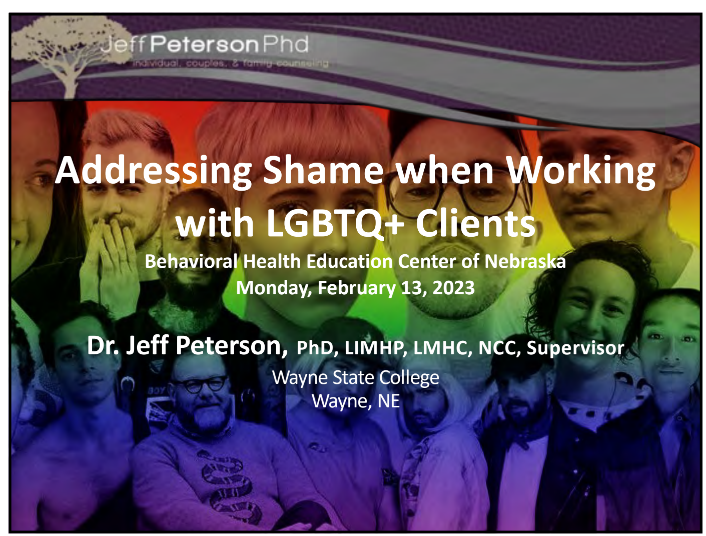
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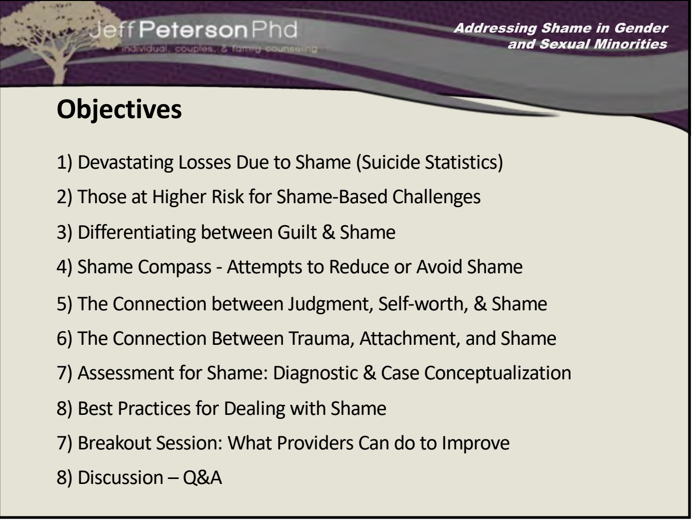
Addressing Shame when Working with LGBTQ+ Clients
Behavioral Health Education Center of Nebraska
Monday, February 13, 2023
Dr. Jeff Peterson, PhD, LIMHP, LMHC, NCC, Supervisor
Wayne State College
Wayne, NE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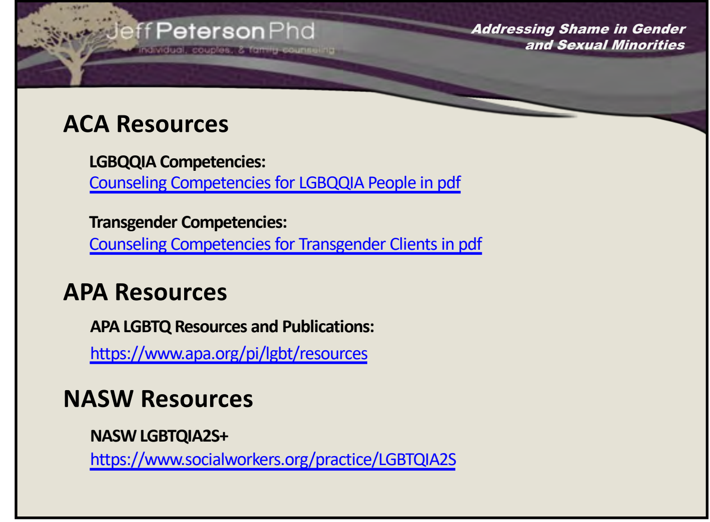
Addressing Shame in Gender and Sexual Minorities
Objectives
1) Devastating Losses Due to Shame (Suicide Statistics)
2) Those at Higher Risk for Shame-Based Challenges
3) Differentiating between Guilt & Shame
4) Shame Compass - Attempts to Reduce or Avoid Shame
5) The Connection between Judgment, Self-worth, & Shame
6) The Connection Between Trauma, Attachment, and Shame
7) Assessment for Shame: Diagnostic & Case Conceptualization
8) Best Practices for Dealing with Shame
7) Breakout Session: What Providers Can do to Improve
8) Discussion – Q&A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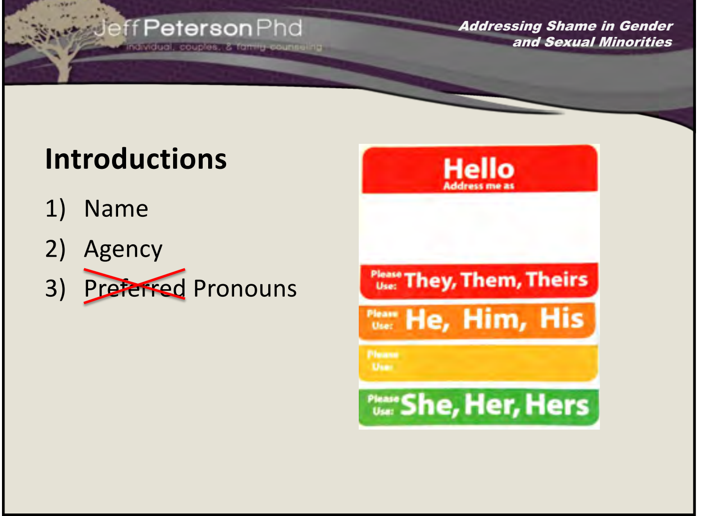
ACA Resources
LGBQQIA Competencies:
Counseling Competencies for LGBQQIA People in pdf
Transgender Competencies:
Counseling Competencies for Transgender Clients in pdf
APA Resources
APA LGBTQ Resources and Publications:
https://www.apa.org/pi/lgbt/resources
NASW Resources
NASW LGBTQIA2S+
https://www.socialworkers.org/practice/LGBTQIA2S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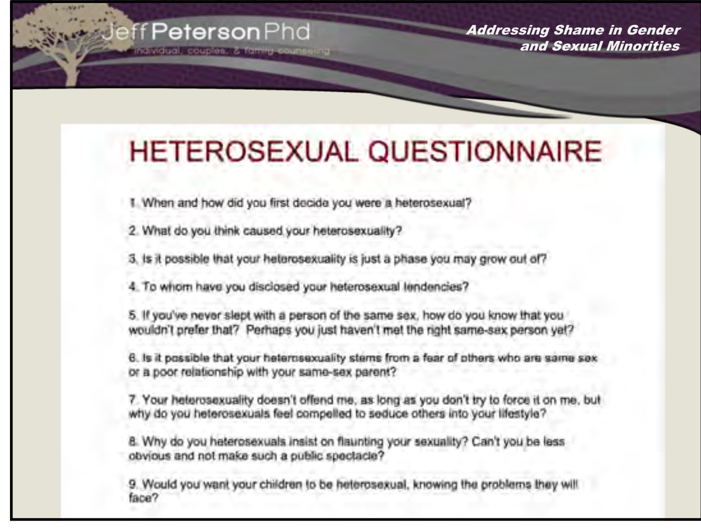
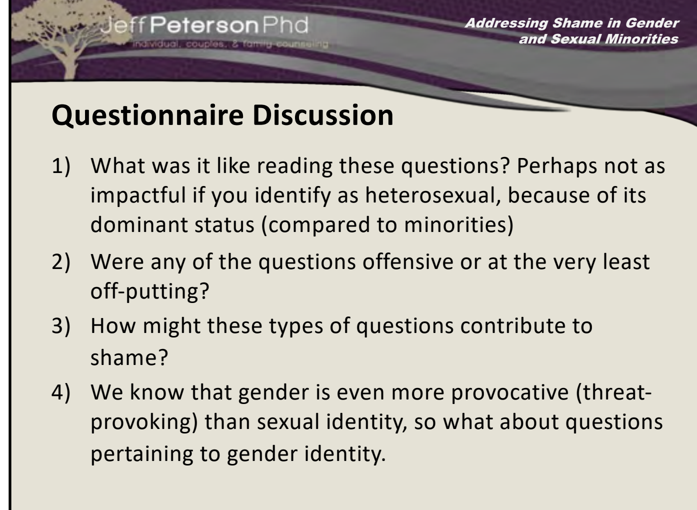
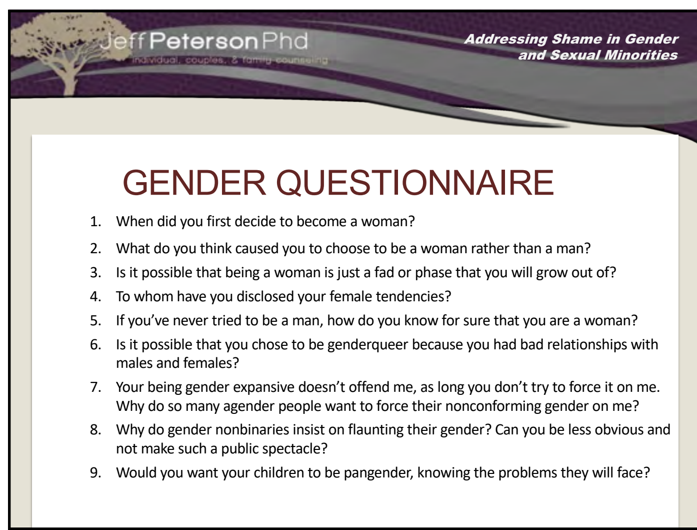
Introductions
1) Name
2) Agency
3) Preferred Pronouns
Hello
They, Them, Theirs
He, Him, His
She, Her, Hers



HETEROSEXUAL QUESTIONNAIRE

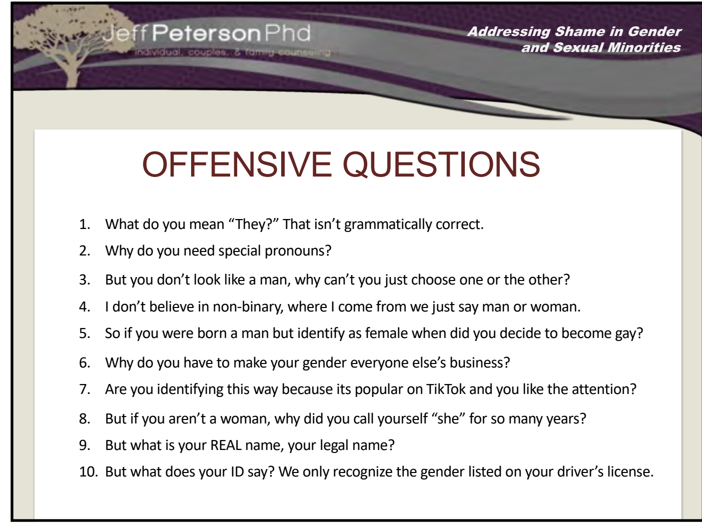
1. When and how did you first decide you were a heterosexual?
2. What do you think caused your heterosexuality?
3. Is it possible that your heterosexuality is just a phase you may grow out of?
4. To whom have you disclosed your heterosexual tendencies?
5. If you've never slept with a person of the same sex, how do you know that you wouldn't prefer that? Perhaps you just haven't met the right same-sex person yet?
6. Is it possible that your heterosexuality stems from a fear of others who are same sex or a poor relationship with your same-sex parent?
7. Your heterosexuality doesn't offend me, as long as you don't try to force it on me, but why do you heterosexuals feel compelled to seduce others into your lifestyle?
8. Why do you heterosexuals insist on flaunting your sexuality? Can't you be less obvious and not make such a public spectacle?
9. Would you want your children to be heterosexual, knowing the problems they will face?





GENDER QUESTIONNAIRE

1. When did you first decide to become a woman?
2. What do you think caused you to choose to be a woman rather than a man?
3. Is it possible that being a woman is just a fad or phase that you will grow out of?
4. To whom have you disclosed your female tendencies?
5. If you've never tried to be a man, how do you know for sure that you are a woman?
6. Is it possible that you chose to be genderqueer because you had bad relationships with males and females?
7. Your being gender expansive doesn't offend me, as long you don't try to force it on me. Why do so many agender people want to force their nonconforming gender on me?
8. Why do gender nonbinaries insist on flaunting their gender? Can you be less obvious and not make such a public spectacle?
9. Would you want your children to be pangender, knowing the problems they will face?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OFFENSIVE QUESTIONS
1. What do you mean "They?" That isn't grammatically correct.
2. Why do you need special pronouns?
3. But you don't look like a man, why can't you just choose one or the other?
4. I don't believe in non-binary, where I come from we just say man or woman.
5. So if you were born a man but identify as female when did you decide to become gay?
6. Why do you have to make your gender everyone else's business?
7. Are you identifying this way because its popular on TikTok and you like the attention?
8. But if you aren't a woman, why did you call yourself "she" for so many years?
9. But what is your REAL name, your legal name?
10. But what does your ID say? We only recognize the gender listed on your driver's license.

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How Would You Feel if you were Asked These Questions?

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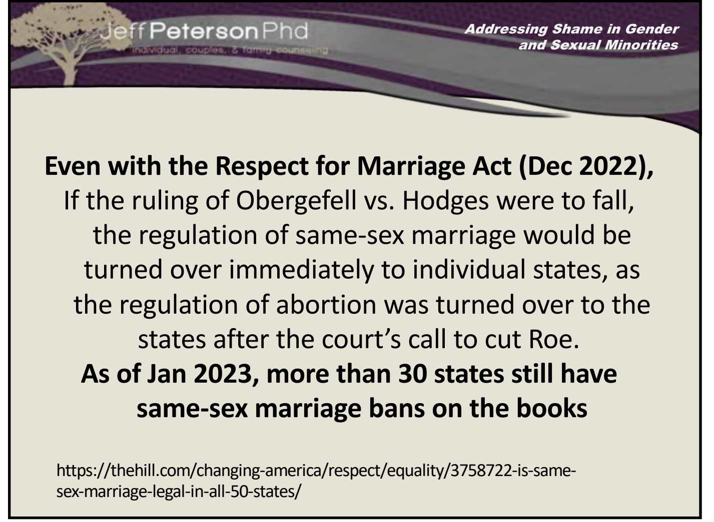
Why are We Still Talking About LGBTQ issues in 2023?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Even with the Respect for Marriage Act (Dec 2022),
If the ruling of Obergefell vs. Hodges were to fall, the regulation of same-sex marriage would be turned over immediately to individual states, as the regulation of abortion was turned over to the states after the court's call to cut Roe.
As of Jan 2023, more than 30 states still have same-sex marriage bans on the books
https://thehill.com/changing-america/respect/equality/3758722-is-same-sex-marriage-legal-in-all-50-states/

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Anti-LGBT+ Mobilization on the Rise in the United States
• Nine times as many anti-LGBT+ demonstrations were reported in 2021 relative to 2020, several of these demonstrations turned violent or destructive last year
https://acleddata.com/2022/06/16/fact-sheet-anti-lgbt-mobilization-is-on-the-rise-in-the-united-states/

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US State Readies First Anti-Transgender Bill of 2023
New Legislation in Tennessee Signals Renewed Assault on LGBT Rights
https://www.hrw.org/news/2022/11/18/us-state-readies-first-anti-transgender-bill-2023?gclid=CjwKCAiAs8acBhA1EiwAgRFdw0ROkkJ2DS0sPckdFi_np3owNVnzYKUz6cZsXwIvTWPwa0IMkX_FDBoCkbAQAvD_BwE

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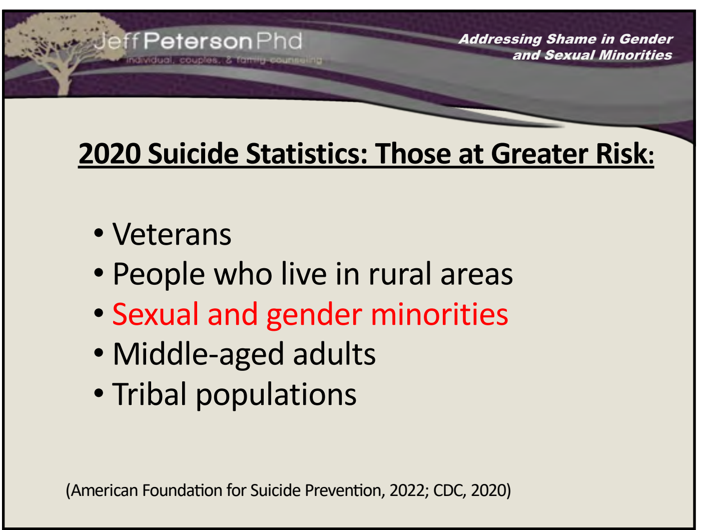
"Shame is an epidemic in our culture"
- Brene Brown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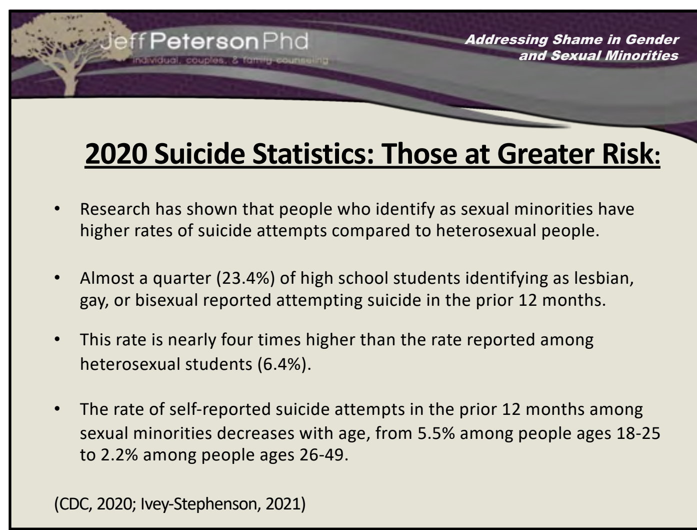
2020 Suicide Statistics: Those at Greater Risk:
• Veterans
• People who live in rural areas
• Sexual and gender minorities
• Middle-aged adults
• Tribal populations
(American Foundation for Suicide Prevention, 2022; CDC, 2020)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2020 Suicide Statistics: Those at Greater Risk:
Research has shown that people who identify as sexual minorities have higher rates of suicide attempts compared to heterosexual people.
Almost a quarter (23.4%) of high school students identifying as lesbian, gay, or bisexual reported attempting suicide in the prior 12 months.
This rate is nearly four times higher than the rate reported among heterosexual students (6.4%).
The rate of self-reported suicide attempts in the prior 12 months among sexual minorities decreases with age, from 5.5% among people ages 18-25 to 2.2% among people ages 26-49.
(CDC, 2020; Ivey-Stephenson, 2021)

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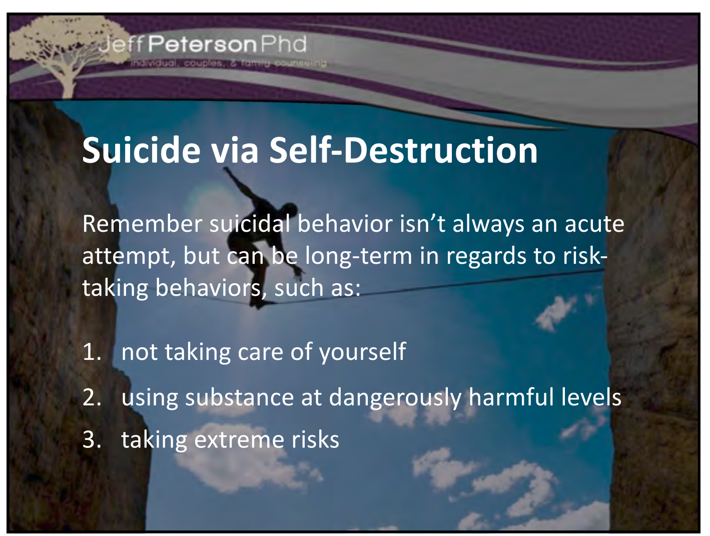
Many factors contribute to suicide among those with and without known mental health conditions.
Relationship problem (42%)
Problematic substance use (28%)
Crisis in the past or upcoming two weeks (29%)
Job/Financial problem (16%)
Physical health problem (22%)
Loss of housing (4%)
Criminal legal problem (9%)
Relationship, Crisis, & Substance Abuse issues higher risks
CDC's National Violent Death Reporting System, data from 27 states participating in 2015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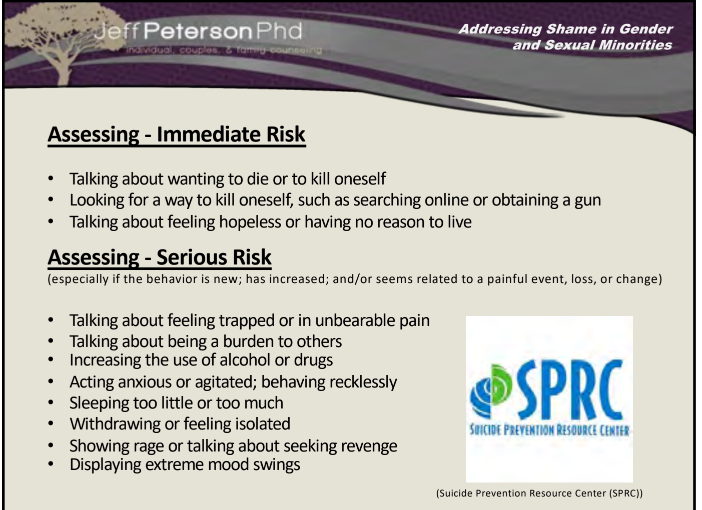
Suicide via Self-Destruction
Remember suicidal behavior isn't always an acute attempt, but can be long-term in regards to risk-taking behaviors, such as:
1. not taking care of yourself
2. using substance at dangerously harmful levels
3. taking extreme risks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Assessing - Immediate Risk
Talking about wanting to die or to kill oneself
Looking for a way to kill oneself, such as searching online or obtaining a gun
Talking about feeling hopeless or having no reason to live
Assessing - Serious Risk
(especially if the behavior is new; has increased; and/or seems related to a painful event, loss, or change)
Talking about feeling trapped or in unbearable pain
Talking about being a burden to others
Increasing the use of alcohol or drugs
Acting anxious or agitated; behaving recklessly
Sleeping too little or too much
Withdrawing or feeling isolated
Showing rage or talking about seeking revenge
Displaying extreme mood swings
SPRC
Suicide Prevention Resource Center
(Suicide Prevention Resource Center (SPRC))

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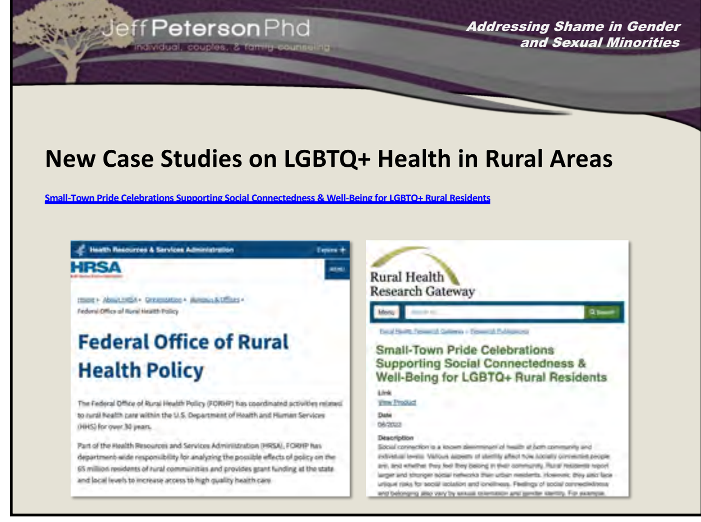
NATIONAL
SUICIDE
PREVENTION
LIFELINE
1-800-273-TALK (8255)
suicidepreventionlifeline.org
988
SUICIDE
& CRISIS
LIFELINE



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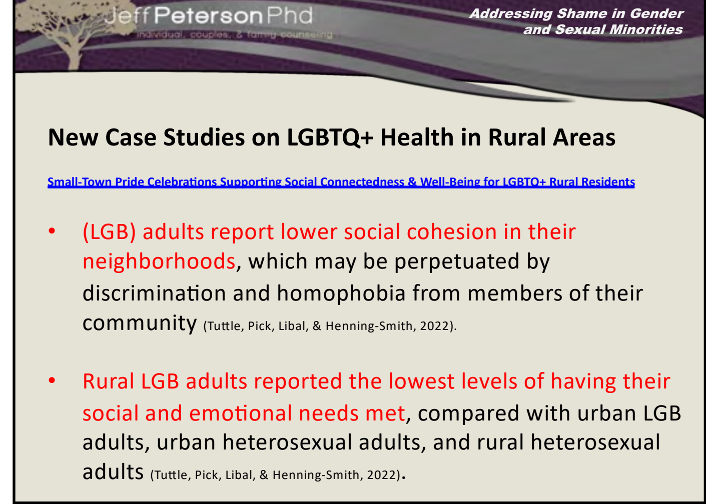
New Case Studies on LGBTQ+ Health in Rural Areas
Small-Town Pride Celebrations Supporting Social Connectedness & Well-Being for LGBTQ+ Rural Residents
HRSA
Federal Office of Rural Health Policy
Rural Health Research Gateway
Small-Town Pride Celebrations Supporting Social Connectedness & Well-Being for LGBTQ+ Rural Residents



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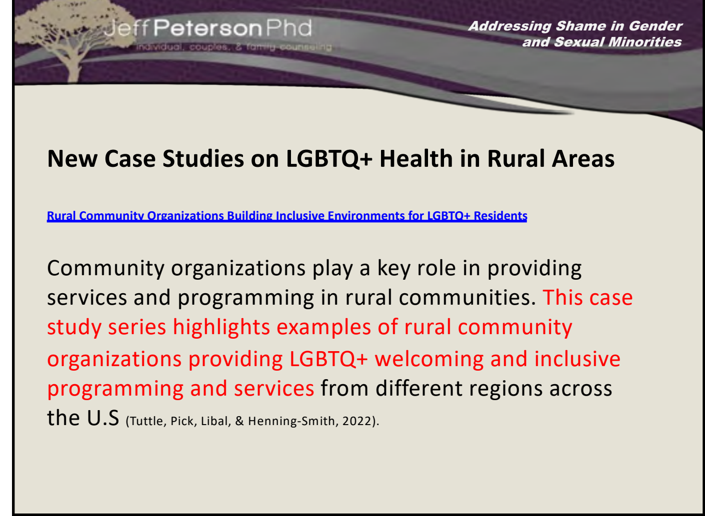
New Case Studies on LGBTQ+ Health in Rural Areas
Small-Town Pride Celebrations Supporting Social Connectedness & Well-Being for LGBTQ+ Rural Residents
• (LGB) adults report lower social cohesion in their neighborhoods, which may be perpetuated by discrimination and homophobia from members of their community (Tuttle, Pick, Libal, & Henning-Smith, 2022).
• Rural LGB adults reported the lowest levels of having their social and emotional needs met, compared with urban LGB adults, urban heterosexual adults, and rural heterosexual adults (Tuttle, Pick, Libal, & Henning-Smith, 2022).



