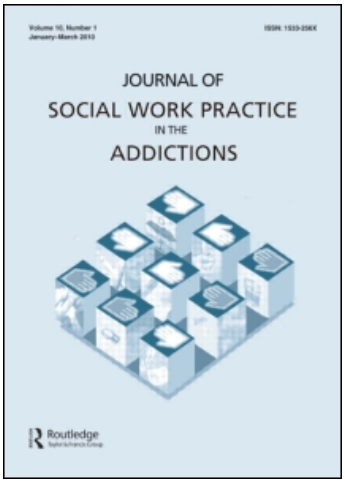

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Asking About Sexual Orientation During Assessment for Drug and Alcohol Concerns: A Pilot Study

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Asking About Sexual Orientation During Assessment for Drug and Alcohol Concerns: A Pilot Study

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ABSTRACT. An assessment tool was designed to assist service providers in identifying lesbian, gay and bisexual (LGB) clients who present for assistance related to substance use concerns. Items were designed to facilitate self-disclosure of the individual's sexual orientation and identify concerns of LGB clients that will be relevant to treatment planning for substance use concerns. Therapists in general assessment and LGB-specialized services of a large treatment agency were trained to use the tool. This paper presents client and therapist comments made during the pilot study regarding the use and value of the assessment tool. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <http://www.HaworthPress.com>*

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KEYWORDS. Sexual orientation, assessment tool, lesbian, gay, bisexual, addictions, substance use assessment

INTRODUCTION

Background

A fair amount has been written about rates of substance use and abuse in the gay and lesbian population (Bradford, Ryan, & Rothblum, 1994; Bux, 1996; Collins & Howard, 1997; Heffernan, 1998; Hughes & Wilsnack, 1997; Jaffe, Clance, Nichols, & Emshoff, 2000; McKirnan & Peterson, 1989; Skinner, 1994). Research studies suggest that, when compared to the general population, lesbian, gay and bisexual (LGB) individuals are likely to use drugs and alcohol, have higher rates of substance abuse, are less likely to abstain from substance use, and more likely to continue heavy drinking into later life (Center for Substance Abuse Treatment, 2001). Gay men and men who have sex with men (MSM) are also more likely to use a variety of drugs, including marijuana, amyl nitrate (poppers), barbiturates, psychedelics, MDMA (ecstasy) and amphetamines (Center for Substance Abuse Treatment, 2001; Stall, Paul, Greenwood, Pollack, Bein, Crosby, Mills, Binson, Coates, & Catania, 2001; Stall & Purcell, 2000). Although there is debate about whether or not the actual rates are greater for LGB people than for the general population, substance abuse is certainly a health concern for this group (Bux, 1996; Cochran, Keenan, Schober, & Mays, 2000; Collins & Howard, 1997).

Literature addresses factors that may put LGB individuals at risk for developing substance use related problems (Barbara, 2002; Cabaj, 2000; Glaus, 1989; Herbert, Hunt, & Dell, 1994; Schilit, Lie, & Montagne, 1990; Shernoff & Finnegan, 1991). Heterosexism and homophobia, both internal and external, are particularly relevant. Isolation and poor self-concept are "natural" reactions to systemic messages that frequently denigrate, devalue, or simply don't recognize LGB sexual orientations. Social outlets and forums to develop positive, comfortable peer relationships are often lacking which can limit opportunities to develop positive feelings about self and effective social and coping skills. Bars and clubs become the most available comfortable social outlets, and in locales where these are unavailable, isolation can be even greater. Substance use can serve as an easy relief from negative feelings and provide a degree of social acceptance. It may also reinforce a comforting dissociation that many LGB people develop in childhood because of the lack of acknowledgement or acceptance as LGB (Cabaj, 2000). Although a direct correlation between internalized homophobia and substance use has not been established

(Ghindia & Kola, 1996; Jaffe et al., 2000; McKirnan & Peterson, 1989), it is important that therapists be aware that such negative feelings may result from discrimination and are not a consequence of one's sexual orientation (Center for Substance Abuse Treatment, 2001). Substance use also may be related to concerns about HIV risk and status, especially among men who have sex with men (MSMs) (Greenwood, White, Page-Shafer, Bein, Osmond, Paul, & Stall, 2001; McKirnan, Vanable, Ostrow, & Hope, 2001). Heavy use of drugs and/or alcohol may increase the risk of acquiring HIV infection (Deren, Estrada, Stark, Needle, Williams, & Goldstein, 1997). However, substance use may also reduce fears around sexual behavior and acquiring HIV infection.

