



FRN Research Report October 2011: LGBT Inclusive Integrated Treatment: Understanding Patient Needs in All-Inclusive Treatment at Michael's House

Background

Michael's House Treatment Center is part of Foundations Recovery Network (FRN), a nationally-recognized network of licensed treatment programs. Michael's House specializes in treating patients with co-occurring substance addiction and mental health disorders. Located among the scenic San Jacinto Mountains in Palm Springs, California, Michael's House treats individuals of all backgrounds who are age 18 and older.

All Foundations Recovery Network treatment facilities specialize in treating co-occurring mental health and addiction disorders. By combining expert mental health treatment, a high staff-to-patient ratio, medically supervised detox and specialty addiction treatment under one roof, FRN seeks to treat each patient as a unique individual and meet the needs of each person.

Michael's House has become well-known for all-inclusive treatment that welcomes people from all backgrounds, ages and sexual orientations. By providing gender and sexual orientation-inclusive treatment along with therapists who specialize in meeting and understanding the needs of all people, patients can feel comfortable and receive treatment that effectively meets their needs as individuals.

Some of the treatment options you can expect at Michael's House include:

- Individual and Group Therapy
- Comfortable, Medically Supervised Detox Services
- Cognitive Behavioral Therapy
- Dialectical Behavior Therapy
- Family and Couples Therapy
- Experiential Therapy, including Equine Therapy, Challenge Therapy and Fun Outings
- Extended Care Options
- Specialty Emotional Trauma Treatment and PTSD Treatment
- Therapists Who Specialize in Sexual Orientation Issues
- Alumni and Family Programs

Michael's House and all FRN treatment programs make an ongoing effort to continually study patient outcomes. Our research is compiled to help us learn about patient outcomes and learn how to become more successful as a

treatment team. Michael's House and Foundations Recovery Network regularly conduct confidential research with patient permission on a range of topics from patient satisfaction to wellness outcomes after treatment.

Our Findings

After patients complete prescribed 30, 60 or 90-day rehab treatment, they are encouraged to become part of our longitudinal studies. All participation in research studies is confidential and voluntary, and the results you find in this paper were documented between the years of 2009-2011.

This month, we took a closer look at addiction severity scores and drug relapse rates among former Michael's House clients. All former clients completed questions about drug use before, during and after treatment. Research was conducted through phone interviews, questionnaires and personal interviews.

Drug Addiction Severity in the First Year after Rehab

Every patient in this study attended an integrated treatment program for both substance abuse and mental illness at Michael's House. Each patient successfully completed a prescribed rehab plan that included a minimum of 30 days and a maximum of 90 days of inpatient rehab.

Former patients were interviewed at specific times during and after treatment. A baseline measure was taken as patients entered treatment. After treatment, patients were again interviewed at one month, six months and one year after the completion of prescribed inpatient care.

During interviews, each patient was given the Addiction Severity Index (ASI) inventory. The ASI helps researchers monitor substance abuse problems by measuring six key areas:

1. Drug Use
2. Alcohol Use
3. Medical/Physical Health
4. Psychiatric Status
5. Legal Status
6. Family and Social Status

This month's report concentrates only on drug use and drug addiction among clients. While alcohol addiction and mental health issues are also primary concerns among many patients at Michael's House, we have chosen to focus on results from patients who have struggled with dually-diagnosed drug abuse and mental health concerns for this paper.

Patients self-report their conditions for these surveys. The ASI is designed to measure the frequency, severity, and duration of symptoms to create a full picture of patient wellness.¹

