LIVE AUTHENTIC An Ellie Mental Health Magazine



OUR FAVORITE LGBTQIA+ KID'S BOOKS TIPS FOR PARENTS **CONVERSION THERAPY:** Why It's Harmful



Pride Playlist

We asked our team to come up with their favorite "pride anthems" to add to our playlist this summer!



A Note from Our Founder & CEO

One of our core values at Ellie Mental Health - and one of my personal core values - is living authentically: being who you truly are in every area of your life. For centuries, people in the LGBTQIA+ community have had to hide or lie about a huge part of their lived experience, and while things are definitely getting better, we still have work to do. I have friends who were kicked out of their parents' home after they came out. I know people who have been victims of violence for no reason other than that their gender identity didn't match the sex they were assigned at birth. No one should have to live in fear of being harmed or rejected for something they just are. For anyone who does experience discrimination, rejection, or even violence, I want you to know that there are helpers and healers who are here to support you. Therapy is a great place to find these allies as they will always strive to be a safe person for everyone, no matter what. Therapists will sit with you, hold your pain with you, validate your experience and help you figure out how to move forward stronger and more confident in who you are. They see and appreciate you, just for being you.

We are all worthy of love and acceptance, not just during Pride Month, but all year long. This month, I hope you will join me in celebrating the rainbow of humans that make this world a better place

Happy Pride, everyone! Erin Pash, LMFT Founder and CEO of Ellie Mental Health

Ellie Magazine Team:

Erin Pash, LMFT, Terri Bly, PsyD, Laura Fegley, Kira Olson, and Miranda Barker, LICSW

Contributors:

Anna Trout, LMFT, Devin Schallert-Thomas, MA, and Megan Gooden







Therapist-recommended books for kids on this topic



















TIPS FOR COMING OUT

Coming out is a deeply personal decision and there's no one-size-fits-all approach. However, here are some tips to help you when coming out:

- Before coming out, take the time to explore and understand your own sexuality or gender identity. Reflect on your feelings, experiences, and desires, and identify the labels that resonate with you (If you don't find one, that's okay too! Labels are only helpful if YOU find them helpful). Journaling can be a great way to unpack this. Understanding and accepting yourself is an essential first step in the coming out process!
- Decide who you want to tell and when you want to tell them. Pick a time and place where you feel safe, comfortable, and supported. We recommend starting with someone that you trust, like a close friend or family member that you know will be accepting and supportive. This can give you the confidence to come out to others.
- 3. Be prepared for different reactions. Keep in mind that some people may react differently to your coming out, ranging from acceptance and support to confusion or even rejection. While you can't control how others will react, you can control how you respond. Be patient and give them time to process the information, and be prepared to answer questions or address concerns they may have.
- 4. When coming out, be open and honest about your feelings and experiences. Use "I" statements to express yourself, such as "I've realized for a long time now that I'm [insert sexuality or gender identity]," and explain what this means to you.

Remember though—you don't owe anyone an explanation and it's totally fine to have responses like: "I haven't figured that out yet" or "Can we talk about that when I'm more ready?"

- Be patient with yourself. Coming out is a process, and it's okay to take things at your own pace. Selfacceptance is an essential part of the coming out journey.
- Seek out support by surround yourself with other members of the LGBTQIA+ community who can offer you guidance and encouragement. This is crucial! Consider joining a support group or seeking therapy if you need additional support in navigating your coming out journey.
- 7. Make sure you're familiar with your legal rights as someone who identifies as LGBTQIA+. This is especially important if you're in an area where discrimination against sexual orientation or gender identity is a problem.

Remember that coming out is a very personal decision, and it's ok for you to wait until you feel ready and comfortable. We also acknowledge that some LGBTQIA+ folks will never be able to come out due to a lack of safety and security within their community, and that is understandable.

