QUALITY IMPROVEMENT

Support of LGBTQ+ People with Intellectual and Developmental Disabilities in Group Homes

Chinazo Echezona-Johnson[1*]
[1]Chamberlain University, Downers Grove, IL USA
***Corresponding Author –**Chinazo Echezona-Johnson
E-mail: CEchezona-Johnson@chamberlain.edu
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Abstract

Background: Researchers indicate that the staff of group homes do not support LGBTQ+ individuals with intellectual and developmental disabilities (ID/DD) in expressing their sexuality or acknowledging their sexual orientation. **Objective:** The project's purpose is to develop staff education about support strategies for ID/DD individuals who identify as LGBTQ+ in group homes to reduce adverse behavioral issues. **Methods:** This is a quality improvement initiative. Data were collected from a convenience sample of the target population via post-workshop surveys adapted from the Knowledge about Homosexuality Questionnaire, pre-and-post community inclusion forms, review of agency's records and environment, and pre-and-post adverse behaviors of the study cohort. The convenience sample size is limited to 25 direct participants and 32 indirect charts. **Results:** Data were analyzed by content analysis and the use of the Statistical Package for the Social Sciences (SPSS) - Spearman's rho, paired-sample t-test, and Wilcoxon signed-rank test. Findings show that staff education and support would reduce adverse behavioral issues among the cohort. **Limitations:** This project is limited to a convenience sample of only one agency in New York City that provides services to Intellectual Disability and Developmental Disability (ID/DD) individuals who identify as Lesbian, Gay, Bisexual, Transgender, Queer, Questioning (LGBTQ+). Survey questions did not include specific questions about lesbians, transgender people, asexuals, pansexuals, and intersex. Only one question mentions bisexuality. **Conclusion:** There is a critical need to modify the agency's protocols, forms, cultural competency training, environment, and policies to emphasize the cohort's needs using interventions to diminish minority stress and improve positive psychology (PERMA model). Nursing education should include an in-depth curriculum on the intersection between LGBTQ+ and ID/DD populations.

Keywords: LGBTQ+, disabilities, group homes, sexuality, minority stress, PERMA.

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Many healthcare agencies provide quality care for chronic illnesses but struggle to provide holistic care that addresses individuals' sexual needs for people with intellectual disabilities and developmental delays (ID/DD) who identify as Lesbian, Gay, Bisexual, Transgender, Queer, Questioning (LGBTQ+). This cohort is marginalized because of their sexual orientation and disabilities (Wos et al., 2020). ID/DD individuals who identify as LGBTQ+ are less likely to be educated and supported about their sexuality and lifestyle. Sexual frustrations may lead to behavioral and psychological issues such as elopement, destruction of properties, physical assaults on themselves and others, sexual assaults, depression, suicide, and distress (McCann et al., 2016).

Based on existing literature, there are gaps regarding the exact content to add when developing policies and protocols to guide nursing and staff support for these individuals. Many agencies have limited or no protocol, sparse information, inadequate training for nursing and support staff, inconsistent education for the ID/DD individuals who identify as LGBTQ+ population, and a lack of understanding of this cohort's intimate personal lives during unprecedented times like the COVID-19 pandemic (Achey, 2020; Wos et al., 2020).

ID/DD Populations are Social and Sexual Beings

People are social beings and desire relationships with others. Sexuality is a fundamental human right for everybody, regardless of orientation, gender, cognitive abilities, and age. People want to belong, socialize, be accepted, and have non-sexual and romantic relationships. Societal and cultural standards influence sexuality. Entrenched in the human formation of self-identity, well-being, and self-esteem is human sexuality. When these social and sexual relationships are unattainable or denied, people may experience physical, behavioral, and psychological deficits or stress (Achey, 2020; Dinwoodie et al., 2020).

In some cases, some people may even violate societal regulations resulting in criminal and civil legal cases (Dinwoodie et al., 2020; Rodríguez-Roldán, 2020). According to positive psychology and minority stress theories, meaningful, constructive, and healthy relationships help people find love, form romantic relationships, help build resilience, improve health, and decrease psychopathology (Meyer, 2003, 2020; Seligman, 2020). With increasing life expectancy of the developmental disability population, there is a growing demand for individualized, patient-centered care that addresses this population's sexual needs. In the past decades, sexuality for the ID/DD population was restrictive and repressed, particularly for the ID/DD individuals who identify as LGBTQ+ (McCann et al., 2016; Whittle & Butler, 2018). The sexual rights of the ID/DD population are considered taboo, hypersexual, or asexual. However, with the growing acceptance of the LGBTQ+ population, many studies advocate accepting, normalizing, and supporting this population's sexual rights (Rodríguez-Roldán, 2020).

