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ATTC Addiction Technology Transfer Center Network
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13th Annual Midwest Conference on Problem Gambling and Substance Abuse
 June 22-24, 2016 / Kansas City, MO

Behavioral Health is Essential to Health | Prevention Works | Treatment is Effective | People Recover

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Trauma-informed Care Approach to Working with the LGBTQI Population
 Wednesday, June 22, 2016 / 2:15 – 3:45 p.m.
 Hilton Kansas City Airport / Osage Room B

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2012 - 2017 ATTC Network Regional Centers

Iowa, Kansas, Missouri, Nebraska

MAP NOT TO SCALE

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LGBTQI Terminology

- **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.
- **Bigender:** A person whose gender identity encompasses both male and female genders. Some may feel that one identity is stronger, but both are present.
- **Cisgender:** Denoting or relating to a person whose self-identity conforms with the gender that corresponds to their biological sex; not transgender; a person born female identifies as female; a person born male identifies as male.
- **Gender non-conforming:** not living or acting based on the sex one is assigned at birth; not following other people's ideas or stereotypes about how one should look or act

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LGBTQI Terminology

- **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.
- **Transition:** A term used to describe the process of moving from one gender to another which may be characterized by medical interventions. The process from living as the gender assigned at birth to living as the individual sees and understands self.
- **Trans-woman:** a person born male who identifies as female; male-to-female, MTF. Had or has male body parts, however, identify as female.
- **Trans-man:** a person born female who identifies as male; female-to-male, FTM. Had or has female body parts, however, identify as male.

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LGBTQI Terminology

- **Gender neutral:** An identity under the nonbinary and transgender umbrellas. Gender neutral individuals have a neutral gender identity or expression, or identify with the preference for gender neutral language and pronouns. This is similar to and often overlaps with the experience of being agender, genderless or having no gender identity.
- **Gender expression:** The manner in which persons represent or express their gender identity to others.
- **Intersex:** 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.

What have none of the terms on these past three slides addressed?

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LGBTQI Terminology

- **Sexual orientation:** A person's emotional, sexual, and/or relational attraction to others. Sexual orientation is usually classified as heterosexual, bisexual, and same-sex attraction (i.e. lesbian and gay). The term homosexual is no longer generally used.
- **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.
- **Pan-sexual:** A person who has the potential to be attracted – romantically and/or sexually – to people of more than one sex and/or gender, not necessarily at the same time, not necessarily in the same way, and not necessarily to the same degree.
- **Asexual:** Without sexual feelings or associations. Having no desire for sexual relationships.

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LGBTQI Terminology

- **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.
- **Gender dysphoria:** Psychological distress due to the incongruence between one's body and gender identity. Formerly gender identity disorder.
- **Conversion therapy:** Efforts to change an individual's sexual orientation, gender identity, or gender expression through behavioral health or medical interventions.

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LGBTQI Terminology

- **MSM:** An acronym used to identify men who have sex with men. Mostly used in the context of research.
- **WSW:** An acronym used to identify women who have sex with women. Mostly used in the context of research.
- **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. A transman.
- **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. A transwoman.

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Defamatory Language

- "fag," "faggot," "dyke," "homo," "sodomite" and similar epithets
- "deviant," "disordered," "dysfunctional," "diseased," "perverted," "destructive" and similar descriptions
 - The notion that being gay, lesbian or bisexual is a psychological disorder was discredited by the American Psychological Association and the American Psychiatric Association in the 1970s. Today, words such as "deviant," "diseased" and "disordered" often are used to portray LGBT people as less than human, mentally ill, or as a danger to society.

from <http://www.glaad.org/reference/offensive>; retrieved 5/19/16

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Defamatory Language, cont.

