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The Need for Specialized Programs for LGBT Individuals in Substance Abuse Treatment

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by

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Specialized substance abuse treatment programs for lesbian, gay, bisexual and transgender (LGBT) individuals are limited. Specialized treatment programs offer unique and tailored services to 'special populations' in order to provide effective treatment. The services offered in these programs are proven to be especially helpful and effective for LGBT individuals. Many researchers have suggested that LGBT-Specific substance abuse programs have better treatment outcomes for LGBT individuals than mainstream treatment programs. LGBT individuals have been said to have much higher rates of substance abuse than their heterosexual counterparts. They also face discrimination, prejudice, negative attitudes and behavior, and unique life experiences that differ from the majority populous which lead to their unique needs in substance abuse treatment.

TABLE OF CONTENTS

CHAPTER 1

INTRODUCTION

"Special populations" such as women, adolescents, ethnic minorities and Lesbian, Gay, Bisexual, and Transgender (LGBT) face obstacles and life experiences that require special attention in treatment. They face discrimination, prejudice, negative attitudes and behavior, and unique life experiences that differ from the majority populous. These "special populations" have specific needs that cannot necessarily be met by the treatment programs that are intended to serve the majority population. Tailored programs for unique populations may offer key services that are not always offered in the majority of treatment programs. For example, a key service for a treatment program that is geared toward women may include child care.

None of the "special populations" have more significant involvement with substance abuse and dependence rates than the LGBT population. Several studies have estimated that substance abuse affects 28-35% of the LGBT population (Cabaj, 2000). It is also estimated that substance abuse affects 10-12% of the general population (Cabaj, 2000). Questions have been raised regarding the validity of these studies and how data was collected for these studies. Society's negative view on homosexuality contributes to a lack of research and an overall lack of representative samples of the LGBT population. Many studies done on substance abuse in the LGBT community used samples from the gay bar scene from which to collect their data. This can lead to misleading results due to the samples being unrepresentative of the population

(Cabaj, 2000). McCabe (2009) argues that sexual orientation includes behavioral, affective and cognitive dimensions. McCabe (2009) found that few studies on substance use among sexual minorities assessed any other dimensions except for behavioral. Some studies have included individuals that have had only one sexual experience with someone of the same sex in their studies (Talley, Sher & Littlefield, 2010). When only the behavioral dimension is used to determine an individual as gay, lesbian or bisexual, these studies are overlooking people as well as including people in their studies that do not necessarily identify as a sexual minority.

Special consideration should be given to the factors influencing substance use among LGBT individuals. These factors need to be addressed in counseling in order for the counselor as well as the individual to understand their substance abuse issues. Though there are very few studies that address treatment outcomes of specialized substance abuse programs for the LGBT community, some research suggests that specialized treatment for LGBT individuals with substance abuse problems leads to better outcomes and abstinence from drug and alcohol use. If substance abuse is indeed more prevalent in the LGBT community than in the general population, why are there so few treatment programs specifically for the LGBT community? In a field that should emphasize cultural differences among all individuals of minority status, there are not enough resources available to the LGBT population or enough research done to help educate counselors on the important differences among those in the LGBT

community and how these differences affect their treatment when it comes to substance abuse.

Background of the Problem

Negative Societal Attitudes and Behaviors

An area of concern with the LGBT community are negative societal attitudes which lead to the lack of civil rights including marriage, same sex partners being covered on one's insurance benefits, the right for same sex partners to adopt children, and the effect this lack of rights has on LGBT individuals. The lack of civil rights for the LGBT population is a blatant sign of societal discrimination. "The role of shame and oppression exists as a daily reality in the lives of LGB persons as personified by legal bans on same-sex marriages, hate crimes committed against LGB individuals often with little recourse, lack of protection for gay parents, family and social rejection, and many other occurrences" (Brubaker, Garrett & Dew, 2009, p.64). Many researchers have discussed how the negative views of homosexuality in society may lead LGBT individuals to substance abuse (Brubaker, Garret & Dew, 2009; Cochran, Peavy & Cauce, 2007; Weber, 2008; Senreich, 2009a; Gillespie, 2009; Hicks, 2000, Cabaj, 2000).

Heterosexism is defined by Cochran, Peavy & Cauce (2007) as, "the assumption that opposite-sex relationships are the only acceptable expression of romantic love" (p. 183). The closely related concept of internalized heterosexism is discussed at length in the article by Brubaker, Garrett & Dew (2009). The authors explore the relationship between internalized heterosexism and

substance abuse in the LGBT population. Internalized heterosexism is described by Brubaker, Garrett & Dew (2009) as, “negative societal messages about lesbian, gay, and bisexual persons are internalized and negative beliefs and values are accepted as a part of their self-image” (p. 63). This may put LGBT individuals at higher risk for substance use in order to deal with the negative views on sexual minorities that have been ingrained in them by society and the way they see themselves in turn. These negative feelings about homosexuality can lead to stress and anxiety within the individual, which may be suppressed by using drugs and alcohol. This can happen often during the time when someone is struggling with ‘coming out’ to their friends and family. During this time, self-acceptance is crucial, and can be a very difficult thing to accomplish. Cochran, Peavy, & Cauce (2007), suggest that “shame mediates the process of societal stigma, or homophobia, becoming internalized and thereby further negatively impacting the LGBT individual” (p.183).

The coming out process is often a difficult time for LGBT individuals due to societal homophobia and religious beliefs about homosexuality. Often times, it is during the coming out process that individuals struggle with self-acceptance, experience depression, and may turn to drugs and/or alcohol to cope with their sexuality and being accepted by their friends and family. Coming out is an experience unique to the LGBT community. Self-acceptance is seen as a crucial part of the treatment and recovery process for LGBT individuals (Hicks, 2000).

Growing up in a society that places great value on heterosexuality can affect how a person feels about themselves when discovering their sexual

desires are not what society thinks they should be. Weber (2008) refers to the term “minority stress” for the homosexual community and the issues they face that are much different than the general population. This is physical and emotional stress related to the experiences of a sexual minority (Weber, 2008).

Socializing

Another proposed cause for the high rates of substance abuse in the LGBT population is the lack of safe places to socialize outside of gay bars (Hicks, 2000). For most LGBT individuals, bars may be the only place they feel comfortable socializing with other LGBT individuals without fear of discrimination, judgment or even fear of violence toward them for their sexuality (Cheng, 2003). With alcohol and drugs being readily available to them in this environment, they are at higher risk to abuse or even become dependent on these substances.

Discrimination in Treatment

Discrimination against the LGBT population is prevalent in our society. The extreme discrimination from society could make for very uncomfortable situations in residential treatment that can have negative effects on an individual’s recovery. A concern for the LGBT population in residential substance abuse treatment is residential treatment attitudes. An example of this is accounted for in an article by Lombardi (2007) which studied experiences of transgender individuals in residential treatment. Lombardi (2007) includes information from The Transgender Substance Abuse Treatment Policy Group of the San Francisco Lesbian, Gay, Bisexual, Transgender Substance Abuse Task Force which found transgender individuals reported the following experiences in

substance abuse treatment: " (1) verbal and physical abuse by other clients and staff; (2) requirements that they wear only clothes judged to be appropriate for their biological gender; and (3) requirements that they shower and sleep in areas judged to be appropriate for their biological gender" (p. 39). How is a person supposed to recover from a substance use disorder when they are not allowed to be themselves? The same research stated that transgender individuals reported not being allowed, by both staff and clients, to discuss issues related to being transgender. These negative attitudes in treatment reflect the attitudes of society as a whole outside of treatment.

