



ALAMEDA COUNTY BHCS
ROUND THREE
INNOVATION GRANT PROGRAM



Seneca Family of Agencies

UNCONDITIONAL PRIDE:
A Clinical Framework for Partnering with LGBTQI2S Youth and Allies



Seneca Family of Agencies

UNCONDITIONAL PRIDE: A Clinical Framework for Partnering with LGBTQI2S Youth and Allies

OUR STORY

Seneca Family of Agencies has served children and their families for more than thirty years. It has done so in a variety of environments and clinical domains. During the 30 years of providing services, it has become increasingly clear that LGBTQI2S youth and transitional age youth (TAY) represent highly underserved populations. With that in mind, it was Seneca's desire through this project, to develop a comprehensive set of training curricula designed to help providers develop strategies to support LGBTQI2S youth and families during the most difficult times of their lives.

For more information, please contact:

Seneca Institute for Advanced Practice

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**Provider Training Curriculum
LGBTQI2S Clients & Consumers**

At the completion of the INN 3 project, grantees shall submit all Desired Project Outcome(s). Final project outcomes must address all selected the Learning Question(s) as specified in grantee's INN 3 grant agreement.

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?

Curriculum should address providers' understanding of fundamental LGBTQI2S issues and their impact upon the behavioral health, wellness and resiliency of LGBTQI2S clients/consumers and their families.

Final project outcomes must adopt, adapt or develop a new stand-alone, non-proprietary training curriculum that specifically targets one of the age groups:

- Children (up to age 16)
- Transition Age Youth (16-24)
- Adult (25-59)
- Older Adult (60 +)

Desired Outcome: Age-based, culturally-informed provider training curriculum designed to improve effectiveness of behavioral health care services to LGBTQI2S Behavioral Health Care Services (BHCS) clients/consumers and their families that has been 'field tested' and evaluated by BHCS clients/consumers, family members and County and contracted community-based providers.

Submittal to BHCS: Email and send final project desired outcomes to Linda Leung Flores, BHCS Innovation Grants Coordinator.

Format for submitting the Desired Outcomes:

- **1 Hard Copy of Curriculum in a three ring binder with tabs for each section**
- **1 Electronic Copy on a flash drive**

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Desired Outcomes Content Guidelines



PROJECT OUTCOME NARRATIVE Content Guidelines

Desired Outcomes: Curriculum

LGBTQI2S Learning Questions #2

Date Submitted: 11/11/2015

Project Name: Unconditional Pride

Grantee Organization: Seneca Family of Agencies

Contact Information: alfred_gales@senecacenter.org

Project Contact: Alfred Gales

Please include a narrative description of the training curriculum by answering the following questions about your project's Learning Question(s), target subpopulation, program description, and effectiveness of the strategies.

Addressing the Learning Question(s)

1. Identify the Learning Question(s) your project addressed.

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

2. Answer your selected Learning Question(s) based on your project findings and final project desired outcomes. Explain how your strategies address the learning question(s).

A curriculum that best enables providers to meet the needs of LGBTQI2S clients/consumers is one that empowers providers to use their existing skills to serve these populations. This includes a focus on how clinical tools can be used to support this population and encouraging practitioners to adopt a humble and non-judgmental stance.

3. Any other ideas or interventions employed to support the LGBTQI2S Clients and Consumers? Explain.

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The training also focuses on macro/cultural factors that lead to the marginalization of the priority population. Understanding these factors helps providers to comprehend the challenges these youth face and identify/implement structural interventions as well (such as creating gender neutral bathrooms and providing inclusive sex education curricula).

Identify the Priority Subpopulation

4. Identify the subpopulation of LGBTQI2S clients and consumers for whom this program was most effective. Please include age, culture/ ethnicity, language, and other factors. How was this determined?

We attempted to create a curriculum that contributes to providers' abilities to meet the needs of LGBTQI2S youth in care, generally. Our focus on intersectionality, particularly understanding how racial/ethnic identity impacts the identity terms used by LGBTQI2S youth of color make this curriculum more responsive than others to the needs of LGBTQI2S youth of color. Because sexuality is generally explored by youth during adolescence, this curriculum focuses on the needs of adolescent youth in care.

5. Describe the involvement with BHCS stakeholders (e.g., clients/ consumers, family members, and BHCS contracted providers).

Clients and Family Members participated in surveys, focus groups, and field tests, giving them both input into curriculum content and the opportunity to affect how this content was implemented in the curriculum.

Through their participation in focus groups and field testing, BHCS providers offered their individual expertise in helping the content to be presented in ways that would be useful for providers.

6. How are the strategies culturally responsive to this priority population?

The strategies are culturally responsive to the priority population because they highlight the needs of this population as articulated and framed by the members of the population. We utilized that data provided by clients/consumers to inform what we prioritized in the curriculum.

7. What are the goals of the program/ curriculum?

- To offer providers a basic understanding of the diversity and individual/institutional strengths and needs of LGBTQI2S youth

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- To support providers in identifying how they can leverage their own strengths and expertise to support LGBTQI2S youth
 - To empower a portion of participants to become trainers of the curriculum so they can facilitate trainings in their agencies and beyond
8. Describe the Program Design, including the essential program components (e.g., outreach & engagement, interventions, treatment, evaluation, etc.)
- Outreach & Engagement- Running the trainings requires the recruitment of participants. Seneca has largely recruited participants from its sites and network. As participants have finished the training, they have supported us in recruitment by referring their professional network to the training.
 - Intervention- The training supports providers in identifying how their strengths can be used to support the priority population and developing a specific and actionable plan to utilize these strengths in support of this population.
 - Evaluation- Satisfaction surveys and pre-tests/post-tests were used to evaluate the effectiveness of the curriculum.
9. How did the program impact the population served by this project?

The theory of change is that the curriculum empowers providers to leverage their skills to support this population. Satisfaction surveys and pre-tests/post-tests provided early evidence that the curriculum has impacted service providers' knowledge and competence in serving this population.

10. What are the essential elements?

The curriculum is comprised of 6 modules that support providers in identifying and developing skills necessary to serve LGBTQI2S youth. Discussing the needs of these youth from their own perspective, focusing on identifying existing practitioner strengths, supporting practitioners in developing a plan to support these youth, and supporting practitioners in taking care of themselves so they are physically and emotionally able to serve these youths are the key elements we utilize.

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11. Identify staffing requirements and considerations? Include recommended qualifications, certification and / or licensure.

The curriculum has an additional train-the-trainer component. Upon completing all 6 modules and a 2-day facilitator training and co-training with an expert trainer who endorses their presentation abilities, participants are ready to facilitate the training themselves at their site and beyond. The final curriculum also provides a list of competencies for trainers in order to assist in selection of future trainers.

12. Identify the collaborators necessary to the success of the program.

Many collaborators have been essential at multiple stages of the project. Our Community Champions from local agencies were essential in the creation of the curriculum. The Seneca Network was essential to the recruitment of participants and trainers to engage in the program as well as the identification of sites at which we were able to present. Seneca staff also formed a committee to provide on-going feedback and ensure unconditional care was at the core of the curricula. Technical support of Alameda County Behavioral Health Care Services has also been essential to the creation, evaluation, and implementation of the curriculum.

13. Describe the strategies, methods of implementation and timeframe.

Now that the curriculum has been developed, piloted, and refined and the first cohort of trainers has completed the train-the-trainer facilitator training, the full cycle has been completed. Training modules and facilitator trainings should continue to be offered on an on-going basis and trainers should continue to receive on-going support as they implement the trainings to ensure the preparedness and fidelity of the trainers. Trainings should also be utilized to recruit additional trainers who bring the training to their own site and networks.

Demonstrate Effectiveness of Strategies

14. How do you know these strategies are effective in achieving the goal of reducing isolation for the priority population? (Include data collection)

Our surveys and focus groups were oriented toward asking clients from our priority population what they believe they most need from providers. Their responses were generally consistent with existing literature about how care providers can reduce isolation (don't make assumptions, listen non-judgmentally, create space to discuss important issues, and respect self-identifications/terminology, etc). Thus, though the impact of our particular intervention has not

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been directly validated, our approach correlates highly with evidence-based interventions and is consistent with community defined practices.

15. Describe the culturally responsive nuance of the strategies for the priority population?

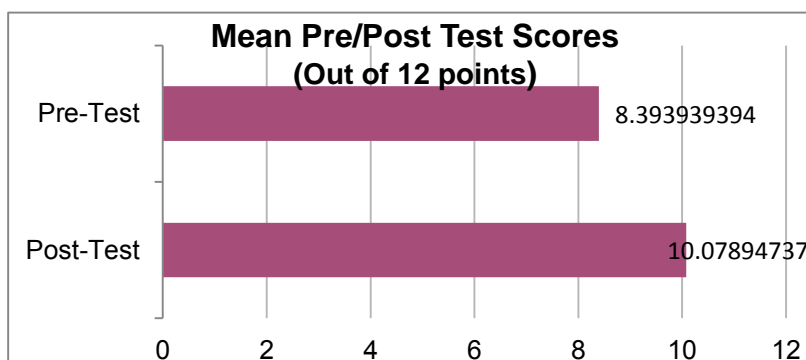
LGBTQI2S youth are frequently judged and/or ignored by care providers. Thus, even encouraging care providers to utilize their pre-existing skill set in working with this population is, at times, revolutionary. This curriculum also focuses on intersectionality, understanding how different identities (sexuality, gender identity, gender, race, etc.) relate to one another. Introducing providers to terms used by LGBTQI2S youth of color and helping them to gain a basic understanding of these terms while maintaining a stance of humility and respect for self-identifications helps care providers serve minority populations within our priority population.

16. Describe the process for arriving at the Program Design supported by evidence-based or community defined best practice findings.

This process drew upon the expertise of clients themselves, care providers, community experts and empirical literature. The curriculum developers synthesized information from each of these sources, combined this information in the form of the curriculum, and then elicited feedback on the curriculum to arrive at a final curriculum that includes both evidence-based and community-defined practices.

17. Provide quantitative and qualitative data that show the effectiveness of the strategies. Include measures of effectiveness and data sources used.

We utilized pre-tests and posts-tests for each module. The average improvement across modules was 20.2%.



We also administered satisfaction surveys for each modules. More than 90% of responses stated that they were either “Satisfied or Very Satisfied” with the training.

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Training Curriculum Course Content Guidelines

<u>Course Title:</u> Unconditional Pride	<u>Total Length of Time:</u> (for entire curriculum)
<ul style="list-style-type: none"> • 2 full days = 14 hrs 	
<u>Course Purpose:</u> To empower providers to meet the needs of LGBTQI2S youth in care.	
<u>Learning Objectives:</u> <ul style="list-style-type: none"> • Understand needs of LGBTQI2S youth • Understand how to use strengths and skills to meet the needs of LGBTQI2S youth • Create a plan to implement a systemic change at worksite • (For trainers) Understand how to facilitate Unconditional Pride Curriculum 	
<u>Key Concepts to be Taught:</u> <ul style="list-style-type: none"> • Understand the scope of needs of LGBTQI2S clients (ages 12 – 24) • Develop skills for facilitating difficult conversations • Learn how to develop an action plan • Learn skills for speaking with youth in affirming and non-judgmental ways • Develop skills for self-care, facilitating ability to serve LGBTQI2S youth 	
<u>Target Audience:</u> Practitioners working with LGBTQI2S youth, generally Bachelors or Masters-level providers	

Content for Each Individual Module

<u>Module/Section & estimated length of time:</u> <ul style="list-style-type: none"> • Module 1: 4 hours • Modules 2-6: 2 hours each • (Train the trainer training): 12 hours (Two 6 hour days)
<u>Specific Content – Focus Area</u> <ul style="list-style-type: none"> • Module 1: Fundamentals of Supporting LGBTQI2S youth • Module 2: Supporting Intersex and Sex/Gender Non-Conforming Youth • Module 3: Creating Safe Spaces for LGBTQI2S Youth • Module 4: Personal Values and Professional Responsibilities • Module 5: Sexual Health and Healthy Relationships • Module 6: Staying Healthy as a Helper
<u>Relate to Objectives:</u> <ul style="list-style-type: none"> • Module 1: Objectives 1, 3, 4

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- Module 2: Objectives 1, 4
- Module 3: Objectives 1, 2, 4
- Module 4: Objective 4
- Module 5: Objectives 1, 2, 4
- Module 6: Objective 5

Methodology:

- Lecture style
- Small group discussion
- DVD/Youtube videos
- Pre/ Post Tests
- Site Visits
- Hands-on activities

Other Learning Tools: Trainers have access to a Google drive with training content and support resources

Activities Details: Give specific details for the learning activities to be developed and offered.

- Small group activities and exercises for groups of 3-5 people that focus on learning objectives that are included in the curriculum;
- Small group critique of sex ed curricula
- Small group prototype building of a safe space
- “Take a step forward if...”-style empathy-building activities
- Brief vocabulary/definition quiz
- Role play difficult conversations

Outreach & Engagement – Current trainers will present at their sites and contact members of their professional network who may be interested in hosting trainings at their agency; during trainings, trainer will explain the process of becoming a trainer and encourage participants to become a trainer, refer others to the trainings, and encourage others in their professional networks to host trainings.

Resources: Powerpoint presentations, handouts (which include glossary, listing of local agencies, and online reading materials such as the GLSEN Safe Space Manual)

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Other Information
<p><u>Materials and Equipment Required</u></p> <ul style="list-style-type: none">• Writing boards/ easels• Laptop Computer• Projector• DVD player• Speaker• Handouts• Evaluations, when necessary
<p><u>Training / Program Staff Qualifications:</u> Complete train-the-trainer facilitator training and gain the endorsement of an “expert” co-facilitator after co-training twice.</p>
<p><u>Other Pre-Training Preparations:</u> Print all necessary handouts and evaluations; speak with coordinator at site to understand any current challenges surrounding LGBTQI2S youth and incorporate accordingly</p>
<p><u>Attachments:</u> Curriculum Power point and handouts</p>
<p><u>Additional Notes:</u></p>
<p><u>Primary Staff Contact Information:</u> Alfred Gales- alfred_gales@senecacenter.org</p>

TRAINER GUIDE

UNCONDITIONAL
PRIDE

SUPPORTING LGBTQI2S YOUTH IN CARE



A project funded by Alameda County Behavioral Health Care Services in partnership with Seneca Family Agencies and inVision Consulting

TRAINER GUIDE

UNCONDITIONAL

PRIDE

Reflective and Practice Strategies for Partnering
with LGBTQI2S Youth and Allies

Curriculum Developed by Seneca Family of Agencies
through an Innovations Grant provided by
Alameda County Behavioral Health Care Services
Curriculum Specialist: Natalie Thoreson, inVision Consulting
October 1, 2015



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Module 2: Supporting Intersex, Transgender, and Sex/Gender Non-Conforming Youth in Care

Module 3: Creating Safe Spaces for LGBTQI2S Youth Beyond the Safe Space Sticker

Module 4: Balancing Personal Values and Professional Responsibilities

Module 5: Sex and Sexuality for LGBTQI2S

Module 6: Staying Healthy as Helper - Wellness Work for Allies

FORWARD AND ACKNOWLEDGEMENT

Since its inception in 1985, Seneca Family of Agencies (Seneca) has evolved from a small residential services provider into a highly diversified child and family services agency. For over 29 years, Seneca has been a leading mental/behavioral health innovator in the field of school-based, community-based, and family-focused treatment services for children, youth, and their families experiencing profound and complex challenges. The agency was founded to support and ensure the success and wellbeing of every child, no matter how challenging their needs and circumstances. This commitment, together with the agency's many years of mental health program experience, led to the development of Seneca's Unconditional Care clinical practice model. The Unconditional Care model continually demonstrates to each child and family that we will engage them as partners in the service planning process, and does whatever it takes to help them achieve their goals. This unwavering commitment to every child and family is at the heart of our agency and all the people who work here.

Seneca's Unconditional Pride Project began with the vision of integrating the values and stances of Seneca Unconditional Care with best practices in supporting non-heterosexual/gender conforming youth, into a curricula designed to support Alameda County behavioral health system providers and other community stakeholders in understanding the strengths and challenges of LGBTQI2S identifying youth in their care. The project was developed with input from LGBTQI2S youth and their families, experienced staff in the field, and Community Champions – community-based organization leaders supporting LGBTQI2S youth. These conversations uncovered numerous deficiencies in skills and competencies that are essential to addressing the diverse needs of all children, youth, and families we work with.

Seneca's firm commitment to Unconditional Care and our values around love, compassion, and curiosity enable our staff to engage and support the efforts of clients to master their troubling life experiences, and to resume the tasks of healthy development. This loving concern begins with heartfelt curiosity; genuine interest in our clients' lives and experiences; an appreciation of their strengths and resources; and a realistic acknowledgement of their vulnerabilities and the risk factors present in their environment. To ensure unconditional care, love, compassion, and curiosity were embedded throughout the curriculum, and Seneca developed an Unconditional Care Work Group that met throughout the curriculum development process to review curriculum drafts and provide feedback.

Focus groups, review of case studies, and related literature provided the foundation for identifying the focus of modules and corresponding content. As the modules took form, continual feedback from additional focus groups and Community Champions were incorporated throughout the process and revisions were made as necessary.

The final product, a sixteen hour, six-module training series, reflects current knowledge in the field and work of dozens of individuals over an eighteen-month period. Although several voices and sources are presented, the body of knowledge is dynamic and ever-changing and we believe this curriculum to be a living, evolving source in order to stay relevant for the field.

No project is ever successful without a team effort. Seneca Family of Agencies would like to thank the members of the Unconditional Pride team for their dedication, commitment, and tireless work.

To our ACBHCS partners, Linda Leung Flores, Collette Winlock, Gail McGuire and Anne Bacon. Thanks for your guidance, expertise and patience.

Natalie Thoreson and Briana McGeough our Curriculum Specialist and Community Facilitator, respectively. You are both lifesavers.

To our community champions; Carolyn Reyes, Joel Baum, Paul Sterzing, Stephanie Perron and Susan Manzi, thank you for your level of expertise and willingness to freely share resources and information.

Thanks to all focus group and field test participants. Your generosity, feedback and insight were invaluable.

Thanks to all members of the Seneca Work Group with a special thanks to Danielle Vanaman and Nick Candelaria who expertly facilitated the group.

Alfred Gales, Project Director, thank you for providing leadership and embodiment of Unconditional Care.

Thanks to all of Seneca's administrative support team for being there for us and putting up with all of our requests, especially the last minute ones.

Thanks to Jean Brownell and Darryn Green who started the project but were unable to continue.

Thanks all for a job well done and for a final product that we are very proud of.

Dear Facilitators:

When asked by Seneca to consider the competencies needed to effectively deliver the Unconditional Pride Curriculum several considerations came to mind. Facilitation of anti-oppression and social justice education is a challenging undertaking, particularly when discussing topics as complex, emotional, and values laden as heterosexism, cissexism, and cisgenderism. In order to effectively deliver training to behavioral health, social service, foster care professionals, teachers, and others supporting youth, there are a variety of internal and external competencies that a person must possess. Additionally, trainers in the Unconditional Pride Curriculum must continuously work to expand their skill set to meet the ever-changing needs of a population as varied and fluctuating as LGBTQI2S youth. **All trainers of this curriculum are strongly encouraged to complete a Training for Trainers on this particular curriculum.**

Facilitators of this curriculum need a basic knowledge of systemic oppression including key factors and understanding of similarities in how ableism, ageism, anti-semitism, classism, nativism, and racism are maintained. Prior exposure to The Cycle of Oppression framework I outline in the training design is useful but not necessary if the definitions of stereotype, prejudice, discrimination, and oppression are clearly understood. Facilitators should have at least an intermediate and preferably advanced comprehension of heterosexism, gender oppression, and sexism, and the ways in which they support and maintain one another. Those who hope to facilitate this curriculum should also understand ways that LGBTQI2S oppression impacts heterosexual, cissexual, and cisgender people. This content knowledge paired with self-confidence and basic group facilitation skills will enable trainers to effectively lead this important dialogue with a group.

Self-assessment, self-reflection, self-confidence and self-exposure are all necessary to fully engage audiences in this exploration. More than with non-social-change trainings, this curriculum directly asks participants to *dig deep* into their own identities, histories, and prejudices. Leading by example is the best way to create an inviting atmosphere for participants to investigate perspectives and share learning. Self-moderation is an essential skill in maintaining a non-judgmental perspective and safe space for attendees especially if a facilitator becomes triggered or offended by someone in attendance. Balancing genuine emotion with controlled presentation can be difficult for many people. Facilitators must know and constantly be ready to reevaluate personal areas of vulnerability, and the people, scenarios, and oppressive actions that they feel deeply passionate about in order to employ this necessary balance.

Important characteristics an Unconditional Pride Facilitator should possess are a personal connection to LGBTQI2S communities and a passion for anti-oppression efforts. Connection to LGBTQI2S communities is necessary. To deliver curriculum focused on supporting a community that the facilitator has no connection with is simply not okay. Possessing a deep passion for the topic and for all the communities that we support is often the greatest facilitator competency we can possess. This is what drives and feeds facilitators continued engagement in positive social change.

Finally, the following pages outline basic responsibilities and attributes of a facilitator, facilitation tips and tools, and tips for navigating facilitation challenges. The information contained here is a wonderful beginning for those chosen to facilitate Unconditional Pride trainings to develop their personal skillset and engage continued exploration.

Good luck!

Natalie J. Thoreson, M.Ed.
Unconditional Pride Curriculum Specialist

UNCONDITIONAL PRIDE FACILITATOR COMPETENCIES

fa·cil·i·ta·tor

noun \fə-'si-lə-, t̄ā-tər\

: one that facilitates; *especially* : one that helps to bring about an outcome (as learning, productivity, or communication) by providing indirect or unobtrusive assistance, guidance, or supervision
(<http://www.merriam-webster.com/dictionary/facilitator>)

Responsibilities of a Facilitator Some of the key responsibilities of a facilitator include the following:

- Providing group agreements for safety of the group and ensuring that they are upheld
- Maintaining safe space for participants regardless of *and* with regard to diverse social identities and opinions shared and protecting all members of the group from attack
- Recognizing and interrupting oppression and microaggressions that arise during the facilitation
- Navigating complex emotional responses and interpersonal dynamics
- Shaping the interaction toward a desired goal or objective
- Creating and upholding a space for dialogue and win/win solutions
- Deviating from the design as necessary to meet group needs while keeping objectives in vision
- Providing participants with balanced silence to process thoughts and deepen their experience
- Assisting participants in sharing and synthesizing knowledge with one another
- Ensuring that everyone has space to participate especially those with historically silenced voices
- Observing and interpreting actions, interactions, and reactions of the group and individual
- Modeling desired behavior: leaning into discomfort, being vulnerable, stepping back

Attributes of an Anti-Oppression Facilitator

- Self-awareness: Confident in most facets of their own social identities including areas of privilege and disempowerment. Possessing a high level of self-reflection; open and honest in their relationships with participants, and effective at helping participants deal with the issues of culture learning.
- Cultural self-awareness: Possessing an understanding of the role of oppression in the formation of one's own values, beliefs, patterns of behavior, etc.
- Patience: Being patient with learners whose style and pace in acquiring key concepts and skills may not be congruent with the trainer's expectations.
- Commitment and accountability to a community: A facilitator needs to believe in and care for the community with whom they are working to achieve anti-oppression goals and objectives.
- Empathy and compassion: The ability to project oneself into the mind, feelings, and role of another; have the capacity to sense how the learner is doing and to respond appropriately; appreciate the learner's anxieties and difficulties as well as sense of accomplishment.
- Expertise: Having a foundation of knowledge in the subject.
- Humility: Respect for the complexities, challenges, and impacts of oppression and room for growth. Understanding that no one is *the* expert.
- Open-mindedness: Avoiding passing judgment. Behaving impartiality when personal prejudice arises. Recognizing that judgment stops interactions and blocks opportunities for movement toward change.
- Acknowledgment and admission of imperfection: Modeling the vulnerability to acknowledge to

the group when you make mistakes and are made aware through self reflection or feedback

- Humor and joy: Sharing fun and camaraderie with participants. Having a sense of humor and ability to laugh at oneself and more importantly at the ludicrousness of oppression.
- Resilience: Ability to recover from challenges and setbacks. Maintaining hope for belief in a world without heterosexism, cissexism, and cisgenderism. Self-care.

Facilitation Skills and Tools

Engaging difficult conversations

The first step in facilitating difficult conversations is opening the conversation. This may seem like a given, but in reality there are a variety of reasons we avoid these discussions. Some might include: fear that it will go badly, belief that we don't have the necessary language, fear of failure, burnout, being triggered or angry, wanting to lean out of discomfort. Explore what keeps you from engaging difficult conversations, practice of self-care, and make space for your own failure and forgiveness.

Be a star performer

It may sound strange, but facilitating anti-oppression conversations takes some acting. If we want people to *hear* our perspectives, and if we want facilitate change, we have to present feedback from a place of compassion and non-judgment. This means overcoming our triggers, or at least appearing to. When uncomfortable or triggering situations arise, our bodies react with the fight or flight response. Adrenaline is released into the bloodstream, our pupils dilate, our muscles tense, and the tone and pitch of our voice becomes higher. Recognize your reactions and give space for them to transition into responses before speaking. Practice making your voice *softer, slower, lower*.

I don't think you intended it this way...

This is a great phrase you can use when interrupting hurtful, discriminatory, or oppressive situations. Giving people the benefit of the doubt, particularly in a training space helps the facilitator and the other attendees to avoid judgment, build community, and continue dialogue toward change.

Standing tall vs. being small

How a facilitator takes space in a room can make or break an interaction. The role of facilitator provides us with positional power regardless of personal privilege or target identities. Many facilitators stand during facilitation to express authority or expertise. However, when conversations about heterosexism, gender oppression, and sexism become challenging, standing over or even in front of participants can shut down the process by making attendees feel unsafe. If conflict arises, try making yourself small. Stay seated and lean in, crouch down, or even drop to one knee if you are physically able. Your positioning can be the difference between an escalated fight and growth through facilitated conflict.

Fan the fire

When conflict arises, thoughtfully follow and guide disagreement or argument into dialogue. Remind participants of the group agreements and compassionately acknowledge the shared value of youth well being held by participants. Use conflicts, and 'ouch' moments as opportunities for growth and recognition of intent sometimes creating an unintended impact. While pushing into conflict, be highly attentive to the safety and needs of the group, while

allowing space for discomfort.

Practice, practice, practice

Engage these conversations outside of the training space. Talk with (facilitate) friends, neighbors, family, community and even strangers about heterosexism, gender oppression, and sexism every day. Remember that practice makes better and strive for perfection while remembering that you will never arrive.

Facilitation Challenges

Balancing Participation

If there are dominant voices monopolizing airtime:

- Remind attendees of the agreement to **participate, pass, and provide space**.
- Ask if there are any thoughts from “voices we haven’t heard.”
- Facilitate an impromptu dyad where participants have 1-2 minutes (timed) to discuss what they think about the section being addressed. People can then share one of their own thoughts from the dyad.
- Politely and without shaming ask the dominant speakers to wait before share so that others have the opportunity to do so. Be transparent and express that although the ideas they are sharing are wonderful it is the facilitator’s responsibility to open and hold space for all voices in the room. After doing so be prepared to hold silence for longer than usual. It often takes 15-20 seconds for someone in the group to share after this interaction. The dominant speakers may have to be reminded again and if done without shaming will often become a light and even playful interaction where the dominant participants learn to stop themselves from sharing to make space for unheard voices.

Non-engaged participants

If an attendee seems to be disengaged, is not sharing, is stepping out of the room frequently, or is on their cell phone or computer:

- Remember that people learn differently and a person who seems disengaged may simply be shy or quiet. At times those who seem unengaged are paying the closest attention to the process that they are a part of.
- Remember that some participants may have worked and overnight before attending training. Other times people may be dealing with personal issues unrelated to the training or content.
- Consider whether the group may need additional breaks during the session and adjust delivery of the design to make space for this. Deep exploration of this content can be exhausting especially if participants are genuinely engaged.
- Remind attendees of the agreement to **respect** one another as well as the agreement to put **phones** away to stay present.
- At the first available break check in with individuals who appear disengaged to inquire whether everything is okay. Pay careful attention to tone and body language to ensure the person doesn't feel attacked or judged.
- Offer alternative education methods such as providing time for attendees to journal about thoughts or feelings before sharing out with the large group.

Supporting emotionally charged responses or conversations

If emotions in the group become heightened:

- Remind attendees of the agreement to **respect** one another and/or the agreement to provide space for **emotion**.
- Examine whether you are being triggered and if so let your co-facilitator know immediately so they can support you while you re-center.
- Make space for all emotions but insist that all behavior be respectful. For example anger is an emotion and appropriate to feel however yelling at another participant in the group or becoming aggressive is not.

Dissenting voices

If participants make oppressive comments or statements about LGBTQI2S identified people:

- Make space for differing opinions and **ideas** as stated in the group agreements while also reminding the group about **respect, dialogue, and intent vs. impact**. Do NOT engage arguments with a participant who may make an oppressive statement. Tone of voice and body language should remain neutral while referring to the group agreements.
- Move conversation away from values that do not support LGBTQI2S identified youth and toward general values of overall care and wellbeing.
- Don't allow others in the group to attack a participant who may make an oppressive comment or statement. This can be challenging at times but is very important to overall group safety and cohesion. It will allow the individual making the comments to see the facilitator as an ally, which will encourage them to hear what the facilitator has to say moving forward.
- In some extreme cases it may become necessary to inform participants that teachers, foster parents, social workers, and therapists have moral and legal obligations to support youth in their care including youth who identify as LGBTQI2S. This should be done in a neutral tone as statement of fact.

Arguments among participants

If participants in the space begin arguing with one another or if several participants disagree with and begin ganging up on one participant:

- Identify your own values related to the disagreement or argument happening with participants and be sure to enter the interaction without judgment and with a commitment to protect all participants from attack, regardless of whether you do or do not agree with statements they make. It is particularly important to take this pause before responding or underlying values and judgments will be apparent in your town.
- Interrupt the situation as soon as is possible if you notice that an interaction has moved toward debate or has become attacking. Remind attendees of the agreement to **respect** one another as well as the group commitment to **dialogue**.

- Early interruption can include reminding attendees to direct comments to the whole group. While more challenging situations may require a group process to identify common ground and support group cohesion. In either case the facilitator role is one of a mediator and neutral party who is responsible for keeping everyone in the space safe. Work to continually remind participants that all perspectives are valid.

How To Use this Guide

Structure of the Facilitators Guide

This guide is separated by module. Each module begins with a **trainer guide**. This guide outlines the materials you need, length of training, room set up extra as well as notes for you to understand the order material should be facilitated and the modality use to deliver the information (ie activity description or power point slides). After the summary section, the small left-hand column provides information about the time each section should take as well as particular materials needed, this includes specific power point slides, participant handout pages, etc. The right-hand column provides step by step guidance on how to facilitate activities, lead large group discussions, review specific slides, etc.

The guide is followed by the complete **power point** associated with the module. You can add notes or references to the power point. In some cases a screen shot of the power point is also embedded in the guide for easy reference, but this is not the case across the board.

The next section includes **participant handouts** for the module. These handouts need to be printed ahead of time, but can be handed out at the beginning of training or as they become relevant throughout the course.

The last section for each module includes **reference materials** for the facilitator. Not all modules will have this section. The goals for the reference materials are to provide the facilitator with additional information in order to answer potential questions, to increase confidence by supporting depth of knowledge and to have materials available if groups want to dig deeper into particular areas. The existing curriculum does not allow time to share and discuss these materials, therefore if you choose to incorporate them into your training you will need to add additional time.

Preparation

Familiarize yourself with this guide before providing any of the modules. Pay attention to the materials needed, test video links in the power point ahead of time and make copies of materials for participants. The room set up should support conversation. Have everyone set up in a circle without tables between them, see description in the summary of each module.

You do not want to read from the binder so make sure you are familiar enough with the content. Use the guide as a reminder and to ensure pacing and tracking of sections. Sometime highlighting key concepts ahead of time is helpful and will keep you on track without reading the detail.

Make sure you are in a good space before starting the training. This can be emotionally charged material necessitating a facilitator that can hold a safe space for participants and support participants as they experience the curriculum.

Facilitate

Have fun, breathe and refer to the previous facilitation tools and ideas for dealing with facilitation challenges that may arise.

TRAINER GUIDE

MODULE 1

FUNDAMENTALS OF SUPPORTING LGBTQI2S YOUTH IN CARE



A project funded by Alameda County Behavioral Health Care Services in partnership with Seneca Family Agencies and inVision Consulting

TRAINER GUIDE

Fundamentals for Supporting LGBTQI2S Youth

Course Titles: Fundamentals for Supporting LGBTQI2S Youth
Prepared By: Natalie J. Thoreson, M.Ed. / inVision Consulting
Length of Training: 6 Hours
Recommended
Number of Trainees: 8-20 Participants (12-16 is ideal group size)
Classroom Set-up: Open horseshoe facing projection screen with **no tables**
Trainer Materials: Power Point Projector
Screen Markers
Nametags Timer/Watch
Pens/Pencils Handouts
Speakers Projector/Screen
Dry Erase Board/Easel Paper and Stand

Objective: To build and expand participants' foundational concepts, basic vocabulary, skills, and empathetic perspectives necessary to provide the best support for youth who identify as or are perceived to be LGBTQI2S

Audience: Behavioral health, social service, and foster care professionals, teachers, and other adults supporting youth

During this training, participants will:

1. Investigate the impacts of cultural, systemic, and institutional oppression on LGBTQI2S youth
2. Discuss basic LGBTQI2S vocabulary, be exposed to advanced definitions related to LGBTQI2S identities, and work to understand the complexities of identity related to self-naming
3. Explore connections between heterosexism, cisgenderism/cissexism, and sexism
4. Examine privileges awarded to heterosexual, cis, and male individuals through LGBTQI2S oppression
5. Consider ways to act as change agents and allies for LGBTQI2S youth
6. Gain resources for continued education and youth support
7. Build foundational knowledge needed to participate in training modules 2-6

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Fundamentals for Supporting LGBTQI2S Youth

Overview

00:00	Settle in, sign in, nametags
00:15	Overview: Unconditional Care and Unconditional Pride
00:25	PRIDE group agreements
00:45	Find someone who... LGBTQI2S trivia
01:20	Group introductions
01:35	Break
01:50	Early memories: sex, gender and sexuality stories
02:30	Human sexuality is complicated
03:00	Lunch
04:00	Sex, gender, and sexual orientation terms
05:00	LGBTQI2S youth experiences
05:30	Break
05:45	Cycle of oppression
06:25	Action planning
06:40	Learning whip
06:50	Evaluations

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Fundamentals for Supporting LGBTQI2S Youth

Time/Materials/ Method	Trainer’s Script/Activity/Topic
00:00 – 15 min	SETTLE IN, SIGN IN, NAMETAGS
00:15 – 10 min	OVERVIEW: Unconditional Care and Unconditional Pride
<p>00:25 – 20 min</p> <p>Materials: .ppt slide 2 packet p. 1</p> <p>Method: Lecture and space for additional brainstorm</p>	<p>PRIDE GROUP AGREEMENTS</p> <p>Purpose: To propose and agree upon a set of working agreements for safety of participants during our time together. To explain the role of the facilitator in maintaining a safe space for the group. To explain the difference between safety and comfort. To set the overall tone for the workshop. To provide tools to hold one another accountable during the session.</p> <p>Activity: Explore the <i>PRIDE</i> Group Agreements as outlined below and your role in maintaining the agreements. Ask if there is anything they would like to add to create a safe space for communication, learning, and collaboration toward positive social change. Invite participants to use these agreements as tools to maintain safe space with one another and ask if participants are willing to adhere to them (by raise of hands or head nod).</p> <hr/> <p>P- (Participate/Pass/Provide space) Passing is okay; recognize that based on our social identities and introversion/extroversion, some people feel more comfortable and entitled to participate than others. If you typically take up more space, work to move back provide space for those who might speak or share less. (Phones) On vibrate/silent. Be considerate. One or two texts are okay if they are necessary i.e. if there is an emergency, but more become distracting and are disrespectful to other attendees.</p> <p>R- (Risk) Conversations about oppression and LGBTQI2S identities sometimes go astray. Sometimes we are scared to ask questions that make us look dumb or feel vulnerable. Engage the process fully and risk as deeply as you feel safe doing. What you get out of the process results from what you put in. (Respect) Folks have different interpretations of respect. Work to provide the respect others want. This moves beyond treating others how you would feel good being treated. Explore and learn how others feel respected and interact with them as such.</p> <p>I- (Intent) Our actions are seldom intended to hurt but sometimes they do; if you hit someone with your car, it hurts even if you didn’t intend to hit them. Despite intention, the pain (Impact) needs to be attended to. (Ideas) Allow space for people to share their stories and to have contradicting opinions and views. Work to be curious listeners and learners and open and avoid passing judgment.</p> <p>D- (Dialogue (vs. Debate)) Seek to understand not to win. (Dig deep) In this process you will be asked to share about your personal experiences and socialization in an effort to unearth the unconscious socialization stereotypes you hold.</p> <p>E- (Education/Exploration) Everyone has something to teach. Everyone has something to learn. We have all experienced socialization around sex, gender, and sexual orientation. (Emotion) Make space for your feelings and the feelings of others in order to stay engaged in the process. We learn to stifle emotion as adults, which can lead to unresolved emotional</p>

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	<p>distress. This distress is physically harmful and also works to silence and stifle important dialogue.</p> <p>CONFIDENTIALITY- What is said in the room stays in the room. The stories of each individual belong to the storyteller who has experienced them. Consider the impact of sharing a story that was told to you in confidence getting back to the person who shared it with you. The sharing of confidential information can be devastating. You are encouraged to share what you learn but not the stories you hear. Ask participants “What is the difference between confidentiality and anonymity?” With anonymity stories are shared without identifying information. With confidentiality the stories are not shared without permission. There are two reasons that people often break confidentiality: 1) Because this work is heavy. Folks are encouraged to process confidentially with mental health professionals and other trusted people i.e. religious leaders, significant others, and friends who you trust to maintain confidentiality. 2) For attention. It’s okay to like and even love attention. Do not seek attention through the stories of others. Share about your own amazing experiences; take up karaoke, acting, group leadership, fancy clothes or fancy hats, but not by breaking confidence.</p> <p>FUN – Humans learn better when we play. We retain more information when we feel positive and are having fun. Although these conversations can be difficult, make space for fun!</p> <hr/> <p>Facilitator Notes: Participants may be uncomfortable with some of the conversations or topics addressed during these sessions, and those feelings are normal. Discomfort often occurs when participants “put themselves out there” for conversation about personal issues. Highlight this discomfort as a learning edge. Emphasize to participants that you are working to create safety for the group and express your commitment to maintaining that safety. Find stories that explain that safety is not the same as comfort. Should any violations of the group agreements arise, it is the facilitator’s primary responsibility, through group process or other means, to maintain safety for the overall group. Being authentic and genuine in your explanation of group agreements and your role as the facilitator you can “sell” safety in this first activity to establish participant buy in. It is useful to directly state why you do group agreements. The rationale is personal for each facilitator, but a sample thing you might say is: "I do group agreements because they allow us to function as safely as possible, create opportunities for us to participate more fully and equally, and gives us a shared understanding of how to navigate these often difficult conversations."</p>
<p>00:45 – 35 min</p> <p>10 m – trivia 25 m – process</p> <p>Materials:</p> <p>Pens/Pencils .ppt slide 3 packet p. 2-10</p>	<p>FIND SOMEONE WHO... LGBTQI2S TRIVIA</p> <p>Purpose: To give participants an opportunity to interact with one another and explore the collective knowledge of LGBTQI2S history, facts, statistics, concepts, and experiences. To set the mood/energy for the day. To bring all voices into the room.</p> <p>Activity: Refer to page 2 in the handout. Explain the purpose of the activity and give participants two minutes to read over the card, mentally noting the questions they are able to answer. Ask participants to circulate around the room and find someone for whom they can answer a question on the trivia card. After they have shared their response they will</p>

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Method:
Large group activity
Interactive lecture/process

initial the corresponding box. Each person may initial up to 3 squares on each individual's card and must then move on. Once they have learned a new answer however, they may share it with others.

After 10 minutes (or sooner if the group seems done) find out who has the most the squares on their card signed and review the answer key. Engage an interactive lecture by asking participants to share out some of their responses to selected questions. Do not ask for feedback on every trivia question but work to strike a balance between lecture and group share out.

	P	R	I	D	E
	People	Rights	Impact/Intersections	Definitions	Experiences
1	... can name at least one openly gay Fortune 500 CEO Initial: _____	... knows which president signed a proclamation making June LGBT Pride Month and the year it was signed Initial: _____	... knows how homosexuality and gender dysphoria are related to mental illness and systemic oppression Initial: _____	... can explain the similarities and differences in pansexual, omniseual, ambiseual, and biseual identities Initial: _____	... currently supports an LGBTQI2S identified young person Initial: _____
2	... knows what Eden Atwood, Cheryl Chase, Maddie Blaustein, Katherine Connella, Tiger Devore, Pigeon Pagonis, and Sean Saifa Wall have in common Initial: _____	... knows what year sex discrimination was banned in the US providing equal healthcare rights to transgender people Initial: _____	... knows an LGBTQI2S young person who has been or is currently homeless Initial: _____	... knows the difference between sexual orientation, gender identity, and gender presentation Initial: _____	... has attended an LGBTQI2S event in the past year Initial: _____
3	... can name two news anchors who are openly gay Initial: _____	... can explain what California's AB 458 says and what year it went into effect Initial: _____	... can explain how heterosexism, cissexism/cisgenderism, and sexism are interrelated Initial: _____	... knows what the 2S in LGBTQI2S stands for and who may choose to self identify as 2S Initial: _____	... has heard someone disparagingly say "that's so gay" in the last month Initial: _____
4	... knows who Laverne Cox is and can explain why her career is so groundbreaking Initial: _____	... knows how many countries have legalized marriage equality, giving all couples marriage rights Initial: _____	... knows a young person who is bullied because of their sexual orientation or gender identity or expression Initial: _____	... can define the term intersex and knows how commonly people with intersex identities are born Initial: _____	... has felt unsure of how to best support a young person who is questioning their sexual orientation or gender identity Initial: _____
5	... can name the first openly gay elected official in California Initial: _____	... can name a country that accepts blood donations from men who have sex with men Initial: _____	... can explain the connections between racism, heterosexism and other forms of oppression Initial: _____	... knows what the term stud means and can explain who might choose to self identify as a stud Initial: _____	... has been picked on or teased for being too masculine or feminine for your perceived sex Initial: _____

Facilitator Notes: If you notice participants looking ahead ask that they stay on the trivia card as the answer key immediately follows the trivia card in the packet. If the group is small, adjust the maximum number of signatures per person as needed. Several minutes after the icebreaker has started urge participants to speak to someone new. Make sure folks are sharing responses before signing each other's cards. You may ask how this felt for

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	<p>folks but do not take time to process deeply as they will be exploring their learning during the group introductions.</p>
<p>01:20 – 15 min</p> <p>Materials: .ppt slide 4 packet p. 11</p> <p>Method: Large group discussion</p>	<p>GROUP INTRODUCTIONS</p> <p>Purpose: To give participants an opportunity to introduce themselves to the group and share learning from PRIDE trivia. To provide space to respect participant pronoun identification.</p> <p>Activity: Ask participants to share their name, pronoun, and one thing that they learned from PRIDE trivia. Possible pronouns are ze/hir/hirs, they/them/theirs, she/her/hers, he/him/his. One cannot always tell what a person’s pronoun is by looking at them. Asking all participants to share and respect one another’s pronouns is one way to show respect for varied identities. Explain that we use “pronoun” rather than “preferred gender pronoun” because pronouns are more than just preferences. They are a part of a person’s identity. Refer to the group agreements and ask participants to support and respect one another by using the pronouns folks have shared.</p> <p>Debrief: Ask if there are any questions or comments. Provide a brief space to process if participants express interest however debrief is not necessary.</p> <p>Facilitator Notes: If the first speaker goes into too much detail, shares multiple responses, or otherwise spends too much time on their response, take a moment to thank the speaker and remind the larger group that this is just a brief introduction before the group delves deeper into the larger conversation. Depending on group size participant speaking time may need to be limited with a timer that makes audible sound (it can be difficult to interrupt a speaker mid story however if a timer sounds most people will finish their turn and allow the next individual to speak).</p> <p>There are some instances where individuals (trans, intersex, or cis) may choose to <i>pass</i>. Reasons that some folks may choose to pass: they are still exploring their identity, it may provide vulnerability with colleagues, or they may feel that this information is personal and prefer not to share in a large group setting. If this comes up, facilitators should identify that there can be problems with asking for pronouns just as there are with ignoring pronouns. Then work to identify that the larger challenge arises because of a binary system of gender into which each of us is expected to fit.</p>
<p>01:35</p>	<p>BREAK</p>
<p>01:50 – 40 min</p> <p>15 m – sml grp 30 m – lg grp</p> <p>Materials: .ppt slide 5-6 packet p. 11</p> <p>Method: Small group discussion</p>	<p>EARLY MEMORIES: LEARNING SEX GENDER AND SEXUAL ORIENTATION</p> <p>Purpose: To challenge participants to explore their socialization and early learning related to sex, gender, and sexual orientation. To examine how they experienced heterosexual, cisgender, and binary-gendered sex socialization in a heterosexist, cisgenderist, and sexist society. To prime participants to consider the impacts of these socialized experiences on their current beliefs. To examine the impacts of heterosexism, cisgenderism, and sexism on LGBTQI2S youth.</p> <p>Activity: Remind participants of the group agreements in place to provide a safe space for sharing and conversation. Acknowledge the possibility of trauma histories and encourage attendees to keep this in mind as they answer questions and listen to</p>

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responses from one another. Arrange participants in groups of 4-6 and ask them to spend 15 minutes answering as many of the gender and sexuality stories questions with one another as they can. Emphasize that the group should focus on answering all the questions as a group rather than each individual person answering all questions. Return to the large group and ask for a few volunteers to share out responses that they shared with their group (they should not share other people's stories only their own). Prompt the group to identify connections between the stories shared, our socialization, and the impacts on the youth that we support.

Growing up...

1. ...when have you been expected to "act like a boy/man" or "act like a girl/lady" or been criticized/bullied for being affectionate with someone of your birth sex?
2. ...what did you learn about bisexual, lesbian, and gay people and from where/whom?
3. ...what did you learn about trans, intersex, and other sex/gender non-conforming people and from where/whom?
4. ...what did you hear LGBTQI2S people called? What types of harassment or discrimination did you witness?

Debrief: Return to the large group. Possible discussion prompts:

1. Are there three/four volunteers willing to share responses to one of these questions?
2. Did you notice any trends in the stories shared?
3. How do you think our early socialization impacts our support of LGNTQI2S youth?
4. Other ways that you think that this socialization impacts LGBTQI2S youth?
5. What makes these conversations challenging?

The facilitator can share ways that their personal socialization also creates implicit bias and stereotypes that the facilitator needs to work to unearth. For example, "When I see someone who fits a stereotype of a gay or lesbian person I have a hard time not assuming that they identify gay or lesbian. Although I know that I can't tell a person's sexual orientation from the way they look, act, or dress, I sometimes fall into the pattern of assuming orientation based on gender presentation. Because of my historical socialization I need to work to avoid pairing gender presentation with sexual orientation and remind myself that the two are independent of one another." And then ask:

6. Have others in the group had LGBTQI2S assumptions/prejudgements come up in your interactions?

Facilitator Notes: Encourage groups to focus on themes and patterns that they notice. If you hear a group becoming fixated on a single question, approach, appreciate the theme they are exploring, and suggest someone answer one of the other questions to broaden their thinking.

