

Queering Recovery: Bringing Inclusion and Intersectionality to the forefront

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she.her.hers

Credit: Clement Wilson and Martha Ratliff

Please credit Sam Field for all slides

Space Considerations



In beginning...

Queer Theory...

- Yes **Queer** has roots as being a derogatory term **AND**
- Queer **REemerged** as a response and renewal of radical activism, during the HIV/AIDS crisis
- **Umbrella term...for some**
- Remembering and **not erasing** what has come before
- **Tentative**

What is Queering...

David Halprin "Queer is by definition whatever is at odds with the normal, the legitimate, the dominant. There is nothing in particular to which it necessarily refers. It is an identity without an essence."



Rae Johnson-
From this orientation, queer shifts from being an adjective to a verb: not something one is, but something one does.

Game break

Queering is ...

- Seeing the world from **outside the box**
- Something **at odds with the Normal** or the dominant story
- The act of applying a lens that enables one to see something from a **new perspective**
- The act of making something **more accessible** for any individual who feels on the outside (beyond the LGBTQ community)
- Listening for whose voices are not being heard

Hello

my name is

pronouns:



Using Chosen Name (and pronouns) Reduces Odds of Depression and Suicide in Transgender Youths

March 30, 2018

UTNEWS

Across the room

What is one word to describe your interested in this presentation?

How familiar are you with the topic of LGBTQ inclusion?

1
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10

What is your level of understanding of your privileges and its impact on your work with staff and clients?

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How comfortable are you working LGBTQ identified clients/staff?

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How comfortable are LGBTQ identified staff/clients working with you?

1
2
3
4
5
6
7
8
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10

Lesbian | Gay | Bisexual | Transgender | Transition | Queer |
Questioning | Asexual | Ally | Intersex | LGBTQ+ | Cisgender
| Biological Sex | Gender Expression | Gender Identity |
Agender | Non-Binary | Pronouns | Genderqueer |
AFAB | AMAB | Two Spirit | Heteronormative Homosexual |
Pansexual | Sexual Orientation | AFAB | AMAB | MTF | FTM |
Gender Neutral Language | Heteronormative | Assigned at
birth |

Resources for Definitions

- <http://www.transstudent.org/definitions>
- http://www.glaad.org/sites/default/files/allys-guide-to-terminology_1.pdf
- <https://www.pflag.org/glossary>
- <http://www.hrc.org/resources/glossary-of-terms>

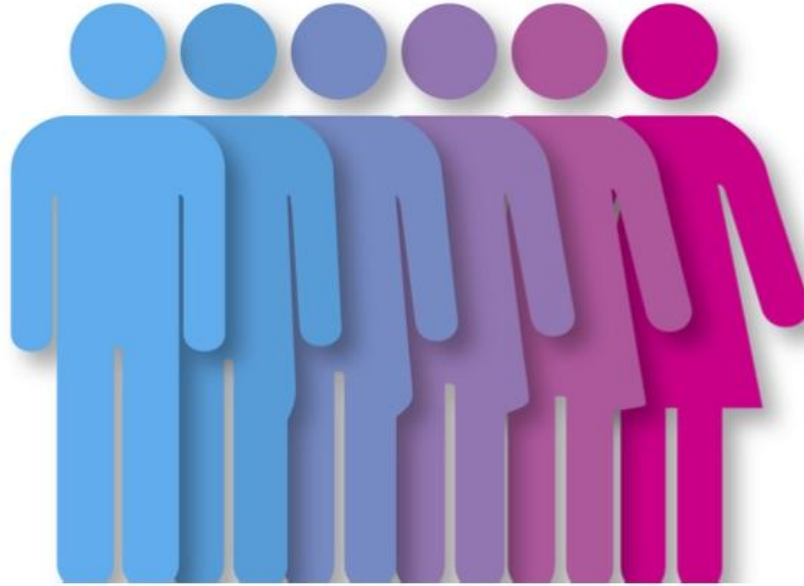
***REMEMBER!** Terminology, language and vocabulary are constantly changing and best practice is to use the language that is provided by the person you are speaking with*

Why is this work of LGBTQ+ inclusion
important?

A study found that 19.6% of substance abuse counselors “did not feel adequately trained to work with LGBT clients” (Cochran, Peavy, and Cauce,)[1]. Moreover, the study concludes that “treatment counselors should be made aware through continuing education programs about the LGBT issues that might be associated with treatment.”

