



PRACTICE GUIDANCE: SERVING LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER AND QUESTIONING YOUTH & YOUNG ADULTS AND THEIR FAMILIES

Prevent • Treat • Recover • For Life

I. RATIONALE:

BSAS is committed to equality in treatment services regardless of sexual orientation or gender identity. As embodied in BSAS Principles of Care¹ and Massachusetts law,² access to and quality of treatment services may not vary because of the individual’s gender, sexual orientation or gender identity. Treatment services should be attuned to individual life stage, i.e. developmental stage rather than chronological age, recognizing that life stage and experience can affect vulnerability to substance abuse. To that end, BSAS is committed to building a comprehensive, effective system of care for youth and young adults and their families, in which programs and services are tailored to the developmental status, resources and needs of the individual.¹ Care must be safe, and safety must be evident.

These principles require us to pay particular attention to treatment services for lesbian, gay, bi-sexual, transgender and queer or questioning³ youth and young adults, whose development and life experiences are often affected by harassment, victimization, violence, rejection and homelessness. These factors substantially increase risk of substance abuse and co-occurring disorders.

Lesbian, gay, bisexual, transgender and queer or questioning (LGBTQ) youth and young adults, like heterosexual peers, experience developmental processes characterized by wide variations in status and stage. They are profoundly influenced – both negatively and positively – by family, peers, school and community. And they demonstrate age-specific vulnerabilities to immediate and longer terms effects of substance use. Treatment should be built on understanding these factors, as well as understanding sexual orientation and gender identity, recognizing that some LGBTQ youth and young adults may have been aware of their own identity since childhood, while others are questioning or are not yet aware. In the stage referred to as ‘emerging adulthood’ⁱⁱ young adults face new challenges related to identity and expectations focused on matters such as adult relationships and employment. These arise during a phase of development where traditional structures of family and school recede, while new structures are not securely in place. Services that respond to this population are characterized by flexibility and matching ‘where the youth is’.

Programs serving youth and young adults are already serving LGBTQ youth and young adults. Although sharing many similarities with heterosexual peers, LGBTQ youth and young adults are disproportionately affected by risks arising from harassment, victimization, violence, homelessness, and family rejection. In Massachusetts’ schools, which should be safe environments promoting learning, LGB students are more than twice as likely as other students to report being bullied, threatened or injured with a weapon, or skipping school because they are afraid. Nationally, 55% of LGBT students report cyberbullying.⁴ One-fourth of Massachusetts lesbian and gay adolescents (and 15% of bisexual teens) report homelessness, compared with 3% of heterosexual youth.⁵ Nationally,

¹ Available at: <http://www.mass.gov/eohhs/gov/departments/dph/programs/substance-abuse/providers/program-licensing/principles-of-care-and-practice-guidance.html>

² Sees Executive Order no. 526 available at:

<http://www.mass.gov/governor/legislativeexecorder/executiveorder/executive-order-no-526.html>

³ See Glossary TO BE ADDED

⁴ Massachusetts High School Students and Sexual Orientation: Results of the 2011 Youth Risk Behavior Survey <http://www.mass.gov/cgly/publications.html>; also Gay, Lesbian and Straight Education Network, 2011 *National School Climate Survey*, <http://glsen.org/nscs>

⁵ Corliss, H.L., et al. High burden of homelessness among sexual minority adolescents: findings from a representative Massachusetts high school sample. *Am J Public Health*. Sept 2011. Available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3154237/#!po=41.6667>

between 20 – 40% of homeless youth identify as LGBT, with transgender youth at even higher risk: studies suggest one in five transgender youth are or are at risk of being homeless.⁶ Homelessness increases risk of harm and decreases access to resources.

