Inviting in LGBTQia2S+ Folx Through Expressive Arts Therapies

Presented by:
Shannon Kratky, MS, LPC, LCDC, NCC and Eliza Harris (she/her), MA, MS

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Accessing the CE Quiz

Webinar Presenter:
Shannon Kratky, MS, LPC, LCDC, NCC
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6/7/2023

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NAADAC, the Association for Addiction Professionals

Inviting-in: Collaborating with LGBTQQiA+ Folx through Trauma-Informed Creative Art Interventions

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June 2023
2023 NAADAC Webinar Series

Presented by Shannon Kratky, MS, LPC, LCDC, NCC and Eliza Harris (she/her), MA, MS
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Shannon Kratky
she/her/they/them
MS, LPC, LCDC, NCC

• I am Queer, Genderqueer, Neurodivergent, and Disabled.
• PhD Student at Oregon State University in Counselor Education and Supervision
• MS in CMHC from The University of Texas at San Antonio
• BS in Psychology and Addictive Disorders and Recovery Studies from Texas Tech University
• EMDR Certified Therapist
• Co-Chair of the NAADAC LGBTQiA2S+ Clinical Standards Committee
• Chair of the NBCCF MFP Addictions Counseling Advisory Council
• Co-owner and Counselor at Courageous Story Counseling, PLLC (San Antonio, TX)
• Specialization in the treatment of (Complex) PTSD, LGBTQiA+ needs, addiction, interpersonal violence, and sex- and human-trafficking

Eliza J. Harris
she/her
MA, LCMHCA, NCC

• Pansexual
• A former educator and past Minority Fellow with the NBCC Foundation
• Dedicated to providing support for folks who hold marginalized identities.
• Certified in Expressive Arts Therapy
• Has 2 dogs, Dallas and Adora, who are always sleeping or getting into trouble.
Objectives

Following this presentation, participants will be able to:

• Identify at least 3 sources of traumatization and ramifications specific to LGBTQiA+ folx.

• Describe the purpose of Expressive Arts Therapies in supporting LGBTQiA2S+ folx in their healing journeys from past traumatic experiences and/or substance use and/or addiction.

• Identify at least 2 creative art interventions to implement with LGBTQiA2S+ folx.
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Polling Question #1

"The Alphabet Soup"
(Jenkins & Harris, 2021)

Let's get on the same page . . .

Gender
How someone views themselves

Sex
Sex is the combination of biological and genetic factors that are encapsulated in chromosomal representation.

Sexuality
The attraction one feels towards another.

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#### Accessibility

Accessibility for LGBTQIA+ folx in behavioral health care services means the provision of a safe, inclusive, welcoming, and nurturing environment for both the seekers and providers of behavioral health care services, including front-line staff members, clinicians, and administrators (National LGBT Health Education Center, 2016).

#### Inclusion

Providing equal and equitable access for all individuals, including LGBTQIA+ folx, to services in a safe, affirming manner

