WORKING WITH TRANSGENDER PATIENTS IN INTEGRATED CARE PART 1 OF 2

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FOR

MENTAL HEALTH TECHNOLOGY TRANSFER CENTER NETWORK



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The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).

Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.



The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED AND TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS PARTICIPATING IN THEIR OWN JOURNEYS

PERSON-FIRST AND FREE OF LABELS

NON-JUDGMENTAL AND AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR AND UNDERSTANDABLE

CONSISTENT WITH OUR ACTIONS, POLICIES, AND PRODUCTS

Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf

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Agenda

- Exercise 1: Exploring Unconscious Bias
- Lecturette: Relevant Terminology
- Exercise 2: Cisgender Privilege List

Norms

- Generate ... a cohesive group atmosphere.
- Expand ...gender-related self-awareness.
- Navigate ...through challenging feelings.
- Dare ...to take risks and express yourself.
- Explore ... your personal gender identity.
- Respect ...others' views.

Exercise

• Pulled from:

Chang, S. C., Singh, A. A., dickey, l. m., (2018). *A* clinician's guide to genderaffirming care: Working with transgender and gender nonconforming clients. New Harbinger Publications.

A COMPREHENSIVE RESOURCE FOR MENTAL HEALTH PROFESSIONALS, EDUCATORS & STUDENTS



A CLINICIAN'S

GUIDE to

GENDER-AFFIRMING

CARE

WORKING with TRANSGENDER & GENDER NONCONFORMING CLIENTS

Includes information on:

- > Gender identity, transition options & legal & ethical issues
- > Trans clients' needs in the context of intersecting identities
 - > The clinician's role, implicit biases & ally development

Sand C. Chang, PhD Anneliese A. Singh, PhD, LPC lore m. dickey, PhD Foreword by Mira Krishnan, PhD, ABPP

Exercise 1: Exploring Unconscious Bias

• What biases about gender or transgender people did I notice I have in this exercise?

• What can I do when I become aware of biases affecting my clinical judgment and practice?

• If I am neglecting to think about the whole range of trans people in the world, what effect does this have on each patient who comes to work with me?

Why is this Important? Health Disparities of Transgender Individuals

- The National Center for Transgender Equality and National Gay and Lesbian Task Force conducted a survey on transgender discrimination in health care (Grant et al., 2010)
 - Sample of 6,450 transgender and gender nonconforming respondents from the U.S.
 - 50% of the sample reported feeling the need to educate their medical providers on transgender health care
 - 28% reported having experienced violence and harassment in health care settings, and
 - 19% were blatantly refused care
 - 28% of the sample delayed seeking general medical care at all due to a fear of discrimination.

Relevant Terminology

WHY START HERE?

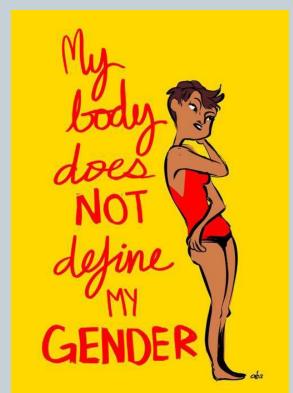
Sex and Gender

• Sex:

- Medical term designating a certain combination of gonads, chromosomes, external gender organs, secondary sex characteristics and hormonal balances
- Usually subdivided into 'male' and 'female' this category
- Does not recognize the existence of intersexed bodies

Gender:

- Socially constructed
- Typically emphasizes the socio-cultural differences between the sexes
- "Masculine" and "feminine" tend to be gender descriptors
- Usually subdivided into "man" and "woman"
 - But! Gender exists on a spectrum



Gender Identity

- How one thinks of one's own gender
- Not contingent upon the individual's biological sex
- Gender is a social construct that divides people into "natural" categories of men and women that are assumed to derive from their physiological male and female bodies
- Some people's gender identity is congruent with their assigned sex but a person's self concept of their gender can be discordant with their natal sex
- Exists on a spectrum

Transgender

- Used both as an umbrella term and as an identity
- Broadly, it refers to those who do not identify or are uncomfortable with their assigned gender and gender roles
- As an identity term, it refers to anyone who transgresses traditional sex and gender categories



 Does not denote sexual orientation. Transgender people can be straight, gay, lesbian, bisexual, queer, demisexual, pansexual, asexual/nonsexual

AFAB/AMAB

- Assigned Female at Birth
- Assigned Male at Birth

Transgender Man

 Indicates a transgender individual who was originally assigned female at birth (AFAB), but has claimed a male identity through clothing/gender expression, surgery, or attitude changes

