Adolescent Treatment and Recovery, Part 3: Working with LGBTQ Youth

Presented by:
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and
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Presented by Derrick Johnson, MA, LCMHC, LCAS, MAC, NCC and Michael Spivey, MA, LCMHC, NCC
LGBTQIA+ youth are significantly more likely to die by suicide than other adolescents.

LGBTQIA+ youth experience substance use disorders at higher rates than their non-LGBTQIA+ peers.

We will focus on the dynamics associated with youth suicide and substance use disorder in the LGBTQIA+ community and steps counselors can take to support this vulnerable population.

We do not have any financial relationship with a commercial interest whose product and or service may be relevant to the educational content of this presentation and/or in the planning of this educational activity.

We do not have any financial or commercial relationship to disclose pertaining to this educational activity.

Information provided in this presentation is evidence-based. We hope it will help you in your work. Remember, nothing is always effective.

As professionals, it is your responsibility to apply your training experiences into your own work.

Learning Objectives

- To identify factors that reflect the disproportionate rates of suicide and substance use disorder among LGBTQIA+ Youth.
- To describe cultural and environmental predictors/stressors unique to this demographic.
- Identify mismatches between societal messages and gender roles that lead to suicide and substance use disorder.
- To provide participants with an awareness of practical resources and applications.

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LGBTQIA+ is an acronym

PAUSE FOR A MOMENT...

• Do you currently work with LGBTQIA+ clients?
• Have you had some, but not a lot of, interaction with LGBTQIA+ clients?
• Do you have a basic understanding of sexual identity vs. gender identity and the ever-changing language used by this population to identify themselves?
• Is this topic totally new to you and you simply want to learn more?

Reflect about where you are as you begin this session

Source: https://thesafezoneproject.com/
TERMINOLOGY NOTES...

- Don’t be alarmed or confused if you haven’t seen a term before or have heard a different definition—even recently.
- Terminology is constantly being updated and modified, as is the cultural use of many terms within this population.
- When in doubt, ask the client for clarification.
- Be cognizant that the proper use of pronouns is key in showing respect (especially for transgender clients). Simply ask what pronouns they prefer to be called (examples: he, her, hi, yo, you, they, them)


DIVERSITY EXPRESSED THROUGH TERMINOLOGY...

SEXUAL ORIENTATION TERMS

- Sexually Fluid
- Pansexual
- Queer
- Asexual
- Biromantic
- Polysexual
- Heteroflexible
- Homoflexible

GENDER IDENTITIES

- Boy flux
- Genderqueer
- Gender neutral
- Non-binary
- Intersex
- Demisexual
- Gender fluid
- Polygender
- Gender non-binary
- Bi-gender
- Demi-bender
- Gender non-binary


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THE GENDERBREAD PERSON

Identity = Expression = Sex
Gender = Sexual Orientation


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LGBTQIA+ KEY STATISTICS

Many of the statistics on the following slides come from a 2021 cross-sectional national survey of LGBTQIA+ youth across the United States.

Some key facts:
- 2021 Survey – 3rd Annual survey from The Trevor Project
- According to the Trevor Project, it is the largest survey of LGBTQIA+ youth mental health ever conducted.
- Over 35,000 respondents (13-24 yrs. old)
- Survey sample is most diverse yet – 40% being LGBTQIA+ youth of color and 34% being transgender or nonbinary.
Let’s play… Did you Know?

What percentage of LGBTQIA+ youth seriously considered attempting suicide in the past twelve months?

A. 42%  
B. 51%  
C. 13%  
D. 27%

What percent of LGBTQ youth reported symptoms of generalized anxiety disorder in the past two weeks?

A. 43%  
B. 62%  
C. 72%  
D. 82%
What percentage of homeless youth in urban areas are believed to be from the LGBTQIA+ community?

A. 33%
B. 40%
C. 51%
D. 26%


In the past year, ____ % of LGBTQ youth have wanted counseling from a mental health professional but did not receive it.

