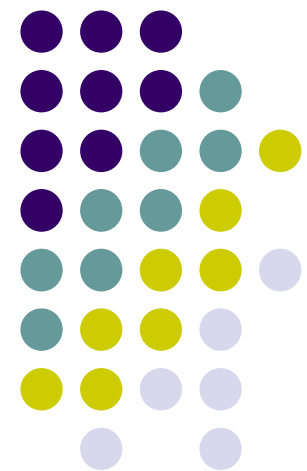# A Trauma-Informed Curriculum for Lesbian, Gay, Bisexual, Transgendered, Questioning, Intersexed, and Two-Spirit (LGBTQI2-S) Youth

Sylvia K. Fisher, Ph.D.

SAMHSA

Background: Original NASMHPD Trauma-Informed Curriculum

- **Contract developed with CMHS to develop curriculum (2005)**

- **NASMHPD did a literature search, first drafts were piloted in two separate trainings by NTAC staff and faculty (MO & FL)**

- **Edits were made in length, language, re-organizing modules, as well as general revisions**

- **References, objectives, and instructions were updated, and exercises were added**

- **This trauma-informed curriculum was designed for residential care settings to inform staff about the risks of traumatic exposure to youth and possible effectives of this exposure in daily interactions (e.g., trauma-informed practice)**

Background: Original NASMHPD Trauma-Informed Curriculum *(cont.)*

- Original curriculum (2005) was _not_ developed with specialized populations in mind

- Because of well documented needs of youth who are LGBTQI2-S in the research and practice literature, as well as through anecdotal sources, the need for a trauma curriculum for youth who are LGBTQI2-S became increasingly clear

- Presently, there is recognition that not only youth who are LGBTQI2-S are in need of a trauma curriculum, but also their families; Ryan's work (2009) on family acceptance re-establishes and reintegrates families of youth who are LGBTQI2-S into practice and identifies empirically-based positive outcomes for these youth

Outline of the LGBTQI2-S Training Curriculum: Modules
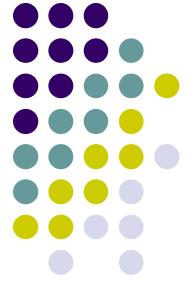
Each module will include:

- **PowerPoint slides – with notes sections for consistency and usefulness in training**
- **Objectives**
- **Instructions for trainers**
- **Trainer materials**
- **Participant exercises** *(where relevant)*
- **Handouts** *(where relevant)*
- **References**

Setting the Stage

- **Introduction to curriculum and training**

- **Facilitating cultural and linguistic change in healthcare organizations with reference to LGBTQI2-S populations/clients**

- **Development of a curriculum to implement trauma-informed systems of care**

- **Provide culturally and linguistically competent definitions of LGBTQI2-S**

Trauma – An Introduction

- **Define trauma as a widely experienced phenomena**

- **Describe trauma as manifested in youth who are LGBTQI2-S**

- **Identify commonly expressed feelings by LGBTQI2-S youth experiencing trauma**

- **Understand the "subjectivity" embedded in an individual's experience of trauma and why human service workers need to understand and respect the individual's experience**

LGBTQI2-S Trauma Curriculum: What is Trauma?

Definition (LGBTQI2-S Working Meeting, 2007):

- **The personal experience of psychological and/or physical violence including discrimination, sexual abuse, physical abuse, severe neglect, loss, medical mistreatment, experience with historical trauma and/or the witnessing of violence, terrorism, and disasters.**

What is Trauma? *(cont.)*

- **Events/experiences that are shocking, terrifying, and/or overwhelming to the individual.**

- **A traumatic event is one that is perceived as a threat to the physical of psychic integrity of the individual and which overwhelms the coping capacity of the individual.**

- **These might result in feelings of fear, horror, helplessness, and shame.**
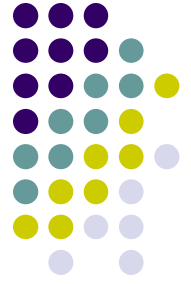
What is a Traumatic Event? *(cont.)*

- **Traumatic stress reactions can occur**
  - **During the event**
  - **Immediately after the event and is usually some type of distress**
  - **In the intermediate days or weeks after the event and usually is characterized by a gradual decline in the intensity of traumatic stress reactions**
  - **Chronic and long-term traumatic stress reactions**

