

Promoting Health and Well-Being in Lesbian, Bisexual, Transgender, and Gender Diverse Persons

Sarah E. Burgamy, Psy.D.
PhoenixRISE

Webinar Tips for Attendees

Please review our webinar guidelines for frequently asked questions:
www.nationalregister.org/webinar-tips/

1.5 CE Credit, Instructional Level: Intermediate

1.5 Contact Hour (New York Board of Psychology)

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Sarah E. Burgamy, Psy.D.



Sarah E. Burgamy, Psy.D., is a clinical psychologist with nearly 20 years of clinical expertise working with children, adolescents, and adults. The primary foci of her clinical work, professional trainings, and speaking engagements are gender and sexual orientation diversity across the lifespan. Dr. Burgamy has served as a past chair of the APA Committee on Sexual Orientation and Gender Diversity and past chair of the Leadership Institute for Women in Psychology Advisory Committee.

Disclosures/Conflicts of Interest

- I have no conflicts of interest to disclose
- I have a collaborative relationships with Academy of Therapy Wisdom to produce pre-recorded webinars on the topics of sexual orientation and gender diversity
- Generative AI was not used for the development of this presentation

Learning Objectives

1. Describe the intersections and differences among sex (biological), sexual orientation, and gender identity.
2. List three examples of functional and inclusive approaches to discussing health and wellness of diverse bodies and identities.
3. Discuss effective clinical and collaborative strategies when providing care for and referring persons with gender diverse identities to specialty care in women's health settings.

An Invitation to a Brave Space

Together we will create brave space.

Because there is no such thing as a “safe space” -

We exist in the real world.

We all carry scars and we have all caused wounds.

In this space

We seek to turn down the volume of the outside world,

We amplify voices that fight to be heard elsewhere,

We call each other to more truth and love.



Micky ScottBey Jones

We have the right to start
somewhere and continue to
grow.

We have the responsibility to
examine what we think we
know.

We will not be perfect.

This space will not be perfect.

It will not always be what we
wish it to be.

But

It will be our brave space
together,

And

We will work on it side by side.

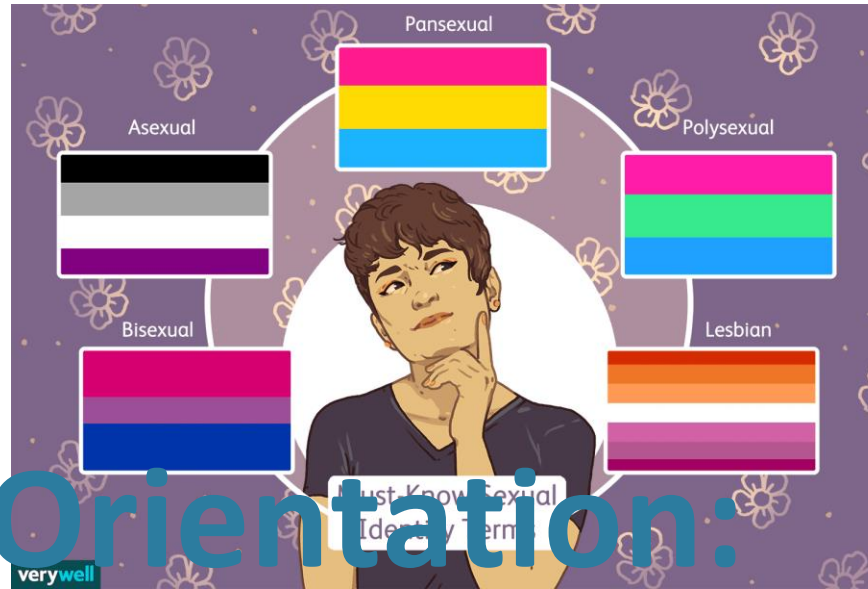
- *Micky ScottBey Jones*

“Alphabet Soup”: LGBT/GLBT, LGBTQQA+???

