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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ATTC Network: Regional Centers and the Center of Excellence
ATTC Network: National Focus Area Centers

- National Frontier and Rural ATTC, Reno, NV
- National American Indian & Alaska Native ATTC, Iowa City, IA
- National Hispanic and Latino ATTC, Bayamon PR
- National Screening, Brief Intervention, and Referral to Treatment ATTC, Pittsburgh, PA
Two New Curricula

• The first curriculum will provide training and technical assistance to service providers designed help them decrease the rate of substance abuse and new HIV infections among racial/ethnic minority YMSM (ages 18-29) clients.

• The second curriculum is designed to develop provider skills in delivering culturally responsive prevention and treatment services for the LGBT population, especially those dealing with co-occurring substance use, mental health disorders (COD), and/or physical health disorders.
Together we can make an Impact
Our Center provides critical resources supporting the YMSM + LGBT communities. Check back often for new materials and resources!

Our Mission
The Center of Excellence on Racial and Ethnic Minority Young Men Who Have Sex with Men and Other Lesbian, Gay, Bisexual, and Transgender Populations (YMSM+LGBT+C) was established to help providers develop skills to deliver culturally responsive and evidence-based prevention and treatment services for key populations dealing with co-occurring substance use and mental health disorders. Additionally, the CoE provides a variety of training and technical assistance resources, including training curricula, webinars, and a website clearinghouse to help providers working with LGBT populations and racial/ethnic minority young men who have sex with men (ages 18-28).

The Center of Excellence is funded by SAMHSA as a supplement to the Pacific Southwest Addiction Technology Transfer Center, in partnership with the National American Indian & Alaska Native ATTC & the Northeast and Caribbean ATTC.

www.ymsmnlgbt.org
Clearing House Resource
www.ymsmlgbt.org

- Clearinghouse: resources, tool-kits
- LGBT Curriculum
- YMSM Curriculum
- Library of relevant articles
- Links to other organizations
Save the Date!

Webinars take place the 4th Friday of every month (11:00am-12:00pm PT)

Sign-up for our Blog/Newsletter to hear about upcoming events:

www.ymsmlgbt.org
Key Terms and Concepts
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
The interrelatedness of terms

- **Sex Assigned at Birth**: F X
- **Gender Identity**: F A X
- **Gender Expression**: F A X M
- **Sexual Orientation**: F B X
The interrelatedness of terms

Sex Assigned at Birth

Gender Identity

Gender Expression

Sexual Orientation

Queer

Non Conforming

Not defined
Considerations for Clinical Work with LGBT Individuals

A Provider’s Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexuals and Transgender Individuals

Second Edition

Presented by: ____________________
Alcohol/Drug Use Among LGBT

Studies have shown that, when compared with the general population, gay and bisexual men, lesbian, and transgender individuals are more likely to:

- Use alcohol and drugs
- Have higher rates of substance abuse
- Not withhold from alcohol and drug use
- Continue heavy drinking into later life
Related Health Issues for Trans Individuals:

Trans people and substance use:

- **69%**
  - Trans female youth reported recent drug 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
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)
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)
Related Health Issues for Lesbians:

Substance use:

– Lesbians use drugs/alcohol more often than heterosexual women, this can be due to stress from homophobia, sexism, misogyny, fear of disclosure and/or discrimination/marginalization.

– Lesbians may also use “social circles” as a form of finding community/support. Activities in these circles may involve using alcohol/drugs, therefore increasing exposure and access to alcohol and drug use.

– Lesbians may need support to find healthy ways to cope and reduce stress, as well as seek community.

