

THE IMPORTANCE OF INCLUSIVITY:

Best Practices of ED Treatment for LGBTQIA+ Clients

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Pronouns: She/her/hers & He/him/his

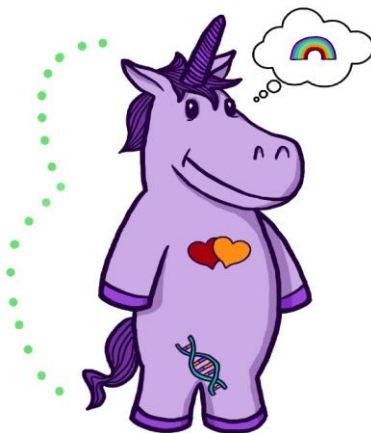
The Renfrew Center of Bethesda



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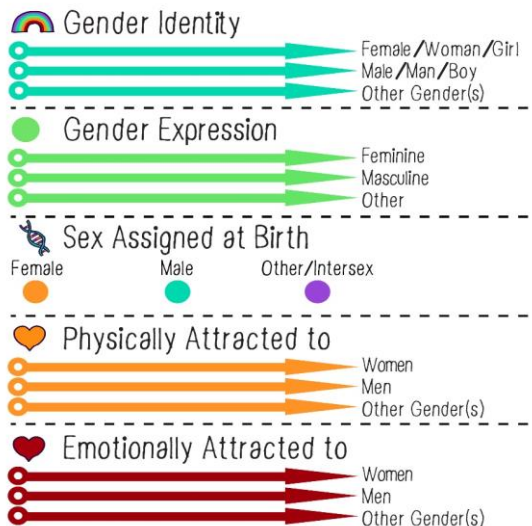
The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



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

Design by Landyn Pan and Anna Moore



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Terms to Know

- **Heterosexual:** A person who is specifically attracted to members of the opposite gender
- **Heteronormativity:** Assumption that heterosexuality is a fundamental and natural norm
- **Gender Binary:** A system of oppression that assumes sex and gender are either masculine and feminine. Assumes that people's assigned sex at birth is aligned with their gender identity and/or expression.
- **Cisgender:** A person whose gender identity and sex assigned at birth align
- **Homophobia:** A form of felt or expressed discrimination and bias against LGBTQ individuals and communities
- **Internalized homophobia:** Bias against self based on being associated with or identifying as LGBTQ. A result of life experiences, including communicated cultural norms.
- **Transphobia:** A form of felt or expressed discrimination and bias against trans individuals and people, often resulting in biased policy, discrimination and violence
- **Internalized transphobia:** Bias against self based on being associated with or identifying as transgender. A result of life experiences, including communicated cultural norms



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Coming Out & Inviting In

Some people, particularly in African-American communities, use the phrase 'Inviting In,' to signify the process whereas someone is identified to be safe enough and are invited to get to know the person better by learning information about who they are and who they love

'Coming out' is a common phrase that refers to the process in which someone informs someone else about who they are and who they love - not necessarily determined by the fact that the person has done the work to be an Ally.



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Disordered Eating Continuum

Wellness	Preoccupation with body shape/size & eating	Distress about body shape/size & eating	Eating Disorders
<ul style="list-style-type: none"> Mostly positive feelings about body shape/size No "good" or "bad" foods Regular moderate exercise 	<ul style="list-style-type: none"> Don't like the way parts of body look or consistently feel like losing a few pounds Frequent thoughts about food, eating and body Sometimes feel guilty or bad for what they have eaten and may "make up for it" 	<ul style="list-style-type: none"> Thinking about food, eating and body interferes with daily activities Rigidity in eating patterns Working hard to change body and compensating for eating (vomiting, fasting, extreme exercising) 	<ul style="list-style-type: none"> Anorexia Nervosa Bulimia Nervosa Binge Eating Disorder OSFED ARFID



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Medical Concerns

- Orthostatic vitals
- Cardiac arrhythmia, fainting, bradycardia
- Shortness of breath
- Dental erosion
- Cold intolerance
- Amenorrhea
- Early onset osteoporosis/osteopenia
- Hair loss, growth of lanugo
- Impaired immune system
- Abnormal lab values
- Seizures
- High blood pressure



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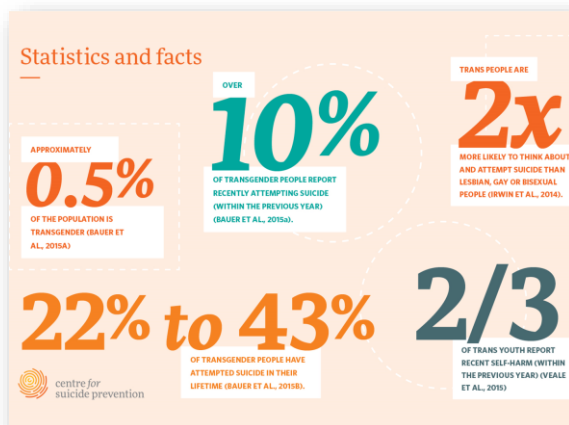
Body Dysmorphia vs. Gender Dysphoria

- **Body Dysmorphia:** Person spends a lot of time worrying about their appearance and have a distorted view of how they look. Preoccupation and distress with how one looks / may also be a particular body part that one feels is defected or flawed
- **Gender Dysphoria:** Person experiences discomfort or distress because there is a mismatch between their biological sex and gender identity. The distress experienced by your body not aligning with the gender you know yourself to be. The incongruence between the outward sex characteristics and the internal gender.