- Gay
 - Lesbian
 - Bisexual
 - Transgender
 - Intersex
 - Questioning
 - Ally...
 - Pansexual, Omnisexual,
 - Demi-Sexual/Gray-A(sexual)
 - Asexual
- Sexual Orientation

Sexual Orientation: Attraction

- A person's emotional, romantic and/or sexual attraction to another person.
- Sexual attraction is something we figure out over time and relates to our sexual desires and fantasies.



Sexual Orientation: Attraction



To different
gender or sex
only

To different,
similar
and/or many
genders or sexes

To similar
gender or
sex only



Sexual Orientation: Identity

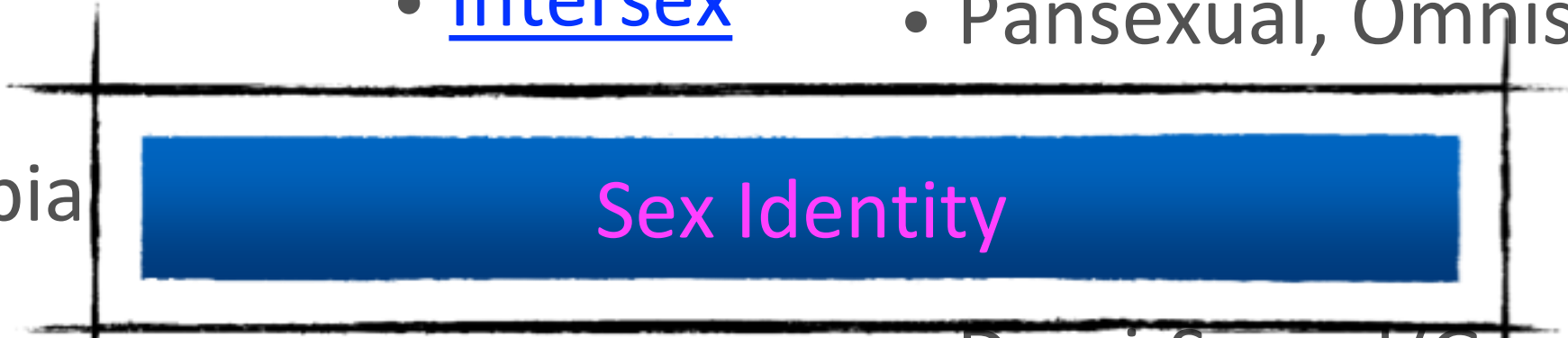


Heterosexual,
Straight

Queer, Bisexual,
Pansexual, Omnisexual,
Fluid

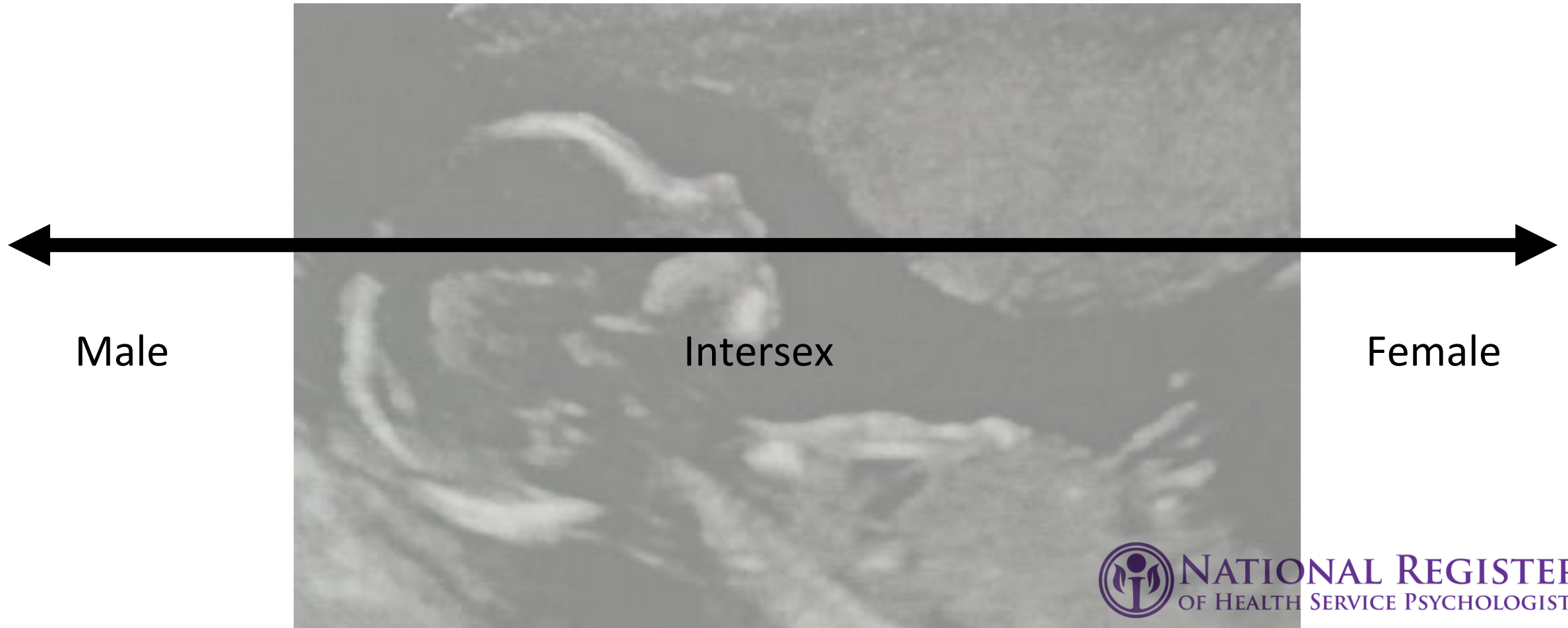
Gay/Lesbian
(Homosexual)*
*(not generally used
as an identity term)

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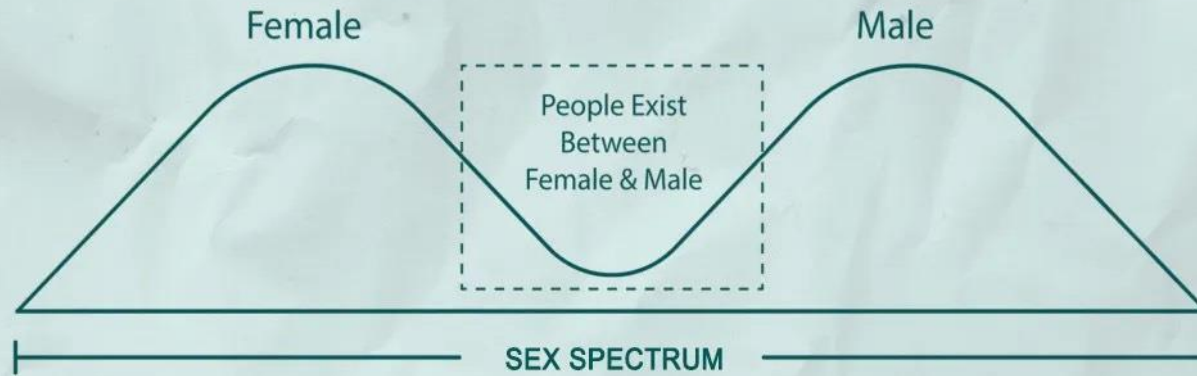
Sex Assigned at Birth = Spectrum

anatomy (body), chromosomes (genetic info), hormones (🤪)



