Mental Health Implications of Working with LGBTQ+ Individuals through the Lifespan

Presented by Jordan Held LCSW

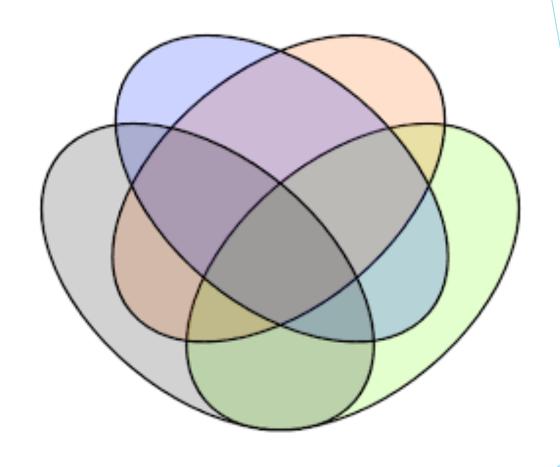


Objectives

- Describe the coming out process as it relates to different identities.
- Explain the clinical considerations pertaining to gender and sexual minority individuals.
- Describe the importance of providing affirming support and resources to this population.

Privilege Acknowledgment

Who am I, Who are you?
Why is it important to
understand your own identity?



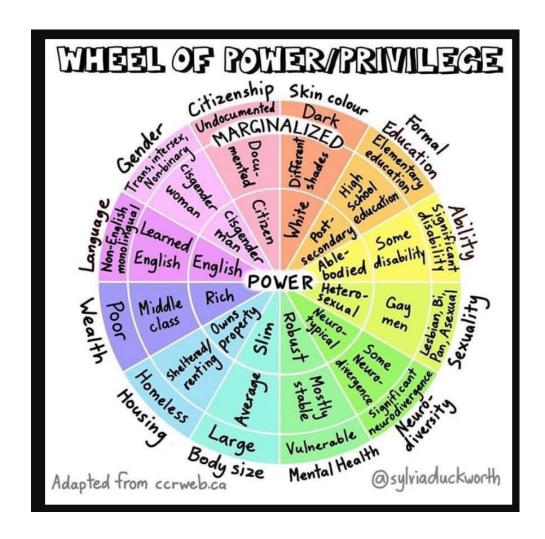
Examples of Privilege

- Do you ever fear that you will receive verbal abuse, physical intimidation, or be arrested when you use a public restroom?
- Has any medical provider asked about your genitals when you came in for a cold?
- Have you ever had to disclose your gender identity and /or sexual orientation when you did not want to?
- How else could cisgender/ heterosexual privilege show up in your work?
- Has anyone ever questioned the legality of your marriage/ partnership?

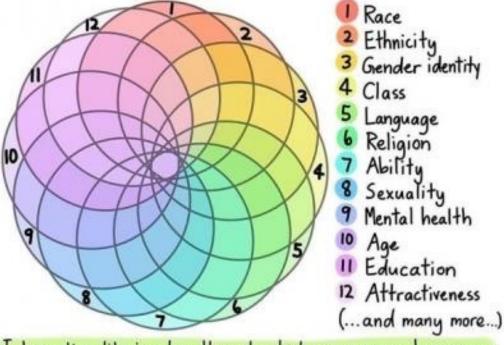
Acknowledging



- Most people don't think about their gender everyday/ ever
- Trauma- gender based experiences can be rooted in trauma
- Knowing about: When you have knowledge about a topic, work or specialize with a certain population BUT do not have personal experience
- Knowing of: When you have personal experience about something (still doesn't mean you can generalize)



DINTERSEGATION ALITY



Intersectionality is a lens through which you can see where power comes and collides, where it locks and intersects. It is the acknowledgement that everyone has their own unique experiences of discrimination and privilege.

Equality VS Equity

- Yes, everyone should be affirmed and feel safe
- AND different populations face different barriers and when we understand how those affect major health disparities, we need to work from an equity approach
 - Meaning that we go out of our way to ensure that marginalized populations are be prioritized in systems that have historically failed them

Explicit Bias

- Refers to the attitudes and beliefs we have about a person or group on a conscious level.
- Can be overt negative behavior expressed through physical and verbal harassment or through more subtle means such as exclusion.
- How has explicit bias shown up in your work (for staff and clients)?

Implicit bias (it's everywhere, within everyone)

- Despite our best intentions, implicit-biases affect the way we talk to and behave with patients.
- Biases can lead to inequitable care
- May communicate a stereotype or antagonistic message about LGBTQ people.
- How has implicit bias shown up in your work (for staff and clients)?

Implicit & Explicit Bias

Notice:

- How do my current beliefs serve me?
- What might I lose if I change my beliefs?
- What are the costs of maintaining my current perspective?
- ► How might it benefit me to change?

