

Honoring Innovations Report

“A Newsletter for System of Care Communities in Indian Country” Issue #10, April 2013

A newsletter published by the National Indian Child Welfare Association (NICWA) describing best practices in American Indian/Alaska Native systems of care for current and graduated system of care communities

A “best practice” in the field of American Indian/Alaska Native children’s mental health is a process, method, training, or event that is believed to have a direct link in providing the desired outcome.

NICWA believes that such a practice requires that seven specific criteria are met. The program must: demonstrate potential for longevity; be replicable; exist harmoniously with Indigenous values and teachings, be sustainable, secure community acceptance, include the input of stakeholders across generations, and demonstrate culturally competent staffing.

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Standards of care for lesbian, gay, bisexual, transgender, questioning, intersex, and two-spirit American Indian/Alaska Native youth

The Substance Abuse and Mental Health Services Administration’s (SAMHSA) National Workgroup to Address the Needs of Children and Youth Who Are LGBTQI2-S and Their Families provides guidance around delivering strengths-based mental health services to lesbian, gay, bisexual, transgender, questioning, intersex, and two-spirit (LGBTQI2-S) youth. Created in 2008, the goal of this workgroup is to guide the “development, dissemination, and implementation of policies, programs, materials, products, and other resources to improve the lives of children, youth, families, and communities,” (SAMHSA, 2012) with a focus on the unique needs of the LGBTQI2-S population. In the past, the mental health needs of LGBTQI2-S individuals have been seen through a deficit-based

perspective, which is counter to the strengths-based value of the systems of care platform for systems change. Homosexuality was classified as a mental disorder by the American Psychological Association until 1975 (Gamache & Lazear, 2009).

It is estimated that 8.8 million gay, lesbian, and bisexual individuals live in the United States (Gamache & Lazear, 2009). Research suggests that, “Native American youth are more likely than non-Native youth to identify as LGB,” (Bears, 2011). Compared to the general population, American Indian and Alaska Native (AI/AN) individuals have high rates of suicide, are more likely to live in poverty, be victims of violent crimes, and die from tuberculosis, diabetes and alcohol related causes (American Psychiatric Association, 2010). The exact rates of health

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Additional Resources

American Psychological Association. Practice guidelines for LGB clients: guidelines for psychological practice with lesbian, gay, and bisexual clients. Retrieved from <http://www.apa.org/pi/lgbt/resources/guidelines.aspx>

Frazer, M.S. & Pruden, H. (2010). Reclaiming our voice: two spirit health & human service needs in New York State. NYS DOH AIDS Institute: Albany, NY.

Technical Assistance Partnership for Child and Family Mental Health. (n.d.) Lesbian, gay, bisexual, transgender, questioning, intersex, or two-spirit learning community. Retrieved from <http://www.tapartnership.org/COP/CLC/lgbtqi2s.php>

The Tribal Equity Toolkit: Tribal Resolutions and Codes to Support Two Spirit & LGBT Justice in Indian Country. (n.d.) Retrieved from <https://graduate.lclark.edu/live/files/12737-tribal-equity-toolkit>

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disparities for LGBTQI2-S AI/AN youth are currently unclear due to a lack of research in this field and small sample sizes, but some research shows that there are increased rates of suicide, depression, homelessness, victimization by physical and sexual violence, and substance abuse (Bearse, 2011). Tribal systems of care communities throughout the country have identified the critical need for culturally specific mental health standards of care for LGBTQI2-S AI/AN youth, but have found little resources to draw from. The general standards of care for LGBTQI2-S will be presented in this article with additional considerations for AI/AN communities.

The field of medicine's "standards of care" describes the formal process that represents best practices in a particular context. Standards of care have been adopted in various contexts by the appropriate standard-setting bodies. For example, the World Professional Association for Transgender Health promotes best practice through publication of its own standards of care (www.wpath.org). Mental health standards of care for LGBTQI2-S AI/AN youth are not widely developed or available. American Indian tribes, through their sovereign authority to regulate services and providers, can set standards that they feel represent best practice with their own tribal members in any area they choose.

The following standards of care for LGBTQI2-S youth have been developed and are described in a book titled, *Improving Emotional and Behavioral Outcomes for LGBT Youth: A Guide for Professionals* (Fisher, Poirier, & Blau, 2012). These are general standards of care for LGBTQI2-S youth that can be adapted to fit the

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Claiming Language

In building supports and space for LGBTQI2-S youth, experts advocate for community workers to take their cues from the youth they serve in determining the most appropriate way to refer to them. Because the LGBTQI2-S community has been so marginalized—often brutally—making space for inclusive language and allowing those served to define how they self-identify is an integral part of allowing the LGBTQI2-S community to reclaim an equal role in society. Here are some commonly used terms.

