QTBIPOC EXPERIENCES IN SUBSTANCE USE DISORDER COUNSELING: ENHANCING QTBIPOC COUNSELING CARE

by

FRANK B. GORRITZ FITZSIMONS

(Under the Direction of Anneliese A. Singh)

ABSTRACT

This PhotoVoice study explored the experiences queer, trans, Black, and Indigenous People of Color (QTBIPOC) had in substance use disorder counseling. Specifically, this study examined experiences of both minority stress and affirmative counseling in substance use disorder counseling with QTBIPOC. A significant focus on critical participatory action research was utilized in this study so that participants collectively reflected on their experiences in substance use disorder counseling and collaboratively brainstormed action plans that need to take place to address QTBIPOC community concerns in counseling. Substance use disorder counselors and counselor educators can benefit from the implications of this study to determine culturally affirmative approaches in working with QTBIPOC and addressing their community concerns with substance use and minority stress in counseling institutions. Therefore, this study informs substance use disorder counselors about strategies to enhance their counseling care with QTBIPOC.

INDEX WORDS: Queer, Transgender (Trans), Black, Indigenous People of Color (QTBIPOC), Substance Use Disorder Counseling, Minority Stress, Affirmative Counseling, Anti-Blackness, Critical Participatory Action Research, LGBTQ+, PhotoVoice

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DEDICATION

To all of the QTBIPOC community members whose voices gave life to this project. May your voices and dreams create a lasting legacy for all QTBIPOC who need substance use care. Thank you for sharing your voices, your light, and your dreams.

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CHAPTER 1

MINORITY STRESS AMONG QUEER, TRANSGENDER, BLACK, AND INDIGENOUS PEOPLE OF COLOR AND PROMOTING AFFIRMATIVE SUBSTANCE USE DISORDER COUNSELING: AN INTRODUCTION

When queer, transgender, Black, and Indigenous people of color (QTBIPOC) are navigating counseling spaces rooted in oppressive and dominant ideologies, minority stress can result from the clash between QTBIPOC life experiences and the counseling spaces that oppress QTBIPOC (Lyons et al., 2015). The counseling research defines minority stress as stress from experiences of stigma, prejudice, and discrimination associated with holding minoritized identities (Meyer, 1995, 2013). While Meyer is usually credited with defining minority stress in counseling literature, QTBIPOC scholars, such as E Kitch Childs, first defined minority stress as an emotional pain that stems from experiences of racial violence, stigma, and discrimination in social environments (Childs, 1990). Minority stress is also identified as a type of "weathering" that deteriorates minoritized bodies as minoritized communities navigate oppressive systems (Geronimus et al., 2006.) Based on QTBIPOC perspectives and scientific research on minority stress, minority stress is a chronic form of stress that results from oppressive ideologies and environments that harmfully impact minoritized communities (Childs, 1990).

For example, QTBIPOC consistently navigate social spaces (e.g., counseling spaces) where they are expected to conform to dominant social norms rooted in white, straight, and cisgender-based norms (Singh et al., 2020c). These points are essential to consider, given that QTBIPOC have been increasingly seeking out substance use disorder counseling over the last few years due to trying to cope with minority stressors through substance abuse (Goodyear, 2020; Lachowsky et al., 2017; Mereish & Bradford, 2014; SAMHSA, 2020; Shipherd et al.,

2019). To better understand the struggles that QTBIPOC can face when seeking substance use disorder counseling, this introduction will present a few hypothetical case studies of how minority stress occurs in substance use disorder counseling environments for QTBIPOC communities.

Ash identifies as a 39-year-old Black and transmasculine person in the state of Georgia. Ash struggles with the minority stress that he experienced growing up in the Southern United States and has been struggling with alcohol abuse over the last 10 years to deal with his minority stress. Ash contemplated receiving counseling services for his struggles with alcohol dependence. Despite hearing that some of his trans friends received good support from their counselors, he heard the nightmarish stories about substance use disorder counseling for trans and queer people. Specifically, he heard about Dion's experience in counseling, a 33-year-old genderqueer person, who was constantly misnamed by their "dead name," or the name assigned to them at birth, by various staff members and their counselor. Every time Dion would correct them, they could expect to be labeled as an angry Black person by staff and be misnamed repeatedly. Eventually, Dion realized that the people they were seeking support from would never see them as they were or affirm their identities and cultural experiences as QTBIPOC.

Ash also heard about Celeste's experience, a 37-year-old Black trans woman. She was stuck with attending an "all-male" counseling group for substance abuse because her driver's license listed her as male. Even though she identified as a trans woman, Celeste was placed in an "all male's" group, where she was harassed constantly for being trans by the men in her group. She was even harassed when attempting to use the restroom and was told by staff that she had to use the men's restroom per the treatment center's policy. Given her previous history of sexual assault and fears of being assaulted again if she used the men's restroom, she prematurely

dropped out of counseling and continued to use substances to deal with the fears and stress endured during her time in counseling.

Now it was Ash's turn to decide whether substance use disorder counseling was safe enough to attend for him. Ash held a pamphlet for substance use disorder counseling in his hand and contemplated his next steps for help. Ash knew that if he did not attend counseling, his alcohol abuse would continue to interfere with his daily functioning. However, Ash was also contemplating whether counseling was worth the shame, humiliation, and trauma that he could experience by going to counseling. Ash remained perplexed about his next steps and confused about finding adequate support.

Ash, Dion, and Celeste were not alone in these struggles they experienced as QTBIPOC. For example. Billie has been receiving substance use disorder counseling at a community center in Southern Georgia for the last three months. Billie sought out substance use disorder counseling to maintain her sobriety from cocaine abuse, which she has maintained sobriety from for the past two years. While getting to know Billie, her counselor, Sandy, a cisgender white woman, has been questioning why Billie has not considered receiving surgery to physically transition as a trans person. Billie did not feel as if she needed to defend her position as a trans woman who did not need to transition to live as a woman. Furthermore, Sandy would become surprised about why Billie would get defensive about her identities and emotionally try to convince Billie that she was an ally, despite being white and cisgender. However, Billie has been experiencing stress about meeting with Sandy due to Sandy's questioning and references to other trans clients that she has seen in the past, who have received transition surgeries, as if they were more valid in their identities because they received gender transition surgeries.

Not only did Sandy's comments and questions irritate Billie, but Billie also felt her cravings starting to return, given that one of her significant triggers for cocaine use was minority stress related to her trans identity. Billie knew that she needed to seek out support related to her cravings but did not know whether she could tell Sandy about her stressors, given that Sandy has been the primary source of her stress lately. Billie felt very stuck about what to do because her cravings and stress levels increased over time. Billie started to wonder whether she could find an affirmative and experienced counselor who deeply understood the various and diverse experiences of QTBIPOC and did not judge QTBIPOC about their lived experiences. Billie started to deeply wonder whether any counselor could truly understand and support her.

These hypothetical case studies speak to the lived experiences of QTBIPOC as they seek out substance use disorder counseling (Lyons et al., 2015; Senreich, 2011). Specifically, QTBIPOC have uniquely harmful life experiences and stressors, compared to white, cisgender, and straight communities, due to navigating a history of discrimination and microaggressions illustrated in the above case studies. QTBIPOC have historically experienced various stressors when attempting to seek out help for substance abuse, such as being misnamed, misgendered, misunderstood, and isolated through placement in groups based on gender assigned at birth when seeking out counseling (Chang et al., 2017; Morris et al., 2020; Senreich, 2011). Furthermore, QTBIPOC can receive messages from others that their gender identities are not valid, especially when their physical appearance does not match their gender identity (Chang et al., 2017; Morris et al., 2020). QTBIPOC have also reported that their substance use disorder counselors did not understand their treatment needs as QTBIPOC community members while simultaneously receiving disaffirming messages about their identities due to a lack of cultural humility in substance use disorder counseling approaches (Lyons et al., 2015; Senreich, 2011; Simons et al.,

2018). QTBIPOC have also experienced binary gender segregation based on the biological sex label described on primary identification labels (e.g., driver's license, medical records), which can prevent QTBIPOC from receiving appropriate gender affirmation during counseling services.

In addition to navigating these stressors in counseling settings, QTBIPOC also navigate systemic violence (e.g., genocide, generational trauma) rooted in Anti-Blackness, which is defined as a theoretical framework that recognizes society's inability to humanize Black communities and instead dehumanizes and engages in violence against Black communities (Ross, 2020). Specifically, QTBIPOC have fought for their rights and visibility since the 1950s due to the police brutality that consistently targeted QTBIPOC lives (Martens, 2016). Around the world, QTBIPOC were globally celebrated before Europeans colonized the concept of gender, creating the gender binary (e.g., man, woman) that QTBIPOC are expected to uphold in the United States presently (Martens, 2016). The colonization of gender has significantly impacted QTBIPOC to the point wherein a 2011 survey, 41% of trans/queer community members attempted suicide at least once, 53% reported harassment in a public restroom, 63% experienced housing discrimination, and QTBIPOC experienced significant health issues due to the intersections of Anti-Blackness and colonization (Grant et al., 2011).

Bettina Love, in her transformative book, "We Want to Do More Than Survive," specifically brings up essential questions about how Black communities matter in a world where they are consistently impacted by racial and systemic violence. Specifically, Love asks, "How do you matter to a country that is at once obsessed with and dismissive about it kills you? How do you matter to a country that would rather incarcerate you than educate you? How do you matter to a country that steals your land, breaks treaty after treaty, and then calls you a savage?" (Love,

2019). These questions also speak to the ongoing history of Anti-Blackness that brutalize and violate QTBIPOC, which leads to minority stress.

The United States (U.S.) still contributes to QTBIPOC racism through its chronic history of Anti-Blackness, despite existing ideas that racism is solely a problem of the past in the U.S. Specifically, despite the recent elections of a Black president and vice president, voter suppression laws and policies are being proposed and passed against targeted Black communities by white legislators to avoid further decentralizing of white dominance in the United States (American Civil Liberties Union, 2022; Anderson, 2016). Also, there has been a significant rise in white, western, and patriarchal hate groups in the United States since the previous election of Donald Trump (Singh et al., 2020b).

Furthermore, Anti-Blackness constructs a racial hierarchy of racial oppression, where all minoritized communities of color are dominated by the prestige given to white communities (Grandison, 2020). Therefore, Anti-Blackness is not only chronic but an intentional and systemic process that aims to dominate and eradicate minoritized communities of color. Specifically, QTBIPOC communities of color (e.g., Pacific Islanders, Native Americans, Latinx communities, etc.) all experience cultural erasure due to white colonization, which erases their lived experiences and creates dominant white narratives about minoritized lives (Crozier, 2021; Goodluck, 2020; Urrieta et al., 2019). QTBIPOC oppression has also occurred through a history of constructing narratives about Black and Indigenous communities that justify slavery, violence, and exploitation (Kendi, 2017). For example, Anti-Blackness creates narratives that demonize Black and Indigenous communities as lazy, evil, ignorant, and bestial and historically portray them as grateful and obedient slaves who enjoyed their enslavement to justify slavery and racial oppression (Adams et al., 2021; Kendi, 2017).

Furthermore, Black communities can be demonized as drug traffickers, looters, and aggressive people, which ties back to historical demonization myths and contributes to the ongoing mass incarceration of Black communities (Alexander, 2020; Kendi, 2017). In addition, various communities of color (e.g., Asian communities, Native Americans) are demonized with stereotype myths that lead to systemic violence (e.g., discrimination) (Spring, 2016). Indigenous erasure also occurs throughout an ongoing history of systemic policies that target, marginalize, and silence Indigenous communities as they experience oppression in the United States (e.g., voting restrictions, being sent to internment camps) (Adams et al., 2021).

The counseling field also has a significant history of being immersed in Anti-Blackness, given its QTBIPOC erasure in the dominance of white, patriarchal, and heterosexist perspectives in counseling (Goodman & Gorski, 2015; Singh et al., 2020b). Specifically, white, patriarchal, and heterosexist perspectives in counseling have been pervasive in the formation and maintenance of white-centered counseling theories in counselor education (Singh et al., 2020b). Furthermore, multicultural and social justice leaders encountered resistance in the 1990s when developing multicultural and social justice competencies to address lived minoritized experiences in counseling settings (Singh et al., 2020b). Counselors who engaged in resistance against multicultural competencies for the counseling field stated that counseling was "culture-free" and that "good counseling was good counseling," despite historical concerns of harmful counseling practices towards minoritized communities since the 1940s (Guthrie, 1976; Halleck, 1971; Katz, 1985; Singh et al., 2020b; Wrenn, 1962).

Furthermore, regarding conceptualizations of substance use among minoritized communities, Anti-Blackness utilizes harmful stereotypes to criminalize, dehumanize, and disenfranchise QTBIPOC, as well as target QTBIPOC through "the war on drugs," which

contributes to the harmful mistreatment of QTBIPOC in substance use disorder counseling (Collins, 2000; Drug Policy Alliance, n.d., Kerrison, 2018; Mogul et al., 2011). Furthermore, Anti-Blackness does not just maintain a racial hierarchy. Anti-Blackness also creates a "normalcy" to which all minoritized groups must abide to be seen and heard when socially navigating oppression (e.g., tone-policing, conforming to structural rules in substance use disorder counseling) (Hernandez-Wolfe, 2011; Mignolo, 2005; Singh et al., 2020a).

Despite the increased literature that explores minority stress among QTBIPOC, little research focuses on QTBIPOC minority stress in substance use disorder counseling (Casey et al., 2019; Lyons et al., 2015; Matsuzaka & Koch, 2019; Mountz, 2020; Shipherd et al., 2019). More research for QTBIPOC in substance use disorder counseling is needed, given that QTBIPOC have been documented as less likely to complete substance use disorder counseling than straight, gay, and bisexual populations (Senreich, 2011). Furthermore, QTBIPOC have reported feeling unwelcome, unsafe, and isolated when receiving substance use disorder counseling (Lyons et al., 2015; Senreich, 2011). QTBIPOC can also pathologized for their minoritized gender identities, which contributes to various obstacles in QTBIPOC lives (e.g., receiving housing, receiving mental health care, serving in the military, etc.), as well as significant health issues (American Heart Association, 2020; Vance et al., 2010).

Through discriminatory experiences in substance use disorder counseling, QTBIPOC may experience distress and therapeutic harm, which are also associated with expectations of rejection from future counseling experiences (Hatzenbuehler, 2009; Yu-Hsin Liao et al., 2015). Not only should substance use disorder counselors and institutions reflect on how QTBIPOC experience counseling services, but they should also reflect on the significant history of criminalizing struggles with alcohol and substances, poor substance use disorder counseling

approaches, and ethical abuse in substance use disorder counseling, which calls for ongoing development in substance use disorder counseling practices to promote affirmative counseling services when working with minoritized communities (White, 2002).

The various stressors that QTBIPOC face when seeking out substance use disorder counseling contribute to minority stress and negatively impact QTBIPOC in additional ways. Not only does minority stress in substance use disorder counseling contribute to premature termination from counseling (Senreich, 2011) and distrust of future counselors (Ridley, 2005), but minority stress can also impact mental and emotional health among QTBIPOC (Lyons et al., 2015; O'Keefe Osborn, 2020; Robinson, 2015; Shipherd et al., 2019). Specifically, when exploring the impacts of minority stress on QTBIPOC, microaggressions have been connected to experiences of depression among communities of color (Nadal et al., 2014). Minority stress also contributes to substance abuse behaviors and various forms of psychological stress, such as depression and lower social well-being among QTBIPOC (Calabrese et al., 2015; Goodyear, 2020; Lachowsky et al., 2017). Furthermore, microaggressions, such as being misgendered, are associated with anxiety, depression, suicidality, and overall stress among QTBIPOC (Austin et al., 2020; Galupo et al., 2020; McLemore, 2018).

To protect QTBIPOC from minority stress in substance use disorder counseling, substance use disorder counselors must be aware of how their counseling approaches and environments perpetuate minority stress towards QTBIPIOC. Specifically, QTBIPOC can experience minority stress in substance use disorder counseling through discrimination (e.g., denial of access to resources), microaggressions (e.g., microinsults, microassaults, microinvalidations), and trauma (e.g., assault) (Lyons et al., 2015; Senreich, 2011).

For example, QTBIPOC may experience discrimination in substance use disorder counseling environments due to barriers of access to treatment, trans antagonistic policies and programming present in counseling services, lower levels of perceived support, and lack of QTPOC representation in substance use disorder counseling settings (Gates & Sniatecki, 2016; Senreich, 2011; Walsh & Goldberg, 2020). Furthermore, QTBIPOC can encounter microaggressions in substance use disorder counseling settings, such as stigmatic beliefs about QTBIPOC identities from counselors, harassment and verbal assault from other clients, and counseling policies that dismiss and invalidate QTBIPOC needs (Lyons et al., 2015; Senreich, 2011). QTBIPOC may also experience trauma in substance use disorder counseling settings from sexual and physical assault by other clients, as well as physical and verbal abuse from counseling staff (Lyons et al., 2015; The Transgender Substance Abuse Treatment Policy Group of the San Francisco Lesbian, Gay, Bisexual, and Transgender Substance Abuse Task Force, 1995).

The Trauma and Minority Stress Exposure Model further elaborates that QTBIPOC may experience internal forms of stress from external minority stressors experienced in substance use disorder counseling environments (Shipherd et al., 2019). Specifically, external stressors (e.g., discrimination, harassment, violence) consequently contribute to internal forms of stress (e.g., fear of rejection, concealment of minoritized identities, internalized self-hatred) (Shipherd et al., 2019). Therefore, the Trauma and Minority Stress Exposure Model indicates that when trans individuals experience stress from discrimination and microaggressions, even when trying to seek out support from these stressors in counseling environments, they can experience personal responses to stress such as fear of rejection, internalized anti-LGBTQ+ bias, and concealment of one's minoritized identities. These consequences of trauma and minority stress can further lead to impaired mental health, physical health, risks of substance abuse behavior, and mistrust

towards future counseling experiences (Goosby et al., 2015; Hendricks & Testa, 2012; Meyer et al., 2013; Ridley, 2005; Wolf & Dew, 2012).

The Trauma and Minority Stress Exposure Model expands upon previous models, such as the Gender Minority Stress Model, by adding that experienced trauma related to direct assault contributes to minority stress for QTBIPOC (Shipherd et al., 2019). Furthermore, previous models, such as the Gender Minority Stress Model, did not inform distress or trauma recovery conceptualizations for QTBIPOC communities (Shipherd et al., 2019). Specifically, for QTBIPOC communities, lifetime rates of exposure to traumatic events consistently range between 90 to 100%, which means that across one's lifetime, QTBIPOC are very likely to be exposed to traumatic events through minority stressors (Barr, 2018; Beckman et al., 2018; Shipherd et al., 2010). For example, QTBIPOC are more than twice as likely to receive threats of violence compared to heterosexual and cisgender communities (Landers & Gilsanz, 2009). When QTBIPOC experience significant trauma in counseling settings, it can complicate treatment planning, which is vital for substance use disorder counselors to consider when working with QTBIPOC in counseling (Shipherd et al., 2019).

Therefore, the Trauma and Minority Stress Exposure Model describes how trauma and minority stress connect and impact the well-being of QTBIPOC (Shipherd et al., 2019). For example, QTBIPOC clients may present to counseling with trauma-related concerns. However, upon further inspection, QTBIPOC clients may share that their trauma is related to experiences of discrimination and harassment about their QTBIPOC identities (Shipherd et al., 2019). Furthermore, experiences of discrimination and harassment can contribute to trauma-related stressors for QTBIPOC who are already diagnosed with post-traumatic stress disorder (PTSD) (Shipherd et al., 2019). Minority stress also contributes to feelings of hypervigilance among

minoritized communities out of the fear and expectation of rejection, discrimination, and violence that impact minoritized individuals (Meyer, 1995). For example, Ash, Dion, and Celeste may experience significant feelings of rejection and violation when hearing a slur used against them and their identities throughout counseling settings, which impacts the ways they interact with counseling professionals in the future (Meyer, 1995; Shipherd et al., 2019).

Specifically, minority stress associated with hypervigilance leads to fear and mistrust of stimuli related to dominant and oppressive culture (Meyer, 1995). This fear and mistrust can stem from interacting with counselors who exhibit cultural insensitivity, thus promoting counselor mistrust in future counseling experiences (Ridley, 2005). Based on the hypervigilance that QTBIPOC can experience, it is even more essential that substance use disorder counselors understand how trauma and minority stress impact QTBIPOC in substance use disorder counseling environments. Specifically, substance use disorder counselors must reflect on ways to examine their counseling spaces and practices for minority stressors to prevent further minority stress and trauma for QTBIPOC who are seeking out substance use disorder counseling.

It is also important to note that multicultural counseling has not historically been a primary focus in substance use disorder counseling training or substance use disorder research (Simons et al., 2018). Despite the current emphasis on providing multicultural substance use disorder counseling in substance use disorder training (National Association for Alcoholism and Drug Abuse Counselors, 2021), efforts to address cultural diversity in substance use disorder counseling practice have historically ignored QTBIPOC struggles. This issue places substance use disorder counselors at a disadvantage in providing adequate support to QTBIPOC in substance use disorder counseling and calls for further training on affirmative substance use disorder counseling with QTBIPOC (Mayer et al., 2008).

The purpose of this study is to explore and understand the lived experiences of QTBIPOC in substance use disorder counseling, especially when encountering minority stress, as well as affirmation and support in substance use disorder counseling environments. In addition, the purpose of this study is to also engage QTBIPOC in social justice action to explore how substance use disorder counseling can be enhanced with QTBIPOC communities. The rationale for this study is inspired by the Trauma and Minority Stress Exposure Model, which can represent how QTBIPOC experience minority stress in their daily environments, leading to internal stress associated with their minoritized identities (Lyons et al., 2015; Shipherd et al., 2019).

Critical Participatory Action Research will be the research tradition that guides the purpose of this study, given that this study will place QTBIPOC as co-constructors of their minoritized experiences through creating space for QTBIPOC to reflect on their diverse experiences and create social action towards enhancing QTBIPOC substance use disorder counseling. Furthermore, this research tradition requires researchers to examine their research practices through a critical lens to address how positionality influences who is telling the stories of QTBIPOC in research (Fine & Torre, 2019; Parson, 2019). This dissertation study provides insight into how substance use disorder counselors can transform their counseling services with QTBIPOC, especially considering how Anti-Blackness still impacts QTBIPOC. Specifically, this applied action research utilizes PhotoVoice with QTBIPOC to reflect on their substance use disorder counseling experiences and how substance use disorder counselors can transform counseling care with QTBIPOC into affirmative counseling care.

There is a significant gap in the literature regarding personal experiences in substance use disorder counseling among QTBIPOC. Their voices are necessary to explore ways to transform

substance use disorder counseling practices (Lyons et al., 2015). This study addresses these gaps in the literature and creates a space of empowerment for QTBIPOC to establish community power in enhancing counseling services with their communities. As I aim to explore the experiences of QTBIPOC when they receive substance use disorder counseling, my research questions will produce more insight into the following areas of inquiry: (1) How, if at all, do QTBIPOC experience minority stress in substance use disorder counseling?, (2) How do substance use disorder counselors provide affirmative QTBIPOC counseling?, and (3) How can substance use disorder counselors enhance their counseling practice with QTBIPOC to promote affirmative counseling?

This manuscript-style dissertation includes four chapters. The first chapter introduces readers to understanding how QTBIPOC experience minority stress related to their minoritized identities and how these stressors can present in substance use disorder counseling environments. The second chapter examines how substance use disorder counselors can improve their counseling services when working with QTBIPOC in substance use disorder counseling. Specifically, this chapter examines how enhancing counseling services with QTBIPOC involves developing knowledge about how QTBIPOC experience structural violence. This chapter examines how microaggressions, assault, incarceration, and impaired access to affirming healthcare contribute to structural violence towards QTBIPOC. Furthermore, this chapter examines how enhancing counseling services with QTBIPOC involves developing awareness of how stigma from substance use disorder counselors further harms these communities during counseling services. Lastly, this chapter explores culturally affirmative counseling approaches that honor QTBIPOC minoritized experiences within counseling settings as ways to enhance counseling care.

The third chapter explores a review of the literature examining QTBIPOC experiences of minority stress and affirmative support in substance use disorder counseling environments. Specifically, the literature review explores detailed examples of how QTBIPOC experience discrimination, microaggressions, and trauma in substance use disorder counseling. Furthermore, the literature review explores detailed examples of how QTBIPOC experience supportive substance use disorder counseling environments and how minority strengths and multicultural perspectives are utilized in substance use disorder counseling with QTBIPOC. The current state of substance use disorder counseling models and their multicultural limitations are also explored when used with QTBIPOC in counseling settings. This chapter also examines the epistemology and methodology that informed the research approach for this study, data collection, and data analysis. Furthermore, the third chapter reviews the findings of this research study and its implications for substance use disorder counselors to enhance counseling care for QTBIPOC.

The fourth chapter of this dissertation focuses on my reflexivity on the subjectivity, theory, and methods that influenced my engagement in the research process. Specifically, reflexivity examines the co-existing insider and outsider positionalities that informed the dynamics between myself and the participants and how these positionalities informed the perception of QTBIPOC experiences in substance use disorder counseling. Furthermore, this chapter explores how PhotoVoice (Wang et al., 1996; Wang & Burris, 1997) and Critical Participatory Action Research (Fine & Torre, 2019) worked together to provide affirming time and space for QTBIPOC to reflect on community concerns in substance use disorder counseling and steps for social justice action to make affirmative changes in substance use disorder counseling practice.

Chapter Four also explores how QTBIPOC experiences have shaped the researcher and how the researcher has shaped QTBIPOC experiences in substance use disorder counseling, especially during the planning process related to social justice action as part of addressing issues in QTBIPOC counseling. Furthermore, this chapter contests the present power dynamics between the lead researcher and participants to contest current research traditions that frame the researcher as the speaker for minoritized communities in academic research. This chapter also examines the collective power and action between the lead researcher, data analysis team, and participants and future directions for social justice advocacy in improving counseling care for QTBIPOC.

Chapter Four is also essential to the dissertation research process because it illustrates how the stories of lived experiences among participants are co-authored through the lead author's perception of those lived experiences (Mishler, 1995). Specifically, this chapter illustrates the essential point that another doesn't discover stories; they are made and reconstructed by others (Mishler, 1995). Overall, Chapter Four explores the ongoing dynamics between the researcher and the researched to address systemic issues impacting QTBIPOC substance use disorder counseling and research practices that aim to understand QTBIPOC lived experiences.

The overall aim of this study is to produce further insights into the lived experiences of QTBIPOC in substance use disorder counseling, as well as to provide a space of empowerment for QTBIPOC to address community issues related to affirming counseling care. In addition, this study is instrumental in examining how structural violence still impacts QTBIPOC in counseling spaces, especially when intersected with substance abuse struggles. This examination implores researchers, counselors, and policymakers to transform counseling spaces and research practices

into those that affirm, support, and empower QTBIPOC. Finally, in this research study, I hope that the QTBIPOC voices in this study will inspire our field and you as a reader to engage in the social justice advocacy necessary to create supportive healing spaces for QTBIPOC. As mental health counselors, we are told about the importance of listening to our clients. If counselors, researchers, and policymakers are to start transforming counseling spaces to make them more affirming for QTBIPOC, we must begin by listening to and honoring the narratives of QTBIPOC.

References

Adams, D. W, Dana, M., & Lesser, M. (2021, November 25). *The erasure of indigenous people's history*. The Boston Globe. https://www.msn.com/en-us/news/us/the-erasure-of-indigenous-people-s-history/ar-AAR7cnj

Alexander, M. (2020). *The new Jim Crow: Mass incarceration in the age of colorblindness.* The New Press.

American Heart Association (2020, October 8). *Discrimination contributes to poorer heart health for LGBTQ adults.* https://newsroom.heart.org/news/discrimination-contributes-to-poorer-heart-health-for-lgbtq-adults

Anderson, C. (2016). *White rage: The unspoken truth of our racial divide* (1st ed.). Bloomsbury.

Austin A., Craig, S. L., D'Souza, S., & McInroy, L. B. (2020). Suicidality among transgender youth: Elucidating the role of interpersonal risk factors. *Journal of Interpersonal Violence*, 1-23. https://doi.org/10.1177/0886260520915554

Beckman, K., Shipherd, J. C., Simpson, T. L., & Levahot, K. (2018). Military sexual assault and mental health in transgender veterans: Results from a nationwide survey. *Journal of Traumatic Stress*, *31*, 181-190. https://doi.org/10.1002/jts.22280

Calabrese, S. K., Meyer, I. H., Overstreet, N. M., Haile, R., & Hansen, N. B. (2015). Exploring discrimination and mental health disparities faced by Black sexual minority women using a minority stress framework. *Psychology of Women Quarterly, 39*(3), 287-304. https://doi.org/10.1177/0361684314560730

Casey, L. S., Reisner, S. L., Findling, M. G., Blendon, R. J., Benson, J. M., Sayde, J. M., & Miller, C. (2019). Discrimination in the United States: Experiences of lesbian, gay,

bisexual, transgender, and queer Americans. *Health Services Research, 54*(6), 1454-1466. https://doi.org/10.1111/1475-6773.13229

Chang, S. C., Singh, A. A., & Rossman, K. (2017). Gender and sexual orientation diversity within the TGNC community. In A. A. Singh & l. m. dickey (Eds.), *Affirmative counseling and psychological practice with transgender and gender nonconforming clients* (1st ed., pp. 19-40). American Psychological Association.

Childs, E. K. (1990). Therapy, feminist ethics, and the community of color with particular emphasis on the treatment of Black women. In H. Lerman & N. Porter (Eds.), *Feminist ethics in psychotherapy* (pp. 195-203). Springer.

Collins, P. H. (2000). *Black feminist thought: Knowledge, consciousness, and the politics of empowerment* (2nd ed.). Routledge.

Crozier, S. (2021, May 24). *For Pacific Islanders, 'AAPI' can render them invisible. How communities demand power by combatting erasure.* Insider. https://www.insider.com/aapi-apa-asian-pacific-islander-hawaiian-erasure-2021-5#:~:text=This%20erasure%20of%20Pacific%20Islanders%20under%20the%20term,came%20to%20Hawaii%20as%20laborers%20in%20the%20mid-1800s.

Drug Policy Alliance. (n.d.). *Discrimination against drug users*. https://drugpolicy.org/issues/discrimination-against-drug-users

Fine, M. & Torre, M. E. (2019). Critical participatory action research: A feminist project for validity and solidarity. *Psychology of Women Quarterly*, *43*(4), 433-444. https://doi.org/10.1177/0361684319865255

Galupo, M. P., Pulice-Farrow, L., & Lindley, L. (2020). "Every time I get gendered male, I feel a pain in my chest": Understanding the social context for gender dysphoria. *Stigma & Health*, *5*(2), 199-208. https://doi.org/10.1037/sah0000189

Gates, T. G. & Sniatecki, J. L. (2016). Tolerating transphobia in substance abuse counseling: Perceptions of trainees. *Human Service Organizations: Management, Leadership & Governance*, *40*(5), 469-485. https://doi.org/10.1080/23303131.2016.1170089

Goodluck, K. (2020, August 31). *The erasure of Indigenous people in U.S. COVID-19 data.* High Country News. https://www.hcn.org/articles/indigenous-affairs-the-erasure-of-indigenous-people-in-us-covid-19-data

Goodman, R. D. & Gorski, P. (2015). *Decolonizing "multicultural" counseling through social justice.* Springer.

Goodyear, T. (2020, May 20). *In the opioid crisis, young queer and trans men are navigating risk reduction on their own.* Canadian Press. https://theconversation.com/in-the-opioid-crisis-young-queer-and-trans-men-are-navigating-risk-reduction-on-their-own-137679

Grandison, C. P. (2020). *The racial hierarchy: Anti-Blackness culture and Anti-Black racism: The causes and consequences.* Bytels Publishing.

Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Kiesling, M. (2011). *Injustice at every turn: A report of the national transgender discrimination survey.* National Center for Transgender Equality & National Gay and Lesbian Task Force.

Guthrie, R. (1976). *Even the rat was white: A historical view of psychology.* Harper & Row.

Halleck, S. (1971). Therapy is the handmaiden of the status quo. *Psychology Today*, *4*, 30-34, 98-100.

Hatzenbuehler, M. L. (2009). How does sexual minority stigma "get under the skin"? A

psychological mediation framework. *Psychological Bulletin, 135*, 707-730. https://doi.org/10.1037/a0016441

Hendricks, M. L. & Testa, R. J. (2012). A conceptual framework for clinical work with transgender and gender nonconforming clients: An adaptation of the minority stress model. *Professional Psychology: Research and Practice, 43*(5), 460-467. https://doi.org/10.1037/a0029597

Hernandez-Wolfe, P. (2011). Decolonization and "mental" health: A mestiza's journey in the borderlands. *Women & Therapy*, *34*, 293-306. https://doi.org/10.1080/02703149.2011.580687

Hoffman, B. (2022, January 6). *One year later, our democracy is still in crisis.* American Civil Liberties Union. https://www.aclu.org/news/racial-justice/one-year-later-our-democracy-is-still-in-crisis

Katz, J. H. (1985). The sociopolitical nature of counseling. *The Counseling Psychologist*, *13*, 615-624. https://doi.org/10.1177/0011000085134005

Kendi, I. X. (2017). *Stamped from the beginning: The definitive history of racist ideas in America.* Bold Type Books.

Kerrison, E. M. (2018). Exploring how prison-based drug rehabilitation programming shapes racial disparities in substance use disorder recovery. *Social Science & Medicine, 199*, 140-147. https://doi.org/10.1016/j.socscimed.2017.08.002

Lachowsky, N. J., Dulai, J. J. S., Cui, Z., Sereda, P., Rich, A., Patterson, T. L., Corneil, T. T., Montaner, J. S. G., Roth, E. A., Hogg, R. S., & Moore, D. M. (2017). Lifetime doctor-diagnosed mental health conditions and current substance use among gay and bisexual

men living in Vancouver, Canada. *Substance Use & Misuse*, *52*(6), 785-797. https://doi.org/10.1080/10826084.2016.1264965

Landers, S. J. & Gilsanz, P. (2009). *The health of lesbian, gay, bisexual, and transgender (LGBT) persons in Massachusetts: A survey of health issues comparing LGBT persons with their heterosexual and non-transgender counterparts.* Commonwealth of Massachusetts: Department of Public Health.

Love, B. L. (2019). *We want to do more than survive: Abolitionist teaching and the pursuit of educational freedom*. Beacon Press.

Lyons, T., Shannon, K., Pierre, L., Small, W., Krusi, A., & Kerr, T. (2015). A qualitative study of transgender individuals' experiences in residential addiction treatment settings: Stigma and inclusivity. *Substance Abuse Treatment, Prevention, and Policy*, *10*(17), 1-6. https://doi.org/10.1186/s13011-015-0015-4

Martens, A. (2016, June 10). *Transgender people have always existed.* The American Civil Liberties Union of Ohio. https://www.acluohio.org/en/news/transgender-people-have-always-existed

Matsuzaka, S. & Koch, D. E. (2019). Trans feminine sexual violence experiences: The intersection of transphobia and misogyny. *Affilia: Journal of Women and Social Work, 34*(1), 28-47. https://doi.org/10.1177/088610991879029journals.sagepub.com/home/aff

Mayer, K. H., Bradford, J. B., Makadon, H. J., Stall, R., Goldhammer, H., & Landers, S. (2008). Sexual and gender minority health: What we know and what needs to be done. *American Journal of Public Health, 98*(6), 989-995.

McLemore, K. A. (2018). A minority stress perspective on transgender individuals' experiences with misgendering. *Stigma and Health*, *3*(1), 53-64. https://doi.org/10.1037/sah0000070

Merriam, S. B. (2009). *Qualitative research: A guide to design and implementation*. Jossey-Bass.

Meyer, I. H. (1995). Minority stress and mental health in gay men. *Journal of Health and Social Behavior, 36*(1), 38. https://search.proquest.com/docview/1300573827

Meyer, I. H. (2013). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations. *Psychology of Sexual Orientation and Gender Diversity, 1*(S), 3-26. https://doi.org/10.1037/2329-0382.1.S.3

Mignolo, W. (2005). *The idea of Latin America*. Blackwell.

Mishler, E. G. (1995). Models of narrative analysis: A typology. *Journal of Narrative and Life History, 5*(2), 87-123.

Mogul, J. L., Ritchie, A. J., & Whitlock, K. (2011). *Queer (in)justice: The criminalization of LGBT people in the United States.* Beacon Press.

Morris, E. R., Lindley, L., & Galupo, M. P. (2020). "Better issues to focus on": Transgender microaggressions as ethical violations in therapy. *The Counseling Psychologist*, *48*(6), 883-915. https://doi.org/10.1177/0011000020924391

Mountz, S. (2020). Remapping pipelines and pathways: Listening to queer and transgender youth of color's trajectories through girls' juvenile justice facilities. *Affilia: Journal of Women and Social Work, 35*(2), 177-199. https://doi.org/10.1177/0886109919880517journals.sagepub.com/home/aff

Nadal, K. L., Griffin, K. E., Wong, Y., Hamit, S., & Rasmus, M. (2014). The impact of racial microaggressions on mental health: Counseling implications for clients of color. *Journal of Counseling & Development, 92*, 57-66. https://doi.org/10.1002/j.1556-6676.2014.00130.x

National Association for Alcoholism and Drug Abuse Counselors (2021). *2021 code of ethics.* https://www.naadac.org/assets/2416/naadac_code_of_ethics_112021.pdf

O'Keefe Osborn, C. (2020, May 27). *LGBT community and substance abuse*. American Addiction Centers. https://www.detox.net/understanding-addiction/lgbt/

Parson, L. (2019). Considering positionality: The ethics of conducting research with marginalized groups. In K. Strunk & L. Locke (Eds.), *Research methods for social justice and equity in education*. (pp. 15-32). Palgrave Macmillan.

Ridley, C. R. (2005). Setting culturally relevant goals. In P. B. Pederson (Ed.)., *Overcoming unintentional racism in counseling and therapy: A practitioner's guide to intentional intervention* (2nd ed., pp. 106-123). Sage. https://doi.org/10.4135/9781452204468

Robinson, M. (2015, April 24). *Transgender patients are dodging doctors*. University at Buffalo. http://www.buffalo.edu/news/releases/2015/04/062.html

Ross, K. M. (2020, June 4). *Call it what it is: Anti-Blackness.* The New York Times. https://www.nytimes.com/2020/06/04/opinion/george-floyd-anti-blackness.html?unlocked_article_code=AAAAAAAAAAAAAAAACEIPuomT1JKd6J17Vw1cRCfTTMQmqxCdw_PIxftm3iWma3DLDm4eiOMNAo6B_EGKaqdkfdQ-mjqfQ85NdbYpWP03xOtWNE9rRhKz5JuYnZBPawMElbWOZEJklZTcQeJ_tjbwcmiyLOo4zee0703famb1CKXUgmkmIw02vcAzJgq1inZfzv2UFeck3YN_zu5hUs4hPUoIbCWNvvLqDxlsap7RPlyHtF5AC6wOUirTnNWc97sBbAxXbFrCR3t56m05g8hObJJVZO2sak59J7etxOkZGWdqL4y2BpAuRoeyl7pisbPFqhLk29NRjDisvcyzcVcrqT3B_9NV&smid=url-share

SAMHSA. (2020). *2019 national survey on drug use and health: Lesbian, gay, & bisexual (LGB) adults.* Retrieved from

https://www.samhsa.gov/data/sites/default/files/reports/rpt31104/2019NSDUH-LGB/LGB%202019%20NSDUH.pdf

Senreich, E. (2011). The substance abuse treatment experiences of a small sample of transgender clients. *Journal of Social Work Practice in the Addictions*, *11*, 295-299. https://doi.org/10.1080/1533256x.2011.592795

Shipherd, J. (2018, November). *Understanding the experience of trauma and minority stress in lesbian, gay, bisexual, and transgender populations: Implications for conceptualization, practice, and policy*. Symposium presented at the International Society of Traumatic Stress Studies Annual Meeting.