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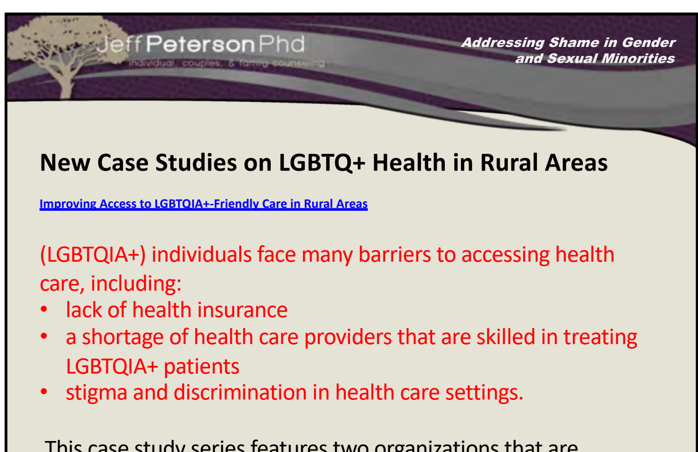
New Case Studies on LGBTQ+ Health in Rural Areas
Rural Community Organizations Building Inclusive Environments for LGBTQ+ Residents
Community organizations play a key role in providing services and programming in rural communities. This case study series highlights examples of rural community organizations providing LGBTQ+ welcoming and inclusive programming and services from different regions across the U.S (Tuttle, Pick, Libal, & Henning-Smith, 2022).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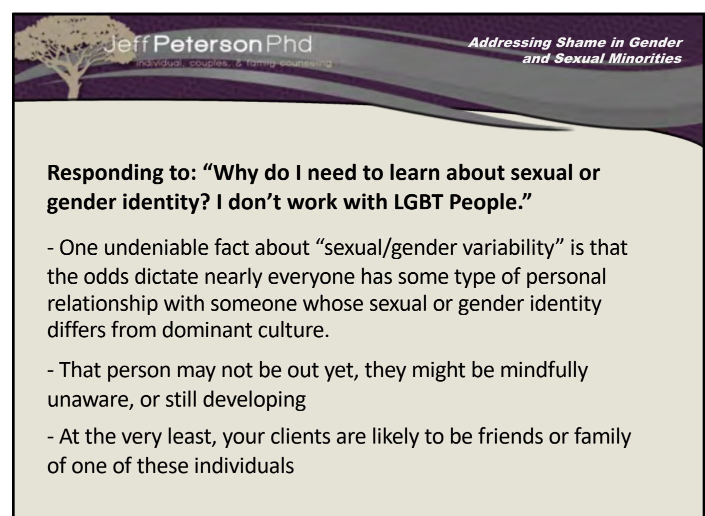
New Case Studies on LGBTQ+ Health in Rural Areas
Improving Access to LGBTQIA+-Friendly Care in Rural Areas
(LGBTQIA+) individuals face many barriers to accessing health care, including:
• lack of health insurance
• a shortage of health care providers that are skilled in treating LGBTQIA+ patients
• stigma and discrimination in health care settings.
This case study series features two organizations that are working toward improving health care for rural LGBTQIA+ patients (Henning-Smith, 2022).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Responding to: "Why do I need to learn about sexual or gender identity? I don't work with LGBT People."
- One undeniable fact about "sexual/gender variability" is that the odds dictate nearly everyone has some type of personal relationship with someone whose sexual or gender identity differs from dominant culture.
- That person may not be out yet, they might be mindfully unaware, or still developing
- At the very least, your clients are likely to be friends or family of one of these individuals

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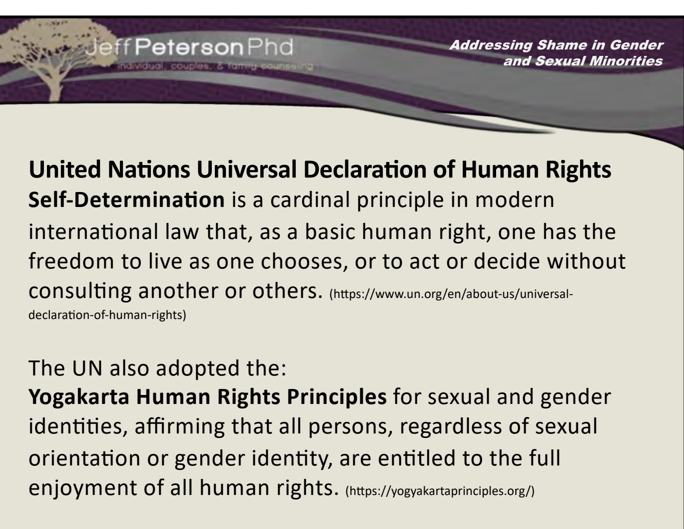
- LGBTQ rights are a component of overall HUMAN RIGHTS: A recent CNN analyst described, "Without comprehensive non-discrimination policy (for all minorities, not just LGBTQIA), people's lives can still be used as a political football for bipartisan politics"
- From a systems framework our advocacy towards dismantling unfair policy that contributes to our client's mental health issues is part of our ethical duty as a professional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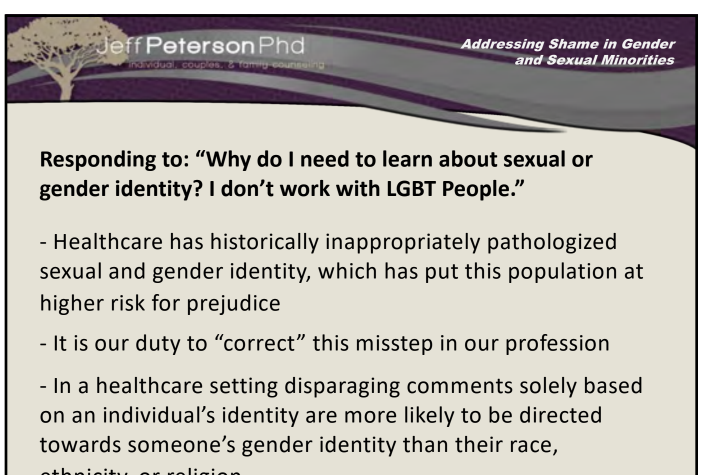
United Nations Universal Declaration of Human Rights
Self-Determination is a cardinal principle in modern international law that, as a basic human right, one has the freedom to live as one chooses, or to act or decide without consulting another or others. (https://www.un.org/en/about-us/universal-declaration-of-human-rights)
The UN also adopted the:
Yogakarta Human Rights Principles for sexual and gender identities, affirming that all persons, regardless of sexual orientation or gender identity, are entitled to the full enjoyment of all human rights. (https://yogyakartaprinciples.org/)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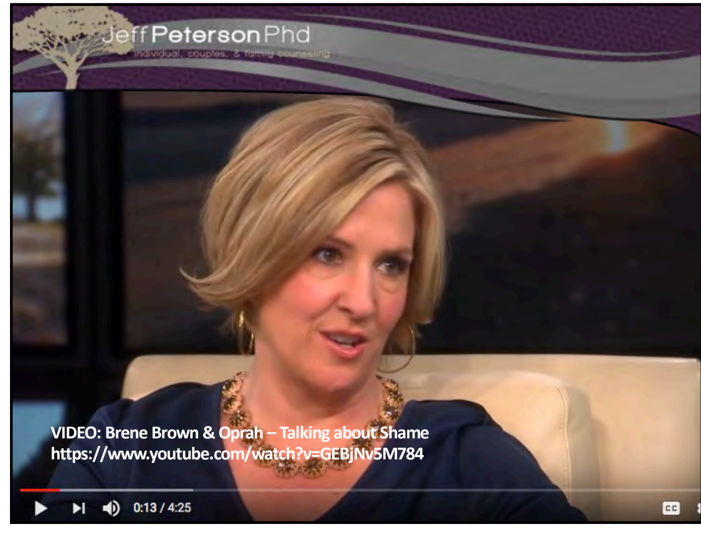
Responding to: "Why do I need to learn about sexual or gender identity? I don't work with LGBT People."
- Healthcare has historically inappropriately pathologized sexual and gender identity, which has put this population at higher risk for prejudice
- It is our duty to "correct" this misstep in our profession
- In a healthcare setting disparaging comments solely based on an individual's identity are more likely to be directed towards someone's gender identity than their race, ethnicity, or religion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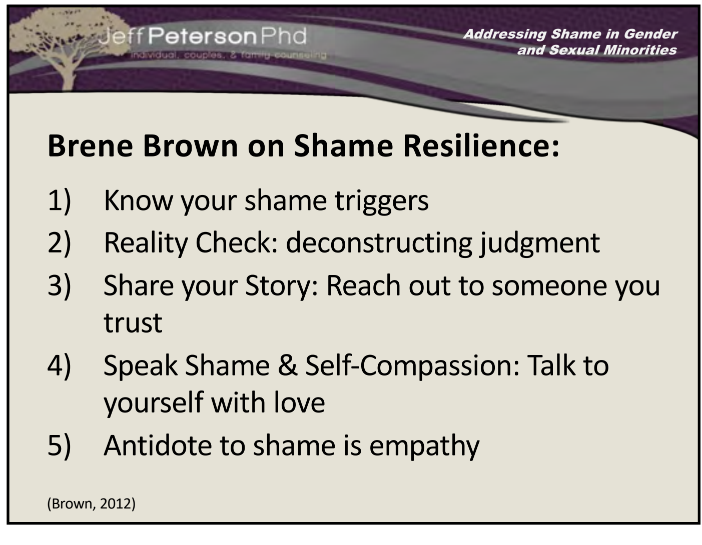
VIDEO: Brene Brown & Oprah – Talking about Shame
https://www.youtube.com/watch?v=GEBjNv5M784
0:13 / 4:25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Brene Brown on Shame Resilience:
1) Know your shame triggers
2) Reality Check: deconstructing judgment
3) Share your Story: Reach out to someone you trust
4) Speak Shame & Self-Compassion: Talk to yourself with love
5) Antidote to shame is empathy
(Brown, 2012)

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Addressing Shame

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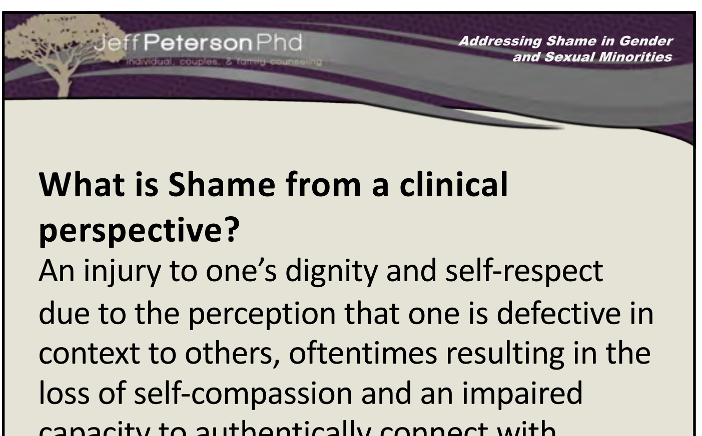
VIDEO: Brene Brown - We Need to Talk About Shame
https://www.youtube.com/watch?v=5C6UELitWkw
0:42 / 1:54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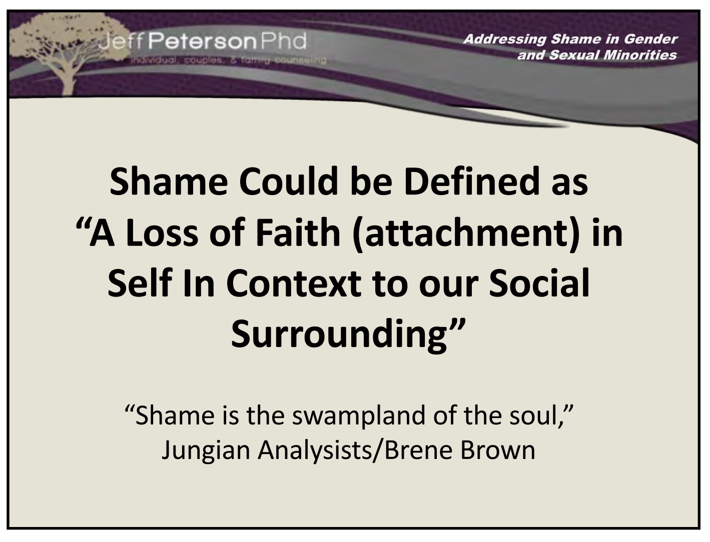
What is Shame from a clinical perspective?
An injury to one's dignity and self-respect due to the perception that one is defective in context to others, oftentimes resulting in the loss of self-compassion and an impaired capacity to authentically connect with others.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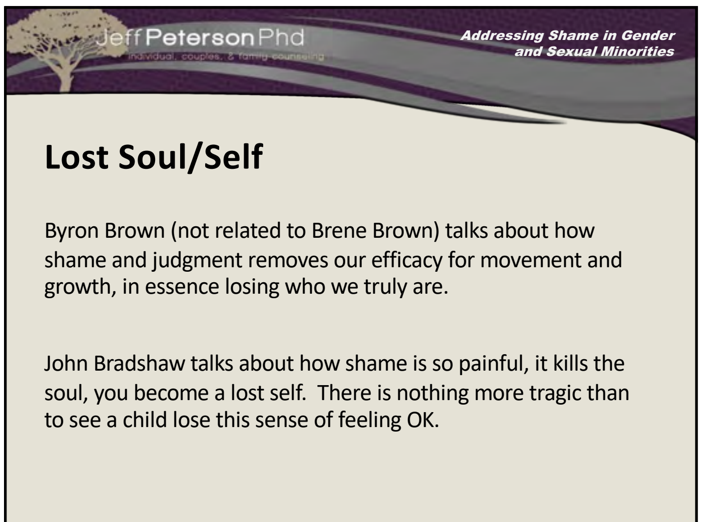
Shame Could be Defined as "A Loss of Faith (attachment) in Self In Context to our Social Surrounding"
"Shame is the swampland of the soul,"
Jungian Analysists/Brene Brown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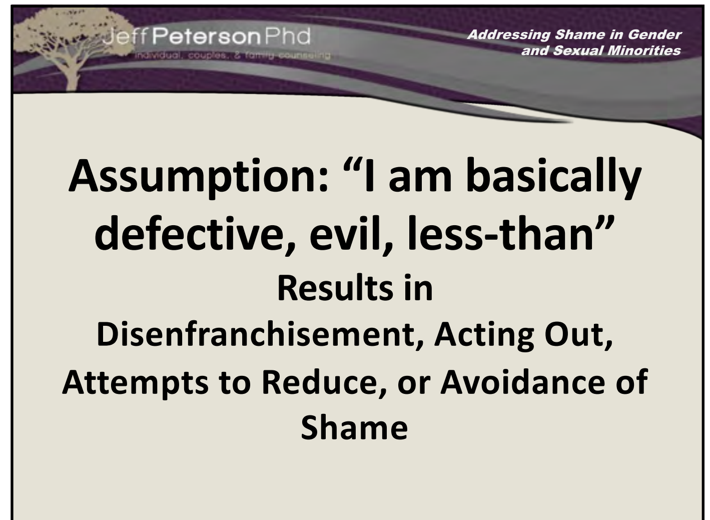
Lost Soul/Self
Byron Brown (not related to Brene Brown) talks about how shame and judgment removes our efficacy for movement and growth, in essence losing who we truly are.
John Bradshaw talks about how shame is so painful, it kills the soul, you become a lost self. There is nothing more tragic than to see a child lose this sense of feeling OK.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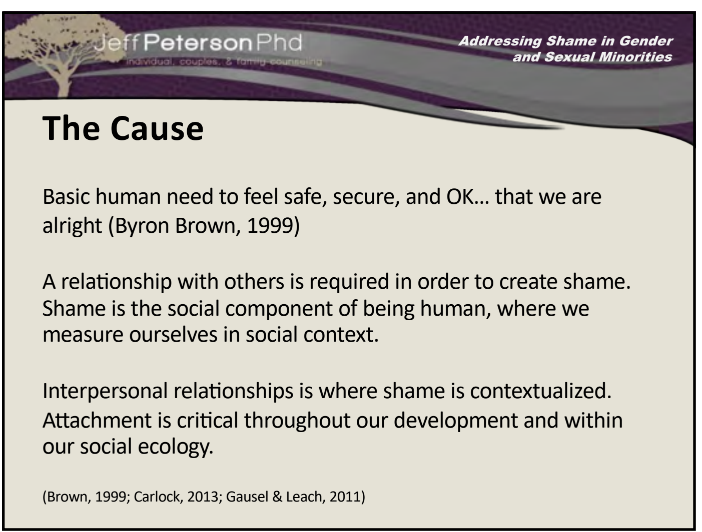
Assumption: "I am basically defective, evil, less-than"
Results in
Disenfranchisement, Acting Out, Attempts to Reduce, or Avoidance of Shame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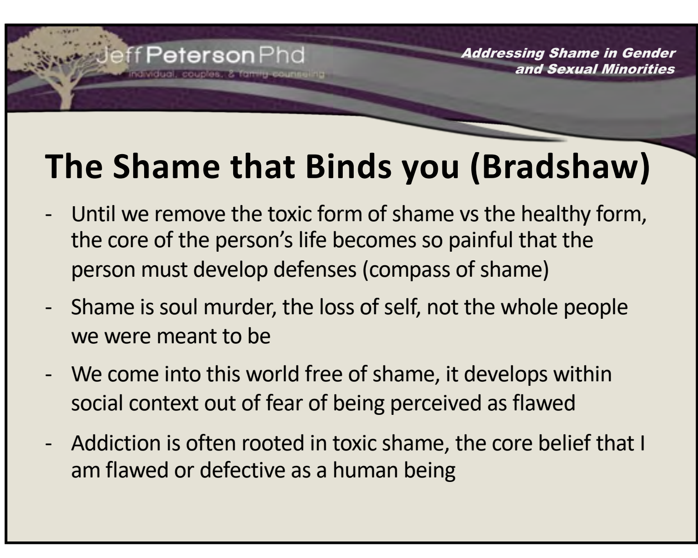
The Cause
Basic human need to feel safe, secure, and OK… that we are alright (Byron Brown, 1999)
A relationship with others is required in order to create shame. Shame is the social component of being human, where we measure ourselves in social context.
Interpersonal relationships is where shame is contextualized. Attachment is critical throughout our development and within our social ecology.
(Brown, 1999; Carlock, 2013; Gausel & Leach, 2011)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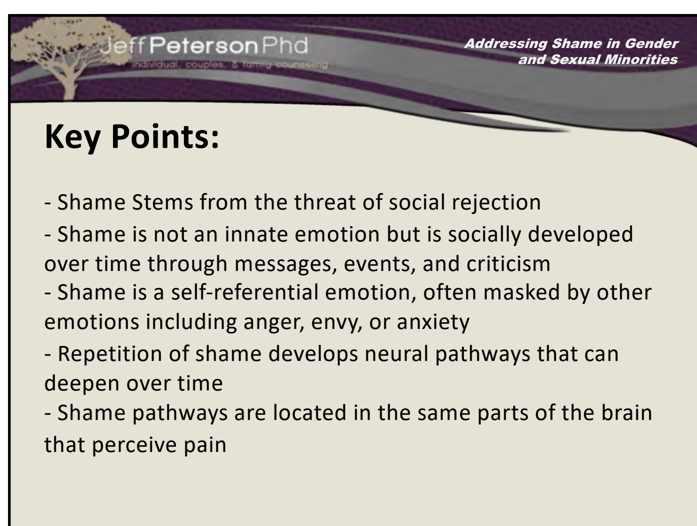
The Shame that Binds you (Bradshaw)
- Until we remove the toxic form of shame vs the healthy form, the core of the person's life becomes so painful that the person must develop defenses (compass of shame)
- Shame is soul murder, the loss of self, not the whole people we were meant to be
- We come into this world free of shame, it develops within social context out of fear of being perceived as flawed
- Addiction is often rooted in toxic shame, the core belief that I am flawed or defective as a human being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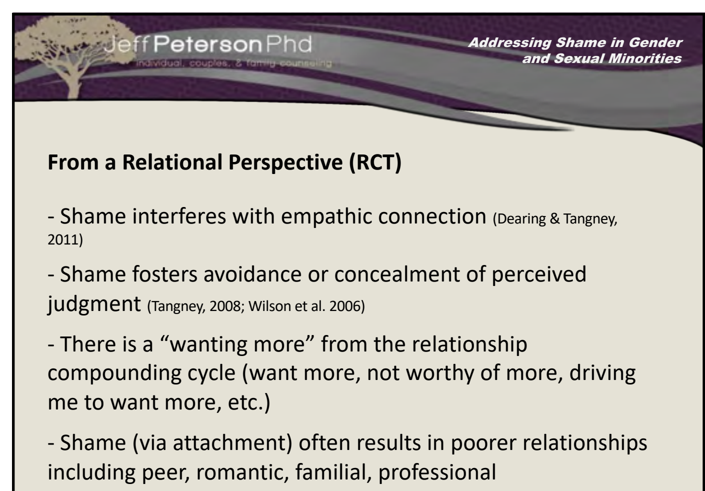
Addressing Shame in Gender and Sexual Minorities
Key Points:
- Shame Stems from the threat of social rejection
- Shame is not an innate emotion but is socially developed over time through messages, events, and criticism
- Shame is a self-referential emotion, often masked by other emotions including anger, envy, or anxiety
- Repetition of shame develops neural pathways that can deepen over time
- Shame pathways are located in the same parts of the brain that perceive pain

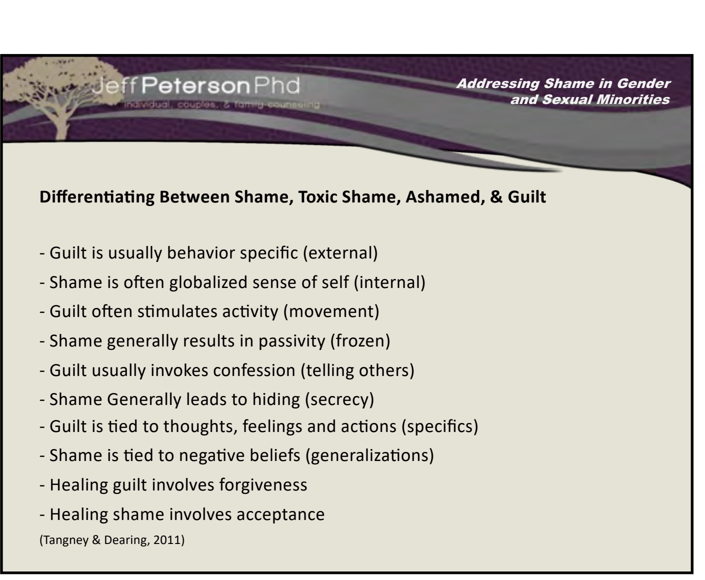
The Cause

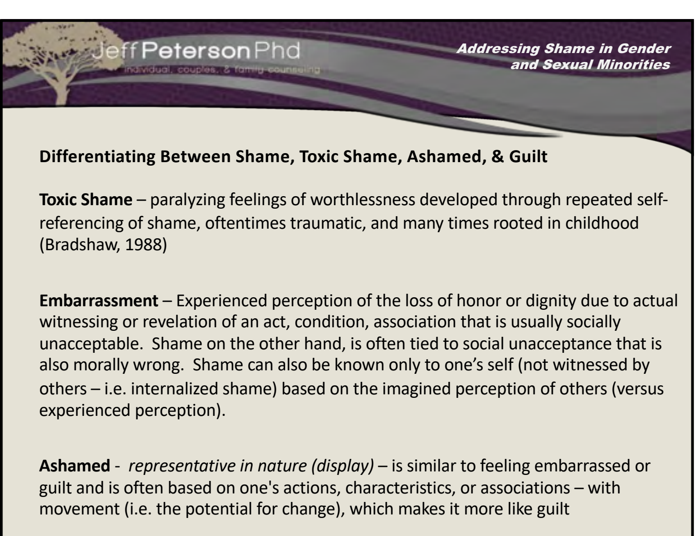
Shame is a set of unattainable expectations resulting in a bind. Clients often lack the insight of plurality (multiple truths) and are bound by notions of “normalcy” developed as social norms

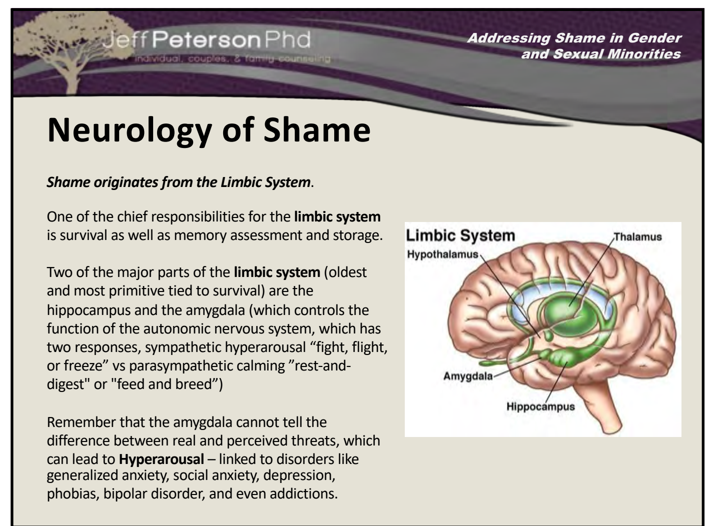
ATTACHMENT - Condemnation of self: Self-conscious emotion of the exposed self (Lewis,1995; Gilbert and Andrews, 1998)

TRAUMA - Physiological response to a threat of isolation (fight/flight – trauma activation) (Martens 2005)





