INDEPENDENT LIVE - REMOTE CAPTIONING - JUNE 10, 2021 - PART 1

>> GOOD MORNING, EVERYBODY.

I'M BARRY, THE REGISTRAR AND DIRECTOR OF PROFESSIONAL AFFAIRS WITH THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO.

I'M HAPPY TO WELCOME YOU TO THE BARBARA WAND SEMINAR IN PROFESSIONAL ETHICS STANDARDS AND CONDUCT.

THE BARBARA WAND AS MANY HAVE COME TO CALL THE EVENT WAS ESTABLISHED IN DECEMBER 1991 ABOUT 30 YEARS AGO TO HONOUR Dr. WAND.

Dr. WAND WAS THE REGISTRAR OF THE COLLEGE'S PRECURSOR THE ONTARIO BOARD OF EXAMINERS IN PSYCHOLOGY FROM 1976 TO 1991.

THE SEMINAR WHICH WAS THEN AN ANNUAL EVENT WAS NAMED IN HONOUR OF HER CONTRIBUTIONS TO THE REGULATION OF THE PROFESSION.

THE BARBARA WAND IS NOW NORMALLY A TWICE A YEAR EVENT AND NORMALLY TAKES PLACE IN DIFFERENT PARTS OF THE PROVINCE AS WELL AS ONLINE.

WE HOPED TO BE ABLE TO HOLD THE EVENT IN PERSON BY NOW, BUT THOUGHT IT WOULD BE BEST NOT TO HOLD OFF ANY LONGER, SO WE'RE PROVIDING THE SEMINAR EXCLUSIVELY ONLINE AGAIN TODAY.

WITH THE TRENDS WE'RE SEEING THIS WEEK, HOPEFULLY WE CAN MEET IN PERSON NEXT TIME.

DESPITE ALL THE NEW SKILLS WE'VE BEEN PUSHED TO DEVELOP ON ONLINE INTER ACTION DOING TRICKY ISSUES AS IS USUALLY A REGULAR PART OF THE SEMINAR, WITHOUT AN IN PERSON AUDIENCE IS REALLY CHALLENGING.

WE KNOW MANY OF YOU ARE MISSING IT.

WE REALLY LOOK FORWARD TO MAKING IT UP TO YOU AS SOON AS WE POSSIBLY CAN.

WITH A LARGE NUMBER OF ONLINE PARTICIPANTS, TECHNICAL ISSUES ARE NOT AVOIDABLE.

AND WITH MANY, MANY DIFFERENT DEVICES CONNECTING TO THE SEMINAR, THERE ARE BOUND TO BE SOME GLITCHES AND SOME OF YOU WILL REQUIRE SOME TECHNICAL SUPPORT.

THERE'S A SPOT AT THE BOTTOM OF THE SCREEN IF YOU DON'T SEE IT NOW, JUST HOVER NEAR THERE THAT SAYS ASK FOR TECH SUPPORT.

THAT'S THE PLACE TO DO THAT.

BECAUSE OF THE NUMBER OF PARTICIPANTS THE CHAT OPTION IS TURNED OFF.

RATHER THAN JOINING THE QUEUE TO HAVE QUESTIONS ANSWERED, YOU MIGHT WANT TO TRY SOME OF THE SOLUTIONS THAT HAVE HELPED IN THE PAST.

YOU COULD EXIT AND RELOAD THE WEB CAST, TRY A

DIFFERENT BROWSES, REFRESH YOUR SCREEN AND WORST CASE SCENARIO IT WILL BE AVAILABLE TO VIEW ON THE WEBSITE IN TEN DAYS.

THOSE WHO HAVE SUBSTANTIVE QUESTIONS RELATING TO THE CONTENT OF THE PRESENTATION PLEASE SEND THEM DURING OR AFTER THE PRESENTATION TO THE EMAIL ADDRESS YOU GOT IN THE REGISTRATION MATERIALS FOR THOSE OF YOU WHO DON'T, IT'S ALL LOWER CASE BWSQUESTIONS@CPO.ON.CA.

PLEASE DON'T SEND I.T. RELATED QUESTIONS TO THE ADDRESS.

DON'T ASK THE SUBSTANTIVE QUESTIONS RELATED TO THE CONTENT USING THE TECH BOX.

WE'VE LEARNED THAT TAKING LIVE QUESTIONS THROUGHOUT THE PRESENTATION FROM SUCH A LARGE GROUP IS VERY DIFFICULT.

SO WE'LL BE SAVING THE QUESTIONS TO SEND IN UNTIL THE END OF THE PRESENTATION AND POSE AS MANY OF THE MOST FREQUENTLY ASKED ONES THEN.

ALL THE QUESTIONS WE CAN'T GET TO THIS MORNING WILL BE ANSWERED BY EMAIL LATER AND THE MOST FREQUENTLY ANSWERED ONES WILL BE POSTED ON THE WEBSITE AS WELL ALONG WITH THE PRESENTATION MATERIALS.

THOSE OF YOU WHO ARE WATCHING WILL SEE CLOSED CAPTIONING OF THE PRESENTATIONS AND FOR THOSE OF WHO

YOU WOULD LIKE A TRANSCRIPT, THE TRANSCRIPT WILL BE AVAILABLE ON THE COLLEGE WEBSITE IN ABOUT TWO WEEKS.

A LINK TO THE PRESENTATION WAS SENT OUT YESTERDAY TO ALL OF YOU WHO HAD REGISTERED FOR THE EVENT BY THE TIME IT WAS SENT OUT.

IF YOU DIDN'T RECEIVE A LINK, YOU CAN DOWN LOAD THE SLIDES BY CLICKING ON THE GREEN EVENT RESOURCES BUTTON ON THE TOP RIGHT CORNER OF YOUR SCREEN.

OUR PRESENTER WILL BE TAKING ONE BREAK FROM 1:30 UNTIL 1:40 AND WE WILL BE DONE BY 12:00.

ALMOST AT THE END OF ALL OF THIS, IN THE PAST MOST OF THE FREQUENTLY ASKED QUESTIONS HAVE BEEN ABOUT CPD CREDITS.

I WILL LET YOU KNOW NOW ONE CREDIT IS AVAILABLE IN CATEGORY AA FOR THOSE OF YOU WATCHING TOGETHER WITH OTHERS AND USING THIS AS AN OPPORTUNITY TO INTERACT WITH COLLEAGUES.

I UNDERSTAND THAT WE HAVE SOME VIRTUAL GROUPS FORMED FOR THIS PURPOSE.

ON TOP OF THAT, SO IN ADDITION TO THAT CREDIT THAT YOU GET FOR COLLEGIAL INTERACTION, EVERYONE WHO WATCHES THE LIVE PRESENTATION OR ARCHIVE CAN GET THREE CREDITS FOR THREE HOURS OF LEARNING IN CATEGORY B 2.

WE INVITE YOU TO SAVE THE COPY FOR PURPOSES OF THE

CPD PROGRAM AND USE THE EMAIL CONFIRMATION OF REGISTRATION OR WATCHING WITH A GROUP SOME SORT OF CORRESPONDENCE ABOUT THIS WITH THE PERSON IN THE GROUP WHO IS REGISTERED FOR THE EVENT.

SO FINALLY WHAT YOU ALL COME TO LISTEN TO, I'D LIKE TO INTRODUCE THIS MORNING'S SPEAKERS.

FIRST I'D LIKE TO INVITE Dr. MICHAEL GROUND PRESIDENT OF THE COLLEGE TO MAKE SOME INTRODUCTORY REMARKS.

Dr. GRAND HAS BEEN HIGHLY DEDICATED CONTRIBUTOR TO THE COLLEGE GOVERNANCE AND VOLUNTEERED A GREAT DEAL OF TIME AND ENERGY THROUGH HIS ACTIVITIES OF COUNCIL AND ON COLLEGE COMMITTEES.

OVER THE LAST TWO OF HIS SIX YEARS ON COUNCIL HE'S BEEN PRESIDENT OF THE COLLEGE.

THIS WILL ACTUALLY BE HIS LAST PUBLIC DUTY AS THE PRESIDENT BECAUSE HIS TERM EXPIRES LATER THIS MONTH AND WITH THAT IT'S MY PRIVILEGE TO INVITE MICHAEL TO TAKE OVER THE MICROPHONE NOW.

>> THANK YOU VERY MUCH BARRY.

I APPRECIATE THE KIND WORDS.

IT'S MY PLEASURE TO WELCOME EVERYONE HERE TODAY.

ON BEHALF OF THE COUNCIL OF THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO.

BARBARA WAND HAS BECOME A VERY IMPORTANT EVENT IN THE CONTINUING PROFESSIONAL DEVELOPMENT PROGRAM THAT HAS BEEN INSTITUTED BY THE COLLEGE AND WE SO APPRECIATE THE FACT THAT SUCH A LARGE NUMBER OF PEOPLE ATTEND THESE EVENTS TWICE A YEAR.

I BELIEVE THIS YEAR WE HAVE -- THIS TIME WE HAVE OVER HALF OF THE MEMBERSHIP PARTICIPATING IN TODAY'S SEMINAR AND I THINK IT'S A TRIBUTE TO ALL OF THE MEMBERS WHO HAVE DEDICATED THEMSELVES TO CONTINUING TO DEVELOP AS PROFESSIONALS IN TERMS OF ACQUIRING KNOWLEDGE AND BEING ABLE TO USE THE KNOWLEDGE IN THE DAY-TO-DAY PRACTICE.

ABOUT TWO YEARS AGO, THE COUNCIL DECIDED NOT TO CHARGE A FEE FOR THE BARBARA WAND, THAT WE WOULD INCORPORATE THE COSTS INTO OUR BUDGET AND WE MADE OTHER ADJUSTMENTS IN ORDER TO DO SO.

AND I HOPE THAT WE'LL BE ABLE TO DO THAT FOR MANY YEARS TO COME AS WELL.

SO I JUST WANTED TO THANK YOU FOR BEING HERE TO WELCOME OUR SPEAKER THAT WE'RE ALL LOOKING FORWARD TO HEARING FROM AND I WISH YOU ALL A VERY HEALTHY AND SAFE SUMMER AND LOOK FORWARD TO COMMUNICATING WITH MANY OF YOU IN THE FUTURE.

THANK YOU.

>> SO WE ARE REALLY PROUD TO INTRODUCE ALLISON KIRSCHBAUM WHO IS NEW TO ONTARIO.

SO NEW IN FACT SHE'S NOT YET A MEMBER OF THE COLLEGE.

SHE'S CURRENTLY A POST-DOCTORAL RESEARCH FELLOW IN THE HIV PREVENTION LAB AT RYERSON UNIVERSITY AND EARNED HER PH.D. WITH CLINICAL PSYCHOLOGY EMPHASIS IN GENDER DIVERSITY IN UNIVERSITY OF MISSOURI St. LOUIS AND COMPLETED APA CLINICAL INTERNSHIP IN HIV AND LGBT HEALTH DISPARITIES AT THE MEDICAL COLLEGE OF GEORGIA.

SHE ALSO COMPLETED AN APA ACCREDITED CLINICAL FELLOWSHIP IN LGBT HEALTH AT THE EDWARD HINES JUNIOR BA HOSPITAL IN TORONTO.

SHE MOVED TO TORONTO IN SEPTEMBER WITH HER DOG JAKE AND PASSIONATE ABOUT ADVOCACY TRAINING AND RESEARCH, IMPROVING THE LIVES OF MEMBERS OF MARGINALIZED GROUPS ESPECIALLY INDIVIDUALS WHO IDENTIFY AS MEMBERS OF SEXUAL OR GENDER MINORITIES.

WITH THAT, WELCOME ALLISON.

>> THANK YOU SO MUCH FOR THE INTRODUCTION BARRY.

I AM SO HONOURED AND VERY EXCITED TO BE HERE WITH YOU ALL TODAY TO SPEAK ON A TOPIC THAT MEANS A LOT TO ME.

AS BARRY MENTIONED, I AM CURRENTLY A POST-DOC, SO THAT MEANS THAT MANY IF NOT MOST OF YOU HAVE MUCH MORE

CLINICAL EXPERIENCE THAN I DO.

I HAVE, HOWEVER, HAD THE OPPORTUNITY, THE PRIVILEGE TO WORK WITH MOSTLY LGBT OR SEXUAL AND GENDER MINORITY CLIENTS THROUGHOUT GRADUAL SCHOOLS ON INTERNSHIP AND THROUGHOUT BOTH OF MY FELLOWSHIPS.

SO I HAVE LEARNED A LOT OF THINGS THAT I'M REALLY EXCITED TO SHARE WITH YOU TODAY.

SO THANK YOU VERY MUCH FOR COMING.

I KNOW WE HAVE A WIDE RANGE OF EXPERIENCE, EXPERTISE, AND LEVEL OF KNOWLEDGE IN THE AUDIENCE TODAY.

SO I AM GOING TO TRY TO STICK TO THE BASICS BUT I DO ALSO REALLY HOPE THAT SOME OF WHAT WE TALK ABOUT TODAY WILL BE THOUGHT-PROVOKING FOR YOU IN YOUR WORK BOTH WITH LGBT CLIENTS AND WITH NON-LGBT CLIENTS GOING FORWARD.