A. 50%
B. 60%
C. 10%
D. 30%


____% of LGBTQ youth stated that their mental health was “poor” most of the time or always during COVID-19.

A. 66%
B. 70%
C. 52%
D. 60%

Many LGBTQ people experience losses that are invisible to the broader, majority community. Because of this invisibility, their losses are often disenfranchised in that others view the loss as not worthy of grieving.


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__% of trans and nonbinary youth said that COVID-19 impacted their ability to express their gender identity.

A. 60%  
B. 48%  
C. 70%  
D. 27%


---

__% of LGBTQ youth reported that they had experienced discrimination based on their sexual orientation or gender identity at least once in their lifetime.

A. 81%  
B. 66%  
C. 75%  
D. 53%

There is a great deal of empirical data regarding the number of completed suicides within the LGBTQIA+ community. 

Source: http://www.suicidology.org

A. True  
B. False

___% of LGBTQ youth of all races / ethnicities said it was important that a crisis line include a focus on LGBTQ youth, should they need it.  


A. 80%  
B. 52%  
C. 73%  
D. 15%

Illicit drug use is significantly higher in high school-aged LGB Youth. 


A. True  
B. False
According to SAMHSA 2019 data, ____ in ____ LGB individuals with a substance use disorder struggled with alcohol use.

A. 1 in 6  
B. 4 in 5  
C. 3 in 5  
D. 1 in 2  


According to SAMHSA 2019 data, ____ in ____ LGB individuals with a substance use disorder struggled with alcohol use.

A. 1 in 6  
B. 4 in 5  
C. 3 in 5  
D. 1 in 2  


**SUBSTANCE USE STATISTICS**

<table>
<thead>
<tr>
<th>Substance Use (using within the previous 12 months)</th>
<th>Sexual Minority (LGB)</th>
<th>National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weed use</td>
<td>60.8%</td>
<td>18%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>31.1%</td>
<td>13.8%</td>
</tr>
<tr>
<td>Misuse of prescription pain reliever</td>
<td>18.0%</td>
<td>4.3%</td>
</tr>
<tr>
<td>Heroin</td>
<td>6.0%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>64.2%</td>
<td>55.5%</td>
</tr>
<tr>
<td>Binge drinking</td>
<td>26.2%</td>
<td>25.5%</td>
</tr>
<tr>
<td>Heavy Alcohol Use</td>
<td>12.8%</td>
<td>12.8%</td>
</tr>
</tbody>
</table>


**Mental Illness & Substance Use Disorders in America among LGB Adults (>18 )**

Among LGB individuals with a substance use disorder:

- 1 in 2 (51.6% or 1.4M) struggles with illicit drugs
- 3 in 5 (64.6% or 1.7M) struggled with alcohol use
- 1 in 6 (16.2% or 426K struggled with illicit drugs & alcohol

Among LGB individual with mental illness:

- 2 in 5 (38.2% or 2.6M) had a serious mental illness


**Social & Emotional Stressors**

Presented by Derrick Johnson, MA, LCMHC, LCAS, MAC, NCC and Michael Spivey, MA, LCMHC, NCC
SOCIAL & EMOTIONAL STRESSORS

For many LGBTQIA+ individuals, the intersectionality of their “otherness” is further complicated by the “additional dimensions of inequality such as race, ethnicity and socioeconomic status, resulting in stigma at multiple levels”

Stressors (often take the form of legal discrimination & oppression)...
- Harassment, violence, bullying in school / lack of support from faculty, staff, administration
- Lack of family support
- Housing / Homelessness
- Abuse by police
- Attempts to change their sexual orientation or gender identity
- Employment
- Marriage
- Adoption
- Retirement Benefits

Health Insurance / Access to Health Care

Stressors can often lead to...
- Feelings of grief and loss
- Searching for ways to cope – avoidant strategies
- Substance use
  - Alcohol
  - Prescription drugs
  - Illicit drugs
  - Illicit drugs & alcohol