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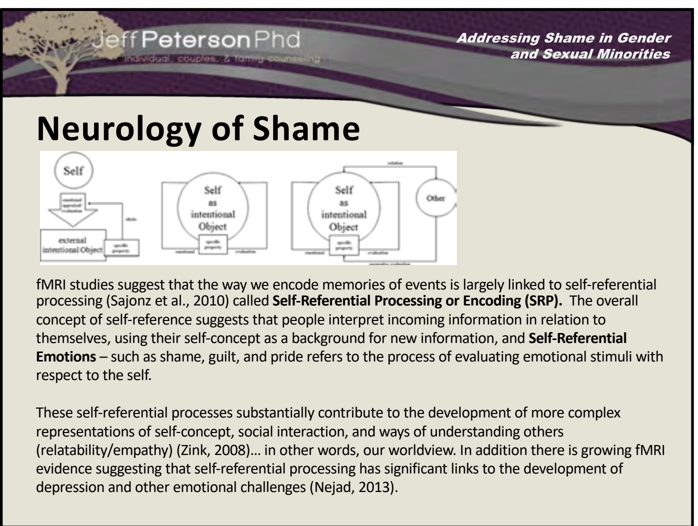
Neurology of Shame
Shame originates from the Limbic System.
One of the chief responsibilities for the limbic system is survival as well as memory assessment and storage.
Two of the major parts of the limbic system (oldest and most primitive tied to survival) are the hippocampus and the amygdala (which controls the function of the autonomic nervous system, which has two responses, sympathetic hyperarousal "fight, flight, or freeze" vs parasympathetic calming "rest-and-digest" or "feed and breed")
Remember that the amygdala cannot tell the difference between real and perceived threats, which can lead to Hyperarousal – linked to disorders like generalized anxiety, social anxiety, depression, phobias, bipolar disorder, and even addictions.
Limbic System
Hypothalamus
Thalamus
Amygdala
Hippocampus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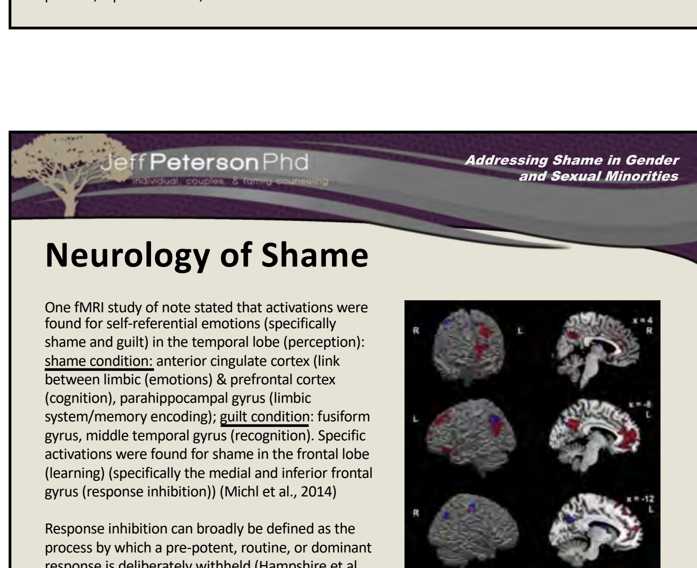
Neurology of Shame
Self
external intentional Object
Self as intentional Object
Self as intentional Object
Other
fMRI studies suggest that the way we encode memories of events is largely linked to self-referential processing (Sajonz et al., 2010) called Self-Referential Processing or Encoding (SRP). The overall concept of self-reference suggests that people interpret incoming information in relation to themselves, using their self-concept as a background for new information, and Self-Referential Emotions – such as shame, guilt, and pride refers to the process of evaluating emotional stimuli with respect to the self.
These self-referential processes substantially contribute to the development of more complex representations of self-concept, social interaction, and ways of understanding others (relatability/empathy) (Zink, 2008)… in other words, our worldview. In addition there is growing fMRI evidence suggesting that self-referential processing has significant links to the development of depression and other emotional challenges (Nejad, 2013).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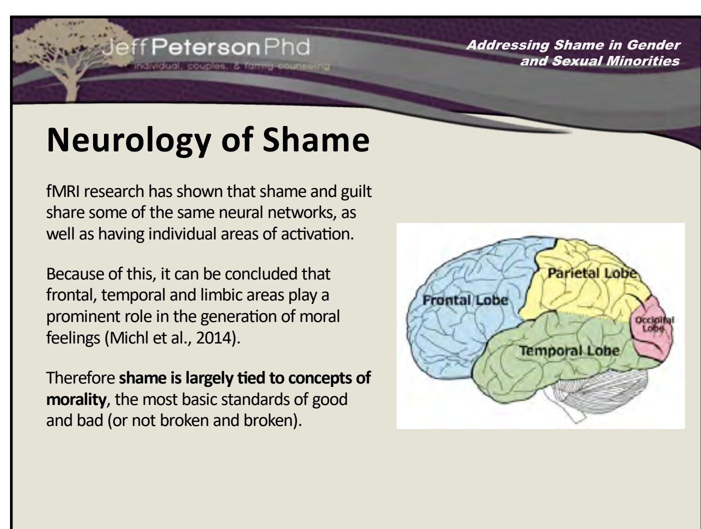
Neurology of Shame
One fMRI study of note stated that activations were found for self-referential emotions (specifically shame and guilt) in the temporal lobe (perception): shame condition: anterior cingulate cortex (link between limbic (emotions) & prefrontal cortex (cognition), parahippocampal gyrus (limbic system/memory encoding); guilt condition: fusiform gyrus, middle temporal gyrus (recognition). Specific activations were found for shame in the frontal lobe (learning) (specifically the medial and inferior frontal gyrus (response inhibition)) (Michl et al., 2014)
Response inhibition can broadly be defined as the process by which a pre-potent, routine, or dominant response is deliberately withheld (Hampshire et al., 2010) (in other words - authenticity).
Self-Referential > Non-Self-Referential
Retrieved > Non-Retrieved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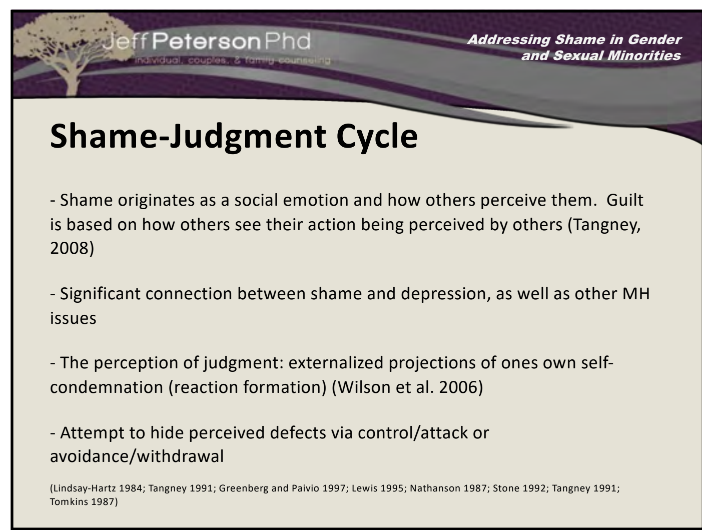
Neurology of Shame
fMRI research has shown that shame and guilt share some of the same neural networks, as well as having individual areas of activation.
Because of this, it can be concluded that frontal, temporal and limbic areas play a prominent role in the generation of moral feelings (Michl et al., 2014).
Therefore shame is largely tied to concepts of morality, the most basic standards of good and bad (or not broken and broken).
Frontal Lobe
Parietal Lobe
Occipital Lobe
Temporal Lobe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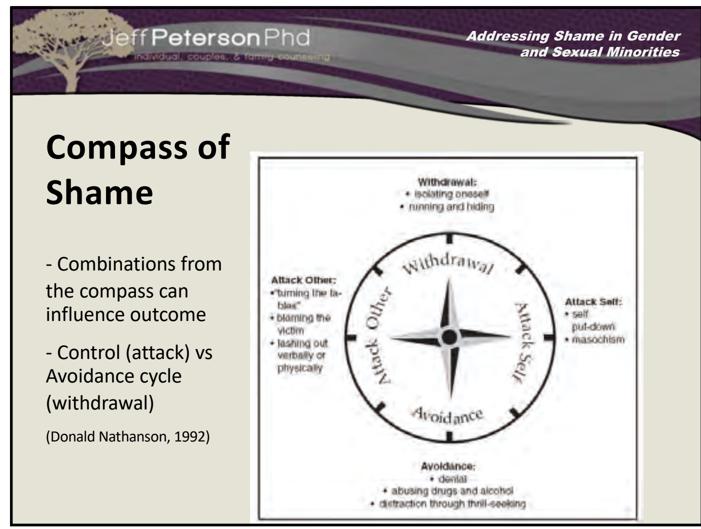
Shame-Judgment Cycle
- Shame originates as a social emotion and how others perceive them. Guilt is based on how others see their action being perceived by others (Tangney, 2008)
- Significant connection between shame and depression, as well as other MH issues
- The perception of judgment: externalized projections of ones own self-condemnation (reaction formation) (Wilson et al. 2006)
- Attempt to hide perceived defects via control/attack or avoidance/withdrawal
(Lindsay-Hartz 1984; Tangney 1991; Greenberg and Paivio 1997; Lewis 1995; Nathanson 1987; Stone 1992; Tangney 1991; Tomkins 1987)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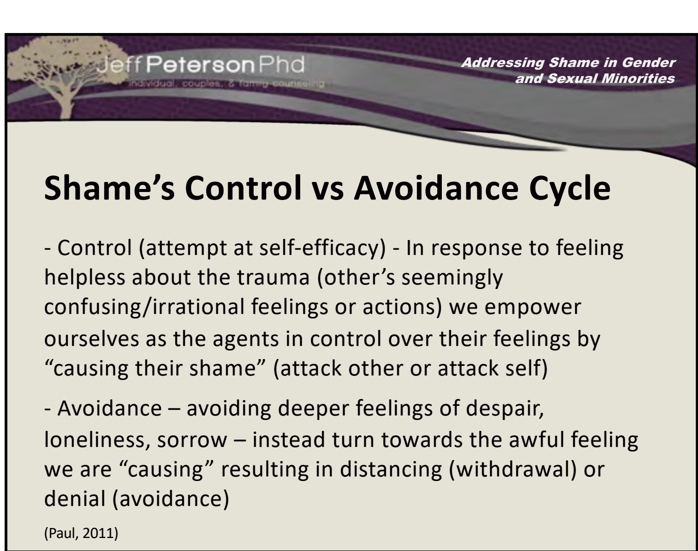
Compass of Shame
- Combinations from the compass can influence outcome
- Control (attack) vs Avoidance cycle (withdrawal)
(Donald Nathanson, 1992)
Withdrawal:
• isolating oneself
• running and hiding
Attack Other:
• "turning the tables"
• blaming the victim
• lashing out verbally or physically
Attack Self:
• self put-down
• masochism
Withdrawal
Attack Other
Attack Self
Avoidance
Avoidance:
• denial
• abusing drugs and alcohol
• distraction through thrill-seeking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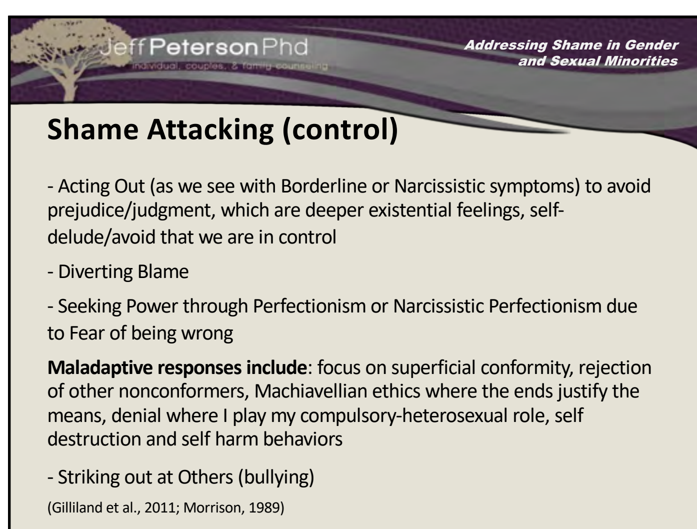
Shame's Control vs Avoidance Cycle
- Control (attempt at self-efficacy) - In response to feeling helpless about the trauma (other's seemingly confusing/irrational feelings or actions) we empower ourselves as the agents in control over their feelings by "causing their shame" (attack other or attack self)
- Avoidance – avoiding deeper feelings of despair, loneliness, sorrow – instead turn towards the awful feeling we are "causing" resulting in distancing (withdrawal) or denial (avoidance)
(Paul, 2011)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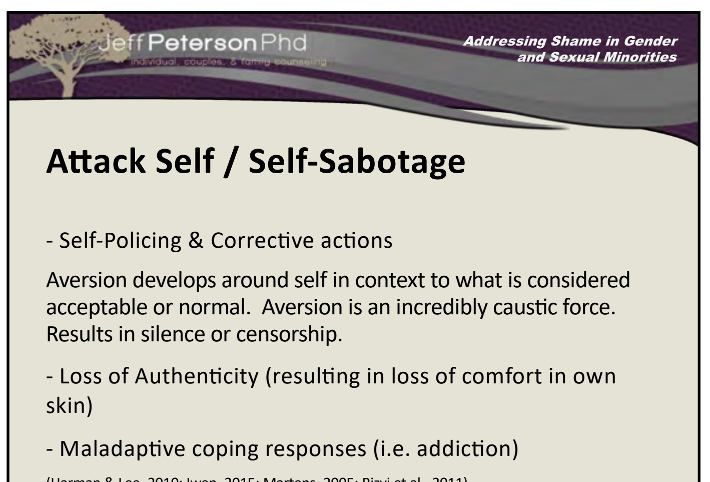
Shame Attacking (control)
- Acting Out (as we see with Borderline or Narcissistic symptoms) to avoid prejudice/judgment, which are deeper existential feelings, self-delude/avoid that we are in control
- Diverting Blame
- Seeking Power through Perfectionism or Narcissistic Perfectionism due to Fear of being wrong
Maladaptive responses include: focus on superficial conformity, rejection of other nonconformers, Machiavellian ethics where the ends justify the means, denial where I play my compulsory-heterosexual role, self destruction and self harm behaviors
- Striking out at Others (bullying)
(Gilliland et al., 2011; Morrison, 1989)



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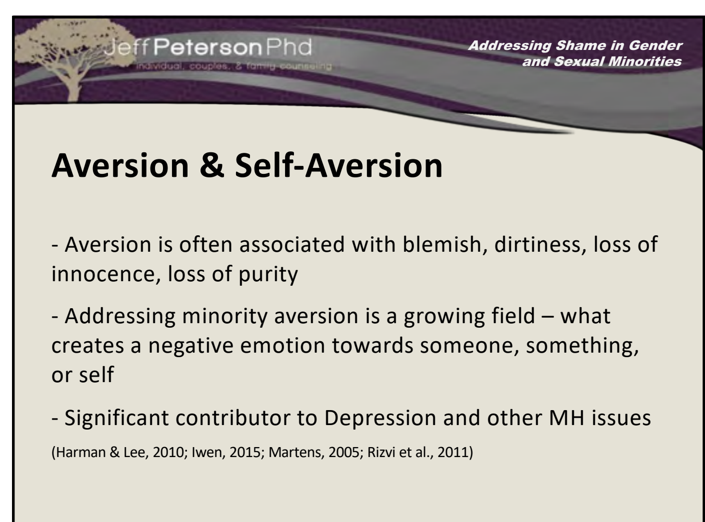
Attack Self / Self-Sabotage
- Self-Policing & Corrective actions
Aversion develops around self in context to what is considered acceptable or normal. Aversion is an incredibly caustic force. Results in silence or censorship.
- Loss of Authenticity (resulting in loss of comfort in own skin)
- Maladaptive coping responses (i.e. addiction)
(Harman & Lee, 2010; Iwen, 2015; Martens, 2005; Rizvi et al., 2011)



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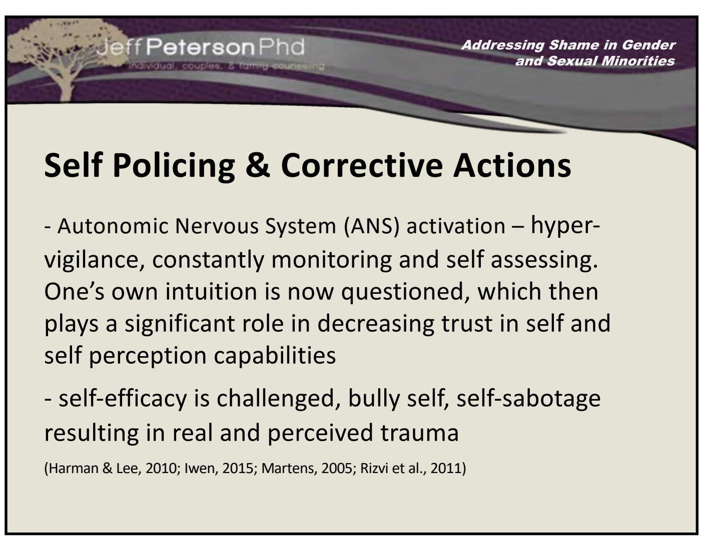
Aversion & Self-Aversion
- Aversion is often associated with blemish, dirtiness, loss of innocence, loss of purity
- Addressing minority aversion is a growing field – what creates a negative emotion towards someone, something, or self
- Significant contributor to Depression and other MH issues
(Harman & Lee, 2010; Iwen, 2015; Martens, 2005; Rizvi et al., 2011)



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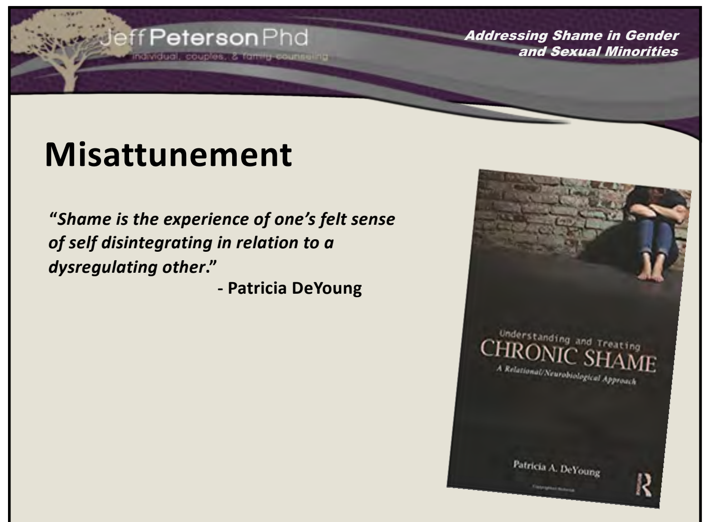
Self Policing & Corrective Actions
- Autonomic Nervous System (ANS) activation – hyper-vigilance, constantly monitoring and self assessing. One's own intuition is now questioned, which then plays a significant role in decreasing trust in self and self perception capabilities
- self-efficacy is challenged, bully self, self-sabotage resulting in real and perceived trauma
(Harman & Lee, 2010; Iwen, 2015; Martens, 2005; Rizvi et al., 2011)



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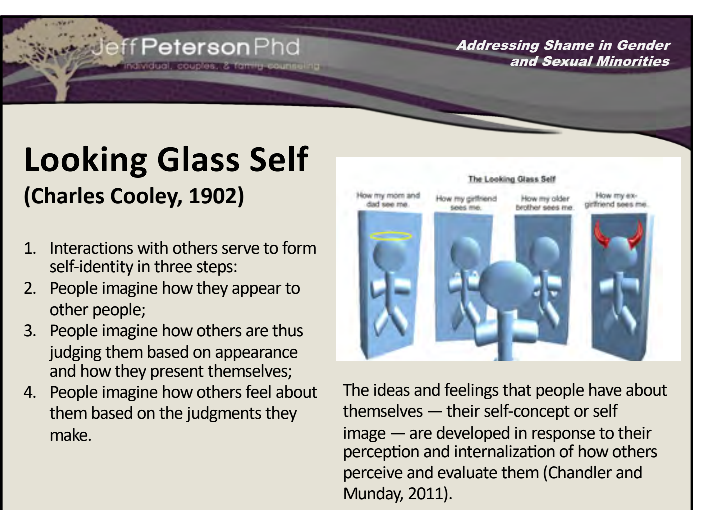
Misattunement
"Shame is the experience of one's felt sense of self disintegrating in relation to a dysregulating other."
- Patricia DeYoung
Understanding and Treating
CHRONIC SHAME
A Relational/Neurobiological Approach
Patricia A. DeYoung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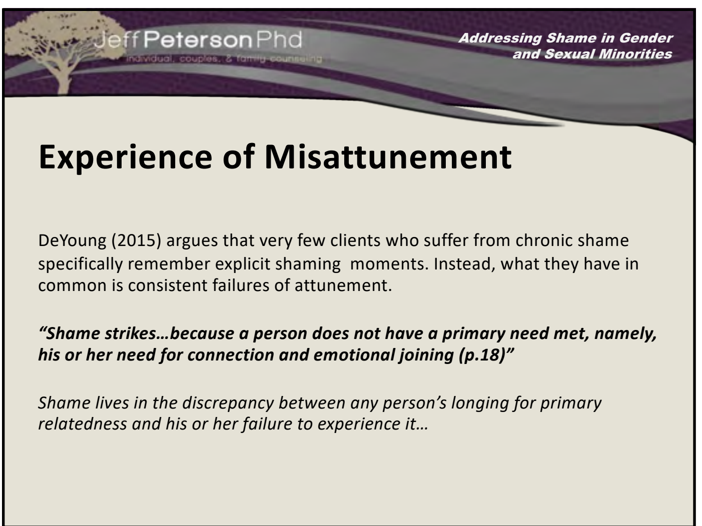
Looking Glass Self
(Charles Cooley, 1902)
1. Interactions with others serve to form self-identity in three steps:
2. People imagine how they appear to other people;
3. People imagine how others are thus judging them based on appearance and how they present themselves;
4. People imagine how others feel about them based on the judgments they make.
The Looking Glass Self
How my mom and dad see me.
How my girlfriend sees me.
How my older brother sees me.
How my ex-girlfriend sees me.
The ideas and feelings that people have about themselves — their self-concept or self image — are developed in response to their perception and internalization of how others perceive and evaluate them (Chandler and Munday, 2011).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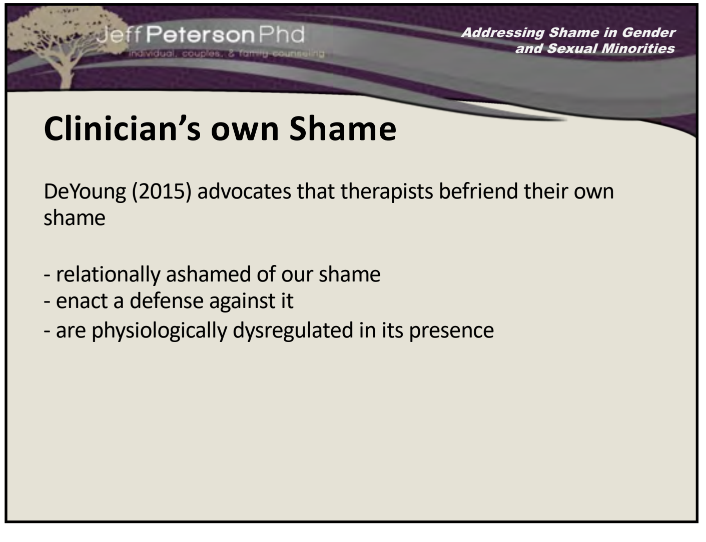
Experience of Misattunement
DeYoung (2015) argues that very few clients who suffer from chronic shame specifically remember explicit shaming moments. Instead, what they have in common is consistent failures of attunement.
"Shame strikes…because a person does not have a primary need met, namely, his or her need for connection and emotional joining (p.18)"
Shame lives in the discrepancy between any person's longing for primary relatedness and his or her failure to experience it…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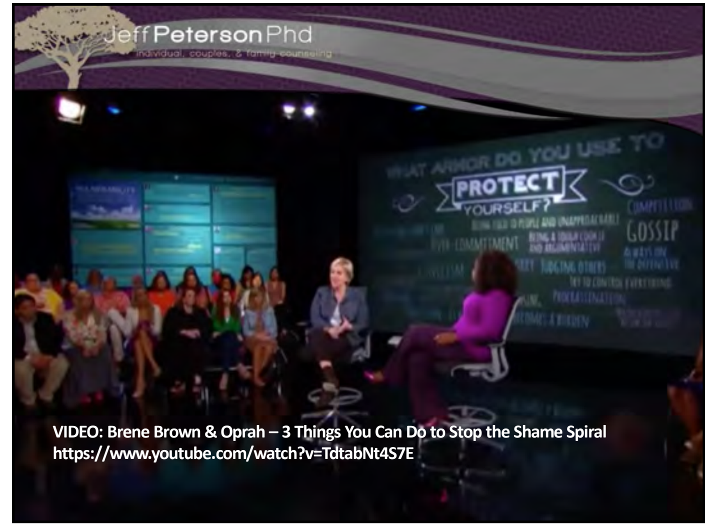
Clinician's own Shame
DeYoung (2015) advocates that therapists befriend their own shame
- relationally ashamed of our shame
- enact a defense against it
- are physiologically dysregulated in its presence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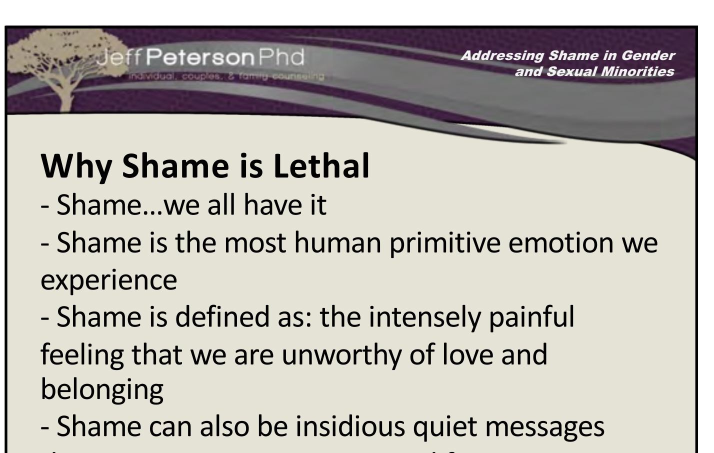
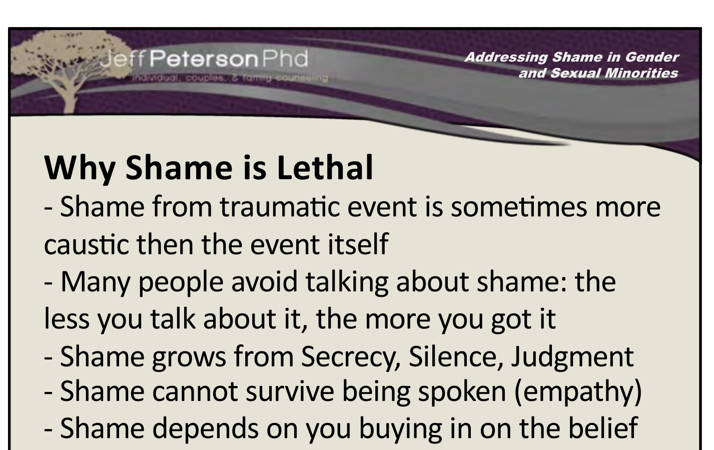
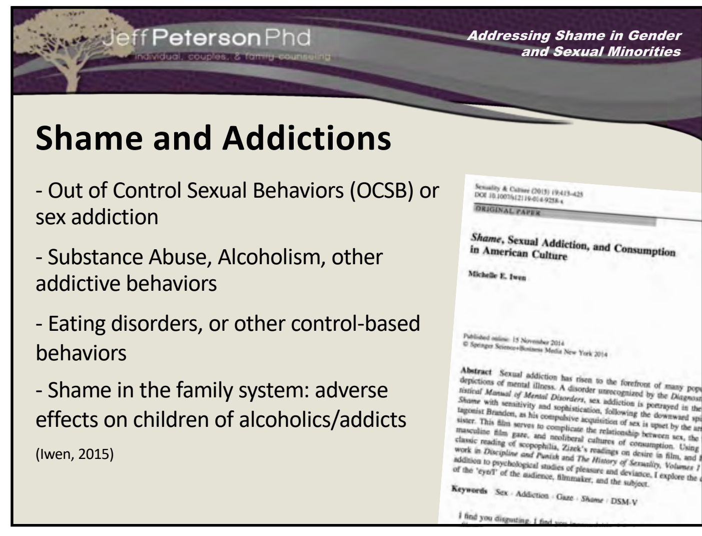
WHAT ARMOR DO YOU USE TO
PROTECT YOURSELF?
GOSSIP
VIDEO: Brene Brown & Oprah – 3 Things You Can Do to Stop the Shame Spiral
https://www.youtube.com/watch?v=TdtabNt4S7E







Sexuality & Culture (2015) 19:413–425
DOI 10.1007/s12119-014-9258-x

ORIGINAL PAPER

Shame, Sexual Addiction, and Consumption in American Culture

Michelle E. Iwen

Published online: 15 November 2014
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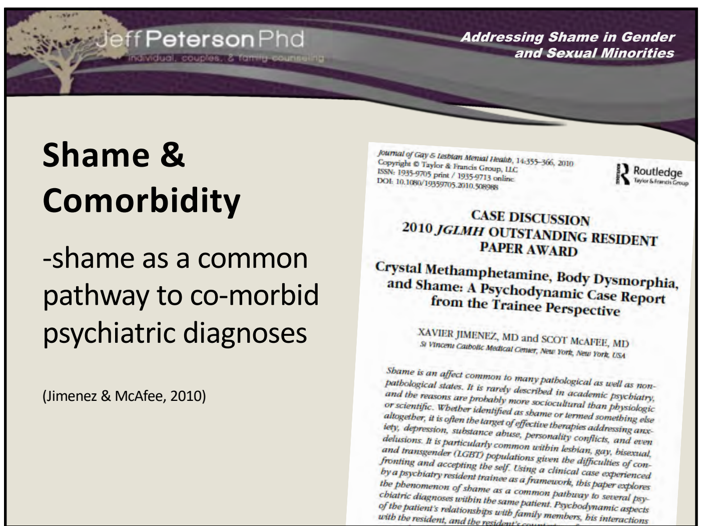
Abstract Sexual addiction has risen to the forefront of many pop
depictions of mental illness. A disorder unrecognized by the *Diagnost*
tistical Manual of Mental Disorders, sex addiction is portrayed in the
Shame with sensitivity and sophistication, following the downward spi
tagonist Brandon, as his compulsive acquisition of sex is upset by the ar
sister. This film serves to complicate the relationship between sex, the
masculine film gaze, and neoliberal cultures of consumption. Using
classic reading of scopophilia, Zizek's readings on desire in film, and
work in *Discipline and Punish* and *The History of Sexuality, Volumes I*
addition to psychological studies of pleasure and deviance, I explore the
of the 'eye/I' of the audience, filmmaker, and the subject.