I'M PRESSING THE GREEN ARROW, BUT I DON'T SEE THE SLIDE PROGRESSING OR ADVANCING.

THANK YOU.

SO I AM CURRENTLY A RESEARCH POST-DOC AT RYERSON UNIVERSITY.

IT FEELS REALLY IMPORTANT FOR ME TO ACKNOWLEDGE TODAY THE RECENT RECOMMENDATION FROM THE YELLOWHEAD INSTITUTE TO REFER TO RYERSON AS X UNIVERSITY WHICH I WILL BE DOING THROUGHOUT THE REMAINDER OF THIS

PRESENTATION.

IF YOU'RE INTERESTED IN LEARNING MORE ABOUT THE YELLOWHEAD INSTITUTE, THE X UNIVERSITY INITIATIVE OR OTHER THINGS THAT YOU CAN DO TO BETTER SUPPORT FIRST NATIONS PEOPLES, PLEASE VISIT YELLOWHEAD INSTITUTE.ORG.

IT'S ALSO IMPORTANT FOR ME TODAY TO ACKNOWLEDGE WITH GRATITUDE AND RESPECT THAT I AM JOINING YOU TODAY FROM THE TREATY LANDS AND TERRITORY OF THE MISSISSAUGAS OF THE CREDIT FIRST NATION, I'D LIKE TO PAY TRIBUTE TO THEIR LEGACY AND TO ALL FIRST NATIONS PEOPLE OF CANADA.

I AM AN IMMIGRANT AND I AM A SETTLER.

SO IT FEELS PARTICULARLY IMPORTANT FOR ME TO ACKNOWLEDGE THE LAND ESPECIALLY AS I CONTINUE TO LEARN ABOUT THE HISTORY OF CANADA AND CANADA'S RELATIONSHIP WITH INDIGENOUS PEOPLES.

ALSO PARTICULARLY RELEVANT TOPIC TO WHAT WE'RE DISCUSSING TODAY BECAUSE ABORIGINAL GENDER DIVERSE PEOPLE IN ONTARIO REPORT HIGHER LEVELS OF POVERTY, HOMELESSNESS, AND FORCED MIGRATION.

INDIGENOUS YOUTH WHO IDENTIFY AS TWO SPIRITED AND/OR MEMBERS AS THE LGBTQ+ COMMUNITY ARE DISPROPORTIONATELY AFFECTED BY VIOLENT AND HOMELESSNESS AND POVERTY AND HOMOPHOBIA AND

TRANSPHOBIA AND SUICIDE.

IT'S ALSO IMPORTANT FOR ME TO ACKNOWLEDGE PARTS OF MY OWN CULTURAL IDENTITY AND THE WAYS THAT THEY IMPACT MY RELATIONSHIP TOO AND MY UNDERSTANDING OF THE TOPICS THAT WE'RE DISCUSSING TODAY.

I DO IDENTIFY AS QUEER.

I IDENTIFY AS A SEXUAL MINORITY.

BUT I IDENTIFY AS A CIS GENDER WOMAN WHICH MEANS I WAS ASSIGNED FEMALE AT BIRTH AND IDENTIFY AS FEMALE.

I WILL BE SPEAKING A LOT TODAY ABOUT EXPERIENCES OF GENDER MINORITY PEOPLE.

AND IT FEELS VERY IMPORTANT FOR ME TO ACKNOWLEDGE THAT I DON'T PERSONALLY ACKNOWLEDGE AS A GENDER MINORITY PERSON.

I HAVE HAD THE PRIVILEGE OF WORKING CLINICALLY WITH MANY GENDER MINORITY FOLKS BUT IT FEELS IMPORTANT TO DISCUSS THE IMPORTANCE OF GROUPS THAT MAYBE WE DO OR DO NOT HAVE SPECIFIC INFORMATION OR KNOWLEDGE ABOUT.

CAN WE LAUNCH THE FIRST POLL?

I JUST WANTED TO START WITH SOME TERMINOLOGY THAT I WILL BE USING THROUGHOUT THE PRESENTATION.

I LIKE TO USE THE TERM GENDER MINORITY WHEN DISCUSSING FOLKS WHO ARE GAY OR LESBIAN OR QUEER OR OTHER LABELS THAT IDENTIFY THAT THE PERSON DOES NOT

IDENTIFY AS HETEROSEXUAL.

WHEN I USE THE TERM SEXUAL MINORITY IT INDICATES THAT I'M DISCUSSING SOMEONE WHOSE SEXUAL IDENTITY OR POTENTIALLY THEIR BEHAVIOUR OR ATTRACTIONS ARE TOWARDS SOMEONE OF THE SAME OR MULTIPLE OTHER GENDERS.

I LIKE TO USE THE ACRONYM SMP THAT STANDS FOR SEXUALLY MINORITY PERSONS.

A LOT OF PEOPLE LIKE TO USE LGB OR LGBQ.

THERE'S LOTS OF DIFFERENT WAYS TO DISCUSS OR LABEL THIS GROUP.

I LIKE TO DEFINE SMP OR FIND SMP IS MORE INCLUSIVE.

I LIKE TO USE THE TERM GENDER MINORITY WHEN I'M REFERRING TO PEOPLE WHO ARE NOT CIS GENDER.

WHEN I USE THE TERM CIS GENDER I'M TALKING ABOUT PEOPLE'S SEX WHO WAS ASSIGNED TO THEM AT BIRTH CURRENTLY CORRESPONDS WITH THE GENDER IDENTITY.

SO LIKE I SAID, I IDENTIFY AS FEMALE AND I WAS ASSIGNED FEMALE AT BIRTH.

THAT MEANS THAT I'M CIS GENDER.

AND WHEN I'M TALKING ABOUT GENDER MINORITY FOLKS, I'M TALKING ABOUT ALL SORTS OF PEOPLE WHO IDENTIFY MAYBE AS TRANS OR GENDER NONBINARY.

THERE'S A LOT OF DIFFERENT WAYS THEY MIGHT IDENTIFY THEMSELVES.

I OFTEN USE THE TERM GMP TO IDENTIFY GENDER MINORITY PEOPLE.

AND THEN I ALSO USE THE ACRONYM A LOT SGM THROUGHOUT THIS PRESENTATION TO REFER TO PEOPLE WHO IDENTIFY AS EITHER SEXUAL OR GENDER MINORITY PERSONS OR WHO MAYBE IDENTIFY AS BOTH.

THIS IS KIND OF A SHORTER AND IN MY OPINION SLIGHTLY MORE INCLUSIVE WAY OF SAYING LGBTQIA2+THAT MIGHT BE A BIT OF A MOUTHFUL FOR ME TO USE THROUGHOUT THE PRESENTATION.

I WILL SAY SGM INSTEAD.

I ALSO LIKE TO USE THE TERM SEXUAL IDENTITY OR SEXUAL ORIENTATION.

WHEN I'M SAYING SEXUAL IDENTITY, I'M REFERRING TO THE LABEL THAT PEOPLE USE TO DESCRIBE THEIR OWN SEXUAL ORIENTATION OR THEIR ATTRACTIONS OR THEIR BEHAVIOURS.

I ALSO JUST WANT TO POINT OUT THERE ARE TERMS THAT WE DON'T USE VERY OFTEN ANYMORE.

TERMS LIKE HOMOSEXUAL.

SOMETHING LIKE THAT IS NOT SEEN AS A VERY RESPECTFUL TERM.

SO I THINK THAT SEXUAL MINORITY IS A BIT MORE MODERN AND INCLUSIVE OF A TERM TO USE.

DID THAT FIRST POLL GET LAUNCHED?

GREAT.

I WAS REALLY CURIOUS TO SEE WHAT PEOPLE'S EXPERIENCE HAS BEEN WORKING WITH THIS GROUP.

I LOOKS LIKE THE MAJORITY OF YOU WORK WITH FOLKS WHO IDENTIFY AS LGBT AND THAT'S GREAT.

SO I ALSO WANT TO TALK BRIEFLY ABOUT SEX AND GENDER AND THE DIFFERENCE BETWEEN THESE TWO TERMS BECAUSE THEY OFTEN GET CONFUSED.

IT CAN BE PRETTY CONFUSING.

SO WHEN I'M USING THE TERM GENDER, I'M GOING TO BE TALKING ABOUT THE BEHAVIOURS, IDENTITIES, AND USUALLY THE LABEL THAT SOMEONE USES TO DESCRIBE THEIR OWN GENDER IDENTITIES.

SO IT'S IMPORTANT FOR US TO TALK ABOUT THE FACT THAT GENDER IS SOCIALLY CONSTRUCTED.

WHAT SOCIALLY CONSTRUCTED MEANS IS THAT THE MEANING OF THIS WORD OR CATEGORY IS DEVELOPED THROUGH LANGUAGE IN COORDINATION WITH OTHER PEOPLE IN THE CULTURE.

WHEREAS SEX IS SOMETHING THAT IS ASSIGNED AT BIRTH, REFERS TO BIOLOGICAL ATTRIBUTES, CHROMOSOMES, THINGS THAT ARE USUALLY IDENTIFIED AT BIRTH, BUT MIGHT NOT BE PART OF THE WAY THAT SOMEBODY IDENTIFIES THEMSELVES.

SO I OFTEN USE THE TERM SEX ASSIGNED AT BIRTH.

I DO ALSO WANT TO TALK ABOUT THE GENDER BINARY.

SO THE GENDER BINARY ESSENTIALLY CLASSIFIES GENDER INTO TWO DISTINCT OR WHAT WE OFTEN REFER TO AS OPPOSITE GENDERS.

AND THE GENDER BINARY SORT OF IMPLIES THAT ANYTHING THAT DOESN'T NEATLY FIT WITHIN THESE TWO CATEGORIES OF MALE OR FEMALE IS SOMETIMES SEEN AS ABERRANT OR DIFFERENT OR SOMETIMES DIFFICULT TO UNDERSTAND.

SO I REALLY LIKE THIS INFO GRAPHIC, HOW IT POINTS OUT THE -- SORT OF THE DIFFERENT WAYS THAT OUR GENDER ROLES ARE SOCIALLY CONSTRUCTED, THE WAYS THAT MEN AND WOMEN ARE SORT OF SUPPOSED TO ACT AND BEHAVE.

SO WHY IS THIS IMPORTANT?

WHY IS THIS A TOPIC THAT WE SHOULD BE DISCUSSING TODAY?

IT'S REALLY DIFFICULT FOR US TO GET A CLEAR AND ACCURATE UNDERSTANDING OR COUNT OF HOW MANY PEOPLE REALLY DO IDENTIFY AS SEXUAL OR GENDER MINORITIES.

AND YOU CAN SEE ON THE SLIDE THAT THE NUMBERS REALLY VARY.

SO THERE WAS ONE STUDY THAT THE JASMIN ROY STUDY WAS NOT PEER REVIEWED AND PRIVATELY FUNDED SURVEY THAT ASSESSED THE NEEDS OF SEXUAL AND GENDER MINORITY CANADIANS BUT THEY FOUND THAT 13% OF PEOPLE LIVING IN

CANADA OVER THE AGE OF 15 IDENTIFY AS LGBT AND THEN SOME OTHER RATES ARE LOWER THAN THAT.

SO THE GALLUP POLL RECENTLY FOUND IN THE UNITED STATES 5.6% OF FOLKS IDENTIFY AS LGBT, BUT THAT WAS UP SIGNIFICANTLY FROM 4.5%.

SO THERE IS SOME EVIDENCE THAT POTENTIALLY MORE AND MORE PEOPLE OVER TIME ARE IDENTIFYING AS SEXUAL AND/OR GENDER MINORITY FOLKS WHICH IS WHY IT'S EVEN MORE IMPORTANT FOR US TO I THINK BE DISCUSSING THIS TOPIC TODAY.

STATISTICS CANADA FOUND THAT POTENTIALLY ONLY 3.3% OF FOLKS IN CANADA IDENTIFY AS LGB, SO THAT IS JUST INCLUDING SEXUAL MINORITY FOLKS.

I'M SURE MANY OF YOU KNOW THAT THEY STARTED ASKING IF FOLKS ARE A GENDER MINORITY STARTING ON THE CENSUS THIS YEAR.

SO IT WILL BE REALLY INTERESTING WHEN THOSE RESULTS ARE RELEASED TO SEE.

MAYBE HOW MANY PEOPLE DO IDENTIFY AS LGBT OR SEXUAL OR GENDER MINORITIES.

GALLUP DID ALSO FIND IN THE UNITED STATES ONE IN SIX PEOPLE WHO ARE MEMBERS OF GEN-Z FOLKS BETWEEN THE AGES OF 18 AND 23 IDENTIFY AS LGBT, SO AGAIN YOUNGER GENERATIONS ARE USING THESE IDENTITIES OR ARE

IDENTIFYING WITH THESE CATEGORIES MORE AND MORE OFTEN.

ALSO REALLY IMPORTANT FOR US TO DISCUSS THIS TOPIC TODAY BECAUSE AMONG SEXUAL AND GENDER MINORITY FOLKS THERE ARE SIGNIFICANT AND REALLY ASTOUNDING DISPARITIES IN MENTAL HEALTH DIAGNOSES.

THIS LITTLE INFO GRAPHIC TO THE RIGHT IS FROM THE FENWAY INSTITUTE.

YOU CAN SEE THAT COMPARED TO HETEROSEXUAL PEOPLE, SEXUAL MINORITIES HAVE FAR HIGHER RATES OF ANXIETY AND MOOD DISORDERS AND SUBSTANCE DISORDERS.

I'LL TALK ABOUT THAT MORE LATER THOUGH.

SEXUAL MINORITY FOLKS ARE ALSO MORE LIKELY TO SEEK MENTAL HEALTH SERVICES.

SO EVEN IF THEY AREN'T SHOWING UP ON YOUR REFERRAL LIST VERY OFTEN, THEY ARE ACTUALLY FAR MORE LIKELY TO SEEK SERVICES.

LESBIAN AND BISEXUAL WOMEN SHOW THE HIGHEST RATES OF MENTAL HEALTH TREATMENT SEEKING.

THERE'S ALSO BEEN A LOT OF EVIDENCE SHOWING THAT DISCLOSING ONE'S SEXUAL IDENTITY TO THE HEALTH CARE PROVIDER, WHETHER IT'S A FAMILY DOCTOR OR THERAPIST OR ANOTHER KIND OF HEALTH CARE PROVIDER CAN RESULT IN SOME REALLY SIGNIFICANT HEALTH BENEFITS AND ALSO CAN RESULT IN INCREASE UTILIZATION OF SERVICES OF MENTAL

HEALTH AND PHYSICAL HEALTH SERVICES.

HAVING INFORMATION ABOUT HOW TO ASK PATIENTS THESE QUESTIONS OR INFORMATION ABOUT MORE ABOUT HEALTH DISPARITIES AND HOW TO PROVIDE THEM WITH THE BEST CARE CAN HELP US TO HAVE MORE INCLUSIVE HEALTH CARE SETTINGS SO THAT SEXUAL AND GENDER MINORITY FOLKS WILL HOPEFULLY FEEL MORE COMFORTABLE COMING TO OUR OFFICES FOR SERVICES.

SO THE FIRST HALF OF MY TALK, I'M GOING TO FOCUS ON WORKING WITH SEXUAL MINORITY PERSONS OR SEXUAL MINORITY FOLKS.

AND THEN AFTER THE BREAK, I'LL TALK MORE ABOUT WORKING WITH GENDER MINORITY PEOPLE.

THIS IS SOMEWHAT OF A FALSE DISTINCTION THOUGH AND IT'S A LITTLE BIT HARD TO DIVIDE THEM BECAUSE MANY SEXUAL MINORITY PEOPLE IDENTIFY AS GENDER MINORITY AND VICE VERSA.

I WILL TALK A LITTLE BIT MORE ABOUT THAT GOING FORWARD.

BUT I JUST WANT TO GIVE YOU A BIT OF A LAY OF THE LAND IN TERMS OF WHAT TO EXPECT.

I JUST WANT TO START WITH JUST A FEW THOUGHTS.

THINGS THAT I JUST WANTED TO CLARIFY BEFORE MOVING FORWARD.

SEXUAL MINORITY PEOPLE ARE OBVIOUSLY A VERY DIVERSE AND VERY HETEROGENEOUS GROUP.

EVEN THOUGH I'M SPEAKING ABOUT THEM AS A GROUP, AS A WHOLE, THERE ARE SO MANY DIFFERENCES.

IT'S IMPORTANT TO ACKNOWLEDGE THAT.

ALSO LIKE I SAID, MANY SEXUAL MINORITY PEOPLE IDENTIFY AS GENDER MINORITY BUT NOT ALL AND THE REVERSE IS ALSO THE CASE.

IDENTITY AND BEHAVIOUR ARE ALSO REALLY DIFFERENT THINGS.

SO SOMEONE WHO IDENTIFIES AS A SEXUAL MINORITY MAY OR MAY NOT BE ENGAGING IN RELATIONSHIPS OR IN SEXUAL BEHAVIOUR THAT MAYBE ALIGNS WITH THAT IDENTITY AND SOMEONE'S BEHAVIOUR MIGHT NOT ACTUALLY INDICATE THEIR IDENTITIES.

SO I THINK IT'S REALLY IMPORTANT AS MENTAL HEALTH PROVIDERS TO NOT ONLY ASK SOMEONE WHAT THEIR SEXUAL IDENTITY IS, BUT TO ALSO ASK THEM ABOUT WHO IT IS THAT THEY'RE HAVING SEX WITH AND WHO IT IS THAT THEY'RE ATTRACTED TO BECAUSE THESE ARE REALLY DIFFERENT PARTS OF OUR SEXUALITY THAT DON'T ALWAYS NECESSARILY ALIGN OR MATCH UP.

I WILL BE TALKING A LOT TODAY ABOUT SEXUAL MINORITY STRESS AND THE MINORITY STRESS MODEL.

THIS IS A PRETTY COMPLICATED MODEL OVER HERE.

BUT ESSENTIALLY WHAT THIS MODEL SAYS IS THAT SEXUAL MINORITY PEOPLE ENCOUNTER STIGMA AND PREJUDICE AND THIS IS STIGMA AND PREJUDICE IN ADDITION TO THE DAILY STRESSORS THAT EVERYBODY EXPERIENCES OR FACES.

BUT THEY ALSO ENCOUNTER UNIQUE STRESSORS IN ADDITION TO EVERYDAY STRESSORS.

STRESSORS THAT ARE UNIQUE TO BEING A SEXUAL MINORITY.

AND THESE STRESSORS HAVE BEEN FOUND TO LEAD TO POOR MENTAL AND PHYSICAL HEALTH AND AT THE ROOT OF A LOT OF THE MENTAL HEALTH DISPARITIES.

THAT SLIDE BEFORE WHEN I WAS SHOWING THE RATES OF MENTAL HEALTH DIAGNOSIS AND HOW THEY DIFFER SIGNIFICANT BETWEEN HETEROSEXUAL AND SEXUAL MINORITY FOLKS.

STRESSORS THAT THEY FACE ARE FOUND TO BE AT THE ROOT OF THOSE DIFFERENCES.

SO I WILL ALSO TALK TODAY A LOT ABOUT THE DIFFERENCE BETWEEN DISTAL AND PROXIMAL STRESSORS.

SO YOU CAN SEE IN THIS MODEL THAT IN THE MIDDLE WHERE IT SAYS -- WHERE THE MINORITY STRESSORS EXIST, IT LISTS DISTAL AND PROXIMAL AS DIFFERENT KINDS OF STRESSORS. **

SO A DISTAL STRESSOR IS ONE THAT IS EXPERIENTIAL.

SO THIS IS SOMETHING THAT HAPPENS OUTSIDE OF THE PERSON, OUTSIDE OF THE INDIVIDUAL.

SOMETHING LIKE DISCRIMINATION, VICTIMIZATION RELATED TO SOMEONE'S SEXUAL IDENTITY.

EVEN MICRO AGGRESSIONS.

SO MAYBE LITTLE VERBAL INSULTS THAT MAY OR MAY NOT HAVE BEEN INTENDED TO BE INSULTING.

ALL THE WAY UP TO HATE CRIMES.

AND THEN A PROXIMAL STRESSOR IS SOMETHING THAT IS A BIT MORE INTERNAL.

PROXIMAL STRESSORS ARE THINGS LIKE INTERNALIZED HETERO SEXISM.

I WILL TALK A BIT ABOUT WHAT THAT MEANS.

WE ARE ALL SOCIALIZED TO LIVE IN A HETERO SEXIST SOCIETY THAT MEANS IT'S SORT OF APPLIED AND ASSUMED THAT MOST PEOPLE ARE HETEROSEXUAL AND THAT THAT IS THE NORM AND THAT IS TO BE EXPECTED.

SO SEXUAL MINORITY FOLKS INTERNALIZE THAT.

SO DO HETEROSEXUAL FOLKS.

OTHER EXAMPLES OF PROXIMAL STRESSORS ARE THINGS LIKE EXPECTATIONS OF REJECTION.

SO WHAT THAT MEANS IS THAT MANY SEXUAL MINORITY FOLKS HAVE EXPERIENCED REJECTION EITHER IN THE WORKPLACE,

RELATIONSHIPS AND THEIR FAMILY.

THEY EXPERIENCED IT IN THE PAST, SO THEY CONTINUE TO POTENTIALLY EXPECT THESE KINDS OF EXPERIENCES IN OTHER SITUATIONS.

CONCEALMENT REFERS TO IDENTITY CONCEALMENT.

THIS MEANS SORT OF HAVING TO NAVIGATE WHETHER OR NOT THEY'RE GOING TO SHARE THEIR SEXUAL IDENTITY IN A VARIETY OF SITUATIONS.

AND THIS IS CONSIDERED A STRESSOR BECAUSE IT CAUSES STRESS AND CONFUSION AND CAN WEIGH ON SOMEONE'S COGNITIVE LOAD.

SO THESE STRESS ORB THESE SEXUAL MINORITY STRESSORS ARE UBIQUITOUS AND UNAVOIDABLE.

IT'S A UNIVERSAL EXPERIENCE AND NOT SOMETHING THAT CAN NECESSARILY BE AVOIDED.

EVEN IF SOMEONE IS NOT POTENTIALLY OUT OF THE CLOSET THEY WILL STILL EXPERIENCE SEXUAL MINORITY STRESSORS BECAUSE THEY ARE LIVING IN A HETEROSEXUAL SOCIETY.

SOMETHING THAT THE MODEL POINTS OUT TO

US THAT IS IMPORTANT TO REMEMBER, THERE ARE MITIGATORS AND WAYS TO MINIMIZE THE IMPACT OF MINORITY STRESS.

THINGS LIKE SOCIAL SUPPORT AND POSITIVE COPING SKILLS WHICH IS WHERE WE COME IN HANDY ESPECIALLY.

AND RESILIENCE, DEVELOPING RESILIENCE CAN HELP FOLKS TO -- FOR MINORITY STRESS TO NOT IMPACT THE MENTAL AND PHYSICAL HEALTH AS MUCH.

I'M ALSO GOING TO BE TALK A LOT TODAY ABOUT INTER SECTIONALTY.

IT'S ATOPIC THESE DAYS.

WHEN I'M TALKING ABOUT THAT SEXUAL MINORITY STRESS INTER ACTS WITH OTHER SYSTEMS OF OPPRESSION.

OTHER SYSTEMS OF OPPRESSION WHEN I USE THE TERM, WHAT I MEAN IS THINGS LIKE SEXISM, RACISM, ABLEISM, SO ESSENTIALLY WHAT INTER SECTIONALTY TELLS US IS THAT HETERO SEXISM DOESN'T EXIST ALONE.

IT DOESN'T HAPPEN IN A VOID OR IN A VACUUM BY ITSELF.

IT'S USUALLY INTER ACTING WITH OTHER SYSTEMS, OTHER FORMS OF OPPRESSION.

SO THE PATIENTS THAT WE WORK WITH, THEY INHABIT SOCIAL CATEGORIES, MULTIPLE SOCIAL CATEGORIES.

AND THESE ARE ALL INTER DEPENDENT.

SO FOR EXAMPLE, SOMEONE LIKE ME IF IDENTIFY AS A SEXUAL MINORITY AND ALSO A WOMAN, I AM POTENTIALLY GOING TO EXPERIENCE HETERO SEXUALISM AND SEXISM AND IT'S DIFFICULT TO DISENTANGLE THESE EXPERIENCES.

SEXUAL MINORITY PEOPLE EXPERIENCE VARIOUS PRIVILEGES AND OPPRESSIONS THOUGH.

THESE VARY ACROSS TIME AND PLACE.

SO WE MIGHT EXPERIENCE PRIVILEGE IN ONE SITUATION BASED ON PART OF OUR IDENTITY AND OPPRESSION IN ANOTHER KIND OF SITUATION BASED ON THAT SAME IDENTITY.

AND THIS LAST POINT HERE SAYS THAT CONSIDERING EXPERIENCES OF POWER, OPPRESSION, AND PRIVILEGE ALLOWS US TO

BETTER UNDERSTAND HOW THEY INTER ACT.

SO WHAT I MEAN BY THAT IS THAT HAVING A BETTER UNDERSTANDING OF HOW ALL OF THESE FORCES INTER ACT PARTICULARLY IN THE LIVES OF OUR SEXUAL AND GENDER MINORITY PATIENTS CAN REALLY ALLOW US AS PSYCHOLOGISTS AND AS RESEARCHERS AND EDUCATORS TO HAVE A MORE THOROUGH UNDERSTANDING, A MORE CLEAR STRUCTURAL ANALYSIS AND LEAVES US BETTER POSITIONED TO CHALLENGE AND THEN TRANSFORM THESE STRUCTURES.

SO INSTEAD OF JUST THINKING ABOUT OPPRESSION INSTEAD OF JUST THINKING ABOUT MINORITY STRESS, UNDERSTANDING THE WAYS IN WHICH THESE FORCES INTER ACT CAN HELP US TO POTENTIALLY BE BETTER ADVOCATES FOR ENGAGING IN MORE SOCIAL JUSTICE TO TRY AND COUNTER ACT OR CHANGE THESE SYSTEMS.

I WANT TO SPEND A LITTLE BIT OF TIME TALKING ABOUT IDENTITY LABELS.

BECAUSE THIS IS SOMETHING THAT CAN OFTEN BE QUITE CONFUSING TO FOLKS.

SO THIS LITTLE INFO GRAPHIC HERE HAS A LOT OF INFORMATION ABOUT BISEXUAL IDENTITIES OR BISEXUAL IDENTITY LABELS.

SO WOMEN ACCORDING TO STATISTICS CANADA WOMEN IN CANADA ARE TWICE AS LIKELY TO IDENTIFY AS BISEXUAL THAN THEY ARE TO IDENTIFY AS LESBIAN OR GAY.

AND THERE IS RESEARCH SHOWING THAT THIS TREND IS ACTUALLY INCREASING.

WOMEN ARE BECOMING MORE AND MORE LIKELY TO IDENTIFY WITH ONE OF THESE BISEXUAL IDENTITY LABELS THAN THEY ARE TO IDENTIFY AS LESBIAN.

IT'S A LITTLE BIT DIFFERENT FOR MEN, THOUGH.

FOR CIS GENDER MEN.

THEY ARE MORE LIKELY TO IDENTIFY AS GAY THAN AS BISEXUAL.

I'M GOING TO USE THE TERM BI+THROUGHOUT THIS PRESENTATION.

AND THAT TERM IS USED OFTEN TO DESCRIBE ALL OR ANY OF THE SEXUAL IDENTITIES THAT EXIST UNDER THIS

UMBRELLA.

SO I WANTED TO SPEND SOME TIME ON THIS JUST BECAUSE BI+ IDENTITIES ARE OFTEN MISUNDERSTOOD OR A LITTLE BIT LESSER KNOWN.

THEY ALSO CHANGE A LOT OVER TIME.

THE OTHER THING THAT'S IMPORTANT TO REMEMBER IS THAT THEY MEAN DIFFERENT THINGS FOR DIFFERENT PEOPLE.

SO ONE PERSON WHO MIGHT USE THE TERM PANSEXUAL, FOR EXAMPLE, MIGHT ACTUALLY HAVE VERY DIFFERENT KINDS OF SEXUAL RELATIONSHIPS OR ATTRACTIONS THAN ANOTHER PERSON WHO USES THAT SAME LABEL.

AND I DID ALSO WANT TO MENTION THAT SEXUAL IDENTITY LABELS CAN OFTEN CHANGE OVER TIME.

THIS IS ESPECIALLY THE CASE AMONG CIS GENDER WOMEN AND AMONG GENDER MINORITY FOLKS.

SOMEONE MIGHT USE ONE LABEL AT ONE POINT IN TIME OR WHEN THEY'RE IN ONE RELATIONSHIP AND THEY MIGHT USE A

DIFFERENT LABEL LATER IN LIFE OR IN A DIFFERENT SITUATION OR WHEN THEY'RE IN A DIFFERENT RELATIONSHIP.

SO, FOR EXAMPLE, SOMEONE MIGHT USE THE LABEL QUEER AND SOMEONE ELSE MIGHT USE THE LABEL LESBIAN, BUT THEY MIGHT ACTUALLY HAVE VERY SIMILAR SEXUAL BEHAVIOURS AND RELATIONSHIPS.

I DO ALSO WANT TO JUST BRIEFLY TOUCH ON ASEXUALITY WHICH IS A SEXUAL IDENTITY LABEL THAT I PROBABLY WON'T TALK TOO MUCH ABOUT TODAY.

BUT I DID WANT TO MAKE SURE TO MENTION IT.

SO THIS DEFINITION HERE WHERE IT SAYS ASEXUAL PERSONS DON'T EXPERIENCE SEXUAL ATTRACTION, I GOT THAT DEFINITION FROM THE AVEN WEBSITE.

AVEN IS THE ASEXUAL VISIBILITY AND EDUCATION NETWORK.

IT'S A GREAT WEBSITE WITH LOTS OF INFORMATION AND RESOURCES IF YOU'RE INTERESTED IN LEARNING MORE ABOUT THIS.

AND THEY TALK A LOT ABOUT HOW

ASEXUALITY EXISTS ON A SPECTRUM.

SO THERE ARE OTHER IDENTITIES, THEY CALL IT THE ACE SPECTRUM.

THERE ARE OTHER IDENTITIES THAT EXIST ON THIS SPECTRUM AS WELL.

SO YOU MIGHT HEAR SOMEONE USE THE IDENTITY LABEL GRAYSEXUAL.

WHAT THIS TENDS TO MEAN -- AGAIN, IT MIGHT MEAN SOMETHING DIFFERENT FOR EACH PERSON.

GRAYSEXUAL TENDS TO MEAN SOMEONE WHO RARELY EXPERIENCES SEXUAL ATTRACTION, BUT MIGHT EXPERIENCE ATTRACTION ON OCCASION.

I SEE DEMISEXUAL BEING USED A LOT RECENTLY TOO.

SOMEONE WHO IS DEMISEXUAL PROBABLY MEANS THAT THEY EXPERIENCE SEXUAL ATTRACTION ONLY AFTER FORMING AN INTIMATE BOND OR SOMETIMES PEOPLE TALK ABOUT FORMING SOME TYPE OF AN INTELLECTUAL BOND MIGHT LEAD THEM TO FEEL MORE INTERESTED IN AND/OR ATTRACTED TO SOMEBODY SEXUALLY.

I THINK IT'S ALSO REALLY IMPORTANT TO POINT OUT THAT SOMEONE WHO IDENTIFIES AS ASEXUAL ISN'T NECESSARILY EXPERIENCING A SEXUAL DYSFUNCTION.

SO THIS IDENTITY IS DIFFERENT FROM PATHOLOGY.

A TERM THAT I USED WHILE DOING RESEARCH FOR THE PRESENTATION IS ALLOSEXUAL.

SOMEONE WHO IS ALLOSEXUAL EXPERIENCES SEXUAL ATTRACTION.

THIS TERM IS USED KIND OF LIKE CIS GENDER IS TO SORT OF DECENTRE THE EXPERIENCE OF ASEXUAL PEOPLE.

ALLOSEXUAL WOULD BE ON THE OPPOSITE END OF ASEXUAL SPECTRUM FROM SOMEONE WHO IDENTIFIES AS ASEXUAL.

ASEXUAL FOLKS DO OFTEN TALK ABOUT A ROMANTIC ORIENTATION AND A SEXUAL ORIENTATION.

AND THEY OFTEN TALK ABOUT THESE AS BEING VERY DISTINCT PARTS OF THEIR SEXUALITY.

SOMEONE MIGHT HAVE A ROMANTIC

ORIENTATION MORE TOWARDS PEOPLE OF THEIR OWN GENDER AND SEXUAL ORIENTATION MORE TOWARDS SOMEONE OF THE OTHER GENDER, FOR EXAMPLE.

I REALLY LIKE HOW THIS INFO GRAPHIC HERE JUST GIVES A LITTLE BIT OF INFORMATION ABOUT WHAT ASEXUALITY IS AND IS NOT.

BECAUSE I THINK A LOT OF TIMES THERE'S SOME MISUNDERSTANDING ABOUT THIS.

ASEXUALITY IS NOT FOR EXAMPLE BEING ABSONANT BECAUSE SOMEONE HAD A BAD OR ABUSIVE RELATIONSHIP.

IT'S DIFFERENT THAN CELIBACY AND NOT ABOUT FINDING A PERSON.

ASEXUALITY CAN BE QUITE FLUID.

ASEXUAL PEOPLE MIGHT EXPERIENCE AROUSAL AND ORGASM.

THEY MIGHT DECIDE TO ENGAGE IN MASTURBATION.

SO I HAD MENTIONED BEFORE THE MENTAL HEALTH DISPARITIES THAT EXIST IN THE SEXUAL MINORITY COMMUNITY AND THIS IS KIND OF JUST A BRIEF SUMMARY.

THEY ARE EXTENSIVE AND THEIR RESEARCH IS OFTEN CHANGING.

THESE NUMBERS HERE CAME FROM A META ANALYSIS AND IT'S ALL COMPARED TO HETEROSEXUAL FOLKS.

BUT SEXUAL MINORITY PEOPLE ARE 1.5 TIMES MORE LIKELY TO BE DIAGNOSED WITH DEPRESSION.

THEY ALSO HAVE FAR HIGHER RATES OF SUICIDE ATTEMPTS.

AND THAT ACRONYM THERE SMM, REMEMBER THAT MEANS SEXUAL MINORITY MEN.

SEXUAL MINORITY MEN ARE ACTUALLY AT A MUCH HIGHER RISK OF SUICIDE ATTEMPTS THAN ARE SEXUAL MINORITY WOMEN.

SEXUAL MINORITY FOLKS ALSO HAVE MUCH HIGHER RATES OF ALCOHOL AND OTHER SUBSTANCE USE AND DEPENDENCE DISORDERS.

I WAS ACTUALLY REALLY SURPRISED TO LEARN THAT SEXUAL MINORITY WOMEN ARE AT A PARTICULARLY HIGH RISK FOR ALCOHOL AND OTHER SUBSTANCE USE DISORDERS THAN ARE SEXUAL MINORITY MEN.

SO THE NEXT PART OF MY PRESENTATION IS BASED MOSTLY ON THE BRAND NEW APA GUIDELINES THAT WERE JUST RELEASED IN FEBRUARY.

THE BRAND NEW GUIDELINES FOR WORKING WITH SEXUAL MINORITY PEOPLE.

SO THESE ARE SORT OF MY OWN INTERPRETATION OF THE GUIDELINES.

THESE AREN'T NECESSARILY MY OWN IDEAS.

I HIGHLY RECOMMEND YOU CHECK OUT THE GUIDELINES.

YOU THE DOWN LOAD THEM FROM THE APA WEBSITE.

THEY ARE OUTSTANDING.

I THOUGHT IT COULD BE REALLY USEFUL FOR US TO SPEND SOME TIME GOING THROUGH SOME OF THEM TODAY.

SO THESE GUIDELINES START WITH THE RECOMMENDATION THAT PSYCHOLOGISTS RECOGNIZE THAT PEOPLE HAVE DIVERSE SEXUAL ORIENTATIONS THAT INTERSECT WITH OTHER IDENTITIES AND CONTEXTS.

SO IT'S REALLY IMPORTANT FOR US TO

REMEMBER THAT CULTURE AFFECTS GENDER AND SEXUALITY.

SO MOST RESEARCH ON SEXUAL MINORITY PEOPLE IS CONDUCTED ON WESTERN SAMPLES.

SO THE WAY THAT WE UNDERSTAND AND THINK ABOUT SEXUAL ORIENTATION AND SEXUALITY IN GENERAL IS REALLY SKEWED TO A WESTERN PERSPECTIVE.

LIVING IN CANADA, I THINK IT'S PARTICULARLY IMPORTANT FOR US TO RECOGNIZE THAT A LOT OF INDIGENOUS COMMUNITIES HAVE VERY DIFFERENT WAYS OF UNDERSTANDING GENDER AND SEXUALITY.

AND SO THE WAY THAT WE TEND TO THINK OF IT AND THE WAY THAT RESEARCH TENDS TO MEASURE THESE CONSTRUCTS IS REALLY BASED ON THIS WESTERN CONCEPTUALIZATION.

CULTURE REALLY INFLUENCES HOW SEXUAL IDENTITY IS EXPRESSED AND ENACTED AS WELL, RIGHT?

THERE'S IN SOME CIRCUMSTANCES SOMEONE MIGHT EXPRESS OR ENACT THEIR SEXUALITY IN ONE WAY AND IN OTHER CIRCUMSTANCES

THEY MIGHT EXPRESS OR ENACT IT IN A DIFFERENT WAY.

SOME OTHER CIRCUMSTANCES THAT MIGHT AFFECT HOW SOMEBODY EXPRESSES THEIR SEXUALITY INCLUDE MAYBE IF SOMEONE IS LIVING WITH A DISABILITY, THEY'RE LIVING IN AN URBAN AREA VERSUS A RURAL AREA, POTENTIALLY IF THEY'RE A REFUGEE, OR BASED IN DIFFERENT PARTS OF THEIR LIVES.

TEENAGERS AND OLDER ADULTS MAY EXPRESS OR EXPERIENCE THEIR GENDER AND SEXUALITY IN DIFFERENT WAYS.

MULTIPLE IDENTITIES MIGHT LEAD TO TENSIONS.

SO, FOR EXAMPLE, A SEXUAL MINORITY PERSON OF COLOUR MAY EXPERIENCE MISTREATMENT BY MULTIPLE COMMUNITIES.