Outcomes of substance use treatment can rely on how the counselor perceives the person in treatment. Cochran, Peavy & Cauce (2007), suggest that negative attitudes toward the LGBT community "operates as a persistent and oppressive stressor, predicting poor mental health outcomes such as depression, demoralization, guilt, and suicidal ideation in those who feel stigmatized" (p.183) The same researchers state, "Even if treatment providers have good intentions and attempt to provide optimal treatment for all of their clients, the possibility remains that subtle biases against LGBT clients may influence the treatment process" (p.183). In one study, it was shown that most negative attitudes held about the LGBT population were directed toward bisexual and transgendered individuals (Cochran, Peavy & Cauce, 2007).

Limited Research

The least amount of research and information is available on bisexual and transgendered indivudals. There is little to no information about substance

abuse in the transgender population. SAMHSA (2001) cites statistics for HIV prevalence and substance abuse in the transgender population in their published provider's manual for substance abuse treatment for LGBT individuals. SAMHSA (2001) reports that lifetime rates of intravenous drug use among male-to-female (MTF) transgender individuals is 34% according to a study conducted by the San Francisco Department of Public Health AIDS Office. The same study reported lifetime intravenous drug use among female-to-male transgender individuals as 18%. Those who regard themselves as bisexual are often included in either the lesbian or gay category for research. There are very few studies that separate bisexual from the gay or lesbian population for research purposes. These two groups may be the most stigmatized against for the very reason that little is known or understood about them.

Those who identify as bisexual may have varying views on what bisexuality means to them, which further complicates having separate categories for bisexual individuals in research studies. Bisexuality is discussed in *A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay Bisexual and Transgender Individuals* published by SAMHSA (2001). There is a continuum of bisexuality which includes continuous, sequential, and concurrent bisexuality. Continuous bisexuality is when an individual's bisexual identity is formed early in life and remains intact throughout the individual's life (SAMHSA, 2001). Sequential bisexuality is experienced as "sexual attractions to same-sex or opposite-sex partners at different times during their lives" (SAMHSA, 2001, p.

89). Concurrent bisexuality is defined as the expression of "sexual desire toward men and women at the same time" (SAMHSA, 2001, p. 89).

Due to the lack of available and recent research on specialized treatment for sexual minorities, some of the articles reviewed in this paper were published earlier than the last five years. Even the most recent articles and studies published in the last year reference literature published ten years ago or more because of the limited amount of research that has been done on the topic. There are several possible reasons for the lack of research and studies on specialized programs. One possible reason is the difficulty of finding people willing to identify themselves as a sexual minority due to societal discrimination and stigma. Being doubly stigmatized as a sexual minority and a person with an addiction makes it even more difficult to find participants for research studies.

Culture

A factor to be considered with the LGBT population or in counseling in general, is the culture of the individual seeking counseling. Attitudes toward homosexuality vary according to culture. A person who is both an ethnic minority and sexual minority will surely have a much different experience than a person who is homosexual does not have cultural minority background. Also, different cultures hold different views on homosexuality. The way a culture views homosexuality can affect whether the individual "comes out" to friends and family, which is a stressful period in a person's life. One may feel they have to hide their sexual orientation in order to be accepted by society. Members of the gay community experience discrimination differently than those who are

members of ethnic cultures (SAMHSA, 2001). Members of ethnic cultures can escape discrimination and have support from their family and community. This may not always be the case for members of the gay community. LGBT individuals may face discrimination from their own families who disapprove of their sexual orientation and lifestyle.

Statement of the Problem

This research paper will address the need for specialized treatment for LGBT individuals in treatment for substance abuse/dependence. The overall lack of research in this area proves a need for a review of the available literature. The literature shows a need for specialized treatment due to the unique needs of special populations. The issue is the unavailability of specialized treatment for those who would benefit from it. Most of the specialized programs in the United States are located in New York and California which make it difficult for those who live in less highly populated areas to find available programs that meet their needs in their geographic location.

Culture is an important factor to be considered in recovery. Cross-cultural counseling and education has become a key component of the curriculum in the Rehabilitation Counseling field. There is a need for more specific training in the needs of special populations, such as LGBT individuals. Counselor's need to better understand the unique needs of special populations in order to better meet their needs in counseling. Recovery from substance abuse and dependence is a multi-dimensional process that incorporates behavioral therapy and self-

acceptance. An individual's culture and background are crucial in self-acceptance and finding the root of the individual's problem.

Purpose and Objectives

LGBT- specific treatment services are defined by Cochran, Peavy & Robohm (2007) as, "treatment programs that have demonstrated adequate cultural sensitivity to the specific treatment needs and concerns of LGBT clients" (p. 169).

Using this definition as a guide, this paper will:

(1) Thoroughly review and analyze the literature available on the topic of substance abuse in the LGBT community;

(2) Determine whether specialized programs are needed in order for the LGBT population to receive effective treatment;

(3) Examine societal views of the LGBT population;

(4) Examine any specialized programs that are available to the LGBT population;

(5) Substantiate the argument that there are an inadequate number of specific services tailored to LGBT individuals in substance abuse treatment.

The available research on specialized treatment programs for the LGBT population will be reviewed and outcomes will be analyzed in order to support the need for and the overall effectiveness of these programs. The studies and literature express a need for specialized programs in order to meet the needs of LGBT individuals in substance abuse treatment.

CHAPTER 2

LITERATURE REVIEW

In this chapter, research on the availability of specialized LGBT treatment programs, literature on treatment outcomes for LGBT specific treatment, studies on experiences in specialized treatment programs, and literature on interventions and training for the LGBT population as well as ethnic minority populations will be discussed. Though research on the effectiveness of specialized treatment programs for LGBT is limited, there are studies and literature which discuss the effectiveness of counseling geared toward ethnic minorities as well as gender-specific treatment programs. Studies on gender specific treatment programs and outcomes will be reviewed in this section.

Specialized Treatment

Specialized programs may better meet the needs of LGBT individuals in substance abuse treatment. Some studies show higher rates of completion and abstinence for those individuals who attend an agency that offers specialized programs or groups for LGBT individuals. LGBT individuals have unique life experiences and are an at-risk population for substance abuse disorders. Specialized programs addressed these unique experiences and risk factors in the recovery of LGBT individuals.

A study on the availability of specialized programs for LGBT individuals was conducted by Cochran, Peavy, and Robohm (2007). The authors looked at the National Survey of Substance Abuse Treatment Services (NSSATS), which is conducted by the Substance Abuse and Mental Health Services Administration

(SAMHSA), to find all of the treatment programs that claimed to offer "specialized programs/groups" for the LGBT population. In November of 2003, the database indicated there were 7,691 substance user treatment programs in the U.S. Of the 7,691 programs, 911 (11.8%) agencies claimed to offer specialized groups or programs for lesbians and gays. Over the course of a year, data was collected from a total sample of 854 agencies. The responses of the agencies fell into four categories: Offered LGBT specific services; Offered service in the past; Do not discriminate; and 'Accepting' of LGBT clients. Of the 854 agencies in the study that indicated offering LGBT-specific services, 605 (70.8%) of the agencies did not offer such services. The authors noted several common themes in the research of the agencies was that though they did not offer LGBT-specific programs, they stated they did not discriminate against the LGBT population or that they were accepting of LGBT individuals.

