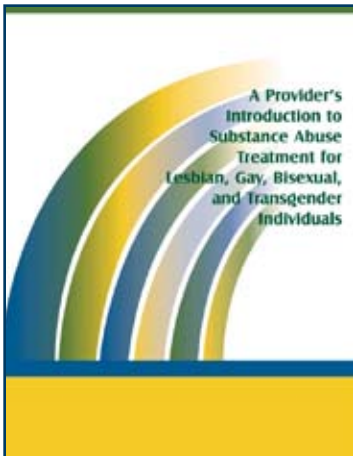


# Quick Guide

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**For Clinicians**

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



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# Quick Guide

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## For Clinicians

### **Based on**

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

This Quick Guide is based entirely on information in the source document, published in 2001. No additional research has been conducted to update this topic since publication of the document.

## WHY A QUICK GUIDE?

This Quick Guide was developed to accompany *A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals* (A Provider's Introduction) published by the Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration (SAMHSA). It is designed to meet the needs of the busy clinician for concise, easily accessed "how-to" information.

The Guide is divided into 12 sections (see *Contents*) to help readers quickly locate relevant material. The Guide will help clinicians provide appropriate, effective, and compassionate treatment to their lesbian, gay, bisexual, and transgender (LGBT) clients.

For more information on the topics in this Quick Guide, readers are referred to A Provider's Introduction. See below for information on how to order this document and SAMHSA/CSAT products.

## INTRODUCTION

A provider who is sensitive to the issues surrounding sexual and gender identity, negative attitudes toward LGBT individuals, and the assumption that only heterosexuals are "normal" can help LGBT clients feel comfortable and safe while they confront their substance use disorders and start their recovery. This Quick Guide will help clinicians better understand the needs of their LGBT clients and create a comfortable treatment environment for them.

The Quick Guide focuses on clinical issues. Clinicians can find more information about the specific issues facing LGBT clients in A Provider's Introduction and in the Quick Guide for Administrators based on that document.

## TERMINOLOGY

Understanding how certain terms are used is essential to providing effective substance abuse services to LGBT individuals. Following are definitions of terms and concepts that clinicians need to know and understand:

**Bisexual**—Individual with a sexual and affectional orientation toward people of both genders.

**Coming Out**—Individual and personal process of accepting one's homosexual or bisexual orientation and transforming it from a negative to a positive attribute. This process involves healing from negative attitudes toward homosexuality and the view that only heterosexuals are "normal" and taking on a positive identity. Individuals may share this process and its outcome or keep it private.

**Family of Choice**—Persons an individual sees as significant in his or her life. It may include none, all, or some members of his or her family of origin, as well as significant others, partners, friends, and coworkers.

**Family of Origin**—The birth or biological family or any family system instrumental or significant in a client's early development.

**Gender Identity**—A person's innate sense of gender.

**Heterosexism**—Value and belief that heterosexuality is the only "natural" sexuality and is inherently healthier than or superior to other types of sexuality.

**Heterosexual**—Individual with a primary sexual and affectional orientation toward persons of the opposite gender. Heterosexuals are often referred to as "straight."

**Homosexual**—Individual with a primary sexual and affectional orientation toward persons of the same gender. Male homosexuals are often referred to as gay; female homosexuals are referred to as lesbians.

**Sexual Identity or Orientation**—The physical and emotional attraction to members of one’s own gender, the opposite gender, or both genders and one’s conscious or subconscious decision to define and label this attraction.

**Transgender**—A broad term that applies to people who live all or substantial portions of their lives expressing an innate sense of gender other than their birth sex. This includes transsexuals, cross-dressers, and people who feel that their biological sex fails to reflect their true gender.

**Transsexual**—A person whose innate sense of gender conflicts with his or her anatomical sex. Some, but not all, transsexual people undergo medical treatments, such as hormone therapy or surgeries, to change their physical sex so that it is in harmony with their gender identity.

## **THE COMING OUT PROCESS FOR LESBIANS AND GAY MEN**

The coming out process transforms a negative self-identity into a positive one. This process is especially important to LGBT people trying to recover from substance abuse, for whom feeling positive about themselves is important to their recovery. However, not all gay men or lesbians come out. Many people who are attracted to, love, or engage in sexual activity with people of the same sex do not consider themselves gay or lesbian and do not go through these stages. Many recovering LGBT clients spend years working through these issues.

### **Counselors and the Coming Out Process**

Counselors who can accept and validate clients’ feelings, experiences, and identities play an important part in those clients’ abstinence from alcohol and drugs. Clients who used substances to medicate their negative feelings about being gay or lesbian may need help to work through those feelings. Some clients may decide not to take on a gay or lesbian identity or disclose their feelings and experiences to anyone.

