BEST PRACTICE: ESSENTIAL HISTORICAL AND CLINICAL KNOWLEDGE FOR COUNSELING PCLIENTS FROM THE LGBTQ+ AND HIV COMMUNITY.

Objectives:

- Attendees will be able to identify at least three cultural factors common to LGBTQ+ clients, articulate 4 interventions useful in counseling HIV+ clients, and identify three interventions/methods counter indicated in working with this client population. This presentation details LGBT and HIV treatment history, sociocultural concerns and counseling interventions.

Terminology

- HIV/AIDS, MSM, HRH, IDU, HIV Care Continuum
- LGBTQIA (Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, Asexual), Ally, Cisgender, Trans Man/Trans Woman,
- Gender Fluid, Non-Binary, Queer,Assigned Gender/Identified Gender, T, Viral Load, T-Cells, Truvada/PrEP/PEP,
- Kinsey 0-6, Bear, Leather, Playroom, Top (Insertive)/Bottom (Receptive), Glory Hole, Play, ParTy,
- Open and Affirming, Safe Zone, Ally, Conversion Therapy
- The Apps: Grindr, Adam4Adam, Scruff, BarebackRT, PRIDE

LGBTQ+/HIV HISTORY

LGBTQ+/HIV Timeline

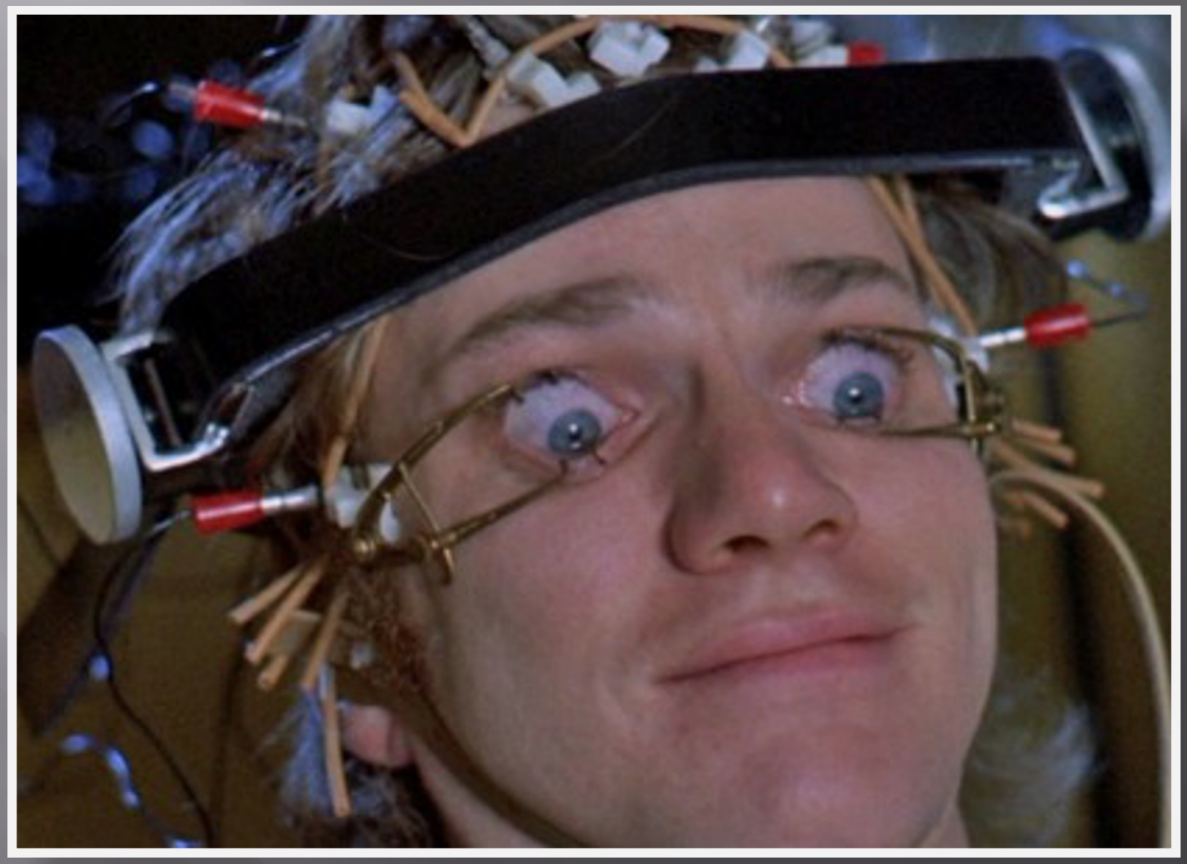
- 1930-Lili Elbe, First gender reassignment surgery
- 1951-Christine Jorgensen, widely known Trans Woman has GRS
- 1969-Stonewall
- 1973-Homosexuality Removed from the DSM
- 1978-Harvey Milk is assassinated
- 1987-Aids Coalition To Unleash Power was formed by Larry Kramer and others to advocate for action on the part of government and drug companies to recognize and fight the HIV/AIDS pandemic
- 1990-ADA passed
- 1990-Ryan White Fund created
- 1997-Ellen Degeneres came out
- 2003-Lawrence vs. Texas eradicated remaining 14 states' sodomy laws
- 2013-DSM V changes Gender Identity Disorder to Gender Dysphoria
- 2015-Obergefel vs. Hodges-Marriage Equality