A total of 62 (7.3%) of the 854 agencies surveyed, indicated that they offered LGBT-specific programs. The 62 programs represented 23 different states, with half of the programs being located in New York and California. Thirteen (20.6%) of these agencies served the LGBT community exclusively. Forty-nine percent of the agencies (N=31) indicated that they offered groups specific to gay men or lesbian women. Nineteen percent of the agencies surveyed (N=12) reported having a counselor specifically trained in LGBT issues. Seven agencies (11.1%) reported offering both specialized groups *and* having specifically trained counselors. The authors found that of the total number of substance use treatment programs in the U.S (N=7,691), only 32 programs

(0.4%) offered LGBT-specific services that were *not* located in New York or California (Cochran, Peavy, & Cauce, 2007).

Cochran, Peavy, & Cauce, (2007), stated that their study raised several issues for LGBT individuals seeking substance abuse treatment. Besides the obvious issue of the apparent limited availability of LGBT-specific services, another issue was questions that were raised regarding the agencies that claimed not to discriminate against the LGBT population and those who stated that they were 'accepting' of LGBT individuals in their programs. The authors proposed several significant questions, including: "Do they have non-discrimination on the basis of sexual orientation in their agency policies? Have their providers received training on LGBT issues and concerns? Have the special treatment needs of LGBT clients been discussed, such as addressing social isolation issues with this population? Do they know that their clients feel safe "coming out" to their treatment providers? Do they know enough to be sensitive to these issues" (Cochran, Peavy, & Cauce, 2007, p. 168)?

Some authors discuss how LGBT individuals may be deterred from specialized treatment programs due to societal stigma of both sexual minorities as well as the stigma of having a substance abuse or dependence disorder. Cochran, Peavy, & Robohm (2007) state, "It is possible that some LGBT individuals will avoid seeking treatment from an "LGBT" substance user treatment program for fear of being doubly stigmatized" (p.170). Not only will the individual be stigmatized because of their substance abuse problem, but also possibly because of their sexuality. Gay and lesbian individuals may be wary to

seek treatment for their problem because of fear of being discriminated against for their sexuality in the rehabilitation environment.

Some of the most recent research on substance abuse treatment outcomes for the LGBT population is done by Evan Senreich. Senreich (2010a) found that those who were in treatment with a specialized program for LGBT individuals had much higher rates of abstinence once they completed the program than those LGBT clients who were not in a specialized treatment for LGBT individuals. In a different study, Senreich (2009a) found that 57% of the gay and bisexual participants in their particular study said that they thought their sexual orientation had negatively affected their treatment experience.

Senreich (2010c) also focused on differences in an individual's cultural background and treatment issues. Senreich (2010c) found differences in the type of substance the client used according to race. He found that the white participants were more likely to have used amphetamines, pain killers, tranquilizers and sedatives than the non-white participants. This study also found that the white and Hispanic participants more often reported being prescribed psychiatric medications for depression as did the African American participants (Senreich, 2010c). Senreich (2010c) hypothesized that this difference is due to African Americans having less access to psychiatric treatment resources as well as negative beliefs about using psychiatric medications in their culture. It is also important to note that the Hispanic participants were found to be less likely to be "out" to friends and family in their same culture.

Continuing to examine specialized treatment options, Senreich (2010c) found that those who were in treatment with a specialized program for LGBT individuals had much higher rates of abstinence once they completed the program than those LGBT clients who were not in a specialized treatment for LGBT individuals (Senreich, 2010c). The same researcher also found that gay and bisexual men were less likely to complete their treatment programs than heterosexual men and were more likely to have left treatment reportedly because their needs were not being met (Senreich, 2009a).

"The Importance of Specialized Treatment Programs for Lesbian and Gay Patients" (Hicks, 2000) highlights the unique issues faced by LGBT individuals that are often overlooked in mainstream treatment programs. The Lambda Center in Washington, DC, is a specialized treatment program for LGBT individuals with a dual diagnosis and offers inpatient, partial hospitalization and intensive outpatient services (Hicks, 2000). The Lambda Center is a partnership between the Psychiatric Institute of Washington, DC and the Whitman Walker Clinic which is one of the nation's largest health clinics for the LGBT community. The staff at the Lambda Center is specially trained and educated about LGBT issues such as discrimination, HIV treatment, grief and loss, gay families and political advocacy (Hicks, 2000).

The program offers psychoeducational groups which focus on topics of HIV, safe sex practices, depression, medication, grief and loss, anger management and stress reduction (Hicks, 2000). The staff is made up of both homosexual and heterosexual individuals, who are all gay-affirmative and who

have different educational backgrounds including social workers, nurses, pastoral counselors, psychiatrists and addiction counselors. The Lambda Center provides educational courses for other providers in the community to educate them on transgender issues, trauma survivors, gay and lesbian youth and substance abuse in the LGBT population (Hicks, 2000). Hicks (2000) argues that the complicated factors involved with this special population are sometimes overlooked in treatment programs treating the general population. Hicks (2000) discusses several risk-factors for substance abuse that are unique to the LGBT community. Some of these risk-factors include bars being the primary outlet for socialization in the gay community, religious and/or social upbringing that condemns homosexuality, shame and guilt about their sexuality, and social homophobia (Hicks, 2000).

Senreich (2010a) researched how helpful LGBT program components were for gay and bisexual men in substance abuse treatment. A sample of 187 participants answered a questionnaire about their treatment outcomes, perceptions of treatment and completion rates. Eighty-one of the participants were gay or bisexual men who had participated in a traditional treatment programs between 2000 and 2006. There were 51 gay or bisexual men who participated in specialized treatment programs, and 55 heterosexual men participating in the study. There were four variables in the perception of treatment including therapeutic support, honesty and openness, feelings of connection and satisfaction of treatment. Therapeutic support was described as the participant's feelings of being accepted and understood by their counselor as

well as other clients in treatment (Senreich, 2010a). Honesty and openness was described as feeling safe or unsafe disclosing personal information (Senreich, 2010a). The participants' feeling of connection to the substance abuse program was also a variable in perception of treatment (Senreich, 2010a). Dependent variables were measured as: abstinence at the end of treatment; current abstinence; reason for leaving treatment; therapeutic support; honesty/openness; connection to the program; and satisfaction with treatment.

Bivariate and Multivariate analyses were conducted on the participant's answers to the questionnaire in order to determine whether factors other than sexual orientation or type of treatment were affecting the dependent variables (Senreich, 2010a). The results of the bivariate analyses showed significantly higher rates of current abstinence and abstinence at the end of treatment for heterosexual males in traditional treatment than the gay/bisexual males in traditional treatment programs (Senreich, 2010a). The results also show that heterosexual men in the study were more likely to have completed treatment than their gay/bisexual counterparts in traditional treatment programs (Senreich, 2010a). Senreich (2010a) found that gay/bisexual men in specialized treatment programs had more favorable results for almost every variable tested than gay/bisexual men in traditional treatment programs. Because no significant differences were found between heterosexual men and gay/bisexual men in specialized treatment for any of the variables in both the bivariate and multivariate analyses, the independent variables of being heterosexual and being gay/bisexual in traditional treatment were tested as predictors of the dependent

variables of being gay/bisexual in traditional treatment (Senreich, 2010a). The analyses showed that being heterosexual or gay/bisexual in specialized treatment were positive predictors of current abstinence. It also found that being heterosexual or gay/bisexual in traditional treatment programs were negative predictors of leaving treatment due to the participants needs not being met or discharged. These results support the idea that specialized treatment may have certain components or models of treatment that are more successful in positive outcomes for completing treatment and abstinence after treatment.