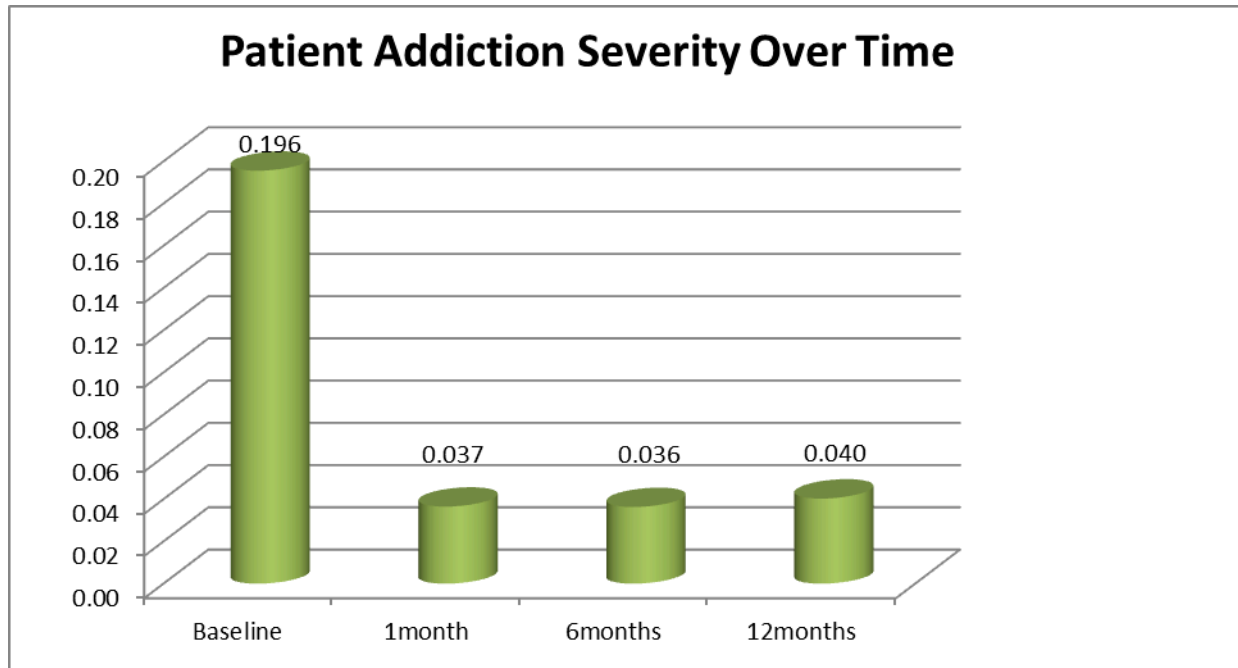
The ASI scores in the chart below are compiled by combining a number of factors:

1. Days of drug use in the previous 30 days
2. Days that drug use bothered the interviewee in the past 30 days
3. Days that the interviewee used drugs until intoxicated

4. To what degree drug use troubled the interviewee in the past 30 days
5. How much money the user spent on drugs in the past 30 days
6. How important treatment is for these drug problems

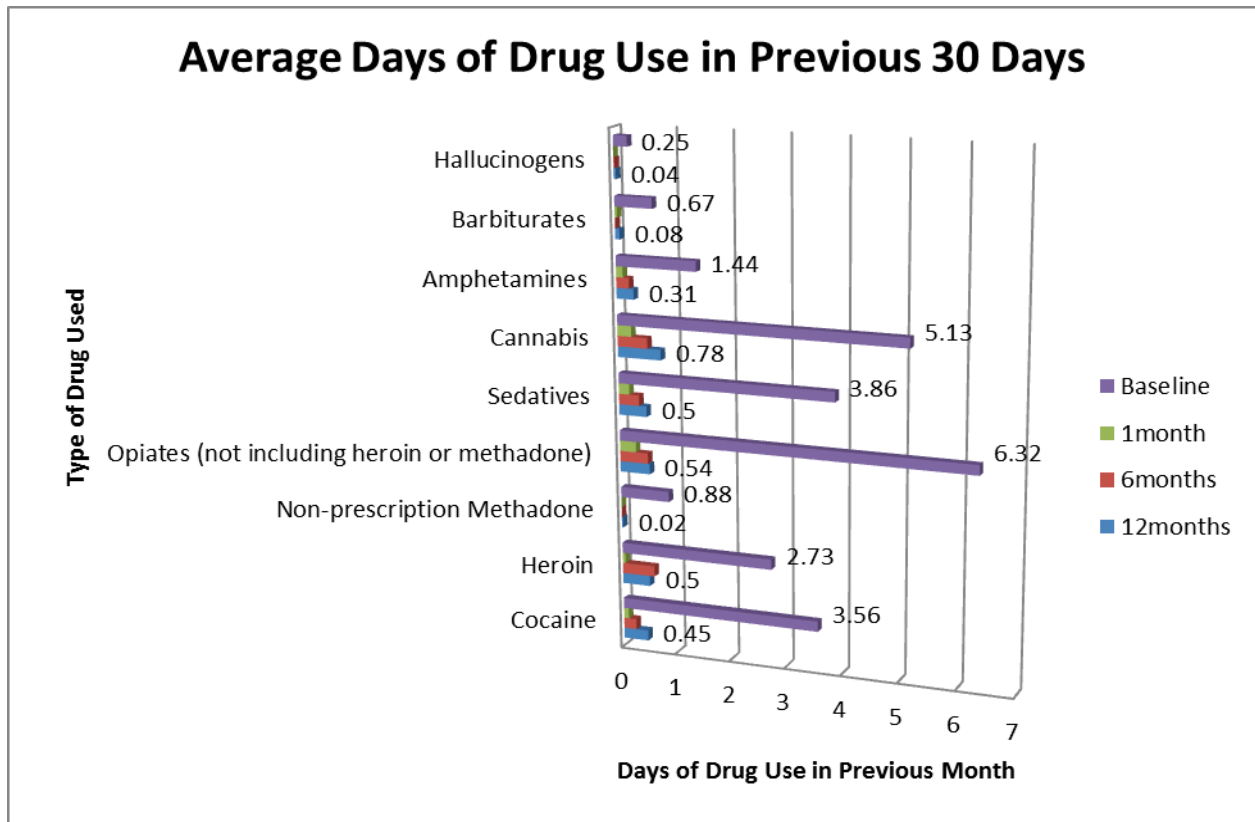
The answers to these questions are combined and analyzed for a total composite score. An ideal score is zero, meaning that drug use has not been a problem for the interviewee. Higher scores indicate greater drug problems.