To be most helpful, counselors need to assess the client’s stage of coming out and consider the client’s needs at that stage. For example, some clients in the early stages of coming out may not be ready to discuss their feelings in group sessions.

### **Stage Models of Transforming an Identity**

Stage models describe how some people come to call themselves gay or lesbian. The models, including the 6-stage Cass Identity Model outlined below, can help counselors understand the interaction between being gay or lesbian and substance use or recovery. People do not necessarily move through the stages in order. Bisexual and transgender people may have the same issues and problems during recovery, but it is generally incorrect to assume that bisexual, transgender, gay, and lesbian processes are parallel.

#### **Stage 1: Identity Confusion**

People—

- Start to question their attractions and face a crisis about who they are; and
- Use substances to cope with painful feelings such as anxiety and shame, to socialize or be sexual, or to block unwanted feelings of attraction.

### **Stage 2: Identity Comparison**

People—

- Begin entertaining the possibility that they may be gay or lesbian but continue to feel considerable anxiety and emotional pain and may continue to use substances to cope with this anxiety and pain; and
- Are vulnerable to relapse; counselors can help by encouraging clients to talk freely about their feelings.

### **Stage 3: Identity Tolerance**

People—

- May identify as bisexual before identifying as gay or lesbian;
- Begin to have greater commitment to a lesbian or gay identity;
- Experience an increased sense of alienation and isolation from the non-LGBT community; and
- Seek out gay and lesbian individuals and communities; counselors can help by providing information on social venues where these clients are more likely to meet abstinent people and suggest attendance at gay- or lesbian-affiliated Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) meetings.

### **Stage 4: Identity Acceptance**

People—

- Assert that “I am gay or lesbian”;
- Increase contacts with other gay and lesbian individuals;
- Have experiences that help “normalize” a gay or lesbian identity and lifestyle;
- May have fragile identities and difficulty coping with non-LGBT people who do not understand their need to be with others similar to themselves; and
- May want to disclose identities to intolerant people in unsafe situations; counselors may need to encourage restraint or help clients explore the positive and negative consequences of disclosure.

### **Stage 5: Identity Pride**

People—

- Become more aware of the difference between their acceptance of their own homosexuality and society’s rejection of it;
- Can be angry, split the world into gay and straight, and reject the dominant non-LGBT culture;
- May become active in the gay and lesbian community and spend most of their time with other gay and lesbian people; they may intertwine drinking and community or political activities; and
- May reject non-LGBT or opposite gender counselors; listening with concern and empathy is key.

### **Stage 6: Identity Synthesis**

People—

- Develop awareness that “them and us” dichotomy is not valid;
- Become less angry, experience less aggressive feelings of pride, and integrate gay and lesbian identity with their other identities; and
- With a long substance abuse history may have difficulty attaining this level of synthesis.

Counselors should explore clients’ meaning of the word “out.” People who say they have been out for years may still have negative feelings about identity.

## Recovery Issues for Lesbians and Gay Men

People who have used alcohol and drugs for many years may have anxiety and confusion about who they are and how to make sense of their experiences and feelings. Counselors need to help clients struggling with the following questions:

- Who am I, now that I'm clean and sober?
- What does it mean to be a man? A woman? Gay? Lesbian? Straight?

Counselors may be the first people to tell individuals who abuse substances that they are okay, that they do not have to declare themselves gay or straight or bisexual, and that an important part of recovery may be to explore who they are.

*For more information, see A Provider's Introduction, pages 61–67.*

## ASSESSING THE SPECIAL NEEDS OF LGBT INDIVIDUALS

When assessing LGBT individuals with substance use problems, programs may need to incorporate more inclusive language into their assessment instruments and retrain staff. Assessments include relationships with family and friends, social interactions, work issues, level of self-esteem, understanding of self-identity, and level of community support.

### Family of Origin

- The biopsychosocial assessment includes taking a family history and reviewing family dynamics.
- Caution and sensitivity are needed when asking sensitive questions about members of the family of origin because LGBT clients often have unresolved issues about their families of origin.
- The family of origin's response to the individual's coming out can have a lasting and—if negative and unaccepting—devastating effect.
- LGBT clients need to process the messages, roles, images, and stereotypes about sexuality received from their families of origin.

