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Working Effectively with LGBTQI Populations
2012 - 2017 ATTC Network Regional Centers

Iowa, Kansas, Missouri, Nebraska
National Focus Area ATTCs

These National Focus Area Centers will work with Regional Centers to serve as subject matter experts, provide information on the latest research-based best practices, and coordinate efforts on four topics of national focus.

WHO ARE WE?

National Frontier and Rural ATTC, Reno, NV
- Nancy Roget, MS, MFT, LADC - Project Director/Principal Investigator
- Terri K. Hamblin, MA, NCC, DCC - Project Manager
- Joyce Hartje, PhD - Evaluator
- Mike Wilhelm - Media Specialist
- Andrea Vicente - Fiscal Manager

National Screening, Brief Intervention and Referral to Treatment ATTC, Pittsburgh, PA
- Peter F. Lasorge, PhD - Principal Investigator
- Holly Hagle, PhD - Director
- Dawn L. Lindsey, PhD - Evaluator
- Jim Avillo, MEd - Project Associate
- Piper Lincoln, MS - Research Associate
- Jessica Williams - Project Manager
- Kristine Pond - Logistics Coordinator
- Melva I. Hogan - Administrative Assistant

National American Indian and Alaska Native ATTC, Iowa City, IA
- Anne Helene Skinnstad, PhD - Project Director
- Jacki Bock - Fiscal and Contract Manager
- Karen Summers, MPH - Evaluation Coordinator
- Erin Thin Elk, MSW - Consultant
- Donovan Sprague, MA - Consultant
- Dale Walker, MD - Consultant

National Hispanic and Latino ATTC, Bayamon, PR
- Ibis S. Carrion, PsyD - Director
- Miguel A. Cruz, MS - Associate Director
- Digna A. Alicea, PhD - Product Planning & Development Coordinator
- Daniel Orobíl, PhD - Training, TA Planning & Development Coordinator
- Victor Ronis, LAC, MC - Training, TA Planning & Development Consultant
- Jesús D. Díaz-Peña, MEd - Instructional Designer & Technology Specialist
- Carmen Andujar - Logistics Specialist
- Maribel Gonzalez - Research Assistant
- Joaquina Escudero - Fiscal Administrator
Mid-America ATTC’s “Home”

- The COLLABORATIVE for Excellence in Behavioral Health Research and Practice

- University of Missouri-Kansas City, School of Nursing and Health Studies
How we work … core funding

• Substance Abuse & Mental Health Services Administration (SAMHSA)

• National Institute on Drug Abuse (NIDA)
What we do…

To improve treatment outcomes through the use of research-based practices by:

• raising awareness of those practices
• building the skills capacity of the workforce
• cultivating the systemic changes necessary for successful implementation
What we do…our focus is shifting

Separate specialty care system

Integrated behavioral health and primary care
www.attcnetwork.org/midamerica
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CEUs Available ($5/hour)
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In the list of available courses below, click the enrollment link under the course description. You will receive an email from the ATTC National Office with your login and enrollment information approximately 24 hours after you complete registration. You will then be able to begin the course.
Psychotherapeutic Medications

• Generic and brand name
• Basic understanding
  • medication dose;
  • frequency, side effects,
  • emergency conditions,
  • abuse potential,
  • cautions and
  • considerations for pregnant women

• Target Audiences
  • Behavioral or Allied Health Professional
  • Non-specialist medical professional
Psychotherapeutic Medications Online & Mobile View

www.findrxinformation.org

Compatible across systems (i.e., device-agnostic)
Working Effectively with LGBTQI Populations

1. Activity / Definitions of Terms / Spectra
2. Population estimates
3. SAMHSA resource: Health Issues for LGBT Populations
4. Video: Transgender Basics publication
5. SAMHSA resource: A Provider’s Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual and Transgender Individuals publication
6. YouTube Ears Wide Open? video
7. YouTube It Gets Better project
LGBTQI Terminology

• **Bigender**: A person whose gender identity encompasses both male and female genders. Some may feel that one identity is stronger, but both are present.

• **Bisexual**: A person who has a sexual orientation—affectional, romantic and sexual attraction—toward both same gender and other gender individuals, either at different stages in his/her life or across the lifespan.

• **Gender Expression**: The manner in which a person represents or expresses his/her gender identity to others.

• **Gender Identity**: 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.
LGBTQI Terminology, cont.

- **Sexual Orientation**: 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).
- **Transgender**: An umbrella term used to describe a person whose gender identity and/or expression is different from that typically associated with their assigned sex at birth.
- **Transsexual**: A person whose gender identity differs from their assigned sex at birth.
- **Queer**: A term to be used primarily by someone within the LGBTQI community to identify his/herself in any of the categories. May also be used to refer to someone who is questioning her/his sexual orientation or gender.
- **Questioning**: A term referring to someone who is questioning her/his sexual orientation or gender.
LGBTQI Terminology, cont.

