innovation

ALAMEDA COUNTY BHCS
ROUND THREE
INNOVATION GRANT PROGRAM

PACIFIC CENTER FOR HUMAN GROWTH

Pacific Center for Human Growth (Pacific Center)

Improving LGBTQI2S Competency for Providers Through Trainings that Focus on Specific Age Groups

BHCS ALAMEDA COUNTY Behavioral Health Care Services

MENTAL HEALTH SERVICES ACT · PROPOSITION 63 · CALIFORNIA

Pacific Center for Human Growth (Pacific Center)

Improving LGBTQI2S Competency for Providers Through Trainings that Focus on Specific Age Groups

OUR STORY

Pacific Center has served the LGBTQI2S community in Alameda County for over 40 years. Today, we help around 2500 people each year with low-cost therapy, HIV counseling and support, a safe-space after school program, and peer support groups. Over 450 LMFT and PsyD interns have graduated from our clinic didactic training program in LGBTQI2S clinical competency over the last 20 years

Because we are the sole LGBTQI2S - specific mental health community center Alameda County, we know our limitations and that the best way to reach more people who need services that are welcoming and competent is to collaborate with other agencies to improve the quality of their staff members' competency and understanding of this population. In that spirit, we worked with four main collaborators on this training curriculum.

For more information, please contact:

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PACIFIC CENTER
FOR HUMAN GROWTH

Innovations Grant # 222

PROJECT OUTCOME NARRATIVE

Date Submitted: 10 October 2015

Project Name: Improving LGBTQI2S competency for providers through trainings that focus on specific age groups

LGBTQI2S LEARNING QUESTION #2

What training curriculum will best support age-based, culturally responsive provider capabilities regarding the specific needs and issues of LGBTQI2S clients/consumers?

Grantee Organization: Pacific Center for Human Growth

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Personnel Who Contributed To INN Grant #222 Training Curriculum

Leslie Ewing, M.A., *Pacific Center's* Executive Director, **Leslie Ewing**, **M.A.**, is a recognized leader in the LGBTQ civil rights movement. Her previous experience includes being the volunteer coordinator for the *NAMES Project* AIDS Quilt displays in Washington DC and serving on the national organizing committee for the 1*993 March on Washington.* After two terms as President of the Board of Directors at the AIDS Emergency Fund in the darkest days of the HIV epidemic, she and her late partner founded the *Breast Cancer Emergency Fund* in San Francisco. Immediately prior to joining *Pacific Center*, Leslie was the Associate Executive Director at *Lyon-Martin Women's Health Services* in San Francisco. She may be contacted at lewing@pacificcenter.org.

Louise Monsour, M.A., LMFT, is a licensed clinician and the Director of Clinical Training at the Pacific Center for Human Growth. She is responsible for the recruitment and training of the pre-licensed individuals who see clients at the Pacific Center, their individual and group supervisors, and all those who teach a weekly didactic throughout the training year. She herself is an experienced trainer and educator who believes that education is a primary tool for changing discrimination or injustice of any kind. She maintains a private practice in Berkeley, and may be contacted at lmonsour@pacificcenter.org or at louise@louisemonsour.com.

Jeanne Courtney, MFT, is a Bay Area psychotherapist specializing in: LGBT issues, body image, codependency, depression, and anxiety. She also offers CEU courses and career development groups for therapists. She has worked in hospital, residential, and outpatient settings with dual diagnosis, HIV, and severe mental illness. At the Pacific Center for Human Growth, she has led professional development groups and provided supervision and training for interns. She may be contacted at JeanneCourtneyMFT@gmail.com.

Chantal Rohlfing, LCSW, is a psychotherapist working with individuals and couples of all genders and sexual orientations since 1990. As a Clinical Supervisor and Clinical Director at several non-profit agencies, she has specialized in work with domestic violence and abuse, immigrants, women and LGBTQ people. She currently speaks and leads workshops on various topics, and does spiritual counseling in addition to her psychotherapy practice. She may be contacted at chantalwrites@att.net.

Nicole Koethner, MA, MFT is Clinical Supervisor for the Expressive Arts Therapy Program for the Contra Costa County Regional Medical Centers (CRMC). She is a multi-media artist, Expressive Arts psychotherapist, educator and consultant. She is adjunct faculty at Sofia University and supervisor and Professional Development Group facilitator at the Pacific Center for Human Growth. She has a private practice in German and English in Berkeley, is an advisor to the International Expressive Arts Therapy Association, and on the Board for Body Tales. You can find out more about her work at **www.express-explore-expand.com**.

Elizabeth (Liz) Cleves M.A., earned her certification in Substance Abuse Counseling from UC Berkeley and her Masters in Clinical Psychology at the American School of Professional Psychology. She is currently completing her doctoral degree in clinical psychology and provides life coaching in her private practice in Benicia, CA. Liz has extensive experience working with children and youth, and facilitates groups for adolescents dealing with divorce. She also works with adult children dealing with narcissistic parents. She may be contacted at lizcleves@yahoo.com.

Eb (Ebony) Brown, MSW, began C.A.R.E Strategies with the vision of supporting social good. Organizations and social service agencies increase their impact through four core principles: competence, accountability, resilience and engagement. With over a decade of experience in education, social services and social justice work, Eb brings skills as a teacher, direct service staff, manager and director to create training content relevant to all. Eb's training style is engaging, interactive and supports participants to walk away with practical tools. Eb's training specialties include Diversity and Equity, Family Engagement, Staff Wellness, Team Building, Child Sexual Abuse Intervention and Prevention, and Mandated Reporting. Eb currently works as a contract trainer for Bay Area Academy and is the Director of Programs for C.A.R.E. Strategies. Eb may be contacted at 510.388.0292 or carestrategicvision@gmail.com.

Final Report on INN Grant # 222: Age-Based Curriculum

Introduction

Founded in 1973, Pacific Center for Human Growth (Pacific Center) is the oldest LGBTQI2S community center in the Bay Area and the third oldest in the nation. Today, Pacific Center is a respected, grass-roots non-profit organization that provides LGBTQI2S culturally competent mental health services and a wide range of support services for young people and adults of all ages. While we are located in Berkeley, we help people throughout the entire Bay Area. We have provided mental health services and supports for LGBTQ people since 1978.

Today, Pacific Center is the only direct services agency in Alameda County providing mental health support services specifically for the LGBTQ community. We serve about 2500 people each year: individuals, couples and families in low-cost therapy; HIV+ men in our HIV counseling and support program; young people in our after school program; an elders program; and participants in our many different on-site peer support groups. We respond to hundreds of calls annually for referrals to other agencies and services. Above all, Pacific Center strives to empower individuals in the community to take action toward building and sustaining health, wholeness and well-being.

Through competency trainings, mental health services and peer support groups the Pacific Center works to improve support for all LGBTQI2S people, both within families and in the larger community. Because of our unique role in Alameda County, we want to reach more people who are isolated and may be unaware of our services. Our programs are effective in not only preventing the escalation of mental illness, but also as a gateway to other mental health services.

This training guide for providers is just one of the tools that may be employed to help achieve a higher level of comfort and better outcomes when working with any person from the LGBTQI2S population. Note that this guide and the accompanying Power Point presentation are meant to be dynamic tools, not something that is created once and used without change for years to come. Changes occur regularly in laws, and in the LGBTQI2S community itself. The rapid emergence of the transgender population and the improvements in civil rights for all LGBTQI2S individuals have meant many improvements in the lives of some while creating conflict and confusion for those serving the mental health needs of the population. That said, anyone using these materials must frequently update relevant statistics and links to videos or websites mentioned in the presentation. It is our strong recommendation that the training will be conducted by members of the LGBTQI2S community, and where possible, by someone with extensive knowledge of the history of the LGBTQI2S community, expertise in mental health, and prior experience teaching or training.

RESPONSE TO LEARNING QUESTION

The training curriculum addresses providers' understanding of fundamental LGBTQI2S issues and their impact upon the behavioral health, wellness and issues of children, transitional-age youth (TAY), adults, and older adults of the LGBTQI2S community, and their families.

PROGRAM DESIGN

This program was designed to meet the needs of providers in an environment where LGBTQI2S individuals of multiple ages, genders, ethnicities, physical abilities, religious affiliations, and class affiliations are in need of services from agencies and organizations not a part of the LGBTQI2S community. There are sections that address the history of the LGBTQI2S community as well as sections dealing with current needs arising from the emergence of the transgender population. Some modules are specifically for those working with youth and transitional-aged youth (TAY), while others focus on the needs of adults and older adults.

The goal in designing the overall training as individual modules was to allow for maximum flexibility by agencies and organizations who want to improve staff competency but struggle with the usual shortages of time and money in a non-profit environment. Each module clearly indicates goals, materials needed, and time required for completion. In addition, attention was given to the variety of ways that adults learn by including small group discussion, larger group brainstorming, silent work, small group work, work in dyads, triads, and some exercises that involve movement.

Through a series of focus groups and planning meetings with our collaborators we determined the most urgent needs of providers who want to improve their own competency. This feedback and research led us to build the trainings in the ways that we did, and is included as the *Field Test Report* included with these materials.

It is our expectation that these materials provide an outline, or a foundation upon which all providers will be able to build over time. The information in the different modules is dynamic, meaning that it will certainly change over time. Anyone using these materials must be able to update the statistics and the current resources in order to remain relevant. In addition, anyone teaching this material should have extensive personal knowledge of the history of LGBTQI2S people and be able to tap into resources from the subpopulations that make up the larger LGBTQI2S community.

There are 4 primary goals for our age-based curriculum:

- Improve competency and comfort levels for providers who work with LGBTQI2S clients
    - This will reduce anxiety for those who are unsure or uncomfortable in their encounters with LGBTQI2S people
- Challenge myths and biases about the LGBTQI2S population
    - This will help providers formulate better ways of doing their jobs respectfully and ethically

- Increase knowledge of mental health issues and treatment specific to LGBTQI2S clients
    - This is a win-win for both providers and clients
- Increasing client support and access to services for all groups within the LGBTQI2S population
    - This will create more welcoming environments for all clients, decreasing isolation, and increasing wellness

Essential program components included

- Outreach and engagement with collaborators. This took the form of multiple meetings to determine their experiences with LGBTQI2S concerns, the agency culture, what training already existed, and assessment of gaps in information or training
- Recruitment for provider and client focus groups. Questions for the focus groups were determined through use of a pre-training survey given to those who would attend the trainings
- Held focus groups with providers, adult consumers, older adult consumers, youth, and families. This helped to determine past experiences with consumers, challenges encountered by providers, and unaddressed issues on both sides
- Development of curriculum based on focus group data and pre-training surveys
- Piloting provider trainings at collaborating agencies on adult and older adult LGBTQI2S mental health. Trainings were provided in various lengths, from those lasting 2 hours to those that required 2 full days
- Reviewing field test data (evaluation forms, pre- and post-tests)
- Finalizing curriculum and Power Point presentation

PROJECT SUBPOPULATION

Although the training curriculum was designed to educate providers about common issues regarding the LGBTQI2S community overall, we created a specific sub-population focus in 3 areas: transgender and gender-nonconforming clients, African-American clients, and older adult clients. We selected these three populations for three reasons. First, all three of these sub-populations are more isolated, and at higher risk for discrimination, violence and mental health issues, including suicidality. Statistics in the training include: 41% of transgender population have attempted suicide[1], the African-American transgender population has the highest rate of homicides[1], and LGBT seniors have victimization rates of 66%[2].

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[1] Grant, J.; Mottet, L.; et al. *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey.* Washington, D.C.: National Gay and Lesbian Task Force, 2011.

[2] Fredriksen-Goldsen, K.I., Kim, H.-J, et al (2011). *The Aging and Health Report: Disparities and Resilience among Lesbian, Gay, Bisexual and Transgender Older Adults.* Seattle: Institute for Multigenerational Health.

Another reason we focused specific training on these sub-populations was that the data from focus groups and/or pre-tests demonstrated relatively little knowledge of these populations and how to work with them. Specifically, providers had more questions about working with transgender clients than other populations, and had very little or no knowledge and specifics of older or African-American clients.

Third, these populations are relatively under-served by mental health agencies, thus we wanted to bring awareness to how to create a more welcoming environment for these clients.

We did not test the impact of the training and/or curriculum on the subpopulations specifically since the trainings were done as pilot programs with our collaborators. We were only able to measure how it impacted providers' knowledge base and comfort levels. It will be important to gauge the impact of this type of training after it has been more widely available and in use for a period of months or years.

PROGRAM STRATEGIES

Throughout the training curriculum, we highlighted the intersectionality of life-stressors that many LGBTQI2S individuals face due to ongoing discrimination. Through discussion, activities and writing exercises, participants learn risk and protective factors with statistics, narratives and personal explorations. The curriculum is designed to provide a greater understanding of the impact sexual orientation, gender identity, and gender expression have on people from childhood through all stages of development.

The diversity of the community is represented by youth and parents, adults and older adults from diverse backgrounds and who share their direct stories through multimedia capabilities. Participants in the training also examine the diversity of LGBTQI2S children and youth and explore ways to engage them with respect to the multiple identities and challenges they face. They learn some specific issues that adults, and especially older adults, face as they age without the benefit of a traditional extended family.

The training curriculum improves participants' understanding of appropriate terminology relating to the LGBTQI2S community through the inclusion of an extensive glossary. Most importantly it acknowledges the uniqueness of each person and family within a shifting historical context, even as we acknowledge the life experiences common to many LGBTQI2S people. Participants of the training curriculum learn to distinguish between sexual orientation, gender identity, and gender expression. The curriculum improves familiarity with evolving terminology and concepts relating to sexual orientation, gender identity, and gender expression (SOGIE).

The curriculum supports providers in distinguishing common myths and stereotypes from facts.

Participants acknowledge and work with their own beliefs, values and assumptions in relation to LGBTQI2S people. Through interactive and silent exercises they build awareness of how personal bias may impact their work.

The curriculum improves providers' awareness, knowledge, comfort and responsiveness interacting with LGBTQI2S individuals and their families in an affirming, welcoming manner. Participants are reminded to meet the whole person/family and discern what the concerns are of the individuals seeking services that might not be related to their sexual orientation or gender identity. Participants in the training engage in exercises to practice asking questions and to explore their own experiences in regards to sexual orientation, gender identity and expression.

Participants who complete the training modules pertaining to work with children and youth develop a greater understanding of the strengths and challenges of parents with LGBTQI2S children and youth, and will understand the value of allowing parents to share their stories and need to be received non-judgmentally and assess when psychoeducation might be helpful. They will also gain a better understanding of the relationship between specific family *accepting* or *rejecting* behaviors during childhood and adolescence, and the health, mental health and well-being of LGBTQI2S young adults. Information about suicidality, depression, substance use and sexual health risks among those in the LGBTQI2S population is stressed. The curriculum also provides information about how providers can talk with parents, foster parents and caregivers about decreasing an LGBTQI2S child's or adolescent's risk for suicide or other health risks.

Finally, participants become familiar with existing resources that address the needs of LGBTQIS2 individuals regardless of age or background.

In order to engage participants in an exploration of above mentioned topics it is essential that training facilitators provide a warm, non-judgmental, open, curious and welcoming attitude when presenting material. We emphasize that this material should be presented by a trained mental health professional who has experience leading groups or workshops, and who has extensive knowledge of the LGBTQI2S community and its history.

OTHER IDEAS TO SUPPORT LGBTQI2S CONSUMERS

Many ideas and interventions are presented throughout the training. However, one suggestion from all focus groups and discussions stood out by its frequency and the emphasis placed on it by participants. Gender neutral bathrooms and bathroom signs are a simple and effective way to make people feel welcome. Bathrooms signs were even changed in one agency during a focus group to make it more gender inclusive and neutral. This is especially easy in older buildings where single person bathrooms are prevalent.

Other input from our focus groups included a need to make environments more welcoming with diversity posters, inclusive intake forms, and proper use of personal pronouns. Providing informational material to parents and youth, or to older individuals, directing them to appropriate community resources will help to address issues people might otherwise feel too intimidated to approach.

Providing support groups with an LGBTQI2S focus was another frequent suggestion.

PROGRAM COLLABORATORS:

We collaborated with two agencies serving both the adult and older adult population, Bay Area Community Services and Crisis Support Services. Providers and consumers from each of these agencies participated in focus groups. In addition, we held two consumer focus groups for older adults at the Pacific Center. A total of 17 LGBTQI2S older adult consumers participated in these older adult focus groups.

Parents, children and youth participated in focus groups and filled out demographic surveys. Their voices impacted the content of the training curriculum. Providers participated in focus groups and training. They filled out demographic surveys as well as pre-and post-surveys that measured the impact of training on providers' basic LGBTQI2S knowledge base, and completed an evaluation of the training.

This is the list of Collaborators:

- Alameda Family Services (Children & TAY)
- Ann Martin Center (Children & TAY)
- Bay Area Community Services (BACS) (Adults & Older Adults)
- Crisis Support Services of Alameda County (Adults & Older Adults)
- Pacific Center Peer Support Groups (Adults & Older Adults)

Cultural Responsiveness. We created specific training areas for the three sub-populations. In addition to training content for the transgender and gender non-conforming population, we created a Gender Identity Panel of 3 diverse members of this community to speak about their experiences of identity as well as mental health issues and experience with providers. For the African-American population, we created a section of the Intersections Module specifically about issues for African-American LGBTQI2S clients. The presentation and discussion was co-created and facilitated by Sage Williams, an African-American transgender staff member at BACS. For the Older Adults Module, we had two videos of older adult experiences, as well as didactic information and a senior role-play.

EFFECTIVENESS OF STRATEGIES

Overall, the providers' verbal and written evaluations of the training were positive. [See detailed information on the results of the pilot trainings in the *Field Test Report* included.] Most participants reported an increase in knowledge, and the overall training rating was "very good" (4/5). Feedback about strengths of the training from the providers included: panel presentation, role-plays, Power Point presentation and videos, "definitions, addressing stereotypes, removing judgment."

Participants were especially impacted by the sections on gender identity, and the personal stories of the panel. Specific feedback included:

- "Gender identity issues and guest speakers were very good. They drew attention to the nuances of gender identity, the use of gender typical pronouns and how they can offend."
- "I really enjoyed this training and how it pushed me to think about gender and sexuality in new ways. I look forward to putting this info into practice in my clinical work, and will seek out ways to continue to learn more so I can be a better ally and clinician."

Answers to the question "Were you challenged to think in new ways?" included:

- "I thought about how to create safety, not just assume what a LGBTQI2S is feeling,"
- "made me think more about the assumptions I make about my own gender and sexual orientation as well as others,"
- "I'm very LGBTQI2S friendly, but found myself thinking in new ways,"
- "less discomfort with this population,"
- "can't judge a book by its cover," and
- "I'm learning how to use preferred pronouns for LGBTQI2S consumers."

In response to the question "What would you do differently as a result of this training?" providers wrote:

- "gender pronoun use,"
- "think before I speak/assume,"
- "be more proactive, not wait for full disclosure,"
- "be more understanding,"
- "focus more on developing an inclusive and allied culture,"
- "address bullying or intolerant language clients express."

Verbal feedback from staff included one provider stating, "I have a lot of people to apologize to (about gender pronoun use)."

There was a divide among staff whether they felt 'challenged to think in new ways', with those who had a great deal of prior training in this area feeling less impact, and some feeling very challenged.

Feedback about weaknesses of the pilot training included that participants wanted more interaction and exercises (including exercises on asking about gender pronoun), less lecturing and focus on statistics, and greater safety (specifically regarding the spectrum exercise identifying the sexual orientation and gender identity of staff). Some wanted more depth: "This was a good overview – more personal reflection, attitude, consideration exercises would help," and "Brief overview; not conducive to delving or grappling with nitty gritty examples. My fear of exposing conscious or unconscious bias or ignorance," and "would like more training and practice."

Based on this feedback, the final curriculum was lengthened to 6 hours (from 4 for the pilot training) in order to keep the content, but adding more personal reflection exercises, more role plays, and more time for questions and discussion. Trainer is encouraged not to focus on statistics, but on themes. Some major principles were added to the Power Point. In addition, the gender spectrum exercise was re-written to keep the intent of personal reflection on gender identity, yet maximize safety for staff.

Providers at the agencies working with children and TAY immediately identified a need for support groups for youth and for parents of LGBTQI2S children. They also requested more training that specifically address the age groups that include children and TAY.

REPLICATION OF PROGRAM

Essential elements for replication of this program includes a welcoming non-judgmental, open, warm and curious atmosphere that creates safety so that providers may explore and address their own biases and stereotypes. This is crucial if there is to be any lasting change as a result of the training. Anyone can sit down and read the statistics, but being challenged to speak and act in a different way, with different language, and with a new understanding of the client's world is another matter. Many people going through this type of training will have to deal with years of misinformation and cultural biases.

The different modules in the Power Point program accompanying this report are all important though the information might be organized a little differently, depending upon the participants. These are the topics that must be included to be a complete training that covers all age groups:

- Definitions of terminology and concepts
- Content on history, discrimination, life stressors, and intersections of discrimination
- Content on mental health issues and treatments
- Content on issues pertaining to children and youth
- Content on older adult issues
- Content for parents of LGBTQI2s children (when the parents are heterosexual)
- Sensitivity and self-awareness exercises (individual, dyads, groups, role-plays)
- Videos or panels that highlight the diverse subpopulations comprising the larger LGBTQI2S community
- Content on legal and ethical requirements for providers

Staffing Requirements.

- Primary trainer should be a licensed mental health professional with extensive experience working clinically with the LGBTQI2S community.
- Ideally, it is useful to have two trainers from different age, race, sexual orientation and/or gender identity groups, for the sharing of different perspectives and experiences. The presenter for the African-American section of Intersections module should be LGBTQI2S and African-American.
- All trainers should be members of the LGBTQI2S community. This is important because the community is 'invisible', and this breaks down barriers and allows a deeper level of sharing and understanding from the presenter as well as the audience.
- If possible, a panel focused on gender identity with at least 3 participants – at least one should be transgender and one gender non-conforming, and ideally the group should be diverse in race and age. Panel can consist of providers, consumers and/or other members of the transgender spectrum community. These panelists should be willing to share personal life experiences, including about their own mental health, and experiences with providers. Presenters must give panelists questions and assist them in preparation ahead of time, as well as debriefing with them afterwards, especially if they are mental health consumers.
- Include a panel of parents of LGBTQI2S children and TAY, and youth from diverse class and ethnic backgrounds to tell their stories.
- If a diverse team of individuals is not available for panels, it is essential to have multimedia components that reflect ethnic and class diversity.
- It is important to have staff with technical expertise to set up projector and laptop, speakers and internet connection for videos, etc. This should be tested in advance, and presenters should bring their own equipment as back-up.

