SUD in Adolescents: Working with BIPOC & 2SLGBTQIA+ Youth

PRESENTED BY:
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INDIAN + COUNTRY ECHO

Art by Olly Costello

Disclosures

None.

Orienting Ourselves: *Honoring Lineage*

- We will strive to embody Disability Justice principles ([Sins Invalid](#), 2015)
- We will honor the collective wisdom of our lived/living experiences

Please honor your access-centered needs.
Use the space you are in as you need or prefer.
Sit, pace, rock, or move around. Close your eyes. Draw, doodle, write.
We will take pauses. I will give Content Warnings (CW), as needed.
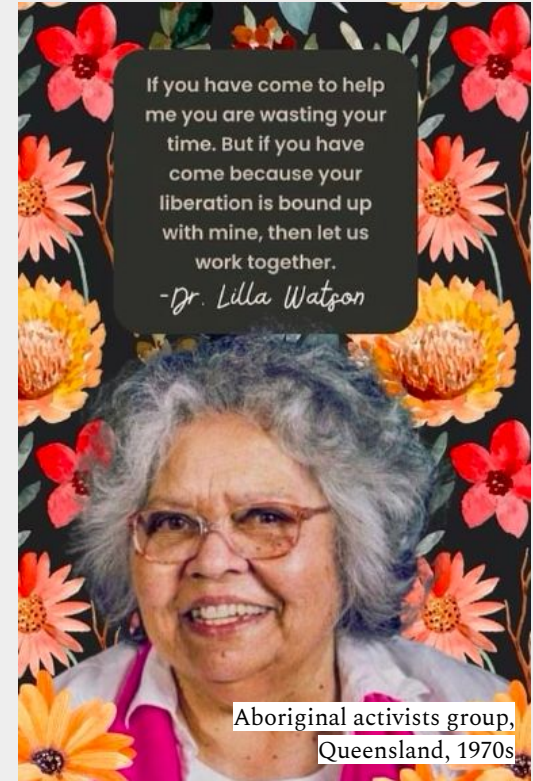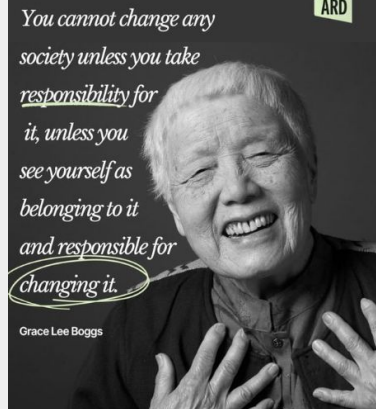*Listen to you body! Come as you are!*

via *People's Hub*

Orienting Ourselves: *Honoring Lineage*

NOTABLE NATIVE FIGURES

Ozaawindib
Late 18th century
Nation: Ojibwe, Chippewa
Ozaawindib, also known as "Yellow Head," was an honored Two-Spirit warrior.

Rabbit Tail
1890s
Nation: Shoshone
Rabbit Tail is typically shown wearing hair half up and other half down, representing male and female.

Lozen
1840-1889
Nation: Apache
Lozen was a renowned warrior and medicine woman who identified as male.

Woman Warchief
1850
Nation: Algonquin, Crow
Woman Warchief was a Two-Spirit hero drawn to "male" tribal roles. Woman warchief was also a leader in markmanship and hunting competitions and had four wives.

We'Wha
1849-1896
Nation: Zuni
We'Wha was a healer, craftswoman, caretaker who traveled to D.C. in 1886 as a Zuni representative.

Osh-Tisch
1870s
Nation: Crow
Osh-Tisch was assigned male at birth but lived as female during peace time and as a third gender in war. They fought in war dressed as a male.

Portrait of Harriet Tubman from the National Museum of African American History & Culture.

If you have come to help me you are wasting your time. But if you have come because your liberation is bound up with mine, then let us work together.
—*Dr. Lilla Watson*

Aboriginal activists group, Queensland, 1970s

You cannot change any society unless you take responsibility for it, unless you see yourself as belonging to it and responsible for changing it.
Grace Lee Boggs

ARD

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Now, Two-Spirit refers to people from many indigenous tribes that have spiritual connections to masculine and feminine energies.

Two-Spirit are accepted and respected in their communities, cultures, and traditions, and they have been seen as sacred or holy people throughout history.

As settlers arrived in North America, they began to introduce new ways of life for indigenous people.

Despite attempts to bury Two-Spirit views and traditions, these identities and stories remain alive.

Hastiin Klah was a medicine person and a rug weaver. The Wheelwright Museum in Santa Fe, New Mexico holds some of his weavings.

Lozen and Dahteste were female warriors. They helped Geronimo escape the United States Calvary.

We 'Wah from the Zuni Pueblo was a male person who expressed a feminine role in her community. She was a delegate to Washington for her people.

When We 'Wah died, both her female and male genders were honored.

Osh Tisch is from the Black Feet tribe in Montana. She was known for creating a haven for other Black Feet "two-spirit" people from her tribe in exile.

In the 1970s an organization called the Gay American Indians (GAI) was founded by Randy Burns and Barbara May Cameron.

Randy Burns lead the first parades full of gay indigenous people, creating visibility.

Barbara May Cameron spoke to groups, explaining the Two-Spirit identity.

In 1989, the third annual Native American/First Nations Gay and Lesbian Conference took place in Winnipeg, Canada where the term Two-Spirit became official. This gathering became known as the Two-Spirit International Gathering to celebrate their identity.

The "Bow and the Basket" had now became a symbol representing the Two-Spirit community.

via *Colorful History–*
A Two-Spirit (Indigenous
Queer) Perspective

Checking-In: *Evolving Language*

BIPOC: Black, Indigenous, [Latine, Asian/Pacific Islander/Native Hawaiian], and other People of Color

QTBIPOC: Black/Indigenous/People of Color who also identify as Queer, Gender Expansive, or Transgender+

2SLGBTQQIA+: people who identify as Two-Spirit, Lesbian, Gay, Bisexual, Transgender+, Queer, Questioning, Intersex, and/or Asexual

Queer: a unique identity, and an umbrella term for the LGBTQ+ community

Two-Spirit: a pan-Indigenous term that encompasses concepts of Indigenous sexual, gender, and/or spiritual identity — coined by Elder Myra Laramee to resist offensive terms imposed by European colonizers

Indigiqueer: a pan-Indigenous term, coined by Thirza Cuthand, that honors one's sexual and romantic orientation as well as their gender identity/expression as they both relate to one's Indigeneity — often used to acknowledge that not all LGBTQIA+ Indigenous people feel that the term Two-Spirit describes their identity

Cisnormativity: the notion that cisgender identities are the norm and that variation from the gender binary is abnormal

Cisgenderism: the prejudice that accompanies cisnormativity

Transphobia: aversion or hostility to, disdain for, or other negative attitudes and beliefs about trans+ people

Internalized Oppression: marginalized peoples internalize the ideology of inferiority through seeing it reflected in the institutions and eventually come to internalize the negative messages about themselves

via Q Card Project

Learning/Unlearning Objectives:

What are the seeds we want to plant together today?

our bodies speak

singing messages from interconnected pasts

steering our present struggles

whispering invitations to liberated futures

@chiara.acu

Image by Chiara Acu

Let's work together to...

➢ Reduce barriers to accessing services by identifying current gaps in adolescent SUD care and shift to more identity-affirming, anti-oppressive frameworks

➢ Improve quality of care by recognizing unmet treatment needs of QT/BIPOC teens with SUD and prioritize culturally-responsive best practices

➢ Implement practical strategies to improve engagement/clinical outcomes

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Healing Justice Altar of Wisdom

Burnout is real!

Checking in with ourselves regularly and thinking about how we hold our collective grief, so that we don't burnout

Healing isn't a linear process. Sometimes healing is just spending years integrating lessons from body-mind

Access to, making, and eating ancestral food as a form of healing justice

healing happens with time and the right supportive environment

healing justice isn't just a theory - it's a practice!

sometimes all healing needs is enough space to sit still and listen

meet people where they are at

there is no self care, only communal healing

it's a practice that begins with us

"How are we holding the grief of the civil rights movement?"

Want to honor our family's struggles and its important to intervene and practice collective community care/wellbeing

we need to recognize trauma experience as connected to collective, generational trauma passed along. It's not just our own hurt.

emphasis on collective and interdependent care

food and herb medicine

centering love in healthcare -- instead of "i want you to survive" -- "i want you to really LIVE"

as organizers we deserve just as much care and need to practice it with each other

wisdom and intuition is found in all of us

challenging the idea that organizing has to be draining or lead to burnout

Our bodies hold trauma, but are also very wise and can help us heal.

love in community heals

Center Disabled people's wisdom in healing justice

change comes through shifting the material conditions of our community

Orienting Ourselves: *Honoring Lineage*

via Indigenizing Harm Reduction (Native Youth Sexual Health Network)

Four Fire Model

By centering community wellbeing and the restoration of different Indigenous knowledge systems, life ways, ceremonies, culture and governance structures Indigenous peoples of many Nations and cultures can reduce the harm we experience in our lives.

Cultural Safety

"Acknowledge the power differences that exist between service provider and client/patient. Allowing and creating spaces for Indigenous peoples to feel safe to be our whole selves when receiving care"

Sovereignty

"Principles like non-interference teach us to support and meet people where they're at, ex. not forcing treatment"

Reclamation

"Colonialism uprooted and distorted many structures and ways of life within our communities, reclaiming cultural practices can strengthen us"

What would these fires looks like on the ground while understanding the importance of the central home fire?
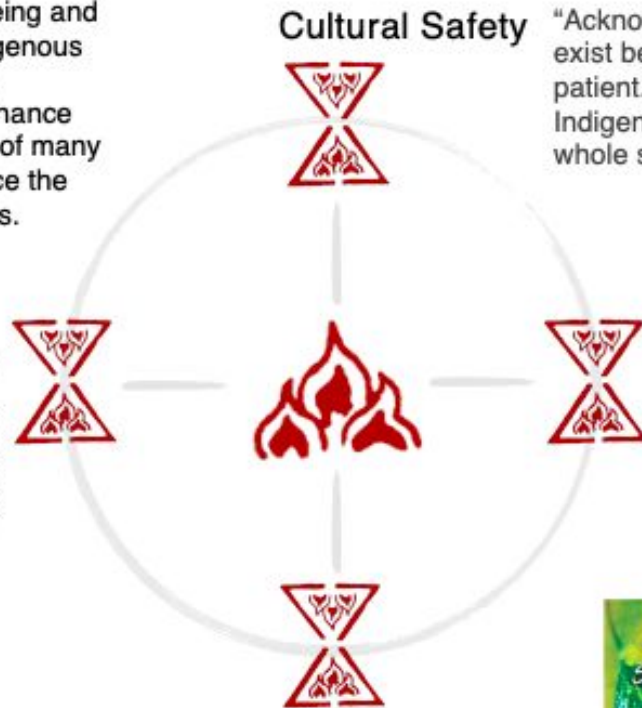
Self-determination

