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Introduction

A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals

Second Edition

Presented by: Marissa Carlson, MS, CPS

YMSM+LGBT Center of Excellence (CoE)

Center of Excellence (CoE) for Racial/ethnic Minority Young Men Who Have Sex with Men (YMSM) and other Lesbian, Gay, Bisexual, and Transgender (LGBT) Populations.

www.ymsmlgbt.org

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Today's Agenda

8:00am-8:30am Registration

8:30am-9:00am Welcome and Introduction

9:00am-10:00am Cultural Considerations

10:00am-10:15am BREAK

10:15am-11:15am Addressing the Needs of Lesbian Individuals

11:15am-12:15pm LUNCH

12:15pm-1:15pm Addressing the Needs of Gay Men/MSMs

1:15pm-2:15pm Addressing the Needs of Bisexual Individuals

2:15pm-2:30pm BREAK

2:30pm-3:30pm Addressing the Needs of Transgender Individuals

3:30pm-4:30pm Considerations for Clinical Work with LGBT Individuals

4:30pm-5:00pm Questions, Evaluations, Closing

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Group Agreements for Today:

- Be respectful when others are speaking
- Speak from your own experience (use "I" statements)
- Respect confidentiality
- Take risks (open to learning or asking questions)
- Have fun
- Other agreements

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Housekeeping:

- Complete necessary paperwork (sign-in, evaluation forms, etc…).
- There will be breaks: mid-morning, lunch and afternoon.
- Manage your electronics – silence phones, take calls outside of the training room.
- Bathrooms are located _____.
- Suggestions for lunch are_____.

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ATTC Network: Regional Centers and the Center of Excellence

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ATTC Network: National Focus Area Centers

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Training Context and Description

- It is important to recognize that since the inception of this curriculum, equality for the LGBT community has shifted in a more positive direction.
  - *Example: As of June 26, 2015, the Supreme Court has ruled that same-sex marriage is legal in every state.*
- However, shame, stigma, bullying, homophobia, biphobia and transphobia, still create barriers for many LGBT people to access and receive affirming care.

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Today's LGBT Curriculum

- The curriculum is designed to develop provider skills in delivering culturally responsive prevention and treatment services for LGBT populations.
- Content focus areas include: physical health, substance abuse treatment, mental health, and other health related concerns for LGBT populations.
- The curriculum also provides treatment strategies and considerations for clinical work that have been effective with LGBT populations.

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Today's LGBT Curriculum

- This curriculum does not aim to be the definitive resource, nor does it intend to speak on behalf of all LGBT people.
- We encourage training participants to research and engage local LGBT organizations, providers and constituents.
- Building partnerships with local LGBT entities can help increase your understanding of the LGBT community needs and increase referral options for your clients.

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Today's LGBT Curriculum

- The research in this curriculum has been carried out on specific populations, but we cannot explicitly state or assume that people in the transgender community were or were not included.
- This means that although some transgender people may have been included, the LGBT research cannot be generalized to trans people who identify as LGB.

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Today's LGBT Curriculum

Target Audience: anyone who may be in contact with LGBT individuals:

- *MH and SUD clinicians (all levels)*
- *HIV providers*
- *State, Local and County governments*
- *Primary care providers*
- *Public health practitioners*
- *Prevention specialists*
- *Community based organizations*
- *School teachers and counselors*

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Key Terms and Concepts

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Definition Activity:

Write a definition for the following terms:

- Categories
  - *Sex*
  - *Gender*
  - *Sexual Orientation*
  - *Sexual Identity*
  - *Gender Identity*
  - *Coming Out*
  - *Gender Expression*
  - *Kinsey Scale*
  - *Klein Scale*
- Descriptors
  - Lesbian
  - Gay Male
  - Bisexual
  - Transgender
  - Transsexual
  - Heterosexism
  - MSM
  - WSW
  - Ally

–Queer
–Pansexual
–Intersex
–Asexual
–Demi-Sexual
–Cisgender

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Key Terms and Concepts:

Lesbian:
- *A female who is emotionally, romantically, sexually, affectionately, or relationally attracted to other females.*

(Johns Hopkins, 2015)

Gay Male:
- *A male who is emotionally, romantically, sexually, affectionately, or relationally attracted to other males.*

(Johns Hopkins, 2015)

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Key Terms and Concepts:

Bisexual:
- *An individual who is emotionally, romantically, sexually, affectionately, or relationally attracted to both men and women (or to people of any gender identity).*

(Johns Hopkins, 2015)

Queer:
- *A term describing people who have a non normative gender identity, sexual orientation, or sexual anatomy — can include lesbians, gay men, bisexual people, transgender people, and a host of other identities. Since the term is sometimes used as a slur, it has a negative connotation for some LGBT people; nevertheless, others have reclaimed it and feel comfortable using it to describe themselves.*

(Johns Hopkins, 2015)

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Key Terms and Concepts:

Transgender:

- *Refers to a person whose gender identity does not correspond to their sex assigned at birth.*
- *Transgender (or the shortened version, 'trans') may be used to refer to an individual person's gender identity and is sometimes used as an umbrella term for all people who do not conform to traditional gender norms.*

(Johns Hopkins, 2015; Keatley et al., 2015)

Cisgender:

- *An individual whose gender identity generally matches with that assigned for their physical sex. In other words, a person who does not identify as transgender.*

(Johns Hopkins, 2015)

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Key Terms and Concepts:

Pansexual/Omnisexual:

- *An individual who is emotionally, romantically, sexually, affectionately, or relationally attracted to people regardless of their gender identity or biological sex.*

(Johns Hopkins, 2015)

Asexual/demi-sexual:

- *Refers to someone who does not experience sexual attraction towards other people, and who identifies as asexual. Asexuals may still have romantic, emotional, affectional, or relational attractions to other people. Asexuality is distinct from celibacy, which is the deliberate abstention from sexual activity. Some asexuals do have sex.*

(Johns Hopkins, 2015; Keatley et al., 2015)

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Key Terms and Concepts:

MSM:

- *An abbreviation for "Men who Have Sex with Men". This term focuses on behaviors. The term does not indicate sexual orientation.*

(Johns Hopkins, 2015)

WSW:

- *An abbreviation for "Women who Have Sex with Women". This term focuses on behaviors. This term does not indicate sexual orientation.*

(Johns Hopkins, 2015)

Ally:

- *Those who support and respect sexual and gender diversity and challenges homophobic, biphobic, transphobic and heterosexist remarks and behaviors.*

(Johns Hopkins, 2015)

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Key Terms and Concepts:

- Sex Assigned at Birth:
  - *Assigning a sex at birth is often based on the appearance of their external anatomy and is documented on the birth certificate.*
  - *A person's sex is actually a combination of biological markers (chromosomes and hormones) and anatomic characteristics (reproductive organs and genitalia). Impacted by legal, policy, cultural and social issues.*
- Gender Expression:
  - *How one externally manifests their gender identity through behavior, mannerisms, speech patterns, dress, and hairstyles.*

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Key Terms and Concepts :

- Gender Identity:
  - *A person's internal sense of their own gender.*

(Keatley, Deutsch, Sevelius & Gutierrez-Mock, 2015)

- Sexual Orientation:
  - *Distinct from gender identity and expression. Describes a combination of attraction, behavior and identity for sexual and/or romantic partners.*

(Keatley, Deutsch, Sevelius & Gutierrez-Mock, 2015)

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Key Terms and Concepts:

Sexual Identity:

- *A culturally organized concept of the self. Labels can include lesbian or gay, bisexual or heterosexual.*

(Diamond, 2008)

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Key Terms and Concepts:

Coming Out:

- *To disclose one's sexual identity or gender identity.*

(Johns Hopkins, 2015)

Heterosexism:

- *The assumption all people are or should be heterosexual. Assumption that heterosexuality is inherently normal and superior to LGBTQ people's lives and relationships.*

(Johns Hopkins, 2015)

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Key Terms and Concepts:

Klein Scale:

- *The Klein Sexual Orientation Grid attempts to measure sexual orientation by exploring an individual's sexual attraction, sexual behavior, sexual fantasies, emotional preferences, social preferences, lifestyle preferences and self identification at a given time.*

(Klein, et al., 1985)

Kinsey Scale:

- *The Kinsey scale attempts to describe a person's sexual history or episodes of their sexual activity at a given time. The scale ranks sexual behavior from 0 to 6, with 0 being completely heterosexual and 6 completely homosexual.*

(Kinsey, et al., 1948)

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The interrelatedness of terms

It is important for providers to understand the four core concepts of identity related to gender and sexual orientation:

- Sex Assigned at Birth
- Gender Identity
- Gender Expression
- Sexual Orientation

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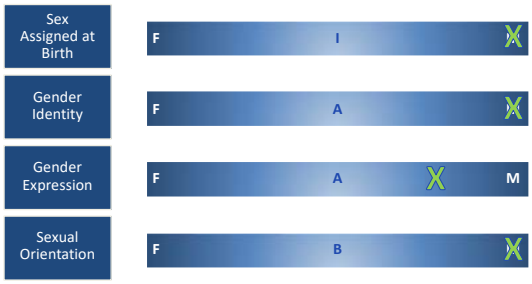
The interrelatedness of terms



The interrelatedness of terms

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  - *Director, SAMHSA/CSAT Division of Services Improvement*

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- Thomas Freese, PhD
  - *Director of PATTC, HHS Region 9; Co-Director, YMSM + LGBT CoE, Los Angeles, CA*
- Brandy Oeser, MPH
  - *Project Director, YMSM + LGBT Center of Excellence, Los Angeles, CA*
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  - *Associate Director of Training, Los Angeles, CA*

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  - *Executive Director, NDRI-USA; Director, Northeast & Caribbean ATTC; Co-Director, YMSM + LGBT CoE, New York, NY*
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  - *Deputy Executive Director, NDRI-USA, New York, NY*

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- Anne Helene Skinstad, PhD
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- Matt Ignacio (Tohono O'odham), MSSW
  - *MSSW, National American Indian and Alaska Native ATTC*
- Lena Thompson, MPH
  - *Research Associate, Iowa City, IA*
- Adam Lewis, PhD Candidate
  - *Graduate Research Assistant, Iowa City, IA*
- ThankGod Ugwumba
  - *Graduate Research Assistant, Iowa City, IA*
- Donna Dorothy, BA
  - *Secretary II, Iowa City, IA*
- Kate Thrams, BA
  - *Research Support Coordinator, Iowa City, IA*
- Jenny Richards, MSW
  - *Evaluations and Curriculum Coordinator*
- Jacki Bock
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- **JoAnne Keatley**, MSW, Center of Excellence for Transgender Health, University of California, San Francisco
- **Laurie Krom**, MS, Collaborative for Excellence in Behavioral Health Research and Practice, School of Nursing and Health Studies, University of Missouri-Kansas City
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Acknowledgements: Content Experts

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- **Joe Amico**, Mdiv, LADC-1, CAS
- **Dulce Garcia**, MA, San Francisco Women Against Rape (SFWAR)
- **Jon Grant,** MD, JD, MPH, University of Chicago
- **Michaela Grey** MPH, National Native American AIDS Prevention Center
- **Luis Gutierrez-Mock** MA, USCF Center for AIDS Prevention Studies
- **Lewis Hicks**, MA, LBSW, CACII, VSP, South Carolina Department of Health and Environmental Control
- **Matt Ignacio**, MSSW, National American Indian and Alaska Native ATTC
- **Raven James** PhD, Governor's State University
- **Edward Johnson**, MAC, LPC, Southeast ATTC
- **JoAnne Keatley,** MSW, Center of Excellence for Transgender Health
- **Phil McCabe**, CSW, CAS, CDVC, DRCC, National Association of LGBT Addictions Professionals Inc.
- **Paris Mullen**, HIV/AIDS Advocate, Gay City Health Project
- **Michael Shelton**, CAADC, Equilibria Psychological and Consultation Services

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- **Nazbah Tom**, MA, Somatic Practitioner
- **Barbara Warren**, PsyD, LMHC, CASAC, Mount Sinai Beth Israel/Mount Sinai Health System
- **Thomas Vaughn**, PhD, Associate Professor and MHA Program Director, UI.
- **Lena Thompson**, MPH Research Associate, Iowa City, IA
- **ThankGod Ugwumba**, Graduate Research Assistant, Iowa City, IA

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Authors by Module:

Cultural Diversity:
- ThankGod Ugwumba, BSc, National American Indian and Alaska Native ATTC, Iowa City, IA
- Matt Ignacio, MSSW, - National American Indian and Alaska Native ATTC
- Lena Thompson, MPH, National American Indian and Alaska Native ATTC, Iowa City, IA

Bisexual:
- Raven Bager, PhD, Governors State University, University Park, IL
- Ed Johnson, MAC, LPC, Southeast Addiction Technology Transfer Center, Atlanta, GA

Lesbian:
- *Nazbah Tom, MA*, Somatic Practitioner, Toronto, Canada
- *Dulce Garcia, MA*, Bilingual/Spanish Community Education Consultant, San Francisco Women Against Rape (SFWAR), San Francisco, CA
- *Adam Lewis, BA*, National American Indian and Alaska Native ATTC, Iowa City, IA

Gay Men/MSM:
- Jon Grant, J.D., M.D., M.P.H., University of Chicago
- Matt Ignacio, MSSW, - National American Indian and Alaska Native ATTC

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Authors by Module:

- Adam Lewis, BS, National American Indian and Alaska Native ATTC
- Phil McCabe, CSW, CAS, CDVC, DRCC, National Association of LGBT Addictions Professionals (NALGAP) Inc.
- Paris Mullen, Gay City Health Project
- Michael Shelton, CADDC, Equilibria Psychological and Consultation Services

Transgender:
- JoAnne Keatley, MSW, *Center of Excellence for Transgender Health, San Francisco, CA*
- Luis Gutierrez-Mock, PhD Candidate, MPH, MA, - *Transgender Evaluation and Technical Assistance Center (TETAC), San Francisco, CA*

Treatment Considerations:
- Barbara Warren, PsyD, LMHC, Mount Sinai Beth Israel/Mount Sinai Health System, New York, NY
- Adam Lewis, Graduate Assistant, National American Indian and Alaska Native ATTC, Iowa City, IA
- Nazbah Tom, MA, Somatic Practitioner, Toronto, Canada
- Anne Helene Skinstad, PhD, National American Indian and Alaska Native ATTC, Iowa City, IA

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References

- Diamond, L.M. (2008). *Sexual fluidity: Understanding women's love and desire*. Cambridge, MA: Harvard University Press.
- Johns Hopkins. (2015). In Johns Hopkins University LGBT Glossary online. Retrieved from http://web.jhu.edu/LGBTQ/glossary.html
- Keatley, J.G., Deutsch, M.B., Sevelius, J.M., Gutierrez-Mock, L. (2015). Creating a foundation for improving trans health: Understanding trans identities and health care needs. In Makadon, H.J., Mayer, K.H., Potter, J., Goldhammer H. (Eds), *The Fenway Guide to Lesbian, Gay, Bisexual, and Transgender Health 2nd Edition* (pp. 459-478). Philadelphia, PA: American College of Physicians
- Kinsey, A., Pomeroy, W.B., & Martin, C.E. (1948). Sexual behavior in the human male. Philadelphia, PA: Saunders
- Klein, F., Sepekoff, B., & Wolf, T. (1985). Sexual orientation: A multivariate dynamic process. Journal of Homosexuality, 11
- Savin-Williams, R., & Vrangalova, Z. (2013). Mostly heterosexual as a distinct sexual orientation group: A systematic review of the empirical evidence. Developmental Review, 33, 58-88. doi:10.1016/j.dr.2013.01.001

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Addressing Issues of Cultural Diversity

A Provider's Introduction to Substance Abuse for YMSM and LGBT Individuals
Second Edition

Presented by Marissa Carlson, MS, CPS

Learning Objectives:

By the end of this module, participants will be able to:

- *Define "cultural humility" and explain how it differs from "cultural competency."*
- *Identify two concepts that contribute to self-awareness.*
- *Identify two strategies for creating culturally sensitive interactions.*

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Culture

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Culture:

What is Culture?

- Culture is an integrated pattern of human behavior that includes thoughts, communications, languages, practices, beliefs, values, customs, courtesies, rituals, manners of interacting, roles, relationships and expected behaviors of a racial, ethnic, religious or social group.

National Center on Cultural Competence, 2001

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Dynamics of Culture:

National Center on Cultural Competence, 2001.

Culture:

Dynamics of culture:

- Involves different constructs which interacts at a certain point in time to shapes and guide our behavior, choices, decisions, judgment, beliefs, perceptions and identity.
- These interacting constructs causes us to behave in certain set of ways that are perceived similar to or different from others.
- Sets the limit to which individuals may seek alternatives or ways to achieve goals.

Matsumoto, 1996; Spencer-Oatey, 2012; National Center on Cultural Competence, 2001.

Discussion Activity:

- In small groups or pairs list three challenges for you or your organization to effectively engage diverse communities.
- Record notes, and report back to larger group.

Culture:

Cultural Patterns

- Can be used to understand groups of people.
  - *These patterns are not frozen, or static, but open to exceptions since many individuals have experiences that are not shared by their group.*

Culture:

For example: cultural difference in conversation

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Culture:

Cross-cutting factors in race, ethnicity and culture:

- *Language and communication*
- *Geographic location*
- *Worldview, values, and traditions*
- *Family and kinship*
- *Gender roles*
- *Socioeconomic status and education*
- *Immigration and migration*
- *Acculturation and cultural identification*
- *Heritage and history*
- *Sexuality*
- *Perspectives on health, illness and healing*
- *Religion and spirituality*
- *Disability*

SAMHSA, 2014

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Cultural Humility

Cultural Humility:

Cultural Humility

- *"Lifelong process of learning, self-examination & refinement of one's own awareness, knowledge, behavior and attitudes on the interplay of power, privilege and social contexts."*

Tervalon, M. & Murray-Garcia, J. (1998, Journal of Health Care for the Poor and Underserved, 9(2), 117

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Cultural Humility:

Cultural Competency

– *A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations.*

US Department of Health & Human Services, Office of Minority Health, 2001.

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Cultural Humility:

Other terms:

- Cultural proficiency
  – *Knowledge, skills, attitudes and beliefs that enable people to work well with, respond effectively to, and be supportive of people in cross-cultural settings.*

Lindsey, et al., 2013

- Cultural sensitivity
  – *This term is also used to describe this process.*

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Cultural Humility:

- Many "cultural competency," "cultural humility" or "cultural sensitivity" trainings are designed to sensitize providers to the special needs and vulnerabilities of different populations.
- Trainings largely focus on "underserved" populations -- ethnic minority populations most adversely affected by health disparities.
- The goal of cultural humility is to provide accessible and appropriate care and services to all.

Office of Minority Health. 2000; Smedley, et al., 2003.

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Cultural Humility:

- Many "cultural competency" trainings are designed to sensitize providers to the special needs and vulnerabilities of different populations.
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Office of Minority Health. 2000; Smedley, et al., 2003.

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Cultural Humility:

Cultural humility invites providers to:

- *Engage in self-reflection and self-critique.*
- *Bring into check the power imbalances, by using patient-focused interviewing and care.*
- *Assess anew the cultural dimensions of the experience of each patient.*

Tervalon & Murray-Garcia 1998; Office of Minority Health. 2000; Smedley, et al., 2003

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Cultural Humility:

Cultural humility invites providers to cont.:

- *Relinquish the role of expert to the patient, becoming the student of the patient.*
- *See the patient's potential to be a capable and full partner in the therapeutic alliance.*
- *Redress the imbalance of power inherent in physician-patient relationships.*

Tervalon & Murray-Garcia 1998; Office of Minority Health. (2000); Smedley, et al., 2003.

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Cultural Humility:

Using cultural humility when engaging clients:

- Recognize we are not better than our clients, and they teach us about their lives and community.
- Develop mutually beneficial, non-paternalistic partnerships with communities on behalf of individuals and defined populations.

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Cultural Humility:

Using cultural humility when engaging clients cont.:

- Challenge ourselves in identifying our own values as not the "norm."
- Remain open to learning.

Tervalon & Murray-Garcia, 1998

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Cultural Humility:

Using cultural humility when engaging clients cont.:

- Explore similarities and differences between our own and each patient's priorities, goals and capacities.
- Understand and accept that we can never be truly "competent" in another's culture.

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Cultural Humility:

Cultural humility requires a respect for difference:

- *In practice, cultural humility means bridging perspectives between ourselves and the people with whom we work.*

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Cultural Humility:

Skills for bridging perspective:

- Active listening, by focusing attention on to what the person is saying and use head nods and utterances that indicate you are listening to them.
- Reflecting, by using the client's words to say back to them what it is you heard – "be a mirror".

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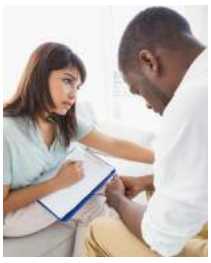
Cultural Humility:

Skills for bridging perspective cont.:

- *Reserve judgment by remaining open when given information that reflects values that differ from yours.*
- *Avoid drawing stereotypical conclusions.*



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"Cultural humility requires consistent self-reflection; check in with yourself… forever"

Values Clarification

Values Clarification:

What is value clarification?

- Values clarification is the process to help us gain understanding of our own personal biases and attitudes towards personal, deeply intimate topics.
- When we explore and address our internal values, we can use this insight to provide more thorough, inclusive services to a wider range of people and communities.

Harrison & Huntington, 2000; Shankle, 2008

Values Clarification

Engagement:

- *It might seem overwhelming trying to understand a culture different from our own and our own experience.*
- *However, there is no denying the importance and influence of a caring, warm and compassionate provider.*

Harrison & Huntington, 2000; Shankle, 2008

Values Clarification:

Engagement Cont.:

- Providers who do not know a lot about the clients they are working with can still offer much value.
- It might be helpful to start with what you know about the presenting problem and take the time to understand the special problems of the community.

Harrison & Huntington, 2000; Shankle, 2008

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Values Clarification:

Exploring our values typically occurs on 3 levels:

- External factors:
  - *Examples: our families, friends, church (spiritual), and media.*
- Personal experiences:
  - *Understand what you are comfortable talking about and what you are not comfortable talking about.*

Harrison & Huntington, 2000; Shankle, 2008

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Values Clarification:

Exploring our values typically occurs on 3 levels cont.:

- Obligations as providers working with clients who have values that are different than our own:
  - *Examples: understanding what are you comfortable talking about what are you NOT comfortable with (example: birth control for teen girls and elderly anal sex HIV prevention messages).*

Harrison & Huntington, 2000; Shankle, 2008

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Discussion Activity:

- In small groups or in pairs discuss which values you rely on in order to successfully do your job.
- Record notes, and report back to larger group.

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Examples of Provider Values:

Examples of Provider Values:

Value: *Social Justice*
- *Pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people.*

Value: *Importance of Human Relationships*
- *Understand that relationships between and among people are an important vehicle for change.*

Value: *Dignity and Worth of the Person*
- *Treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity.*

NASW, 2015

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Provider Considerations

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Provider Considerations:

Conceptual Framework

Awareness, Attitudes, Knowledge, & Skills

(Adapted from a Treatment Improvement Protocol, Improving Cultural Competence, TIP 59, 2014)

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Provider Considerations:

- Pedersen (1994) developed a tripartite developmental model to promote cultural and multicultural understanding among practitioners. These competencies include the domains of:
  - *Awareness*
  - *Knowledge*
  - *Skills*

Stith-Williams, & Haynes, 2007.

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Provider Considerations:

Awareness:

- Involves recognition of one's own biases as well as awareness of the sociopolitical issues that confront culturally different LGBT individuals.

Stith-Williams, & Haynes, 2007; Winkelman, M. 2005.

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Provider Considerations:

Self-Awareness:

- Social science research indicates that our values and beliefs may be inconsistent with our behaviors, and we ironically may be unaware of it.

- Unconscious Bias:
  - *Recognize that as human beings, our brains make assumptions without us even knowing it.*
  - *Consciousness of one's personal reactions to people who are culturally different.*

Stith-Williams, & Haynes, 2007; Kirwan Institute, Implicit Bias http://kirwaninstitute.osu.edu/wp-content/uploads/2014/03/2014-implicit-bias.pdf

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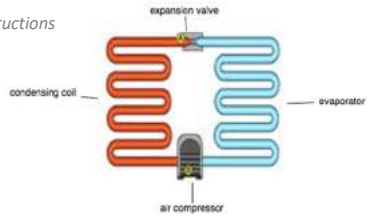
Conditioning Activity:

Large group activity

- *Follow the trainer's instructions*



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Provider Considerations:

Self-Awareness Cont.:

- Primary goal is to help people in need and to address social problems.
- Be aware of your limitations
  - *Seek appropriate supervision or assistance from colleagues and literature.*
- Challenge yourself
  - *Providers are responsible for an ongoing awareness of diversity.*

Stith-Williams, & Haynes, 2007; Winkelman, M. 2005.

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Provider Considerations:

Self-Awareness cont.:

- Think about populations you have difficulty engaging.
  - *In what ways can you move through the difficulties?*
- Have you had experiences where you were successful in learning more and growing as a provider?

Stith-Williams, & Haynes, 2007; Winkelman, M. 2005.

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Provider Considerations:

Knowledge:

- Involves accumulation of factual information about culturally distinct LGBT individuals.
- Primary goal is to become familiar with culturally diverse LGBT client's beliefs, practices, lifestyles, and problem-solving strategies.

Stith-Williams, & Haynes, 2007

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Provider Considerations:

Using Your Knowledge:

- In planning and implementing LGBT affirming prevention and treatment programs.
- To establish therapeutic relationship and build trust in diagnosis and treatment.

Stith-Williams, & Haynes, 2007

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Provider Considerations:

Using Your Knowledge cont.:

- Refrain from stereotyping and making generalized assumptions about a client's sexual orientation and gender identity.
- Understand unique challenges faced by LGBT clients as well as differences in their health trends.

Stith-Williams, & Haynes, 2007

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Provider Considerations:

Skills:

- Involves integrating the knowledge and awareness competencies in an effort to develop an appropriate set of culturally competent skills that may be applied to a particular client's needs.

Stith-Williams, & Haynes, 2007

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Provider Considerations:

Using Your Skills:

- *Communicating effectively with LGBT clients*
  - *Using appropriate language in communication e.g. pronouns, gender and sexual identity assumptions.*
- *Providing educational programs that reflect understanding of diverse sexual orientations and gender expression.*

Stith-Williams, & Haynes, 2007

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Provider Considerations:

Using Your Skills cont.:

- *Creating a respectful and inclusive safe environment for LGBT clients.*
- *Make appropriate referrals for LGBT affirming services, resources, and organizations.*

Stith-Williams, & Haynes, 2007

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Provider Considerations:

- It is important to understand how our self-awareness, knowledge, and skills influence our attitude towards something or someone.
- The same influences that lead to attitude formation can also create attitude change.

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"Be open to someone's individuality. Just because you've worked with one _____, doesn't mean the next _____ will be just like them."

Diana Padilla, Cultural Expert, Program Manager, NeC-ATTC, NDRI-USA

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Recommendations:

- Avoid labeling your clients.
- Meet clients where they are in the coming out process and respect their need to feel safe.
- Be guided by your LGBT clients, listen to what they say is comfortable for them.

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Recommendations:

- Receive training to help you increase your knowledge and understanding of LGBT-related culture and beliefs.
- Create an atmosphere that is supportive.
- Acknowledge clients' significant others and encourage their support and participation in prevention and treatment programs.

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Recommendations:

- Advocate and create safety for LGBT clients.
- Support and encourage positive images of persons of color, YMSMs, LGBT, gender variant, non conforming, elderly, other abled individuals.
- Read and learn about LGBT community and culture.

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Questions and Comments?

