



Program Evaluation and Research Unit

Being an LGBTQIA+ Inclusive COE

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Pronouns: She/They



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- Placeholder for logistics slide

Personal Introduction

- COE Technical Assistance Provider (2019 – 2020)
- Trans Health Team, Health Center Advisory Board Member, and Student Insurance Team – Portland State University (Fall 2015 – Summer 2018)
- Queer Identifying
- Pronouns: She/They



Kate Cridlebaugh

Learning Objectives

- Define **key terms** under the LGBTQIA+ umbrella.
- Identify **positive and negative** treatment **experiences** due to sexual orientation or gender identity among patients.
- Identify and apply **best practices** for inclusivity with LGBTQ+ patients/clients to improve substance use treatment outcomes.



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Perspective of Intersectionality

Intersectionality – The “**interconnected** nature of social categorizations such as race, class, and gender as they apply to a given individual or group, regarded as creating **overlapping** and interdependent **systems of discrimination** or disadvantage.” – *Kimberlé Crenshaw*¹



Cultural Competence ≠ Cultural Humility

Cultural Competence

- Implication of categorical knowledge
- Implied endpoint

Cultural Humility

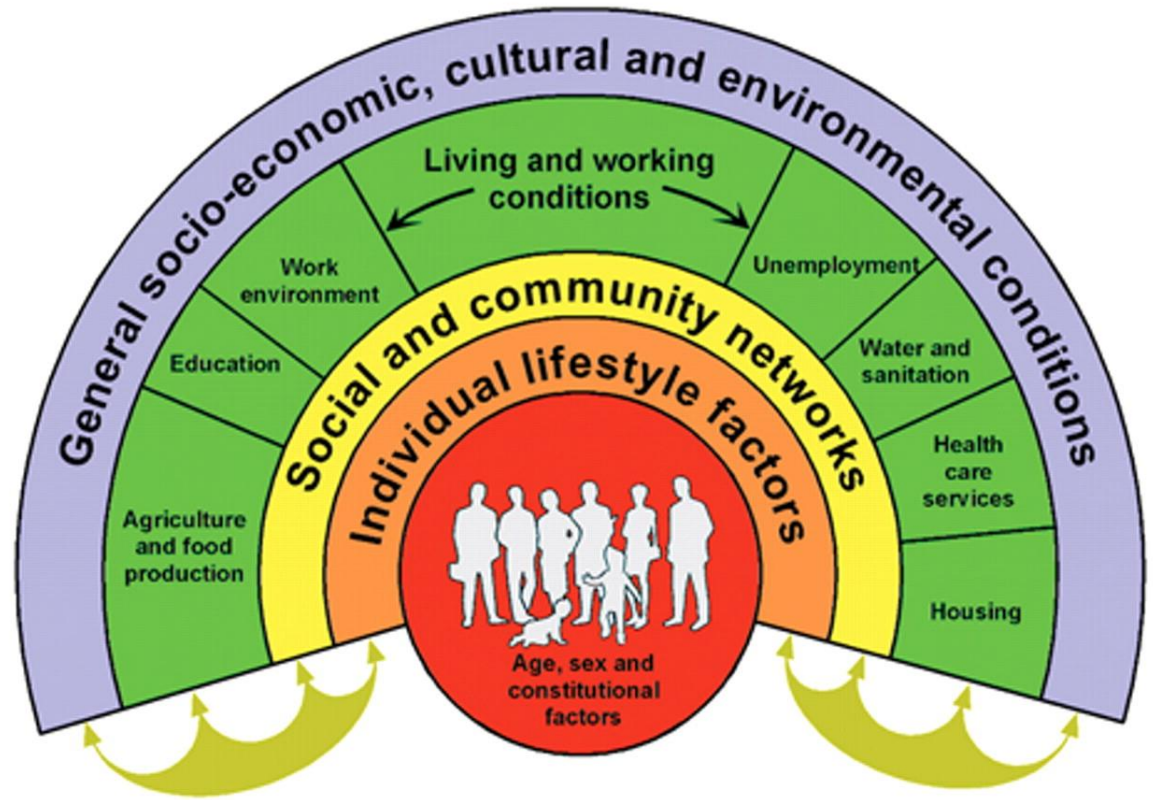
- Ongoing
- Self-reflection



Reflection

What are my blind spots?

What forms of privilege do I have?



LGBTQIA+ Definitions



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Sex, Gender, and Orientation

Sex

Assigned at **birth**
based on **visible
anatomy**¹

Gender

Society's set of
expectations,
standards, and
characteristics about
how **men and
women** are
supposed to act.¹

Orientation

Pattern of who an
individual is sexually
or romantically
attracted to.²

(¹Tseng, 2008; ²GLAAD, n.d.)



