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Implications for Counselings Lesbians with Substance Use Issues

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IMPLICATIONS FOR COUNSELING LESBIANS WITH SUBSTANCE USE ISSUES

by

Staci Poe

B.S., Southern Illinois University, 2005

A Research Paper

Submitted in Partial Fulfillment of the Requirements for the

Master of Science.

Department of Rehabilitation Counseling

in the Graduate School

Southern Illinois University Carbondale

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RESEARCH PAPER APPROVAL

IMPLICATIONS FOR COUNSELING LESBIANS WITH SUBSTANCE USE ISSUES

By

Staci Poe

A Research Paper Submitted in Partial
Fulfillment of the Requirements
for the Degree of Master of Science
in the field of Rehabilitation Counseling

Approved by:

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August 2013

AN ABSTRACT OF THE RESEARCH PAPER

Staci Poe, for the Master of Science degree in Rehabilitation Counseling, presented on August 2013, at Southern Illinois University Carbondale.

TITLE: IMPLICATIONS FOR COUNSELING LESBIANS WITH SUBSTANCE USE ISSUES

MAJOR PROFESSOR: Dr. Stacia Robertson

The topic of substance use in the lesbian population is reviewed including research related to counselor attitudes toward lesbians and other sexual minorities. Specialized substance treatment tailored for lesbians and other sexual minorities is discussed. Implications for improving positive treatment outcomes of lesbian individuals seeking substance treatment is addressed including education suggestions for counselors and counselors in training.

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CHAPTER 1

INTRODUCTION

Students enroll in counseling programs for various reasons. Each student will have a personal motivation for wanting to become a counselor. Ultimately, though, people who enter the counseling profession just want to help other people.

To be able to offer such help to others, counseling students are required to learn foundation principles which will guide them in their careers. These principles vary slightly between career fields. For Rehabilitation Counselors, the ethical principles guiding the profession are outlined in the Code of Professional Ethics for Rehabilitation Counselors by the Commission on Rehabilitation Counselor Certification. The Code of Professional Ethics establishes the values of the field so that counselors-in-training are aware of the expectations of them as professionals (Patterson, Szymanski, & Parker, 2005, p. 3).

It is pertinent for counselors to be aware of and practice the ethical principles when working with clients/consumers. Rehabilitation counselors' roles in working with clients are to be an advocate as well as to facilitate growth and integration/re-integration into the community and/or workforce (Nunez, 2011; Patterson, Szymanski, & Parker, 2005, p. 4). In order to assist consumers with service choices most effectively without harming clients, counselors must practice within the established ethical guidelines.

Rehabilitation counselors will be working with consumers from a multitude of backgrounds. Rehabilitation counselors-in-training can expect to work with consumers who have mental health diagnoses, medical limitations, physical issues, and varying levels of cognitive functioning. Counselors and counselors-in-training can also expect that clients will vary in their racial background, ethnicity, gender identification, and sexual orientation.

Gender and sexual minorities have unique needs, which may influence these clients to choose to avoid seeking services (Blank, Asencio, Descartes, & Griggs, 2009; Chung & Katayama, 1996; Rosario, 2008; Austin & Irwin, 2010; Rosario, Schrimshaw, & Hunter, 2008; Hughes, Johnson, Wilsnack, & Szalacha, 2007; Wang, Schale, & Broz, 2010). Gender and sexual minorities include lesbian women, gay men, bisexual individuals, transgender persons, intersex individuals, queer people, men who have sex with men, women who have sex with women, and anyone who does not identify as heterosexual. There are cultural norms specific to each subgroup mentioned above, but there is also a great deal of individuality exhibited by any human being and thus considerable heterogeneity is to be expected within the population of sexual minorities (Cochran, Peavy, & Flentje Santa, 2007).

There are many complexities in working with gender and sexual minorities. When also considering disability status, the complexities increase. While it is important to consider all aspects of an individual when working with a person, this paper attempts to consider a group of people as a whole in looking at counselor attitudes toward that group of people. This paper will examine training issues of counselors and counselors-in-training that cause treatment concerns for lesbian clients seeking substance abuse treatment services.

Background of the Problem

The sexual minority population tends to be neglected in health research, thus little information is known about sexual minorities' overall health status (Cochran, Peavy, & Flentje Santa, 2007; Blank, Asencio, Descartes, & Griggs, 2009). The exception to this is the availability of research focusing on gay men and men who have sex with other men related to their HIV status.

Researchers have begun to look at the relationship between substance use and sexual orientation (Fals-Stewart, O'Farrell, & Lam, 2009; Drabble & Trocki, 2005; Cochran, Peavy, & Cauce, 2007; Cochran & Cauce, 2006). Researchers have recently been directing their efforts at attempting to analyze attitudes of counselors and counselors-in-training toward sexual minorities seeking services (Alderson, Orzeck, & McEnem, 2009; Cochran, Peavy, & Cauce, 2007; Newman, Dannenfelser, & Benishek, 2002; Israel & Hackett, 2004; Lara, Kline, & Paulson, 2011).

In a study conducted by Drabble and Trocki (2005), researchers found that lesbian and bisexual women reported feeling satisfied with substance abuse treatment services received at rates significantly less than that of their heterosexual female counterparts. By looking at attitudes of treatment service providers, as well as counselors-in-training, this paper attempts to establish methods for increasing cultural competency of counselors and counselors-in-training in efforts to improve substance use treatment outcomes for lesbian women, and sexual minorities in general.

Substance Use in Lesbians and Other Sexual Minorities. Utilizing data from the National Alcohol Survey from November 1999 through June 2001, Drabble and Trocki (2005) found that self-reports from women nationally indicated that heterosexual women had higher rates of abstinence from alcohol use compared to women reporting having same-sex partners, openly bisexual women, and openly lesbian women. These results indicate that sexual minority women's rates of alcohol use are more prevalent than that of heterosexual women. Researchers also discovered that lesbians and bisexual women reported higher rates of negative consequences from their use of alcohol and increased rates of alcohol dependence when compared to heterosexual women. Lesbians and bisexual women indicated increased incidents of past substance treatment episodes compared to heterosexual women, also.

