






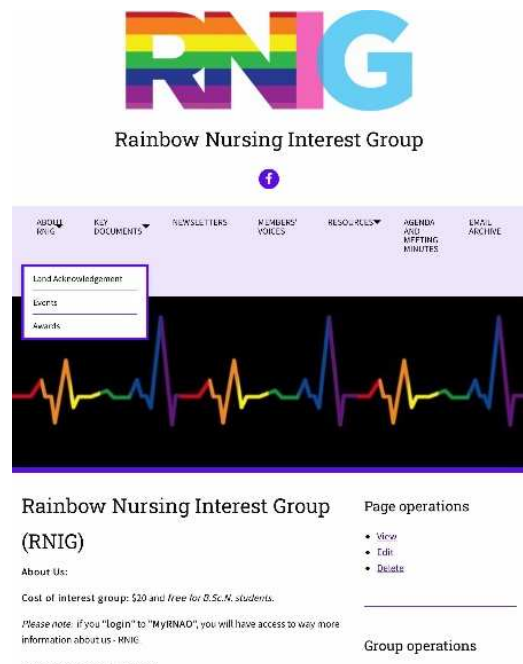


Newsletter March 2022

Greetings from your Executive!



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You may contact us through our **NEW** website:

<https://chapters-igs.rnao.ca/interestgroup/58/about>

Please note: if you **"login"** to **"MyRNAO"**, you will have access to way more information about us – as a member of RNIG.

Follow us on **Facebook**:

<https://www.facebook.com/groups/RainbowNursing/>

and contact the President directly:

pgauthier@rnao.ca or Rainbow-RNIG@hotmail.com

Our Mission:

- To foster and advocate for nursing practice and environments that support people of all sexual orientations and gender identities and expressions.

We continue to increase the visibility of our association and to seek the respect that we deserve as individuals and as a community. We are still active on our Facebook page and there is more to come on other social medias.





Message from Paul-André, RNIG President

Active and Alive – Definitely!

Covid, Vaccines, and Life Challenges

The last few months have been challenging for many of us, and it is not over yet. During this past year, I became a Public Health Nurse working at vaccination clinics in the Greater Sudbury area. I hear my nursing colleagues talking about how the number of covid cases are high in hospitals in Northern Ontario, but similarly has been seen across Ontario and Canada. When we can participate in meetings and share our concerns and challenges that we are confronted with, it can hopefully help to attenuate our own stress.

I hear amazing stories from clients when they show up for their vaccines. Eight to ten months ago, they were so pleased when we began administering the vaccines. That perception has changed slightly. Some needed the vaccine for work, for travelling, to appease their family members, to protect vulnerable individuals or themselves, and so on. Then, I met individuals who had covid, not only once, but twice, and were very keen to get vaccinated and “protected.” One lady indicated that her journey to ICU for 4 weeks was not the best moment of her life. Furthermore, she had to go on rehab for 2 months afterward, and she is still short of breath after so many months. Nonetheless, she is not feeling like herself, as she indicated.

My role as a nurse is more than just giving vaccines, it is about listening also, understanding the various journeys, and doing a quick assessment in case they require additional care or other services. Individuals from the 2SLGBTQ+ community are mentioning that they feel quite isolated, not having too many people to socialize with and how their mental health is threatened. This is a major issue throughout Ontario.

It is challenging what we are doing as registered nurses, but we are there, at the forefront regardless of where we work or what our role is as RNs. As you read our articles today, you will get a taste our own challenges.

Let’s elaborate on challenges. Are they similar to problems? Not really. During my doctoral study (PhD nursing), participants indicated that they are able to do something to solve challenges, contrary to problems. My research was about challenges and how we deal with them. Here is the process in a nutshell:

- First, we have to identify our challenges.
- Second, determine what are facilitators and barriers involved when doing the appraisal of each challenge.
- Third, identify how each challenge can be classified – on a five-point scale challenge (*easy, not-to-easy-not-to-difficult, difficult, huge, unachievable*).
- Fourth, make a decision – either face the challenge or avoid it.
- Finally, identify strategies for dealing with each challenge.