*For more information, see A Provider's Introduction, pages 69–70.*

### Family of Choice and Relationships

Clients define who they consider members of their family of choice. Counselors need to—

- Include life partners and significant others in the client's treatment (with permission);
- Be aware of the problems of same-sex couples and the variety of relationships in the LGBT community;
- Know that one partner may be out while the other is closeted, which can create tension;
- Understand issues that LGBT parents face, including the fear of losing child custody; and
- Acknowledge their biases when working with LGBT clients.

*For more information, see A Provider's Introduction, pages 71–72.*

### Special Assessment Questions for LGBT Clients

The following are examples of questions that counselors can include when assessing LGBT clients:

- How comfortable are you with being an LGBT person?
- Do you consider yourself out? What were your experiences coming out? What were the consequences?
- What is your support and social network? Describe current or past relationships and your relationship with your family of origin.
- How often do you use substances? Do you use mainly when you are socializing?

- What is your drug of choice—the one you seek most? What does it seem to provide? Relaxation? Freedom from guilt? Enhanced sexual behavior?
- Have you had social problems or lost relationships with partners, family members, or friends because of substance use?
- Are you using or have you used injection drugs? If so, what drugs? Do you use amphetamines (speed, crystal, crank)? Do you use amphetamines to enhance sexual intensity?
- Are there any health factors of concern (including HIV and hepatitis C)?
- Does your significant other (when applicable) believe there is a problem? Does he or she also have a substance use problem?
- Have you had legal problems resulting from your use of alcohol and drugs, including arrest for driving under the influence? Have you ever had legal problems related to sexual behavior?
- Have you ever been verbally attacked or assaulted because you were thought to be an LGBT person?
- Are you a victim of domestic violence? Was it by a person of the same sex?
- Have you had treatment for substance abuse? If so, was your sexual orientation or sexuality discussed?
- What is the longest time you have not used substances? What allowed that to happen?

*For more information, see A Provider's Introduction, pages 55–56.*

The following questions can help the counselor gather information about the client's family of origin and assess unresolved issues that might interfere with clients' ability to maintain sobriety:

- What were the rules in your family system? Were all family members expected to behave or act in a certain way?
- Do you have any history of physical, emotional, or sexual trauma?
- What were your family's expectations about careers, relationships, appearance, status, or environment?
- Was sex ever discussed?

When addressing sexual orientation and gender issues, counselors can begin by reviewing with clients how differences were perceived in the family:

- Was anyone else in the family acknowledged to be or thought of as being an LGBT individual? How did the family treat that person?
- Are you out to your family? If so, what type of response did you receive?

*For more information, see A Provider's Introduction, page 70.*

## **CLINICAL ISSUES WITH LESBIANS**

Lesbians share the diversity of all women, with a range of experiences, perspectives, life situations, and status. Some lesbians are sexual with men at times, yet identify themselves as lesbians. Some women have same-sex relationships but do not see themselves as lesbians. Some women self-identify as lesbians based on their emotional attraction to women despite being sexually attracted to men.

Some women know they are lesbians from an early age; others become aware of their orientation much later, often after being in a heterosexual marriage. Some have or want children; others do not. Some are very public about their identities; other remain closeted. Some lesbians look and act “masculine,” whereas others look and act “feminine.”

### **Lesbians Who Abuse Substances**

Risk factors noted for substance abuse by lesbians include—

- Reliance on women's bars for socializing and peer support;
- Interaction of sexism, stress, and substance abuse;



- Issues related to coming out, such as alienation from loved ones, the emotional dissonance of “passing” as heterosexual, and the use of substances to reduce the anxiety to these factors; and
- Experiencing trauma.

### **Counselors’ Responsibilities**

Informed, sensitive counselors can make an enormous difference in a lesbian client’s treatment and recovery. Counselors who do not know a great deal about lesbians can still be helpful to their clients if they start with what they know about women and take time to understand the problems of lesbians. It is important for counselors to—

- Empower the client;
- Assess their own attitudes;
- Honor diversity;
- Use nonjudgmental language and not use labels;
- Avoid confrontation (instead support and explore);
- Respect the client’s position (“I’m not a lesbian,” “I’m confused,” “I’m a lesbian and proud of it!”);
- Respect some lesbians’ unwillingness to attend AA or NA because they consider these programs male institutions and cannot find appropriate meetings in their area; and
- Help clients cope with the effects of negative attitudes toward lesbians.

*For more information, see A Provider’s Introduction, pages 73–77.*

## **CLINICAL ISSUES WITH GAY MALE CLIENTS**

Often, a gay man’s first sexual experience was while under the influence, to overcome fear, anxiety, denial, or even revulsion. For many gay men, this link of substance use and sexual expression persists. Even after coming out, many gay men use mood-altering substances to temporarily relieve persistent self-loathing.

