

Dent 534: Behavioral Science II



Monday, March 1, 2021

Topic:

1.2.6. Treating patients from
LGBTQ+ backgrounds

Gay Pride/Rainbow Flag Meaning

- Original Pride flag design was created by Gilbert Baker in 1978 in San Francisco with 8 colors.



- Today's 6 colors stand for:
 - red for life, orange for healing, yellow for sunlight, green for nature, blue for harmony and purple for spirit.

Organizational issues

- **IMPORTANT:** Tomorrow Tuesday during office hour: repeat of Dr. Rickert's **extra credit** presentation - recording
- Use office hour zoom link in CANVAS
- **One more extra credit GTKY:**
- Brandon Horsley & Reid Donakey on March 17th, ?11:00 am to 12:00 pm?: “Understanding members of the Church of Jesus Christ of Latter-day Saints”

Feedback from Week 6 assignment

- According to the study on students' perception of discrimination/sexual harassment, which of the following statements is correct?
 - a. Females' confidence with their classroom-based work decreased by the end of D1 year.
 - b. Females' confidence with their pre-clinical performance work decreased by the end of D1 year.
 - c. Males' confidence with their classroom-based work decreased by the end of D1 year.
 - d. Males' confidence with their pre-clinical performance work decreased by the end of D1 year.
 - e. A and B are correct.

How confident are you:		Male	Female
- with your classroom-based work?	B	3.96	3.58
	E	3.85	3.44
- with your pre-clinic performance?	B	3.38	3.15
	E	3.50	2.69

Feedback from last week

- I think it would be really good to learn exactly how we should approach bringing up the possibility of domestic abuse/assault. **YYYEEESSS**
- I would like to know if there is a way for us to anonymously report sexual harassment at the school
- It's a very common experience as a female dental student for the general public to assume that we are hygiene students, and not dental students. I feel like this is a gendered experience and it's a very frustrating and frankly embarrassing. This is an incredibly relatable experience shared among D1 females. I wish we could talk about this more.
- My group finished assignment 2 already, so is it possible to open up the assignment earlier? Right now it is locked, so my group and I cannot submit the assignment.

NOTE:

- It is important to note that XX and XY are two of many ways sex chromosomes are arranged and expressed. Even on a biological level sex is not binary.
- I really appreciate the discussion on pain as it relates to gender. I worked with a young dentist recently who didn't use topical anesthetic on men!

Most interesting article I read this week:

- Lopez, Hart & Katz: Racial and Ethnic Health Disparities related to COVID-19. JAMA Febr 23, 2021, Vol. 325(8): 719-20.
- Posted in Module 3 on CANVAS

In the news

- New York Times, Saturday, February 27, 2021, p. A13: U.S. Adults identifying as LGBT more often.
- Gallup survey released this week
- In 2017 - 4.5%; 2021: 5.6%
- Backlash against trans persons

Other statistics

- The 2017 Gallup poll showed:
- in 2017: 14.65 million
- includes about 1.4 million people who identify as transgender (0.6% of the US adult population in 2016).
- Millennials (born 1981 to 1996) most likely: 8.2%
- People of color more likely than whites to identify as LGBT (4% of whites vs. 6.1% of Hispanic / 5% of Black / 4.9% of Asian people).
- Low income people are more likely to identify as LGBT than higher income people (6.2% of households making <36K annually vs 3.9% of households making >90K).
- 2016 study by the CDC: 8% of high school students report being LGB (about 1.3 million people).

Why this lecture?

Dental school in the “past” and “now”

- “PAST”
 - 1994: First cultural audit
 - 1995: First LGB panel
 - Around 1998: violence in parking lot
- “NOW”?
 - Alliance for inclusion
 - ?

In our school

- In the past: Alliance for Inclusion:
 - Connections with other LGBTQ+ groups on campus
 - Outreach: example: Affirmation Center
 - Ally training
- National survey of dental schools and dental hygiene programs

Students in our school wrote:

To Me, Supporting Our LGBTQ+ Community Means...