The same author did a different study on the differences in treatment outcomes, completion rates and perception of treatment among different racial groups. Senreich (2010c) discusses the different treatment needs for ethnic minority clients that also identify as LGBT. Authors have proposed that LGBT individuals that are from racial minority groups may need to address ways to enhance self-esteem in regard to their sexual identity as well as their racial identity (Senreich, 2010c). He argues that individuals that are from cultural minority backgrounds have a history of being oppressed by societal discrimination according to race without adding sexual orientation into the equation. It may be the case that their own cultural community has negative views of homosexuality and they cannot rely on community support as an escape from societal discrimination of their sexual orientation. In White cultural it may be more acceptable for an individual to be homosexual than it is in the African American community. It is more likely for African American and Hispanic men to identify as bisexual or heterosexual than homosexual due to the cultural

views on homosexuality among the African American culture and Hispanic culture. Senreich (2010c) states that nonwhite LGBT individuals may feel alienated during treatment by their heterosexual peers from their own ethnic group as well as from White LGBT clients in treatment. Senreich (2010c) suggests that programs include relapse prevention strategies that include ways of dealing with the conflict between individuals' identities as a nonwhite sexual minority.

A bivariate analysis of the data was conducted comparing White, Black and Hispanic participants' abstinence and completion rates. These three cohorts were then compared regarding the perception variables of *satisfaction with treatment, therapeutic support, honesty and openness, and connection*. Participants included both men and women that identified as gay, lesbian, bisexual and transgender. Participants in the study were not former clients of the same programs. The results of the study found no significant differences in abstinence rates and completion rates between White, Black and Hispanic LGBT clients. The results also showed significantly higher levels of satisfaction with treatment and connection to the program for Black and Hispanic clients than White clients. It is possible that these results were due to the fact that most of the participants were former clients in programs that had large minority populations, therefore the Black and Hispanic participants felt comfortable in the environment contributing to higher levels of connection to the program and higher levels of satisfaction (Senreich, 2010c.) Even though the study showed no significant differences in abstinence or completion rates between different

races, it is still imperative that racial minority LGBT individuals address issues relating to both minority identities. Senreich (2010c) noted that the same studies need to be done in other geographic locations in the United States.

Another concern is whether agencies that claim to offer specialized programs actually include key services in the treatment programs. Key services are specific services that have been shown to be a critical part of successful treatment for special populations. Olmstead & SIndelar (2004) conducted a study on the extent to which key services are offered in treatment programs for special populations. The authors used the 2000 National Survey of Substance Abuse Treatment Services to gather information on available services to special populations. Special populations included in this study were gays/lesbians, dually diagnosed, women, adolescents, and persons with HIV/AIDS (Olmstead & Sindelar, 2004). The study found that although agencies with special programs offered key services more frequently than those without special programs, that the key services were not being offered to the extent in which they are needed (Olmstead & Sindelar, 2004)

The authors found that the prevalence of key services differed by ownership status. Results showed that For-Profit (FP) agencies were significantly less likely to offer key services than Not-for-Profit (NFP) agencies (Olmstead & Sindelar, 2004). The authors suggest that these differences could be due to the clientele needs according to the program. It could be assumed that clients that go to a FP agency are more likely to have access to other places where they can access key services, have more money than those clients that

receive services from NFP agencies, and are more likely to have private insurance (Olmstead & Sindelar, 2004).

Olmstead & Sindelar (2004) found that according to their study, the needs of a substantial number of special population clients are not being met. They found that three of the four key services included in this study were offered in less than half of the facilities which claimed to offer special programs for gays and lesbians (Olmstead & Sindelar). The key services offered in specialized programs are shown to be critical for successful treatment and are included in best practice guidelines for these special populations.

LGBT Experiences in Treatment

Literature on the specific experiences of LGBT individuals have had in treatment programs is important in identifying the aspects that hinder recovery. Negative treatment experiences can lead to the avoidance of seeking help and prolonged substance use and end up causing more severe consequences. Discrimination against the LGBT population can make it difficult to access services for substance abuse treatment. Lombardi (2007) discusses the treatment experiences of transgender individuals in substance use treatment programs. The author supports the claim that negative experiences with transphobia influence substance use and seeking help for mental health and substance use among transgendered individuals (Lombardi, 2007). Lombardi (2007) defines transphobia as, **“**The prejudice and discrimination of transgender, transsexual, or other gender variant individuals” (p. 38). The stigma attached to being transgender and societal discrimination can affect the individual’s

participation in treatment and, in turn, their recovery. Lombardi (2007) states that transphobia is an issue that needs to be taken into account in a trans individual's recovery and addressed in treatment programs as well as included when developing the individual's treatment plan. The author collected data for this study from the National Institute on Drug Abuse (NIDA). Participants returned completed surveys, including 45 individuals that were assigned male at birth and 45 individuals that were assigned female at birth (Lombardi, 2007).

Results of the study showed that individuals who reported drug use in the last 30 days also reported higher levels of anxiety, depression and experience of transphobic events in the past year (Lombardi, 2007). Forty-three percent of participants reported feeling that they currently had a problem with drugs or alcohol. Those individuals also reported higher levels of anxiety, depression and discrimination in the past year (Lombardi, 2007). Surprisingly, participants reported experiencing more transphobic events from the treatment program staff than the other clients in treatment. Sixty percent of participants that were in treatment programs reported having to use facilities that were consistent with their biological sex regardless of their gender presentation (Lombardi, 2007). The results showed that only recent experiences of transphobic events had a statistically significant relationship to current substance use (Lombardi, 2007). Individuals that reported negative experiences in treatment with staff or clients reported higher rates of drug use in the last 30 days (Lombardi, 2007).

Several other studies have been done on the experiences of LGBT individuals in substance abuse treatment. In a study my Matthews & Selvidge

(2005), participants were asked questions about their perceptions of counselor's attitudes toward LGBT individuals. Fifty-eight Participants who self-identified as lesbian, gay or bisexual and were in recovery from substance dependence for at least one year were included in the sample. Participants completed two Likert scale questionnaires rating their counselor's affirmative behavior, once for their most successful treatment experience, and once for their least successful treatment experience (Matthews & Selvidge, 2005). Participants also completed a Likert scale questionnaire about the non-heterosexist organizational climate of the facility they attended in which they had the most successful experience as well as the facility where they had the least successful experience (Matthews & Selvidge, 2005). Results of this study showed that the perceived most successful treatment involved counselor behavior and organizational climate being the most affirmative. The study showed that counselors that identified themselves as LGB had higher reported rates of affirmative behaviors than the heterosexual counselors. Matthews & Selvidge (2005) suggest that there appears to be an association between affirmative treatment practices and more successful treatment.

