

# Welcome to the Eating Disorder Treatment Training

Today's speaker is Melissa Grossman, MS, LPC (she/her)

## Etiquette for today's lecture:

- Put your questions regarding the lecture in the Q&A as they come up.
- Any administrative questions can be posted in the Chat.
- For those of you seeking CEU's, please plan to attend the entire 75 minutes to be eligible for the credit.
- This lecture is being recorded and will be posted to OHA's website:

<https://www.oregon.gov/oha/HSD/BH-Child-Family/Pages/Training.aspx>

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# Eating Disorder Training for Community Providers: LGBTQ+\*

Presented by Melissa Grossman, M.S., L.P.C.  
(she/her)

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\* Lesbian, Gay, Bisexual, Transgender, Queer and all the other ways people may identify



Oregon  
Health  
Authority

The logo for the Oregon Health Authority features the word "Oregon" in a smaller, orange, serif font above the word "Health" in a large, dark blue, serif font. Below "Health" is the word "Authority" in a smaller, orange, serif font. A thin blue horizontal line is positioned between "Health" and "Authority". The entire logo is set against a light blue, curved background that resembles a stylized horizon or a wave.

# Take Care of Yourself



# Learning Objectives

1

Gain a deeper understanding about the intersection of eating disorders, sexual orientation and gender identity.

2

Understand more about why sexual and gender minorities are at higher risk to develop eating disorders.

3

Feel more confidence that you can make a safe and welcoming space for LGBTQ+ clients struggling with eating disorders.

4

Come to a deeper understanding of what it means to be an ally to sexual and gender minorities struggling with eating disorders.

**LGBTQ+**





## **Sexual orientation**

An inherent or immutable enduring emotional, romantic or sexual attraction to other people that is independent of their gender identity.

## **Gender identity**

One's innermost concept of self as male, female, a blend of both or neither. How a person perceives themselves and what they call themselves. One's gender identity can be the same or different from the sex they were assigned at birth.

## **Gender expression**

External appearance of one's gender identity, usually expressed through behavior, clothing, body characteristics or voice, and which may or may not conform to socially defined behaviors and characteristics typically associated with being either masculine or feminine.

Sexual Orientation and Gender Identity Definitions.

<https://www.hrc.org/resources/sexual-orientation-and-gender-identity-terminology-and-definitions>.

Retrieved on October 1, 2022



## **Gay**

Refers to a man who has a romantic and/or sexual orientation towards men. Also, a generic term for lesbian and gay sexuality - some women define themselves as gay rather than as lesbians. Some non-binary people also identify with this term.

## **Lesbian**

Refers to a woman who has a romantic and/or sexual orientation towards women. Some non-binary people also identify with this term.

## **Bisexual**

Someone who is attracted to people of their gender and other gender identities.



## Transgender

An umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth. Being transgender does not imply any specific sexual orientation and transgender people may identify as straight, gay, lesbian, bisexual.

## Gender transition

The process by which some people strive to more closely align their internal experience of gender with its outward appearance. Some people socially transition, whereby they might begin dressing, using names and pronouns and/or be socially recognized as another gender. Others undergo physical transitions in which they modify their bodies through medical interventions.

## Gender dysphoria

Clinically significant distress caused when a person's assigned birth gender is not the same as the one with which they identify.

*Sexual Orientation Gender Identity Definitions.*

<https://www.hrc.org/resources/sexual-orientation-and-gender-identity-terminology-and-definitions>.

Retrieved on October 1, 2022





## **Cisgender**

The gender with which a person identifies matches the sex they were assigned at birth.

## **Nonbinary**

People who do not fall on the gender binary, do not identify as male or female.