Sex, Gender, and Orientation: Spectrum

Sex

Male/Man/Masculine

Female/Woman/Feminine



Gender

Cisgender

Queer/Non-Binary

Transgender



Orientation

Opposite Sex
Attraction Only

Asexual/
Aromantic

Same Sex
Attraction Only

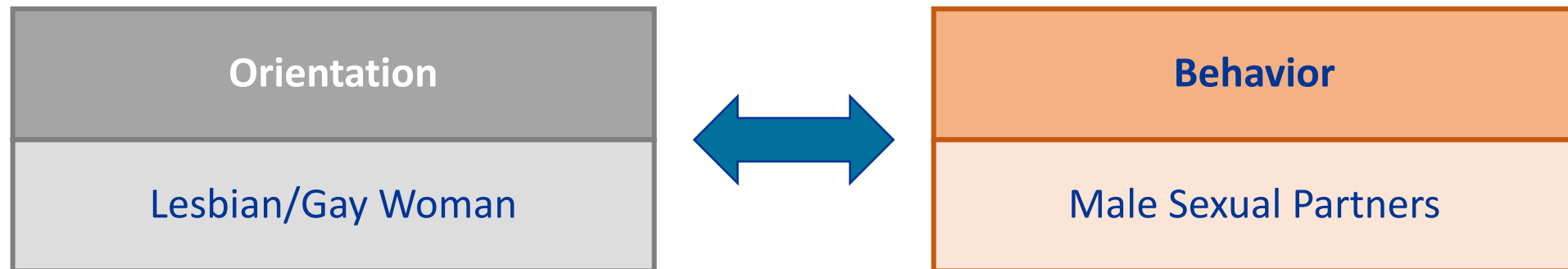


(¹Tseng, 2008; ²GLAAD, n.d.)



Orientation vs. Behavior

- Orientation and behavior do not always align.
- Individuals may have sexual encounters with a gender that they are not attracted to for a variety of reasons (e.g., transactional sex).^{1,2}
- Different or specific health risks



(¹Kenny, Helpingstine, & Abreu, 2019; ²McNamara & Ng, 2016)



LGBTQIA+ Umbrella

Lesbian

Gay

Bisexual

Transgender

Queer

Intersex

Asexual/
Aromantic

+ Includes Non-
Binary, Pansexual,
Two-Spirit and Others



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LGBTQ+ Umbrella: Documentation

- Providers should **ask separate questions** about sex, gender, orientation, and behavior. “Other” should be a fill in the blank.
- REDCap aligns with this recommendation.
 - What is your **sex assigned at birth?** (male, female, intersex, other)
 - What is your **gender identity?** (cisgender, transgender male to female, transgender female to male, genderqueer/gender nonconforming)



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The LGBTQ+ Umbrella: Sexual Orientations

- Lesbian – person that identifies as a **woman** who is attracted to **women**
- Gay – primarily a person that identifies as a **man** who is attracted to **men**
- Bisexual – a person of **any gender** that is attracted to **men and women**



The LGBTQ+ Umbrella: Gender Identity



Cisgender

a person who identifies with the sex they were assigned to at birth.

Sex and gender align.

Transgender

a person who **does not** identify with the sex they were assigned to at birth.

Sex and gender do not align.



The LGBTQ+ Umbrella: Transgender in the DSM-5

Gender identity disorder (GID): Gender dysphoria marked by a difference between inner gender identity and assigned gender lasting at least **six months** manifested by at least **two** of the following⁷:

Incongruence between one's experienced gender and secondary sex characteristics

A strong desire to be **rid of** one's primary and/or secondary sex characteristics

A strong desire for the primary and/or secondary sex **characteristics of the other gender**

A strong desire to be **of the other gender**

A strong desire to be **treated as** the other gender

A strong conviction that one has the **typical feelings and reactions** of the other gender



The LGBTQ+ Umbrella: Transgender

- **Trans man** – individual who was assigned female at birth (AFAB) but whose gender identity is male
Typically uses “he/him” pronouns
- **Trans woman** – individual who was assigned male at birth (AMAB) but whose gender identity is female
Typically uses “she/her” pronouns
- Transgender people may have **any orientation** (e.g., gay trans man, bisexual trans woman)
- Cisgender LGB+ individuals may have **stigmatizing or transphobic beliefs**



The LGBTQ+ Umbrella: Deadnaming

Transgender individuals often select a new name that matches their identity.

- **Deadname:** Trans individual's birth name¹
- “Deadnaming” damages the therapeutic relationship²

RECOMMENDATION

Provide resources and support explaining how to change legal name and gender marker.



(¹Merriam-Webster, n.d.; ²Freeman & Stewart 2021)



The LGBTQ+ Umbrella: Transitioning

- Not all trans people medically transition.
- Transitioning is a **full person change** – both physical and mental/emotional.
- Relief and stress of transitioning may **affect recovery**.

