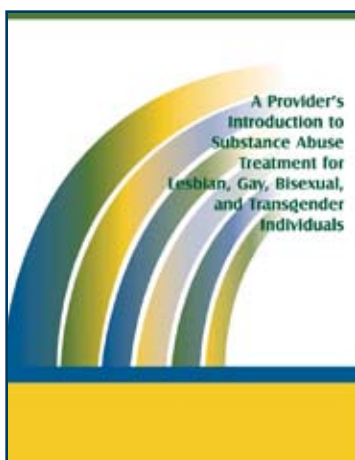


Quick Guide

For Administrators

Based on *A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals*



Contents

Why a Quick Guide?.....	2
Introduction	2
Terminology	2
Treatment Accessibility	3
Assessing the Special Needs of LGBT Clients	5
Developing Policies and Procedures	5
Education and Training	8
Quality Improvement and LGBT Clients	9
Using Alliances and Networks To Improve Treatment for LGBT Clients.....	11

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Based on

*A Provider's Introduction
to Substance Abuse
Treatment for Lesbian,
Gay, Bisexual, and
Transgender Individuals*

This Quick Guide is based entirely on information in the source document, published in 2001. No additional research has been conducted to update this topic since publication of the document.

WHY A QUICK GUIDE?

This Quick Guide was developed to accompany *A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals* (A Provider's Introduction) published by the Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration (SAMHSA). It is designed to meet the needs of the busy administrator for concise, easily accessed "how-to" information.

The Guide is divided into nine sections (see *Contents*) to help readers quickly locate relevant material. The Guide will help administrators ensure that their lesbian, gay, bisexual, and transgender (LGBT) clients receive appropriate, effective, and compassionate treatment.

For more information on the topics in this Quick Guide, refer to A Provider's Introduction. See below for information on how to order this document and SAMHSA/CSAT products.

INTRODUCTION

A provider who is sensitive to the issues surrounding sexual and gender identity and is aware of negative attitudes toward LGBT individuals and the myth that only heterosexuals are "normal" can help LGBT clients feel comfortable and safe while they confront their substance use disorders and start their recovery. This Quick Guide will help administrators design and administer programs that provide a comfortable treatment environment for LGBT individuals.

The Quick Guide focuses on administrative issues. Administrators can find more information about the specific issues facing LGBT clients in A Provider's Introduction and in the Quick Guide for Clinicians based on that document.

TERMINOLOGY

Understanding how certain terms are used is essential to providing effective treatment services to LGBT clients. Following are definitions of terms and concepts that program staff need to know and understand.

Bisexual—Individual with a sexual and affectional orientation toward people of both genders.

Coming Out—Individual and personal process of accepting one's homosexual or bisexual orientation and transforming it from a negative to a positive attribute. This process involves healing from negative attitudes toward homosexuality and the view that only heterosexuals are "normal" and taking on a positive identity. Individuals may share this process and its outcome or keep it private.

Family of Choice—Persons an individual sees as significant in his or her life. It may include none, all, or some members of his or her family of origin, as well as significant others, partners, friends, and coworkers.

Family of Origin—The birth or biological family or any family system instrumental or significant in a client's early development.

Gender Identity—A person's innate sense of gender.

Heterosexism—Value and belief that heterosexuality is the only "natural" sexuality and is inherently healthier than or superior to other types of sexuality.

Heterosexual—Individual with a primary sexual and affectional orientation toward persons of the opposite gender. Heterosexuals are often referred to as "straight."

Homosexual—Individual with a primary sexual and affectional orientation toward persons of the same gender. Male homosexuals are often referred to as gay men; female homosexuals are referred to as lesbians.

Sexual Identity or Orientation—The physical and emotional attraction to members of one’s own gender, the opposite gender, or both genders and one’s conscious or subconscious decision to define and label this affinity and attraction.

Transgender—A broad term that applies to people who live all or substantial portions of their lives expressing an innate sense of gender other than their birth sex. This includes transsexuals, cross-dressers, and people who feel that their biological sex fails to reflect their true gender.

Transsexual—A person whose innate sense of gender conflicts with his or her anatomical sex. Some, but not all, transsexual people undergo medical treatments, such as hormone therapy or surgeries, to change their physical sex so that it is in harmony with their gender identity.

