



*Optimal Treatment
for Anxiety
& Mental Health*

Considerations for Care of
LGBTQ Service Members and Veterans

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NEITHER RYAN LANDOLL, PHD NOR JESSICA BUNIN, MD HAVE ANY FINANCIAL RELATIONSHIPS WITH COMMERCIAL INTERESTS TO DISCLOSE.

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OBJECTIVES

By the end of this workshop, participants will be able to...

1. Develop awareness of the unique challenges faced by LGBTQIA+ military service members, veterans, and family members.
2. Identify biases and cultural barriers that may impede effective treatment for LGBTQ service members
3. Integrate strategies for addressing cultural barriers in treatment, improving communication and building rapport with military service members and veterans from diverse backgrounds

Agenda

- Considerations from an individual with lived experience
- Considerations from clinician perspectives
- Intersectional considerations

Why does this matter

- Cultural differences are underappreciated
- 7% of service members identify as LGBTQ (17% of servicewomen)
- Unique healthcare concerns - 14% feel healthcare needs are not met (compared to 6% of non-LGBTQ)
- Unique stigma
- Unique fears – hesitant to come out to providers

Sexual and Gender Diversity in the Military

- 1982 – explicit ban of lesbian and gay men from joining the military
- 1993 – “Don’t Ask, Don’t Tell” policy
- 2011 – DADT Repeal
- 2013 – Spousal and Family Benefits extended to same-sex dependents
- 2016 – Ban on Transgender Service Members Lifted
- 2017 – Ban on Transgender Service Members Reinstated
- 2021 – Ban on Transgender Service Members Lifted

Lived experience of Timeline

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Lived experience of Timeline

- Arrived at West Point 1992 (class 10% women)
- DADT 1993
- 1993 – Two gay platoon mates left Academy
- 1994-1996 – Sisters of the Rose, Legal Charges, Conflict within class
- 1996 - Graduated a class of 8% women
- Results
- My personal experience of these years

Questions / Considerations for the Group

- When discussing her college experience, this comes up:
- What questions might you want to ask?
- What conflicts might arise?
- What are some of your thoughts and biases?
- How might you build rapport with this patient?

Lived experience of Timeline

- As bisexual woman
 - 1996 married a man
 - Years of unhappy marriage
 - Depression as a result of hiding identity and marriage
 - Divorce 2003
 - Distrust of providers and medical records
 - Emotionally isolated from peers

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Lived experience of Timeline

- DADT repealed
- Identified as gay / exclusively dated women
- Still fearful of military system
- Still fearful of providers and medical records
- Still isolated from peers / events
- Met the love of my life in 2012

Questions / Considerations for the Group

- What are your thoughts about caring for this patient?
- What questions might you ask?
- How might you build rapport?

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Lived experience of Timeline

- 2013 – DOMA declared unconstitutional
- Military responded immediately
- 2013 – Engaged and married wife
- Disowned by parents
- Ostracized by religious colleagues
- LGBTQ population waited for rug to be pulled out from under us

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Lived experience of Timeline

- Felt like progress but with fits and starts, moments of heartbreak
- Persistent fear of dissolution of marriage
- Daily experience with anti LGBTQ microaggressions
- Persistent fear of hate / hate crimes
- Don't travel to many states with my wife
- Rarely show affection in public

Questions / Considerations for the Group

- What diagnoses are you considering?
- What treatments are you considering?
- What supports / resources might you offer?
- What are your concerns?
- What are your biases?

Dr Landoll:

Clinical experience of caring for LGBTQ population
(with focus on T)

A Second Disclaimer



I carry several intersecting identities of privilege

My lived experience differs in several important ways from populations we are about to discuss

I am likely to make mistakes that reflect my own personal biases

I am committed to reflecting on those mistakes and biases, taking ownership of them, and continuing to work to foster a more inclusive therapeutic practice for the service of all of my patients or clients

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Clinical Experience of Timeline

- No explicit training on unique needs of LGB service members
- Service members themselves have reported and had fear of stigma
- Small caseload included sexual minority individuals, presenting concerns did not address sexual orientation or acculturated stress
- Clinic language did not necessarily reflect changes but broadly fostered support and inclusion – for sexual orientation only

Mark et al., 2019

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Clinical Experience of Timeline

- Some computer based training
- A few “experts” and champions – often geographically separated from care
- Well-intentioned efforts
- Lag between policy change and training
- Disconnect between public communication and policy change
 - E.g., Caregiver leave or convalescent leave for birthing parent?