RECOMMENDATION

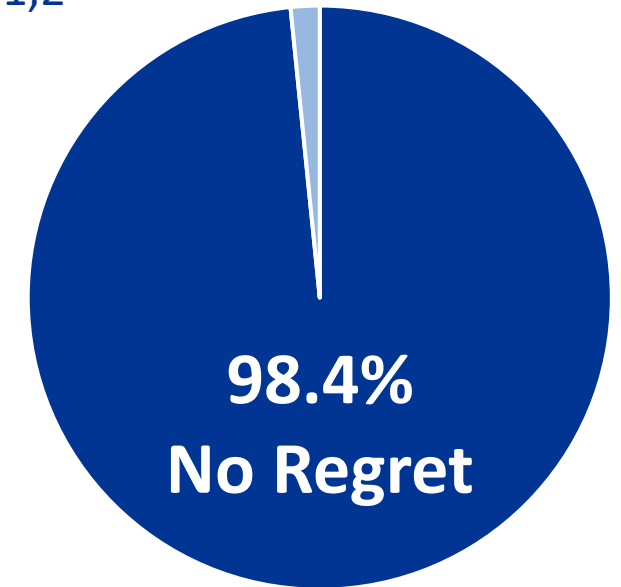
Staff at Centers of Excellence should have a basic understanding of the basic transitioning process, even if they do not provide that type of care.



The LGBTQ+ Umbrella: Medical Transition

There is a wide spectrum of medical transition options such as hormones and gender confirmation surgery. These procedures are considered **medically necessary**.^{1,2}

- One study found a **decrease in suicidality** and **increase in general well-being**.³
- Another found:²
 - a significant decrease in dysphoria
 - increase in body satisfaction
 - increase in psychological functioning
 - **98.4% indicated no regret**



(¹Deutsch, 2016; ²Smith, et. Al., 2005; ³Allen, et. Al., 2019)



The LGBTQ+ Umbrella: Medical Transition Options

- Hormone replacement therapy (HRT)
- Individuals **may choose to have procedures** that change their facial structure, voice, chest, and/or genitals.¹
- **Goal is to reduce dysphoria**
- **Medicare covers medically necessary** hormone therapy and transition related surgery – Condition 45 overrides conflict²

RECOMMENDATION

“Screen what you have.” Records should clearly indicate preventative screening needs based on current anatomy.

(¹Deutsch, 2016; ²World Professional Association for Transgender Health 2012)



Language Matters: Terminology to Avoid

Words Other Than "Transgender"	Transgendered	Transgenderism
	Transsexual, Tranny	Shemale or Hermaphrodite*
Medical Terms	Pre/Post Op	Biologically Male/Biologically Female/Genetically Male/Genetically Female/Born a Man/Born a Woman
	Sex Change or Sex Reassignment Surgery	
Language Implying Value Judgment	Lifestyle	"It"
	Preference	

*sometimes used when referring to an Intersex individual

The LGBTQ+ Umbrella: Queer

- Reclaimed from historical derogatory meaning
Allow patients/clients to self refer at first
- Broadly not straight/heterosexual
- Genderqueer/gender-nonconforming is an option in REDCap



The LGBTQ+ Umbrella: Intersex

- 1.7% of population
- Umbrella term describing range of natural variations
- Intersex ≠ transgender
- Hermaphrodite is never appropriate language



The LGBTQ+ Umbrella: Asexual and Aromantic

- **Does not experience** sexual attraction/desire, does not experience romantic attraction/desire¹
- “Ace” or “grey ace”
- Asexual individual could be in a romantic relationship
- Aromantic individuals may have any sexual orientation



Orientation



(¹GLAAD, n.d.;²World Professional Association for Transgender Health, n.d.)



The LGBTQ+ Umbrella: “+”

- **Non-binary (NB)** – does not identify with the gender binary of male or female. Often uses “They/Them.”
- **Pansexual** – orientation, attracted regardless of sex/gender, “gender blind.”
- **Two-spirit (2S)** – native American term, third gender, inclusion of masculine and feminine.



Gender

Cisgender



Queer/Non-Binary

Transgender



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Do you identify as a member of the LGBTQ+ community?

Reflection

Please only answer if you feel **comfortable**
and safe doing so!

Lack of response **does not equal** disclosure.



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How comfortable do you feel treating people who identify as LGBTQ+?

Reflection

Please only answer if you feel **comfortable**
and safe doing so!

Lack of response **does not equal** disclosure.



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Questions?



