

NALGAP

The Association of Lesbian, Gay, Bisexual, Transgender Addiction Professionals and Their Allies

nalgap.org

Native Pride Month

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The Native community is often invisible and overlooked in our society. Likewise, Natives who identify as LGBTQ+/Two Spirit often may be further marginalized in the general as well as in the gay community. This may be a result of Native LGBTQ+/Two Spirit individuals moving out of their tribal communities and into metropolitan areas to be more accepted, less invisible, and less marginalized, but they may encounter more racism in urban settings than they do in tribal communities

It has not always been this way. Native LGBTQ+/Two Spirit community members were held in high regard before settlers invaded the American continent and imposed the Euro-American way of thinking about the gay community. Native LGBTQ+/Two Spirit community members held important roles before 1620 as medicine people, as teachers overseeing and officiating in special ceremonies, and often were regarded as sacred.

The Native Center for Behavioral Health wanted to put faces to important members of the Native LGBTQ+/Two Spirit community by creating special banners on all our webpages to celebrate Pride Month. In the first week of June, we published a fact sheet about the origins of the term "Two Spirit" and included some history about how Two Spirit people were regarded prior to colonization. There are more than 100 Indigenous words that refer to Two Spirit people. However, not every tribe uses the term, so the general reference is Native LGBTQ+/Two Spirit.

During the remainder of June, we published flyers on three prominent Native LGBTQ+/Two Spirit people:

continued on side 2

Changing the Cultural Landscape of Substance Use Treatment

Raven Badger, PhD

There is a strong belief amongst substance use counselors that their clients are ONLY in treatment to learn how to stop using. Attempts to integrate "special needs" groups are often met administratively and clinically with resistance, backed by claims that "the client is just using their sexual orientation as an excuse to isolate themselves from recovery efforts within a generic group setting." This mentality misses the issue of cultural isolation, due to clients "keeping secrets" for fear of being ostracized, ridiculed, shamed and/or not being supported in therapy if they choose to "come out" to their generic groups; or even worse, the negative feedback is supported or encouraged by the counselor. There are many parallels between oppression and addiction representing, in part, the experience of being LGBTQ+ in our society.

By not recognizing and understanding these similarities and knowing how to integrate positive/supportive experiences and opportunities into the treatment process an agency sets these clients up for potential relapse, failure and continued shame – the opposite goals of a recovery program. For the LGBTQ+ person, coming out to a predominantly heterosexual group can be threatening, if not downright frightening. In many cases, staff and other group members have verbally attacked and put-down LGBTQ+ persons with the support of the counselor, or no role-modeling of such behavior as inappropriate. This type of experience often exacerbates and mimics past experiences LGBTQ+ people have had over the course of their lives and contribute to their sense of internalized shame. Staff often do not have the knowledge or the tools to support and protect their clients, and by ignoring it, become part of the problem.

continued on side 2

Presidents Message

Philip T. McCabe, CSW, CAS, CDVC, DRCC

To our long-time members and supporters, I wish to extend a heartfelt greeting and thank you. If you are learning about NALGAP for the first time I wish to say welcome.

NALGAP began in 1979, when co-founders Dana Finnegan and Emily McNally "came out" to faculty and fellow students at the Rutgers' Summer School of Alcohol Studies. Along with 13 other gay men and lesbians, who all decided they needed to work collectively and keep in touch with each other, they formed (and incorporated) The National Association of Gay Alcoholism Professionals. And so, it began. Over the years, our name has evolved and today we are known as NALGAP: The Association of Lesbian, Gay, Bisexual, Transgender Addiction Professionals and Their Allies. Historically and culturally it is significant that our name was changed to reflect the diversity of our communities.

We are currently experiencing very tumultuous times. A pandemic, the climate emergency, the struggle between democracy and



authoritarianism, humanitarian crises, mass migration, and transnational terrorism affects all of us. Here in the US we have witnessed the reversal of a U.S. Supreme Court constitutional right, upheld for nearly a half century, that now no longer exists. Since July of this year, state lawmakers across the United States have introduced at least 162 bills targeting LGBTQ Americans.

My intention here is to remind others of the importance of our organization. NALGAP has advocated for over four decades

continued on side 2

... Native Pride Month continued.

- We'wha, a Lhamana, or Zuni Two Spirit person, who occupied both male and female roles within their tribe. They served as cultural ambassador and spiritual leader and were the first of the Zuni to sell their pottery and textiles.
- Ilona Verley, a Nlaka'pamux drag queen who made history by bringing Indigenous and Two Spirit representation to the TV show Canada's Drag Race. In the final episode of her season, Ilona used the platform to bring attention to the issue of murdered and missing Indigenous women.
- Susan Allen, JD, the first American Indian woman to serve in the Minnesota state legislature and the first openly lesbian American Indian woman to win election to any state legislature.

[Download all four Pride Month flyers here.](https://attcnetwork.org/sites/default/files/2022-06/NCBH%20Pride%20Month%20flyers.pdf)

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Finally, we published a resource flyer dealing with bullying of Native LGBTQ+/Two Spirit youth. Two in 5 Native LGBTQ+/Two Spirit students experience both homophobic and racial harassment in school. Almost two-thirds of Native LGBTQ+/Two Spirit students reported feeling unsafe at school because of their sexual orientation, and nearly 1 in 5 felt unsafe at school because of their race or ethnicity.

