

Haley Hartle, NAADAC: Welcome in everybody, we are going to give about three minutes for everyone to get in and get settled, and then we will get started with part three of the adolescent treatment and recovery series at 12 o'clock PM Eastern.

Haley Hartle, NAADAC: Alright, everyone, welcome to Part three of our adolescent treatment and recovery specialty online training series today we'll be hearing from Derek Johnson and Michael Spite for working with LGBT Q youth suicide and substance use disorder.

Haley Hartle, NAADAC: happy that you can join us today for part three, my name is Haley Huddle and I'm the training and professional development coordinator at NASDAQ.

Haley Hartle, NAADAC: The Association for addiction professionals I'll be the facilitator for today's training experience and with me behind the scenes, is our director of training and professional development Jesse Brian.

Haley Hartle, NAADAC: And she will be addressing any issues or questions you have that aren't specifically for our presenters so you have a lot of support here today, if you need that.

Haley Hartle, NAADAC: You can feel free to communicate with us in the chat box, the permanent homepage for our new deck webinars is [www dot need x.org](http://www.dotneedx.org) forward slash webinars so make sure to bookmark this webpage and stay up to date on the latest in addiction education.

Haley Hartle, NAADAC: We are using zoom webinar for today's live event so you'll notice the zoom control panel on your screen that looks like the one up on my slide.

Haley Hartle, NAADAC: That will be at the bottom of your screen so there's the three main items to be aware of on that menu.

Haley Hartle, NAADAC: The first is that chat box I'm sure many of you have found that already you can send chat messages back and forth to host panelists and attendees.

Haley Hartle, NAADAC: And then, the second is the Q amp a box, so if you open the Q amp a window, you can ask questions to our presenters and they will either.

Haley Hartle, NAADAC: reply to you via text if they choose, or will answer those questions live at our live Q amp a session at the end.

Haley Hartle, NAADAC: So we'll gather up all of those questions and then we'll give those towards the end of our presentation.

Haley Hartle, NAADAC: Any questions that we don't get to will collect those directly from the presenters and then we'll post those questions and answers to our website.

Haley Hartle, NAADAC: And the third button to be aware of is that live transcript button, so that has been enabled for closed captioning today that's one of zoom's features.

Haley Hartle, NAADAC: If you would like subtitles you just click on the live transcript button, like the one on my screen and select show subtitles.

Haley Hartle, NAADAC: And lastly, in the chat box we're going to be posting the link to any handouts, where you can find a PDF of these PowerPoint slides from today's webinar.

Haley Hartle, NAADAC: As well as that user friendly instructional guide on how to access the sequences and immediately earn your teeth your certificate after watching the webinar today so.

Haley Hartle, NAADAC: Please be sure to use those instructions that will be sharing it will help make this the process, a lot more smooth for you.

Haley Hartle, NAADAC: And each nayak webinar has its own web page that contains everything you need to know about that particular webinar.

Haley Hartle, NAADAC: Immediately following the live event today you'll find that online C equals link on that exact same web page, the one up on my screen.

Haley Hartle, NAADAC: So that means everything you need to know it will be permanently hosted@www.dot.org forward slash adolescent series 2022 LGBT Q youth.

Haley Hartle, NAADAC: If this is the first time, going through our CEO process for you, be sure to follow that instructions guide that's right underneath the online C equals link.

Haley Hartle, NAADAC: to guide you through the process if you do have any issues or questions you can always email us at CES data.org that's see is in continuing he has an education at made x.org.

Haley Hartle, NAADAC: Please note, if you need your certificate to say live on it for seo purposes, make sure to complete the sequences within the next 24 hours and download it so.

Haley Hartle, NAADAC: Both of those things have to take place for it to say live, so you have to take it pass the quiz and then download it, for it to say that live live see on it.

Haley Hartle, NAADAC: For any social workers who are with us today, please stay on at the end of the presentation will be shown a brief two minute video on how to add your license number two years certificates.

Haley Hartle, NAADAC: And now we can get to introducing our presenters so our first presenter today is Derek Johnson.

Haley Hartle, NAADAC: Derek Johnson is a doctoral candidate at the University of North Carolina Charlotte because research area is disenfranchised grief experienced by support persons, but those living with addiction.

Haley Hartle, NAADAC: He has co authored published articles in both the journal of addiction and offender counseling and counseling today magazine.

Haley Hartle, NAADAC: He is the executive and clinical director of North star clinical services in Charlotte North Carolina and he is a licensed clinical mouth.

Haley Hartle, NAADAC: Mental health counselor and a licensed clinical addiction specialist he also maintains a private practice where he works with issues surrounding addiction grief and loss LGBT Q issues and trauma.

Haley Hartle, NAADAC: And our second presenter today is Michael spidey Michael side, he works as a mental health clinician and as the assistant director of counseling services at Lenoir rhyne university.

Haley Hartle, NAADAC: His areas of special interest include colleague college career bereavement and LGBT Q a counseling as well as research in the LGBT Q plus arena.

Haley Hartle, NAADAC: spidey holds a master of arts degree from the University of North Carolina Charlotte in counseling as well as a master of arts degree from George Washington University in education and human resource development.

Haley Hartle, NAADAC: spidey is also a certified professional facilitator emeritus CFP and a certified myers briggs type indicator administrator.

Haley Hartle, NAADAC: he's a frequent speaker at state and national conferences regarding

substance use and the LGBT Q plus community.

Haley Hartle, NAADAC: He has written as a contributing author for theory and practice of addiction counseling as well as the soon to be published grief work in addictions counseling so without further ado, I can now turn it over to our presenters and we will get started.

Michael Spivey: Good morning, how is everyone.

Michael Spivey: we're going to get started here.

Michael Spivey: Derek and I will start.

Michael Spivey: Can you all see our screen.

Michael Spivey: Right great, so I hope they can understand this, I saw people that.

Michael Spivey: were coming in from all over the United States we're both in Charlotte North Carolina, so I hope you can understand get to our our southern accents right here so.

Michael Spivey: What we want to do today is, first of all make sure that you have a thorough understanding of working with this very, very, very special demographic of individuals.

Michael Spivey: With that, we hope that you'll not only learn, but you also have fun along the way, and and also realize how serious in what obstacles this particular demographic faces every day, so we have four main learning objectives that we want to make sure.

Michael Spivey: That we go over and that you learned, first of all to identify factors that reflect the disproportionate rates of suicide.

Michael Spivey: and substance use disorder among LGBT Q a plus youth, as well as to describe cultural and environmental prejudices and the stressors that those brain that are unique to this specific demographic.

Michael Spivey: As well as identify mismatches between societal messages and gender roles that lead to suicide and substance use disorder and, of course, to provide participants with an awareness of practical resources and applications that you will be able to go to.

Michael Spivey: let's take a look at their session overview here, we would like to do some.

Michael Spivey: Quick just kind of audience reflection so just take a moment we're going to walk through that here, in just a second but it'll give you an opportunity to kind of reflect on.

Michael Spivey: where you are in this process, if this is a new space that you're working in or, if you have a lot of experience.

Michael Spivey: And we're going to talk a little bit about terminology in this space, just to kind of help set the stage for everybody.

Michael Spivey: And then we're going to look at some statistics so there's going to be a polling section that will allow you to kind of really think through.

Michael Spivey: Statistics around youth suicide, as well as substance use and then.

Michael Spivey: As Derek mentioned social and emotional stressors and then we've got some practical clinical applications that you're going to see throughout the day that i'll point out on will both point on various slides.

Michael Spivey: And of course we've got some resources for you as well that we hope that you find helpful as we go through.

Michael Spivey: So let's just take a moment and and pause and reflect on you know what exactly.

Michael Spivey: Do you currently work with LGBT Q a clients and think you know, do you know, are you are they out with you in your clinical practice or perhaps maybe they're not.

Michael Spivey: Have you had some, but not a lot of interaction with clients from this particular population.

Michael Spivey: Another thing to ask yourself is do you have a basic understanding of sexual identity versus gender identity.

Michael Spivey: And there is so much ever changing language with this population and so we're going to talk about that, so no matter where you are whether you feel like you have a lot of experience in this space or none at all.