Stonewall Riots

Stonewall's Significance

- Brought National Attention to the cause of LGBT rights when gatherings of homosexuals had been previously illegal
- The Stonewall Inn was known to be mafia owned and was controversial
- The Stonewall Riot is sometimes seen to be "white washed" because it is often remembered now as involving white, cis, gay men but in reality, many of the participants were Trans people of color, cross dressers, and/or sex workers
- Started as a police raid (which were common in gay bars) and the crowd began to fight back and throw things at the paddy wagon and responded by throwing bricks and trying to set fire to the front of the bar while police were still inside
- Stonewall set the Stage for LGBT Pride parades in numerous cities
- Video clip

Conversion Therapy

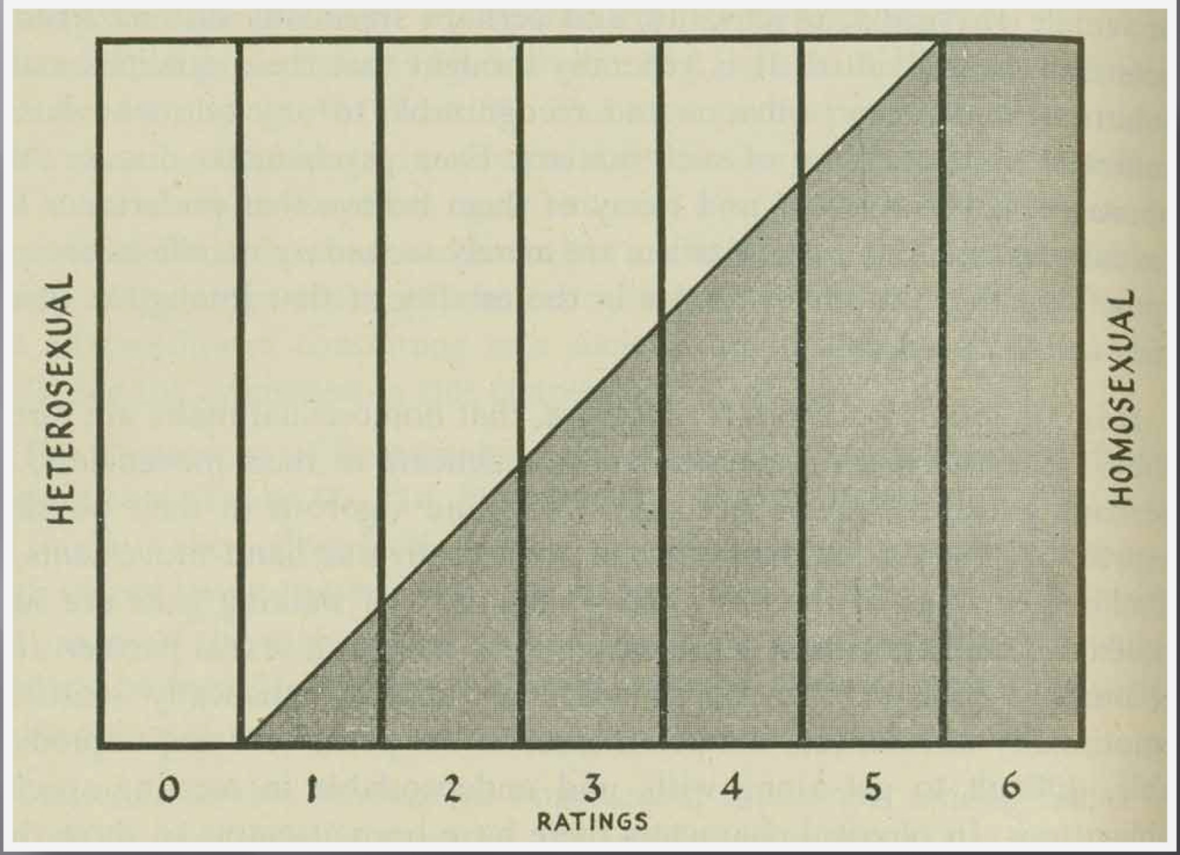


Initial Arguments and Current View in the Field

- The ACA in the 2005 Code of Ethics found Conversion Therapy to be unethical due to harm to the client, lack of evidence that it is successful, the fact that it is a religious intervention, not a psychologically valid one, and the fact that it treats homosexuality as a mental illness which it has not been considered for decades[1]
- Originally included such practices as ice pick lobotomy, Aversion Therapy, Operant and Classical Conditioning, and later transitioned to "insight-oriented" often faith-based approaches