Depending on how difficult a challenge is, one has to decide to elicit help and assistance from others. Challenges require time, energy and resources, depending on their level of difficulty or complexity. Challenges happen anywhere, not only in oncology nursing where my research took place, but also in our lives, e.g., at home, at work, and in our social network. I have seen many challenges that our 2SLGBTQ+ community is facing and the same process can be used. If anyone is interested, I can do presentations regarding my research on facing and overcoming challenges.

Sincerely,

Paul-André Gauthier, Inf./RN, CNS; PhD (nursing) (he/ him/ il/ lui)
Provincial President RNIG (RN - LGBTQ+)
Rainbow Nursing Interest Group (Registered Nurses' Association of Ontario).
Association des infirmières et infirmiers arc-en-ciel de l'Ontario.

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PhD (nursing) Abstract

In health care, we face many challenges that are related to nursing care, such as the pathology and the treatment of clients, and the working environment. How do we know what is a challenge? How can we understand the challenges encountered in nursing practice? In the literature, the terms challenge and problem, for example, were used interchangeably without recognizing how each one gives a different perspective and thus how each result in a different response from clients and/or caregivers. In the articles reviewed, the authors did not describe how encountered “challenges” or situations were appraised.

In this qualitative exploratory-descriptive study based on the model of Miles and Huberman (1994), was used for data collection and analysis. The purpose of this inquiry was to identify the challenges experienced by registered nurses when working with oncology clients in out-patient clinics. The data was collected by interviewing seven registered nurses working in oncology with individuals living with cancer. Content analysis was used in the analysis of the data collected from interviews. The participants were all women with more than seven years of experience in oncology nursing with an overall average of 13.4 years practice in this specialty.

In the context of this study, a challenge is defined a situation or a phenomenon experienced as stimulating and as requiring individuals to spend time, energy and resources in order to face and to deal with it. Individuals learn to deal with challenges as they gain experience.

Considering that the number and the needs of individuals affected by cancer will continue to increase, nurses will always be busy with clients requiring oncology care and services. The results of this study indicate the need for registered nurses to identify their challenges, and to select strategies that can assist them in managing their challenges. When challenges are too difficult to manage, nurses require further support from their colleagues and managers. Changes which eliminate or moderate the challenges are deemed to be necessary if nurse and client satisfaction with care are to occur in tertiary oncology health care institutions.

Keywords: challenge, strategy, facilitator, barrier, appraisal, coping, managing.

Gauthier, P. A. (2003). Challenges Experienced by Registered Nurses when Working with Oncology Clients. PhD these in Nursing. University of Alberta. Canada.

<https://era.library.ualberta.ca/items/c3ed5c50-ee85-4db1-9113-d623ffcea11d/view/7203b275-7d28-4812-ad38-584dd5548b56/NQ82102.pdf>





➤ Shelley Evans, President-Elect ENO (she / her)

I participated in a Journal Club discussion hosted in January this year by Penn State Health Milton's S. Hershey Medical Center in Hershey, Pennsylvania (USA). The Journal Club reviewed my article: **The process of transitioning for the transgender individual and the nursing imperative: A narrative review** published in the *Journal of Advanced Nursing*, 2021. The event was an interesting discussion involving: presentation of the journal article, strengths and limitations of the research evidence and strategy development to support nurses in various clinical settings. This collective sharing of nursing knowledge was a positive movement towards arming nurses with the ability to provide gender affirming care for the trans and non-binary community.

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<https://onlinelibrary.wiley.com/doi/epdf/10.1111/jan.14943>

Evans, S., Crawley, J., Kane, D., & Edmunds, K. (2021). The process of transitioning for the transgender individual and the nursing imperative: A narrative review. *Journal of Advanced Nursing*, 77(12), 4646-4660. doi: 10.1111/jan.14943



➤ Ruth Trinier – Social Media ENO (they/ them)

I am currently working as nurse practitioner in Nunavut, the largest provincial territory in Canada as well as the least populated. Communities are isolated, with people traveling between them either at great expense by air, or by traveling for hours over vast areas of ice and snow via snowmobile.