SAMSHA

J. Walter Thompson Innovation Group Reported



52 percent of Gen Zs (13-20) identify as something other than heterosexual (march 2016)

YouGov survey reveals **49 percent** of people aged between **18 and 24** identify as something other than 100 percent heterosexual (in the U.K., 2015)

**56% of Gen Zers (13-20) know someone who uses a
gender neutral pronoun**

**1 in 10 youth identify as transgender or gender
expansive youth**

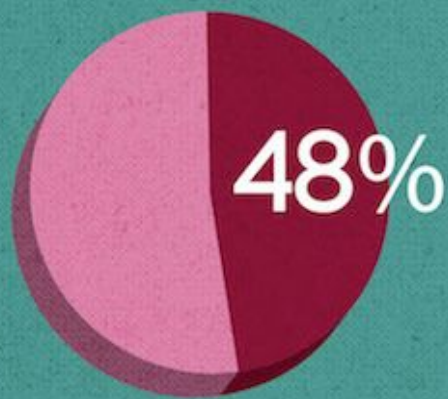
...Intersectionality

Intersectionality is a term coined by American civil rights advocate Kimberlé Williams Crenshaw to describe overlapping or intersecting social identities and related systems of oppression, domination, or discrimination.

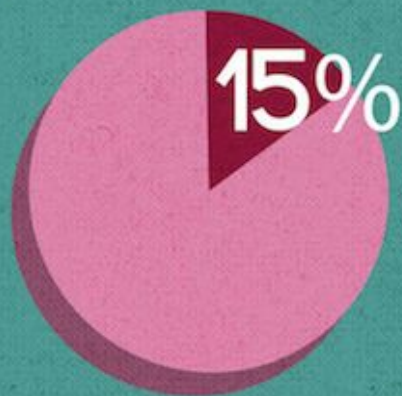
Today I am talking about not only how a queer ID intersects with addiction. But add ANY layer of social system and then understand the role that layer plays in the persons life and clinical care. (race, class, family structure, education)

QUEER YOUTH OF COLOR

1 IN 3 LGBTQ PEOPLE IDENTIFY THEMSELVES AS PEOPLE OF COLOR.



OF LGBTQ STUDENTS
OF COLOR
EXPERIENCED
VERBAL HARASS-
MENT BECAUSE OF
BOTH THEIR SEXUAL
ORIENTATION AND
THEIR RACE OR
ETHNICITY.



HAVE BEEN
PHYSICALLY
HARASSED OR
ASSAULTED
BASED ON BOTH
OF THESE
ASPECTS OF
THEIR IDENTITY.

40% of Youth Experiencing Homelessness Identify as
Lesbian, Gay, Bisexual, or Transgender (LGBT)

DRUGS & ALCOHOL

Nearly half of gender-expansive youth **(48 percent)** agreed “strongly” or “some-what” that they have experimented with alcohol and drugs. This is a rate double that of their straight cisgender peers.

2X

 **Straight**

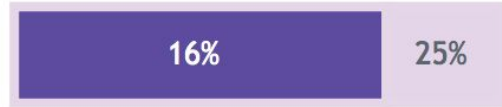
 **LGB**

ALCOHOL USE

Percent of students who ever drank alcohol



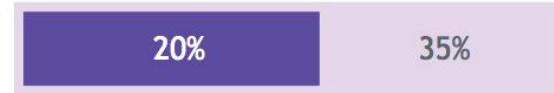
Percent of students who binge drank in the last 30 days



30-DAY TOBACCO USE



30-DAY MARIJUANA USE



MENTAL HEALTH

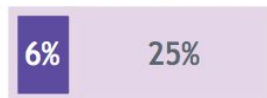
Percent of students who felt sad or hopeless every day for 2+ weeks in the past 12 months