In a 2006 study by Cochran and Cauce, researchers investigated data from substance treatment agencies throughout the state of Washington as reported to the Department of Alcoholism and Substance Abuse (DASA) for state-funded treatment. Cochran and Cauce discovered some significant results demonstrating marked differences between heterosexual clients and openly LGBT clients in substance treatment. Their research indicated that LGBT clients in substance treatment receiving state-funded services were more likely to seek other services than heterosexuals receiving the same treatment.

While alcohol was reported to be the overall drug of choice for both LGBT clients and heterosexual clients, LGBT clients generally were more likely than heterosexual clients to report using methamphetamine and cocaine or crack cocaine; and sexual minority women specifically reported higher rates of marijuana, methamphetamine, heroin, and cocaine/crack cocaine use and lower rates of alcohol use compared to heterosexual women and heterosexual, gay, bisexual, and transgender men. Lesbian, bisexual, and transgender women demonstrated a higher frequency of use of their primary substance upon entering treatment compared to all other groups of clients receiving substance use treatment. Lesbian women identified heroin as their drug of choice more often in this particular study (Cochran & Cauce, 2006).

Significance of the Study

Very little information is known about LBGTQ individuals related to chronic illness, disability issues, quality of life, and healthcare. Sexual minorities tend to be overlooked and neglected in health research. Sexual minorities face some different health challenges than their heterosexual counterparts, specifically related to age health concerns (Blank, Ascencio, Descartes, & Griggs, 2009).

Being more likely to drink alcohol, smoke cigarettes, and use illicit substances, lesbians are at a higher risk of chronic and life-threatening health issues as they age. Lesbians, like all sexual minorities, may be reluctant to seek healthcare services due to a fear of or previously experienced homophobia and heteronormative focus of clinicians in the healthcare industry (Blank, Ascencio, Descartes, & Griggs, 2009).

The research is limited regarding the attitudes of counselors and counselors-in-training, and is almost non-existent in relation to Rehabilitation Counselors. Research about counselors attitudes toward sexual minorities indicated that higher rates of knowledge about homosexuality is generally associated with counselors demonstrating more positive attitudes toward sexual minorities (Alderson, Orzeck, & McEnen, 2009). Knowledge is indicated as the most effective way to influence more positive attitudes of counselors-in-training toward sexual minority issues (Newman, Dannenfelser, & Benishek, 2002).

Purpose & Objective of the Paper

This author's opinion is that sufficient counselor training could increase positive treatment outcomes for lesbians receiving substance treatment. Counselor training on substance use and mental health issues faced by sexual minorities could help alleviate many of the barriers to treatment for sexual minorities. By reviewing the literature, an understanding of the assessment of counselor attitudes will become more clear, as well as to provide clarity to the barriers to substance treatment faced by lesbian women.

The overall health status of sexual minorities is often overlooked, considerably so for that of lesbian women. Many authors tend to lump sexual minorities together in one group, thus missing the huge degree of variance which exists within and between each subgroup of sexual minority populations. Lesbians tend to use higher rates of heroin and cocaine compared to other

groups of sexual minorities, demonstrating a need for more individualized substance treatment and the need for educating staff on the differences of drugs of choice as well as the other treatment needs specific to lesbian women as a group separate from other groups of sexual minorities. With the outcomes of sexual minorities in substance treatment being significantly lower than their heterosexual counterparts, it is necessary to investigate the literature to identify what specific types of substance treatment is being made available to lesbian clients and what the prevalent attitudes of counselors are when providing treatment to lesbian clients. The next chapter will provide an extensive analysis of the current literature addressing these issues, followed by a discussion of finding and suggestions for future research considerations.

Definitions

For the purpose of this paper, the author will be defining lesbians as women who identify as lesbians, unless otherwise stated. Sexual minorities will be classified as self-identifying non-heterosexual individuals, unless otherwise specified. LGBTQ indicates self-identifying lesbian, gay men, bisexuals, transgender persons, and queer people.

Cochran, Peavy, and Santa (2007) indicate that self-identification of sexual orientation may cause limitations to research because there are people whom identify as heterosexual but are conducting sexual behaviors with partners of the same biological sex. While this is true, it is the author's position that it is important to validate the experience of clients and to accept the self-identification of persons seeking services such as substance abuse treatment. This position corresponds with the intent of the paper to consider treatment concerns brought about by training issues, with one such treatment concern being the validation of the client identity.

CHAPTER 2

LITERATURE REVIEW

This chapter will begin by identifying risk factors related to alcohol and other drug use by lesbians, followed by a discussion of research indicating substance use patterns by lesbians. Next, research addressing specialized treatment for sexual minorities will be analyzed. Counselor attitudes toward sexual minorities will also be addressed.

Risk Factors for AOD Use Among Lesbians

Traumatic childhood events have been found to be related to problematic use of alcohol and other substances in adulthood. Recent research has addressed the link between traumatic childhood events and adult use of substances in the sexual minority population, indicating that professionals should be investigating the childhood of sexual minority clients for occurrence of such events when providing substance treatment to adults (Hughes, Johnson, Wilsnack, & Szalacha, 2007). Other risk factors have also been found in a review of the literature, including butch/femme differences in lesbians and age.