Primary health care is provided by health centres in each community and the one hospital that is located in the capitol city of Iqaluit. We are taking preliminary steps in investigating the possibility of providing 2SLGBTQ+ specific, primary healthcare all across Nunavut. Telemedicine has the potential to link a provider both skilled and comfortable in providing care to members of the 2SLGBTQ+ community and those members requiring respectful, everyday healthcare.

COVID has created delays with this project, just as it has many others, but the work will continue in to the future. Everyone deserves the care they need, where they live.



➤ John Edwards – Communications ENO (he/him)

Over the course of my master's education, I have focused on increasing the knowledge base of nurses regarding 2SLGBTQ+ people and communities. Last winter, I presented to nursing colleagues' ways to improve curriculum for undergraduate nurses by including experiential learning opportunities with members of the Queer community.

The literature shows that on average there is less than two hours devoted to 2SLGBTQ+ issues during nursing education across North America, which leaves new nursing grads anxious and unprepared to effectively and compassionately care for us.

Currently, I am developing and preparing to deliver a workshop on affirming trans care to the interprofessional team of a primary care clinic in Brampton. Literature indicates that among the 2SLGBTQ+ community trans people experience the most negative health outcomes and the least access to supportive care. By working in tandem with a local HIV organization, we hope to improve resources and healthcare access for trans people living in the Brampton area through education of local health care professionals.

Finally, the bulk of my masters is my thesis, which focuses on the influence of community on the perceived health and well-being of gay men living with HIV. For the last four years I have participated in the Friends for Life Bike Rally which raises money for the People with AIDS Foundation in downtown Toronto. This event has been organized for over 20 years and has become a community unto itself that brings together a diverse group of gay men, people living with HIV, and their allies to meet the needs of Toronto's HIV population. It is my hope that my research shines a light on one of the positive aspects of our community. Which is that when we come together, we are much more powerful and live happier, healthier lives when supported by each other.



➤ Linda Holm – Finances ENO (she / her)

This past January, Hayley from **LGBT YouthLine**, www.youthline.ca shared their services with Oxford County's Rainbow Coalition, of which I am a member. This LGBT YouthLine is available throughout Ontario. It offers confidential and non-judgemental peer support through their telephone, text and chat services. A peer support volunteer can be gotten in touch with from Sunday to Friday, 4:00 p.m. to 9:30 p.m. EST, using their online chat at their website or by texting or phoning 647-694-4275. 8- to 12-year-olds are the most frequent callers.

As well, their website has: a confidential database of services and organizations serving 2SLGBTQ+ youth across Ontario; online listing of links and topics that come up for the volunteers who work on the help line to refer clients to; publications; and outreach materials for ordering.

One of their publications that may be of interest is: *#DoBetter: 2SLGBTQ+ Youth Recommendations for Change* in Ontario. In 2019, LGBT YouthLine's Provincial Youth Ambassador Program (PYAP) brought together 18 2SLGBTQ+ youth from across Ontario to lead an assessment about the experiences and needs of 2SLGBTQ+ youth (29 and under) in Ontario.

The PYAP Youth Ambassadors worked together to develop the entire process, and almost 1,200 youth participated through an online survey and in person community sharing circles between July September 2019. The results from the Needs Assessment are powerful and speak to the immediate and future needs of our communities while also amplifying the resilience of 2SLGBTQ+ youth.

The report details seven (7) recommendations calling on organizations, government, service providers, educators, health care professionals, and community leaders in Ontario to #DoBetter to support 2SLGBTQ+ youth in Ontario. For more details about each of these recommendations and how you can take action, visit <https://dobetter.youthline.ca/>



- Kashka Ironside, B.Sc.N. student Representative (she / her/ hers)

During her nursing undergraduate degree Kashka has taken the initiative to improve the use of diversity and inclusivity language used within Nursing textbooks to better reflect the 2SLGBTQ+ community. The letter she has written to textbook publishers is included below.

Kashka: Fellow nursing students, I invite you to write and join me in contacting publishers of our nursing textbooks to use inclusive language moving forward. I hope the following will help you in drafting your letters.

When individualizing your letters, you may find it helpful to specify the publisher (ex. Elsevier, Pearson, Saunders, Canadian Scholars) and textbooks that are used in your programs.