Special Needs Population: LGBTQ+ with Disabilities

Studies about LGBTQ+ ID/DD and ID/DD individuals who identify as LGBTQ+ are divergent in different research areas. Futhermore, findings may not necessarily be transferable. Nursing and healthcare staff who provide care to LGBTQ+ individuals with disabilities still erroneously believe that this cohort cannot have sexual desires, give sexual consent, understand the complexities of having sex or having sexual partnerships (Dinwoodie et al., 2020; McCann et al., 2016; Whittle & Butler, 2018, Wos et al., 2020). LGBTQ+ individuals with disabilities barely receive relevant education about their sexual orientation and are dismissed as unable to understand sexual concepts. Some nursing and support staff, including those who identify as LGBTQ+, may not be willing to be role models or advocates for this cohort. Staff may be reluctant to correct their colleagues due to fear of discrimination or the possibility of being accused of sexual misconduct or violating the cohort's legal rights (Dinwoodie et al., 2020). Some nurses and support staff may have an underlying phobia, negative experiences, or implicit bias about same-sex activities due to their religion, values, beliefs, or culture (Wos et al., 2020).

Since all people desire social belongingness and relationships, LGBTQ+ individuals with disabilities may exhibit behavioral and psychological issues due to sexual frustrations and denial of socialization. These behaviors could lead to unnecessary hospitalizations, decreased satisfaction, social isolation, low self-esteem, and loneliness (Achey, 2020; Dinwoodie et al., 2020). Also, the lack of nursing and staff support and marginalization may lead to social isolation, low self-esteem, loneliness, and emotional, mental, and physical abuse by strangers, family members, and staff (McCann et al., 2016; Whittle & Butler, 2018).

According to James et al. (2016), LGBTQ+ individuals with disabilities experience more discrimination and oppression and are more likely to be neglected and abused in the healthcare arena. Disabled people who identify as LGBTQ+ are more prone than mainstream and heterosexual ID/DD populations to experience bigotry and social stress, leading to many physiological and psychological issues. ID/DD individuals who identify as LGBTQ+ people are likely to experience mood disorders such as anxiety, substance use disorders, invisibility, and depression (McCann et al., 2016; Whittle & Butler, 2018). Forty percent of people with disabilities who identify as LGBTQ+ reported mental health, such as suicide, bipolar, psychosis, aggressive behaviors, and depression. Consequently, this population may require more medical and nursing care for other health care diseases, including negative behavioral issues. Some of these diseases include chronic illnesses such as dual diagnosis of physiological diseases, psychological and behavioral, and classic advanced age-related disorders (Rodriguez-Roldan, 2020). McCann et al. (2016) found that 74% of people with developmental disabilities do not know about LGBTQ+ issues. Surprisingly, 70% of the ID/DD population who identify as LGBTQ+ have negative attitudes towards individuals who identify as LGBTQ+ and have difficulty accepting their own identity as LGBTQ+. The authors

also documented that some LGBTQ+ people with disabilities are unhappy about their sexual identity.

ID/DD people are likely to be supported and educated if they are heterosexual instead of preferring same-sex sexuality. LGBTQ+ people with disabilities, especially minorities, encounter double and triple discrimination due to their disabilities, ethnicity, gender identification, and sexual orientation (James et al., 2016; McCann & Brown, 2019). In a study, 28% of transgender people reported getting arrested for sexual identification, and 52 % of transgender ID/DD people reported uneasiness about seeking help from law enforcement for sexual crimes against them (Pettinicchio, 2019).

Methods

Project Question

Did implementing an evidence-based and culturally competent, supportive strategic education workshop for the group home nursing and support staff decrease behavioral issues in ID/DD individuals who identify as LGBTQ+ within five weeks?

Ethics/Human Subjects Protection

The project site did not have an Internal Review Board and did not require oversight and permission to complete a quality improvement project. The agency's Quality Improvement Director and the Chief Nurse Executive approved the project. Additionally, due to the nature of the project, strict confidentiality and HIPAA guidelines were maintained. Electronic health records were protected by ensuring that data collected did not have personal health information. All data had random numbers to identify the members of the cohort. All data collected were secured in a password and encrypted, protected file. All information and data were coded with non-identifying numbers. All personal health information was removed. All patient data were key-coded. No records were stored or removed from the practice site. When sharing results, no patient or participants' identifiers were used.