TREATMENT ACCESSIBILITY

Because of the hostility to homosexuality and other sexual orientations considered “unnatural” or “not normal” and discrimination they experience, LGBT individuals may find it difficult, and sometimes uncomfortable, to access treatment services. Substance abuse treatment programs are often not equipped to meet the needs of this population. Heterosexual treatment staff may be either uninformed about LGBT issues, insensitive to LGBT concerns, or antagonistic toward LGBT individuals.

Some LGBT clients may be too frightened to come out during treatment or feel they have not been given permission to be open about their sexual identity. Such factors become barriers when the LGBT population seeks access to appropriate treatment.

Improving Accessibility

Making a program accessible to the LGBT community may require some changes. For example:

- Programs that use observers to administer urine screens need to consider clients’ concerns and ask which gender the clients prefer the observer to be. Staff may not know what gender the client considers herself or himself, and this could result in uncomfortable situations.
- If possible, a separate, non-gender-specific toilet and shower facility for some LGBT clients should be designated, particularly in residential treatment settings. Transgender individuals may be in the process of change or may be living as the gender opposite the one they were born with, which may result in these individuals using restrooms different from what one would expect.
- Heterosexual staff and clients should not assume that LGBT individuals are any more likely to flirt or act out sexually than their heterosexual counterparts. Rules regarding sexual interactions, flirting, and dating in treatment settings should be the same for LGBT persons as for heterosexual individuals.
- The effect on the client of anti-LGBT bias and internalized self-hate should be considered when developing the treatment plans of LGBT people with substance use problems.
- Staff attitudes are crucial in helping clients feel comfortable and safe; training counselors about homosexuality will help clients feel safe.
- Staff must recognize that the modality of group counseling may be difficult for LGBT clients if hostility to them is demonstrated by staff members and other clients. If a group combines heterosexuals and LGBT individuals, sensitivity training relating to LGBT issues and concerns should be provided.
- LGBT clients should be treated in a therapeutic manner. Through a strong verbal directive staff should know that antagonism and hostility to LGBT individuals will not be tolerated. If either does occur, staff members must take strong action on behalf of LGBT clients.
- Family programs need to be inclusive of a client’s family of choice, including his or her same-sex partner, as well as his or her family of origin.

For more detailed information on issues of accessibility, see A Provider’s Introduction, pages 51–59.

Degrees of LGBT Sensitivity

Substance abuse treatment programs can be rated on a spectrum from LGBT hostile to LGBT affirming.

LGBT-Hostile Treatment

- No LGBT sensitivity
- Antagonistic toward LGBT individuals
- Treatment focuses exclusively on heterosexuals and excludes LGBT clients
- No specific LGBT treatment components

Traditional Treatment

- No LGBT sensitivity
- No realization that there are LGBT clients
- No acknowledgment or discussion of LGBT issues; it is assumed that everyone is heterosexual
- No specific LGBT treatment components

LGBT-Naïve Treatment

- No LGBT sensitivity
- Realization that there are LGBT clients
- No attempt to address the special issues of the LGBT population
- No specific LGBT treatment components

LGBT-Tolerant Treatment

- Minimal LGBT sensitivity
- Recognition that there are LGBT clients
- Some staff may verbalize that it is okay to be an LGBT individual; however, such discussions are limited to individual sessions
- No specific LGBT treatment components

LGBT-Sensitive Treatment

- Moderate level of LGBT sensitivity
- Several clients and/or staff are open with their LGBT identity
- Several workshops and/or groups focus on LGBT issues; they may have LGBT groups or a “track” for LGBT issues; most groups are mixed (LGBT and heterosexual individuals)
- Some specific LGBT treatment components

LGBT-Affirming Treatment

- Highest level of LGBT sensitivity
- Program primarily targets LGBT populations
- All workshops are specifically for LGBT clients; workshops and groups affirm the LGBT individual, have LGBT-specific materials, etc.; groups and workshops do not include heterosexuals
- All treatment components are LGBT specific

Although not all programs will wish to become LGBT affirming, all programs can aspire to become LGBT sensitive.

For more information on levels of program sensitivity, see A Provider’s Introduction, pages 52–53.