To **PUBLISHER**,

As current Bachelor of Science of Nursing students, we have used your textbooks as primary learning resources, especially while learning online throughout the pandemic. We are writing today, to ask that you initiate a review of content and edit with more attention paid to the use of inclusive language. It is our hope that you will employ persons from the represented communities to lead the review and editing of the content. According to the College of Nurses of Ontario and the Canadian Nurses Association, cultural competence is at the core of Nursing Practice and this needs to be better reflected in your content.

As student representatives for the Rainbow Nurses Interest Group of RNAO, we have heard from many students regarding the lack of cultural competence communicated in the current editions of **PUBLISHER** textbooks, including: **INSERT TEXTBOOKS HERE**. Though the books listed here are for nursing students specifically, we ask that this review scope the entirety of your educational portfolio to promote inclusive language practices amongst all learners.

As there are significant intersectional influences between 2SLGBTQ+, Indigenous, Black, and marginalized persons, we also hope that cultural consideration sections will be incorporated into the main text of each chapter to encourage learners to incorporate this as core content instead of additional or other knowledge.

Thank you for taking action to promote inclusivity.



RNIG - Membership number:

--> As of Jan. 11, 2022: total # 754 (RNs / NPs: 108 and B.Sc.N. students 646). [interim report]

RNAO Election Platform – June 2022

- The provincial election is coming up in June 2022. RNAO has prepared quite interesting information for every member to refer to <https://mao.ca/policy/platform-provincial>



To finish our newsletter, we would like to leave you with a recently published article which focuses on normalizing 2SLGBTQ+ people within healthcare from a mental health and counselling perspective. Like the executive and members of RNIG, the author believes that supporting the diversity of 2SLGBTQ+ people not only improve the health of our community, but helps to improve the health of all communities across Ontario. Thank you and enjoy.

LGBTQ/2S Normativity in Psychotherapy Builds Mental Health Wellness for All

Emma Quinn, Doctor of Counselling and Psychotherapy Program – Yorkville University
DCP 8453: Advanced Methods in Applied Research - Dr. Jo Chang
Article prepared on December 19, 2021

Abstract

Lesbian, gay, bisexual, transgender, queer and two-spirit people (LGBTQ/2S) people are a unique minority subset of the communities in which they live. The acronym LGBTQ/2S will be used in this paper, as recommended by Pruden and Salway (2020), to differentiate between the Western perspective of the LGBTQ community and the Indigenous identity of two-spirit people. Minority groups of human populations that have unique characteristics are best served with health care services that are tailored to the specific needs of their population. One of the characteristics of the LGBTQ/2S population is that, for reasons such as safety and avoidance of stigma, members of this population often do not readily or openly identify as a member of the LGBTQ/2S community. Reviewing both quantitative and qualitative research that seeks out to establish the factors that establish wellness for LGBTQ/2S people, combined with inclusion of a meta-analysis of research completed, illustrate the factors that accentuate health for this population. To best provide counselling and psychotherapy for human beings, counsellors and psychotherapists must adopt a stance that every client they consult may be a LGBTQ/2S person and thus acquire competency in working with this population. LGBTQ/2S normativity in counselling and psychotherapy will provide better health care for everyone.

Keywords: Lesbian, gay, bisexual, transgender, queer, two-spirit, psychotherapy, wellness, counselling, competency, LGBTQ/2S normativity.

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LGBTQ/2S Normativity in Psychotherapy Builds Mental Health Wellness for All

Psychotherapy and counselling services are best provided by professionals trained in how to best serve the unique diversities present in the human population. The review and synthesis of research findings that seek out what the factors of health are for LGBTQ/2S people, both quantitative and qualitative in structure, with the over-sight of meta-analytic review, is important so counsellors and psychotherapists can integrate this knowledge into their work. For reasons of safety and avoidance of discrimination, LGBTQ/2S people may not readily identify as LGBTQ/2S persons. Thus, counsellors and psychotherapists must take the stance that the client they are sitting across from could be a LGBTQ/2S person, and must adopt a stance of LGBTQ/2S normativity at all times for their work to be best effective. Researchers clearly note that LGBTQ/2S people face adversity in their lives due to their lived experience as LGBTQ/2S persons (Bidell, 2013; Berke et al., 2016; Dispenza & O’Hara, 2016;

Hatzenbuehler, 2009; Moe, 2016; Moe & Sparkman, 2015; Rostosky et al., 2021; Rutherford et al., 2012), which cements the importance of adequate and competent counselling services being provided for them. The aim of this literature review is to synthesize included research to establish that to be competent in provision of counselling for human beings overall, counsellors and psychotherapists best acquire competency of demonstrating LGBTQ/2S normativity in their work.

Defining terms is important in research efforts with the LGBTQ/2S community. First, the study of the LGBTQ/2S community is a study of a very diverse group of people. Pruden and Salway (2020) note the importance of making the distinction between the Western perspective of LGBTQ identities and the Indigenous perspective of two-spirit people. “Two-Spirit can and may be claimed and used by an Indigenous person as a way to opt out of and/or challenge Western notions of the gender binary (man/woman)” (Pruden and Salway, 2020, p. 1). Regarding microaggressions that LGBTQ/2S people can face, an important bias to highlight in healthcare is when a person’s status as an LGBTQ/2S person can become the focus of their caregivers (Berke et al, 2016; Pepping et al., 2018), which can divert the focus from the person’s actual health concerns. Qualitative research with LGBT people affirms that “healthcare systems need to cultivate cultures of inclusiveness for LGBT individuals and families, establish no-tolerance policies for LGBT microaggressions and homo-/transphobias, and strive to eliminate heteronormativity in healthcare” (Smith & Turell, 2017, p. 653).

‘Coming-out’ is the term that is used for members of the LGBTQ/2S community when they work to integrate their known identity with their lived experience. One principal intent of this literature review is to establish that both healthcare workers and systems of healthcare need to ‘come-out’ as well, in acknowledgement that LGBTQ/2S normativity in healthcare serves for best health care for all people, not just members of the LGBTQ/2S population. It is also especially important that clinicians working with LGBTQ/2S people be aware that “although competent care must acknowledge the common reality of minority stress and stigma faced by LGBTQ clients, affirming treatment must concurrently validate and leverage client strengths and autonomy” (Berke et al., 2016, p. 380). Moe (2016) directs clinicians to be advocates for LGBTQ persons, so that the interpersonal dynamic of our communities can be facilitated with such advocacy and become better with welcoming and affirming people with LGBTQ identities. Building a world which is inclusive of LGBTQ/2S normativity is not just one in which LGBTQ/2S normativity is provided for LGBTQ/2S people, but for all, since the world that LGBTQ/2S people live in is the world at large, inclusive of everyone in society. When society at large ‘comes-out’ and has improved inclusivity of LGBTQ/2S normativity for all, the wellbeing of LGBTQ/2S will thus be improved and accentuated in such a world.

Measures are present that gauge the competency of clinicians in providing care for LGBTQ/2S people. Bidell (2005) developed the *Sexual Orientation Counselor Competency Scale* (SOCCS), which is a measure to determine the competency of clinicians in providing counseling with LGB clients. Dispenza and O’Hara (2016) adapted the SOCCS for use with transgender people which they then named the *Gender Identity Counselor Competency Scale* (GICCS). Bidell (2017) has also created the *Lesbian, Gay, Bisexual, and Transgender Development of Clinical Skills Scale* (LGBT-DOCSS), a scale which provides analysis of a clinician’s skills in providing counselling with LGBT people. The existence of these noted measures, are valuable tools in establishing what competency in providing LGBTQ/2S care actually is. These tools however do not review the Indigenous experiences of two-spirit people. The measures rely on the self-report of the clinician participants, not the review of

supervised clinical work with those trained and experienced in best application of skill sets in working with LGBTQ people (Bidell, 2017). These measures also do not speak to the actual efficacy of the application of the skill sets of the clinicians who have completed the surveys (Bidell, 2017). Further research work is required in which the actual application of counselling skill sets for LGBTQ/2S is demonstrated by clinical supervision and with the objective analysis of the actual results of the counselling provided, so that this information best objectively builds the knowledge base of what LGBTQ competency in counselling is (Bidell, 2017).