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Substance Use and Sexual Minorities/LGBTQ+

Substance Use Disorder (SUD) and LGBTQ+ Community

- Questions regarding sexual orientation vary widely and lack standardization.¹
- Within Pennsylvania, 4.1% of residents identify as LGBT, and of these:²
 - 27% have an income under \$24k/year (compared to 18% among non-LGBT adults).
 - Educational attainment is comparable to non-LGBT individuals.²

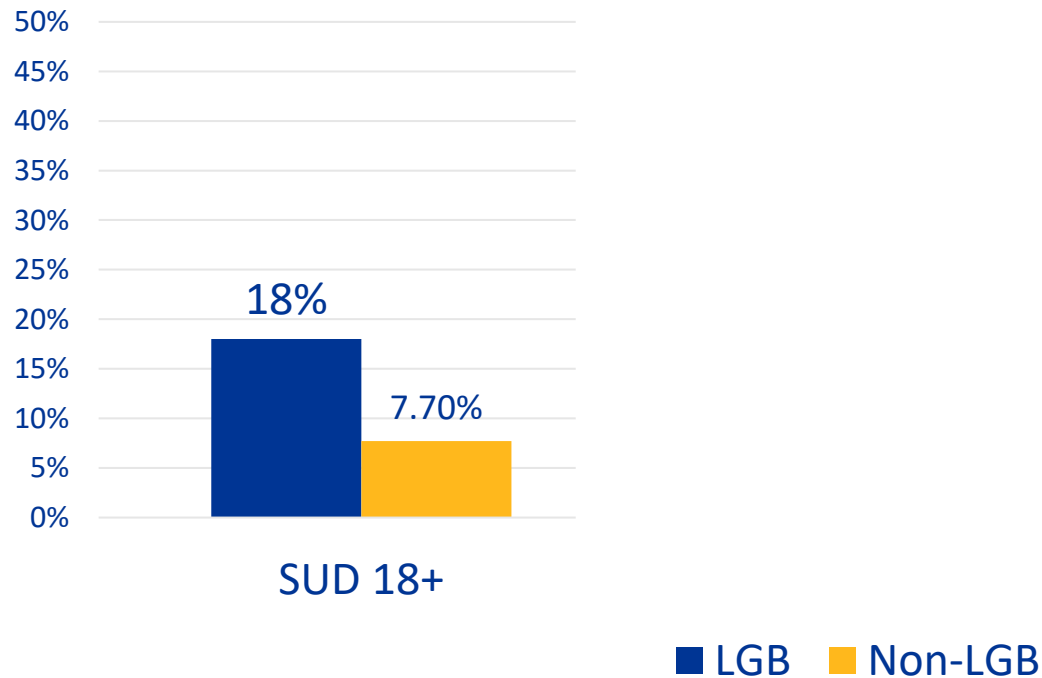


(¹Institute of Medicine, 2011; ²Williams Institute UCLA School of Law, 2019)



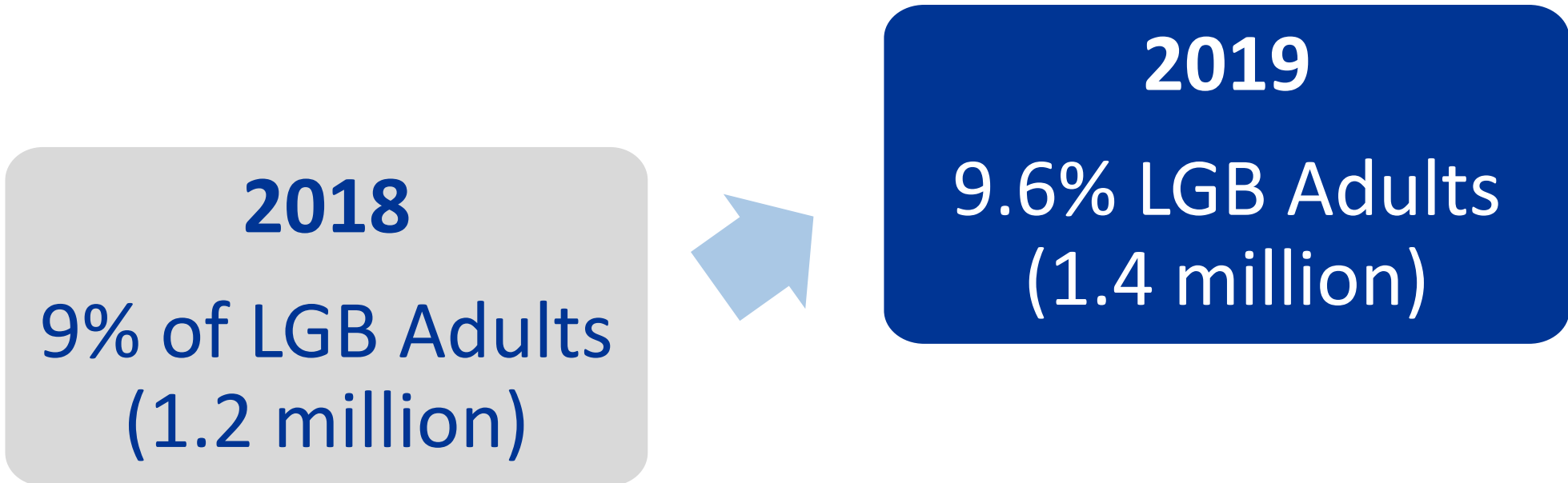
LGB Adults: SUD and Mental Illness

Rates of SUD and Mental Illness among LGB Population in the US (2019)