Consequences of Trauma

- ## Faulty control methods:
  - **Over-control**
  - **Self-blame**
  - **Passivity**
  - **Addictive behavior**
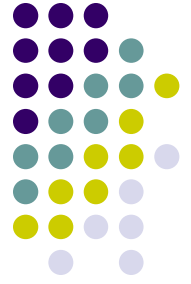 - **Self-harm**

Consequences of Trauma *(cont.)*

- ## Impaired attachments:
  - **Warmth by friction**
  - **Interpersonal skill deficits**
  - **Unable to develop resilience and coping skills to enhance resiliency**
  - **Examples of symptoms**

LGBTQI2-S Trauma Curriculum: What is Trauma-Informed Care?

- **Trauma informed care systems seek to integrate these principles into all our clinical interventions**

- **The survivor's perspective is included and is the focus of trauma-informed care**

- **This is a vital and integral perspective as we move from controlling environments to collaborative and supportive environments**

- **Coercive interventions are recognized to be contraindicated for people who have been abused and coercive interventions are understood to be re-traumatizing and recapitulate victimization**

# Universal Precaution as a Core Trauma-Informed Concept

Presume that every person in a treatment setting could have been exposed to abuse, violence, neglect, or other traumatic experiences

What Do We Know About Youth Who are LGBTQI2-S?

❖ **There are an estimated 2.7 million school age youth who are (or identify as) LGBTQI2-S in the U.S.**

❖ **Youth who identify as LGBTQI2-S are more likely than their heterosexual peers to:**

- Experience depression
- Be harassed at school and in the community
- Abuse substances
- Become homeless

- Attempt suicide
- Experience verbal and/or physical violence
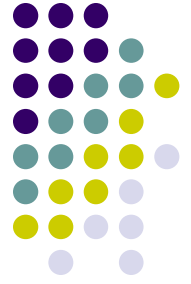- Drop out of school

What Does it Mean to "Come Out"?
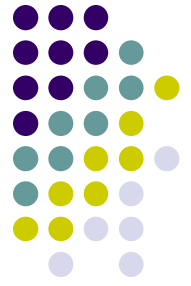
- ❖ Revealing that a person is LGBTQI2-S to oneself and others
- ❖ The average age that youth come out is now 16, but may lowering
- ❖ Is incredibly difficult and a huge personal risk to self and relationships
- ❖ Personal timing is an essential on-going issue, and usually occurs in many stages to friends and/or family members, perhaps one at a time
- ❖ "Coming out" can be a long-term process requiring one to come out frequently throughout one's life with all of the associated risks and rewards repeatedly

A Newly Emerging Phenomenon: Youth Who are "Perceived" to be LGBTQI2-S, but May Not Be
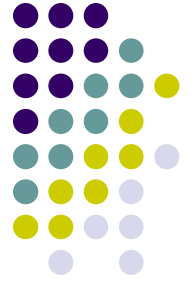
- ❖ Very recent reports and events have identified an at risk population of school age youth who are perceived to be LGBTQI2-S in the U.S., but who may or may not identify as LGBTQI2-S

- ❖ We do NOT have estimates of the size of this population to date

- ❖ It is not known whether these youth have identified as heterosexual or whether they may be questioning or whether they have an self-identified sexual orientation or gender identity

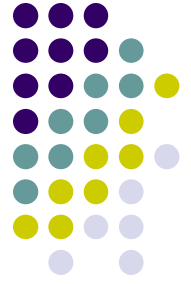# A Newly Emerging Phenomenon: Youth Who are "Perceived" to be LGBTQI2-S, but May Not Be *(cont.)*

❖ **What is known is that these youth are also exposed to bullying, potential or perceived risk for violence, harassment and other negative experiences frequently associated with the experiences of youth who identify as LGBTQI2-S**

❖ **What is also starting to be hinted at the in the literature is that these youth may have even more limited coping and resilience skills than youth who have self-identified as LGBTQI2-S**

❖ **In addition, it appears that if these youth have NOT identified as LGBTQI2-S, they appear to be likely to be even more vulnerable to risks to self-esteem, suicide and other negative outcomes**