Online training allowed the participants to access the QueerAlly Workshop at their convenience. The post-intervention questionnaires were anonymous and administered through electronic means. There were no risks to the participants who voluntarily completed the anonymous questionnaire. Participants did not receive any compensation for completing the survey. There was no collection or tracking of participants' email or computer Internet Protocol addresses.

Study Interventions and Data Collection

The project started in the first week of July 2021 and concluded in the first week of August 2021. Different data collection sources were used, such as electronic surveys, electronic health records (community inclusion flow sheets), and post-intervention reported adverse behavior incidents.

This quality improvement project used an educational program to train group home nursing and support staff who provide services to ID/DD individuals who identify as LGBTQ+ on support strategies to reduce behavioral issues among members of this cohort. Data were collected and content analyses performed of the organization's existing cultural competency policy, forms and physical environment in terms of language supporting intellectual and developmental delays among individuals who identify as LGBTQ+. Additionally, data were aggregated from 32 pre-and-post community inclusion forms. Finally, data from the agency's electronic health record also yielded the rate of psychiatric hospitalizations for ID/DD individuals who identify as LGBTQ+. The data were used as a benchmark to measure any changes in psychiatric admissions and adverse behavioral issues for the cohort after implementing the QueerAlly-IDD Workshop. A post-intervention electronic questionnaire evaluated participants' knowledge about ID/DD individuals who identified to be members of the LGBTQ+ cohort. The questionnaire collected demographic data about the respondents. These data included respondents' age, the highest level of education, tenure at the agency, sexual orientation, gender identity, and prior attendance in LGBTQ+ training. Additionally, the questionnaire collected data about the participants' knowledge and understanding of the cohort.

The QueerAlly-IDD Workshop used evidence-based information to educate staff to recognize, understand, and meet the specific needs of the ID/DD individuals who identify as LGBTQ+ cohort. The Workshop encompassed acknowledging the perceptions and feelings of nursing and support staff about the cohort, the impact of conscious and unconscious biases, cultural awareness and beliefs, cultural knowledge, and cultural skills. Positive psychology, PERMA (Positive Emotions, Engagement, Relationships (Positive), Meaning, and Accomplishment/ Achievement) phases, and minority stress theory were incorporated into the training to decrease psychological stress and maintain positive social and sexual relationships for the cohort (Meyer, 2003, 2020; Seligman, 2020). The Workshop included approaches to addressing the cohort's sexual needs, treatment and support for cohort members changing their genders, symptoms monitoring, and how to help the cohort's adjustment. The Workshop also included clarifying issues about consent to sexual relationships and the capacity to consent. Finally, the Workshop addressed the protection of the individuals' rights to choose and self-determination, appropriate and practical training for the cohort, support for LGBTQ+ individuals, contraception usage, dating, sexual relationships, sexual pleasure, acceptable and unacceptable sexual conduct, and intimacy.

The project's post-intervention tool questionnaire was adapted from the Knowledge about Homosexuality instrument to measure the agency's staff knowledge after the QueerAlly-IDD. The tool was developed by Harris, Nightengale, & Owens (Harris, 1998). The instrument measures nurses, social workers, and psychologists' knowledge about homosexuality and sexual orientation issues. Additionally, the questionnaire was used to measure other disciplines' knowledge about LGBTQ+. Literature showed that the mean scores from the original administration of the questionnaire were 16.3 (eighty-two percent correct) for a sample of healthcare professionals, with a Chronbach's alpha of .70. The construct validity showed that the mean score was higher for health care professionals. The construct validity showed that people who have the education about and understanding of the LGBTQ+ community would score higher (Corrêa-Ribeiro et al., 2018). Permission was received from Dr. Harris to modify and use the instrument.

Measures and Outcomes

The Statistical Package for the Social Sciences (SPSS) Statistics was used to analyze the three data sets collected. In addition, the assessment of learning of nursing and support staff of new protocols were analyzed using data collected from community inclusion reports from the agency's archives. The assumption was that the variance between the data to be collected was homogenous, and the sample was more than 30 records with interval data.