Authors:

- Matt Ignacio (Tohono O'odham), MSSW
  - *MSSW, National American Indian and Alaska Native ATTC*
- ThankGod Ugwumba, BSc
  - *Graduate Assistant, National American Indian and Alaska Native ATTC*
- Lena Thompson, MPH
  - *Research Associate, National American Indian and Alaska Native ATTC*

Resources:

- National Center on Cultural Competence, http://www.nccccurricula.info/glossary.html
- National Center on Cultural Competence. Georgetown University Center for Child and Human Development. http://nccccurricula.info/documents/awareness.pdf
- US Department of Health & Human Services, Office of Minority Health, http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlid=11

References:

- *Bandura, A. (1986). Social foundations of thought and action: A social cognitive theory. Englewood Cliffs, NJ: Prentice Hall.*
- Comas-Diaz, L. Multicultural Care: A Clinician's Guide to Cultural Competence (pp. 33–56). Washington, DC: American Psychological Association, 2012
- Department of Health and Human Services Office of Minority Health and Agency for Healthcare Research and Quality.
- Dolliver, M. (2010). LGBT Boomers Turn To 'Chosen Family'. *Brandweek*, 51(17), 23.
- Fortier J. P., Bishop, D. 2003. Setting the agenda for research on cultural competence in health care: final report. Edited by C. Brach. Rockville, MD: U.S.
- Huntington, Samuel P., and Lawrence E. Harrison. *Culture Matters: How Values Shape Human Progress*. New York: Basic, 2000. Print.
- Lindsey, Randall B. *A Culturally Proficient Response to LGBT Communities: A Guide for Educators*. Thousand Oaks, CA: Corwin Sage, 2013. Print.
- Matsumoto, D. (1996) Culture and Psychology. Pacific Grove, CA: Brooks/Cole.
- National Center for Cultural Competence. (2001). Definitions of culture. Washington, DC: Author.
- Office of Minority Health. (2000). National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care. Federal Register. 65(247): 80865–80879
- Office of Minority Health –U.S. Department of Health and Human Services. (2001). National Standards for Culturally and Linguistically Appropriate Services in Health Care: Executive Summary. (Contract No. 282-99-0039). Rockville, MD
- Rubin, H., & Rubin, I. (2012). Chapter 9: Designing Main Questions and Probes. In *Qualitative interviewing the art of hearing data* (3rd ed.). Los Angeles, CA: SAGE.

References:

- Shankle, M. D. (2008). The Handbook of Lesbian, Gay, Bisexual and Transgender Public Health: A Practitioner's Guide to Service. New York: Harrington Park Press, 2008. Print.
- Smedley, B. D., Stith, A. Y., Nelson, R. Unequal treatment: Confronting racial and ethnic disparities in healthcare. Washington, D.C.: Institute of Medicine, National Academies Press; 2003
- Spencer-Oatey, H. (2012) What is culture? A compilation of quotations. GlobalPAD Core Concepts.
- Stith-Williams, V., Haynes, P. L. M. (2007). For Cultural Competence: Knowledge, skills and Disposition Needed to Embrace Diversity. A Resource Manual for Developing Cultural Competence. *Virginia Department of Education*
- Substance Abuse and Mental Health Services Administration. Improving Cultural Competence. Treatment Improvement Protocol (TIP) Series No. 59. HHS Publication No. (SMA) 14-4849. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.
- Tervalon, M. & Murray-Garcia, J. (1998) Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. Journal of Health Care for the Poor and Underserved, 9(2), 117-125
- Winkelman, M. (2005). *Cultural awareness, sensitivity & competence.* Peosta, Iowa: Eddie Bowers Publishing Co., Inc.

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Addressing the Needs of Transgender Individuals

A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals
Second Edition

Presented by Marissa Carlson, MS, CPS

Learning Objectives:

By the end of this module, participants will be able to:

- *List two core concepts related to being transgender.*
- *Identify two factors associated with substance use among transgender individuals.*
- *Identify two ways a provider can create an affirming space for transgender individuals.*

Defining Transgender

Defining Transgender:

What do we mean when we say, "transgender?"

- *Refers to a person whose gender identity does not correspond to their sex assigned at birth.*
- *Transgender (or the shortened version, 'trans') may be used to refer to an individual person's gender identity and is sometimes used as an umbrella term for all people who do not conform to traditional gender norms.*

(Keatley, Deutsch, Sevelius & Gutierrez-Mock, 2015)

Defining Transgender:

- Trans Umbrella

- *Trans man (FTM)*
- *Trans woman (MTF)*
- *Genderqueer*
- *Gender non-conforming*
- *Male*
- *Female*
- *Trans*
- *Additional regional/ cultural terms*

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Defining Transgender:

It is important for providers to understand the four core concepts of trans identity:

Sex Assigned at Birth	Gender Identity
Gender Expression	Sexual Orientation

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Defining Transgender:

It is critically important for providers to respect and use trans clients names & pronouns:

- *Preferred names and/or pronouns may change and may not match current identity documents.*
- *Ask clients name and pronoun preference.*
- *Use client's preferred name and pronouns.*

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Defining Transgender:

Respecting trans clients names & pronouns cont.:

- *Examples:*
  - *Gendered pronouns:*
    - *Include he/his; she/her.*
  - *Gender neutral pronouns:*
    - *Include they/them; ze/hir*

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Defining Transgender:

How many trans people exist in our society?

.1%	• California LGBT Tobacco Use Survey (2003 & 2004)
.2%	• Los Angeles County (2012) – estimate
.3%	• San Francisco County (2011) – estimate • Williams Institute (2011) – average of previous studies
.5%	• Massachusetts landline survey (Conron, Scott, Stowell & Landers, 2012)

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Related Health Issues for Trans Individuals

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Related Health Issues for Trans Individuals:

Sexual and Reproductive Health:

- Transgender people might have sexual partners who are men, women or both
  - *A transgender person's sexual history cannot be assumed based on their gender identity or sex assigned at birth.*

(Stieglitz, 2010; Gamarel, et al., 2016)

- Transgender people who have sex with men are at risk for unintended pregnancy as well as STIs.
  - *Transgender men who have sex with men report high rates of unprotected vaginal and anal intercourse*

(Gamarel, et al., 2016; Reisner, et al., 2010)

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Related Health Issues for Trans Individuals:

Sexual and Reproductive Health Cont.:

- Transgender people may be reluctant seeking sexual and reproductive health care.
  - *A study showed that one in three transgender people, and 48% of transgender men, have delayed or avoided seeking preventive health care such as pelvic exams or STI screening due to fear of discrimination and insolence.*

(Grant, et al., 2010)

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Related Health Issues for Trans Individuals:

Trans people and substance use:

69%	• Trans female youth reported recent substance use. *(Rowe, Santos, McFarland & Wilson, 2015)* • This study was carried out in San Francisco Bay Area
76%	• Trans women reported recent substance use. *(Nuttbrock et al., 2014)* • This study was carried out in New York Metropolitan Area
70%	• Trans men reported current substance use. *(Reisner, White, Mayer & Mimiaga, 2014)* • This study was carried out at a Boston, Massachusetts Area Health Center

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Related Health Issues for Trans Individuals:

Factors associated with substance use among trans people:

- *Depression* *(Nuttbrock et al., 2014)*
- *PTSD* *(Rowe et al., 2015)*
- *Sex work* *(Hoffman, 2014; Birth-Melander et al., 2010)*
- *Gender-related discrimination* *(Rowe et al., 2015; Reisner, Gamarel, Nemoto & Operario, 2014; Nuttbrock et al., 2014)*

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Related Health Issues for Trans Individuals:

Cross-Sex Hormone Therapy (csHT):

- *Not all trans people desire csHT and/or surgical intervention.*
- *csHT is safe, with few long-term side effects.* *(Asscheman, T'Sjoen & Gooren, 2014).*
- *csHT is not contra-indicated for HIV antiretroviral therapy (ART) .* *(Center of Excellence for Transgender Health, 2011).*
- *Clients should be allowed to continue (or start) csHT in treatment programs.*

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Related Health Issues for Trans Individuals:

Trans People and HIV/AIDS:

28%	• Average self-report by trans women across the US was 12% • 56% among Black trans women • Herbst et al., 2007
22%	• U.S. results for trans women from a global meta-analysis • Baral et al., 2013
0-3%	• Self-reported HIV rates among trans men in various cities such as Philadelphia, Washington D.C., San Francisco etc. • Sevelius et al., 2009

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Related Health Issues for Trans Individuals:

Trans People and HIV/AIDS cont.:

- *MTF transgender youth of color have many unmet needs and are at extreme risk of acquiring HIV/AIDS.*

> "Although limited data exist on the experiences of transgender youth from communities of color, anecdotal evidence suggests that they are not only at risk of acquiring HIV, but also face enormous challenges navigating adolescent and gender identity development without readily available, culturally appropriate health care and social support services."

(Garafolo et. al., 2006)

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Related Health Issues for Trans Individuals:

Mental health:

- *Trans people report significantly worse mental health than non-trans people.*

(Newfield, Hart, Dibble & Kohler, 2006; Reisner et al., 2014)

- *Negative mental health outcomes are associated with transphobia, including physical and psychological abuse and family rejection.*

(Nuttbrock et al., 2014; Simons et al., 2013)

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Related Health Issues for Trans Individuals:

Mental health cont.:

- *Hormone therapy improved quality of life scores among a sample of trans men.*

(Newfield, Hart, Dibble & Kohler, 2006)

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Related Health Issues for Trans Individuals:

Hormone Blockers:

- *Used to treat children who are transgender or gender non-conforming. The medications suppresses the body's production of estrogen or testosterone, and essentially pause the changes that would occur during puberty.*
- *The Endocrine Society's guidelines suggest starting puberty blockers for transgender children around 10 or 11 years old for a girl and 11 or 12 years old for a boy.*

(Ehrensaft, 2009; Hembree, et al., 2009; Zucker, et al., 2010)

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Related Health Issues for Trans Individuals:

Gender Confirming/Affirming Surgery:

- *This is an irreversible surgical procedure used in changing genital organs from one sex to another.*
- *Male to female genital surgery have been found to be generally more successful and less risky compared to female to male genital surgery.*
- *Clients exposed to such procedures are at increased risk for myocardial infarction, bleeding and mortality, cervical cancer, cardiovascular disease, suicidal behavior, psychiatric morbidity than the general population.*

(Wroblewski, et al., 2013; Tangpricha, 2015; Weinand & Safer, 2015)

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Related Health Issues for Trans Individuals:

Assault:

- *A 2011 national survey titled, "Injustice at Every Turn" surveyed 6450 transgender and non-gender conforming people:*
  - *71% of multiracial respondents reported having experienced bullying, physical abuse, sexual assault, harassment, and even expulsion from school.*
  - *When comparing these types of abuses in different geographical areas, 58-65% of transgender and non-gender conforming people had experienced assault.*

(Grant, Mottet, & Tanis, 2011)

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Related Health Issues for Trans Individuals:

Assault cont.:

- A critical finding from the survey concluded transgender and gender non-conforming people of color experience particularly devastating levels of discrimination when anti-transgender bias is combined with structural and interpersonal racism.

(Grant, Mottet, & Tanis, 2011)

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Provider Considerations

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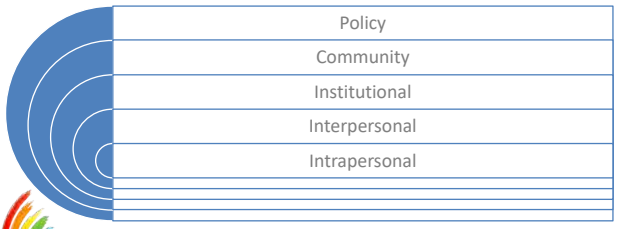
Provider Considerations:



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Provider Considerations:

What does intrapersonal stigma and transphobia look like?

- *Internalized transphobia*
- *Low self-esteem*
- *Depression and self-harm*
- *Gender identity validation through external sources*

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Provider Considerations:

What does interpersonal stigma and transphobia look like?

- *Family rejection*
- *Peer harassment/bullying*
- *Harassment from co-workers*
- *Rejection from potential romantic/sexual interests*

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Provider Considerations:

What does institutional stigma and transphobia look like?

- *Access to Comprehensive Health care*
- *Educational settings*
- *Employment discrimination*
- *Housing discrimination*
- *Correctional settings*
- *Religion*

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Provider Considerations:

- What does community stigma and transphobia look like?
  - *Violence*
  - *Norm of substance use*
  - *Norm of sex work*
  - *Social stigma*

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Provider Considerations:

- What does policy stigma and transphobia look like?
  - *Trans panic defense*
  - *Non-Discrimination Policies*
  - *Name and gender changes*
  - *Immigration laws*

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United States Non-discrimination Laws:

- Dark Green: States banning discrimination based on sexual orientation and gender identity (20 states and District of Columbia).
- Light Green: Laws banning discrimination based on sexual orientation (2 states).

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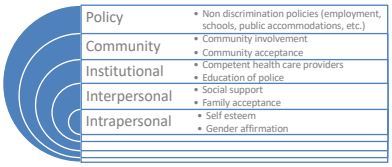
Provider Considerations:

It is important to highlight protective factors against negative health outcomes associated with transphobia:



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Provider Considerations:

"Intersectionality" can help describe the intersections between race, culture and gender:

- *Promotes an understanding of human beings as shaped by interaction of different social locations.*
- *Interactions take place within structures of power and systems.*
- *Inequities such as racism, transphobia, prejudice, etc… result from the intersections of different social factors, power dynamics and experiences.*

(Hankivsky 2014)

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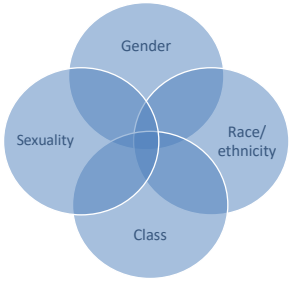
Provider Considerations:

- Intersectionality



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Provider Considerations:

Service delivery clinical considerations:

- *Gender segregated facilities*
- *Identity documents*
- *Staff competence*
- *Appropriate clinical assessment versus curiosity/ignorance*
- *Bullying/victimization from other clients*
- *Electronic health records*

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Provider Considerations:

Provider recommendations:

- *A client's anatomy should only be discussed if relevant to their treatment.*
- *Provide care for anatomy that is present while affirming the patient's current gender identity.*

(Center of Excellence for Transgender Health, 2011).

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Provider Considerations:

Provider recommendations cont.:

- *The Center of Excellence for Transgender Health makes the following recommendation for trans-inclusive data collection:*
  - *Asking current gender identity*
  - *Asking assigned sex at birth*

(Center of Excellence for Transgender Health, 2011)

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Provider Considerations:

CETH Recommended Trans/Gender Expression Inclusive Intake Questionnaire

1. What is your current gender identity? (Check and/or circle ALL that apply)
   - ☐ Male
   - ☐ Female
   - ☐ Transgender Male/Transman/FTM
   - ☐ Transgender Female/Transwoman/MTF
   - ☐ Genderqueer
   - ☐ Additional category (please specify): _____
   - ☐ Decline to answer

2. What sex were you assigned at birth? (Check one)
   - ☐ Male
   - ☐ Female
   - ☐ Decline to answer

3. What pronouns do you prefer?_____

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Provider Considerations:

In treatment programs, trans clients report:

- *Experiencing more transphobia from treatment program staff than from other clients.*
- *Programs do not address trans issues.*
- *Being required to use sleeping and shower facilities inconsistent with their current gender identity.*

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Provider Considerations:

Provider recommendations cont.:

- *Educate treatment program staff and enforce policy.*
- *Allow trans clients to use bathrooms, showers and sleeping facilities based on their current gender identification.*
- *Allow trans clients to continue the use of hormones in treatment.*
- *Advocate for trans client using "street" hormones to receive immediate medical care and legally prescribed hormones.*

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Provider Considerations:

Provider recommendations cont.:

- *Seek clinical supervision if there are issues or feelings about working with trans individuals.*
- *Post a nondiscrimination policy in the waiting room that explicitly includes sexual orientation and gender identity.*

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Discussion Exercise:

In small groups or in a pair, answer the following question, record notes, and share with the larger group:

- *What do you or your organization need in order to build, enhance, and refine services for trans clients?*

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Provider Considerations:

One approach that has shown to be particularly effective is:

Intervention Title	Targeted Concern (s)	Description
Inviting Significant other of LGBT Clients into substance abuse treatment (Senreich, 2010)	Substance abuse treatment completion and satisfaction	For LGBT respondents, inviting significant others into treatment for at least one session. resulted in improved program completion rates, greater satisfaction with treatment, enhanced feelings of counselor support, and higher abstinence rates at the end of treatment.

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Questions and Comments?

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Authors:

- JoAnne Keatley, MSW
  - *Co-Investigator, Director, Center of Excellence for Transgender Health, San Francisco, CA*
- Luis Gutierrez-Mock, PhD Candidate, MPH, MA,
  - *Transgender Evaluation and Technical Assistance Center (TETAC) Coordinator UCSF Center for AIDS Prevention Studies San Francisco, CA*

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Resources:

- GLAAD Transgender Resources: http://www.glaad.org/transgender/resources
- Transgender Foundation of America: http://www.tgctr.org/about/
- National Center for Transgender Equality: http://transequality.org/
- Transgender Care Health Information Archive: http://www.transgendercare.com/medical/resources/
- Center of Excellence for Transgender Health: http://transhealth.ucsf.edu/trans?page=protocol-evidence
- American Congress of Obstetricians and Gynecologists: Women's Health Care Physicians: Health Care for Transgender Individuals: http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Health-Care-for-Transgender-Individuals
- Transgender Health Services Working Group, City and County of San Francisco. (2007). *Transgender HIV Health Services Best Practices Guidelines*. Accessed online January 15, 2010 from: http://careacttarget.org/library/tgguidelines.pdf

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References:

- Asscheman, H., T'Sjoen, G.G. & Gooren, L.J. (2014). Morbidity in a Multisite Retrospective Study of Cross-Sex Hormone-Treated Transgender Persons. Endocrine Society's 96th Annual Meeting and Expo. Presentation number: OR42-3. Downloaded on 3/12/2015 from http://press.endocrine.org/doi/abs/10.1210/endo-meetings.2014.RE.2.OR42-3
- Baral, S., Todd, C., Aumakhan, B., Lloyd, J., Delegchoimbol, A., & Sabin, K. (2013). HIV among female sex workers in the Central Asian Republics, Afghanistan, and Mongolia: Contexts and convergence with drug use. *Drug and Alcohol Dependence*, *132*(1), 513-516. doi:doi:10.1016/j.drugalcdep.2013.07.004
- Birth-Melander, P., Sheoran, B., Sheth, I., Bermudez C, Drone J, Wood W, Schroeder K. (2010). Understanding sociocultural and psychological factors affecting transgender people of color in San Francisco. *The Journal of the Association of Nurses in AIDS Care: JANAC*, *21*(3):207-20.
- California Department of Health Services, Tobacco Control Section. (2004). Lesbians, Gays, Bisexuals, and Transgender Tobacco Use Survey: prepared by the Field Research Corporation, san Francisco, CA. Retrieved from http://citesource.trincoll.edu/apa/apagovreportweb.pdf
- Center of Excellence for Transgender Health (2011). Primary Care Protocol for Transgender Patient Care. University of California, San Francisco, Department of Family and Community Medicine. Downloaded on 3/12/2015 from http://transhealth.ucsf.edu/trans?page=protocol-00-00
- Conron, K.J., Scott, G., Stowell, G.S., & Landers, S.J. (2012). Transgender health in Massachusetts: Results from a household probability sample of adults. *American Journal of Public Health*, 102(1), 118-122. Doi: 10.2105/AJPH.2011.300315
- Ehrensaft, D. (2009). One pill makes you boy, one pill makes you girl. *International Journal of Applied Psychoanalytic Studies*, *6*(1), 12-24.
- Fredriksen-Goldsen, K.I., Cook-Daniels, L., Kim, H.J., Erosheva, E.A., Emlet, C.A., Hoy-Ellis, C.P., Goldsen, J. & Muraco, A. (2014). Physical and mental health of transgender older adults: an at-risk and underserved population. *The Gerontologist*, 54(3):488-500.
- Garofalo, R., Deleon, J., Osmer, E., Doll, M. & Harper, G.W. (2006). Overlooked, misunderstood and at-risk: exploring the lives and HIV risk of ethnic minority male-to-female transgender youth. *Journal of Adolescent Health*, 38(3):230-6.
- Gates, G.J. (2011). How many people are lesbian, gay, bisexual, and transgender? The Williams Institute. Retrieved from http://williamsinstitute.law.ucla.edu/wp-content/uploads/Gates-How-Many-People-LGBT-Apr-2011.pdf

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References:

- Grant, J. M., Mottet, L. A., Tanis, J., Herman, J. L., Harrison, J., & Keisling, M. (2010). National Transgender Discrimination Survey Report on health and health care. *National Center for Transgender Equality and National Gay and Lesbian Task Force. Washington, DC*, 1-23.
- Grant, J.M. Mottet, L.A. Tanis, J. Harrison, J., Herman, J.L. & Keisling, M. (2011). Injustice at every turn: A report of the National Transgender Discrimination Survey. National Center for Transgender Equality & National Gay and Lesbian Task Force.
- Hembree, W. C., Cohen-Kettenis, P., Delemarre-van de Waal, H. A., Gooren, L. J., Meyer III, W. J., Spack, N. P., ... & Montori, V. M. (2009). Endocrine treatment of transsexual persons: an Endocrine Society clinical practice guideline. *The Journal of Clinical Endocrinology & Metabolism*, *94*(9), 3132-3154.
- Herbst, J., Jacobs, E., Finlayson, T., Mckleroy, V., Neumann, M., & Crepaz, N. (2007). Estimating HIV Prevalence and Risk Behaviors of Transgender Persons in the United States: A Systematic Review. *AIDS and Behavior*, 12: 1-17. Retrieved June 30, 2015.
- Hoffman, B.R. (2014). The interaction of drug use, sex work, and HIV among transgender women. *Substance Use & Misuse*, 49(8):1049-53.
- Keatley, J.G., Deutsch, M.B., Sevelius, J.M., Gutierrez-Mock, L. (2015). Creating a foundation for improving trans health: Understanding trans identities and health care needs. In Makadon, H.J., Mayer, K.H., Potter, J., Goldhammer H. (Eds), *The Fenway Guide to Lesbian, Gay, Bisexual, and Transgender Health 2nd Edition* (pp. 459-478). Philadelphia, PA: American College of Physicians
- Lombardi, E. (2007). Substance use treatment experiences of transgender/transsexual men and women. *Journal of LGBT Health Research*, 3(2):37-47.
- Los Angeles County Department of Public Health. (2012). Transgender Population Estimates. Retrieved from https://admin.publichealth.lacounty.gov/aids/reports/TransgenderPopulationEstimates2-12-13.pdf
- McGuire, J.K., Anderson, C.R., Toomey, R.B. & Russell, S.T. School climate for transgender youth: a mixed method investigation of student experiences and school responses. *Journal of Youth and Adolescence*, *39*(10), 1175-1188.
- National LGBTQ Task Force (2014). State Nondiscrimination Laws in the U.S. Retrieved from http://www.thetaskforce.org/
- Newfield, E., Hart, S., Dibble, S. & Kohler, L. (2006). Female-to-male transgender quality of life. *American Journal of Public Health*, 104(11):2191-8.

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References:

- Nuttbrock, L., Bockting, W., Rosenblum, A., Hwahng, S., Mason, M., Macri, M. & Becker, J. (2014). Gender abuse, depressive symptoms, and substance use among transgender women: a 3-year prospective study. *American Journal of Public Health*, 104(11):2199-206.
- Persson, DI. (2009). Unique challenges of transgender aging: implications from the literature. *Journal of Gerontology in Social Work*, 52(6):633-46.
- Reisner, S.L., Gamarel, K.E., Nemoto, T. & Operario D. (2014). Dyadic effects of gender minority stressors in substance use behaviors among transgender women and their non-transgender male partners. *Psychology of Sexual Orientation and Gender Diversity* 1(1):63-71.
- Reisner, S. L., Perkovich, B., & Mimiaga, M. J. (2010). A mixed methods study of the sexual health needs of New England transmen who have sex with non-transgender men. *AIDS patient care and STDs*, *24*(8), 501-513 Reisner, S.L., White, J.M., Mayer, K.H. & Mimiaga, M.J. (2014). Sexual risk behaviors and psychosocial health concerns of female-to-male transgender men screening for STDs at an urban community health center. *AIDS Care*, 26(7):857-64.
- Reisner, S.L., Greytak, E.A., Parsons, J.T. & Ybarra, M.L. (2014). Gender minority social stress in adolescence: disparities in adolescent bullying and substance use by gender identity. *Journal of Sex Research*, 52(3):243-56.
- Rowe, C., Santos, G.M., McFarland, W. & Wilson, E.C. (2015). Prevalence and correlates of substance use among trans female youth ages 16-24 years in the San Francisco Bay Area. *Drug and Alcohol Dependence*, 147:160-6.
- Ryan, C., Russell, S.T., Huebner, D., Diaz, R. & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing*, 23(4):205-13.
- Sevelius J. "There's no pamphlet for the kind of sex I have": HIV-related risk factors and protective behaviors among transgender men who have sex with non-transgender men. Journal of the Association of Nurses in AIDS Care. 2009;20:398-410. - See more at: http://caps.ucsf.edu/archives/factsheets/transgender-men#sthash.2QDptC8G.dpuf
- Simons, L., Schrager, S.M., Clark, L.F., Belzer, M. & Olson, J. (2013). Parental support and mental health among transgender adolescents. *Journal of Adolescent Health*, 53(6):791-3.
- Siverskog A. (2014). "They Just Don't Have a Clue": Transgender Aging and Implications for Social Work. *Journal of Gerontology in Social Work*, 57(2-4):386-406.

References:

- Stieglitz, K. A. (2010). Development, risk, and resilience of transgender youth. *Journal of the Association of Nurses in AIDS Care*, *21*(3), 192-206.
- Tangpricha, V. (2015). Safety of transgender hormone therapy. *Journal of Clinical & Translational Endocrinology*, *2*(4), 130.
- Weinand, J. D., & Safer, J. D. (2015). Hormone therapy in transgender adults is safe with provider supervision; A review of hormone therapy sequelae for transgender individuals. *Journal of Clinical & Translational Endocrinology*, *2*(2), 55-60.
- Witten, T.M. (2014). End of life, chronic illness, and trans-identities. *Journal of Social Work in End-of- Life & Palliative Care*, 10(1):34-58.
- Wroblewski, P., Gustafsson, J., & Selvaggi, G. (2013). Sex reassignment surgery for transsexuals. *Current Opinion in Endocrinology, Diabetes and Obesity*, *20*(6), 570-574.
- Zucker, K. J., Bradley, S. J., Owen-Anderson, A., Singh, D., Blanchard, R., & Bain, J. (2010). Puberty-blocking hormonal therapy for adolescents with gender identity disorder: A descriptive clinical study. *Journal of Gay & Lesbian Mental Health*, *15*(1), 58-82.

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Addressing the Needs of Lesbian Women

A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals

Second Edition

Presented by Marissa Carlson, MS, CPS

Learning Objectives:

By the end of this module, participants will be able to:

- *Identify two challenges to describing contemporary lesbian women in research.*
- *Identify two factors that might contribute to substance use among lesbian clients.*
- *Identify two barriers for health screening and check-ups for lesbian clients.*

Lesbian Women

Lesbian Women:

For this module, when using the term "lesbian women," we are referring to:

- *Women who identify as: lesbian, gay, or queer.*
- *However, there are some definitional limitations:*
  - *Not all women who are predominately romantically and sexually attracted to women use the terms: lesbian, gay, or queer.*
- *Example: a qualitative study of lesbian sexuality and family formation, found older participants tended to identify as "gay," "gay woman," or "in the life."* *(Moore, 2011)*

Lesbian Women:

There are research limitations in describing who lesbian women are:

- *"Lesbians are often ignored or under-represented in studies of homosexuality."*

  (Hughes & Wilsnack 1997)

- *Research tends to focus on younger, college educated, and most visible lesbian women.*

  (Hughes & Wilsnack, 1997)

- *Mental health research on lesbian women and gay men finds that they are "extremely vulnerable to biased interpretations." For example, a provider may view homosexuality as a sin, therefore citing "homosexuality" being the root cause of their mental health problems.*

  (Cochran, 2001)

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Lesbian Women:

There are also larger, systemic challenges to understanding the health needs of lesbian women, such as a limited evidence base for women's health care, which can make it easier for biased cultural assumptions and attitudes that devalue and subordinate women.

