



The Networker

The Official Newsletter of the Network for Lesbian, Gay,
and Bisexual Concerns in Occupational Therapy

VOLUME 8/NUMBER 3/NOVEMBER 2001

FROM THE CO-CHAIR

by Gerard Mounic

Fall 2001
Issue

Wishing
you Happy
Holidays!!!

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Three months have gone by since our last Network news letter and yet so much has transpired in the world. Here in New York, day-to-day activities have forever changed. Hijackings, buildings collapsing, bomb threats and Anthrax scares have taken their toll on most of us. I hope that in light of all these tragic events, all of you are doing well and have not been affected personally.

At conference, as some of you might recall, the topics of 'multiculturalism' and 'inclusion' were discussed. Shortly after, members of the steering committee participated in a survey on those same topics conducted by Darryl Crompton, a consultant hired by AOTA. Not having heard of any updates or results I contacted Janie Scott, Ethics Officer for AOTA. Ms Scott advised me that the Ad Hoc Committee on Cultural Awareness and Sensitivity in Occupational Therapy received and reviewed Darryl's Final Report. The Committee analyzed and prioritized some of the recommendations from the Report. These recommendations and accompanying motions will be presented to AOTA's Board of Directors at their meeting on October 26. The outcome of their decision making process will be documented. Ms. Scott will also write a final article (3rd in a series of 3) in OT Practice documenting these outcomes. Needless to say, 'multiculturalism' and 'inclusion' are to remain "hot" topics in the coming year.

Finally, the steering committee is about to conduct another conference call to discuss some goals for the Network. Any ideas and suggestions are welcomed from the membership. Please feel free to post your suggestions on the Network ListServ. Also, our next conference is scheduled in Miami next year, how great is that? Any members in the area that want to tell us of the many great places to check out, please do. !!



**Network for Lesbian,
Gay and Bisexual
Concerns in
Occupational Therapy**

“The Mission of the Network is to create the means for members of the occupational therapy professional community who are committed to advancing understanding of sexual orientation issues to identify, support and mentor one another and to promote research in occupational therapy.”

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PEOPLE IN THE NEWS

Frank Gainer, MHS, OTR/L, FAOTA, joined the **Academic Affairs Group** as **Education Program Manager** on September 19th. Gainer will be responsible for managing the activities of the Education Program; providing support for technical, professional, and post-professional education; promoting quality occupational therapy education; and managing the process of seeking, obtaining, and administering grants. (OT Practice. September 3, 2001)

James Sellers, OTR/L, has been the appointed recipient of the **Catherine Trombly Award** from the **Massachusetts Association of Occupational Therapy** on November 1 at the annual conference. Congratulations to a member so deserving the acknowledgement and award!

Awards received from AOTA at 2001 Conference:

Frank Gainer, Roster of Fellows

Jeanne Jackson, Roster of Fellows

Michael Nardone, Recognition of Achievement

FROM THE WEBMASTER

by **Ken Dechman**

Expect to see some changes in the Network's website soon! I am working on a new look as well as an easier layout to find information. An archive of past networkers and an opinion poll section will be added.

We are now able to process membership applications and renewals online. You can pay your membership dues through the website too! Several people have used this new feature already. The whole process only takes a few minutes.

Please continue to send me suggestions on ways to improve the website, and things you would like to see included. Feel free to email me at webmaster@networklgbot.freesevers.org

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cerns in Occupational Therapy

VOLUME 8/NUMBER 3/NOVEMBER 2001

The Networker is published
quarterly
by the Network Steering
Committee.

Subscription Price: The Networker is
sent to all members.

**Membership is defined as
making a donation in any amount.**

To join, send application on page 8 to
The Network

167 High Street, Westerly, RI 02891

FROM THE CO-CHAIR

By Margarett Shelton

It has been a weird, harrowing few months. As if my personal changes (returning home to Texas, entering a new job, etc.) were not enough, there are now terrorist attacks, their aftermath, and our government's response to the attacks to consider – as well as my own personal responses. I am concerned about our nation's response to the attacks. Overnight, our government equated acts of terrorism with acts of war. With the exception of one woman from San Francisco, Congress lock-stepped in support of George W. Bush to declare war, to create a new cabinet position, and to pass acts that removed some guarantee of civil liberties. I am concerned about the acts of individuals who, in a heightened atmosphere of fear, have resorted to committing hate crimes against people who are (or who look like they might be) Muslim.