- Challenged and caused to fall out of vogue and then be considered unethical in part due to Kinsey's creation of the Kinsey scale which demonstrated that sexual orientation can be thought of more as a scale or continuum, and Evelyn Hooker's groundbreaking research with gay and straight men who were identical in numerous ways and were found to adjust to life stressors in equally adaptive fashion[2]

1 https://www.counseling.org
2 http://www.apa.org/monitor/2011/02/myth-buster.aspx

Kinsey Scale



Kinsey Scale

- Rating | Description
- 0 | Exclusively heterosexual
- 1 | Predominantly heterosexual, only incidentally homosexual
- 2 | Predominantly heterosexual, but more than incidentally homosexual
- 3 | Equally heterosexual and homosexual
- 4 | Predominantly homosexual, but more than incidentally heterosexual
- 5 | Predominantly homosexual, only incidentally heterosexual
- 6 | Exclusively homosexual
- X | No socio-sexual contacts or reactions*

SOCIAL CONSIDERATIONS

From a Young Age

- Unconscious and sometimes conscious perception of being treated differently
- Bullying
- Attempting to "pass" as heterosexual
- Trauma with a lower case and capital "T"
- Issues with Ego formation and strength
- Challenges to coming out before the age of majority

LGB Social Considerations

- Homophobia: can be External, Systemic, and Interpersonal
- Internalized Homophobia: the "burden" of being gay in a predominantly straight world
- Impact of both: marginalization, stigma, self-esteem deficits, depression, risk for substance abuse and STD infection, the Closet, trying to "pass" as heterosexual, adverse reactions to other more overt gay men, straight men being the sexual ideal for a portion of gay men, spiritual concerns

