The Ethics of Working with Transgender and Gender Nonconforming Adults: Guidelines for Practice

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Ground Rules

- Respect/Mindfulness of Others
  - Language

- Self-Reflection
  - Try to be aware of your personal reactions

- Know Your Limits and Boundaries
  - Only disclose what is okay for you

- Sitting with Tough Emotions
  - How do you know when you are feeling defensive?
  - It’s not the emotional response but what you do with it that matters

- Be Open to Giving and Receiving Corrective Feedback

- Personal Awareness
  - I am sharing too much or too little?

- The right to “let it be.”

- Heated Arguing is Not the Intent
  - Listen to others perspectives & ideas even if you disagree

- Don’t Shut Someone Down
  - (and be aware when you feel shut down)

- Amnesty
  - The right to “screw up” in an attempt to understand yourself, your clients, your reactions and the larger world
My Promises to You

I will challenge you

I will encourage critical thinking

I will push buttons and play “devils advocate” to encourage multicultural competence

Overriding Assumption:
- We’ve all internalized “isms” and to work effectively as psychologists we all need to explore, deconstruct & challenge our personal “isms”

Objectives

At the end of this program participants will be able to:

- Describe the differences between sex assigned at birth, sexual orientation and gender identity.
- Describe how stigma, prejudice, discrimination and violence impact the well-being of transgender and gender nonconforming people.
- Apply APA ethical & aspirational guidelines for working with transgender and gender nonconforming adults from a strengths-oriented perspective.
- Discuss the World Professional Association for Transgender Health (WPATH) standards of care.
- Develop an action plan to engage in empowering relationships with transgender and gender nonconforming adults.

Why This Workshop?

Introductions

Education is the Key

As psychologists and educators, we must be multiculturally competent
How Do You Define Multicultural Competence?

Multicultural Competence

- Knowledge
  - What do you know about the clients you work with?
  - Culture, Ethnicity, Socioeconomic Status, Gender Identity, Ability Status, Religion, Sexual Orientation, etc.

- Skills
  - How does your knowledge translate into action?
  - Effectively working with diverse clients
  - Effectively handling critical incidents

- Awareness
  - What does it mean to be in your own skin?
  - Self-Knowledge

Basic Terms

- Biological Sex/Sex Assigned At Birth
  - Based on chromosomes
  - Anatomy (Testes, Ovaries)

- Gender Identity
  - A person’s deeply-felt, inherent sense of being masculine, feminine or an alternative gender (e.g., genderqueer, gender nonconforming, gender neutral) that may or may not correspond to a person’s sex assigned at birth.
  - Based on socially constructed & culturally specific expectations

- Sexual Orientations
  - The inclination or capacity to develop intimate, emotional, and sexual relationships with people of the same gender (lesbian, gay), a different gender (heterosexual), or either gender (bisexual).
  - May be attracted to men, women, both, neither, or to people who are genderqueer, androgynous, or have other gender identities.

Sexual Orientation & Gender Identity are Two Distinctly Different Concepts!

Gender Identity:
Your Sense of “Maleness or Femaleness”
Male ---------------------------------------Female

Sexual Orientation:
Who You Are Attracted to Emotionally, Physically
Male ---------------------------------------Female

Gender From a Non-Binary Perspective

Trans-Affirming Terminology

- Gender Identity
  - A person’s deeply-felt, inherent sense of being a boy, a man, or male; a girl, a woman, or female; or an alternative gender (e.g., genderqueer, gender nonconforming, gender neutral) that may or may not correspond to a person’s sex assigned at birth or to a person’s primary or secondary sex characteristics.
  - Not necessarily visible to others.
  - How a person labels themself

- Gender Expression
  - The presentation of an individual, including physical appearance, clothing choice and accessories, and behaviors that express aspects of gender identity or role.
  - Gender expression may or may not conform to a person’s gender identity.

Trans-Affirming Terminology

- **TGNC**: Transgender Non-Conforming People
- **Cisgender**: A person whose gender identity and gender expression align with sex assigned at birth; a person who is not TGNC.
- **Transgender**: An adjective that is an umbrella term used to describe the full range of people whose gender identity and/or gender role do not conform to what is typically associated with their sex assigned at birth. While the term “transgender” is commonly accepted, not all TGNC people self-identify as transgender.