The paired-student t-test was used to compare the pre-and post-community inclusion frequency of LGBTQ+ friendly community activities and sites by support staff for the ID/DD individuals who identify as LGBTQ+ after the Workshop. The parametric test was used to ascertain whether the frequency of the pre-workshop community inclusion sites are statistically significant compared to the post-workshop community inclusion sites. community inclusion is a mandated activity where staff document outside activities by individuals who live in group homes certified by the Office of People with Developmental Delay (OPWDD) in New York state. All the descriptive data of post-workshop participants and their Knowledge of LGBTQ+ were analyzed using SPSS. Content analysis was used to analyze the frequency of LGBTQ + related information in the cultural competency workshop, policies, forms, physical environment, family, individual hand-outs and materials, and cultural competency policy. Wilcoxon's non-parametric test was used to analyze the Workshop's significance and the change frequency of adverse behavioral issues before and after the QueerAlly Staff Development Workshop. The assumption was that the data were not normally distributed and homogenous.

Content Analysis

The agency's environment, documents, policies, and Workshop were examined and analyzed. Reviewed documents include the agency's cultural competency workshop (PowerPoint handouts), forms (admission, intake, nursing assessment, community inclusion, triage form, medical appointment form), policies (cultural competency policy, medication administration; nursing assessment, community inclusion), and family and individual handouts and materials. Only 0.05% (12 lines) in the cultural competency workshop and 0.15% (18 lines) in the cultural competency policy mentioned the LGBTQ+ phrases.

These lines did not indicate how nursing and support staff could support the cohort or explain LGBTQ+ terminologies. Also, only 0.42% (5 lines) of the agency forms mentioned some LGBTQ+ terminologies. The five lines did not mention protocols for collecting information pertaining to the cohort. In addition, none of the agency forms mentioned or provided opportunities for LGBTQ+ pronouns. The reviewed policies only mentioned LGBTQ+ in eight lines (0.03%). Also, there were no LGBTQ+-related illustrations, pictures, or LGBTQ+ friendly materials displayed in the agency. The content analysis did not reveal any LGBTQ+ images, posters, or information in the environment.

Community Inclusion

To ascertain the participants' knowledge and willingness to support the cohort, one month of pre-workshop and post-workshop of 32 randomized community inclusion samples were reviewed for visits to LGBTQ+ establishments such as clubs, bars, community settings, LGBTQ+ events, and shops. The paired-sample t-test was used to compare the pre-and post-workshop community inclusion frequency to LGBTQ+ friendly community activities and sites by staff for the ID/DD individuals who identify as LGBTQ+. Pre-workshop data showed minimal community inclusion of LGBTQ+ sites. The staff's anecdotal notes revealed that limited time (10-15 minutes) was spent at these LGBTQ+ sites. No anecdotal documentation exists about the experience or the satisfaction of the ID/DD individual's visits to the LGBTQ+ sites. A paired-sample t-test was conducted to compare the mean scores for the same data group on two separate occasions. The Workshop's impact on nursing and support staff's backing and facilitating of individuals attending community inclusion to LGBTQ+ friendly sites were likewise examined.

Data showed that there was an increase in staff taking the ID/DD individual to LGBTQ+ community inclusion-friendly sites from pre-workshop (M=.38, SD =.609) to post-workshop (M=.69, SD=.780), $p<.001$ (two-tailed). The mean increase in the LGBTQ+ community inclusion was -.312, with a 95% confidence interval ranging from -.545 to -.080. The eta-squared statistic (0.20) indicated a small effect.

Table 1

Content Analysis

Material	Estimated Lines	Lines with LGBTQ+ content	Estimated Illustrations (%)	Illustrations of LGBTQ+ content (%)
Cultural competency workshop-PowerPoint, handouts	24,450	12 (0.05%)	60	0
Forms- Admission, Intake, Nursing Assessment, Community Inclusion, Triage forms, Medical Forms	12,000	5 (0.042%)	0	0
Physical environment	20	0	30	0
Cultural competency policy	12,000	18 (0.15%)	0	0
Family and individual handouts and materials	2000	0	20	0
Policies – Medication administration, Nursing Assessment, Community Inclusion	28,000	8 (0.03%)	0	0

Table 2

Community Inclusion

Paired Samples Test										
		Paired Differences							Significance	
					95% Confidence Interval of the Difference					
		Mean	Std. Deviation	Std. Error Mean	Lower	Upper	t	df	One-Sided p	Two-Sided p
Pair 1	Pre-Workshop Community Inclusion – Post-Workshop Community Inclusion	**-.312**	**.644**	**.114**	**-.545**	**-.080**	**-2.743**	**31**	**.005**	**.010**

