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Providing Affirmative Care to the LGBTQ+ Military Community

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Providing Affirmative Care to the LGBTQ+ Military Community



Event Materials

Visit the **event page** to download a copy of the presentation slides and webinar resources.



Continuing Education

This webinar has been approved to offer continuing education credit. Please stay tuned until the end for CE information!

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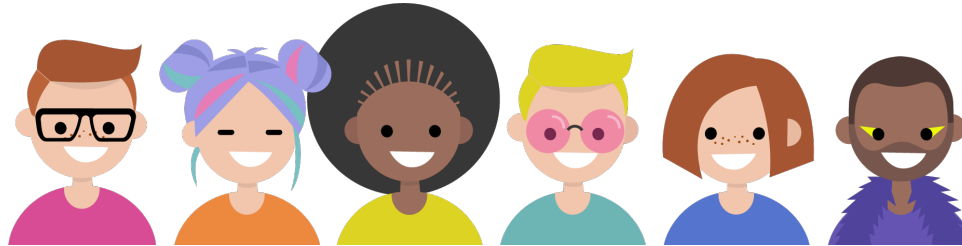
This material is based upon work supported by the National Institute of Food and Agriculture, U.S. Department of Agriculture, and the Office of Military Family Readiness Policy, U.S. Department of Defense under Award Number 2019-48770-30366.

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A Safe, Inclusive Space



 **OneOp**
Readiness. Knowledge. Network.

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Today's Presenter



Tiffany Lange, Psy.D. *(she/her/hers)*

Licensed Clinical Psychologist

Senior Clinical Director of Utilization Review at one of the nation's largest managed care organizations

- Her areas of expertise are in trauma reactions, substance use, Military Veteran populations, LGBTQ+ affirmative care, and advocacy

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Providing Affirmative Care to the LGBTQ+ Military Community

Dr. Tiffany Lange, PsyD LCP

Licensed Clinical Psychologist

Pronouns: she/her/hers

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The presenter has no relationships or conflicts of interest to report.

Learning Objectives

This introductory webinar focuses on the continuums of identity (sexual orientation, gender identity, biological sex, gender expression), the impact of discrimination, relevant healthcare disparities, and ways to encourage a welcoming care environment for all.

Attendees will be introduced to practical skills for integrating LGBTQ+ affirmative care principles into clinical practice.

1

Identify terminology relevant to the LGBTQ+ Community

2

Understand the difference between sexual orientation and gender identity

3

Describe the role of minority stress theory on relevant healthcare disparities

4

Identify ways to enhance cultural competence and integrate affirmative care principles into clinical practice

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Pre-Webinar Check-In



Polls

9

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Poll

I understand and can explain the difference between sexual orientation and gender identity.

Strongly Disagree, Disagree, Neither Agree or Disagree, Agree, Strongly Agree

Photo by Karolina Grabowska from Pexels

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 **Poll**

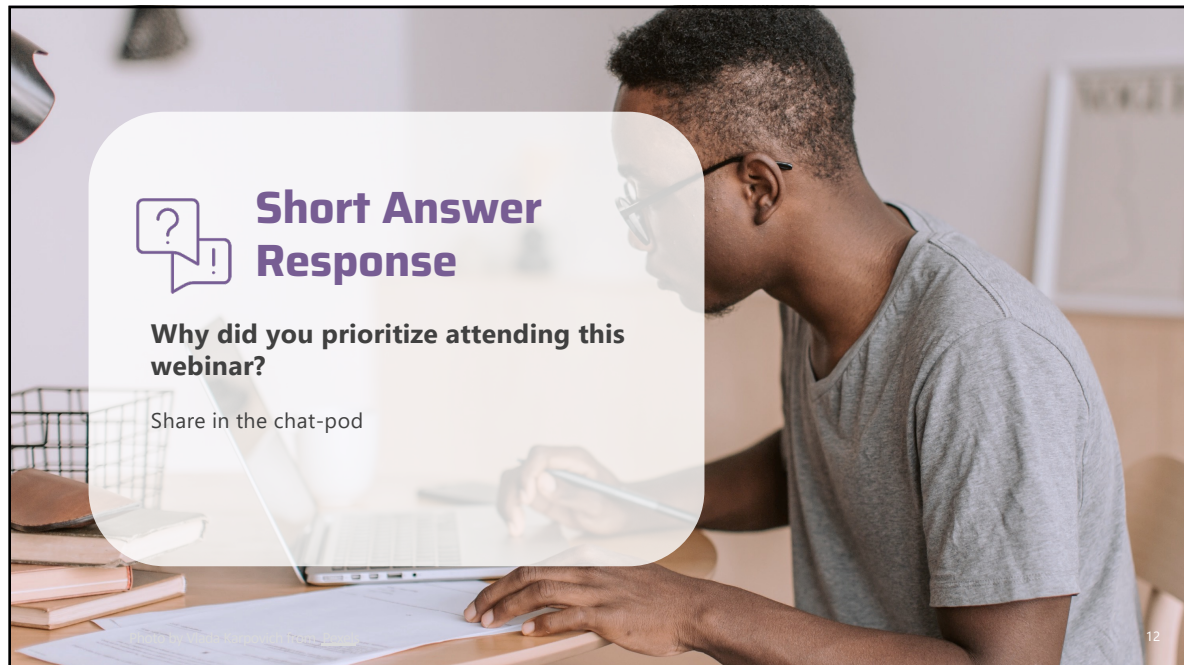
I feel comfortable and competent providing affirmative care best practices to the LGBTQ+ Community.