Keywords Sex · Addiction · Gaze · *Shame* · DSM-V

I find you disgusting. I find you



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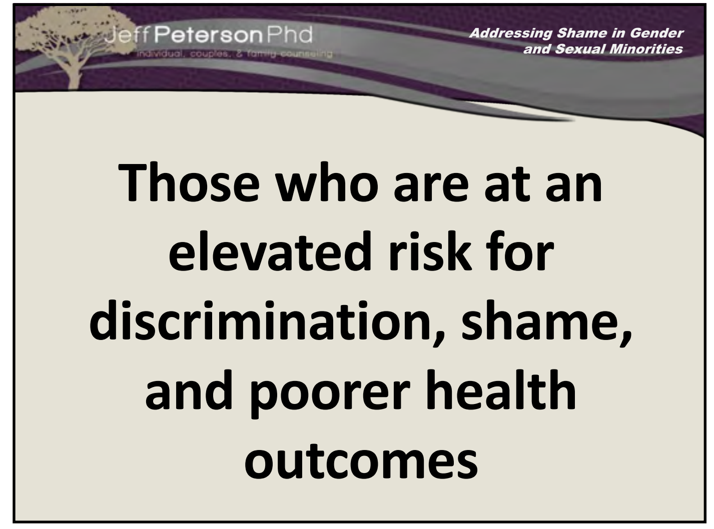
CASE DISCUSSION
2010 *JGLMH* OUTSTANDING RESIDENT PAPER AWARD

Crystal Methamphetamine, Body Dysmorphia, and Shame: A Psychodynamic Case Report from the Trainee Perspective

XAVIER JIMENEZ, MD and SCOT McAFEE, MD
St Vincent Catholic Medical Center, New York, New York, USA

Shame is an affect common to many pathological as well as non-pathological states. It is rarely described in academic psychiatry, and the reasons are probably more sociocultural than physiologic or scientific. Whether identified as shame or termed something else altogether, it is often the target of effective therapies addressing anxiety, depression, substance abuse, personality conflicts, and even delusions. It is particularly common within lesbian, gay, bisexual, and transgender (LGBT) populations given the difficulties of confronting and accepting the self. Using a clinical case experienced by a psychiatry resident trainee as a framework, this paper explores the phenomenon of shame as a common pathway to several psychiatric diagnoses within the same patient. Psychodynamic aspects of the patient's relationships with family members, his interactions with the resident, and the resident's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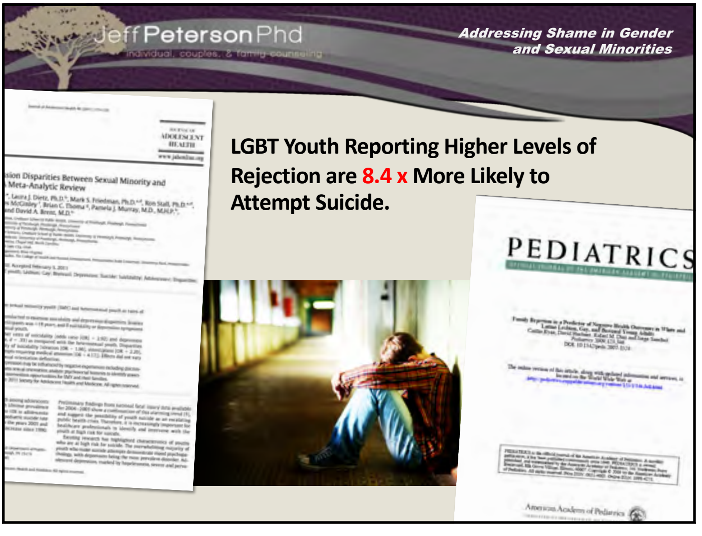
Those who are at an elevated risk for discrimination, shame, and poorer health outcomes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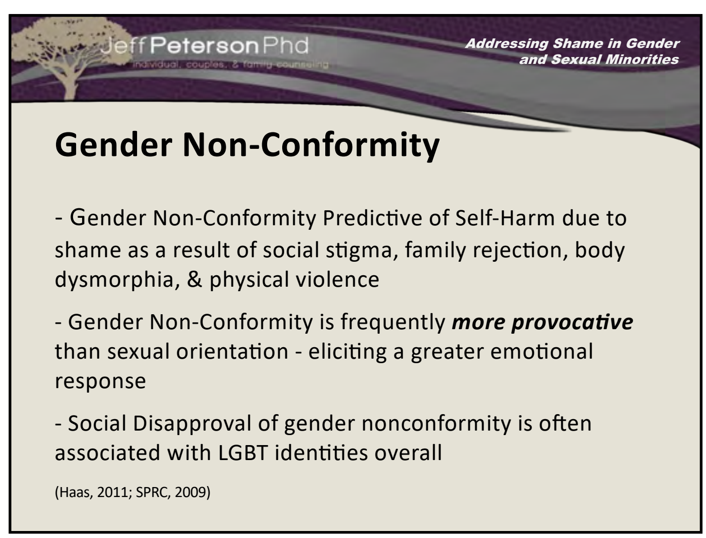
LGBT Youth Reporting Higher Levels of Rejection are 8.4 x More Likely to Attempt Suicide.
PEDIATRICS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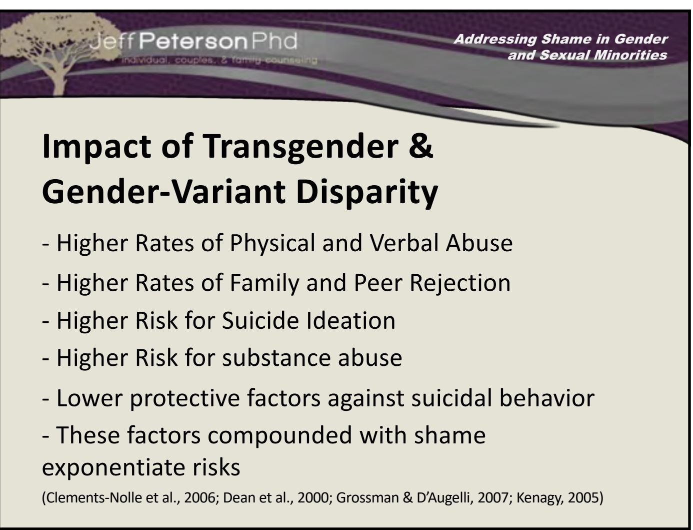
Gender Non-Conformity
- Gender Non-Conformity Predictive of Self-Harm due to shame as a result of social stigma, family rejection, body dysmorphia, & physical violence
- Gender Non-Conformity is frequently more provocative than sexual orientation - eliciting a greater emotional response
- Social Disapproval of gender nonconformity is often associated with LGBT identities overall
(Haas, 2011; SPRC, 2009)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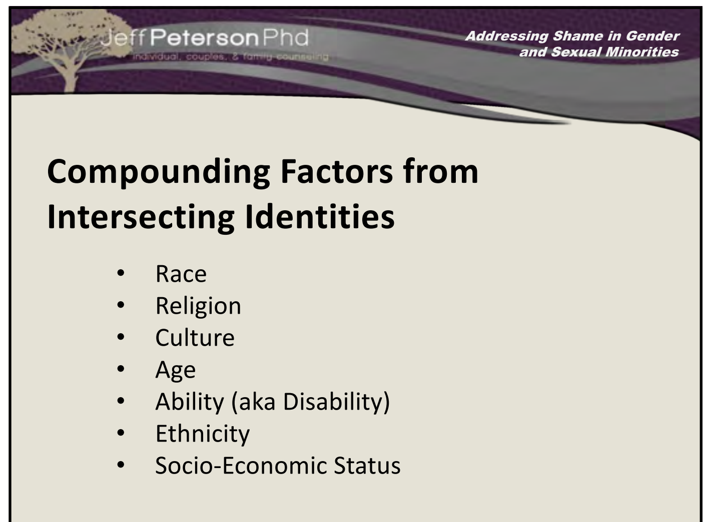
Impact of Transgender & Gender-Variant Disparity
- Higher Rates of Physical and Verbal Abuse
- Higher Rates of Family and Peer Rejection
- Higher Risk for Suicide Ideation
- Higher Risk for substance abuse
- Lower protective factors against suicidal behavior
- These factors compounded with shame exponentiate risks
(Clements-Nolle et al., 2006; Dean et al., 2000; Grossman & D'Augelli, 2007; Kenagy, 2005)



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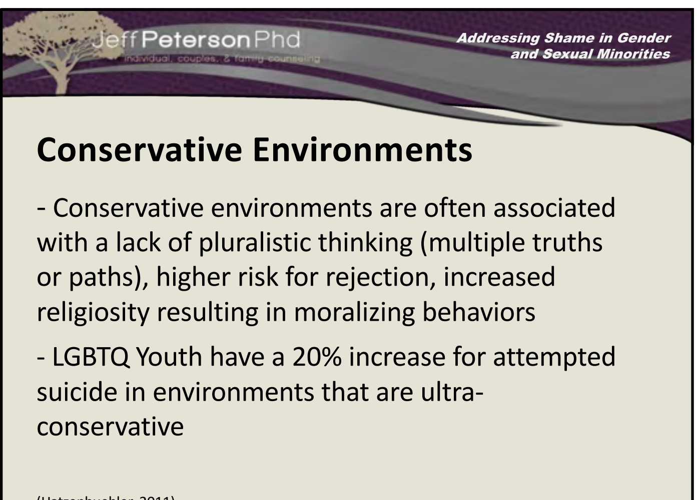
Compounding Factors from Intersecting Identities
• Race
• Religion
• Culture
• Age
• Ability (aka Disability)
• Ethnicity
• Socio-Economic Status



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Conservative Environments
- Conservative environments are often associated with a lack of pluralistic thinking (multiple truths or paths), higher risk for rejection, increased religiosity resulting in moralizing behaviors
- LGBTQ Youth have a 20% increase for attempted suicide in environments that are ultra-conservative
(Hatzenbuehler, 2011)

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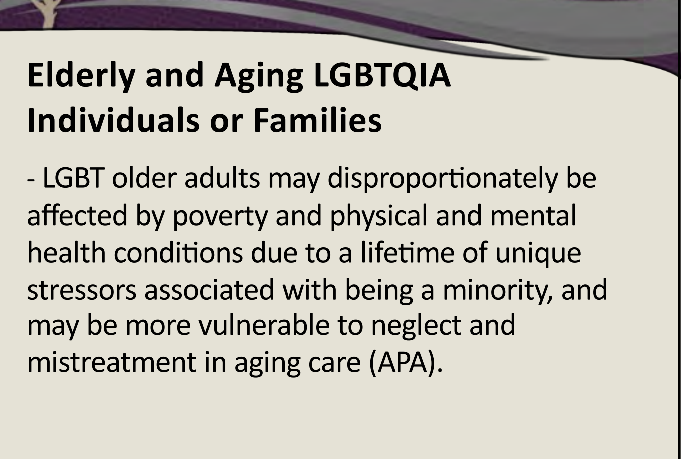
Ethnic/Racial Minority Risks
- Minorities are often from more conservative family environments
- Perceived Higher Social Loss if Rejected by Family and Peers
- Less Prevention Messaging For Minority Populations
- Minority stress increases Risk for Shame and At-Risk Behaviors
- Family and Social Subculture Rejection
(CDC, 2014)



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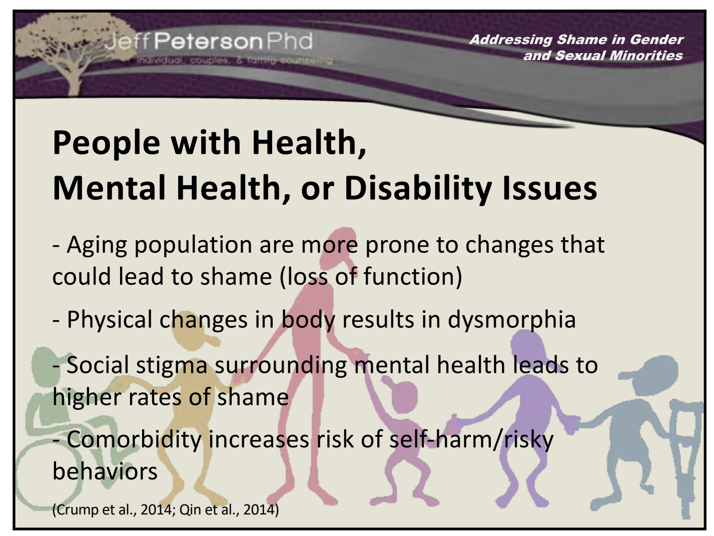
Elderly and Aging LGBTQIA Individuals or Families
- LGBT older adults may disproportionately be affected by poverty and physical and mental health conditions due to a lifetime of unique stressors associated with being a minority, and may be more vulnerable to neglect and mistreatment in aging care (APA).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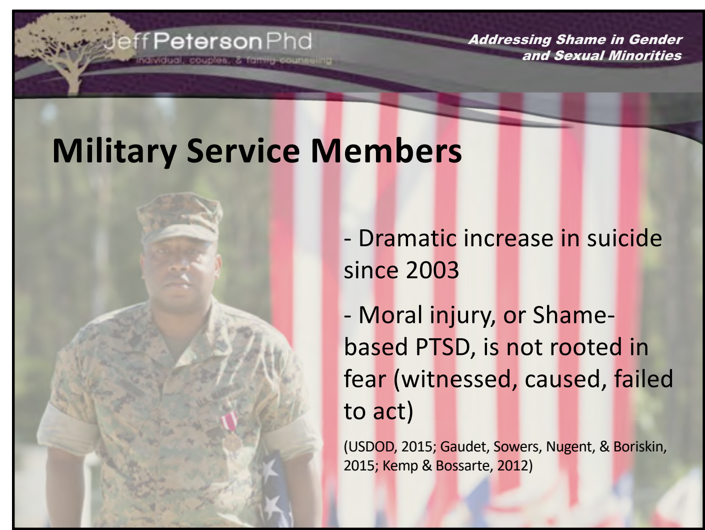
People with Health, Mental Health, or Disability Issues
- Aging population are more prone to changes that could lead to shame (loss of function)
- Physical changes in body results in dysmorphia
- Social stigma surrounding mental health leads to higher rates of shame
- Comorbidity increases risk of self-harm/risky behaviors
(Crump et al., 2014; Qin et al., 2014)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Military Service Members
- Dramatic increase in suicide since 2003
- Moral injury, or Shame-based PTSD, is not rooted in fear (witnessed, caused, failed to act)
(USDOD, 2015; Gaudet, Sowers, Nugent, & Boriskin, 2015; Kemp & Bossarte, 2012)

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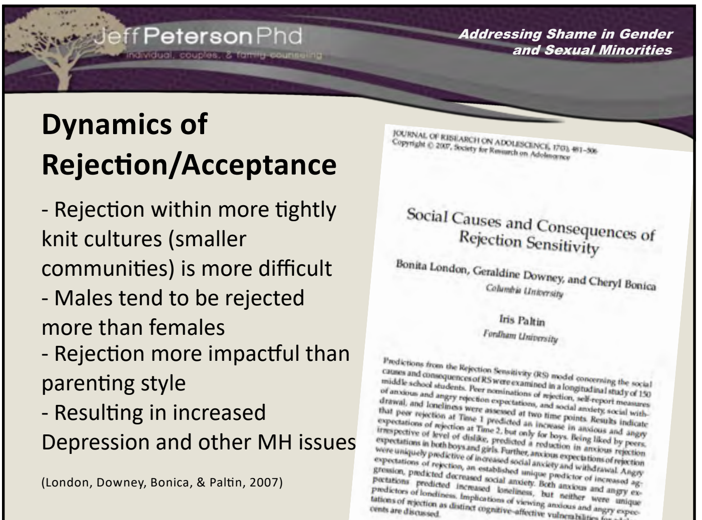
Military Service Members
- Moral injury is strongly correlated with interpersonal problems, social anxiety, isolation, depression, and suicide
(USDOD, 2015; Gaudet, Sowers, Nugent, & Boriskin, 2015; Kemp & Bossarte, 2012)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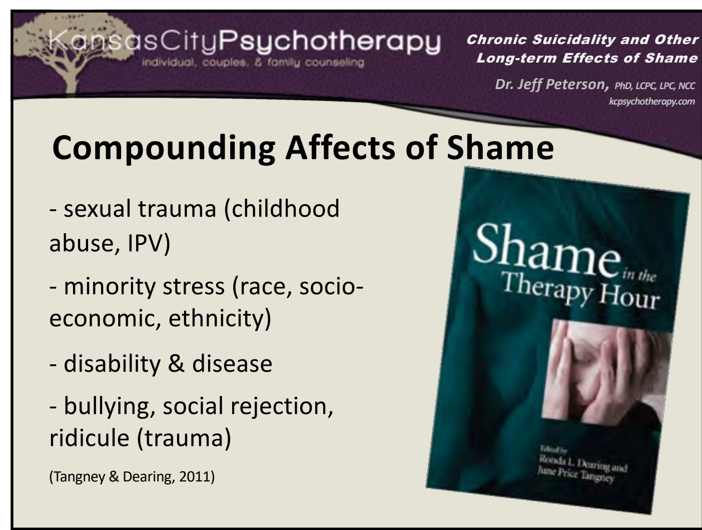
Dynamics of Rejection/Acceptance
- Rejection within more tightly knit cultures (smaller communities) is more difficult
- Males tend to be rejected more than females
- Rejection more impactful than parenting style
- Resulting in increased Depression and other MH issues
(London, Downey, Bonica, & Paltin, 2007)
Social Causes and Consequences of Rejection Sensitivity
Bonita London, Geraldine Downey, and Cheryl Bonica
Columbia University
Iris Paltin
Fordham University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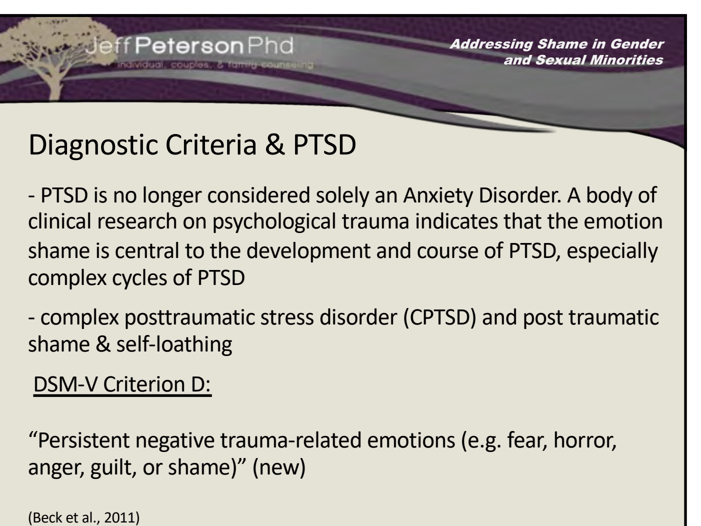
Chronic Suicidality and Other Long-term Effects of Shame
Dr. Jeff Peterson, PhD, LCPC, LPC, NCC
kcpsychotherapy.com
Compounding Affects of Shame
- sexual trauma (childhood abuse, IPV)
- minority stress (race, socio-economic, ethnicity)
- disability & disease
- bullying, social rejection, ridicule (trauma)
(Tangney & Dearing, 2011)
Shame in the Therapy Hour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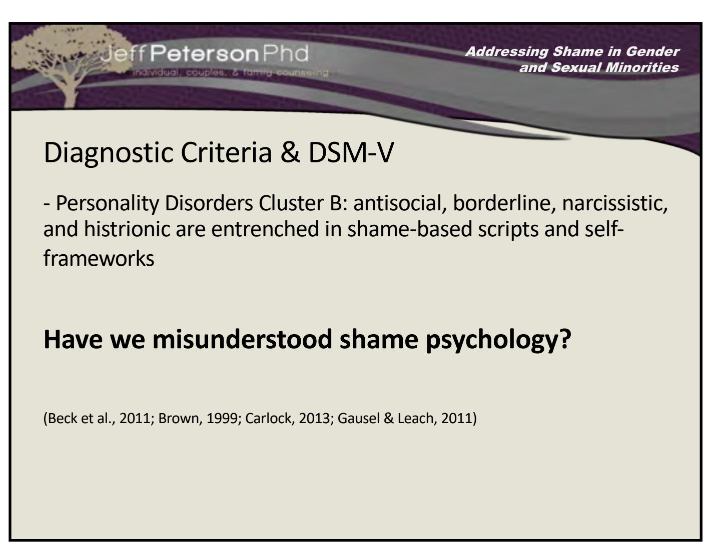
Diagnostic Criteria & PTSD
- PTSD is no longer considered solely an Anxiety Disorder. A body of clinical research on psychological trauma indicates that the emotion shame is central to the development and course of PTSD, especially complex cycles of PTSD
- complex posttraumatic stress disorder (CPTSD) and post traumatic shame & self-loathing
DSM-V Criterion D:
“Persistent negative trauma-related emotions (e.g. fear, horror, anger, guilt, or shame)” (new)
(Beck et al., 2011)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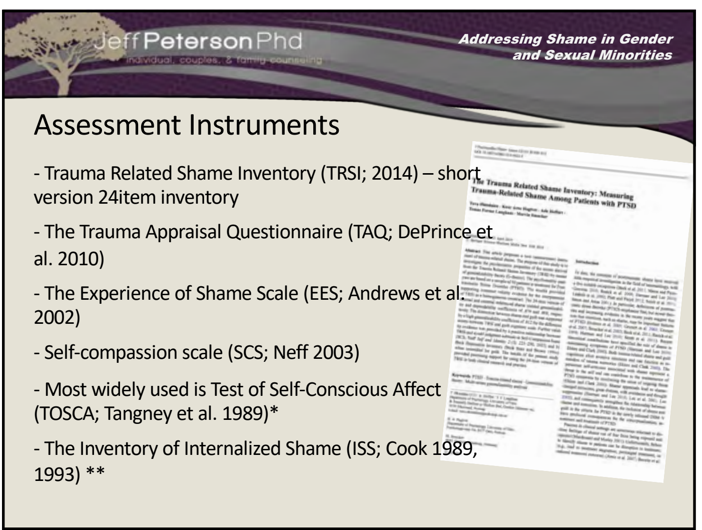
Diagnostic Criteria & DSM-V
- Personality Disorders Cluster B: antisocial, borderline, narcissistic, and histrionic are entrenched in shame-based scripts and self-frameworks
Have we misunderstood shame psychology?
(Beck et al., 2011; Brown, 1999; Carlock, 2013; Gausel & Leach, 2011)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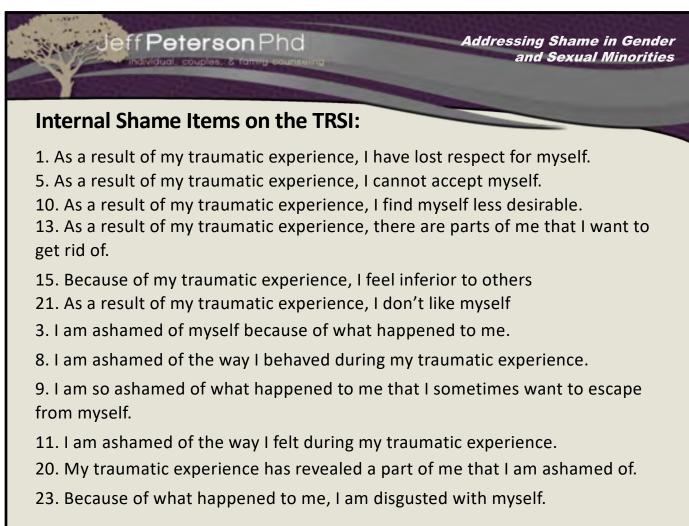
Assessment Instruments
- Trauma Related Shame Inventory (TRSI; 2014) – short version 24item inventory
- The Trauma Appraisal Questionnaire (TAQ; DePrince et al. 2010)
- The Experience of Shame Scale (EES; Andrews et al. 2002)
- Self-compassion scale (SCS; Neff 2003)
- Most widely used is Test of Self-Conscious Affect (TOSCA; Tangney et al. 1989)*
- The Inventory of Internalized Shame (ISS; Cook 1989, 1993) **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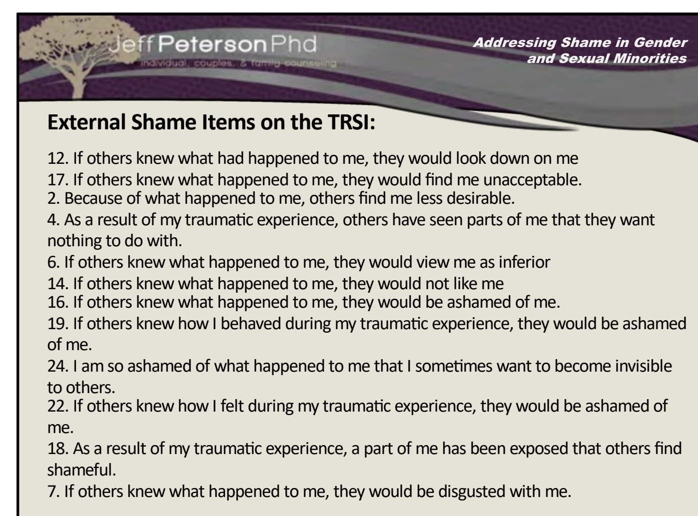
Internal Shame Items on the TRSI:
1. As a result of my traumatic experience, I have lost respect for myself.
5. As a result of my traumatic experience, I cannot accept myself.
10. As a result of my traumatic experience, I find myself less desirable.
13. As a result of my traumatic experience, there are parts of me that I want to get rid of.
15. Because of my traumatic experience, I feel inferior to others
21. As a result of my traumatic experience, I don't like myself
3. I am ashamed of myself because of what happened to me.
8. I am ashamed of the way I behaved during my traumatic experience.
9. I am so ashamed of what happened to me that I sometimes want to escape from myself.
11. I am ashamed of the way I felt during my traumatic experience.
20. My traumatic experience has revealed a part of me that I am ashamed of.
23. Because of what happened to me, I am disgusted with myself.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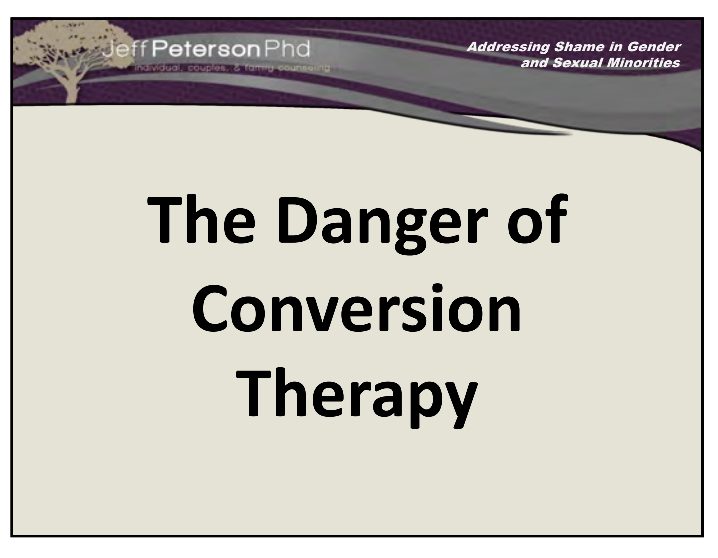
External Shame Items on the TRSI:
12. If others knew what had happened to me, they would look down on me
17. If others knew what happened to me, they would find me unacceptable.
2. Because of what happened to me, others find me less desirable.
4. As a result of my traumatic experience, others have seen parts of me that they want nothing to do with.
6. If others knew what happened to me, they would view me as inferior
14. If others knew what happened to me, they would not like me
16. If others knew what happened to me, they would be ashamed of me.
19. If others knew how I behaved during my traumatic experience, they would be ashamed of me.
24. I am so ashamed of what happened to me that I sometimes want to become invisible to others.
22. If others knew how I felt during my traumatic experience, they would be ashamed of me.
18. As a result of my traumatic experience, a part of me has been exposed that others find shameful.
7. If others knew what happened to me, they would be disgusted with me.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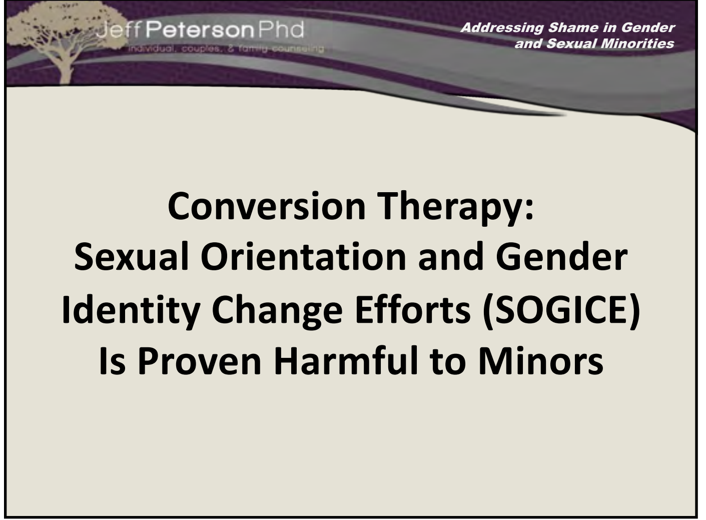
The Danger of Conversion Therapy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Conversion Therapy:
Sexual Orientation and Gender Identity Change Efforts (SOGICE)
Is Proven Harmful to Minors

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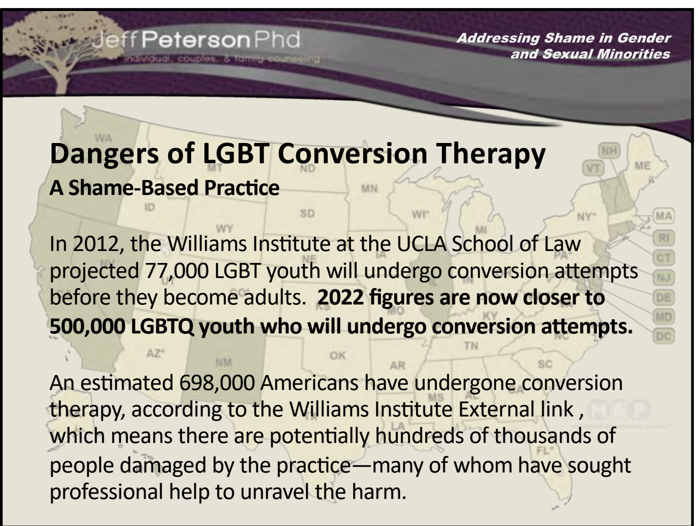
Dangers of LGBT Conversion Therapy
A Shame-Based Practice
Conversion Therapy has been discredited by the mainstream mental health community, including the American Counseling Association, American Psychological Association, and American Psychiatric Association, conversion therapy is viewed as ineffective, unscientific, and damaging.



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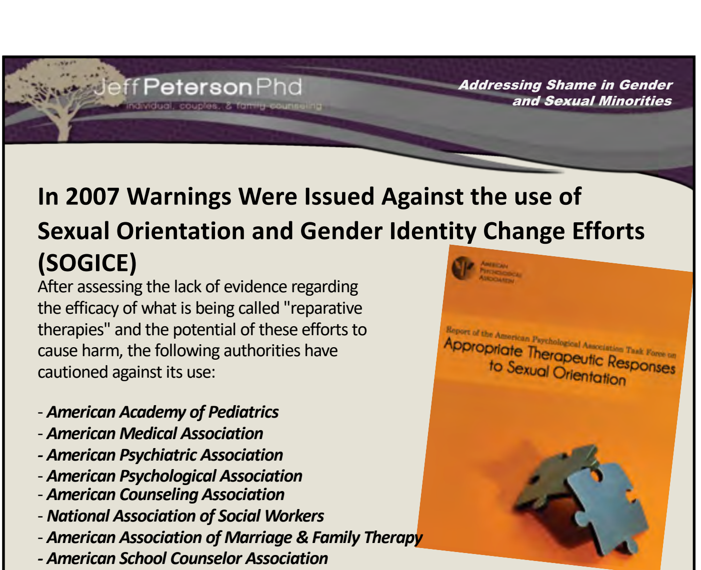
Dangers of LGBT Conversion Therapy
A Shame-Based Practice
In 2012, the Williams Institute at the UCLA School of Law projected 77,000 LGBT youth will undergo conversion attempts before they become adults. 2022 figures are now closer to 500,000 LGBTQ youth who will undergo conversion attempts.
An estimated 698,000 Americans have undergone conversion therapy, according to the Williams Institute External link , which means there are potentially hundreds of thousands of people damaged by the practice—many of whom have sought professional help to unravel the harm.