We can all continue to be allies and continue to create a more welcoming community so this becomes less common. You are not alone, and there is a supportive community ready to embrace and celebrate you for who you are here at Ellie.

for allies

- Stay up to date on correct terminology. Read the books!
 Follow individuals who share their experiences on social media! You want to be curious about your loved one's individual experience, but they will appreciate it if you already have a solid foundation of knowledge.
- Listen to your friend or family member and stay curious. If they bring up a situation at school or work, or ask a seemingly random question about sexuality or gender identity, ask them more about what they already know, how they feel about it, what questions they have. From there, a conversation begins, and now they know they can trust you with these topics in the future.
- Reinforce love and acceptance at every opportunity. Conversations about sexual orientation and gender identity are part of a bigger conversation around your loved one's ability to love and accept themselves for who they are, and to do the same for others. Tell your person you love them, no matter what, and that you hope they can love themselves as much as you do.
- Ask yourself, what comes up with you with regard to sexual orientation and gender identity? How was it talked about in your home as a kid? If you weren't able to have open and healthy conversations about these topics when you were growing up, it's possible you might find discomfort when trying to talk about them now. If so, lean into that discomfort, explore it, understand it, resolve it. This is an opportunity for personal growth!
- It's not just one conversation: it's many conversations that happen over time. If talking with your children, use age-appropriate information regarding these topics, with language and concepts your children understand now, building on that information as they grow. If you're talking with an adult, try to stay with them wherever they are in their process. Focus on being a sounding board, rather than a problem-solver.

How to turn your daily stroll into a mindfulness practice

There is no question that practicing mindfulness comes with huge mental health benefits. Research shows that a regular mindfulness practice helps reduce anxiety and depression, improves sleep, and can even lower your blood pressure. But for some of us, maintaining a daily mindfulness practice can feel impossible, especially if it means sitting quietly for a few minutes with our eyes closed. The good news is that mindfulness can be incorporated into just about any activity. With summer finally upon us, walking provides the perfect opportunity to get your mindfulness on while enjoying the warm weather and getting a bit of exercise. It's a win-win-win!

On your next walk, try incorporating the following steps, and see if you notice changes in your mood or general disposition (note: you may have to practice a few times before any benefits become apparent):

- Start by feeling the ground underneath your feet as you walk. Is it smooth? Uneven? Hard? Soft? If you are walking your dog, feel the leash in your hand. Notice the breeze on your face. Does it feel warm, hot, dry, moist, cool?
- 2. Look around you. What do you see? Pretend as if you are walking along this path, sidewalk or road for the very first time. Notice the color of the trees, the slope of your neighbor's roof, the cars driving by, the birds flying overhead.

- Take a listen. Notice the sounds of the breeze in the leaves, the tires on the road, the dogs barking. Whatever there is to hear, notice it, and listen.
- 4. Smell the air. Take nice deep breaths, and just notice what the air smells like. Even if the aromas aren't pleasant ones, just notice they are there.

Continue walking, engaging each of these 4 senses as often as you can. If you notice your mind wandering, that's ok: notice it, and then try to refocus your attention back to your senses. Do this for as long as you'd like, but try to keep it going for at least 3-5 minutes. Afterwards, notice any changes in your mood, in how you're feeling at that moment. Is it any different than when you began your walk? Do you notice any changes in your thoughts as you continue your walk? How about your body?

This type of mindfulness exercise is one you can do almost anywhere: in your car, your office, at school, even while washing the dishes. By tuning your senses into your surroundings, you are training yourself to be fully present, taking in what is going on right now, rather than what just happened or might happen in the future. You may even notice yourself relaxing immediately, as you set aside everything that is not happening in this very moment, and just allow yourself to be.



MY KID IS GAY, WHAT DO I DO NOW?

This is a question I've heard countless times over the years while working with LGBGTQ+ youth. Parents are often scared, and I get it; I mean, we are persecuting drag queens right now. But while the world is often chaotic and unpredictable, we as parents need to be our kids' safety nets. As a parent of two children, I can honestly say that I would love to wrap them both up in bubble wrap and prevent anything bad from ever happening to them. But that's not realistic.

So, first and foremost, let me say this: the most important thing you can do is love your child. The world may be cruel and unkind at times, but you do not need to be like the world. You can be your child's refuge.