Strongly Disagree, Disagree, Neither Agree or Disagree, Agree, Strongly Agree

Photo by Rosemary Kesteven on Unsplash

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 **Short Answer Response**

Why did you prioritize attending this webinar?

Share in the chat-pod

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Terminology and Continuums of Identity

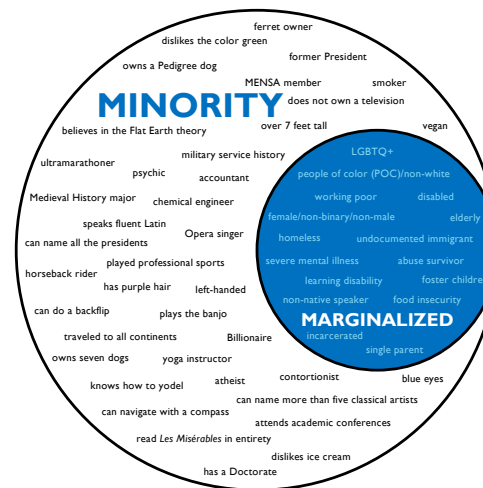
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Minority Groups – a small fraction of society

Marginalized Groups – communities that experience discrimination* and exclusion (social, political and economic) because of unequal power relationships across economic, political, social and cultural dimensions

Inclusivity – the practice (or policy) of providing equal access to opportunities and resources for people who might otherwise be excluded or marginalized



Discrimination and stigma have an additive effect*

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Expanding Your Vocabulary

Stereotypes – the belief that most members of a group have specific characteristic

Stigma – a negative belief that a group of people have an undesirable quality

Prejudice – a negative assumption about someone based upon their membership in a certain group

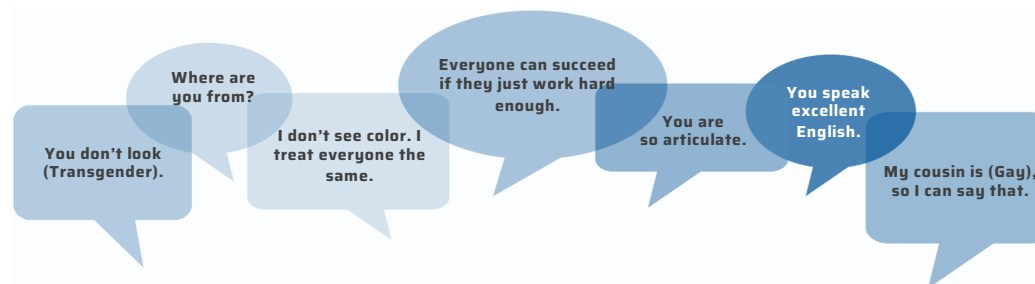
Discrimination – exclusion, restriction, or dislike directed as a group based on perceived or real differences in beliefs and values

Oppression – prolonged, unjust treatment of people by others; usually in reference to a societal level

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Language Is Important (And Can Be Intimidating)



Microaggressions – indirect, subtle, or unintentional discrimination against members of a marginalized group

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Acronyms

L → Lesbian – A woman who is primarily attracted to other women.

G → Gay – A person who is attracted primarily to members of the same sex. Often used to refer to males.

B → Bisexual – A person who is attracted to both people of their own gender and another gender. The attraction does not have to be equally split.

T → Transgender – A term covering a range of identities that transgress socially defined gender norms.

Q → Queer – Umbrella term for individuals who are not heterosexual and/or cisgender.

Who I love vs. Who I am 17

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Heteronormativity

- The assumption (in individuals and/or in institutions) that everyone is heterosexual, and that heterosexuality is superior to all other sexualities.
- Can lead to discrimination and stigma of other sexualities

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Sexual Orientation and Gender Identity are Different

Lesbian, gay, and bisexual groups (LGB) related by **sexual orientation**

Transgender (T) groups related by **gender identity**

Who I love vs. Who I am 19

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e.g., Gates, 2017; Ridolfo et al., 2012

What is Sexual Orientation?

- Emotional, romantic, or sexual feelings toward other people
 - Sexual behavior stems from or is based on sexual orientation

Who I love 20

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What is Sexual Orientation?

Common **sexual orientation** terms include, but are not limited to:

- Gay
- Lesbian
- Straight/heterosexual
- Bisexual
- Queer (fluid identity)
- Questioning (process of discovery and exploration)
- Asexual (no experience of sexual attraction)
- Pansexual (attractions to people of all genders and biological sexes)

What is Gender Identity?

- The internal perception of one's gender, and how they identify themselves
 - Biological sex is different and assigned at birth based upon external anatomical characteristics

What is Gender Identity?