As you can see in the chart below, drug addiction severity was greatly reduced following treatment at Michael's House. Rates continued to remain low 12 months after treatment.

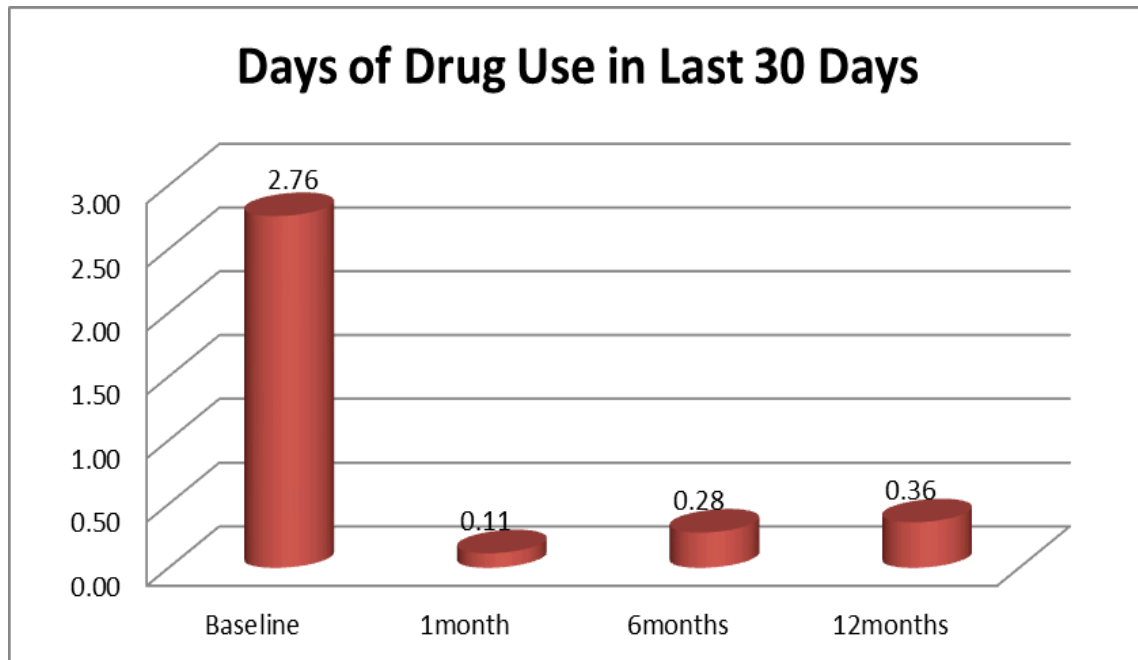


Average Days of Drug Use in the First Year after Rehab

To get a clear picture of how drug addiction and drug use is broken up, our research team studied prevalence and drug use of individual drug groups as well. You can see in the graph below that self-reported drug use decreases significantly after integrated treatment is complete. Furthermore, drug use continues to remain low even one year after the completion of treatment.