Setting Intentions

As providers, it is important to understand our own identities and intersectionality so we can best **facilitate** a client's individual journey

- Normalize (and legitimize) ALL gender identities and sexual orientations and shift away from a rigid binary
- Recognize culture, family systems, patient autonomy and safety
- Deconstruct gender violence perpetuated on and towards marginalized people
- Dismantle bystander behavior

Cultural Humility Principles

- I. Lifelong commitment to learning and critical self-reflection
- 2. Desire to fix power imbalances within provider-client dynamic
- 3. Institutional accountability & mutual respectful partnership based on trust

Cultural Humility

"A heightened consciousness and analytic grasp of how race and ethnicity, gender and sexual orientation, social class and status, religion and spirituality, age, and development stage, as well as physical or mental abilities affect the lives of people and their environments" (NASW, 2001)



Reflect on Your Own Biases and Misconceptions

Acknowledge and park judgment- no one assumes you know everything, however, be willing to *LISTEN*

Challenge yourself to confront your biases and explore feelings behind them

Is your responsibility to care for ALL clients

Refer to a more appropriate provider if needed

Apologize for mistakes and move on!

Privilege, society and overt/covert trauma

Structural Change

- Structural changes target an agency's practices, programs and policies.
- Structural changes are sustainable, even after key individuals are gone.
- Assess your organization's policies and practices to identify areas for strengthening services for transgender youth.
- Work with your LGBTQ+ client's and staff in this assessment to capture richest data possible.

Confidentiality

- Confidentiality is crucial for many LGBTQ people
- Framing confidentiality as SAFETY
- Disclosing confidential information could expose them to:
 - Abuse, rejection, increased negative mental health outcome, homelessness
 - Always get written and/ or verbal consent from youth before disclosing identity to teachers, family, etc.



Importance of Asking and Listening

- LGBTQ folks all have different ways of identifying
- What is our job? Affirm
 - What does affirmation mean?
- Terms are changing and that is a good thing
- We do not need to be keepers of language and identity



Minority Stress

- Chronically high levels of stress faced by members of marginalized populations.
- May be caused by a number of factors:
 - interpersonal prejudice and discrimination
 - poor social support
 - low socioeconomic status
- Numerous studies have shown that minority individuals experience a high degree of prejudice, which causes stress responses
 - (e.g., high blood pressure, anxiety) that accrue over time, eventually leading to poor mental and physical health (Meyer, 2007)

Minority Stress May Lead To:

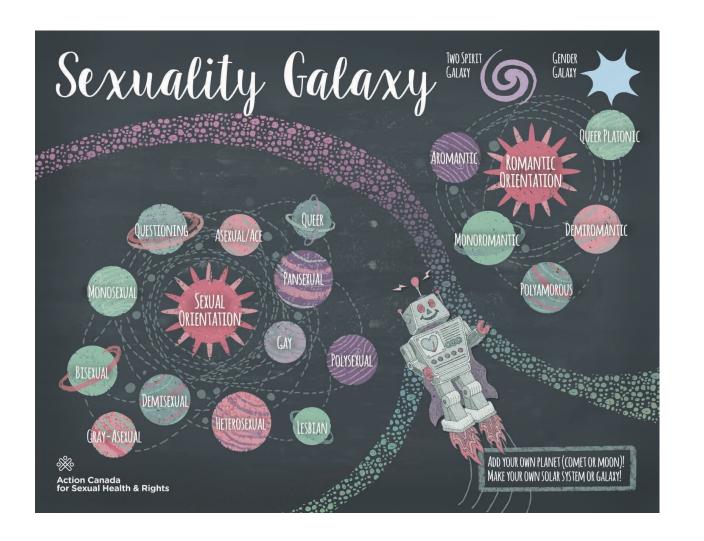


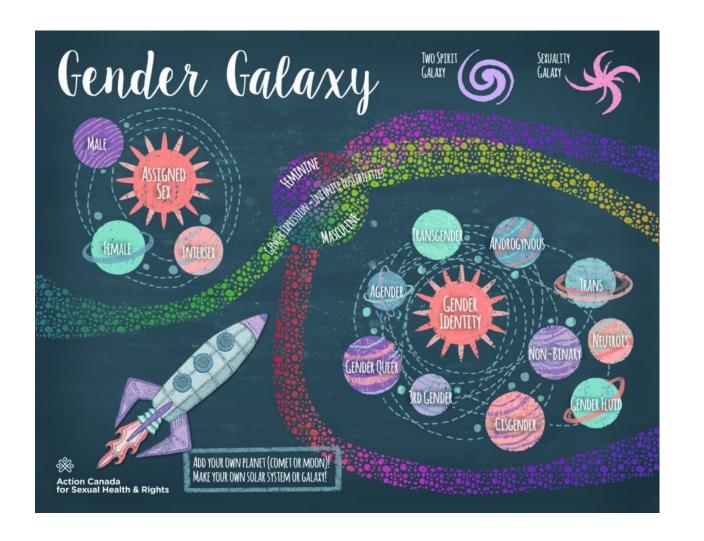
Gender Identity/ Gender Expression

- Cisgender: Refers to people whose sex designated at birth corresponds to their gender identity
- Transgender: An umbrella term for people whose gender identity does not correspond to their sex designated at birth
- Gender identity: is one's internal sense of self as male, female, both or neither

- Gender expression: The manner in which a person communicates their gender within a given culture and or social standard
- Everyone has a gender identity (whether you are trans or cis)





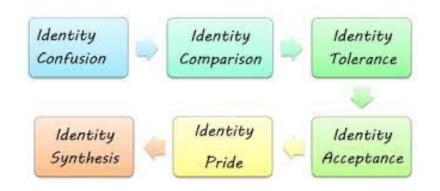


Stages of Coming Out



- Stage 1 Self Discovery
- Stage 2 Disclosure to Others
- Stage 3 Socialization with other LGBTQ+ People
- Stage 4 Positive Self-Identification
- Stage 5 Integration and Acceptance
- Stage 6 A Lifelong Journey

Adapted from Richard Niolan



Cass Model of Coming Out

Vivienne Cass (1979)- Stages are not linear and there are many variables in play regarding each phase

What are we missing?