Common **gender identity** terms include, but are not limited to:

- Transgender
- Cisgender (gender identity aligns with the one typically associated with the sex assigned to them at birth)
- Agender (does not identify with any gender)
- Nonbinary (neither man or woman, both man and woman, or a combination of man or woman)
- Queer (fluid identity)
- Questioning (process of discovery and exploration)
- Male-to-Female/Female-to-Male (MTF/FTM)

Pronouns

Common Pronouns:

She/Her
He/Him
They/Them
Ze/Hir

- People use pronouns to refer to others
 - Using someone's correct pronouns is a form of respect
- People make assumptions about **gender identity** based on a person's appearance or name
- "They/Them" pronouns are commonly used when you don't yet know a person or their pronouns
- Using someone's correct pronouns is a form of **suicide prevention!**
 - Respecting pronouns is part of creating a supportive and accepting environment, which impacts well-being and reduces suicide risk (Durwood et al., 2017; The Trevor Project, 2020)



Shift from “Either/Or” Thinking to **A Continuum of Experiences**

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A Continuum of Experiences

Sexual Orientation

(emotional and/or romantic attraction; erotic response)



Biological Sex / Sex Assigned at Birth

(anatomy, chromosomes, hormones)



Gender Identity

(psychological sense of self)

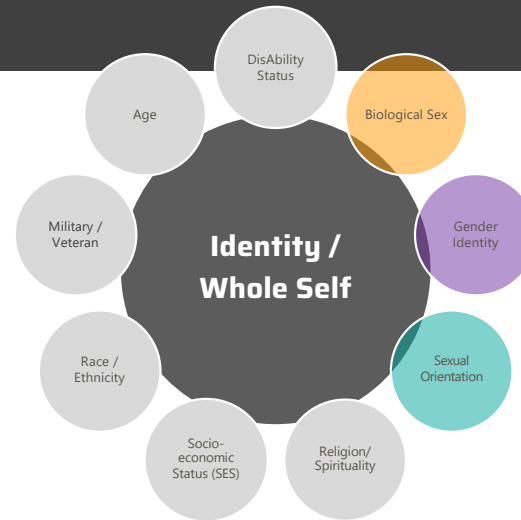


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Intersectionality

- A** – Age and Generational Influences
- D** – Developmental Disability
- D** – Disability Acquired Later in Life
- R** – Religion and Spiritual Orientation
- E** – Ethnicity / Race Identity
- S** – Socioeconomic Status
- S** – Sexual Orientation
- I** – Indigenous Heritage
- N** – National Origin
- G** – Gender / Gender Identity / Gender Expression



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**Essential to not overvalue or undervalue the role of a
person's sexual orientation and/or gender identity**

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Points to Remember

- Language is important!
 - Know the difference between...
 - **Sexual orientation** and **gender identity**
 - **Biological sex** and **gender identity**
- Sexual orientation and gender identity occur on a continuum (not either/or)
- LGBTQ+ identity is NOT a mental illness/disorder
- The LGBTQ+ community is diverse
 - Often grouped together due to similar roots of oppression

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Short Answer Response

What is one thing you've learned so far?

Share in the chat-pod

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Military Culture and Concealing Identity

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By the Numbers

Our best guess is still a guess. *(US Government Accountability Office report, October 2020)*

- **One million** LGBTQ+ Veterans
 - 18 million Veterans in the United States
([census.gov](https://www.census.gov))
 - **6.1%** of military personnel identify as LGBTQ+ *(Meadows et. al., 2015)*
- **7.1%** civilians identify as LGBTQ+
 - 15 – 40% of Youth, Millennials, and Generation Z *([Gallup Poll 2022](#); [Williams Institute, 2020](#))*

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Military and Veteran Considerations

History of stigma and military policies against sexual and gender minorities:

- **2010:** Repeal of Don't Ask Don't Tell
 - End of the ban on LGB individuals serving openly in the military
- **2016:** Ban lifted on transgender service
 - Transgender people can serve openly in the military
- **2019:** Ban reinstated
 - Transgender service in limited
- **2021:** Ban lifted again
- **2022:** Gender affirming care approved

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Concealing Identity

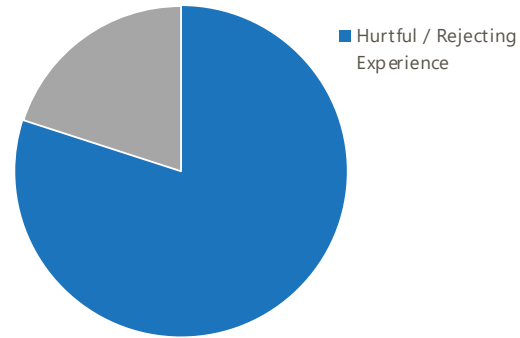
Stress associated with concealing identity, as well as military stressors

- High rates of combat exposure, military sexual trauma, repeat tours of duty, harassment
- Concealment of identity is strongly associated with internalized stigma and cultural prejudice

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Concealing Identity

- **80%** of LGBTQ+ Veterans report having encountered a "hurtful/rejecting experience in the military."



