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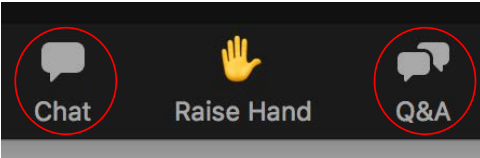
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**Chat**      **Raise Hand**      **Q&A**

**Using Zoom Webinar (Live participants only)**

**Chat:**  
Allows you to send chat messages to the host, panelists, and attendees (if permitted).

**Question & Answer:**  
Open the Q&A window and you can ask questions to the host and panelists. They will either reply to you via text in the Q&A window or answer your question live.

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### Webinar Presenters and Panelists



**Joe Arnold, MDiv, LADC, L, CAS**

**Dana G. Finnegan, PhD, CAC**  
**Emily B. McNally, PhD, CAP**

**Famela E. Alexander, MSA, MUP**

**Anne Helene Skinnstad, PhD**

**Kristina Puello, MA, LADC, L, CAS, EGS**

**Philip T. McCabe, CSW, CAS, CDVC, DRECE**

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**Learning Objective 1:**  
Participants will describe why there is a need to address the special needs of LGBTQ+ individuals.

**Learning Objective 2:**  
Participants will name three seminal events in the development of resources for LGBTQ+ individuals.

**Learning Objective 3:**  
Participants will be able to summarize current resources for working with LGBTQ+ individuals.

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**Webinar Presenter and Facilitator: Joe Amico, MDiv, LADC I, CAS**

- Licensed Alcohol and Drug Abuse Counselor
- Certified Addictions Specialist
- Ordained United Church of Christ clergyperson
- Member of NAADAC's Clinical Issues Committee for LGBTQ+

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**Stonewall Riots 1969**

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**The FIRST Pride March  
June 28, 1970**



*"We have to be visible. We should not be ashamed of who we are. There are many of us out there."*

-Sylvia Rivera, A Latino-American Transgender Activities in the LGBTQ Rights Movement

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**Pride Institute - 1986**

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**NALGAP, The Association of Lesbian, gay, Bisexual, Transgender Addiction Professionals and their Allies**

- Timeline: 1979 – present
- Mission: To confront all forms of oppression and discriminatory practices in the delivery of services to all people and to advocate for programs and services that affirm all genders and sexual orientations.
- Goals:
  - Create alliances
  - Ensure the addiction profession creates a safe and supportive atmosphere for LGBTQ+ communities
  - Form a network for support, communication, and advocacy

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**Webinar Presenters:**  
Dana G. Finnegan, PHD, CAC  
Emily B. McNally, PhD, CAP

Co-Founders of NALGAP: The Association of Lesbian, Gay, Bisexual and Transgender Addiction Professionals and Their Allies

- Published the first NALGAP Facilities and Services Directory, NALGAP Annotated Bibliography, and NALGAP Newsletter.
- NALGAP Founders Award and Lifetime Achievement Award
- Authors of *Counseling Lesbian, Gay, Bisexual and Transgender Substance Abusers* in 2002
- Married, together for 46 years

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**Webinar Presenter:**  
 Kristina Padilla, MA, LAADC,  
 ICAADC, CGS

Vice President of Education and Strategic Development,  
 CCAPP

- Leader with the California Consortium of Addiction Programs and Professionals (CCAPP)
- Licensed Advanced Alcohol and Drug Abuse Counselor (LAADC)
- International Certified Advanced Alcohol and Drug Abuse Counselor (ICAADC)



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**Webinar Presenter:**  
 Philip T. McCabe, CSW, CAS, CDVC,  
 DRCC

President on the Board of Directors of NALGAP

- Health educators for Rutgers School of Public Health
- Adjunct Instructor for Rutgers School of Nursing and School of Social Work
- Director of LGBTQ Community Engagement for the NJ DCF Violence Prevention Initiative



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The Development of the Providers Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual and Transgender Individual.