### **Growing up Gay**

Many gay men are aware of being different early in life. Dissociation and denial become major defenses to cope with this conflict. Adolescents often reject and isolate those who are “different,” so the gay adolescent may further dissociate his feelings and his external behavior. Even adolescents who have accepted their sexual orientation may be susceptible to depression, suicidal thoughts (or attempts), running away from home, and substance use.

The availability of substances at gay bars and parties and limited social alternatives encourage substance use. Substance use provides relief from painful feelings, increases feelings of acceptance, and simulates the dissociation or disconnection, developed in childhood, between feelings and behavior. Sex and intimacy can be split for gay men, and substance use allows them to act on suppressed feelings but also makes it harder to integrate intimacy and love.

The following traits and feelings often accompany both internalized hostility to homosexuality and substance abuse:

- Fear, anxiety, and paranoia;
- Anger and rage;
- Guilt;
- Self-pity;
- Depression with helplessness, hopelessness, and powerlessness;
- Self-deception and development of a false self;
- Passivity and the feeling of being a victim;
- Inferiority, low self-esteem, and self-loathing;

- Isolation and alienation; and
- Fragmentation and confusion.

This similarity in traits and feelings associated with homosexuality and substance abuse makes it difficult for gay men who cannot accept their sexual orientation to recognize or successfully treat their substance abuse. Counselors need to know that self-acceptance of one's sexual orientation may be crucial to recovery from substance abuse for many clients.

### **Gay Male Social Life**

Gay men are an extremely diverse group, and generalizations are more harmful than accurate. The media tend to portray gay men stereotypically: young, thin, and well built; sexually obsessed; materialistic; focused on sex and partying; dressing in leather or drag; or extremely effeminate. Some gay men may fit each stereotype, but most do not. Young gay men coming out, however, may have few role models and believe that if they do not comply with stereotypes, they may not fit in.

In addition to being the target of society's antigay feelings, gay men of color may face racism and may need to address cultural issues about homosexuality.

### **Substance Use and Sexual Activity**

Links between sexual activity and substance use add to the risk of gay men's developing substance use problems and pose challenges for recovery. Some gay men use nitrates, cocaine, and amphetamines to enhance sexual intensity and activity, placing them at increased risk for HIV infection if they do not protect themselves. Although the number of gay social outlets that do not involve drugs or alcohol is increasing, parties and clubs are still popular elements of gay social life. Some gay men attend "circuit parties," weekend-long gatherings that focus on dancing, sexual activity, and heavy substance use.

### **Gay Male Life Cycles and Relationships**

At each life stage, gay men face unique challenges, creating pressures that may contribute to substance use:

- Adolescents who are gay, bisexual, or questioning their orientation may face taunts or threats from peers, experience rejection by their families, have suicidal ideation and attempts, and be at risk of running away, becoming homeless, or being sexually exploited.
- Young and middle-aged gay men may face discrimination. Their relationships may not be accepted, and those raising children receive little societal support.
- Older gay men face the same issues as other older people but may feel more isolated because they grew up experiencing more prejudice against and denial of gay people. "Gay widows" may have few social supports. The emphasis in gay culture on youth and perfect bodies may make life difficult for older gay men.

### **HIV/AIDS: Loss and Grief**

HIV/AIDS continues to be a major factor in gay male life. Almost every gay man has lost friends to AIDS. The grief and loss gay men feel and share are profound and may need to be addressed during substance abuse treatment.

### **Suggested Interventions**

- Some gay men may not have addressed their internalized bias against homosexuality. Some may have subtle self-esteem problems and not recognize that their substance use, poor selection of dates or

lovers, or lack of career ambition may be related to shame about being gay. Discuss self-acceptance with gay clients.

- Gay clients may need help exploring new social outlets that do not involve substances or developing skills that enable them to avoid substance use in their old social environments.
- Gay men with disabilities and substance use problems face barriers to accessing treatment. Become knowledgeable about community resources that offer help.

For more information, see *A Provider's Introduction*, pages 79–86.

## CLINICAL ISSUES WITH BISEXUAL CLIENTS

Counselors working with self-identified bisexuals need to assess their clients' sexual behavior and identity issues that may complicate substance abuse treatment. Bisexuality is a sexual orientation in and of itself, distinct from heterosexuality and homosexuality. Although some gay men and lesbians self-identify as bisexual during their coming out process, some individuals are bisexual.