Mark et al., 2019

What does this mean for service members and veterans?

- At best, treatment from clinicians with limited training and inconsistent policies in both the DoD and VA health systems
- Military-experienced LGBTQ higher rates of HIV and suicide attempts than non-military experienced LGBTQ (on top of higher health risks for LGBTQ youth generally)
- Recent efforts to provide cultural sensitivity training (2022) and promote inclusive language and gender affirming care in clinics (DHA-PI 6025.15 – signed May 2023), evidence of impact has yet to be determined

Blosnich, Gordon, & Fine, 2015

Oblea et al., 2022

Oblea et al., 2023

Rosentel, Hill, Lu, & Barnett, 2016

Questions / Considerations for the Group

- How often do you assess a patient's military status/history?
- How detailed is this assessment?
- What questions does it include?
- How does that inform your care/perception of their lived experience?

Intersectionality and Clinical Care

- Health care disparities persist despite universal access of military health system¹, but stigma is improving in some areas²
- Rank, authority, structure likely to compound other forms of **privilege** in the therapeutic milieu
- Experiences of military culture intersect with other social identities
 - *Complicated by the role of the military in making military identity central*
 - *Complicated by the transition from active duty to veteran*

¹Shafer et al., 2009; ²Ogbeide et al., 2018

How a Clinician Can Respond

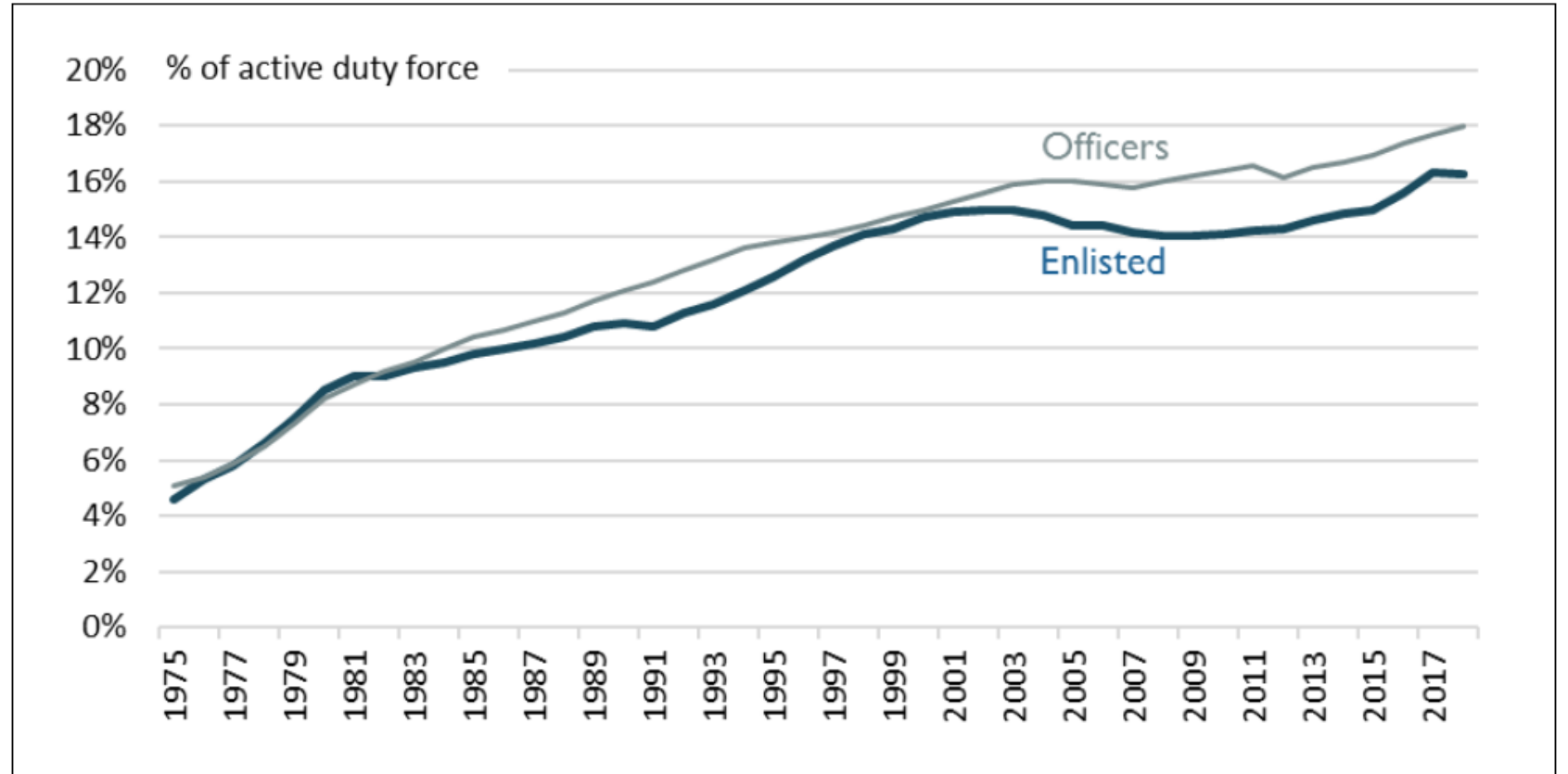
- **Acknowledge** your own privilege
- **Explore** with humility the lived experience of your client
- **Respect** the role of the military in shaping their lived experience
- **Be Aware** of how different identities may shape the military context
- **Articulate** for the client how your experience can be leveraged for their service