Sociocultural factors, minority stress, etc.

Importance of Using a Person's Asserted Name

Chosen Name Use Is Linked to Reduced Depressive Symptoms, Suicidal Ideation, and Suicidal Behavior Among Transgender Youth (2017)

- ► This intervention was found to have its highest impact when youth were addressed by their asserted name in all four domains:
- School, Work, Home, Friends
- Using a youth's asserted name (different then birth/or legal name) is correlated with a reduction in depressive symptoms and suicidal ideations

Russel, Pollitt, Li, & Grossman (2017)

Social Determinants of Health

ECONOMIC

Rejection of LGBTQ youth by families contributes to high rates of homelessness for LGBTQ youth

Lack of legal protections for LGBTQ people in housing and employment contributes to housing instability and financial instability for this population.

HEALTH

Access to Primary Care

Health care providers' lack training contributes to patients dropping out of care, receiving sub-standard care, and concealing key information in care settings.

Widespread experiences of discrimination in healthcare contributes to delays of preventive care, resulting in poorer health outcomes.

SOCIAL AND COMMUNITY:

Social isolation of a stigmatized group forces socialization into bars contributing to higher rates of alcoholism, drug abuse and smoking.

Bullying of youth perceived to be LGBTQ is widespread and common, contributing to poor mental health outcomes for youth and adults.

Care Disparities

- LGBTQ people are more likely to:
- Attempt suicide and experience homelessness
- LGBTQ populations have higher rates of substance use
- LGBQ populations have a higher prevalence of negative mental health outcomes
- Transgender individuals have a high prevalence of attempted suicide and victims of violence.
 - ► Increased violence as Black/ POC
- LGBTQ Seniors often face high disparities as well



Health Care

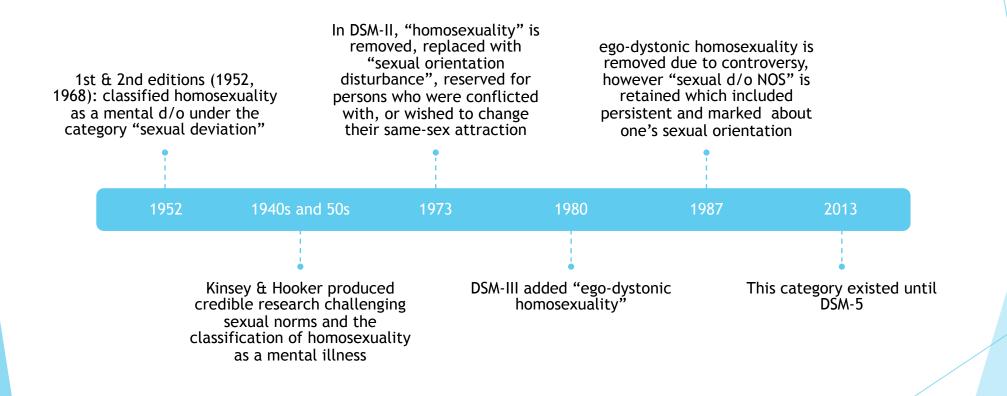
- Hospitals/ clinics/ MH Facilities have:
 - Limited to no experience with sexual and gender minorities
 - Lacking DEI training
 - Lacking inclusive signage
 - Lacking Safe work environments for staff
- Medical forms are not encompassing of:
 - Sexual orientation and gender identity
 - Names and pronouns
 - Assume patients are cisgender and heterosexual

LGBTQ History

- ► AIDS Epidemic, 1980s-1990s
- LGBTQ identities pathologized by medicine/mental health
 - Homosexuality removed from DSM in 1973
 - GID removed and replaced by Gender Dysphoria in DSM in 2013
- "Conversion" therapy widely used, without consent
 - Early variations included electric shock and chemical castration
- "Conversion" therapies still in use today, despite ample evidence that it causes harm and does not work



Evolution of the DSM



DSM Continued

Gender Identity Disorder, in previous editions, was changed to Gender Dysphoria in DSM-5

Shifted from focusing on one's *incongruence* with identity to an individual's *distress* about the incongruity

Given its own chapter; no longer grouped with sexual dysfunction and paraphilic disorders

Gender Dysphoria

Insistance

Persistence

Consistence

Why is Your Client at Treatment?