Another study examined participants' perspectives on how important they felt it was for programs to include issues related to an individual's sexual orientation (Matthews, Lorah & Fenton, 2006). Ten participants (6 women and 4 men) who self-identified as either lesbian, gay or bisexual and had been in recovery from drug or alcohol dependence for one year, were included in semi-structured phone interviews. The authors state that ten themes emerged from

the interviews. These themes included gay and lesbian issues addressed in treatment, the value of specialized programs/groups, role models, the role of shame, self-acceptance, boundary issues, and suicidal ideation to name a few. All of the participants reported believing that their sexual orientation had some interaction with their addiction (Matthews et al., 2006). Participants also discussed the role of shame and self-acceptance as helpful factors to be addressed in treatment. The authors suggest that it is the role of the counselor to help LGBT individuals in substance abuse treatment to access resources in the gay and lesbian community such as AA meetings specifically for the LGBT community, and to have knowledge of other resources within the community that may be helpful in their recovery (Matthew et al., 2006).

Looking at counseling experiences in general among the LGBT population, Israel, Gorcheva, Burnes, and Walther (2008) interviewed 42 individuals that identified as LGBT. The participants were interviewed about their experiences in therapy and what they considered to be the most helpful and least helpful situations in their counseling experience. The participants answered questions regarding the services, the counseling process, the counselor they worked with, as well as characteristics about themselves (Israel et al., 2008). Each participant was asked to recall one helpful situation in therapy and one unhelpful situation. Thirty three percent of participants described therapist warmth, respect, trustworthiness, and confidentiality, caring and listening as being the most important for helpful therapeutic situations (Israel et al., 2008). Nearly 29% of participants also described helpful situations

including therapist's being knowledgeable, helpful and affirming of the client's sexual orientation (Israel et al., 2008). Some of the unhelpful experiences in therapy were characterized by therapists' judgmental attitudes including negative bias of the client's sexual orientation. Twenty one percent of the unhelpful situations described in this study were characterized by negative reactions to clients' sexual orientation (Israel et al., 2008). The result of this study show the unique perspectives of LGBT individuals in counseling and highlight the need for counselor's to have specific training in dealing with gender identity issues and interventions that are tailored to issues common for LGBT individuals (i.e., coming out) (Israel et al., 2008).

Some research suggests that LGBT individuals may feel more comfortable with or that counselors that are also LGBT may be able to better understand them (e.g., Matthews et al., 2006; Matthews, & Selvidge, 2005; Israel et al., 2008). Stracuzzi, Fuertes, & Mohr (2011) did a study of the perceptions of counselor sexual orientation and whether it promotes more successful counseling. This study also examined counselor orientation to diversity and whether it benefitted counseling. Data was collected from 83 gay or bisexual male clients and their male counselors (Stracuzzi et al., 2011). The authors referred to universal-diverse orientation (UDO) which they define as the counselor's awareness, acceptance and valuing of similarities and differences among clients (Stracuzzi et al., 2008). This study examined the relationship between perceived client-counselor similarity and counselor universal-diverse orientation in predicting client-rated working alliance, session evaluation, and

therapeutic progress (Stracuzzi et al., 2008). The authors collected data from practice settings that were known to be LGB affirming. Clients were surveyed on how their perceived counselor similarities as well as how they rated their counseling experience. Counselors were surveyed on their experiences working with diverse clients and their overall universal-diverse orientation. The results showed that counselor UDO was a positive predictor of client-reported working alliance as well as session depth and smoothness (Stracuzzi et al., 2008). Stracuzzi et al. (2008) suggests that counselor UDO may positively affect the client-counselor relationship due to the affirmation and understanding of sexual minorities and having an appreciation of within-group differences. The perceived counselor-client similarity was negatively associated with session depth, which was not an expected outcome for the authors. They did find that even though this was the case, a moderately high level of counselor UDO could lessen the effects of perceived similarity and create a better working alliance in therapy (Stracuzzi et al., 2008).

Disclosing LGBT Identity in Treatment

Some authors suggest that the inability to be honest about one's sexual orientation while in substance abuse treatment can cause problems in recovery. Senreich (2010b) discusses how aspects of sexual behaviors among LGBT individuals are often connected to substance use. It is not uncommon for individuals just beginning to explore their sexual identity to use substances in order to relax their inhibitions about acting on their feelings. It is also common for gay men to use club drugs like stimulants or ecstasy in order to enhance their

sexual experiences. Senreich (2010b) states that the connections of substances to social and sexual aspects of LGBT individuals' lives need to be addressed in order to examine ways to stay clean and sober after treatment and have healthy sex lives without the use of substances. Senreich (2010b) used a sample of 183 gay and bisexual participants who completed questionnaires which included questions about their honesty and openness about their sexual orientation with counselors and other clients in treatment as well as in their personal lives.

The results of the study showed that 70% of participants reported being honest and open with their counselors from the beginning of treatment (Senreich, 2010b). Sixty percent of the respondents reported being open and honest about their sexual orientation with all of the clients at the beginning of treatment, increasing to 69% at the end of treatment. Over half of the participants reported being open and honest about their sexual orientation with everyone in their personal lives (Senreich, 2010b). He found that being treated in a program that involved some sort of LGBT-specific treatment was associated with honesty and openness in treatment as well as in participant's personal lives. Another noteworthy finding in this study was that participants in treatment outside of New York, New Jersey and Connecticut were significantly less likely to be honest about their sexual orientation with other clients in treatment (Senreich, 2010b). Senreich (2010b) found no significance between honesty and openness in treatment and abstinence rates at the end of treatment. However, there was significant positive correlation between honesty and openness and completing treatment, satisfaction with treatment, therapeutic support, and connection to the

program (Senreich, 2010b). The results of this study support the argument that the ability to be honest and open about one's sexual orientation while in treatment has many benefits for clients and positively affects their experience in treatment.

Barriers to Treatment for Minority Populations

Special populations face barriers to mental health treatment that the mainstream population does not. The following paragraphs will address these barriers to treatment that are faced by sexual minorities. Stigma and discrimination is a barrier that the LGBT community faces when accessing treatment for substance abuse. Women may face barriers including transportation and child care. Studies have shown that ethnic minorities have less access to mental health treatment than the mainstream population. Minimizing barriers to treatment for special populations is one way that providers can begin to close the gap in treatment access.

Research shows that insensitivity to LGBT issues is prevalent in the mental health system as well as in society in general. A study looked at transgender individuals' perceived mental health and barriers to mental health treatment. Shipherd, Green, & Ambramovitz (2010) surveyed 130 self-identified transgender individuals about their perceived mental health and treatment history including gender identity counseling, drug/alcohol abuse, PTSD, anxiety, worry or panic attacks, depression, grief or bereavement, eating disorders, sleep problems, and relationship or marital problems. A scale was developed specifically for this study called the Service Utilization Barriers Scale in order to

assess institutional barriers and personal barriers to treatment (Shipherd et al., 2010). Thirty-seven percent of the participants surveyed reported receiving treatment for mental health problems, excluding gender identity counseling, in the last year (Shipherd et al., 2010). The authors found that the most common reason the participants had accessed treatment was for depression. Some of the most frequently reported barriers to treatment were the cost of services, having heard about bad experiences, not liking to talk about their personal life, not liking to talk in groups, and not wanting to take medications (Shipherd et al., 2010). The authors state that barriers to treatment can be reduced as counselor's increase their culturally competent knowledge (Shipherd et al., 2010). Carr (2010) also found that research on mental health treatment for LGB individuals in the United Kingdom also showed a need for more sensitivity, training and education of mental health providers.