Transgender Woman

 Indicates a transgender individual who was originally assigned male at birth (AMAB), but has claimed a female identity through clothing/gender expression, surgery, or attitude changes

Cisgender

- A term used to describe those who are nottransgender or gender variant
- Having a gender identity or performing in gender roles that society considers appropriate for one's sex
- **Cisgender privilege:** the societal assumption and norm that all people are cisgender. The basic civil rights and social privileges that a cisgender person automatically receives, that are systematically denied to transgender individuals, simply because of their gender identity

Pronouns

- Don't assume pronouns
- Correct, not preferred
- Up to each person to decide for themself
 - o He/his, she/her/hers, they/them/theirs, ze/hir/hirs
- Hir: a non-gendered pronoun used by some transgender people. Hir (pronounced "here") corresponds to his, her, and him
- Ze: (pronounced "zee" or "see") corresponds to he and she
- Encourage any health agency to include space to list pronouns on intake paperwork

Gender Expression

- How gender identity is performed
- Does not have to conform to cultural norms for gender
- Gender is enacted, performed through a series of social conventions
- Everyone here is wearing your gender, you put in on this morning, you shopped for it at the mall. Your haircut, your eyeglasses, your shoes, even your underwear "mark" you as a gendered being

Gender Nonconforming

 Adjective to describe individuals whose gender identity, role, or expression differs from what is normative for their assigned sex in a given culture and historical period

Genderqueer

 A rejection of the gender binary (man/woman) in favor of a more fluid, nontraditional identity

 May identify as neither man nor woman, both, or some combination of gender identities

Non-Binary

 Often considered a synonym to genderqueer, but not to all

- Every person may have a different definition of what this means to them
 - Listen to understand

Bigender

 A person with a gender identity that is a combination of male/man and female/woman

Sexual Orientation

- How one thinks of oneself in terms of to whom one is sexually or romantically attracted
 - o Relevant to a person's feelings and attractions
 - Not dependent on physical experience, gender expression, or gender identity
 - Also sometimes referred to as sexual identity
 - Sexual and romantic attraction may not be aligned

Queer

- Most commonly used as an umbrella term representative of LGBTQIA+ identities
- Originally used with negative connotations, but is currently being reclaimed by many within the LGBTQIA+ community

Androgyne

 A person appearing and/or identifying as neither man nor woman, presenting a gender either mixed or neutral

Femme

 A feminine identified or presenting person of any gender/sex

Does not mean the person identities as a woman

Masc

 A masculine identified or presenting person of any gender/sex

Does not mean the person identifies as a man

Gender Normative

 A person who by nature or by choice conforms to gender based expectations of society

Gender Dysphoria

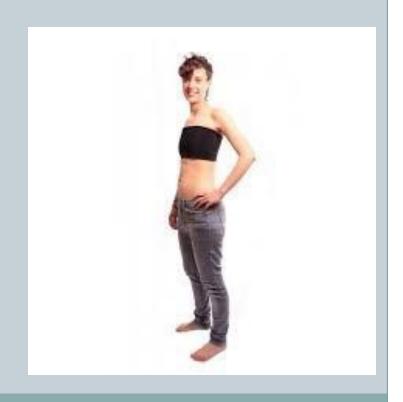
- Term used for those who experience a significant amount of distress related to the sex they were assigned at birth
- Previously called Gender Identity Disorder
- Not all transgender individuals experience this

Binding

 The process of flattening one's breasts to have a more masculine or flat appearing chest

Safety Concerns:

- No ace bandages
 - Not made to move with body
- Can impact respiration
- Chest pain
- Bacteria or fungal infections



Packing

• Use of padding or a phallic object to give the appearance of having a penis or bulge.



Gender Confirming/Affirming Surgery

- Medical surgeries used to modify one's body to be more congruent with one's gender identity
- In many states, one or multiple surgeries are required to achieve legal recognition of gender variance
- Insurance companies can play a big role
- Some examples of GAS include vaginoplasty and/or breast augmentation (typically for trans women), and phalloplasty and/or mastectomy (typically for trans men)
- Can be medically necessary
- Surgery does not determine validity of gender identity

Transition

- The term is primarily used to refer to the process a gender variant person undergoes when changing their bodily appearance either to:
 - Be more congruent with the gender/sex they feel themselves to be and/or
 - To be in harmony with their preferred gender expression
 - Again not determined by surgery

Microaggression

- This term refers to subtle but derogatory comments or actions directed towards a member of a marginalized group
- May be intentional or unintentional
- Typically reinforces a stereotype
- "Death by a thousand cuts"

Gender Oppression

- The societal, institutional, and individual beliefs and practices that:
 - o Privilege cisgender (gender-typical) people
 - Subordinate and disparage transgender or gender variant people
- Also known as 'genderism'

Exercise 2: Cisgender Privilege List

- We will take turns reading through the list item-byitem.
- As a large group, we will discuss what came up for you.