Shipherd, J. C., Berke, D., & Livingston, N. A. (2019). Trauma recovery in the transgender and gender diverse community: Extensions of the minority stress model for treatment planning. *Cognitive and Behavioral Practice*, *26*(4), 629-646. https://doi.org/10.1016/j.cbpra.2019.06.001

Shipherd, J. C., Green, K. E., & Abramovitz, S. (2010). Transgender clients: Identifying and minimizing barriers to mental health treatment. *Journal of Gay and Lesbian Mental Health*, *14*(2), 94-108. https://doi.org/10.1080/19359701003622875

Simons, L., Haas, D., Young, J., Massella, J., & Toth, P. (2018). The influence of gender, race, and education on professional responsibility of addiction professionals: Implications for multicultural practice. *Alcoholism Treatment Quarterly*, *36*(2), 255-273. https://doi.org/10.1080/07347324.2017.1420434

Singh, A. A., Appling, B., & Trepal, H. (2020a). Using the multicultural and social justice counseling competencies to decolonize counseling practice: The important roles of

theory, power, and action. *Journal of Counseling & Development, 98*, 261-271. https://doi.org/10.1002/jcad.12321

Singh, A. A., Nassar, S. C., Arredondo, P., & Toporek, R. (2020b). The past guides the future: Implementing the multicultural and social justice counseling competencies. *Journal of Counseling & Development, 98*, 238-252. https://doi.org/10.1002/jcad.12319

Singh, A. A., Parker, B., Aqil, A. R., & Thacker, F. (2020c). Liberation psychology and LGBTQ+ communities: Naming colonization, uplifting resilience, and reclaiming ancient his-stories, her-stories, and T-stories. In L. Comas-Diaz & E. Torres-Rivera (Eds.), *Liberation psychology: Theory, method, practice, and social justice* (pp. 207-224). American Psychological Association.

Spring, J. (2016). *Deculturalization and the struggle for equality: A brief history of the education of dominated cultures in the United States* (8th ed.). Routledge.

The Transgender Substance Abuse Treatment Policy Group of the San Francisco Lesbian, Gay, Bisexual, and Transgender Substance Abuse Task Force. (1995). *Transgender protocol: Treatment services guidelines for substance abuse treatment providers.* Author.

Urrieta, L., Mesinas, M., & Martinez, R. A. (2019). Critical Latinx indigeneities and education. *Association of Mexican American Educators Journal*, *13*(2), 145-174. https://doi.org/10.24974/amae.13.2.432

Vance, S., Cohen-Kettenis, P. T., Drescher, J., Meyer-Bahlburg, H. F. L., Pfafflin, F., & Zucker, K. J. (2010). Transgender advocacy groups' opinions on the current DSM gender identity disorder diagnosis: Results from an international survey. *International Journal of Transgenderism*, *12*(1), 1-14. https://doi.org/10.1080/15532731003749087

Walsh, M. & Goldberg, R. M. (2020). Rethinking counseling recruitment for transgender clients: Using content analysis to investigate trends. *Journal of LGBT Issues in Counseling*, *14*(3), 210-227. https://doi.org/10.1080/15538605.2020.1790466

Wang, C. & Burris, M. A. (1997). Photovoice: Concept, methodology, and use for participatory needs assessment. *Health Education & Behavior*, *24*(3), 369-387. https://doi.org/10.1117/109019819702400309

Wang, C., Burris, M., & Xiang, Y. (1996). Chinese village women as visual anthropologists: A participatory approach to reaching policymakers. *Social Science & Medicine, 42*(10), 1391-1400. https://doi.org/10.1016/0277-9536(95)00287-1

White, W. L. (2002). Addiction treatment in the United States: Early pioneers and institutions. *Addiction*, *97*(9), 1087-1092. Retrieved from http://www.williamwhitepapers.com/pr/2002%20Addiction%20Treatment%20in%20the%20United%20States.pdf

Wolf, E. C. M. & Dew, B. J. (2012). Understanding risk factors contributing to substance use among MTF transgender persons. Journal of LGBT Issues in Counseling, *6*(4), 237-256. https://doi.org/10.1080/15538605.2012.727743

Wrenn, G. C. (1962). The culturally encapsulated counselor. *Harvard Educational Review*, *32*, 444-449.

Yu-Hsin Liao, K., Kashubeck-West, S., & Weng, C-Y. (2015). Testing a mediation framework for the link between perceived discrimination and psychological distress among sexual minority individuals. *Journal of Counseling Psychology*, *62*(2), 226-241. https://doi.org/10.1037/cou0000064

CHAPTER 2

IMPROVING SUBSTANCE USE COUNSELING ENVIRONMENTS FOR QUEER, TRANS, BLACK, AND INDIGENOUS (QTBIPOC) PEOPLE OF COLOR: A CALL TO THE FIELD

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Abstract

There is minimal literature that examines the lived experiences of queer, transgender, Black, and Indigenous people of color (QTBIPOC) in substance use disorder counseling environments. However, previous literature supports the lack of affirmative counseling care that QTBIPIOC experience in counseling settings. For example, QTBIPOC experience forms of discrimination through microaggressions that insult, assault, and invalidate their lived experiences in counseling settings (Chang et al., 2017; Morris et al., 2020; Senreich, 2011). By understanding how QTBIPOC experience minority stress throughout their lives and the necessary skills to affirm these experiences in counseling settings, substance use disorder counselors can further enhance the counseling care they provide to QTBIPOC communities. Specifically, substance use disorder counselors must develop the knowledge, awareness, and skills necessary to understand QTBIPOC experiences and utilize QTBIPOC experiences in substance abuse recovery approaches to enhance substance use counseling practices. This conceptual paper provides recommendations for substance use disorder counselors and institutions to develop these competence areas in serving the unique cultural needs of QTBIPOC.

Improving Substance Use Counseling Environments for Queer, Trans, Black, and Indigenous (QTBIPOC) People of Color: A Call to the Field

There has been growing literature on the everyday minority stress that queer and transgender people experience (Casey et al., 2019; Matsuzaka & Koch, 2019; Mountz, 2020; Shipherd et al., 2019). However, little research focuses on queer, trans, Black, and Indigenous people of color (QTBIPOC) minority stress. QTBIPOC is a collective acronym that encompasses historically minoritized groups and their experiences based on Black, Indigenous (e.g., Native Americans, American Indians, Alaskan Natives) identities, as well as various groups of color and their identities (e.g., Asian Pacific Islanders, Nonwhite Latinx, Hispanic, Arab, and Middle Eastern North African people) (Smith, 2021). Instead of referring to racial and ethnic minoritized communities as people of color, BIPOC terminology illustrates the relationship between Black communities, Indigenous communities, and Anti-Blackness (Smith, 2021). This specificity is important when examining minoritized experiences, given that only using terminology such as POC contributes to Indigenous erasure and undermines Black experiences with Anti-Blackness (Ross, 2020; Smith, 2021).

Even less scholarship examines the minority stress that QTBIPOC experience in substance use disorder counseling (Lyons et al., 2015), whether concerning their counselors or counseling environments. Minority stress is additive stress that QTBIPOC experience due to anti-trans/queer stigma, prejudice, and discrimination (Childs, 1990; Meyer, 1995, 2013) in interpersonal relationships and institutional settings. Minority stress also stems from Anti-Blackness, which is defined as a theoretical framework that recognizes society's inability to

humanize Black communities and instead dehumanizes and engages in violence against Black communities (Khair, 2016; Puar, 2007; Reddy, 2011; Ross, 2020).

The United States (U.S.) has a significant history of Anti-Blackness that still contributes to QTBIPOC racism. Despite the current ideas of a post-racist America, racially oppressive systems still exist in America. Furthermore, Anti-Blackness is not a phenomenon that stems from ignorance but instead from planned and deliberate tactics of oppression. For example, white theorists have deliberately constructed narratives about Black communities to justify slavery, violence, and exploitation throughout history (Kendi, 2017). Specifically, narratives have demonized Black communities as lazy, evil, and bestial and portrayed them as grateful and obedient slaves who enjoy their enslavement to justify slavery and racial oppression (Kendi, 2017).

These narratives about Black communities currently shift back and forth to protect white interests and racial dominance. Specifically, QTBIPOC are still demonized as drug traffickers, looters, and aggressive, which ties back to historical demonization myths and currently contributes to the mass incarceration of Black communities (Alexander, 2020; Kendi, 2017). Yet, Black community members who can establish personal success are used as examples to support the illusion of a post-racial America, the idea that racial oppression no longer exists (Alexander, 2020). Furthermore, Anti-Blackness also pervades queer and trans spaces (Furman et al., 2018). For example, hypervisibility has been historically placed on white queer and trans individuals, leading QTBIPOC to protest and advocate for increased visibility, especially to illustrate the continuous murders of QTBIPOC women in the United States (Cohen, 1997; Furman et al., 2018; Schares, 2019).

Through the minority stress that stems from oppression, QTBIPOC can experience negative mental health outcomes in the forms of psychological stress and substance abuse (Calabrese et al., 2015; Goodyear, 2020; Lachowsky et al., 2017). Specifically, QTBIPOC experience significant stressors related to the intersections of racism, heterosexism, sexism, etc. (Calabrese et al., 2015). For example, sexually minoritized Black women reported higher levels of discrimination and poorer psychological and social well-being than sexually minoritized white women and Black men (Calabrese et al., 2015). Therefore, substance use disorder counselors must be well-versed in reducing the harm of minority and intersectional stress when working with QTBIPOC in counseling settings.

Since the 1940s, multicultural and social justice leaders fought to establish multicultural and social justice counseling competencies to affirm and support minoritized communities, whose struggles remained invisible to the counseling profession for decades (Guthrie, 1976; Halleck, 1971; Katz, 1985; Singh et al., 2020a; Wrenn, 1962). According to the Multicultural and Social Justice Counseling Competencies (MSJCC) that stemmed from these social justice movements, counselors, in general, should develop the awareness, knowledge, and actions necessary to affirm clients with minoritized identities in counseling practice. (Ratts et al., 2015). In addition, the Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC) states that counselors must acknowledge how substance abuse interferes with QTBIPOC counseling goals as part of effective counseling practice (ALGBTIC, 2009a, 2009b). However, multicultural counseling has not historically been a primary focus in substance use disorder counseling training or substance use disorder research (Simons et al., 2018). Furthermore, efforts to address cultural diversity in substance use disorder counseling practice have historically ignored QTBIPOC struggles (Mayer et al., 2008).

The lack of focus in providing affirmative substance use disorder counseling to QTBIPOC is significant to address, given how LGBTQ+ communities have been increasingly seeking out substance use disorder counseling to cope with minority stress within the last few years (SAMHSA, 2020). Furthermore, co-occurring mental health struggles and substance abuse have also increased among LGBTQ+ communities, making affirmative substance use disorder counseling services essential for QTBIPOC communities (SAMHSA, 2020). However, qualitative research that examines the lived experiences of Indigenous trans community members shows that as QTBIPOC seek out substance use disorder counseling services, they can also encounter minority stress through inequitable treatment and experience stigma from counselors in counseling settings (Lyons et al., 2015).

This chapter examines how substance use disorder counselors and institutions can improve their counseling services when working with QTBIPOC in substance use disorder counseling settings. First, this chapter will discuss how enhancing counseling services with QTBIPOC involves developing knowledge about how QTBIPOC experience structural violence. Specifically, this chapter will examine how microaggressions, assault, incarceration, and impaired access to affirming healthcare contribute to structural violence towards QTBIPOC. Secondly, this chapter will examine how enhancing counseling services with QTBIPOC involves developing awareness of how stigma from substance use disorder counselors further harms these communities during counseling services.

Without developing knowledge about structural violence or awareness about stigma towards QTBIPOC in counseling environments, counseling institutions run a significant risk of engaging in further harm and therapeutic failure when providing substance use disorder counseling to these communities. Furthermore, substance use disorder counselors can promote

further cultural mistrust when QTBIPOC interact with healthcare professionals in the future (Ridley, 2005). Lastly, this chapter explores culturally affirmative counseling approaches that honor QTBIPOC minoritized experiences within counseling settings as ways to enhance counseling care. Culturally affirmative counseling approaches honor QTBIPOC voices in counseling settings and improve counseling effectiveness with QTBIPOC (Chan & Henesy, 2018; Ratts et al., 2015).

By providing space to honor QTBIPOC voices in substance use disorder counseling settings, QTBIPOC can be empowered to explore liberation from minoritized stress, which can empower QTBIPOC substance abuse recovery. Furthermore, promoting safe environments for QTBIPOC to tell their stories allows counselors to engage in liberation from oppressive ideologies that could be influencing the way they interact with QTBIPOC, which can further enhance their assessment and analytical skills when working with minoritized communities in institutional practice (Jost & Janicka, 2020; Ratts et al., 2015). By developing knowledge, awareness, skills, and action as part of counselor development, substance use disorder counselors can enhance counseling environments and their treatment care with QTBIPOC (Ratts et al., 2015).

The Influence of Structural Oppression on QTBIPOC Lives

Substance use disorder counselors should be aware that QTBIPOC have a significant t-story (the transgender alternative to the dominant use of the word history) of oppression and structural violence that have created long-lasting impacts of harm throughout their lives (Matsuzaka & Koch, 2019; Mogul et al., 2011). The Trauma and Minority Stress Exposure Model illustrates how QTBIPOC experience minority stress due to their interactions with discrimination and trauma in their daily environments (Shipherd et al., 2019). The Trauma and

Minority Stress Exposure Model further explains that as QTBIPOC experience discrimination, microaggressions, and trauma throughout their lives, these experiences can collectively cause internal forms of stress related to self-hatred, guilt, and shame, as well as contribute to substance use (Goodyear, 2020; Lachowsky et al., 2017; Mereish & Bradford, 2014; Shipherd et al., 2019). Lack of knowledge about QTBIPOC and these experiences with minority stress can lead to dissatisfaction among QTBIPOC when receiving counseling services (Cronin, 2017; Pepping et al., 2017). Therefore, substance use disorder counselors and institutions must be knowledgeable about the t-stories of oppression and social obstacles in the lives of QTBIPOC if they are to affirm their lived experiences, accurately understand treatment needs, and engage in effective counseling with QTBIPOC.

How Intersectional Microaggressions Impact the Lives of QTBIPOC

QTBIPOC experience structural violence through experiencing invalidation about their intersectional minoritized identities throughout their daily interactions (Nadal et al., 2016; Sue, 2010). Sue (2010) defines these forms of invalidation as microaggressions, which are messages that communicate hostility and derogatory insults to minoritized people based on their identities. Microaggressions can present as insults, assaults, and forms of invalidation from interactions with others or social environments to demonstrate antagonism towards minoritized communities (Sue, 2010; Woodford et al., 2013; Woodford et al., 2017). For example, 54% of trans youth experienced verbal harassment in school, 24% were physically assaulted, and 13% were sexually assaulted due to their minoritized identities (James et al., 2016).

QTBIPOC can experience microinsults through receiving explicit comments about their identities that are harmful, even when unintentionally made by others (DeSouza et al., 2017). Furthermore, QTBIPOC can experience microassaults through experiencing intentional name-

calling, bullying, threats, and avoidance by others related to their minoritized identities (Vaccaro & Koob, 2019). QTBIPOC can also experience microinvalidations through actions that erase or invalidate minoritized experiences, such as when organizations remove forms of support for minoritized communities due to not seeing the need for them (Munro et al., 2019). Microinvalidations also occur when QTBIPOC are told that they are accepted for their gender identities yet are only praised when receiving gender reassignment surgery, which invalidates trans individuals who do not wish to transition physically (Vaccaro & Koob, 2019). Furthermore, QTBIPOC can experience microinvalidations when told that they overreact to experiences of discrimination and oppression (Munro et al., 2019).

As QTBIPOC navigate these various stressors throughout their environments, their experiences with general microaggressions can lead to lowered self-acceptance and psychological wellness, and posttraumatic stress symptoms (Robinson & Rubin, 2016; Woodford et al., 2014). Specifically, James et al. (2016) discovered that 39% of trans individuals experienced significant psychological distress in one month compared to 5% of cisgender counterparts due to experiences with microaggressions and violence. Furthermore, being misgendered has also been associated with anxiety, depression, and overall stress among QTBIPOC (Galupo et al., 2020; McLemore, 2018). Microaggressions are also significantly related to a history of suicide attempts among trans communities (Austin et al., 2020).

Based on the impacts of microaggressions on QTBIPOC mental health, substance use disorder counselors and institutions must understand the importance of being knowledgeable about microaggressions and their harm when occurring in substance use disorder counseling. In addition, substance use disorder counselors and institutions must be knowledgeable about the t-stories of experienced assault, murder, and incarceration directed towards QTBIPOC

communities on a macro-level to affirm and understand QTBIPOC experiences with structural violence.

QTBIPOC Stories of Assault, Murder, and Incarceration

To affirm and support QTBIPOC in counseling settings, substance use disorder counselors and institutions should understand how targeted assault, murder, and incarceration impact QTBIPOC health. QTBIPOC are targeted for assault throughout various settings in their lives, which can often lead to experiences of trauma among these communities (Mountz, 2020). Specifically, transfeminine individuals are at a higher risk for sexual assault compared to all other social groups within the U.S. population (Matsuzaka & Koch, 2019). QTBIPOC experiences of sexual assault are known to be related to trauma, substance abuse, agoraphobia, depression, self-esteem, survival in sex work, health issues, isolation, and suicidal ideation (Matsuzaka & Koch, 2019). Research also indicates that QTBIPOC can become fearful of public spaces, suicidal if exposed to HIV during sexual assault, and experience symptoms related to Post-Traumatic Stress Disorder after experiencing sexual assault (Matsuzaka & Koch, 2019).

Furthermore, at least 45 trans murders occurred in 2021, most of them occurring towards QTBIPOC (Rummler & Sosin, 2021). It has also been reported that at least 22 trans and non-conforming individuals are victims of fatal violence per year, with 81% being under the age of 30 (Human Rights Campaign Foundation, 2019). In 2019, 331 trans and non-conforming individuals were murdered in countries such as Brazil and Mexico (San Diego LGBT Community Center, 2019). Alphonso David, president of the HRC in 2019, reported that more than 150 trans people had been murdered in the United States, most of them being Black trans women (Human Rights Campaign Foundation, 2019). Given these current statistics, a public

health crisis exists for QTBIPOC (Aspegren, 2020; Garza, 2019; Human Rights Campaign Foundation, 2019; Uwumarogie, 2019).

While hate crime laws were designed to protect minoritized communities from targeted forms of harm, evidence has indicated that hate crime laws can contribute to structural violence towards QTBIPOC instead of protect them from harm (Mogul et al., 2011). In addition, QTBIPOC youth are also profiled as perpetrators of hate crimes in predominantly white/gay neighborhoods due to being perceived as not "belonging" to those neighborhoods and homoantagonistic stereotypes of being dangerous towards heterosexual/cisgender communities of color (Mogul et al., 2011).

In regards to examining QTBIPOC experiences of incarceration, QTBIPOC youth disclosed how experiences of family rejection, bullying, and discrimination from school, the shifts between schools and other settings due to systems involvement (e.g., foster care), and limited opportunities for finishing school led to independent survival strategies for safety, which would involve illegal activities (e.g., shoplifting for clothes) (Mountz, 2020). Furthermore, the rates of imprisonment among youth of color are significantly high compared to white youth, with Black youth being 4.9 times more likely to be incarcerated and to have longer sentences than white youth (W. Haywood Burns Institute, 2016). Indigenous youth were also 4.2 times as likely, and Hispanic youth were 1.5 times more likely to be incarcerated with longer sentences than white youth (W. Haywood Burns Institute, 2016). According to Irvine and Canfield (2016), 20% of incarcerated youth identified as LGBTQ+, with 85% being youth of color.

Furthermore, research has confirmed that QTBIPOC youth are particularly vulnerable to experiencing violence, isolation, neglect, and discrimination before and during imprisonment (Mountz, 2020). Specifically, prisons and jails are known to punish deviance from gender and

sexual norms through overlooked sexual violence, forced segregation, and failure to provide medically necessary treatment (e.g., hormone therapy) to trans and queer individuals (Mogul et al., 2011). Therefore, due to targeted experiences of assault, murder, and incarceration towards QTBIPOC, substance use disorder counselors must be knowledgeable about how these forms of structural violence impact physical, emotional, and mental health among QTBIPOC to ensure that they receive affirmative and trauma-based substance use disorder counseling services.

Inequitable Access and Treatment in QTBIPOC Healthcare

When seeking out affirming healthcare and gender-related treatment services, QTBIPOC can often receive treatment services from health providers who do not have specialized experience in working with their communities in healthcare (Ducheny, 2017). It is also crucial for substance use disorder counselors and institutions to understand how lack of access to medical information, discomfort in speaking with healthcare providers, and inequitable access to insurance can present obstacles to receiving affirming healthcare for QTBIPOC (Rahman et al., 2019). Specifically, lack of access to insurance can lead to obstacles in obtaining necessary medical examinations to ensure safety during gender transition (Rahman et al., 2019). In addition, lack of access to adequate healthcare can tempt trans individuals to share needles for gender transition treatments, putting them at further risk for contracting HPV and Hepatitis C (Sanchez et al., 2009). Due to also having to educate their primary care providers and feeling uncomfortable with discussing minoritized health needs with primary care providers, some QTBIPOC do not have their healthcare needs adequately met (Bradford et al., 2013).

Furthermore, QTBIPOC have experienced abuse through harsh and abusive language and physical aggression from healthcare providers (Lambda Legal, 2010). QTBIPOC have also been refused to be touched during medical examinations and have been blamed for their health

situations by healthcare providers (Lambda Legal, 2010). With these reports in mind, various forms of stigma ultimately harm QTBIPOC and dismiss QTBIPOC voices and experiences when receiving treatment services. These forms of stigma further contribute to cultural mistrust among QTBIPOC, which prevents them from reaching out for further treatment services (Hoetger et al., 2020; Polly & Nicole, 2011). When clinicians and counseling institutions intentionally honor QTBIPOC voices and experiences, they learn how to effectively meet the needs of these communities while in substance use disorder counseling, provide them with effective treatment and resources, and empower these voices to seek further healing.

Overall, there is a significant call to the field for substance use disorder counselors and institutions to understand how significant forms of violence, such as microaggressions, assault, incarceration, and impaired access to healthcare, impact QTBIPOC. Without knowing and understanding these QTBIPOC experiences, there will be further occurrences of laboring QTBIPOC individuals with educating substance use disorder counseling institutions, resulting in therapeutic harm and cultural mistrust.

Stigma Towards QTBIPOC in Counseling Settings: How Awareness can Inform Substance Use Disorder Counselors

According to Bradford et al. (2013), 25% of gender and sexual minorities reported needing but not receiving counseling services. Even among gender and sexual minorities who can access counseling services, these minoritized communities can experience stigma by cisgenderism and homoantagonism throughout various counseling settings, contributing to minority stress (Singh et al., 2020b). Substance use disorder counselors and institutions must be aware of how stigma towards QTBIPOC is present in counseling settings to prevent stigma in their work with QTBIPOC.

Invalidation and Stigma in QTBIPOC Counseling

QTBIPOC can receive messages that their gender identities are not valid and that "they do not exist" (Chang et al., 2017; Morris et al., 2020). For example, gender minorities whose physical appearances do not match their gender identities can experience misperceptions from others, causing them minority stress in the process (Chang et al., 2017). Specifically, QTBIPOC are misgendered by counselors in counseling settings (Morris et al., 2020; Senreich, 2011). QTBIPOC are also often assumed to be wanting to transition to the opposite gender binary identity of the gender assigned to them at birth, which omits narratives and feelings of genderqueer individuals (Chang et al., 2017; de Vries, 2012; Spade, 2006). Also, non-binary individuals can experience microaggressions through being pressured to identify with a binary gender identity and pursue transition towards those binary gender identities (Bradford et al., 2013). Even when counseling institutions think they are trying to help queer communities find self-actualization by enforcing gender binary-based identities on their clients, these actions are harmful to QTBIPOC. These microaggressions are an imposition of cisgender-based values and serve as a form of erasure for queer communities and their identities. In fact, these experiences can further be identified as microinvalidations, which can discourage QTBIPOC from seeking counseling services (Ridley, 2005; Sue, 2010). These points are essential for substance use disorder counselors and institutions to consider, given that experiences of discrimination can lead to expectations of rejection, which lead to further experiences of distress and potential therapeutic harm in counseling settings (Hatzenbuehler, 2009; Yu-Hsin Liao et al., 2015).

QTBIPOC noted that clinicians and counseling settings they have worked with were incompetent with gender and sexual minorities due to stigma-based attitudes about their identities (Morris et al., 2020). Specifically, genderqueer individuals were stigmatized with

personality disorders and clinical conceptualizations that deemed them unstable or with an impaired sense of identity based on their gender identity and expression (Meyer-Bahlburg, 2010). For example, homosexuality was historically conceptualized as paraphilia in the psychological literature (Singh et al., 2020b). Gender identity disorder and gender dysphoria were also developed to pathologize any gender identity that does not fit the gender binary and reinforce cisgenderism (Singh et al., 2020b). Furthermore, these forms of pathology have often discredited and obstructed QTBIPOC in various situations (e.g., childcare disputes, receiving mental health care, serving in the military, etc.) (Vance et al., 2010). These types of stigmatization stem from microaggressions rooted in cisgenderism, heterosexism, and trans antagonism and provide QTBIPOC with unhelpful and harmful interventions when present in mental health care. QTBIPOC are also falsely conceptualized as wanting "special treatment" compared to cisgender community members due to their needs for gender-inclusive restrooms and gender-neutral pronouns (Herman, 2013). Overall, these microaggressions negate the various needs of QTBIPOC and perpetuate cisgenderism against them (Sue, 2010).

Essentialism as Stigma in QTBIPOC Substance Use Disorder Counseling

QTBIPOC also experience the risk of being essentialized by counselors in counseling settings. Specifically, minoritized experiences of discrimination and oppression can be misunderstood as being similar across individuals due to their perceived similarities in identities, regardless of present differences in their identities and non-visible t-stories (Delgado & Stefancic, 2017). Essentializing minoritized experiences distorts and erases minoritized individuals' unique experiences, identities, and needs by treating all minorities as entirely alike in their struggles (Delgado & Stefancic, 2017). Substance use disorder counselors and institutions can fall into the trap of treating all minoritized social groups the same way if clients

are perceived through an essentialist point of view (Delgado & Stefancic, 2017). Essentialism can also influence counselors and counseling institutions to engage in treatment planning similarly among minoritized social groups, ignoring distinct and diverse cultural needs and experiences within those cultural groups. Therefore, essentialism is a dangerous perspective that can neglect QTBIPOC when receiving counseling services and counselors need to be aware of this danger when counseling minoritized communities.

Counselors must know Intersectionality Theory when working with QTBIPOC in substance use disorder counseling (Pantoja-Patiño, 2020). Sojourner Truth openly shared her complex and intersectional experiences of sexism and racism as a Black woman, which led to the creation of what is known as Intersectionality Theory (BlackPast.org., n.d.). Intersectionality Theory is understood as when individuals experience oppression based on holding multiple minoritized identities, in which forms of oppression intersect in complex ways (Bowleg, 2012; Crenshaw, 1991; Delgado & Stefancic, 2017; hooks, 1981; Linder, 2016). Intersectionality Theory is important to understand among QTBIPOC as they navigate the intersections of Anti-Blackness and Indigenous erasure throughout their life experiences. Therefore, Intersectionality Theory is essential in allowing minoritized communities to name their complex, unique, and connecting experiences of oppression when they hold plural minoritized identities.

Furthermore, substance use disorder counselors and institutions must be familiar with how racial identity development, gender identity development, and sexual orientation development intersect among QTBIPOC as part of holistically conceptualizing QTBIPOC experiences (Collins, 1990; Crenshaw, 1989; King, 1988; Lorde, 1984). Specifically, gender development intersects with other forms of social development, including racial development, sexual development, and other forms of cultural development (e.g., social development regarding

ability, religion, etc.) as QTBIPOC navigate their life experiences (Collins, 1990; Crenshaw, 1989; King, 1988; Lorde, 1984). This knowledge helps inform substance use disorder counselors and institutions about the salience of diverse and intersectional experiences among QTBIPOC to promote affirmative counseling.

Without understanding intersectionality, counselors and institutions can also assume that one minoritized identity is more salient than another and miss important ways that minoritized experiences intersect in the lives of QTBIPOC (Delgado & Stefancic, 2017). Furthermore, limitations of traditional minority stress models label intersectional stressors as "additive stressors" without acknowledging the complexities of how intersectional stressors can be fluid in their impact on minoritized lives (Hoy-Ellis, 2021). Intersectionality focuses on minoritized individuals holding different minoritized identities and the varying experiences that frame how those identities intersect in daily life.

Specifically, QTBIPOC often have to learn how to navigate gender expectations while also navigating their intersectional racial identities, both simultaneously and at different times throughout lived experiences (de Vries, 2012). For example, Black trans women can have uniquely different intersectional experiences related to their identities than Black trans men (de Vries, 2012). QTBIPOC communities, as well as various communities of color (e.g., Pacific Islanders, Native Americans, Latinx communities, etc.), experience unique forms of cultural erasure due to white colonization, which erases their complex lived experiences and creates dominant white narratives about minoritized lives (Crozier, 2021; Goodluck, 2020; Urrieta et al., 2019). Specifically, QTBIPOC can experience anti-trans/queer stigma and cultural invisibility across social settings due to the dominant white and cisgender perspectives that minimize and ignore their lived experiences (Crozier, 2021; Goodluck, 2020). When counselors and counseling

institutions do not understand intersectionality, they can ultimately misunderstand minoritized clients and their treatment needs.

The Importance of Honoring QTBIPOC in Counseling: How we can Change the Counseling Field to Affirm QTBIPOC

Substance use disorder counselors and institutions should not only be knowledgeable and aware of QTBIPOC experiences of minority stress, but they should also be aware of concrete strategies to affirm QTBIPOC in counseling spaces. For example, substance use disorder counselors can enhance counseling practices by intentionally holding spaces of liberation for QTBIPOC, promoting story-telling and counter-narratives among QTBIPOC, and recognizing personal sources of resilience that affirm QTBIPOC experiences and empower them during their substance abuse recovery.

Spaces of Liberation Among QTBIPOC

Since the 1940s and 1950s, various groups, such as the Mattachine Society and the Daughters of Bilitis, created affirmation, coping, and healing groups for lesbian and gay community members navigating systemic oppression (D'Emilio, 1983). These groups established the foundation for the understanding that stories of QTBIPOC lives cannot be created or developed by those who may oppress them but instead by QTBIPOC themselves (Freire, 2000). Furthermore, as QTBIPOC experience various forms of oppression and stigma throughout their experiences in social spaces, QTBIPOC can internalize ideas that damage their self-esteem about their minoritized identities (Greene, 2019; Singh et al., 2020b). Therefore, spaces created by voices of QTBIPOC are what can engage QTBIPOC in liberation and promote healing among these communities from various forms of oppression that impact them (Freire, 2000).

According to Freire (2000), liberation for oppressed communities can occur through two stages. First, those who experience oppression speak out on how oppression operates in the world and commit themselves to transforming the world to dismantle oppression (Freire, 2000). Secondly, the personal transformations that occur through liberation cause experiences of oppression to no longer belong to the oppressors and instead become a personal pedagogy that works towards complete liberation (Freire, 2000). As counselors begin to examine how they can utilize their social justice work in counseling minoritized communities, Freire's conceptualization of liberation (2000) is essential for how liberation can disrupt oppressive dynamics throughout counseling institutions and the relationships they build with QTBIPOC.

Substance use disorder counselors and institutions must also take the time to understand the stressors and narratives of QTBIPOC lives. As Freire (2000) stated, QTBIPOC voices are the only ones who can share the truths of their experiences, especially related to experiences of oppression and resilience. This insight is further supported by the fact that QTBIPOC have illustrated the need to have a stronger representation of their narratives with public audiences and within social science research (de Vries, 2012). By providing a space of empowerment and story-telling for QTBIPOC, these communities can address their experiences of harm in substance use disorder counseling and ways to enhance counseling services for their communities. These spaces of empowerment and healing are vital given the stigma they can experience in and out of counseling.

QTBIPOC Story-Telling and Counter-Narratives in Counseling Settings

Forms of therapy rooted in honoring personal narratives, such as Narrative Therapy, allow QTBIPOC to re-story false narratives that have been projected upon them by oppressive discourses (Moe et al., 2017). Specifically, counter-narratives, also known as *realismo critico*,

are especially liberatory for QTBIPOC, given how the mental health industrial complex perpetuates ideologies of heterosexism and cisgenderism (Greene, 2019; Singh et al., 2020b). In addition, liberation psychology illuminates the importance of counter-narratives and how they can be restorative to minoritized communities while engaging in therapy spaces (Martin-Baro, 1994).

Queer Theory and Hip Hop Therapy are also therapeutic approaches that allow QTBIPOC to openly deconstruct models of oppression and establish their own stories of resilience within therapeutic settings (Frank & Cannon, 2010; Goodrich & Ginicola, 2017; Levy et al., 2019; Love, 2017; RehabCenter, 2019; Stevens, 2012; Veltre & Hadley, 2012; Washington, 2015). Through affirming QTBIPOC and their counter-narratives in therapy settings, substance use disorder counselors provide these communities with space to explore their sense of purpose, self-acceptance, and self-actualization during oppressive experiences (Chavez et al., 2016). Alongside understanding counseling approaches that can promote story-telling and counter-narratives with QTBIPOC, substance use disorder counselors and institutions must take the time to recognize current strengths among QTBIPOC and utilize counseling approaches that honor those strengths in recovery management.

The Importance of Recognizing Resilience and Health Equity Among QTBIPOC

Substance use disorder counselors and institutions must recognize and utilize t-stories of resilience and theories of health equity to promote affirmative care in counseling QTBIPOC. For example, substance use disorder counselors and institutions should know that QTBIPOC have been historically engaging in movements of resistance against oppression across generations (D'Emilio, 1983). Despite various forms of oppression and violence that occur towards QTBIPOC, there are many ways that QTBIPOC resist these forms of oppression and claim their

collective healing. It is essential for substance use disorder counselors and institutions to understand how QTBIPOC engage in their strength and healing, especially due to predominant narratives that portray these communities as wounded and ultimate victims (Hudson & Romanelli, 2020).

For example, QTBIPOC can find healing and strength through community acceptance, feelings of interconnectedness, resource sharing, collective advocacy, and community power (Hudson & Romanelli, 2020). When QTBIPOC have access to community acceptance, they can find both physical and emotional safety, spaces where they can be authentic, and a sense of belonging (Hudson & Romanelli, 2020). Community acceptance also mitigates the harmful effects of heterosexism and cisgenderism experienced by QTBIPOC in various social settings (Fredriksen-Goldsen et al., 2014). Therefore, counselors must be attentive to the levels of community acceptance present among QTBIPOC. Also, substance use disorder counselors and institutions must ask themselves how they create and maintain community acceptance within their counseling settings, especially when QTBIPOC are not experiencing community acceptance in their lives outside of counseling spaces.

When QTBIPOC experience interconnectedness and resource sharing, they specifically experience the benefits of affirming medical and legal referrals, housing resources, and social support networks (Hudson & Romanelli, 2020). These referrals and resources are beneficial for promoting survival among QTBIPOC who struggle with poverty and provide them with assistance in locating supportive healthcare providers (Hudson & Romanelli, 2020). When QTBIPOC receive recommendations for affirmative healthcare providers, it encourages them to continue seeking treatment from healthcare professionals despite previous discriminatory experiences (Hudson, 2019; Romanelli et al., 2018). By providing each other with resources,

QTBIPOC can experience feelings of empowerment, knowing that they can benefit their communities through resources and education (Pinto et al., 2008; Wong et al., 2010). Substance use disorder counselors and institutions must also explore the knowledge of resources among QTBIPOC to learn about and provide needed services to QTBIPOC clients. Also, substance use disorder counselors and institutions must ensure that their clients have access to needed health resources as part of relapse prevention planning.

Sources of community power can promote resourcefulness and creativity among QTBIPOC, which can enhance relapse prevention planning (Hudson & Romanelli, 2020; Miller et al., 2019). Community power can also allow QTBIPOC to wonder about ways to make the world safer for future generations of QTBIPOC, which restores a sense of purpose and belonging among QTBIPOC who may feel isolated and engage in substance abuse to cope with this isolation (Johnson et al., 2014; Meyer, 1995; Singh & McKleroy, 2011). Substance use disorder counselors and institutions must also acknowledge and understand protective community factors that can help QTBIPOC deal with minority stress. For example, Anderson (2009) and Padilla et al. (2010) identified parental/familial support as essential in protecting QTBIPOC from minority stress. Substance use disorder counselors and institutions are encouraged to consider how affirming support networks play an integral role in recovery management when providing substance use disorder counseling to QTBIPOC.

Nadal et al. (2011) also identified that resilience and empowerment were essential in coping with QTBIPOC microaggressions. To develop and enhance one's critical lens towards understanding QTBIPOC resilience, substance use disorder counselors and institutions must consider the utilization of the Health Equity Promotion Model (Fredriksen-Goldsen et al., 2017; Fredriksen-Goldsen et al., 2014). When substance use disorder counselors and institutions utilize

the Health Equity Promotion Model, they can holistically assess forms of oppression that impact QTBIPOC holistic health and health-promoting influences accessible to QTBIPOC to help them cope with oppression (Hudson & Romanelli, 2020). The Health Equity Promotion Model assesses forms of resilience rooted in health-promoting behaviors (e.g., exercise), social support, psychology (e.g., coping processes), and protective biological factors that can support QTBIPOC in maintaining their well-being when experiencing structural violence (Fredriksen-Goldsen et al., 2014).

The Health Equity Promotion Model can be used in conjunction with other addiction treatment models, given its client-centered focus on allowing minoritized communities to identify health and wellness sources in their lives to maintain recovery (Hudson & Romanelli, 2020; Miller et al., 2019). Understanding this model and how QTBIPOC engage in resilience are important elements for substance use disorder counselors and institutions to know when working with minoritized communities in counseling. These elements of strength, empowerment, and collective healing steer substance use disorder counselors and institutions away from conceptualizing their QTBIPOC clients as total victims, which allows them to holistically see their clients in empowering ways (Hudson & Romanelli, 2020). To further promote resilience among QTBIPOC clients in counseling settings and prevent minority stress in counseling settings, counseling institutions must consider various ways to ensure that they are providing affirmative counseling practices.

Recommendations for Affirmative QTBIPOC Substance Use Disorder Counseling

Substance use disorder counselors and institutions must closely examine their counseling practices to effectively meet QTBIPOC needs in counseling. Based on the literature on QTBIPOC minority stress and affirmative counseling, there are four recommendations that

counselors and institutions must consider in their work with QTBIPOC. Specifically, these four recommendations are based on the multicultural and social justice competencies (Ratts et al., 2015). To provide affirmative substance use disorder counseling to QTBIPOC, counselors and institutions must develop the knowledge, awareness, skills, and advocacy approaches necessary to affirm QTBIPOC experiences in counseling (Ratts et al., 2015).

Developing Knowledge to Affirm QTBIPOC in Substance Use Disorder Counseling

To develop the knowledge necessary to affirm QTBIPOC in substance use disorder counseling, counselors and institutions must listen to QTBIPOC and their stories of oppression and resilience (Moe et al., 2017). Counselors and institutions must also consider using theoretical models, such as the Trauma and Minority Stress Exposure Model and Socio-Multidimensional Sexual And Gender Minority Oppression Framework in substance use disorder counseling (Pantoja-Patiño, 2020; Shipherd et al., 2019). Incorporating these theoretical models in counseling work helps substance use disorder counselors and institutions understand complex cultural experiences among QTBIPOC and how these experiences influence substance use behaviors (Goodyear, 2020; Lachowsky et al., 2017; Mereish & Bradford, 2014; Shipherd et al., 2019). Through developing knowledge about how QTBIPOC experience discrimination, microaggressions, and trauma, substance use disorder counselors and institutions can understand more about daily stressors that impact the health and well-being of QTBIPOC to promote affirmative counseling care. Furthermore, through understanding how interlocking sources of oppression impact QTBIPOC, substance use disorder counselors and institutions can learn more about how intersectional experiences shape substance use disorder recovery (Chan & Henesy, 2018).

Developing Awareness to Affirm QTBIPOC in Substance Use Disorder Counseling

Counselors and counseling institutions must become aware of how the counseling field stigmatizes QTBIPOC in counseling practice. Specifically, substance use disorder counselors must reflect on how their counseling training in classical theories reproduces oppressive messages that can harmfully impact QTBIPOC and fail to provide affirmative healing for QTBIPOC in counseling (Duran et al., 2008; Watkins & Shulman, 2008). Also, QTBIPOC receive harmful messages when interacting with counseling settings, including messages that invalidate trans and queer identities and experience assumptions about false similarities among minoritized individuals (Delgado & Stefancic, 2017; Galupo et al., 2017; Morris et al., 2020).

Developing awareness of how institutional attitudes and classical training impact QTBIPOC in substance use disorder counseling is an essential and ethical duty to prevent harm towards QTBIPOC (Ratts et al., 2015). Furthermore, by developing awareness of how counseling services can harm QTBIPOC when engaging in substance use disorder recovery, substance use disorder counselors and institutions can understand their opportunities to provide affirmative counseling care to QTBIPOC and adapt their training to best support QTBIPOC in recovery from substance abuse (Singh et al., 2020b).