Awareness of clients' sexual orientation is of great relevance in providing effective substance use treatment and it is crucial to address the unique concerns of the LGB population who present for treatment of substance misuse (Barbara, 2002; Israelstam, 1996). The availability of LGB-positive spaces and services addressing issues such as coming out processes, homophobia, heterosexism, specific health and social issues (relationship to HIV/AIDS) have been identified as important for treatment of LGB clients. These issues are directly related to the process of recovery (Hicks, 2000; Hughes & Wilsnack, 1997; Israelstam, 1996; Ryan & Chervin, 2000; Schneider, 1991). LGB clients have been found to be more likely to participate in programs that address LGB issues and less likely to adhere to treatment recommended by homophobic health service providers (Paul, Stall, & Bloomfield, 1991; O'Hanlan, Cabaj, Schatz, Lock, & Nemrow, 1997). However, LGB people may not always disclose their sexual orientation to their providers (Allen, Glicken, Beach, & Naylor, 1998; Cochran & Mays, 1988; Lehmann, Lehmann, & Kelly, 1998). MacEwan (1994) investigated to what extent sexual orientation was incorporated into drug and alcohol treatment plans. Only 36% of the gay men and 12% of the lesbians in the sample felt that the treatment agency was clear about their sexual orientation. By the time treatment had been completed, 92% of gay males but only 52% of lesbians had disclosed themselves to others as gay or lesbian. Of the clients who had disclosed their sexual orientation, only 46% of lesbians and 4% of gay males felt this had been taken into account when planning for after-care and relapse prevention.

Literature has addressed how LGB individuals can be assisted in identifying their sexual orientation in non-LGB-specific treatment facilities or with heterosexual therapists (Finnegan & McNally, 1987; Finnegan & McNally, 2002), and many service providers are sympathetic to LGB people who have substance use problems. However, these service providers may lack a repertoire of appropriate questions to ask during assessment or be unaware of the importance of such questions. Training of services providers on topics related to sexual orientation is invaluable. In addition, the inclusion of LGB-related

assessment items can serve as a guide while counselor competence is developed.

THE LESBIGAY ASSESSMENT PROJECT

The LesBiGay Assessment Project was designed to give therapists a tool to assist them in reaching LGB clients who may otherwise not identify themselves as such, resulting in less than optimal treatment dispositions, i.e., referral to generic mainstream programs and services. This project was initiated at the Centre for Addiction and Mental Health (CAMH), a large multifunctional facility situated in Toronto, Canada. CAMH was created in 1998 through the merger of four established facilities: two addiction facilities and two mental health facilities. CAMH is viewed as a "mainstream" agency, although a number of specialized and unique programs have been developed, including a specific service for clients who are LGB presenting with concerns related to substance use. In the fall of 2000, diversity became an organizational priority when CAMH formally approved a detailed diversity plan.

The LesBiGay Service of CAMH is an innovative addictions-treatment service specifically for LGB people, serving approximately 450 clients per year. It is the only program of its kind in Canada. The service grew out of initiatives developed coincidentally in 1996, prior to the merger, at the suburban Donwood and downtown Addiction Research Foundation sites of CAMH. The initiatives were undertaken in response to therapists' and volunteers' recognition of an existing need. The services are well-received and have grown significantly since their inception. The LesBiGay Service provides a continuum of care ranging from assessment and brief intervention to intensive residential treatment and is staffed by a multidisciplinary team. The primary therapists on the team are full-time social workers and social service workers who provide counseling and psycho-education focused on substance abuse and related issues in group and individual formats. In addition, the team shares a stress management therapist, recreation therapist, and dietician with the other addiction treatment services. The primary therapists all identify as LGB; gay male therapists work with the gay clients and lesbian women therapists work with the lesbian clients. The other team members, who may or may not identify as LBG, provide services to all the clients in the LBG service. The facility has a centralized intake and assessment service that, for the most part, identifies as heterosexual or "straight." All clients seeking addiction treatment undergo a standardized assessment process, so unless they self-identify as LGB when asking for an initial appointment, their first contact at CAMH is most likely to be with a therapist who identifies as straight. However, if clients

self-identify as LGB or ask for a referral to the LesBiGay Service, they will be seen by a counselor from that Service. This presupposes an awareness of the Service and comfort with self-identifying on first contact with the agency. Experience has demonstrated that this applies only to a limited number of clients. Most clients, therefore, are assessed by a therapist from the Assessment Service. These therapists have a range of professional credentials from a variety of disciplines and, of course, a range of life experiences, values, attitudes and beliefs that do not necessarily include knowledge, skill or sensitivity that would allow them to effectively reach LGB clients and facilitate self-disclosure of orientation.