“Understanding and respecting that love is love is LOVE”

“Standing up for what I believe in, and supporting my friends & family :)”

“Treating everybody the same!”

“Appreciating all the beautiful diversity in our world!”

Tolerance + Living with others without judging despite differences”

“Respect, support, thoughtfulness and LOVE”

“Having love for all people from all walks of life!”

“Being visible! Being outspoken! Challenging the norm!”

“PEACE and LOVE”

“We support Y’all!”

“Supporting many of the people who I care about”

“Seeing the community as my equals”

“Fairness, equality - the obvious right thing to do”

“Letting my friends know that they’re welcome and loved in our community”

“I’d want everyone to feel like they belong here”

“Being a supportive, loving, and caring human beings for all other human beings”

“Loving everyone regardless of everything”

“Respect people with different opinions and without judgement”

“Tolerance - Love”

“Supporting family & friends—supporting equal rights for everyone”

“Asking appropriate questions and maintain a judgement free environment”

LGBTQ+ Definitions

- L - Lesbian = Sexual orientation
- G - Gay = Sexual orientation
- B - Bisexual = Sexual orientation
- T - Transgender = Gender identity
- Q - Queer or questioning
- + - to be inclusive:
 - Example: In some American Indian cultures: “Two spirits”

Definitions

- **Sexual orientation** is an enduring pattern of romantic or sexual attraction (or a combination of these) to persons of the opposite sex or gender, the same sex or gender, or to both sexes or more than one gender.
- **Gender identity** refers to an individual's internalized psychological experience of being male or female.
- **Heterosexism:** Acting as if and assuming that everybody is heterosexual

Definitions - continued

- **Transgender** (TG) - person whose gender identity is not fully aligned with sex assigned at birth
- **Gender nonconformity** (NC) refers to the degree to which an individual's appearance, behavior, interests, and subjective self-concept deviate from conventional norms for masculinity / femininity.

Lisa M. Diamond et al., *Handbook of Child Psychology and Development Science*, 7th edition, 2015

Sexual orientation and / vs. gender identity

Sexual orientation:	Gender identity		
	“cis”	Trans	Non-binary+++
Heterosexual			
Homosexual			
Bisexual			
?+			

Treating patients with different sexual orientations

ZOOM:

In past: SPECTRUM CENTER PANEL:
1994-2016

Do we still need a panel?

Is this still a controversial topic?

- A - yes
- B - no

Think about your own life: ZOOM

- How old were you when you realized that you were a boy or girl?
- How old were you when you “knew” to whom you were attracted?
 - A - under 4
 - B - in Kindergarten/elementary school
 - C - middle school
 - D - high school

Statistics: Trans

- It is difficult to determine accurate percentages.
- Massachusetts Behavioral Risk factor Surveillance Survey found that 0.5% of the adult population between 18-64 years identified as TGNC between 2009-2011.
- University of Michigan student survey:
 - 1.6% graduate students
 - 1.4% undergraduate students
- NEW York University Study of first year college students: Higher

LGBTQ around the world

- http://en.wikipedia.org/wiki/LGBT_rights_by_country_or_territory
- 7 countries still have the death penalty for homosexual behavior
- Countries range widely in which percentage of their population is accepting of homosexuality:
 - World Value Survey data: Would you **not** like to have as neighbors:
 - Korea 4% & Netherlands 9% - most positive
 - Turkey 92% & India 91% - most negative

LGBTQ - U.S. Dates:

- 1924 - first US group
- 1948 - Kinsey report
- 1954 - first magazine
- 1958 - first court case won (send magazine through mail)
- 1967 - first US protest
- 1969 - Stonewall
- 1971 - LGBTQO founded at UofM (oldest in country)
- 1973 - APA: no disease
- 1982 - first US state
- 1995 - UofM domestic partnership
- 2015 - Same-sex marriage decision

Historical considerations

- **Before European Christian Gender Roles: Native Americans acknowledged 5 Genders**
 - People who had both female and male characteristics were viewed as gifted by nature, and therefore, able to see both sides of everything.
 - According to Indian Country Today, all native communities acknowledged the following gender roles: “female, male, Two Spirit female, Two Spirit male and transgendered.”