Childhood Risk Factors. A review of the literature uncovered several reasons for the problematic use of substances by adult lesbians and other sexual minorities indicative of childhood trauma. One study conducted by Hughes, Johnson, Wilsnack, and Szalacha (2007) examined the relationship between childhood sexual abuse and childhood physical abuse and adult mental health needs of lesbians. The results from this study demonstrate that over half of the lesbian women from the study reported experiencing lifetime adverse drinking consequences and alcohol dependence. Factors preceding adult lesbian drinking problems were identified as childhood sexual abuse, childhood physical abuse, younger age of first heterosexual intercourse, early onset age of drinking, early sexual relationships, and having parents with drinking

problems. Hughes et al found that White lesbians, younger lesbians, and lesbians with lower levels of education demonstrated more significant risk of lifetime psychological distress, which was found to be directly correlated with lifetime adverse drinking consequences and alcohol dependence. Lesbian women who experienced childhood trauma such as physical and sexual abuse were at an increased risk of developing substance abuse and dependence issues as adults.

Female sexual minorities seem to demonstrate higher rates of mental health needs in research. Researchers looking at risk and protective factors found that sexual minority youth who reported higher rates of alcohol use during their initial interview reported higher rates of alcohol use throughout the entire longitudinal study conducted on sexual minority youth ages 16 to 20, as compared to participants who reported lower use during their initial interviews. Youth who reported initial lower rates of alcohol use demonstrated a more dramatic increase in alcohol use over the course of the study than those youth who initially reported higher rates of alcohol use. Biological sex was found to correlate with psychological distress, which was shown to effect rates of alcohol use. Researchers documented higher incidents of psychological distress and alcohol use in female participants; this data was found to be unaffected by race or self-reported sexual orientation variables. Overall, female sexual minorities demonstrated higher rates of psychological distress and associated use of alcohol. Victimization experiences impacting alcohol consumption were also found to be more prevalent in female sexual minority youth. Perceived family support was found to impact drinking practices over time; sexual minority youth reporting perceived family support demonstrated decreased drinking rates over the course of the study (Newcomb, Heinz, and Mustanski, 2012).

Butch/Femme Differences. In the lesbian community, it is common for some lesbians to represent either more masculine traits and identify as “butch”, and for some lesbian women to

exhibit more feminine representations and label themselves as “femme”. It can be assumed that these differences in representation can also be seen in rates of substance use. Rosario, Schrimshaw, and Hunter (2008) chose to examine butch/femme differences in substance use of lesbian youth ages 14 to 21 years. Their results indicate that butch-identifying lesbians (lesbians demonstrating more masculine gender traits) consumed greater amounts of alcohol, tobacco, and marijuana than their femme (lesbians exhibiting characteristics more aligned with a feminine gender role) counterparts. In this study, butch lesbians were significantly older than femme lesbians and reported more symptoms of substance misuse. Butch lesbians were significantly more likely to self-identify as lesbian; femmes were more likely to self-identify as bi-sexual.

Age Differences in Alcohol Use Among Lesbians. Two articles were located in the literature which analyzed age differences in rates of AOD use among lesbians to identify risk factors of AOD use. In one article, Austin and Irwin (2010) assessed the association of mental health concerns and problematic alcohol use in lesbians residing in the southern United States. Heavy episodic alcohol use was found to be more prevalent in younger lesbians, aged 19 to 29 years. Depression and stress were found to be correlated with problematic alcohol usage and differed by age of participant. For lesbians younger than 50 years, greater internalized homophobia was found to be predictive of problematic alcohol usage. For lesbians over 30, higher reports of lesbian-related stigma corresponded with higher rates of problematic alcohol use.

The second article, by Parks and Hughes (2007), interpreted data from a Chicago longitudinal study in an effort to assess the association between sexual identity development and alcohol use. The authors of this article discovered that the age group of lesbians corresponding with various historical lesbian-related events corresponded with the results of their study. Older

lesbians who were young during the Stonewall event and born before 1952 were less likely to have disclosed their sexual orientation to their family members or non-family members at the time of the study, which was different for the other age groups of lesbians. The group of lesbians born between 1952 and 1967, termed the Liberation group, reported more adverse drinking consequences in the course of their lifetimes than the Stonewall group of participants. The Rights group, those born after 1968, and the Liberation group identified experiencing more alcohol dependence symptoms during their lifetimes than did the Stonewall group. Over one half of all participants reported heavy drinking during their lifetimes, and almost half of respondents had pondered at some point whether they exhibited problematic drinking patterns. The Rights group was significantly less likely than the Liberation cohort to identify as being in recovery, whereas the Stonewall cohort was significantly less likely to report any heavy drinking in their lifetimes compared to either group of the younger participants.

Parks and Hughes (2007) discovered that disclosure of sexual identity to others affected drinking patterns across lifetime reports. Women who were younger when sharing their sexual identity with others reported experiencing more adverse drinking consequences throughout their lifetimes than women who disclosed their sexual identity at later ages in the Stonewall group. In the Liberation cohort, women who disclosed their identity to non-family members reported less adverse drinking consequences than the other groups; whereas women in the Rights cohort demonstrated higher numbers of adverse drinking consequences associated with longer periods of being out to others. Overall, an increased prevalence of alcohol dependence symptoms was associated with early disclosure of sexual identity, or coming out. Increased numbers of dependence symptoms corresponded with higher levels of sexual identity disclosure to family members in the Liberation cohort. For Rights respondents, more alcohol dependence symptoms

were reported when these women were younger than their peers when beginning to question their sexual identity.

Rates of Use of Alcohol and Other Drugs in the Lesbian Community

Cochran, Peavy, and Santa (2007) found that for clients whom did not identify their sexual orientation, these clients reported increased incidents of homelessness and greater frequency of use of their primary drug of choice but were less likely to have received any type of mental health treatment within the previous year, as compared to openly identifying LGBT clients receiving publicly-funded treatment in Washington state. For those sexual minority clients receiving treatment for alcohol use, they reported using alcohol at a younger age than other substances and reported having higher numbers of family problems related to alcohol than sexual minority clients in treatment for use of other substances. For sexual minority clients receiving treatment for methamphetamine and marijuana use, clients demonstrated younger ages of entry into treatment initially.