### Myths About Bisexuals

- Bisexuals are confused or in denial about their sexual orientation or are not “fully formed” lesbians or gay men.
- They are afraid to be lesbian or gay because of social stigma and have succumbed to the social pressure to “pass” as straight.
- They have gotten “stuck” in the coming out process.
- They are hypersexual and will have sex with anyone.

### What Counselors Need To Know About Bisexual Clients

Studies have found that self-identified bisexuals evidenced, among other attributes, high self-esteem, high self-confidence, and a positive self-concept independent of social norms.

Bisexual identity may be formed early in one's life and remain intact across the lifetime (known as *continuous* bisexuality). Bisexuals may experience sexual attractions to same-sex or opposite-sex partners at different time during their lives (known as *sequential* bisexuality). Bisexuals may express sexual desire toward men and women at the same time (known as *concurrent* bisexuality).

Women, men, or transgender individuals who identify themselves as heterosexual may be sexually active with either same-sex or opposite-sex partners. Individuals who identify themselves as gay or lesbian may be sexually active with either same-sex or opposite-sex partners. People with transgender experiences may identify themselves as bisexual, because bisexuality (and sexual identity generally) is a separate phenomenon from gender identity.

### Counseling Strategies

Bisexuals' recovery from substance abuse is facilitated by empathic, nonjudgmental counselors who support clients—

- In becoming more self-accepting;
- In healing from the shame caused by heterosexism and internalized bias against bisexuality; and
- By referring them to mutual-help meetings where they feel comfortable and that meet their needs.

For more information, see *A Provider's Introduction*, pages 87–90.

## **CLINICAL ISSUES WITH TRANSGENDER INDIVIDUALS**

Transgender people are frequently seen as “abnormal” or having a disorder and sometimes seek escape through substance use. The little research on substance abuse in the transgender community suggests high prevalence rates. Substance use also plays a significant role in the high HIV prevalence rate in male-to-female (MTF) transgender individuals.

Many transgender people have internalized cultural prejudices and self-loathing. Transgender individuals may experience discrimination, harassment, or violence that has a negative effect on the person’s mental health. Inability to find a substance abuse treatment provider who can empathize with transgender people or is knowledgeable about these issues is a barrier to treatment.

### **Clinical Issues in Substance Abuse Treatment With Transgender Individuals**

Many transgender people have had negative experiences with institutions, including those that provide health care. They may distrust professionals and treatment recommendations. Therefore, their concerns must be met with sensitivity and respect. It is extremely important that individuals presenting for treatment be allowed to self-identify their gender whenever possible.

Questions about whether someone is a transgender individual should be asked privately and respectfully, and counselors should not assume that gender issues are the cause of substance use problems. A sensitive, nonjudgmental environment facilitates work with transgender clients, especially in inpatient settings. (The difficulties with inpatient treatment and the placement of transsexuals who have not or will not undergo gender reassignment surgery also extend to housing and homeless shelters.)

Hormone therapy is an often overlooked clinical issue. Many transgender clients are on estrogen or testosterone therapies. Clients should not be made to choose between hormones and substance abuse treatment. Both clinicians and clients should be aware that hormone therapies can affect mood. Many risks are associated with taking or injecting “street” or “black market” hormones.

Relapse triggers or significant clinical issues for transgender clients include the following:

- Injecting testosterone; using needles may be a relapse trigger;
- Using the discrimination they encounter in the homeless services system to justify reengaging with others who are not a positive recovery influence;
- Inability to become gainfully employed because they are transgender;
- Lack of formal education or job skills because they were forced to leave school or home;
- Being denied sex reassignment surgery because of positive HIV status;
- Lack of abstinent social supports and positive role models;
- Issues of sexual orientation as well as gender identity; and
- Stress resulting from the invisibility and the dissonance caused by “passing.”

### **Counselor Do’s and Don’ts**

- Do use the proper pronouns based on the client’s self-identity when talking to/about transgender individuals. Don’t call someone who identifies as a female “he” or “him” or call someone who identifies as male “she” or “her.”
- Do get clinical supervision if you have feelings about or are uncomfortable working with transgender individuals. Don’t project your negative feelings onto the client or make disparaging comments to other staff members or clients.
- Do allow transgender clients to continue using prescribed hormones and advocate that those using “street” hormones get immediate medical care and prescribed hormones. Don’t make the client choose between hormones and treatment and recovery.

- Do undergo training as needed on transgender issues. Don't make the transgender client educate the counselor.
- Do find out the sexual orientation of all clients. Don't assume transgender women are lesbians or transgender men are gay.
- Do allow transgender clients to use bathrooms and showers based on their gender self-identities and gender roles.
- Do require all clients and staff members to create and maintain a safe environment for all transgender clients and post a nondiscrimination policy that includes sexual orientation and gender identity. Don't allow staff members or clients to make damaging comments or put transgender clients at risk for abuse or harassment.

