

# LGBTQIA2S+ Inclusion in Clinical Practice

In partnership with Mental Health Technology Transfer Center



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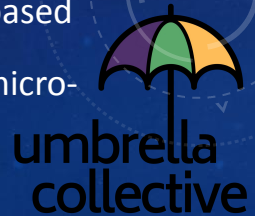


# Description & Learning Objectives

This 90-min webinar in partnership with Umbrella Collective will focus on mental health clinical information that seeks to be inclusive of LGBTQIA2S+ identities, authenticity, power, and difference in an anti-oppressive framework. This training serves to increase critical awareness of overt and covert marginalization dynamics within personal lives, society, and within professional work within each organization/s. The goal is to build supportive resources and relationships within the culture of the self that extends to professional practice within organization/s that promote an inclusive, anti-oppressive stance to benefit everyone.

## Learning objectives:

- ❖ Develop an anti-oppressive lens toward LGBTQIA2S+ people in personal and professional life.
- ❖ Increase understanding of one's role in upholding and maintaining systems of power over marginalized identities within society and at the organization/s.
- ❖ Build and deepen relationships within the group to hold one another accountable to LGBTQIA2S+ identities with anti-oppression growth goals and actionable steps.
- ❖ Deepen one's knowledge and resource toolkit to have an LGBTQIA2S+ inclusive mindset in the face of overt and covert oppressions that occur in a day-to-day context within the work of the organization/s.
- ❖ For privileged identities, develop grounding techniques in the face of cis- and hetero- shame-based fragility to help facilitate engagement in difficult conversations.
- ❖ For people with marginalized identities, develop health boundary setting when experiencing micro- and macro-aggressions in life and professional practice.



# Agenda 1:30-3:00 pm (Pacific Time)

- ❖ Introductions
- ❖ Group Guidelines
- ❖ Why This Matters
- ❖ Key Terms/Concepts
- ❖ Group Experiential and Self Reflection
- ❖ Case Studies
- ❖ Fireside Reflections and Action Steps