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Systemic Impact

- The Department of Defense (DoD) and Veterans Health Administration (VHA) are the largest provider of LGBTQ+ healthcare.
- 24% of LGBTQ Military Veterans have not disclosed their sexual orientation or gender identity status to any provider.

*A lot of us in the community are not sure we're welcome here....
It's not because of what you're doing. It's what you're not
doing; you're not telling us that we are welcome.*

Sherman, Kauth, Ridener, Shipherd, Bratkovich & Beaulieu, 2014

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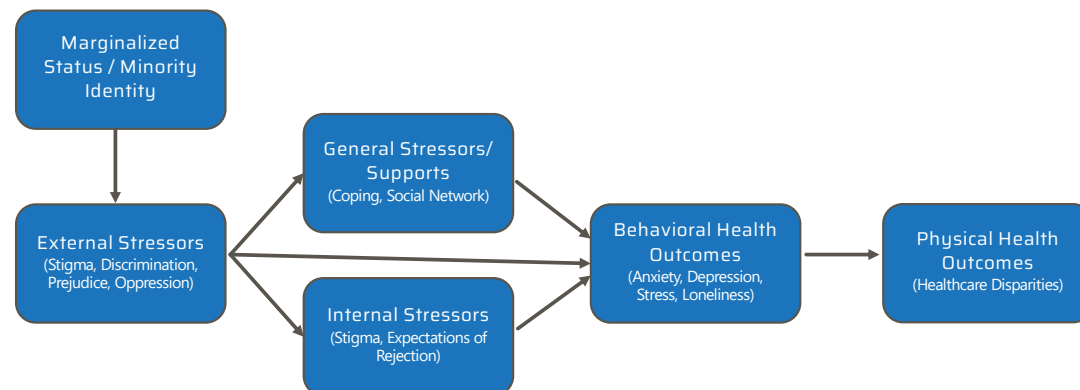
Healthcare Disparities

Differences in the health status of different groups of people. Adversely affects groups of people who have systematically experienced greater obstacles to accessing and receiving quality healthcare (marginalized groups).

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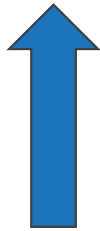
Minority Stress Model



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The “Invisible” Minority



- Suicidal ideation and attempts
- Discrimination
- Exposure to trauma
- Intimate Partner Violence (IPV)
- Mental health conditions
- Substance use
- HIV/STIs

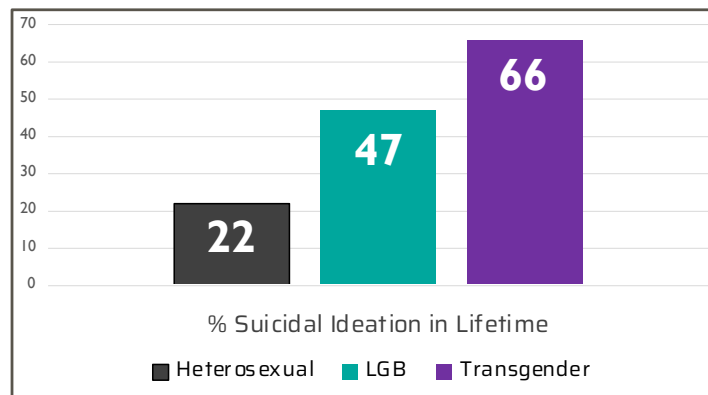


- Overall health status
- Routine and preventive care
- Inclusion in outreach efforts
- Receive access to care

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Suicide Risk



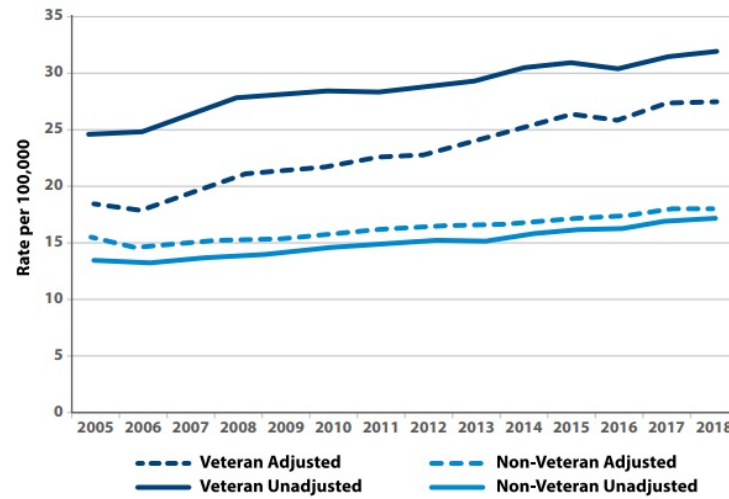
Lesbian, gay, and bisexual
(LGB) groups related by **sexual
orientation**

Transgender (T) groups
related by **gender identity**

Who I love vs. Who I am 40

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Graph 3. Unadjusted and Age- and Sex-Adjusted Suicide Rates for Veterans and Non-Veteran Adults, 2005–2018



** Risk of suicidal behavior is **20x higher for Transgender Veterans** than for Veterans in general.

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The graphic features a background of a rainbow flag being held by a person's hands. Overlaid on this is a white chat pod with a question mark icon. The text inside the pod asks why LGBTQ+ persons experience higher rates of healthcare disparities and includes a link to share in a chat-pod.