- **Transsexual**: People who have changed or are changing their bodies through medical interventions (e.g., hormones, surgery) to better align their bodies with a gender identity that is different than their sex assigned at birth. Not all people who identify as transsexual consider themselves to be TGNC. For example, some transsexual individuals identify as female or male, without identifying as TGNC.
- **Male-to-Female (MTF)**: Individuals whose assigned sex at birth was male and who have changed, are changing, or wish to change their body and/or gender role to a more feminized body or gender role. MTF persons are also often referred to as transgender women, transwomen, or trans women.
- **Female-to-Male (FTM)**: Individuals assigned a female sex at birth who have changed, are changing, or wish to change their body and/or gender identity to a more masculine body or gender identity. FTM persons are also often referred to as transgender men, transmen, or trans men.

Trans-Affirming Terminology

Cross dressing: Wearing clothing, accessories, and/or make-up, and/or adopting a gender expression not associated with a person’s assigned sex at birth according to cultural and environmental standards (Bullough & Bullough, 1993).

Cross-dressing is not always reflective of gender identity or sexual orientation. People who cross-dress may or may not identify with the larger TGNC community.

Drag: The act of adopting a gender expression, often as part of a performance. Drag may be enacted as a political comment on gender, as parody, or as entertainment and is not necessarily reflective of gender identity.

Genderqueer: A person whose gender identity does not align with a binary understanding of gender (i.e., a person who does not identify fully as either a man or a woman).

May reframe gender or decline to define themselves as gendered altogether.

May think of themselves as both man and woman (bigender, pangender, androgynous); neither man nor woman (genderless, gender neutral, neutrois, agender), moving between genders (genderfluid); or embodying a third gender.


Intersex (Disorders of Sex Development, DSD): Describes a variety of medical conditions associated with atypical development of an individual’s physical sex characteristics.

May involve differences of a person’s internal and/or external reproductive organs, sex chromosomes, and/or sex-related hormones that may complicate sex assignment at birth.

DSD conditions may be considered variations in biological diversity rather than disorders; therefore some prefer the term intersex, intersexuality, or differences in sex development rather than ‘disorders of sex development.’


Problematic Terms to Avoid

- “Transgenders,” “transgendered”
  - You would not say that Elton John is “gayed” or Ellen DeGeneres is “lesbianed,” therefore you would not say Chaz Bono is “transgendered.”

- Sex-Change, Pre-Operative or Post-Operative
  - Transition(ing) is the preferred term or gender affirmation surgery
  - Don’t overemphasize surgery

- “Biologically Male,” “Biologically Female,” “Genetically Male,” “Genetically Female,” “Born a Man,” “Born a Woman”
  - Preferred: assigned male at birth, assigned female at birth or designated male at birth, designated female at birth

http://www.glaad.org/reference/transgender

Characteristics of the Strengths-Based Affirmative Psychologist

- Has moved away from anti-trans prejudice to being aware of and sensitive to gender diversity; values & respects differences
- Is cognizant of transphobia & transnegativity; understands cisgender privilege
- Is aware of institutional & societal barriers to success
- Is comfortable with differences that exist between themselves and their clients
- Is aware of personal values and biases and how they impact gender minority clients
- Understands intersecting identities; TGNC is only one part of identity

Stigma & Oppression of TGNC Individuals

- Cisgenderism
  - A pervasive system of oppression that privileges the gender binary system, which may exclude trans and gender variant people
  - Assumes identities are determined by sex assigned at birth rather than self-identified gender identity.

