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Considerations for Clinical Work with LGBT Individuals

A Provider's Introduction to Substance Abuse
Treatment for Lesbian, Gay, Bisexual, and
Transgender Individuals

Second Edition

Learning Objectives:

By the end of this module, participants will be able to:

- *Identify two causes of minority stress.*
- *Identify one of the five principals of trauma-informed care.*
- *Identify one treatment approach that has been shown effective with LGBT populations.*





LGBT Stigma and Stress



LGBT Stigma and Stress:

Foremost, it might be helpful for providers to gain insight on how stigma can impact LGBT individuals.

- *One way to describe the impact of stigma is referred to as “minority stress:”*
 - *Defined as chronically high levels of stress faced by members of stigmatized minority groups.*
 - *Minority stress can be experienced from enacted stigma, violence, and an ongoing sense of real and perceived threat to one’s safety and well-being.*

(Herek, 2009)



LGBT Stigma and Stress:

- Minority stress may be caused by a number of factors, such as poor social support and low socioeconomic status.
- However, the most understood causes of minority stress are:
 - *Interpersonal prejudice or biased attitude toward another.*
 - *Discrimination biased behavior toward another.*



LGBT Stigma and Stress:

In 2014, the Centers for Disease Control and Prevention listed the following impact of minority stress and risk factors on the Healthy People 2020 Report:

– *LGBT youth are 2 to 3 times more likely to attempt suicide.*

(Garofalo et al., 1999)

– *LGBT youth are more likely to be homeless.*

(Conron, Mimiago, & Landers, 2010; Kruks, 2010; Van Leeuwan et al., 2006)



LGBT Stigma and Stress:

Impact of minority stress and risk factors cont.:

– *Lesbians are less likely to get preventive services for cancer.*

(Buchmueller & Carpenter, 2010; Dilley et al., 2010)

– *Lesbians and bisexual females are more likely to be overweight or obese.*

(Struble et al., 2010)

– *Gay men are at higher risk of HIV and other STDs, especially among communities of color.*

(CDC, 2010)



LGBT Stigma and Stress:

Impact of minority stress and risk factors cont.:

- *Transgender individuals have a high prevalence of HIV/STDs victimization, mental health issues and suicide.*

(Herbst et al., 2008; Whitbeck et al., 2004; Diaz et al., 2001; Kenagy, 2005)

- *LGBT populations have the highest rates of tobacco, alcohol and other drug use.*

(Bradford, 2013; Hughes, 2005; Xavier et al., 2007; Lyons et al., 2006; Mansergh et al., 2001)



LGBT Stigma and Stress:

- In addition to understanding minority stress, it is also helpful for providers to learn about unconscious biases.



LGBT Stigma and Stress:

Unconscious bias:

- *An automatic reaction based on our own previously held attitudes/beliefs/stereotypes about a particular cultural group.*

(Van Ryn, 2002)

- *Usually occurs outside of our awareness and all well-intentioned people are subject to it.*
- *Shown to negatively affect clinician decision-making processes and healthcare outcomes.*

(Green et al., 2007; Santry & Wren, 2012)



LGBT Stigma and Stress:

Unconscious bias cont.:

- *May or may not involve microaggressions, or “brief, everyday exchanges that send denigrating or damaging messages to [racial/ethnic and sexual minorities].”*

(Sue et al., 2007)

- *May often seem like benign comments to the perpetrator.*
- *Often unintentional or if intentional, harmful consequences are unknown.*



LGBT Stigma and Stress:

Examples of unconscious bias:

- *“I have no problem with gay people when they don’t wear it on their sleeve.”*
- *“She’s really pretty, I couldn’t tell she was transgender.”*
- *“How do you know you’re gay if you’ve never been with [a person of the opposite sex]?”*



(McClousky, 2014)



LGBT Stigma and Stress:

In addition to understanding minority stress and unconscious bias, it is helpful for providers to understand how trauma can impact LGBT clients.



LGBT Stigma and Stress:

Trauma can be viewed from both a traditional and contemporary perspective.