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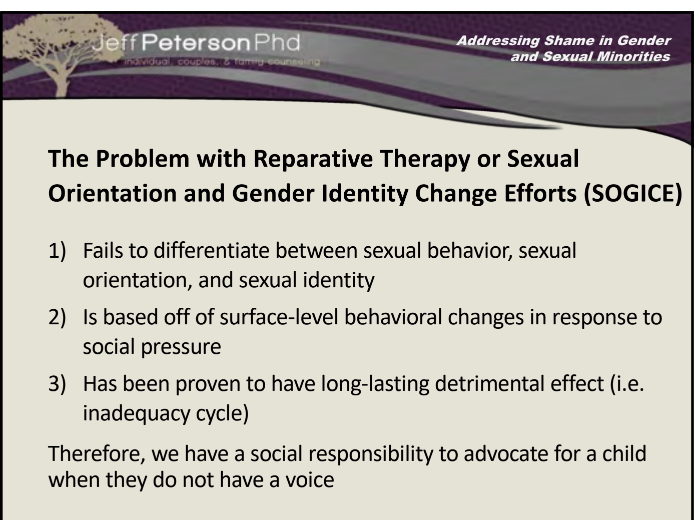
In 2007 Warnings Were Issued Against the use of Sexual Orientation and Gender Identity Change Efforts (SOGICE)
After assessing the lack of evidence regarding the efficacy of what is being called "reparative therapies" and the potential of these efforts to cause harm, the following authorities have cautioned against its use:
- American Academy of Pediatrics
- American Medical Association
- American Psychiatric Association
- American Psychological Association
- American Counseling Association
- National Association of Social Workers
- American Association of Marriage & Family Therapy
- American School Counselor Association
Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation



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The Problem with Reparative Therapy or Sexual Orientation and Gender Identity Change Efforts (SOGICE)
1) Fails to differentiate between sexual behavior, sexual orientation, and sexual identity
2) Is based off of surface-level behavioral changes in response to social pressure
3) Has been proven to have long-lasting detrimental effect (i.e. inadequacy cycle)
Therefore, we have a social responsibility to advocate for a child when they do not have a voice

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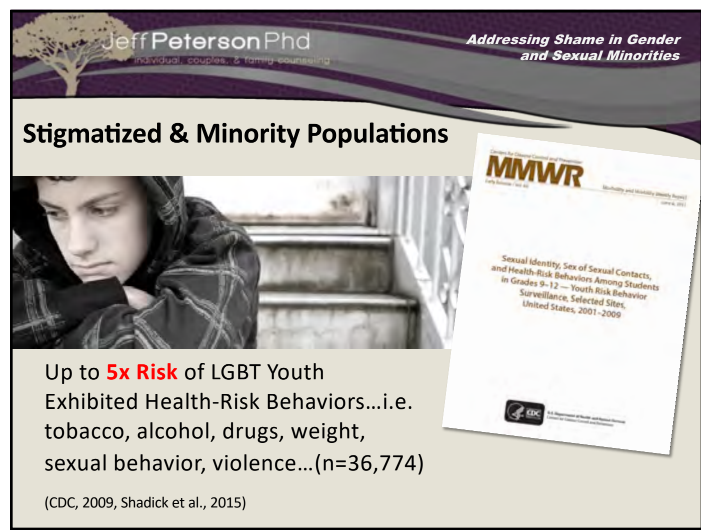
Why Conversion Therapy is of concern to Minors
1) Consider the argument of Scientific Racism: historical prejudice and misdiagnosis of minorities
2) Consider the implications of the fact that adolescent suicide is one of America's most significant public health concerns
3) Review the argument of faith-based medical neglect and the need to protect minors from faith-based mental health harm
4) Consider the argument of affirmative action, a less than ideal, yet necessary intervention, when existing policies fail
(i.e. when licensing boards fail to enforce due to institutionalized prejudice)



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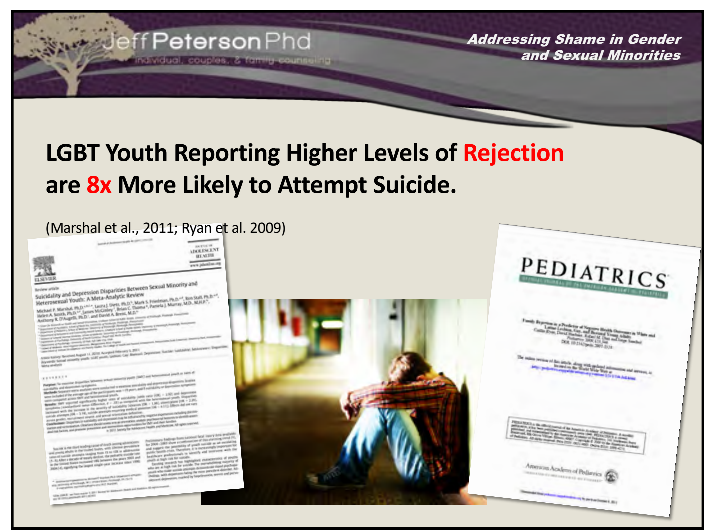
Stigmatized & Minority Populations
MMWR
Sexual Identity, Sex of Sexual Contacts, and Health-Risk Behaviors Among Students in Grades 9–12 — Youth Risk Behavior Surveillance, Selected Sites, United States, 2001–2009
Up to 5x Risk of LGBT Youth Exhibited Health-Risk Behaviors…i.e. tobacco, alcohol, drugs, weight, sexual behavior, violence…(n=36,774)
(CDC, 2009, Shadick et al., 2015)



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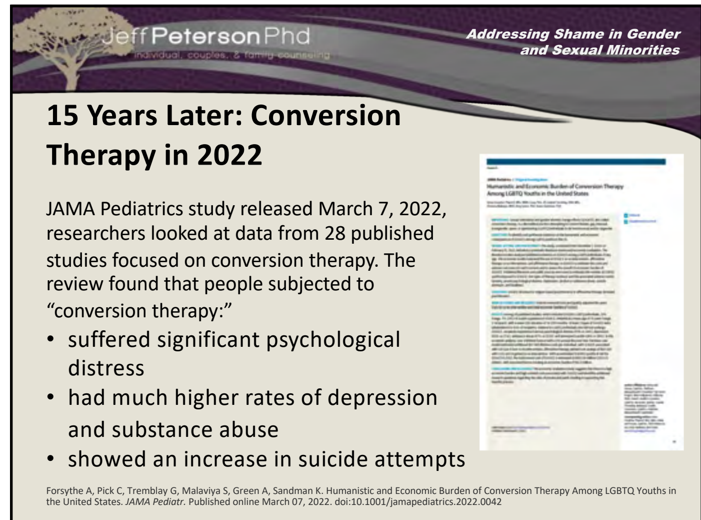
LGBT Youth Reporting Higher Levels of Rejection are 8x More Likely to Attempt Suicide.
(Marshal et al., 2011; Ryan et al. 2009)
PEDIATRICS



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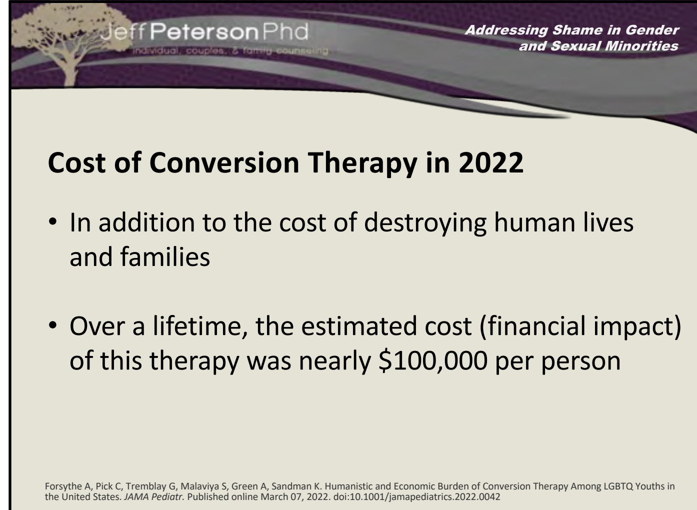
15 Years Later: Conversion Therapy in 2022
JAMA Pediatrics study released March 7, 2022, researchers looked at data from 28 published studies focused on conversion therapy. The review found that people subjected to "conversion therapy:"
• suffered significant psychological distress
• had much higher rates of depression and substance abuse
• showed an increase in suicide attempts
Forsythe A, Pick C, Tremblay G, Malaviya S, Green A, Sandman K. Humanistic and Economic Burden of Conversion Therapy Among LGBTQ Youths in the United States. JAMA Pediatr. Published online March 07, 2022. doi:10.1001/jamapediatrics.2022.0042



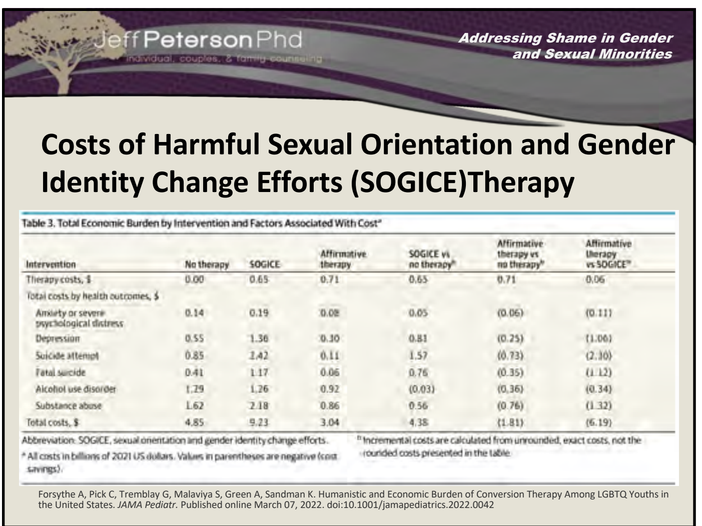


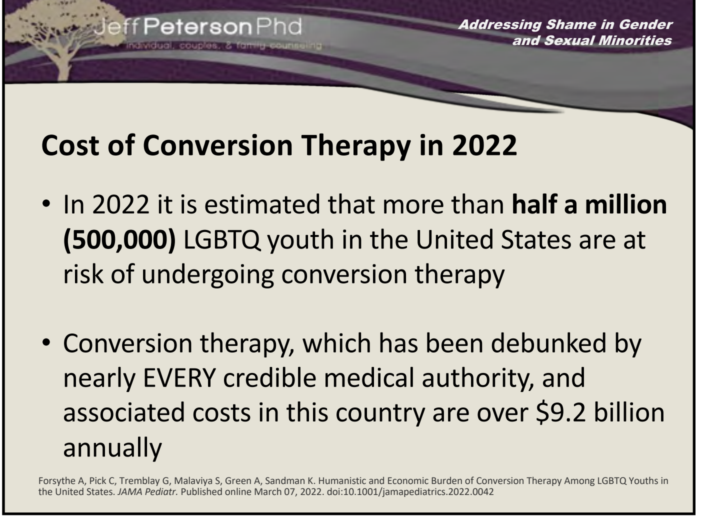
Table 3. Total Economic Burden by Intervention and Factors Associated With Cost[a]

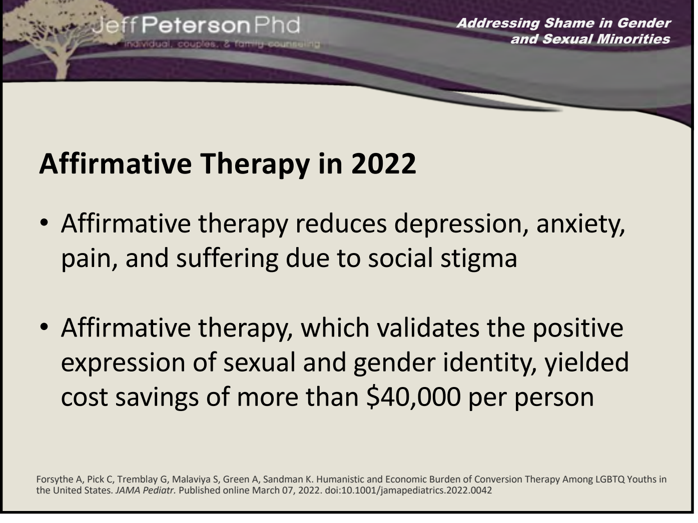
Intervention	No therapy	SOGICE	Affirmative therapy	SOGICE vs no therapy[b]	Affirmative therapy vs no therapy[b]	Affirmative therapy vs SOGICE[b]
Therapy costs, $	0.00	0.65	0.71	0.65	0.71	0.06
Total costs by health outcomes, $						
Anxiety or severe psychological distress	0.14	0.19	0.08	0.05	(0.06)	(0.11)
Depression	0.55	1.36	0.30	0.81	(0.25)	(1.06)
Suicide attempt	0.85	2.42	0.11	1.57	(0.73)	(2.30)
Fatal suicide	0.41	1.17	0.06	0.76	(0.35)	(1.12)
Alcohol use disorder	1.29	1.26	0.92	(0.03)	(0.36)	(0.34)
Substance abuse	1.62	2.18	0.86	0.56	(0.76)	(1.32)
Total costs, $	4.85	9.23	3.04	4.38	(1.81)	(6.19)

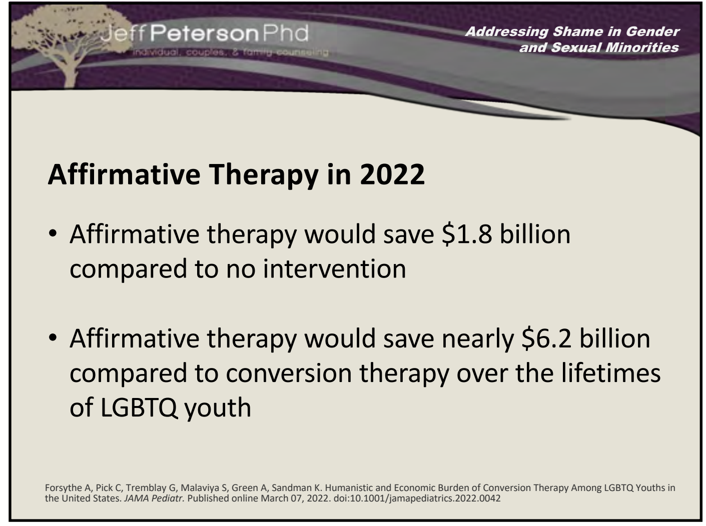
Abbreviation: SOGICE, sexual orientation and gender identity change efforts.

[a] All costs in billions of 2021 US dollars. Values in parentheses are negative (cost savings).

[b] Incremental costs are calculated from unrounded, exact costs, not the rounded costs presented in the table.







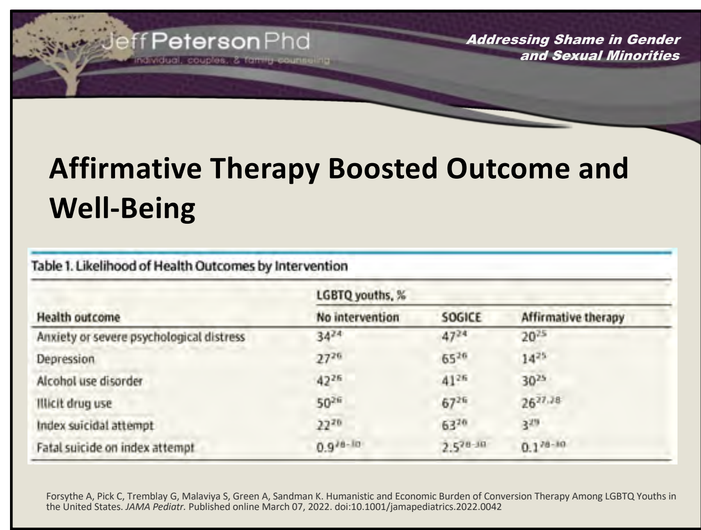
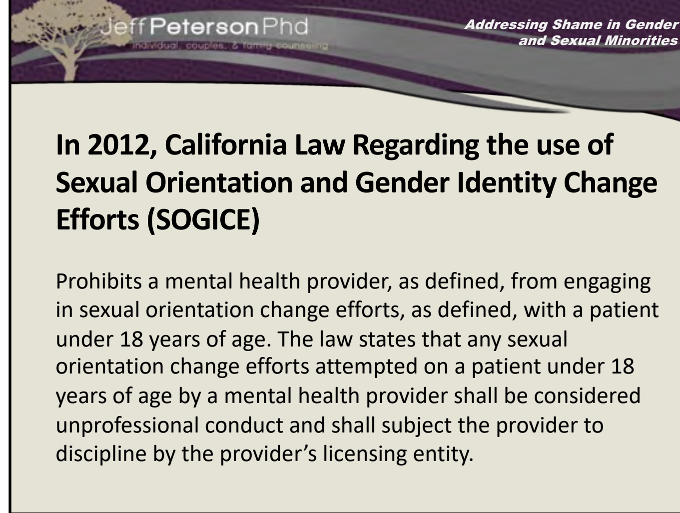
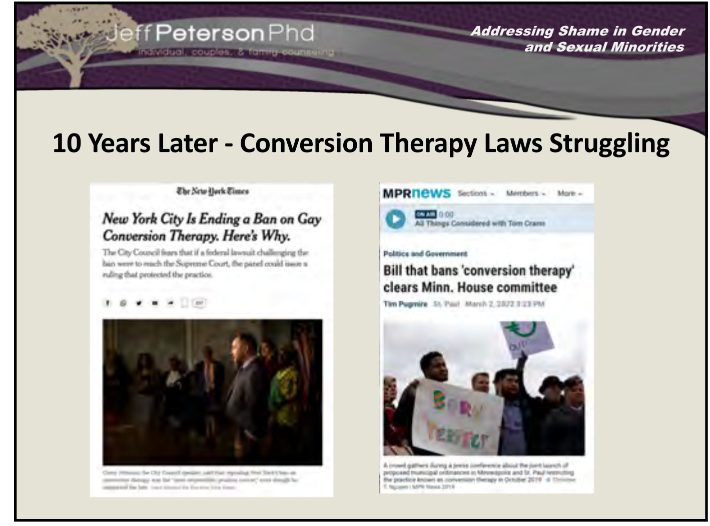
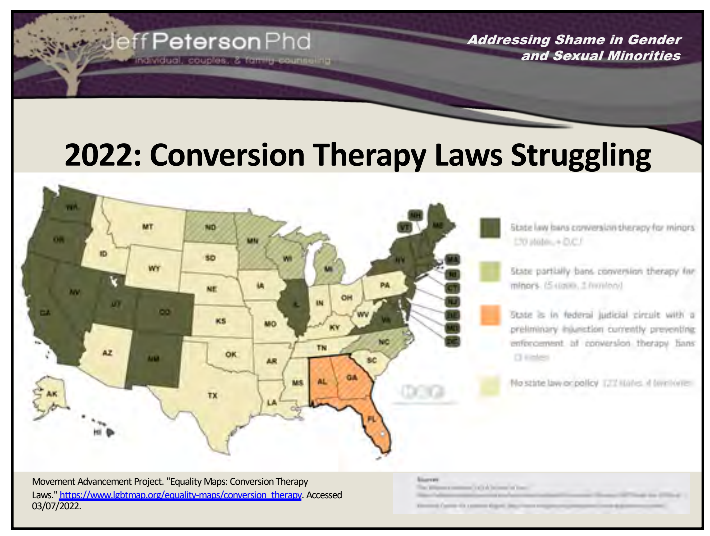


Table 1. Likelihood of Health Outcomes by Intervention

	LGBTQ youths, %		
Health outcome	No intervention	SOGICE	Affirmative therapy
Anxiety or severe psychological distress	34[24]	47[24]	20[25]
Depression	27[26]	65[26]	14[25]
Alcohol use disorder	42[26]	41[26]	30[25]
Illicit drug use	50[26]	67[26]	26[27,28]
Index suicidal attempt	22[26]	63[26]	3[29]
Fatal suicide on index attempt	0.9[28-30]	2.5[28-30]	0.1[28-30]



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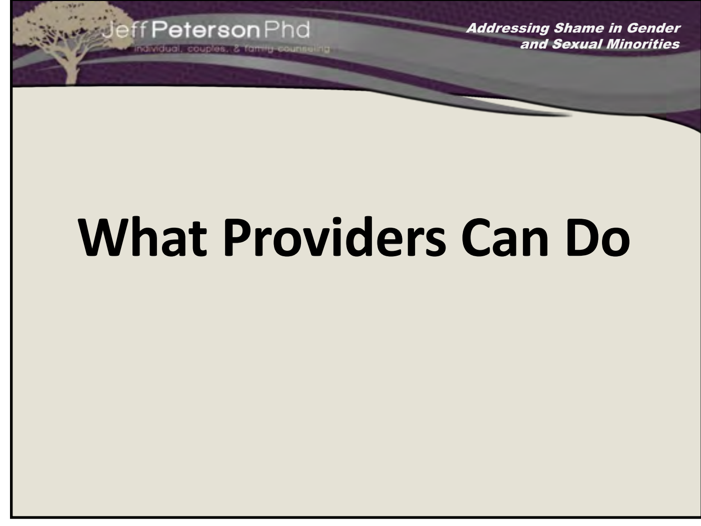
2022: Conversion Therapy Laws Struggling
State law bans conversion therapy for minors
State partially bans conversion therapy for minors
State is in federal judicial circuit with a preliminary injunction currently preventing enforcement of conversion therapy bans
No state law or policy
Movement Advancement Project. "Equality Maps: Conversion Therapy Laws." https://www.lgbtmap.org/equality-maps/conversion_therapy. Accessed 03/07/2022.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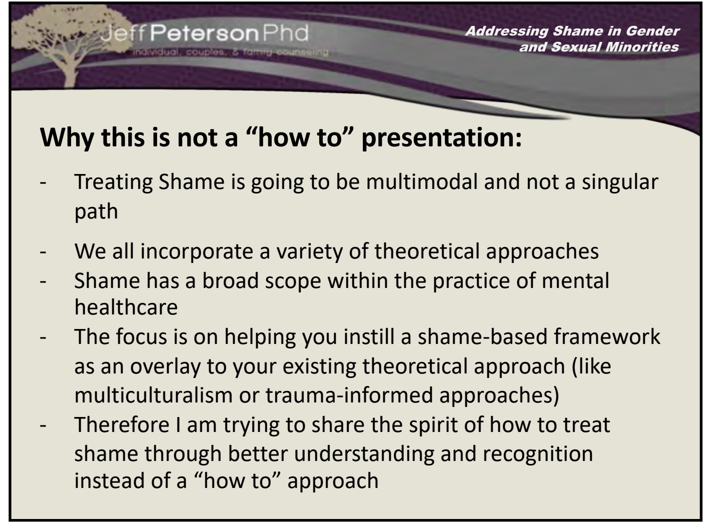
What Providers Can Do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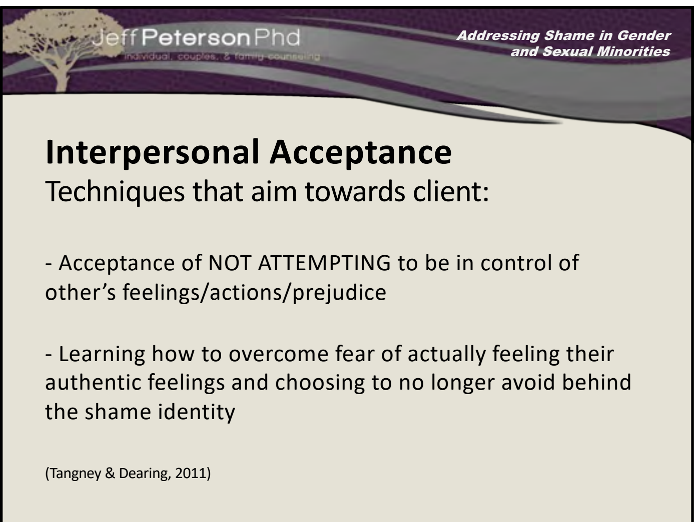
Addressing Shame in Gender and Sexual Minorities
Why this is not a "how to" presentation:
- Treating Shame is going to be multimodal and not a singular path
- We all incorporate a variety of theoretical approaches
- Shame has a broad scope within the practice of mental healthcare
- The focus is on helping you instill a shame-based framework as an overlay to your existing theoretical approach (like multiculturalism or trauma-informed approaches)
- Therefore I am trying to share the spirit of how to treat shame through better understanding and recognition instead of a "how to" approach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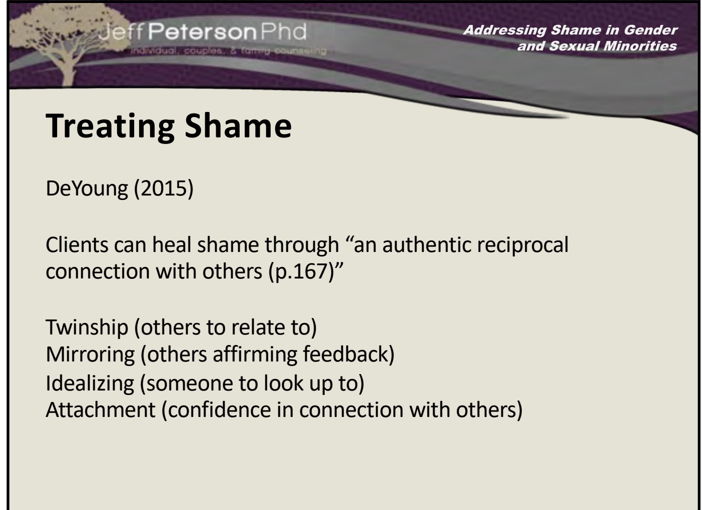
Interpersonal Acceptance
Techniques that aim towards client:
- Acceptance of NOT ATTEMPTING to be in control of other's feelings/actions/prejudice
- Learning how to overcome fear of actually feeling their authentic feelings and choosing to no longer avoid behind the shame identity
(Tangney & Dearing, 2011)



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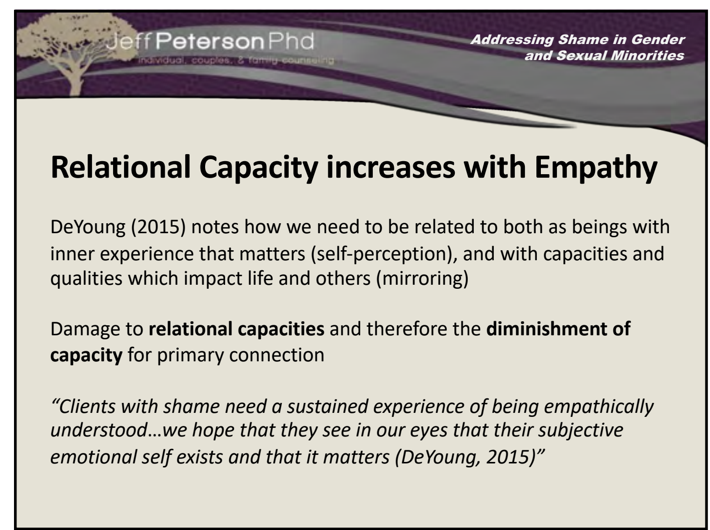
Treating Shame
DeYoung (2015)
Clients can heal shame through "an authentic reciprocal connection with others (p.167)"
Twinship (others to relate to)
Mirroring (others affirming feedback)
Idealizing (someone to look up to)
Attachment (confidence in connection with others)



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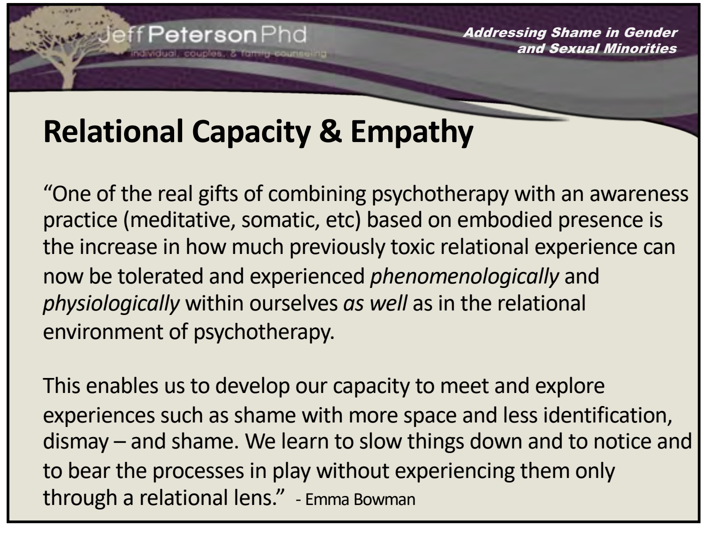
Relational Capacity increases with Empathy
DeYoung (2015) notes how we need to be related to both as beings with inner experience that matters (self-perception), and with capacities and qualities which impact life and others (mirroring)
Damage to relational capacities and therefore the diminishment of capacity for primary connection
"Clients with shame need a sustained experience of being empathically understood…we hope that they see in our eyes that their subjective emotional self exists and that it matters (DeYoung, 2015)"