BIMODAL SEX

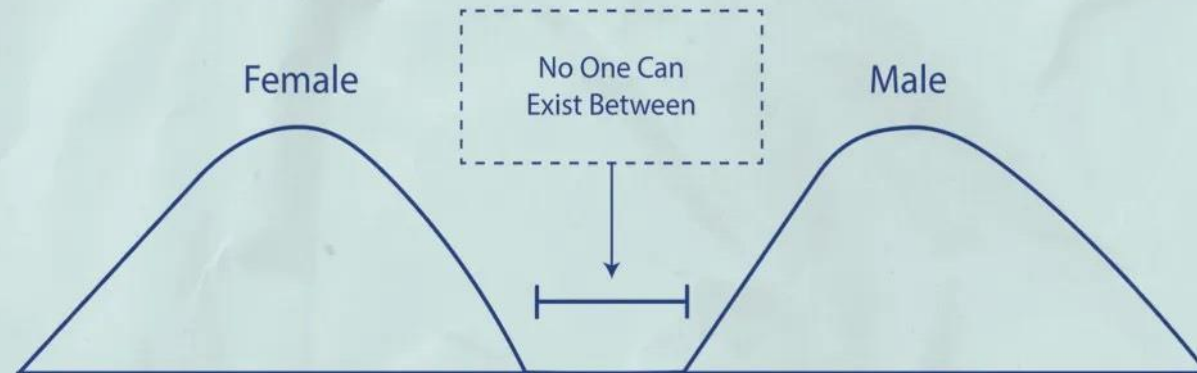
(Correct)



VS

BINARY SEX

(Incorrect)



Retrieved from:
<https://cadehildreth.com/gender-spectrum/>

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- Ally...

Sexuality Orientation

Relational Orientation

- Monogamy
- Polyamory - Consensual Non-Monogamy (CNM)

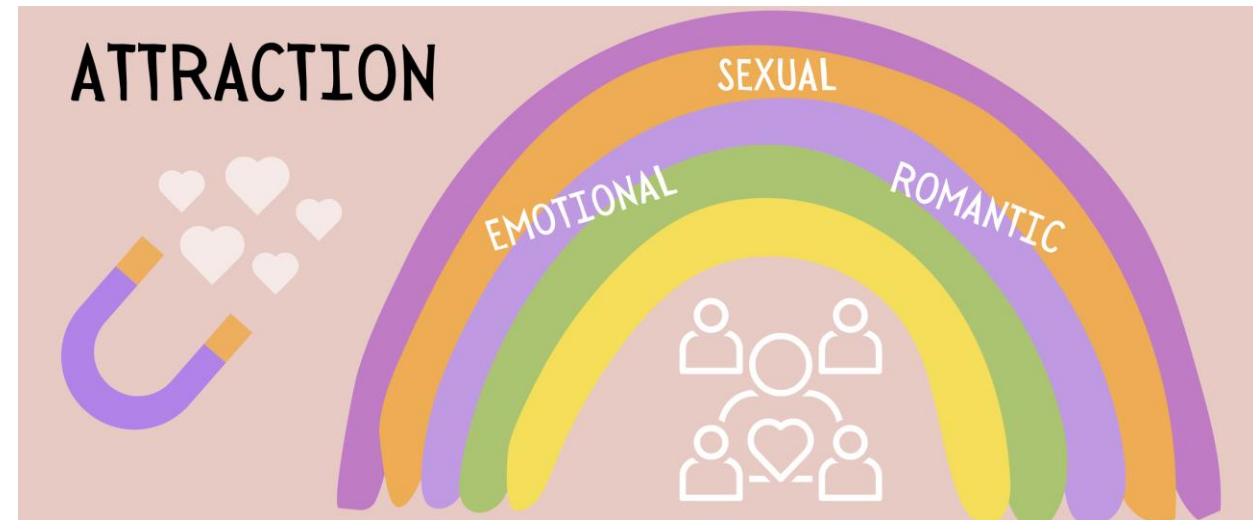
More information - an interview with Heath Schechinger, Ph.D. - <https://www.cnn.com/2015/05/20/health/polyamory/index.html>

<https://goop.com/wellness/relationships/a-therapist-on-polyamory-and-consensual-nonmonogamy/>

Sexual Orientation

- Gay
- Lesbian
- Bisexual
- Pansexual... Polysexual, Multisexual, Omnisexual

In essence: Attracted to people of multiple genders



Retrieved from:
<https://www.righttoknowapp.com/sexual-orientation/>

“Alphabet Soup”: LGBT/GLBT, LGBTQQA+???