ASSESSING THE SPECIAL NEEDS OF LGBT CLIENTS

Traditional assessment forms may need to be modified or redeveloped for LGBT populations to include more inclusive language.

In formulating a treatment plan for LGBT individuals with a substance use problem, some additional factors may need to be assessed and programs may need to develop new assessment instruments and train staff in their use. The following are examples of areas that should be considered when assessing an LGBT client:

- What is the individual's level of comfort with being an LGBT person? Evaluate the person's comfort level with his or her sexuality and expression of sexual feelings. If the person is a transgender individual, determine his or her level of comfort with, and acceptance of, that identity.
- In what stage of the coming-out process (whether as a gay, lesbian, bisexual, or transgender person) is the individual? Learn about his or her experience and the consequences of coming out.
- What is the extent of the individual's support and social network? Look at any current relationships or past relationships and the individual's relationship with his or her family of origin.
- Are there any health factors of concern (including the individual's HIV status)?
- Was the person's most recent alcohol and drug use with family, friends, a significant other, a lover, or a date? With work colleagues? Where was it? At a circuit party? Alone? At a sex club or bathhouse? At a lesbian, gay, bisexual, or transgender bar or at a straight bar?
- Is there current or past intravenous or injection drug use? If so, what drugs are or were used? Are or were amphetamines (speed, crystal, crank) used? Are or were amphetamines used to enhance sexual intensity?
- What is the frequency of alcohol and drug use? Does it correlate with socializing?
- What is the drug of choice—the drug the client enjoys or seeks most? What does it seem to do or accomplish? Provide relaxation? Provide freedom from guilt? Enhance sexual behavior?
- Does the client's significant other (when applicable) believe there is a problem? Does he or she have his or her own substance use problems?
- Has the client had legal problems because of his or her use of alcohol and drugs, including driving under the influence? Has the client ever had legal problems related to sexual behavior or police harassment?
- Has the client ever been attacked or assaulted (gay bashed) because he or she was thought to be an LGBT person?
- Has the client had social problems or lost partners, family, or friends because of alcohol and drug use?
- Has there been domestic violence? Was it by a same-sex partner? (Clinicians may tend to assume that domestic violence is always male/female; it is important to clarify partner abuse.)

DEVELOPING POLICIES AND PROCEDURES

A program committed to serving LGBT clients should first demonstrate its commitment in written administrative policies and procedures. When implemented, these policies and procedures help ensure that fair and equitable clinical services are built into the fabric of the organization and do not depend only on personal commitment by staff members. These policies and procedures need to be comprehensive and permeate the entire continuum of care and all agency activities.

The following recommendations for developing policies and procedures provide a foundation for meeting the needs of LGBT clients. Every policy and procedure must be tailored to meet the specific population, treatment modality, and location of the organization.

Organizational Mission

- Incorporate the agency's commitment to serving the LGBT population into the organization's mission statement, philosophy, and service literature.

Outreach and Promotional Materials

- Ensure that promotional materials include information about LGBT-specific services, if appropriate.
- Use language that specifically identifies LGBT individuals as people the program is attempting to reach.
- Include images in promotional materials that depict individuals identifiable as LGBT individuals.
- Enlist focus groups composed of a culturally diverse selection of LGBT individuals in the development of promotional materials.

Advertising and Public Relations

- Advertise programs and events in LGBT periodicals as well as in the mainstream press and publications that are geared to particular cultural communities.
- Create LGBT-sensitive public service announcements for radio and television.
- When producing cable TV programs on drug addiction and recovery for distribution to local public access cable stations, include LGBT clients and staff as participants.
- Include articles by and about recovering LGBT individuals in newsletters.
- Write articles about substance abuse issues in LGBT communities. Submit the articles to LGBT periodicals as well as to the mainstream press and publications that are geared to particular cultural communities.

Community Relations

- Provide speakers on substance abuse issues to LGBT organizations.
- Encourage staff to join boards, task forces, and commissions that advocate for LGBT clients.
- Support LGBT-specific events in the community (dances, readings by LGBT writers, theater and music performances, and LGBT pride marches) through co-sponsorship, staff support, advertising, and distribution of announcements.
- Form relationships with local LGBT and women's bookstores; provide space for them to sell books at events held at the agency.
- Provide an information booth at LGBT street fairs, as well as at events geared to specific cultural communities.
- Sponsor drug- and alcohol-free social events and sporting activities for LGBT individuals.
- Enlist the help of recovering LGBT individuals who might be willing to serve as mentors or sponsors for LGBT clients.
- Help advocates for LGBT substance abuse services be represented on local, State, and Federal planning and policy boards.