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Addressing Shame in Gender and Sexual Minorities
Relational Capacity & Empathy
"One of the real gifts of combining psychotherapy with an awareness practice (meditative, somatic, etc) based on embodied presence is the increase in how much previously toxic relational experience can now be tolerated and experienced phenomenologically and physiologically within ourselves as well as in the relational environment of psychotherapy.
This enables us to develop our capacity to meet and explore experiences such as shame with more space and less identification, dismay – and shame. We learn to slow things down and to notice and to bear the processes in play without experiencing them only through a relational lens." - Emma Bowman

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Humanizing Shame
Jordan McKenzie Video
https://humanizingshamefulemotions.wordpress.com/2017/06/02/shames-journey-from-misattunement-to-connection/

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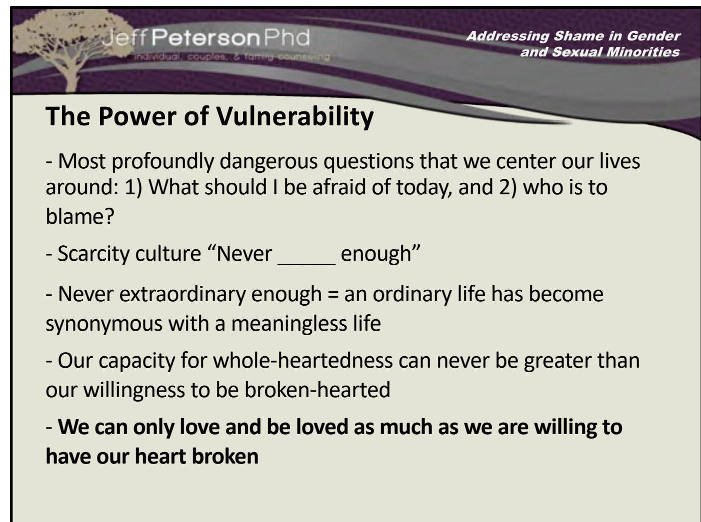
VIDEO: Brene Brown – The Power of Vulnerability
https://www.youtube.com/watch?v=sXSjc-pbXk4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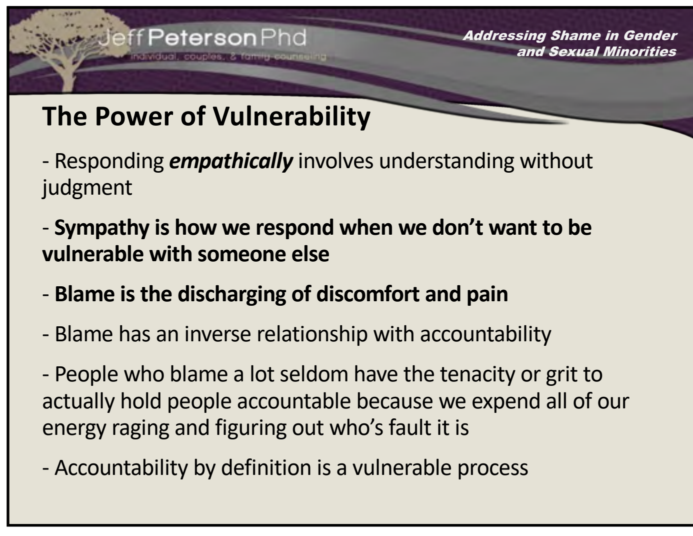
The Power of Vulnerability
- Most profoundly dangerous questions that we center our lives around: 1) What should I be afraid of today, and 2) who is to blame?
- Scarcity culture "Never _____ enough"
- Never extraordinary enough = an ordinary life has become synonymous with a meaningless life
- Our capacity for whole-heartedness can never be greater than our willingness to be broken-hearted
- We can only love and be loved as much as we are willing to have our heart broken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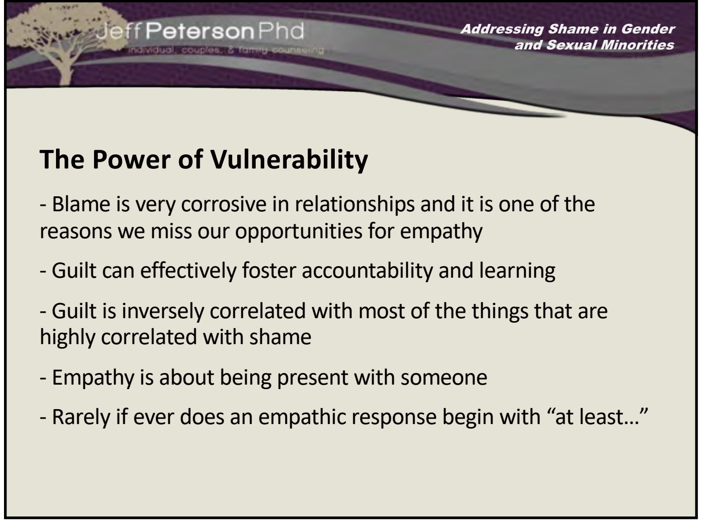
The Power of Vulnerability
- Responding empathically involves understanding without judgment
- Sympathy is how we respond when we don't want to be vulnerable with someone else
- Blame is the discharging of discomfort and pain
- Blame has an inverse relationship with accountability
- People who blame a lot seldom have the tenacity or grit to actually hold people accountable because we expend all of our energy raging and figuring out who's fault it is
- Accountability by definition is a vulnerable process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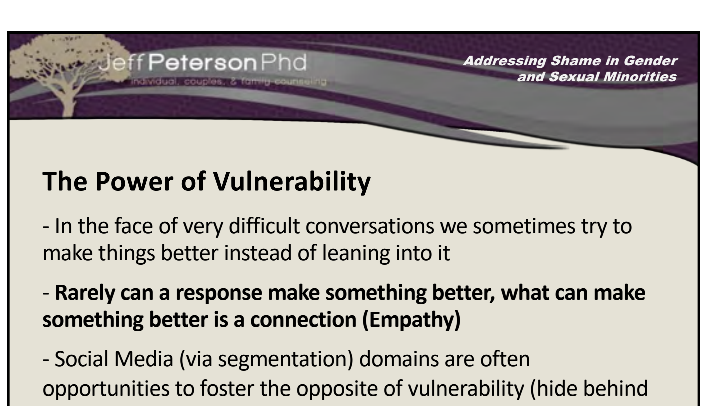
The Power of Vulnerability
- Blame is very corrosive in relationships and it is one of the reasons we miss our opportunities for empathy
- Guilt can effectively foster accountability and learning
- Guilt is inversely correlated with most of the things that are highly correlated with shame
- Empathy is about being present with someone
- Rarely if ever does an empathic response begin with "at least…"



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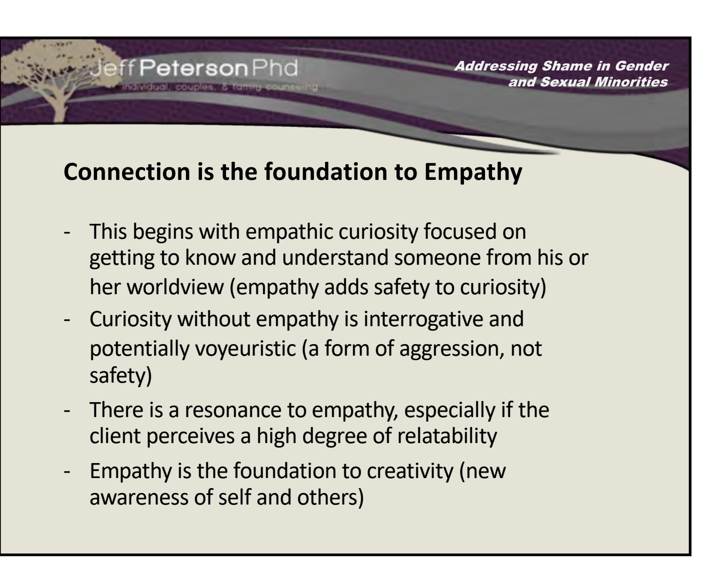
Addressing Shame in Gender and Sexual Minorities

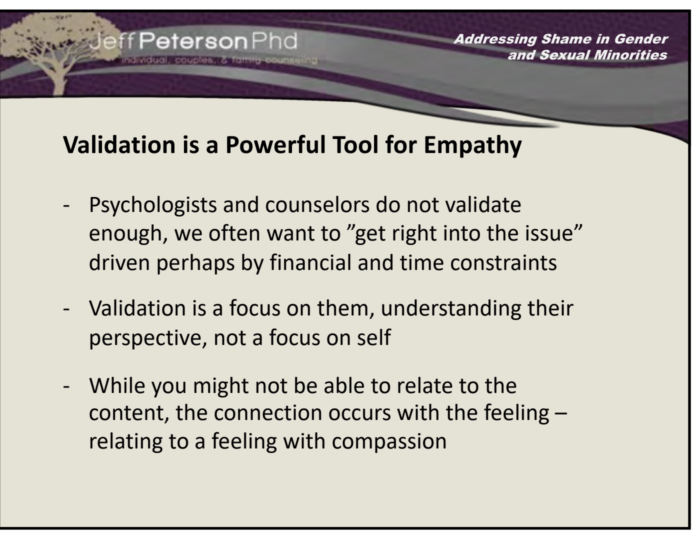
Change & Healing Requires Vulnerability

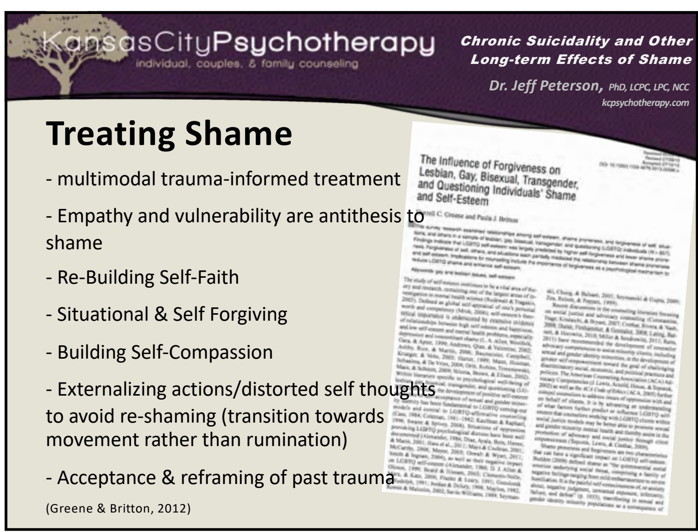
1) Vulnerability is the birthplace of positive emotion
2) Empathy is linked to vulnerability
3) Creative expression via vulnerability
4) Change requires vulnerability

A Safe Therapeutic Environment will Foster the Development of Vulnerability

Brown, B. (2012). *Daring greatly: How the courage to be vulnerable transforms the way we live, love, parent, and lead.* New York: Penguin Publishing.



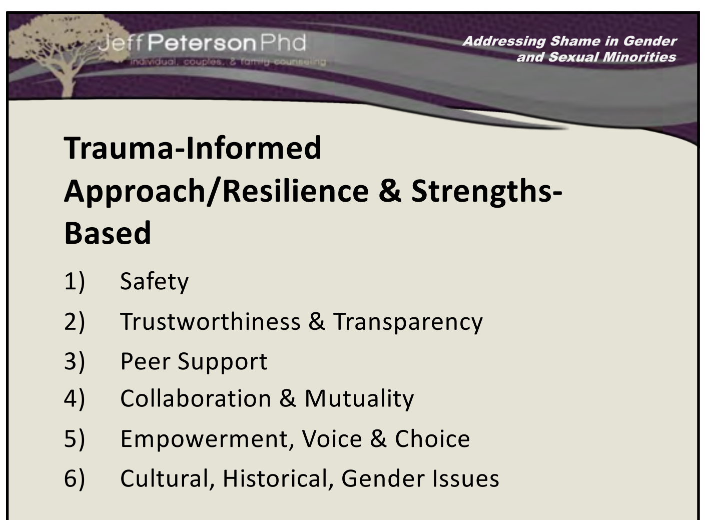




Treating Shame

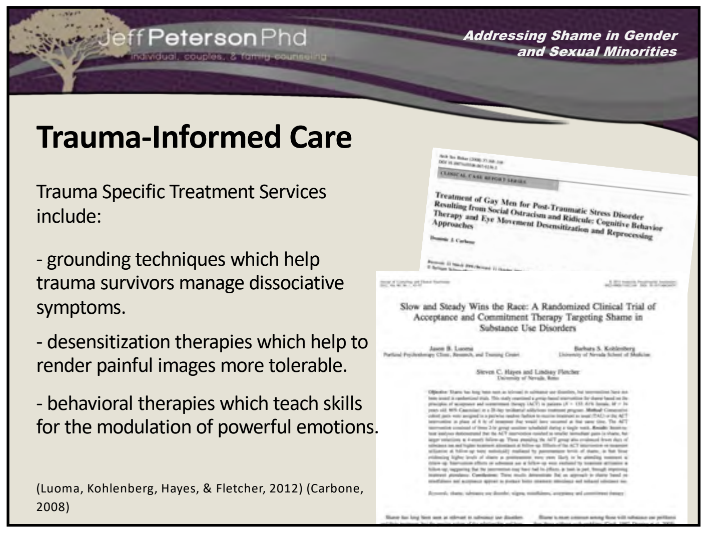
- multimodal trauma-informed treatment
- Empathy and vulnerability are antithesis to shame
- Re-Building Self-Faith
- Situational & Self Forgiving
- Building Self-Compassion
- Externalizing actions/distorted self thoughts to avoid re-shaming (transition towards movement rather than rumination)
- Acceptance & reframing of past trauma

(Greene & Britton, 2012)



Trauma-Informed Approach/Resilience & Strengths-Based

1) Safety
2) Trustworthiness & Transparency
3) Peer Support
4) Collaboration & Mutuality
5) Empowerment, Voice & Choice
6) Cultural, Historical, Gender Issues

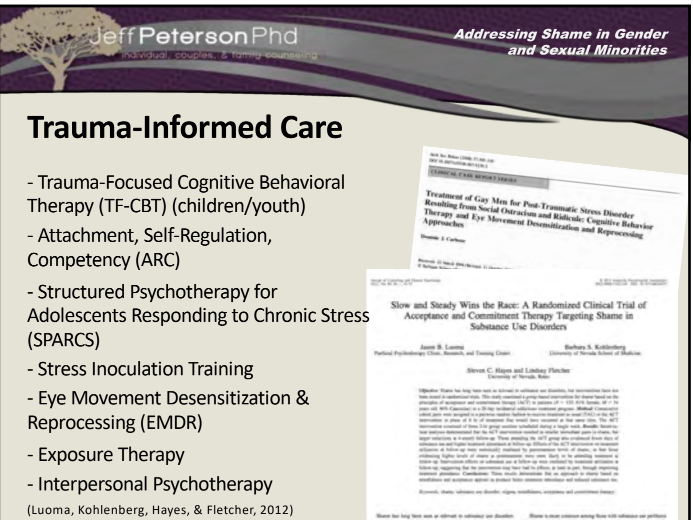


Trauma-Informed Care

Trauma Specific Treatment Services include:

- grounding techniques which help trauma survivors manage dissociative symptoms.
- desensitization therapies which help to render painful images more tolerable.
- behavioral therapies which teach skills for the modulation of powerful emotions.

(Luoma, Kohlenberg, Hayes, & Fletcher, 2012) (Carbone, 2008)



Trauma-Informed Care

- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) (children/youth)
- Attachment, Self-Regulation, Competency (ARC)
- Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)
- Stress Inoculation Training
- Eye Movement Desensitization & Reprocessing (EMDR)
- Exposure Therapy
- Interpersonal Psychotherapy

(Luoma, Kohlenberg, Hayes, & Fletcher, 2012)

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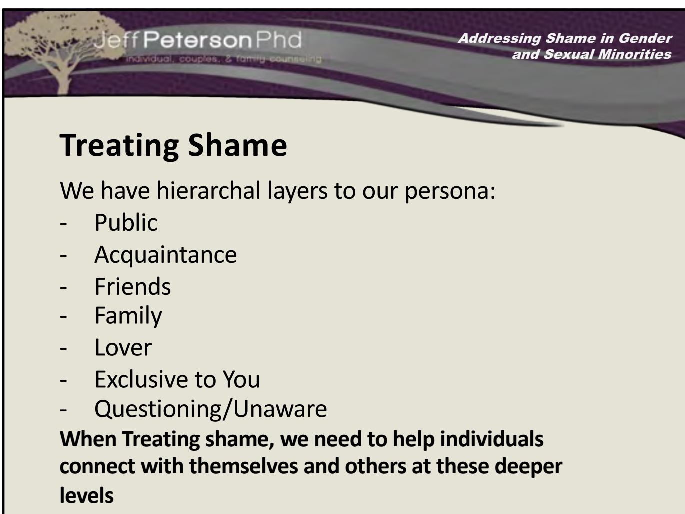
Trauma-Informed Experimental or Emerging Approaches?
• Sensorimotor Psychotherapy – combined techniques from psychotherapy and somatic therapy (Hakomi method)
• Accelerated Experiential Dynamic Psychotherapy (AEDP) – elements from interpersonal neurobiology, attachment theory, emotion theory and affective neuroscience, body-focused and transformational approaches
• Amygdala Depotentiation (Havening Techniques) – Psychosensory therapy via a variety of somatic engagements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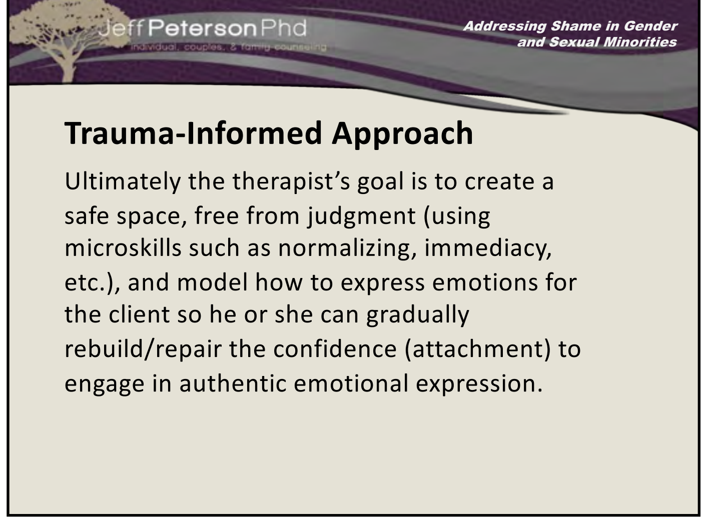
Treating Shame
We have hierarchal layers to our persona:
- Public
- Acquaintance
- Friends
- Family
- Lover
- Exclusive to You
- Questioning/Unaware
When Treating shame, we need to help individuals connect with themselves and others at these deeper levels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Trauma-Informed Approach
Ultimately the therapist's goal is to create a safe space, free from judgment (using microskills such as normalizing, immediacy, etc.), and model how to express emotions for the client so he or she can gradually rebuild/repair the confidence (attachment) to engage in authentic emotional expression.

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Self-Awareness: Foundational to Multicultural Practice

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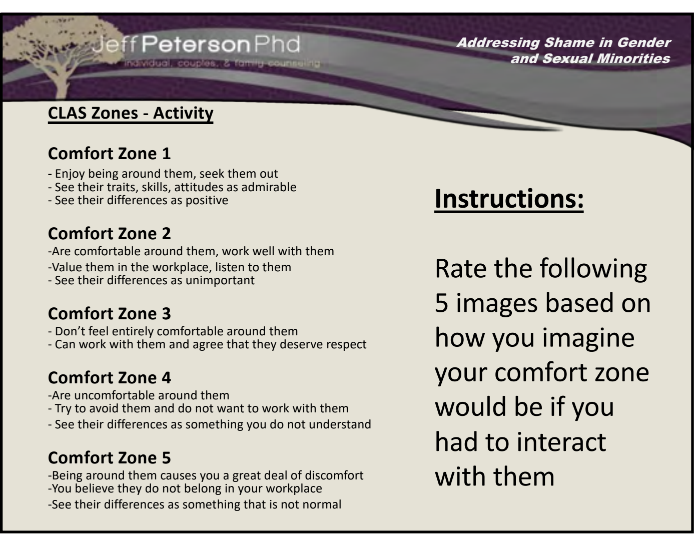
National CLAS Standards:
The National Standards for Culturally & Linguistically Appropriate Services in Health and Healthcare (CLAS)
- Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs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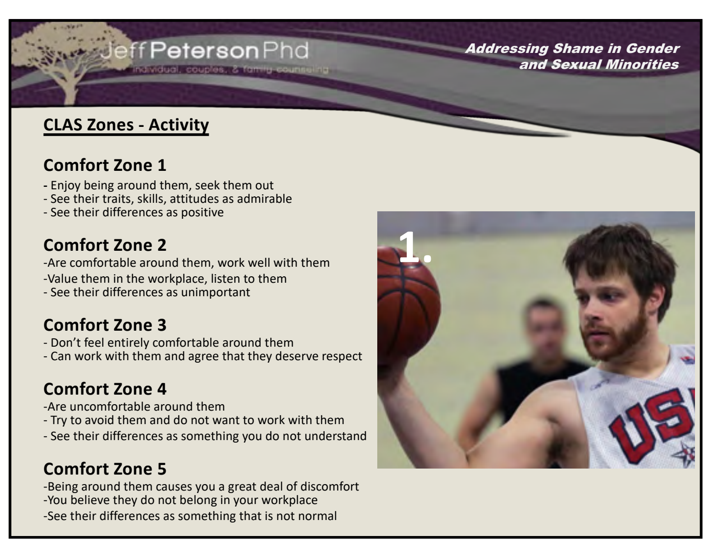
CLAS Zones - Activity
Comfort Zone 1
- Enjoy being around them, seek them out
- See their traits, skills, attitudes as admirable
- See their differences as positive
Comfort Zone 2
-Are comfortable around them, work well with them
-Value them in the workplace, listen to them
- See their differences as unimportant
Comfort Zone 3
- Don't feel entirely comfortable around them
- Can work with them and agree that they deserve respect
Comfort Zone 4
-Are uncomfortable around them
- Try to avoid them and do not want to work with them
- See their differences as something you do not understand
Comfort Zone 5
-Being around them causes you a great deal of discomfort
-You believe they do not belong in your workplace
-See their differences as something that is not normal
Instructions:
Rate the following 5 images based on how you imagine your comfort zone would be if you had to interact with them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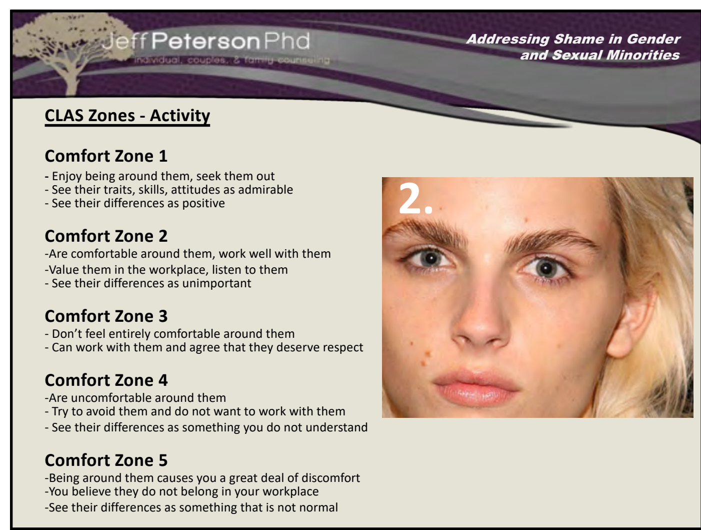
1.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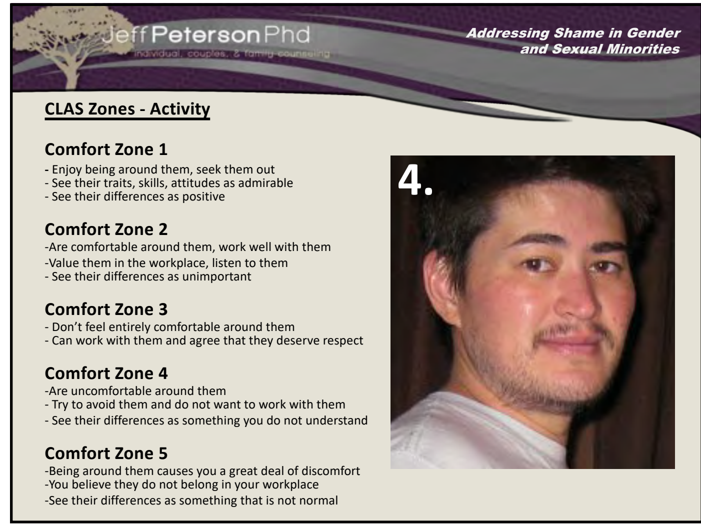
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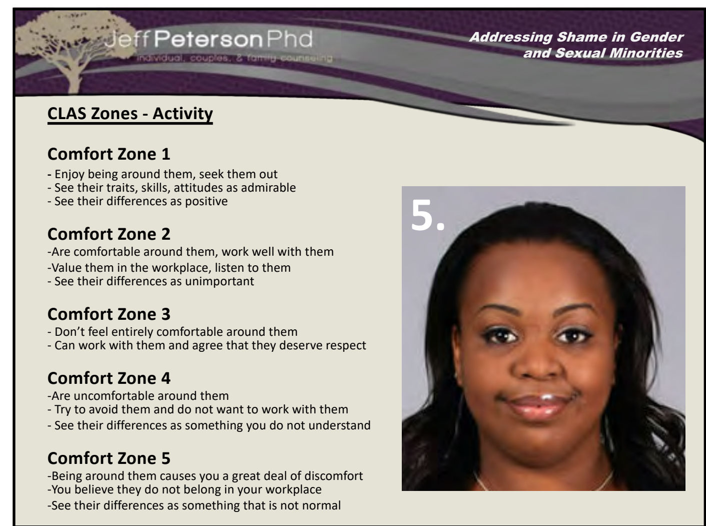
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5.

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Let's Take a Second Look

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1.

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2.

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3.

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4.
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5.

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Would Your Comfort Rating Change Now?