02:30 – 30 min

HUMAN SEXUALITY IS COMPLICATED

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<p>Materials: .ppt slide 7 packet p. 12</p> <p>Method: Video Large group process</p>	<p>Purpose: To continue to explore the intersections and complexities of sex, sexuality, gender, and sexual orientation while cultivating and sustaining an attitude of curiosity.</p> <p>Activity: Participants will watch a short clip from SciShow entitled human sexuality is complicated. For those who may have difficulty following what is said in the video refer participants to the packet where a transcript of the video is available.</p> <p>Debrief: Possible discussion prompts (it is not necessary or recommended to use all prompts):</p> <ol style="list-style-type: none">1. What are some initial thoughts on the Human Sexuality is Complicated video?2. Questions?3. What would it look like to do away with the sex/gender/sexual orientation boxes we place people in? (sex, gender, and sexual orientation can be explored as separate questions or together)4. What keeps these roles in tact? How are they maintained?5. How do we participate in maintaining these systems of sex/gender/sexual orientation?6. Who would you be if gender roles and expectations didn't exist and had never existed? Would you dress the same? Would you behave the same? (unlikely)7. Someone might ask, "If a person is born female but identifies as male why would they prefer feminine gender roles?" What do folks think? Why would this man who may be wearing dresses and makeup choose to identify as male rather than the female he was born as? (Gender identity and gender expression are completely different. In this scenario the man having been identified female at birth and choosing feminine gender roles may be unrelated to his male identity. Gender roles are constructed by an outside society and are not in any way innately connected to the genitals we are or are not born with. Furthermore the behavior we have with another person can be independent of all the things that we identify with personally.)8. How do the constructed roles of sex/gender/sexual orientation impact LGBTQI2S youth?9. Any other thoughts on this complex model of the intersections of sex, gender, sexual orientation, romantic orientation and the human existence? <p>Facilitator Notes: Highlight the complexities of identity and the ways in which sex, gender, and sexual orientation can function independently and interdependently. Focus on this when processing participant feedback to the clip.</p> <p>Push participants to explore this activity as well as those to follow with an attitude of curiosity and openness. This curiosity should be intentional and will work to challenge</p>
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Fundamentals for Supporting LGBTQI2S Youth

	our assumptions and beliefs about the LGBTQI2S youth we support.
03:00	LUNCH
04:00 – 45 min <i>15 m – quiz</i> <i>45 m – lg grp</i> Materials: Pens/pencils <i>.ppt slide 8</i> <i>packet p. 13-22</i> Method: Quiz Large group process	SEX, GENDER AND SEXUAL ORIENTATION TERMS Purpose: To gain a deeper understanding of LGBTQI2S identified individuals through a curious terminology as well as where and when different language should be used. Activity: Give participants ten minutes to complete the gender and sexuality definitions quiz in their packet. After everyone has completed the quiz, review the correct answers and share the history behind terms. After sharing the answer key, give each participant a definitions handout. Ask them to take 5 minutes to read through the definitions and find 1-3 terms that are new or interesting. As a large group, share out the terms that participants find to be new or interesting. Facilitator Notes: Work to balance requests for participant responses with facilitator share out. If participants haven't completed the entire quiz after 10 minutes the group can and should still move on to the second part of the activity. Should a majority of people finish before 10 minutes, it is also advised to move to the large group process. <p>Express to participants that this is just a small sample of definitions, which is part of a very large list of LGBTQI2S definitions that have been gathered. The purpose of the quiz and the definitions that have been provided is not to show attendees how little they know. Nor is the purpose to teach them everything they should know. This quiz and the larger definitions pages should work to highlight the diversity of possible identifications that folks may choose to self-identify with. The facilitator should also note that the definitions for terms shared here may not be the ways in which a young person chooses to use or define a given word. Also, the language is constantly changing. They should work to explore self-definitions with LGBTQI2S identified youth they support <i>if and when</i> necessary.</p> <p>Make sure to discuss the problems that often arise with political correctness. When we are given a list of “politically correct” terminology it often creates a barrier to the exploration and curiosity necessary to know and begin to understand a young person we are supporting. Additionally, if we never mess up, if we can't discuss differences that puzzle us, if we never have the opportunity to hear how a label (politically correct or otherwise) might be offensive to someone, and if we continue to think that there is some set of words or language that is right or correct we will never overcome our ignorance. Again, guide participants into the practice of engaging in open, honest, and curious conversations.</p>
05:00 – 30 min Materials: <i>.ppt slide 9</i> Method: Video Large group	LGBTQI2S YOUTH EXPERIENCES Purpose: To better understand the experiences, development, and challenges faced by LGBTQI2S youth, as well as society at large. Activity: Prompt attendees for the video letting them know that the content is heavy and may be triggering for some. Show NCLR Breaking the Silence video clips and engage participants in a facilitated conversation about coming out, homelessness, suicide, family concerns, and other challenges for LGBTQI2S youth. After the video ask

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<p>discussion</p>	<p>participants to take 1-2 minutes to silently journal or quietly process thoughts and feelings on what they have seen.</p> <p>Debrief: Possible discussion prompts (it is not necessary or recommended to use all prompts):</p> <ol style="list-style-type: none"> 1. What kind of feelings did you have watching this? 2. How do folks feel after watching that clip? 3. I am wondering if one or two folks would be willing to share a feeling? happy, sad, mad, glad, disgusted... 4. Other folks willing to share out feelings? (Challenge participants to share feelings and not thoughts. Feelings should be expressed in one or two words. This can be followed by thoughts but it tends to be more impactful if they are able to explore emotions raised first.) 5. Do you think that these social workers were trying to help these youth? (each one seemed to be doing what they thought was best for the child but failed to provide appropriate support) 6. When you have a social worker who says ‘don’t tell anyone’ are they trying to help? 7. How is the likelihood of saying the wrong thing impacted by our own socialization?” 8. Where did failures arise? How did things go wrong? <p>Facilitator Notes: Many of these topic areas touched upon will already have been covered during the earlier sections of the training. Allow the participants to guide the conversation if possible. Use this section to enable participants to focus on their emotions. This activity allows participants to see LGBTQI2S youth as complex people, rather than just a flat list of definitions. Possible discussion areas: Feelings, thoughts, commonalities, role of systems. It’s also useful to ask whether the social workers discussed in the video believed they were helping these youth. Often we demonize people who are enacting unintentional discrimination and oppression based on their implicit socialized bias.</p> <p>The facilitator can also share their feelings. It is acceptable to become appropriately emotional in doing so.</p>
<p>05:30</p>	<p>BREAK</p>
<p>05:45 – 40 min</p> <p>Materials:</p> <p>.ppt slide 10 packet p. 23</p> <p>Method:</p> <p>Interactive lecture</p> <p>Large group</p>	<p>CYCLE OF OPPRESSION</p> <p>Purpose: To gain a working understanding of oppression theory and common vocabulary with which to engage conversations around deconstructing the “isms.” To begin to consider how institutional oppression and target and agent identities impact our professional practice with LGBTQI2S identified youth.</p> <p>Activity: Possible transition from previous activity: “Now that we have heard the stories of several youth, let’s switch gears to the structures that impacted their experiences.”</p> <p>Explain to the group that we will be talking about systemic oppression. You might ask</p>

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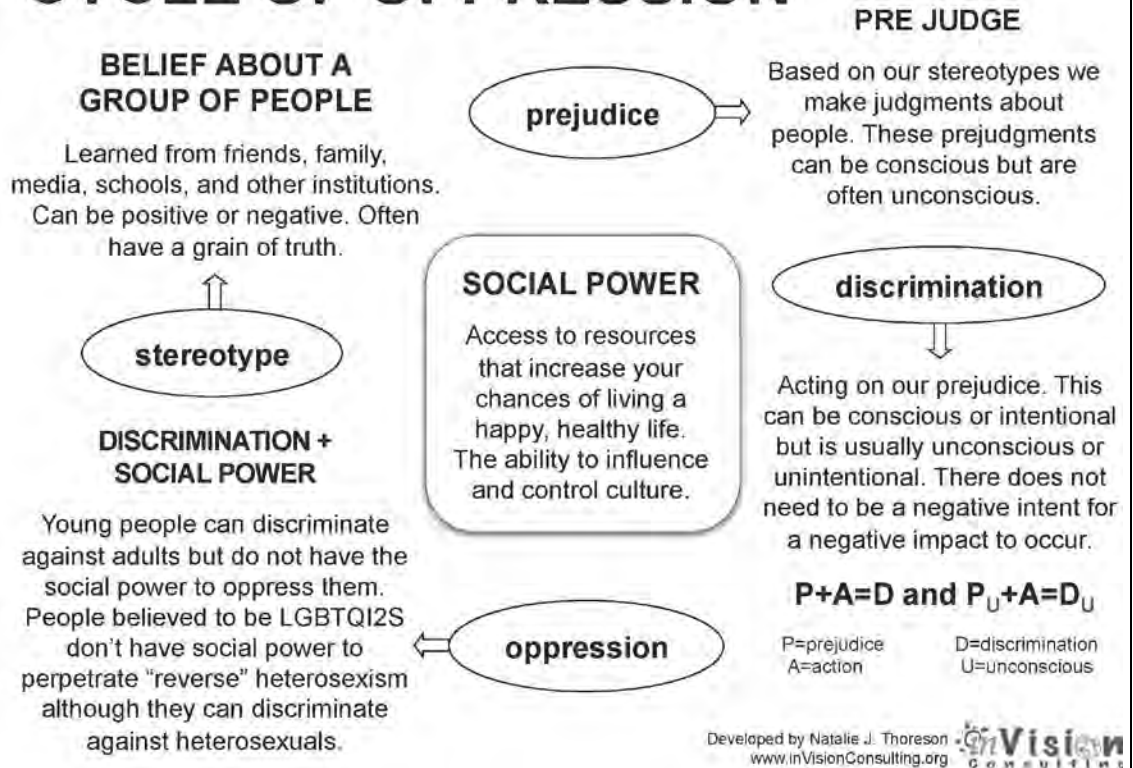
Fundamentals for Supporting LGBTQI2S Youth

process

“How many people have ever explored any type of cycle of oppression or explored how oppression functions on a systemic level?” To prime the group ask them “What is oppression?” and hear several responses.

Beginning with stereotype lead an interactive lecture on the definitions in the cycle.

CYCLE OF OPPRESSION



Oppression starts with a stereotype. You might ask “What is a stereotype?” (A belief about a group) “Where do we learn stereotypes? When? From whom?” A stereotype is a belief about a group of people learned from friends, family, media, and other institutions. An interesting thing about stereotypes is that we begin learning them at the same time that we begin learning about culture. And often stereotypes and culture get mistaken for one another. For example I often hear folks refer to ‘gay culture’ as if the sexual attractions that a person has directly impact their attitudes, interests, and personality traits. Of course a person who is queer identified in the U.S. and experiences heterosexism may share cultural similarities however these are not organic culture but constructed culture, a culture of oppression. The reason that LGBTQI2S cultures exist is as a result of the oppressions that people face. Stereotypes can be positive or negative and often contain a grain of truth. Stereotypes are widely held and generalized. The biggest problem with stereotypes is that they are used to dehumanize. Groups in power tend to have fewer stereotypes and a much broader space to exist and be while targeted groups tend to have a more limited space within which to exist.

Possible activity to highlight how easily accessible stereotypes are: ask the room what different ethnic groups eat and notice how consistent responses are. Also notice that

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there is not a consistent answer to “white people.” Dominant groups are often not reduced to such simple stereotypes. You can also tell a story of oppression and have folks identify the stereotype, prejudice, discrimination and oppression in the story. If someone says they never judge, you can say: “Making judgments is sometimes necessary to make decisions. It is how our brains are set up. By acknowledging our judgments and making the unconscious conscious, we can more easily challenge them.

When discussing stereotypes, mention: Stereotypes serve to make us one-dimensional. They take away our humanity and make it easier to perform cruel acts toward people. When discussing discrimination, mention: It is easier to make mistakes when you are pressed for time, which is often the case for social workers and others in a helping profession. You can also highlight the difference between processing reflectively (thinking after the fact) and reflexively (thinking throughout).

You might ask “What is prejudice?” Prejudice to pre-judge someone based on the stereotypes we hold. Stereotypes are the general framework while prejudice is what happens when we meet someone, consciously or unconsciously group them and make judgments about their behavior, interests, personality, behavior, etc. We all have prejudice! This is sometimes hard to admit. The best thing about admitting our prejudice is that it helps us to unearth the prejudice we may hold. Our prejudgments are often unconscious.

You might ask, “What is discrimination?” When we take action on our prejudice it is discrimination. Up until this point our stereotypes and our prejudice have no impact on the people around us. However, when we engage in action based on our assumptions of who we assume a person is, whether the behavior is positive or negative, it is discrimination. This groups people and denies their chance to be seen as individuals. Most discrimination that I see is based on unconscious stereotypes. Prejudice+Action=Discrimination Prejudice-Unconscious+Action=Discrimination-Unconscious or a duh moment. “What can you do to perpetrate less unconscious discrimination?” (Inviting and being open to feedback, create a culture of feedback, challenge stereotypes, reflexive processing, pausing before entering situations where you might discriminate.)

Social power is two things: Access to resources that enhance your chances of living a happy healthy life, and the ability to control culture. “What are some resources that can enhance your chances of living a happy healthy life?” (Food, shelter, safety, discuss the murder and suicide rates of LGBTQI2S youth) Having to go through life with a concern for safety makes it difficult to be our authentic selves.

Oppression is different than discrimination because it has a core component of social power. Oppression is Discrimination + Social Power. If you have a social power identity you will inevitably enact oppression not out of intention but through unintentional discrimination paired with the power that you possess. “Does having social power make you a bad person?” (No)

Debrief: Possible discussion points and prompts:

After completing the lecture ask if there are any questions or points of clarification

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Fundamentals for Supporting LGBTQI2S Youth

	<p>from the group?</p> <p>Where cycle can be interrupted, shifted, or deconstructed?</p> <p>What are the resulting impacts of oppression on LGBTQI2S youth?</p> <p>What are ways that you can use your social power as adults or as heterosexual allies to support LGBTQI2S youth?</p> <p>Any thoughts or questions on this cycle? Challenges?</p> <p>(make space for folks to have diverse opinions and describe the cycle as one way to look at systemic oppression and opportunities for change)</p> <p>Facilitator Notes: Work to highlight privilege with personal stories and anecdotes. You should be able to share a personal story or anecdote related to each term being defined, the majority of which relate to LGBTQI2S identities. Encourage participants to identify their own prejudices because identifying them makes them easier to combat.</p>
<p>06:25 – 15 min</p> <p>Materials:</p> <p>.ppt slide 11-12 packet p. 24-25 Pens/pencils</p> <p>Method:</p> <p>Dyads Reflection Small group discussion</p>	<p>ACTION PLANNING: PUTTING KNOWLEDGE INTO PRACTICE</p> <p>Purpose: To explore and develop methods participants can use to create safer spaces and healthier interactions for LGBTQI2S youth, and for our communities at large.</p> <p>Activity: Review action continuum.</p> <p>active participation: actions that directly support oppression. Including laughing at or telling jokes about people based on differences, making fun of others, engaging in physical or verbal harassment.</p> <p>denying or ignoring: includes inaction to support oppression coupled with an unwillingness or inability to understand the effects of prejudice and “-isms” (racism, sexism, heterosexism, ageism, etc.). Though responses in this stage are not active or directed at individuals, the passive acceptance of these actions serves to support the perpetuation of oppression.</p> <p>recognizing (but no action): individuals recognize harmful and oppressive behaviors; however, the recognition does not result in action to counter the situation or behavior. Individuals at this stage have difficulty dealing with the lack of congruence between recognizing a behavior as oppressive, but not responding. An example is hearing a friend tell a “black joke”, recognizing that it is racist, not laughing at the joke, but failing to confront the friend about the joke.</p> <p>recognizing & interrupting: recognizing actions that are harmful and perpetuate “-isms” AND taking action to stop them.</p> <p>educating self: taking action to learn more about issues of diversity. Individuals participate in activities that allow them to increase their awareness and knowledge about issues of diversity. Interactions with people from different cultures, backgrounds, and lifestyles are key to expanding knowledge.</p> <p>questioning & dialoguing: an attempt to begin educating others about oppression and diversity. This stage goes beyond interrupting behavior that is inappropriate to engaging people in dialogue about their prejudice, stereotypes, or attitudes about</p>

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Fundamentals for Supporting LGBTQI2S Youth

	<p>diversity issues. Individuals in this stage must be educated about issues of difference and comfortable in challenging others to do the same.</p> <p>supporting & encouraging: includes actions that support, encourage, and celebrate differences in others and recognizing the value of diversity. Individuals in this stage will also work actively to help others understand the value of diversity, challenging and supporting others to move along the continuum.</p> <p>initiating & preventing: includes actions that anticipate and identify institutional practices or individual actions that are not inclusive and working to change them. Individuals at this stage often consider themselves to be “activists” on behalf of diversity and will use power and position to champion the cause of diversity.</p> <p>Ask volunteers to share where they believe that they are at on the action continuum.</p> <p>Ask participants to self-select dyads/tryads where they will discuss where they are at on the action continuum and explore how they would like to take what they have learned to bring something NEW into their work with LGBTQI2S youth. They will have 2-3 minutes to engage this conversation. Then ask them to complete and sign the action planning worksheet as a contract to work toward better support of LGBTQI2S youth.</p> <p>Facilitator Notes: Participants can be at various points on the continuum during a lifetime as well as during a given moment for different social identities. Work to celebrate all participants who are interested in change and make space for attendees to engage action at a level that is appropriate for them.</p>
<p>06:40 – 10 min</p> <p>Materials: .ppt slide 13</p> <p>Method: Large group activity Learning whip</p>	<p>LEARNING WHIP</p> <p>Purpose: To create a sense of closure and evaluate participant learning and action planning possibilities.</p> <p>Activity: Ask participants to share one thing from their action planning worksheet that they would like to do in order to best support LGBTQI2S youth. Briefly share responses in a learning whip format where each person shares one or two words about what they learned, what they are feeling, or what they would like to consider more deeply. They should move quickly from person to person as if whipping around the circle. Share resources pages with the group.</p> <p>Facilitator Notes: If the first few people to share seem to be taking too much airtime remind participants of the time constraints. Note: If the training is delivered outside of the bay area facilitators will need to research resources specific to your area. Also, as this training was developed in 2015 resources may need to be updated.</p>
<p>06:50 – 10 min</p>	<p>EVALUATIONS</p>

TRAINER GUIDE

HANDOUTS

MODULE 1: FUNDAMENTALS OF SUPPORTING
LGBTQI2S YOUTH IN CARE



A project funded by Alameda County Behavioral
Health Care Services in partnership with Seneca
Family Agencies and inVision Consulting



Fundamentals for Supporting LGBTQI2S Youth



WELLNESS • RECOVERY • RESILIENCE



Project funded by Alameda County Behavioral Health Care Services Innovation Grant Program



Curriculum design by Natalie J. Thoreson

Group Agreements

Participate/Pass/Provide space
hones

Risk
espect

Intent/Impact
deas

Dialogue
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Education/Exploration
motion

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Fundamentals for Supporting **LGBTQI2S** Youth in Care

LGBTQI2S TRIVIA

Find someone who...

	P People	R Rights	I Impact/Intersections	D Definitions	E Experiences
1	...can name at least one openly gay Fortune 500 CEO Initial: _____	...knows which president signed a proclamation making June LGBT Pride Month and the year it was signed Initial: _____	...knows how homosexuality and gender dysphoria are related to mental illness and systemic oppression Initial: _____	...can explain the similarities and differences in pansexual, omnisexual, ambisexual, and bisexual identities Initial: _____	...currently supports an LGBTQI2S identified young person Initial: _____
2	... knows what Eden Atwood, Cheryl Chase, Maddie Blaustein, Katherine Connella, Tiger Devore, Pigeon Pagonis, and Sean Saifa Wall have in common Initial: _____	...knows what year sex discrimination was banned in the US providing equal healthcare rights to transgender people Initial: _____	... knows an LGBTQI2S young person who has been or is currently homeless Initial: _____	...knows the difference between sexual orientation, gender identity, and gender presentation Initial: _____	...has attended an LGBTQI2S event in the past year Initial: _____
3	...can name two news anchors who are openly gay Initial: _____	...can explain what California's AB 458 says and what year it went into effect Initial: _____	...can explain how heterosexism, cissexism/cisgenderism, and sexism are interrelated Initial: _____	...knows what the 2S in LGBTQI2S stands for and who may choose to self identify as 2S Initial: _____	...has heard someone disparagingly say "that's so gay" in the last month Initial: _____
4	...knows who Laverne Cox is and can explain why her career is so groundbreaking Initial: _____	...knows how many countries have legalized marriage equality, giving all couples marriage rights Initial: _____	... knows a young person who is bullied because of their sexual orientation or gender identity or expression Initial: _____	...can define the term intersex and knows how commonly people with intersex identities are born Initial: _____	...has felt unsure of how to best support a young person who is questioning their sexual orientation or gender identity Initial: _____
5	...can name the first openly gay elected official in California Initial: _____	...can name a country that accepts blood donations from men who have sex with men Initial: _____	...can explain the connections between racism, heterosexism and other forms of oppression Initial: _____	...knows what the term stud means and can explain who might choose to self identify as a stud Initial: _____	...has been picked on or teased for being too masculine or feminine for your perceived sex Initial: _____

Fundamentals for Supporting **LGBTQI2S** Youth in Care

LGBTQI2S TRIVIA – Answer Key

P-1. ...can name at least one openly gay Fortune 500 CEO:

Apple’s Tim Cook is the *only* openly gay CEO of a Fortune 500 company. Glen Senk, the former CEO of Urban Outfitters Inc. has said he was the first openly gay CEO of the Fortune 1000 company, but he resigned in 2012. John Browne the former CEO of BP resigned in 2007 after being called out as gay.

huffingtonpost.com/2014/10/30/gay-ceos-fortune-500_n_6074768.html

P-2. ...knows what Eden Atwood, Cheryl Chase, Maddie Blaustein, Katherine Connella, Howard (Tiger) Devore, Jennifer (Pigeon) Pagonis, and Sean Saifa Wall have in common:

All of these people identify as intersex.



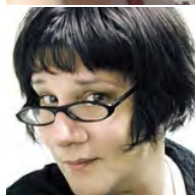
Eden Atwood

Jazz musician, actor, and advocate for the civil rights of people who are intersex



Cheryl Chase

American intersex activist and founder of the Intersex Society of North America



Maddie Blaustein (1960-2008)

Voice actor known for her roles as Meowth in Pokémon and E-123 Omega in the sonic hedgehog series. Founder of Second Life.



Katherine Connella

Actress and writer who through an “outing” conversation inspired then roommate Duncan Tucker to write the 2005 film Transamerica

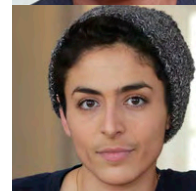
Tiger Devore

Clinical psychologist, sex therapist, and activist. Board president, Hypospadias and Epispadias Association.



Pidgeon Pagonis

Activist and queer gender non conforming intersex person featured in buzzfeed’s “What it’s like to be intersex.” Video



Sean Saifa M. Wall

Activist, somatic practitioner student, and researcher. Board president, Advocates for Informed Choice. Subject of 2015 ABC Nightline segment on intersex issues



from en.wikipedia.org/wiki/List_of_intersex_people and other sources

Fundamentals for Supporting **LGBTQI2S** Youth in Care

LGBTQI2S TRIVIA – Answer Key

P-3. ...can name two news anchors who are openly gay:



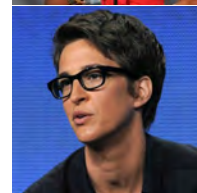
Anderson Cooper
Anderson Cooper 360°
CNN
Former host of Anderson Live

Robin Roberts
Good Morning America
ABC
Former Sportscaster for ESPN



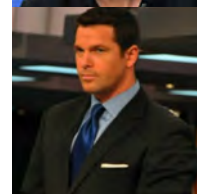
Don Lemon
CNN Tonight
CNN

Rachel Maddow
The Rachel Maddow Show
MSNBC and Air America Radio



Steve Kornacki, Jr.
Up
MSNBC

Thomas Roberts
Way too Early
MSNBC



Jane Velez-Mitchell
The Jane Velez-Mitchell Show
(cancelled)
Headline News
Guest Commentator
CNN, TruTV, E!

oneworldmagazine.com/7-us-news-anchors-openly-gay-list

P-4. ...knows who Laverne Cox is and can explain why her career is so groundbreaking:

Laverne Cox is an American actress, reality television star, television producer, and LGBTQ advocate, best known for her portrayal of Sophia Burset on the Netflix television series *Orange Is the New Black*, for which she made history in 2014 by becoming the first openly transsexual person to play a transsexual person on an award winning show for which she was subsequently nominated for an Emmy. (Another trans person first!)

P-5. ...can name the first openly gay elected official in California:

Harvey Bernard Milk (May 22, 1930 – November 27, 1978) was an American politician who became the first openly gay person to be elected to public office in California when he won a seat on the San Francisco Board of Supervisors. Milk served almost 11 months in office and was responsible for passing a stringent gay rights ordinance for the city. On November 27, 1978, Dan White, another city supervisor, assassinated Milk and Mayor George Moscone. In a controversial verdict that led to the coining of the legal slang "Twinkie defense," White was convicted of manslaughter rather than murder in the deaths of Milk and Moscone. White served five years of a seven-year prison sentence.

en.wikipedia.org/wiki/Harvey_Milk

R-1. ...knows which president signed a proclamation making June LGBT Pride Month and the year it was signed:

Fundamentals for Supporting **LGBTQI2S** Youth in Care

LGBTQI2S TRIVIA – Answer Key

On June 1, 2009, President Obama issued Proclamation No. 8387 for Lesbian, Gay, Bisexual and Transgender Pride Month. In this proclamation the President pointed to the contributions made by LGBT Americans both in promoting equal rights to all regardless of sexual orientation or gender identity and in broader initiatives such as the response to the global HIV pandemic. The President ended the proclamation by calling upon the people of the United States to "turn back discrimination and prejudice everywhere it exists."

In 1998, President Clinton issued Executive Order 13087 expanding equal opportunity employment in the Federal government by prohibiting discrimination based on sexual orientation. On June 2, 2000, President Clinton issued Proclamation No. 7316 for Gay and Lesbian Pride Month:

www.loc.gov/law/help/commemorative-observations/pride.php

R-2. ...knows what year sex discrimination was banned in the US providing equal healthcare rights to transgender people

For the first time, the Affordable Care Act of 2010 banned sex discrimination in many health care facilities and programs. While we still desperately need national laws that explicitly prohibit discrimination based on gender identity and sexual orientation, the Affordable Care Act can provide real protections in many circumstances. The Affordable Care Act prohibits sex discrimination in hospitals and other health programs or facilities receiving federal financial assistance. In recent years, courts have increasingly held that sex discrimination protections prohibited discrimination against people who are transgender and fail to conform to gender stereotypes.

www.transequality.org/Resources/HealthCareRight_UpdatedMar2014_FINAL.pdf

R-3. ...can explain what California's AB 458 says and what year it went into effect:

AB 458, the Foster Care Non-Discrimination Act, went into effect on January 1, 2004. This law is the first of its kind in the United States to explicitly include protections for lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth and adults involved with the foster care system.

www.f2f.ca.gov/res/pdf/AB458FactSheet.pdf

R-4. ...knows how many countries currently have legalized marriage equality giving all couples marriage:

As of June 26, 2015, twenty two countries have legalized same-sex marriage: Argentina (2010), Belgium (2003), Brazil (2013), Canada (nationwide 2005), Denmark (2012), England/Wales (2013), Finland (2015), France (2013), Greenland (2015), Iceland (2010), Ireland (2015), Luxembourg (2014), Netherlands (2000), New Zealand (2013), Norway (2009), Portugal (2010), Scotland (2014), South Africa (2006), Spain (2005), Sweden (2009), United States and U.S. territories (2015), Uruguay (2013).

<http://www.pewforum.org/2015/06/26/gay-marriage-around-the-world-2013/>

R-5. ...can name a country that accepts blood donations from men who have sex with men

Throughout the 2000s, several boycotts have been held on college campuses across the United States against blood drives. On December 23, 2014 the FDA released a statement that they hope to implement a 1-year

Fundamentals for Supporting **LGBTQI2S** Youth in Care

LGBTQI2S TRIVIA – Answer Key

deferral period for men who have sex with men (MSM). This policy would allow MSM who are celibate, or abstain from sex with men for a period of one year, to donate blood.

Country	Deferral for MSM	Deferral for female sex partners of MSM
 Algeria	Indefinite	
 Argentina	1 year	
 Australia	1 year	1 year
 Austria	Indefinite	
 Belgium	Indefinite	
 Brazil	1 year	
 Canada	5 years	1 year
 Chile	No deferral	No deferral
 China	Indefinite	
 Costa Rica	Indefinite	
 Croatia	Indefinite	
 Czech Republic	1 year	1 year
 Denmark	Indefinite	
 Estonia	Indefinite	
 Finland	1 year	
 France	Indefinite	
 Germany	Indefinite	
 Greece	Indefinite	
 Hong Kong	Indefinite	
 Hungary	1 year	
 Iceland	Indefinite	
 Ireland	Indefinite	

 Israel	Indefinite	No deferral
 Italy	No deferral	No deferral
 Japan	1 year	
 Malta	Indefinite	
 Mexico	No deferral	No deferral
 Netherlands	Indefinite	1 year
 New Zealand	1 year	1 year
 Northern Ireland	Indefinite	
 Norway	Indefinite	
 Poland	No deferral	No Deferral
 Portugal	No deferral	No deferral
 Philippines	Indefinite	
 Russia	No deferral	No deferral
 South Africa	No deferral	No deferral
 Slovenia	Indefinite	
 Spain	No deferral	No deferral
 Sweden	1 year	
 Switzerland	Indefinite	
 Thailand	No deferral	No deferral
 Turkey	Indefinite	
 United Kingdom (excluding Northern Ireland)	1 year	
 United States	Indefinite	1 year
 Uruguay	No deferral	No deferral
 Venezuela	Indefinite	No deferral

I-1. ...knows how homosexuality and gender dysphoria are related to mental illness and systemic oppression

Homosexuality and gender dysphoria (formerly gender identity disorder) both have origins in the DSM. In 1973, protests from lesbian, gay, and bisexual activists and supportive mental health professionals led the American Psychiatric Association's board of trustees to remove homosexuality from its list of mental

Fundamentals for Supporting LGBTQI2S Youth in Care

LGBTQI2S TRIVIA – Answer Key

disorders. The decision was affirmed the following year by a vote of the membership however homosexuality was replaced with a new diagnosis in the 1980 DSM-III: *ego-dystonic homosexuality*, which was indicated by: (1) a persistent lack of heterosexual arousal ... interfering with ... wanted heterosexual relationships, and (2) persistent distress from a sustained pattern of unwanted homosexual arousal. (This was removed in the 1987 DSM-IIIr.) Gender dysphoria is still noted as a disorder in the DSM V. Transgender activists have long called for this diagnosis to be revised or removed altogether from the *DSM*, arguing that being transgender is not a disease but a human variation.

http://psychology.ucdavis.edu/faculty_sites/rainbow/html/facts_mental_health.html
<https://www.socialworkers.org/diversity/new/lgbtq/51810.asp>

I-2. ...knows an LGBTQI2S young person who has been or is currently homeless

LGBT (lesbian, gay, bisexual, transgender) individuals face a particular set of challenges, both in becoming homeless as well as when they are trying to avoid homelessness. LGBT persons face social stigma, discrimination, and often rejection by their families, which adds to the physical and mental strains/challenges that all homelessness persons must struggle with.

Frequently, homeless LGBT persons have great difficulty finding shelters that accept and respect them. LGBT individuals experiencing homelessness are often at a heightened risk of violence, abuse, and exploitation compared with their heterosexual peers. Transgender people are particularly at physical risk due to a lack of acceptance and are often turned away from shelters and in some cases signs have been posted barring their entrance.

- 40% of the homeless youth served by agencies identify as LGBT
- 30% of street outreach clients identified as LGBT
- 30% of clients utilizing housing programs identified as LGBT

nationalhomeless.org/issues/lgbt/

I-3. ...can explain how heterosexism, cissexism/cisgenderism, and sexism are interrelated

These oppressions support one another through the maintenance of the status quo. Sexism, gender roles, and the upholding of patriarchy are a necessary precursor to genderism, cissexism, and cisgenderism. All of these terms are related to systemic oppression based on the binaries of birth sex, gender presentation, and gender identity (masculine men who identify as male and feminine women who identify as females) and the maintenance of those binaries.

I-4. ...knows a young person who is bullied because of sexual orientation or gender identity or expression

- 65% of students reported hearing homophobic slurs like "dyke" or "fag" frequently or often.
- 85% of LGBTQ youth were verbally harassed in the last year
- 81% of students were not taught positive representations of LGBT people, history, or events in schools

http://www.glsen.org/sites/default/files/NSCS_infographic_FINAL.pdf

I-5. ...can explain the connections between racism, heterosexism and other forms of oppression

Racism, heterosexism, and other forms of oppression are all based and maintained through learned stereotypes, prejudices, and discrimination with a central core of systemic power and privilege.

Fundamentals for Supporting LGBTQI2S Youth in Care

LGBTQI2S TRIVIA – Answer Key

D-1. ...can explain the similarities and differences in pansexual, omnisexual, ambisexual, and bisexual identities

The terms bisexual and ambi(both)sexual are most often understood to mean a person with both same sex and opposite sex attractions. The terms pan(all)sexual, poly(many)sexual, and omni(all)sexual most frequently describe a less binary attraction that can be based on sex, gender, gender presentation, or a number of other factors.

D-2. ...knows the difference between sexual orientation, gender identity, and gender presentation

Sexual orientation is based on one's emotional, romantic, and erotic attractions toward others, while gender identity is one's sense of one's own gender or internal sense of being a man, a woman, or neither. Gender presentation is how an individual chooses to express their gender identity. Put another way, sexual orientation is who you want to go to bed with, gender identity is who you go to bed as, and gender presentation is what you go to bed wearing.

D-3. ...knows what the 2S in LGBTQI2S stands for and who may choose to self identify as 2S

2S is an abbreviation of the term Two Spirit. Two Spirit is a culturally distinct gender that describes Indigenous North Americans/First Nations people who fulfill one of many mixed gender roles found traditionally among many Native Americans and Canadian First Nations indigenous groups. The mixed gender roles encompassed by the term historically included wearing the clothing and performing the work associated with both men and women.

This English term emerged in 1990 out of the third annual inter-tribal Native American/First Nations gay/lesbian American conference in Winnipeg. A direct translation of the Ojibwe term, *Niizh manidoowag*, "two-spirited" or "two-spirit" is usually used to indicate a person whose body simultaneously houses a masculine spirit and a feminine spirit. The term can also be used more abstractly, to indicate presence of two contrasting human spirits (such as Warrior and Clan Mother) or two contrasting animal spirits (which, depending on the culture, might be Eagle and Coyote). However, these uses, while descriptive of some aboriginal cultural practices and beliefs, depart somewhat from the 1990 purposes of promoting the term.

Two Spirit replaces the term *berdache*, which was coined by western anthropologists and used until the late 20th century, mainly to describe feminine Native Americans assigned male at birth. The term is however inaccurate and can nowadays be considered offensive. Non-natives identifying as two-spirit is oppressive and an appropriation of the Native American/First Nations culture.

gender.wikia.com/wiki/Two-Spirit

D-4. ...can define the term intersex and knows how commonly people with intersex identities are born

"Intersex" is a general term used for a variety of conditions in which a person is born with a reproductive or sexual anatomy that doesn't seem to fit the typical definitions of female or male. For example, a person might be born appearing to be female on the outside, but having mostly male-typical anatomy on the inside. Or a person may be born with genitals that seem to be in-between the usual male and female types—for example, a girl may be born with a noticeably large clitoris, or lacking a vaginal opening, or a boy may be born with a notably small penis, or with a scrotum that is divided so that it has formed more like labia. Or a person may be born with mosaic genetics, so that some of her cells have XX chromosomes and some of them have XY.

Fundamentals for Supporting **LGBTQI2S** Youth in Care

LGBTQI2S TRIVIA – Answer Key

Though we speak of intersex as an inborn condition, intersex anatomy doesn't always show up at birth. Sometimes a person isn't found to have intersex anatomy until she or he reaches the age of puberty, or finds himself an infertile adult, or dies of old age and is autopsied. Some people live and die with intersex anatomy without anyone (including themselves) ever knowing.

Not XX and not XY	one in 1,666 births
Klinefelter (XXY)	one in 1,000 births
Androgen insensitivity syndrome	one in 13,000 births
Partial androgen insensitivity syndrome	one in 130,000 births
Classical congenital adrenal hyperplasia	one in 13,000 births
Late onset adrenal hyperplasia	one in 66 individuals
Vaginal agenesis	one in 6,000 births
Ovotestes	one in 83,000 births
Idiopathic (no discernable medical cause)	one in 110,000 births
Iatrogenic (caused by medical treatment, for instance progestin administered to pregnant mother)	no estimate
5 alpha reductase deficiency	no estimate
Mixed gonadal dysgenesis	no estimate
Complete gonadal dysgenesis	one in 150,000 births
Hypospadias (urethral opening in perineum or along penile shaft)	one in 2,000 births
Hypospadias (urethral opening between corona and tip of glans penis)	one in 770 births
Total number of people whose bodies differ from standard male or female	one in 100 births
Total number of people receiving surgery to “normalize” genital appearance	one or two in 1,000 births

www.isna.org/faq/what_is_intersex - www.isna.org/faq/frequency

“I am tired of the perpetration of great harms against infants and babies with perfectly healthy genitals that happen to look different from what the doctors think is standard. Intersex genitalia are not unhealthy, they just look different than some ideal of male or female genitalia. The experiment to reshape intersex genitals early in a child’s life has failed. People should have the right to determine if they want reshaped genitals or not, when they are old enough to decide for themselves. That’s informed consent; when the person them self has the information necessary to decide if they want a treatment of any kind, or not.”

Tiger Devore

- D-5. ...knows what the term stud means and can explain who might choose to self identify as a stud**
 More reminiscent of what is traditionally considered boyish or masculine than feminine. May refer to a gender identity, gender presentation, or a style of dress. Most often women of color who have sex with women use this identity.

Fundamentals for Supporting **LGBTQI2S** Youth in Care

LGBTQI2S TRIVIA – Answer Key

E-1. ...currently supports an LGBTQI2S identified young person

Many LGBTQ youth face neglect or abuse from their families of origin because of their sexual orientation or gender identity. A recent study found that over 30% of LGBT youth reported suffering physical violence at the hands of a family member after coming out. Because of lack of acceptance and abuse by their families of origin, many LGBTQ youth are removed from their homes or found to be "throwaways" by child protection agencies and placed in the foster care system.

In addition, many LGBT youth — 26% according to one study — are forced to leave their families of origin as a result of conflicts with their parents regarding their sexual orientation or gender identity.

Some LGBTQ youth enter the system for skipping or dropping out of school – steps some youth take to avoid the pervasive harassment and discrimination they face in school. A recent study found that over 80% of LGBTQ students reported verbal harassment because of their sexual orientation or gender identity while at school and nearly 70% reported feeling unsafe. According to another recent study, 20% of LGBTQ youth reported skipping school each month because of fear for their own safety. And another study found that 28% of lesbian, gay, and bisexual youth dropped out of school due to peer harassment.

As a result of lack of acceptance and abuse in the home and at school, a disproportionate number of youth living on the streets are LGBTQ. The National Network of Runaway and Youth Services estimates that between 20-40% of homeless youth are LGBTQ.

ncflr.convio.net/site/DocServer/LGBTQ_Youth_In_Foster_Care_System.pdf?docID=1341

E-2. ...has attended an LGBTQI2S event in the past year

www.oaklandpride.org hosts events throughout the year including Oakland Pride, a street festival that takes place in August. There are also a number of social activism events that happen in Oakland and the larger bay area.

E-3. ...has heard someone disparagingly say “that’s so gay” in the last month

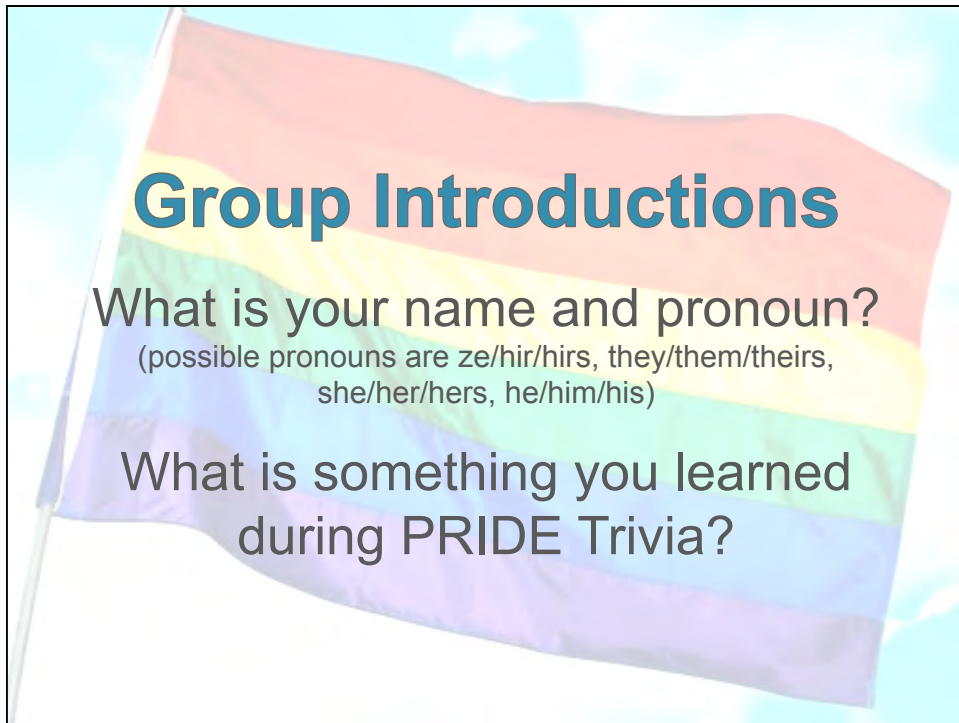
“That’s so gay” has become one of the most commonly used derogatory remarks in high schools and middle schools. According to The 2007 National School Climate Survey by GLSEN (the Gay, Lesbian and Straight Education Network), more than 90% of LGBT students heard the phrase often at school, and most of these students felt some distress or were bothered by the remark.

E-4. ...has felt unsure of how to best support a young person who is questioning their sexual orientation or gender identity

Many social service workers express that they face challenges and difficulties when supporting young people who are exploring their sex or gender identities. Youth we have spoken with express that they want to be heard and don’t want to be judged. It’s a great place to start.

E-5. ...has been picked on or teased for being too masculine or feminine for your perceived sex

Sexism, heterosexism, cisgenderism, and cissexism are all taught from a very young age. We learn behave within society’s gender and sexuality boxes, as well as force others to stay within sex, gender, and sexual orientation binary.



Growing up...

1. ... when have you been expected to “act like a boy/man” or “act like a girl/lady” or been criticized for being affectionate with someone of your birth sex?
2. ... what did you learn about bisexual, lesbian, gay people and from where/whom?
3. ... what did you learn about trans, intersex, and other sex/gender non-conforming people and from where/whom?
4. ... what did you hear LGBTQI2S people called? What types of harassment or discrimination did you witness?

Fundamentals for Supporting **LGBTQI2S** Youth in Care Definitions Quiz

Directions: Match the definition in the left column with a term in the right column.

1. ____ A person whose self-definition challenges and disrupts traditional binary conceptions and boundaries of gender	A. Biological/Birth Sex
2. ____ Socially constructed behavior expectations for men and women	B. Cisgender
3. ____ An umbrella term used by some lesbian, gay, bisexual people to refer to themselves, often to avoid binary and static conceptions of sex, gender, and sexuality	C. Cross Dresser
4. ____ The assumption that heterosexuality is the only normal sexual identity	D. Gender Identity
5. ____ A heterosexual person who confronts heterosexism/homophobia	E. Gender Roles
6. ____ A person who is attracted to people of all gender identities, whose sexuality is often fluid. Outside of the oppressive binary gender structure.	F. Heterosexism
7. ____ A person who alters his/her body through surgery or hormonal treatments to live as another gender or sex	G. Intersex
8. ____ Fear of or discomfort with people who do not meet our cultural expectations for gender	H. Heteronormativity
9. ____ A system of beliefs and practices that privileges men and subordinates women	I. Homophobia/Biphobia
10. ____ A modern umbrella term used by some indigenous North Americans for gender variant individuals in their communities	J. Heterosexual Ally
11. ____ A person born with both male and female physiological or anatomical sex characteristics	K. Heterosexual Privilege
12. ____ Advantages received by heterosexuals in a heterosexist society	L. Pansexual
13. ____ Consistently experiencing one's gender in a way that is congruent with one's bodily appearance and with the gender that is assigned to oneself by society. Non-trans	M. Queer
14. ____ Emotional, affectional and sexual attractions and behavior toward someone of another sex (heterosexual), same-sex (lesbian or gay) or any sex (bisexual/pansexual)	N. Sexism
15. ____ The sex one is assigned at birth based on visible physiological and anatomical sex characteristics	O. Sexual Orientation
16. ____ A system of cultural beliefs and practices that assume a fixed, binary system of gender into which everyone must fit	P. Transgender
17. ____ The fear, hatred or intolerance of lesbian, gay, and bisexual people	Q. Transgender Oppression
18. ____ A system of institutional and cultural beliefs, norms, and practices that advantages heterosexuals	R. Transphobia
19. ____ A person who enjoys dressing in clothes typically associated with another gender, often heterosexual men	S. Transexual
20. ____ A person's sense of being a woman, a man, or other gender identification	T. Two-Spirit

Adapted from Teaching for Diversity and Social Justice, Second Edition, Routledge, 2007 and other sources

Fundamentals for Supporting **LGBTQI2S** Youth in Care Definitions Quiz

ANSWER KEY

1. <u>P</u>	A person whose self-definition challenges and disrupts traditional binary conceptions and boundaries of gender	A. Biological/Birth Sex
2. <u>E</u>	Socially constructed behavior expectations for men and women	B. Cisgender
3. <u>M</u>	An umbrella term used by some lesbian, gay, bisexual people to refer to themselves, often to avoid binary and static conceptions of sex, gender, and sexuality	C. Cross Dresser
4. <u>H</u>	The assumption that heterosexuality is the only normal sexual identity	D. Gender Identity
5. <u>J</u>	A heterosexual person who confronts heterosexism/homophobia	E. Gender Roles
6. <u>L</u>	A person who is attracted to people of all gender identities, whose sexuality is often fluid. Outside of the oppressive binary gender structure.	F. Heterosexism
7. <u>S</u>	A person who alters his/her body through surgery or hormonal treatments to live as another gender or sex	G. Intersex
8. <u>R</u>	Fear of or discomfort with people who do not meet our cultural expectations for gender	H. Heteronormativity
9. <u>N</u>	A system of beliefs and practices that privileges men and subordinates women	I. Homophobia/ Biphobia
10. <u>T</u>	A modern umbrella term used by <u>some</u> indigenous North Americans for gender variant individuals in their communities.	J. Heterosexual Ally
11. <u>G</u>	A person born with both male and female physiological or anatomical sex characteristics	K. Heterosexual Privilege
12. <u>K</u>	Advantages received by heterosexuals in a heterosexist society	L. Pansexual
13. <u>B</u>	Consistently experiencing one's gender in a way that is congruent with one's bodily appearance and with the gender that is assigned to oneself by society. Non-trans.	M. Queer
14. <u>O</u>	Emotional, affectional and sexual attractions and behavior toward someone of another sex (heterosexual), same-sex (lesbian or gay) or any sex (bisexual/pansexual)	N. Sexism
15. <u>A</u>	The sex one is assigned at birth based on visible physiological and anatomical sex characteristics	O. Sexual Orientation
16. <u>Q</u>	A system of cultural beliefs and practices that assume a fixed, binary system of gender into which everyone must fit	P. Transgender
17. <u>I</u>	The fear, hatred or intolerance of lesbian, gay, bisexual people	Q. Transgender Oppression
18. <u>F</u>	A system of institutional and cultural beliefs, norms and practices that advantages heterosexuals	R. Transphobia
19. <u>C</u>	A person who enjoys dressing in clothes typically associated with another gender, often are heterosexual men	S. Transexual
20. <u>D</u>	A person's sense of being a woman, a man, or other gender identification	T. Two-Spirit

Teaching for Diversity and Social Justice, Second Edition, Routledge, 2007 and other sources

Fundamentals for Supporting LGBTQI2S Youth in Care

Definitions

Term	Definition
1 AFAB & AMAB	A term used by some intersex and trans individuals to refer to themselves and others who are assigned female at birth or assigned male at birth. These terms are an important reminder that our birth sex is not always congruent with our biological sex, sex identity, and gender identity.
2 AG/ Aggressive	Women who have sex with women and also present as more masculine. Most often this identity is used by women of color.
3 Agender/ Agendered	People who self identify as having no gender identity and/or no gender expression. They may simply describe this in terms of having no gender or as identifying as a person rather than a gender. A non-binary identity, meaning falling outside the male/female binary. Some agender individuals identify as being without gender or gender identity.
4 Aggressive Femme	A queer woman who presents her gender in ways that are traditionally considered feminine but behaves dominantly in romantic and sexual contexts.
5 Ally	Someone who makes the commitment and effort to recognize their privilege (based on gender, class, race, sexual identity or orientation, etc.) and work in solidarity with oppressed groups in the struggle for justice. Allies understand that it is in their own interest to end all forms of oppression, even those from which they may benefit in concrete ways.
6 Ambigender	A person who is of both genders. 1. Available or common to more than one gender. 2. A non-binary identity related to androgyne, bigender, and/or genderfluid.
7 Ambisexual	A person who is attracted to people of all gender identities, whose sexuality is often fluid. Outside of the oppressive binary gender structure.
8 Androgen Insensitivity Syndrome (AIS)	A form of intersex identification when a person who is genetically male (XY) is resistant to androgens. As a result, the person has some or all of the physical traits of a woman, but the genetic makeup of a man.
9 Androgens	Hormones that activate male sex characteristics, such as testosterone.
10 Androgyne	A non-binary identity, meaning a combination, blending, or in-between point between two genders (usually between male and female). Androgynes may or may not present androgynously, and may or may not experience multiple genders.
11 Androgynous of Center	Any of several gender identities that lean closer to “androgyne” than to male or female.

