

# Affirmative Practice with Transgender Clients

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# Dedication

In memory of trans\* people who are no longer with us.



Kyle Scanlon

# Overview of Presentation

- \* Professional standards
- \* Foundational knowledge
- \* Addressing risk & trauma
- \* Addressing resilience
- \* Internalized transprejudice
- \* Advocacy with TGNC Clients

# Historical Perspective



Christine Jorgensen

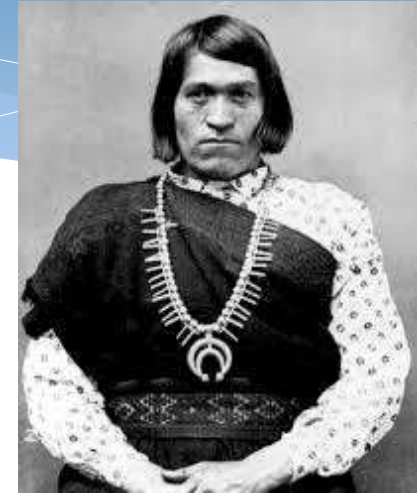
# In truth



Hijra



Fa'afafine



Two Spirit



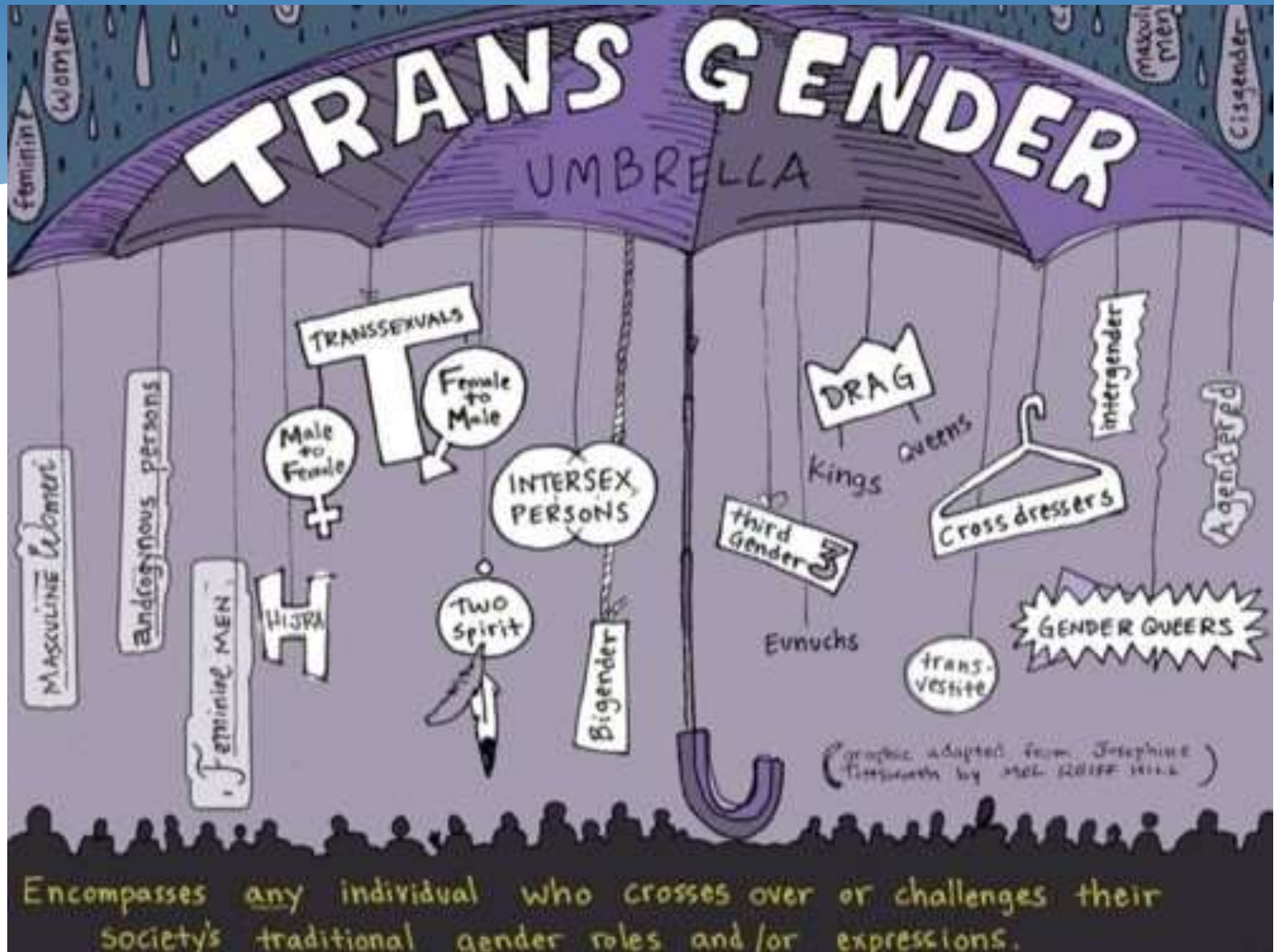
Kathoey



Burnesha



Mahu



Encompasses any individual who crosses over or challenges their society's traditional gender roles and/or expressions.

# Professional Standards

What we have so far ...