"Allowing individuals, communities and Nations to decide specifically for ourselves what works best for us"

Native Youth Sexual Health Network 2014

Tuning In:
Understanding Context
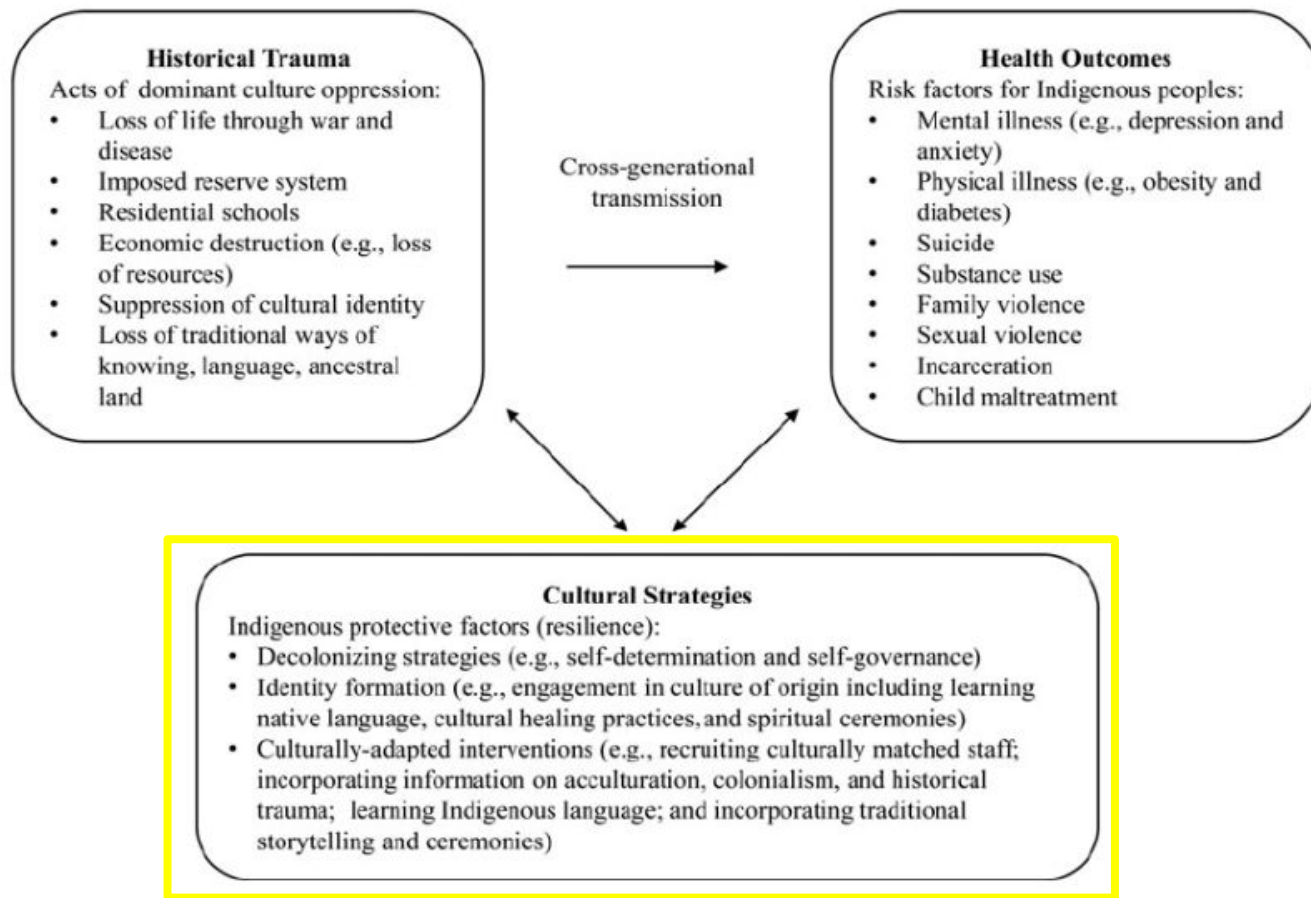
Historical Trauma, Substance Use, and Indigenous Peoples: Seven Generations of Harm From a "Big Event" (Nutton, 2015)

Historical Trauma
Acts of dominant culture oppression:
- Loss of life through war and disease
- Imposed reserve system
- Residential schools
- Economic destruction (e.g., loss of resources)
- Suppression of cultural identity
- Loss of traditional ways of knowing, language, ancestral land

Cross-generational transmission

Health Outcomes
Risk factors for Indigenous peoples:
- Mental illness (e.g., depression and anxiety)
- Physical illness (e.g., obesity and diabetes)
- Suicide
- Substance use
- Family violence
- Sexual violence
- Incarceration
- Child maltreatment

Cultural Strategies
Indigenous protective factors (resilience):
- Decolonizing strategies (e.g., self-determination and self-governance)
- Identity formation (e.g., engagement in culture of origin including learning native language, cultural healing practices, and spiritual ceremonies)
- Culturally-adapted interventions (e.g., recruiting culturally matched staff; incorporating information on acculturation, colonialism, and historical trauma; learning Indigenous language; and incorporating traditional storytelling and ceremonies)

FIGURE 1. Schematic model of possible causal processes. The model depicts the transmission of trauma across generations, the ongoing risk factors associated with historical trauma, and potential protective factors. These lists are not exhaustive. (See Walters & Simoni, 2002.)

Expanding Roles: *Enhancing Overall Treatment of SUD*

- Seen as subject matter knowledge-holders (i.e. clinical, medical, pharmaceutical staff) *and* gate-keepers
- Offering direct psychodynamic interventions (i.e. Motivational Interviewing)
- Coordinating care plans
- Providing case management, coordination of care, and support with resource navigation
- Advocating for clients in larger systems
- Supporting psychoeducation for teen clients and families
- Improving treatment engagement and retention
- Utilizing harm reduction approaches
- Reducing stigma of medications
- Influencing policy and procedures

Clinical Pharmacist Practitioner Role in SUD Across ALL Practice Settings (VA, 2023)

ECHO: A Pharmacist's Role within Substance Use Disorder (SUD) Treatment and Recovery (Hall, 2023)

VA | **U.S. Department of Veterans Affairs**
Veterans Health Administration
PBM Clinical Pharmacy Practice Office

Holding Space: *Invitation for Reflection*

We collectively honor the life of Nex Benedict (they/them), a 16-year-old Indigenous (Choctaw), non-binary and Two Spirit student who lived in Oklahoma.

Image via Indigenous Environmental Network

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Holding Space: *Somatic Grounding*

I place a hand over the part of my body holding grief to offer support

My feet are held by mother earth as I witness opression

I feel the vibrations move through my chest as I chant

I breath into the part of my body holding rage as a way to honor it

I rock gently as I witness unjust and avoidable suffering

I hear the chants of others and know I am not alone in this

via Dr. Nubia Chong, MD

WHAT DOES SAFETY FEEL LIKE FOR YOU? WHAT MAKES A SPACE SAFE(R) FOR YOU?

i am not too much

i am enough

Image by Mo Thunder @mo_thunder

"The increased risks to LGBTQIA+ youth are not a function of their identity – but are related to the stress of stigma and discrimination." (SAMHSA Statement on Trans Day of Visibility, 2023)

Perhaps no space is altogether "safe," but are there some things that can be done to help make it safer than it was before?

Building Insight: *Research Landscapes*

➤ Gerrard et al. (2012) found that experiencing discrimination led to a *greater willingness* to initiate substance use; perceived discrimination was positively associated with substance use among Black adolescents and young adults who approve of "substance use-as-coping"

➤ 2SLGBTQQIA+ youth initiate substance use earlier and escalate use *more rapidly* than their non-LGBTQ peers (Felner et. al 2019)

➤ Sexual orientation/gender identity (SOGI) disparities in SUD behaviors were present by **age 12** years and persisted across adolescence
  - Gender minority youth were *less likely* to perceive substance use as risky compared with their cisgender peers (Day, 2017)
  - Sexual minority AFAB teens had the **highest** rates of substance use across all ages. (Fish, 2021)

➤ A recent qualitative study of young adults who identify LGBTQ found that some LGBTQ youth initiated substance use to cope with stressors such as interpersonal and structural discrimination (Felner et al., 2020).

Substance Use in the Last Year Among LGBTQ Youth

Under 21 | Over 21

(Trevor Project, 2022)

Alcohol: 47% (Under 21), 88% (Over 21)
Marijuana: 29% (Under 21), 54% (Over 21)
Prescription Drug Misuse: 11% (Under 21), 11% (Over 21)

SUPPORT TRANS YOUTH

Building Insight: *Research Landscapes*
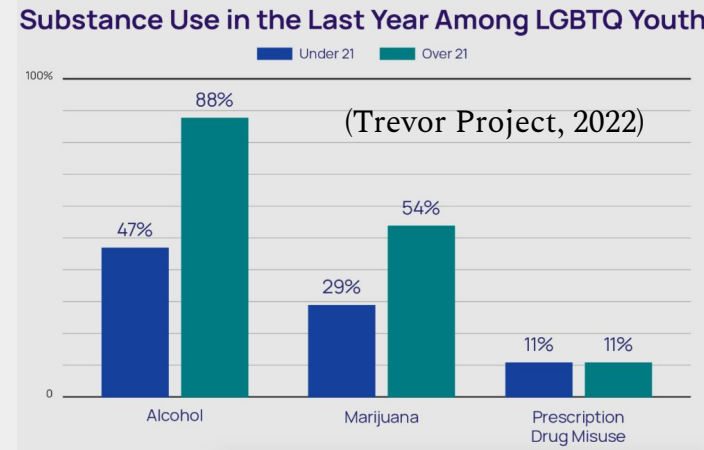
Percentage of High School Students Who Had **Ever Used Select Illicit Drugs**, by Demographic Characteristics, United States, YRBS, 2021

		Percentage
Total		13%
Sex	Female	15%
	Male	12%
Race & Ethnicity	American Indian or Alaska Native	20%
	Asian	7%
	Black	9%
	Hispanic	14%
	Native Hawaiian or Pacific Islander*	
	White	14%
	Multiracial	18%
Sexual Identity	Heterosexual	11%
	LGBQ+	21%
Sex of Sexual Contacts	Opposite Sex Only	20%
	Any Same Sex	39%

Trevor Project Stats

➢ Results from the 2018 NSDUH show that nearly 1 in 5 Native American young adults (aged 18-25 years) has a substance use disorder, including 11% with illicit drugs and 10% with alcohol.[4]

➢ The 2018 survey also indicates that approximately 4 in 10 Native adolescents (aged 12-17) have a lifetime prevalence of illicit drug use.