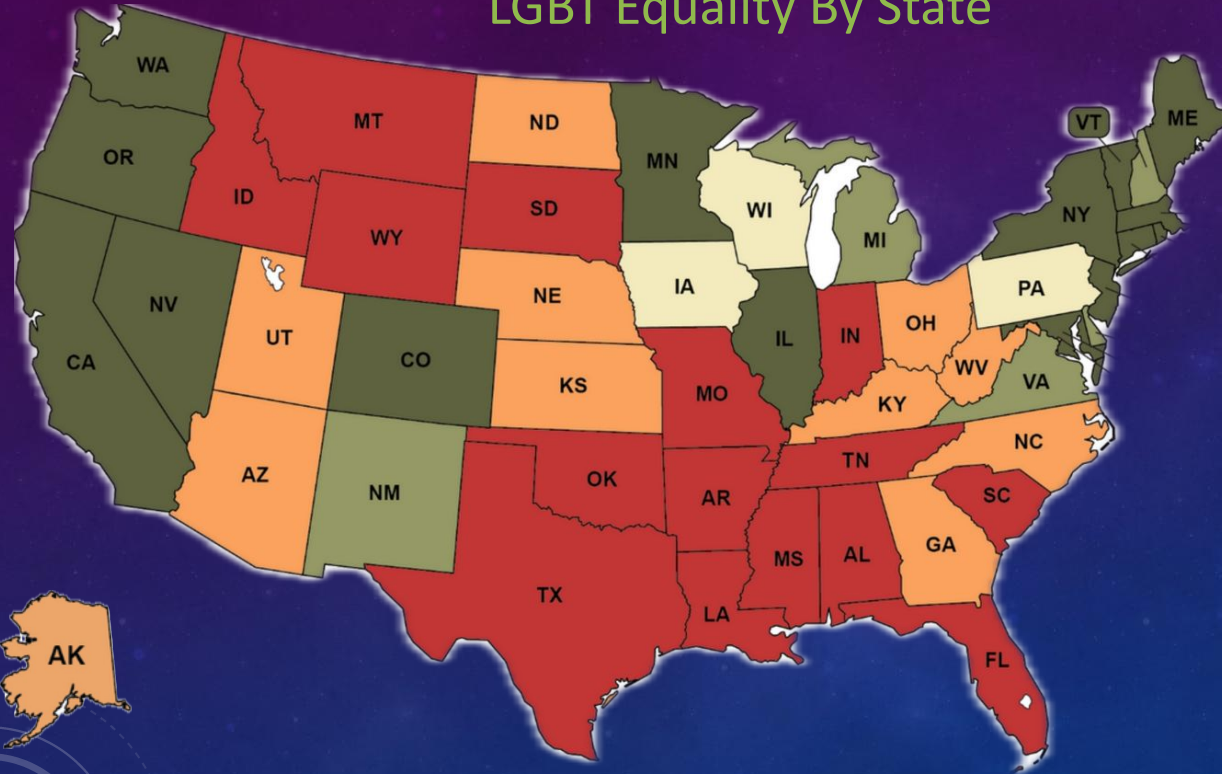
# Group Guidelines

- ❖ Brave space vs Safe space.
- ❖ Notice Somatic Cues.
  - Uncomfortable (body tense)
  - Comfortable (body relaxed and aware)
  - What brings about tension? How about release from tension?
- ❖ Assume best intent, attend to impacts.
- ❖ Ask questions along the way!.
- ❖ Participate in Zoom Polls