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Being LGBTQ+ increases risk of...



- Up to 42% of homeless youth are LGBTQ+ identified
- 33% of youth who are homeless or in the care of social services experienced violent assault when they came out
- The National Transgender Discrimination Survey, 2011 (6450 transgender respondents):
 - Harassed/bullied in school (51%)
 - Victim of physical assault (61%)
 - Victim of sexual assault (64%)
 - Delayed/did not access medical care due to discrimination (33%)



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Eating Disorders and the LGBTQ+ Population

Barriers to finding and receiving treatment

- Lack of culturally competent treatment
- Lack of crossover competency
- Obstacles with health insurance
- Perceptions of health care providers
- High levels of isolation
- Fears around coming out
- Unwillingness or unavailability of loved ones
- Systemic oppression – forms, bathrooms, etc.



Purpose of LGBTQ+ Specific Treatment

- Interrupt eating disorder behaviors
- Challenge beliefs about queer bodies
- Stabilize eating disorder symptoms
- Increase connection
- Provide community – experience of being seen and/or understood
- Identify LGBTQ specific community resources
- Remember core values in support of recovery versus values that reinforce eating disorder behaviors
- Explore intersectional identities



Group and Individual Interventions

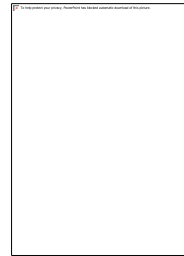
Exploring Themes Through Art

- Identity exploration – Draw your name as it feels right now
- Creating safety – Hope Box, Containment Box
- Identifying isolation – Mask
- Body image ideals – Mirror, poetry and journaling



Process and Explore...

- What healthy relationships and boundaries look like
- Why appropriate representation in mainstream media is important
- How to interrupt internalized trans/homo/bi-phobic messages
- What gender non-binary clothing and fashion looks like
- Who they want to know – Which spaces are safe enough
- Separate the client from the ED



Family Interventions

Resources

- PFLAG – for parents in need of additional support
- GLSEN – for clients whose school requires additional support
- The Trevor Project – for client's who need additional support
- Utilize protective factors – sport teams, faith communities etc.

Conversation Topics

- Attending to language – using the right name and pronouns
- The importance of acceptance – being okay if it is fluid
- Getting connected to the right therapist
- Creating community – helping to find support groups in your neighborhood and online
- Tag lines and boundaries

Environmental and Institutional Best Practices

- Train staff before declaring the community as a safe place
- Educate the milieu
- Use Oops/Ouch
- Explicit welcomes - visible signs of inclusivity
- Introductions with pronouns
- Gender neutral greetings when addressing a group
- Include pronouns in signatures and on name tags
- Inclusive Paperwork
- Be mindful of partnerships and artwork
- Gender neutral restrooms
- Be visible – attend Pride and other community events



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Best Practices: “Oops/Ouch”

- Never assume pronouns
- Avoid gendered language when addressing a group...
 - Instead of “Hey guys” or “Hello ladies”, try “Hi folks/y’all/friends/team”

Misgendering a person is a, often unintentional, microaggression that communicates to the person being misgendered that they may not be in a welcoming, inclusive or safe enough environment (to do whatever they are in the environment to do – work, heal, etc).

If you misgender an individual:
Correct yourself in front of them and begin using the right pronouns

It is important to create space for the person you offended to share additional feelings, if they express a desire to do so.

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Explicit welcomes in the clinic

Sexuality and Gender Symbols on brochures
and doors



Signage – safe space symbols on office doors,
stickers on name tags, bathrooms



Flyers on display –
resources and partnerships



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Tips for Allies



Understand the difference between “coming out” as lesbian, gay, or bisexual and as transgender.



Be mindful of someone’s privacy and be careful of outing them.



Respect the terminology a transgender person uses to describe their identity.



Be patient with a person who is questioning or exploring their gender identity or sexual orientation.



Understand there is no “right” or “wrong” way to transition, and that it is different for every person.



Don’t ask about a transgender person’s genitals, surgery status, or sex life.



Challenge transphobic/homophobic remarks or jokes in public spaces, including LGB spaces.

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Tips for Allies



You can't tell if someone is transgender by just looking.



Don't make assumptions about sexual orientation.



If you don't know what pronouns to use, listen. Instead of asking, start with your own.



Don't ask a transgender person what their "real name" is.



Avoid backhanded compliments and "helpful" tips.



Support all-gender restrooms.



Set an inclusive tone.

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