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Cultural and Clinical Competence in Work with Transgender Clients

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Introduction

Presenter Information

- Kansas Statewide Transgender Education Project
- Topeka Pride, Capital City Equality Center, Transgender Faith Tour
- LGBT Homeless Shelter
- State Vice-Chair for Equality Kansas
- Topeka Chief of Police Advisory Board
- Community Liaison for Transgender Inmates: Shawnee County Jail
- SHE Expo, Women's March, Gaea Goddess Festival, February Sisters



Workshop Objectives

Objectives: By the end of this workshop participants will be able to:

- Recognize culturally competent language when working with transgender and gender non-conforming (TGNC) clients
- Increase knowledge of obstacles and challenges often faced by TGNC individuals
- Be aware of clinical considerations for working with TGNC clients
- Understand and utilize the World Professional Association for Transgender Health: Standards of Care (version 7)
- Access and share information on resources with TGNC clients



Terminology

Culturally Competent Language when Working with TGNC Clients¹

Transgender Student Educational Resources – www.transstudent.org

- **Transgender/Trans:** Encompassing term of many gender identities of those who do not identify or exclusively identify with their sex assigned at birth.
- **Cis(gender):** Adjective that means “identifies as their sex assigned at birth” derived from the Latin word meaning “on the same side.” A cisgender/cis person is not transgender.



Terminology

Culturally Competent Language when Working with TGNC Clients¹

- **Gender Expression/Presentation:** The physical manifestation of one's gender identity through clothing, hairstyle, voice, body shape, etc. (typically referred to as masculine or feminine).
- **Gender Identity:** One's internal sense of being male, female, neither of these, both, or other gender(s).
- **Sex Assigned At Birth:** The assignment and classification of people as male, female, intersex, or another sex assigned at birth often based on physical anatomy at birth and/or karyotyping.



Terminology

Culturally Competent Language when Working with TGNC Clients¹

Other Terms

Agender

Gender Fluid

AFAB, AMAB

Gender Dysphoria

Bigender

Genderqueer

Crossdressing

Intersex

GAS, GCS

LGBTQQIAPP+

Gender Binary

Stealth



Cultural and Clinical Competence in Work with Transgender Clients

Terminology

Culturally Competent Language when Working with TGNC Clients

Terms to Avoid

Transgendered
Transgendering
Tranny
Transvestite

Shemale
He/She
Sex Change
Gender Transition

Terminology

Culturally Competent Language when Working with TGNC Clients¹

- **Pronouns:** People who are gender nonbinary may choose to use gender neutral pronouns such as “they,” “them,” and “their,” or other gender neutral pronouns such as “zie(ze)/hir,” instead of she/her, he/his.
- As with all transgender people, identifying and using the chosen name and pronoun are central to appropriate client care. Providers are encouraged to familiarize themselves with the diversity of pronouns which may be used by TGNC people.



Cultural and Clinical Competence in Work with Transgender Clients

Guided Imagery

Obstacles and Challenges Often Faced by TGNC Individuals²

GUIDED IMAGERY



Discrimination

Obstacles and Challenges Often Faced by TGNC Individuals³



The 2015 U.S. Transgender Survey (USTS) is the largest survey examining the experiences of transgender people in the United States, with 27,715 respondents from all fifty states, the District of

Columbia, American Samoa, Guam, Puerto Rico, and U.S. military bases overseas. Conducted in the summer of 2015 by the National Center for Transgender Equality, the USTS was an anonymous, online survey for transgender adults (18 and older) in the United States, available in English and Spanish.



Discrimination

Obstacles and Challenges Often Faced by TGNC Individuals³

FAMILY LIFE (when coming out)

- Those who said that their immediate families were supportive were less likely to report a variety of negative experiences.
- One in twelve (8%) respondents who were out to their immediate family were kicked out of the house.
- One in ten (10%) ran away from home.



Discrimination

Obstacles and Challenges Often Faced by TGNC Individuals³

IDENTITY DOCUMENTS

- 11% of respondents reported that all of their IDs had the name and gender they preferred.
- 68% reported that none of their IDs had the name and gender they preferred.