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The Power of Acceptance
The Social Environment and Suicide Attempts in Lesbian, Gay, and Bisexual Youth
A Supportive Environment Reduces the Risk of LGB Suicidality by 20%
(n=31,852)
(Hatzenbuehler et al., 2011)

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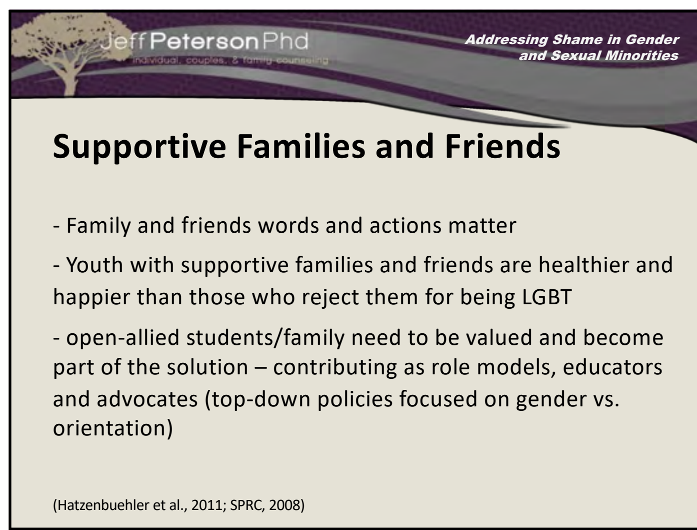
Supportive Environment:
- 2009 Report by National Gay & lesbian Task Force Policy Institute & the National Coalition for the Homeless:
- Estimated between 20-40% of 2 million homeless youth identified were LGBT (= 400,000 - 800,000 individual youth)
- 2011 Research (including two articles in the Journal of Pediatrics) found that a supportive home environment reduces the risk of suicidality and depression by 20% (n=31,852)
- Those who are rejected are 8 times more likely to attempt suicide, 6 times as likely to report depression, 3 times more likely to use illegal drugs, and 3 times the risk for HIV and STIs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Supportive Families and Friends
- Family and friends words and actions matter
- Youth with supportive families and friends are healthier and happier than those who reject them for being LGBT
- open-allied students/family need to be valued and become part of the solution – contributing as role models, educators and advocates (top-down policies focused on gender vs. orientation)
(Hatzenbuehler et al., 2011; SPRC, 2008)

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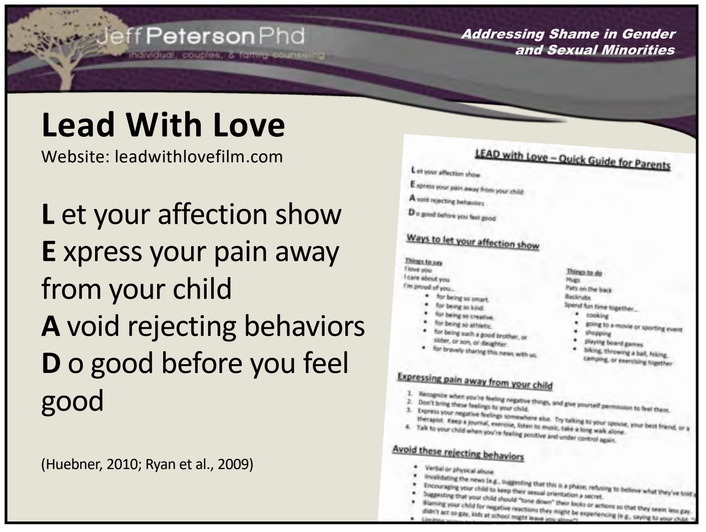
Family Acceptance Project
Website: familyproject.sfsu.edu
- An accepting family protects against suicide risks
- Family Acceptance often equaled higher self-esteem, social support, and general health
- Low Family Acceptance = 3x the risk for suicidal ideation
- High Religiosity = lower acceptance (the need for advocacy within the spiritual community)
(Ryan et al., 2009)
BEST PRACTICE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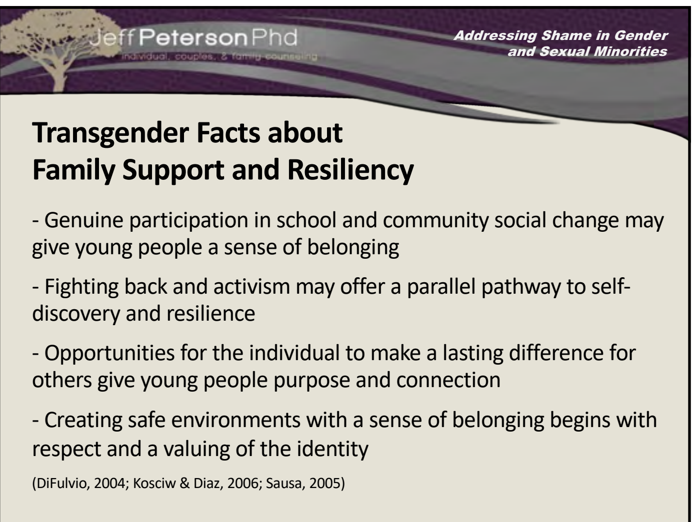
Lead With Love
Website: leadwithlovefilm.com
L et your affection show
E xpress your pain away from your child
A void rejecting behaviors
D o good before you feel good
(Huebner, 2010; Ryan et al., 2009)
LEAD with Love – Quick Guide for Parents
Ways to let your affection show
Expressing pain away from your child
Avoid these rejecting behaviors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Transgender Facts about Family Support and Resiliency
- Genuine participation in school and community social change may give young people a sense of belonging
- Fighting back and activism may offer a parallel pathway to self-discovery and resilience
- Opportunities for the individual to make a lasting difference for others give young people purpose and connection
- Creating safe environments with a sense of belonging begins with respect and a valuing of the identity
(DiFulvio, 2004; Kosciw & Diaz, 2006; Sausa, 2005)

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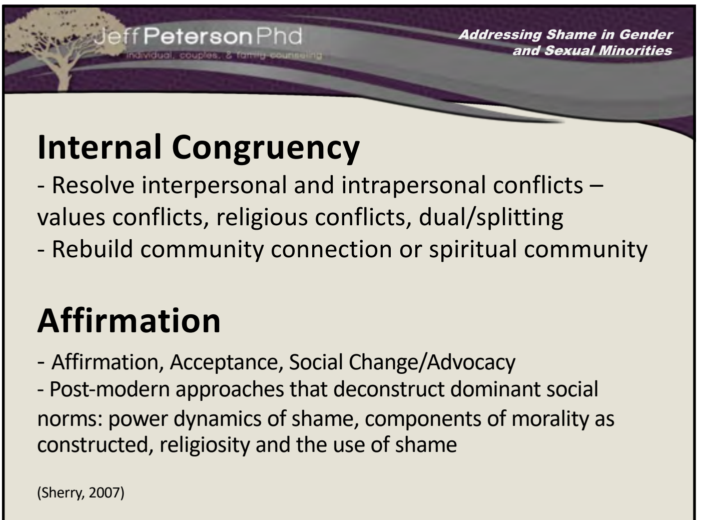
Integration as Acceptance
- Integration of socially stigmatized identity (i.e. LGBT) into normal everyday life (single interventions less effective than school climate intervention – i.e. posters, policies, enforcement)
- Integration can occur at home, as well, with photos, media materials, open dialogue – an accepting/caring environment
(Ploderi et al., 2010)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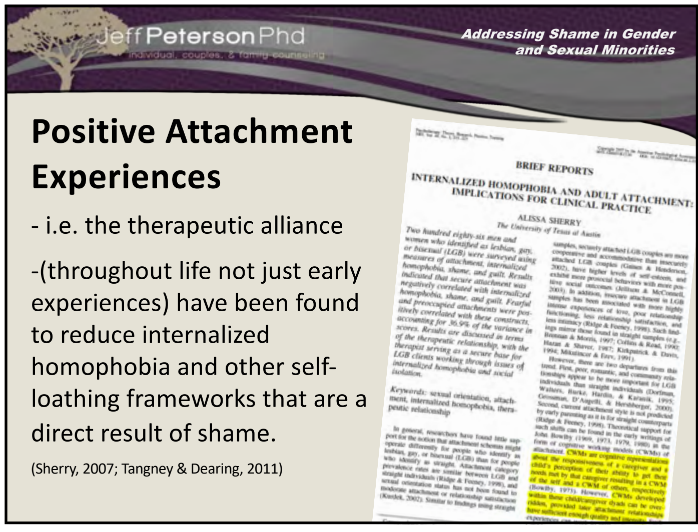
Internal Congruency
- Resolve interpersonal and intrapersonal conflicts – values conflicts, religious conflicts, dual/splitting
- Rebuild community connection or spiritual community
Affirmation
- Affirmation, Acceptance, Social Change/Advocacy
- Post-modern approaches that deconstruct dominant social norms: power dynamics of shame, components of morality as constructed, religiosity and the use of shame
(Sherry, 2007)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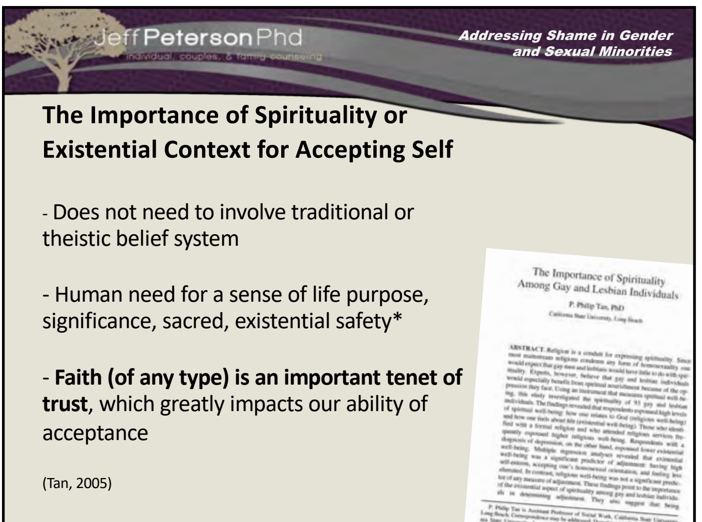
Positive Attachment Experiences
- i.e. the therapeutic alliance
-(throughout life not just early experiences) have been found to reduce internalized homophobia and other self-loathing frameworks that are a direct result of shame.
(Sherry, 2007; Tangney & Dearing, 2011)
BRIEF REPORTS
INTERNALIZED HOMOPHOBIA AND ADULT ATTACHMENT: IMPLICATIONS FOR CLINICAL PRACTICE
ALISSA SHERRY
The University of Texas at Austin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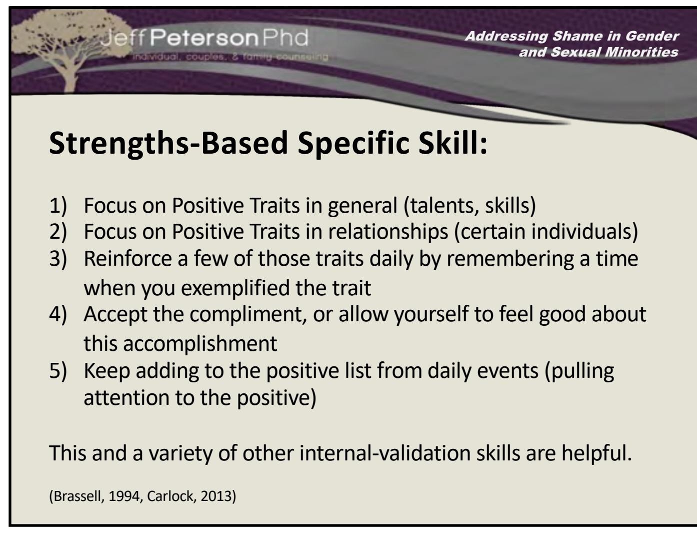
The Importance of Spirituality or Existential Context for Accepting Self
- Does not need to involve traditional or theistic belief system
- Human need for a sense of life purpose, significance, sacred, existential safety*
- Faith (of any type) is an important tenet of trust, which greatly impacts our ability of acceptance
(Tan, 2005)
The Importance of Spirituality Among Gay and Lesbian Individuals
P. Philip Tan, PhD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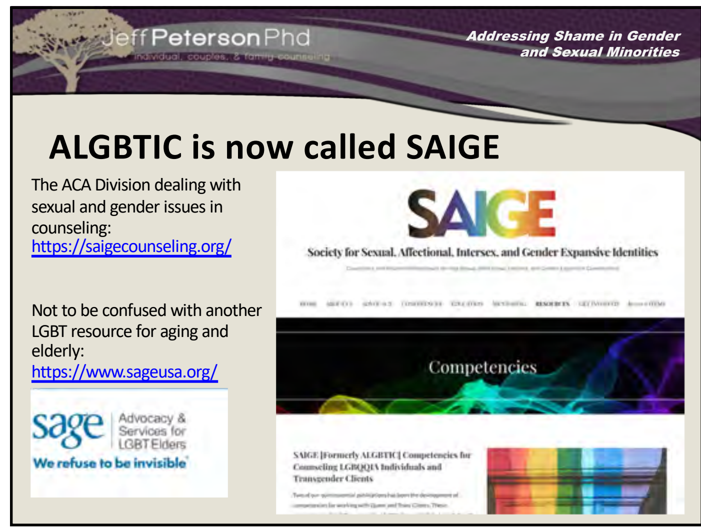
Strengths-Based Specific Skill:
1) Focus on Positive Traits in general (talents, skills)
2) Focus on Positive Traits in relationships (certain individuals)
3) Reinforce a few of those traits daily by remembering a time when you exemplified the trait
4) Accept the compliment, or allow yourself to feel good about this accomplishment
5) Keep adding to the positive list from daily events (pulling attention to the positive)
This and a variety of other internal-validation skills are helpful.
(Brassell, 1994, Carlock, 2013)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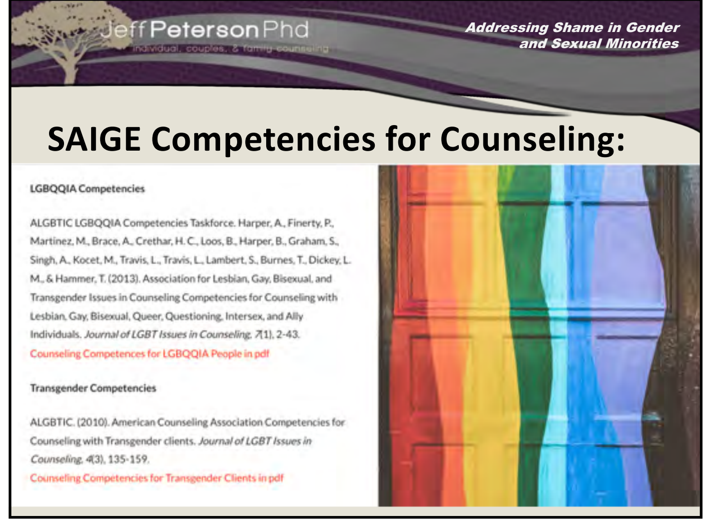
ALGBTIC is now called SAIGE
The ACA Division dealing with sexual and gender issues in counseling:
https://saigecounseling.org/
SAIGE
Society for Sexual, Affectional, Intersex, and Gender Expansive Identities
Competencies
Not to be confused with another LGBT resource for aging and elderly:
https://www.sageusa.org/
sage
Advocacy & Services for LGBT Elders
We refuse to be invisible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SAIGE Competencies for Counseling:
LGBQQIA Competencies
ALGBTIC LGBQQIA Competencies Taskforce. Harper, A., Finerty, P., Martinez, M., Brace, A., Crethar, H. C., Loos, B., Harper, B., Graham, S., Singh, A., Kocet, M., Travis, L., Travis, L., Lambert, S., Burnes, T., Dickey, L. M., & Hammer, T. (2013). Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling Competencies for Counseling with Lesbian, Gay, Bisexual, Queer, Questioning, Intersex, and Ally Individuals. Journal of LGBT Issues in Counseling, 7(1), 2-43.
Counseling Competences for LGBQQIA People in pdf
Transgender Competencies
ALGBTIC. (2010). American Counseling Association Competencies for Counseling with Transgender clients. Journal of LGBT Issues in Counseling, 4(3), 135-159.
Counseling Competencies for Transgender Clients in pdf

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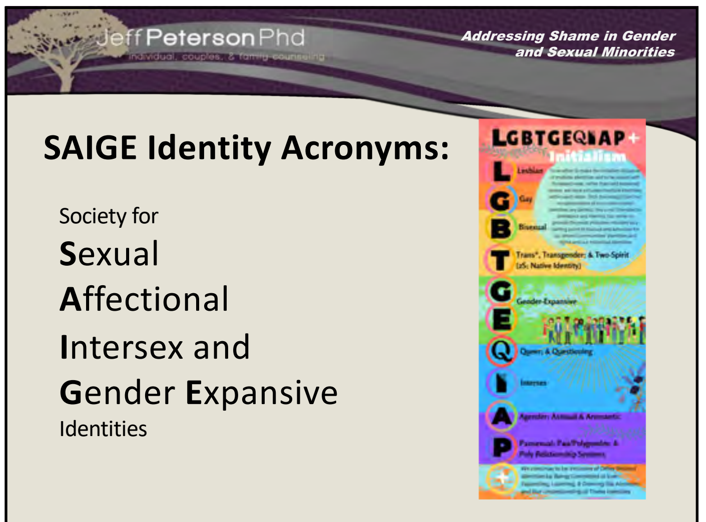
SAIGE Competencies for Counseling:
Advocacy Competencies
AMCD Competencies
ARCA
AMERICAN REHABILITATION COUNSELING ASSOCIATION
ARCA Competencies
ASERVIC
ASERVIC Competencies
MRCC Competencies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SAIGE Identity Acronyms:
Society for
Sexual
Affectional
Intersex and
Gender Expansive
Identities
LGBTGEQIAP+ Initialism

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sage Advocacy & Services for LGBTQ+ Elders
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SAGE Resources:
LGBTQ+ older people are
Twice as likely to be single and live alone
Four times less likely to have children
If we don't look out for each other, who will?
https://www.lgbtagingcenter.org/

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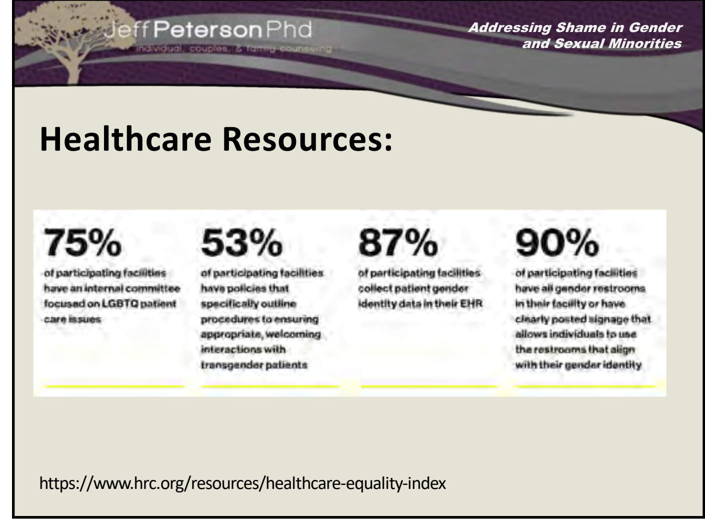
Healthcare Resources:
In its 13th year, the Healthcare Equality Index (HEI) is the national LGBTQ benchmarking tool that evaluates healthcare facilities' policies and practices related to the equity and inclusion of their LGBTQ patients, visitors and employees. The HEI 2020 evaluates more than 1,700 healthcare facilities nationwide.
The HRC Foundation's Healthcare Equality Index continues to show incredible growth in the number of healthcare institutions that are embracing and adopting LGBTQ-inclusive Policies and practices.
Healthcare Equality Index 2020
EXECUTIVE SUMMARY
https://www.hrc.org/resources/healthcare-equality-index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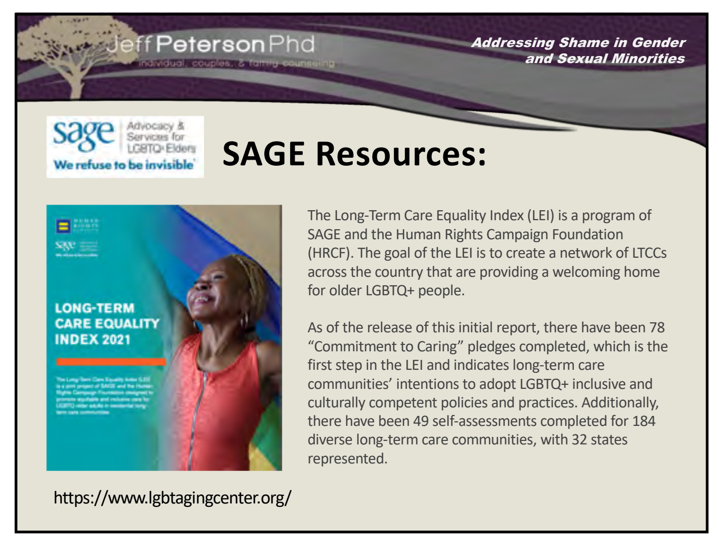
Healthcare Resources:
75%
of participating facilities have an internal committee focused on LGBTQ patient care issues
53%
of participating facilities have policies that specifically outline procedures to ensuring appropriate, welcoming interactions with transgender patients
87%
of participating facilities collect patient gender identity data in their EHR
90%
of participating facilities have all gender restrooms in their facility or have clearly posted signage that allows individuals to use the restrooms that align with their gender identity
https://www.hrc.org/resources/healthcare-equality-index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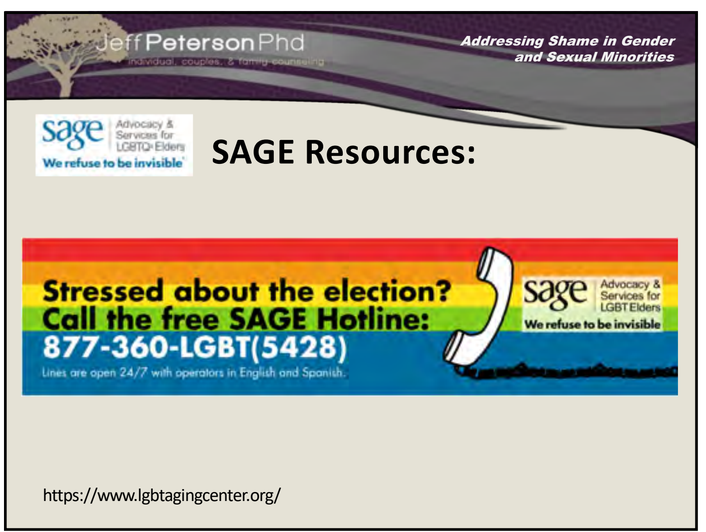
SAGE Resources:
LONG-TERM CARE EQUALITY INDEX 2021
The Long-Term Care Equality Index (LEI) is a program of SAGE and the Human Rights Campaign Foundation (HRCF). The goal of the LEI is to create a network of LTCCs across the country that are providing a welcoming home for older LGBTQ+ people.
As of the release of this initial report, there have been 78 "Commitment to Caring" pledges completed, which is the first step in the LEI and indicates long-term care communities' intentions to adopt LGBTQ+ inclusive and culturally competent policies and practices. Additionally, there have been 49 self-assessments completed for 184 diverse long-term care communities, with 32 states represented.
https://www.lgbtagingcenter.org/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SAGE Resources:
Stressed about the election?
Call the free SAGE Hotline:
877-360-LGBT(5428)
Lines are open 24/7 with operators in English and Spanish.
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https://www.lgbtagingcenter.org/

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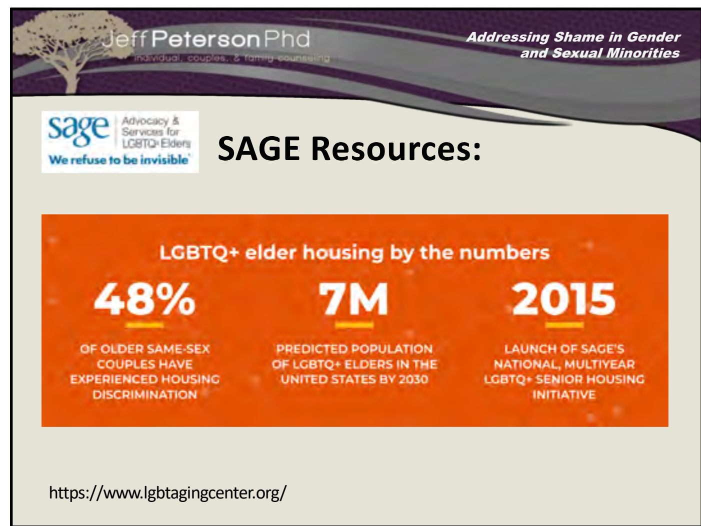
SAGE Resources:
By 2030, there are going to be 7 million LGBTQ+ older adults 65 or older. As our numbers grow, we want to ensure that we're supported in every way possible—through training, technical assistance, and educational resources.
Knowledge is power, and the National Resource Center on LGBTQ+ Aging is our information powerhouse. There, we serve up publications, fact sheets, guides, and assistance on nearly a thousand topics relevant to LGBTQ+ aging, including:
https://www.lgbtagingcenter.org/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SAGE Resources:
LGBTQ+ elder housing by the numbers
48%
OF OLDER SAME-SEX COUPLES HAVE EXPERIENCED HOUSING DISCRIMINATION
7M
PREDICTED POPULATION OF LGBTQ+ ELDERS IN THE UNITED STATES BY 2030
2015
LAUNCH OF SAGE'S NATIONAL, MULTIYEAR LGBTQ+ SENIOR HOUSING INITIATIVE
https://www.lgbtagingcenter.org/

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SAGE Resources:
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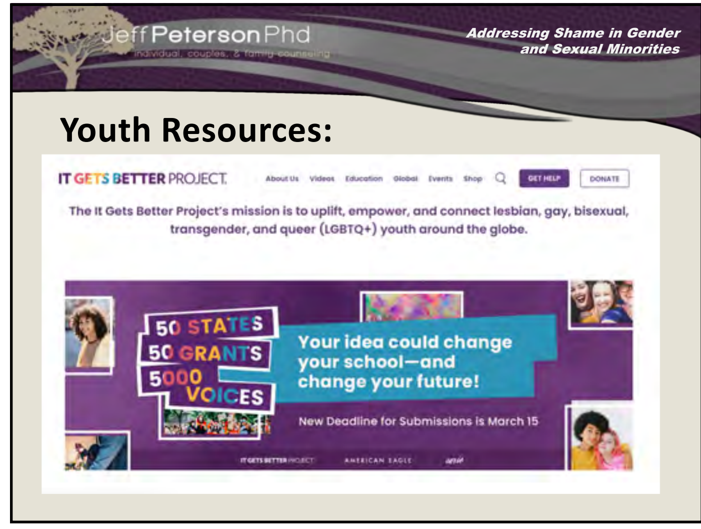
Kansas LGBTQ+ Housing Resources
Housing discrimination policy in Kansas
Helpful resources for LGBTQ+ housing in Kansas
LGBTQ+ elder housing resources
https://www.lgbtagingcenter.org/



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Addressing Shame in Gender and Sexual Minorities
Youth Resources:
IT GETS BETTER PROJECT
The It Gets Better Project's mission is to uplift, empower, and connect lesbian, gay, bisexual, transgender, and queer (LGBTQ+) youth around the globe.
50 STATES
50 GRANTS
5000 VOICES
Your idea could change your school—and change your future!
New Deadline for Submissions is March 15

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Family Resources:
PFLAG
FIND A CHAPTER
NEED SUPPORT?
LEAVE THIS SITE NOW
DONATE
Our Priorities
Our Work
Advocacy
Chapter Leader Tools
News & Events
Our Vision and Mission
Our Values
Where we Stand
Why PFLAG?
Our Story
Our Structure
Our People
Our Corporate Partners
Founded in 1973 after the simple act of a mother publicly supporting her gay son, PFLAG is the nation's largest family and ally organization.
"For the children who are and the children who will be, the rescue squad is going by."

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Gender Resources:
gender spectrum
Register Today
Subscribe
Donate
OUR MISSION
Gender Spectrum works to create gender sensitive and inclusive environments for all children and teens.

