

**CREATING AN LGBTQ
SAFE SPACE:
INCREASED SENSITIVITY
& AWARENESS
IMPROVES OUTCOMES**

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Southeast Addiction Technology Transfer Center (Southeast ATTC)

Southeast ATTC is one of 10 Regional and 4 National Focus resource centers for addiction-related information funded through by the Substance Abuse and Mental Health Services Administration (SAMHSA). Southeast ATTC, located at the National Center for Primary Care at the Morehouse School of Medicine in Atlanta.

ATTC Purpose

- ▣ Raise awareness of evidence-based and promising treatment and recovery service practices,
- ▣ Build skills to prepare the workforce to deliver state-of-the-art addictions treatment and recovery services, and
- ▣ Change practice by incorporating these new skills into everyday use for the purpose of improving addictions treatment and recovery outcomes.

Learning Objectives

Participants will gain understanding of:

- ▣ Why a “safe space” is important for LGBT Individuals in SUD Treatment.
- ▣ The concept of LGBT (Minority) Stress
- ▣ Coping mechanisms used by clients during the Coming Out process
- ▣ Culturally appropriate clinical practices for LGBT Individuals.
- ▣ Organizational Practices to become LGBT Affirmative

Lesbians and Substance Abuse

- ▣ Studies have found that lesbians are between 1.5 and 2 times more likely to smoke than heterosexual women.
- ▣ A number of studies have also suggested that lesbians are significantly more likely to drink heavily than heterosexual women.
- ▣ Bisexual women report more hazardous drinking than heterosexual or lesbian women.

Lesbians and Suicide

Results from an anonymous survey administered in 33 healthcare sites across the United States found that:

- ▣ Lesbian and bisexual women who were “out” experienced more emotional stress as teenagers and were 2 to 2.5 times more likely to experience suicidal ideation in the past 12 months than heterosexual women; and
- ▣ Lesbian and bisexual women who were not “out” were more likely to have attempted suicide than heterosexual women.

Gay Men and Substance Misuse

- ▣ Some studies show that gay men use substances, including alcohol and illicit drugs, at a higher rate than the general population.
- ▣ Many studies also indicate that gay men use tobacco at much higher rates than straight men—reaching nearly a 50 percent difference in some cases.

Gay Men and Suicide

Factors such as verbal and physical harassment, negative experiences related to “coming out” (including level of family acceptance), substance use, and isolation all contribute to higher rates of suicidal attempts and completions among gay men and youth than among other populations.

Bisexuals and Alcohol Misuse

- ▣ Data have shown that bisexual adults exhibit significantly higher rates of binge drinking (22.6 percent) than their heterosexual counterparts (14.3 percent).
 - This significant difference in rates was evident only among bisexual women (23.7 percent).
- ▣ When compared by gender, bisexual women were significantly more likely to binge drink than straight women (8.3 percent).

Bisexuals and Suicide

- ▣ Studies have suggested that bisexuals are much more likely to report higher levels of self-harm, thoughts of suicide, and suicidal attempts than heterosexuals, gay men, and lesbians.
- ▣ One study also found that a significantly higher percentage of bisexual adults (13.3 percent) reported being dissatisfied or very dissatisfied with their lives as compared to straight adults (5.2 percent).

Transgender People, Injury, and Violence

Numerous studies have suggested that:

- ▣ Between 16 to 60 percent of transgender people are victims of physical assault or abuse.
- ▣ Between 13 to 66 percent are victims of sexual assault.

Transgender People and Substance Misuse

- ▣ Some studies have shown that marijuana, crack cocaine, and alcohol are the most commonly used drugs by transgender people. Other studies have also found alarming rates of methamphetamine use (4 to 46 percent) and injection drug use (2 to 40 percent).
- ▣ Some studies suggest that tobacco use rates among transgender people can range from 45 to 74 percent.
- ▣ Studies have also suggested that barriers to substance abuse treatment services for this population often include discrimination, provider hostility and insensitivity, strict binary gender (male/female) segregation within programs, and lack of acceptance in gender-appropriate recovery groups.

Transgender People and Suicide

Studies have shown that suicidal ideation is widely reported among transgender people and can range from 38 to 65 percent. Studies have also found that suicide attempts among this population can range from 16 to 32 percent.

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life and strive to reach their full potential

SAMHSA 2011

RECOVERY PRINCIPLES

Emerges from hope

Person-centered

Occurs via many pathways

Is Holistic

Culturally-based and influenced

Supported through relationships

Supported by peers and allies

Supported by addressing trauma

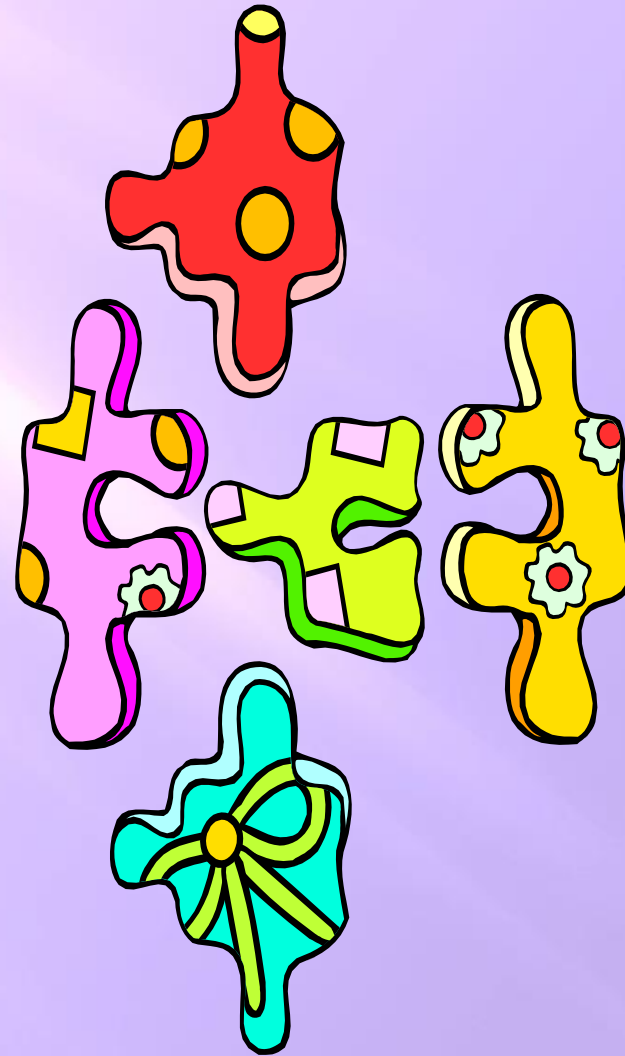
Involves individual, family and community strengths and responsibility