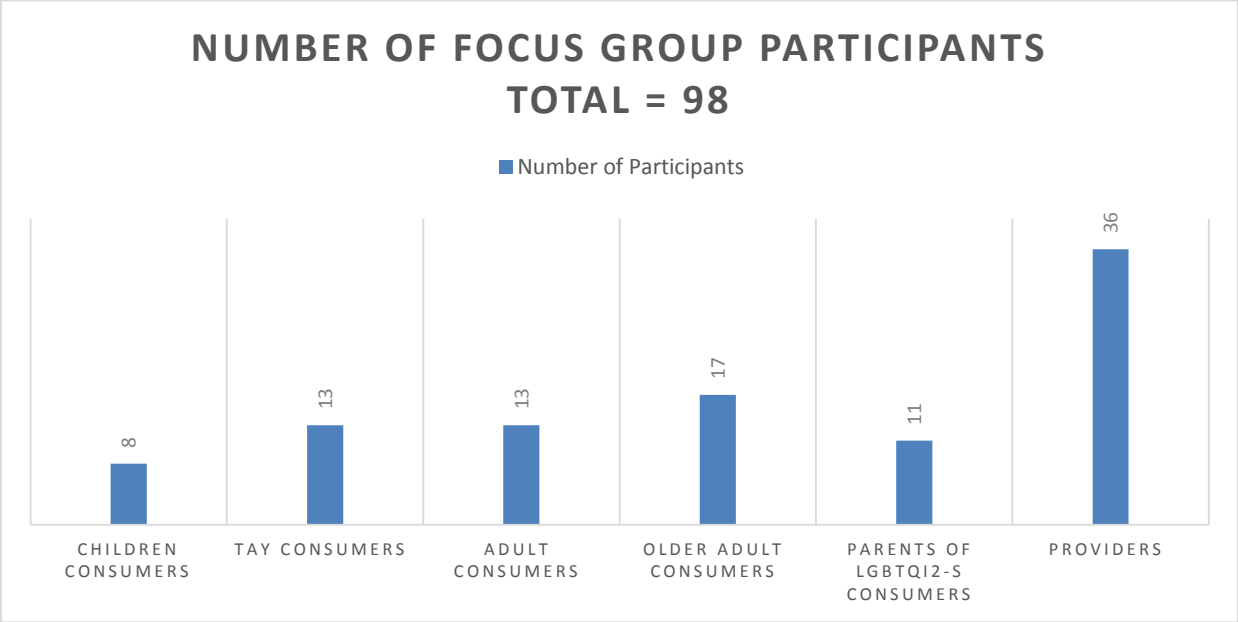
Primarily, collaborators would be the panelists, and/or co-presenters. For our two pilot trainings, gender identity panelists were a diverse group of 3 BACS providers, and the co-presenter on African-American issues was an African-American transgender BACS provider.

In addition, it is valuable to collaborate with any agency requesting the training, to tailor it to the specific needs, prior experience and knowledge of staff members at the requesting agency. It is valuable to ask questions about the culture of the agency around work with LGBTQI2S clients, how many 'out' staff members they have, etc. This can be valuable information that can strengthen the relevance of the training. As an example, we discovered that shortly before the training, there was conflict among the staff regarding the 'outing' of a transgender staff member who was transitioning. This came up and was processed to some degree during the training.

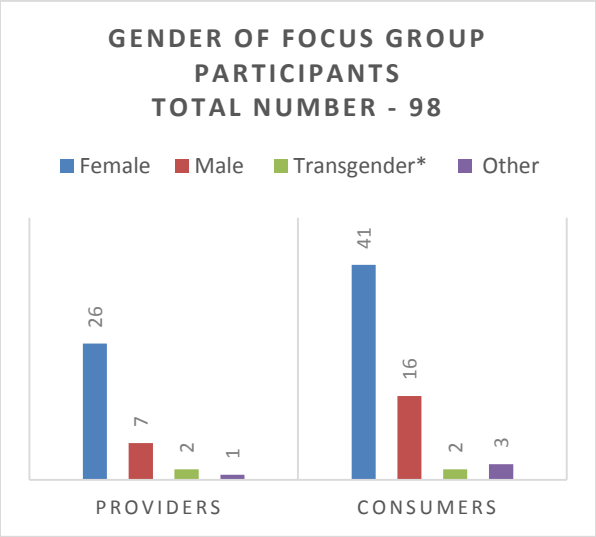
Field Test Report

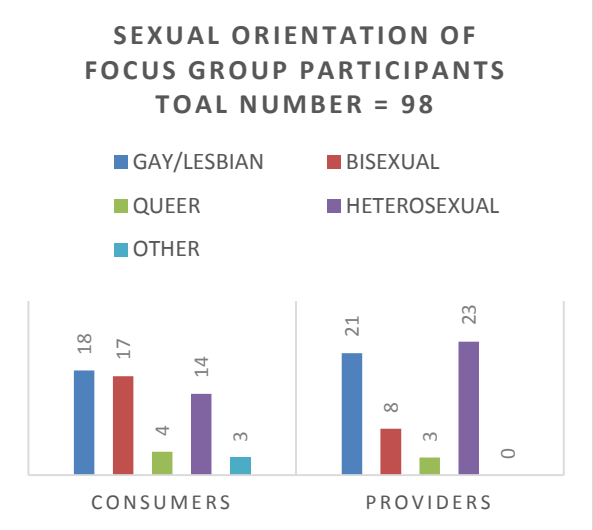
Data Analysis

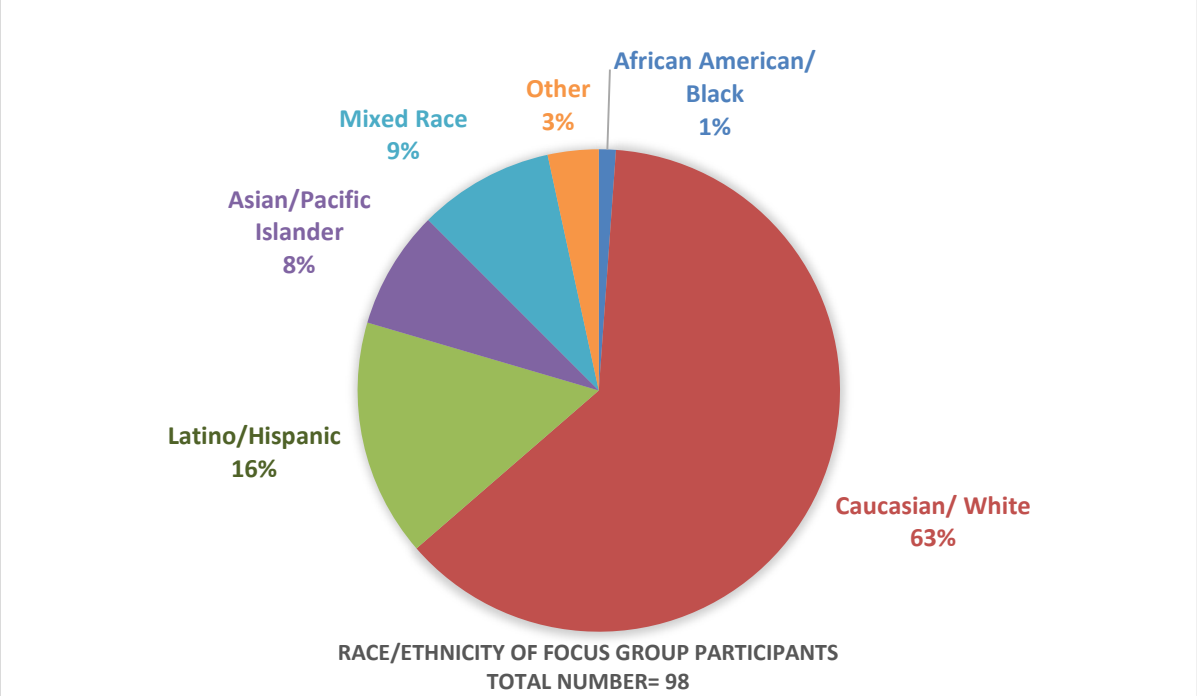
Pacific Center contracted with 4 non-profit organizations within Alameda County to support the field testing portion and pilot of the project - Alameda Family Services, Ann Martin Center, BACS, and Crisis Support Services. To ensure representation of older adult consumers, Pacific Center also held two focus groups on site. The participant organizations represented a wide range of consumers, parents, and providers outside of the range of Pacific Center's normal clientele. Pacific Center conducted a total 12 Focus groups (2 with Youth and TAY, 2 with Parents of LGBTQI2S youth, 2 specifically for Older Adult consumers, 2 with adult consumers, and 4 with providers.).



Demographics of focus group participants were collected through a self-report survey at the beginning of each focus group. The majority of focus group participants identified as Caucasian/White (63%), female (68%), and as lesbian, gay, bisexual, queer, or other sexual orientation (75%). As a result of the lack of African American/Black (1%) participants, Pacific Center sought out professionals identified as African Americans/ Black to provide additional feedback on the curriculum. Pacific Center made multiple attempts to connect with Native American/Indigenous communities, however the cultural differences between mainstream mental health practices, and limited time to engage the community reduced representation Native American/ Indigenous providers and consumers.


GENDER OF FOCUS GROUP PARTICIPANTS
TOTAL NUMBER - 98
Female
Male
Transgender*
Other
26
7
2
1
41
16
2
3
PROVIDERS
CONSUMERS


SEXUAL ORIENTATION OF FOCUS GROUP PARTICIPANTS
TOAL NUMBER = 98
GAY/LESBIAN
BISEXUAL
QUEER
HETEROSEXUAL
OTHER
18
17
4
14
3
21
8
3
23
0
CONSUMERS
PROVIDERS


African American/ Black 1%
Other 3%
Mixed Race 9%
Asian/Pacific Islander 8%
Latino/Hispanic 16%
Caucasian/ White 63%
RACE/ETHNICITY OF FOCUS GROUP PARTICIPANTS
TOTAL NUMBER= 98

FOCUS GROUP PROTOCOL:

I. **Introduction:** Thank you for joining us today for this focus group. We are excited to hear your thoughts, and to learn from your experiences. A few things before we begin:
   a. This focus group is a project of the Pacific Center and funded by an Innovations Grant from Alameda County. As a member of the Innovations grant cohort we are developing strategies to improve the mental health system of care for LGBTQI2S individuals.
   b. The information obtained from this focus group will be used to develop training for mental health providers and staff of mental health agencies. When complete the curriculum will be made available by the Pacific Center, Alameda County, your agency and the public.
   c. Your personal identity will be kept confidential, however if during this focus group you state information that suggests you may cause harm to yourself, someone else or if someone is harming you as a mandated reporter I will have to respond.
   d. The focus group will last for 90 minutes and we will ask you a series of questions. You may choose not to answer any questions, and we will be using several strategies to ensure everyone in the focus group gets a chance to be heard.
   e. Does anyone have any questions about the focus group, the process or funding?

II. **Setting Group Agreements:** In order to feel safe enough to share in this space it is important to establish some basic group agreements (GROUP AGREEMENTS FROM SUPPORT GROUP HAND BOOK). Please take a look at the agreements you were provided.
   a. Are there any agreements you would like to add?
   b. Are there any agreements you don't agree with?

   Each person will now verbally acknowledge they agree to these agreements. Due to our limited time violation of these group agreements may result in you being asked to leave the focus group.

III. **Rapport Building:** In order to get to know each other better I would like everyone to introduce themselves by telling me your name, your age, your preferred gender pronoun, identifying your ethnicity/race, and answering the following question (choose any question):
   a. How would be three people- alive or dead- you would bring with you to an abandoned island and why?
   b. If you could be transported any place in the world right now where would it be and why?
   c. If you could be transformed into any animal what would it be and why?

Focus Group: Thank you for sharing a little about yourself. We will now begin with the focus group questions:

FOCUS GROUP QUESTIONS FOR PROVIDERS:

1. Why did you decide to join this focus group?
2. What do you think are the strengths of mental health providers?
3. What are challenges of mental health providers working with LGBTQI2S children/youth and their families?
4. Please describe your personal strengths in working with LGBTQ children/youth and their families?
5. Please describe your personal challenges in working with LGBTQ children/youth and their families?
6. What has been your experience working with LGBTQI2S children/youth and their families across race? Class? Nationality?
7. What would you say are the main concerns of LGBTQI2S children/youth and their families? Are there differences you experience across race? Class? Nationality?
8. What knowledge, tools and experiences do you need in order to improve your work with LGBTQI2S children/youth and their families?
9. Is there any other feedback or information you would like to share regarding working with LGBTQI2S children/youth and their families?
10. If you are part of the LGBTQ2S community are you comfortable in sharing your experience as LGBTQ2S staff and what issues you have encountered with colleagues and clients?

FOCUS GROUP QUESTIONS FOR FAMILY MEMBERS:

1. Why did you decide to join this focus group?
2. What are your main concerns in regards to your children?
3. What has been your experience working with mental health providers in receiving services for your LGBTQI2S children/youth and/or yourself?
4. Have you had positive experiences with agencies and providers? What made them positive?
5. Have you had negative experiences with agencies and providers? What made them negative?
6. What do providers need to know about LGBTQI2S consumers? How can they be more sensitive or welcoming?
7. What changes would you recommend to create a more welcoming and supportive environment for LGBTQI2S consumers?
8. Please describe your personal strengths as a parent of a LGBTQI2S child/youth and/or being part of the LGTBQI2S?
9. Please describe your personal challenges as a parent of a LGBTQI2S child/youth and/or being part of the LGTBQI2S?
10. Is there any other feedback or information you would like to share that would help mental health providers and agencies to serve you and your family?

FOCUS GROUP QUESTIONS FOR YOUTH CONSUMERS:

1. Why did you decide to join this focus group?
2. What do you like about being a LGBTQI2S youth?
3. What has been challenging for you being a LGBTQI2S youth?
4. What would you like your parents to know about you and how can they best support you?

5. Have you had any experiences with therapists or counselors? If yes what was positive about them and what was challenging?
6. Have you had any experiences at your home, in school or out in the world where you felt discriminated against? If yes, would you feel comfortable sharing the experience?
7. Who do you turn to for help when you need it? What kind of services would support you in your life right now?
8. Have you had any role-models when it comes to being part of the LGTBQI-2S community? How did they inspire you? Any particular qualities that supported you being who you are?
9. Do you feel comfortable discussing dating and relationships in general? And what about Sex? With your parents? With your peers? With services providers?
10. Is there any other feedback or information you would like to share that would help therapists and agencies to serve you and your family?

FOCUS GROUP QUESTIONS FOR ADULT CONSUMERS:

1. What has been your overall experience as a LGBTQ person receiving mental health services in Alameda County?
2. What challenges have you faced as an LGBTQ person seeking or receiving services?
3. Have you had positive experiences with agencies and providers? What made them positive?
4. What do providers need to know about LGBTQ consumers? How can they be more sensitive or welcoming?
5. What changes would you recommend to create a more welcoming and supportive environment for LGBTQ consumers?
6. As an Older Adult or Senior, what specific needs do you have? What would you like providers to know?
7. How can agencies and providers provide better services or a more welcoming environment specifically for LGBTQ Older Adults?

IV. **Closing:** Thank you for join us for this focus group. Your input will contribute to Alameda County developing new trainings for providers to better support LGBTQI2S communities.

V. **Focus Group Note Taking:** Focus groups notes were tracked with anonymous codes. Codes were then separately matched to demographic forms to isolate quotes.

VI. **Data Analysis:** Coding system categories for coding included: Consumer Needs and Concerns, Impact of LGBTQI2S on Consumer Mental Health, Consumer Strengths, Provider Needs, Parent's Needs, Provider Strengths, Consumers Experiences with Providers, Consumers Recommendations and Desired Services. Variables tracked included: age, ethnicity, transgender, providers, consumers and parents.

THEMES

The completion of focus group analysis identified key themes that would be used to support the development of a curriculum designed to help mental health providers address the needs of LGBTQI2S consumers. In recognition of LGBTQI2S consumers' needs as they are impacted by age and culture, every effort was made to isolate the needs of consumers according to these variables. As participants in focus group represented consumers and providers, this report will compare providers understanding of the needs of LGBTQI2S communities. Finally, this report will provide recommendations for mental health agencies to create welcoming environments and enhance provider trainings when working with LGBTQI2S consumers.

STRENGTHS AND SUPPORT SYSTEMS USED BY LGBTQI2S CONSUMERS

The foundation to understanding LGBTQI2S communities is understanding their strengths, resilience and support systems. These natural support systems represent protective factors mental health professionals can build on to support individuals, families, and communities. LGBTQI2S consumers and parents identified a complex network of support- friends, family, mental health providers, non-profit organizations, school based supports, spirituality and social media. For all groups discussing peer supports (friends, social groups, etc.) the support of other LGBTQI2S was specifically highlighted. Consumers of all ages frequently discussed their ability to establish *community* with other LGBTQI2S individuals as essential components to their sense of feeling healthy and supported.

Children and TAY youth consumers identified family supports (parents, siblings and extended family), school based services (GSA's, school counselors), and social media as networks of supports more frequently than adults and older adults. For many Children and TAY youth finding support using social media was essential to them developing positive identities, and experiencing a shared experience.

[I] use internet a lot; social media. [I like] relating to people, [I am] in a ton of groups on [Facebook] focused on LGBT youth, polyamory. [I watch] YouTube, read a couple of lesbian bloggers. [They have] helped me a lot. LRM Nikki

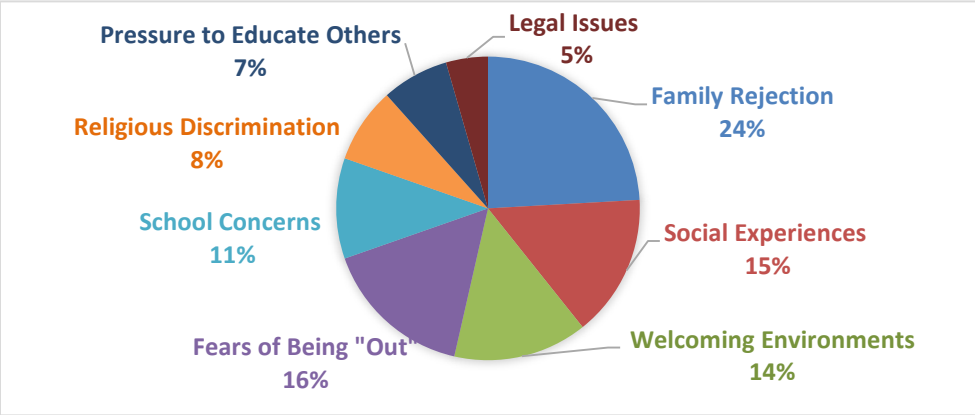
Adults and Older Adults discussed support of partners, county mental health services and non-profit agencies more frequently than children and TAY. Similar to children and TAY, these support systems helped adults and older adults reduce their feelings of isolation and increase a sense of community. Adults and Older Adults also reported more frequently seeking out LGBTQI2S specific or inclusive spaces as a way to combat mental health symptoms. In addition adults and older adults mentioned the role spirituality and religion had in helping them accept their identity and manage the impact of heterosexism and binarism on their wellbeing.

"When I was 11, climbed tree in front yard and looked up into nature and my sense of divine, thought about my attraction to girls and ask[ed] "why?". [The] answer: this is just like race, people coming from different points of view, class, someday this will be accepted."

It is important for mental health professionals to see LGBTQI2S consumers as capable of existing in supportive community and provide resources to increase their access to other LGBTQI2S individuals within their natural support systems. By assisting consumers with building up natural support systems, providers demonstrate their understanding of LGBTQI2S communities and foster trust with consumers.

CONCERNS AND NEEDS EXPRESSEDBY LGBTQI2S CONSUMERS

Despite the strengths and supports LGBTQI2S consumers of all ages and cultures are impacted by systemic oppression (heterosexism/binarism, homophobia/transphobia, ageism, racism, classism, ableism, etc.) in every domain of their life. Often these impacts are experienced *intersectionally* (i.e. racism and heterosexism, ageism and homophobia) creating a complex set of needs for LGBTQI2S communities. Impossible to represent every concern of LGBTQI2S communities, the categories represented here reflect those most frequently named in focus groups and/or those specified to particular populations with the groups.



NEEDS & CONCERNS IDENTIFIED: LGBTQI2S COMMUNITIES (PROVIDERS AND CONSUMERS)

Family Rejection- participants in focus groups discussed issues of family rejection and how family rejection impacted “coming out” and identity development. The sample of participants represented a range of rejecting behaviors from family members including: being persuaded to act in heteronormative ways, being told you are “going to hell”, being told their identity is against their family or cultural beliefs, having to hide relationships for fear of judgement, being cut-off from resources, and silence about their identity within the family. In many cases participants attributed these behaviors or fear of these behaviors as reasons for disconnecting from birth family, prolonging coming out or choosing not to participate in dating. Adults and Older Adults mentioned the change they see in family acceptance and rejection from their youth. This shift brought up grief for their own experiences while being glad for younger LGBTQI2S individuals to have a different experience.

Social Experiences the term social experiences represents consumers discussion of the ways individuals and institutions within society at larger impacted them. For consumers in this focus group this included their peer groups, extra-curricular activities, interactions with strangers, social media and other social institutions (clubs, work place, etc.). Again participants represented a range of negative interactions with the social environment: physical violence (throwing rocks threw windows), harassment (being

threatened by a group), and fear of judgement for being seen as LGBTQI2S. Many participants discussed the "unpredictable" nature of harassment or judgement added to their stress levels and considerably impacted there comfort in the social environment.

A noted difference for adults and older adults was the impact of invisibility as a part of LGBTQI2S communities which they related to increased isolation and diminishing of their identity.

For children and TAY coming out or perceived LGBTQI2S identity by their peers put them at risk for harassment on social media, being mistrusted by their peers, and judged by parents.

Fears of Being "Out"- Fears of being "out" were highlighted the most in Adult and Older adult participants. Many of their fears were tied to being placed in forced community settings, i.e. housing programs, senior housing, etc. The essence of the fear is, "will I be put at risk for isolation and harm if I am out about my sexual orientation and/or gender identity?". Consumers expressed limited options for housing as a major factor in why they may choose the "go back into the closet" or not discuss their relationships with heterosexual peers. In some cases adults discussed even "playing along" playing along with heterosexual assumptions to just "pass" and build community.

Although children and TAY discussed fears of coming out there actions in response to those fears was different than adults and older adults. For younger folks they primarily responded to their fears of being "out" by being choosing where they had direct conversations about their sexual orientation and gender identity and allowing" their behaviors to speak for themselves. For many young people they figured their families their sexual orientation or gender identity because of behaviors (bringing same-sex dating partners home, dressing in gender non-conforming ways, etc.) versus a disclosure of identity. A minority of children and TAY discussed declaration experiences which involved the support of a therapist or family members directly asking them about their identity.

Agency Welcoming Environments – consumers discussed how welcomed they felt in an agency in two distinct ways –the agency's visibility of LGBTQI2S communities and their one-on-one interactions with therapist. Consumer's felt their comfort in even being "out" to the therapist was directly connected to how visible LGBTQI2S communities were in literature in waiting rooms, posters, outreach materials, programming and staff. For older adults not experiencing agencies reaching out to LGBTQI2S them made them even more apprehensive to pursue therapy, or come out in therapy.

Consumers strongly stated their negative experiences with therapist had to do with therapists being heterosexual, unfamiliar with LGBTQI2S cultures or therapist solely relying on stereotypes of LGBTQI2S communities. Adult and Older Adult consumers highlighted negative experiences with a therapist that involved the therapist seeing them as only one aspect of their identity and not individualizing services.

Other negative experiences with therapists included an apparent discomfort of the therapist when the individual "came out" in session, and heteronormative assumptions (assuming "husband or wife", asking questions about birth control, forcing binary gender labels on forms, etc.). For children, TAY, and people

identifying as Bisexual negative experiences with therapists occurred when their behavior or identity was viewed as a "phase" and therapists pressured consumers to act in more heteronormative ways:

School Concerns- For children and TAY the impact of school based harassment and unwelcoming environments impacted their sense of safety. Focus group participants described verbal and physical harassment from peers as it related to sexual orientation, gender identity and expression. In most cases youth discussed feeling it was on them to protect themselves or their peers. Even in instances where adults were alerted youth felt adults were not responsive to their needs. Children and Youth consumers frequently mentioned spaces such as the bathroom and locker room as particular vulnerable for uninterrupted harassment by peers.

Religious Discrimination-Consumers of all ages experienced forms of religious discrimination and felt that discrimination impacted the comfort in religious institutions, families, and communities. Religious discrimination has shown up as alienation from community, consumers being told they are "going to hell", and parent's using therapy as a way to "fix their child".

Pressure to Educate about LGBTQI2S Communities - most frequently mentioned by providers, the pressure to educate others about the LGBTQI2S was identified as a significant stressor for LGBTQI2S consumers. The expectation to teach others about behaviors and identity of LGBTQI2S communities not only existed with in peer groups of consumers but also in across professionals within the field of mental health. Education included information about language, history of LGBTQI2S communities, intersectionality of identity and ethnicity, and community resources.