*Past and Present*



The Association of Lesbian, Gay, Bisexual, Transgender Addiction Professionals and their Allies.  
 Serving the LGBTQ Community Since 1979  
 http://www.NALGAP.org

Philip T. McCabe CSW, CAS, CDVC, DRCC  
 NALGAP President



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**Specialized Treatment**



Treatment for HIV-Infected Alcohol and Other Drug Abusers 1995

**THE CENTER**  
THE LESBIAN, GAY, BISEXUAL & TRANSGENDER COMMUNITY CENTER

The State of New York designed a model curriculum program detailed in Working With Lesbian, Gay, Bisexual and Transgender Clients in Alcoholism and Substance Abuse Services: Trainers Manual (New York State Office of Alcoholism and Substance Abuse Services, Academy of Addiction Studies, 1996).

Approximately 20 individuals meet for 3 days in NYC to develop the content which would become the model for the Guide

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Edwin Craft, Dr.P.H., served as the CSAT Government Project Officer.

Saul Levin, M.D., M.P.A., Access Consulting International, Inc., served as the Project Director for the development of the original draft document.

Karl White, Ed.D., served as the CSAT KAP Government Project Officer.

Lynne McArthur served as the Project Director.

H. Westley Clark, M.D., J.D., M.P.H., C.A.S., FASAM Director CSAT, SAMHSA

Numerous Writers, Reviewers and Content Experts were recruited. Drafts, Revisions and Reviews and Edits continued for several years

Printed 2001

Roxanne Kibben M.A., LADC, NCAC II  
NAADAC President, 1996-1998  
Served as Project Manager.

Therissa Libby PhD and Phil McCabe CSW, CAS  
Co-chaired the Newly Formed Lesbian and Gay NAADAC Special Interest Group under the Clinical Affairs Committee

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How available is specialized treatment for LGBT Clients?

A 2007 study presents a chilling snapshot. The researchers made telephone contact with **854** substance abuse treatment agencies promoting themselves as having specialized programs for LGBTs in the National Survey of Substance Abuse Treatment Services.

Cochran, B.N.; Peavy, K.M.; and Robohm, J.S.  
Do specialized services exist for LGBT individuals seeking treatment for substance misuse? A study of available treatment programs. Substance Use & Misuse 42(1): 161-176, 2007a. PMID: 17366131

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Each facility was presented with the same question:

- ““Hi, I am calling because your agency is listed in the SAMHSA directory as one that provides special programs or groups for gays and lesbians, and I am interested specifically in what those programs are. Could you tell me more about them?””

Cochran, B.N.; Peavy, K.M.; and Robohm, J.S. Do specialized services exist for LGBT individuals seeking treatment for substance misuse? A study of available treatment programs. Substance Use & Misuse 42(1): 161-176, 2007a. PMID: 17366131



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The results?

Although all **854** agencies had indicated they provided LGBT-specific services, at the time of the phone contact

- **605** (70.8%) acknowledged no specialized programs existed.
- **16** of the agencies (1.9%) reported they had offered those services in the past but no longer did so.



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### National Survey of Substance Abuse Treatment Services (N-SSATS) 2007

- **79** (9.3%) programs described themselves as “non-discriminating” (sample response: “We offer the same thing we offer straight people. . . we don’t discriminate.”)
- **34** (4%) as “accepting” (sample response: “We don’t have special services for gays and lesbians, we just allow them in our groups.”).
- **62** (7.3%) of agencies indicated specialized LGBT programming.

**62** out of **854** programs who indicated in the survey they offered specialize treatment for LGBT could acknowledge they actually did have such services.

Cochran, B.N.; Peavy, K.M.; and Robohm, J.S. Do specialized services exist for LGBT individuals seeking treatment for substance misuse? A study of available treatment programs. Substance Use & Misuse 42(1): 161-176, 2007a. PMID: 17366131



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**There are currently more programs reporting LGBT Services.**

**2018 National Survey of Substance Abuse Treatment Services** 20 percent of the facilities listed services for (LGBT) clients **2,947** of 14,809

**SAMHSA 2020 Substance Abuse Treatment Locator –**  
**3365 facilities** indicate they offer LGBT Services.

*There is currently no standards or measurements to confirm what is being offered*




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Necessary qualities to perform affirming treatment with LGBT Populations (TAP 21, CSAT 2006)

**Knowledge:**


- Understand etiology of disorders developed in the LGBT population based on minority stress.
- Understand that sexual and gender identities are not diseases, but rather identities expressed in different ways.