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Transgender Resources:
National Center for TRANSGENDER EQUALITY
DONATE
PLEDGE TO TAKE THE
2022
U.S.
TRANS
SURVEY
STATE ACTION CENTER
SUPPORT
The Equality Act
Anti-Discrimination Protections for Trans People Nationwide

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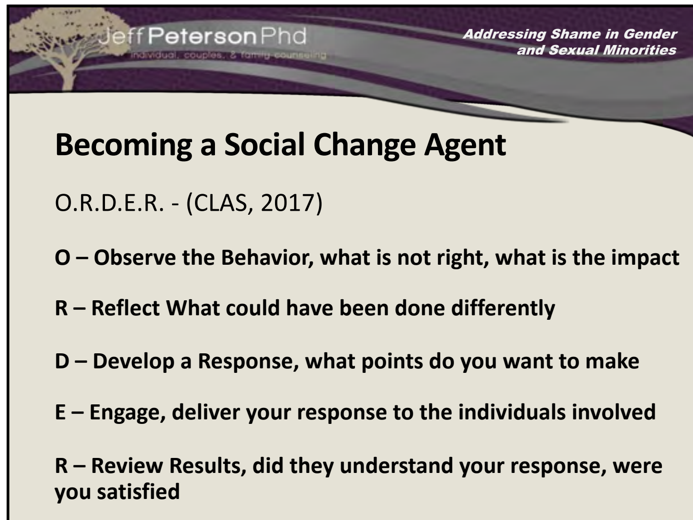
Gay, Lesbian, Bi Resources:
HUMAN RIGHTS CAMPAIGN
OUR WORK
Continuing the fight for equality.
Together, we elected Joe Biden and Kamala Harris, won the Georgia runoffs and achieved pro-equality majorities in the House and Senate. Now we're going to pass the Equality Act through Congress and ensure protections for LGBTQ+ people nationwide.
Learn More
NO HATE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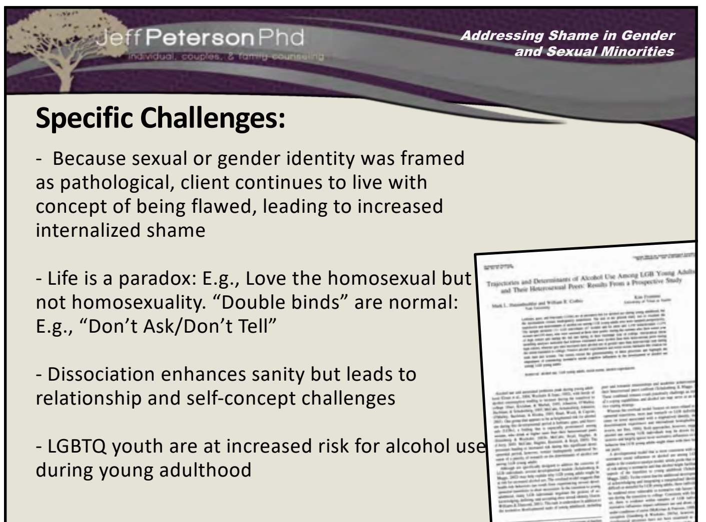
Becoming a Social Change Agent
O.R.D.E.R. - (CLAS, 2017)
O – Observe the Behavior, what is not right, what is the impact
R – Reflect What could have been done differently
D – Develop a Response, what points do you want to make
E – Engage, deliver your response to the individuals involved
R – Review Results, did they understand your response, were you satisfied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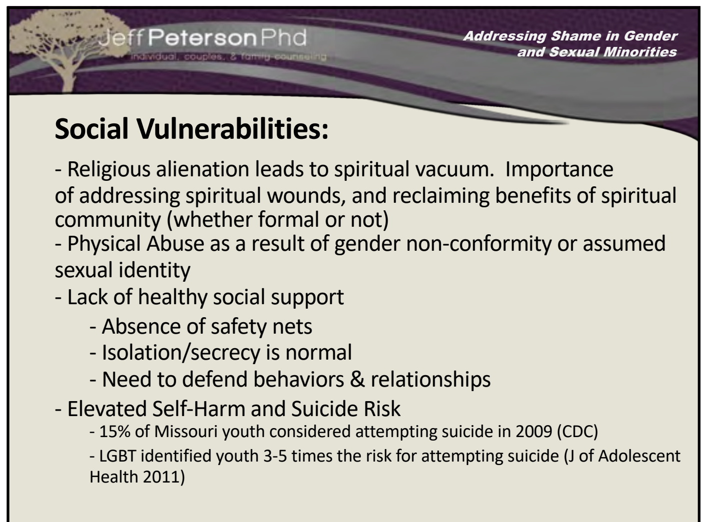
Specific Challenges:
- Because sexual or gender identity was framed as pathological, client continues to live with concept of being flawed, leading to increased internalized shame
- Life is a paradox: E.g., Love the homosexual but not homosexuality. "Double binds" are normal: E.g., "Don't Ask/Don't Tell"
- Dissociation enhances sanity but leads to relationship and self-concept challenges
- LGBTQ youth are at increased risk for alcohol use during young adulthood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Social Vulnerabilities:
- Religious alienation leads to spiritual vacuum. Importance of addressing spiritual wounds, and reclaiming benefits of spiritual community (whether formal or not)
- Physical Abuse as a result of gender non-conformity or assumed sexual identity
- Lack of healthy social support
- Absence of safety nets
- Isolation/secrecy is normal
- Need to defend behaviors & relationships
- Elevated Self-Harm and Suicide Risk
- 15% of Missouri youth considered attempting suicide in 2009 (CDC)
- LGBT identified youth 3-5 times the risk for attempting suicide (J of Adolescent Health 2011)

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Transgender & Gender-Variant Social Vulnerabilities Due to Recent U.S. Policy
- Estimated 1.4 million transfolks in U.S. population (.04%)
- Depending on political majority - DHHS proposal to systemically erase gender by defining gender solely on physical sex
- Ruling that the basic 1964 civil rights law does NOT protect transfolks
- Back/forth ban on transgender people from military service
- Uncertainty around federal protection giving trans-people the right to use the restroom that aligns with their gender
(CNN/Associated Press, October 2018)

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Safe Zone Placard or Symbols
sexual orientation
safe zone
gender expression
gender identity
DIVERSE
INCLUSIVE
ACCEPTING
WELCOMING
SAFE SPACE
FOR EVERYONE
SAFE ZONE
SAFE ZONE

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Addressing Shame in Gender and Sexual Minorities
Identity Symbols
SEXUAL IDENTITY FLAGS
LGBT
TRANSGENDER
BISEXUAL
LESBIAN
PANSEXUAL
ASEXUAL
INTERSEX
GENDERQUEER
NON-BINARY
AROMANTIC
STRAIGHT
STRAIGHT ALLY

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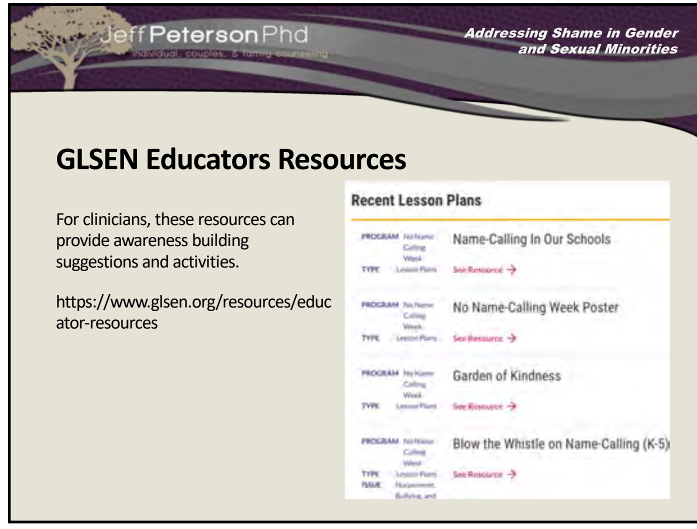
GLSEN Safe Space Kit
For clinicians, these resources can provide easy-to-understand guidance and practical tools.
https://www.glsen.org/resources/educator-resources
SAFE SPACE
SAFE SPACE KIT
GLSEN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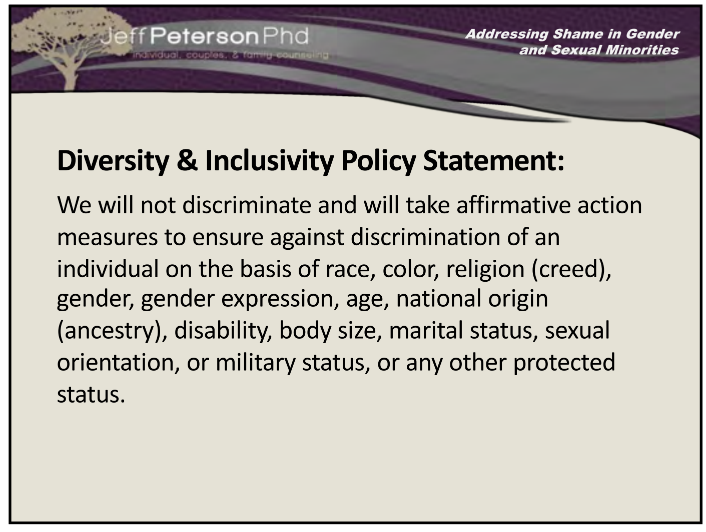
GLSEN Educators Resources
For clinicians, these resources can provide awareness building suggestions and activities.
https://www.glsen.org/resources/educator-resources
Recent Lesson Plans
Name-Calling In Our Schools
No Name-Calling Week Poster
Garden of Kindness
Blow the Whistle on Name-Calling (K-5)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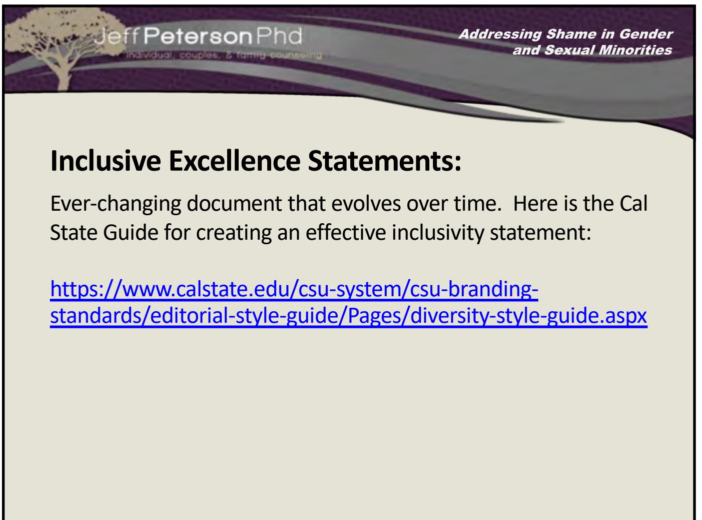
Diversity & Inclusivity Policy Statement:
We will not discriminate and will take affirmative action measures to ensure against discrimination of an individual on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, body size, marital status, sexual orientation, or military status, or any other protected status.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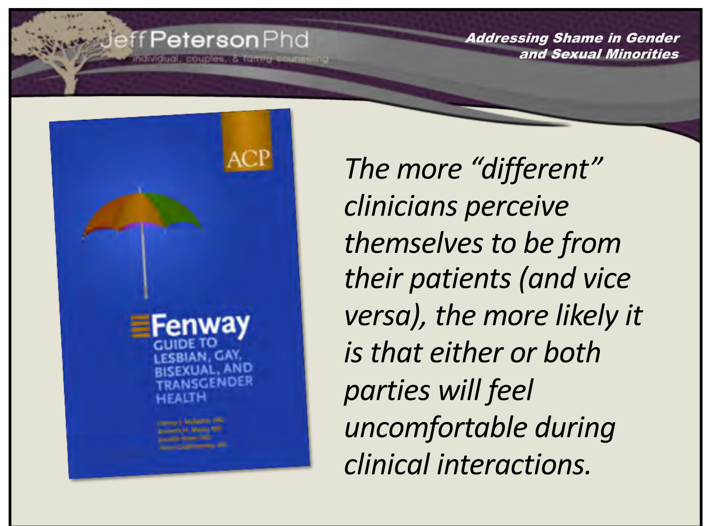
Inclusive Excellence Statements:
Ever-changing document that evolves over time. Here is the Cal State Guide for creating an effective inclusivity statement:
https://www.calstate.edu/csu-system/csu-branding-standards/editorial-style-guide/Pages/diversity-style-guide.aspx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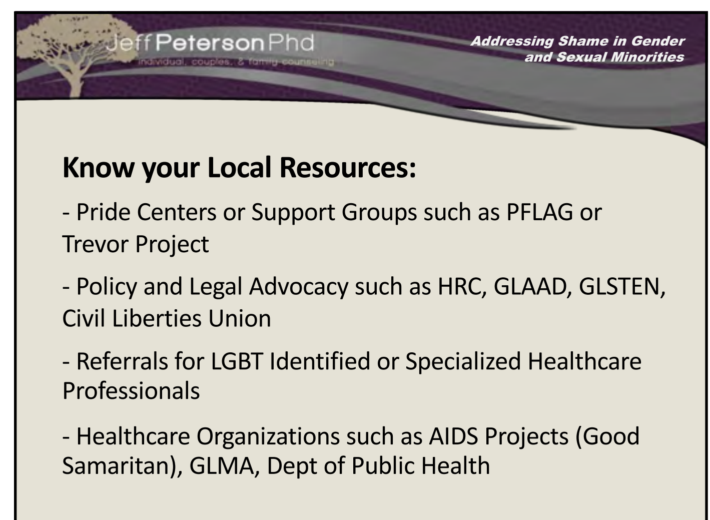
ACP
Fenway
GUIDE TO LESBIAN, GAY, BISEXUAL, AND TRANSGENDER HEALTH
The more "different" clinicians perceive themselves to be from their patients (and vice versa), the more likely it is that either or both parties will feel uncomfortable during clinical interactions.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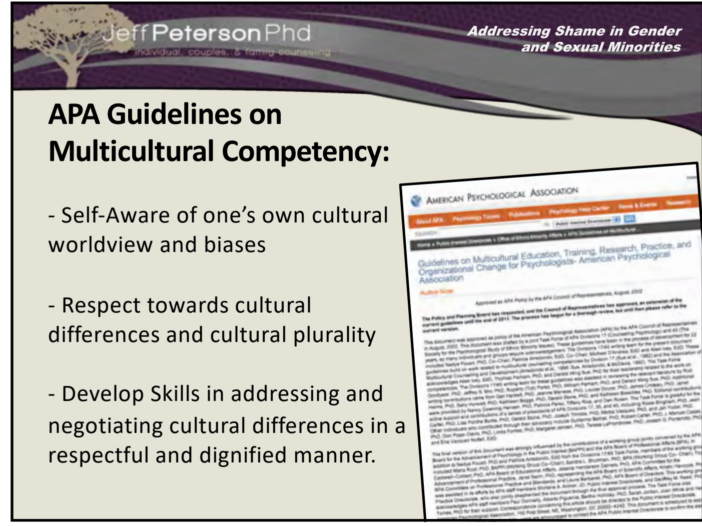
Know your Local Resources:
- Pride Centers or Support Groups such as PFLAG or Trevor Project
- Policy and Legal Advocacy such as HRC, GLAAD, GLSTEN, Civil Liberties Union
- Referrals for LGBT Identified or Specialized Healthcare Professionals
- Healthcare Organizations such as AIDS Projects (Good Samaritan), GLMA, Dept of Public Health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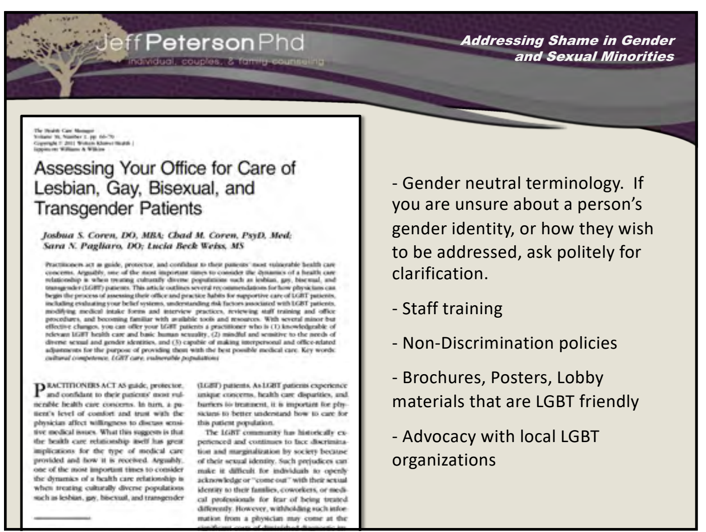
APA Guidelines on Multicultural Competency:
- Self-Aware of one's own cultural worldview and biases
- Respect towards cultural differences and cultural plurality
- Develop Skills in addressing and negotiating cultural differences in a respectful and dignified manner.
American Psychological Association
Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists- American Psychological Association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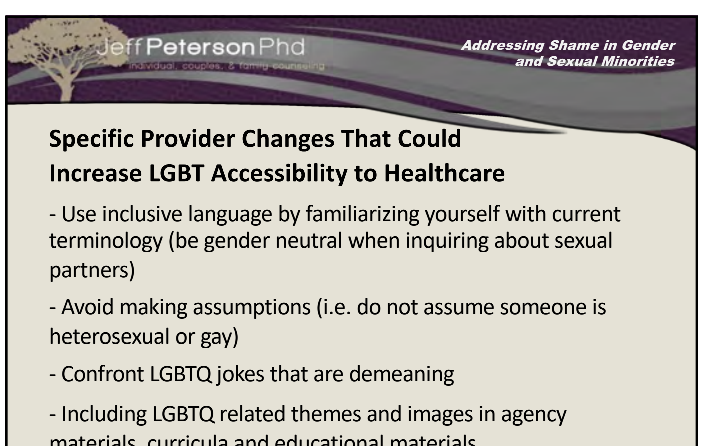
Addressing Shame in Gender and Sexual Minorities
Assessing Your Office for Care of Lesbian, Gay, Bisexual, and Transgender Patients
Joshua S. Coren, DO, MBA; Chad M. Coren, PsyD, Med; Sara N. Pagliaro, DO; Lucia Beck Weiss, MS
- Gender neutral terminology. If you are unsure about a person's gender identity, or how they wish to be addressed, ask politely for clarification.
- Staff training
- Non-Discrimination policies
- Brochures, Posters, Lobby materials that are LGBT friendly
- Advocacy with local LGBT organizations



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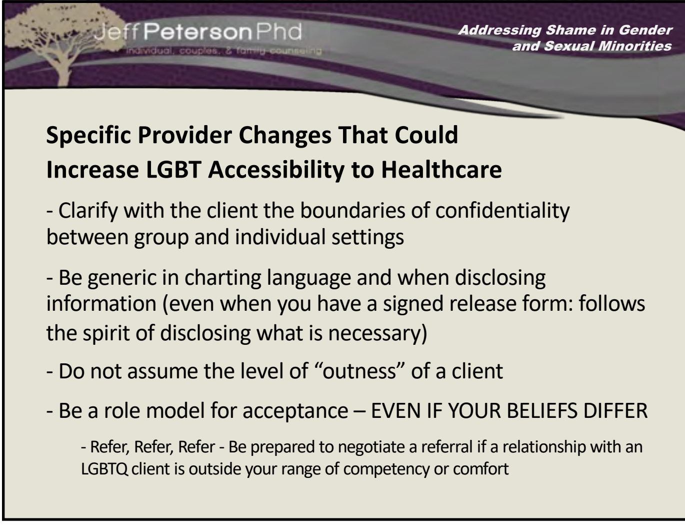
Specific Provider Changes That Could Increase LGBT Accessibility to Healthcare
- Use inclusive language by familiarizing yourself with current terminology (be gender neutral when inquiring about sexual partners)
- Avoid making assumptions (i.e. do not assume someone is heterosexual or gay)
- Confront LGBTQ jokes that are demeaning
- Including LGBTQ related themes and images in agency materials, curricula and educational materials
-(i.e. consider displays that promote special events such as coming out day (October 11th), LGBT pride month (June), etc.)



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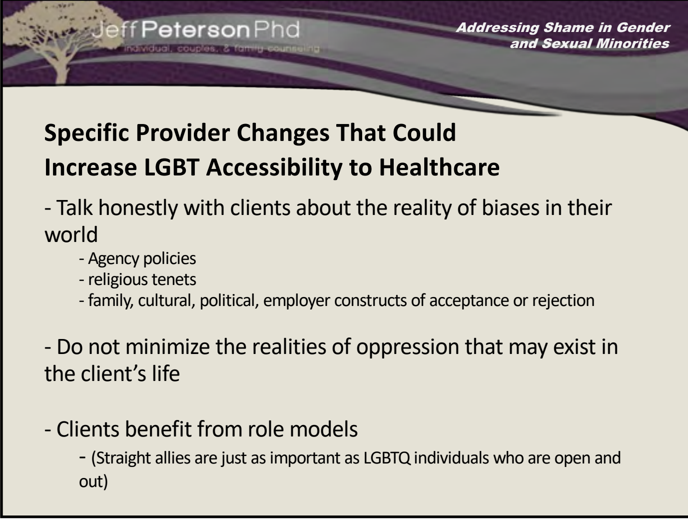
Specific Provider Changes That Could Increase LGBT Accessibility to Healthcare
- Clarify with the client the boundaries of confidentiality between group and individual settings
- Be generic in charting language and when disclosing information (even when you have a signed release form: follows the spirit of disclosing what is necessary)
- Do not assume the level of "outness" of a client
- Be a role model for acceptance – EVEN IF YOUR BELIEFS DIFFER
- Refer, Refer, Refer - Be prepared to negotiate a referral if a relationship with an LGBTQ client is outside your range of competency or comfort



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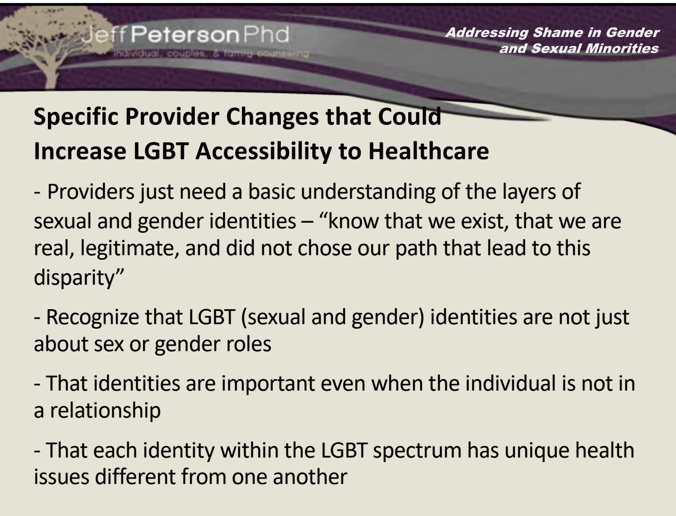
Specific Provider Changes That Could Increase LGBT Accessibility to Healthcare
- Talk honestly with clients about the reality of biases in their world
- Agency policies
- religious tenets
- family, cultural, political, employer constructs of acceptance or rejection
- Do not minimize the realities of oppression that may exist in the client's life
- Clients benefit from role models
- (Straight allies are just as important as LGBTQ individuals who are open and out)



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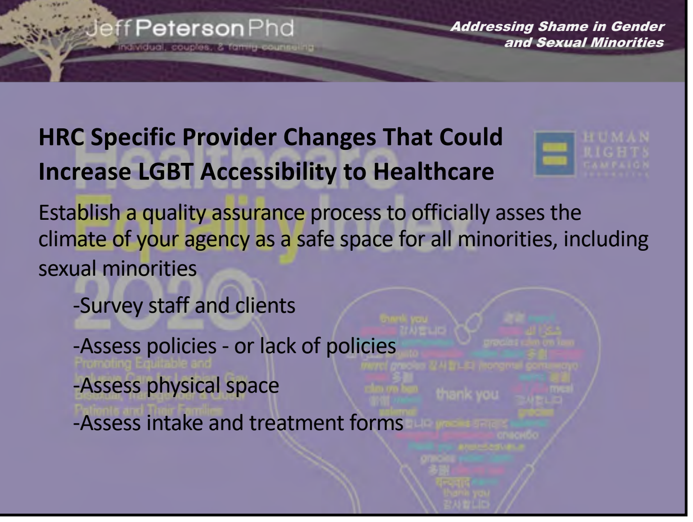
Specific Provider Changes that Could Increase LGBT Accessibility to Healthcare
- Providers just need a basic understanding of the layers of sexual and gender identities – "know that we exist, that we are real, legitimate, and did not chose our path that lead to this disparity"
- Recognize that LGBT (sexual and gender) identities are not just about sex or gender roles
- That identities are important even when the individual is not in a relationship
- That each identity within the LGBT spectrum has unique health issues different from one another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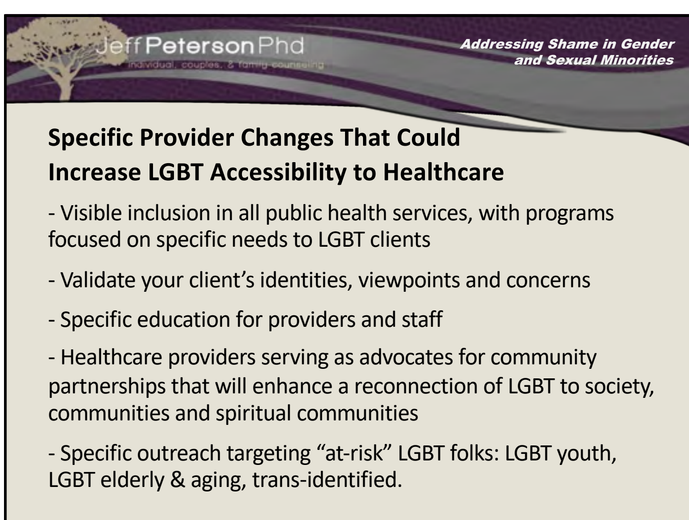
HRC Specific Provider Changes That Could Increase LGBT Accessibility to Healthcare
HUMAN RIGHTS CAMPAIGN
Healthcare Equality Index 2020
Establish a quality assurance process to officially asses the climate of your agency as a safe space for all minorities, including sexual minorities
-Survey staff and clients
-Assess policies - or lack of policies
-Assess physical space
-Assess intake and treatment forms
thank you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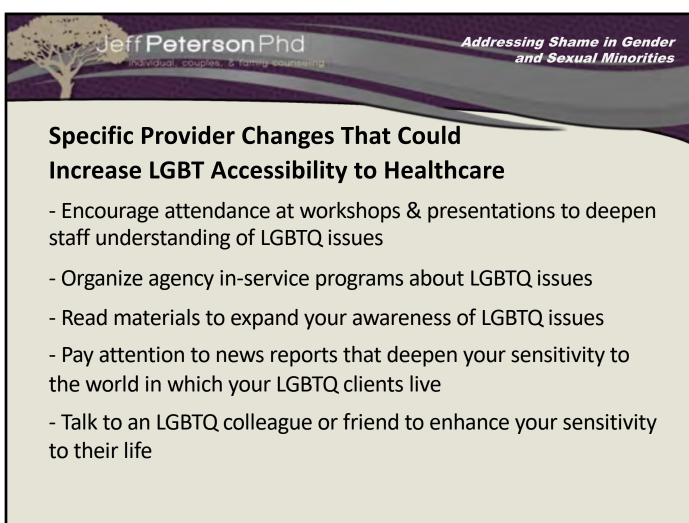
Specific Provider Changes That Could Increase LGBT Accessibility to Healthcare
- Visible inclusion in all public health services, with programs focused on specific needs to LGBT clients
- Validate your client's identities, viewpoints and concerns
- Specific education for providers and staff
- Healthcare providers serving as advocates for community partnerships that will enhance a reconnection of LGBT to society, communities and spiritual communities
- Specific outreach targeting "at-risk" LGBT folks: LGBT youth, LGBT elderly & aging, trans-identified.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Specific Provider Changes That Could Increase LGBT Accessibility to Healthcare
- Encourage attendance at workshops & presentations to deepen staff understanding of LGBTQ issues
- Organize agency in-service programs about LGBTQ issues
- Read materials to expand your awareness of LGBTQ issues
- Pay attention to news reports that deepen your sensitivity to the world in which your LGBTQ clients live
- Talk to an LGBTQ colleague or friend to enhance your sensitivity to their life

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Lived Experiences of Sexual and Gender Minorities
TRANSPARENT
modern family
Schitt's Creek
AND JUST LIKE THAT
HBO max

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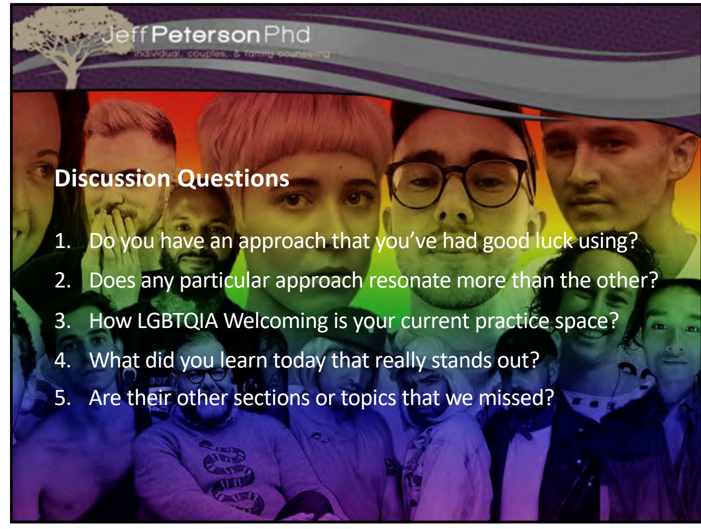
Remember that small expressions of sensitivity, dignity, and respect can have a powerful
and lasting impact…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Discussion Questions
1. Do you have an approach that you've had good luck using?
2. Does any particular approach resonate more than the other?
3. How LGBTQIA Welcoming is your current practice space?
4. What did you learn today that really stands out?
5. Are their other sections or topics that we missed?

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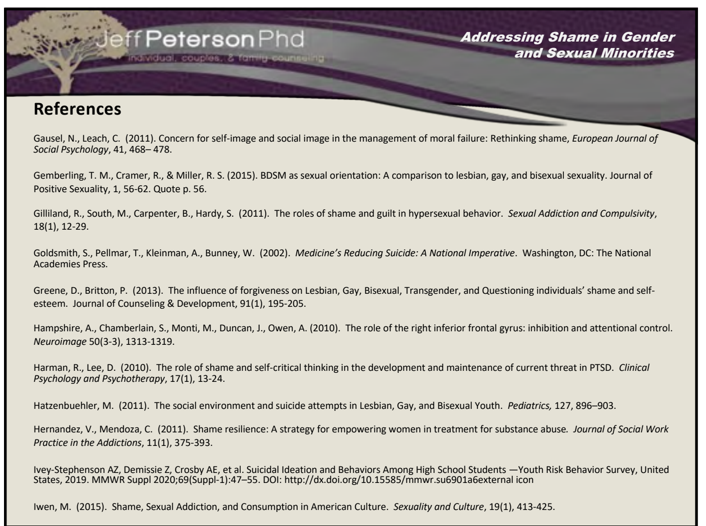
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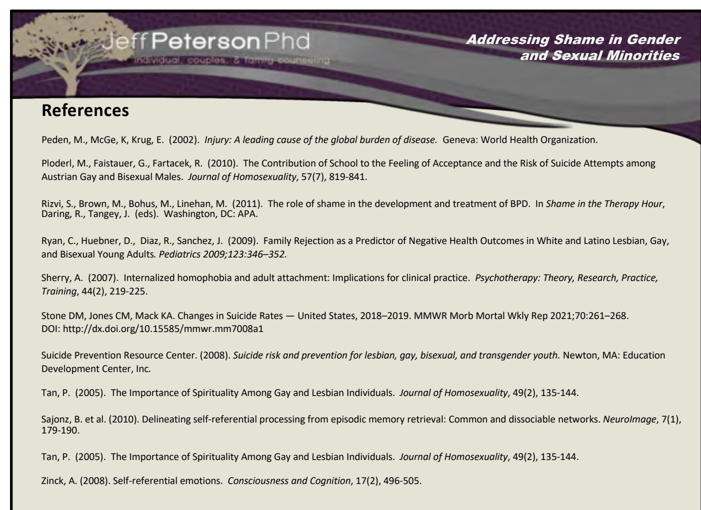
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