Understanding the Bio-psychosocial Impact of Trauma

- **How does trauma alter brain development and behavior**
- **Key components of biopsychosocial impacts**
  - **Dissociation, avoidance/numbing, hyperarousal, re-experiencing**
- **Long term impacts**
- **How this information helps affected individuals**

Essential Components

1. **Triggers**

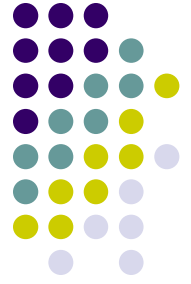2. **Early Warning Signs**

3. **Strategies**

Triggers: Examples

A <u>trigger</u> is something that sets off an action, process, or series of events (such as fear, panic, upset, agitation):

- bedtime
- room checks
- large men
- yelling
- people too close

- in school
- walking through halls
- riding the bus
- family/peer rejection
- sexual/physical assault

Early Warning Signs

- **A signal of distress is a physical precursor and manifestation of upset or possible crisis. Some signals are not observable, but some are, such as:**
  - restlessness
  - agitation
  - pacing
  - shortness of breath
  - sensation of a tightness in the chest
  - sweating

DHHS2

DHHS21   flashbacks are non-physical
DHHS, 8/18/2009

State Change

Shame

Fear

**Calm/
Continuous/
Engaged**

**Dissociation
Self Mutilation**

DHHS17   Agression/Shame; agression in same cycle as shame?
DHHS, 8/20/2009

DHHS19   Deleted previous example; use sexual minority example

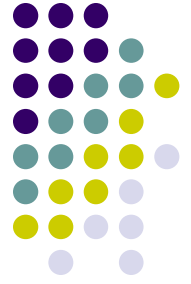Example 1, then provide information followed by a second example?

Add potential trigger illustration, strengths and sense of coping

Model different kinds of responses

Ensure strengths-based curriculum; add family support comments
DHHS, 8/20/2009

Trauma Informed Curriculum: Goal of Treatment

- **Maintain Calm/Continuous/Engaged State**
- **Prevent Discontinuous States**
- **Build Cognitive Structures that allow**
  choices to minimize or elimninate
  negative outcomes and re-traumatization

Trauma Informed Curriculum: Goal of Treatment

- **The goal of treatment is to help people to maintain calm and continuous engaged states; to prevent discontinuous states; and to build cognitive structures that allow choices**

- **This is important – how we set up our treatment environments can help the people we serve learn how to maintain calm states, prevent discontinuous states, and build cognitive structures**
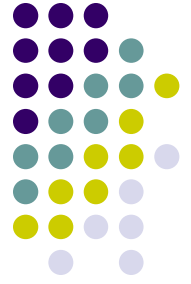
Trauma-Informed Care

- **Definition of trauma and "trauma-informed" services and practices**
- Principles and elements of trauma-informed organizations and services
- Relationships are fundamental to a trauma-informed approach
- Service Outcomes

Trauma-Informed Care

- **To help youth who are LGBTQI2-S and who have been traumatized, we need to build structures to facilitate regulation their emotions and behavior**

- **One way is to create neuro-regulatory interventions**

- **We can also help trauma survivors by creating social environmental interventions, and cognitive behavioral and social skill approaches**

Trauma-Informed Care

- **We can survey the environment to reduce factors that may contribute to distress and also work to enhance emotional processing interventions. We need to create environments where behavior is anticipated and not reacted to.**

What is a Crisis Prevention Plan?

- A Crisis Prevention Plan is *more than just a plan*

- Fundamentally, an *individualized* plan developed in advance to prevent a crisis and avoid the use of secure observation or disciplinary confinement in residential settings (e.g., residential care, juvenile justice, foster care, homeless shelters, etc.)

DHHS22

- Crisis plans can and should be used in any setting

DHHS22   Examples of crisis prevention planning and intervention(s) to prevent crises and address LBGTQI2-S trauma
DHHS, 8/18/2009

What is a Crisis Prevention Plan? *(cont.)*

- A crisis prevention plan is also:
  - A therapeutic process
  - A task that is trauma sensitive
  - A plan that is tailored to the needs of each individual
  - A partnership of safety planning
  - A collaboration between youth and staff to create a crisis strategy together
  - A youth-owned plan written in easy to understand language