Transgender individuals also face different circumstances when accessing health care than the general population as well as different circumstances than lesbian, gay and bisexual individuals. Sperber, Landers and Lawrence (2005) conducted a qualitative study on transgender individuals' experiences in the health care system. A barrier to accessing treatment discussed among participants in this study was finding providers that were both knowledgeable of transgender health care issues and comfortable with transgender individuals. In the study by Sperber et al (2005), several participants reported feeling as if substance abuse treatment programs were not sensitive to or effective in dealing with certain transgender issues. A female-to-male participant reported that his

therapist refused to deal with his gender issues and substance abuse issues concurrently (Sperber et al., 2005). A male-to-female participant stated that in her experience in treatment, gender issues were avoided all together (p. 82).

Several participants reported using the internet to find health information and providers on web sites and chat rooms (Sperber et al., 2005). Other participants reported being turned away from providers and doctors telling them they did not treat trans individuals (Sperber et al., 2005). All four cohorts of transgender participants in this study (Male-to-Female adults and youth, Female-to-male adults and youth) reported having a fear of disclosing their transgender identity to insurance companies. Some insurance providers did not include coverage of sexual reassignment surgeries, hormone therapy, or any health care at all to those who identified themselves as transgender (Sperber et al., 2005). One Male-to-Female participant in particular reported that a doctor refused to treat her and then commented that she should "see a veterinarian," because a medical doctor is "a doctor for people" (Sperber et al., 2005, p.35-36).

A study done by Grella, Greenwell, Mays, & Cochran (2009) examined differences in treatment utilization as well as substance use and mental disorders among women and sexual orientation minorities in the state of California using data from the California Quality of Life Survey. The results showed that 48.5% of LGB individuals reported receiving treatment compared to 22.5% of heterosexuals for either a mental health disorder or a substance use disorder (Grella et al., 2009). Bisexual and lesbian women were twice as likely to have received treatment as heterosexual women. Bisexual and gay men were

more likely to have received treatment as compared with both heterosexual men and women (Grella et al., 2009). Racial minorities were less likely to utilize services for mental health or substance use disorders, which could partially be explained by past negative experiences in treatment or negative views and stigma associated with receiving treatment in certain ethnic minority communities (Grella et al., 2009).

Cultural Competence and Treatment

A study on treatment outcomes focused on two behavioral approaches to treatment that were tailored to gay and bisexual men in substance abuse treatment primarily for stimulants in Los Angeles, California. (Shoptaw, Reback, Larkins, Wang, Rotheram-Fuller, Dang, & Yang, 2008). The two theoretical models used in this study were gay-specific cognitive behavioral therapy (GCBT), and gay-specific social support therapy (GSST) (Shoptaw et al., 2008). GCBT integrated cultural aspects of methamphetamine use with cognitive behavioral therapy (Shoptaw et al., 2008). GSST integrated peer-driven social model counseling with HIV health education and risk reduction groups (Shoptaw et al., 2008). The participants assigned to GCBT had significantly more reduced drug use than those assigned to the GSST. The participants in the GCBT group also had reduced HIV-related sexual behaviors (Shoptaw et al., 2008).

Several authors have written about cultural competence and training considerations when counseling the LGBT population (e.g. Venner, Feldstein, and Tafoya, 2007; Walker & Prince, 2010; Russel & Bohan, 2007; Wynn &

West-Olatunji, 2009; McCabe & Rubinson, 2008; Logan & Barret, 2005; Flaskerud, 2008; Chavez-Korell & Johnson, 2010).

Logan and Barret (2005) developed counseling competency standards which were adopted by The Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling. These competencies were developed to help professors and programs train future providers in mental health services to LGBT individuals. One of these competencies includes recognizing that identity formation and the challenges of the stigma LGBT individuals face are ongoing processes that these individuals will face throughout their lifetime (Logan & Barret, 2005). Another competency noted in Logan & Barret's standards is seeking supervision and clinical consultation to make sure a counselor's own personal biases are not negatively affecting a client's treatment. Competent counselors should also "acknowledge that heterosexism is a world-view and value-system that devalues the sexual orientations, gender identities, and behaviors of LGBT individuals" (Logan & Barret, 2005, p. 8). The authors also state that the recognition that a counselor's own sexual orientation and gender identity can influence the counseling process is also imperative in being a culturally competent counselor. These are just a few of the standards included in the cultural competencies developed by Logan & Barret (2005).

Isreal & Hackett (2004) conducted a study on the effects of knowledge of LGBT issues on counselor's attitudes toward LGBT individuals. The participants, who were graduate students in counseling or social work, took a pre and post-test assessing their attitudes toward LGBT individuals, previous experience

working with LGBT individuals, knowledge of LGBT issues and homophobia (Isreal & Hackett, 2004). The results of this study showed` that educators can have a significant impact on the knowledge level of their students about LGBT issues, even if the topic is only addressed one time. The participants that went through attitude training in this study reported more negative attitudes toward LGBT individuals than those who did not at post-test (Isreal & Hackett, 2004). The authors hypothesize that this unexpected finding could be due to exploration of their attitudes during training that led to a more accurate report of their feelings although they were more negative (Isreal & Hackett, 2004).

Chavez-Korell & Johnson (2011) discuss an integrative approach to affirmative counseling with transgender clients. Chavez-Korell and Johnson (2011) suggest that using an integrative approach that includes narrative therapy, the multicultural counseling competencies (via Sue et al., 1992), and the *Competencies for Counseling with Transgender Clients* provided by the American Counseling Association (2009). Through narrative therapy, transgender clients are able to share their experiences and create new realities and access their personal strengths (Chavez-Korell & Johnson, 2011). Narrative therapy takes individual's cultural identity into consideration. The multicultural counseling competencies, which were also discussed by Logan & Barret (2005), require the counselor be aware of their own assumptions, values and beliefs and to be aware of the client's worldview when developing techniques and interventions to be used in the counseling process (Chavez-Korell & Johnson, 2011). The client's narrative will provide the counselor with knowledge and

awareness of their client's culture and experiences, which go along with the competencies, set forth in the ACA's *Competencies for Counseling with Transgender Clients* (Chavez-Korell & Johnson, 2011). It is the counselor's ethical responsibility to obtain knowledge and education about transgender issues.

Treatment Outcomes in LGBT-Specific Treatment Programs

Though limited, there are a few studies which discuss treatment outcomes among LGBT individuals in specialized treatment. Paul, Barrett, Crosby & Stall (1996) did a study on the longitudinal changes in substance abuse among men at a gay-specific treatment agency in San Francisco. The participants filled out questionnaires every 90 days until the one year mark was met between April of 1990 and October of 1992 (Paul et al., 1996). The results of this study showed that a "substantial" proportion of clients that enter treatment at this particular agency were able to successfully achieve abstinence from alcohol and/or drugs or reduce their usage (Paul et al., 1996). Though this study did not set out to show the effectiveness of specialized programs, the results did support the argument in support of gay-specific treatment (Paul et al., 1996). Attending Continued Recovery Group sessions increased the likelihood of stopping the use of stimulants and alcohol (Paul et al., 1996). Other predictors in reducing or stopping use of drugs and/or alcohol included fewer reported social problems at the time of admission, fewer reported craving problems at admission and 12 step participation during follow-up (Paul et al., 1996).