# Why This Matters

## LGBT Equality By State

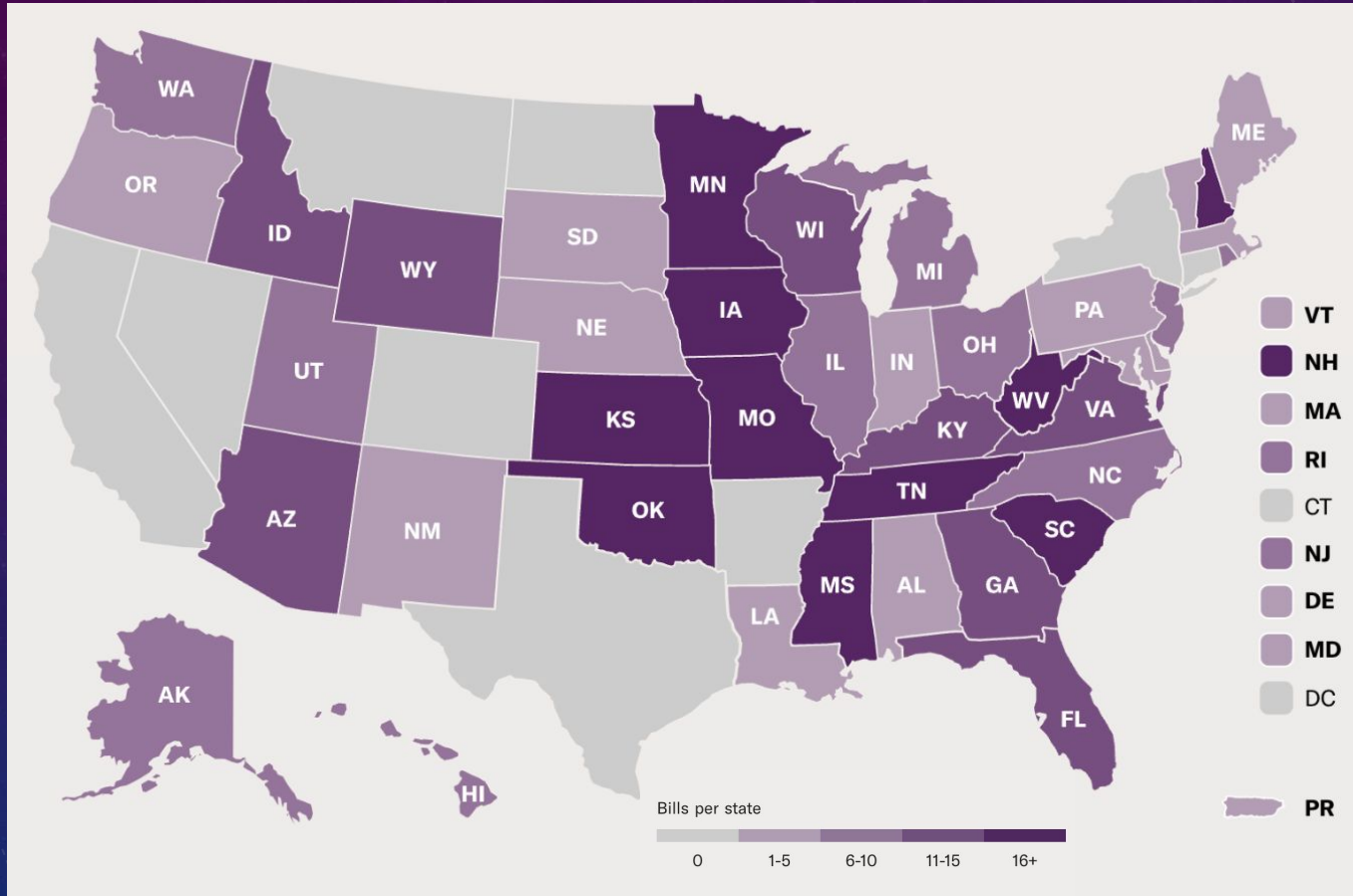


- High Overall Policy Tally (15 states + D.C.)
- Medium Overall Policy Tally (6 states)
- Fair Overall Policy Tally (3 states, 2 territories)
- Low Overall Policy Tally (11 states, 3 territories)
- Negative Overall Policy Tally (15 states)



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# Why This Matters...Anti-LGBTQ Bills in the U.S.



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## ID H0421

PASSED

### CIVIL RIGHTS

**Amends existing law to define terms and to revise definitions regarding "sex" and "gender."**

INDIVIDUAL'S SEX -- Amends existing law to define terms and to revise definitions regarding "sex" and "gender."



In human beings, there are two, and only two, sexes: male and female; (2) Every individual is either male or female; (3) An individual's sex can be observed or clinically verified at or before birth;

Why This Matters...

Idaho CIVIL RIGHTS



## ID H0455

PASSED

### BATHROOM

**Amends existing law to make codifier's corrections.**

CODIFIER'S CORRECTIONS -- Amends existing law to make codifier's corrections.

“ Requiring students to share restrooms and changing facilities with members of the opposite biological sex generates potential embarrassment, shame, and psychological injury to students, as well as increasing the likelihood of sexual assault, molestation, rape, voyeurism, and exhibitionism;

Why This Matters...

Idaho BATHROOM





# Why This Matters...Access to transition and Detransitioners



On the 12th anniversary of my top surgery, I feel it's incredibly relevant to share that accessing gender affirming care is the best decision I ever made, and I would do it again and again and again. My only regret is that I didn't access it sooner and before I experienced puberty. Taking that right away from trans kids is incredibly cruel and I'm tired of trans kids being used as political pawns as democracy in the US crumbles.

If you or someone you know are raising funds for life saving gender affirming care please drop your fundraiser links in the comments and those of you reading this, please donate what you can. Every dollar counts.

Politicians won't save us, but we can save each other.

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Most detransitioners are not right wing shills who try to make being transgender harder. There's a lot of discourse about detransitioners, but I get the impression that people aren't aware of what seems to be a pretty general consensus among detransitioners.

The common argument seems to be that there aren't enough barriers for gender affirming care and that those who detransition received care very quickly. But the reality is that gender affirming care is inaccessible to most people and what makes it hard for a lot of detransitioners is that they did indeed go through all of the right steps, but for one reason or another realized it wasn't for them. Most people who detransition, will retransition and how we define detransition is still fairly loose. It can be as simple as no longer taking hormones for medical reasons. #detransition #detrans #lgbt #pride #education

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# Group Experiential and Self Reflection...Backpack of Bias



Adapted from the Avarna Group. "From the knapsack of privilege to the backpack of bias." <https://theavarnagroup.com/from-the-knapsack-of-privilege-to-the-backpack-of-bias/>. Accessed 7/8/24.