In addition to experiencing higher rates of substance use, LGBTQIA+ individuals are also more likely to have comorbid disorders:
- Depression
- Generalized anxiety disorder
- Suicidality
- Self-harm
- Eating Disorders

Presented by Derrick Johnson, MA, LCMHC, LCAS, MAC, NCC and Michael Spivey, MA, LCMHC, NCC
ADDITIONAL RISK FACTORS

- Experience being ostracized by agencies serving LGB peers
- Strict binary gender segregation in group counseling (including substance use discussion groups)
- Prior negative health care experiences
- Homophobia / Biphobia / Transphobia - discrimination by staff
- Lack of sensitivity
- Abuse – physical and verbal
- Therapists viewed as “Gatekeepers”
- Black market hormones / Lack of needle exchange programs
- Disclosure of HIV status and/or gender identity in group settings without asking permission to share

Trans* - Statistics

- 77% perceived as transgender at some point (Grades K-12) reported some form of mistreatment
- 54% of those who were our or perceived as transgender in K-12 were verbally attacked, 24% were physically attacked, and 13% were sexually assaulted in K-12 because of being transgender
- 17% left a school because the mistreatment was so bad


ECOLOGICAL SYSTEMS & STAGES OF DEVELOPMENT

Erik Erikson's Stages of Development

<table>
<thead>
<tr>
<th>Stage</th>
<th>Trust vs. Mistrust</th>
<th>Hope vs. Despair</th>
<th>Initiative vs. Guilt</th>
<th>Industry vs. Inferiority</th>
<th>Identity vs. Role Confusion</th>
<th>Intimacy vs. Isolation</th>
<th>Generativity vs. Stagnation</th>
<th>Integrity vs. Despair</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infancy (Birth to 1 year)</td>
<td>Hope in Early Infancy</td>
<td>Trust in Later Infancy</td>
<td>Trust in Early Infancy</td>
<td>Hope in Early Infancy</td>
<td>Hope in Early Infancy</td>
<td>Hope in Early Infancy</td>
<td>Trust in Early Infancy</td>
<td>Hope in Early Infancy</td>
</tr>
<tr>
<td>Early Childhood (1 to 3 yrs)</td>
<td>Hope in Early Childhood</td>
<td>Trust in Early Childhood</td>
<td>Trust in Early Childhood</td>
<td>Hope in Early Childhood</td>
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<td>Hope in Early Childhood</td>
<td>Trust in Early Childhood</td>
<td>Hope in Early Childhood</td>
</tr>
<tr>
<td>Middle Childhood (3 to 6 yrs)</td>
<td>Hope in Early Middle Childhood</td>
<td>Trust in Early Middle Childhood</td>
<td>Trust in Early Middle Childhood</td>
<td>Hope in Early Middle Childhood</td>
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<td>Trust in Early Middle Childhood</td>
<td>Hope in Early Middle Childhood</td>
</tr>
<tr>
<td>Late Childhood (6 to 8 yrs)</td>
<td>Hope in Late Childhood</td>
<td>Trust in Late Childhood</td>
<td>Trust in Late Childhood</td>
<td>Hope in Late Childhood</td>
<td>Hope in Late Childhood</td>
<td>Hope in Late Childhood</td>
<td>Trust in Late Childhood</td>
<td>Hope in Late Childhood</td>
</tr>
<tr>
<td>Adolescence (9 to 12 yrs)</td>
<td>Hope in Early Adolescence</td>
<td>Trust in Early Adolescence</td>
<td>Trust in Early Adolescence</td>
<td>Hope in Early Adolescence</td>
<td>Hope in Early Adolescence</td>
<td>Hope in Early Adolescence</td>
<td>Trust in Early Adolescence</td>
<td>Hope in Early Adolescence</td>
</tr>
<tr>
<td>Early Adulthood (13 to 18 yrs)</td>
<td>Hope in Early Adulthood</td>
<td>Trust in Early Adulthood</td>
<td>Trust in Early Adulthood</td>
<td>Hope in Early Adulthood</td>
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<td>Hope in Early Adulthood</td>
<td>Trust in Early Adulthood</td>
<td>Hope in Early Adulthood</td>
</tr>
<tr>
<td>Late Adulthood (19 to 24 yrs)</td>
<td>Hope in Late Adulthood</td>
<td>Trust in Late Adulthood</td>
<td>Trust in Late Adulthood</td>
<td>Hope in Late Adulthood</td>
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<td>Hope in Late Adulthood</td>
<td>Trust in Late Adulthood</td>
<td>Hope in Late Adulthood</td>
</tr>
<tr>
<td>Middle Adulthood (25 to 40 yrs)</td>
<td>Hope in Middle Adulthood</td>
<td>Trust in Middle Adulthood</td>
<td>Trust in Middle Adulthood</td>
<td>Hope in Middle Adulthood</td>
<td>Hope in Middle Adulthood</td>
<td>Hope in Middle Adulthood</td>
<td>Trust in Middle Adulthood</td>
<td>Hope in Middle Adulthood</td>
</tr>
<tr>
<td>Late Adulthood (41 to 65 yrs)</td>
<td>Hope in Late Adulthood</td>
<td>Trust in Late Adulthood</td>
<td>Trust in Late Adulthood</td>
<td>Hope in Late Adulthood</td>
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<td>Hope in Late Adulthood</td>
<td>Trust in Late Adulthood</td>
<td>Hope in Late Adulthood</td>
</tr>
<tr>
<td>Old Age (66+ yrs)</td>
<td>Hope in Old Age</td>
<td>Trust in Old Age</td>
<td>Trust in Old Age</td>
<td>Hope in Old Age</td>
<td>Hope in Old Age</td>
<td>Hope in Old Age</td>
<td>Trust in Old Age</td>
<td>Hope in Old Age</td>
</tr>
</tbody>
</table>