Fundamentals for Supporting LGBTQI2S Youth in Care Definitions

12 Androgynous/ Androgyny	1. Related to an androgyne gender identity. 2. A gender presentation that is ambiguous between male and female, or which blends them, or lies in the middle between them. A person who expresses and/or presents merged culturally/socially defined feminine and masculine characteristics, or mainly neutral characteristics. May or may not express dual gender identity.
13 Androphilia	Describes sexual attraction to masculinity.
14 Androsexual	A person who is sexually attracted to masculinity.
15 Anti-Androgens	Drugs that negate the effects of testosterone and other male hormones, usually given during adolescence to trans youth who do not wish to develop masculine features. A type of hormone blockers.
16 Anti-Estrogens	Drugs that negate the effects of estradiol and other female hormones, usually given during adolescence to trans youth who do not wish to develop feminine features. A type of hormone blockers.
17 Asexual	A person who generally does not experience sexual attraction. Asexual individuals may still experience romantic attraction.
18 Assigned Sex/ Birth Sex/ Assigned Sex at Birth (ASAB)	The sex one is assigned at birth based on visible physiological and anatomical sex characteristics. The gender identity imposed on someone by their family and by society. This is usually decided at birth or in utero, and is usually based on genitalia. Almost all people are assigned male or female at birth, even if they are born with ambiguous genitalia.
19 Autoandrophilia	Pleasure, sexual or otherwise, derived from imagining oneself as a man. The much rarer counterpart to autogynephilia.
20 Autogynephilia	Pleasure, sexual or otherwise, derived from imagining oneself as a woman. Historically, diagnosis of autogynephilia was/is commonly used to restrict trans women's access to transitioning, and to pathologize them as mentally ill.
21 Berdache	An often offensive term used by Non-Native anthropologists to describe First Nation and Native American individuals who fulfill one of many mixed gender roles in First Nations and Native American tribes.
22 Bi-Gender	A person who identifies as both or some combination of the two culturally prevalent genders. A bi-gender individual may shift their gender identity and/or expression from one gender to another, or a combination of genders, in ways that make sense to them – such shifting may occur on an hourly, daily, monthly, or yearly basis. A non-binary identity in which a person has two or more genders. Any combination of genders is possible, not just male/female. These genders may be present simultaneously, they may fluctuate, or both.

Fundamentals for Supporting LGBTQI2S Youth in Care Definitions

23	Binary Gender	A gender that is either strictly male or strictly female. This is not affected by whether a person is cis or trans: a trans man or trans woman has a binary gender, unless he or she also identifies as non-binary.
24	Binding	The practice of wearing compression clothing (often referred to as a binder), wrapping, or taping in order to compress the chest or “breast tissue” so that one can pass as a man. The practice of hiding or reshaping breasts, usually to achieve a more masculine or androgynous appearance.
25	Biological Essentialism	In trans discussions, the belief that a person’s gender can only be defined by their genes and/or genitalia at birth. Biological essentialism usually ignores the existence of intersex people and is a major component of transphobia.
26	Biological Sex	A social construct that categorizes human bodies as male or female based on chromosomes or genitalia. Contrary to popular belief, there are not two biological sexes, because people can be born with a wide variety of sexual characteristics, and many different combinations of sexual characteristics. Many trans people find the phrase or concept offensive, and prefer the phrase “assigned sex,” or “designated sex.”
27	Biphobia	The irrational fear of people perceived as bisexual. Biphobia also includes refuting the existence of bisexuality by promoting the belief that every individual is either homosexual or heterosexual.
28	Bisexual	An individual who is emotionally, spiritually, physically, and/or sexually attracted to those of either gender (clinical term). Within bisexual communities, many find themselves attracted to multiple gender expressions and gender identities, and actively oppose a binary gender system.
29	Bottom Surgery	A colloquial term for surgery that corrects one’s genitalia to better match one’s gender.
30	Butch	More reminiscent of what is traditionally considered boyish or masculine than feminine. May refer to a gender identity, gender presentation, or a style of dress. Strongly associated with lesbian culture.
31	Chromosomes	Gene sequences that determine how an organism’s body develops and reproduces. The human sex chromosomes, X and Y, usually determine whether a fetus develops typical egg-producing anatomy or typical sperm-producing anatomy. However, other factors can affect a person’s anatomical and psychological development, and the chromosomes do not necessarily reflect a person’s true gender.
32	Cis-	A prefix meaning "on this side of" that is often used before the words -gender or -sexual to mean consistency between one's gender identity and their assigned gender at birth.

Fundamentals for Supporting LGBTQI2S Youth in Care Definitions

33	Cisgender	Consistently experiencing one's gender in a way that is congruent with one's bodily appearance and with the gender that is assigned to oneself by society. Not trans.
34	Cisgender Privilege	The benefits, opportunities and everyday courtesies that cisgender people are able to take for granted, and which trans and non-binary people may not be able to count on.
35	Cisgenderism/ Genderism/ Binarism	The belief, prejudice or social force that claims only two genders exist, male and female, and that all non-binary and genderqueer gender identities are invalid. Binarism is inextricably tied to colonialism and racism, and is a way that European cultures attack the gender expression of other cultures and ethnic groups.
36	Cissexism	The unjust social institution that validates cisgender identities more than trans identities, and which grants privileges to cis people while oppressing trans people.
37	Cissexual	Usually a synonym for cisgender, though some people make a distinction, similar to the transgender/transsexual distinction.
38	Coming Out	In trans discussions, the process of telling someone that one is trans. This applies both to trans people who have transitioned to live as their correct gender, as well as to those who have not. In sexuality discussions, coming out is the process of disclosing one's sexual orientation.
39	Crossdresser	A person who chooses to wear clothing that does not match their gender identity. A controversial concept because clothing is not intrinsically gendered, and the wearer may define it as appropriate to their own gender regardless of social norms. This is a loaded term and should not be used without the permission of the person being referred to. Typically heterosexual men.
40	Dehumanization	A kind of stigma that lessens a person by making them seem less than human, often likening them to an animal, machine or monster. A common component of LGBTQI2S oppressions and oppression as a whole.
41	Drag King	A person who does not identify as male but dresses up to resemble one. Trans men are not drag kings because they are men. However, some people who appear to be drag kings may later come to identify as trans men.
42	Drag Queen	A person who does not identify as female but dresses up to resemble one. Trans women are not drag queens because they are women. However, some people who appear to be drag queens may later come to identify as trans women.

Fundamentals for Supporting LGBTQI2S Youth in Care

Definitions

43	DSM	The Diagnostic and Statistical Manual of Mental Disorders. The DSM-IV includes Gender Identity Disorder, which was renamed Gender Dysphoria in the DSM-V. There is controversy over whether these ideas should be included in the DSM or not.
44	Endocrinologist	A doctor who specializes in hormones. Trans people may need to see endocrinologists as they transition.
45	Estrogens	Hormones that activate female sex characteristics, such as estradiol (the most potent and common form of estrogen in the human body).
46	Eunuch	A derogatory term for man whose penis has been removed, or (rarely) a man who has been sterilized. This term should not be used to refer to intersex or trans people.
47	Female to Male (FTM)/(F2M)	A term used to identify a person who was assigned a female gender at birth or is female-bodied and identifies as male, lives as a male, or identifies as masculine.
48	Femme	Reminiscent of what is traditionally considered femininity. May refer to a gender identity, gender presentation, or a style of dress. Strongly associated with lesbian culture.
49	Fluid	Changeable, not static. Some people have fluid sexual orientations or gender identities. See genderfluid.
50	Gay	A person who is emotionally, physically, and/or sexually attracted to men.
51	Gender	The social construction (noun) - A person's internal mental experience of themselves and their relationship to "male," "female," "androgynous," "genderless," and other identities. It is distinct from a person's assigned sex, anatomy, gender presentation, pronouns, socialization, and sexual orientation. Gender can be binary (male or female) or non-binary (anything else). Some people do not have a gender. (verb) - To treat someone as if they are of a particular gender. This takes many forms, the most common of which are pronouns.
52	Gender Affirmation/ Confirmation Surgery	Surgery that alters a person's appearance to better reflect their internal gender. Gender <i>reassignment</i> surgery is an incorrect term because it assumes that an individual is being assigned a new or different gender. Gender confirmation surgery changes outward appearance to reflect the existing gender identity of the individual.
53	Gender Expression	The speech, clothing, body modification choices, gestures, behavior, and social role through which a person demonstrates their gender.

Fundamentals for Supporting LGBTQI2S Youth in Care

Definitions

54	Gender Identity	Gender identity is one's sense of one's own gender or internal sense of being a man, a woman, or neither.
55	Gender Presentation	The way that a person's gender superficially appears to onlookers, which may be affected by anatomy, clothing, makeup, hairstyle, speech patterns and body language. May also include a person's stated desire to be treated as a certain gender and referred to with certain pronouns.
56	Gender Roles/ Binary/Norm	The Western social construct that only grants legitimacy to two genders, male and female each assigning each personality traits and interests
57	Gynephilia	Describes sexual attraction to femininity.
58	Harry Benjamin Standards of Care (BSOC)	In 1966, Harry Benjamin created the Standards of Care as ethical guidelines for the care and treatment of transsexuals. Benjamin's guiding principles dictated the requirements necessary for a person to be considered transsexual and to qualify for medical transition, as well as the scope of therapies, treatments and surgeries that a transition would include. Although many therapists and medical providers still rely on the Standards of Care, the guidelines are often adhered to less rigidly than in the past.
59	Hermaphrodite	An outdated medical term used to describe someone who is intersex; not used today as it is considered to be medically stigmatizing.
60	Heterosexism	The individual, institutional, and societal/cultural beliefs and practices based on the belief that heterosexuality is the only normal and acceptable sexual orientation.
61	Heterosexual	Women who are sexually attracted to men and men who are sexually attracted to women.
62	Hir	Gender-neutral third-person singular object pronoun, coordinate with him and her.
63	Homophobia	Fear, anger, intolerance, resentment, or discomfort with queer people. Homophobia can be focused both externally and internally.
64	Intergender	A nonbinary gender identity label describing individuals with a gender identity that is between the binary labels. This term is commonly used by intersex individuals, but not all people who identify as intergender identify as intersex.
65	Intersex	A general term used for a variety of conditions in which a person is born with a reproductive or sexual anatomy that doesn't seem to fit the typical definitions of female or male. Intersex is a socially constructed category that reflects real biological variation.
66	Lesbian	A person who identifies as a woman who is emotionally, physically, and/or sexually attracted to women.

Fundamentals for Supporting LGBTQI2S Youth in Care

Definitions

67	Male to Female (MTF)/(M2F)	A term used to identify a person who was assigned a male gender at birth or is male-bodied and identifies as female, lives as a female, or identifies as feminine.
68	Man	A term referring to someone who identifies as such, who may often exhibit masculine or male characteristics. Popularly understood within a binary gender system to refer to someone who is male bodied.
69	Men who have Sex with Men (MSM)	Men who engage in same-sex behavior, but who may not necessarily self-identify as gay.
70	MOGIES	An umbrella term used by some people in the LGBTQI2S community. The abbreviation stands for marginalized (sexual) orientation, gender identity, (gender) expression, and sex
71	Omnisexual	A person who is attracted to people of all gender identities, whose sexuality is often fluid. Outside of the oppressive binary gender structure.
72	Oppression	A systematic social phenomenon based on the perceived and real differences among social groups that involve ideological domination, institutional control, and the promulgation of the oppressor's ideology, logic system, and culture to the oppressed group. The result is the exploitation of one social group by another for the benefit of the oppressor group.
73	Pansexual	A person who is attracted to people of all gender identities, whose sexuality is often fluid. Outside of the oppressive binary gender structure.
74	Packing	Commonly practiced by some trans men, lesbians, and other sex/gender non-conforming people, packing is the act of putting an object in one's clothing to suggest the presence of a penis.
75	Passing/ Being Read	This term shifts responsibility of correct gendering onto onlookers, instead of on the person who is read. A trans person who is read correctly is recognized as their correct gender.
76	Queer	An umbrella term used by some to refer to the broad spectrum of non heterosexual sexual orientations
77	Questioning	The experience of feeling uncertain about or seeking to understand/discover one's own sexual orientation, gender identity, or gender expression.
78	Same Gender Loving (SGL)	Coined by activist Cleo Manago, SGL is a term used by some black people and people of color who are sexually attracted to people of the same sex. This term was created as an alternative to the term gay which many people of color recognize as a term frequently associated with white people

Fundamentals for Supporting LGBTQI2S Youth in Care

Definitions

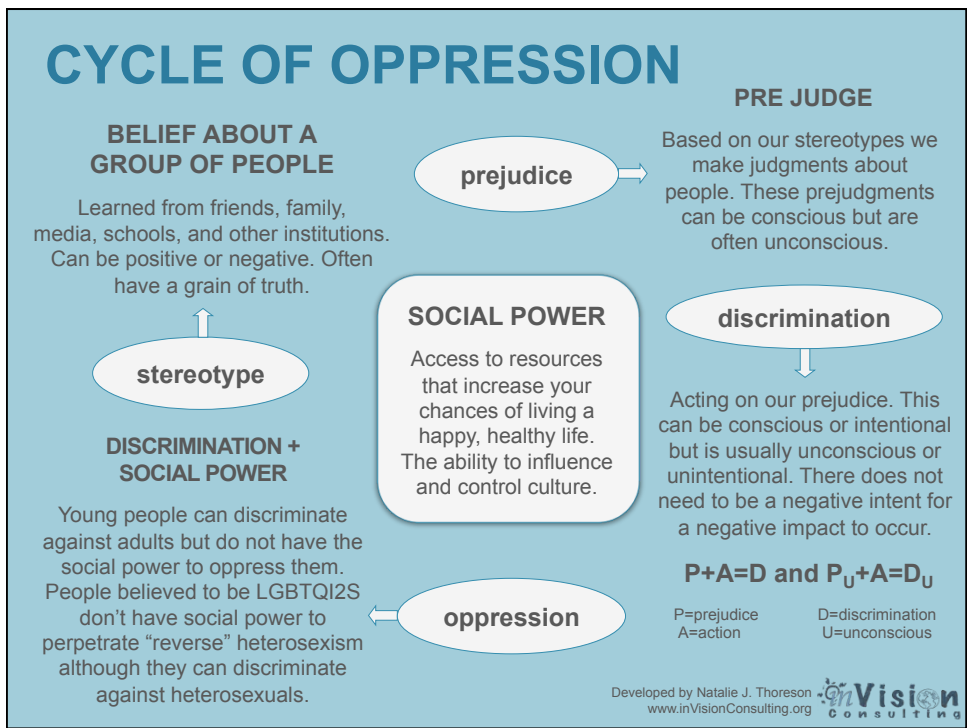
79	Sex Identity	The sex that a person sees themselves as; options including refusing to label oneself with a sex.
80	Sexism	The cultural, institutional, and individual set of beliefs and practices that privilege men, subordinate women and non-binary individuals, and denigrate values and practices associated with women.
81	SOGIE	An abbreviation for sexual orientation, gender identity and expression
82	Stud	More reminiscent of what is traditionally considered boyish or masculine than feminine. May refer to a gender identity, gender presentation, or a style of dress. Most often women of color who sleep with women use this identity.
83	Transgender	An umbrella term to refer to all people who do not identify with their assigned gender at birth or the binary gender system.
84	Transphobia/ Genderphobia	The irrational fear of people who bend or break established gender roles regardless of individuals' actual gender identity or sexual orientation.
85	Transsexual	Someone who is sexually attracted to people who are transgender identified or presenting.
86	Transsexual	Typically refers to a person who takes chemical or medical steps to adapt or change their body in order to achieve congruence with their sex identity. This may also refer to a person who doesn't not take hormones or have surgery but lives daily as their personal sex identity.
87	Tuck/ Tucking	The technique of hiding male genitals. Moving the genitals into place to make the presence of a penis less obvious. Sometimes accomplished with gaffs (underwear used for tucking). The technique of hiding male genitals. Moving the genitals into place to make the presence of a penis less obvious. Sometimes accomplished with gaffs (underwear used for tucking).
88	Two-Spirit	A modern umbrella term used by some indigenous North Americans for gender variant individuals in their communities.
89	Woman	A term referring to someone who identifies as such, who may often exhibit feminine or female characteristics. Popularly understood within a binary gender system to refer to someone who is female bodied.
90	Women Loving Women (WLW)	WLW is a term used by some black women and women of color who are sexually attracted to people of the same sex. This term was created as an alternative to the terms gay and lesbian which many people of color recognize as a term frequently associated with white people.
91	Ze	Gender-neutral third-person singular subject pronoun, coordinate with gendered pronouns <i>he</i> and <i>she</i> .

Genderqueer	Bisexual	Gender Fluid	Intersex
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Definitions 101:

Sex, Gender & Sexual Orientation Terms

Transgender	Pansexual	Gay	Asexual
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Fundamentals for Supporting **LGBTQI2S** Youth in Care Action Planning Worksheet

PUTTING KNOWLEDGE INTO PRACTICE

How will I take what I have learned today to deconstruct oppression and privilege to better support youth in care?

- A. Where I am at on the Action Continuum with challenging LGBTQI2S oppression (this often varies for different “isms”):

- B. My idea for personal, cultural, or institutional action/change to better support LGBTQI2S youth in care:

- C. What I expect the benefit/desired outcome of this change will be (how will this change support LGBTQI2S youth in care?):

- D. Tangible and manageable steps I will take to make the action/change happen:
 - 1.
 - 2.
 - 3.
 - 4.

- E. Possible roadblocks I might encounter:

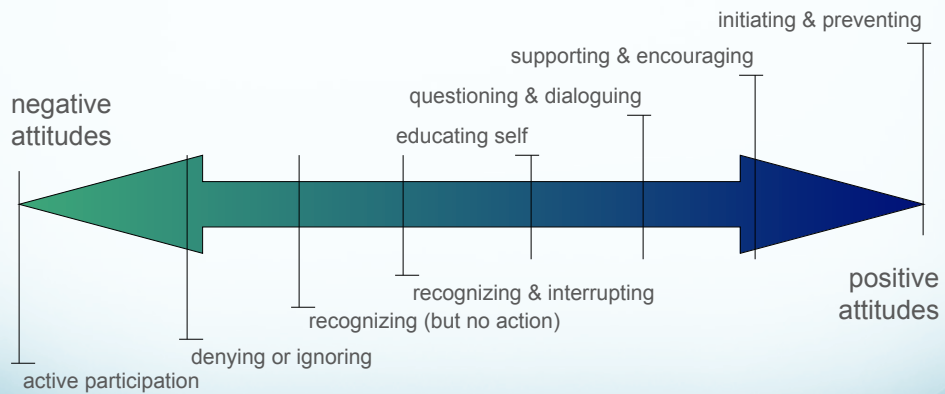
- F. The support I will need for this action/change to take place:

- G. Committing to this action/change:

Signature

Date

Where are you on the action continuum?



Adapted by Tania D. Mitchell, 1999.
Adams, M. A. et al. (1998). *Teaching for Diversity and Social Justice*.



SENECA

FAMILY OF AGENCIES | UNCONDITIONAL CARE

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Project funded by Alameda County
Behavioral Health Care Services
Innovation Grant Program



Curriculum design by Natalie J. Thoreson

Fundamentals for Supporting **LGBTQI2S** Youth in Care Resource List

EAST BAY YOUTH RESOURCES

- **Contra Costa Crisis Center**
www.crisis-center.org
Provides a school violence tipline and serves as a safe place for students and parents to report weapons on campus, homicidal or suicidal threats, or other behavior possibly leading to violence.
- **DreamCatcher Youth Support Center**
422 Jefferson St. Oakland, CA 94607
www.xanthos.org/early-head-start.html
Drop in center for teens 13-19. Community support. Also provides health services, education, counseling, academic support, recreation, movies and peer support groups.
- **Empowerment Program - Center for Human Development**
www.chd-prevention.org/programs/empowerment.php
A youth development – support group serving LGBTQ youth (14-18 years) in East Contra Costa County (Antioch CHD site).
- **Gender Spectrum**
www.genderspectrum.org
Gender Spectrum offers resources to empower your relationships, work, and interactions with youth and children. From how-to guides, to respected research, to sample training materials, Gender Spectrum provides the tools necessary to create gender inclusive environments in homes, offices, and communities.
- **The Lambda Youth Project at Project Eden**
22646 2nd St. Hayward, CA 94541
www.gayprom.org
LGBTQ youth group providing a speaker's bureau, support group and Gay Prom coordination and setup.
- **Our Space**
22245 Main Street, Hayward CA 94541
facebook.com/ourspacebayc
Our Space is a safe place for LGBTQ youth to kick it with other LGBTQ youth. During drop-in hours youth can get some food, watch LGBTQ movies, access the internet, make art, check in with a therapist or case manager and more.
- **Pacific Center for Human Growth**
2712 Telegraph Ave., Berkeley, CA 94705
www.pacificcenter.org
Youth activities including peer groups, drop-in space, food, video games and fun; Queer Youth Movie Night; Safer Schools Project Youth Activist Trainings; GSA Club supports; Youth Speaker's Bureau; Mental Health Counseling; LOUD Youth Group Expressions (art/crafts/writing/music); LOUD Youth Group Voices (youth leadership); Express 20's Discussion Group for Gay, Bisexual or Questioning Men in their 20's.
- **PFLAG National & Local Chapters**
www.pflag.org
Parents, Families and Friends of Lesbians and Gays is a large national organization with many local chapters. Provides support for LGBTQ people and their families.
- **Rainbow Community Center**
3024 Willow Pass Rd., Ste. 200, Concord, CA 94519
www.rainbowcc.org
Social and Support Groups for LGBTIQ Youth (activities & outings). Also - young gay and bisexual men's groups (ages 21-35 years): skills development, social and peer support group.
- **RYSE Youth Center**
205 41st St, Richmond, CA 94805
www.rysecenter.org
RYSE is a safe and welcoming center for diverse (including LGBT) youth that builds youth power and leadership towards personal and community health and transformation. Grounded in social justice, RYSE provides comprehensive and holistic programming and promotes multi-racial, cross-cultural relationships. Weekly LGBTQI2-S Youth Support Group. Virtual Youth Center at: RYSE Portal.
- **Youth In Mind**
22245 Main Street, Rm. C, Hayward CA 94541
yimcal.org/
Youth In Mind is a California-based nonprofit organization founded and steered by youth affected by the mental health system. Youth In Mind members participate in multiple levels of leadership and advocacy, including member leadership summits, mental health conferences, and local advocacy activities with the purpose of promoting positive change through authentic youth engagement.

List adapted from <http://www.eastbaypride.com/>

Fundamentals for Supporting **LGBTQI2S** Youth in Care Resource List

GREATER BAY AREA YOUTH RESOURCES

- **Bay Positives**
701 Oak Street, San Francisco, CA
www.baypositives.org
Peer-run by LGBT youth 26 and under living with HIV/AIDS. Support, case management, counseling, housing assistance, drop-in group, social and recreational events.
- **Billy DeFrank Lesbian and Gay Community Center**
www.defrank.org
Provides community, leadership, advocacy, support and services to the Silicon Valley LGBT community and their allies. Programs include social activities, youth leadership development, nutritious lunches for seniors, support groups, individual counseling and HIV testing.
- **California Safe Schools Coalition**
160 14th Street, San Francisco, CA 94103
www.casafeschools.org
Statewide coalition providing advocacy, training and research to promote safer schools via the California Student Safety and Violence Prevention Act.
- **COLAGE (Children of Lesbians & Gays Everywhere)**
www.colage.org
The only national and international organization in the world specifically supporting young people with LGBTQ parents.
- **The Diversity Center, Santa Cruz**
www.diversitycenter.org
Offers a drop-in safe space, peer groups, potlucks, job and housing referrals, business and resource information, a lending library and more.
- **The Community Initiative**
253-R Market Street, San Francisco, CA 94114
www.thecommunityinitiative.org
A social activist organization of queer men that brings diverse communities together through activism, ongoing activities and events.
- **Dimensions Clinic: Health Services for Queer and Questioning Youth**
www.dimensionsclinic.org
Provides health services for queer and questioning youth and young adults, age 12 to 25.
- **FTM International**
www.ftmi.org
Supports FTM individuals through a range of support services
- **Gay-Straight Alliance Network**
www.gsanetwork.org
A youth-led organization that works to end sexual orientation and gender identity harassment and discrimination in schools.
- **Human Rights Campaign (HRC)**
Website: www.hrc.org
America's largest civil rights organization working to achieve lesbian, gay, bisexual and transgender equality.
- **Lyon-Martin Health Services**
www.lyon-martin.org
Lyon-Martin Health Services provides health care to women, lesbians and transgender people in a safe and compassionate environment, with sensitivity to sexual orientation and gender identity; all services are offered regardless of ability to pay.
- **LYRIC (Lavender Youth Recreation & Info. Center)**
127 Collingwood St., San Francisco 94114
www.lyric.org
A community center for queer youth 23 and under that offers support groups, recreation, events, educational services, health information and employment assistance.
- **National Center for Lesbian Rights (NCLR) YOUTH PROJECT**
www.nclrights.org
Provides direct, free legal information to youth, legal advocates, and activists through a toll-free line; advocates for policies that protect and support LGBTQ youth; and litigates cases that establish legal protections for LGBTQ youth in schools, foster care, juvenile justice and other settings.
- **Outlet**
711 Church Street, Mountain View, CA 94041
Website (English and Spanish):
www.projectoutlet.org
OUTLET supports and empowers lesbian, gay, bisexual, transgender, queer and questioning youth ages 13-20 living on the Peninsula and South Bay.

List adapted from <http://www.eastbaypride.com/>

Fundamentals for Supporting **LGBTQI2S** Youth in Care

Resource List

- **Our Family Coalition**
870 Market St, Suite 872, San Francisco, CA
www.ourfamily.org
Provides support to LGBT families with children and prospective parents through education, advocacy, social networking and grassroots community organizing. Regular social events, workshops, speakers, peer support, education, adoption information, referrals, newsletters and email lists.
- **Positive Images**
www.posimages.org
Provides advocacy, support and information to gay, lesbian, bisexual, transgender and questioning youth and young adults age 12 to 25. Its mission is to nurture a positive self image and foster clear understanding of diversity in sexual and gender identity.
- **Queer Life Space**
www.queerlifespace.org
Queer Life Space is a nonprofit counseling agency that seeks to bring sustainable mental health and substance abuse services to the LGBTQI community.
- **Rainbow's End – Spectrum**
1000 Sir Francis Drake Blvd. #10
San Anselmo, CA 94960
www.spectrummarin.org
Social and support group for LGBTQ youth, classroom and community education.
- **The San Francisco Lesbian/Gay/Bisexual/Transgender Community Center**
www.sfcenter.org
Home to a dynamic range of organizations and activities that support the needs of LGBT individuals of every race, gender, age, sexuality and socioeconomic status.
- **Spectrum Center for Lesbian, Gay, Bisexual and Transgender Concerns**
www.spectrumlgbtcenter.org
Strengthens, mobilizes and serves LGBT and questioning people in Marin and Sonoma counties; promotes acceptance, understanding and full inclusion.
- **Support Services for LGBTQ Youth School Health Programs**
San Francisco Unified School District
www.healthiersf.org
Its goal is to provide school site resources and district support to meet the needs of LGBTQ youth and families. The program is completely integrated within San Francisco Unified School District and collaborates with other programs to make schools safer for gay, lesbian, bisexual, transgender and questioning students.
- **TransGender San Francisco**
www.tgsf.org
Provides a safe setting and support services for transgender people and educational materials for the transgender community and the general public.
- **Trans Thrive**
transthive.org
TRANS: THRIVE is a drop-in center by and for the trans community. Their mission is to foster a healthy trans community, empowered by the leadership of its peers. T-LISH (Transgender Ladies Initiating Sisterhood) is a youth program focused on trans women of color, ages 14-24, but events are open to transmen and genderqueer youth. Check out our MySpace page for the latest, or see the T-LISH calendar. Services include groups, workshops, events, counseling, computers, showers, clothes & community.
- **Transgender Law Center**
transgenderlawcenter.org
Transgender Law Center works to change law, policy, and attitudes so that all people can live safely, authentically, and free from discrimination regardless of their gender identity or expression.
- **Trevor Project**
thetrevorproject.org
The Trevor Project provides crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender and questioning (LGBTQ) young people ages 13-24.
- **UCSF Alliance: Services for the LGBTQ and HIV Communities**
www.ucsf-ahp.org
Provides health services and resources for members of the LGBT Community and individuals with HIV/AIDS.

List adapted from <http://www.eastbaypride.com/>

TRAINER GUIDE

PRESENTATION

MODULE 1: FUNDAMENTALS OF SUPPORTING
LGBTQI2S YOUTH IN CARE



A project funded by Alameda County Behavioral
Health Care Services in partnership with Seneca
Family Agencies and inVision Consulting



SENECA

FAMILY OF AGENCIES | UNCONDITIONAL CARE

Fundamentals for Supporting LGBTQI2S Youth



Project funded by Alameda County
Behavioral Health Care Services

Innovation Grant Program



Curriculum design by Natalie J. Thoreson

Group Agreements

Participate/Pass/Provide space
hones

Risk
respect

Intent/Impact
deas

Dialogue
ig deep

Education/Exploration
motion

fun!!!

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ICEBREAKER

Find Someone Who...

... who knows the answer to a question on your PRIDE **TRIVIA** card. After telling you the answer they can initial the corresponding space on your card.



Group Introductions

What is your name and pronoun?

(possible pronouns are ze/hir/hirs, they/them/theirs,
she/her/hers, he/him/his)

What is something you learned
during PRIDE Trivia?

Early Memories:



Learning Sex, Gender, and Sexual Orientation

Growing up...

1. ... when have you been expected to “act like a boy/man” or “act like a girl/lady” or been criticized for being affectionate with someone of your birth sex?
2. ... what did you learn about bisexual, lesbian, gay people and from where/whom?
3. ... what did you learn about trans, intersex, and other sex/gender non-conforming people and from where/whom?
4. ... what did you hear LGBTQI2S people called? What types of harassment or discrimination did you witness?

Human Sexuality is Complicated



Genderqueer

Bisexual

Gender Fluid

Intersex

Definitions 101:

Sex, Gender & Sexual Orientation Terms

Transgender

Pansexual

Gay

Asexual

Nicky
Wu

Kevin
West

George
Del Rio

Captain
Young

Danielle
Thompson

Darryn
Green



nclrights.org

Introduction to the Series - Module

storycenter.org



CYCLE OF OPPRESSION

PRE JUDGE

BELIEF ABOUT A GROUP OF PEOPLE

Learned from friends, family, media, schools, and other institutions. Can be positive or negative. Often have a grain of truth.

stereotype

DISCRIMINATION + SOCIAL POWER

Young people can discriminate against adults but do not have the social power to oppress them. People believed to be LGBTQI2S don't have social power to perpetrate "reverse" heterosexism although they can discriminate against heterosexuals.

Unconditional Pride Series - Module

prejudice

SOCIAL POWER

Access to resources that increase your chances of living a happy, healthy life. The ability to influence and control culture.

oppression

Based on our stereotypes we make judgments about people. These prejudgments can be conscious but are often unconscious.

discrimination

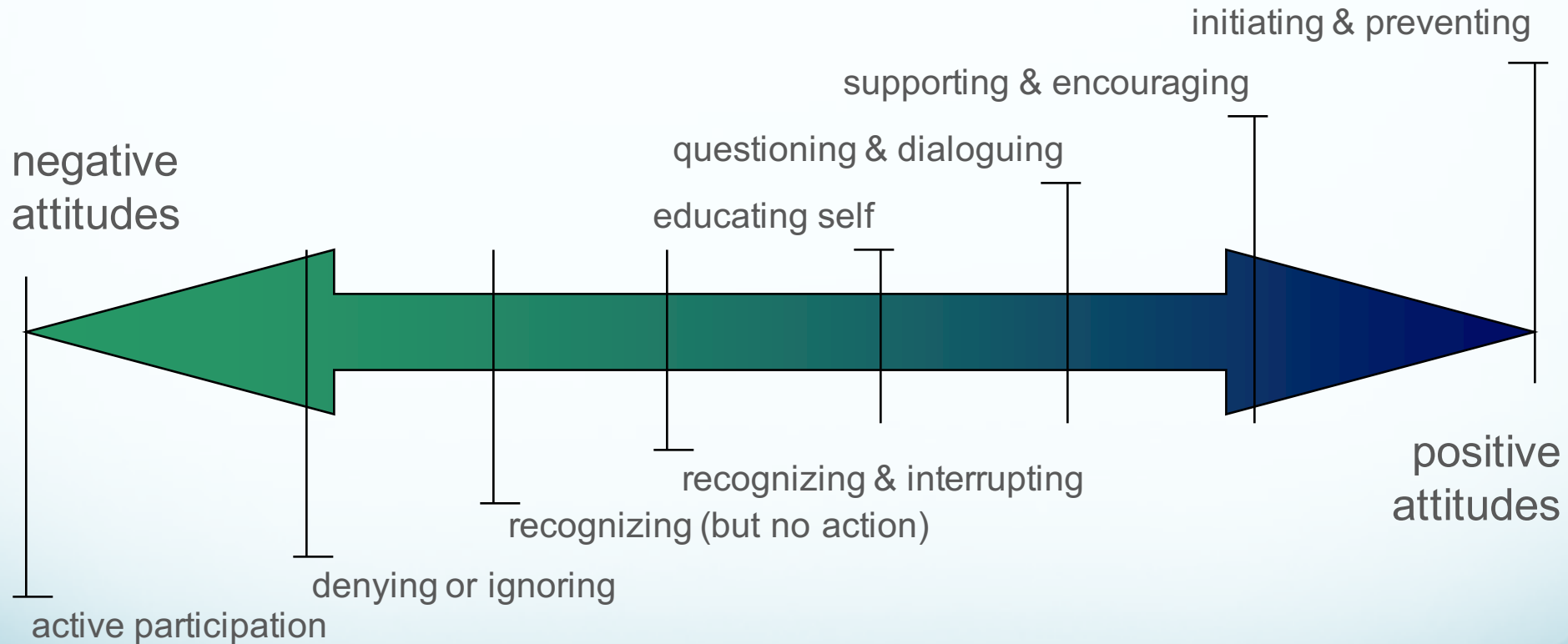
Acting on our prejudice. This can be conscious or intentional but is usually unconscious or unintentional. There does not need to be a negative intent for a negative impact to occur.

P+A=D and P_U+A=D_U

P=prejudice
A=action

D=discrimination
U=unconscious

Where are you on the action continuum?



Action Planning Worksheet

How can you apply the concepts explored today to bring something **NEW** into your work supporting **LGBTI2S** identified youth in systems of care?

Report Out

Based on today's training, what is one NEW thing that you would personally like to do to better support LGBTQI2S youth?



SENECA

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Thank You



Project funded by Alameda County
Behavioral Health Care Services

Innovation Grant Program



Curriculum design by Natalie J. Thoreson

Unconditional Pride Series - Module

WELLNESS • RECOVERY • RESILIENCE

TRAINER GUIDE

MODULE 2

SUPPORTING INTERSEX, TRANSGENDER, AND SEX/
GENDER NON-CONFORMING YOUTH IN CARE



A project funded by Alameda County Behavioral
Health Care Services in partnership with Seneca
Family Agencies and inVision Consulting

TRAINER GUIDE

Supporting Intersex, Transgender, and Sex/Gender Non-conforming Youth

Course Title:	Supporting Intersex, Transgender, and Sex/Gender Non-conforming Youth	
Prepared By:	Natalie J. Thoreson, M.Ed. / inVision Consulting	
Length of Training:	2 Hours	
Recommended Number of Trainees:	8-20 Participants (12-16 is ideal group size)	
Classroom Set-up:	Open horseshoe facing projection screen with <u>no tables</u>	
Trainer Materials:	Power Point Screen Nametags Pens/Pencils Post-it Notes Dry Erase Board/Easel Paper and Stand	Projector Markers Timer/Watch Handouts
Objective:	To facilitate continued exploration of concepts, vocabulary, skills, and empathetic perspectives learned in Module 1. To provide increasing support for youth who identify as or are perceived to be intersex, transgender, and sex/gender non-conforming	
Audience:	Behavioral health, social service, and foster care professionals, teachers, and other adults supporting youth in the child welfare system in Alameda County	

During this training, participants will:

1. Learn basic vocabulary related to intersex, transgender, and other sex/gender non-conforming individuals
2. Explore and better understand the impacts and intersections of sexism, cisgenderism, and cissexism
3. Learn skills to better support intersex, transgender, and sex/gender non-conforming youth
4. Develop proficiencies necessary to work as allies to intersex, transgender, and other sex/gender non-conforming youth they serve
5. Gain resources for continued education and youth support

TRAINER GUIDE

Supporting Intersex, Transgender, and Sex/Gender Non-conforming Youth

Overview

00:00	Settle in, Sign in, Nametags
00:10	Review PRIDE Group Agreements
00:15	Tell a Tell
00:30	Group Introductions
00:35	Review Cycle of Oppression
00:40	What it's Like to be Intersex
00:55	Transgender and Intersex Terms
01:05	In the Box Out of the Box – Deconstructing the Box
01:45	Closure
01:50	Evaluations

TRAINER GUIDE

Supporting Intersex, Transgender, and Sex/Gender Non-conforming Youth

Time/Materials/ Method	Trainer’s Script/Activity/Topic
00:00 – 10 min	SETTLE IN, SIGN IN, NAMETAGS
<p>00:10 – 5 min</p> <p>Materials:</p> <p>.ppt slide 2 packet p. 1</p> <p>Method:</p> <p>Lecture</p> <p>Space for additional brainstorm</p>	<p>REVIEW PRIDE GROUP AGREEMENTS</p> <p>Purpose: To review and agree upon group agreements for safety of participants during our time together. To review the role of the facilitator in maintaining a safe space for the group. To review the difference between safety and comfort. To set the overall tone for the workshop. To provide tools to hold one another accountable during the session.</p> <p>Activity: <i>Although activity description remains the same this will be a review for all participants and should be very brief.</i></p> <p>Briefly review the <i>PRIDE</i> Group Agreements as outlined below and your role in maintaining the agreements. Ask if there is anything they would like to add to create a safe space for communication, learning, and collaboration toward positive social change. Invite participants to use these agreements as tools to maintain safe space with one another and ask if participants are willing to adhere to them (by raise of hands or head nod).</p> <hr/> <p>P- (Participate/Pass/Provide space) Passing is okay; recognize that based on our social identities and introversion/extroversion, some people feel more comfortable and entitled to participate than others. If you typically take up more space, work to move back provide space for those who might speak or share less. (Phones) On vibrate/silent. Be considerate. One or two texts are okay if they are necessary i.e. if there is an emergency, but more become distracting and are disrespectful to other attendees.</p> <p>R- (Risk) Conversations about oppression and LGBTQI2S identities sometimes go astray. Sometimes we are scared to ask questions that make us look dumb or feel vulnerable. Engage the process fully and risk as deeply as you feel safe doing. What you get out of the process results from what you put in. (Respect) Folks have different interpretations of respect. Work to provide the respect others want. This moves beyond treating others how you would feel good being treated. Explore and learn how others feel respected and interact with them as such.</p> <p>I- (Intent) Our actions are seldom intended to hurt but sometimes they do; if you hit someone with your car, it hurts even if you didn’t intend to hit them. Despite intention, the pain (Impact) needs to be attended to. (Ideas) Allow space for people to share their stories and to have contradicting opinions and views. Work to be curious listeners and learners and open and avoid passing judgment.</p> <p>D- (Dialogue (vs. Debate)) Seek to understand not to win. (Dig deep) In this process you will be asked to share about your personal experiences and socialization in an effort to unearth the unconscious socialization stereotypes you hold.</p> <p>E- (Education/Exploration) Everyone has something to teach. Everyone has something to learn. We have all experienced socialization around sex, gender, and sexual orientation. (Emotion) Make space for your feelings and the feelings of others in order to stay engaged in</p>

TRAINER GUIDE

Supporting Intersex, Transgender, and Sex/Gender Non-conforming Youth

	<p>the process. We learn to stifle emotion as adults, which can lead to unresolved emotional distress. This distress is physically harmful and also works to silence and stifle important dialogue.</p> <p>CONFIDENTIALITY- What is said in the room stays in the room. The stories of each individual belong to the storyteller who has experienced them. Consider the impact of sharing a story that was told to you in confidence getting back to the person who shared it with you. The sharing of confidential information can be devastating. You are encouraged to share what you learn but not the stories you hear. Ask participants “What is the difference between confidentiality and anonymity?” With anonymity stories are shared without identifying information. With confidentiality the stores are not shared without permission. There are two reasons that people often break confidentiality: 1) Because this work is heavy. Folks are encouraged to process confidentially with mental health professionals and other trusted people i.e. religious leaders, significant others, and friends who you trust to maintain confidentiality. 2) For attention. It’s okay to like and even love attention. Do not seek attention through the stories of others. Share about your own amazing experiences; take up karaoke, acting, group leadership, fancy clothes or fancy hats, but not by breaking confidence.</p> <p>FUN – Humans learn better when we play. We retain more information when we feel positive and are having fun. Although these conversations can be difficult, make space for fun!</p> <hr/> <p>Facilitator Notes: Because this is a review for all participants it should be <u>very</u> brief and condensed. All participants will have taken the fundamentals course and will have seen them at least once prior to attending this session. Although the review of group agreements will be brief, highlight your role as a facilitator in maintaining a safe space for dialogue.</p> <p>Remember: Participants may be uncomfortable with some of the conversations or topics addressed during these sessions, and those feelings are normal. Discomfort often occurs when participants “put themselves out there” for conversation about personal issues. Highlight this discomfort as a learning edge. Emphasize to participants that you are working to create safety for the group and express your commitment to maintaining that safety. Find stories that explain that safety is not the same as comfort. Should any violations of the group agreements arise, it is the facilitator’s primary responsibility, through group process or other means, to maintain safety for the overall group. Being authentic and genuine in your explanation of group agreements and your role as the facilitator you can “sell” safety in this first activity to establish participant buy in. It is useful to directly state why you do group agreements. The rationale is personal for each facilitator, but a sample thing you might say is: "I do group agreements because they allow us to function as safely as possible, create opportunities for us to participate more fully and equally, and gives us a shared understanding of how to navigate these often difficult conversations."</p>
<p>00:15 – 15 min</p> <p>Materials:</p>	<p>TELL A TALE</p> <p>Purpose: Icebreaker/interactive exercise that gives participants an opportunity to interact with</p>

TRAINER GUIDE

Supporting Intersex, Transgender, and Sex/Gender Non-conforming Youth

<p>.ppt slide 3-4 packet p. 2</p> <p>Method:</p> <p>Dyads</p> <p>Large group discussion</p> <p>Video</p>	<p>one another. Begin thinking about the impacts of gendered language and the use of gender pronouns.</p> <p>Activity: Count participants off into pairs. Ask them to think of someone in their lives with whom they have recently had an interesting experience or interaction. When everyone has a scenario in mind explain that we will be exercising our minds by practicing pronoun shifting. In this practice exercise, participants will be sharing the story or experience that came to mind but with the assumption that the person in the story now identifies with a different or another gender pronoun than you know them by. Some possible pronouns are ze/hir/hirs, they/them/theirs, she/her/hers, he/him/his. This exercise can also be done by asking the participants to think of a young person that they currently enjoy supporting.</p> <p>After both participants have had the opportunity to share, engage a large group conversation about the challenges in telling their stories, and how it made them feel/think about sex and gender.</p> <p>Play the “Why Pronouns Matter For Trans People” clip and continue the conversation with additional comments that may arise. Share the “Exercises to Practice Pronouns” handout and review with the group. The “exercises to practice pronouns” are activities that participants can use for themselves or with others to build their skill in using identified pronouns. Discuss the importance of identified pronoun use.</p> <p>Facilitator Notes: Often caretakers say that it’s too difficult to remember and use a young person’s identified pronoun, or that they will just mess up so why try. Remind participants that they will make mistakes and that this is not an excuse to disrespect identified pronouns or names for youth they serve. Explain intent vs./and impact: Making mistakes is okay in the context of working to respect youth identity and the good intention lessens the impact of at times saying the wrong thing.</p>
<p>00:30 – 5 min</p> <p>Materials:</p> <p>.ppt slide 5 packet p. 3</p> <p>Method:</p> <p>Large group discussion</p>	<p>GROUP INTRODUCTIONS</p> <p>Purpose: Give participants an opportunity to introduce themselves to the group as well as take a moment to consider the ways in which all of us exist outside the gender binary at some point.</p> <p>Activity: Ask participants to share their name, pronoun, and one self-care activity or practice that they engage in. Possible pronouns are ze/hir/hirs, they/them/theirs, she/her/hers, he/him/his. One cannot always tell what a person’s pronoun is by looking at them. Asking all participants to share and respect one another’s pronouns is one way to show respect for varied identities.</p> <p>Facilitator Notes: This introduction is to get names and identified pronouns shared aloud in the room and should be very brief.</p>
<p>00:35 – 5 min</p> <p>Materials:</p> <p>.ppt slide 6</p> <p>Method:</p>	<p>REVIEW CYCLE OF OPPRESSION</p> <p>Purpose: To review oppression theory and common vocabulary with which to engage conversations around deconstructing the “isms.” To keep in mind how institutional oppression and target and agent identities impact our professional practice with intersex and sex/gender non-conforming youth.</p>

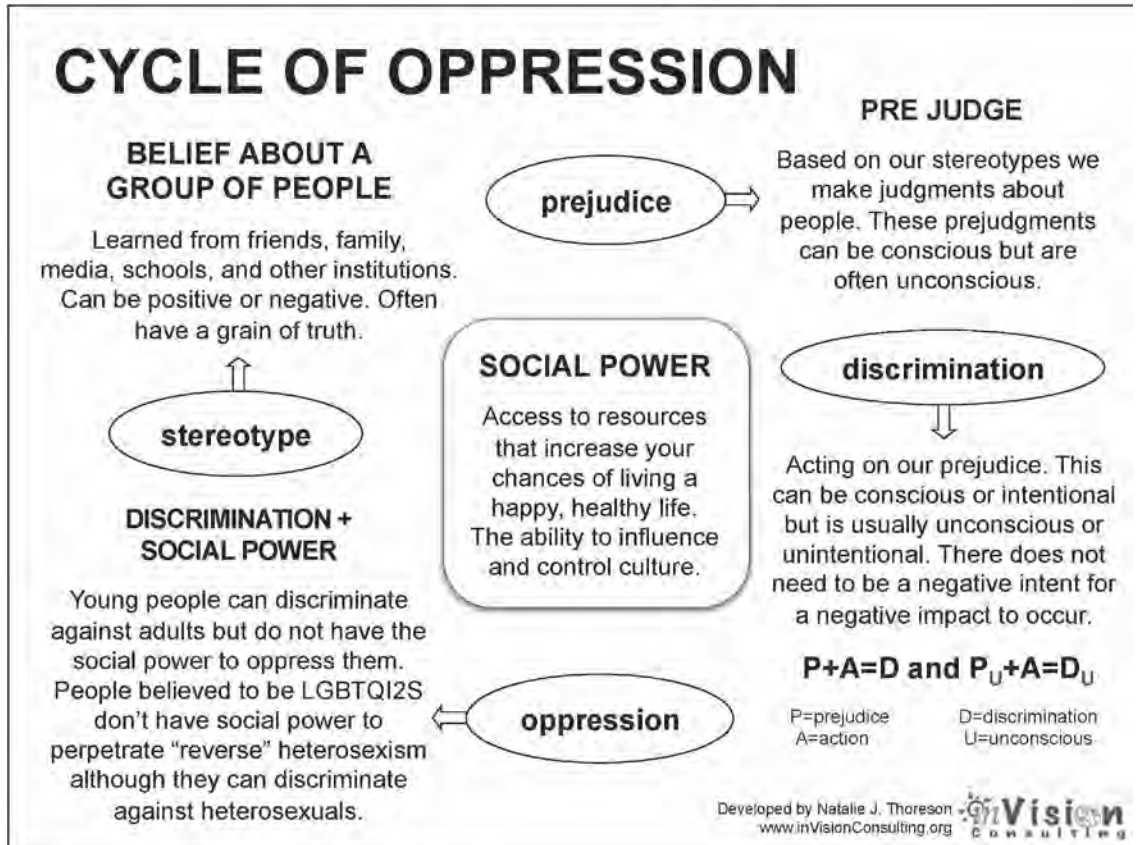
TRAINER GUIDE

Supporting Intersex, Transgender, and Sex/Gender Non-conforming Youth

Large group discussion

Activity: Briefly review the cycle of oppression with a focus on intersex and sex/gender non-conforming identities. Remind attendees to keep the cycle in mind as a framework for understanding and challenging cisgenderism and cissexism.

