

BEST PRACTICES REPORT

Serving Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning Youth

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The fact that many, if not most, adolescents have tried or actively use alcohol or drugs is not in question. The fact that there emerges a continual march of evidenced-based practices to prevent or treat youth who are at risk for substance use is—this is also clear by looking at any thorough resource or link to such practices.

What is also evident, is that the unique circumstances a lesbian, gay, bisexual, transgender, queer and/or questioning (LGBTQQ) youth lives with are often ignored by providers or not taken into account. This means that these youth must summon incredible courage to resist the lure of alcohol and drugs, maintain great strength to sustain the positive effects of treatment, and the indifference of society at large means we are failing to support these vulnerable children and adolescents.

Much in Common, with Added Burden

LGBTQQ youth are no different from other adolescents that progress through their physical, mental, and psychological stages of development. They grow, their personalities and identities develop over time, and they experience the same “growing pains” any other youth goes through. As with all youth, thwarting this natural growth and development by using drugs and/or alcohol hinders this progression.

Unfortunately, in addition to the common stressors of growth and development, LGBTQQ youth have the added burden of moving through an often hostile environment that stigmatizes their orientation and identity. Providers that fail to see the significance of this burden and its role on the client’s choices are at risk of missing important aspects in their assessments. This, in turn, can make their painstakingly created and approved itemized treatment plans merely an exercise and they face the risk of failing their clients.

This is not to say that LGBTQQ youth don’t use alcohol and drugs for the same reasons their heterosexual counterparts use. They do. However, added to that is an additional dynamic: self-preservation. To be LGBTQQ in a homophobic world, where anti-gay violence and anti-gay messages abound, is to feel a constant sense of danger. As a result many of our LGBTQQ youth hide their sexual orientations and their identities, important components of who they are, in order to protect themselves from attack, harassment, assault, and the possibility of a violent death.

Of course communities exist where LGBTQQ individuals thrive and are integrated into the neighborhood, the politics, and the local society in general. Youth, however, rarely have access to such communities, and those that

don’t, often find their way to unhealthy coping mechanisms that include alcohol, drugs, and sexual activity.

Some youth find it necessary to mask their identities by acting “as if” they are heterosexual. They are made to feel so ashamed of who they are that they try to become someone else. They try to convince themselves, and others, that they “belong” by engaging in heterosexual sex, or by becoming members of local gangs or even hate groups. All the while they are in constant pain, hiding out in the open, and struggling against a homophobia, which often becomes internalized. As a result, another element of risk to self-medicate emerges, to put aside the fear, the hate, and the intolerance even for the shortest time.

No matter which culture these youth move through, whether it is family, school, religious, or neighborhood, they are vulnerable. They are always at risk of being “found out,” ridiculed or even worse. So they trust no one and tell nobody their secret, least of all strangers that are a threat, can “report them,” reject them, or disclose their orientation to others. The pain of being so alone, along with underdeveloped coping skills, can be too much to bear. This vulnerability then increases their risk of suicide.

Homelessness can add even more vulnerability to the equation. We see LGBTQQ youth on the streets, homeless or victims of predators because they run away from abusive homes that penalize them for being who they are. Others have bravely declared their sexual orientation or identity and, as a result, have been tossed out, disowned, or thrown away.

While not all LGBTQQ youth have these experiences, so many do that for professionals to ignore the possibilities and deny the signs, signals, and messages they could learn to discern, is to provide a grave disservice to these youth. Rather than meeting their true needs and getting to the root causes of their substance use, by not addressing these issues, they feed the fear and prejudice and squelch the opportunity to assist the youth in becoming a healthy, self-accepting individual.

Transgender youth whose identity has more to do with their internal sense of themselves as a man or a woman that differs from their biological sex face this additional discord as they move through their development toward adulthood. While we may define gay as referring to a male whose affection and sexual attraction is mainly toward other males and lesbians as females who are primarily attracted to other females, transgender does not define sexual orientation. Transgendered individuals may be gay, lesbian, bisexual, heterosexual, or asexual. Their risk for ridicule and abuse, both physical and psychological, intensifies and, therefore, so does their risk for substance abuse or dependence. Finding a safe, supportive environ-

ment in which to begin the journey toward recovery can be difficult, at best, and impossible in many, if not most, areas.

