



Specializing in LGBTQ+ Mental Health Care

Presenters:

JACQUELINE PLANTE (She/Her) | Clinical Director of Gather & Grow OC
CA LICENSED MARRIAGE & FAMILY THERAPIST #91084
TRACI MEDEIROS (She/They) | Educational Director of Gather & Grow OC
CA LICENSED MARRIAGE & FAMILY THERAPIST #86600

Level: Intermediate

This presentation is part of Gather & Grow Education.

Gather & Grow OC is a CAMFT-Approved Continuing Education Provider

Provider #1000128

gatherandgrowoc.com



Course Description

While some argue that therapy for LGBTQ+ individuals does not differ from treatment for cisgender heterosexual individuals, this perspective overlooks the unique stressors, life benchmarks, and cultural intersections specific to the LGBTQ+ community (Drescher & Fadus, 2020). Discrimination, stigma, and societal inequality contribute to a higher risk of certain mental health and behavioral conditions among LGBTQ+ individuals (Kates, Ranji, Beamesderfer, Salganicoff, & Dawson, 2018). Recognizing this, The National Institute for Mental Health and Health Disparities has designated the LGBTQ+ community as a health disparity population, urging for more focus from health and mental health training programs (GLAAD, 2023). To provide effective care to the LGBTQ+ population, practitioners must understand the additional risks associated with minority stress and the barriers to accessing competent care. They should also be aware of unique identity development benchmarks, cultural considerations, and the diverse intersectionality within LGBTQ+ subgroups. Additionally, they need to recognize the importance of visibility, allyship, and advocacy in serving this marginalized group (Bass, 2023).



Educational Goals

Serving the LGBTQ+ community requires an understanding of their unique mental health needs, barriers to care, and the diversity of experiences and cultures within the community. Trauma-informed care necessitates continuous education and competency in identifying specific subgroups for targeted service. Upon completion of this course, participants will be able to differentiate treatment content for the LGBTQ+ community and comprehend the needs of individual subgroups. They will also be able to translate their understanding of intersectionality and LGBTQ+ specific mental health needs into an awareness of diverse client conceptualizations. Furthermore, they will be able to evaluate the quality of continuing education programs and articulate the importance of visibility, advocacy, and allyship.

*Participants are encouraged to take the first two courses in this 3-part LGBTQ+ Affirming Care Series:
Introduction to LGBTQ+ Inclusive Care and Foundations of an LGBTQ+ Practice.
This course will build on information covered in these previous courses.*

Learning Objectives

- Identify the unique risks and barriers to accessing care for LGBTQ+ identified individuals.
- Explain how intersectionality and social location affect conceptualizations of LGBTQ+ clients.
- Identify points of comprehension necessary to serve subgroups of the LGBTQ+ population.
- Assess continuing education sources to determine whether they are from affirming and knowledgeable sources.
- Explain the importance of visibility, allyship, and advocacy in specializing in LGBTQ+ mental health care.

LGBTQ+ Community

Risks & Barriers

LGBTQ+ Risks

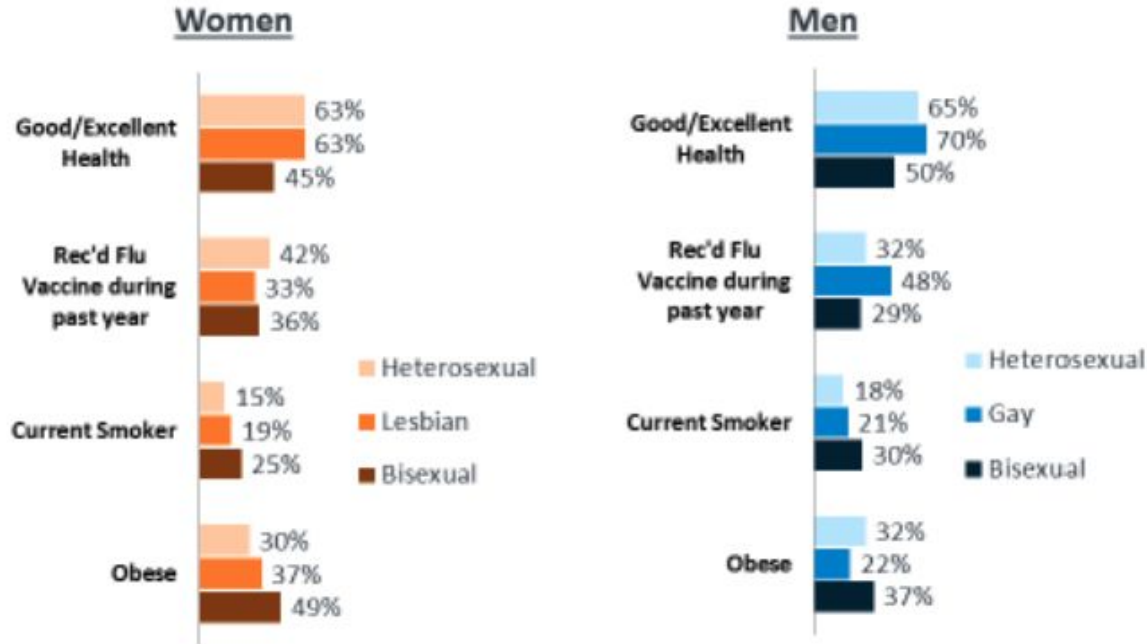
Health and Access to Care and Coverage for Lesbian, Gay, Bisexual, and Transgender Individuals in the U.S.