It is important to note that while specialized treatment programs are relevant for LGB people, clients will not necessarily receive better care or prefer to be in specialized settings. Some LBG clients may prefer mainstream services (i.e., general treatment program) or other specialized services based on other aspects of their identity (i.e., aboriginal services, older person services, women's services).

No specific process exists that would allow for or facilitate the identification and referral of clients to the LesBiGay Service; nor is there a process to assure clients that they can be open about their sexual orientation and address their unique issues during treatment in a traditional program. The LesBiGay Assessment Project was initiated to develop a tool that would increase the likelihood that individuals would disclose their sexual orientation and gender identity at assessment, so that therapists can best identify the specific needs of their clients, engage their clients in positive treatment plans, and make appropriate referrals. The outcome of this project was the manual *Asking the right questions: Talking about sexual orientation and gender identity during assessment for drug and alcohol concerns* (Barbara, Chaim, & Doctor, 2002), which contains the latest version of this assessment tool. The tool has two parts: the first part is focused on helping individuals self-identify in a non-threatening, non-judgmental way; the second on identifying unique issues of concern related to the LGB population. The latter is a treatment tool that provides an opportunity to identify and elaborate issues of concern that may need to be a focus of treatment (Barbara et al., 2002). The tool was intended to be inclusive of transgendered and transsexual clients. Gender identity issues were further expanded and incorporated following the pilot testing of the assessment instrument. However, since only a small number of transgendered and transsexual clients participated in the pilot phase of the project, this paper will focus on sexual orientation and clients who identify as LGB.

The objective of the pilot study (Barbara et al., 2002) was to pretest an initial draft of the assessment tool. This paper presents client and therapist feedback regarding the use and value of this unique assessment.

METHODS

The Template of the Assessment Tool

The assessment template of *Asking the right questions: Talking about sexual orientation and gender identity during assessment for drug and alcohol concerns* was developed through a series of interviews and focus groups with service providers and clients (Barbara, Chaim, & Doctor, 2002). Focus groups, individual in-person interviews and telephone interviews were conducted with clinicians from Toronto, Ottawa and London, Ontario who had clinical experience working with LGB clients with substance use problems. Focus groups and individual interviews were also conducted with past and current clients of the LesBiGay Service at CAMH. Data was collected about the content and process of assessment, disclosure of sexual orientation in health services, and any other issues identified as being specific to LGB clients.

The results of the focus groups and interviews were used to develop a template of the assessment instrument (Table 1). The template consisted of two parts. Part A was administered to all clients who presented for an assessment for drug and alcohol concerns. The items in Part A were meant to invite clients to disclose information about their sexual orientation. Since sexual orientation and intimate relationships are distinct, and one is not necessarily or consistently predictive of the other, the assessment tool therefore was *not* limited to reaching only clients who *do* identify as LGB. The tool was designed also to identify clients who have been in current or past relationships with people of the same sex and/or have had concerns related to their sexual orientation. Part B was administered with clients who identified as LGB, had been in current or past relationships with people of the same sex, or identified concerns related to sexual orientation. Part B consisted of nine open-ended questions, including questions about homophobia, coming out, openness about one's sexual orientation, family issues, community involvement, gender identity, body image, HIV concerns and using substances to cope with the aforementioned issues.

Procedure

The design of the study was a pre- and post-implementation comparison of the impact of the assessment template. A pre-implementation (control) period and an implementation period, each three months, were chosen. The intention was that a comparable number of clients (approximately 30 to 40) be surveyed during the pre-implementation and implementation periods of the pilot study.

During the pre-implementation period, the standard assessment interview was conducted with all clients. The Standard Assessment Package is com-