Michael Spivey: We hope that you find this helpful today, you know, Michael one other thing you talking about that development and people coming out I think it's also really important to keep in mind.

Michael Spivey: Even though a person says they're out doesn't necessarily mean that they had moved through every stage of coming out, and I refer you to the cast model of coming up the six stages that that.

Michael Spivey: We see when an individual is coming to terms with their sexual orientation it's not just about the words of saying i'm out but it's actually how you engage with culture.

Michael Spivey: With peers and then actually how you synthesize the two worlds together so that's also, I think, really important for them to keep in mind very much so, and then for you, some of you in this topic, maybe completely new and that's all right as well.

Michael Spivey: So of course LGBT Q is a is an acronym you can see there the umbrella for queer underneath that you've got sexualities.

Michael Spivey: These are the most most well known would be lesbian, gay, bisexual then you've got genders for the Trans component.

Michael Spivey: The I listed above, often is referred to as intersects so that may be something new for some of you, and then a sexual for a sometimes it's been referred to as ally in the past but.

Michael Spivey: i'm hearing it more and more in this space as a sexual you know one thing that I think this kind of cool to today, especially with younger individuals individuals, and that is.

Michael Spivey: The ability to you'll find it to be very fluid, you know one day they're feeling in that they made a particular definition.

Michael Spivey: And then the next day it next time you meet with them, it could be something totally different so that fluidity I think is also.

Michael Spivey: important to keep in mind and to being being able to understand that we're trying to get away from at least in this discussion today the district by an area which we are all so much familiar with based on kind of the things that we've experienced oftentimes.

Michael Spivey: terminology like I said don't be alarmed or confused if you haven't seen a term or something before even recently this terminology.

Michael Spivey: Changes constantly and down at the bottom of the screen you see a practical resource there, this is a fantastic place if you have questions about gender pronouns and how to use them.

Michael Spivey: And there's a how to guide from the University of Wisconsin in Madison and that link is there, so that you can take a look at that.

Michael Spivey: Like I said terminology is constantly being updated it's constantly being modified key on this slide is when in doubt ask your client or the person in front of you.

Michael Spivey: You know you see people all the time somebody may say, well, I identify his pants sexual.

Michael Spivey: Okay, I think I know what that is based upon a definition i've read, but always ask what does that mean to you so that you really get a sense of what does that mean for them.

Michael Spivey: except when you're meeting them where they are and showing respect proper pronoun use highly highly important to understand pronouns and to be respectful by using, especially with trans clients, the proper premiums.

Michael Spivey: So this information on this slide came from the Trevor project, which is a national survey for LGBT Q a folks and this came from the 2019 survey.

Michael Spivey: And what was interesting here was there was two questions on the survey one was how would you if you could type in a definition around sexual orientation term.

Michael Spivey: What would that be they had over 150 sexual orientation terms and also about that many gender identities pop up so you can see.

Michael Spivey: Just on the screen there lots of different definitions that come up about ways that people self identify and, once again, if you don't know.

Michael Spivey: there's some tools that we're going to show you here, another slide that you can go to for vocabulary there at the bottom, you can see another resource that's through the safe zone project and that's a fantastic resource it's updated on a regular basis, you can get along.

Michael Spivey: You know.

Michael Spivey: enemy a joke of us have also been a member of the LGBT Q plus Community I don't know some of the terms of course i'm on the older side now but, but I have to ask lots of times and I do find especially working with younger people they're they're kind of.

Michael Spivey: It kind of makes them happy to know that i'm going to ask them a question and and really I think that person centered approach and letting them.

Michael Spivey: Be their own expert is really, really important in the in this specific with this specific specific topic and absolutely there.

Michael Spivey: Are pages upon pages of vocabulary out there to say so and project, because when I started doing presentations on this topic years ago I would actually walk through some of that document, and now I just refer people to it because there's so many terms out there.

Michael Spivey: I don't know if anybody has seen the gingerbread person before, and this is another practical resources listed at the bottom, you can find this at it's pronounced metrosexual.

Michael Spivey: The great thing about the safe zone project it's pronounced metrosexual is none of

this stuff is copyrighted all of these materials are available as a gift.

Michael Spivey: For people that want to use them, so you can go to the website and pull this down this particular version is version for it's it's once again it's being updated so that it says current as it can possibly be.

Michael Spivey: This can be really helpful when you've got someone that really is exploring and trying to think through like how do, how who am I, and how does this align with who I am so just high level looking at this particular.

Michael Spivey: Page you see gender identity so that's kind of the brain piece like what you think of yourself the expression, how you present yourself to the world.

Michael Spivey: anatomical sex sex assigned at birth and any have sexually attracted to versus romantically attracted to so sometimes there's some confusion around that.

Michael Spivey: Before I move on, I would like to say that this is a very useful tool, I have found it very helpful there's another one out there that's also.

Michael Spivey: kind of depicted instead of a gingerbread it's a unicorn that's one it's also very helpful.

Michael Spivey: One thing to caution folks is that i've worked with clinicians that have expressed it when they are working with clients who may be under the age of 18.

Michael Spivey: They have found that the clients have found these forums very helpful they've also had situations where perhaps the parents started, maybe very juvenile or like a coloring page.

Michael Spivey: And didn't take it quite seriously so just with any type of tool that you use with a client, just to be aware, and you know, depending on.

Michael Spivey: Maybe proceed in different ways, depending on how you're using and I might also add to these common different languages.

Michael Spivey: it's also published in French, as well as Spanish and and with the ever growing you know demographics, that we have in the United States, I think that's really, really important to keep in mind that we do have that.

Michael Spivey: With that state, it also you know feel free to take the the gingerbread person out of it or the or the unicorn it just merely you know utilize the identity.

Michael Spivey: references that they have right there, I have also found this something that profoundly beneficial to us, even with adults that are coming out later in life and really don't quite understand.

Michael Spivey: Their orientation, you know they don't understand that there is a difference in sexual attraction and.

Michael Spivey: Oh, my gosh i'm i'm actually in love with this individual, so this is a really risk resourceful to I think across the board.

Michael Spivey: And it oftentimes can provide a way for somebody to express in words, something that they've been dealing for a long time, you know how to maybe perhaps articulate it.

Michael Spivey: So it can bring a lot of comfort so we're going to walk through a couple examples, this first example i'm going to show you this particular individual hypothetical individual is.

Michael Spivey: If you say from a gender identity perspective Where would you fall on this spectrum and they said very much on the madness end of the spectrum.

Michael Spivey: From a gender expression perspective, they also identified very masculine so by that meaning kind of stereotypical masculine clothes would be what they would typically wear to express themselves.

Michael Spivey: From an anatomical perspective they're showing kind of their in between between male or female, and what that often indicates, is that perhaps they.

Michael Spivey: are a trans person and maybe they have had surgery top surgery, but not bottom surgery, so the anatomical sex that could be where that X false sex assigned at birth, maybe this particular individual was assigned female at birth.

Michael Spivey: Then you start to look at sexual attraction.

Michael Spivey: And they'll tell you from day one, they have always felt that they were sexually attracted to women that's who they are that's how they were born.

Michael Spivey: Then, when you start to talk about romantic attraction in this particular example once again very much attracted romantically meaning, not necessarily needing to have that sexual component, but having a deep.

Michael Spivey: deep seated romantic attraction and relationship with a person, where the souls connect yes absolutely so that's an example of of a trans potentially a trans example of how somebody would fill this form out.

Michael Spivey: Of course, you would talk through this might take multiple sessions to get to that point like we just walked through all right now example to this particular individual let's just say that this person says Okay, I have identified it always identified as a man.

Michael Spivey: When they talk about gender expression stereotypical let's just make this very stereotypical.

Michael Spivey: Gender expression when it comes to masculinity and the types of clothing and the way they present themselves to the world anatomically identify as male.

Michael Spivey: Sex assigned at birth male and then, when they start to start talking about sexual attraction and romantic attraction that's when the infancy me stop and think okay not.

Michael Spivey: sure exactly how to express it for this particular example sexually attracted to women so they've always had this attraction to women.

Michael Spivey: But they also will tell you that they've also been sexually attracted to men almost equally.

Michael Spivey: And so, then you start to take it a little bit deeper and say what about romantic relationships, what kind of a deep soul type relationship for you're looking for.