“While LGBT individuals have many of the same health concerns as the general population, they experience certain health challenges at higher rates, and also face several unique health challenges. In particular, research suggests that some subgroups of the LGBT community are more likely to suffer from certain chronic conditions and face higher prevalence and earlier onset of disabilities compared to heterosexuals. Other major health concerns include HIV/AIDS, mental illness, substance use, and sexual and physical violence.”

Jen Kates, Usha Ranji, Adara Beamesderfer, Alina Salganicoff, and Lindsey Dawson

Figure 2

Health Status Among Adults 18-64, by Sexual Orientation, 2015



SOURCE: CDC. 2015. NHIS. Sexual Orientation and Health among U.S. Adults: National Health Interview Survey, 2015. https://www.cdc.gov/nchs/data/nhis/sexual_orientation/sex_2015_showtable_tables.pdf



Research indicates that the physical health of LGBT individuals is often poorer than that of their heterosexual and non-transgender peers.

Figure: Henry J. Kaiser Foundation Statistics: 2015 National Health Interview Survey.

Jen Kates, Usha Ranji, Adara Beamesderfer, Alina Salganicoff, and Lindsey Dawson

gatherandgrowoc.com



Identity and Chronic Health Conditions

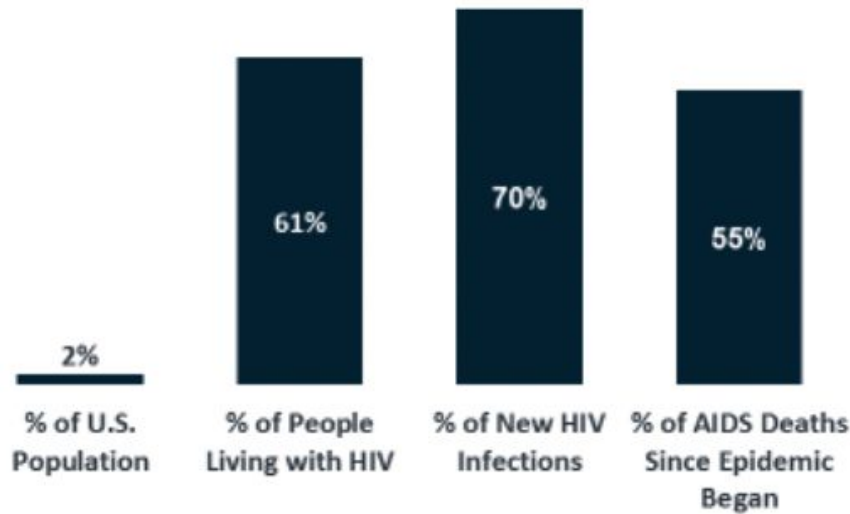
LGBTQ+ Individuals are more likely to rate their health as poor, have more chronic conditions, and a higher prevalence and earlier onset of disabilities.

Jen Kates, Usha Ranji, Adara Beamesderfer, Alina Salganicoff, and Lindsey Dawson

- LGBT individuals report higher rates of asthma, headaches, allergies, osteoarthritis, and gastrointestinal problems compared to heterosexual individuals.
- Lesbian and bisexual women have an increased risk for certain cancers and cardiovascular disease.
- Gay and bisexual men have more cancer diagnoses, higher rates of cardiovascular disease and related risk factors, and lower survival rates.
- Bisexual men and women generally have poorer health compared to their gay, lesbian, and heterosexual counterparts.
- Transgender individuals are the least likely to self-report their health as 'Excellent or Very Good' and are twice as likely to report limitations in daily activities due to health problems or impairments.

Figure 3

Impact of HIV on Gay and Bisexual Men in the U.S.



NOTE: Includes Men who have sex with men (MSM) and Men who have sex with men and inject drugs (MSM/IDU).

SOURCES: CDC, Feb. 2017, Fact sheet: HIV Among Gay and Bisexual Men. <https://www.cdc.gov/mch/sta/newsroom/docs/factsheets/cdc-msm-508.pdf>; CDC, Supplemental Surveillance Report, 2017, Vol. 22 No. 2, Monitoring Selected National HIV Prevention and Care Objectives by Using HIV Surveillance Data United States and 6 Dependent Areas, 2015. <https://www.cdc.gov/hiv/pdf/11brsr/reports/surveillance/cdc-hiv-surveillance-supplemental-report-vol-22-2.pdf>; CDC, 2017, Surveillance Report: Diagnoses of HIV Infection in the United States and Dependent Areas, 2016/ Vol. 28 <https://www.cdc.gov/hiv/pdf/11brsr/reports/surveillance/cdc-hiv-surveillance-report-2016-vol-28.pdf>



The HIV/AIDS epidemic during the 80s and 90s had a significant impact on gay and bisexual men as well as transgender women. This trend was mitigated due to the efforts made by the gay community and public health organizations. However, a concerning rise in infections among gay and bisexual men has been noted in recent years in the US, making it the only group experiencing an increase.