These events have thrown me into an existential tailspin. I don't think I'm alone in examining my morals and values and considering at what point, if ever, I would cross a line and say, "I support retaliation." I'm not there yet. I am still engaged in the occupation of making meaning. My partner, Karena, is a psychotherapist,

and she challenges me to engage in this occupation and explore how such an occupation might comfort me. She asks, "How can we heal if we don't look at the wounds?" Not just the wounds that we have suffered, but those that we, as a nation, have inflicted. My thoughts right now are still disjointed, but one of my deep-seated questions is: how can we be so quick to throw people away?

I wonder how you, members of the Network, are handling your grief, your anger, and your concerns. Have any of you written the White House, your congressional representatives, and/or your senators? I did, and I received form letters in response (Kay Bailey Hutchinson hasn't bothered yet to write). The militaristic rhetoric was status quo, but I found some of Phil Gramm's comments chilling, particularly: "Our enemies have a hate that we cannot comprehend or understand, and we are only going to be safe when these people are incarcerated or dead." What makes this chilling, to me, is the lack of effort on the part of our nation's leaders to "comprehend or understand" this hatred, coupled with their decision to respond to it in kind. It reflects, in my opinion, a blatant lack of cultural sensitivity and lack of accountability for

actions taken by our government that have, over many years, led to the culmination of events on September 11.

So how do we, as a community of lesbian, gay, bisexual, and transgender occupational therapists go about the occupation of making meaning? Is there anything in our rich and painful history of experiencing cultural insensitivity that will help us through this existential fog? I do not think these questions will be easily addressed and answered. I do not presume to represent the response of each member of the Network. This may well be a topic for discussion on the listserv (have you joined it yet?).

Personally, I do not condone a declaration of war against unseen enemies, enemies that were trained and supported by the United States. I do not condone a response that threatens our civil liberties. My own response is to speak out, to write letters, and to join with others who are like-minded. What is your response? I invite you to join in a dialogue, via the listserv, where we can explore our responses to the events of the last few months and options for peaceful accountability.

Margarette

RESEARCH

The **American Journal of Public Health** dedicated its **June 2001** issue (**Volume 91, Number 6**) to “**Lesbian, Gay, Bisexual, and Transgender Health**”. The issue covers an array of topics from data collection, to models of health care delivery and reports of research. Abstracts were selected as they seemed relevant to our work as occupational therapists, both as providers and consumers of services. Please review the issue for information that may be of specific interest to you and your practice. Additional abstracts from this issue will be included in future Networkers.

Notable **Commentaries** in the issue:

Sexual Orientation Data Collection and Progress Toward Healthy People 2010

By Randall L. Sell, ScD, and Jeffrey Blake Becker

Abstract

Without scientifically obtained data and published reports, it is difficult to raise awareness and acquire adequate resources to address the health concerns of lesbian, gay, and bisexual Americans. The Department of Health and Human Services must recognize gaps in its information systems regarding sexual ori-

entation data and take immediate steps to monitor and eliminate health disparities as delineated in Healthy People 2010.

A paper supported by funding from the Office of the Assistant Secretary for Planning and Evaluation explores these concerns and suggests that the department (1) create work groups to examine the collection of sexual orientation data; (2) create a set of guiding principles to govern the process of selecting standard definitions and measures; (3) recognize that racial/ethnic, immigrant-status, age, socioeconomic, and geographic differences must be taken into account when standard measures of sexual orientation are selected; (4) select a minimum set of standard sexual orientation measures; (5) develop a long-range strategic plan for the collection of sexual orientation data.

Reference: Sell, R. L., & Becker, J. B. (2001). Sexual orientation data collection and progress toward healthy people 2010. *American Journal of Public Health*, 91(6), 876-882.

Undercounts and Overstatements: Will the IOM Report on Lesbian Health Improve Research? By Marj Plumb, MNA

Abstract

In January 1999, the Institute of Medicine (IOM) released a report on lesbian health research that fulfills 3 goals: it provides an extensive review of much of the research that has been done on the health of women who have sex with other women, it addresses the methodological and ethical issues inherent in conducting research on this population, and it suggests avenues for further research. This report will likely help lesbian health researchers gain funding, publish further research in medical journals, and receive support and validation from medical and research institutions. To ensure that such research is useful, benefits the lesbian community, and expands the understanding of lesbian health conditions, particular attention needs to be paid to the methods and definitions used to the involvement of the lesbian community in designing, implementing, and analyzing the research itself.

Reference: Plumb, M. (2001). Undercounts and overstatements: Will the IOM report on lesbian health improve research? *American Journal of Public Health*, 91(6), 873-875.