The following graph takes the data shown in the graph above and averages drug use outcomes for all drugs together. There is a slight increase of drug use as time out of rehab goes on, but overall, drug use remains low.



Treating Special Populations: LGBT-friendly Rehab

While Michael's House is open to patients of all backgrounds, they do offer specialty rehab assistance for gay, lesbian, bisexual and transgendered patients. The LGBT patient population can receive quality treatment in a supportive, friendly environment.

Why are LGBT specialty programs important?

Studies show that gay, lesbian, bisexual and transgendered persons experience some common life stresses that can lead to more complicated histories and treatment needs. This may include:

- Higher rates of mental illness such as depression and anxiety because of past experiences of being rejected, victimized, and bullied.²
- Consistently higher cortisol levels in the brain. Cortisol, a stress hormone, may be released after years of anxiety related to hiding sexual identity and experiences of homophobia.² Elevated cortisol levels are usually the result of extreme trauma or consistently high levels of stress over a long period of time.
- Bisexual and lesbian women have been shown to experience greater problems related to depression, internalized homophobia, self-harming behaviors, post-traumatic stress disorders and struggles with past trauma.
- Overall higher reported rates of substance abuse. However, some researchers hypothesize that the LGBT population may be more open to acknowledging these substance abuse issues and therefore return higher rates of reported addiction in studies.³

In fact, studies show that there is a strong link between victimization and substance abuse and that sexual-minority individuals are at a higher risk for victimization.³ While the experience of feeling victimized is not exclusive to the LGBT community by any means, it is a key factor in the integrated rehab needs of this population.

The LGBT Treatment Experience: A Challenging History

Gay, lesbian, bisexual and transgendered persons have experienced a difficult history in world culture. In the United States alone, homosexuality was considered to be a mental illness until 1973, when it was finally removed from the Diagnostic and Statistical Manual, the primary diagnosis manual for all mental health practitioners.⁴ As a result, many LGBT persons, particularly older adults, have felt greatly stigmatized among mental healthcare professionals.⁴

Prejudice is not a thing of the distant past. It was not until December 2000 that the American Psychological Association officially published a set of guidelines for therapy with LGBT clients that finally officially explained how homosexuality is not a mental illness.⁵ Yet in the same year, a number of psychological journals published articles that described homosexuality as a psychopathology that required conversion therapy.⁶ This type of contradictory information persists, and LGBT counseling issues continue to remain a sensitive topic in many treatment environments.

In 2011, gay marriage and same-sex relationship issues continue to dominate social media, national news and even election outcomes. A 2010 poll by CBS news reflects that, while public opinion of LGBT rights and experiences are becoming more accepted, 43% of all Americans still think that homosexual relations between consenting adults is morally wrong.⁷

Furthermore, according to the CBS survey, “Fifty-one percent of Americans believe people are born homosexual - an increase of eight points from 1993. Thirty-six percent say homosexuality is something people choose. Those who know someone who is gay or lesbian are more likely to believe sexuality is something people are born with.”⁷

While attitudes are slowly changing, you can see that LGBT persons still face a great deal of prejudice and homophobia and struggle as they live their lives. This can cause a number of problems when dealing with substance abuse counseling and mental healthcare when a welcoming and well-educated environment is not provided.

Michael’s House: Creating a Safe Space for Integrated Healing and Wellness

Michael’s House and other Foundations Recovery Network facilities offer integrated treatment for both mental illness and substance abuse in a welcoming, comfortable environment. All genders, sexual orientations, backgrounds and life experiences are welcome in our treatment facilities.