A parent's frustration about how to comfort and counsel a child who is being harassed or bullied is among the more difficult challenges. School districts throughout the United States have various forms of protective policies and procedures to guide educators in how to deal with such behaviors. Unfortunately, enforcement and implementation are another matter. Not all harassment is instigated by other youth. Trusted adults too often participate in the discriminatory behavior. Parents and guardians have the opportunity to be proactive and to address such negative influences on our youth. They can visit the school officials to make sure they know that youth are being bullied and how. They should review their policies and procedures to assure they are abiding by them. Some resources that may be helpful are:

www.stopbullyingnow.hrsa.gov
www.modelprograms.samhsa.gov
www.adp.ca.gov
www.nyacyouth.org
www.safeschoolscoalition.org
www.pflag.org

Accepting One's Self

Generally, when an individual progresses through the stages of change that moves them away from being an alcohol or substance user, their lives begin to be pieced back together. Though there may not be the ability to go back to the way it was before the addiction, eventually, at least hopefully, they become integrated back into the general society and embraced by it. For LGBTQ youth and adults, that is not necessarily the case. Regardless of their success in treatment, when they return to society clean and sober, they may face the same rejection and stigma associated with their identity and sexual expression. These conditions make it additionally difficult to maintain their sobriety. It is crucial that these individuals learn to accept themselves, as they are, in order to manage their abstinence.

Sustaining a program of recovery is more than just a challenge. In order to go through the confusing and, sometimes, terrifying changes the individual needs to be "willing." It seems obvious that youth brought to treatment are anything but "willing." They are brought in by law enforcement, school officials, parents and other adults, or social service agencies practically "kicking and screaming." If addiction is the disease of denial, our youth are suffering the disease even at these early stages. It is important

to train and nurture the skills of intake workers, assessors and counselors to engage the youth and develop the trust necessary to do the job. For LGBTQ youth finding that source of support, acceptance, and trust is uncommon. Even for those youth that arrive "out of the closet," perhaps flamboyant, very butch looking, or overtly cross dressed, internally the pain of the bigotry and hypocrisy about their sexual orientation or identity can be so crippling they may use alcohol or drugs to anesthetize themselves against it.

Being able to accept one's self as worthy enough to be who you are without the use of alcohol or drugs is paramount. Finding the provider that understands that and allows a LGBTQ youth the ability to identify the world as they see it and to accept who they are is a precious gift. It is a gift that requires knowledge, skill, and ability beyond theoretical models. Acceptance is the beginning of everything for LGBTQ youth.

At the same time, we want to remember that, despite the extent of their "use," youth have not been addicted for 20, 30, or 40 years and that our intercession early in their use is, basically, an effort at prevention of lifelong use.

However, we must always be aware that the frightening experiences and negative influences experienced by so many of our LGBTQ youth may exceed those of long-term adult users. They are among the most vulnerable of youth.

Still, notwithstanding being marginalized, as well as being vulnerable to bullying and ridicule, many LGBTQ youth maintain a happy and healthy lifestyle. They seek the same love, affection, and support their heterosexual counterparts seek. They seek acceptance. Treatment professionals can provide that but it starts much earlier than upon reaching any phase of treatment, or only during an individual counseling session. It starts at the beginning.

Communicate: A Safe Place

Except in rare instances, it is not the youth, themselves, that seek a treatment provider. More often it is a parent, school official, judge, probation officer, or other adult that links youth to a treatment facility. Except in rare cases, while not exactly being dragged in kicking and screaming, they are not happy to be there. For LGBTQ youth the fear can be traumatizing, especially if being placed in a residential setting.

We all have our ways of taking in our environment and assessing if the surroundings are safe or if we need to flee, even if that means going in to one's self to get away. Placing a rainbow flag, equality symbol, or any

other representation like a pink triangle, somewhere in the lobby of the facility sends a clear message...“this is a safe place.”

The language intake workers use when they interview a new client, and the types of questions they use, send signals of respect or denigration. The demeanor of the assessor, their body language, voice inflection, and general attitude all send messages. LGBTQ youth are survivors and they have been able to get as far as your door because they read those signals very well.