Traditional Approach:

– *“A single event with one impact.”*

- *May involve an actual or threatened death, serious injury, serious harm, or a threat to one’s personal integrity.*

(APA, 1994)

- *May be predictable, linear and/or observable.*



LGBT Stigma and Stress:

Perspectives of trauma cont.:

– *Contemporary Approach:*

- *Trauma is not defined as a single event, rather a defining and organizing experience that forms the core of an individual's identity.*

(APA, 1994)

- *Event may not be predictable, linear, directly observable.*



LGBT Stigma and Stress:

- LGBT clients may experience all the same traumatic events as heterosexual individuals:
 - *Examples: domestic violence growing up, childhood abandonment, adult sexual violence, and other events.*
- However, there may be specific, additional traumas related to a client's sexual orientation or gender identity.



LGBT Stigma and Stress:

Examples of LGBT-related traumas:

- *Bullied as a child or teen because of presumed sexual orientation or gender expression.*
- *Anxiety, distress, and negativity experienced in the initial coming out experience.*
 - *Example: being “outed” in an unsafe environment.*



LGBT Stigma and Stress:

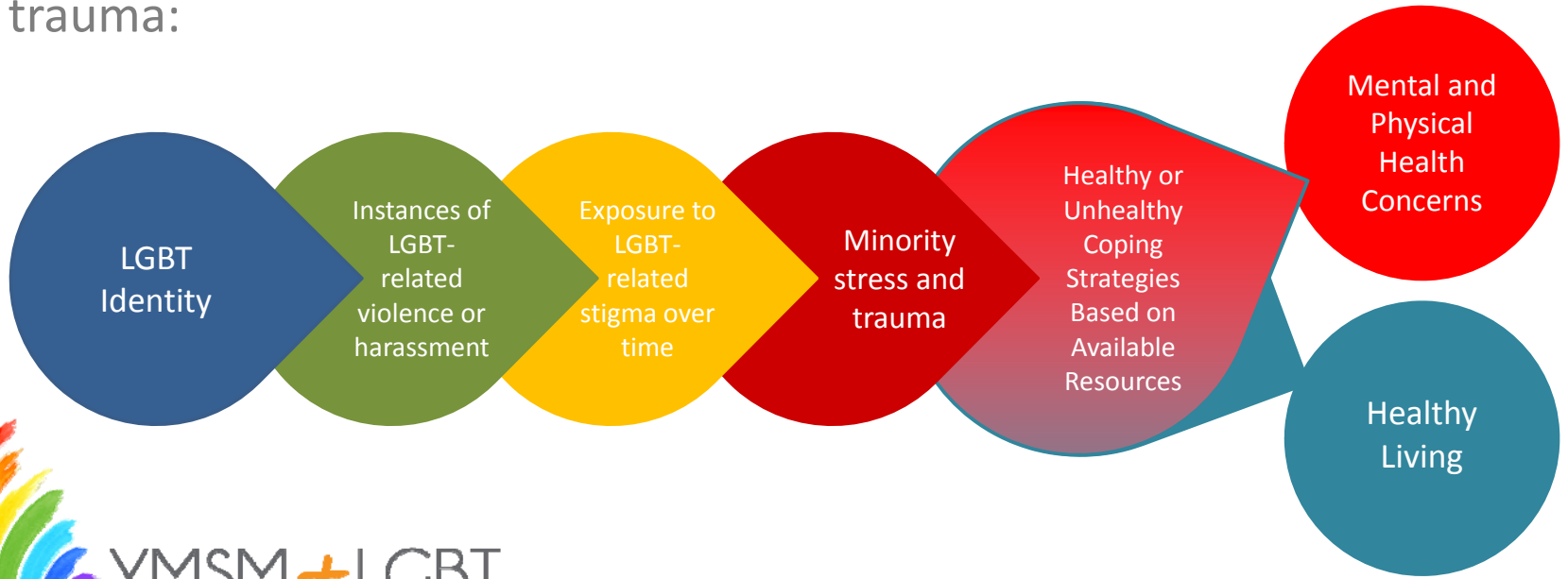
LGBT-related traumas cont.:

- *Continuing to come out and anxiety associated with potential negative social, professional, and familial reactions.*
- *Anti-LGBT verbal, physical or sexual assault (gay bashing).*
- *Prior therapy or healthcare focused on trying to "cure" or in invalidate LGBT sexual orientation or gender identity.*



LGBT Stigma and Stress:

- Putting it all together – impact of minority stress, unconscious bias, and trauma:





Trauma-Informed Care



Trauma-Informed Care:

What is Trauma-Informed Care?

