



webinar series

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The Gender Affirming Therapist:

What you need to know about
counseling, gender transition, and
campus collaboration to meet the
needs of trans college students

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Start where you are

- Likely already working with trans populations
- Personal knowledge base is always developing
- Goal isn't to "identify" someone's gender
- Widen your worldview, ask competent questions
- Hard to admit you don't know
- Model lifelong learning



Ever-evolving terminology

Saying this...

- Pronouns in use
- PGPs (Personal Gender Pronouns)
- He/him/his or she/her/hers
- Preferred name
- Legal name
- Gender binary

Is preferable to this...

- Preferred pronouns
- PGPs (Preferred Gender Pronouns)
- Masculine pronouns or feminine pronouns
- Nickname
- Real name
- Normal genders

Ever-evolving terminology

Saying this...

- Another gender/sex
- Sex assigned at birth
- Transgender, trans, trans*
- Cross-dresser
- Intersexual, intersex person
- Cisgender

Is preferable to this...

- Opposite gender/sex
- Real sex, original sex
- Transgendered
- Transvestite
- Hermaphrodite
- Non-trans person, regular/normal gendered person

Ever-evolving terminology

Saying this...

- Gender confirming/affirming hormones
- Gender confirming/affirming surgery
- Man, woman, transman, transwoman, agender person, gender nonconforming person, genderqueer person

Is preferable to this...

- Cross-sex hormones
- Sex change or sex reassignment surgery
- Male or female when referring to gender

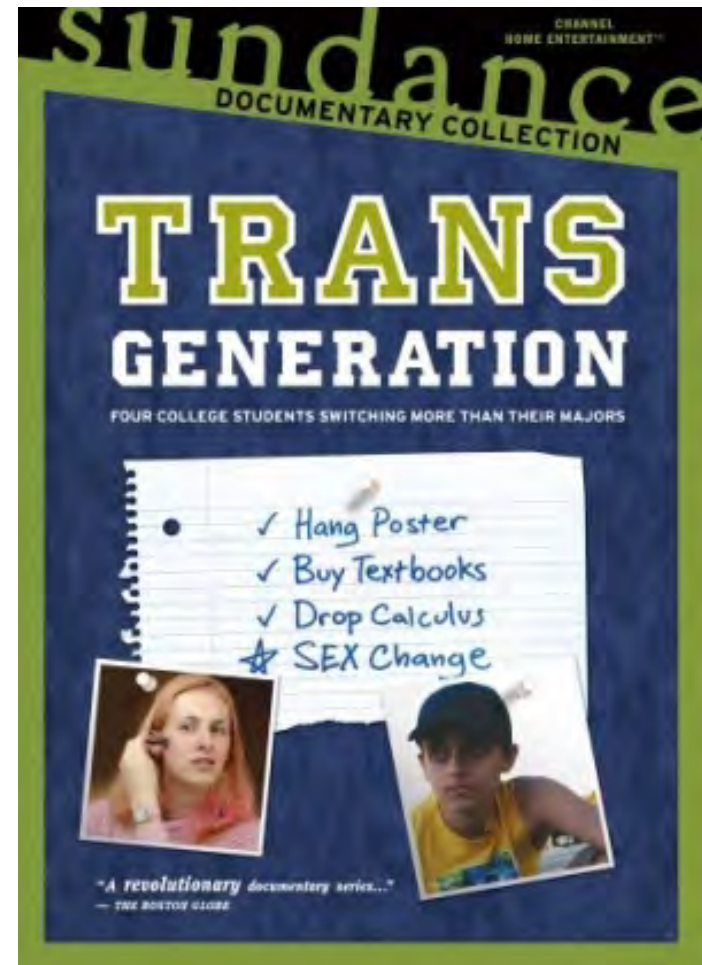
Afraid to say the wrong thing...