DHHS23

DHHS23   Examples of interventions will be prepared
DHHS, 8/18/2009

IMPORTANT: LGBTQI2-S Youth and Trauma-Informed Care

The youth's sexual orientation, gender identity and/or questioning status are NOT the:

(1)   cause of associated trauma

(2)   mental health concern that is the focus of therapeutic intervention

Successful Neuro-regulatory Interventions: Soothing Oneself Between Stimulus and Response

Successful Social-environmental interventions: Soothing Adjust unit or other environment to reduce source or sense of threat (e.g., triggers)
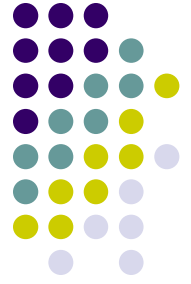
Stimulus

Response

Social-environmental intervention

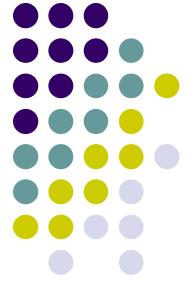Neuro-regulatory Intervention

Intervention
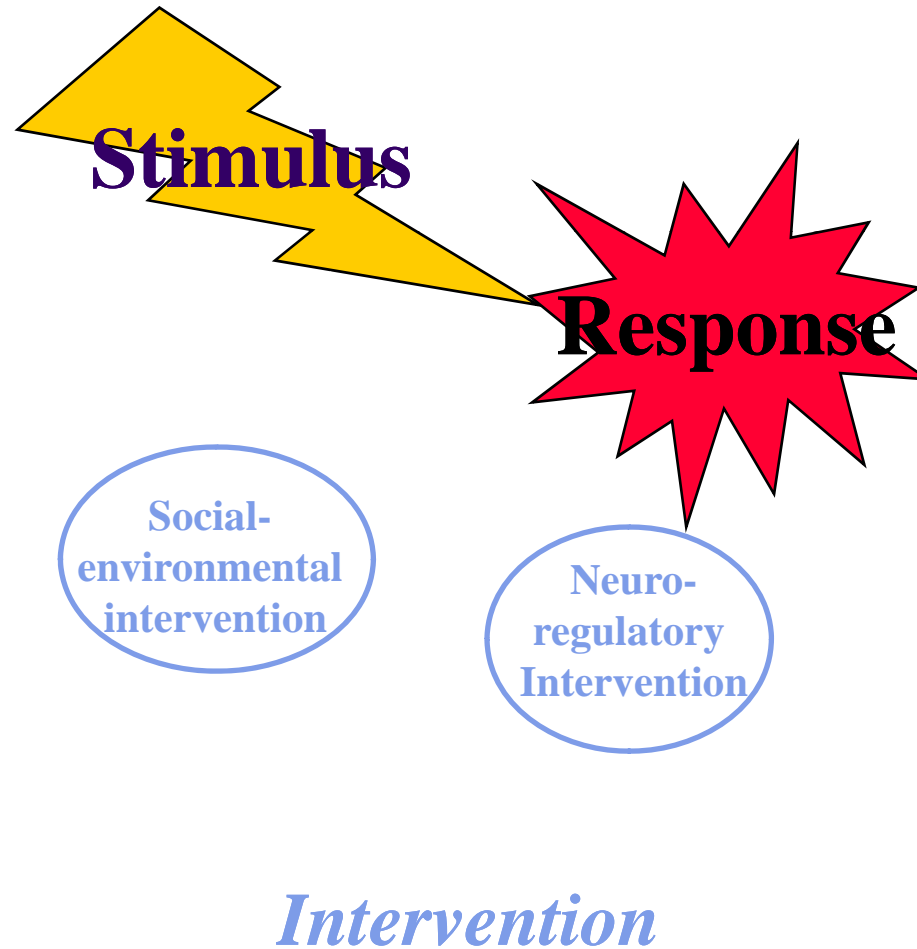
DHHS5   Note: get print out and shorten notes on this slide and the next
DHHS, 8/18/2009

Strategies

- **Strategies are individual-specific calming mechanisms to manage and minimize stress, such as:**

  - time away from a stressful situation
  - going for a walk
  - talking to someone who will listen
  - working out
  - lying down
  - listening to peaceful music
  - seeking healthy alternatives to self-harm, suicidal ideation and/or behaviors

Leadership in Organizational Change – For Youth Who are LGBTQI2-S and Their Families