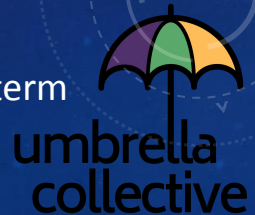
# Questions for Reflection: Backpack of Bias

- ❖ How do we recognize our own power/privilege? What responsibility do we have to attend to that recognition and awareness and how do we address that responsibility?
- ❖ How do we recognize our own experiences of marginalization and oppression? What do we do with that awareness?
- ❖ How do we recognize when unconscious bias is driving our reactions and engagement with others?



# Key Terms and Concepts

- ❖ **LGBTQIA2S+**
- ❖ **Gender Identity:** internal sense of self and gender that is not outwardly visible to others. For some, gender identity aligns with sex assigned at birth and for some gender identity differs in varying degrees from the sex assigned at birth
- ❖ **Gender Expression:** how a person presents gender outwardly through behavior, clothing, voice or other perceived characteristics.
- ❖ **Cisgender:** adjective that describes a person whose gender identity aligns with sex assigned at birth
- ❖ **Transgender:** adjective that describes a person whose gender identity differs from the sex assigned at birth.
- ❖ **Nonbinary:** term that can be used by people who do not describe themselves or their genders as fitting into the categories of man or woman. Genderqueer might also be a term used to describe their gender identity