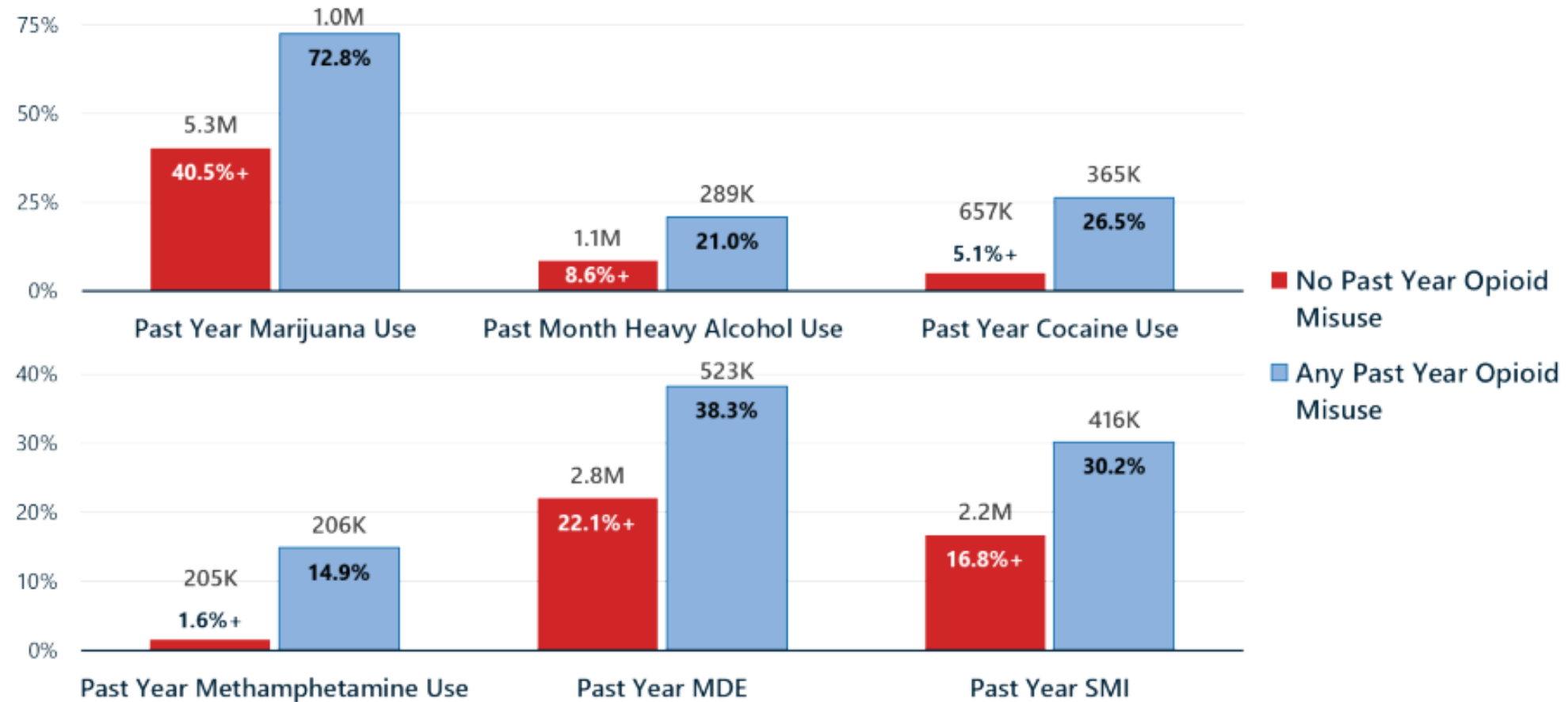


LGB Adults: Opioid Use Disorder

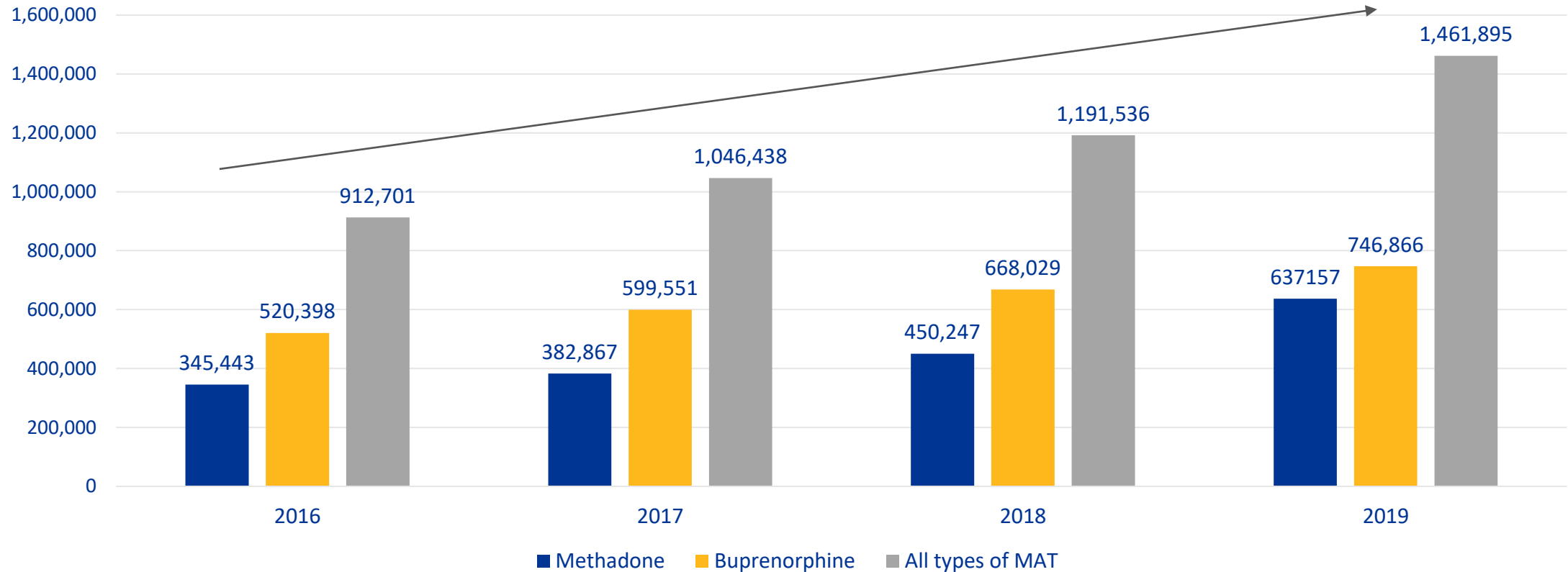
According to the SAMHSA 2019 National Survey on Drug Use and Health, the rate of opioid use disorder is increasing among LGB adults.



LGB Adults: Polysubstance Use



LGB Adults: Treatment Gains



Experiences and Challenges of the LGBTQ+ community

Experiences and Challenges of the LGBTQ+ community

- Between **21- 30%** of transgender individuals and **9%** of LGB individuals have **avoided seeking emergency care** due to “concern that their gender identity would negatively affect the encounter
- Rural individuals may have few/no alternatives
- Avoidance of care leads to:
 - Worse health **outcomes**
 - More **severe** problems
 - Eventual **increased utilization**
 - Increased **cost**



LGBTQ+ Experiences: Mental Health

Compared to heterosexual individuals, LGBTQ+ individuals are:

1.5x times more likely to experience depression and anxiety¹

2-3x times more likely to attempt suicide³

Substance use disorder is associated with nearly **double levels of suicidality** (thoughts, plans, attempts)²



38% of LGB adults with severe mental illness **did not receive treatment** in 2019²

(¹McNamara & Ng 2016; ²Substance Abuse and Mental Health Services Administration, 2019; ³Office of Disease Prevention and Health Promotion n.d.)



LGBTQ+ Experiences: Homophobia

Homophobia is “the irrational **fear** of, **aversion** to, or **discrimination** against LGBT behavior or persons¹

←————→
Violence “Just don’t act gay”
(microaggressions)



Marriage equality (Obergefell v. Hodges) happened in 2015²

RECOMMENDATION

Self-reflection, respectful allyship, vocal public support

(¹Heck, Flentje, & Cochran, 2012; ²Oyez n.d.)



LGBTQ+ Experiences: Heteronormativity and heterosexism

Heterosexism “denies, ignores, denigrates, or **stigmatizes non-heterosexual forms** of emotional and affectional **expression**, sexual **behavior**, or community.”^{1,2}

- Assuming a married **woman has a husband** or that a man only has female sexual partners
- Refusal to use pronouns

RECOMMENDATION

Ask about a non-gendered spouse or partner and use open-ended questions like, “Are you married?”, “Do you have sex with men, women, or both?”