Training and Treatment Suggestions

Some authors suggest ways of adapting treatment theories cross-culturally in order to be effective with LGBT clients. Wynn & West-Olatunji (2009) discuss the use of culture centered theory when working with ethnically diverse LGBT clients in counseling in a review of literature on addressing the specific needs of this population. The authors stress that ethnically diverse LGBT clients face "multiple forms of systemic oppression" that are not addressed in theoretical approaches which are used with the mainstream, majority, and heterosexual population. Wynn & West-Olatunji (2009) also address identity development models. Where a client may be in the process of their cultural identity development as well as their gender identity development can be very important for an individual in counseling.

Identity integration is a concept that Wynn & West-Olatunji (2009) address in their article on the use of culture centered theory with ethnically diverse LGBT clients in counseling. Integrating multiple identities for this population is a complex process of learning to accept the realities of facing societal discrimination based on their race as well as their sexual orientation. "A culture centered approach requires client-centrality wherein counselors avoid imposing their own reality by conceptualizing presenting issues from the client's worldview" (Wynn & West-Olatunji, 2009, p. 202). This approach also takes into consideration the impact of family, religion, heterosexism, and oppression has on a client's presenting mental health issues.

Like Wynn & West-Olatunji (2009) discussed, Walker & Prince (2010) also discuss the need for counselors to understand clients that have multiple identities and identity development models. Walker & Prince (2010) suggest that counselors need to be familiar with different sexual identity development models when working with LGBT individuals in order to guide the counselors in treatment interventions that may be appropriate and effective with their clients. The authors also support the need for affirmative counselor training in counseling programs and suggest that failing to acquire knowledge and awareness of LGBT issues is a violation of ethical principles (Walker & Prince, 2010).

Adapting theoretical approaches to substance abuse treatment with special populations is something that more researchers have been looking into over the years. Different approaches, such as Motivational Interviewing, and Brief Strategic Family Therapy have been shown to be effective in substance abuse treatment and are adaptable to various cultures. Venner, Feldstein, & Tafoya (2007) look at adapting empirically based interventions such as Motivational Interviewing with minority populations. The authors found that Motivational Interviewing was effectively adapted to work with Native Americans with substance abuse problems. Other researchers have also adapted approaches to specific minority populations which have been recognized by the National Institute on Drug Abuse and the Substance Abuse and Mental Health Services Administration and used in their manuals for guides to treating minorities (Venner et al., 2007). By working together with individuals from Native American communities, Venner and colleagues were able to adapt Motivational

Interviewing techniques to work with Native American clients from different tribes. The study Venner and colleagues conducted used focus groups which included individuals from various Native American communities in the United States. There was a community based focus group and a provider based focus group. The community based focus group provided ways of communicating and facilitating change with Native American clients.

Venner et al. (2007) also included recommendations for working with Native American clients in their article, *Helping Clients Feel Welcome: Principles of Adapting Treatment Cross-Culturally*. One of the recommendations was not to ask for specific information about spiritual practices. The authors found that in their focus group, the participants had discussed that some of their spiritual practices were sacred and that Native Americans do not like to discuss these practices with others (Venner et al., 2007). Another example of the recommendations given in this article specific to Native Americans is for the counselor to introduce themselves and include information about their own ethnic background and family (Venner et al., 2007). These recommendations may help Native American clients feel more comfortable in the counseling process.

Another approach to counseling the LGBT population is Liberation Psychology and Psychotherapy (Russell & Bohan, 2007). Russell and Bohan argue that traditional psychology ignores the sociopolitical contexts that make up individual experiences. The main aims of Liberation Psychology are summed up in the following quotation:

> "Oppression generates social and personal alienation, a sense of ill-fit, dis-ease, and hopelessness. The remediation of these personal ills, thus, requires joining with others in social change, resistance to oppression, and the empowerment that derives from actively claiming one's social identity" (Russell & Barret, 2005, p. 69).

Liberation Psychology uses reframing techniques to understand internalized homophobia in order to no longer see these negative ideas of homosexuality as an internalized self-hatred, but as the unfortunate political circumstances of today's society (Russell & Barret, 2005). This approach to counseling empowers the LGBT client to take responsibility for their own attitudes and behaviors regarding heterosexism in order to change the negative context in which homosexuality is viewed.

Summary

The above reviewed literature supports the argument for specialized treatment for LGBT individuals with substance use disorders. There are very few LGBT-specific treatment programs available. Some agencies which claim to offer special programs for LGBT individuals have been found to not in fact have these services. A majority of the LGBT-specific programs are located in California and New York which leaves individuals that do not live in these areas another obstacle to finding treatment. The available specialized treatment programs were discussed as well as what key services they provide to special populations. The treatment outcomes of some of these programs show the

positive influence that these special programs have on minority populations. By looking at the experiences of LGBT individual, one can see the sometimes extreme discrimination which these individuals are faced with in society as well as in substance abuse treatment programs. This discrimination hinders recovery for sexual minorities. Their unique life experiences contribute to “minority stress” and can lead to patterns of substance use. Specialized treatment programs which address these unique experiences in LGBT individuals’ treatment plans and work to discover ways to prevent relapse by addressing social environment issues and developing a support system in their communities, give LGBT individuals a better chance of staying clean and sober.

Several different theoretical approaches to treating LGBT individuals in substance abuse treatment were reviewed. These different approaches integrate the specific needs of LGBT individuals. Other approaches that have been shown to be effective with the general population in substance abuse treatment can be adapted to be used with the LGBT population. It is possible for treatment facilities to offer better and more specialized treatment for LGBT individuals without having added expenses. The most important part of treating this population is being familiar with the obstacles they face and making sure the counselors who work with minority populations are culturally competent and have the knowledge and skills to provide effective treatment.

CHAPTER 3

CONCLUSION

From reviewing the available literature on specialized treatment for special populations one can see the need for special programs in substance abuse treatment for LGBT individuals. Treatment facilities that offer special programs for LGBT have been shown to have better treatment outcomes for the individuals for whom they provide services. The literature reviewed in Chapter Two supports the argument for the need of more specialized treatment programs for LGBT individuals. Key services that are unique to the needs of sexual minorities help to improve the individuals' recovery process and address the aspects of recovery for LGBT individuals which are not addressed in mainstream substance abuse treatment programs.

Women are a minority population who has specific needs that need to be addressed in their treatment as well. They also face barriers to accessing treatment much like the LGBT population. Green (2006) discusses the barriers women face when accessing substance abuse treatment services. Substance abuse problems tend to develop faster in women than in men and seem to have more severe health consequences for women (Green, 2006). Women are more likely than men to use intravenous drugs (Ashley, Marsden & Brady, 2003). Pregnant women are now a priority population in substance abuse treatment. Women with substance use problems who are single mothers face even more barriers to treatment. Some substance abuse treatment programs that are

designed for women include child care settings in residential treatment so they do not have to be separated from their children. Ashley et al. (2003) state that there is evidence to suggest that women whose children were staying with them in treatment programs stayed in treatment longer than women whose children were placed with caretakers. Ashley et al. (2003) also state that women report having more depression and anxiety problems that lead to substance abuse as well as are exacerbated by substance use. Grella (2008) states that women have higher rates of exposure to both childhood and adult trauma which can also be characteristics that lead to substance abuse and other mental health problems. These co-occurring conditions can also be a barrier to seeking treatment and treatment retention for women. Green (2006) suggests that mental health care providers should be trained in identifying and referring women with substance abuse problems to specialized treatment programs that are available to them. Green (2006) also suggests that mainstream programs could integrate specific programs for women where specialized treatment is not readily available or accessible.

