THE INTERPLAY OF ADDICTION, MENTAL HEALTH AND TRAUMA IN THE LGBTQIA COMMUNITY
Goals

- To increase knowledge about LGBTQI health/social service needs.
- To increase LGBTQI-affirming attitudes/actions
- To gain a deeper understanding of addiction whether to substances/alcohol/process addictions in the LGBTQI community
- To address the intersection of trauma, addiction and mental health issues
- To develop tools to best help our clients achieve wellness whatever that path is for them.
Challenges

- Admitting that clinicians don’t know something when they may be experts at their jobs (cultural humility)
- Dealing with the discomfort of sexual material and new language/terms
- Accepting that their usual and well-thought-out way of treating patients might actually be offensive or rejecting to some people
- Fear of being exposed as homophobic or trans-phobic
- Potential conflicts between clinicians personal beliefs and the responsibilities of their jobs
Language is Everything

- Attachment from parents and caregivers
- Start of not feeling safe/cared for/respected
- Messages we heard – school, institutions, peers, family, etc.
- How do others hear you?
The Origins Of This Story

- Trauma – Abuse/Neglect and impact on men’s emotions/thoughts/beliefs
- Trauma – Abuse/neglect and impact on behaviors/relationships
- Trauma – Gender expectations on how to deal with conflict
- Dissociative responses when trauma, abuse, shame and anger are present
Choosing Words Carefully

- Labels are for clothes
- Stereotypes
- Dirty vs clean
  - Can we please stop using these words – i.e. addiction, mental health, HIV status
SHAME!
Shame

- Psychological Killer
  - There is something fundamentally wrong with me
  - I am bad
  - I am no good
  - I am not loveable
  - I am not allowed to make mistakes
  - Shame = pain = need to numb out
Stigma — What Does It Do?

- Shame
- Blame
- Secrecy
- Isolation
- Social Exclusion
- Stereotypes
- Discrimination
Gender, Power, Privilege and Oppression
Oppression is:

- **Individual**
  - Attitudes, Beliefs, Socialization

- **Institutional**
  - Housing, Employment, Education, Religious, Media, Government, Health Services
    (mental and physical)

- **Cultural**
  - Values, Norms, Roles, Standards of Beauty, Holidays
Levels of Oppression

- Sexism
- Racism
- Ageism
- Anti-Semitism
- Classism
- Trans-phobia
- Heterosexism
Special Populations

- LGBTQ Elders
- LGBTQ Youth
- LGBTQ Homelessness
- LGBTQ People of Color
- Prison/Probation/Surveillance
- Sexuality and Sexual Health
The Origins of the Story

- Forms of oppression – individual, institutional, cultural

- Oppression: sexism, racism, ageism, classism, transphobia, heterosexism

- Stigma forms and binds together the threads of secrecy
The Coming Out Process

- Safety to come out? What about multiple coming out processes? What about not at all?
  - Identity confusion
  - Identity comparison
  - Identity tolerance
  - Identity acceptance
  - Identity pride
  - Identity synthesis
The Coming Out Process

- Post Traumatic Stress Disorder (PTSD) due to rejection, withholding of affection

- The rejection can be covert and/or overt

- Individuals who let at least one other person know their story are resilient and brave (encourage when they are ready – use of self as modeling)
Socialization

- Safety and refuge with the new self realization - FINALLY someone gets me (if you came out)!

- Partying, celebrating, being with members of our own tribe, sex, dating, friends (social anxiety and depression present as part of the original wounds early in life)

- Alcohol and drugs take away my shame, stigma, depression, anxiety (or do they?)
Language – NO MORE BINARY!

- Gay Men vs MSM
- Lesbians vs FSF/WSW
- Bisexual
- Transgender – MTF/FTM
- Cisgender
- Pansexual
- Omnisexual
- Asexual
- Queer
- Gender Non-conforming
- Genderqueer
- Gender Variant
- Two Spirit
- Questioning
- Intersex/DSD
- Not sure
- Multiple levels of oppression – racial/ethnic minorities with being in a sexual minority; mental illness
The Genderbread Person v3.3 (pronounced Metrossexual)

- **Gender Identity**
  - Woman-ness
  - Man-ness

- **Gender Expression**
  - Feminine
  - Masculine

- **Biological Sex**
  - Female-ness
  - Male-ness

- **Sexually Attracted to**
  - (Women/Females/Femininity)
  - (Men/Males/Masculinity)

- **Romantically Attracted to**
  - (Women/Females/Femininity)
  - (Men/Males/Masculinity)
Overview – Addiction and the LGBT Community

- Estimated that 30 percent of the LGBT community struggles with some form of addiction (alcohol, substances, process) compared to 9 percent of general population (2-4 times higher).

- Difficult to pinpoint exact numbers due to a variety of reasons including: numbers of individuals being “out” as opposed to being in the closet, variances in what exactly LGBT means (how do we consider individuals who identify as MSM, etc.), lack of consistent research, variances in the acronyms used in research and common vernacular (LGBTQQIA?).

- Disparity in what is known regarding gay men and their usage versus usage in the lesbian, bisexual and transgender community.
Types of Substances Most Widely Used

- Tobacco
- Alcohol
- Marijuana
- Cocaine (Crack cocaine and powder)
- Amphetamines (Vyvanse/Ritalin/Adderall)
- Crystal Methamphetamine
- Ecstasy/Molly/MDMA
- Opiates – Heroin, Vicodin, Oxycontin
- Club Drugs – Ketamine, GHB, Poppers
- Prescription Sedatives – Xanax, Ativan, Klonopin, Valium
10 Criteria for Addiction

- Loss of Control
- Compulsive Behavior
- Efforts to Stop
- Loss of Time
- Preoccupation
- Inability to Fulfill Obligations
- Continuation Despite Consequences
- Escalation
- Losses
- Withdrawals
Criteria for Addiction