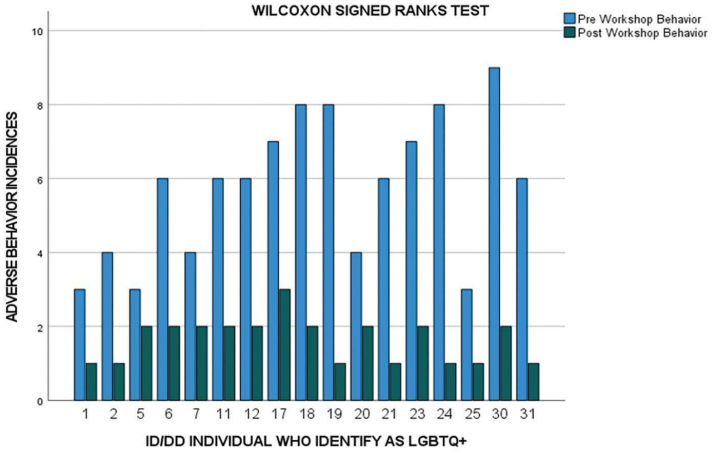
Adverse Behavioral Issues

The Wilcoxon signed-rank test was used to analyze the Workshop's significance and the change frequency of adverse behavioral issues pre-and-post Workshop. The data collection for one month was obtained from all 32 group home individuals regarding any behavior documentation, emergency services activation, and any psychiatric hospitalizations for being a threat to self or others. These behaviors include physical aggression towards objects or people, self-injury, elopement, prostitution, sexually inappropriate behaviors, and offending behaviors such as public masturbation, feces-smearing, and stealing. Pre-workshop data showed that the frequency of adverse behavior among the ID/DD individuals who identify as LGBTQ+ is high. These negative behaviors range from minor incidents such as throwing food on the floor or punching the walls to more severe behaviors such as elopement and self-injurious behaviors.

A Wilcoxon signed-rank test showed $z = -4.718$, $p < .001$ (2-tailed). The difference in adverse behaviors among the cohort pre-and-post the workshop is statistically significant. Also, with a large effect size (r=.83), this statistical difference was due to the intervention workshop. The median score on the adverse behavior per month for ID/DD individuals who identify as LGBTQ+ decreased from pre-workshop (Md=4) to post-workshop (Md=1).

Figure 1

Pre-and Post-Workshop Adverse Behavior Frequency



Knowledge About Homosexuality Survey

The post-workshop survey included 19 questions to evaluate the staff's knowledge about LGBTQ+. The most correctly answered questions were those about coming out and bisexuality. The most incorrectly answered question is cultural-historical intolerance towards homosexuality. The majority of the respondents agreed that ID/DD individuals could identify as LGBTQ+, could have sex, could change their biological sex with medications, and go to LGBTQ+ events. A non-parametric test, Spearman's rho, showed a moderate to strong correlation between these respondents' survey answers and demographic factors such as the highest level of education, age, and participants' involvement in a previous course with homosexuality in the curriculum. Conversely, post-workshop data also showed that age and gender did not affect the respondents' knowledge of homosexuality.

The survey also included four questions (16-19) to ascertain participants' specific knowledge about intellectually disabled and developmentally delayed (ID/DD) individuals who identify as LGBTQ+. For question 16, 2 (8%) respondents did not think that ID/DD individuals can identify as LGBTQ+, and 2 (8%) did not know (M=1.24; SD=.5). For question 17, one respondent (4%) did not think that ID/DD individuals can have sex. However, 18 (96%) responded that individuals with ID/DD who identify as Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQ+) can have sex (M=1.08; S.D. =.4). For question 18, 7 (28%) did not believe that ID/DD individuals can change their biological sex with medications, while 15 (60%) believed they could. Four participants (12%) did not know the answer (M=1.52; SD=.7). For question 19, ID/DD individuals who identify as LGBTQ+ could go to LGBTQ+ events. Only 1 (4%) did not think the cohort could attend LGBTQ+ events (M=2; S.D. =.4).