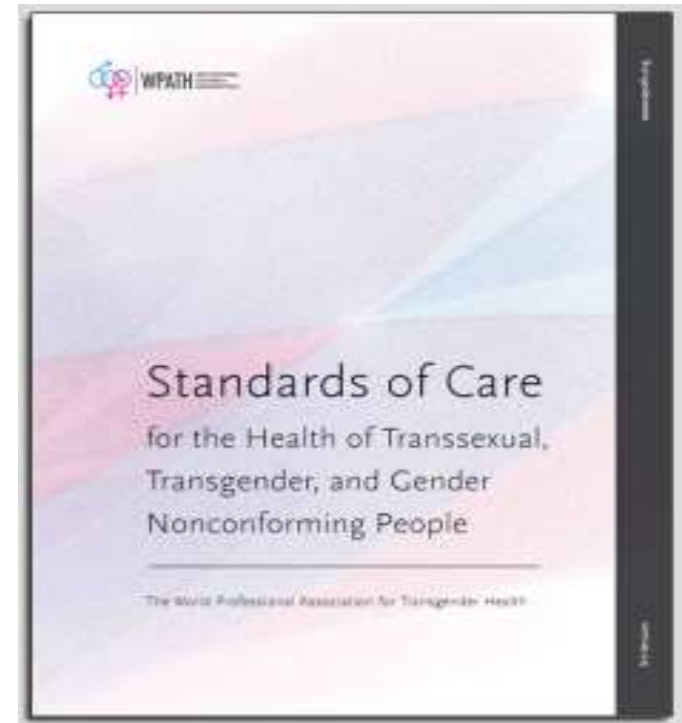
# Professional Standards, Competencies, & Guidelines

- \* World Professional Association for Transgender Health (WPATH, 2011)
  - \* Standards of Care (SOC)
- \* American Counseling Association (ACA, 2010)
  - \* Training Competencies
- \* American Psychological Association (APA)
  - \* Practice Guidelines



# WPATH SOC

- \* First published in 1979
- \* 7<sup>th</sup> version published 2011
- \* Topics covered
  - \* Epidemiological concerns
  - \* Therapeutic approaches
  - \* Children, Adolescents, & Adults
  - \* Mental Health



# WPATH SOC

- \* “The SOC are intended to be flexible in order to meet the diverse health care needs of transsexual, transgender, and gender nonconforming people.” (p. 2)

# WPATH SOC

- \* “... the expression of gender characteristics, including identities that are not stereotypically associated with one’s assigned sex at birth, is a common and culturally-diverse human phenomenon [that] should not be judged as inherently pathological or negative.” (p. 4.)

# ACA Competencies

- \* Published in 2010
- \* Written from multicultural, social justice, and feminist perspective

*Journal of LGBT Issues in Counseling*, 4:155-159, 2010  
Copyright © Taylor & Francis Group, LLC  
ISSN: 1553-8609 print / 1553-8338 online  
DOI: 10.1080/15538605.2010.521839



**American Counseling Association  
*Competencies for Counseling  
with Transgender Clients***

Approved by ALGBTIC Board on September 18, 2009  
Endorsed and adopted by the American Counseling  
Association Governing Council on November 7, 2009

**Authors**

ALGBTIC Transgender Committee:

THEODORE R. BURNES, (CHAIR), ANNELIESE A. SINGH,  
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MOUNDAS, THOMAS R. SCOFIELD, ALEX ROAN,  
and JULIA HOSEA, (COMMITTEE MEMBERS EMERITI)

# ACA Competencies

- \* Human Growth & Development
- \* Social & Cultural Foundations
- \* Helping Relationships
- \* Groups Work
- \* Professional Orientation
- \* Career and Lifestyle Development
- \* Appraisal
- \* Research

# ACA Competencies

- \* “These competencies should not be used in lieu of professional training in working with transgender clients, and supervision of trainees by licensed professionals.” (p. 137)

# ACA Competencies

- \* “... it is important to recognize the continuous evolution of language is to be expected with regard to working with transgender clients as there are many terms that are used within transgender communities.” (p. 137)

# APA Guidelines

- \* Development began in 2011
- \* Ten member task force
- \* 16 guidelines
- \* Expert review process
- \* Submitted to CLGBTC and BAPPI on January 22, 2014 for inclusion on the Spring Consolidated Meeting Cross-Cutting Agenda



# APA Guidelines

## \* Content Areas

- \* Foundational Knowledge
- \* Intersecting Identities
- \* Effects of Stigma and Oppression
- \* Need for Psychologist Reflection on Gender
- \* Need for Support in Realizing Gender
- \* Creating Trans-Affirmative Environments
- \* Interdisciplinary Approaches

# APA Guidelines

## \* Content areas

- \* Mental health concerns and treatment
- \* Children & Adolescents
- \* Older adults
- \* Relationships, Sexuality, Parenting, & Family Building
- \* Research
- \* Education & Training
- \* Advocacy

# Foundational Knowledge

# Foundational Knowledge

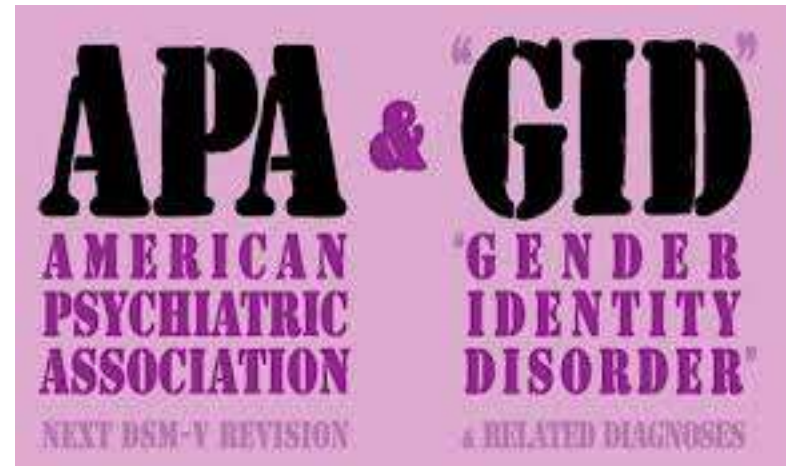
- \* Vocabulary
- \* Fundamental constructs
- \* Approaches rooted in theory and empirical evidence

# Being Accountable as a Profession to Trans People



# Dominant Trans Narratives in Psychology

- \* Christine Jorgensen
- \* Transsexual
- \* Harry Benjamin Standards
- \* Gender Identify Disorder & the DSM



# Dominant Trans Narratives in Psychology

- \* Psychologist as gatekeeper and medical model
- \* Trans = body modifications
- \* Trans = “born in the wrong body”



# Trans Counter-Narratives in Psychology

- \* Trans people know themselves
- \* Trans people are in charge of their own mental health
- \* There is **NO** one way to be trans





# Trans Counter-Narratives in Psychology

- \* Trans people have healthy and loving relationships
- \* Psychologist as advocate and resilience model
- \* Informed Consent Model



Ask yourself these questions:

“How has your practice changed?”