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<table>
<thead>
<tr>
<th><strong>Transgender</strong></th>
<th><strong>Lesbian</strong></th>
<th><strong>Queer</strong></th>
<th><strong>Heterosexual/Straight</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>adj: gender description for someone who has transitioned (or is transitioning) from one gender to another, oftentimes from the gender assigned at birth to another gender.</td>
<td>noun and adj: Individuals who identify as female who are primarily attracted to other individuals who identify as female, romantically, erotically, and/or emotionally; can also be used by non-binary individuals who present and identify with femininity and are attracted to similar people.</td>
<td>adj: an umbrella term to describe individuals who don’t identify as cisgender. noun: a slur used to refer to someone who isn’t cisgender. However, the term is considered to have been effectively reclaimed in the queer community. noun: an identity label used by people to describe a non-heterosexual sexuality. Often used when said person doesn’t identify with other labels currently in use.</td>
<td>adj: experiencing attraction solely (or primarily) to some members of a different gender; often used within the context of the gender binary (i.e., considering only men and women).</td>
</tr>
<tr>
<td>adj: an umbrella term for anyone whose sex assigned at birth and gender identity do not align (e.g., someone who was assigned male at birth, but does not identify as a man).</td>
<td>NOTE: “transitioned” or “transitioning” does not necessarily mean medical transition</td>
<td></td>
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<table>
<thead>
<tr>
<th><strong>Gay</strong></th>
<th><strong>Intersex</strong></th>
<th><strong>Demisexual or Demiromantic</strong></th>
<th><strong>Non-binary</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>adj: experiencing attraction solely (or primarily) to some members of the same gender. Can be used to refer to men who are attracted to other men and women who are attracted to women.</td>
<td>adj: term for a combination of chromosomes, gonads, hormones, and anatomical characteristics that differs from the two expected patterns of male or female. This is a natural, biological occurrence in the human species.</td>
<td>adj: little to no capacity to experience attraction until a strong emotional connection is formed with someone. Often considered in tandem with other a-identities such as asexual or aromantic.</td>
<td>adj: preferred umbrella term for all genders outside of the sociocultural gender binary, used as an adjective (e.g., Jesse is a nonbinary person). Not all nonbinary people identify as trans and not all trans people identify as nonbinary.</td>
</tr>
<tr>
<td>adj: an umbrella term used to refer to the queer community as a whole, or as an individual identity label for anyone who is not straight; increasingly being replaced by “queer” as an umbrella term.</td>
<td></td>
<td>(Jenkins &amp; Harris, 2021)</td>
<td></td>
</tr>
<tr>
<td>adj: used to describe a man who is solely or primarily attracted to men.</td>
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</tbody>
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(Jenkins & Harris, 2021)
Affirming Care

• Affirming care is trauma-informed care!

• To be affirmative in providing behavioral health care services to LGBTQIA+ folx means to “embracing a positive view of Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) identities and relationships and addressing the negative influences that homophobia, transphobia, and heterosexism have on the lives of LGBTQ clients” (National LGBT Health Education Center, 2016, p. 13).

• The National LGBTQIA+ Health Education Center has created “Ten Strategies for Creating Inclusive Health Care Environments for LGBTQIA+ Individuals,” including (National LGBTQIA+ Health Education Center, 2021):

  ° Leadership in the form of active involvement from member(s) of executive boards/leadership as a “champion” for LGBTQIA+ inclusion efforts
  ° Organizational policies protect LGBTQIA+ people (both clients and employees)
  ° Physical and virtual environments welcome LGBTQIA+ people
  ° Forms reflect LGBTQIA+ people and their relationships
  ° All staff receive training on affirming communication and care
  ° LGBTQIA+ people are recruited and retained

Polling Question #2
"Coming Out?"

- Traditionally, “coming out” has been the term used to describe when those who are not heterosexual or cisgender inform others of their identity (i.e., bisexual, queer, transgender).

- The act of “coming out” perpetuates harmful stigma and privilege by pressuring non-heterosexual and non-cisgender folx to disclose their “differentness” from the public assumption that all folx are heterosexual and cisgender, unless otherwise disclosed.

- Additionally, those folx who choose not to announce their gender identity publicly or privately are sometimes viewed as dishonest, fake, weak, or intentionally hiding themselves.

- “Coming out” is portrayed as a one-time event. However, there are multiple environments and relationships in every individual’s life. Therefore, this exacerbates the pressure on folx to “come out” multiple times, including with unsafe people and in unsafe environments.

- Furthermore, some folx may experience shifts in their identities throughout their lifetime. For instance, someone may identify as bisexual and later, they may identify as transgender as well. Today, there remains a presumption that folx are heterosexual and cisgender, which has been created by both stigma and privilege. Heterosexual and cisgender identities are rarely, if ever, questioned. When someone experiences a shift in identity related to being non-heterosexual and/or non-cisgender, they are often questioned. This questioning is even more amplified as the individual’s identity may continue to shift over time.

"Inviting (others) In"

- Contrary to the concept of “coming out,” “inviting (others) in” is empowering to folx who do not identify as heterosexual or cisgender.