Developing Skills to Affirm QTBIPOC in Substance Use Disorder Counseling

Substance use disorder counselors are encouraged to develop skills that decenter heteronormative and cisnormative perspectives in substance use disorder counseling (Wynn & West-Olatunji, 2009). Specifically, substance use disorder counselors and institutions can utilize culturally responsive treatment strategies to create affirmative counseling spaces for QTBIPOC. Utilizing the Health Equity and Promotion Model, fostering counter-narratives, and creating safe spaces of liberation for QTBIPOC are all effective strategies that can empower QTBIPOC and

identify sources of resilience among QTBIPOC during substance use disorder recovery (Freire, 2000; Hudson & Romanelli, 2020; Martin-Baro, 1994; Singh et al., 2020b; Wynn & West-Olatunji, 2009). Through utilizing these strategies, substance use disorder counselors and institutions can actively create liberation-based counseling spaces for QTBIPOC and affirmative recovery management plans in substance use disorder counseling.

Engaging in Advocacy Alongside QTBIPOC to Enhance Substance Use Disorder Counseling

As substance use disorder counselors and institutions continue to learn about QTBIPOC lives and experiences, they can utilize their privilege and positions as helping professionals to advocate alongside QTBIPOC community movements and leaders to promote social justice change (DeBlaere et al., 2019; Ingram et al., 2017; Singh & Burnes, 2010; Stark & Crofts, 2019). Specifically, substance use disorder counselors and institutions can collaborate with activists and community leaders to address community needs and forms of structural harm which contribute to minority stress (DeBlaere et al., 2019). Furthermore, substance use disorder counselors can benefit QTBIPOC communities by examining how the social systems they work in engage in oppression towards QTBIPOC while utilizing knowledge, awareness, skills, and action to disrupt these oppressive institutional practices (Brubaker et al., 2011; Simons et al., 2019; Singh et al., 2010). Through dedicating themselves to enhancing their knowledge, awareness, skills, and advocacy in working with QTBIPOC, substance use disorder counselors and institutions can transform potentially harmful counseling spaces into liberating and empowering healing spaces for QTBIPOC in substance use disorder recovery.

Conclusion

As part of a public health issue, substance use disorder counselors and institutions are gatekeepers between recovery and relapse when providing counseling services to QTBIPOC. With this powerful responsibility in mind, substance use disorder counselors and institutions must provide affirmative counseling services for QTBIPOC in substance use disorder counseling as part of effective recovery management. QTBIPOC know that they deserve better treatment. By enhancing general treatment care with these communities, substance use disorder counselors and institutions can enhance current substance use counseling approaches and be part of the difference in contributing to QTBIPOC affirmative substance use disorder counseling care (Sharman, 2016).

References

Alexander, M. (2020). *The new Jim Crow: Mass incarceration in the age of colorblindness.* The New Press.

Anderson, S. C. (2009). *Substance use disorders in lesbian, gay, bisexual, and transgender clients: Assessment and treatment*. Columbia University Press.

Aspegren, E. (2020, July 8). *Transgender murders are 'rampant' in 2020: Human Rights Campaign counts 21 so far, nearly matching total of a year ago.* USA Today. https://www.usatoday.com/story/news/nation/2020/07/08/trangender-murders-2020-human-rights-campaign/5395092002/

Association of Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC) (2009a). *Competencies for counseling with lesbian, gay, bisexual, queer, questioning, intersex and ally individuals.* Author.

Association of Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC) (2009b). *Competencies for counseling with transgender clients.* Author.

Austin A., Craig, S. L., D'Souza, S., & McInroy, L. B. (2020). Suicidality among transgender youth: Elucidating the role of interpersonal risk factors. *Journal of Interpersonal Violence*, 1-23. https://doi.org/10.1177/0886260520915554

BlackPast.org. (n.d.). *"(1851) Sojourner Truth' Arn't I a woman?"* BlackPast. https://blackpast.org/1851-sojourner-truth-arnt-i-woman

Bowleg, L. (2012). The problem with the phrase women and minorities: Intersectionality – an important theoretical framework for public health. *American Journal of Public Health*, *102*(7), 1267-1273. https://doi.org/10.2105/AJPH.2012.300750

Bradford, J., Reisner, S. L., Honnold, J. A., & Xavier, J. (2013). Experiences of transgender-related discrimination and implications for health: Results from the Virginia transgender health initiative study. *American Journal of Public Health*, *103*(10), 1820-1829. https://doi.org/10.2105/AJPH.2012.300796

Brubaker, M. D., Harper, A., & Singh, A. A. (2011). Implementing multicultural-social justice leadership strategies when advocating for the rights of lesbian, gay, bisexual, transgender, queer, and questioning persons. *Journal for Social Action in Counseling and Psychology*, *3*(1), 44-58. https://doi.org/10.33043/jsacp.3.1.44-58

Calabrese, S. K., Meyer, I. H., Overstreet, N. M., Haile, R., & Hansen, N. B. (2015). Exploring discrimination and mental health disparities faced by Black sexual minority women using a minority stress framework. *Psychology of Women Quarterly, 39*(3), 287-304. https://doi.org/10.1177/0361684314560730

Casey, L. S., Reisner, S. L., Findling, M. G., Blendon, R. J., Benson, J. M., Sayde, J. M., & Miller, C. (2019). Discrimination in the United States: Experiences of lesbian, gay, bisexual, transgender, and queer Americans. *Health Services Research, 54*(6), 1454-1466. https://doi.org/10.1111/1475-6773.13229

Chan, C. D., & Henesy, R. K. (2018). Navigating intersectional approaches, methods, and interdisciplinarity to health equity in LGBTQ+ communities. *Journal of LGBT Issues in Counseling*, *12*(4), 230-247. https://doi.org/10.1080/15538605.2018.1526157

Chang, S. C., Singh, A. A., & Rossman, K. (2017). Gender and sexual orientation diversity within the TGNC community. In A. A. Singh & l. m. dickey (Eds.), *Affirmative counseling and psychological practice with transgender and gender nonconforming clients* (1st ed., pp. 19-40). American Psychological Association.

Chavez, T. A., Fernandez, I. T., Hipolito-Delgado, C. & Torres Rivera, E. (2016). Unifying liberation psychology and humanistic values to promote social justice in counseling. *The Journal of Humanistic Counseling*, *55*, 166-182. https://doi.org/10.1002/johc.12032

Childs, E. K. (1990). Therapy, feminist ethics, and the community of color with particular emphasis on the treatment of Black women. In H. Lerman & N. Porter (Eds.), *Feminist ethics in psychotherapy* (pp. 195-203). Springer.

Cohen, C. J. (1997). Punks, bulldaggers, and welfare queens: The radical potential of queer politics? *GLQ: A Journal of Lesbian and Gay Studies*, *3*(4), 437-465. https://doi.org/10.1215/9780822387220-003

Collins, P. H. (1990). *Black feminist thought* (1st ed.). Routledge.

Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory, and antiracist policies. *The University of Chicago Legal Form*, 139-167.

Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, *43*, 1241-1299. https://doi.org/10.2307/1229039

Cronin, T. J. (2017). *Determinants of clinical outcomes in lesbian, gay, and bisexual Australians: The role of minority stress and barriers to help-seeking* [Unpublished doctoral dissertation]. La Trobe University.

Crozier, S. (2021, May 24). *For Pacific Islanders, 'AAPI' can render them invisible. How communities demand power by combatting erasure.* Insider. https://www.insider.com/aapi-apa-asian-pacific-islander-hawaiian-erasure-2021-

5#:~:text=This%20erasure%20of%20Pacific%20Islanders%20under%20the%20term,came%20to%20Hawaii%20as%20laborers%20in%20the%20mid-1800s.

de Vries, K. M. (2012). Intersectional identities and conceptions of the self: The experience of transgender people. *Symbolic Interaction*, *35*, 49-67. https://doi.org/10.1002/symb.2

DeBlaere, C., Singh, A. A., Wilcox, M. M., Cokley, K. O., Delgado-Romero, E. A., Scalise, D. A., & Shawahin, L. (2019). Social justice in counseling psychology: Then, now, and looking forward. *The Counseling Psychologist, 47*(6), 938-962. https://doi.org/10.1177/0011000019893283

Delgado, R. & Stefancic, J. (2017). *Critical race theory: An introduction, 3rd edition*. New York University Press.

D'Emilio, J. (1983). *Sexual politics, sexual communities: The making of a homosexual minority in the United States, 1940-1970, 2nd edition*. University of Chicago Press.

DeSouza, E. R., Ispas, D., & Wesselmann, E. D. (2017). Workplace discrimination against sexual minorities: Subtle and not-so-subtle. *Canadian Journal of Administrative Sciences*, *34*, 121-132. https://doi.org/10.1002/CJAS.1438

Ducheny, K. (2017). TGNC-affirmative interdisciplinary collaborative care. In A. A. Singh & l. m. dickey (Eds.), *Affirmative counseling and psychological practice with transgender and gender nonconforming clients* (1st ed., pp. 69-95). American Psychological Association.

Duran, E., Firehammer, J., & Gonzalez, J. (2008). Liberation psychology as the path toward healing cultural soul wounds. *Journal of Counseling & Development*, *86*, 288-295. https://doi.org/10.1002/j.1556-6678.2008.tb00511.x

Frank, D. A. & Cannon, E. P. (2010). Queer theory as pedagogy in counselor education: A framework for diversity training. *Journal of LGBT Issues in Counseling, 4*(1), 18-31. https://doi.org/10.1080/15538600903552731

Fredriksen-Goldsen, K. I., Kim, H. J., Bryan, A. E., Shiu, C., & Emlet, C. A. (2017). The cascading effects of marginalization and pathways of resilience in attaining good health among LGBT older adults. *The Gerontologist*, *57*(Suppl. 1), S72-S83. https://doi.org/10.1093/geront/gnw170

Fredriksen-Goldsen, K. I., Simoni, J. M., Kim, H., Lehavot, K., Walters, K. L., Yang, J., Hoy-Ellis, C. P., & Muraco, A. (2014). The health equity promotion model: Reconceptualization of lesbian, gay, bisexual, and transgender (LGBT) health disparities. *American Journal of Orthopsychiatry*, *84*, 653-663. https://doi.org/10.1037/ort0000030

Freire, P. (2000). *Pedagogy of the oppressed.* Blooomsbury Academic.

Furman, E., Singh, A. K., Darko, N. A., & Wilson, C. L. (2018). Activism, intersectionality, and community psychology: The way in which Black lives matter Toronto helps us to examine white supremacy in Canada's LGBTQ community. *Community Psychology in Global Perspective*, *4*(2), 34-54. https://doi.org/ 10.1285/i24212113v4i2p34

Galupo, M. P., Pulice-Farrow, L., & Lindley, L. (2020). "Every time I get gendered male, I feel a pain in my chest": Understanding the social context for gender dysphoria. *Stigma & Health*, *5*(2), 199-208. https://doi.org/10.1037/sah0000189

Galupo, M. P., Pulice-Farrow, L., & Ramirez, J. L. (2017). "Like a constantly flowing river": Gender identity flexibility among nonbinary transgender individuals. In J. D. Sinnott (Ed.), *Identity flexibility during adulthood: Perspectives in adult development* (pp. 163-177). Springer.

Garza, A. (2019, June 25). *Trans women don't want your sympathy. They want to be treated as human beings.* Marie Claire. https://www.marieclaire.com/politics/a28169056/black-trans-women-murdered/

Goodluck, K. (2020, August 31). *The erasure of Indigenous people in U.S. COVID-19 data.* High Country News. https://www.hcn.org/articles/indigenous-affairs-the-erasure-of-indigenous-people-in-us-covid-19-data

Goodrich, K. M. & Ginicola, M. M. (2017). Evidence-based practice for counseling the LGBTQI+ population. In M. Ginicola, C. Smith, & J. Filmore (Eds.), *Affirmative counseling with LGBTQI+ people* (1st ed.). (pp. 97-107). American Counseling Association.

Goodyear, T. (2020, May 20). *In the opioid crisis, young queer and trans men are navigating risk reduction on their own.* Canadian Press. https://theconversation.com/in-the-opioid-crisis-young-queer-and-trans-men-are-navigating-risk-reduction-on-their-own-137679

Greene, E. M. (2019). The mental health industrial complex: A study in three cases. *Journal of Humanistic Psychology*, 1-19. https://doi.org/10.1177/0022167819830516

Guthrie, R. (1976). *Even the rat was white: A historical view of psychology.* Harper & Row.

Halleck, S. (1971). Therapy is the handmaiden of the status quo. *Psychology Today*, *4*, 30-34, 98-100.

Hatzenbuehler, M. L. (2009). How does sexual minority stigma "get under the skin"? A psychological mediation framework. *Psychological Bulletin*, *135*, 707-730. https://doi.org/10.1037/a0016441

Herman, J. L. (2013). Gendered restrooms and minority stress: The public regulation of gender and its impact on transgender people's lives. *Journal of Public Management and Social*

Policy, *19*(1), 65-80. https://search.proquest.com/docview/1439085659?pq-origsite=gscholar&fromopenview=true

Hoetger, C., Rabinovitch, A. E., Henry, R. S., Aguayo Arelis, A., Rabago Barajas, B. V., & Perrin, P. B. (2020). Characterizing substance use in a sample of lesbian, gay, bisexual, and transgender adults in Mexico. *Journal of Addictive Diseases*, *39*(1), 96-104. https://doi.org/10.1080/10550887.2020.1826102

hooks, b. (1981). *Ain't I a woman: Black women and feminism.* South End Press.

Hoy-Ellis, C. P. (2021). Minority stress and mental health: A review of the literature. *Journal of Homosexuality*, 1-25. https://doi.org/10.1080/00918369.2021.2004794

Hudson, K. D. (2019). (Un) doing transmisogynist stigma in health care settings: Experiences of ten transgender women of color. *Journal of Progressive Human Services*, *30*, 69-87. https://doi.org/10.1080/10428232.2017.1412768

Hudson, K. D. & Romanelli, M. (2020). "We are powerful people": Health-promoting strategies of LGBTQ communities of color. *Qualitative Health Research*, *30*(8), 1156-1170. https://doi.org/10.1177/1049732319837572journals.sagepub.com/home/qhr

Human Rights Campaign Foundation (2019). *A national epidemic: Fatal anti-transgender violence in the United States in 2019*. https://assets2.hrc.org/files/assets/resources/Anti-TransViolenceReport2019.pdf.

Ingram, M. V., Speedlin, S., Cannon, Y., Prado, A., & Avera, J. (2017). A seat at the table: Using social media as a platform to resolve microaggressions against transgender persons. *Journal of Creativity in Mental Health*, *12*(3), 289-304. https://doi.org/10.1080/15401383.2016.1248266

Irvine, A. & Canfield, A. (2016). The overrepresentation of lesbian, gay, bisexual, questioning, gender non-conforming and transgender youth within the child welfare to juvenile justice crossover population. *American University Journal of Gender, Social Policy & the Law*, *24*(2), 243-262. https://heinonline-org.proxy-remote.galib.uga.edu/HOL/Page?handle=hein.journals/ajgsp24&div=11&%3f&collection=journals

James, S. E., Herman, L. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The report of the 2015 U.S. transgender survey*. National Center for Transgender Equality and National Gay and Lesbian Task Force. https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf

Johnson, S. R. L., Blum, R. W., & Cheng, T. L. (2014). Future orientation: A construct with implications for adolescent health and wellbeing. *International Journal of Adolescent Medicine and Health*, *26*, 459-468. https://doi.org/10.1515/ijamh-2013-0333

Katz, J. H. (1985). The sociopolitical nature of counseling. *The Counseling Psychologist, 13,* 615-624. https://doi.org/10.1177/0011000085134005

Kendi, I. X. (2017). *Stamped from the beginning: The definitive history of racist ideas in America.* Bold Type Books.

Khair, T. (2016). *The new xenophobia.* Cambridge University Press.

King, D. K. (1988). Multiple jeopardy, multiple consciousness: The context of a Black feminist ideology. *Signs*, *14*(1), 42-72.

Lachowsky, N. J., Dulai, J. J. S., Cui, Z., Sereda, P., Rich, A., Patterson, T. L., Corneil, T. T., Montaner, J. S. G., Roth, E. A., Hogg, R. S., & Moore, D. M. (2017). Lifetime doctor-diagnosed mental health conditions and current substance use among gay and bisexual

men living in Vancouver, Canada. *Substance Use & Misuse*, *52*(6), 785-797. https://doi.org/10.1080/10826084.2016.1264965

Lambda Legal. (2010). *When health care isn't caring: Lambda Legal's survey on discrimination against LGBT people and people living with HIV* [Data set]. https://www.lambdalegal.org/sites/default/files/publications/downloads/whcic-report_when-health-care-isnt-caring.pdf

Levy, I. P., Cook, A. L., & Emdin, C. (2019). Remixing the school counselor's tool kit: Hip-hop spoken word therapy and YPAR. *Professional School Counseling*, *22*(1), 1-11. https://doi.org/10.1177/2156759X18800285

Linder, C. (2016). An intersectional approach to supporting students. In M. Cuyjet, C. Linder, D. Cooper, & M. Howard-Hamilton (Eds.), *Multiculturalism on campus: Theory, models, and practices for understanding diversity and creating inclusion* (2nd ed.). (pp. 66-80). Stylus.

Lorde, A. (1984). *Sister outsider.* Crossing Press Feminist Series.

Love, B. L. (2017). A ratchet lens: Black queer youth, agency, hip hop, and the Black ratchet imagination. *Educational Researcher*, *46*(9), 539-547. https://doi.org/10.3102/0013189X17736520

Lyons, T., Shannon, K., Pierre, L., Small, W., Krusi, A., & Kerr, T. (2015). A qualitative study of transgender individuals' experiences in residential addiction treatment settings: Stigma and inclusivity. *Substance Abuse Treatment, Prevention, and Policy*, *10*, 17. https://doi.org/10.1186/s13011-015-0015-4

Martin-Baro, I. (1994). *Writings for a liberation psychology.* Harvard University Press.

Matsuzaka, S. & Koch, D. E. (2019). Trans feminine sexual violence experiences: The intersection of transphobia and misogyny. *Affilia: Journal of Women and Social Work, 34*(1), 28-47. https://doi.org/10.1177/088610991879029journals.sagepub.com/home/aff

Mayer, K. H., Bradford, J. B., Makadon, H. J., Stall, R., Goldhammer, H., & Landers, S. (2008). Sexual and gender minority health: What we know and what needs to be done. *American Journal of Public Health, 98*(6), 989-995.

McLemore, K. A. (2018). A minority stress perspective on transgender individuals' experiences with misgendering. *Stigma and Health*, *3*(1), 53-64. https://doi.org/10.1037/sah0000070

Mereish, E. H. & Bradford, J. B. (2014). Intersecting identities and substance use problems: Sexual orientation, gender, race, and lifetime substance use problems. *Journal of Studies on Alcohol and Drugs*, *75*(1), 179-188.

Meyer, I. H. (1995). Minority stress and mental health in gay men. *Journal of Health and Social Behavior*, *36*(1), 38. https://search.proquest.com/docview/1300573827

Meyer, I. H. (2013). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations. *Psychology of Sexual Orientation and Gender Diversity, 1*(S), 3-26. https://doi.org/10.1037/2329-0382.1.S.3

Meyer-Bahlburg, H. F. L. (2010). From mental disorder to iatrogenic hypogonadism: Dilemmas in conceptualizing gender identity variants as psychiatric conditions. *Archives of Sexual Behavior*, *39*, 461-476. https://doi.org/10.1007/s10508-009-9532-4

Miller, W. R., Forcehimes, A. A., & Zweben, A. (2019). *Treating addiction: A guide for professionals, 2nd edition*. The Guilford Press.

Moe, J., Bower, J., & Clark, M. (2017). Counseling queer and genderqueer clients. In M. Ginicola, C. Smith, & J. Filmore (Eds.), *Affirmative counseling with LGBTQI+ people* (1st ed.). (pp. 213-226). American Counseling Association.

Mogul, J. L., Ritchie, A. J., & Whitlock, K. (2011). *Queer (in)justice: The criminalization of LGBT people in the United States.* Beacon Press.

Morris, E. R., Lindley, L., & Galupo, M. P. (2020). "Better issues to focus on": Transgender microaggressions as ethical violations in therapy. *The Counseling Psychologist*, *48*(6), 883-915. https://doi.org/10.1177/0011000020924391

Mountz, S. (2020). Remapping pipelines and pathways: Listening to queer and transgender youth of color's trajectories through girls' juvenile justice facilities. *Affilia: Journal of Women and Social Work*, *35*(2), 177-199. https://doi.org/10.1177/0886109919880517journals.sagepub.com/home/aff

Munro, L., Travers, R., & Woodford, M. R. (2019). Overlooked and invisible: Everyday experiences of microaggressions for LGBTQ adolescents. *Journal of Homosexuality*, *66*(10), 1439-1471. https://doi.org/10.1080/00918369.2018.1542205

Nadal, K. L., Whitman, C. N., Davis, L. S., Erazo, T., & Davidoff, K. C. (2016). Microaggressions toward lesbian, gay, bisexual, transgender, queer, and genderqueer people: A review of the literature. *The Journal of Sex Research*, *53*(4-5), 488-508. https://doi.org/10.1080/00224499.2016.1142495

Nadal, K. L., Wong, Y., Issa, M., Meterko, V., Leon, J., & Wideman, M. (2011). Sexual orientation microaggressions: Processes and coping mechanisms for lesbian, gay, and bisexual individuals. *Journal of LGBT Issues in Counseling*, *5*(1), 21-46. https://doi.org/10.1080/15538605.2011.554606

Padilla, Y. C., Crisp, C., & Rew, D. L. (2010). Parental acceptance and illegal drug use among gay, lesbian, and bisexual adolescents: Results from a national survey. *Social Work, 55*(3), 265-275. https://doi.org/10.1093/sw/55.3.265

Pantoja-Patiño, J. R. (2020). The socio-multidimensional sexual and gender minority oppression framework: A model for LGBTQ individuals experiencing oppression and substance use. *Journal of LGBT Issues in Counseling*, *14*(3), 268-283. https://doi.org/10.1080/15538605.2020.1790469

Pepping, C. A., Lyons, A., Cronin, T. J., Halford, W. K., & Pachankis, J. E. (2017). Couple interventions for same-sex couples: A consumer survey. *Couple and Family Psychology Research and Practice*, *6*(4), 258-273. https://doi.org/10.1037/cfp0000092

Pinto, R. M., Melendez, R. M., & Spector, A. Y. (2008). Male-to-female transgender individuals building social support and capital from within a gender-focused network. *Journal of Gay & Lesbian Social Services*, *20*, 203-220. https://doi.org/10.1080/10538720802235179

Polly, R. & Nicole, J. (2011). Understanding the transsexual patient: Culturally sensitive care in emergency nursing practice. *Advanced Emergency Nursing Journal*, *33*, 55-64. https://doi.org/10.1097/TME.0b013e3182080ef4

Puar, J. K. (2007). *Terrorist assemblages: Homonationalism in queer times.* Duke University Press.

Rahman, M., Li, D. H., & Moskowitz, D. A. (2019). Comparing the healthcare utilization and engagement in a sample of transgender and cisgender bisexual+ persons. *Archives of Sexual Behavior*, *48*, 255-260. https://doi.org/10.1007/s10508-018-1164-0

Ratts, M. J., Singh, A. A., Nassar-McMillan, S., Butler, S. K., & Rafferty McCullough, J. (2015). *Multicultural and social justice counseling competencies*.

https://www.counseling.org/docs/default-source/competencies/multicultural-and-social-justice-counseling-competencies.pdf?sfvrsn=20

Reddy, C. (2011). *Freedom with violence: Race, sexuality, and the US state.* Duke University Press.

RehabCenter (2019). *Substance abuse treatment strategies specific for LGBT patients.* https://www.rehabcenter.net/substance-abuse-treatment-strategies-specific-for-lgbt-patients/

Ridley, C. R. (2005). Setting culturally relevant goals. In P. B. Pederson (Ed.)., *Overcoming unintentional racism in counseling and therapy: A practitioner's guide to intentional intervention* (2nd ed., pp. 106-123). Sage. https://doi.org/10.4135/9781452204468

Robinson, J. L. & Rubin, L. J. (2016). Homonegative microaggressions and posttraumatic stress symptoms. *Journal of Gay & Lesbian Mental Health*, *20*(1), 57-69. https://doi.org/10.1080/19359705.2015.1066729

Romanelli, M., Lu, W., & Lindsey, M. A. (2018). Examining mechanisms and moderators of the relationship between discriminatory health care encounters and attempted suicide among US transgender help-seekers. *Administration and Policy in Mental Health and Mental Health Services Research*, *45*(6), 831-849. https://doi.org/10.1007/s10488-018-0868-8

Rummler, O. & Sosin, K. (2021, November 18). *2021 is now the deadliest year on record for transgender people.* PBS. https://www.pbs.org/newshour/nation/2021-is-now-the-deadliest-year-on-record-for-transgender-people

SAMHSA. (2020). *2019 national survey on drug use and health: Lesbian, gay, & bisexual (LGB) adults* [Data set].

https://www.samhsa.gov/data/sites/default/files/reports/rpt31104/2019NSDUH-LGB/LGB%202019%20NSDUH.pdf

The San Diego LGBT Community Center (2019). *Transgender day of remembrance 2019 program* [Handout]. http://www.mesapress.com/a-e/2019/12/12/san-diegos-annual-transgender-day-of-remembrance/

Sanchez, N. F., Sanchez, J. P., & Danoff, A. (2009). Health care utilization, barriers to care, and hormone usage among male-to-female transgender persons in New York City. *American Journal of Public Health, 99*(4), 713-719. https://doi.org/10.2105/AJPH.2007.132035

Schares, E. M. (2019). The suicide of Leelah Alcorn: Whiteness in the cultural wake of dying queers. *QED: A Journal in GLBTQ Worldmaking*, *6*(1), 1-25. https://doi.org/10.14321/qed.6.1.0001

Senreich, E. (2011). The substance abuse treatment experiences of a small sample of transgender clients. *Journal of Social Work Practice in the Addictions, 11*, 295-299. https://doi.org/10.1080/1533256x.2011.592795

Sharman, Z. (2016). *The remedy: Queer and trans voices on health and health care* (1st ed.). Arsenal Pulp Press.

Shipherd, J. C., Berke, D., & Livingston, N. A. (2019). Trauma recovery in the transgender and gender diverse community: Extensions of the minority stress model for treatment planning. *Cognitive and Behavioral Practice*, *26*(4), 629-646. https://doi.org/10.1016/j.cbpra.2019.06.001

Simons, J. D., Chan, C., Beck, M. J., & Asplund, N. (2019). Using the emancipatory communitarian approach to increase LGBTQI advocacy. *Journal of Gay & Lesbian Social Services, 31*(4), 458-475. https://doi.org/10.1080/10538720.2019.1642279

Simons, L., Haas, D., Young, J., Massella, J., & Toth, P. (2018). The influence of gender, race, and education on professional responsibility of addiction professionals: Implications for multicultural practice. *Alcoholism Treatment Quarterly, 36*(2), 255-273. https://doi.org/10.1080/07347324.2017.1420434

Singh, A. A. & Burnes, T. R. (2010). Shifting the counselor role from gatekeeping to advocacy: Ten strategies for using the competencies for counseling with transgender clients for individual and social change. *Journal of LGBT Issues in Counseling*, *4*(3/4), 241-255. https://doi.org/10.1080/15538605.2010.525455

Singh. A. A. & McKleroy, V. S. (2011). "Just getting out of bed is a revolutionary act": The resilience of transgender people of color who have survived traumatic life events. *Traumatology: An International Journal*, *17*, 34-44.

Singh, A. A., Nassar, S. C., Arredondo, P., & Toporek, R. (2020a). The past guides the future: Implementing the multicultural and social justice counseling competencies. *Journal of Counseling & Development*, *98*, 238-252. https://doi.org/10.1002/jcad.12319

Singh, A. A., Parker, B., Aqil, A. R., & Thacker, F. (2020b). Liberation psychology and LGBTQ+ communities: Naming colonization, uplifting resilience, and reclaiming ancient his-stories, her-stories, and t-stories. In L. Comas-Diaz & E. Torres-Rivera (Eds.), *Liberation psychology: Theory, method, practice, and social justice* (pp. 207-224). American Psychological Association.

Singh, A. A., Urbano, A., Haston, M., & McMahan, E. (2010). School counselors' strategies for social justice change: A grounded theory of what works in the real world. *Professional School Counseling, 13*(3), 135-145. Retrieved from http://eds.b.ebscohost.com.proxy-remote.galib.uga.edu/eds/detail/detail?vid=2&sid=b0717402-69b6-4933-8cd7-

a7e107ee16a3%40sessionmgr101&bdata=JnNpdGU9ZWRzLWxpdmU%3d#AN=edsjsr.42732887&db=edsjsr

Smith, G. (2021, March 31). *Representation matters: What BIPOC means in the language of solidarity.* Greatist. https://greatist.com/grow/bipoc-meaning

Spade, D. (2006). Mutilating gender. In S. Stryker & S. Whittle (Eds.), *The Transgender studies reader* (pp. 315-332). Taylor & Francis.

Stark, C. & Crofts, G. (2019). Advocacy-in-action: Case portrait of a helping professional pursuing positive social chance for transgender and gender-expansive youth. *Journal for Social Action in Counseling & Psychology*, *11*(2), 17-34. https://doi.org/10.33043/jsacp.11.2.17-34

Stevens, S. (2012). Meeting the substance abuse treatment needs of lesbian, bisexual and transgender women: Implications from research to practice. *Substance abuse and rehabilitation*, *3*(Suppl 1), 27-36. https://doi.org/10.2147/SAR.S26430

Sue, D. W. (2010). *Microaggressions in everyday life: Race, gender, and sexual orientation.* John Wiley.

Urrieta, L., Mesinas, M., & Martinez, R. A. (2019). Critical Latinx indigeneities and education. *Association of Mexican American Educators Journal*, *13*(2), 145-174. https://doi.org/10.24974/amae.13.2.432

Uwumarogie, V. (2019, September 9). *Pose star Angelica Ross calls out BET for excluding trans women from Black Girls Rock!* Madamenoire. https://madamenoire.com/1098488/black-trans-girls-rock/

Vaccaro, A. & Koob, R. M. (2019). A critical and intersectional model of LGBTQ microaggressions: Toward a more comprehensive understanding. *Journal of Homosexuality*, *66*(10), 1317-1344. https://doi.org/10.1080/00918369.2018.1539583

Vance, S., Cohen-Kettenis, P. T., Drescher, J., Meyer-Bahlburg, H. F. L., Pfafflin, F., & Zucker, K. J. (2010). Transgender advocacy groups' opinions on the current DSM gender identity disorder diagnosis: Results from an international survey. *International Journal of Transgenderism*, *12*(1), 1-14. https://doi.org/10.1080/15532731003749087

Veltre, V. J. & Hadley, S. (2012). It's bigger than hip-hop: A hip-hop feminist approach to music therapy with adolescent females. In S. Hadley & G. Yancy (Eds.), *Therapeutic uses of rap and hip-hop*, (pp. 79-98). Routledge.

The W. Hayward Burns Institute. (2016). *Stemming the rising tide: Racial & ethnic disparities in youth incarceration & strategies for change*. http://www.burnsinstitute.org/wp-content/uploads/2016/05/Stemming-the-Rising-Tide_FINAL.pdf

Washington, A. R. (2015). Addressing social injustice with urban African American young men through hip-hop: Suggestions for school counselors. *Journal for Social Action in Counseling and Psychology*, *7*(1), 101-121. https://eds.a.ebscohost.com.proxy-remote.galib.uga.edu/eds/pdfviewer/pdfviewer?vid=5&sid=0880f8ee-0dc7-4245-9661-d298fb79ab54%40sessionmgr4008

Watkins, M. & Shulman, H. (2008). *Toward psychologies of liberation.* Palgrave-MacMillan.

Wong, Y. L. I., Sands, R. G., & Solomon, P. L. (2010). Conceptualizing community: The experience of mental health consumers. *Qualitative Health Research, 20,* 654-667. https://doi.org/10.1177/1049732310361610

Woodford, M. R., Howell, M. L., Kulick, A., & Silverschanz, P. (2013). "That's so gay": Heterosexual male undergraduates and the perpetuation of sexual orientation microaggressions on campus. *Journal of Interpersonal Violence, 28*(2), 416-435. https://doi.org/10.1177/0886260512454719

Woodford, M. R., Joslin, J. Y., Pitcher, E. N., & Renn, K. A. (2017). A mixed-methods inquiry into trans* environmental microaggressions on college campuses: Experiences and outcomes. *Journal of Ethnic & Cultural Diversity in Social Work, 26*(1-2), 95-111. https://doi.org/10.1080/15313204.2016.1263817

Woodford, M. R. & Kulick, A., Sinco, B. R., & Hong, J. S. (2014). Contemporary heterosexism on campus and psychological distress among LGBQ students: The mediating role of self-acceptance. *American Journal of Orthopsychiatry, 84*(5), 519-529. https://doi.org/10.1037/ort0000015

Wrenn, G. C. (1962). The culturally encapsulated counselor. *Harvard Educational Review, 32*, 444-449.

Wynn, R., & West-Olatunji, C. (2009). Use of culture-centered counseling theory with ethnically diverse LGBT clients. *Journal of LGBT Issues in Counseling, 3*(3-4), 198-214. https://doi.org/10.1080/15538600903317218

Yu-Hsin Liao, K., Kashubeck-West, S., & Weng, C-Y. (2015). Testing a mediation framework for the link between perceived discrimination and psychological distress among sexual minority individuals. *Journal of Counseling Psychology*, *62*(2), 226-241. https://doi.org/10.1037/cou0000064

CHAPTER 3

QTBIPOC EXPERIENCES IN SUBSTANCE USE DISORDER COUNSELING:

ENHANCING QTBIPOC COUNSELING CARE

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Abstract

This PhotoVoice study explored the experiences of QTBIPOC in substance use disorder counseling. Furthermore, this study utilized a critical participatory action framework to discuss QTBIPOC strategies and ideas on enhancing substance use disorder counseling for QTBIPOC communities. The group dialogues in this study further explored how QTBIPOC experience minority stress and affirmative counseling experiences when seeking out counseling for substance use. Substance use disorder counselors and institutions can strongly benefit from the implications of this study as part of enhancing overall QTBIPOC counseling care.

QTBIPOC Experiences in Substance Use Disorder Counseling: Enhancing QTBIPOC Counseling Care

Minimal research focuses on the lived experiences of queer, transgender, Black, and Indigenous people of color (QTBIPOC) in substance use disorder counseling due to a history of excluding QTBIPOC in counseling research and treating all minoritized groups similarly in substance use disorder counseling approaches (Lyons et al., 2015). The purpose of this study was to explore and understand QTBIPOC experiences of minority stress and affirming experiences during substance use disorder counseling. During this study, QTBIPOC participants shared their stories and experiences through PhotoVoice data. Participants also engaged in Critical Participatory Action Research, where they openly questioned and conceptualized how substance use disorder counselors and institutions can enhance treatment care with QTBIPOC. Furthermore, participants explored potential options for praxis to advocate for QTBIPOC community needs in substance use disorder counseling and improve counseling services.

QTBIPOC Minority Stress

While Meyer (1995, 2013) defined minority stress as stress from experiences of stigma, prejudice, and discrimination associated with holding minoritized identities as LGBT community members, racialized perspectives of minority stress must also be considered in counseling research. For example, Childs (1990) defined minority stress as additive stress that stems from navigating environments of Anti-Blackness (Ross, 2020). Geronimus et al. (2006) also refer to minority stress as a type of "weathering," which prematurely deteriorates the human body among minoritized communities when navigating oppressive environments. Specifically, research has shown that the average life expectancy of Black communities is four years less than the rest of the U.S. population (Dews, 2021). In his work, Kendi (2017) also reflects on how the harmful

impacts of Anti-Blackness have been carried out through a long and ongoing history of racial oppression and murder towards Black people. Furthermore, there has been an additional reflection on the ongoing lack of accountability for violence against QTBIPOC throughout various systems in the United States (Anderson, 2016). For example, the harmful impacts of Anti-Blackness occur through ongoing brutality from the criminal punishment system towards Black communities and inequitable access to education for various racially minoritized communities (e.g., Native American communities, Asian communities) (Alexander, 2020; Anderson, 2016; Kendi, 2017; Krinsky & Ndulue, 2021; Mogul et al., 2011; Spring, 2016).

Minority Stress, Substance use, and Targeting

To cope with ongoing minority stress and the harmful impacts of generational trauma (Conching & Thayer, 2019), QTBIPOC may engage in substance abuse to alleviate feelings of stress, which can further promote the weathering effects of minority stress (Cavaiola et al., 2021; Geronimus et al., 2006). However, QTBIPOC continue to be penalized for substance use behaviors due to drug laws that systematically target QTBIPOC, which causes more minority stress for QTBIPOC as they try to navigate systemic oppression (Alexander, 2020; Mogul et al., 2011). Thus, a vicious cycle is created and perpetuated as social systems rooted in Anti-Blackness continue to punish QTBIPOC, who may use substances to deal with minority stress, instead of disrupting systemic violence that can lead to substance use in the first place. These forces of historical violence, stigma, and discrimination further lead to mental health stress for minoritized communities (Meyer, 2013).

Understanding the Harmful Impacts of Anti-Blackness

Given that stigma and oppression harm QTBIPOC communities, substance use disorder counselors and institutions need to understand minority stress from a historical lens of Anti-Blackness and its harmful impacts. Specifically, substance use disorder counselors and institutions must understand and name the source of minority stress among QTBIPOC communities (e.g., Anti-Blackness) and address how their substance use disorder counseling practices perpetuate Anti-Blackness. Furthermore, substance use disorder counselors and institutions must understand ways that Anti-Blackness can be disrupted by adhering to counseling competencies that focus on social justice and affirming care with LGBTQ+ communities within institutional practice (Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling [ALGBTIC], 2009a, 2009b; Ratts et al., 2015).

To further address how substance use disorder counseling perpetuates Anti-Blackness, substance use disorder counselors and institutions must understand the history of substance use disorder counseling and its connection to Anti-Black ideologies. For example, the late 1800s consisted of criminalizing alcohol/drug problems and poorly evaluated substance use disorder counseling and ethical abuse in substance use disorder counseling (White, 2002). Researchers must also acknowledge the roots of psychological literature and how eugenics initially informed psychological practice to create ideas of white racial superiority (Kendi, 2017). Furthermore, multicultural and social justice leaders encountered resistance in the 1990s when developing multicultural and social justice competencies to address lived minoritized experiences in counseling settings (Singh et al., 2020b). Specifically, counselors who engaged in resistance against multicultural competencies for the counseling field stated that counseling was "culture-free" and that "good counseling was good counseling" despite historical concerns of harmful

counseling practices towards minoritized communities since the 1940s (Guthrie, 1976; Halleck, 1971; Katz, 1985; Singh et al., 2020b; Wrenn, 1962).

The mental health industrial complex also perpetuates systemic violence by centering mental health struggles as biomedical issues rather than public health issues related to racial violence (Greene, 2019). Specifically, this shift in focus allows the mental health counseling field to continuously profit off structural violence in the United States rather than work with minoritized communities to address community concerns about racial violence (Greene, 2019). Furthermore, Anti-Blackness utilizes harmful stereotypes to criminalize, dehumanize, and disenfranchise QTBIPOC, as well as target QTBIPOC through "the war on drugs," which contribute to harmful mistreatment of QTBIPOC in substance use disorder counseling (Collins, 2000; Drug Policy Alliance, n.d., Kerrison, 2018; Mogul et al., 2011).

Understanding the Trauma and Minority Stress Exposure Model

Furthermore, substance use disorder counselors and institutions need to learn how to hold affirming spaces for minoritized clients to avoid further minority stress experiences in counseling spaces (Lyons et al., 2015; Senreich, 2011). To further affirm QTBIPOC in substance use disorder counseling, substance use disorder counselors and institutions must be aware of how minority stress is experienced in counseling. The Trauma and Minority Stress Exposure Model can be utilized when conceptualizing how QTBIPOC experience internal forms of stress resulting from external stressors experienced during substance use disorder counseling, including traumatic experiences (Shipherd et al., 2019).

The Trauma and Minority Stress Exposure Model originally stems from the Gender Minority Stress Model (Hendricks & Testa, 2012). The Gender Minority Stress Model indicates that as trans individuals experience stress from discrimination and microaggressions, they also

experience personal responses to this stress, such as fear of rejection, internalized anti-LGBTQ+ bias, and concealment of one's minoritized identities, which can further lead to impaired mental health and risks of substance use behavior (Hendricks & Testa, 2012; Meyer, 2013; Wolf & Dew, 2012). However, the Trauma and Minority Stress Exposure Model expands upon the Gender Minority Stress Model by adding experienced trauma related to direct assault as a source of minority stress for QTBIPOC (Shipherd et al., 2019).