Discrimination

Obstacles and Challenges Often Faced by TGNC Individuals³

IDENTITY DOCUMENTS

- 35% of those who have not changed their legal name and 32% of those who have not updated the gender on their IDs reporting that it was because they could not afford it.
- 32% of respondents who have shown an ID with a name or gender that did not match their gender presentation were verbally harassed, denied benefits or service, asked to leave, or assaulted.



Discrimination

Obstacles and Challenges Often Faced by TGNC Individuals³

HEALTH INSURANCE AND HEALTH CARE

- 25% of respondents experienced a problem in the past year with their insurance related to being transgender.
- 55% of those who sought coverage for transition-related surgery in the past year were denied.
- 25% of those who sought coverage for hormones in the past year were denied.



Discrimination

Obstacles and Challenges Often Faced by TGNC Individuals³

HEALTH CARE

- 23% of respondents did not see a doctor when they needed to because of fear of being mistreated as a transgender person.
- 33% did not see a doctor when needed because they could not afford it.
- Higher rates for people of color and people with disabilities.



Discrimination

Obstacles and Challenges Often Faced by TGNC Individuals³

PSYCHOLOGICAL DISTRESS AND ATTEMPTED SUICIDE

- 40% have attempted suicide in their lifetime, nearly nine times the rate in the U.S. population (4.6%).
- 7% attempted suicide in the past year—nearly twelve times the rate in the U.S. population (0.6%).



Discrimination

Obstacles and Challenges Often Faced by TGNC Individuals³

HIV

- 1.4% of respondents were living with HIV, nearly five times the rate in the U.S. population (0.3%).
- HIV rates were higher among transgender women (3.4%), especially transgender women of color. Nearly one in five (19%) Black transgender women were living with HIV, and American Indian (4.6%) and Latina (4.4%) women also reported higher rates.



Case Presentation

Case Presentation – Gender Dysphoria, Schizophrenia

- Writing an HRT referral letter for a client who has been diagnosed with schizophrenia, is medicated and stable.
- How to be sure that the endocrinologist whom he will be seeing will not deny him HRT?
- Should the letter mention anything in this regard?
- The client has been traumatized in the past by a clinician who denied him treatment due to his diagnosis.
- He will be going to a clinic that has served TGNC patients.



Case Presentation

Case Presentation – Gender Dysphoria, Schizophrenia

- Contact Endocrinologist
- Client stable
 - DLA-20
 - Medication
 - Housing
 - Working/Volunteering
 - No Recent Legal Issues
 - Standards of Care



Case Presentation

Case Presentation – HIV Positive, Surgery

- A patient requests a letter of support for gender affirming surgery. She lives with HIV and is currently detectable. Her PCP wrote her a letter but I'm not sure if the doctor knows about her viral load.
- Should this letter be written or wait until she is undetectable?



Case Presentation

Case Presentation – HIV Positive, Surgery

- Many surgeons won't schedule a patient unless their letters are submitted
- Professional competence
- Clinician's role
- Future use of letter



Exercise - Pronouns

Exercise - Pronouns

Exercise

Write down the following name using
your non-dominant hand

Spring Training Institute



Clinical Considerations

Clinical Considerations⁴



The Center of Excellence for Transgender Health
University of California, San Francisco

<http://transhealth.ucsf.edu/trans?page=guidelines-home>

- Safe and Welcoming Space
- Diagnosis
- Charting
- Coming Out
- Client Self-Determination
- Other Considerations



Clinical Considerations

Clinical Considerations⁴

Safe and Welcoming Space

- Individual preferences of terminology, complex or novel gender identities, and differing desires for gender affirming treatments will be encountered daily in the clinic.
- While some clients may be empowered by serving as a source of information for medical providers, others may be uncomfortable doing so.