Institute of Medicine Report

- **The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding**
- Released: March 31, 2011
- Type: Consensus Report
- Topics:
 - Select Populations and Health Disparities
 - Biomedical and Health Research
 - Health Services, Coverage, and Access
 - Activity: Lesbian, Gay, Bisexual and Transgender Health Issues and Research Gaps and Opportunities
 - Board: Board on the Health of Select Populations
- **To Access the Report Online and Download the Report Brief, Go To: www.iom.edu/lgbthealth13**

Health disparities by numbers

- Health care utilization is lower
- Substance use is higher:
 - 20-30% abuse substances,
 - 25% abuse alcohol,
 - 25-30% use tobacco.
- Mental Health:
 - 3x more likely to experience depression, anxiety, or other mental health condition.
- Suicide:
 - 3x higher suicide rate;
 - 9x higher for trans and gender nonconforming people;
 - LGBT youth 2-3x more likely to attempt/complete suicide

*Ward et. al. (2013). Sexual Orientation and Health Among U.S. Adults: National Health Interview Survey, 2013. <http://www.cdc.gov/nchs/data/nhsr/nhsr077.pdf>

Consequences of Homophobia and Transphobia on Health Outcomes

- Refusal of care: 8% of LGB, and 27% of transgender individuals reported being refused medical care.
- Negative Interactions:
 - 10% of LGB and 21% of trans respondents reported harsh language used toward them;
 - 11% of LGB and 15% of trans respondents reported that health professionals refused to touch them or used excessive precautions;
 - 12% percent of LGB and 20% of trans respondents reported being blamed for their health status.
- Under-informed doctors:
 - 50% of trans individuals reported having to teach their medical providers the very basics about transgender care.
- Postponed care:
 - Respondents reported when they were sick or injured,
 - many postponed medical care due to discrimination (28%) or inability to afford it (48%).

ORAL HEALTH RESEARCH

- In 2018, Schwartz et al.¹ reported that
 - while oral health exams showed no differences in oral health indicators of gay, bisexual and heterosexual adults,
 - bisexual adults were more likely to rate their oral health unfavorably (41%) than heterosexual adults (27%); and
 - gay men reported “bone loss around teeth” more frequently (35%) than heterosexual (11%) and bisexual (10%) men.
- This was the first and only publication about oral health of gay and bisexual adults in the U.S.

BACKGROUND:

Lack of research in dentistry

- This lack of research might explain why
 - Anderson et al. reported in 2009 that only 13.3% of dental student leaders found their education prepared them well for treating patients from LGB backgrounds²; and
 - Hillenburg et al. found in 2016 that 29% of dental schools did not cover LGBT content.³
- Lack of research and lack of education is likely to result in suboptimal care.
- Are there differences in oral health care utilization?

² Anderson et al., 2009;
³ Hillenburg et al., 2018

BACKGROUND:

Oral Health Care Services Utilization

- **Ohio:** 10% of self reported LGBT adults reported regular dental visits, citing barriers such as cost and fear; 8% of subjects had experienced discrimination.⁴
- **Colorado:** LGBT individuals who went to an LGBT friendly provider were more likely to have seen a dentist in the past six months (61%).⁵
- **Hawaii:** 1 in 3 LGB adults had not visited a dentist in the past year.⁶
- **Wisconsin:** LGB adults were more likely to have not visited a dentist within the past year.⁷

⁴ Jacobson ,2014; ⁵ One Colorado Education Fund 2011

⁶ Hawaii Dept of Health 2017;

⁷ Wisconsin Dept of Health BRFSS:2008-2011

Hannah Jenkins: OBJECTIVES

To determine which % of patients with self-reported gay/lesbian, bisexual and heterosexual orientation in the U.S.