Based on respect

Trauma Informed Care

Safe spaces

- ▣ *Family of Origin*
- ▣ *School*
- ▣ *Community*
- ▣ *Religion / Church*
- ▣ *Other*



How many LGBTQ clients are in your treatment facility ?

- How many total clients does your facility/agency/ organization see/treat on a monthly or annual basis?
- Of those, how many are "out" to you as lesbian, gay, bisexual, or transgender?
- How many are out as LGBTQ to everyone in the treatment setting?

It depends on how you ask the question

- ▣ Sexual / Romantic Attraction - Attraction or desire to be in a primary sexual or loving relationship
- ▣ Sexual Behavior - Voluntary activity that involves genital contact and sexual excitement or arousal.
- ▣ Sexual Identity - Personally selected label attached to perception about their sexuality

Prevalence by components

	Att		Beh		Ide	
	F	M	F	M	F	M
Youth ^a	6%	3%	11%	5%	8%	3%
Young Adult ^b	13%	5%	4%	3%	4%	3%
Adult ^c	8%	8%	4%	9%	1%	2%

^aMosher, Chandra & Jones, 2006; ^bSavin-Williams, 2006; ^cLaumann, Gagnon, Michael and Michaels 1994

The Kinsey Scale



- 0 Exclusively heterosexual
- 1 Predominantly heterosexual, incidentally homosexual
- 2 Predominantly heterosexual but more than incidentally homosexual
- 3 Equal heterosexual and homosexual
- 4 Predominantly homosexual, but more than incidentally heterosexual
- 5 Predominantly homosexual, incidentally heterosexual
- 6 Exclusively homosexual

Statistics on the Kinsey Scale

Kinsey Rating	Meaning of Rating	%
0	Exclusively other-sex oriented in behavior and psychological response (100)	50
1	Incidental same-sex behavior (90/10)	15
2	More than incidental same-sex behavior (60/40)	12
3	About equal amounts of same and other-sex behavior (50/50)	9
4	More than incidental other-sex behavior (60/40)	6
5	Incidental other-sex behavior (90/10)	5
6	Exclusively same-sex oriented in behavior and psychological response (100)	4

Alphabet Soup

▣ L

▣ G

▣ B

▣ T

▣ Q

▣ Q

▣ I

▣ A

▣ 2S

▣ A

Other Terms

- ▣ MSM, WSW, WSWM, MSWM
- ▣ Gender Variant
- ▣ Gender Queer
- ▣ Same Gender Loving
- ▣ Heteroflexible
- ▣ Bicurious

More about Men who have sex with men (MSM)

- ▣ Separation of “sexual behavior” from “sexual Identity”
- ▣ View themselves as heterosexual
- ▣ “Down Low”

African-American and Latino MSM

- ▣ Face racial discrimination from society at large
- ▣ Homophobia from their own ethnic groups
- ▣ Often feel unaccepted in the mainstream gay community

CATEGORY DEFINITIONS

- ▣ SEX - Anatomy, specifically genital and reproductive anatomy. Assigned at birth
- ▣ GENDER - Concept of femaleness / femininity and maleness / masculinity.

CATEGORY DEFINITIONS Cont.

- ▣ SEXUAL ORIENTATION - A person's attraction to, sexual desire for or romantic attachments to others.

Orientation vs. Preference

- ▣ GENDER IDENTITY - A person's inner sense of self, their self-concept in terms of gender.

Sex / Gender Role (Outward Expression)

- ▣ Outward expression of maleness / femaleness
- ▣ Masculine / feminine / androgyny
- ▣ Culturally specific influenced by social learning



Category Definitions

- ▣ **SEXUALITY IDENTITY** - Integration of physical, emotional, intellectual and social aspects of a person

TERMS

Categories

- ▣ SEX
- ▣ GENDER
ROLE/EXPRESSION
- ▣ SEXUAL
ORIENTATION
- ▣ GENDER IDENTITY

Descriptors

- ▣ Lesbian
- ▣ Gay
- ▣ Bisexual
- ▣ Transgender
- ▣ Transsexual
- ▣ Heterosexual
- ▣ Queer
- ▣ Asexual
- ▣ Male
- ▣ Female
- ▣ Masculine
- ▣ Feminine
- ▣ Intersex