(Zimmerman & Hill, 2000)

Specifically, when research is not inclusive of racial/ethnic, gender, and/or sexual orientation diversity, providers might make the mistake of assuming health disparities do not affect those populations.

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Lesbian Women:

Because of these challenges, there might be real and perceived barriers for lesbian women to access health services:

- *Lack of available information on lesbian-specific healthcare risks and screening recommendations.*

  (ACOG, 2014)

- *Fear of receiving biased care and/or history of discrimination from providers in the past.*

- *Concerns about confidentiality and disclosure.*

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Related Health Issues for Lesbian Women

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Related Health Issues for Lesbian Women:

One way to approach screening and treatment guidelines for lesbian women is to respectfully treat an individual according to their physiology, sexual behavior and the risk they are exposed to.

- *Again, providers should be mindful of real and perceived barriers for lesbian women to access health services, such as homophobia, discrimination, and lack of confidentiality.*
- *Barriers to health services can interfere with health problems getting routinely checked and treated.*
- *Health problems may only be screened at advanced, or late stages of disease progression.*
  - *Example: cervical, breast, or testicular cancers.*

(Dibble & Robertson, 2010)

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Related Health Issues for Lesbian Women:

- *A recommendation for, "effective screening requires that providers and their female clients engage in a comprehensive and open discussion not only about sexual identity, but sexual and behavioral risks."*
- *It is important to remember, many self-identified women who have sex with women report history of, or currently engage in heterosexual behavior.*

(CDC, 2010)

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Related Health Issues for Lesbian Women:

- The CDC recommends that, "routine cervical cancer screening should be offered to all women, regardless of sexual orientation, sexual practices, gender expression and gender identity and women should be offered HPV vaccine in accordance with current guidelines."

(CDC, 2010)

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Related Health Issues for Lesbian Women:

Substance use:

- *Lesbian women use substance/alcohol more often than heterosexual women, this can be due to stress from homophobia, sexism, misogyny, fear of disclosure and/or discrimination/marginalization.*
- *Lesbian women may also use "social circles" as a form of finding community/support . Activities in these circles may involve using alcohol/substance, therefore increasing exposure and access to alcohol and substance use.*
- *Lesbian women may need support to find healthy ways to cope and reduce stress, as well as seek community.*

(Dibble & Robertson, 2010)

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Related Health Issues for Lesbian Women:

Substance use cont.:

- *Heavy drinking and binge drinking are more common among lesbian women than heterosexual women.*
  - *Heavy drinking for women, as defined by SAMHSA, is drinking 5 or more drinks on the same occasion on each of 5 or more days in the past 30 days (2015).*
  - *Heavy drinking is associated with increased risk of cancer, liver disease, and other health problems.*

(Hughes & Eliason,2002; Dibble & Robertson, 2010)

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Related Health Issues for Lesbian Women:

Substance use cont.:

- *Compared with heterosexual women, lesbian women are less likely to abstain from drinking alcohol, and are more likely to report heavy episodic drinking, negative consequences associated with drinking, symptoms of alcohol dependence, and help-seeking for alcohol related problems.*

(Laurie, D., et al., 2013; Gedro, J., 2014)

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Case Example:

Andrea, 23, has been drinking alcohol since she was 12. She also became addicted to her mother's Valium and uses it to "smooth out" her hangovers and to come down from her occasional cocaine highs. Andrea has known since she was about 9 that she is attracted to girls and has been sexually active since the age of 14. She is totally out as a lesbian and says she has no problems about her sexual identity. But she is troubled by her inability to sustain any relationship for longer than a few months. She also says that since she's achieved sobriety, she doesn't know how to meet women who want to date her. She has become shy and uncertain. The counselor needs to help Andrea assess where she is in the development of a sober and clean identity and how that relates to her sexual orientation. She has not been able during her formative years to learn the necessary developmental lessons of adolescence. Furthermore, she tended to act out her feelings when drunk or drugged, including a lot of sexual feelings. She never learned how to date or communicate or relate emotionally to others.

Related Health Issues for Lesbian Women:

STIs and safer sex:

- *Lesbians can get the same STIs as heterosexual women.*
- *Lesbians, can give each other STIs by skin-to-skin contact, mucus membrane contact, vaginal fluids, and menstrual blood.*
- *It is important for sexually active lesbians to be screened for STIs, Pap Test, HPV, by a healthcare provider and to use barrier methods where appropriate.*

(Womenshealth.gov)

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Related Health Issues for Lesbian Women:

Gynecological cancers:

- *Lesbian women have higher risks for certain types of gynecological (GYN) cancers compared to heterosexual women. Having regular pelvic exams and pap test can find cancers early and offer the best chance of cure.*

(National LGBT Cancer Network, 2015)

- *Many lesbian women do not seek screening for cervical and ovarian cancers at recommended rates.*

(Dibble & Robertson, 2010)

- *As stated earlier, lesbian women are more likely to access healthcare in later stages of disease progression and less likely to get regular medical/gynecological care than heterosexual women.*

(National LGBT Cancer Network, 2015)

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Related Health Issues for Lesbian Women:

Gynecological cancers cont.:

- *Barriers to screenings can include:*
  - *Client may think there are fewer perceived benefits from screening and treatment.*
  - *Client may have experienced prior discrimination from healthcare providers, thus does not want to return.*
- *Recommended screening guidelines for lesbian clients:*
  - *Pap Test for those 21+ years and older.*
  - *HPV Test 30+ years and older.*
  - *STI (HIV, Syphilis, Chlamydia, etc…) screening for those sexually active.*

(Gruskin et al., 2001; McNair er al., 2005; Saulnier, 2002; Roberts et al., 2004; Tracy, Ivdecker, & Ireland, 2010)

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Related Health Issues for Lesbian Women:

Breast cancer:

- *Some risk factors may be more relevant to lesbian women than heterosexual women. For all women, higher breast cancer risk is associated with:*
  - *Clients with no history of full-term birth at an early age.*

(CDC, 2014; Kobayashi et al., 2012)

  - *Clients who report excessive alcohol use.*

(CDC, 2014)

  - *Clients who are obese.*

(CDC, 2014)

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Related Health Issues for Lesbian Women:

Tobacco use:

- *Lesbian women report higher rates of tobacco use compared to heterosexual women.*
- *Increased smoking rates associated with higher rates of cancers, heart disease, and emphysema among lesbians.*

(Gruskin et al., 2007; Lee et al., 2014; Dibble & Robertson, 2010)

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Lesbian Women Smoking

Tobacco Use cont.:

- *Compared to heterosexual Latina women in their mid-30s, lesbian Latina women were at elevated risk for problems related to smoking, asthma, and disability.*

(Kim & Fredricksen Goldsen, 2012)

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Related Health Issues for Lesbian Women:

Heart disease:

- *Heart disease is the leading cause of death for women.*
- *Smoking and obesity are the biggest risk factors of heart disease among lesbians.*
- *All lesbian women need yearly medical exams for high blood pressure, cholesterol problems, and diabetes.*
- *Providers can offer support for lesbian clients who wish to quit smoking, increase their physical activity, and control their weight.*

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Related Health Issues for Lesbian Women:

Body image/weight related health issues:

- *Research shows that lesbian women are more likely to be overweight or obese compared to heterosexual women. Obesity is associated with higher rates of heart disease, cancers, diabetes, and premature death.*
- *Lesbian women could benefit from competent and supportive advice about healthy living and healthy eating, as well as healthy exercise.*

(Dibble & Robertson, 2010)

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Related Health Issues for Lesbian Women:

Mental health and minority stress-related concerns:

- *Lesbian women may experience minority stress from discrimination and stigmatization.*
- *Minority stress is defined by chronically high levels of stress faced by members of stigmatized minority groups. (Herek, 2009)*
- *This stress is worse for women who need to hide their orientation, as well as for lesbian women who have lost important emotional support because of their sexual orientation.*
- *Minority stress is further discussed in Considerations for Clinical Work with LGBT Individuals.*

(Sue et al., 2007; Walters et al., 2002)

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Lesbian Women and Minority Stress:

Mental health and minority stress-related concerns cont.:

- *American Indian and Alaska Native lesbian women report greater discrimination and trauma within their tribes than do their heterosexual peers.*

(Balsam et al., 2004)

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Provider Considerations

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Provider Considerations:

It is important for providers to remember, contrary to some stereotypes, lesbian women do experience violence in their intimate/romantic relationships.

- *However, health care providers might not readily ask lesbian women about inter-personal violence/domestic violence as often as they ask heterosexual women.*
- *Lesbian women need to be asked about violence (e.g. intimate partner) in their lives and have access to LGBT affirming counseling and shelters when needed.*

(Dibble & Robertson, 2010)

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Provider Considerations:

- Providers can foster and encourage positive support systems.
  - *Examples: film festivals, book clubs, grass roots causes, and community coalitions.*
- Providers working with lesbian women and other culturally diverse clients should consider disclosure of their own gender, sexual orientation, race/ethnicity. For some groups, this may be important for establishing patient trust.

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Provider Considerations:

On the following slides are select 2015 evidence-based mental health interventions of SAMHSA's National Registry of Evidence-Based Programs and Practices for Women-focused Interventions.

- *No EBP interventions specifically for use with lesbian-identified women, although some have been developed for both gay men and lesbians.*

www.nrepp.samhsa.gov

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Provider Considerations:

Selected Evidence-Based Treatments:

Intervention Title	Targeted Concern (s)	Description
Prolonged Exposure (PE) Therapy (Foa, 2015) *Efficacy with women well-established	Post-traumatic stress disorder (PTSD)	Individualized cognitive-behavioral treatment program "designed to help clients process traumatic events" and "reduce their PTSD symptoms as well as depression, anger, and general anxiety." 8-15 90 minute sessions.
CHOICES: A Program for Women About Choosing Healthy Behaviors (Floyd et al., 2007)	Risky drinking and sexual behavior, alcohol-exposed pregnancy	"Brief intervention designed to help women lower their risk of alcohol-exposed pregnancy… consists of four 45-minute motivational interviewing sessions with a counselor/interventionist and one contraception counseling visit with a health care provider over a 12- to 14-week period"

(SAMHSA's National Registry of Evidence-based Programs and Practices)

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Provider Considerations:

Selected Evidence-Based Treatments cont.:

Intervention Title	Targeted Concern	Description
Trauma Recovery and Empowerment Model (TREM) (Toussaint, 2007)	Substance abuse & history of sexual and physical abuse	"Gender-specific 24- to 29-session group emphasizes the development of coping skills and social support. It addresses both short-term and long-term consequences of violent victimization, including mental health symptoms, especially posttraumatic stress disorder (PTSD) and depression, and substance abuse."

(SAMHSA's National Registry of Evidence-based Programs and Practices)

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Provider Considerations:

Interventions proven to be effective:

Intervention Title	Targeted Concern (s)	Description
Alcohol Behavioral Couple Therapy (ABCT) for gay and lesbian couples with alcohol use disorders (Fals-Steward, O'Farrell, & Lam, 2009)	Individuals with alcohol use disorders and their non-substance-abusing same-sex relationship partners.	Both gay and lesbian couples who received BCT and individual therapy for the identified client with alcohol use disorder did significantly better than the couples who only received individual therapy for the client with alcohol use disorder.

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Provider Considerations:

Interventions proven to be effective:

Intervention Title	Targeted Concern (s)	Description
Specific alcohol and other drug treatment for gay and lesbian individuals (Rowan, Jenkins & Parks, 2013)	Culturally specific alcohol and other drug treatment programs	Results indicate three major themes that make this type of treatment valuable: (1) a separate treatment unit or facility, (2) a safe and supportive therapeutic milieu, and (3) specific tailored treatment approaches.
A Women's Path to Recovery (Najavits et al., 2007)	Substance abuse	"Clinician-led program…helps women look at their lives in relation to gender and addiction issues…Difficult areas in a woman's life are explored through the psychology that underlies female addictive behavior."

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Provider Considerations:

- According to the Institute of Medicine (2015), Person-centered planning (approach) is., "A highly individualized comprehensive approach to assessment and services that is founded on an understanding of the person's history, strengths, needs, and vision of his or her own recovery and includes attention to issues of culture, spirituality, trauma, and other factors."
- An aspect of working from a person-centered approach is moving away from the provider as being the "expert" in the room, with all their knowledge, skills and training as a behavioral health provider.
- Rather, the client is the expert in the room. The client holds the experience, knowledge and goals for their own health and wellness.

https://www.omh.ny.gov/omhweb/pros/Person_Centered_Workbook/Chapter1.pdf

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Provider Considerations:

- Lastly, it is recommended providers and organizations adopt an "inviting, person-centered approach" toward lesbians seeking healthcare, assuring delivery systems are inclusive of all aspects of lesbian health.
- When adapting a "person-centered approach," examining cultural contexts such as heterosexism, homophobia and racism might be helpful in identifying underlying factors compromising health and wellness for lesbian clients.

(Gruskin et al., 2001; McNair et al., 2005; Saulnier, 2002; Roberts et al., 2004; Lydecker & Ireland, 2010)

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Questions and Comments?

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Authors:

- Nazbah Tom, MA
  - *Somatic Practitioner, Toronto, Canada*
- Dulce Garcia, MA
  - *Bilingual/Spanish Community Education Consultant, San Francisco Women Against Rape (SFWAR), San Francisco, CA*
- Adam Lewis, BA
  - *Graduate Assistant, National American Indian and Alaska Native ATTC in Iowa City, IA*

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Resources

- Womenshealth.gov lesbian and bisexual fact sheet: http://womenshealth.gov/publications/our-publications/fact-sheet/lesbian-bisexual-health.html
- SAMHSA: Treatment approaches for women: http://store.samhsa.gov/product/Treatment-Approaches-for-Women/DVD206
- Area Resource and Referral Organization for Women: Evidence-Based Lesbian Health: http://arrowlbt.org/wp-content/uploads/2013/10/Evid.-Based-Lesb.-Health-Articles.pdf
- American Psychological Association: New data on lesbian, gay and bisexual mental health: http://www.apa.org/monitor/feb02/newdata.aspx
- American Academy of Pediatricians: Gay and Lesbian Parents: http://www.healthychildren.org/English/family-life/family-dynamics/types-of-families/Pages/Gay-and-Lesbian-Parents.aspx
- Gays and Lesbians in Alcoholics Anonymous: http://gal-aa.org/
- COLAGE: People with LGBT Parents: http://www.colage.org/

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References

- American College of Obstetricians and Gynecologists (2014). Health care for lesbians and bisexual women. Retrieved from http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Health-Care-for-Lesbians-and-Bisexual-Women#4
- Balsam, K.F., Huang B., Fieland K.C., Simoni, J.M. & Walters K.L. (2004) Culture, trauma, and wellness: A comparison of heterosexual and lesbian, gay, bisexual, and two-spirit Native Americans. *Cultural Diversity and Ethnic Minority Psychology,* 10(3), 287.
- Barker, M. R. (2008). Gay and lesbian health disparities: Evidence and recommendations for elimination. Journal of Health Disparities Research and Practice, 2(2), 91-120.
- Centers for Disease Control and Prevention (2010). Sexually transmitted diseases treatment guidelines, 2010. MMWR 2010; 59 (No. RR-12). 1-116.
- Centers for Disease Control and Prevention (2014). What are the risk factors for breast cancer?. Retrieved from http://www.cdc.gov/cancer/breast/basic_info/risk_factors.htm
- Centers for Disease Control and Prevention (2015). Leading causes of death in females. Retrieved from http://www.cdc.gov/women/lcod/#a2011
- Center for Substance Abuse Treatment. Substance Abuse Treatment: Addressing the Specific Needs of Women. Treatment Improvement Protocol (TIP) Series 51. HHS Publication No.(SMA) 09-4426. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2009.
- Cochran, S. D. (2001). Emerging issues in research on lesbians' and gay men's mental health: does sexual orientation really matter?, American Psychologist, 56(11), 931-947.

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References

- Corliss, H. L., Grella, C. E., Mays, V. M., & Cochran, S. D. (2006). Drug use, drug severity, and help-seeking behaviors of lesbian and bisexual women. Journal of Women's Health, 15(5), 556-568.
- Drabble, L., Trocki, K. F., Hughes, T. L., Korcha, R. A., Lown, A. E. (2013). Sexual Orientation Differences in the Relationship between Victimization and Hazardous Drinking Among Women in the National Alcohol Survey. *Psychology of Addictive Behaviors.* 27(3): 639 – 648
- Dibble, S. L. and Robertson, P. A. 2010. "Lesbian health 101: A clinician's guide". San Francisco, CA: UCSF Nursing Press.
- Floyd, R. L., Sobell, M., Velasquez, M. M., Ingersoll, K., Nettleman, M., Sobell, L., et al. (2007). Preventing alcohol-exposed pregnancies: A randomized controlled trial. American Journal of Preventive Medicine, 32(1), 1-10.
- Foa, A. (2015). About prolonged exposure therapy. Retrieved from http://www.med.upenn.edu/ctsa/workshops_pet.html
- Gedro, J. (2014), Alcoholism and Lesbians. New Directions for Adult and Continuing Education, 2014: 49–62.
- Greene, B. (1997). Ethnic minority lesbians and gay men: Mental health and treatment issues. In: Green, B., ed. Ethnic and Cultural Diversity Among Lesbians and Gay Men. Thousand Oaks, CA: Sage Publications. Pp. 216-239.
- Gruskin, E. P., Hart, S., Gordon, N., & Ackerson, L. (2001). Patterns of cigarette smoking and alcohol use among lesbians and bisexual women enrolled in a large health maintenance organization. American Journal of Public Health, 91(6), 976.
- Gruskin, E. P., Greenwood, G. L., Matevia, M., Pollack, L. M., & Bye, L. L. (2007). Disparities in smoking between the lesbian, gay, and bisexual population and the general population in California. American Journal of Public Health, 97(8), 1496-1502.
- Harrison, M (1990). The woman as other: The premise of medicine. JAMA, 45, 225–226.

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References

- Hughes, T. L., & Eliason, M. (2002). Substance use and abuse in lesbian, gay, bisexual and transgender populations. Journal of Primary Prevention, 22(3), 263-298.
- Hughes, T. L., & Wilsnack, S. C. (1997). Use of alcohol among lesbians: research and clinical implications. American Journal of Orthopsychiatry, 67(1), 20.
- Kobayashi, Shunzo et al. "Reproductive History and Breast Cancer Risk." Breast Cancer (Tokyo, Japan) 19.4 (2012): 302–308. PMC. Web. 30 June 2015.
- Lee, J. G., Matthews, A. K., McCullen, C. A., & Melvin, C. L. (2014). Promotion of tobacco use cessation for lesbian, gay, bisexual, and transgender people: A systematic review. American journal of preventive medicine, 47(6), 823-831.
- Linehan, M. M. (1993). Cognitive Behavioral Treatment of Borderline Personality Disorder. New York: Guilford Press
- McNair, R., Kavanagh, A., Agius, P., & Tong, B. (2005). The mental health status of young adult and mid-life non-heterosexual Australian women. Australian and New Zealand Journal of Public Health, 29(3), 265-271.
- Moore, M. R. (2011). Two sides of the same coin: Revising analyses of lesbian sexuality and family formation through the study of Black women. Journal of lesbian studies, 15(1), 58-68.
- Najavits, L. M., Rosier, M., Nolan, A. L., & Freeman, M. C. (2007). A new gender-based model for women's recovery from substance abuse: Results of a pilot outcome study. American Journal of Drug and Alcohol Abuse, 33(1), 5-11.
- National Cancer Network (2015). Ovarian Cancer in Lesbians. http://www.cancer-network.org/cancer_information/lesbians_and_cancer/lesbians_and_ovarian_cancer.php
- Office on Women's Health. (n.d.) Lesbian and bisexual health fact sheet. US Department of Human and Health Services . Womenshealth.gov/publications

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References

- Richman, J. A., Jason, L. A., Taylor, R. R., & Jahn, S. C. (2000). Feminist perspectives on the social construction of chronic fatigue syndrome. Health Care for Women International, 21(3), 173-185.
- Roberts, S. J., Patsdaughter, C. A., Grindel, C. G., & Tarmina, M. S. (2004). Health related behaviors and cancer screening of lesbians: results of the Boston Lesbian Health Project II. Women & health, 39(4), 41-55.
- Saulnier, C. F. (2002). Deciding who to see: Lesbians discuss their preferences in health and mental health care providers. Social Work, 47(4), 355-365.
- Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A., Nadal, K. L., & Esquilin, M. (2007). Racial microaggressions in everyday life: implications for clinical practice. American psychologist, 62(4), 271-286.
- Toussaint, D. W., VanDeMark, N. R., Bornemann, A., & Graeber, C. J. (2007). Modifications to the Trauma Recovery and Empowerment Model (TREM) for substance-abusing women with histories of violence: Outcomes and lessons learned at a Colorado substance abuse treatment center. Journal of Community Psychology, 35(7), 879-894.
- Tracy, J. K., Lydecker, A. D., & Ireland, L. (2010). Barriers to cervical cancer screening among lesbians. Journal of Women's Health, 19(2), 229-237.
- Walters, K. L., Simoni, J. M., & Evans-Campbell, T. (2002). Substance use among American Indians and Alaska natives: incorporating culture in an" indigenist" stress-coping paradigm. Public health reports, 117(Suppl 1), S104.
- Wyatt, G. E., Longshore, D., Chin, D., Carmona, J. V., Loeb, T. B., Myers, H. F., et al. (2004). The efficacy of an integrated risk reduction intervention for HIV-positive women with child sexual abuse histories. AIDS and Behavior, 8(4), 453-462
- Zimmerman, M. K., & Hill, S. A. (2000). Reforming gendered health care: an assessment of change. International Journal of Health Services, 30(4), 771-795.

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Addressing the Needs of Gay Men and Men Who Have Sex with Men (MSM)

A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals
Second Edition

Presented by: Marissa Carlson, MS, CPS

Learning Objectives:

By the end of this module, participants will be able to:

- *Identify one challenge to locating gay male research subjects.*
- *Identify two health issues/behaviors for which gay men have a higher risk.*
- *Outline two differences between Gay Men and MSM.*
- *Identify one example of how providers can work effectively with MSMs.*

Gay Men

Gay Men:

Challenges to understanding who contemporary gay men are:

- *Definitional Challenges:*
  - *Almost all studies define sexual orientation based on attraction, behavior, or identity.*
  - *When reviewing research, it is essential to understand how the study is defining sexual orientation (e.g. attraction, behavior, or identity).*

Gay Men:

Challenges to understanding who contemporary gay men are cont.:

- *Is a male gay, if he has a strong attraction to other men but is married to a female and has never engaged in same-sex sexual activity?*
- *Is a man who has sex with other men, and identifies as "straight" really gay?*
- *Does simply labeling oneself a gay man make one so?*

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Gay Men:

Challenges locating research subjects:

- *Studies tend to focus on easily accessible gay men, typically those who are publically out and living in large urban areas.*
  - *Example: gay bars and businesses, cultural LGBT groups and LGBT community centers.*

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Gay Men:

Challenges locating research subjects cont.:

- *The second largest group of research participants consists of gay college students.*
- *Recruiting LGBT individuals outside college campuses and LGBT community centers, are often time consuming and costly to undertake.*
- *Individuals who choose not to attend college, who enlist in the military, and who are enrolled in trade schools are not being captured in the data. Therefore the information obtained would not reflect the larger gay male population.*

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Gay Men:

- Furthermore, despite tremendous progress for LGBT rights, many gay men keep their sexual orientation hidden.
- Many states do not have LGBT nondiscrimination protections. While marriage equality exists in all states and territories (except for American Samoa and some tribal communities), LGBT people in many states can still be fired from their jobs and/or evicted from their homes.