Short Answer Response

Why do you think LGBTQ+ persons experience higher rates of healthcare disparities?

[Share in the chat-pod](#)

Photo by Lisett Kruusimäe from Pexels

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Sources of Healthcare Disparities

- Stressors from society
 - Harassment, maltreatment, discrimination, and victimization
- Individual factors
 - Internalized stigma (homophobia, transphobia, biphobia, etc.)
 - Lack of social support
- Healthcare providers/systems
 - Lack of awareness of unique care concerns
 - Refusal of care or delay in access to care
 - Mistreatment or rejection
 - Little or no inclusion in outreach efforts
 - **Implicit Bias** – unconscious association, belief, or attitude toward any social group

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Photo by Anna Tutina from Pexels

Affirmative Care

Much more than good intentions

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Affirmative Care

An approach to care that embraces a positive view of LGBTQ+ identities and relationships while addressing the negative influences that homophobia, transphobia, and heterosexism have on the lives of LGBTQ+ clients.

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Affirmative Care Basics

- Know the difference between sexual orientation and gender identity
 - Enhance cultural competence and practical skillsets
- Ask about correct terminology for identification
 - Do not assume!
 - Admit shortcomings and apologize when you make a mistake
- Create safe and inclusive places

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Affirmative Care in Practice

- Move beyond the binary (continuums of identity)
- Ask about correct terminology for identification
 - Use chosen name, pronouns, and terminology
 - Recognize this may change
- Allow for paperwork to reflect continuums of identity
- Normalize adverse impact of minority stress
- Build resiliency through identifying strengths (e.g., creativity, integrity, vitality, love, citizenship, fairness, gratitude, and spirituality)

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Affirmative Care in Practice

- Affirm healthy, rewarding expressions of sexuality and gender
- Facilitate emotional awareness, regulation, and acceptance
- Encourage supportive relationships and community
- Foster positive identity development
- Assertiveness training
- Recognize internalized stigma
- Expressive writing exercises/ narrative therapy
- Develop LGBTQ+ health literacy

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Affirmative Care in Military Settings

- LGBTQ+ status is Protected Health Information covered by HIPAA.
 - Yet...recognize the impact of documentation and disclosure.
- Acknowledge military cultural variables while addressing individual treatment needs.
 - Recognize the impact of concealing identity
 - Recognize the safety of the closet
- Build your professional network of affirmative providers, referrals, resources.
 - Connect with local VA [LGBTQ+ Veteran Care Coordinator](#)
 - Connect with visible LGBTQ+ Military Leaders and organizations (e.g., [Modern Military Association of America](#))

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Nutbeam, 2010; Nutbeam, Harris, & Wise, 2010

Health Literacy

Developing health literacy is an
affirmative care method for encouraging
positive health behavior choices.

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Health Literacy Interventions

- Improve patient health education and understanding
- Build resilience through awareness
- Advance health behaviors and outcomes
- Increase social connectedness
- Encourage community involvement and social justice-type advocacy
- Promote personal empowerment in overcoming barriers to health
- Improve healthcare access and service delivery

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Addressing Internalized Stigma

- When LGBTQ+ clients present with mental health symptoms, such as depression or anxiety, it is useful to remember that **internalized stigma** is likely to influence those experiences.
 - At the same time, it is important not to overattribute symptoms to external factors
 - Discussions of internalized stigma should assist clients to frame their experiences within the context of societal processes

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Addressing Internalized Stigma

- It is possible that clients may be experiencing internalized stigma without even realizing it.
 - Helping clients to recognize how internalized stigma is influencing their lives can have a powerful impact on their experiences and allow them to appropriately externalize blame where appropriate.

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Inclusive Language

- ✓ Person-centered
- ✓ Gender-neutral
- ✓ Considerate and respectful of others
- ✓ A reflection of values
- ✓ A continuous learning process
- ✓ Always changing and expanding
- ✓ Developed through conversations
- ✓ A recognition that words impact others
- ✓ Acknowledges and welcomes diversity
- ✓ Takes practice

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Avoiding Assumptions

- *Instead of:* "What are your mother and fathers' names?"
 - *Say:* **"What are your parents' names?"**
- *Instead of:* "Good afternoon, may I speak to Mr. Smith?"
 - *Say:* **"Good afternoon, may I speak to John Smith?"**
- *Instead of:* "Dear Mr. Smith"
 - *Type:* **"Hello"**
- *Instead of:* "Ladies and gentlemen"
 - *Say:* **"Colleagues", "Team", "Folks", or "Everyone"**

Language is important (and can be intimidating)!

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Avoiding Assumptions

- *Instead of:* "How may I help you, sir?"
 - *Say:* **"How may I help you?"**
- *Instead of:* "He is here for his appointment."
 - *Say:* **"The client is here in the waiting room."**
- *Instead of:* "Do you have a wife?"
 - *Say:* **"Are you in a relationship?"**
- *Instead of:* "My husband works at the local hospital."
 - *Say:* **"My partner works at the local hospital."**

Language is important (and can be intimidating)!