Additional Intersecting Considerations

- Gender
- Race / ethnicity
- Religion
- Sexual assault

Gender

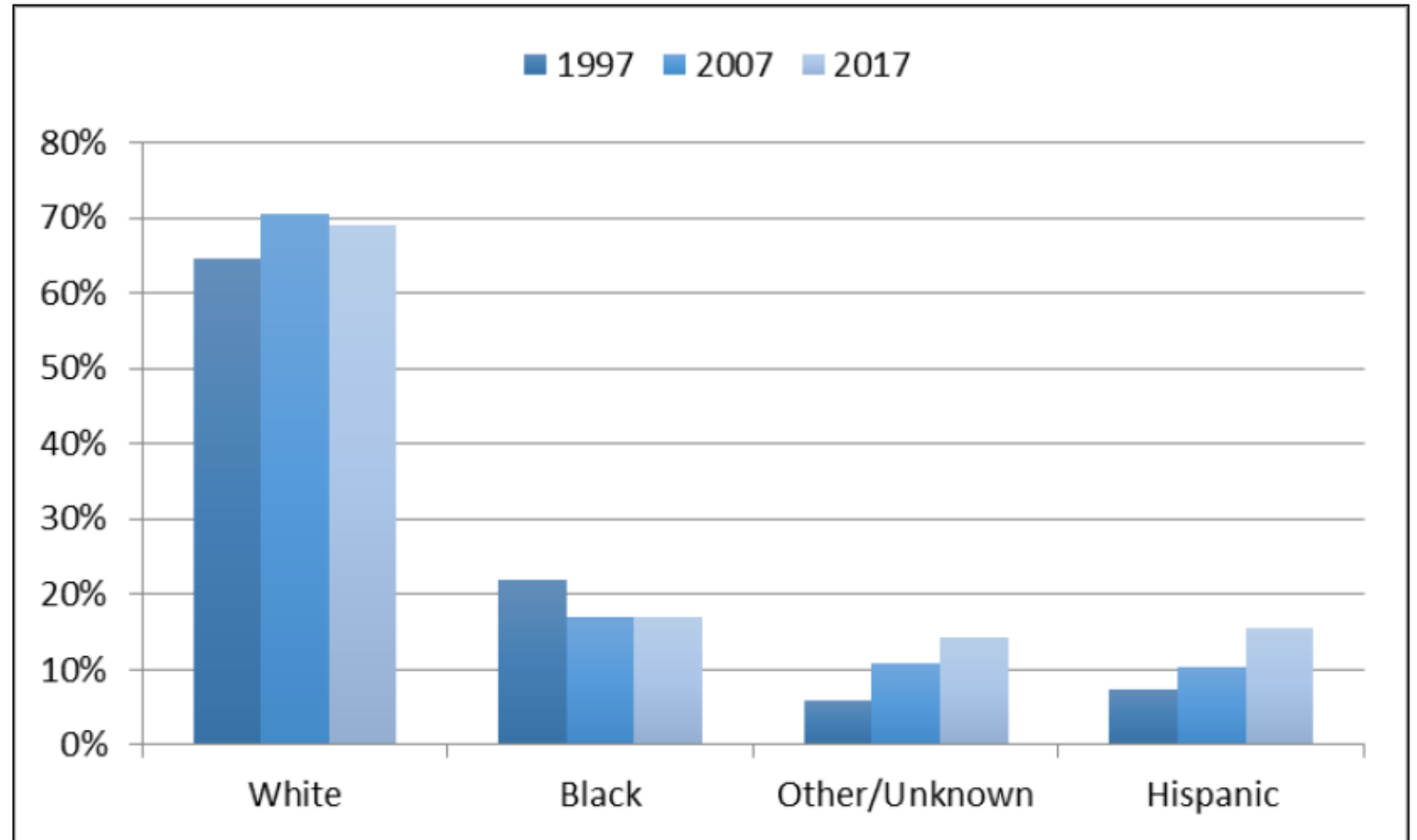
1975-2018



Source: Defense Manpower Data Center data.