(Fidas, 2014; Eliason, Dibble & Robertson, 2011)

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Gay Men:

- A 2014 national survey found that over half of LGBTs were not open in the workplace. Reasons included the following:
  - *Possibility of damaging relationships with co-workers.*
  - *Workers fear possibility of being negatively stereotyped.*
  - *Concern other people might feel they are coming on to them.*

(*Fidas, 2014; Eliason, Dibble & Robertson, 2011*)

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Related Health Issues for Gay Men

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Related Health Issues for Gay Men:

Substance use:

- *Studies show that gay men use substances, including alcohol and drugs, at a higher rate than their heterosexual counterparts.*

(*Blackwell, 2012*)

- *Studies also indicate that gay men use tobacco at much higher rates than straight men—reaching nearly a 50 percent difference in some cases.*

(*Green & Feinstein, 2012*)

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Related Health Issues for Gay Men:

Substance use cont.:

- *Alcohol, tobacco, and cocaine use rates are in decline, but there are still higher rates in gay men compared to the general population.*

(*Anderson, 1996; Blackwell, 2012; Green & Feinstein, 2012*)

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Related Health Issues for Gay Men:

Substance use cont.:

- *A study on methamphetamine use in urban gay and bisexual population estimated that, methamphetamine use is 5 to 10 times more common in gay and bisexual men than in the general population.*
- *Meth use is associated with high rates of HIV.*

(Shoptaw,, 2006)

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Related Health Issues for Gay Men:

Mental health:

- *Multiple studies have shown that depression and anxiety affect gay men at a higher rate than the general population, and are often more severe for gay men who are yet to "come out".*
- *Social stigma has a negative impact on mental health.*
  - *Depression in gay men 4.5-7.6 times higher than heterosexual peers.*

(Cochran et al., 2007; Berg, Mimiaga & Safren, 2008; Burgess et al., 2008; Bostwick et al., 2009; Barker, 2008;; Mills et al., 2004; Stall et al., 2001)

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Related Health Issues for Gay Men:

Prevalence of some psychological disorders among gay men vs. heterosexual men:

	Gay/Bi Men	Heterosexual
– *Major depression*	*31%*	*10.2%*
– *Generalized anxiety disorder*	*2.9%*	*1.8%*
– *Panic Disorder*	*17.9%*	*3.8%*

(Cochran et al., 2003)

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Related Health Issues for Gay Men:

Self-harm and suicide:

- *Gay men 7x more likely to have attempted suicide.*
- *Gay youth comprise 30% of completed suicides annually.*
- *Gay and bisexual men have higher rates of deliberate self-harm.*

(Remafedi, 1999; Remafedi, 2002; King et al., 2008; Lytle et al., 2014)

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Related Health Issues for Gay Men:

Self-harm and suicide cont.:

- *The following contribute to higher rates of suicidal attempts and completions among gay men and youth than among other populations.*
  - *Verbal and physical harassment,*
  - *Negative experiences related to "coming out" (including level of family acceptance), substance use, and isolation.*

(Cochran et al., 2007; Gilman et al., 2001; Berg, Mimiaga & Safren, 2008; Burgess et al., 2008; Bostwick et al., 2009)

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Related Health Issues for Gay Men:

Injury and violence:

- *Data show that gay men generally experience two types of violent victimization:*
  - *Criminal violence based on their sexual minority status; and*
  - *Violence from an intimate male partner.*
- *74% of gay men report having been target of physical violence or property destruction.*
- *32% of gay men report being the target of physical violence or property destruction because of their sexual orientation.*

(Herek, 2009; Willis, 2004; Houston & McKirman, 2007)

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Related Health Issues for Gay Men:

HIV/AIDS:

- *In 2010, an estimated 1.1 million people aged 13 years or older were living with HIV infection in the United States.*
- *76% of those living with HIV were male, and 69% of males were gay, bisexual, and other men who have sex with men*

(CDC, 2013)

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Related Health Issues for Gay Men:

HIV/AIDS:

- *In 2010, men accounted for 80% (38,000) of the estimated 47,500 new HIV infections.*
- *In 2010, Gay and bisexual men accounted for 63% of new HIV infections in the United States and 78% of infections among all newly infected men.*
- *Young gay and bisexual men are at increased risk, a study estimated that from 2008 to 2010, new HIV infections increased 22% among young (aged 13-24) gay and bisexual men and 12% among gay and bisexual men overall.*

(CDC, 2013)

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Related Health Issues for Gay Men:

HIV/AIDS cont.:

- *In 2011, 57% (500,022) of persons living with an HIV diagnosis in the United States were gay and bisexual men, or gay and bisexual men who also inject drugs*
- *38% of gay and bisexual men living with an HIV diagnosis are white, 36% are black/African American, and 22% are Hispanic/Latino.*

(CDC, 2013)

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Related Health Issues for Gay Men:

HIV/AIDS cont.:

- *Among gay men overall, more young black men (ages 13–29) became infected with HIV than did any other age/racial group.*
- *Hispanics represent approximately 16% of the total U.S. adult population, and account for 21% of new HIV infections.*
- *The rate of new HIV infections for Hispanic males was 2.9 times that for white males.*

(CDC, 2008; CDC, 2013)

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Related Health Issues for Gay Men:

Cancer:

- *Gay men are at higher risk for anal cancer due to an increased risk of becoming infected with human papillomavirus (HPV), the virus that causes genital and anal warts.*

(Asencio, et al., 2009; Mayo Clinic, 2010; Bowen & Boehmer, 2007; Heslin et al., 2008; Chin-Hong et al., 2005; McRee, Reiter & Chantala, 2010)

- *Trans gay men should also be screened for cervical and breast cancer regularly*

(Peitzmeier, et al., 2014; Brown & Kenneth, 2015; Peitzmeier, et al., 2014;

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Related Health Issues for Gay Men:

Cancer cont.:

- *Gay and bisexual men are estimated to be 17 times more likely to develop anal cancer than heterosexual men.*

(Palefsky et al., 200; Nagle, 2009; Vajdic et al., 2009; Tider, Parsons & Bimbi, 2005; CDC 2007)

- *Gay men and bisexual men are at an increased risk for skin and prostate cancer*

(Asencio, et al., 2009; Blashill & Pagato, 2015)

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Related Health Issues for Gay Men:

Body image and eating disorders:

- *Problems with body image are more common among gay men than among their straight counterparts.*
- *In addition, gay men are much more likely to experience an eating disorder such as bulimia or anorexia nervosa.*

(Siconolfi, Halkitis & Allomong, 2009; Donald et al, 2007; Deputy & Boehmer, 2010)

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Related Health Issues for Gay Men:

Body image and eating disorders:

- *Gay men 3x more likely than heterosexual men to have an eating disorder.*
- *Body image and eating disorders may take the form of compulsive exercise.*
- *Steroid abuse due to body image problems.*

(Matthews-Ewald et al., 2014; Carlat et al., 1997; Martins, Tiggemann, Kirkbride, 2007)

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Provider Considerations

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Provider Considerations:

It might be helpful to consider past approaches to health and wellness for gay men, as a way to help navigate future efforts:

- *Until 1973, much of the research focused upon "curing" or treating the condition of homosexuality.*
- *Organizing at local and national levels led to the delisting of homosexuality as a disorder by the American Psychological Association (APA) in 1973.*

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Provider Considerations:

After 1973, the movement was towards:

- *Assisting individuals to successfully work through their coming out process.*
- *Creating gay-affirmative therapies assisting men and women to thrive in inhospitable and unsupportive environments.*
- *Assisting gay men and lesbians to recognize, process, and overcome their internalized homophobia.*

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Provider Considerations:

Moving forward affirmatively:

- *Educate yourself on emerging gay male health issues and HIV prevention efforts.*
- *Speak up when you see discrimination, insensitivity, gaps in knowledge and action.*
- *Strive to respect and uphold clients' confidentiality.*

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Provider Considerations:

Moving forward cont.:

- *Best practice is to include significant others in at least one session of treatment.* *(Fals-Steward, O'Farrell, & Lam, 2009)*
- *Support clients on their choice to come out or not. Respect their sense of where they are in this process and their need to feel safe in treatment.*
- *It is of note that attempts to change sexual orientation using "reparative therapy" persisted throughout the 90s and early 2000s. In August 2014, the American Psychological Association disavowed the practice stating that there is "* insufficient evidence to support the use of psychological interventions to change sexual orientation."

(APA, 2014)

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Provider Considerations:

Interventions proven to be effective:

Intervention Title	Targeted Concern (s)	Description
Suicide assessment (Blackwell, 2015)	Assessment of suicide, depression and anxiety	In emergency rooms settings, address issues of suicide, depression and anxiety disorders, especially in gay and bisexual men.
CBT for social anxiety in gay men (Walsh & Hope, 2010)	Social anxiety	Gay men report more social anxiety than heterosexual men, especially if they try to hide their sexual identity. Specifically focusing on sexual identity in addition to social anxiety reduced symptoms drastically

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Provider Considerations:

Interventions proven to be effective:

Intervention Title	Targeted Concern (s)	Description
Behavioral couple therapy (BCT) for gay and lesbian couples with alcohol use disorders (Fals-Steward, O'Farrell, & Lam, 2009)	Individuals with alcohol use disorders and their non-substance-abusing same-sex relationship partners.	Both gay and lesbian couples who received BCT and individual therapy for the identified client with alcohol use disorder did significantly better than the couples who only received individual therapy for the client with alcohol use disorder.
Specific alcohol and other drug treatment for gay and lesbian individuals (Rowan, Jenkins & Parks, 2013)	Culturally specific alcohol and other drug treatment programs	Results indicate three major themes that make this type of treatment valuable: (1) a separate treatment unit or facility, (2) a safe and supportive therapeutic milieu, and (3) specific tailored treatment approaches.

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Provider Considerations:

Interventions proven to be effective:

Intervention Title	Targeted Concern (s)	Description
Friends Getting Off (Shoptaw, et al., , 2005)	Gay and bisexual men who use methamphetamine	Manualized intervention designed to reduce and change risk behavior related to HIV and other substance use. 24 session gay-specific cognitive behavioral therapy coupled with vouchers redeemable for goods or services in exchange for urine samples that are methamphetamine metabolite-free.

While not on NREPP, this intervention has performed well in several research studies and participants indicate that they like the intervention and find it effective.

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Men who have Sex with Men (MSM)

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MSM:

- MSM: an abbreviation for men who have sex with men. This term focuses on behaviors.
- The term does not indicate sexual orientation.
  - *Example: a male who identifies as heterosexual in the community, but also engages in same-gender sexual interactions while in jail.*

(*Johns Hopkins University, 2015*)

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Discussion Exercise:

In small groups or a pair, discuss the following, record notes, and share with the larger group:

- *What have you heard about MSM in your community?*
- *What biases have you heard regarding MSM populations?*

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MSM:

How was this term first used?

- *Early on in the AIDS epidemic, many gay men were the first to become sick.*
- *During this period, providers wanted to distinguish those who identified as gay because of the higher risk.*

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MSM:

Term used cont.:

- *Outreach was then specifically directed towards gay men.*
- *During this period many grass root community groups became the first to offer assistance to men who were sick and quickly dying.*
- *These programs worked with very limited budgets and existed mostly on contributions and charity fundraising.*

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MSM:

- Term used cont.:
  - *The response and financial support from elected officials was at best, slow and minimal.*
  - *When some federal or state funding did become available oppositional political leaders questioned if federal or state funds were being used to promote a "homosexual lifestyle."*

In a press briefing at the White House in 1982, a journalist asked a spokesperson for President Reagan "…does the President have any reaction to the announcement …that AIDS is now an epidemic and has over 600 cases?" The spokesperson responded - **"What's AIDS?"**

(Avert, 2015)

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MSM:

Term used cont.:

- *As a strategy, agencies applying for funding began to utilize the term that researchers initially used specifically to address behavior of men who had sex with men (MSM).*
- *Thus, agencies avoided having grant applications automatically rejected.*

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MSM:

- Today, a way to avoid bias and judgment towards male clients who engage in sex with other males is to avoid labeling client's sexual orientation based on their behavior only.
  - *Example: "he must be gay if he sleeps with men."*
- We aim to respect and affirm clients' identities, regardless of our opinions and judgments.
- Whatever word, description and or term client's use, we reflect that wording in our interactions with that client.

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MSM:

- One way to help reduce the spread of HIV is to educate all male clients on behaviors that might put them at risk, regardless of whether or not we think it applies to them.
- Behaviors include: unprotected vaginal and anal sex, as well as sharing used syringes.

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MSM:

- For some men, their same-sex sexual encounters may be restricted by institutional settings.
  - *Examples: military, prisons, sleep away camp, boarding schools, college, seminary, fraternities or other predominantly gender-specific environments.*

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MSM:

- Some men seek sexual gratification with other men because they consider it to be more accessible at:
  - *Sex clubs, adult bookstores, gyms, saunas or via social internet platforms.*
- These men still might consider themselves to be heterosexual.
- Again, we are focused on risk behaviors in an effort to reduce health risks and promote health and wellness.

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Related Health issues for MSM

Related Health Issues for MSM:

Research considerations:

- It is important to remember the challenges of data collection on a population that doesn't have a universally understood agreement on the term "MSM."
- The lack of inclusion of trans men and the historical inclusion of trans women in MSM-related research poses additional challenges.

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Related Health Issues for MSM:

Methamphetamine (meth) use:

- *In 2009, National Survey on Drug Use and Health estimated that 1.2 million Americans ages 12 and older had tried methamphetamine at least once throughout the year.*

(SAMHSA, 2010)

- *Numerous studies have shown increased use of methamphetamine among MSM across the US, and have found it to be associated with HIV infection.*

(Freeman, et al., 2011; Reback, et al., 2013)

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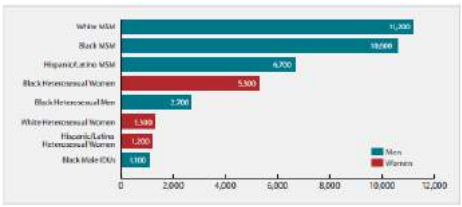
Estimated New HIV Infections in the United States, 2010, for the Most Affected Subpopulations



(CDC, 2015)

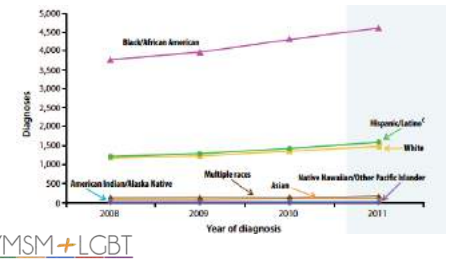
Related Health Issues for Young MSM:

- HIV/AIDS:
  - *In 2011, for adolescent males aged 13–19 years, about 93% of all diagnosed HIV infections were from male-to-male sexual contact.*
  - *From 2008–2011, YMSM aged 13–24 years had the greatest percentage increase (26%) in diagnosed HIV infections.*
  - *In 2011, among all YMSM aged 13–24 years with HIV infection, an estimated 58% were black; 20% were Hispanic/Latino.*
  - *Black YMSM also had the largest increase of all racial/ethnic groups in diagnosed HIV infections—from 3,762 diagnoses in 2008 to 4,619 diagnoses in 2011.*

(CDC, 2014)

Diagnoses of HIV Infection Among Men Who Have Sex with Men Aged 13–24 Years, by Race/Ethnicity

2008–2011—United States and 6 Dependent Areas



(CDC, 2015)

Related Health Issues for Young MSM:

HIV/AIDS cont.:

- *Rates of HIV infection were also increasing among Latino and White YMSM*

(CDC, 2014)

Related Health Issues for MSM:

- HIV/AIDS cont.:
  - *Many HIV prevention campaigns for youth often only talk about the risks of heterosexual sex, and there is little appropriate information available to men who have sex with men, which can give them the false impression that they are not at risk.*

(Avert, 2014)

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Related Health Issues for MSM:

HIV/AIDS cont.:

- *MSMs are more likely to experience depression due to social isolation and disconnectedness from health systems, which can make it harder to cope with aspects of HIV such as adherence to medication.*

(*World Health Organization, 2011*)

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Related Health Issues for MSM:

Syphilis:

- *In 2012, men who have sex with men (MSM) accounted for 75% of primary and secondary syphilis cases in the United States.*
- *Syphilis, which is a genital ulcerative disease, can cause significant health complications and can facilitate the transmission of sexually transmitted infection.*

(*Patton et al., 2014; Heffelfinger et al., 2007; Su et al., 2011*)

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Related Health Issues for MSM:

Syphilis cont.:

- *Over the past several years, an increase and outbreaks in Syphilis among MSMs has been reported in various cities and areas:*
  - *Chicago, Seattle, San Francisco, Southern California, Miami, and New York City.*
  - *These areas have experienced high rates of syphilis and HIV co-infection, ranging from 20 to 70 percent.*

(SAMHSA, 2012; CDC, 2007)

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Provider Considerations for MSM

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Provider Considerations:

- We cannot always rely on patients' self-reported identities to appropriately assess risk for HIV infection and sexually transmitted diseases.
- We must inquire about behavior in a cultural appropriate manner
- Public health prevention messages must be crafted to explain the dangers of risky sexual behaviors in a manner that is effective with the targeted audience.

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Providers Considerations:

- For some men there is concern for stigma, ridicule and even violence and homicide if they are suspected to be anything other than heterosexual.
- We meet clients anywhere along the continuum of sexual behaviors, orientations and identities – our goal is to be effective helpers.

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Providers Considerations:

- Annual screening for HIV (in uninfected patients) and for bacterial STDs, such as syphilis, gonorrhea, and chlamydia, is recommended for all sexually active MSM.
- More frequent screening is indicated for MSM who have multiple or anonymous partners, those who have sex in conjunction with drug use (such as meth), and those who have drug-using partners.

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Providers Considerations:

- When completing a sexual history or sexual health assessment, avoid assumptions and judgments.
- Clients who are married may not be monogamous. It is important to ask about sexual partners outside of marriage.

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Provider Considerations:

Interventions proven to be effective:

Intervention Title	Targeted Concern (s)	Description
Treatment strategies for Black, gay, bisexual, and heterosexual men-who-have-sex- with- men who use methamphetamine (Jerome & Halkitis, 2014)	High prevalence of HIV among Black gay, bisexual, and other men-who-have-sex-with-men (BMSM) and the strong association between meth use and HIV-seroconversion	Results indicated four treatment areas salient for BMSM seeking treatment for methamphetamine used disorders: (a) outreach/recruitment strategies, (b) therapist qualities, (c) group characteristics, and (d) intervention elements themselves. Findings gathered here and through literature review underscore the importance of adapting evidence-based methamphetamine treatment strategies to include culturally-relevant treatment strategies that address the specific needs of BMSM who use methamphetamine.

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Questions and Comments?

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Authors:

Jon Grant, J.D., M.D., M.P.H.
- University of Chicago

Matt Ignacio, MSSW
- National American Indian and Alaska Native ATTC

Adam Lewis, BS
- National American Indian and Alaska Native ATTC

Phil McCabe, CSW, CAS, CDVC, DRCC
- National Association of LGBT Addictions Professionals (NALGAP) Inc.

Paris Mullen, HIV/AIDS Advocate
- Gay City Health Project

Michael Shelton, CADDC
- Equilibria Psychological and Consultation Services

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Resources:

1. Center for Disease Control and Prevention: Gay and Bisexual Men's Health: http://www.cdc.gov/msmhealth/professional-resources.htm
2. National Coalition for LGBT Health: http://www.healthhiv.org/sites-causes/national-coalition-for-lgbt-health/
3. Gay and Lesbian Medical Association: http://www.glma.org
4. Gays and Lesbians in Alcoholics Anonymous: http://gal-aa.org/
5. COLAGE: Children of LGBT Parents: http://www.colage.org
6. Trevor Project: http://www.thetrevorproject.org

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Resources:

- The YMSM/LGBT CoE has also developed another curriculum addressing the needs of young men who have sex with men (YMSM). The curriculum includes the latest research-based information to help them decrease the rate of substance abuse and new HIV infections among racial/ethnic minority YMSM (ages 18-26) clients.
- Please visit www.ymsmlgbt.org for more information!

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Resources:

- GLBTQ: An Encyclopedia of Gay, Lesbian, Bisexual, Transgender, & Queer Culture: "Straight Men Who Have Sex with Men": http://www.glbtq.com/social-sciences/straight_men_who.html
- AVERTing HIV and AIDS: Men Who Have Sex with Men (MSM) and HIV/AIDS: http://www.avert.org/men-who-have-sex-men-msm-hiv-aids.htm
- Human Rights Campaign: Coming Out Resources: http://www.hrc.org/resources/category/coming-out
- The Trevor Project: Coming Out As You: http://www.thetrevorproject.org/section/YOU
- CDC Information Line: 800-CDC-INFO (232-4636)

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References:

- Asencio, M., Blank, T., & Descartes, L. (2009). The prospect of prostate cancer: A challenge for gay men's sexualities as they age. Sexuality Research & Social Policy, 6(4), 38–51.
- Avert (2014). Men who have sex with men (MSM) and HIV/AIDS. Retrieved from http://www.avert.org/men-who-have-sex-men-msm-hiv-aids.htm#footnote34_fx14hb0
- Barker, M. R. (2008). Gay and lesbian health disparities: Evidence and recommendations for elimination. Journal of Health Disparities Research and Practice, 2(2), 91-120.
- Blackwell, W. C. (2012). Reducing Alcohol Abuse in Gay Men: Clinical recommendation from conflicting research. Journal of Social Science Research. 38(1): 29 – 36.
- Blashill, A. J., & Pagoto, S. (2015). Skin Cancer Risk in Gay and Bisexual Men: A Call to Action. *JAMA dermatology*, 1-2
- Berg, M.B., Mimiaga, M.J., & Safren, S.A. (2008). Mental health concerns of gay and bisexual men seeking mental health services. Journal of Homosexuality, 54(3), 293–306.
- Bostwick, W.B., Boyd, C.J., et al. (2009). Dimensions of sexual orientation and the prevalence of mood and anxiety disorders in the United States. American Journal of Public Health, 100(3), 468–475.
- Bowen, D.J., & Boehmer, U. (2007). The lack of cancer surveillance data on sexual minorities and strategies for change. Cancer Causes and Control, 18(4), 343–349.
- Burgess, D., Tran, A., Lee, R., & Van Ryn, M. (2008). Effects of perceived discrimination on mental health and mental health services utilization among gay, lesbian, bisexual and transgender persons. Journal of LGBT Health Research, 4(1), 43.
- Brach, C., & Fraser, I. (2000). Can Cultural Competence Reduce Racial and Ethnic Health Disparities? A Review and Conceptual Model. Medical Care Research and Review. 57 (supplement 1), 181-217.
- Carlat, D.J., Camargo, C.A., Jr., & Herzog, D.B. (1997). Eating disorders in males: a report on 134 patients. American Journal of Psychiatry, 145, 1127-1132.
- Centers for Disease Control and Prevention. (2007). CDC fact sheet, Methamphetamine Use and Risk for HIV/AIDS.
- Centers for Disease Control and Prevention. (December 2007). CDC fact sheet, syphilis & MSM (Men who have sex with men). Atlanta
- Centers for Disease Control and Prevention. (2008). New estimates of U.S. HIV prevalence. Atlanta
- Centers for Disease Control and Prevention. (2010). CDC fact sheet, substance abuse among gay and bisexual men. Atlanta.

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References:

- Centers for Disease Control and Prevention. (2013). CDC fact sheet, HIV among Gay, Bisexual, and Men Who Have Sex with Men. Atlanta
- Centers for Disease Control and Prevention. (2013) CDC fact sheet: HIV in the United States. Atlanta
- Centers for Disease Control and Prevention. (2014) CDC fact sheet: HIV and Young Men Who Have Sex with Men. Atlanta
- Centers for Disease Control and Prevention. (2015) CDC fact sheet: HIV in the United States: At A Glance. Atlanta
- Chin-Hong, P.V., Vittinghoff, E., Cranston, R.S., Browne, L., Buchbinder, S., Colfax, G. et al. (2005). Age-related prevalence of anal cancer precursors in homosexual men: The EXPLORE study. Oxford Journals, 97(12), 896–905.
- Cochran, S. D., Mays, V.M., et al. (2007). Mental health and substance use disorders among Latino and Asian American lesbian, gay, and bisexual adults. Journal of Consulting and Clinical Psychology, 75(5), 785–794.
- Dean, L., Meyer, I., Robinson, K., Sell, R. L., Sember, R., Silenzio, V. M. B., et al. (2000). Lesbian, Gay, Bisexual, and Transgender Health: Findings and Concerns. Journal of the Gay and Lesbian Medical Association, 4(3), 102-151.
- Deputy, N.P., & Boehmer, U. (2010). Determinants of body weight among men of different sexual orientation. Preventive Medicine, 51(2), 129–131.
- Donald, R., McCreary, T.B., Hildebrandt, L.J., Heinberg, M.B., & and Thompson, J.K. (2007). A review of body image influences on men's fitness goals and supplement use. American Journal of Men's Health, 1(4), 307–316.
- Eliason, M., E., Dibble, S., Robertson, P. (2011). Lesbian, Gay, Bisexual, and Transgender (LGBT) Physicians Experience in the Workplace. Journal of Homosexuality. 53(10): 1355 – 1371
- Freeman, P., Walker, B. C., Harris, D. R., Garofalo, R., Willard, N., Ellen, J. M., & Adolescent Trials Network for HIV/AIDS Interventions 016b Team. (2011). Methamphetamine use and risk for HIV among young men who have sex with men in 8 US cities. *Archives of pediatrics & adolescent medicine*, *165*(8), 736-740.
- Fidas, Dema. The Cost of the Closet and the Rewards of Inclusion. Why the Workplace Environment for LGBT People Matters to Employers. Human Rights Campaign Foundation. (2014). Web. 2 July, 2015.
- Gilman, S.E., Cochran, S.D., et al. (2001). Risk of psychiatric disorders among individuals reporting same-sex sexual partners in the National Comorbidity Survey. American Journal of Public Health, 91(6), 933–939.
- Green, K. E., & Feinstein, B. A. (2012). Substance use in lesbian, gay, and bisexual populations: An update on empirical research and implications for treatment. Psychology of Addictive Behaviors, 26, 265–278.

References:

- Greenwood, G.L., Paul, J.P., et al. (2005). Tobacco use and cessation among a household-based sample of U.S. urban men who have sex with men. American Journal of Public Health, 95(1), 145–151
- Gruskin, E.P., Greenwood, G.L., Matevia, M., Pollack, L.M., & Bye, L.L. (2007). Disparities in smoking between the lesbian, gay, and bisexual population and the general population in California. American Journal of Public Health, 97(8), 1496–1502.
- Halkitis, P.N., Mukherjee, P.P., & Palamar, J.J. (2009). Longitudinal modeling of methamphetamine use and sexual risk behaviors in gay and bisexual men. AIDS and Behavior, 13(4), 783–791.
- Hall, H.I., Song, R., Rhodes, P., Prejean, J., An, Q., Lee, L.M., Karon, J., Brookmeyer, R., Kaplan, E.H., McKenna, M.T., & Janssen, R.S. for the HIV Incidence Surveillance Group. (August 6, 2008). Estimation of HIV incidence in the United States. Journal of the American Medical Association, 300(5), 520.
- Hall H. I., Song, R., Rhodes, P., Prejean, J., An, Q., Lee, L. M., Janssen, R. S. (2008). Estimation of HIV incidence in the United States. Journal of the American Medical Association, 300(5), 520–529.
- Heffelfinger JD, Swint EB, Berman SM, Weinstock HS. Trends in primary and secondary syphilis among men who have sex with men in the United States. Am J Public Health. 2007;97:1076-83
- Herek, G.M. (2009). Hate crimes and stigma-related experiences among sexual minority adults in the United States: Prevalence estimates from a national probability sample. Journal of Interpersonal Violence, 24(1), 54–74.
- Herrell, R., Goldberg, J., True, W. R., Ramakrishnan, V., Lyons, M., Eisen, S., et al. (1999). Sexual orientation and suicidality: A co-twin control study in adult men. Archives of General Psychiatry, 56(10), 867–874
- Heslin, K.C., Gore, J.L., King, W.D., & Fox, S. (2008). Sexual orientation and testing for prostate and colorectal cancers among men in California. Med Care, 46(12), 1240–1248.
- Houston, E., & McKirman, D.J. (2007). Intimate partner abuse among gay and bisexual men: Risk correlates and health outcomes. Journal of Urban Health, 84(5), 681–690
- Irwin, TW., Morgenstern, H., Parsons, J.T., et al. (2006). Alcohol and sexual HIV risk behavior among problem drinking men who have sex with men: An event level analysis of timeline follow-back data. AIDS and Behavior, 10(3), 299–307.

References:

- Johns Hopkins University (2015). LGBTQ Glossary. http://web.jhu.edu/LGBTQ/glossary.html
- Joint United Nations Program on HIV/AIDS (2010). Young People Most at Risk of HIV: A Meeting Report and Discussion Paper from the Interagency Youth Working Group, U.S. Agency for International Development, the Joint United Nations Programme on HIV/AIDS (UNAIDS) Inter-Agency Task Team on HIV and Young People, and FHI
- Kaiser Family Foundation. (2001). Inside-out: A report on the experiences of lesbians, gays and bisexuals in America and the public's views on issues and politics related to sexual orientation. Menlo Park, CA: The Henry J. Kaiser Family Foundation; Report No.: 3195 Retrieved from http://www.kff.org/kaiserpolls/upload/New-Surveys-on-Experiences-of-Lesbians-Gays-and-Bisexuals-and-the-Public-s-Views-Related-to-Sexual-Orientation-Report.pdf.
- Lee, J.G., Griffin, G.K., et al. (2009). Tobacco use among sexual minorities in the USA, 1987 to May 2007: A systematic review. Tobacco Control, 18(4), 275–282.
- Lytle, C. M., De Luca, M. S., Blosnich, R. J. (2014). The Influence of Intersecting Identities on Self-harm, Suicidal behaviors, and Depression among Lesbian, Gay and Bisexual Individuals. Journal of the American Association of Suicidiology. 44(4): 384 – 391
- Martins, Y., Tiggemann, M., & Kirkbridle, A. (2007). Those Speedos Become Them: The Role of Self-Objectification in Gay and Heterosexual Men's Body Image. Personality and Social Psychology Bulletin, 33(5), 634-647. doi:10.1177/0 146167206297403
- Matthews-Ewald, M., Zullig, K., & Ward, R. (2914. Sexual orientation and disordered eating behaviors among self-identified male and female college students. Eating Behaviors, 15(3), 441-444.
- Mayo Clinic. (2010). Testicular cancer. Retrieved from www.mayoclinic.com.
- McRee, A.L., Reiter, P.L., Chantala, K., et al. (2010). Does framing human papillomavirus vaccine as preventing cancer in men increase vaccine acceptability? Cancer Epidemiology Biomarkers and Prevention, 19(9), 1937.
- Mills, T., Paul, J., Stall, R., Pollack, L., Canchola, J., Chang, Y., Moskowitz, J., & Catania, J. (2004). Distress and Depression in Men Who Have Sex With Men: The Urban Men's Health Study. American Journal of Psychiatry. 161(2), 278-285.