Michael Spivey: This particular example perhaps that's men.

Michael Spivey: that's what they want, for a longer term relationship, but then, if you dig even deeper they might say that it's a particular type of man, maybe one that's more feminine or one that's more masculine.

Michael Spivey: And so you can see how you can use this to have conversations and to have people explore at a deeper level sometimes they are absolutely and I think it's also really, really important to keep in mind.

Michael Spivey: The verbiage that we use I think it's really important as therapists that we we stay away from words like your preference things that would indicate in any way that.

Michael Spivey: one's orientation which just a choice of a yes or no, a male or female, because, as you can see, this is really, really fluid.

Michael Spivey: And we want to, we want to be certain that we're we're very inclusive and we're very open in the vocabularies that we use to to create that sense of safety.

Michael Spivey: You know, especially dealing with this with this demographic we want to keep in mind maslow's hierarchy, if they do not feel safe they're not going to belong, and if they do not belong that sense of self esteem is is going to be lacking and so many times, you are that first love.

Michael Spivey: But you brought that up you know we use a lot of terms now around done by an airy gender expressive and that often helps a lot.

Michael Spivey: With just being aware of that sure with our clients so we're going to talk a little bit now about some statistics, this is a really important piece.

Michael Spivey: Just to get an understanding about this particular space i've been really excited to see the Trevor project produced surveys now on an annual basis.

Michael Spivey: And this is our third survey and i'm really excited about this one is the most current that I could pull in for today's presentation.

Michael Spivey: i've been pulling data in since about 2019 and, since this is about the 30 or 35,000 respondents.

Michael Spivey: keep in mind as we go through these there were people responded were 18 to 24 years of age, so we're looking at that age group.

Michael Spivey: And this is where the most diverse, yet so we're finally starting to get to you know 45% of these were youth of color self identified in 38% identify these are trends or non binary so we're really starting to finally get in a little deeper.

Michael Spivey: And so now we're going to focus on polling, so I think, as I pull up the first question, this is going to give you all an opportunity, the kaylee's going to provide us with the opportunity for you all to answer this poll.

Michael Spivey: So what we're going to do is is just what percentage of LGBT Q a plus youth have seriously considered attempting suicide in the past 12 months would you answer 42% 51% 13% or 27%.

Michael Spivey: Again, that would be what percentage of LGBT Q, a youth seriously have considered attempting suicide in the past 12 months.

Michael Spivey: In we have our polling is coming in.

Haley Hartle, NAADAC: yeah and we'll give everybody.

Haley Hartle, NAADAC: Okay couple more seconds to answer and then i'll share those results.

Michael Spivey: All right, you know as as you think about that 50%.

Michael Spivey: or half of.

Michael Spivey: Their youth have seriously considered suicide within.

Michael Spivey: The.

Michael Spivey: ratio and 18% of Latin next.

Michael Spivey: So when we are ready when haley tells us so so you said 42% split 42% will actually 42% is the correct answer very good excellent.

Michael Spivey: And you can see it on the screen 42% of those of you are following along and want to write that down we'll go down to the next question.

Michael Spivey: And what percentage of LGBT Q use reported symptoms of generalized anxiety disorder in the past two weeks.

Michael Spivey: Again, what percentage of LGBT youth reported symptoms of generalized anxiety disorder within the past two weeks is that going to be 43% 62% 72% or 82%.

Michael Spivey: And you know, this is something that I think, especially in our culture, all of us kind of live within design in some way.

Michael Spivey: But again, to put on top of it all the different things that people within this particular demographic are living with every day, again, you know, we want to keep that sense of safety that sense of belonging in mind with that so and, with that stated, do we have our results.

Michael Spivey: All right, let's see here, it looks like the biggest answer is 72% and let's go and see what our answer is.

Michael Spivey: And our answer is actually 72% you guys are doing good awesome they're doing very good their percentages are really high on the correct answer so a plus a plus way to go, we're gonna move on to the next question and the poll.

Michael Spivey: So what percentage of homeless youth in urban areas are believed to be from the LGBT Q, a community and your selection there's 33% 40% 51 or 26% will give folks a few minutes to respond to that.

Michael Spivey: And if you look at the citation at the bottom around the question on on the screen you'll see that this is from 2006.

Michael Spivey: And I deliberately continue to pull this in and i'm going to explain that a little bit more do we have the answers here yeah okay so let's see the vast majority said 40%, and that is the correct answer 40%.

Michael Spivey: Of that 40% statistic goes, all the way back from some of the earlier studies, all the way to 2006 and what I have seen is once again it has shown consistently between 20% of 40%.

Michael Spivey: Then from 2006 and each subsequent study that I have read it's about 40% 40% remain steady over the last decades.

Michael Spivey: This is interesting to me in that we're aware of this homelessness within this population.

Michael Spivey: it's not gotten worse, but it hasn't gotten any better, so that tells us that we're still needing to work in this space and that's really important to be aware of that, because you may encounter a lot of people that are using substances, especially among this age group that are also homeless.

Michael Spivey: So next question in the past year, what percentage of LGBT Q youth have wanted

counseling from a mental health professional, but then didn't receive it, so they sought it but they couldn't get it 50% 60% or 30.

Michael Spivey: And by not being able to receive it, that can mean they either didn't have the means to get to a counselor they didn't have the funds, it could be multiple things.

Michael Spivey: You know one thing to keep in mind with that.

Michael Spivey: Given the diversity of the cities that we have in the United States today to it's not unusual to bump into.

Michael Spivey: Individuals adolescents that whose culture doesn't believe in Council right and so that's something also that they're up against and again something that we need to pay attention to and so 54% of you said 60% and the actual response is 50%.

Michael Spivey: And I agree with you all, I thought it was going to be higher and just based upon what I'm hearing anecdotally but for the people that responded to this survey in 2021 50% of them.

Michael Spivey: that's still very, very, very high very high alright, the next one, what percentage of youth stated that their mental health was poor.

Michael Spivey: Most of the time or always during coven, this is the first time I've been able to see data that's been able to be collected during coven and what that experience was for LGBT Q us in particular.

Michael Spivey: And this one is a.

Michael Spivey: 66 70% or 60% 45% was close there were 45% of you said 70%, and that is the correct answer based upon the survey.

Michael Spivey: what's fascinating in this space, and the reason that it is so high, sometimes is not as clear to people that aren't part of the Community.

Michael Spivey: But for people that did not have they had places to go they had some word systems outside of their home and now they're stuck in this environment where they are not supported.

Michael Spivey: It started to deteriorate their mental health and that really showed up a lot during covert and a lot of people were they could not even go through zoom to say.

Michael Spivey: A group that they were going to try to meet with because they didn't have a confidential or a safe space, even in their own home.

Michael Spivey: So that's an important one to just keep in mind as well you know I think to as we think about that in the political climate that we live in today as well.

Michael Spivey: You know younger people do kind of like what I call go fishing, you know they'll they'll say things to position things to see how individuals.

Michael Spivey: will react, and they could kind of based on only am I safe or am I not right now, and you know, given the change in the uncertainty that that we all feel.

Michael Spivey: In our country, right now, with with so many changes, specifically, I think, youth in the LGBT community feel profoundly vulnerable, so you know.

Michael Spivey: With with things that they absorb from the media, etc, which leads right into this question absolutely so many LGBT Q use our people experience losses that are invisible to the broader majority community.

Michael Spivey: Because of this, in in visibility their losses are often disenfranchised and that other view the losses as not worthy of grieving.

Michael Spivey: Would you find that true or false in regard to the experience of LGBT Q, you have today, in other words, do you think they truly experience disenfranchised grief, something that is a loss that most people would marginalize.

Michael Spivey: going to give you a moment to vote for them, I want you to keep in mind, you know disenfranchised grief some examples of that.

Michael Spivey: could also be the loss of a pet the loss of a job, a career etc so once you to when you think about that come down even further and really think about what, if you are not able to talk about who you love.

Michael Spivey: or who you have a crush on and how important that is at that at that age, so it looks like we have 100% that that says true and you're absolutely correct correct, and this is really, really important to keep in mind when when working with this population, and that is disenfranchised grief.