- Daily Challenges
  - Access to Health Care
  - Workplace Discrimination
  - Bullying & Violence
  - Affirming Educational Opportunities
  - Rejection by Families & Peers

Stigma, Oppression & Mental Health

- Increased rates of depression
- Increased rates of suicide
- Lack of access to trans-affirmative mental & physical healthcare
  - Less than 30% of psychologists and graduate students reported familiarity with TGNC issues


Stigma, Oppression & Mental Health

- National Transgender Discrimination Survey, 2011 (endtransdiscrimination.org)
  - 50% had to educate their health care providers about TGNC care
  - 28% postponed seeking medical care due to anti-trans bias
  - 19% were refused care due to discrimination
  - TGNC people were four times more likely to have a household income of less than $10,000 compared to cisgender people
  - High poverty rates for TGNC older adults

- TGNC people cannot serve openly in the military
  - Military regulations cite “transsexualism” as a medical exclusion from service
  - High rates of suicidality among TGNC military & veterans
  - Access to VA benefits


Stigma & Oppression of TGNC Individuals

- 28% of LGBTQQ Youth drop out of school
- Violent crimes against people in the LGBTQ community rose 13% in 2010
  - Racial minorities and transgender women were more likely to be targeted
- Almost all transgender students had been verbally harassed e.g., called names or threatened in the past year at school because of their gender expression (89%)
- Nearly half of young transgender people have seriously thought about taking their lives and one quarter report having made a suicide attempt

Stigma & Oppression of TGNC Individuals

- In 2015 alone, at least 20 transgender people have been murdered in the USA
  - 18 of the 20 were People of Color
- 34% of Black and 28% of Latina/o TGNC respondents report a household income of less than $10,000 a year.
- 41% percent of Black and 27% of Latina/o transgender and gender non-conforming respondents had experienced homelessness at some point in their lives.
- When they attempted to access shelters, 40% of Black respondents and 45% of Latina/o respondents were denied access altogether.

2011 National Transgender Discrimination Survey (NTDS) conducted by the National Center for Transgender Equality and the National LGBTQ Task Force; hrc.org
Activity: Working with Bias & Microaggressions in the Real World

- Think about any two incidents of bias, microaggressions, prejudice, harassment or hate crimes that you have come across (or struggled with) in your role as a psychologist or health care provider
- Think about incidents that you personally encountered in your work with TGNC individuals
- Do not use names but be specific about the conduct & language used.

- Divide into small groups and discuss
  - The Incidents
    - What you did (or didn’t) do
    - What you wish you could have done differently
  - How hate & bias impacts TGNC individuals lived experiences
  - How can we competently work with TGNC individuals

Diagnosis: Moving from Gatekeeping to Advocacy

- DSM-III & DSM-IV: Gender Identity Disorder emerged in the 1970’s
  - Implied person’s identity was disordered
  - Focused on deviations from stereotypical roles

- DSM 5: Gender Dysphoria
  - Marked incongruence between experienced gender and assigned gender
  - Clinically significant distress in social, educational or other areas of functioning because of incongruence

- Historical Gatekeeping
  - Providers were gatekeepers who provided letters of support for medical transition
  - Based on gender as strictly binary
  - Created barriers to access and care

Diagnosing Difference: Film Clip

http://www.diagnosingdifference.com/

APA Ethical Guidelines 2010

- Standards are mandates to which all psychologists must adhere
- Guidelines are aspirational and encouraged

APA Ethical Standards

- Psychologists practice in areas only within the boundaries of their competence (Standard 2.01)
- Psychologists participate in proactive and consistent ways to enhance their competence (Standard 2.03)
- Psychologists base their work on established scientific and professional knowledge (Standard 2.04)
APA Guidelines for Practice with TGNC People: Foundational Knowledge & Awareness

1. Psychologists understand that gender is a non-binary construct that allows for a range of gender identities and that a person’s gender identity may not align with sex assigned at birth.

2. Psychologists understand that gender identity and sexual orientation are distinct but interrelated constructs.

3. Psychologists seek to understand how gender identity intersects with the other cultural identities of TGNC people.

4. Psychologists are aware of how their attitudes about and knowledge of gender identity and gender expression may affect the quality of care they provide to TGNC people and their families.

5. Psychologists recognize how stigma, prejudice, discrimination, and violence affect the health and well-being of TGNC people.

6. Psychologists strive to recognize the influence of institutional barriers on the lives of TGNC people and to assist in developing TGNC-affirmative environments.

7. Psychologists understand the need to promote social change that reduces the negative effects of stigma on the health and well-being of TGNC people.