The Velvet Rage

- Text written by Dr. Alan Downs. Widely known and distributed. Contains useful information for clinicians, clients, and family members
- Gay men can have a fear of being unlovable
- Gay men can create a façade or public self which contrasts with their emotional, internal experience in a process known as "splitting"
- Often, this public self focuses on success and mastery of areas of lived experience that center around avoiding shame and seeking validation
- Sometimes, attempting to adhere to this dynamic can lead to maladaptive coping by substance abuse, hypersexuality, and other compulsive or potentially harmful behaviors[1]

1 The Velvet Rage

The Leather, Bear, and BSM Community

- Leather contests go on yearly throughout the country
- Often times, Bear and Leather culture coexist at bars
- Bears also have contests
- BDSM in the gay community has overlap with the leather culture using fetish apparel like harnesses, use of leather whips and other leather accoutrements
- Much of the leather culture rose from post WWII culture of motorcycle clubs as it culminated in the Hollister Riot and Marlon Brando's depiction of this riot in "The Wild One"
- Common mainstream examples of leathermen include Rob Halford from Judas Priest and Glenn Hughes from the Village People

Social Considerations for HIV/AIDS

- Treatment evolution changing HIV/AIDS from a death sentence to a highly manageably condition
- Medical targets are an undetectable HIVviral load which means 20 or less copies, and 500 T cells to fight the virus, at this rate the virus is well-controlled for the individual and risk of transmitting HIV is lowered considerably
- Stigma
- Barriers to med and counseling compliance
- Risk categories for transmission: IV Drug Use, MSM (men who have sex with men), unprotected sexual activity (highest risk: being receptive in unprotected anal intercourse)
- People who are HIV positive in Missouri have a legal obligation to disclose their HIV status both to medical professionals treating them and to sexual partners
- Employers cannot ask for HIV status, can only fire an employee for tertiary factors caused by meds or other factors that interfere with work performance, per the ADA[1]

1 The First Year HIV

HIV Care Continuum

- Created for the Centers for Disease Control
- 4 Stages: Diagnosed with HIV, Engaged in Care, Prescribed Antiretroviral Therapy, and Virally-suppressed
- Counseling tends to fall within the ART and Viral suppression stages and may be able to improve client medical outcomes by decreasing amotivation, improving the client's sense of self-worth, reducing stigma, creating coordinated care with all service providers

Social Considerations for LGBT HIV+ Clients

- The role of PrEP, PEP/Truvada as well as the "one pill a day" regimen in modern living with HIV
- Medicines can have
- Medication side effects that create or mimic mental health symptoms. Atripla can cause or exacerbate depression and cause vivid dreams
- Body image concerns as they relate to med side effects (lypodystrophy and "buffalo hump"), meth use, dietary concerns, and the culture of youth and beauty
- Multiple levels of stigma, shame, and marginalization
- Elders may have experienced the death of many loved ones to AIDS complications/lived through a time when AIDS was a "death sentence," may experience AIDS-related dementia, did not have role models for being gay, can often relay stories of violence and gay bashing, and came out when doing so was markedly unsafe

Crystal Methamphetamine

Methamphetamine Use and Abuse and HIV

- Book Resource: The Politics of Crystal Meth
- Meth is used as an "Equilizer," to alleviate internalized homophobia/internal oppression and resultant anxiety about having sex
- Meth creates enhanced sexual sensitivity, sex drive, and motivation to participate in sex, often for days on end
- Meth increases the risks for acquiring HIV due to the emphasis around impulsive marathon sex that may or may not include condoms, booty bumping which can cause tears in the anus or penis, potential use of fresh or unsterilized needles
- Often meth users are more comfortable with HIV+ folks than the LGBT+ community in general, so this can create a dynamic wherein people who are HIV positive begin using meth and unprotected sexual activity becomes more possible than it would be otherwise
- Meth users tend to have receptive anal sex due to methamphetamine causing erectile dysfunction and get someone who is not using to be the penetrative party. If this sex is unprotected, and the top is HIV positive (especially is his viral load is not undetectable) than the meth user is engaging in the most high risk sexual position and activity with someone who has multiple incentives to not be forthcoming with their HIV status [1]

