March 2018

Maine Psychologist Today

Welcome to the Maine Psychologist Today, MePA's new online newsletter!

President's Column

Greetings to our esteemed membership and other interested readers. Awhile back I was administering the Block Design subtest of the WISC-5 to a 2nd grade little guy. About 3 constructions into the task he quizzically looked up at me and asked: "Do you do any REAL work, like build a house, drive school bus…? In order not to distract from the task I simply smiled, nodded "no" and looked toward the test blocks. Moments later he again looked toward me and asked: "And you get paid REAL MONEY for this…?" Again, I simply smiled, nodded affirmatively and glanced toward the blocks. As he again shifted his gaze toward the blocks he mumbled: "Gee I want YOUR job when I grow up!" Well lucky folks, we have this job don't we!

As I prepare with my colleagues to attend our 4 – day APA convention in Washington D.C. I am reminded of the scope, the diversity and the extreme relevance of our roles to our community, state, national and international communities. As in my past experiences, I am humbled by my need to learn more, to involve myself more, and to promote more, relative to crucial social events and the skills sets that I and we have developed for contribution.

And so, I hope to come back "smarter' for the benefit of our professional membership, and for our Maine communities in particular. I also strongly encourage all of us to stay tuned and remain involved in our individual professional interests, and to contribute both professionally and personally in our own personal endeavors and interests.

And oh yes…have fun with those wacky red & white blocks!

Tom Collins, Ed.D.
President, Maine Psychological Association

When Working with Older Clients, You Can't Tell by Looking: It works both ways for LGBT elders

Douglas C. Kimmel, PhD
Professor Emeritus, City College, C.U.N.Y.

We all know that some of the older clients, neighbors, friends, and patients we encounter are lesbian, gay, bisexual, or transgender (LGBT). We also know that many times one cannot tell this by their appearance; and they may not self-identify right away. We may be especially unaware of bisexual individuals, as they tend to be identified by the relationship they are in currently, or by their past history of relationships: e.g., heterosexual marriage, same-sex domestic partnership, grandparent, etc.

Gerontologists need to be aware of making assumptions or generalizations about LGBT clients, just as they are about making age-related ones. Knowing that someone is LGBT rarely gives specific information about the individual's unique situation; it is similar to knowing that someone is 65 years of age: being LGBT cuts across all other demographic and individuals characteristics (Kimmel, 2002).

We are less likely to reverse the perspective: LGBT individuals cannot tell by looking which providers are affirmative. In many ways, this fact may be more relevant than is often recognized. Typically, providers are trained to be affirmative, to leave any prejudice outside their office, and to be open to learning new information about their clients and communities. However, if none of the clients know of their training and perspective, they may assume the worst: that the office is not a safe place to be openly LGBT. Therefore, providers who are LGBT affirmative need to reveal this affirmative perspective: in their office, by advertising, by signs and symbols (such as "safe space" stickers in examining rooms), and by LGBT-friendly forms at the initial appointment.

There are both period and cohort effects with regard to understanding the degree of openness or fear of discrimination among older LGBT individuals (Grossman, Frank, & McCutchen, 2012). Older LGBT individuals grew up and survived their earlier years in a social climate that was generally hostile to same-sex attractions. However, times have changed; and some "came out" and were active in the emerging gay community, while others remained "in the closet" still concealing their sexual orientation.

This brief essay will examine the implications of the fact that many older LGBT clients or patients may hesitate or even fear to reveal their sexual orientation to professionals. It will suggest some resources for gerontology practitioners to provide appropriate affirmative and welcoming services for these individuals and it will also explore the dual implications of the fact that neither providers nor clients can tell by looking who is LGBT or who is LGBT affirmative.

Background

Growing up gay or gender nonconforming in the hostiile environment of the past often required strategic efforts of concealment (Kimmel, Rose, & David, 2006). Until the 1970s in the United States, homosexuality was considered a mental illness, was illegal even between consenting adults in

private, and was regarded as sinful by many religions. One often feared being arrested inside a gay bar, entraped by an undercover police officer, or discharged from the military; the result could be public humiliation, loss of one's job, and destruction of one's marriage or family.