TERMS -

Categories and Descriptors

SEX

- ▣ Male
- ▣ Female
- ▣ Intersex

SEXUAL ORIENTATION

- ▣ Lesbian
- ▣ Gay
- ▣ Bisexual
- ▣ Heterosexual
- ▣ Asexual
- ▣ Queer

GENDER IDENTITY

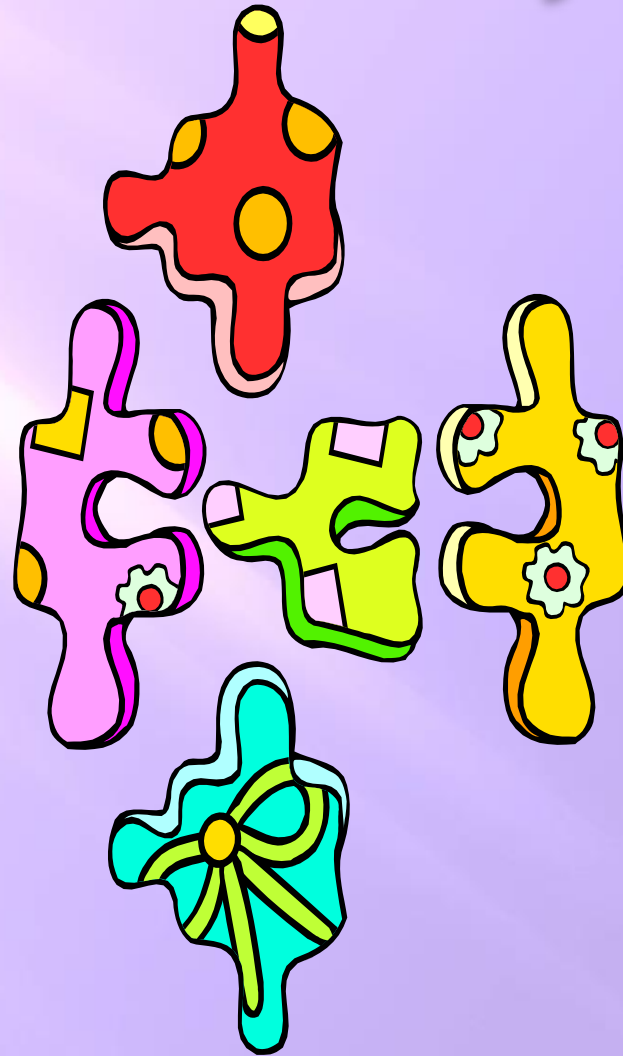
- ▣ Transgender
- ▣ Transsexual
- ▣ Male
- ▣ Female
- ▣ Queer
- ▣ Intersex

GENDER ROLE/EXPRESSION

- ▣ Male
- ▣ Female
- ▣ Masculine
- ▣ Feminine

Core Aspects of Identity

- ▣ Family of Origin
- ▣ Race
- ▣ Ethnicity
- ▣ Age
- ▣ Class
- ▣ Sexual Orientation
- ▣ Gender Identity
- ▣ Abilities
- ▣ Appearance
- ▣ Religion
- ▣ Other



Definitions

- ▣ **Stereotyping** *To believe that all people or things with a particular characteristic are the same.*
- ▣ **Prejudice** *A feeling of like or dislike for someone or something especially when it is not reasonable or logical (a preconceived judgmental opinion).*
- ▣ **Myths** *An idea or story that is believed by many but that is not true.*
- ▣ **Stigma** *A set of negative beliefs that a society or group of people have about something*

Oppression

- ▣ Sexism
- ▣ Racism
- ▣ Classism
- ▣ Ageism
- ▣ Heterosexism
- ▣ Other

HOMOPHOBIA

- ▣ ***Homophobia*** is an irrational fear of gay and lesbian people or fear of same-sex relationships. In its most extreme form, homophobia is a hatred for or violence against LGBT persons.
- ▣ ***Internalized Homophobia (shame based reaction to Heterosexism)***

Heterosexism

A system of attitudes, bias and discrimination in favor of opposite sex sexuality and relationships. It can include the presumption that other people are heterosexual or that opposite sex attractions and relationships are the only norm and therefore superior.

Minority Stress

Ilan Meyers (2003) proposed that the higher incidence of mental and substance use disorders in LGB Individuals was essentially the result of a “Hostile and stressful social environment” (p. 674) to which LGB people are subjected as a result of their sexual minority status.

LGBT Stress

Also referred to as “Minority Stress”, refers to the chronic stress experienced by LGBT individuals related to stigmatization, marginalization and lack of institutional and social supports within a predominantly heterosexual society (Warren & Barber 2009)

Sexual Abuse

“Sexual abuse occurs whenever one person dominates and exploits another using sexual feelings and behavior to hurt, misuse, degrade, humiliate and control another. The abuse comes from a person who violates a position of trust, power and protection of a child”

The Sexual Healing Journey: A Guide for Survivors of Sexual Abuse.

Vulnerabilities for Addiction

- ▣ Genetic
- ▣ Developmental/Emotional
- ▣ Psychiatric Co-Morbidity
- ▣ Chronic Pain
- ▣ Stress
- ▣ Early Physical or Sexual Abuse
- ▣ Witnessing Violence
- ▣ Drug Used
- ▣ Route of Administration
- ▣ Dose
- ▣ Frequency
- ▣ Length of Use
- ▣ Availability
- ▣ Acceptability (peers who use)

The Relationship Between Stress and Substance Use Disorders

Long-term exposure to stress related hormones alters the brain chemistry, resulting in a dysregulation of the Limbic System in the Brain. This dysregulation adversely impacts the “Salience - Reward” pathway in the Brain.