Race / Ethnicity

Figure 1. DOD Active Duty Racial and Ethnic Representation

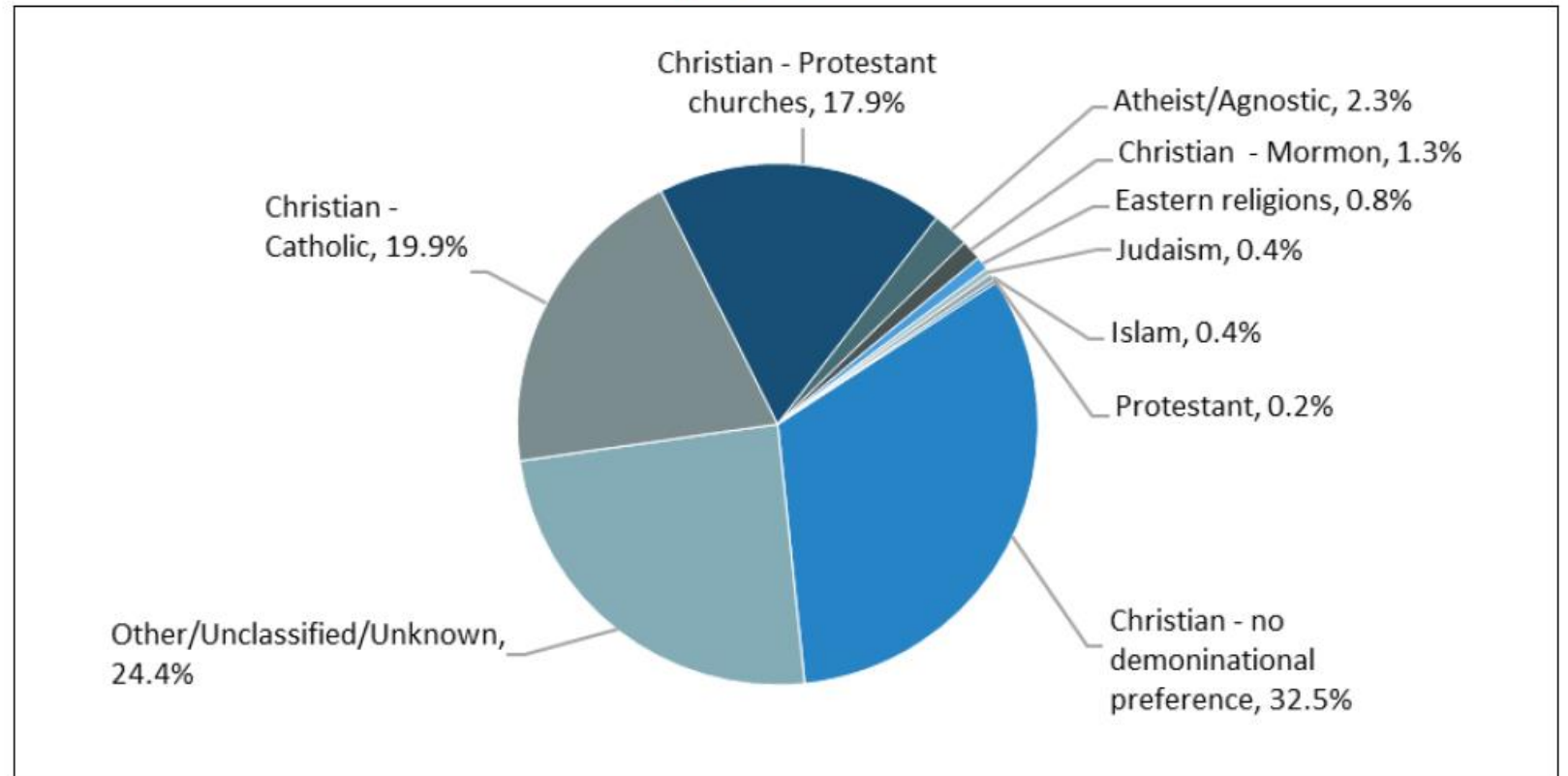


Source: Defense Manpower Data Center.

Religion

- How does religion contribute to their identity?
- How does family's religion contribute?
- Complex relationship?

Figure 6. Religious Diversity in the Active Duty Force
January 2019



Source: Defense Manpower Data Center.

Sexual Assault

- Less consideration of sexual minoritized individuals in reviews of military sexual trauma
- Transgender veterans more likely to report sexual trauma
- Transgender men report more sexual trauma than transgender women
- Relationship/willingness to engage with VA may complicate access to care

Brown & Jones, 2016

Beckman, Shipherd, Simpson & Lehavot, 2018

Resources

- Here are three websites that can be helpful for mental health providers who work with LGBTQ military members and veterans:
- 1. <https://modernmilitary.org/portfolio-items/rainbow-shield/>
- 2. <https://www.patientcare.va.gov/LGBT/>
- 3. <https://www.health.mil/Military-Health-Topics/Health-Readiness/Public-Health/Transgender>

Resources: Rainbow Shield

(<https://modernmilitary.org/portfolio-items/rainbow-shield/>)

- Rainbow Shield Program:
 - The Modern Military Association of America (MMAA) created Rainbow Shield to bridge the gap in culturally resilient services for the LGBTQ and HIV+ military and veteran community.
 - Rainbow Shield is an online certification program
 - The program is open to all community service providers and advocates.
- Rainbow Shield Goals:
 - End negative experiences in service and advocacy settings based on sexual orientation, gender identity and serostatus for service members, veterans and their families.