Figure: Henry J. Kaiser Foundation
Statistics: 2017 CDC Fact Sheet on HIV Among
Gay and Bisexual Men

*Jen Kates, Usha Ranji, Adara
Beamesderfer, Alina Salganicoff, and
Lindsey Dawson*



HIV/AIDS and Sexually Transmitted Infections

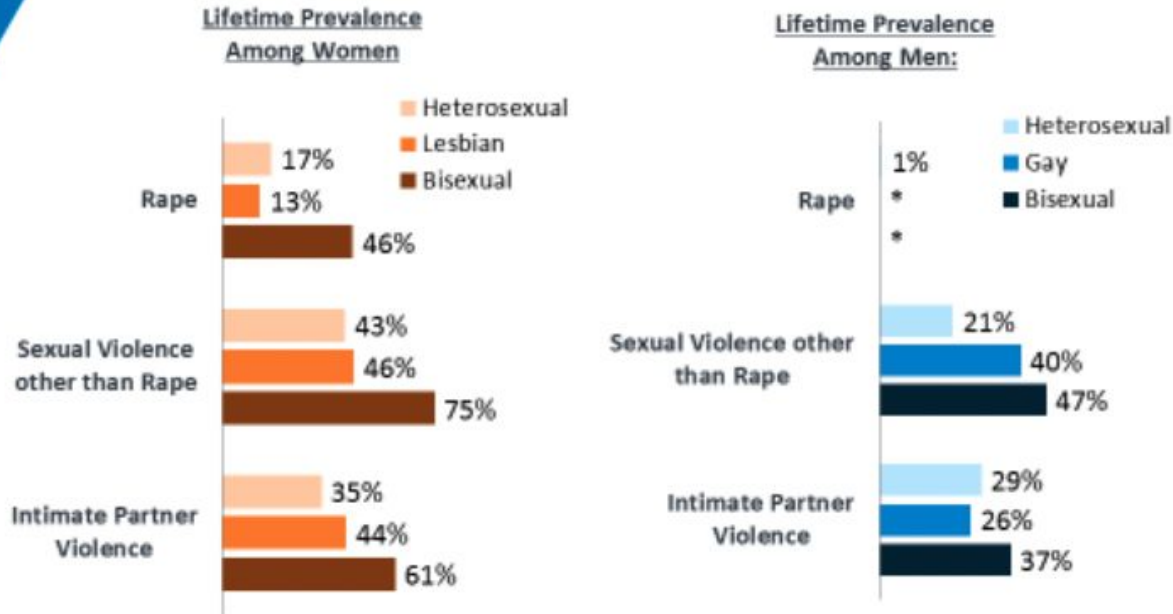
Significant differences exist in the areas of risk, transmission, stigma, education, and access to care concerning STIs within the LGBTQ+ Community.

Jen Kates, Usha Ranji, Adara Beamesderfer, Alina Salganicoff, and Lindsey Dawson

- In 2014, gay, bisexual, and men who have sex with men (MSM) made up only 2% of the US population but accounted for 61% of people living with HIV and 70% of new HIV infections in the US.
- Between 2008 and 2014, HIV infections decreased by 18% among white MSM, remained stable among black MSM, but increased by 20% among Latino MSM.
- Despite the stabilization in rates, young black MSM accounted for more new diagnoses in 2015 than any other subgroup by race/ethnicity, age, and sex.
- Transgender women, particularly women of color, are at high risk for HIV. A 2013 study estimated a 22% HIV infection rate among transgender women.
- Medical care is critical for the health of people with HIV. However, 31% of gay and bisexual men report not having a regular place to go for medical care and not having a regular physician.

Figure 4

Sexual Violence, by Sexual Orientation, 2010



Sexual Violence other than rape includes being made to penetrate, sexual coercion, unwanted sexual contact, and non-contact unwanted sexual experiences. Perpetrator can include an Intimate Partner.

Intimate Partner Violence includes physical and sexual violence, threats of physical or sexual violence, stalking, and psychological aggression by a current or former Intimate partner.

NOTE: *Sample size too small for estimate. Among adults 18 and older.

SOURCE: CDC. (2013). The National Intimate Partner and Sexual Violence Survey: 2010 Findings on Victimization by Sexual Orientation.



LGBTQ+ individuals generally experience higher rates of sexual violence and, in many instances, intimate partner violence compared to their cisgender heterosexual counterparts. It's important to note that within this community, bisexual men and women are often the most vulnerable by gender.