- When it comes to drugs and substances, it’s fairly easy to see that the 10 criteria apply to our client base.
- When it comes to process addictions, do these same 10 criteria apply to our client base?
- If they do – and our clients have multiple substance addictions as well as process addictions - then what to treat first? Do we treat concurrently? Which comes first – the chicken or the egg?
The Addictive Cycle

Belief System

Unmanageability

Impaired Thinking

Addictive Cycle

Preoccupation

Ritualization

Compulsive Behavior

Despair

Shame

Guilt

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Process Addictions

- What are they?
  - Any compulsive-like behavior that interferes with normal living and causes significant negative consequences
  - Similar physiological responses in the brain as compared to addiction to a substance (drugs/alcohol)
  - Behaviors often occur prior to first usage of a substance
  - There is a strong component between chemical and process addictions so can be hard to recognize most acute issues/cross addictions
  - Shame/Guilt associated with the process addictions often leads to the need to “medicate” – i.e. with drugs/alcohol
Process Addictions - Levels

- Chemical Addictions – Evident and obvious
  - Leaves of a Tree

- Process addictions – Support chemical use
  - Branch of a Tree

- Core Addictions – Sensation, suffering, power
  - Roots of a Tree
Process Addictions - Core

- **Sensation:** Crisis and Chaos, Emotions
- **Power:** Controlling people and events
- **Suffering:** Co-dependency, people pleasing, suffering for others
Common Process Addictions

- Food/Eating Disorders
- Sex
- Gambling
- Money
- Internet
- Porn
- Exercise
- Video Games
- Television
- Work
- Relationships
Gay men are 3X more likely to have an eating disorder

15% of gay men report having an eating disorder in their lifetime

Gay male cultural messages of what it means to be attractive/Body image/conflict within subcultures (“Bears” and “Twinks”)

Food/Eating Disorders
Food/Eating Disorders

- Lesbian and bisexual women were 2X as likely to report binge eating.
- Lesbians found to have higher rates of purging by vomiting and/or use of laxatives.
- Limitations in finding out stats because all females tend to be lumped into one category when looking at ED stats.
- Non-existent stats for the transgender community.
Exercise

- Encompasses moods/thoughts and dictates a person’s life (# of times to work out, time to work out, # of calories to burn)
- Direct correlation with low self esteem, body image issues and eating disorders
- Lying about workout routine, disregard of sickness/injury, experience withdrawal symptoms when not engaging in the activity
Gambling

- 6 – 9 million people affected
- Gambling to escape problems and stress relief
- Consequences: loss of primary relationship, loss of self esteem, jail time, loss of job, depression, anxiety, high rates of suicide
- Withdrawal symptoms similar to substances
- Cross addiction – stimulants, alcohol, nicotine, sex
Gambling

- Virtually no studies directly related to the LGBT community
- Most recent study was done in 2006
- Examined 105 men who sought treatment for pathological gambling – 21% of these men identified as gay/bisexual
- No studies of lesbians and transgender individuals
Money/Spending

- Chronic repetitive purchasing that becomes a primary response to negative events/feelings
- “Purchase on credit”
- Common feelings: depression, anxiety, low self esteem
- Consequences: financial destruction of self and family, legal issues – shoplifting, embezzlement, bad checks
The Black Hole—Addiction Interaction

**Substances**
- alcohol
- cocaine
- amphetamines
- tobacco
- depressants

**Processes/Appetites**
- food
- sex and love
- work
- money
- exercise

**Core Affect States**
- despair
- intensity/risk
- self-loathing
- shame
- misery
- rage

**Relationships**
- co-dependency
- co-sex addiction
- traumatic bonding
- love addiction
- romance/limerence
What is Chemsex (PNP)?

- Stimulants +
- Sedatives +
- Dissociatives +
- Barebacking +
- GPS Enabled Apps +
- Slamming +
- Gay Or Bi Or MSM =
  - A PUBLIC HEALTH CRISIS!
What is Chemsex?

- Intention (Current): Find drugs, have sex with the person who has drugs, find others who have drugs and meet them to keep the party going.

- Intention (Past): Find drugs, use with someone who you liked or use alone, sex might be involved, party ends.
What Is Chemsex?

- No more isolation
- A different perspective
- A sense of relief
- A sense of intimacy
What is Chemsex?

- Intensity NOT Intimacy

- Thirst for connection “at all costs” (I’m wanted, they care about me)

- Commodity NOT connection

- The thrill of the chase gets people high (risk, bathhouses, sex parties)
Stimulants

- Crystal Meth AKA Tina
  - Snorting, smoking, IV, Booty Bumping
- Cocaine – Powder or Crack
- Mephedrone
Stimulants

- Adderall +
- Ritalin +
- Vyvanse +

What is your frame of reference?
Sedatives

- GHB: Gamma Hydroxybutyrate
- GBL: Gamma Butyrolactone
- GHB/GBL – mixed with alcohol – can prove fatal
- Potential to be fatal when mixed with benzos, opioids, alcohol, ketamine, DXM
- Colorless, Odorless – date rape drug
Dissociatives

- Ketamine – Special K, Kitty, K-Hole
  - Hard to obtain due to being an animal tranquilizer
  - Potential to be fatal when mixed with GHB, Benzos, Opioids, Alcohol
Lest We Forget

- Poppers (They are a drug)

- Viagra and Cialis

- Steroid Usage
  - “The bigger I am, the more manly I am, the more other men will desire me and no one will mess with me”

- Body Image Issues
  - Body dysmorphia, media representation, community division of what’s hot, shame around HIV’s physical damage)
Neurobiology

- Dopamine: 1200% increase from baseline
- Sex: 100% increase from baseline
- Total depletion of dopamine leading to using again
- 10 days is the marker to start producing slight amounts of dopamine
Neurobiology – Lack of Dopamine

- Lack of interest in Life
- Decreased Motivation
- Procrastination
- Inability to feel pleasure
- Altered sleep patterns
- Fatigue
- Mood Swings
Neurobiology – Lack of dopamine