Lesbian—a woman who is physically, emotionally, and mentally attracted to other women.

Gay—a man or woman who is physically, emotionally, and mentally attracted to the same gender. This term is used either to identify only men or all sexual minority individuals.

Bisexual—a man or woman who is physically, emotionally, and mentally attracted to both genders.

Transgender—a person whose self-identity as male or female differs from their anatomical sex determination at birth.

Questioning—a person, often an adolescent, who questions his or her sexual orientation or gender identity and does not necessarily identify as definitively gay, for example.

Intersex—a person born with an indeterminate sexual anatomy or developmental hormone pattern that is neither male nor female. The conditions that cause these variations are sometimes grouped under the terms "intersex" or "DSD" (differences of sex development).

Two-spirit—a term created by Native American gay, lesbian, bisexual and transgender individuals in 1990 as an "umbrella term" to include the tribally specific terms used to refer to those who are "not male and not female" or who "take on" the other gender, as well as an umbrella term for those who define themselves as LGBT and Native. It also was created to substitute for earlier (biased) terms used by anthropologists and colonists. (Brown, 1997)

Transitioning—often defined as the process of ceasing to live in one gender role and starting to live in another, undertaken by transgender and transsexual people. Many people also use the term to refer to the entire transgender/transsexual process (from living 24/7 in the beginning gender role to after sexual reassignment surgery).

*All definitions except for "two-spirit" are from Gamache, P., & Lazear, K.J. (2009).

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specific needs and culture of each AI/AN community; they provide a foundation for the day-to-day practice of working with LGBTQI2-S youth.

Standards of care for LGBTQI2-S youth:

1) Conduct an agency assessment and establish continuous quality improvement (CQI) efforts.

Goals to improve services and supports for LGBTQI2-S youth can be established after conducting an agency assessment and identifying the needs of the community. Do the needs of the community match the goals of the organization? Obtaining feedback at regular intervals from those receiving services, service providers, and other community partners will enable an organization to implement changes to fine tune systems and meet its goals for serving LGBTQI2-S youth.

2) Enforce nondiscriminatory policies.

Develop and enforce policies and procedures that prohibit harassment and discrimination, including specific language to protect the rights of LGBTQI2-S individuals. Create a grievance process and designate an individual or office to review and manage the grievances. Ensure that all staff and contractors are aware of the harassment and discrimination policies.

3) Promote staff knowledge.

Educate staff about how to work most effectively with LGBTQI2-S youth. Suggested topics to cover in trainings are: vocabulary and definitions relevant to LGBTQI2-S youth; myths and stereotypes; developmentally appropriate concerns; how to support a young person in understanding his or her LGBTQI2-S identity; approaches to working with families of LGBTQI2-S youth; and agency and community resources.

4) Incorporate culturally and linguistically appropriate language and procedures into the intake, data collection, and information shar-

ing process. Review the intake and data collection process and refine the process to accommodate the needs of LGBTQI2-S youth. Create procedures to support and respect youths' ability to self-identify and use language that supports their identity. Include information with youth about how confidentiality is maintained and how information will be shared among staff.

5) Promote a safe, supportive, and culturally competent environment.

Include LGBTQI2-S youth and adults in the development of policies, procedures, and practices by creating positions on advisory boards and governing bodies. Display signs and symbols that positively represent the LGBTQI2-S community where services are delivered.

6) Implement practices that support preferences and affirm identity.

Provide the same quality of service and care that is provided to other youth and allow youth to express their gender identity and sexual orientation in a safe space.

7) Promote healthy peer connections.

Provide opportunities for LGBTQI2-S youth to meet and support each other through recreational activities. Also provide personal development opportunities to LGBTQI2-S youth.

8) Strengthen family connections.

Educate families about LGBTQI2-S identity, and encourage families to allow youth to participate in family activities. Promote nonjudgmental attitudes and behaviors that demonstrate respect and concern while highlighting the importance of family connections for LGBTQI2-S youth.

9) Promote access to affirming services.

Create partnerships with other providers that support the basic needs of LGBTQI2-S youth (e.g., job placement, housing, health care, etc.).

10) Prioritize community outreach.

Compile information, such as LGBTQI2-S resource lists and community contacts for LGBTQI2-S ser-

vices and information, and distribute the information within the community. Engage youth to conduct community outreach about topics like bullying, self-acceptance, identity formation, depression and suicide, and tolerance (Poirier, Helfgott, & Gonsoulin, 2012).

