

Improving Trans Awareness & Trans Competence for Mental Health Providers: An Experiential Workshop

C. Virginia F. O'Hayer, Ph.D.
& Emily J. Marino, Psy.D.

Conflicts of interest

- None!

Overview

- Setting the Stage
 - Introductions
 - Mindfulness
 - Values
- Key Information
 - Trans 101
 - Research
- Confronting Internal Barriers
 - Defusion
 - Self as Context
 - Language is the Problem
 - Self-Compassion & Repair
- Commitments for the Future
 - Workable options for T/GNC-welcoming language & therapy practices

Goals

1. To provide a brief, very basic overview of some of the terms and concepts crucial to working with transgender/GNC clients
2. (And most importantly!) To support you in increasing YOUR psychological flexibility around issues of gender and work with gender minorities



Who are we?



Who are we?

- Virginia O'Hayer is a Clinical Associate Professor at Drexel and is the Director of Drexel's Center City Clinic for Behavioral Medicine. Virginia's pronouns are she/her.
- Emily Marino is a staff psychologist at the Michael J Crescenz VA Medical Center in Philadelphia, PA. Among other responsibilities, she serves on an interdisciplinary care team serving transgender veterans. Emily's pronouns are she/her.

Mindfulness

Values

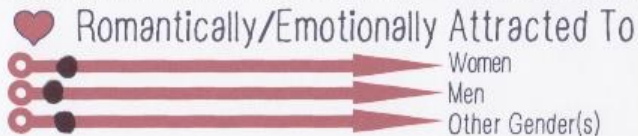
- What brought you to this workshop?
- How do you want your gender diverse clients to feel around you?
- What do you want to bring to the therapy room with your gender diverse clients?

What is trans?

- How does gender identity differ from sexual orientation? From gender expression?
- What the fuck does “trans” mean, anyway?

The Gender Unicorn

Graphic by:
TSER
Trans Student Equality Resources



To learn more go to:
www.transstudent.org/gender

Design by Landyn Pan

Basic Terms

- **Cisgender**: People whose gender identity and/or expression coincides with the sex they were assigned at birth.
- **Transgender**: An umbrella term for people whose gender identity and/or gender expression differs from the sex they were assigned at birth.
- **Gender non-conforming**: A term used to describe people whose gender expression is different from conventional expectations of masculinity and femininity.
- **Nonbinary and genderqueer**: Terms used by some people who experience their gender identity and/or gender expression outside the categories of man and woman.

Other Terms

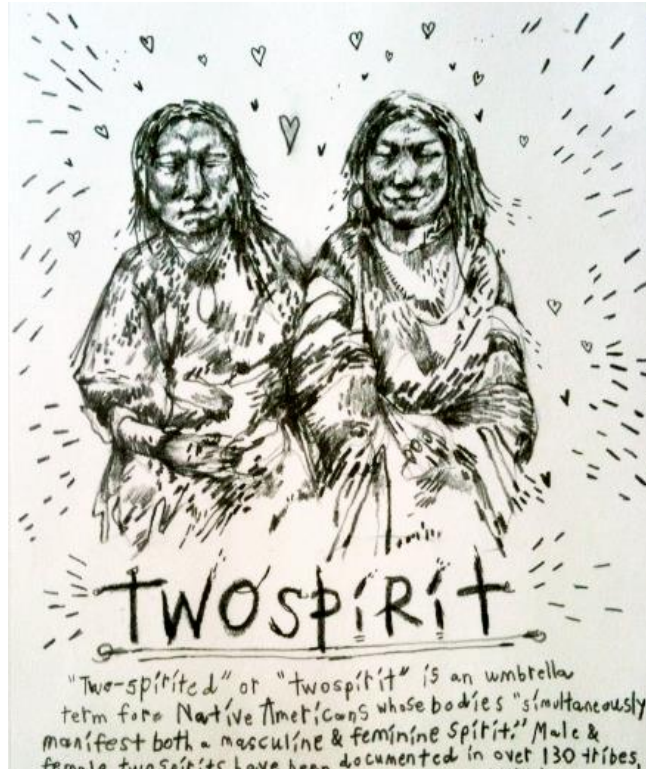
Trans
Transgénero
Male-to-female
Female-to-male
Transman
Transwoman
Transfemme
Transfeminine
Transmasculine
Masc
Ag