Lesbian and bisexual women reported higher rates of use of heroin than any other group of sexual minorities in treatment. Lesbians demonstrated the second highest prevalence of needle use of all sexual minorities in treatment, with bisexual women reporting highest rates of needle use. Lesbians revealed highest rates of legal involvement, histories of domestic violence, and emergency room visits as compared to other sexual minority groups in treatment. Sexual minority women seeking public funded alcohol and other drug abuse treatment exhibit more intense drug use patterns and appear to have more corresponding issues than male sexual minorities seeking similar services (Cochran, Peavy, & Santa, 2007).

Cochran and Cauce (2006) found that alcohol was the primary drug of choice for sexual minority clients as well as heterosexuals in treatment for alcohol and other drug abuse. Sexual

minorities were more likely to report that they had used methamphetamine and crack cocaine as compared to heterosexual clients in treatment, as well as cigarettes. Openly lesbian, gay, and bisexual clients reported higher rates of utilizing mental health services, including the use of psychotropic medications and psychiatric hospitalizations, more often than heterosexual clients. Sexual minorities in drug treatment were more likely to seek treatment services overall than their heterosexual counterparts. Openly lesbian, gay, and bisexual clients displayed a greater frequency of substance use and history of mental health treatment upon entering substance treatment in comparison to heterosexual clients.

In another article, researchers sought to describe differences between heterosexual women and sexual minority women receiving services in a psychiatric outpatient clinic. The study consisted of 455 heterosexual women and 75 lesbians, and researchers gained knowledge for their study by conducting chart reviews. Their results indicated that compared to heterosexual women, lesbians reported less lifetime abstinence from or no history of prior use, more overall past use, and more current use of alcohol. For rates of illicit substance use, lesbians reported less lifetime abstinence and more past use but less current use of illicit drugs than their heterosexual counterparts. Lesbians in this study demonstrated more family history of substance use, particularly in parental use, than heterosexual women (Crothers, Haller, Benton, & Haag, 2008).

Characteristics of Lesbians Entering Treatment

Bostwick, Boyd, Hughes, and McCabe (2010) conducted a study in order to assess the prevalence of mood and anxiety disorders among heterosexuals and sexual minorities while reviewing data from the NESARC, which attempts to document rates of mental health and substance use issues in non-institutionalized populations. Bostwick et al found that sexual minority women demonstrated higher rates of most lifetime disorders, with more significant rates

being reported by bisexual women. Women identifying as exclusively homosexual demonstrated the lowest rates of disorders when compared to the other behaviorally-defined groups of women in this study. Lesbians were significantly more likely to report any lifetime mood disorder or any past-year anxiety disorder than heterosexual women. Women who self-identified as sexual minorities demonstrated higher rates of lifetime and past year mood and anxiety disorders in this study. However, when researchers analyzed sexual attraction or sexual behaviors rather than self-identity, they found that the rates of mood and anxiety disorders were higher in those groups of women – most of whom were identifying as heterosexual, bisexual, or unsure.

Using data from the National Alcohol Survey from November 1999 through June 2001, Drabble and Trocki (2005) analyzed substance use of lesbians and bisexual women. They found that heterosexual women reported higher rates of abstinence from alcohol compared to bisexual women, lesbians, and women who reported having sex with other women (but did not identify as lesbian or bi-sexual). Lesbians and bisexual women reported higher incidents of negative consequences from their alcohol use including alcohol dependence than heterosexual women and had higher rates of past alcohol and other drug abuse treatment episodes. Lesbians and bisexual women reported less satisfaction with treatment services received than heterosexual women in this study.

Specialized Treatment Programs

There are many complicated factors that impact the substance treatment for sexual minority clients. One such factor is the type of substances used by sexual minorities compared to heterosexual clients. For example, white gay men who abuse methamphetamines and cocaine may require residential treatment to overcome their problematic use of stimulants.

Unfortunately, it is not common for insurance providers to reimburse treatment providers for the

residential treatment of stimulants. Specialized treatment programs such as the Lambda Center in Washington, D.C. have trained staff to deal with unique treatment issues such as the coming out process, internalized homophobia, socialization, dating, intimacy for sexual minorities, use of certain recreational drugs, and spirituality. The Lambda Center has also created a partnership with insurance companies in which they are reimbursed for specialized treatment. One case study of a 35-year-old professional gay white male who received specialized treatment at Lambda demonstrated the importance of such substance treatment. This study indicated that the man would not have been able to receive residential treatment for his stimulant use if he had chosen a non-specialized program, since it is common for insurance companies to only reimburse for outpatient treatment of stimulant abuse. With the admittance to a residential facility, staff were able to determine that the man had been self-medicating his Major Depressive Disorder, stress from work, and the loss of a long-term relationship with his abuse of stimulants. Not being out to his family and friends impacted his substance use also. Being in a specialized program, the man was able to address his own cognitive dissonance with not being out while working on his sobriety (Hicks, 2000).

In a 2010 research study, Senreich evaluated outcomes, completion rates, and perceptions of treatment among white, black, and Hispanic LGBT former clients in New York state. Out of 191 respondents, Senreich found that there were no differences between racial groups for outcomes or rates of completion. White participants reported less satisfaction, less connection to the program, and less therapeutic support than other racial groups. Of the black participants, 43% were female compared to 22% of female participants in the other racial groups. Black clients were significantly less likely than other racial groups to be prescribed psychiatric medications over the past 10 years (43% versus 74%). There was no significant difference found

between racial groups for being “out” in all aspects of their personal lives, but Hispanic men were less likely to be “out” than other men in all aspects of their personal lives (36% compared to 61%). White respondents were more likely to have received alcohol and other drug abuse treatment outside of the state of New York than other racial groups in the study. Black respondents were less likely to have participated in specialized treatment programs and groups and were more likely to have been in residential programs. In the entire study, only 35% of clients total were treated in programs with specialized LGBT treatment components; 15% of these participants were treated in specialized programs for only sexual minority clients and 20% were in programs with heterosexual clients where specialized LGBT groups were provided. Non-white participants reported higher levels of connection, therapeutic support, and honesty/openness in programs with specialized treatment components than those who did not receive treatment in specialized programs. Many staff members in New York treatment facilities are black or Hispanic.