Legal Help- Adult and older adult consumers discussed facing legal issues as they age because of the lack of children and spouse. Specifically, determining power of attorney over financial and medical decisions felt like stressors because of confusion about paperwork or selecting these individuals. Consumers also found it discouraging when therapists could not assist with these matters or direct them to appropriate resources to support them in making these crucial decisions.

DIVERSITY WITHIN LGBTQI2S COMMUNITIES: Age, Gender, Race

Diversity within LGBTQI2S communities requires providers to not think of each letter in the acronym as one static set of cultural morays, behaviors and beliefs. Within the scope of this project three specific diversity areas were highlighted to guide training development: age, gender and race.

AGE- in the previous section age was highlighted throughout the needs and concerns section in order to support a more nuisance understanding of the needs of LGBTQI2S communities across this demographic. One of the major take-a-ways from focus group analysis as it relates to age is: as individuals in LGBTQI2S communities age their vulnerability to isolation increases due to the loss connection to their communities, identity and mobility. As resources for older LGBTQI2S adults dwindle they can become more isolated and feel less comfortable being out in their communities for fear of isolation. Furthermore the few resources which exists may not be in accessible locations or they may have limited mobility (due to disability or transportation resources) to access resources.

GENDER – Focus groups participants recognized the compounded challenges faced by gender non-conforming and transgender individuals face as a result of gender binary social norms. These challenges include in-school harassment, bathroom accessibility, stereotyping, and ostracism within the LGBTQI2S community. Many consumer respondents named gender as a divisive topic even when the therapist is lesbian, gay, bisexual or queer identified. As a result of these challenges gender non-conforming and transgender consumers experience an extra layer of stigma which impacts identity development and declarations of GNC/transgender identities. Several participants spoke to attempting to come out as "Trans" to their families, therapist and peers however feeling the push back took on other identities (bisexual, gender fluid, etc.) to appease others.

Pursuing gender alignment also brings with it technical questions for consumers, therapists and parents that have very few avenues for answers:

- When is it the right time to allow your child express their gender identity?
- How do you respond to other parents and children if your child has a non-binary gender identity and expression?
- What are the risks associated with medical transition procedures (hormone therapy, surgeries, etc.)?
- Do I have to disclose my post transition identity?
- What happens if I never "pick a gender"?
- How are my gender and sexual orientation related?

RACE - Ethnic and racial diversity among LGBTQI2S communities are experienced through culturally specific language for identities, cultural norms about "coming out", and patterns which emerge from community rejection and acceptance. For individuals from communities of color (Asian, Pacific Islander, Latino, African American/ Black, Native American, etc.) the compounded identity of being LGBTQI2S and a person-of-color creates additional stressors compared to their White/Caucasian/European counterparts. Consumers and providers both identified the need to be sensitive to the interaction of ethnicity, gender and sexual orientation when working with this population. Consumers specifically, Asian and African Americans, identified a strong need for providers to be culturally competent through their own work versus learning from the client. In addition consumers named needing providers to understand how trauma from the intersections of racisms and heterosexism impacts their mental health.

THE IMPACT OF TRAUMA ON MENTAL HEALTH OF LGBQIT2S CONSUMERS

Consumers drew connections between their needs, challenges and negative experiences and their mental health. The most frequently mentioned mental health impacts were symptoms of anxiety and social isolation. Consumers pointed out the many external factors- fear of judgement, traumatic experiences, and fear of isolation- contributed to their mental health symptoms. Some consumers discussed utilizing traditional (therapy, etc.) and non-traditional (yoga, etc.) paths to find relief from

symptoms. Self-harm was mentioned as concern of providers and parents, however consumers did not talk about participating or being concerned about self-harming behavior. It is important to note the lack of disclosure about self-harming behaviors may be the level of trust consumers felt in the room, versus a lack of incidences within the population. To better support mental health professionals in contextualizing mental health symptoms in LGBTQI2S individuals, the following provides a description of the mental symptoms as described by consumers participating in the focus groups:

MENTAL HEALTH CONCERN	CONSUMER DESCRIPTION
Social Isolation	"I feel like I am walking on eggshells". "I feel like I am behind on all the teenage stuff." "I never felt comfortable sharing my sexual identity."
Anxiety	" Lots of pre-judgement, lots of anxiety" "Couldn't trust myself". "No one wants to believe you."
Suicidality	"I experience suicide risk. Everyone has those days." "A lot of people have had some suicidal ideation."
Depression	"To get up the motivation to go to work; it's hard for me." "The biggest piece was invisibility and my low mood; made it hard."
Trauma	"Closed off, uneasy about whether people would accept me if they knew either [my gender or sexual orientation]." "Forever on guard." "The challenges transgender people face, no one wants to believe you."
Self-Image	"I never felt comfortable discussing my sexuality." " With [heterosexual] folks I still very different."

RECCOMMENDATIONS ON TRAINING and WELCOMING ENVIRONMENTS

Recommendations for training and creating welcoming environments were generated from questions asked to children, TAY, adult and older adult consumers, providers, and parents. Training recommendations were incorporated into the large group provider training developed by Pacific Center.

Training Recommendations:

- Training to be provided to all staff, not just clinicians.
- Training should be mandatory for all staff.
- Training should be ongoing.
- Training should be specified to the needs according to community, ethnicity, and age.
- Training should incorporate information about resources for clients.

- Training should include information about legal needs for LGBTQI2S consumers.
- Topics to be included:
  - how to talk with family members
  - how to build trust with LGBTQI2S consumers
  - the needs of Gender Non-Conforming/ Transgender/ Two Spirit consumers
  - how to avoid "outing" clients
  - general definition of terms
  - how to advocate on behalf of clients within agencies
  - working to support parents as advocates
  - intersectionality of race and LGBTQI2S identity
  - how providers can seek out ongoing education

Welcoming Environment Recommendations:

- Outreach to LGBTQI2S clients, especially older adults.
- Flyers should represent different types of people
- Pictures on the wall should represent different types of people
- Visibility of LGBTQI2S identities in staff within the agency. Help staff take leadership roles.
- Be inclusive: focus on issues, not just identity.
- Intake should allow for options for gender and sexual orientation.
- Represent the history of LGBTQI2S communities within agency (posters, and training.)
- Run groups for social things- potlucks, etc.
- Have an atmosphere of doing "personal work", especially when it comes to LGBTQI2S people of color.
- Increase staff knowledge of helpful resources for LGBTQI2S communities
- Don't just "refer out" to LGBTQI2S program.
- Identify special programs for LGBTQI2S issues, particularly with older adults.

BUDGET RECOMMENDATIONS

Narrative:

The trainings can be adapted to run 4-12 hours in 1 - 2 sessions

- We recommend two trainers who are licensed clinicians and experienced in leading presentations and trainings.
- We recommend the addition of three consumer panels: youth, people of color, transgender. Each panel should consist of 3-4 individuals = 9 - 12 participants per training

- Venue capable of accommodating a minimum of 50 people. The space should be large enough to accommodate break out groups
- A/V equipment (projector, laptop for Power Point presentation, microphone)
- Online access for video access

Budget:

- 2 trainers @ $165 per hour
- 9 - 12 consumers @ $100 each for the session
- Presentation materials (easel, Post-it easel pads, markers, notepads for participants) = $200
- Photocopying and assembling of booklet; handout versions of training materials @$1.00 each
- Food and Beverage = $15-20 per participant. This should include morning coffee and pastries and a box lunch with beverage
- Follow up consultation and participant test evaluation by training team/agency: $165 per hour

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PACIFIC CENTER FOR HUMAN GROWTH

TRAINERS GUIDE

UNLOCKING STIGMA:

Working with LGBTQI2S children, TAY, adults and older adults

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UNLOCKING STIGMA OVERVIEW

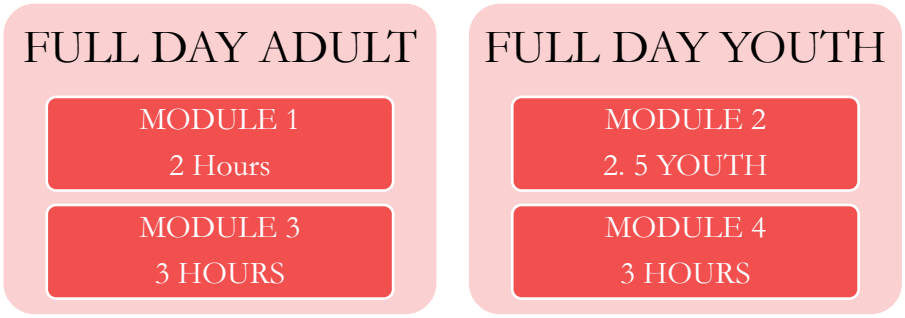
Unlocking Stigma is designed to support mental health and social services organizations to increase their competence with LGBTQI2S consumers. The training was developed as a result of an 18- month project which included stakeholder input (consumers, parents and providers), research and pilot trainings.

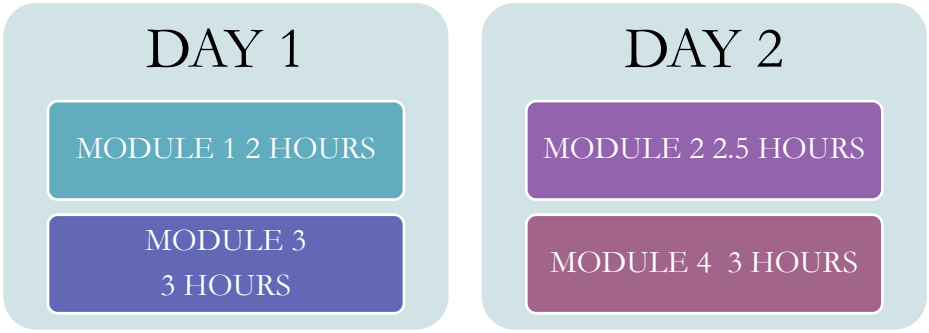
WHO SHOULD BE A TRAINER?

Through the focus groups and pilot trainings conducted to develop this training we have found the ideal candidate for this training would be someone who has experience training in small and large groups for at least 5 years on topics around sexual orientation, gender identity or other areas of diversity and inclusion (race, class, etc.). In addition the individual should identify as a part of LGBTQI2S communities and be willing to use their personal experience to help set the context for the material. Finally, the trainer should have knowledge of the mental health system as consumer, mental health therapist, administrator, or social worker. Based on the content and the multiple methods of delivery this training is well suited for a team training approach.

FORMAT OF TRAINING

Unlocking Stigma is designed to be used as modules, and offers the possibility of creating tailored trainings to an audience. Ideally this training would be presented as a minimum 1 full-day (5 hours of content) training separated by age group – adult or youth. In circumstances where you want to present all the content from the training we recommend a 2-day format. Not included in the modules, but expected, we encourage trainers to use 2 -4 Ice breaker activities during the training to encourage trainee participation and interaction- a list of Ice Breakers is provided in APPENDIX F.





HOW TO USE THIS GUIDE

The training guide is to support the trainer in delivering the content of the training and compliments the PowerPoint presentation. The guide is organized according to MODULES and RESOURCES for modules (APPENDICES A – E). The manual groups slides in each module according to topics within the module, i.e. interventions, welcoming environment, and only includes specific instructions for slides that are not strictly lecture (lecture slides are identified in the PowerPoint). Each module also includes clearly define objectives (see the WHY WE ARE HERE slides). In addition each module has a complete list of materials needed to execute each training. This manual does not provide in-depth knowledge base, so we encourage trainers to utilize the REFERENCE LIST to help improve their understanding of the content.

MODULE 1: INTRODUCTION

OBJECTIVES:

- **Challenge internal and societal bias against LGBTQI2S communities.**
- **Connect stigma of LGBTQI2S identities with mental health issues experienced in various communities.**
- **Increase your knowledge and understanding of the needs of LGBTQI2S communities.**

TOTAL TIME: 120 MINUTES; MATERIALS: Large Post-Its, Marker, Pens, Crayons, 8 ½ x 11 Paper, APPENDIX A and B handouts

SLIDES 1 -4: These slides provide the basic introduction to the module. This slide will repeat for every module.

1.

2.

SLIDE 1 -TIME 3 MINS; MATERIALS: NONE

ACTVITIY: INTRODUCTION OF PRESENTER: Please provide your name, preferred gender pronoun, and connection to the LGBTQI2S community and mental health.

SLIDE 2 -TIME: 5 MINUTES: MATERIALS: Recording of Meditation Music (PRESS BUTTON ON HEART) ACTIVITY 1- FACILITAR LEAD: Grounding exercise: Facilitator says, "Feel your heart-beat, putting one or two hands on your heart. Just notice the heart-beat and your breath as it goes in and out. The heart and breath doing their work without your doing, reminding you that you are meant to be alive, connecting you to others no matter what gender, color, race, ethnicity, culture or sexual orientation. If you feel comfortable close your eyes or have a soft focus on the ground. The heartbeat is also connecting you to the earth – the wider field of our existence as humans. Feel your feet on the ground – the connection to the earth. The earth is a great resource when we feel overwhelmed, anxious, depressed or stressed out. Feeling and sensing into your feet that carry you – that help you to ground. We often take our feet for granted and can get lost in our day-to-day activities, the demands and stresses of our everyday lives. Feeling

the connection to the ground, feeling our feet firmly grounded can help us to refocus and receive the energy that comes from below. With this inner focus, I invite you to receive the following information with openness and curiosity. Noticing your reactions, body sensations, thoughts and feelings and allowing your questions. Inviting you to be in touch with your clients and the people you serve now and will serve in the future. The more you are in touch with your authenticity, the more it will support the work you do. Connecting with your breath and heart-beat, I invite you to slowly open your eyes when you are ready.

3.

4.

SLIDE 4 - TIME: 5 MINUTES: MATERIALS: Large Post-It, markers

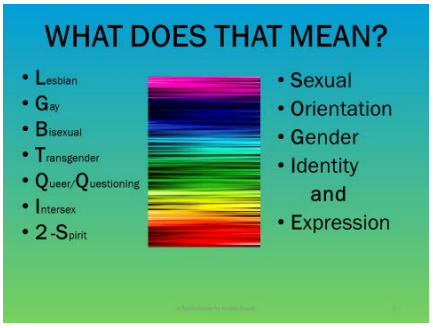
ACTIVITY: DISCUSSION: Have a participant read the group agreement and give a definition for each.

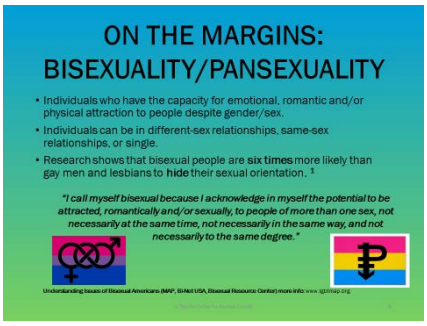
- Confidentiality - We want to create a safe space for people to share their personal experience. So what's said in this room stays in this room. This is especially important if people are disclosing their own sexual orientation or gender identity. Also, we want everyone to be able to participate without anyone feeling like they have to disclose their gender identity or sexual orientation.
- "I" statements and Respect diversity – Please name your opinions and experiences as your own, and make room for diverse points of view.
- Don't be afraid to ask - There are no stupid questions. We're here to learn.
- If you feel that we are leaving anything out please speak up.
- Questions may be tabled to be answered later during the training.
- We invite you to fully participate in all of the activities. If something doesn't directly apply to you feel free to "try-on" participating in a different role (family member, client, etc.)
- Discomfort, strong emotions/reactions might come up; you can use the grounding exercise to help you stay present.

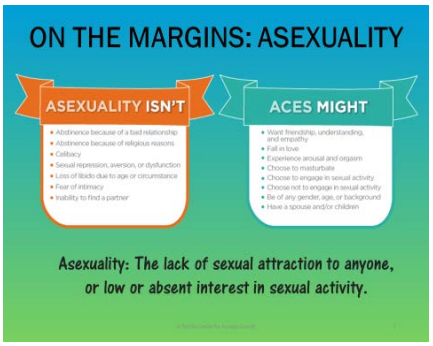
DEBRIEF: Does anybody want to suggest any other group agreements to make this a safe space?

- This might also be a time for the presenter to ask people to turn off cell phones, etc., depending on the presenter's preference and culture of the training venue.

SLIDES 5-7: These slides provide information about definitions

5. 

6. 

7. 

SLIDE 5 TIME: 15 MINUTES

MATERIALS: WORDS and DEFINITIONS CARDS (APPENDIX A)

ACTIVITY 1: FACILITATOR LEAD, Facilitator says "We are going to start with a few acronyms that are around in the county. First, Who can tell me what all the letters in LGBTQI2S means? Next has anyone heard the term SOGIE? What does it mean? How is it different from LGBTQI2S?"

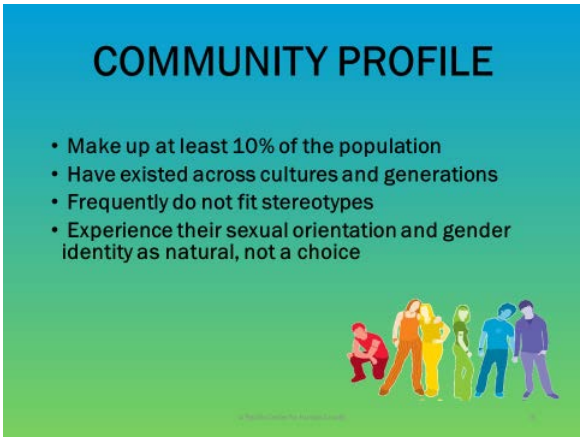
ACTIVITY 2: SMALL GROUPS: Facilitator says, "In your groups you will find a stack of words and a stack of definitions. You will have a few minutes as a group to match the words to the definitions. A note about definitions, these are what are commonly accepted definitions; they are not meant to describe everyone's personal definition." DEBRIEF: What were some words people weren't familiar with? (Be sure to define those words) What words had to do with sexual orientation? What words had to do with gender? What words could be applied to both?

CLOSING: FACILITATOR LEAD: Facilitator says, " Finally, as a reminder although we just reviewed definitions of identities, it is important for all of us to remember identity is personal and internal, so it has a myriad of meanings for consumers, families and co-workers. It is important we respect everyone's definition of their own identity and not assume. In clinical

settings, it is important we ask questions, like ‘What does that identity mean to you?’ to reduce stereotyping people with whom we work.”

SLIDES 8- 12: These slides provide information about the LGBTQI2S community, history and specific stressors

8.



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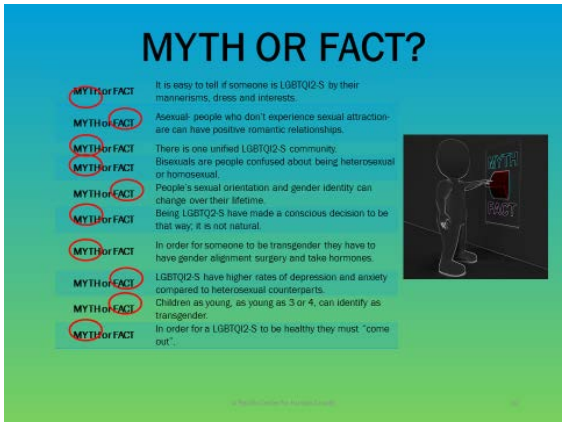

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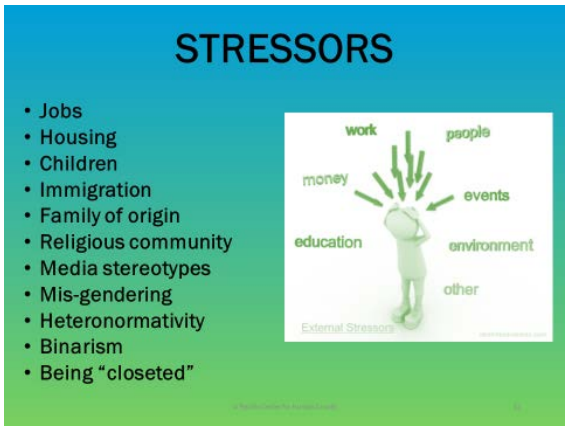


12.

SLIDE 9- TIME: 10 MINUTES; MATERIALS: NONE

ACTVITY: LECTURE: Trainers says, “The historical context for LGBTQI2S context is full of triumph, resilience and discrimination”.

FORMS OF DISCRIMINATION:

1. Institutional/ Systemic
2. Interpersonal

Examples:

- Religions labeling as sinful
- Mental health field pathologizing and “treating”
- Laws criminalizing homosexual acts, cross-dressing
- Police harassment
- Genocide in Nazi Germany

These create internalized homophobia and transphobia

ACTIVITY: TIME LINE. Trainer reads through time line. In each section asking participants if there is anything they would want to add.

- 1960s Civil Rights movement with figures like Bayard Rustin leading
- Stonewall was rebellion in NY gay/trans bar in reaction to police harassment. Drag queens and trans folk were at the forefront of the movement.
- Women’s Liberation movement challenged traditional gender roles, and ideas about sexuality; many lesbians involved in forefront of movement.
- Removal from DSM was preceded by activism by LGBT community.
- HIV and AIDS epidemic led to losses of many in gay men’s community. Lack of governmental funding for research and treatment for HIV sparked gay men and lesbians to begin organizing and protesting to draw attention to this health crisis. Not only was it effective, but it created a stronger community of activism.

SLIDE 10 TIME- 10 MNUTES: MATERIALS- MYTHS AND FACTS Worksheet- APPENDIX B

ACTIVITY: INDIVIDUAL/ FACILITATOR LEAD: Facilitator says, “Each of you has a MYTH or FACT” sheet. Please take a few moments to circle whether you think each statement is a myth or fact. (Allow 3 Mins).” Go through responses one by one. (Click power point to reveal answers).

DEBRIEF: What are some other myths about LGBTQI2S communities do people know about?

SLIDE – 11 TIME : 10 MINUTES; MATERIALS: Large Post-It, marker

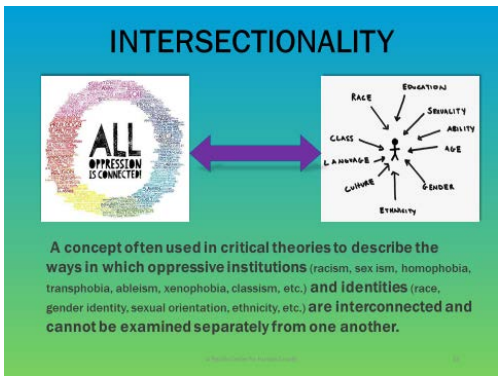
ACTIVITY: SMALL GROUP: In groups of 4 -5. Trainer says, “**Each group will be given 2 or three stressors. For each stressor please come up with at least one example. Try to use examples from your work with clients, friends and families. Each group will present their stressors and the best examples they have to group.”**

TRAINER – as they are saying stressors and examples capture them in simple words on the Large Post-It

SLIDE 12 - TIME : 10 MINUTES: MATERIALS: Projector, Laptop, Internet access
ACTIVITY: VIDEO: STOP AT 4:52 VIDEO LINK: https://youtu.be/WrZn0nbsU24?t=3m52s (CLICK PHOTO)
DEBRIEF QUESTIONS: How do you see the violence against LGBTQI2S impacting your work with LGBTQI2S clients? What resources would you use to support LGBTQI2S who recently experienced violence?

SLIDES 13- 17: These slides provide information about the impact of intersectionality on LGBTQI2S individuals from marginalized communities.

13.