Specifically, medical experts define sympathetic overactivity as a condition when one's body experiences social threats (Goosby et al., 2015). Goosby et al. (2015) further state that trauma from being a minority in predominately white spaces adds additional burdens that impact bodies and negatively affect long-term health. Therefore, chronic racial trauma stresses the body and leads to depression, anxiety, headaches, back pain, high blood pressure, cardiovascular disease, and diabetes (Goosby et al., 2015). Furthermore, the body suppresses the harmful experiences of racial trauma, which overall contributes to chronic health issues (Goosby et al., 2015).

Overall, discrimination (e.g., denial of access to resources), microaggressions (e.g., microinsults, microassaults, microinvalidations), and trauma (e.g., assault) can be salient stressors for QTBIPOC as they receive substance use disorder counseling services (Lyons et al., 2015; Senreich, 2011). This literature review examines how QTBIPOC experience discrimination, microaggressions, and trauma when receiving substance use disorder counseling services to understand the significance of this study further. This literature review also examines current substance use disorder counseling approaches in their utilization with QTBIPOC and the need to expand research on how substance use disorder counseling can speak to QTBIPOC lived experiences. Furthermore, this literature review examines how affirmative QTBIPOC counseling

practices promote recovery by creating support spaces, utilizing multicultural counseling perspectives (Jost & Janicka, 2020; Wynn & West-Olatunji, 2009), as well as illuminating minority strengths and resilience during the recovery process.

QTBIPOC Experiences of Discrimination in Substance Use Disorder Counseling

QTBIPOC can experience difficulties accessing treatment programs for substance use disorder counseling and access to healthcare and general counseling services (Bradford et al., 2013; Hunt, 2012; Scheim et al., 2013). Different barriers that present themselves when attempting to access generalized counseling services include issues with counseling outreach efforts for QTBIPOC, sensitivity in counseling outreach materials, and outreach networking with key stakeholders for QTBIPOC communities (Walsh & Goldberg, 2020). Furthermore, when QTBIPOC obtain access to counseling for substance use, addiction treatment centers can endorse trans antagonistic policies and programming such as binary gender-segregated housing, bathrooms, and sessions (Herman, 2013; Lyons et al., 2015).

According to survey data conducted by Senreich (2011), seven out of eleven QTBIPOC participants reported lower levels of perceived support and experienced stigma when receiving substance use disorder counseling services. For example, according to survey and interview data, QTBIPOC reported that they felt unwelcome, unsafe, and isolated by others when receiving substance use disorder counseling services (Lyons et al., 2015; Senreich, 2011). QTBIPOC have also experienced binary gender segregation when receiving group counseling due to staff labeling based on their presumed genitalia (Senreich, 2011). QTBIPOC were also less likely to complete substance use disorder counseling than straight, gay, and bisexual peers (Senreich, 2011). These are significant issues that must be addressed among substance use disorder counselors and institutions, given that QTBIPOC may not feel safe or encouraged enough to seek

help when trying to cope with minority stress and substance abuse due to feeling mistreated and misunderstood when asking for help (Hoetger et al., 2020).

QTBIPOC experience significant stress associated with being misunderstood by individuals who are not knowledgeable about QTBIPOC identities and experiences, which can be detrimental when seeking out institutional support during substance use disorder counseling (Shelton, 2015). Despite the benefits QTBIPOC can receive when receiving support from QTBIPOC counselors, 30.4% of counselors in training reported that their substance use disorder counseling sites were not accepting of QTBIPOC counselors working at their site, according to survey data from a qualitative research study, which limits access to counselors who QTBIPOC clients can relate to (Gates & Sniatecki, 2016).

Overall, discrimination can harmfully impact QTBIPOC when receiving substance use disorder counseling services due to barriers of access to treatment, trans antagonistic policies and programming present in counseling services, lower levels of perceived support, and lack of QTPOC representation in substance use disorder counseling settings. These discriminatory obstacles can promote distrust towards counseling spaces and prevent QTBIPOC from seeking recovery from substance use (Lyons et al., 2015; O'Keefe Osborn, 2020; Robinson, 2015; Shipherd et al., 2019). This study will further examine experiences of minority stress and discrimination among QTBIPOC in substance use disorder counseling from QTBIPOC perspectives to understand better how affirmative substance use disorder counseling can occur with QTBIPOC.

QTBIPOC Experiences of Microaggressions in Substance Use Disorder Counseling

In 1970, Pierce first defined microaggressions as subtle and non-verbal insults toward Black communities (Pierce et al., 1978). Sue (2010) expanded on Pierce's definition of microaggressions as verbal, behavioral, and environmental interactions that communicate hostile, derogatory, and harmful slights towards individual members of minoritized communities. Research has linked experiences of microaggressions to mental health stress, such as depression, among communities of color (Nadal et al., 2014). Furthermore, approximately 50% of trans individuals who struggle with substance use were discouraged from seeking out substance use disorder treatment due to concerns related to experiencing microaggressions (Cochran & Cauce, 2006; Sperber et al., 2005).

Microinsults, Microassaults, and Microinvalidations in QTBIPOC Substance Use Disorder Counseling

Research expanded the definition of microaggressions by describing how microaggressions can take specific forms towards minoritized communities, such as microinsults, microassaults, and microinvalidations (Sue et al., 2007; Sue & Capodilupo, 2008). Similarly, when receiving generalized counseling services, QTBIPOC can experience microinsults from substance use disorder counselors and institutions who do not understand QTBIPOC identities and experiences (Chang et al., 2017; Lyons et al., 2015). Microinsults are defined as interpersonal and environmental forms of communication that consist of stereotypes and insensitivity about minoritized identities and experiences (Sue, 2010). For example, QTBIPOC reported that their substance use disorder counselors did not understand their treatment needs and that they would try to enforce stigmatized beliefs about QTBIPOC during

counseling (e.g., be told that they are not acting like a normal two-spirit individual) (Lyons et al., 2015; Senreich, 2011).

Microassaults are defined as explicit verbal, non-verbal, and environmental attacks meant to harm targeted populations (Sue, 2010). For example, trans and Indigenous community members reported experiences of microassaults in substance use disorder counseling, such as harassment and verbal assault (e.g., name-calling) from other clients (Lyons et al., 2015). Furthermore, QTBIPOC reported that they experienced social rejection from peers while in substance use disorder counseling, which caused them to feel as if they did not belong when receiving counseling (Lyons et al., 2015). Based on the lived experiences of QTBIPOC described through interview data, these microaggressions can lead to isolation and premature departure from substance use disorder counseling services among QTBIPOC (Lyons et al., 2015).

Microinvalidations are defined as environmental forms of communication that exclude and negate the experiences of targeted populations (Sue, 2010). Specifically, QTBIPOC can face the possibility of being required to discontinue hormone replacement therapy, be identified by their birth names instead of their chosen names, and be exposed to LGBTQ+ non-affirming clinicians and cisnormative policies when engaging in substance use disorder counseling (Eliason & Hughes, 2004; Herman, 2013; Holman & Goldberg, 2006, Lyons et al., 2015; Nadal et al., 2012; Sperber et al., 2005). Considering how QTBIPOC experience microaggressions when receiving substance use disorder counseling, there is a need to examine the possibility of enhancing counseling services when working with QTBIPOC in substance use disorder counseling. This study addresses and explores recommendations for maintaining safe spaces to prevent microaggressions in substance use disorder counseling settings with QTBIPOC.

Trauma and Assault Among QTBIPOC in Substance Use Disorder Counseling

Not only can QTBIPOC experience trauma and assault at home, at school, and at work, but QTBIPOC can also experience trauma and assault when receiving counseling services (Lyons et al., 2015; Matsuzaka & Koch, 2019). Specifically, QTBIPOC reported experiences of sexual and physical assault from other clients while receiving substance use disorder counseling, such as sexual harassment, physical altercations related to sexual harassment, and physical threats (Lyons et al., 2015). Furthermore, there is a history of QTBIPOC experiencing physical and verbal abuse from staff when receiving substance use disorder counseling (The Transgender Substance Abuse Treatment Policy Group of the San Francisco Lesbian, Gay, Bisexual, and Transgender Substance Abuse Task Force, 1995). QTBIPOC have also ended substance use disorder counseling services prematurely due to inadequate support from counselors and staff when experiencing trauma in counseling settings (Lyons et al., 2015).

Since these environmental stressors are salient for QTBIPOC in counseling, affirmative counseling is essential as QTBIPOC experience adjustment issues in counseling settings related to trauma exposure (dickey et al., 2016; Reicherzer et al., 2011). However, there is not much research available on QTBIPOC experiences with trauma and assault when receiving substance use disorder counseling services due to underreporting of assault, as well as a lack of data collection in rural areas and focus on QTBIPOC identities (Forge, 2012; Lyons et al., 2015). Furthermore, there is a lack of research on how substance use disorder counselors support QTBIPOC when they experience trauma during substance use disorder counseling. Ongoing research is needed to support QTBIPOC when they experience trauma in substance use disorder counseling settings due to how experienced trauma can contribute to substance abuse (Matsuzaka & Koch, 2019; Shipherd et al., 2019). This study addresses these gaps in the literature and

examines how QTBIPOC can experience support from counselors and institutions when experiencing trauma and assault in counseling settings.

Current Substance Use Disorder Counseling Models and Multicultural Limitations With QTBIPOC

Addiction has been conceptualized to stem from many different origins. Specifically, addiction has been historically conceptualized as a moral problem, biological issue, substance issue, social learning issue, and public health issue (Miller et al., 2019). Through these conceptualizations, clinicians have explored the various sources responsible for addictive behaviors. While substance abuse is a public health issue, clinicians need to examine how substance abuse and addiction are also public health issues related to oppression and minority stress when working with QTBIPOC (Greene, 2019). Without this understanding, minority stress will not be recognized or understood when providing substance use disorder counseling services to QTBIPOC, thus resulting in therapeutic failure.

Transtheoretical Model of Substance Use Disorder Counseling

While various theoretical conceptualizations of addiction exist, there are also substance use disorder counseling models that can engage QTBIPOC in substance use recovery. Specifically, the transtheoretical model of substance use recovery focuses on guiding clients through developing insight and behaviors that can lead them to beneficial change (Velasquez et al., 2016). The transtheoretical model was created by Prochaska and DiClemente (1984) when helping clients manage cigarette addictions (Prochaska et al., 1992). The transtheoretical model of substance use recovery guides clients through various stages of insight throughout their recovery process (e.g., pre-contemplation, contemplation, preparation, action, and maintenance) (Velasquez et al., 2016). Despite the lack of research available on how the transtheoretical model

of counseling is currently utilized with QTBIPOC, clinicians and counseling institutions need to recognize how systemic barriers related to minority stress impact stages of change towards recovery among QTBIPOC (e.g., QTBIPOC abusing substances to feel safe from discrimination and assault, impaired access to resources that can assist with long-term recovery) (A. Bingham, personal communication, 2020).

Motivational Interviewing in Substance Use Disorder Counseling

Motivational interviewing is a person-centered counseling style utilized in substance use disorder counseling that focuses on building dialogue with clients about change, strengthening clients' motivations and commitments to their recovery process (Miller et al., 2019; Miller & Rollnick, 2012; Velasquez et al., 2016). Regression-based analyses indicated that motivational interviewing is more effective with Hispanic youth than relaxation training methods (Clair et al., 2013). Furthermore, promoting culturally centered gatherings with motivational interviewing was indicated to support Native American youth engaged in recovery from alcohol use (D'Amico et al., 2020). When utilized with LGBT populations, current research supports that motivational interviewing can be modified through language, context, and goals based on cultural identities and needs (Oh & Lee, 2016). Despite the dearth of research available on how motivational interviewing has been utilized with QTBIPOC in substance use disorder counseling settings, motivational interviewing is patient and culture centered, as well as flexible and effective in its use with minoritized communities (Clair et al., 2013; Johnson & Mimiaga, 2017; Osilla et al., 2012).

Intersectionality Theory in Substance Use Disorder Counseling

Little research focuses on how Intersectionality Theory is incorporated into substance use disorder counseling (Huang et al., 2020). However, there is a significant need for

Intersectionality Theory in the substance use disorder counseling field, especially in exploring intersectional experiences of minority stress among QTBIPOC (Bostwick et al., 2014; Chan & Henesy, 2018; Woody, 2014). Yet, as the Multicultural and Social Justice Counseling Competencies (Ratts et al., 2015) recommend that clinicians actively learn about multicultural and social justice theories in their counseling work to affirm and support minoritized communities, intersectional approaches to counseling are not currently mentioned within counseling guidelines for substance use disorder counselors (National Association for Alcoholism and Drug Abuse Counselors, 2021).

Intersectionality Theory in substance use disorder counseling can help affirm intersectional minority stress. Specifically, Intersectionality Theory can provide substance use disorder counselors and institutions with a holistic conceptualization of QTBIPOC clients that allows them to examine how systems of oppression interact with their intersectional minoritized identities (Adames et al., 2018; Chan & Henesy, 2018; DuPont-Reyes et al., 2020; Furman et al., 2018). Furthermore, Intersectionality Theory can also illuminate power dynamics in counseling related to social identities, disrupt those power dynamics, and place intersectional experiences at the center of recovery planning when utilized in substance use disorder counseling (Furman et al., 2018; Wesp et al., 2019).

Multicultural Limitations in Utilizing Current Substance Use Disorder Counseling Models With QTBIPOC

Some limitations are present in how substance use disorder counselors and institutions utilize counseling with QTBIPOC. Specifically, Pennington's (2005) quantitative research found that only one-third of counselor education students felt prepared in working with minoritized individuals in substance use disorder counseling. Furthermore, 80% of these counselor education

students were identified as white, stressing the importance of ensuring that white graduate students feel prepared to work with racial minorities in substance use disorder counseling (Pennington, 2005). However, there is a shortage of available research on counselor preparedness in working with QTBIPOC communities in substance use disorder counseling.

Issues related to safety, discrimination, and pertinence of counseling models also arise when utilizing substance use disorder counseling with QTBIPOC (Miller et al., 2019). For example, QTBIPOC may not feel comfortable sharing minoritized stressors with counselors or doctors they perceive as non-affirming (Amico & Neisen, 1997; McNair et al., 2015). Specifically, QTBIPOC may experience fears of being pathologized or judged when working with counselors (Hoetger et al., 2020; Singh et al., 2017). Furthermore, QTBIPOC may feel cautious about entering counseling relationships due to concerns about cultural bias (Singh et al., 2017). QTBIPOC may also experience difficulties believing that their counselors can understand their minoritized stressors due to power differentials in the counseling relationship (Singh et al., 2017).

Non-affirming perspectives that do not include considerations for minoritized stress can also be silencing for QTBIPOC in substance use disorder counseling, which prevents QTBIPOC counseling needs from being met. Specifically, QTBIPOC are often misunderstood and marginalized when receiving mental health services due to inadequate training about QTBIPOC lived experiences, which can cause minority stress for QTBIPOC when telling counselors about their lives (Boroughs et al., 2015; Moe et al., 2017). Cisnormative perspectives can also be prevalent in substance use disorder counseling practice, especially when social justice theories are treated as additional rather than foundational theories in counselor education (Senreich, 2011; Singh et al., 2020a). These cisnormative perspectives in counseling stem from the colonization of

QTBIPOC experiences that have shaped the counseling profession throughout history (Hotton et al., 2013; Singh et al., 2020b).

Therefore, counselors and institutions must be aware of how they utilize substance use disorder counseling models in their work with QTBIPOC to ensure they are not silencing or omitting minoritized experiences due to non-affirming perspectives. Without this understanding, substance use disorder counselors and institutions can perpetuate maleficence, cultural mistrust, and general harm toward QTBIPOC communities in substance use recovery work (Ridley, 2005).

Affirmation and Validation Within QTBIPOC Substance Use Disorder Counseling

Due to how prevalent sources of minority stress can be for QTBIPOC when seeking out substance use disorder counseling, substance use disorder counselors and institutions must remain aware of ways to provide affirmative support to QTBIPOC in counseling spaces. Per the collective voices of LGBTQ+ communities and advances in counseling research, developing spaces of affirmation and validation for QTBIPOC in substance use disorder counseling requires creating supportive spaces that foster understanding and acceptance, as well as a focus on multicultural perspectives and identifying sources of strength and resilience among QTBIPOC in recovery (Benson, 2013; Jost & Janicka, 2020; Lyons et al., 2015; Perrin et al., 2020; Saunders Goldstein, 2013).

Creating QTBIPOC Supportive Substance Use Disorder Counseling Environments

According to ALGBTIC (2009a, 2009b), counselors and institutions can create supportive counseling environments with QTBIPOC by creating physical spaces that welcome QTBIPOC, attending to the holistic needs of QTBIPOC, and openly exploring the impacts of trans antagonism and Anti-Blackness on QTBIPOC identities. Specifically, counselors must

focus on how they integrate QTBIPOC supportive brochures and holistic resources when providing counseling services to QTBIPOC. In addition, QTBIPOC report that positive experiences in various counseling settings include feeling accepted, having their gender identities respected by staff and fellow clients, and clinicians being familiar with QTBIPOC terminology/experiences (Benson, 2013; Lyons et al., 2015).

Utilizing Multicultural Perspectives in Substance Use Disorder Counseling With QTBIPOC

Substance use disorder counselors are encouraged to discuss and explore cultural identities with minoritized communities in substance use disorder counseling to promote affirmative care (NAADAC, 2021). Substance use disorder counseling with QTBIPOC can be effective when counselors and institutions utilize QTBIPOC worldviews in their counseling modalities (Wynn & West-Olatunji, 2009). Specifically, a focus on understanding the social narratives of QTBIPOC can contribute to effective substance use disorder counseling practices (Jost & Janicka, 2020; Wynn & West-Olatunji, 2009). In addition, culture-centered counseling provides effective strategies for addressing various QTBIPOC needs, especially when exploring the impacts of minority stress (Wynn & West-Olatunji, 2009).

Regarding culture-centered counseling, honoring diversity is another way QTBIPOC are affirmed in counseling work (Acosta et al., 2019; Jost & Janicka, 2020). Specifically, counseling spaces that affirm varying narratives across QTBIPOC individuals honor their diversity, relieving QTBIPOC from feeling as if they have to conform to gender expectations in counseling settings (Jost & Janicka, 2020). In addition, counseling work that allows QTBIPOC to share their unique identities and experiences without feeling stigmatized promotes safe spaces where

QTBIPOC can openly share their gender identities and expression (Acosta et al., 2019; Jost & Janicka, 2020).

Embracing cultural and diagnostic complexity is also an essential feature of affirmative counseling work with QTBIPOC (Jost & Janicka, 2020). Specifically, embracing cultural and diagnostic complexity encourages clinicians and institutions to take more time in their assessments with QTBIPOC and challenge pre-existing mental health theories that reinforce cisgenderism present in the mental health industrial complex (Greene, 2019; Jost & Janicka, 2020; Singh et al., 2020c). In addition, embracing cultural and diagnostic complexity is congruent with Intersectionality Theory because it focuses on the complex intersections between QTBIPOC life experiences and mental health experiences (Delgado & Stefancic, 2017; Jost & Janicka, 2020).

Multicultural perspectives in substance use disorder counseling allow counselors to challenge preconceived ideas rooted in racism and cisgenderism when supporting QTBIPOC in recovery. Counselors and institutions can challenge these preconceived ideas by centering non-eurocentric and non-heteronormative perspectives in counseling, honoring diversity, and embracing cultural and diagnostic complexity when working with QTBIPOC in counseling (Jost & Janicka, 2020; Wynn & West-Olatunji, 2009). In addition, multicultural perspectives in substance use disorder counseling remove stigma from understanding QTBIPOC experiences and address systemic issues that influence substance abuse behaviors (Jost & Janicka, 2020; Wynn & West-Olatunji, 2009).

Incorporating Minority Strengths and Resilience in QTBIPOC Substance Use Disorder Counseling

To enhance substance use disorder counseling services, counselors and institutions must utilize minority strengths and resilience to help QTBIPOC find empowerment in recovery. Minority strengths models illuminate personal and cultural community strengths that can help QTBIPOC navigate minority stress and stigma (Hudson & Romanelli, 2020; Perrin et al., 2020). Specifically, QTBIPOC can utilize cultural community strengths to share resources and create community, enhancing social support in recovery from substance abuse (Hudson & Romanelli, 2020; Miller et al., 2019). Minority strengths models also illuminate how social and communal support are linked with positive health behaviors and how identity pride, self-esteem, and resilience are related to mental health (Perrin et al., 2020). Research has also demonstrated that QTBIPOC discover minority strength by utilizing personal flexibility and awareness about coping with minority stress (Bowling et al., 2019). Therefore, substance use disorder counselors and institutions can benefit from incorporating both personal and cultural community strengths in substance use recovery management.

QTBIPOC also find resilience and coping skills through defining themselves and resisting stereotypes, embracing self-worth, being aware of oppression and its influence, connecting with supportive communities, practicing self-care, engaging in social activism, and cultivating hope for the future (Harper et al., 2012; Meichenbaum, 2013; Meichenbaum; 2015; Singh et al., 2011; Toro-Alfonso et al., 2006). Valente et al. (2020) also determined the importance of exploring how family support can be utilized in counseling, which is beneficial for recovery in substance use disorder counseling due to how family rejection can contribute to substance abuse among QTBIPOC (Irvine, 2010; Mountz, 2020).

Fostering future orientation is also helpful and affirmative in working with QTBIPOC in counseling, especially when promoting QTBIPOC resilience (Jost & Janicka, 2020). Specifically, fostering future orientation can be restorative for QTBIPOC as they build resilience when dealing with minority stress (Singh, 2013). However, further research needs to be conducted on the full benefits of minority strengths models in substance use disorder counseling settings with QTBIPOC. This research will illuminate how discussing QTBIPOC minority strengths in substance use disorder counseling settings contributes to QTBIPOC affirmative counseling during the recovery process.

Despite the limited literature available on personal experiences of substance use disorder counseling among QTBIPOC, this study expands on what positive experiences in substance use disorder counseling look like for QTBIPOC to further inform the counseling field on ways to broaden affirmative counseling with QTBIPOC (Lyons et al., 2015). To understand the holistic and lived experiences of QTBIPOC in substance use disorder counseling, affirmative research methods and epistemologies must be utilized to accurately portray the lived experiences of QTBIPOC in substance use disorder counseling.

Developing a QTBIPOC Research Lens to Enhance Substance Use Disorder Counseling

Critical Participatory Action Research has been recently utilized in working with LGBTQIA+ communities in promoting LGBTQIA+ voices and increasing further understanding of their intersectional identities and salient experiences (Fine & Torre, 2019). Critical Participatory Action Research allows the researched to work with researchers to accurately represent their voices and experiences in research (Fine & Torre, 2019). Critical Participatory Action Research has been identified as a helpful research approach in allowing QTBIPOC to voice their experiences for others to understand, especially when faced with minimal focus on

their perspectives by researchers and when faced with the prevalence of QTBIPOC stigma (Fine & Torre, 2019).

As a research methodology utilized to guide Critical Participatory Action Research, PhotoVoice has also been used in empowering queer and trans youth by providing space to process and share their struggles with visibility, representation, and minority stress (Forge et al., 2017; Klein et al., 2015; Smith, 2018). Furthermore, PhotoVoice research methodologies have explored advocacy themes and created safe spaces among LGBTQ+ communities (Bardhoshi et al., 2018). Finally, PhotoVoice has also been used to explore strategies for resilience among QTBIPOC communities (Bowling et al., 2019). By utilizing PhotoVoice in a Critical Participatory Action Research lens, this study can illuminate QTBIPOC experiences from their perspectives and allow them to explore the potential for advocacy towards social change as part of enhancing QTBIPOC counseling services (Bardhoshi et al., 2018; Fine & Torre, 2019).

Purpose of the Study

The purpose of this study is to explore and understand the lived experiences of QTBIPOC in substance use disorder counseling, especially when encountering minority stress, as well as affirmation and support in substance use disorder counseling settings. In addition, the purpose of this study is to engage QTBIPOC in social justice action to explore how substance use disorder counseling can be enhanced with QTBIPOC communities. The rationale for this study is inspired by the Trauma and Minority Stress Exposure Model, which represents how QTBIPOC experience minority stress from their time in substance use disorder counseling, leading to internal stress (Lyons et al., 2015; Shipherd et al., 2019).

There is a significant gap in the literature regarding personal experiences in substance use disorder counseling among QTBIPOC. Furthermore, QTBIPOC voices are necessary to explore enhancing substance use disorder counseling (Lyons et al., 2015). This study addressed these gaps in the literature and created a space of empowerment for QTBIPOC to establish community power in enhancing counseling services with their communities. As I explored the experiences of QTBIPOC in substance use disorder counseling, my research questions produced more insight into the following areas of inquiry: (1) How, if at all, do QTBIPOC experience minority stress in substance use disorder counseling?, (2) How do substance use disorder counselors provide affirmative QTBIPOC counseling?, and (3) How can substance use disorder counselors enhance their counseling practice with QTBIPOC to promote affirmative counseling? These research questions are based on QTBIPOC community needs, as expressed in QTBIPOC counseling literature (Chapman & Schwartz, 2012).

Method

Critical Participatory Action Research is the epistemology that guided this study. Critical Participatory Action Research is defined as a research tradition that critically examines and challenges positionality and power dynamics in research perspectives while gathering collective and diverse perspectives of knowledge to create social action (Fine & Torre, 2019). Critical Participatory Action stems from Freire's Critical Pedagogy, which promotes knowledge building, grassroots efforts, and collaborative leadership in its research tradition (Chevalier & Buckles, 2013; Freire, 1970). Critical Participatory Action Research is an epistemology that contests traditional and oppressive conceptualizations of knowledge production and research participation, especially when challenging power dynamics between privileged and minoritized identities among researchers and the researched (Fine & Torre, 2019).

Specifically, Critical Participatory Action Research provides minoritized communities with empowering roles in decision-making about research development and research praxis, given that minoritized communities are the only ones who can accurately tell their stories through research (Fine & Torre, 2019). In addition, Critical Participatory Action Research provides collaborative opportunities for dialogue, social change, and advocacy between the researcher and participants to articulate community needs to counseling providers as part of the knowledge-building process (Fine & Torre, 2019).

This research tradition is salient to the purpose of this study, given that this study placed QTBIPOC as co-constructors of their minoritized experiences to reflect on their diverse experiences and create social action towards enhancing QTBIPOC substance use disorder counseling. Furthermore, this research tradition requires the researchers to examine their research practices through a critical lens to address how positionality influences who is telling the stories of QTBIPOC in research (Fine & Torre, 2019; Parson, 2019).

Procedure and Sampling

First, a sampling strategy was decided upon to adequately understand the intended population of the study (Johnson & Christensen, 2017). For this study, purposive sampling and convenience sampling were sampling strategies that best fit the objective of this study. Specifically, purposive sampling indicates a specific population of interest and seeks out participants who represent the characteristics of this population (Johnson & Christensen, 2017). Given that this study explored the lived experiences of QTBIPOC in substance use disorder counseling, purposive sampling identified members of those communities to invite for participation in the research study (Johnson & Christensen, 2017). As a form of purposive sampling, snowball sampling was employed to recruit more participants for the study by asking

QTBIPOC members to recommend this research opportunity to fellow community members. This study recruited 12 participants to participate, which Johnson and Christensen (2017) recommended when engaging in CPAR/PhotoVoice focus group research.

Convenience sampling was also utilized based on geographical proximity and availability (Etikan et al., 2016). Recruiting participants in this study consisted of a two-step process. The first step in recruiting participants was administering fliers to local and LGBTQ+ friendly substance abuse community meetings throughout various parts of Georgia, with permission from coordinators of the substance abuse community meetings. Furthermore, listservs were utilized through the University of Georgia, the Counselor Education and Supervision Network, and the Georgia Therapist Network to recruit more participants through counselors working with QTBIPOC communities. The lead researcher's contact information was provided on the fliers and listservs for participants who would like to participate in the study. To qualify for participation in the study, participants needed to have a herstory, history, or t-story of substance use disorder counseling within the last 10 years and be at least 18 years old to consent for research participation.

Next, participants were invited to participate in two back-to-back focus group sessions through Zoom via informed consent. The purpose of the study was fully detailed for potential participants through an informed consent form, which was provided to each participant for personal review. The informed consent also explained to participants that upon agreeing to participate in the study, they had the right to withdraw their participation at any time. Furthermore, individual semi-structured interviews were offered to participants as an alternative option in case participants felt uneasy about participating in focus groups. Informed consent also reviewed confidentiality measures with potential participants, including the availability of

provided pseudonyms or the option of only sharing one's first name during focus group sessions. Furthermore, informed consent reviewed options for establishing secure communication with which participants feel most comfortable throughout the research process (e.g., phone conversations, texting, email).

As part of agreeing to participate in the study, informed consent also asked participants permission for the lead researcher to record the focus group sessions and reach a consensus about preferred methods for recording to ensure that they feel comfortable with having their experiences recorded for data analysis. Participants were also provided with an explanation of the group sessions' structure (e.g., time, group size, zoom link) and rules to iterate the importance of confidentiality and respect between group members when they shared their experiences. Furthermore, participants were made aware that informed consent was a continuous dialogue between the researchers and participants if any additional questions or concerns arose throughout the research process. Finally, as participants provided informed consent for participation, demographic information was recorded through demographic forms to gather information related to age, as well as racial, gender, and sexual identities and previous experiences in substance use disorder counseling, to determine inclusion criteria and accurately collect participant data that may inform further studies about specific cultural experiences in substance use disorder counseling.

Data Collection

This study utilized visual data collection methods through PhotoVoice and focus groups to discuss and reflect on photos that speak to QTBIPOC experiences in substance use disorder counseling. PhotoVoice is a participatory action research-based methodology based on the understanding that people are experts on their own experiences (Wang et al., 1996; Wang &

Burris, 1997). Furthermore, PhotoVoice is a technique that stems from photo-elicitation, which allows participants to record and reflect on their communities' strengths and concerns, enhance critical knowledge about salient issues through group discussions about the photographs, and promote social justice action with policymakers (Wang & Burris, 1997). This methodology allows participants to obtain photos representing their lived realities and ask questions about "why situations are occurring" and how social change can occur (Wang et al., 2004). Also, PhotoVoice is essential as part of Participatory Action Research, given its ability to provide power and voice to historically minoritized communities (Smith et al., 2012).

PhotoVoice disrupts traditional research paradigms that give outside researchers the power to speak for minoritized experiences (Smith et al., 2012). With this point in mind, researchers can pay attention to and learn from minoritized communities about their experiences, educating researchers on social issues and concerns that may be hidden from them by socially dominant perspectives (Sackett & Dogan, 2019). Through PhotoVoice, disenfranchised worldviews can emerge through the research, disrupting socially dominant forms of oppression that impact QTBIPOC lives (e.g., Anti-Blackness, cisgenderism) (Leung & Flanagan, 2019; Sackett & Dogan, 2019; Smith et al., 2012). Through the core elements of story-telling, community dialogues, and action, PhotoVoice becomes a form of social justice action that engages in liberation from community oppression (Leung & Flanagan, 2019).

To begin the PhotoVoice process, the researcher asked participants to obtain one to three photos representing their various experiences in substance use disorder counseling. Originally, PhotoVoice provided participants with cameras to describe their lived experiences through photographs (Wang et al., 2004). However, this methodology was altered for the sake of this study so that participants would have more freedom in utilizing available photos from their own

means (e.g., internet, photo devices), which made collecting photos more feasible for participants. The researcher also explained to participants that the photos they collected could represent their thoughts and feelings when receiving substance use disorder counseling services, rather than actual photographs of their experiences while present in counseling. Once participants were asked to obtain at least one to three photos representing their experiences in substance use disorder counseling and provided informed consent for participation, the researcher invited the participants to participate in two back-to-back focus group sessions through Zoom links. The links provided to each participant were provided with passcode requirements to ensure privacy and security when meeting with participants during data collection.

In PhotoVoice research, the photos engage participants in dialogue about personal and community issues (Wang et al., 2004). In this study, photos were used to engage QTBIPOC participants in dialogue about their experiences in substance use disorder counseling and how these experiences inform affirmative counseling care towards QTBIPOC who struggle with substance abuse. Furthermore, these dialogues promote ideas about social change to bring to policymakers (Wang et al., 2004). In this particular study, dialogues about QTBIPOC experiences in substance use disorder counseling were utilized to brainstorm ideas for social change, which can then be related to communicating community needs to substance use disorder counselors and institutions.

Freire in Wallerstein and Auerbach (2004) described that a listening-dialogue-action-reflection approach could be utilized in Participatory Action Research focus groups to engage in the knowledge-building process with QTBIPOC community members. Specifically, focus group sessions were used in this research study due to their usefulness in obtaining various

perspectives, developing insight into participants' points of view, examining the lives of participants, and generating action-based ideas with the collective power of the group, which is congruent with the theoretical tenets of Critical Participatory Action Research (Fine & Torre, 2019; Gibbs, 1997; Krueger, 1994; Litosseliti, 2003; Morgan, 1988; Morgan & Krueger, 1993; Powell & Single, 1996; Race et al., 1994; Wallerstein & Auerbach, 2004). The two focus group sessions were created around these theoretical tenets and lasted up to 90 minutes each. While PhotoVoice research states that 7 to 10 participants can participate in a focus group, a maximum of 6 participants participated in this study's focus group sessions at a time (Wang, 1999). Therefore, this focus group size strategy promoted more opportunities to hear QTBIPOC experiences and strategies for social change among the research participants (Johnson & Christensen, 2017).

The first focus group session focused on utilizing PhotoVoice to listen to the messages within the photos taken by participants as they reflected on their experiences in substance use disorder counseling. Semi-structured interview questions encouraged the participants to share how their photos individually and collectively represented their experiences in substance use disorder counseling (Roulston, 2010). Furthermore, romantic and localist interviewing styles were utilized to complement semi-structured interview formats, help minoritized communities open up in sharing their community concerns, and reduce the power distance between the lead researcher and participants (Alvesson, 2003).

The first session was essential to the data collection, given that this session provided additional insight into the PhotoVoice data (Clark-Ibanez, 2004; Johnson & Christensen, 2017; Maxwell, 2013). Further, the first session provided participants an opportunity to establish roles of agency by giving them space to pose questions and insights about the data with the equitable

guidance of the moderator, reducing power distance within the relationship between the researcher and participants (Roulston, 2010). Furthermore, the first session aimed to empower participants, as they were allowed to share their inner world with the researcher by sharing their photographs (Clark-Ibanez, 2004).

The second group session focused on improving substance use disorder counseling with QTBIPOC communities. The second group session dedicated time and space for participants to generate ideas for social justice action and enhancing counseling efficacy in substance use disorder counseling with QTBIPOC. Specifically, researchers and participants collaboratively decided on ways to actively advocate for QTBIPOC community needs in substance use disorder counseling outside of the focus group sessions. As we collaborated in brainstorming social justice action steps to enhance substance use disorder counseling, we agreed that we could add additional focus group sessions to reflect on the efficacy of our efforts and future directions in advocacy.

Data Analysis

Data analysis consisted of a two-step process during this study. First, deductive coding was utilized to create two a priori codes that provide organized data for the established research questions of this study (Johnson & Christensen, 2017). Specifically, minority stress and affirming counseling experiences were the two a priori codes established during this study. The second step of data analysis consisted of inductive coding to create a hybrid coding approach, creating sub-categories within the already established a priori codes (Crosley & Jansen, 2020). The following sub-categories were organized as expected codes, surprising codes, and codes of conceptual interest (Creswell & Creswell, 2018).

Surprising codes are described as codes that are unexpected to emerge during the data analysis by the researcher and participants (Creswell & Creswell, 2018). Therefore, contradictory experiences were analyzed and included within the research, even if they did not fit in with expected themes between researchers and participants, to account for and examine the complex lived experiences of QTBIPOC in substance use disorder counseling (Creswell & Creswell, 2018). Codes of conceptual interest include themes that hold potential interest for the researcher, participants, and readers (Creswell & Creswell, 2018). Codes of conceptual interest are valuable in providing direction for further research studies that aim to explore QTBIPOC experiences in substance use disorder counseling. Codes of conceptual interest are also helpful to readers who can apply the research's findings to their clinical practice in substance use disorder counseling with QTBIPOC. Organizing the data into these sub-categories enhances current literature on QTBIPIC experiences in substance use disorder counseling through confirming, contradicting, and illustrating needed areas of research that speak to QTBIPOC experiences in substance use disorder counseling.

Researcher Positionality

Growing up as a gay and Hispanic child, I can recall so many times when I could not utilize my voice to express myself authentically. Not only was I ignored by white teachers and helping professionals throughout the school system due to my skin color, but I also came home to feel ignored and unseen alongside family members who had expectations of me rooted in heteronormativity. In addition, my experiences with minority stress made me feel trapped and speechless due to the intersectional stressors that prevented me from reaching out to speak authentically. It was only when I encountered culturally and emotionally safe spaces that I

discovered liberation through being able to openly share about my identities, learn about others' minoritized experiences, and exercise my voice towards social justice change.

Growing up, I noticed how substance abuse impacted my family and me. Specifically, I witnessed how alcohol abuse impacted my mother, and I learned how to navigate my relationship with my mother as she experienced drunken and angry episodes. Furthermore, I struggled with my own addictions to cope with minority stress throughout adolescence and early adulthood. Moreover, it was difficult for me to reach out about my struggles due to messages I received growing up about how dangerous it was for communities of color to ask for help, suspecting that my struggles would be used against me as part of systemic oppression. My familial and personal experiences with addiction and substance abuse impacted my emotional health growing up and inspired me to help others who struggle with substance abuse through counseling work.

Throughout my counselor education, I observed many instances where clinicians were not knowledgeable about QTBIPOC experiences in substance use and psychiatric care. Furthermore, I have seen how substance use disorder counselors failed to understand their minoritized clients, their experiences, and how those minoritized experiences influenced their struggles with addiction. I was disturbed to witness this lack of knowledge about QTBIPOC experiences among my colleagues, which illustrated essential questions about QTBIPOC affirmative counseling. Due to a lack of knowledge about QTBIPOC identities and experiences, I further witnessed how QTBIPOC were exposed to encounters with minority stress due to their experiences of microaggressions, discrimination, and assault when interacting with counselors and clients in my work environment.

From there, I continuously wondered about the voices that were not heard and the continuous spiritual and physical murder occurring towards QTBIPOC (Love, 2016). Through reflecting on these observations and experiences, I wondered whether QTBIPOC and their minoritized experiences are being affirmed in substance use disorder counseling. I started to think about who I am as a substance use disorder counselor and how I can help advocate alongside, as well as affirm, QTBIPOC communities through counseling. As I reflect on the therapeutic failure I have witnessed towards QTBIPOC and my own experiences with minority stress and addiction, I continuously ask whose voices are not heard in counseling, which inspires me to prioritize multicultural counseling in every therapeutic relationship that I build with all clients.

Through conducting this study, I realized that this was my chance to utilize my platform in counselor education and provide QTBIPOC community members with a platform to speak about their experiences in substance use disorder counseling. While there is still so much that I do not know about QTBIPOC experiences, I am dedicated to ensuring that QTBIPOC participants can tell their stories and ensure that they are being represented in respectful and empowering ways through research.

As I reflect on my positionality, I still grapple with being recognized as the primary author of this work, knowing that QTBIPOC own their experiences and should be credited as the primary authors of this work. Furthermore, I grapple with my insider positionality as a gay person of color and my outsider positionality as a cisgender doctoral candidate and researcher as I interact with QTBIPOC community members about their experiences in substance use disorder counseling (Bourke, 2014). Specifically, I had to explore how my outsider identities impacted my relationships with participants throughout our collaborative social justice work to engage in

affirmative research with minoritized communities. By working closely with QTBIPOC, this study gave QTBIPOC a chance to tell their stories as an act of liberation about what they need to be affirmed in substance use disorder counseling. If QTBIPOC voices are not centered in this research, real change in counseling for QTBIPOC communities becomes difficult, and the systemic oppression that I witnessed in my professional work goes unchanged (Singh et al., 2020a). Through our collaborative work, I hope that QTBIPOC participants receive the recognition and support they deserve.