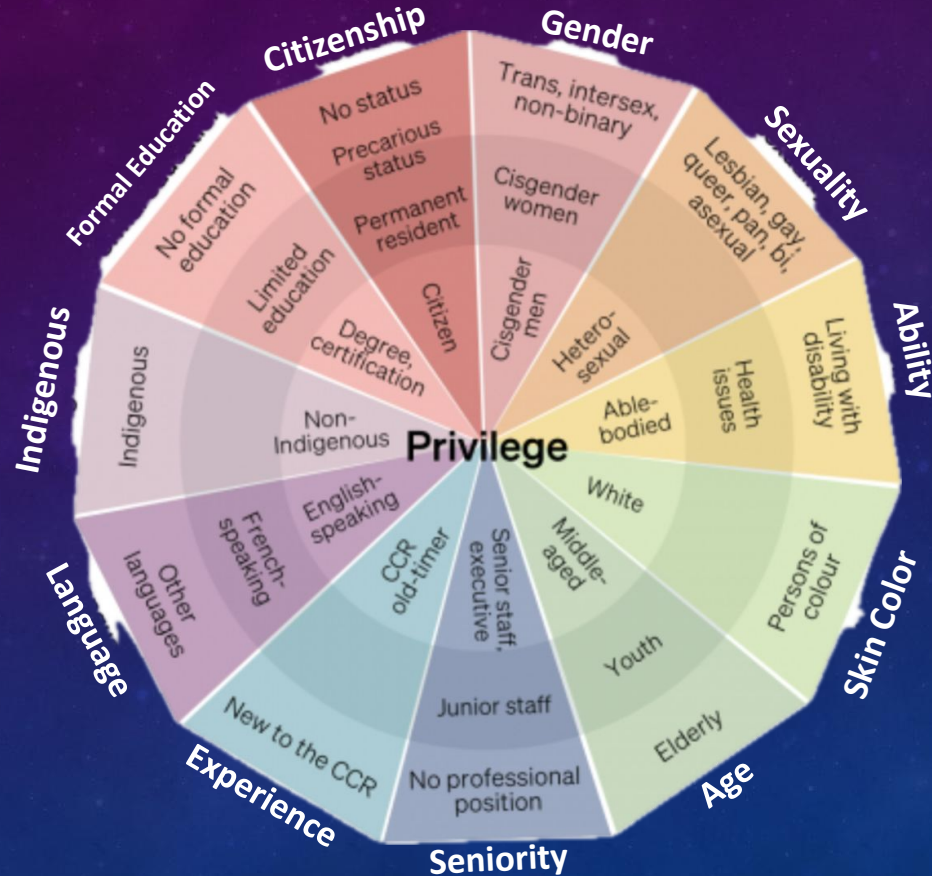
# Key Terms and Concepts

- ❖ *Queer vs. Gay vs. Lesbian vs. Homosexual vs. Bisexual vs. Pansexual*
- ❖ *Straight vs. Heterosexual*
- ❖ *Monogamy vs. Polyamory vs. Nonmonogamy*
- ❖ **Transphobia / Homophobia:** conscious and unconscious negative beliefs about what it means to be transgender, non-binary, gender non-conforming or outside of the heterosexual spectrum. These beliefs prioritize cisgender and heterosexual identities and can perpetuate oppression, violence and exclusion
- ❖ **Implicit Bias:** assumptions, stereotypes, and unintentional actions (positive or negative) we make towards others based on identity labels like race, religion, age, gender, sexual orientation, or ability. Because our implicit associations are stored in our subconscious, we may act on our biases without even realizing it. Often, our implicit biases contradict our values.



# Key Terms and Concepts

- ❖ Power/Privilege
- ❖ Intersectionality



## Case Study: Spencer (he/him)

Spencer is a 15-year-old cisgender male, 1st generation Latino, whom you recently started therapy with. From the initial consultation with Spencer, you learn he has recently come out at school as “Gay,” and he has a counselor at school he connected with regarding support to come out at home as well. At school, there is a lot of new dating and relationships happening in his peer friend group. While Spencer reports experiencing support from peers at school within the GSA, he also reports having difficulty with his parents at home. His states his parents are supportive, and know about his gay sexuality, yet continue to emphasize his masculine features in side comments at the dinner table. “It’s like they forgot I even came out to them.”

In your initial consultation with their parents, you notice the parents are talking in a supportive way on the surface, except, they share that Spencer found your practice and they reluctantly said yes to therapy, but no one in the family has ever been to a mental health clinician before. In addition, the parents contend that anxiety and depression seem to be “getting worse ever since Spencer came at school.” The parents state that Spencer has been reporting having panic attacks at school lately, and they are seriously wondering if Spencer is using their sexuality as a way to avoid addressing the underlying mental health issues of anxiety and depression.

- Case Conceptualization
- What approach would you take with the parents?
- What approach would you take in working with Spencer?



## Case Study: Christina (she/her)

Christina is a white 30 year old trans-femme woman who initiated therapy in 2022 to address early childhood trauma, attachment wounding, and to receive ongoing support around her gender identity development. Christina started feminizing hormone replacement therapy in December 2022, and “out” in all spheres of her life (with friends, family, work) since early 2023. While Christina has found overwhelming acceptance and experiences gender euphoria within her Colorado community, she struggles with her family of origin who resides in the rural South. In therapy, Christina will discuss feelings she often needs to censor herself in order to maintain relationships with the remaining family members who have “accepted” her as a trans woman. She has lost several significant family relationships since coming out, including her father, stepmother, and uncle.

Christina frequently expresses a desire to just be a cis-woman and perceives this as a loss. The grief associated with this loss is amplified twice a year when she travels to the rural South to visit family. In a recent session, Christina discussed her recent trip home by plane. She expressed a great deal of fear for her safety and need for vigilance while traveling through a Southern state that recently passed anti-lgbtq legislation.

- Case Conceptualization
- How would you assist Christina in working with her fear and grief?
- How might your own identities as a therapist intersect in ways that could be a resource?
- What about in ways that could be a hindrance or even harmful?





# Fireside Chat: Questions and Answers



# References

[Transitioning in the Workplace](#)

[ACLU Equality Maps Tracker](#)

[Beyond the Gender Binary](#)

[History of Pride Flags](#)

[Glossary of Terms](#)

[Guide to understanding gender identity terms](#)

[Health Care Experiences of Patients Discontinuing or Reversing Prior Gender-Affirming Treatments](#)

[Interfaith Alliance - Colorado Safe Haven State for LGBTQ](#)

[Intersectionality](#)

[Lens of Systemic Oppression](#)

[LGBTQ Equality Maps \(MAPS\)](#)

[Power Wheel](#)

[World Professional Association for Transgender Health](#)

[Writing about Transgender People](#)

