Questions Asked During Live Webinar Broadcast on 6/07/2023

Inviting in LGBTQiA2S+ Folx Through Expressive Arts Therapies
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MA, MS

Any tips on how to best honor SOGI when doing UDS?
A: Eliza here! Just to clarify for others - SOGI = Sexual Orientation and Gender Identity. I think it’s always best practice to ask folks and not assume. I have never had to do UDS (Urine Drug Screens) with clients, and I know Shannon disagrees with the policy overall.

I noticed bisexual was not mentioned on the slide, is this still a correct term?
A: Shannon, here! Yes, “bisexual” is still a correct term. When someone has sexual, affectional, and/or romantic attraction towards people of the same gender and people with other genders. Please see the next question for more information on this.

Is there a reason that bisexuality, pansexuality, and asexuality were not included in your defined terms?
A: Shannon, here! We only left out bisexuality, pansexuality, and asexuality due to limited time. This does not mean that these terms are not important! For those who are interested, here are the definitions for these terms:

- Bisexuality: when someone has sexual, affectional, and/or romantic attraction towards people of the same gender and people with different genders.
- Pansexuality: when someone has sexual, affectional, and/or romantic attraction towards people of all genders, regardless of their own gender; it’s important to note that pansexual individuals may experience differing types of attraction towards different genders and their attractions may change over time.
- Asexuality: when someone may experience little or no sexual attraction, but may experience romantic attraction towards others; it’s important to note that asexuality exists on a continuum of attraction.

What is the appropriate way to ask an individual what pronouns they prefer?
A: Shannon, here! Personally, I believe in direct communication. Often, I will introduce myself and say, “Hi! I’m Shannon. My pronouns are she/they. What are your pronouns?” Sometimes people are confused by the question. If I sense that, I will give examples such as “she/her,” “he/him,” or “they/them.”

UDS, if someone is having a screen where they need to be watched, they tend to try to match gender. I think that’s where the question was headed?
A: Shannon, here! Supervised urine drug screens (UDS), in my personal and professional opinion, are extremely violating. As a substance use counselor, I can understand the logic behind the need for supervising drug screenings. However, there are may other alternatives to UDS that are reliable and similar in cost, such as oral fluid specimen testing. Effective June 1, 2023, the U.S. Department of Transportation began including oral fluid testing (https://www.govinfo.gov/content/pkg/FR-2023-05-02/pdf/2023-08041.pdf). SAMHSA provided this handbook in 2020 regarding oral fluid collection for drug testing: https://www.samhsa.gov/sites/default/files/2020-oral-fluid-collection-handbook.pdf. Testing of hair samples is also a less invasive form of drug screening and has the longest detection time. I am in full support of alternatives to supervised UDS for all individuals, regardless of gender or sexual/affectional orientation.
Hello and thanks for the training today. Are you aware some people with visual impairment find underlined words less accessible?
A: Shannon, here! From the bottom of my heart, thank you for letting me know this. I am appreciative of the learning community we have through NAADAC and the learning opportunities I have even as a presenter. I will definitely keep this in mind when giving future presentations. Thank you! Also, if anyone had difficulty with any of the slides due to underlining or some other inaccessible feature, please let me know (csc@courageousstorycounseling.com). I would like to rectify this and provide you with accessible content.

For some people with invisible impairments as disabled people we speak of coming out as disabled - is that a familiar notion and any thoughts on the use of the phrase?
A: Shannon, here! I have heard of the term “coming out as disabled” for those with disabilities that are not immediately apparent. As a disabled person myself (with immediately unapparent disabilities), I’m on the fence about that phrase, personally. However, I will say that some disabled folks (with immediately unapparent disabilities) find “coming out as disabled” to be very empowering. I would be interested to see how applying the concept of “inviting in” (as opposed to “coming out”) may apply to disabled folks, too. In my personal experience, “inviting in” has been safer and more empowering.

