



Northwest Frontier

ATTC

Unifying science, education
and services to transform lives.

Addiction Messenger

SERIES 31 - November 2008 Volume 11, Issue 11

Ideas for Treatment Improvement

LGBTQ Issues in SA Treatment

Part 2 - Clinical Principles and Practices

The continuum of recovery is rich with opportunities to enhance substance abuse treatment services for lesbian, gay, bisexual, transgender, and questioning clients. Areas to cultivate include staff sensitivity and knowledge, assessments, treatment facilities and modalities, and discharge/aftercare procedures. In this second article of our series we will discuss clinical principles and practices involved in providing LGBTQ-affirmative services.

Providers and programs that are LGBTQ-affirmative actively promote feelings of self-acceptance and empowerment around LGBTQ identity as a key part of recovery. They affirm LGBTQ individuals' sexual orientation, gender identity, and choices; validate their values and beliefs; and acknowledge that sexual orientation develops at an early age.

LGBTQ-Affirmative Agencies/Providers:

- Acknowledge the existence of LGBT people and treat them with respect and dignity, creating a safe and supportive atmosphere.
- Recognize the unique difficulties and challenges LGBTQ people face in recovery.
- May offer specific therapy groups for LGBTQ people.
- Provide appropriate facilities (e.g., sleeping arrangements, showers, and bathrooms).
- Acknowledge clients' significant others and encourage their participation in treatment.
- Provide/seek information and training to increase knowledge and understanding of LGBTQ issues, groups, and culture; actively seek to dispel false myths and avoid using hurtful labels.
- Acknowledge that negative feelings or attitudes are often based on real experiences; e.g., if an LGBTQ client objects to working with non-LGBTQ staff, his or her fears and concerns may be explored in a therapeutic context.
- Are guided by LGBTQ clients and listening to what they say is comfortable for them.

Assessment

Many issues are the same for all substance abusers. However, the following factors may need to be assessed in working with LGBTQ clients:

- What is their level of comfort with sexuality, gender, and the expression of sexual feelings?
- What is the extent and nature of the individual's family/support/social network?
- Are drugs used to enhance sexual intensity; and/or to alleviate guilt or remorse about sexual orientation?

"Straight Americans need an education of the heart and soul. They must understand—to begin with—how it can feel to spend years denying your own deepest truths, to sit silently through classes, meals, and church services while people you love toss off remarks that brutalize your soul."

~ Bruce Bawer in *The Advocate*
(28 April 1998) ~

Northwest Frontier
Addiction Technology
Transfer Center
810 D Street NE
Salem, OR 97301
Phone: (503) 373-1322
FAX: (503) 373-7348

A project of OHSU
Department of Public Health
& Preventive Medicine

Steve Gallon, Ph.D.
Principal Investigator

Mary Anne Bryan, MS, LPC
Program Manager, Editor
bryanm@ohsu.edu

Lynn McIntosh, BA
Technology Transfer
Specialist
Guest Writer
mctosh@u.washington.edu

www.attcnetwork.org

Next Series:
**Families, Youth,
& Related
Health Issues**

- Are there health factors of concern or additional risk (e.g., HIV status)?
- Have there been legal problems or police harassment related to sexual behavior?
- Has the client ever been attacked or assaulted (gay bashed) because he or she was thought to be an LGBTQ person?
- Has there been same-sex or same-gender domestic violence?
- If the client had prior substance abuse treatment, was he or she “out” as an LGBTQ person; and/or was his or her sexual orientation or sexuality discussed?
- Where is a client in the coming-out process?

Strategic Issues

Why would a treatment-readiness approach be helpful? Treatment-readiness approaches emphasize working first on the level of readiness the client exhibits related to changing alcohol and drug use behaviors, without demanding total abstinence as a condition of treatment. For LGBTQ persons, the necessity of dealing with sexual orientation and gender identity issues; coming out; HIV/AIDS; social stigma and discrimination, and other problems related to homophobia and heterosexism (a bias toward heterosexuality to the exclusion of homosexuality) may need to precede or coincide with any discussion of abstinence.

What level of care is needed? LGBTQ clients may *not* do well in residential programs that lack LGBTQ-sensitive and LGBTQ-specific treatment. It is important for staff members to be adept in dealing with the possible homophobia of other clients or staff in an inpatient facility. The ideal is that all levels of care would be LGBTQ-affirmative. However, in some situations outpatient care that is LGBTQ-sensitive or LGBTQ community-based support services may be preferable.

Which modalities may be most helpful?

- **Group counseling** – May be difficult for LGBTQ individuals if heterosexism/homophobia is demonstrated by staff or group members. Staff needs to ensure that LGBTQ clients are treated in a therapeutic manner, providing a strong directive that homophobia and hostility will not be tolerated.
- **Family counseling** – Can be difficult due to issues relating to the client’s sexual identity/orientation, substance use, and, in some cases, HIV/AIDS diagnosis. Such issues may have caused distance and alienation from family members (though this should not be assumed). LGBTQ clients are more likely to seek support for their partners and their relationships if they view the caregivers as LGBTQ-sensitive.

- **Individual counseling** – May decrease the difficulty of mixing heterosexual and LGBTQ clients in treatment groups. In a one-to-one setting LGBTQ individuals may be more able to discuss issues related to their sexual orientation/identity without fearing that non-LGBTQ individuals will be hostile, insensitive, or minimize LGBTQ issues.

It is important for caregivers to understand, acknowledge, and support the “coming out” process. Coming out refers to the process of working through and accepting a stigmatized identity, transforming a negative self-identity into a positive one. For many lesbians and gay men, the process of coming out occurs over time and is related to a variety of circumstances and issues, including the following:

- How safe it is to reveal one’s identity in a particular group or situation.
- What resources are available for support, both professionally and in the community.
- The existence of other “out” role models and friends they can relate to and be with.
- The potential consequences in terms of family relationships, child and parenting issues, work, and so forth.

