groups (Stewart & McDermott, 2004). The curriculum should help therapists gain insights into the emotional and psychological impact of intersecting identities, enabling them to better support clients in their journey. The curriculum also emphasizes practical applications, providing tools for therapists to integrate intersectionality into their therapeutic approaches. Special focus is given to addressing the intersectionality of race, gender, sexual orientation, and other social identities within the therapeutic context.

Ethics and Legal Rights: The curriculum should offer therapists a comprehensive exploration of the ethical considerations and legal frameworks essential for providing competent and affirming care to LGBTQ+ individuals. Participants will gain insights into navigating unique challenges that may arise, ensuring a commitment to ethical practice. Attention is also given to informed consent, competency assessments, and a thorough examination of recent legal developments, empowering therapists to navigate legal considerations competently.

Conclusion

In conclusion, the public health issue of mental health disparities within the LGBTQ+ community underscores the urgent need for a comprehensive and integrated approach to LGBTQ+ education within university curricula. The evidence presented in this essay highlights the prevalence of mental health challenges among LGBTQ+ individuals and the significant deficiencies in therapist training programs. The Health Belief Model (HBM) serves as a guiding theoretical framework, emphasizing the perceived susceptibility, severity, benefits, barriers, cues to action, and self-efficacy associated with integrating LGBTQ+ education.

The goal of the proposed project is to rectify the identified deficiencies by advocating for the integration of an LGBTQ+ training program into university curricula. By targeting university administrators as the primary audience, the project aims to catalyze institutional change, shaping policies, curriculum development, and faculty training to create a more inclusive and supportive educational environment for LGBTQ+ individuals.

The communication strategy outlined, including a phased approach and a Handbook for LGBTQ+ Curriculum Integration Advocacy, provides a structured and sustained method for engaging with university administrators. This approach not only raises awareness but also addresses potential concerns, fosters open dialogue, and reinforces the ongoing commitment to LGBTQ+ education.

The guidelines outlined in the Handbook for LGBTQ+ Curriculum Integration provide a roadmap for educators and advocates. By enhancing therapists' proficiency in understanding gender and sexuality, incorporating intersectionality into therapeutic approaches, and addressing ethical and legal considerations, the curriculum seeks to create a more informed, sensitive, and

competent generation of professionals capable of providing affirming care to LGBTQ+ individuals.

In essence, the integration of LGBTQ+ education into university curricula is not just a matter of academic enrichment; it is a crucial step toward addressing a significant public health issue. It is an investment in creating a more empathetic, supportive, and inclusive society, where the mental health and well-being of all individuals, regardless of their sexual orientation or gender identity, are prioritized and safeguarded.

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