1. had dental insurance coverage,
2. a dental visit during the past year,
3. preventive oral health care, and
4. were in need of oral health care services.

Table 1: Frequencies / percentages of self-reported sexual orientation of male and female respondents to the NHANES (1999-2016)

Self-reported gender	Self-reported sexual orientation			Total
	Gay / lesbian	Bi-sexual	Hetero-sexual	
Male	245 2.0%	184 1.5%	11,942 96.5%	12,371 100.0%
Female	30 1.8%	91 5.6%	1516 92.6%	1,637 100.0%
Combined	275 2.0%	275 2.0%	13,458 96.1%	14,008 100.0%

RESULTS

Objective 1 was to determine which percentages of patients with self-reported gay/lesbian, bisexual and heterosexual orientation in the U.S. had **dental insurance coverage**.

Table 2: Dental insurance coverage

Dental insurance coverage	Self-reported sexual orientation			p
	Gay / lesbian	Bi-sexual	Hetero-sexual	
YES	86%	67%	75%	0.377

RESULTS

Objective 2 was to determine which percentages of patients with self-reported gay/lesbian, bisexual and heterosexual orientation in the U.S. a **dental visit during the past year.**

Gay / lesbian patients were more likely to have had a dental visit during the past six month/year than patients with heterosexual orientation, while patients with **bisexual orientation had the lowest percentages of dental visits.**

Table 3: Last dental visit

WHEN DID YOU LAST VISIT A DENTIST?	SELF-REPORTED SEXUAL ORIENTATION			P
	GAY / LESBIAN	BI-SEXUAL	HETERO-SEXUAL	
6 MONTHS OR LESS:	44.9%	30.5%	35.7%	0.038
LESS THAN 1 YEAR:	21.1%	16.5%	16.3%	
1-2 YEARS:	13.0%	17.5%	13.9%	
NEVER:	0.5%	3.0%	2.6%	

RESULTS

Objective 3 was to determine which percentages of patients with self-reported gay/lesbian, bisexual and heterosexual orientation in the U.S. **had preventive oral health care.**

Gay / lesbian patients were most likely to have had an oral cancer exam.

RESULTS

Objective 4 was to determine which percentages of patients with self-reported gay/lesbian, bisexual and heterosexual orientation in the U.S. were **in need of oral health care services.**

No significant differences between the three groups were found. S T R Y

DISCUSSION

- There is increasing empirical evidence for significant relationships between
 - oral and systemic health (example: periodontal disease and diabetes) and
 - oral and mental health (examples: depression and increased caries risk; eating disorders and oral health consequences).
- Gaining a better understanding of how these relationships unfold in GLBTQ+ communities is crucial.

RISK FACTORS FOR POOR ORAL HEALTH

- **Alcohol consumption** increases the risk of developing
 - oral cancer ³⁻⁵ and
 - periodontal disease.^{6,7}
- **Illicit drug abuse** has negative effects on oral health such as being associated with
 - aggressive caries,
 - periodontitis,

RISK FACTORS FOR POOR ORAL HEALTH - Continued

- Tobacco use has long been documented as a major contributor to
 - oral cancer,
 - periodontal disease / chronic periodontitis,
 - tooth loss,
 - dental caries and
 - precancerous conditions.⁹

Alexandra Horner

OBJECTIVES

The objectives were to compare responses of adults with self-reported heterosexual, homosexual or bisexual orientation concerning their frequencies of

1. alcohol use,
2. drug use and
3. tobacco use and
4. their likelihood of experiencing xerostomia and being diagnosed with periodontitis.

RESULTS

Objective 1 was to compare responses of adults with self-reported heterosexual, homosexual or bisexual orientation concerning their frequencies of **alcohol use.**

- The three groups did not differ in the likelihood to ever drink alcoholic beverages;
- Gay / lesbian respondents drank alcohol on average on more days per week than the other respondents;
- Respondents with bisexual orientation were more likely to ever have 5 or more drinks on a day than the other two groups.