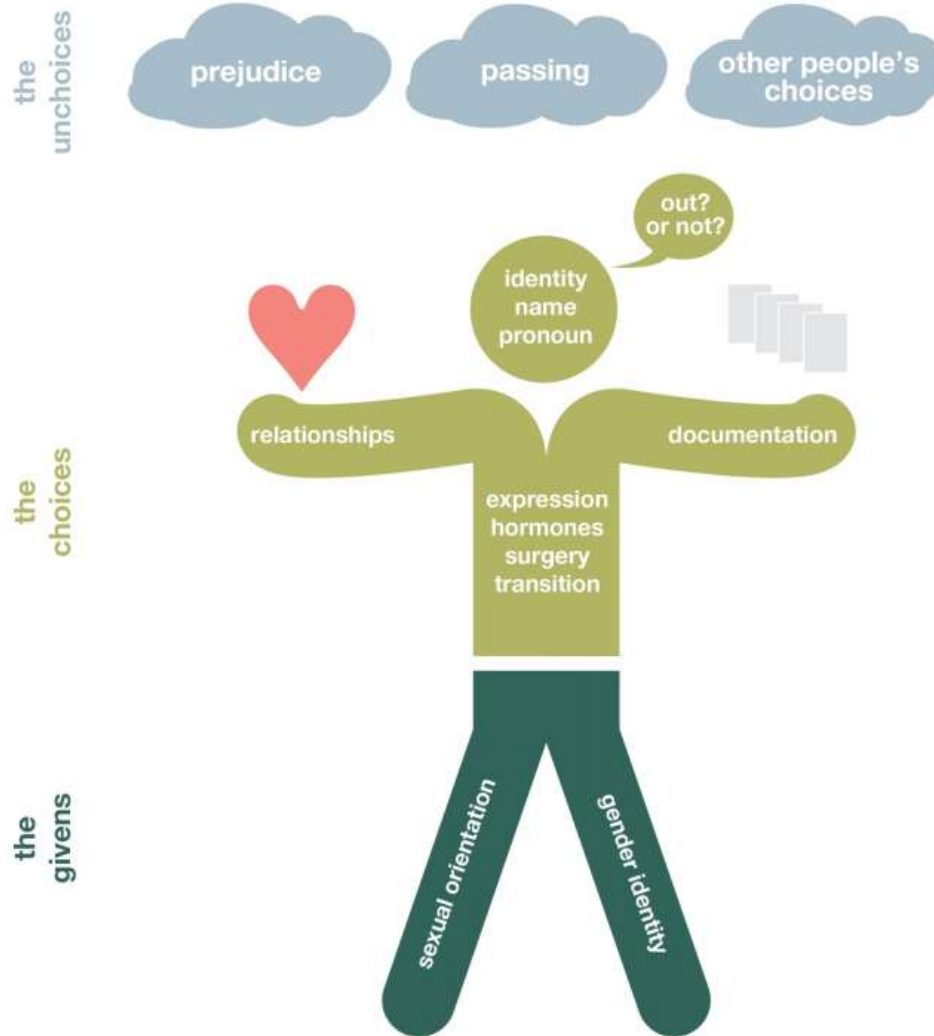
**and**

“Where are the gaps in your knowledge?”

# Vocabulary



# Gender is not a Binary Construct



# Foundational Knowledge

- \* Theories and models
  - \* Multicultural considerations
  - \* Social justice
  - \* Resilience
  - \* Minority Stress Model

# Multicultural

- \* Knowledge
- \* Awareness
- \* Skills
- \* Microaggressions

# Social Justice

- \* Privilege and oppression
- \* Connection to trauma and resilience
- \* Importance of advocacy
- \* Psychologists as social change agents



# Resilience

- \* Historically marginalized groups experience oppression *and* resilience
  - \* Moving away from deficit perspective
- \* Individual resilience
- \* Collective resilience



# Resilience

- \* Recent resilience research with trans adults, young people, and people of color

# Minority Stress Model

- \* Based upon Ilan Meyer's Minority Stress Model for LGB populations (1995, 2003)
- \* Developed to explain the greater adverse mental health effects experienced by LGB people

# Minority Stress Model

- \* Developed by Hendricks & Testa (2012)
  - \* Trans people are subjected to rates of discrimination, violence and rejection related to their gender identity or expression that exceed that experienced in the general population

# Minority Stress Model: Underlying Assumptions

Minority stress is understood to be:

- \* Additive to general stressors experienced by all people
- \* Chronic—related to relatively stable underlying social and cultural structures
- \* Socially based—stems from social processes, institutions and structures

# Processes of Minority Stress

- Environmental/external events
  - Harassment
  - Assault
- Anticipation/expectation of external events

# Processes of Minority Stress

- Internalization of negative societal attitudes and prejudices
  - Internalized transphobia/stigma
- Concealment
  - Gender identity v. gender history

# Minority Stress: Synthesis

Two net effects of minority stress

- \* There are a number of pathways to increased pathology
  - Includes substance abuse/dependence, mood disorders, & suicidal behaviors

# Minority Stress: Synthesis

Two net effects of minority stress

- \* Prejudice and other insults can also lead to coping and resilience
  - Coalescing around minority identity produces group solidarity and cohesion that serve as protective factors



# Addressing Risk & Trauma

# Addressing Risk & Trauma

- \* Diagnostic History
  - \* Diagnosis emerged in mid-1970s
  - \* DSM-IV
    - \* Gender Identity Disorder
      - \* This diagnosis implied that a person's identity was disordered.
- \* DSM-5
  - \* Gender Dysphoria