- You probably will...but you didn't mean to!
- Own the mistake
- Apologize
- Integrate new information, move on
- Don't make it about you



Do your own work

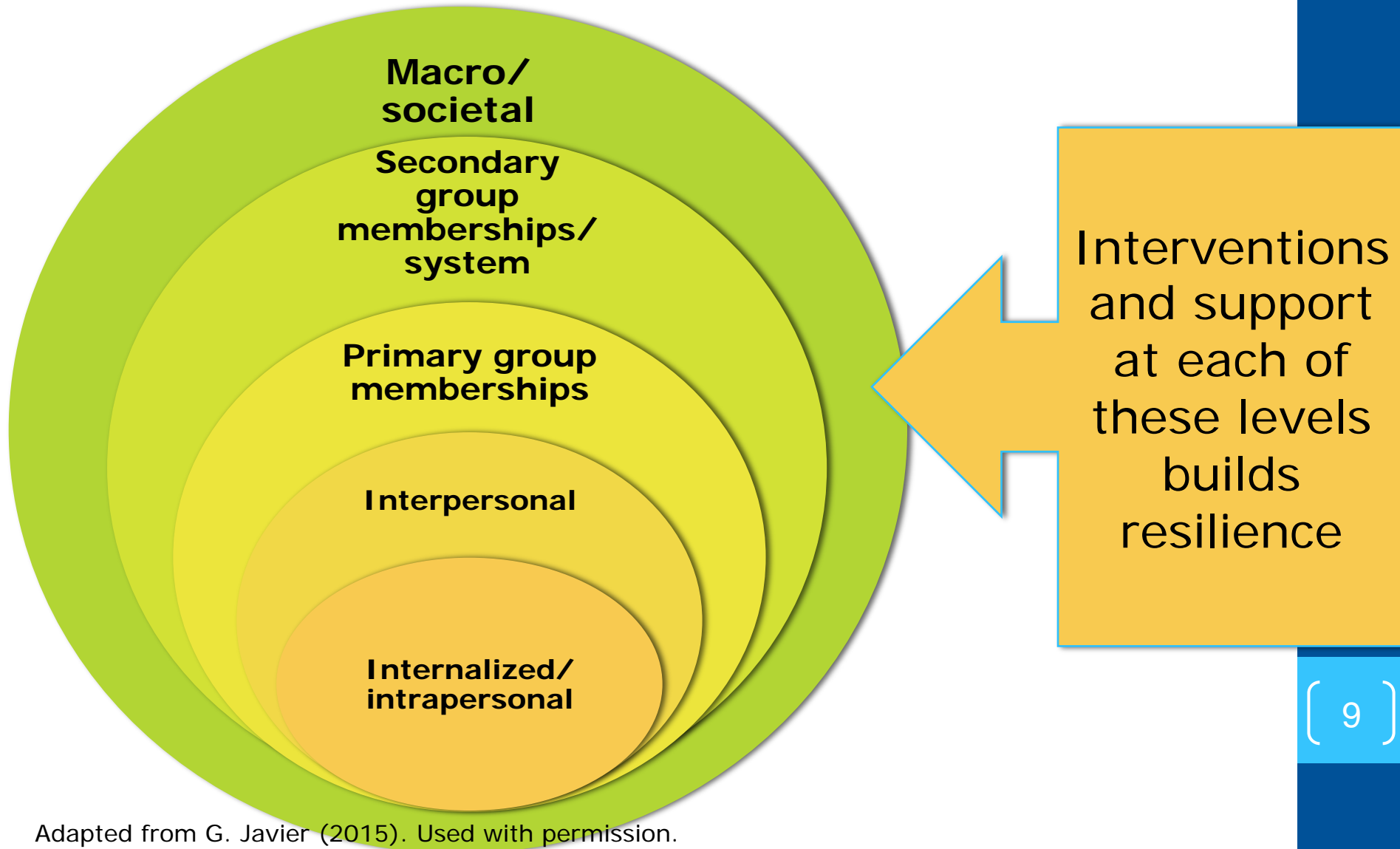
- Develop comfort with your own gender identity
- Don't expect clients to educate you
- Learn about trans lives
- Interrupt misinformation and harmful behavior
- Make spaces visibly trans inclusive
- Celebrate communities, don't just respond to their trauma