Clinical Considerations

Clinical Considerations⁴

Diagnosis

- Diagnosis of gender dysphoria - According the *Diagnostic and Statistical Manual for Mental Disorders* (5th ed.) a person may be diagnosed with a mental health disorder ("Gender Dysphoria") if their gender identity does not match the sex they were assigned at birth, **and they are suffering clinically significant distress or social/occupational impairment.**



Clinical Considerations

Clinical Considerations⁴

Charting

- Assessment
- Treatment Plans
- Progress Notes
- Releases of Information

Clinical Considerations

Clinical Considerations⁴

Coming Out

- This process can be gender affirming when transgender people are supported in doing so.
- Conversely, a lack of support or experiences of being mistreated, harassed, marginalized, defined by surgical status, or repeatedly asked probing personal questions may lead to significant distress.



Cultural and Clinical Competence in Work with Transgender Clients

Clinical Considerations

Clinical Considerations

Other Considerations

- Internalized Transphobia
- Reproductive Health Care
- Non-Binary
- Informed Consent



Clinical Considerations

Trans-Affirmative Cognitive Behavior Therapy (TA-CBT)⁵

TA-CBT is a version of CBT that has been adapted to ensure:

- An affirming stance toward gender diversity
- Recognition and awareness of transgender-specific sources of stress
- The delivery of CBT content within an affirming and trauma-informed framework



Clinical Considerations

Trans-Affirmative Cognitive Behavior Therapy (TA-CBT)⁵

Trans-Affirmative Case Conceptualization Process

- Explore early memories of recognizing and experiencing a TGNC identity
- Explore thoughts and beliefs about TGNC identity
- Explore TGNC-specific stressors associated with transitioning
- Explore TGNC-specific stressors associated with being non-binary in presentation and/or identity
- Explore TCNC-specific discrimination across life domains

Clinical Considerations

Trans-Affirmative Cognitive Behavior Therapy (TA-CBT)⁵

Thought

If I share myself with others, they will know I am transgender



If your thought were true, why would it bother you?

If they know I am transgender, they will reject me



If this were true what would that mean to you?

If they reject me, it means I will never fit in

Clinical Considerations

Trans-Affirmative Cognitive Behavior Therapy (TA-CBT)⁵

If this were true what would that mean to you?

If they reject me, it means I will never fit in



If that thought were true, what would happen?

I will always be alone and unhappy



Underlying Core Belief

I am unworthy of love and happiness because I am trans



Clinical Considerations

Trans-Affirmative Cognitive Behavior Therapy (TA-CBT)⁵

Modifying Negative Thinking

- Responding affirmatively to trans-specific discrimination

Behavioral Activation

- Trans-affirming activities list



WPATH Standards of Care

World Professional Association for Transgender Health⁶

- The World Professional Association for Transgender Health (WPATH), formerly known as the (Harry Benjamin International Gender Dysphoria Association (HBIGDA), is an interdisciplinary professional and educational organization devoted to transgender health.
- The overall goal of the SOC is to provide clinical guidance for health professionals to assist transsexual, transgender, and gender nonconforming people with safe and effective pathways to achieving lasting personal comfort with their gendered selves, in order to maximize their overall health, psychological well-being, and self-fulfillment.



WPATH Standards of Care

Gender Dysphoria: Working with Adults - Competence⁶

- A master's degree or its equivalent in a clinical behavioral science field.
- Competence in using the DSM-5.
- Ability to recognize and diagnose co-existing mental health.
- Documented supervised training and competence in psychotherapy or counseling.
- Knowledgeable about gender nonconforming identities and expressions, and the assessment and treatment of gender dysphoria.
- Continuing education in the assessment and treatment of gender dysphoria.



WPATH Standards of Care

Working with Adults - Tasks – Provide Information⁶

- An important task of mental health professionals is to educate clients regarding the diversity of gender identities and expressions and the various options available to alleviate gender dysphoria.
- Mental health professionals then may facilitate a process (or refer elsewhere) in which clients explore these various options, with the goals of finding a comfortable gender role and expression and becoming prepared to make a fully informed decision about available medical interventions, if needed.



