



Culture & Person-Centered Practices – Terri Clark “Learning About the “B” in LGBT Person-Centered Care Planning”

SPEAKERS

Terri Clark

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Hello, and thank you for taking a few minutes of your time to learn more about the experiences of our LGBT older adults and the importance of person-centered planning.

My name is Terri Clark and I use she/her pronouns. I will be sharing some of my thoughts about my bisexual identity, what person-centered planning means to me, and what steps you can take to provide supports to the bisexual community.

I want to thank the National Resource Center on LGBT Aging and the National Center on Advancing Person-Centered Practices and Systems. I am happy to have the chance to bring visibility to the often overlooked “B” in LGBT services through this video project.

So why learn about bisexuality and person-centered practices?

Because visibility is priceless. It has long been apparent to me as a Sexuality Educator for nearly 40 years, that the topic of bisexuality and any discussion of bisexual individuals was absent from aging services including person-centered practices.

Differences in sexual orientation and gender identity are often ignored and the pervasiveness of invisibility of bisexuality has left many older bisexual people without role models and supportive networks.

Some people may think that being out or disclosing your sexual orientation or gender identity to aging service providers or healthcare practitioners is not important, or they may not see the benefits of accessing aging services that are inclusive and culturally competent.

Knowing someone's sexual orientation is different than knowing that person's sex life. Sexuality, including sexual orientation and gender identity, are integral parts of everyone's identity, LGBTQ or not.

Providers hold many assumptions about our LGBTQ older adults.

I often hear the response, “We treat everyone the same, we don't need training.” If a provider does not really know their clients and patients, how can they ensure that that person's needs



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are being addressed and that they are truly providing person-centered care?

Person-centered care is the opposite of, “we treat everyone the same.”

Having all been brought up in a society that privileges heterosexuality, we need to recognize that this bias that introduces is not automatically lost because we are in the aging or human services field.

Being able to discuss one’s sexual orientation and gender identity with providers increases the availability of support, which is crucial to mental health and well-being and successful aging overall.

LGBT people benefit from being able to share their lives and receive support from family, friends, and acquaintances.

And bisexuals are in many ways a hidden population. Although many of us in the field use the letters LGBT or LGBTQ, the “B” is often ignored or left out of discussions around person-centered care.

So, what do I mean by bisexual?

For me, being bisexual means giving myself permission to acknowledge my fluidity and attraction to people across the gender spectrum.

One definition that resonates for me is from bi-activist and educator, Robyn Ochs. And she says, “I call myself bisexual because I acknowledge that I have in myself, the potential to be attracted romantically or sexually to people of more than one sex or gender, not necessarily to the same time, not necessarily in the same way and not necessarily in the same degree.”

There are so many myths and misinformation about bisexual people that I thought it might be helpful to dispel just a few.

Myth number one: you can't be a bisexual person and be faithful to one person or one partner. A person's decision to be monogamous or not with the partner is an individual choice and it's influenced by many things involved in a relationship, and that person's own personality. Many bisexual people are in long-term monogamous relationships, including faithful marriages.

Different people simply make different choices as to how to go about relationships and it's not determined by the person's sexual orientation but rather by themselves or their partners.

Another myth: there's no such thing as a bisexual person. You're either gay or lesbian. There's no in-between. This myth really speaks to the non-existence and the invisibility of bisexuals. We love our binaries: gay or straight; Republican or Democrat; chocolate or vanilla; indoors or outdoors. And it's this attitude that all things fall into extremes or binaries that keeps many



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people from acknowledging and learning about bisexuality. Spectrums are harder to understand than boxes. We are complicated human beings, and our feelings, identities and behaviors can change over time.

And the last myth is that bisexual people are more accepted by straight society and this myth has also been sort of expressed as bisexuals are more accepted by gay and lesbian society. And the truth is that although many of us, as bisexual activists, and educators, have fought for many of the same rights as gay and lesbian and trans people do, we're not always made to feel welcome, part of that LGBT community and moreover, oftentimes, the heterosexual community will reject bisexuals because we're perceived to be non-straight and in part of the lesbian/gay community.

So, in any event, to be assumed to be heterosexual, to not be able to acknowledge your identity and have to deny your sexual orientation is just as painful and damaging for a bisexual person as it is for a gay person to have to deny their identity. So, as we wrap up, here are a few tips that may be helpful to you in providing person-centered care. And I want you to remember three words: see, hear, and feel.

So, see in the environment that there are positive signs and symbols displayed. So, rainbow flags, the bi-flag, images of same-sex couples, right? Posters, information that's relevant to the LGBTQ community like newspapers and magazines, books offer bisexual themed events and programs like bi-history. I will look for diversity and equity in the care setting among my LGBTQ peers.



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LGBTQ individuals are a diverse group, including our race, our ethnicity, our gender, our economic status, our geographic region. And when I seek person-centered care, I'm going to want that diversity to be embraced and treasured here in the environment, here in the care setting, right?

That staff and volunteers are comfortable in the use of inclusive language such as when speaking and asking questions for intake forms, using inclusive questions: Tell me about your family. Tell me about your partner, Tell me about your relationships. And then feel. The environment gives a sense of being safe and affirmed. And thinking about an ideal person-centered care setting, I would not want providers to assume that I'm heterosexual because I'm with Rob, who identifies as a hetero male.

I would want them to be opening to listening to my life story, my relationships, the words I have used to identify myself. And above all, validate what stories, and thoughts, and feelings I might share.

So, I hope this has been helpful for you and in closing, I thank you for listening and I hope this short video has been helpful to you to increase your understanding of bisexuality and what bisexual individuals may look for in person-centered care. Thank you.