Quantitative research conducted by Bidell (2013) indicates the beneficial impact of specific training programs designed to build competency in providing services for LGBTQ/2S persons. The importance of this work is echoed by the affirmation that “the more therapists are able to express genuine understanding and authentic affirmation of LGBTQ identity, experience, and expression, the more likely may these relationships foster psychological health and flourishing” (Berke et al., 2016, p. 380). The work of Bidell (2013) establishes that counsellors can be effectively trained to gain skill competency in providing counsel for LGTBQ2S+ persons, which would serve to meet the direction of the meta-analysis of Moe (2016) with the importance of validation of the existence of LGBTQ/2S people. “Services that emphasize authenticity in expression, intersectionality of identities, active affirmation, client strength, and individual preferences are requisite for professional psychologists to build a reputation of trust and the privilege of serving LGBTQ individuals” (Berke et al., 2016, p. 381).

Moe and Sparkman (2015) found in their quantitative research that when clinicians have more specific training in working with LGBTQ people, the better prepared they report feeling in being able to provide services for LGBTQ people. “Training experiences did demonstrate a significant effect on participants’ perceptions of their own adequacy for working with the LGBTQ populations served at their respective agencies” (Moe & Sparkman, 2015, p. 363). The LGBT-DOCSS as developed by Bidell (2017) was the quantitative measure of competency measure with the quantitative research work of Nowaskie et al. (2020). Nowaskie et al. (2020) investigated the competency of learners in social work, medicine, occupational therapy, pharmacy, physician assistants and dentistry in providing care to LGBT people. Nowaskie et al. (2020) found that the social work students demonstrated the strongest competency scores in provision of care to LGBT people. The social work students “also reported the highest amount of LGBT curricular and extracurricular education” (Nowaskie et al., 2020, p. 8). The compounded beneficially additive effect of continued research work on what best constitutes health care for LGBTQ/2S people is well seen in the work of Bidell (2017) with development of functional measures being utilized with the research of Nowaskie et al. (2020) in establishing how students in healthcare gain competency in working with LGBTQ/2S populations.

One of the essential challenges with studying the population of LGBTQ/2S people is with sampling. The qualitative research work of Rostosky et al. (2021) affirmed that LGBTQ people are extra-vigilant to their environment, due to outright stigma and discrimination faced by LGBTQ people. Rostosky et al. (2021) describe that LGBTQ people are particularly careful about keeping their identity as an LGBTQ person protected and guarded so their safety is best protected. “Participants reported feelings of hypervigilance from potential threat, invasion, confrontation or attack at home, at work or in the community” (Rostosky et al., 2021, p. 6). Rostosky et al. (2021) further note that the experience of being hypervigilant causes a negative mental health impact for LGBTQ people. LGBTQ identity affirming training for clinicians can provide circumstances in which LGBTQ people do not have to

face adversity due to their identity (Berke et al., 2016). Bidell (2013) demonstrated through quantitative research that a LGBT specific counselling training program provided for increased competency of the students enrolled in the course. “Findings from this study suggest that a full credit LGBT graduate course can significantly improve counselling students’ sexual orientation counsellor competency and self-efficacy” (Bidell, 2013, p. 303). Training in LGBTQ/2S competency for counsellors can help attenuate the anxieties of LGBTQ/2S people that the clinicians whom they consult will be unprepared to competently and with understanding assist them with their health care.

