NAADAC

Advancing Awareness in LGBTQ Care, Part I:

History of Specialized Treatment for LGBTQ+ Clients

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People becoming more aware of gay and lesbian issues

>> Emily: We are coming to you from sunny, cloudy, Southwest Florida, a real privilege for us to be here, when people heard we will be here, people would have said, are they still alive? We are, still alive and just learned a lot from Christina's presentation, there's always things to learn.

To pick up you have to understand, when we did workshops many years ago, at a conference we were usually put in the back of the building, the hotel, the last session of the day, sometimes one person would come or two people, sometimes it would tiptoe past the door, some people would want the door closed so nobody knew they were in there, but we just kept at it, and in the 1980s we were starting NALAP at the beginning of the beginning of the AIDS epidemic, we lost just about all the co-presenters that we had during those years and we dedicate this talk today too many of them who left us much too soon or Mac in 1980, and even a year after we formed NALGAP we had a friend we met in New York, who helped us get a great track at their conference in Seattle to present papers there presented by some the people we reach out to, wrote papers and presented at that conference in Seattle and that became an issue the Journal of homosexuality, Haworth press were very helpful to us in getting the word out and in the 1980s, at the we helped get courses in there so we taught in the three-week school, workshops, and many other presentations at Rutgers. I had 3 x 5 cards, that was my computer at that point, and I sent out information to a lot of different states, found out where the state agencies were, and Nancy Tucker word spoken as a recovering person at records in 1979 had collected some resources and George Marshall had resources and we started to find people throughout the country. We became the central clearinghouse for communications across the country about LGBT issues. In the addiction field, and we also became a voice within the gay and lesbian health movement for alcoholism and addiction, and chemical dependency which they didn't really want to talk much about. If you remember a lot of the socializing went down and primarily in gay bars, lesbian bars. The issue of alcoholism became a very touching one. Despite that we were included in many of their conferences, Dana and I met one immeasurable people gay social workers, gay people in medicine, nurses, they all had their support groups and that word started to spread. One of the things I did in researching this, like all my nostalgia was to find some of the old NALGAP newsletters, and this is a wealth of information over the years. NALGAP sometimes published four of the year, that articles, part of self-disclosure, crystal meth the new Holocaust, talking about trauma, talking about clinical issues in these newsletters, reported when things were left out, in a state or local area, if somebody felt they were left out of the conference they couldn't get a workshop in, it would write to us and we would publish it

in the newsletter and sometimes we got things included because of the, once you have a voice and you have visibility, and you have to advocacy, it helps. This is a big part of what NALAP, not just Dana and I but in their local areas. We published book reviews, announcements about conferences, summer schools, people began to volunteer to do workshops in their local areas, we published awards that people got, columns, Doctor Penny Zigler wrote the Doctor is out which is about clinical issues, very helpful to many people. We did interviews, sometimes to get people's views.

We couldn't have done this without all the allies that we had and high couldn't name them all, and in fact I would leave people out where I wanted to mention,

NAADAC helped us for many years, Wesley Clark Sullivan, Barbara Warren Elijah Neely and Helene at NALGAP helped with the publishing of the training manual and certainly NALGAP would still be here without Joe McCabe and Joe Amoco, we really need to realize we are standing on the shoulders of a lot of people who came before NALGAP. Max Schneider, Jerry Schulman a lot of people out there and a lot of places in the country who were allies and friends and supporters, and we really recognize that that help was invaluable.

Joe mentioned the pride Institute, we were consultants to them when they started and Dana was on the board there for quite a while, advisory board. We published the first book on dual identities, counseling chemically dependent gay men and lesbians, and we had these workgroups that started to work on the providers guide, and those ran from 1998-2002 and they went on to do the training manual, but we went to Washington sometimes a couple times a year to meet with people all over the country, to put together that guide.

Our second book? In 2002, counseling LGBT substance abusers, and most recent one, Michael Shelton's book and the mentals of LGBT substance abuse disorders talked about the complexity of the intersectionality of race, class, gender, and many of the issues that override sexual orientation and gender identity. I think we are getting into more complex issues, clinical issues, I think a lot of people who may think that homophobia is over, trans phobias over, they need to see what the Supreme Court trusted. It is not over. we need to have more advocacy and more help and support in the future, an there are archives materials at the Rutgers Center of alcohol stories, you are gay and lesbian Center and the University of Louisville, we gave a lot of books and unpublished papers and materials that we collected over the years, every time we moved out of New York City and from New Jersey and Florida we gave away as much of this information as we could. We hope these resources are available.

It has been really great here, I'm glad I found how to do a timer on my phone, and I will turn it back over to Joe, thank you

>> Thank you, to say first of all for you naming all those other folks, thank you for that reminder. All the other pioneers in this field and how much they gave to get us where we are today, so thank you for that memory and history, and for being two of my biggest cheerleaders over the years you have been so wonderful in your support of me and I appreciate it so much thank you.

Again, another huge privilege to introduce our next panelist, Phil and I also go way back, because we were together and what I one point it was an LGBT caucus in NAADAC, it was not an official committee back then, and we were fighting to get more LGBTQ issues into all the clinical programs, conferences, and Phil was cochair of that particular caucus in the significance and I reason I invited him today is there was a point where the cochair of that caucus stood on the floor of the national NAADAC conference and challenged SAMHSA and said what will you do for us? Phil is currently the president of NALGAP, and NALGAP, there has been a lot of LGBTQ plus organizations have come and gone over the last 30 or 40 years, NALGAP has survived all the time since 1979, there was a point at which I was president for eight years and I said, that is long enough somebody else needs to take over. Phil was willing to take step up, nobody else wanted to be vice president, and I say okay, you supported me while I was president, I will support you while you are president. I then did vice president and then we got that position field so now I am the secretary of the board so Dana and Emily it is hard to get off the board once you're on it, but welcome, any of you out there in this webinar land to get involved we would be happy to have you join us

>> I have to unmute and set the slideshow from the beginning; I believe you're seeing the screen.