➢ In the first year of the COVID-19 pandemic, the largest increases in drug overdose deaths were among adolescents of Color (CDC, Kaiser, 2020)

➢ Native/Indigenous LGBTQ youth had greater odds of reporting regular marijuana use and greater odds of reporting regular prescription drug misuse compared to White LGBTQ youth (Trevor Project 2021 Survey)

➢ In Canada, Native youth in-care report a higher likelihood of engaging in substance use than their non-Indigenous counterparts - with placement instability significantly associated with higher substance use and poorer positive mental health (Cullen, 2022)

Share of High School Students Reporting Substance Use, By Sex, Race/Ethnicity, and Sexual Identity, 2021

	Binge Drinking	Tobacco Use	Marijuana Use	Prescription Opioid Misuse
Total	8%	16%	13%	4%
Sex				
Female	10%	17%	13%	5%
Male	6%	14%	13%	3%
Race/ethnicity				
White	11%	21%	14%	4%
Black	2%	11%	14%	4%
Hispanic	5%	9%	10%	5%
Asian	2%	4%	4%	3%
AIAN	6%	24%	26%	6%
Sexual Identity				
Lesbian, Gay, or Bisexual	9%	22%	19%	7%
Other or Questioning	8%	16%	12%	5%
Heterosexual	8%	15%	12%	4%

NOTE: Estimates reflect data from January to June 2021. AIAN refers to American Indian and Alaska Native people.
SOURCE: Krause, K., Verlenden, J., Szucs, L., et al. Disruptions to School and Home Life Among High School Students During the COVID-19 Pandemic - Adolescent Behaviors and Experiences Survey, United States, January–June 2021. MMWR Suppl 2022;71.

KFF

Tuning In: *Understanding Context*

Intersectionality as an analytical approach and liberatory framework is valuable in understanding how discrimination relates to health and in attempts to reduce <u>health disparities</u> (Crenshaw, 1989).

→ *Intersectionality (Crenshaw, 1989)*
→ *Bronfenbrenner's Ecological Model (1994)*
→ *Minority Stress Theory (Meyer, 2003)*

→ *The LGBTQIA+ Social-Ecological Model (Veldhuis, 2022)*
→ *Mental Health and Well-being Socio-Ecological Model (Michaels, 2023)*
→ *Cultural Humility, Advocacy, & Activism*

Image via Outright international

Tuning In: *Understanding Context*

Each of the following systems of inequality* (or coins) intersects with the others to co-constitute inequalities:

- ██ classism
- ██ racism
- ██ settler colonialism
- ██ ableism
- ██ heterosexism
- ██ cisgenderism
- ██ sexism

system of inequality

*These examples do not represent all systems of inequality; e.g., other coins not presented here include systems of inequality related to age, religion, accent, or shade of skin.

settler · white · able-bodied · straight · cis · male · upper / middle class · lower class · not male / female · trans · not straight / LGTBQIA2S · disabled · Indigenous · not white / racialized

The Coin Model of Privilege and Critical Allyship: Implications for Health (Nixon, 2019)

Intersectionality, as a liberatory framework, asks us to <u>interrogate power</u> through a Black feminist + Indigenous decolonial lens.

➢ Prevent the "flattening" of intersectionality by not just focusing on identities (i.e. race, gender) but on the power-related experiences of them (i.e. heterosexism, cisgenderism, anti-Black racism) and the way they interlock
➢ Avoid dilution, co-optation, depoliticization of the term and replicating harm
➢ Prioritize social action

Holding Space: *Invitation for Reflection*

There are many meanings and interpretations of what it means to be Two-Spirit, yet the most consistent understanding is that Two-Spirit is a remembrance and a recollection of various 'gender' and social identities that were unique to Indigenous communities prior to colonization.

via IllumiNative and Bay Area Two Spirits

HEALING

IS

JUSTICE

Art by Eloy Bida

The LGBTQIA+ Social-Ecological Model (Veldhuis, 2022)

IMPACTS OF TIME
Impacts of historical attitudes, major events and timing of events (e.g., pandemic, Black Lives Matters protests)

PUBLIC POLICY
Supportive & discriminatory laws and policies, societal norms, systems (e.g., legal, economic)

COMMUNITY
Neighborhoods, broader social networks, LGBT communities, trans & nonbinary communities, social services, local politics, SES, social norms, arts/media (e.g., TV, books, social media)

ORGANIZATIONAL
Workplace, school, church, health services, LGBTQ+ centers, pride events, local businesses

INTERPERSONAL
Family, children, friends, social support

INTIMATE PARTNERS
Partner influences, relationship quality

INDIVIDUAL
Expectations, stressors, coping, internalized cissexism, psychological distress, outness, health behaviors

CHRONOSYSTEM

MACROSYSTEM

EXOSYSTEM

MESOSYSTEM

MICROSYSTEM

MINORITY STRESSORS
Discrimination, stigma, violence, disclosure/concealment, sexism, racism, bi/homo/transphobia, cissexism

Building Insight: *Research Landscapes*

QUEER YOUTH OF COLOR

48% OF LGBTQ STUDENTS OF COLOR EXPERIENCED VERBAL HARRASSMENT BECAUSE OF THEIR SEXUAL ORIENTATION AND THEIR RACE OR ETHNICITY

15% HAVE BEEN PHYSICALLY HARASSED OR ASSAULTED BASED ON BOTH OF THESE ASPECTS OF THEIR IDENTITY

13% MORE LIKELY FOR BLACK LGBTQ YOUTH TO BE SENT TO DETENTION OR SUSPENDED THAN NON BLACK LGBTQ YOUTH

IN THEIR MIDDLE OR HIGH SCHOOL YEARS

79% OF LGBTQ YOUTH OF COLOR REPORTED THEY HAD INTERACTIONS WITH SECURITY OR LAW ENFORCEMENT, COMPARED TO 63% OF WHITE LGBTQ YOUTH

20-40% OF ALL HOMELESS YOUTH ARE LGBTQ AND AMONG THEM

26% IDENTIFY AS LATINX

44% IDENTIFY AS BLACK

Sources: Gallup.com, GLSEN, LAMBDA Legal, The Williams Institute and Center for American Progress

*The Intersectionality of being a youth of color and LGBTQIA+ (2021)*

SEWB Diagram adapted from Gee et al., (2014)

Cultural, Social, and Emotional Wellbeing Framework (Dudgeon, 2022)

Tuning In:
Understanding Context

"It is our nature to be whole and to be together. We are born into a circle of family, community, living creatures and the land. If we encounter racism, homophobia, sexism or other behaviors that oppress us, the balance may be disturbed and we may lose our place in the circle—but even if we lose our place we can still find guidance in our traditions, histories, memories, and collective experience of this world."