THE GENDER AFFIRMING THERAPIST

Mental Health of Trans Students

Compounded oppressions



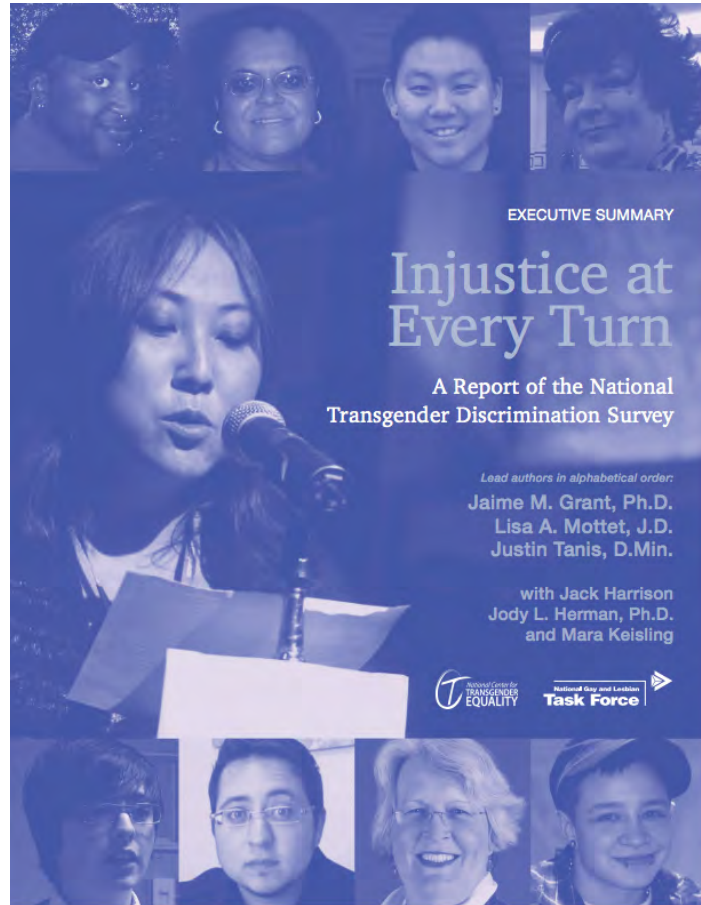
Trans students' experiences

- Targets of harassment
- Observe harassment, physical violence
- Avoid perceived unsafe on-campus places and situations
- Perceive campus climate negatively
- Have support systems outside standard campus or family structures
- Avoid or delay accessing medical, mental health care

Trans students' experiences

- Distrust client-practitioner interactions
- Feel powerless in medical systems
- Assume offices or practitioners are not current or competent re: trans care
- Have needs that insurance will not cover

Trans students' experiences



- National Transgender Discrimination Survey
 - More than half of all trans/GNC people who attended college reported suicidal ideation as a result of harassment or bullying

Miconceptions about trans clients

- Attend therapy because of their gender
- Problems are due to gender
- Seek a place to talk about gender
- Need help feeling good about gender
- Should come out to everyone in their lives
- Have really hard lives

**(It's all about their gender.
Always.)**

Presenting issues of trans clients

- Coping with discrimination, microaggressions
- Rejection by various communities
- Financial concerns, discrimination at work
- Adjusting to relationship changes
- Depression, anxiety, suicidal ideation, self-injury behaviors
- Autism Spectrum Disorders ????
- The same concerns (many and varied) as cisgender clients!!!

Treatment barriers

- Negative past experiences with health providers
- Sex segregated facilities (e.g., inpatient)
- Sex segregated services (e.g., “men’s group”)
- Showing student ID at reception
- Fear of being addressed incorrectly in waiting room
- Having to correct the therapist
- Expecting to teach the therapist

DSM-5

- Gender Dysphoria in Adolescents and Adults
 - A marked incongruence between one's experienced/expressed gender and assigned gender
 - Clinically significant distress or impairment in social, occupational, or other important areas of functioning

Coming out and identity development

- Foundational and reference texts
 - Cass: stage model
 - D'Augelli: environmental/ lifespan model
 - Beemyn/Rankin: trans milestones model
 - Devor: witnessing and mirroring model
 - Savin-Williams: differential developmental trajectories
- Balancing mixed disclosure

Beemyn, G., & Rankin, S. (2011). *The lives of transgender people*.
Columbia University Press: New York.