(Dibble & Robertson, 2010)
Related Health Issues for Lesbians:

Substance use cont.:

- Compared with heterosexual women, lesbians 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)
Related Health Issues for Lesbians:

Substance use cont.:

– Heavy drinking and binge drinking are more common among lesbians 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)
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)
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)
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)
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)
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, 2002; King et al., 2008; Lytle et al., 2014)
Related Health Issues for Young MSMs:

- 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)
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.
Related Health Issues for Bisexuals:

• 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)
Related Health Issues for Bisexuals:

• When bisexuals 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 bisexuals.
  – *Examples: Bisexual men are often lumped together with gay men.*
Related Health Issues for Bisexuals:

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

1. Drug 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)
Key Message

Substance use and mental health/psychosocial problems, both of which disproportionately affect LGBT populations, contribute to an increased risk of HIV and STD transmission.

SOURCE: Safren et al., 2010.
LGBT Stigma and Stress
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)
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)
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.
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.
Violence is a significant concern!!!
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.
“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, heterosexism, LGBT phobia, prejudice, etc... result from the intersections of different social factors, power dynamics and experiences.

(Hankivsky 2014)
Provider Considerations:

- Intersectionality
## Provider Considerations:

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Provider Considerations:

What does intrapersonal stigma and trans-, homo-, bi-phobia look like?

- Internalized ______phobia
- Low self-esteem
- Depression and self-harm
- Gender identity and sexual orientation validation through external sources
Provider Considerations:

What does interpersonal stigma look like?

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

“She’s so pretty! I couldn’t even tell that she is trans!”

“I have no problem with gay people when they don’t wear it on their sleeve.”
Provider Considerations:

What does institutional stigma look like?

– Access to Comprehensive Health care
– Educational settings
– Employment discrimination
– Housing discrimination
– Correctional settings
– Religion
Provider Considerations:

- What does community stigma look like?
  - Violence
  - Norm of substance use
  - Norm of sex work Social stigma
Provider Considerations:

• What does policy stigma look like?
  – Trans/gay panic defense
  – Non-Discrimination Policies
  – Name and gender changes
  – Immigration laws
United States Non-discrimination Laws:

- **Purple:** States banning discrimination based on sexual orientation and gender identity (18 states and District of Columbia).
- **Orange:** Laws banning discrimination based on sexual orientation (3 states).
Provider Considerations:

It is important to highlight protective factors against negative health outcomes associated with stigma toward the LGBT community:

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<tr>
<th>Category</th>
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<td>Policy</td>
<td>• Non discrimination policies (employment, schools, public accommodations, etc.)</td>
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<td>Community</td>
<td>• Community involvement</td>
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<td>• Community acceptance</td>
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<td>Institutional</td>
<td>• Competent health care providers</td>
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<td>• Education of police</td>
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<td>Interpersonal</td>
<td>• Social support</td>
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<td>• Family acceptance</td>
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<td>• Self esteem</td>
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<td>• Gender affirmation</td>
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Provider Considerations:

Service delivery clinical considerations:

– Gender/orientation segregated facilities
– Identity documents
– Staff competence
– Appropriate clinical assessment versus curiosity/ignorance
– Bullying/victimization from other clients
– Electronic health records
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).
Provider Considerations:

In treatment programs, LGBT clients report:

– *Experiencing more stigma from treatment program staff than from other clients.*

– *Programs do not address trans and/or sexual orientation issues.*

– *Being required to use sleeping and shower facilities inconsistent with their current gender identity.*
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.
Provider Considerations:

Provider recommendations cont.:

– Seek clinical supervision if there are issues or feelings about working with any LGBT individuals.

– Post a nondiscrimination policy in the waiting room that explicitly includes sexual orientation and gender identity.
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.
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)
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)
## 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): _____________________________

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

3. What pronouns do you prefer? ________________________________

[Logo: YMSM + LGBT ATTC Center of Excellence]
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
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.*
Clinical Supervision:

- 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.
Recommendations:

• Avoid labeling your client
• Receive training to help you become aware of unconscious biases and increase your knowledge and understanding.
• Create an atmosphere that is supportive.
• Acknowledge clients’ significant others and encourage their support and participation in prevention and treatment programs.
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.
To treat me, you have to know who I am...
Resources
More information and all reference are available at: www.ymsmlgbt.org

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www.psattc.org  www.uclaisap.org