Figure: Henry J. Kaiser Foundation Statistics: 2013 CDC National Intimate Partner and Sexual Violence Survey

Jen Kates, Usha Ranji, Adara Beamesderfer, Alina Salganicoff, and Lindsey Dawson



Sexual Assault & Physical Violence

Sexual assault and physical violence have significant and enduring impacts on victims, their families, and the wider community. It is worth noting that individuals who identify as LGBT are disproportionately affected by these forms of violence when compared to their cisgender, heterosexual counterparts.

Jen Kates, Usha Ranji, Adara Beamesderfer, Alina Salganicoff, and Lindsey Dawson

- Two-thirds of LGBT adults have experienced discrimination, and 30% report being physically threatened or attacked.
- Bisexual women face the highest risk of rape, with 46% reporting such experiences. This is in comparison to 17% of heterosexual women and 13% of lesbian women.
- The FBI's crime reporting data reveals that one in five single-bias incident hate crimes are motivated by sexual orientation bias. This puts LGBT people at risk for physical violence.
- Gay men are the most likely to experience physical violence due to their sexual orientation.
- Transgender individuals, particularly transgender women and people of color, face a high risk of physical violence.
- Data from the National Coalition of Anti-Violence Programs (NCAVP) highlights that in 2012, half of the victims of anti-LGBT bias-motivated murders were transgender women, and the majority were also people of color.

Behavioral and Mental Health

Research indicates that individuals from the LGBT community may face a higher risk for certain mental and behavioral health conditions.

Jen Kates, Usha Ranji, Adara Beamesderfer, Alina Salganicoff, and Lindsey Dawson

- LGBT individuals are two and a half times more likely to experience depression, anxiety, and substance misuse.
- Discrimination and stigma, including lack of acceptance from family members, contribute to higher rates of mental illness.
- Homosexuality was classified as a mental illness in the Diagnostic and Statistical Manual (DSM) until 1973.
- The term 'Gender Dysphoria' replaced 'Gender Identity Disorder' in 2013 (previously 'transsexualism' until 1994). This change aimed to better communicate the emotional distress experienced by transgender people and to promote insurance coverage of transition services.
- Despite progress, stigma and prejudice against sexual and gender minorities remain pervasive and continue to negatively impact the mental health of the LGBT population.

LGBTQ+ Barriers

Health and Access to Care and Coverage for Lesbian, Gay, Bisexual, and Transgender Individuals in the U.S.

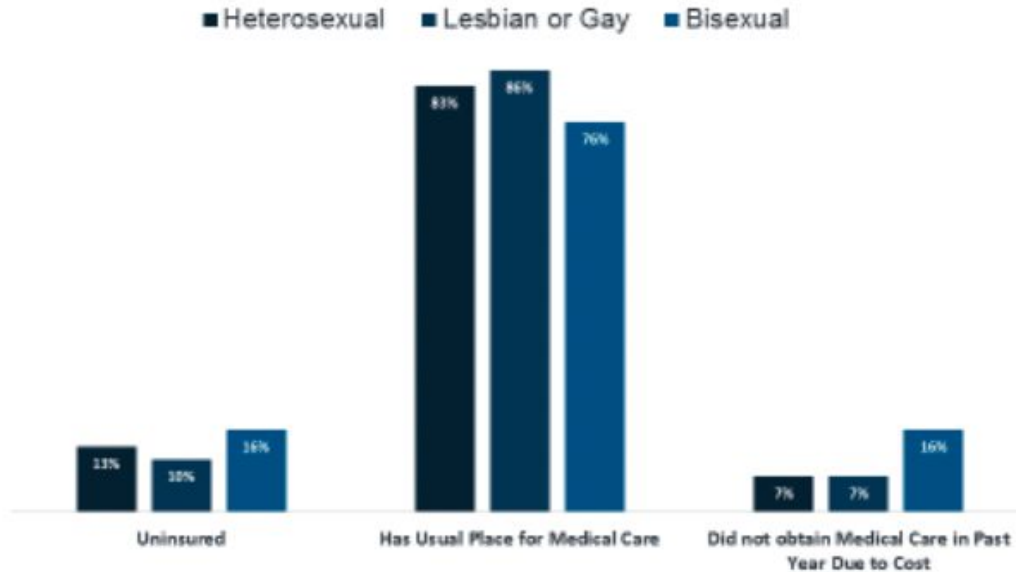
“In addition to the higher rates of illness and health challenges, some LGBT individuals are more likely to experience challenges obtaining care. Barriers include gaps in coverage for certain groups, cost-related hurdles, and stigma, including poor treatment from health care providers.”

Jen Kates, Usha Ranji, Adara Beamesderfer, Alina Salganicoff, and Lindsey Dawson

Figure 5

Access to Care and Utilization of Services, by Sexual Orientation, 2015

Among adults ages 18-64



SOURCE: CDC. 2015. NHIS. Sexual Orientation and Health among U.S. Adults: National Health Interview Survey, 2015.
https://www.cdc.gov/nchs/data/nhis/sexual_orientation/sex_2015_statewide_tables.pdf



Research has shown that LGBT populations have different patterns of health coverage and utilization of services.