Research shows that the specific needs of LGBT persons can be met in very specific ways.^{8,9,10} Michael’s House strives to meet these needs by ensuring that staff members, employees and therapists employ specific skills and abilities relating to this population. This includes:

- A welcoming environment that encourages open communication from the first intake to the last follow-up^{8,9,10}
- Therapists who understand and are affirming to LGBT people just as they are with all other clients^{8,9,10}
- Therapists who complete continuing education on equal rights and diverse needs of various populations^{8,9,10}
- Therapists who understand the need to balance a history of secrecy about sexual orientation and sexuality with the very important need to embrace honesty in recovery⁹
- Therapists who understand that not all issues in the LGBT population stem from sexual orientation and that it is very important to differentiate issues that pertain to sexual orientation and those that do not⁹
- Ensuring that therapists and staff members are comfortable addressing LGBT issues with patients and other clinicians¹¹
- Providing family support and couples counseling for all types of families and couples^{8,9,10}
- Understanding and treating co-occurring issues of PTSD, trauma, depression, anxiety and family conflict whether or not they are associated with LGBT experiences^{8,9,10}
- Creating a safe environment for all patients, regardless of background or sexual orientation^{8,9,10}

By providing the above resources and abilities, Michael’s House is proud to report high success rates for integrated treatment for drug addiction. Again, while all patients and patient types are welcome at Michael’s House, it is important to note that FRN and Michael’s House are happy to offer specialty treatment for LGBT persons and their families as needed.

By offering a continually improving model of integrated treatment, our patients have enjoyed lasting success overall. Because we provide ongoing support through outpatient treatment, alumni outreach and a 24-hour helpline for all former patients, we work to increase patient efficacy and self-reliance by building confidence and an important lifeline to treatment when needed.

To learn more about Michael's House and to speak with someone about our services and treatment options, please visit us online at MichaelsHouse.com, or call us directly at 877-345-8494.

References

1. McLellan, A.T., Cacciola, J.C., Alterman, A.I., Rikoon, S.H., & Carise, C. (2010). The addiction severity index at 25: origins, contributions and transitions. *The American Journal on Addictions, 15*(2), 113-124.
2. Concordia University. (2011, February 2). Psychological impacts of homophobia. ScienceDaily. Retrieved September 21, 2011, from <http://www.sciencedaily.com/releases/2011/02/110202114957.htm>.
3. University of Illinois at Chicago (2011, February 28). Strong link found between victimization, substance abuse. ScienceDaily. Retrieved September 21, 2011, from <http://www.sciencedaily.com/releases/2011/02/110224161516.htm>.
4. Jacobson, S. and Grossman, A.H. (1996). Older lesbians and gay men: Old myths, new images and future directions. In R.C. Savin-Williams & K.M. Cohen (Eds.) *The lives of lesbians, gays and bisexuals: Children to adults* (pp. 345-373). Fort Worth, TX: Harcourt, Brace.
5. Division 44/Committee on Lesbian, Gay and Bisexual Concerns Joint Task Force on Guidelines for Psychotherapy with Lesbian, Gay, and Bisexual Clients. (2000). Guidelines for psychotherapy with lesbian, gay and bisexual clients. *American Psychologist, 55*, 1440-1451.
6. Stone, M. H. (2000). Psychopathology: biological and psychological correlates. *Journal of the American Academy of Psychoanalysis, 28*, 203-235.
7. CBS News. (2010). Poll: Views of gays and lesbians [Press release]. Retrieved from http://www.cbsnews.com/htdocs/pdf/poll_gays_lesbians_060910.pdf?tag=contentMain;contentBody
8. Beatty, R.L., Geckle, M.O., Huggins, J., Kapner, C. Lewis, L & Sandstrom, D.J. (1999). Gay men, lesbians, and bisexuals. In B.S. McCrady & E.E. Epstein (Eds.), *Addictions: A comprehensive guidebook* (pp. 542-551). New York: Oxford University Press.
9. Bux, D. A., Jr. (1996). The epidemiology of problem drinking in gay men and lesbians: A critical review. *Clinical Psychology Review, 16*, 277-298.
10. Cabaj, R.P. (1996). Substance abuse in gay men, lesbians and bisexuals. In R.P. Cabaj & T.S. Stein (Eds.) *Textbook of homosexuality and mental health* (pp.725-733). Baltimore: Williams and Wilkins.
11. Ratner E,F. (1993). Treatment issues for chemically dependent lesbians and gay men. In L.D. Garnets & D.C. Kimmell (Eds.). *Psychological perspectives on lesbian and gay male experiences* (pp. 567-578). New York: Columbia University Press.