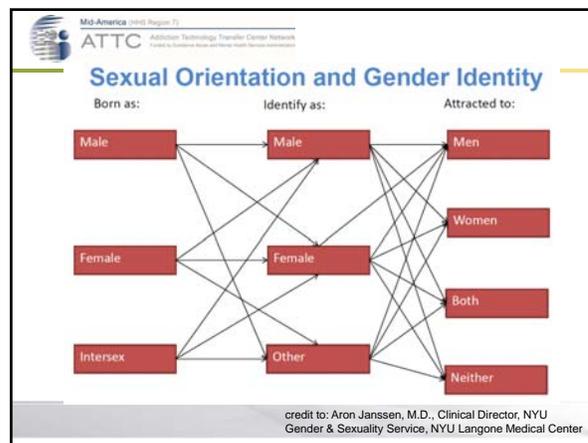
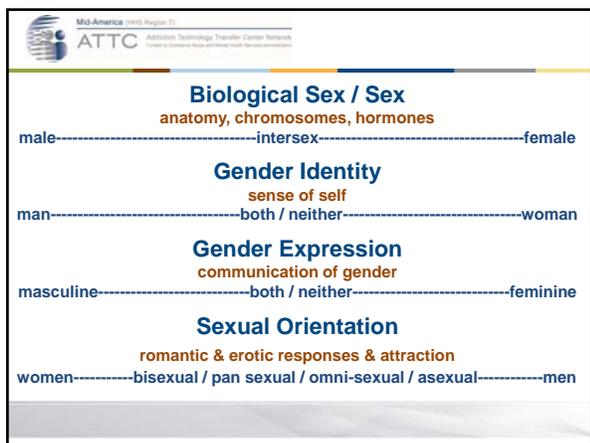
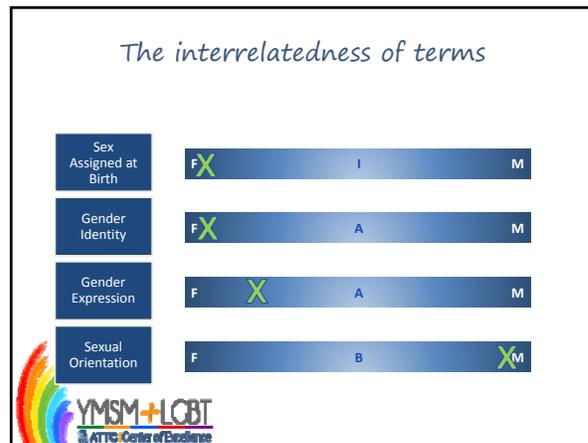
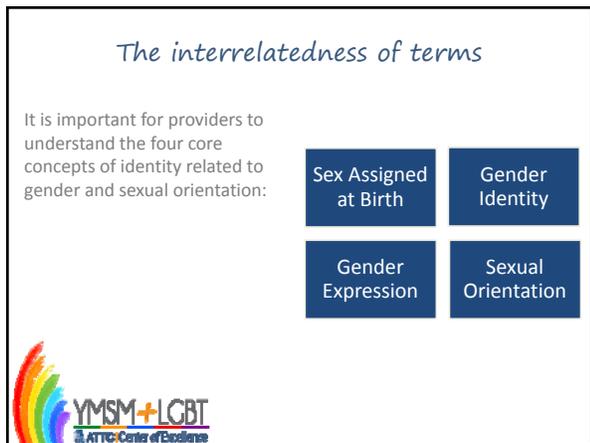
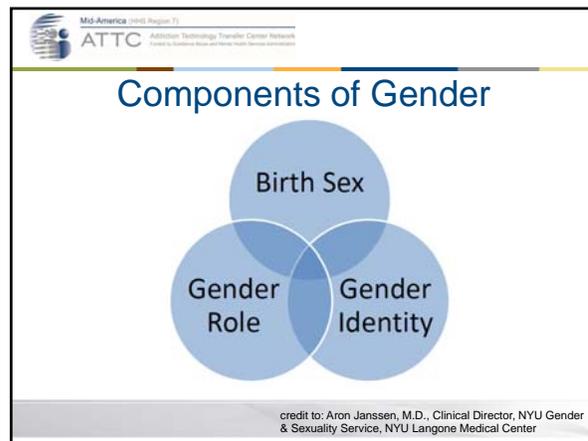
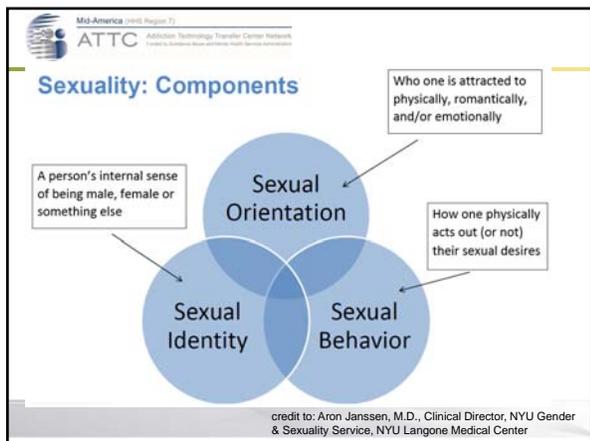
- Associating gay, lesbian, bisexual and transgender people with pedophilia, child abuse, sexual abuse, bestiality, bigamy, polygamy, adultery and/or incest
 - Being gay, lesbian, bisexual or transgender is neither synonymous with, nor indicative of, any tendency toward pedophilia, child abuse, sexual abuse, bestiality, bigamy, polygamy, adultery and/or incest. Such claims, innuendoes and associations often are used to insinuate that persons who are LGBT pose a threat to society, to families, and to children in particular.