Ask if there are any points of clarification. If time permits, ask participants if they can think of and share examples of intersex, transgender, and sex/gender non-conforming oppression that they have witnessed. Identify the stereotype, prejudice, discrimination, and social power that perpetuate the oppression witnessed.



Facilitator Notes: This should be a very brief review/reminder.

00:40 – 15 min

Materials:
 .ppt slide 7

Method:
 Video

Large group discussion

WHAT'S IT LIKE TO BE INTERSEX – CLIP

Purpose: To better understand the binary construction of sex and consider how the binary sex system is challenging to intersex identified people and can also be limiting to male, female, and transsexual people particularly when paired with a gender binary

Activity: Show clip and engage conversation about participant learning including but not limited to: things that were learned from the clip, any points of confusion, the differences between transgender, gender non-conforming, and intersex individuals, and something that they would like to remember about intersex identities moving forward.

Facilitator Notes: Depending on those present at the training, this section may take 10 minutes or the full 15. Move forward accordingly. This clip may be participants' first introduction

TRAINER GUIDE

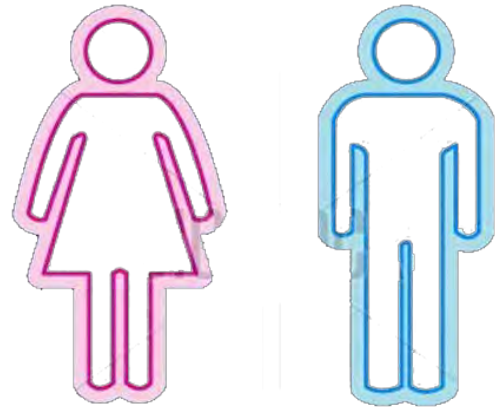
Supporting Intersex, Transgender, and Sex/Gender Non-conforming Youth

	<p>to intersex people; highlight that this clip both shows a bit of the diversity that exists in the intersex community as well as the systemic oppression that this community faces.</p>
<p>00:55 – 10 min</p> <p>Materials: .ppt slide 8 packet p. 4</p> <p>Method: Interactive lecture Large group discussion</p>	<p>INTERSEX, TRANSGENDER AND SEX/GENDER NON-CONFORMING TERMS</p> <p>Purpose: To review definitions and answer any questions about basic terminology related to intersex, transgender and gender non-conforming youth. To reflect on the ways in which memorizing a list of terms is far less important than thoughtful intention and engagement with LGBTQI2S youth.</p> <p>Activity: Start related “Gender and Sex Terms” slide. Once the slide has stopped spinning, provide a short interactive lecture discussing the complexities of language, the importance of recognizing the self-identification of LGBTQI2S youth (and adults), and the ways in which definitions and language sometimes keep us from thoughtfully engaging conversations and interactions. After this conversation, ask participants if any terms need to be clarified.</p> <div data-bbox="467 768 1386 1640" data-label="Diagram"> </div> <p>Facilitator Notes: It is important to remember that different people think of these terms differently, and it is important to respect self-identification, even if someone’s use of a term appears different than the definitions described here. Learning terms is also useful because it illustrates the great variety of gender identities.</p>
<p>01:05 – 40 min</p>	<p>IN THE BOX – OUT OF THE BOX – DECONSTRUCTING THE BOX</p>

TRAINER GUIDE

Supporting Intersex, Transgender, and Sex/Gender Non-conforming Youth

<p>Materials: .ppt slide 9 “Man”/“Woman” figures drawn on individual newsprint</p> <p>Method: Brainstorm Interactive lecture</p>	<p>Purpose: To interactively explore the construction of gender identities based on sex assigned at birth. To consider the ways in which this binary socialization and the resulting rewards and punishments serve to support a larger system of sex and gender oppression. To identify how collusion with the larger system of gender roles in the United States harms transgender and gender non-conforming youth.</p> <p>Activity: Draw a blue boy/man and pink girl/woman. Ask participants “What are some of the things that make a boy/man?” or “What does it mean to be a boy/man?” Write the responses inside the newsprint man in blue. Ask participants “What are some of the things that make a girl/woman?” or “What does it mean to be a girl/woman?” Write the responses inside the newsprint woman in pink.</p> <p>Once this is complete ask the participants “What happens to men and boys who are not these things?” (indicating the words inside the man) Again, write down their responses, this time outside the boy/man on the newsprint in pink. Do the same in blue for the newsprint woman asking “What happens to girls/women who are not these things?” Explore trends that folks notice. Tie these in to a larger system of sex/gender oppression.</p> <p>Ask participants “Who would you be in a world without sex and gender oppression?” “In what ways might you be different?” Ask them to write their responses on large Post-it notes using permanent markers. Have them post these at the front of the room near the newsprint people.</p> <p>Facilitate a conversation about the impacts of sexism on cisgender/cissexual individuals by asking:</p> <ol style="list-style-type: none"> 1. How are intersex, sex/and gender non-conforming people impacted by these roles? 2. With such rigid roles for people assigned male and female how <p>Ask participants to work in small groups to come up with a list of the ways we can begin to deconstruct the boxes that bind us based on gender and assigned sex. These groups should be 3-5 people in size and may be self selected.</p> <p>Debrief: Take 5 minutes for groups to briefly share out ideas with the large group.</p> <p>Facilitator Notes: The exploration of topic matter in this activity can be advanced or beginner based. It’s the job of the facilitator to push the group just beyond their level of knowledge. One trend that I often see is that boys/men often get boxed with challenges to their masculinity or sexual orientation. I notice that girls/women often get boxed with sexual violence.</p>
<p>01:45 – 5 min</p> <p>Materials:</p>	<p>LEARNING WHIP</p> <p>Purpose: To create a sense of closure and evaluate participant learning and action planning</p>



TRAINER GUIDE

Supporting Intersex, Transgender, and Sex/Gender Non-conforming Youth

<p>.ppt slide 10 packet p. 5-6 Cisgender privilege checklist</p> <p>Method: Large group discussion</p> <p>Learning whip</p>	<p>possibilities.</p> <p>Activity: Share transgender specific resources, including the cisgender privilege checklist, http://transresources.org, health care rights and transgender people, and the state of California and national transgender resource guide.</p> <p>Ask participants to turn to a neighbor and take 1 minute to discuss how what you've learned today will help deconstruct the sex/gender binary boxes and better support intersex and sex/gender non-conforming youth. Take 20 seconds of silent thinking time for participants to consider their responses. After doing so, briefly share responses in a learning whip format where each person shares one or two words about what they learned, what they are feeling, or what they would like to consider more deeply. They should move quickly from person to person as if whipping around the circle.</p>
<p>01:55 – 5 min</p>	<p>EVALUATIONS</p>

TRAINER GUIDE

HANDOUTS

MODULE 2: SUPPORTING INTERSEX, TRANSGENDER, AND
SEX/GENDER NON-CONFORMING YOUTH IN CARE



A project funded by Alameda County Behavioral
Health Care Services in partnership with Seneca
Family Agencies and inVision Consulting



Supporting Intersex and Sex/ Gender Non-Conforming Youth



Group Agreements

Participate/Pass/Provide space
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Risk
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Intent/Impact
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Dialogue
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Education/Exploration
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Supporting Gender Non-Conforming Youth in Care Exercises to Practice Pronouns

Excerpted with permission from:
TRANS* ALLY WORKBOOK: Getting Pronouns Right & What It Teaches Us About Gender
Available from www.thinkagaintraining.com



Gossip (not really)

Talk about the person when the person is not around, using the pronouns the person has asked you to use. You don't have to be talking about the person's gender, just make a point to include the person in your regular chit chat about your day. If you know the person in a confidential setting, try talking about the person to yourself in private, such as in the shower. *Get used to thinking, saying, and hearing of the person's name paired with the right pronoun.*

Toy Story

Give names to several common household objects in your home. For any object that has gendered associations for you, give it another gendered name. (For example, your mixing bowl might be Jack and your chopping knife might be Dolores.) While you're going about your daily routine, tell stories about the objects using the pronouns appropriate to their names. Tell the stories aloud. Actually saying and hearing the pronouns is an important part of this learning process. Once you've got that down (after at least a few days, or how-ever long it takes for the objects' new genders to feel "natural"),

Accountability

If it feels appropriate, make a plan with the person about how they can remind you if you mess up. For example, can they interrupt you in the middle of a sentence to correct you? Can they call you the wrong pronoun each time you call them the wrong pronoun? The point is not to be punitive, but to agree on a way that you can get immediate feedback and not slip into old habits, and they can let you know when your incorrect pronoun use is impacting them. You should only do this if you are close, and if both people agree to do this process together.

Community

Do it together! If someone in your community is transitioning, don't be afraid to connect with other people in your community about what that means to all of you. Talk with other allies who are also trying to be respectful. Agree to remind each other when you slip up, so that it's not always the trans* person's responsibility to do it. Consider getting together to discuss any issues that might get in your way, to go over some of the exercises in this booklet, or just to practice.

Non-Binary Journaling

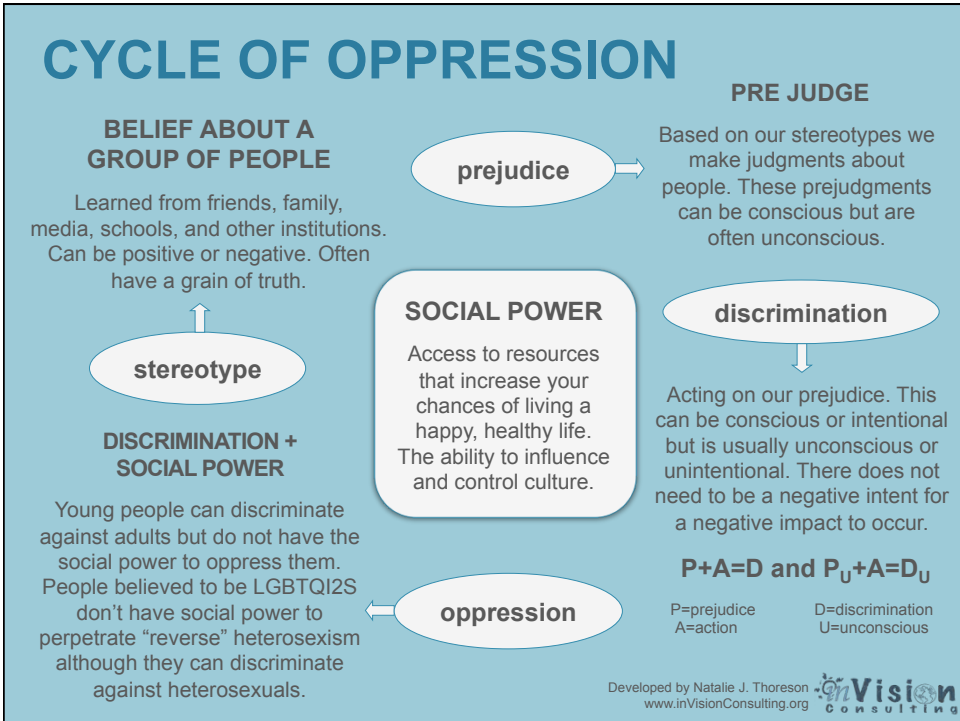
If you already keep a journal, continue writing about whatever it is you usually write about, but use non-binary pronouns (whichever set you're trying to learn)—for everybody. If you don't already keep a journal, set aside 15 minutes a day to write about something that happened to you that day, using only non-binary pronouns. You'll be surprised how quickly they flow "naturally" in your writing. Then it just takes a little getting used to, to use them in speech.

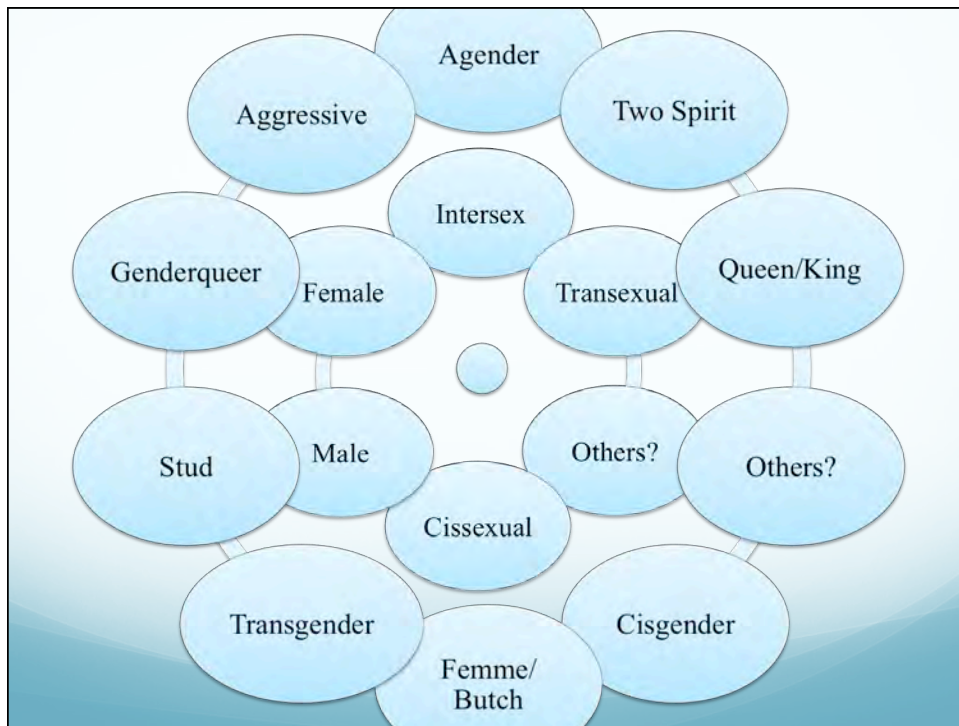
Group Introductions

What is your name and pronoun?
 (possible pronouns are ze/hir/hirs, they/them/theirs,
 she/her/hers, he/him/his)

What is one take away that you
 got from the *tell a tale* activity?

Why do pronouns matter?





Thank You

More information at:
www.transresources.org



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 Behavioral Health Care Services
 Innovation Grant Program



Curriculum design by Natalie J. Thoreson

Supporting Intersex and Sex/Gender Non-Conforming Youth in Care Cisgender Privilege List

1. Strangers don't assume they can ask me what my genitals look like and how I have sex.
2. My validity as a man/woman/human is not based upon how much surgery I've had or how well I "pass" as a non-Trans person.
3. I do not worry that my sexual partner won't be able to deal with my anatomy. I also do not worry that having sex with me will cause my partner to question their own sexual orientation.
4. My politics are not questioned based on the choices I make with regard to my body.
5. I don't have to hear "So have you had THE surgery?" or "Oh, so you're REALLY a [incorrect sex or gender]?" each time I come out to someone.
6. I am not expected to constantly defend my medical decisions.
7. People do not disrespect me by using incorrect pronouns even after they've been corrected.
8. I do not have to worry that someone wants to be my friend or have sex with me in order to prove his or her "hipness" or "good" politics.
9. I do not have to worry about whether I will be able to find a safe and accessible bathroom or locker room to use.
10. When engaging in political action, I do not have to worry about the gendered repercussions of being arrested. (i.e. What will happen to me if the cops find out that my genitals do not match my gendered appearance? Will I end up in a cell with people of my own gender?)
11. I do not have to defend my right to be a part of "Queer" space or movement, and lesbian, gay, and bisexual people will not try to exclude me from our movements in order to gain political legitimacy for themselves.
12. I do not have to choose between either invisibility ("passing") or being consistently tokenized based on my gender.
13. I am not told that my sexual orientation and gender identity are mutually exclusive.
14. When I go to the gym or a public pool, I can use the showers.
15. If I end up in the emergency room, I do not worry that my gender will keep me from receiving appropriate treatment.
16. My health insurance provider (or public health system) does not specifically exclude me from receiving benefits or treatments available to others because of my gender.
17. When I express my internal identities in my daily life, I am not considered "mentally ill" by the medical establishment.
18. I am not required to undergo extensive psychological evaluation to get basic medical care.
19. People do not use me as a scapegoat for their own unresolved gender issues
20. I can use public restrooms without fear of verbal abuse, physical intimidation, or arrest
21. I can use public facilities such as gym locker rooms and store changing rooms without stares, fear, or anxiety.
22. I have the ability to walk through the world and generally blend-in, not being constantly stared or gawked at, whispered about, pointed at, or laughed at because of my gender expression.

Supporting Intersex and Sex/Gender Non-Conforming Youth in Care Cisgender Privilege List

23. I can access gender exclusive spaces such as the Michigan Womyn's Music Festival, Greek Life, or Take Back the Night and not be excluded due to my gender identity.
24. Strangers will call me by the name I provide, and don't ask what my "real name" is.
25. I can reasonably assume that my ability to acquire a job, rent an apartment, or secure a loan will not be denied on the basis of my gender identity/expression.
26. I have the ability to flirt, engage in courtship, or form a relationship without fear that my gender identity may cause rejection, attack, questioning of my sexual orientation.
27. I have the ability to escape profiling on the street as a sex worker because of my gender expression.
28. If I am murdered (or have any crime committed against me), my gender expression will not be used as a justification for my murder.
29. I can easily find role models and mentors who emulate or share my identity.
30. Hollywood accurately depicts people of my gender in films and television, and does not solely make my identity the focus of a dramatic storyline, or the punchline for a joke.
31. I am able to assume that everyone I encounter will understand my identity, and not think I'm confused, misled, or hell-bound when I reveal it to them.
32. I am able to purchase clothes that match my gender identity without being refused service/mockered by staff or questioned on your genitals.
33. I am able to purchase shoes that fit my gender expression without having to special order them or have them custom made.
34. When checking my identification or drivers license, a stranger will never insult or glare at me because my name or sex does not match the sex they believe me to be based on my gender expression.
35. I can reasonably assume that I will not be denied services at a hospital, bank, or other institution because the staff does not believe the gender marker on your ID card to match your gender identity.
36. I am able to tick a box on a form without someone disagreeing and telling me not to lie.
37. I do not fear interactions with police officers because of my gender identity.
38. I am able to go to places with friends on a whim knowing there will be bathrooms there that I can and am safe using.
39. I don't have to convince my parents and siblings of my true gender and/or have to earn my parents' and siblings' love and respect.
40. I don't have to remind my extended family over and over to use proper gender pronouns.
41. I don't have to deal with old photographs that did not reflect who I truly am.
42. I know that if I'm dating someone they aren't just looking to satisfy a curiosity or kink pertaining to my gender identity (e.g., the "novelty" of having sex with a trans- person).
43. I am able to pretend that anatomy and gender are irrevocably entwined when having the "boy parts and girl parts" talk with children, instead of explaining the actual complexity of the issue (one "how-to" in the comments below).

TRAINER GUIDE

PRESENTATION

MODULE 2: SUPPORTING INTERSEX, TRANSGENDER, AND
SEX/GENDER NON-CONFORMING YOUTH IN CARE



A project funded by Alameda County Behavioral
Health Care Services in partnership with Seneca
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SENECA

FAMILY OF AGENCIES | UNCONDITIONAL CARE

Supporting Intersex and Sex/Gender Non-Conforming Youth



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Innovation Grant Program



Curriculum design by Natalie J. Thoreson

Group Agreements

Participate/Pass/Provide space
hones

Risk
respect

Intent/Impact
deas

Dialogue
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Education/Exploration
motion

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ICEBREAKER

Tell a tale

Think of someone you've recently had an interesting experience or interaction with.

During this exercise you'll be sharing the experiences that came to mind. **However**, you'll be practicing pronoun shifting by imagining that the person in your story now identifies with a different pronoun.

(possible pronouns are ze/hir/hirs, they/them/theirs, she/her/hers, he/him/his)

Why Pronouns Matter for Trans People



Group Introductions

What is your name and pronoun?

(possible pronouns are ze/hir/hirs, they/them/theirs,
she/her/hers, he/him/his)

What is one take away that you
got from the *tell a tale* activity?

Why do pronouns matter?

CYCLE OF OPPRESSION

PRE JUDGE

Based on our stereotypes we make judgments about people. These prejudgments can be conscious but are often unconscious.

prejudice

discrimination

Acting on our prejudice. This can be conscious or intentional but is usually unconscious or unintentional. There does not need to be a negative intent for a negative impact to occur.

P+A=D and P_U+A=D_U

P=prejudice
A=action

D=discrimination
U=unconscious

SOCIAL POWER

Access to resources that increase your chances of living a happy, healthy life. The ability to influence and control culture.

oppression

BELIEF ABOUT A GROUP OF PEOPLE

Learned from friends, family, media, schools, and other institutions. Can be positive or negative. Often have a grain of truth.

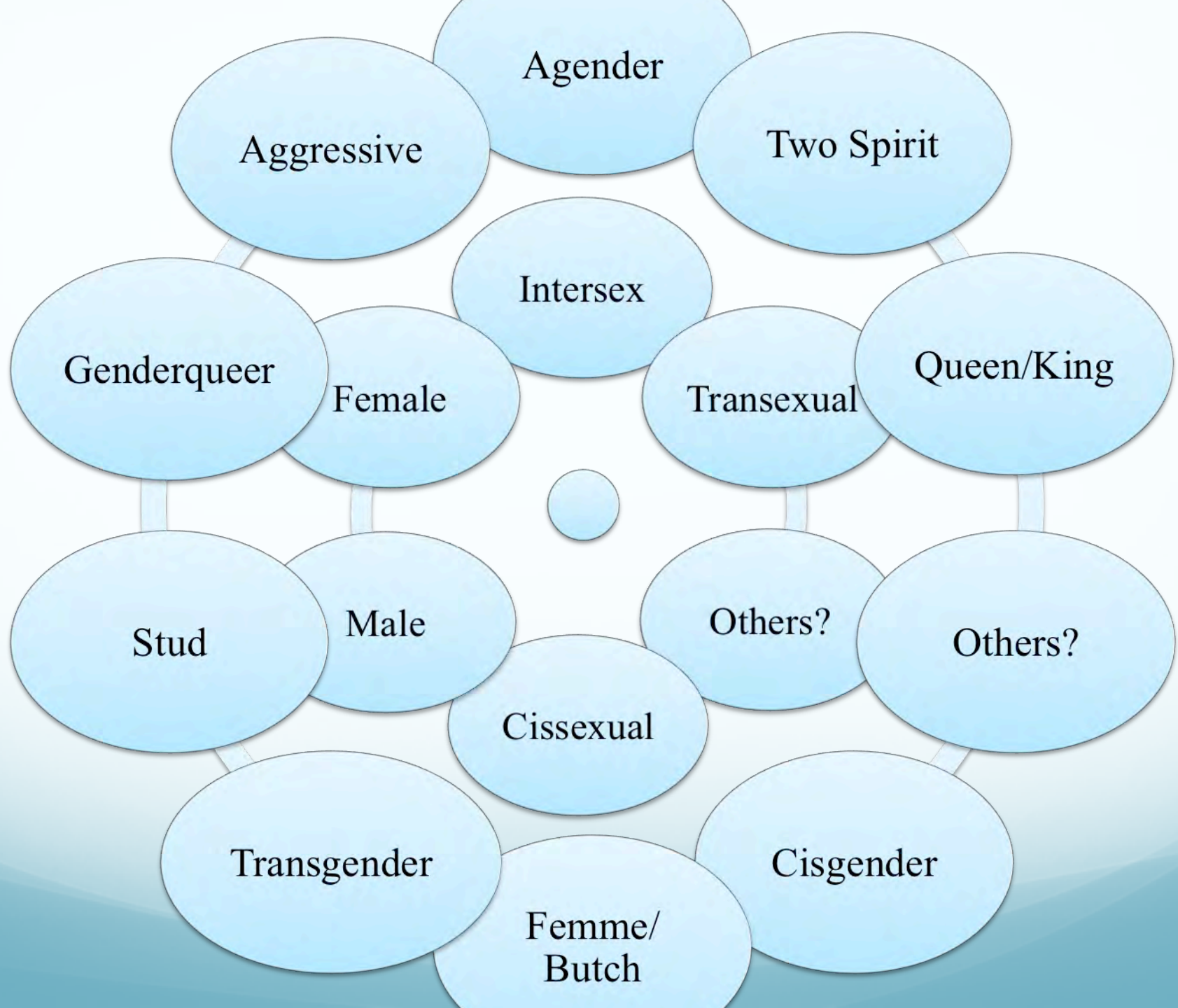
stereotype

DISCRIMINATION + SOCIAL POWER

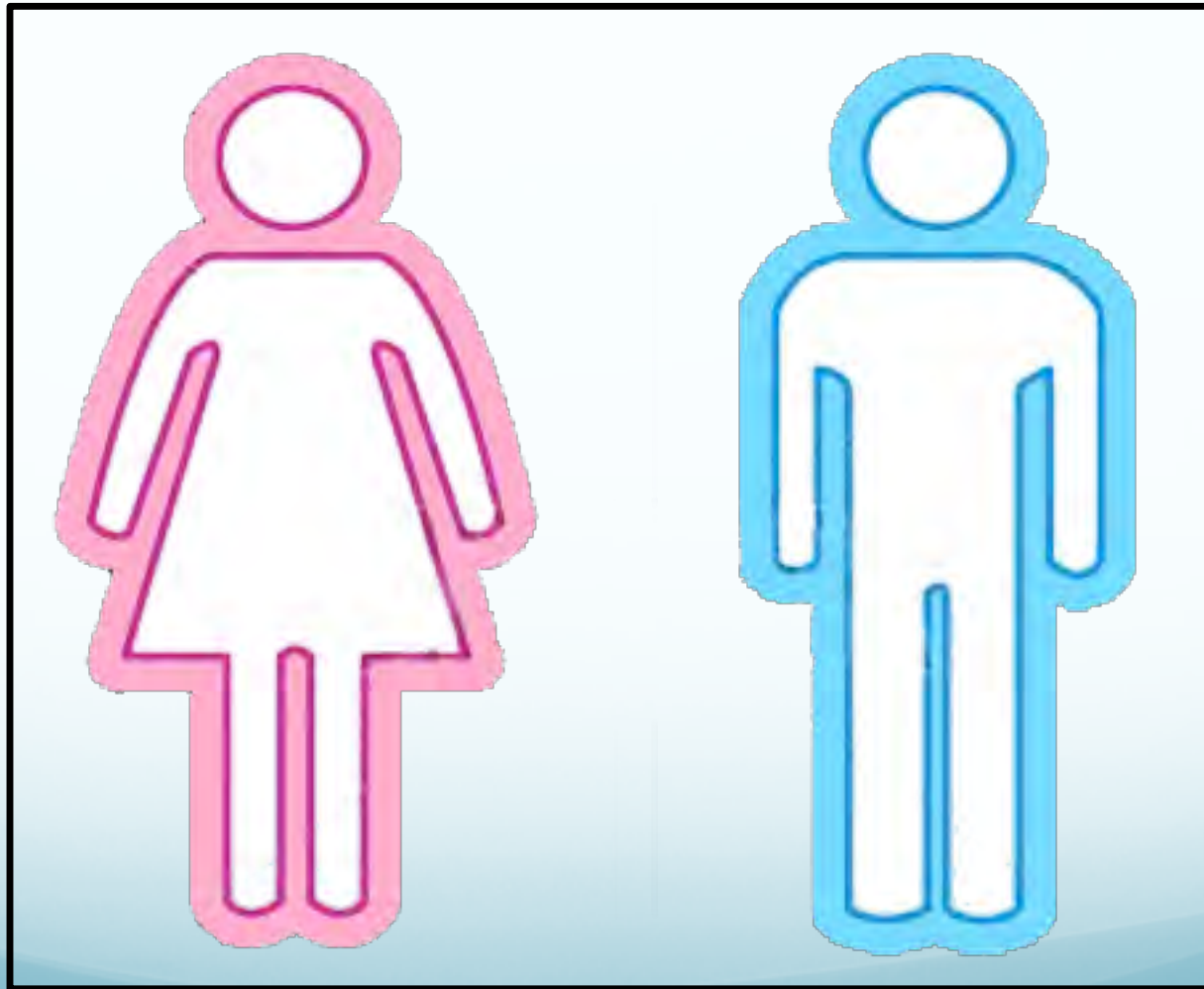
Young people can discriminate against adults but do not have the social power to oppress them. People believed to be LGBTQI2S don't have social power to perpetrate "reverse" heterosexism although they can discriminate against heterosexuals.

What it's Like to be Intersex





In the Box – Out of the Box





Breaking the Boxes

Share out:
ideas for change

Report Out

Based on today's training, what is one thing you would personally like to do to better support intersex, transgender, and sex/gender non-conforming youth?



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Thank You

More information at:

www.transresources.org



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MODULE 3

CREATING SAFE SPACES FOR LGBTQI2S YOUTH
BEYOND THE SAFE SPACE STICKER



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TRAINER GUIDE

Creating Safer Spaces for LGBTQI2S Youth

Course Title:	Creating Safer Spaces for LGBTQI2S Youth Beyond the Safe Space Sticker	
Prepared By:	Natalie J. Thoreson, M.Ed. / inVision Consulting	
Length of Training:	2 Hours	
Recommended Number of Trainees:	8-20 Participants (12-16 is ideal group size)	
Classroom Set-up:	Open horseshoe facing projection screen with <u>no tables</u>	
Trainer Materials:	Power Point	Projector
	Screen	Markers
	Nametags	Timer/Watch
	Pens/Pencils	Handouts
	Speakers	Note Cards
	Dry Erase Board/Easel Paper and Stand	
Objectives:	To present participants with basic concepts, vocabulary, empathy, and skills necessary to provide the best support for intersex, transgender, and other sex/gender non-conforming youth, specifically by providing safe spaces and challenging the institutional, cultural, and personal beliefs and inequities that lead to a lack of psychological and physical safety for youth who are (or are perceived to be) LGBTQI2S	
Audience:	Behavioral health, social service, and foster care professionals, teachers, and other adults supporting youth	

During this training, participants will.

1. Identify ways to work as allies to LGBTQI2S youth including examining the sometimes varied roles of heterosexual vs. LGBTQI2S adult allies
2. Briefly review components of GLSEN's Safe Space Program
3. Investigate and practice ways to interrupt and prevent bullying of LGBTQI2S youth
4. Develop plans to create a safe space for LGBTQI2S youth

TRAINER GUIDE

Creating Safer Spaces for LGBTQI2S Youth

Overview

00:00	Settle in, Sign in, Nametags
00:10	Review PRIDE Group Agreements
00:15	Group Introductions
00:30	Review Cycle of Oppression
00:35	Briefly Review GLSEN's Safe Schools Project
00:45	Responding to Heterosexism and Gender Oppression
01:15	Creating Safer Spaces – Action Planning
01:45	Closure
01:55	Evaluations

TRAINER GUIDE

Creating Safer Spaces for LGBTQI2S Youth

Time/Materials Method/Notes	Trainer’s Script/Activity/Topic
00:00 – 10 min	SETTLE IN, SIGN IN, NAMETAGS
00:10 – 5 min Materials: .ppt slide 2 packet p. 1 Method: Lecture and space for additional brainstorm	REVIEW PRIDE GROUP AGREEMENTS Purpose: To review and agree upon group agreements for safety of participants during our time together. To review the role of the facilitator in maintaining a safe space for the group. To review the difference between safety and comfort. To set the overall tone for the workshop. To provide tools to hold one another accountable during the session. Activity: <i>Although activity description remains the same this will be a review for all participants and should be very brief.</i> Briefly review the <i>PRIDE</i> Group Agreements as outlined below and your role in maintaining the agreements. Ask if there is anything they would like to add to create a safe space for communication, learning, and collaboration toward positive social change. Invite participants to use these agreements as tools to maintain safe space with one another and ask if participants are willing to adhere to them (by raise of hands or head nod). <hr style="border: 1px solid blue;"/> <p>P- (Participate/Pass/Provide space) Passing is okay; recognize that based on our social identities and introversion/extroversion, some people feel more comfortable and entitled to participate than others. If you typically take up more space, work to move back provide space for those who might speak or share less. (Phones) On vibrate/silent. Be considerate. One or two texts are okay if they are necessary i.e. if there is an emergency, but more become distracting and are disrespectful to other attendees.</p> <p>R- (Risk) Conversations about oppression and LGBTQI2S identities sometimes go astray. Sometimes we are scared to ask questions that make us look dumb or feel vulnerable. Engage the process fully and risk as deeply as you feel safe doing. What you get out of the process results from what you put in. (Respect) Folks have different interpretations of respect. Work to provide the respect others want. This moves beyond treating others how you would feel good being treated. Explore and learn how others feel respected and interact with them as such.</p> <p>I- (Intent) Our actions are seldom intended to hurt but sometimes they do; if you hit someone with your car, it hurts even if you didn’t intend to hit them. Despite intention, the pain (Impact) needs to be attended to. (Ideas) Allow space for people to share their stories and to have contradicting opinions and views. Work to be curious listeners and learners and open and avoid passing judgment.</p> <p>D- (Dialogue (vs. Debate)) Seek to understand not to win. (Dig deep) In this process you will be asked to share about your personal experiences and socialization in an effort to unearth the unconscious socialization stereotypes you hold.</p> <p>E- (Education/Exploration) Everyone has something to teach. Everyone has something to learn. We have all experienced socialization around sex, gender, and sexual orientation. (Emotion) Make space for your feelings and the feelings of others in order to stay engaged in</p>

TRAINER GUIDE

Creating Safer Spaces for LGBTQI2S Youth

the process. We learn to stifle emotion as adults, which can lead to unresolved emotional distress. This distress is physically harmful and also works to silence and stifle important dialogue.

CONFIDENTIALITY- What is said in the room stays in the room. The stories of each individual belong to the storyteller who has experienced them. Consider the impact of sharing a story that was told to you in confidence getting back to the person who shared it with you. The sharing of confidential information can be devastating. You are encouraged to share what you learn but not the stories you hear. Ask participants “What is the difference between confidentiality and anonymity?” With anonymity stories are shared without identifying information. With confidentiality the stories are not shared without permission. There are two reasons that people often break confidentiality: 1) Because this work is heavy. Folks are encouraged to process confidentially with mental health professionals and other trusted people i.e. religious leaders, significant others, and friends who you trust to maintain confidentiality. 2) For attention. It’s okay to like and even love attention. Do not seek attention through the stories of others. Share about your own amazing experiences; take up karaoke, acting, group leadership, fancy clothes or fancy hats, but not by breaking confidence.

FUN – Humans learn better when we play. We retain more information when we feel positive and are having fun. Although these conversations can be difficult, make space for fun!

Facilitator Notes: Because this is a review for all participants it should be very brief and condensed. All participants will have taken the fundamentals course and will have seen them at least once prior to attending this session. Although the review of group agreements will be brief, highlight your role as a facilitator in maintaining a safe space for dialogue.

Remember: Participants may be uncomfortable with some of the conversations or topics addressed during these sessions, and those feelings are normal. Discomfort often occurs when participants “put themselves out there” for conversation about personal issues. Highlight this discomfort as a learning edge. Emphasize to participants that you are working to create safety for the group and express your commitment to maintaining that safety. Find stories that explain that safety is not the same as comfort. Should any violations of the group agreements arise, it is the facilitator’s primary responsibility, through group process or other means, to maintain safety for the overall group. Being authentic and genuine in your explanation of group agreements and your role as the facilitator you can “sell” safety in this first activity to establish participant buy in. It is useful to directly state why you do group agreements. The rationale is personal for each facilitator, but a sample thing you might say is: "I do group agreements because they allow us to function as safely as possible, create opportunities for us to participate more fully and equally, and gives us a shared understanding of how to navigate these often difficult conversations."

00:15 – 5 min

GROUP INTRODUCTIONS

Materials:
.ppt slide 3

Purpose: Give participants an opportunity to introduce themselves to the group as well as take a moment to consider what safety means.

TRAINER GUIDE

Creating Safer Spaces for LGBTQI2S Youth

<p>Method: Large group discussion</p>	<p>Activity: Ask participants to share their name, pronoun and what safety and safe spaces look like to them. After everyone has had a chance to introduce themselves, ask if anyone sees trends in the ways that safety and safe spaces look to the group.</p> <p>Facilitator Notes: Note themes that arise.</p>
<p>00:20 – 5 min</p> <p>Materials: .ppt slide 4 packet p. 2</p> <p>Method: Interactive lecture Large group discussion</p>	<p>REVIEW CYCLE OF OPPRESSION</p> <p>Purpose: To review oppression theory and common vocabulary with which to engage conversations around deconstructing the “isms.” To keep in mind how institutional oppression and target and agent identities impact the safety of LGBTQI2S youth.</p> <p>Activity: Briefly review the cycle of oppression with a focus LGBTQI2S youth safety. Ask if there are any points of clarification. Remind attendees to keep the cycle in mind as a framework for dismantling LGBTQI2S oppression. Engage participants by asking how oppression creates unsafe spaces for youth perceived to be LGBTQI2S.</p> <div data-bbox="354 737 1479 1581" style="border: 1px solid black; padding: 10px;"> <h3 style="text-align: center;">CYCLE OF OPPRESSION</h3> <p>BELIEF ABOUT A GROUP OF PEOPLE Learned from friends, family, media, schools, and other institutions. Can be positive or negative. Often have a grain of truth.</p> <p>PRE JUDGE Based on our stereotypes we make judgments about people. These prejudgments can be conscious but are often unconscious.</p> <p>PREJUDICE</p> <p>DISCRIMINATION Acting on our prejudice. This can be conscious or intentional but is usually unconscious or unintentional. There does not need to be a negative intent for a negative impact to occur.</p> <p>SOCIAL POWER Access to resources that increase your chances of living a happy, healthy life. The ability to influence and control culture.</p> <p>OPPRESSION</p> <p>STEREOTYPE ↑</p> <p>DISCRIMINATION + SOCIAL POWER Young people can discriminate against adults but do not have the social power to oppress them. People believed to be LGBTQI2S don't have social power to perpetrate "reverse" heterosexism although they can discriminate against heterosexuals.</p> <p>P+A=D and P_U+A=D_U P=prejudice D=discrimination A=action U=unconscious</p> <p style="text-align: right; font-size: small;">Developed by Natalie J. Thoreson - www.inVisionConsulting.org</p> </div> <p>Facilitator Notes: This should be a very brief review/reminder.</p>
<p>00:25 – 10 min</p> <p>Materials: .ppt slide 5 GLSEN Safe Space Kit</p>	<p>BRIEFLY EXPLORE THE SAFE SCHOOLS PROJECT</p> <p>Purpose: To develop group skill in recognizing nuanced teasing, bullying, avoidance, and ostracism of youth in schools, group homes, foster families, youth groups, and the community at large. To consider the ways to minimize LGBTQI2S bullying.</p> <p>Activity: Share safe schools program materials and engage an interactive lecture that addresses the ways institutional sexism, heterosexism, cisgenderism and cissexism work to</p>

TRAINER GUIDE

Creating Safer Spaces for LGBTQI2S Youth

<p>Method: Lecture Large group discussion</p>	<p>maintain a culture of bullying and suicide for LGBTQI2S youth. Inquire whether participants have used the safe space program materials as well as whether they think the program would work to help the LGBTQI2S youth they support.</p> <p>Facilitator Notes: This should be a very brief review of the materials. If there is time participants can share other programs/methods they have used to create safe spaces for LGBTQI2S youth.</p>
<p>00:35 – 40 min</p> <p>Materials: .ppt slide 6 packet p. 3</p> <p>Method: Dyads or Triads</p>	<p>RESPONDING TO HETEROSEXISM AND GENDER OPPRESSION</p> <p>Purpose: To explore case studies, plan, and practice responses to heterosexism and gender oppression.</p> <p>Activity: In dyads or triads practice responses to a variety of scenarios. Pass out the scenarios and ask participants to choose which scenario they would like to respond to from the following list. They may come up with their own scenarios as well. Have groups discuss what responses could be and then role-play the interaction for each scenario they chose.</p> <hr/> <ol style="list-style-type: none"> 1. A young person is making fun of a boy because his hair is long. A group is watching this happen and some in the group even join in. 2. You overhear a student calling another student dyke in the back of the classroom. When you interrupt the situation the student states that they didn't say anything and you must have misheard them. 3. A young person you are supporting comes to you in tears. Their roommate in their group home just came out to them as queer. Your client doesn't understand why their roommate has to throw their alternative lifestyle sexuality in their face. Your client is extremely uncomfortable with the situation and even talks about always making sure to change clothes in the bathroom so that their roommate won't see them naked. 4. You show up to watch one of your clients at football practice and hear the coach making a series of inappropriate comments during the duration of the training. The team has only lost one game (their last one) and has strong school support. Your client has a chance to play at a college level. Some of the comments you hear are "Alright ladies, you going to win this next one?" "I need you to man up and play like you mean it." "Walk it off Jones, don't be such a sissy." "What was that? You look like a bunch of queers chasing your tails out there." "Jackson, your passes are weak. If you throw like a girl at our next game you're going to lose it for everyone." The coach approaches you after the practice to ask you what you thought. 5. A coworker (who is lesbian) tells you that they would bet money that the new client you are working with is totally gay but just doesn't know it yet. Other staff that are in the area laugh. 6. A client comes to you and asks to talk. They are clearly upset and at first has trouble telling you what's wrong. Eventually, they reveal that they have been hurting themselves. They admit that they have same sex attractions. They call themselves a

TRAINER GUIDE

Creating Safer Spaces for LGBTQI2S Youth

	<p>"bad person" and a "sinner."</p> <hr/> <p>Facilitator Notes: For <i>what would you say scenarios</i> encourage participants to <i>practice</i> responses rather than discuss what they would do. This means that rather than saying "I would..." they will speak to their partner as if responding in the moment. Move from group to group encouraging them to practice skills rather than discuss what they <i>would do</i>.</p>
<p>01:15 – 30 min</p> <p>Materials: .ppt slide 7 packet p. 4 prototyping materials</p> <p>Method: Small group discussion Large group discussion</p>	<p>CREATING SAFER SPACES</p> <p>Purpose: To give participants time to work with one another in community to develop action plans to deconstruct systemic oppression, address internalized oppression, and utilize unconditional care to create safe workplaces, schools, families, cultures, and communities.</p> <p>Activity: Ask "What are the roadblocks or challenges you've faced in supporting a safe space for LGBTQI2S youth?" Explain that we will be working to prototype and design a safe space for /youth. A prototype is a rough working model of a product or idea, built for demonstration purposes or as part of the development of an idea. For this activity, groups of four will develop an idea for for LGBTQI2S youth safety.</p> <p>Give each group prototyping supplies. These can consist of basic art materials such as, paper, tape, beads, yarn, stickers, clay, and markers. However, prototypes are more interesting and creativity is heightened when the supplies are random: You can save and utilize cardboard rolls from paper towels/toilet paper, cardboard, popsicle sticks, egg cartons, clothes pins, empty beverage bottles, ping pong balls, etc. (In Oakland, California the East Bay Depot for Creative Reuse has inexpensive and varied materials for sale.)</p> <p>Present participants with the prompt: What do you think a safe _____ (school, group home, foster family, juvenile justice center) would look like for LGBTQI2S youth? What are the supports needed? Participants will build silently for 5 minutes in response to the questions. After 5 minutes ask participants to briefly share their ideas with their group. When they have done so give them 10 more minutes as a group to integrate their prototypes with one another.</p> <p>Next ask: What do we need in place to make this prototype real? Share the action planning worksheet with participants and ask that they come up with a multi-point action plan for creating one small piece of their safe space. <i>Action plans should contain several concrete steps that lead to a desired outcome.</i></p> <p>Facilitator Notes: Let participants know that the prototyping exercise is something that can be used with youth that they support to identify what things would be present in a safe space. One way to conduct the group building is to go around the circle, having each participant place one aspect of their safe space in the central group safe space.</p>
<p>01:45 – 10 min</p> <p>Materials: .ppt slide 8-9</p>	<p>CLOSURE</p> <p>Purpose: To create a sense of closure and evaluate participant learning and action planning possibilities.</p>

TRAINER GUIDE

Creating Safer Spaces for LGBTQI2S Youth

<p>Method: large group share</p>	<p>Activity: Ask groups to share their action plans for how they will make a safe space for LGBTQI2S youth who they support.</p> <p>After all groups have had a chance to share, give participants an opportunity to silently consider their response to the question “How will you make safe space for LGBTQI2S youth?”</p> <p>Facilitator Notes: This should be brief. Depending on time, have each participant share one thing that they will do to create a safe space in their support of LGBTQI2S youth.</p>
<p>01:55 – 5 min</p>	<p>EVALUATIONS</p>

TRAINER GUIDE

HANDOUTS

MODULE 3: CREATING SAFE SPACES FOR LGBTQI2S YOUTH
BEYOND THE SAFE SPACE STICKER



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Creating Safe Space for LGBTQI2S Youth Beyond the Safe Space Sticker

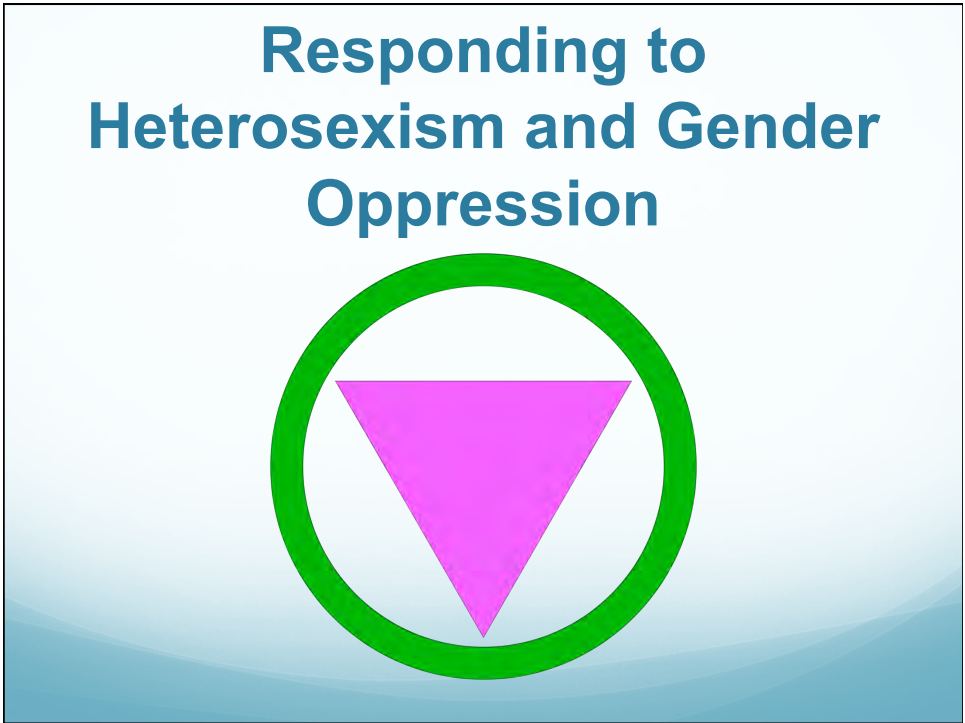
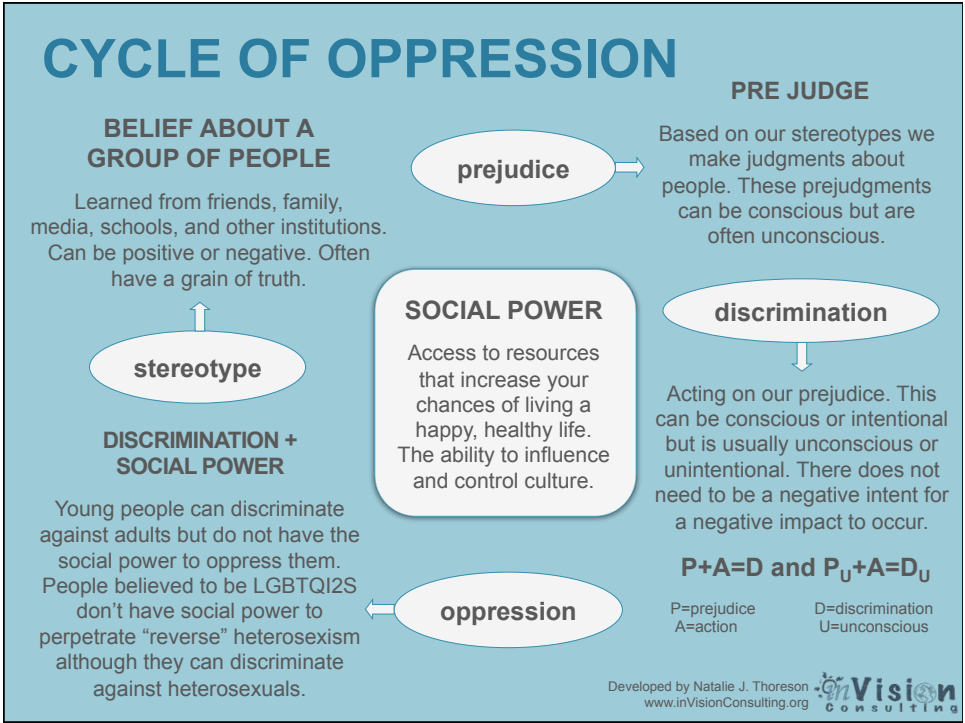


Group Agreements

- P**articipate/Pass/Provide space
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- R**isk
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- I**ntent/Impact
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- D**ialogue
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- E**ducation/Exploration
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Creating Safe Spaces for **LGBTQI2S** Youth Responding to Heterosexism and Gender Oppression

PRACTICE RESPONDING TO SOME OF THE FOLLOWING SCENARIOS

Your group does not need to practice every scenario however each person in your group should take an opportunity to practice at least one response during the allotted time.