General Life Stressors

- Divorce/break-up
- Job loss
- Changing jobs or moving
- Problems at work or school
- Trouble with a neighbor
- Family member in poor health

Fateful/Catastrophic Events

- September 11, 2001 attacks
- Other terrorist attacks
- Fires, floods, earthquakes, hurricanes, and other natural disasters
- Nuclear disasters

Childhood Maltreatment

- Emotional abuse
- Emotional neglect
- Physical abuse
- Physical neglect
- Sexual abuse

Minority Stress

- Racial/ethnic minority
- Sexual minority
- Female

Processes of Minority Stress

- ▣ Environmental and other external events that occur in an individual's life as a result of sexual minority status. They create overt stress (chronic or acute). Examples would be discrimination or threats to safety and security.
- ▣ Anticipation and expectation that external stressful events will occur and the vigilance that the person must maintain because of the expectation.
- ▣ The internalization of the negative attitudes and prejudices from society

Covert Cultural Sexual Abuse

Chronic verbal, emotional, psychological and sometimes sexual assaults against an individual's gender expression, sexual feelings and behaviors

(Kort 2008)

Processes of Minority Stress - Resilience

- ▣ Group solidarity
- ▣ Internal group comparison vs. external
- ▣ Can access when they are clearly identified as a group member

Coming Out

Coming out is the term used to describe the process of and the extent to which one identifies as lesbian, gay or bisexual.

There are two parts to this process: coming out to oneself and coming out to others.

It includes the realization that one is gay, lesbian and bisexual and accepting that fact and deciding what to do about it

Coming Out (continued)

- ▣ It is very personal. It happens different ways and occurs at different ages.
- ▣ Coming Out is a continuing, sometimes lifelong process
- ▣ Some people are afraid of being rejected but others worry that their sexual identity will be the overriding focus in future interactions with the other person
- ▣ Other issues are the extent of the revelation, timing and anticipated consequences

Passing

Is a person's being regarded as a member of a social group other than his or her own, such as a different gender, race, sexuality or disability status; generally with the aim of gaining social acceptance or gaining access to privilege of the power group

Passing

- ▣ Our culture tends to assume heterosexuality and persons who do not correct the heterosexual assumption are sometimes said to be “passing” as heterosexual.
- ▣ They usually experience internal conflict and experience hostility from those who are being honest and open,

The CASS Model

Stage I: Identity Confusion

Occurs when a person begins to realize that he/she may relate to or identify as being gay or lesbian, a process of *personalizing the identity*.

- ▣ **Tasks:** Exploration and increasing awareness
- ▣ **Feelings:** Anxiety, confusion
- ▣ **Defenses:** Denial
- ▣ **Recovery:** Having a confidential support person

Stage II: Identity Comparison

(CASS Model continued)

Occurs when a person *accepts the possibility the he/she might be gay or lesbian.*

- **Tasks:** Exploration of implications, encountering others like oneself
- **Feelings:** Anxiety, excitement
- **Defenses:** Bargaining and rationalizing
- **Recovery:** Meeting gays/ lesbians/ bisexuals/transgender persons in recovery

Stage III: Identity Tolerance

Occurs when a person comes to *accept the probability that he/she is an LGBT person.*

- ▣ **Tasks:** Recognizing social and emotional needs as a gay man or lesbian
- ▣ **Feelings:** Anger, excitement
- ▣ **Defenses:** Reactivity
- ▣ **Recovery:** How to be gay, lesbian, bisexual, or transgender and stay sober

Stage IV: Identity Acceptance

Occurs when a person *fully accepts rather than tolerates himself or herself as an LGBT person.*

- ▣ **Tasks:** Development of community and acculturation
- ▣ **Feelings:** Rage and sadness
- ▣ **Defenses:** Hostility towards straight culture
- ▣ **Recovery:** Lesbian/gay/bisexual/transgender recovering community building

Stage V: Identity Pride

Occurs when the person *immerses himself or herself in the LGBT community and culture to live out identity totally*

- ▣ **Tasks:** Full experience of being an LGBT person, confronting internalized homophobia
- ▣ **Feelings:** Excitement and focused anger
- ▣ **Defenses:** Arrogant pride and rejection of straight culture as the norm
- ▣ **Recovery:** Integrating sexuality, identity, and recovery

Stage VI: Identity Synthesis

Occurs when a person develops *a fully internalized and integrated LGBT identity and experiences himself or herself as whole when interacting with everyone across all environments.*

- ▣ **Tasks:** Coming out as fully as possible, intimate gay and lesbian relationship; self-actualization as a gay man, lesbian, bisexual, or transgender person
- ▣ **Feelings:** Excitement and happiness
- ▣ **Defenses:** Minimal
- ▣ **Recovery:** Maintenance (end stage)

Presence Within the General Population

Historical measurements and conceptualizations of sexual identity, in particular, bisexual identity have predominantly focused on the Kinsey Scale and the Klein Sexual Orientation Grid. An important issue to remember when looking at the size of sexual minorities within the general population is that those individuals who do not self-label or identify as bisexual are not captured accurately in research data or clinical settings.

Definition of Bisexuality

A person who has the potential to be attracted romantically and / or sexually to people of more than one sex, not necessarily at the same time, not necessarily in the same way and not necessarily to the same degree. It is a **sexual orientation in and of itself and distinct from heterosexuality and homosexuality.**



Examples of Biphobia

- ▣ Bisexuals are **confused** about their sexual orientation.
- ▣ Bisexuals are **afraid** to be lesbian or gay because of social stigma and oppression from the majority.
- ▣ Bisexuals have gotten **“stuck”** in the coming out process.
- ▣ Bisexuals have knuckled under to the social pressure to **“pass”** as straight.
- ▣ Bisexuals are **in denial** about their sexual orientation.
- ▣ Bisexuals are **“not fully formed”** lesbians or gay men.