- Try not to over-treat or under-treat their gender identity and/ or sexuality
- Do not assume that sexual orientation/gender identity is the presenting problem
- Do not assume that it has no impact on their mental health
- ASK questions
- Have comprehensive assessment tool

Transgender Specific Statistics

- ▶ 19% were **refused care** altogether, due to gender identity or expression, with even high numbers among people of color
- 28% verbally harassed in a medical setting
- > 2% physically attacked in a doctor's office
- **50% taught their medical providers** about transgender care
- ▶ 28% postponed or avoided medical treatment when sick or injured
- > 33% delayed or **did not try** to get preventative health care

Grant J, Mottet L, Tanis J. Injustice at Every Turn: A Report of the National Transgender Discrimination Survey. *Natl Cent Transgender Equal Natl Gay Lesbian Task Force*. 2011.; display adapted from Adapted from Chen, JC (2017) *Educating Medical Students on Transgender Health*, AAMC presentation

Trans Broken Arm Syndrome



"It's when healthcare providers assume that all medical issues are a result of a person being trans.

Everything – from mental health problems to, yes, broken arms."

Association ≠ causality

Evidence-based medicine & clinical judgement



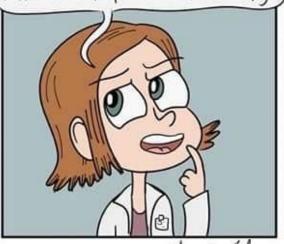
Trans Health Care



The only thing that will help you is rest. You just have a simple cold.



Which I suspect you caught from being on Hormone Replacement Therapy.



Patient/ Client Interview



Conversation not checklist

Modified HEADSSS Assessment

H (Home): social situation, are family/community members supportive of gender identity?

E (Education): school performance, social transition, bullying?

A (Activities): sports/hobbies/legal problems?

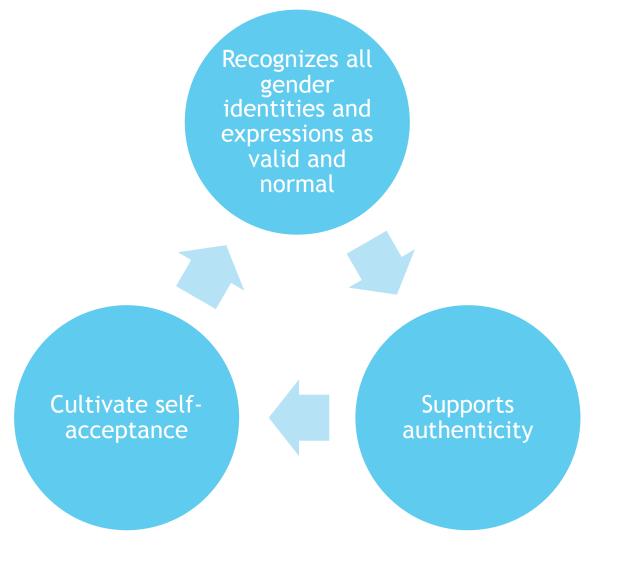
D (Drugs): substance use and hormones/herbs.

S (Sexuality): sexual orientation, type of sexual activity, safe practices?

S (Suicide/Depression): higher rates in trans youth/young adults (having parental support is key), therapist, hospitalizations.

Gender Identity: male, female, non-binary, other

An Affirmative Clinician:

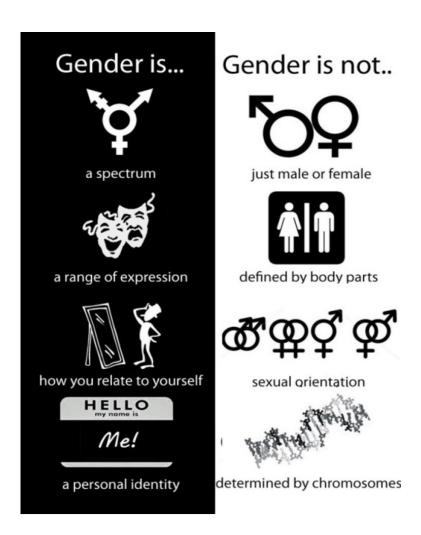


Recognizes that gender is not a deviation from "normal"

Knows that gender is not something to be "changed"

Understands that gender is not a diagnosis to be "addressed"

What is Gender Affirmation?



An *interpersonal* process that **recognizes and supports** an individual's unique gender identity and expression

What to Avoid

Shame/ Blame/ Guilt/

Can cause both internal and external negative outcomes...mental health, physical health, dysregulation, behavioral issues, etc.