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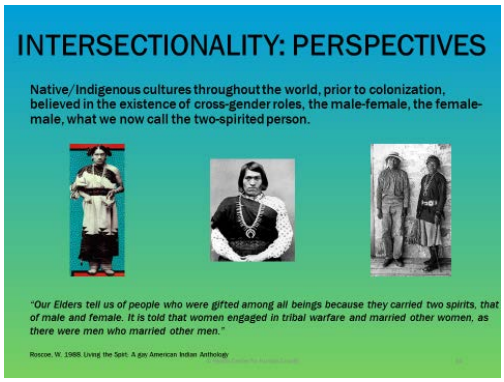

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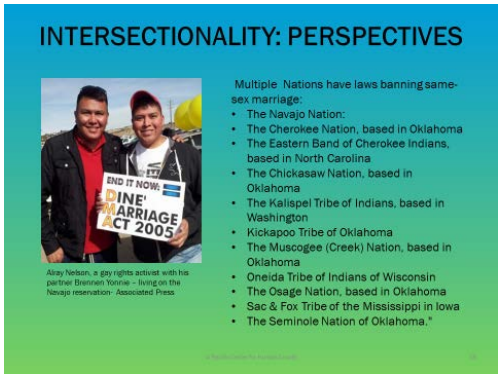


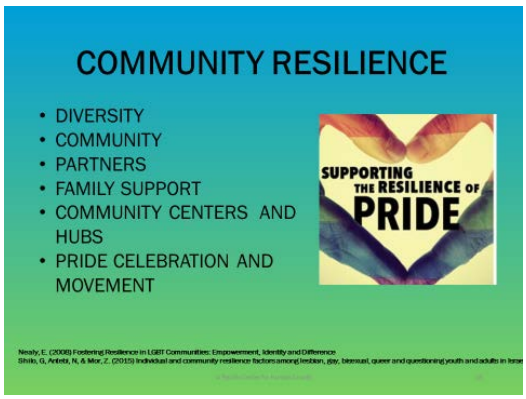
16.

17.

SLIDE 17- TIME: 10 MINUTES; MATERIALS: VIDEOS (CLICK PHOTOS) VIDEO 1 (FEMALE) EMBEDDED VIDEO. VIDEO 2: STOP AT 2 MINS (https://youtu.be/gpfl7EDfIxE?t=1m3s)
ACTIVITY 1: WHOLE GROUP/ FACILITATOR LEAD: Play videos. DEBRIEF: IN SMALL GROUPS: Discuss the following questions:

1. What are barriers for LGBTQI2S individuals from API, African American/Black, Latino, Native American (and other communities of color) to pursue therapy?
2. How do we ensure our services are welcoming to LGBTQI2S individuals with multiple oppressed identities?
3. How does your agency address "cultural matching" of consumers and therapists?
4. What are strategies you have used, or can use to become more sensitive to intersectionality in your role?

SLIDES 18 – 19: These slides provide an opportunity to talk about the strengths within LGBTQI2S communities and participant learning.

18. 

19.

SLIDE 19- TIME: 5 MINUTES; MATERIALS: NONE
ACTIVITY: DISCUSSION:

1. Name one thing you learned during the session

2. Name one way you will improve your work with LGBTQI2S clients
3. What questions do you still have about working with the LGBTQI2S communities?

MODULE 2: UNLOCKING GENDER

OBJECTIVES

- Examine personal perspectives of gender- assignment, identity, expression
- Unlock gender as a "construction"
- Become more familiar with the experiences of those outside of the gender binary
- Identify potential gender identity based concerns we may encounter in a clinical setting

TOTAL TIME: 150 MINUTES (120 MINUTES without Gender Panel)

MATERIALS: LARGE POST- IT Paper, regular size paper, construction paper, crayons, markers, APPENDIX C Handouts

SLIDES 20-23: These slides provide an introduction to the training. Slides 20, 21, and 23 are duplicates from Module 1 Slides 1, 2, and 4. Slide 22 has different content but the same process as Module 1 Slide 3.

22.

SLIDES 24-25: These slides provide an opportunity for participants to look introspectively at their beliefs about gender.

24.

25.

SLIDE 24 - TIME: 10 MINUTES; MATERIALS: NONE

ACTIVITY: SPECTRUM: WHOLE GROUP: Facilitator says, **"In a minute, I will ask you to stand. I will read statement and ask you to place yourself on continuum from AGREE (RIGHT SIDE OF ROOM) to DISAGREE (LEFT SIDE OF ROOM)** ".

READ THE LIST OF STEREOTYPES: for each of the stereotypes you can ask if anyone feels comfortable sharing why they chose to stand where they are. **DO NOT FORCE PARTICIPATION**

Girl Genderization Stereotypes:

Stereotype: Girls Are More Social and Less Physical

Stereotype: Girls Are Princesses

Stereotype: Girls Are Boy Crazy, Sexual Temptresses

Stereotype: Girls Are Pure and Virginal

Boy Genderization Stereotypes:

Stereotype: Boys Are Physically Active But Behind Socially and Verbally

Stereotype: Boys Are Emotionally Stunted

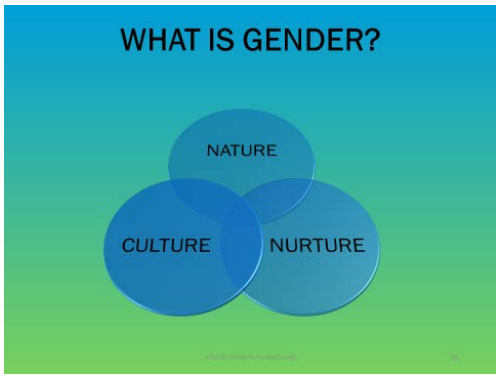
Stereotype: Boys Are Slaves To Their Sex Drive

Stereotype: Boys Will Be Boys

From Book: Gender Neutral Parenting by Paige Lucas-Stannard

SLIDES 26-31: These slides provide a definition of "gender" from multiple perspectives.

26.



27.

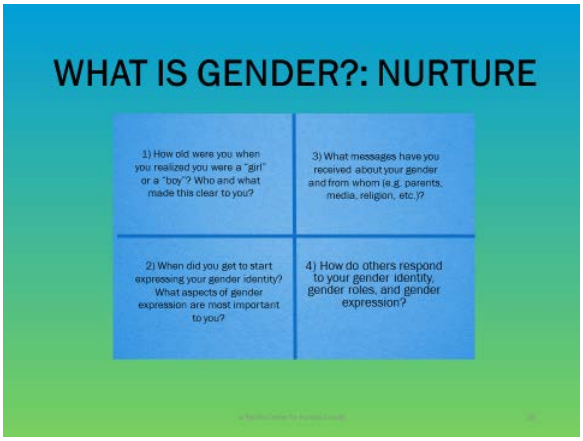
SLIDE 26 - TIME: 10 MINUTES; MATERIALS: CULTURAL CONTEXT OF GENDER, Appendix C

ACTIVITY: LECTURE: Trainer will say, "We will look at gender from 3 main points as "nature", "nurture" and within our "cultural context". These three factors have helped shaped our traditional constructions of "male" and "female" and continue to shape gender identities beyond the binary."

ACTVITY: SMALL GROUP: In groups of 4 -5 please come up with a definition and at least one example of how gender is thought of in regards to nature, nurture and culture.
DEFINITIONS – *Nature* is what we think of as biological aspects of gender. This can include body parts, hormones, brain development, etc. *Nurture* has to the do with our primary caregivers and "family's role in constructing gender. This can include naming, the assignment of gender, gender roles, play, etc. *Culture* has to do with what we learn is acceptable and unacceptable for our gender within the larger society. This information can be provided through religious rituals, media, agreed upon cultural norms for gender roles, etc.
ACTIVITY 2: DISCUSSION: Trainer asks the following questions

- What when do we first receive information about our gender?
- What are the categories of gender we can be assigned at birth?
- How many people are familiar with the term Intersex?

28.



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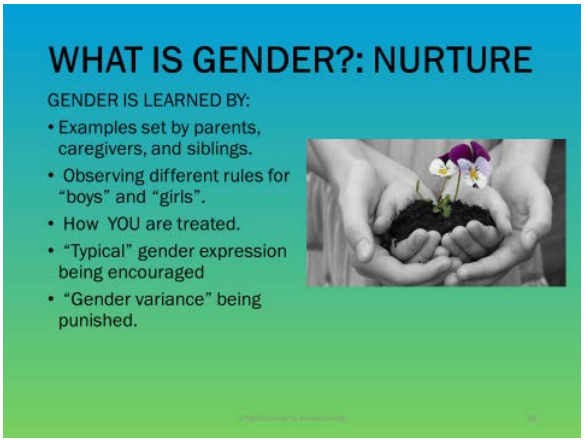
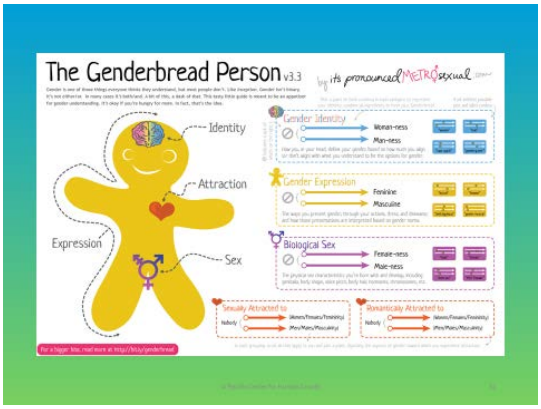


SLIDE 28 - TIME: 15 MINUTES; MATERIALS: CRAYONS, PAPER
ACTIVITY: GENDER MOSAIC: Facilitator shares their gender story using the prompt. Facilitator says, **"You will now have an opportunity to share your gender story with each other. Divide your paper into 4 boxes. In each box respond to the questions using only colors and pictures."**

DEBRIEF: DYADS: Turn to a neighbor and share responses to whichever questions you feel most comfortable. WHOLE GROUP: What were some interesting points that came from your conversation?

30.

31.

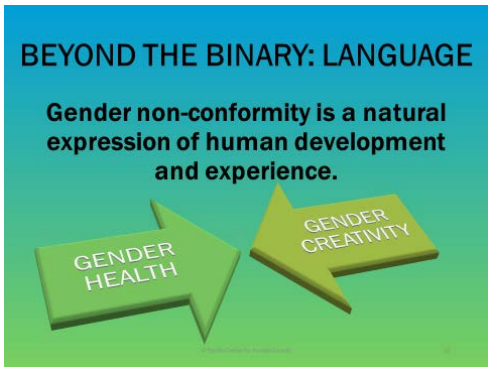


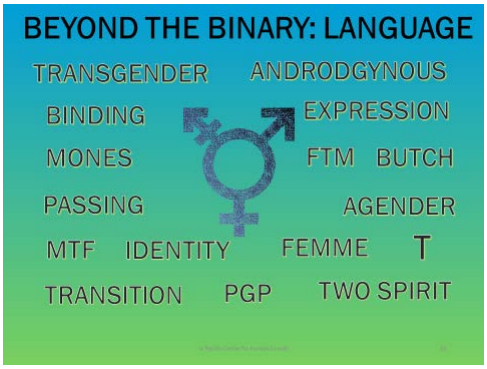
SLIDE 31- TIME: 10 MINUTES; MATERIALS: GENDERbread Person (1 for each participant) APPENDIX C, LARGE POST IT with Genderbread person on it

ACTIVITY 1: INDIVIDUAL: Facilitator introduces Genderbread Person worksheet, goes through each section and definition. Facilitator gives an example of how to fill out sections. Individuals then fill out the GenderBread person for themselves. Remind individuals they will not have to share about their gender with the large group.

DEBRIEF: WHOLE GROUP: Ask participants to name different gender identities and how people have defined those identities. Record responses on large Post IT paper with GenderBread Person. Example: "Butch" maybe someone who identifies as biologically females, has expression that is on the masculine line and identifies with both woman-ness and man-ness

SLIDES 32-37-These slides present information about non-binary gender identities and participant learning. (Slide 36 is the PANEL DISCUSSION slide which provides information about including a gender panel as a part of the training.) Slide 37 is a duplicate slide of Module 1 Slide 19.

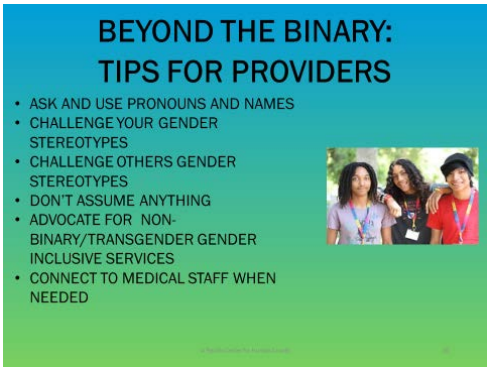
32. 

33. 

SLIDE 33- TIME: 10 MINUTES; MATERIALS: Paper, pens

ACTIVITY: SMALL GROUP: In groups of 4-5, trainer says" In your groups try to define as many as the terms as you can in 3 Minutes". DEBRIEF- Have 2 groups read their definitions for each word.

34.

35. 

SLIDE 34- TIME: 10 MINUTES; MATERIALS: VIDEO PROJECTOR, INTERNET ACCESS,

ACTIVITY 1: VIDEO: VIDEO LINK: https://vimeo.com/121774265 (CLICK PICTURE)

ACTIVITY 2: DISCUSSION: QUESTIONS ON SLIDE

SLIDE 35- TIME: 15 MINUTES: MATERIALS: INTERVIEW QUESTIONS, Appendix C

ACTIVITY: DYADS: Trainer will say, "**In your pairs please take turn reading the "INTERVIEW" sheet questions to one other. In your response you can be honest, or you can provide information as a potential client."**

INTERVIEW QUESTIONS:

1. What is your preferred gender pronoun?
2. Have you ever felt like your gender identity was different than your gender assigned at birth?
3. Do you feel like you experience social rejection as a result of your gender identity and/or expression?
4. Is there anything you would like to be different about your gender identity and/or expression?

DEBRIEF: How did it feel to ask the questions? What questions were more difficult or easy? What is the value in incorporating these questions into ALL client assessments?

36.

SLIDE 36- TIME: 30 MINUTES: MATERIALS: NONE

ACTIVITY: PANEL: Panel should consist of at least 2 or 3 panelists on the gender identity spectrum, including at least one identifying as non-binary or gender non-conforming, and at least one transgender participant. In addition, panel should include some racial and age diversity, as well as preferably one FTM and one MTF. Panelists should be open and articulate about their life experiences, including mental health issues and experiences with providers. Allow at least 10-15 minutes for Q & A for panelists.

Ask each panelist to share their Life History and Experiences relevant to the following questions (3-5 minutes each):

1. Identity: How do you identify on the gender spectrum? When and how did you realize this identity? How did the realization impact your mental health?
2. Transitioning and Coming Out: Briefly speak about your process of 'coming out' (to yourself and others) and how this impacted your mental health. Briefly explain your transition process, if relevant.
3. Culture and Family Relationships: Briefly share how your relationships have been affected. In particular, speak to your culture and family support, or lack thereof, and how that affects you.
4. Discrimination and Harassment: Speak about any experience(s) of discrimination or harassment that you care to share and how that has impacted you.

Ask the panel to speak to Experiences with Providers and Advice (3-5 minutes each). **Note** that no panelist will have enough time to address all questions, so make sure they know to focus on whatever part of their experience they most want to share.

1. Experiences with Providers: Share your experiences, positive or negative, with social service providers. Please give examples.
2. What advice or recommendations do you have for providers in working with the transgender or non-binary population?

MODULE 3: WORKING WITH OLDER ADULTS

OBJECTIVE:

- Examine the context for LGBTQI2S older adults
- Identify how specific mental health and social needs of LGBTQI2S older adults impact our interventions.
- Increase their understanding of how to create a welcoming environment within their agencies for LGBTQI2S older adults

TOTAL TIME: 180 MINUTES; MATERIALS: LARGE POST- IT Paper, regular size paper, construction paper, crayons, markers, Appendix D handouts.

SLIDES 38 - 41: These slides provide an introduction to the training. Slides 38, 39, and 41 are duplicates from Module 1 Slides 1, 2, and 4. Slide 40 has different content but the same process as Module 1 Slide 3.

40.

SLIDES 42-49: These slides provide an overview of the historical context for older adults, and ways to address their mental health and social needs.

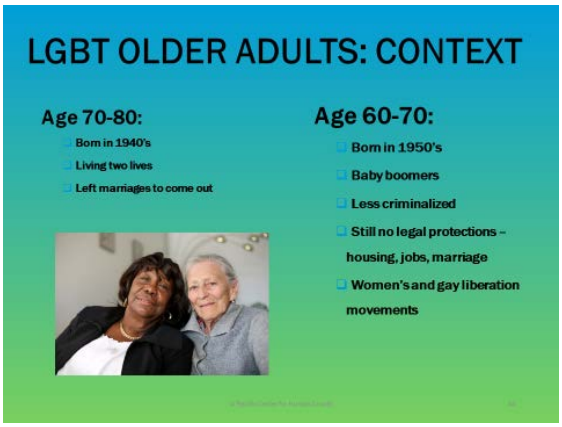
42.

43.

SLIDE 42 - TIME: 15 MINUTES; MATERIALS: Projector, Laptop and Internet access,

VIDEO: VIDEO LINK: https://youtu.be/JDOdv792rBA (IF LIMITED TIME, PLAY FROM 5:00- 10:50) Trainer says, **"This short film captures the perspective of eleven LGBT seniors in Los Angeles who came of age during a time in which imprisonment, daily discrimination, physical violence and abuse were commonplace."** DEBRIEF: Ask Audience for comments.

44.



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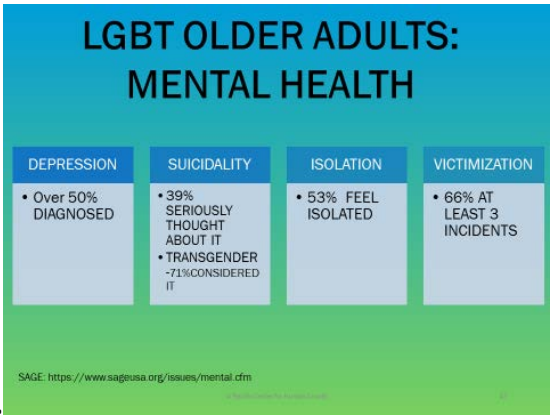

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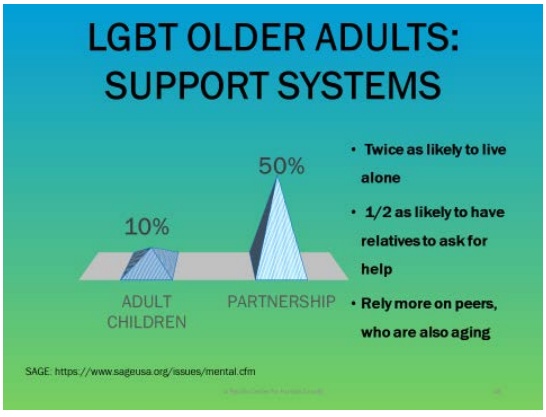

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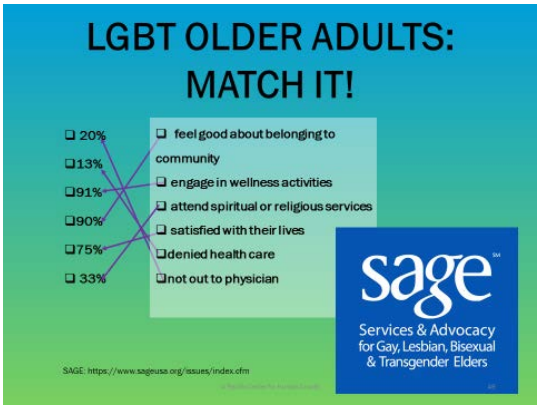
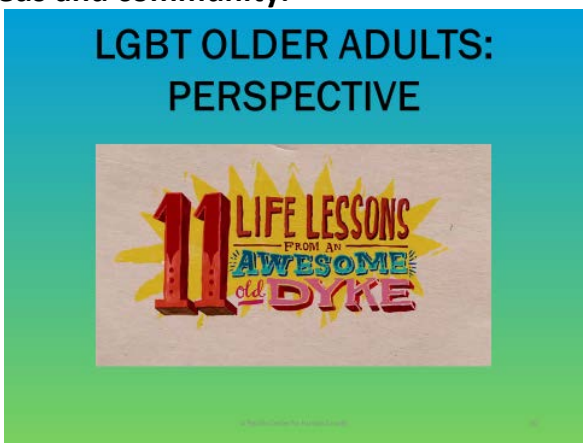


SLIDE 49- TIME: 10 MINUTES; MATERIALS; None

ACTIVITY: MATCHING: Have group guess at what the answer might be two times before revealing answer. DEBRIEF: How can we use the strengths of LGBT seniors to support them in our programs or help us identify them in our services?

SLIDES 50-52: These slides provide perspectives from LGBTQI2S seniors about their needs and community.

50. 

51.

52.

SLIDE 50- TIME: 15 MINUTES; MATERIALS: Video, Laptop, Internet Access

ACTIVITY: VIDEO: VIDEO LINK: http://vimeo.com/119813204 9 (CLICK PHOTO) Trainer says, **"This 8 minutes film by Allison Khoury was screened at the SF LGBTQ Film Festival in 2015, and we have received special permission to use it as a training video. The video contains profanity and raunchy humor, similar to what we might hear from clients. It reflects one life history of a unique individual lesbian, not meant to represent the 'average 'older lesbian, but it points out certain themes common in older lesbians lives. Such themes include mental institutionalization, criminalization, 'butch/femme' roles, & lack of safety to be 'out' in nursing homes."**

DEBRIEF: Ask audience for questions and comments about the video

SLIDE 52 -TIME: 15 MINUTES; MATERIALS: None

ACTIVTIVY: TRIAD:

1. Ask audience to break into triads.
2. Ask one person to play a mental health provider who is trying to refer their senior client to a nursing home or assisted living.
3. One person plays the client, who needs this level of care but is currently living with their same-sex partner of many years. They are not "out" to this provider and refer to the partner as a roommate.
4. The third person in the triad should observe and give feedback. At end of role play, all three participants check in about their experience. After triads have debriefed, ask for each triad to share briefly about their experience with the role play, and any questions that came up.

LARGE GROUP DEBRIEF: What did you observe and discuss in your smaller groups?

SLIDES 53-62: These slides provide an overview of strategies for creating a welcoming environment for LGBTQI2S older adults. Slide 62, is a duplicate of Slide 19, form Module 1.

53.

54.

SLIDE 53- TIME: 10 MINUTES; MATERIALS: LARGE POST-IT PAPER

ACTIVITY: BRAINSTORM: What things are your agencies already doing or could try to make your services more accessible to LGBT older adults? * It may be useful to break the group into "SENIOR SERVING AGENCIES", "MENTAL HEALTH AGENCIES" AND "LGBTQ AGENCIES" since they will be addressing different needs.

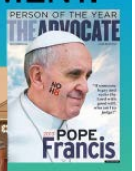
55.

WELCOMING ENVIRONMENT: POLICIES

- Non-discrimination policies (staff and clients)
- Gender neutral bathrooms
- Intake forms: include diverse genders and orientations
- Address bullying and micro-aggressions among clients
- Ongoing staff training

56.

WELCOMING ENVIRONMENT: CULTURE



Never assume that ANY client is not LGBTQI2-S.

57.

WELCOMING ENVIRONMENT: INTAKES

ADD TO INTAKE:

- "What is your preferred gender pronoun?
- "What name do you prefer to be called?"
- "What is your sexual orientation?"

GENERAL GUIDELINES:

- Start with gender-neutral terms
  - Eg. "partner"
- Notice client's hints
- Ask permission:
  - "Would you be okay with telling me ...?"
- Use good timing and good judgment

58.

WELCOMING ENVIRONMENT: SERVICES

Does your agency have specific services or programs for LGBTQI2-S clients?

59.

WELCOMING ENVIRONMENT: PROVIDERS

60.