Administration

- Create or confirm the existence of agency policies regarding freedom from discrimination and harassment based on sexual orientation, gender, and cultural background.
- Create procedures for filing complaints and a process for resolving reported violations of these policies.
- Ensure the enforcement of these policies at every level of the program so that individuals filing reports are not traumatized further.
- Investigate every complaint of discriminatory practices reported by LGBT clients and their family members.
- Ensure that all personnel, from the board of directors to volunteers, are trained regularly on antidiscriminatory policies.
- Ensure that all personnel are familiar with the procedures for reporting violations.
- Review all operational procedures, from initial phone contact through the intake process, to ensure that heterosexual bias has been eradicated and inclusive terms are available as options.
- Use the phrase "clean and sober" as opposed to "straight" to refer to individuals who are drug free, because straight is often used to refer to individuals who are heterosexual.

Personnel

- Include sexual orientation and gender identity in the agency's nondiscriminatory employment policies.
- Develop and implement grievance procedures for employee reports or complaints of discrimination based on sexual orientation or gender identity.
- Enlist openly LGBT members to serve on the board of directors and in other leadership positions.
- Ensure that LGBT individuals of color are represented in proportions that reflect the community demographics.
- Institutionalize a policy for ongoing recruitment and selection of LGBT administrative, professional, and support staff.
- Include partners in the definition of family when writing bereavement policies or sick leave policies on caring for family members.
- Ensure that the organization has a contagious-disease policy that includes HIV/AIDS (as opposed to an AIDS policy).
- Employ openly LGBT individuals as staff and consultants.
- Advertise job openings in LGBT publications.
- Establish an LGBT advisory board to help with program design, services, and community outreach.
- Review the ability of staff to be inclusive and supportive; directly confront overt discrimination.
- Hold staff and leaders accountable for upholding the policies as set forth.

Staff Training

- Ensure that all new employees are familiar with agency policies regarding hiring of and providing services to LGBT clients.
- As a part of regular staff training, include such topics as "LGBT cultures and communities."
- Ensure that staff members are allowed to explore their fears and prejudices in a nonthreatening environment.
- Provide up-to-date national and local listings of LGBT community resources and services.
- Organize cross-training between local LGBT and community groups and the agency.

Program Design and Implementation

- Ensure that childcare services are designed to include LGBT parents; design workshops on parenting that are unbiased.
- Use focus groups of LGBT individuals in recovery to ensure that services meet the specific needs of LGBT clients.
- Ensure that case conferencing and clinical supervision address issues raised in treatment by LGBT clients.
- Provide education for heterosexual clients about language and behaviors that show bias toward LGBT people.
- Establish firm guidelines regarding client behavior; consistently enforce these guidelines to ensure safety for LGBT (and all) clients.
- Emphasize and enforce the confidentiality of all treatment services and printed materials at staff trainings and all client functions.
- Make all family services available for domestic partners and significant others of LGBT clients.
- Be sure social events and activities are appropriate and relevant to LGBT clients of diverse cultural backgrounds.
- Create opportunities (including providing transportation) for LGBT clients to attend workshops or meetings (including 12-Step meetings) that are culturally specific.
- Make sufficient financial commitment and invest adequate resources to allow the program to fully implement these policies and procedures.

Continuing Care

- Identify a contact person who is an openly LGBT staff member and who will be available to LGBT graduates if they face a recovery crisis after discharge.
- Establish training procedures in which all staff members are educated about issues LGBT individuals face on discharge, including workshops on relapse triggers specific to LGBT individuals in recovery.
- Ensure that discharge procedures help LGBT clients develop relapse prevention strategies for high-risk situations specific to them, such as re-entering bar-oriented LGBT communities, coming out to their family of origin if they decide to do so, and dealing with hostility, discrimination, and/or gay bashing.
- Ensure that discharge procedures include providing each LGBT client with a comprehensive list of LGBT-specific and/or LGBT-sensitive community resources and services, along with clear information about how to access these services.