- *A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.*



(SAMHSA, 2014)



Trauma-Informed Care:

	Traditional Approach	Trauma-Informed Approach
How Clients are Viewed	Clients are joined and defined by their presenting issue.	Clients are viewed as a whole being, separate from their presenting issue.
How Services are Designed	Services designed with the most cost-effective and quickest way in mind. Goal is stabilization.	Services are designed around restoring power to the client and providing adequate coping skills to manage the problem as a whole.
How the Therapeutic Relationship is Understood	Therapist is thought to be the expert. The therapist knows best and recommendations should be followed, without question.	The client and therapist are viewed as equals. Treatment planning is a collaborative effort. Therapist understands that trust must be earned.



Trauma-Informed Care:

Why Use Trauma-Informed Care?

- *Trauma-dynamics can be repeated both knowingly or unknowingly in a therapeutic setting.*
 - *Example: disbelief or lack of interest in trauma history.*
- *Prevents re-traumatization and builds increased coping and interpersonal skills for the future.*
- *Ensures greater support for populations that experience minority stress or trauma.*
- *Encourages a healthy lifestyle/atmosphere.*



Trauma-Informed Care:

Five Principles of All Trauma-Informed Care:

- **Safety:** Ensures that each person feels secure/non-threatened physically and in their role.
- **Trustworthiness:** Stresses that a person feels as though they can completely rely on an organization and its staff.
- **Choice:** Provides treatment options for consumers.
- **Collaboration:** Stresses consideration of support options and mutual decision-making.
- **Empowerment:** Ensures the recognition and utilization of client strengths.



Trauma-Informed Care:

Examples of safety and trustworthiness:

– *Workplace protections:*

- *Both staff and clients feel safe.*
- *Confidential and reliable systems for reporting bias related incidents.*
- *Display “safe-space” signs in a visible place (or multiple places).*
- *Provide the option for gender-neutral restrooms.*



Trauma-Informed Care:

Examples of choice:

- *Honor LGBT clients' and staff members' freedom to disclose or not disclose their sexual orientation/gender identity.*
- *Provide clients and staff the opportunity to choose their name and preferred pronoun on forms, nametags, documents, etc.*
- *Provide options for safe-living spaces, options for trained counseling staff, offer choices for safe spaces within agencies.*
- *Have medical providers trained in inclusive practices to offer options for treatment and therapy.*
- *Have a list of LGBT 12-Step Meetings and LGBT Affirmative Health Care Providers.*



Trauma-Informed Care:

Examples of collaboration:

- *Demonstrate commitment to LGBT equity and inclusion in recruitment and hiring.*
 - *Add LGBT-inclusive language to job notices.*
 - *Train human resources employees on LGBT-inclusive nondiscriminatory statement, benefits, and policies.*
 - *Update training and educational material on a regular basis.*
- *Encourage cross-disciplinary collaboration.*
- *Incorporate LGBT patient care information in new or existing employee staff training.*



Trauma-Informed Care:

- Examples of empowerment:
 - *Provide a space for “out” staff members to become positive LGBT role models.*
 - *Focus on strengths in treatment.*
 - *Support forums for employees to freely and openly discuss issues.*
 - *Provide positive feedback during the assessment process.*
 - *Be aware of developmental needs, especially related to LGBT-identity.*
 - *Encourage growth, exploration, questions.*



Discussion Activity:

Generate ideas on how each principle can apply to LGBT individuals:

- *Safety*
- *Trustworthiness*
- *Choice*
- *Collaboration*
- *Empowerment*





Some General Treatment Considerations



Assessment Process

- Developing LGBT-sensitive assessment strategies is important for developing rapport with the client.
- Asking questions in an affirming way (avoiding unconscious bias).
- Assessing strengths and resilience.
- In emergency room settings:
 - *Address issues of suicide, depression and anxiety disorders, especially in transgender people, gay and bisexual men.*

(Blackwell, 2015)



Coming Out

The term "coming out" refers to the experiences of LGBT individuals as they work through and accept a stigmatized identity, transforming a negative self-identity into a positive one.

"The loneliness of the closet was sucking all the life out of my body...I needed to come out...but was terrified of losing my family and friends and of facing up to my own homophobia. Then one day, when I was feeling feisty, I gathered all of the courage I could find (even from my eyelids I think) and began to tell my long-kept secret. I felt so relieved I no longer had to spend my life in hiding..."

- 20 year Latino man



Familial Dynamics

- Younger MSM were crossing sexual milestones at earlier ages during which they are highly dependent on family for basic needs.
- Coming out “early” has been connected with experiencing:
 - *Forced sex*
 - *Sexual orientation, gender identity, and gender expression-related harassment.*
 - *HIV seropositivity*
 - *Partner abuse*
 - *Depression*



(Gorbach et al., 2003)



The Impact of Homophobia and Racism on LGBT Clients

- Youth of color are significantly less likely to have told their parents they are LGBTQ
 - *80% of GLBTQ whites are out to parents vs. 71% of Latinos, 61% of African Americans, and 51% of Asians/Pacific Islanders*
 - *African American same-sex attracted youth were more likely to have low self-esteem and experience of suicidal thoughts than other ethnic counterparts*
 - *African American same-sex attracted young men were also more likely to be depressed*

(Bridges E, 2007)



Practitioner Awareness – YOU

- Consciousness of one's personal reactions to people who are culturally different.
- Social science research indicates that our values and beliefs may be inconsistent with our behaviors, and we ironically may be unaware of it.

(Kirwan Institute, *Implicit Bias*: <http://kirwaninstitute.osu.edu/wp-content/uploads/2014/03/2014-implicit-bias.pdf>)



Culturally-Informed Strategies

- Refrain from making assumptions
- Recognize that as human beings, our brains make mistakes without us even knowing it
- Communication can be as unique as a person's cultural perspective
- Support & encourage positive images of persons of color, YMSMs, women, LGBTQI2-Spirit, gender variant/non conforming, elderly, other-abled, and not written here, in conversation and all environments



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Treatment Considerations

LGBT Assessment and Treatment Checklist

- ✓ Alcohol, tobacco, and other drug use
- ✓ The adolescents' social environment
- ✓ Sexual identity development
- ✓ Stage of coming out
- ✓ Level of disclosure about sexuality
- ✓ Level of disclosure about gender identity
- ✓ Gender identity
- ✓ Gender identity development
- ✓ Family and social support network
- ✓ Impact of multiple identities, gender/ethnic/cultural/sexual orientation
- ✓ Knowledge and use of safer sex practices



Taking a Family History

All Clients:

- What were the rules of the family system?
- Was there a history of physical, emotional, spiritual, or sexual trauma?
- Were all family members expected to behave in a certain way?
- What were the family's expectations in regard to careers, relationships, appearance, status, or environment?
- Was sex ever discussed?

LGBT Clients:

- Who is the client's family?
- Is the client out to his or her family?
- How did the family respond to other individuals coming out or being identified as LGBT individuals?
- Was anyone else in the family acknowledged to be or suspected of being a lesbian, gay, bisexual, or transgender individual?
- If the client is out, what type of response did he or she receive?