First I want to say what an honor and a privilege it is to be here, I am so glad that NAADAC has put this together and Joe putting this together but for my friends and colleagues, we have such a long history and to clarify, I actually was a student when Dana taught at Rutgers Institute number I believe Emily was working on her PhD and she was not corporate and in the course, I took the class and actually about 10 years later I inherited the class, and I am an adjunct instructor at Rutgers, and I was asked to continue teaching LGBT cultural competency as we referred to it at the time.

I'm happy to be here and I will set my timer because I will forget. Like most of my esteemed colleagues I am a talker, and I don't set the timer I will keep on going.

I was asked to talk about the provider guide and past and present, as we lay a foundation with work started by NALGAP and NAADAC spearheaded by Dana and Emily and Joe, I want to talk about what that was like but also where we see ourselves Merck moving in today situation.

There was little specialized treatment has Joe mentioned, we had a pride Institute and several years later alternatives in LA open, but there was a publication that was put out

by SAMSAH for clinical affairs committee that Joe mentioned was asked to do the review of this tip, so federal people came to the NAADAC conference ended this field review, I was participant, and it was during that we started to have this conversation and we thought it was wonderful we were doing something around HIV finally, and drug users it was 1995, 10 years into the epidemic but the conversation, what are they doing for gay people?

Complimentary to this, the center in New York City then known as the gay community center, brought together a work group of clinicians to put together a manual and a group of us met 20 or so met three days in New York City and outlined a manual used specifically in New York State and produced by oasis the substance abuse services, and this led to a conversation that took place and as Clarissa stood on the conference room fall floor federal people all over because this was a big deal, challenge them, one will be time for something for LGBT? I was a cochair of the affairs committee at the time we had LGBT subcommittee, spoke to several can people behind the scenes, and amplified what Clarissa said, we are doing this for HIV, what else can we do? The first person that actually responded to me with Doctor Kraft. He said to me, how would we even do this, how would we get information? I said, some information has been done, NALGAP has been doing it, the community center has been doing it, others, we started and he started taking the leadership along with the other people on the screen which we await debt of gratitude to, but their leadership at the federal government and federal system, to start to develop an outline what became a provider's introduction to substance abuse treatment for as being late bisexual and transgender individuals.

I can tell you even back then we had to fight to make sure transgender and bisexual were represented, if you read this publication, we were not allowed to talk about harm reduction and not allowed to talk about tobacco. Tobacco had yet to have been recognized even by SAMHSA, and what we are able to work with, and how we then move into what we are doing today.

Several years later a researcher did a study of substance abuse treatment programs and wanted to find out, what are they doing now that we have some of these publications? They called 854 substance treatment programs and they said I am calling about, your listed in the directory, providing special programs for gays and lesbians, I am interested specifically into what that means, can you tell me more about it?

Not surprisingly, 70% said we don't have anything special. But they listed themselves as having something, 16 agencies that they offered services in the past but no longer did.

out of all these programs who said they had special programs only 62 actually had anything they could actually say We were doing which is based on the recommendations from the providers guide. We knew we had to do more to get not only information out there but also start addressing how policy needed to be changed and it couldn't be relying on the one gay clinician, and when they moved on the programs dissolved.

In the 2018 survey we found some improvement but that many more programs said they do provide specialized services, we honestly don't know what they are actually doing because that has not been researched, the number of programs that tell us yes, we are welcoming to LGBT grams, individuals, don't really confirm what they are actually doing as far as policy and practice.

It acknowledged three main components, knowledge skills and attitudes, I want to outline, we use that as our template for moving forward, and we started asking, another research done in 2017, 2007, sorry, what type of services are you actually offering, and how would someone know if a consumer or patient was looking to go to a specialized program, what should they ask? Many people were going to programs that said we offer services when they showed up, they were not really doing something this week that means something next week. These were recommendations that came from Cochran PV in cost, how do you know what they are actually doing?

This creates a model that we are using At NALGAP for the difference between a program that first we have programs that are tolerant of LGBT, I don't think you're tolerant and I don't need to be avoided. We have many programs saying they are welcoming, which is nice, but that doesn't mean they are meeting my needs and the program starts meeting my needs are being more sensitive to my issues so sensitive and inclusion, but they're not really being affirmative. They are not recognizing the core components of my identity as a queer man or if I were coming in whatever identity, I came in, and what action need. I'm a person in long-term recovery, I came into recovery 36 years ago, I began as a queer advocate since 1979 but the point is we didn't always recognize the need for affirmative services that it became different than just saying, gay people are included, but we need to do more and better for them. We are looking at developing a standard matrix, care matrix, this outlines for you the distinction, those who are not familiar with the terminology I use, when we talk about a program being tolerant, being welcoming, sensitive, or inclusive, the overall goal is we need to be affirmative also, we want to affirm, the person believes there feels better about being a recovering person, and we need to do more and do better.