Whakawahine
Cross dresser
Transvestite
Drag queen
Drag king
Agender
Mahu
Nonbinary
Genderqueer
Person of trans
experience
Two Spirit

Bigender
Two-spirit
Neutrois
Questioning
Nádleehí
Third Gender
Fourth Gender
Intersex
Masculine of
center
Genderfluid
Waria
Androgynous

Intergender
Pangender
Polygender
Travesti
Gender Outlaw
Boi
Gender-bender
Gender variant
Kathoey
Tomboy
Stud

Two Spirit



Gender Dysphoria

- Currently a diagnosis in the DSM-V
- An improvement over Gender Identity Disorder, but remains controversial
- Experiences **vary immensely** from person to person – don't assume!

Transition

- Transition can be:
 - Social
 - Legal
 - Medical
- No single path
- No single end-point



Physical Transition

- Highly individual!
 - Not a part of every transgender person's journey
 - No one standard or "right" set of procedures for all transgender people
- Hormone therapy
 - Masculinizing: Testosterone
 - Feminizing: Estrogen, testosterone blockers
- Hair removal
- "Top" Surgery
 - Breast augmentation, mastectomy
- "Bottom" Surgery
 - Orchiectomy, penectomy, vaginoplasty, metoidioplasty, phalloplasty, scrotoplasty, hysterectomy and salpingo-oophorectomy
- Head and neck-related procedures
 - Facial feminization surgery, tracheal shave

W-Path Guidelines

- Standards of care published by the World Professional Association for Transgender Health
- Clinical guidelines meant for health professionals to ensure optimal surgical treatments and hormone therapy
- Widely (though not universally) accepted and used by healthcare providers
- Has been reforming since 1979; 7th and most recent edition was released in 2011
- Intended to be flexible and to suit diverse needs

Stigma, Discrimination, and Violence

- Targeted harassment and high risk of violence
 - 46% of transgender people report they were verbally harassed in the past year due to being transgender
 - 9% report being physically attacked in the past year due to being transgender
 - 47% report sexual assault at some point in lifetime
 - 54% report some form of intimate partner violence
- Economic hardship and discrimination
 - 29% living in poverty (compared to 14% of general US population)
 - 30% report mistreatment in the workplace
 - 16% lost one or more jobs as a result of gender identity/expression
- Mental health
 - 39% experienced serious psychological distress in the past month (compared to 5% of general US population)
 - 40% have attempted suicide in their lifetime

Difficulty accessing care

- 33% of transgender people who accessed healthcare in the past year report having at least 1 negative experience related to being transgender, e.g. being verbally harassed or refused care.
- 23% avoided seeking necessary healthcare in the last year due to fears of being mistreated as a transgender person.
- 33% did not seek necessary healthcare because they could not afford it

Barriers to Care

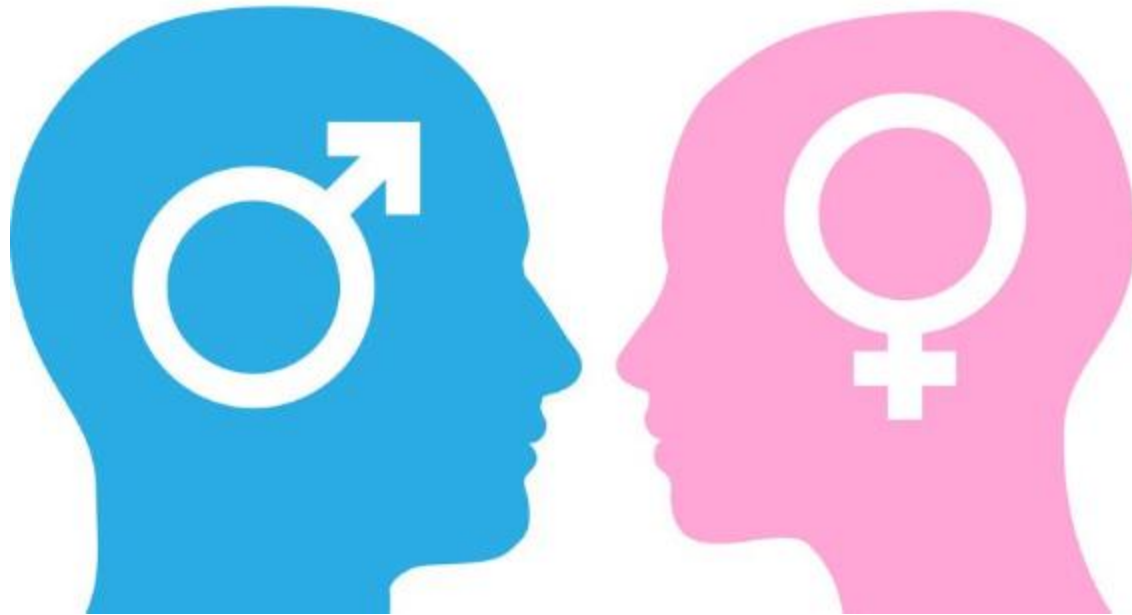
- Concerns about stigma and being pathologized
 - E.g. pathologizing trans identities
 - Stigma can also be more subtle - e.g. tokenization, objectification, being treated as a special case study
- Previous discriminatory experiences
 - E.g. being persistently misgendered, being asked inappropriate or intrusive questions, being denied care
- Lack of educated providers
 - Inappropriate care due to lack of education
 - Burdensome to be expected to educate providers oneself
- Lack of collaboration between providers and patients, lack of respect for patient autonomy
 - E.g. gatekeeping
- Safety concerns
 - E.g. waiting areas