Michael Spivey: Also let's go into what percentage of trends and nine non binary youth said that Kobe impacted their ability to express their gender identity, so what percentage of trans non binary youth said that.

Michael Spivey: Actually impacted their ability to express their gender identity, would you say 6048 70 are 27% again 60% 4870 or 27% and we will give me a moment to cast your vote with that.

Michael Spivey: You know it's so interesting to look at just how much you know coven just didn't affect where we work and how we work, and when we work but but really these profound issues that people live with every day okay 60% so 60% of trends and non binary us stated that Kobe.

Michael Spivey: Directly impacted their ability to express their gender identity that is really profound profound.

Michael Spivey: So the next one here is the percentage of LGBT Q youth that reported they had experienced discrimination.

Michael Spivey: Based on either as we've been talking about sexual orientation or gender identity either one at least one so far in their life and remember we're talking 13 to 24 in this Trevor project age bracket and so 81% 6675 or 53%.

Michael Spivey: You know I think it's interesting every one of these things we're seeing in this particular community scores of over 35 40% that is so sad when you really compare it to the non.

Michael Spivey: You know, to the non sexual minority community so.

Michael Spivey: And 66% of you said 81%, and that is what I thought it would be it's once again anecdotally that's where I would put it, the answer is actually in least for the people that responded to the survey 75%.

Michael Spivey: I personally think it's probably a little higher than that, so my own experience working with the Community but that's what the survey results were.

Michael Spivey: The population themselves will often describe when answering a question like this, they feel like less than his terminology invisible ignored unworthy.

Michael Spivey: So, being aware of that, when you're working with this population, and you can see how all of this can lead to substance use it can it can lead to the stressors can lead to self harm and it

can also lead to suicide attempts.

Michael Spivey: So is there a great deal of empirical data regarding the number of completed suicides true or false.

Michael Spivey: And we're talking about completed suicides within the LGBT community.

This one's an interesting one I find.

For a number of reasons.

Michael Spivey: And it is vault.

Michael Spivey: The reason being.

Michael Spivey: For some of us it may be very obvious, but sometimes it is lost in that we find that.

Michael Spivey: Many times people don't even acknowledge a completed suicide because of shame associated with that oftentimes out of form of passing.

Michael Spivey: Another reason is that you then you layer on top of that chain of being part of the LGBT Q, a community and so it's really hard sometimes to get this data, not just.

Michael Spivey: From people talking about it, but then also just from governments to physics and it does a lot of forms don't have a checkbox for this type of thing right, so it really is hard to get to make that kind of also speaks to kind of almost systematic disenfranchised free and.

Michael Spivey: let's see the next one, we have here is what percentage of LGBT youth of all races ethnicities said it was important to have a crisis line that needed to include a focus on LGBT youth if they needed it.

Michael Spivey: 80% 50 to 73 or 15.

see what folks are saying.

Michael Spivey: 46% of you said 80% that is accurate based upon the survey results it's even higher it's amazing 94% of the youth that responded and said that they also wanted that line to be available 24 seven.

Michael Spivey: And that was important and also think about the age group that we're talking about they wanted a text line.

Michael Spivey: available, not just a phone line because they oftentimes find that they're able to express themselves better through text back and forth.

Michael Spivey: and not have to have that interaction over the phone So those are things to keep in mind when you're also working in this space and being aware of what resources, you can provide to clients who may be expressing you know suicide ideation self harm ideation.

Michael Spivey: Illicit drug use is significantly higher in high school aged LGBT youth, so this study only looked at lesbian, gay, bisexual youth.

Michael Spivey: And this would be a true or false scenario.

Michael Spivey: let's see what kind of results, we have here.

Michael Spivey: 90% of you said true yes.

Michael Spivey: This one's another key one to remember it often comes up that.

Michael Spivey: LGBT individuals are twice as likely to have a substance use disorder compared to their heterosexual counterparts.

Michael Spivey: When you start to look at just pulling out non binary and trans folks we're looking at four times more likely so being aware of that is really, really important.

Michael Spivey: You know, to I think it's also interesting are it's important to keep in mind, even with within the Community LGBT Q a you know trans individuals.

Michael Spivey: Experienced discrimination within this specific time as well, so we've got to keep in mind and beyond the look up look out for micro aggressions you know verbiage things that they're going to use that could be interpreted as.

Michael Spivey: As quick bounce things that they would look at themselves, as you know, not as significant so this prejudice can also come from the peers within within our own community that's really important to acknowledge and be aware of as well.

Michael Spivey: And this is our last one last polling question so according to samhsa 2019 data.

Michael Spivey: What blank and blank so when, in six, four and five, three and five or one and two LGBT individuals with substance use disorder actually struggled with alcohol use so that was kind of this episode segment two.

Michael Spivey: And I know I mean every working in this space along God I you know I step in it i'll use the wrong terminology, or I will.

Michael Spivey: incorrectly phrase something, and so, when that happens, I would just take a step back reflect on that with a client apologize and say, and I apologize that I slept in that and.

Michael Spivey: Try to correct that in the in the actual setting as well, so 67% said three and five and that's the answer that was the result of the survey, we have a very aware group which is great.

Michael Spivey: it's not always the case when we do this so i'm excited to see that, today, I wanted to say that they struggled with illicit drugs and one in six said they struggled with both alcohol and illicit drugs so thanks for taking part in the survey.

Michael Spivey: Hopefully that will provide you an opportunity, have some interaction, but I tend to remember these a little bit better if I have to go through a scenario like this.

Michael Spivey: So i'm hoping that you found that helpful and then it kind of sets the stage for what we're looking for when we're talking about working with this population.

Michael Spivey: And how they can become involved with substance uses us and then also some of the self harm and suicide ideation so let's talk a little bit about specific substances and what we're seeing in regard to the sexual minority.

Michael Spivey: This this particular demographic with That said, I think it's I think it's important that you know, overall, when we look at not just youth and adult lessons but.

Michael Spivey: grown individually as well within the LGBT Q amp a population we're looking at a little bit a little over 38% versus the non non sexual minority community.

Michael Spivey: About 5.8 or 6% so that is profoundly significant in regards to looking at how many more people are vulnerable to to drug and alcohol addiction.

Michael Spivey: And with that stated, I think it's really, really important to look at well, what is it that we're seeing that they use and in regard to when we look at the national averages, when we look at the sexual minority.

Michael Spivey: lesbian, gay transgender bisexual youth age 18 and older when it comes to illicit drugs we're looking at 40% versus 18% in the non sexual minority community community.

Michael Spivey: marijuana 31% versus 13% now, one thing that I think especially, and this is important to keep in mind, you know we have a lot of states, now that are legalizing marijuana.

Michael Spivey: And I think it's important that we not reduce in our minds that fact that marijuana a substance like alcohol.

Michael Spivey: Though it's illegal in some states it's it's still a problem, and I think it's very interesting working with addicts, every day, I have had people say what i'm just going to move to a State where it's legal and i'm like okay alcohols legal to.

Michael Spivey: it's not the substance is how you behave with the substance and that's really, really important to keep in mind, I also want you to keep in mind.

Michael Spivey: You need to look for three things you need to look for the biological response to their substance use.

Michael Spivey: You need to look at a psychological response to the substance abuse and you need to look at a sociological response.

Michael Spivey: that's really, really important because it's not just one factor it's going to be three factors when we look at the misuse of prescription pain relievers we're looking at 10% in in this population compared with 4.5.

Michael Spivey: heroin point oh 9% versus point oh 4%.

Michael Spivey: Alcohol and this is staggering 64.2% compared to 55% in the non sexual minority community binge drinking and this is really, really important to keep in mind.

Michael Spivey: And I think i'm just going to ask everybody.

Michael Spivey: Is kind of funny when I when I do presentations where I do family days i'll say he may ever had at least four drinks at a party or someone nearby raises their hand and say.

Michael Spivey: Well, you qualify for treatment you actually have participated in binge drinking, so what we look at is for drinks for a female five drinks for males, but what we see today, and I think this is really, really important.

Michael Spivey: I would.

Michael Spivey: I would say 80% of Americans abuse alcohol, when I look at the way people drink and when I look at the way that we have kind of taken away the substance use disorder mild or in the old DSM four we would we would actually call it abuse versus dependence.