How we do better his not looking just at practices but also our policy. These are the core components of what an affirmative program would have, I known speaking fast and from New Jersey we do that. It is here you will have the PowerPoint, you can read at your own pace, but it also includes how affirmative are you with your employees, with your staff, with your Board of Directors, and with your committee members? Do your volunteers and people coming from outside your agency, are they also LGBT affirmative, or do they represent the community? I work in a commission, we don't know where to send our clients for aftercare other than just to go to a support group, there is a gay meeting right in your town, we don't know that. You as a clinician have a response ability to provide aftercare services and involvement with self-help group you should know where the LGBT programs are.

We hope the NALGAP Center of excellence, we will be doing this, working with NAADAC because we have similar values and principles that guide us in what we can do to further assess the needs for LGBT community.

We are already developing a matrix, and it will be a system where people will not only tell us that they are LGBT inclusive or affirmative, but we will ask them, what is it you're doing for lesbians, gay men, bisexual, queer identified gender nonconforming, and what are you doing for the transgender community because many times we still find it programs that say they are LGBT inclusive don't always affirm the transgender identity.

We want to make sure both are assessed and this is similar to the HRC centers for excellence for hospitals, we will be able to release information,

What we want, NALGAP's mission is to share this information with others, for the consumers who are looking for treatment, for the clinicians were looking to make a referral, and for those of working in treatment, what are we currently doing, what are the things we can measure and have dark mentation and what we need to do to become a more affirmative LGBTQ affirmative treatment program.

That's my 10 minutes of happy beer and happy Juneteenth to everyone, great to have holiday acknowledged for everybody. So, thank you

>> Thank you, Phil, as always you give us much information. I will ask you to be ready when we get to Q&A time, and let's get some information about the upcoming conferences, so can I get the dates and places at your fingertips, because I think that is important to talk about as well.

Our next panelist is really a dear friend, Pamela Alexander and I met back when the NAADAC days we have been talking about, LGBT caucus, and the work with SAMHSA, and I can remember Pamela and I sitting at conferences or board meetings, in hotel lobbies and checking in with each other and sharing about each other's lives. Over the years I have such a deep and profound respect for her, particularly the work she did with Ruth Ellis center. I don't know how much of that she will share what if she doesn't today, at some point, right or ask her to share with you the history of Ruth Ellis, that program that is just phenomenal.

If I am not mistaken, Pamela, I don't see it in your bio, I know you appreciate last year receiving the NALGAP lifetime achievement award, if I'm not mistaken didn't I read recently that you are now elected the president of the Detroit chapter of the NAACP?

>> Pamela: That is correct.

Thank you. Thank you very much.

I am so honored to be a part of this event today, and I wish everyone a happy pride month, I have been involved in substance abuse disorder treatment services for more than three decades, and as Joe mentioned, my work at the center was by far the awakening and certainly a very rewarding us period for me, because this gave me the opportunity to work with young people, so I want to talk a little bit about the millennials, and generation Z.

Is coming out about today's conversation about young people coming out early in life, early as seven, early as three! My title here today, mom, dad, I have something I need to tell you. As a parent, your heart skips a beat when you begin to think about what that means and what you are going to hear from that child.

What I want to get into is what happens when a child comes out as gay, LGBTQ, you know, and trans, and how the family and beyond but certainly the family will react or respond. I want to focus on families and communities, nurturing and families and communities rejecting.

Family acceptance tends to look like protecting against and supporting young people, because they are there are concerns around depression, suicidal behavior, and nurturing families and communities. schools incentive policies that support children, all children, and their whole identity, and policies are based on safety for all students, however rejecting families and communities is different, LGBT young people who report high levels of rejection, 8.4 times more likely to report having attended suicide, 5.9 times are likely to report depression. 3.4 times more likely to use alcohol and drugs, 3.4 times more likely to have protected and unprotected Reese intercourse compared with peers from families that recorded no levels of family rejection.

Family rejection is extremely important when it comes to developmental stages of young people coming out. Some of the risk factors related to it, on the basis causes for young people beyond experimentation, we know all young people tend to, whether most 10 to experiment with drugs and alcohol, but the risk factors tend to center around family abuse, neglect, conflict, experimenting with use of alcohol and drugs as a coping mechanism, high-risk sexual behavior, may be underlying until health issues related to gender and identity that is not being responded by the parents or caregivers, and peer influence related to being bullied in school, isolated, not being supported by family, and certainly the issues of experiencing trauma and secondary trauma and triggers. I have a colleague of mine that is an adult now, but he shared a story that he never came out in life, absolutely never came out to anyone as young person, and people told him that he was gay. and using those words like faggot, he always experienced Hines ID because being around his peers, teachers, other students, folksy considered sometimes friends but not feeling protected in schools because teachers tend to sometimes not be as well versed or competent in addressing school-aged children's needs when it centers around intersectionality.

Being bullied, and kids this age are at risk for dropping out of school, generally around the ninth grade is when the numbers really begin to increase for LGBT kids dropping out of school.

One of the clear pieces, not being able to fit or feel good about seeking employment in jobs.

And of course, with all that being said, they are LGBTQ young people are at risk of being subjected to being involved in juvenile justice, and certainly the high numbers of being involved in foster care.

When there are protective factors related to LGBTQ youth, you have a much more supportive family system, you have affirming teachers, you have affirming school policies that support kids in school. Affirming committee support, committee agencies. And churches. Youth-based programs and affirming employers who have policies as well. With that being said, without the sports, and I won't read them all, but without the sports it certainly puts young people at risk for the use of alcohol and drug abuse.