There are “staged” models available to use in evaluating and supporting clients as they move through the coming out process (Cass, 1979 and Warren, 1997). While supporting this process, the provider respects a client’s sense of where they are and their need to feel safe; and avoids pressuring a client, which could have negative emotional and legal ramifications.

Limited Legal Protections

LGBTQ people need to think carefully before disclosing their sexual orientation to others. The Federal Rehabilitation Act and the Americans with Disabilities Act (ADA) prohibit discrimination against individuals with “disabilities,” including individuals who have a substance use disorder, or have been diagnosed with HIV and/or AIDS. However, in most areas of the U.S., it is legal to discriminate against individuals because of their sexual orientation or gender identity!

If a person simply acknowledges being LGBTQ, s/he can legally be fired from jobs; barred from housing; excluded from health and social services; discharged from the U.S. military for being open about sexual orientation; lose child custody; be denied the right to adopt children; and be prohibited from marrying a same-sex partner (and the ensuing legal protections and benefits, e.g., bequeathing assets, entitlement to partner health benefits, and visiting partners in hospitals).

LGBTQ-affirmative programs protect clients through written policies that ensure information about sexual orientation is confidential by prohibiting disclosure without client consent; and by educating staff and clients about local laws and regulations regarding LGBTQ persons. For more information about national and local legal protections for LGBTQ persons, visit the Lambda Legal Defense and Education Fund website: www.lambda.org.

Discharge Planning and Aftercare

Many discharge and aftercare procedures are the same as for all clients. However, the following concerns require attention when planning aftercare for LGBTQ clients:

- Who are the client's social supports, including family of origin and family of choice (partner, friends, or others)?
- What will be the client's employment status or type of employment? Will it support ongoing recovery? Some LGBTQ clients are not able to be "out" in the workplace, which may affect the need for additional support; locating an LGBTQ-sensitive EAP counselor or service may help.
- What is the potential for internalized homophobia to precipitate relapse? Even if a client has explored the effects of internalized homophobia during treatment, he or she may need to continue to revisit the impacts over time as part of long-term recovery.
- What ongoing issues related to sexual orientation or identity need to be addressed? What supports are available, such as LGBTQ-sensitive counselors or programs; LGBTQ-specific 12-Step groups; or LGBTQ health, mental health, or community centers?
- If the client has a religious faith, will the counselor be able to help the client find an LGBTQ-accepting church? Some organized religious groups have congregations for LGBTQ people and/or LGBTQ-sensitive or openly LGBTQ clergy who may be helpful. Counselors might discuss religion (commitment to a religious faith) versus spirituality (of or related to the spirit); some LGBTQ clients may find spiritual comfort even if he or she does not find religious comfort.

Cultural Considerations

For some, being LGBTQ transcends orientation or gender to become a cultural identity, including rich and diverse traditions, beliefs, values, and practices. Part of being LGBTQ-affirmative is being familiar with

events and activities that may be part of a cultural identity, including annual celebrations of pride, geographical areas where LGBTQ communities emerge, activities such as retreats for LGBTQ groups, etc.

Take Home Messages

- LGBTQ people are a significant and important part of society.
- LGBTQ people have developed their own rich and unique cultural traditions and practices.
- LGBTQ persons are found within all other groups.
- Recovery demands coming to terms with the effects of shame, oppression, and hurts suffered not only within family relationships but within broader social experience. Accepting that homophobia and heterosexism can influence both the course of addiction and recovery increases the likelihood of healing and change.

Within the greater LGBTQ population there are sub-groups rich with nuances of sexual preference; gender identity; behaviors; and cultural traditions, beliefs, and practices. The final article of this series will explore some of the issues and needs within specific LGBTQ groups.

Sources

- Prairielands Addiction Technology Transfer Center (2008). *A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals: Training Curriculum*. Downloaded from the World Wide Web at: <http://www.public-health.uiowa.edu/pattc/lgbttrainingcurriculum>.
- Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment (2001). *A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals*. Washington, DC: U.S. Department of Health and Human Services. Publication No. (SMA) 01-3498.
- Cass, V. C. (1979). *Homosexual identity formation: A theoretical model*. *Journal of Homosexuality*, Vol. 4 (3), 219-235.
- Niesen, J., 1993. *Healing from cultural victimization: Recovery from shame due to heterosexism*. *Journal of Gay and Lesbian Psychotherapy*, Vol. 2 (1), 49-63.
- Warren, B., 1997. *The transgender experience: Identity, community, and recovery*. *Counselor* May/June, 37-39.

You Can Receive the Addiction Messenger Via E-Mail !

Send an e-mail to bryanm@ohsu.edu to be put on the AM mail or e-mail list or visit our website at www.nfattc.org to subscribe.

Northwest Frontier ATTC

810 "D" Street NE

Salem, Oregon 97301

Phone: (503) 373-1322

FAX: (503) 373-7348

Upcoming NFATTC Trainings

Clinical Supervision I

December 10-12th - Guam

December 11-12th - Seattle, WA

Selecting & Implementing Evidence Based Practices

December 12th - Honolulu, HI

Treatment Planning

December 15-16th - Honolulu, HI

Promoting Awareness of Motivational Incentives

December 18th - Honolulu, HI

Motivational Interviewing

December 16-18th - American Samoa

Register OnLine for trainings (except those located in HI and Pacific Jurisdictions) at:

<http://www.nfattcregistration.org/>

Call Judi at 503-373-1322 for further information and questions