TABLE 1. Draft Items in Assessment Template

Part A
A1. Are you currently in a relationship? Yes_____ No_____ *If yes* . . . Is your partner a man_____or a woman_____? How long have you been together?_____ If you have had previous relationships, were they with men_____, with women_____, or with both_____?
A2. In terms of your sexual orientation, which group do you identify with: gay_____, lesbian_____, straight/heterosexual_____, bisexual_____, unsure_____, or none of the above_____? Do you have concerns related to your sexual orientation/identity or do you ever feel awkward about your sexuality? Yes_____ No_____
Part B
B1. Can you tell me about any particular challenges you have faced because of homophobia?
B2. How open are you about your sexual orientation? How do you feel about being gay/lesbian/bisexual?
B3. Tell me a bit about where you are at in your coming out process.
B4. How has your sexual orientation affected your relationship with your family? Do you have support from your family?
B5. Tell me about your involvement in the gay, lesbian, bi, and trans community.
B6. Do you have any concerns about your gender identity and what are they?
B7. Do you worry about getting older or about your looks and body changing?
B8. ***For gay/bisexual men only:*** Do you ever worry about HIV and in what way?
B9. Do you use substances to cope with any of the issues we mentioned above? Yes_____ No_____ ***If yes . . .*** In what ways?

prised of a structured interview format as well as a set of "tools" that are used in all addiction treatment facilities funded by the Province of Ontario's Ministry of Health and Long Term Care. The structured interview gathers demographic information including employment/educational status, legal status/involvement, family and relationship history, medical and psychiatric screening information including trauma and suicidality, and treatment history. The tools include: Drug History Questionnaire (DHQ); Adverse Consequences of Substance Use; SOCRATES (Readiness to Change Questionnaire); Treatment Entry Questionnaire (TEQ); BASIS-32 (Behaviour and Symptom Identification Scale); PSS (Perceived Social Support); and Health Screening Form (HSF). The purpose of the assessment is to gather the information necessary to develop the least intrusive, least intensive, most appropriate treatment plan given the client's profile and the client's desires and beliefs about the type of treatment involvement that will be most helpful in helping individuals achieve their goals. Following the assessment interview, all clients who identified as

LGB (or identified concerns related to sexual orientation) were recruited to the study and asked to complete a short survey about the assessment interview. Respondents used 4-point Likert-type scales for questions which were designed to elicit information regarding level of comfort during assessment, openness about sexual orientation, therapist's sensitivity and acceptance about the client's sexual orientation, discussion of LGB-related issues, and overall satisfaction.

The template of the assessment tool was disseminated to therapists in the General Assessment and LesBiGay Service at CAMH to be used during the implementation period. Therapists met with the researcher on the project individually or as a small group and were trained to use the assessment tool. The training included an overview of the project, a glossary of relevant terms, written and verbal instructions for administrating the assessment tool and the following satisfaction questionnaire, and a discussion of barriers to implementation. Feedback regarding the therapists' perception of the assessment tool was obtained at this time.

During the implementation period, Part A of the assessment tool was administered to all clients during the assessment interview. All individuals who identified as LGB or identified concerns related to sexual orientation were also administered the items in Part B. These clients were then asked to complete a reaction survey about the assessment interview. In addition, they were also asked the following question: "A new piece was recently added to the assessment to identify sexual orientation and ask about related issues. How was that part of the assessment? Was it appropriate to be asked those questions during the assessment?" Feedback regarding the utility and content of the tool was obtained from therapists participating in the pilot study through individual debriefing and during staff meetings. Service providers from Toronto and London, Ontario also reviewed the assessment tool.

A total of 74 clients completed the reaction survey. Of these clients, 38 received the standard assessment without the new assessment tool, and 36 clients were administered the new tool during assessment ("pilot" assessment). The participants' ages ranged from 19 to 60 years (mean age, 36 years), and included 51 men, 20 women and two transgendered persons. One person did not indicate gender on the survey. Most (85%) identified their sexual orientation as gay or lesbian. Two people did not indicate their sexual orientation. Twenty-two participants (32%) lived alone, 18 (24%) lived with a relationship partner, 15 (20%) lived with a roommate(s), and eight (11%) lived with their family and/or parent(s). Education was high, with 49% having completed at least a university or undergraduate degree. Fifty-four percent of the partici-

TABLE 2. Demographic Characteristics of Sample by Type of Assessment*

Characteristic	Standard Assessment	Pilot Assessment
Gender		
Male	29	22
Female	6	14
Transgendered	2	0
Sexual orientation (self-identified)		
Gay/Lesbian	34	29
Bisexual	1	7
Mean age (years)	36.4	35.9
Education (highest level completed)		
Some high school	4	3
High school	11	15
Undergraduate	17	15
Graduate	2	2
Other	3	1
Ethnocultural/racial group		
Canadian	20	20
European Canadian	8	2
European	4	6
Jewish	0	4
Other	5	4
Who live with?		
Alone	10	14
Partner	11	7
Roommate(s)	8	7
Parent(s)/family	5	3
Staying with friends	1	1
Other living arrangements	2	4
Current occupation/mail activity		
Employed	22	26
Retired	2	0
Disability	1	2
Student	5	1
Unemployed	2	7
Other	5	0

*Denominators vary because of missing data for some variables.

pants identified themselves as Canadian and 27% as European or European Canadian. Approximately two-thirds of the sample (65%) was fully in the work force. Table 2 displays the demographic characteristics of the sample by the type of assessment.