- My validity as a man/woman/human is not based upon how much surgery I've had or how accurately other people view my gender.
- Strangers do not ask me what my "real name" is and then assume that they have a right to call me by that name.
- People do not disrespect me by purposefully using incorrect pronouns even after they've been corrected.
- I am not expected to explain to friends, family, or strangers what it means to be my gender, how I knew what my gender was, or whether my gender is just a "phase."

- If I need hormone injections due to an inability to produce them on my own, it will be considered an "obvious" need.
- I don't need to prove how long I have identified as my gender in order to have my health needs taken seriously.
- The medical establishment does not serve as a "gatekeeper" denying my self-determination of what happens to my body, nor requiring me to undergo extensive psychological evaluation in order to receive basic medical care.

- I expect that if I am treated inappropriately by a doctor, my concerns will be taken seriously, and I will be able to find another doctor who will treat me appropriately.
- Treatments which are medically necessary for me are generally covered by insurance.
- I expect that medical professionals competent to treat my conditions exist outside of major cities, and in proportion to the demand for them. I expect no undue delay in access to routine medical services, and for such services to be available throughout the work day/week.
- My medical issues will not be seen as a product of my gender.

- If someone inaccurately genders me, I do not need to be afraid; I can assume it reflects more on them than on me, I can be amused or angry without calling into question what my "true" gender is.
- I do not have to worry whether my gender will be questioned by others seeing or hearing: pictures from my childhood, my identification or official documents, others' language used to refer to me, my voice, or any of my body parts.
- I can expect to be appropriately gendered by others without having to worry about: my clothing, whether I like certain colors or styles, whether I am passive or aggressive, wearing specially designed clothing, or if I'm willing to lose sensation in my genitals and/or chest.

- I have never had someone tell me what my gender is, regardless of what I say my gender is. If someone mistakes my gender, it will rarely continue to the point of an argument. A simple assertion of my gender will generally be enough to convince the other person.
- Bodies like mine are represented in the media and the arts. It is easily possible for representations of my naked body to pass obscenity restrictions.
- My gender is acknowledged universally, immediately, and without hesitation.

- I do not have to worry about whether I will be able to find a bathroom to use or whether I will be safe changing in a locker room.
- I don't need to be constantly aware of how others perceive my gender.
- When there are boxes to check on various forms, my gender will definitely be included. I do not even need to acknowledge that there are other genders than those listed.

- I can expect my government-issued identification to accurately represent who I am.
- I expect access to, and fair treatment within gender segregated facilities such as: homeless shelters, domestic violence shelters, drug rehab programs, prisons, hostels, and dorms.
- In no country in the world is it illegal to be my gender.

 When I express my internal identities in my daily life, I am not considered "mentally ill" by the medical establishment.

• I do not have to choose between either invisibility ("passing") or being consistently "othered" and/or tokenized based on my gender.

 I am not told that my sexual orientation and gender identity are mutually exclusive.

- I was never forced to wear gender inappropriate clothing in order to "fix" my gender, nor was I refused permission to engage in hobbies or behaviors I was interested in because others did not approve of my gender.
- Those who wrong me are expected to know that it is hurtful, and are considered blameworthy whether or not they intended to wrong me.
- I was trained into whatever gender was appropriate for me, and so I am prepared to live in my current gender, without having to go back and learn vital skills I was not taught when I was young.

Exercise 2: Cisgender Privilege List

Group Process Questions:

- 1. What were your overall impressions of the statements you read?
- 2. Were there any individual statements that stood out for you personally?
- 3. How did this exercise change your perception of gender identification?
- 4. How has your thinking about your own gender changed?
- 5. What aspects of cisgender privilege were you already aware of?
- 6. Why is it important to consider this list of privileges?

Next time

- Transgender individuals' experiences in healthcare
- Health Disparities of Transgender Individuals
- Barriers for Health Care Providers
- Mental Health Care Considerations
- Access to Resources, Guidelines, and Standards
- Sensitivity to Language

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Questions?

Working With Transgender Patients in Integrated Care

Session 1 – March 29th, 2022

Thank you!