from <http://www.glaad.org/reference/offensive>; retrieved 5/19/16

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Sexual Orientation

- **Identity:** a label one gives oneself to define one's sexuality
 - How one defines or labels one's own sexuality
- **Behavior:** who one has sex with
 - MSM refers to men who have sex with men
 - WSW refers to women who have sex with women
 - Some women who identify as lesbian have female and male partners
 - Some people who identify as heterosexual have same-sex partners
 - Some people who identify as queer or bisexual only have different-sex partners
 - Behavioral is what is clinically important when it comes to testing for diseases
- **Attraction:** who one is attracted to
 - Attraction usually, but not always, aligns with behavior and identity
 - The desire to interact sexually with someone of the same gender may never be acted upon and may not form part of someone's sexual self-identity
 - Some people do not discover their attraction to the same sex until later in life



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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

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Estimate of Transsexual or Transgender persons in the U.S.

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

from Weitze & Osburg, 1996

... The prevalence rate of GID (Gender Identity Disorder) [sic] 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.

from p. B-3, *Top Health Issues for LGBT . . .*, 2012

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Estimate of Number of Intersex Persons

- 1 to 2 per 1,000 persons receive surgery to "normalize" genital appearance
- Many more are born with more subtle 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
- Other conditions may be diagnosed later in life: 1 in every 66 individuals have late onset congenital adrenal hyperplasia

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
 Retrieved 6/21/16

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Intersex Surgery

- When an infant is born with some variation of both male and female genitalia, the decision for surgical changes should be delayed until after the child can express sexual identity.
- Making this decision too soon in a child's life does not take in consideration the person's own gender identification.
- Children may need puberty blockers when puberty begins. Puberty is irreversible.

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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 safe oversight

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Definition of Trauma

Trauma results from an event, series of events, or sets of circumstances experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual wellbeing.

SAMHSA's Trauma and Justice Strategic Initiative, 2012, p. 2.

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Two Types of Trauma

- Shock trauma: short-lived, may be a single episode trauma; post-traumatic stress disorder (PTSD)
- Developmental or complex post-traumatic stress disorder

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Family Rejection & Risk for Suicide

LIFETIME SUICIDE ATTEMPTS BY LGBT YOUNG ADULTS REJECTED BY FAMILIES IN ADOLESCENCE

Ages 21-25

Source: *Supportive Families, Healthy Children: Helping Families with Lesbian, Gay, Bisexual & Transgender Children* by Caitlin Ryan, Family Acceptance Project, San Francisco State University, 2009. Copyright © Caitlin Ryan, PhD.

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FAMILY ACCEPTANCE DURING ADOLESCENCE & PERCEPTIONS OF BEING A HAPPY LGBT ADULT

Source: *Supportive Families, Healthy Children: Helping Families with Lesbian, Gay, Bisexual & Transgender Children* by Caitlin Ryan, Family Acceptance Project, San Francisco State University, 2009. Copyright © Caitlin Ryan, PhD.

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What Counselors Should Know about LGBTQI Health Disparities

- Medical health disparities
- Suicide attempts: 41% of transgender persons
- High rates of substance abuse and disorders
- High rates of HIV / AIDS
- High rates of homelessness
- High rates of depression
- Experience violence individually and as a community
- 20% of transgender/gender variant patients were refused care by their physicians
- 28% of transgender/gender variant patients were verbally harassed in their doctor's office
- 50% felt they had to teach their providers about their health needs

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Providing Trauma-informed Care

- Seek training on trauma-informed care
- Client trauma may trigger counselor's own trauma
- Take care to not move too deeply or quickly as to re-traumatize the client
- Do not discount or disregard a client's report of trauma

SAMHSA's TIP 57, Trauma-Informed Care in Behavioral Health Services, 2014, p. 9.

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Providing Trauma-informed Care

- Obtain a good history of the client
- Work with the client to learn the cues associated with past trauma
- Maintain a supportive, empathetic and collaborative relationship
- Encourage ongoing dialogue
- Provide a clear message of availability and accessibility throughout treatment

SAMHSA's TIP 57, Trauma-Informed Care in Behavioral Health Services, 2014, p. 19.