Dr. Alexandria Wilson
Two-Spirit professor from
Opaskwayak Cree Nation

Tuning In: *Understanding Context*
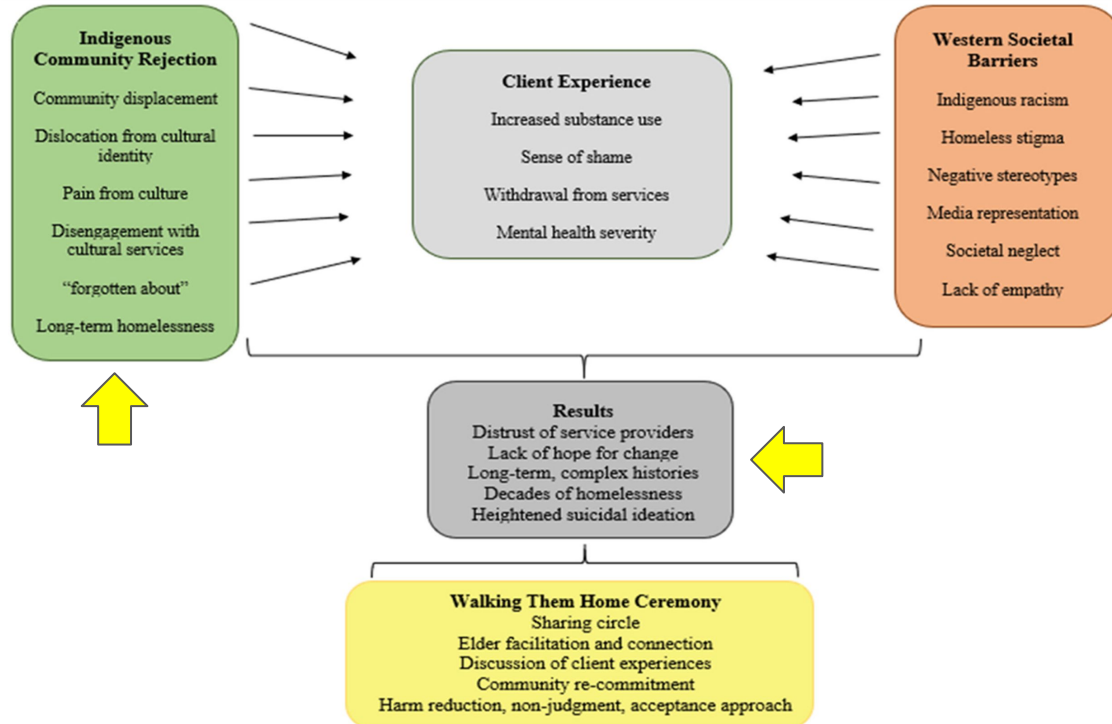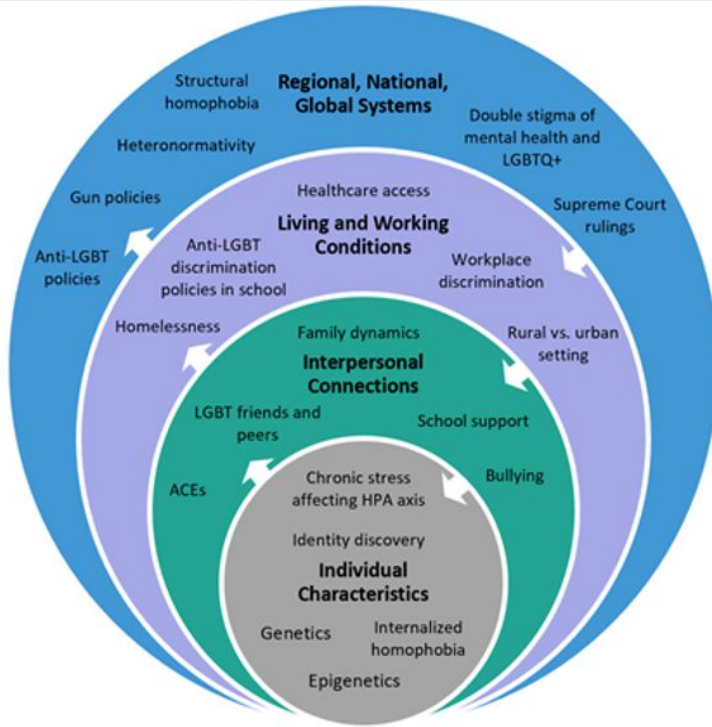
Disproportionate Suicidality in LGBTQ+ Youth in the United States Through a Socioecological Framework (Rhea, 2021)
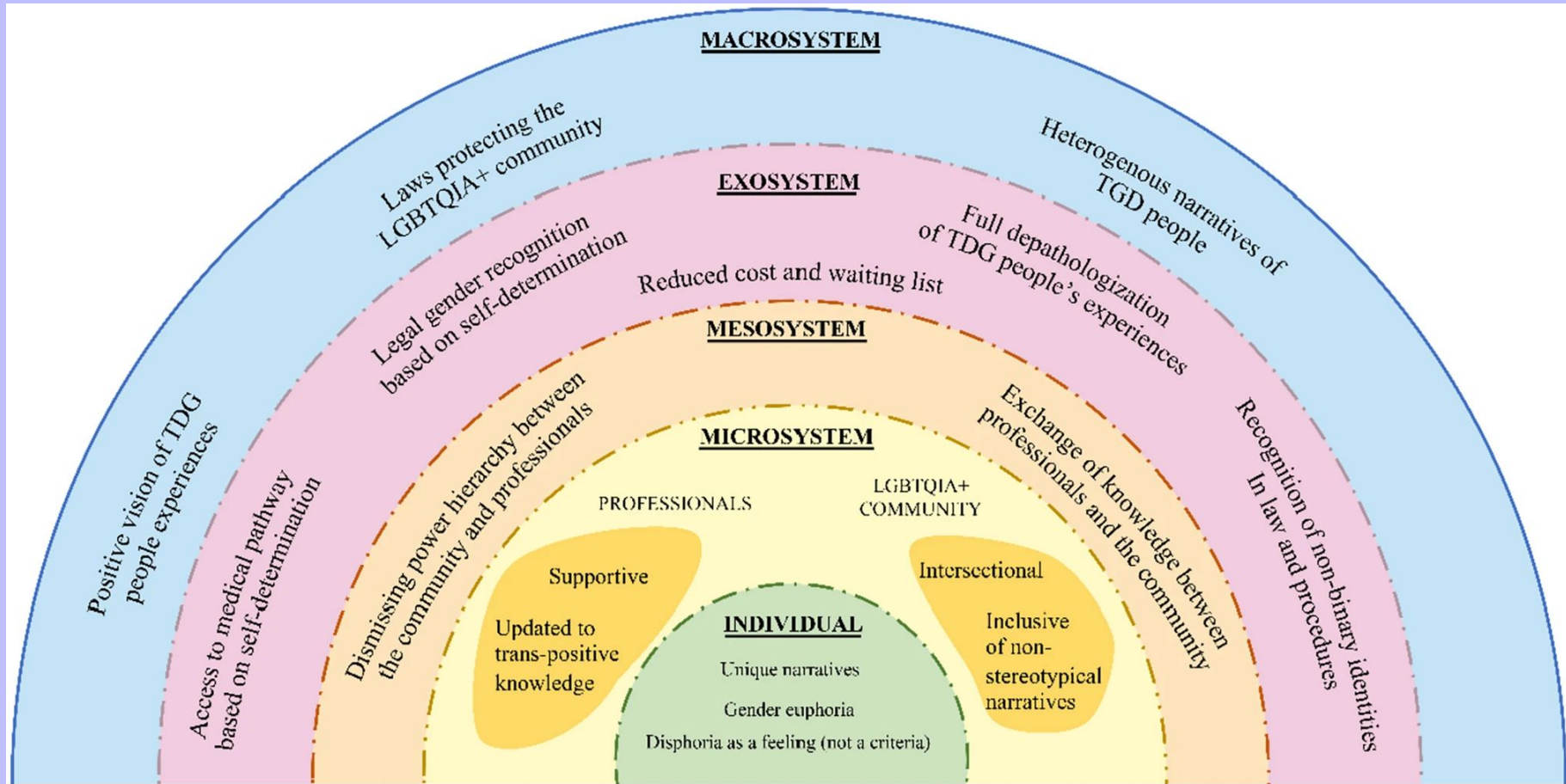
Culture as Prevention + Cultural Stressor Model *(Gabriel, 2022)*

Current vs. Desired: Transforming the Gender-Affirming Path Through the Work of Trans, Non-binary, and Gender-Questioning Activists Within an Ecological Framework (Lorusso, 2023)

MACROSYSTEM

Laws protecting the LGBTQIA+ community

Heterogenous narratives of TGD people

EXOSYSTEM

Legal gender recognition based on self-determination

Full depathologization of TDG people's experiences

Reduced cost and waiting list

MESOSYSTEM

Positive vision of TDG people experiences

Dismissing power hierarchy between the community and professionals

Exchange of knowledge between professionals and the community

Recognition of non-binary identities In law and procedures

MICROSYSTEM

Access to medical pathway based on self-determination

PROFESSIONALS

LGBTQIA+ COMMUNITY

Supportive

Intersectional

Updated to trans-positive knowledge

INDIVIDUAL

Inclusive of non-stereotypical narratives

Unique narratives

Gender euphoria

Disphoria as a feeling (not a criteria)

Intersectionality Research for Transgender Health Justice (IRTHJ) Framework (Wesp, 2019)

Reducing Workload Burden

- **Community Pharmacies**
  - Refill management
  - Prior authorizations
  - Insurance appeal letters
  - Answering questions
  - Building rapport

- **Organizational Level**
  - Providing education
  - Creating training materials
  - Updating policies/procedures
  - Answering questions from other providers/staff

Via Provider Clinical Support System

Helped providers effectively manage their panel of patients

91% of providers were extremely satisfied with the clinical pharmacy service

Improved overall medication use

Integrating a Clinical Pharmacist: Impact on Provider Burnout

More time to focus on professionally fulfilling aspects of work

Helped patients meet health goals and quality measures

Reduce workload by working directly with patients and non-provider staff

Haag J, Yost K, Kosloski-Tarpenning K, et al. Effect of an Integrated Clinical Pharmacist on the Drivers of Provider Burnout in the Primary Care Setting. J Am Board Fam Med. 2021;34(3):553-560.

PCSS Providers Clinical Support System

# Building Collective Power: _Macro Level Advocacy_

Knowing Your Rights When Accessing Mental Health Support

1. I have the right to be myself and bring all of myself into the space I'm in.
2. I have the right to be called by the name and pronoun of my choosing.
3. I have the right to culture and ceremonies, if that is what I choose.
4. I have the right to make fully informed decisions regarding medication.
5. I have the right to free, prior, informed, and continuing consent regarding my care.
6. I have the right to feel safe and secure.
7. I have the right to be validated for how I'm feeling.
8. I have the right to be listened to and heard based on how things are going for me.
9. I have the right to decide what treatment options I want to pursue, where I want to access services, and with which providers.
10. I have the right to bring a support person with me when I access services.
11. I have the right to say yes to the things I do want to happen for my future and no to the things I don't want to happen for my future.

via "You are Made of Medicine: A Mental Health Peer Support Manual for Indigiqueer, Two-Spirit, LGBTQ+, and Gender Non-Conforming Indigenous Youth"
(Native Youth Sexual Health Network(

- Advocate for and promote anti-discriminatory, affirming policies that protect socio-politically marginalized QTBIPOC teens who use drugs and/or are in recovery
- Stay up-to-date with national and local policies/protections related to gender-affirming care to ensure youth/their families understand their rights
- **Be aware of how public discourse and changing legislation may create or exacerbate confusion and mistrust about healthcare services, systems, and providers**
- Support and empower young people and their families to take action by encouraging them to connect with culturally affirming peer communities for mutual support and to take part in local or national advocacy efforts. _Advocacy, especially in community, can be a core aspect of healing from collective and oppression-based trauma._

Practical Suggestions from "Gender-Affirming Care Is Trauma-Informed Care" National Traumatic Stress Network (Clark, 2022)
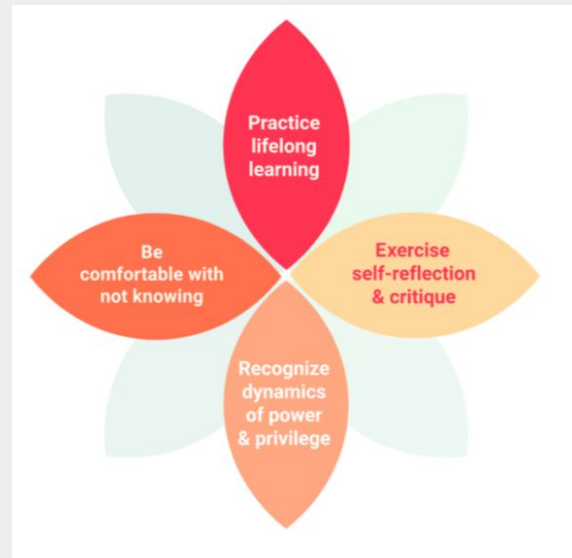
Rooting Into Change: *Cultural Humility in Practice*
(via Project READY: Reimagining Equity & Access for Diverse Youth)