1. A young person is making fun of a boy because his hair is long. A group is watching this happen and some in the group even join in.
2. You overhear a student calling another student dyke in the back of the classroom. When you interrupt the situation the student states that they didn't say anything and you must have misheard them.
3. A young person you are supporting comes to you in tears. Their roommate in their group home just came out to them as queer. Your client doesn't understand why their roommate has to throw their alternative lifestyle sexuality in their face. Your client is extremely uncomfortable with the situation and even talks about always making sure to change clothes in the bathroom so that their roommate won't see them naked.
4. You show up to watch one of your clients at football practice and hear the coach making a series of inappropriate comments during the duration of the training. The team has only lost one game (their last one) and has strong school support. Your client has a chance to play at a college level. Some of the comments you hear are "Alright ladies, you going to win this next one?" "I need you to man up and play like you mean it." "Walk it off Jones, don't be such a sissy." "What was that? You look like a bunch of queers chasing your tails out there." "Jackson, your passes are weak. If you throw like a girl at our next game you're going to lose it for everyone." The coach approaches you after the practice to ask you what you thought.
5. A coworker (who is lesbian) tells you that they would bet money that the new client you are working with is totally gay but just doesn't know it yet. Other staff that are in the area laugh.
6. A client comes to you and asks to talk. They are clearly upset and at first has trouble telling you what's wrong. Eventually, they reveal that they have been hurting themselves. They admit that they have same sex attractions. They call themselves a "bad person" and a "sinner".

Creating Safer Spaces

Beyond the safe space sticker

1. What would a safe _____ (school, group home, foster family, juvenile justice center) look like for LGBTQI2S youth?
2. How do you make this prototype real? Name specific steps to make it happen.

Share out action plans



Thank You



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Curriculum design by Natalie J. Thoreson

SAFE SPACE

KIT

A Guide to Supporting Lesbian, Gay, Bisexual
and Transgender Students in Your School

“When teachers are accepting of you, it means the world to you. You know that things will be OK and that they are there for you.”

11th Grade Student, North Carolina





**This is a safe and inclusive
space for lesbian, gay,
bisexual and transgender
students and their allies.**

All students deserve a safe and welcoming school environment.

Yet, according to GLSEN's *National School Climate Survey*:

- 9 out of 10 LGBT youth are harassed at school because of their sexual orientation.
- Two-thirds of LGBT youth are harassed at school because of their gender expression.
- Nearly a third of LGBT youth miss at least one full day of school a month because they feel unsafe.

MAKE YOUR SCHOOL A SAFE SPACE.

For more information & free resources, visit www.glsen.org. **GLSEN**[®]

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WHAT IS A SAFE SPACE?

A Safe Space is a welcoming, supportive and safe environment for lesbian, gay, bisexual and transgender (LGBT) students. From GLSEN's National School Climate Survey, a biennial survey of LGBT secondary school students, we know that school is not always a safe place for LGBT students. Most LGBT students frequently hear anti-LGBT language and experience harassment related to their sexual orientation and gender expression, and the majority of LGBT students feel unsafe at school and are likely to skip class or even full days of school to avoid the anti-LGBT name-calling, bullying and harassment they face on a daily basis. But educators can make a big difference! For many students, simply knowing that allies exist can be a source of support. Research shows that LGBT students with many supportive educators feel safer at school, skip fewer classes, and earn higher grades than students without supportive educators. By using this kit, we hope you will become one of these supportive educators.



WHAT DOES THE SAFE SPACE SYMBOL MEAN?

You might recognize some of the components of the Safe Space symbol, which is a combination of the LGBT pride flag and the gay pink triangle and lesbian black triangle. The history of the pink and black triangles began in Nazi Germany during World War II. Each prisoner in the concentration camps wore some symbol, often a colored inverted triangle to designate their reason for incarceration. The pink triangle was for homosexual men. The black triangles were used to designate prisoners with “anti-social” behavior, including lesbians. In the 1970’s, gay liberation groups resurrected the pink triangle

as a symbol for the gay rights movement. Similarly, the black triangle was reclaimed by lesbians and feminists.

The LGBT pride flag, or the rainbow flag, first appeared in 1978, when it was flown during the San Francisco Gay and Lesbian Freedom Day Parade. The San Francisco artist Gilbert Baker designed the rainbow flag in response to a need for a symbol that could be used year after year. The different colors of the flag symbolize different components of the community: red for life, orange for healing, yellow for sun, green for nature, blue for art, and purple for spirit. A black stripe added at the bottom symbolizes a hope for victory over AIDS.

We've combined both of these potent symbols – the triangles and the pride flag – for the Safe Space symbol displayed on the stickers and posters. The emblem reminds us of the joy of the diverse, accepting community we hope to build through programs like Safe Space, as well as the struggle against oppression we face as we try to make that vision a reality.

WHAT IS THE SAFE SPACE KIT?

The Safe Space Kit is designed to help educators create a safe space for LGBT students. One of the most effective ways for an educator to create a safe space is to be a supportive ally to LGBT students. The hard copy of the Safe Space Kit includes the *Guide to Being an Ally*, ten *Safe Space* stickers and two *Safe Space* posters. The downloaded PDF of the *Safe Space Kit* includes the *Guide to Being an Ally*, a printable poster and printable stickers. The *Guide to Being an Ally* provides educators with practical ways that they can be allies to LGBT students and create a safer school environment for all students. By displaying the posters and stickers, you can make yourself a highly visible ally within the school community.

As a complement to the Safe Space Kit, GLSEN provides relevant resources for athletic coaches and physical education teachers at sports.glsen.org.

WHO SHOULD USE THE SAFE SPACE KIT?

The *Safe Space Kit* is designed for school staff who wish to support LGBT students and create a safe space for all students, regardless of sexual orientation, gender identity or gender expression.

HOW DO I USE THE SAFE SPACE KIT?

GLSEN recommends that you carefully read through the *Guide to Being an Ally* to gain an understanding of how to be an effective ally to LGBT students. This guide will provide practical ways to transform schools into a safer space for all students by supporting and educating students, sharing your knowledge with other educators and advocating for school-wide changes. The “Ask Yourself” questions throughout this guide provide an opportunity for you to consider your own experiences and beliefs about the information provided and how it may relate to your own work in school. Once you have reviewed the guide, you will be ready to make yourself visible as an ally by displaying the *Safe Space* posters and stickers in your office or classroom. You will also be better prepared to prevent and/or intervene in LGBT based bullying.

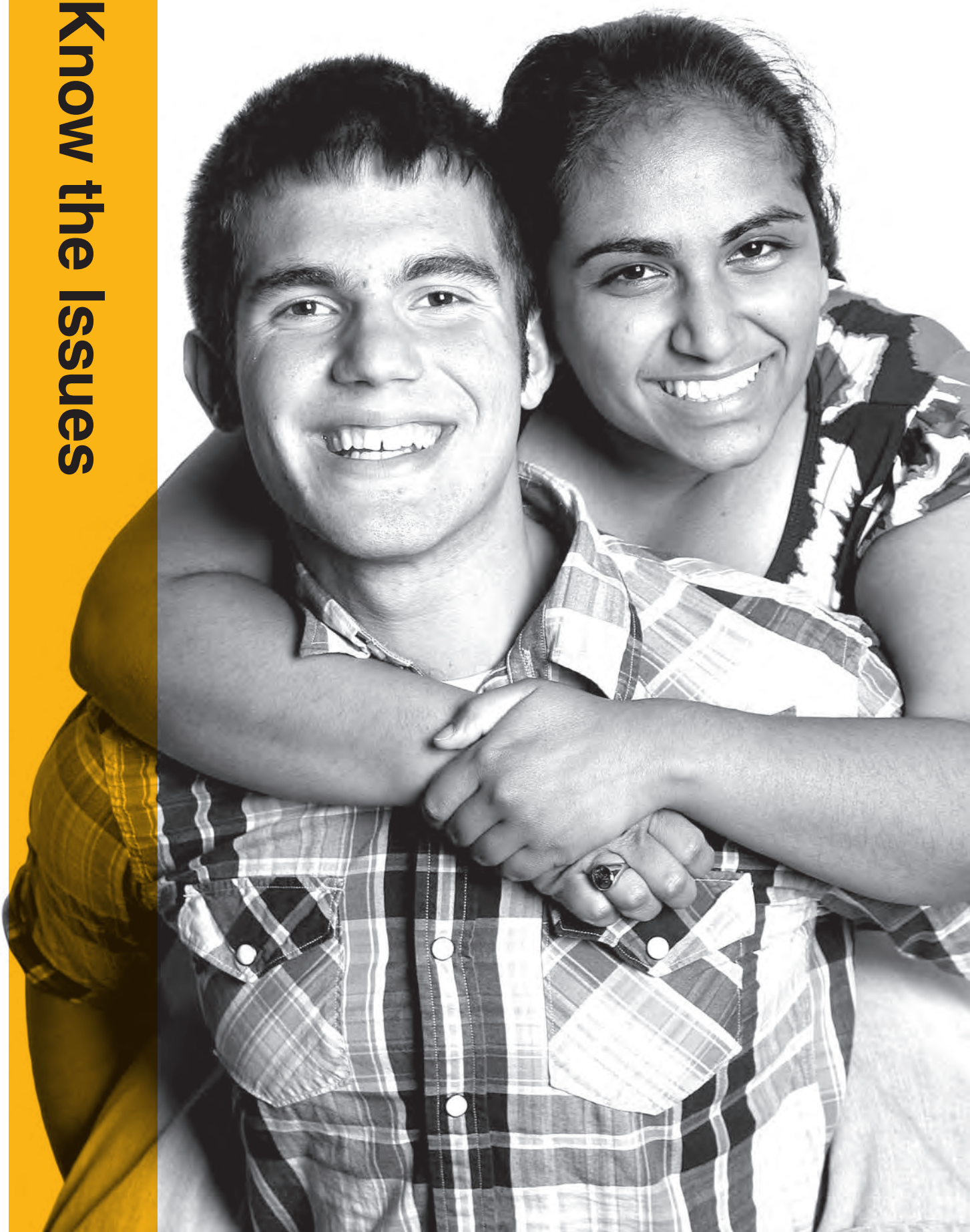
WHAT'S INCLUDED IN THE GUIDE TO BEING AN ALLY TO LGBT STUDENTS?

The *Guide to Being an Ally* contains four main sections.

- ▼ **Know the Issues** gives background information about the experiences of LGBT students and anti-LGBT bias.
- ▼ **Support** describes specific actions you can take to be an effective support to LGBT students.
- ▼ **Educate** discusses ways to teach students and inform school staff about combating anti-LGBT bias and behavior.
- ▼ **Advocate** provides strategies you can use to promote change within your school.

The last section provides additional materials, including definitions of LGBT-related terms and a comprehensive list of resources and referral sources for LGBT youth.

Know the Issues



What is an Ally?

An ally is an individual who speaks out and stands up for a person or group that is targeted and discriminated against. An ally works to end oppression by supporting and advocating for people who are stigmatized, discriminated against or treated unfairly.

For the lesbian, gay, bisexual and transgender (LGBT) communities, an ally is any person who supports and stands up for the rights of LGBT people. Allies have been involved in almost all movements for social change, and allies can make a significant contribution to the LGBT rights movement. It is important for allies to demonstrate that LGBT people are not alone as they work to improve school climate, and to take a stand in places where it might not be safe for LGBT people to be out or visible. Any educator, LGBT or non-LGBT, can be an ally to LGBT students.



ASK YOURSELF

- ▼ Have you seen examples of anti-LGBT name-calling, bullying or harassment in your school?
- ▼ How are students affected by anti-LGBT bias at your school?
- ▼ Did you see anti-LGBT bias in school when you were a student? How did it affect you?

Why be an Ally?

All students are at risk of being bullied, harassed or called names at school, but LGBT students face particularly hostile school environments. Your visible support for these students can make a real difference in ways that will benefit the whole school.

In order to document the experiences of LGBT students, GLSEN conducts the National School Climate Survey every two years. From the survey we have learned that anti-LGBT language fills classrooms, hallways, school buses, gyms, and cafeterias. For example, findings from GLSEN's National School Climate Surveys consistently show that nine out of ten LGBT students repeatedly hear the word "gay" used in a negative way and three-fourths of students regularly hear homophobic remarks, such as "faggot" or "dyke," in school. Even more serious, LGBT students are routinely called names, harassed and bullied in school and will often skip classes or even full days of school because they feel unsafe. The prevalence of anti-LGBT name-calling, harassment and bullying takes a heavy toll on LGBT students, and can have negative effects on their school performance. The reported grade point average of students who are more frequently harassed because of their sexual orientation or gender expression is almost half a grade lower than for students who were less often harassed.

In addition to the damage it can do to LGBT students, anti-LGBT bias also affects other members of the school community. Anti-LGBT behavior creates a hostile environment and an uncomfortable and unsafe space for everyone. Homophobia and transphobia can be used to stigmatize, silence and, on occasion, target people who are perceived as LGBT, but are not. If certain actions and behaviors are deemed "gay," students may avoid these for fear of being targeted for anti-LGBT behavior. For example,

a male student may avoid drama class, or a female student may decide not to join the automotive club, just to avoid anti-LGBT bias.

In order to protect all students and allow them the freedom to reach their full potential, we must put an end to anti-LGBT bias and behavior in schools. Research shows that having supportive school staff has a positive effect on a student's educational experience. For example, LGBT students with supportive educators were less likely to miss school because of safety concerns and had higher grade point averages than LGBT students with no supportive educators. When school staff effectively intervene in harassment, LGBT students feel safer and are less likely to miss school.

Allies help LGBT students feel safer and more included in school, resulting in a more positive and successful school experience. In addition to supporting individual LGBT students, allies challenge anti-LGBT behavior and work proactively to ensure safer, more inclusive schools for all students.

“ I have learned that harassment in schools is a norm. Kids would scream the term ‘faggot’ as they saw me in the halls. None of the teachers said a word, and that is what scared me... I don’t feel safe at my school because I’m gay.”

— 11th Grade Student, North Carolina



Anti-LGBT Bias in School

Hector was an 11-year-old, straight-identified, middle school student who just wanted to be himself. His classmates thought he was feminine for a boy and began teasing him and calling him names like “faggot” and asking him why he was gay. Hector told his mother about the bullying at school and she immediately went to the

principal’s office to have something done. Unfortunately, the school was not helpful and refused to take any action stating “it’s just boys being boys.” The other students knew his mother had spoken to the principal, which only increased the amount of bullying. Halfway through the school year, Hector told the school social worker that he couldn’t endure the constant bullying and harassment anymore, and that he was thinking about ending his life.

Assessing Your Personal Beliefs

People aren't born prejudiced, so where does it come from? From the moment we are born, we are inundated with messages, spoken and unspoken, about different types of people. Often we learn stereotypes and prejudices without even realizing it. Some of these messages may

have been about ourselves and what we are "supposed to" or not "supposed to" be. All of us, LGBT and non-LGBT, have learned messages about LGBT people. What were the earliest messages you received about LGBT people and where did they come from? Were they positive, negative or neutral? Understanding the messages we receive can help us identify our own beliefs and biases that we can then challenge, helping to make us stronger allies. Use the "Check Yourself" Exercise below to explore your own biases.

Check Yourself: Understanding Your Own Beliefs

Anti-LGBT bias is all around us. Yet we tend to overlook the subtle biases — the anti-LGBT jokes, the exclusion of LGBT related-themes in curricula, even anti-LGBT name-calling. Subtle or not, bias has the power to hurt and isolate people. Your work as an ally includes recognizing and challenging your own anti-LGBT bias. Answer each question honestly, and consider how these will affect your work as an ally to LGBT students.

1. If someone were to come out to you as LGBT, what would your first thought be?
2. How would you feel if your child came out to you as LGBT? How would you feel if your mother, father or sibling came out to you as LGBT?
3. Would you go to a physician whom you thought was LGBT if they were of a different gender than you? What if they were the same gender as you?
4. Have you ever been to an LGBT social event, march or worship service? Why or why not?
5. Can you think of three historical figures who were lesbian, gay or bisexual?
6. Can you think of three historical figures who were transgender?
7. Have you ever laughed at or made a joke at the expense of LGBT people?
8. Have you ever stood up for an LGBT person being harassed? Why or why not?
9. If you do not identify as LGBT, how would you feel if people thought you were LGBT?

Recognizing your own biases is an important first step in becoming an ally. Based on your responses to these questions, do you think you have internalized some of the anti-LGBT messages pervasive in our world? How might your beliefs influence your actions as an educator of LGBT students? The more aware we are of our own biases and their impact on our behavior, the easier it is to ensure that our personal beliefs don't undermine our efforts to support LGBT students.

Talking the Talk

One simple yet important way to be an ally is to use LGBT-related terminology accurately and respectfully. The best way to ensure that you are using the proper terminology when referring to an individual is to find out the terminology they themselves prefer.

Language has a huge impact on the way we see others and ourselves, and yet, language is constantly changing. That is why it is important to familiarize yourself and keep up-to-date with LGBT-related terms and concepts. Begin by completing the “Terminology Match-Up” on the next page.

“One of the greatest challenges we face on a daily basis is not what the students do to one another. In fact, sadly, it is what is said by some of my colleagues about the students”

— Alternative High School Educator, Ohio

Terminology Match-Up

How much LGBT-related terminology do you already know? On the left is a set of LGBT-related terms, on the right are definitions of these terms. To test your knowledge, select the matching definition for each term. Then check the *Glossary of LGBT-Related Terms* at the end of this Guide for more terms and definitions.



ASK YOURSELF

- ▼ Which terms were you most familiar with? Which were you unfamiliar with?
- ▼ What terms are you most comfortable using? Are there any terms you are uncomfortable using? Why?

ANSWER KEY: 1=B, 2=F, 3=J, 4=E, 5=D, 6=I, 7=K, 8=M, 9=G, 10=A, 11=C, 12=H, 13=L

- | | |
|--|---|
| <input type="checkbox"/> 1. Sexual Orientation | <p>A The irrational fear or aversion to transgender people of those who are perceived to break or blur societal norms regarding gender identity or gender expression.</p> |
| <input type="checkbox"/> 2. Lesbian | <p>B The inner feelings of who we are attracted or oriented to sexually and emotionally.</p> |
| <input type="checkbox"/> 3. Gender Identity | <p>C Refers to an irrational fear of or aversion to homosexuality or lesbian, gay or bisexual people.</p> |
| <input type="checkbox"/> 4. Gender Expression | <p>D An identity of a person whose gender identity is not aligned with their sex assigned at birth and/or whose gender expression is non-conforming.</p> |
| <input type="checkbox"/> 5. Transgender | <p>E An individual's physical characteristics, behaviors and presentation that are linked, traditionally, to either masculinity or femininity, such as: appearance, dress, mannerisms, speech patterns and social interactions.</p> |
| <input type="checkbox"/> 6. Gay | <p>F A sexual orientation and/or identity of a person who is female-identified and who is sexually and emotionally attracted to some other females.</p> |
| <input type="checkbox"/> 7. Gender Non-Conforming | <p>G A sexual orientation and/or identity of a person who is sexually and emotionally attracted to some males and some females.</p> |
| <input type="checkbox"/> 8. Androgynous | <p>H Applies to attitudes, bias and discrimination in favor of heterosexual sexuality and relationships. It includes the presumption that everyone is heterosexual or that male/female attractions and relationships are the norm and therefore superior. It is the belief that everyone is or should be straight.</p> |
| <input type="checkbox"/> 9. Bisexual | <p>I A sexual orientation and/or identity of a person who is sexually and emotionally attracted to some members of the same sex.</p> |
| <input type="checkbox"/> 10. Transphobia | <p>J How we identify ourselves in terms of our gender.</p> |
| <input type="checkbox"/> 11. Homophobia | <p>K An identity of a person who has gender characteristics and/or behaviors that do not conform to traditional or societal gender expectations.</p> |
| <input type="checkbox"/> 12. Heterosexism | <p>L An umbrella term used to describe a sexual orientation, gender identity or gender expression that does not conform to heteronormative society.</p> |
| <input type="checkbox"/> 13. Queer | <p>M Having the characteristics or nature of both maleness and femaleness; neither specifically feminine nor masculine.</p> |

Support





One of the key ways to be an ally is to support lesbian, gay, bisexual and transgender (LGBT) students in your school. This section describes the dos and don'ts of being an

ally and four main ways you can be supportive:

- ▼ Be a visible ally
- ▼ Support students who come out to you
- ▼ Respond to anti-LGBT language and behaviors
- ▼ Support student clubs, such as Gay-Straight Alliances

Be Visible

One of the most important parts of being an ally to LGBT students is making yourself known as an ally. In order to come to you for help, students need to be able to recognize you as an ally. Even if students don't come to you directly, research shows that just knowing that there is a supportive educator at school can help LGBT students feel better about being in school. Making yourself visible can be as simple as displaying a sticker. It can also be as involved as demonstrating and modeling supportive behaviors. Below you will find some suggestions of how to be a visible ally to LGBT students.

MAKE YOUR SPACE VISIBLE

Make your classroom or office visible as a safe space for LGBT students. This will help students identify you as someone to come to for support and your space as one where they will be safe.

- ▼ **Post Safe Space materials.** Display Safe Space stickers or posters in your classroom or office. This will let students know that it is a safe space and that you are supportive of LGBT students.



- ▼ **Display LGBT supportive materials.** Post supportive materials such as quotes from famous LGBT icons, information about the LGBT community or materials from LGBT organizations. Along with signs for national holidays and months of celebration already in the classroom (e.g., Black History Month or Women's History Month), display information about LGBT History Month in October, LGBT Pride Month in June or Ally Week in October.

MAKE YOURSELF VISIBLE

Making yourself visible as an ally will allow students to easily identify you as a supportive educator.

- ▼ **Wear a visible marker.** Wear a supportive button or wristband or even a simple rainbow bracelet. These will let students know that you are a supportive ally without saying a word.
- ▼ **Let other educators know.** In an ideal world, all educators would be supportive allies to LGBT students. But the reality is that you may be one of only a few at your school. Let

other educators know that you are an ally and share with them the important role they too can play in supporting LGBT students.

LET YOUR ACTIONS SPEAK FOR YOU

Sometimes your actions can speak louder than any button or poster. Here are simple actions you can take that will let staff and students know you are an ally.

▼ **Make no assumptions.** When engaging with students, or even other staff and parents, do not assume you know their sexual orientation or gender identity. Don't assume that everyone is heterosexual or fits into your idea of gender roles – be open to the variety of identities and expressions. In our society, students constantly receive the message that everyone is supposed to be straight. Show students that you understand there is no one way a person “should” be.

▼ **Use inclusive language.** Through casual conversation and during classroom time, make sure the language you are using is inclusive of all people. When referring to people in general, try using words like “partner” instead of “boy-friend/girlfriend” or “husband/wife,” and avoid gendered pronouns, using “they” instead of “he/she.” Using inclusive language will help LGBT students feel more comfortable being themselves and coming to you for support.

▼ **Respond to anti-LGBT behavior.** Responding to anti-LGBT behavior when it occurs or when you hear about it will let students know that you do not tolerate homophobia or transphobia. It sends a strong message that anti-LGBT behavior is not acceptable to you and not allowed in your school.

Support Students When They Come Out to You

As an ally, LGBT students may come to you for support, comfort or guidance. You may encounter a situation where a student comes out or reveals their sexual orientation or gender identity to you. You may be the first or only person an LGBT student comes out to. It is important that you support the student in a constructive way. Keep in mind that the student may be completely comfortable with their sexual orientation or gender identity and may not need help dealing with it or may not be in need of any support. It may be that the student just wanted to tell someone, or just simply to tell you so you might know them better. Below you will find more information on the coming out process and how you can be a supportive ally when students come out to you.

WHAT DOES “COMING OUT” MEAN?

Simply put, coming out is a means to publicly declare one's identity, whether to a person in private or a group of people. In our society most people are generally presumed to be heterosexual, so there is usually no need for a heterosexual person to make a statement to others that discloses their sexual orientation. Similarly, most people feel that their current gender is aligned with their sex assigned at birth, therefore never having a need to disclose one's gender identity. However, a person who is LGBT must decide whether or not to reveal to others their sexual orientation or gender identity.

To come out is to take a risk by sharing one's identity, sometimes to one person in conversation, sometimes to a group or in a public setting. The actual act of coming out can be as simple as saying “I'm gay/lesbian/bisexual/transgender,” but it can be a difficult and emotional process for an LGBT student to go through,


**SNAP
SHOT**
**Anti-LGBT Bias
in School**

Renisha was a 15-year-old freshman who had just started at the school where her older brother Michael was a junior. Renisha decided that at this new school, she was going to be herself and not hide that she's a lesbian as she did in junior high. Michael's friends had begun to make fun of his little sister and Michael always defended her, telling his friends "leave her alone, she's just being herself." Michael's friends

continued to tease Renisha calling her "dyke" from across the lunchroom and defacing her locker with anti-LGBT language. Michael decided that this had gone too far and demanded his friends leave his little sister alone. One of his friends started to tease Michael, asking him if "being queer runs in the family." The words had barely made it out of the boy's mouth before Michael punched him. The other friends backed off and stopped the teasing, but Michael was suspended from school for a week and kicked off the basketball team for fighting.

which is why it is so important for a student to have support. One positive aspect of coming out is not having to hide who you are anymore. However, there can be dangers that come with revealing yourself. A student who comes out may be open to more anti-LGBT name-calling, bullying and harassment, yet they may also feel more comfortable and free to be themselves. One of the most important things you as an ally can do for an LGBT student is to be there for them in a safe, respectful and helpful way.

**SHOULD SCHOOL STAFF BE CAREFUL
OF DISCLOSING A STUDENT'S SEXUAL
ORIENTATION OR GENDER IDENTITY
TO OTHERS?**

Absolutely. School staff must at all times be cognizant of the highly sensitive nature of information regarding a student's sexual orientation and gender identity. School staff must exercise the utmost discretion and professionalism and be respectful of student privacy in discussing these matters.

In contrast to coming out, when a person chooses to disclose their sexual orientation or gender identity, "outing" occurs when someone else tells others that a particular individual is LGBT without that person's permission. We often don't know what someone's beliefs are or reactions might be, and outing someone may have large repercussions for students. Although it may be hard to believe, there are students whose emotional and physical safety were jeopardized when school staff outed them to other students and even family members.

“[Reporting] causes more problems. Teachers and staff do not know how to handle the problem anonymously.”

— Student, Grade Not Reported, Texas

When a Student Comes Out to You...

When a student comes out to you and tells you they are lesbian, gay, bisexual or transgender (LGBT) your initial response is important. The student has likely spent time in advance thinking about whether or not to tell you, and when and how to tell you. Here are some tips to help you support them.

▼ **Offer support but don't assume a student needs any help.** The student may be completely comfortable with their sexual orientation or gender identity and may not need help dealing with it or be in need of any support. It may be that the student just wanted to tell someone, or just simply to tell you so you might know them better. Offer and be available to support your students as they come out to others.

▼ **Be a role model of acceptance.** Always model good behavior by using inclusive language and setting an accepting environment by not making assumptions about people's sexual orientation or gender identity. Addressing other's (adults and students) biased language and addressing stereotypes and myths about lesbian, gay, bisexual and transgender (LGBT) people also position you as a positive role model. By demonstrating that you are respectful of LGBT people and intolerant of homophobia and transphobia, LGBT students are more likely to see you as a supportive educator.

▼ **Appreciate the student's courage.** There is often a risk in telling someone something personal, especially sharing for the first time one's sexual orientation or gender identity, when it is generally not considered the norm. Consider someone's coming out a gift and thank them for giving that gift to you. Sharing this personal information with you means that the student respects and trusts you.

▼ **Listen, listen, listen.** One of the best ways to support a student is to hear them out and let the student know you are there to listen. Coming out is a long process, and chances are you'll be approached again to discuss this process, the challenges and the joys of being out at school.

▼ **Assure and respect confidentiality.** The student told you and may or may not be ready to tell others. Let the student know that the conversation is confidential and that you won't share the information with anyone else, unless they ask for your help. If they want others to know, doing it in their own way with their own timing is important. Respect their privacy.

▼ **Ask questions that demonstrate understanding, acceptance and compassion.** Some suggestions are:

- Have you been able to tell anyone else?
- Has this been a secret you have had to keep from others or have you told other people?
- Do you feel safe in school? Supported by the adults in your life?
- Do you need any help of any kind? Resources or someone to listen?
- Have I ever offended you unknowingly?

▼ **Remember that the student has not changed.** They are still the same person you knew before the disclosure; you just have more information about them, which might improve your relationship. Let the student know that you feel the same way about them as you always have and that they are still the same person. If you are shocked, try not to let the surprise lead you to view or treat the student any differently.

▼ **Challenge traditional norms.** You may need to consider your own beliefs about sexual orientation, gender identity and gender roles. Do not expect people to conform to societal norms about gender or sexual orientation.

▼ **Be prepared to give a referral.** If there are questions you can't answer, or if the student does need some emotional support, be prepared to refer them to a sympathetic counselor, a hotline, your school's GSA or an LGBT youth group or community center.

SOME ADDITIONAL THINGS TO KEEP IN MIND WHEN A STUDENT COMES OUT TO YOU AS TRANSGENDER:

▼ **Validate the person's gender identity and expression.** It is important to use the pronoun and name appropriate to the gender presented or that the person requests – this is showing respect. In other words, if someone identifies as female, then refer to the person as she; if they identify as male, refer to the person as he. Or use gender neutral language. Never use the word "it" when referring to a person, to do so is insulting and disrespectful.

▼ **Remember that gender identity is separate from sexual orientation.**

Knowing someone is transgender does not provide you with any information about their sexual orientation.

WHAT NOT TO SAY WHEN SOMEONE COMES OUT TO YOU

▼ **"I knew it!"** This makes the disclosure about you and not the student, and you might have been making an assumption based on stereotypes.

▼ **"Are you sure?" "You're just confused." "It's just a phase – it will pass."** This suggests that the student doesn't know who they are.

▼ **"You just haven't found a good woman yet" said to a male or "a good man yet" said to a female.** This assumes that everyone is straight or should be.

▼ **"Shhh, don't tell anyone."** This implies that there is something wrong and that being LGBT must be kept hidden. If you have real reason to believe that disclosing this information will cause the student harm, then make it clear that is your concern. Say "Thanks for telling me. We should talk about how tolerant our school and community is. You may want to consider how this may affect your decision about who to come out to."

▼ **"You can't be gay – you've had relationships with people of the opposite sex."** This refers only to behavior, while sexual orientation is about inner feelings.

Respond to Anti-LGBT Language and Behavior

Anti-LGBT behavior comes in all shapes and sizes: biased language, name-calling, harassment and even physical assault. GLSEN's National School Climate Survey consistently finds that many LGBT students regularly hear homophobic slurs, such as "faggot" or "dyke," at school, and most students have been verbally or physically harassed in school. Youth who regularly experience harassment can suffer from low self-esteem, high rates of absenteeism and low academic achievement. Educators can make a difference by intervening in anti-LGBT name-calling, bullying and harassment every time they witness it. Taking action when you see it occur can help create a safe space for all students. Intervening on the spot will also serve as a teachable moment to let other students know that anti-LGBT behavior will not be tolerated. One of the most effective things you can do as an ally is respond to anti-LGBT behavior.

HOW TO INTERVENE IN NAME-CALLING, BULLYING AND HARASSMENT

Follow these steps when you witness anti-LGBT name-calling, bullying or harassment.

1. Address Name-Calling, Bullying or Harassment Immediately.

Concentrate on stopping the behavior in that moment. Sometimes it's a simple response to hearing a derogatory term like "That language is unacceptable in this classroom." Make sure that everyone can hear you. Never miss the opportunity to interrupt the behavior. Remember: no action is an action — if an incident is overlooked or not addressed it can imply acceptance and approval.

2. Name the Behavior.

Describe what you saw and label the behavior. "I heard you use the word faggot and that is derogatory and is considered name-calling. That language is unacceptable."

3. Use the Teachable Moment (or Create One).

Make sure to educate after stopping the behavior. Decide if you are going to educate in the moment or later, and if it will be publicly or privately. If you decide to educate later you will need to create the teachable moment. You can then take this opportunity to teach one class, the entire grade or the whole school about language and behaviors that are acceptable and those that are not.

4. Support the Targeted Student.

Support the student who has been the target of the name-calling, bullying or harassment. Do not make assumptions about what the student is experiencing. Ask the student what they need or want. You will have to decide whether to do this in the moment or later, and if it will be publicly or privately. Suggest that the student visit with a counselor only if the student requests extra support.

5. Hold Students Accountable.

Check school policy and impose appropriate consequences. Make sure disciplinary actions are evenly applied across all types of name-calling, bullying and harassment.

WHAT DO I SAY WHEN THEY SAY "THAT'S SO GAY?" RESPONDING TO UNINTENTIONAL ANTI-LGBT LANGUAGE

Almost all LGBT students regularly hear the word "gay" used in a negative way at school. Though many downplay the impact of expressions like "that's so gay" because they have become such a common part of the vernacular and are often not intended to inflict harm, most LGBT students say that hearing "gay" or "queer" used in a negative manner causes them to feel

bothered or distressed. Especially because these expressions are so pervasive in our schools, it is critical that an ally treat this like all other types of anti-LGBT language and address it.

Not all students may understand why this language is offensive, so you may need to educate the students on why this is anti-LGBT language. For example, ask them why they would use “gay” to mean that something is bad or boring. Let them know that it is offensive and hurtful to LGBT people when they use “gay” to describe something as undesirable. When challenged on using this type of language, a common response from students and adults is that they did not mean “gay” to mean homosexual. They may say that it’s just an expression and they

don’t mean any harm by it. The chart below suggests some strategies for dealing with these types of comments, including the benefits and challenges for each strategies.

For free public service announcements, lesson plans, discussion guides and other resources that address anti-LGBT language, visit www.ThinkB4YouSpeak.com/educators.

POSSIBLE RESPONSES TO “THAT’S SO GAY”

(excerpted from GLSEN’s *ThinkB4YouSpeak Educator’s Guide*)

RESPONSES	BENEFITS	CHALLENGES
“What do you mean by that?”	Doesn’t dismiss it.	Students might not be forthcoming.
“How do you think a gay person might feel?”	Puts responsibility on the student to come up with the solution.	Student may not say anything.
“Do you say that as a compliment?”	Asking this rhetorical question in a non-accusatory tone may lighten things up enough for your students to shake their heads and admit, “No.”	Students may just laugh off your question, or reiterate that they’re “Just joking.”
“So the connotations are negative?” or “So maybe it’s not a good thing?”	Not accusatory. Could open up the floor for discussion.	There’s always the chance that students will still be reluctant to speak up.

Support Student Clubs

For many LGBT students, student clubs that address LGBT student issues (commonly called Gay-Straight Alliances or GSAs) offer critical support. These clubs are student-led, usually at the high school or middle school level, and work to address anti-LGBT name-calling, bullying and harassment in their schools and promote respect for all students. The existence of these clubs can make schools feel safer and more welcoming for LGBT students. GLSEN's National School Climate Survey has found that compared to LGBT students without a GSA, students in schools with a GSA or similar student club:

- ▼ Reported hearing fewer homophobic remarks;
- ▼ Experienced less harassment and assault because of their sexual orientation and gender expression;
- ▼ Were more likely to report incidents of harassment and assault, and
- ▼ Were less likely to feel unsafe because of their sexual orientation or gender expression
- ▼ Were less likely to miss school because of safety concerns
- ▼ Reported a greater sense of belonging to their school community.

Less than half (44.6%) of students reported having a Gay-Straight Alliance (GSA) or similar student club at their school.

—2009 National School Climate Survey

GSAs, like all student clubs, must have a faculty advisor. Serving as the advisor for your school's GSA is one important way that you can be an ally to LGBT students. Not only does being an advisor allow you to help the efforts of your GSA, it makes you more visible as an ally to all members of your school community, making it easier for LGBT students to identify supportive school staff.

As an ally, you may also need to advocate for the rights of students to establish a GSA in their school. Although some opponents of GSAs have attempted to restrict the existence of or access to these clubs, the federal Equal Access Act of 1984 requires public schools to allow GSAs to exist alongside other non-curricular student clubs.

For information about starting free GSA or GSA activities, download GLSEN's Jump-Start Guide for Gay-Straight Alliances at www.glsen.org/jumpstart.

Dos and Don'ts of Being an Ally to LGBT Students

DO...

▼ **Listen.** One of the simplest yet most important ways to be an ally is to listen. Like all students, LGBT students need to feel comfortable expressing themselves. If a student comes to talk to you about being harassed, feeling excluded or just about their life in general, keep in mind that you may be the only person they feel safe speaking to. Be there to listen.

▼ **Respect confidentiality.** Effective allies will respect their students' confidentiality and privacy. Someone who is coming out may not want everyone to know. Assume that the person only told you and just wants you to know, unless they indicate otherwise. Informing others can create an unsafe environment for the student.

▼ **Be conscious of your biases.** Effective allies acknowledge how homophobia, transphobia and heterosexism may affect their efforts to be an ally to LGBT people. They continuously work to recognize and challenge their own biases.

▼ **Seek out knowledge.** Effective allies periodically brush up on LGBT-related language and current issues facing the LGBT community.

▼ **Be a resource.** An effective ally will also know when and how to refer students to outside help. The last section of this guide includes a list of LGBT-related resources and referral sources for LGBT youth.

DON'T...

▼ **Think you have all the answers.** Do not feel you must always have the answers. If you are faced with a problem you don't know how to solve, let the student know you will look into the subject to try and find an answer. Sometimes the best thing for you to do is to refer the student to an outside source that may be able to help them. The last section of this guide includes a list of LGBT-related resources and referral sources for LGBT youth.

▼ **Make unrealistic promises.** Be careful not to promise something you may not be able to deliver. This can damage the relationship you have with the student as an ally.

▼ **Make assumptions.** It is important to avoid making assumptions and perpetuating stereotypes. These can be extremely offensive and may turn a student away from you. It is also important to avoid assuming you know what the student needs. Be sure to listen to your student and ask how you can support them.

ASK YOURSELF



- ▼ Which of these strategies are you most likely to use in your school?
- ▼ Are there other strategies that you have used when intervening in anti-LGBT language, harassment and bullying in your school?

Educate



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s an ally, you have the opportunity to educate about anti-LGBT bias, its effects and ways to combat it in order to create safer, more welcoming school environments. This section

discusses how to:

- ▼ Teach students to respect others
- ▼ Include positive representations of LGBT people, history and events into your curriculum
- ▼ Engage other school staff about anti-LGBT bias and ways to create safer schools

Teach Respect

There are many ways to teach students the importance of respecting all people, regardless of their sexual orientation, gender identity or gender expression. Your school could implement a comprehensive school-wide program like GLSEN's *No Name-Calling Week*. Or, you may incorporate individual lessons into your curriculum or group activities. Here are a few resources that educators can use to teach respect and prevent harassment and bullying among students.

“It’s amazing how enthralled students will get when there are actual people they can connect with, representing the issues around diversity, discrimination, etc.”

— School Counselor, Ohio

▼ **Changing the Game: The GLSEN Sports Project.** Building safe spaces in athletic and physical education programs is an equally important part of creating a safe and respectful environment in your school. GLSEN’s Sports Project assists schools in creating athletic and physical education climates based on the principles of respect, safety and equal access for all. Download and share resources and guidelines with your school’s physical education teachers and coaches to help create **Safe Sports Spaces** where name-calling and bullying are not tolerated and where *everyone* can enjoy the game. For more information, visit sports.glsen.org.

▼ **No Name-Calling Week Lesson Plans.** *No Name-Calling Week* is an annual week of educational activities aimed at ending name-calling of all kinds and providing schools with the tools and inspiration to launch an ongoing dialogue about ways to eliminate bullying in their communities. Nevertheless, the accompanying lesson plans are available year-round and can be used at any time. For information about the program and free elementary- and secondary-level lesson plans, visit www.nonamecallingweek.org.

▼ **ThinkB4YouSpeak Educator's Guide.**

GLSEN has created an educator's guide to accompany its public service awareness campaign, created in partnership with the Ad Council, about the hurtful and demeaning term "that's so gay." The guide assists middle and high school educators in facilitating student learning about the negative consequences of homophobic language and anti-LGBT bullying. The core of the guide consists of six educational activities that increase awareness and knowledge of the issues, develop skills for addressing them and promote social action. Each lesson and activity can be used on its own or in conjunction with the others. To download the free guide visit www.ThinkB4YouSpeak.com/ForEducators.

Make your Curriculum LGBT Inclusive

LGBT-inclusive curriculum that provides positive representations of LGBT people, history and events helps to create a tone of acceptance of LGBT people and increase awareness of LGBT-related issues, resulting in a more supportive environment for LGBT students. GLSEN's National School Climate Survey consistently finds that students with inclusive LGBT curriculum in their schools have a greater sense of belonging to their school community, hear fewer homophobic and transphobic remarks and are less likely to be victimized or feel unsafe at school than those without inclusive curriculum.

There are many ways to include positive representations of LGBT people, history and events in your curriculum. Here are a few suggestions.

▼ **Include LGBT history.** Raise the visibility of LGBT people and communities by providing students with concrete examples of LGBT people in history and LGBT-related historical events. For example, when teaching about the Holocaust or about civil rights movements, be

sure to include the persecution, struggles and successes of the LGBT community. You can show documentary films, such as *Out of the Past* or *Gay Pioneers*, or you can use GLSEN's *When Did It Happen: LGBT History Lesson* or *Unheard Voices* to teach about important leaders and events in LGBT history. For resources, visit www.glsen.org/educator.

▼ **Include diverse families.** Whenever possible, include examples of diverse families, including same-sex couples and LGBT parents, whenever referencing families in the classroom. Providing students with these examples can help LGBT students and students with LGBT family members feel included in the classroom.

▼ **Use LGBT-inclusive literature.** It is important for students to see themselves reflected in the school curriculum. Using LGBT inclusive literature will help create a welcoming space for LGBT students, as well as promote respect and acceptance among all students. Be sure to use books that feature positive and diverse representations of LGBT characters. You can find appropriate books for your curriculum and literature guides at www.glsen.org/educator.

Only a small percentage (13.4%) of LGBT students were taught positive representations of LGBT people, history or events in their schools. Yet in schools with inclusive curriculum, LGBT students were more likely to report that their classmates were somewhat or very accepting of LGBT people than students in schools without (61.2% vs. 37.3%).

—2009 National School Climate Survey

▼ **Celebrate LGBT events.** Celebrating LGBT events can help LGBT students feel included in the school. Promote LGBT events throughout the school as you would any other cultural celebration. Celebrate LGBT History Month in October and LGBT Pride Month in June by displaying signs, alerting students and recognizing the struggles, contributions and victories of the LGBT community.

Engage School Staff

Creating safe schools for all students, regardless of sexual orientation, gender identity or gender expression can be a difficult task. There is no reason to go it alone—help other educators become supportive allies for LGBT students. Here are some simple ways you can share your commitment to ensure safe schools and your knowledge about the issues with other educators.

▼ **Be a role model for other educators.**

Let your actions as an ally inform others. Use the appropriate terms such as lesbian, gay, bisexual, transgender, questioning, queer or LGBT and correct people when you hear incorrect or derogatory language. Use gender-neutral pronouns and LGBT-inclusive language in school. Intervene when anti-LGBT behavior occurs and show other educators how to advocate for changes within the school.

▼ **Discuss with others.** In the hallways, during lunch or whenever you have a moment, share information with other educators. Tell them about experiences of LGBT students in school, some of the anti-LGBT behavior incidents you have responded to or about the changes in the school you would like to see. Letting other educators know about the concrete things they can do may help make being an ally a realistic option for them. For more ideas, talk with fellow educators about how they are including LGBT people, history and events in their curriculum. To learn what others are doing and share

your own ideas, join the Educator Forum on Facebook or register to receive updates as part of the Educator's Network at www.glsen.org/educator.

▼ **Distribute information.** Photocopy select pages from this guide (e.g., *Responding to Anti-LGBT Language and Behavior* or *When a Student Comes Out to You*) and give them to school staff at meetings, post them in a staff lounge or put them in the mailboxes of all staff. This will provide a non-threatening opportunity for other educators to learn about the issues and what they can do to make a difference.

▼ **Advocate for professional development.** Work with your principal or administrator to obtain training for staff on the school experiences of LGBT students and anti-LGBT bullying and harassment. Find community organizations that can provide training resources to your school, such as an LGBT community center or a local GLSEN chapter.

▼ **Give a presentation to school staff.** If possible, secure some time during a school staff meeting to discuss the issue of anti-LGBT name-calling, bullying and harassment. Provide staff with information about the problem and ideas for how to handle it. Use the provided outline for a sample 20-minute presentation to help you plan your presentation.

Sample 20-Minute Presentation to School Staff

This is a sample outline for a 20-minute presentation to school staff. With a short amount of time, you have to be sure to share key information that will get other educators interested in taking action to ensure a safe school environment for all students. There are two main points of information you should focus on during your short presentation: 1) The reasons why educators need to take action; 2) Concrete ways educators can respond to anti-LGBT behavior in the school. You can use this sample presentation outline to help focus your message and make the most of your brief presentation.

INTRODUCTION

Let staff know that the purpose of this presentation is to inform them of the experiences of lesbian, gay, bisexual and transgender (LGBT) students in schools, discuss ways to intervene when anti-LGBT behavior occurs and things they can do to create a safe school environment. Share why this is important to you personally; why you find it so critical to combat anti-LGBT behavior and ensure LGBT students feel safe and welcome in your school.

THE EXPERIENCES OF LGBT STUDENTS IN SCHOOL

▼ Share information about the experiences of LGBT students in school. Use statistics from research, such as GLSEN's National School Climate Survey (you can download all of GLSEN's research reports at www.glsen.org/research).

▼ You may want to write out three to four key statistics on flipchart paper or display on a smartboard. These could include the following from GLSEN's *2009 National School Climate Survey*:

- 84.6% of LGBT students were verbally harassed at school in the past year because of their sexual orientation; 63.7% were harassed because of their gender expression (acting “too masculine” or “too feminine”).
- The average grade point average (GPA) for LGBT students who were frequently harassed because of their sexual orientation or gender expression was significantly lower than that of LGBT students experiencing less harassment.
- Approximately 30% of LGBT students reported skipping a class at least once in the past month and missing at least one full day of school in the past month because they felt uncomfortable or unsafe at school.
- Most LGBT students who are harassed or assaulted in school did not report the incident to school staff. The most common reason they gave for not reporting was that they believed staff would not do anything about it.

▼ Give examples of the anti-LGBT behavior you have witnessed or heard about in your school.

▼ Lead the staff in a brief discussion using these questions:

- Were you surprised by any of the information?
- Have you witnessed anti-LGBT name-calling, bullying and harassment in the school?

RESPONDING TO ANTI-LGBT BEHAVIOR

▼ Tell staff that one of the best ways to make LGBT students feel safer and more comfortable at school is to directly intervene in anti-LGBT behavior.

▼ Provide staff with *Responding to Anti-LGBT Language and Behavior* section from this guide (page 16-17).

▼ Give staff a couple of minutes to review the handout silently, or have participants take turns reading it aloud.

▼ Lead the participants in a discussion using these questions:

- Would these tactics work in our school? Why or why not?
- What are some other ways you can respond to anti-LGBT behavior in the school?

CLOSING

▼ Provide examples of other things staff can do to create a safe environment for LGBT students, such as including LGBT people, history and events in their curriculum and supporting a Gay-Straight Alliance student club.

▼ Follow-up with educators and provide them with copies of important information from the *Guide to Being an Ally*. Support them in their efforts to be an ally, and let them know how they can support you. Be sure to tell them that they can download the *Guide to Being an Ally* and other resources at www.glsen.org.

Advocate



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key role of an ally is to use the power and influence they have as an educator to advocate for the rights of LGBT students and ensure safe schools for all. In this

section, we discuss three measures that you can advocate for in your school:

- ▼ **Assessment of your school’s climate, policies and practices**
- ▼ **Implementation of comprehensive anti-bullying/harassment policies**
- ▼ **Promotion of non-discriminatory policies and practices**

This section also provides some tips for how to talk to your principal, district administration or school board to advocate for these measures.