Some researchers have discussed the effects of women-specific treatment in substance abuse programs. Hser, Evans, Huang, and Messina (2011) conducted a study on long term outcomes of women who were parenting or pregnant in women only versus mixed-gender substance abuse treatment programs. The participants were assessed upon admission between 2000 and 2002 and then data was updated about their incarcerations, mental health utilization and participation in drug treatment in 2009. The results of their study

showed that women treated in women-only programs had lower mental health treatment utilization and lower arrest rates during the first year after completing treatment (Hser et al., 2011). This is one example of how programs that focus on minority populations are helpful to individuals of minority status in substance abuse treatment programs.

Another author discusses the importance of women-specific programs for women in recovery from addiction. Grella's (2008) article on gender responsive treatment highlights the importance of special programs for women in obtaining more research on the topic as well as better outcomes for women. More and more women-specific programs are around due to the research pointing out the need for these specific services. In turn, there is more funding available for women-specific services (Grella, 2008).

The literature on women-specific programs relates to the LGBT population. Much like the LGBT population, women face obstacles to accessing treatment as well as obstacles in treatment that are different than the mainstream population. Treatment can be tailored to include the specific needs of special populations. Some mainstream programs offer women-specific groups and other special programs for women who come to their agency for treatment. The same tailoring can be done for LGBT individuals.

Quite a bit of research has been done on the effects of internalized homophobia and societal discrimination on the LGBT community. Society's negative view on homosexuality becomes engrained in individuals and turns into feelings of guilt, shame and self-hatred in those individuals who identify as

LGBT. Cabaj (2000) discusses how the coming out process can range in difficulty, depending on the intensity of the internalized homophobia. The coming out process can be very difficult depending on the individual's religious, cultural, and familial views on homosexuality. All of these influences have their own views on homosexuality and can lead to internal turmoil over the individual's sexual identity. Not being able to be open about your sexuality can lead to isolation and feelings of guilt and shame which, in turn, can lead to substance use as a way of coping with these feelings. Heterosexual individuals do not go through this process and therefore cannot relate to or understand how this process can affect someone's psyche.

Sexual minorities may feel judged by other individuals in treatment. LGBT individuals report feeling ostracized and discriminated against by their heterosexual counterparts in mainstream treatment programs. When people are uncomfortable being honest about their sexuality in a treatment program, they may be less inclined to be honest about their substance use as well. Honesty is an important part of recovery. Senreich (2010b) reported that the results of his study on the effects of being open and honest in treatment were positively associated with higher levels of connection to the program. Senreich (2010b) also stated that individuals who were open and honest about their sexuality were more likely to complete treatment and had higher levels of satisfaction with their treatment experience. It is important for individuals to have feelings of connection with their treatment program. Those who do not feel connected to

their program may not be as successful in their recovery as those who have a connection.

Cochran, Peavy, and Robohm (2007) found that an overwhelming majority of the agencies which claimed to offer special programs for LGBT individuals did not actually offer these services. Their study showed how limited specialized programs are for the LGBT population. It also proved the need for more specialized treatment programs or special programs for LGBT individuals in mainstream programs. The study by Cochran, Peavy, and Robohm (2007) also proved how difficult it can be for LGBT individuals to access treatment that is tailored to their needs, raising the issue of how minimizing barriers to treatment for the LGBT population is needed.

Implications and Recommendations

Grella's (2008) statement that the more funding that is available for women-specific programs in substance abuse treatment is a result of the growing amount of research that show the need for these programs. This proves a need for more research on LGBT-specific substance abuse treatment. The main problem with obtaining more research is the scant amount of programs available to research. Unfortunately, another problem is the stigma that is even attached to doing research on treatment for sexual minorities. In order to prove the need for specialized treatment there must be more research done on the effectiveness and treatment outcomes for the individuals who complete treatment in a specialized treatment setting.

What comes to mind when thinking about how LGBT individuals are marginalized in society as well as substance abuse treatment settings, are the ethical principles. It is unethical for counselors who are bound by the code of ethics not to be knowledgeable and skilled in working with LGBT individuals. If a counselor is not trained on how to work with minority populations they are violating the ethical principle of non-maleficence. By not being prepared to work with minority populations, the counselor is overlooking the concept of 'doing no harm.'

Training programs need to adequately prepare their students to work with minority populations. Equal emphasis should be put on discussing each minority population. Most counseling education programs include multicultural competency in their curriculum. Integrating special populations into the curriculum is needed in order to adequately prepare future counselors to work with individuals from all backgrounds and abide by the code of ethics to which they are bound.

A recommendation for educators is to teach counseling students how to adapt evidenced based treatment models to work with different minority populations. Doing so would require research on the student's part and interviewing individuals from specific special populations in order to gather information on how to adapt treatment models. The counseling student would then have experience adapting evidenced based treatment approaches as well as experience interviewing individuals with minority status, which would be helpful and important experience for them in their future career.

A recommendation for mainstream treatment facilities is to make sure their counselors know of community supports for minority populations or how to find them for their clients. Counselors need to make sure their clients have aftercare plans in order to prevent relapse that include safe places where LGBT individuals can socialize in the community outside of bars and how to build a support system for their recovery. Counselors also need to include any relevant past experiences or trauma that need to be addressed in the individual's treatment plan. Another recommendation for mainstream treatment programs is to include in their agency manual, statements about their facility's non-discriminatory environment for LGBT individuals as well as LGBT affirmative environment. When LGBT individuals see that they are not overlooked by the agency, they may feel more welcomed and comfortable in the program. This will also allow the other clients to see that discrimination will not be tolerated in their program.

Minimizing barriers to treatment for LGBT individuals is perhaps one of the most important things that can be done in order to provide comprehensive services for LGBT individuals seeking substance abuse treatment. This may mean treatment facilities need to reach out to known places in the community that can provide referrals to these programs. The more people that know about what services are available, the more people will seek treatment. LGBT individuals may be hesitant to seek treatment for fear there will not be services tailored to their needs. If more places in the community are aware of the

available services, the more likely it will be that LGBT individuals will become aware of what is available to them in their community.

Counselors need to advocate for their LGBT clients to help other programs become available, such as gay and lesbian AA groups. If counselors advocate for LGBT individuals in their respective communities, it is possible that the need for more special programs will be recognized by already existing programs in the community or that new programs are more likely to be developed.

The Lambda Center, discussed in Chapter Two, offers educational courses on the specific issues in the LGBT population to other professionals in the community (Hicks, 2000). Agencies that offer substance abuse treatment services could look for training programs in their area for their counselors to attend in order to better serve the LGBT individuals that come to their agency for services.

Overall, the literature shows a need for more specialized treatment to be available and accessible for LGBT individuals seeking substance abuse treatment. Their needs are unique and require specific attention in counseling and recovery. More education on special populations for students in counseling programs is needed in order to prepare them to work with minority populations and to provide adequate treatment.

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