

# **INCREASING CULTURAL COMPETENCY IN WORKING WITH SEXUAL AND GENDER MINORITY PATIENTS: INCLUSIVITY AND AWARENESS IMPROVE TREATMENT OUTCOME**

Ed Johnson, M.Ed, MAC, LPC, CCS  
The Carolinas & Kentucky Program Manager,  
Southeast ATTC  
[edjohnson@msm.edu](mailto:edjohnson@msm.edu)

# Learning Objectives

Participants will gain understanding of:

- ▣ The difference between Gender Identity and Sexual Orientation.
- ▣ Increase their understanding of the impact of trauma on Individuals who are LGBTQ and it's relationship to unsuccessful treatment outcomes
- ▣ The concept of LGBTQ (Minority) Stress
- ▣ Be able to identify ways of creating supportive, affirming and inclusive treatment environments.

# Today's LGBT Training

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



# Lesbians & Substance Use

- Lesbian women may also use “social circles” as a form of finding community/support . Activities in these circles may involve using alcohol/substance, therefore increasing exposure and access to alcohol and substance use.
- Lesbian women may need support to find healthy ways to cope and reduce stress, as well as seek community.

(Dibble & Robertson, 2010).

# Lesbians & Substance Use:

## Substance use cont.:

- Heavy drinking and binge drinking are more common among lesbian women than heterosexual women.
- Lesbians are between 1.5 and 2 times more likely to smoke than heterosexual women



# Lesbians and Suicide

Results from an anonymous survey administered in 33 healthcare sites across the United States found that:

- ▣ Lesbian and bisexual women who were not “out” experienced more emotional stress as teenagers and were 2 to 2.5 times more likely to experience suicidal ideation in the past 12 months than heterosexual women; and
- ▣ Lesbian and bisexual women who were not “out” were more likely to have attempted suicide than heterosexual women.

# Gay Men & Substance Use

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

(Blackwell, 2012 ;Green & Feinstein, 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)*

- 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.

(Shoptaw,, 2006)

# Gay Men & Mental Health

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

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



# Gay Men & Mental Health

## Self-harm and suicide:

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

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



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# Gay Men & Mental Health

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

	<u>Heterosexual</u>	<u>Gay/Bi</u>
Major Depression	10.2%	31%
Generalized Anxiety Disorder	1.8%	2.9%
Panic Disorder	3.8%	17.9%

*(Cochran et al., 2003)*

# Gay Men & Mental Health

## Self-harm and suicide cont.:

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

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

# Gay Men & Violence

## Injury and violence:

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

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

# Bisexuals and Hazardous Alcohol Use

- ▣ Data have shown that bisexual adults exhibit significantly higher rates of binge drinking (22.6 percent) than their heterosexual counterparts (14.3 percent).
  - This significant difference in rates was evident only among bisexual women (23.7 percent).
- ▣ When compared by gender, bisexual women were significantly more likely to binge drink than straight women (8.3 percent).

# Bisexuals and Suicide

- ▣ Studies have suggested that bisexuals are much more likely to report higher levels of self-harm, thoughts of suicide, and suicidal attempts than heterosexuals, gay men, and lesbians.
- ▣ One study also found that a significantly higher percentage of bisexual adults (13.3 percent) reported being dissatisfied or very dissatisfied with their lives as compared to straight adults (5.2 percent).

# Trans People & Substance Use

69%

- Trans female youth reported recent substance use. (*Rowe, Santos, McFarland & Wilson, 2015*)
- This study was carried out in San Francisco Bay Area

76%

- Trans women reported recent substance use. (*Nuttbrock et al., 2014*)
- This study was carried out in New York Metropolitan Area

70%

- Trans men reported current substance use. (*Reisner, White, Mayer & Mimiaga, 2014*)
- This study was carried out at a Boston, Massachusetts Area Health Center

# Mental Health Issues for Trans Individuals

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

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

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

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



# 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)

# Trans Individuals & Assault:

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

*(Grant, Mottet,  
& Tanis, 2011)*

*Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life and strive to reach their full potential*

SAMHSA 2011

# How Many Clients / Patients Do You Work With Who are LGBTQ ?

- How many total clients does your agency/ organization see/treat on a monthly or annual basis?
- Of those, how many are "out" to you as lesbian, gay, bisexual, or transgender?
- How many are out as LGBT to everyone (other patients, family, friends, school)?