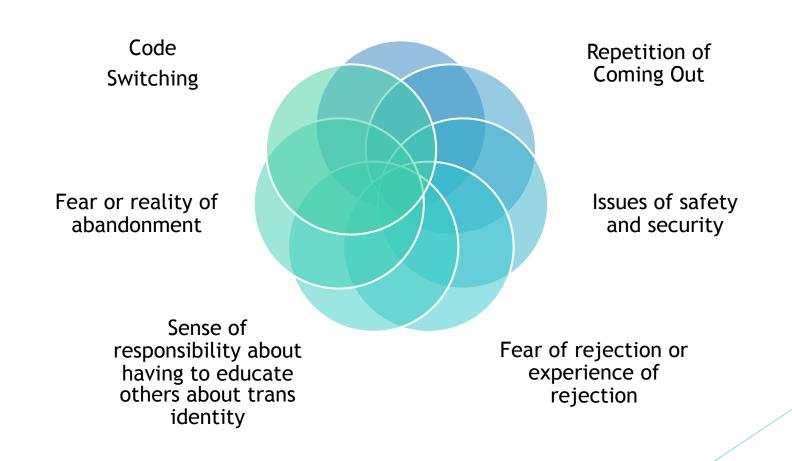
The most toxic of emotions

Can overwhelm [especially the child] causing sadness, depression, loneliness

Leads to feeling that the whole self is flawed

Anticipation of being shamed leads to anxiety

Elements of Disclosure



Visibility

- LGBTQ people come from all walks of life and experience many of the same health problems as non-LGBTQ people
 - This means that every organizational policy and procedure may impact the experience of LGBTQ people
 - Pay attention to the ways in which policies define patients' families
 - ▶ Define families as broadly as possible, so that partners, children, and even friends who have no legal status are included in accordance with patients' wishes.
 - Visitation policies, rooming policies, care plans, and decisionmaking processes are all policies that should undergo careful review
 - Posting these policies in a high-visibility area is a way to signal openness to same-sex partners and non-traditional families. (FenwayHealth)

How to Ask Questions?

- Remember: you should ask everyone, not just patients who think "might" be LGBTQ+
 - "What gender pronoun would you like me to use?"
 - "How do you define/identify your gender?"
 - "What are the words you use to describe your body parts?"
- Motivational Interviewing: OARS:
 - "Are you in a relationship? Tell me about it," rather than, "Are you married?" or "Do you have a girlfriend/boyfriend?"
- When talking with patients, do not assume anything, use the language they use- MIRRORING- If you are not sure what terminology to use, JUST ASK

If a Mistake is Made...

- Don't ignore it but also don't make it a big deal
- Acknowledge your mistake with a quick "sorry" and move on with the conversation
- "Oh, sorry about that Jordan"
- "My bad, that is what he said at the meeting"



Being An Ally



- Being an Ally to any Community requires more than simply saying "I am an ally"
- See Something. Do Something
- Reflect and mirror back the language a young person uses with you
- Use gender-neutral language when talking about relationships
- Being an ally takes time, effort, ability to cultivate trust & empathy
- Ally is an action, not an idea

How do you create a sense of belonging?



- Ask for individual feedback
- Know when to "sit down"
- Be intentional
- Be ok with giving up power (SCARY)!!!
- Recognize when your personal experience is getting in the way
- Make participants truly stakeholders
- Example: If only men designed a space for women do you think they might miss something?



Youth and Young Adults

What's Happening in THEIR World?

- ...and what's happening in ours?
- Things are shifting very FAST
- Understand positive and negatives of social media

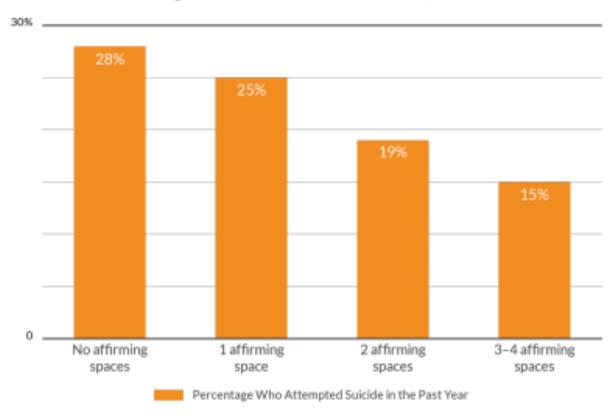




LGBTQ Development: Adolescence/Youth

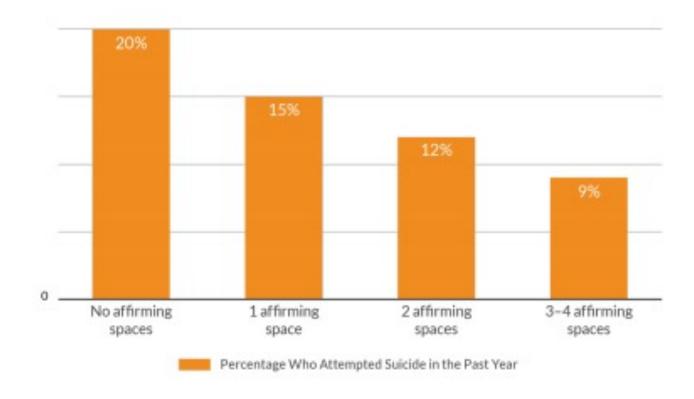
- Lack of opportunity to experiment with LGBTQ identity
 - Society
 - Family
 - ► Environment
- May be few age-appropriate activities/institutions available to LGBTQ youth
- Stress of homophobia/transphobia can lead to increased risk for self-harm/ suicidality/ disordered eating/ substance use

Association of Gender-Affirming Spaces with a Past-Year Suicide Attempt among Transgender and Nonbinary Youth



Association of LGBTQ-Affirming Spaces with a Past-Year Suicide Attempt

25%



Unsupportive or unsafe school environments can lead to a range of challenges for all youth, especially if they are LGBTQ. According to the Gay,



Lesbian and Straight Education Network's (GLSEN) National School Climate Survey, 74.1% of LGBT students reported being verbally harassed in their school based on their sexual orientation, 55.2% are verbally harassed based on their gender expression (Kosciw, Greytak, Palmer & Boesen, 2013, p. 24).