## **Gender fluid**

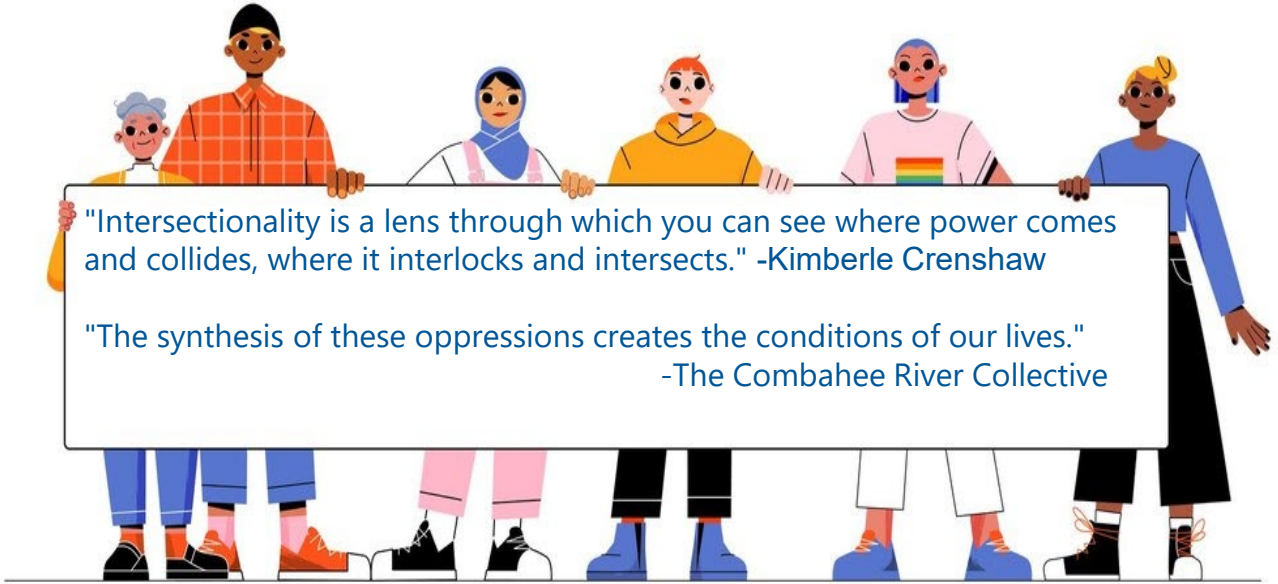
Fluidity refers to change over time in a person's gender expression or gender identity, or both.



## COMMUNITY

A group of people living in the same place or having a particular characteristic in common.

A feeling of fellowship with others, as a result of sharing common attitudes, interests, and goals.



"Intersectionality is a lens through which you can see where power comes and collides, where it interlocks and intersects." -Kimberle Crenshaw

"The synthesis of these oppressions creates the conditions of our lives."  
-The Combahee River Collective

# Pronouns



**Transgender and nonbinary youth who reported having pronouns respected by all or most people in their lives attempted suicide at half the rate of those who did not have their pronouns respected.**

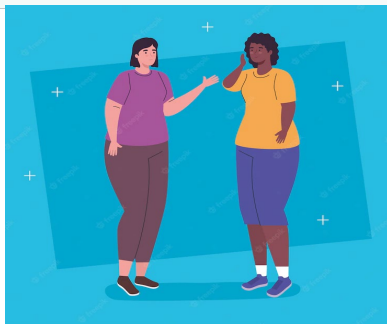


# Using Correct Pronouns

- Shows the person that we accept them for who they are and that they are seen.
- Demonstrates respect.
- Nurtures an environment of safety and inclusion.
- Has a positive impact on a person's mental health and well being.
- Helps create higher self esteem, reduces depression and anxiety and lowers suicidal ideation.