**Skills:**

- Ability to provide competent, affirming and supportive services for the LGBT identified client and their families, partners, community etc.

**Attitudes:**

- Ability to have and show a genuine affirming and supportive attitude towards the LGBT identified client and their families, partners, communities etc.




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**LGBT Sensitive Treatment**

- “Do they have nondiscrimination on the basis of sexual orientation in their agency policies?”
- Have their providers received training on LGBT issues and concerns?
- Have the special treatment needs of LGBT clients been discussed, such as addressing social isolation issues with this population?
- Do they know that their clients feel safe “coming out” to their treatment providers?
- Do they know enough to be sensitive to these issues?”

Cochran, Peavy, & Cauce, 2007




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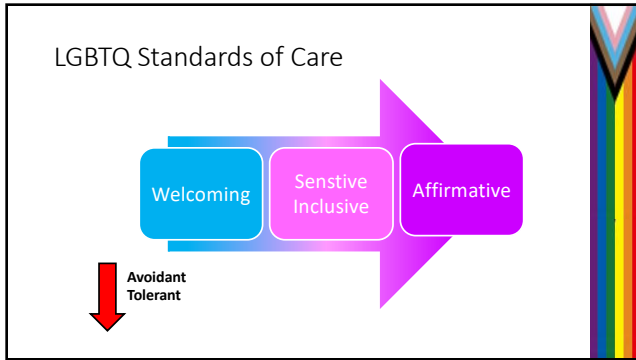
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- **LG tolerant** accepts gay and lesbian clients without providing any specific services
- **LGB Welcoming** aware that lesbian, gay and even bi people exist and use their services. Such awareness is usually due to an LGB staff member.
- **LGBT-sensitive programs** are aware of, knowledgeable about, and accepting of Lesbian, Gay Bi & Trans people
- **LGBT Inclusive** —actively provide services encouraging self-acceptance of an LGBT identity as a key part of recovery.
- **Being LGBTQ Affirmative is the goal**

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- ### LGBTQ Inclusive vs Affirmative
- The terms inclusive and affirmative are not necessarily interchangeable providing services that include and recognize Sexual Minorities is important
  - Inclusive is a necessary step to incorporate the awareness of LGBTQ often being left out when discussing representation of client services.
  - This can include didactic lectures, and discussions with clients. LGBTQ clients and staff are recognized and respected in an inclusive program.

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### A LGBTQ Affirmative Program

- The core issues of trauma, violence, family of origin, family of choice, discrimination, harassment, improved health, heterosexism and transphobia are addressed in all levels of care.
- 
- The celebration of the LGBTQ experience and acknowledgement of the diversities of communities are an intricate component of an LGBTQ Affirmative Program.
- Needs to include affirming the support of LGBTQ staff, Board of Director, volunteers, community leaders and others who play a role in the recovery process.




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NALGAP will develop a matrix that can separately assess a program's ability to:

- *address sexual identity issues of lesbian, gay, bisexual, queer and questioning individuals.*
- *address transgender, gender identity/gender expression issues of individuals receiving services.*




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Webinar Presenter:  
Pamela E. Alexander, MSA, MUP

- Deputy Director of the Ruth Ellis Center (Retired)
- 37 years in the human service field
  - Former interim Director of a major methadone clinic in Detroit, MI
  - Former board member of NALGAP
  - Past President of the Michigan Association of Alcohol and drug Abuse Counselors
  - Awarded the NALGAP Lifetime Achievement Award in July 2020




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# “Mom, Dad I have Something I Need Tell You”

## LGBTQ+ Youth Coming Out to Families

Presented by Pamela E. Alexander, MS  
Addiction Treatment Specialist  
June 18, 2021

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## Understanding the Behaviors

### Nurturing Families/Communities

Family acceptance helps:

- ▶ Protect against depression, suicidal behavior, and substance abuse
- ▶ promote self-esteem, social support, and overall health.