- Hopelessness, guilt and shame
- Inability to focus/concentrate
- Impulsive
- Cross addictions to caffeine (Red Bull or Monster anyone?)
- Weight gain (body image issues)

  - *** Mania?  Psychosis?  Meth?  ADD/ADHD?
Neurobiology

- Meth Induced Psychosis
  - Visual/Auditory Hallucinations (Frontal Cortex)
  - Fear and Paranoia (Emotional Center or Amygdala)
  - Aggressive Behavior (Emotional Center or Amygdala)
Neurobiology

- We have an internal stop – go system
  - “Go” – limbic system or “feeling brain”
  - “No” – cortical or thinking brain (with addiction this part of the brain is overridden)
Social Media

- Social Media is the new drug dealer
- Your phone is the new corner spot
- Technology provides a rush of dopamine
  - EX: Take away a phone during group:)


## Cybersex Addiction – GPS Enabled

- Grinder
- Manhunt
- Scruff
- Mister
- Hornet
- Jack’d
- Ynot mingle
- Get to the point
- Back Page
- Bareback Real Time (BBRT)
- Squirt
- Recon
- Craig’s List
Cybersex Addiction

- Elements of tolerance/withdrawal, craving, negative life consequences

- Cross addictions to internet include spending, gambling, sex

- Cybersex “crack cocaine” of sex addiction

- The Triple A Engine: Accessible, Anonymous, Affordable
APPS

- Grindr – GPS
- Scruff – GPS
- Mister – GPS

- BBRT – GPS and Live Action

- Tina, parTyinG, skiing, uninhibited, tricKing
APPs

- Aren’t necessarily unhealthy (safe gay space)
- Serve a purpose for connection
- Useful if a person is utilizing them in a remote setting
- Ego destroyer (no one wanted me back then and no one wants me know)
TOR Browser – Are you ready?
Sex addiction – yes or no?

- Not everyone who has lots of sex is an addict
- Sex addiction diagnosis – possible added layer of shame and stigma
- Peers have a stereotype of what a sex addict looks like
- Requires clinically trained therapist with strong knowledge of these dynamics
- Compulsion? Dissociation? Validation? Superman?
- Recreation of old sexual narratives? Arousal Templates?
Sex Addiction

- 9 million Americans (3 – 6% of the population) are affected by sexual compulsivity/addiction (Is there such a thing – new controversy)
- Individuals rely on sex for comfort, nurturing, relief from stress
- Interferes with normal living and can create significant consequences
Sex Addiction

- View as an intimacy disorder (intensity vs intimacy)
- Sex addiction tends to be male focused while love/relationship tends to be more female focused (where do transgender clients fit into the mix?)
- Men: Objectification with no emotional attachment
- Females: Relationship issues, intimacy problems – see sex differently than men
- Shift: Cybersex/anonymity/safety of home, cultural/sexual mores, increased sexual freedom for women
Is your client a sex addict?

- Pattern of out of control sexual behavior
- Severe consequences due to sexual behavior
- Inability to stop sexual behavior despite adverse consequences
- Persistent pursuit of self destructive/high risk sexual behavior
- Activities are sacrificed/reduced because of sexual behavior
- Ongoing desire and/or attempts to limit sexual behavior
- Sexual obsession/fantasy as primary emotional coping skills
- Amount of time spent in sexual activity — intensity and the hunt — increases
- Severe mood changes around sexual activity
- Inordinate amounts of time are spent obtaining/being/recovering from sexual experiences
The Making of a Sex Addict

**Sexual Behavior**
- Fantasy 18%
- Voyeurism 18%
- Exhibitionism 15%
- Seductive Role Sex 21%
- Intrusive Sex 17%
- Anonymous Sex 18%
- Trading Sex 12%
- Paying for Sex 15%
- Pain Exchange 16%
- Exploitive Sex 13%

**Sexual Addiction**
- Compulsive Behavior 94%
- Loss of Control 93%
- Efforts to Stop 88%
- Loss of Time 94%
- Preoccupation 77%
- Inability to Fulfill Obligations 87%
- Continuation Despite Consequences 85%
- Escalation 74%
- Social, Occupational, Recreational Losses 87%
- Withdrawl 98%

**Other Addictions**
- Chemical Dependency 42%
- Eating Disorders 38%
- Compulsive Working 28%
- Compulsive Spending 26%
- Compulsive Gambling 5%

**Addiction Interaction**
- Cross Tolerance 61%
- Withdrawal Mediation 56%
- Replacement 43%
- Alternating Addiction Cycles 41%
- Masking 45%
- Ritualizing 41%
- Intensification 61%
- Numbing 54%
- Disinhibiting 42%
- Combining 46%

**Family**
- Addicts in Family 87%
- Rigid Family System 77%
- Disengaged Family System 87%
- Rigid and Disengaged Family Systems 68%

**Abuse/Early Trauma**
- Emotional 97%
- Sexual 81%
- Physical 72%

**8 Trauma Factors**
- Reaction 64%
- Pleasure 64%
- Blocking 69%
- Splitting 76%
- Abstinence 45%
- Shame 72%
- Repetition 69%
- Bonding 69%

**Catalytic Environment**
**Catalytic Stress**
Sex Addiction

- **3 Levels of Sex Addiction**

  - **Level 1:** Compulsive masturbation, pornography (collecting and use), multiple sex partners, anonymous sex, prostitution, phone sex, cybersex, multiple affairs

  - **Level 2:** Exhibitionism, voyeurism, frotteurism, stalking behaviors, public sex

  - **Level 3:** Sexual acts often abusive of others, rape, child molestation, professional boundary violations (priest, doctor, teacher), incest
10 Types of Sex Addiction

- **Fantasy Sex**
  - Sexually charged fantasies/relationships/situations
  - Arousal depends on sexual possibility

- **Seductive Role Sex**
  - Seduction of partners
  - Arousal is based on conquest and diminishes rapidly after initial contact
10 Types of Sex Addiction