- **MSM**: An acronym used to identify men who have sex with men.
- **WSW**: An acronym used to identify women who have sex with women.
- **FTM**: 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 male.
- **MTF**: 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 female.
- **Intersex**: A variation in sex characteristics including chromosomes, reproductive organs, and or genitals, that do not allow an individual to be distinctly identified as female or male sex.
Biological Sex / Sex
anatomy, chromosomes, hormones
male-------------------------------------intersex--------------------------------------female

Gender Identity
sense of self
man-----------------------------------both / neither---------------------------------woman

Gender Expression
communication of gender
masculine----------------------------both / neither-----------------------------feminine

Sexual Orientation
romantic & erotic responses & attraction
women------------------bisexual / pan sexual / omni-sexual------------------men
**Biological Sex / Sex** *(anatomy, chromosomes, hormones)*

- asexual
- male-ness
- female-ness

**Gender Identity** *(sense of self)*

- nongendered
- man-ness
- woman-ness

**Gender Expression / Role** *(communication of gender)*

- agender
- masculine
- feminine

**Sexual Orientation** *(romantic & erotic responses & attraction)*

- no attraction
- men / males / masculinity
- women / females / femininity
**Biological Sex / Sex** (anatomy, chromosomes, hormones)

- asexual
  - male-ness
  - female-ness

**Gender Identity** (sense of self)

- nongendered
  - man-ness
  - woman-ness

**Gender Expression / Role** (communication of gender)

- agender
  - masculine
  - feminine

**Sexual Orientation** (romantic & erotic responses & attraction)

- no attraction
  - men / males / masculinity
  - women / females / femininity
Estimate of LGBT persons in the U.S.

- 3.8% identify as gay, lesbian, bisexual or transgender
  - 1.8% identify as bisexual
  - 1.7% identify as gay or lesbian
  - 0.3% identify as transgender

- Approximately 9 million persons living in the U.S. identify as LGBT (roughly equivalent to New Jersey)

- 8.2% report having engaged in same-sex behavior

- 11% acknowledge at least some same-sex sexual attraction

from the Williams Institute, UCLA School of Law, April 2011

- 10%—most widely accepted percentage
Estimate of Transsexual or Transgender persons in the U.S.

- 1 per 20,000 to 50,000 persons

- More transsexual women (male to female) than transsexual men (female to male)

  from Weitze & Osburg, 1996

... The prevalence rate of GID among men is approximately 1 in 11,900 and among women is approximately 1 in 30,400. However, it is important to note that this and other prior estimate are based solely on the transsexual minority of transgender people (i.e., those who present for a diagnosis of GID and referral for treatment for medical transition to the opposite gender). It is likely that many more transgender people do not present for such treatment and have not been included in these estimates.

Estimate of Number of Intersex Persons

• 1 to 2 per 1,000 persons receive surgery to “normalize” genital appearance

• Many more are born with subtler forms of sex anatomy variations, some of which will not show up until later in life

• 1 in every 1,666 infants is born with neither XX or XY chromosomes

• 1 in 100 people have bodies which differ from standard male or female

from a study conducted in 2000 by Brown University research Anne Fausto-Sterling; posted on the Intersex Society of North America website: www.isna.org
Intersex Surgery

When an infant is born with some level of both male and female genitalia, it may be best to delay the decision as to which sex to select. Making this decision too soon in a child’s life does not take in consideration the person’s own gender identification.
Video

- **Transgender Basics**
- Produced by the Lesbian, Gay, Bisexual, Transgender Community Center of New York City
- [http://www.gaycenter.org/transgenderbasics](http://www.gaycenter.org/transgenderbasics)
- 20-minute educational film
Top Health Issues for LGBTQI Populations

Information & Resource Kit
Understanding Gender Identity

For many, the acronym LGBT reflects a community of individuals who, in some way, are attracted to members of the same sex. However, many people fail to realize that the “T” in the acronym does not relate to sexual attraction at all; rather, it refers to a person’s sense of gender (referred to as gender identity).
Gender Identity: Gender vs. Sex

• Before the 19th century, the terms gender and sex were synonymous.

• Ongoing work since the 1950s in the field of gender identity development has raised awareness that gender is not exclusively determined by an assigned sex at birth, but determined by a person’s sense, belief, and ultimate expression of self.
Gender identity is developed in three stages:

- Construction (ages 0–5 years);
- Consolidation (ages 5–7 years); and
- Integration (ages 7 years and up).
Gender Identity Development: Nurture

Some research suggests that three external factors may influence how a person develops and ultimately expresses his/her gender identity:

• Centrality;
• Evaluation; and
• Felt pressure.
Multiple diagnoses related to gender identity first appeared in the third version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III), published in 1980. These diagnoses were collapsed into one diagnosis, Gender Identity Disorder, with the release of the DSM IV in 1994.