These experiences often have dire consequences. More than one-third of Massachusetts LGB students report attempting suicide (vs. 4.6% of heterosexual youth).⁷ LGBT youth who reported family rejection were more likely to report suicide attempts, depression and substance use, compared with LGBT youth with no or low rejection.⁸ Effects continue beyond adolescence: lesbian, gay, and bisexual young adults who reported higher levels of family rejection during adolescence were 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, and 3.4 times more likely to use illegal drugs than those who experienced acceptance.⁹

Large data sets that might enhance understanding of the experiences and needs of LGBTQ youth and young adults are not routinely available. This is particularly true of transgender individuals who are rarely counted in sufficient numbers to draw confident conclusions. Nevertheless what we do know reveals that LGBTQ youth are disproportionately likely to use substances and to experience co-occurring disorders¹⁰ and therefore need well-organized, visible and responsive outreach and treatment. In Massachusetts:

- 38% of LGB youth¹¹ (vs. 15% of heterosexual youth¹²) report alcohol use before age 13, a characteristic that increases risk of dependence in adulthood.ⁱⁱⁱ
- 65% of lesbian and gay youth and 60% of bisexual youth (vs. 46% of heterosexual youth) reported current alcohol use, and 20% of lesbian or gay youth (vs. 2% of heterosexual youth) report having used heroin;¹³
- About 30% of LGB students report current tobacco use vs. 8% of heterosexual students.¹⁴ The Institute of Medicine reported that lesbian and bisexual girls were nearly 10 times more likely to have smoked in the last week than heterosexual girls.¹⁵ Like early alcohol use, early tobacco use increases risk of dependence.

LGBTQ young adults are part of a cohort that as a whole is at high risk for substance use disorders. In Massachusetts¹⁶ (as nationally), alcohol use peaks in the 18 – 25 year old group: 48% of this age group report binge drinking, and 70% report using alcohol in the last month; 42% use

⁶ Ray, N. (2006) *Lesbian, gay, bisexual and transgender youth: an epidemic of homelessness*. Available at: <http://homeless.samhsa.gov/resource/lesbian-gay-bisexual-and-transgender-youth-an-epidemic-of-homelessness-32663.aspx>

⁷ Massachusetts High School Students and Sexual Orientation: Results of 2011 Youth Risk Behavior Survey, op cit

⁸ SAMHSA, *A practitioner's resource guide: helping families to support their LGBT children*, available at: <http://www.samhsa.gov/obhe/lgbt.aspx>; and *Suicide risk and prevention for lesbian, gay, bisexual and transgender youth*, Newton, MA: Education Development Center, Inc., available at: http://www.sprc.org/sites/sprc.org/files/library/SPRC_LGBT_Youth.pdf

⁹ Ryan, C. et al, Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay and Bisexual Young Adults. *Pediatrics* 2009; 123; 346 Available at: <http://pediatrics.aappublications.org/content/123/1/346.full?ijkey=NrcY0H897IAU&keytype=ref&siteid=aapjournals>

¹⁰ Institute of Medicine, *The Health of Lesbian, Gay, Bisexual and Transgender People: Building a Foundation for a Better Understanding*. http://www.nap.edu/download.php?record_id=13128

¹¹ Centers for Disease Control and Prevention, *Sexual Identity, Sex of Sexual Contacts, and Health Risk Behaviors Among Students in Grades 9 – 12*, <http://www.cdc.gov/mmwr/pdf/ss/ss60e0606.pdf>

¹² Massachusetts YRBSS 2011 Report, available at: <http://www.doe.mass.edu/cnp/hprograms/yrebs/>

¹³ Ibid

¹⁴ CDC op cit

¹⁵ IOM op cit

¹⁶ 2010-2011 National Survey on Drug Use and Health: Model-Based Prevalence Estimates

(50 States and the District of Columbia) Available at: <https://nsduhweb.rti.org/respweb/homepage.cfm>

marijuana; 19% meet criteria for alcohol dependence/abuse and 8% meet criteria for drug dependence/ abuse. Opioid use, including heroin, is steadily increasing. NSDUH reports 18 to 20 year olds as having the highest illicit drug use rate (23.9%) with 21 to 25 year olds having the second highest (19.7%).¹⁷ Lifetime prescription drug misuse among 18 to 25 year olds is reported at 26%.^{iv}

Given the experiences of LGBTQ youth and young adults, treatment programs and their staff must be able to demonstrate safety, cultural competence, care coordination and ability to engage families. Program and staff ability and willingness to protect LGBTQ youth from harassment, discrimination and threats must be clear to all and reinforced through immediate response to incidents. Responses should be effective in protecting all involved and promoting their continued engagement in treatment.

