ADDICTION/SUBSTANCE USE

BEHAVIORAL DEFINITIONS

1. Maladaptive patterns of substance use to cope with stressors, leading to negative outcomes like increased tolerance, withdrawal symptoms, and physical or emotional harm.
2. Inability to stop using substances despite understanding the detrimental effects on mental and physical health.
3. Increased tolerance to substances, requiring more significant amounts to achieve the same effect.
4. Uses substances to manage emotional distress related to LGBTQ+ identity, such as rejection, discrimination, or internalized stigma.
5. Dismisses feedback from significant others or health professionals regarding substance use issues.
6. Continued substance use despite significant psychological and emotional consequences such as personal, social, or professional life deteriorating.
7. Frequent blackouts when using substances.
8. Physical withdrawal symptoms (e.g., shaking, seizures, nausea, headaches, sweating, anxiety, insomnia, and/or depression) when going without the substance(s) for any length of time.
9. Arrests for substance use related offenses (e.g., driving under the influence, minor in possession, assault, possession/delivery of a controlled or illegal substance(s), shoplifting).
10. Suspension of important social, recreational, or occupational activities because they interfere with substance use.
11. A large time investment in activities to obtain the substance, use it, or recover from its effects.

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LONG-TERM GOALS

1. Accept substance use disorder and begin to actively participate in a culturally responsive addiction recovery program.
2. Develop and sustain a recovery plan that incorporates understanding of how LGBTQ+ identity impacts substance use and recovery.
3. Engage in LGBTQ+ affirming therapeutic practices and culturally responsive support groups to bolster their recovery process.
4. Establish long-term sobriety while building healthy relationships by cultivating meaningful, sober relationships and social networks that affirm their LGBTQ+ identity.
5. Address co-occurring mental health issues such as depression or anxiety that are exacerbated by and contribute to substance use.
6. Significantly reduce the harmful consequences of substance use by developing harm reduction strategies to lessen the negative impact of their substance use on health, relationships, and daily functioning.
7. For clients at a higher level of care, reduce the impact of co-occurring mental health issues and minimize substance use triggers by attending intensive therapy, group work, and trauma processing.

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SHORT-TERM OBJECTIVES

1. Work cooperatively with the therapist toward agreed-upon therapeutic goals while being as open and honest as comfort and trust allow. (1, 2)

THERAPEUTIC INTERVENTIONS

1. Establish rapport with the client toward building a strong therapeutic alliance; convey caring, support, warmth, and empathy; provide nonjudgmental support and develop a level of trust with the client toward feeling safe to discuss sexual orientation, gender identity, fear, anxiety, and distress and its impact on their life.

2. Strengthen relationship factors within the therapy process and foster therapeutic alliance through paying special attention to these empirically supported factors; work *collaboratively* with the client in the treatment process; reach agreement on the *goals and expectations* of therapy; demonstrate *consistent empathy* toward the client's feelings and struggles; verbalize *positive regard* toward and *affirmation* of the client; collect and deliver *client feedback* as to the client's perception or their progress in therapy (see, e.g., *Psychotherapy Relationships That Work: Vol. 1* by Norcross & Lambert and *Vol. 2* by Norcross & Wampold).

2. Provide behavioral, emotional, and attitudinal information toward an assessment of specifiers relevant to a *DSM* diagnosis, motivation for change, sociocultural considerations, the efficacy of treatment, and the nature of the therapy relationship. (3, 4)

3. Assess the client's cognitive, behavioral, and emotional status related to insight, motivation, and comorbid disorders: (1) level of insight toward the presenting problems (e.g., from demonstrating good insight into the problem to demonstrating resistance to acknowledging the problem); (2) level or stage of motivation to change (e.g., from voicing strong motivation and demonstrating action toward change to voicing and/or demonstrating resistance to change); and (3) evidence of relevant comorbidities (e.g., depression secondary to an anxiety disorder), including vulnerability to suicide, if appropriate (e.g., increased suicide risk when comorbid depression is evident).