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Providing Trauma-informed Care

Be aware of environmental stimuli within your agency:

- lighting
- loud voices or sounds
- access to exits
- seating arrangements
- emotionality within a group
- visual or auditory stimuli

SAMHSA's TIP 57, Trauma-Informed Care in Behavioral Health Services, 2014, p. 19.

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Counselors should know how to:

- recognize trauma-related reactions
- incorporate treatment interventions for trauma-related symptoms into treatment plans
- help clients build safety net to prevent further trauma
- when to make referrals for further evaluations or trauma-specific treatment services

SAMHSA's TIP 57, Trauma-Informed Care in Behavioral Health Services, 2014, p. 9.

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Treating Trauma and SUD or COD

- Trauma stress symptoms or trauma-related disorders should not prevent an individual from undergoing mental health or substance use disorder treatment.
- All co-occurring disorders need to be addressed on some level in the treatment plan.
- Helping a client in substance use disorder treatment gain control over trauma-related symptoms can greatly improve the client's chances of SUD recovery and lower risk of relapse, building a platform upon which recovery from traumatic stress can proceed.

SAMHSA's TIP 57, Trauma-Informed Care in Behavioral Health Services, 2014, p. 9.

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Considerations for Persons who are LGBTQI

- Listen to the clients' descriptions of their own sexual orientation, partner(s) and relationships(s)
- Reflect the client's choice of name, pronouns and language
- Individuals may have reclaimed terms such as "queer," "dyke," and "fag" to describe themselves, but these terms have a history of being derogatory and are not appropriate terms for providers who have not yet established a trusting and respectful rapport with clients.
- When in doubt ask how to refer to a patient. Ask what name, pronouns, words or phrases they prefer.
- Make sure all office staff members are trained to use clients' preferred name and pronouns.

Credit to: Kristin Keglovitz Baker, PA-C, Chief Operating Officer, Howard Brown Health Center

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Considerations for Persons who are Bisexual

Sexual behavior may not differ significantly from that of heterosexual or lesbian/gay people. They may:

- be monogamous for a long time and still identify as bisexual
- be in multiple relationships with the full knowledge and consent of their partners
- have been treated as confused, promiscuous, or even dangerous
- be on guard against providers who assume they are "sick" based on their having sexual relationships with more than one sex
- lack comprehensive safer-sex info that reflects their sexual practices and attitudes
- benefit from thorough discussions about sexual safety

Credit to: Kristin Keglovitz Baker, PA-C, Chief Operating Officer, Howard Brown Health Center

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Considerations for Persons who are Transgender

Special considerations when assessing the sexual history of persons who are transgender:

- Do not make assumptions about their behavior or bodies based on their presentation.
- Only if it pertains to your work with your client, ask if they have had any gender confirmation surgeries to understand what risk behaviors might be possible.
- Understand that discussion of genitals or sex acts may be complicated by a disassociation with their body; this can make the conversation sensitive or stressful for the client.

Credit to: Kristin Keglovitz Baker, PA-C, Chief Operating Officer, Howard Brown Health Center

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Tips for Programs

Persons who are LGBTQI have become cautious and immediately scan an office for clues to help them determine what information they feel comfortable sharing with their behavioral health or health care provider.

- Welcoming bathroom signs or unisex bathroom signs
- Posters with racially and ethnically diverse same-sex couples or persons who are transgender
- Visible non-discrimination statement stating equal care is provided to all patients, regardless of age, race, ethnicity, physical ability or attributes, religion, sexual orientation, or gender identity/expression
- Signs on doors that indicate a "safe space"
- Magazines, pamphlets and other print material that is LGBTQI friendly

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Tips for Programs, cont.

- Participate in provider referral programs through LGBTQI organizations
- Advertise your practice in LGBTQI media
- Create a welcoming environment before a client even enters the door
- Have an open dialogue with staff and patients about gender identity and expression, sexual orientation, and/or sexual practices
- Emphasize that welcoming practices mean more relevant and effective care for this population
- Inform all staff members that discrimination against persons who are LGBTQI, whether overt or subtle is as unethical and unacceptable, and in many states as illegal, as any other kind of discrimination
- Consider using relaxation training, biofeedback and breathing retraining strategies

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What Treatment Programs Can Do to Best Serve LGBTQI Clients

- Confidentiality
 - SUDs: Code of Federal Regulations, Volume 2, Part 2 (42 CFR 2.11)—
 - SUDs & HIV/AIDS: Federal Rehabilitation Act (29 U.S.C. 791 and Americans with Disabilities Act (ADA-42 U.S.C. 12101)
 - establish written policies
- Caution on self-disclosure
- Assist clients in taking a legal inventory

A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals, SAMHSA, 2001

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What Treatment Programs Can Do to Best Serve LGBTQI Clients, cont.