Figure: Henry J. Kaiser Foundation
Statistics: 2015 National Health Interview Survey

Jen Kates, Usha Ranji, Adara Beamesderfer, Alina Salganicoff, and Lindsey Dawson



Insurance Coverage & Access to Care

Research is starting to document the gaps within delivery systems in order to meet the needs of the LGBT population.

Jen Kates, Usha Ranji, Adara Beamesderfer, Alina Salganicoff, and Lindsey Dawson

- Women in same-sex couples are less likely than their heterosexual counterparts to receive timely medical care for primary and specialty services.
- Gay men are three times as likely as their heterosexual counterparts to report delays in obtaining needed prescription medicines.
- Before the Supreme Court's Windsor ruling, same-sex couples could only obtain coverage for their spouse as a domestic partner (if available), and the benefits were considered taxable income.
- Lesbian women in couples have lower rates of breast and cervical cancer screenings, while having higher rates of some risk factors for breast cancer, including greater alcohol consumption and lower likelihood of childbearing.
- Transgender individuals are much more likely to live in poverty and not have health insurance.
- LGBT individuals report high rates of negative medical experiences.



Non-Discrimination Protections

In addition to provider level discrimination, prior to ACA (2010), some insurance and financing policies disproportionately affected LGBT people through pre-existing condition clauses.

2024 Anti-Trans Bills: Trans Legislation Tracker, n.d.

Jen Kates, Usha Ranji, Adara Beamesderfer, Alina Salganicoff, and Lindsey Dawson

Mapping Attacks on LGBTQ Rights in U.S. State Legislatures in 2023 | American Civil Liberties Union, 2024)

- Pre-existing condition clauses included HIV and mental illness and, in some cases, excluded transition services altogether.
- While legislation has sought to offer protection against discrimination based on sex, gender identity, and sex stereotypes in any health program receiving federal funds, ongoing lawsuits continue to threaten and halt the services that disproportionately affect women and LGBT individuals.
- The Trump administration has sought to widen the availability of plans that may be exempt from key protections.
- In 2018, the Health and Human Services Office of Civil Rights created a new unit called the “Conscience and Religious Freedom Division” with the stated purpose of protecting moral and religious convictions.
- In 2023, the ACLU tracked 510 anti-LGBTQ bills in the US.
- The Trans Legislation Tracker shows 467 anti-trans bills (228 carried over from 2023 and 460 active) to date (2/18/24).



Family Caregiving Issues

The care of ill family members continues to be a developing area of policy for LGBT people and their families. Although the Supreme Court's ruling on Obergefell in 2015 recognized the right to marry, it did not address differential treatment.

Jen Kates, Usha Ranji, Adara Beamesderfer, Alina Salganicoff, and Lindsey Dawson

- In 2015, the Department of Labor expanded the Family and Medical Leave Act (FMLA) to include legally married same-sex spouses, regardless of their state of residence.
- Since 2011, hospitals participating in Medicare and Medicaid (which includes virtually all hospitals in the US) are required to have written policies and procedures regarding a patient's rights to visit his or her same-sex partner, regardless of whether they are legally married.
- Recent federal regulations have expanded protections for older LGBT individuals in long-term care facilities.
- In 2017, the Trump administration withdrew a proposed rule that would have required long term care facilities receiving federal funds to treat same-sex spouses the same as opposite-sex spouses.
- There are still areas where LGBT individuals and families are not protected, such as sick leave, and there is a lack of protection against being fired based on sexual orientation or gender identity. This discourages time off when they or their family members are sick.

Risks and Barriers: *Review & Conclusions*

- The provided statistics represent a brief, non-exhaustive snapshot of the unique risks and obstacles faced by individuals who identify as LGBT.
- Legal protections against discrimination are relatively nascent and continue to be a subject of debate.
- Even with the advent of legal progress, shifts in cultural attitudes and norms may require more time.
- Concerns about discrimination, both overt and subtle, influence how LGBT individuals use resources.
- The continuous struggle for dignity has complex implications for the mental health of LGBT individuals.



Conceptualizing Intersectionality

Quick Review: Please, return to Foundations of an LGBTQ+ Inclusive Practice for in depth explanation