- Voyeuristic Sex
  - Visual arousal
  - Visual stimulation to escape into obsessive trance

- Exhibitionistic Sex
  - Attracting attention to body or sexual parts of the body
  - Sexual arousal stems from reaction of viewer whether shock or interest
10 Types of Sex Addiction

- Paying For Sex
  - Purchasing of sexual services
  - Arousal is connected to payment of sex and with time the arousal actually becomes connected to the money itself

- Trading Sex
  - Bartering or trading sex for power
  - Arousal based on gaining control of others by using sex as leverage
10 Types of Sex Addiction

- **Intrusive Sex**
  - Boundary violations with discovery
  - Sexual arousal occurs by violating boundaries without repercussions

- **Anonymous Sex**
  - High risk sex with unknown persons
  - Arousal involves no seduction or cost and is immediate
10 Types of Sex Addiction

- **Exploitive Sex**
  - Exploitation of the vulnerable
  - Arousal is based on target “types” of vulnerability

- **Pain Exchange Sex**
  - Being humiliated or hurt as part of sexual arousal
  - Sadistic hurting or degrading another sexually or both
Types of Trauma

- Acute
- Chronic
- Physical
- Emotional/Behavioral – Attachment disruption due to perceived/open sexual orientation, life lived in secret due to shame over orientation (“don’t tell anyone”)
- Sexual – HIV survivors
- Endurance – prolonged sense of feeling unsafe, neglect by primary caregivers
- Caused naturally
- Caused by people: Accidents/technological catastrophes
- Caused by people: Intentional acts (suicides – witnessed through social media?, coverage of politics – IN/TX/NC, cyber-bullying)
BIG T or Little T Trauma

- **Big T**: A threat to physical safety be it sexual, mental, verbal or physical in nature
- **Little T**: Common life events that are upsetting on the surface but not thought of as traumatizing long term
- Equally as damaging as Big T trauma because they tend to occur over time and build upon each other.
- Where does these fit in to the trauma scheme: attachment disruption, neglect over perceived/open sexual orientation
Post-Traumatic Stress Inventory (PTSI-R)

Post-Traumatic Stress Reaction

- Individuals experiencing symptoms that are similar to Post Traumatic Stress Disorder (PTSD)
- Distressing nightmares, vivid/startling/violent dreams, difficulty falling or staying asleep
- Seem to lead a “double” life, one part of which is generally kept secret or hidden from others
- Use of drugs (opiates, benzos, alcohol)
Post-Traumatic Stress Inventory (PTSI-R)

Trauma Repetition

- “Re-enacting” the original traumatic event
- “The Body Keeps The Score” – body remembers what the mind tries to forget
- Self harm – cut, pull, burn, etc for affect regulation
- Self destructive behaviors – addicted to increasing amount of risk (bathhouses combined with stimulant use followed by increase in public health crisis OR GPS enabled apps looking for drugs/sex followed by an increase in public health crisis)
Post-Traumatic Stress Inventory (PTSI-R)

Trauma Bonding

- Attachment to another person that is not healthy and sometimes dangerous, because the attachment is based upon some form of shame, exploitation, danger, threat, or a combination of these things

- Bonded to the other person based upon the type of bonding they experienced growing up, and so they unwittingly re-create the same type of attachments to others, that they experienced when they were young

- Addicted to people who have been harmful to them
Post-Traumatic Stress Inventory (PTSI-R)

Trauma Shame/Self Perception

- Constant and chronic state of trying not to feel shame, while the least little thing will bring on an overwhelming sense of shame

- Discrepancy between how they really are, or are perceived by others, and how they perceive of themselves

- Early childhood abuse or traumatic family dynamic

- Adults with eating disorders, those that have experienced early childhood sexual abuse, were raised by a narcissistic parent, and/or experienced a violent family life

- Vicious chronic cycle of feeling bad, unworthy, unloved, and self-abased.
Post-Traumatic Stress Inventory (PTSI-R)

Trauma Blocking

- Numbing, calming, anesthetizing, or satiation with neural pathways involved

- Comfort food/compulsive eating, calming sex/ compulsive masturbation, or compulsive use of alcohol/depressant drugs uses to target reduction of anxiety

- Numbing behaviors will often follow high arousal behaviors to provide relief from danger, intensity, and the rush of hormonal hyperactivity of the brain
Post-Traumatic Stress Inventory (PTSI-R)

Trauma Arousal

- Distorted or damaged affect regulation system/system of arousal
- Childhood events that are repetitive/long-term basis and alter a young person’s biochemistry
- Violent, raging, narcissistic, out-of-control, chaotic household
- “Process” addictive disorders - eating disorders, sexual addiction, self-harmers, gamblers, love addicts, and “thrill junkies”/thrill seekers
- Amphetamines/methamphetamines/cocaine – INTENSITY!
- Diagnosed with Narcissistic or Borderline Personality Disorder
Post-Traumatic Stress Inventory (PTSI-R)

Traumatic Dissociative Avoidance

- Seen by themselves and others as “avoidant”, have trouble being “present”, and seem to be disengaged in any close or intimate encounter.

- Tend to “split off” negative or upsetting parts of themselves into smaller “fragments” so that they do not have to deal with or face very uncomfortable situations, persons, places, or things.

- Skilled in avoiding conflict and difficult situations. This was probably a life-saving mechanism for them when they were young, but does not serve them well now.

- Workaholics
Post-Traumatic Stress Inventory (PTSI-R)

- Traumatic Self Deprivation

- Lead a lifestyle that is in someway “anorexic” to pleasure

- Skilled in their ability to avoid any undue pleasure, positive feedback, compliments, and many things that would otherwise be pleasurable.