WELCOMING ENVIRONMENT: ASSESSMENT

- ❑ SAFETY
- ❑ IDENTITY DEVELOPMENT
- ❑ COMING OUT
- ❑ IMPACT OF DISCRIMINATION
- ❑ TRANSITIONING
- ❑ SUPPORT SYSTEMS

61

SLIDE 59- TIME: 10 MINUTES; MATERIALS: PERSONAL SURVEY, pens

ACTIVITY: PERSONAL SURVEY: Complete the personal survey. In triads discuss your responses. GROUP DEBRIEF. What was similar? What kind of support did you identify in order to provide better services to LGBT older adults?

MODULE 4: WORKING WITH CHILDREN AND TAY

OBJECTIVES:

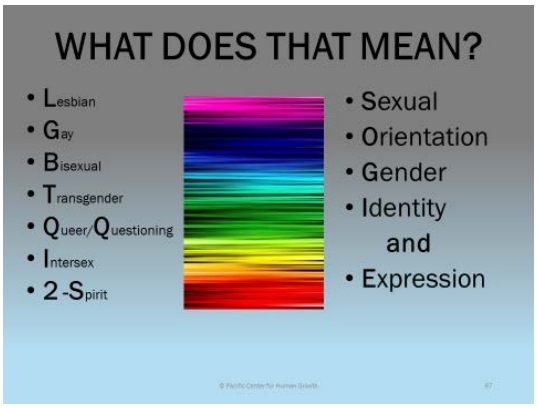
- Examine personal perspectives of SOGIE in children and TAY
- Understand the risk factors associated with LGBTQI2S youth and their families
- Practice using culturally responsive practices when working LGBTQI2S youth
- Identify ways to create a welcoming environment for LGBTQI2S children and TAY youth at their agency.

TOTAL TIME: 180 MINUTES; MATERIALS: LARGE POST- IT Paper, regular size paper, construction paper, crayons, markers, APPENDIX D handouts.

SLIDES 63- 67: These slides provide an introduction to the training. Slides 63 and 64 are duplicates from Module 1 Slides 1 and 2.

66.

67.

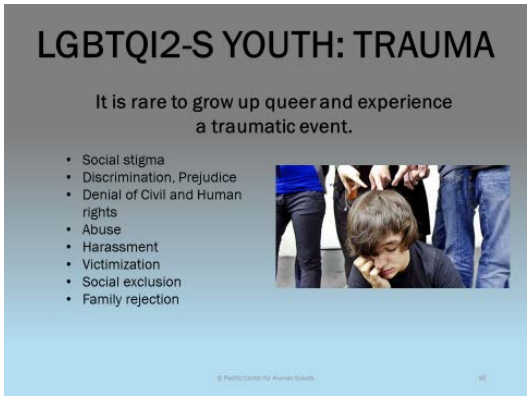


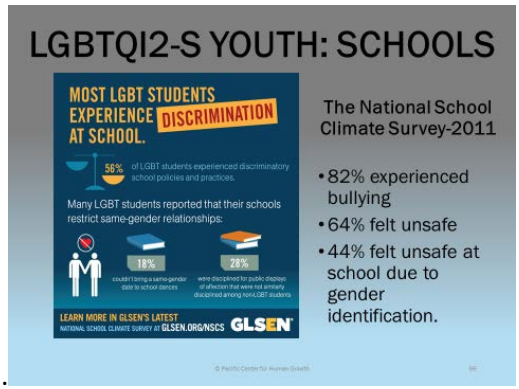
SLIDE 67- TIME: 5 MINUTES; MATERIALS: NONE

ACTIVITY: GROUP DISCUSSION: ASK THE FOLLOWING QUESTIONS:

1. When should you start talking to children about gender identity and sexual orientation?
2. When do children start identifying their gender identity and expression?
   (as young as 3 or 4)
3. When do children start discussing sexual orientation?
   (average age of coming out is 13 - 14)
4. What makes it difficult to discuss SOGIE issues with or about children?

SLIDES 68-73: These slides provide an overview of needs and the impact of discrimination on youth.

68. 

69. 

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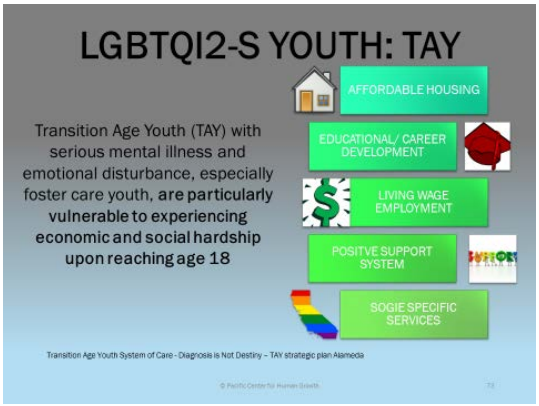
71. 

SLIDE 70- TIME: 10 MINUTES; MATERIALS: Video, Laptop, Internet access

ACTIVITIES: VIDEO: VIDEO TIME 2.43 minutes. Trainer says, **"In 1990, a small, but dedicated group of teachers in Massachusetts came together to improve an education system that frequently allowed its lesbian, gay, bisexual and transgender (LGBT) students to be bullied, discriminated against and/or fall through the cracks. Almost 25 years later, that small group has grown into the leading national education organization focused on ensuring safe schools for all students. Today, they are known as GLSEN, the Gay, Lesbian & Straight Education Network."**

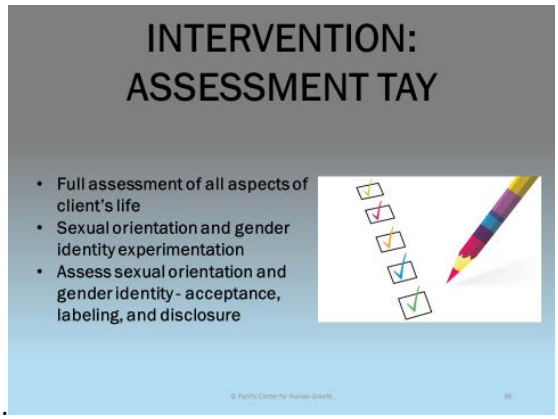
GROUP DISCUSSION:

1. What themes did you notice?
2. What have you encountered in your work?
3. What feelings are present for you right now?
4. Are there any questions or comments you like to share.

MAJOR THEMESE TO HIGHLIGHT:

- Themes: "dread going to school – it is scary";

- harassment;
- way I dress,
- values not shared;
- isolation, anxiety,
- importance of having support,
- shame

72. 

73.

SLIDE 73- TIME: 10 MINUTES; MATERIALS: Large Post- It Paper, markers

ACTIVITY 1: BRAINSTORM: What contributes to LGBTQI2S TAY with serious mental illness for being more vulnerable for social and economic hardships? Record answers on Large Post-It paper.

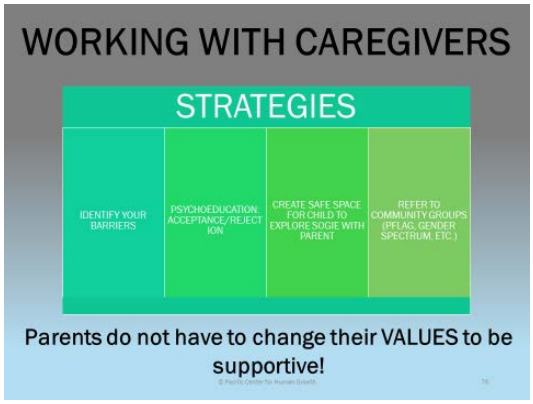
Be sure to include:

- Vital support is falling away.
- Even when support is available, TAY with mental health needs:
    - May not be aware of their need for mental health services
    - May not know how to access them
    - May be sensitive to the stigma of mental health services
    - May reject identifying with adult mental health clients because of traumatic experiences with mental health.

ACTIVITY 2: For each element ask participants if they know local resources to support LGBTQI2S youth. Record resources on large Post-It paper

SLIDES 74-76: These slides provide a framework for working with caregivers.

74.

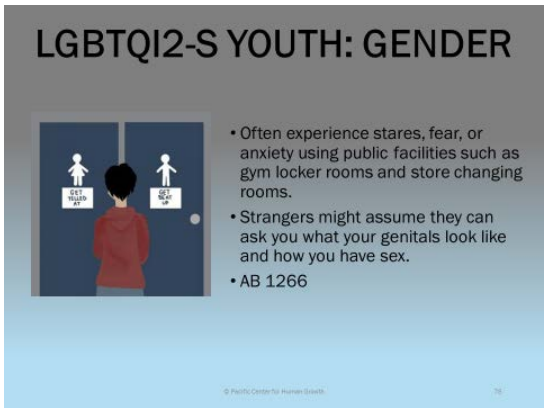
75. 

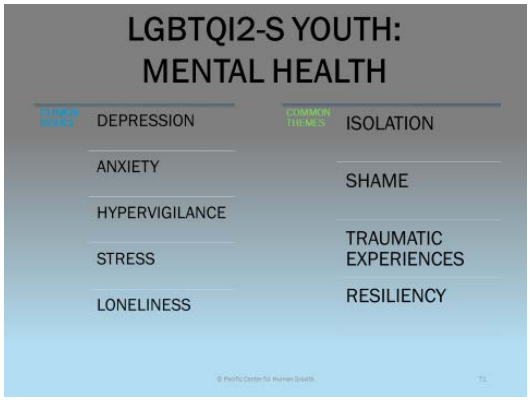
SLIDE 74- TIME: 10 MINUNTES; MATERIALS: Video projector, laptop, internet access

ACTIVITY: VIDEO: VIDEO LINK: https://vimeo.com/74871461 (CLICK PHOTO) Trainer says, "This video is a part of the work of Caitlin Ryan and the Family Acceptance Project. In the past decade they have been measuring the impact of family acceptance and rejection on LGBTQ youth and adult's health and mental health. They have also been developing interventions to increase family acceptance specifically within the Mormon and Latino communities. This video is a small excerpt from a movie they are creating to highlight their work. One of the things highly correlated to Family Rejection is the 40% of homeless youth identifying as LGBTQ"**GROUP DEBRIEF**: How has that video changed impacted your view of "rejecting families"? What ways do you support rejecting families to move towards more acceptance?"

SLIDES 76- 78- These slides provide an overview of how gender plays a role in assessment and interventions.

76.

77. 

78. 

SLIDE 76 - TIME: 15 MINUTES; MATERIALS: 5 Ways Gender Boxes Harm Children, Appendix E

ACTIVITY 1 : BRAINSTORMING- How does gender stereotyping harm children?

ACTIVITY 2: Review Concepts from 5 Ways Gender Boxes Harm Children

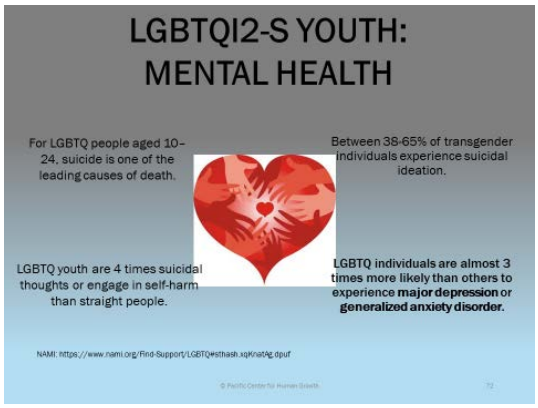
ACTIVITY 3: VIDEO 2:05 minutes (CLICK PICTURE) *It Gets Better - Parents of Transgender Children*

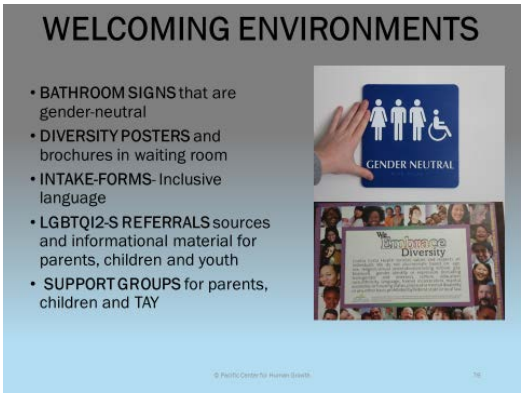
In the Life Media

VIDEO DEBRIEF:

- Feelings of parent's journey
- Themes?
- What do parents of transgender children need?
- How does this support you in working with parents?

SLIDES 79 - 82 – These slides provide an overview of strategies create a welcoming environment for LGBTQI2S children, youth and their families.

79. 

80. 

81.

SLIDE 80 -TIME: 10 MINUTES; MATERIALS: LARGE POST –IT, Paper, crayons, markers
ACTIVITY: SMALL GROUP: In groups of 4 or 5, write down characteristics of a safe person.
LARGE GROUP: in large group draw an outline of a person and ask participants to name characteristics of a person they discussed in their group.

82.

SLIDES 82- TIME: 5 MINUTES ; MATERIALS: Laptop, Projector
ACTIVITY: VIDEO: CLICK VIDEO to play. Turn to your neighbor and discuss the following questions:

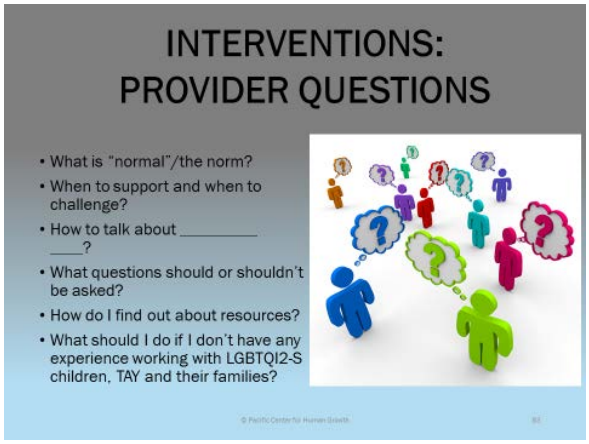
1. What did you notice? Any themes? Connections to what you have encountered in your work?
2. What did you feel? Did you identify with any of it or did it remind you of situations that you went through in your school?

GROUP DEBRIEF: What was shared with your partner?

SLIDES 83- 87 - These slides overview intervention strategies to use when working with LGBTQI2S children and TAY.

83.

84.



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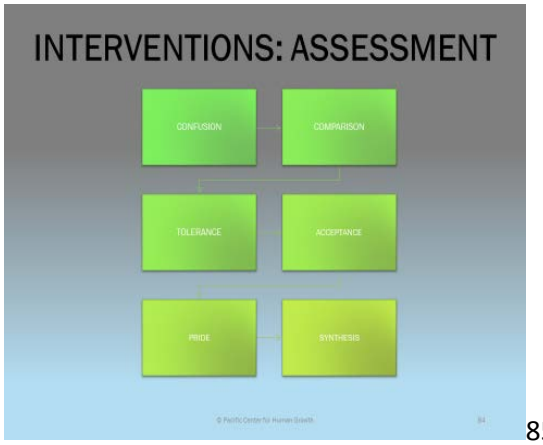
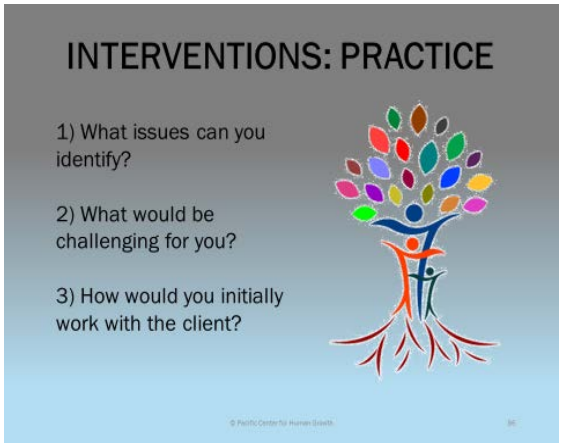


SLIDE 84- TIME: 15 MINUTES; MATERIEALS: CASS MODEL HANDOUT APPENDIX E

ACTIVITY: SMALL GROUPS: In groups of 4 or 5, Trainer says, " Each group will be given a stage of identity development. Your group must come up with a scenario for that stage to present to the rest of the group. It will be our job to guess your stage of development. Some groups may have the same stages. You will be given 5 minutes to prepare your scene. " DEBRIEF: How can determining where LGBTQI2S children and TAY are in identity development support your interventions and assessment?

86.



SLIDE 86 -TIME: 15 MINUTES; MATERIALS: Vignettes Sheet Appendix E

ACTIVITY: SMALL GROUP: In groups of 4-5, please read the Vignettes and answer the following questions

- What issues can you identify?
- What would be challenging for you?
- How would you initially work with the client?

CIS-GENDERED

GENDER ASSIGNED AT BIRTH MATCHES THE PERSON'S OWN SENSE OF GENDER

INTERSEX

BORN WITH SEXUAL ANATOMY/CHROMOSOMES THAT DO NOT FIT TYPICAL DEFINITIONS OF MALE OR FEMALE - 1 IN 300 PEOPLE WORLDWIDE

TRANSGENDER

GENDER ASSIGNED AT BIRTH DOES NOT MATCH. MAY BE PRE-OP, POST-OP, OR NON-OP. DOES NOT IMPLY ANY SPECIFIC SEXUAL ORIENTATION.

FTM

TRANSGENDER MAN WHO WAS ASSIGNED FEMALE AT BIRTH

MTF

TRANSGENDER WOMAN WHO WAS ASSIGNED MALE AT BIRTH

GENDERQUEER

IDENTIFY AS NEITHER ENTIRELY FEMALE NOR MALE

GENDERFLUID

GENDER IDENTIFICATION SHIFTS FROM TIME TO TIME

GENDER NON-CONFORMING

DOES NOT CONFORM TO SOCIETAL EXPECTATIONS OF GENDER EXPRESSION

TWO-SPIRIT

OTHER FIRST NATIONS HAVE DIFFERENT TERMS – A PERSON WITH ATTRIBUTES OF BOTH MEN AND WOMEN, WITH A DISTINCT ROLE IN THEIR TRIBE, OFTEN INVOLVED WITH MYSTICAL RITUALS

AGENDER

DOES NOT IDENTIFY WITH ANY GENDER

BIGENDER

IDENTIFIES WITH BOTH MALE AND FEMALE GENDERS

HETEROSEXUAL

A PERSON WHO IS ATTRACTED ONLY OR MAINLY TO THE “OPPOSITE” SEX

QUEER

UMBRELLA TERM FOR ALL LGBTQI2S PEOPLE. WAS A DISPARAGING TERM (AND STILL IS) TO MANY OLDER ADULTS, AND PEOPLE IN SOME CLASSES AND CULTURES. RECLAIMED BY YOUNGER LGBTQI2S ACTIVISTS AS A POLITICAL STATEMENT.

GAY / LESBIAN

THE TERM "HOMOSEXUAL" IS A MOSTLY OUTDATED TERM WITH MEDICAL ORIGINS, COMMONLY REPLACED BY THESE TWO.

BISEXUAL/PANSEXUAL

MAY HAVE SEXUAL AND ROMANTIC RELATIONSHIPS WITH PEOPLE OF MULTIPLE GENDERS.

ASEXUAL

A PERSON WHO DOES NOT EXPERIENCE SEXUAL ATTRACTION.

MYTH OR FACT

Circle if each statement is a MYTH or a FACT

MYTH or FACT	1. It is easy to tell if someone is LGBTQI2S by their mannerisms, dress and interests.
MYTH or FACT	2. Asexual- people who don't experience sexual attraction- are can have positive romantic relationships.
MYTH or FACT	3. There is one unified LGBTQI2S community.
MYTH or FACT	4. Bisexuals are people confused about being heterosexual or homosexual.
MYTH or FACT	5. People's sexual orientation and gender identity can change over their lifetime.
MYTH or FACT	6. Being LGBTQ2-S have made a conscious decision to be that way; it is not natural.
MYTH or FACT	7. In order for someone to be transgender they have to have gender alignment surgery and take hormones.
MYTH or FACT	8. LGBTQI2S have higher rates of depression and anxiety compared to heterosexual counterparts.
MYTH or FACT	9. Children as young, as young as 3 or 4, can identify as transgender.
MYTH or FACT	10. In order for a LGBTQI2S to be healthy they must "come out".

APPENDIX C -MODULE 2 - UNLOCKING GENDER RESOURCES

HETEROSEXISM (SLIDE 25)

From the Pluralism Project, Harvard University, December 2001.

Heterosexism in the mental health world means that all clients are evaluated and treated from a lens of heterosexuality. To some extent, this has been the offshoot of the medical model and the DSM which sometimes pathologizes anything that is not understood or accepted by the majority culture. Ultimately, we have to recognize that most of the major theories from which we work were *not created* by the diverse community of clinicians we have today and the people we serve . It is critical that we turn the lens & microphones back to ourselves to see how to make appropriate changes.

Asking you to let go of your own ideas, judgments re roles, duality. [male or female, masculine or feminine, top or bottom, assertive or passive, initiator or receiver, and especially *your* agenda, e.g., Dana: "that MUST make you feel…"]

Culture is constantly changing even as it is being enacted. While it is helpful to know that it is unwise to generalize from the specific, this is exactly what is done repeatedly to members of any minority group when they are not well known by "others."

Has been shown in numerous studies over the last 20 years that the most important part of any mental health treatment is NOT the "type" of treatment (CBT, DBT, art therapy, drama therapy, group work, depth work, etc.), but the RELATIONSHIP the client has with the provider.

Consider: who is good at reading others' energy? If you are someone who comfortably fits the gender and sexuality and gender stereotypes, you are not forced to stretch your understanding of yourself in the same way. Does the average white male, who goes through life solidly in the middle class, and with stability in the form of employment, housing, health care, etc. need to pay attention to others' reactions to him? Probably not. But it is a matter of survival for those who go through life in the lower SES; they must learn how to stay safe in frequently unsafe situations. So one of the skills they often develop is knowing how to "read" people. They know when you are faking concern; they know when you believe them; they know when you "get it" or you don't. They also know when they are being judged negatively.

Resiliency is built on overcoming obstacles. Of course, for some of our GLBTQI-2S clients, sadly self-destruction wins out. But my hope is fueled by those clients who can walk through their self-hatred and find self-acceptance, which then opens a door to increased tolerance of diversity in self and others.

As providers we can make a difference by providing a context in which the client can be visible, understood and accepted, sometimes even for the first time.

WE can make explicit the pressure of countering social norms, and normalize the coping strategies that people use in coping with this pressure. When people understand the protective function or purpose of their maladaptive coping strategies, they typically begin to have more choice over their behavior or internal response.

WE can encourage clients to name and find ways to validate their own developmental landmarks.

As clients are ready, we can help them connect with resources in their larger community to further decrease the experience of isolation.

CULTURAL CONTEXT OF GENDER (SLIDE 26)

Cultural differences in concepts of gender, the language used to describe gender, and attitudes toward gender-nonconforming people may affect expressions of gender identity.

Many Western societies view gender as binary: male or female. This ideology sets an expectation that gender expression must conform to one or the other and it may contribute to pathologizing gender nonconformity.

When the gender expression of a child or adolescent does not fit neatly into the societal construct of male or female in congruence with their assigned sex, the child and family may be ostracized or stigmatized.

An alternate perspective views gender as a continuum from male to female, permitting a spectrum of gender identities with varying proportions of maleness and femaleness. Societies that view gender according to this more fluid or developmental perspective may be more accepting of gender variations. Healthcare provider recognition and validation of the gender continuum and acceptance of individuals no matter where on the spectrum they identify may help to increase tolerance in families and communities.

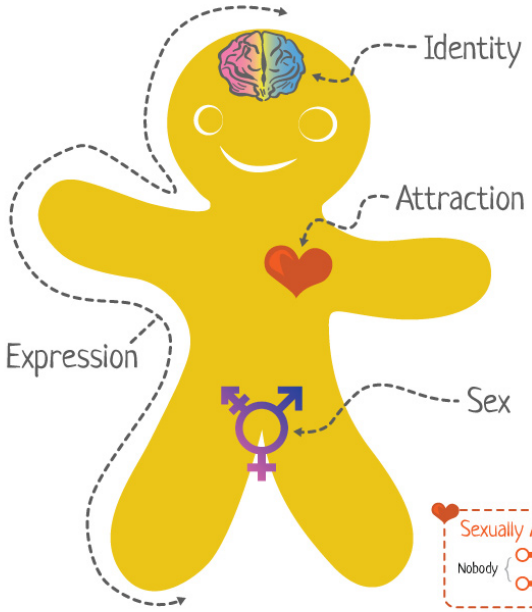
INTERVIEW QUESTIONS: (SLIDE 35)

1. What is your preferred gender pronoun?
2. Have you ever felt like your gender identity was different than your gender assigned at birth?
3. Do you feel like you experience social rejection as a result of your gender identity and/or expression?
4. Is there anything you would like to be different about your gender identity and/or expression?