FTM Milestones	MTF Milestones	GQ Milestones
Feeling and often expressing a male gender identity from a young age	Feeling and often expressing a female gender identity from a young age	Feeling and often expressing a different gender identity from a young age
Repressing or hiding one's male gender identity in the face of hostility and/or isolation	Repressing or hiding one's female gender identity in the face of hostility and/or isolation	Realizing that genderqueer is a viable identity
Thinking of oneself as lesbian, but realizing over time it was not a good fit	Learning about and meeting other transsexual women	Deciding how to express oneself as gender queer
Realizing that there are FTM individuals and that transitioning is possible	Recognizing oneself as transsexual, rather than a cross-dresser	Encountering resistance to a non-binary gender identity or expression
Learning about and meeting other transsexual men	Overcoming denial and internalized genderism to accept oneself as female	Not fitting in with transgender or LGBT communities
Overcoming denial and internalized genderism to accept oneself as male	Taking hormones and perhaps having surgery to look more like self-image	Creating a home within or outside of LGBT/transgender communities
Taking hormones and having top surgery to look more like self-image	Whether and when to tell others, and developing new relationships after disclosure	
Whether and when to tell others, and developing new relationships after disclosure	Having a sense of wholeness even when unable to be seen as a woman	
Having a sense of wholeness as a different kind of man		

THE GENDER AFFIRMING THERAPIST

Trans Affirming Mental Health Care

Strengths-based approach

- Affirm the struggles of stigmatization
- Promote trans creativity, resilience, and pride
- Separate psychological disorders from gender identity



WPATH

- World Professional Association for Transgender Health Standards of Care v.7
“SOC 7”
 - Flexible, yet controversial guidelines
 - Gender nonconformity does not automatically indicate dysphoria
 - Nonbinary outcomes acceptable
 - Revised requirements for medical interventions

WPATH: Recommended competencies for MHPs

- Licensed at the master's level (minimum)
- Competent use of DSM or ICD
- Knowledge of gender nonconforming identities and expressions
- “Ability to recognize and diagnose co-existing mental health concerns and to distinguish these from gender dysphoria” (p. 22)
- Continuing education in assessment and treatment of gender dysphoria (e.g., professional meetings, seminars, supervision, research)

Create a trans friendly environment

- LGBT-inclusive pamphlets or signage
- Web presence
- Safe and appropriate restrooms
- Zero tolerance for bullying and harassment
- Use system for PGPs and preferred names
- Use inclusive terminology for services

Create a trans friendly environment

- Include gender identity in non-discrimination policy
- Enforce and publicize policy
- Educate yourself and those around you
 - Use your resources!
 - Provide regular staff in-service training

Use gender neutral language

- “My name is Dr. Bonnie Benson-Palmgren, but I go by Bonnie and use she/her/hers pronouns, what about you?”
- “What pronouns do you use?”
- “How would you like to be addressed?”
- “I see it says Robert on your paperwork. Is there another name you’d rather be called?”
- “What name do you go by?”
- Do you have a partner or partners? What is the gender of your past partner(s)? Current?
- Do you practice safer sex?