4. Assess relevant sociocultural factors and degree of impairment: (1) issues of age, gender, gender identity, sexual orientation, culture, resources, and preferences that could help explain the presenting problem(s), affect treatment selection and outcome, and provide a better understanding of the client's behavior; and (2) severity of distress and disability to determine appropriate level of care as well as the efficacy of treatment (e.g., no longer demonstrates severe impairment but the problem now is causing mild or moderate distress or disability).

3. Cooperate with a comprehensive biopsychosocial assessment to determine current level of functioning, history of complaints, and perception of problems. (5)
4. Participate in a thorough biopsychosocial history that includes LGBTQ+ specific stressors such as experiences of discrimination, internalized homophobia or transphobia, and minority stress. (6, 7)
5. Participate in an assessment to determine whether a higher level of care is necessary, including an evaluation of the severity of addiction, co-occurring disorders, and current social support. (8)
6. Comply with a referral to an appropriate higher level of care (e.g., residential treatment, partial hospitalization) if outpatient therapy is insufficient. (9)

5. Conduct a thorough biopsychosocial assessment focusing on the client's current level of functioning, history of complaints, and perception of problems. Use motivational interviewing techniques to engage the client in the assessment process and explore readiness for change (see, e.g., *Motivational Interviewing* by Miller & Rollnick).
6. Use a trauma-informed biopsychosocial model to explore the client's history of substance use and mental health issues. Focus on identifying specific cultural stressors that may be contributing to substance use (see, e.g., *LGBTQ+ Issues in Behavioral Health* by Dentato).
7. Conduct a comprehensive biopsychosocial interview and use validated tools like the *LGBTQ+ Stress Inventory* to assess the role of hetero-normative bias and stress on the client's substance use patterns (see, e.g., *Handbook of LGBT-Affirmative Couple and Family Therapy* by Bigner & Wetchler).
8. Use standardized assessments like the American Society of Addiction Medicine criteria to evaluate the client's current functioning in various dimensions, including substance use history, mental health, environment, and risk potential. Collaborate with the client to review the results and explore options for residential or intensive outpatient treatment if appropriate (see, e.g., *Foundations of Addiction Counseling* by Finnegan & McNally).
9. Based on the results of the assessment, coordinate with local LGBTQ+ affirming addiction treatment centers or intensive outpatient programs to ensure the client receives specialized care that acknowledges their identity and substance use patterns.

7. Successfully complete a structured residential treatment program and transition back to outpatient therapy or sober living. (10, 11)

8. Track substance use behaviors over a period of 1 week to gain awareness of patterns, triggers, and consequences. (12)

9. Recognize specific health risks associated with substance use, particularly in relation to LGBTQ+ health concerns (e.g., HIV, hepatitis, and other sexually transmitted infections [STIs]). (13)

10. Collaborate with the client and the residential treatment team to create a comprehensive aftercare plan to include a schedule for ongoing outpatient therapy sessions, participation in support groups like Alcoholics Anonymous or Narcotics Anonymous, and connections to sober living housing if needed. The aftercare plan should also include crisis contacts and relapse prevention strategies (see National Resources, Appendix C in this *Planner*).

11. Provide weekly transitional support sessions for clients during the first 90 days after leaving residential treatment. In these sessions, the therapist will address any challenges related to the transition, reinforce coping skills, and review the client's progress with relapse prevention.

12. Identify and process memories of trauma that contribute to substance use patterns, focusing on affirming the client's identity throughout the trauma treatment.

13. Provide referrals to LGBTQ+ affirming healthcare providers who can monitor the client's health, provide STI testing, and offer medications like preexposure prophylaxis (PrEP) or HIV treatment as necessary. Encourage regular visits to medical professionals to catch early warning signs of health deterioration and ensure that harm is minimized (see National Resources, Appendix C in this *Planner*).