Fully integrated cultural competence will include understanding LGBTQ culture as well as effects of race, ethnicity, country of origin and socioeconomic status on youth development, self-identification, coming out and supports. Cultural competence includes understanding how oppression arising from racism and sexism compound other traumas LGBTQ youth and young adults may experience.

Comprehensive care coordination and skill in assessing mental health needs are essential: LGBTQ youth experience significantly higher levels of depression and suicidality than do their heterosexual peers, and the difference increases with severity of suicide ideation and attempts.¹⁸

Families, schools and communities are powerful influences. Family acceptance or rejection contribute directly to youth and young adult behavioral and mental health; research has shown that rejection can be transformed into support and acceptance.^{19, 20} While for many LGBTQ youth, school is a place of fear and torment, resulting in high absenteeism and poor academic performance, Gay/Straight Alliances (GSAs) can help reduce risks in schools, serve as resources for LGBTQ students, and support the development of resiliency and leadership skills.²¹ In all these areas collaboration is key. Strong relationships with community organizations and resources that are successful in engaging and supporting LGBTQ youth, young adults and their families are essential to support treatment program to build expertise, provide a support community for youth, and engage and support families.

II. GUIDANCE:

A. Organization:

Policy:

- Policies state that the agency welcomes and is affirmatively responsive to lesbian, gay, bisexual, transgender and queer/questioning youth and young adults.

¹⁷ 2012 National Survey on Drug Use and Health Summary of National Findings. Available at: <http://www.samhsa.gov/data/NSDUH/2012SummNatFindDetTables/NationalFindings/NSDUHresults2012.htm>

¹⁸ Marshal, M.O., et al. *Suicidality and depression disparities between sexual minority and heterosexual youth: A meta-analytic review.* J Adolesc Health, May 2009. Available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3649127/>

¹⁹ Ryan, op cit.

²⁰ See the Family Acceptance Project at: <http://familyproject.sfsu.edu/home>

²¹ GLSEN (2007). *Gay-Straight Alliances: Creating safer schools for LGBT students and their allies.* (GLSEN Research Brief). New York: Gay, Lesbian and Straight Education Network.

- Agency service and program evaluations specifically identify goals related to building capacity to provide treatment to youth and young adults in general, and LGBTQ youth and young adults specifically;
- LGBTQ youth and young adults participate in design and review of agency evaluations;
- Policies state agency’s commitment to reach out in order to serve LGBTQ youth “where they are” and to reduce functional barriers to treatment, such as complex phone menus or lengthy forms.
- Agency employment policies and practices promote development of a diverse workforce that is knowledgeable, skilled and effective in engaging LGBTQ youth and young adults.
- Policies affirmatively define safeguards for LGBTQ staff and individuals served.
- Policies and procedures, including client policy manuals, describe mechanisms by which agency ensures a safe and respectful environment, including responses to incidents of harassment, violence or threats of violence. Agency grievance procedures specifically include grievance of harassment and/or threats based on sexual orientation and/or gender identity.

Operations:

- Outreach efforts are directed to community agencies and organizations that have demonstrated ability to engage and support LGBTQ youth and young adults and their families²²; these efforts include organizations serving homeless youth.²³
- Agencies seek out and establish Qualified Service Organization Agreements with entities providing effective services for LGBTQ youth and their families.
 - Collaborations specify means of providing substance abuse treatment services in venues congenial to LGBTQ youth and young adults, as well as specifying methods of referral and providing cross-training.
 - QSOA’s establish mechanisms for family engagement and support.
- Agencies establish collaborative relationships with
 - DCF offices, focusing on LGBTQ youth in foster care and/or ‘aging out’ of foster care;
 - DYS and related community programs to support youth who are being released or who are being served in the community;
 - Local school districts;
 - DMH services for individuals with co-occurring disorders, focusing on DMH transition age youth and young adult initiatives.
- Posters, brochures and other materials in public spaces affirm the agency’s commitment to respectful engagement of the LGBTQ youth population, e.g. by use of inclusive visual images.
- Agencies actively recruit diverse staff; advertise employment opportunities in LGBTQ community media; and support retention and development of LGBTQ staff at all levels.

