



QTBIPOC Experiences in Substance Use Disorder Counseling

Frank Gorritz Fitz Simons*

Assistant Professor, Counseling Department of Counseling, Fort Myers, FL 33965, USA

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 findings of this study as part of enhancing overall QTBIPOC counseling care.

Keywords: Addiction; Addiction research; Addiction therapy; Queer; Transgender (Trans); Black; Indigenous People of Color (QTBIPOC); Substance Use Disorder Counseling; Minority Stress; Affirmative Counseling; Anti-Blackness; Critical Participatory Action Research; LGBTQ+; Photo Voice

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 [1]. 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.

While Meyer [2,3] 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 defined minority stress as additive stress that stems from navigating environments of Anti-Blackness [4]. Geronimus et al. [5] also refer to minority stress as a To cope with ongoing minority stress and the harmful impacts of weathering effects of minority stress [5]. 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. 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 [3].

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.

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 QTBIPOC Anti-Black ideologies. For example,

***Corresponding author:** Frank Gorritz Fitz Simons, Assistant Professor, Counseling Department of Counseling, Fort Myers, FL 33965, USA, Tel: +6788600688; E-mail: fgorritz@fgcu.edu

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the late 1800s consisted of criminalizing alcohol/drug problems and poorly evaluated substance use disorder counseling and ethical abuse in substance use disorder counseling [8]. Researchers must also acknowledge the roots of psychological literature and how eugenics initially informed psychological practice to create ideas of white racial superiority. 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 [9]. 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 [10-13].

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. Specifically, this

from substance use. 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 a transformative substance use disorder counseling can occur with QTBIPOC.

Research has linked experiences of micro aggressions to mental health stress, such as depression, among communities of color. 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 micro aggressions. Micro aggressions can take specific forms towards minoritized communities, such as micro insults, micro assaults, and micro invalidations. Specifically, QTBIPOC can experience micro insults from substance use disorder counselors and institutions who do

explore cultural identities with minoritized communities in substance use disorder counseling to promote a rnative care. Substance use disorder counseling with QTBIPOC can be e ective when counselors

promoting LGBTQIA+ voices and increasing further understanding of their intersectional identities and salient experiences.

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.

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Given that this study explored the lived experiences of QTBIPOC in substance use disorder counseling, purposive sampling identified

can then be related to communicating community needs to substance use disorder counselors and institutions.

Freire in Wallerstein and Auerbach described that a listening-dialogue-action-re action 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. The two focus group sessions were created around these theoretical tenets and lasted up to 90 minutes each.

The first focus group session focused on utilizing Photo Voice 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. 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.

The first session was essential to the data collection, given that this session provided additional insight into the Photo Voice data. 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. Furthermore, the first session aimed to empower participants, as they were allowed to share their inner world with the researcher by sharing their photographs.

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 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. Specifically, minority stress and a rming 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. The following sub-categories were organized as expected codes, surprising codes, and codes of conceptual interest.

Surprising codes are described as codes that are unexpected to emerge during the data analysis by the researcher and participants.

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. Codes of conceptual interest include themes that hold potential interest for the researcher, participants, and readers. 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 QTBIPOC 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.

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).

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, TwoSpirit	Siksika, American Indian, White
Allan	24	Trans	Black

is 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. Beck reportedly joined this study to share their experiences and help others through their experiences. is 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. is 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 overwhelmed upon when navigating counseling environments. Victim was mainly interested in this study to share their journey during the substance use disorder counseling process. is 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

study of transgender individuals' experiences in residential addiction treatment settings: Stigma and inclusivity. Subs Abuse Treat Pre Policy 10: 17.

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