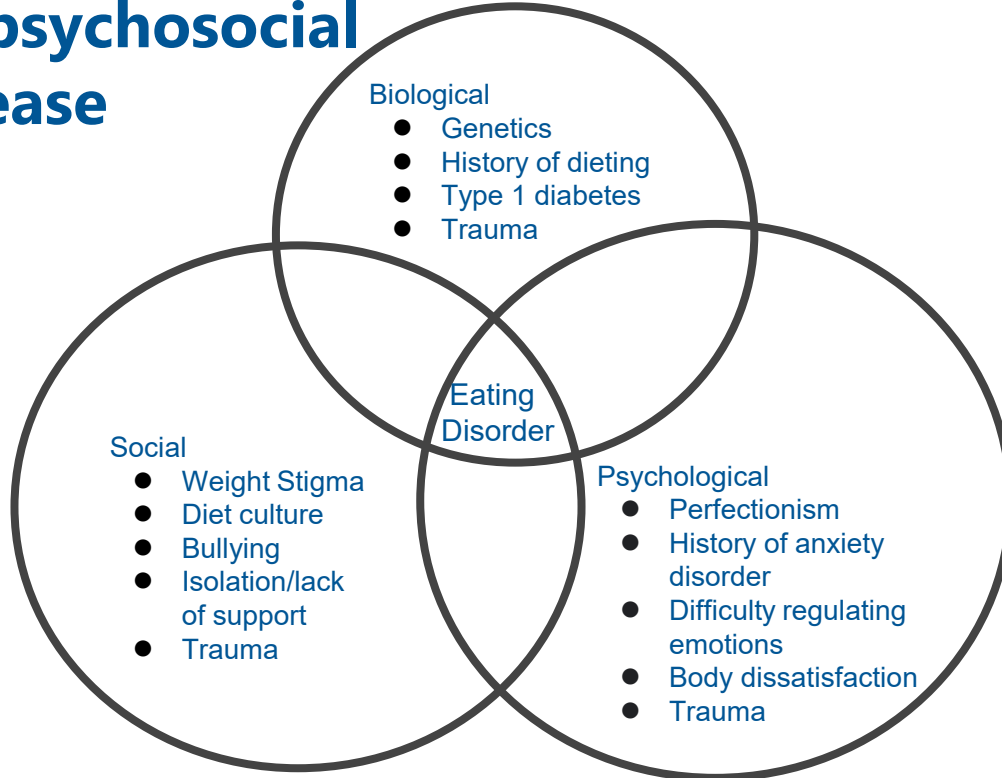
Research by the Journal of Adolescent Health\* found when people are invited to use their pronouns and present themselves authentically, transgender youth experience a 29% decrease in suicidal thoughts and a 56% decrease in suicidal behavior.

\*Russell, S., Pollitt, A., Li, G. & Grossman, A. (2018). Chosen name use is linked to reduced depressive symptoms, suicidal ideation, and suicidal behavior among transgender youth, *Journal of Adolescent Health* Oct; 63(4):503-505. doi: 10.1016/j.jadohealth.2018.02.003. Epub 2018 Mar 30.



- ✓ When you meet a person, ask their pronouns and use them.
- ✓ If you make a mistake, be gracious when you are corrected, use the correct pronoun, thank them for the correction and move on.
- ✓ Correct yourself as soon as you recognize it and move on.
- ✓ We can all learn new things and it's ok to make mistakes. It gets easier as you work on it.

# Biopsychosocial Disease





# Eating Disorders diagnoses/terms

## Anorexia

- Food restriction
- Preoccupation with weight loss and obsession with appearance
- Body image distortion
- Fear of fatness

## Bulimia

- Preoccupation with body size
- Recurrent binge eating episodes
- Feeling that one can't stop eating or control what/how much one eats
- Using compensatory behaviors after bingeing to prevent weight gain incl. self induced vomiting, laxative or diuretic use, fasting or excessive exercise

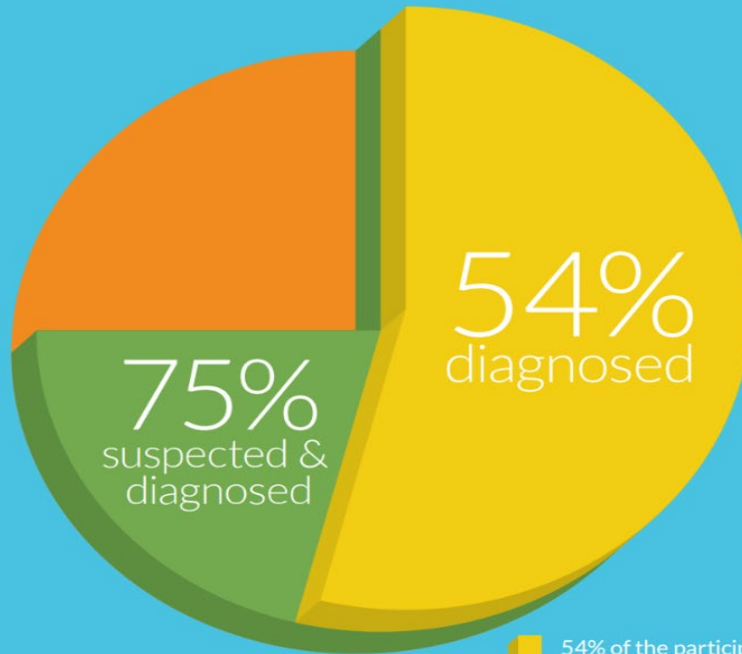
## Binge E. D.