However, getting to a place where staff consistently exhibit support that engenders the trust of LGBTQ youth means a great deal of work was done prior to any appointment being made. The facility needed to have been made welcoming and inclusive. Policies and procedures, trainings, clear confidentiality safeguards, materials that reflect LGBTQ clients, and protocols that enforce respect needed to have been put into place.

These all need to be actively reinforced. Clients, as well as staff, need to be held to nondiscriminatory behaviors and breaches are required to be addressed so that all are adherent to the agency’s inclusive mission and expectations. Intake and assessment questions, as well as the discussions during individual and group sessions, are required to set the standard that will maintain the supportive and trusting environment permitting LGBTQ clients to be open about their gender identity and expression without negative repercussions.

Forms Set the Tone

The intake assessment forms and questions are of particular importance. They set the tone from the start. They need to be inclusive enough to allow for diverse expressions of family including gender variance and non-nuclear families. Providers are encouraged to do a full qualitative audit of all of their intake forms, including their Psychological Symptom checklists and Sexual History questionnaires. Technical assistance to assist with needed changes is available at www.lgbt-tristar.com.

Providers also would be wise to take the lead from their clients. Not everyone is “out.” Some youth may have friends and relatives that know of their orientation and identity, while they may not have disclosed this personal information to others. Be aware of the names and pronouns clients use when referring to themselves. Never assume. It is probably best to use gender neutral references when speaking of parents, significant others, or partners. Gender neutral or unisex bathrooms provide the opportunity to avoid any discomfort. Transgender people use the facilities that are most consistent with their personal gen-

der identity. They attend groups and are housed based on the same criteria.

Currently, LGBTQ youth may have become more visible and more open, while at the same time opening themselves up to an even more difficult struggle against peers who are quick to ridicule and abuse them. Others progress to depression and anxiety based on a self-hate scenario of internalized homophobia. Providers need to be aware of all the possibilities.

Do not generalize, label, or categorize LGBTQ youth. They are as varied and unique as anyone. Despite study after study being done and consistently telling us about comparisons between LGBTQ and heterosexual youth and how much more LGBTQ youth drink, smoke, use drugs, cut and attempt suicide, what each counselor needs to remember is that there is a unique individual in front of them. Their care has been entrusted to that professional. Being able to alleviate the alienation and provide the opportunity to confide is a key component of their task. The counselor’s skill, knowledge, and ability to engage youth and motivate them to stay in treatment is necessary for the success of the treatment intervention and care.

The timing is never right if the provider is not comfortable with the subject and cannot reflect the non-judgmental attitude their profession necessitates.

A few resources that link to a myriad of other sites are:

www.colage.org

www.pflag.org

www.popluckclub.org

www.respectforall.org

www.project10.org

www.imatyfa.org

Realistically, we know there are varying levels of AOD counselors and any individual provider may have limited understanding of how to approach the treatment of LGBTQ youth given the complicated and confusing multiple influences and dynamic experiences in their young lives. Appropriate training in diversity and improved professional credentials are steps toward providing an enhanced treatment protocol that addresses the needs of LGBTQ youth and those that live within LGBT families.

While AOD counselors are not therapists, a basic understanding of adolescent growth and development is a necessary component of any treatment of youth. The ability to help youth understand the reasons for their substance use moves the recovery process along. A counselor’s mentorship that provides trust and a sense of security that accompanies understanding guides the youth toward acceptance. For LGBTQ youth, the assistance counselors provide that help them move through their

shame, fears, and triggers are influential steps that lead to successful changes and a sustained recovery.

A truthful and open dialogue among the treatment team that addresses the concerns of the counselors to be able to treat this wonderfully diverse and needy population will generate a more healing environment for all clients.

Above all, whether the provider has sworn an oath, has become a licensed clinician, or a certified counselor, we all work to “cause no harm.” Together, with understanding, empathy, and knowledge of treatment modalities, we can do more. We can help LGBTQ youth to heal, become clean and sober, accept themselves for who they are, and help others in the process.

The opinions, findings, and conclusions herein stated are those of the author and not necessarily those of the State of California, Department of Alcohol and Drug Programs. This publication can be made available in Braille, large print, computer disk, or tape cassette as a disability-related accommodation for an individual with a disability.