MASLOW'S HIERARCHY OF NEEDS

- Physiological needs: food, water, warmth, sex
- Safety needs: security, safety
- Belongingness and love needs: intimate relationships, friends
- Esteem needs: prestige and feeling of accomplishment
- Self-actualization needs: self-fulfillment, self-actualization, full potential, including creativity

Source of graphic: https://www.simplypsychology.org/maslow.html
Adolescent Treatment and Recovery, Part 3: Working with LGBTQ Youth

WHAT CAN BE DONE...

- Sense Making
- Change the Narrative
- Ecological Systems Approach
- Inclusion & Visibility
- Perception
- Policy & Procedures
- Anti-bullying against LGBTQIA+ Community
- Classroom
- Community

Practical Clinical Applications

THE COMING OUT CONTINUUM...

Opening Up to Yourself

Living Openly

People who are "out" may be subject to a range of common experiences.

- They may be "out" to some but not all others.
- They may be "out" to some people but not to others.
- They may be "out" to some people in some contexts.


Graphic adapted from: https://www.simplypsychology.org/Bronfenbrenner.html

Source: https://thesafezoneproject.com/

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WAYS TO DECREASE FAMILY REJECTION AND INCREASE SUPPORT FOR LGBTQIA+ YOUTH

1. Inquire about family reactions to sexual orientation and gender expression
2. Identity LGBTQIA+ resources – locally and online to educate parents and LGBTQIA+ youth
3. Acknowledge that negative reactions may have negative impact on child’s mental health
4. Learn to modify highly rejecting behaviors that may lead to substance use or suicidality by providing healthy coping skills / techniques
5. Psychoeducation on the link between family rejection and negative impacts on LGBTQIA+ youth

SUICIDE WARNING SIGNS

1. Recognize the warning signs
2. Encourage client to use coping strategies developed over time
3. Socialize with others who may offer support as well as distraction from the crisis
4. Contact family members or friends who may help to resolve a crisis
5. Contact mental health professionals or agencies. Put the Lifeline number (1-800-273-TALK) in your phone.
1. Ensure client’s environment is safe
2. Leverage a safety plan form and/or download the My3 App
3. Customize resource list to include resources specific to LGBTQIA+ clients