- Overly concerned with body weight/shape
- Recurrent episodes of eating large quantities of food quickly, often to the point of discomfort
- Feeling a loss of control during a binge
- Feelings of shame, distress and/or guilt after a binge
- No compensatory behaviors

## Orthorexia

(Not yet an official DSM diagnostic category)

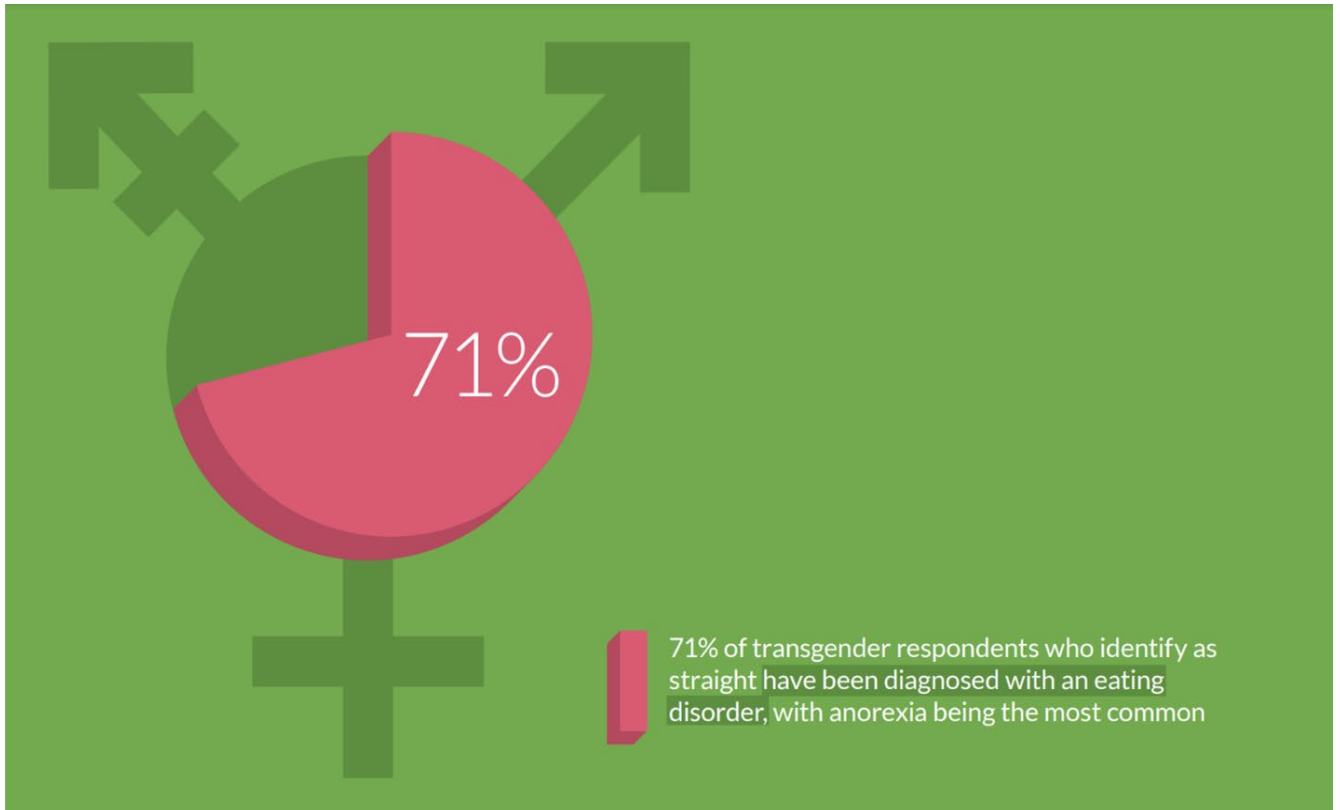
- Food restriction
- Preoccupation with eating "pure and healthy" foods
- Obsession with quality of food
- Compulsive label checking
- Cutting out many food groups deemed "unhealthy"



1,034 13–24-year-olds who self-identified as LGBTQ and resided in the United States participated in this survey.