(¹Schweiger-Whalen 2019; ²Heck, Flentje, & Cochran, 2012)



Disclosure of LGBTQ+ Identity

- Disclosure, or “coming out” is the process or act of sharing your sexuality or orientation with others.
- Disclosure is a very **vulnerable** experience.
- Disclosure is associated with **rejection** and fear for many.
- Disclosure happens **multiple times**.
- Identity is fluid.



Disclosure of LGBTQ+ Identity: Providers

Negative medical experiences¹

- 56% percent of LGB respondents
- 63% of individuals living with HIV
- 70% of transgender or non-conforming individuals



Negative outcomes¹

- 8.4 factor increase in suicide attempts
- 3.4 factor increase in illegal drug use
- Poor screening²

(¹Lambda Legal, 2010; ²Schweiger-Whalen 2019)



Disclosure Support

- Acknowledge and **respect any confidentiality** requests. They may not be “out” to everyone.
- Don’t make jokes.



LGBTQ+ Experience: Violence

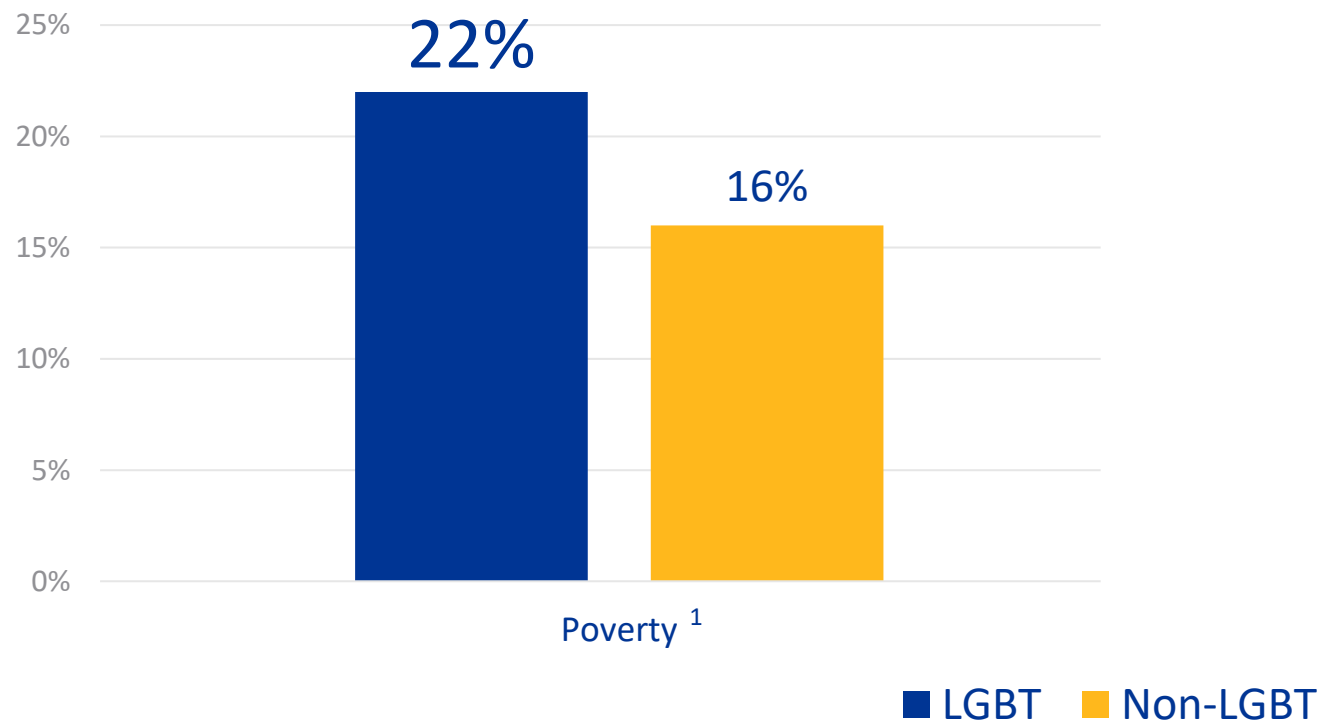
- Physical Violence
 - Increased risk of harassment and bullying^{1,2,3}
 - **Bisexual men and women** are more likely to experience intimate partner violence than other identities⁴
- Sexual Violence
 - Trans individuals, bisexual woman, and gay men more likely to experience **childhood** physical and sexual abuse⁵
 - One study found **63%** participants reported lifetime sexual assault⁶

(¹Kenny, Helpingstine, Abreu, 2019; ²Institute of Medicine, 2011; ³Heck, Flentje, Cochran, 2012; ⁴Brown & Herman, 2015; ⁵SAMHSA 2019; ⁶Hughes, et. Al. 2010)



LGBTQ+ Experience: Economic Status and Homelessness

LBG Adults have higher rates of poverty and homelessness.