1 The Politics of Crystal Meth

HIV Statistics

- Per the CDC in 2014, 83% of new HIV diagnoses are Gay or Bisexual men
- Gay and Bi men account for 54% of AIDS diagnoses: 39% African-American, 32% Caucasian, 24% Latino ethnicity
- Of MSM, the highest number of new diagnoses are African-American men
- Research found that among HIV+ MSM, 30% struggle with sexual addition concerns compared to 3-6% of the general population
- 687,000 Gay and Bisexual Men are living with HIV Aids in 2014, 15% of the total population
- PrEP reduces risk of HIV infection in 92% of compliant HIV- individuals[2]

1 The First Year HIV
2 https://www.cdc.gov

Trans Clients and HIV

- Per the CDC, Trans* youth 22% are HIV positive
- 56% of black/ African American transgender women have tested positive for HIV_1
- Risks for Infection (poverty, marginalization, sex work, lack of access to services)
- Stigma
- Safety Concerns

1 CDC

Movie/TV Resources

- Boys Don't Cry
- The Living Heart
- How to Survive a Plague
- Do I Sound Gay?
- Transparent
- Queer as Folk
- The "L" Word
- Dallas Buyers Club
- Spun
- Requiem for a Dream

Trans Cultural Considerations

- Like other LGBTQ+ clients, many trans people report that they feel they lead a double life until they are empowered to come out and start transitioning[1]
- Being out as trans constitutes a significant risk to the person's safety and this is never lost on trans clients. They think about it hourly if not more. 27 trans deaths/murders were reported in 2016[2]
- Family, if supportive, would often benefit from a support group referral
- Because visibility has increased recently, trans celebrities like Buck Angel, Janet Mock, and Laverne Cox resonate heavily with the trans community and Caitlin Jenner is often controversial

1 True Selves
2 http://www.advocate.com/transgender

INTERVENTIONS, COUNTERTRANSFERENCE, AND THE THERAPEUTIC FRAME

Building Rapport/Joining with HIV+ LGBT+ clients

- Always shake hands
- Normalize, Normalize, Normalize and refer for additional normalization
- Knowledge of LGBTQ+/HIV history
- Deciding whether to disclose sexual orientation and gender identity as a therapist to one's clients and the pro's and con's
- Acknowledging the role of pain, loss, guilt, shame, chronic illness, marginalization due to stigma that clients experience, sometimes for multiple identities
- Importance of boundary-setting

Transference/Counter Transference

- Therapist's beliefs, understanding of potential biases, and comfort level
- Deciding on a clinical focus between therapy or therapy with added advocacy and case management components
- Clients' countertransference toward therapist: treating therapist as invalidating, abusive parent, cancelling appointments, reactions to male/female therapists, clients pushing boundaries

Client Uniqueness

- Each client from these populations, though often embodying similarities in presentation , is an individual
- Examples: gay male clients who don't value physical fitness, youth, beauty, and or fashion
- Bisexual clients who may be attracted to one sex romantically more than another and emotionally to one more than another
- HIV+ and/or gay clients who are much better-equipped to cope because of social supports and coping skills

New Couple Considerations in Light of Marriage Equality

- Decision whether or not to conform to what some perceive as heterosexist norms of the American Dream and monogamy
- Marriage as found in straight relationships is coming to be accepted in the gay community and many see it as finally having a measure of acceptance and the rights of married couples
- Non-monogamous married gay couples including polyamorous ones typically have rules and standards describing the circumstances under which playing with other people is tolerated or welcome[1]

1 Couple Therapy with Gay Men

Useful Clinical Interventions

- Empty Chair work around the client's HIV infection
- Role Playing of HIV Status disclosure in romantic and sexual interactions
- Client-Centered therapeutic orientation and interventions and saving more directive approaches for later in the therapy
- Art exercised depicting the pain and stigma of living with HIV
- Evidence-based interventions including CBT and DBT skills