- Rather than placing pressure on this individual to “come out,” the individual is empowered to make their own choices (autonomy) about who they decide to welcome into this part of their life, depending on their feelings of safety, comfort, and trust with others.

- “This phrase turns the table on coming out and reflects the choice that a person has regarding who and when they share their sexuality or gender identity with. It shifts the sometimes-overwhelming connotations of ‘coming out,’ and supports the idea that sexuality and gender identity are yours to share, if and when you want to.

- “When and who the [individual] tells is completely up to them. Deciding not to invite others in is completely normal, too. They may also only want to invite a select few people in” (Turner & Scott, n.d., p. 1 - 2).

"For me, coming out gives the power to the other person to accept or deny you. When you're inviting them in, you have the power."

- Karamo Brown of Netflix’s “The Queer Eye"
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Traumatic Experiences for LGBTQiA2S+ Individuals

Sources of Trauma for LGBTQiA2S+ Individuals
(Peterson, 2018)

- Bullying
- Harassment
- Discrimination in education
- Institutional discrimination
- Health disparities
- Medical trauma
- Family rejection
- Traumatic loss
- Intimate partner violence
- Physical abuse
- Sexual abuse
- Hate crimes
- Traumatic forms of societal stigma, bias, and rejection

"[LGBTQiA+] People of Color reported greater exposure to interpersonal potentially traumatic events and shame than white participants. TGNC participants reported greater exposure to both interpersonal and impersonal potentially traumatic events, along with greater somatic and depressive symptoms than cisgender participants" (Sarda, 2019; Scheer et al, 2020).
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Ramifications of Trauma

Trauma has long lasting impacts

- Never (or very rarely) feeling safe
- Less likely to seek help, less likely to receive help
- PTSD / "(C)PTSD"
- High-risk situations in the future
- Premature death
- Chronic health conditions and other somatic symptoms (i.e., diabetes, digestive issues, hormonal imbalances)
- Difficulty obtaining and maintaining employment, due to impact of trauma and discrimination, leading to generational inequity
- Increase in suicidal ideations, intents, plans, and attempts
- Substance Use/Mis-use
- Increase in mental health concerns (i.e., depression, anxiety, post-traumatic stress, dissociation, depersonalization, derealization)
- Phenomenon of revictimization
- Domestic/Interpersonal Violence
- Sexual "acting out" behaviors (as a means to "cope" with trauma) and re-enactment
- Disordered eating
- Identity disturbance/confusion

Sham

"Feelings of inferiority and powerlessness that are directly tied to social ostracism and trauma" (Sarda, 2019).

"Exposure to such events is associated with greater levels of shame, and that greater levels of shame in turn is associated with worse mental and physical health symptoms" (Sarda, 2019).

Substance Use Amongst LGBTQiA2S+ Individuals

2020 National Survey on Drug Use and Health (NSDUH)
(National Institute on Drug Abuse [NIDA], 2022; Substance Abuse and Mental Health Services Administration [SAMHSA], 2022)

- Studied substance use patterns reported by sexual minorities (Lesbian, Gay, or Bisexual) from those reported by heterosexual adults.
  - 41.3% of sexual minority adults (18+) reported past-year marijuana use (compared to 18.7% of overall adult population)
  - 6.7% of sexual minority adults (18+) reported past-year misuse of opioids, including prescription opioids or heroin (compared to 3.6% of overall adult population)
  - 21.8% of sexual minority adults (18+) met criteria for Alcohol Use Disorder in the past year (compared to 11% of overall adult population)
- Sexual minorities with Substance Use Disorders are more likely to have co-occurring psychiatric disorders.
- Trans children and adolescents have higher levels of depression, suicidality, self-harm, and eating disorders than non-trans children and adolescents

Addiction Treatment Programs that Provide LGBTQiA2S+ Specific Care

Addiction Treatment Programs that do NOT Provide LGBTQiA2S+ Specific Care

25%
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Why Expressive Arts Therapy (EXA)?