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Self-Disclosure

- Be prepared for questions about your own sexual orientation and gender identity
 - Recognize personal privilege because your clients will
- "When therapeutically relevant and used sparingly it can have a beneficial effect for the client, particularly when the client is a member of a stigmatized population."

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Self-Disclosure

Enhancing Effects of Disclosure

- Removing barriers/hesitancy
- Making the invisible visible
- Models how disclosure can lead to connection

Cost of Concealment

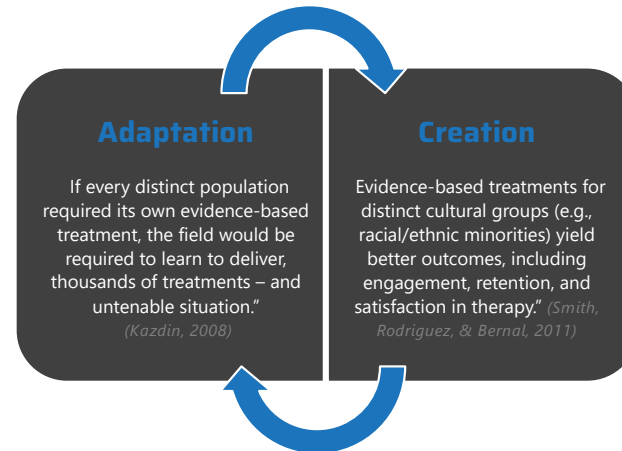
- Lack of genuineness in the relationship
- Psychological burden
- Negative feelings/loss of self

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Evidence-Based Practices

- Familiar yourself with Practice Guidelines
- Integrate affirmative care principles (adaptation)
- Recent research and practice efforts to build foundation of evidence for affirmative care practices (creation)



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Beyond The Encounter

- Familiarize yourself with Practice Guidelines
- Self-reflection
- Challenge the binary
- Be aware of state laws
- Call clients from waiting room by last name only
- Make your area a safe zone
- Pursue additional training and consultation
- Ensure online presence (e.g., practice website, visible environment) reflect an affirming approach to care
- Get involved in social justice and advocacy efforts
- Include pronouns to signature line
- **Enhance cultural competency**

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Affirmative care...beyond the encounter

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Cross, 1988

Stages of Cultural Competence



1	Cultural Destructiveness	<i>Views culture as a problem. Believe that people should be "mainstream." Assumes that one culture is superior to another.</i>
2	Cultural Incapacity	<i>Lacks cultural awareness and skills. May have grown up in a homogenous area with minimal interaction with diverse others.</i>
3	Cultural Blindness	<i>Views others through own perspectives. Believes culture makes no difference ("we're all the same", "I don't see color"). Quick to minimize the impact of microaggressions or discrimination.</i>
4	Cultural Pre-Competence	<i>Recognizes that cultural differences exist and begins to self-educate. Realizes personal shortcomings in interacting with diverse others. Embraces the discomfort of growth.</i>
5	Basic Cultural Competence	<i>Accepts, appreciates, and accommodates cultural differences ("Happy Holidays"). Recognizes how self impacts others and values diversity. Regular cross-cultural interaction.</i>
6	Advanced Cultural Competence	<i>Moves beyond acceptance towards active allyship and advocacy. Embraces the life-long journey to cultural competency and seeking out knowledge.</i>

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Do the Necessary Personal Work

- **Learn about yourself**

- History, beliefs, values, stereotypical views
- Regularly engage in self-reflection
- Be aware of assumptions and implicit bias
- Own your personal privilege
- Make a commitment to do better



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Do the Necessary Personal Work

- **Learn about others**

- Participate in Diversity, Equity, Inclusion, & Belonging (DEIB) trainings
- Interact with diverse groups (awareness events, festivals, movies)
- Know the sociopolitical facts and details
- Recognize that **language is important!**
 - Example: **Sexual orientation** is different than **gender identity**

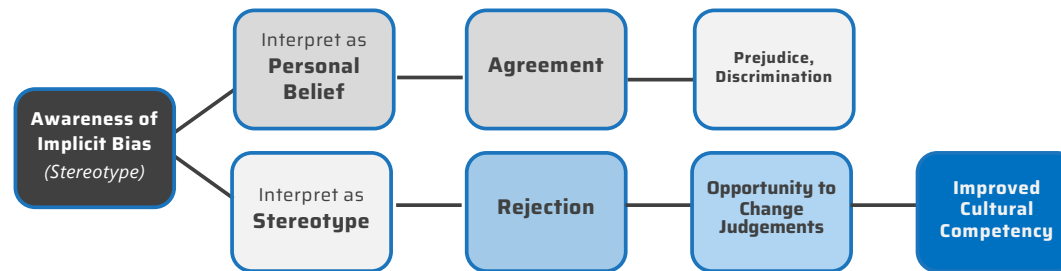


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Implicit Bias

An unconscious association, belief, or attitude towards a social group.



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Managing Implicit Bias

Training is the most common approach to managing implicit bias...but we often return to baseline after days.