SO THIS GOES BACK TO THAT CONCEPT OF INTER SECTIONALTY, HOW EXPERIENCING RACISM AND EXPERIENCING HETERO SEXISM OR HOMOPHOBIA MIGHT INTER ACT WHICH ALSO JUST IMPLIES THAT THE IMPACT OF OPPRESSIVE SYSTEMS MIGHT BE REALLY

DIFFERENT FOR DIFFERENT GROUPS AND IN DIFFERENT SITUATIONS AND ACROSS TIME.

SOMETHING THAT WE CAN DO AS PROVIDERS AND AS MENTAL HEALTH PROFESSIONALS IS TO HELP INCORPORATE EXPLORATIONS OF PRIVILEGE INTO TRAININGS ESPECIALLY WHEN WE'RE WORKING WITH TRAINERS, GRADUATE STUDENTS AND TALKING ABOUT PRIVILEGE AND SPENDING TIME EXPLORING OUR OWN EXPERIENCES WITH PRIVILEGE AND OPPRESSION.

AND THEN WHEN WE'RE WORKING WITH PATIENTS TOO, WE CAN WORK TO BE REALLY INCLUSIVE WITH OUR INTERVENTIONS AND OUR ADVOCACY EFFORTS.

FOR EXAMPLE, SOMETHING THAT COULD BE IMPORTANT IS NOTICING THE KIND OF CLIENTS WHO POTENTIALLY SEEK SERVICES AT YOUR CLINIC IF YOU NOTICE THAT MAYBE THERE ARE SEXUAL MINORITY CLIENTS WHO ARE WHITE WHO ARE SEEKING SERVICES BUT NOT PEOPLE OF COLOUR YOU CAN WORK TO IDENTIFY BARRIERS FOR THEM AND OTHER GROUPS.

ALSO IMPORTANT FOR US TO CONTINUALLY DISTINGUISH SEXUAL ORIENTATION FROM GENDER IDENTITY AND EXPRESSION.

AS I MENTIONED BEFORE, THOUGH, DISTINGUISHING SEXUAL ORIENTATION FROM GENDER IDENTITY IS A VERY WESTERN WAY OF THINKING ABOUT THIS.

NOT ALL CULTURES THINK ABOUT GENDER IDENTITY AND SEXUAL ORIENTATION AS BEING DISTINCT CONSTRUCTS.

HOWEVER, I'LL TALK ABOUT IN A LITTLE BIT OR IN THE NEXT SECTION I WILL TALK ABOUT HOW A LOT OF GENDER MINORITY PEOPLE DO TALK ABOUT OR THEY DO DISCUSS EXPERIENCING MICRO AGGRESSIONS FROM THERAPISTS WHO SEE GENDER IDENTITY AND SEXUAL ORIENTATION OR THEY MAYBE CONFUSE THEM.

SO GENDER MINORITY DOES NOT IMPLY ANY SPECIFIC SEXUAL ORIENTATION.

SO SOMEONE WHO IDENTIFIES AS A GENDER MINORITY MAY IDENTIFY WITH ANY SEXUAL ORIENTATION.

REGARDLESS OF SOMEONE'S SEXUAL

ORIENTATION, THOUGH, GENDER NONCONFORMITY IS REALLY STIGMATIZED IN OUR CULTURE.

IT'S IMPORTANT FOR US AS CLINICIANS TO KEEP THAT IN MIND.

BECAUSE GENDER NONCONFORMITY MAY EXACERBATE STIGMATIZATION AND MAY EXACERBATE DISCRIMINATION.

IT MAY LEAD TO BULLYING OR OTHER TYPES OF DISCRIMINATION EXPERIENCES.

SO IT CAN BE IMPORTANT FOR US TO PROVIDE PSYCHO EDUCATION ON HOW TO CONSTRUCTS ARE DISTINCT BUT ALSO HOW THEY OVERLAP.

IT'S A DIAGRAM.

THERE'S OVER LAP.

MANY FOLKS IDENTIFY BUT NOT ALL OF THEM.

SPENDING TIME TO RECOGNIZE OUR OWN VALUES AND BIASES AS CLINICIANS IS AN IMPORTANT AND CONTINUAL PROCESS.

SO I'M GOING TO COME BACK TO THIS LATER IN THE GENDER MINORITY SECTION, BUT I JUST WANTED TO TALK BRIEFLY AGAIN ABOUT

THE DIFFERENCE BETWEEN GENDER IDENTITY AND OUR EXPRESSION OF GENDER AND WHO WE MAY BE PHYSICALLY, ROMANTICALLY OR SEXUALLY ATTRACTED TO.

I REALLY LIKE THIS INFO GRAPHIC.

IT SHOWS -- IT HAS GENDER IDENTITY AS BEING SOMETHING THAT IS, YOU KNOW, COMING FROM THIS UNICORN'S MIND.

SO IT'S PART OF THE WAY THAT THEY'RE IDENTIFYING.

WHEREAS THEIR PHYSICAL ATTRACTION AND THEN THEIR SEX ASSIGNED AT BIRTH ARE DIFFERENT CONSTRUCTS.

IT'S IMPORTANT FOR PSYCHOLOGISTS WORK TO ACTIVELY AFFIRM BI+IDENTITIES.

REMEMBER I MENTIONED BI+IDENTITIES ARE BISEXUAL AND QUEER AND PANSEXUAL.

BUT IT'S PARTICULARLY IMPORTANT BECAUSE THERE ARE MORE BI+ WOMEN THAN LESBIANS AND GAY MEN AND BISEXUAL MEN COMBINED AT LEAST IN THE U.S.

AND I THINK WHEN WE THINK ABOUT WORKING WITH SEXUAL MINORITY FOLKS WE TEND TO THINK ABOUT WORKING WITH

LESBIANS AND GAY MEN WHEN BISEXUAL PEOPLE FOLKS WITH BI+IDENTITIES MAKE UP MORE THAN HALF OF THE LGB COMMUNITY.

LIKE I MENTIONED BEFORE THERE IS A TREND TOWARDS WOMEN IDENTIFYING MORE OFTEN AS BI+ THAN LESBIAN.

WE MIGHT SEE IN THE COMING YEARS THIS PART OF THE PIE GRAPH OF BISEXUAL ACTUALLY INCREASING.

BISEXUAL FOLKS EXPERIENCE ALARMING MENTAL AND PHYSICAL HEALTH DISPARITIES COMPARED TO LESBIANS AND GAY MEN.

AND ALL OF THESE HAVE BEEN FOUND TO BE ASSOCIATED WITH BINEGATIVETY OR LACK OF SUPPORT.

SO WHAT BINEGATIVETY MEANS, THIS REFERS TO INVISIBILITY, MARGINALIZATION AND STEREO TYPES ASSOCIATED WITH BEING BISEXUAL.

SOME EXAMPLES OF BINEGATIVETY MIGHT INCLUDE STEREO TYPES THAT BISEXUAL PEOPLE JUST ARE REALLY GAY, THEY JUST HAVEN'T CHOSEN AN IDENTITY YET OR THAT THEY'RE LESS LIKELY TO BE MONOGAMOUS IN

A RELATIONSHIP.

THERE'S A LOT OF STEREO TYPES ABOUT BISEXUAL PEOPLE MORE LIKELY TO HAVE STIs.

WHEN I'M DOING TRAININGS THAT ARE INTERACTIVE WHERE I CAN HEAR FROM YOU, IT'S USEFUL AND INTERESTING TO DO AN EXERCISE WHERE WE SORT OF INVESTIGATE AND LIST SOME OF THE STEREO TYPES THAT WE HAVE HEARD OF BISEXUAL PEOPLE.

BECAUSE THESE TYPES OF STEREO TYPES AFFECT BISEXUAL PEOPLE IN THE WAY THEY SEE THEMSELVES AND IN THE RELATIONSHIPS THAT THEY HAVE.

BISEXUAL FOLKS OFTEN TALK ABOUT EXPERIENCING DISCRIMINATION BOTH FROM HETEROSEXUAL PEOPLE AND FROM WITHIN THE LGBT COMMUNITY.

MONOSEXISM IS RELATED TO BY NEGATIVITY.

IT IS SOCIETAL ATTRACTION TO ONE GENDER.

MONOSEXISM IDENTITIES IS HETEROSEXUAL AND ALSO INCLUDE GAY AND

LESBIAN.

ANY TYPE OF IDENTITY THAT CONNOTES ATTRACTION TO ONLY ONE GENDER.

SO THESE HEALTH DISPARITIES WHICH INCLUDE THINGS LIKE SUICIDE, DEPRESSION, BISEXUAL FOLKS ARE FAR MORE LIKELY TO BE DIAGNOSED WITH HEART DISEASE AND HAVE HIGHER RATES OF PTSD, HIGHER RATES OF EATING DISORDERS, AND AGAIN THESE ALL HAVE BEEN FOUND TO STEM FROM BINEGATIVETY AND A LACK OF SUPPORT FROM HETEROSEXUAL AND SEXUAL MINORITY COMMUNITIES.

I ALSO DID WANT TO MENTION THAT ROMANTIC RELATIONSHIPS FOR BISEXUAL PEOPLE CAN OFTEN BE A BIT MORE DIFFICULT IF THEY ARE IN A RELATIONSHIP WITH SOMEONE WHO DOESN'T IDENTIFY AS BISEXUAL BECAUSE OF THESE STEREO TYPES THAT I MENTIONED.

SO SOMETHING THAT WE CAN DO AS CLINICIANS AND AS EDUCATORS IS WORK REALLY HARD TO EDUCATE OTHER PEOPLE ABOUT HOW WE CAN REDUCE BISEXUAL STIGMA

AND HOW WE CAN WORK TO INCREASE AFFIRMATIVE SUPPORT.

SO THIS CAN BE EDUCATING FAMILIES OF OUR BISEXUAL PATIENTS, THIS CAN INCLUDE EDUCATING COMMUNITIES AND WORKING WITH TRAINEES TO HELP THEM UNDERSTAND HOW TO REDUCE BIAS AND INCREASE AFFIRMATIVE SUPPORT.

WE ALL HAVE INTERNALIZED BIAS AGAINST BISEXUALITY.

THIS IS INTERNALIZED BY BISEXUAL AND NON-BISEXUAL FOLKS ALIKE.

WE ALL HAVE BIASES AND WE CAN WORK TO RECOGNIZE THEM AND RECOGNIZE AND REFUTE WHEN WE HEAR OTHER PEOPLE ENGAGING IN OR VERBALIZING THESE KINDS OF STEREOTYPES.

THERE HAS BEEN SOME RESEARCH THAT HAS FOUND THAT TAKING AN AFFIRMING STANCE WHEN YOU'RE WORKING WITH BISEXUAL CLIENTS CAN ACTUALLY REALLY HELP TO REDUCE THEIR SYMPTOMS OF DEPRESSION AND ANXIETY.

SO SOME THINGS THAT YOU CAN DO TO TAKE

AN AFFIRMATIVE STANCE, THIS INCLUDES THINGS LIKE RECOGNIZING THE COURAGE IT TAKES FOR THEM TO TRANSGRESS MONOSEXUAL SOCIETAL NORMS.

SO REMEMBER MONOSEXUAL MEANS PRIVILEGING ATTRACTION TO ONE GENDER.

HELPING TO AFFIRM THAT IN YOUR CLIENTS CAN HELP THEM TO EXPERIENCE LESS DEPRESSION AND ANXIETY.

ALSO IMPORTANT FOR US AS CLINICIANS TO RECOGNIZE THAT BI+ FOLKS TEND TO COME OUT LESS FREQUENTLY ESPECIALLY BI+ MEN.

THE REASON THAT MANY BISEXUAL FOLKS KIND OF KEEP THIS IDENTITY TO THEMSELVES IS BECAUSE OF THE STIGMATIZATION, BECAUSE OF THE STEREOTYPES.

OFTEN TIMES THEY ARE LESS LIKELY TO COME OUT BECAUSE POTENTIALLY OF THE RELATIONSHIP THAT THEY'RE IN.

SOMEONE WHO IDENTIFIES AS BISEXUAL BUT IS POTENTIALLY IN A COMMITTED OR NONCOMMITTED, IF THEY'RE IN A RELATIONSHIP OF SOMEONE WITH THE OTHER

GENDER, THEY'RE OFTEN SEEN OR PERCEIVED AS BEING HETEROSEXUAL.

BISEXUAL MEN EXPERIENCE EVEN MORE STIGMA THAN BISEXUAL WOMEN RELATED TO THEIR BISEXUAL IDENTITY.

THERE'S A LOT OF STIGMA IN THE GAY COMMUNITY AGAINST BISEXUAL MEN WHICH KEEPS THEM OFTEN FROM COMING OUT.

BISEXUAL MEN OFTEN WILL IDENTIFY AS GAY TO KEEP THE BISEXUAL PART OF THEIR IDENTITY TO THEMSELVES.

SO IT CAN BE, AGAIN, PARTICULARLY IMPORTANT FOR US AS CLINICIANS TO ACKNOWLEDGE THESE REALLY UNIQUE MINORITY STRESSORS FACED BY THE BISEXUAL COMMUNITY.

SO IT'S ALSO PARTICULARLY IMPORTANT FOR US AS PSYCHOLOGISTS AND CLINICIANS TO RECOGNIZE THAT MINORITY SEXUAL ORIENTATIONS ARE NOT MENTAL ILLNESSES AND EFFORTS TO CHANGE THEM CAN CAUSE REALLY SIGNIFICANT HARM.