Michael Spivey: we've normalized that and are you see their parents drink they see their hair straight and they emulate that.

Michael Spivey: And so it truly truly is a problem in this country, and I think in many ways a lot of that problem is because of what they see heavy alcohol use 34.5% versus 31.9% that is profound and, of course, what we see.

Michael Spivey: from a national perspective is, and I just want to say this, too, and maybe suppose I work in addiction so i'm a little sensitive to this but.

Michael Spivey: You know i've heard for years and years and years, as I practice, you know government politicians people saying money is going to be appropriated we've got to do something about mental health we've got to do something about substance abuse.

Michael Spivey: But I also as clinical director also look at what insurance companies are turning down who they're denying treatment to.

Michael Spivey: And i'm not seeing this system change, so I think our role as therapist as that first line of an intervention.

Michael Spivey: is going to become even more profoundly important because, from a treatment perspective i'm just not seeing corporate America private insurance making funds available and that's really, really sad, especially when we're looking at our youth.

Michael Spivey: Today we're going to talk and shift gears a little bit to some of the social and emotional stressors that are seeing and i'm going to show about a four minute video so give me just one second i'm going to switch screens here.

Michael Spivey: The first time I uttered a prayer was in a glass stained cathedral.

Michael Spivey: I was kneeling long after the congregation was on its feet they're both hands into holy water trace the Trinity across my chest my tiny body drooping like a question mark over the winning Pew I asked Jesus to fix me.

Michael Spivey: And when he did not answer I befriended silence in the hopes that my son would burn and South my mouth would dissolve that sugar on tongue, but same link it is an aftertaste and attempt.

Michael Spivey: to reintroduce me to sanctity my mother told me of the miracle, I was said I could grow up to be anything I want, I decided to.

Michael Spivey: be a boy, it was cute I had snapback toothless brand new skin needs a street cred played hide and seek with what was left of my goal, I was it.

Michael Spivey: The winner to a game, the other kids can play I was the mystery of an anatomy a question asked, but not answered type roping between awkward boy an apologetic girl, and when I turned 12.

Michael Spivey: The boy phase wasn't deemed cute anymore, it was met with nostalgic aren't missing my knees and the lead in the shadow of skirts are.

Michael Spivey: minded me that might kind of attitude would never bring a husband home that I exist for heterosexual marriage and childbearing and I swallowed the enforce along with these flows.

Michael Spivey: Naturally, I did not come out of the closet.

Michael Spivey: The kids at my school opened it without my permission called me by name, I did not recognize said lesbian, but I was more boy then go more can then Bobby.

Michael Spivey: It had nothing to do with hating my body I just love it to not to let it go I treated like a house and when your House is falling apart, you do not evacuated you make it comfortable enough.

Michael Spivey: To House all your insights you make it pretty enough to invite guests over you make

the floorboards strong enough to stand on.

Michael Spivey: My mother fears I have named myself of the fading things as she comes the echoes left behind by Maya whole.

Michael Spivey: Nina al-khan blake brockington she fears that i'll die without a whisper that I will turn into what a shame conversations at the bus stop she claims.

Michael Spivey: i've turned myself into a mausoleum that i'm walking casket news headlines has turned my identity into a spectacle.

Michael Spivey: Bruce Jenner on everyone's lips was the brutality of living in this body becomes an Asterix at the bottom of the quality pages, no one ever thinks of us as human.

Michael Spivey: Because we i'm a ghost and flesh, because people feel that my gender expression as a trick that it exists to be perverse that ensnares them without their consent, that my body as a feast for the eyes enhance and, once they have fed of my career.

Michael Spivey: The regurgitate all the parts, they did not like they'll put me back into the closet hang me with all the other skeletons I will be the best attraction.

Michael Spivey: Can you see how easy it is to talk people into coffins.

Michael Spivey: To misspell the names on gravestones and people still wonder why they are boys rotting they go away in high school hallways they afraid of becoming another hashtag in a second afraid of classroom Detroit pistons becoming like judgment day and now.

Michael Spivey: oncoming traffic is embracing more transgender children and parents, I wonder how long it'll be before the Trans suicide note start to fill redundant.

Michael Spivey: Before we realize that our bodies become lessons about sin way before we learn how to love them like God didn't didn't save all this breath and mercy like my blood is not the wind that washed over Jesus feet my prayers.

Michael Spivey: are now getting stuck in my throat maybe I am finally fixed maybe I just don't care, maybe God finally listened to my press, thank you.

Michael Spivey: And so.

Michael Spivey: i'm hoping that you got a sense from that.

Michael Spivey: How profound that was.

Michael Spivey: You know I going through my mind listening to that was.

Michael Spivey: You know if if you cannot be authentic.

Michael Spivey: Your life really never exist.

Michael Spivey: In and how Sir.

Michael Spivey: So i'm just pause for a moment kind of reflect on you know what we what we just heard.

Michael Spivey: Lee was 19 years old, but when he presented at a Ted talk Conference, I think, at the time, he was one of the youngest people to present it.

Michael Spivey: Some of the things I guess that stand out the most for me because i've seen this multiple times.

Michael Spivey: Is you know oncoming traffic embracing trans youth more than parents.

Michael Spivey: And I have heard similar stories over the years, so just being aware, I think that that lease slam whole i'm really helped me understand a little bit better what some trans people experienced.

Michael Spivey: So i'm just wanted you to want to see that, because I do think it's such a good representation of what at least one trans person has been able to express how they feel.

Michael Spivey: And I think it also leads into us really truly understanding the social and emotional stressors it's so many people.

Michael Spivey: In in this Community go through the oppression that legal discrimination that takes place in so many different different forms, so it's so important to just think about.

Michael Spivey: The harassment, the violence, the bullying in school, the lack of support from faculty and staff once again school counselors psycho therapist like myself.

Michael Spivey: We perhaps are the only individual that they can look in the eye and be honest with.

Michael Spivey: lack of support from family listening to what perhaps in a synagogue and a mosque at a church what's being said about.

Michael Spivey: people that are LGBT Q amp a and feeling so totally helpless and alone homelessness and, yes, unfortunately abuse by our law enforcement officers.

Michael Spivey: Attempts to change orientation or identity being discriminated against in employment, unfortunately I live in a State that does not have laws in place.

Michael Spivey: To protect discrimination against LGBT Q is a individuals marriage not being able to say I do to who you truly love and have fallen.

Michael Spivey: in love with not being able to adopt retirement benefits health access not available to everyone, this is absolutely profound and then, when we look, we have to look at.

Michael Spivey: stressors and the feeling of this is loss, and this is really, really important that you understand from a clinical perspective, the person sitting in front of you is not just dealing with orientation with gender identity.

Michael Spivey: But I can assure you, every one of them are dealing with grief and loss searching for ways to cope.

Michael Spivey: With that disenfranchised grief that you learned about earlier using substances prescription drugs illicit drugs I just met with an individual a couple of days ago, who would tell me about parties, they would go to, and they would they would actually take pills, that are the parents.

Michael Spivey: prescription cabinets and put them in a bowl and they didn't know what they were taking.

Michael Spivey: it's really, really important to understand all of these things, contribute to the depression.

Michael Spivey: gap that we see in so many clients generalized anxiety disorder suicide ability self harm I also work with a lot of youth that self mutilate and everything ties back to.

Michael Spivey: Not being able to be authentic and that frustration of that oncoming traffic perhaps being more present than your own family.

Michael Spivey: I also see high instances of eating disorders, as well, so these are all things that is imperative.

Michael Spivey: That you be aware of, and you just take a look there in the circle, on this particular slide when we're talking about you to have attempted suicide compared to those who experienced conversion therapy so we're talking now about LGBT youth, this was from the Trevor project 2019 survey.

Michael Spivey: 17% had attempted suicide that had never gone to any type of conversion therapy, but it jumped to 42%.

Michael Spivey: When they had been exposed to some type of conversion therapy and that's one of the one of the statistical reasons why conversion therapy is being involved in so many jurisdiction.

Michael Spivey: You know I often say, and I was teaching a class at unc Charlotte a Wednesday, and it was two people brand new in graduate school and you know, one of the first things I said is your.

Michael Spivey: you're responsible for providing hope.