Using Traditional Treatment Approaches with LGBT Populations

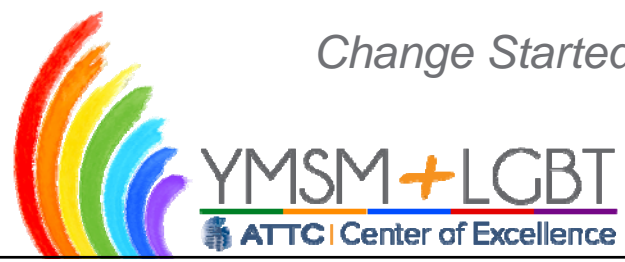
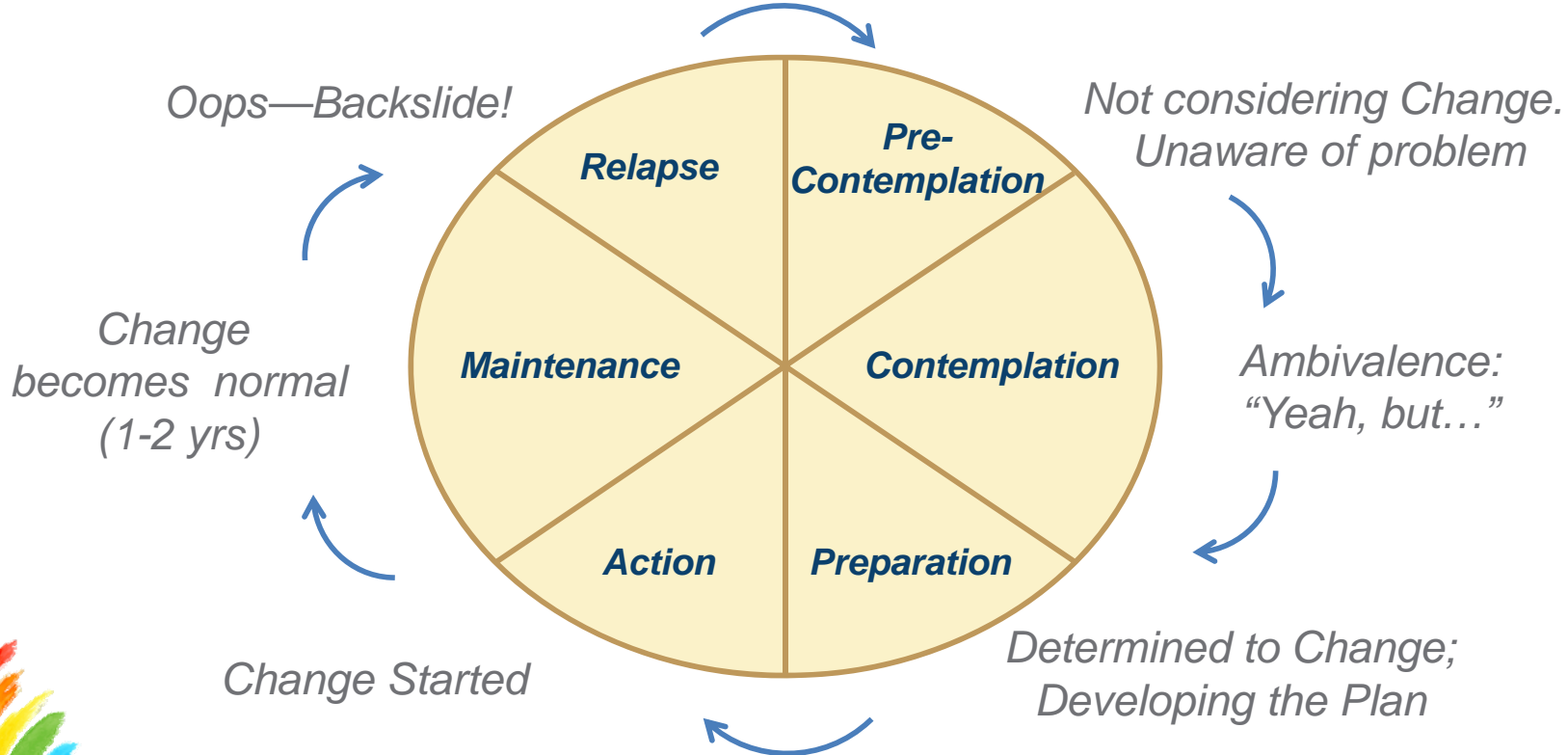