Our resource flyer includes information on how educators and other school staff can help create a safer learning environment for Native LGBTQ+/Two Spirit students.

[Download the resource flyer here.](https://mhtcnetwork.org/sites/default/files/2022-06/LGBTQ%2B%20and%20Two%20Spirit%20Native%20Youth%20Bullying_0.pdf)

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We are not so naïve as to think that merely creating these resources will change minds or attitudes regarding Native LGBTQ+/Two Spirit people. Rather, our objective is to celebrate the talents, gifts, and perspectives that Native LGBTQ+/Two Spirit people bring to the world and to reinforce their strengths and abilities. For those of us hoping to demonstrate our allyship with this community, such celebrations are a crucial part of answering the challenges this population faces.

Dr. Anne Helene Skinstad NALGAP Board Member, clinical professor in the Dept. of Community & Behavioral Health, College of Public Health, University of Iowa and also the Project Director of the National American Indian & Alaska Native Addiction, Mental Health and Prevention Technology Transfer Centers.

... Changing the Cultural Landscape continued.

LGBTQ+ concerns in behavioral health

Identified stressors for LGBTQ+ individuals in substance use treatment include homophobia, heterosexism, minority stress,

cultural learning, and internalized homophobia. Resulting consequences include victimization, internalized feelings of hatred for oneself (internalized homophobia), shame, negative self-concept, self-blame and anger which often result in destructive behaviors such as using substances.

Being LGBTQ+ carries social stigma. This stigmatization leads to many at-risk situations for this population, including homelessness, suicide, sexual/physical/verbal abuse and chemical dependency. Stress caused by this stigma has been offered as an explanation of why some LGBTQ+ persons use and abuse drugs and alcohol, referred to as "minority stress," which is the result of being a sexual minority in a predominately anti-gay society. Minority stress can predispose some LGBTQ+ individuals to use substances as a method for coping with societal discrimination and disapproval.

Psychologically speaking, when a person experiences emotional tolls that manifests as the use of substances; depression, participation in high-risk behaviors, and suicide can result. For the stigmatized aspects of identity that a person cannot hide (i.e. race, ethnicity), the toll is equal or greater. Multiple stigmas typically exacerbate an already difficult existence. Having one or more social stigmas can be a daily onslaught of potential negative consequences, so having support, a positive self-image and healthy outlook are critical for sexual health and recovery.

Future Directions

Because each client brings his or her own unique history and background into treatment, furthering the understanding of individuals different from ourselves helps ensure that clients are treated with respect, while improving the likelihood of effective substance use treatment outcomes. We need to provide actual support for treatment needs, realizing that provider attitudes and subsequent behaviors can re-traumatize LGBTQ+ clients who have previously experienced trauma around their sexual and gender orientation. Staff need training and support in order to facilitate this process. Client treatment groups or support groups will give LGBTQ+ clients a safe place to discuss their sexuality issues.

Treatment centers are in a unique position to provide such powerful support for psychic healing. By providing appropriate support and referrals, behavioral health entities can improve the quality of their LGBTQ+ clients mental and emotional well-being and aid in the recovery process of such individuals. A behavioral health treatment provider who is knowledgeable about the unique needs of LGBTQ+ clients can enhance treatment. A provider who understands and is sensitive to the sexual and gender identity issues, homophobia, and heterosexism can help LGBTQ+ clients feel comfortable and safe while they confront their substance use and start their journey of recovery. Supporting the needs of LGBTQ+ persons in treatment will assist them in developing (perhaps for the first time) a positive self-concept of themselves and as a legitimate part of society.

Dr. Raven Badger, PhD. NALGAP Board Member, sexologist, author and current faculty at Tulane University in Public Health.

... President's Message continued.

to protect the interests of those in our communities who are struggling with addiction disorders issues. And now more than ever it is important we continue our endeavors.

Two of the NALGAP Board members have contributed the articles here that address the need for culturally competent care. From a generational history of oppression experienced by NLGBTQ+/Two Spirited Individuals to the future direction of providing trauma informed and LGBTQ+ affirmative services.

We all realize there are challenging times ahead of us. I believe it is imperative that we continue our important work. Together we can continue to make a difference, especially for those individuals who struggle with substance use and other behavioral health issues, coupled with sexual orientation and gender identity/expression issues. We want to break down that isolating feeling of being alone or "I'm the only one," and recognize the need to continue to offer the most comprehensive LGBTQ+ affirmative services available today. NALGAP is here to assure that individuals entering our profession are prepared to provide culturally appropriate, trauma



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informed care that is LGBTQIA+ affirmative. NALGAP will continue to offer education, training, resources, and support necessary for the challenges we will face professionally and personally in the times to come.

We need your help, please join us as a member, make a donation, offer your support, share our resources with colleagues, or tell us your ideas. Also, please consider joining the NALGAP board. The road ahead is going to be difficult, together we can do so much. To borrow from a song lyric "I know where I'm going, cause I know where I've been"

Phil McCabe CSW, CAS, DRCC. NALGAP President, Health Educator Rutgers University.