# Prevalence: DSM-5

## Trans Women

- 0.005% to 0.014%

## Trans Men

- 0.002% to 0.003%

- Children
  - 2:1 to 4.5:1 (MTF to FTM)
- Adolescents
  - 1:1 to 6.1:1 (MTF to FTM)

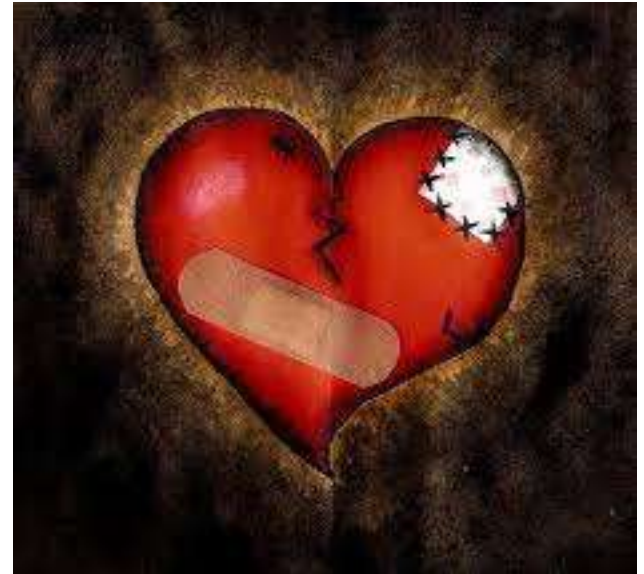
# Addressing Risk & Trauma

- \* Gatekeeping

- \* Historically, providers were placed in the role of gatekeeper
  - \* Letters of support for medical transition
  - \* Underscored and reified the concept of gender as strictly binary

# Trauma Research

- \* Trauma
  - \* Richmond, Burnes, & Carroll, 2012



# Resilience in Therapy

# Affirmative Treatment

- \* Affirmative treatment produces positive outcomes and minimal client regret
- \* Social support can act as a protective factor
- \* Clinician's knowledge and attitudes impact the quality of care provided