Clinical Interventions Continued

- Encouraging the development of created family if the client's family is unwilling to be supportive
- Facilitating referrals for open and affirming faith congregations where applicable
- Creating a list of safe spaces for the client
- Fleshing out the characteristics of who the client would be best served by confiding in
- Motivational Interviewing around choosing to stay in services, reduction in the harm of street drugs, prescription drug, alcohol, and tobacco abuse
- Coordinating care with a client's HIV physician and case manager when applicable and providing support group, dietician referrals can create the type of wrap around care a client receives in major cities in any environment

Interventions Part 3

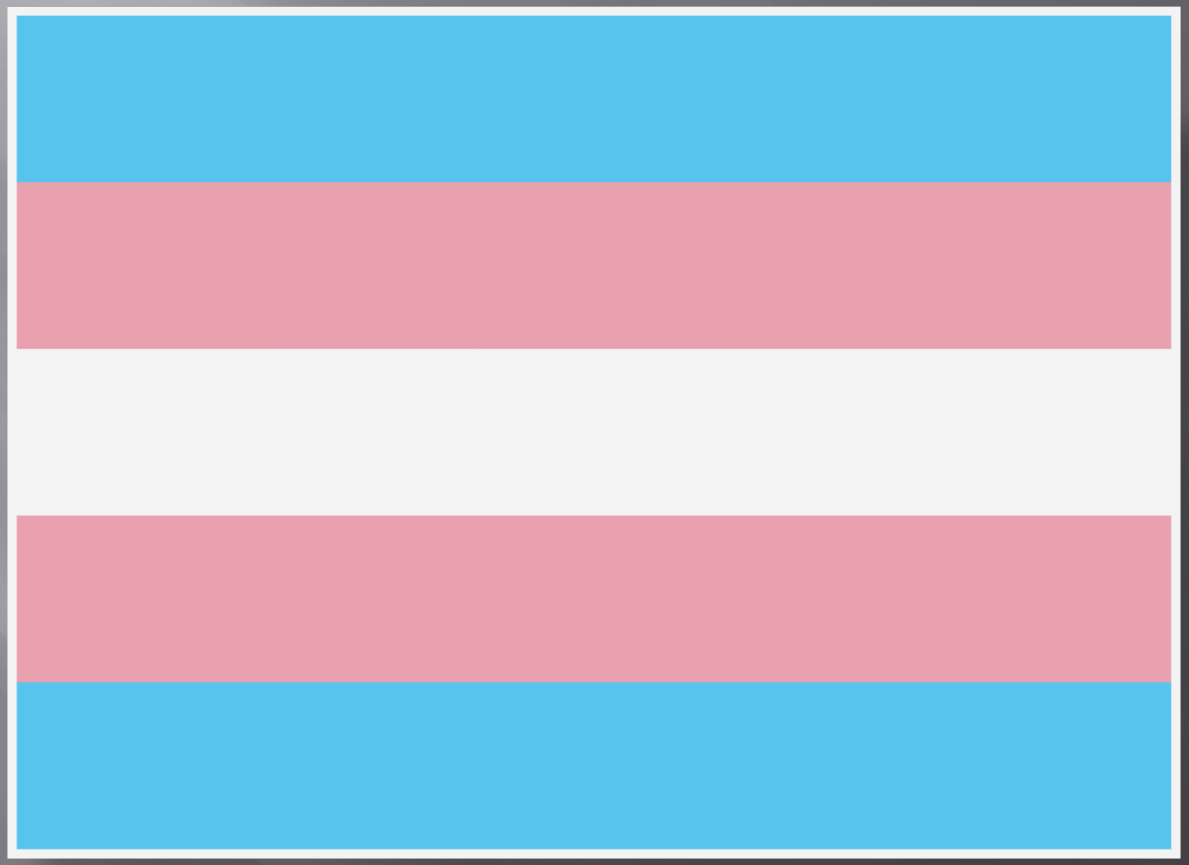
- Transference and Countertransference Concerns
- Organized Christianity and LGBTQ+/HIV
- Empowering clients to recognize when and how to self-advocate with their physicians and case managers
- Referrals and psychoeducation about the usefulness of support groups, volunteering, and other social activities with either the LGBT community or HIV community or both