References

- Millett, G. A., Peterson, J. L., Wolitski, R. J., & Stall, R. (2006). Greater risk for HIV infection of black men who have sex with men: a critical literature review. American Journal of Public Health, 96(6), 1007-1019.
- Nagle, D. (2009). Anal squamous cell carcinoma in the HIV-positive patient. Clinics in Colon and Rectal Surgery, 22(2), 102–106.
- Ostrow, D.G., & Stall, R. (2008). Alcohol, tobacco, and drug use among gay and bisexual men. In Wolitski, R. J., Stall, R., & Valdiserri, R. O., (Ed.) Unequal opportunity: Health disparities affecting gay and bisexual men in the United States. New York: Oxford University Press.
- Padilla, Y., Crisp, C., & Rew, D.L. (2010). Parental acceptance and illegal drug use among gay, lesbian, and bisexual adolescents: Results from a national survey. Social Work, 55(3), 265–275.
- Palefsky, J., Holly, E., et al. (2000). Anal cancer: In gay and bisexual men. San Francisco: AIDS Research Institute at University of California at San Francisco. From http://ari.ucsf.edu/science/s2c/anal.pdf (accessed June 1, 2011).
- Patton, E. M., Kidd, S., Llata E., Stenger, M., Braxton, J., Asbel, L., et al (2014). Extra-genital Gonorrhea and Chlamydia Testing and Infection Among Men Who Have Sex With Men – STD Surveillance Network, United States, 2010 – 2012. Oxford University Press. 58(11): 1564-70
- Peitzmeier, S. M., Reisner, S. L., Harigopal, P., & Potter, J. (2014). Female-to-male patients have high prevalence of unsatisfactory Paps compared to non-transgender females: implications for cervical cancer screening. *Journal of general internal medicine*, *29*(5), 778-784.
- Peitzmeier, S. M., Khullar, K., Reisner, S. L., & Potter, J. (2014). Pap test use is lower among female-to-male patients than non-transgender women. *American journal of preventive medicine*, *47*(6), 808-812.
- Reback, C. J., Fletcher, J. B., Shoptaw, S., & Grella, C. E. (2013). Methamphetamine and other substance use trends among street-recruited men who have sex with men, from 2008 to 2011. *Drug and alcohol dependence*, *133*(1), 262-265.
- Remafedi, G. (2002). Suicidality in a venue-based sample of young men who have sex with men. *Journal of Adolescent Health*, *31*(4), 305–310.
- Substance Abuse and Mental Health Services Administration. (2010). Results from the 2009 National Survey on Drug Use and Health: Volume I. Summary of National Findings (Office of Applied Studies, NSDUH Series H-38A, HHS Publication No. SMA 10-4586Findings). Rockville, MD.
- SAMHSA (2012). Top health issues for LGBT populations. Retrieved from https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=4&ved=0CDUQFjAD&url=https%3A%2F%2Fstore.samhsa.gov%2Fshin%2Fcontent%2FSMA12-4684%2FSMA12-4684.pptx&ei=7UOUVZ6QMNepyATwuILwBw&usg=AFQjCNHntMsy9KPIKD4MBF_RjzCt6SvOVg&sig2=YRsbDp2C1NsGD3XdfcXEEA&cad=rja
- Semple, S. J., Patterson, T. L., Grant, I. (2002). Motivations Associated with Methamphetamine Use among HIV+ Men Who have Sex with Men. *Journal of Substance Abuse Treatment* 22: 149-156.

References:

- Shoptaw, S, Reback, C.J., Peck, J.A., Larkins, S., Freese, T.E., and Rawson, R.A. (2005). Getting Off: A Behavioral Treatment Intervention for Gay and Bisexual Men. http://www.friendscommunitycenter.org/documents/Getting_Off_Treatment_Manual.pdf
- Shoptaw, S. (2006). Methamphetamine use in urban gay and bisexual populations. *Top HIV Med*, *14*(2), 84-87.
- Siconolfi, D., Halkitis, P.N., & Allomong, T.W. (2009). Body dissatisfaction and eating disorders in a sample of gay and bisexual men. *International Journal of Men's Health*, *8*(3), 254–264.
- Stall, R., Paul, J., Greenwood, G., Pollack, L., Bein, E., Crosby, G., Mills, T., Binson, D., Coates, T., & Catania, J. (2001). Alcohol Use, Drug Use, and Alcohol-Related Problems Among Men Who Have Sex With Men: The Urban Men's Health Study. Addiction. 96(11), 1589-1601
- Su JR, Beltrami JF, Zaidi AA, Weinstock HS. Primary and secondary syphilis among black and Hispanic men who have sex with men: case report data from 27 States. Ann Intern Med. 2011;155(3):145-51.
- Tider, D.S., Parsons, J.T., & Bimbi, D.S. (2005). Knowledge of human papillomavirus and effects on sexual behavior of gay/bisexual men: A brief report. *International Journal of STD & AIDS*, *16*, 707–708.
- Vajdic, C.M., van Leeuwen, M.T., Jin, F., et al. (2009). Anal human papillomavirus genotype diversity and co-infection in a community-based sample of homosexual men. *Sexually Transmitted Infections*, *85*, 330–335
- Willis, D G. (2004). Hate crimes against gay males: An overview. *Issues in Mental Health Nursing*, *25*(2), 115–132.
- Wong, C.F., Kipke, M.D., Weiss, G. (2008). Risk factors for alcohol use, frequent use, and binge drinking among young men who have sex with men. *Addictive Behaviors*, *33*(8), 1012–1020.
- World Health Organization (2011), ' Prevention and Treatment of HIV and Other Sexually Transmitted Infections Among Men Who Have Sex With Men and Transgender People'.

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Addressing the Needs of Bisexual Individuals

A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals

Second Edition

Presented by Marissa Carlson, MS, CPS

Learning Objectives:

By the end of this module, participants will be able to:

- *Describe biphobia and describe one form of biphobia.*
- *Outline one health challenge faced by older bisexual people.*
- *Identify two ways service providers can create affirming and welcoming environments for bisexual people.*

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Bisexuality

Bisexuality:

There can be some confusion about what "bisexuality" means, therefore it is important to discuss some key terms:

- Bisexuality:
  - *The capacity for emotional, romantic and/or physical attraction to more than one sex or gender. That capacity for attraction may or may not manifest itself in terms of sexual interaction.*

(Miller, Andre, Ebin & Bessonova, 2007)

Bisexuality:

Key terms cont.:

- Bisexual:
  - *A person who reports attraction in similar proportions towards people of same and opposite sex.*
    (Campo-Arias, 2010)
  - *Researchers such as Rodriguez-Rust describe bisexual identity as a 'mature state of identity flux' rather than a fixed identity.*
    (Rodriguez-Rust, 2007)

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Bisexuality:

Key terms cont.:

- Sexual Fluidity:
  - *Situation-dependent flexibility in sexual responsiveness, regardless of sexual orientation.*
    (Diamond, 2008)
- Biphobia:
  - *Having fear or hatred towards bisexual people.*
    (Miller et al, 2007)
- Bi-invisibility:
  - *The lack of acknowledgement and ignoring of the clear evidence that bisexual people exist.*
    (Miller et al, 2007)

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Bisexual Labeling:

- In groups or pairs, discuss some words/phrases that people may use to describe people who are bisexual.
- Discuss how these words/phrases can influence the physical, social and mental well-being of a client.

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Bisexuality:

- According to several studies, self-identified bisexual individuals make up the largest single population within the LGBT community in the United States.
- In each study, more women identified as bisexual than lesbian, and fewer men identified as bisexual than gay. Indicates gender differences in bisexual identity.

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Bisexuality:

- Example: A study published in 2010 by the Journal of Sexual Medicine

(Herbenick, et al., 2010)

Out of 5, 042 Adults:	
Self-Identified Bisexual	*Self-Identified Gay/Lesbian*
3.1%	*2.5%*

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Bisexuality:

- Another example: Data from the 2005 National Survey of Family Growth.

(Mosher, Chandra & Jones, 2005)

Describe themselves Bisexual	*Describe themselves Gay/Lesbian*
1.8% men	*2.3% men*
2.8% women	*1.3% women*

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Bisexuality:

- Example: A study published in 2013 by the National Health Statistics Reports on Sexual Orientation and Health Among U.S. Adults

(Brian, W. W., et al., 2014)

Out of 34,557 Adults:	
Self-Identified Bisexual	*Self-Identified Gay/Lesbian*
0.7%	*1.6%*

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Bisexuality:

It is important to remember:

- *Individuals who do not feel compelled to self-label are not captured accurately in research data.*
- *Historical measurement and conceptualization of sexual identity, in particular, bisexual identity have predominantly focused on the Kinsey scale and the Klein Sexual Orientation Grid.*

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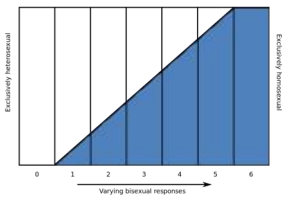
Bisexuality:

- Alfred Kinsey was one of the first researchers to include bisexual behavior as a component of sexual orientation. His scale measured sexual orientation on a seven-point scale.

(Kinsey et al., 1948; Kinsey et al., 1953)



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Bisexuality:

Kinsey-type:

- *Kinsey did not focus on questions of sexual identity but on how people behave and on their feelings and desires.*
- *When discussing bisexuality, it is important to consider behaviors, feelings, and desires as Kinsey did.*

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- *Fritz Klein further developed Kinsey's work with his Sexual Orientation Grid (Klein, 1993).*
- *To fill it in, you put a Kinsey-type number into each box in the grid shown.*

The Klein Sexuality Grid

	Variable	Past	Present	Ideal
A	Sexual Attraction			
B	Sexual Behavior			
C	Sexual Fantasies			
D	Emotional Preference			
E	Social Preference			
F	Heterosexual/Homosexual Lifestyle			
G	Self Identification			

For Variables A to E:

1 = Other sex only
2 = Other sex mostly
3 = Other sex somewhat more
4 = Both sexes
5 = Same sex somewhat more
6 = Same sex mostly
7 = Same sex only

For Variables F and G:

1 = Heterosexual only
2 = Heterosexual mostly
3 = Heterosexual somewhat more
4 = Hetero/Gay-Lesbian equally
5 = Gay/Lesbian somewhat more
6 = Gay/Lesbian mostly
7 = Gay/Lesbian only

Bisexuality:

- Klein himself acknowledges, any measurement is unlikely to be exact because sexual orientation is complex and can change over time.
- Important to note, Klein's grid complicates the question of what makes up a person's sexual identity.
- Klein's grid explicitly includes the person's self-identification, as well as their behaviors and desires.

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Bisexuality:

Furthermore, Klein (1993), identified 4 main types of bisexual people:

- ***Transitional Bisexuals:***
  - *Individuals moving from a heterosexual identity to a lesbian or gay one, or, less commonly, from a lesbian or gay identity to a heterosexual one.*
- ***Historical Bisexuals:***
  - *Those who are now either homosexual or heterosexual but whose pasts include bisexual relationships.*

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Bisexuality:

Klein's 4 main types cont.:

- **Sequential Bisexuals:**
  - *Those who have had partners of different sexes at different times in their life.*
- **Concurrent Bisexuals:**
  - *Those who are sexually active with both men and women in the same time period.*

(Rust & Paula C. Rodriguez, 2002)

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Related Health Issues for Bisexual Individuals

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Related Health Issues for Bisexual Individuals:

- Bisexual people experience greater health disparities than the broader population, including a greater likelihood of suffering from depression and other mood or anxiety disorders.

Group Discussion:
- *Why is this so?*

(Kerr, Santurri & Peters, 2013; Bostwick & Hequembourg, 2013)

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Related Health Issues for Bisexual Individuals:

- When bisexual individuals do not disclose their sexual orientation, this can result in receiving incomplete health information.
  - *Example: safer sex practices with both male and female partners.*
- Unfortunately, most HIV and STI prevention programs don't adequately address the health needs of bisexual people.
  - *Examples: Bisexual men are often lumped together with gay men.*

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Related Health Issues for Bisexual Individuals:

There have been challenges to addressing health issues for bisexual individuals:

- *In the 1980s and 1990s, bisexuals were blamed for the spread of HIV among heterosexuals, even though the virus was primarily spread via sharing used syringes and unprotected anal sex.*

(Vladimir L. K., 1995)

- *This might be one reason why the health needs of people who are bisexual have not been adequately addressed.*
  - *Individuals may not want to disclose bisexual behaviors for fear of shaming and blame.*

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Related Health Issues for Bisexual Individuals:

- Important to note, a 1994 study of data from San Francisco found bisexually identified MSMW (men who have sex with men and women) were not a "common 'bridge' for spreading HIV from male partners to female partners."
- This is due to high rates of using barrier protection and extremely low rates of risky behaviors.

(Ekstrand, et al., 1994)

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Related Health Issues for Bisexual Individuals:

- Furthermore, in the 2008 San Francisco Department of Public Health HIV/AIDS Epidemiology Annual Report, MSMWs are not mentioned at all:
  - *Their data most likely absorbed into information about MSMs.*
  - *The only time the word "bisexual" appears is as an infection source for heterosexual women.*

(San Francisco DPH, 2009)

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Related Health Issues for Bisexual Individuals:

HIV/AIDS:

- *According to CDC, in 2010, gay and bisexual men in the US, accounted for 63% of estimated new HIV infections in the United States and 78% of infections among all newly infected men.*
- *In 2013, Gay and bisexual men accounted for 81% of the 37,887 estimated HIV diagnoses among all males aged 13 years and older, and 65% of the 47,352 estimated diagnoses among all persons receiving an HIV diagnosis that year*

(CDC, 2012; CDC, 2015)

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Related Health Issues for Bisexual Individuals:

Estimates of HIV infections among gay and bisexual men in the US by race:

38%	• In 2010, White gay and bisexual men accounted for 38% of new HIV infection in the US. Of the 38%, Individuals aged 25 to 34 accounted for 29% of new infection • *CDC, 2011; CDC, 2012*
36%	• In 2010, Black/African American gay and bisexual men accounted for 35% of new HIV infections in the US. Of the 36%, Individuals aged 13 to 24 accounted for 45% of new infections • *CDC, 2011; CDC, 2012*
22%	• In 2010, Hispanic/Latino gay and bisexual men accounted for 22% of new HIV infection in 2010. Of the 22%, Individuals aged 25 to 34 accounted for 39% of new infection • *CDC, 2011; CDC, 2012*

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Related Health Issues for Bisexual Individuals:

HIV/AIDS cont.:

- *In 2013, gay and bisexual men accounted for 55% of the estimated number of persons diagnosed with AIDS among all adults and adolescents in the United States.*
- *Of the estimated gay and bisexual men diagnosed with AIDS, 40% were Black/African American, 32% were White, and 23% were Hispanic/Latino.*

(CDC, 2011; CDC, 2012; CDC, 2015; Purcell, et al., 2012)

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Related Health Issues for Bisexual Individuals:

HIV/AIDS cont.:

- *As at 2011, an estimated 311,087 gay and bisexual men with AIDS had died in the United States since the beginning of the epidemic. This represents 47% of all deaths of persons with AIDS.*

(CDC, 2011; CDC, 2012)

- *Little is known about the prevalence of female-to-female sexual transmission of HIV. However, bisexual women who have sex with men are at a greater risk of contracting HIV than those who do not.*

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Related Health Issues for Bisexual Individuals:

Below are the top 10 bisexual health issues based on research that explicitly includes bisexual people as their own category:

1. *Substance use*
2. *Alcohol use*
3. *Sexual health*
4. *Tobacco use*
5. *Cancer*
6. *Nutrition, fitness and weight*
7. *Heart Health*
8. *Depression and anxiety*
9. *Social support, general emotional well-being and quality of life*
10. *Self-harm and suicide attempts*

(Miller, et al, 2007)

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Related Health Issues for Bisexual Individuals:

There are health considerations for older bisexual individuals:

- *Older bisexual people might be at higher risk for isolation from their community, which may eventually lead to depression.*

  (Rogers et al., 2013)
- *Older bisexual people may have identified as heterosexual or homosexual for a long time and may find it difficult to engage with the rest of the bisexual community.*

  (San Francisco Human Rights Commission, 2010)

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Related Health Issues for Bisexual Individuals:

For older bisexual individuals cont.:

- Existing social groups and coming out groups often times focus on younger people and gay men/lesbians.
  - *Possibly leaving the aging bisexual population out of their programming.*

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Related Health Issues for Bisexual Individuals:

For older bisexual individuals cont.:

- There may be increased invisibility due to assumptions that older people are no longer sexual.
- While there is a growing body of research into the impact of aging on LGBT people in general, there is limited research on aging bisexual individuals specifically.

(Fredricksen-Goldstein et al., 2013)

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Biphobia in Society

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Biphobia in Society:

- Bisexual Denial:
  - *Questioning the existence of bisexuality in certain groups (e.g. bisexual men, bisexual people of color).*
  - *Believing that bisexual people should 'make their mind up' or 'stop sitting on the fence'.*
  - *Seeing bisexual people as 'confused' about their sexuality.*

(The Bisexuality Report, 2012)

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Biphobia in Society:

- Bisexual Invisibility:
  - *Assuming that people will either be heterosexual or lesbian/gay.*
  - *Using the term 'homophobia' when speaking of negative attitudes, behaviors and structures in relation to LGB people.*
  - *Assuming attraction to more than one gender is a phase to a heterosexual or lesbian/gay identity.*

(The Bisexuality Report, 2012)

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Biphobia in Society:

- Bisexual Exclusion:
  - *Providing no bisexual-specific services and expecting bisexual people to use a combination of heterosexual and lesbian/gay services.*
  - *Claiming to speak for LGB, or LGBT people, and then failing to include 'B' in the name or mission statement of a group, neglecting bisexual-specific issues, and/or dropping the 'B' within materials.*

(The Bisexuality Report, 2012)

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Biphobia in Society:

- Bisexual Marginalization:
  - *Allowing biphobic comments to go unchallenged when homophobic comments would be challenged.*
  - *Assuming that bisexuality is an acceptable topic for humor in a way that lesbian/gay sexualities are not.*
  - *Asking lots of questions about a person's bisexuality in ways which would be offensive to heterosexual, lesbian or gay sexuality.*

(The Bisexuality Report, 2012)

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Biphobia in Society:

- Negative stereotypes:
  - *Viewing bisexual people as greedy, or wanting to 'have their cake and eat it too'.*
  - *Assuming that bisexual people are promiscuous or incapable of monogamy.*
  - *Assuming that bisexual people will be sexually interested in 'anything that moves'.*

(The Bisexuality Report, 2012)

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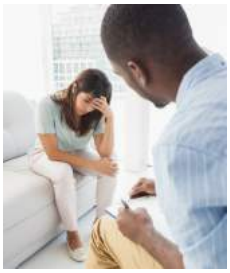
Provider Considerations



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Provider Considerations:

Disclosure of one's sexual orientation can be an important component for one's overall health and wellness:

- *All clients, including bisexual clients, have a desire to be seen as a whole person, with sexuality being part of their life.*
- *Disclosure can improve client/provider relationship, therefore can increase in trust.*

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Provider Considerations:

Disclosure cont.:

- *When a client is able to disclose to a provider, that provider can respond with more sensitivity to the issues faced, and provide appropriate resources referrals.*
- *Disclosure can improve mental health and emotional wellness on behalf of the client.*

(Dobinson, et al., 2005)

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Provider Considerations:

Stigma management for clients may be an on-going process:

- *Stigma management has to do with the continuous process of "coming out" to different people, in different situations and contexts.*
- *Stigma management is a strategy that should be discussed with clients in order to assist them with day to day transgressions over identity disclosure across the lifespan.*

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Provider Considerations:

Stigma management cont.:

- *Providers are encouraged to discuss the ramifications of coming out to people who may not be ready to accept either their bisexual identities or substance use history.*

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Provider Considerations:

Here are some recommendations for creating an affirming and welcoming environment for bisexual clients:

- *Liaise with bisexual communities on issues of equality and diversity in the same way that you liaise with lesbian, gay and trans communities.*
- *Ensure bisexual people are included amongst the speakers on panels and forums relating to LGBT communities.*
- *Include bisexual representation in all relevant working groups and initiatives.*

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Provider Considerations:

Further recommendations:

- *Include bisexuality in all policies and procedures, explicitly within the diversity implications section of every document and policy.*
- *Separate biphobia out from homophobia, recognizing that there are specific issues facing bisexual people.*
  - *Examples: lack of validation of their existence, stereotypes of promiscuity, and pressure to be either gay or straight.*

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Provider Considerations:

Further recommendations cont.:

- *Recognize how biphobia and bisexual invisibility can creating negative outcomes for bisexual people.*
- *Be clear, when talking about bisexual people, whether you are defining bisexuality by attraction, behavior and/or identity.*
- *Address bisexual-specific experiences of domestic violence given evidence that bisexual people in 'same-gender' relationships are at risk.*

(The Bisexuality Report, 2012)

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Provider Considerations:

http://www.bisexualweek.com/publicpolicypriorities/

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Provider Considerations:

Interventions proven to be effective:

Intervention Title	Targeted Concern (s)	Description
CBFT with bisexual couples (Deacon, Reinke, & Viers, 2007).	Addressing behaviors, cognitions, and emotions specific to bisexual couple.	Bisexuals are faced with bias and discrimination and therapists need to understand the challenges and strengths to be able to help bisexual couples Focus on behaviors, cognitions, and emotional issues specific to bisexual couples. This can include: communication training, emotional expressiveness training and cognitive restructuring.
Developmental counseling and therapy (Pope, Mobley & Myers, 2010)	Sexual orientation conflicts	An approach that can effectively address sexual orientation conflicts with clients while exploring and valuing the various aspects of clients' selves.

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Questions and Comments?

Authors:

- Raven James, PhD
  - *Associate Professor, Governors State University, University Park, IL*
- Ed Johnson, MAC, LPC
  - *Carolinas and Kentucky Program Manager, Southeast Addiction Technology Transfer Center, Atlanta, GA*

Resources:

- BiNet USA: http://www.binetusa.org/
- The Bisexual Resource Center: www.biresource.net
- Bisexual.com: www.bisexual.com
- Shybi.com: www.shybi.com (women), www.shybi-guys.com (men)
- American Institute of Bisexuality: www.bisexual.org
- Journal of Bisexuality: www.tandfonline.com/toc/wjbi20/current

References:

- Bisexual Awareness Week website, accessed September 27, 2015, at http://www.bisexualweek.com/publicpolicypriorities/
- Bostwick, W., & Hequembourg, A. (2013). Minding the Noise: Conducting Health Research Among Bisexual Populations and Beyond. Journal of Homosexuality, 60(4), 655-661. doi:10.1080/00918369.2013.760370
- Brian W. W., James, M. D., Adena, M. G., Sarah S. J. (2014). Sexual Orientation and Health among U.S. Adults: National Health Interview Survey. *National Health Statistics Reports*. 2014: 77
- Campo-Arias, A. (2010). Essential aspects and practical implications of sexual identity. Colombia Médica, 41(2), 179-185.
- Centers for Disease Control and Prevention, NISVS: An Overview of 2010 Findings on Victimization by Sexual Orientation. Downloaded September 27, 2015, from http://www.cdc.gov/violenceprevention/pdf/cdc_nisvs_victimization_final-a.pdf
- CDC. Estimated HIV incidence in the United States, 2007-2010. *HIV Surveillance Supplemental Report* 2012;17(No. 4). Retrieved March 12, 2015.
- CDC. HIV Risk, Prevention, and Testing Behaviors National HIV Behavioral Surveillance System, Men Who Have Sex with Men, 20 U.S. Cities, 2011
- CDC. Diagnoses of HIV infection in the United States and dependent areas, 2013. *HIV Surveillance Report* 2015;25. Retrieved March 12, 2015
- Diamond, L. M. (2008). Female bisexuality from adolescence to adulthood: results from a 10-year longitudinal study. Devel Psych, 44(1), 5.

References:

- Dobinson, C., MacDonnell, J., Hampson, E., Clipsham, J., and Chow, K. (2005). Improving the Access and Quality of Public Health Services for Bisexuals. Journal of Bisexuality. 5(1): 41-47
- Ekstrand LM; Coates JT; Guydish RJ; Hauck WW; Collette L; Hulley BS; (1994). Are Bisexually Identified Men in San Francisco a Common Vector for Spreading HIV Infection to Women? *American Journal of Public Health*. 84(6): 915 – 919.
- Fredriksen-Goldsen, K. I., Hyun-Jun, K., Barkan, S. E., Muraco, A., & Hoy-Ellis, C. P. (2013). Health Disparities Among Lesbian, Gay, and Bisexual Older Adults: Results From a Population-Based Study. American Journal Of Public Health, 103(10), 1802-1809. doi:10.2105/AJPH.2012.301110
- Herbenick, D., Reece, M., Schick, V., Sanders, S., Dodge, B., & Fortenberry, J., (2010). Sexual Behavior in the United States: Results from a National Probability Sample of Men and Women Ages 14-94. The Journal of Sexual Medicine, 7(s5), 255-265. doi:10.1111/j.1743-6109.2010.02012.x
- Kinsey, A. C., Pomeroy, W. B., & Martin, C. E. (1948). Sexual behavior in the human male. Indiana University Press
- Kinsey, A. C. (Ed.). (1953). Sexual behavior in the human female. Indiana University Press.
- Kerr, D. L., Santurri, L., & Peters, P. (2013). A Comparison of Lesbian, Bisexual, and Heterosexual College Undergraduate Women on Selected Mental Health Issues. Journal Of American College Health, 61(4), 185-194. doi:10.1080/07448481.2013.787619
- Klein, F. (1993). The Bisexual Option. New York: Haworth Press.

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References:

- Miller, André, A., Ebin, & Bessonova, L. (2007). Bisexual health: An introduction and model practices for HIV/STI prevention programming. National Gay and Lesbian Task Force Policy Institute. -NO LONGER NEED THIS CITATION?
- Mosher, W. D., Chandra, A., & Jones, J. (2005). Sexual behavior and selected health measures: men and women 15-44 years of age, United States, 2002. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics.
- Purcell D, Johnson CH, Lansky A, et al. Estimating the population size of men who have sex with men in the United States to obtain HIV and syphilis rates. *Open AIDS Journal* 2012;6 (Suppl 1: M6): 98-107 Rodriguez-Rust, P. C. (2007). 'The Construction and Reconstruction of Bisexuality: Inventing and Reinventing the Self' in Firestein, B.A. (ed) (2007), Becoming visible: Counseling bisexual across the lifespan, New York: Columbia University Press.
- Rogers, A., Rebbe, R., Gardella, C., Worlein, M., & Chamberlain, M. (2013). Older LGBT Adult Training Panels: An Opportunity to Educate About Issues Faced by the Older LGBT Community. Journal of Gerentological Social Work, 580-595. dio: 10.1080/01634372.2013.811710
- San Francisco Department of Public Health HIV Epidemiology Section. (2009). *HIV/AIDS Epidemiology Annual Report: 2008.*
- San Francisco Human Rights Commission LGBT Advisory Committee. (2010). Bisexual Invisibility: Impacts and Recommendations

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References:

- The bisexuality report: Bisexual inclusion in LGBT equality and diversity. Open University, Centre for Citizenship, Identities and Governance and Faculty of Health and Social Care, 2012.
- Koliadin, V. (1995). Critical analysis of the current views on the Nature of AIDS. Kluivert Academic Publisher, Netherland. 91: 71-90
- Wendy, B., Amy, L. H., (2013). Minding the Noise: Conducting Health Research Among Bisexual Populations and Beyond. Journal of Homosexuality. 60: 4

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Considerations for Clinical Work with LGBT Individuals

A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals
Second Edition

Presented by Marissa Carlson, MS, CPS

Learning Objectives:

By the end of this module, participants will be able to:

- *Identify two causes of minority stress.*
- *Identify one of the five principals of trauma-informed care.*
- *Identify one treatment approach that has been shown effective with LGBT populations.*

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LGBT Stigma and Stress

LGBT Stigma and Stress:

Foremost, it might be helpful for providers to gain insight on how stigma can impact LGBT individuals.