# Affirmative Language

- trans

- genderqueer

FTM

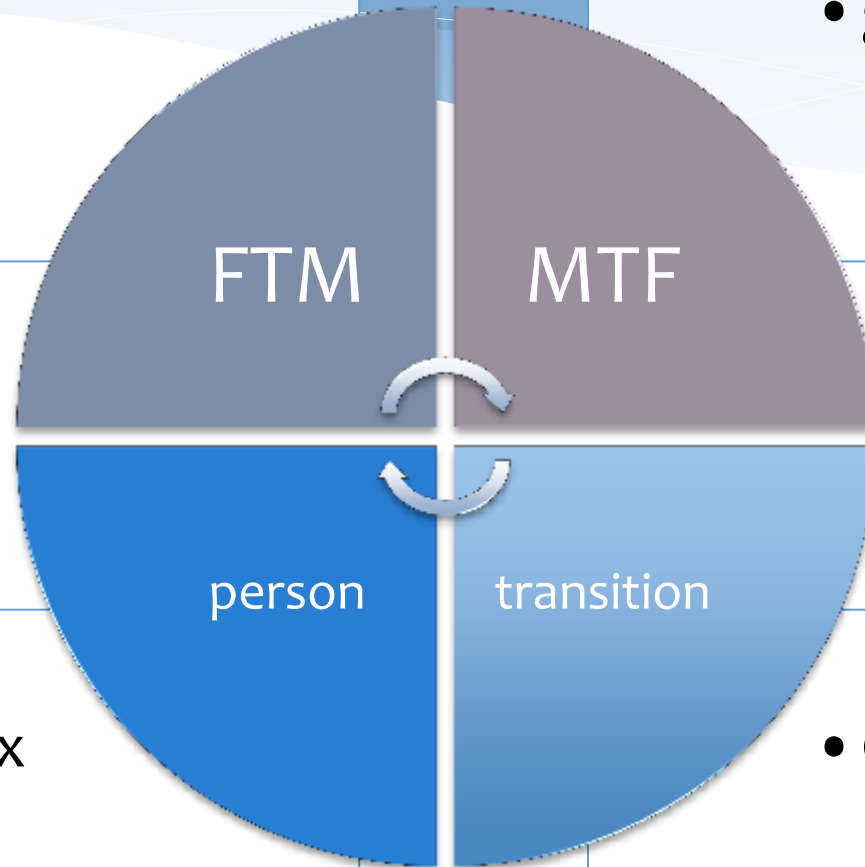
MTF

person

transition

- intersex

- Crossdresser





# Use of Pronouns

He

She

Ze

Him

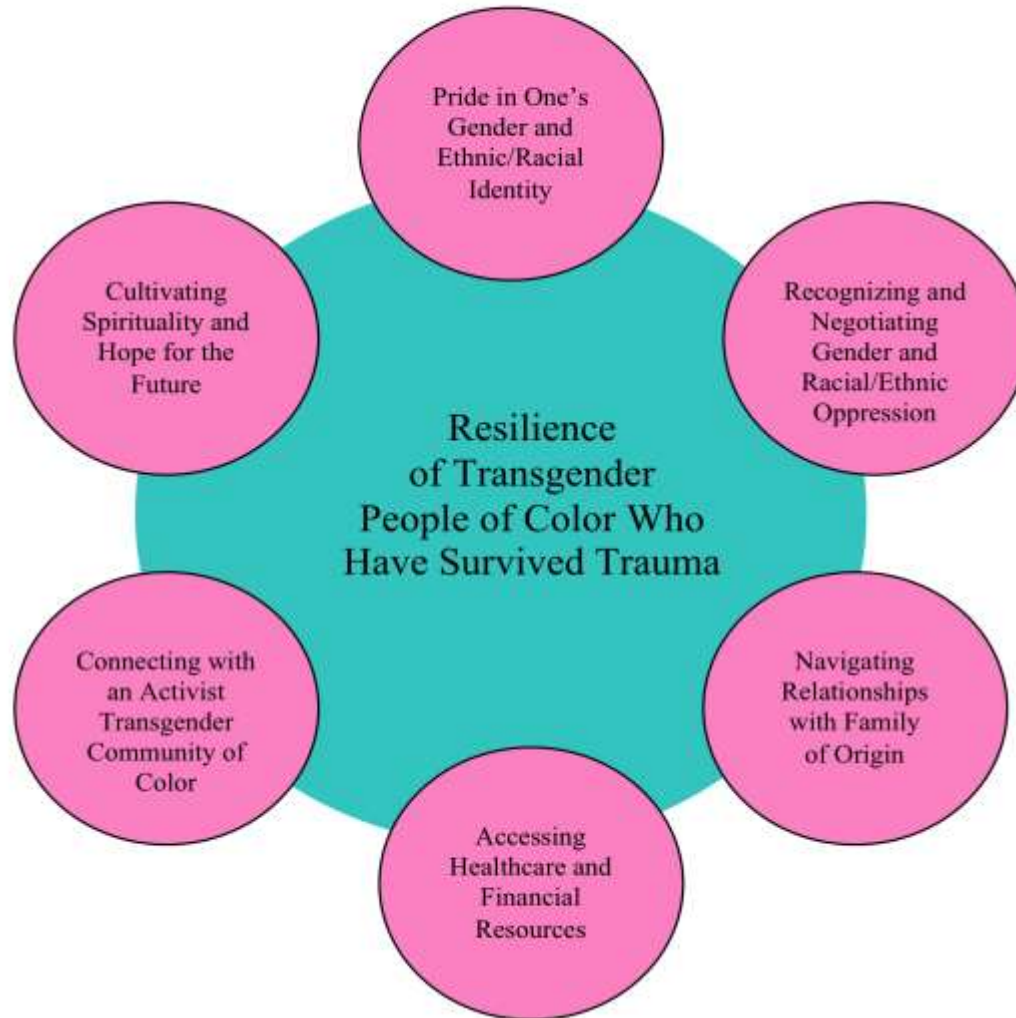
Her

Hir

They

Their

Yo



(Singh & McKleroy, 2011)

# Findings

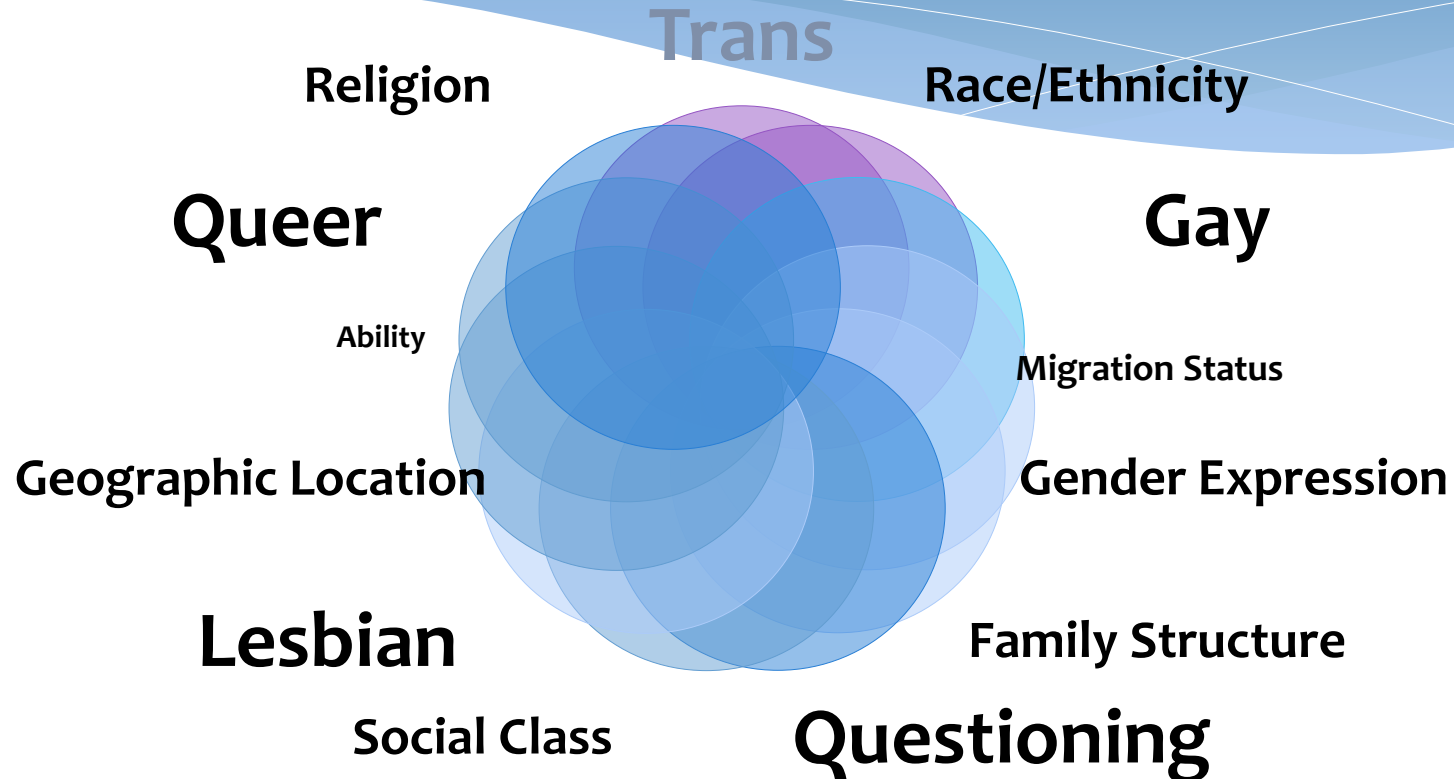
I decided that just because I was transsexual Hispanic woman didn't mean that people could treat me any type of way.

I didn't know if anyone would ever love me. I realized that I had to fight just to live my life as who I am – in school, at work, with my family, everywhere!