WPATH Standards of Care

Working with Adults - Tasks – Assess, Diagnose, and Discuss Options⁶

- Clients presenting with gender dysphoria may struggle with a range of mental health concerns whether related or unrelated to what is often a long history of gender dysphoria and/or chronic minority stress.
- Possible concerns include anxiety, depression, self-harm, a history of abuse and neglect, compulsivity, substance abuse, sexual concerns, personality disorders, eating disorders, psychotic disorders, and autistic spectrum disorders.



WPATH Standards of Care

If Applicable, Assess for Eligibility, Prepare, Refer for HRT⁶

- It is important to recognize that decisions about hormones are first and foremost the client's decisions – as are all decisions regarding healthcare. However, mental health professionals have a responsibility to encourage, guide, and assist clients with making fully informed decisions and becoming adequately prepared.
- If clients are of childbearing age, reproductive options should be explored before initiating hormone therapy.



WPATH Standards of Care

If Applicable, Assess for Eligibility, Prepare, Refer for HRT⁶

The criteria for hormone therapy are as follows:

- Persistent, well-documented gender dysphoria;
- Capacity to make a fully informed decision and to consent for treatment;
- Age of majority in a given country (if younger, follow the Standards of Care outlined in section VI);
- If significant medical or mental health concerns are present, they must be reasonably well controlled.



WPATH Standards of Care

If Applicable, Assess for Eligibility, Prepare, Refer for HRT⁶

The recommended content of the referral letter for feminizing/masculinizing hormone therapy is as follows:

- The client's general identifying characteristics;
- Results of the client's psychosocial assessment, including any diagnoses;
- The duration of the referring health professional's relationship with the client, including the type of evaluation and therapy or counseling to date;
- An explanation that the criteria for hormone therapy have been met, and a brief description of the clinical rationale for supporting the client's request for hormone therapy;



WPATH Standards of Care

If Applicable, Assess for Eligibility, Prepare, Refer for HRT⁶

- A statement about the fact that informed consent has been obtained from the patient;
- A statement that the referring health professional is available for coordination of care and welcomes a phone call to establish this.

For providers working within a multidisciplinary specialty team, a letter may not be necessary, rather, the assessment and recommendation can be documented in the patient's chart.

WPATH Standards of Care

Psychotherapy⁶

- Because changing gender role can have profound personal and social consequences, the decision to do so should include an awareness of what the familial, interpersonal, educational, vocational, economic, and legal challenges are likely to be, so that people can function successfully in their gender role.
- In addition, health providers may be called upon to support changes in a client's name and/or gender marker on identity documents such as passports, driver's licenses, birth certificates, and diplomas.



WPATH Standards of Care

Cultural Considerations⁶

- Cultural settings also largely determine how such conditions are understood by mental health professionals.
- Cultural differences related to gender identity and expression can affect clients, mental health professionals, and accepted psychotherapy practice.
- WPATH recognizes that the SOC have grown out of a Western tradition and may need to be adapted depending on the cultural context.



WPATH Standards of Care

Ethical Considerations⁶

- Professionals must adhere to the ethical codes of their professional licensing or certifying organizations in all of their work with transsexual, transgender, and gender nonconforming clients.
- Treatment aimed at trying to change a person's gender identity and lived gender expression to become more congruent with sex assigned at birth has been attempted in the past, yet without success, particularly in the long term.
- Such treatment is no longer considered ethical.



Resources

National Resources

- Trevor Project - <http://www.thetrevorproject.org/>
- HRC Corporate Equality Index – click on “Read the Report”
<http://www.hrc.org/campaigns/corporate-equality-index>
- Trans Lifeline - <https://www.translifeline.org/>
- National Center for Transgender Equality
<http://www.transequality.org/>
- Trans People of Color Coalition <https://www.facebook.com/TransPOCC/>
- Trans Student Educational Resources - <http://www.transstudent.org/>



Resources

State and Local Resources

- Kansas Statewide Transgender Education Project - <http://kstep.org/>
- PROMO - <https://promoonline.org/>
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Questions

Questions

Questions?



References

References

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