- Deprive themselves of any “extras” in life such as any luxuries or frivolities

- Operates in life well below their level of expertise, often finding themselves working at jobs beneath their ability and in relationships with individuals well below their intellectual or social level
Post-Traumatic Stress Inventory (PTSI-R)

Traumatic Organization

- “Compartmentalizes” large aspects or chunks of their life into neat and tidy “folders”
- A way to put difficult people, feelings, places, and things on perpetual “hold” so that they do not have to deal with the painful or uncomfortable feelings at that moment
- One where people tend to “split off” parts of themselves that are painful, in order to continue living their lives as relatively pain-free as possible.
Post-Traumatic Stress Inventory (PTSI-R)

- **Traumatic Orbitohyperactivity**
  - Appear hyperactive/immense amount of unbounded energy
  - Impaired relationships/the never-ending need to achieve higher & higher levels of energy.
  - Early childhood sexual abuse, or come from severely impulsive or out-of-control narcissistic family dynamics where rage, extreme and explosive anger, boundary violations, and objectification and exploitation of others were typical family interactions and style
  - Gamblers, high sex drive, uses stimulant drugs such as cocaine, crack cocaine and/or crystal meth
  - Have been told they have mania, OCD, Bipolar Disorder type, hyperactivity, ADHD, Borderline Personality Disorder, Impulse Control Disorder, Antisocial Personality Disorder
Post-Traumatic Stress Inventory (PTSI-R)

Traumatic Dorsodepression

- Appear to lead a lifestyle that is most characteristic of depression and reduced energy.

- Difficulty with abstract thinking concepts, being able to quickly shift from one thought to another, have shortened or lowered attention spans, and tend to be quite ritualistic as opposed to risk-taking.

- Opiates, Benzodiazepines, Alcohol
Trauma

- How do I know I have trauma?
  - What’s covert trauma?
  - What’s overt trauma?
Risk Factors for Traumatic Response

- How recent or distant in time the abuse happened
- Whether or not the survivor was believed
- How much support and validation or blame and rejection were received
- Cultural norms/rituals/values towards abuse
- Intellectual or developmental capacity to understand the abuse
Factors impacting long-term response

- Race/class/employment status
- Family history and social support network
- History with criminal justice system
- Access to trans-affirming medical care, gender-affirming treatment
- Mental health history and family history
- Legal protections in the area
- History of other acute trauma
Trauma-specific Intervention

- Trauma-informed programing recognizes...
  - The survivor's need to be respected, informed, connected, and hopeful regarding their own recovery
  - The interrelation between trauma and symptoms of trauma such as substance abuse, eating disorders, depression, and anxiety
  - The need to work in a collaborative way with survivors, family and friends of the survivor, and other human services agencies in a manner that will empower survivors and consumers.
Treatment Guidance

- Knowledge
  - Risks related to substance use and abuse
  - Losses and trauma experienced or likely to be experienced
- Harm reduction strategies
  - Discrimination and hostility
  - Sexual health concerns
  - Gender Identity and Sexual Orientation
Treatment Guidance

- Assess and Assess Again
  - Nicotine addiction
  - Self-acceptance, and be able to provide support as needed
  - Mental status and determine whether intervention related to anxiety,
  - Depression and suicidality is needed
  - Treatment modalities and groups accommodate sexual orientation and gender identity
Implications of Complex Trauma

- Impact on the individual and relationships
  - Sense of self/self-esteem
  - Social support network
  - Sense of safety in the world/trust toward others and trusting systems
  - Suicide risk/self-harm
  - Substance use
  - Increased depression/anxiety
Trauma Informed Care

- **Emphasizes:**
  - Safety
  - Trustworthiness and transparency
  - Peer support
  - Collaboration and mutuality
  - Empowerment, voice and choice
  - Cultural, historical, and gender issues
Trauma-specific Interventions

- Addiction and Trauma Recovery Integration Model (ATRIUM)
- Essence of Being Real
- Risking Connection®
- Sanctuary Model®
- Seeking Safety
- Trauma, Addiction, Mental Health, and Recovery (TAMAR)
- Trauma Affect Regulation: Guide for Education and Therapy (TARGET)
- Trauma Recovery and Empowerment Model (TREM and M-TREM)
The Link

- 50% of all individuals will be exposed to at least one traumatic event during their lives.

- 10 million adults in the US experience alcohol/drug abuse and/or mental health disorders.

- Women 2X as likely to develop PTSD with longer symptoms.

- 55 – 99% of women substance abusers report being victimized in their lifetime (high rates of anxiety, panic disorder, major depression, personality disorders, dissociative disorders, psychotic disorders, somatization, eating disorders).

- Clear correlation: rate of substance abuse among persons with PTSD is 60-80% and PTSD among substance abusers is 40-60% (self medication hypothesis).
Mental Health Issues

- Suicide Rates, Depression, Anxiety
  - Trans or Gender Non-Conforming – 41%
  - Lesbian, Gay or Bisexual – 20%
  - Overall Population – 4.6%
Domestic Partner/Intimate Partner Violence

- One out of three to four same sex relationships has experienced domestic violence
- Gay or lesbian batterers will threaten “outing” their victims to work colleagues, family and friends
- LGBT victims of crime less likely to report to legal authorities
- LGBT victims less likely to report due to looking as if there’s a lack of solidarity in the community
Cyber-Bullying

- Utilizes cell phones, computers, tablets
- Takes form through social media sites, text messages, chat, websites
- Can happen 24 hours a day, 7 days a week and reaches a wide audience quickly
- Difficult to trace the source of the bullying as they are generally posted anonymously
- Deleting inappropriate/harassing message, texts or pictures is very difficult once they are posted to the internet
Are you ready???
PReP

- Pre-exposure prophylaxis

- Truvada (Tenofovir and Emtricitamine)

- Gilead ([www.gilead.com](http://www.gilead.com))

- Slut shaming in the community ("He’s a whore")
### Nucleoside reverse transcriptase inhibitor (NRTI)

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<tr>
<th>Drug</th>
<th>Formulation</th>
<th>Dose</th>
<th>Frequency</th>
<th>Common Side Effects</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emtricitabine</td>
<td>200mg capsule</td>
<td>200mg once a day</td>
<td>1</td>
<td>Nausea, diarrhea, headache, raised creatinine, lactic acidosis</td>
<td>Take with or without food</td>
</tr>
<tr>
<td>Lamivudine</td>
<td>100 and 300mg tablets</td>
<td>200mg twice a day or 300mg once a day</td>
<td>1</td>
<td>Nausea, vomiting, diarrhea, headache, abdominal pain, hair loss, fever, insomnia, dizziness</td>
<td>Take with or without food</td>
</tr>
<tr>
<td>Zidovudine</td>
<td>100 and 300mg capsules</td>
<td>250mg twice a day</td>
<td>2</td>
<td>Nausea, vomiting, fatigue, headache, dizziness, weakness, muscle pain, loss of appetite</td>
<td>Take with or without food</td>
</tr>
</tbody>
</table>

### Non-nucleoside reverse transcriptase inhibitors (NNRTIs)

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulation</th>
<th>Dose</th>
<th>Frequency</th>
<th>Common Side Effects</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Efavirenz</td>
<td>600mg tablet and 200mg capsule</td>
<td>600mg once a day</td>
<td>1 or 3</td>
<td>Rash, dizziness, sleep disturbance, abnormal dreams, impaired concentration, nausea, vomiting, headache, dizziness, liver damage</td>
<td>Take on an empty stomach, preferably at bedtime</td>
</tr>
<tr>
<td>Ettravirine</td>
<td>100 and 200mg tablet</td>
<td>200mg twice a day</td>
<td>2 or 4</td>
<td>Nausea, vomiting, diarrhea, headache, dizziness, weakness, fatigue, bloating</td>
<td>Take with food</td>
</tr>
<tr>
<td>Nevirapine</td>
<td>200mg tablet</td>
<td>200mg once a day for two weeks then 200mg twice a day</td>
<td>2</td>
<td>Liver toxicity, allergic reaction, rash, nausea, headache, fatigue, stomach pain, diarrhea</td>
<td>Take with or without food</td>
</tr>
<tr>
<td>Nevirapine</td>
<td>Whamune prolonged release</td>
<td>400mg once a day after introductory period on non-extended release nevirapine</td>
<td>1</td>
<td>Liver toxicity, allergic reaction, rash, nausea, headache, fatigue, stomach pain, diarrhea</td>
<td>Take with or without food</td>
</tr>
<tr>
<td>Rilpivirine</td>
<td>25mg tablet</td>
<td>25mg once a day</td>
<td>1</td>
<td>Insomnia, fatigue, dizziness, headache, rash, nasopharyngitis, depression, dizziness, stomach pain, vomiting</td>
<td>Take with a meal</td>
</tr>
</tbody>
</table>

### Protease inhibitors

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulation</th>
<th>Dose</th>
<th>Frequency</th>
<th>Common Side Effects</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atazanavir</td>
<td>360mg, 600mg and 380mg capsule</td>
<td>360mg with 100mg ritonavir once a day</td>
<td>2 or 3§</td>
<td>Nausea, diarrhea, rash, stomach ache, headache, insomnia, fatigue, dizziness, vomiting, hyperbilirubinemia, lipodystrophy, lactic acidosis, liver toxicity, diabetes</td>
<td>Take with food</td>
</tr>
<tr>
<td>Darunavir</td>
<td>600 and 800mg tablet</td>
<td>800mg with 100mg ritonavir once a day or 600mg with 100mg ritonavir twice a day</td>
<td>2 to 4§</td>
<td>Nausea, diarrhea, rash, abdominal pain, vomiting, headache, dizziness, weakness, lactic acidosis, liver toxicity, diabetes</td>
<td>Take with food</td>
</tr>
<tr>
<td>Fosamprenavir</td>
<td>700mg tablet</td>
<td>200mg with 100mg ritonavir twice a day</td>
<td>4§</td>
<td>Nausea, fatigue, vomiting, diarrhea, rash, abdominal pain, headache, dizziness, weakness, tingling around the mouth, changes in liver and pancreatic function, lipodystrophy, lactic acidosis, liver toxicity, diabetes</td>
<td>Take with food</td>
</tr>
<tr>
<td>Lopinavir / ritonavir</td>
<td>Tablet comprising 400mg lopinavir and 100mg ritonavir</td>
<td>Two tablets twice a day or four tablets once a day</td>
<td>4</td>
<td>Lipodystrophy, raised liver enzymes, nausea, vomiting, diarrhea, abdominal pain, weakness, heartburn, headache, rash, pruritis, liver toxicity, diabetes</td>
<td>Take with food</td>
</tr>
<tr>
<td>Ritonavir</td>
<td>800mg tablet</td>
<td>Half dose: 400mg once a day; to boost: other 800mg once or twice a day</td>
<td>12 or 16</td>
<td>Nausea, dizziness, numbness in the mouth, bad taste in mouth, lipodystrophy, liver toxicity, diabetes</td>
<td>Take with or without food</td>
</tr>
<tr>
<td>Tipranavir</td>
<td>250mg capsule</td>
<td>500mg with 200mg ritonavir twice a day</td>
<td>8§</td>
<td>Nausea, diarrhea, vomiting, abdominal pain, weakness, headache, fever, liver, abdominal pain, rash, lipodystrophy, lactic acidosis</td>
<td>Take with food</td>
</tr>
</tbody>
</table>

*Generic versions of some drugs are available so appearances may vary.*

The editors have taken all reasonable care in the preparation of this material, but the publisher and the authors cannot accept any legal responsibility or liability for any errors or omissions that may be made.

*Formulation(s) shown.*

§ Includes ritonavir tablet(s).
HIV and STD’S

- Barebacking (unprotected sex with or without consent — consensual? Surface? Scene? Deep?)