*For more information, see A Provider's Introduction, pages 91–98.*

## **CLINICAL ISSUES WITH LGBT YOUTH**

LGBT youth use substances for many of the same reasons as their heterosexual peers:

- To experiment and assert independence;
- To relieve tension;
- To increase feelings of self-esteem and adequacy; and
- To self-medicate for underlying depression or other mood disorders.

But LGBT youth may also use substances to deal with stigma and shame, deny same-sex feelings, and help them cope with ridicule or antigay violence.

### **Stigma, Identity, and Risk**

From early ages, children are exposed to negative stereotypes about homosexuality. They learn to hide same-sex feelings. As they begin to think they might be gay, they may feel conflict, identity confusion, or self-hate. Adolescents may repress, deny, or attempt to change these feelings by—

- Engaging in heterosexual activity;
- Using alcohol and drugs;
- Dating the opposite sex;
- Fathering a child or becoming pregnant; or
- Immersing themselves in sports or school activities.

LGBT youth of color face additional stresses and challenges in integrating their sexual, racial, and ethnic identities. They interact with three communities—their ethnic or cultural community, LGBT communities, and mainstream culture—none of which provides support for all aspects of their identities. Many youth of color hide their sexual orientation, and depression and suicide risk appear to be high for many of them.

For youth who choose to come out or are found out, coping with a hostile environment is very stressful. Youth who are openly or stereotypically gay and LGBT youth of color are more likely to be victims. Anecdotal evidence suggests that transgender youth may be at greatest risk.

Although coming out to peers and adults may reinforce adolescents' comfort with their sexual identity, it greatly increases their risk for violence or harassment, even by family members. A history of abuse or neglect or underlying emotional disorders places the youth at greater risk for substance use.

### **Abuse and Homelessness**

Some LGBT youth run away and become homeless because of harassment and abuse or rejection from family members or peers. Homeless LGBT youth—

- Are at high risk of exploitation;
- May engage in survival sex (exchanging sex for food, drugs, or shelter), drug dealing, or other illicit activities; and
- Have many health and social problems.

### **Assessment and Treatment**

Assessment and treatment should address the adolescent's—

- Social environment;
- Sexual identity development;
- Stage of coming out;
- Gender identity;
- Support network;
- Effect of multiple identities (such as gender, ethnic, and cultural);
- Level of disclosure about sexuality; and
- Knowledge and use of safe sex practices.

Providing safety and support is essential to treat substance abuse in LGBT youth. Appropriate drug treatment and continuing care programs for LGBT youth are rare, and these young people may be harmed by programs lacking appropriate content or experience working with this population.

*For more information, see A Provider's Introduction, pages 99–103.*

### **RELATED HEALTH ISSUES FOR LGBT CLIENTS WHO USE SUBSTANCES**

Once a client begins to address a substance use problem, he or she also may need to face a variety of additional health problems, some of which may result from poor self-care. Health assessments and interventions for LGBT clients include the same components as those for other clients as well as some additional ones. All clients who abuse substances should be screened for—

- Co-occurring mental disorders;
- Poor nutrition;
- Poor dental care;
- Liver disease;
- HIV/AIDS and other sexually-transmitted diseases (STDs); and
- Experiencing violence, sexual abuse, or incest.

### **Health Issues for Lesbian and Bisexual Women**

- Women with alcoholism tend to have high rates of liver disease and osteoporosis.
- Because most lesbians have had heterosexual intercourse, they need to be screened for pregnancy and STDs and receive Pap tests.
- Although female-to-female transmission of HIV is extremely rare, some STDs, such as human papilloma virus (HPV), as well as bacterial vaginosis and trichomoniasis, can be transmitted among women.
- Lesbian and bisexual women who inject drugs are at high risk for hepatitis B, hepatitis C, and HIV/AIDS and should be screened for these diseases.
- Negative experiences with healthcare providers and lack of provider knowledge about lesbian issues may be barriers to lesbians' receiving proper care.
- Lesbians may have an increased risk of cancers of the breast, colon, and ovaries; endometriosis; and bacterial vaginitis.

### **Health Issues for Gay and Bisexual Men**

- Gay and bisexual men who have multiple partners are more likely to have HIV/AIDS and other STDs; substance use disinhibits sexual risk taking.
- Because gay men are at higher risk for hepatitis A and B through sexual contact, they should be screened for both and receive vaccinations if necessary. They should also be screened for hepatitis C.
- As is true for all men, cancer and heart disease are the most significant causes of death and morbidity for gay and bisexual men; men should be counseled to receive appropriate preventive care and regular medical screening.