Even today, older LGBT individuals report experiencing discrimination and bias from healthcare providers and often have to take extraordinary steps to ensure their healthcare wishes are honored (Lambda Legal, 2010). SAGE Maine, an affiliate of Services & Advocacy for GLBT Elders (SAGE), conducted a needs assessent of LGBT people in Maine (Gugliucci, et. al., 2013). Over half of the 468 respondents were worried about having their sexual identity honored by social service providers. One in five respondents reported they had been the victim of discrimination while being treated by a health care provider and 22 percent worried that their health care providers would treat them differently if they disclosed their LGBT identity. An overwhelming 86 percent said they would be more likely to choose a social service provider who is trained or knowledgeable in LGBT issues. The most pronounced finding was the fear of needing home health care or nursing home care: sixty-three percent were concerned about the facility honoring their or their partner's will; 58 percent were concerned about visitation due to staff biases; and 53 percent were concerned about visitation due to facility regulations. Many states do not have legislative protections to prevent this kind of discrimination based on sexual orientation or gender identity; so often the LGBT individual has no legal recourse for protection (http://www.lgbtmap.org/equality-maps/non_discrimination_laws).

The inclination to conceal or not to disclose one's sexual orientation or gender nonconformity to medical providers can interfere with seeking and receiving appropirate care (Travis & Kimmel, 2014). Often the fear of mistreatment by providers results in delays in seeking help, failure to disclose relevant personal information or significant relationships (Institute of Medicine, 2011). In addition, there are health and behavioral health disparities for older LGBT individuals (Fredriksen-Goldsen, et al., 2011). Transgender individuals are especially at risk for delaying treatment due to fear of discrimination (Singh & dickey, 2017).

Working for three years as Executive Director of SAGE Maine, I have had the pleasure of hearing stories of older adults discovering, disclosing, and creating new understandings of their gender identity and sexual orientation in later life. It is still surprising to me how many older self-identified LGBT individuals have been heterosexually married (often more than once) and have children and grandchildren. To be sure, there are also older individuals who have been exclusively gay all of their lives and some have been in long-term same-sex relationships of 4 or 5 decades in length. The fact that one often cannot recognize who is LGBT, sets older LGBT individuals up for unique forms of discrimination (Kimmel, Hinrichs, & Fisher, 2015). Some of the most frequent ones in my experience are:

Unacknowledged bereavement – where the end of a long-term relationship between two individuals of the same-sex is not recognized as it would be if it was a heterosexual marriage (even if they are now able to be legally married).

The health care provider sees a wedding ring and assumes the spouse is of the other gender: "Will your wife be able to take care of you after the surgery?" they ask a gay man, without thinking.

Children of LGBT parents may refuse to acknowledge their new in-laws, refuse to attend a wedding or funeral, or visit during a terminal illness.

Maintaining the belief that there are no LGBT people in the assisted living facility or nursing home; or that if there are, they have no special needs or concerns because "we treat everybody the same."

Likewise, it surprises me to learn how many older transgender individuals have little experience with the LGB world before they began the transition. In addition, a number of male-to-female transgender veterans are coming out and being served in Veterans' Administratrion (VA) programs (Cramer, 2017). One veteran called my attention to research indicating that a surprisingly disproportinate number are serving in the military; and that it is typical for these individuals to have disguised their feminine identity by enlisting in the service, sometimes volunteering for dangerous assignments – as much to disprove their female feelings as to wish for an honorable death – without disclosing their inner transgender identity (Blossich, et al., 2013).