Diagnostic criteria, which are different for children and adults, include a persistent discomfort with the assigned sex at birth; a persistent discomfort with the role typically associated with their assigned sex at birth; and significant discomfort or impairment at work, social situations, or other major life areas.
The term *transgender* is an umbrella term for people whose gender identity, expression and/or behavior is different from those typically associated with their assigned sex at birth. Since the 1990s, the term has often been used to describe groups of gender minorities including but not limited to transsexuals, cross-dressers, androgynous people, genderqueers, and gender non-conforming people.
Health Disparities for LGBT

- Lesbians
- Gay Men
- Bisexuals
- Transgender persons
Health Disparities for Lesbians

- Higher rates of physical inactivity, **obesity** and **smoking**, which increase the risk of **heart disease**
- **Fewer full-term pregnancies**, fewer mammograms and breast **exams**, being overweight leading to higher rate of **breast cancer**
- **Less physically active** due to fatigue, no physical activity partner, lack of lesbian-focused physical activity groups and same-sex memberships
- **Harassment or physical violence** from family members
- Significantly higher rates of **intimate partner violence**
- Experience more **mental health disorders**, i.e. major depression, phobia, PTSD; if not “out,” are **more likely to attempt suicide**
- Report experiencing more **emotional stress as teenagers**
- Between 1.5 and 2 times **more likely to smoke**
- **More likely to drink heavily**
Health Disparities for Gay Men

- At risk for higher tobacco use and alcohol use and thus higher rates of heart disease
- Increased risk for prostate, testicular and colon cancers
- Increased risk for anal cancer due to increased risk of infection with the human papillomavirus (HPV)
- High rates of violent victimization due to their sexual minority status and from an intimate male partner
- Experience poor body image
- More likely to experience eating disorder, i.e., bulimia or anorexia nervosa
Health Disparities for Gay Men, cont.

- Higher rates of depression and anxiety; this is more severe for men who remain “in the closet”
- Higher rates of suicidal attempts and completions
- Use of alcohol and illicit drugs at higher rate
- Use tobacco at much higher rates (50% higher than straight men)
- Continued high rates of HIV
- Increase in syphilis among MSM in a number of US cities as well as syphilis and HIV co-infection
- Increased rates of anal cancers
- Higher rates of Hepatitis A (HAV)
- Higher rates of Hepatitis B (HBV)
- Higher rates of Hepatitis C (HCV)
Health Disparities for Bisexual Women

- More likely to **self-report higher rates of heart disease** than heterosexual women, but lower rates than lesbians
- More likely to **self-report higher rates of cancers**, specifically breast cancer
- 47.4% **more likely to experience intimate partner violence** than heterosexual adults (17.2%)
- Higher engagement in **risky sex**
- More likely to experience **vaginal infections** including bacterial vaginosis, trichomonas vaginalis, and herpes
- **Highest rates of combining substance and/or alcohol use with sex**
- **Lowest level of emotional well-being** among people of other sexual orientations
- **Higher levels of depression** than heterosexual adults
- **Higher risk of suicide thoughts and attempts** and life dissatisfaction
- More binge drinking and smoking rates
Health Disparities for Bisexual Men

- **Higher risk for anal cancer** due to an increased risk of becoming infected with HPV
- **47.4% more likely to experience intimate partner violence** than heterosexual adults (17.2%)
- **More likely to have sex with female prostitutes**
- Along with gay men are **more likely to have a sexually transmitted infection**
- **Lowest level of emotional well-being** among people of other sexual orientations
- **Higher levels of depression** than heterosexual adults
- **Higher risk of suicide thoughts and attempts** and life dissatisfaction
- **Higher rates of smoking** than the general population
Health Disparities for Transgender Persons

- Extremely high rates of physical assault or abuse
- Extremely high rates of sexual assault
- Suicide ideation at 38 to 65%; suicide attempts at 16 to 32%
- [limited prevalence of mental health disorders comparative to non-transgender people]
- Alarming rates of methamphetamine and injection drug use
- Tobacco use rates at 45 to 74%
- Experience of provider discrimination, hostility and insensitivity
- High HIV infection among transgender women of color
Health Issues Related to Hormone Therapy

• Hormones often purchased on the street
• Male hormones are injected, thus raising the risk of hepatitis C
• Hormone drugs can cause problems when used with alcohol and other drugs
• Without a physician’s care, the process is without oversight
A Provider’s Introduction to Substance Abuse for Lesbian, Gay, Bisexual, and Transgender Individuals