- *One way to describe the impact of stigma is referred to as "minority stress:"*
  - *Defined as chronically high levels of stress faced by members of stigmatized minority groups.*
  - *Minority stress can be experienced from enacted stigma, violence, and an ongoing sense of real and perceived threat to one's safety and well-being.*

(Herek, 2009)

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LGBT Stigma and Stress:

- Minority stress may be caused by a number of factors, such as poor social support and low socioeconomic status.
- However, the most understood causes of minority stress are:
  - *Interpersonal prejudice or biased attitude toward another.*
  - *Discrimination biased behavior toward another.*

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LGBT Stigma and Stress:

In 2014, the Centers for Disease Control and Prevention listed the following impact of minority stress and risk factors on the Healthy People 2020 Report:

- *LGBT youth are 2 to 3 times more likely to attempt suicide.*

  (Garofalo et al., 1999)
- *LGBT youth are more likely to be homeless.*

  (Conron, Mimiago, & Landers, 2010; Kruks, 2010; Van Leeuwan et al., 2006)

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LGBT Stigma and Stress:

Impact of minority stress and risk factors cont.:

- *Lesbians are less likely to get preventive services for cancer.*

  (Buchmueller & Carpenter, 2010; Dilley et al., 2010)
- *Lesbians and bisexual females are more likely to be overweight or obese.*

  (Struble et al., 2010)
- *Gay men are at higher risk of HIV and other STDs, especially among communities of color.*

  (CDC, 2010)

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LGBT Stigma and Stress:

Impact of minority stress and risk factors cont.:

- *Transgender individuals have a high prevalence of HIV/STDs victimization, mental health issues and suicide.*

  (Herbst et al., 2008; Whitbeck et al., 2004; Diaz et al., 2001; Kenagy, 2005)
- *LGBT populations have the highest rates of tobacco, alcohol and other drug use.*

  (Bradford, 2013; Hughes, 2005; Xavier et al., 2007; Lyons et al., 2006; Mansergh et al., 2001)

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LGBT Stigma and Stress:

- In addition to understanding minority stress, it is also helpful for providers to learn about unconscious biases.

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LGBT Stigma and Stress:

Unconscious bias:

- *An automatic reaction based on our own previously held attitudes/beliefs/stereotypes about a particular cultural group.*

(Van Ryn, 2002)

- *Usually occurs outside of our awareness and all well-intentioned people are subject to it.*
- *Shown to negatively affect clinician decision-making processes and healthcare outcomes.*

(Green et al., 2007; Santry & Wren, 2012)

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LGBT Stigma and Stress:

Unconscious bias cont.:

- *May or may not involve microaggressions, or "brief, everyday exchanges that send denigrating or damaging messages to [racial/ethnic and sexual minorities]."*

(Sue et al., 2007)

- *May often seem like benign comments to the perpetrator.*
- *Often unintentional or if intentional, harmful consequences are unknown.*

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LGBT Stigma and Stress:

Examples of unconscious bias:

- *"I have no problem with gay people when they don't wear it on their sleeve."*
- *"She's really pretty, I couldn't tell she was transgender."*
- *"How do you know you're gay if you've never been with [a person of the opposite sex]?"*

(McClousky, 2014)

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LGBT Stigma and Stress:

In addition to understanding minority stress and unconscious bias, it is helpful for providers to understand how trauma can impact LGBT clients.

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LGBT Stigma and Stress:

Trauma can be viewed from both a traditional and contemporary perspective.

Traditional Approach:

- *"A single event with one impact."*
  - *May involve an actual or threatened death, serious injury, serious harm, or a threat to one's personal integrity.*

(APA, 1994)

  - *May be predictable, linear and/or observable.*

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LGBT Stigma and Stress:

Perspectives of trauma cont.:

- *Contemporary Approach:*
  - *Trauma is not defined as a single event, rather a defining and organizing experience that forms the core of an individuals identity.*

(APA, 1994)

  - *Event may not be predictable, linear, directly observable.*

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LGBT Stigma and Stress:

- LGBT clients may experience all the same traumatic events as heterosexual individuals:
  - *Examples: domestic violence growing up, childhood abandonment, adult sexual violence, and other events.*
- However, there may be specific, additional traumas related to a client's sexual orientation or gender identity.

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LGBT Stigma and Stress:

Examples of LGBT-related traumas:

- *Bullied as a child or teen because of presumed sexual orientation or gender expression.*
- *Anxiety, distress, and negativity experienced in the initial coming out experience.*
  - *Example: being "outed" in an unsafe environment.*

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LGBT Stigma and Stress:

LGBT-related traumas cont.:

- *Continuing to come out and anxiety associated with potential negative social, professional, and familial reactions.*
- *Anti-LGBT verbal, physical or sexual assault (gay bashing).*
- *Prior therapy or healthcare focused on trying to "cure" or in invalidate LGBT sexual orientation or gender identity.*

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LGBT Stigma and Stress:

- Putting it all together – impact of minority stress, unconscious bias, and trauma:

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Trauma-Informed Care

Trauma-Informed Care:

What is Trauma-Informed Care?

– *A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.*

(SAMHSA, 2014)

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Trauma-Informed Care:

	Traditional Approach	Trauma-Informed Approach
How Clients are Viewed	Clients are joined and defined by their presenting issue.	Clients are viewed as a whole being, separate from their presenting issue.
How Services are Designed	Services designed with the most cost-effective and quickest way in mind. Goal is stabilization.	Services are designed around restoring power to the client and providing adequate coping skills to manage the problem as a whole.
How the Therapeutic Relationship is Understood	Therapist is thought to be the expert. The therapist knows best and recommendations should be followed, without question.	The client and therapist are viewed as equals. Treatment planning is a collaborative effort. Therapist understands that trust must be earned.

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Trauma-Informed Care:

Why Use Trauma-Informed Care?

– *Trauma-dynamics can be repeated both knowingly or unknowingly in a therapeutic setting.*
  - *Example: disbelief or lack of interest in trauma history.*
– *Prevents re-traumatization and builds increased coping and interpersonal skills for the future.*
– *Ensures greater support for populations that experience minority stress or trauma.*
– *Encourages a healthy lifestyle/atmosphere.*

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Trauma-Informed Care:

Five Principles of All Trauma-Informed Care:

– ***Safety:*** *Ensures that each person feels secure/non-threatened physically and in their role.*
– ***Trustworthiness:*** *Stresses that a person feels as though they can completely rely on an organization and its staff.*
– ***Choice:*** *Provides treatment options for consumers.*
– ***Collaboration:*** *Stresses consideration of support options and mutual decision-making.*
– ***Empowerment:*** *Ensures the recognition and utilization of client strengths.*

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Trauma-Informed Care:

Examples of safety and trustworthiness:

- *Workplace protections:*
  - *Both staff and clients feel safe.*
  - *Confidential and reliable systems for reporting bias related incidents.*
  - *Display "safe-space" signs in a visible place (or multiple places).*
  - *Provide the option for gender-neutral restrooms.*

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Trauma-Informed Care:

Examples of choice:

- *Honor LGBT clients' and staff members' freedom to disclose or not disclose their sexual orientation/gender identity.*
- *Provide clients and staff the opportunity to choose their name and preferred pronoun on forms, nametags, documents, etc.*
- *Provide options for safe-living spaces, options for trained counseling staff, offer choices for safe spaces within agencies.*
- *Have medical providers trained in inclusive practices to offer options for treatment and therapy.*
- *Have a list of LGBT 12-Step Meetings and LGBT Affirmative Health Care Providers.*

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Trauma-Informed Care:

Examples of collaboration:

- *Demonstrate commitment to LGBT equity and inclusion in recruitment and hiring.*
  - *Add LGBT–inclusive language to job notices.*
  - *Train human resources employees on LGBT–inclusive nondiscriminatory statement, benefits, and policies.*
  - *Update training and educational material on a regular basis.*
- *Encourage cross-disciplinary collaboration.*
- *Incorporate LGBT patient care information in new or existing employee staff training.*

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Trauma-Informed Care:

- Examples of empowerment:
  - *Provide a space for "out" staff members to become positive LGBT role models.*
  - *Focus on strengths in treatment.*
  - *Support forums for employees to freely and openly discuss issues.*
  - *Provide positive feedback during the assessment process.*
  - *Be aware of developmental needs, especially related to LGBT-identity.*
  - *Encourage growth, exploration, questions.*

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Discussion Activity:

Generate ideas on how each principle can apply to LGBT individuals:

- *Safety*
- *Trustworthiness*
- *Choice*
- *Collaboration*
- *Empowerment*

Some General Treatment Considerations

Assessment Process

- Developing LGBT-sensitive assessment strategies is important for developing rapport with the client.
- Asking questions in an affirming way (avoiding unconscious bias).
- Assessing strengths and resilience.
- In emergency room settings:
  - *Address issues of suicide, depression and anxiety disorders, especially in transgender people, gay and bisexual men.*

(Blackwell, 2015)

Coming Out

The term "coming out" refers to the experiences of LGBT individuals as they work through and accept a stigmatized identity, transforming a negative self-identity into a positive one.

"The loneliness of the closet was sucking all the life out of my body…I needed to come out…but was terrified of losing my family and friends and of facing up to my own homophobia. Then one day, when I was feeling feisty, I gathered all of the courage I could find (even from my eyelids I think) and began to tell my long-kept secret. I felt so relieved I no longer had to spend my life in hiding..."

- 20 year Latino man

Familial Dynamics

- Younger MSM were crossing sexual milestones at earlier ages during which they are highly dependent on family for basic needs.
- Coming out "early" has been connected with experiencing:
  - *Forced sex*
  - *Sexual orientation, gender identity, and gender expression-related harassment.*
  - *HIV seropositivity*
  - *Partner abuse*
  - *Depression*

(Gorbach et at., 2003)

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The Impact of Homophobia and Racism on LGBT Clients

- Youth of color are significantly less likely to have told their parents they are LGBTQ
  - *80% of GLBTQ whites are out to parents vs. 71% of Latinos, 61% of African Americans, and 51% of Asians/Pacific Islanders*
  - *African American same-sex attracted youth were more likely to have low self-esteem and experience of suicidal thoughts than other ethnic counterparts*
  - *African American same-sex attracted young men were also more likely to be depressed*

(Bridges E, 2007)

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Practitioner Awareness – YOU

- Consciousness of one's personal reactions to people who are culturally different.
- Social science research indicates that our values and beliefs may be inconsistent with our behaviors, and we ironically may be unaware of it.

(Kirwan Institute, Implicit Bias: http://kirwaninstitute.osu.edu/wp-content/uploads/2014/03/2014-implicit-bias.pdf)

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Culturally-Informed Strategies

- Refrain from making assumptions
- Recognize that as human beings, our brains make mistakes without us even knowing it
- Communication can be as unique as a person's cultural perspective
- Support & encourage positive images of persons of color, YMSMs, women, LGBTQI2-Spirit, gender variant/non conforming, elderly, other-abled, and not written here, in conversation and all environments

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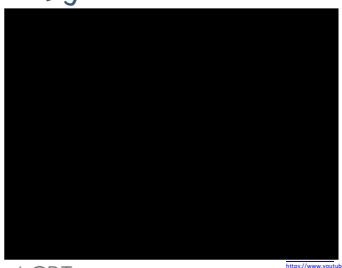
To treat me, you have to know who I am…



https://www.youtube.com/watch?v=NUhvjqpgAac

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Treatment Considerations

LGBT Assessment and Treatment Checklist

- ✓ Alcohol, tobacco, and other drug use
- ✓ The adolescents' social environment
- ✓ Sexual identity development
- ✓ Stage of coming out
- ✓ Level of disclosure about sexuality
- ✓ Level of disclosure about gender identity
- ✓ Gender identity
- ✓ Gender identity development
- ✓ Family and social support network
- ✓ Impact of multiple identities, gender/ethnic/cultural/sexual orientation
- ✓ Knowledge and use of safer sex practices

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Taking a Family History

All Clients:

- What were the rules of the family system?
- Was there a history of physical, emotional, spiritual, or sexual trauma?
- Were all family members expected to behave in a certain way?
- What were the family's expectations in regard to careers, relationships, appearance, status, or environment?
- Was sex ever discussed?

LGBT Clients:

- Who is the client's family?
- Is the client out to his or her family?
- How did the family respond to other individuals coming out or being identified as LGBT individuals?
- Was anyone else in the family acknowledged to be or suspected of being a lesbian, gay, bisexual, or transgender individual?
- If the client is out, what type of response did he or she receive?

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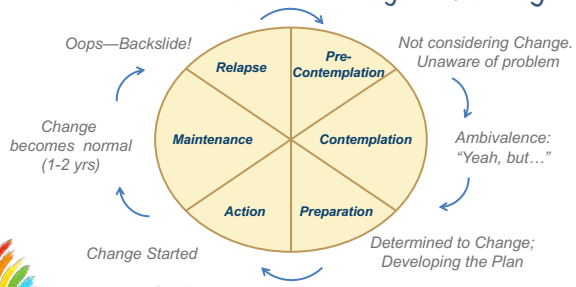
Using Traditional Treatment Approaches with LGBT Populations

Motivational Enhancement Therapy

- MET is a style of communication with the goal of helping clients move toward their own vision/goal by committing to a plan of action.
- A client may be in different stages of change with regard to:
  - *Their coming out process.*
  - *Their mental health issues and trauma.*
  - *Their substance use issues.*
  - *Their HIV status and other health issues.*

Prochaska and DiClemente's Cycle of Change



Cognitive Behavioral Therapy (CBT)

- CBT for social anxiety in gay men:
  - *Gay men report more social anxiety than heterosexual men, especially if they try to hide their sexual identity.*
  - *Specifically focusing on sexual identity and social anxiety reduced symptoms drastically.*

(Walsh & Hope, 2010)

- CBT approaches also used with meth dependence and HIV-related sexual risk behaviors in gay and bisexual men.

(Shoptaw et all. 2005)

Cognitive behavioral treatment family therapy

- CBT family therapy (CBFT) used following a child's coming out.

(Willoughby & Doty, 2010)

- Topics for the CBFT and family adjustment after a child has come out:
  - *Parents' attitudes, beliefs, and expectations are explored*
  - *Increasingly more salient topics are discussed*
  - *Specific listening and problem solving skills enhance the family's communication.*

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Cognitive behavioral family therapy

- CBFT with bisexual couples:

(Deacon, Reinke, & Viers, 2007)

  - *Bisexuals are faced with bias and discrimination and the therapists need to understand the challenges and strengths to be able to help bisexual couples .*
  - *Focus on behaviors, cognitions, and emotional issues specific to bisexual couples.*
  - *Communication training for couple.*
  - *Emotional expressiveness training for couple.*
  - *Cognitive restructuring for individuals in relationship.*

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Art Therapy with LGBT clients

- Integration of Art Therapy in counseling with LGBT populations especially during the coming out process was associated with a increase in emotional and physical wellbeing.

(Pelton-Sweet, & Sherry, 2008)

  - *Growing evidence in support of the use of personal creative expression and sexual identity.*
  - *There is a growing acknowledgement of the relationship between artistic expressiveness and physical and emotional health.*

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Mutual Self-help groups

- Providers need to be knowledgeable of local groups that are LGBT-affirming and culturally specific. A resource list should be made readily available to all clients.
- Encourage shopping around for the right self-help group.
- Encourage engagement with a LGBT affirming sponsor.

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Aftercare and Access to Sustainable Services

- Behavioral Health Disorders are chronic and relapse occurs:
  - *Often requires continued and ongoing focus on coping skills.*
- Regular access to affirming and supportive services is crucial for success.
- Engage with families and significant others in the aftercare process.

Aftercare cont.

- Assisting the client in maintaining LGBT affirming and supportive relationships:
  - *Assist in rebuilding LGBT social networks.*
  - *Support rebuilding trust and connections with loved ones.*
- Support seeking education and employment in LGBT affirming institutions.

Provider Considerations

Provider Considerations:

Providers need to be aware of harmful treatment practices:

- "A [provider] who harbors prejudice or is misinformed about sexual orientation, gender identity and gender expression may exacerbate a client's distress.

(APA, 1998)

- The most dramatic instance…occurs when a therapist…attempt[s] to change [the client's] sexual orientation or gender identity and expression."

(Herek & Garnets, 2007)

Provider Considerations:

- Many professional organizations have official policies against treatment practices aimed at changing sexual orientation, also known as "conversion" or "reparative" therapies."

(HRC, 2015)

- *American Medical Association (AMA)*
- *American Academy of Pediatrics*
- *National Association of Lesbian, Gay, Bisexual, Transgender Addiction Professionals and their Allies (NALGAP)*
- *American Psychological Association (APA)*
- *American Psychiatric Association (APA)*
- *National Association of Social Workers*
- *American Association for Marriage and Family Therapy (AAMFT)*
- *American College of Physicians*
- *Gay and Lesbian Medical Association (GLMA)*
- *National Coalition for LGBT Health*

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Provider Considerations:

- As stated before, it is helpful to understand unique risk factors that exist for LGBT individuals as a response to minority stress and other challenges posed by living in a heterosexist/transphobic society.

(DiPlacido, 1998)

- Strive to understand culturally-specific challenges experienced by individuals from diverse, racial/ethnic communities - and the resulting conflicts for being LGBT-identified.

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Necessary qualities to perform affirming treatment with LGBT Populations (TAP 21, CSAT 2006)

- **Knowledge:**
  - *Understand etiology of disorders developed in the LGBT population based on minority stress.*
  - *Understand that sexual and gender identities are not diseases, but rather identities expressed in different ways.*
- **Skills:**
  - *Ability to provide competent, affirming and supportive services for the LGBT identified client and their families, partners, community etc.*
- **Attitudes:**
  - *Ability to have and show a genuine affirming and supportive attitude towards the LGBT identified client and their families, partners, communities etc.*

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Provider Considerations:

Common elements of LGBT-affirming interventions:

- Normalizing adverse impact of minority stress.
- Facilitate emotional awareness, regulation, and acceptance.
- Reduce avoidance:
  - *Example: Helping clients confront painful minority stress encounters in safe contexts.*

(Society of Clinical Psychology, 2015)

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Provider Considerations:

Common elements of LGBT-affirming interventions cont.:

- *Empower assertive communication.*
- *Restructure minority stress cognitions.*

(Society of Clinical Psychology, 2015)

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Provider Considerations:

Common elements of LGBT-affirming interventions cont.:

- *Validate LGBT individual's unique strengths.*
- *Foster supportive relationships.*
- *Affirm healthy, rewarding expressions of sexuality.*

(Society of Clinical Psychology, 2015)

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Provider Considerations:

We must address the needs of ethnic minority YMSM. Recommendations from AMFAR include the following:

- *Make HIV testing widely available in clinical settings.*
- *Train providers about the importance of more frequent HIV testing for gay men.*
- *Use technology to communicate and help clients access services*
- *Help ensure clients get access to insurance, if available, and are linked to knowledgeable providers*

(AMFAR, 2012))

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Provider Considerations:

- Clinical Supervision:
  - *Clinical supervision needs to be institutionalized in all agencies treating behavioral health disorders in LGBT populations to:*
    - *Address transference and counter-transference issues.*
    - *Ensure staff uses ethical and evidence-based practices.*

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Provider Considerations:

- Clinical Supervision cont.:
  - *Ensure staff is not discriminatory towards ethnic and racial minorities.*
  - *Regular, scheduled supervision communicates to staff they are supported and cared about.*

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Provider Considerations:

An affirmative approach is supportive of clients' identity development without a prior treatment goal for how clients identify or live out their sexual orientation, gender identity and expression.

(SAMHSA, 2015; APA, 1998)

NALGAP opposes the use of "reparative" and "conversion" therapies that are based upon the assumption that homosexuality or bisexuality is a mental disorder and/or relies on the belief that the individual seeking treatment should change their sexual orientation.

(NALGAP, 2015)

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Questions and Comments?

Authors:

Barbara Warren, PsyD, LMHC
- *Director of LGBT Health Services, Mount Sinai Beth Israel/Mount Sinai Health System New York, NY*

Adam Lewis, PhD Candidate
- *Graduate Assistant, National American Indian and Alaska Native ATTC, Iowa City, IA*

Nazbah Tom, MA
- *Somatic Practitioner, Toronto, Canada*

Anne Helene Skinstad, PhD
- *Program Director, National American Indian and Alaska Native ATTC, Iowa City, IA*

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Resources:

- Maxine Harris and Roger D. Fallot, eds. (2001) Using Trauma Theory to Design Service Systems, Number 89, Spring 2001
- A Treatment Improvement Protocol: Trauma-Informed Care in Behavioral Health Services, TIP 57, SAMHSA, SMA14-4816
- LGBT Youth Trauma Brief: http://www.nctsnet.org/nctsn_assets/pdfs/culture_and_trauma_brief_LGBTQ_youth.pdf
- Meyer, I. (2003) Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations: Conceptual Issues and Research Evidence. *Psychol Bull*. 2003 September; 129(5): 674–697
- Cumulative data from NYC Community Health Survey, 2008-2013. See this report: http://prideagenda.org/sites/default/files/DisparitiesReport_PrideAgenda.pdf
- NALGAP National Association of Lesbian, Gay, Bisexual Transgender Addictions Professionals Position Statement on Reparative or Conversion Therapy https://www.nalgap.org/PDF/Resources/NALGAP-position-statement-reparative-therapy.pdf

https://www.nalgap.org/PDF/Resources/NALGAP-position-statement-reparative-therapy.pdf

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References:

- American Psychological Association. (1998). Appropriate therapeutic responses to sexual orientation in the proceedings of the American Psychological Association, Incorporated, for the legislative year 1997. *American Psychologist*, *53*(8), 882-939.
- American Psychiatric Association (1994). Diagnostic and statistical manual of mental disorders (4th ed.). Washington, DC: Author.
- AMFAR (2012). Issue Brief: HIV Epidemic Among Gay Men in the United States. Downloaded on September 27, 2015 from http://www.amfar.org/uploadedFiles/_amfarorg/In_The_Community/EndingEpidemicIB.pdf.
- Bradford, J., Reisner, S. L., Honnold, J. A., & Xavier, J. (2013). Experiences of transgender-related discrimination and implications for health: Results from the Virginia Transgender Health Initiative Study. American Journal of Public Health, 103(10), 1820-1829.
- Bridges, E. (2007). *The Impact of Homophobia and Racism on GLBTQ Youth of Color*. Washington, DC: Advocates for Youth.
- Brodzinsky, D. (2012). *Adoption by lesbians and gay men: A new dimension in family diversity*. Oxford: Oxford University Press.
- Buchmueller T, Carpenter CS. Disparities in health insurance coverage, access, and outcomes for individuals in same-sex versus different-sex relationships, 2000–2007. Am J Public Health. 2010;100(3):489-95.

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References:

- Centers for Disease Control and Prevention. (CDC) HIV and AIDS among gay and bisexual men. Atlanta: CDC; 2010 Sept. Retrieved from: **http://www.cdc.gov/nchhstp/newsroom/docs/2012/CDC-MSM-0612-508.pdf [PDF - 291 KB]**
- Conron KJ, Mimiaga MJ, Landers SJ. A population-based study of sexual orientation identity and gender differences in adult health. Am J Public Health. 2010 Oct;100(10):1953-60.
- DiPlacido, J. (1998). Minority stress among lesbians, gay men, and bisexuals: A consequence of heterosexism, homophobia, and stigmatization. In G. Herek (Ed.), *Psychological perspectives on lesbian and gay issues: Vol. 4. Stigma and sexual orientation: Understanding prejudice against lesbians, gay men, and bisexuals* (pp. 138-159). Thousand Oaks, CA: Sage.
- Green, A. R., Carney, D. R., Pallin, D. J., Ngo, L. H., Raymond, K. L., Iezzoni, L. I., & Banaji, M. R. (2007). Implicit bias among physicians and its prediction of thrombolysis decisions for black and white patients. Journal of general internal medicine, 22(9), 1231-1238.
- Herbst JH, Jacobs ED, Finlayson TJ, et al. Estimating HIV prevalence and risk behaviors of transgender persons in the United States: A systematic review. AIDS Behav. 2008;(12):1-17.
- Herek, G.M. (2009). Hate crimes and stigma-related experiences among sexual minority adults in the United States: Prevalence estimates from a national probability sample. *Journal of Interpersonal Violence, 24*, 54-74.

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References:

- Herek, G. M., & Garnets, L. D. (2007). Sexual orientation and mental health. *Annu. Rev. Clin. Psychol.*, *3*, 353-375.
- Hughes TL. Chapter 9: Alcohol use and alcohol-related problems among lesbians and gay men. Ann Rev of Nurs Res. 2005;23:283-325.
- Human Rights Campaign (2015). Policy and position statements on conversion therapy. Retrieved from http://www.hrc.org/resources/entry/policy-and-position-statements-on-conversion-therapy
- Kruks, G. Gay and lesbian homeless/street youth: Special issues and concerns. J Adolesc Health. 2010;12(7):515-8.
- Lyons T, Chandra G, Goldstein J. Stimulant use and HIV risk behavior: The influence of peer support. AIDS Ed and Prev. 2006;18(5):461-73.
- Mansergh G, Colfax GN, Marks G, et al. The circuit party men's health survey: Findings and implications for gay and bisexual men. Am J Public Health. 2001;91(6):953-8.
- McClouskey, M. (2014, September 15). The Many Faces of Homophobia: Microaggressions and the LGBTQIA Community. Retrieved June 30, 2015, from http://everydayfeminism.com/2014/09/the-many-faces-of-homophobia/
- NALGAP. (2015). NALGAP's Position Statement on Reparative or Conversion Therapy. Retrieved from https://www.nalgap.org/PDF/Resources/NALGAP-position-statement-reparative-therapy.pdf
- The National LGBT Cancer Network, (2015, September 27). To Treatment Me, You Have to Know Who I Am. Video downloaded from http://www.cancer-network.org/.

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References:

- Garofalo R, Wolf RC, Wissow LS, et al. Sexual orientation and risk of suicide attempts among a representative sample of youth. Arch Pediatr Adolesc Med. 1999;153(5):487-93.
- Goldberg, AE (2007). (How) does it make a difference: Perspectives of adults with lesbian, gay, bisexual parents. *American Journal of Orthopsychiatry*, 77(4): 550-562.
- Ryan, C., Russell, S. T., Huebner, D., Diaz, R., & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing*, *23*(4), 205-213.
- Santry, H. P., & Wren, S. M. (2012). The role of unconscious bias in surgical safety and outcomes. *Surgical Clinics of North America*, *92*(1), 137-151.
- Society of Clinical Psychology. Evidence-Based Treatments for Mental Health Among LGB Clients. (2015). Retrieved June 30, 2015, from https://www.div12.org/evidence-based-treatments-for-mental-health-among-lgb-clients/
- Struble CB, Lindley LL, Montgomery K, et al. Overweight and obesity in lesbian and bisexual college women. J Am College Health. 2010;59(1):51-6.
- Substance Abuse and Mental Health Services Administration. *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

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References:

- Struble CB, Lindley LL, Montgomery K, et al. Overweight and obesity in lesbian and bisexual college women. J Am College Health. 2010;59(1):51-6.
- Substance Abuse and Mental Health Services Administration. *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.
- Substance Abuse and Mental Health Services Administration, Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth. HHS Publication No. (SMA) 15-4928. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015.
- Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A. M., Nadal, K. L., & Esquilin, M. E. (2007). Racial microaggressions in everyday life: Implications for counseling. The American Psychologist, 62(4), 271-286.
- Van Leeuwen JM, Boyle S, Salomonsen-Sautel S, et al. Lesbian, gay, and bisexual homeless youth: An eight-city public health perspective. Child Welfare. 2006 Mar–Apr;85(2):151-70.
- Van Ryn, M. (2002). Research on the provider contribution to race/ethnicity disparities in medical care. *Medical care*, *40*(1), I-140.
- Xavier J, Honnold J, Bradford J. The health, health-related needs, and lifecourse experiences of transgender Virginians. Virginia HIV Community Planning Committee and Virginia Department of Health. Richmond, VA: Virginia Department of Health; 2007. Available from: **http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/documents/pdf/THISFINALREPORTVol1.pdf [PDF - 646 KB]**

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Administration of LGBT Affirming Organizations

A Provider's Introduction to Substance Abuse for YMSM and LGBT Individuals

Second Edition

Learning Objectives:

By the end of this module, participants will be able to:

- *Identify the need for LGBT-affirmative policies and procedures in an organization's structure.*
- *Outline ways in which an organization can plan and implement effective training program targeted towards engaging LGBT clients and improving services delivered to them.*
- *Understand the need for alliance-building and strategies for doing so effectively.*

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Activity- Assessing Our Organizations

- This activity provides an opportunity for participants to assess where their organizations are in consideration to incorporating LGBT issues into their work
- Break up into small groups to answer three questions in each of the areas outlined in the Assessing Our Organizations worksheet
  - *Red light: organization has not gone there; yellow light: organization has taken first steps towards this; green light: organization is fully on board*
- Report back to the larger group

http://www.westernstatescenter.org/tools-and-resources/Tools/assessing-our-organizations

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Creating an LGBT Affirming Organization

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Creating an LGBT Affirming Organization:

Why Create an LGBT Affirming Organization

- Like all people, LGBT clients want a health care environment where they are welcomed and respected.
- LGBT clients generally experience higher rates of HIV infection, depression, suicidal behavior, homelessness, smoking and substance use, and face barriers to accessing inclusive and affirming care.