Notable Research Letters in the issue:

Reference: Scout, J. B., & Fields, C. (2001). Removing the barriers: Improving practitioners' skills in providing health care to lesbians and women who partner with women. *American Journal of Public Health*, 91(6), 989.

Reference: Avery, A. M., Hellman, R. E., & Sudderth, L. K. (2001). Satisfaction with Mental Health Services among sexual Minorities with Major Mental Illnesses. . *American Journal of Public Health*, 91(6), 990.

Research from a Previous Issue:

Adolescent Sexual Orientation and Suicide Risk: Evidence from a National Study.

S. T. Russell & K.

Joyner

The first study to use nationally representative data on adolescent sexual orientation as a risk factor for suicide indicates "a strong link between same-sex sexual orientation and adolescent suicidal thoughts and suicide attempts," as

reported in the August issue of the *American Journal of Public Health*. The authors sought to answer two questions

1) "Are youths who report same-sex sexual orientation indeed at greater risk for suicidal thoughts and suicide attempts than their peers?" and 2) "Are these youths still at greater risk than their peers after critical adolescent suicide factors are taken into account?" The authors examined data on sexual orientation and suicidality (suicidal thoughts or intentions, or suicide attempts) collected from 6,254 adolescent girls and 5,686 adolescent boys who participated in the National Longitudinal Study of Adolescent Health. Additional information on critical youth suicide risk factors was also collected in six areas: hopelessness, depression, alcohol abuse, recent experiences with suicide by a friend, recent experiences with suicide by a family member, and victimization experiences. Findings from the study include the following:

- Consistent with other research, results indicate that youth with same-sex orientation are more than twice as likely to attempt suicide than their same-sex peers.
- Boys and girls with same-sex sexual orientation reported significantly more alcohol abuse and

depression than their same-sex peers.

- Regardless of age and family background, youth reporting same-sex romantic attraction or relationships were more likely to report suicidal thoughts and attempts than their peers.

Victimization experiences were associated with suicidality in all youths. Although the authors conclude that their findings are consistent with the results of recent state-based studies, "the findings also suggest that the risk may not be as great as is often cited. . . . Our analyses indicate that even though adolescents who report same-sex romantic attractions or relationships are at more than two times the risk for suicide attempts, the overwhelming majority of sexual minority youths — 84.6% of males and 71.7% of females with same-sex sexual orientation — report no suicidality at all." Those youth who are at risk, however, "deserve intervention and prevention that they only rarely receive."

Reference: Russell, S. T., & Joyner, K. (2001). Adolescent sexual orientation and suicide risk: Evidence from a national study. *American Journal of Public Health*, 91(8), 1276-1281.

Please remember to send in
your annual membership renewal!!!
Send your annual donation with the form ON THE LAST PAGE
to the address at the bottom of the form.

Or: go online by going to the Network website and following the link
to the application. You can even pay online via credit card
or electronic check (secure transaction)!

RESULTS OF THE AOTA SURVEY

The summary of the findings from the **Cultural Awareness and Sensitivity in Occupational Therapy Survey** are reported in the November 2, 2001 OT Practice (p. 6). *A Final Report: A Critique of AOTA Multicultural, Diversity and Inclusion Practices Including Testimonies, Stories, and Over 130 Recommendations for Improvement From the Membership: Action/Implementation Plan and Strategies* was submitted to the AOTA Board of Directors on October 25, 2001 by the Ad Hoc Committee for Cultural Awareness and Sensitivity in Occupational Therapy and AOTA's multicultural consultant, Darryl Crompton, JD, MPH.

Seven practice themes for multicultural representation evolved from the report including suggestions for: 1) design and implement mechanisms within the National Office operational practices and procedures, 2) curriculum development, 3) guidelines for practice excellence, 4) development of recruitment and promotional materials, and 5) AOTA's Web site, 6) develop scholars with AOTF, and 7) relationships with external groups and organizations. Please read.

APPLICATION FOR MEMBERSHIP

- New Application to join the Network
 Renewal donation (please note changes in your information)

Name _____ Date _____

Address _____

(WHERE YOU WANT CORRESPONDENCE AND THE NETWORKER SENT)

City _____ State _____ ZIP _____

Phone (H) _____ (W) _____

E-mail address _____ AOTA Member # _____

(We let AOTA know how many AOTA members we have on our list to gain their continued support for the Network.)

Please check one of the categories below:

Membership is defined as those who have given a donation.

Check your donation:

- OTR** (Suggested donation \$15) **COTA** (Suggested donation \$15)
 Student (Suggested donation \$10) **Institution** (Suggested donation \$20)

I would like my name on the distributed list.

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I would like my name on the NON-distributed list.

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