²² For example, see Boston Alliance of Gay, Lesbian, Bisexual and Transgender Youth at <http://www.bagly.org/programs/youth-group/find-an-agly>

²³ See: Massachusetts Coalition for the Homeless Campaign for Unaccompanied youth at <http://www.mahomeless.org/component/content/article/78-mch/189-unaccompanied-youth>, and Massachusetts Runaway and Homeless Youth Grantees at <http://www.acf.hhs.gov/programs/fysb/grants/massachusetts-rhy>
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- Agencies ensure transgender individuals have access to restrooms in accordance with their gender identity.
- Agencies assess treatment approaches to ensure they are based on best practices; are trauma informed; reduce impact of homophobia, heterosexism, bias and discrimination in substance abuse treatment; and improve retention of LGBTQ individuals as staff and in the population served.
- In designing gender-specific services, agencies provide for participation on the basis of gender identity, unless the individual requests an alternative arrangement in order to feel safe. Program design also recognizes that youth/young adult gender identity may change while the individual is in treatment.
- Agency communications and materials use gender-neutral constructions such as 'she/he' or gender-neutral pronouns such as 'they' or 'them'.
- Agency information management systems ensure:
 - Data collection forms provide choices for disclosing sexual orientation and gender identity;
 - Confidentiality safeguards protect individual's birth name and gender markers in the same way all other confidential information is protected;
 - Individual's permission for disclosures of information specify whether birth name and gender marker may or may not be disclosed;
 - Additional safeguards are established as needed when an individual's legal name and gender marker differ from chosen name and gender identity, for example, in managing insurance documentation.
 - Individual's chosen name and pronoun specific to the individual's gender identity are used in all interactions, except when the individual requests an alternative in order to feel safe.
 - Explanations of safeguards are provided in clear and direct language.

Supervision, Training & Staff Development:

- Staff at all levels participates in annual LGBTQ cultural competence training, which includes understanding the distinction between sexual orientation and gender identity.
- All staff, including reception, clerical and clinical staff are culturally competent in interactions with each other and with individuals served, and use individual's chosen name and pronoun(s).
- Supervisors and staff are able to identify and effectively address assumptions, bias, stereotypical thinking and discriminatory beliefs and actions.
- Staff is knowledgeable about shared history, cultural legacies, values and beliefs of the LGBTQ population.
- Staff is skilled in
 - Identifying bigotry and prejudice including heterosexism, homophobia, bi-phobia, trans-phobia, sexism and racism and addressing these in ways which promote understanding and productive engagement; and
 - Intervening immediately in incidents of harassment, in ways which protect individuals and support continued engagement in treatment;

- Staff is knowledgeable about
 - Risks specific to the LGBTQ youth and young adults, including trauma, depression, anxiety, homelessness, internalized heterosexism, homophobia, bi-phobia, trans-phobia and sexism;
 - Treatment of nicotine addiction;
 - Adolescent and young adult development, including gender transitions and variations in development;
 - Youth and young adult exploration and development in areas of sexuality, sexual orientation and gender identity;
 - Suicide risks;
 - Legal issues related to services for youth under age 18;
 - The process of coming out.

B. Service Delivery and Treatment:

Assessment: Assessments:

- Recognize that existing valid and reliable tools are unlikely to have been adequately tested with LGBTQ populations, and that additional assessments will be needed to explore and understand factors such as:
 - The individual's status/stage in relation to sexual orientation and/or gender identity;
 - Family of choice vs. family of origin;
 - Experiences of violence and trauma related to heterosexism, homophobia, bi-phobia, trans-phobia and sexism;
 - History of suicidal ideation, planning and/or attempts.
- Include review of developmental status; family relationships; co-occurring disorders; sexual history, current sexual activity, and sexual health; tobacco use; and employment.
- Address academic status to identify educational needs.

Planning: Treatment plans:

- Identify and involve the individual's significant supportive long-term relationships as well as community organizations, schools, primary care providers and others who may promote recovery;
- Includes services and resources which match the individual's developmental status and capacities;
- Describe involvement of individual's family, including referrals for family therapy and supports.
- Describe plan to address educational needs.

Service Provision:

- In individual and group services, staff are able to address:
 - Losses and trauma experienced or likely to be experienced as a result of family rejection, heterosexism, homophobia, bi-phobia, trans-phobia and sexism;
 - Discrimination and hostility among the client population as a whole.
- Nicotine addiction treatment is an integral program component.