Resource: *Culturally Connected CA*

Developing Cultural Self-Awareness
What is my culture, and how does it influence the ways I view and interact with others?
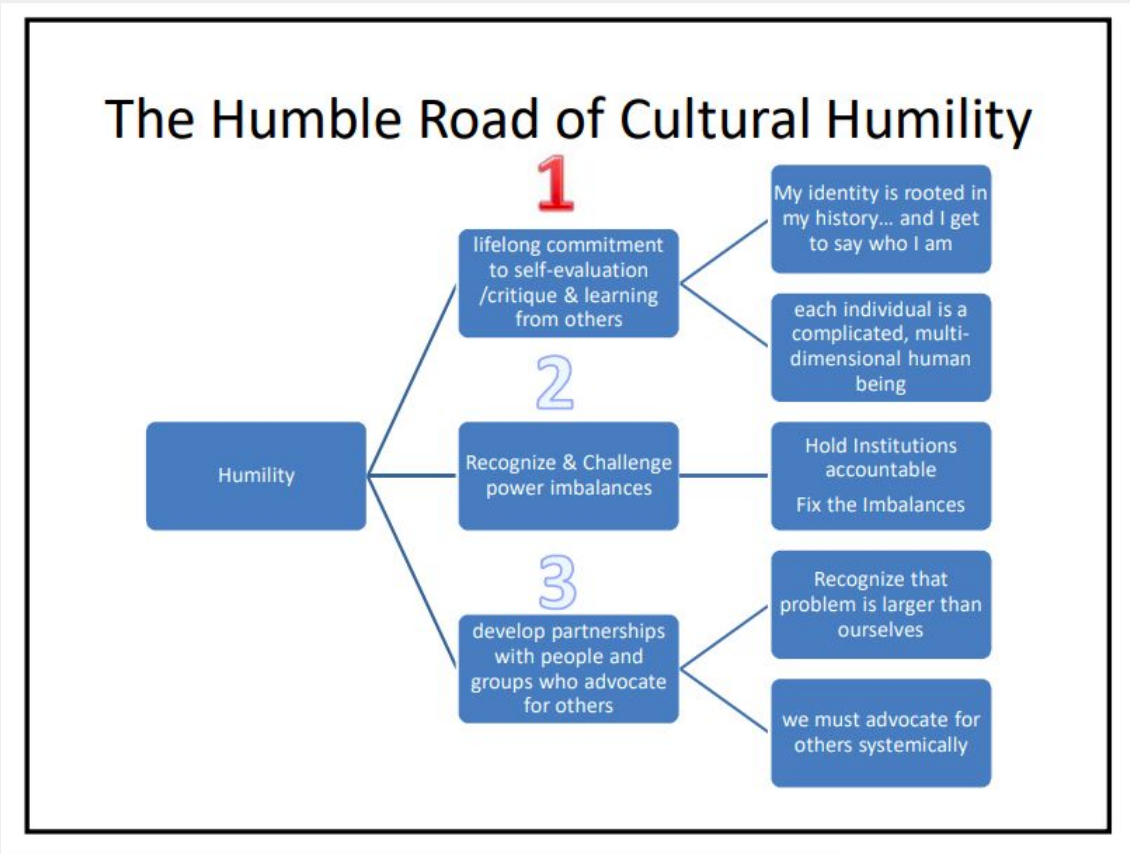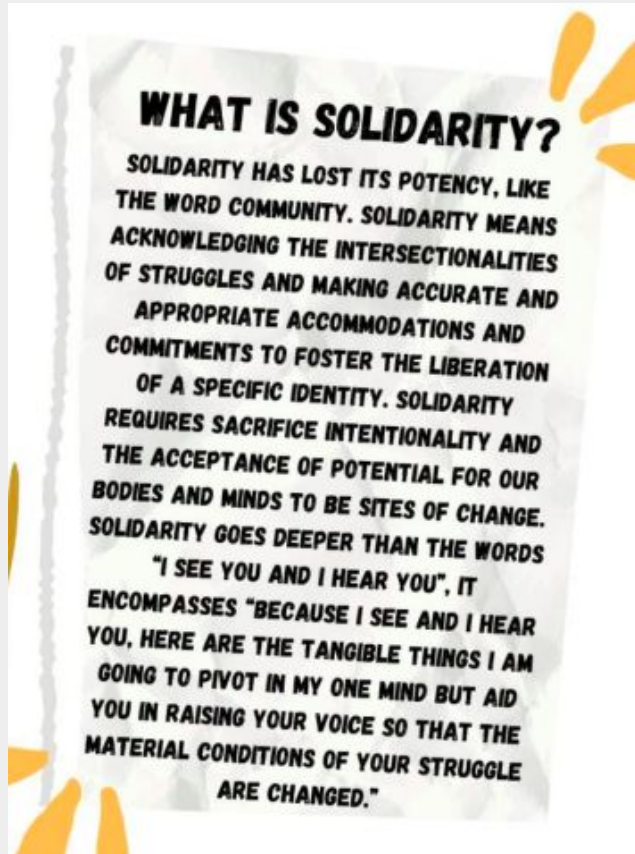**Holding Systems Accountable**
*How can I work on an institutional level to ensure that the systems I'm part of
move towards greater inclusion and equity?*
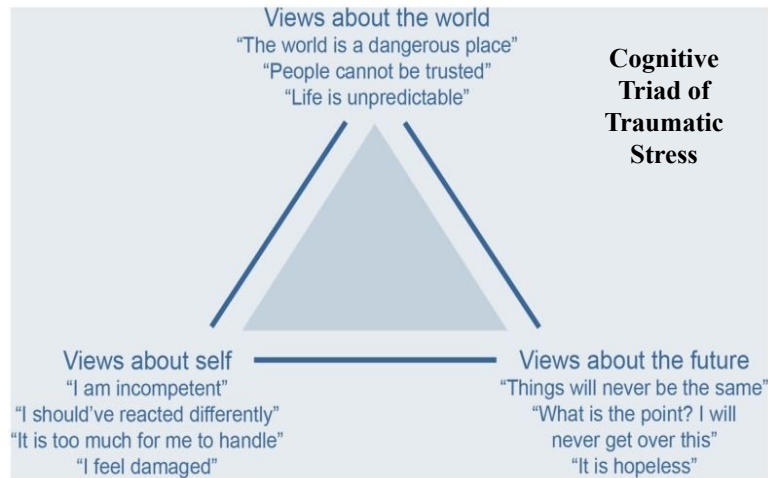**Understanding Power Imbalances**
*How can I use my understanding of my own and others' cultures
to identify and work to disrupt inequitable systems?*

Rooting Into Change: *Cultural Humility in Action*

WHAT IS SOLIDARITY?

SOLIDARITY HAS LOST ITS POTENCY, LIKE THE WORD COMMUNITY. SOLIDARITY MEANS ACKNOWLEDGING THE INTERSECTIONALITIES OF STRUGGLES AND MAKING ACCURATE AND APPROPRIATE ACCOMMODATIONS AND COMMITMENTS TO FOSTER THE LIBERATION OF A SPECIFIC IDENTITY. SOLIDARITY REQUIRES SACRIFICE INTENTIONALITY AND THE ACCEPTANCE OF POTENTIAL FOR OUR BODIES AND MINDS TO BE SITES OF CHANGE. SOLIDARITY GOES DEEPER THAN THE WORDS "I SEE YOU AND I HEAR YOU", IT ENCOMPASSES "BECAUSE I SEE AND I HEAR YOU, HERE ARE THE TANGIBLE THINGS I AM GOING TO PIVOT IN MY ONE MIND BUT AID YOU IN RAISING YOUR VOICE SO THAT THE MATERIAL CONDITIONS OF YOUR STRUGGLE ARE CHANGED."

The Humble Road of Cultural Humility

1

Humility →

lifelong commitment to self-evaluation /critique & learning from others
- My identity is rooted in my history... and I get to say who I am
- each individual is a complicated, multi-dimensional human being

2

Recognize & Challenge power imbalances
- Hold Institutions accountable
- Fix the Imbalances

3

develop partnerships with people and groups who advocate for others
- Recognize that problem is larger than ourselves
- we must advocate for others systemically

Culturally Responsive Organizations: *Mezzo Level*

Recognize your responsibility to actively ensure that your space accepts and affirms TGI youth, both as an organization and an individual provider. This includes reviewing your practices, policies, and paperwork for bias, ensuring all staff are trained, and being proactive and consistent when communicating with youth and families about trust, confidentiality, and clients' rights. (Clark, 2022).

Cognitive Triad of Traumatic Stress

Views about the world
"The world is a dangerous place"
"People cannot be trusted"
"Life is unpredictable"

Views about self
"I am incompetent"
"I should've reacted differently"
"It is too much for me to handle"
"I feel damaged"

Views about the future
"Things will never be the same"
"What is the point? I will never get over this"
"It is hopeless"

- Offering to match teens with SUD providers based on race/ethnicity, culture, language, gender/sexual identity (i.e. ask about preference for shared identity, client rights about provider fit)
- Providing SUD therapy and client education materials in clients' language
- Assuring interpreter services to clients receiving SUD treatment and care

- Offering telemedicine/telehealth options to avoid potential in-person discrimination in care settings
- Vetting more accessible TGNC-specific health-care resources, community services, referrals
- Understanding Native, QTBIPOC family structures (i.e. chosen/found family, kink/poly affirmative, non-monogamy/non-dominant relationship structures)
- Advocating for sliding scale or pro bono options to reduce financial burden of accessing care

Embodying Structurally Responsive Care: _Mezzo Level_

Yosso's Community Cultural Wealth model- defined as the accumulated <u>assets</u> and <u>resources</u> in the histories and lives of Communities of Color (Yosso, 2005).

  - *Affirm role as an advocates (SAMHSA) & empower young QT/BIPOC teens to be active participants in co-creating their SUD care experience through helping them build advocacy skills & tailoring the treatment experience*

- Never make assumptions about identity, behavior, attraction - *review paperwork/EHR limitations*
- Review policies/procedures for informed consent/confidentiality practices in a way teen understands limits, LOCs, and any personal boundaries
- Recruit/retain diverse staff without tokenizing: *"The staff here understands that I might want to talk to a person from my own racial or ethnic group [or same social location as me] about getting the help I want."*

Culturally Responsive Organizations: *Mezzo Level*

"a good experience in SUD treatment is a privilege..."
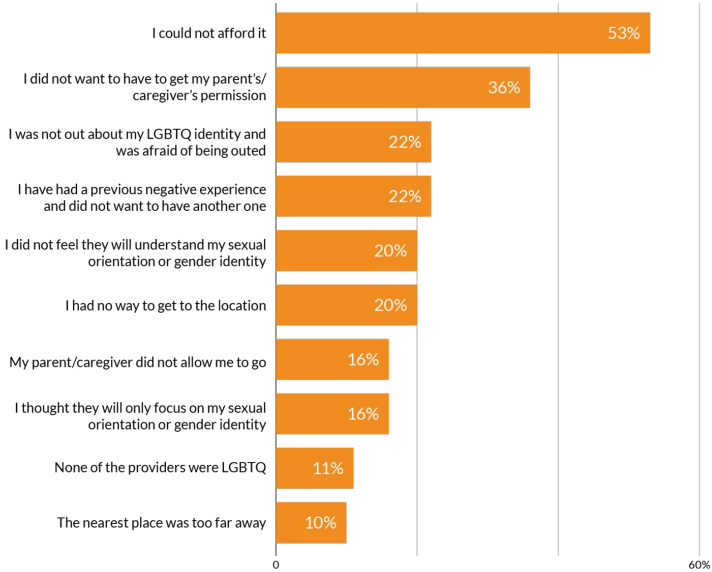
Embodying Structurally Responsive Care: *Mezzo Level*

How is cultural and structural competence related to SUD and opioid use disorder (OUD)?