Safety and Autonomy

"EXA Increases the felt sense experience for most individuals. First, it helps individuals to more clearly express implicit experiences of "what is getting in the way" (what threatens safety) and 'what is the all fine place' (safe place)...

Incorporation of the Body
So much of our experience of trauma lives in the body - EXA has many ways to access that while staying in client's window of tolerance.

EXA is a safe place to explore identities through performance, music, art and expression

EXA focuses on embodiment and somatic experiences, which can be beneficial for folks who have experienced trauma.

Why EXA for Queer Folks?

EXA can be easily aligned with activism and social justice movements as it's emphasis is on creativity.

"The art created can boldly proclaim LGBTQ desires, hopes, and pains which may have otherwise remained unspoken and unexpressed" (Huerta, 2018, p. 17).

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EXA Group Therapy has been shown to promote resilience and emotion regulation amongst individuals seeking treatment for substance use (Raghibi & Jafari Kahkha, 2022).

EXA helps clients to reframe their ideas, externalize emotion, and deepen their understanding of their substance use and/or addiction (Bradley et al., 2008).

EXA can support adolescent clients in changing their beliefs about addiction and improving psychosocial competencies (Leung et al., 2018).

Why EXA for Substance Use and/or Addiction?

EXA Group Therapy has been shown to promote resilience and emotion regulation amongst individuals seeking treatment for substance use (Raghibi & Jafari Kahkha, 2022).

EXA helps clients to reframe their ideas, externalize emotion, and deepen their understanding of their substance use and/or addiction (Bradley et al., 2008).

EXA can support adolescent clients in changing their beliefs about addiction and improving psychosocial competencies (Leung et al., 2018).

In Zambia, researchers explored the impact of SUD treatment by integrating the 12 steps of addiction program with Zambian art forms. This SUD treatment program "led to significant decreases in frequency of substance use for marijuana, inhalants, alcohol, and cigarettes, with small to medium effect sizes" (Lorenz et al., 2022, p. 1).

The Only "Rules" in EXA are for the Counselor (Rogers, 2020)

- **PROCESS**, not product (emotional depth, not beauty)
- **NO JUDGMENT**, positive or negative about the piece
- **CLIENT AUTONOMY**, always ask permission and check-in; no sharing required!
- Facilitates the **CREATIVE CONNECTION**
- **MULTIMODAL**, feelings deepen as you continue exploring through modalities

KNOW THE RULES?
Expressive Arts Therapy (Malchiodi, 2020):

- Respects the individual’s preferences, particularly of trauma narratives, supporting the emphasis of the role of individuals in their own treatment
- Provides meaning-making experiences and ways to imagine new narratives post-trauma
- Supports self-regulation and co-regulation
- Helps identify and ameliorate the body’s reaction of distress
- Helps to establish and support a sense of safety, positive attachment, and prosocial relationships
- Supports strengths and enhances resilience

Neurodevelopment and neurobiology inform the application of expressive arts therapy to trauma-informed intervention, by reconnecting implicit (sensory) and explicit (declarative) memories of trauma.

Trauma is not just a psychological experience; it is also a mind-body experience.

Types of Expressive Art Therapy

- Breathwork
- Movement
- Breath
- Yoga
- Rituals
- Music
- Painting
- Drawing
- Clay
- Writing
- Improv
- Puppetry
- Sand Tray
- Mythology and Story-telling
- Poetry
- Collage
- Dance
- Sound
- Play therapy
- Assemblage
- Meditation
- Body awareness
"Look out, 'cause here I come!"

(Atlantic Records, 2018)

Dance with us!
Art at Home!

What can you use?

Anything can count as an art supply! Here are some ideas:

- paper
- pencils
- markers
- pens
- crayons
- scissors
- paperclips
- clay
- fabric (old clothes/sheets)
- plants
- magazines
- fruit
- seeds/nuts
- rocks/dirt
- paint
- glue
- beads

Self-Portrait
FIND A COMFORTABLE, QUIET PLACE WHERE YOU CAN CONSIDER YOURSELF FULLY.