For more detailed information about developing policies and procedures, refer to A Provider's Introduction, pages 123–127.

EDUCATION AND TRAINING

Few programs provide education to staff about LGBT people, and many programs may be unaware that they have LGBT clients. An integrated education and training system addresses both content and process, uses experiential as well as didactic methods, and includes six components.

Component 1: Trainees

- Recruit and select LGBT individuals of diverse ethnicity for counselor education programs and work settings.
- Develop awareness of the need to understand LGBT issues.
- Provide appropriate measures for counselors struggling with their own antagonism or negative attitudes toward LGBT persons.

Component 2: Faculty or Trainers

- Develop faculty and agency awareness of the need for improved understanding of LGBT issues.
- Attain and maintain a diverse faculty with theoretical and practical expertise in LGBT treatment and care.
- Recruit LGBT individuals who can provide instruction, supervision, and services.
- Encourage and support continuing education in LGBT treatment areas.
- Support research in LGBT treatment.
- Assign decisionmaking roles to those who are knowledgeable about LGBT issues.
- Use a team approach involving academic and clinical staff and, if possible, a team member from the LGBT community.

Component 3: Program

- Conduct an assessment of the current level of tolerance, sensitivity, and affirmation of the treatment agency staff.
- Gather and review pertinent research and theoretical material.
- Recruit skilled professionals as trainers and educators and/or develop an interagency training alliance.
- Develop program materials and methods that are site and client specific.
- Determine methods for evaluating the effectiveness of the training or educational program.
- Use experiential exercises that uncover hidden biases in a safe manner.
- Encourage exploration of stereotypes and language, values, and behavior differences.
- Use various methods incorporating adult learning styles to increase skill development.

- Use additional resources available on videos and films.
- Make LGBT sensitivity and competence training a priority in the basic curriculum or in the inservice training schedule.
- Redesign programs to include LGBT-related competencies.
- Develop courses awarding continuing education units (for academic and/or professional credit) for professionals and support staff.
- Give pretests and posttests to evaluate training.
- If possible, make videotapes or audiotapes of clinical sessions before and after training to ascertain whether a counselor's ability to treat LGBT clients has changed.
- Collect client satisfaction and followup data from LGBT clients treated at the same site over time.
- Conduct quality improvement studies on the effects of LGBT sensitivity and competence training.

Component 4: Institutional Systems

- Gain administrative awareness of the need for training to understand LGBT issues.
- Create an administrative environment supporting LGBT care, treatment, and confidentiality.
- Require LGBT competence and sensitivity at all levels, including policy development.
- Encourage and support instructions and supervision by LGBT staff and faculty.
- Institute administrative and clinical policies to endorse LGBT sensitivity and competence training.
- Obtain curriculums and allocate sufficient time and resources for training.

Component 5: Professional Peers

- Increase professional peers' awareness of the need for understanding LGBT issues.
- Articulate the need for implementing programs at all levels of practice in professional associations.
- Convene conferences about LGBT treatment.
- Involve LGBT professionals in policymaking.

Component 6: Community

- Provide counseling and educational services to the families of LGBT clients at all socioeconomic levels.
- Provide information on treatment and the special needs of LGBT clients to relevant parties in the community: government officials, police, and all criminal justice professionals.
- Create task forces to work directly with LGBT interest groups.

To learn more about developing counselor training and education, refer to A Provider's Introduction, pages 131–137.

QUALITY IMPROVEMENT AND LGBT CLIENTS

The central mission of accrediting bodies such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the National Committee for Quality Assurance (NCQA), and the Commission on the Accreditation of Rehabilitation Facilities (CARF) is to establish standards for what they consider the key functions of health care, including substance abuse treatment. These standards provide frameworks for quality improvement that can be adapted to the specific task of improving service to LGBT individuals.

Adapting Standards To Address Quality Improvement

Using JCAHO standards as an example, answers to the questions that follow provide information on ways to adapt accreditation standards to improve service to LGBT individuals. Similar questions can be used to address NCQA and CARF standards.