Michael Spivey: If there's nothing else you can do you must be able to provide hope that is really, really significant and it and it really, really bothers me when when I think about.

Michael Spivey: places where medical professionals now are being told by their governments, if you don't want to see a specific individual based on specific belief systems, you don't have to.

Michael Spivey: And I know as a licensed clinical mental health counselor my code of ethics is to do them harm to serve everyone.

Michael Spivey: And I think this is really so important again the roles that we play as counselors as social workers a psychologist in in the survival of these individuals have to also consider the authorization that takes place in society.

Michael Spivey: By agency serving this particular group think about if people know that you cater to this specific Community you as a practitioner could also face a lot of discrimination.

Michael Spivey: The strict binary gender segregation in group counseling, for instance in treatment lots of LGBT Q individuals are very hesitant to discuss how they fall in love when they're mixed with.

Michael Spivey: people that are not a sexual minority negative health experiences that they have had with practitioners people rolling their eyes when they are truthful about how they fail are in regard to moving towards.

Michael Spivey: gender reassignment etc, this lack of sensitivity is universal it's not something that we would experience just in the south.

Michael Spivey: it's something that we're seeing globally, you know I think it's also interesting to to to know that in many times, our profession is looked at as gatekeepers and you know I look at this do we as professionals.

Michael Spivey: Do enough gatekeeper do, what do we do enough and educating one another and ensuring that we are working with.

Michael Spivey: The clientele that we should be working with we also have to look at needle exchange

programs that don't exist, so people are going to the streets for hormone to buy hormone replacement therapy, this can be very, very dangerous and again the disclosure of HIV status is.

Michael Spivey: Something that you have to keep in mind.

Michael Spivey: With it stated, I wanted to just go back to kind of the basics, that we have in regard to our training with people in the helping industry.

Michael Spivey: Regardless if you're in social work if you're a licensed professional counselor if you're in addiction if you're an individual that.

Michael Spivey: Is in in psychology or if you're a medical doctor.

Michael Spivey: let's go back to those very basics on the left hand side you see broth and brothers ecology theory and I want you to just think for a moment, here we are at this micro level you're A child born into this world and let's say you are born as male.

Michael Spivey: You really want to take dancing your parents force you okay that mezzo layer outside.

Michael Spivey: Groups peers Community say this is what little boys do little girl, then this is what little girls to, we have to think of the Multi multi layers of impact that our culture has.

Michael Spivey: on anyone that lives as a minority, and specifically people in this particular demographic in community.

Michael Spivey: We have to keep in mind, it has far more to do with what we see and how then then then just how we fall in love what our interests are what gives us a sense of of industry industry if we if we look at Eric erickson stages of development, and I can tell you, as a gay man.

Michael Spivey: I knew from a very young age.

Michael Spivey: Something just felt different I didn't know what it was I didn't know what it was, until I fell in love, but I knew something was different so think of it from a developmental perspective, knowing that difference I can't feel.

Michael Spivey: As I can be who I am what does that do to my feeling of purpose, what does that do to my feeling of competency.

Michael Spivey: What does that do to my feeling of fidelity and believing who I truly am.

Michael Spivey: I know as a man that was in a heterosexual marriage for 10 years.

Michael Spivey: what it is like to be alone, but never be able to tell that person, but to fulfill what is accepted by our culture, you know we have to keep in mind that very last stage of development integrity versus despair.

Michael Spivey: Thank goodness, I was able to come out when I draw my last breath, I can say i'm glad I did integrity versus I wish I had of despair, and that is profound in regard to the role that we will play with these youth.

Michael Spivey: With that stated, I think it's important to also understand when we're when we're looking at maslow's hierarchy of needs Okay, we all have food, we all have clothing, we all have shelter we're okay.

Michael Spivey: So, therefore, we can go up to safety, but I want you to keep in mind, I mean this is really, really basic this is almost all you really kind of need to the theoretically know in regards to what this population is up against if I do not feel emotionally safe.

Michael Spivey: How can I ever belong.

Michael Spivey: If I cannot belong authentically how I need to belong.

Michael Spivey: Are my relationships really going to meet our have the developmental impact that they should and, of course, without that.

Michael Spivey: My self esteem will always lacked until I can be authentic I said earlier, if you cannot be authentically who you are.

Michael Spivey: You never truly exist, so therefore that self actualization, which is so important, can never take place, I can assure you.

Michael Spivey: Most LGBT Q a individuals that you will work with do not get higher than safety so it's really, really important to understand that fundamental development is essential that you create that safe environment for these individuals.

Michael Spivey: So what can be done, I think we all have to strive to ensure that the narrative changes so that takes place by us sitting and by us listening.

Michael Spivey: With that stated somebody that specializes in substance abuse and here i'll accept people always tell me well, Derek i'm doing this i'm doing this i'm doing this and I kind of laugh at them witness I say you know what I listen with my eyes.

Michael Spivey: Because it's what they do not what they say, as far as the recovery and I think it's really, really important.

Michael Spivey: That we listen with our eyes in regard to our culture yeah we we say we're doing this we say where we're working towards more mental health, we say that we're working towards inclusion.

Michael Spivey: But do you really see it happening, do you really hear narratives changing narrative therapy is a really great approach to use with this specific population.

Michael Spivey: Because we all have a story and whether or not, if you totally understand the person sitting in front of you, you can relate with a narrative that creates that sense of safety.

Michael Spivey: So be sure to advocate for inclusion, be sure to to understand that.

Michael Spivey: policies and procedures do we have people that advocate for this population sitting on boards that are part of committees that are making decisions that affect everyone.

Michael Spivey: Are we are we putting together anti bullying campaigns for this community do we have things in place in our classrooms in our Community.

Michael Spivey: it's very frightening to me what I see today when States say certain words cannot be used, because these are the very things that we need to help create this sense of what is normal.

Michael Spivey: we're going to take a look here now at some additional practical clinical applications that I hope you'll find helpful as you go and work in this space, especially with this population.

Michael Spivey: Just understanding the coming out continuum This is also take it from the safe zone project, so you can see here, you know.

Michael Spivey: The concept of opening up to one cell kind of asking those questions, who am I then coming out maybe to close friends family people that you feel safe with and then living openly.

Michael Spivey: just keep in mind that people may be out in some spaces and not others it's not I mean national coming out day is a wonderful thing.

Michael Spivey: But I think sometimes it gives the perception that that it's it's a once and done when that's not really the case, I mean it could be an example of.

Michael Spivey: You know you've got to go to the doctor do I come out of this space i'm going to get my haircut did my coming out in this space.

Michael Spivey: Things like that you make a great point I would I would add to that it's a process, it is not in a bit.

Michael Spivey: And so many times we we put it in that particular lens that is that one time things, and so it is definitely a process throughout one's life.

Michael Spivey: So these are some ways that you could probably find helpful for you, with decreasing some family rejection.

Michael Spivey: and increasing support, especially for us, but this could be any age group that you're working with.

Michael Spivey: So inquiring about what family reactions to sexual orientation and gender expression are having clients walk through think through that you know what did they anticipate based upon the things that they've heard with the family.

Michael Spivey: about where they stand on certain issues around sexual orientation or gender expression, ensuring that the safe space.

Michael Spivey: making sure that we as clinicians always know where their local resources are as well as online we're not only needed for ourselves to educate ourselves but educate parents to help youth educate themselves.

Michael Spivey: acknowledge that you know you may get negative reactions and that negative reaction may have an impact on your mental health and what are coping skills and techniques that you can use it that's what happens.

Michael Spivey: learning to modify highly rejecting behaviors once again with coping skills and then psycho education and the link between.

Michael Spivey: Family rejection and everything we've been talking about today that link between rejection, not just by family but definitely that's one of the components, but that rejection and how that leads to substance use disorders, how that you leads to self harm and suicidal ideation.

Michael Spivey: So this particular slide was put in before the 988 launch, which has been launched recently for the Suicide Prevention lifeline.

Michael Spivey: Like 911, but this is 988 directly directly to suicide prevention should direct you to if i'm understanding correctly to the eight to five five number so that folks can get the help that they need.

Michael Spivey: Just know that there are warning signs that you should be aware of one of the biggest ones, is there a sense of hopelessness, they can't describe a reason for lifting they feel that they're a burden on others I don't want to share this information with anybody because i'm very somebody's.