Motivational Enhancement Therapy

- MET is a style of communication with the goal of helping clients move toward their own vision/goal by committing to a plan of action.
- A client may be in different stages of change with regard to:
 - *Their coming out process.*
 - *Their mental health issues and trauma.*
 - *Their substance use issues.*
 - *Their HIV status and other health issues.*



Prochaska and DiClemente's Cycle of Change



Cognitive Behavioral Therapy (CBT)

- CBT for social anxiety in gay men:
 - *Gay men report more social anxiety than heterosexual men, especially if they try to hide their sexual identity.*
 - *Specifically focusing on sexual identity and social anxiety reduced symptoms drastically.*

(Walsh & Hope, 2010)

- CBT approaches also used with meth dependence and HIV-related sexual risk behaviors in gay and bisexual men.

(Shoptaw et al. 2005)



Cognitive behavioral treatment family therapy

- CBT family therapy (CBFT) used following a child's coming out.
(Willoughby & Doty, 2010)
- Topics for the CBFT and family adjustment after a child has come out:
 - *Parents' attitudes, beliefs, and expectations are explored*
 - *Increasingly more salient topics are discussed*
 - *Specific listening and problem solving skills enhance the family's communication.*



Cognitive behavioral family therapy

- CBFT with bisexual couples:

(Deacon, Reinke, & Viers, 2007)

- *Bisexuals are faced with bias and discrimination and the therapists need to understand the challenges and strengths to be able to help bisexual couples .*
- *Focus on behaviors, cognitions, and emotional issues specific to bisexual couples.*
- *Communication training for couple.*
- *Emotional expressiveness training for couple.*
- *Cognitive restructuring for individuals in relationship.*



Art Therapy with LGBT clients

- Integration of Art Therapy in counseling with LGBT populations especially during the coming out process was associated with a increase in emotional and physical wellbeing.

(Pelton-Sweet, & Sherry, 2008)

- *Growing evidence in support of the use of personal creative expression and sexual identity.*
- *There is a growing acknowledgement of the relationship between artistic expressiveness and physical and emotional health.*



Mutual Self-help groups

- Providers need to be knowledgeable of local groups that are LGBT-affirming and culturally specific. A resource list should be made readily available to all clients.
- Encourage shopping around for the right self-help group.
- Encourage engagement with a LGBT affirming sponsor.



Aftercare and Access to Sustainable Services

- Behavioral Health Disorders are chronic and relapse occurs:
 - *Often requires continued and ongoing focus on coping skills.*
- Regular access to affirming and supportive services is crucial for success.
- Engage with families and significant others in the aftercare process.



Aftercare cont.

- Assisting the client in maintaining LGBT affirming and supportive relationships:
 - *Assist in rebuilding LGBT social networks.*
 - *Support rebuilding trust and connections with loved ones.*
- Support seeking education and employment in LGBT affirming institutions.





Provider Considerations



Provider Considerations:

Providers need to be aware of harmful treatment practices:

- “A [provider] who harbors prejudice or is misinformed about sexual orientation, gender identity and gender expression may exacerbate a client’s distress.

(APA, 1998)

- The most dramatic instance...occurs when a therapist...attempt[s] to change [the client’s] sexual orientation or gender identity and expression.”

(Herek & Garnets, 2007)



Provider Considerations:

- Many professional organizations have official policies against treatment practices aimed at changing sexual orientation, also known as “conversion” or “reparative” therapies.”

(HRC, 2015)

- *American Medical Association (AMA)*
- *American Academy of Pediatrics*
- *National Association of Lesbian, Gay, Bisexual, Transgender Addiction Professionals and their Allies (NALGAP)*
- *American Psychological Association (APA)*
- *American Psychiatric Association (APA)*
- *National Association of Social Workers*
- *American Association for Marriage and Family Therapy (AAMFT)*
- *American College of Physicians*
- *Gay and Lesbian Medical Association (GLMA)*
- *National Coalition for LGBT Health*



Provider Considerations:

- As stated before, it is helpful to understand unique risk factors that exist for LGBT individuals as a response to minority stress and other challenges posed by living in a heterosexist/transphobic society.