Types of Bisexuality

- ❖ **Transitional Bisexuals:** Individuals moving from a heterosexual identity to a lesbian or gay one, or, less commonly from a gay or lesbian identity to a heterosexual one.
- ❖ **Historical Bisexual:** Those who are now either homosexual or heterosexual but whose past include bisexual relationship.
- ❖ **Sequential Bisexuals:** Those who have had same sex and opposite sex partners at different times in their life.
- ❖ **Concurrent Bisexuals:** Those who are sexually active with both men and women in the same period of time.

Facts About Bisexuality

- ▣ Women and men (including transgender women and men) who identify themselves as **heterosexual** may have had, or may **continue to have, sexual relations with partners of the same gender.**
- ▣ Women and men (including transgender women and men) who identify themselves as **gay or lesbian** may have had, or may **continue to have, sexual relations with partners of the other gender.**
- ▣ **People of transgender experience, including male-to-female and female-to-male individuals, may identify themselves as bisexual. This is because bisexuality (and sexual orientation identity generally) is a separate phenomenon from gender identity.**

KLEIN SEXUAL ORIENTATION GRID

Directions: Use the following scale to rate each of the following variables in each period:

- 1. Other sex only
- 2. Other sex mostly
- 3. Other sex somewhat more
- 4. Both sexes equally
- 5. Same sex somewhat more
- 6. Same sex mostly
- 7. Same sex only

<u>VARIABLE</u>	<u>PAST</u>	<u>PRESENT</u>	<u>IDEAL</u>
A. Sexual Attraction to			
B. Sexual Behavior with			
C. Sexual Fantasies about			
D. Emotional Preference for			
E. Social Preference for			
F. Self-Identification as			
G. LGBT/Heterosexual Lifestyle			

▣ **Definitions helpful in using the Klein scale:**

- ▣ Past: Your life up to 12 months ago.
- ▣ Present: The most recent 12 months
- ▣ Ideal: What do you think you would eventually like?

▣ **The Variables:**

- ▣ Sexual Attraction: To whom are you sexually attracted?
- ▣ Sexual Behavior: With whom have you actually had sex?
- ▣ Sexual Fantasies: Whom are your sexual fantasies about? (They may occur during masturbation, daydreaming, as part of real life, or purely in your imagination.)
- ▣ Emotional Preference: Emotions influence, if not define, the actual physical act of love. Do you love and like only members of the same sex, only members of the other sex, or members of both sexes?
- ▣ Social Preference: Social preference is closely allied with but often different from emotional preference. With members of which sex do you socialize?
- ▣ Lifestyle Preference: What is the sexual identity of the people with whom you socialize?
- ▣ Sexual Identity: How do you think of yourself?
- ▣ Political Identity: Some people describe their relationship to the rest of society differently than their personal sexual identity. For instance, a woman may have a heterosexual sexual identity, but a lesbian political identity. How do you think of yourself politically?

The American Institute of Bisexuality

www.bisexual.org This is Fritz Klein's website and contains information resources, additional resources on use of Klein Grid.

The Bisexual Resource Center
www.biresource.org

Sex

The Classification of people as male or female. At birth infants are assigned a sex, usually based on the appearance of their external anatomy (this is what is written on the birth certificate.) However, a person's sex is actually a combination of bodily characteristics, hormones, internal and external reproductive organs and secondary sex characteristics.

Gender Identity

One's internal, deeply held sense of one's gender. For transgender people, their own internal gender identity does not match the sex they were assigned at birth. Most people have a gender identity of man or woman (or boy or girl). For some people, their gender identity does not fit neatly into one of those two choices. Unlike gender expression, gender identity is not visible to others

Gender Expression

External manifestations of gender, expressed through one's name, pronouns, clothing, haircut, behavior, voice or body characteristics. Society identifies these cues as masculine or feminine. They vary over time and by culture. Transgender people seek to make their gender expression align with their gender identity rather than the sex they were assigned at birth.

Sexual Orientation

Describes an individual's enduring physical, romantic and/or emotional attraction to another person. Gender Identity and sexual orientation are not the same thing.

Transgender

Nowadays, the term *transgender* is an umbrella term for people whose gender identity, expression and/or behavior is different from those typically associated with their assigned sex at birth. Since the 1990s, the term has often been used to describe groups of gender minorities including but not limited to transsexuals, cross-dressers, androgynous people, genderqueers, and gender non-conforming people.

Transgender Spectrum

- ▣ **Transsexuals**
- ▣ **Cross-dressers**
- ▣ **Drag Queens and Drag Kings**
- ▣ **Bigender, Androgyny,
Nongendered, Gender-Queer**

Transsexual

An older term that is still preferred by some people who have permanently changed - or seek to change - their bodies through medical interventions (including but not limited to hormones and/or surgeries). Unlike *Transgender*, Transsexual is not an umbrella term

Cross-dresser

While anyone may wear clothes associated with a different sex, the term cross-dresser is typically used to refer to heterosexual men who occasionally wear clothes, makeup, and accessories culturally associated with women. It's a form of gender expression and is not done for entertainment purposes. Cross dressers do not wish to permanently change their sex or live full time as women. (old term "transvestite").

Drag Queens / Kings

Drag Queens are men, typically gay men, who dress like women for the purpose of entertainment. They do not wish to change their sex or live permanently as women. Drag Kings are women who dress as men for purposed of entertainment.

Gender Nonconforming

- ▣ Individuals whose gender identity, role or expression differ from what is normative for their assigned sex in a given culture and historical period
- ▣ Bigender
- ▣ Androgeny
- ▣ Nongendered
- ▣ Genderqueer

So What about Pronouns?