Questions

Let's pause



So... what is gender, anyway?



But obviously, I'm a...

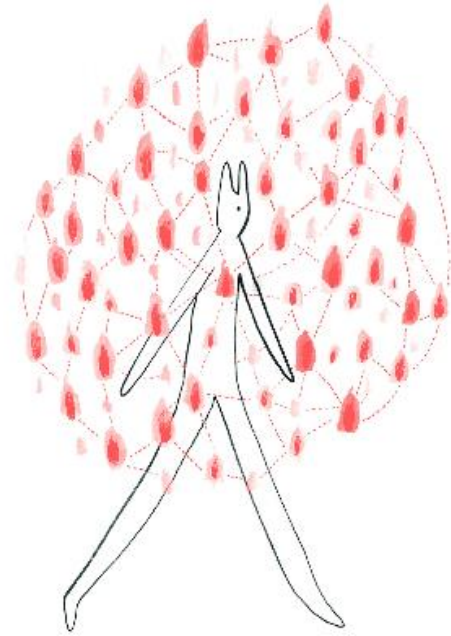


But surely gender – or at least biological sex - can be determined by...

- Genitals
- Hormones
- Secondary sex characteristics
- Chromosomes
- Something????!?!?



Holding sex and gender lightly



GENDER

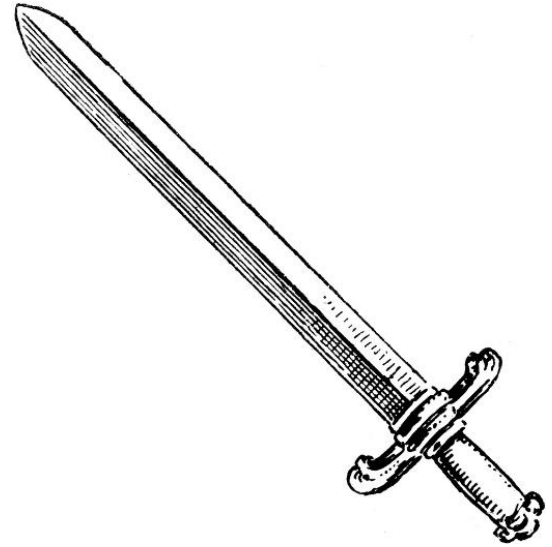
GENDER

GENDER

GENDER

Language is the problem

- Language keeps us, and our patients in boxes that can quickly become constricting
- What if we could hold gender lightly in the service of flexibly pursuing our values?



And yet, language is important

- If language is the problem, why use labels such as “transgender,” “cisgender,” and so forth?
- Labels are only toxic when they are held **rigidly** or dominate one’s **entire** sense of self
- Labels can also serve an function: to point to important variations in **real lived experience**
- Rejecting or discouraging others’ use of self-identified labels can be deeply invalidating

“When sex is not assumed to be dimorphic, it allows for the existence of intersexed people. When gender is not an assumed matter of binary opposites, it allows for transsexual, androgynous, bi-gendered, butch, nelly, cross-dressing, and transgender identities. When sexual orientation is not limited to two choices, bisexuals are given social freedom and homosexuals and heterosexuals are allowed fluidity throughout their lifetimes...”