Fals-Stewart, O’Farrel, and Lam (2009) looked at the effectiveness of Behavioral Couple Therapy for lesbian and gay couples with alcohol use disorders. Lesbian and gay clients with alcohol use disorders and their non-substance-abusing same-sex partners participated in a randomized control trial in which one group received Behavioral Couple Therapy (BCT) and the other group received individual-based treatment (IBT). Compared to BCT studies with heterosexual participants, the study demonstrated that lesbians and gay men may not present with higher substance use disorders at pre-treatment. This study indicated that relationships with significant others contribute to alcohol and other drug use as well as positive treatment outcomes. There were no significant changes in patients during treatment, but BCT clients had increased their days of heavy drinking at a slower rate than IBT clients at the 12-month follow-up. Couples

who received BCT reported higher levels of relationship adjustment at the end of treatment and one year after treatment than clients who only received IBT.

Counselor Attitudes Toward Sexual Minority Clients

Sexual minorities as a whole are subject to stigma and prejudice from mainstream heterosexual society as a whole. This has been theorized to cause an increase in substance use disorders and psychological distress for sexual minorities (Bostwick, Boyd, Hughes, & McCabe, 2010; Drabble & Trocki, 2005; Newcomb, Heinz, and Mustanski, 2012). Sexual minorities may be less likely to seek services due to an expectation that they will receive the same stigmatization from professionals. In fact, recent research suggests that lesbians who have reported experiencing previous homophobia from clinicians, who also portrayed a heteronormative perspective, were less likely to seek future services (Blank, Ascencio, Descartes, & Grigges, 2009). Counselor attitudes toward sexual minority clients directly affect their engagement in services and their outcomes.

In order to provide the best services to sexual minority clients, counselors and counselors in training need to assess their attitudes and beliefs about this population. Several research studies have been conducted assessing counselor and counselor-in-training attitudes toward sexual minorities. One such study was conducted in Canada at Alberta High School. Research findings from this particular study looking at school counselors' attitudes toward gay males support that higher rates of knowledge about homosexuality is generally associated with counselors exhibiting more positive attitudes toward gay males. Only school counselor attitudes toward gay males were assessed in this particular study (Alderson, Orzeck, and McEnem, 2009).

Another study in 2002 evaluated beginning social work and counseling students' acceptance of lesbians and gay men. By surveying students before they entered social work and

counseling graduate programs, researchers were attempted to identify how students' attitudes may change after entering their coursework and being exposed to curriculum about sexual minorities. Researchers utilized Herek's Attitudes Toward Lesbians and Gay Men Scale. While most respondents in this study expressed mostly accepting attitudes toward lesbians and gay men, there were distinct differences in levels of acceptance between participants. Attitudes toward lesbians and gay men were found to correspond with degree sought, gender of respondent, sexual orientation of respondent, race, and religious identity. Religious identity accounted for the most variance in attitudes, with Conservative Protestants reporting the most negative attitudes. Based on religious identity, attitudes of Jewish and non-religious-affiliated participants seemed to be the most positive toward lesbians and gay men. The authors found that African American students expressed slightly more negative attitudes than White, Latino, or Asian American participants in the survey. Lesbian, gay, and bisexual participants exhibited more positive attitudes toward lesbians and gay males than their heterosexual counterparts. Researchers found that age did not seem to correlate with attitudes, but they reported that students seeking a graduate social work degree demonstrated more positive attitudes than graduate counseling students. Male scores were more negative in comparison to female scores (Newman, Dannenfelser, and Benishek, 2002).

Israel and Hackett (2004) hypothesized that providing information about lesbian, gay, and bisexual issues to counselors-in-training would result in higher knowledge levels about lesbian, gay, and bisexual issues than would not providing information, that exploring attitudes toward lesbian, gay, and bisexual individuals would produce more positive attitudes toward lesbian, gay, and bisexual individuals, and that by combining the information training would have the most positive influence on knowledge and attitudes of counselors-in-training. Israel and Hackett used

several scales in their study: Herek's Attitudes Toward Lesbians and Gay Men Scale; Index of Homophobia, Knowledge about Lesbian, Gay, and Bisexual Issues Scale developed by the authors; and the Homophobia Scale. One group of counseling students received the attitude training. A second group received only educational information. A third group of counselors-in-training received the educational information and attitude training. The students receiving the attitude training did not recognize that their attitudes toward sexual minorities was the focus of their training, while the group of students receiving the educational information were able to identify that they were receiving educational information. The results from this study showed that participants who underwent the attitude training reported more negative attitudes afterward than did the participants who did not explore their attitudes. The results indicated that counselor educators can have a significant impact on the knowledge level of their students, even if the topic of working with sexual minorities is addressed for only one class session for the entire semester.

Counselors in training may benefit from understanding their own perspectives toward people who use and abuse substances as well as sexual minorities. In 2010, Davis, Sneed, and Koch assessed student attitudes toward alcohol and other drug abuse. They utilized the Counselor Trainee Attitudes Measure (CTAM) to address the attitudes of undergraduate and graduate students from 23 majors. All students were enrolled in courses in the rehabilitation department. Their findings suggest that students with family members in recovery were more likely to view alcohol and other drug abuse from the viewpoint of the medical model rather than the moral model of addiction, as well as students who had completed alcohol and other drug abuse courses. They also found that undergraduates appeared to have more positive attitudes toward alcohol and other drug abuse with undergraduates adhering to the medical model of

addiction more than graduate students in the study. Sexual orientation was not addressed in the attitudes research.