Table 1: Frequency of alcohol use

Alcohol use	Gay / Lesbian	Bi- sexual	Hetero- sexual	p
Had at least 12 alcohol drinks over 1 year:				
Yes	83.9%	80.6%	81.4%	0.552
No	16.1%	19.4%	18.6%	
# of days per week?				
Mean	2.55	2.21	2.24	.044
SD	.71	.87	.87	
Did you ever have 5 or more drinks every day?				
Yes	13.0%	33.7%	24.8%	0.001
No	87.0%	66.3%	75.2%	

RESULTS

Objective 2 was to compare responses of adults with self-reported heterosexual, homosexual or bi-sexual orientation concerning their frequencies of **drug use.**

- Gay and bi-sexual respondents were more likely to ever have used
 - marijuana
 - and cocaine/heroin/methamphetaminethan straight respondents.

Table 2: Frequencies of illicit drug use

Illicit drug use	Gay / Lesbian	Bi-sexual	Hetero-sexual	p
Ever used marijuana or hashish? Yes No	70.1% 29.9%	67.9% 32.1%	58.5% 41.5%	<0.001
Age when first tried marijuana Mean SD	19.19 5.55	16.37 4.63	16.96 4.26	<0.001
Used marijuana every month for a year: Yes No	46.6% 53.4%	66.7% 33.3%	52.9% 47.1%	0.003
Age started regularly using marijuana Mean SD	19.05 5.43	17.67 3.61	17.43 4.39	0.023
Ever used cocaine/heroin/ Methamphetamine: Yes No	27.4% 72.6%	29.6% 70.4%	21.2% 78.8%	0.001
Age first used methamphetamine Mean SD	25.50 9.25	21.19 6.90	22.28 6.80	0.029
Ever been in rehabilitation program: Yes No	7.2% 92.8%	16.5% 83.5%	11.0% 89.0%	0.024
Ever used cocaine or other street drug: Yes No	34.1% 65.9%	57.1% 42.9%	25.9% 74.1%	<0.001

RESULTS

Objective 3 was to compare responses of adults with self-reported heterosexual, homosexual or bi-sexual orientation concerning their frequencies of **tobacco use**.

Gay and bi-sexual respondents were more likely to ever have used e-
cigarettes

Table 3: Tobacco use

Tobacco use	Gay / Lesbian	Bi- sexual	Hetero sexual	p
Does anyone smoke inside home?				
Yes	19.2%	21.7%	21.6%	0.011
No	80.8%	78.3%	78.4%	
Age started smoking cigarettes regularly:				
Mean	17.82	15.77	16.52	0.015
SD	6.65	5.75	5.88	
Average # cigarettes / day during past 30 days				
Mean	9.65	12.64	12.50	0.095
SD	8.62	13.82	10.98	
Ever used an e- cigarette?				
Yes	38.8%	40.3%	24.2%	<0.001
No	61.2%	59.7%	75.8%	

RESULTS

Objective 4 was to compare responses of adults with self-reported heterosexual, homosexual or bi-sexual orientation concerning the likelihood that they experience **xerostomia and are diagnosed with periodontitis.**

- Gay and bi-sexual respondents were more likely
 - to report dryness when eating a meal and
 - gay / lesbian respondents were most likely to be diagnosed with periodontitis.