Trustworthiness Strategies

As the researcher of this study, it was essential that I continuously reflected on my identities and how they influenced my role in this study. While I am a gay and Hispanic person, I also hold dominant social identities that intersect with my minoritized identities, such as being male, cisgender, able-bodied, and having access to higher education. Knowing that I have intersectionally minoritized and privileged identities, engaging in reflexivity is an important task that helped me evaluate the direction of the study and my level of impact among the participants I worked with during the study (Creswell & Creswell, 2018). The reflexivity process consisted of two important strategies for critical reflection. To engage in reflexivity, I created a social identity map (Jacobson & Mustafa, 2019) and a reflexivity journal, which helped me engage in ongoing reminders and reflections about my impact on the data and participants as I began the data collection and analysis processes. I will also include my reflexivity process in this finished study to enhance the study's trustworthiness and enhance transparency about my experiences with reflexivity for readers to review (Probst, 2015). The reflexivity process also explored with participants how my intersectional experiences impacted them throughout the research process after each focus group session to understand how my intersectional experiences impacted the

research process (Bourke, 2014). Exploring my reflexivity openly with participants during data collection was a valuable tool in conducting social justice research to promote equity, collaboration, and comfort in research-based relationships during the research process (Bourke, 2014).

Credibility

Given that PhotoVoice is a research method of participatory action research, focus group sessions serve as a space where participants share their experiences and actively analyze them through collective insight and thought (Palibroda et al., 2009). Accounting for discrepant information within the data and focus group sessions allowed me to present a comprehensive look at the data without concentrating solely on expected themes based on previous research. As discrepant themes from the data were incorporated into the research analysis, the participants' experiences were represented as holistic when exploring the lived experiences of QTBIPOC in substance use disorder counseling (Creswell & Creswell, 2018).

Dependability and Confirmability

A research team of LGBTQ+ identified scholars, including one LGBTQ+ scholar who is significantly experienced in substance use disorder counseling, was utilized to assist in analyzing the data, to ensure that the author's interpretation of data analysis was strongly supported by participants' analyses, as well as to ensure that QTBIPOC experiences were being honored within data analysis (Lincoln & Guba, 1985). We met to discuss our findings in data analysis to ensure that we represented QTBIPOC experiences appropriately during the data analysis process and to avoid any issues of omission and distortion of QTBIPOC experiences in substance use disorder counseling. In addition, the research team and I discussed the researcher's coding processes for feedback about whether presenting research themes needed to be adjusted to

represent QTBIPOC experiences appropriately. Furthermore, we engaged in a collaborative discussion and exchanged written personal reflections to share our unique perspectives on the presented data and ensure that all voices and perspectives were accounted for when analyzing the data.

As part of ensuring dependability and confirmability, an audit was also conducted by the research team to examine various dynamics during data collection and ensure accuracy and dependability of the data (Lincoln & Guba, 1985). Furthermore, the audit ensured that all QTBIPOC experiences were included in the data to avoid errors in data-keeping (Lincoln & Guba, 1985). To do this, the researchers utilized the audit to ensure that there are no missing records of recordings from the focus group session, details of the methodology for future researchers to review, or reflexivity journal entries that will cause researchers to overlook any unspoken dynamics that occurred between the researchers and participants during the research process (Lincoln & Guba, 1985).

Transferability

To ensure adequate transferability practices, the research methodology was accurately detailed and informative for future researchers to replicate or develop this research study (Lincoln & Guba, 1985). In addition, research team members were asked to participate in reflexivity journaling to measure their impact on data analysis during the study (Bourke, 2014). By providing each researcher's reflexivity journaling in its raw form, future researchers are provided with authentic accounts of each researcher's positionality for future consideration when further developing or replicating this research (Lincoln & Guba, 1985).

As part of critical research, future researchers and readers must understand that the purpose of this study is to uplift minoritized voices and not to establish an essentialist view of

QTBIPOC needs in substance use disorder counseling (Taylor & Medina, 2013). Specifically, participants' perspectives solely reflect moments and experiences of their lives in substance use disorder counseling and do not serve to define experiences in substance use disorder counseling among all QTBIPOC communities. Even though the QTBIPOC perspectives presented in this study are subjective, the main goal of this study was to gather and reflect on QTBIPOC experiences as they were remembered when navigating substance use counseling environments. With this being stated, this study's transferability and general trustworthiness are solely based on gathered perspectives and noted moments of time spent in focus group sessions, which can produce varied insights when interacting with more QTBIPOC community members during further research.

Findings

I was contacted by 22 individuals interested in participating in my study. I interviewed 12 participants who qualified for the study based on the participant criteria and availability to meet for the focus group sessions. Out of the 12 participants who engaged in the study, four participants provided photos during the study to launch community dialogue about QTBIPOC substance use disorder counseling experiences. Furthermore,10 participants met for focus group sessions, while two requested individual interviews. Out of the 10 participants who engaged in the focus groups, each group consisted of four, four, and two group members who met for two back-to-back Zoom sessions with the researcher. One of the groups (e.g., the group of two community members) could not provide any photos yet still provided valuable insights into their lived experiences in substance use counseling. Table 1 describes the basic demographic information that represented each participant during the study.

Table 1

Participants

Name	Age	Gender Identity/Sexual Orientation	Racial/Ethnic Identity
Beck	23	Trans, Bisexual	Black/African American
Edward	22	Trans	Black
John	22	Trans	Black
Kevin	21	Trans	Person of Color
Joel	25	Trans	Black American
Tyron Rose	25	Trans	Black American
Richard	26	Trans	Black
She	26	Lesbian (Queer)	Black American
Victim	27	Trans/Queer	Black
Michael A.	24	Gay, Genderqueer	Black American/African American
Michael B.	27	Asexual, Biromantic, Trans, Two Spirit	Siksika, American Indian, White
Allan	24	Trans	Black

Meeting The Participants

This section of the study is dedicated to getting to know each of the twelve participants in more depth to humanize QTBIPOC community members and their experiences in this research. Group members engaged in story-telling through their photos and narrative experiences, which aligned with their collective motivations in building community connections during the substance use recovery process. The first participant I met was Beck. Beck reportedly joined this

study to share their experiences and help others through their experiences. This participant originally received substance use disorder counseling in New York and received substance use disorder counseling twice throughout their life. Beck's experiences were beneficial to this study, given that they could relate to both affirming experiences and experiences of minority stress in substance use disorder counseling, which provides a holistic perspective into QTBIPOC experiences in substance use disorder counseling.

She also joined this study to share their ongoing experiences with substance use disorder counseling. This participant originally received substance use disorder counseling in California and received substance use disorder counseling three times throughout their life. Overall, She's insights were important to the study, particularly to highlight the discomfort they perceived from substance use disorder counselors in their counseling experiences. John joined this study to mainly share their experiences in substance use disorder counseling in a supportive space. Specifically, John openly reflected on the substance use disorder counseling they received in New York. John's lived experiences provide significant insight into what minority stress experiences could be like for QTBIPOC during substance use disorder counseling. Edward was the next participant to join this study, who shared about the affirmation and community connections they received from substance use disorder counseling because their counselor was also trans. These experiences were insightful to the study by elaborating what affirmative QTBIPOC substance use disorder counseling represented to them as they navigated counseling environments.

Kevin also joined this study to share their personal experiences in substance use disorder counseling in New York. While Kevin was enthusiastic about sharing their experiences in substance use disorder counseling, they were curious about the researcher's investment in the

study, inviting critical dialogue between the researcher and participants about the purpose of this academic work and its intentions. Kevin provided essential points of study when describing their experiences in counseling, including feeling unseen, isolated, and looked down upon when navigating counseling environments. Victim was mainly interested in this study to share their journey during the substance use disorder counseling process. This participant stated that they originally received substance use disorder counseling in New York 10 times throughout their life. Victim further elaborated on the struggles they experienced in being able to afford consistent counseling, which speaks to ongoing issues of accessibility to counseling services among QTBIPOC communities.

Tyron Rose shared that they joined this study to hear about others' experiences in substance use disorder counseling so that they did not feel alone in their experiences. This participant received substance use disorder counseling in Georgia and received substance use disorder counseling four times throughout their life. Tyron Rose's lived experiences were vital to the study, given their experiences of feeling unsafe and unaccepted throughout substance use disorder counseling, to illuminate QTBIPOC experiences of minority stress in substance use disorder counseling. Therefore, this interaction was valuable to the data collection process, given that participants utilized these focus group sessions for community connections to avoid isolation, especially when processing harmful experiences in substance use disorder counseling.

Joel joined this study to share their stories of survival and resilience throughout the substance use disorder recovery process. Specifically, Joel received substance use disorder counseling in New York 16 times throughout their life. These contributions to the study were valuable due to Joel's insights about the benefits of ongoing substance use disorder counseling and experienced companionship during the recovery process. Richard wanted to participate in

this study to meet new people and be exposed to different ideas and experiences regarding substance use disorder counseling for QTBIPOC. This participant was also curious about the researcher's investment in this academic work and wanted to know whether the researcher could relate to QTBIPOC experiences in substance use disorder recovery. From this interaction, community members reported that these focus groups were an opportunity to learn about diverse experiences and discuss various options for enhancing substance use disorder counseling with QTBIPOC.

Michael A. joined this study to share the healing transformation they experienced throughout the substance use disorder counseling process in New York. Specifically, Michael A. shared about the healing experiences they had through feeling encouraged and empowered to share about their life experiences in counseling, knowing that they had substance use disorder counselors who were willing to advocate alongside them during the recovery process. Michael B. was enthusiastic about joining this study to share their harmful experiences of minority stress in substance use disorder counseling. Specifically, Michael B. shared their experience receiving substance use disorder counseling in Georgia at a psychiatric hospital and how they did not feel affirmed when processing traumatic experiences of structural violence that influenced their substance abuse behaviors. Lastly, Allan joined this study to share how their experiences of minority stress in substance use disorder counseling scarred them as they encountered new counselors in the future. Allan's perspectives informed this study about how cultural mistrust occurs due to minority stress experienced when navigating counseling environments as a QTBIPOC community member.

Overall, the focus group sessions served as a space where QTBIPOC community members could connect through their personal experiences, share their stories and lived

experiences, and become exposed to different ideas and perspectives as they navigated counseling institutions. These motivations greatly informed the research data presented in this study due to how the motivations closely aligned with the ideals of Critical Participatory Action Research and PhotoVoice methodologies. Specifically, the collective motivations for participating in this study focused on how community knowledge is produced to create ideas of institutional change for the future. However, it is important to note that photographs and images are not visibly displayed in this work, given that QTBIPOC community members did not provide consent to have their photos shared in the study.

Participants should have a choice in what they wish to present or not present during PhotoVoice projects (Argyris & Schon, 1991; PhotoVoice, n.d.). Furthermore, since the sources of mentioned photos were unidentifiable, consent may need to be obtained from the producers of these photos (e.g., photos obtained from the internet) before sharing them in this study's findings (American Psychological Association, 2020). Still, through the photos that were shared and through the dialogue built about community concerns, each of the 12 participants provided incredible insights into their lived experiences and ideas to enhance the substance use counseling field for QTBIPOC, which fulfills the primary goal of PhotoVoice research (Wang & Burris 1997). These insights are further described in the following sections.

Research Question One

QTBIPOC Minority Stress in Substance Use Disorder Counseling

In this research study, QTBIPOC community members openly identified the most salient stressors they experienced in substance use disorder counseling settings by reflecting on each other's photos and dialogues. QTBIPOC participants further described how these experiences in substance use disorder counseling settings were not helpful to their ongoing recovery from

substance use. Specifically, as QTBIPOC are seeking out support from minority stressors and various stressors that contribute to substance use, QTBIPOC can still encounter sources of minority stress when seeking out counseling in oppressive environments. These QTBIPOC collective experiences speak to the prevalent issues experienced in substance use disorder counseling environments by QTBIPOC, such as not feeling understood or accepted by their substance use counselors. The following themes that were identified when exploring minority stress in substance use disorder counseling among QTBIPOC include, 1) visible discomfort about QTBIPOC topics among counselors, 2) feeling unseen regarding minority stress experiences, 3) lack of acceptance regarding QTBIPOC identities, 4) experienced discomfort with being open with counselors, 5) the need for connection to other community members, and 6) lack of authenticity. These themes were analyzed by being sorted into either "expected codes, surprising codes, or codes of conceptual interest," as described in Table 2:

Table 2

Research Question One Data Categories

Theme Number	Theme Title	Theme Category
1	VISIBLE DISCOMFORT	Expected
2	UNSEEN MINORITY STRESS	Expected
3	LACK OF ACCEPTANCE	Expected
4	DISCOMFORT IN BEING OPEN	Expected
5	THE NEED FOR CONNECTION TO OTHER COMMUNITY MEMBERS	Conceptual Interest
6	LACK OF AUTHENTICITY	Conceptual Interest

Visible Discomfort About QTBIPOC Topics Among Counselors. During focus group sessions, QTBIPOC community members discussed how some of their counselors expressed visible discomfort when addressing QTBIPOC issues in counseling. These dialogues illuminated a specific issue that can occur for QTBIPOC in counseling environments, in which their counselors demonstrate discomfort with QTBIPOC identities and lived experiences. For example, Beck described the following interaction with their counselor:

> So getting to open up, to tell them, 'This was me,' you could literally see that they weren't into that. They weren't comfortable with someone like me, which restricted me from sharing how I felt or what help I needed. I would say that was why the first place I went to wasn't effective.

Given how clear it was to Beck that their counselor was uncomfortable with them, this experience impaired Beck's ability to share presenting concerns with their substance use disorder counselors in counseling environments. Furthermore, Beck described experiences in which their counselor was visibly shocked and astonished by QTBIPOC minority stressors, which Beck and other community members did not find helpful to the recovery process from substance use:

> Like my counselor tried to understand me more and help me open up every time, I opened up about my real problems and who I am. I think he was astonished or surprised. I felt like I never got the support that I needed.

She also described a similar lack of support due to visible discomfort from their substance use disorder counselor:

> It was challenging on my side. My counselor would not like to be part of it and it seemed like he was afraid that my condition was not a fit for his profession.

Michael B. also described the following experience when trying to process traumatic events in substance use disorder counseling:

> They were aware of what was going on, but they made me feel like I was on my own. They didn't know how to handle it and left me by myself to deal with that. It wasn't malicious, and I don't think they meant it to be but they didn't know how to deal with that at all. It was a lot of overlaying things that they had very little experience with.

This community member described how counseling institutions could not support them when recovering from recent traumatic experiences, mainly because their counselors did not possess the necessary insight to provide QTBIPOC affirming support during trauma. Furthermore, this theme illustrated QTBIPOC perspectives that because counselors can experience discomfort with QTBIPOC, QTBIPOC often do not feel safe or comfortable sharing their lived experiences as minoritized community members in oppressive counseling institutions which can also intersect with further substance use struggles. This theme was categorized as an "expected code" during data analysis due to visible discomfort related to the lack of QTBIPOC knowledge cited in the previous literature as a source of minority stress for QTBIPOC in substance use disorder counseling (Cronin, 2017; Pepping et al., 2017).

Specifically, previous literature states that a lack of knowledge about QTBIPOC experiences with minority stress leads to dissatisfaction among QTBIPOC in counseling (Cronin, 2017; Pepping et al., 2017). Furthermore, these presenting issues in counseling negatively impacted the recovery process, given that these experiences were described as unsupportive by QTBIPOC community members. Therefore, these minority stressors contribute to ongoing dissatisfaction with substance use disorder counseling support among QTBIPOC, which further does not help QTBIPOC as they try to cope with minority stress and racial persecution through

Anti-Blackness (Alexander, 2020). Through experiencing discomfort from counselors in substance use disorder counseling, QTBIPOC community members also described feeling unseen in substance use disorder counseling, which is described in more detail in the following section.

Feeling Unseen Regarding Minority Stress Experiences Among QTBIPOC. Based on the ongoing dialogue produced by QTBIPOC in their focus groups, community members described feeling as if their minority stress experiences were unseen by their counselors, which served as a significant issue that impedes adequate counseling care among QTBIPOC. For example, Kevin openly described how their counselor made them feel unseen regarding their minority stress-based lived experiences:

> I realized that he was looking down on me. He would see me as if I had an issue. I was trying to explain to him how I experienced stigma based on the color of my skin or from my relatives. It really affected me, so I turned to substance use…

During this group dialogue, Kevin shared that despite trying to share their lived experiences of minority stress in counseling environments, they felt as if their counselor instead viewed them as the central issue regarding substance use rather than the minoritized stressors that significantly impacted Kevin and other QTBIPOC. This perspective is a significant component of feeling unseen that serves as an essential contribution to QTBIPOC literature on their lived experiences in substance use disorder counseling. In this group dialogue, not only do QTBIPOC feel unseen, but there is also an indication of feeling blamed for their substance use struggles rather than having their contributing stressors recognized as a significant trigger for substance abuse. The blaming of substance use struggles that can happen to QTBIPOC stems from the biomedical focus of the mental health industrial complex, causing QTBIPOC to feel as if they are to blame

for their own stressors rather than the systemic stressors they face in their environments (Greene, 2019). Furthermore, when trying to seek out support for experienced trauma as QTBIPOC, Michael B. described how their counselors "were not ready" to hear about their traumatic experiences:

> I went into the treatment center for counseling, after my friend was shot by the police at (university), and they did not know how to handle that, at all. Like, I had talked about it in group, and I finished talking, and there was silence. Because, I think a lot of the people that they were used to dealing with were little white kids who smoked weed, and their parents sent them to rehab for weed. It's like, no, I'm there because I have a heroin addiction with PTSD, and I don't know what to do. They were at a loss. It always came down to how they wanted me to handle it, like, 'What's in your power?' Like, a lot of the things that were happening weren't because of me, and I don't have any power over them. Asking me to deal with the aftermath of my friend dying because of another mental health crisis is unfair to ask. I don't know, they just, they were sympathetic, but they didn't have the skills, training, or life experience necessary to figure out how to work with people who didn't steal their mother's alcohol because they were rebellious, instead of having the experience to work with systemic issues.

Michael B.'s experiences with seeking out counseling support due to experiencing police brutality are important for substance use disorder counselors to consider when working with minoritized communities. Without understanding the harmful impacts of police brutality, substance use disorder counselors fail to acknowledge the trauma caused by police brutality, which contributes to ongoing mental health issues and stressors due to feeling unseen during traumatic events (Alang et al., 2021). Furthermore, Michael B.'s experiences speak to the

attempted conditioning that can occur towards minoritized communities in oppressive counseling environments. Specifically, oppressive counseling environments can try to condition minoritized communities into believing that mental health stress is an individual problem without acknowledging how structural violence contributes to mental health stress (Greene, 2019).

Kevin also described the idea that they were feeling looked down upon in substance use disorder counseling, which indicated underlying themes of feeling disrespected and experiencing condescending treatment in substance use disorder counseling settings. This theme was coded as "expected" due to cited dissatisfaction with counseling services among QTBIPOC. Specifically, previous research reported that QTBIPOC felt unseen when experiencing judgment and cultural bias related to minority stressors (McNair et al., 2015; Singh et al., 2017). Through their shared picture, Michael B. also described how their experience in substance use counseling was "not great" due to their counselors not supporting them in their struggles with minority stress. As a result, these stressors were not able to be seen and heard by their counselor, such as what is described when Michael B. shared their picture during the study:

> It's just a really low-lit room with a mirror, and the lighting has a neon sign that you're reading regularly that says, 'You are a star,' but the reflection says, 'You bastard.' Um, I didn't have a great experience with the substance abuse counseling that I went to. There was a lot of shame around it. I went for a dual diagnosis; I was a voluntary admit to a local psychiatric hospital. I went through two months there; there was a week of inpatient and then outpatient. At the time that I was supposed to leave inpatient, they told me that they didn't have the ability to deal with what I was struggling with and that I should go to a treatment facility on the other side of the country. Like that was feasible?

Despite this code being expected due to previous literature, this is an important theme that needs further exploration in QTBIPOC literature, given that this reported experience proved to be a salient influence on substance abuse struggles among QTBIPOC community members. The theme of feeling unseen in counseling speaks to a prevalent issue in substance use disorder counseling with QTBIPOC, such as a lack of awareness and knowledge regarding minority stress among QTBIPOC. Furthermore, these presenting concerns speak to the limitation of substance use disorder counseling models that do not account for the holistic experiences of minoritized communities as minorities navigate minority stressors and use substances to cope with such stressors. With these limitations and issues in QTBIPOC substance use disorder counseling, counselors and institutions do not adequately understand or address minority stress among QTBIPOC communities, leaving QTBIPOC feeling ignored and unsupported when seeking help about their struggles. Furthermore, QTBIPOC community members overall did not feel accepted in counseling relationships, which is explained further in the following section.

Lack of Acceptance in Counseling. The third theme explored in PhotoVoice focus groups with QTBIPOC consisted of the perceived experience in which QTBIPOC did not feel accepted in substance use disorder counseling. For example, John described how their counselors mainly focused on trying to change their gender expression rather than on understanding presenting issues in counseling:

> His objective was more about changing who I am than understanding and getting to know me. It seemed like a problem for me, getting him to accept my nature. Like, by insisting that I try to get myself out there to the other gender to prove something, which I myself knew that I just wasn't into it. He tried making me think that I did not try enough. I am old enough to know what I want. He tried changing me by not accepting me.

Dialogues such as these describe how QTBIPOC community members can feel demoralized in counseling environments when working with counselors who focus on changing QTBIPOC clients rather than supporting and understanding them during recovery from substance use. This theme also speaks to the previous theme of feeling unseen in counseling, given that the counselor's main focus was on trying to change QTBIPOC clients rather than seeing their presenting minority stressors that contribute to substance use.

When exploring John's experiences in substance use disorder counseling, John described feeling pressured as if they had "something to prove to the other gender." Furthermore, in their group dialogue, John expressed that they "are old enough to know what they want," which indicated a personal experience in counseling when they were treated like a child who did not understand themselves and needed further self-awareness about their gender. These documented experiences further speak to the lived experiences of QTBIPOC described in previous literature, such as literature-based examples of microaggressions that can be experienced in counseling settings by QTBIPOC. Specifically, QTBIPOC can experience microinsults, which involve stigmatized beliefs about how QTBIPOC should express their gender (Lyons et al., 2015; Senreich, 2011). Microinsults experienced in counseling settings can further contribute to overall experiences of minority stress, as expressed by John in his counseling experiences.

Also, Richard described previous counselors in substance use disorder counseling as judgmental. Furthermore, Richard felt that counselors should reserve judgment to support QTBIPOC clients seeking substance use disorder counseling. When describing their experiences in substance use disorder counseling settings, they also explained how they felt forced to come out with their gender identity in counseling, which indicated moments of feeling judged when asked to share about themselves in counseling. Richard's experiences point out what can happen

when counseling institutions do not provide a primary focus on respecting the privacy of QTBIPOC identities or building trust with QTBIPOC when these communities interact with counselors in counseling environments.

Tyron Rose also described feelings of not being accepted and feeling unsafe in substance use disorder counseling settings. Specifically, Tyron Rose did not openly share much about their experiences with minority stress in counseling environments because they felt judged or talked about negatively when they did openly share in counseling. Due to feeling unsafe in counseling environments, Tyron Rose's experience indicated that a lack of acceptance partly accounted for their lack of self-disclosure. Without feeling accepted in counseling, Tyron Rose described how a lack of self-disclosure results from a lack of acceptance in counseling environments, preventing QTBIPOC from reaching out for the support they need to navigate substance abuse when dealing with minority stress.

Previous research confirmed that QTBIPOC can experience lower levels of perceived support and stigma and feel unwelcome and unsafe when receiving substance use disorder counseling (Lyons et al., 2015; Senreich, 2011). As QTBIPOC described unsupportive counseling environments during the focus group sessions, QTBIPOC also described these environments as sources of minority stress in their lives. These presenting issues serve as a call for substance use disorder counselors to closely examine their professional and institutional practices to ensure that counselors are demonstrating acceptance when working with QTBIPOC in substance use disorder counseling. Without feeling accepted in substance use disorder counseling, QTBIPOC community members can experience feelings of discomfort in opening up with counselors about their personal struggles in navigating Anti-Blackness, which is vital to the QTBIPOC recovery process (Lachowsky et al., 2017; Ross, 2020).

Experienced Discomfort in Being Open With Counselors. QTBIPOC community members also described that due to the previously described themes and examples of minority stress in substance use disorder counseling settings, there was a perceived discomfort in being open with counselors. Specifically, QTBIPOC community members such as John shared that their experiences in counseling did not allow them to open up about experiences of minority stress, including traumatic experiences, that influenced substance use. In conjunction with previously described themes, this theme indicates a perceived cultural mistrust with counselors who are not knowledgeable about QTBIPOC minority stress, focus on trying to change QTBIPOC, and are not accepting of QTBIPOC.

Community members such as Tyron Rose also reported feeling unsafe in counseling settings because there was a lack of counselors that they could relate to during the counseling process. Richard also described feeling intruded upon by counselors when forced to share their gender identities in counseling. Specifically, Richard reported embarrassment in being openly asked about their gender identity and preferred counseling settings where their gender identities were discreetly understood and respected.

These reported experiences in substance use disorder counseling settings further speak to perceived cultural mistrust that can be experienced between QTBIPOC clients and counselors who are not knowledgeable about QTBIPOC experiences and needs. When cultural mistrust exists in counseling relationships with QTBIPOC in substance use disorder counseling, it can become more difficult for QTBIPOC to reach out for support in the future, thus perpetuating further minority stress, substance abuse, and a lack of hope in navigating systemic oppression (Alexander, 2020). Not only did QTBIPOC participants wish for comforting counseling spaces in substance use disorder counseling, but QTBIPOC participants also reported that they wished

to connect with other QTBIPOC community members to avoid feeling alone during the recovery process.

The Need for Connection to Other Community Members. During the group dialogue, QTBIPOC participants also discussed the importance of connecting to other QTBIPOC community members while navigating substance use recovery. For example, Kevin shared the following narrative when sharing with their group members:

> One of the things I really wished for was that he could have connected me with other transgender members, to try and discuss and meet with new people, open up, he can even try to link me to people who can explain to me their perspective of being transgender. Sharing is very important. Maybe from his side he was biased because he wasn't experiencing the same thing I was. So, I think that from the way he acted, I think he should have done better to try to find someone who was having the same problem as me, to find an elder person who went through the same things, to try and open up with me to understand me, and I think that could have been better.

QTBIPOC community members, such as Kevin, stated that being connected to fellow community members is an essential part of the recovery process, especially when addressing minority stressors related to feeling isolated in substance use disorder counseling settings (Lyons et al., 2015). While Michael B. reported that they felt connected to fellow QTBIPOC in substance use counseling environments, they became disheartened when they found out that they were not allowed to maintain contact with QTBIPOC peers in recovery after treatment, as described in this narrative:

> They started a small group for LGBTQIA folks after regular meetings but also keeping contact with people after discharge was breaking the rules, so any bridges that were built were abandoned.

This experience caused Michael B. to experience isolation from fellow QTBIPOC in recovery due to harmful institutional practices. Also, QTBIPOC experiences with microaggressions and social rejection in substance use disorder counseling can reportedly lead to feelings of isolation and premature termination from counseling (Lyons et al., 2015). However, through connection to fellow QTBIPOC community members, QTBIPOC in substance use recovery can receive adequate support as they navigate minority stress, which is reportedly ideal among QTBIPOC community members as they navigate minority stressors in their lives. Furthermore, QTBIPOC community members stated that they experience adequate counseling support through experiencing authenticity from their substance use disorder counselors.

Lack of Authenticity. QTBIPOC community members also cited a lack of authenticity from their counselors as a source of minority stress experienced in counseling settings, especially when related to overcoming cultural mistrust with counselors. For example, Kevin shared the following experience in counseling:

> But now when I realize that he was just trying to please me, I became so stressed that the anxiety and depression that I had before came back in full force, and I felt like the whole world was against me. But the good things I enjoyed, I enjoyed opening up to him at first, because he was so friendly. He would make me feel at home. I felt like it was the right place at first. But after some time, I realized that something wasn't right.

According to previous literature, counselors from minoritized backgrounds demonstrate more ease and comfort in working with minoritized communities in counseling settings than

counselors who predominantly hold dominant social identities (Isom et al., 2015). This observation raises concerns about the authenticity exhibited by counselors with mainly dominant social identities when working with minoritized clients, especially as counselors and institutions are working to develop their knowledge and awareness about multicultural issues. Specifically, without adequate cultural representation in counseling settings and multicultural training, QTBIPOC receive counseling services from counselors who exhibit discomfort and lack awareness about QTBIPOC issues, which does not help or support QTBIPOC in building trust with their substance use counseling environments. This noted experience illuminates an issue of conceptual interest that requires further exploration through ongoing research.

Substance use disorder counselors can benefit from understanding QTBIPOC experiences and needs as described by insights that respond to the first research question. Specifically, through understanding experiences of discomfort to and from counselors, lack of acceptance, and feeling unseen by counselors, substance use disorder counselors and institutions can feel more prepared in providing affirmative counseling services to QTBIPOC by anticipating QTBIPOC lived challenges and unlearning harmful institutional responses when working with QTBIPOC in substance use disorder counseling. Therefore, to further inform QTBIPOC affirmative substance use disorder counseling, the following research question elaborates lived experiences of QTBIPOC affirmative substance use disorder counseling practice.

Research Question Two

QTBIPOC Affirmative Substance Use Disorder Counseling Experiences

QTBIPOC photos and group dialogues also illustrated how QTBIPOC affirmative counseling environments present themselves in actual practice. For example, Joel shared their

photo and how their experiences in substance use disorder counseling were helpful to them during times of significant stress:

> Okay, I would say that this picture really talks a lot about me during substance use disorder counseling. I would say that I was going through a lot and I was wanting to stop, but it was very difficult for me. I was going through withdrawal, personality changes, changes in sleep patterns, mood swings, even interactions during the day really changed, especially interactions with my friends. I would say it was a very difficult journey, going through a substance use disorder. I would feel like I was being discriminated against, at times, being abused, because of my race and also because I belonged to the LGBTQ community group. That is something that didn't go so well with me. At times, I would have suicidal ideation, because I felt like I wasn't being treated so well. At times, I had suicidal thoughts, and at times, I attempted to commit suicide because of what I was going through. This was something that really impacted my mental health. If it wasn't for counseling that I received, something bad could have happened to me.

Specifically, QTBIPOC community members described elements of affirmative counseling care that positively impacted their recovery from substance use. QTBIPOC participants further shared these experiences during the research study hoping that substance use disorder counselors and institutions can learn the essential elements necessary to support QTBIPOC in counseling. The following themes that were identified when exploring affirmative counseling experiences in substance use disorder counseling among QTBIPOC include, 1) companionship experienced through the counseling process, 2) feeling accepted by their counselors, 3) perceived concern about QTBIPOC experiences and feelings, 4) feeling encouraged to openly share about QTBIPOC experiences in counseling, 5) experiencing diversity and representation in substance

use disorder counseling, and 6) receptive to trauma experiences. These themes were analyzed by being sorted into either "expected codes, surprising codes, or codes of conceptual interest," as described in Table 3:

Table 3

Research Question Two Data Categories

Theme Number	Theme Title	Theme Category
1	COMPANIONSHIP	Expected, Conceptual Interest
2	FEELING ACCEPTED	Expected
3	CARED ABOUT HOW I FELT	Expected
4	COURAGE/COMFORT TO SHARE	Expected
5	CONNECTION THROUGH DIVERSITY AND REPRESENTATION	Expected, Conceptual Interest
6	RECEPTIVE TO TRAUMA EXPERIENCES	Surprising

Companionship Experienced Through Substance Use Counseling. During their time in the focus group, QTBIPOC community members discussed various benefits of substance use disorder counseling settings that were affirmative to their QTBIPOC identities. Specifically, QTBIPOC community members discussed how substance use counseling settings addressed their community concerns by providing opportunities for companionship and support. For example, Beck described the following picture of how they experienced companionship and support during substance use disorder counseling:

> The image I wanted to show was of a woman holding another person's shoulder. That reflected on the support I got. The help I got. The other image I had was of someone holding their head while stressed, so that was me before getting help. The other image I had was of someone being really happy. That is basically me after getting help.

As Beck described their positive experience in substance use disorder counseling settings, Beck also illuminated how receiving companionship and support brought about feelings of joy during the substance use recovery process. Specifically, Beck was able to experience affirmative substance use disorder counseling through being introduced to support groups, as illustrated during this dialogue:

> There were support groups. I would say that was really effective. I met some friends there. Getting to know and have people to contact, when you're feeling low, that really helped. I would say this experience really aided in my recovery. My recovery happened really fast. It was helpful because everyone was really open to helping me. That really sped up the recovery process.

Joel also openly shared about the companionship and support that they received in substance use disorder counseling settings, as described in the following dialogue:

> We were in an organized group of eight individuals who were in recovery, and I would say that we would observe each other. We had to make sure that we were doing what we were advised to do. And with this, I felt like it was really easy to do this as a group because each and every person was there for each other. That helped us on our recovery journey because we would remind each other about education, attending the sessions, and even trying to help each other with ideas on maneuvering different situations. With this, I would say that we also formed a Facebook group, and that's something that really helped

> because we would talk with people who recovered, and they would give us ideas, and that is something that really helped us, yes.

Through these reported experiences in counseling, QTBIPOC experienced hope to help them when they found themselves struggling with personal challenges in recovery. Furthermore, Beck and Joel described their experiences with support groups as effective, which indicates that support groups for QTBIPOC can be an impactful resource for the recovery process when QTBIPOC struggle with substance use. While support groups were reportedly successful in the recovery process among QTBIPOC, there is an indication that receiving support from open-minded individuals and relatable individuals further contributed to the recovery process, which is an essential insight for substance use disorder counselors and institutions who are forming support groups for QTBIPOC in recovery.

This theme is congruent with what QTBIPOC describe as affirmative substance use disorder counseling and was labeled as an expected theme during data analysis. Specifically, QTBIPOC experienced affirmative counseling environments through being immersed in QTBIPOC welcoming spaces in counseling (Lyons et al., 2015). This theme expands on present literature by describing how QTBIPOC also benefit from support groups during the recovery process. Furthermore, during the recovery process, companionship can create QTBIPOC spaces, where they can speak out on issues impacting their communities and produce action for change (Love, 2019). Substance use disorder counselors and institutions must consider and become knowledgeable about how perceived lack of support plays a role in the recovery process for QTBIPOC and how to create supportive spaces for QTBIPOC when seeking out substance use disorder recovery. QTBIPOC affirmative substance use disorder counseling also consists of

conveying acceptance to QTBIPOC as counselors and institutions build supportive spaces for QTBIPOC in recovery.

Feeling Accepted by Counselors as QTBIPOC. The second theme that presented itself in focus group sessions with QTBIPOC included the idea of feeling accepted by counselors and institutions during the recovery process. For example, Beck described the following experience in feeling accepted by their substance use counseling institution:

> Where I got help, they were really open. They didn't care where you were from, what you do, or what you are. They were just there to help you.

Richard could relate to similar experiences in counseling as described in their dialogue:

> At the end of it all, I was not judged, and I think that my needs were attended to. I felt great about sharing my experiences. Yeah, because I thought that the counselors were very engaging and positive about me.

This theme serves as a contrast to previously described experiences of minority stress in counseling settings. Specifically, these experiences contrast with previous accounts of counselors and institutions who focused on trying to change their clients or made their clients feel unseen in counseling. In Beck's group dialogue, Beck described an experience in counseling where their counselors were mainly focused on helping them, regardless of one's background or identity. Richard described an experience in counseling settings where they did not feel judged and felt unconditional positive regard from their counselor.

This experience also connected to previous literature on what affirmative counseling can look like for QTBIPOC. According to previous literature, QTBIPOC reported that they felt positive about their substance use disorder counseling when feeling accepted and respected in their counseling environments (Lyons et al., 2015). These experiences speak further to the need

for open and supportive spaces for QTBIPOC in substance use disorder counseling. As part of promoting supportive spaces for QTBIPOC in recovery, QTBIPOC recall the benefits of experiencing perceived concern from their counselors when receiving substance use disorder counseling.

Perceived Concern About QTBIPOC Experiences and Feelings. QTBIPOC community members also reflected on experiencing affirmative substance use disorder counseling when their counselors focused on QTBIPOC experiences and feelings. For example, Beck described the following experience in substance use disorder counseling settings:

> I would say they responded positively. They didn't just help me process; they literally covered everything. They asked about my feelings.

Not only did Beck experience concern and care from their substance use disorder counselor, Beck indicated that their counselor "covered everything" in their counseling relationship. This insight from the group dialogue illuminates the comprehensive counseling care that QTBIPOC can receive from affirmative counseling environments. Also, these perspectives in substance use disorder counseling support the benefits of multicultural perspectives that embrace cultural and diagnostic complexity when utilized in counseling with QTBIPOC (Jost & Janicka, 2020).

This theme also contrasts with previous experiences of minority stress in substance use disorder counseling, such as visible discomfort expressed by substance use counselors and institutions when working with QTBIPOC. By developing awareness, knowledge, and skills related to honoring QTBIPOC experiences in counseling, substance use disorder counselors and institutions can convey empathy and affirmative care to QTBIPOC when hearing about their lived experiences in substance use disorder counseling. Furthermore, QTBIPOC clients in

substance use recovery can feel encouraged to share their experiences and engage further in the recovery process.

Feeling Encouraged to Openly Share About QTBIPOC Experiences in Counseling. QTBIPOC community members reported that through affirmative experiences in substance use disorder counseling, QTBIPOC felt encouraged to share their life experiences and how they play a role in substance use struggles. For example, Beck could recall times when they felt hesitant about sharing their life experiences in non-affirmative counseling environments, such as what is described in their dialogue:

> They weren't comfortable with someone like me, which restricted me from sharing how I felt or what help I needed.

However, when Beck found an affirmative counseling environment, Beck described the following account of their counseling experiences:

> At first, it was really hard to open up and process how I felt. I was holding back. But after time, I didn't hold anything back. I just spit it all out, and that really helped. I would say this experience really aided in my recovery.

Through Beck's shared experiences, affirmative counseling environments can help QTBIPOC open up about the various stressors that impact their substance use disorder recovery. Likewise, through Michael A.'s shared experiences, their counselor provided them with a safe space to share because they could relate to Michael A.'s experiences, which encouraged them to be open in substance use disorder counseling, as described in the following narrative:

> They understand what you're saying and that helps you open up; even if they give you practical support, you can see that their advice works. What they say is something they know about. They're not guessing.

Michael A. further shared how they were encouraged to share by counselors who were willing to advocate alongside them, through dedication to help them and willingness to fight alongside them, as described in this dialogue:

> Yeah, yeah, and so at the time, I was afraid of being reported to law enforcement. And unfortunately, one of the friends I did drugs with was alerted to the authorities with the therapist. Regardless of whether they were going to go down, my therapist affirmed to us that they were only interested in helping us.

This narrative is congruent with previously published counseling literature highlighting the benefits of culturally affirmative spaces and advocacy in counseling (DeBlaere et al., 2019; Lyons et al., 2015). Furthermore, community members reflected on how they felt empowered to share their struggles with substance use when encouraged to share their life experiences. QTBIPOC community members also reported that interacting with QTBIPOC counselors further empowered them to share their experiences and engage in recovery practices, as described in the next theme.

Experiencing Diversity and Representation in Substance Use Disorder Counseling. This theme was highly significant throughout focus group sessions during the study. Specifically, for various reasons, almost all participants expressed the need for QTBIPOC representation when receiving substance use disorder counseling. For example, Edward described their experience with a trans counselor through the following account:

> Personally, I would say it was awesome because my counselor was trans also. I was quite lucky. I guess that's why my experience was so successful because I was able to open up. I felt like he could understand what I was talking about.

Edward further shared their experience through the following group dialogue about affirmative substance use disorder counseling:

> Yeah, we were actually able to connect because I was more free with him. If I were to say that I didn't find a trans counselor, it would be quite difficult for me to open up with my issues. My counselor was quite supportive because he connected me with a group of trans people, which taught me many things. He took me through his story. I felt like it was very relatable to mine. He would support me during the counseling process. The connection he made, he actually introduced me to other trans folks. I felt like I was part of a particular community. Previously, I felt like I was singled out. I was on my own. Nobody really understood me from the neighborhood where I came from. Everybody accepted me for being Black. Sometimes I felt like I wasn't in the right body. So generally, him connecting me with those who were like me helped me feel normal. In the beginning, I felt out of place. Being with my community helped me feel at home compared to my neighborhood.

Through Edward's sharing of their experiences, a few insights were produced from the group dialogue. First, Edward illustrated how trans representation in counseling helped them feel supported and understood. Furthermore, Edward described how meeting with a trans counselor allowed them to receive adequate support services, such as connections to other trans community members who could relate to struggles with substance use. Lastly, Edward felt they could open up in talking with a trans counselor, unlike previous accounts, which described a perceived discomfort in opening up to counselors who could not understand QTBIPOC experiences. Community members also shared how experiencing diversity and representation of trans identities in substance use disorder counseling settings could help counter minority stress events

experienced by QTBIPOC in substance use disorder counseling. For example, Edward made the following statement about John's experiences in substance use disorder counseling:

> Let's say, for example, like what happened with John and his counselor; John was trying to express himself. I was just trying to be me. John's counselor was trying to change him, which was wrong. With more trans counselors out there, I would definitely choose a trans counselor.