Now, when I say this, I often hear, "But how do I know that this isn't a phase?" And to be fair, you don't. You love them anyway. I've had many clients change how they define their sexual orientation, gender identity, and gender expression numerous times before settling into their full identity. And some never do. And that's okay. Sexuality is a spectrum, and it's ever-evolving. Change is normal. So, if your teen says, "I think I'm a boy," and asks you to use he/him pronouns, please do. Show him that you accept who he is. If later he changes to she/her pronouns or they/them, please use those pronouns. Follow your child's lead. Let them tell you who they are, while you continue to love them no matter what. It is 100% normal for a child to explore and question their sexuality and gender. This is part of identity formation, and it is a normal part of development. This can be scary for parents. We don't always like to think about our kids as sexual beings. But these conversations are important. If you want a close relationship with your child, you need to be willing to talk to them with an open mind about a variety of topics - including their sexuality and gender identity.

To answer the question, "What do I do now?," you do what you've likely already been doing: you love your child. Follow their lead in their journey. Ask questions if you don't understand. That's okay! They will appreciate you trying to understand them and getting further clarification. Ask them how they would like to be supported. Would they like to see a mental health therapist to navigate the coming out process or to further explore their sexuality? Would they like you to help talk to grandma?

Additionally, you can look at groups such as PFLAG to meet with other families and allies so that you can get support as well. You can also meet with a therapist to talk about your anxieties. This is a change for all of you, after all!

Finally, let me say this: It is true that the world is unpredictable, and at times scary. But the only way we can change the world is if we change ourselves. If more people become allies to the LGBTQ+ community, we can create a safer (and, might I add, more colorful) world for all.



CONVERSION THERAPY

Why It's Harmful and Why Banning It Matters

Terri Bly, PsyD, LP

According to a recent study by the Williams Institute at UCLA, approximately 698,000 adults in the US have received conversion therapy, and about 350,000 of them were adolescents at the time of the treatment. It is also estimated that another 16,000 American teens will participate in conversion therapy with a licensed mental health provider before they reach adulthood, and around 57,000 American teens will undergo conversion therapy efforts with a religious or spiritual advisor.

As of April 2023, 21 states and the District of Columbia have passed laws prohibiting licensed mental health professionals from providing conversion therapy services for adolescents or vulnerable adults. The law does not apply to faith leaders or churches. Conversely, 11 other states (and counting) have passed laws in 2023 banning gender-affirming care for minors. Not coincidentally, none of those 11 states have passed laws banning conversion therapy. In other words, lines are being drawn when it comes to the treatment of sexual orientation and gender identity, with people on both sides of the issue insisting that young people's lives are at stake and laws must be passed to protect them. Emotions, and tensions, are high.

So, what is the "truth" when it comes to therapeutic interventions designed to change someone's sexual orientation or gender identity? Why are so many states pushing to ban it, and why are some groups fighting to keep it legal? And for young people experiencing distress related to their sexual orientation and/or gender identity, what help can mental health professionals offer if conversion therapy is off the table?

For those unfamiliar with the practice of conversion therapy, a brief overview: Attempts to alter someone's same-sex attraction began in earnest at the very end of the 19th century. Initially targeted at homosexual men, but eventually branching out to include women and transgendered individuals, these early attempts to "cure"



homosexuality included electroconvulsive treatments ("shock therapy"), testicle transplants, hormone injections, even lobotomies. Although conversion therapy has since moved away from these more dramatic interventions, research on all forms of conversion therapy fails to show any evidence that sexual orientation and gender identity are changeable, and that trying to change them can have a lasting negative impact on a person's mental health.

In 1986, homosexuality as a disorder was removed entirely from the Diagnostic and Statistical Manual (DSM). Meanwhile, many in the mental health community concluded that conversion therapy was not only ineffective, but also unethical and unnecessary, and this continues to be the official position by prominent groups such as the American Psychological Association. Some religious organizations and faith-based groups, however, continue to assert that identifying as anything other than cis gender and heterosexual is morally wrong, and that with appropriate help and prayer, a person can change their sexual orientation or gender identity. Or, barring their ability to change how they feel, people can learn to behave in line with religious teachings without negatively compromising their mental health. As such, some people who experience same-sex attraction or gender dysphoria (or their family members) still seek help for these "conditions," particularly those who belong to families, churches and communities in which being gay or transgender is viewed as an abomination.