Percent of students who considered suicide in the past 12 months

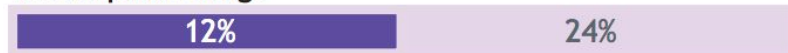


Percent of students who attempted suicide in the past 12 months



LIFETIME SUBSTANCE USE

Prescription Drugs



Inhalants



Cocaine



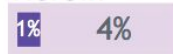
Ecstasy



Meth



Heroin

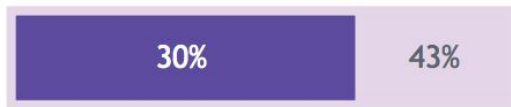


 *Cisgender*

 *Transgender*

ALCOHOL USE

Percent of students who drank alcohol in the last 30 days



Percent of students who binge drank in the last 30 days



30-DAY TOBACCO USE

Cigarettes



Electronic Vapor Product



MENTAL HEALTH

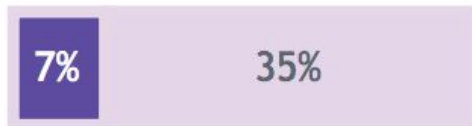
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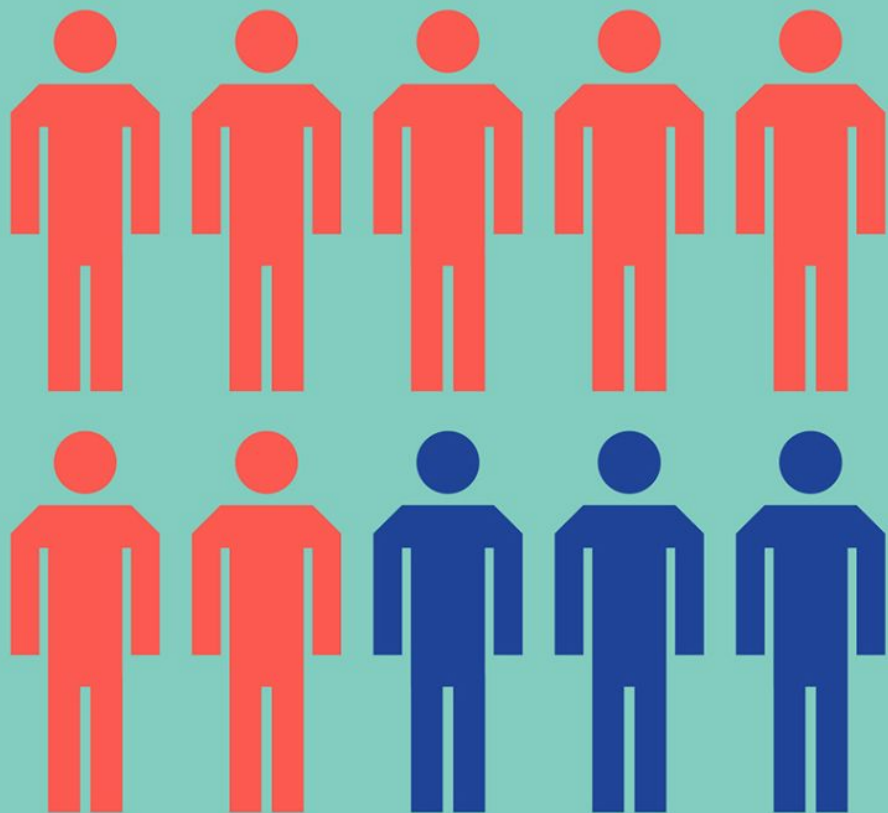


Research consistently shows that lesbian, gay, bisexual, and transgender teens abuse substances at higher rates than their heterosexual peers.

Overall, the odds of abusing substances are 190% higher for LGB(T) teens than for teens that are heterosexual.

[National Center for Biotechnology Information](#)

sexual orientation and adolescent substance use: a meta-analysis and methodological review*



Over three-quarters (77%) of LGBT youth say they know things will get better.



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www.hrc.org/youth

#LGBTYOUTH

The rate of suicide for a trans youth with a supportive adult dropped from 57% to 4%

Why do LGBTQ identified folx struggle with addiction and substance use at such high rates?

Queer people are not being seen as kids and that impacts development in adults. To deal with not being seen, many need some kind of substance/addiction to cope and get thru.

We aren't seen as young kids unless we are seen in the gaze of others (still face experiment).

We live in a society that is still faced by society. (not seen in bathrooms, in intake forms)

Substances are consistent and reliable And being Queer is not always.

Substance provides home, safety, landing and queer people want that.

-Therapist in Boulder, CO

(our queer youth) Don't fit into homes and don't fit into bodies so LGBTQ people are numbing pain away. We need a great program because we are losing too many to substances and suicide.

Substances are a coping mechanism, especially for home life.
(they feel that) The only successful way to navigate is to numb the pain.

-Denver Public Health

Medicating for our (queer) youth/community is part of survival... it should not be punitive.

Bars are the only place community seems possible and so we have created a lineage of addiction.

It is an unsustainable way of coping.

- LGBTQ Youth Center in CO

We live in a culture that inherently instills this idea that we are broken and not okay because we are different (LGBTQ id). Therefore the world around us feels constantly unsafe and chaotic. Substances create safety, even if it's just a moment that allows us to escape our pain.

- Element (Mile High Behavioral Health)

Comments? Questions?