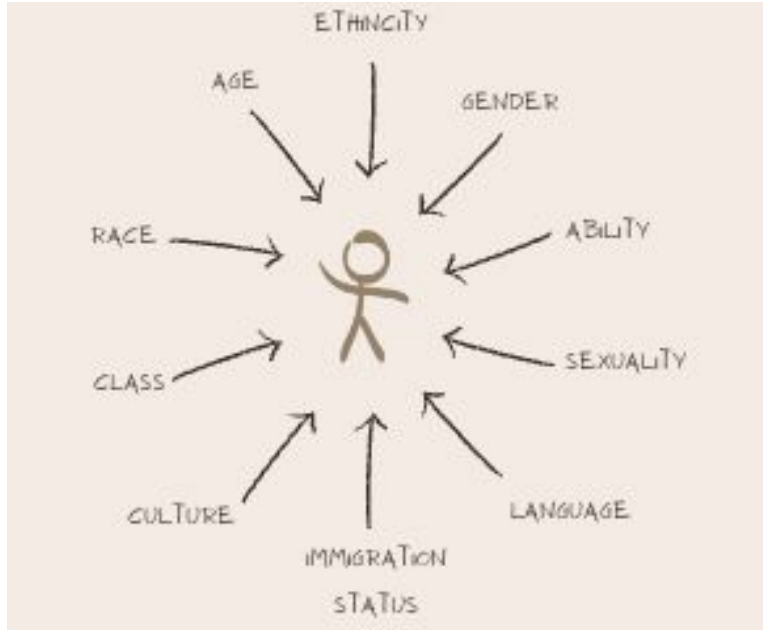
Intersectionality

**Coined in 1989 by Kimberlé Crenshaw
Oxford English Dictionary 2015**

The theory that various forms of discrimination centered on race, gender, class, disability, sexuality, and other forms of identity, do not work independently but interact to produce particularized forms of social oppression.



Quick Review: Please, return to [Foundations of an LGBTQ+ Inclusive Practice](#) for in depth explanation



All aspects of our intersectional identity affect our understanding of ourselves, how we interact with the world, and how the world interacts with us. It informs the way that we develop, how we act out our attachment patterns over the course of our lives, and how we approach and integrate healing work.

Quick Review: Please, return to Foundations of an LGBTQ+ Inclusive Practice for in depth explanation

Social Location

The unique combination of intersectional identities that make up a person's individual matrix of privileged and oppressed lived experiences.

Social location is important to identify and acknowledge because of how strongly it influences your identity, your world view, how you interact with others, and how others interact with you.



gatherandgrowoc.com

Figure 1

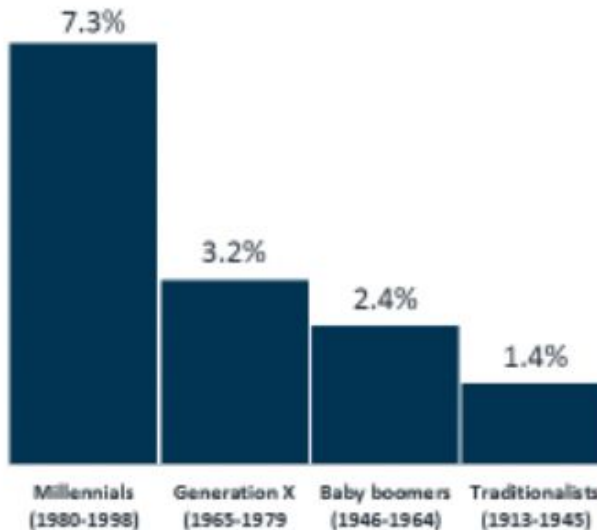
Demographic Characteristics of LGBT Americans

Demographic Characteristics Among Adults

Ages 18-64



Individuals Identifying as LGBT, by Birth Cohort



Racial and ethnic minorities, young people, and women are more likely than their counterparts to identify as LGBT

Figure: Henry J. Kaiser Foundation Statistics: 2017 Gallup Poll and Williams Institute LGBT Data and Demographics.

Jen Kates, Usha Ranji, Adara Beamesderfer, Alina Salganicoff, and Lindsey Dawson

SOURCE: (2017) Gallup. In U.S., More Adults Identifying as LGBT. <http://news.gallup.com/poll/2017/31/lgbt-identification-rises.aspx>; Williams Institute. LGBT Data and Demographics. <https://williamsinstitute.law.ucla.edu/visualization/lgbt-stats/>





Intersectionality, Relationships, & Family Building:

LGBTQ+ individuals often confront increased risk due to their identities, facing heightened levels of stigma, discrimination, violence, and familial or community rejection.

Jen Kates, Usha Ranji, Adara Beamesderfer, Alina Salganicoff, and Lindsey Dawson

- Nearly one quarter (23%) of LGBT individuals are married. This includes both opposite and same-sex marriages.
- The number of individuals reporting that they are married to a same-sex spouse has risen over time, from 7.9% in 2015 to 10.2% in 2017.
- Same-sex couples are less likely to be raising children than their heterosexual counterparts (17% vs. 39%).
- A greater share of female couples are raising children compared to their male counterparts (23% vs. 10%).



Intersectionality & Economic Differences

Financial opportunities available to LGBTQ+ identified individuals are affected by inequality in the workplace and health insurance sectors, the provision of substandard care, and outright denial of care due to sexual orientation or gender identity.

Jen Kates, Usha Ranji, Adara Beamesderfer, Alina Salganicoff, and Lindsey Dawson

- Compared to the overall US population, LGBT people are disproportionately poor, with 39% making less than \$30,000/year as opposed to 28%.
- Poverty rates are notably higher among lesbian and bisexual women, young individuals, and African Americans within the LGBT community.
- When compared to their heterosexual counterparts, lesbian and bisexual women are disproportionately poor (28% vs. 21%).
- Similarly, gay and bisexual men face higher poverty rates compared to their heterosexual counterparts (23% vs. 15%).
- Transgender individuals experience financial insecurity at a disproportionate rate, with 32% making less than \$10,000/year compared to 23% of the overall US population.