- Gay
- Intersex
- Pansexual, Omnisexual,
- Lesbian
- **Gender Identity**
- Bisexual
- Questioning
- Demi-Sexual/Gray-A(sexual)
- Transgender
- Ally...
- Asexual

To Put it Simply (maybe the only simple thing I will say 😊)...

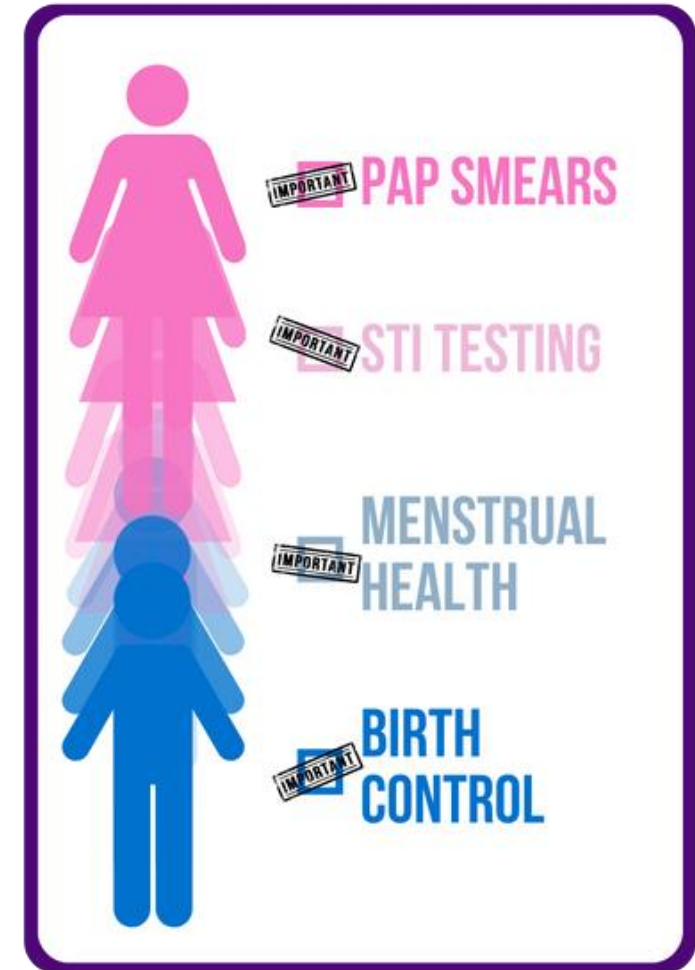
Sex ≠ Gender

A Case Example...

Sam (he/him) is a 45 year-old transman, assigned female at birth (AFAB) person. He is white, middle class, college-educated and able-bodied.

Sam started hormone therapy (HT) - testosterone by subcutaneous injection 1x/week - about 2 years ago.

Sam is seeking routine, preventive healthcare...



Retrieved from: <https://howardbrown.org/obgyn-for-the-modern-man/>

How do you advise Sam?

- What kinds of care would be considered “preventive and routine” for Sam?
- How do you talk to Sam about the care his body might need?
- Where might you recommend Sam seek this health care?

Clinician “dos” and don’ts”

- Inquiry should be culturally competent
- Clinicians should beware/be aware of assumptions based on identity categories or cultural stereotypes
- When in doubt... ASK



Retrieved from: <https://howardbrown.org/obgyn-for-the-modern-man/>

Bodies are Functional

- Use functional language vs. societally gendered language
- You may also match patient language about their own bodies
 - ask or listen for how patient embodies their human body
- Inquire about sexual BEHAVIOR vs. sexual identity

For example:

Chest tissue vs. breasts

Genitals vs. vagina/penis & testes

**Identities do not inform health risks per se

Back to Sam...