Why Does it Matter: The Hidden Baggage from the Past

Recently I visited a SAGE Maine Drop-In where several of the participants talked about their early life growing up in rural Maine. Their fear-filed recollection of being a gay young man in a small town decades ago was still very much present in their discussion in 2017. One man said that if his parents had known, they not only would have kicked him out of the house, but would have driven him out of the state to Massachusetts! Another noted that in his small town, where many had firm religious beliefs, he knew he would never find acceptance. Both men left the state as soon as they could in order to survive and one married a woman and lived as heterosexual until retirement. These men have returned to Maine small towns, but still continue to carry this psychological baggage with them in old age.

Earlier this year, at another drop-in, the discussion focused on the lesbian trailer park retirement community where two of the participants winter in Florida. The park had been ordered to evacuate in the wake of a severe hurricane warning, but some of the residents refused to leave for their own safety. My informant felt they were being stubborn and that they should leave at once. But her friend at the park went to each of the refusing residents to ask why they refused to leave. Three acknowledged that were terrified of being in a homophobic environment they felt would exist in a public shelter; they had been so traumatized by their earlier experiences that they totally distrusted heterosexual strangers and feared them more than the hurricane. The other lesbian women promised they would stay with them and protect them; so they all did evacuate to safety.

SAGE Maine did trainings on LGBT affirmative practices for each of the five Area Agencies on Aging in the state. At one of the trainings, a participant commented at the end of the session that for the first time he now understood the point of the training – it was not only to change his attitude, but also to help him recognize that his attitude was not the most important problem. The LGBT person walking in the door was carrying years of previous experiences of fear and distrust and this was what was blocking the services. They could not tell whether the providers were affirmative and assumed they probably were not.

I recently visited the VA in Maine and was pleased to see some staff members wearing a rainbow lanyard holding their name badge. They were openly LGBT affirmative, and were hired by the VA for that role. This rainbow symbol is a visible way one can tell if a health care provider is

affirmative. It can be an inclusive sign on the door, a safe-space symbol in each examining room, or an LGBT health-related flyer posted on the waiting room bulletin board; LGBT clients will see it and know; and allies may also recognize it and recommend their LGBT friends. Likewise, having information sheets that recognize genders other than male or female, varieties of relationship status, and asking for chosen nickname can help LGBT individuals feel welcome and accepted (e.g., Gay & Lesbian Medical Association, 2006). If the institutional forms do not allow such variations, then addding one that does and possibly apologizing for the institutional forms can be truly welcoming.

In our state-wide needs assessment, SAGE Maine found that the greatest concern was to address the fear that one would need to "go back into the closet" (i.e., disguise being LGBT) if they ever needed care, especially in a health care facility (Gugliucci, et., al., 2013). One nationwide program for the certification of such facilities that have been trained to be LGBT affirmative has been created by SAGE Care (http://sageusa.care).

This fear from past experience remains as the baggage we carry from our personal histories of discrimination, or history of hiding and fearing disclosure. Unfortunately, it gets reinforced in the public media from time to time, especially now that we are living in a period of history when antigay bigotry is regaining strength and taking its toll on the health and well-being of vulnerable LGBT older adults.

References

Blosnich J. R., Brown G. R., Shipherd J. C., Kauth, M., Piegari R. I, Bossarte R. M. (2013). Prevalence of gender identity disorder and suicide risk among transgender veterans utilizing veterans health administration care. American Journal of Public Health, 103(10):e27–32. doi: 10.2105/AJPH.2013.301507.

Chin, N. (2012). Aging with dignity. Lambda Legal Impact, 29(3). https://www.lambdalegal.org/blog/aging-with-dignity

Cramer, T. (2017). Transgender vets, the VA, and respect. https://www.va.gov/health/NewsFeatures/2017/January/Transgender-Vets-the-VA-and-Respect.asp.