CASE SCENARIOS

- Please split up into groups
- Please read the scenario handed out to your group out loud
- Discuss amongst your group and answer questions provided
- We will have an opportunity to share out with large group

Scenario #1

Your clients are a very mature, positive, tight-knit crew. During a group meal, one of the case managers comes out as gay and it is received very well. You are gay and out to your co-instructor but not the clients. A part of you really wants to share this part of yourself but you are going back and forth whether this would be appropriate or not. During a group feedback circle one of the clients mentions that you don't share enough about your life but are constantly asking them to open up about themselves in group discussions. You are on the fence but are concerned that this would be crossing a professional line. Your co-instructor is supportive of either way you go.

What do you do? Is it appropriate to share this with clients?

Scenario #2

Elijah is a 15 year old gay participant, who has been diagnosed with social anxiety and has been on an anti-anxiety medication for 9 months and has a hard time participating in groups. Elijah was referred to this program last week because he was failing in school and would not participate in any outside activities. Elijah has only recently come out as gay because he was outed by one of his friends on social media.

How would you develop a TX plan for Elijah and begin to engage him in his own treatment process?

Scenario #3

You are leading a group and one participant comes out as non-binary. Two other participants say they have been questioning their gender identity and request the group use “they” pronouns when referring to them. When you talk to your supervisor, she says “The problem with participants being able to discuss being non-binary is that it then becomes a fad and everybody wants to use different pronouns.”

How might you respond to your supervisor? What are the risks of avoiding this topic of conversation?

Scenario #4

Blaine identifies as bisexual and does not come out to the group but has told her individual therapist. She said she is afraid to come out because her friends in the “girl group” will all think she is in love with them and push her away. She says it is easier to pass as straight and just talk about the boys she has dated.

As the therapist how would you support this student in feeling empowered to bring all of herself to group?

What are different ways might you facilitate conversations around sexual identity in your program?

Scenario #5

You (cisgender male identified therapist) have just done an intake with Karen for the IOP program at your organization. Karen identifies as a trans female AMAB. As part of the intake process she must do a UA prior to starting her first day of treatment.

How do you decide who observes her UA?

HOW DOES YOUR ORG QUEER THIS WORK?

- Room and group assignments
- Have you done an all staff training
- How does your curriculum reflect the LGBTQ+ community
- How does your organization talk about safety and trauma informed care for this population
- Pronoun and chosen name
- Marketing
- Admission staff FAQ
- Policies and Procedures
- UA policy
- EHR
- Books and resources available
- Use of gendered language
- HRT letters and resources
- Confidentiality
- Staff representation
- Who is on board

If this isn't your area of strength:

That is Okay.

- Know that it is an area of growth
- Seek out education
- Become an expert in giving referrals

Questions to move forward with...

- Who is not being included? Who is being left out?
- What are the ways that race, class, gender, and other identities intersect and impact our clients work in therapy?
- How can I take a stand? And get creative to provide inclusive and accessible programming.

The work begins **now...**

Take Away | Action | Accountability

What is your take away and action step

Thanks to our Contributors & Community



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Seattle YMCA
Patrick Devlin
Gil Hallows
Petra Lentz-Snow
Darcy Ottey
Alyson Davis
Ana Marie Rodabough
Daryn Reiner
Jody St. Joseph
Jim Lavin
Zane Guilfoil
Arapahoe House
Levi Arithson

*works cited
page upon
request.



Till **next** time...

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Ideas to Queer Programming:

- Update medical release and admission forms
- Reviewing web content and publications
- Create a student non-discriminatory policy and diversity statement
- Developed a script and FAQ for call center staff
- Offering training for ALL branches of staff
- Consider adapting sleeping arrangements
- Options for clothing, gear and underwear choice based on gender identity and/or expression.
- Ensure students have access to gender neutral facilities

Other considerations

- Hormones/questions about hormone therapy/letters
- Chest Binders
- Accommodations: (i.e shaving, stuffing bra)
- Hygiene
- Not outing students to parents, other parents, other clients-protected by Confidentiality
- Intakes and documentation
- Enrollment application
- Guide disclosure protocol
- Confidentiality

Ideas to Queer Programming Continued...

- Group activities that could help create segues for clients if they want to come out?
- Awareness of gendered language, such as “you guys” and/ or “girls and boys”
- Ensure LGBTQ resources are available to clients
- Using inclusive and non assumptive language (i.e. asking female students: do you have a boyfriend?)
- Supporting clinical staff in attending workshops about diversity and inclusion.
- Diversifying all branches of staff
- Update UA Policy