Leadership

- Do needs assessment and planning activities include LGBT clients in the community? Is their inclusion proportional to the percentage of the population they represent?
- How does the organization design services to meet the needs of the LGBT community? How well are these services delivered?
- How effectively does leadership identify and cultivate community resources for LGBT clients?

Human Resources

- How does the organization measure and improve the competency of its staff in serving LGBT clients?
- What kinds of educational and training activities address these competencies?

Patient Rights and Organizational Ethics

- Are LGBT clients' cultural, psychosocial, spiritual, and personal values respected?
- Do LGBT clients' significant others or support people participate in care decisions?
- Do LGBT clients receive information about their condition that recognizes their special circumstances and helps them make informed decisions?
- Do policies and procedures for LGBT clients address circumstances in which care will not be given because their condition or lifestyle conflicts with staff members' values, ethics, or religious beliefs?
- How are privacy rights of LGBT clients protected?

Education of Patients and Families

- Are educational materials appropriate and relevant for LGBT clients?
- Are educational programs accessible to LGBT clients' significant others and support people?

Assessment of Patients

- Are relevant medical and social issues effectively and comfortably identified for LGBT clients?

Care of Patients and Continuum of Care

- How do care plans demonstrate sensitivity to LGBT individuals?
- Do discharge plans take into account the lifestyles and personal support systems of LGBT clients?

Management of Information

- Is the information system set up to collect data important to LGBT clients?
- Do assessments of information requirements include the special needs of LGBT clients, the providers serving them, and other service agencies?
- Does the information system facilitate tracking performance and outcome data for the LGBT client base?

Performance Improvement

- Do aspects of the performance improvement plan include specific monitoring of and quality improvement activities aimed at services for LGBT clients?

Evaluating Outcomes

The goal of improving service to LGBT clients is to improve treatment outcomes. Measures of treatment efficacy in the context of the number of LGBT clients in treatment can include the following:

- The number of LGBT clients abstaining from substance use;
- The number of LGBT clients relapsing; and
- The number of LGBT clients readmitted to treatment.

To assess treatment effectiveness, outcome data for LGBT clients can be compared with the following:

- Outcomes in the agency's general client population (it may not be possible to do this in a statistically significant manner because of a relatively low number of LGBT clients or differences in case complexity, but this comparison can be useful if interpreted appropriately);
- Baseline LGBT client participation rates to measure the impact of quality improvement activities on care over time; and
- Outcomes of organizations that have well-established programs for LGBT clients.

This last comparison may be useful in establishing realistic, yet appropriately ambitious, benchmarks and goals.

For more detailed information about quality improvement, refer to A Provider's Introduction, pages 139–146.

USING ALLIANCES AND NETWORKS TO IMPROVE TREATMENT FOR LGBT CLIENTS

Once the decision has been made to introduce or strengthen treatment services for LGBT individuals, a small contingent should begin to enlist support among the targeted organizations—the public health groups, local health advisory committees, and other organizations that have a stake in improving substance abuse treatment for LGBT individuals.

The treatment facility should not promote itself as LGBT sensitive or providing LGBT services until this important groundwork has begun and adequately trained staff members are in place.

The LGBT Community and Alliance Building

Many LGBT communities, when addressing societal problems such as substance abuse or HIV/AIDS, recognize the value of establishing alliances with other groups. These alliances can do the following:

- Bring people together socially;
- Provide a culture and ideology;
- Accept same-gender orientations and behaviors; and
- Validate lifestyles.

Candidates for alliance building can be LGBT focused (e.g., the Human Rights Campaign) or non-LGBT focused (e.g., an HIV/AIDS organization, Alcoholics Anonymous, State and regional health departments, corporations, volunteer-based organizations, and universities).

Additional candidates for alliances are the following:

- LGBT community centers (several hundred are located throughout the United States);
- LGBT social organizations (which frequently are important resources in suburban and rural areas);
- AIDS service organizations; and
- Primary medical care providers who provide LGBT-sensitive services.