- HIV (PrEP) — there’s a generational component here

- Meningitis

- Syphilis
Strategies

- Multidisciplinary team – accessible, trustworthy
- Strengthen early linkage to care/retention in care
- Assess patient readiness to start ART – antiretroviral care
- Evaluate client’s knowledge re: HIV disease/prevention/treatment
- Identify facilitators as a support system
Strategies

- Develop medication management skills
- Provide needed resources
- Involve the client in ARV regimen selection
- Assess adherence at every clinic visit
- Positive reinforcement
- Identify type/reasons for nonadherence
Strategies

- Select available effective treatment adherence interventions
- Monitor retention rates while in care
- Consider all options to enhance retention with any/all given resources
- Look for potential barriers to medication adherence
Recommendations

- Gonorrhea/Chlamydia in Throat and Anus
- Hepatitis A & B Vaccination
- Syphilis Testing
- HPV and Anal Pap Smear
- HPV Vaccine and Men
- Hepatitis C Testing
- Meningococcal Meningitis Vaccinations
Recommendations - Syphilis

- **SYPHILIS**

- **Transmission:** oral, anal, and vaginal sex. direct skin to skin contact with chancre

- **Symptoms:** primary: painless chancre on genitals, mouth, or rectum; secondary: rash on hands/feet

- **Long term:** brain damage, nerve damage, can be fatal

- **Treatment:** curable with antibiotics, but long-term damage can be irreversible if left untreated

- **Test:** swab test of sore, blood test
Recommendations: Gonorrhea/Chlamydia

- Transmission: unprotected oral, anal, and vaginal sex
- Symptoms: burning urination, discharge, sore throat (through oral sex)
- Long Term: damage of urethra and urinary tract, sterility, throat damage if contracted from giving
- Treatment: oral curable with antibiotics (injection may be needed for throat/rectal infection)
- Test: urine test and/or swab test of penis, throat, anus, or vagina
Recommendations - Trich

- Transmission: unprotected vaginal sex
- Symptoms: burning urination, discharge
- Long Term: damage of urethra and urinary tract, sterility
- Treatment: curable with antibiotics
- Test: urine test and/or swab test of penis or vagina
Recommendations – Genital HPV

- Transmission: skin to skin genital contact with infected area
- Symptoms: genital warts; abnormal cellular changes
- Long Term: abnormal cellular changes may progress to genital cancers
- Treatment: removed surgically or frozen off by doctor. Warts may reappear after treatment
- Test: visual, anal/vaginal pap smear every year or so to check for precancerous cells
Recommendations: Herpes

- **Transmission:** oral, anal, vaginal sex or kissing, skin to skin contact with herpes sores or cells
- **Symptoms:** blisters on genitals, thighs, buttocks, or mouth
- **Long Term:** individuals vary, many continue to have regular outbreaks
- **Treatment:** no cure, but suppressive medications can reduce severity and number of outbreaks
- **Test:** visual, culture from sore, or blood test
Recommendations – Hepatitis B

- Transmission: unprotected oral, anal, and vaginal sex or blood contact
- Symptoms: may occur an average of 12 weeks after exposure
- Long Term: about 10% of infected adults become chronic
- Treatment: bedrest; once you’ve had it, you won’t get it again; a vaccine is available
- Test: blood test
10% Conscious Mind

90% Subconscious Mind
Social Work 101

- Meet the client where they’re
  - Assess for safety
  - What is their priority?
  - Tell me what I need to know about
  - Tell me what you don’t want me to know
  - What does healthy sexuality look like?
  - Medication adherence – education
  - Tap into resiliency through family of choice
Mental Health Issues

- Suicide (Assess for means/intent/plan)
- Depression (continual screening for increased rates)
- Anxiety (continual screening for increased rate)
- Self harming (Different in it’s presentation with men)
Recommendations

- Public education and policy advocacy aimed at treating the LGBT community

- Training/education for providers on what constitutes culturally competent treatment – lack of trained professionals able to work with the unique needs of LGBTQI individuals
Writing a Sexual Recovery Plan

- Behaviors I wish to be free of – Defines sobriety

- Recovery behaviors I want more of – Rewards of Recovery

- Warning Signs – Potential warning signs of relapse

- *** What does a balanced/healthy sexual wellness plan look like?
3 Circle Exercise

- The Inner Boundary: Bottom line behaviors or those that are most damaging/troublesome
- The Middle Boundary: Warning signs and slippery situations that can lead a sex addict back to bottom line behaviors
- The Outer Boundary: Healthy activities that reflect a balance of work/play/recovery
Recommendations

- For sex addiction, it’s important to refer to an LGBT affirming 12 step group of which there are 4 major fellowships.
  - Sexaholics Anonymous (SA)
    - Defines sexual sobriety as no masturbation/only within the framework of a marriage between a man and a woman
  - Sex Addicts Anonymous (SAA)
  - Sex and Love Addicts Anonymous (SLAA)
  - Sexual Compulsives Anonymous (SCA)
    - Most appealing to gay/bisexual men as well as heterosexual men
Tools And Resources

- Develop a plan to ensure medication adherence
- Develop a plan for suicidal thoughts (ALWAYS assess for means, intent, plan)
- Small men’s group to work from an Addiction Interaction Disorder Model. Use Carnes Addiction Interaction Disorder sheet and use as a treatment planning guide
- Develop wrap around treatment team (PCP, Therapist, Psychiatrist, Infectious Disease Doctor)
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Tools and Resources

- PET Scans – Use at one month and then at 1 year post sobriety
- Develop safety plan for medication adherance
- Discuss what healthy sexuality looks like (pleasure, intimacy, desire)
- Question what’s missing on Day 1 of meeting with someone and start to circle the wagons in terms of missing resources
Tools and Resources

- If you don’t know something, ASK!
- Listen for signs of Intimate Partner Violence (IPV)
- Operate from a multicultural perspective
- Resiliency, collaboration, non-judgmental, wise mind path, examine the spectrum of healing
Tools and Resources

- National Association of Lesbian and Gay Addiction Providers (NALGAP)
- Gay and Lesbian Medical Association (GLMA)
- National Association of Social Workers (NASW)
- World Profession of Transgender Health (WPATH)
Support Groups