- Ongoing assessments identify and address
 - Struggles with self-acceptance;
 - Status of relationships with family;
 - Mental health status including determining whether interventions related to anxiety, depression and suicidality are needed; safety plans and referrals are made as needed.
- Individuals participate in groups and other treatment components based on the individual's gender identity.

Education of Youth and Young Adults

- Youth and young adults are provided with information about what is documented to be effective versus what is not known in substance abuse risk and treatment for LGBTQ youth.
- Health education services address sexual health, and include harm reduction strategies specific to varieties of LGBTQ social activities and life styles.
- Youth are provided information about community resources known to be safe for and respectful toward LGBTQ youth.
- Youth and young adults are provided information about their rights to non-judgmental, safe and supportive treatment environments, free of harassment. Grievance procedures are clearly explained.

Engaging Families:

- Treatment programming is designed to engage families as supports, and ensure that families, including those who have rejected their children's sexual orientation or gender identity, are provided, or referred for, supportive services.
- Families are provided information and referrals to supportive organizations such as Parents, Families and Friends of Lesbians and Gays (see Resources, below).
- Youth and young adults are supported in engaging as 'family of choice' those adults who are committed to providing nurturing long term relationships capable of supporting recovery.

III. MEASURES:

- Agencies conduct annual surveys of staff and the population served to assess experiences and perceptions of the agency's competence in engaging LGBTQ individuals, and the agency's effectiveness in establishing a safe environment.
- Agency assessments include:
 - Results of annual surveys, such as satisfactions surveys of individuals served and their families;
 - Comparison of data describing population served and characteristics of the community.
 - QSOA's and active referrals with agencies serving LGBTQ individuals and their families;
 - Training topics such as: understanding the process of 'coming out'; LGBTQ cultural competency;
 - Monitoring trends in substance use and co-occurring disorders for youth in general and LGBTQ youth in particular

See: *How to gather data on sexual orientation and gender identity in clinical settings* available at: <http://www.lgbthealtheducation.org/publications/top/>

IV. FORMS:

[Global Appraisal of Individual Needs](http://www.chestnut.org/li/gain/): An evidence-based assessment used in conjunction with a number of research studies and evidence based adolescent treatment approaches. For information: <http://www.chestnut.org/li/gain/>

[Gay and Lesbian Youth Support project](http://hcs.org/glys/assessment-tools): provides a wide array of resources including model agency assessment tools. Available at: <http://hcs.org/glys/assessment-tools>

Georgetown Self Assessment Checklist: A checklist of agencies and practitioners:
<http://www11.georgetown.edu/research/gucchd/nccc/documents/Final%20LGBTQ%20Checklist.pdf>

[Sexual Diversity Toolkit: Agency Readiness Index for Work with LGBTI Youth and Adults](http://www.ippfwhr.org/sites/default/files/SexualDiversityToolKit_Section4.pdf): A comprehensive guide for assessing leadership, policy, workforce, environment and programs. Available at: http://www.ippfwhr.org/sites/default/files/SexualDiversityToolKit_Section4.pdf

V: RESOURCES

Massachusetts:

Department of Public Health:

Bureau of Substance Abuse Services: Principles of Care and Practice Guidance:
Treatment Services for Youth and Their Families

Treatment Services for Lesbian, Gay, Bisexual, Transgender and Queer Adults
Making Treatment Culturally Competent

All available at: <http://www.mass.gov/eohhs/gov/departments/dph/programs/substance-abuse/providers/program-licensing/principles-of-care-and-practice-guidance.html>

Suicide Prevention Program:

<http://www.mass.gov/eohhs/gov/departments/dph/programs/community-health/dvip/injury-prevention/suicide-prevention/>

Massachusetts Safe Spaces: website lists safe space agencies and links to MA 2009 YRBS data:

<http://www.mass.gov/eohhs/gov/departments/dph/programs/community-health/dvip/violence/safe-spaces.html>

Massachusetts Health Promotion Clearinghouse: free health promotion materials for parents, youth, and health professionals: <http://www.mass.gov/maclearinghouse>.