Assess your School

The first step in advocating for changes in your school is to assess the current state of your school. This will help you focus your efforts and identify areas for improvement. You can examine your school in-depth by learning about people’s experiences in your school and examining your school’s existing policies, practices and resources.

ASSESS YOUR SCHOOL’S CLIMATE

You can do this by surveying members of your school community—students, staff and parents. Your survey should include questions that ask about the frequency of biased language, harassment and assault, as well as the level of intervention by educators. GLSEN has a tool, the *Local School Climate Survey* (LSCS), which was designed to help educators and community members conduct a survey to assess the climate of their school or community. Conducting the LSCS can give you detailed data to use

when advocating for changes. There are two versions of the LSCS, one to be conducted in a single school and one to be conducted with several schools or a community. The LSCS provides you with a sample participant letter, tips for conducting a LSCS and a survey form. All materials can be downloaded at www.glsen.org/lscs for free.

ASSESS YOUR SCHOOL’S POLICIES AND PRACTICES

Understanding how inclusive your school is of LGBT students, families and issues is key to creating a plan of action to ensuring your school is safe and welcoming for all students. To assess your school’s policies and practices, note which items in the LGBT-Inclusive School Checklist applies to your school.

LGBT-Inclusive School Checklist

POLICIES & PROCEDURES

- Fairly enforced non-discrimination and anti-bullying/harassment policies that explicitly protect LGBT students
- School forms and applications that are inclusive of all identities and family structures
- A gender-neutral dress code, including for yearbook photos
- Gender-neutral and/or private bathrooms and changing areas

SCHOOL EVENTS & CELEBRATIONS

- School dances and proms that are safe for and inclusive of LGBT students
- Proms, homecoming and athletic events that allow for gender-neutral alternatives to “King” and “Queen”
- Valentine’s Day celebrations inclusive of LGBT and non-coupled students
- Observations of Mother’s Day and Father’s Day that affirm all family structures

COURSE CONTENT

- Health and sexuality education that is inclusive of all sexual orientations and gender identities
- Curriculum that regularly includes information about LGBT people, history and events
- Library resources and displays that are inclusive of LGBT people, history and issues

CO-CURRICULAR ACTIVITIES

- Athletic teams and events that are safe for and inclusive of LGBT students
- GSA’s and other student clubs that combat name-calling, bullying and harassment
- School publications that cover LGBT people and issues

Once you have assessed your school’s policies and practices, you should decide which areas of your school need the most work. Collaborate with other educators and administrators to implement realistic changes within the school.

Implement Comprehensive Anti-Bullying/ Harassment Policies

One major step that schools can take to affirm their support for all students' safety is the implementation and enforcement of anti-bullying or harassment policies. These policies can promote a better school climate for LGBT students when sexual orientation, gender identity and gender expression are explicitly addressed. School officials may not recognize that anti-LGBT harassment and bullying are unacceptable behaviors, or may not respond to the problem due to prejudice or community pressure without the cover of a specific policy. Comprehensive policies that specifically enumerate sexual orientation, gender identity and gender expression as protected characteristics removes all doubt that LGBT students, and all students, are protected from anti-LGBT bullying and harassment in school.

Some argue that generic anti-bullying/harassment policies without enumerated categories are just as effective as comprehensive ones. Students' experiences indicate otherwise. LGBT students from schools with a generic policy experience similar harassment levels as students from schools with no policies at all whereas students from schools with a comprehensive policy that include sexual orientation, gender identity and gender expression report a less hostile and more supportive school climate.

As an ally, you should find out whether your school or school district has a comprehensive anti-bullying/harassment policy that includes protections based on sexual orientation, gender identity and gender expression. If it does not, advocate with your principal, school board or district administration to adopt one that does. If your school already has a comprehensive

policy, be sure that all members of the school community are regularly notified of the policy and consistently implement it. Often times, a policy may exist but students are not aware of it and may not know that they are protected. If students are not aware of the policy or how to make a report of bullying or harassment, then the policy will not be effective.

For more information about safe school laws and policies, including a model school district policy, visit www.glsen.org.

Promote Non-Discriminatory Policies and Practices

Homophobia, transphobia and heterosexism can manifest themselves in school policies and practices, creating an unwelcoming, unsafe and hostile environment for LGBT students. Policies and practices that exclude LGBT students, or force them to conform to what is considered by others as "normal" can alienate LGBT students from the school community. There are many ways to make your school's policies and practices LGBT-inclusive.

▼ **Non-discrimination policy.** Many schools have a non-discrimination policy that prohibits discrimination based on sexual orientation and gender identity or expression. Such policies typically apply to all activities that take place within the school and they can apply to both school personnel and students. Check to see if your school has such a policy and if not, advocate for the adoption of one.

▼ **Sports activities.** Work with school coaches, and physical education teachers to combat anti-LGBT language among students and staff, respond when anti-LGBT behavior occurs and create a safe environment within school athletics for LGBT students. Homophobia and heterosexism are often heavily present on

the fields, in the gym, in locker rooms and at sporting events, and sports activities can be one of the most unwelcoming school programs for LGBT students. Some LGBT students, facing harassment or assault, choose to avoid the athletics program altogether. Those LGBT athletes that do participate may learn to feel shame and self-hatred and hide their identities at great psychological cost. For more information about making K-12 sports and physical education inclusive and safe for all, visit www.sports.glsen.org

▼ **School uniforms and dress codes.** Work to ensure that school uniforms or dress codes are gender-neutral, with the same set of rules and expectations for all students, regardless of gender. School uniforms and dress codes that require students to wear clothing deemed appropriate for their gender can restrict students' gender identity and gender expression, resulting in students feeling uncomfortable or unwelcome in their own school community.

▼ **School events.** Work to ensure that school events are inclusive of same-gender and gender-non-conforming couples. School events, such as proms, that limit student's guest/date choices to those of another gender can make students feel excluded and unwelcome. For example, if a prom limits a student's guest choices to someone of another gender it may make students feel excluded and unwelcome. This may particularly be a problem in cases when they are explicitly told they cannot bring

their same-gender guest or are refused entry because of their guest's gender.

▼ **School libraries.** Work with school librarians to include LGBT-themed literature in the school library collection. Go to www.glsen.org/educator to access an online list of recommended books and video resources, to find grade-appropriate literature for your school library. School libraries are a wealth of information and provide students with literature on many topics, including multicultural literature. Far too often, even multicultural literature excludes LGBT people and history. Imagine being in your school library full of books about all peoples, except people like you. Leaving out LGBT people, history and events in the library can contribute to LGBT students feeling excluded from their school.

▼ **Internet filters.** Work with your school administrators to ensure that the Internet filters are not blocking students from finding positive and helpful information about the LGBT community. Internet filters are often used in schools to block materials harmful to students, such as violent or pornographic sites, but they sometimes can block useful and necessary information. Students may be denied access to websites that have LGBT-related information, such as research, historical facts or support services for LGBT youth. And in some cases, students may be blocked from positive information but still have access to sites condemning LGBT people.



Anti-LGBT Bias in School

Vincent was an out, gay-identified senior at his town's only high school. Although he had occasionally experienced anti-gay name-calling and bullying in the school, he was well-liked and felt fairly comfortable at school. The senior prom was approaching and Vincent was worried that he wouldn't be allowed to bring

his boyfriend and enjoy the special night with his fellow students. Vincent approached one of the teachers on the prom committee with his concerns. She promised Vincent that there wouldn't be a problem. After spending hours preparing and getting ready for the prom, Vincent and his boyfriend were rudely told they would not be allowed in the prom on the grounds that all couples needed to be of the opposite sex, and that they should take their "offensive lifestyle" somewhere else.

What Can I Say to Make an Impact with My Principal or Administrator?

Advocating for changes in your school will undoubtedly lead to a conversation with your principal or administrator. Administrators are notoriously busy people—you'll likely only have a few minutes to get your point across and make an impression. You want to make sure you give your administrator information that will motivate them to take action and support your efforts as an ally. Here are some tips for making the most out of those few minutes.

▼ **Be direct.** Let them know exactly what you're there for. "I'm here today to talk to you about the need to make our school a safe space for all students, regardless of sexual orientation, gender identity or gender expression." Let them know that you are an ally to LGBT students, and there are some changes that can be made in the school to help LGBT students feel included and safe.

▼ **Show them why the change is necessary.** "I think there is a need for a comprehensive anti-bullying/harassment policy (or a training for all staff, a change in the Internet filter software, etc.) in this school because..." Use statistics from GLSEN's National School Climate Survey or results from your school's climate survey to inform your principal or administrator about the prevalence of anti-LGBT behavior in schools and its effects on LGBT students. If possible, use statistics from a GLSEN Research Brief for your specific state (see www.glsen.org/research) or a local school climate survey you have conducted in your school. Give them brief descriptions of the anti-LGBT behavior you have personally witnessed in the school.

▼ **Put the focus on safety.** All school administrators have a responsibility to make sure their schools are safe (physically and emotionally) for the students who attend them. "As you can see from these statistics (or incidents, stories, etc.) the climate in the school is having an effect on the comfort, safety, and sense of belonging of many of the students as well as test scores, attendance and grades." Point out to them the negative effects anti-LGBT behavior has not only on LGBT students, but all students.

▼ **Show them how the school community will benefit from the change.** "These actions will help make our school a safer and friendlier place for all students, regardless of sexual orientation, gender identity or gender expression." Provide information on how this change can result in a more positive school climate and improve student achievement. For example, share research from GLSEN's National School Climate Survey about the benefits of having supportive school staff or a comprehensive anti-bullying/harassment policy.

▼ **Give an overview of how educators can be allies to LGBT students and the changes the school can make.** Briefly share with them specific ways educators can be a supportive ally to LGBT students, such as intervening when anti-LGBT behavior occurs, not assuming the sexual orientation or gender identity of their students (or their parents) and including LGBT people, history and events in their curriculum. Briefly share with them the specific changes that will make your school safer. Use concrete examples like starting a GSA or making the school's anti-bullying policies inclusive of sexual orientation, gender identity and gender expression.

▼ **Leave information and schedule a follow-up meeting.** Photocopy or print key information from the *Guide to Being an Ally* and leave copies with your principal or administrator. Leave the information that you think will get them to support your efforts. If possible, try and secure some future time to further discuss the issue. Give the principal or administrator time to learn more and digest the information before continuing the discussion.

Make Your Action Plan

Now that you have learned how to be an effective ally to LGBT students, it's time you make your plan of action. By making realistic goals and documenting them, you will be more likely to make the change you seek. Use the questions provided to specify your next steps.

What can I do to support LGBT students?

What can I do to educate students and school staff?

What can I do to advocate for changes within the school?

What further resources, information, or help do I need?

The Safe Space Kit: Guide to Being an Ally to LGBT Students

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GLSEN (Gay, Lesbian & Straight Education Network) is the leading national education organization focused on ensuring safe schools for all students. GLSEN envisions a world in which every child learns to respect and accept all people, regardless of sexual orientation, gender identity or gender expression.

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Electronic versions of this guide and other resource materials for educators are available online at **www.glsen.org/educator**

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TRAINER GUIDE

PRESENTATION

MODULE 3: CREATING SAFE SPACES FOR LGBTQI2S YOUTH
BEYOND THE SAFE SPACE STICKER



A project funded by Alameda County Behavioral
Health Care Services in partnership with Seneca
Family Agencies and inVision Consulting



SENECA

FAMILY OF AGENCIES | UNCONDITIONAL CARE

Creating Safer Space for LGBTQI2S Youth Beyond the Safe Space Sticker



WELLNESS • RECOVERY • RESILIENCE



Project funded by Alameda County
Behavioral Health Care Services
Innovation Grant Program



Curriculum design by Natalie J. Thoreson

Group Agreements

Participate/Pass/Provide space
hones

Risk
respect

Intent/Impact
deas

Dialogue
ig deep

Education/Exploration
motion

fun!!!

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Group Introductions

What is your name and pronoun?

(possible pronouns are ze/hir/hirs, they/them/theirs,
she/her/hers, he/him/his)

What does safety and safe space
look like to you?

CYCLE OF OPPRESSION

PRE JUDGE

Based on our stereotypes we make judgments about people. These prejudgments can be conscious but are often unconscious.

prejudice

discrimination

Acting on our prejudice. This can be conscious or intentional but is usually unconscious or unintentional. There does not need to be a negative intent for a negative impact to occur.

P+A=D and P_U+A=D_U

P=prejudice
A=action

D=discrimination
U=unconscious

SOCIAL POWER

Access to resources that increase your chances of living a happy, healthy life. The ability to influence and control culture.

oppression

BELIEF ABOUT A GROUP OF PEOPLE

Learned from friends, family, media, schools, and other institutions. Can be positive or negative. Often have a grain of truth.

stereotype

DISCRIMINATION + SOCIAL POWER

Young people can discriminate against adults but do not have the social power to oppress them. People believed to be LGBTQI2S don't have social power to perpetrate "reverse" heterosexism although they can discriminate against heterosexuals.

Creating Safer Spaces



GLSEN Safe Space Program

Responding to Heterosexism and Gender Oppression



Creating Safer Spaces

Beyond the safe space sticker

1. What would a safe _____ (school, group home, foster family, juvenile justice center) look like for LGBTQI2S youth?
2. How do you make this prototype real? Name specific steps to make it happen.

Share out action plans

Report Out

How will you make safer spaces
for LGBTQI2S youth?



SENECA

FAMILY OF AGENCIES | UNCONDITIONAL CARE

Thank You



Project funded by Alameda County
Behavioral Health Care Services
Innovation Grant Program



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TRAINER GUIDE

MODULE 4

BALANCING PERSONAL VALUES AND
PROFESSIONAL RESPONSIBILITIES



A project funded by Alameda County Behavioral
Health Care Services in partnership with Seneca
Family Agencies and inVision Consulting

TRAINER GUIDE

Balancing Personal Values and Professional Responsibilities

Course Title:	Balancing Personal Values and Professional Responsibilities	
Prepared By:	Natalie J. Thoreson, M.Ed. / inVision Consulting	
Length of Training:	2 Hours	
Recommended Number of Trainees:	8-20 Participants (12-16 is ideal group size)	
Classroom Set-up:	Open horseshoe facing projection screen with <u>no tables</u>	
Trainer Materials:	Power Point Screen Nametags Pens/Pencils Speakers Dry Erase Board/Easel Paper and Stand	Projector Markers Timer/Watch Handouts
Objectives:	To explore participant beliefs and values related to supporting LGBTQI2S youth in care and LGBTQI2S youth in their workplaces and communities. To identify professional responsibilities and examine how to best uphold these responsibilities particularly if they do not match the values held by the participant and to examine how attendees can engage dialogue with caregivers, particularly those who are non-affirming, to engage them in upholding the professional responsibilities of the vocation.	
Audience:	Behavioral health, social service, and foster care professionals, teachers, and other adults supporting youth	

NOTE: *The discussion of values, particularly when conflicting, can be challenging to those involved. The goal of this training is not to force changes to participants' core values. Instead the focus should be to explore and celebrate values while working to understand how oppression hurts, limits, mistreats, and kills people of all sexual orientations, sexes, and genders.*

During this training, participants will:

1. Identify how our personal values and those of the families we support sometimes present challenges to our professional responsibilities when supporting LGBTQI2S youth in care
2. Learn how we can work toward fair treatment and respect for each other regardless of individual values and in line with our professional responsibilities as caregivers for LGBTQI2S youth.
3. Explore our personal values and identify how those values can lead to sex, gender, and sexual orientation based microaggressions with the LGBTQI2S youth we serve
4. Practice dialogue skills to engage values conversations with families, co-workers, healthcare professionals, etc.

TRAINER GUIDE

Balancing Personal Values and Professional Responsibilities

Overview

00:00	Settle in, Sign in, Nametags
00:10	Review PRIDE Group Agreements
00:15	Group Introductions
00:25	Values Shuffle
00:40	Review Cycle of Oppression
00:45	My Professional Responsibilities Are...
01:00	Engaging Difficult Conversations about Values
01:45	Closure
01:55	Evaluations

TRAINER GUIDE

Balancing Personal Values and Professional Responsibilities

Time/Materials/ Method	Trainer’s Script/Activity/Topic
00:00 – 10 min	SETTLE IN, SIGN IN, NAMETAGS
<p data-bbox="138 369 305 401">00:10 – 5 min</p> <p data-bbox="138 422 261 453">Materials:</p> <p data-bbox="138 474 266 541">.ppt slide 2 packet p. 1</p> <p data-bbox="138 562 240 594">Method:</p> <p data-bbox="138 615 349 716">Lecture and space for additional brainstorm</p>	<p data-bbox="368 369 902 401">REVIEW PRIDE GROUP AGREEMENTS</p> <p data-bbox="368 422 1495 562">Purpose: To review and agree upon group agreements for safety of participants during our time together. To review the role of the facilitator in maintaining a safe space for the group. To review the difference between safety and comfort. To set the overall tone for the workshop. To provide tools to hold one another accountable during the session.</p> <p data-bbox="368 583 1495 648">Activity: <i>Although activity description remains the same this will be a review for all participants and should be very brief.</i></p> <p data-bbox="485 669 1495 884">Briefly review the <i>PRIDE</i> Group Agreements as outlined below and your role in maintaining the agreements. Ask if there is anything they would like to add to create a safe space for communication, learning, and collaboration toward positive social change. Invite participants to use these agreements as tools to maintain safe space with one another and ask if participants are willing to adhere to them (by raise of hands or head nod).</p> <hr data-bbox="375 915 1451 919"/> <p data-bbox="368 957 1495 1171">P- (Participate/Pass/Provide space) Passing is okay; recognize that based on our social identities and introversion/extroversion, some people feel more comfortable and entitled to participate than others. If you typically take up more space, work to move back provide space for those who might speak or share less. (Phones) On vibrate/silent. Be considerate. One or two texts are okay if they are necessary i.e. if there is an emergency, but more become distracting and are disrespectful to other attendees.</p> <p data-bbox="368 1192 1495 1444">R- (Risk) Conversations about oppression and LGBTQI2S identities sometimes go astray. Sometimes we are scared to ask questions that make us look dumb or feel vulnerable. Engage the process fully and risk as deeply as you feel safe doing. What you get out of the process results from what you put in. (Respect) Folks have different interpretations of respect. Work to provide the respect others want. This moves beyond treating others how you would feel good being treated. Explore and learn how others feel respected and interact with them as such.</p> <p data-bbox="368 1465 1495 1644">I- (Intent) Our actions are seldom intended to hurt but sometimes they do; if you hit someone with your car, it hurts even if you didn’t intend to hit them. Despite intention, the pain (Impact) needs to be attended to. (Ideas) Allow space for people to share their stories and to have contradicting opinions and views. Work to be curious listeners and learners and open and avoid passing judgment.</p> <p data-bbox="368 1665 1495 1770">D- (Dialogue (vs. Debate)) Seek to understand not to win. (Dig deep) In this process you will be asked to share about your personal experiences and socialization in an effort to unearth the unconscious socialization stereotypes you hold.</p> <p data-bbox="368 1791 1495 1896">E- (Education/Exploration) Everyone has something to teach. Everyone has something to learn. We have all experienced socialization around sex, gender, and sexual orientation. (Emotion) Make space for your feelings and the feelings of others in order to stay engaged in</p>

TRAINER GUIDE

Balancing Personal Values and Professional Responsibilities

	<p>the process. We learn to stifle emotion as adults, which can lead to unresolved emotional distress. This distress is physically harmful and also works to silence and stifle important dialogue.</p> <p>CONFIDENTIALITY- What is said in the room stays in the room. The stories of each individual belong to the storyteller who has experienced them. Consider the impact of sharing a story that was told to you in confidence getting back to the person who shared it with you. The sharing of confidential information can be devastating. You are encouraged to share what you learn but not the stories you hear. Ask participants “What is the difference between confidentiality and anonymity?” With anonymity stories are shared without identifying information. With confidentiality the stories are not shared without permission. There are two reasons that people often break confidentiality: 1) Because this work is heavy. Folks are encouraged to process confidentially with mental health professionals and other trusted people i.e. religious leaders, significant others, and friends who you trust to maintain confidentiality. 2) For attention. It’s okay to like and even love attention. Do not seek attention through the stories of others. Share about your own amazing experiences; take up karaoke, acting, group leadership, fancy clothes or fancy hats, but not by breaking confidence.</p> <p>FUN – Humans learn better when we play. We retain more information when we feel positive and are having fun. Although these conversations can be difficult, make space for fun!</p> <hr/> <p>Facilitator Notes: Because this is a review for all participants it should be <u>very</u> brief and condensed. All participants will have taken the fundamentals course and will have seen them at least once prior to attending this session. Although the review of group agreements will be brief, highlight your role as a facilitator in maintaining a safe space for dialogue.</p> <p>Remember: Participants may be uncomfortable with some of the conversations or topics addressed during these sessions, and those feelings are normal. Discomfort often occurs when participants “put themselves out there” for conversation about personal issues. Highlight this discomfort as a learning edge. Emphasize to participants that you are working to create safety for the group and express your commitment to maintaining that safety. Find stories that explain that safety is not the same as comfort. Should any violations of the group agreements arise, it is the facilitator’s primary responsibility, through group process or other means, to maintain safety for the overall group. Being authentic and genuine in your explanation of group agreements and your role as the facilitator you can “sell” safety in this first activity to establish participant buy in. It is useful to directly state why you do group agreements. The rationale is personal for each facilitator, but a sample thing you might say is: "I do group agreements because they allow us to function as safely as possible, create opportunities for us to participate more fully and equally, and gives us a shared understanding of how to navigate these often difficult conversations."</p>
<p>00:15 – 10 min</p> <p>Materials: .ppt slide 3</p> <p>Method: Large group</p>	<p>GROUP INTRODUCTIONS</p> <p>Purpose: Give participants an opportunity to introduce themselves to the group and also share one value that they hold which supports the wellbeing of LGBTQI2S youth in care.</p> <p>Activity: Ask participants to share their name, pronoun, and a brief response to the question: “What is one value you hold that aligns with your professional responsibilities in</p>

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Balancing Personal Values and Professional Responsibilities

discussion	<p>supporting LGBTQI2S youth in care?” Explore similarities and differences in responses.</p> <p>Facilitator Notes: Pay careful attention so that you are able to note themes that arise. In doing so watch closely for examples of shared values as well as the diversity of values held. Note how with our diversities and similarities we all share a set of professional responsibilities that we need to adhere to.</p>
<p>00:25 – 15 min</p> <p>Materials: .ppt slide 4</p> <p>Method: Large group activity Large group process</p>	<p>VALUES SHUFFLE</p> <p>Purpose: Icebreaker/interactive exercise that gives participants an opportunity to interact with one another, and begin thinking about their personal values as related to LGBTQI2S youth. For participants to consider the impacts of their own values on their interactions and experiences with LGBTQI2S youth.</p> <p>Activity: In an open room create a tapeline down the center of the room. On one side of the tape on the far wall post the words, “Very Comfortable.” On the opposite far wall post the words, “Very Uncomfortable.” Explain that this is an activity where we will explore our levels of comfort with a variety of LGBTQI2S related themes. Emphasize that this is not an activity designed to expose participants or to make them feel judged. Attendees are simply being asked to consider the values and judgments that they hold so that they can better support LGBTQI2S youth. Ask everyone to stand on the centerline. Explain that for each statement read the participants will move from the centerline toward the very uncomfortable or very comfortable signs. They may not stay on the centerline. Once everyone has moved to their position, ask them to take a moment to look around. (If the group seems to feel comfortable with one another you may intermittently ask if anyone would like to share why they are standing where they’re at.) Then call everyone back to the centerline, read the next question, and repeat the process.</p> <p>Questions: How comfortable are you with:</p> <ol style="list-style-type: none"> 1. A man wearing a dress sitting next to you on BART 2. Holding hands with a man wearing a dress on public transit 3. Learning that your child’s 3rd grade teacher is a trans woman 4. Your sibling or parent identifying as gay/lesbian/pansexual 5. Your child bringing home a date who is of the same sex 6. Finding out that your new co-worker is gay 7. Supporting a family member through a gender alignment transition 8. Your child bringing home a date who is transgender 9. Using a mixed sex/gender bathroom 10. Your child using a mixed sex/gender bathroom 11. A lesbian woman caring for your children 12. Being supervised or led by a pansexual person

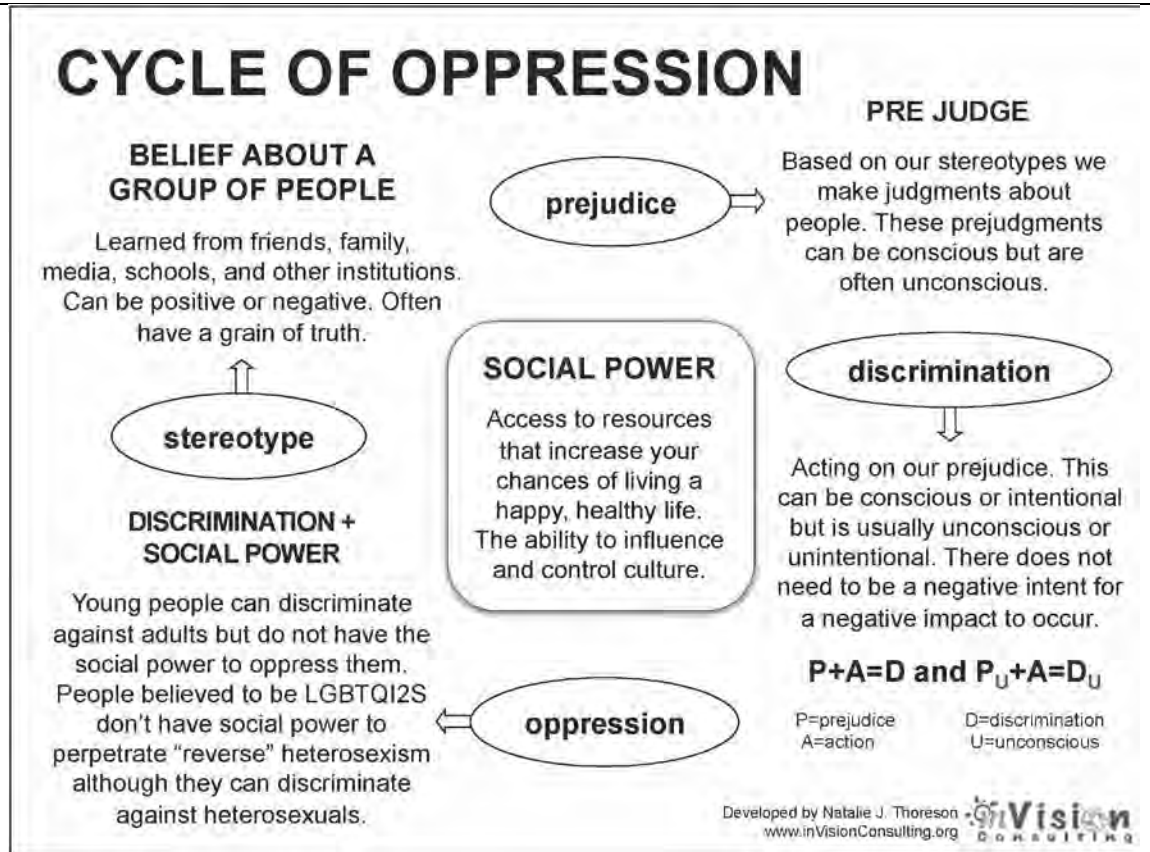
TRAINER GUIDE

Balancing Personal Values and Professional Responsibilities

	<ol style="list-style-type: none"> 13. Using she/her/hers pronouns for someone who is biologically male and looks stereotypically male 14. Having your minister/rabbi/priest/imam or other faith leader come out to you as gay or lesbian 15. Having an obstetrician who is a lesbian or a urologist who is gay 16. Supporting a 6 year old family member in gender alignment transition (including anti-androgens/anti-estrogens) 17. Supporting a 6 year old on your case load or who you work with in gender alignment transition (including anti-androgens/anti-estrogens) <p>Facilitator Notes: If there are any accessibility issues make adjustments as needed. This can be done while seated as a hand raising exercise (where a low hand is very uncomfortable and a high hand is very comfortable); it can also be modified for use as a self-report values worksheet, or participants can share verbally with one another in small groups. If folks seem to be clustering and/or reliably standing in the comfortable range, emphasize that this activity is not about exposing or judging participants. Also mention that if participants feel uncomfortable standing where they actually feel, they should ask themselves why they feel uncomfortable. This internal discussion can be another important way to understand one’s perspectives and biases.</p> <p>Possible discussion prompts:</p> <ol style="list-style-type: none"> 1. “How did it feel to participate in this activity?” 2. “Why is it important to explore our personal values when working to support LGBTQI2S youth in care?” 3. “Other thoughts or feelings?”
<p>00:40 – 5 min</p> <p>Materials: .ppt slide 5 packet p. 2</p> <p>Method: Interactive lecture Large group discussion</p>	<p>REVIEW CYCLE OF OPPRESSION</p> <p>Purpose: To gain a working understanding of oppression theory as well as common vocabulary with which to engage conversations around deconstructing the “isms.” To begin to consider ways in which institutional oppression and the target and agent identities created effect their daily lives as well as their professional practice with LGBTQI2S identified youth in care.</p> <p>Activity: Briefly review the cycle of oppression with a focus on how our personal values are impacted by oppression. Implicit bias and microaggressions both arise due to our socialization as LGBTQI2S or heterosexual, cisgender, and cissexual. Ask if there are any points of clarification. Remind attendees that understanding the impacts of socialization on our values and the values of those we interact with is key in supporting LGBTQI2S youth.</p>

TRAINER GUIDE

Balancing Personal Values and Professional Responsibilities



Facilitator Notes: This should be a brief review/reminder.

00:45 – 15 min

Materials:

.ppt slide 6
 packet p. 2

Method:

Small group
 Brainstorm

Large group
 discussion

MY PROFESSIONAL RESPONSIBILITIES ARE...

Purpose: To focus on the professional responsibilities that participants hold as well as explore the overarching responsibilities of adults working or providing care in the child welfare system. To become more conscious about ways that their values can sometimes come into conflict with professional responsibilities.

Activity: In two groups, give participants 3-4 minutes to brainstorm a list of professional responsibilities. This can be done on easel paper with “My Professional Responsibilities are...” written across the top. Give each group time to share out their list. After doing so, review the list of professional responsibilities for adults supporting (LGBTQI2S) youth in the child welfare system. Engage a conversation about the times when it can be challenging to maintain our professional responsibilities because the personal values we hold. Refer to the values list and brainstorm sheets for specific responsibilities that might be challenged. Also ask participants how they work to align behavior with responsibilities when their values are not in alignment.

Facilitator Notes: Work to identify conflicting values that might not be apparent to participants. Examples could be: a) holding the value that ageism is oppressive believing that young people should be able to drink alcohol before turning 21, b) holding the value that the larger mandated reporting system does not always benefit youth in the child welfare system and believing that not every instance of self harm needs to be reported, c)

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Balancing Personal Values and Professional Responsibilities

	<p>holding the value that gift giving is a way to show mutual appreciation and believing that there are often times when it is appropriate to accept gifts from youth or their families. These three examples do not have to do specifically with supporting LGBTQI2S youth however they work to more deeply explore our values and the impacts on our beliefs.</p>
<p>01:00 – 40 min</p> <p><i>15m – lecture and brainstorm</i></p> <p><i>10m – how might you respond</i></p> <p><i>20 m – practice</i></p> <p>Materials:</p> <p>.ppt slide 7-11 packet p. 3-7</p> <p>Method:</p> <p>Lecture</p> <p>Triads</p>	<p>ENGAGING DIFFICULT CONVERSATIONS ABOUT VALUES</p> <p>Purpose: To develop skills and practice ways to engage challenging conversations about values with co-workers, families, and other professionals who support youth in the child welfare system to best support LGBTQI2S youth in care.</p> <p>Activity: Lead a brief lecture on dialogue and communication skills emphasizing how power and privilege can impact the way that communication is received by the listener. Most of communication is conveyed through our body language (55%) and tone of voice (38%) while only a fraction (7%) is the actual words we use. The senders opinions, self-image, perceptions, mindset, biases, values, needs, feelings, culture, and loyalties are expressed in every message sent. And these same things are lenses through which a listener hears the message. Share dialogue principles as a framework for engaging these conversations: Find common ground, Listen without judgment, Work toward understanding, Find basic agreements, Temporarily suspend your own beliefs, Engage in introspection, Remain open ended for continued conversation, There is no right and wrong. Ask participants to keep these in mind as they engage difficult conversations about values.</p> <p>Explain that they will be practicing ways that they might respond to challenging values situations with co-workers, families, and youth they support. Begin by engaging a brainstorm with the group to create a list of several challenging values conflict situations that they have encountered. On a separate sheet brainstorm a list of professional responsibility/personal values conflicts that have been experienced by the participant.</p> <p>After brainstorming, break participants up into triads and ask them to discuss how they might respond to at least one of the values scenarios provided or one that was listed in the brainstorm. After participants have had a chance to share how they would respond they should practice/respond directly to someone in their group as if they were the other person(s) in the scenario. Responding without judgment should be reflected in speaking “soft, slow, and low,” and using dialogue skills, and valuing curiosity in engaging/responding to the conversation. The practicer will continue engaging and inviting conversation about our professional responsibilities while respecting the values shared. Remember the values of curiosity, love, caring, compassion, and a desire for youth wellbeing.</p> <p>The third person in each group can note observations including ways that it could have gone better, what was challenging, how it felt to witness the interaction, their own triggers in the situation etc. Once one person has had the chance to practice, participants will change roles. Everyone should take time to practice.</p> <p>If time permits ask participants to share points of learning and/or challenges that came</p>

TRAINER GUIDE

Balancing Personal Values and Professional Responsibilities

up during the activity.

Values Scenarios

Scenario 1

The situation: You are working with a female transgender-identified youth who refers to herself as Jasmine and uses the pronouns she and her. Her foster parents have asked to meet with you because they would like to terminate their foster relationship with Jasmine. The foster father says, “no sissy boy is going to prance around my house wearing dresses because that it just isn’t right by God.”

The dilemma: On one hand, you don’t want to terminate the foster care relationship because AB 458 states that it is illegal for foster providers to terminate the foster care relationship because of a youth’s gender identity, you do not want to send Jasmine the message that she is “bad” or “sick” for being transgender, and you do not think it is fair to make Jasmine move because of her gender identity.

On the other hand, you want to terminate the foster care relationship because you can’t imagine this home ever providing the nurturance and support that Jasmine needs and deserves, and you don’t want to exploit your professional power by imposing your will and the will of the government on Jasmine’s foster parents.

Scenario 2

The situation: The parents of one of your trans* clients refuse to acknowledge that their child is transgender and refuse to grant your client permission to take hormones. This youth has decided to take illegal hormones and seems happier and healthier than ever.

The dilemma: On one hand, you want to keep the youth’s hormone usage a secret because you support the youth’s ability to make their own decisions, when administered properly and from a trusted source, hormones are safe, and it seems to you that the hormones are affirming the youth’s gender identity, contributing to their mental health.

On the other hand, you think you need to tell the youth’s parents because parental consent is required for children’s medical services, you are a mandated reporter and are pretty sure you must report a child’s illegal use of a controlled substance, and you know that illegal hormones can be very dangerous because they are not from a trusted source and can contain unsafe ingredients.

Scenario 3

The situation: You are working with a group home provider who believes that they are keeping a young person safe by requiring them to wear clothes that align with their assigned sex at birth (which does not align with their gender identity) and ignoring their pronoun.

The dilemma: On one hand, you want to demand the group home provider respect the youth’s clothing choices and pronoun because AB 458 states that it is illegal for a group home to not respect a youth’s gender identity, and you want to send the youth a message that they deserve to be respected.

On the other hand, you feel hesitant making this demand because you don’t want to exploit

TRAINER GUIDE

Balancing Personal Values and Professional Responsibilities

	<p>your professional power by imposing your will and the will of the government on this group home provider, and it is true that another youth in the group home has been severely harassed for their gender identity, even though the group home staff has tried to keep this youth safe, and you want the youth to be safe.</p> <p>Scenario 4</p> <p><i>The situation:</i> You are supporting a young person who is 15 years old and having a sexual relationship with a person of the same gender who is 25 years old.</p> <p><i>The dilemma:</i> On one hand, you want to hold this information confidential and support the youth in this relationship because the relationship appears to be healthy and make the youth happy, reporting this relationship would violate the trust you and this youth have built, and you trust the youth to know what is best for themselves.</p> <p>On the other hand, this relationship is illegal under California statutory rape law and as a mandatory reporter, you are required to report it.</p> <p>Scenario 5</p> <p><i>The situation:</i> You are working with a youth, who identifies as gay, and his grandparent. The grandparent is concerned that their grandchild is gay due to abuse he experienced in childhood. They love their grandchild but they can't support this "lifestyle choice."</p> <p><i>The dilemma:</i> On one hand, you want to tell the grandparent that they are wrong by citing studies that show that gay identities are rarely, if ever, the product of childhood abuse and tell them that if they choose to not support their grandchild, they may lose their relationship with them.</p> <p>On the other hand, you want to be respectful of the grandparent's beliefs and you suspect the above approach may not be effective in helping the grandparent to accept their grandson.</p> <hr/> <p><i>Debrief:</i> Participants should be asked to share out some challenges that arose with the large group as well as anything that worked well. Take time to review the things to consider slide including possible triggers, why we are working to interrupt the behavior, best/worst outcomes and ways to make the listener feel safe.</p> <p><i>Facilitator Notes:</i> It is useful to emphasize that this is practice rather than <i>role-playing</i>. It helps participants to engage the activity more openly and realistically. Move around the room and spend as much time supporting participants directly as possible. Most participants do not have strong dialogue skills particularly when confronted with triggering statements. One key to effective dialogue is staying calm and not allowing oneself to become triggered because that is when folks stop listening to your perspectives. Highlight things that participants did well during practice. It is okay to interject if participants become stuck; if that happens, emphasize that their scenario is difficult.</p>
<p>01:40 – 15 min</p> <p>Materials: .ppt slide 12</p> <p>Method: Large group</p>	<p>CLOSURE/DEBRIEF</p> <p><i>Purpose:</i> To create a sense of closure share and provide a short opportunity for debrief.</p> <p><i>Activity:</i> Ask participants to consider one response that they practiced in the engaging difficult conversations exercise that they can share out with the larger group. The response or comment should be welcoming and also work to deconstruct the anti-LGBTQI2S</p>

TRAINER GUIDE

Balancing Personal Values and Professional Responsibilities

discussion	<p>message. Take 20 seconds of silent thinking time for participants to consider their responses. After doing so, ask that participants briefly share their responses.</p> <p>Debrief: Possible process questions include:</p> <ol style="list-style-type: none">1. Which skills shared would you like to implement in values and responsibilities interactions?2. What makes these conversations difficult?3. What skills made them easier?4. Which skills do you need to focus on processing?
01:55 – 5 min	EVALUATIONS

TRAINER GUIDE

HANDOUTS

MODULE 4: BALANCING PERSONAL VALUES AND
PROFESSIONAL RESPONSIBILITIES



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Balancing Personal Values and Professional Responsibilities



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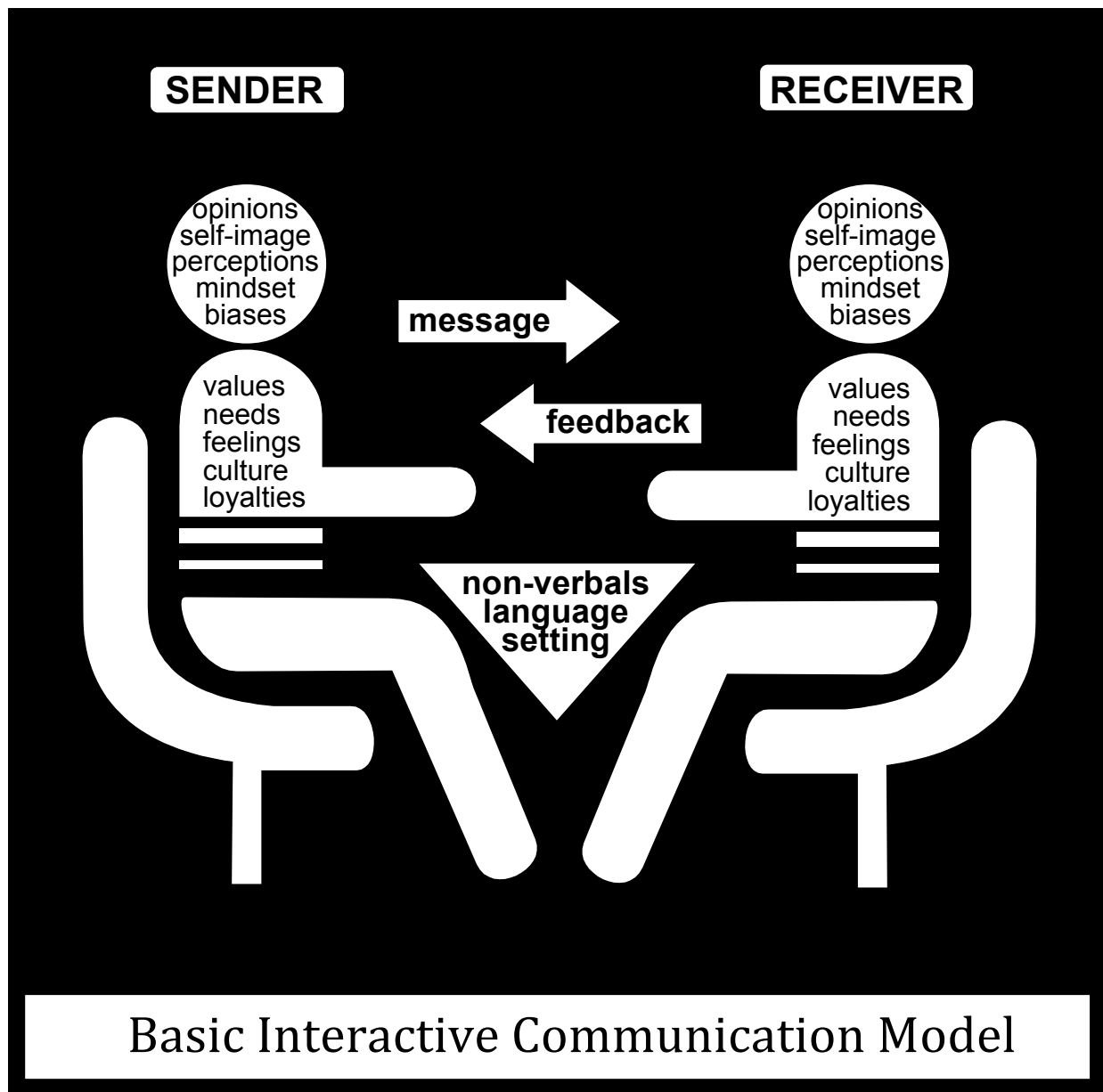
Education/Exploration
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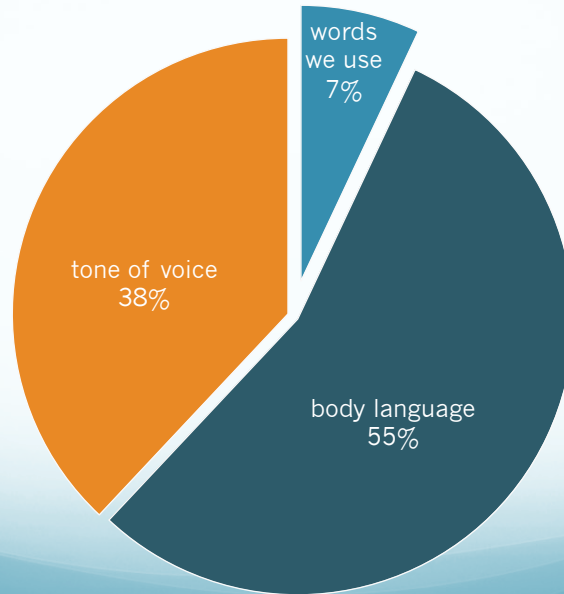
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Interactive Communication

The **Basic Interactive Communication Model**, which follows focuses on, the process of communication. This process, involves a **SENDER** using symbols (words or gestures) to transmit a message to a **RECEIVER**. The sender conveys intentions, ideas and feelings. The receiver responds, thus providing **FEEDBACK** to the sender. This is an exchange of both content and feelings. If successful, the sender and receiver will share the same meanings for the transmitted words and gestures.



Communication is...



Dialogue Principles

- Find common ground
- Listen without judgment
- Work toward understanding
- Find basic agreements
- Temporarily suspend your own beliefs
- Engage in introspection
- Remain open ended for continued conversation
- There is no right and wrong

Balancing Personal Values and Professional Responsibilities Values Scenarios

WHAT WOULD YOU DO?

Values Scenarios

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Scenario 3

The situation: You are working with a group home provider who believes that they are keeping a young person safe by requiring them to wear clothes that align with their assigned sex at birth (which does not align with their gender identity) and ignoring their pronoun.

The dilemma: On one hand, you want to demand the group home provider respect the youth’s clothing choices and pronoun because AB 458 states that it is illegal for a group home to not respect a youth’s gender identity, and you want to send the youth a message that they deserve to be respected.

On the other hand, you feel hesitant making this demand because you don’t want to exploit your professional power by imposing your will and the will of the government on this group home provider, and it is true that another youth in the group home has been severely harassed for their gender identity, even though the group home staff has tried to keep this youth safe, and you want the youth to be safe.

Balancing Personal Values and Professional Responsibilities Values Scenarios

Scenario 4

The situation: You are supporting a young person who is 15 years old and having a sexual relationship with a person of the same gender who is 25 years old.

The dilemma: On one hand, you want to hold this information confidential and support the youth in this relationship because the relationship appears to be healthy and make the youth happy, reporting this relationship would violate the trust you and this youth have built, and you trust the youth to know what is best for themselves.

On the other hand, this relationship is illegal under California statutory rape law and as a mandatory reporter, you are required to report it.

Scenario 5

The situation: You are working with a youth, who identifies as gay, and his grandparent. The grandparent is concerned that their grandchild is gay due to abuse he experienced in childhood. They love their grandchild but they can't support this "lifestyle choice."

The dilemma: On one hand, you want to tell the grandparent that they are wrong by citing studies that show that gay identities are rarely, if ever, the product of childhood abuse and tell them that if they choose to not support their grandchild, they may lose their relationship with them.

On the other hand, you want to be respectful of the grandparent's beliefs and you suspect the above approach may not be effective in helping the grandparent to accept their grandson.

Things to Consider

- Are you being triggered? Do you need a break?
- Why are you interrupting the behavior?
- What would be an ideal/worst case outcome?
- How can you help the listener feel safe?
- How can you assume the best about the person's intentions?
- Are you speaking and listening without judgment?



Thank You



Project funded by Alameda County
Behavioral Health Care Services
Innovation Grant Program



Curriculum design by Natalie J. Thoreson

You have

OTHER RIGHTS

too:

- You have the right to contact your family members and visit your sisters and brothers, unless a judge says you can't. You also have the right to meet with your social worker, lawyer, CASA, probation officer, and youth service providers.
- You have the right to make and receive private phone calls, and to send and receive mail without it being opened, unless a judge says someone else can open it.
- You can have an emancipation bank account. You keep what you earn, unless your case plan says you can't.
- You have the right to be in a regular school unless your IEP says differently or your guardian thinks it's better for you to be somewhere else.
- If your placement changes, you get to stay in your old school until the end of the school year. If the Foster Care Liaison decides it's better for you to change schools earlier, you must be told why in writing. If your guardian disagrees, you get to stay in your old school until they work it out.
- If you change schools, you have the right to start school right away, even if you don't have all of your records or you owe money to your old school. Your grades can't be lowered because you didn't finish the semester.
- If you have to miss school to go to court, your absence can't be counted against you in your school record.
- You have the right to go to your court hearings and to speak to the judge yourself.
- If you are over 12, you have the right to get a copy of your case plan, get information about your placement, and be told about changes in your case plan.

WHAT TO DO

If you have been harassed or discriminated against because of your sexual orientation or gender identity:

- 1.** Write down everything that happened as soon as you can. If there were any witnesses, ask them to write down what they saw. Always keep a copy of this information.
- 2.** Tell your social worker, and give her or him a copy of what you wrote down. Your social worker is responsible for making sure that you are safe in your placement. If your social worker is involved in the discrimination or harassment, tell your social worker's supervisor. You can also call the State Ombudsperson at: **1-877-846-1602**. Always write down what happened, who you talked to, what you talked about, including anything the person said to you. Keep this information in case you need to talk to someone else about it.
- 3.** If you need any help or have any questions, call the National Center for Lesbian Rights at **1-800-528-6257**. NCLR can help whether you are lesbian, gay, bisexual, transgender, or questioning.