Family Acceptance & Well-Being (Ryan et al., 2010)

Schools with affirming policies and procedures and teachers/staff trained in culturally competency provide:

- ▶ Safety for all students
- ▶ Demonstrate a consistent reliable messaging of a welcoming environment.

### Rejecting Families/Communities

LGBT young adults who reported high levels of family rejection during adolescence were:

- ▶ 8.4 times more likely to report having attempted suicide
- ▶ 5.9 times more likely to report high levels of depression
- ▶ 3.4 times more likely to use illegal drugs, and
- ▶ 3.4 times more likely to report having engaged in unprotected sexual intercourse – compared with peers from families that reported no or low levels of family rejection.

Family Rejection & Health Risks (Ryan et al., 2009)

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## Causes of Alcohol and Drug Use Among LGBTQ Youth

### Risk Factors

- ▶ Family Abuse/Neglect, Conflict and/or Rejection
- ▶ Experimentation to using/abusing alcohol and drugs as a coping mechanism
- ▶ Risky sexual behaviors/survival sex and/or sex trafficking and/or sexual abuse and or HIV
- ▶ Untreated mental health issues related to gender or identity
- ▶ Homelessness, suicidal ideations/attempts
- ▶ Peer influence, isolation, estranged from family, trauma, secondary trauma, triggers
- ▶ Depressed in navigating their identity of sexual orientation and gender identity
- ▶ Bullying, dropping out of school, unable to maintain employment
- ▶ Juvenile justice contacts; foster care

### Protective Factors

- ▶ Supportive family member(s) and or caregiver(s)
- ▶ Affirming teacher(s)
- ▶ Affirming school policies and procedures
- ▶ Affirming community support through churches, youth-based programs, affirming employers
- ▶ Culturally competent medical and mental health services
- ▶ Affirming social support networks
- ▶ Affirming affordable emergency/permanent housing supports
- ▶ Accessible resources for LGBTQ+ youth aging out of foster care
- ▶ Expungement programs and career training programs

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### LGBTQ+ Youth Substance Use Disorders and Suicides

#### Alcohol and Drug Use

Young people who are LGBTQ are more likely than their non-LGBTQ peers to use alcohol and other drugs.

- Research indicates that, compared to heterosexuals, young adults who are lesbian, gay, bisexual or queer have 1.3 times the odds of heavy alcohol use.
- 1.6 times the odds of marijuana use;
- 2.9 times the odds of injection drug use;
- and 3.3 times the odds of cocaine use.
- Being LGBTQ affects girls' substance use risk more dramatically than boys; though boys are more likely to use drugs and alcohol overall.
- There is some evidence that bisexual youth are particularly likely to use alcohol and other drugs.
- We know less about substance use and abuse among teens who are transgender, since most research studies fail to identify transgender participants.
- We do know that transgender young people experience certain substance abuse risk factors, such as peer victimization and psychological distress, even more often than lesbian, gay, bisexual or queer youth who are cisgender (non-transgender).
- This fact suggests that we should be particularly concerned about substance abuse among transgender youth.

Preventing Substance Abuse Among LGBTQ Teens, HRC, 2015

#### 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 a suicide attempt that required medical care
- 2 times more likely to have been diagnosed with a sexually transmitted disease and to report risk for HIV infection
- Compared to peers who reported higher levels of school victimization during adolescence, LGBT young adults who reported lower levels of school victimization reported higher levels of
  - self-esteem (e.g. feeling good about themselves)
  - life satisfaction (e.g. feeling good about their lives)
  - social integration (e.g. feeling connected to those around them)

Murano, J. A. & Russell, S.T. (2011). *How School Bullying Impacts Lesbian, Gay, Bisexual, and Transgender (LGBT) Young Adults*. (Francis & Taylor's Institute for Children, Youth, and Families ResearchLink, Vol. 4, No. 1). Tucson, AZ: The University of Arizona.