Interventions Part 4

- Providing psychoeducation about common misconceptions of HIV, helping them understand that they can live a normal life span if med compliant and they do not smoke, explaining the newfound benefits of Truvada for PrEP and PEP as it lessens barriers to finding love and sex
- Support the client in finding the best-fitting labels for their sexual orientation and gender identity if desired, but refrain from telling them how you might categorize them

Disclosure Exercise

Transgender Counseling



Gender Identity Disorder

- A. A strong and persistent cross-gender identification (not merely a desire for any perceived cultural advantages of being the other sex). In children, the disturbance is manifested by four (or more) of the following:
- (1) repeatedly stated desire to be, or insistence that he or she is, the other sex
- (2) in boys, preference for cross-dressing or simulating female attire; in girls, insistence on wearing only stereotypical masculine clothing
- (3) strong and persistent preferences for cross-sex roles in make-believe play or persistent fantasies of being the other sex
- (4) intense desire to participate in the stereotypical games and pastimes of the other sex
- (5) strong preference for playmates of the other sex. In adolescents and adults, the disturbance is manifested by symptoms such as a stated desire to be the other sex, frequent passing as the other sex, desire to live or be treated as the other sex, or the conviction that he or she has the typical feelings and reactions of the other sex.

Gender Identity Disorder Cont.

- B. Persistent discomfort with his or her sex or sense of inappropriateness in the gender role of that sex.
- C. The disturbance is not concurrent with a physical intersex condition.
- D. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.[1]

1 DSM IV

DSM V: Gender Dysphoria

- In adolescents and adults gender dysphoria diagnosis involves a difference between one's experienced/expressed gender and assigned gender, and significant distress or problems functioning. It lasts at least six months and is shown by at least two of the following:
- 1) A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics
- 2) A strong desire to be rid of one's primary and/or secondary sex characteristics
- 3) A strong desire for the primary and/or secondary sex characteristics of the other gender
- 4) A strong desire to be of the other gender
- 5) A strong desire to be treated as the other gender
- 6) A strong conviction that one has the typical feelings and reactions of the other gender[1]

1 DSM V

Implications in Paradigm Shift

- The focus has now been placed on the dysphoria rather than a disorder of identity
- Stigma is lessened by this change and is palpable for trans clients
- While sometimes therapists may still be seen as gatekeepers by this population, this shift helps in creating an alliance between client and therapist rather than expert/student dynamic

Trans Clients and Letters

- WPATH sets the standards for letters composed for Hormone Replacement Therapy, "top" and "bottom" gender reassignment surgery
- Both of these categories require letters to be composed, have requirements that the client have been in therapy, have any mental illness symptoms "reasonably controlled" by medication if applicable, socially transitioned prior, and understand the risks and benefits of HRT via testosterone or estrogen, and of surgeries as well
- Many trans clients seek therapy for these letters only
- Anyone can change their name at any time, but a pronoun change of a driver's license or birth certificate requires a surgical procedure of some sort and a letter from a physician attesting to it's having been performed

Case Vignette

- Edgar is a 60 year old MSM, he has been HIV positive since 1990. He reports symptoms of MDD as well as Anxiety and vivid dreams that markedly disturb his sleep. He reports that he has never had a significant relationship, although he does have multiple regular sexual partners. He came out as gay in his 30's, and was disowned by his family. His strengths include his sense of humor, his willingness to seek help, and the presence of created family within and without the LGBT+ community.

- Alone or in pairs, list clinical considerations, possible treatment plan options, and methods of working with Edgar that may be problematic.

Questions????

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