Can you identify the iA2S+ folx?
A: Shannon, here! I’ll go ahead and elaborate on the full LGBTQiA2S+.
- L = lesbian
- G = gay
- B = bisexual
- T = trans/transgender
- Q = queer and/or questioning
- i = intersex; the “i” is sometimes uppercase (when used as an identity or expression of pride) and sometimes lowercase (when used to describe how one was biologically born that way)
- A = asexual and/or agender
- 2S = two-spirit (see below for more information on this)
- + = all of the other non-heterosexual and non-cisgender identities

I have worked with many trans clients who have expressed discomfort at having people ask for their pronouns as it makes them identify themselves in ways, they aren’t ready to do publicly. Because of this feedback, I feel conflicted on if asking for pronouns is best practice. What are your thoughts on this?
A: Shannon, here! This is an excellent question. I typically introduce myself and my pronouns and then ask the client what their pronouns are. As an alternative, I might ask which pronouns they would like me to refer to them by. This is an important clarifying conversation with anyone who has a non-cisgender or non-heterosexual identity. We, as providers, do not want to “out” someone. For instance, an adult client may want me to know that they are non-binary and use they/them pronouns. However, they may only want me to know this individually. In a group setting, they may want to be referred to as he/him instead. I try to welcome any discussion about this and let clients know that I want to respect them and keep them safe. It’s important to know that identity is also fluid and someone’s pronouns or other identities (i.e., sexual or affectional orientation) may change over time.

Adding on as Eliza - In general, only certain circles are using pronouns to introduce themselves, so it can be a really excellent invitation to others if you use them in your introduction. I also think it’s a really important conversation to
have with clients if folks are not out, and particularly if clients are “under age.” When thinking about how we’re taking notes or being aware of some of the ramifications of new laws that make gender affirming care illegal, it is important that we have conversations with clients right from the get-go so that they know how they are being spoken and written about. For example, if I have a client who invites me in to their trans identity but is not out to family and is 17, I would ask that client how they’d like me to refer to them in notes and maybe to my supervisor, knowing that technically parents and insurance companies might have access to those notes. I lean on the side of explicit and open communication, always.

Many of our LGBTQ+ patients have complicated spiritual relationships and complicated relationships with their local spiritual community. It isn't always very clear, almost like they want to maintain faith-based but also don't know how and feel unaccepted? How can counselors help bridge the gap and support them, especially if we ourselves are not faith-based and don't understand the conflict?

A: Eliza here! There are a couple of parts to this question, so I’m going to answer them separately:

1. How do we invite folks who have had religious trauma back into a spiritual space that we know can be healing? This is such a great question, and I think is one that we actually encounter more frequently than we discuss. I’ve invited queer clients to recall and recount what elements of their religious background felt comforting, healing and affirming. Sometimes it’s a scent, sometimes it’s a sense of belonging, sometimes music. I think if we can encourage them to connect with those elements that feel sacred, perhaps in another format, that can be an excellent bridge.

2. How do I bridge the gap to support my clients who want a spiritual practice when I don’t have a religious background or I don’t know what the issues they’re dealing with are?! Here, I think a lot of the work lies with the counselor. Your job may be to read about the types of religious trauma clients can and have experienced, or watch films, or just listen to podcasts. There are a lot of high-control religions that are coming under fire lately and many of the same kinds of trauma can be present. Typically, that trauma is around physical, emotional and mental abuse, along with being told repeatedly that your identity is bad, wrong, or that the consequences of the identity or associated relationships/behaviors will result in ETERNAL DAMNATION. Spirituality does not have to be about “God” or even a “higher power.” It can be about connection, nature, community, etc. I think we typically miss the sacred moments because we are so concerned about the ways that religion has dominated that conversation. Religion does not have to be the way folks connect to spirituality, to God or to their higher power. Inviting conversation and curiosity in session is a great way to get started.

How do we get EXA reimbursed for lower socio-economic patients relying on state/federal like Medicare/Medicaid?

A: Shannon, here! I don’t work with Medicare or Medicaid, so I don’t have any experience in getting reimbursed through them. Although EXA can be a standalone therapeutic modality, it can also be integrated into other modalities that are frequently covered, such as EMDR and CBT. As an EMDR therapist, I integrate EXA often.