- Sam needs care for the organs he has...
 - Organ inventories (e.g. current anatomy) in multidisciplinary and medical healthcare settings are preferred to assumptions based on demographics (e.g. Assuming Sam has a penis because he is male or identifies as a man; assuming Sam does not have a cervix, uterus, ovaries...)
- Sam needs care for risks specific to his behavior...
 - e.g. Inquiring about a patient's sexual behavior and the body parts and reproductive potentials of partners is necessary to advise a patient of preventive care that works for them)

Back to Sam...

- Clinicians must be aware of the “basics” of risks and effects of medications (e.g. Hormone therapy) to provide competent services related to holistic health
 - HT does not prevent pregnancy. In Sam’s case, taking testosterone may suppress his cycle (here is a case where you might use the term cycle vs. menstruation or period) but does not necessarily prevent pregnancy.

Identity matters and...

- Clinicians will NOT know how a patient behaves, partners, has sex (or not), experiences their gender and/or their body, or whether or not they are interested in building/creating families with babies/children unless they ASK.
- Sexual orientation and gender identity diverse people may be at increased risk of various cancers and health conditions based on barriers to acquiring or obtaining competent care.

Barriers to Care

- Lack of culturally competent providers
 - Provider lack of knowledge as to sexual health and behaviors, risk factors (e.g. many AFAB people who are sexually intimate with other AFAB people are not adequately screened for STDs/STIs)
- Financial constraints, lack of adequate insurance/insurance coverage

Barriers to care continued...

- Minority stress related to identity factors (lack of relational recognition, homophobia or transphobia, monosexism, implied or implicit monogamy...)

For example:

- Experienced misgendering
- Erroneous assumptions re: sexual orientation & relational orientation

What YOU can do!

- Advocacy is part of the job!
 - BUILD sexual orientation, gender identity, and relational orientation diverse referral networks (be mindful of how care centers are *named* - e.g. “women’s health” and discuss with patients)
 - TALK to medical healthcare colleagues (always with consent and a release of information thumbs 👍) about shared patient needs and ways of engaging in competent and respectful healthcare
 - HELP other providers in healthcare better understand sexual orientation, gender identity and relational orientation diversity (we are all educators)

A Case Example

- Angelica “Angel” (they/them) is a 24 year-old, biracial (Mexican-American/Caucasian), AFAB, non-binary, queer-identified individual
- Angel was recently diagnosed with stage 0 (ductal carcinoma) breast cancer.
- Angel was exploring “top surgery” (removal of breast/chest tissue to achieve a flat chest) but is now unsure how to feel about this.



Retrieved from:

<https://www.lbbsc.org/blog/beyond-pink-ribbons-a-nonbinary-experience-with-breast-cancer>