Fredriksen-Goldsen, K. I., Kim, H. J., Emlet, C. A., Muraco, A., Erosheva, E. A., et al. (2011). The aging and health report: Disparities and resilience among lesbian, gay, bisexual, and transgender older adults. Seattle, WA: Institute for Multigenerational Health. http://www.age-pride.org/wordpress/wp-content/uploads/2011/05/Full-Report-FINAL-11-16-11.pdf

Gay & Lesbian Medical Association. (2006). Guidelines for lesbian, gay, bisexual, and transgender patients. San Francisco, CA: Gay & Lesbian Medical Association. http://glma.org/_data/n_0001/resources/live/GLMA%20guidelines%202006%20FINAL.pdf

Grossman, A. H., Frank, J. A., and McCutcheon, M. J. (2012). Sexual orientation and aging in western society. In C. J. Patterson and A. R. D'Augelli (eds), Handbook of psychology and sexual orientation (pp. 132–148). New York: Oxford University Press.

Gugliucci, M. R., Weaver, S. A., Kimmel, D. C., Littlefield, M., Hollander, L., Hennessy, J. (2013). Gay, lesbian, bisexual and transgender (GLBT) aging in Maine: Community needs assessment: 2012 survey and focus group report. Portland, ME: AARP. http://www.tamarackplace.com/Report.pdf

Institute of Medicine. (2011). The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding. Washington, DC: National Academy of Sciences. http://www.iom.edu/lgbthealth.

Kimmel, D. C. (2002). Aging and sexual orientation. In B. E. Jones & M. J. Hill (Eds.), Mental health issues in lesbian, gay, bisexual, and transgender communities (Review of Psychiatry Series, Volume 21, pp. 17–36). Washington, DC: American Psychiatric Publishing.

Kimmel, D. C., Hinrichs, K. L. M., & Fisher, L. D. (2015). Understanding lesbian, gay, bisexual, and transgender elders. In P. A. Lichtenberg & B. T. Mast (Eds.), APA Handbook of clinical geropsychology (pp. 459–472). Washington, DC: American Psychological Association.

Kimmel, D., Rose, T. & David, S., Eds. (2006). Lesbian, gay, bisexual, and transgender aging. New York: Columbia University Press.

Singh, A., & dickey, l. (Eds.) (2017). Affirmative counseling and psychological practice with transgender and gender nonconforming clients. Washington, DC: American Psychological Association.

Travis, L. A. & Kimmel, D. C. (2014). Lesbian, gay, bisexual, and transgender aging: Considerations for Interventions. In N. Pachana & K. Laidlaw (Eds.), Oxford handbook of clinical geropsychology (pp. 776–796). London: Oxford University Press.

Resources for Practitioners [in chronological order]

SAGE Care Management Brochure. Services & Advocacy for GLBT Elders (SAGE), OCTOBER 2, 2017 https://sageusa.org/resources/publications.cfm?ID=317

Understanding Issues Facing LGBT Older Adults. Services & Advocacy for GLBT Elders (SAGE) & The Movement Advancement Project and SAGE, MAY 25, 2017 https://sageusa.org/resources/publications.cfm?ID=304

Inclusive Questions for Older Adults: A Practical Guide to Collecting Data on Sexual Orientation and Gender Identity. Services & Advocacy for GLBT Elders (SAGE) & National Resource Center on LGBT Aging, MARCH 14, 2013 https://sageusa.org/resources/publications.cfm?ID=161

Improving the Lives of Transgender Older Adults. Services & Advocacy for GLBT Elders (SAGE) & National Center for Transgender Equality, JUNE 1, 2012 https://sageusa.org/resources/publications.cfm?ID=13

Inclusive Services for LGBT Older Adults: A Practical Guide to Creating Welcoming Agencies. Services & Advocacy for GLBT Elders (SAGE) & National Resource Center on LGBT Aging, MARCH 14, 2012 https://sageusa.org/resources/publications.cfm?ID=107

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[2] Inflation Safeguard offers additional insurance coverage and the premium will be added to your bill.

Welcome New Members!