RESULTS

Client Responses

Of the 38 clients who received the standard assessment, 68.4% responded that they felt very comfortable during the assessment visit, 89.4% responded

that they talked about most or almost all of the issues they consider important, 75% responded that they were very open about their sexual orientation, and 63.2% indicated that they talked about most or almost all of the LGBT-related issues they consider personally relevant. Of the 36 who received the pilot assessment, 88.9% responded that they felt very comfortable during the assessment visit, 91.7% responded that they talked about most or almost all of the issues they consider important, 86% responded that they were very open about their sexual orientation, and 69.4% indicated that they talked about most or almost all of the LGB-related issues they consider personally relevant. Eight-two percent of the clients who received the standard assessment and 94.4% of the clients in the pilot study reported being very satisfied with the overall assessment. All of the respondents in both groups rated the therapist as mostly or very sensitive and mostly or very accepting.

Mean ratings were also calculated for each of the questions (Table 3). Respondents in the pilot group reported feeling significantly more comfortable during assessment compared to the standard group ($p = .008$). Although not significant, respondents in the pilot group reported more satisfaction with the overall assessment ($p = .065$).

TABLE 3. Clients' Responses to Questions About Assessment

Question	Mean rating (SD)	
	Standard assessment	Pilot assessment
Overall, how comfortable did you feel at your visit today? (1 = very uncomfortable; 4 = very comfortable)	3.32 (1.14)	3.86 (0.42)*
To what extent did you talk about the issues you consider important? (1 = talked about none; 4 = talked about almost all)	3.42 (0.68)	3.42 (0.65)
How open were you about your sexual orientation? (1 = not at all open; 4 = very open)	3.69 (0.58)	3.86 (0.43)
How would you rate the therapist's sensitivity in discussing your sexuality? (1 = very insensitive; 4 = very sensitive)	3.83 (0.38)	3.94 (0.24)
How would you rate the therapist's acceptance of your sexual orientation? (1 = very unaccepting; 5 = very accepting)	3.94 (0.23)	4.00 (0)
To what extent did you talk about gay, lesbian, bisexual, and transgender issues that are personally relevant to you? (1 = talked about none; 4 = talked about almost all)	2.79 (0.84)	3.08 (1.02)
How satisfied are you with the overall assessment? (1 = very dissatisfied; 4 = very satisfied)	3.76 (0.54)	3.94 (0.23)

*P value = .008

The open-ended question inquiring about the LGB-specific questions in the assessment template resulted in common responses. The responses, as well as specific examples of the themes (italicized statements), are displayed in Table 4. Overall, replies were very positive. The most frequent response, by 63% of respondents, was that it was fine or okay to be asked LGB-specific questions at assessment. Only one person reported that the timing of one question, regarding coming out, was addressed too soon.

Therapist Feedback

Therapists were divided into two groups for the purposes of analyzing the data and are referred to as "LesBiGay staff" and "Assessment staff" respectively. There were many comments and suggestions from the therapists, par-

TABLE 4. Clients' Responses to Pilot Assessment Template (N = 36)

Response*	**No.**
It was okay/fine. *It was okay to be asked at assessment.* *I am fine discussing these things.* *I had no problem being asked those questions.*	23
It went well. *It was good to get it out in the open so that you can discuss things.* *It was nice to have that included.* *It's great to have a place to go where you don't have to hide your sexual orientation.*	10
It was appropriate/important. *The more they know about me, the better they can place me.* *It is crucial to treatment.* *So many things come out of it; it's important for those coming out.*	9
I was comfortable. *That piece made it more comfortable; made it part of the community; glad emphasis was there.* *I was comfortable answering those questions at assessment.* *It was comforting and very thorough.*	6
It made me think. *It made me think about things I wouldn't have considered that much about, so it was good in making me realize those things.* *They [issues related to sexual orientation and using] are probably intermingled.*	2
It felt a bit fast. *The coming out question felt a bit fast. We didn't discuss the term "coming out." The term should have been defined.*	1

*Responses are not mutually exclusive.

ticularly the therapists who identify as LGB and work in specialized services for LGB clients. Their focus was on the content of the tool with respect to wording of particular questions and the timing of asking the questions. They wondered whether these questions should be asked early on in assessment. There was speculation as to whether Part A should be administered at assessment, and Part B during the treatment phase. Assessment therapists made some comments about content also, but focused on the process and timing of implementing the tool.