The purpose of this paper is to address training needs of counselors and counselors in training to prepare them to work with lesbians with substance use disorders. Some research has been conducted in this area already. In one such study, Cochran, Peavy, and Cauce (2007) attempted to assess substance abuse treatment providers' explicit and implicit attitudes toward sexual minorities. Results from their study indicated that homosexual men have the most accepting attitudes toward sexual minority clients, followed next by lesbians, then heterosexual men, and lastly heterosexual women. The sexual orientation of counselors was found to be significant in relation to counselor attitudes toward sexual minority clients, with sexual minority counselors demonstrating more positive attitudes than heterosexual counselors. A total of 15.2% of counselors in the study reported alcohol and other drug abuse treatment as more effective for heterosexual clients; 26.1% of counselors conveyed difficulty relating to issues presented by sexual minority clients in treatment. The authors indicated 26.1% of counselors as saying they had witnessed discrimination of sexual minority clients at their agencies based strictly on their sexual minority status, and 19.6% of counselors reported feeling as if they were not adequately trained to work with sexual minority issues. There were 17.4% of the counselors in the study who believed that all clients should view the nuclear family as the ideal family unit.

In summary of this section, while various authors have attempted to assess counselor attitudes, the research literature seems to conclude that how attitudes are assessed varies as well as the reasons why attitudes are assessed. In looking at attitudes of counselors and counselors in training toward sexual minorities, it is clear from the research presented that attitudes toward

sexual minorities tend to be negative and counselors feel as if they lack appropriate training and education in working with sexual minority clients.

Summary of Research Literature

Various risk factors were uncovered in the available research literature pertaining to lesbians' use of alcohol and other substances. Specific risk factors addressed in this paper included traumatic childhood events, butch/femme differences in use, and age. These risk factors were demonstrated by the research literature to correspond directly to lesbians.

Rates of substance use and characteristics of lesbians upon entering treatment were also discussed in this chapter. In order to discuss the need of lesbians for substance treatment, it is necessary to have an understanding of the prevalence of substance use prior to entering treatment. However, one of the limitations to this understanding is addressed in the literature, with authors stating that some sexual minorities may not seek treatment due to anticipated stigma or perceived counselor attitudes toward sexual minorities.

Due to the specific needs of lesbians addressed in the research literature earlier in the chapter, specialized treatment options were reviewed. Unfortunately, this section is representative of the research literature as a whole in that there is little information currently available providing empirical evidence regarding effective treatment modalities created specifically for lesbians and other sexual minorities receiving substance treatment. In the available literature, the researchers attempted to note the similarities and differences in ethnicity/race and sexual orientation of counselors with their sexual minority clients receiving treatment. These similarities/differences could have had an impact on client completion rates of treatment.

The final section in this chapter reviewed literature pertaining to counselor and counselor in training attitudes toward sexual minority clients. In order to provide sufficient treatment to clients who identify as sexual minorities, counselors and counselors in training need to have education about these populations. This need has been demonstrated in several research studies by various authors. Research literature uncovered that counselor and counselor in training attitudes toward sexual minorities are generally negative in nature and tend to be more negative for certain subgroups of people. What seemed to affect counselor attitudes toward lesbians and other sexual minorities was the amount of education the counselors received as well as the amount of general interaction they had with sexual minority populations.

The purpose of this chapter was to provide an overview of the current literature pertaining to substance treatment services provided to lesbians and to identify counselor training needs. A variety of subjects of the literature were addressed to provide an overview of the need for specialized treatment for lesbians and other sexual minorities as well as to indicate the areas that could be improved upon for counselors and counselors in training.

CHAPTER 3

IMPLICATIONS AND CONCLUSIONS

The research literature pertaining to lesbians with substance use disorders reflects a need for specialized services for lesbians and other sexual minorities. Rates of substance use, specific substances used, histories of trauma, sexual identity, the coming out process and where a person is in this process, gender representation, age of first use, and age of initial sexual experience are all unique factors for lesbians (Parks & Hughes, 2007; Hughes, Johnson, Wilsnack, & Szalacha, 2007). Furthermore, the available research literature demonstrating the attitudes of counselors and counselors in training toward sexual minorities reveals a demand for increased education for working with sexual minorities (Alderson, Orzeck, & McEwen, 2009; Cochran, Peavy, & Cauce, 2007; Newman, Dannenfelser, & Benishek, 2002; Israel & Hackett, 2004). The research indicates that counselor attitudes toward sexual minority clients may interfere with these clients seeking future services (Blank, Asencio, Descartes, & Griggs, 2009). If the treatment atmosphere is heteronormative, lesbians may not feel comfortable addressing these issues themselves. They may also not feel like treatment works for them and drop out of services before completion.

Less research is available concerning specific treatment modalities, which may increase treatment outcomes for lesbians and other sexual minorities with substance use disorders. Barriers to treatment, such as negative counselor attitudes (Alderson, Orzeck, & McEwen, 2009; Newman, Dannenfelser, & Benishek, 2002) and higher rates of use of certain substances among the lesbian demographic than in other populations (Cochran, Peavy, & Cauce, 2007), were uncovered in the research literature. These barriers should be studied as criteria to facilitate more comprehensive services for lesbians seeking substance use treatment in the future.

Many of the reviewed research studies did not include a heterosexual control group. Thus, it is difficult to have a full understanding of the differences between sexual minority and heterosexual substance use rates. One study conducted by Crothers, Haller, Benton, and Haag in 2008 did include a control group of heterosexuals with substance use and co-occurring mental health diagnoses. However, the participant pool of sexual minority women was significantly smaller than that of the heterosexual participants (75 and 455), which can skew data substantially. There were very few national studies available as well.