Forming Effective Alliances and Making Them Work

Recruitment

- Seek support from a broad cross-section of the community. Contact key community leaders early in the process. The broader the coalition, the more effective it will be.
- Encourage alliance members to view their decision to improve substance abuse treatment for LGBT people as an act of compassion and as a way to help in the recovery of all persons who abuse substances.
- Use duplicate representation strategically because people are greatly influenced by peers. For example, hospital administrators trust the opinions of other administrators and counselors will sympathize with other counselors.
- Persuade member organizations to designate a representative who has decisionmaking authority and attends meetings consistently.
- Involve top management, but not at the expense of leaving out lay persons and community workers in the LGBT communities.
- Don't let the presence of professionals, or any one group, dominate the vision, agenda, and outcome of the alliance.

Decisionmaking

- Identify a coordinator for large and complex alliances to facilitate meetings and the workings of the group.
- Ensure that the coordinator has expertise in interpersonal relations, negotiation, team building, and group dynamics as well as the support of all alliance members.
- Insist that there be no independent decisions without the endorsement of all alliance members.
- Define a common mission; set collective goals. Consensus building is vital to alliance effectiveness.
- Define consensus building as “Can you live with this?” and not as “Do you agree with this?”

Conflict Resolution

- Be sure that each member appreciates the contributions of the others and acknowledges that each member has a history, structure, and agenda.
- Remember there may be a need to agree to disagree on some issues while focusing on the common mission.
- Use subcommittees to provide a forum for discussion of conflicts. They can then formulate recommendations for the alliance and present them at subsequent meetings (where emotions are kept at bay).
- Insist that disagreements remain within the group and not be discussed in the community at large.

Publicity and Communications

- Disseminate decisions made at alliance meetings throughout the community as well as to the boards, staff, and volunteers of the member organizations.
- Credit all members of the alliance on your letterhead and in any publicity materials.
- Use a catchy name and logo. Publicity material should include the names of all member organizations.
- Use community newsletters and local media to inform the community about the goals and progress of the alliance.
- Distribute information to demonstrate the need for substance abuse treatment for LGBT people.
- Recognize potential opposition to the group's mission; do not underestimate the impact of people with different opinions. A common misperception is that substance abuse treatment for LGBT clients promotes homosexuality or bisexuality. Respond by explaining that LGBT substance abuse treatment is not about sex but about recovering from alcohol and drug abuse.

- Anticipate opposition, and develop an alternative strategy that explains clearly the goals and activities of the alliance.
- Use a variety of channels to disseminate information:
 - News conferences;
 - News releases;
 - Letters to the editor;
 - Letters to legislators; and
 - Public endorsements from reputable community and professional groups.
- Frame the discussion of LGBT substance abuse in easily understood terms and in a realistic cultural context.

Advocacy

- Work both with and outside the government system in a coordinated fashion:
 - Attend meetings with government officials, politicians, staff, and city councils in a small group while maintaining broad representation;
 - Interact with politicians on a nonpartisan basis and meet with all political parties; and
 - Use political affiliations of individual alliance members to gain access.
- Remember that the goal in part is to educate others so they can advocate for the agency.
- Before meeting with officials or politicians, research their positions on substance abuse treatment in the LGBT community:
 - If they are opposed to improving treatment, try to gain their support;
 - If they are sympathetic, enlist their support by asking for ways in which an alliance could help accomplish the common goal; and
 - Be flexible; however, discuss any shifts in position with the alliance to gain its approval.
- Always provide cogently written, brief, printed materials about the alliance's goal.
- Do not provide inaccurate, misleading, or self-serving information.
- Follow up with a letter of thanks and a summary of agreements or positions as you understand them.

Participation and Leadership

- Ensure effective leadership to inspire member participation. Involvement can be improved if people feel that the alliance belongs to them and that their ideas and membership are valued.
- Create a leadership development plan to increase the pool of experienced and skilled members who rotate through leadership positions so that the alliance can be sustainable and effective.
- Insist that the leader delegate tasks so that participants know what needs to be done.

To learn more about developing alliances and networks in the LGBT community, refer to A Provider's Introduction, pages 147–158.

Ordering Information

A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals

Related Product

Quick Guide for Clinicians

Based on *A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals*

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SAMHSA/CSAT products that are relevant to this Quick Guide:

TIP 37: *Substance Abuse Treatment for Persons With HIV/AIDS* (2000) (BKD359)

TIP 46: *Substance Abuse: Administrative Issues in Outpatient Treatment* (2006) (BKD545)

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