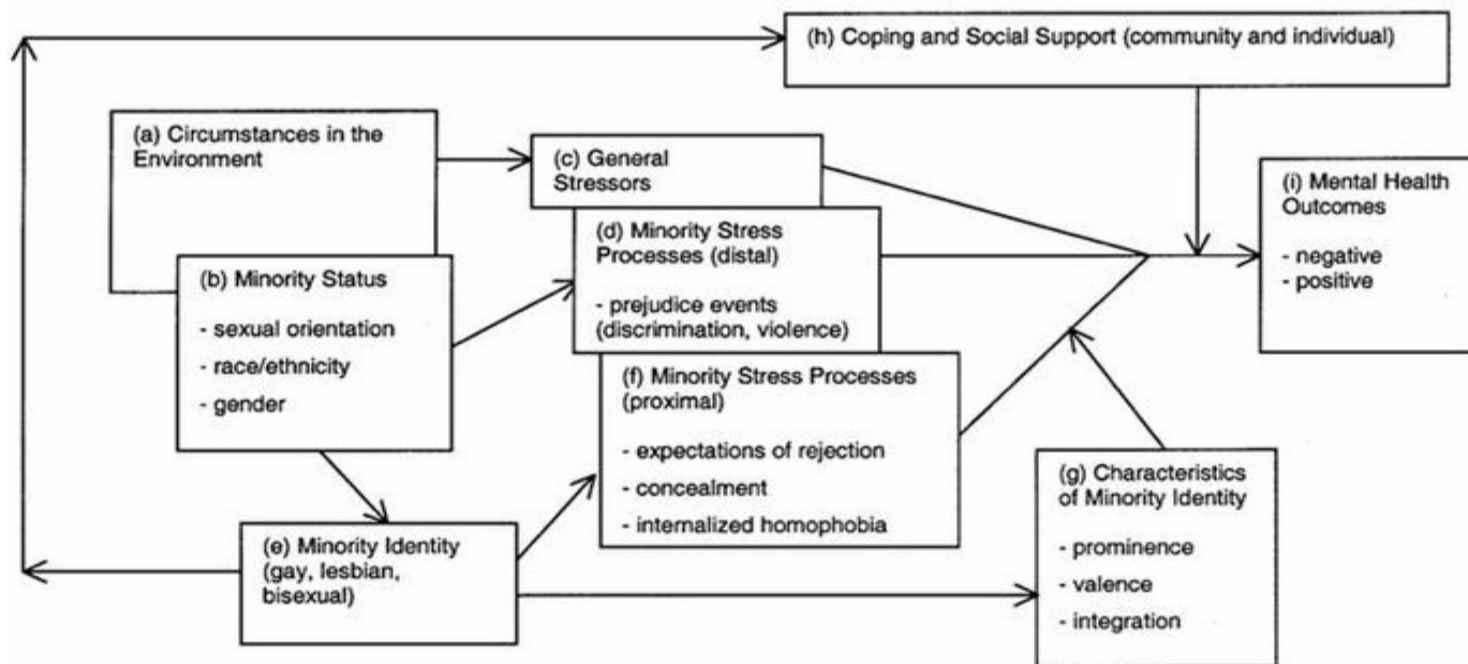
Table 4: Xerostomia related responses and responses related to periodontal disease

Xerostomia related responses	Gay / Lesbian	Bi-sexual	Hetero-sexual	p
Mouth feel dry when eating meal: Yes No	7.3% 92.7%	12.1% 87.9%	4.1% 95.9%	0.047
Sip liquids to aid swallowing foods: Yes No	6.3% 93.8%	20.0% 80.0%	7.2% 92.8%	0.090
Responses related to periodontal disease				
Rate the health of your teeth and gums: Mean (5-point scale: 1 Excellent)	2.79	3.17	3.03	0.003
Ever had treatment for gum disease? Yes No	30.6 69.4	23.5 76.5	23.6 76.4	0.265
Any teeth become loose without an injury: Yes No	18.0 82.0	18.8 81.3	15.8 84.2	0.771
Ever been told of bone loss around teeth? Yes No	23.2 76.8	8.8 91.2	12.1 87.9	0.002

DISCUSSION

- NHANES data provide an opportunity to analyze the frequencies of alcohol, illicit drug and tobacco use - which are risk factors for poor oral health among 18-58 year old adults who self-reported their sexual orientation either as homosexual, bi-sexual or heterosexual.
- The data provided some evidence that
 - gay/lesbian respondents drank alcohol on average on more days per week than the other two groups of respondents.
 - Respondents with bisexual orientation were

Minority Stress & Healthcare Disparities



LGBTQ individuals with multiple oppressed identities experience greater levels of minority stress and additional healthcare disparities.