CUSTOMIZED SAFETY PLANNING

1. Inquire about family reactions to sexual orientation and gender expression
2. Identity LGBTQIA+ resources – locally and online to educate parents and LGBTQIA+ youth
3. Acknowledge that negative reactions may have negative impact on child’s mental health
4. Learn to modify highly rejecting behaviors that may lead to substance use or suicidality by providing healthy coping skills / techniques
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Practical Resource #5: American Association of Suicidology (https://suicidology.org/resources/LGBTQ/)

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SAMPLE SAFETY PLAN COMPONENTS

Step 1: Steps to make the environment safe:
1. _________________________________________________
2. _________________________________________________
3. _________________________________________________

Step 2: Warning signs that a crisis may be developing (thoughts, images, mood, situation, behavior):
1. _________________________________________________
2. _________________________________________________
3. _________________________________________________

Step 3: Internal coping skills – Things I can do by myself to keep my mind off of the crisis (relaxation techniques, physical activity, etc.):
1. _________________________________________________
2. _________________________________________________
3. _________________________________________________

Step 4: External coping strategies – People and social settings that can distract me from the crisis:
1. Name: ___________________ Number: ______________
2. Name: ___________________ Number: ______________
3. Name: ___________________ Number: ______________

Step 5: Professionals or Organizations that I can contact during a crisis:
Professional Name:  _______________________    Number: ___________________
Emergency Number (Campus Security): ___________________________________
Mobile Crisis Number:  _________________________________________________
Local Hospital: ________________________________________________________
National Suicide Prevention Hotline: 1-800-273-TALK (8255)/https://suicidepreventionlifeline.org
Crisis Text Line:    text 741741 from anywhere in the USA
Trevor Lifeline:     1-866-488-7386
Trevor Text:          text START to 678678     https://www.thetrevorproject.org/get-help-now/
Trans Lifeline:       1-877-565-8860     (www.translifeline.org/hotline)
Emergency Assistance:  911

The one thing that is most important to me and worth living for is:
________________________________________________________________

I agree to follow the above safety plan if I feel that I may harm myself or others:
___________________________________________ ______________________
Client Signature Date ______________________
___________________________________________ ______________________
Counselor Signature Date ______________________

UNDERSTAND CLIENT'S CULTURE / KNOW SYMBOLS

RESOURCES

Presented by Derrick Johnson, MA, LCMHC, LCAS, MAC, NCC and Michael Spivey, MA, LCMHC, NCC
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THANK YOU
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Derrick.Johnson@northstarclinicalservices.com


Cost to Watch: $25
CE Hours Available: 1.5 CEs

Complete all six (6) of the Adolescent Treatment and Recovery Specialty Online Training Series & apply for the Adolescent Treatment and Recovery Certificate.
Adolescent Treatment and Recovery, Part 3: Working with LGBTQ Youth

UPCOMING WEBINARS

August 5th, 2022
Adolescent Treatment and Recovery, Part 4: Navigating Self and Other Regulation
By: Janys Murphy Rising, PhD, LMHC, SUDP

August 18th, 2022
Adolescent Treatment and Recovery, Part 3: The Healing Power of Belonging
By: Beck Gee-Cohen, MA, CADC-II and Jordan Hold, LCSW

August 19th, 2022
Adolescent Treatment and Recovery, Part 5: The Healing Power of Belonging
By: Beck Gee-Cohen, MA, CADC-II and Jordan Hold, LCSW

August 10th, 2022
Music and the Brain in Recovery
By: John McAndrew, LADAC

August 24th, 2022
Successful Clinical Supervision with Therapists in Personal Recovery
By: John Paulson, ACSW, LCSW, MAC, LCAC and Veronica Huggins, PhD

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Addiction Treatment in Military & Veteran Culture

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