SO I HAVE TALKED A LOT ABOUT HOW THERE ARE SIGNIFICANT DIFFERENCES BETWEEN

SEXUAL MINORITY PEOPLE AND HETEROSEXUALS IN TERMS OF THEIR DIAGNOSES OF MENTAL HEALTH DISORDERS IN TERMS OF SUICIDE RATES, IN TERMS OF SUBSTANCE USE, BUT ANY DIFFERENCES THAT HAS BEEN FOUND, ANY NOTED DIFFERENCE IS ATTRIBUTED TO MINORITY STRESS AND IS NOT ATTRIBUTED TO SEXUAL MINORITY FOLKS BEING INHERENTLY PATHOLOGICAL.

SO I LIKE TO USE THE TERM SEXUAL ORIENTATION CHANGE EFFORTS RATHER THAN THE TERM CONVERSION THERAPY OR REPARATIVE THERAPY BECAUSE THESE TERMS REFERENCE THE TERM THERAPY WHICH I THINK IS INACCURATE AND MISLEADING BECAUSE REPARATIVE THERAPY IS NOT SCIENTIFIC AND IT'S CERTAINLY NOT THERAPEUTIC.

RESEARCH SHOWS THAT SEXUAL ORIENTATION CHANGE EFFORTS CAUSE SIGNIFICANT HARM.

THEY REINFORCE MINORITY STRESS.

THEY CAN OFTEN CREATE FALSE HOPES IN PEOPLE.

SO THEN THE ULTIMATE TREATMENT FAILURES OR THE OFTEN TREATMENT FAILURES BY FOLKS WHO ARE SEEKING OUT THESE SERVICES ARE OFTEN INTERNALIZED THUS FURTHER REINFORCING THE STIGMA IN MINORITY STRESS.

SEXUAL ORIENTATION EFFORTS HAVE BEEN FOUND TO BE ASSOCIATED WITH INCREASED IDENTITY CONFUSION WITH ANXIETY, DISASSOCIATION, DEPRESSION, AND ESPECIALLY WITH SUICIDALITY.

BUT ALSO WITH THINGS LIKE SEXUAL DYSFUNCTION, HIGH RISK BEHAVIOURS SUCH AS ENGAGING IN UNPROTECTED SEX OR SUBSTANCE USE AND A DECREASE SENSE OF SELF WORTH.

SEXUAL ORIENTATION CHANGE EFFORTS HAVE BEEN CONDEMNED BY PROFESSIONAL ORGANIZATIONS OBVIOUSLY CPA, APA, AND MANY, MANY MORE.

AND IT IS ILLEGAL IN ONTARIO FOR PSYCHOLOGISTS TO ENGAGE IN SEXUAL ORIENTATION CHANGE EFFORTS WITH INDIVIDUALS UNDER THE AGE OF 18.

SO THERE ARE SOME EVIDENCE-BASED STRATEGIES THAT PSYCHOLOGISTS CAN ENGAGE IN WITH FOLKS WHO MIGHT BE SEEKING SEXUAL ORIENTATION CHANGE EFFORTS OR WHO MIGHT BE UNCOMFORTABLE WITH THEIR SEXUAL IDENTITY OR THEIR SEXUAL ATTRACTIONS.

SO WE CAN WORK TO PROVIDE ACCEPTANCE AND SUPPORT TO THESE FOLKS.

WE CAN ASSESS FOR MINORITY STRESS, ASK THEM ABOUT THE DISTAL AND PROXIMAL STRESSORS THEY MAY HAVE BEEN EXPERIENCING.

SOMEONE MAYBE WHO HAS EXPERIENCED A LOT OF DISCRIMINATION OR FAMILY REJECTION BECAUSE OF THEIR SEXUAL ORIENTATION MIGHT WISH TO CHANGE THEIR SEXUAL IDENTITY.

CAN WORK TO BUILD ACTIVE COPES SKILLS FOR DEALING WITH THESE TYPES OF DISCRIMINATION, THESE TYPES OF REJECTION.

OFTEN HELPING FOLKS TO INCREASE THEIR SOCIAL CONNECTION AND SUPPORT.

CAN HELP THEM TO FEEL MORE COMFORTABLE WITH THEIR SEXUAL IDENTITY.

AS WELL AS HELPING THEM TO EXPLORE THEIR SEXUALITY, THEIR ATTRACTIONS.

SO I HAVE A HANDFUL OF ETHICAL DILEMMAS THROUGHOUT THE PRESENTATION.

THIS OBVIOUSLY IS A FICTIONALIZED DILEMMA BUT IT IS KIND OF A COMBINATION OF QUITE A FEW PATIENTS THAT I HAVE SEEN OVER THE YEARS.

SO I'M GOING TO READ THE DILEMMA AND THEN WE WILL DO ANOTHER POLL AND THEN I'M JUST KIND OF TALK THROUGH A LITTLE BIT HOW I HANDLE THIS CASE.

THIS IS A CASE OF Mr. S.

Mr. S IS 72.

HE IS WHITE AND HE CAME TO THERAPY FOR TREATMENT FOR DEPRESSION.

HE HAS BEEN MARRIED TO HIS CURRENT WIFE FOR A LONG TIME, 25 YEARS.

BUT HE FEARS THAT HE MIGHT BE GAY.

HE TELLS YOU THAT HE'S HAD SAME SEX FANTASIES SINCE HE WAS REALLY YOUNG AND HE HAS CHEATED ON BOTH OF HIS WIVES WITH

MEN HE MET AT GAY BOOKSTORES OVER THE YEARS.

Mr. S AND HIS WIFE ARE MEMBERS OF THE PENTECOSTAL CHURCH.

HE SHARES WITH YOU THAT HIS RELIGION STRICTLY CONDEMNS HOMOSEXUALITY.

HE HAS TALKED TO HIS PASTOR ABOUT HIS DESIRES AND HAS SHARED WITH HIS PASTOR THE PAST ENCOUNTERS HE HAD WITH MEN.

AND HIS PASTOR STRONGLY ENCOURAGED HIM TO PRAY HARDER IN ORDER TO ERADICATE THE DESIRES.

HE'S WARNED THAT MR. S COULD GO TO HELL FOR HAVING SUCH FANTASIES.

Mr. S DOES TELL YOU THAT HIS RELATIONSHIP WITH HIS WIFE AND WITH HIS RELIGION ARE THE TWO MOST IMPORTANT THINGS IN HIS LIFE.

YET, HE CAN'T ESCAPE THE PULL TOWARDS WHAT HE REFERS TO AS THE GAY LIFESTYLE.

SARAH, CAN WE LAUNCH THE SECOND POLL.

SO WHAT IS KIND OF IMPLIED HERE IS Mr. S DOESN'T COME TO YOU FOR THERAPY SAYING I WANT CONVERSION THERAPY OR I

DON'T WANT TO BE GAY ANYMORE.

BUT HE IS EXPRESSING THAT THE DEPRESSION THAT HE IS SEEKING TREATMENT FOR, HE FEELS THAT IT REALLY DOES STEM FROM THESE DESIRES, FROM THESE SINFUL DESIRES AND THAT THIS TENSION BETWEEN HIS RELIGION AND HIS SEXUAL ATTRACTIONS IS WHAT HE REALLY FEELS IS AT THE ROOT OF HIS DEPRESSION.

IS THE SECOND POLL LAUNCHED?

SARAH, CAN YOU SHOW THE RESULTS.

THE LINK THAT I HAVE DOESN'T SEEM TO BE WORKING.

SO, I SHOULD HAVE CLARIFIED ALSO THAT I HAD SOME LONGER RESPONSE OPTIONS AND WE HAD TO MAKE THEM MUCH SHORTER SO THEY COULD FIT INTO THE BOXES.

SO INFORM HIM OF THE LACK OF EVIDENCE FOR AND POTENTIAL RISKS ASSOCIATED WITH SEXUAL ORIENTATION CHANGE EFFORTS.

THAT'S WHAT THAT ONE MEANS.

WORK TO AFFIRM HIS GAY IDENTITY AND ENCOURAGE HIM TO FIND A COMMUNITY OF OTHER GAY MEN HIS AGE IS THE LONGER

VERSION OF THAT ONE.

HELP HIM TO INTEGRATE THE SEXUAL AND RELIGIOUS IDENTITIES SEEMS TO BE WHAT MOST FOLKS ARE SELECTING.

THEY ARE A FEW PROTOCOLS THAT EXIST FOR THERAPISTS WHO ARE WORKING WITH PEOPLE WHO MAYBE HAVE A SEXUAL IDENTITY OR A SEXUAL ORIENTATION THAT DOES CONFLICT WITH THEIR RELIGIOUS BELIEFS.

SO ALTHOUGH THIS MIGHT BE A REALLY DIFFICULT GOAL FOR THERAPY, INTEGRATING THESE IDENTITIES OR INTEGRATING THESE BELIEFS, THERE IS SOME EVIDENCE THAT THIS CAN WORK FOR SOME FOLKS.

AND THAT IS EXACTLY WHAT I TRIED TO DO WITH Mr. S TOO AND WHAT I HAVE TRIED TO DO WITH MOST OF THE CLIENTS WHO COME TO ME EXPRESSING DISCOMFORT WITH OR A DESIRE TO CHANGE THEIR IDENTITY.

THE OTHER THING THAT I ALWAYS FOUND TO BE THE MOST IMPORTANT WITH SOMETHING LIKE THIS, WITH PATIENTS LIKE THIS IS TO GIVE THEM THE INFORMATION ABOUT THE

LACK OF EVIDENCE FOR AND THE POTENTIAL RISKS ASSOCIATED WITH SEXUAL ORIENTATION CHANGE EFFORTS.

AND JUST TO LET THEM KNOW THAT IT ISN'T SOMETHING THAT IS ETHICAL FOR YOU TO ENGAGE IN AND THE REASONS WHY OR THAT IT HAS BEEN SHOWN TO CAUSE MORE HARM THAN GOOD.

AGAIN, I WISH WE WERE HAVING A MORE INTERACTIVE PRESENTATION SO WE COULD TALK MORE TOGETHER ABOUT THE EXAMPLE.

I THINK IT'S REALLY INTERESTING AND THERE ARE MANY FACETS OF THIS THAT WE COULD DISCUSS MORE.

I THINK THAT I PERSONALLY WOULD NOT WORK TO AFFIRM HIS GAY IDENTITY, BECAUSE HE ISN'T QUITE SURE IF HE'S GAY.

HE'S NOT QUITE USING THAT IDENTITY LABEL.

AND MAYBE HIS BEHAVIOURS INDICATE THAT HE IS BISEXUAL.

PLENTY OF BISEXUAL PEOPLE FIND THEMSELVES VERY HAPPY IN LONG-TERM RELATIONSHIPS WITH SOMEONE OF ONE

PARTICULAR GENDER.

AND ENCOURAGE HIM TO LEAVE THE CHURCH IS NOT SOMETHING THAT I PERSONALLY WOULD DO.

ALTHOUGH IF HE DECIDED TO LEAVE THE CHURCH OBVIOUSLY IT WOULD BE REALLY IMPORTANT FOR US TO SUPPORT HIM THROUGH THAT DECISION.

THE NEXT APA GUIDELINE AS PSYCHOLOGISTS IT'S IMPORTANT FOR US TO RECOGNIZE THE INFLUENCE OF INSTITUTIONAL DISCRIMINATION THAT EXISTS FOR SEXUAL MINORITY PEOPLE.

ANOTHER TERM FOR INSTITUTIONAL DISCRIMINATION IS STRUCTURAL STIGMA.

WHAT STRUCTURAL STIGMA REFERS TO ARE SOCIETAL LEVEL CONDITIONS THAT MAKE IT DIFFICULT FOR SEXUAL MINORITY PEOPLE TO ACCESS OPPORTUNITIES, RESOURCES, AND THAT DISADVANTAGE CERTAIN GROUPS.

SOME EXAMPLES OF STRUCTURAL STIGMA OR INSTITUTIONAL DISCRIMINATION ARE THINKS LIKE LAWS, POLICIES, BATHROOM BILLS, LAWS THAT MAKE THINGS LIKE BEING

HOMOSEXUAL OR GAY MARRIAGE ARE STRUCTURAL STIGMA.

AND LGB INSTITUTIONAL DISCRIMINATION OR SEXUAL MINORITY INSTITUTIONAL DISCRIMINATION HAS BEEN FOUND TO BE ASSOCIATED WITH ANXIETY, DEPRESSION, SUICIDE RATES, POVERTY, INCARCERATION, SUBSTANCE USE.

THERE'S A LOT OF EVIDENCE THAT PLACES WHERE THERE ARE -- WHERE THERE'S MORE INSTITUTIONAL DISCRIMINATION THAT THERE ARE HIGHER RATES OF THINGS LIKE TEEN SUICIDE.