▣ He / She / Ze

▣ Her / His / Hir

TRANSPHOBIA

- ▣ ***Transphobia*** is an irrational fear of those who challenge gender stereotypes, often expressed as discrimination, harassment and violence.
- ▣ ***Internalized Transphobia is discomfort with one's own transgender feelings or identity as a result of internalizing society's normative gender expectations.***

Some Transgender Terminology

- ▣ **FTM (Trans Man):** A person who transitions from female-to-male, meaning a person who was assigned the female sex at birth but identifies and lives as a male.
- ▣ **MTF (Trans Woman):** A person who transitions from male-to-female, meaning a person who was assigned the male sex at birth but identifies and lives as a female.
- ▣ **Gender Affirming Surgery** – Any one of many surgeries that may affirm a transgender individual's gender identity. This can include genital, facial reconstruction chest or other surgeries, can also be referred to as Gender Reassignment Surgery (GRS)
- ▣ **Hormone Therapy** – Administration of hormones and hormonal agents to develop characteristics of a different gender or to block the development of unwanted gender characteristics. Hormone therapy is part of many people's gender transitions and is safest when prescribed and monitored by a healthcare professional .

Gender Dysphoria

The distress that is caused by a discrepancy between a person's gender identity and that person's sex assigned at birth (and the associated gender role and / or primary and secondary sex characteristics).

Gender Identity Disorder (GID): A Medical Perspective

- ▣ Multiple diagnoses related to gender identity first appeared in the third version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III), published in 1980. These diagnoses were collapsed into one diagnosis, Gender Identity Disorder, with the release of the DSM IV in 1994.
- ▣ Diagnostic criteria, which are different for children and adults, include a persistent discomfort with the assigned sex at birth; a persistent discomfort with the role typically associated with their assigned sex at birth; and significant discomfort or impairment at work, social situations, or other major life areas.

Transition

- ▣ Transition includes some or all of the following personal, medical and legal steps:
 - Telling family, friends and co-workers
 - Using a different name and new pronouns
 - Dressing differently
 - Changing one's name and/or sex on legal documents
 - Hormone therapy
 - One or more types of surgery (possibly)

Clinical Issues and Implications for Treatment



1. History of discrimination by healthcare professionals.
2. Issues about appearance, "passing" and body image
3. History of hiding or suppressing gender identity
4. Lack of family and social support
5. Isolation and lack of connection to positive, proactive transgender community resources
6. Hormone therapy and use or injection history
7. Stigma and discrimination
8. Employment problems
9. Relationship/child custody issues

TREATMENT DO'S AND DON'TS

DO'S

- ▣ Use the proper pronouns based on client's self-identity when talking to/about transgender individuals.
- ▣ Get clinical supervision if they have issues or feelings about working with transgender individuals.
- ▣ Allow transgender clients to continue the use of hormones when they are prescribed. Advocate that the transgender client using "street" hormones get immediate medical care and legally prescribed hormones.
- ▣ Take required training on transgender issues.

TREATMENT DO'S AND DON'TS

DO'S

- ▣ Find out the sexual orientation of all clients.
- ▣ Allow transgender clients to use bathrooms and showers based on their gender self-identities and gender roles.
- ▣ Require all clients and staff members to create and maintain a safe environment for all transgender clients. Post a nondiscrimination policy in the waiting room that explicitly includes sexual orientation and gender identity.

TREATMENT DO'S AND DON'TS

- ▣ Don't make the transgender client educate the staff.
- ▣ Don't assume transgender women or men are gay.
- ▣ Never allow staff members or clients to make transphobic comments or put transgender clients at risk for physical or sexual abuse or harassment.
- ▣ Do get clinical supervision if you have issues or feelings about working with transgender individuals.
- ▣ Do take required training on transgender issues.