The Genderbread Person v3.3

by it's pronounced METROsexual .com

Gender is one of those things everyone thinks they understand, but most people don't. Like *Inception*. Gender isn't binary. It's not either/or. In many cases it's both/and. A bit of this, a dash of that. This tasty little guide is meant to be an appetizer for gender understanding. It's okay if you're hungry for more. In fact, that's the idea.



Plot a point on both continua in each category to represent your identity; combine all ingredients to form your Genderbread

4 (of infinite) possible plot and label combos

Gender Identity

⊘ Indicates a lack of what's on the right.

Woman-ness

Man-ness

"woman" "man" "two-spirit" "gender queer"

How you, in your head, define your gender, based on how much you align (or don't align) with what you understand to be the options for gender.

Gender Expression

Feminine

Masculine

"butch" "femme" "androgynous" "gender neutral"

The ways you present gender, through your actions, dress, and demeanor, and how those presentations are interpreted based on gender norms.

Biological Sex

Female-ness

Male-ness

"male" "female" "intersex" "MtF Female"

The physical sex characteristics you're born with and develop, including genitalia, body shape, voice pitch, body hair, hormones, chromosomes, etc.

Sexually Attracted to

Nobody

(Women/Females/Femininity)

(Men/Males/Masculinity)

Romantically Attracted to

Nobody

(Women/Females/Femininity)

(Men/Males/Masculinity)

In each grouping, circle all that apply to you and plot a point, depicting the aspects of gender toward which you experience attraction.

For a bigger bite, read more at http://bit.ly/genderbread

APPENDIX D - MODULE 3 – OLDER ADULTS

PERSONAL SURVEY

- ❑ **Personally, what is your greatest challenge or discomfort in working with LGBTQI2S clients?**

- ❑ **How can you address these challenges?**

- ❑ **What support do you need?**

- ❑ **What can you do right now to advocate for a more welcoming environment?**

Sexual Identity: The Cass Model

Using Theory to Understand Gay and Lesbian Identity Development

There are several theories that describe the sexual orientation development of gay and lesbian individuals. Because people are unique and everyone has his or her own story, no one theory describes all people. Some of the factors that influence development, and which are not yet accounted for by theory, include race, religion, culture, gender, and ability. So please be prepared for differences among students. Theory does however provide one explanation of students' identity development and helps us predict some of the development they have ahead of them.

One of the foundational theories of gay and lesbian identity development was developed in 1979 by Vivian Cass. Cass described a process of six stages of gay and lesbian identity development. (There are not yet theories that describe the identity development of bisexual or transgender students.) The stages help explain students' thoughts, feelings, and behaviors, and therefore help us know how to support students. While these stages are sequential, some people might revisit stages at different points in their life. Following are brief descriptions of the six stages.

1. **Identity Confusion:** "Could I be gay?" This stage begins with the person's first awareness of gay or lesbian thoughts, feelings, and attractions. The person typically feels confused and experiences turmoil.

Task: Who am I? – Accept, Deny, Reject.

Possible Responses: Will avoid information about lesbians and gays; inhibit behavior; deny homosexuality ("experimenting," "an accident," "just drunk").

Males: May keep emotional involvement separate from sexual contact; Females: May have deep relationships that are non-sexual, though strongly emotional.

Possible Needs: May explore internal positive and negative judgments. Will be permitted to be uncertain regarding sexual identity. May find support in knowing that sexual behavior occurs along a spectrum. May receive permission and encouragement to explore sexual identity as a normal experience (like career identity, and social identity).

2. **Identity Comparison:** "Maybe this does apply to me." In this stage, the person accepts the possibility of being gay or lesbian and examines the wider implications of that tentative commitment. Self-alienation becomes isolation.

Task: Deal with social alienation.

Possible Responses: May begin to grieve for losses and the things she or he will give up by embracing their sexual orientation. May compartmentalize their own sexuality. Accepts lesbian, gay definition of behavior but maintains "heterosexual" identity of self. Tells oneself, "It's only temporary"; I'm just in love with this particular woman/man," etc.

Possible Needs: Will be very important that the person develops own definitions. Will need information about sexual identity, lesbian, gay community resources, encouragement to talk about loss of heterosexual life expectations. May be permitted to keep some "heterosexual" identity (it is not an all or none issue).

3. **Identity Tolerance:** "I'm not the only one." The person acknowledges that he or she is likely gay or lesbian and seeks out other gay and lesbian people to combat feelings of isolation. Increased commitment to being lesbian or gay.

Task: Decrease social alienation by seeking out lesbians and gays.

Possible Responses: Beginning to have language to talk and think about the issue. Recognition that being lesbian or gay does not preclude other options. Accentuates difference between self and heterosexuals. Seeks out lesbian and gay culture (positive contact leads to more positive sense of self, negative contact leads to devaluation of the culture, stops growth). May try out variety of stereotypical roles.

Possible Needs: Be supported in exploring own shame feelings derived from heterosexism, as well as external heterosexism. Receive support in finding positive lesbian, gay community connections. It is particularly important for the person to know community resources.

4. **Identity Acceptance:** "I will be okay." The person attaches a positive connotation to his or her gay or lesbian identity and accepts rather than tolerates it. There is continuing and increased contact with the gay and lesbian culture.

Task: Deal with inner tension of no longer subscribing to society's norm, attempt to bring congruence between private and public view of self.

Possible Responses: Accepts gay or lesbian self-identification. May compartmentalize "gay life." Maintains less and less contact with heterosexual community. Attempts to "fit in" and "not make waves" within the gay and lesbian community. Begins some selective disclosures of sexual identity. More social coming out; more comfortable being seen with groups of men or women that are identified as "gay." More realistic evaluation of situation.

Possible Needs: Continue exploring grief and loss of heterosexual life expectation. Continue exploring internalized "homophobia" (learned shame for heterosexist society.) Find support in making decisions about where, when, and to whom he or she self discloses.

5. **Identity Pride:** "I've got to let people know who I am!" The person divides the world into heterosexuals and homosexuals, and is immersed in gay and lesbian culture while minimizing contact with heterosexuals. Us-them quality to political/social viewpoint.

Task: Deal with incongruent views of heterosexuals.

Possible Responses: Splits world into "gay" (good) and "straight" (bad).
Experiences disclosure crises with heterosexuals as he or she is less willing to "blend in." Identifies gay culture as sole source of support; all gay friends, business connections, social connections.

Possible Needs: Receive support for exploring anger issues. Find support for exploring issues of heterosexism. Develop skills for coping with reactions and responses to disclosure to sexual identity. Resist being defensive!

6. **Identity Synthesis:** The person integrates his or her sexual identity with all other aspects of self, and sexual orientation becomes only one aspect of self rather than the entire identity.

Task: Integrate gay and lesbian identity so that instead of being the identity, it is an aspect of self.

Possible Responses: Continues to be angry at heterosexism, but with decreased intensity. Allows trust of others to increase and build. Gay and lesbian identity is integrated with all aspects of "self." Feels all right to move out into the community and not simply define space according to sexual orientation.

Cass, V. C. (1979). Homosexual identity formation: A theoretical model. Journal of Homosexuality, 4, 219-235.

Adopted by UNC Safe Zone, Spring 2001

5 Ways Gender Boxes Harm Children

Author Laurin Mayeno

1. **Sense of Safety.** Children need to feel that they are in a safe environment to learn and grow. If they sense that they will be criticized, punished or rejected if they don't follow gender rules, they will live in fear. Only about one in four gender expansive children (children who don't fit conventional ideas about gender) feel supported by their families.
2. **Self-esteem.** Pressure to measure up to expectations based on gender is bad for children's self-esteem. Children may think that there is something wrong with them if they don't fit gender stereotypes. They may suppress parts of themselves, or put on a false front or "mask", to appear more like "real boys" or "real girls." This takes a toll on children of all gender identities. Those who don't fit into gender boxes have it especially hard.
3. **Identity development.** If children get the message that there is something wrong with them, they have a much harder time developing healthy identities. This is true for any child who doesn't fit the stereotypes for their gender, like girls labeled "tomboys" and boys labeled "sissies." It especially tough for transgender children, because claiming their identities goes against gender expectations from family and society. Lesbian, gay and bisexual children also have difficulty coming to terms with their identity because one of the foremost gender rules is an expectation that we date and marry people of the opposite sex.
4. **Social/emotional skills.** Gender pressures limit children in developing a full range of social skills. For example, girls are discouraged from being strong, confident, assertive and independent. Boys are discouraged from showing emotion, asking for support and being nurturing. Children who feel a need to prove themselves often do so by bullying others who are different.
5. **Opportunities and Career Aspirations.** Children's opportunities to learn, develop and pursue careers are limited by gender boxes. For example, girls often lose confidence in their math abilities and are discouraged from pursuing careers in math and science. Women often end up in lower paying jobs as a result. Young boys are more likely to be steered towards sports and careers that are considered traditionally male.

What we can do about it

1. **Educate yourself about gender.** Get the information and support you need to reflect on and clarify your own values. If you have fears or concerns about your child's gender expression or identity, seek information to help you address those concerns.
2. **Set an example in the home.** Show children that gender doesn't need to limit the work we do, what we learn, or how we play. Share responsibility for things like laundry, taking out the trash, fixing things and cooking. Do activities with your children so they see that many things are possible, regardless of gender.

3. **Allow children freedom to explore.** Provide your child with a range of options for activity, dress and play. Be supportive of your child's interests, whether or not they fit the gender stereotypes.
4. **Encourage flexible thinking about gender.** Read books that show children and adults in a variety of roles. Here is a great list of suggested reading. Discuss gender stereotyping and help your child build tools to navigate pressures they will face related to gender.
5. **Avoid making assumptions about your child's gender identity or sexual orientation**. Allow children the freedom to explore and discover their own identities without fear of rejection. Listen to your children without judging them and let them know you are there to support them.
6. **Advocate for safe supportive environments.** Communicate with family members, teachers and other people in your children's lives to ensure that there are no put downs based on gender and that your children are supported to be themselves.

Frequently Asked Questions:

The School Success and Opportunity Act (AB 1266)

1. What is the School Success and Opportunity Act?

Introduced in February 2013 by Assembly member Tom Ammiano and co-authored by Senators Mark Leno and Ricardo Lara, the School Success and Opportunity Act (AB 1266) makes clear the obligation of California schools to allow transgender students to participate in all school activities, programs, and facilities.

2. Why is the School Success and Opportunity Act necessary?

Every student should have a fair chance to fully participate and succeed in school so that they can graduate with their classmates. But in many cases, students who are transgender are unable to get the credits they need to graduate on time when they do not have a place to get ready for gym class. They are denied important educational opportunities when they are not allowed to participate in school activities based on who they are.

While existing law already broadly prohibits discrimination against transgender students, AB 1266 will make sure that schools understand their responsibility for the success and well-being of all students and that parents and students understand their rights.

3. What will the School Success and Opportunity Act do?

AB 1266 will make it clear to school districts, teachers, parents and students that California's nondiscrimination law requires public schools to respect a transgender student's identity in all school programs, activities, and facilities. This bill will simply ensure that transgender boys and girls are treated just like all other boys and girls so that they can participate fully in school activities and graduate on time.

4. What impact will the School Success and Opportunity Act have on schools?

This bill will make sure that school administrators know their responsibilities to ensure that all students have the opportunity to fully participate and succeed in school. LAUSD and other districts have successfully implemented policies in line with this law that ensure that no one is left out.

5. How much will the School Success and Opportunity Act cost?

This bill does not require schools to create new programs or new facilities for any students, so it does not carry a cost. In fact, making sure schools know their responsibilities may help avoid costly lawsuits.

VIGNETTES

1. 9 year old boy in therapy with you for several weeks. He was referred to you due to anxiety about going to school. His lesbian moms are concerned that he is being bullied in school because of having two moms. The boy is very introverted doesn't like talking much and prefers to play games and draw. It is hard to find out more directly from him what is going on in school. He shares that he doesn't like PE and doesn't like going to school in general.

2. 22 year old African American gender-queer person in treatment with you. The treatment is paid by Medical. They often come late to sessions and have a hard time looking you in the eyes. You notice them looking more disheveled as the treatment progresses. At first, you seemed to have a fairly good rapport with them but recently you noticed that they have a harder time sharing freely with you. You have asked if there is anything that you might have said that makes it more difficult for the client to trust you. The client says that it has nothing to do with you but it's just a lot of stuff that is going on in their lives.

3. Latina mother of a 15 year old gay boy comes to you for therapy and in an agitated voice, says: "Please help me fix my son! He needs a lot of help. He likes boys and I can't have that. This is against our religion. His grades are getting worse and he is getting more angry- being really disrespectful with me at home. I haven't even told my husband yet about the boy thing. I'm worried about him. He eats more, often comes home late and oversleeps. His teacher has called because of his grades and his absences."

4. "I was fine with my daughter coming out as bisexual. No problem with that but now that she says she is trans – born in the wrong body. I can't believe that. It must be a phase and maybe even because of her peers at school. It seems to be trendy nowadays. It's everywhere: on the internet, on TV, on the radio and in the newspapers. This is really getting out of hand. I can accept her being bi but not this!" Second meeting with a white dad. The daughter had been in psych emergency the year before when she was 12 and has had issues with OCD in the past."

APPENDIX F- ICE BREAKERS

ICE BREAKERS

- **IN-COMMON** – but the room into groups of 3. Each group gets 5 minutes to see what the three members have in common. The group of 3 will then join another group of 3 to see what the 6 people could have in common. Finally, the whole group will see if there is something they all have in common.
- **FEARS AND ACCOMPLISHMENTS** – Hand out small pieces of paper to the groups. Have each group member right down 1 or 2 fears they have. Next have them write down 1 – 2 accomplishments. Put all the pieces of paper in a bucket. The TRAINER will read out one piece of paper at a time. Have group members raise their hand if they resonate with that "fear" or "accomplishment".
- **POSITIVITY CIRCLE -** Have the group stand in a circle. Each person will be instructed to think of one positive thing so share with the person to their left. The positive comment can be a word of encouragement or a positive moment from their day.
- **MOVE-IT-** This ice breaker requires music. Instruct people that when the music starts they are to move around the room and when the music stops they will find a partner and share one thing from their week. The music will start again and then they will find a new partner. You can do about three rounds of this.
- **QUESTION WEB-** You need to have a spool of string or wool for this game. Ask the young people to stand in a circle. Hold on to the end of the string and throw the ball/spool to one of the young people to catch. They then choose a question from 1-20 to answer. A list of 20 sample questions is given below. Adapt for your group. Holding the string they then throw it to another member of the group. Eventually this creates a web as well as learning some interesting things about each other! At the end of the game you could comment that we all played a part in creating this unique web and if one person was gone it would look different. In the same way it's important that we all take part to make the group what it is, unique and special.
    1. If you had a time machine that would work only once, what point in the future or in history would you visit?
    2. If you could go anywhere in the world, where would you go?
    3. If your house was burning down, what three objects would you try and save?
    4. If you could talk to any one person now living, who would it be and why?
    5. If you HAD to give up one of your senses (hearing, seeing, feeling, smelling, tasting) which would it be and why?
    6. If you were an animal, what would you be and why?
    7. Do you have a pet? If not, what sort of pet would you like?
    8. Name a gift you will never forget?
    9. Name one thing you really like about yourself.
    10. What's your favorite thing to do in the summer?

UNLOCKING STIGMA :

WORKING WITH LGBTQI2S CHILDREN, TAY, ADULTS, AND OLDER ADULTS

MODULE 1: INTRODUCTION

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Grounding Exercise

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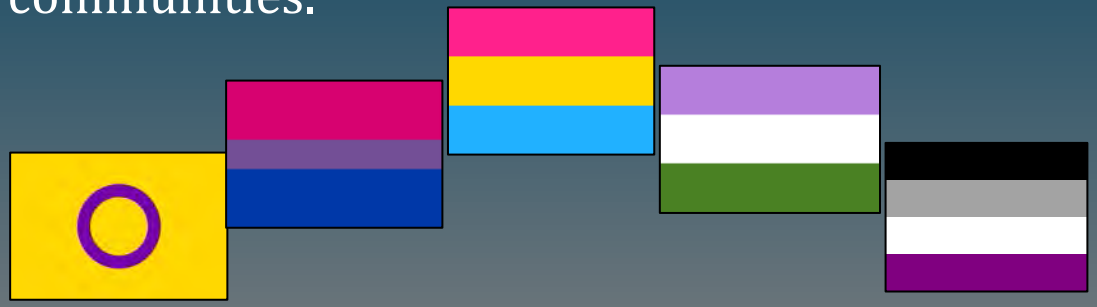
WHY ARE WE HERE?

GOAL: To improve culturally responsive practice with LGBTQI2S consumers and their families.

Participants in the training will:

- Challenge internal and societal bias against LGBTQI2S communities.
- Connect stigma of LGBTQI2S identities with mental health issues experienced in various communities.
- Increase your knowledge and understanding of the needs of LGBTQI2S communities.



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GROUP AGREEMENTS

- **Confidentiality**
- **“I” statements**
- **Respect diversity**

- **Don’t be afraid to ask questions**

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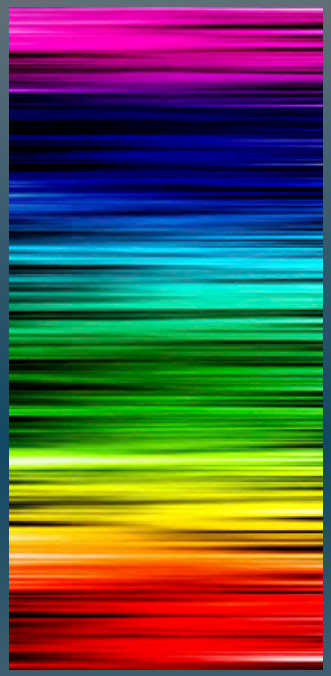
WHAT DOES THAT MEAN?

- **L**esbian
- **G**ay
- **B**isexual
- **T**ransgender
- **Q**ueer/**Q**uestioning
- **I**ntersex
- **2-S**pirit



- **S**exual
- **O**rientation
- **G**ender
- **I**dentity

  and

- **E**xpression

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ON THE MARGINS: BISEXUALITY/PANSEXUALITY

- Individuals who have the capacity for emotional, romantic and/or physical attraction to people despite gender/sex.
- Individuals can be in different-sex relationships, same-sex relationships, or single.
- Research shows that bisexual people are **six times** more likely than gay men and lesbians to **hide** their sexual orientation. [1]

"I call myself bisexual because I acknowledge in myself 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."

Understanding Issues of Bisexual Americans (MAP, Bi-Net USA, Bisexual Resource Center) more info: www.lgbtmap.org

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ON THE MARGINS: ASEXUALITY

Asexuality: The lack of sexual attraction to anyone, or low or absent interest in sexual activity.

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COMMUNITY PROFILE

- Make up at least 10% of the population
- Have existed across cultures and generations
- Frequently do not fit stereotypes
- Experience their sexual orientation and gender identity as natural, not a choice

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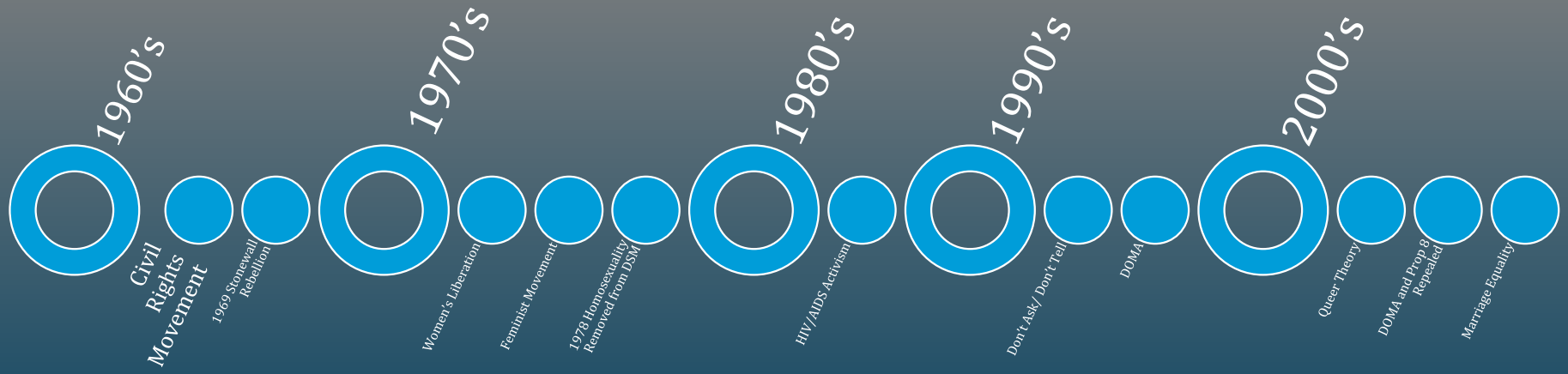
MILESTONES



What would YOU add?

the PACIFIC CENTER
Connecting the LGBT Community

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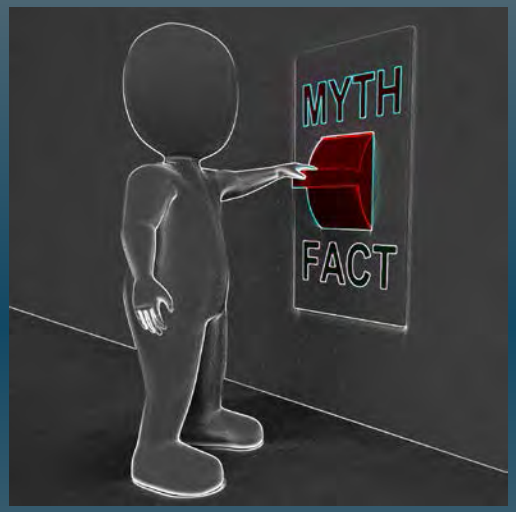
MYTH OR FACT?

MYTH or FACT	It is easy to tell if someone is LGBTQI2S by their mannerisms, dress and interests.
MYTH or FACT	Asexual- people who don't experience sexual attraction- are can have positive romantic relationships.
MYTH or FACT	There is one unified LGBTQI2S community.
MYTH or FACT	Bisexuals are people confused about being heterosexual or homosexual.
MYTH or FACT	People's sexual orientation and gender identity can change over their lifetime.
MYTH or FACT	Being LGBTQ2-S have made a conscious decision to be that way; it is not natural.
MYTH or FACT	In order for someone to be transgender they have to have gender alignment surgery and take hormones.
MYTH or FACT	LGBTQI2S have higher rates of depression and anxiety compared to heterosexual counterparts.
MYTH or FACT	Children as young, as young as 3 or 4, can identify as transgender.
MYTH or FACT	In order for a LGBTQI2S to be healthy they must "come out".