Some of the studies relied on participant self-disclosure of sexual orientation, and some studies did not include questions about sexual behavior with self-disclosure. Other studies relied on researcher labeling, disregarding participant self-identification. There is a lot of stigma associated with a sexual minority label, and some people will participate in same-sex sexual acts while not identifying as a sexual minority. Based on the research, individuals who either identify as a sexual minority or engage in same-sex sexual activity demonstrate increased rates of substance use as well as mental health issues (Austin & Irwin, 2010; Rosario, Schrimshaw, & Hunter, 2008; Hughes, 2011; Newcomb, Heinz, & Mustanski, 2012; Hughes, Johnson, Wilsnack, & Szalacha, 2007; Parks & Hughes, 2007; Fals-Stewart, O'Farrell, & Lam, 2009). Therefore, it is important for researchers, as well as counselors, to be inquiring about the sexual behaviors and sexual identifications of the people with whom they are providing services.

Several research studies linked sexual minority women to not only higher incidents of problematic substance use, but also co-occurring psychological distress (Crothers, Haller, Benton, & Haag, 2008; Bostwick, Boyd, Hughes, & Esteban McCabe, 2010; Parks & Hughes, 2007; Hughes, Johnson, Wilsnack, & Szalacha, 2007). This is evidence for the need of specialized treatment services for lesbians seeking treatment. However, little research has been

done in the area of evidence-based practices for sexual minorities seeking treatment. The research literature that is available indicates that significant others of sexual minority clients should be included in the substance treatment process. The research literature identified one research study which utilized a couples' version of behavioral therapy which was correlated with more positive treatment outcomes (Fals-Stewart, O'Farrell, & Lam, 2009). Specialized treatment services are quite valuable for increasing positive treatment outcomes and can increase the likelihood of sexual minorities to seek treatment services.

Another area briefly discussed in the research literature was age of clients compared to adult onset of substance use disorders in a 2010 study by Austin and Irwin and a 2007 study conducted by Parks and Hughes. This is an area which would be useful for counselors to consider when providing substance treatment. The research indicates that lesbian women who begin to consume substances at a younger age report more problematic consequences from their substance use as adults. This is comparable to their heterosexual counterparts. Other research literature identified traumatic childhood experiences as corresponding to adult onset of substance use disorders. This information could indicate that younger age of substance use could be related to traumatic childhood experiences. For counselors, this suggests probing further into the age of initial substance use as well childhood experiences in more detail.

The problem associated with probing further into childhood details is that counselors could uncover abuse and perpetuate stigma onto their sexual minority clients due to their own negative biases about sexual minorities. Society already perpetuates stigma against sexual minorities, as well as stigma against victims of abuse and sexual assault. Combining these two issues, it could be theorized that sexual minority victims and survivors would be at an increased risk of stigmatization. This is only one reason for counselors and counselors in training to be

cognizant of their personal biases. However, it is necessary for counselors and counselors in training to go a few steps further and analyze their attitudes and beliefs in order to not perpetuate a negative atmosphere toward the clients they are supposed to helping.

The research literature addressed various methods for counselors in training to assess their attitudes toward sexual minorities, including several evidence-based surveys. Research literature also uncovered many suggestions by authors for future research and practice of cultural competency by counselors. Most of these suggestions began in the classroom of Masters programs. Research literature indicated that there were very little specialized courses existing for counselors in training to learn how to work with sexual minorities (Israel & Hackett, 2004; Newman, Dannenfelser, & Benishek, 2002). This suggests that more courses should be developed and offered in counseling programs. Research also concluded that when information was presented in the classroom about sexual minorities, counselors in training reported more positive attitudes toward sexual minorities. This demonstrates that education is fundamental in framing attitudes more positively toward a population which society deems in a negative light.

While the author of the paper has presented a review of several research articles, the research literature is lacking in sufficient information about lesbians receiving substance treatment. There appears to be some data regarding rates of use of lesbians and other sexual minorities, but even with the data available it is difficult to obtain an accurate description of the real needs of lesbians with substance use disorders.

In summary, this chapter provided a conclusion of the research literature pertaining to providing quality substance treatment to lesbians, as well as other sexual minorities, and counselor and counselor in training needs related to education and classroom training. In the next few sections of this chapter, the author will provide her suggestions for improving counselor

training and voice her suggestions for improving substance treatment for lesbians. Suggestions for future research will also be included.

Counselors

As previously noted, some individuals who identify as lesbians may not seek substance treatment for problematic substance use due to feeling as if they will be subject to counselor prejudices upon entering treatment (Blank, Asencio, Descartes, & Griggs, 2009). Thus, lesbians feel unsafe before even stepping foot into the door of a treatment facility. In order for clients to address the root issues of their problematic drug use, individuals need to feel as if they can speak openly about their actions – sober as well as under the influence of drugs, which includes their sexual behaviors. Lesbians and other sexual minorities are likely to feel stigmatized against in their daily lives and have already received many messages that it is not acceptable to speak openly about their sexual behaviors or feelings related to their sexual orientations or identities. Therefore, it is extremely important for counselors to provide a safe, affirming place for lesbians and other sexual minorities to be open and honest if they are to address their substance issues.

To provide a safe environment for clients, counselors first must be aware that the atmosphere may not be inviting for lesbians and other sexual minorities. To raise awareness, education and training are key. Challenging heteronormative attitudes can be uncomfortable for many people, especially considering that some counselors and counselors in training may have never been exposed to sexual minority issues.

For counselors already practicing in the field, they can become more self-aware of sexual minority issues by attending various trainings either within their agency or by attending external trainings and seminars. Ongoing training will ensure that counselors receive adequate knowledge regarding this population. Agencies can utilize or develop a multicultural committee

to provide resources to their counselors. Agencies can also assess counselors' attitudes by using various surveys available which were developed specifically to measure a person's level of heteronormativity or homophobia. Such assessment tools include Herek's Attitudes Toward Lesbians and Gay Men Scale; Hudson and Ricketts' Index of Homophobia; and Israel and Hackett's Knowledge About Lesbian, Gay, and Bisexual Issues Scale (Israel & Hackett, 2004).