2 spirit?

A: Shannon, here! 2S is “two-spirit.” This is a term sometimes used by Indigenous people to to describe their variances in gender, sexual, or spiritual identities. It is also a term that refers to people who have both a “masculine” and “feminine” spirit. Re:Searching for LGBTQ2S+ Health describes two-spirit here: https://lgbtqhealth.ca/community/two-spirit.php

From personal experience, I have seen many queer social spaces revolve around going to bars and consuming alcohol. Do you two think that this is a chicken or the egg situation coming from adverse
childhood experiences or due to the importance of gay bars in the history of the LGBTQIA2S+ community? How can this be mitigated to promote community without relying upon substance use?

A: Shannon, here! Simply put, it’s often all intertwined. I remind myself often that not all substance use is problematic, harm reduction can be an excellent alternative to “sober-sober” for many individuals, and the ties between LGBTQIa2S+ history and substance use are undeniable. I also try to not spin my my wheels for too long about what’s the chicken and what’s the egg. Instead, I focus on the whole person and their needs. It’s super important to build safe, inclusive spaces for those with LGBTQIa2S+ identities where substance use is not involved.

Did you have any additional training for EXA?

A: Eliza, here! IEATA is the international governing body for Expressive Arts Therapy, so I’d start there if you’re looking for certification programs. This website also lists a ton of programs, but looks like there is some overlap with IEATA’s website. Cathy Malchiodi and Natalie Rogers (Carl Rogers’ daughter) are two huge names in the field, so I’d recommend their texts, but there are also a ton of other resources, including Integrating the Expressive Arts Into Counseling Practice: Theory-Based Interventions which is edited by Suzanne Degges-White and Nancy Davis.

I am also in central NC, and I work in substance abuse for our state and county. I noticed southern states lack lgbtq+ data for very imperative resources for recovery and healthcare accessibility, which ties into harm reduction and prevention as well. How can I impose change to get us to change the narrative convincing our state or counties to include more LGBTQ+ data or for research? Sorry if this is unclear, I am trying to word it well.in surveys and intake

A: Eliza, here! I think you’re wondering here about how to get more accurate and inclusive data about LGBTQ+ folks, specifically in southern states. I actually attempted to look into this at my university during grad school. I think it comes down to a couple things: 1. Sponsorship for research: There is not a lot of interest in supporting queer populations, but there is a lot of interest in vilifying queer folks in the South. So, I think there is a lack of funding for that research because it would harm the narrative of queer villain that’s currently being promoted. That’s just my opinion though! 2. Because queer identities have been so repressed and because it can be dangerous to be out, a lot of queer folks do not participate in research. Also, sometimes identities are fluid and develop over time. Which means, someone’s self-understanding may change in 5 years, from a fully cis identity to somewhere more on the non-binary spectrum. Or someone may have a queer experience and think it is just a one-off and not part of their identity, only to discover later that it is an essential part! Plus, we love to discard identities that do not match visibility, e.g. bi/pan cis women who are married to men. Most folks perceive that woman as straight. Anyway, I think the answer here is to look at funding sources for research and begin to change the narrative around research with queer clients.

At the start of the training, you mentioned all of the legislation that has made us in a state of emergency for LGBTQ+ What are your recommendations for how we can and should advocate better for LGBTQ+ in the addiction profession (both the workforce and communities we serve)?

A: Eliza, here. Phew. That’s a tough one. I always believe that advocacy starts with information and being unwilling to allow little things to slide. That might look like having tough conversations with folks you work with when they say something that feels anti-queer, or looking closely at workplace policies related to specific identities or diagnoses (and asking, “why?!”). It also might look like being the safe space, using pronouns in your bio and email signature, introducing yourself with them, putting up a rainbow flag in your office or on your door. It might mean organizing a group to speak or write to legislators. It might look like going to your local LGBTQ+ Center and putting out your cards, or offering a workshop or just connecting with people to make sure you’re known as a safe space. It might also be continually reading and learning. Or all of these things!