(Grant, et al., 2011; Pascoe & Richman, 2009; Graham, 2011; Legal, 2010; Moe, 2015)

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Creating an LGBT Affirming Organization:

Why Create an LGBT Affirming Organization

- Creating an inclusive environment for this vulnerable population will help alleviate the health disparity and health inequity issues faced by these individuals.
- Studies have shown that LGBT-affirming organizations or known LGBT allies within larger organizations were the preferred providers of choice for LGBT clients seeking healthcare and other needs.

(Davis, et al., 2010; Erdley, et al., 2014)

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Creating an LGBT Affirming Organization:

Practical Suggestions:

- LGBT-specific administrative policies and procedures can help ensure that an organization is culturally sensitive to and inclusive of all clients irrespective of their sexual orientation, gender identity and expression.
- These administrative policies and procedures are critical to prevent discrimination, harassment, as well as how grievances and complaints are handled.
- Delivery of fair and equitable healthcare services to everyone including LGBT clients should be built into the fabric of an organization.

(Wilkerson, et al., 2011; Meservie, 2013; Legal, 2013; SAMHSA, 2001;)

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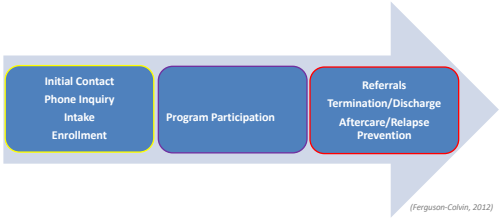
Creating an LGBT Affirming Organization:



(Ferguson-Colvin, 2012)

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Creating an LGBT Affirming Organization:

Organizational Mission Statement:

- One of the ways to achieve this is by adding affirming statements to the mission statement, organizational values and/or goals, philosophy and service literature:
  - *Example: "At every level of the program - we are affirming and supportive of LGBT members of the community."*
- Action must be at every step of the process.

(Wilkerson, et al., 2011; USAID, 2014; Legal, 2013; Winfeld, 2014; SAMHSA, 2001)

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Creating an LGBT Affirming Organization:

Organizational Mission Statement Cont.:

- All organization affiliates are regularly trained on anti-discriminatory policies and operational procedure updates.
- This includes, but is not limited to:
  - *All employees (such as; front desk, security, lab techs, administrative staff, maintenance, board members etc.)*
  - *All volunteers and intern.*

(Wilkerson, et al., 2011; USAID, 2014; Legal, 2013; Winfeld, 2014; SAMHSA, 2001)

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Community Engagement:

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Community Engagement:

- Organizations must ensure the adoption of an inclusive and participatory approach to programming and interventions targeted towards LGBT individuals
- This helps address the complex set of social and environmental determinants associated with the health and well-being of LGBT clients
- This approach to community engagement is informed by the principles of community-based participatory research

(Minkler & Wallerstein, 2011; Israel, et al., 2013)

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Community Engagement:

(Minkler & Wallerstein, 2011; Israel, et al., 2013)

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Community Engagement:

- Recognize community as a unit of identity
- Build on strengths and resources within the community
- Facilitate a collaborative and equitable partnership in all phases of community engagement

(Minkler & Wallerstein, 2011; Israel, et al., 2013; Rhodes, et al., 2013)

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Community Engagement:

- Foster co-learning and capacity building among LGBT community
- Focus on local relevance of health program or area of interest to LGBT communities
- Ensure commitment to sustainability

(Minkler & Wallerstein, 2011; Israel, et al., 2013; Rhodes, et al., 2013)

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Community Engagement:

Outreach and Promotional Materials:

- Must involve and engage LGBT clients in the development of all LGBT-related materials.
- Ensure that LGBT clients of color, varying body types and ages are represented in proportions that reflect the community demographics.
- Use language that specifically identifies LGBT individuals as people the program is attempting to reach.
- Include pieces written by and about recovering LGBT individuals

(SAMHSA, 2001; Morales, 2009; Drumheller & McQuay; 2010; Ciszek, 2014)

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Community Engagement:

Advertising and Public Relations Policies and Procedures:

- Organize and provide a LGBT speakers board.
- Make an effort to get to know the LGBT organizations in your community.
- Identify qualified agency members to speak on LGBT issues from the agency as well as LGBT recovery in public forms.
- An agency's community engagement program should benefit and include LGBT people in the communities the agency serves.

(Wilson & Yoshikawa, 2007; McKay, 2011; SAMHSA, 2001)

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Community Engagement:

Community Engagement Policies and Procedures:

- Support LGBT-related events in the community through sponsorship, staff support, advertising and distribution of announcements and by co-sponsoring their events.
- Provide an information booth at LGBT-related events
- Provide educational forum and programs that support the unique needs of LGBT community.
  - *Example: forum on transgender care or those on sexually transmitted diseases.*

(Graham, 2011; Joint Commission, 2011)

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Administrative Role in Creating Safe and Affirming Organization

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Administrative Role in Creating Safe and Affirming Organization:

- Administrators have a responsibility to
  - *Create an institution that is safe and affirming for all LGBT clients.*
  - *Have LGBT-affirmative policies and procedures*
  - *Ensure that all staff, not only clinicians or primary care providers, are aware of the agency's policies and are committed to eliminating discrimination, both overt and covert.*

(Wilkerson, 2011; Atkins, 2014; Klotzbaugh, 2013)

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Administrative Role in Creating Safe and Affirming Organization:

Administrative Policies and Procedures:

- Job listings should explicitly state that LGBT individuals are encouraged to apply.
  - *Prospective employees should be made aware that the organization is LGBT affirming.*
  - *Assess prospective employee's convenience with these policies before making hiring decisions.*

(Schmidt, et al., 2012; Atkins, 2014; Wilkerson, 2011; Vohra, et al., 2015)

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Administrative Role in Creating Safe and Affirming Organization:

Administrative Policies and Procedures:

- Create or confirm the existence of agency policies regarding freedom from discrimination and harassment based on sexual orientation, gender, and cultural background.
- Review all operational procedures, from initial phone contact through the intake process, to ensure that heterosexual bias has been eradicated and inclusive terms are available as options.

(Atkins, 2014; Schmidt, et al., 2012; Vohra, et al., 2015)

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Administrative Role in Creating Safe and Affirming Organization:

Administrative Policies and Procedures:

- Establish policies that describe an organization's response if a client/staff member or volunteer is being abusive or discriminated against or if allegations of abuse or discrimination are brought to the attention of the agency.
- Enact policies addressing how clients/staff should be supported when they report discriminative experiences

(Klotzbaugh, 2013; Wilkerson, 2011; Schmidt, et al., 2012)

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Administrative Role in Creating Safe and Affirming Organization:

Administrative Policies and Procedures:

- Consider your organization's intake process. Under gender, are there only two options (male or female) to identify one's gender?
  - *Example: You can include F-to-M, M-to-F, Intersex, Gender non-Conforming, or "please write your gender in the space provided_____."*

(National LGBT Health Education Center, 2015; Thompson, 2015; Legal, 2013)

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Administrative Role in Creating Safe and Affirming Organization:

Administrative Policies and Procedures:

- Ask the gender of one's marital partner, rather than make assumptions:
  - *Example: "Married: _____ (write identified gender)"*
    "Partner:_____ (write identified gender)"

(National LGBT Health Education Center, 2015; Thompson, 2015; Legal, 2013)

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Administrative Role in Creating Safe and Affirming Organization:

Personnel Policies and Procedures:

- Include "sexual orientation" and "gender identity" in non-discriminatory employment policy.
- Enlist openly LGBT members to serve on the board of directors and in other leadership positions.
- Employ open LGBT individuals as staff and consultants.

(Thompson, 2015; Schmidt, et al., 2012)

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Administrative Role in Creating Safe and Affirming Organization:

Personnel Policies and Procedures:

- Include partners in the definition of family when writing bereavement policies or sick leave policies on caring for family members.
- Include partners in employee benefits, including health insurance

(Schmidt, et al., 2012, Alexandra, et al., 2009)

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Program Design and Implementation

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Program Design and Implementation:

- Program design and implementation involves planning, enacting, enforcing and evaluating LGBT-affirming policies and procedures.
- Implementing policies and procedures will help ensure that the delivery of culturally-appropriate and equitable healthcare services does not depend only on staff members, but rather on the organization as a whole.

(Lamoreux & Joseph, 2014; National Collaborating Centre for Methods and Tools, 2010*)*

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Program Design and Implementation Process

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Program Design and Implementation:

Strategic Program Planning:

- Strategic program planning is a disciplined effort that is used to set priorities, focus resources and energy, fortify procedures, and ensure stakeholders are working toward achieving a common goal.
  - *Stakeholders include board members, staff, LGBT clients, LGBT community organizations, providers, nurses and existing partners.*

(Barron & Hebl, 2010; Waters, et al., 2011; National Collaborating Centre for Methods and Tools, 2010; Bainbridge, 2011)

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Program Design and Implementation:

Strategic Program Planning cont.:

- *Strategic planning captures an organization's vision and mission, the population it serves, what it does, why it does it, with a focus on the future.*
- *Effective strategic planning articulates where an organization is going, the actions needed to make progress, and describes indicators for successful execution.*

(Barron & Hebl, 2010; Waters, et al., 2011; National Collaborating Centre for Methods and Tools, 2010; Bainbridge, 2011)

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Program Design and Implementation:

Strategic Program Planning:

- *Establish short and long-term goals and objectives.*
- *Conduct analysis to identify the strengths, weaknesses, opportunities and threats of an organization (SWOT).*
- *Assess current LGBT and prospective clients' needs.*
- *Define overall strategies for implementation of LGBT-affirming programs.*

(Waters, et al., 2011; National Collaborating Centre for Methods and Tools, 2010; Bainbridge, 2011)

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Program Design and Implementation:

Strategic Program Planning cont.:

- *Select key programmatic changes to ensure effective allocation of resources and attention.*
- *Set attainable timelines, budget, and operational activities.*
- *Establish strategies for effective monitoring and evaluation.*
- *Revise strategic plan based on performance and changes in the organization and its environment.*

(Bainbridge, 2011; Blair, et al., 1998; Horowitz, et al., 2000; Ginter, et al., 2013)

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Program Design and Implementation:

Program Implementation:

- The selection of strategies and interventions that make up a program can focus on different levels within the organization.
  - *Individual e.g. Behavior and language appropriateness of employees*
  - *Interpersonal e.g. Relationship of employees with LGBT clients*
  - *Organizational e.g. Workplace structures, culture, practices and policies.*
  - *Environmental e.g. LGBT-affirmative symbols, flags and art in workplace*

(CDC, 2016)

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Program Design and Implementation:

Program Implementation;

- Policy enactment and enforcement
  - *Establish and enforce guidelines regarding client behavior to ensure safety of all clients, including those who are LGBT.*
  - *Make all family services available for the domestic partners and significant others of LGBT clients in your program. These may include conjoin therapy, family therapy, or groups.*

(Barron & Hebl, 2010; Badgett, et al., 2013)

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Program Design and Implementation:

Staff Development, Training and Education:

- Staff are an integral part of every organization and they often embody what an organization stands for.
- Administrators have a responsibility to ensure that all staff receive training and education to improve their sensitivity toward all LGBT individuals.
- Trainers must respect trainee's religious and moral views, while remaining committed to increasing and enhancing accurate knowledge about LGBT individuals and in increasing provider sensitivity to LGBT clients' needs.

(National LGBT Health Education Center, 2015; Gendron, et al., 2013)

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Program Design and Implementation:

Staff Development, Training and Education:

- Training should provide staff with tools and strategies to address situations that could arise around issues of oppression and discrimination within the organization.
- Training should encourage and teach staff on using LGBT-appropriate and sensitive language.
- Training should involve skills-oriented knowledge

(Fredriksen-Goldsen, 2014; Boroughs, et al., 2015)

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Program Design and Implementation:

Program Quality Improvement:

- Quality improvement involves systematically evaluating programs, practices, and policies tailored towards LGBT individuals and addressing areas that need to be improved in order to optimize physical and mental health outcomes for all LGBT clients.
- The essence of quality improvement is to enhance practices, improve health outcomes and ensure that health agencies consistently meet the needs of LGBT clients and communities.

(Goetsch & Davis, 2014; Nadeem, et al., 2013)

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Program Design and Implementation:

Program Quality Improvement:

- Adopt and build a culture for quality improvement as a standard practice
- Collect qualitative and quantitative information regarding client's perceptions of key environmental and internal constituencies.
- Collect qualitative and quantitative information regarding staff's perception of the organization's procedures and operations.

(Preskill & Mack, 2013)

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Program Design and Implementation:

Program Quality Improvement cont.:

- Ensure confidentiality to clients and disclose how collected information will be used.
- Develop comprehensive and easily accessible procedures for clients to file and resolve complaints alleging violations of existing policies.
- Conduct confidential patient satisfaction surveys that include questions regarding sexual orientation and gender identity

(Cahill, et al., 2014)

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Program Design and Implementation:

Program Quality Improvement cont.:

- Examine healthcare delivery services to ensure they are inclusive for all LGBT clients.
- Interact with stakeholders such as other LGBT organizations within the area to help inform and support the implementation of program initiatives.
- Examine health outcomes of LGBT clients over a given period of time.

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Program Design and Implementation:

Tools for Measurement of Quality:

- Quality improvement efforts can be informed by staff and clients' experience with healthcare delivery and operation procedures.
  - *Examples of instrument/tools that can be used for collecting and measuring clients experience, perception and satisfaction include; phone-calls interviews, focus groups discussion, questionnaires, follow-up visits, site-visits etc.*

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Program Design and Implementation:

Indicators for Successful Program Implementation:

- Key performance metrics
  - *Financial growth of the organization*
  - *Staff development and competencies*
- Increase in client satisfaction report
- Reduction in the burden of alcohol-related disease and injury over time

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Program Design and Implementation:

Indicators for Successful Program Implementation cont.:

- Improvement in culturally-appropriate services administered
- Assurance of an LGBT-competent workforce
- Improvement in LGBT community health profiles
- Increased access to mental health services

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Program Design and Implementation:

Barriers to Successful Program Implementation:

- Staff insecurity and self-efficacy
- Staff and clients' religious and cultural beliefs related to LGBT individuals.
- Impact on other parts of organization operations and procedures.
- Lack of systematic outcome assessment.
- Lack of documentation about how major illnesses are treated in most health care systems.

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Recommendations

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Recommendations:

- What Quality Assurance is in place to ensure personnel and programs are responsive to the needs and challenges of LGBT clients?
  - *If none at this time, what are the next steps to developing them?*
- Are their Assessments or Evaluation Tools being used to evaluate employees? In what ways is cultural sensitivity towards LGBT community members being measured?

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Recommendations:

- Some accrediting bodies offers framework to help agencies develop these standards for quality improvement.
- Once the agency has made a decision to move forward with strengthening LGBT services, a workgroup can be formed, inclusive of the targeted population.
- This is an excellent opportunity to learn, grow and refine your organization as a valued resource in the community.

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Authors:

ThankGod Ugwumba, BSc.
- *Graduate Research Assistant, Iowa City, IA*

Lewis Hicks, MA, LBSW, CACII, VSP
- *South* Carolina Department of Health and Env. Control

Thomas Vaughn, PhD
- Associate Professor and MHA Program Director, UI.

Joe Amico, MDiv, LADC-1, CAS

Lena Thompson, MPH
- *Research Associate, Iowa City, IA*

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Resources:

- National LGBT Health Education Center
  http://www.lgbthealtheducation.org/

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References:

- Alexandra Beauregard, T., Ozbilgin, M., & Bell, M. P. (2009). Revisiting the social construction of family in the context of work. *Journal of Managerial Psychology*, *24*(1), 46-65.
- Atkins, P. D. (2014). *Gays and lesbians in public mental health: Assessing gay-affirmative practice* (Doctoral dissertation, CAPELLA UNIVERSITY).
- Badgett, M. V., Durso, L. E., Mallory, C., & Kastanis, A. (2013). The business impact of LGBT-supportive workplace policies.
- Bainbridge, D., Brazil, K., Krueger, P., Ploeg, J., Taniguchi, A., & Darnay, J. (2011). Evaluating Program Integration and the Role in Collaboration: Case study of a palliative care network. *Journal of palliative care*, *27*(4), 270
- Barron, L., & Hebl, M. (2010). Extending lesbian, gay, bisexual, and transgendered supportive organizational policies: Communities matter too. *Industrial and Organizational Psychology*, *3*(1), 79.
- Blair, J. D., Bunsseler, J. A. (1998). Competitive Forces in the Medical Group Industry: A Stakeholder Perspective. Health Care Management Review 23(2):7-27.
- Boroughs, M. S., Bedoya, C. A., O'Cleirigh, C., & Safren, S. A. (2015). Toward defining, measuring, and evaluating LGBT cultural competence for psychologists. *Clinical Psychology: Science and Practice*, *22*(2), 151-171.
- Cahill, S., Singal, R., Grasso, C., King, D., Mayer, K., Baker, K., & Makadon, H. (2014). Do ask, do tell: high levels of acceptability by patients of routine collection of sexual orientation and gender identity data in four diverse American community health centers. *PloS one*, *9*(9), e107104.
- Centers for Disease Control and Prevention (CDC), The Social Ecological Model: A Framework for Prevention, http://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html (retrieved March 8, 2016).
- Cianciotto, J., & Cahill, S. (2003). *Education policy: Issues affecting lesbian, gay, bisexual, and transgender youth*. New York: The National Gay and Lesbian Task Force Policy Institute.
- Eisele, E. (2014). Identity, Culture, and Articulation: A Critical-Cultural Analysis of Strategic LGBT Advocacy Outreach.
- Davis, T. S., Saltzburg, S., & Locke, C. R. (2010). Assessing community needs of sexual minority youths: Modeling concept mapping for service planning. *Journal of Gay & Lesbian Social Services*, *22*(3), 228-249.
- Drumheller, K., & McQuay, B. (2010). Living in the buckle: Promoting LGBT outreach services in conservative urban/rural centers. *Communication Studies*, *61*(1), 70-86.
- Erdley, S. D., Anklam, D. D., & Reardon, C. C. (2014). Breaking barriers and building bridges: Understanding the pervasive needs of older LGBT adults and the value of social work in health care. *Journal of gerontological social work*, *57*(2-4), 362-385.
- Ferguson-Colvin, K., & Maccio, E. M. (2012). Toolkit for practitioners/researchers working with lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) runaway and homeless youth (RHY).
- Fredriksen-Goldsen, K. I., Hoy-Ellis, C. P., Goldsen, J., Emlet, C. A., & Hooyman, N. R. (2014). Creating a vision for the future: Key competencies and strategies for culturally competent practice with lesbian, gay, bisexual, and transgender (LGBT) older adults in the health and human services. *Journal of gerontological social work*, *57*(2-4), 80-107
- Frieden, T. R. (2014). Six components necessary for effective public health program implementation. *American journal of public health*, *104*(1), 17-22
- Gendron, T., Maddux, S., Krinsky, L., White, J., Lockeman, K., Metcalfe, Y., & Aggarwal, S. (2013). Cultural competence training for healthcare professionals working with LGBT older adults. *Educational Gerontology*, *39*(6), 454-463
- Ginter, P.M., Duncan, W. J., Swayne, L. E. (2013). Strategic Management of Health Care Organizations - 7th Edition. San Francisco, CA: Jossey-Bass
- Goetsch, D. L., & Davis, S. B. (2014). *Quality management for organizational excellence*. pearson.

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References:

- Graham, R. (2011). The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding
- Grant, J. M., Mottet, L., Tanis, J. E., Harrison, J., Herman, J., & Keisling, M. (2011). *Injustice at every turn: A report of the National Transgender Discrimination Survey*. National Center for Transgender Equality.
- Griffith, J. R., White, K. R. (2006). The Well-Managed Healthcare Organization – Sixth Edition. Chicago, IL: Health Administration Press
- Horowitz, J. L., Camp, T. L., Stahl, C. S. (2000). Reducing Planning Risks through an Environmental Assessment. In Marian C. Jennings (Ed.) Health Care Strategy for Uncertain Times. San Francisco, CA: Jossey-Bass. Pp. 39-78.
- Israel, B. A., Schulz, A. J., Eugenia, E., & Parker, E. A. (2013). Methods in community-based participatory research for health. 2ND Ed. Pp. 5-11
- Joint Commission (2011). The Joint Commission: Advancing Effective Communication, Cultural Competence, and Patient-and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community: A Field Guide. Oak Brook, IL. Oct. 2011
- Kletzbaugh, R. J. (2013). *Magnet hospitals: Investigating administrative opportunities to provide and improve lesbian, gay, bisexual, and transgender healthcare*. STATE UNIVERSITY OF NEW YORK AT BINGHAMTON.
- Kotler, P., Shalowitz, J., Stevens, R. J. (2008). Strategic Marketing for Health Care Organizations: Building a Customer-Driven Health System. San Francisco, CA: Jossey-Bass
- Lamoureux, A., & Joseph, A. J. (2014). Toward transformative practice: Facilitating access and barrier-free services with LGBTTQQ2SA populations. *Social Work in Mental Health*, *12*(3), 212-230.
- Legal, L. (2010). When health care isn't caring: Lambda Legal's survey of discrimination against LGBT people and people with HIV. *New York: Lambda Legal*.
- Legal, L. (2013). Creating Equal Access to Quality Health Care For Transgender Patients: Transgender Affirming Hospital Policies 2013
- Leyva, V. L., Breshears, E. M., & Ringstad, R. (2014). Assessing the efficacy of LGBT cultural competency training for aging services providers in California's Central Valley. *Journal of gerontological social work*, *57*(2-4), 335-348
- Lim, F. A., Brown Jr, D. V., & Kim, S. M. J. (2014). CE: Addressing Health Care Disparities in the Lesbian, Gay, Bisexual, and Transgender Population: A Review of Best Practices. *AJN The American Journal of Nursing*, *114*(6), 24-34.
- Mankins, M. C., Steele, R. (2005). Turning Great Strategy into Great Performance. Harvard Business Review. July-August, pp. 65-72.
- McKay, B. (2011). Lesbian, gay, bisexual, and transgender health issues, disparities, and information resources. *Medical reference services quarterly*, *30*(4), 393-401.
- Meservie, M. M. (2013). Toward the delivery of culturally competent care to patients who are lesbian, gay, bisexual, transgender (LGBT) and men who have sex with men (MSM): An online investigation with healthcare providers (Doctoral dissertation, TEACHERS COLLEGE, COLUMBIA UNIVERSITY).
- Minkler, M., & Wallerstein, N. (Eds.). (2011). *Community-based participatory research for health: From process to outcomes*. John Wiley & Sons.
- Moe, J. L., & Sparkman, N. M. (2015). Assessing Service Providers at LGBTQ-Affirming Community Agencies on Their Perceptions of Training Needs and Barriers to Service. *Journal of Gay & Lesbian Social Services*, *27*(3), 350-370.
- Morales, E. S. (2009). Contextual community prevention theory: Building interventions with community agency collaboration. *American Psychologist*, *64*(8), 805.
- Nadeem, E., Olin, S. S., Hill, L. C., Hoagwood, K. E., & Horwitz, S. M. (2013). Understanding the components of quality improvement collaboratives: a systematic literature review. *Milbank Quarterly*, *91*(2), 354-394.

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References:

- National Collaborating Centre for Methods and Tools (2010). *Program planning, implementation and evaluation tools*. Hamilton, ON: McMaster University. (Updated 29 April, 2011) Retrieved from http://www.nccmt.ca/resources/search/71
- National LGBT Health Education Center (2015). Ten Things: Creating Inclusive Health Care Environments for LGBT People. Retrieved from http://www.lgbthealtheducation.org/wp-content/uploads/Ten-Things-Brief-Final-WEB.pdf
- Pascoe, E. A., & Smart Richman, L. (2009). Perceived discrimination and health: a meta-analytic review. *Psychological bulletin*, *135*(4), 531.
- Preskill, H., & Mack, K. (2013). Building a strategic learning and evaluation system for your organization.
- Rhodes, S. D., Duck, S., Alonzo, J., Daniel-Ulloa, J., & Aronson, R. E. (2013). Using community-based participatory research to prevent HIV disparities: assumptions and opportunities identified by the Latino partnership. *Journal of acquired immune deficiency syndromes (1999)*, *63*(0 1), S32.
- Rosenbaum, S. (2013). *Principles to consider for the implementation of a community health needs assessment process*. George Washington University, School of Public Health and Health Services, Department of Health Policy.
- SAMHSA. (2001). *A provider's introduction to substance abuse treatment for lesbian, gay, bisexual, and transgender individuals*. US Dept. of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.
- Schell, S. F., Luke, D. A., Schooley, M. W., Elliott, M. B., Herbers, S. H., Mueller, N. B., & Bunger, A. C. (2013). Public health program capacity for sustainability: a new framework. *Implement Sci*, *8*(1), 15.
- Schmidt, S. W., Githens, R. P., Rocco, T. S., & Kormanik, M. B. (2012). Lesbians, Gays, Bisexuals, and Transgendered People and Human Resource Development An Examination of the Literature in Adult Education and Human Resource Development. *Human Resource Development Review*, *11*(3), 326-343.
- Sherriff, N. S., Hamilton, W. E., Wigmore, S., & Giambrone, B. L. (2011). "What do you say to them?" Investigating and supporting the needs of lesbian, gay, bisexual, trans, and questioning (LGBTQ) young people. *Journal of community psychology*, *39*(8), 939-955.
- Thompson, E. S. (2015). Compromising equality: an analysis of the religious exemption in the Employment Non-Discrimination Act and its impact on LGBT workers. *BCL & Soc. Just.*, *35*, 285
- USAID. (2014). LGBT Vision for Action: Promoting and Supporting the Inclusion of Lesbian, Gay, Bisexual, and Transgender Individuals
- Vohra, N., Chari, V., Mathur, P., Sudarshan, P., Verma, N., Mathur, N., ... & Dasmahapatra, V. (2015). Inclusive Workplaces: Lessons from Theory and Practice. *Vikalpa*, *40*(3), 351-354.
- Waters, E., Hall, B. J., Armstrong, R., Doyle, J., Pettman, T. L., & de Silva-Sanigorski, A. (2011). Essential components of public health evidence reviews: capturing intervention complexity, implementation, economics and equity. *Journal of public health*, *33*(3), 462-465.
- Wilkerson, J. M., Rybicki, S., Barber, C. A., & Smolenski, D. J. (2011). Creating a culturally competent clinical environment for LGBT patients. *Journal of Gay & Lesbian Social Services*, *23*(3), 376-394.
- Wilson, P. A., & Yoshikawa, H. (2007). *Improving access to health care among African-American, Asian and Pacific Islander, and Latino lesbian, gay, and bisexual populations* (pp. 607-637). Springer US.
- Wiseman, S., Chinman, M., Ebener, P., Hunter, S., Imm, P., & Wandersman, A. (2007). Getting To Outcomes™: 10 Steps for Achieving Results-Based Accountability.