Covid-19 Implications on Youth

- Loss of extracurricular activities/ events/ community
- Understanding duality of social media usage
- Decrease in positive social interactions
- Increase in negative social interactions
 - In general, only one third of LGBTQ+ youth report having families who are accepting of their gender and/or sexuality.
 - One third experience parental rejection.
 - One third wait until adulthood to come out.

School & Social Support

- School Support
 - Connect to GSA
 - Letters
 - ► Bathroom access
 - ► Gym class/PE

- Social Support
 - Peers
 - Group Therapy
 - Facebook Groups



PARENT/GUARDIAN INVOLVEMENT

- Confidential -

Gender Support Plan

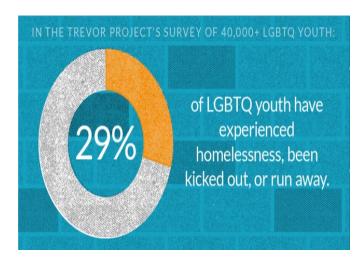
The purpose of this document is to create shared understandings about the ways in which the student's authentic gender will be accounted for and supported at school. School staff, caregivers and the student should work together to complete this document. Ideally, each will spend time completing the various sections to the best of their ability and then come together to review sections and confirm shared agreements about using the plan. Please note that there is a separate document to plan for a student formally communicating information about a change in their gender status at school.

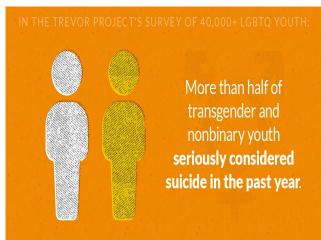
School/District		Today's Date	
Name Student Uses:	Name on Birth Certificate:		
Student's Gender Identity	Assigned Sex at Birth	Student Grade Level	
Date of BirthSiblin	Sibling(s)/Grade(s)/////		
Parent(s), Guardian(s), or Caregiver(s)	/relation to student		
/	<u></u>	/	
Meeting participants:			

Are guardian(s) of this student aware and supportive of their child's gender status? ____Yes ____No

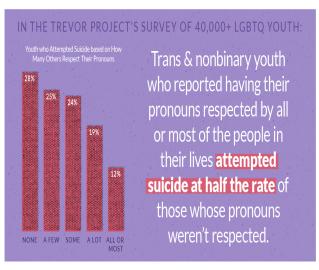
If not, what considerations must be accounted for in implementing this plan?







Nearly half of transgender and nonbinary youth didn't receive wanted mental health care due to concerns related to LGBTQ competence of providers.



Why Support Matters

Trevor Project, 2020 National Study of LGBTQ Mental Health Report

Self-Harm

- Relieve tension and overwhelming emotions
- Return to reality
- Establish control
- Seek security
- Reliable outcome
- Feel special and unique. Some say that disapproval adds to a sense of satisfaction.
- Influence or punish others, or prove how strong their emotions are.
- Punish themselves due to negative self-perceptions.
- Evoke a good mood. One theory is that the pain involved in self-injury may release endorphins (natural painkillers) that reduce emotional pain. A cycle is formed in which habitual self-injurers hurt themselves in order to feel better.
- It is important to understand the meaning self-harm has for everyone before assuming why they're hurting themselves

https://www.thetrevorproject.org/trvr_support_center/self-injury/

Family Acceptance

- Ask patients how their families have reacted to their coming out
- Parental acceptance vs parental rejection
- Levels of "support"
- Explain to parents/ caregivers the negative impact of rejecting words and behaviors, even when they mean well
- Suggest parents support their child's sexual orientation/gender identity as much as possible (okay to be uncomfortable; a little support goes a long way)
- Family Acceptance Project
 - http://familyproject.sfsu.edu/



Youth and Caregiver Perspectives on Barriers to Gender-Affirming Health Care for Transgender Youth

Barrier Theme	Associated Recommendation
Lack of accessible providers trained in gender-affirming health care for youth	Mandatory training for pediatric providers/staff on gender affirming healthcare and cultural awareness
Lack of consistently applied protocols	Develop pediatric protocols and roadmap for families
Inconsistent use of patient's Asserted name/pronoun	EMR: ask and record asserted name/pronoun
Uncoordinated care and gatekeeping	Multidisciplinary gender clinics
Limited/delayed access to pubertal blockers and cross-sex hormones	Provide HRT at age that permits peer- congruent development
Insurance exclusions	Transgender patient navigator to guide patients through insurance options



Adults

Types of Intimate Partner Violence

Online Harassment Hate Violence Sexual Violence

Stalking

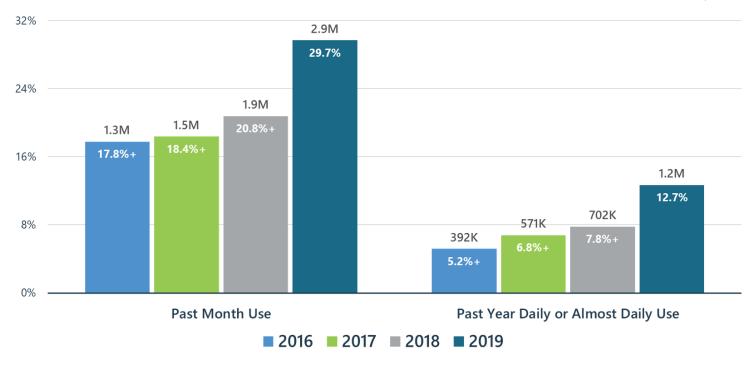
Intimate Partner Violence

Hookup Violence Financial Abuse



Significant Increase in Marijuana Use among LGB Adults 26+

PAST MONTH/YEAR, 2016-2019 NSDUH, LGB 26+

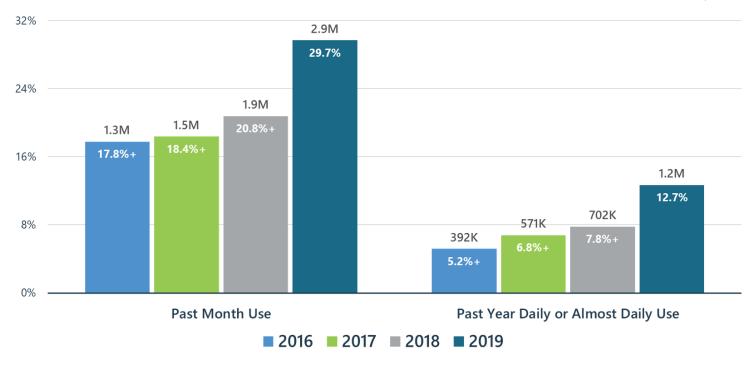


⁺ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.



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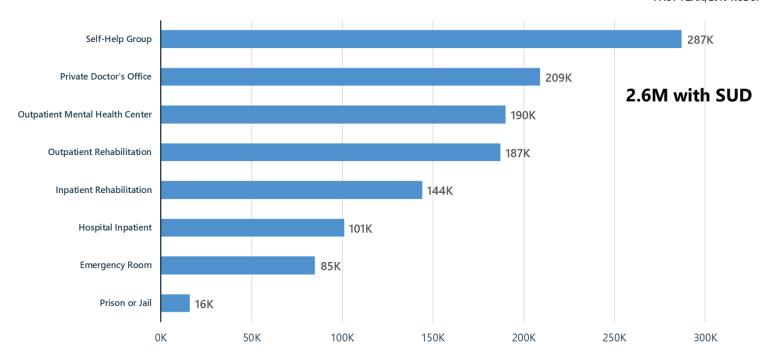


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Locations Where Substance Use Treatment was Received among LGB Adults

PAST YEAR, 2019 NSDUH, LGB 18+



Locations where people received substance use treatment are not mutually exclusive because respondents could report that they received treatment in more than one location in the past year.





Ryan White Act: HIV/ AIDS Support

Core Services

- Outpatient ambulatory/medical
- Early intervention (Part A & B)
- Home health care
- Home/community-based services
- Medical case management
- Substance abuse: outpatient

Ryan White Act: HIV/ AIDS

Support Services

- Case management (nonmedical)
- Pediatric Assessment/ early intervention
- Emergency financial assistance
- Food bank/home delivered meals
- Health education/risk reduction
- Housing services
- Legal services
- Medical transportation services
- Outreach services
- Permanency planning



Chosen Family

Family of Choice:

Diverse family structures that include but are not limited to:

Partners, close friends and other loved ones not biologically related or legally recognized by who are the source of social and caregiving support.



LGBTQ @ Work

- "Creating that safe space allowed me to come into work as my whole self instead of hiding my identity, which can take a mental toll. I'm able to voice my opinions, be more creative, and ultimately do a better job."
- "It's hard enough to "feel bad" without the added worry that my "feeling bad" today could lead to being unemployed tomorrow because of it."
- "Mental health is not something we should consider an afterthought—it's something we need to take care of daily. Each individual mind is so unique, so each person may need to apply a different strategy for mental health care."
- "When interviewing after college, I remember thinking, "Will my identity affect my ability to secure a job? How much should I share with coworkers?"
- (mindsharepartners.org)

Employment Considerations

- Barriers to employer-sponsored insurance
 - High levels of poverty and a lack of LGBTQinclusive protections from employment discrimination.
- Unique state specific issues:
 - Many people in same-sex relationships have difficulty obtaining a family policy to cover their partner or spouse.
 - Adoption/ family issues
- LGBTQ individuals may be unaware of financial assistance in obtaining insurance or new laws protecting against discrimination.