Therapist comments are summarized in Tables 5, 6, and 7. Table 5 lists the themes that were discussed by both groups (common themes). After being introduced to the tool, but prior to actually using it, both groups had positive comments. However, none of the positive comments were common to both groups.

The LesBiGay staff are trained and experienced in providing services that are responsive to the needs of LGB people. Prior to the pilot study, the LesBiGay staff commonly went beyond the items contained in the standard assessment tool and asked additional specific questions that they felt were relevant to their LGB clients. Therefore, these therapists had higher expectations of the tool. Their positive comments were related to the fine-tuning of the sequence and content of the items (see Table 6). Both groups had common negative perceptions. For example, they made statements such as, "*This will be a loaded question for straight therapists asking straight clients,"* and *"This tool will be offensive to straight clients and will be uncomfortable (for straight therapists) to use."*

TABLE 5. LesBiGay and Assessment Staff: Common Themes

After introducing the Tool
Positive: *No common positive themes identified*
Negative: • This will be loaded/offensive for straight therapists asking straight clients • Tool will be uncomfortable for General Assessment staff to use
After piloting the Tool
Positive: • Useful for referral • Helpful for clinicians • Tease out things wouldn't get before • Good responses from clients • Opened up dialogue • Permission/invitation to client to be open • Increased comfort for clients

TABLE 6. LesBiGay Staff: Themes

After introducing the Tool • Most comments related to fine-tuning the sequence and content of the questions
After piloting the Tool: **Positive:** • Good to have early on in the assessment • This was what clients wanted to talk about: who they are, what they are going through and what brought them here • Easy to work with **Concerns:** • Clients came prepared to discuss substance use so it may be off-putting to ask about gay identity before getting into drug issues

Table 6 lists the comments made exclusively by the LesBiGay staff group. After being introduced to the tool, the LesBiGay staff had very few concerns; they viewed the tool as essential. They focused on the details of the content of the questions with regard to language used, information addressed and the sequence of the questions. For example, they wanted to ensure that the terms used were inclusive and representative of the diversity of the LGB population. Suggestions were made to include terms such as *MSM* (men who have sex with men) and *WSW* (women who have sex with women) as an option for sexual orientation and *intersexed* as an option for gender identity. After piloting the tool, their comments were overwhelmingly positive: "*I was able to tease out things I wouldn't get before"; "I feel it has opened up dialogue"; "It allowed clients to know that this is an okay place to talk about coming out, sexual orientation,"* etc. Only one concern was raised by one member of this group. That is, if the questions are asked early on, clients may be "put off" as they may feel that it is inappropriate to explore sexual orientation before a thorough assessment has been made of the presenting substance use concerns.

Table 7 lists the comments made only by the Assessment staff group. The Assessment staff expressed a number of positive comments after being introduced to the tool. The positive comments indicated the felt need of this group for a method to identify clients so that the most appropriate referrals can be made. They also indicated the need for a written guide, definitions of common terms, and structure to help them do this.

> *This is really needed. I am glad to have this. I am sure we have missed a lot of clients who do not identify themselves as gay or lesbian at assessment. I had a lesbian client a few weeks ago and this would have been nice to have. She didn't tell me she was lesbian; she just mentioned her partner was a woman.*

TABLE 7. Assessment Staff: Themes

After introducing the Tool: **Positive:** • This is really needed • Tool is needed to ensure LGB clients do not continue to be "missed" • Assumption that everyone is straight is prevalent–no longer make such assumptions **Concerns:** • For staff who are not part of the LesBiGay team, it may be too much to go into all these things with clients • Too much in the assessment already • Prefer to let the clients raise the issues • Can open up many wounds that can't be addressed until treatment
After piloting the Tool: **Positive:** • Heightens therapist awareness • Realize the percentage of clients that are LGB • More clients self-identified as LGB during the piloting of the tool • Clients were pleased to be asked; some had never been asked before and were struggling with their sexual orientation • No one was offended • Get really "rich" information • Important for program referral **Concerns:** • Need to get comfortable with the language • Need instruction about when NOT to use these questions

Unlike the LesBiGay staff, prior to piloting the tool, the Assessment staff had a number of concerns that outweighed their positive expectations. These concerns reflected discomfort among the staff and a perception that these questions would be seen as intrusive and inappropriate during assessment. There was concern that it would be improper for straight therapists or therapists in a general service to initiate issues contained in the assessment tool. Rather, they should be raised by the clients if they so desired.