Department of Elementary and Secondary Education:

Safe Schools: <http://www.doe.mass.edu/ssce/lgbtq/>

Guidance for Massachusetts Public Schools Creating a Safe and Supportive School Environment: <http://www.doe.mass.edu/ssce/GenderIdentity.pdf>

Department of Mental Health:

Transitional Age Youth Initiatives: www.mass.gov/dmh/tay

Young Adult Resources: <http://www.mass.gov/eohhs/docs/dmh/publications/young-adult-resource-guide.pdf>

Massachusetts Commission on LGBT Youth: <http://www.mass.gov/cgly/>

BAGLY: Boston Alliance of Gay, Lesbian, Bisexual and Transgender Youth: A youth-led and adult-supported social support organization: <http://www.bagly.org>

Gay, Lesbian, Bisexual and Transgender Adolescent Social Services: Provides drop-in, sexual health screening and prevention, housing stabilization & case management, and a range of other services for GLBTQ youth. <http://www.jri.org/glass>.

Gay, Lesbian, Bisexual and Transgender Youth Support Project and Outhealth: A Massachusetts organization providing training, technical assistance, support, resources, tools and materials to ensure safe and supportive communities for GLBTQ youth and their families. <http://hcsm.org/glys/home>

Health Imperatives: training, assessments, tip sheets and resources: <http://hcsm.org/glys/home>
<http://www.healthimperatives.org/sites/default/files/spiritweb/GLYS/Agency%20safety%20assessment%20tool.pdf>
<http://www.healthimperatives.org/glys/tip-sheets>

Hispanic Black Gay Coalition: <http://www.hbgc-boston.org/>

Homelessness: <http://www.massresources.org/shelters-youth.html>
Youth on Fire: <http://www.aac.org/about/our-work/youth-on-fire.html>
Dial Self: Resources for homeless youth in western Massachusetts: <http://www.dialself.org>
Bridge Over Troubled Waters: Boston-based organization serving homeless, runaway and troubled youth: <http://www.bridgeotw.org>

Massachusetts Transgender Political Coalition: An organization providing advocacy, education, activism and support in order to end discrimination on the basis of gender identity and gender expression. <http://www.masstpc.org>

UMass Medical School – Learning and Working During Transition to Adulthood: <http://www.umassmed.edu/cmhsr/transitions-rtc/index.aspx>

National:

CDC: <http://www.cdc.gov/lgbthealth/youth-resources.htm>
Supportive Families Health Children booklet available at this site
<http://www.cdc.gov/lgbthealth/youth.htm>
Summary info with links
<http://www.cdc.gov/lgbthealth/youth-programs.htm>

SAMHSA: <http://www.samhsa.gov/obhe/lgbt.aspx>

Includes: Practice Brief: Providing Services and Supports to Youth who are Lesbian, Gay, Bisexual, Transgender, Questioning, or Two-Spirit
Helping families
High School Gay Straight Alliances

Practitioner's Resource: Helping families support their LGBTQ Kids
<http://store.samhsa.gov/product/PEP14-LGBTKIDS>

Top Health Issues and Toolkit: <http://store.samhsa.gov/product/Top-Health-Issues-for-LGBT-Populations/All-New-Products/SMA12-4684>

Array of resources re: homeless LGBTQ

[http://homeless.samhsa.gov/\(S\(bnwiwr45jopnoen1vm0cyr45\)\)/Search.aspx?tagId=30056&search=LGBT+youth&AspxAutoDetectCookieSupport=1&page=0](http://homeless.samhsa.gov/(S(bnwiwr45jopnoen1vm0cyr45))/Search.aspx?tagId=30056&search=LGBT+youth&AspxAutoDetectCookieSupport=1&page=0)

A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual and Transgender Individuals, available at: <http://store.samhsa.gov/product/A-Provider-s-Introduction-to-Substance-Abuse-Treatment-for-Lesbian-Gay-Bisexual-and-Transgender-Individuals/SMA12-4104>

Family Acceptance Project: <http://familyproject.sfsu.edu/home>
Supportive Families, Healthy Children:
http://familyproject.sfsu.edu/files/FAP_English%20Booklet_pst.pdf

Fenway Institute National LGBT Health Education Center: Resources include briefs, tools and guidelines such as
Asking Patients Questions about Sexual Orientation and Gender Identity in Clinical Settings
Addressing the Needs of LGBT People in Community Health Centers: What the Governing Board Needs to Know
<http://www.lgbthealtheducation.org/publications/top/>