Veterans

- V.A is largest single provider of health care for LGBTQ adults in U.S.
- Estimates of LGBTQ population in Military are about 2-3% or about 70,000 at any given time (stat's are probably low).
- Unknown, but some data suggest there may be between 2000-6000 trans veterans in the U.S.
- Don't Ask, Don't Tell
- Discrimination, stigma, violence, lack of services



Insurance/ Health Care Considerations

- Among the LGBTQ community, one in four-26 percent-lack health insurance.
- Many of these uninsured LGBTQ individuals are eligible for financial assistance under the Affordable Care Act.
- Insurance coverage and access to health care are especially important for LGBTQ individuals because SDOH.
- These disparities are related to the discrimination, prejudice, and social exclusion that many LGBT people encounter throughout their life.





Seniors



LGBTQ+ Seniors

Vulnerable populations include patients who are racial or ethnic minorities, children, elderly, socioeconomically disadvantaged, underinsured or those with certain medical conditions. Members of **vulnerable populations** often have health conditions that are exacerbated by unnecessarily inadequate **healthcare**.

- Discrimination and mistreatment
- Scarcity of providers
- Lack of access to knowledgeable providers
- Barriers such as unemployment or poverty
- Refusals of service
- Reluctance to seek care

History of LGBTQ+ Older Adults

- Think of early DSM's
- Shame, trauma and fear
- For most of their adult lives, the only way for LGBTQ people in their 70's, 80's, and 90's to survive was to be "closeted"
- Internalized homophobia and transphobia
- Self-imposed isolation created depression, self-loathing, self-doubt, anxiety and sometimes a decision to commit suicide. There were high incidents of alcoholism, substance abuse, and physical abuse.
- They often were beaten, fired from their jobs, evicted from their homes, disowned by family, friends and community, dishonorably discharged from the military, hospitalized in psychiatric wards, taunted, arrested, imprisoned, or even killed when their sexual orientation or gender identity was revealed.

Social Risks and Health Disparities

- Less likely to be partnered or married, which may result in less social support and financial security as they age
- Gay and bisexual older adult men have significantly fewer children and are significantly more likely to live alone
- Older adults who live alone are at serious risk of social isolation, which is linked to poor mental and physical health, cognitive impairment, and premature chronic disease and death.

According to the Aging and Health Report:

- Higher rates of disability
- Experience higher rates of mental distress and are more likely to smoke and engage in excessive drinking
- Higher risk of cardiovascular disease and obesity than heterosexual women, and
- Older men are more likely to have poor physical health than their heterosexual counterparts.

Implications of Health Disparities

- Lifelong experiences of marginalization (minority stress) place LGBTQ seniors at high risk for isolation, poverty and homelessness
- Federal Laws discriminating against same sex couples marginalize LGBTQ seniors
- Discrimination in housing and nursing homes has been reported across America
- Trauma has left many of these seniors distrusting of institutions they may need later in life
- ▶ LGBTQ Seniors often lack social and family support networks

Implications for Long-Term Care

- High rates of caregiving
- Friends play a much greater role
- Higher rates of victimization and potential problems with physical and mental health
- Lack of access to many of the caregiving supports available since they are often not related by blood or marriage

Acknowledgement of growing population of LGBTQ elders...

Face ongoing challenges:

- discrimination
- health disparities
- unique caregiving situations
- differing long term care planning needs



Long-Term Care Continued

- Federal definition of marriage
- Disparities in public benefits programs for spouses versus partners
- Biological family considerations
- Specialized estate planning needs
- Important to have advance directives and other end-of-life documents in order



So Now What?

Language is not the only tool of communication...nonverbal communication

- Visual signage
 - ► Signs, buttons, flyers, colors
- Body language
 - Posture
- Social media
 - Are there people who look like the people you serve on your SM?
- Physical space





Identity Euphoria

How to help your clients cultivate identity happiness

Honestly reflect on your own biases, judgements and misconceptions

- Acknowledge and park judgment
- ▶ Challenge yourself to confront your biases & explore feelings behind them.
- Apologize for mistakes and move on...

Maintain Confidentiality

- Confidentiality is especially important to trans youth who are still vulnerable to discrimination.
- Discuss scope of confidentiality with youth, including which other staff will have access to their information.
- Don't record gender identity and other sensitive information without explicit consent.

Use inclusive language regarding gender identity and gender expression

- Don't assume someone's gender identity or which pronouns they use.
- If you are not sure, just use the person's name in place of a pronoun or respectfully ask.
- Don't ask someone what their "real" name is.

Be an advocate for LGBTQ individuals

- Help create an environment where derogatory language, misinformation or jokes about trans people are not accepted.
- Recognize biases and privilege in your environment
- Support youth in advocating for their needs and rights (i.e., challenging unnecessary exams or questions)

Inclusive Forms & Environment

- Modify all forms where gender identity or sex assigned at birth is required, to allow identities across the gender spectrum
- Build an inclusive environment with clear cues that signal to all that trans people are welcomed.
 - Ex. posters, staff buttons & stickers, & literature
 - ▶ Have accessible bathroom facilities.
- LGBTQ inclusive materials

Physical Exams / Screening

- Don't Forget Preventative Health Screenings
- Provide health screening based on patient's present anatomy
- Gender Neutral Physical Exams
- Using gender neutral terms for body parts, if possible
- Explain what parts will be examined & ask for consent



Time for questions and answers

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