CONSIDER THE FOLLOWING QUESTIONS:

WHO ARE YOU TO OTHERS?

WHAT DO YOU LOOK LIKE TO THEM?

WHO ARE YOU TO YOURSELF?

WHAT DO YOU LOOK LIKE TO YOURSELF?

WHAT IS IMPORTANT ABOUT YOUR FEATURES?

HOW DO YOU KNOW THAT YOU ARE YOU?

USING WHATEVER MATERIALS YOU HAVE OR WANT, CREATE AN IMAGE THAT REPRESENTS YOU.

IT DOES NOT NEED TO LOOK LIKE YOU, OR EVEN LOOK LIKE A HUMAN.

CREATE WHAT FEELS RIGHT AS YOU REPRESENT YOURSELF ON PAPER.

YOU CAN BE AS SYMBOLIC OR AS LITERAL AS YOU CHOOSE.

---

**Self-Portrait**

**Letter to Past and/or Future Self**

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Letter to Past and/or Future Self

If you are writing to your Past Self:
- Where are you tender about your past?
- Can you go back to that person, and embody them for a moment?
- What messages does that person need to hear in order to receive a little love, empathy or grace from current you?

If you are writing to your Future Self:
- Imagine your Future Self.
- Who are you?
- What are you doing?
- What is happening in your life?
- What messages does this person need to hear in order to achieve that vision?

Write down everything you think to say.
Don't censor yourself or worry about what comes up.

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Emotions Outside the Body

- Identify an emotion you're experiencing right now.
- Envision that emotion if it were to survive outside your body.
- Give it form, color, texture, shape, etc.
PRESENTED BY

YOUR TURN!

DIRECTIONS FOR EACH ACTIVITY ARE ALSO PROVIDED IN PDF FORM.

**SELF-PORTRAIT**
What do you look like to them?
Who are you to yourself?
What do you look like to yourself?
What is important about your features?
How do you know that you are you?

Using whatever materials you have or want, create an image that represents you.

It does not need to look like you, or even look like a human.

Create what feels right as you represent yourself on paper.

You can be as symbolic or as literal as you choose.

**LETTER TO PAST AND/OR FUTURE SELF**

If you are writing to your Past Self:

Where are you tender about your past?
Can you go back to that person, and embody them for a moment?

What messages does that person need to hear in order to receive a little love, empathy or grace from current you?

Write down everything you think to say.
Don’t censor yourself or worry about what comes up.

If you are writing to your Future Self:

Imagine your Future Self.
Who are you?
What are you doing?

What is happening in your life?
What messages does that person need to hear in order to achieve that vision?

**EMOTIONS OUTSIDE THE BODY**

What emotion is present for you now?
Imagine that emotion outside your body.
Close your eyes and envision it.
what does that emotion look like?

Consider its shape, texture, form, depth, structure.

Put the form on paper.

Once you do that, sit with the emotion and write, using the voice of the emotion.

What does that feeling want you to know?

OPPORTUNITY TO SHARE ABOUT YOUR EXPERIENCE

‘IF YOU WANT TO’
‘IF YOU FEEL SAFE (ENOUGH)’
‘IF YOU FEEL COMFORTABLE’
‘NOT SHARING IS OKAY, TOO!’

ALSO, REMEMBER THIS WEBINAR IS BEING RECORDED!
Questions? Reflections? Take-aways?

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Accessing the CE Quiz

November 28, 2022
Mon 9:30 AM EST

CONTRIBUTORS
Relational Trauma Repair (RTR) Sociometrics Certificate

A collaboration between Tian Dayton, PhD, TEP, and NAADAC, the Association for Addiction Professionals!

Participants will get in-depth guidance on how to use basic sociometry and psychodrama techniques, spectrograms, locograms, floor checks, timelines, and experiential letter writing with the clients they serve. Certificate requirements include a combination of live training, readings from Dayton’s book, instructional videos with step-by-step guidance, clinical tips, and content knowledge tests.
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