Specific to competency in working with transgender and gender non-conforming (TGNC) people, the quantitative research of Dispenza and O’Hara (2016) found that clinicians who are members of a minority community, including sexual minority communities or racial or ethnic minority communities, report higher levels of competency in working with TGNC persons. Dispenza and O’Hara (2016) also found that clinicians who have been in practice for eight years or greater reported higher levels of competency in working with TGNC people on the GICCS. It is important to reflect upon clinicians who identify as LGBT persons note, in allied research, that: “membership was not necessary to provide supportive, appropriate care for LGBT individuals” (Rutherford et al., 2012, p. 903). Further, Pepping et al. (2018) note that the amount of clinical experience of clinicians was found in their research to be unrelated to the competency of clinicians in working with LGBTQ people. The noted research reports seemingly are providing contradictory findings, with Dispenza and O’Hara (2016) noting that clinical experience demonstrated competency while Pepping et al. (2018) finding the amount of clinical experience was not related to competency. This circumstance is illustrative of the diversity present in both research perspectives with the LGBTQ/2S community and the with the LGBTQ/2S community itself, since the work Dispenza and O’Hara (2016) was specifically focused on TGNC individuals and the work of Pepping et al. (2018) was with LGBT people as a group. The other additional significant factor is that the work of Pepping et al. (2018) was engaging the analysis of an actual training program intended to build competency for clinicians in working with LGBT people, while the work of Dispenza and O’Hara (2016) focused on the completion of surveys by clinicians recruited during attendance at a conference, these being very different research populations.

The work establishing what competency is for clinicians who work with LGBTQ/2S people has significant practical constraints. Many LGBTQ/2S people are not open with their identity, due to the problematic reactions that people in their life can exhibit, as emphasized by Rostosky et al. (2021). LGBTQ/2S people who do not wish to be known as LGBTQ/2S almost certainly cannot be part of the sampling of research studies. Further, researchers note that black, indigenous and people of colour (BIPOC) LGBTQ/2S people can be under-represented in research studies (Moe, 2016; Smith & Turell, 2017). It is also important to be aware that the LGBTQ/2S population is a diverse population in and of itself and thus requires research efforts that investigate all the aspect of diversity present with lesbian, gay, bisexual, transgender, queer and two spirit people. Having a LGBTQ/2S identity is also not the full sum of the existence of a person, research with LGBTQ/2S must recognize the full human being of LGBTQ/2S people.

It is thus an opportune juncture to, through the qualitative research work of Smith and Turell (2017) to hear the voices of LGBTQ/2S people in what they see as constituting best health care. Smith and Turell (2017) found in their work that with LGT people (lesbian, gay and transgender people, there were no bisexual or transmen participants in their research) that heteronormative perspectives exclude

the lived experience of LGT people. “Healthcare providers and healthcare systems need to become more attentive to the way both interpersonal and intergroup dynamics define heteronormativity in health care. Providers should be able to recognize and correct their own limited knowledge of LGBT health” (Smith & Turell, 2017, p. 652). The work of Smith and Turell (2017) well establish that people who belong to the LGBT community find heteronormality perspectives and language used in health care problematic. Fortunately, the qualitative research work of Rutherford et al. (2012) also provides the recommendations of health care providers who belong to the LGBT community. Rutherford et al. (2012) note that the participants of their study noted the lack of LGBT competency training in their own training as health care providers and highlight that the participants of their study emphasize the need for training for health care workers that will provide competency in providing care for LGBT people. Ideal LGBT competency training best includes “instruction on the distinctions between sexual orientation, sexual behaviours and gender identity, as well as how to ask about each of these domains in a diversity-aware and culturally competent manner” (Rutherford et al., 2012, p. 910).

The uniting consensus for researchers who study what constitutes best health care processes for LGBTQ/2S people remains to require further research work (Berke et al., 2016; Bidell, 2013; Dispenza & O’Hara, 2016; Moe et al., 2021; Moe, 2016; Moe & Sparkman, 2015; Nowaskie et al., 2020; Pepping et al., 2018; Rostosky et al., 2021; Rutherford et al., 2012; Smith & Turell, 2017) An especially important research questions is: how do you include LGBTQ/2S people who are not open with their identity, or who cannot be open about their identity? Nowaskie et al (2020), as an example, noted that the sampling for their study may be biased, since their request for participants in their study may have been ignored by those who have biases towards LGBT people. Most importantly overall, it is important to be aware that: “currently the quantity and quality of LGBT patient exposure and education necessary to achieve high LGBT cultural competency is unknown” (Nowaskie et al., 2020, p. 8).

