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# Training providers: Working with lesbian clients.

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# Training Providers

By Laurie Drabble

*Editor's note: This article is based on information presented by Laurie Drabble in her poster session at SAMHSA's 2nd National Conference on Women. Drabble is a consultant based in northern California. She is the former executive director of the California Women's Commission on Alcohol and Drug Abuse. She can be reached by e-mail at LADrabble@aol.com*

Sensitivity training is a critical component for ensuring quality treatment and prevention services for Lesbian, Gay, Bisexual, and Transgender People

A lesbian enters a treatment program and is told that she is welcome but that she should keep her sexuality to herself and avoid mentioning her partner to other program participants. Another young lesbian at risk for alcohol and drug problems doesn't feel safe or welcome to participate in a local mentoring program for girls because she is fearful of being rejected from the program staff or potential mentor. At the same time, she is forced by her family to seek counseling to "fix the problem" of her attraction to other girls.

Such obstacles do much more harm than good in helping lesbians at risk for substance abuse. CSAP's *Prevention Primer* (1994) expresses the problem well: "Efforts that are not affirming of gay, lesbian, and bisexual persons are not only nonproductive, they may increase problems."

A poster session presentation at the recent SAMHSA 2nd National Conference on Women underscored the importance of integrating sexual orientation into overall efforts to address the needs of diverse

populations of women and girls in prevention, treatment, and health settings. The presentation focused on resources for advancing services to lesbians by training providers.

Specifically, the session provided an overview of a training curriculum that is used by Progressive Research and Training for Action (PRTA) for enhancing

substance abuse prevention and treatment services to lesbian, gay, bisexual, and

transgender (LGBT) communities throughout California. The session also highlighted other resource documents and training materials for enhancing access to health and substance abuse services for lesbians.



## Alcohol and Drug Problems

Recent studies suggest that lesbians drink more, and more often, than heterosexual women, but the increase is at moderate, not heavy, levels of drinking. These studies also suggest that there is

less of a "gap" in drinking behaviors between lesbians and gay men than is apparent between women and men in the heterosexual population.

Use of tobacco and other illicit drugs (particularly for marijuana and cocaine) appears to be higher among lesbian than heterosexual women. For example, Elisabeth Gruskin, a researcher at Kaiser Permanente Medical Center in Oakland, CA, examined data from a survey of Kaiser members and found that younger lesbians and bisexuals were more likely to drink alcohol and smoke than their heterosexual counterparts. She points out that these behaviors represent important health risks for lesbians.

Future research is needed to examine theories posited by researchers and practitioners to explain higher reports of alcohol-related problems and higher overall consumption of alcohol and other drugs among lesbians, gay men, and bisexuals. Internalized homophobia, stresses related to the coming out process, and external homophobia (including lack of awareness on behalf of treatment agencies) have all been cited as possible contributors to alcohol problems.

Researchers T.L. Hughes and Sharon Wilsnack suggest that lesbians might be disproportionately affected by certain risk factors that correlate to alcohol consumption among women in general (*Journal of Orthopsychiatry*, 1997). These include problems related to underemployment, job discrimination, stresses related to multiple roles and family conflict, tendencies to engage in drinking behaviors that parallel significant others, and

reduction of factors thought to protect heterosexual women (for example, traditional roles and childbearing).

Explanations of substance abuse and other problems among lesbian and gay youth vary, as do explanations of problems in adults. For example, one study found that many lesbian and gay youth have experienced verbal and physical abuse from family members and peers (*Journal of Consulting and Clinical Psychology*, Vol. 62, No. 2, 1994). Other studies have found that lesbian, gay, and bisexual youth are often neglected by schools; social service or health agencies serving high-risk youth; and by lesbian, gay, bisexual, and transgender (LGBT) civil rights and service organizations.

### Sensitivity Training

"Training is one critical component of an overall strategy for ensuring quality services for lesbians," says Brenda Underhill, author of *Creating Visibility: Providing Lesbian-Sensitive and Lesbian-Specific Alcoholism Recovery Services*. "Training increases the sensitivity and skills of individual providers and can open the door to organizational changes that can create a more welcoming environment."

Some of the organizational and systems strategies for which Underhill advocates include hiring openly lesbian staff, institutionalizing training on sexuality and diversity issues, and creating or confirming agency policies regarding freedom from discrimination or harassment based on sexual orientation, gender, and cultural background. She also suggests a review of all operational procedures such as initial phone contact, service activities and communications materials to ensure that "heterosexual bias" (an assumption

that participants are heterosexual) have been eliminated.

Nancy Ferreyra, director of Progressive Research and Training for Action (PRTA) in Oakland, CA, says that "people who have participated in our trainings report being better prepared to work with



lesbian, gay, bisexual, and transgender clients and better prepared to link with existing resources." She points to the importance of these issues by citing results of a survey of 397 training recipients.

The survey included an open-ended question inviting respondents to identify the three top unmet needs in their community. The two top issues identified were the need for increased LGBT-specific alcohol and drug services and a need for increased professional awareness and training.

Key components of the training to enhance services for LGBT communities address issues of sexuality, substance abuse in LGBT communities, counseling skills, organizational issues, and ways to access resources. Participants are given an opportunity to gain information, learn new skills, ask questions, and examine their own assumptions and practice through presentations, experiential exer-

cises, and facilitated discussion.

PRTA also provides specialized technical assistance and training, including in-service trainings for women's treatment organizations on creating lesbian-sensitive services. Recently, PRTA has begun providing training and assistance to LGBT organizations interested in developing specialized prevention initiatives in their local communities, including environmental prevention of alcohol problems and alternative activities for LGBT youth.

Resources available from PRTA include:

- *Opportunity and Visibility: Providing Culturally Competent Treatment, Prevention and Recovery Services for Lesbian, Gay, Bisexual, and Transgender People*. (This is a curriculum for a 1-day training developed under contract with the California Department of Alcohol and Drug Programs.)
- *Creating Visibility: Providing Lesbian-Sensitive and Lesbian-Specific Alcoholism Recovery Services*. (This is a training curriculum project of the Alcoholism Center for Women, Los Angeles, CA by Brenda L. Underhill, MS, CAC.)
- *Ethical Funding for Lesbian, Gay, Bisexual, Transgender and HIV/AIDS Community-Based Organizations: Practical Guidelines When Considering Alcohol, Tobacco, and Pharmaceutical funding*. (This prevention resource was developed by Laurie Drabble, MSW, MPH.)
- *LGBT Substance Abuse Resource List*.

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