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### Key Treatment and Prevention Services to Support LGBTQ+ Youth and Families

#### LGBTQ+ Youth Services

- Identity based treatment services
- Individual
- Group
- Inpatient Substance Use Disorder Treatment
- Detox
- Increased social nurturing/emotional learning environments

#### Family Support Services

- Family support group
- Education families on how rejecting behaviors affect their LGBTQ+ Child
- Educate families on how supportive and accepting behaviors affect their LGBTQ+ child

Family Rejection & Health Risks (Ryan et al., 2009)

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### Cultural Competency

#### Organizations

System-Level Approaches for Helping Youth Who Are LGBTQI2-S can be improved by implementing service- and agency-level interventions that include families and communities.

A comprehensive approach to addressing the needs of these youth includes:

- Integrating services and supports across child- and youth-serving systems, including health care providers.
- Ensuring appropriate services and supports are available.
- Facilitating access to services;
- Delivering culturally and linguistically competent services and supports;
- Delivering quality care without bias or prejudice; and monitoring and reducing disparities.

Pfeifer, J. M., Francis, E. B., Fisher, S. K., Williams Washington, K., Goods, T. D., & Jackson, V. W. (2008). *Practice Brief 1: Providing Services and Supports for Youth Who Are Lesbian, Gay, Bisexual, Transgender, Genderqueer, Intersex, or Two-Spirit*. Washington, DC: National Center for Cultural Competence, Georgetown University Center for Child and Human Development.

#### Staffing

- Strengthening Staff and Supports Ensure that agencies have nondiscrimination policies for employees and volunteers that address LGBTQI2-S issues.
- Promote positive attitudes in staff working with youth who are LGBTQI2-S; staff may need periodic and updated training about LGBTQI2-S issues.
- Provide resources, information, and training on issues associated with youth who are LGBTQI2-S and their families to service providers.
- Consider partnering with LGBTQI2-S organizations for staff training.
- Encourage staff to conduct self-assessments to determine their current level of cultural and linguistic competence, including sensitivity awareness, and knowledge about youth who are LGBTQI2-S and their families.

Pfeifer, J. M., Francis, E. B., Fisher, S. K., Williams Washington, K., Goods, T. D., & Jackson, V. W. (2008). *Practice Brief 1: Providing Services and Supports for Youth Who Are Lesbian, Gay, Bisexual, Transgender, Genderqueer, Intersex, or Two-Spirit*. Washington, DC: National Center for Cultural Competence, Georgetown University Center for Child and Human Development.

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3. Preventing Substance Abuse Among LGBTQ Teens, HRC, 2015
4. Poirier, J. M., Francis, K. B., Fisher, S. K., Williams Washington, K., Goode, T. D., & Jackson, V. H. (2008). Practice Brief 1: Providing Services and Supports for Youth Who Are Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, or Two-Spirit. Washington, DC: National Center for Cultural Competence, Georgetown University Center for Child and Human Development.

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**Webinar Presenter:**  
Anne Helene Skinstad, PhD

Clinical Professor in the Department of Community and Behavioral Health, College of Public Health at the University of Iowa

- Project Director for the National American Indian & Alaska Native Addiction Technology Transfer Center (including Mental Health & Prevention TTCs)
- Led the development of two editions of the LGBTQ curriculum
- Overseen development of training curricula on prevention and treatment of SUDs in women, clients with co-occurring, and Native Americans with SUDs



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**History of Specialized Treatment for LGBTQ+ Clients**  
**Virtual Open Forum Panel Discussion**

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[www.naadac.org/lgbtq-history-of-treatment-webinar](http://www.naadac.org/lgbtq-history-of-treatment-webinar)