Michael Spivey: feeling trapped, especially with this population you'll hear that i'm trapped trapped in

the world that i'm living in not allowed to be who I am.

Michael Spivey: Instead, just educating ourselves and constantly looking at suicide warning signs and being aware of the latest information out there, and once again prevention lifeline.

Michael Spivey: You know, Michael one thing to that I think is important, you know people also talk about you may see individual skip things away, etc.

Michael Spivey: I think it's really, really important to keep in mind the signs of helplessness hopelessness, perhaps, giving things away also it's not going to happen, like in a week's time it's not going to happen, just in one day, you might see it happen over 5678 months.

Michael Spivey: One thing you really want to pay attention to is if there's a quicker very sudden change in how they feel about themselves.

Michael Spivey: going from a lot of anxiety and depression to all of a sudden feeling perfectly that sudden change can very much be ambivalent indicative that they've made up their mind to do that right.

Michael Spivey: Customer safety planning is another component to be aware of this is another practical resource it's from the American association of suicidology.

Michael Spivey: And they actually have a section on their website is devoted to LGBT Q and so that's a really good resource to us and to be aware of.

Michael Spivey: course that safety plan is a guide to kind of help an individual as they're going through a crisis.

Michael Spivey: it's designed to a system to get the help that they need to understand what some of the triggers are that they're experiencing.

Michael Spivey: And it should also be easily accessible to the client, I think, to like like any type of treatment plan it's fluid it's not something that you just touched one time.

Michael Spivey: Something that you need to add to and continually to review absolutely and these are some of the key things to take a look at here.

Michael Spivey: The first five i'm looking at recognizing the warning signs So those are what we were talking about on the previous slide.

Michael Spivey: Encouraging our people that were working with their clients to use coping strategies that they have developed over time, what has worked well for them in the past, if they were feeling a certain way what resources are available to them what support systems do they have.

Michael Spivey: making sure that they have had conversations with maybe people that they have in their support system to distract them from the crisis.

Michael Spivey: Sometimes you'll have people say, well, I don't really have a family member or a go to person what are some other things that they can do to help cope, but most of those supports and it may not be a family member.

Michael Spivey: Once again that's one of the few times, where we have the ability to break the confidentiality if somebody's going to harm themselves to make sure that they get home they need.

Michael Spivey: knowing what mental health professionals and agencies exist in your area we're going to talk a little bit more about that here, on the other side.

Michael Spivey: Ensuring their environment is safe, so if somebody is self harming, which is very

different from suicidal ideation and respect that perhaps they want to feel something so they self harm to not experienced this nominates that they feel.

Michael Spivey: Making sure their environment, safe, what do they use either they use a paperclip do they use a stapler do they use it.

Michael Spivey: You know, a razor blade to cut their arm and making sure that that environment, safe and that those things are cleared out of their environment and that they're not have easy access to that.

Michael Spivey: And then leveraging and safety plan and we're going to talk about that, on the next slide form, you can use, but then there's also this by three APP.

Michael Spivey: Which is available, and that can be downloaded and I find that younger people I work with prefer the APP because they can.

Michael Spivey: pull out information there it's right there usually they have their phone with them and they can have it and use it and i've had clients over the years, tell me that that was very helpful for them.

Michael Spivey: it's once again it's based on your own individual discretion as a clinician what's appropriate and what's not appropriate in the setting and then customizing it to the individual that you're working with with sitting across from me.

Michael Spivey: So let's take a look at this is just a sample safety plan is listed up there as practical resource number six, this was taken from therapist eight.com.

Michael Spivey: But it's got the basic components here you're looking at making the environment, what warning signs at a crisis may be developing so having the person actually write out thoughts images that caused them to you know go down that path that suicide ideation or self harm ideation.

Michael Spivey: What are some coping skills that you've probably worked on through the therapy process.

Michael Spivey: Identifying who do you reach out to not only the name but actual contact and phone number, because if they're feeling a certain way they may not.

Michael Spivey: have time to go look up the phone number they needed right there and then, of course, the whole section around professional who can you reach out to.

Michael Spivey: You know 911 this particular form was taken from and modified to use in a college campus setting so what's the number for campus security what's the number for your local police department.

Michael Spivey: making sure that the forms are customized and modified, for your client group mobile crisis number in your area local hospital and then start to list out national Suicide Prevention hotline, how do you access that crisis text line 741741.

Michael Spivey: able to reset anywhere in the United States lots of people prefer that especially on that that younger demographic tend to tell me that this one of the lines that they'd like to use, because it is that text available to them.

Michael Spivey: Trevor lifeline Trevor text Trevor chat Those are all available through the Trevor project, and those are staffed by people specifically.

Michael Spivey: Working with the LGBT Q populations and that goes back to what we saw in that survey early on, where people are saying.

Michael Spivey: That respond to the survey, I really want a lifeline that is sponsored by crisis line it's got people like me that I can reach out to available 24 seven.

Michael Spivey: A lot of people don't know about the Trans lifeline this when I caution in that I really think you need to look at the website because they're ours to fluctuate because the.

Michael Spivey: Funding for that is based oftentimes donations grants that type of thing, so there now do fluctuate some.

Michael Spivey: But just to be able to say there is a trans lifeline for your trends and Nonviolent Barrett clients to say wow.

Michael Spivey: There is somebody out there, that is devoted specifically for me and my concerns so just being aware of that and incorporating it, not only in safety planning, but other documentation that you have.

Michael Spivey: is really critical because they see feel seen they feel heard and they really appreciate that.

Michael Spivey: So hopefully that was helpful and then lastly understanding clients culture just being aware of symbols.

Michael Spivey: You can see here there's a long or on the right hand side there's a group of flags that are here and what their meanings are.

Michael Spivey: I guarantee you clients know what they are they're from this population.

Michael Spivey: You don't have to have your whole office decorated this way, but just the quality symbol there for human rights campaign just having that symbol in your office can indicate a safe space having a trans flag.

Michael Spivey: In the corner somewhere they'll pick up on it having magazines in your lobby that are all inclusive of all different types of populations, so that everybody with it, I remember this community or any other population they feel welcome and woman and that just really sets a good tone.

Michael Spivey: Great resources, I have really appreciated the Trevor project survey like I said for these last three years, because I do think that it gives me insight so that I can be productive and working with people from this population is very, very important.

Michael Spivey: So I put the link there just know that you can go back and look at the other previous years, which is fantastic.

Michael Spivey: And then the project, a lot of the information that we had from the survey that we took here the polling survey is out there, but there's more information there's more depth to it as well.

Michael Spivey: This is a tool that a lot of people are not aware of even people that work in this space a lot, which sometimes surprises me.

Michael Spivey: But this is the w path in the world, professional association for transgender health and they're on their seventh edition they're constantly once again modifying it changing and trying to make it as up to date as current.

Michael Spivey: as possible and looked out at their website, and it was preparing this particular presentation, because I knew it had been a while, since one had been.

Michael Spivey: released as an update I did see on their website and I included the link here that the

eighth edition is expected to come out and I think it said at some point in 2022 so there wasn't a specific date, this is a fantastic.

Michael Spivey: manual to use if you're working in this space and to be familiar with, because there is so much very, very rich valuable information here and all clinicians I hope that work in this space are aware of this.

Michael Spivey: Well let's see, I think we only have a couple more slides here, yes, this one is just showing you the safe zone project that we've referenced several times throughout today, that is something that you can go to.

Michael Spivey: And then, once again, these are free non copyrighted or on copyright, it is pronounced metrosexual.

Michael Spivey: And you know, I just want to also as we end an important number, then I want you to keep in mind.

Michael Spivey: And that's 72.

Michael Spivey: Many, many individuals youth individuals, especially under the influence of drugs, find themselves in situations where they may be exposed to HIV.

Michael Spivey: And it's really, really important to understand, we have 72 hours to get this individual medical help and medication that can ensure that they stay negative.

Michael Spivey: So I wanted to make sure that you understood that there are two things one is called pep post exposure prophylactic which, if you again get medical help within 72 hours.

Michael Spivey: We can prohibit that individual from zero converting to HIV positive also if someone is HIV negative, we do have the ability to.