(DiPlacido, 1998)

- Strive to understand culturally-specific challenges experienced by individuals from diverse, racial/ethnic communities - and the resulting conflicts for being LGBT-identified.



Necessary qualities to perform affirming treatment with LGBT Populations (TAP 21, CSAT 2006)

- **Knowledge:**

- *Understand etiology of disorders developed in the LGBT population based on minority stress.*
- *Understand that sexual and gender identities are not diseases, but rather identities expressed in different ways.*

- **Skills:**

- *Ability to provide competent, affirming and supportive services for the LGBT identified client and their families, partners, community etc.*

- **Attitudes:**

- *Ability to have and show a genuine affirming and supportive attitude towards the LGBT identified client and their families, partners, communities etc.*



Provider Considerations:

Common elements of LGBT-affirming interventions:

- Normalizing adverse impact of minority stress.
- Facilitate emotional awareness, regulation, and acceptance.
- Reduce avoidance:
 - *Example: Helping clients confront painful minority stress encounters in safe contexts.*

(Society of Clinical Psychology, 2015)



Provider Considerations:

Common elements of LGBT-affirming interventions cont.:

- *Empower assertive communication.*
- *Restructure minority stress cognitions.*

(Society of Clinical Psychology, 2015)



Provider Considerations:

Common elements of LGBT-affirming interventions cont.:

- *Validate LGBT individual's unique strengths.*
- *Foster supportive relationships.*
- *Affirm healthy, rewarding expressions of sexuality.*

(Society of Clinical Psychology, 2015)



Provider Considerations:

We must address the needs of ethnic minority YMSM.

Recommendations from AMFAR include the following:

- *Make HIV testing widely available in clinical settings.*
- *Train providers about the importance of more frequent HIV testing for gay men.*
- *Use technology to communicate and help clients access services*
- *Help ensure clients get access to insurance, if available, and are linked to knowledgeable providers*

(AMFAR, 2012))



Provider Considerations:

- Clinical Supervision:
 - *Clinical supervision needs to be institutionalized in all agencies treating behavioral health disorders in LGBT populations to:*
 - *Address transference and counter-transference issues.*
 - *Ensure staff uses ethical and evidence-based practices.*



Provider Considerations:

- Clinical Supervision cont.:
 - *Ensure staff is not discriminatory towards ethnic and racial minorities.*
 - *Regular, scheduled supervision communicates to staff they are supported and cared about.*



Provider Considerations:

An affirmative approach is supportive of clients' identity development without a prior treatment goal for how clients identify or live out their sexual orientation, gender identity and expression.

(SAMHSA, 2015; APA, 1998)

NALGAP opposes the use of "reparative" and "conversion" therapies that are based upon the assumption that homosexuality or bisexuality is a mental disorder and/or relies on the belief that the individual seeking treatment should change their sexual orientation.

(NALGAP, 2015)





*Questions and
Comments?*



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Resources:

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<https://www.nalgap.org/PDF/Resources/NALGAP-position-statement-reparative-therapy.pdf>
- Cumulative data from NYC Community Health Survey, 2008-2013. See this report:
http://prideagenda.org/sites/default/files/DisparitiesReport_PrideAgenda.pdf
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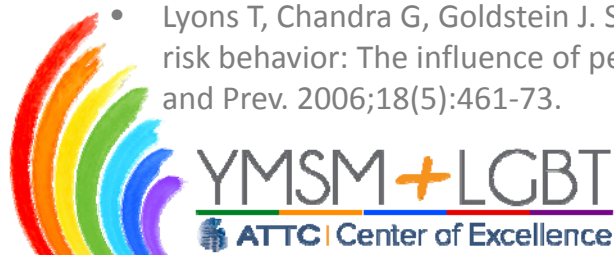
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