In order to adapt these standards of care, tribes can start by learning about their cultures' longstanding beliefs about LGBTQI2-S individuals. In some tribes, there are traditional concepts about LGBTQI2-S individuals. For example, tribes like the Navajo, Lakota, and Paiute have words in their languages that designate "third" or "middle" genders (Bears & Villasenor, 2007). During pre-contact times, these individuals held various roles within their communities. In the present day context, it is believed that colonization changed the perceptions of these individuals so the current tribal community values more closely reflect the values of dominant society. Some AI/AN LGBTQI2-S communities are working to retraditionalize the roles of LGBTQI2-S individuals through changes in tribal codes, practice, and policies and procedures.

In addition to the resources developed by the SAMHSA LGBTQI2-S Workgroup, The Tribal Equity Toolkit: Tribal Resolutions and Codes to Support Two Spirit & LGBT Justice in Indian Country provides an excellent framework for tribal code revisions to support equity for LGBTQI2-S individuals. The toolkit is the result of a collaboration between the Native American Program of Legal Aid Services of Oregon, the Indigenous Ways of Knowing Program at Lewis & Clark Graduate School of Education and Counseling, the Western States Center, the Pride Foundation, and Basic Rights Oregon. With such resources providing initial direction, tribes have the opportunity to develop mental health standards of care for LGBTQI2-S AI/AN youth and further support the LGBTQI2-S community through broad policy changes within tribal governments.

Works cited are listed on page 5.

“How we are made by Creator:” Miriam Bearse discusses LGBTQI2-S youth

Miriam Bearse (Wampanoag) is the children's mental health planner for King County's Mental Health, Chemical Abuse, and Dependency Services Division in Washington State. Her past work experience includes working within the mental health and child welfare systems as a policy analyst and as a training and technical assistance provider to tribes and states. She has been a member of the SAMHSA National Workgroup to Address the Needs of Children and Youth Who Are LGBTQI2-S and Their Families and has presented and written on topics related to LGBTQI2-S youth for years. She lives near Seattle with her partner and daughter.

How would you characterize social acceptance of LGBTQI2-S youth in Native communities? How does this compare to the traditional and historical role of LGBTQI2-S people in Native communities?

With anything having to do with our communities, we have to have a caveat that traditions vary a lot. But overall, historically speaking, people who were not “typical” in their behavior were traditionally accepted. If their partner choice, dress, or their role in society was somehow different than the majority, they were at the very least tolerated, and in many communities, recognized for their distinct role in the community. Even today, you'll find people in many traditional communities who have differences in their gender role or partner choice. They've been recognized from an early age by a grandmother or grandfather and accepted.

There's a lot of documentation of the rise of homophobia, and of seeing those differences as being negative, which came through colonization.

How does the evolution of our social acceptance impact LGBTQI2-S youths' mental health and other aspects of their well-being?

A lot of tribal communities have internalized that homophobic message that was taught to them. In those places, it's not safe for young people to express themselves. You'll see a lot of runaways and youth kicked out of their homes. Some of these kids have really terrible experiences, ending up in juvenile justice, foster care, and on the streets. They need to do what they have to in order to survive but often turn to drugs and all kinds of other things that lead to really, really negative results.

On the other hand, for those who are raised within communities that provide a level of traditional acceptance, they tend to have pretty good outcomes. It's really the acceptance, or lack thereof, that has a huge effect on youth.

Ideally, what should tribal communities be doing in order to serve these unique mental health considerations of LGBTQI2-S youth?

There's two parts to it. First, tribes need to look into their pre-colonial history, to talk to the elders to find positive places for two-spirit people to be in their community. No one is able to be in their community in a good way if there isn't a positive role for them. Second, communities need to honestly look at what we're facing today. There are lots of instances of youth not being supported, being kicked out of their homes. They end up killing themselves, or overdosing, or in pain. Those communities have to ask themselves, “Do we really want that to happen to our children?” They are our future.

We have to have those discussions to find out how we make a safe, respectful place for this part of our community.

Who are some of the leaders in Indian Country who are providing models for youth standards of care? What makes them effective?

Change and progress on this issue have been slow, but it's been ongoing for the past 30 years. It's very decentralized. There are lots of two-spirit groups in urban centers. There are many communities who engage in these conversations through trainings.

(Miriam Bearse, continued)



Miriam Bearse is the children's mental health planner for King County, Washington, and has presented extensively on LGBTQI2-S issues.