In response to the ongoing demand for interventions that claim to modify a person's sexual orientation or gender identity, there continue to be faith-based counseling centers and private practitioners offering what is now more commonly referred to as "change-allowing therapy." The justification for providing these services is that therapists should be able to meet the client where they are at, respecting the client's right to determine their own goals for treatment. In other words, if someone feels distress related to their same-sex attraction or gender identity, they should have the right to pursue treatment for it.

Is there a case, then, to be made for trying to help someone who believes their sexual orientation or gender identity is a problem, and who wants to live their life in a way that aligns with the values of their religious faith or culture? After all, many people who are gay or transgender risk losing their faith community, their friends, and even their family. They are also at higher risk of becoming targets of violence, are more likely to suffer from mental health problems, and have a higher rate of suicide than heterosexual and cis gender individuals. Is there something to be said for trying to help them avoid these outcomes, by helping them adjust their sexual attraction or gender identity? Perhaps more importantly, shouldn't everyone - including teenagers - have the right to determine their own goals for treatment?

The first problem with this logic is the implication that being queer or transgender are disorders that can be treated. "Sexual orientation and gender identity are no more 'curable' than left-handedness," explains Dr. Nicolas Griffith, a retired clinical psychologist and former professor of psychopathology at the Minnesota School of Professional Psychology. "You can ruler someone's left hand bloody and it won't stop them from being left-handed," referring to the now-antiquated practice of punishing students for writing with their left hands. "Sexual orientation and gender identity are no different." He goes on to point out that licensed clinicians are required to practice only those interventions with demonstrated effectiveness, which conversion (or change-allowing) therapy does not have. Because of this, "we are no more allowed to participate as a clinician in conversion therapy for sexuality than we are for conversion for right- and left-handedness."

In other words, one major problem with conversion therapy – aside from its underlying assumptions that certain sexual orientations and gender identities are disordered – is that it doesn't work. Moreover, it can cause harm. And licensed clinicians are prohibited from offering services if the research shows they don't work and can hurt people, even if the client actively wants the service. Since there is no evidence to suggest that changing one's sexual orientation or gender identity is any more possible than changing one's skin color, or which hand they write with, for a licensed therapist to claim otherwise is both inaccurate and unethical.

But what about the higher rates of mental health problems in the queer community? If they are so much higher than they are for cis gender, heterosexual individuals, shouldn't mental health providers be allowed to help someone who is experiencing distress they believe is due to their sexual orientation or gender identity, even if it means helping them live as a straight, cis gender person? "I think this is a societal pathology [causing the distress], rather than an individual pathology," asserts Griffith, "just like racism, classism, and sexism. The DSM only focuses on the individual and has nothing in it about societal pathology that then results in the distress."

The second problem with conversion therapy, therefore, is that it essentially treats a societal problem – specifically, the pathologizing of queer or transgender identities – as an individual one. Consequently, conversion therapy becomes akin to "blaming the victim," which may help explain why individuals who undergo conversion therapy have even higher rates of mental health problems and suicidal ideation than queer individuals who are accepted by their family and community.

In response to the evidence showing conversion therapy as both ineffective and potentially harmful, some faithbased counseling organizations have started moving away from a change focus, proposing instead that therapists help their clients learn how to avoid acting on their sexual feelings, either through celibacy or heterosexual marriage. While behavior changes like engaging in a heterosexual marriage may be possible, Griffith believes they are also problematic. "They might not be able to function particularly well sexually with their partner, but enough to beget [children]." More importantly, he adds, "it is always going to be incongruent with their experience," which is likely to have a negative impact on their mental health. It also reinforces the idea that their authentic self is wrong and must be repressed. As for promoting celibacy as an alternative to homosexual relationships? "It's evil," states Griffith." [The therapist] is essentially preventing their client from learning how to be in relationship. And that is evil."