Members
Katherine Casale, PsyD Kennebunk
Rebecca Bickford, PsyD W. Baldwin
Jim Jacobs, PhD Vassalboro
Karla Diffin, PhD Auburn

Academics
Michael Stevenson, PhD Augusta

Affiliates
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Alexandra Lash, PsyD W. Newton, MA
Emily Sinclair Puyallup, WA

Students
Amy Halpin, MA Orono
Natalie Holbrook, MA Old Town
Melissa Jankowski Bangor
Hannah Lawrence, MA Bangor
Victoria Quinones, MA Milford
Jessica Shankman Bangor
Fayeza Ahmed, PhD Orono
Laura Andrews Old Town
Olivia Bogucki, MA Bangor
Colin Bosma, MA Orono

Technology Committee:

As we welcome 2018, the Technology Committee has been continuing to help MePA refine and adjust to our new website. We are presently working to create guidelines and pragmatic how-to's for keeping our site updated with new, relevant information as well as to highlight the meaningful work our MePA committees do. We have run some analyses to look at how our site is viewed and utilized by our members as well as the public. With this information, we strive to continue to evolve our site to be as informative and user-friendly as possible. In addition to the website, the Technology Committee is a resource to bolster the efforts to get MePA on social media so we may increase access and awareness with those modalities. Finally, advances in TeleHealth and the use of technology in the delivery of services, storage of clinical information, etc. are efforts that the Technology Committee works to stay abreast of in efforts to provide our membership with relevant information. We welcome feedback from the membership regarding the website as we work to continue improvements.

Elyse Corbett, PhD
Chair

Public Education Committee

As of right now, we have one business, Machias Savings Bank, in the process of applying for the 2018 Psychologically Healthy Workplace Awards. We are also in the process of nominating the Portland Symphony Orchestra (an award recipient of the 2017 Awards) for the national awards - hopefully more to come on that in the future!

APA will be doing away with funding for the state level awards and will only be involved in recognizing organizations at the national level. Their funding ($1000/year) in the past has helped to defray the costs for any travel needed to conduct the site visits and to also have plaques made for the award winners - there should be enough left over from the few years we've been doing the awards to cover the expenses for the new few years. Ron is looking to step down as the head of the Awards within the next year or so, and I have agreed to take over as I have been a part of the process since the beginning, think it's an important project/ experience, and I enjoy doing it! We still have to iron some details with APA (i.e., if we will still be allowed to use their online platform so that businesses can apply online, etc.), but really not much should be affected by the APA no longer backing the state level awards.

If anyone wants to get involved with the awards and/or know of any organizations that may be interested in applying, they can feel free to contact me via email at: carly.rodgers@gmail.com

Carly Rodgers, PhD
Chair

Early Career Psychologists Committee

The ECP committee recently collaborated with the Continuing Education Committee to try and set up an ECP focused conference pertaining to practice management and common ECP related questions/concerns. Unfortunately, due to a lack of interest the conference was canceled. We are looking into rescheduling the conference as part of a larger meeting in the future.

Tom Cooper, PsyD
Outgoing Chair

Reimbursement Oversight Committee

The Reimbursement Oversight Committee is committed to working on mental health parity with Maine insurance providers. We are in the process of connecting with state agencies and

will use information from these meetings to inform upcoming appointments with various insurance providers.

Tom Cooper, PsyD
Chair

Peace and Social Justice Committee

The Peace & Social Justice Committee of MePA was set up many years ago by Peter Rees who championed these causes and I took it over when he retired some time ago. It has been especially involved over the years with promoting human and civil rights legislation for LGBT folks and on the same-sex marriage campaign. Currently it is involved with the MePA effort in support of banning the practice of conversion therapy for sexual orientation in Maine.

I have also raised some concerns about the situation at the Long Creek Correctional Center, which has been discovered to have serious problems following the suicide of a transgender youth there.

We have raised the issue with the APA about the block on gun violence research imposed by the powerful lobbying from the gun industry and the NRA several years ago and they took some action.