10. Verbalize an increased knowledge of the addiction process and increase awareness of how internalized stigma contributes to addiction. (14)
11. Attend LGBTQ+ specific self-help groups or 12-step meetings, focusing on those that foster a culturally responsive and inclusive environment. (15)
12. Participate in weekly LGBTQ+ focused group therapy sessions to gain peer support and address issues related to substance use and identity. (16)
13. Collaboratively create a comprehensive relapse prevention plan with strategies for managing triggers related to stressors specific to LGBTQ+ identity, such as family rejection or social isolation. (17)
14. Learn and implement alternative coping strategies for emotional distress, such as mindfulness, exercise, or creative outlets, as opposed to using substances. (18, 19, 20, 21)
14. Challenge and replace negative thoughts related to self-worth, internalized homophobia, or transphobia. Assist to reframe their thinking and reduce reliance on substances for emotional regulation (see, e.g., *Affirmative Cognitive Behavior Therapy* by Whitcomb).
15. Encourage participation in LGBTQ+ affirming social networks, support groups, and sober activities. Strengthen the client's connection with a community that supports both their sobriety and their LGBTQ+ identity (see National Resources, Appendix C in this *Planner*).
16. Provide referrals to LGBTQ+ affirming recovery groups (e.g., Gay Alcoholics Anonymous, Narcotics Anonymous) and support the client in reflecting on their experiences during therapy sessions (see National Resources, Appendix C in this *Planner*).
17. Develop a relapse prevention plan tailored to the client's unique triggers, such as family rejection, societal pressures, or interpersonal stress. Teach clients skills like assertive communication, boundary-setting, and conflict resolution to manage triggers effectively.
18. Teach mindfulness-based stress reduction techniques, such as progressive muscle relaxation and meditation, to help clients cope with emotional distress without relying on substances (or supplement with "Mindfulness Exercises" in the *Adult Psychotherapy Homework Planner* by Jongsma & Bruce).

19. Teach distress tolerance, emotional regulation, radical acceptance, and interpersonal effectiveness to manage emotions without turning to substances (see, e.g., *DBT Skills Training Manual* by Linehan).
20. Introduce stress reduction techniques, such as body scans and breathing exercises, to help clients manage emotions without turning to substances (or supplement with "Mindfulness Exercises" in the *Adult Psychotherapy Homework Planner* by Jongsma & Bruce).
21. Help clients recognize the connection between thoughts, emotions, and behaviors, especially how negative thought patterns about their identity may contribute to substance use.

15. Engage in peer-led discussions about relapse prevention, gaining insight from others who share similar struggles with substance use and LGBTQ+ stressors. (22)

22. Integrate life skills techniques into the client's treatment plan, where they can build stronger interpersonal skills, improve emotional regulation, and develop a network of peer support.

16. Learn and practice assertiveness and boundary-setting skills in group role-plays to prepare for high-risk situations related to substance use. (23, 24)

23. Facilitate or refer the client to an LGBTQ+ group therapy program, with the focus on building resilience, processing trauma, and developing coping mechanisms for substance use triggers (see National Resources, Appendix C in this *Planner*).
24. Use role-playing exercises in group therapy to teach clients how to effectively say no to substance use, manage peer pressure, and assert their needs in social settings without compromising their sobriety.

17. Enact harm reduction strategies to decrease the physical, emotional, and social risks associated with substance use, such as safer injection practices or moderating alcohol consumption in high-risk situations. (25, 26)
18. Devote time to improving specific areas of life, such as physical health, mental health, and social relationships, while gradually reducing substance use. (27)
19. Learn and use self-management strategies, such as planning for safer use, reducing the quantity of substances used, and avoiding high-risk environments or situations. (28)
20. Identify at least one person in their social network who can provide support during substance use, helping them stay safe (e.g., someone to administer naloxone or someone to stay sober during events). (29)

25. Use psychoeducation on harm reduction techniques to teach clients about safer ways to use substances. Connect to community resources such as clean needle programs or overdose prevention training (see, e.g., *Harm Reduction Therapy* by Denning, Little, & Glickman).
26. Assist client in identifying triggers for excessive use and develop strategies to moderate their intake. Client will practice self-monitoring and mindfulness to reduce impulsive or high-risk substance use in triggering environments.
27. Help clients identify and build positive support networks that could include assigning a sober friend for social outings or having someone who can assist during emergencies and attendance at LGBTQ+ harm reduction–focused support groups (see National Resources, Appendix C in this *Planner*).
28. Provide comprehensive education on the various harm reduction strategies available to LGBTQ+ clients, such as clean needle programs, overdose prevention, safe consumption spaces, and safer sex practices (see the Safer Sex and Sexually Transmitted Infections chapters in this *Planner*).
29. Introduce clients to resources like clean needle exchanges or training on how to administer naloxone to prevent overdoses. Provide clients with condoms and information about PrEP, postexposure prophylaxis (PEP), and doxycycline for PEP (DoxyPEP) as part of safer sex practices during substance use (see the Safer Sex and Sexually Transmitted Infections chapters in this *Planner*).