That's also why I knew I couldn't just stay in an abusive relationship. I had to accept myself 100%.

(Tonya, age 26, Hispanic MTF)

# Trans Youth: Multiple Identities



# Trans Youth of Color Voices

I'm the only mixed race person – plus, I'm trans. I joined this Asian student group on campus - and they are all straight and cisgender [assigned sex in alignment with one's gender identity and expression]. I have a few 'homes' on campus, but never know how much I can really be myself. But I went to this queer and trans people of color conference at the end of the semester – I didn't have to filter anything.

Deryl, Asian/Pacific Islander & Latino heritage, 18-years old

# Sex-Positivity

- \* What would this “look like” in your practice?
- \* What do you think people (and you!) may assume about trans people and dating and partnering?
- \* Partners may have very different sexual orientations
- \* Orientation and behaviors may not match in couples

# Sex-Positivity

- \* Polyamory
- \* Use of prosthetics
- \* Be prepared to use ALL or NONE of the words you think are important!

# Transprejudice across the Lifespan



# Transprejudice across the Lifespan

- \* Children & Adolescents
- \* Adults
- \* Older Adults



# Children

- \* Complexity of gender
- \* Treatment approaches vary
- \* Lack of consensus in field
- \* Ethical consideration
- \* Importance of training and continuing education
- \* Collaboration with multiple healthcare and school providers, as well as with family
- \* Awareness of adultism

# Adolescents

- \* Assessing co-occurring concerns
  - \* (e.g., suicidal ideation, self-injury, autism)
- \* Range of emotions vary
- \* Range of treatments available
- \* Timing of social and medical transition
- \* Peer relationships
- \* Awareness of adulthood

# Lifespan Considerations

## Variables of significant impact:

- \* Age of awareness
- \* Age of transition
- \* Generational cohort
- \* Stage of life

# Lifespan Considerations

## Reproduction, parenting, and family building

- \* Biological issues and fertility
- \* Early choices about having biological children
- \* Reproductive options
- \* Parenting and disclosure
- \* Potential loss of custody/contact

# Lifespan Considerations

## Older adults may have unique needs

- \* Financial
- \* Evolving relationships with family
  - \* Children
  - \* Parents
  - \* Siblings and other relatives
- \* Health care involvement and assisted living
- \* Social support and community connection

# Advocacy

# Advocacy

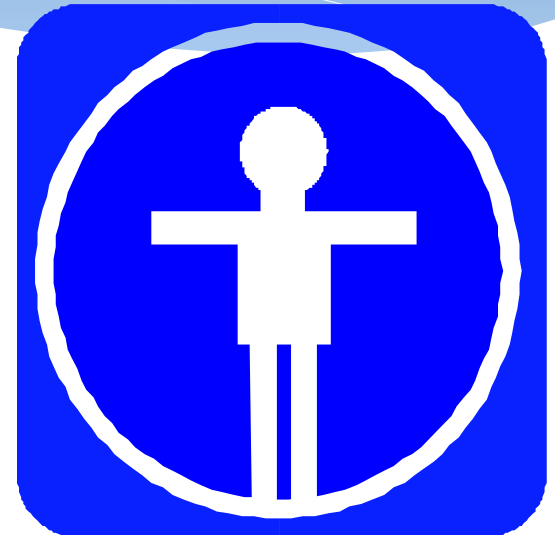
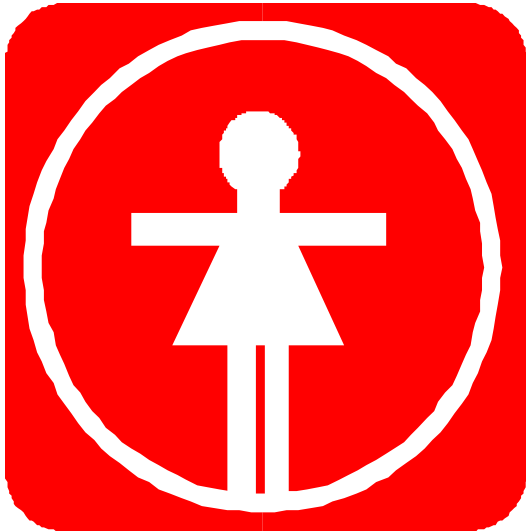
- \* Public policy
- \* Workplace interventions
- \* Diagnostic reform



# Cisgenderism

- \* A pervasive system of oppression that privileges the gender binary system, which may exclude trans and gender variant people.

# Bathrooms 101



# Discrimination

- \* Transgender people are disproportionately affected by acts of discrimination:
  - \* Workplace
  - \* Housing
  - \* Health care
  - \* Education

# Challenges Trans People Face

- Bullying
- Violence
- Discrimination
- Access to Health Care



## International Transgender Day of Remembrance

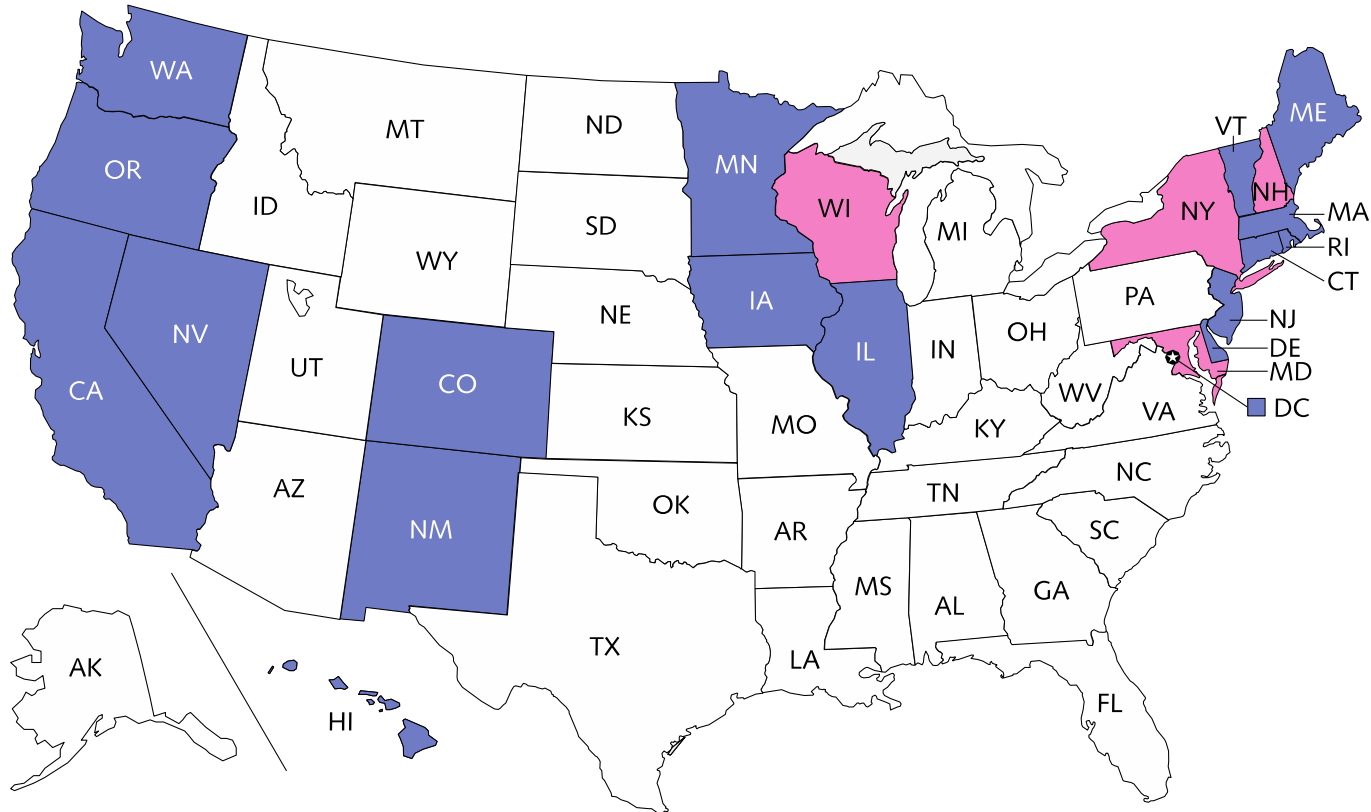


My grief lies all within, and these external manners of lament are merely shadows to the unseen grief that swells with silence in the tortured soul. --William Shakespeare



# State Nondiscrimination Laws in the U.S.

This map was last updated on June 21, 2013



**States banning discrimination based on sexual orientation and gender identity/expression (17 states and the District of Columbia)**  
 Minnesota (1993); Rhode Island (1995, 2001)<sup>1</sup>; New Mexico (2003); California (1992, 2003)<sup>1</sup>; District of Columbia (1977, 2005)<sup>1</sup>; Illinois (2005); Maine (2005); Hawaii (1991, 2005, 2006, 2011)<sup>2</sup>; New Jersey (1992, 2006)<sup>1</sup>; Washington (2006); Iowa (2007); Oregon (2007); Vermont (1992, 2007)<sup>1</sup>; Colorado (2007); Connecticut (1991, 2011)<sup>1</sup>; Nevada (1999, 2011)<sup>1</sup>; Massachusetts (1989, 2011)<sup>1</sup>; Delaware (2009, 2013)<sup>1</sup>

**Laws banning discrimination based on sexual orientation (4 states)**  
 Wisconsin (1982); New Hampshire (1997); Maryland (2001); New York (2002)

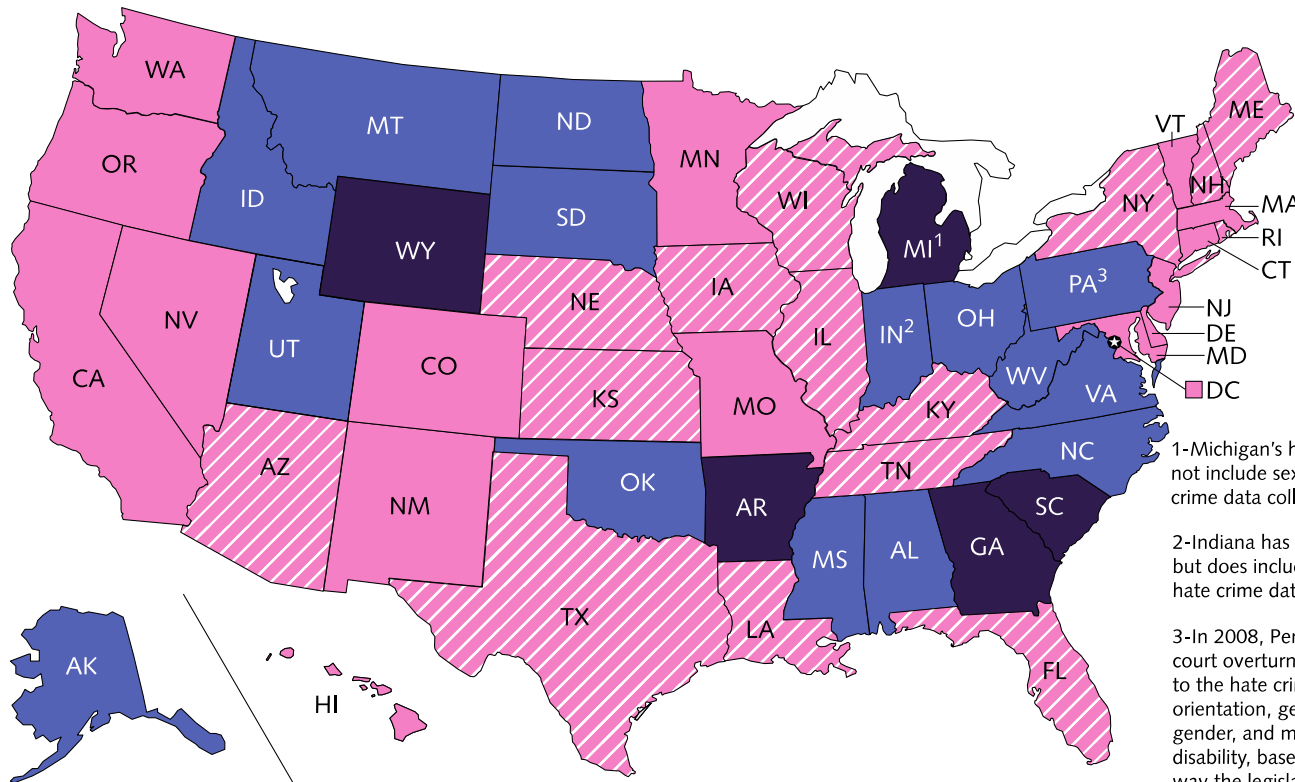
<sup>1</sup>California, Connecticut, Delaware, DC, New Jersey, Massachusetts, Nevada, Rhode Island and Vermont first passed sexual orientation nondiscrimination laws, then later passed gender identity/expression laws.

<sup>2</sup>In 1991, Hawaii enacted a law prohibiting sexual orientation discrimination in employment. In 2005, it enacted a law prohibiting sexual orientation and gender identity/expression discrimination in housing. In 2006, public accommodations protections were added for sexual orientation and gender identity/expression. In 2011, gender identity was added to the employment discrimination law.



# Hate Crime Laws in the U.S.

This map was last updated on: June 21, 2013



1-Michigan's hate crime penalty laws do not include sexual orientation, but hate crime data collection laws do.

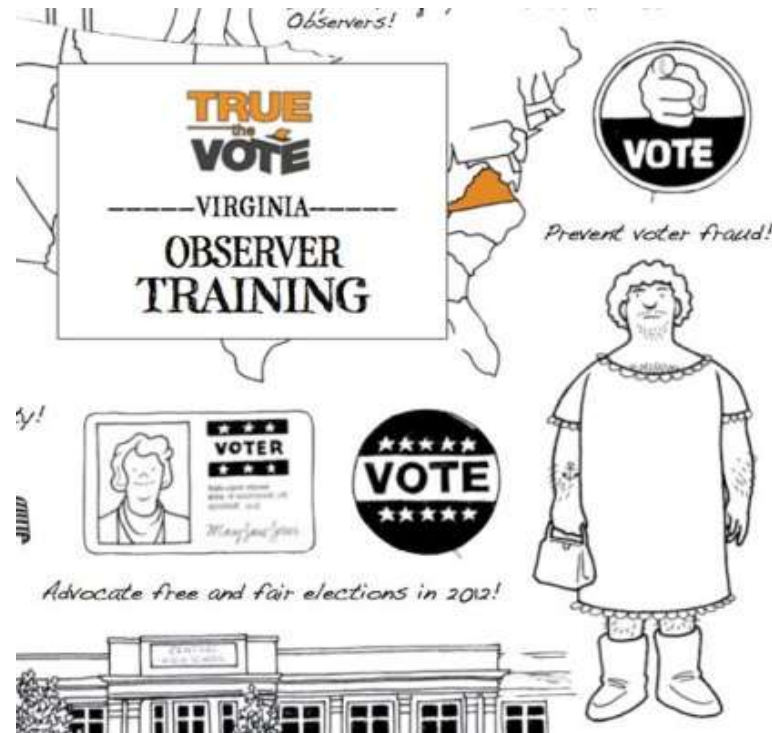
2-Indiana has no hate crime penalty laws, but does include sexual orientation in hate crime data collection.

3-In 2008, Pennsylvania's highest court overturned the 2002 amendments to the hate crimes law that added sexual orientation, gender identity, ancestry, gender, and mental and physical disability, based on the procedural way the legislation was passed by the legislature, not the content of the law.

- States with hate crime laws that include crimes based on sexual orientation and gender identity—15 states & the District of Columbia**  
 California, Colorado, Connecticut, Delaware, District of Columbia, Hawaii, Maryland, Massachusetts, Minnesota, Missouri, Nevada, New Jersey, New Mexico, Oregon, Vermont, Washington
- States with hate crime laws that include crimes based on sexual orientation—15 states**  
 Arizona, Florida, Illinois, Iowa, Kansas, Kentucky, Louisiana, Maine, Nebraska, New Hampshire, New York, Rhode Island, Tennessee, Texas, Wisconsin
- States with hate crime laws that do not include crimes based on sexual orientation or gender identity—15 states**  
 Alabama, Alaska, Idaho, Indiana<sup>2</sup>, Mississippi, Montana, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania<sup>3</sup>, South Dakota, Utah, Virginia, West Virginia
- States that do not have hate crime laws that include crimes based on any characteristics—5 states**  
 Arkansas, Georgia, Michigan<sup>1</sup>, South Carolina, Wyoming



# Discrimination in Elections



# Challenge Oppression

- \* Clinical setting
- \* Forms
- \* Important to create a least-restrictive environment
- \* Access to restrooms





# Referral Letters

- \* Hormones - One letter
- \* Top Surgery (Breast/Chest Surgery) - One letter
- \* Bottom Surgery (Genital Surgery) - Two letters
  - \* These letters can be written by someone with at least Master's level training.
  - \* When two letters are required, they must be written by independent sources.
- \* Collaborate/educate/advocate



# Paperwork – *Some* Examples

Legal name:

Name I want to be called (if different than above):

What is your gender?

Man

Woman

Transgender (check one: \_\_\_ MTF \_\_\_FTM)

Write here \_\_\_\_\_

# Paperwork – *Some* Examples

Pronouns I use:

She

He

They

Write here \_\_\_\_\_

# Making Your Office More Trans-Affirming

- \* What in your office and waiting room signals to clients that you are trans-affirming?
- \* What needs to be changed on your marketing materials, intake paperwork, assessment documents, etc. to signal to your clients you are trans-affirming?
- \* Where are the opportunities to advocate for trans clients in your everyday psychological practice?



# Contact Information

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