# It Depends on How You Ask The Question.....

- ▣ *Sexual / Romantic Attraction* - Attraction or desire to be in a primary sexual or loving relationship
- ▣ *Sexual Behavior* - Voluntary activity that involves genital contact and sexual excitement or arousal.
- ▣ *Sexual Identity* - Personally selected label attached to perception about their sexuality

# The Kinsey Scale



- 0 Exclusively heterosexual
- 1 Predominantly heterosexual, incidentally homosexual
- 2 Predominantly heterosexual but more than incidentally homosexual
- 3 Equal heterosexual and homosexual
- 4 Predominantly homosexual, but more than incidentally heterosexual
- 5 Predominantly homosexual, incidentally heterosexual
- 6 Exclusively homosexual

# Statistics on the Kinsey Scale

Kinsey Rating	Meaning of Rating	%
0	Exclusively other-sex oriented in behavior and psychological response (100)	50
1	Incidental same-sex behavior (90/10)	15
2	More than incidental same-sex behavior (60/40)	12
3	About equal amounts of same and other-sex behavior (50/50)	9
4	More than incidental other-sex behavior (60/40)	6
5	Incidental other-sex behavior (90/10)	5
6	Exclusively same-sex oriented in behavior and psychological response (100)	4

# Alphabet Soup

▣ L

▣ G

▣ B

▣ T

▣ Q

▣ Q

▣ C

▣ I

▣ P

▣ A

▣ 2S

▣ A



# Key Terms and Concepts

## Lesbian:

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

(Johns Hopkins, 2015)

## Gay Male:

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

(Johns Hopkins, 2015)



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# Key Terms and Concepts

## Bisexual:

- An individual who is emotionally, romantically, sexually, affectionately, or relationally attracted to both men and women.

(Johns Hopkins, 2015)

## Queer:

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

(Johns Hopkins, 2015)

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# Key Terms and Concepts

## Questioning

A person, often an adolescent, who has questions about their sexual orientation or gender identity and does not necessarily identify as gay

## Intersex

People born with an indeterminate sexual anatomy or developmental hormone pattern / chromosome pattern that is neither exclusively male nor exclusively female, the conditions that cause these variations are sometimes grouped under the terms “intersex” or “DSD” (Differences of Sexual Development)

# Key Terms and Concepts

## Transgender:

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

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

## Cisgender:

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

(Johns Hopkins, 2015)

# Key Terms and Concepts

## Pansexual/Omnisexual:

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

(Johns Hopkins, 2015)

## Asexual:

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

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

# Key Terms and Concepts

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



# Key Terms and Concepts

## ▣ Gender Identity:

- A person's internal sense of their own gender.

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

## ▣ Sexual Orientation:

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

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

# Key Terms and Concepts

## Sexual Identity:

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

(Diamond, 2008)



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# Key Terms and Concepts

## Sex / Gender Role (Outward Expression)

- Outward expression of maleness / femaleness
- Masculine / feminine / androgyny
- Culturally specific influenced by social learning



# Other Terms

- ▣ MSM, WSW, WSWM, MSWM
- ▣ Gender Variant
- ▣ Gender Queer
- ▣ Same Gender Loving
- ▣ Heteroflexible
- ▣ Bicurious

# The interrelatedness of terms

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

Sex Assigned  
at Birth

Gender  
Identity

Gender  
Expression

Sexual  
Orientation



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# The Interrelatedness of Terms

