



Cultivating Inclusion: Multiculturally Competent Care for the LGBTQIA+ Community

Dr. Shelly Farnan



Check In

iced coffee!

Exhaustion

tired

Post doc stress

Sore arms from the gym

Stress

I am glad I am at home
while we meet today

coffee and anxiety



Check In

excitement for this topic!

Pain for what happened in Oklahoma this week

Exhaustion

Fatigue

Anxiety

Coffee and exhaustion

Frustration

Needing Some Vacation Time

3



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Check In

Less sleep than I'd like

Annoyed with post doc interviews

Infection and fatigue

Maybe bronchitis maybe flu A

excitement about post doc next steps

I'm tired. Haven't had my coffee yet

Morning Marathon Stress

tired

3



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Check In

Distracted

Coffee and excitement

Readiness for the weekend and down time

Homesickness

Coffee and my cat!

I am glad I am home while we meet today

What is today?

Hot sauce in my bag, swag



Check In

Dutch Bros!

Coffee

allergies

Fatigue from a long week but looking forward to rest and family time this weekend

Anxiety and stress

Missing loved ones

Sourdough toast

Coffee and a sore back lol



Check In

needing coffee!!

Need a vacation

Tired but excited for this conversation

tired and headache

I'm from Oklahoma.....so unfortunately not so good

Oklahoma, Alabama, and what has been happening in MO



Overview

Today:

Building the Relationship
Self-Assessment
Environmental Scan
SOGI "101"
Engagement

Next Friday:

Best Practices
Application



Intentions & Agreements

Trusted, Brave & Courageous Space

Honest & Respectful Conversations regarding SOGI

Expand understanding & awareness of implicit bias.

Expand understanding & awareness of ourselves as human

Develop confidence in understanding language relevant to SOGI

Expand understanding of minority stress, health disparities, social determinants of health

Learn best practices for serving Q+ people

Familiarize ourselves with best practice resources

Develop a trusted network for consultation and support

Develop inclusion action items to take with you

Share the floor

Stories stay in, learning goes out



Brain Science
Trauma-Informed Care
Human-Centered Care
Multiculturally Competent Care

Trauma Informed Care
IS
Multiculturally Aware, Sensitive
and Responsive



BRAIN SCIENCE

WE ALL HAVE BRAINS

Therefore, we all have bias and blind spots

BRAINS ARE FIRST & FOREMOST SURVIVAL
BRAINS

OUR CULTURAL EXPERIENCES SHAPE OUR
BRAINS

THE FOUR ELEMENTS OF FLOURISHING

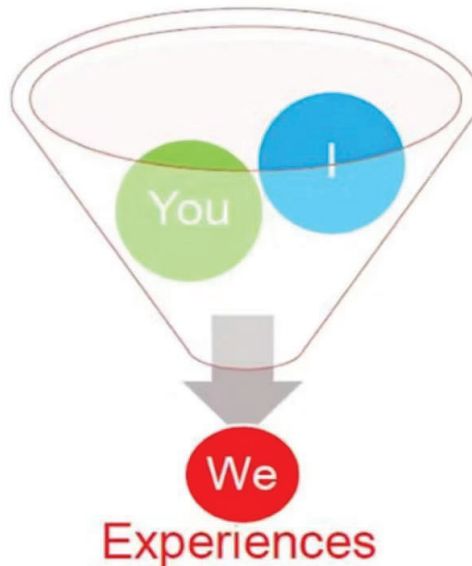
© THE PERSON BRAIN MODEL

Safety, Significance, Related, Respect™

HOPE – WITHOUT IT, “IT” IS USELESS



Eco-Relational Funnel



Where We Come From?

- 1 What is the person's _____
How might the employee's ____ influence
the current presentation?
What needs might there be as a result of
____?
- 2 What is my _____
How might my ____ influence my current
perspective of this situation?
What needs might there be as a result of
my ____?



- Ability
- Age
- Appearance
- Culture
- Education
- Ethnicity
- Sex
- Gender Identity
- Gender Expression
- Personality
- Race
- Religion
- Sexual Orientation
- Socioeconomic Status
- Generation
- Life Experience
- Personality Type



Where do you come from?

I come from a family with cousins who are members of the LGBTQ community.