There are many other issues and concerns that we can address from the perspective of empirical research to shed helpful light on these social justice issues.

So I invite you to join our committee, which meets primarily by e-mail so far.

Doug Kimmel
Chair

Legislative Committee

MePA has been approached to support LD 1168 – Victim's rights legislation. The bill would be add an amendment to the Maine Constitution. Given the profound changes the bill would engender the Committee will not support, but will monitor.

LD 1032 – This bill requires that health insurance reviewers have to appropriately credentialed. Much resistance from insurance companies. We agreed that there have been challenging to try and work with reviewers who do not have necessary clinical knowledge. Will send a letter of support.

LD 912 – This bill prohibiting conversion therapy. MePA supported the idea of banning conversion therapy in our testimony but opposed the inclusion of language in the Unfair Trade Practices Act.

LD 453 – This bill directs the Bureau of Insurance to convene a working group to examine insurance coverage for alternative therapies for addiction/recovery. MePA provided a letter of support.

LD 267 – This bill limits the licensing information available to the public for safety reasons . MePA will monitor.

Diane Tennies, PhD
Chair

Continuing Education

The Continuing Education committee has scheduled two 6 hour seminars for 2018, and may have other offerings as well. We have a seminar on June 22nd at Colby College on Psychopharmacology, which will focus on the use of medications as part of a treatment plan for a variety of mental health conditions, and the role of the psychologist when they are treating patients/clients taking medications. Both presenters are well known in the field, and will be sharing their insights into the state of prescriptive authority for psychologists across the country.

We are just confirming our speaker for our Fall Conference on November 9th. Dr. Dan Florell from Eastern Kentucky University, whose expertise includes use of technology, cyberbullying, and school psychology, will be our speaker. This will be a six hour seminar that will cover topics such as the nuts and bolts of establishing HIPPA compliance and the efficacy of telehealth in treating specific disorders. The seminar will also include three hours devoted to the ethical concerns regarding using telehealth which will meet our requirements of licensure.

One other item on my mind is our online CE coursework. We have had some concerns regarding the tests that are associated with at least one of our offerings, and whether it is well constructed. I will be taking a closer look at these offerings in the next few months, and if any one has any thoughts or suggestions about what is currently being offered or new possibilities, please let me know.

Mark your calendars! Two conferences have been scheduled:

June 22, 2018 6 CE on Psychopharmacology at Colby College in Waterville
November 9, 2018 6 CE on Telehealth Location TBA

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Central Maine Medical Center's Family Medicine Residency seeks a full time Behavioral Science Director to join our dynamic Faculty group with the retirement of our current BS faculty after 26 years of service. Responsible for administrative oversight of all educational activities pertaining to the education of Family Medicine Residents. Active involvement in recruitment, selection, instruction, supervision, evaluation and advancement of residents and teaching medical students. Reports to the Residency Director and collaborates with physician faculty, program administrator, patient educator, nursing staff, and other team members to achieve patient care and academic goals. Collaborates with onsite resources (community social worker and integrated behavioral health clinician) and is engaged in system and community wide offerings. We offer a highly competitive compensation package, comprehensive benefits and generous continued medical education funding.

Requirements:

Candidates should have a doctoral degree in clinical psychology (PhD or PsyD) and be licensed to practice in Maine (or be immediately eligible for licensure). Preference will be given for prior experience in integrated behavioral health, health psychology/behavioral medicine and family systems. Prior experience in medical education is also preferred. Consideration will be given to master's level social workers with prior experience as a Behavioral Science Faculty.

The Lewiston/Auburn community is centrally located in Maine and is the second largest metro area in the state. Two hours north of Boston and close to the ocean, lakes, and mountains, this opportunity offers the outdoor enthusiast unlimited recreational possibilities. Please visit our website at http://recruitment.cmmc.org/ to complete an application or forward your CV to: Donna Lafean, at email: LafeanDo@cmhc.org, or fax: 207/344-0658, 1-800/445-7431.

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