- Cultural competency depends on each person's desire for improvement
- Self-reflection **and** ownership are required!

Catch It Check It Change It

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Get Comfortable With Being Uncomfortable

Cultural competence is a process.

- Listen and be open to guidance
- Ask educated questions – and do your research
 - Understand that self-learning is up to you and no one else.
- Be humble
 - Acknowledge the limits of knowledge
 - It's not about you
- You may be asked "why?"

Own your mistakes.

- De-center yourself
- Listen to their response and learn
- Change the pattern
- Apologize for the impact (the intent is secondary)



image by canva.com

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Intent vs. Impact

Intent is how **you think or feel**.

Impact is how your actions **make another person feel**.

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Intent vs. Impact

Attributes of a Good Apology:

- **Timely.** Delivered at the right moment in the right place and time.
- **Respects boundaries.** Given when the person receiving the apology consents to it.
- **Self-aware.** Know that the act of apology may not lead to the closure you expect.
- **Reflective.** Signals that the apologizer is taking full responsibility for their actions.
- **Focused on the future.** Communicates a commitment to do better.

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Create Safe and Inclusive Spaces

- Make your area a safe zone
 - Consider adding your pronouns to your signature line
 - Pay attention to your physical environment or virtual background
 - Symbols of safety (flags, magnets, message boards, decorations, coffee cup, etc.).
 - Allow for paperwork and electronic records to indicate a person's correct/desired name and pronouns
 - Make an effort to use them!



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Create Safe and Inclusive Spaces

- Encourage diverse views in the workplace
 - Be a listener
 - Be mindful of side conversations and expressing negative views
 - If proactive conversations about diversity do not occur, then the conversation will be reactive
 - Language is important!



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Elevate the Voice of the Community

“Allies can be powerful aides to social justice movements – but it is their responsibility to make sure they don’t become a distraction from the cause.” – Rigoberto Gonzalez, 2020, Boston Review



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Elevate the Voice of the Community

- Follow the lead of the LGBTQ+ community
 - Use your privilege for good
- Amplify the voices of the oppressed, before your own
 - Allyship involves a responsibility to the community
 - While you may want to immediately defend your LGBTQ+ peers, make sure you do not overshadow or occupy a person's right to speak up for themselves
 - **Performative Allyship** – claiming solidarity with a cause, usually very publicly, but the support is disingenuous or harmful to the marginalized group



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Find Teachable Moments

“There’s a moment when you have to choose whether to be silent or to stand up.”

– Malala

- Change starts with a conversation
 - Silence is loud
 - Language is important, be an example

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Find Teachable Moments

“There’s a moment when you have to choose whether to be silent or to stand up.”

– Malala

- Stand up, even when you feel scared
 - Speak up when slurs, “jokes”, or insensitive language occurs
 - Challenge the binary (either/or)
 - Correct others who misgender someone, even if that someone is not in the room
 - Promote diversity and inclusion
 - Make your commitment known through words and actions

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Speak Through Actions

- Share resources
 - Your network expands the reach
 - Reshare, post, and like reputable sources/stories
- Provide tangible support
 - Donate, volunteer, buy from small businesses, attend outreach events, sign petitions
- Find opportunities to expand inclusion in your clinical practice and organization

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Avoiding “Traps”

- Reinforce curiosity
 - When others seek information through questions, it’s an opportunity for a conversation
- Determine if the situation is appropriate for learning
 - Resist the urge to debate fear-based comments/questions
 - Ask the other person their level of openness to be uncomfortable or have their views challenged

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Avoiding “Traps”

- **The Backfire Effect**
 - When people encounter evidence that should cause them to doubt their beliefs, they often reject this evidence, and strengthen their support for their original stance
 - Causes the person to reinforce and support their original stance more strongly than they previously did
 - Arguments lead the other person to **only** speak their point of view (which reinforces it)
 - This increases when information leads to questions about a person’s self-concept (or how they view themselves)

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Move Beyond the Label

- Be consistent
 - Oppression and discrimination do not take breaks
 - Do more than just show up for Pride month
 - June is not the only month that LGBTQ+ people exist
 - Language is important!

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Move Beyond the Label

- Recognize your privilege and use it for good
 - Consider involvement in social justice:
 - **Ally** – a person, or group, united with another in a common purpose
 - **Advocate** – a person who publicly supports or recommends a particular cause
 - **Activist** – a person who campaigns to bring about political or social change

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Post-Webinar Check



Polls

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Poll

I understand and can explain the difference between sexual orientation and gender identity.

Strongly Disagree, Disagree, Neither Agree or Disagree, Agree, Strongly Agree

Photo by Karolina Grabowska from Pexels

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 **Poll**

I feel comfortable and competent providing affirmative care best practices to the LGBTQ+ Community.