Grew up in a very homogeneous community, was not until college that I really got exposure and growth in LGBTQIA+ knowledge/community

Anti-LGBTQ, racist and sexist family and community

Watching my best friend's journey as a transman growing up. Navigating my own exploration of sexual orientation.

Chicago Suburbs, accepting school district/community

The philosophy that we should meet everyone with non-judgmental attitudes, even those we do not agree with.

i come from a very diverse and liberal area

My brother and I are the first out members of our family

Where do you come from?

I don't believe the deficit view of so many - LGBTQ orientation because of something that happened and needs to be fixed.

close friends who are members of the community. growing up in a city that celebrated lgbtq+ culture

I've worked with the LGBTQ+ community for about 8 years, specifically with trans-youth. I started my career wanting to work with SOGI.

Tiny town in the Midwest....and I'm gay. I didn't REALLY learn "how to be gay" until about a year ago (by which I mean learning how to navigate queer spaces)

Growing up I was completely unaware - it wasn't just talked about. In my professional life, I learned the vulnerability of folks - felt compelled to help.

I also come from the state of Florida where we can't say "Gay" (I write and roll my eyes)

I come from a conservative, wealthy, republican family. I loath the sexist, racist, closed minded values I was taught and strive to re-set myself and my small-town, white population continually

I come from a family accepting of my sexual orientation which has given me a passion for helping to create a safe space for LGBTQIA+ community.



Where do you come from?

Very religious family that made growth to be accepting of LGBTQ. I mean, it took ten years tho.

Family that was loving and well meaning, but still stumbling along to understand

I'm straight and cis but in college found the LGBTQ+ community to be the most welcoming and warm environment, especially compared to my strict church upbringing. most of my friends are LGBTQ

grew up in a homogeneous community, mostly Christian, but respecting of others' beliefs while respecting their own.

A southern, Christian home that was affirming, accepting, and loving of all people.

parents who are extremely anti lgbtq+ / anything that's not "typical"

Grew up in a Anti-LGBTQ+ community

LGBTQ is fine. As long as it's not you, my child.



Where do you come from?

A very religious/judgmental (when it comes to LGBTQ)

Catholic family, with an uncle who identifies as gay; very hush hush growing up and not talked about. Older generation family members especially

my family is very open and non judgmental and liberal and my partner's family is sexist, conservative, and judgmental

I come from a grad program where the surrounding community climate was similar to here

I have close family members and friends in the lgbtq+ community. Family in the Older generation are either trying to understand it more or don't understand (want) to understand

Grew up in MA community, diverse community.

minimal

I feel lots of "introductory" sessions bot in grad school and more advanced in professional settings



Where do you come from?

Classroom? Hahaha! Not. On my own ... where ever and when ever I can.



SOGI Education to date:

Probably not enough

Limited

It was throughout my grad school program. We had a lot of education required.

Foot note in classes

minimal

Insufficient

Quite a lot- several classes training and practicum experiences

limited



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SOGI Education to date:

It was always the "if we have time" unit/topic in courses

Several courses in grad school and didactics

My program was thorough

Very little formal education, most has been seeking it out on my own

Much more from clubs, like GSA (old name)

Usually a day or two in a couple diversity classes. Most of my knowledge has been self-study.

None honestly

a lot through grad school



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SOGI Education to date:

Some. Mostly experiential based though (working through as have clients)

some, but info was very vague, didnt review terms wither

Not much, a few didactics such as this

Pretty limited formal training! A lot of individual research

decent education from peers but minimal formal education

Diversity was limited to race & ethnicity

Is a licensing requirement for our state, got it in both masters and graduate degree.