- Culturally and linguistic diverse (CALD) populations are at higher risk for SUD and less likely to initiate and maintain treatment.[4] CALD patients with SUD may face the following barriers:
  - Social stigma from relatives and community,
  - Victim-blaming based on cultural stereotypes and biases,
  - Feelings of discomfort, disrespect, or prejudice from HCPs,
  - Miscommunication and/or distrusting relationship with provider, and
  - Lack of culturally and linguistically appropriate treatment.
- By creating an empathetic and non-judgmental space for patients and applying cultural and structural competence, providers can help patients feel more respected and valued, resulting in:
  - Greater sense of safety and security,[5]
  - Improved patient-provider communication,[5]
  - Increased therapeutic alliance or trust in provider,[5] and
  - Enhanced patient satisfaction and quality of care,[5]
- In turn, this promotes treatment engagement, maintenance, and improved outcomes for patients with SUD or OUD.[6]
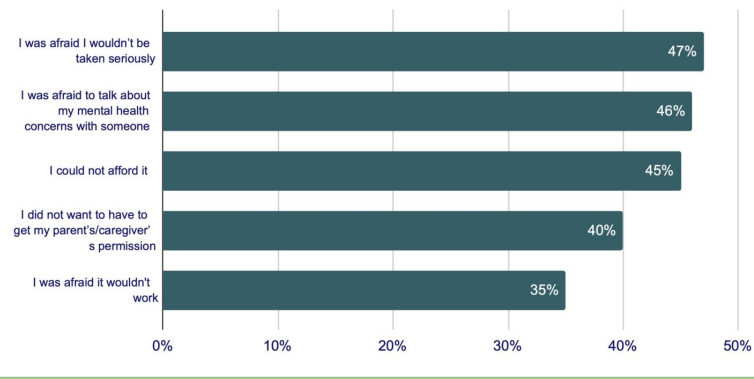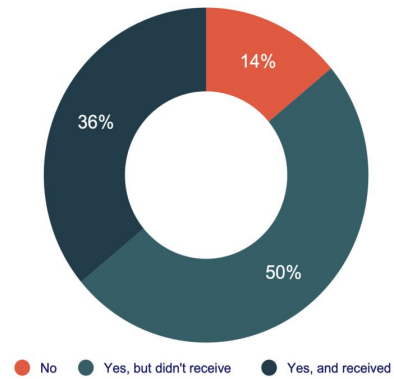
via SAMHSA Advancing Drug and Opioid Prevention and Treatment (ADOPT, 2014)

Expanding Access: *Treatment Landscape*

Barriers to Mental Health Care among LGBTQ Youth who Wanted it but Didn't Get It

- I could not afford it — 53%
- I did not want to have to get my parent's/caregiver's permission — 36%
- I was not out about my LGBTQ identity and was afraid of being outed — 22%
- I have had a previous negative experience and did not want to have another one — 22%
- I did not feel they will understand my sexual orientation or gender identity — 20%
- I had no way to get to the location — 20%
- My parent/caregiver did not allow me to go — 16%
- I thought they will only focus on my sexual orientation or gender identity — 16%
- None of the providers were LGBTQ — 11%
- The nearest place was too far away — 10%

Trevor Project, Breaking Barriers (Green, 2020)

Indigenous LGBTQ young people who wanted mental health care but were unable to get it cited the following top five reasons:

- I was afraid I wouldn't be taken seriously — 47%
- I was afraid to talk about my mental health concerns with someone — 46%
- I could not afford it — 45%
- I did not want to have to get my parent's/caregiver's permission — 40%
- I was afraid it wouldn't work — 35%

Desire for Mental Health Care Among Indigenous LGBTQ Young People

- No — 14%
- Yes, but didn't receive — 50%
- Yes, and received — 36%

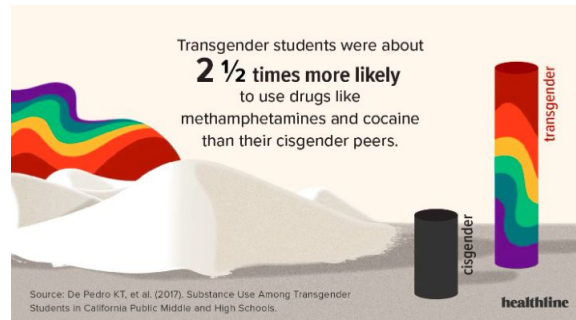**The Mental Health and Well-Being of Indigenous LGBTQ Young People (Trevor Project, 2023)**

Expanding Access: *Treatment Landscape*

Indigenous LGBTQ Young People Who Reported Being Threatened With or Subjected to Conversion Therapy
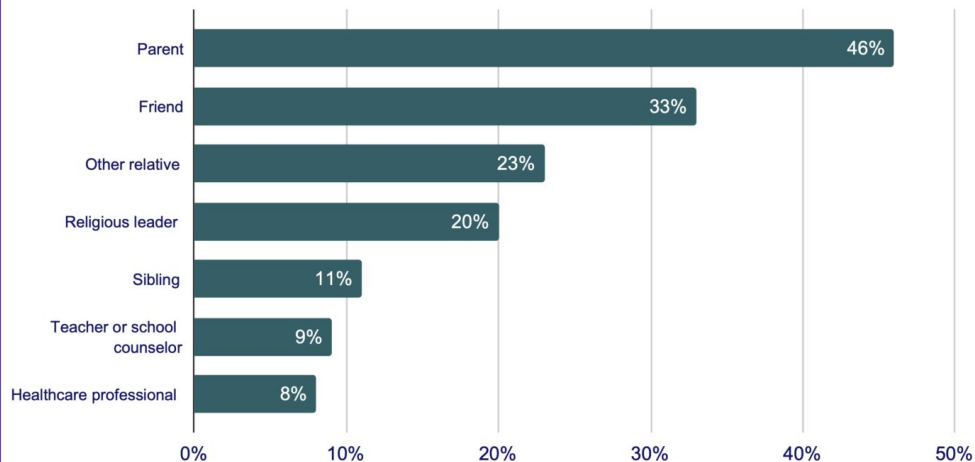
- 8%
- 15%
- 77%
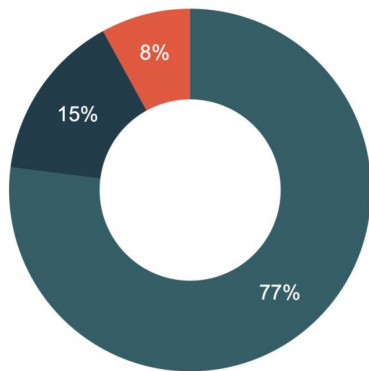
Legend:
- Not threatened with or subjected to conversion therapy
- Threatened with conversion therapy
- Subjected to conversion therapy

The Mental Health and Well-Being of
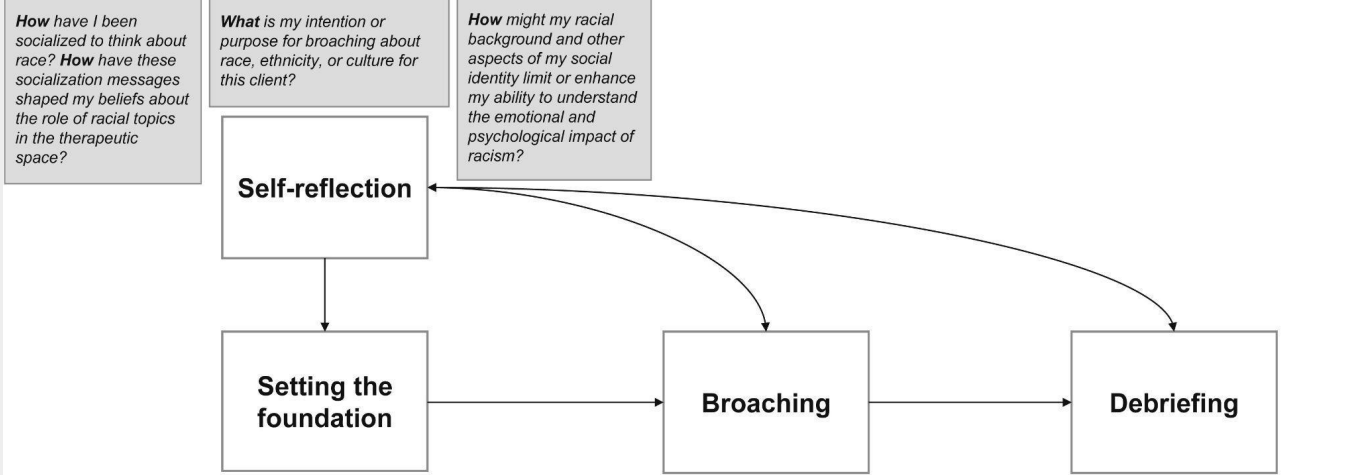*Indigenous LGBTQ Young People*
(Trevor Project, Dechantes, 2023)

Transgender students were about **2 ½ times more likely** to use drugs like methamphetamines and cocaine than their cisgender peers.

Source: De Pedro KT, et al. (2017). Substance Use Among Transgender Students in California Public Middle and High Schools.

healthline

cisgender / transgender

People Who Attempted to Convince Indigenous LGBTQ Young People to Change Their Sexual Orientation or Gender Identity

Category	Percentage
Parent	46%
Friend	33%
Other relative	23%
Religious leader	20%
Sibling	11%
Teacher or school counselor	9%
Healthcare professional	8%

Co-Creating Culturally Responsive Care: *Micro Level*

Combating the Conspiracy of Silence: Clinician Recommendations for Talking About Racism-Related Events With Youth of Color.
(Galán, 2022).

Accountability is a gift!

How have I been socialized to think about race? **How** have these socialization messages shaped my beliefs about the role of racial topics in the therapeutic space?

What is my intention or purpose for broaching about race, ethnicity, or culture for this client?

How might my racial background and other aspects of my social identity limit or enhance my ability to understand the emotional and psychological impact of racism?

Self-reflection

Setting the foundation → **Broaching** → **Debriefing**

Example statements and questions that can be used with clients

"I like to ask my clients about their cultural background, including their race and ethnicity, because these factors can shape how kids view themselves and the types of experiences they have."

"Coming to therapy can often make people feel a bit nervous, and those nerves might be even stronger if your therapist seems a lot different from you in terms of age, gender, race, or other characteristics. I'm wondering how you're feeling about working with me, knowing that we differ in some of these ways?"

"The trial for the former police officer who killed George Floyd is going on right now. I don't know if you've been following the news, but I just wanted to check in to see how you're feeling about it?"

"There's been a lot in the news recently about unmarked graves of Indigenous people being uncovered in Canada, which is affecting people in different ways. I'm wondering if you've been hearing about this and whether we can make space to talk in here about how it's impacting you?"

"Today I asked how you've been feeling about all the anti-Asian hate crimes that are being reported in the news. I know this can be a difficult topic to discuss, and I'm wondering what it was like for you to talk about this with me?

Potential missteps

Simply checking the box of asking about demographic identities rather than authentically exploring a client's culture and how that might influence their mental health concerns and experience in therapy.

Making assumptions based on stereotypes and committing microaggressions. For example, assuming a Latino/a/x client speaks Spanish or wasn't born in the United States.