IN FACT, WHEN GAY MARRIAGE WAS LEGALIZED, THERE WAS A SIGNIFICANT REDUCTION IN ADOLESCENT SUICIDE ATTEMPTS PARTICULARLY IN THE STATES WHERE IT WAS LEGALIZED BEFORE IT BECAME FEDERAL LAW IN THE UNITED STATES.

THE PREVALENCE OF PSYCHIATRIC DISORDERS AMONG SEXUAL MINORITY PEOPLE IS SIGNIFICANTLY LOWER IN STATES IN THE UNITED STATES AGAIN I WANT TO CLARIFY WITH HATE CRIME STATUTES.

WHERE HATE CRIMES AGAINST SEXUAL MINORITY PEOPLE ARE ILLEGAL.

SO THINGS LIKE THIS, THESE TYPES OF STIGMA, ALTHOUGH IT'S, YOU KNOW, MAYBE NOT SOMETHING THAT IS RECOGNIZED OR DISCUSSED ON A DAILY BASIS HAS SIGNIFICANT IMPACTS ON THE MENTAL AND PHYSICAL HEALTH OF SEXUAL MINORITY PEOPLE.

SO SOMETHING THAT WE CAN DO AS CLINICIANS IS TO HELP PATIENTS TO POTENTIALLY RECOGNIZE THE CONNECTION BETWEEN THESE BARRIERS AND SOME OF THE MENTAL HEALTH CONSEQUENCES THEY'RE EXPERIENCING.

AS WELL AS TO MAKE SURE THAT WE DON'T MINIMIZE THE HARM WHEN SOMEONE DOES COME TO US EXPRESSING SOME EXPERIENCES THEY MAY HAVE HAD WITH INSTITUTIONAL DISCRIMINATION.

BUT A LOT OF PATIENTS MIGHT NOT ACTUALLY SEE THE CONNECTION AND THEY MIGHT THINK IT'S INAPPROPRIATE TO BRING IT UP OR THEY MIGHT FEEL LIKE THEY ARE

PLACING BLAME ON AN OUT SIDE SOURCE FOR SOME OF THE MENTAL HEALTH STRUGGLES THAT THEY'RE HAVING.

THERE ARE A LOT OF WAYS THAT WE AS PSYCHOLOGISTS CAN ADVOCATE FOR LAWS AND POLICIES THAT PROTECT SEXUAL MINORITY FOLKS.

SOME THINGS THAT YOU CAN DO IN THE WORKPLACE ARE MAKE SURE THAT YOUR PAPER WORK IS MORE INCLUSIVE, FOR EXAMPLE, IN TAKE PAPER WORK, HAVING INCLUSIVE LANGUAGE ON YOUR PRINT MATERIAL THAT DOESN'T REFLECT HETERO SEXIST BIASES, AND ALLOWING A PLACE FOR OPEN ENDED RESPONSE FOR SOMEONE'S GENDER IDENTITY OR NOT USING TERMS LIKE MOTHER, FATHER, HUSBAND, WIFE.

SOMETHING YOU CAN DO IN SUPERVISION AND TEACHERS IS TO GIVE READING ASSIGNMENTS AND CASE EXAMPLES THAT ARE MORE INCLUSIVE.

MAYBE READING ASSIGNMENTS THAT WERE AUTHORED BY A SEXUAL MINORITY PERSON OF COLOUR OR USING CASE EXAMPLES OF PEOPLE

THAT ARE IN MAYBE DIVERSE RELATIONSHIPS.

PSYCHOLOGISTS CAN ALSO WORK TO UNDERSTAND THE INFLUENCE OF DISTAL MINORITY STRESSORS OR SEXUAL MINORITY FOLKS.

REMEMBER I STATED BEFORE THAT DISTAL STRESSORS ARE THINGS THAT HAPPEN OUTSIDE OF THE INDIVIDUAL, THINGS LIKE DISCRIMINATION, VICTIMIZATION, OVERT HOSTILITY, EVEN THINGS LIKE ASSAULTS, RELATIONSHIP VIOLENCE, PARENTAL PHYSICAL ABUSE.

SO SEXUAL MINORITY PEOPLE DO REPORT EXPERIENCING A LOT MORE DISTAL STRESSORS, THINGS LIKE DISCRIMINATION AND VIOLENCE IN PARTICULAR MUCH HIGHER RATES THAN HETEROSEXUAL PEOPLE.

AND BISEXUAL FOLKS EXPERIENCE MORE VICTIMIZATION EVEN THAN GAY AND LESBIAN FOLKS.

SO BISEXUAL PEOPLE REPORT FAR HIGHER RATES OF SEXUAL ASSAULT VICTIMIZATION RELATIONSHIP VIOLENCE.

ALSO SEXUAL MINORITY PEOPLE OF COLOUR EXPERIENCE EVEN MORE VICTIMIZATION THAN THEIR WHITE SEXUAL MINORITY COUNTER PARTS.

SOMETHING THAT WE CAN DO AS CLINICIANS IS TO VALIDATE THE PAIN OF THESE DISTAL STRESSORS WHILE ALSO AGAIN HELPING TO CREATE AWARENESS OF THE SYSTEMIC OPPRESSION THAT THEY -- THAT SEXUAL MINORITY FOLKS ARE EXPERIENCING.

DISTAL STRESSORS ESPECIALLY EXPERIENCES, REPEATED EXPERIENCES WITH DISTAL STRESSORS HAVE BEEN FOUND TO BE ASSOCIATED WITH POORER MENTAL HEALTH, WITH ALCOHOL USE, DISTRESS, HIGHER RATES OF DEPRESSION, AND ALSO SUICIDALITY.

SO SOMETHING THAT WE CAN DO, SOMETHING YOU CAN DO IS TO INTEGRATE THEMES OF TRAUMA INFORMED CARE INTO YOUR WORK WITH SOMEONE WHO MAYBE HAS EXPERIENCED A LOT OF DISCRIMINATION AND VICTIMIZATION BASED ON THEIR SEXUAL IDENTITY.

CUMULATIVE EXPERIENCES OF DISCRIMINATION RELATED TO SEXUAL ORIENTATION THAT DON'T NECESSARILY MEET CRITERIA FOR DSM-5 CRITERIA ON TRAUMA CAN STILL RESULT IN PTSD SYMPTOMS.

SO VERY SIMILAR TO THE RESEARCH THAT'S COMING OUT SHOWING THAT RACIAL MICRO AGGRESSIONS, VICTIMIZATION, AND DISCRIMINATION, ALTHOUGH THE EXPERIENCES MIGHT NOT ALWAYS MEET CRITERIA FOR -- MIGHT NOT ALWAYS BE A CRITERIA ON ATRAUMA, THEY CAN STILL OFTEN RESULT IN AND LEAD TO PTSD SYMPTOMS.

EXAMINING OUR OWN HETEROSEXUAL ATTITUDES AND HETEROSEXIST BIASES CAN SERVE THE CLIENTS WELL TO AVOID SEXUAL AGGRESSIONS OF IDENTITY AND BECOME COMFORTABLE USING INCLUSIVE LANGUAGE WITH PATIENTS AND WORK TOWARDS AVOIDING HETERO NORMATIVE AND MONO SEXIST ASSUMPTIONS.

AND JUST STRIVING TOWARDS CULTURAL

HUMILITY.

SO I HAVE ANOTHER ETHICAL DILEMMA.

THIS ONE I GOT FROM AN ETHICS TEXTBOOK.

I REALLY LIKE THIS EXAMPLE.

SO YOU ARE A CLINICAL SUPERVISOR.

YOU'RE WORKING IN A UNIVERSITY COUNSELLING CENTRE.

YOU'RE SUPERVISING A GRADUATE STUDENT.

HER NAME IS JOSIE.

SHE'S CANADIAN BORN AND IDENTIFIES AS CHRISTIAN AND IDENTIFIED AS NIGERIAN IMMIGRANTS.

SHE'S BEEN WORKING WITH C.J. A GAY MALE IMMIGRANT FROM MALAYSIA AND HE'S HERE IN CANADA ON A SOCCER SCHOLARSHIP.

HE WAS ESPECIALLY INTERESTED IN ATTENDING COLLEGE OUTSIDE OF MALAYSIA TO ESCAPE HIS MUSLIM FAMILIAL PRESSURES TO MARRY.

HE PRESENTS FOR TREATMENT WITH SYMPTOMS OF DEPRESSION AND PROBLEMATIC ALCOHOL USE.

THIS IS THE SECOND SEMESTER OF COLLEGE FOR HIM.

HE'S REALLY STRUGGLING IN THE CLASSES.

HE'S STRUGGLING TO FOCUS IN CLASS AND STAY ON TOP OF THE COURSE WORK.

A FEW MONTHS INTO TREATMENT, HOWEVER, C.J. DOESN'T APPEAR TO BE MAKING A LOT OF PROGRESS.

SO YOU ASK JOSIE ABOUT THE ROLE SHE SEES C.J.'S GAY IDENTITY PLAYING INTO THE CASE CONCEPTUALIZATION AND TREATMENT PLAN FOR HIM.

JOSIE SHARES WITH YOU SHE NEVER ACTUALLY ASKED HIM ABOUT SEXUALITY BECAUSE SHE DIDN'T WANT TO MAKE HIM FEEL ASHAMED WHILE SEEKING TREATMENT AS SHE KNEW BEING GAY WAS FORBIDDEN IN HIS CULTURE AS IT WAS IN HERS.

SHE DOESN'T KNOW IF HE IS GAY.

HE HASN'T COME OUT AND SAID THAT.

IT IS PART OF THE INTAKE REFERRAL AND MATERIALS.

IT IS SOMETHING SHE KNOWS ABOUT HIM.

CAN WE LAUNCH THE THIRD POLL, PLEASE.

SO AGAIN THE POLL IS GOING TO SHOW SOME SHORTENED VERSIONS OF THE CHOICES.

WHAT DO YOU DO AS JOSIE'S SUPERVISOR?

DO YOU TRANSFER C.J. TO CLINICIAN WITH MORE EXPERIENCE WORKING WITH LGBT CLIENTS BECAUSE C.J.'S CARE IS YOUR TOP PRIORITY?

DO YOU BE HELP HER BE MORE COMFORTABLE AND KNOWLEDGABLE IN THE LGBT ISSUES IN THE HOPES TO IMPROVE THE CARE SHE'S PROVIDING C.J. BECAUSE HER TRAINING IS YOUR TOP PRIORITY?

DO YOU C DIRECTLY CHALLENGE JOSIE ABOUT HER BIASES AND EXPRESS CONCERNS ABOUT HER ABILITY TO PROVIDE OPTIMAL CARE TO THE CLIENT?

IN THE EXAMPLE IN THE TEXTBOOK, THE SUPERVISOR DOES CHOOSE TO HELP JOSIE INCREASE HER COMFORT AND KNOWLEDGE.

AND WHAT ENDS UP HAPPENING IN THIS EXAMPLE IS THAT JOSIE BECOMES QUITE DEFENCIVE AND SHE ACTUALLY ISN'T INTERESTED IN INCREASING HER COMFORT

AND KNOWLEDGE.

SO THE SUPERVISOR DOES ULTIMATELY HAVE TO TRANSFER C.J. TO ANOTHER CLINICIAN.

AGAIN, THIS IS OBVIOUSLY A FICTIONALIZED EXAMPLE.

BUT I AGREE THAT IT WOULD BE IN MY OPINION EXACTLY THAT'S WHAT I WOULD WANT TO DO TOO IS HELP JOSIE INCREASE HER COMFORT AND KNOWLEDGE.

A LOT OF TIMES INFORMATION ABOUT WORKING WITH SEXUAL MINORITY FOLKS IS NOT NECESSARILY COVERED IN GRADUATE SCHOOL.

AND IF IT ISN'T COVERED YOU HAD DIRECT EXPERIENCE IN YOUR LIFE, IT MIGHT NOT BE SOMETHING THAT STUDENTS ARE NECESSARILY FEELING COMFORTABLE WITH.

PSYCHOLOGISTS CAN ALSO WORK TO RECOGNIZE THE INFLUENCE OF PROXIMAL MINORITY STRESSORS ON THEIR SEXUAL MINORITY CLIENTS.

SO REMEMBER AGAIN THAT PROXIMAL MINORITY STRESSORS ARE THINGS THAT ARE

INTERNAL.

SO THINGS LIKE INTERNALIZED HETERO SEXISM OR INTERNALIZED BY NEGATIVITY, EXPECTATIONS OF REJECTION IS ONE WE TALKED ABOUT, IDENTITY CONCEALMENT.

SO THESE PROXIMAL STRESSORS CAN BE TRIGGERED BY OR MAYBE THE RESULT OF DISTAL STRESSORS.

SO THIS AGAIN IS A BIT OF A COMPLICATED MODEL HERE.

WHAT THIS MODEL SHOWS IS THAT DISTAL STRESSORS SO THINGS LIKE VICTIMIZATION OR DISCRIMINATION OFTEN LEAD TO PROXIMAL STRESSORS OR THINGS LIKE DIFFICULTY WE MOTION REGULATION, INTERNALIZED HETERO SEXISM, NEGATIVE SELF TALK AND THESE SERVE AS THE MECHANISM THROUGH WHICH DISTAL STRESSORS THEN NEGATIVELY IMPACT MENTAL AND PHYSICAL HEALTH.