Sex  
Assigned  
at Birth

F

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~~M~~

Gender  
Identity

F

A

~~M~~

Gender  
Expression

F

A

~~X~~

M

Sexual  
Orientation

F

B

M

~~X~~

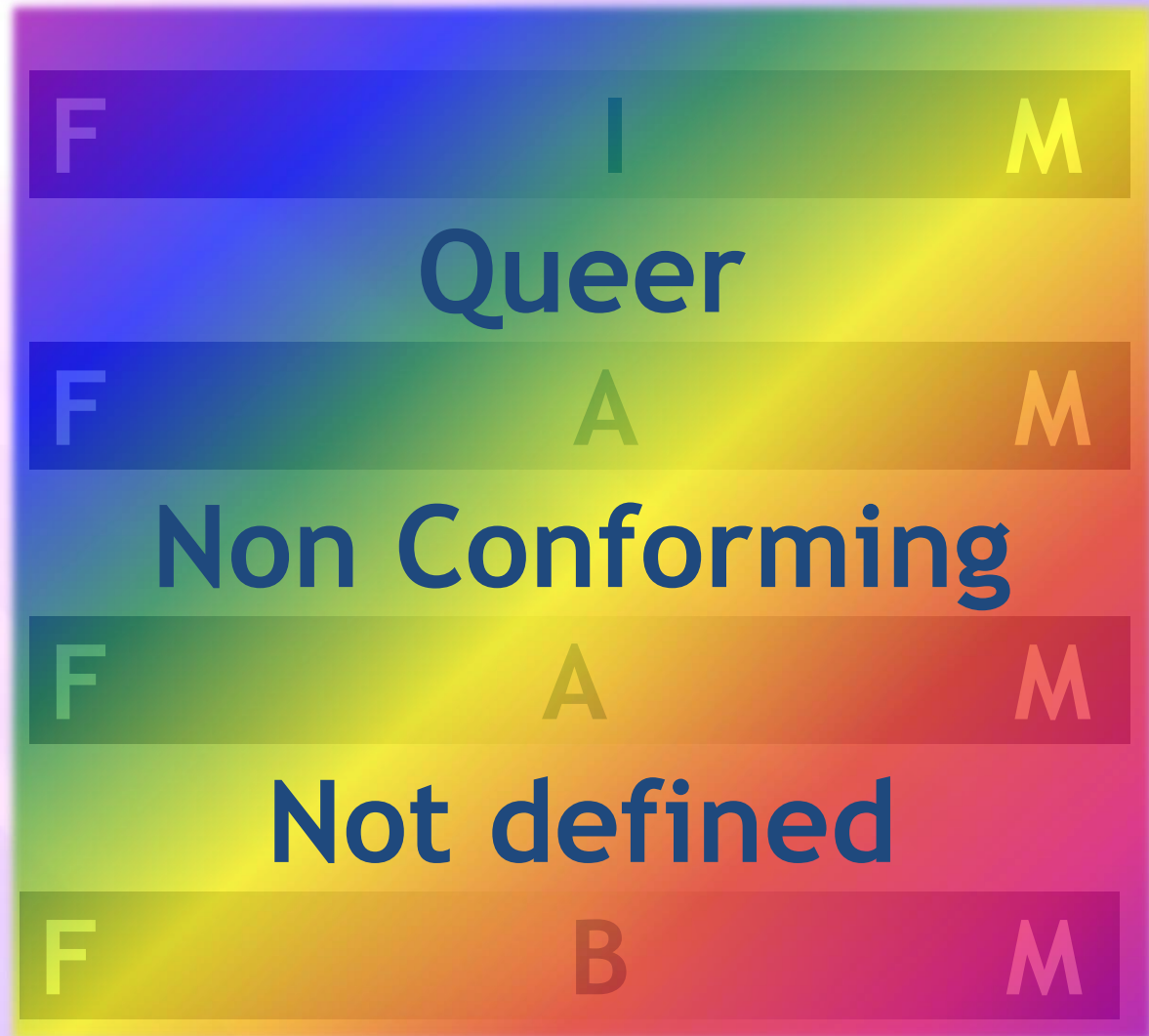
# The Interrelatedness of Terms

Sex  
Assigned  
at Birth

Gender  
Identity

Gender  
Expression

Sexual  
Orientation



# TERMS -

## Categories and Descriptors

### SEX

- ▣ Male
- ▣ Female
- ▣ Intersex

### SEXUAL ORIENTATION

- ▣ Lesbian
- ▣ Gay
- ▣ Bisexual
- ▣ Heterosexual
- ▣ Asexual
- ▣ Queer
- ▣ Pansexual

### GENDER IDENTITY

- ▣ Transgender
- ▣ Cisgender
- ▣ Male
- ▣ Female
- ▣ Queer
- ▣ Intersex

### GENDER ROLE/EXPRESSION

- ▣ Male
- ▣ Female
- ▣ Masculine
- ▣ Feminine

# What Should be Safe Spaces?

- ▣ *Family of Origin*
- ▣ *School/Campus*
- ▣ *Community*
- ▣ *Religion / Church*
- ▣ *Other*

# LGBT Stigma and Stress:

Ilan Meyers (2003) proposed that the higher incidence of mental and substance use disorders in LGB Individuals was essentially the result of a “Hostile and stressful social environment” (p. 674) to which LGB people are subjected as a result of their sexual minority status.



# LGBT Stress

Also referred to as “Minority Stress”, refers to the chronic stress experienced by LGBT individuals related to stigmatization, marginalization and lack of institutional and social supports within a predominantly heterosexual society (Warren & Barber 2009)

# Processes of Minority Stress

- ▣ Environmental and other external events that occur in an individual's life as a result of sexual minority status. They create overt stress (chronic or acute). Examples would be discrimination or threats to safety and security.
- ▣ Anticipation and expectation that external stressful events will occur and the vigilance that the person must maintain because of the expectation.
- ▣ The internalization of the negative attitudes and prejudices from society

# Processes of Minority Stress - Resilience

- ▣ Group solidarity
- ▣ Internal group comparison vs. external
- ▣ Can access when they are clearly identified as a group member

# LGBT Stigma and Stress:

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



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# Practitioner Awareness - YOU

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

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

# Unconscious Bias

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

*(Van Ryn, 2002)*

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

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

# Unconscious Bias

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

*(Sue et al., 2007)*

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

# Examples of Unconscious Bias

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



*(McClousky, 2014)*



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# LGBT Specific Trauma

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

# LGBT Specific Trauma

Examples of LGBT-related traumas:

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



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# LGBT Specific Trauma & Stress

- 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.

# Trauma-Informed Care:

## Examples of choice:

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

# Definitions

- ▣ **Stereotyping** *To believe that all people or things with a particular characteristic are the same.*
- ▣ **Prejudice** *A feeling of like or dislike for someone or something especially when it is not reasonable or logical (a preconceived judgmental opinion).*
- ▣ **Myths** *An idea or story that is believed by many but that is not true.*
- ▣ **Stigma** *A set of negative beliefs that a society or group of people have about something*

# Oppression

- ▣ Sexism
- ▣ Racism
- ▣ Classism
- ▣ Ageism
- ▣ Heterosexism
- ▣ Other

# HOMOPHOBIA

- ▣ ***Homophobia*** is an irrational fear of gay and lesbian people or fear of same-sex relationships. In its most extreme form, homophobia is a hatred for or violence against LGBT persons.
- ▣ ***Internalized Homophobia (shame based reaction to Heterosexism)***

# Heterosexism

A system of attitudes, bias and discrimination in favor of opposite sex sexuality and relationships. It can include the presumption that other people are heterosexual or that opposite sex attractions and relationships are the only norm and therefore superior.



# Coming Out

Coming out is the term used to describe the process of and the extent to which one identifies as lesbian, gay or bisexual.

There are two parts to this process: coming out to oneself and coming out to others.

It includes the realization that one is gay, lesbian and bisexual and accepting that fact and deciding what to do about it

# Coming Out (continued)

- ▣ It is very personal. It happens different ways and occurs at different ages.
- ▣ Coming Out is a continuing, sometimes lifelong process
- ▣ Some people are afraid of being rejected but others worry that their sexual identity will be the overriding focus in future interactions with the other person
- ▣ Other issues are the extent of the revelation, timing and anticipated consequences

# Passing

Is a person's being regarded as a member of a social group other than his or her own, such as a different gender, race, sexuality or disability status; generally with the aim of gaining social acceptance or gaining access to privilege of the power group

# Passing

- ▣ Our culture tends to assume heterosexuality and persons who do not correct the heterosexual assumption are sometimes said to be “passing” as heterosexual.
- ▣ They usually experience internal conflict and experience hostility from those who are being honest and open,

# The CASS Model

## Stage I: Identity Confusion

Occurs when a person begins to realize that he/she may relate to or identify as being gay or lesbian, a process of personalizing the identity. The individual experiences anxiety and confusion and their defense mechanism is denial.

## Stage II: Identity Comparison

Occurs when a person accepts the possibility the he/she might be gay or lesbian. They experience feelings of anxiety and excitement and their defense mechanisms are denial and bargaining.

# The CASS Model

## Stage III: Identity Tolerance

Occurs when a person comes to accept the probability that he/she is an LGBT person. They experience feelings of anger and excitement and their defense mechanism is reactivity.

## Stage IV: Identity Acceptance

Occurs when a person fully accepts rather than tolerates himself or herself as an LGBT person. They experience feelings of rage and sadness and their coping mechanism is anger directed toward heterosexual society

# The CASS Model

## Stage V: Identity Pride

Occurs when the person immerses himself or herself in the LGBT community and culture to live out their identity totally. The individual experience feelings of excitement and focused anger and their defense mechanism is rejection of heteronormative culture.

## Stage V: Identity Synthesis

Occurs when a person develops a fully internalized and integrated LGBT identity and experiences himself or herself as whole when interacting with everyone across all environments. The individual experiences feeling of excitement and happiness only minimal defense mechanisms

# Foreclose

- ▣ At any point in Cass's Model an Individual can "foreclose" or stall.
- ▣ Whether or not this happens depends on multiple variables.
- ▣ If Foreclosure happens in the first 3 stages, significantly higher chance of Substance Use Disorders and Depression



# **Clinical Issues Common to Both Lesbians and Gay Men**

# *Provider Considerations*

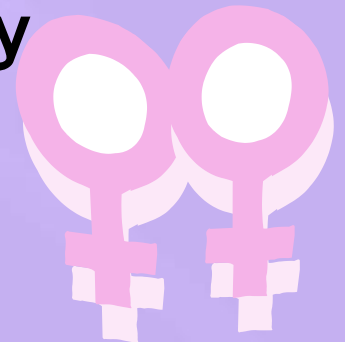
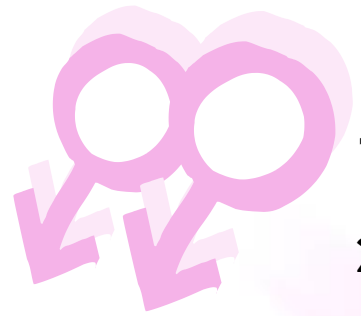
It is important for providers to remember, contrary to some stereotypes, lesbian women and gay men do experience violence in their intimate/romantic relationships.

- Lesbian women need to be asked about violence (e.g. intimate partner) in their lives and have access to LGBT affirming counseling and shelters when needed.

(Dibble & Robertson, 2010)

# Provider Considerations

1. **Internalized homophobia**
2. **Geographic and cultural differences have an important impact on the lives of Lesbians and Gay men**
3. **Linking of substance use and sexual expression**
4. **Limited social outlets**
5. **Limited role models and deeply ingrained stereotypes**



# Provider Considerations

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

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

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# Provider Considerations

- Best practice is to include significant others in at least one session of treatment.

(Fals-Steward, O'Farrell, & Lam, 2009)

- Support clients on their choice to come out or not. Respect their sense of where they are in this process and their need to feel safe in treatment.
- It is of note that attempts to change sexual orientation using “reparative therapy” persisted throughout the 90s and early 2000s. In August 2014, the American Psychological Association disavowed the practice stating that there is “insufficient evidence to support the use of psychological interventions to change sexual orientation.”

(APA, 2014)

# Provider Considerations

- Lesbian women need to be asked about violence (e.g. intimate partner) in their lives and have access to LGBT affirming counseling and shelters when needed.

(Dibble & Robertson, 2010)

- Minority Stress is worse for women who need to hide their orientation, as well as for lesbian women who have lost important emotional support because of their sexual orientation. (Sue et al., 2007; Walters et al., 2002)
- Relationships are a major focus for all lesbians

# Challenges to Understanding Who Contemporary Gay Men Are

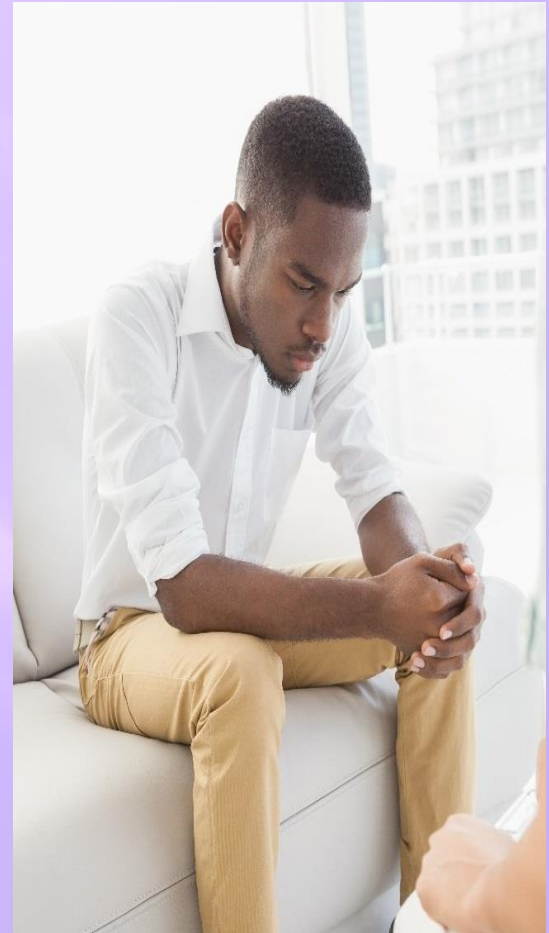
- Is a male gay, if he has a strong attraction to other men but is married to a female and has never engaged in same-sex sexual activity?
- Is a man who has sex with other men, and identifies as “straight” really gay?
- Does simply labeling oneself a gay man make one so?

# Related Health Issues for Gay Men

## Body image and eating disorders:

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

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



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# Related Health Issues for Gay Men

## Body image and eating disorders:

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

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

# Gay Men and Substance Misuse

- ▣ Age Related use patterns
- ▣ Club Drugs
- ▣ Drug and Alcohol use related to stages of Coming Out Process
- ▣ Substance use and HIV/AIDS.

# MSM

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

*(Johns Hopkins University, 2015)*

# MSM

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

# More about Men who have sex with men (MSM)

- ▣ Separation of “sexual behavior” from “sexual Identity”
- ▣ View themselves as heterosexual
- ▣ “Down Low”

# African-American and Latino MSM

- ▣ Face racial discrimination from society at large
- ▣ Homophobia from their own ethnic groups
- ▣ Often feel unaccepted in the mainstream gay community

# Mutual Aid Groups

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



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# Provider Considerations

Providers need to be aware of harmful treatment practices:

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

(APA, 1998)

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

(Herek & Garnets, 2007)



# Provider Considerations:

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

(DiPlacido, 1998)

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



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# Provider Considerations:

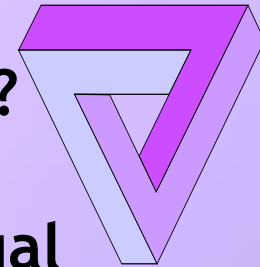
Common elements of LGBT-affirming interventions:

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

*(Society of Clinical Psychology, 2015)*

# Special Assessment Questions

- ▣ Level of comfort being LGBT person ?
- ▣ Level of disclosure about sexual identity?
- ▣ Family/support/social network ?
- ▣ How did family respond to other individual coming out or being identified as LGBT?
- ▣ If client is out to family, what was reponse?
- ▣ Drug use and sexual identity or sexual behavior connections ?
- ▣ Stage of coming out
- ▣ Partner/spouse use ?
- ▣ Legal problems related to sexual behavior ?
- ▣ Gay bashing ?
- ▣ Same-gender domestic violence ?
- ▣ Out as LGBT in past treatment experiences ?
- ▣ Correlates of sober periods ?



# Presence Within the General Population

Historical measurements and conceptualizations of sexual identity, in particular, bisexual identity have predominantly focused on the Kinsey Scale and the Klein Sexual Orientation Grid. An important issue to remember when looking at the size of sexual minorities within the general population is that those individuals who do not self-label or identify as bisexual are not captured accurately in research data or clinical settings.

# Definition of Bisexuality

A person who has the potential to be attracted romantically and / or sexually to people of more than one sex, not necessarily at the same time, not necessarily in the same way and not necessarily to the same degree. It is a **sexual orientation in and of itself and distinct from heterosexuality and homosexuality.**



# Examples of Biphobia

- ▣ Bisexuals are **confused** about their sexual orientation.
- ▣ Bisexuals are **afraid** to be lesbian or gay because of social stigma and oppression from the majority.
- ▣ Bisexuals have gotten **“stuck”** in the coming out process.
- ▣ Bisexuals have knuckled under to the social pressure to **“pass”** as straight.
- ▣ Bisexuals are **in denial** about their sexual orientation.
- ▣ Bisexuals are **“not fully formed”** lesbians or gay men.

# Types of Bisexuality

- ❖ **Transitional Bisexuals:** Individuals moving from a heterosexual identity to a lesbian or gay one, or, less commonly from a gay or lesbian identity to a heterosexual one.
- ❖ **Historical Bisexual:** Those who are now either homosexual or heterosexual but whose past include bisexual relationship.
- ❖ **Sequential Bisexuals:** Those who have had same sex and opposite sex partners at different times in their life.
- ❖ **Concurrent Bisexuals:** Those who are sexually active with both men and women in the same period of time.

# Facts About Bisexuality

- ▣ Women and men (including transgender women and men) who identify themselves as **heterosexual** may have had, or may **continue to have, sexual relations with partners of the same gender.**
- ▣ Women and men (including transgender women and men) who identify themselves as **gay or lesbian** may have had, or may **continue to have, sexual relations with partners of the other gender.**
- ▣ **People of transgender experience, including male-to-female and female-to-male individuals, may identify themselves as bisexual. This is because bisexuality (and sexual orientation identity generally) is a separate phenomenon from gender identity.**



# KLEIN SEXUAL ORIENTATION GRID

**Directions:** Use the following scale to rate each of the following variables in each period:

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

<u>VARIABLE</u>	<u>PAST</u>	<u>PRESENT</u>	<u>IDEAL</u>
A. Sexual Attraction to			
B. Sexual Behavior with			
C. Sexual Fantasies about			
D. Emotional Preference for			
E. Social Preference for			
F. Self-Identification as			
G. LGBT/Heterosexual Lifestyle			

## ▣ **Definitions helpful in using the Klein scale:**

- ▣ Past: Your life up to 12 months ago.
- ▣ Present: The most recent 12 months
- ▣ Ideal: What do you think you would eventually like?

## ▣ **The Variables:**

- ▣ Sexual Attraction: To whom are you sexually attracted?
- ▣ Sexual Behavior: With whom have you actually had sex?
- ▣ Sexual Fantasies: Whom are your sexual fantasies about? (They may occur during masturbation, daydreaming, as part of real life, or purely in your imagination.)
- ▣ Emotional Preference: Emotions influence, if not define, the actual physical act of love. Do you love and like only members of the same sex, only members of the other sex, or members of both sexes?
- ▣ Social Preference: Social preference is closely allied with but often different from emotional preference. With members of which sex do you socialize?
- ▣ Lifestyle Preference: What is the sexual identity of the people with whom you socialize?
- ▣ Sexual Identity: How do you think of yourself?
- ▣ Political Identity: Some people describe their relationship to the rest of society differently than their personal sexual identity. For instance, a woman may have a heterosexual sexual identity, but a lesbian political identity. How do you think of yourself politically?

# The American Institute of Bisexuality

[www.bisexual.org](http://www.bisexual.org) This is Fritz Klein's website and contains information resources, additional resources on use of Klein Grid.

The Bisexual Resource Center  
[www.biresource.org](http://www.biresource.org)

# What do we mean when we say, “transgender?”

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

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

# Defining Transgender:



## ▣ Trans Umbrella

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



# Defining Transgender:

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

Sex Assigned  
at Birth

Gender  
Identity

Gender  
Expression

Sexual  
Orientation



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# Gender Identity

One's internal, deeply held sense of one's gender. For transgender people, their own internal gender identity does not match the sex they were assigned at birth. Most people have a gender identity of man or woman (or boy or girl). For some people, their gender identity does not fit neatly into one of those two choices. Unlike gender expression, gender identity is not visible to others

# Sexual Orientation

Describes an individual's enduring physical, romantic and/or emotional attraction to another person. Gender Identity and sexual orientation are not the same thing.



# Gender Dysphoria

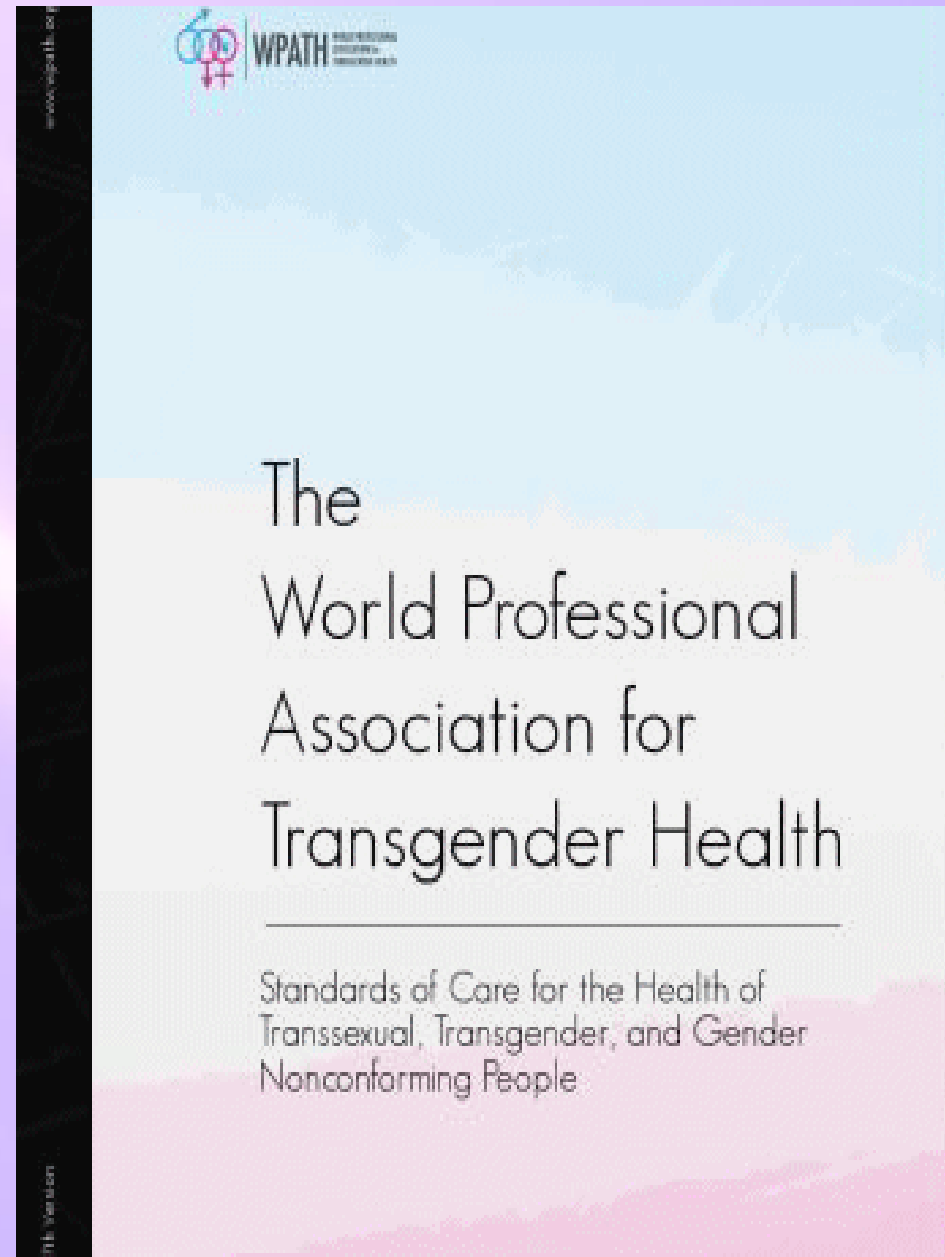
The distress that is caused by a discrepancy between a person's gender identity and that person's sex assigned at birth (and the associated gender role and / or primary and secondary sex characteristics).

# Transitioning

- ▣ Transition includes some or all of the following personal, medical and legal steps:
  - Telling family, friends and co-workers
  - Using a different name and new pronouns
  - Dressing differently
  - Changing one's name and/or sex on legal documents
  - Hormone therapy
  - One or more types of surgery (possibly)

The World Professional Association for Transgender Health (WPATH), formerly known as the Harry Benjamin International Gender Dysphoria Association (HBIGDA) is a professional organization devoted to the understanding and treatment of gender identity disorders

[www.wpath.org](http://www.wpath.org)



# Provider Considerations

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

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



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# Provider Considerations

Respecting trans clients names & pronouns  
cont.:

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

# Gender Nonconforming

- ▣ Individuals whose gender identity, role or expression differ from what is normative for their assigned sex in a given culture and historical period
- ▣ Bigender
- ▣ Androgeny
- ▣ Nongendered
- ▣ Genderqueer