In this particular slide, it says young people are 1.6 times in the odds of using marijuana, and 2.9 times more likely to use injected drugs, and 3.3 times more likely to engage in cocaine use.

These are the drugs that tend to be accessible to young people, being LGBTQ affects girls using substance abuse more dramatically than boys, although boys are more likely to use drugs and alcohol overall.

There is some evidence that bisexual, particularly likely to use alcohol and drugs. What that also means, going down further, we know that transgender youth, young people experience certain substance abuse risk factors such as peer victimization, psychological distress was, and or often then lesbian gay and queer youth, who are cis-gendered, not transgender. These facts suggest we should be particular concerned about substance abuse among transgender youth.

And we are looking at some of the suicidal behaviors, compared to lesbian and bisexual young women, gay and bisexual young men and transgender young adults reported higher levels of LGBT school victimization, 5.6 times more likely to report having attempted suicide, 5.6 times more likely to report suicide attempts two times more likely to have been diagnosed with a sexually transmitted disease and to report risk for HIV infections.

Further suggesting that self-esteem, feeling good about themselves, life satisfaction, feeling good about their lives and social integration, feeling connected to those around them are all at risk when young person has come out, or is attempting to come out in the family or community or churches or schools.

Key treatment and prevention services to support LGBTQ, youth and families, certainly, identifying, the goal is really to identify a treatment service that specializes in LGBTQ

youth services and that is one of the agencies, that of the agency that I worked with which was the Ruth Ellis center, located here in Michigan. It specialized, it was a full-service organization because all the other challenges they might have, including addressing issues around housing, and other issues later to education and so forth.

I did want to share that Doctor Caitlin Ryan is the expert that I would recommend that people follow up with, because she is the person who has created a whole groundbreaking work over the past 10 years, related to addressing family acceptance Project that supports families overall were children who come out as LGBTQ youth.

With that I would like to close out by suggesting that cultural competency with organizations and staffing agencies, understanding how to support LGBTQ youth and their journey, and developing an identity.

I will pass it back to Joe

>> Joe: Thank you Pamela thank you for your countless energy for working with and on behalf of LGBTQ youth over the years, it means so much to our community. Thank you again and thank you for your friendship.

Our last panelist before we get to Q&A today, is Anna Helena Skinsted, currently board of directors for NALGAP but how she got there is incredible to me. You have heard in 1979 how NALGAP was formed, you heard about how in the 90s NAADAC put some pressure on SAMHSA to do something for the queer community which resulted in the providers guide. We were told when the providers guide was going to be published, it would be an accompanying curriculum, and I won't go into all the politics, but things change in our country, and the curriculum was shelved for a while, and after a few years we began putting pressure again saying, we really need this curriculum and when they dusted off the shelves, we realized it was quite out of date, it needed a lot of updating, in that part of the country.

When we asked her to join the NALGAP board as a result of her work, and Helene is typical answer, whenever I ask you something, is absolutely! Here is absolutely and Helene Skinsted.

>> Thank you so much Joe, as you know I am very happy to be working with all panelists at the NALGAP board, and have I don't even remember for how long, so this is a very great honor to be able to talk to you about how far we have gotten. And now I am wondering, can you see my slide?

>> And Helene, you need to go to share slides --

>>Anne Helene: can you see it now? Okay.

As you have heard, people refer back to this historic moment when SAMHSA and the federal government report on the spot and asked, what are you going to do for our community?

We have seen this over and over again, and when we got the opportunity to work on this, as Joe indicated, it was outdated. As you all know, LGBTQ issues are very influenced by political perceptions, at the time, so we were so happy to be able to get this opportunity, but we weren't allowed to make any changes. We were allowed to make it pretty, and provide additional information.

I want to remember Barbara Warren, intra-team, they developed this original, and we took it from there. But Ed Kraft was instrumental and that is something that Joe has referred to as well.

This is what it looks like when we look at the curriculum that was published in 2006. We wanted it to be colorful, and we wanted to be enticing, and when we developed all this, both the trainer guide, participant guide, we sent to every single state authority in the country, and we distributed what is on the right side, the training curriculum, and a DVD, what we had in those days, and all over the country.

And we initiated what we then considered the beginning of disseminating a whole curriculum. I want to recognize my trainer at the time, my colleague Tom Freese, and together we developed a way of training this out, that the people who were selected to participate in a training of trainer program would have to be very familiar with the content, and would have to work with us on presenting the content in such a way that we felt it was a culturally affirming and positive. This is not an easy curriculum to train out because, think about 2006-12, the attitudes that some of our trainers had to endure, and what we felt was a group of trainers that would get together, talk about the experiences, and develop strategies.

Then we got a new center, and I am doing this particularly to try to make you see the differences in how we developed our layout. We were given together with Pacific Southwest, and Northeast, ATTC, centaur of excellence in racial and ethnic minority young men were sex with young men and other lesbian sexual and transgender populations, can you imagine saying this name. That is what we dealt with.

We got together, many of the content experts that had developed providers introduction, had been part of the curriculum developed with us, and also are on the panel today. I wanted to highlight Barbara Warren, and our friend from San Francisco, they are also very prominent in the field of developing specific curricula. Of course, we have Tom Freese, directing the Pacific Southwest and we hammer through the curriculum and expanded and updated it.

We developed one day training curriculum, and it follows very carefully you providers introduction. It is really intended to provide skills in delivering culturally responsive prevention and treatment services, for the LGBT populations.

Focusing on a holistic understanding of substance abuse, mental health, physical abuse, in the LGBTQ community. Looking at what previous presenters today have talked about, and those of the beginning approaches to a culturally affirming treatment approach.

We have addressing issues of cultural diversity, and here specifically we want to focus on minority stress, and cultural diversity, cultural humility.

The next one is addressing the needs of lesbian individuals. What we discovered, when we developed this, this is 2014-15, the literature wasn't following what we needed. Just to make our audience aware, up until that time, and this is something we need for the future. And we have all section addressing the needs of men gay men and men who have sex with men, (MSM) same basic knowledge but cultural humility and trauma informed care.

Addressing the needs of bisexual individuals, is also a very important part of this curriculum, with the same goal and trying to make sure that people and providers specifically understand that it isn't like oftentimes said before, in the gay community that anybody who identified as bisexual would be faced with the suggestion, you will get over it. You will figure out how you will identify. No, that is not the case, many people continue to identify as bisexual through their life.

And sorry about this, some of my slides have disappeared. We have a specific section on transgender, and also administration. I know some of our presenters on this panel have addressed the issue of legal changes, how to administratively create a workforce that is affirming and understanding so in the second edition I really was focused on figuring out how can we create an affirming organization, affirming, reaching out, also focusing on how you support aftercare and work with committee providers?

I know I'm almost done, I will refer to a last curriculum, because I direct the native center forward behavioral health, and we decided to create a curriculum called honoring our relations, increasing knowledge of native LGBTQ/to spirit wellness.

The reason why we used the concept here is some travel committees do not recognize the group of two spirit, and here are some things we have included in the curriculum, and we are facing quite a lot on the historic overview that Christina shared, and on identity development, multicultural counseling, substance abuse in native committees and health-related issues. That is a whole different curriculum that is focused on the native LGBT community.

And here's our people who developed it, Matt Ignacio, a member of the Tohono O'odham nation and Lena Thompson almost finished with her PhD

That's what I want to share with you, I also, anybody wants to know more and may be trained and be a trainer on the LGBTQ curriculum, should let me know, and I will connect you Tom Freese, we will roll out a new round of LGBTQ and Two spirit program, so thank you so much I have enjoyed sharing my experiences with you, and my commitment to the LGBTQ community.

>> Joe: Thank you, I appreciate that history as well as important information you shared. Folks have been asking how they can get a hold of that curriculum, so maybe you can put that in the chat as well.

As we get ready to go to the other questions that folks have been asking, I want to say again a great thank you to all my panelists for your willingness to spend this much time with us today, and sharing your information and as we get to the question and answer I want to remind all of you that our wonderful NAADAC facilitators, and they appreciate NAADAC tremendously for what they have done to make this webinar the whole series possible, but also the technical experience they have given for this webinar, and they are tallying your Q&A so if you have a question you want to kick up the topic and vote for because I will start to take those in order of number of people said they want to hear an answer to that question.

I mentioned earlier, many of you have said how much this has helped you and I appreciate that, I'm glad you're getting something out of it. I know SAMHSA will tell you at the end about the upcoming seminars and webinars will be part of the series, and as we turn to the first question which is what is the benefit of NALGAP membership, one of the things over the years, NALGAP is such a small organization, and yet what we have done, pretty much since its inception I believe, is because we couldn't do a conference on her own because of our small forces, in the early years we called it a conference center conference. We've always try to link up to a larger national conference, in order to provide information to other addiction and mental health individuals, and the two conferences this year that NALGAP is a part of,

>> Phil: This year we will be at the conference in Denver Colorado in August, I think it is the 13th to the 15th, and then in I will say November, we will be in Baltimore, Maryland. Information will be obtainable and the NALGAP website about those conferences or you can put in national conference on addictive disorders, and we are happy to help support any conferences held regionally or statewide, we have our board members have traveled to other states to help you to further advance curriculum in your conferences if you are responsible for state or regional conference.

Is also, someone asked about the archives, NALGAP newsletters are available on the NALGAP website which is www. NALGAP.org last year we didn't get to put the conference information, we had technical issues with COVID, the website will be

updated this year and you will get more information. All archives people have spoken about going back to early publish papers of NALGAP or archived on the website.

is also so many more volumes At the Rutgers Institute and the University of Kentucky.

>> The other NALGAP benefit was added yesterday. Everyone who was a member of NALGAP will get a counselor magazine, as a part of their membership that is a new member that is a new member benefit.

>> How do we become a member

>> You can become a member easily, go to the NALGAP website and you can click on join now, and use PayPal or credit card information to paper member subdues which is a very reasonable $50 right now, if you are student or experiencing hardship, you can also say I can't afford $50 and let us know. If you are able to pay more than $50, we are appreciative to take that money. We do have an organizational level of membership, and the benefit is, we send out emails email blasts, when information is released, we try to get it to you as soon as possible to keep you current with everything. You also get a wonderful wall certificate; 8.5 x 11 certificate is mailed to you personalized with your name or organizational name you can hang on your wall. So just go to the NALGAP website and it is NALGAP.org.

>> Et al. people came out of the day, certificate on the wall of their office

>> Joe: And as early as next week, I happened to be on the Board of Directors for the national rural alcohol and drug network, and we have an annual conference which is the national rural Institute on addictions, which will start on Monday, this year is virtual because we had to do too much planning during the pandemic. Start on Monday, is still time to register if you like, because on Tuesday the Energizer Bunny are doing an all-day track on LGBTQ I issues so if you want more information that way, and you don't have to be present, you can register for that to two and like what we are doing today, if you register it will all be recorded and you can go anytime up to the end of July to watch any of the presentations.

Enough of my advertising, let's take the next question, rather long, I will read it and if one of you on the panel will be prepared to answer.

How do you balance the concepts of specialized treatment for LGBTQ and the disease process of addiction, when choosing programming and making policy? We try to unify

the persons we serve by teaching them that their addictions follow similar processes, and can be treated in similar ways, symptoms mitigated in similar ways. Can you make recommendations or curriculum, or how to manage programming when there is maybe 5% of our client population that identifies with LGBTQ who would like to take that?

>> Emily and Dana: I'm not sure what the question is, how to help the 5%?

>> Joe: If I'm getting it correctly, and maybe someone can write in and tell us, there is always that issue that no treatment center can be all things to all people. Which is why we originally started some specialized treatment programs like pride Institute, alternatives, and others throughout the country. I have done training and consultation as have several of his panel today, disparate treatment programs across the country, for example, I was asked to be consultant the Brattleboro to retreat one of the oldest psychiatric hospitals in the country, and after meeting with her board and staff, we established a special unit in their facility that was LGBTQ focused unit. Not every treatment program can do that, as the question is asking when you only have 5% of your client population, how do you do that? What I do is say, the same as what you do for all other cultural diversity competency inclusive issues, for example, one I was at pride Institute we made referrals to a particular halfway house that was run by Catholic charities, believe it or not, and we made referrals there because number one, they ask people and their intake, how do you feel about LGBTQ? If they gave a really negative answer, and abusive answer, they would say you will not fit in in this facility. That was pretty gay affirming. As a part of their weekly programs, you know we have special groups each week, you have a spirituality, other kinds of groups, there was one on LGBTQ issues for the entire population. It is about educating everyone, not just about those who are LGBTQ.

I hope that addressed some of that issue, it says to the community whether they are an ally, straight or LGBTQ plus, it says that we want to make this a safe environment for everyone

>> Phil: I would like to add to that, I know I was quick in my slide presentation, and learning cultural competency or practicing cultural humility, main components are knowledge, skills, and attitude/beliefs, many of us do this work find many times knowledge is there, people have information, they have clinical skills, they don't always take time to reflect on their own attitudes and beliefs, and many times there is unconscious bias that comes out because we heard messages earlier in our lives about LGBTQ communities and we sometimes still hold onto them and becomes the core of how we interact with everybody. And we need to recognize that sometimes we need to, just because you learned it then, it doesn't mean you can't unlearn it now. You can

relearn something, you might have learned something about the community that at the time seemed valid, but is no longer valid. Recognizing expanding your own knowledge skills and attitude is really important in order to be more competent with the LGBT community. As with any other minority groups we talk about.

>> Anne: I would like to add because when you provide treatment for LGBT community you need to be very in tuned to where you are. I saw some comments about no specific group for parents in West Virginia. I used to direct a center that addressed rural communities, and you almost need to know how the community is going to be able to support this person when they come out, so how they want to address their LGBT issues need to be very sensitive to the clients in the community at the client's needs. You have to really show a lot of support and affirming attitudes. To you, Phil, skills and doing that, but also the attitude and the attitude comes through very quickly if you are just doing lip service, but not really being supportive.

>> You need to view the LGBTQ person is a person or member of the community looking at intersectionality but also need to embrace it as a culture. There is a historical significance, we talk about not just a history of recovery but the whole LGBTQ experience is part of our culture and why we celebrate our pride, what pride actually means to us, why it is important, and for those of us in individuals coming into recovery, even the significance of including integrating the experience of being an LGBTQ person and identified person in recovery, and what those, when Dana and Emily were there book dual identities, we continue to live in two different worlds. Now we look at the complexity of intersectionality, and recognize we need to recognize culture that brings people together and how important a community is. some LGBTQ individuals do not want to involve themselves; we understand that as a cultural and clinical issue to deal with, learning how to embrace her community and be proud of not just your own identity but the community you are part of.

African-American men who didn't feel pride in their identity as young men of color, it is the same thing the LGBTQ individuals go through, how do I not only just about coming out but can I embrace my identity and how am I going to be willing and able share that comfortably and safely with others?

>> There is a question, what book name/author regarding intersectionality, is ever anyone ever resource

>> Panel: Doctor Crenshaw, Doctor Crenshaw is the person who created the theory behind intersectionality. That's a person you need to check into

>> As the ordained person on this panel, I think I'll take this next question, are you aware of treatments specifically available to address the trauma of conversion therapy experiences? Thank goodness states are finally outlawing this practice, however I want to tell you that is reversing. There are states that are actually saying that treatment centers one of religious freedom act can do these treatments. I want you to know that is not true in every state, and it is quite the opposite in some states right now.

I wrote an article several years ago called healing from spiritual abuse. it may still be available on the website, some got taken down because they are no longer allowed by the publisher, but I am updating them personally because I'm presenting at the Journey together conference in Franklin Tennessee 1 September. I am going to be doing that very workshop. I will try to get a more recent article for that, but that is a great question and it is very important. In my private practice when I had been at Phoenix I had particularly in that part of the country a lot of Mormons, who had been sent to conversion therapies, and were really struggling because they struggled with their faith, and what it means and still want to hold onto that. And yet, they were excommunicated if they came out of the closet, and said to conversion therapies.

It is a much larger topic and I can go into more today, but feel free to contact me and I will try to update that information

>> I just sent a link in the chat box for the Trevor Project, one of the national groups working on educating others about the harm of conversion therapy and currently, 30 states do allow conversion therapy. There are a number of states that may allow it, it does mean a city can also ban individually, but what we need and are calling for as part of our advocacy is a federal ban on conversion sometimes known as changing someone's sexual orientation or identity. Information is being shared with you in the chat box

>> I want to remind you, it wasn't until 1973 that homosexuality was removed the DSM is an illness that could be cured. I am a product of one of those went through three and half years of psychotherapy to be straightened out. It did happen then and still is happening even though it is not approved by either of the APA's

>> One of the things we used to hear quite a bit was that if you get sober it will cure you of your homosexuality. Some of the counselors would go in and throw Bible on somebody's bed. There were a lot of the horrible stories from the 1980s.

>> I think Emily that may be the exact same things being said now, but people are saying, don't worry about that work on your sobriety first and then later on a couple years down the road you can deal with your sexuality. No, integration from day one, almost section I'm a sexual being in person in recovery I need to integrate. I'm not saying people can benefit from making decisions to refrain from certain sexual behaviors for a time, but it does mean you ignore your sexuality in your recovery, it's an important component

>> Sometimes that is the clinicians doesn't know what to do, 20 questions that how would I know from gear lesbian, they don't know how to answer, just what you'll figure it out.

>> Sometimes the gate treatment so to speak was to start a gay group and rehab, without any help for the patient's as to what would happen to them if they want to that group, what would it be like if they didn't feel safe enough to go to the group, and it kept knowing where so-and-so at 3 o'clock on Tuesday afternoon, there is a whole context of doing something in a treatment center. I saw a woman one time who became bulimic when she was in rehab, she stayed sober but she came out there is another problem, not because of the way she was treated but because she witnessed how someone else's treated in that center it was traumatic to her

>> As a trainer I ask all my participants to go to an open LGBTQ meeting, meetings are open, you don't have to be open don't have to be gay, they can go and listen so when a client brings it up you can say, hey I know is a great group, this is what you get out of it and that's the beneficial. Sometimes clinicians say they can't do that because they're not. You can go to a gay community center without being gay, you can call the director in your neighborhood and say, I'm a clinician looking for resources for clients, can I come into a site visit and talk to you and some of your staff about what goes that your committee center. It can be very beneficial. Many centers do run twelve-step programs but so many other things, LGBTQ health centers, can call the director and say to the nurse practitioner, we have clients they have health issues specific for the community can we meet with you and talk about so we can better prepare our clients to resume healthy living when they are released from treatment.

>> I wanted to share about the Ruth Ellis Center in more detail, the Ruth Ellis Center is a one-stop shop, we cover medical, spiritual, we do behavioral health, housing, everything, it is all right there, and also one of the big pieces that we do is we have a

training Institute, so just in the last two years prior to me retiring, that department had trained over 4500 professionals in the state of Michigan, and a few states outside of Michigan as well, and a couple global countries inner issues related to LGBTQ community. I think it is important for organizations to be responsible, in my opinion all agencies need to have competent culturally competent staff to address the needs of LGBT youth and adults were coming into their program. With their insurance or after, people they can trust, and believe they are providing competent services and that's why we built that component into our organization, 4500 and we are also developing, rather they, a certification component to that as well

There were also four people who checked, I worked with adolescents who have sexually offended and identify as gay bisexual, do you have any resources for the adolescent and family?

>> Yes, we do, we support that service, we support that he does well, those of the young people who can end up in juvenile justice were involved with some kind of court related issue, and if not court related, their families were trying to support their child or young person when they come home from a program. That is one of the aspects of our services as well, we have expanded behavioral health services to cover those who may be offenders, as well as individuals who have been subjected to sexual abuse.

>> I know we have to wrap this up, so in just a minute I'm going to ask each of you and the panel – you each get one key item that you want the industry to remember moving forward into the future and you have only one or two minutes to answer

I want to say I am sorry we didn't get all the questions, but I see there are several asking about allies. I want to say one word about that before we wrap up.

Four years, when several of us were presenting at the conference, we talked especially at NAADAC, and Phil or I would talk about NALGAP, and because before we changed our name to the current name it was just the national gay and lesbian addiction professionals and hand would go up in the audience and say, I am an ally can I join? That's why we changed our name, the national Association of lesbian gay bisexual transgender addiction professionals and their allies. As I say in all my talks all over the country, no minority group could get where they are in our society without allies. I take allies for any minority to get where they are. All of you are important as allies. We all need to work together and especially lot of folks going back and forth and thank you for helping each other out,

With that I would wrap us up and give each of you one thing you're going to say that you want people to take away from today and keep it brief please!

>> Pamela: I will start, thank you for being part of the conversation I want to say lead by example, lead with your heart, lead with skills, give talents, ensure folks you are working with directly as it relates to services that you are doing everything possible to be culturally competent in doing the work. Continue with certifications, and anything else you need to learn about to support your constituents, patients, clients, show up, be prepared, because they need us. They need US. And certainly stay abreast of the new technology and information available.

>> I will say I think my message to everyone is you can make a difference. Dana and I, living in the suburbs in New Jersey, minding her own business when NALGAP came along and those people who helped us said, how do you have a constituency? You say you do. That's how you have one. We said we had a constituency, and it snowballed and moved on and we've got one. Whatever you are doing, where every work you can make a difference. I feel very grateful to have been part of all this, I feel grateful I have been able to be safe and out with my family. My parents used to help us stuff envelopes back in the day. To my children and grandchildren, Dana and I have been blessed to have a lot of friends and colleagues, and now to live in a lesbian community. I can't say enough about how important it is that you do something on anything in your area and that will make a difference.

>> Phil: There are allies to the LGBTQ program, we have gained lesbians who are allies to trans folks, others were allies to bisexuals because we know they are often left off many things. Being an ally, yes, it is honoring and speaking out and supporting the LGBTQ community, but also beyond advocating for them, it is the willingness to learn from them. When we take that person centered approach, what is it you need, how can I help you, what can I do in my capacity as a parent, as a clinician, as a director a policymaker, how can we, tell us what you need and how it can help you to get there is also being an ally and lastly, when you hear there are is injustice to stand firm and say no that is not acceptable in my house. My Angela taught us out and they use it all the time this is our policy. If you can't buy into it you have to look for another position because in our agency, we stand affirmative of the LGBTQ community and with your partner agencies if you hear somebody, make being mistreated call them and say we had a report that client after program and was intimidated or harassed by 1 of your clients. Did you intervene? That's not good enough, until your policy to address that form of harassment takes place, we are going to stop referring to you is nothing we can do about it but you can change your policy. If you do that, we will refer others to you.

>>Anne Helene: as an ally I want to say that I so appreciate learning, I think oftentimes we want to have our communities change that we need to listen, so I have a very strong commitment to understanding and learning, to thinking how can we do systems change,

so we don't have those questions that they figured out themselves, or this is going to be okay. We need to have a very clear system approach, legal approach. When it comes to the curriculum, what I want to say is that we are overcommitted to the fidelity of the curriculum, and because of that we are systematically training on it, to support the trainers in being able to show a very supportive and positive response to when we get a lot of attitudinal questions that we are shocked at hearing. I want to make specific reference to minority stress, understanding what it means to be a minority person who thinks differently from you. Think about it from, I love to hear about this, this is so important to me, that is how I would like you to think about this.

I also want us to think about, what are the families? A lot of LGBTQ community have selected family because the family they were born into have not been able to accept that in all the different ways of living that is so positive is what I have learned a lot from. I challenge you all to really try to learn from our LGBTQ community.

>> Joe: Any other last words for many of you before we turn it back over?

>> Yes, how nice it is to see all of you and to realize the work goes on.

>> Joe: Thank you to the wonderful panel and thank you to all of you who tuned in today because you are important allies to this cause. I will turn back over to Samson

>> Samson: Thank you also much this has been an honor for us, thank you all this has been an honor to host this panel each one of you has made credible contributions and still are making incredible contributions. I hope there are many clones, I hope there are many disciples, people who just want to love and care and learn how to care.

Want to let our present is now especially Phil, at over 10 people in the chat box and it keeps coming up let us know they have actually joined NALGAP during this webinar. They said, thanks for the linkages joined. More than 10 people I saw.

And those of you who did, who did the shutter, to the chat out now we can see your name is. Welcome to NALGAP and congrats for joining NALGAP I'm excited that you are joining and keep learning more.

I just wanted to say one thing, uniting all of us in this field, we really came into this field because we care for people? It unites all this, that one simple principle that we care for people, that is the reason why we stay in this field and maybe even came into this webinar because we understand we need to keep learning how to care for people. There are times that all of us realize caring and raw care may not always be appropriate and true care. There are times when we know there is a science to caring. Is a right and

wrong way to care for people, times when we think we are caring what we are causing harm or hurting.

I want to encourage you all to first, do no harm, come washing your ethical commitment by continuing to learn, to grow, continuing to listen how to care for people. Especially for those people who may not think and feel the same way you do; they may live differently than you do. One thing I am learning, from my allies my friends here, love is love. We need to, as caring professionals encourage pride and not shame. Let's keep the conversation going, join the rest of the series and get your CEs because CEs are free for NAADAC members and the CE's continue with the rest of the series, every neighbor back webinar has its own webpage that houses everything you need to know about that particular webinar. Immediately following this life event you will find online CE on the exact same website used to register for this webinar and we are also going to try to save a lot of resources that were shared here today yes, the slides and we will post them in PDF forms on this webpage so you can always go to www.NAADAC.org/LGBTQ-history-of-treatment-webinar

and if this is your first time going to the CE process Use that instructions guide, access to online CE quiz and certificate instructions, click on that and make sure you follow the guide if this is your first time or email us at ce@NAADAC.org.

Here's the schedule for upcoming webinars please tune into their interesting topics with great presenters like today for our presenters feel free to chat box now in the last few minutes and drop anything you like to say to all of our attendees and make sure you hit all attendees or all panelists in attendees Phil shared some links and on foot contact information, feel free if you want to share something in the chat box with the audience and this is a great time and we will do our best to make sure they get that as well.

Great topics but most especially noticed that this launches a series or pride month. For this new webinar series advancing awareness in LGBTQ care you can earn up to 6.5 CE's completing series, if you are not interested in CE's but just want to webinars it is free to view for all.

Free to join free to view we do listen connect and chat.

The conversation it can't stop at the end of June. Same we said Black history month, don't talk about this for one month, we want to encourage go one month after month, day after day so we intentionally spread the series out once a month for the next four months continue to celebrate continue the conversation and keep learning together to take a look at the four-part series here on July 16 that we have a presentation focused on LGBTQ youth, and there's many more to follow.

Registration is open for the NAADAC annual conference which will be held virtually from October 20 through the 30th and we have an incredible earlybird special to take advantage and register now to save up $251 and that earlybird special rate ends on

September 15 so visit www.NAADAC.org/annual conference to learn more about this year's virtual annual conference