Homelessness: Best Practices: <http://www.endhomelessness.org/library/entry/national-recommended-best-practices-for-serving-lgbt-homeless-youth>

Lambda: Youth in the Margins: <http://www.lambdalegal.org/publications/youth-in-the-margins>
Full document at:
http://calswec.berkeley.edu/files/uploads/pdf/CalSWEC/Train_Curric_GLBTQQ_Margins.pdf

National Association of Lesbian, Gay, Bisexual and Transgender Addiction Professionals and Their Allies, at: <https://www.nalgap.org>

National School Climate Survey: <http://glsen.org/nscs>

Parents, Families and Friends of Lesbians and Gays (PFLAG): A national organization aimed at supporting families, safe schools and inclusive communities. Greater Boston Chapter:
<https://www.gbpflag.org>

Stopbully.gov
<http://www.stopbullying.gov/at-risk/groups/lgbt/index.html>

Training Resources:

Gay, Lesbian, Bisexual and Transgender Youth Support Project and Outhealth:
<http://hcsn.org/glys/home>

SAMHSA: Training Curricula: <http://www.samhsa.gov/lgbt/curricula.aspx>

Addiction Technology Transfer Network: A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals: Training Curriculum, First Edition
<http://www.attcnetwork.org/regcenters/generalContent.asp?rcid=12&content=STCUSTOM3>

NIAA: Training Resource: Social Work Education for Prevention and Treatment of Alcohol Use Disorders:
<http://pubs.niaaa.nih.gov/publications/Social/Module10GSexualOrientation/Module10G.html>

Smoking:

National LGBT Tobacco Control Network: <http://lgbttobacco.org>

American Legacy Foundation: Tobacco Control in LGBT Communities; LGBT Fact Sheet:
<http://www.legacyforhealth.org/our-issues/tobacco-related-health-disparities>

Data:

NSDUH:
<http://www.samhsa.gov/data/NSDUH/2012SummNatFindDetTables/NationalFindings/NSDUHresults2012.htm#ch2.2>

MA YRBS: <http://www.mass.gov/eohhs/docs/dph/behavioral-risk/yrbs-2011.pdf>

BSAS welcomes comments and suggestions. Contact: BSAS.Feedback@state.ma.us

ⁱ See also Mee-Lee, D., et al. *The ASAM criteria: treatment criteria for addictive, substance-related and co-occurring conditions, third edition*. Cason City, NV: The Change Companies. 2013.

ⁱⁱ A term used to describe young adulthood; 'transition age youth' is also used. See Arnett, J.J., *Emerging Adulthood: the winding road from the late teens through the twenties*. 2004. New York: Oxford University Press; Howard, A.L., et al. (2010) Paths to success in young adulthood from mental health and life transitions in emerging adulthood. *Int J Beh Devel*

ⁱⁱⁱ Dennis, ML, White, M., Ives, M.I. Individual characteristics and needs associated with substance misuse of adolescents and young adults in addiction treatment. In Carl Leukefeld, et al, eds. *Adolescent substance abuse: evidence-based approaches to prevention and treatment*. 2009 New London, CT: Child and Family Agency Press.

^{iv} Spoth, et al. Longitudinal effects of universal preventive intervention on prescription drug misuse: three randomized controlled trials with late adolescents and young adults. *Am J Pub Health* 103(4) Apr 2013

GLOSSARY

Below is a list of commonly used terms and definitions. These are drawn from established sources, readily available online; sources are cited in footnotes. This list is not exhaustive; more extensive sources for terms and definitions are listed at the end of this glossary.

Note that terms are not mutually exclusive. Gender identity and sexual orientation can come together in various ways. For example, a transgender woman's sexual orientation could be bisexual or lesbian.