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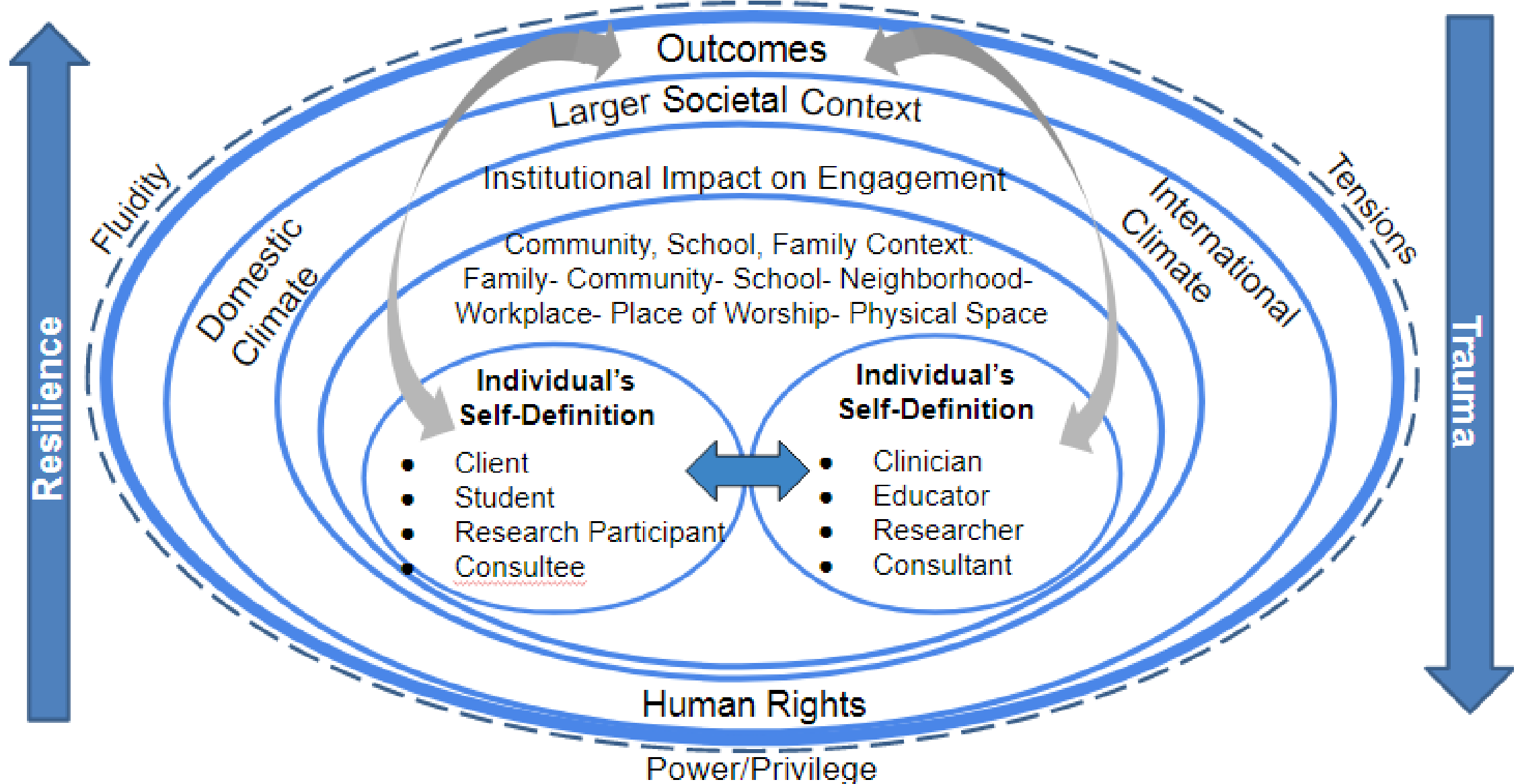
What might you consider in working with Angel?

- What is Angel's relationship with their chest tissue?
- How might you talk about their cancer (how to refer to it)?
- Do you know what Angel's support system might look like?

You know how to do this!

- Remember to make a culturally competent assessment of Angel's identities (taking into account *all* aspects of what you know and don't know about Angel)
- Again, use *functional* language until/if you know how Angel relates to their own body, tissues and diagnosis
- How might their gender identity factor into how you, and others, work with Angel?

Figure 1. Ecological Model of the Multicultural Guidelines



Clinical Resources

- *Electronic medical records and the transgender patient: recommendations from the World Professional Association for Transgender Health EMR Working Group:* <https://pmc.ncbi.nlm.nih.gov/articles/PMC3721165/>
- *APA Division 44 (The Society for the Psychology of Sexual Orientation and Gender Identity) Nonbinary Fact Sheet:* <https://www.apadivisions.org/division-44/resources/nonbinary-fact-sheet.pdf>
- *APA Division 44 Committee on Consensual Non-Monogamy:* <https://www.div44cnm.org/>
- *The American College of Obstetricians and Gynecologists (ACOG) - Healthcare for Lesbians and Bisexual Women:* <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2012/05/health-care-for-lesbians-and-bisexual-women>

Q&A With Dr. Burgamy



- We will now discuss select questions that were submitted via the Q&A feature throughout the presentation.
- Due to time constraints, we will not be able to address every question asked.

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