Curriculum developed by an ATTC as a Training Curriculum for SAMHSA’s publication, *A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals*
What Treatment Programs Can Do To Help LGBT Clients

- Confidentiality
- Caution on Self-Disclosure
- Educate Staff and Clients
- Legal Inventory
- Respect for LGBT Clients
- Program Safety for LGBT Individuals
- Affirmative Action/Cultural Competence
LGBT Client **Dos and Don’ts**

- **Staff Sensitivity**
  - Knowledge, skills, and attitudes

- **Assessment Practices and Issues**

- **Facilities and Modalities**
  - For example, room assignments and shared bathrooms
  - Individual, group, and family interventions

- **Discharge and Aftercare**

*PowerPoint Slide # 4-3*
Defining LGBT Affirmative Care

- **LGBT-tolerant**
  Aware that LGBT people exist and use their services

- **LGBT-sensitive**
  Aware of, knowledgeable about, and accepting of LGBT people

- **LGBT-affirmative**
  Actively promote self-acceptance of an LGBT identity as a key part of recovery
Special Assessment Questions

- Level of comfort being LGBT person?
- Stage of coming out?
- Family/support/social network?
- Health factors?
- Milieu of use?
- Drug use and sexual identity or sexual behavior connections?
- Partner/lover use?
- Legal problems related to sexual behavior?
- Victim of gay bashing?
- Same-gender domestic violence?
- Out as LGBT in past treatment experiences?
- Correlates of sober periods?
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 or evolve in a certain way?
- What were the family’s expectations in regard to careers, relationships, appearance, status, or environment?
- In general, was sex ever discussed?

LGBT Clients:

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

Power Point Slide # 6-4, n14
Modalities

- Group counseling—may be difficult
- Family counseling—may be difficult
- Individual counseling

Research-based Interventions

- PROP (Positive Reinforcement Opportunity Project)
  - low-intensity contingency management intervention in both outpatient and community settings
  - Preliminary efficacy at reducing methamphetamine use (Shoptaw et al, 2006)
- Gay-Specific CBT Groups (Shoptaw, 2005)
  - Significantly reduced depressive symptoms in sample of methamphetamine-dependant gay and bisexual men
Ears Wide Open? 3 ½-minute video on YouTube Terrie Dennard Johnson

http://www.youtube.com/watch?v=4BjpS2YdR0s
Neisen's 3-Phase Model for Recovery From Shame

Phase I: Breaking the Silence

Parallels the process of coming out. It is important for LGBT individuals to tell their stories and to address the pain of being different in a heterosexist society.

Counselor Tasks:
1. Facilitate client discussion of hiding LGBT feelings from others
2. Explore emotional costs of hiding/denying one's sexuality
3. Discuss how the client has tried to fit in and at what cost
4. Examine negative feelings of self-blame, feeling bad or sick, and the effect of shaming messages on client
5. Foster client's ability to be out

Power Point Slide # 5-11
Neisen’s 3-Phase Model for Recovery from Shame
Phase II: Establishing Perpetrator Responsibility

Allows clients to understand their struggle in the context of societal discrimination and prejudice.

Counselor Tasks:
1. Facilitate focusing and, managing anger constructively, not destructively
2. Help client understand and accept negative self-image as socio cultural, not personal
3. Counteract client's experience of heterosexism and homophobia by role-modeling and by providing a treatment environment that is empowering for LGBT persons, not stigmatizing.
Neisen’s 3-Phase Model for Recovery from Shame

Phase III: Reclaiming Personal Power

Involves improving self-concept, self-esteem, and self-confidence

Counselor Tasks:
1. Facilitate client's self-concept and self-efficacy
2. Identify and change negative messages to affirmations
3. Recognize and release residual shame
4. Develop a positive affirming spirituality
5. Integrate public and private identities
6. Build a support network, connect to community

Power Point Slide # 5-13
It Gets Better Project

- U.S. Secretary of Health and Human Services Kathleen Sibelius: http://www.youtube.com/watch?v=yXc-tc97XXA&list=PL07535E3816EB8157&index=29
- U.S. Secretary of Agriculture Tom Vilsack: http://www.youtube.com/watch?v=uEw569vABLo&list=PL07535E3816EB8157&index=18
- President Barack Obama: http://www.youtube.com/watch?v=geyAFbSDPVk
- Speaker of the California State Assembly John A. Pérez (D-Los Angeles) Perez: http://www.youtube.com/watch?v=w6vDoWWtKEU&list=PL07535E3816EB8157
- It Gets Better: Janet Mock’s Transformative Journey: http://www.youtube.com/watch?v=g0t-Ft-vRUE
- It Gets Better: Dan and Terry: http://www.itgetsbetter.org/pages/about-it-gets-better-project
Questions?
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