I've had courses about Suicide and Risk, much more discussion in these classes



SOGI Education to date:

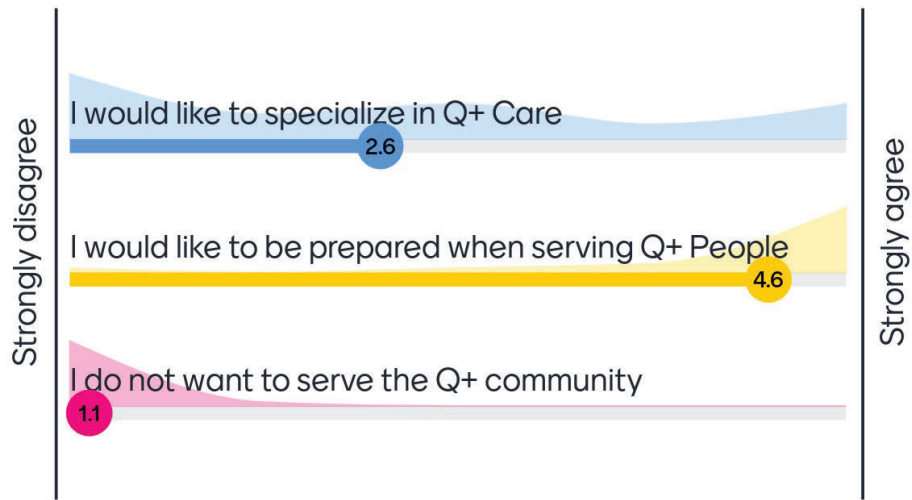
I did multiple years of practicum training working with trans youth and have sought out information on my own

Both in grad school and other professional many "introductory" sessions, some more advanced sessions

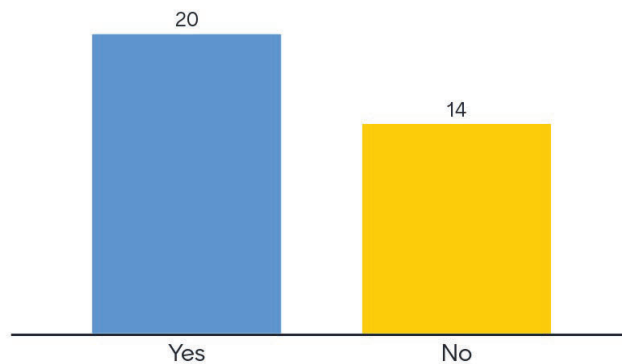
I had years of immersive training in process groups with participants in LGBTQIA+ community and spent a year running a group for HIV+ yet, I still need to learn more trans community issues.



Interest



I am confident in my understanding and application of APA Guidelines for working with Sexual Minority & Trans/Gender Variant people.



Beyond Your Lens



MULTICULTURALISM

- Acknowledge and promotes the acceptance and understanding of different cultures living together within one community.
- Promotes the peaceful coexistence of diverse races, ethnicities and other cultural groups in a given social environment.

CULTURAL DEXTERITY

- The ability to work and communicate with people from different backgrounds.

CULTURAL COMPETENCE

- The ability to understand, appreciate and interact with people from cultures or belief systems different from one's own. An important means of helping eliminate racial, ethnic and socioeconomic disparities in health and mental health care.



Beyond Your Lens



CULTURAL HUMILITY

- Ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the person.

CULTURAL SENSITIVITY

- Ability to acknowledge interdependence and align with a group other than one's own – making use of language and culture as tools to improve outcomes.

CULTURALLY RESPONSIVE

- The ability to learn from and relate respectfully with people of your own culture as well as those from other cultures.



Minority stress

The relationship between minority and dominant values and resultant conflict with the social environment experienced by minority group members (Meyer, 1995)

Minority stress theory proposes that sexual minority health disparities can be explained in large part by stressors induced by a hostile, homophobic culture, which often results in a lifetime of harassment, maltreatment, discrimination and victimization (Marshal et al., 2008; Meyer, 2003) and may ultimately impact access to care.

BIPOC

Black, Indigenous, People of Color

QTPOC

Queer and Trans People of Color

Gender-Affirming

Interpersonal, interactive process whereby a person receives social recognition and support for their **gender** identity and expression (Nuttbrock, Bockting, et al., 2009).