Application to Nursing Clinical Practice and Nursing Education

The project aligns with the Institute of Medicine report on LGBTQ+ health issues and research gaps, the vital recommendations in Healthy People 2020, the Joint Commission's LGBTQ+ Field Guide, and the implementation of the Patient Protection and Affordable Care Act (Brigham and Women's Faulkner Hospital [BWFH], 2016). The American Nurses Association (ANA) emphasizes the importance of all nurses practicing in diverse settings to provide informed, educated, ethical, safe, effective, sensitive, and culturally congruent care to

members of LGBTQ+ populations. The problem of not addressing the sexual needs of the ID/DD individuals affect the cohort's quality of care and violates the cohort's ethical, legal, and human rights (Institute for Healthcare Improvement [IHI], 2018; Stokes, 2019).

The quality improvement project increased the cohort and staff satisfaction and decreased sentinel and never-events. This increase in safety and satisfaction could translate into increased reimbursement from the Centers for Medicaid and Medicare Services (CMS) and other payors. Likewise, the agency would meet the quadruple aim of healthcare - to enhance patient experience, improve population health, reduce costs, and improve work-life balance of healthcare providers, including nursing and support staff (CMS, 2017).

The project results would help agencies that support individuals who identify as LGBTQ+ to detect problems that would affect quality, cost-effective, safe, timely, effective, efficient, and patient-centered care. This project's results could explain and support quality improvement projects, sustainability of initiatives, and procurement of critical stakeholders' buy-in when changing policies, practices, and the environment to support the LGBTQ+ cohort (Porter-O'Grady & Malloch, 2018).

Furthermore, the project's findings would help detect the organization's cultural competence training needs for service delivery to culturally diverse populations, systems and organizational cross-cultural strengths identification, and staff development training topics (Mason, 1995). The education should measure behavioral nursing and support staff changes and reinforce the need for professional practice and language change when addressing this cohort. This training would lead to a supportive and safer work environment for the nursing personnel, support staff, and the cohort. Nursing and support staff members would build stronger relationships with their colleagues and ID/DD individuals who identify as LGBTQ+ (Achey, 2020). The anticipation is that the project's findings would allow the agencies to recruit and retain qualified nursing and support staff. These agencies would also be able to develop a positive and supportive environment and more appropriate policies for this cohort. A decrease in turnover rates for ID/DD specialty nurses would decrease sentinel and never events. This decrease would translate into increased reimbursement from the Centers for Medicaid and Medicare Services and other payors (Press Ganey, 2017), as well as staff and resident satisfaction.

Also, the findings of this quality improvement project reinforce the agency's efforts in collecting information on sexual orientation and gender identity to reduce LGBTQ+ health disparities. Healthcare agencies should list LGBTQ+ health and transgender care among their services (Achey, 2020). Also, institutions' forms and electronic health records should include LGBTQ+ terminologies and opportunities to include questions about sexual orientations and gender identity as part of the medical and sexual history. The National LGBT Health Education Center (NLHEC, n.d.) recommends that forms should have options to document preferred names and pronouns. These changes would help nursing and support staff comply with the cohort's wishes. The forms should not contain non-gender-neutral terminologies such as "father/mother," "husband/wife," or "family history." Instead, the forms should have "parent(s)," "partner(s)," or "blood relatives." Also, forms should be gender-neutral (images without human shape) illustrations.

Healthcare agencies should modify their environments, policies, and forms to include evidence-based information about the cohort to focus on details about the social and sexual needs of the ID/DD population who identify as LGBTQ+. The metrics from this project could support initiatives for modifying the environment to become more welcoming to the cohort. The environment should include LGBTQ+ illustrations and LGBTQ+ related information and handouts for this population and their families (Rickards, 2019; NLHEC, n.d.). Some examples include LGBTQ+ rainbow stickers, flags, or decals on I.D. badges, nursing stations, and around the agency to show their support and acceptance of the cohort (BWFH, 2016; NLHEC, n.d.).

Nursing education and allied healthcare continuing education programs should integrate in-depth training about the intersection between LGBTQ+ and special populations (McCann & Brown, 2019). Policies, protocols, and continuing professional education of agencies that serve this population should include a sex education curriculum. The staff development competency goals include assisting these individuals in making current and educated choices about their well-being, sexuality, support, and promotion of their relationships (McCann & Brown, 2019; Rickards, 2019).

Positive psychology and the minority stress model principles would be combined to develop a staff education workshop, including support strategies for ID/DD individuals who identify as LGBTQ+ in group homes to reduce behavioral issues in the cohort. Nursing and ancillary staff education should also incorporate the use of the PERMA model, such as meeting and forming meaningful friendships and romantic relationships with others. These PERMA concepts would support and empower nursing and support staff to advocate and provide the cohort with privacy, support, and information to express their sexuality freely.