Broaching without setting the foundation only when a highly publicized incident of racial violence has occurred (e.g., out of a sense of obligation). This can be compounded by failing to learn about the event and its historical context.

Assuming a client's reaction to an event based on race or asking close-ended questions. For example, asking your client: "You must feel so angry and traumatized as a person of color to hear about [event]. Have you been doing ok?"

Skipping the debriefing and/or treating broaching as a one-time intervention without any follow-up.

Making assumptions about the client's experience of the conversation (e.g., that it went well or that it was uncomfortable for them).

Co-Creating Culturally Responsive Care:
Micro Level

- ➤ **Offer transparency about your role, the SUD system of care, and processes**
- ➤ **Build strong therapeutic alliance:** *"Create space for youth to explore the fullness of their gender and other cultural identities without fear of judgment or harm. Recognize how intersecting marginalized identities can reduce access and amplify the impact of rejection and fear of consequences for accessing gender-affirming care." (Clark, 2022)*
  - ○ Offer psychoeducation relevant to the unique lived experiences of QT/BIPOC teens and offer culturally-specific caregiver/family support
  - ○ Tailor Brief Interventions based on client experience/feedback
    - ■ Integrate community-cultural strengths into psychoeducation for client and caregiver

Family Behaviors that Increase Your LGBTQ/Two Spirit (LGBTQ-2S) Child's Risk for Serious Health & Mental Health Problems

Research from the Family Acceptance Project© shows that more than 50 family rejecting behaviors contribute to serious health risks for lesbian, gay, bisexual, transgender, queer-identified/ Two Spirit (LGBTQ-2S) youth. These include depression, suicidal behavior, HIV and sexually transmitted diseases. Family rejection increases risk for homelessness and family breakup.

Most caregivers and families that engage in these behaviors do so out of care and concern — to help their LGBTQ-2S child to fit in, have a good life and to protect them from harm. Help families understand that these and other rejecting behaviors are harmful!

BEHAVIORS THAT HURT...

- Prevent your child from having an LGBTQ-2S friend
- Don't talk about your child's LGBTQ-2S identity
- Blame your child when others mistreat them because of their LGBTQ-2S identity/gender expression
- Try to change your child's LGBTQ-2S identity or gender expression
- Exclude your LGBTQ-2S child from family activities, ceremonies & cultural events
- Tell your LGBTQ-2S child that you're ashamed of them
- Pressure your child to be more (or less) masculine or feminine
- Don't let your child participate in LGBTQ-2S support groups or activities
- Tell your child that being LGBTQ-2S is "just a phase"
- Take your child to a therapist or clergy to try to change their LGBTQ-2S identity
- Don't use the name or pronoun that matches your child's gender identity
- Don't let your child talk about their LGBTQ-2S identity
- Let others speak badly about LGBTQ-2S/gender diverse people in front of your child
- Use religion to reject your child's sexual orientation, gender identity and expression
- Let others hit or physically hurt your child because they are LGBTQ-2S/gender diverse
- Tell your child that Creator will punish them because of their sexual orientation or gender identity
- Don't let your child wear clothes, hairstyles or regalia that express their gender identity
- Tell your child to "tone down" how they look, dress or behave
- Make your child pray or attend religious services to change or prevent their LGBTQ-2S identity
- Call your child negative names because they are LGBTQ-2S/gender diverse
- Make your child leave home because they are LGBTQ-2S

The more of these behaviors that parents and families do, the higher the risk for your LGBTQ-2S child

No or LOW Family Rejecting Behaviors

MORE or Moderate Levels of Family Rejecting Behaviors
- 3 x Depression
- 2 x Suicidal thoughts
- 2 x Suicide attempts
- 1.5 x Illegal drug use

HIGH Levels of Family Rejecting Behaviors
- 6 x Depression
- 5.5 x Suicidal thoughts
- 8 x Suicide attempts
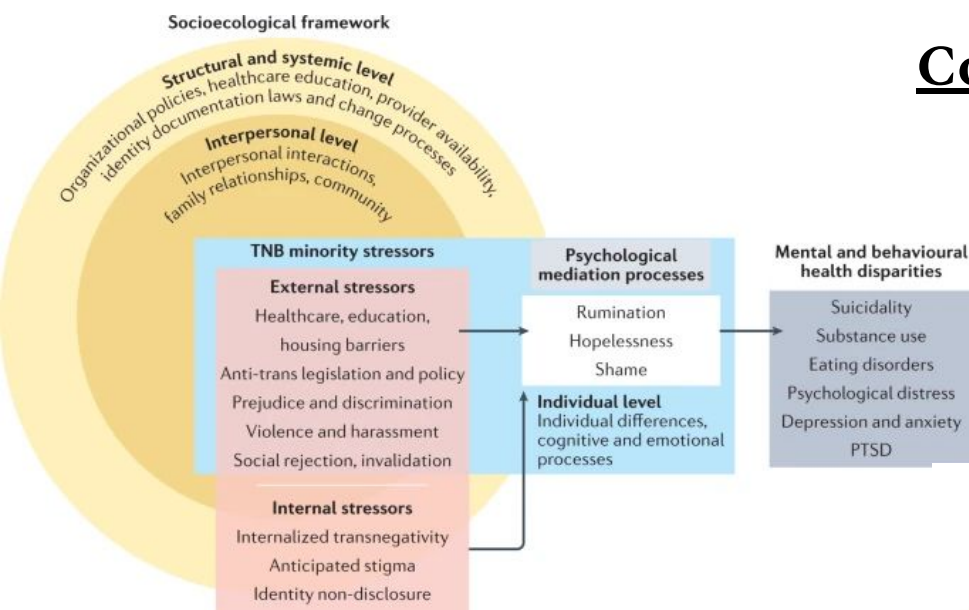- 3 x Illegal drug use
- 3 x HIV/STD risk

FAMILY BEHAVIOR THAT HELPS REDUCE HEALTH RISKS & INCREASE WELL-BEING:

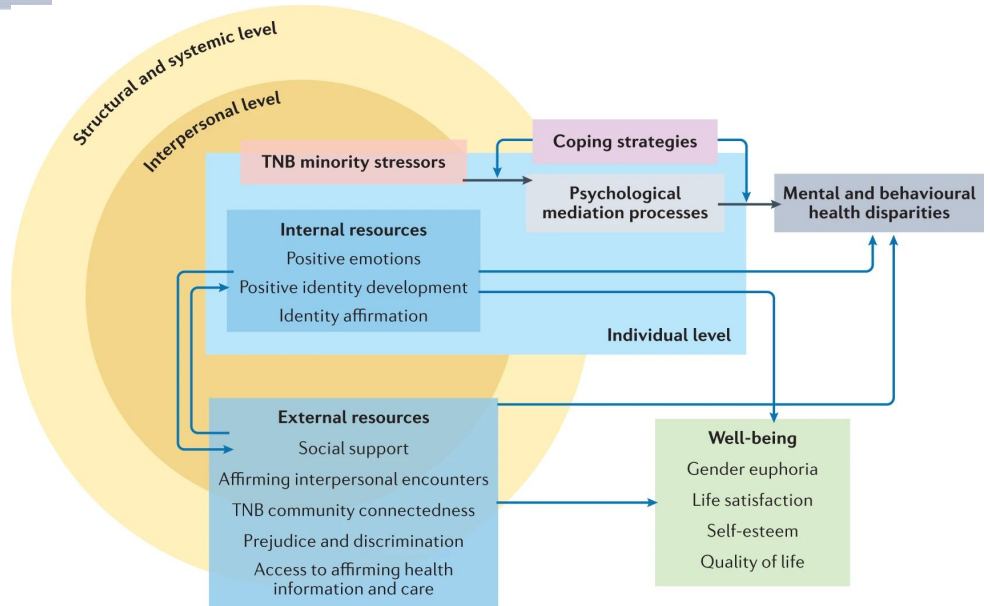# Use Your Child's Chosen Name & Pronouns That Match Their Gender Identity

www.lgbtqfamilyacceptance.org | FAMILY ACCEPTANCE PROJECT®

Family Acceptance Project (Ryan, 2021).

Co-Creating Culturally Responsive Care: *Micro Level*

Socioecological framework

Factors that drive mental health disparities and promote well-being in transgender and nonbinary people (Tebbe, 2022)

# Co-Creating Culturally Responsive Care: *Micro Level*

@kahyangni

WE CREATE POSSIBILITY out of limitation, LIBERATION out of violence and oppression, JOY out of our GRIEF

➢ **Buffering Harm, Oppression, and/or Marginalization:**
  ○ Select culturally responsive/linguistically appropriate screening tools
    ■ Be aware of aspects of internalized oppression, identity concealment, race based rejection sensitivity, etc. may impact SUD behaviors
    ■ Understand the impact of identity development factors, identity management factors, identity affirmation by others, socio-political context on SUD behaviors in adolescence
  ○ Utilize broaching skills (Galán, 2022)

Co-Creating Culturally Responsive Care: *Micro Level*

Our Ancestors
Gave us a Legacy

We are the seventh generation, and every generation before and after will hold this responsibility. We pray to the Creator for courage, strength, and the wisdom of our ancestors to keep clean our minds, bodies, and spirits. Sometimes we stumble and fall, for we are only humans; but we will get up again and again, never to surrender.

JOANNE DUNN, MI'KMAQ, FORMER DIRECTOR, NORTH AMERICAN INDIAN CENTER OF BOSTON

➢ **Utilize strengths-based, collaborative engagement strategies to build trust**
   ○ Explicitly offer opportunities for feedback **note: offering feedback takes emotional labor from your client but can strengthen the therapeutic alliance
   ○ Incorporate cultural factors in service planning and offer harm reduction approaches/alternatives
   ○ <u>Demystify</u> safety planning - focus on safety and prevention first, acknowledge treatment hierarchy
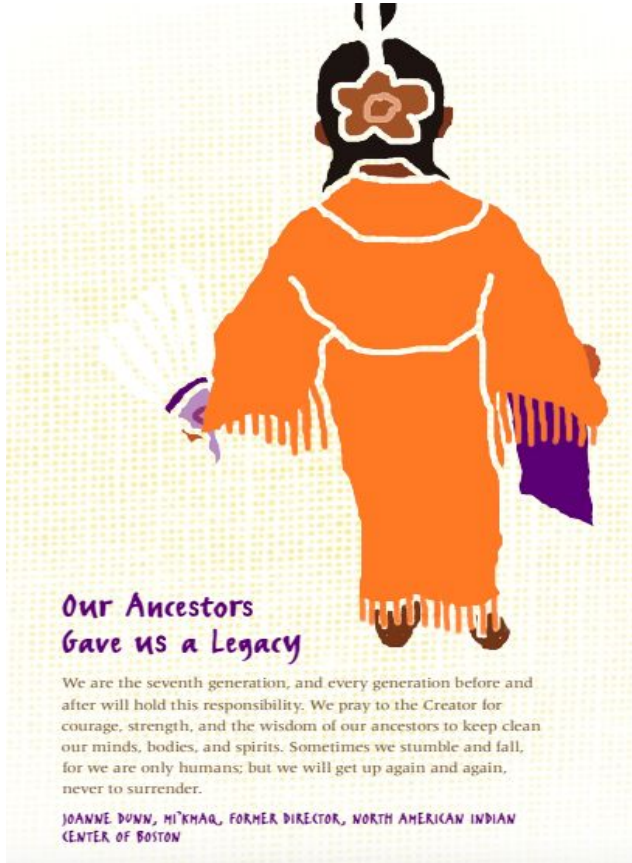
Improving Engagement: _Resisting Oppression_

Microinterventions, as defined by Derald Wing Sue (2019/2021), are the everyday anti-bias actions to counteract, challenge, diminish, or neutralize individual (microaggressions) and the institutional/societal (macroaggressions) expressions of prejudice, bigotry, and discriminations.