APA Guidelines

ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT

CONTENTS

INTRODUCTION AND APPLICABILITY	4.02	Discussing the Limits of Confidentiality	8.04	Client/Patient, Student, and Subordinate Research Participants
PREAMBLE	4.03	Recording	8.05	Dispensing With Informed Consent for Research
GENERAL PRINCIPLES	4.04	Minimizing Intrusions on Privacy	8.06	Offering Incentives for Research Participation
Principle A: Beneficence and Nonmaleficence	4.05	Disclosures	8.07	Deception in Research
Principle B: Fidelity and Responsibility	4.06	Counselors	8.08	Debriefing
Principle C: Integrity	4.07	Use of Confidential Information for Didactic or Other Purposes	8.09	Human Care and Use of Animals in Research
Principle D: Justice			8.10	Reporting Research Results
Principle E: Respect for People's Rights and Dignity			8.11	Plagiarism
ETHICAL STANDARDS			8.12	Publication Credit
I. Resolving Ethical Issues	5.01	Avoidance of False or Deceptive Statements	8.13	Duplicate Publication of Data
1.01	5.02	Statements by Others	8.14	Sharing Research Data for Verification
1.02	5.03	Descriptions of Workshops and Non-Degree-Granting Educational Programs	8.15	Reviews
1.03	5.04	Media Presentations		
1.04	5.05	Testimonials	9. Assessment	
1.05	5.06	In-Person Solicitation	9.01	Rates for Assessments
1.06			9.02	Use of Assessments
1.07			9.03	Informed Consent in Assessments
1.08			9.04	Release of Test Data
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1.10			9.06	Interpreting Assessment Results
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1.21			10.04	Providing Therapy to Those Served by Others
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APA Guidelines

For Psychological Practice with Sexual Minorities



THE GUIDELINES

Overview of the Guidelines

FOUNDATIONAL KNOWLEDGE AND AWARENESS

- **Guideline 1.** Psychologists understand that people have diverse sexual orientations that intersect with other identities and contexts.
- **Guideline 2.** Psychologists distinguish issues of sexual orientation from those of gender identity and expression when working with sexual minority persons.
- **Guideline 3.** Psychologists strive to affirm bi+ identities and examine their monosexist biases.
- **Guideline 4.** Psychologists understand that sexual minority orientations are not mental illnesses, and that efforts to change sexual orientations cause harm.

IMPACT OF STIGMA, DISCRIMINATION, AND SEXUAL MINORITY STRESS

- **Guideline 5.** Psychologists recognize the influence of institutional discrimination that exists for sexual minority persons, and the need to promote social change.
- **Guideline 6.** Psychologists understand the influence that distal minority stressors have on sexual minority persons, and the need to promote social change.
- **Guideline 7.** Psychologists recognize the influence that proximal minority stressors have on the mental, physical, and psychosocial health of sexual minority persons.
- **Guideline 8.** Psychologists recognize the positive aspects of being a sexual minority person, and the individual and collective ways that sexual minority persons display resilience and resistance to stigma and oppression.

RELATIONSHIPS AND FAMILY

- **Guideline 9.** Psychologists strive to be knowledgeable about and respect diverse relationships among sexual minority persons.
- **Guideline 10.** Psychologists recognize the importance and complexity of sexual health in the lives of sexual minority persons.
- **Guideline 11.** Psychologists strive to understand sexual minority persons' relationships with their families of origin, as well as their families of choice.
- **Guideline 12.** Psychologists strive to understand the experiences, challenges, and strengths faced by sexual minority parents and their children.

EDUCATION AND VOCATIONAL ISSUES

- **Guideline 13.** Psychologists strive to understand the educational and school system experiences that impact sexual minority students in K-12 and college/university settings.
- **Guideline 14.** Psychologists strive to understand career development and workplace issues for sexual minority persons.

PROFESSIONAL EDUCATION, TRAINING, AND RESEARCH

- **Guideline 15.** Psychologists strive to educate themselves and others on psychological issues relevant to sexual minority persons, and to utilize that knowledge to improve training programs and educational systems.
- **Guideline 16.** Psychologists strive to take an affirming stance toward sexual minority persons and communities in all aspects of planning, conduct, dissemination, and application of research to reduce health disparities and promote psychological health and well-being.



APA Guidelines

For Psychological Practice with Transgender and Gender Nonconforming People



Guideline 1: Psychologists understand that gender is a nonbinary construct that allows for a range of gender identities and that a person's gender identity may not align with sex assigned at birth.

Guideline 2: Psychologists understand that gender identity and sexual orientation are distinct but interrelated constructs.

Guideline 3: Psychologists seek to understand how gender identity intersects with the other cultural identities of TGNC people.