Initial session

- Introduce yourself
- Explain what the visit will entail
- Don't necessarily ask about gender first
- Ask about gender identity as relevant
- Relax...be yourself

Notice and avoid gender identity microaggressions

- Use of transphobic terminology
- Endorsement of gender normative culture/ behaviors
- Assumption of universal trans experience
- Exoticization
- Discomfort/disapproval of trans experience
- Assumption of sexual deviance
- Denial of bodily privacy

Explore transition-related concerns

- Intrapersonal
 - Identity exploration
 - Potential internal reactions to coming out
 - Wishing they'd known sooner
- Interpersonal
 - Others' potential reactions to visible changes
 - Ways to come out, to whom, when
 - Introduction of new name, pronouns
 - Question expertise of nay-sayers

Explore transition-related concerns

- School – residence, roommates, classes, professors, athletic teams, Greek life
- Career – job searching, requesting references, transcripts
- Family – emotional and financial support
- Social transition resources
- Potential effects of masculinizing/feminizing hormones

Provide accurate information

- Know credible sources of information
- Social transition resources
 - Clothing swaps
 - Department stores
 - Binders
 - Voice coaching
 - Electrolysis, laser hair removal
 - How to shave, apply makeup
- List resources online or link to Pride Center
- Effects of hormones and availability

TABLE 1B: EFFECTS AND EXPECTED TIME COURSE OF FEMINIZING HORMONES ^A

Effect	Expected Onset ^B	Expected Maximum Effect ^B
Body fat redistribution	3-6 months	2-5 years
Decreased muscle mass/ strength	3-6 months	1-2 years ^C
Softening of skin/decreased oiliness	3-6 months	unknown
Decreased libido	1-3 months	1-2 years
Decreased spontaneous erections	1-3 months	3-6 months
Male sexual dysfunction	variable	variable
Breast growth	3-6 months	2-3 years
Decreased testicular volume	3-6 months	2-3 years
Decreased sperm production	variable	variable
Thinning and slowed growth of body and facial hair	6-12 months	> 3 years ^D
Male pattern baldness	No regrowth, loss stops 1-3 months	1-2 years

^A Adapted with permission from Hembree et al. (2009). Copyright 2009, The Endocrine Society.

^B Estimates represent published and unpublished clinical observations.

^C Significantly dependent on amount of exercise.

^D Complete removal of male facial and body hair requires electrolysis, laser treatment, or both.

TABLE 1A: EFFECTS AND EXPECTED TIME COURSE OF MASCULINIZING HORMONES ^A

Effect	Expected Onset ^B	Expected Maximum Effect ^B
Skin oiliness/acne	1-6 months	1-2 years
Facial/body hair growth	3-6 months	3-5 years
Scalp hair loss	>12 months ^C	variable
Increased muscle mass/strength	6-12 months	2-5 years ^D
Body fat redistribution	3-6 months	2-5 years
Cessation of menses	2-6 months	n/a
Clitoral enlargement	3-6 months	1-2 years
Vaginal atrophy	3-6 months	1-2 years
Deepened voice	3-12 months	1-2 years

^A Adapted with permission from Hembree et al.(2009). Copyright 2009, The Endocrine Society.

^B Estimates represent published and unpublished clinical observations.

^C Highly dependent on age and inheritance; may be minimal.

^D Significantly dependent on amount of exercise.

WPATH: Eligibility criteria for hormones

- Age of majority
- Persistent, well-documented gender dysphoria
- Capacity to make fully informed decision/ consent for treatment
- Any significant medical or MH concerns reasonably well-controlled

WPATH: Role of MHP in trans care

1. Assess for eligibility criteria
2. Educate regarding options for gender identity and expression
3. Assess for any co-existing mental health concerns

WPATH: Referral content

- Client's general identifying characteristics
- Duration, type of evaluation
- Any diagnoses, results of psychosocial assessment
- How criteria for hormone therapy have been met; clinical rationale for supporting request for hormones
- Statement that therapist is available for coordination of care
- Statement that informed consent was obtained

Professional discretion/ judgment

- Ethics: First, do no harm.
- Professional judgment
 - Academic training, professional development
 - Professional experience
- Process of comparing
 - Has the student sufficiently considered psychosocial and medical risks?
 - What are psychosocial risks of not moving forward with hormones?
- Consistency or explained variation