 - Provide an important forum for community service providers and advocates to communicate with experts at MMAA and with each other to enhance the quality of services and advocacy.

. VA LGBTQ Patient Care

<https://www.patientcare.va.gov/LGBT/>

- The website provides information and resources for healthcare providers working with LGBT+ veterans VA system. It includes educational materials, policies and guidelines, and links to organizations that support LGBT+ veterans. The goal is to ensure that all veterans receive respectful and high-quality healthcare regardless of their sexual orientation or gender identity.
- Have LGBTQ+ Veteran Care Coordinator Services

Health.mil

<https://www.health.mil/Military-Health-Topics/Health-Readiness/Public-Health/Transgender>

- Training resources and policies in one place
- Various medical treatments that may be necessary for transgender individuals, including hormone therapy and gender-affirming surgery.
- Outlines the military's policies regarding the use of gender pronouns and names, as well as the process for changing gender markers on military records
- Emphasizes the importance of providing inclusive and respectful healthcare to all military members, regardless of their gender identity.

Summary

- Experience of LGBT service members impacted by a variety of historical considerations that have created uncertainty and challenged ability to share one's full identity
- Care in the military and veteran health system has been challenged by provider bias, as well as fear of bias, compounded by changing policies and limited provider training/expertise
- Recent recognition that this important within these systems may lead to improvements but have not been evaluated
- Intersecting identities can create further challenges in fully understanding an individual's lived experience

Questions?

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