Michael Spivey: Or the medical community can can prescribe prep there's two drugs discovery and truvada for prep which is appeal taken every day.

Michael Spivey: And with that, if they are exposed to HIV and their HIV negative, they will not zero convert they will stay negative, this is really, really important to keep in mind, especially when we're working with individuals that.

Michael Spivey: utilize drugs, and I think that is a really, really important piece of information for you to know now so cat pee pee prep pra be correct and then you can go out and do some research as well, but just being aware of it is extremely important.

Michael Spivey: So with that, I think we wanted to leave about five to six minutes here for questions.

Haley Hartle, NAADAC: Yes, we can absolutely do that and they people so much for incredible presentation and for you, sharing all that information and resources with us.

Haley Hartle, NAADAC: We have a couple of questions in the Q amp a and in the meantime attendees if you have anything else to post in that Q amp a box go ahead and do that and we'll get to what we can.

Haley Hartle, NAADAC: So we hold these up here, so our first question says, maybe i'll cover this, but this person was afraid they would lose connection.

Haley Hartle, NAADAC: What resources or advice, do you have for working with youth, who are not out to their families and coming out could be hazardous to their health and safety.

Haley Hartle, NAADAC: Parents are often involved in counseling and want to be supportive, but I am also afraid they won't be supported if they knew their child was clear, we live in a very conservative Community parents have prohibited some youth from seeing me once once they find out about my alisha.

Michael Spivey: One of the things that I know can be helpful, depending on the Community now if it's really rule, this could be an issue, but you can now through connections like this over the Internet.

Michael Spivey: Have youth are aware of where they can connect to groups support groups for their own age So even if they're not in a position where they're allowed and, in some cases they're not allowed to go to therapy.

Michael Spivey: Just having in your know your waiting room your lobby area or a resource list that list.

Michael Spivey: friendly places where they could go and have support they were working with us it's very you have to be very careful that you are that they're legitimate places.

Michael Spivey: Because there are some out there, that are not so legitimate, so I just always caution, being aware.

Michael Spivey: But then, once again going back as clinicians to make sure we know what resources are available.

Michael Spivey: In some cities, I know, for example in cities, they offer bus passes to the students can actually get to a facility for face to face like support group and just be there oftentimes parents aren't aware.

Michael Spivey: But they also have to be aware that parents and may find that out, and what that's like you know.

Michael Spivey: And I think another thing utilizing symbols things that are identifiable to two individuals in the LGBT community.

Michael Spivey: people that are not in the Community, they would not recognize the sentinels, just like the plaques that Michael was showing slider to prior I think the HR HR see the quality side is profound people will not know what that is unless they have.

Michael Spivey: Someone that is in the Community or has worked very, very closely with the specific a specific demographic people will visually identify that and they'll immediately feel safe, so I think that is one thing to that you can.

Michael Spivey: And that's one of the reasons why I have to be honest that's why I don't work with people under the age of 18 and I am so thankful there's so many of you out there that do.

Michael Spivey: Because I think that's so important that they have that access to clinicians that are thinking about that you know and how do I make sure that i'm meeting the needs of my client but also being respectful of.

Michael Spivey: Parents and their rights as well, and even lost today that are being passed right.

Haley Hartle, NAADAC: awesome thank you both so much our next question how would you define how would you define the plus in LGBT Q a plus I have heard several different explanations for this term.

Michael Spivey: Do you want to take that one i'm really any and everything that does not fit into the specific initials that that was talked about there's a lot of people, you know the the queer questioning, as has been used a lot and and I think today with the fluidity of of people.

Michael Spivey: searching discovering people being open to I know I worked in my private practice with two heterosexual men that had feelings for one another.

Michael Spivey: They didn't know what to do with that or that they know where they know where they buy know they would fill in that plus area right there so.

Michael Spivey: And, once again, it goes back to the language I mean I have seen like LGBT Q Plus, but I have seen letters that go on for a longer period of time and it's just to represent inclusion.

Michael Spivey: and support for all of the changes in the language that we hear on a regular basis, so that the plus is really indication of we hear you we see you and you're part of the Community, no matter how you identify sure.

Haley Hartle, NAADAC: Some Thank you.

clicked on.

Haley Hartle, NAADAC: Here we go Okay, so how would you respond to someone going through hrt that is fearful about hate crimes and giving up their own male privilege and the fear of being discriminated against.

Michael Spivey: This is one of the most fascinating things about working in this space is.

Michael Spivey: um you know you study about male privilege you study about white male privilege sure and textbooks, but then to see someone that is transitioning and.

Michael Spivey: How about loss grief and loss oftentimes they'll be grief and loss around well, I feel I am who I have always been i'm finally able to live that life.

Michael Spivey: But I missed that male privilege that I had before, and then see that play out sometimes as transition as the transition is ongoing to recognize.

Michael Spivey: Oh i'm losing that trick it's been interesting to see, and I think that that's something that has to be considered and should be considered in in a therapy session, you know that is a big important part of transition yeah I think to so many times.

Michael Spivey: You know, people are required to go to therapy as a transition or before they receive hormones, etc, there are particular curriculums I know there is one that.

Michael Spivey: The University of Vancouver has that is that's pretty involved in regards to all these different topics and things that a therapist should be covering with an individual I think it's also a profoundly important that they journal.

Michael Spivey: that's one thing that I require of individuals that I work with and i'm i'm very.

Michael Spivey: Strict with that I want to see that, because then, then we have the ability to sit down with their medical doctor with their psychiatry's and and show that journey through through their narrative similar words.

Michael Spivey: Of what they've been through, I think we also have to be aware that that there are some individuals that start in this process, get into this process and exactly because of what you were just talking about they they choose not to go go further with it and, and we have to be able to also.

Michael Spivey: be present for them and sensitive for them, because they are making a decision, though they though they are though they identify as one way because of the social stigmas and

pressures they make the choice to stay.

Michael Spivey: In their birth, gender and so there's a lot of things around that, and so I would say psycho education and being very well informed.

Michael Spivey: Of curriculums and things that are out there, that you can use as a therapist with these people is very, very important and, once again, recognizing that it's so unique to the individual and what is there during.

Michael Spivey: You know you'll have people that are absolutely gender affirming surgery they're all in there, all in for hormones you'll have other people they're like no.

Michael Spivey: i'm trans but I don't want gender farming surgery or I don't want hormones and so honoring that and respecting because back to respecting the individual and sitting across from you at least that's my opinion yeah i've also bumped into.

Michael Spivey: I had this conversation with the anesthesiologist this has been about six months ago, who.

Michael Spivey: Who said they had read research that it, you know gender reassignment down the road leads to so many psychological issues, etc, I did challenge them as to what literature were you reading they couldn't provide me with that, but I think we also have to be aware of that.

Michael Spivey: There are medical teams that will not provide services and some medical professionals.

Michael Spivey: prefer to remain anonymous as as best they can, so that they can provide that so also working in developing within your community.

Michael Spivey: A a database of practitioners from psychologists and social workers and therapist.

Michael Spivey: To medical providers that will that are affirming and will work with this population is also profoundly important and attorneys as well, yes or name contains a government documents that are also need to.

Michael Spivey: be included in the database absolutely.

Haley Hartle, NAADAC: awesome well, thank you both so much unfortunately that's all the time we have for questions so any that did not get answered we'll put those in the document and send them to you so we'll go ahead and wrap up here super quickly.

Haley Hartle, NAADAC: i'm going to go through.

Haley Hartle, NAADAC: Our our last slides that we have here really briefly, so our upcoming webinars we continue this series next Friday.

Haley Hartle, NAADAC: And you guys have all heard i'm sure about the additional specialty series that we have you can find more information about those on our website our early bird special does end on August 26.

Haley Hartle, NAADAC: So go ahead and check that out we'll be announcing the schedule and everything for that here pretty soon.

Haley Hartle, NAADAC: And we can give you some more information about becoming a member on the website as well, access to over those 320 CEOs Thank you so much for being here, thank you both for presenting that incredible presentation and we look forward to continuing the series next week.

Michael Spivey: Thank you so much yeah Thank you very much.

Haley Hartle, NAADAC: Thank you so much, have a great day, everyone.