Conceptualizing Intersectionality:

Review & Conclusions

- The LGBTQ+ community spans across all racial, social, and socioeconomic demographics.
- LGBTQ+ identities are more commonly reported among women and racial/ethnic minorities, groups that already experience marginalization.
- It is crucial to understand LGBTQ+ individuals within the full context of their identity matrix.
- Understanding a person's social location, especially for marginalized populations, is necessary for cultural competence.
- An individual's intersectional identity influences the resources they need, how they consider and are able to access them, and how they interact with them when they are available.

LGBTQ+ Community Subgroups

*Please, return to [Introduction to LGBTQ+ Inclusive Care](#) and [Foundations of an LGBTQ+ Inclusive Practice](#)
for a review of terms and general practice considerations.*



Culturally Competent Care

As the previous statistics demonstrate, the LGBTQ+ community encompasses a wide array of individuals from diverse cultural, religious, ability, and socioeconomic backgrounds. In order to provide optimal care and prevent inequality, it's crucial to consider the unique healthcare needs of these diverse community members.

Bass, B. (2023, November 13). *Cultural competence in the care of LGBTQ patients.*

Culturally competent care of a member of this community includes:

- Care that targets a specific population
- Social and structural equality of care
- Avoidance of discrimination and stigmatization

Lesbian Women

Reminder:

"Lesbian Women" encompasses a broad and diverse group. It's crucial to consider intersectionality and social location in order to provide comprehensive support to individual clients. Keep in mind that biological sex, socialization, gender identity, and gender expression may not always align in the way we conceptualize 'same-sex female relationships.'

Bass, B. (2023, November 13). *Cultural competence in the care of LGBTQ patients.*

Areas of Comprehension

- DFAB lesbians from both identified individuals and providers (e.g., reproductive and sexual health)
- Conception, child bearing, and family building in the context of cancer and delayed or lack of childbearing
- Misconceptions about the absence of Intimate Partner Violence (IPV)
- The effects of female socialization on attachment, communication, and relationship building
- Lesbian sex, sexuality, and safer sex practices
- The impact of chronic stress due to discrimination, homophobia, and sexism
- Higher prevalence of substance use, depression, anxiety, obesity, diabetes, hypertension, and heart disease
- Challenges in navigating health insurance accessibility, gender gaps, and general resources

Gay Men

Reminder:

The term "Gay Men" encompasses a broad and diverse range of individuals. Different generations within this group will have varying experiences, leading to a range of unique needs. Additionally, gay men may often find themselves navigating the complex interplay of male privilege and discrimination based on sexual orientation. The societal expectation towards stoicism can also pose challenges to self-exploration and personal growth.

Bass, B. (2023, November 13). *Cultural competence in the care of LGBTQ patients.*

Areas of Comprehension

- Understanding the continued effect of the HIV/AIDS pandemic of the 80s and 90s
- Higher rates of homophobia, leading to higher rates of mental health challenges, in certain cultures
- The effects on behavior of the lack of self-identification
- The effect of sexism and toxic masculinity on body image/self-esteem
- Higher rates of HPV associated with anal cancer
- Less access to health insurance through marriage
- Internal and external assumptions about sex and sexuality
- Substance use and community culture
- The stress of disclosure and visibility
- Misconceptions about the lack of IPV
- Chronic stress from discrimination, homophobia, and sexism
- Internal community hierarchies and assumptions

Bisexual Women and Men

Reminder:

In addition to the challenges faced by their gay and lesbian counterparts, bisexual individuals may also confront discrimination in multiple aspects, both within and outside the communities they belong to. The gendered nature of spaces within the LGBTQ+ community can further complicate the process of building connections, potentially leading to feelings of isolation.

Bass, B. (2023, November 13). *Cultural competence in the care of LGBTQ patients.*

Areas of Comprehension

- Understanding the ramifications of internal and external biphobia
- Addressing the challenges that shifting gender of partners may add to accessing community space and resources
- Overcoming the challenge of having their full identity recognized
- Managing the need to navigate multiple communities and spaces that may not offer full reflection
- Correcting the assumption that their identity is a step on their journey versus a permanent aspect of their sense of self
- Dealing with misconceptions leading to inaccurate medical care

Transgender Individuals

Reminder:

Transgender individuals, including men, women, and non-binary folks, can identify with any sexual orientation. The way they choose to self-identify, whether they strive to 'pass' or move through the world 'stealth', can significantly influence their experiences and the topics they bring up in therapy. Additionally, their access to services and the timing of their 'transition' can greatly affect their journey.