54% of the participants indicated that they had ever been diagnosed with an eating disorder.

In addition to those diagnosed, an additional 21% (75% out of all respondents) suspected that they had an eating disorder.



*The Trevor Project: Suicidality & Eating Disorders Among LGBTQ Youth 2018: A National Assessment.*  
<https://www.nationaleatingdisorders.org/sites/default/files/nedaw18/NEDA-TrevorProject%20Survey-Infographic.pdf>

# Eating Disorders and Suicide among LGBTQ+

- Gay males were seven times more likely to report bingeing and 12 times more likely to report purging than heterosexual males. (National Eating Disorders Association (NEDA))
- In one study, gay and bisexual boys reported being significantly more likely to have fasted, vomited, or taken laxatives or diet pills to control their weight in the last 30 days. (NEDA)
- Gay males are thought to only represent 5% of the total male population but among males who have eating disorders, 42% identify as gay. (NEDA)

# Eating Disorders and Suicide Attempts among LGBTQ+

- High school students who identify as lesbian, gay or bisexual are more than four times as likely to have attempted suicide compared to their heterosexual peers. (NAMI)
- Lesbian, bisexual or mostly heterosexual females were about twice as likely to report binge eating at least once per month in the last year. (NEDA)
- 40% of transgender adults have attempted suicide in their lifetime, compared to less than 5% of the general U.S. population. (National Alliance on Mental Illness (NAMI))

# RISK FACTORS

- Fear of rejection or experience of rejections by friends, family, and co-workers
- Internalized negative messages/beliefs about oneself due to sexual orientation, non-normative gender expression, or transgender identity
- Experiences of violence and post-traumatic stress disorder (PTSD), which research shows sharply increases vulnerability to an eating disorder
- Discrimination due to one's sexual orientation and/or gender identity
- Being a victim of bullying due to one's sexual orientation and/or gender identity

# RISK FACTORS

- Discordance between one's biological sex and gender identity
- Inability to meet body image ideals within some LGBTQ+ cultural contexts
- Minority stress- high levels of stress faced by those in marginalized and stigmatized communities
- Little to no involvement in the LGBTQ+ community (isolation)
- Housing insecurity- LGBTQ+ youth and adults experience houselessness at much higher rates.

# Risk factors *specific to Transgender and Gender expansive people*

- Lack of hormonal therapies or surgeries- this increases the likelihood of body dissatisfaction leading to using ED behaviors to make body changes
- Feelings about gendered body parts
- Conflict around menses/bleeding
- Binary beauty ideals / standards
- Gender dysphoria (feeling that gender identity does not align with the body) leading to ED behaviors in an attempt to align their bodies more closely with their gender identity
- Drive for losing secondary sex characteristics for trans masculine people (narrowing hips, smaller breasts and eliminating menstruation with reduced caloric intake)
- The desire to lose muscle mass and become thinner to meet an idealized feminine standard may occur for some trans feminine people
- Internalized transphobia



# Signs and Symptoms

- Regular trips to the restroom
- Disguising weight loss with baggy clothes
- Fainting spells
- Rigid eating and exercise schedules
- Skipping meals or avoiding social gatherings where food is served
- Expressing dissatisfaction with weight, body size, or shape
- Eating in private
- Swelling of face, cheeks, or jaws
- Feeling cold frequently

# Barriers to Support and Treatment



Lack of culturally competent treatment providers

Lack of support from family and friends

LGBTQ providers' lack of knowledge about eating disorders



# How to create a welcoming and affirming environment

- Representation matters
- Make sure that images of people on your walls are inclusive- LGBTQ+ images, all ages, Black, indigenous, people of color, people with disabilities, people of all sizes
- Make clearly visible a non discrimination policy including sexual orientation and gender identity