Strongly Disagree, Disagree, Neither Agree or Disagree, Agree, Strongly Agree

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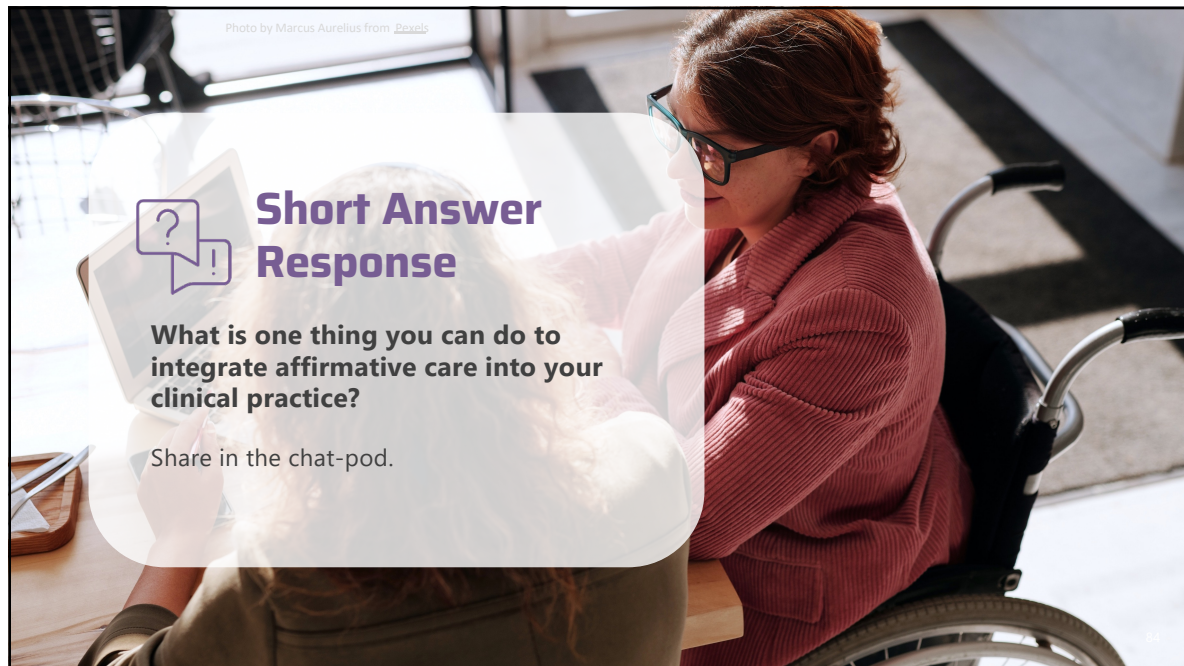



Photo by Marcus Aurelius from Pexels

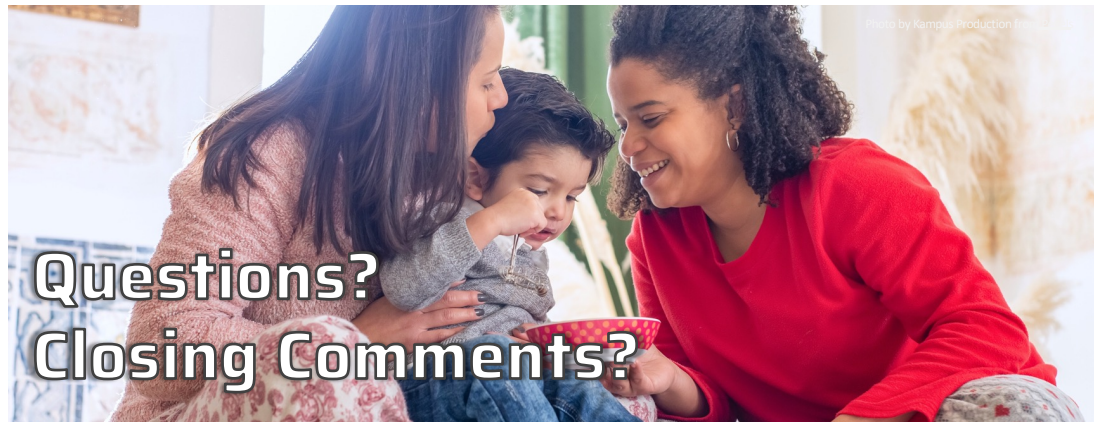
 **Short Answer Response**

What is one thing you can do to integrate affirmative care into your clinical practice?

Share in the chat-pod.

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Dr. Tiffany Lange, PsyD LCP

Licensed Clinical Psychologist

Pronouns: she/her/hers

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Continuing Education



This webinar has been approved for **1.5 continuing education (CE) credit hours** from the following:

- The University of Texas at Austin, Steve Hicks School of Social Work
- The Commission for Case Manager Certification
- The National Council on Family Relations
- The Patient Advocate Certification Board
- Financial Counseling and Planning Education
- Center for Financial Certifications
- Certificates of Attendance

Evaluation Link

Go to the event page for the evaluation and post-test link.

[Continuing Education](#)

Questions?

Email Family Development at oneopfamilydevelopment@gmail.com



oneop.org/event/141493/

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Upcoming Webinar (Part Two)



Care Considerations for the Transgender and Gender-Diverse Military Community

This webinar will focus on applying affirmative, evidence-based best practices for care delivery for transgender and gender-diverse adults in the military community. **Continuing education credit will be available!**

RSVP on the webinar event page!



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Military Family Readiness Academy

June 2023

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