- Crystal Meth Anonymous (www.crystalmeth.org)
- Narcotics Anonymous (www.na.org)
- Alcoholics Anonymous
- SMART Recovery
- Refuge Recovery

*** Throw everything at the wall and see what sticks — THEN we are truly practicing Social Work 101.
Readings

- “Crystal Clear” – The Big Book of CMA
- NA: The Basic Text
- “Refuge Recovery: A Buddhist Path to Recovering From Addiction – Noah Levine
Readings

- “Lust, Men and Meth” - David Fawcett, PhD
- “The Velvet Rage” — Alan Downs, PhD
- “ Quitting Crystal Meth” — Joseph Sharp
- “ Overcoming Crystal Meth” — Dr. Steven J. Lee
Readings

- “Cruise Control” – Robert Weiss
- “Always On” – Robert Weiss
- “The Meth of Sex Addiction” – David Ley
- “Treating Our Of Control Sexual Behavior” – Doug Braun Harvey
- “Gay Affirmative Therapy For The Straight Clinician” – Joe Kort
Readings

- “Not Gay: Sex Between Straight White Men” - Jane Ward
- “Teaching Transgender Toolkit” – Eli Green, PhD
- “Teaching Trans 101” – Nicholas Teich
Readings

- “Helping Men Recover” – Dan Griffin
- “A Man’s Way Through The Twelve Steps” – Dan Griffin
- “Trauma and the Twelve Steps” – Dr. Jamie Marich
Readings

- “The Gifts of Imperfection” – Brene Brown
- “Rising Strong” – Brene Brown
- “Daring Greatly” – Brene Brown
- “I Thought It Was Just me” – Brene Brown
- “Coming Out Of Shame” – Gershon Kaufman, PhD
Trauma Informed Care

- **Emphasizes:**
  - Safety
  - Trustworthiness and transparency
  - Peer support
  - Collaboration and mutuality
  - Empowerment, voice and choice
  - Cultural, historical, and gender Issues
Support People

- Dignity
- Respect
- Inclusivity
- Empathy
- Listen
Educate Others

- Don’t Be Afraid

- Focus on the positive

- Celebrate

- Medication – talk about it, ask about it, learn
Be A Role Model

- Don’t be afraid
- Be a mentor
- Be an innovator
- Inspire change
Dimensions of Wellness

- Multicultural
- Physical
- Social
- Environmental
- Intellectual
- Emotional
- Spiritual
- Occupational
Recommendation to Develop Protective Factors

- LGBTQ community support (e.g., GSAs, support groups, etc.)
- Family acceptance
- Communities of faith
- Self-Determination
- Pride
- Resilience
- Diversity
- Creativity
- Resourcefulness
- Courage
Recommendation for Process Addictions

- Prevention and Treatment – similar to AOD treatment
  - Look at behaviors/goals, help to foster change, relapse prevention
  - Focus on connection between the client’s inability to regulate tension and discharging the tension with unwanted behavior
  - Family, group and individual therapy
  - 12-step support group attendance
Recommendations

- Medication Assisted Treatment:
  - Suboxone
  - Naltrexone
  - Narcan/Nalaxone
  - Vivitrol
  - Antabuse
  - Campral
Recommendations

• Refuge Recovery (Noah Levine)

  • Mindfulness-based addiction recovery community that practices and utilizes Buddhist philosophy
    ▪ The Four Noble Truths
    ▪ There is a dis-ease
    ▪ There is a cause to this dis-ease
    ▪ There’s a way to end dis-ease
    ▪ There’s a how to end the dis-ease
  • Knowledge and empathy as a means for overcoming addiction and its causes
Recommendations

- SMART (Self Management and Recovery Training)

  Approach:
  - Self reliance and self empowerment
  - Advocates for appropriate medication/treatment interventions
  - Science based
Recommendations

- SMART (Self Management and Recovery Training)

- 4 Point Program
  - Building and Maintaining Motivation
  - Coping with Urges
  - Managing Thoughts, Feelings and Behaviors
  - Living a Balanced Life
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Recommendations

- Develop/institute a smoking cessation program – address concurrently with addiction treatment
  - LGBT sensitive facilitators
  - Accepting and welcoming space
  - Facilitator trained by an organization such as the American Lung Association
  - Educational materials for LGBT audiences
  - Ensure safety and confidentiality
Recommendations

- All forms must include sexual orientation and gender identity
- EX: male, female, transgender male to female, transgender female to male, gender queer, not sure
- Examine the LGBTQI community as a series of subcultures as compared to one large culture (age, histories, behaviors, preferences, self identity, coming out experience, gender, race/ethnicity, social roles/responsibilities, depression/stress, childhood experience, partner experience (domestic violence?), peer and partner drinking
Recommendations

- Examine addiction from a gay male point of view, a lesbians point of view, a bisexuals point of view and a transgender point of view
- Further examination of FTM or MTF
- Examine usage in an older demographic as compared to a youth perspective
- Outreach to the LGBT community
Recommendations

- Encourage those in the LGBT community to seek help if needed
- Develop programming specific to the LGBT population – it’s not enough to say “I’ve worked with them before” – deeper programming for women-specific services
- Directly address issues related to sexuality
- Include all aspects of an individual’s life – include partners, children, parents, etc.
Recommendations

- Include visual cues in your office to carry the message that you’re affirming
  
  Ex: pride flag, Ally sign, literature specific to the population

- Develop programming specifically to address trauma – operate from a trauma informed perspective

- Address treatment from a bio-psycho-social model and incorporate a treatment team (doctors, therapists, etc.)
Recommendations

- NALGAP
- New Hope Recovery Center 😊
- GLMA
- WPATH
- Dr. Jamie Marich
  - Trauma Made Simple
  - Trauma and the 12 Steps
  - EMDR Made Simple
  - Dancing Mindfulness
THANK YOU!!!

- Questions?
- Comments?
- Feedback?
Please feel free to contact me at:

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