### **Health Issues for Transgender Individuals**

Transgender individuals have particular health concerns, including—

- High rates of HIV prevalence, particularly among MTFs;
- Risks associated with hormones (e.g., liver damage), which are aggravated by the effects of alcohol and drugs; and
- In female-to-male (FTM) transgender individuals, attendant risks of needle use for testosterone injection.

### **Common Mental Health Issues for LGBT Clients**

In addition to managing the range of mental disorders that heterosexuals who use substances may contend with, LGBT clients have added stressors that may affect mental health status, including—

- The struggle to consolidate sexual or gender identity;
- Inner conflicts about coming out to family and friends; and
- Fear of stigma, prejudice, or violence.

Clients who are not out and are uncomfortable with their identities may need to work through this issue in substance abuse treatment; the treatment provider may inadvertently give inappropriate counseling and increase the client's risk of relapse.

### **Steps To Help Clients Access Medical Care**

- Ensure that the client knows the importance of medical evaluation and treatment for any health conditions.
- Develop partnerships with LGBT-sensitive primary care physicians and clinicians, therapists, and psychiatrists.
- Help LGBT clients be more comfortable in disclosing their sexual identity.

### **Interpersonal Violence in the LGBT Community**

Interpersonal violence is—

- The use of verbal, psychological, sexual, or physical force by one intimate partner to control another;
- Linked to substance abuse; and
- Occurs at about the same rate in same-sex relationships as in heterosexual relationships.

### **Assessing Clients for Interpersonal Violence**

LGBT clients in substance abuse treatment should be screened to identify both batterers and survivors of interpersonal violence. The skills used in assessing substance abuse are useful for assessing interpersonal violence, regardless of the client's sexual orientation. A counselor is likely to encounter the same defensive strategies (e.g., denial, defensiveness, blame).

Indicators of interpersonal violence include—

- Visible presence or history of many physical injuries;
- Inconsistent or evasive answers to questions about injuries;
- A history of relapse or noncompliance with substance abuse treatment strategies; and
- Stress-related conditions and illnesses.

Treatment providers should gather information about the client's partner. Interpersonal violence may be occurring if the client states that the partner—

- Tries to isolate him or her socially;
- Tries to prevent him or her from attending treatment or mutual-help programs;
- Threatens to abandon him or her; and/or
- Damages property.

When interviewing clients about interpersonal violence, counselors should—

- Ask questions in an affirming and culturally sensitive manner and include questions that reflect sensitivity to LGBT concerns;
- Refrain from asking potentially difficult questions too early in treatment, before sufficient rapport has been established; and
- Interview clients in private (even if the client requests the presence of another person who is not the batterer).

When screening potential batterers, counselors should do the following:

- Start by using the technique of circumstantial violence, which involves using a third-person example so as not to personalize the question and make the client defensive. For example, "Some people think that under the right circumstances, it's okay to hit your partner. Under what conditions do you think violence might be justified?"
- Then ask more personal questions about self-control: "If you were confronted with overwhelming stress, do you think you could keep your cool?"
- Gradually, ask specific questions about the relationship: "Have you ever hurt your partner?"
- Avoid colluding with the client in the implication that substance abuse or stress causes interpersonal violence. For successful treatment outcomes, clients must take full responsibility for their behavior.

### ***Interventions for Interpersonal Violence***

If a client is either a batterer or survivor of interpersonal violence, he or she should be referred to a support group, to a batterer's intervention program, and for ongoing intervention with an expert in domestic violence treatment. The referral process depends on the situation. The counselor should do the following:

- If immediate danger is present, suspend the interview and call for security and the supervisor or administrator;
- Use deescalation methods and have established links with other treatment providers and the police;
- Be aware of available resources with expertise in interpersonal violence and LGBT issues;
- Consider the victim's safety as well as the counselor's safety; and
- Be aware of the legal ramifications in the State and discuss the appropriate action with the clinical supervisor or clinic administrator.

Treatment for substance abuse and interpersonal violence should be concurrent.

*For more information, see A Provider's Introduction, pages 105–113.*



## COUNSELOR COMPETENCE IN TREATING LGBT CLIENTS

Counselors will encounter LGBT clients in all treatment settings: residential, intensive outpatient, outpatient, crisis intervention, and the criminal justice system. Counselors need to—

- Respect the client and his or her frame of reference;
- Recognize the importance of cooperation and collaboration;
- Maintain professional objectivity;
- Recognize the need for flexibility and adjust strategies in accordance with client characteristics;
- Appreciate the role and power of a counselor as a group facilitator; and
- Be nonjudgmental and respect the client.