If **YOU** want to make changes in the California foster care system and you are a current or former foster youth aged 14-24, or you want to be a volunteer supporter, contact:

**CALIFORNIA
YOUTH
CONNECTION**



www.calyouthconn.org
604 Mission St., 9th Floor
San Francisco, CA 94105
1-800-397-8236

This brochure was produced in collaboration with:

ohyac
ohyac@nclrights.org

brochure design: www.theheyday.com

www.nclrights.org

NCLR
National Center for Lesbian Rights

870 Market St., Suite 370
San Francisco, CA 94102
(415) 392-6257
1-800-528-6257
info@nclrights.org



Printed on recycled paper at **Golden Gate Litho**, www.goldengatelitho.com.

Queer & Trans Youth

in
California Foster Care

Have

RIGHTS!



Queer & Trans Youth in

California Foster Care

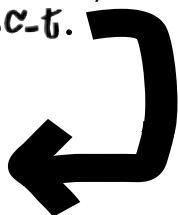
Have

Rights!

The Foster Care Nondiscrimination Act, A.B. 458, effective

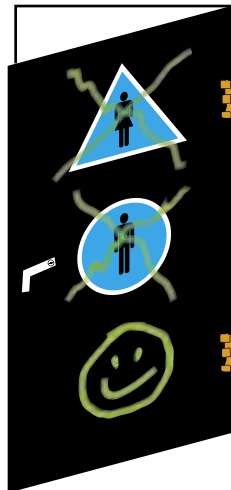
January 1, 2004, makes it illegal to harass or discriminate against youth and adults in the California foster care system because they are lesbian, gay, bisexual, transgender, or because someone thinks that they are. The law also protects those involved in the California foster care system from being harassed or discriminated against because of their race, ethnic group identification, ancestry, national origin, color, religion, sex, mental or physical disability, or HIV status.

- ✓ You have the right to live in a **safe, comfortable home** where you are treated with **R-e-s-p-e-c-t**.



- ✓ If your foster parents will not accept your gender identity or sexual orientation and you feel **unsafe**, you have the **right to be moved** to another placement.
- ✓ You have the right to get the same services, care, placement, treatment, and benefits as all foster youth. **You can't be treated differently** because of your sexual orientation, gender identity, race, sex, physical or mental disability, or because you are HIV+.

BATHROOM



- ✓ You have the right to use a **safe bathroom** where you are not harassed. You can't be forced to use a bathroom that doesn't feel right for you.
- ✓ No one can **harass you, tease you, or hurt you** because of your sexual orientation, gender identity, race, sex, physical or mental disability, or because you are HIV+.

- ✓ If you are being **harassed or threatened** by other youth, the group home administrator or social worker must do something to stop it.
- ✓ No one can **physically, sexually, or emotionally abuse** you.
- ✓ If other youth in your placement can **date**, you can, too.



- ✓ You have the right to have **friends and mentors** outside of the foster care system, including LGBT youth and adults.
- ✓ You have the right to go to activities for LGBT youth like a **gay prom**, LGBT youth groups, and **GSA meetings**.



- ✓ No one can **look through your things** unless they have a good and legal reason.
- ✓ You have the right to participate in **religious activities**, and you have the right to choose your religion and how you practice it. You also have the right *not* to participate in religious activities if you don't want to.



- ✓ You have the right to **cut and style your hair** and **wear clothes** that make sense for your gender expression.
- ✓ You have the right to use the **name and pronoun** that makes you feel comfortable, and foster care providers have to respect your choice.
- ✓ You have the right to **safe medical care** that is right for you.
- ✓ You have the right to call the **State Ombudsperson** (1-877-846-1602) or the Community Care Licensing Division in your region if your rights have been violated. You have the right to confidentiality about what you say, and to be protected from retaliation for reporting the violation of **YOUR RIGHTS**.

For a complete list of foster care rights, call 1-877-846-1602 or visit: www.fosteryouthhelp.ca.gov.

AB 458 FACT SHEET

THE CALIFORNIA FOSTER CARE NON-DISCRIMINATION ACT

AB 458, the Foster Care Non-Discrimination Act, was signed into law on September 6, 2003 and went into effect on January 1, 2004. AB 458 prohibits discrimination in the California foster care system on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability, or HIV status. Because training is crucial to enable service providers to fulfill their responsibilities to provide safe and nondiscriminatory care, placement, and services to foster children, AB 458 also mandates initial and ongoing training for all group home administrators, foster parents, and department licensing personnel.

This law is the first of its kind in the United States to explicitly include protections for lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth and adults involved with the foster care system.

SPECIFICALLY, THE LAW PROVIDES:

- All foster children¹ and all adults engaged in the provision of care and services to foster children² have a right to fair and equal access to all available services, placement, care, treatment and benefits.
- All foster children³ and all adults engaged in the provision of care and services to foster children⁴ have a right not to be subjected to discrimination or harassment on the basis of actual or perceived sexual orientation or gender identity.
- Adds these rights and protections to the California Foster Child List of Rights.
- All group home administrators,⁵ foster parents,⁶ and department licensing personnel⁷ must receive initial and ongoing training on the right of a foster child to have fair and equal access to all available services and to not be subjected to harassment or discrimination based on their actual or perceived sexual orientation or gender identity.
- All community college districts that provide orientation and training to relative caregivers must make available to relative and extended family caregivers orientation and training courses that cover the right of a foster child to have fair and equal access to all available services, placement, care, treatment, and benefits and the right of foster youth not to be subjected to discrimination or harassment on the basis of actual or perceived sexual orientation or gender identity.⁸

THINGS TO AVOID

1) **DON'T repeat or acknowledge anti-LGBT messages.** For example, when opponents claim that gay people are trying to “destroy marriage,” don’t respond by saying, “Gay couples aren’t destroying marriage.” While it’s tempting to argue against the false claims of anti-gay activists, repeating their language and soundbites (even to dispute them) just makes their concepts “stick” in people’s minds. If repeating anti-gay language is unavoidable, think about using the “so-called” qualifier to remind audiences that opponents’ terminology is false and misleading (e.g., “This so-called Defense of Marriage Act is really about hurting loving, committed couples”).

2) **DON'T use highly charged language.** Research shows that using terms like “bigotry,” “prejudice” and “hatred” to describe anti-LGBT attitudes is viewed by many Americans as shrill, confrontational name-calling. Attacking anti-LGBT activists doesn’t give Americans a reason to support equality for LGBT people; rather, it can make them want to back away from the person or group doing the name-calling. Instead, use language that is measured and relatable to create empathy and a sense of how opponents’ attitudes and actions hurt LGBT people.

3) **DON'T inadvertently validate anti-LGBT attitudes.** Saying “I understand how talking about these issues can be challenging”—which lets someone know that you understand how difficult these discussions can sometimes be—is different from saying “I understand why you’re opposed to this issue.” Acknowledge the discomfort, not the person’s hurtful attitudes.

4) **DON'T compare—directly or indirectly—the experiences of gay and transgender people with those of African Americans, Latinos or the immigrant rights movement.** Likewise, don’t make comparisons to the African American Civil Rights Movement. Research is clear: such comparisons alienate these audiences, and they don’t actually help people understand the harms and injustices that LGBT people face.

5) **DON'T use the language of conflict.** Most Americans don’t typically respond well to framing LGBT issues as a “war,” “battle” or “fight.” Avoid war metaphors and similar language. Instead, talk about the injustices that LGBT people experience on a daily basis, and the importance of ensuring that all people—including LGBT people—are treated fairly and equally.

Terminology: Talking About LGBT Issues

Below are a few terms to use when talking about LGBT issues. Please see *An Ally’s Guide to Terminology: Talking About LGBT People & Equality* for an in-depth discussion of related language (www.lgbtmap.org/terminologyguide).

- **gay (adj.), gay people, lesbian, lesbians** (not “homosexuals,” an offensive, outdated clinical term); **bi** (consider using when referring to bisexual people and relationships in general contexts)
- **transgender (adj.), transgender people** (not “transgenders” or “transgendered people”)
- **gay and transgender people** (*lesbian, gay, bisexual and transgender*, if needed for clarity; use *LGBT* when talking with supportive audiences who are familiar with the issues)
- **gay couples, gay and lesbian couples** (not “homosexual couples” or “same-sex couples”)
- **orientation** (*sexual orientation* on first reference if necessary; never “sexual preference” or “gay lifestyle”—two inaccurate, offensive terms)
- **gender identity, gender expression**
- **advocates for gay equality, advocates for gay and transgender equality** (not “gay activists”)

Common Ground Conversations

Focus on shared values like caring, commitment, family, responsibility, hard work and community when talking about LGBT issues. For example:

- *All hardworking people in our city, including gay and transgender people, should have the chance to earn a living and provide for themselves and their families.*
- *Marriage is about love, commitment, responsibility, and a lifelong promise two people make to take care of each other and be there for each other, always.*
- *Open military service is about serving one’s country with honor and integrity.*



ABOUT THIS SERIES

This is one in a series of documents on effectively talking about LGBT issues, also including: Overall Approaches, Marriage & Relationship Recognition, Inclusive Employment Protections, Inclusive Hate Crimes Laws, Adoption & Gay Parents, Suicide & LGBT Populations, Talking About LGBT Equality with African Americans, Talking About LGBT Equality with Latinos & Hispanics, An Ally’s Guide to Talking About Transgender-Inclusive Non-Discrimination Laws, and An Ally’s Guide to Terminology. For downloadable versions, visit www.lgbtmap.org/talking-about-lgbt-issues-series or www.glaad.org/talkingabout. © 2008, 2011 Movement Advancement Project (MAP).



TRAINER GUIDE

PRESENTATION

MODULE 4: BALANCING PERSONAL VALUES AND
PROFESSIONAL RESPONSIBILITIES



A project funded by Alameda County Behavioral
Health Care Services in partnership with Seneca
Family Agencies and inVision Consulting



SENECA

FAMILY OF AGENCIES | UNCONDITIONAL CARE

Balancing Personal Values and Professional Responsibilities



WELLNESS • RECOVERY • RESILIENCE



Project funded by Alameda County
Behavioral Health Care Services
Innovation Grant Program



Curriculum design by Natalie J. Thoreson

Group Agreements

Participate/Pass/Provide space
hones

Risk
respect

Intent/Impact
deas

Dialogue
ig deep

Education/Exploration
motion

fun!!!

C
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Group Introductions

What is your name and pronoun?

(possible pronouns are ze/hir/hirs, they/them/theirs,
she/her/hers, he/him/his)

What is one personal value you
hold that easily aligns with your
professional responsibilities?

VALUES SHUFFLE



CYCLE OF OPPRESSION

PRE JUDGE

Based on our stereotypes we make judgments about people. These prejudgments can be conscious but are often unconscious.

prejudice

discrimination

Acting on our prejudice. This can be conscious or intentional but is usually unconscious or unintentional. There does not need to be a negative intent for a negative impact to occur.

P+A=D and P_U+A=D_U

P=prejudice
A=action

D=discrimination
U=unconscious

SOCIAL POWER

Access to resources that increase your chances of living a happy, healthy life. The ability to influence and control culture.

oppression

BELIEF ABOUT A GROUP OF PEOPLE

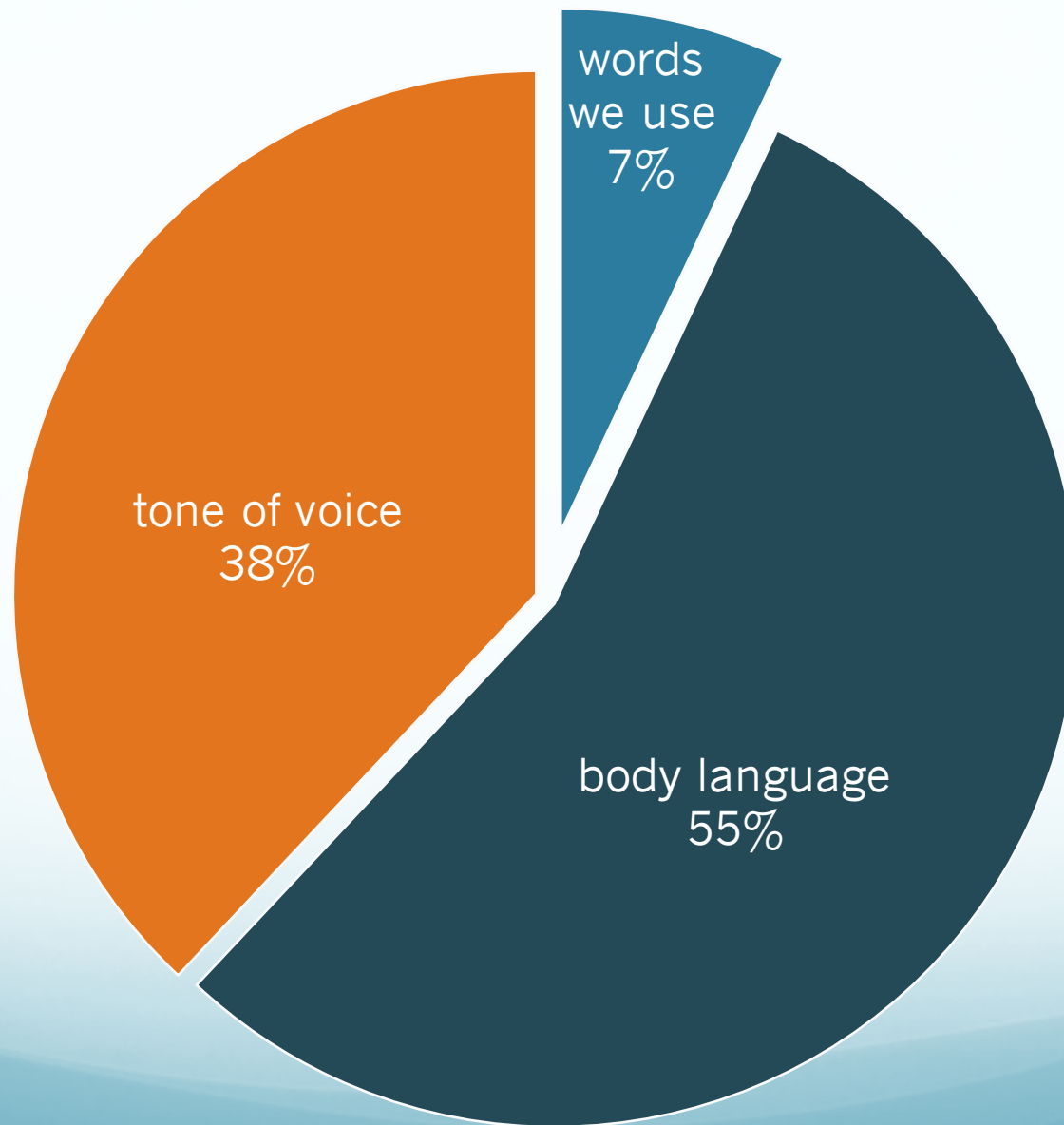
Learned from friends, family, media, schools, and other institutions. Can be positive or negative. Often have a grain of truth.

stereotype

DISCRIMINATION + SOCIAL POWER

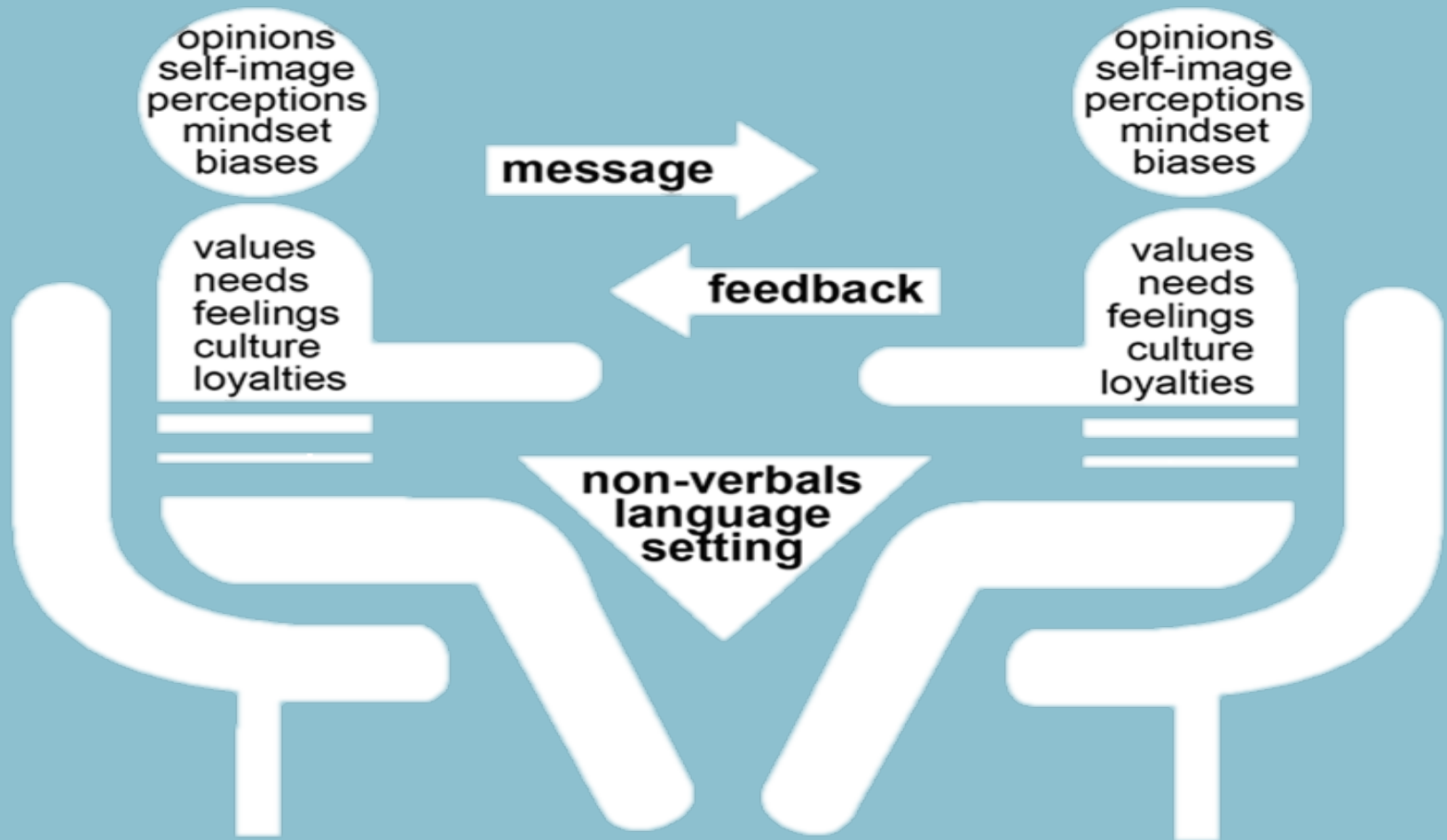
Young people can discriminate against adults but do not have the social power to oppress them. People believed to be LGBTQI2S don't have social power to perpetrate "reverse" heterosexism although they can discriminate against heterosexuals.

Communication is...



SENDER

RECEIVER



Basic Interactive Communication Model

Dialogue Principles

- Find common ground
- Listen without judgment
- Work toward understanding
- Find basic agreements
- Temporarily suspend your own beliefs
- Engage in introspection
- Remain open ended for continued conversation
- There is no right and wrong

Engaging Difficult Conversations about Values

Brainstorm: challenging values
conflict scenarios

Brainstorm: professional
responsibility/personal values
conflicts

Values Scenarios

Things to Consider

- Are you being triggered? Do you need a break?
- Why are you interrupting the behavior?
- What would be an ideal/worst case outcome?
- How can you help the listener feel safe?
- How can you assume the best about the person's intentions?
- Are you speaking and listening without judgment?

Report Out

Complete one of the following prompts

I feel...

I will...

I learned...

I would like to...



SENECA

FAMILY OF AGENCIES | UNCONDITIONAL CARE

Thank You



Project funded by Alameda County
Behavioral Health Care Services
Innovation Grant Program



Curriculum design by Natalie J. Thoreson

TRAINER GUIDE

MODULE 5

SEX AND SEXUALITY FOR
LGBTQI2S YOUTH IN CARE



A project funded by Alameda County Behavioral
Health Care Services in partnership with Seneca
Family Agencies and inVision Consulting

TRAINER GUIDE

Sex and Sexuality for LGBTQI2S Youth

Course Title:	Sex and Sexuality for LGBTQI2S Youth	
Prepared By:	Natalie J. Thoreson, M.Ed. / inVision Consulting	
Length of Training:	2 Hours	
Recommended Number of Trainees:	8-20 Participants (12-16 is ideal group size)	
Classroom Set-up:	Open horseshoe facing projection screen with <u>no tables</u>	
Trainer Materials:	Power Point Screen Nametags Pens/Pencils Dry Erase Board/Easel Paper and Stand	Projector Markers Timer/Watch Handouts
Objectives:	To build participants' understanding of heteronormativity and gender oppression in in current sex education curricula. To practice skills to engage appropriate conversations about sex and sexuality with LGBTQI2S youth.	
Audience:	Behavioral health, social service, and foster care professionals, teachers, and other adults supporting youth	

“Currently, sex-education standards vary widely across the country, leaving many American youth uninformed about basic anatomy, healthy relationship skills, and safer sex practices. On top of this, LGBT youth face particular challenges. Sex-education materials often assume students are heterosexual and nontransgender. Many sex-education curricula do not mention sexual orientation or gender identity at all, and some that do discuss it only in a negative light. This not only prevents LGBT students from learning the information and skills they need to stay healthy, but it also contributes to a climate of exclusion in schools, where LGBT students are already frequent targets of bullying and discrimination.”

~Center for American Progress: LGBT-Inclusive Sex Education Means Healthier Youth and Safer Schools

During this training, participants will:

1. Learn how heteronormative and cisnormative sex education contributes to the oppression of LGBTQI2S youth
2. Discuss challenges in supporting healthy sex and sexuality for LGBTQI2S youth
3. Practice engaging scenarios about sex and sexuality with LGBTQI2S youth

TRAINER GUIDE

Sex and Sexuality for LGBTQI2S Youth

Overview

00:00	Settle in, Sign in, Nametags
00:10	Review PRIDE Group Agreements
00:15	Hard and Easy/Group Introductions
00:30	Let's Talk About Sex (And Sexuality)
00:45	Review Cycle of Oppression
00:50	The Problem with Sex Education
01:00	Let's Talk About Sex Some More
01:45	Closure
01:55	Evaluations

TRAINER GUIDE

Sex and Sexuality for LGBTQI2S Youth

Time/Materials Method/Notes	Trainer's Script/Activity/Topic
00:00 – 10 min	SETTLE IN, SIGN IN, NAMETAGS
00:10 – 5 min Materials: .ppt slide 2 packet p. 1 Method: Interactive lecture	REVIEW PRIDE GROUP AGREEMENTS Purpose: To review and agree upon group agreements for safety of participants during our time together. To review the role of the facilitator in maintaining a safe space for the group. To review the difference between safety and comfort. To set the overall tone for the workshop. To provide tools to hold one another accountable during the session. Activity: <i>Although activity description remains the same this will be a review for all participants and should be very brief.</i> Briefly review the <i>PRIDE</i> Group Agreements as outlined below and your role in maintaining the agreements. Ask if there is anything they would like to add to create a safe space for communication, learning, and collaboration toward positive social change. Invite participants to use these agreements as tools to maintain safe space with one another and ask if participants are willing to adhere to them (by raise of hands or head nod). <hr style="border: 1px solid blue;"/> <p>P- (Participate/Pass/Provide space) Passing is okay; recognize that based on our social identities and introversion/extroversion, some people feel more comfortable and entitled to participate than others. If you typically take up more space, work to move back provide space for those who might speak or share less. (Phones) On vibrate/silent. Be considerate. One or two texts are okay if they are necessary i.e. if there is an emergency, but more become distracting and are disrespectful to other attendees.</p> <p>R- (Risk) Conversations about oppression and LGBTQI2S identities sometimes go astray. Sometimes we are scared to ask questions that make us look dumb or feel vulnerable. Engage the process fully and risk as deeply as you feel safe doing. What you get out of the process results from what you put in. (Respect) Folks have different interpretations of respect. Work to provide the respect others want. This moves beyond treating others how you would feel good being treated. Explore and learn how others feel respected and interact with them as such.</p> <p>I- (Intent) Our actions are seldom intended to hurt but sometimes they do; if you hit someone with your car, it hurts even if you didn't intend to hit them. Despite intention, the pain (Impact) needs to be attended to. (Ideas) Allow space for people to share their stories and to have contradicting opinions and views. Work to be curious listeners and learners and open and avoid passing judgment.</p> <p>D- (Dialogue (vs. Debate)) Seek to understand not to win. (Dig deep) In this process you will be asked to share about your personal experiences and socialization in an effort to unearth the unconscious socialization stereotypes you hold.</p> <p>E- (Education/Exploration) Everyone has something to teach. Everyone has something to learn. We have all experienced socialization around sex, gender, and sexual orientation.</p>

TRAINER GUIDE

Sex and Sexuality for LGBTQI2S Youth

	<p>(Emotion) Make space for your feelings and the feelings of others in order to stay engaged in the process. We learn to stifle emotion as adults, which can lead to unresolved emotional distress. This distress is physically harmful and also works to silence and stifle important dialogue.</p> <p>CONFIDENTIALITY- What is said in the room stays in the room. The stories of each individual belong to the storyteller who has experienced them. Consider the impact of sharing a story that was told to you in confidence getting back to the person who shared it with you. The sharing of confidential information can be devastating. You are encouraged to share what you learn but not the stories you hear. Ask participants “What is the difference between confidentiality and anonymity?” With anonymity stories are shared without identifying information. With confidentiality the stories are not shared without permission. There are two reasons that people often break confidentiality: 1) Because this work is heavy. Folks are encouraged to process confidentially with mental health professionals and other trusted people i.e. religious leaders, significant others, and friends who you trust to maintain confidentiality. 2) For attention. It’s okay to like and even love attention. Do not seek attention through the stories of others. Share about your own amazing experiences; take up karaoke, acting, group leadership, fancy clothes or fancy hats, but not by breaking confidence.</p> <p>FUN – Humans learn better when we play. We retain more information when we feel positive and are having fun. Although these conversations can be difficult, make space for fun!</p> <hr/> <p>Facilitator Notes: Because this is a review for all participants it should be <u>very</u> brief and condensed. All participants will have taken the fundamentals course and will have seen them at least once prior to attending this session. Although the review of group agreements will be brief, highlight your role as a facilitator in maintaining a safe space for dialogue.</p> <p>Remember: Participants may be uncomfortable with some of the conversations or topics addressed during these sessions, and those feelings are normal. Discomfort often occurs when participants “put themselves out there” for conversation about personal issues. Highlight this discomfort as a learning edge. Emphasize to participants that you are working to create safety for the group and express your commitment to maintaining that safety. Find stories that explain that safety is not the same as comfort. Should any violations of the group agreements arise, it is the facilitator’s primary responsibility, through group process or other means, to maintain safety for the overall group. Being authentic and genuine in your explanation of group agreements and your role as the facilitator you can “sell” safety in this first activity to establish participant buy in. It is useful to directly state why you do group agreements. The rationale is personal for each facilitator, but a sample thing you might say is: "I do group agreements because they allow us to function as safely as possible, create opportunities for us to participate more fully and equally, and gives us a shared understanding of how to navigate these often difficult conversations."</p>
<p>00:15 – 15 min</p> <p>Materials: .ppt slide 3-4</p>	<p>HARD AND EASY/GROUP INTRODUCTIONS</p> <p>Purpose: Give participants an opportunity to introduce themselves to the group. Icebreaker/interactive exercise that gives participants an opportunity to interact with</p>

TRAINER GUIDE

Sex and Sexuality for LGBTQI2S Youth

<p>Pens/pencils notecards</p> <p>Method:</p> <p>Written prompt response</p> <p>Large group share</p>	<p>one another, and explore ways that discussing sex and sexuality with LGBTQI2S youth can be difficult/challenging or effortless/comfortable. Also allows the facilitator to informally assess participant skill level.</p> <p>Activity: Explain that they will be participating in an anonymous exercise to begin thinking about things the challenges and talents we have when it comes to discussing sex and sexuality with LGBTQI2S youth. Pass out note cards to participants and ask:</p> <ol style="list-style-type: none"> 1. On the edge of one side of your card write “hard” 2. Turn your card over and on the edge of the second side write “easy” 3. On the “hard” side <u>legibly</u> write one thing about sex and sexuality that is difficult or challenging to discuss with LGBTQI2S youth you support. 4. On the “easy” side <u>legibly</u> write one thing about sex and sexuality that is comfortable or effortless to discuss with LGBTQI2S youth you support. <p>Give up to five minutes to complete responses, collect and shuffle the index cards and pass them back stating that if they get their own they should keep it as no one knows they have written it.</p> <p>Ask participants to share their name, pronoun, and read the hard and easy conversations card that was passed out to them. Participants should watch for themes or patterns that they notice in peoples’ hard and easy discussion responses.</p> <p>Facilitator Notes: Emphasize legible writing, as others will be reading their cards. Take notes (privately or on easel paper/whiteboard) during the introductions as the statements participants make regarding what they would like to learn can inform the direction of the comprehensive sex education lecture.</p>
<p>00:30 – 15 min</p> <p>Materials:</p> <p>.ppt slide 5 packet p. 2</p> <p>Method:</p> <p>Small group discussion</p> <p>Large group discussion</p>	<p>LET’S TALK ABOUT SEX (AND SEXUALITY)</p> <p>Purpose: Icebreaker/interactive exercise that gives participants an opportunity to interact with one another, and begin thinking about how they first began learning about sex and sexuality and the heteronormativity of our sex education schooling</p> <p>Activity: Remind participants of the group agreements in place to provide a safe space for sharing and conversation. Acknowledge the possibility of trauma histories and encourage attendees to keep this in mind as they answer questions and listen to responses from one another. Arrange participants in groups of 4 or 5 ask them to answer the following questions:</p> <ol style="list-style-type: none"> 1. What is sexuality? Growing up, what were you taught about healthy sexuality? 2. Growing up, what were you taught about safe and healthy sex and sexual relationships? 3. As a young person, what did you learn about LGBTQI2S sex, sexuality and relationships? 4. What messages do LGBTQI2S youth receive about safe and healthy sex and sexuality?

TRAINER GUIDE

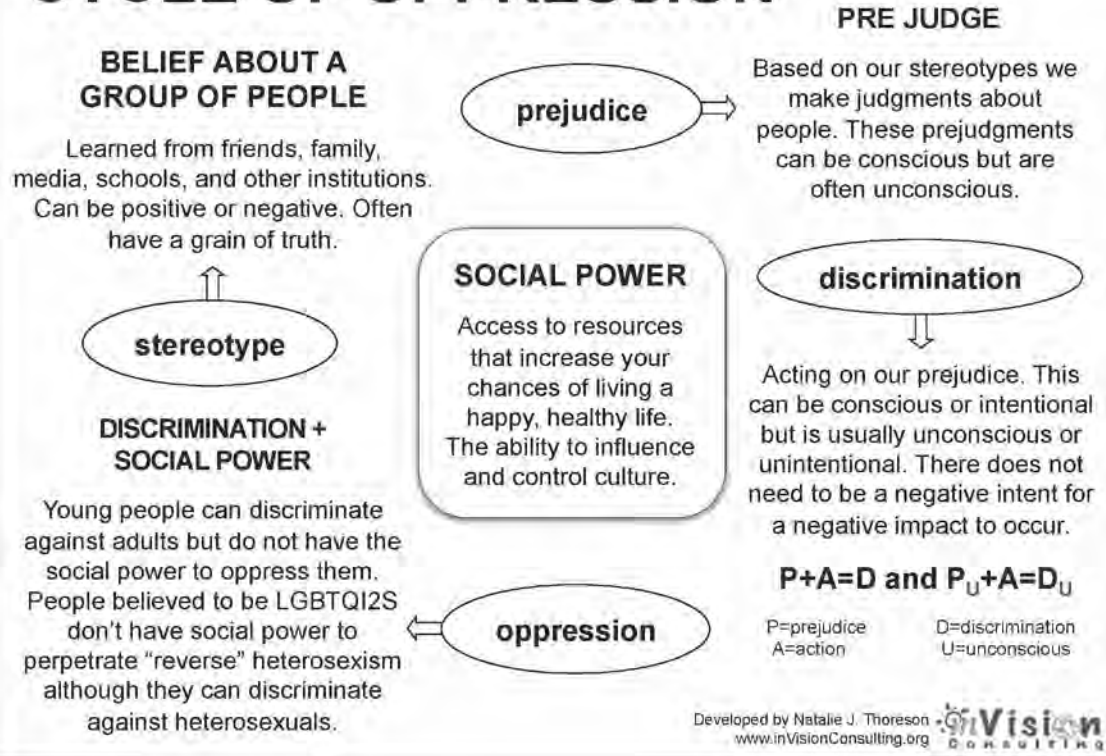
Sex and Sexuality for LGBTQI2S Youth

	<p>Debrief: Return to large group.</p> <p>Possible discussion prompts (it is not necessary or recommended to use all prompts):</p> <ol style="list-style-type: none"> 1. How did it feel to talk about sex? 2. How would it feel to answer these questions with LGBTQI2S youth you support? 3. What is sexuality? 4. How are sex and sexuality associated with relationships? 5. What are some incorrect or false things you learned about sex and sexuality? 6. How does LGBTQI2S sex and sexuality education need to differ from heterosexual, cisgender sex education? (it does not – comprehensive sex education benefits all youth) 7. How were your early learnings about sex and sexuality oppressive to LGBTQI2S people? 8. How does oppression impact sex and sexuality for LGBTQI2S youth? <p>Facilitator Notes: Participants often have extreme discomfort/difficulty talking about sex and sexuality, particularly with youth. Work to help participants feel safe and light when engaging this activity. This format provides an opportunity to talk about the framework of sex and sexuality education that most youth experience.</p>
<p>00:45 – 5 min</p> <p>Materials: .ppt slide 6</p> <p>Method: Interactive lecture Large group discussion</p>	<p style="text-align: center;">REVIEW CYCLE OF OPPRESSION</p> <p>Purpose: To review oppression theory and common vocabulary with which to engage conversations around deconstructing the “isms.” To keep in mind how institutional oppression and target and agent identities impact sex and sexuality education for LGBTQI2S youth.</p> <p>Activity: Briefly review the cycle of oppression with a focus sex and sexuality. Ask if there are any points of clarification. Remind attendees to keep the cycle in mind as a framework for understanding the challenges that arise in comprehensive sex education for LGBTQI2S youth.</p>

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Sex and Sexuality for LGBTQI2S Youth

CYCLE OF OPPRESSION



Facilitator Notes: This should be a brief review/reminder that the things we are discussing are all impacted by systemic oppression. i.e. Because heteronormative sex education identifies sex as penile penetration of the vagina LGBTQI2S individuals often don't get sex and sexuality information they need for physical and emotional safety. In addition, most sex and sexuality education takes place in gender segregated settings isolating sex/gender non-conforming individuals.

00:50 – 10 min

THE PROBLEM WITH SEX EDUCATION

Materials:

Purpose: To identify how sex education is often heterosexist, cisgenderist, and cissexist.

.ppt slide 7-9
 packet p. 2-3

Activity: Deliver a short lecture on the ways in which sex education curricula are heterosexist, cisgenderist, and cissexist.

Method:

Most sex and sexuality education

Lecture

1. Excludes some students from the benefits of learning about safe sex practices to protect themselves from STIs. Sexual health education should give equal consideration to safe sex practices for lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQI2S) youth.
2. Leads to isolation and can contribute to depression and lower self-esteem for students who are LGBTQI2S.
3. Limits heterosexual students' understanding and appreciation of others.

TRAINER GUIDE

Sex and Sexuality for LGBTQI2S Youth

	<ol style="list-style-type: none"> 4. Increases bullying through an imbalance of power. 5. Teaches about only heterosexual relationships and by ignoring other relationships frames heterosexual people and relationships as “normal” and LGBTQI2S people as abnormal. This form of marginalization encourages systemic bullying of LGBTQI2S people. <p>Most sex and sexuality education is sexist</p> <ol style="list-style-type: none"> 1. It is entirely possible for women to get to college or beyond and a) not know what the clitoris is, b) not know where it is, c) not know what to do with it. 2. Often pregnancy/prevention and STIs/prevention in heterosexual sex are discussed without a single mention of the clitoris. It is entirely possible to give a scientifically accurate and practical description of birth control, condom use, vaginal intercourse, etc. without ever acknowledging female pleasure. 3. Often only coitus is discussed in pregnancy and STI prevention sex education. Women are left with the impression that they are primarily meant to derive pleasure from penetration. Many can achieve orgasm through this method however most can not. 4. When an imbalance of power exists, women are more likely to be taken advantage of. <p>Inclusive/Comprehensive Sex and Sexuality Education</p> <ol style="list-style-type: none"> 1. Is taught via a gender neutral model (all students have access to the same information in a sex/gender mixed and supportive environment). 2. Redefines sex as being about more than just reproduction. 3. Considers that some students will identify as LGBTQI2S and lesson plans include information that will address their needs and affirm their identities. 4. Doesn’t assume heterosexuality. For example, avoid conversations like, “Girls at your age may notice that they are beginning to have feeling for boys. This is a normal development.” Same sex attractions are also normal. 5. Includes images of same sex couples and families in order to role model acceptance and diversity. 6. Moves beyond tokenism—integrates information about LGBTQI2S people into curriculum in a significant way. <p>Facilitator Notes: This lecture will take much of the allotted time. At the end of each slide provide space for a short Q&A with participants or invite thoughts that they may have on the content.</p>
<p>01:00 – 45 min</p> <p>30m – small grp</p> <p>15m – large grp</p> <p>Materials:</p>	<p>LET’S TALK ABOUT SEX SOME MORE</p> <p>Purpose: To discuss difficult sex and sexuality conversations that come up with LGBTQI2S youth.</p> <p>Activity: In groups of three or four discuss responses to the following scenarios. Participants can</p>

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Sex and Sexuality for LGBTQI2S Youth

.ppt slide 10
packet p. 4

Method:

Small Group
discussion

Large group
discussion

choose a few scenarios they would like to explore to from the following list. They may come up with their own scenarios as well. Groups should discuss how they would respond, possible challenges, and best and worst possible outcomes. If time permits the groups can be encouraged to role-play their responses.

Scenario 1: You support a young person who used to do sex work. The youth often brags about their sexual knowledge and has been telling classmates that instead of using condoms you can pour bleach into your anus or even your vagina to prevent HIV.

Scenario 2: An HIV+ youth you are supporting expresses that they only have sex with other HIV+ people. They have decided not to use condoms because they and everyone they have sex with are already HIV+.

Scenario 3: A youth you are supporting recently tested positive for chlamydia. They have been treated with antibiotics. They ask you if they need to disclose their chlamydia to potential sexual partners.

Scenario 4: A youth you are supporting mentions that they sometimes have sex they don't want because they don't feel comfortable saying no.

Scenario 5: A youth you are supporting shares a bedroom in a group home with an HIV+ youth. The youth you are supporting worries that sharing a bedroom and a bathroom with this other youth could lead to them contracting HIV, particularly if the other youth ever uses their toothbrush or bar of soap.

Scenario 6: You overhear one youth say to another, "You're gonna die a virgin because anal sex isn't really sex."

Scenario 7: A cisgender female-identified youth you work with tells you that she does not use a condom when she has sex with her cisgender boyfriend because he prefers to have sex without. He always pulls out before he ejaculates but she still worries about getting pregnant. She wants to talk to him about using condoms but she worries that he will break up with her.

Scenario 8: You are supporting a youth who identifies as male and has a vagina and uterus. This youth often has sex with youth who identify as male who were assigned men at birth. You don't know what kind of sexual acts this youth engages in, but you do know that this youth generally prefers to not use a condom and believes that because he takes testosterone, he cannot get pregnant. You are aware that this youth has a history of health professionals unnecessarily focusing on his anatomy, which very much upsets him.

Scenario 9: A female-identified, cisgender youth you support mentions preferring to be on top of her cisgender, male-identified partners during sex because "the physics of it" makes it unlikely she will get pregnant.

Scenario 10: You overhear a youth you support saying that they like choking and slapping their partners during sex.

Debrief: After discussing scenarios return to the large group. Ask participants to share what they learned or will take away from the activity. What was hard about the activity? What

TRAINER GUIDE

Sex and Sexuality for LGBTQI2S Youth

	<p>skills did they find themselves good at? What fears arise when thinking about engaging these conversations with youth?</p> <p><i>Facilitator Notes:</i> When supporting groups encourage attendees to practice responding to these situations after they have discussed them with the group.</p>
<p>01:45 – 10 min</p> <p>Materials: .ppt slide 11</p> <p>Method: large group activity</p>	<p>CLOSURE</p> <p><i>Purpose:</i> To create a sense of closure and evaluate participant learning and action planning possibilities.</p> <p><i>Activity:</i> Share sex and sexuality resources including The Importance of Real Sex Education, The Circles of Sexuality, Abstinence Only Until Marriage fact sheet, and sexetc.org. Ask participants to consider one thing that about sex and sexuality they would like to share with LGBTQI2S youth. Share responses with the group.</p>
01:55	EVALUATIONS

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HANDOUTS

MODULE 5: SEX AND SEXUALITY FOR
LGBTQI2S YOUTH IN CARE



A project funded by Alameda County Behavioral Health Care Services in partnership with Seneca Family Agencies and inVision Consulting



Sex and Sexuality for LGBTQI2S Youth in Care



Project funded by Alameda County
Behavioral Health Care Services
Innovation Grant Program



Curriculum design by Natalie J. Thoreson

Group Agreements

Participate/Pass/Provide space
hones

Risk
espect

Intent/Impact
deas

Dialogue
ig deep

Education/Exploration
motion

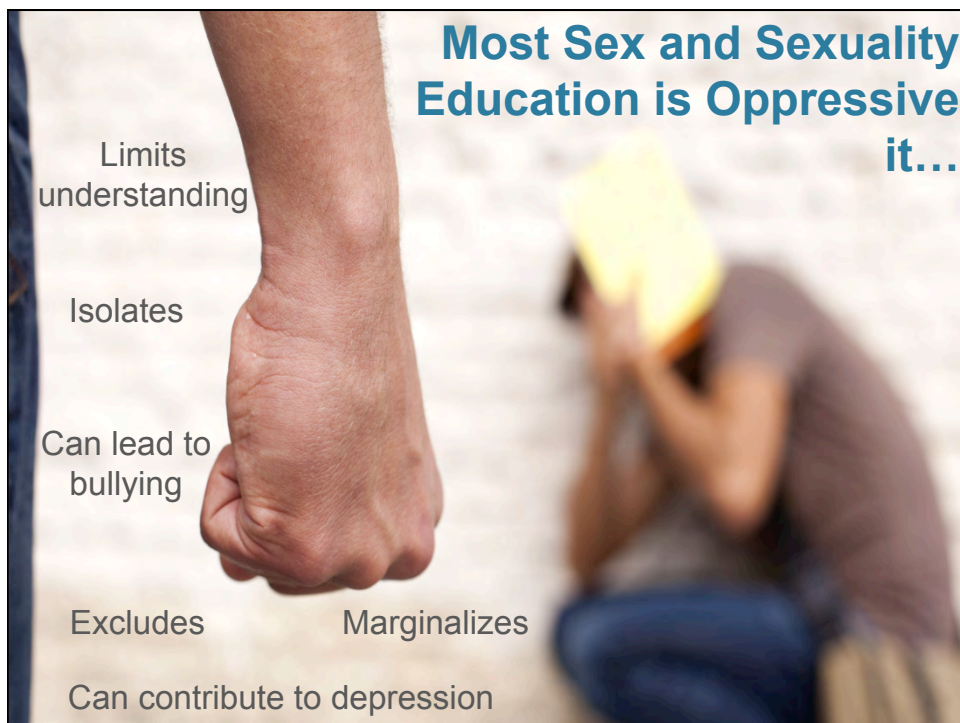
fun!!!

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Let's Talk About Sex (and Sexuality)

Keeping in mind group agreements for safety please answer the following questions with your group.

1. What is sexuality? Growing up, what were you taught about healthy sexuality?
2. Growing up, what were you taught about safe and healthy sex and sexual relationships?
3. As a young person, what did you learn about LGBTQI2S sex, sexuality and relationships?
4. What messages do LGBTQI2S youth receive about safe and healthy sex and sexuality?



Most Sexuality Education is Sexist

1. There is little focus on female anatomy unrelated to reproduction
2. The clitoris and female pleasure are seldom or ever mentioned
3. Women are taught to believe that penetration = pleasure
4. Creates an imbalance of power

Inclusive/Comprehensive Sex and Sexuality Education

1. Is taught via a gender neutral model
2. Says sex is more than reproduction
3. Addresses LGBTQI2S needs and affirms identities
4. Doesn't assume heterosexuality
5. Incorporates diverse imagery including LGBTQI2S individuals
6. Integrates information about diverse identities

Sex and Sexuality for LGBTQI2S Youth

Sex and Sexuality Scenarios

DISCUSS RESPONSES TO THE FOLLOWING SCENARIOS

Your group does not need to discuss every scenario however each person in your group should take an opportunity to share several responses during the allotted time.

Scenario 1: You support a young person who used to do sex work. The youth often brags about their sexual knowledge and has been telling classmates that instead of using condoms you can pour bleach into your anus or even your vagina to prevent HIV.

Scenario 2: An HIV+ youth you are supporting expresses that they only have sex with other HIV+ people. They have decided not to use condoms because they and everyone they have sex with are already HIV+.

Scenario 3: A youth you are supporting recently tested positive for chlamydia. They have been treated with antibiotics. They ask you if they need to disclose their chlamydia to potential sexual partners.

Scenario 4: A youth you are supporting mentions that they sometimes have sex they don't want because they don't feel comfortable saying no.

Scenario 5: A youth you are supporting shares a bedroom in a group home with an HIV+ youth. The youth you are supporting worries that sharing a bedroom and a bathroom with this other youth could lead to them contracting HIV, particularly if the other youth ever uses their toothbrush or bar of soap.

Scenario 6: You overhear one youth say to another, "You're gonna die a virgin because anal sex isn't really sex."

Scenario 7: A cisgender female-identified youth you work with tells you that she does not use a condom when she has sex with her cisgender boyfriend because he prefers to have sex without. He always pulls out before he ejaculates but she still worries about getting pregnant. She wants to talk to him about using condoms but she worries that he will break up with her.

Scenario 8: You are supporting a youth who identifies as male and has a vagina and uterus. This youth often has sex with youth who identify as male who were assigned men at birth. You don't know what kind of sexual acts this youth engages in, but you do know that this youth generally prefers to not use a condom and believes that because he takes testosterone, he cannot get pregnant. You are aware that this youth has a history of health professionals unnecessarily focusing on his anatomy, which very much upsets him.

Scenario 9: A female-identified, cisgender youth you support mentions preferring to be on top of her cisgender, male-identified partners during sex because "the physics of it" makes it unlikely she will get pregnant.

Scenario 10: You overhear a youth you support saying that they like choking and slapping their partners during sex.



Thank You



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Behavioral Health Care Services
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Curriculum design by Natalie J. Thoreson



Sex and Sexuality for **LGBTQI2S** Youth

Myths About Sex and Sexuality

MYTH: *Teaching and talking about sex and sexuality promotes young people having sex.*

FACT: Providing sex education has been shown to delay engagement in sexual activity, increase the use of contraception during first sexual encounters, and decrease unintended pregnancies.

(<http://www.guttmacher.org/pubs/journals/j.jadohealth.2011.12.028.pdf>)

MYTH: *Kids today are having more sex than ever and at younger ages!*

FACT: The National Youth Risk Behavior Survey, conducted every two years, does not support this myth—instead it shows that many factors impacting the health risks of youth have improved since 1991. A smaller percentage of students in 2013 reported having had sexual intercourse, a smaller percentage of young people reported having had their first sexual partner before age 13, and a smaller percentage of students indicated having had four or more sexual partners. While this data can fluctuate slightly from year to year, there is no reason to believe that “kids today” are all that different than we were as teenagers!

(http://www.cdc.gov/healthyyouth/data/yrbs/pdf/trends/us_sexual_trend_yrbs.pdf)

MYTH: *Young people don't use condoms.*

FACT: Adolescents are more likely to use condoms during sexual intercourse than adults. Additionally, only 14% of high school students report using no form of pregnancy prevention during their last sexual intercourse. There are all sorts of myths about why people don't use condoms in any specific instance, ranging from lacking access to condoms to not having sufficient negotiation skills. While these factors might combine to impact an individual person's decision to not use birth control or protection against sexually transmitted infections, the research does not suggest any one answer to the larger question of why some young people do choose to not use condoms or other barriers.

(<http://www.ncbi.nlm.nih.gov/pubmed/21029384>,
http://www.cdc.gov/healthyyouth/data/yrbs/pdf/trends/us_sexual_trend_yrbs.pdf)

MYTH: *All sex can cause pregnancy.*

FACT: Pregnancy can only occur when a sperm cell comes into contact with an egg cell, which generally only happens when semen gets inside of a vagina in a person who also has a uterus (although this process can also occur in a fertility laboratory). Oral sex, fingering, hand jobs, masturbation, and anal sex do not result in pregnancy. People having sex cannot get pregnant if both an egg and sperm cells are not present.