Check Your Assumptions...

- What attitudes and beliefs do you hold about LGBTQ+ people? How have these changed over time?
- How does the history of your profession influence the training you received in working with LGBTQ+ individuals?
- Where are your “gaps” in knowledge and “blind spots”?
- How does cis-normativity and hetero-normativity show in your interactions with patients?
- How do the intersections of race, class, religion, age, SES status, educational attainment, etc. influence our perceptions of the LGBTQ+ community?

Affirmative Practice vs. Tolerant Practice

Go beyond overt homophobia and transphobia:

- Make LGBTQ people feel safe, welcome, and included.
- Include LGBTQ family members and structures.
- Be familiar with your profession's guidelines for working with LGBTQ individuals and WPATH guidelines.
- Educate yourself about LGBTQ issues and intersections of identity.
- Address systemic issues in your work environment.
- Be open, ask questions, and allow the patient to self-define.
- Become aware of and confront your attitudes around marginalized identities.

Communication

- Be upfront, honest, and clear about the information you need
- Provide reasons why you need the information
- Set the tone of the interaction. Explain procedures, interventions, etc.
- Don't make assumptions about sexual orientation/gender identity based on someone's appearance (or even their sexual behavior)
- Respectfully ask for pronouns
- Ask open-ended questions
- Mirror the terms clients use to describe themselves
- Use inclusive language like “partner” or “spouse”
- Do I need to know this person's gender identity or sexual orientation? Is it clinically relevant information?
- When in doubt about your feelings as they pertain to a patient's situation, refer to your professional code of ethics

Environmentally Inclusive Spaces

- Develop LGBTQ inclusive policies including staff trainings and a non-discrimination statement
- Hold your colleagues accountable for ethical care. File complaints with the ethics board if necessary.
- Have gender inclusive restroom facilities
- Display signs of LGBTQ life:
 - Rainbow sticker on your door, rainbow pin on your lab coat, etc.
 - Include information on your website in a *visible* and *accessible* place
 - Acknowledge relevant days of observance in your practice such as World AIDS Day, LGBT Pride Day, and National Transgender Day of Remembrance

Inclusive Forms and Documentation

- **Examples:**
- **“Relationship Status” instead of “Marital status”**
- **Including options like “partnered”**
- **Providing a write-in category for gender**
- **Use “Parent/Guardian” lines instead of “Mother” and “Father” for pediatric patients**

Some Practice Issues Relevant to the LGBTQ Community

Family planning and reproductive health

Taking a sexual history

Substance abuse

Mental health and suicide prevention

HIV / STIs

Cancer Screening

Gender affirming medical interventions

Writing letters for transition services

Sex work

Elder adult care

Intimate Partner Violence / Sexual Assault

Body Image and eating

Disability status

Immigration, documentation, refugee status

Case discussion

A 22-year-old woman enters the clinic as a first-time patient. She tells the receptionist that she has not seen a physician for over 4 years, and she would like a check-up. She is given an intake form to fill out, on which she reports that her current gender identity is female, and her sex assigned at birth was male. Her first name is Markesha but her identification lists a masculine first name, Mark. While she is waiting to see a physician, she enters the women's restroom. Another patient comes out of the women's restroom and reports to the receptionist that she thinks a man is using the women's restroom. The receptionist sends a medical assistant into the women's restroom to see if there is a problem. The medical assistant returns and says everything is all right. Markesha exits the restroom and sits in the waiting area. A nurse appears with a chart and calls for Mark. Markesha looks around sheepishly. The nurse calls again for Mark. The patient who had reported a man in the women's room laughs derisively. Markesha gets up and goes to the nurse, who takes her to an exam room. Markesha waits nervously for the physician.