Experiences such as these are also noted within counseling literature, given that QTBIPOC benefit from working with counselors who are familiar with QTBIPOC experiences and counsel from multicultural perspectives (Acosta et al., 2019; Benson, 2013; Jost & Janicka, 2020). However, there is a dearth of literature on QTBIPOC experiences in receiving supportive counseling from QTBIPOC counselors due to harmful gatekeeping processes that exclude QTBIPOC from becoming counselors in the counseling field (Gates & Sniatecki, 2016). Therefore, further counseling research needs to be conducted that advocates for increased QTBIPOC representation in counseling settings to provide adequate support to QTBIPOC in substance use disorder counseling. Through being able to receive support from QTBIPOC counselors during the recovery process, QTBIPOC community members can more easily receive support regarding traumatic experiences that can occur in substance use disorder counseling settings, as described in the following theme.

Receptive to Trauma Experiences in Counseling. Some QTBIPOC community members reflected on how their counselors were helpful and supportive when exploring traumatic experiences in counseling settings. For example, Beck described the following positive experience that they received in counseling:

> I would say that my counselor was really helpful because they wanted to know what my experiences were, what was running through my mind at those times, what led to those moments, so I would say that they were really effective through every part of it, because counselors knowing what caused it, how it started, will help them be able to chip in and help me manage it. Explaining what happened to them really helped them help me. Basically, it was positive.

While these experiences contradict what is published in counseling literature, Beck described interactions with a counselor who was open to embracing the complex lived experiences of QTBIPOC, which indicates affirmative curiosity and support that allows counselors and institutions to be genuinely present for QTBIPOC in their minoritized stressors (Jost & Janicka, 2020). Moreover, being receptive to traumatic experiences among QTBIPOC is a step forward for all counselors to engage in social justice work. Specifically, affirming traumatic experiences allows minoritized communities to reclaim their lived experiences in empowering ways through story-telling (Freire, 2000).

Through examining experiences of affirmative substance use disorder counseling for QTBIPOC, substance use disorder counselors and institutions will be able to develop their knowledge base on affirmative strategies that support QTBIPOC during the recovery process. Furthermore, through immersion with the lived experiences of QTBIPOC, substance use disorder counselors and institutions can use affirmative support to counter experiences of minority stress in substance use disorder counseling settings, which helps promote overall recovery for QTBIPOC who struggle with substance use and experienced trauma. The following research question will further explore the concrete steps proposed by QTBIPOC community members to enhance substance use disorder counseling with QTBIPOC.

Research Question Three

Improving Substance Use Disorder Counseling With QTBIPOC

During this study, the second focus group session mainly focused on creating a space for QTBIPOC and the lead researcher to collaboratively brainstorm ideas to improve substance use disorder counseling with QTBIPOC. This data is insightful and essential to the study as part of the action-building stage for promoting social justice change and addressing community concerns (Fine & Torre, 2019; Wang et al., 2004). Furthermore, these ideas serve as a route of empowerment for QTBIPOC community members who wish to make a difference in their community through addressing stated community concerns. The following themes that were identified when exploring strategies for enhancing substance use disorder counseling with QTBIPOC include 1) increased representation of trans/queer counselors, 2) increased support/community opportunities for QTBIPOC, 3) social platform to connect trans/queer counselors with community members, 4) increased access to counseling services, and 5) increased awareness about QTBIPOC issues among counselors. These themes were analyzed by being sorted into either "expected codes, surprising codes, or codes of conceptual interest," as described in Table 4:

Table 4

Research Question Three Data Categories

Theme Number	Theme Title	Theme Category
1	INCREASED REPRESENTATION	Expected, Conceptual Interest
2	INCREASED COMMUNITY/SUPPORT OPPORTUNITIES	Conceptual Interest

3	SOCIAL PLATFORM	Conceptual Interest
4	INCREASED ACCESS	Expected
5	INCREASED AWARENESS	Expected, Conceptual Interest

Increased Representation of QTBIPOC Counselors. The first and most prominent issue in the data reflected on not having enough counselors who represent QTBIPOC identities in counseling settings. Specifically, QTBIPOC community members during this study indicated a need to talk to counselors who represented their identities to promote increased comfort in discussing personal struggles in counseling. In providing further insights into this need in counseling, Beck reported the following perspective during the group dialogue:

> Yeah. I think counselors who are in the same shoe as those that are affected, I would really be open with them and comfortable with sharing my story or my experience with someone who can put themselves in my shoes, instead of getting someone who is not like you. You can get someone who is not like you and can understand you, but that would be something rare. But having someone who has been in your shoes that would really help me be open, spit it out, and let it go. I think that will really help.

QTBIPOC members, like Beck, felt as if working with QTBIPOC counselors would allow them to open up more in counseling settings, which provides increased support opportunities during the recovery process. Furthermore, this point speaks to previously cited issues in the literature about discrepancies present in access to work sites for QTBIPOC counselors (Gates & Sniatecki, 2016). This discrepancy reveals a significant problem in the counseling field for adequately meeting the needs of QTBIPOC community members since QTBIPOC community members feel more open in seeking support from QTBIPOC counselors who can more easily understand

QTBIPOC lived experiences. With increased QTBIPOC representation in counseling settings, QTBIPOC perspectives indicate that their community needs, especially regarding struggles with substance use, can appropriately be addressed within their communities. QTBIPOC community members also reported feeling that increased opportunities for community building can address community needs in substance use disorder counseling.

Increased Community/Support Opportunities for QTBIPOC. Through further discussion, QTBIPOC also openly expressed the need for increased opportunities for community and support building within QTBIPOC communities. Specifically, QTBIPOC community members shared that they wished they knew about available opportunities to connect with fellow QTBIPOC to seek out support during times of minority stress and for struggles with substance use. For example, Beck described the following need for increased community and support during the following statement:

> Meeting people who share the same issues as you, maybe you can meet someone who found a way to control whatever they are feeling. Sharing with someone their tactics, how to use them, and how they can help you be better and help you handle stuff. So apart from meeting the counselors, maybe support groups can really help.

Edward also described some benefits that they received in being connected with QTBIPOC community and support during the recovery process:

> Through meeting other trans community members, I was introduced to activities that involved more trans community. I do believe that if we have a trans community, either online or physical, that would be quite helpful because if I was able to share my trans counselor with other trans people, I've been hearing stories about trans people being with

> counselors who were trying to change them. So if a person shared that story with me, I could have introduced them to my counselor. So I have a part to play.

Through their accounts and experiences with community support, QTBIPOC, such as Beck and Edward, described how community support could help QTBIPOC during recovery. Specifically, QTBIPOC community members described how increased access to community/support groups during the recovery process could help QTBIPOC adapt mental health coping strategies and connect to QTBIPOC affirming counselors and institutions. Counseling research also illustrates the importance of counselors learning how to provide resources in counseling care as part of engaging in community action alongside minoritized clients (Singh et al., 2020b). During data analysis, this theme was recognized as a theme of conceptual interest due to the benefits of future research projects that further support the creation and implementation of QTBIPOC support groups, including social platforms for access to QTBIPOC counselors and support groups, during the substance use disorder counseling process.

Social Platform to Connect Trans/Queer Counselors and Community Members.

QTBIPOC community members also discussed the importance of developing a social platform where QTBIPOC counselors can connect with QTBIPOC community members to provide substance use counseling support. Specifically, John brought up the following idea during the group dialogue:

> Maybe getting us some way to get our experiences known out there, us sharing on a platform where we could freely talk.

During further group dialogue, the following idea began to take form, as described in this narrative:

> A group that is open to all transgender people so that we can join together, share experiences there. We can help those who feel unable to handle situations. I think we can do much in that group. We have an association where we can be a community, fight for our rights, share our own experiences, to celebrate.

In describing strategies to meet QTBIPOC community needs of connection, QTBIPOC community members agreed on the importance of developing a shared social space where QTBIPOC can have easier access to connections with counselors and fellow community members as they navigate minority stress and QTBIPOC community concerns. Furthermore, social platforms can increase opportunities for QTBIPOC to meet with counselors who share their identities and experiences, which is a community concern that must be addressed to create supportive QTBIPOC community networks during recovery. This theme is described as a theme of conceptual interest, given the benefits of performing further research and advocacy to create social spaces that connect QTBIPOC when experiencing personal struggles in recovery and minority stress. The researcher and QTBIPOC community members agreed to meet for additional group sessions to build and develop this social support space for QTBIPOC community members. Through further research and advocacy, increased access to counseling services can also enhance substance use disorder counseling with QTBIPOC.

Increased Access to Counseling Services. Some QTBIPOC community members also expressed concern over not being able to access or afford essential counseling services when struggling with substance use. Community members such as Tyron Rose expressed the immediate need for cheaper counseling services and available counseling services. Joel also expressed the need for more available and affordable counseling services as described in their group dialogue:

> I wish that services would be free or very affordable because sometimes you can find free services/counseling, but it can be far.

Victim further elaborated on the need for more available and affordable counseling as described in the following narrative:

> I can say that my experience with counseling was a really hard moment for me because of my poor background. Things were expensive and I had to stop sometimes and come back to counseling later.

These dialogues speak to previously cited concerns about equitable access to counseling services and healthcare services among QTBIPOC (Bradford et al., 2013; Hunt, 2012; Scheim et al., 2013). By expanding on previously stated ideas for enhancing substance use disorder counseling with QTBIPOC, creating a social platform to connect QTBIPOC counselors and community members may also create a specialized program that can bridge the gap in accessing affordable counseling care. Specifically, a social platform for QTBIPOC community members can develop programs that provide donation links and financial hardship resources for increased access to QTBIPOC counseling programs. QTBIPOC community members also expressed the importance of increased awareness regarding QTBIPOC issues to enhance the support provided in QTBIPOC counseling care.

Increased Awareness and Education About QTBIPOC Issues. The last significant theme in QTBIPOC community dialogue was the wish for increased awareness of QTBIPOC lived experiences among counselors and within counseling institutions. For example, Beck described the following need to enhance QTBIPOC counseling services:

> Creating awareness…that would really help because most people are exposed to the fact that trans people exist. If people understand that trans people exist, they can understand

> that not all trans people are the same. People could learn enough to understand more. Counselors will meet people who are trans, so counselors should really be learning more and taking trans folks as they are.

Beck illuminated the need for increased awareness about QTBIPOC life experiences and the importance of understanding that not all QTBIPOC are the same. This statement speaks to previously cited literature about the dangers of essentialism and how equating all QTBIPOC life experiences as the same is detrimental to providing adequate care to QTBIPOC (Delgado & Stefancic, 2017). Furthermore, Beck discussed the importance of counselors and counseling institutions learning about QTBIPOC life experiences due to the inevitability of meeting QTBIPOC community members in counseling work. QTBIPOC community members also discussed the importance of counselors stepping forward to educate their peers in the counseling field, as described by Beck in the following dialogue:

> I think getting some counselors to educate their fellow counselors to be more effective. Going directly to them, just someone more informed approaching someone who doesn't have experience, to just educate their fellow counselors a bit.

Beck's statement speaks to the advocacy necessary among counselors to educate each other about QTBIPOC life experiences to enhance the quality of counseling care that QTBIPOC receive. Increased awareness and education regarding QTBIPOC life experiences is not only an intervention that improves QTBIPOC counseling but is also an intervention directly requested by community members, making this step towards improving QTBIPOC counseling a priority in meeting QTBIPOC community needs.

Discussion

Understanding QTBIPOC Minority Stress in Substance Use Disorder Counseling

The findings for the first research question examined the lived experiences of QTBIPOC when experiencing minority stress in substance use disorder counseling. First, there is discomfort between both substance use disorder counselors who do not understand QTBIPOC experiences and QTBIPOC clients when opening up about their life experiences in counseling. These aspects of discomfort can contribute to QTBIPOC minority stress experienced in substance use disorder counseling. Specifically, these lived experiences of minority stress in substance use disorder counseling reveal how QTBIPOC may interact with counselors and institutions who lack the knowledge and awareness of QTBIPOC lived experiences and express discomfort in hearing about QTBIPOC lived experiences when QTBIPOC are trying to seek support in substance use disorder counseling.

These findings also speak to the discrepancy between counselors being comfortable with exploring unconscious processes with their clients and being uncomfortable in exploring their own unconscious processes (Rowland & Cornell, 2021). However, these findings also speak to the consequences of what happens when counseling environments conceptualize minority stress as an individual problem rather than a public health issue, causing counselors to ignore systemic stressors that impact minoritized communities during counseling work (Greene, 2019). Therefore, counselors must address and process any discomfort in addressing systemic violence when working with QTBIPOC communities. Specifically, counselors' discomfort also makes QTBIPOC uncomfortable in sharing their lived experiences in counseling, which can play a role in triggering minority stress for QTBIPOC.

Furthermore, QTBIPOC discomfort in opening up during the counseling process is reportedly global in scale and requires immediate attention from clinicians to improve QTBIPOC counseling (Lea et al., 2021; Martos et al., 2018; Rees et al., 2019; Zeeman et al., 2019). Specifically, QTBIPOC community members reported that because they did not feel safe in substance use disorder counseling, they also did not feel open during the counseling process. Furthermore, QTBIPOC community members described feelings of embarrassment when being asked intrusive questions and feelings of discomfort when feeling forced to share by their counselors. Without respect for and understanding minority stressors for QTBIPOC community members, it can be difficult for non-QTBIPOC counselors to engage with and overcome cultural mistrust with QTBIPOC in counseling. To address these issues in counseling, non-QTBIPOC counselors must be aware of the stressors that can cause QTBIPOC to feel unsafe when navigating social institutions and be prepared to focus on trust-building as a primary consideration for QTBIPOC affirmative counseling.

Secondly, QTBIPOC community members felt unseen regarding their experiences of minority stress and how these experiences influence substance use behaviors. Furthermore, QTBIPOC community members felt blamed for their cultural struggles and their struggles in coping with minority stress. These experiences made QTBIPOC community members feel as if they were being looked down upon by their counselors, bringing about shame and guilt when seeking out substance use disorder counseling. The source of this type of minority stress also stems from the oppressive roots of psychotherapy, in which presenting concerns were identified as inner struggles within the client, thus ignoring systemic stressors that impacted minoritized communities (Greene, 2019; Rowland & Cornell, 2021). Furthermore, the neglect to see minority experiences further leads to judgment and bias when counselors make QTBIPOC feel unseen in

their struggles (McNair et al., 2015; Singh et al., 2017). Therefore, non-QTBIPOC counselors and counseling institutions must take on the challenge to increase their awareness and knowledge about QTBIPOC stressors to avoid blaming QTBIPOC for their struggles with substance use (Munro et al., 2017; Perez-Brumer et al., 2016). Otherwise, QTBIPOC may continue to feel unseen and unheard when seeking out support for minority stressors in their lives.

QTBIPOC also experienced a lack of acceptance when receiving substance use disorder counseling. Specifically, QTBIPOC community members felt unaccepted when encountering counselors who tried to change who they were. QTBIPOC community members also felt like they were not enough when thinking about their gender identity and expression, which led to feelings of demoralization during the counseling process. Furthermore, QTBIPOC described feeling unsafe and judged when experiencing a lack of acceptance in substance use disorder counseling. Previous counseling literature describes many examples of how QTBIPOC can experience a lack of safety and judgment during the counseling process, such as when QTBIPOC are grouped according to the gender binary, experience trans antagonistic policies, and experience a lack of support in counseling (Herman, 2013; Lyons et al., 2015; Senreich, 2011).

These experiences speak to the results of what happens when QTBIPOC experience microaggressions when receiving substance use disorder counseling. Specifically, these QTBIPOC experiences exemplify how microinsults can present themselves in counseling settings (Lyons et al., 2015; Senreich, 2011). Therefore, substance use disorder counselors and institutions must be intentional about the relationships they build and hold themselves accountable in their interactions with QTBIPOC clients to effectively demonstrate that QTBIPOC are embraced and accepted for who they are in counseling. Furthermore, substance

use disorder counselors must consider how they endorse acceptance of QTBIPOC identities through counseling and institutional practice.

QTBIPOC also need connections to fellow community members to receive adequate support in counseling. Specifically, QTBIPOC community members documented that they can receive appropriate resources, strategies, and support while navigating the recovery process by being connected to members of their own communities. For example, QTBIPOC can receive support when connecting to fellow community members due to needing to feel accepted by those who can understand them (Meyers, 2020). Furthermore, QTBIPOC community members can struggle with feelings of isolation when navigating non-affirmative counseling spaces (Lyons et al., 2015). With the right connections to sources of QTBIPOC support, QTBIPOC community members can receive a variety of healing benefits when exploring the recovery process. Counselors and institutions must consider these resources when helping QTBIPOC develop recovery plans when struggling with substance use and question institutional policies that discourage QTBIPOC from building authentic and supportive connections as part of post-counseling recovery.

Lastly, a lack of authenticity from substance use disorder counselors served as a significant minority stressor for QTBIPOC. This issue ties into previously described themes of experienced discomfort in working with non-QTBIPOC counselors, given how a perceived lack of authenticity creates discomfort for QTBIPOC in counseling. Also, this documented issue resonates with Layton's theory of the normative unconscious (2004, 2006), in which counselors must navigate the unconscious intersections between their personal feelings and awareness of social issues, to work with increased confidence when addressing minority stress in counseling settings. Counselors and institutions must apply this theory to analyze and disrupt overlooked

harmful institutional practices when working with QTBIPOC and minoritized communities in counseling. Without this awareness and knowledge building among counselors, inauthenticity can take place in expressing empathy towards QTBIPOC issues, which is damaging to rapport in substance use disorder counseling with QTBIPOC.

Affirmative QTBIPOC Experiences in Substance Use Disorder Counseling

This study also examined how substance use disorder counselors can provide affirmative QTBIPOC counseling. First, QTBIPOC benefitted from receiving companionship and support during substance use disorder counseling. Specifically, QTBIPOC community members quoted how they experienced companionship and support through being introduced to support groups during the counseling process. This theme is essential for substance use disorder counselors and institutions to be mindful of, given the perceived benefits of including support groups as part of relapse prevention work (Miller et al., 2019). In addition, substance use disorder counselors and institutions must ensure that they provide resources that consist of QTBIPOC affirmative support groups so that QTBIPOC can continue to receive the feelings of hope and joy that support can provide during the recovery process.

Secondly, through their counselors' acceptance, QTBIPOC experienced affirmative substance use disorder counseling. Specifically, QTBIPOC community members reflected on how they received support from counselors who were open to hearing about their lived experiences and accepting of their identities to want to help them authentically. Given how embraced and supported QTBIPOC community members feel when accepted for who they are by their counselors, substance use disorder counselors and institutions must embrace openness to ideas of cultural complexity, especially when learning about QTBIPOC intersectional experiences (Jost & Janicka, 2020; Meyers, 2020).

QTBIPOC community members also felt cared for when experiencing perceived concern from their counselors. This experience addresses how narrative humility and empathic curiosity play a role in providing QTBIPOC affirmative counseling care (Chaney & Whitman, 2020; DasGupta, 2008; Meyers, 2020). Specifically, QTBIPOC community members described some of their counselors as positive and thorough in their questions, which speaks to the beneficial properties of narrative/cultural humility, empathic curiosity, and multiculturally informed assessments in substance use disorder counseling environments (Jose & Janicka, 2020; NAADAC, 2021; Oh et al., 2019). Therefore, through genuine concern and curiosity about clients' lived experiences, substance use disorder counselors and institutions can exhibit empathy and respect as QTBIPOC clients try to navigate their counseling environments for safety and comfort (Bennett & Clark, 2021).

Perceived care and curiosity about QTBIPOC lived experiences contributed to effective trauma support in substance use disorder counseling settings. This lived experience is essential to affirmative QTBIPOC counseling research, given the documented ways QTBIPOC can experience trauma in counseling environments and the support needed to help QTBIPOC maintain their substance use recovery during traumatic experiences. During affirmative experiences, QTBIPOC community members described their counselors as attentive and present to ensure that the thoughts and feelings of QTBIPOC community members were heard and respected during trauma process. Working from counseling perspectives rooted in intersectionality, cultural/narrative humility, multicultural complexity, and holistic care allow substance use disorder counselors and institutions to be more present with QTBIPOC community members when dealing with the intersections of minority stress, trauma, and substance abuse

(DasGupta, 2008; Delgado & Stefancic, 2017; Hudson & Romanelli, 2020; Jost & Janicka, 2020).

QTBIPOC community members also felt encouraged and empowered to share in substance use disorder counseling settings when experiencing affirmative counseling. Specifically, participants described the different ways that counselors empowered them to share in counseling contexts. In addition, QTBIPOC community members explained how dedication to helping QTBIPOC and willingness to fight for QTBIPOC rights encouraged QTBIPOC community members to share and avoid holding back in counseling settings. This forward stance in advocacy and care is a position that all counselors and institutions must embrace in substance use disorder counseling to serve QTBIPOC community needs truly (DeBlaere et al., 2019). However, this also means that substance use disorder counselors and institutions must avoid a neutral stance in advocating for social justice if counselors and institutions are to truly empower QTBIPOC in counseling (Rowland & Cornell, 2021).

Lastly, QTBIPOC community members also received affirmative counseling through experiencing QTBIPOC representation in counseling services. Specifically, most of the QTBIPOC community members in this study agreed that QTBIPOC representation in counseling is essential in providing affirmative counseling for QTBIPOC. Furthermore, QTBIPOC community members stated that working with non-QTBIPOC counselors brought about messages of false hope and a disconnection from the minority stressors that influence substance use struggles among QTBIPOC. QTBIPOC counselors offer multicultural perspectives in the counseling field and can more easily understand the lived experiences of QTBIPOC, which provides them with an advantage in assisting QTBIPOC during the recovery process (Acosta et al., 2019; Jost & Janicka, 2020). With these insights in mind, further research can examine

affirmative counseling experiences across various age groups, given the homogenous age group represented in this sample of participants. Specifically, through understanding lived experiences of QTBIPOC across the lifespan, counselors and institutions can develop a deeper understanding of QTBIPOC experiences, strengths, and stressors.

Promoting and Enhancing QTBIPOC Affirmative Substance Use Disorder Counseling

This study also explored diverse strategies for substance use disorder counselors to enhance their counseling practice with QTBIPOC. First, increased QTBIPOC representation is necessary for the counseling field. Specifically, community members documented feelings of cultural mistrust when working with non-QTBIPOC counselors, given how rare it is for QTBIPOC community members to find non-QTBIPOC counselors who can understand their struggles. Without adequate representation of QTBIPOC counselors in counseling settings, there may not be enough opportunities to utilize affirmative counseling strategies or training opportunities for non-QTBIPOC counselors to learn QTBIPOC affirmative strategies (Bennett & Clark, 2021).

Secondly, QTBIPOC can benefit from increased community and support access during the recovery process. While support groups are reportedly helpful for QTBIPOC in recovery, many QTBIPOC community members wanted support resources that would connect them to fellow QTBIPOC. When exploring the benefits of QTBIPOC community support, QTBIPOC community members reported that they needed to connect with other QTBIPOC who could provide them with resources, coping skills for recovery management, and connections to QTBIPOC affirming counselors. Given how many QTBIPOC struggle with isolation in dealing with minority stressors, QTBIPOC community members strongly benefit from being a part of QTBIPOC support groups, where QTBIPOC no longer feel alone and feel supported during the

substance use recovery process. Furthermore, these community needs should be used as advocacy interventions in substance use disorder counseling settings to empower QTBIPOC in recovery (e.g., empowering QTBIPOC to form and maintain recovery support groups, promoting more resources and opportunities for QTBIPOC recovery groups in counseling settings) (Astramovich et al., 2017).

QTBIPOC can also benefit from having a social platform where community needs can be expressed to counselors and counseling institutions. Current counseling research also highlights the benefits of having increased support access for QTBIPOC when struggling with minority stress and substance use cravings (Livingston, 2017; Meyers, 2020). This needed intervention is helpful to enhance substance use disorder counseling practices due to providing a space of support during the recovery process and a space of resources for QTBIPOC. Specifically, this intervention offers an opportunity for QTBIPOC to engage in their resilience-based strengths to advocate for community needs, which can contribute to affirmative substance use disorder counseling (Bowling et al., 2019; Hudson & Romanelli, 2020; Perrin et al., 2020).

Substance use disorder counselors must also advocate for increased access to counseling services. Specifically, Victim mentioned how impaired access to counseling services contributed to their number of times in substance use disorder counseling. For QTBIPOC community members to truly benefit from affirmative counseling, there must be increased access and affordability for counseling services among QTBIPOC. This point is especially salient to QTBIPOC's ongoing struggle to afford healthcare (Bradford et al., 2013; Hunt, 2012; Scheim et al., 2013). Counselors must also be prepared to work with communities that struggle with poverty and conceptualize ways to promote affordable and accessible counseling for QTBIPOC (e.g., meeting clients at their homes to diminish travel costs) (Clark et al., 2020).

Furthermore, counselors must consider ways to promote resources, offer pro bono counseling, and advocate at the public policy level to raise the minimum wage and promote universal health care (Clark et al., 2020). Therefore, substance use disorder counselors must ask themselves and their institutions about how they are advocating alongside QTBIPOC community members and various minoritized community members to promote opportunities for affordable counseling. Furthermore, institutions must ask themselves about how their policies allow or prevent minoritized communities from accessing needed counseling services.

Lastly, substance use disorder counselors must co-advocate with QTBIPOC to increase QTBIPOC awareness in the counseling field. Specifically, QTBIPOC community members expressed gratitude to counselors willing to educate their colleagues and institutions on QTBIPOC issues. At the same time, QTBIPOC also wished for more opportunities to spread awareness about minority stress issues for QTBIPOC. With more awareness about QTBIPOC issues available to the public, substance use disorder counselors and institutions can provide counseling from an informed place supportive of QTBIPOC during the recovery process. QTBIPOC community members further expressed that a lack of awareness of QTBIPOC community issues produces insensitivity, discomfort, and a reduced ability for counselors to support QTBIPOC during the recovery process. Although these steps help promote QTBIPOC affirmative counseling care, the sample of this study was limited in exploring the nuanced ways that substance use counseling can be enhanced in specific counseling settings (e.g., individual, group), which warrants further study.

Implications for Counselor Education Training

The findings of this research study provide significant implications for counselor education training that is needed to enhance substance use disorder counseling for QTBIPOC.

First, counselor education needs to offer more awareness-building opportunities for students as they encounter QTBIPOC and minoritized communities in the counseling field. Specifically, dialogue-building spaces with QTBIPOC community leaders can be helpful for counselor educators in training as they start to become aware of minority stressors that impact QTBIPOC communities (Chao et al., 2017; DeBlaere et al., 2019; Na & Fietzer, 2020; Nilsson et al., 2011; Wendler & Nilsson, 2009). Through necessary dialogue building with QTBIPOC community leaders, counselor educators in training can unlearn preconceived notions or biases about QTBIPOC life experiences, which increases empathy and efficacy in working with QTBIPOC in counseling settings (Chang et al., 2017).

Next, counselor education needs to invest more time and space in developing the knowledge base of counselor educators in training when learning about QTBIPOC life experiences, intersectional life experiences, and the manifestations of Anti-Blackness in QTBIPOC lives (Asare, 2020; Brubaker et al., 2011). For example, counselor educators can significantly benefit from learning about the harmful impacts of the criminal punishment system (e.g., weathering) when examining QTBIPOC lives (Asare, 2020; Geronimus et al., 2006). This study contributes to the knowledge base that can inform counselor educators in training when learning essential information about how minority stress, caused by Anti-Blackness, impacts QTBIPOC.

Furthermore, counselor education programs must continuously evaluate their curriculum to ensure that they are inclusive of QTBIPOC centered theories in counseling, such as Quare/Queer Theory, Black Feminist Thought, Relational Cultural Theory, and CBT approaches such as EQuIP, to decolonize counselor education curricula and effectively transform counseling institutions as counselors begin engaging in professional counseling practice and lead counseling

institutions (Collins, 2000; Frank & Cannon, 2010; Johnson & Henderson, 2005; Pachankis et al., 2020; Singh et al., 2020a; Singh & Moss, 2015). In addition, decentering patriarchal and white perspectives in counseling is necessary for transforming the counseling field, given how white, western, and male perspectives are still pervasive within counselor education (Singh et al., 2020a; Singh et al., 2020b).

Counselor education programs must also incorporate minority stress theories, QTBIPOC trauma experiences, and QTBIPOC-specific practicum courses to provide knowledge and experience in working with QTBIPOC (Bloom, 2013; Boroughs et al., 2015; Levenson et al., 2021; Pantoja-Patiño, 2020). For example, counselor education programs can benefit from teaching students about minority stress theories so that topics of minority stress can be discussed in counseling institutions to better understand QTBIPOC experiences in counseling. For example, counselors can use their knowledge of minority stress to affirm QTBIPOC experiences with discrimination and trauma, provide psychoeducation to help develop language about QTBIPOC stressors, and help QTBIPOC deal with minority stress in ways that do not involve substance abuse behaviors. Furthermore, minority stress theories can be used in counselor education curricula to provide more knowledge and resources on how subsets of QTBIPOC experience minority stress based on their unique cultural experiences (e.g., how Black communities experience minority stress compared to Latinx communities).

Minority stress must also be taught within counselor education curriculum to discuss the risk factors of substance abuse that specifically impact QTBIPOC. For example, counselor education must address how targeted exposure to substances, stressful experiences with discrimination, internalized stigma, acculturation, and generational trauma are all risk factors for substance abuse used to alleviate minority stress (Cavaiola et al., 2021; Conching & Thayer,

2019). Counselor education programs must also include multicultural perspectives in substance use disorder counseling to remove stigma-based attitudes in counseling institutions and address systemic issues that influence substance abuse behaviors among QTBIPOC (Jost & Janicka, 2020; Wynn & West-Olatunji, 2009). Without these considerations in counselor education curriculum, counselor education programs are not equipping their students with the necessary knowledge to understand or affirm QTBIPOC experiences, which leads to minority-based stressors described in the findings of this study.

Counselor education programs must also invest in the multicultural skill development of their students to appropriately provide QTBIPOC affirmative counseling. Specifically, QTBIPOC community members reflected on the benefits of multicultural assessment skills, narrative humility skills, and ethical advocacy skills that are needed to affirm QTBIPOC in counseling settings (Acosta et al., 2019; ALGBTIC, 2009a, 2009b; DasGupta, 2008; Jost & Janicka, 2020; Lewis et al., 2003). By incorporating these culturally affirming skills in substance use disorder counseling settings, substance use disorder counseling can move away from treating all minoritized groups similarly during the recovery process. Furthermore, the inclusion of these culturally affirming skills can further inform the NAADAC code of ethics (2021) in its efforts to promote cultural humility in substance use disorder counseling. These culturally affirming skills can also inform multicultural counseling practices to maintain ethical standards in multicultural counseling work (American Counseling Association, 2014; National Board For Certified Counselors, 2005). Without adequate training in these skills, counselors in training can experience discomfort and a lack of authenticity when trying to build relationships with QTBIPOC in professional counseling practice, which is directly harmful to QTBIPOC in recovery.

Implications for QTBIPOC Advocacy in Counseling

One of the most critical ways to advocate alongside QTBIPOC in their community needs for affirmative counseling is by promoting the inclusion of QTBIPOC in counseling settings. The discrepancies in gatekeeping practices and the admission of QTBIPOC community members into the workplace must be addressed within the counseling community (Gates & Sniatecki, 2016). Furthermore, efforts are being made to connect QTBIPOC counselors to QTBIPOC clients to increase QTBIPOC counseling services due to a history of QTBIPOC underrepresentation in the counseling field (Woodland, 2017).

There are also concerns about the lack of QTBIPOC representation in counselor education faculty, given that white educators still predominate the faculty profession in counselor education (Baggerly et al., 2017; CACREP, 2017, p. 7). Also, the retention of counselor educators of color remains a significant issue in counselor education due to increased burdens in academia (Haskins et al., 2016; Shillingford et al., 2013). Furthermore, there are concerns about a lack of understanding in teaching multiculturalism, social justice advocacy, and multicultural competencies due to a lack of representative mentors to guide multicultural training (Nassar & Singh, 2020).

To promote racial justice within the counseling profession, counselor educators must also address how Anti-Blackness still influences counselor education and actively disrupt institutional practices that keep QTBIPOC counselors out of the counseling field. Specifically, counseling program coordinators need to consider the significant need for QTBIPOC in the counseling field when making admissions decisions and gatekeeping decisions about which counselors should be given further opportunities for professional practice. Without adequate QTBIPOC representation in counseling, QTBIPOC community members have already expressed that it would be harder to

open up to non-QTBIPOC counselors about their minority stressors, which is a significant obstacle in affirmative substance use disorder counseling.

Counselors must also engage in courageous conversations with their colleagues, employers, employees, advisors, supervisors, supervisees, and students to promote multicultural competence and advocate alongside QTBIPOC in meeting their community needs (Gess & Doughty Horn, 2018). Specifically, we must address systemic issues that harm QTBIPOC in counseling settings in ways that advocate alongside QTBIPOC. While Lewis's advocacy competencies (2003) and the ALGBTIC standards (2009a, 2009b) illustrate the importance of advocacy in counseling, much research still needs to be done on effective ways of advocating within non-responsive institutions, given the ongoing stigma that counseling communities hold against QTBIPOC (Meyers, 2020). Furthermore, counselors must be trained to navigate resistance against social justice advocacy in counseling and community settings (Ibrahim & Heuer, 2016; Nassar & Singh, 2020). However, counselors can still work with QTBIPOC clients on creative ways to elevate their voices and concerns within non-responsive institutions, whether through community projects or creative outlets of expression that can be received in various counseling institutions.

Collaborating with QTBIPOC to create a social platform can help elevate QTBIPOC voices within the community, especially when expressing their community concerns to counselors. QTBIPOC community members can feel unheard and unsupported by their counselors and counseling institutions, and a social platform restores minority strengths and resilience building through fostering hope for fellow community members (Hudson & Romanelli, 2020). Counselors and institutions can help with these efforts by working alongside

QTBIPOC to develop social support platforms and being knowledgeable about existing support spaces that QTBIPOC can join for support during the recovery process.

Lastly, counselors and institutions must consider ways to address the future development of social justice advocacy in the counseling profession. By understanding the roots of oppression that aided in creating the mental health industrial complex, counselors and institutions must disrupt the vicious cycle of exploitation that occurs from blaming minoritized individuals for suffering caused by systemic oppression (Greene, 2019). Mental illness is a political problem that requires collective advocacy between community members, counselors, and institutions to disrupt so that counseling can disrupt vicious cycles that keep minoritized communities in pain for profit (Greene, 2019). To do this, counselors and institutions must be active in understanding how oppression operates in counseling institutions and demand social justice change alongside minoritized communities as they navigate social justice issues.

All counselors and counseling institutions are called to step forward and do their part in co-advocating alongside QTBIPOC community members through advocating for affirmative public policies, addressing systemic issues with colleagues, co-developing social platforms to elevate QTBIPOC voices, advocating for QTBIPOC inclusion in the counseling field, as well as co-leading QTBIPOC social justice initiatives. Unfortunately, without taking these described action steps, counselors and institutions maintain the erasure of QTBIPOC systemic violence present in the mental health industrial complex, which maintains a vicious cycle of QTBIPOC self-blame when navigating minority stress in counseling settings (Greene, 2019).

Study Limitations

While this study provided valuable data on the lived experiences of QTBIPOC in substance use disorder counseling, some limitations were present and should be noted for future

researchers who attempt to replicate this study. First, not every community member could provide a picture or image that spoke to their lived experiences in substance use disorder counseling. Despite considerations of trying to make the obtaining of photos feasible for participants, some QTBIPOC community members mentioned that they did not have enough time to obtain photos for participation in the study. However, QTBIPOC community members utilized the sharing of photos that were provided to launch their conversation about community concerns, which fulfills the main objective of PhotoVoice research (Wang & Burris, 1997). Furthermore, the limitation in provided photos did not deter QTBIPOC community members from discussing presenting concerns and experiences in substance use disorder counseling.

While this limited the capacity to engage in photo-elicitation work among all community members, it is essential to respect the ethical rights of participants in PhotoVoice research. Specifically, all participants should be able to choose which data they would like to share during the research process (PhotoVoice, n.d.). Furthermore, participants should be free to choose which parts of the research they are willing to participate in and how they participate during the research process (PhotoVoice, n.d.). Therefore, future researchers should consider how the breadth of PhotoVoice data speaks to community issues and whether quality or quantity should be preferred when researching photos in PhotoVoice data. Also, future researchers should consider how essential photovoice trainings can be in supporting participants in obtaining photos, even if they are using the internet to do so, to maximize photo sharing participation (Wang & Burris, 1997).

Limitations were also present, given that all 12 participants provided the researcher with basic demographic information, but not all participants submitted their demographic information forms. This serves as a limitation in the study due to the missing demographic information that

could provide further insight into the lived experiences of substance use disorder counseling among QTBIPOC (e.g., how many times participants tried substance use disorder counseling during recovery, etc.). For example, most of the participants in this study received substance use disorder counseling in New York, while some participants received counseling in Georgia. However, this study did not explore QTBIPOC experiences based on the state they received counseling in. Further research should explore these demographic details to address differences between QTBIPOC experiences across states and regions within the United States to address each state's efficacy in providing QTBIPOC affirmative counseling care. Furthermore, the demographic questionnaire did not account for what type of substance use disorder counseling was attended (e.g., individual, group). This information can be useful to develop further data on how to promote QTBIPOC affirmative counseling across different counseling service types in future studies.

Also, the sample of participants in this study was homogenous in age range. Specifically, all participants described their ages between 20 and 30 years old, which calls for further research on QTBIPOC experiences in substance use disorder counseling across the lifespan. Furthermore, genderqueer experiences must also be explored to advocate for enhanced substance use disorder counseling among QTBIPOC. Specifically, further research needs to focus on the specific narratives of genderqueer community members to understand their experiences of minority stress and affirmative counseling and further inform culturally responsive substance use disorder counseling.

Furthermore, participants did not encounter any counseling experiences where they experienced both affirmation and minority stress from the same counselor, which could be useful in exploring the nuanced ways that minority stress may also occur in affirmative counseling

environments during further research studies. Lastly, further research needs to closely examine step-by-step approaches to affirmative substance use disorder counseling to provide concrete models that can be replicated and developed by clinicians and institutions that provide substance use disorder counseling to QTBIPOC.

Conclusion

The purpose of this study was to explore the lived experiences of QTBIPOC community members in substance use disorder counseling and discuss strategies for enhancing QTBIPOC counseling care. This PhotoVoice study provided an opportunity for 12 QTBIPOC to share their lived experiences and ideas on how substance use disorder counseling can be improved with minoritized communities, especially given how minority stress can present itself for QTBIPOC when navigating counseling settings. While this study celebrates the accomplishments of substance use disorder counseling in its multicultural development, this study provides insightful implications for the need to continue developing substance use disorder counseling practices in working with QTBIPOC. The implications of this study also remind counselors and institutions of their ongoing duty to question institutional practices that harm QTBIPOC in substance use counseling. QTBIPOC minority stress in substance use counseling is not an individual issue for counselors to address but a systemic issue that counseling institutions need to unite in addressing as part of striving to provide affirmative counseling care to QTBIPOC across counseling settings.

References

Acosta, W., Qayyum, Z., Turban, J. L., & lan van Schalkwyk, G. (2019). Identify, engage, understand: Supporting transgender youth in an inpatient psychiatric hospital. *Psychiatric Quarterly, 90*, 601-612. https://doi.org/10.1007/s11126-019-09653-0

Adames, H. Y., Chavez-Duenas, N. Y., Sharma, S., & La Roche, M. J. (2018). Intersectionality in psychotherapy: The experiences of an AfroLatinx queer immigrant. *Psychotherapy theory research & practice*, *55*(1), 73-79. https://doi.org/10.1037/pst0000152

Alang, S., Brooks, C., & Tupuola, S. (2021, August 31). *Police brutality's impact on Black and Brown mental health.* California Preterm Birth Initiative. https://pretermbirthca.ucsf.edu/news/police-brutalitys-impact-black-and-brown-mental-health

Alexander, M. (2020). *The new Jim Crow: Mass incarceration in the age of colorblindness.* The New Press.

Alvesson, M. (2003). Beyond neopositivists, romantics, and localists: A reflective approach to interviews in organizational research. *Academy of Management Review*, *28*(1), 13-33.

American Counseling Association (2014). *ACA code of ethics.* https://www.counseling.org/docs/default-source/default-document-library/2014-code-of-ethics-finaladdress.pdf

American Psychological Association. (2020). *Concise guide to APA style* (7th ed.).