APA Guidelines for Practice with TGNC People: Life Span Development

8. Psychologists working with gender questioning and TGNC youth understand the different developmental needs of children and adolescents and that not all youth will persist in a TGNC identity into adulthood.

9. Psychologists strive to understand both the particular challenges that TGNC elders experience and the resilience they can develop.

APA Guidelines for Practice with TGNC People: Assessment, Therapy & Intervention

10. Psychologists strive to understand how mental health concerns may or may not be related to a TGNC person’s gender identity and the psychological effects of minority stress.

11. Psychologists recognize that TGNC people are more likely to experience positive life outcomes when they receive social support or trans-affirmative care.

12. Psychologists strive to understand the effects that changes in gender identity and gender expression have on the romantic and sexual relationships of TGNC people.

13. Psychologists seek to understand how parenting and family formation among TGNC people take a variety of forms.

14. Psychologists recognize the potential benefits of an interdisciplinary approach when providing care to TGNC people and strive to work collaboratively with other providers.
APA Guidelines for Practice with TGNC People: Research, Education & Training

15. Psychologists respect the welfare and rights of TGNC participants in research and strive to represent results accurately and avoid misuse or misrepresentation of findings.

16. Psychologists seek to prepare trainees in psychology to work competently with TGNC people.

World Professional Association for Transgender Health (WPATH): Standards of Care

- First published in 1979
- 7th version published in 2012
- Mission is to promote evidence-based care, education, research, advocacy, public policy, and respect for TGNC individuals’ health
- Addresses
  - Epidemiologic Considerations
  - Therapeutic Approaches
  - Mental Health
  - Children, Adolescents and Adults
  - Surgery & Hormone Therapies

World Professional Association for Transgender Health (WPATH): Standards of Care

Referral Letters
- Hormones: One letter
- Top Surgery: One letter
- Bottom Surgery: Two letters (written by independent sources)
- Collaborate/educate/advocate

Informed Consent Models
- Assumes resilience of client
- Assumes individuals are empowered to make a decision

Practical Suggestions for Trans-Affirmative Counseling

- Non-gendered intake forms
  - How do you identify in terms of gender?
- Waiting room & advertising materials
  - Trans affirmative signals
- Language
  - Use gender neutral language
- Ask preferred pronoun
  - “How do you prefer to be addressed?” [he, she, they, ze]
- Access to restrooms
- Assumptions about family
  - TGNC people are parents, partners, grandparents, siblings, etc.
Clinical Case Vignettes: Handout

- Case Studies
  - #1: Gee
  - #2: Sam
  - #3: Pat

Questions to Consider
- How do you conceptualize the client and the presenting concerns?
- What are salient issues to address in counseling?
- What might be the goals for counseling?
- What developmental issues should be considered?
- How are individual and/or institutional discrimination impacting the client’s lived experience?
- How can you apply the APA aspirational guidelines for working with TGNC clients?
- What ethical concerns might arise?
- How can you be a trans-affirmative ally?

Creating An Action Plan for Trans-Affirmative Practice

- What do you need to do to competently work with TGNC clients?

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<th>You</th>
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Handouts Posted on PPA Website

- APA 2015 Guidelines for Psychological Practice with Transgender and Gender Nonconforming People
- WRATH Standards of Care
- Resources List from dickey & singh (2014)
  - Recommended reading
  - Recommended films
  - Websites
  - Community Conferences
  - Reference List
- This power point!

Resources

- Genderbread Person
  - http://itspronouncedmetrosexual.com/2012/03/thegenderbreadperson-v2-0/
- National Center for Transgender Equality
  - http://transequality.org/
- Gender Spectrum
  - https://genderspectrum.org/
- World Professional for Transgender Health
  - http://www.wpath.org/
- Gender Talk
  - http://gendertalk.com/
- PFLAG
- National Gay Lesbian Task Force
  - http://www.thetaskforce.org/
- Trans Youth Family Allies
  - http://www.imatyfa.org/
- GLSEN
  - http://glsen.org/
- Lambda Legal
  - http://lambdalegal.org/
- FORGE
  - http://forge-forward.org/

Recommended Reading


References