- Arlene Istar Lev, Transgender Emergence

“Those considering transition often adopt a more expansive and flexible view of gender... This expanding tapestry of diverse and complex ways of living individual gender demands that therapists demonstrate an equally broad and nuanced appreciation of the complexity of experiences of gender-nonconforming lives.”

- Trish Leonard and Lauren Grousd, “Using ACT Interventions to Help Clients Explore the Possibilities of Gender Identity” in *Mindfulness & Acceptance for Gender & Sexual Minorities*

I'm not your woman / I'm not your man / I am something that you'll never understand.

Prince, "I would die for you"

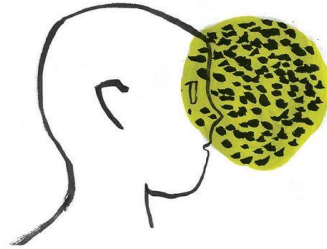
Barriers for Providers

Barrier	Solutions
Fusion with societal norms and concepts (e.g. the gender binary)	Defusion, exposure to new ideas
Discomfort around uncertainty, ignorance, novelty	Connect to values and act with willingness; connect to wonder
Pliance – outwardly endorsing the values/concepts, but avoiding the real work	Connect to your personal values – make it real
Fear of making mistakes, being seen as bigoted	Provide safe space for mistakes; willingness
Fusion with the rule that identity labels (e.g. trans, cis) are bad and only serve to divide us	Hold that rule lightly, make choices about use of labels contextually with sense of workability
Discomfort around acknowledging difference	Connect to values and act with willingness
Discomfort around sitting with the realities of oppression and suffering	Once again, connect to values and act with willingness; don't try to take it all at once

Contacting our own barriers to providing affirming care



YOU ARE NOT



YOUR THOUGHTS

Committed Action

- What steps can you take, now, to more skillfully and compassionately work with transgender and GNC clients?



Affirming Practices

- Ask clients how they identify their gender (avoid closed-ended questions and checkboxes when possible) and use their language/self-identifiers
- Ask what pronouns clients use (she/her, he/his, they/them, or others)
 - And make every effort to use them!
- Ask for and use preferred name
- Use “assigned [male/female] at birth” rather than terms such as “biologically male,” “born female,” etc

Affirming Practices

- Ask relevant questions...
- But avoid irrelevant and intrusive questions
 - [Rocco Link](#)
- Ask clients about *their* wants, needs, and preferences; support their autonomy
- Acknowledge areas of inexperience and lack of knowledge...
- But do not assume T/GNC patients necessarily need to be referred to a specialist
- And do not rely on patients to be the ones to educate you

Affirming Practices

- Pursue infrastructure that supports T/GNC clients
 - Gender-neutral bathrooms
 - Forms and charting systems
- Display materials that indicate that your office is a welcoming space for T/GNC clients
 - Notifications of on discrimination policies, signage, relevant books displayed on bookshelves, literature available in waiting rooms
 - <https://www.youtube.com/watch?v=S3eDKf3PFRo>
- Consider including your own pronouns on your nameplate or in your e-mail signature
 - At the least, do not be surprised or offended if/when asked for your pronouns! This is a common practice in LGBTQ communities.

Affirming Practices

- Shift your assumptions about transition
- “Pursuit of authenticity”
 - This can be more inclusive than “transition” or “detransition” – both of these imply a binary that doesn’t need to exist
- Non-binary can be its own destination. Gender fluidity and gender creativity can all be end-points in and of themselves.

Feedback from T/GNC providers

“Don’t assume that TGNC clients are naïve to trans related treatment or local resources. I usually ask “do you feel like you have enough support and resources around your gender identity?”

~Jasper Liem, LCSW

“Understand that the gender binary is a harmful & painful construct that therapy cannot magically fix (like how therapy can’t make racism less painful).”