Amico, J. M. & Neisen, J. H. (1997). Sharing the secret: The need for gay-specific treatment. *The Counselor, 15*(3), 12-15. http://www.nalgap.org/PDF/Articles/sharesecret.pdf

Anderson, C. (2016). *White rage: The unspoken truth of our racial divide* (1st ed.). Bloomsbury.

Argyris, C. & Schon, D. A. (1991). Participatory action research and action science compared: A commentary. In W.F. Whyte (Ed.), *Participatory action research* (pp. 85-96). Sage.

Asare, J. G. (2020, June 1). *Recognizing and dismantling your anti-blackness.* Forbes. https://www.forbes.com/sites/janicegassam/2020/06/01/recognizing-and-dismantling-your-anti-blackness/?sh=50254a704472

Association of Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC) (2009a). *Competencies for counseling with lesbian, gay, bisexual, queer, questioning, intersex and ally individuals.* Author.

Association of Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC) (2009b). *Competencies for counseling with transgender clients.* Author.

Astramovich, R. L., Chan, C. D., & Marasco V. M. (2017). Advocacy evaluation for counselors serving LGBTQ populations. *Journal of LGBT Issues in Counseling*, *11*(4), 319-329. https://doi.org/10.1080/15538605.2017.1380553

Baggerly, J., Tan, X. T., Pichotta, D., & Warner, A. (2017). Race, ethnicity, and gender of faculty members in APA and CACREP-accredited programs: Changes over five decades. *Journal of Multicultural Counseling and Development*, *45*, 292-303. https://doi.org/10.1002/jmcd.12079

Bardhoshi, G., Grieve, K., Swanston, J., Suing, M., & Booth, J. (2018). Illuminating the on-campus experience of LGBTQ students through photovoice. *Journal of College Counseling*, *21*(3), 194-209. https://doi.org/10.1002/jocc.12103

Bennett, K. & Clark, E. (2021). Crossing guardians: Signaling and safety in queer and trans therapist/patient dyads. *Psychoanalytic Psychology*, *38*(3), 216-222. https://doi.org/10.1037/pap0000339

Benson, K. E. (2013). Seeking support: Transgender client experiences with mental health services. *Journal of Feminist Family Therapy, 25*(1), 17-40. https://doi.org/10.1080/08952833.2013.755081

Bloom, S. L. (2013). *Creating sanctuary: Toward the evolution of sane societies.* Routledge.

Boroughs, M. S., Bedoya, C. A., O'Clerigh, C., & Safren, S. A. (2015). Toward defining, measuring, and evaluating LGBT cultural competence for psychologists. *Clinical Psychology: Science and Practice*, *22*(2), 151-171. https://doi.org/10.1111/cpsp.12098

Bostwick, W. B., Meyer, I., Aranda, F., Russell, S., Hughes, T., Birkett, M., & Mustanski, B. (2014). Mental health and suicidality among racially/ethnically diverse sexual minority youths. *American Journal of Public Health*, *104*(6), 1129-1136. https://doi.org/10.2105/AJPH.2013.301749

Bourke, B. (2014). Positionality: Reflecting on the research process. *The Qualitative Report*, *19*(33), 1-9. http://eds.a.ebscohost.com.proxyremote.galib.uga.edu/eds/detail/detail?vid=6&sid=93291 6ce-1a63-4341-bc5a-338434e78d72%40sdc-v-sessmgr03&bdata=JnNpdGU9ZWRzLWxpdmU%3d#AN=97566584&db=a9h

Bowling, J., Schoebel, V., & Vercruysse, C. (2019). Perceptions of resilience and coping among gender-diverse individuals using photography. *Transgender Health*, *4*(1), 176-187. https://doi.org/10.1089/trgh.2019.0015

Bradford, J., Reisner, S. L., Honnold, J. A., & Xavier, J. (2013). Experiences of transgender-related discrimination and implications for health: Results from the Virginia Transgender Health Initiative study. *American Journal of Public Health*, *103*(10), 1820-1829. https://doi.org/10.2105/AJPH.2012.300796

Brubaker, M. D., Harper, A., & Singh, A. A. (2011). Implementing multicultural-social justice leadership strategies when advocating for the rights of lesbian, gay, bisexual, transgender, queer, and questioning persons. *Journal for Social Action in Counseling and Psychology*, *3*(1), 44-58. https://doi.org/10.33043/jsacp.3.1.44-58

Cavaiola, A., Giordano, A. L., & Golubovic, N. (2021). *Addiction counseling: A practical approach*. Springer Publishing.

Chan, C. D., & Henesy, R. K. (2018). Navigating intersectional approaches, methods, and interdisciplinarity to health equity in LGBTQ+ communities. *Journal of LGBT Issues in Counseling*, *12*(4), 230-247. https://doi.org/10.1080/15538605.2018.1526157

Chang, S. C., Singh, A. A., & Rossman, K. (2017). Gender and sexual orientation diversity within the TGNC community. In A. A. Singh & l. m. dickey (Eds.), *Affirmative counseling and psychological practice with transgender and gender nonconforming clients* (1st ed., pp. 19-40). American Psychological Association.

Chaney, M. P. & Whitman, J. S. (2020). Affirmative wellness counseling with older LGBTQ+ adults. *Journal of Mental Health Counseling*, *42*(4), 303-322. https://doi.org/10.17744.mehc.42.4.02

Chao, R. C., Paiko, L., Zhang, Y. S. D., & Zhao, C. (2017). Service-learning: A training method to enhance multicultural competence toward international students. *Scholarship of Teaching and Learning in Psychology*, *3*, 28-42. https://doi.org/10.1037/stl0000078

Chapman, S. & Schwartz, J. P. (2012). Rejecting the null: Research and social justice means asking different questions. *Counseling and Values*, *57*, 24-30. https://doi.org/10.1002/j.2161-007X.2012.00004.x

Clair, M., Stein, L. A. R., Soenksen, S., Martin, R. A., Lebeau, R. & Golembeske, C. (2013). Ethnicity as a moderator of motivational interviewing for incarcerated adolescents after release. *Journal of Substance Abuse Treatment*, *45*, 370-375. https://doi.org/10.1016/j.jsat.2013.05.006

Clark, M., Ausloos, C., Delaney, C., Waters, L., Salpietro, L., & Tippett, H. (2020). Best practices for counseling clients experiencing poverty: A grounded theory. *Journal of Counseling & Development*, *98*, 283-294. https://doi.org/10.1002/jcad.12323

Clark-Ibanez, M. (2004). Framing the social world with photo-elicitation interviews. *American Behavioral Scientist*, *47*(12), 1507-1527. https://doi.org/10.1177/0002764204266236

Cochran, B. N. & Cauce, A. M. (2006). Characteristics of lesbian, gay, bisexual, and transgender individuals entering substance abuse treatment. *Journal of Substance Abuse Treatment*, *30*, 135-146. https://doi.org/10.1016/j.jsat.2005.11.009

Collins, P. H. (2000). *Black feminist thought: Knowledge, consciousness, and the politics of empowerment* (2nd ed.). Routledge.

Conching, A. K. S. & Thayer, Z. (2019). Biological pathways for historical trauma to affect health: A conceptual model focusing on epigenetic modifications. *Social Science & Medicine*, *230*, 74-82. https://doi.org/10.1016/j.socscimed.2019.04.001

Council for Accreditation of Counseling and Related Educational Programs. (2017). *Annual report 2016*. Author. http://www.cacrep.org/wp-content/uploads/2019/05/CACREP-2016-Annual-Report.pdf

Creswell, J. W. & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches.* Sage Edge.

Cronin, T. J. (2017). *Determinants of clinical outcomes in lesbian, gay, and bisexual Australians: The role of minority stress and barriers to help-seeking* [Unpublished doctoral dissertation]. La Trobe University.

Crosley, J. & Jansen, D. (2020, December). *Qualitative data coding 101: How to code qualitative data, explained simply* [Video]. YouTube. https://www.youtube.com/watch?v=8MHkVtE_sVw

D'Amico, E. J., Dickerson, D. L., Brown, R. A., Johnson, C. L., Klein, D. J., & Agniel, D. (2020). Motivational interviewing and culture for urban Native American youth (MICUNAY): A randomized controlled trial. *Journal of Substance Abuse Treatment, 111*, 86-99. https://doi.org/10.1016/j.jsat.2019.12.011

DeBlaere, C., Singh, A. A., Wilcox, M. M., Cokley, K. O., Delgado-Romero, E. A., Scalise, D. A., & Shawahin, L. (2019). Social justice in counseling psychology: Then, now, and looking forward. *The Counseling Psychologist, 47*(6), 938-962. https://doi.org/10.1177/0011000019893283

Delgado, R. & Stefancic, J. (2017). *Critical race theory: An introduction, 3rd edition*. New York University Press.

Dews, F. (2021, February 26). *Charts of the week: Black men's life expectancy; student debt and Black households; struggling families*. Brookings Now. https://www.brookings.edu/blog/brookings-now/2021/02/26/charts-of-the-week-black-mens-life-expectancy-student-debt-and-black-households-struggling-families/

dickey, l. m., Karasic, D. H., & Sharon, N. G. (2016). *Mental health considerations with transgender and gender nonconforming clients.* UCSF Transgender Care. https://transcare.ucsf.edu/guidelines/mental-health

Drug Policy Alliance. (n.d.). *Discrimination against drug users*. https://drugpolicy.org/issues/discrimination-against-drug-users

DuPont-Reyes, M. J., Villatoro, A. P., Phelan, J. C., Painter, K., & Link, B. G. (2020). Adolescent views of mental illness stigma: An intersectional lens. *American Journal of Orthopsychiatry*, *90*(2), 201-211. https://doi.org/10.1037/ort0000425

Eliason, M. J., & Hughes, T. (2004). Treatment counselor's attitudes about lesbian, gay, bisexual, and transgendered clients: Urban vs. rural settings. *Substance Use & Misuse, 39*(4), 625-644. https://doi.org/10.1081/JA-120030063

Etikan, I., Musa, S. A., & Alkassim, R. S. (2016). Comparison of convenience sampling and purposive sampling. *American Journal of Theoretical and Applied Statistics*, *5*(1), 1-4. https://doi.org/10.11648/j.ajtas.20160501.11

Fine, M. & Torre, M. E. (2019). Critical participatory action research: A feminist project for validity and solidarity. *Psychology of Women Quarterly*, *43*(4), 433-444. https://doi.org/10.1177/0361684319865255

Forge. (2012). *Transgender rates of violence*. Forge-Forward. http://forge-forward.org/wp-content/docs/FAQ-10-2012-rates-of-violence.pdf

Forge, N., Lewinson, T., Garner, B. M., Braxton, C., Greenwald, L., & Maley, O. (2017). “Humbling experiences”: A photovoice project with sexual and gender-expansive youth experiencing homelessness. *Journal of Community Psychology*, *46*(6), 806-822. https://doi.org/10.1002/jcop.21974

Frank, D. A. & Cannon, E. P. (2010). Queer theory as pedagogy in counselor education: A framework for diversity training. *Journal of LGBT Issues in Counseling*, *4*(1), 18-31. https://doi.org/10.1080/15538600903552731

Freire, P. (2000). *Pedagogy of the oppressed.* Blooomsbury Academic.

Furman, E., Kaur Singh, A., Darko, N. A., Wilson, C. L. (2018). Activism, intersectionality, and community psychology: The way in which Black Lives Matter Toronto helps us to examine white supremacy in Canada's LGBTQ community. *Community Psychology in Global Perspective, 4*(2), 34-54. https://doi.org/10.1285/i24212113v4i2p34

Gates, T. G. & Sniatecki, J. L. (2016). Tolerating transphobia in substance abuse counseling: Perceptions of trainees. *Human Service Organizations: Management, Leadership & Governance, 40*(5), 469-485. https://doi.org/10.1080/23303131.2016.1170089

Geronimus, A. T., Hicken, M., Keene, D., & Bound, J. (2006). "Weathering" and age patterns of allostatic load scores among Blacks and whites in the United States. *American Journal of Public Health, 96*(5), 826-833. https://doi.org/10.2105/ajph.2004.060749

Gess, J. M. & Doughty Horn, E. A. (2018). Queering counselor education: Situational analysis of LGBTQ+ competent faculty. *Journal of LGBT Issues in Counseling, 12*(2), 101-118. https://doi.org/10.1080/15538605.2018.1455554

Gibbs, A. (1997). 'Focus groups'. *Social Research Update*, (19). http://www.soc.surrey.ac.uk/sru/SRU19.html

Goosby, B., Malone, S., Richardson, E. A., & Cheadle, J. E. (2015). Perceived discrimination and markers of cardiovascular risk among low-income African American youth. *American Journal of Human Biology*, *27*(4), 546-552. https://doi.org/10.1002/ajhb.22683

Greene, E. M. (2019). The mental health industrial complex: A study in three cases. *Journal of Humanistic Psychology*, 1-19. https://doi.org/10.1177/0022167819830516

Guthrie, R. (1976). *Even the rat was white: A historical view of psychology.* Harper & Row.

Halleck, S. (1971). Therapy is the handmaiden of the status quo. *Psychology Today*, *4*, 30-34, 98-100.

Harper, G. W., Brodsky, A., & Bruce, D. (2012). What's good about being gay? Perspectives from youth. *Journal of LGBT Youth, 9*, 22-41.

Haskins, N. H., Ziomek-Daigle, J., Sewell, C., Crumb, L., Appling, B., & Trepal, H. (2016). The intersectionality of African American mothers in counselor education: A phenomenological examination. *Counselor Education and Supervision*, *55*, 60-75. https://doi.org/10.1002/ceas.12033

Hendricks, M. L. & Testa, R. J. (2012). A conceptual framework for clinical work with transgender and gender nonconforming clients: An adaptation of the minority stress model. *Professional Psychology: Research and Practice*, *43*(5), 460-467. https://doi.org/10.1037/a0029597

Herman, J. L. (2013). Gendered restrooms and minority stress: The public regulation of gender and its impact on transgender people's lives. *Journal of Public Management and Social Policy*, *19*(1), 65-80. https://search.proquest.com/docview/1439085659?pq-origsite=gscholar&fromopenview=true

Hoetger, C., Rabinovitch, A. E., Henry, R. S., Aguayo Arelis, A., Rabago Barajas, B. V., & Perrin, P. B. (2020). Characterizing substance use in a sample of lesbian, gay, bisexual, and transgender adults in Mexico. *Journal of Addictive Diseases*, *39*(1), 96-104. https://doi.org/10.1080/10550887.2020.1826102

Holman, C. W. & Goldberg, J. M. (2006). Social and medical transgender case advocacy. *International Journal of Transgenderism*, *9*(3-4), 197-217. https://doi.org/10.1300/j485v09n03_09

Huang, Y., Tung Ma, Y., Craig, S. L., Fu Keung Wong, D., & Forth, M. W. (2020). How intersectional are mental health interventions for sexual minority people? A systematic review. *LGBT Health, 7*(5), 220-236. https://doi.org/10.1089/lgbt.2019.0328

Hudson, K. D. & Romanelli, M. (2020). "We are powerful people": Health-promoting strengths of LGBTQ communities of color. *Qualitative Health Research, 30*(8), 1156-1170. https://doi.org/10.1177/1049732319837572

Hunt, J. (2012). *Why the gay and transgender population experiences higher rates of substance use: Many use to cope with discrimination and prejudice*. Center for American Progress. https://cdn.americanprogress.org/wp-content/uploads/issues/2012/03/pdf/lgbt_substance_abuse.pdf

Ibrahim, F. A. & Heuer, J. R. (2016). *Cultural and social justice counseling: Client-specific interventions.* Springer.

Irvine, A. (2010). We've had three of them: Addressing the invisibility of lesbian, gay, bisexual, and gender nonconforming youths in the juvenile justice system. *Columbia Journal of Gender and Law*, *19*, 675.

Isom, E. E., Evans, A. M., & Burkhalter, C. (2015). Examining self-awareness and perceived multicultural competency: Recommendations for practitioners and educators. *Ideas and Research You Can Use: VISTAS 2015*, (4), 1-13. https://www.counseling.org/docs/default-source/vistas/examining-self-awareness-and-perceived-multicultural-competency-recommendations-for-practitioners-and-educators.pdf?sfvrsn=f2417f2c_12

Jacobson, D. & Mustafa, N. (2019). Social identity map: A reflexivity tool for practicing explicit positionality in critical qualitative research. *International Journal of Qualitative Methods, 18*, 1-12. https://doi.org/10.1177/1609406919870075

Johnson, B. E. & Mimiaga, M. J. (2017). Motivational interviewing for LGBT patients. In K. L. Eckstrand & J. Potter (Eds.), *Trauma, resilience, and health promotion in LGBT patients* (pp. 203-217). Springer.

Johnson, E. P. & Henderson, M. G. (2005). Introduction: Queering Black studies/ "Quaring" queer studies. In P. Johnson & M. Henderson (Eds.), *Black queer studies: A critical anthology*. (pp. 1-17). Duke University Press Books.

Johnson, R. B. & Christensen, L. (2017). *Educational research: Quantitative, qualitative, and mixed approaches* (6th ed.). Sage.

Jost, A. M. & Janicka, A. (2020). Patient-centered care: Providing safe spaces in behavioral health settings. In M. Forcier, G. Van Schalkwyk, & J. L. Turban (Eds.), *Pediatric gender identity* (pp. 101-109). Springer.

Katz, J. H. (1985). The sociopolitical nature of counseling. *The Counseling Psychologist, 13*, 615-624. https://doi.org/10.1177/0011000085134005

Kendi, I. X. (2017). *Stamped from the beginning: The definitive history of racist ideas in America.* Bold Type Books.

Kerrison, E. M. (2018). Exploring how prison-based drug rehabilitation programming shapes racial disparities in substance use disorder recovery. *Social Science & Medicine, 199*, 140-147. https://doi.org/10.1016/j.socscimed.2017.08.002

Klein, K., Holtby, A., Cook, K., & Travers, R. (2015). Complicating the coming out narrative: Becoming oneself in a heterosexist and cissexist world. *Journal of Homosexuality*, *62*(3), 297-326. https://doi.org/10.1080/00918369.2014.970829

Krinsky, M. & Ndulue, N. (2021, August 31). *New podcast: Rethinking public safety, a conversation with executive director of fair and just prosecution, Miriam Krinsky.* Death Penalty Information Center. https://deathpenaltyinfo.org/news/new-podcast-rethinking-public-safety-a-conversation-with-executive-director-of-fair-and-just-prosecution-miriam-krinsky

Krueger, R. A. (1994). *Focus groups: A practical guide for applied research*. Sage.

Latz, A. O. & Mulvihill, T. M. (2017). *Photovoice research in education and beyond: A practical guide from theory to exhibition*. Routledge.

Lea, T., Brener, L., Lambert, S., Whitlam, G., & Holt, M. (2021). Treatment outcomes of a lesbian, gay, bisexual, transgender, and queer alcohol and other drug counselling service in Australia: A retrospective analysis of client records. *Drug and Alcohol Review*, *40*, 1358-1368. https://doi.org/10.1111/dar.13303

Leung, E. & Flanagan, T (2019). Let's do this together: An integration of photovoice and mobile interviewing in empowering and listening to LGBTQ+ youths in context. *International Journal of Adolescence and Youth*, *24*(4), 497-510. https://doi.org/10.1080/02673843.2018.1554499

Levenson, J. S., Craig, S. L., & Austin, A. (2021). Trauma-informed and affirmative mental health practices with LGBTQ+ clients. *Psychological Services*, 1-10. https://doi.org/10.1037/ser0000540

Lincoln, Y. S. & Guba, E. G. (1985). *Naturalistic inquiry*. Sage.

Litosseliti, L. (2003). *Using focus groups in research*. Continuum Research Methods.

Livingston, N. A. (2017). Avenues for future minority stress and substance use research among sexual and gender minority populations. *Journal of LGBT Issues in Counseling*, *11*(1), 52-62. https://doi.org/10.1080/15538605.2017.1273164

Love, B. L. (2016). Anti-Black state violence, classroom edition: The spirit murdering of Black children. *Journal of Curriculum and Pedagogy*, *13*(1), 22-25. https://doi.org/10.1080/15505170.2016.1138258

Love, B. L. (2019). *We want to do more than survive: Abolitionist teaching and the pursuit of educational freedom*. Beacon Press.

Lyons, T., Shannon, K., Pierre, L., Small, W., Krusi, A., & Kerr, T. (2015). A qualitative study of transgender individuals' experiences in residential addiction treatment settings: Stigma and inclusivity. *Substance Abuse Treatment, Prevention, and Policy*, *10*, 17. https://doi.org/10.1186/s13011-015-0015-4

Martos, A. J., Wilson, P. A., Gordon, A. R., Lightfoot, M., & Meyer, I. H. (2018). "Like finding a unicorn": Healthcare preferences among lesbian, gay, and bisexual people in the United States. *Social Science & Medicine*, *208*, 126-133. https://doi.org/10.1016/j.socscimed.2018.05.020

Matsuzaka, S. & Koch, D. E. (2019). Trans feminine sexual violence experiences: The intersection of transphobia and misogyny. *Affilia: Journal of Women and Social Work*, *34*(1), 28-47. https://doi.org/10.1177/088610991879029journals.sagepub.com/home/aff

Maxwell, J. A. (2013). *Qualitative research design: An interactive approach* (3rd ed.). Sage.

McNair, R., Hegarty, K., & Taft, A. (2015). Disclosure for same-sex-attracted women enhancing the quality of the patient-doctor relationship in general practice. *Australian Family*

Physician, *44*(8), 573-578. https://search-proquest-com.proxy-remote.galib.uga.edu/docview/1710266447/fulltextPDF/9E70B5349A964026PQ/1?accountid=14537

Meichenbaum, D. (2013). *Roadmap to resilience.* Institute Press.

Meichenbaum, D. (2015). *Ways to bolster resilience in LGBTQ youth (Lesbian, gay, bisexual, transgendered, questioning).* Melissa Institute for Violence Prevention. https://www.melissainstitute.org/documents/Conf19-2-2015-WaystoBolsterResilience.pdf

Meyer, I. H. (1995). Minority stress and mental health in gay men. *Journal of Health and Social Behavior*, *36*(1), 38. https://search.proquest.com/docview/1300573827

Meyer, I. H. (2013). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations. *Psychology of Sexual Orientation and Gender Diversity, 1*(S), 3-26. https://doi.org/10.1037/2329-0382.1.S.3

Meyers, L. (2020, June). Affirming all shades of the rainbow. *Counseling Today*, 32-39. https://ct.counseling.org/2020/05/affirming-all-shades-of-the-rainbow/

Miller, W. R., Forcehimes, A. A., & Zweben, A. (2019). *Treating addiction: A guide for professionals, 2nd edition*. The Guilford Press.

Miller, W. R. & Rollnick, S. (2012). *Motivational interviewing: Helping people change, 3rd edition.* The Guilford Press.

Moe, J., Bower, J., & Clark, M. (2017). Counseling queer and genderqueer clients. In M. Ginicola, C. Smith, & J. Filmore (Eds.), *Affirmative counseling with LGBTQI+ people* (1st ed.). (pp. 213-226). American Counseling Association.

Mogul, J. L., Ritchie, A. J., & Whitlock, K. (2011). *Queer (in)justice: The criminalization of LGBT people in the United States.* Beacon Press.

Morgan, D. L. (1988). *Focus groups as qualitative research*. Sage.

Morgan, D. L. & Krueger, R. A. (1993). 'When to use focus groups and why'. In D. L. Morgan (Ed.), *Successful focus groups*. Sage.

Mountz, S. (2020). Remapping pipelines and pathways: Listening to queer and transgender youth of color's trajectories through girls' juvenile justice facilities. *Affilia: Journal of Women and Social Work*, *35*(2), 177-199. https://doi.org/10.1177/0886109919880517journals.sagepub.com/home/aff

Munro, L., Marshall, Z., Bauer, G., Hammond, R., Nault, C., & Travers, R. (2017). (Dis)integrated care: Barriers to health care utilization for trans women living with HIV. *Journal of the Association of Nurses in AIDS Care*, *28*, 708-722. https://doi.org/10.1016/j.jana.2017.06.001

Na, G. & Fietzer, A. W. (2020). A national survey of social justice engagement among professional counselors. *Journal of Counseling & Development*, *98*, 319-330. https://doi.org/10.1002/jcad.12326

Nadal, K. L., Griffin, K. E., Wong, Y., Hamit, S., & Rasmus, M. (2014). The impact of racial microaggressions on mental health: Counseling implications for clients of color. *Journal of Counseling & Development*, *92*, 57-66. https://doi.org/10.1002/j.1556-6676.2014.00130.x

Nadal, K. L., Skolnik, A., & Wong, Y. (2012). Interpersonal and systemic microaggressions toward transgender people: Implications for counseling. *Journal of LGBT Issues in Counseling*, *6*, 55-82. https://doi.org/10.1080/15538605.2012.648583

Nassar, S. C. & Singh, A. A. (2020). Embodying the multicultural and social justice counseling competency movement: Voices from the field. *Journal of Counseling & Development, 98*, 253-260. https://doi.org/10.1002/jcad.12320

National Association for Alcoholism and Drug Abuse Counselors (2021). *2021 code of ethics.* https://www.naadac.org/assets/2416/naadac_code_of_ethics_112021.pdf

National Board for Certified Counselors (2005). *Code of ethics*. https://hfarehab.com/wp-content/uploads/2013/01/nbcc-codeofethics.pdf#:~:text=The%20National%20Board%20for%20Certified%20Counselors%20%28NBCC%29%20is,and%20those%20who%20are%20seeking%20certification%20from%20NBCC.

Nilsson, J. E., Schale, C. L., & Khamphakdy-Brown, S. (2011). Facilitating trainees' multicultural development and social justice advocacy through a refugee/immigrant mental health program. *Journal of Counseling & Development, 89*, 413-422. https://doi.org/10.1002/j.1556-6676.2011.tb02838.x

O'Keefe Osborn, C. (2020, May 27). *LGBT community and substance abuse*. American Addiction Centers. https://www.detox.net/understanding-addiction/lgbt/

Oh, H. & Lee, C. (2016). Culture and motivational interviewing. *Patient Education and Counseling, 99*(11), 1914-1919. https://doi.org/10.1016/j.pec.2016.06.010

Oh, S. Kim, N., Bennett, C. M., & Dillman Taylor, D. (2019). Multiculturally competent intake interview with LGBTQI+ clients. *Journal of Gay & Lesbian Mental Health, 23*(2), 186-204. https://doi.org/10.1080/19359705.2019.1568943

Osilla, K. C., D'Amico, E. J., Diaz-Fuentes, C. M., Lara, M., & Watkins, K. E. (2012). Multicultural web-based motivational interviewing for clients with a first-time DUI

offense. *Cultural Diversity and Ethnic Minority Psychology*, *18*(2), 192-202. https://doi.org/10.1037/a0027751

Pachankis, J. E., McConocha, E. M., Clark, K. A., Wang, K., Behari, K., Fetzner, B. K., Brisbin, C. D., Scheer, J. R., & Levahot, K. (2020). A transdiagnostic minority stress intervention for gender diverse sexual minority women's depression, anxiety, and unhealthy alcohol use: A randomized controlled trial. *Journal of Consulting and Clinical Psychology*, *88*(7), 613-630. https://doi.org/10.1037/ccp0000508

Palibroda, B., Krieg, B., Murdock, L., & Havelock, J. (2009). *A practical guide to photovoice: Sharing pictures, telling stories and changing communities.* The Prairie Women's Health Centre of Excellence.

Pantoja-Patiño, J. R. (2020). The socio-multidimensional sexual and gender minority oppression framework: A model for LGBTQ individuals experiencing oppression and substance use. *Journal of LGBT Issues in Counseling*, *14*(3), 268-283. https://doi.org/10.1080/15538605.2020.1790469

Parson, L. (2019). Considering positionality: The ethics of conducting research with marginalized groups. In K. Strunk & L. Locke (Eds.), *Research methods for social justice and equity in education*. (pp. 15-32). Palgrave Macmillan.

Pennington, L. E. (2005). *Comorbid childhood sexual abuse and substance abuse among women: Knowledge, training, and preparedness of graduate counselor education and social work students*. [Master's thesis, Louisiana State University]. LSU Digital Commons. https://digitalcommons.lsu.edu/gradschool_theses/2929

Pepping, C. A., Lyons, A., Cronin, T. J., Halford, W. K., & Pachankis, J. E. (2017). Couple interventions for same-sex couples: A consumer survey. *Couple and Family Psychology Research and Practice, 6*(4), 258-273. https://doi.org/10.1037/cfp0000092

Perez-Brumer, A. G., Oldenburg, C. E., Reisner, S. L., Clark, J. L. & Parker, R. G. (2016). Towards 'reflexive epidemiology': Conflation of cisgender male and transgender women sex workers and implications for global understandings of HIV prevalence. *Global Public Health, 11,* 849-865. https://doi.org/10.1080/17441692.2016.1181193

Perrin, P. B., Sutter, M. E., Trujillo, M. A., Henry, R. S., & Pugh, M. (2020). The minority strengths model: Development and initial path analytic validation in racially/ethnically diverse LGBTQ individuals. *Journal of Clinical Psychology, 76*(1), 118-136. https://doi.org/10.1002/jclp.22850

PhotoVoice, (n.d.). *PhotoVoice statement of ethical practice*. https://photovoice.org/about-us/photovoice-statement-of-ethical-practice/.

Pierce, C., Carew, J., Pierce-Gonzalez, D., & Willis, D. (1978). An experiment in racism: TV commercials. In C. Pierce (Ed.), *Television and education* (pp. 62-88). Sage.

Powell, R. A. & Single, H. M. (1996). 'Focus groups'. *International Journal of Quality in Health Care, 8*(5), 499-504.

Probst, B. (2015). The eye regards itself: Benefits and challenges of reflexivity in qualitative social work research. *Social Work Research, 39*(1), 37-48. https://doi.org/10.1093/swr/svu028

Prochaska, J. O. & DiClemente, C. C. (1984). *The transtheoretical approach: Crossing traditional boundaries of therapy.* Dow Jones-Irwin.

Prochaska, J. O., DiClemente, C. C., & Norcross, J. C. (1992). In search of how people change: Applications to addictive behaviors. *American Psychologist, 47*, 1102-1114.

Race, K. E., Hotch, D. F., & Parker, T. (1994). 'Rehabilitation program evaluation: Use of focus groups to empower clients'. *Evaluation Review*, *18*(6), 730-740.

Ratts, M. J., Singh, A. A., Nassar-McMillan, S., Butler, S. K., & Rafferty McCullough, J. (2015). *Multicultural and social justice counseling competencies*. https://www.counseling.org/docs/default-source/competencies/multicultural-and-social-justice-counseling-competencies.pdf?sfvrsn=20

Rees, S. N., Crowe, M., & Harris, S. (2020). The lesbian, gay, bisexual, and transgender communities' mental health care needs and experiences of mental health services: An integrative review of qualitative studies. *Journal of Psychiatric and Mental Health Nursing*, *28*(4), 578-589. https://doi.org/10.1111/jpm.12720

Reicherzer, S., Patton, J., & Glowiak, M. (2011). Counseling transgender trauma survivors. *American Counseling Association, 11*(97), 1-13. http://counselingoutfitters.com/vistas/vistas11/Article_97.pdf

Ridley, C. R. (2005). Setting culturally relevant goals. In P. B. Pederson (Ed.)., *Overcoming unintentional racism in counseling and therapy: A practitioner's guide to intentional intervention* (2nd ed., pp. 106-123). Sage. https://doi.org/10.4135/9781452204468

Robinson, M. (2015, April 24). *Transgender patients are dodging doctors*. University at Buffalo. http://www.buffalo.edu/news/releases/2015/04/062.html

Ross, K. M. (2020, June 4). *Call it what it is: Anti-Blackness.* The New York Times. https://www.nytimes.com/2020/06/04/opinion/george-floyd-anti-blackness.html?unlocked_article_code=AAAAAAAAAAAAAAAACEIPuomT1JKd6J1

7Vw1cRCfTTMQmqxCdw_PIxftm3iWma3DLDm4eiOMNAo6B_EGKaqdkfdQ-mjqfQ85NdbYpWP03xOtWNE9rRhKz5JuYnZBPawMElbWOZEJklZTcQeJ_tjbwcmiyLOo4zee0703famb1CKXUgmkmIw02vcAzJgq1inZfzv2UFeck3YN_zu5hUs4hPUoIbCWNvvLqDxlsap7RPlyHtF5AC6wOUirTnNWc97sBbAxXbFrCR3t56m05g8hObJJVZO2sak59J7etxOkZGWdqL4y2BpAuRoeyl7pisbPFqhLk29NRjDisvcyzcVcrqT3B_9NV&smid=url-share

Roulston, K. (2010). *Reflective interviewing: A guide to theory & practice*. Sage.

Rowland, H. & Cornell, W. F. (2021). Gender identity, queer theory, and working with the sociopolitical in counseling and psychotherapy: Why there is no such thing as neutral. *Transactional Analysis Journal, 51*(1), 19-34. https://doi.org/10.1080/03621537.2020.1853347

Sackett, C. R. & Dogan, J. N. (2019). An exploration of Black teens' experiences of their own racial identity through photovoice: Implications for counselors. *Journal of Multicultural Counseling and Development, 47*, 172-189. https://doi.org/10.1002/jmcd.12140

Saunders Goldstein, I. (2013). *Building bridges: LGBT populations: A dialogue on advancing opportunities for recovery from addictions and mental health problems*. U.S. Department of Health and Human Services. https://permanent.fdlp.gov/gpo92559/NPRC.2368.LGBTBuildingBridges.pdf

Scheim, A. I., Randy, J., Liz, J., Sharp Dopler, T., Pyne, J., & R. Bauer, G. (2013). Barriers to well-being for aboriginal gender-diverse people: Results from the Trans PULSE project in Ontario, Canada. *Ethnicity and Inequalities in Health and Social Care, 6(4),* 108-120. https://doi.org/10.1108/EIHSC-08-2013-0010

Senreich, E. (2011). The substance abuse treatment experiences of a small sample of transgender clients. *Journal of Social Work Practice in the Addictions, 11*, 295-299. https://doi.org/10.1080/1533256x.2011.592795

Shelton, J. (2015). Transgender youth homelessness: Understanding programmatic barriers through the lens of cisgenderism. *Children and Youth Services Review, 59*, 10-18, https://doi.org/10.1016/j.childyouth.2015.10.006

Shillingford, M. A., Trice-Black, S., & Butler, S. K. (2013). Wellness of minority female counselor educators. *Counselor Education and Supervision, 52*, 255-269. https://doi.org/10.1002/j.1556-6978.2013.00041.x

Shipherd, J. C., Berke, D., & Livingston, N. A. (2019). Trauma recovery in the transgender and gender diverse community: Extensions of the minority stress model for treatment planning. *Cognitive and Behavioral Practice, 26*(4), 629-646. https://doi.org/10.1016/j.cbpra.2019.06.001

Singh. A. A. (2013). Transgender youth of color and resilience: Negotiating oppression and finding support. *Sex Roles, 68*, 690-702. https://doi.org/10.1007/s11199-012-0149-z

Singh, A. A., Hays, D. G., & Watson, L. S. (2011). Strength in the face of adversity: Resilience strategies of transgender individuals. *Journal of Counseling & Development, 89*(1), 20-27. http://eds.a.ebscohost.com.proxy-remote.galib.uga.edu/eds/detail/detail?vid=2&sid=81c2f098-91fc-4deb-a4a4-01bf791c2ee1%40pdc-v-sessmgr06&bdata=JnNpdGU9ZWRzLWxpdmU%3d#AN=RN285358942&db=edsbl

Singh, A. A., Hwahng, S. J., Chang, S. C., & White, B. (2017). Affirmative counseling with trans/gender-variant people of color. In A. A. Singh & l. m. dickey (Eds.), *Affirmative*

counseling and psychological practice with Transgender and Gender Nonconforming clients (1st ed., pp. 41-68). American Psychological Association.

Singh, A. A. & Moss, L. (2015). Using relational-cultural theory in LGBTQQ counseling: Addressing heterosexism and enhancing relational competencies. *Journal of Counseling & Development*, *94*(4), 398-404. https://doi.org/10.1002/jcad.12098

Singh, A. A., Appling, B., & Trepal, H. (2020a). Using the multicultural and social justice counseling competencies to decolonize counseling practice: The important roles of theory, power, and action. *Journal of Counseling & Development, 98*, 261-271. https://doi.org/10.1002/jcad.12321

Singh, A. A., Nassar, S. C., Arredondo, P., & Toporek, R. (2020b). The past guides the future: Implementing the multicultural and social justice counseling competencies. *Journal of Counseling & Development*, *98,* 238-252. https://doi.org/10.1002/jcad.12319

Singh, A. A., Parker, B., Aqil, A. R., & Thacker, F. (2020c). Liberation psychology and LGBTQ+ communities: Naming colonization, uplifting resilience, and reclaiming ancient his-stories, her-stories, and t-stories. In L. Comas-Diaz & E. Torres-Rivera (Eds.), *Liberation psychology: Theory, method, practice, and social justice* (pp. 207-224). American Psychological Association.

Smith, L., Bratini, L., & Appio, L. M. (2012). "Everybody's teaching and everybody's learning": Photovoice and youth counseling. *Journal of Counseling & Development*, *90*, 3-12. https://eds.a.ebscohost.com/eds/detail/detail?vid=2&sid=f674da3f-ae79-474f-8179-dc11cf9339a9@sessionmgr4008&bdata=JkF1dGhUeXBlPWlwLHNoaWImc2l0ZT1lZHMtbGl2ZQ==#AN=RN312524610&db=edsbl

Smith, T. E. (2018). Negotiated selves: Trans, agender, and genderqueer youth. *Qualitative Research in Psychology*, *15*(2-3), 173-178. https://doi.org/10.1080/14780887.2018.1429848

Sperber, J., Landers, S., & Lawrence, S. (2005). Access to health care for transgendered persons: Results of a needs assessment in Boston. *International Journal of Transgenderism*, *8*, 75-91. https://doi.org/10.1300/j485v08n02_08

Spring, J. (2016). *Deculturalization and the struggle for equality: A brief history of the education of the dominated cultures in the United States* (8th ed.). Routledge.

Sue, D. W. (2010). *Microaggressions in everyday life: Race, gender, and sexual orientation.* John Wiley.

Sue, D. W. & Capodilupo, C. M. (2008). Racial, gender, and sexual orientation microaggressions: Implications for counseling and psychotherapy. In D. W. Sue & D. Sue (Eds.), *Counseling the culturally diverse: Theory and practice*. John Wiley & Sons.

Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A. M. B., Nadal, K. L., & Esquilin, M. (2007). Racial microaggressions in everyday life: Implications for clinical practice. *American Psychologist*, *62*(4), 271-286. https://doi.org/10.1037/0003-066X.62.4.271

Taylor, P. C. & Medina, M. N. D. (2013). Educational research paradigms: From positivism to multiparadigmatic. *Journal for Meaning-Centered Education*, *1*, 1-16. https://doi.org/10.13140/2.1.3542.0805

Toro-Alfonso, J., Diaz, N. V., Andujar-Bello, I., & Nieves-Rosa, L. E. (2006). Strengths and vulnerabilities of a sample of gay and bisexual male adolescents in Puerto Rico. *Interamerican Journal of Psychology*, *40*, 59-68.

The Transgender Substance Abuse Treatment Policy Group of the San Francisco Lesbian, Gay, Bisexual, and Transgender Substance Abuse Task Force. (1995). *Transgender protocol: Treatment services guidelines for substance abuse treatment providers.* Author.

Valente, P. K., Schrimshaw, E. W., Dolezal, C., LeBlanc, A. J., Singh, A. A., & Bockting, W. O. (2020). Stigmatization, resilience, and mental health among a diverse community sample of transgender and gender nonbinary individuals in the U.S. *Archives of Sexual Behavior*, *49*, 2649-2660. https://doi.org/10.1007/s10508-020-01761-4

Velasquez, M. M., Crouch, C., Stokes Stephens, N., & DiClemente, C. C. (2016). *Group treatment for substance abuse: A stages-of-change therapy manual* (2nd ed.). The Guildford Press.

Wallerstein, N. & Auerbach, E. (2004). *Problem-posing at work: A popular educator's guide*. Grassroots Press.

Walsh, M. & Goldberg, R. M. (2020). Rethinking counseling recruitment for transgender clients: Using content analysis to investigate trends. *Journal of LGBT Issues in Counseling*, *14*(3), 210-227. https://doi.org/10.1080/15538605.2020.1790466

Wang, C. (1999). "Photovoice: A participatory action research strategy applied to women's health." *Journal of Women's Health*, *8*(2), 185-192.

Wang, C. & Burris, M. A. (1997). Photovoice: Concept, methodology, and use for participatory needs assessment. *Health Education & Behavior*, *24*(3), 369-387. https://doi.org/10.1117/109019819702400309

Wang, C., Burris, M., & Xiang, Y. (1996). Chinese village women as visual anthropologists: A participatory approach to reaching policymakers. *Social Science & Medicine, 42*(10), 1391-1400. https://doi.org/10.1016/0277-9536(95)00287-1

Wang, C. C., Morrel-Samuels, S., Hutchison, P. M., Bell, L., & Pestronk, R. M. (2004). Flint photovoice: Community building among youths, adults, and policymakers. *American Journal of Public Health, 94*(6), 911-913. https://doi.org/10.2105/AJPH.94.6.911

Wendler, A. & Nilsson, J. (2009). Universal-diverse orientation, cognitive complexity, and sociopolitical advocacy in counselor trainees. *Journal of Multicultural Counseling and Development*, *37*, 28-39. https://doi.org/10.1002/j.2161-1912.2009.tb00089.x

Wesp, L. M., Malcoe, L. H., Elliott, A., & Poteat, T. (2019). Intersectionality research for transgender health justice: A theory driven conceptual framework for structural analysis of transgender health inequities. *Transgender Health*, *4*(1), 287-296. https://doi.org/10.1089/trgh.2019.0039

White, W. L. (2002). Addiction treatment in the United States: Early pioneers and institutions. *Addiction*, *97*(9), 1087-1092. http://www.williamwhitepapers.com/pr/2002%20Addiction%20Treatment%20in%20the%20United%20States.pdf

Wolf, E. C. M. & Dew, B. J. (2012). Understanding risk factors contributing to substance use among MTF transgender persons. Journal of LGBT Issues in Counseling, *6*(4), 237-256. https://doi.org/10.1080/15538605.2012.727743

Woodland, E. (2017, May 16). *Why we need more queer and trans therapists of color*. Role Reboot. http://www.rolereboot.org/life/details/2017-05-need-queer-trans-therapists-color/index.html

Woody, I. (2014). Aging out: A qualitative exploration of ageism and heterosexism among aging African American lesbians and gay men. *Journal of Homosexuality*, *61*(1), 145-165. https://doi.org/1080/00918369.2013.835603

Wrenn, G. C. (1962). The culturally encapsulated counselor. *Harvard Educational Review, 32*, 444-449.

Wynn, R., & West-Olatunji, C. (2009). Use of culture-centered counseling theory with ethnically diverse LGBT clients. *Journal of LGBT Issues in Counseling, 3*(3-4), 198-214. https://doi.org/10.1080/15538600903317218

Zeeman, L., Sherriff, N., Browne, K., McGlynn, N., Mirandola, M., Gios, L., Davis, R., Sanchez-Lambert, J., Aujean, S., Pinto, N., Farinella, F., Donisi, V., Niedzwiedzka-Stadnik, M., Rosinska, M., Pierson, A., & Amaddeo, F. (2018). A review of lesbian, gay, bisexual, trans, and intersex (LGBTI) health and healthcare inequalities. *European Journal of Public Health, 29*(5), 974-980. https://doi.org/10.1093/eurpub/cky226

CHAPTER 4

"IT IS NICE TO BE SEEN, NOT GAZED AT": A REFLECTION OF USING PHOTOVOICE AND CRITICAL PARTICIPATORY ACTION RESEARCH WITH QUEER, TRANS, BLACK, AND INDIGENOUS PEOPLE OF COLOR IN SUBSTANCE USE DISORDER COUNSELING

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Abstract

This chapter includes reflections on my experience studying QTBIPOC experiences in substance use disorder counseling. Specifically, this chapter explores my experience working with QTBIPOC in substance use disorder counseling, studying QTBIPOC counseling research, researching QTBIPOC lived experiences in substance use disorder counseling, and utilizing QTBIPOC affirming research methods in understanding QTBIPOC lived experiences. This chapter also includes implications for conducting counseling research in studying QTBIPOC lived experiences with culturally responsive frameworks.

"It is Nice to be Seen, not Gazed at": A Reflection of Using PhotoVoice and Critical Participatory Action Research With Queer, Trans, Black, and Indigenous People of Color in Substance Use Disorder Counseling

Research has demonstrated inequitable treatment for queer, transgender, Black, and Indigenous people of color (QTBIPOC) in substance use disorder counseling (Lyons et al., 2015). As a substance use disorder counselor who works with LGBTQ+ communities in counseling, I have seen firsthand experiences of how counselors engaged in non-affirming counseling practices with QTBIPOC. In this chapter, I reflect on my professional experiences in working with QTBIPOC in substance use disorder counseling, my use of PhotoVoice and Critical Participatory Action Research when exploring the lived experiences of QTBIPOC in substance use disorder counseling, as well as future directions for promoting affirmative research practices with QTBIPOC when trying to learn more about their community concerns.

LGBTQ+ Identities Matter

As I reflect on the experiences of working with non-affirming clinicians in counseling work, I remember how many times I had to correct other clinicians on clients' pronouns in counseling. I have met and worked with QTBIPOC clients who would come to me, as a clearly identifiable LGBTQ+ clinician, to speak with the lead clinicians about using their correct pronouns in counseling. When discussing treatment options with lead clinicians, who had been working in the counseling field for much longer than I had, I was often met with confusion and hesitation when speaking up about the need to use correct pronouns from these other clinicians. Experienced clinicians would tell me that they did not know enough about QTBIPOC populations and would provide nonchalant expressions on their faces as if the QTBIPOC identities of these clients were not relevant to consider in counseling care. Reflecting on this

experience reminded me of my responsibility to let other clinicians know that QTBIPOC voices matter and need to be heard in counseling.

Trans Identities do not Have to be Visible to Matter

Meeting Shelley was an unforgettable interaction in my counseling work when I think about providing affirmative counseling to trans populations. In the gaze of cisgenderism and gender binaries, Shelley presented to the world as a traditional elderly black man living in the South. As we should know, when interacting with trans and queer communities, there is more to gender expression than what is traditionally taught within gender binary socialization. For example, how one person traditionally dresses when navigating social spaces does not always represent their gender identity. During her intake, Shelley sat across from me wearing dress pants, a buttoned-down shirt, and an eager smile on her face. Shelley wanted to participate in counseling to seek recovery from alcohol abuse. As she looked at her surroundings, she told me her name, aside from the legal/dead name printed on her folder and her pronouns. Shelley also disclosed her experiences when receiving inpatient care at my workplace. Specifically, she discussed how other clinicians and patients did not take her gender identity seriously and labeled her “psychotic” and “mentally loose” because she did not visibly express herself as a woman per gender binary standards. Others in Shelley’s life did not take her seriously as a woman as well.

I promised Shelley I would take her identity seriously and speak with other clinicians about her identity. As I discussed her gender identity and expression with other clinicians on my treatment team, I detected an uneasy facial affect from the other clinicians, almost as if they did not have a choice but to abide by my requests to take her gender identity seriously. I walked away from these interactions with satisfaction and sadness on my mind. Specifically, I felt great about advocating alongside Shelley to validate her identity in counseling. Yet, I was saddened by

the idea of what could have happened without my influence. These interactions made me aware of the vital need for QTBIPOC affirmative substance use counseling and the mistreatment that can occur without QTBIPOC affirmative perspectives in current practice.

"Could I use Your Help? I Don't Understand QTBIPOC People"

Throughout my career, I reflect on the times that substance use and mental health counselors asked me for guidance about working with QTBIPOC clients. Specifically, I have been asked questions such as, "I don't understand this gender thing. Are they trans male or trans female? What is queer?" As I looked around at the clinicians asking me these questions, they had all obtained their Master's degrees in counseling, while some had been working in the field for many years longer than I had. While it has been a joy to support other clinicians in understanding and supporting QTBIPOC clients, these occurrences brought up significant concerns for me about counselor training when working with QTBIPOC communities. Even though I am a gay-identified counselor who specializes in working with QTBIPOC communities, why are there still so many clinicians who feel confused about how to provide QTBIPOC affirmative counseling care? How many QTBIPOC community members have become disadvantaged by working with clinicians who do not understand QTBIPOC life experiences or identities?

While it is important to me to engage in cultural humility when I encounter clinicians who are still developing their multicultural competence, I simultaneously feel that our QTBIPOC communities deserve better in receiving counseling care. QTBIPOC deserve to walk into a counseling space and receive support from clinicians who feel ready to learn from and support these communities, with a foundational understanding of QTBIPOC and minoritized life experiences. This concerning inconsistency in counselor education is a gap that this research

addresses by providing readers with the opportunity to learn more about QTBIPOC lives and their struggles in receiving affirmative counseling care.

Reflections on Reviewing QTBIPOC Substance Use Counseling Research

As I reflect on the current state of research on QTBIPOC substance use disorder counseling experiences and my professional experiences with QTBIPOC counseling care, I feel a grim yet unsurprised reaction. Throughout the research, I recognized participants' narratives through the themes of QTBIPOC feeling isolated throughout their counseling by structural discrimination (e.g., binary gender segregation, dead-naming, lack of LGBTQ+ representation in counselors). I also recognized themes related to how cisnormative policies harm QTBIPOC when receiving substance use disorder counseling. Specifically, I remembered witnessing the distress placed upon QTBIPOC as they were forced to share living quarters with others based on the gender binary spectrum. This experience was incredibly hurtful to see when, for example, queer and trans women were worried about how cisgender men would treat them as they were forced to share living spaces in treatment.

Themes related to experiencing affirmative support from counselors are themes that I can also personally connect with throughout my work as a counselor, mainly through the feedback that I have received from QTBIPOC throughout my work experience. Specifically, my skill set in having a foundational understanding of QTBIPOC lived experiences, as well as affirming and respecting QTBIPOC identities, were consistent with the feedback I have received as a clinician, as well as with the skill sets of affirmative counselors described in the research (Lyons et al., 2015). Overall, the research points out that despite advances made in providing multicultural support to QTBIPOC in counseling, QTBIPOC minority stress in counseling still needs to be addressed to improve QTBIPOC counseling. Furthermore, despite some conversations about

multiculturalism and privilege throughout my graduate education, there has been little conversation about promoting multicultural counseling in substance use disorder counseling, let alone about QTBIPOC experiences in substance use disorder counseling. Instead, the silence about these topics produces a harmful message to the counseling field.

Specifically, the counseling field receives messages that if we want to provide affirmative care to QTBIPOC communities in substance use disorder counseling, we must rely solely on the Multicultural and Social Justice Competencies (Ratts et al., 2015) to inform our counseling. While this foundational training is paramount, it provides only a glimpse into how to directly address the community concerns of QTBIPOC in substance use disorder counseling. As a QTBIPOC affirmative counselor, counselor education must do more to provide effective multicultural education for counselors in training, to produce effective counselors in the field whom QTBIPOC can rely on for support and care. Overall, these research experiences raise questions about how much focus and attention counselor education provides to multicultural substance use disorder counseling training.

Studying QTBIPOC Lived Experiences in Substance Use Disorder Counseling

While exploring the lived experiences of QTBIPOC in substance use disorder counseling, I experienced various reactions during my interactions with QTBIPOC. Specifically, I experienced the need to clarify with QTBIPOC community members that I wanted this research project to create social movements and transformations led by them, not by me, the researcher of this project. I also experienced some discomfort in asking QTBIPOC about their lived experiences and how to address community concerns due to being an outsider as a gay and cisgender man of color. However, experiences of vulnerability also came forward as QTBIPOC community members asked me about my personal experiences in recovery. These experiences of

shared vulnerability created a space of intimacy and trust, where deeper feelings about experiences in substance use disorder counseling could emerge. The following sections of this chapter will explore these experiences in more depth in the hopes that aspiring researchers can discover the value and insights that come with feelings of discomfort and vulnerability during research with minoritized communities.

"I Don't Want to be Your Savior"

While studying QTBIPOC experiences in substance use disorder counseling, meaningful interactions emerged while exploring these experiences. For example, I can remember how QTBIPOC community members would say things to me like "God bless you for doing this work." as well as statements such as, "I'm so glad that you are doing this work." While these sentiments were encouraging to hear as I worked with QTBIPOC community members, I also experienced some doubts about the thoughts and feelings that can arise from such praise. Specifically, I thought about how individuals in helping roles could develop a "savior complex," which could create false ideas about being a hero for minoritized communities while also benefitting selfishly from their pain to feel good about doing work with minoritized communities (Raypole, 2021).

The "savior complex" is not a new concept and has been a point of conversation for many educators, counselors, and activists engaging in social justice work with minoritized communities (Raypole, 2021). Specifically, the "savior complex" is an identity and idea that obscures one's participation in systemic oppression because those who are saviors to minoritized communities turn to their social justice work to deny any responsibility for perpetuated systemic oppression they may also participate in (Raypole, 2021). Therefore, understanding how the "savior complex" operates is critical for reflexive research practice, especially when engaging in

collaborative work with minoritized communities to disrupt oppressive dynamics in counseling and research settings. Furthermore, understanding the "savior complex" can help researchers develop accountability practices for how they themselves participate in systemic oppression without using their work as a source of personal denial. Therefore, as I continue to build research relationships with minoritized community members, it is essential to me that I continue to exercise self-awareness to prevent further harm and exploitation towards minoritized communities in general research practice.

"We are A Community"

During my collaboration with QTBIPOC community members, I experienced nervousness. Identifying as a gay, cisgender man of color, I possessed outsider identities when building relationships with QTBIPOC community members. Being an outsider in this research can be intimidating for some researchers. Specifically, as a researcher, I did not want to be an intrusive outsider when exploring the lived experiences of a minoritized community that I did not belong. Therefore, during my first interview with QTBIPOC community members, I felt very nervous about my questions. I did not want to be intrusive and make QTBIPOC community members feel like they were being examined as research subjects. However, I asked community members about their feelings regarding how they felt about being asked questions by an outsider. One of the community members, Tyron Rose, responded: "We are a community." This statement took me aback as more community members provided further responses aligned with Tyron Rose's feelings. Specifically, many community members expressed their gratitude that I was doing this work with them and holding space to share their stories through pictures and community dialogue. Knowing that I did not want to be a savior for QTBIPOC through this research project, I felt very warm when QTBIPOC community members invited me into their

community space as they discussed their most vulnerable experiences with minority stress and with receiving support for minority stress.

After my focus group interview with Tyron Rose, I continued to reflect on what they said about feeling like I was part of their community. Based on the theory of cultural mistrust (Mizock & Harkins, 2009; Ridley, 2005), I understood how sacred the welcoming I received from QTBIPOC community members is in researching with minoritized communities. Therefore, as a researcher and advocate, I embraced this sacred trust and incorporated my welcoming into the QTBIPOC community to ensure that their voices were represented in ways that co-advocate for their community concerns about substance use disorder counseling. However, the nervousness that I experienced in interacting with QTBIPOC due to feeling like an outsider provides further insight into how non-QTBIPOC counselors may feel when trying to support QTBIPOC communities in counseling settings. This observation warrants further research on comfort levels among non-QTBIPOC counselors and researchers when working with QTBIPOC in substance use counseling.

"Tell us About Your Story"

As I asked QTBIPOC community members to share their experiences in substance use disorder counseling, I found myself experiencing that question reflected at me. Specifically, some community members asked me to tell them my story of substance use counseling as a minoritized person as a guiding point and opportunity to build trust with the community. It became clear to me that some community members wanted to know about my purpose in doing this research with them. So I took a deep breath and shared my experiences in addictions counseling with my participants, especially when I struggled with a dependence on pornography and sex back in 2015.

While my experience in addictions counseling was overall positive and supportive, I knew that from my experience working with outpatient substance use counselors, there were inconsistencies in the quality of counseling care provided to QTBIPOC. Specifically, I would often hear about experiences of minority stress among the QTBIPOC I would work with in counseling institutions as they were forced to conform to gender-binary standards and experience microaggressions from their counselors. Based on these experiences in the counseling field, I knew that the counseling field needed to focus on honoring QTBIPOC voices if we were to provide QTBIPOC affirmative counseling services.

Still, my ability to share my own experiences as someone recovering from addiction put QTBIPOC community members at ease. The conversation then further examined the incongruences present in substance use counseling with racially minoritized communities, especially when they hold identities across the LGBTQ+ spectrum. This experience further illuminated how valuable self-disclosure can be in building trusting relationships during the research process, especially when addressing concerns of cultural mistrust that emerge in research work with minoritized communities (Mizock & Harkins, 2009; Ridley, 2005).

Reflections on Utilizing Critical Participatory Action Research With QTBIPOC

Critical Participatory Action Research (CPAR) was an essential foundation for my research with QTBIPOC community members. Specifically, I focused on three aspects of CPAR during this research project. First, I focused on a social analysis of community issues with focus groups (Kemmis et al., 2014). This aspect of CPAR was significant to QTBIPOC community members, given that many participants were grateful to be brought together to discuss each other's experiences in substance use disorder counseling. I also felt that this experience was significant to me because this epistemology resonated with my passion for coordinating group

dialogue for social change. Furthermore, when multiple voices can come together and share their lived experiences, a personal transformation takes place, especially when speaking about minoritized experiences. As a group worker in the counseling profession, this shared experience was an example of the transformative aspects of CPAR when exploring community concerns.

Secondly, using CPAR allowed me to engage in self-reflexivity as a researcher (Kemmis et al., 2014). What makes CPAR unique and valuable to research philosophies is that CPAR encourages the researcher to become critical about their research practices and build self-awareness about the impacts of one's research when working with minoritized communities. My entire journey in becoming a social justice researcher reinforced the importance of leaning into discomfort to develop deeper insights into power dynamics and oppression in research relationships. Furthermore, critical perspectives in research are necessary to challenge preconceived notions of research, especially when critiquing the façade of objectivity in research practice (Kemmis et al., 2014). Embracing a critical perspective in research practice allows researchers to deconstruct positivist ideas in research that minimize the lived experiences of individuals for objectivity and instead prioritize the lived experiences of community members as essential sources of data (Kemmis et al., 2014; Pewewardy & Almeida, 2014).

Lastly, CPAR allowed the researcher and community members to plan transformative action (Fine & Torre, 2019). Goodman et al. (2004) defined social justice as action that allows minoritized communities to gain access to tools of self-determination. Engaging in social justice action is an essential ingredient of CPAR because actual social justice change cannot occur without action or community empowerment. Furthermore, this aspect of CPAR was enjoyable for the researcher and community members because we all got to hold a space of empowerment as we shared ideas on making a positive difference for QTBIPOC in substance use disorder

counseling. Specifically, QTBIPOC community members were able to ask for more support spaces for them and led by them as part of ongoing substance use recovery.

Overall, utilizing CPAR during this study was an approach that emerged through creating a supportive space for QTBIPOC community members, where community members could be heard and understood when expressing their community concerns. As part of my natural approach to creating a supportive space for groups, I significantly focused on my use of narrative humility to engage in active listening and understand their lived experiences rather than try to capture as much information as possible, to master one's knowledge of minoritized experiences (DasGupta, 2008). I also felt that using CPAR was naturally congruent with my person-centered approach to counseling. Both approaches utilized a rapport-building process focused on staying present with community members' needs and lived experiences (Fall et al., 2017).

Reflections on Utilizing PhotoVoice and my Methods

A few insights became apparent through my use of PhotoVoice in this study. First, I learned that sharing pictures during the interview is about telling us what community members see rather than what can be physically seen in the picture. Wang and Burris (1994) originally described PhotoVoice research as an opportunity for individuals to document and communicate their realities, which became apparent throughout this research study. Specifically, I felt more deeply connected to the lived experiences of QTBIPOC in substance use disorder counseling through not only seeing the facial expressions presented in pictures and images but through the feelings they communicated during the interview as they shared their visual perspectives in counseling. By allowing community members to share their feelings and experiences with me through discussing their images, an invitation to community members' inner thoughts, feelings, and experiences was created and held during the focus group sessions.

Secondly, I learned that there are multiple ways to present one's lived experiences through pictures and images. Specifically, one of the QTBIPOC community members took the time to draw out their experiences and how they felt in substance use disorder counseling. Furthermore, they used multiple drawn images to openly visualize their growth through their connections made in substance use disorder counseling. This form of photo-elicitation was significant to the PhotoVoice process, given that not only did community members visually share their experiences, but they also put their artistic creativity into sharing their life experiences with the focus group (Latz & Mulvihill, 2017). Also, the SHOWeD technique was helpful during this experience. Specifically, community members could describe what is happening in the images and reveal their lived experiences through visual storytelling (Bardhoshi et al., 2016). This experience in PhotoVoice research also reminded me of the importance of not perceiving PhotoVoice literally. Photos do not need to be solely taken by a camera to illustrate community needs. Furthermore, this experience encourages community members to show their life experiences in any way that creates a picture of their inner worlds and community needs.

Lastly, I learned that community dialogue matters significantly compared to analyzing what is seen in a picture when conducting PhotoVoice research. Specifically, Wang and Burris (1997) represent PhotoVoice as a launching point for community members to promote critical dialogue and discuss minoritized life experiences during the research process. Despite the foundational elements involved in PhotoVoice research, such as asking community members to share what is being shown in their pictures, the pictures involved in the research process provide voice to minoritized communities as they reflect on their life experiences outside of the picture's context. As a PhotoVoice researcher, this point was essential for me to remember so that I did

not become too immersed within the pictures' interpretations and therefore lose focus on the community concerns that produced these pictures and images.

Reflections on Utilizing Peer Researchers in CPAR and PhotoVoice

During this research study, I recruited the help of three mental health professionals who identify as queer, trans, Black, and/or Indigenous in exploring the narratives of QTBIPOC community members to ensure that QTBIPOC experiences were being represented accurately in this study. Specifically, Logan Riddle, Jacklyn Byrd, and Jay McCalla were the three mental health professionals that helped me explore QTBIPOC narratives and their experiences in substance use disorder counseling. Logan Riddle identifies as a white/Queer person specializing in working with QTBIPOC in community mental health. Logan is a second-year doctoral student in Counseling Psychology at the University of Georgia and offered their help to ensure that QTBIPOC are heard accurately in their experiences as queer people when navigating substance use disorder counseling. Jacklyn Byrd holds a Master's Degree in Mental Health Counseling. Jacklyn Byrd works across the ASAM continuum of care, providing individual, family, and group therapy to substance users across the lifespan. In terms of lived experience, they are a white transfeminine queer person committed to training in diversity, equity, and inclusion, focusing on anti-racism. They also have extensive training in motivational interviewing, harm reduction, cultural humility, and social justice. Furthermore, they offered their help to ensure that QTBIPOC narratives are affirmed and honored in the research when planning ways to enhance substance use counseling for QTBIPOC. Lastly, Jay McCalla identified as a trans person of color who specializes in working with QTBIPOC across various mental health issues in clinical work. Jay is a first-year doctoral student in Counseling Psychology at The University of Georgia and

offered their help to ensure that QTBIPOC voices were uplifted and affirmed throughout the research process.

Critical insights emerged during the peer review process in their reflections on the data. First, Logan openly questioned my conceptualization of queerness, given how I openly identified as an outsider to queer experiences in substance use disorder counseling. As a queer person, Logan openly reflected on how queerness encompasses many different sexual identities and forms of gender expression that are not straight or cisgender (Saint Thomas & Hsieh, 2020). Furthermore, Logan emphasized how queer identities steer away from gay identities usually associated with white and gay men. With that being said, Logan asked me to examine further why I saw myself as an outsider to queer culture, as a gay person of color. In conjunction with QTBIPOC community members, Logan further elaborated on how queerness accepts all who are non-straight and welcomes this diversity under their umbrella of protection and identification.

Through Jay's reflections, Jay felt that QTBIPOC community members were respected and heard throughout the research process. Specifically, Jay recognized the importance of culturally affirmative interview styles when interacting with minoritized communities during the research process. Jay pointed out that the use of romantic and localist interview styles was an element of the study that affirmed QTBIPOC experiences, especially when QTBIPOC experience cultural mistrust and minority stress in their counseling relationships (Alvesson, 2003). Furthermore, Jay reported that because of romantic and localist interviewing styles, QTBIPOC community members felt safe enough to share their traumatic experiences in counseling and trust another counseling professional with their experiences in substance use counseling during the research process. I was glad to hear that my interviewing style was significantly impactful in positively influencing QTBIPOC in their relationship with counseling

researchers. Jay's reflection confirmed the benefits of romantic and localist interviewing styles in counseling research and further reinforced the need for more research on using these interviewing styles in counseling research.

In Jacklyn's reflections, Jacklyn utilized their insights as a substance use counselor to point out the power of community support in recovery. Specifically, they noticed and reflected on the importance of community and social engagement when utilizing QTBIPOC role models during the recovery process. Their observations also pointed out the importance of community engagement to create awareness in the community, especially when reaching out to youth about harmful substance use behaviors, to promote harm reduction perspectives and abstinence-based perspectives when discussing substance use recovery. Jacklyn's insights into the research data illuminate the various possibilities that can be accomplished when engaging with QTBIPOC communities in enhancing substance use care.

Given how substance use counseling can be both helpful and harmful to QTBIPOC communities, Jacklyn openly imagined the possibilities that QTBIPOC can engage in when promoting community healing practices. Furthermore, Jacklyn was focused on the lens of empowerment that QTBIPOC can use in helping each other throughout the recovery process, which is a beneficial influence that QTBIPOC are requesting as part of their substance use counseling. Jacklyn's perspectives in examining QTBIPOC narratives were beneficial to the research process, given the critical lens Jacklyn provided to the tools and community strengths that QTBIPOC already bring to the recovery process through their insights and experiences. Counselors and institutions must take these insights into account and closely collaborate with QTBIPOC community members to engage in community strengths to transform how counseling institutions provide QTBIPOC affirmative counseling care.

Overall, utilizing peer researchers in Critical Participatory Action Research and PhotoVoice provided additional perspectives to QTBIPOC narratives in enhancing substance use counseling practices. Specifically, bridging the QTBIPOC voices of community members and mental health practitioners uplifts QTBIPOC voices and promotes further social justice action between counselors, researchers, and QTBIPOC community members.

What can PhotoVoice and CPAR With QTBIPOC Offer Counseling?: Implications for Counseling Research

Engagement in PhotoVoice and Critical Participatory Action Research has much to offer the counseling field, especially when utilized with minoritized communities. Specifically, critical epistemologies and methodologies can enlighten counseling research in unique and liberation-based ways. My engagement in PhotoVoice and Critical Participatory Action Research provides insights to the counseling research field, including opportunities for self and community awareness, community collaboration, and empowerment for minoritized communities.

Self and Community Awareness

PhotoVoice and Critical Participatory Action Research provide opportunities for counseling research to develop perspectives rooted in self and community awareness. Specifically, these methodologies and epistemologies focus on working with participants to explore and address community concerns that participants would like to change (Fine & Torre, 2019). For example, PhotoVoice and Critical Participatory Action Research have been used with QTBIPOC to explore lived experiences and structural violence against QTBIPOC in school settings (Bardhoshi et al., 2018; Cavanaugh, 2019). These approaches to counseling research are opportunities to discover, explore, and understand community issues that impact minoritized

communities, which helps bridge any disconnects between understanding minority stress on a theoretical level and understanding minority stress from those who have experienced it.

PhotoVoice and Critical Participatory Action Research also provide opportunities to develop self-awareness, which is vital in affirmative counseling and research with minoritized communities (Singh, 2019). Utilizing these approaches to counseling research place you, as a researcher, in a position to reflect on your social location when interacting with minoritized communities. This point is critical to consider, given that minoritized community members may ask you about your life experiences in connection to their own experiences. Exploring minoritized experiences in counseling research allows researchers to reflect on their own life experiences and how these experiences shape relationships and perspectives built with minoritized communities, which is essential to necessary self-awareness when engaging in counseling and research work with minoritized communities. These community and self-awareness-building opportunities are essential in developing counseling research, especially as counselors are tasked with developing these learning areas for affirmative counseling and research work with minoritized communities.

Community Collaboration

In addition to awareness building, PhotoVoice and Critical Participatory Action Research provide unique opportunities for developing counseling research through the prioritization of community collaboration. In utilizing these research approaches, counseling research merges with social justice work in action, which is unique to research approaches that mainly focus on analysis and observation. With the call for counseling practitioners to engage in social justice work, these approaches provide a practical solution for counseling researchers to think about

how they can engage in social justice work through their research practice (Arredondo et al., 2020; DeBlaere et al., 2019).

As a counselor and researcher, I did not know how impactful it would be to engage in community work through a research lens. Through my approach of unconditional positive regard, I got to watch minoritized participants blossom through sharing their thoughts and ideas with each other about different ways to address community concerns. As Michael A. said to me during the study, “We don’t have to do this alone.” Research collaboration with community members provides a unique opportunity to work together to address community concerns, where community members get to experience the support of a researcher in ways that tell minoritized communities that researchers are ready to fight alongside them for social justice change.

Empowerment for Minoritized Communities

In community dialogues with minoritized participants, community members expressed the need for more spaces to talk about community concerns with each other and hear each other’s ideas for social change. Critical Participatory Action Research and PhotoVoice allow counseling researchers to hold a unique space where community members do not feel observed by a researcher and experience a space where they have power in the conversation. This experience was evident during my time in the research process, where participants felt empowered to share and were shocked about the permission they were given to speak freely. This paralysis that transformed into an open and free space of self-expression among minoritized participants showed the need for more spaces where minoritized community members can freely speak their minds and speak about their passion for change.

Counseling researchers must be challenged to think about modifying their research practices to ensure that the research process transforms the literature and the participants in a

positive and liberating way. Furthermore, there is a need for increased research on the impact of advocacy in promoting well-being among minoritized communities and social change, especially in counseling research practice (Singh et al., 2020). By providing spaces of empowerment for participants, participants can discover and bask in feelings of hope to change the future (hooks, 2003; Hudson & Romanelli, 2020). Empowering participants is also part of the resilience-building that can be helpful for QTBIPOC during the recovery process, which is further inspiring for QTBIPOC who are simultaneously navigating substance use recovery and community concerns with substance use counseling (Jost & Janicka, 2020). Therefore, empowering participants during the research process is part of the social justice work necessary to remind minoritized communities that they have allies present with them in tackling community concerns rooted in oppression.

Recommendations for Engaging With QTBIPOC in Counseling Research

This section will explore recommendations for engaging with QTBIPOC in counseling research work. Despite my previous training and counselor development, I did not fully understand these insights until my immersion in this research project. I hope that counseling researchers consider these insights as they plan their research work with minoritized community members in the hopes that counseling researchers develop enough self-awareness to navigate the most vulnerable parts of working with minoritized communities in counseling research.

Be Authentic With Minoritized Communities

The first point that I would like to make is to make sure that we are always being authentic with minoritized communities. It is easy to become self-conscious and to want to impress your participants due to your efforts in engaging with them in social justice-informed work. However, suppose we do not embrace authenticity in our work. In that case, we miss

opportunities to engage our self-awareness with minoritized participants, creating a sense of inauthenticity in relationships with minoritized communities and promoting cultural mistrust (Ridley, 2005). On the other hand, when we are open and truthful about our intentions in researching with minoritized communities, it creates a more open space for truth, reflection, and insight building about the research process.

Do not be Afraid to Connect With Your Participants

When I asked my participants questions about their life experiences, I was more shocked to find that participants were interested in my life experiences and the experiences of their peers. I felt conflicted during those moments because I wanted to reserve these reflection spaces for my participants. However, being asked to share with the participants was also an opportunity to connect with my participants. While I am an outsider as a non-trans person, I am an LGBTQ+ community member of color in active recovery from addiction. I wanted to know more about where this connection could take us through self-disclosure, and when I took that chance during the research process, minoritized community members reportedly felt glad that I opened up with them. Furthermore, these moments produced opportunities for deeper disclosure and reflection on QTBIPOC experiences in recovery. When participants ask you to share why you are holding this space with them, it is essential to reflect on the benefits of being open with your participants, especially when working with minoritized communities exploring experiences of cultural mistrust in counseling environments.

Let QTBIPOC Take the Lead and Listen to Their Stories

It is also vital to allow minoritized community members to lead in counseling research spaces. We have to remember that by being the lead researchers of research projects, we hold socially dominant identities as researchers in academia. We already own so much social power

by entering a research space with minoritized community members. I learned this when asking community members to share their ideas for social change, only to be met with paralysis and uncertainty. Specifically, I watched participants ponder about and wonder if this space was truly for them to say what they wanted to say rather than provide formal answers they thought researchers wanted to hear. When QTBIPOC community members realized that this space of community dialogue building was for them, these community members openly expressed the need for more spaces like this in academic research. With that being said, liberation-based praxis occurs when we distribute the social power in research spaces, allowing them to talk openly without letting the space be solely focused on our research objectives. By letting QTBIPOC take charge in research spaces, we honor their personal and lived truths and inspire them to become activists alongside us as we fight together for social change.

Conclusion

In conclusion, conducting this study on the lived experiences of QTBIPOC in substance use disorder counseling truly showed me the gifts that come with social justice-informed research practice. By speaking with QTBIPOC community members, I felt genuinely connected to the communities directly impacted by minority stress. I felt connected to the community power that we shared as we brainstormed strategies for social change. Furthermore, community members felt connected with me, especially when operating from research perspectives that allow QTBIPOC to be seen and not gawked at by a researcher. As someone who felt alone when struggling with minority stress, this study was also transformative for me, the researcher, as we continue to explore and develop research projects that promote truth building, co-advocacy, and community healing to disrupt systemic oppression towards minoritized communities.

References

Alvesson, M. (2003). Beyond neopositivists, romantics, and localists: A reflective approach to interviews in organizational research. *Academy of Management Review*, *28*(1), 13-33.

Arredondo, P., D'Andrea, M., & Lee, C. (2020, September 10). Unmasking white supremacy and racism in the counseling profession. *Counseling Today*, 40-42. https://ct.counseling.org/2020/09/unmasking-white-supremacy-and-racism-in-the-counseling-profession/

Bardhoshi, G., Grieve, K., Swanston, J., Suing, M., & Booth, J. (2018). Illuminating the on-campus experience of LGBTQ students through photovoice. *Journal of College Counseling*, *21*(3), 194-209. https://doi.org/10.1002/jocc.12103

Cavanaugh, L. (2019). *Queering as a critical imagination: Educators envisioning queering schools praxis through critical participatory action research* [Thesis, University of Victoria]. http://dspace.library.uvic.ca/bitstream/handle/1828/10950/Cavanaugh_Lindsay_MA_2019.pdf?sequence=1

DasGupta, S. (2008). The art of medicine: Narrative humility. *The Lancet*, *371*, 980-981. https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(08)60440-7.pdf

DeBlaere, C., Singh, A. A., Wilcox, M. M., Cokley, K. O., Delgado-Romero, E. A., Scalise, D. A., & Shawahin, L. (2019). Social justice in counseling psychology: Then, now, and looking forward. *The Counseling Psychologist*, *47*(6), 938-962. https://doi.org/10.1177/0011000019893283

Fall, K. A., Holden, J. M., & Marquis, A. (2017). *Theoretical models of counseling and psychotherapy* (3rd ed.). Routledge.

Fine, M. & Torre, M. E. (2019). Critical participatory action research: A feminist project for validity and solidarity. *Psychology of Women Quarterly*, *43*(4), 433-444. https://doi.org/10.1177/0361684319865255

Goodman, L. A., Liang, B., Helms, J. E., Latta, R. E., Sparks, E., & Weintraub, S. R. (2004). Training counseling psychologists as social justice agents: Feminist and multicultural principles in action. *The Counseling Psychologist*, *32*, 793-837.

hooks, b. (2003). *Teaching community: A pedagogy of hope.* Routledge.

Hudson, K. D. & Romanelli, M. (2020). "We are powerful people": Health-promoting strategies of LGBTQ communities of color. *Qualitative Health Research*, *30*(8), 1156-1170. https://doi.org/10.1177/1049732319837572journals.sagepub.com/home/qhr

Jost, A. M. & Janicka, A. (2020). Patient-centered care: Providing safe spaces in behavioral health settings. In M. Forcier, G. Van Schalkwyk, & J. L. Turban (Eds.), *Pediatric gender identity* (pp. 101-109). Springer.

Kemmis, S., McTaggart, R., & Nixon, R. (2014). *The action research planner: Doing critical participatory action research.* Springer.

Latz, A. O. & Mulvihill, T. M. (2017). *Photovoice research in education and beyond: A practical guide from theory to exhibition*. Routledge.

Lyons, T., Shannon, K., Pierre, L., Small, W., Krusi, A., & Kerr, T. (2015). A qualitative study of transgender individuals' experiences in residential addiction treatment settings: Stigma and inclusivity. *Substance Abuse Treatment, Prevention, and Policy*, *10*, 17. https://doi.org/10.1186/s13011-015-0015-4

Mizock, L. & Harkins, D. (2009). Relationships of research attitudes, racial identity, and cultural mistrust. *American Journal of Psychological Research*, *5*(1), 31-51.

https://www.mcneese.edu/wp-content/uploads/2020/08/AJPR-09-06-Mizock-4-08-Rev.pdf#:~:text=High%20levels%20of%20cultural%20mistrust%20may%20also%20be,Blacks%20by%20White%20institutions%20%28Cort%2C%202004%3B%20Gamble%2C%201997%29.

Pewewardy, N. & Almeida, R. V. (2014). Articulating the scaffolding of white supremacy: The act of naming in liberation. *Journal of Progressive Human Services*, *25*, 230-253. https://doi.org/10.1080/10428232.2014.940485

Ratts, M. J., Singh, A. A., Nassar-McMillan, S., Butler, S. K., & Rafferty McCullough, J. (2015). *Multicultural and social justice counseling competencies*. https://www.counseling.org/docs/default-source/competencies/multicultural-and-social-justice-counseling-competencies.pdf?sfvrsn=20

Raypole, C. (2021, July 13). *A savior no one needs: Unpacking and overcoming the white savior complex.* Healthline. https://www.healthline.com/health/white-saviorism

Ridley, C. R. (2005). Setting culturally relevant goals. In P. B. Pederson (Ed.)., *Overcoming unintentional racism in counseling and therapy: A practitioner's guide to intentional intervention* (2nd ed., pp. 106-123). Sage. https://doi.org/10.4135/9781452204468

Saint Thomas, S. & Hsieh, C. (2020, September 21). *What does it really mean to be queer?* Cosmopolitan. https://www.cosmopolitan.com/sex-love/a25243218/queer-meaning-definition/

Singh, A. A. (2019). *The racial healing handbook: Practical activities to help you challenge privilege, confront systemic racism & engage in collective healing.* New Harbinger Publications.

Wang, C. & Burris, M. (1994). Empowerment through photo novella: Portraits of participation. *Health Education Quarterly, 21*(2), 171-186.

Wang, C. & Burris, M. A. (1997). Photovoice: Concept, methodology, and use for participatory needs assessment. *Health Education & Behavior*, *24*(3), 369-387. https://doi.org/10.1117/109019819702400309

Appendix A

Demographic Questionnaire

1. What is your age?
2. Describe your racial identities:
3. Describe your ethnicity:
4. Describe your sexual orientation:
5. Describe your gender identity:
6. What cultural identities do you hold that are meaningful to you?
7. What is your current education level?
8. How would you describe your current socioeconomic status (SES)?
9. In which region of the United States have you received substance use disorder counseling?
10. How many times have you received substance use disorder counseling throughout your life?
11. With what social identities did your substance use disorder counselors identify when receiving substance use disorder counseling? (e.g., racial, gender, sexual orientation)
12. What pseudonym do you want to use during your participation?

Also, here are some links to hotline support numbers in case any of you are experiencing any uncomfortable thoughts or reactions following our focus group work:

https://www.crisistextline.org/textline?msclkid=f2d5230cb6b2162945767e2bf6f8080a

https://www.healthyplace.com/other-info/resources/mental-health-hotline-numbers-and-referral-resources

Appendix B

Interview Protocol – Session 1

1. If you feel comfortable, tell me a little about yourself and share why you were interested in participating in this study.

2. What does this photo say about your experiences in substance use disorder counseling as a gender and/or sexual minority?

3. How did substance use counselors respond to your experiences of minority related stress while receiving treatment?

4. How did your experiences in substance use counseling affirm your personal experiences as a minority?

5. How did your experiences with substance use disorder counseling impact your recovery?

6. How did substance use counselors respond if and when you experienced trauma while receiving counseling services?

7. How did my social identities as the researcher make you feel during our time together in the group?

Interview Protocol – Session 2

1. What do you wish you received while in substance use treatment as a QTBIPOC?

2. With your experiences in mind, what would you want to say to substance use counselors about improving substance use counseling with QTBIPOC?

3. How can we let substance use counselors know about these necessary changes in their counseling work with QTBIPOC?

4. How did my social identities as the researcher make you feel during our time together in the group?