Substance use disorder: Military Veterans and LGBTQ Populations

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Marginalized populations

Understanding the intersectionality of identities

Substance use as a coping mechanism

Bring in the personal perspectives

Increasing awareness of counselor's limitations

Why this topic?
General Terms in this Presentation

- LGBTQ – umbrella term for sexual orientation minorities (we are specifically choosing to separate out gender identity due to the recent changes in transgender rights for military personnel)

- Military Veterans – individuals who are no longer active duty service members

- Cultural humility - Cultural humility requires an individual to understand their own cultural identities, change the imbalances of power, hold themselves accountable, and to be able to deeply self-reflect (Stretch & Vyne Education, 2017). Cultural humility is not the same as cultural awareness, cultural diversity, or being culturally competent

- Substance use disorder – to include any use of substances that meets the DSM 5 criteria (APA, 2013)
Major Influences

- A counselor's level of cultural humility directly impacts the outcomes for LGBTQ military veterans
- A lack of cultural humility may result in substance use for coping because of inadequate care
- Cultural humility must include not only specific identities of the client but the intersectionality of these minoritized populations
- Prevalence of substance use disorders among the LGBTQ and military veteran populations is high
The Four Selves

- Self-identity
- Self-awareness
- Self-accountability
- Self-reflection
Military Culture

• A culture upholds factors like orderliness, camaraderie, sacrifice, honor, teamwork, trust, hard work, and uniformity (Cunha & Curran, 2013)
• There is a sense of pride and perfection in the way one presents themselves and the way they look
• Masculinity is favored/valued and sometimes being a female translates into discrimination
• Stress associated with combat exposure and non-combat environments
• Showers, hygiene, and food are optional on deployments
• Must spend time away from family and things that are familiar
• Male attitudes towards females are very vulgar and that is socially acceptable
• Help-seeking behaviors might be frowned upon and perceived as weak
• Drinking alcohol, smoking cigarettes, having sex, getting into physical brawls, and infidelity are acceptable forms of coping
LGBTQ Culture

- Occupying a sexually divergent identity reflects a counternarrative to dominant ideology about sexuality and gender.
  - The 'coming out' process vs. 'inviting in' (emphasis on language for clinicians)

- There is a high emphasis on community, inclusivity, and acceptance given the social consequences of belonging to a queer identity (Human Rights Campaign, 2019).

- A model on risk and resilience (thematic construct within queer identities) (Kosciw, Palmer, & Kull, 2015).

- The focus in on an influx of protective factors over an increase of risk factors, largely shaped or determined by the perception or availability of support (Pew Research Center, 2013).
Substance Use Culture

- Substance utility as a bonding utility for varied groups regardless of identity (Teeters, Lancaster, Brown, & Back, 2017).
- VA has attempted to address rise of Substance Use Disorders (SUDs) but have been unsuccessful.
- SUDs are heavily associated with many poor mental health outcomes (Institute of Medicine, 2013).
- Documented difficulty for veterans to re-enter into civilian life and to deal with pressures, one may engage in substance use to cope with pressure to perform, conform, succeed, and find community (Derepinko, et al., 2018).
  - Repeated measure tests and population data suggest that veterans continue to engage in significant substance use long after their military service ends (Derepinko, et al., 2018).
• 7.1% of veterans compared to 4.7% of civilians meet criteria for SUD (Russett, 2016)

• 1 in 15 veterans have a diagnosis of SUD and 27.3% who are 25 years of age and under reported heavy drinking in the last 30 days (Russett, 2016)

• Drugs of choice include alcohol, benzodiazepines, and pain killers with use generally starting while on active duty (Larson et al., 2012)

• LGBT civilians have higher rates of depression, death by suicide, health issues, post-traumatic stress disorder, and substance use compared to non-LGBT civilians (Goldbach & Castro, 2016)

• LGBT veterans are three times more likely to have lifelong suicidal ideations and engage in risky behaviors like substance use than heterosexual veterans (Goldbach & Castro, 2016)

• LGBT veterans are less likely to disclose sexual-orientation which skews research in terms of determining accurate prevalence rates of substance use (Moradi, 2009)

• Research shows that LGBT military veterans are forced to see counselors and psychologists who are inadequately trained to address the struggles they present with which is a contributing factor to substance use (Johnson & Federman, 2014)

• LGB veterans do not have the same access to healthcare (including substance use treatment) as heterosexual veterans do. Research shows that LGB veterans reported lower rates of seeking healthcare due to the costs (Blosnich & Silenzio, 2013)
• Gaps in policies and available services
• Victimization & Homophobia remain common
• Elevated risks of PTSD & Alcohol abuse
• Added stress due to "serving in silence"
• Conflict between Counseling Associations and DoD policies
• Counselor's willingness to explore client's experiences
• Need for substance use and psychological intervention availability before and after transition to enable veterans to transition to civilian life effectively
Importance of Cultural Humility with LGBTQ Military Veterans

- NAADAC Code of Ethics
- Culturally responsive practices
- Training MH providers
- VA Hiring Sexual & Gender Minorities
How clinicians can begin working on cultural humility

- Confront own biases
- Accept own limitations with this population
- Affirming Language
- Visual Cues
"I honestly think it’s *harder for other people to accept that I am gay than for me to accept that I am gay*. The VA referred me to getting counseling because I was gay. That’s when I just lost my shit."

"Being a bisexual female in the military was a little easier, I think. I appear fairly feminine, and my masculine traits were accepted as typical military behaviors. It only really became an issue when the males around me felt that it was acceptable to joke with me like they did their male buddies. Maybe I did think the girl was cute, but don't ask me if I like her tits. *My sexual behaviors are not up for discussion.*"

"I used to be two things most of my career too, in the military [before my daughter]. Every now and then someone will call me a mother... *being a female in the military and being a male in my real life.*"
References


Questions?