(<http://www.plannedparenthood.org/learn/pregnancy/how-pregnancy-happens>)

Sex and Sexuality for **LGBTQI2S** Youth

Myths About Sex and Sexuality

MYTH: *You can't get pregnant if you're on your period.*

FACT: Some people can get pregnant during their period, depending on the length of their fertility cycle and the length of their period. Sperm can survive in a partner's body for a few days after intercourse, and it is possible that someone might ovulate shortly after the end of menstruation. Additionally, because younger people are likely to have irregular periods, it can be harder for teens to know whether or not they are likely to be fertile—or at increased likelihood of getting pregnant. Pregnancy happens when a sperm cell and an egg cell meet and implant in a uterus, generally as a result of penetrative sex.

(<http://www.webmd.com/women/features/5-things-you-didnt-know-about-your-period?page=2>, http://kidshealth.org/teen/sexual_health/girls/irregular_periods.html#)

MYTH: *You can tell if someone has a sexually transmitted disease (STD) or infection (STI).*

FACT: Many STIs and STDs have no visible symptoms and people may go a long time without realizing they have an STI. You cannot tell by looking at someone's face or their genitals whether they have an STI. There are *some* STIs that have symptoms such as sores, discharge, unusual smells, or burning/itching sensations, but there are others that can only be detected through testing by a medical professional.

(http://www.who.int/features/factfiles/sexually_transmitted_diseases/facts/en/)

MYTH: *Getting an STI will ruin your life.*

FACT: Many individuals will come into contact with an STI at some point in their life. For some, their lives might change, but most people can continue to have a healthy and satisfying sex life. Many STIs are completely curable—meaning that following treatment by a doctor, there will be no risk of passing things on to another person. Some STIs remain present in the body, but carry a very low long term health risk and can be treated to reduce the likelihood of symptoms and transmission. Although there was a time when coming into contact with HIV meant serious health concerns, our current medication and prevention methods allow people to go on to live very full and long lives as long as they continue to receive treatment from a medical professional. That said, untreated STIs can be very serious. The best thing someone can do if they are concerned about sexually transmitted diseases or infections is to get tested and talk through their concerns with someone who can help them consider how they would like to keep themselves and their partners healthy.

(<http://www.cincinnatichildrens.org/health/s/std/>)

Sex and Sexuality for **LGBTQI2S** Youth

Myths About Sex and Sexuality

MYTH: *Being gay puts you at greater risk for getting an STI.*

FACT: Someone’s sexuality alone does not increase or decrease their risk of getting a sexually transmitted infection. That said, certain sexual activities do carry a higher risk of disease transmission. STIs are transmitted in different ways, but some—like HIV—are transmitted most easily when there is direct contact with the blood or seminal/vaginal fluids of an infected partner through a permeable membrane—including a sore, cut, or abrasion. Because the lining of the anus is very sensitive and can be damaged easily, people who engage in anal sex with a partner who has an STI will be at a higher risk of transmission. Using lubrication to decrease tearing and barrier methods to prevent direct fluid contact can help prevent transmission of some STIs.

(<https://www.aids.gov/hiv-aids-basics/hiv-aids-101/how-you-get-hiv-aids/>,
<http://www.cdc.gov/msmhealth/HIV.htm>)

MYTH: *My penis is too small. My breasts are too small.*

FACT: It is very common for people to experience concerns about how their bodies will be perceived by others. Oftentimes people have only pornography or media images to use as comparison for their own bodies, and may need some information about what is typical or average. A useful follow up question to this concern is, “Too small (or big, or crooked, or weird-looking) for what?” Oftentimes a young person may have a concern about finding partners, being desirable, or performing sexually. When we can attend to these fears, it can lessen the intensity of concern for something that we can’t change—like penis size—or something we have limited control over—such as physical appearance.

(<https://www.plannedparenthood.org/learn/body-image>)

MYTH: *People decide whether or not they’re gay, lesbian, bisexual, transgender, or queer (LGBTQ).*

FACT: While we do have some control over our behaviors and the decisions we make—what we do—our identities and orientations—who we are and what we are interested in—are more complex. Some people identify feeling as though they were “born gay,” while others report falling in love, at some point in their lives, with someone outside of their typical attraction set. Research is showing us more and more that sexuality and gender identity are shaped by a variety of factors—some biological and some environmental. For some, experiences of trauma may impact their sense of identity and orientation, but it is a myth that people become LGBTQ because of these experiences. While some people are comfortable with and happy about their sexuality or gender identity, others may have a process of trying to resolve their feelings and experiences with what they have heard or believed about LGBTQ people, but this does not mean that they are “not really gay, lesbian, bisexual, trans, or queer.”

(<http://www.apa.org/topics/lgbt/orientation.aspx>)

Sex and Sexuality for LGBTQI2S Youth

Myths About Sex and Sexuality

MYTH: *All kids explore gender—it will pass.*

FACT: While it is true that many young people explore gender as a part of their identity development, for some young people, their feelings of discomfort about their assigned gender will not simply pass. Telling a young person that what they are experiencing is normal may prevent them from expressing the extent to which they are experiencing distress. Professionals who specialize in working with gender identity recommend seeking support for a young person whose comments about gender misalignment or discomfort are consistent, persistent, and insistent. Expressing curiosity and asking clarifying questions can help a young person feel safe in talking more and exploring their feelings and experience around gender.

(<http://www.apadivisions.org/division-44/resources/advocacy/transgender-children.pdf>)

MYTH: *I can't talk to anyone about sex or my parents will find out!*

FACT: In California, services related to sexual health, pregnancy, and sexuality are considered “sensitive services” and young people have the right to access these services without requiring parental consent or having parental involvement. Planned Parenthood, the Public Health Department, school health centers, and other community organizations can be resources for young people who want to access STI testing, birth control, and sexual health information without it showing up on their parent’s insurance. With that said, many health care providers are mandated reporters, and may have to share certain information with parents, guardians, or other agencies if a young person has experienced unwanted sexual contact or has a sexual partner of a significantly different age. A young person has the right to ask what, if any, information will be disclosed before talking their questions over with a provider.

(<https://cfhc.org/advocacy/policy-priorities/confidentiality>)

TRAINER GUIDE

PRESENTATION

MODULE 5: SEX AND SEXUALITY FOR
LGBTQI2S YOUTH IN CARE



A project funded by Alameda County Behavioral Health Care Services in partnership with Seneca Family Agencies and inVision Consulting



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FAMILY OF AGENCIES | UNCONDITIONAL CARE

Sex and Sexuality for LGBTQI2S Youth in Care



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Curriculum design by Natalie J. Thoreson

Group Agreements

Participate/Pass/Provide space
hones

Risk
respect

Intent/Impact
deas

Dialogue
ig deep

Education/Exploration
motion

fun!!!

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Hard & Easy

1. On the top of one side of your card write “hard”.
2. Turn your card over and on the top of the second side write “easy”.
3. On the “hard” side legibly write one thing about sex and sexuality that you find difficult or challenging to discuss with LGBTQI2S youth you support.
4. On the “easy” side legibly write one thing about sex and sexuality that you find comfortable or effortless to discuss with LGBTQI2S youth you support.



Group Introductions

What is your name and pronoun?

(possible pronouns are ze/hir/hirs, they/them/theirs,
she/her/hers, he/him/his)

Read the both the hard and easy
situations written on the card that
you were handed.

Let's Talk About Sex (and Sexuality)

Keeping in mind group agreements for safety please answer the following questions with your group.

1. What is sexuality? Growing up, what were you taught about healthy sexuality?
2. Growing up, what were you taught about safe and healthy sex and sexual relationships?
3. As a young person, what did you learn about LGBTQI2S sex, sexuality and relationships?
4. What messages do LGBTQI2S youth receive about safe and healthy sex and sexuality?

CYCLE OF OPPRESSION

PRE JUDGE

Based on our stereotypes we make judgments about people. These prejudgments can be conscious but are often unconscious.

prejudice

discrimination

Acting on our prejudice. This can be conscious or intentional but is usually unconscious or unintentional. There does not need to be a negative intent for a negative impact to occur.

P+A=D and P_U+A=D_U

P=prejudice
A=action

D=discrimination
U=unconscious

SOCIAL POWER

Access to resources that increase your chances of living a happy, healthy life. The ability to influence and control culture.

oppression

BELIEF ABOUT A GROUP OF PEOPLE

Learned from friends, family, media, schools, and other institutions. Can be positive or negative. Often have a grain of truth.

stereotype

DISCRIMINATION + SOCIAL POWER

Young people can discriminate against adults but do not have the social power to oppress them. People believed to be LGBTQI2S don't have social power to perpetrate "reverse" heterosexism although they can discriminate against heterosexuals.

Most Sex and Sexuality Education is Oppressive it...

Limits
understanding

Isolates

Can lead to
bullying

Excludes

Marginalizes

Can contribute to depression



Most Sexuality Education is Sexist

1. There is little focus on female anatomy unrelated to reproduction
2. The clitoris and female pleasure are seldom or never mentioned
3. Women are taught to believe that penetration = pleasure
4. Creates an imbalance of power

Inclusive/Comprehensive Sex and Sexuality Education

1. Is taught via a gender neutral model
2. Says sex is more than reproduction
3. Addresses LGBTQI2S needs and affirms identities
4. Doesn't assume heterosexuality
5. Incorporates diverse imagery including LGBTQI2S individuals
6. Integrates information about diverse identities

Let's Talk About Sex and Sexuality Some More

Discuss responses to the sex and sexuality scenarios provided. Identify challenges and fears that arise when considering engaging these conversations.

If time permits practice (role play) responses as you would deliver them to the youth described in the scenario.

Report Out

What is something about sex and sexuality you want to share with LGBTQI2S youth?

Resources for youth at: sexetc.org



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Thank You



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Curriculum design by Natalie J. Thoreson

TRAINER GUIDE

MODULE 6

STAYING HEALTHY AS A HELPER
WELLNESS WORK FOR ALLIES



A project funded by Alameda County Behavioral
Health Care Services in partnership with Seneca
Family Agencies and inVision Consulting

TRAINER GUIDE

Staying Healthy as a Helper – Wellness Work for Allies

Possible Course Titles:	Staying Healthy as a Helper - Wellness Work for Allies	
Prepared By:	Natalie J. Thoreson, M.Ed. / inVision Consulting	
Length of Training:	2 Hours	
Recommended Number of Trainees:	8-20 Participants (12-16 is ideal group size)	
Classroom Set-up:	Open horseshoe facing projection screen with <u>no tables</u>	
Trainer Materials:	Power Point Screen Nametags Pens/Pencils Dry Erase Board/Easel Paper and Stand	Projector Markers Timer/Watch Handouts
Objectives:	To support an understanding of compassion fatigue and secondary trauma for LGBTQI2S adult allies (who are LGBTQI2S identified and otherwise) as well as offer tools and motivation for self care as a necessary component of effective support of LGBTQI2S youth	
Audience:	Behavioral health, social service, and foster care professionals, teachers, and other adults supporting youth	

During this training, participants will:

1. Learn to recognize the impacts of compassion fatigue for adults supporting LGBTQI2S youth with consideration of impact differences for LGBTQI2S individuals and heterosexual/cisgender/cissexual individuals
2. Discuss the impacts of internalized oppression and internalized domination
3. Gain tools to lessen the impacts of compassion fatigue/vicarious trauma and trigger the relaxation response
4. Explore resources for continued education and self-support

TRAINER GUIDE

Staying Healthy as a Helper – Wellness Work for Allies

Overview

00:00	Settle in, Sign in, Nametags
00:10	Review PRIDE Group Agreements
00:15	Stress and Trauma Experiences
00:30	Group Introductions
00:40	Review Cycle of Oppression
00:45	Complex Trauma and Methods of Self Care
01:05	What Would You Do
01:45	Closure
01:55	Evaluations

TRAINER GUIDE

Staying Healthy as a Helper – Wellness Work for Allies

Time/Materials/Method	Trainer’s Script/Activity/Topic
00:00 – 10 min	SETTLE IN, SIGN IN, NAMETAGS
<p>00:10 – 5 min</p> <p>Materials: .ppt slide 2 packet p. 1</p> <p>Method: Interactive lecture</p>	<p>REVIEW PRIDE GROUP AGREEMENTS</p> <p>Purpose: To review and agree upon group agreements for safety of participants during our time together. To review the role of the facilitator in maintaining a safe space for the group. To review the difference between safety and comfort. To set the overall tone for the workshop. To provide tools to hold one another accountable during the session.</p> <p>Activity: <i>Although activity description remains the same this will be a review for all participants and should be very brief.</i></p> <p>Briefly review the <i>PRIDE</i> Group Agreements as outlined below and your role in maintaining the agreements. Ask if there is anything they would like to add to create a safe space for communication, learning, and collaboration toward positive social change. Invite participants to use these agreements as tools to maintain safe space with one another and ask if participants are willing to adhere to them (by raise of hands or head nod).</p> <hr style="border: 1px solid blue;"/> <p>P- (Participate/Pass/Provide space) Passing is okay; recognize that based on our social identities and introversion/extroversion, some people feel more comfortable and entitled to participate than others. If you typically take up more space, work to move back provide space for those who might speak or share less. (Phones) On vibrate/silent. Be considerate. One or two texts are okay if they are necessary i.e. if there is an emergency, but more become distracting and are disrespectful to other attendees.</p> <p>R- (Risk) Conversations about oppression and LGBTQI2S identities sometimes go astray. Sometimes we are scared to ask questions that make us look dumb or feel vulnerable. Engage the process fully and risk as deeply as you feel safe doing. What you get out of the process results from what you put in. (Respect) Folks have different interpretations of respect. Work to provide the respect others want. This moves beyond treating others how you would feel good being treated. Explore and learn how others feel respected and interact with them as such.</p> <p>I- (Intent) Our actions are seldom intended to hurt but sometimes they do; if you hit someone with your car, it hurts even if you didn’t intend to hit them. Despite intention, the pain (Impact) needs to be attended to. (Ideas) Allow space for people to share their stories and to have contradicting opinions and views. Work to be curious listeners and learners and open and avoid passing judgment.</p> <p>D- (Dialogue (vs. Debate)) Seek to understand not to win. (Dig deep) In this process you will be asked to share about your personal experiences and socialization in an effort to unearth the unconscious socialization stereotypes you hold.</p> <p>E- (Education/Exploration) Everyone has something to teach. Everyone has something to learn. We have all experienced socialization around sex, gender, and sexual orientation. (Emotion) Make space for your feelings and the feelings of others in order to stay engaged</p>

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	<p>in the process. We learn to stifle emotion as adults, which can lead to unresolved emotional distress. This distress is physically harmful and also works to silence and stifle important dialogue.</p> <p>CONFIDENTIALITY- What is said in the room stays in the room. The stories of each individual belong to the storyteller who has experienced them. Consider the impact of sharing a story that was told to you in confidence getting back to the person who shared it with you. The sharing of confidential information can be devastating. You are encouraged to share what you learn but not the stories you hear. Ask participants “What is the difference between confidentiality and anonymity?” With anonymity stories are shared without identifying information. With confidentiality the stories are not shared without permission. There are two reasons that people often break confidentiality: 1) Because this work is heavy. Folks are encouraged to process confidentially with mental health professionals and other trusted people i.e. religious leaders, significant others, and friends who you trust to maintain confidentiality. 2) For attention. It’s okay to like and even love attention. Do not seek attention through the stories of others. Share about your own amazing experiences; take up karaoke, acting, group leadership, fancy clothes or fancy hats, but not by breaking confidence.</p> <p>FUN – Humans learn better when we play. We retain more information when we feel positive and are having fun. Although these conversations can be difficult, make space for fun!</p> <hr/> <p>Facilitator Notes: Because this is a review for all participants it should be <u>very</u> brief and condensed. All participants will have taken the fundamentals course and will have seen them at least once prior to attending this session. Although the review of group agreements will be brief, highlight your role as a facilitator in maintaining a safe space for dialogue.</p> <p>Remember: Participants may be uncomfortable with some of the conversations or topics addressed during these sessions, and those feelings are normal. Discomfort often occurs when participants “put themselves out there” for conversation about personal issues. Highlight this discomfort as a learning edge. Emphasize to participants that you are working to create safety for the group and express your commitment to maintaining that safety. Find stories that explain that safety is not the same as comfort. Should any violations of the group agreements arise, it is the facilitator’s primary responsibility, through group process or other means, to maintain safety for the overall group. Being authentic and genuine in your explanation of group agreements and your role as the facilitator you can “sell” safety in this first activity to establish participant buy in. It is useful to directly state why you do group agreements. The rationale is personal for each facilitator, but a sample thing you might say is: "I do group agreements because they allow us to function as safely as possible, create opportunities for us to participate more fully and equally, and gives us a shared understanding of how to navigate these often difficult conversations."</p>
<p>00:15 - 15 min</p> <p>Materials: ppt. slide 3</p>	<p>STRESS AND TRAUMA EXPERIENCES</p> <p>Purpose: To help participants consider the trauma that they have experienced in working to support youth, particularly LGBTQI2S youth. To explore a working definition of vicarious trauma/compassion fatigue.</p>

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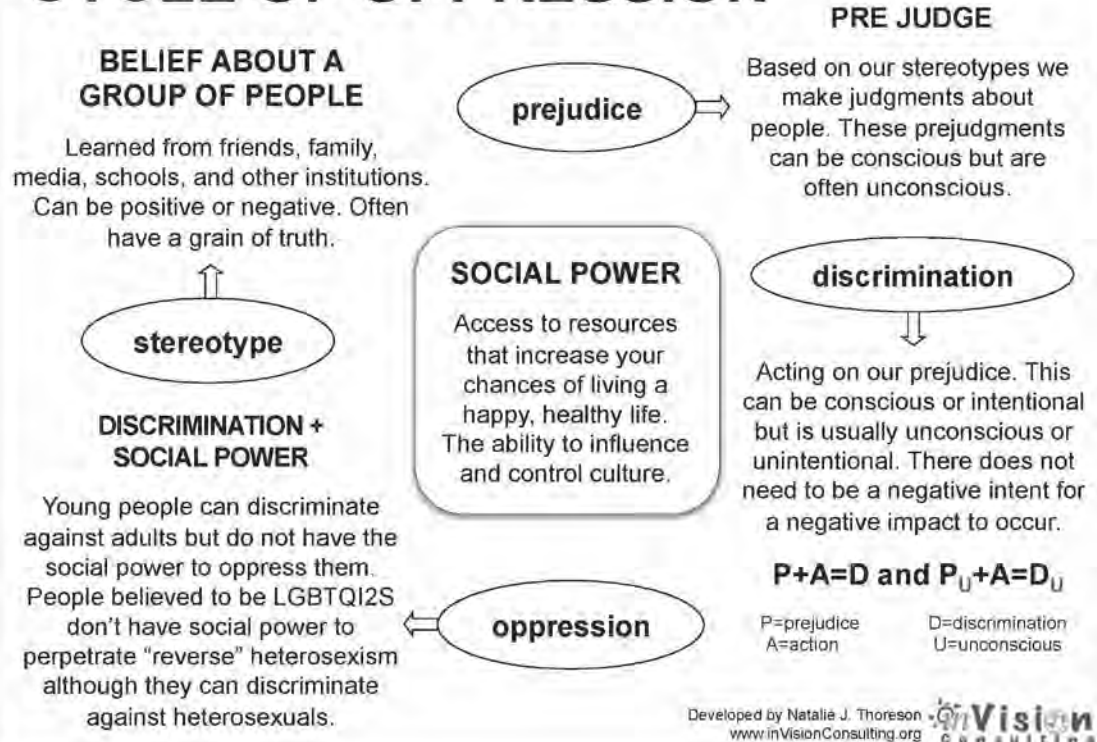
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<p>Method: Triads Large group process</p>	<p>Activity: In groups of 3 participants will answer the following questions. Groups will have 5-7 minutes to share their responses.</p> <ol style="list-style-type: none"> 1. What types of trauma have been experienced by the youth you support, particularly those who are LGBTQI2S? 2. How does LGBTQI2S youth trauma impact their interaction with systems of care? 3. In what ways have the traumatic experiences of those you support vicariously impacted you? <p>Debrief: Share out several responses in the large group. Point out common themes and define vicarious trauma. Vicarious trauma is the emotional residue of exposure that counselors have from working with people as they are hearing their trauma stories and become witnesses to the pain, fear, and terror that trauma survivors have endured.</p> <p>Facilitator Notes: While introducing this activity, acknowledge that the conversation may be triggering. Depending on the mood of the room, it may be helpful to allow a minute of silent processing following the conversation.</p>
<p>00:30 - 10 min</p> <p>Materials: .ppt slide 4</p> <p>Method: Large group discussion</p>	<p>GROUP INTRODUCTIONS</p> <p>Purpose: Give participants an opportunity to introduce themselves to the group as well as share self-care methods currently being used by those in the training.</p> <p>Activity: Ask participants to share their name, pronoun, and a favorite self-care activity or practice that they engage in. Possible pronouns are ze/hir/hirs, they/them/theirs, she/her/hers, he/him/his. One cannot always tell what a person’s pronoun is by looking at them. Asking all participants to share and respect one another’s pronouns is one way to show respect for varied identities.</p> <p>Facilitator Notes: This introduction is to get names and identified pronouns shared aloud in the room and should be very brief.</p>
<p>00:40 – 5 min</p> <p>Materials: .ppt slide 5 packet p. 2</p> <p>Method: Interactive lecture Large group discussion</p>	<p>REVIEW CYCLE OF OPPRESSION</p> <p>Purpose: To review oppression theory and common vocabulary with which to engage conversations around deconstructing the “isms.” To keep in mind how institutional oppression impacts vicarious trauma, personal wellness, and ability for self-care.</p> <p>Activity: Briefly review the cycle of oppression with a focus on the primary (for LGBTQI2S identified individuals) and secondary (for heterosexual, cis allies) trauma we experience in relationship to supporting LGBTQI2S youth. Ask if there are any points of clarification. Encourage attendees to explore both target and agent identities that may impact their execution of self-care. i.e. a queer identified therapist may believe they are the only adult looking out for LGBTQI2S youth at the school site where they work. Subsequently they take on the responsibility of supporting the gay straight alliance, a gender non-conforming support group, group therapy sessions for queer and questioning youth, and individual therapy sessions for LGBTQI2S youth as needed.</p>

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CYCLE OF OPPRESSION



Facilitator Notes: This should be a brief review/reminder that the things we are discussing are all impacted by systemic oppression

00:45 – 20 min

Materials:

ppt. slide 6-10
 packet p. 2-3

Method:

Interactive lecture
 Large group discussion

COMPLEX TRAUMA AND METHODS OF SELF CARE

Purpose: Explore the impacts of complex trauma on our work. Engage relaxation response activities and share out activities for wellness that participants used in their own lives. To provide space for attendees to examine the underlying reasons that they may not appropriately engage in self-care.

Activity: Deliver a brief lecture on vicarious and complex trauma.

Vicarious Trauma: Vicarious trauma (VT) is the emotional residue of exposure that counselors have from working with people as they are hearing their trauma stories and become witnesses to the pain, fear, and terror that trauma survivors have endured.

Important Things to Know about Vicarious and Complex Trauma: It is individual, manifesting differently in each person. It is cumulative with the effect on helpers intensifying over time and with multiple situations. It is pervasive and will affect all areas of helper’s lives including emotions, relationships, and a larger worldview.

Complex trauma: Like discrimination, oppression, microaggressions, and implicit biases, complex trauma is repetitive, prolonged, and cumulative. It occurs through interpersonal interactions and often at developmentally vulnerable times in the victim's life (but can also occur later in life). Exploring complex trauma is particularly important in our work as complex trauma is unintentionally perpetuated by the

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	<p>institutions where we are committed to doing our work.</p> <p>Identify the ways that vicarious trauma can be a basis for complex trauma if the traumatic event is repetitive, prolonged, cumulative, and interpersonal. Ask “How are you impacted by complex trauma?” “How do you believe that LGBTQI2S are impacted by complex trauma?”</p> <p>Signs of Vicarious and Complex Trauma: Remember that trauma affects people differently, these are some common ways in which it manifests through feelings of vulnerability, difficulty trusting, and intrusive thoughts. Vicarious trauma can also contribute to under or over eating or sense of exhaustion even when a person is well rested. There is sometimes an increased amount of anger or irritability, a changed view of the world, and the disruption in self-care.</p> <p>Debrief: Explain that impacts of oppression are one way that people experience complex trauma. Ask participants to share examples of the ways in which they are impacted by vicarious and complex trauma. Ask the question “What stops us from taking care of ourselves?” Open a conversation about the impacts of heterosexism and learned heterosexual dominance. Ask “How can we work to overcome the stereotypes that we have been taught about others and more importantly about ourselves as LGBTQI2S or otherwise?” “How can our internalized beliefs about our own identities contribute to vicarious complex trauma?” i.e. a male teacher having been teased as a child for being feminine presenting might have a deeper reaction to a student in class being teased for the same reasons. Alternatively a cis male teacher who teased a feminine presenting boy as a child may have a serious trauma and guilt response when a boy at the school where they work commits suicide.</p> <p>Brainstorm a list of things that participants have done to minimize the effects of complex and vicarious trauma through self-care.</p> <p>Facilitator Notes: Self-care is on-going. By engaging a habit of self-care we are better equipped to respond to the trauma faced by the youth we support and other sudden stressors.</p>
<p>01:05 – 40 min</p> <p>Materials: .ppt slide 11 packet p. 4-5</p> <p>Method: Small Group discussion Large group discussion</p>	<p>WHAT WOULD YOU DO?</p> <p>Purpose: To practice responses to situations that can create complex or vicarious trauma. To identify personal boundaries for health and wellbeing.</p> <p>Activity: In groups of three or four discuss responses to the following scenarios. Participants can choose which scenarios they would like to respond to from the following list. They may come up with their own scenarios as well. After discussing scenarios return to the large group. Ask participants to share what they learned or will take away from the activity.</p> <hr/> <p>Scenario 1: It is fifteen minutes before your workday is supposed to end. You are planning to meet your partner for your anniversary dinner in 45 minutes. Your supervisor asks you to stay for an extra hour and a half because there’s been an emergency with a youth you support. What do you do?</p>

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	<p>Scenario 2: You are setting up for an event. You recently had a minor surgery and are not supposed to lift more than fifteen pounds. A colleague asks you to help them carry a 75-pound unicorn sculpture. What do you do?</p> <p>Scenario 3: You just finished a session with a client who left you feeling very triggered and you are having a difficult time grounding yourself. You are already running five minutes late for your next session. What do you do?</p> <p>Scenario 4: You just gave birth to your second child and are entitled to 6 weeks of parental leave. You believe parental leave is important for parent/infant attachment but you worry that your clients will suffer with you away for so long. What do you do?</p> <p>Scenario 5: You have a client who frequently makes you feel physically unsafe who has threatened to harm you in the past. Typically you see this client during the middle of the day but the client has called and asked to reschedule for the evening at a time when you are scheduled to be working but will be alone at your agency. What do you do?</p> <hr/> <p>Debrief: Return to the large group. Ask how participants in the small groups had varied responses to the scenarios presented. Explore possible reasons why. Uncover opportunities and ideas for increased self-care.</p> <p>Share these tools:</p> <p>Minimizing Complex and Vicarious Trauma:</p> <ol style="list-style-type: none"> 1. Awareness: Take time to self-reflect. Journaling, attending therapy and processing with friends can increase self-awareness 2. Balance/Boundaries: Establish and uphold appropriate boundaries with clients. Maintain a healthy separation between work and home life. Develop non-trauma related hobbies and interests. 3. Connection: Connect with supportive colleagues and peers to reduce isolation and provide opportunities to share feelings and experiences with people who understand your experiences. <p>Facilitator Notes: Encourage participants to consider their own boundaries and how that impacts possible responses. Explore how boundaries can be established and maintained.</p>
<p>01:45 – 10 min</p> <p>Materials:</p> <p>.ppt slide 11</p> <p>Method:</p> <p>Large group activity</p> <p>Learning whip</p>	<p>CLOSURE – SOUND CIRCLE</p> <p>Purpose: To create a sense of closure and wellbeing for participants as they move forward as self-caring change agents.</p> <p>Activity: Have participants consider how they are feeling at the end of our time together. Tell them to remember this feeling and be prepared to share it later. Next, ask participants to stand in a circle (if there are accessibility concerns, participants are welcome to sit). Explain the power of community and remind folks of how important it is to work together toward social change rather than in isolation. To demonstrate this, we will be making music with each of us just adding one small thing. Explain that we will go around the circle and each new person will add some kind of a sound. This can be a</p>

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	<p>vocalization, a clap, a stomp, a whistle, a pop, a krinkle, anything will work. Participants can change sounds at any point to take care of themselves, they can pause, they can make multiple sounds, anything goes. Begin a medium speed clap to begin. Turn to the person at your right and encourage them to add a sound. Once the sound circle has all participant “voices” represented signal the group to get louder, faster, etc. When you have had some time to play with the sound signal participants to be soft but continue their sound making. Verbally ask the group to share how they are feeling leaving this training. After everyone has shared end the sound circle. If any time remains, process how the activity felt for participants. Pick the next participant to add sound in any way that seems appropriate for the group.</p> <p>In closure state the importance of community and leaning on others in our self-care process. Share resources including emergency self care worksheet, social worker self care article, and stress and stress management handout.</p> <p>Facilitator Notes: If the group is short on time participants can answer the closure question “What is one thing you commit to do to support your own wellbeing in order to be the best ally possible to LGBTQI2S youth?”</p>
01:55	EVALUATIONS

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HANDOUTS

MODULE 6: STAYING HEALTHY AS A HELPER
WELLNESS WORK FOR ALLIES



A project funded by Alameda County Behavioral Health Care Services in partnership with Seneca Family Agencies and inVision Consulting



Staying Healthy as a Helper Wellness Work for Allies



Group Agreements

Participate/Pass/Provide space
hones

Risk
espect

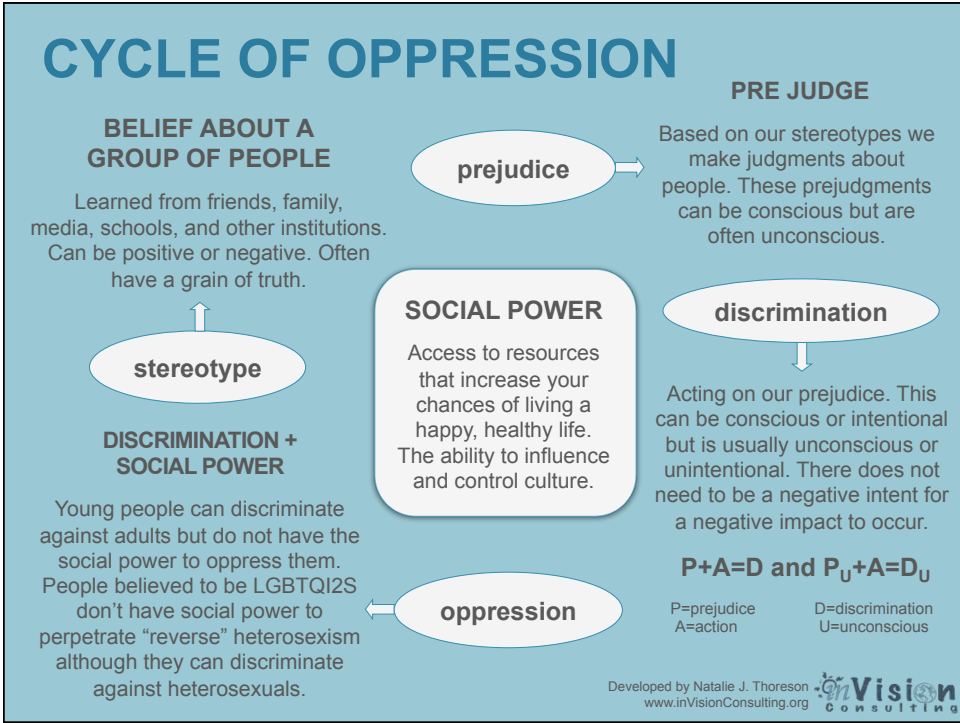
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What is Vicarious Trauma?



Vicarious trauma (VT) is the emotional residue of exposure that counselors have from working with people as they are hearing their trauma stories and become witnesses to the pain, fear, and terror that trauma survivors have endured.



Complex Trauma...

repetitive, prolonged, cumulative
interpersonal
perpetuated by the institutions
where we are committed to doing
our work

Signs of Vicarious Trauma

1. Feelings of Vulnerability
2. Difficulty Trusting
3. Intrusive Thoughts
4. Over or Under Eating
5. Exhaustion
6. Free Floating Anger and/or Irritability
7. Disruption in Self-Care
8. A Changed View of the World

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Challenging Self-Care Scenarios

Scenario 1

It is fifteen minutes before your work-day is supposed to end. You are planning to meet your partner for your anniversary dinner in 45 minutes. Your supervisor asks you to stay for an extra hour and a half. What do you do?

Scenario 2

You are setting up for an event. You recently had a minor surgery and are not supposed to lift more than fifteen pounds. A colleague asks you to help them carry a 75-pound unicorn sculpture. What do you do?

Scenario 3

You just finished a session with a client who left you feeling very triggered and you are having a difficult time grounding yourself. You are already running five minutes late for your next session. What do you do?

Scenario 4

You just gave birth to your second child and are entitled to 6 weeks of parental leave. You believe parental leave is important for parent/infant attachment but you worry that your clients will suffer with you away for so long. What do you do?

Scenario 5

You have a client who frequently makes you feel physically unsafe who has threatened to harm you in the past. Typically you see this client during the middle of the day but the client has called and asked to reschedule for the evening at a time when you are scheduled to be working but will be alone at your agency. What do you do?

Emergency Self-Care Worksheet

Why do I need to do this? It is very hard to think of what to do for yourself when things get tough. It is best to **have a plan ready** for when you need it.

What should be in it? You need to consider 3 general areas: what to do, what to think, and what to avoid.

1. Make a list of what you can do when you are upset that will be good for you.

a. What will help me relax? _____

For example,

- Breathing, Muscle relaxation, Music
- Reading for fun, watching a movie
- Exercising, Taking a walk

b. What do I like to do when I'm in a good mood? _____

- List all the things you like to do so you remember what they are when you need to think of something to do.

c. What can I do that will help me throughout the day? _____

For example,

- Avoid too much caffeine if feeling anxious
- Remember to breathe
- Watch my thoughts
- Stay in the moment

d. Other: What else do YOU need to do that is specific to YOU?

Minimizing Complex and Vicarious Trauma

1. Increase Awareness through self-reflection, journaling, attending therapy, and processing with friends
2. Establish and uphold boundaries with clients. Maintain a separation between work and home life. Develop non-trauma related hobbies.
3. Connect with supportive colleagues to reduce isolation and provide opportunities to share experiences with people who understand.



Thank You



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Behavioral Health Care Services
Innovation Grant Program



Curriculum design by Natalie J. Thoreson



Social Worker Self-Care – The Overlooked Core Competency

**By Kate Jackson
Social Work Today
May/June 2014 Issue
Vol. 14 No. 3 P. 14**

Sometimes the last person social workers nurture is themselves. This neglect undermines healthy social work practice but can be corrected if clinicians not only pay attention to client care but also to self-care.

Ask 10 people if they do enough to take care of themselves, and there's a good chance most will give you a handful of reasons why they don't. And if you ask the same question of 10 social workers, it's likely that an equal number will give you similar excuses. The difference is that the social workers are trained to know better.

While they'd certainly advise their clients to tend to their own needs and recognize the consequences of failing to do so, social workers frequently neglect to counsel themselves about self-care or heed the signs and symptoms of the hazards associated with their professional practices. The cost of that self-neglect is high and ranges from nagging stress that can erode health and well-being to compassion fatigue to job burnout so crippling that individuals may walk away from their chosen profession.

The need to engage in self-care is so great and the consequences so dire that the profession is stepping up in a variety of ways to deliver resources, provide training, and underscore the message that self-care is both fundamental and indispensable.

During her time as an MSW student at New York's Fordham University Graduate School of Social Service, Jade de Saussure, MSW, OMC, continuing education program coordinator and program director of the Fordham CASAC (credentialed alcoholism and substance abuse counselor) program, noticed that students were taught how to care for their clients but were not well educated about caring for themselves. She wanted to "provide the opportunity to help create a culture of self-care." The results of her efforts are "Self Care for Social Workers," a bimonthly continuing education course on stress reduction skills for professionals; periodic three-hour self-care workshops that address burnout and compassion fatigue; and an off-site self-care program that brings this training, in a variety of formats, to outside agencies.

At the University at Buffalo School of Social Work, a self-care starter kit (www.socialwork.buffalo.edu/students/self-care)—a collection of tools and resources—was designed to help students cope with the stresses of academic life. According to associate professor Lisa Butler, PhD, the kit arose from the school's last Council on Social Work Education reaccreditation project. "The faculty decided to infuse a trauma-informed and human rights perspective throughout the curriculum and saw this as having important potential implications for student well-being," she explains. "As a consequence, I became interested in examining stress, trauma, and self-care practices among our students and sought to identify or develop resources they could use for self-care." The Web pages that make up the tool kit grew out of that effort, according to Butler, and they have applications both for students and social work professionals.

Two social workers from the School of Social Work at California State University, Chico—associate professor Kathy Cox, PhD, and professor Sue Steiner, PhD—noticed a lack of understanding about self-care among their students, which led them to research the subject. The students "were unclear what was meant by the term 'self-care,' and many felt frustrated when encouraged to practice it, saying 'We have so much work and responsibility, we don't have time for self-care,'" Cox explains. "We began to wonder

ourselves about the meaning of self-care and did an extensive literature review. Next, we conducted a series of focus groups in the community to further explore its meaning to practicing social workers.”

The result is the book *Self-Care in Social Work: A Guide for Practitioners, Supervisors, and Administrators* and the website, Self Care in Social Work (www.selfcareinsocialwork.com), which provides a variety of assessment tools and resources for promoting self-care, along with worksheets to accompany chapters in the book.

Obstacles to Self-Care

Among the obstacles experts identify as standing in the way of self-care are a lack of energy, too many responsibilities, and the fear of appearing weak or vulnerable.

de Saussure says another hurdle is a person’s difficulty in putting himself or herself first and the inability to acknowledge that his or her needs deserve to be made a priority. Additional reasons people fail to attend to their own care include “self-esteem issues; overstimulation coupled with ambition; underearning, which leads to the need for dual careers; and the lack of free supervision,” says Lisa Wessan, LICSW, a psychotherapist, life coach, author, and consultant.

Cox and Steiner point to their research indicating that social workers “fail to practice self-care because they become wrapped up in a state of mind that suggests that they need to work nonstop. They view self-care as an activity that they don’t have time for.”

And Butler agrees time is one of the most common reasons social workers give for neglecting self-care. That excuse, she adds, typically is followed by this assurance: “I will do it when I need it.”

She counters that assertion by likening self-care to dental hygiene. “If one were to follow the ‘I will do it when I need it’ dictum with dental hygiene, one’s gums would be bleeding and teeth falling out before any attention would be paid. It would be too late.” That’s why Butler stresses the importance of not waiting to cultivate mindfulness and urges social workers to start caring for themselves now. “Begin to implement changes, even very small ones, to take care of yourself,” she says.

High Cost of Neglect

There are significant consequences if social workers don’t heed that advice, not only to themselves but also to their clients.

Social work “can be a high-stress occupation—a feature it shares with all caring professions. Failure to take care of yourself along the way can result in ongoing stress, which may seep into your personal life and may diminish the satisfactions you derive from work and your ability to be fully present with your clients,” Butler says.

“Chronic stress that is not effectively managed” can make people ill, according to Cox. In some cases, it can contribute to hypertension, skin-related conditions, diabetes, or obesity.” Behavioral manifestations “include impulsivity, lowered tolerance toward others, or aggression,” Cox adds. Over time, she says, “unmanaged stress can result in emotional or physical exhaustion—burnout—or vicarious or secondary retraumatization.”

Burnout, “which refers to work-related feelings of hopelessness, emotional exhaustion, and being overwhelmed, may result from work environments that involve excessive workloads and little support,” Butler explains. Compassion fatigue, which refers to evidence of secondary traumatization, “is a term

people also use to refer to changes in feelings toward clients—losing interest, compassion, or work satisfaction—and to mounting self-doubts about one’s abilities or choice of profession,” she adds.

de Saussure says that among the consequences of burnout are anxiety, depression, anger, irritation, prolonged health issues, troubled relationships and, in the workplace, absenteeism, difficulty with coworkers, and poor productivity and performance, which “can decrease self-esteem and increase feelings of incompetence.”

While burnout refers to emotional and physical exhaustion from the burden of too much demand, compassion fatigue is a consequence of attempting to help a traumatized person, Cox says, adding that “it produces symptoms similar to that of PTSD: disturbing dreams, intrusive thoughts of traumatic events, hypervigilance, or avoidance of trauma reminders.” Vicarious traumatic stress “also occurs as a result of working with victims of trauma and leads to an altered worldview and disrupted beliefs concerning safety, trust, control, and intimacy,” she says.

When social workers experience burnout or compassion fatigue, their clients suffer as well. It’s axiomatic that if social workers don’t care for themselves, their ability to care for others will be diminished or even depleted. “As social workers, we really do often put the needs of others before our own, thinking we will eat after everyone has gotten enough food. The problem is we continue to go undernourished until we fall ill or breakdown; then no one gets fed,” Wessan says. As a professional, she explains, “the more I have, the more I have to give. When I’m feeling healthy, rested, well nourished, serene, and prosperous, I am much more available to share good stuff with the world. If I’m drained, exhausted, emotionally depleted, and complaining about things, there just isn’t that much to give.” Social workers, she says, “have a moral and ethical obligation to stay healthy and fit to better serve the world.”

The reverberations of burnout go beyond the social workers themselves and the effects on their clients; there’s a potential cost to the profession as well. “We are losing so many excellent social workers because they do not have a strong enough self-care routine in place to protect them from burning out too soon,” Wessan says. As social workers abandon the profession they trained to join, social work loses the dedicated practitioners who provide its vibrancy and fulfill its purpose.

Creating a Self-Care Plan
de Saussure aligns her view of self-care with Maslow’s theory of the hierarchy of needs. “In human services, especially in social work, your most foundational instrument is you,” she explains. “To take care of that instrument, which is to take care of yourself, is a two-step process. The first is to heal, which is the minimum of self-care and encourages you to focus on obtaining what you need to survive. The second is to energize, which is a more advanced self-care and encourages you to focus on thriving.”

Peace and healing, de Saussure says, require that a person’s basic physical, mental, and emotional needs be met. This isn’t just a matter of getting enough sleep, nutritious food, and adequate exercise, though those are fundamental. It’s also “leaning on trusted others for support, paying attention to when your body signals you to slow down and listening to it, and not pushing yourself to the point of breakdown,” she says.

Another key aspect is knowing when to say no. That “is especially relevant for social workers who, because they act from their hearts, often give to anyone and everyone around them,” de Saussure says. “They empty their inner resources until there is nothing left, while not giving to themselves or requesting resources in return.”

That simple word—no—is both rare and powerful, these experts note. Self-care means “saying yes when I mean yes and no when I mean no, and letting the chips fall where they may,” Wessan says. It’s a matter of “evolving out of being a people pleaser and learning to set healthy boundaries to be better able to serve the greater good,” she adds.

For de Saussure, the second step in the process requires “going beyond survival and healing to learn what happiness, joy, and purpose mean for you in your life. By discovering those aspects of you and then prioritizing them in your life, you will develop strong protection against burnout.”

But before taking these steps, social workers must first “view themselves as being worthy of being taken care of,” de Saussure says. Then they can start devising an action plan for self-care. Social workers then may begin that process by “identifying the personal and organizational sources of their stress,” Cox says.

“There’s no one-size-fits-all self-care plan,” Butler says. “Each of us has to develop our own plan because each of us has our own unique life history; we each face our own distinct demands, stressors, and challenges; and we have individual goals and aspirations. These factors influence the kinds of challenges we confront day to day as well as how ably we manage them.”

That being said, there are commonalities among all self-care plans, according to Butler. “Taking care of physical health, managing and reducing stress, honoring emotional and spiritual needs, nurturing relationships, and finding balance in personal and work life or student life. To reach these objectives, each person needs to identify what they value and need as part of day-to-day life, which is maintenance self-care, and also identify the strategies they can employ if and when they face a crisis along the way, which is emergency self-care.”

The most important practices are to “develop healthy habits, create clear boundaries, ask for and accept help, find ways to center yourself for peace, and manage perfectionist tendencies—to be aware of what you are humanly capable of,” de Saussure says. But each person will have to explore the path and practices that best suit their needs. de Saussure maintains calm through meditation, for example, but acknowledges that this practice may not be everyone’s preference. Other coping strategies “might be activities such as writing in a journal, talking to a friend, or going for a run,” she says.

Part of self-care, too, is knowing when to seek help. Thus, seeking therapy can be an important tactic, not only because it provides perspective from a trained professional, but because the therapist “can also assist social workers in developing their self-care regimens,” de Saussure says.

“There is always so much for us to process: unresolved grief from clients, difficult work environments, negative news in the media, declining social policy, not to mention our caregiving responsibilities at home and perhaps for our aging parents. Most of us need to debrief in a safe place with a wise and unconditionally accepting listener,” Wessan notes.

“Start slow,” she says of self-care. “Take baby steps and don’t feel flooded or overwhelmed by a long to-do list for self-care. You want to prevent the ‘amygdala hijack,’ which will make you even more jittery, and delay self-care treatment. Pick one thing and work on that to start.”

Butler has a magnet on her refrigerator that says “Do more of what makes you happy.” That, she says, “would seem to be a good place to start.”

— *Kate Jackson is an editor and freelance writer based in Milford, PA, and a frequent contributor to **Social Work Today**.*

TRAINER GUIDE

PRESENTATION

MODULE 6: STAYING HEALTHY AS A HELPER
WELLNESS WORK FOR ALLIES



A project funded by Alameda County Behavioral
Health Care Services in partnership with Seneca
Family Agencies and inVision Consulting



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Staying Healthy as a Helper Wellness Work for Allies



WELLNESS • RECOVERY • RESILIENCE



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Innovation Grant Program



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Group Agreements

Participate/Pass/Provide space
hones

Risk
respect

Intent/Impact
deas

Dialogue
ig deep

Education/Exploration
motion

fun!!!

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ICEBREAKER

Stress and Trauma Experiences

Keeping in mind group agreements for safety please answer the following questions with your partners.

1. What types of trauma have been experienced by the LGBTQI2S youth that you support?
2. How does LGBTQI2S youth trauma impact their interaction with systems of care?
3. How have the traumatic experiences of those you support impacted you?



Group Introductions

What is your name and pronoun?

(possible pronouns are ze/hir/hirs, they/them/theirs,
she/her/hers, he/him/his)

What is your favorite self-care
activity or practice?

CYCLE OF OPPRESSION

PRE JUDGE

BELIEF ABOUT A GROUP OF PEOPLE

Learned from friends, family, media, schools, and other institutions. Can be positive or negative. Often have a grain of truth.

stereotype

DISCRIMINATION + SOCIAL POWER

Young people can discriminate against adults but do not have the social power to oppress them. People believed to be LGBTQI2S don't have social power to perpetrate "reverse" heterosexism although they can discriminate against heterosexuals.

prejudice

SOCIAL POWER

Access to resources that increase your chances of living a happy, healthy life. The ability to influence and control culture.

oppression

Based on our stereotypes we make judgments about people. These prejudgments can be conscious but are often unconscious.

discrimination

Acting on our prejudice. This can be conscious or intentional but is usually unconscious or unintentional. There does not need to be a negative intent for a negative impact to occur.

P+A=D and P_U+A=D_U

P=prejudice
A=action

D=discrimination
U=unconscious

What is Vicarious Trauma?



Vicarious trauma (VT) is the emotional residue of exposure that counselors have from working with people as they are hearing their trauma stories and become witnesses to the pain, fear, and terror that trauma survivors have endured.

Important Things to Know

Vicarious trauma is individual

Vicarious trauma is cumulative

Vicarious trauma is pervasive



Complex Trauma...

repetitive, prolonged, cumulative

interpersonal

perpetuated by the institutions
where we are committed to doing
our work

Signs of Vicarious Trauma

1. Feelings of Vulnerability
2. Difficulty Trusting
3. Intrusive Thoughts
4. Over or Under Eating
5. Exhaustion
6. Free Floating Anger and/or Irritability
7. Disruption in Self-Care
8. A Changed View of the World

Minimizing Complex and Vicarious Trauma

1. Increase Awareness through self-reflection, journaling, attending therapy, and processing with friends
2. Establish and uphold boundaries with clients. Maintain a separation between work and home life. Develop non-trauma related hobbies.
3. Connect with supportive colleagues to reduce isolation and provide opportunities to share experiences with people who understand.



**What Would
You Do?**

**Sound
Circle**

**Final
Thoughts?**



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Thank You



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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.

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