- Educate staff about LGBTQI culture competence
- Educate other clients
- Expect respect for LGBTQI clients
- Plan program safety for LGBTQI clients
- Affirmative action in hiring practices
- Review assessment and intake practices / forms
- Establish welcoming facilities, i.e. sleeping rooms and rest rooms
- Prepare for discharge and aftercare

A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals, SAMHSA, 2001

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Moving Toward LGBTQI 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

A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals, SAMHSA, 2001

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Special Assessment Questions

- Level of comfort being LGBTQI person
- Stage of coming out
- Family / support / social network
- Health factors
- Milieu of use
- Alcohol / drug use and sexual identity or sexual behavior connections
- Partner(s) alcohol / drug use
- Legal problems related to sexual behavior
- Victim of gay bashing
- Same-gender domestic violence
- Out as LGBTQI in past treatment experiences
- Correlates of sober periods

A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals, SAMHSA, 2001

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Modalities & Interventions

- **Group counseling**—may be difficult
- **Family counseling**—may be difficult, but important
- **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 Cognitive Behavioral Therapy Groups (Shoptaw, 2005)

Significantly reduced depressive symptoms in sample of methamphetamine-dependent gay and bisexual men

A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals, SAMHSA, 2001

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Ending Conversion Therapy: Supporting and Affirming LGBTQI Youth

- Therapeutic Efforts with Sexual and Gender Minority Youth, pp. 3-4
- Professional Consensus on Conversion Therapy, Sexual Orientation, Gender Identity and Gender Expression with Minors/Youth, pp. 11-14
- Guidance for Families, Providers, and Educators, pp. 41-50

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This publication also includes statistics on behavioral health for the LGBTQI population.

Top Health Issues for LGBTQI Populations

Information & Resource Kit

Gender Identity Disorder (GID), p. B-2 Now Gender Dysphoria

- 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.

NEW in DSM-5: Gender Dysphoria

Respecting the Patient, Ensuring Access to Care

DSM not only determines how mental disorders are defined and diagnosed, it also impacts how people see themselves and how we see each other. While diagnostic terms facilitate clinical care and access to insurance coverage that supports mental health, these terms can also have a stigmatizing effect.

DSM-5 aims to avoid stigma and ensure clinical care for individuals who see and feel themselves to be a different gender than their assigned gender. It replaces the diagnostic name "gender identity disorder" with "gender dysphoria," as well as makes other important clarifications in the criteria. It is important to note that gender nonconformity is not in itself a mental disorder. The critical element of gender dysphoria is the presence of clinically significant distress associated with the condition.

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**, 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)**



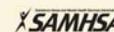
Health Disparities for Bisexual Women

- 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**



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<http://www.youtube.com/watch?v=4BjpS2YdR0s>

Ears Wide Open? 3 1/2-minute video on YouTube
 Terrie Dennard Johnson

YouTube

GUIDE

Ears Wide Open?

Mid-America (Midwest Region) ATTC Addiction Technology Transfer Center Network **Video**



- *Transgender Basics*
- Produced by the Lesbian, Gay, Bisexual, Transgender Community Center of New York City
- <http://www.gaycenter.org/transgenderbasics>
- 20-minute educational film

Mid-America (Midwest Region) ATTC Addiction Technology Transfer Center Network www.itgetsbetter.org



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- U.S. Secretary of Health and Human Services Kathleen Sibelius: <http://www.youtube.com/watch?v=vXc-tc97XXA&list=PL07535E3816EB8157&index=29>
- U.S. Secretary of Agriculture Tom Vilsack: <http://www.youtube.com/watch?v=uEw569vABLo&iist=PL07535E3816EB8157&index=18>
- President Barack Obama: <http://www.youtube.com/watch?v=gevAFbSDPVk>
- Speaker of the California State Assembly John A. Pérez (D-Los Angeles) Pérez: <http://www.youtube.com/watch?v=w6vDoWWiKEU&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>

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Questions?
Comments?

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