> *For staff who are not part of the LesBiGay team, it may be too much to go into all these things with them. I realize the importance of all these issues, but there is so much in the assessment already.*

After piloting the tool, the number of positive comments far outweighed the concerns and the number of concerns decreased dramatically. The positive comments highlighted the increased awareness of these issues and their relevance to treatment planning, the percentage of clients who self-identify as LGB, and the receptivity of clients to be asked these questions regardless of the sexual orientation of therapist or client.

> *Using this tool was a good lesson for me. I went through it scripted. Going through it, I got good feedback from clients about CAMH, about how*

it seems LGB positive. It heightens awareness and says something about where we (staff) are coming from.

The concerns raised no longer focussed on whether the tool should be implemented or not, as they had prior to the pilot. Rather, feedback focused on the need for training and skill development to increase comfort and competence with the relevant issues and language. They also raised issues similar to those raised early on by the LesBiGay therapists regarding the sequence and process of using the tool.

DISCUSSION

Prior to implementing the LGB-sensitive assessment tool, there was a strong assumption by both LesBiGay staff and General Assessment staff that straight therapists would experience discomfort with its administration. There was also a concern that the specific questions would be offensive to straight clients, regardless of the therapist's sexual orientation. Therapist comments regarding their experience after implementing the tool did not corroborate this. From the therapist perspective, straight clients accepted the questions as they did other "sensitive/intrusive" questions. Clients appeared to expect questioning about a variety of issues; they focused on those questions that were personally relevant to their situations and concerns, while glossing over less relevant issues. Similarly, a number of straight therapists were concerned about their own comfort level in asking the specific questions. This concern was not actualized during the pilot study and may have been a result of therapist projection. After the implementation period, therapists reported that the positive responses from clients were reinforcing, and their comfort level grew quickly. Further study to look at shifts in attitude towards LGB clients and their issues, the impact of these attitudes on the number of clients self-identifying as LGB at assessment, and referral patterns by therapists trained to use the tool, would be useful.

Therapist Comfort and Competence

The ability of therapists to raise and explore sensitive issues in treatment settings is an expectation of therapists and clients alike. In order to do so, therapists require training in the content areas as well as counseling skills. There is limited training available in most educational programs regarding LGB issues. Information and scripting are very helpful to therapists, as has been demonstrated in the addiction and trauma fields. For example, many intake question-

naires ask specific questions about substance abuse and trauma histories. Most agency intake forms, however, do not include specific questions about sexual orientation. If therapists do not take into account the sexual orientation of their clients, they may not know what to ask or how to ask in a sensitive manner. In this study, as practice and familiarity with the assessment tool increased, therapists developed feelings of comfort and competence with LGB issues in general, and with this tool in particular. Similarly, a number of statements were made by both groups regarding improved ability to match clients to appropriate programming as a result of using the tool. Follow-up studies to look at client satisfaction and treatment outcomes will be important in order to corroborate whether there is in fact a difference for clients who were administered the assessment tool compared to those who were not.

Client Comfort

Although clients reported feeling comfortable and being open to talking about issues that were important to them when the standard assessment was used, their responses to the questions about assessment showed a positive increase. For example, comfort at the visit went from 3.32 to 3.86 on a 4-point scale and overall satisfaction went from 3.76 to 3.94. The results across the questions showed an improvement. However, the only significant difference was for the item "Overall, how comfortable did you feel at your visit today?" Participants in the pilot group reported feeling significantly more comfortable during assessment compared to the standard group ($p = .008$). The responses for this item are very encouraging. During the assessment interview, some LGB clients may look for indications that they can be open about their sexual orientation during the treatment process. The tool offers clients the opportunity to disclose this information. The possibility that this finding is an example of the Hawthorne effect must be considered and warrants further study.

The mean responses for the item "To what extent did you talk about gay, lesbian, bisexual and transgender issues that are personally relevant to you?" were lower than expected for both the standard and pilot assessment. We can speculate as to this finding. During the lengthy assessment, it is inappropriate for the therapist to delve deeply into any of the client's concerns. Rather, the therapist identifies relevant issues that will need to be addressed during treatment. Some clients, especially those who have had previous negative experiences in health care agencies, may not divulge too much personal information during this early encounter with the therapist. For those clients, it is our hope that having been asked the items in the assessment tool may facilitate disclosure of further LGB-related issues later during treatment.