KIND OF THE MAIN TAKE AWAY FROM THIS MODEL IS THAT AS PSYCHOLOGISTS IT MIGHT BE DIFFICULT IF NOT AT TIMES IMPOSSIBLE FOR US TO INTERVENE AT THE DISTAL

STRESSOR LEVEL, RIGHT, IT MIGHT BE REALLY DIFFICULT FOR US TO HELP OUR PATIENTS TO EXPERIENCE LESS REJECTION OR LESS DISCRIMINATION.

BUT WE CAN INTERVENE HERE IN THIS MIDDLE PART.

WE CAN HELP FOLKS TO, FOR EXAMPLE, ENHANCE THEIR ADAPTIVE COPING STRATEGIES, DEVELOP SELF EFFICACY, WORK TOWARDS MORE ASSERTIVE COMMUNICATION, ENGAGE IN HEALTH PROMOTION BEHAVIOURS, POTENTIALLY DECREASE SELF CRITICISM, ASSIST WITH RUMINATION TENANCIES AND THINGS THAT RESEARCH HAS SHOWN TENDS TO LEAD TO HIGHER RATES OF PSYCHO PATHOLOGY AMONG SEXUAL MINORITY FOLKS.

THE PSYCHO PATHOLOGY PART OF THE MODEL HAS ACTUALLY REALLY GREATLY EXPANDED SINCE THIS MODEL WAS PUBLISHED IN 2009.

SO WE NOW KNOW THAT THIS INCLUDES ALL SORTS OF BEHAVIOURIAL HEALTH THINGS.

SEXUAL RISK TAKING, RELATIONSHIP VIOLENCE, AND ALSO PHYSICAL HEALTH.

SO EVEN THINGS LIKE HEALTHY EATING, EXERCISE, CHRONIC PAIN, SLEEP PROBLEMS.

SOMETHING WE CAN DO AS CLINICIANS IS EDUCATE OUR SEXUAL MINORITY PATIENTS ON THE IMPACT OF THESE PROXIMAL STRESSORS, VALIDATE THAT THEY'RE REAL EXPERIENCES.

I DO ALSO WANT TO TOUCH ON DECISIONS AROUND IDENTITY DISCLOSURE AND CONCEALMENT BECAUSE BOTH THIS MODEL AND THE MINORITY STRESS MODEL DO IDENTIFY IDENTITY CONCEALMENT AND NOT BEING OUT AS SOMETHING THAT IS OFTEN RELATED TO PSYCHO PATHOLOGY OR THAT OFTEN CAUSES PEOPLE EMOTIONAL DISTRESS AND DISCOMFORT.

IT'S IMPORTANT THOUGH TO RECOGNIZE THAT IDENTITY CONCEALMENT CAN OFTEN BE ADAPTIVE AND SOMETIMES IT CAN KEEP PATIENTS FROM HARM.

SO WHEN YOU ARE WORKING WITH SOMEONE WHO MAYBE POTENTIALLY ISN'T OUT ABOUT THEIR SEXUAL OR GENDER IDENTITY, YOU

CAN HELP THEM TO EXPLORE THEIR RISKS AND BENEFITS OF MAYBE WHEN THEY WANT TO DISCLOSE OR WHEN IT MIGHT BE MORE SAFE FOR THEM TO CONCEAL THAT PART OF THEIR IDENTITY.

THIS IS ANOTHER INSTANCE WHEN HELPING SOMEONE TO FIND CONNECTION WITH AFFIRMING COMMUNITIES CAN HELP THEM TO POTENTIALLY HAVE SOMEWHERE WHERE THEY CAN SAFELY BE OUT IN THEIR LIFE EVEN IF THEY DO FIND THAT THEY NEED TO CONCEAL THEIR IDENTITY IN OTHER PARTS OF THEIR LIFE.

SO I'VE BEEN TALKING A LOT TODAY ABOUT MANY OF THE NEGATIVE ASPECTS OF BEING SEXUAL MINORITY OR A LOT OF REPERCUSSIONS THAT SEXUAL MINORITY EXPERIENCE AND IT'S IMPORTANT AS MENTAL HEALTH PROFESSIONALS TO RECOGNIZE THE POSITIVE ASPECTS.

RESILIENCE IS MORE THAN JUST COPING SKILLS.

WHAT THAT MEANS IS RESILIENCE IS ASSOCIATED WITH THINGS LIKE BELONGING

TO A COMMUNITY OR FOR A LOT OF SEXUAL MINORITY FOLKS IT'S CREATING A FAMILY OF CHOICE.

BEING ABLE TO MAKE THEIR OWN DECISIONS AND CREATE THEIR OWN COMMUNITY OF SUPPORT.

ALSO SERVING AS A POSITIVE ROLE MODEL.

THINGS LIKE ENGAGING IN SOCIAL JUSTICE AND ACTIVISM, SPENDING TIME EXPLORING SEXUALITY AND RELATIONSHIPS, THESE ARE ALL ASSOCIATED.

THEY HAVE ALL BEEN FOUND TO REALLY MITIGATE THE EFFECTS OF MINORITY STRESS FOR SEXUAL MINORITY FOLKS.

OTHER EXAMPLES IS POSITIVE SPIRITUALITY.

TREATING OTHERS EQUITABLY AND EVEN BEING CREATIVE.

SO MULTIPLE MARGINALIZED IDENTITIES CAN LEAD TO REALLY UNIQUE STRENGTHS.

SO THIS CAN INCLUDE POTENTIALLY THERE'S BEEN SOME RESEARCH THAT FOUND THAT SEXUAL MINORITY PEOPLE OF COLOUR OFTEN REPORT THAT THEY FEEL BETTER ABLE

TO MAYBE SEE AND UNDERSTAND AND VALIDATE DIFFERING VIEWPOINTS OR THEY ARE MAYBE ABLE TO FEEL MORE COMFORTABLE DEFINING TRADITIONAL IDENTITY CATEGORIES.

THEY OFTEN FEEL MUCH MORE CURIOUS ABOUT AND COMFORTABLE WITH OTHER PEOPLE WHO ARE DIFFERENT FROM THEMSELVES OR MAYBE THEY FEEL THAT THEY HAVE HAD THE EXPERIENCE, THE OPPORTUNITY TO INCREASE EMPATHY TOWARDS OTHER PEOPLE.

SO AS CLINICIANS WE REALLY CAN UTILIZE A STRENGTHS-BASED APPROACH WHILE ALSO ACKNOWLEDGING THE EFFECTS OF MARGINALIZATION.

DISCUSSING SOMETHING LIKE ENGAGING IN ADVOCACY OR HELPING PATIENTS FIND WAYS TO GET INVOLVED IN ACTIVISM, THESE ARE ALSO BEEN FOUND TO HELP FOLKS MITIGATE THE EXPERIENCE OF MINORITY STRESS, TO HELP DECREASE THEIR SYMPTOMS OF ANXIETY AND DEPRESSION.

WHEN WE CAN HELP OUR PATIENTS TO DEVELOP SKILLS TO INTERROGATE THE

SYSTEMS OF OPPRESSION.

WHEN I SAY INTERROGATE I MEAN TO RECOGNIZE AND QUESTION AND SPEND TIME EVALUATING AND TO MAYBE SPEND SOME TIME IN THERAPY INVESTIGATING HOW THESE VARIOUS SYSTEMS OF OPPRESSION HAVE IMPACTED THEIR LIVES, THEIR EXPERIENCES, AND THEIR OWN MENTAL HEALTH.

AND I MENTIONED THIS BEFORE, BUT SOMETHING ELSE THAT WE CAN DO AS CLINICIANS IS TO STRIVE TO ADVOCATE FOR OUR PATIENTS AND TO CREATE SPACES WHERE SEXUAL MINORITY FOLKS MAY HAVE HISTORICAL BEEN MARGINALIZED PERHAPS IN OUR OWN CLINICS.

IT'S ALSO IMPORTANT FOR US AS PSYCHOLOGISTS TO UNDERSTAND AND RESPECT DIVERSE RELATIONSHIPS AMONG SEXUAL MINORITY PEOPLE.

SO EXPERIENCES WITH DISCRIMINATION, NEGATIVE STEREO TYPES, PREJUDICE.

THESE ARE ALL ASSOCIATED WITH NEGATIVELY IMPACTING RELATIONSHIP

FUNCTION AND QUALITY.

INTERNALIZED STIGMA MORE INTERNALIZED HETERO SEXISM HAS BEEN FOUND TO BE RELATED TO POOR RELATIONSHIP FUNCTIONING.

AND DEPRESSIVE SYMPTOMOLOGY MEET UNITED STATES THE RELATIONSHIP BETWEEN INTERNALIZED HETERO SEXISM AND RELATIONSHIP QUALITY.

WHAT THIS MEANS IS SOMEONE WHO EXPERIENCES MORE INTERNALIZED HETERO SEXISM AS WELL AS THIS IS TO EXPRESS SOCIETY -- AND THESE OUTSIDE FACTORS OUTSIDE OF THE COUPLE IN THE RELATIONSHIP TEND TO IMPACT THE WAY THAT THE RELATIONSHIP FUNCTIONS.

AGAIN, THIS IS PARTICULARLY THE CASE AMONG FOLKS WITH BI+IDENTITIES AS THEY FACE UNIQUE RELATIONSHIP CHALLENGES AND STRESSORS.

AGAIN, THEY ALSO EXPERIENCE ERASURE WITHIN THE CONTEXT OF THE ROMANTIC RELATIONSHIP.

BY ERASURE IF THEY HOLD BI+OR BISEXUAL

IDENTITY THAT FOLKS OFTEN PERCEIVE THEM TO BE EITHER GAY OR STRAIGHT BASED ON THE RELATIONSHIP THEY'RE IN.

SO I DO WANT TO TOUCH JUST BRIEFLY ON CONSENSUAL NON-MONOGAMY OR POLYMERY.

IT IS NOT MORE COMMON AMONG SEXUAL AND GENDER MINORITY FOLKS OVER ALL.

IT IS MORE COMMON AMONG SEXUAL MINORITY MEN'S RELATIONSHIPS THAN IT IS AMONG HETEROSEXUAL MEN.

BUT AMONG SEXUAL AND GENDER MINORITIES OVER ALL, IT IS NOT MORE COMMON.

HOWEVER, IT'S REALLY IMPORTANT FOR US TO RECOGNIZE THAT MANY HEALTH CARE AND MEDICAL PROFESSIONALS DO HOLD STIGMATIZING VIEWS OR JUST INACCURATE INFORMATION ABOUT CONSENSUAL NON-MONOGAMY OR OTHER THINGS THAT ARE COMMON AMONG GENDER AND SEXUAL MINORITY FOLKS.

THIS IS UNDERSTANDABLE.

A LOT OF HEALTH CARE PROFESSIONALS INCLUDING MANY PSYCHOLOGISTS HOLD

STIGMATIZING VIEWS TOWARDS THESE THINGS POTENTIALLY BECAUSE THEY DON'T FULLY UNDERSTAND THEM OR DON'T HAVE A LOT OF INFORMATION ABOUT IT.

SO IT'S REALLY NORMAL TO HAVE THESE ASSUMPTIONS, THESE INTERNALIZED ASSUMPTIONS AS PROVIDERS.

IT'S REALLY IMPORTANT FOR US TO TAKE TIME TO REFLECT ON THEM.

ESPECIALLY BY SEEKING ADDITIONAL TRAINING OR BY READING ABOUT IT AND SEEKING OUT ADDITIONAL INFORMATION.

AND AGAIN, MINORITY STRESS DOES OFTEN PLAY A ROLE IN PEOPLE'S DIVERSE FAMILY ARRANGEMENTS.

AND SO IF SEXUAL MINORITY FOLKS OR GENDER MINORITY FOLKS ARE PRESENTING FOR MAYBE COUPLES THERAPY OR FAMILY THERAPY, IT'S IMPORTANT TO REMEMBER THAT THEY OFTEN SEEK THERAPY FOR VARY SIMILAR REASONS TO HETEROSEXUAL OR CIS GENDER FOLKS.

FOR EXAMPLE, THEY MIGHT WANT RELATIONSHIP COUPLES THERAPY TO TALK

MORE ABOUT COMMUNICATION OR TO IMPROVE THEIR SEXUAL SATISFACTION.

THEY ALSO MIGHT BE SEEKING THERAPY FOR REASONS THAT ARE UNIQUE TO THEIR RELATIONSHIP.

PERHAPS THEY'RE SEEKING THERAPY BECAUSE OF CONCERNS RELATED TO BOUNDARIES OR NAVIGATING THE LEGAL SYSTEM.

SOMETHING THAT IS DIRECTLY RELATED TO THEIR RELATIONSHIP EITHER BEING NONMONOGAMOUS OR IDENTIFYING AS SEXUAL MINORITIES.

SO THANK YOU SO MUCH.

WE ARE GOING TO TAKE A TEN-MINUTE BREAK.

WHEN WE COME BACK, WE WILL TALK MORE ABOUT WORKING ETHICALLY WITH GENDER MINORITY FOLKS.