~ Amelia Smith, MSW

“Understand that gender is also contextually based on racial/ethnic background, SES/class, and other intersections of identity”

~Jasper Liem, LCSW

Feedback from T/GNC providers

“You will f-k up. When you do, apologize once. Don’t put the client in the position of having to forgive you or having to take care of you & your feelings when they are the ones who experienced harm. Don’t shame spiral in front of your clients!” ~Lane DiFlavis, LCSW

“Understand the importance of your language & how to use language to talk about gender, gender identity, & gender presentation. Educate, educate, educate yourself with something written by or presented by a trans person.” ~ Lane DiFlavis, LCSW

Feedback from T/GNC individuals

“Try to understand how moving through the world that mostly tries to assign people to a binary would feel when you are not that - how things like having to use a gendered restroom every day might affect your mind state as an anxious or depressive person.”

Feedback from T/GNC patients

“I am not your experiment, your research project, or your teacher.”

“Don’t misgender me.
And when you do, don’t over-apologize for it!”

“If I’m having mood swings , check in about my adherence to hormones (if applicable), but don’t focus on this being the only reason why I’m feeling whatever.”

“Comments about ‘Oh, I would never have known you’re trans’ aren’t actually helpful to most folks, especially when unsolicited.”

Feedback from T/GNC patients

“Ask what gendered terms I use or don’t use (i.e. dude, guys, lady, ma’am)”

“Not every trans person in therapy is there for being trans! A lot of the time it's a multitude of other reasons and focusing only or majorly on my trans experience is invalidating.”

“Actually use my pronouns even when I’m not around!”

Feedback from T/GNC patients

“Even though I have a very feminine voice, I still get downplayed and misgendered. We need to have some sort of flag in the file to show preferred name or gender, ‘Mr.’ or ‘Mrs’. Something so you can go, ‘oh, here’s how to properly address this person.’ ”

“We shouldn’t all be treated the same - just like any other group our experiences are different, especially in regard to age. My experiences growing up in the 50’s and 60’s won’t be the same as someone growing up in the 80’s and 90’s. So, I would say to be sensitive to people’s own experiences.”

Self-Compassion and Repair

- Self-compassion: so you've fked this up royally in the past, how to move forward?
- Repair: how to address prior therapy snafus with GNC patients?

Self-Compassion



Repair

- Apologize and move on
- Check in at the end of your time
- Use strategies to help remind you of your client's preferences
 - Put their preferred name/pronoun on your schedule and on their chart
 - Use their preferred name/pronoun when talking to colleagues and other agencies
 - ***Practice practice practice!***

Repair

- We invite you to make a commitment to educating yourself further



Resources

- 101 Resources:
 - Trans terminology 101: <https://www.glaad.org/reference/transgender>
 - APA's FAQ on transgender issues: <http://www.apa.org/topics/lgbt/transgender.aspx>
 - APA's guidelines for practice with T/GNC individuals: <https://www.apa.org/practice/guidelines/transgender.pdf>
 - The gender unicorn: <http://www.transstudent.org/gender>
- Books:
 - Transgender Emergence – Arlene Istar Lev
 - Trans Bodies, Trans Selves – edited by Laura Erickson-Schroth
 - Mindfulness and Acceptance for Gender and Sexual Minorities – edited by Matthew Skinta and Aisling Curtin
 - Handbook of Counseling and Psychotherapy with Lesbian, Gay, Bisexual, and Transgender Clients – edited by Bieschke, Perez & DeBord
 - A Clinician's Guide to Gender-Affirming Care – Sand C. Chang, Anneliese Singh, and lore m. dickey (coming soon!)

Resources

- Organizations:
 - World Professional Association for Transgender Health: <http://www.wpath.org/>
 - NCTE: National Center for Transgender Equality
 - Transgender Law Center
 - The Name Change Project: TLDEF.org (in some major cities)
 - Medicare for TransSurgeries – Facebook Group
- Books by trans authors:
 - Whipping Girl by Julia Serrano
 - Gender Outlaw by Kate Bornstein
 - Trans Liberation: Beyond Pink or Blue by Leslie Feinberg
 - The Nearest Exit May be Behind You by S Bear Bergman
 - Redefining Realness by Janet Mock
 - And many more...

Resources



- August 2nd-August 4th
- Professional and General tracks
- We'll see you there!

Resources

- And so many more!
- Please feel free to share resources with us and with each other.

Thank you!