Comments from therapists also indicated that clients were at ease and welcomed being asked these questions:

> *During the assessment, when I moved to this sheet, there was an immediate shift–the presence in the room–there was more comfort. It was more comfortable for the client and more comfortable for me*.

Utility of the Tool

Therapists perceived the application of the assessment tool as beneficial. Inclusion of this tool as part of an agency assessment package ensures that all clients will have the opportunity to identify their sexual orientation and related issues. Therapists are provided with a standardized script, increasing the likelihood that the topics raised will be perceived as appropriate by clients. Utilization of the tool at initial screening, intake and assessment interviews increases the likelihood that clients will identify their sexual orientation at an early stage and access appropriate resources. However, if the client is unprepared to disclose their sexual orientation at assessment, use of the assessment tool can help denote that the agency and therapist are LGB-positive and will accept the client's self-disclosures regarding sexual orientation at a future time during the treatment process. It is extremely practical for treatment matching. The tool does not render the complex issues faced by LGB individuals simple. It allows them to be openly addressed. The questions in Part B refer to specific issues, including coming-out issues, HIV/AIDS concerns, and body image. It is designed to provide the language and prompts to raise these issues at the assessment or treatment stage. The therapist can determine at what stage the implementation of Part B is most appropriate, considering the context of treatment, including such variables as client needs and readiness, therapist competence, and agency structure and expectations.

Training Needs

The implementation of the assessment tool assisted therapists in understanding their learning requirements regarding LGB issues. Therapist comments indicated the need for education in three main domains: LGB issues, relationship of LGB issues to substance use problems, and implementation of sensitive assessment tools. LGB issues included acquiring knowledge and understanding of language terms used in the LGB communities, and dealing with issues such as fluidity of sexual orientation. That is, for some people, sexual orientation is fixed throughout their lives, while for others, sexual orientation may be fluid and change over time. Also, intimate relationships should always

be assessed regardless of sexual orientation. Intimate relationships do not always reflect how a person identifies their sexual orientation, i.e., someone who had a same-sex relationship in the past, but currently identifies as firmly heterosexual. Training regarding LGB issues and their association with substance use is crucial regardless of the therapist's sexual orientation. This tool was developed for use by therapists working in the addiction field, so a presumption of knowledge of addiction issues per se is assumed. However, if this tool is administered by individuals working with an LGB population not specializing in addictions, addiction training would be necessary in addition to that described previously. Lastly, training would be helpful for therapists to clearly understand the objectives of each question as well as the tool overall, to learn how to implement the tool, to ask the questions in a respectful and sensitive manner, and to learn when in the assessment and treatment process to utilize the questions.

LIMITATIONS AND CONCLUSIONS

The present study did not randomly assign clients to the standard or pilot assessment. Recruitment took place during the pre-specified time periods (pre-implementation and implementation periods). Therefore, only clients who presented to the Assessment Service and LesBiGay Service during these time periods were participants in the study. Because only those clients who disclosed as LGB were recruited to the study, there is a selection bias and there is no feedback regarding comfort and satisfaction from clients who may have chosen not to self-disclose their LGB identity (or concerns related to their sexual orientation). The size of the sample was small and, therefore, statistical inference is limited. Moreover, the sample was not balanced between genders. Men comprised the largest group in the sample; and there were no transgendered or transsexual individuals in the pilot group. Nor was there a balance in identification of sexual orientation. Men who identified themselves as gay comprised the largest group, followed by lesbians and a small number of bisexuals. This finding is not surprising since the majority of clients in the LesBiGay Service are gay men. One of the hopes of implementing a tool such as this is that it will facilitate the self-identification of lesbians and bisexuals who present for addiction treatment. Historically, gay men tend to self-identify more readily. However, the therapist's responses raise questions about that as well: e.g., "*After using the assessment, I have gotten 5 gay clients which is more than usual."* Similarly, there are no specific services for transgendered cli-

ents and therefore the small number in the standard group, 2, and 0 in the pilot group, are not surprising at this stage.

This tool is designed for the purpose of identification of clients and their particular needs so that appropriate treatment plans can be made. It is not an outreach tool. However, it is hoped that as therapist knowledge and sensitivity grow, the impact will be seen in the service delivery and the resulting reputation that will draw more LGB clients into treatment.

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