NAADAC THE ASSOCIATION FOR ADDICTION PROFESSIONALS

**Advancing Awareness in LGBTQ Care, Part I: History of Specialized Treatment for LGBTQ+ Clients**

Friday, June 18, 2021 @ 12:00-2:00pm ET (MCT/MDT/SPT)

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CE Hours Available: 2 CEAs

CE Certificate for NAADAC Members: Free

CE Certificate for Non-members: \$25

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**UPCOMING WEBINARS**

**June 23<sup>rd</sup>, 2021**  
*Understanding Chemsex: Essentials for Treating the Addictive Fusion of Drugs and Sex*  
 By: David Fawcett PhD, LCSW

**June 23<sup>rd</sup>, 2021**  
*"Alco-Genes" in the Bottle: Genetically Based SUD Treatment*  
 By: Kenneth Stam, PhD and Richard Paul Green, III, BSBA, LCDC

**June 30<sup>th</sup>, 2021**  
*Wellness and Recovery in the Addiction Profession Part Six: Strategic Disengagement for You and Your Clients*  
 By: Noreen Braman, CLYL, CLWI

**July 28<sup>th</sup>, 2021**  
*Breaking the Silence: Mothering in Women Sexually Abused as Children*  
 By: Teresa Gil, PhD

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**Advancing Awareness in LGBTQ Care Series**

<https://www.naadac.org/advancing-awareness-in-lgbtq-care>

**Part I: History of Specialized Treatment for LGBTQ+ Clients**  
 June 18<sup>th</sup>, 2021 12pm – 2pm ET (available OnDemand in 24 hours)  
 Presented by: Joe Amico, MDiv, LADC I, CAS; Dana G. Finnegan, PhD, CAC, and Emily B. McNally, PhD, CAP, Kristina Padilla, MA, LAADC, ICAADC, CGS, Philip T. McCabe, CSW, CAS, COVC, DRCC; Pamela E. Alexander, MSA, MUP, and Anne Helene Skinstad, PhD

**Part II: LGBTQ Youth, Community, & Alcohol Misuse**  
 July 16<sup>th</sup>, 2021 12pm – 1:30pm ET  
 Presented by: Mike Freeman and Valentina D'Alessandro

**Part III: Working with LGBTQ2S+ Native American Clients**  
 August 20<sup>th</sup>, 2021 12pm – 1:30pm ET  
 Presented by: Troy Weeldreyer, LMSW, MSW, MPH and Jennifer Nanez, LMSW, MSW

**Part IV: Sharing Affirming Responses for Historically "Invisibilized" LGBTQ2S+ Populations**  
 September 17<sup>th</sup>, 2021 12pm – 1:30pm ET  
 Presented by: Raven E. Freeborn, LCSW, CNP

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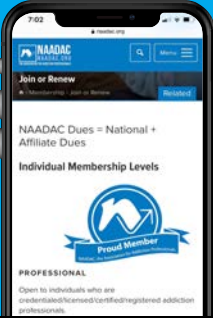
**Magazine Articles**

In each issue of *Advances in Addiction & Recovery*, NAADAC's magazine, one article is eligible for CE's.

**Conferences and Events**

NAADAC Annual Conference, October 28 – 30, 2021 [Virtual](#)  
[www.naadac.org/conference/naadac-2021](http://www.naadac.org/conference/naadac-2021)

Engagement in the Black Community: A Virtual NAADAC Summit (OnDemand)  
[www.naadac.org/conference/naadac-2021/summit](http://www.naadac.org/conference/naadac-2021/summit)



**Independent Study Courses**


Earn CE's at home and at your own pace (includes study guide and online examination).

**Certificate Programs**

Demonstrate advanced education in diverse topics with the NAADAC Certificate Programs:

- Certificate of Achievement for Addiction Treatment in Military & Veteran Culture
- Certificate of Achievement for Clinical Supervision in Addiction Treatment
- Conflict Resolution in Recovery
- National Certificate in Tobacco Treatment Practice

**Individual Membership Levels**



**PROFESSIONAL**  
Open to individuals who are (pre)certified/licensed/certified/registered addiction professionals.

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# Thank You



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