A counselor is responsible for self-monitoring, obtaining proper supervision, and adhering to professional and ethical standards.

Counselors should self-monitor for countertransference—the process of seeing themselves in their clients, overidentifying with their clients, meeting their personal needs through their clients, or reacting to a client because of unresolved personal conflicts.

Supervision helps counselors process experiences with LGBT clients that may cause problems, be challenging, or create anxiety that can interfere with the counseling process.

### Helping Clients Heal

Counselors who want to help their clients heal from prejudice against and hostility toward LGBT individuals may find the following helpful:

- Encourage a discussion of how the client hid his or her LGBT feelings from others;
- Explore the emotional costs of hiding and denying one's sexuality;
- Discuss attempts the client has made to fit in;
- Examine negative feelings of self-blame, shame, or feeling “bad” or “sick”;
- Support the client's efforts to accept and speak up about who he or she is;
- Help clients manage anger constructively rather than direct it toward themselves;
- Help clients understand that anger and a negative self-image are the result of cultural victimization, not a personal defect;
- Shift clients' perspective by drawing parallels to the process of recovery from physical or sexual abuse—recognizing that they have suffered; and
- Ensure that the treatment environment fosters behavior by staff members and other clients that is not hostile to LGBT individuals.

Reclaiming personal power involves helping clients—

- Improve their self-concept and self-confidence;
- Identify internalized negative messages that result from cultural victimization and hostility to LGBT individuals;
- Change negative inner messages to positive inner statements about themselves;
- Find positive, affirming expressions of spirituality to combat negative messages about their morality;
- Recognize residual shame and a victim mentality and begin to release them;
- Integrate public and private identities; and
- Build a support network of individuals who accept and value them for who they are.

**Do's**

- Do create safety for LGBT clients by stating clearly what can be held in confidence and what must be shared with other colleagues, assuring clients with a supportive attitude and protecting them from harassment by or negative attitudes of other clients or staff members.
- Do become familiar with LGBT culture, values, diversity, and resources.
- Do create a supportive atmosphere by using inclusive language on all forms and in all oral exchanges. (For example, instead of asking about marital status, ask about partners or significant others.) Hang pictures and posters of known LGBT people; have books about LGBT subjects in waiting rooms; post lists of LGBT-friendly AA/NA/Al-Anon meetings.
- Do acknowledge clients' significant others and encourage their participation in treatment.
- Do be guided by LGBT clients. Listen to what they say is comfortable for them, and support them in making decisions about coming out, self-disclosing, or accepting their identity.
- Do get training to increase knowledge and understanding of LGBT clients.

**Don'ts**

- Don't label clients: It is the client's right to label himself or herself.
- Don't pressure clients to come out. Respect their sense of where they are in this process.
- Don't ignore significant others or important family-of-origin or family-of-choice members.
- Don't interpret on behalf of the client by saying "It must be hard being a lesbian" or "You must be angry because your parents don't accept you." Follow the client's lead.

**Treating LGBT Clients in the Criminal Justice System**

- In the correctional setting, negative attitudes about LGBT people and lifestyle are even more prevalent than in society in general. The LGBT offender's sexuality, if known, may be considered an attribute of his or her criminality. This is an issue that should be processed appropriately in treatment.
- Security of treatment documentation and records is important.
- A history of sexual assault, family-of-origin issues, and unresolved grief are prevalent in incarcerated LGBT clients. Because of the environment, clients may have trouble bonding with other LGBT inmates. These clients usually present with profound feelings of isolation, fear, depression, and anxiety and have difficulty trusting others.
- Most correctional facilities endorse 12-Step groups but LGBT-specific 12-Step programs generally are not available.
- Before an LGBT client's release, his or her counselor may be the only professional who can provide the specific referrals he or she needs for community reentry.

*For more information, see A Provider's Introduction, pages 115–121.*

## Ordering Information

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

#### **Related Product**

*Quick Guide for Administrators*

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

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#### **SAMHSA/CSAT products that are relevant to this Quick Guide:**

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**TIP 37:** *Substance Abuse Treatment for Persons With HIV/AIDS* (2000) (BKD359)

**TIP 47:** *Substance Abuse: Clinical Issues in Intensive Outpatient Treatment* (2006) (BKD551)

**Easy Ways to Obtain Free Copies  
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