These scales may also be used to assess the attitudes of counselors in training toward sexual minorities. Counselors in training may also benefit from performing role play exercises and mock case studies in classes, as suggested by Israel and Hackett (2004). Knowledge about homosexuality and other sexual minority issues seems to be the most effective way to create more positive attitudes toward sexual minorities in general by counselors in training (Israel & Hackett, 2004; Newman, Dannenfelser, & Benishek, 2002; Alderson, Orzeck, & McEwen, 2009; Cochran, Peavy, & Cauce, 2007).

Service Needs

As previously established in this paper, lesbians need specialized treatment services to be offered as part of substance treatment. Services can be tailored to lesbian populations with the use of evidence-based therapies, such as Behavioral Couple Therapy, and including significant others in the treatment process as much as possible. In a research study conducted in 2009 utilizing Behavioral Couple Therapy with lesbians in substance treatment, researchers found that lesbian couples' relationships were significantly improved one year after treatment (Fals – Stewart, O'Farrell, & Lam, 2009). This signifies that effective treatment interventions can have lasting impacts. Unfortunately, there is little research available regarding other evidence-based therapies for lesbian populations with substance use disorders.

The availability of specialized treatment programs targeting lesbian and other sexual minority populations is another way to enhance the treatment episodes of lesbian clients. This can take form in several ways, such as agencies adopting separate specialized services or entire treatment centers being designed to work specifically with lesbians and other sexual minorities. Agencies adopting specialized services can offer separate groups for lesbian clients to address issues which are specific to this population, such as how being a woman and a sexual minority affect substance use patterns and triggers for use.

Most importantly, counselors need to be affirming of the lives of lesbians. Research indicates that three basic skills should be present in all counselors: unconditional positive regard, empathy, and congruence (Elliot, 2011). These skills demonstrate validation to clients and can make them feel as if they are being heard in the treatment process. If possible, clients should be given the choice of having a lesbian counselor as their primary counselor. This will help to decrease the amount of heteronormativity and homophobia clients experience in the treatment process. As noted earlier, many lesbians have reported experiencing heteronormativity from clinicians as well as homophobia (Blank, Asencio, Descartes, & Griggs, 2009).

Training

It would be difficult to add more class requirements to a 2-year graduate program. However, it is evident that counseling students are in need of specific training related to working with lesbians and other sexual minority populations. While general ideas for training counseling students were addressed in a previous section, this section will provide more detailed suggestions for training counseling students in the classroom. This section will address sexual minority and disability issues in more general terms rather than focusing on lesbians with substance use disorders.

Counseling students can benefit from the addition of information into their courses. For example, vocational courses can provide information about employment issues faced by sexual minority populations such as transgender issues in the workforce. When discussing disability legislation, instructors can include legislation related to the protection of specific sexual minority populations. Instructors can include role play scenarios about heteronormative assumptions in courses about counseling skills. Specific evidence-based theories can be presented which have been shown to be most effective with sexual minority clients. Multicultural classes can address the differing ways sexual minorities are accepted, treated, represented, and out from various backgrounds. Instructors can have guest speakers come in to speak with their students who are sexual minorities or who have worked with sexual minority consumers.

It is the responsibility of instructors to emphasize the role of counselor advocacy for all consumers, despite their own personal belief system. Some students have very strong beliefs about sexual minority individuals and are unwilling to counsel sexual minority clients. This is an example of when personal values and ethical guidelines are in direct conflict. Addressing ethical guidelines and personal beliefs related to sexual minorities is necessary to encourage that clients receive fair treatment when seeking services. For students who may be unable to come to terms with the personal conflict, they can choose between leaving the field altogether or practicing in a setting that does not require them to adhere to the ethical guidelines set forth for counselors by licensure boards and professional counseling associations. Instructors do not persuade students to change their own personal values, but offer alternatives for students so that clients are not denied services or treated unfairly. For students who choose to provide counseling services to sexual minorities who may also have a personal value conflict, they can learn how to establish boundaries between their personal values and their professional code (Elliot, 2011).

Programs should consist of sexual minority staff to serve as instructors. This will provide students with a personal reference from whom they can learn about sexual minority issues. This may also allow students to ask questions they may not have had the opportunity to do because of lack of exposure to sexual minority individuals. This can also increase students' comfort level of being around sexual minority individuals by providing a safe working relationship in a controlled setting.

Conclusion

In conclusion, lesbians with substance use disorder have needs that differ from other population groups seeking treatment. Counselor attitudes toward lesbian clients affect the engagement of lesbians in substance treatment. Specialized treatment programs could greatly benefit the lives of lesbians with substance use disorders.

At this time, there is little research available regarding outcomes of lesbians in substance treatment. From the available research, it can be deemed that lesbians are using substances at differing rates than other population groups and are having different treatment experiences than other population groups. Based on a review of the literature and assessing the implications the available research literature has on substance treatment for lesbians, the author has several suggestions for future research.

In order to improve the treatment outcomes of lesbian clients, more research is needed regarding their experiences with substance treatment. Research should be guided by the need for specialized treatment programs as well as effective evidence-based therapies. Counselor attitudes also need to be reviewed further. While some information is available to indicate that counselors have a generally negative view of lesbians and other sexual minorities without much education or exposure, there is still not an ample amount of information. It will be interesting to

see attitude research continue while the political climate is changing to not only identify sexual minorities, but to grant federal rights to sexual minorities.

This chapter serves as a conclusion to the research paper. This chapter has allowed the author to discuss the current research and provide opinions on future research in this area of study. This paper can be useful in the rehabilitation counseling field by guiding curriculum in the classroom setting, creating more positive counselor attitudes toward lesbian clients, and increasing substance treatment outcomes for lesbian clients. This paper can also be useful for guiding future research in the areas of counselor attitudes and substance treatment for sexual minorities.

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