Microinterventions communicate to targets of microaggressions:
(a) validation of their experiential reality
(b) value as a person
(c) affirmation of their racial or group identity
(d) support and encouragement
(e) reassurance that they are not alone

With all the murderous macroaggressions that have pervaded the last few months, it feels literally and figuratively trivial to focus on the micro. But this column is called Small Works. And we can see that microaggressions are not just symptoms of racism but a profound part of a systemic problem. The little things, when chalked up over a lifetime, amount to oppression on a grand scale.

via Small Works
by Sarah Lazarovic
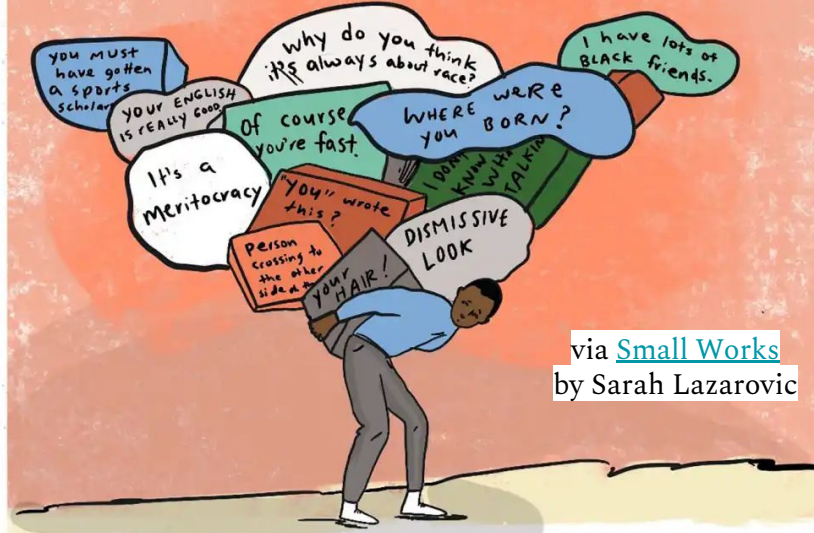
Types of Microinterventions

Microinterventions

Everyday anti-bias actions taken by targets, parents, significant others, allies, and well-intentioned bystanders to counteract, challenge, diminish, or neutralize individual (microaggressions) and the institutional/societal (macroaggressions) expressions of prejudice, bigotry, and discrimination.

Microaffirmations

Small acts that validate and affirm a person's humanity, racial/cultural identity, experiential reality, and worth or value. They make a person feel welcomed, seen, heard, respected, valued, supported, and affirmed.

- **Microcompliments**
- **Microsupports**
- **Microvalidations**

Microprotections

Everyday actions from parents or influential figures that (a) teach the young to understand the reality of racism, (b) send messages or engage in actions that promote ethnic pride, and (c) equip them with the tools to deal with bias and discrimination.

- **Develop racial literacy/critical consciousness**
- **Promote ethnic pride**
- **Prepare for racism**

Microchallenges

Direct action that challenges and attempts to disarm, end, neutralize, or deflect the biased behavior or policy. They are much more forceful and confrontational forms to combat discrimination and bias.

- **Challenge and confront biased perpetrator behavior**
- **Challenge and confront biases, policies and practices**
- **Engage in social advocacy**
- **Engage in civil disobedience**

WILEY

Intersectional Solidarity: *Building Collective Power*

Individual Level:

In daring to be political, I see and understand my own role in upholding systems of intersectional oppression that create health inequities. I honor my lived/living experience.

Microsystem Level:

I question dominant, colonial approaches to care work and learn from the expertise of, and work in solidarity with, the most socio-politically marginalized QT/BIPOC populations to help me address health inequities.

Mesosystem Level:

I de-pathologize resistance. "Resistance is therapeutic." This includes working to help build insight and mobilize action among people in positions of privilege.

Exosystem Level:

I help mobilize in collective action under the leadership of QT/BIPOC folks to dismantle systems of inequality.

Macrosystem Level:

I am actively involved in cross movement solidarity, grassroots local advocacy, and/or mutual aid efforts for QTBIPOC folks. I uplift the joy, resilience, and healing of the QTBIPOC community.

Becoming <u>affirming care providers</u> is only the first step...

➤ Let's deepen our commitment to becoming ***<u>knowledgeable providers</u>*** of anti-racist & anti-oppressive care

➤ Let's work towards becoming ***<u>useful providers</u>*** for the community members we walk alongside and co-create care with

➤ Let's aim for becoming ***<u>advocate providers</u>*** that LGBTQIA2S+ and BIPOC folks can trust to support not only their survival/safety but also their nourishment and the livelihood of all QTBIPOC communities
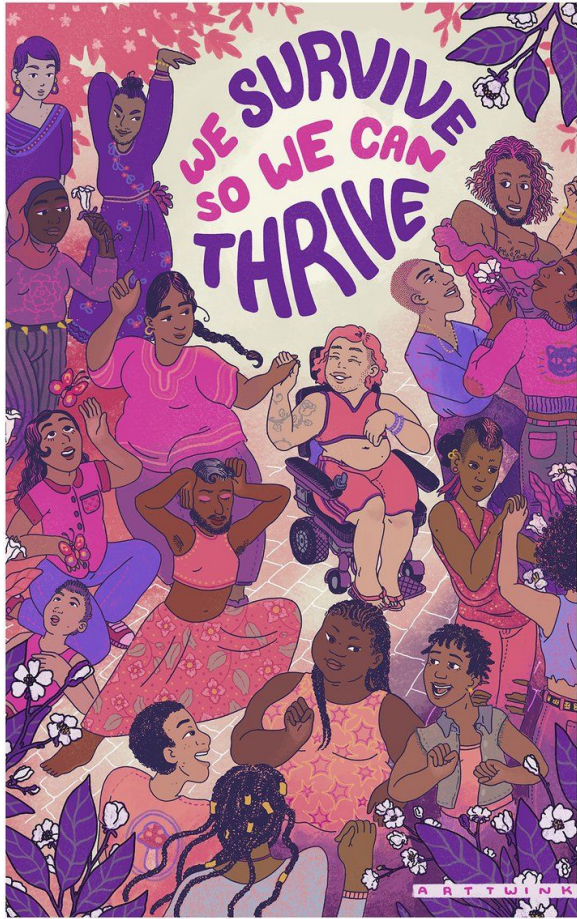
Shinjini Bakshi, CSWA, CADC-R

Sankofa Counseling

[culturally-specific counseling practice committed to serving Black, Brown, Trans+/Gender Expansive and 2SLGBQIA+ individuals and families].

sbakshi@sankofacounseling.org

Sharing Wisdom: *Identify-Specific Resources*

If you have come to help me you are wasting your time. But if you have come because your liberation is bound up with mine, then let us work together. — ABORIGINAL ACTIVIST'S GROUP QUEENSLAND, 1970s.

- ➢ Text Q to **988** or press 3 when calling to reach a specialized LGBTQI+ affirming counselor
- ➢ **Lines for Life** - Racial Equity Support Line www.linesforlife.org/equity
- ➢ **Trans Lifeline** - no non-consensual active rescue translifeline.org
- ➢ **Never Use Alone** - peer-based overdose prevention, detection, crisis response - neverusealone.com
- ➢ **Fireside Project** - Harm Reduction Identity Based Integration Support firesideproject.org
- ➢ **Q Center** - OR County Directory pdxqcenter.org/findresources
- ➢ **SMYRC/NAFY** newavenues.org/rose-addiction-recovery
- ➢ **Charlie Health** - Virtual IOP (ages 11-33) charliehealth.com
- ➢ **Open Path Collective** - sliding scale counseling openpathcollective.org
- ➢ **Black & Beyond the Binary Collective** blackbeyondthebinarycollective.org
- ➢ **National Queer & Trans Therapists of Color Network** nqttcn.com/en
- ➢ **Harm Reduction Therapist Directory** therapyden.com/specialties/harm-reduction-therapy
- ➢ **Substance Abuse in the LGBTQ+ Community**: Causes, Challenges and Resources: drugrehab.com/guides/lgbtq
- ➢ **Drug & Alcohol Addiction Services for the LGBTQ Community in Oregon**: addicted.org/drug-alcohol-addiction-lgbtq-community-oregon.html
- ➢ **Narcan Quick Start Guide** narcan.com
- ➢ **Grief Recovery After a Substance Use Passing** grasphelp.org
- ➢ **Google Recovery Resource** ecovertogether.withgoogle.com
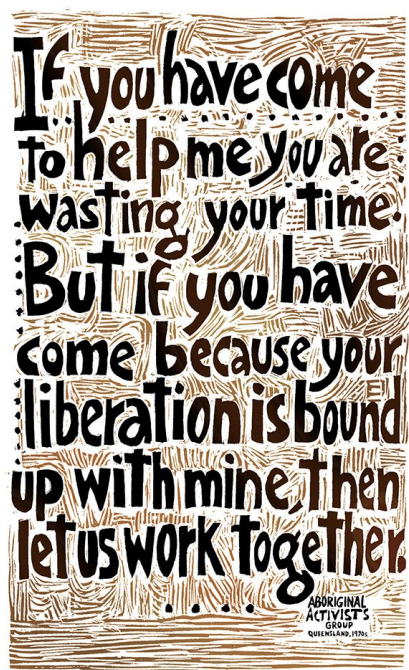
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- *"You are Made of Medicine: A Mental Health Peer Support Manual for Indigiqueer, Two-Spirit, LGBTQ+, and Gender Non-Conforming Indigenous Youth" (Native Youth Sexual Health Network* https://www.nativeyouthsexualhealth.com/peersupportmanual
- Project READY: Reimagining Equity & Access for Diverse Youth https://ready.web.unc.edu/
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