# How to create a welcoming and affirming environment

- Have furniture for all sizes
- Properly identified non gendered bathrooms
- Have inclusive reading material in your waiting room (and please filter out material that supports diet culture as much as possible)
- Have LGBTQ+ affirmative items displayed in building- rainbow flags, equality stickers
- Greet people with pronouns and have staff pronouns on any bios or places where their names appear in writing



# LGBTQ affirming intake and assessment forms

- Name you use
- Legal name
- Pronouns
- Sex assigned at birth
- Gender identity
- Use the term parents (instead of mother and father)
- Use the term Spouse (instead of husband or wife)
- If you have lists with checkboxes, have an inclusive list to choose from



## Words to Use

- Transgender person
- Cisgender woman
- Cisgender man
- Assigned female at birth or assigned male at birth
- Who are your sexual partners?
- What are their genders?
- Could your chart be under a different name?
- What is the name on your insurance?



## Words NOT to Use

- “Transgendered” or “A Transgender”
- “A real woman”
- “A normal man”
- “Born female”, “born male”
- “biological male or female”
- “Do you have sex with men, women, or both?”
- “We don’t have you in our records”
- “What’s your real name on your insurance?”



# Special considerations for LGBTQ+ clients

Body dissatisfaction is often a huge stressor experienced by transgender people, but gender dysphoria treatment has been shown to increase body satisfaction.

- A strict adherence to the thin ideal and the need for muscularity is present in some communities of gay and bisexual men.
- Transmasculine people assigned female at birth may choose to use binders if they have not had top surgery and this gets complicated when regaining weight.
- Using growth charts for youth of their sex assigned at birth instead of their gender identity can be problematic in treating trans youth.



# First things first

- Gather a treatment team- Therapist, Dietician, Medical provider, family or other support people
- Medical stabilization
- Weight restoration
- Stop Eating Disorder behaviors
- Recognize co-occurring issues

# Family Based Treatment



# How to be an Ally

1. Use the correct pronouns and names and correct yourself if you slip up
2. Take the initiative to educate yourself
3. Listen with an open mind and heart
4. Avoid making assumptions
5. View the term Ally as an action, not a label
6. Challenge your own biases
7. Accept that you may make mistakes
8. Stop making body-related comments
9. Avoid labeling food as good or bad

*8 tips for being an ally to your queer or trans loved one with an eating disorder.*

<https://withinhealth.com/blog/posts/18-tips-for-being-an-ally-to-your-queer-or-trans-loved-one-with-an-eating-disorder>

# How to be an Ally

10. Fight stigma
11. Make food considerations when hosting
12. Ask how you can support them
13. Understand that an Eating Disorder is a multifaceted illness
14. Avoid self-criticism and diet talk
15. Recognize your own relationship with diet culture
16. Familiarize yourself with HAES
17. Don't out them without their permission
18. If you are cisgender or heterosexual, recognize your privilege

*8 tips for being an ally to your queer or trans loved one with an eating disorder.*

<https://withinhealth.com/blog/posts/18-tips-for-being-an-ally-to-your-queer-or-trans-loved-one-with-an-eating-disorder>

# Resources



## Glossary of Terms

1. <https://www.hrc.org/resources/glossary-of-terms>
2. <https://www.glaad.org/reference/terms>

## Pronouns

1. <https://forge-forward.org/wp-content/uploads/2020/08/gender-neutral-pronouns1.pdf>
2. <https://pronouns.org/what-and-why>

## Articles

1. <https://www.them.us/story/queer-poc-body-image>
2. <https://www.emilyprogram.com/blog/how-to-support-lgbtqia-people-with-eating-disorders/>
3. <https://centerfordiscovery.com/blog/gender-dysphoria-body-dysmorphia-trans-non-binary-folks/>
4. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8060208/>

## Forms

1. <https://one-colorado.org/wp-content/uploads/2019/06/Intake-Questions-Best-Practices.pdf>

**Thank you!**