Questions:

- 1. How would you handle the restroom-related complaints about a transgender patient from other patients?
- 2. What is the best way to address a patient whose preferred name doesn't match the name on their state-issued identification?
- 3. How would you work with clinic staff to address patients who criticize or harass transgender patients in the waiting room?

Answers

- You could do exactly what the receptionist did, or the site could make sure that all of their restrooms are gender neutral so that other patients do not fixate on the gender of the bathroom and who is in it.
- 2. It's best to always use the preferred name and pronoun that the client writes down on their forms even if their ID does not match. Work to implement a system within the electronic medical record to allow for the recording of—and clear visibility of—preferred name and pronoun, so when the medical assistant calls the name, they are reading the correct name, even if the state ID (with a different name) is needed for payment, insurance purposes, etc. This will make the patient feel more comfortable and let them know that this is a safe space to receive healthcare.
- 3. Most clinics have a policy on how to handle difficult patients. If such a policy is not already operative in the policies and procedures at your site, make sure such a policy is created and adhered to. If you have this on site, you should refer to what it says. With good training, the receptionist could let the patient who made the comment know that, “We don't allow intolerance or bullying in our clinic.” And the receptionist could apologize to the transgender patient for not highlighting her name on the le for the medical assistant.

Educating students and faculty members about care for transgender patients:

Family member related considerations

Outline

- Why information about family members?
- Family members' responses
- Three common (?) themes
- Provider responses

Why talk about family members?

Two reasons:

1. They are your patients - and you might ask them about their trans family member
2. Their responses affect their trans family member's health behavior

Family members come in all shapes and forms

- Families of transgender people are like all families:
 - Parents, siblings, grandparents ...
- They have all kinds of different responses
- at different times in the process

Family members come in all shapes and forms

- Members of these families are like members of all families: They differ in their responses to the world
 - And these responses are amazingly unpredictable
 - They can be positive or negative, supportive or unsupportive

Family members come in all shapes and forms

- **And these responses are not static:**
 - **Time when information is received:**
 - denial / protest / bargaining / anger / grief-depression / acceptance...
 - **Short term processing - these d.. pronouns!**
 - **Long term processing:**
 - it is a journey!
 - life cycle issues
 - social comparisons

But there are: COMMON THEMES

- **THEME 1: WHY IS THIS HAPPENING?**
- **Attributions and their consequences**
 - **Internal (Self-blame) / external attributions**
 - **Stable or unstable**
 - **Acute or chronic**
 - **General or specific**

But there are: COMMON THEMES

- **THEME 2: WHAT DOES THIS MEAN?**
- Search for meaning:
 - For the trans person's life / health / well-being?
 - For me?
 - For other family members?

But there are: COMMON THEMES

- **THEME 3: And then?**
 - Reinterpretation of past - memories / photos
 - Grief
 - Living in the present
 - Going with the flow... Process of adjustment
 - Monitoring for
 - Discrimination
 - Danger

General responses

- **Withdrawal / avoidance**
- **Curiosity**
- **Intended to be supportive?**
 - **Pity**
 - **Intellectualize**
 - **Point to “Jenner”**
 - **“Count your blessings”**

Provider responses - not helpful

- **Withdrawal / avoidance:** No longer asking about the family member.
- **Curiosity:** Using the wrong pronoun to elicit response or ask questions about sexual implications
- **Intended to be supportive**
 - Pity - no need to show pity
 - "Look at what you have to be thankful for."
 - "It's part of God's plan."
 - "It's time to get on with your life."
 - Point to "Jenner" or a movie
 - "Count your blessings"
 - "I know how you feel."

Helpful provider responses

- If you asked before about family member - keep doing it - but with gender neutral pronouns or the correct pronoun
- Ask about their life in general - there is more than trans issue.
- Oral health questions can show general concern: Did your ... find a good dentist there?
- Take clue from patient - be aware of changes over time

Link to Week 7 assignment:

https://umich.qualtrics.com/jfe/form/SV_0UMiza4u6lugtIs

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