When we went to New Mexico to do a presentation in Albuquerque, we had many elders from the pueblos and from the Navajo Nation there. They were so positive. I was blown away. You don't always get a positive reaction when talking about these difficult issues, but these elders were completely unfazed. They said, "This is how we believe. We are all made how we are made by Creator. We need to value each other and ourselves." Essentially, they were articulating the core traditional belief regarding welcoming differences in our communities. Sometimes in the most conservative communities, people can see the traditional ways regarding two-spirits and say, "Yes. These people are part of our communities. They're part of us."

There's been a lot of courage over the years from those working in system of care communities—everything from just being willing to talk about it, to looking at different ways in which they can identify youth and help them along.

Why is this work important to our communities?

We have tribes that are putting into their legal codes respect for two-spirits. They're legalizing gay marriage. In some aspects, these tribes are the ones leading the country. For me, the importance of this work comes down to two things. The first is bringing back the traditional acceptance that was taken away by the colonial experience. The other is to honor all the members of our communities, to find a way to ensure that people are accepted and at home in their communities. It's about community strength. It's about community traditions.

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Creating systems to support two-spirit and LGBTQ youth

by **Se-ah-dom Edmo**

In 2005, community members in Portland, Oregon, came together to support the Native American Rehabilitation Association's (NARA) Circles of Care project, Nak-Nu-Wit. Nak-Nu-Wit's advisory board, a diverse group of elders, youth, and families, developed close relationships with one another through a process of identifying needs and strengths of their community. The advisory board members were both a subsection and a reflection of the community they represented. Through opening up, developing trust, and being honest about challenges as individuals and families, they were able to accurately express the needs and strengths of their community.

One of the areas of need they identified was improving mental health services for two-spirit and lesbian, gay, bisexual, and transgender (LGBT) Native individuals and their families. In 2009, as a part of their systems of care work, Nak-Nu-Wit formed a training work group to prioritize, develop, schedule, and conduct trainings staff and community would benefit from that would lead to system change. This group consisted of NARA employees, and Nak-Nu-Wit leaders, advisory board members, and outside service providers. This work group was to focus on many training goals, but the first and most expansive training they planned was a community-wide two-spirit training.

The training work group members recognized they had limited expertise about how to improve mental health services for LGBT individuals. Thus, they consulted with the Indigenous Ways of Knowing Program at Lewis & Clark College and the Western States Center, a Portland-based nonprofit organization dedicated to building a progressive movement for social, economic, racial, and environmen-



tal justice in eight western states, to modify the training curriculum.

In 2010 the curriculum was finished, and the staff, from all divisions of NARA, from Administration to Clinic Services, Inpatient and Outpatient Treatment as well as Women's and Youth Programs, committed to a full day of training and began with the basics. The day's agenda included a rigorous examination of the history of racial justice, Indigenous rights, and LGBT equality. By examining historic and current policies that prevent communities from having complete and full human dignity, participants were able to reflect on the connections between historical events and lingering mental, physical, spiritual, and emotional health and trauma.

Other aspects of the training emphasized the need to acknowledge the LGBT community instead of pretending that gender and sexuality are invisible. Staff also identified individual and collective concerns that participants had as they started to have conversations on LGBT equality, while simultaneously identifying the real and concrete gains that doing the work would produce. The traditional role of two-spirited people within Native communities was discussed, and the day concluded with a talking circle.

NARA employees could have studied the material in this training independently; however, the power of going through an intensive training together gave participants further commitment

to LGBT justice through service to their clients and community. Because training participants connected with one another while they learned, they were inspired to bring the experience and knowledge to their community and see what change the community wished to bring forward.

In the interim, NARA created space for a Two-Spirit Youth Group along with other services they developed for youth. Less than a year later, the Nak-Nu-Wit staff came together to facilitate a community-wide two-spirit training modeled after the staff training. The event filled NARA's Youth and Family Wellness Center and garnered the attention of the local news. Although a simple concept, the power of coming together for a common cause has led this community to be more accountable to one another.

Organizers and supporters of these early mobilizing efforts anticipate their efforts will serve as the foundation of expanded programs and services aimed at supporting two-spirit youth in the Portland Metro Area. The momentum they have built propels them toward healing through calling attention to issues that were once silent or ignored. By calling attention to these issues, the efforts of the Portland Indigenous community, under the leadership of Nak-Nu-Wit and NARA, are quickly becoming exemplars of restorative justice and healing.

Se-ah-dom Edmo is the coordinator of the Indigenous Ways of Knowing program at Lewis & Clark College in Portland, Oregon.