Bass, B. (2023, November 13). *Cultural competence in the care of LGBTQ patients.*

Areas of Comprehension

- Gender dysphoria and euphoria
- Sex and sexuality in diverse bodies
- High rates of hate crimes and violence
- Social and medical transition
- Non-surgical transition services
- Masculinizing, feminizing, and nullifying surgical procedures
- The history of letter writing and the role of the clinician
- Prosthetics and gender-affirming clothing
- Safety and disclosure

Asexual Individuals

Reminder:

Asexual individuals encompass a broad range of gender identities and can experience romantic attraction to any gender. This intersectionality creates a rich diversity in the lived experiences and personal journeys of asexual individuals, particularly around issues of connection. The difficulty in finding relatable experiences can, however, lead to feelings of isolation and loneliness.

The Trevor Project. (2023, September 12). *Understanding asexuality* | *The Trevor Project*.

https://www.thetrevorproject.org/resources/article/understanding-asexuality/?gad_source=1&qclid=CiwKCAiAuNGuBhAkEiwAGld4aaqfEyhPhE5Bm5tifVzvlb32Mkiomt3R4dXDQpogN7_o_wACC3TTccxoChbIQAvD_BwE

Areas of Comprehension

- Exploring the Spectrum of Asexuality
- Communicating and Disclosing One's Identity
- Understanding Romantic Attraction
- Evaluating the Desire for Partnership
- Options for Family Building Outside of Romantic or Sexual Connections
- Navigating Grief as Friends and Family Prioritize Their Romantic or Sexual Partners
- Coping with the Lack of Community
- Feeling Othered within the LGBTQ+ Community

Intersex Individuals

Reminder:

While some individuals may grapple with the challenges associated with an intersex identity, many may not have the means to undergo the necessary medical testing for a clear diagnosis. This lack of clarity can create confusion and potentially hinder the process of identity formation for the individual. Furthermore, those diagnosed at an early age might experience feelings of disempowerment due to decisions made before they were of an age to provide informed consent.

As/Is. (2015, March 28). *What it's like to be intersex* [Video].

YouTube.

<https://www.youtube.com/watch?v=cAUDKEI4QK>

1

Areas of Comprehension

- Demystifying the Designation of Intersexuality
- Understanding the Difference between Intersex and Transgender
- Depathologizing Non-Stereotypical Characteristics
- Addressing Secrecy around Body and Medical Records
- Empowering Clients to Advocate for Themselves in Medical Decision-Making
- Processing Reactions to Non-consented or Identity-incongruent Surgical Procedures

LGBTQ+ Community Subgroups:

Review & Conclusions

- These are just some of the subgroups in the LGBTQ+ community.
- These comprehension lists should be considered curriculum topics for further study, not enough information to signal cultural competency in any community.
- Each of these comprehension lists grow exponentially when working with couples or larger units of chosen family (for example, kink or ENM).
- Many relationships have the added challenge of various levels of recognition and/or visibility.
- Each client or relationship is unique.
- It's important to listen to our clients' lived experiences without expecting them to educate us.



Continuing Education

Assessing Your Sources

Now that we've encouraged you to keep learning, how do you consciously consume educational materials?

- **Examine the source of the information. Is it part of a well-known organization?**
- **Understand what you already know about the organization or speaker.**
- **Determine whether the source has a motive beyond providing accurate information or collecting data.**
- **Take note of the credentials and affiliations of the information provider.**
- **Be alert for any pathologizing language or concepts.**
- **Question whether 'otherness' is being equated with deviance.**
- **Evaluate whether the information seems designed to incite fear.**
- **If the information pertains to the LGBTQ+ community, does the person presenting identify as part of this community? Similarly, does the organization have visible and self-identified members of the LGBTQ+ community? (Keep in mind that identification does not necessarily imply safety).**
- **Aim to find multiple sources that corroborate the information you're evaluating.**

Visibility

Allyship + Advocacy

Visibility, Allyship, & Advocacy

*Why it's
important*

- **The LGBTQ+ community has experienced both help and harm from the mental health industry.**
- **Many LGBTQ+ individuals must address the effects of discrimination and stigma on their self-perception. By visibly supporting and advocating for these individuals, we can provide a model of the respect that affirming care strives to instill in clients.**
- **Visible support, allyship, and advocacy can challenge the shame, silence, and societal stigma experienced by LGBTQ+ individuals.**
- **Culturally competent services can only benefit marginalized communities if these communities can readily access them.**

Dignity

Oxford English Dictionary
(noun)



dig·ni·ty

/ˈdɪɡnədē/

noun

noun: **dignity**

the state or quality of being worthy of honor or respect.

Consider the concept of 'dignity' as a guiding principle in your journey to specialize in LGBTQ+ Mental Health Care. Remember that this fundamental aspect of self-understanding is often lacking for LGBT individuals in the world. As you continue your education, develop new concepts, practice, and support the community, always ask yourself,

"Am I nurturing dignity in my clients?"

Conclusions & Questions



Gather & Grow Education

This presentation should be considered a step on your journey to specializing in LGBTQ+ Mental Health Care. This is an extremely vulnerable population and (while helpful) a friendly stance is not enough to offer true cultural competence.

This presentation is part of Gather & Grow Education.

Provider #1000128

Gather & Grow OC is a CAMFT-Approved CE Provider

Thank you for growing with us!

*With care,
Gather & Grow Education*

gatherandgrowoc.com