Guideline 4: Psychologists are aware of how their attitude about and knowledge of gender identity and gender expression may affect the quality of care they provide to TGNC people and their families.

Guideline 5: Psychologists recognize how stigma, prejudice, discrimination, and violence affect the health and well-being of TGNC.

Guideline 6: Psychologists strive to recognize the influence of institutional barriers on the lives of TGNC people and to assist in developing TGNC-affirmative environments.



APA Guidelines

For Psychological Practice with
Transgender and Gender Nonconforming People



Guideline 7: Psychologists understand the need to promote social change that reduces the negative effects of stigma on the health and well-being of TGNC people.

Guideline 8: Psychologists working with gender-questioning and TGNC youth understand the different developmental needs of children and adolescents, and that not all youth will persist in a TGNC identity into adulthood.

Guideline 9: Psychologists strive to understand both the particular challenges that TGNC elders experience and the resilience which can develop.

Guideline 10: Psychologists strive to understand how mental health concerns may or may not be related to a TGNC person's gender identity and the psychological effects of minority stress.

Guideline 11: Psychologists recognize that TGNC people are more likely to experience positive life outcomes when they receive social support or trans-affirmative care.



APA Guidelines

For Psychological Practice with
Transgender and Gender Nonconforming People



Guideline 12: Psychologists strive to understand the effects that changes in gender identity and gender expression have on the romantic and sexual relationships of TGNC people.

Guideline 13: Psychologists seek to understand how parenting and family formation among TGNC people take a variety of forms.

Guideline 14: Psychologists recognize the potential benefits of an interdisciplinary approach when providing care to TGNC people and strive to work collaboratively with other providers.

Guideline 15: Psychologists respect the welfare and rights of TGNC participants in research and strive to represent results accurately and avoid misuse or misrepresentations of findings.

Guideline 16: Psychologists seek to prepare trainees in psychology to work competently with TGNC people.



Golden Rule vs. Platinum Rule

1

Golden Rule

Well meaning people often think that the most respectful and welcoming treatment is what they would like to receive themselves.

2

Platinum Rule

Treat other people the way they want to be treated.



40%

LGBTQ youth who report having at least one accepting adult were 40% less likely to report a suicide attempt in the past year.

*The Trevor Project, 2019
Dr. Caitlyn Ryan's work alluded to this in 2009*



LANGUAGE FOUNDATION



Language

LGBTQIA...etc.!



SEX

Assigned at Birth
Male
Female
Intersex

GENDER IDENTITY

Agender
Cis-Gender
Queer
Questioning
Transgender
Gender Diverse
Non-Binary

GENDER EXPRESSION

Behavior
Mannerisms
Speech patterns
Dress
Hair styles
Continuum

SEXUAL IDENTITY

Asexual
Bisexual
Gay
Heterosexual
Lesbian
Pansexual
Queer
Questioning



Critical Points

Sex

Biological Classification

Gender

Gender Identity

"Who I go to bed as"

Gender Identity

Sexual Orientation



Gender

Socially Constructed

Binary

Sexual Orientation

"Who I go to bed with"

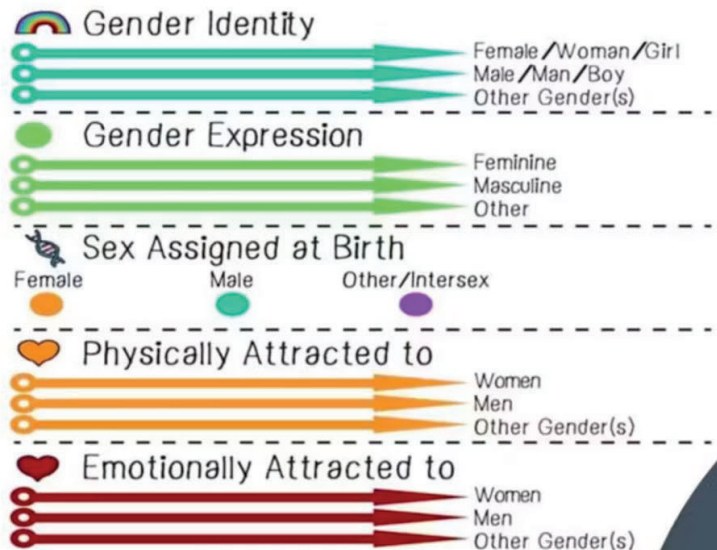
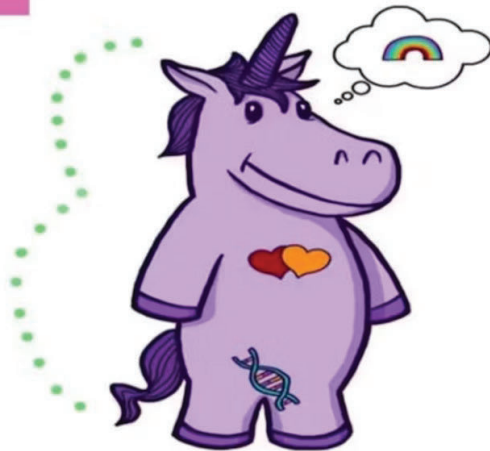
We all have one