So, if changing one's sexual orientation or gender identity is not possible, and trying instead to live as a cis gender, heterosexual person is not psychologically healthy, what options does a person have if they are unsure how to reconcile their sexual orientation or gender identity with other important aspects of their life? Even if the "pathology" is societal, trying to change an entire community, or their religion's belief system, isn't exactly an appropriate goal for therapy, either. One possible approach, suggests Dr. Griffith, would be to address the problems within the family system that come up in response to the person's sexual orientation or gender identity. "I think it would be better to ask them to invite their family in for some therapy sessions, to talk about their discomfort. I bet it distresses them as well, so let's talk about that. And if the family won't [address their discomfort], let's talk about developing a support system of people who like you and accept you for who you are. Then you can have your biological family and also a family of choice."

Lastly, it is important to note that while conversion therapy bans are intended to prevent licensed mental health practitioners from practicing conversion therapy or similar interventions, therapists can (and do) talk with their teenage and adult clients about sexual orientation, gender identity, and whatever distress they may experience in response to any or all of the above. And just as therapists should neither endorse nor attempt an intervention that doesn't work, nor should they actively encourage a client to disown their family or leave their church as a result of their sexual orientation or gender identity. An ethical, competent therapist will be able to sit with a person at any stage of their identity exploration, discuss their distress, support them as they work through the complexities of their situation, and empower them to determine how best to reconcile their identity with their culture, faith, and family.

For a complete list of sources <u>used for this article</u>, please find this article on our blog:<u>www.elliementalhealth.com/blog/</u>





Queer-Owned Businesses We Love



Explorer Cold Brew

Explorer was founded by the first openly LGBTQIA+ person to climb Mt. Everest and the Seven Summits- the highest mountain on each continent, a feat he achieved while raising money and awareness for LGBTQIA+ suicide prevention! They have four concentrate options, ranging between no caffeine to extra caffeine and can be found at their website or on amazon, and a portion of their profits goes back to Charity:Water.

explorercoldbrew.com

"I love this cold brew concentrate, especially in the summertime!" – Miranda Barker, Ellie therapist



The Laundry Evangelist

Okay, but who actually likes doing laundry? Pat Richardson believes that laundry isn't just fun, it's a way of life. He is the host of a TV show, teaches laundry classes (in Minneapolis, MN), sells laundry essentials, and wrote a book all about finding joy in this simple task. We love his outlook on this! Find his laundry essentials on his website: laundryevangelist.com

- "You do laundry for people that you love, including you."
- Patric Richardson



PURE

This skincare company was founded by partners Josh Kilmer-Purcell and Dr. Brent Ridge after they moved to a goat farm in rural New York. They began making goat milk soap for neighbors and within a few years became one of the world's biggest goat-milk based skincare companies. We love it! beekman1802.com

goat milk body soar savon au lait de chèvre pour le corp

"Beekman 1802 is all about a mission of kindness – kind to each other, animals, the planet and our skin. I've always use the goat milk soap – it's so gentle I used it on my kid when he was a baby. Now I love the Dream Booster too – it's a serum with bakuchoi, which is a much gentler way to get the effects of a retinol."

– Laura Fegley, Ellie Employee

Why is Ellie Mental Health Celebrating Pride?

Ellies across the nation are celebrating Pride by joyfully attending Pride events, parades, booths, performances, committees, concerts, and dinners, and joining together to support their local LGBTQ+ community. We know that celebrating with rainbow graphics and giveaway swag alone isn't enough! Ellie is also educating their clinicians and communities about the importance of caring for the unique mental health needs of the queer community. We know the statistics: 60% of LGBTQ+ youth who wanted mental health care in the past year were not able to get it and nearly half of LGBTQ+ youth seriously consider suicide. It's not enough to know the statistics; we must do something about them.

It's our responsibility to do our part in positively impacting these statistics, not just as one of the nation's leading mental health companies, but because it's our responsibility as human beings. We're using Pride month to raise awareness of these gaps in care provision and educate the national community of clinicians around adequately providing affirmative ethical care to this great group of people who need it. Informed, accessible mental health care provision for all members of the LGBTQ+ community is certainly something worth celebrating!





Looking for Support? Find Your Local Clinic Here:



