

Beyond Trans 101:
Psychological Practice & Advocacy
with Transgender & Gender
Nonconforming (TGNC) Clients

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Workshop Overview

- Conceptualization of gender
- Professional Standards, Competencies & Guidelines for Mental Health Practice
- Foundational Knowledge
- Trauma & Risk (including assessment)
- Assessing Resiliency
- Clinical Issues across the Lifespan
- Interdisciplinary Collaborative Care & Advocacy
- Case presentations

Learning Objectives

1. Identify the professional standards, competencies, and upcoming guidelines for psychological practice with TGNC clients.
2. Describe three frameworks that support TGNC-affirmative care
3. Describe three challenges in the assessment of Gender Dysphoria and Transprejudice and two opportunities for advocacy with TGNC clients
4. Explain reasons for engaging in Interdisciplinary Collaborative Care with TGNC clients

What is Gender?

- How do you define your own gender?
- How do you know?
- When did you know?
- Are you sure that's when you knew?
- How is gender different from gender roles?

Professional Standards, Competencies, & Guidelines for Trans-Affirmative Practice

What we have so far ...

Professional Standards, Competencies, & Guidelines

- Endocrine Society (2009)
 - Endocrine Treatment of Transsexual Persons: An Endocrine Society Clinical Practice Guideline
- American Counseling Association (2010)
 - Training Competencies
- World Professional Association for Transgender Health (2011)
 - Standards of Care (SOC-7)
- American Psychological Association (2015)
 - Practice Guidelines
- Endocrine Society (2017)—updated
 - Endocrine Treatment for Gender Dysphoric/Gender Incongruent Persons

Endocrine Treatment of Transsexual Persons: An Endocrine Society Clinical Practice Guideline

- Published in 2009.
- Specific references to Mental Health Professionals
 - 1.1 We recommend that the diagnosis of gender identity disorder (GID) be made by a mental health professional (MHP). For children and adolescents, the MHP should also have training in child and adolescent developmental psychopathology.
 - 5.1 We recommend that transsexual persons consider genital sex reassignment surgery only after both the physician responsible for endocrine transition therapy and the MHP find surgery advisable.

Endocrine Treatment of Gender-Dysphoric/ Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline

- Published in 2017.
(available at: academic.oup.com/jcem/article/102/11/3869/4157558)
- Specific references to Mental Health Professionals (MHPs)
 - 1.1 ... only trained MHPs should diagnose gender dysphoria (GD)/gender incongruence in adults.
 - 1.2 ... only MHPs [with training in child and adolescent developmental psychology and psychopathology] should diagnose GD/gender incongruence in children and adolescents.
 - 1.3 ... decisions regarding the social transition of prepubertal youths with GD/gender incongruence are made with the assistance of an MHP.

American Counseling Association (ACA) Competencies for Counseling Transgender People

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

Journal of LGBT Issues in Counseling, 4:135–159, 2010
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DOI: 10.1080/15538605.2010.524839



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), ANNELESE A. SINGH,
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HARPER, WILLIAM MAXON-KANN, DENISE L. PICKERING, SEAN
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and JULIA HOSEA, (COMMITTEE MEMBERS EMERITI)

ACA Competencies for Counseling Transgender People

1. Professional Orientation and Ethical Practice
2. Social and Cultural Diversity
3. Human Growth and Development
4. Career Development
5. Helping Relationships
6. Group Work
7. Assessment
8. Research and Program Evaluation



AMERICAN COUNSELING
ASSOCIATION

ACA Competencies for Counseling Transgender People

- “These competencies should not be used in lieu of professional training in working with transgender clients, and supervision of trainees by licensed professionals.” (American Counseling Association, 2010, p. 137)

ACA Competencies for Counseling Transgender People

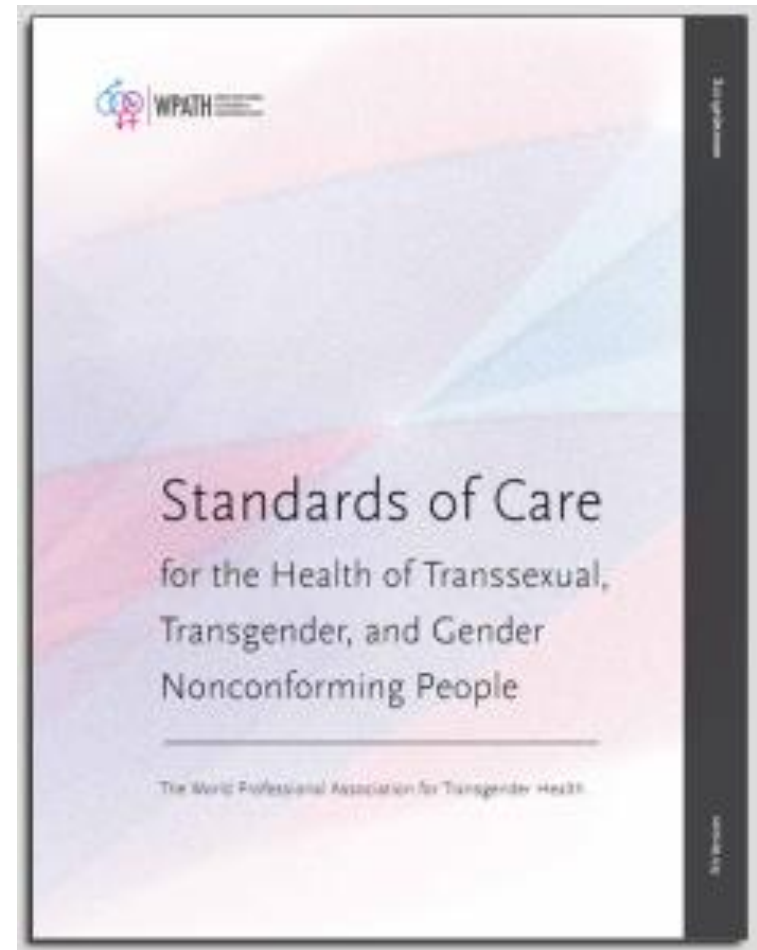
- “... it is important to recognize the continuous evolution of language is to be expected with regard to working with transgender clients as there are many terms that are used within transgender communities.” (American Counseling Association, 2010, p. 137)

ACA Competencies for Counseling Transgender People

- ACA Training Competencies (ACA, 2010)
 - “Consultation among and with professionals is essential and provides ongoing continuing education for individuals working with transgender clients” (p. 137).
 - “E. 12. Collaborate with health professionals and other individuals, groups, agencies, as indicated by the individual to provide comprehensive care” (p. 148).

WPATH Standards of Care-7

- First published in 1979
 - 7th version published 2011*
 - Topics covered
 - Epidemiological concerns
 - Therapeutic approaches
 - Children, Adolescents, & Adults
 - Mental Health
- *available at wpath.org



WPATH Standards of Care-7

- “The SOC are intended to be flexible in order to meet the diverse health care needs of transsexual, transgender, and gender nonconforming people.”
(Coleman et al., 2011, p. 2)

WPATH Standards of Care-7

- “... 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.”
(Coleman et al., 2011, p. 4.)

WPATH Standards of Care-7

Interdisciplinary Collaborative Care

- **WPATH SOC-7**
 - Interdisciplinary collaboration in various forms undergirds the entirety of SOC-7
 - Roles for a number of professionals are articulated, with indications of, at a minimum, cross-referral

WPATH Standards of Care-7

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
- Informed Consent Models



APA Guidelines for Psychological Practice with Transgender and Gender Nonconforming People (2015)*

- Domains
 - Foundational Knowledge and Awareness
 - Stigma, Discrimination, and Barriers to Care
 - Lifespan Development
 - Assessment, Therapy, and Intervention
 - Research, Education, and Training

*available at www.apa.org/practice/guidelines/transgender.pdf



APA Guidelines

1. Gender is non-binary
2. Gender identity & sexual orientation
3. Intersecting identities
4. Attitudes & knowledge
5. Stigma, prejudice, discrimination, & violence
6. Institutional barriers
7. Promoting social change
8. Working with youth
9. Older adults
10. Co-occurring conditions
11. Positive outcome & social support
12. Romantic & sexual relationships
13. Parenting & family creation
14. Interdisciplinary approach
15. Research
16. Education & training

Foundational Knowledge

- History
- Vocabulary
- Fundamental constructs
- Approaches rooted in theory and empirical evidence

It's easy to think that this transgender thing began with Christine Jorgensen in our modern times.

However...

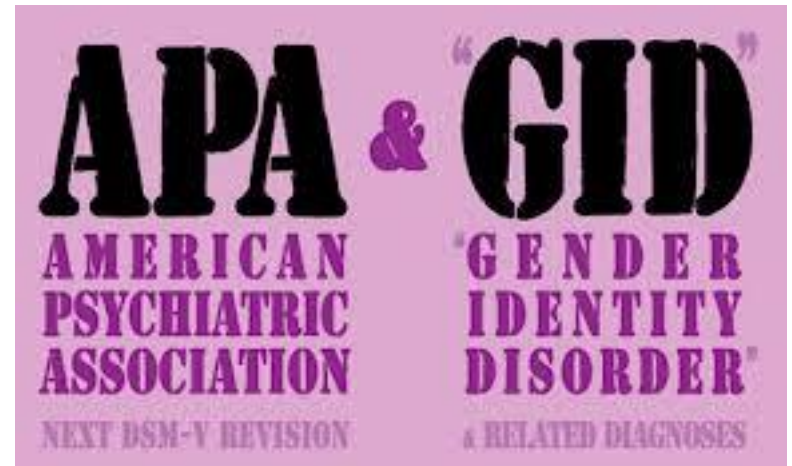


Research demonstrates transgender people existing throughout recorded history and on every continent inhabited by human beings.



Dominant Trans Narratives in Psychology

- Christine Jorgensen
- Transsexual
- Harry Benjamin Standards
- Gender Identity Disorder & the DSM



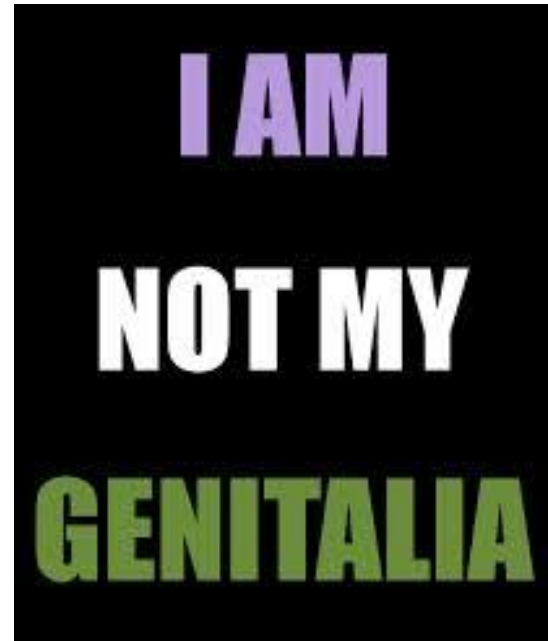
Dominant Trans Narratives in Psychology

- Psychologist/psychiatrist 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 model of resilience
- Informed Consent Model



Vocabulary



Use of Pronouns

He

She

Ze

Him

Her

Hir

They

Their

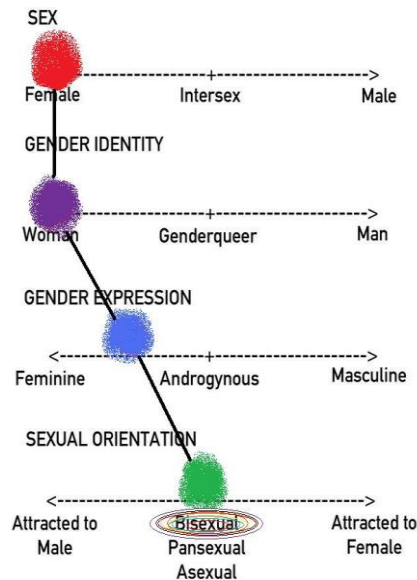
Yo

Gender Identity & Sexual Orientation



THE IDENTITY SPECTRUM

This graph is a fun exercise to help one understand that Sex, Gender Identity, Gender Expression and Sexual Orientation does not have to be black and white as both the Heteronormative/Cisgender Society around us (AKA Straight People) and the LGBT Community ascribe them to be -- find your own identity with this exercise and sincerely explore who YOU are and challenge the stereotypes of Gender and Sexual Orientation. Simply draw a line that best identifies along these spectrums.



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Foundational Knowledge

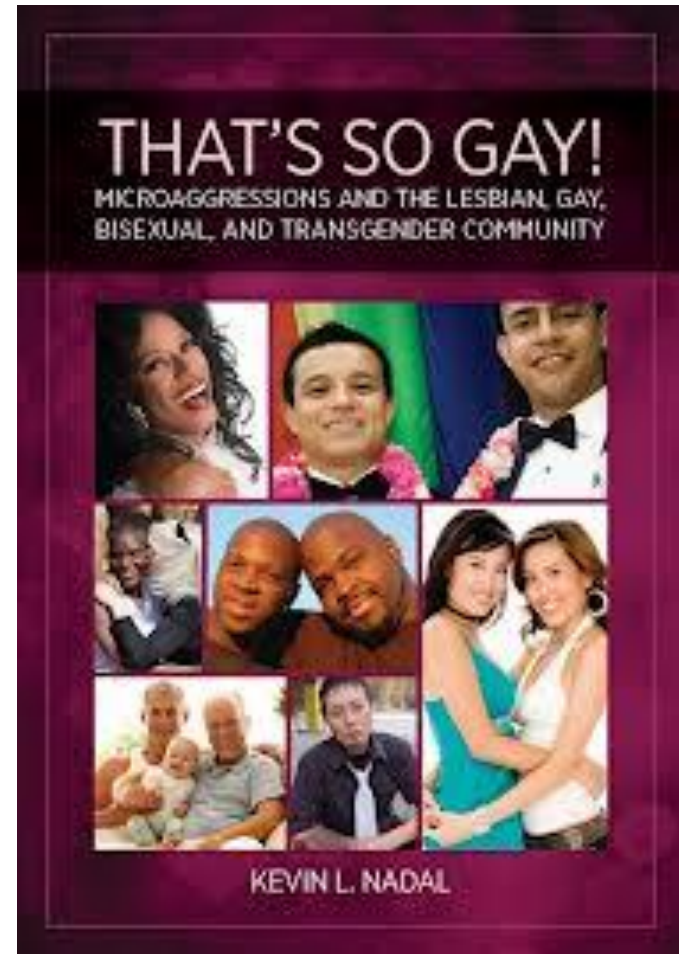
- Theories and models
 - Multicultural considerations
 - Social justice
 - Resilience
 - **Minority Stress Model**

Multicultural

- Knowledge
- Awareness
- Skills
- Microaggressions

Microaggressions

- Relevant Chapters
 - Ch. 4 – Gender Identity Microaggressions
 - Ch. 5 – Intersectional Microaggressions
 - Ch. 6 – Process of Dealing with Microaggressions



Social Justice

- Privilege and oppression
- Connection to trauma and resilience
- Importance of advocacy
- Mental health providers as social change agents



Resilience

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

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
- 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
- Internalization of negative societal attitudes and prejudices
 - Internalized transnegativity/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
- 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

Minority Stress: Resilience

Exposure to and engagement with others of one's own minority status

- Minority identity
 - Immersion stage in identity development
 - Linked to self-esteem and psychological health
- Sense of belonging
 - Fundamental psychological need
 - Linked to mental health and suicide

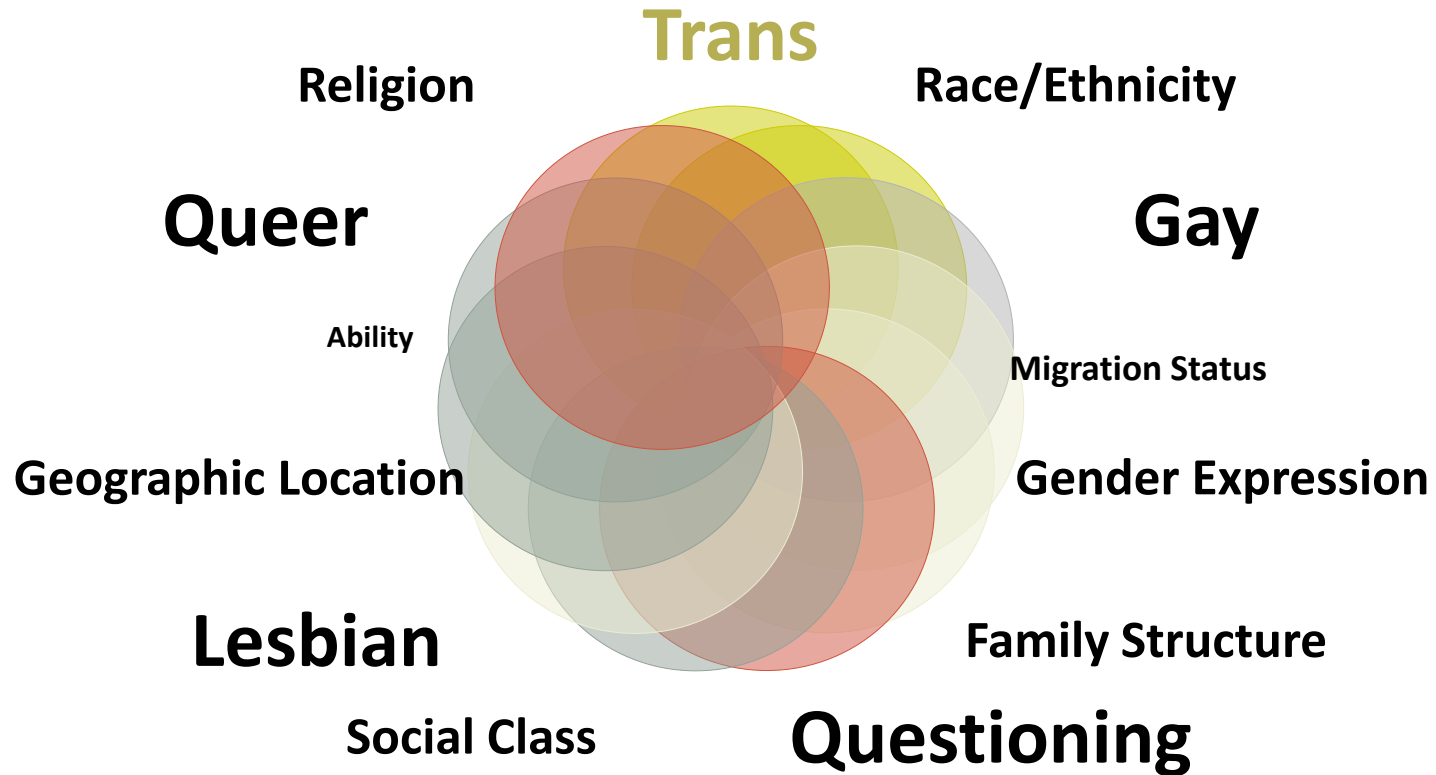
Minority Stress: Identity

- Minority identity is complicated by the intersectionalities of sexual orientation, gender, ethnicity, and other demographic variables.

Minority Stress: Identity

- Research indicates that identity is not stable and fixed, but rather fluid, with the prominence of a particular identity shifting with the social context.

Multiple Identities



Intersectionality

- Coined by Black feminist scholar Kimberlé Crenshaw
- Critical awareness of intersections between systems of oppression (not just additive, but reinforcing)
- To understand the magnitude of oppression based on marginalized identities, they must be addressed in combination (Cole, 2009).
- Most (TGNC) research ignores the concept of intersectionality



Addressing Trauma & Risk

- Trauma Assessment
- Resilience Assessment



Challenges Trans People Face

- Bullying & Violence
- Education
- Employment
- Housing
- Access to Health Care
- Institutional Settings



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



Challenge TGNC Oppression in Mental Health Practice

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



Diagnosis

- 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

Addressing Trauma & Risk

- 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

Addressing Trauma & Risk

- Thorough MSE with attention to indications of history of trauma
 - Hyperarousal and hypervigilance
- Must ask about
 - Bullying, name-calling, etc.
 - Tension in home environment
 - Physical and sexual assaults
 - NSSI
 - Suicide attempts

Assessing Resilience

- Support systems
- Degree of disclosure
- Family/home environment
- School & work environments



(Singh & McKleroy, 2011)

Lifespan Considerations for Trans People

- Children
- Adolescents
- Adults
- Older Adults



Children

- Complexity of gender
- Lack of consensus in field*
- Importance of training and continuing education
- Collaboration with multiple healthcare and school providers, as well as with family

Adolescents

- Assessing co-occurring concerns
 - (e.g., suicidal ideation, self-injury, autism)
- Adolescence is a period of rapid change
- Timing of social & medical transition
 - Puberty suppression
- Peer relationships, schools, & families
- Fertility issues

Adults

Variables of significant impact:

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

Adults

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

Older Adults

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

Trans-Affirmative
Interdisciplinary Collaborative
Care and Advocacy

Ethical Considerations

- Training
- Competence
- Consultation
- Collaboration
- Research
- Assessment

TGNC-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



Moving from Gatekeeping to Advocacy

- Gatekeeping
 - Historically, providers were placed in the role of gatekeeper
- Advocacy
 - Informed consent model
 - Assess for:
 - *adequate understanding of the desired procedure(s)*
 - *capacity to make decisions of this nature and level of gravity—including whether there are emotional or cognitive challenges that impact decision making*
 - *whether they are acting in their own best interest*

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?

Paperwork – *Some* Examples

Legal name:

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

What is your gender?

Working Across Differences

- Be aware of your identities and how these inhabit privileged and marginalized spaces.
- Refrain from trying to “prove” allyship (e.g., savior complex).
- Take time to challenge your own assumptions about what is normal or typical.
- Take time to learn from others who may be more similar to the client.
- Maintain cultural humility – strengths and areas of growth.
- Be careful to not get too caught up in the story or the novelty/fascination.



Working Across Similarities

- Be aware of your identities and how these inhabit privileged and marginalized spaces, especially ways that you may differ.
- Be aware of overidentification.
- Refrain from making assumptions based on your own experience.
- Maintain cultural humility – strengths and areas of growth.
- Be cautious with self-disclosure.
- Be mindful about dual/multiple role/relationships and small communities.



Inviting Conversations about the Client-Therapist Dyad

“You are telling me that your _____ identity is very important to you. I want to invite you to feel safe and comfortable talking about all aspects of your identity here.”

“There are ways in which we may be similar and ways in which we may be different. I want to welcome you to talk about what comes up between us regarding our similarities and differences.”

“What is it like for you to talk about this part of your identity with me given what you know about who I am in the world?”

Contact Information

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Recommended reference material

APA Guidelines for Psychological Practice With Transgender and Gender Nonconforming People: www.apa.org/practice/guidelines/transgender.pdf

Singh, A. A., & dickey, I. m. (Eds.) (2017). *Affirmative Counseling and Psychological Practice with Transgender and Gender Nonconforming Clients*. Washington, D.C.: American Psychological Association.

WPATH *Standards of Care*, v. 7: www.wpath.org