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Addressing the Need for Identity Development and Coming Out

A Provider's Introduction to Substance Abuse Treatment for LGBT Individuals
Second Edition
Presented by: Marissa Carlson, MS, CPS

Learning Objectives:

By the end of this module, participants will be able to:

- *Identify two effects of coming out that an LGBT individual may face.*
- *Identify two reasons why an LGBT individual may or may not disclose their sexual orientation or gender identity.*
- *Identify two health issues for which individuals experiencing rejection have a higher risk.*

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Coming Out

Coming Out:

Coming Out:

- *To disclose one's sexual identity or gender identity. It can mean telling others or it can refer to an internal process of coming to terms with one's identity.*

(Johns Hopkins, 2015)

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Coming Out:

Coming Out contd.

- *It also refers to the life-long process of the development of a positive gay, lesbian, bisexual, or transgender identity. It is a very long and difficult struggle for many LGBT individuals because they often have to confront many homophobic attitudes and discriminatory practices along the way. Many individuals may first struggle with their own negative stereotypes and feelings of homophobia that they learned when they were growing up.*

(Abilock, 2001; Val, 1993)

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Coming Out:

An LGBT-unique experience:

- *LGBT individuals may have experienced varying degrees of acceptance and rejection upon disclosing their sexual identity or gender identity.*
- *These reactions may impact how they affirm their sexual identity and orientation.*

(Kowal, S., 2010; Waldrop, M., 2014)

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Coming Out:

An LGBT-unique experience:

- *For some families and communities, homosexuality may be viewed as different, negative, or deviant.*
- *In communities where religious ideology plays a central role in determining community norms, homosexuality can be forbidden, outlawed, or demonized.*

(John & Lamerial, 2011; San Francisco state university, 2009; Waldrop, M., 2014; John, et al., 2015; Anderton, et al., 2011)

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Coming Out:

An LGBT-unique experience:

- *As a direct result of homophobia, LGBT individuals may hide their true sexual orientation and identify with a sexual orientation that is not theirs.*
- *An LGBT individual may also develop negative beliefs about oneself or others.*

(Waldrop, M., 2014; Newcomb & Mustanski, 2010; Nadal, K. L. 2013)

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Coming Out:

An LGBT-unique experience:

- *LGBT people of color might face unique challenges due to intersecting forms of discrimination such as racism, discrimination and oppressions.*
- *These forms of discrimination could arise from LGBT, racial and ethnic communities.*

(Han, C. 2007; Nadal, K. L. 2013; Lance & Richard 2015).

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Coming Out:

An LGBT-unique experience:

- *Previous experiences of other LGBT individuals, both positive or negative, could impact an individuals' perception on whether coming out is worthwhile.*
- *Regardless of family, friends or community homophobic or biphobic perceptions, some LGBT individuals may begin the process of confronting these negative beliefs in an effort to find happiness and live more authentic lives.*

(Chuck, Stewart 2014).

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Coming Out:

Benefits of coming out:

- *To live one's life honestly, as an integrated whole and avoiding a double-life.*
- *To build self-esteem through empowerment and greater self-awareness.*
- *To alleviate the stress and fear of hiding one's identity and being "found out."*

(Abilock, T. 2001; Corrigan, et al., 2013; Clinical digest 2013)

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Coming Out:

Benefits of coming out:

- *To serve as a role model and support others in the process of coming out.*
- *To connect with others who identify as LGBT.*
- *To become part of a community and culture with others with whom you have something in common.*

(Abilock, T. 2001; Kasciw, et al., 2015, Price, et al., 2014)

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Coming Out:

Benefits of coming out:

- *To develop closer, more genuine relationships with friends and family.*
- *To involve one's partner in family and social life.*
- *To help dispel myths and stereotypes by speaking about one's own experience and educating others.*

(Abilock, T. 2001; Corrigan, et al., 2013; Osborn, 2015)

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Coming Out:

Risks of coming out:

- *Physical violence*
  - *Being a victim of bullying/cyber bullying*
- *Harassment*
  - *Both verbal and physical*
- *Discrimination*
  - *Discrimination based on sexual orientation is still legal in some states*

(Rasmussen, 2004; MacLachlan, 2012; Solomon, et al., 2015; Sand, 2015)

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Coming Out:

Risks of coming out:

- *Rejection from communities/groups*
  - *i.e. religious communities*
- *Loss of family relationships*
- *Loss of children*

(Park, 2011; D'amico, et al., 2015; Trahan, 2015)

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Coming Out:

Risks of coming out:

- *Loss of financial support*
- *Loss of job or employment*
- *Loss of housing*
  - *being thrown out of home by family or friends*

(Park, 2011; Ward & Winstanley, 2003; Ward & Winstanley, 2005)

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Coming Out:

Risks of coming out:

- *Fear of permanently changing beliefs and perception*
- *Fear of being treated differently*

(Park, 2011; Solomon, et al., 2015, Sand, 2015)

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Coming Out:

Potential feelings experienced by individuals who are coming out:

- *Fear (of rejection)*
- *Vulnerability*
- *Uncertainty (of how person will react)*
- *Relief*
- *Pride*
- *Shock*
- *Guilt*
- *Anger*
- *Stress*
- *Isolation and dissociation*
- *Excitement*
- *Anxiety*
- *Depression*
- *Grief*
- *Loneliness*

(Kathryn, et al., 2011; Abilock, T. 2001, Witz, 2015; Smith, 2014)

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Coming Out:

Potential feelings experienced by individuals who are coming out cont.:

- *Happiness due to acceptance from loved ones*
- *Sense of connectedness with larger LGBT community*
- *Surprised or astonished by support received*
- *Self-assuredness*
- *Secure*
- *Loved and embrace*

(Zuckerman, 2010; Witz, 2015; Bernal, 2005; Barrett, 2006)

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Stages of Coming Out

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Stages of Coming Out:

Stages of coming out:

- *Cass (1979) described a process of six stages by which gay and lesbians individuals transform their stigmatized identities from negative to positive. Cass focused on ego functioning which refers to component of the self-consciousness system that relate directly to mental health.*

(Cass, 1979; Signorile, 1996; Sean & Michael, 2004)

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Stages of Coming Out:

Stages of coming out include:

- *Identity Confusion*
- *Identity Comparison*
- *Identity Tolerance*
- *Identity Acceptance*
- *Identity Pride*
- *Identity Synthesis*

(Cass, 1979; Signorile, 1996; Sean & Michael, 2004)

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Stages of Coming Out:

Stage One: Identity Confusion

- *This stage involves some denial and confusion regarding one's feelings, thoughts, and attraction.*
- *It also involves conscious awareness that sexuality has personal relevance.*
- *The individual typically feels confused and faces a crisis about who they are.*

(Cass, 1979; Signorile, 1996; Sean & Michael, 2004)

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Stages of Coming Out:

Stage Two: Identity Comparison

- *In this stage, the individual begin entertaining the possibility of having an LGBT identity.*
- *There is continued dissonance and feeling of social alienation.*
- *Individuals in this stage are often in emotional pain and are quite vulnerable.*

(Cass, 1979; Signorile, 1996; Sean & Michael, 2004)

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Stages of Coming Out:

Stage Three: Identity Tolerance

- *In this stage, there is reasonable certainty of an identity and tolerance, without acceptance of that identity.*
- *The individual seeks out other LGBT individuals to combat feelings of isolation.*
- *There is greater level of commitment to a new identity.*

(Cass, 1979; Signorile, 1996; Sean & Michael, 2004)

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Stages of Coming Out:

Stage Four: Identity Acceptance

- *In this stage, the individual attaches a positive connotation to their sexual identity and accepts rather than tolerates it.*
- *There is continuous and increased contact with other LGBT individuals.*

(Cass, 1979; Signorile, 1996; Sean & Michael, 2004)

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Stages of Coming Out:

Stage Five: Identity Pride

- *In this stage, there is the tendency for individuals to get angry or to split the world into heterosexuals and homosexuals.*
- *Individuals may become more active in the LGBT community and spend the majority of their time with others who share their feelings and perspective.*

(Cass, 1979; Signorile, 1996; Sean & Michael, 2004)

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Stages of Coming Out:

Stage Six: Identity Synthesis

- *In this stage, anger decreases, pride becomes less aggressive, and the individual's identity is more integrated with all other aspects of self.*
- *Sexual orientation or gender identity becomes only one aspect of self rather than the entire identity.*

(Cass, 1979; Signorile, 1996; Sean & Michael, 2004)

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Quote:

You will always have to out yourself here or there.

(Jason, 2011)

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Discussion Exercise:

In Small Groups or in a Pairs, discuss the following, record notes, and share with the larger group:

- *Based on your experience, what do you think it means to affirm one's sexual identity?*

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Related Health Issues

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Related Health Issues:

- Examples of coming-out related health issues:
  - *Internalized homophobia and discrimination against LGBT persons has been associated with high rates of substance use disorders, suicide, psychiatric disorders, risky sexual behavior, violence, victimization, anxiety, depression, isolation and stress.*

(Ibanez, et al., 2007; McCabe, et al., 2010; Herek & Garnet, 2007; McLaughlin, et al., 2010; Anderson, 2009; Remafedi, 1997; Hatzenbuehler, et al., 2008; Roberts, et al., 2010)

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Related Health Issues:

- Substance Use Disorders cont.:
  - *According to the Substance Abuse and Mental Health Services Administration (SAMHSA), the rate of substance abuse disorders among LGBT individuals isn't well known, but studies indicate it may be 20% to 30%, which is significantly higher than the general population (9%).*

(Redding, 2014; Ibanez, et al., 2007; Weber, 2008; Anderson, 2009; Corliss, et al., 2010)

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Related Health Issues:

- Substance Use Disorders cont.:
  - *Minority stress from facing obstacles such as discrimination, stigma, and family rejection are factors contributing to increased substance abuse among LGBT individuals.*
  - *Rates of mental health and substance-abuse problems are significantly lower among those who received support from their parents than among those who felt rejected.*

(Rosario, et al., 1997; Rosario, et al., 2009)

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Related Health Issues:

- Anxiety and depression:
  - *Several studies reports that there is a relationship between the coming out experience and depression, and between depression and drinking, particularly among LGBT individuals.*

(Hatzenbuehler, et al., 2008; van Dam, 2014)

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Related Health Issues:

Anxiety and depression:

- *A study on the link between sexual orientation identity change and depressive symptoms found that individuals who reported sexual orientation concealment showed more depressive symptoms than those that reported stable identities.*

(Everett, 2015)

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Related Health Issues:

- Anxiety and depression:
  - *In a study of heterosexual and LGB-identified youths (mean age, 18.2 years), LGB individuals showed higher social anxiety than did the heterosexual individuals.*
  - *Social anxiety was found to be negatively associated with satisfaction with social support and experience of positive events.*

(Safren & Pantalone, 2006)

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Related Health Issues:

Suicide:

- *Adolescents who were rejected by their families for being LGBT were 8.4 times more likely to report having attempted suicide.*

(Ryan, et al., 2009)

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Related Health Issues:

Suicide:

- *LGBT young adults who reported low levels of family rejection during adolescence were over three times more likely to have suicidal thoughts and to report suicide attempts, compared to those with high levels of family acceptance.*

(San Francisco State University, 2010; IMPACT, 2010;).

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Related Health Issues:

Isolation and stress:

- *A study exploring gay men's accounts of growing-up in a heterosexist society indicates that negotiating the internal process of self-acceptance, and the social process of disclosure or remaining "closeted" can induce immense stress, inner-conflict, alienation and isolation.*

(Flowers & Buston, 2001)

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Related Health Issues:

Acceptance of LGBT persons by family and friends has been associated with:

- *Higher self-esteem*
- *Positive group identity*
- *Positive mental health*

(D'amico, et al., 2015; Padilla, et al., 2010; Antonia, 2015; Ning, 2014; Rothman, 2012)

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Provider Considerations

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Provider Considerations:

Creating a welcoming environment:

- *The first step to addressing the health needs of an LGBT client is to create an environment inclusive of all LGBT individuals.*
- *LGBT clients report that they often search for subtle cues in the environment to determine acceptance.*

(Eliason & Schope, 2001)

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Provider Considerations:

Creating a welcoming environment:

- *Use intake forms that are inclusive of all ranges of sexual orientation and gender identities.*
- *Place a rainbow flag in a visible space.*
- *Display non-discriminatory policies that include sexual orientation and gender identity.*

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Provider Considerations:

Cultural sensitivity with LGBT clients:

Train staff to:

- *Use clients' preferred names and pronoun.*
- *Educate staff on emerging health issues associated with affirmation of sexual orientation and gender identity.*
- *Support clients on their choice to come out or not. Respect their sense of where they are in this process and their need to feel safe in treatment.*

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Provider Considerations:

Provide social support:

- *Connect clients with other LGBT community or LGBT affirming religious groups dependent on clients request.*
- *Provide resources for family members.*

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Questions?

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Resources:

- http://geneq.berkeley.edu/lgbt_resources_definiton_of_terms#coming_out
- http://www.calfac.org/sites/main/files/file-attachments/safe_zone_manual.pdf
- http://www.attcnetwork.org/userfiles/file/PrairieLands/LGBT/09.06.07%20Participant%20Guide%201st%20ed.pdf
- http://geneq.berkeley.edu/lgbt_resources
- http://hrc-assets.s3-website-us-east-1.amazonaws.com//files/assets/resources/resource_guide_april_2014.pdf

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References:

- Abilock, T. (2001). USF Safe Zone Ally Manual, unpublished document
- Anderson, S. C. (2009). *Substance Use Disorders in Lesbian, Gay, Bisexual, and Transgender Clients: Assessment and Treatment*. New York: Columbia UP, Print.
- Anderton, C. L., Debra A. P., Asner-Self, K. K. (2011). "A Review of the Religious Identity/Sexual Orientation Identity Conflict Literature: Revisiting Festinger's Cognitive Dissonance Theory." *Journal of LGBT Issues in Counseling* 5.3-4: 259-81. Web.
- Antonio, J. P. (2015). Being out to others: The relative importance of family support, identity and religion for LGBT latina/os. *Latino Studies*. 13, 88–112. doi:10.1057/lst.2014.69
- Barrett, J. (2006). Happy. Gay. American. (Cover story). *Advocate*, (972), 40-47.
- Bernal, A. T., & Coolhart, D. (2005). Learning from Sexual Minorities: Adolescents and the Coming out Process. *Guidance & Counseling*, *20*(3/4), 128-138.
- Cass, V. C. (1979). Homosexual identity formation: A theoretical model. Journal of Homosexuality, 4, 219-235.
- Chuck, Stewart (2014). *Proud Heritage : People, Issues, and Documents of the LGBT Experience*. Vol. 1-3. ABC-CLIO, 2014. Print.
- Clinical digest (2013). Being open about sexual orientation has benefits for health and wellbeing. (2013). *Nursing Standard*, *27*(26), 15.
- "Coming Out," developed by Wall, V. and Washington, J. 1989. And the Northern Illinois University *Safe Zone Program Ally Handbook*.
- Corliss, H. L., Rosario, M., Wypij, D., Wylie, S. A., Frazier, A. L., & Austin, S. B. (2010). Sexual orientation and drug use in a longitudinal cohort study of U.S. adolescents. Addictive Behaviors, 35(5), 517-521
- Corrigan, P. W., Kosyluk, K. A., & Rüsch, N. (2013). Reducing Self-Stigma by Coming Out Proud. *American Journal Of Public Health*, *103*(5), 794-800. doi:10.2105/AJPH.2012.301037
- D'amico, E., Julien, D., Tremblay, N., Chartrand, E. (2015). Gay, Lesbian, and Bisexual Youths Coming Out to Their Parents: Parental Reactions and Youths' Outcomes. *Journal of GLBT Family Studies*. 11(5): 411-437. DOI: 10.1080/1550428X.2014.981627

References:

- Durso, L. E., Gates, G. J. (2012). Serving Our Youth: Findings from a National Survey of Service Providers Working with Lesbian, Gay, Bisexual, and Transgender Youth who are Homeless of At Risk of Becoming Homeless. Los Angeles. The Williams Institute with True Colors Fund and The Palette Fund.
- Eliason, M. J., Schope, R. (2001). Does "Don't ask don't tell" apply to health care? Lesbian, gay, and bisexual people's disclosure to health care providers. Journal of the Gay and Lesbian Medical Association. 5(4):125-34.
- Everett, B. (2015). Sexual orientation identity change and depressive symptoms: A longitudinal analysis. Journal of Health and Social Behavior, 56(1), 37-58. doi:10.1177/0022146514568349
- Flowers, P., and K. Buston. (2001). "I was terrified of being different": Exploring gay men's accounts of growing up in a heterosexist society. *Journal of Adolescence*. 24 (1): 51-65
- Han, C. (2007). They Don't Want To Cruise Your Type: Gay Men of Color and the Racial Politics of Exclusion. *Social Identities*, *13*(1), 51-67. doi:10.1080/13504630601163379.
- Hatzenbuehler, M. L., Nolen-Hoeksema, S., Erickson, S. J. (2008). Minority stress predictors of HIV risk behavior, substance use, and depressive symptoms: Results from a prospective study of bereaved gay men. *Health Psychology*, *27*(4): 455-462
- Herek, G. M., Garnets, L. D. (2007). Sexual orientation and mental health. *Annu Rev Clin Psychol*. 3: 353-75.
- Ibanez, G. E., Purcell, D. W., Stall, R, et al. (2005). Sexual risk, substance use, and psychological distress in HIV-positive gay and bisexual men who also inject drugs. *AIDS*. 19(1): 49-55
- IMPACT. (2010). Mental health disorders, psychological distress, and suicidality in a diverse sample of lesbian, gay, bisexual, and transgender youths. *American Journal of Public Health*. 100(12), 2426-32

References:

- Johns Hopkins. (2015). In Johns Hopkins University LGBT Glossary online. Retrieved from http://web.jhu.edu/LGBTQ/glossary.html
- John P. Dehlin, Renee V. Galliher, William S. Bradshaw & Katherine A. Crowell, (2015) Navigating Sexual and Religious Identity Conflict: A Mormon Perspective. *Identity* 15:(1) 1-22.
- John, T. S., Lamerial, J. (2011). Religious Abuse: Implications for Counseling Lesbian, Gay, Bisexual, and Transgender Individuals. *Journal Of LGBT Issues In Counseling*. 5(3-4).
- Kathryn, D., Hector, L. T., Charles, K., Stephanie, N. E., Susanne, L., Cheryl, K., Gore-Felton, C. (2011). Sexual Addiction & Compulsivity: Loneliness, Internalized Homophobia, and Compulsive Internet Use: Factors Associated with Sexual Risk Behavior among a Sample of Adolescent Males Seeking Services at a Community LGBT Center. *The Journal of Treatment & Prevention*. 18 (2): 61-74
- Kowal, Sarah (2010): An exploration of the impact of social institutions and interpersonal connections on the sexual expression and identity of dually attracted and bisexual women; No Publisher Supplied. http://dx.doi.org/10.7282/T35B45KW
- Kosciw, J. G., Palmer, N. A., Kull, R. M. (2015). Reflecting Resiliency: Openness About Sexual Orientation and/or Gender Identity and Its Relationship to Well-Being and Educational Outcomes for LGBT Students. *American Journal of Community Psychology*. 55 (1-2): 167-178
- Jason, O. (2011) "You'll Always Have to 'Out' Yourself: Reconsidering Coming Out as Strategic Outness," *Sexualities* 14: 681–703
- John, E. V., Malcolm, P. T. (n.d). Responding to federal housing-bias complaints. *Minnesota Lawyer (Minneapolis, MN)*. http://www.legalnews.com/detroit/1404567.

References:

- Nadal, K. L. (2013). "Sexual Orientation Microaggressions: Experiences of Lesbian, Gay, and Bisexual People." *That's so Gay! Microaggressions and the Lesbian, Gay, Bisexual, and Transgender Community*. 50-79. Web.
- Nadal, K. L. (2013). "Gender Identity Microaggressions: Experiences of Transgender and Gender Nonconforming People." *That's so Gay! Microaggressions and the Lesbian, Gay, Bisexual, and Transgender Community*. 80-107. Newcomb, M. E., Mustanski, B. (2010). Internalized homophobia and internalizing mental health problems: A meta-analytic review. *Clin Psychol Rev*. 30(8):1019-1029.
- Ning, H. (2014). Explaining the Mental Health Disparity by Sexual Orientation: The Importance of Social Resources *Society and Mental Health. 4: 129-146, first published on March 17, 2014 doi:10.1177/2156869314524959*
- Osborn, K. (2015). Indiana Mayor Comes Out as Gay in Local Newspaper. *Time.Com*, N.PAG.
- Park, A. (2011). Why Coming Out Isn't Always A Good Thing. *Time*, *178*(1), 23.
- Padilla, Y. C., Crisp, C., & Rew, D. L. (2010). Parental Acceptance and Illegal Drug Use among Gay, Lesbian, and Bisexual Adolescents: Results from a National Survey. *Social Work*, *55*(3), 265-275.
- Lance, C. S., Richard, Q. S. (2015). Negotiating the Intersection of Racial Oppression and Heteronormativity. *Journal of Homosexuality*. 62(11): 1459 – 1484
- MacLachlan, A. (2012). Closet Doors and Stage Lights: On the Goods of Out. *Social Theory & Practice*, *38*(2), 302-332.
- McLaughlin K. A., Hatzenbuehler, M. L., Keyes, K. M. (2010). Responses to discrimination and psychiatric disorders among black, Hispanic, female, and lesbian, gay, and bisexual individuals. *Am J Public Health*. 100(8): 1477-84.

References:

- Roberts, A. L., Austin, S. B., Corliss, H. L., et al. (2010). Pervasive trauma exposure among US sexual orientation minority adults and risk of posttraumatic stress disorder. *Am J Public Health*.
- Rosario, M., Hunter, J., & Gwadz, M. (1997). Exploration of substance use among lesbian, gay, and bisexual youth: Prevalence and correlates. Journal of Adolescent Research, 12(4), 454-476.
- Rosario, M., Schrimshaw, E. W., & Hunter, J. (2009). Disclosure of sexual orientation and subsequent substance use and abuse among lesbian, gay, and bisexual youths: Critical role of disclosure reactions. Psychology of Addictive Behaviors, 23(1), 175-184. doi:10.1037/a0014284
- Rothman, E. F., Sullivan, M., Keyes, S., & Boehmer, U. (2012). Parents' Supportive Reactions to Sexual Orientation Disclosure Associated With Better Health: Results From a Population-Based Survey of LGB Adults in Massachusetts. *Journal Of Homosexuality*, *59*(2), 186-200. doi:10.1080/00918369.2012.648878
- Ryan, C., David, H., Rafael, M., Diaz, J. S. (2009). Family Rejection as a Predictor of a Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults. Pediatrics. 123(1): 346-352
- Price, S., Bishop, G., & Evans, T. (2014). Moment of Truth. *Sports Illustrated*, *120*(6), 32.
- Rasmussen, M. L. (2004). The Problem of Coming Out. *Theory Into Practice*, *43*(2), 144-150.
- Redding, B. (2014). LGBT Substance Use – Beyond Statistics. *Social Work Today*. 14(4):8
- Remafedi, G., French, S., Story, M., et al. (1998). The relationship between suicide risk and sexual orientation: Results of a population-based study. *Am J Public Health*. 88(1): 57-60.

References:

- San Francisco state university, (2009). family rejection of LGB children linked to poor health in early childhood. *AIDS Weekly*, , 5. Retrieved from http://search.proquest.com/docview/212146732?accountid=14663
- Safren, S. A., & Pantalone, D. W. (2006). Social Anxiety and Barriers to Resilience Among Lesbian, Gay, and Bisexual Adolescents. In A. M. Omoto & H. S. Kurtzman (Eds.), Contemporary perspectives on lesbian, gay, and bisexual psychology. Sexual orientation and mental health: Examining identity and development in lesbian, gay, and bisexual people (pp. 55-71). doi:10.1037/11261-003
- San Francisco State University. (2010). Family acceptance of lesbian, gay, bisexual and transgender youth protects against depression, substance abuse, suicide, study suggests. *Science Daily*. Retrieved November 13, 2015 from www.sciencedaily.com/releases/2010/12/101206093701.htm
- Sand, S. (2015). Coming out, being out: Reconciling loss and hatred in becoming whole. *Psychoanalysis, Culture & Society*, *20*(3), 250-266. doi:10.1057/pcs.2014.18
- Sean, A. H., Michael, W. A. (2004). Changes in Psychosocial Well-Being During Stages of Gay Identity Development. *Journal of Homosexuality*. 47(2): 109-126
- Sean, E. M., Wendy, B. B., Tonda, L. H., Brady, T. W., Carol, J. B. (2010). The Relationship Between Discrimination and Substance Use Disorders Among Lesbian, Gay, and Bisexual Adults in the United States. *American Journal of Public Health*:, 100(10): 1946-1952. doi: 10.2105/AJPH.2009.163147
- Smith, E. (2014). For gay sportsmen, coming out can still be tougher than any opponent. *New Statesman*, *143*(5193), 40.
- Signorile, M. (1996). *Outing Yourself: How to Come out as Lesbian or Gay to Your Family, Friends, and Coworkers*. New York: Simon & Schuster, 1996. Print.

References:

- Solomon, D., McAbee, J., Asberg, K., McGee, A. (2015). Coming Out and the Potential for Growth in Sexual Minorities: The Role of Social Reactions and Internalized Homonegativity. *Journal of Homosexuality*. 62 (11): 1512-1538. DOI: 10.1080/00918369.2015.1073032
- Trahan, D. P., & Goodrich, K. M. (2015). "You Think You Know Me, But You Have No Idea": Dynamics in African American Families Following a Son's or Daughter's Disclosure as LGBT. *Family Journal*, *23*(2), 147-157. doi:10.1177/1066480715573423
- Val Dumontier, 1993 and Northern Illinois University *Safe Zone Program Ally Handbook*
- van Dam, M. A. A. (2014). Associations among lesbian disclosure, social support, depression and demographic variables. Journal of Gay & Lesbian Mental Health, 18(4), 375-392. doi:10.1080/19359705.2014.883584
- Waldrop, M. (2014). Diversity: Pride in science. *Nature*, *513*(7518), 297-300. http://dx.doi.org/10.1038/513297a
- Ward, J. H., & Winstanley, D .C. 2003. The absent presence: Negative space within discourse and the construction of minority sexual identity in the workplace. *Human Relations*, 56: 1255–1280
- Ward, J. H., & Winstanley, D. C. 2005. Coming out at work: Performativity and the recognition and renegotiation of identity. *Sociological Review*, 53: 447–475
- Weber, G. N. (2008). Using to Numb the Pain: Substance Use and Abuse Among Lesbian, Gay, and Bisexual Individuals. *Journal Of Mental Health Counseling*, *30*(1), 31.
- Witz, B. (2015). Chasing a Dream His Way. *New York Times*. pp. D1-D2.
- Zuckerman, B. (2010). I'm Done With Hiding. *People*, *73*(19), 87-90.