- **Creating the vision for a trauma-informed system of care**

- **Principles of effective leadership include specific strategies such as:**

  - Elevate oversight over all aspects of policies and practices

  - Ensure extensive workforce development opportunities

Leadership in Organizational Change – For Youth Who are LGBTQI2-S and Their Families

- **Principles of effective leadership include specific strategies such as:**
  - Make prevention tools available that focus on preventing hostile environments that re-traumatize youth who are being served
  - Create consumer and family roles in all care situations and settings
  - Redefine policies and practices and interventions to address sexual orientation and gender identity issues with the youth and family

Leadership in Organizational Change – For Youth Who are LGBTQI2-S and Their Families

Leadership should focus on creating a safe, supportive climate for LGBTQI2-S youth

- Promote understanding among staff and community members of trauma-related issues associated with LGBTQI2-S youth
- Encourage effective family relationships
- Promote supportive peer relations
- Address mental health needs of LGBTQI2-S youth INDEPENDENT of the youth's sexual orientation and/or gender identity

Implementing the Trauma Curriculum for LGBTQI2-S Youth: *Setting the Tone*

- Recognize particular life challenges experienced by youth who are LGBTQI2-S and members of racial, ethnic and cultural groups that are related to multiple and often conflicting norms, values, and beliefs

- Understand the special problems and risks that exist for youth who are LGBTQI2-S

- Consider linguistic differences within LGBTQI2-S population and hoe this affects all aspects of practice

- Recognize the particular challenges experienced by youth who are LGBTQI2-S with physical, sensory, and/or cognitive/emotional disabilities
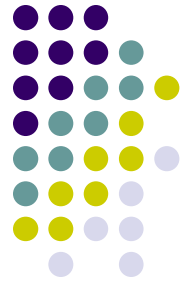
Adapted from the American Psychological Association (2000) Guidelines for Psychotherapy with Lesbian, Gay, & Bisexual Clients

Trauma Sensitive Tools

- **Universal trauma assessment tools for children and youth with examples**

- **Trauma assessment tools for LGBTQI2-S youth with examples**

- **Crisis/safety planning tools with examples**

Trauma Sensitive Tools

- **Making trauma sensitive changes in the treatment environment**

  - Implementing person first language
  - Sensory modulation and comfort rooms
  - Provide direct examples of interventions that are trauma-informed and demonstrate appropriate clinical and practice approaches
  - Creating a treatment environment that is openly supportive of LGBTQI2-S youth (e.g., *hanging rainbow flags, pink triangles, having literature for LGBTQI2-S youth openly available in clinical settings*)

Next Steps
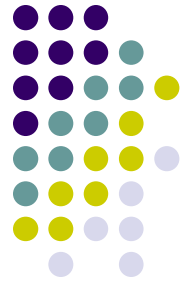
- **Develop a focus in the trauma curriculum on cultivating resilience and optimizing approaches that building on youth strengths to reduce negative effects of risk factors and enhance protective factors**

- Recent literature has begun to identify strengths and assets-based approaches that appear to have potential to ameliorate the effects of trauma in youth who are LGBTQI2-S (Lazear & Gamache, 2009)

- Some of this literature even suggests that having a clear identity as LGBTQI2-S can serve as a protective factor to minimize the effects of trauma and traumatic exposure

LGBTQI2-S Trauma Curriculum: Upcoming Modules - Format

Each module will include the same fundamental elements and structure, but differ in content and recommended practices and policies, as appropriate:

- **PowerPoint slides – with notes sections for consistency and usefulness in training**
- **Objectives**
- **Instructions for trainers**
- **Trainer materials**
- **Participant exercises** *(where relevant)*
- **Handouts** *(where relevant)*
- **Resources** *(including materials included within your CD)*
- **References**

LGBTQI2-S Trauma Curriculum: Upcoming Modules - Content

- **Transgender/Gender Identity**
- **Two-Spirit**
- **Youth of Color who are LGBTQI2-S**
- **Addressing the Needs of Youth who are LGBTQI2-S in settings such as**
  - **Residential**
  - **Juvenile Justice**
  - **Foster Care**
  - **Homelessness**
  - **Schools**
- **Youth who are LGBTQI2-S and their Families**
- **Children of Parent(s) who are LGBTQI2-S and their Families**