Inappropriate questions / statements

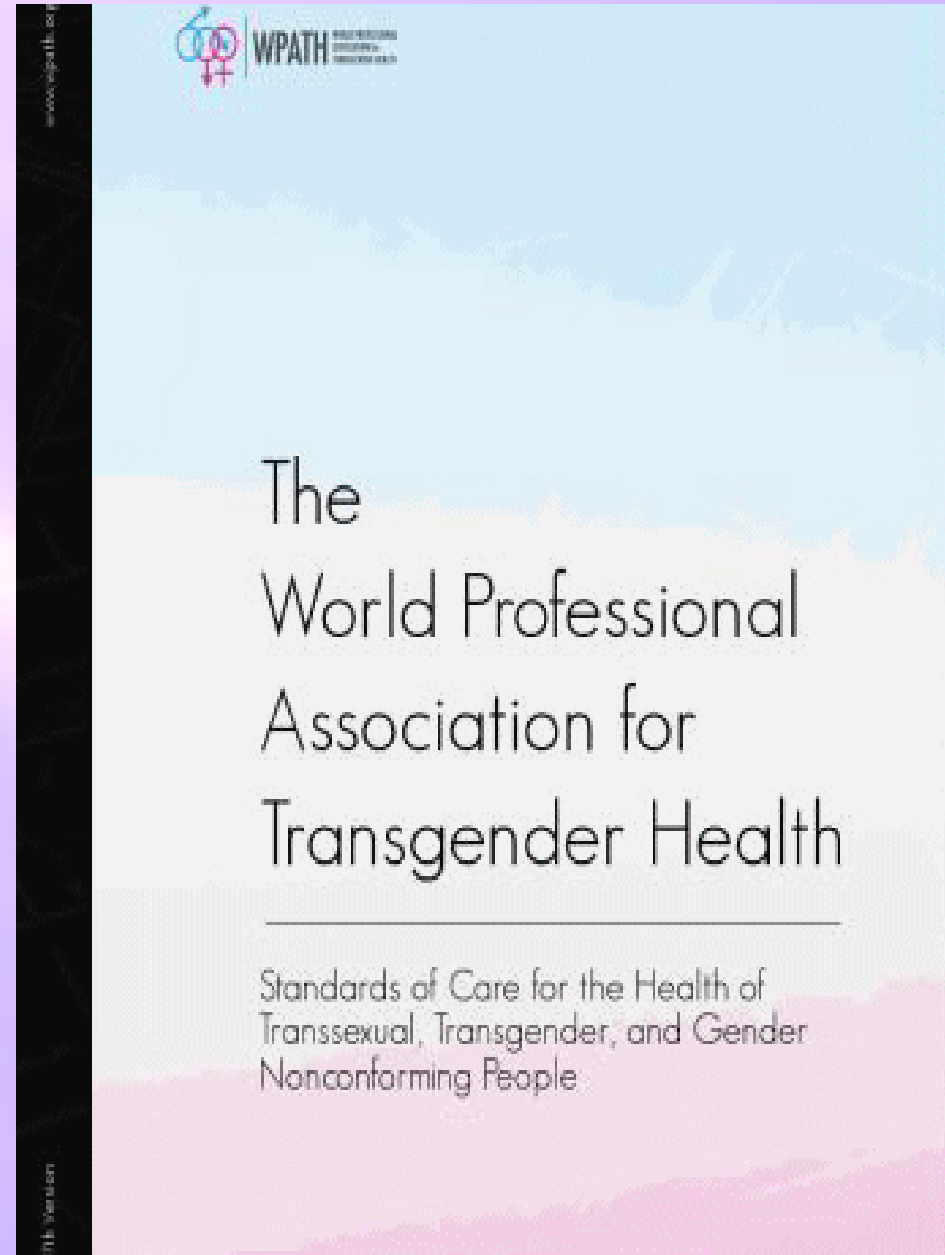
- ▣ “Have you had the operation / surgery?”
- ▣ “Which bathroom do you use?”
- ▣ “When did you decide to become *transgendered*?”
- ▣ Provide fashion tips to look more male/female
- ▣ “You look like a real man/woman”
- ▣ “How do you have sex?”
- ▣ Inappropriately touch

Inappropriate words and phrases

- ▣ “Deceptive”, “fooling”, “pretending”, “posing”, “trap”, or “masquerading”
- ▣ “Tranny”, “she-male”, “he/she”, “it”, “shim”
- ▣ Pre-op, post-op, non-op

The World Professional Association for Transgender Health (WPATH), formerly known as the Harry Benjamin International Gender Dysphoria Association (HBIGDA) is a professional organization devoted to the understanding and treatment of gender identity disorders

www.wpath.org

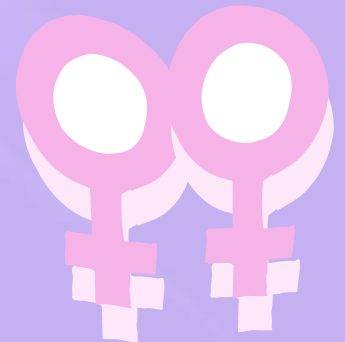


Resources

- ▣ Gender Spectrum: www.genderspectrum.org
- ▣ Gender Talk: www.gendertalk.com/
- ▣ National Center for Transgender Equality: <http://transequality.org/>

Special Issues for Lesbians

1. **Multiple stigmas and stressors related to sexism, lesbian identity, and substance use**
2. **Relationships as a major treatment focus for all lesbians**
3. **Relapse to protect themselves from painful feelings surrounding their sexuality**



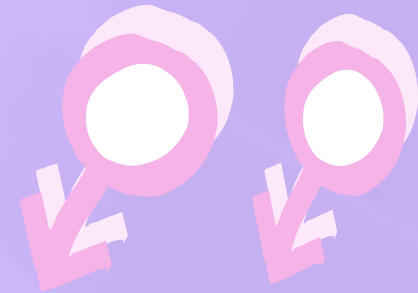
Special Issues for Gay Men

1. **Linking of substance use and sexual expression**
2. **Internalized homophobia**
3. **The role of sexual use and violence**
4. **Limited social outlets**



Special Issues for Gay Men

5. **Geographic and cultural differences have an important impact on the lives of gay men**
6. **Limited role models and deeply ingrained stereotypes**
7. **Substance use and HIV/AIDS.**



Gay Men and Substance Misuse

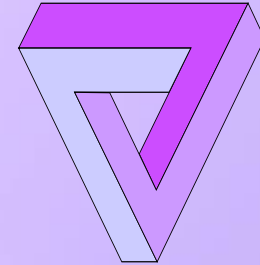
- ▣ Age Related use patterns
- ▣ Club Drugs
- ▣ Drug and Alcohol use related to stages of Coming Out Process

Continuum of Treatment

- ▣ “Repair” the sexual identity - ignore the AOD
- ▣ Treat the sexual identity - fix the addiction
- ▣ Treat the addictions - ignore the orientation
- ▣ Treat the AOD - minimize the orientation
- ▣ Treat the AOD - acknowledge the sexual identity
- ▣ Treat the AOD - integrate the sexual identity into recovery
- ▣ Integrate the sexual identity as significant to treatment and recovery

Special Assessment Questions

- ▣ Level of comfort being LGBT person ?
- ▣ Stage of coming out ?
- ▣ Family/support/social network ?
- ▣ Health factors ?
- ▣ Milieu of use ?
- ▣ Drug use and sexual identity or sexual behavior connections ?
- ▣ Use more before, during or after sex?
- ▣ Partner/lover use ?
- ▣ Legal problems related to sexual behavior ?
- ▣ Gay bashing ?
- ▣ Same-gender domestic violence ?
- ▣ Out as LGBT in past treatment experiences ?
- ▣ Correlates of sober periods ?