Regarding the benefits of having a diverse perspective, there is a bias present in the research studies included in this literature review. Research work by Jeffrey Moe (Moe et al., 2021; Moe, 2016; Moe & Sparkman, 2015) and Markus Bidell (Bidell, 2017; Bidell, 2013; Bidell, 2005) form a strong foundation to research work conducted with LGBTQ/2S people and the work of these researchers is heavily utilized with this literature review. Well-structured and well-executed research is incredibly valuable, however research fidelity of researchers to their research focus can influence the research results: “outcome effects for the preferred treatment are larger in studies with stronger research allegiances” (Heppner et al., 2016, p. 562). It must be noted that in any field of study, there are researchers who are particularly active and prolific but this does not dilute the importance of inclusion of diverse perspectives in research work.

The current research reviewed with this literature review in regards competency for clinical staff, such as the work of Bidell (2013), Dispenza and O’Hara (2016), Moe et al. (2021), Nowaskie et al. (2020) and Pepping et al. (2018), has all included clinicians who have completed self-report measures regarding their competency. Thus, future research efforts would best include the supervision of application of clinical skill sets (Bidell, 2017; Pepping et al., 2018). The research work of Nowaskie et al. (2020) clearly illustrates that training and experience focused on providing care for LGBTQ/2S people builds skill competency of clinicians in providing care for LGBTQ/2S people. Thus, it is important that “clinicians are encouraged to seek opportunities for continuing education to increase their knowledge base with regard to LGBTQ-related cultural competence, rather than relying on clients

to take on this labor” (Berke et al., 2016, p. 380). Thus, research work that facilitates the provision of instructive programming that allows for competency in providing care for LGBTQ/2S persons to be built, such as the work of Bidell (2013) and Rutherford et al., (2012) are of crucial importance for the future.

Meta-analytic study of what constitutes wellness for LGBTQ people provide a very lucid lens regarding how to view wellness for LGBTQ people. The meta-analysis of Moe (2016), report that supportive interpersonal connections accentuate wellness for LGBTQ people. Moe (2016) stresses the importance of avoiding the biases present with heteronormative stances and of the formative beneficial affect of validation and affirmation of LGBTQ identities. Moe (2016) directs counsellors to adopt a stance of advocacy for LGBTQ people. It is important to define that heterosexism is: “the institutional norms and behaviors that result from the assumption that all people are or should be heterosexual. The system of oppression that assumes that heterosexuality is inherently normal and superior” (Rutherford et al., 2012, p. 906).

LGBTQ/2S people are a diverse set of people who constitute a minority population within the communities in which they live. Efforts to build competency of clinicians in working with members of the LGBTQ/2S community is important, so that the health care that LGBTQ/2S people receive is provided by clinicians trained and competent in the provision of care for LGBTQ/2S people. The research reviewed in this literature review demonstrate that both experience working with LGBTQ/2S people and training programs teaching LGBTQ/2S competency both provide for development of competency of clinicians in providing care for LGBTQ/2S people. Universal normalization of LGBTQ/2S identities by healthcare workers will help accentuate wellness for both LGBTQ/2S people and for all members of society, since such normalization will make a world in which ‘coming-out’ is to health, affirmation and acceptance.

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Resources

Canadian Centre for Gender and Sexual Diversity

- <https://ccgsd-ccdgs.org/>

Canadian Mental Health Association

- <https://ontario.cmha.ca/documents/mental-health-services-for-gender-diverse-and-sexual-minority-youth/>

Canadian Professional Association for Transgender Health

- <https://cpath.ca/en/> FR / EN

Canvas Programs

- <https://www.canvasprograms.ca/teacher-curriculum-guide-subject>

Central Toronto Youth Services

- <https://ctys.org/>

Gender Creative Kids

- <https://gendercreativekids.com/>

Elementary Teachers' Federation of Ontario

- <https://www.etfo.ca/socialjusticeunion/2slgbtq/2slgbtq-resources>

Egale

- <https://egale.ca/>

LGBTQ Families Speak Out

- <http://www.lgbtqfamiliespeakout.ca/education-and-community-resources.html>

OK2BMe

- <https://ok2bme.ca/resources/parents-educators/resources-for-schools-and-classrooms/>
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