Term	Definition
Gender Identity ¹	A person's internal sense of being male, female or something else. Since gender identity is internal, one's gender identity is not necessarily visible to others.
Gender Expression ²	The manner in which a person represents or expresses their gender identity to others. <i>Note: Gender expression may be conveyed through behavior, clothing, hairstyles, voice, and/or body characteristics.</i>
Lesbian ³	A woman who self-identifies as having an emotional, sexual, and/or relational attraction to other women.
Gay ⁴	A man who self-identifies as having an emotional, sexual, and/or relational attraction to other men. The term 'gay' is preferred to 'homosexual' which has clinical overtones that some may find offensive <i>Note: the term gay may be used by some women who prefer it to the term lesbian.</i>
	Gay is also an overarching term used to refer to a broad array of sexual orientation identities other than heterosexual. ⁵
Bisexual ⁶	A person who self-identifies as having an emotional sexual, and/or relational attraction to people of their same or different gender.
Transgender	A person whose gender identity and/or expression is different from that typically associated with their assigned sex at birth. ⁷
	Gender identity does not determine sexual orientation. A transgender person may identify as heterosexual, lesbian, gay, bisexual, queer, questioning, asexual or something else. ⁸
Transgender man ⁹	A transgender person who currently identifies as a man.
Transgender woman ¹⁰	A transgender person who currently identifies as a woman
FTM ¹¹	A person who transitions from female-to-male, meaning a person who was assigned the female sex at birth but identifies and lives as a man.

¹ SAMHSA: *Top Health Issues for LGBT Populations Information and Resources Kit*

² Ibid

³ Ibid

⁴ Ibid, amended

⁵ SAMHSA LGBTQ2-S Practice Brief

⁶ SAMHSA: *Top Health Issues*, op cit, amended

⁷ Ibid

⁸ Lambda Legal/CWLA *Getting Down to Basics*, amended

⁹ SAMHSA: *Top Health Issues*, op cit, amended

¹⁰ Ibid, amended

¹¹ Ibid, amended

Term	Definition
MTF ¹²	A person who transitions from male-to-female, meaning a person who was assigned the male sex at birth, but identifies and lives as a woman.
Queer ¹³	Used as an alternative to gay in an effort to be more inclusive, since the term queer does not convey a sense of gender. Also claimed as a positive term of social and political identity. Formerly widely considered a derogatory term.
Questioning ¹⁴	Individuals who are uncertain about their sexual orientation and/or gender identity.
Sexual Orientation ¹⁵	A person's emotional, sexual, and/or relational attraction to others. Sexual orientation is usually classified as heterosexual, bisexual and homosexual (i.e. lesbian and gay).
Intersex ¹⁶	Individuals with medically defined biological attributes that are not exclusively male or female; frequently "assigned" a gender at birth, which may differ from their gender identity later in life.
MSM ¹⁷	An acronym used to identify men who have sex with men. MSM is a term used to identify and describe behavior among men and is not the same as a sexual identity or sexual orientation.
WSW ¹⁸	An acronym used to identify women who have sex with women. WSW is a term used to identify and describe behavior among women and is not the same as a sexual identity or sexual orientation.
Asexual ¹⁹	A person who experiences little or no sexual attraction toward others, regardless of gender.
Other terms ²⁰	Individuals also may use other terms to describe their sexual orientation and gender identity, such as homosexual, queer, gender queer, non-gendered, and asexual. Some youth may not identify a word that describes their sexual orientation, and others may view their gender as fluid and even changing over time. Some youth may avoid gender specific pronouns.

For more extensive glossaries and discussions of terms, see:

SAMHSA's *Top Health Issues and Toolkit* available at: <http://store.samhsa.gov/product/Top-Health-Issues-for-LGBT-Populations/All-New-Products/SMA12-4684>

Lambda Legal and Child Welfare League of America *Getting Down to Basics* Available at: <http://www.lambdalegal.org/publications/getting-down-to-basics>

Practice Brief: Providing Services and Supports to Youth who are Lesbian, Gay, Bisexual, Transgender, Questioning, or Two-Spirit, available at: <http://www.samhsa.gov/obhe/lgbt.aspx>

¹² Ibid, amended

¹³ Ibid

¹⁴ SAMHSA LGBTQ2-S op cit

¹⁵ SAMHSA: *Top Health* op cit

¹⁶ SAMHSA LGBTQ2-S op cit

¹⁷ Ibid, amended

¹⁸ Ibid, amended

¹⁹ <http://www.asexuality.org/home/>

²⁰ SAMHSA LGBTQ2-S op cit