Additionally, this educational focus would decrease distal and proximal factors that cause physical and psychological chronic illnesses and preclude the cohort from achieving all five PERMA tenets (Lindley & Galupo, 2020). Staff support and flexible organization policies would serve as community strengths to produce positive subjective experiences and character strengths. These cohorts' character strengths, such as kindness, mindfulness, gratitude, love, and hope, would help them achieve and support the development of resilience, manage stressors, flourish, and improve their mental and psychological well-being (Seligman, 2020).

Nursing and ancillary staff education should incorporate exercises to facilitate self-assessment and self-reflection about their preconceived, implicit biases, personal prejudices about the cohort, and knowledge deficits that might adversely impact their attitude and support towards these individuals. Also, the curriculum should include knowledge deficits that might adversely affect nursing and support staff's attitude and caring towards this group of individuals (McCann & Brown, 2019; Rickards, 2019). The curriculum should discuss issues about ableism, transphobia, and homophobia. Staff education would produce a robust and knowledgeable nursing and support staff who will help this cohort socialize, develop coping skills and resilience to deal with the

distal and proximal factors of minority stress, hence, managing its chronicity. This stress reduction could occur through positive social interactions within institutions that add to these individuals' character strengths and subjective positive experiences to thrive and deal with their sexual orientation and social isolation (Meyer, 2003; 2020; Seligman, 2020).

Limitations

This quality improvement project was limited to only one agency in New York City that services ID/DD individuals who identify as Lesbian, Gay, Bisexual, Transgender, Queer, Questioning (LGBTQ+). The convenience sample size was limited to 25 nursing and staff members and 32 community inclusion documents. With this small sample size, the study findings may not be generalized to other similar agencies. Also, convenience sampling of nursing and support staff was a limitation to this project because it could lead to sampling bias. The participants were selected due to their accessibility and availability. As a result, some population members may not be adequately represented by the samples, such as unavailable nursing and support staff due to sickness or vacation. Further studies should use a large, random sample size of nursing and support staff and more community inclusion documents.

Due to the limited period between implementation of the workshop and data collection, data compiled from the post-workshop community inclusion may not have yielded complete information. The project took place within five weeks at a single New York City agency. Aggregated data showed the small effect of the workshop on the staff's willingness to start taking the cohort members to LGBTQ+ friendly sites. The project was limited because there was no investigation of the long-term effects of education on nursing and support staff attitudes towards the cohort. Also, data collected from the study may be affected by the limited duration of the post-workshop data collection and the small sample size of nursing and support staff. The assumption was that there would have been a more significant effect of the intervention on the frequency of LGBTQ+ friendly sites during community inclusion.

Finally, survey questions prohibited performing a comprehensive analysis of the results. Survey questions did not include specific questions about lesbians, transgender people, asexuals, pansexuals, and intersex. Only one question mentioned bisexuality. The inclusion of these other particular groups could have helped ascertain thorough and precise responses from the participants. Future studies should include questions about the different sexual minorities under the umbrella of LGBTQ+.

Conclusion

There is a critical need to modify protocols, forms, cultural competency training, environment, and policies of healthcare agencies to emphasize the cohort's needs using interventions that diminish minority stress and improve positive psychology (PERMA model). Overall, the findings of this quality improvement project support the effectiveness of nursing and staff education about support strategies for ID/DD individuals who identify as LGBTQ+ in group homes to reduce behavioral issues.

Educating nursing and support staff and creating a welcoming environment would increase the attention and nurturing of this population and assist them in accomplishing the five PERMA phases and decreasing minority stress. Staff education and support would also diminish minority stressors, promote and support resilience, enhance quality and meaningful lives, achieve a better sense of well-being, and support eudaimonic and hedonic happiness. The recommendation is that healthcare agencies that serve and support the ID/DD population who identify as LGBTQ+ should revise the cultural competency workshops for all clinical and non-clinical staff. Finally, these agencies should modify their environments, policies, and forms to include evidence-based information about these individuals in order to focus more on details about their sexual needs. Nursing education should consist of an in-depth curriculum on the intersection between LGBTQ+ and ID/DD populations. These modifications should follow the goals and objectives of the QueerAlly-IDD Workshop in recognizing, understanding, and meeting the cohort's specific needs.

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