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STRESSORS

- Jobs
- Housing
- Children
- Immigration
- Family of origin
- Religious community
- Media stereotypes
- Mis-gendering
- Heteronormativity
- Binarism
- Being “closeted”

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VIOLENCE

- Harassment and Bullying
- Sexual and physical assault and abuse
- Hate crimes

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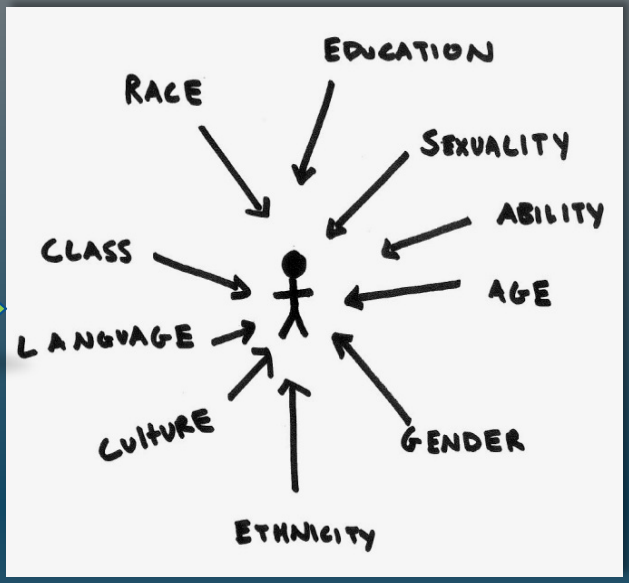
INTERSECTIONALITY



A concept often used in critical theories to describe the ways in which oppressive institutions (racism, sex ism, homophobia, transphobia, ableism, xenophobia, classism, etc.) **and identities** (race, gender identity, sexual orientation, ethnicity, etc.) **are interconnected and cannot be examined separately from one another.**

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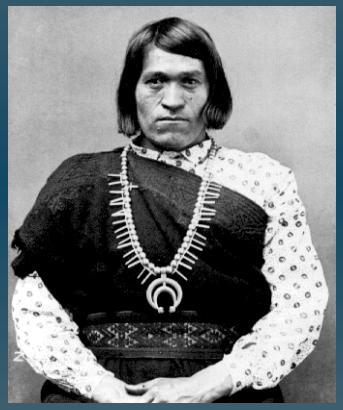
INTERSECTIONALITY: PERSPECTIVES

Native/Indigenous cultures throughout the world, prior to colonization, believed in the existence of cross-gender roles, the male-female, the female-male, what we now call the two-spirited person.



"Our Elders tell us of people who were gifted among all beings because they carried two spirits, that of male and female. It is told that women engaged in tribal warfare and married other women, as there were men who married other men."

Roscoe, W. 1988. Living the Spirt: A gay American Indian Anthology

INTERSECTIONALITY: PERSPECTIVES

Alray Nelson, a gay rights activist with his partner Brennen Yonnie – living on the Navajo reservation- Associated Press

Multiple Nations have laws banning same-sex marriage:

- The Navajo Nation
- The Cherokee Nation, based in Oklahoma
- The Eastern Band of Cherokee Indians, based in North Carolina
- The Chickasaw Nation, based in Oklahoma
- The Kalispel Tribe of Indians, based in Washington
- Kickapoo Tribe of Oklahoma
- The Muscogee (Creek) Nation, based in Oklahoma
- Oneida Tribe of Indians of Wisconsin
- The Osage Nation, based in Oklahoma
- Sac & Fox Tribe of the Mississippi in Iowa
- The Seminole Nation of Oklahoma.

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INTERSECTIONALITY: PERSPECTIVES

AFRICAN AMERICANS

- **Cultural and religious beliefs about gender and sexuality impact family rejection**
- **Survival issues and protectiveness**
- **Higher acceptance rate of 'out' transgender family members compared with other racial groups (55%)**
  - Those accepted by families experience less discrimination, lower mental health and substance abuse issues

LGBTQ Task Force (2008), Injustice at Every Turn

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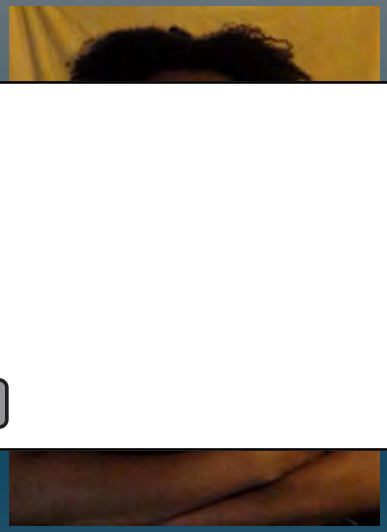
INTERSECTIONALITY: PERSPECTIVES



"If we are invisible in the dominant gay community, perhaps we are doubly so in our own communities of color. If we are a footnote in the gay community, we are an endnote in communities of color – an inconvenient fact that is buried in the back out of view. We are told by family and friends that being gay is a white problem."

Chong-Suk Han. *Darker Shades of Queer: Race and Sexuality at the Margins*, in *Men Speak Out: Views on Gender, Sex and Power*, New York: Routledge, 2008

"I don't find Asian men attractive." This attitude reeks of racism. So many men with the no-Asians dating and hooking-up policies hide behind the old "That's just my preference" excuse."

Jeremy Hellinger. *'Sorry, I Don't Do Asians': The Dangers of Racial Discrimination in Dating.* Huffington Post, 2014.

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COMMUNITY RESILIENCE

- DIVERSITY
- COMMUNITY
- PARTNERS
- FAMILY SUPPORT
- COMMUNITY CENTERS AND HUBS
- PRIDE CELEBRATION AND MOVEMENT

Nealy, E. (2008) Fostering Resilience in LGBT Communities: Empowerment, Identity and Difference
Shilo, G, Antebi, N, & Mor, Z. (2015) Individual and community resilience factors among lesbian, gay, bisexual, queer and questioning youth and adults in Israel.

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QUESTIONS?

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UNLOCKING STIGMA :

WORKING WITH LGBTQI2S CHILDREN, TAY, ADULTS, AND SENIORS

MODULE 2: UNLOCKING GENDER

Pacific Center for Human Growth 2015

Grounding Exercise

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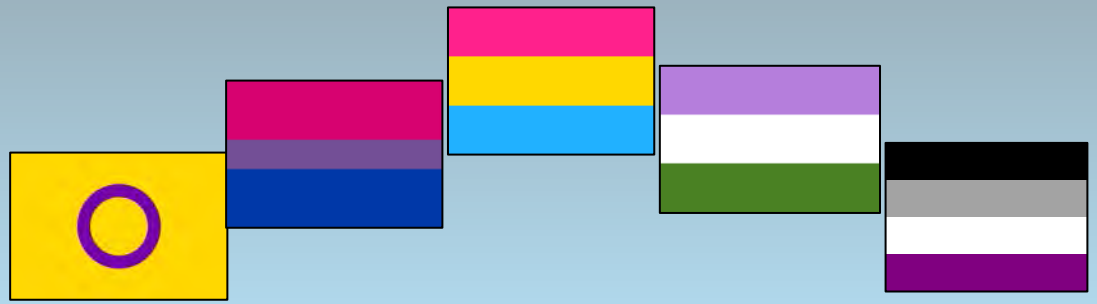
WHY ARE WE HERE?

GOAL: To improve culturally responsive practice with LGBTQI2S consumers and their families.

Participants in the training will:

- Examine personal perspectives of gender- assignment, identity, expression
- Unlock gender as a "construction"
- Become more familiar with the experiences of those outside of the gender binary
- Identify potential gender identity based concerns we may encounter in a clinical setting



GROUP AGREEMENTS

- Confidentiality
- “I” statements
- Respect diversity
- Don’t be afraid to ask questions

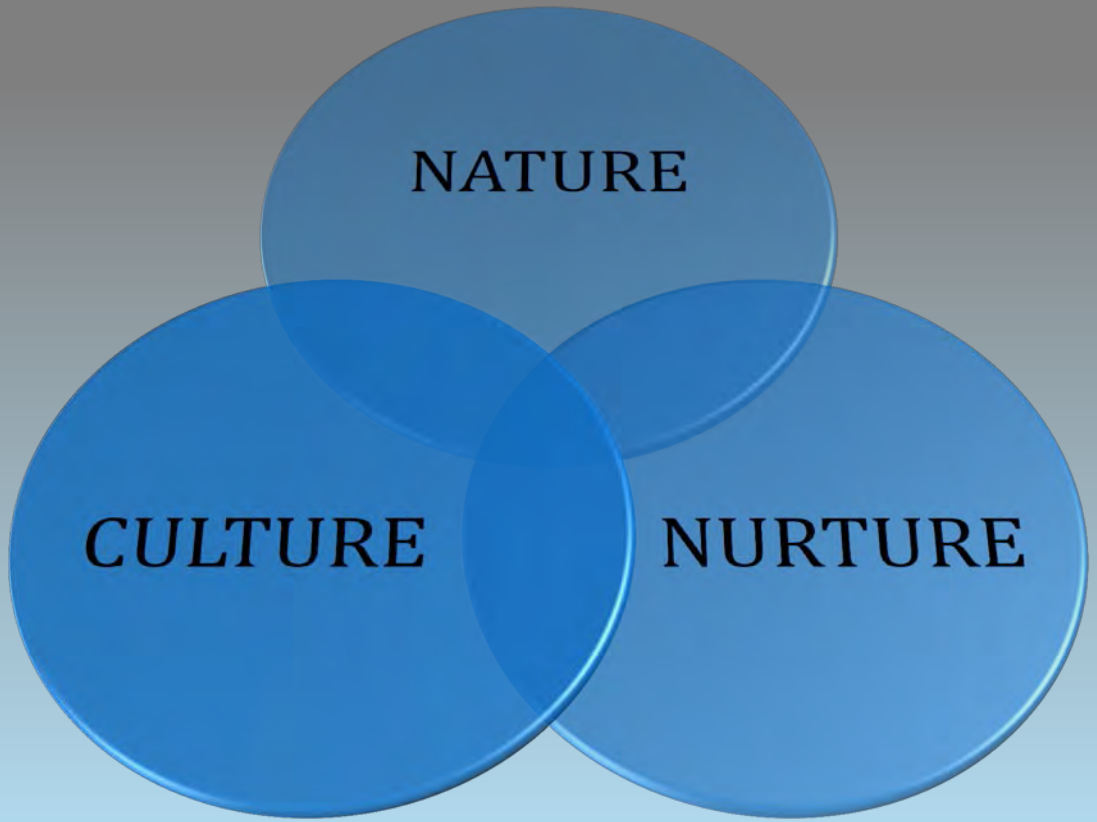
STARTING WITH YOU

STARTING WITH YOU

"the starting point would be **careful consideration by healthcare providers of the assumptions and beliefs that are embedded in their own understandings and goals** in the clinical encounter."

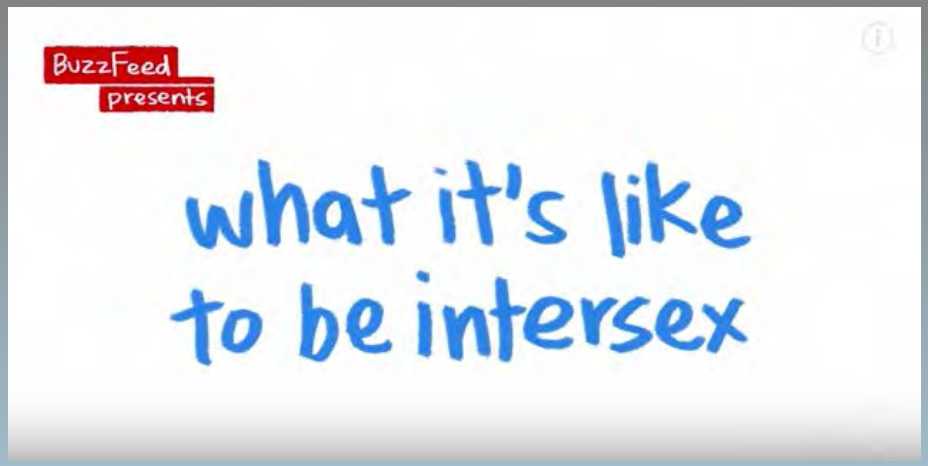
Hunt , Linda (2005)*Beyond Cultural Competence: Applying humility to clinical settings*

WHAT IS GENDER?



WHAT IS GENDER: BIOLOGY

Intersex is a relatively common anatomical **variation** from the "standard" male and female types; just as skin and hair color vary along a wide spectrum, so does sexual and reproductive anatomy. Intersex is neither a medical nor a social pathology. It might be stressful to the family to make decisions and accept that there child is intersex.



http://www.apa.org/topics/lgbt/intersex.aspx
http://www.isna.org/

WHAT IS GENDER: NURTURE

1) How old were you when you realized you were a "girl" or a "boy"? Who and what made this clear to you?

3) What messages have you received about your gender and from whom (e.g. parents, media, religion, etc.)?

2) When did you get to start expressing your gender identity? What aspects of gender expression are most important to you?

4) How do others respond to your gender identity, gender roles, and gender expression?

WHAT IS GENDER: NURTURE

GENDER IS LEARNED BY:

- Examples set by parents, caregivers, and siblings.
- Observing different rules for “boys” and “girls”.
- How YOU are treated.
- “Typical” gender expression being encouraged
- “Gender variance” being punished.

WHAT IS GENDER: CULTURE

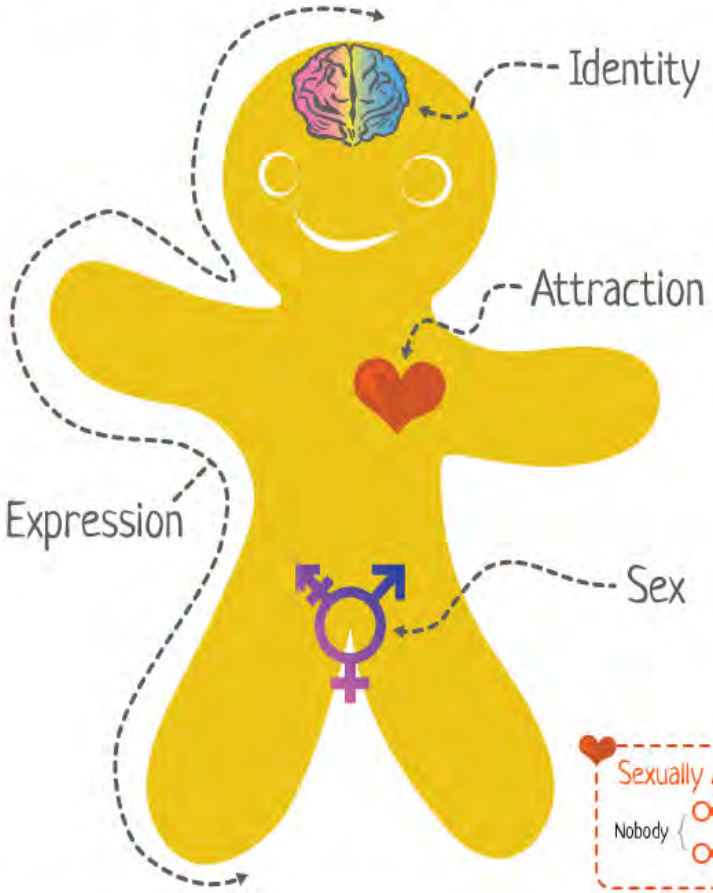
When individuals feel obliged to conform to a conventional male or female sex stereotype, they are all cramped to a degree, depending on how much each has to deny and suppress their natural inclinations. Thus, valuable traits are lost to the society. And they are all made to feel inadequate to the degree that they fail to conform to the supposed ideal.

Benjamin Spock & Steven J. Parker. Dr. Spock's Baby and Child Care, 7th ed., 1998

The Genderbread Person v3.3

by it's pronounced METROsexual .com

Gender is one of those things everyone thinks they understand, but most people don't. Like *Inception*. Gender isn't binary. It's not either/or. In many cases it's both/and. A bit of this, a dash of that. This tasty little guide is meant to be an appetizer for gender understanding. It's okay if you're hungry for more. In fact, that's the idea.



Plot a point on both continua in each category to represent your identity; combine all ingredients to form your Genderbread.

4 (of infinite) possible plot and label combos

Gender Identity

Ø indicates a lack of what's on this right.

Woman-ness

Man-ness

"woman" "man" "two-spirit" "genderqueer"

How you, in your head, define your gender, based on how much you align (or don't align) with what you understand to be the options for gender.

Gender Expression

Feminine

Masculine

"butch" "femme" "androgynous" "gender neutral"

The ways you present gender, through your actions, dress, and demeanor, and how those presentations are interpreted based on gender norms.

Biological Sex

Female-ness

Male-ness

"male" "female" "intersex" "MtF Female"

The physical sex characteristics you're born with and develop, including genitalia, body shape, voice pitch, body hair, hormones, chromosomes, etc.

Sexually Attracted to

Nobody

(Women/Females/Femininity)

(Men/Males/Masculinity)

Romantically Attracted to

Nobody

(Women/Females/Femininity)

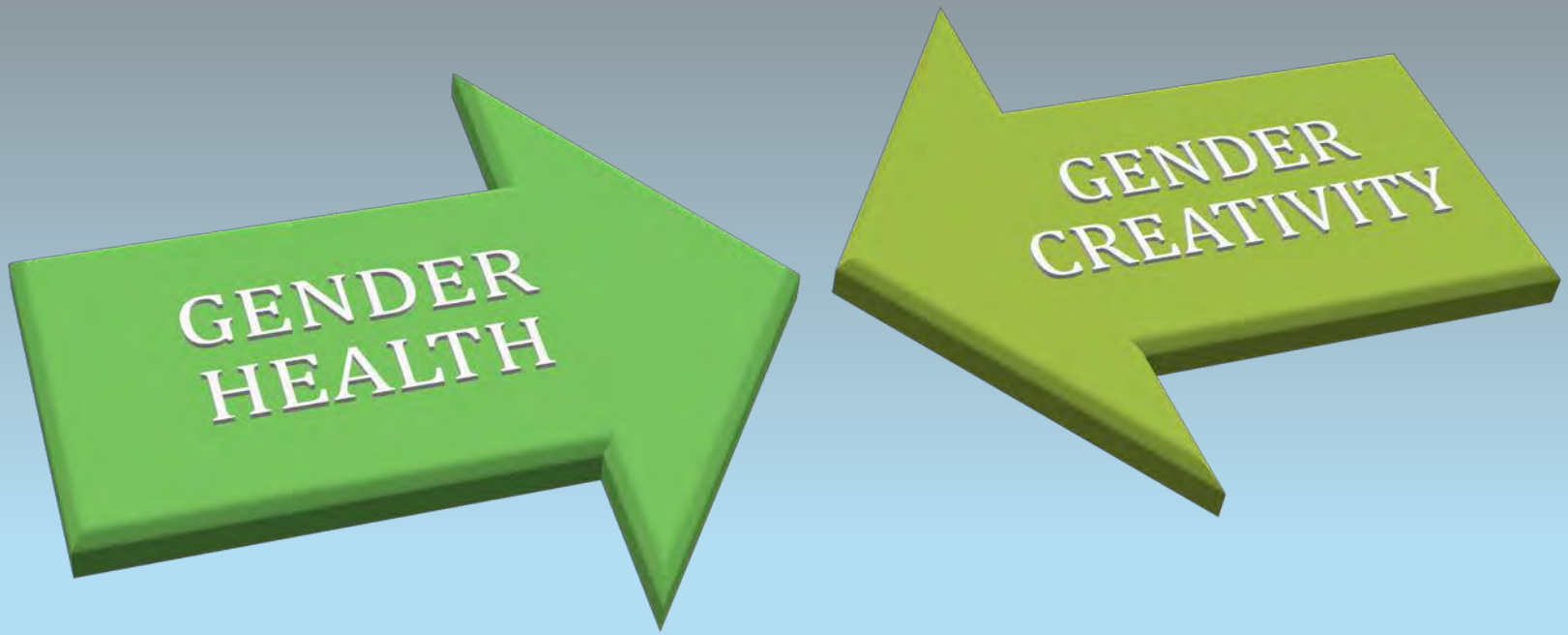
(Men/Males/Masculinity)

In each grouping, circle all that apply to you and plot a point, depicting the aspects of gender toward which you experience attraction.

For a bigger bite, read more at http://bit.ly/genderbread

BEYOND THE BINARY: LANGUAGE

Gender non-conformity is a natural expression of human development and experience.



BEYOND THE BINARY: LANGUAGE

TRANSGENDER

ANDRODGYNOUS

BINDING

EXPRESSION

MONES

T

BUTCH

PASSING

FTM

MTF

IDENTITY

AGENDER

FEMME

TRANSITION

TWO SPIRIT

PGP

BEYOND THE BINARY: SAIFA'S STORY

DISCUSSION

- What questions came up for you?
- What is are Saifa's strengths?
- What are the potential clinical issues Saifa raised?

BEYOND THE BINARY: TIPS FOR PROVIDERS

- Ask and use preferred pronouns and names
- Challenge your gender stereotypes
- Challenge others' gender stereotypes
- Don't assume anything
- Advocate for non-binary/transgender gender-inclusive services
- Connect to medical staff when needed

GENDER PANEL

QUESTIONS?

UNLOCKING STIGMA :

WORKING WITH LGBTQI2S OLDER ADULTS

MODULE 3: OLDER ADULTS

Pacific Center for Human Growth 2015

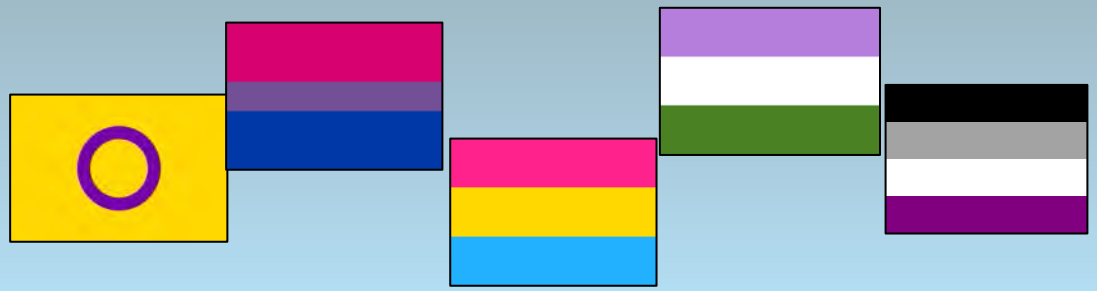
Grounding Exercise

WHY ARE WE HERE?

GOAL: To improve culturally responsive practice with LGBTQI2S consumers and their families.

Participants in the training will:

- Examine the context for LGBTQI2S older adults
- Identify how specific mental health and social needs of LGBTQI2S older adults.
- Increase their understanding of how to create a welcoming environment within their agencies for LGBTQI2S older adults.



GROUP AGREEMENTS

- Confidentiality
- “I” statements
- Respect diversity
- Don’t be afraid to ask questions

LGBT ORAL HISTORY

LOS ANGELES LGBT CENTER

"At that time is was very well known, it was <u>ILLEGAL</u> to be <u>GAY</u>."

LGBT OLDER ADULTS: CONTEXT

Age 80 and over:

- Born in 1930's or earlier
- Pressure to marry
- Absolute secrecy and shame
- Criminalized
- Institutionalized
- Electro-shock therapy

LGBT OLDER ADULTS: CONTEXT

Age 70-80:

- ❑ Born in 1940's
- ❑ Living two lives
- ❑ Left marriages to come out

Age 60-70:

- ❑ Born in 1950's
- ❑ Baby boomers
- ❑ Less criminalized
- ❑ Still no legal protections – housing, jobs, marriage
- ❑ Women's and gay liberation movements

LGBT OLDER ADULTS: LANGUAGE

References to significant other:

- Roommate
- Friend
- Partner
- Girlfriend / Boyfriend
- Lover
- Spouse (vs husband or wife)

LGBT OLDER ADULTS: LANGUAGE

SELF DESCRIPTORS: vary according to age cohort, community involvement, race and class.

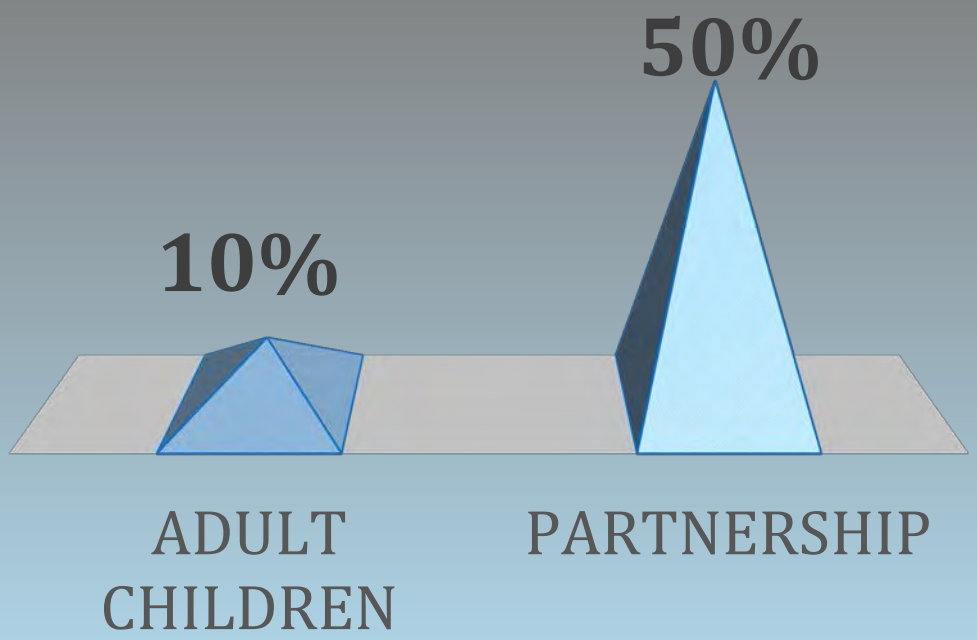
- Humorous
- Self-loathing
- Empowering
  - derogatory terms reclaimed by LGBT community (queer, dyke, etc)

LGBT OLDER ADULTS: MENTAL HEALTH

DEPRESSION	SUICIDALITY	ISOLATION	VICTIMIZATION
• Over 50% DIAGNOSED	• 39% SERIOUSLY THOUGHT ABOUT IT • TRANSGENDER - 71%CONSIDERED IT	• 53% FEEL ISOLATED	• 66% AT LEAST 3 INCIDENTS

SAGE: https://www.sageusa.org/issues/mental.cfm

LGBT OLDER ADULTS: SUPPORT SYSTEMS



- 2X as likely to live alone
- 1/2 as likely to have relatives to ask for help
- Rely more on peers, who are also aging

SAGE: https://www.sageusa.org/issues/mental.cfm

LGBT OLDER ADULTS: MATCH IT!

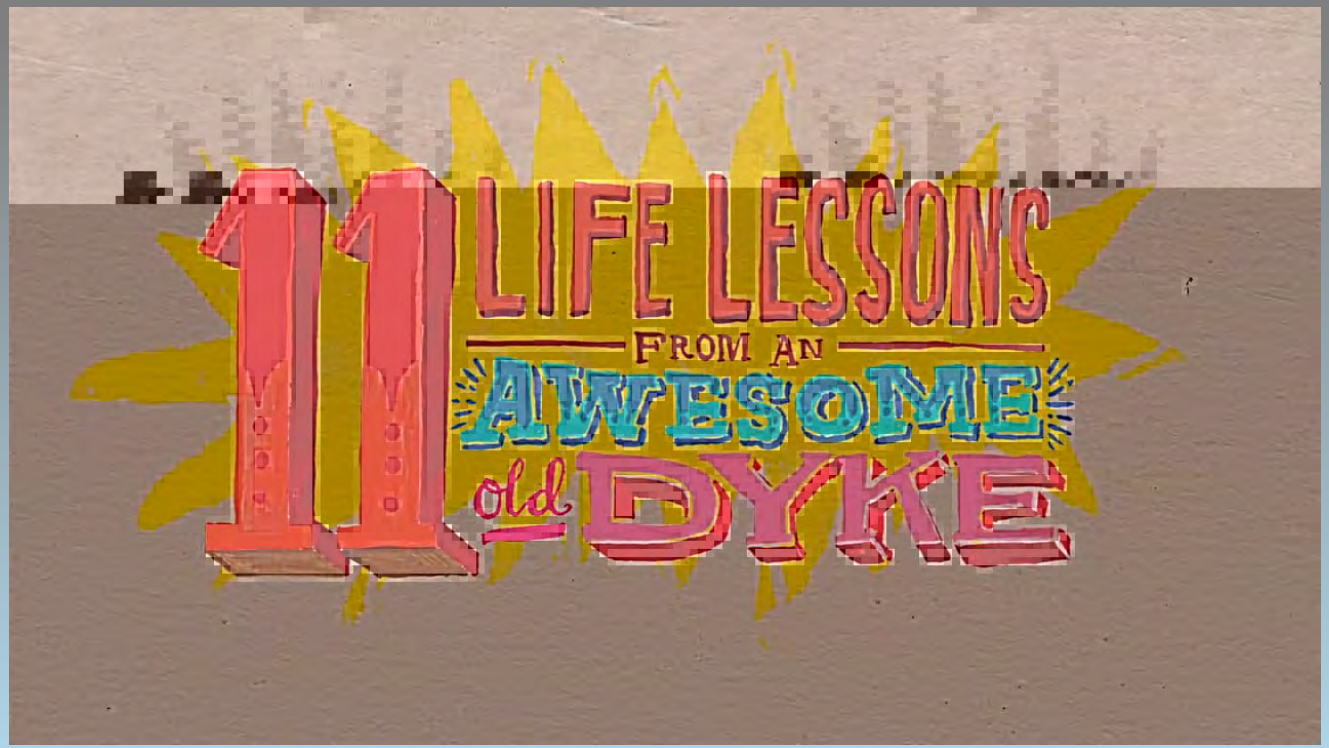
- ❑ 20%
- ❑13%
- ❑91%
- ❑90%
- ❑75%
- ❑ 33%

- ❑ feel good about belonging to community
- ❑ engage in wellness activities
- ❑ attend spiritual or religious services
- ❑ satisfied with their lives
- ❑denied health care
- ❑not out to physician

sage SM
Services & Advocacy for Gay, Lesbian, Bisexual & Transgender Elders

SAGE: https://www.sageusa.org/issues/index.cfm

LGBT OLDER ADULTS: PERSPECTIVE



LGBT OLDER ADULTS: PERSPECTIVE

Isolation and fear of 'coming out' adversely affect LGBTQI2S seniors seeking and receiving services.

LGBT OLDER ADULTS: INTERVENTION

Senior Role Play

Mental health provider is trying to help 80 year-old client consider assisted living or nursing care due to physical challenges. Client is not out to this provider, and is in a long-term relationship with 75 year-old "roommate." How would you have this conversation with client?

LGBT OLDER ADULTS: WELCOMING

What things are your agencies already doing or could try to make your services more accessible to LGBT older adults?

LGBT OLDER ADULTS: WELCOMING ENVIRONMENT

Due to invisibility, many LGBTQI2S older adults are not identified and do not receive services that affirm their identity.

WELCOMING ENVIRONMENT: POLICIES

- Non-discrimination policies (staff and clients)
- Gender neutral bathrooms
- Intake forms: include diverse genders and orientations
- Address bullying and micro-aggressions among clients
- Ongoing staff training

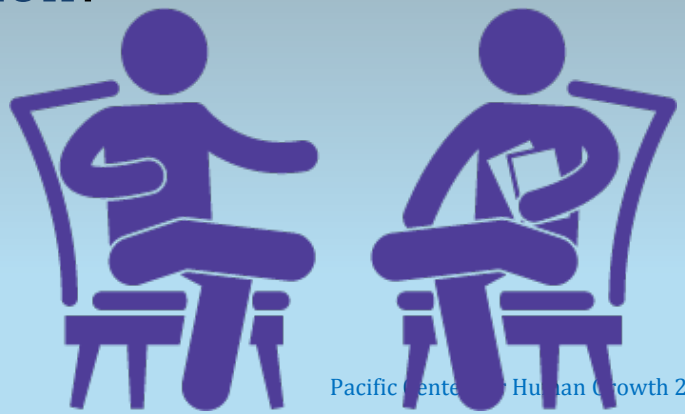
WELCOMING ENVIRONMENT: CULTURE

Never assume that ANY client is not LGBTQI2S.

WELCOMING ENVIRONMENT: INTAKES

ADD TO INTAKE:

- "What is your preferred gender pronoun?
- "What name do you prefer to be called?"
- "What is your sexual orientation?"



GENERAL GUIDELINES:

- Start with gender-neutral terms
  - e.g. "partner"
- Notice client's hints
- Ask permission:
  - "Would you be okay with telling me …?"
- Use good timing and good judgment

WELCOMING ENVIRONMENT: SERVICES

Does your agency have specific services or programs for LGBTQI2S clients?

WELCOMING ENVIRONMENT: PROVIDERS

WELCOMING ENVIRONMENT: ASSESSMENT

- ❑ SAFETY
- ❑ IDENTITY DEVELOPMENT
- ❑ COMING OUT
- ❑ IMPACT OF DISCRIMINATION
- ❑ TRANSITIONING
- ❑ SUPPORT SYSTEMS

WELCOMING ENVIRONMENT: TREATMENT GOALS

- Acceptance
- Affirmation
- Reduce isolation
- Decrease unhealthy behaviors
- Increase family acceptance
- Advocate
- Connect to community resources
- Promote Resilience

QUESTIONS?

UNLOCKING STIGMA :
WORKING WITH LGBTQI2S CHILDREN AND TAY

MODULE 4: LGBTQI2S CHILDREN AND TAY

Pacific Center for Human Growth 2015

Grounding Exercise

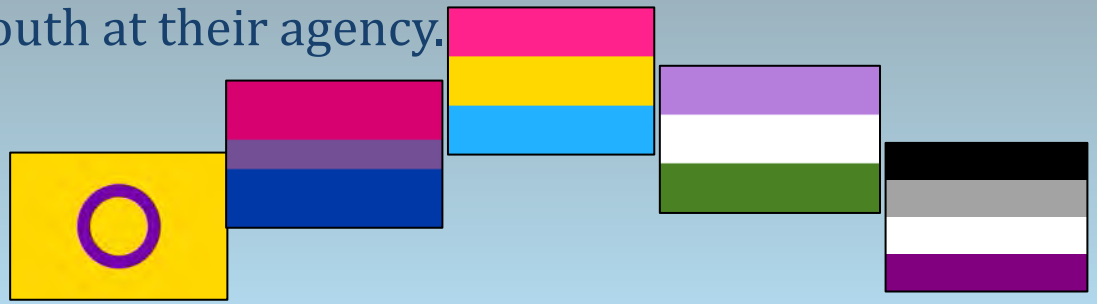
Pacific Center for Human Growth 2015

WHY ARE WE HERE?

GOAL: To improve culturally responsive practice with LGBTQI2S consumers and their families.

Participants in the training will:

- Examine personal perspectives of SOGIE in children and TAY
- Understand the risk factors associated with LGBTQI2S youth and their families
- Practice using culturally responsive practices when working LGBTQI2S youth
- Identify ways to create a welcoming environment for LGBTQI2S children and TAY youth at their agency.

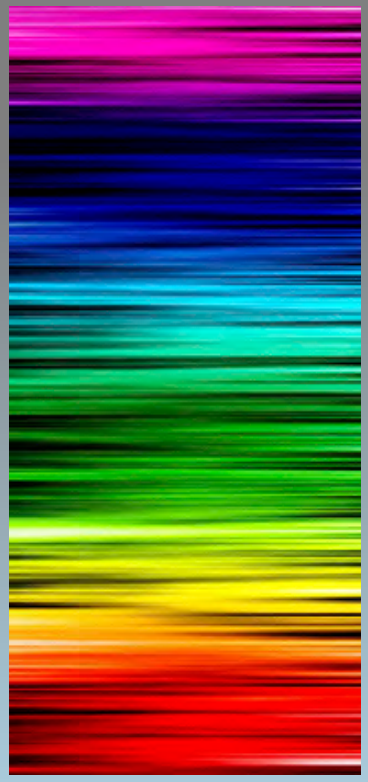


GROUP AGREEMENTS

- **Confidentiality**
- **“I” statements**
- **Respect diversity**
- **Don’t be afraid to ask questions**

WHAT DOES THAT MEAN?

- **L**esbian
- **G**ay
- **B**isexual
- **T**ransgender
- **Q**ueer/**Q**uestioning
- **I**ntersex
- **2-S**pirit



- **S**exual
- **O**rientation
- **G**ender
- **I**dentity

and

- **E**xpression

LGBTQI2S YOUTH: TRAUMA

It is rare to grow up queer and never experience a traumatic event.

- Social stigma
- Discrimination, Prejudice
- Denial of Civil and Human rights
- Abuse
- Harassment
- Victimization
- Social exclusion
- Family rejection

LGBTQI2S YOUTH: SCHOOLS

The National School Climate Survey-2011

- 82% experienced bullying
- 64% felt unsafe
- 44% felt unsafe at school due to gender identification.

LGBTQI2S YOUTH: ADVOCACY

“School, for me, is scary.”

LGBTQI2S YOUTH: TAY

Transition Age Youth (TAY) with serious mental illness and emotional disturbance, especially foster care youth, **are particularly vulnerable to experiencing economic and social hardship upon reaching age 18**

AFFORDABLE HOUSING

EDUCATIONAL/ CAREER DEVELOPMENT

LIVING WAGE EMPLOYMENT

POSITVE SUPPORT SYSTEM

SOGIE SPECIFIC SERVICES

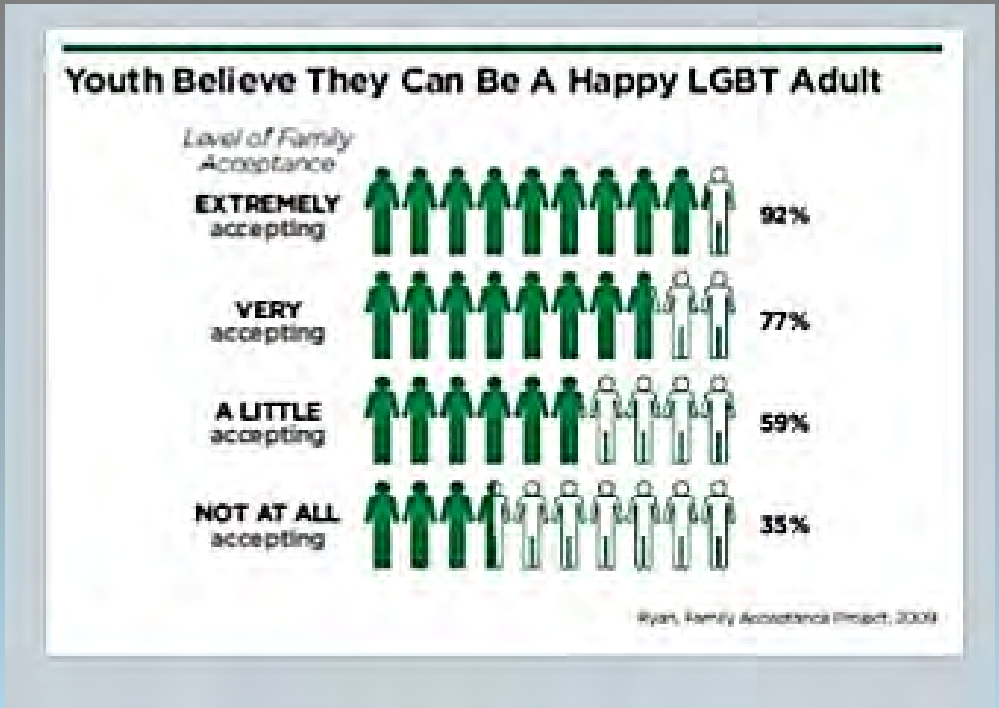
Transition Age Youth System of Care - Diagnosis is Not Destiny – TAY strategic plan Alameda

LGBTQI2S YOUTH: TAY

- **Full assessment of all aspects of client's life**
- **Sexual orientation and gender identity experimentation**

- **Assess sexual orientation and gender identity - acceptance, labeling, and disclosure**

LGBTQI2S YOUTH: FAMILY SUPPORT



Family support plays a particularly important role in affecting the mental health of LGBTQI2- S youth.

WORKING WITH CAREGIVERS: CONCERNS

- SHAME
- RELIGIOUS AND PERSONAL VIEWS
- GRIEF
- VALUE CONFLICTS WITH EXTENDED FAMILY
- SOCIAL ACCEPTANCE AND REJECTION
- FEAR AND CONCERN ABOUT SAFETY

WORKING WITH CAREGIVERS

Parents do not have to change their VALUES to be supportive!

LGBTQI2S CHILDREN: GENDER

How does gender stereotyping harm children?

LGBTQI2S YOUTH: GENDER

- Often experience stares, fear, or anxiety using public facilities such as gym locker rooms and store changing rooms.
- Strangers might assume they can ask you what your genitals look like and how you have sex.
- AB 1266

LGBTQI2S YOUTH: MENTAL HEALTH

CLINICAL ISSUES	DEPRESSION
	ANXIETY
	HYPERVIGILANCE
	STRESS
	LONELINESS

COMMON THEMES	ISOLATION
	SHAME
	TRAUMATIC EXPERIENCES
	RESILIENCY

LGBTQI2S YOUTH: MENTAL HEALTH

For LGBTQ people aged 10–24, suicide is one of the leading causes of death.

LGBTQ youth are 4 times more likely than straight people to experience suicidal thoughts or engage in self-harm.

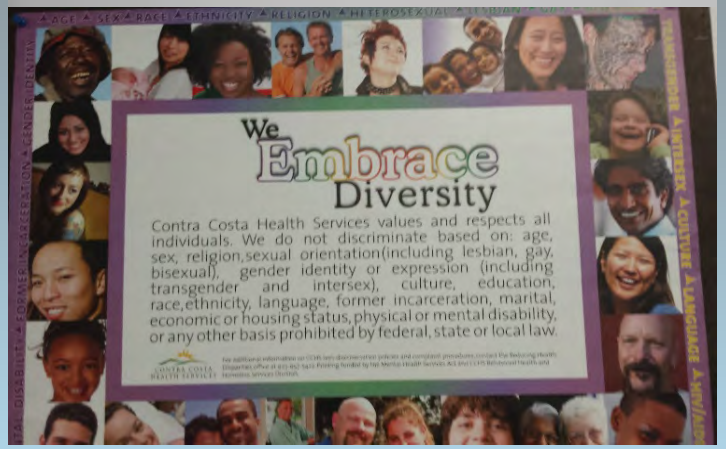
Between 38-65% of transgender individuals experience suicidal ideation.

LGBTQ individuals are almost 3 times more likely than others to experience **major depression** or **generalized anxiety disorder**.

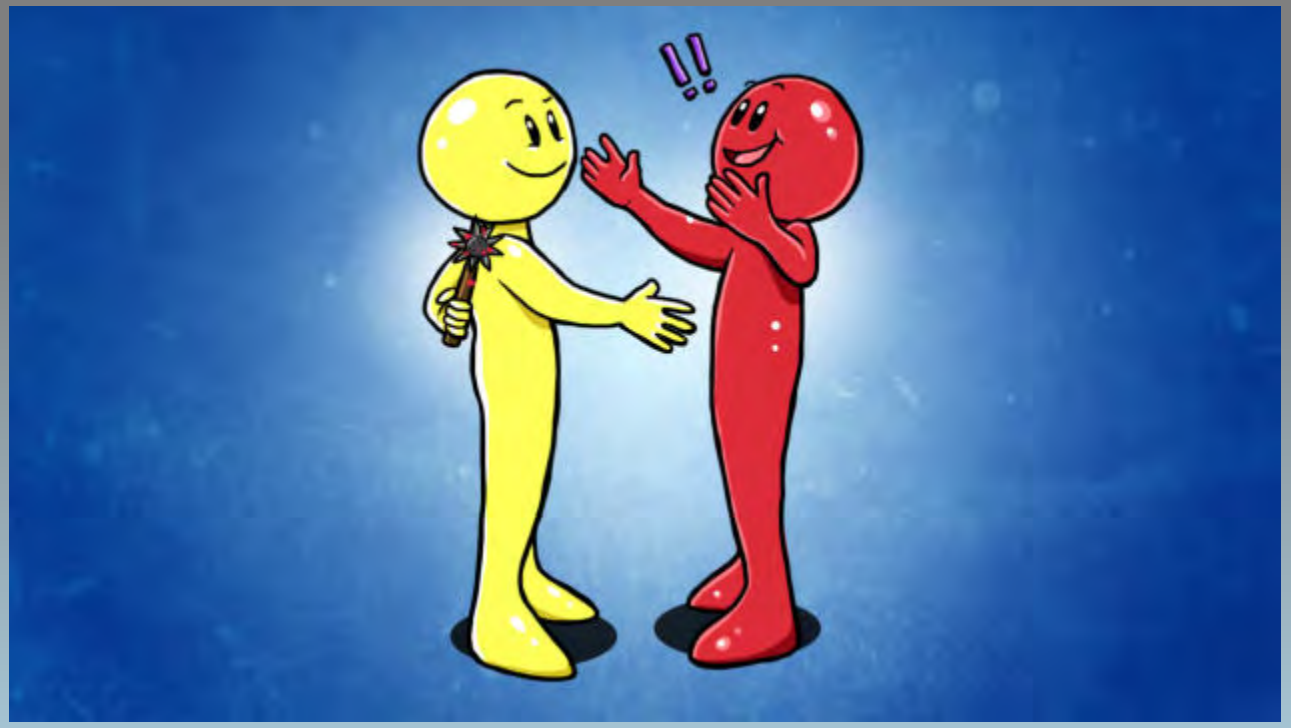
NAMI: https://www.nami.org/Find-Support/LGBTQ#sthash.xqKnatAg.dpuf

WELCOMING ENVIRONMENTS

- **BATHROOM SIGNS** that are gender-neutral
- **DIVERSITY POSTERS** and brochures in waiting room
- **INTAKE-FORMS**- Inclusive language
- **LGBTQI2S REFERRALS** sources and informational material for parents, children and youth
- **SUPPORT GROUPS** for parents, children and TAY



WELCOMING ENVIRONMENTS: PROVIDERS



What are the characteristics of someone with whom you feel safe?

WELCOMING ENVIRONMENTS: PROVIDERS

- **AWARENESS** of own bias – SOGIE
- **ACCOUNTABILITY** for bias, values, and prejudices
- **OPEN MINDED** and open to diversity
- **EDUCATE** yourself
- **EMPATHY**
- **COMFORT** with LGBTQI2S people

WELCOMING ENVIRONMENTS: SCHOOLS

“Everyone knows about gay people at my school.”

INTERVENTIONS: PROVIDER QUESTIONS

- What is “normal”/the norm?
- When to support and when to challenge?
- How to talk about _____?
- What questions should or shouldn’t be asked?
- How do I find out about resources?
- What should I do if I don’t have any experience working with LGBTQI2S children, TAY and their families?

INTERVENTIONS: ASSESSMENT

INTERVENTIONS: PRACTICE

1) What issues can you identify?

2) What would be challenging for you?

3) How would you initially work with the client?

QUESTIONS?

BHCS
ALAMEDA COUNTY
Behavioral Health Care Services

MISSION: Our mission is to maximize the recovery, resilience and wellness of all eligible Alameda County residents who are developing or experiencing serious mental health, alcohol or drug concerns.

VISION: We envision communities where all individuals and their families can successfully realize their potential and pursue their dreams, and where stigma and discrimination against those with mental health and/or alcohol and drug issues are remnants of the past.

VALUES: Access, Consumer & Family Empowerment, Best Practices, Health & Wellness, Culturally Responsive, Socially Inclusive.

Alameda County Behavioral Health Care Services

2000 Embarcadero Cove, Suite 400

Oakland, CA 94606

Tel: 510.567.8100, Fax: 510.567.8180

www.acbhcs.org