21. Set goals to reduce substance use by a specified amount (e.g., reducing drinking from five to three nights per week) and avoid high-risk situations where excessive use occurs. (30, 31)

22. Learn and implement at least two harm reduction strategies, such as using clean needles, carrying naloxone, or practicing safer sex while using substances. (32, 33)

23. Meet with significant others and verbalize an understanding of their role in the disease and recovery process, including verbally identify their enabling behaviors. (34)

24. List ways substance use has caused pain to significant others and share this with them in a joint appointment. (35)

30. Have client's significant others attend a session to process addiction/substance use's effects on relationships.

31. Process significant others' enabling behaviors, setting boundaries, and providing support for client's recovery process and relapse prevention.

32. Encourage client's significant others to attend support groups such as Al-Anon, Nar-Anon, Smart Recovery meetings (see National Resources, Appendix C in this *Planner*).

33. Assign the client to list ways in which they have hurt the significant others because of substance use and take responsibility for it by sharing it with these people in session.

34. Discuss with the client and significant others their roles in the recovery process including the distinction between therapeutic support and disorder-enabling actions.

35. Assign the client a homework assignment to list ways in which they have hurt others through use of substances. Take a nonjudgmental approach. Then, meet with the client and significant others supporting the client as they disclose the results of the homework assignment to all present.

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DIAGNOSTIC SUGGESTIONS

ICD-10-CM	*DSM-5*/*DSM-5-TR* Disorder, Condition, or Problem
F10.10	Alcohol use disorder, Mild
F10.20	Alcohol use disorder, Moderate
F11.10	Opioid use disorder, Mild
F11.20	Opioid use disorder, Moderate
F11.20	Opioid use disorder, Severe
F12.10	Cannabis use disorder, Mild
F12.20	Cannabis use disorder, Moderate
F12.20	Cannabis use disorder, Severe
F13.10	Sedative, hypnotic, or anxiolytic use disorder, Mild
F13.20	Sedative, hypnotic, or anxiolytic use disorder, Moderate
F13.20	Sedative, hypnotic, or anxiolytic use disorder, Severe
F14.10	Cocaine use disorder, Mild
F14.20	Cocaine use disorder, Moderate
F14.20	Cocaine use disorder, Severe
F15.10	Amphetamine-type substance use disorder, Mild
F15.20	Amphetamine-type substance use disorder, Moderate
F15.20	Amphetamine-type substance use disorder, Severe
F16.10	Other hallucinogen use disorder, Mild
F16.20	Other hallucinogen use disorder, Moderate
F16.20	Other hallucinogen use disorder, Severe
F18.10	Inhalant use disorder, Mild
F18.20	Inhalant use disorder, Moderate
F18.20	Inhalant use disorder, Severe
F19.10	Other (or unknown) substance use disorder, Mild
F19.20	Other (or unknown) substance use disorder, Moderate
F19.20	Other (or unknown) substance use disorder, Severe
F31.0	Bipolar I disorder, Current or most recent episode hypomanic
F31.31	Bipolar I disorder, Current or most recent episode depressed, Mild
F31.32	Bipolar I disorder, Current or most recent episode depressed, Moderate
F32.0	Major depressive disorder, single episode, Mild
F32.1	Major depressive disorder, single episode, Moderate

ICD-10-CM	*DSM-5*/*DSM-5-TR* Disorder, Condition, or Problem
F33.0	Major depressive disorder, Recurrent episode, Mild
F33.1	Major depressive disorder, Recurrent episode, Moderate
F41.0	Panic disorder
F41.1	Generalized anxiety disorder
F43.10	Posttraumatic stress disorder
F60.2	Antisocial personality disorder
F60.3	Borderline personality disorder
F60.81	Narcissistic personality disorder

EBP indicates that the Objective/Intervention is consistent with those found in evidence-based treatments.