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Campus Collaboration

Models of care

- Medical model
- Policy-centered model
- No model
- Social transition model



Build a strong campus network

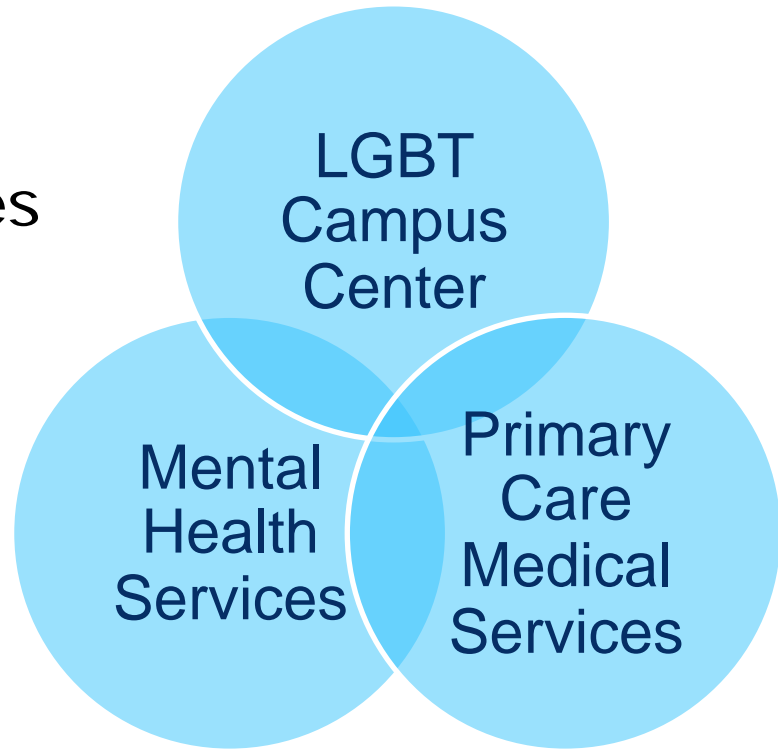
- Individuals
 - Engage in their own “self-work”
 - Understand their own gender-based privilege
 - Recognize, address gender-based microaggressions
- Groups
 - Honest about capacity to serve LGBTQ people
- Institutions
 - Held accountable by individuals and groups
 - Address and eliminate structural oppression

University of Wisconsin-Madison

- Social transition model
- Interdisciplinary trans health care team
 - Gender identity training
 - Mental health privileging
- Mental Health Services
 - Gender Identity Consultation
 - Letters of referral for hormones
 - Related documents
- Primary Care Medical Services
 - Hormone prescriptions with letter of referral
 - Related documents
- LGBT Campus Center
 - Social transition resources
 - Linkage to cross-campus experiences

University of Wisconsin-Madison

- University Health Services
 - Mental Health Services
 - Primary Care Medical Services
 - Health Information Management
- LGBT Campus Center



University of Wisconsin-Madison

- Infrastructure and cross-campus interventions
 - Preferred name system
 - Students may indicate GI, SAAB, PGPs in medical/MH records
 - Campus climate survey completed
 - Campus recommendations
 - All-gender restrooms
 - Collecting demographic information
 - Inclusive classrooms
- Regional resource sharing

University of Tennessee Knoxville

- Collaborative partners
 - Student Health Services
 - Student Counseling Center
 - Chancellor's Commission for LGBT People
- Hormone initiation and continuation
 - Gender clinic established
 - Rx of hormones by identified provider
- Require letter of referral for hormones?
 - Too much of a barrier
 - Medical provider collects relevant information
- Counseling recommended but not required
- Political concerns

Commonalities

- 2012 marked change at both agencies
- Changes based on client need
- Formalized previously ad hoc processes
- Collaboration was key
- Suggest but don't require psychotherapy
- Identified medical provider(s) prescribe
- Use informed consent documents
- Political concerns

Take-aways

- Start where you are, educate yourself
- Normalize trans identity for students
- Approach counseling from strengths-based perspective
 - Practice noticing and avoiding microaggressions
 - Help students explore transition-related concerns as relevant
 - Provide accurate information
- Collaborate to build trans friendly environments, practices

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Discussion

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