We all have one



The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore





COMMUNICATION BASICS

- Don't Make Assumptions
- Welcome and respect
- pronouns
Listen to the language people use and then
- use their language
Don't use language that assumes Ex. Tell me about your
 - husband/wife/boyfriend/girlfriend
 - and Are you in a relationship?
- Ex. Tell me about your mom and dad Tell me about your



Language

Instead of "Are you married?"

- "Are you in a relationship?"
- "Are you seeing anyone right now?"

"Do you have a partner or significant other?" Instead of assuming the name/gender found on the forms:

- Avoid invasive, unnecessary questions
Ask people their preferred name, pronouns, and names for body parts
- "What name would you prefer I call you?" "What pronouns do you prefer, if any?"

"Are there certain names that you would like me to use or avoid in reference to particular body parts?"



Pronouns

- Everyone has pronouns they want used when talking about them. Pronouns are words like he, she, or they. For example:
 - “He is picking up a chart.”
 - “He” is the pronoun in this sentence.
 - “Her chart is ready.”
 - “Her” is the pronoun in this sentence
- While many people use “he” or “she” pronouns, some people use other, less binary, pronouns, such as “they” or “ze.” Some people don’t use any pronouns at all, and just use their names instead.



Pronouns

She/Her/Hers

- She is picking up a chart
- Her chart is ready now
- That chart is hers

They/Them/Theirs
(singular usage)

- They are picking up a chart
- Their chart is ready now
- That chart belongs to them

He/Him/His

- He is picking up a chart
- His chart is ready now
- That chart is his

Ze/Hir/Hirs

- Ze is picking up a chart
- Hir chart is ready now
- That chart is hirs

No Pronouns

- [Name] is picking up a chart
- [Name’s] chart is ready now
- That chart is [Names]



Talking about Pronouns

- It is ok to ask someone about their pronouns! Practice asking about, and clarifying your own pronouns:
 - “Hi, my name is [your name], my pronouns are [your pronouns], and I’m a coordinator here. I heard you had some questions about a program. How can I help?”
 - “Hello Jesse, I see you’re a returning patient. As I’m checking you in, can you tell me what pronouns you use? I want to make sure I’m referring to you respectfully when we speak.”
- Sometimes there isn’t an opportunity to ask about pronouns. That’s ok too! However, it’s best not to make assumptions based on someone’s gender expression alone. When you don’t know someone’s pronouns, it is best to use a person’s name.



Social Determinants of Health

That Increase the Vulnerability of LGBT People to Health Disparities

Poverty

Homelessness

Housing

Discrimination

Minority
Stress

Incarceration

Health Care

Education



Health Issues Effecting LGBTQ+ Individuals

Significantly Related to Stigma and Discrimination Experienced

Suicide

Less Likely to seek preventative services for Cancer

HIV, STDs
(MSM, especially communities of color)

Higher Rates of Behavioral Health Needs

Homelessness

Tobacco, Alcohol, Substance use

Transgender: Inc. Prevalence of HIV, STDs, Victimization, & Suicide

Overweight/Obesity

Depression & Anxiety

Aging & Elderly: Isolation, Discrimination

www.healthypeople.gov



THE TREVOR PROJECT



2023 U.S. National Survey on the Mental Health of LGBTQ Young People