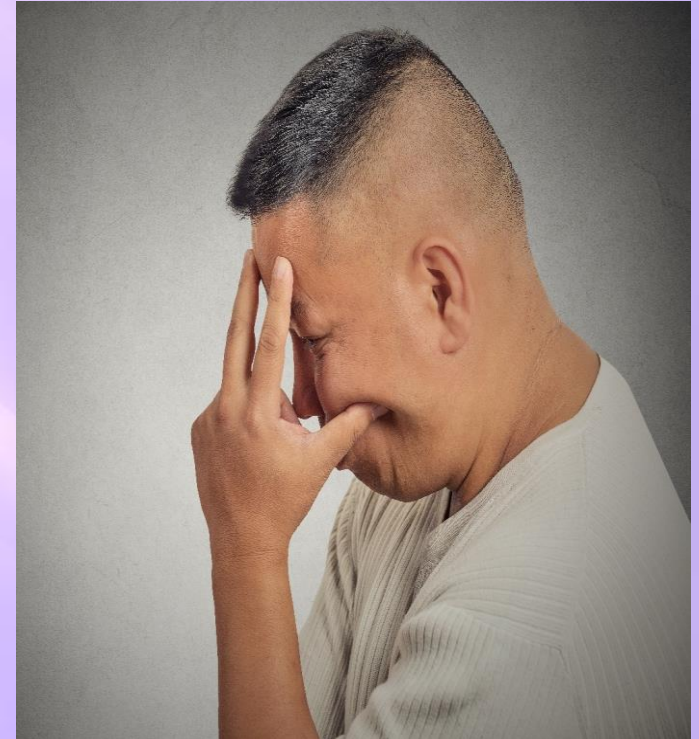
# TRANSPHOBIA

- ▣ *Transphobia* is an irrational fear of those who challenge gender stereotypes, often expressed as discrimination, harassment and violence.
- ▣ *Internalized Transphobia is discomfort with one's own transgender feelings or identity as a result of internalizing society's normative gender expectations.*

# Provider Considerations

What does intrapersonal stigma and transphobia look like?

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





# *Provider Considerations*

What does interpersonal stigma and transphobia look like?

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

# Provider Considerations

What does institutional stigma and transphobia look like?

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



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# Provider Considerations

Service delivery clinical considerations:

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



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# Provider 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.
- 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).*

# CETH Recommended Trans/Gender Expression Inclusive Intake Questionnaire

1. What is your current gender identity? (Check and/or circle ALL that apply)

Male

Female

Transgender

Male/Transman/FTM

Transgender

Female/Transwoman/MTF

Genderqueer

Additional category (please specify):  
\_\_\_\_\_

Decline to answer

2. What sex were you assigned at birth? (Check one)

Male

Female

Decline to answer

3. What pronouns do you prefer? \_\_\_\_\_  
\_\_\_\_\_

# In Treatment Programs, Trans Clients Report:

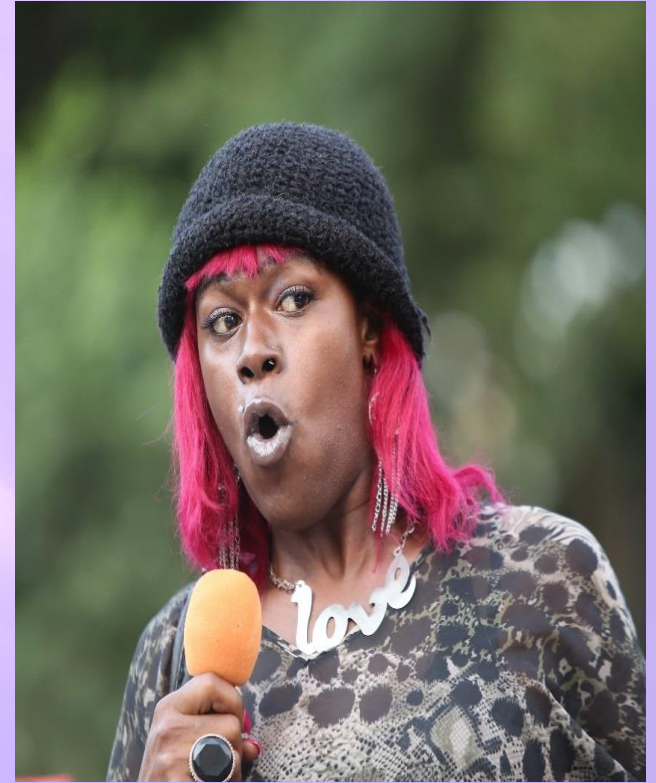
- Experiencing more transphobia from treatment program staff than from other clients.
- Programs do not address trans issues.
- Being required to use sleeping and shower facilities inconsistent with their current gender identity.

# Provider Recommendations

- 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 Recommendations

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





# Inappropriate questions / statements

- ▣ “Have you had the operation / surgery?”
- ▣ “Which bathroom do you use?”
- ▣ “When did you decide to become *transgendered*?”
- ▣ Provide fashion tips to look more male/female
- ▣ “You look like a real man/woman”
- ▣ “How do you have sex?”
- ▣ Inappropriately touch

# Inappropriate words and phrases

- ▣ “Deceptive”, “fooling”, “pretending”, “posing”, “trap”, or “masquerading”
- ▣ “Tranny”, “she-male”, “he/she”, “it”, “shim”
- ▣ Pre-op, post-op, non-op

# Resources

- ▣ Gender Spectrum: [www.genderspectrum.org](http://www.genderspectrum.org)
- ▣ Gender Talk: [www.gendertalk.com/](http://www.gendertalk.com/)
- ▣ National Center for Transgender Equality: <http://transequality.org/>

# Continuum of Treatment

- ▣ “Repair” the sexual identity - ignore the AOD
- ▣ Treat the sexual identity - fix the addiction
- ▣ Treat the addictions - ignore the orientation
- ▣ Treat the AOD - minimize the orientation
- ▣ Treat the AOD - acknowledge the sexual identity
- ▣ Treat the AOD - integrate the sexual identity into recovery
- ▣ Integrate the sexual identity as significant to treatment and recovery

# Becoming Trans Positive

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

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

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