(¹SAMHSA, 2019; ²Wilson, et. Al., n.d.)



Gender Dysphoria

- Body dysphoria is not limited to gender identity (e.g., eating disorders)¹
- Not all gender non-confirming individuals (e.g., non-binary, queer) experience dysphoria
- The first step in treatment for gender dysphoria is a **mental health screening or assessment**^{2,3}
- **Lack of access** to gender affirming care has been shown to result in **increased high risk behaviors** and increased rates of HIV infection.²

(¹American Psychiatric Association, 2013; ²McNamara & Ng, 2016; ³Deutsch, n.d.)



Older LGBT+ Adults

- 2 million LGBT individuals over 50¹
- Co-occurring substance use and mental illness nearly **doubled** between 2016-2019.²
- Older LGBT adults are:^{1,3}
 - Less likely to **disclose** identity
 - **Less likely to be married/partnered** and live alone (associated with poor mental and physical health)
 - More likely to smoke and **drink heavily**



Pronouns

Normalize Indication Of Pronouns

- Refer to motivational interviewing
- Introduce self with own pronouns
- Include in email signatures, printed materials
- Personal pronouns are not preferred (i.e., use is not optional)
- Failing to identify transgender/NB patients by identified names and pronouns **“can have deleterious effects on their satisfaction and overall quality of care.”¹**



They/Them

- Singular They/Them is considered **grammatically correct by major style guides** and universities.^{1,2}
- Language is **constantly evolving**.
We used to default to he/mankind.
- Other pronouns, such as Ze or Xir, are valid and should be used as much as possible when indicated by patients/clients.



(¹Caplan, 2020; ²Purdue University, n.d.)



Errors/Corrections

1. Apologize

“Sorry, I misspoke.”

2. Restate and correct

- ~~Alex forgot her bag.~~ Alex forgot *his* bag.
- ~~April missed *their* appointment today.~~ April missed *their* appointment today.
- Be an ally: “I noticed you used he/him when referring to Riley. Riley uses she/her.”

3. Live in and **internally acknowledge any discomfort** you may feel



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LGBTQ+ Inclusive Best Practices

Structural and Organizational

Transgender-specific protocols will improve patient satisfaction of the entire LGBTQ+ umbrella.¹

Training and marketing materials should include diverse examples inclusive of LGBT patients.¹

Cultural humility and intersectionality training.

Scan current policies through a lens of LGBTQ+ inclusivity.²

Explicitly and openly “appreciate and value LGBT people, while confronting homophobia or transphobia in themselves and others.”³

LGBTQ+ specific trauma resources and partnerships.²

¹Schweiger-Whalen, 2019; ²SAMHSA 2012;

³Heck, Flentje, & Cochran, 2012)



Staffing and Patient Care

Transgender-specific protocols will improve patient satisfaction of the entire LGBTQ+ umbrella.¹

Diverse and affirming peer support improves feelings of hope and empowerment.^{2,3}

Understand and support hormone therapy for transgender and non-binary individuals when requested.⁴

Designation of at least one easily accessible gender neutral restroom that does not require special access.⁵

Individuals may use the restroom that aligns with their gender identity or expression.¹

Support and be inclusive regardless of age.

(¹Deustch, n.d.; ²Heck, Flentje, & Cochran, 2012; ³SAMHSA 2012; ⁴Office of Disease Prevention and Health Promotion, n.d.; ⁵McNamara & Ng, 2016)



Structural and Organizational

Revise forms and documents with inclusive language.

Ask: “What orientation do you identify with?” and “Which sexes do you have sex with? (male, female, other).”

Anti-heteronormativity - Don't assume male-presenting people have a girlfriend/wife/female partners. “Do you have a partner or spouse?”

Have sex, gender, and pronouns on intake forms and in EHR – this is in REDCap.



Recap

- The LGBTQ+ umbrella includes **many identities**.
- LGBTQ+ adults have **higher rates** of substance use disorder and mental illness compared to non-LGBTQ+ individuals.
- LGBTQ+ individuals face **discrimination** (homophobia and heterosexism) which is associated with **negative health outcomes**.
- Pronouns are important to the **therapeutic relationship**.
- Implementation of best practices will improve patient care and outcomes.



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Questions?

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Slide 8: Child & Youth Health Network. N.d.

<https://childyouthhealth.org/tag/social-determinants-of-health/>

Slide 42: America's Charities n.d.

<https://www.charities.org/sites/default/files/styles/large/public/June%20Pride%20Month%20LGBTQUIA.jpg?itok=VK5RiPnH>

Slide 42: Human Rights Campaign. 2020 The human rights campaign celebrates national coming out day with new coming out resources.

<https://www.hrc.org/press-releases/the-human-rights-campaign-celebrates-national-coming-out-day-with-new-coming-out-resources>



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