LGBTQ Developmental Issues

- ▣ Orientation is not pathology; living with a different orientation in a biased society is the source of the problem
- ▣ Guilt for not having the same attitudes, values and moral precepts of society.
- ▣ Seeking parental rewards and approval
- ▣ Trauma and pain of rejection
- ▣ Grief at loss of heterosexual privilege

Working with Families

- ▣ Educate families on how family rejecting behaviors affect their LGBT child.
- ▣ Educate families on how supportive and accepting behaviors affect their child.
- ▣ Families that don't accept their children's sexual orientation or gender identity can still support their children and decrease rejecting behaviors
- ▣ A little change makes a difference!
- ▣ Source: Substance Abuse and Mental Health Services Administration, *A Practitioner's Resource Guide: Helping Families to Support Their LGBT Children*. HHS Publication No. PEP14-LGBTKIDS. Rockville, MD SAMHSA (2014)

Providing Services and Supports for Youth Who Are LGBTQI2-S: A Practice Brief

- ▣ Presents recommendations and strategies across six areas (which are applicable to settings serving and supporting youth):
 - Creating a welcoming environment
 - Protecting Youth
 - Strengthening staff and supports
 - Supporting youth who are transgender
 - Enhancing practice and service delivery
 - Engaging communities
- ▣ Available online at:
<http://nccc.georgetown.edu/documents/lgbtqi2s.pdf>

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 or evolve in a certain way?
- ▣ What were the family's expectations in regard to careers, relationships, appearance, status, or environment?
- ▣ In general, was sex ever discussed?

LGBT Clients:

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



Guidelines for Working With LGBT Families

- ▣ Demonstrate support and understanding for the life partners and significant others
- ▣ Be sensitive to the individual's self-identification
- ▣ Be sensitive to the diversity and variety of relationships in the LGBT community
- ▣ No universal terminology regarding significant others in the LGBT community
- ▣ Be careful of biases re: what a family should be
- ▣ Do not assume there is no history of opposite-sex relationships

Guidelines for Counselor Competence DO

- Do create safety for LGBTQ clients.
- Do know the population. Read and learn about LGBTQ community and culture.
- Do create an atmosphere that is supportive.
- Do acknowledge clients' significant others and encourage their participation in treatment.
- Do be guided by your LGBTQ clients. Listen to what they say is comfortable for them.
- Do get training to help you become less heterosexist and increase your knowledge and understanding.

Defining *LGBT Affirmative* Care

- ▣ **LGBT-tolerant**

Aware that LGBT people exist and use their services

- ▣ **LGBT-sensitive**

Aware of, knowledgeable about, and accepting of LGBT people

- ▣ **LGBT-affirmative**

Actively promote self-acceptance of an LGBT identity as a key part of recovery

The Need for LGBT-Affirmative Agency Policies and Procedures

- ▣ LGBTQ-specific administrative policies and procedures
- ▣ Examine all aspects of a program
- ▣ Make a commitment at every level of the program
- ▣ Implementing LGBT-specific policies and procedures

Organizational Mission

Because LGBTQ communities are underserved and often invisible, it is important that treatment providers make a commitment to serving this population and **incorporate the commitment into the organization's mission statement, philosophy, and service literature.**

Policies and Procedures Regarding Outreach and Promotional Materials

- ▣ Ensure that promotional materials include information about LGBT-specific services, if appropriate.
- ▣ Use language that specifically identifies LGBT individuals as people the program is attempting to reach.

Administrative Policies and Procedures

- ▣ Create or confirm the existence of agency policies **regarding freedom from discrimination and harassment** based on sexual orientation, gender, and cultural background.
- ▣ Review **all operational procedures**, from initial phone contact through the intake process, to ensure that **heterosexual bias has been eradicated** and inclusive terms are available as options.

Personnel Policies and Procedures

- ▣ Include sexual orientation and gender identity in your nondiscriminatory employment policy.
- ▣ Enlist openly LGBT members to serve on the board of directors and in other leadership positions.
- ▣ Employ openly LGBT individuals as staff and consultants. Ensure that LGBT individuals of color are represented in proportions that reflect the community demographics.
- ▣ Include partners in the definition of family when writing bereavement policies or sick leave policies on caring for family members.

Staff Training

Policies and Procedures

- ▣ Ensure that all new employees are familiar with agency policies regarding hiring of and providing services to LGBTQ clients.
- ▣ As a part of regular staff training, include such topics as, “LGBTQ cultures and communities.”
- ▣ Have up-to-date national and local lists of resources and services available within LGBTQ communities and in offices and waiting rooms for easy access by clients and staff members.

Program Design and Implementation Policies

- ▣ Provide **education** for heterosexual clients about **language and behaviors that show bias** toward LGBT people.
- ▣ Establish **firm guidelines regarding client behavior**, and consistently **enforce these guidelines** to ensure a treatment atmosphere of safety for LGBT (and all) clients.
- ▣ Make all **family services available for the domestic partners and significant others** of LGBT clients in your program. These may include conjoint therapy, family therapy, or groups.

Aftercare Policies and Procedures

- ▣ Establish training procedures in which all staff members are educated about issues LGBTQ individuals face on discharge. Include workshops on **relapse triggers specific to LGBTQ individuals in recovery.**
- ▣ Ensure that discharge procedures include providing each LGBT client with a **comprehensive list of LGBT-specific or LGBT-sensitive community resources and services**, along with clear information about how to access these services.

I've learned that people
Will forget what you
said, people will forget
what you did but people
will never forget how
you made them feel.

Maya Angelou