

## BEFORE WE BEGIN

- Funded, designed, and maintained by members of the gender expansive community.
  - High-level information on topics identified to be the most relevant in the clinical care of transgender patients by members of the community.
  - It would be impossible to accurately represent the diverse experiences those of us within the gender expansive community face.
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## THANK YOU

By completing this course, you are taking a stand against those who seek to define our experiences and appropriate our struggle.



## INTENDED AUDIENCES

- Current LGBTQ+ affirming providers who want to deepen their knowledge and skills working with transgender patients.
- Providers who have not yet worked with the trans community and desire to grow this part of their clinical skills and professional practice.
- A provider seeing a transgender patient for the first time, looking for awareness and guidance.
- Students looking for an area of specialization working with underserved and marginalized communities.

## OUR APPROACH | TRAINING DESIGN

- Diverse Professional Backgrounds
  - Not Modality Specific
  - ACT Has Substantial Research Support With LGBTQ Youth
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## OUR SOURCES

The content presented in this course comes from organizations who share our mission of educating in an authentic and ethical manner, providing the greatest possible deference to our community and respondent

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|--------------------------------------|--|
| ▪ American Medical Association       | ▪ Human Rights Council                     |
| ▪ American Psychological Association | ▪ National Center for Transgender Equality |
| ▪ Williams Institute – UCLA          | ▪ Hundreds of real community stories       |
| ▪ Family Acceptance Project – SFSU   |  |
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## THE GENDERED WORLD | TERMINOLOGY

- A Common Understanding of Terms
  - Rapidly Evolving Definitions
  - No Central Authority For Definitions
  - Terms Can Shift Into Microaggressions Quickly
  - Community Exclusive Terms and Usage
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## THE GENDERED WORLD | CONCEPTS

- Evolving Understandings of Sex & Gender
  - Shifting and Diverse Gender Norms Globally
  - Expanding Genetic and Development Research
  - Powerful Opposition Towards “Redefining” Social Mores
  - No Central Authority For Concepts
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# TERMINOLOGY

A LIVING GLOSSARY – HUMAN RIGHTS COUNSEL

## TERMINOLOGY

### SEX

The designation made at birth as “male” or “female” currently based on a medical professionals visual inspection of genitalia. Frequently assumed to be the same as gender, a person’s sex is only one of the dimensions that constitute an individual’s gender.

### GENDER | GENDER IDENTITY

One’s innermost concept of self as male, female, a blend of both or neither — how individuals perceive themselves and what they call themselves. One’s gender identity can be the same or different from their sex assigned at birth. While most people develop a gender identity aligned with their biological sex, for some gender identity is different from their biological or assigned sex.



## TERMINOLOGY

### GENDER BINARY

The notion that there exist only two genders, each solidly fixed, biologically based and attached to various expectations for behavior, appearance, and feelings. The binary gender system, while predominant in many cultures, is not the only model of gender that exists; more nuanced, nonbinary understandings of gender have existed throughout history and across cultures.

### CISGENDER

Cisgender - or cis - is the term used to describe individuals whose gender identity aligns with those typically associated with the sex assigned to them at birth.



## TERMINOLOGY

### GENDER EXPANSE | GENDER-EXPANSIVE

A term used to convey a wider, more flexible range of gender identity and/or expression than typically associated with the gender binary.

### GENDER EXPRESSION

Refers to the ways in which people externally communicate their gender identity to others through behavior, clothing, haircut, voice and other forms of presentation. Gender expression also works the other way -- as people assign gender to others because of their appearance, mannerisms and other characteristics based on societal conventions, which are continually shifting and vary across cultures, race and region.



## TERMINOLOGY

### GENDER TRANSITION

The processes by which some people strive to more closely align their internal knowledge of gender with its outward manifestations. Some people socially transition, whereby they might begin dressing, using names and pronouns and/or be socially recognized as the “other” gender. Others undergo physical transitions in which they modify their bodies through medical interventions.

### NONBINARY

People whose gender is not male, or female use many different terms to describe themselves, with nonbinary being one of the most common. Other terms include genderqueer, agender, bigender, and more. None of these terms mean exactly the same thing – but all speak to an experience of gender that is not simply male or female.



## TERMINOLOGY

### INTERSEX

The condition of being born with any of several variations in sex characteristics including chromosomes, gonads, sex hormones, or genitals that, according to the UN Office of the High Commissioner for Human Rights, "do not fit the typical definitions for male or female bodies". It should be noted this term does not automatically infer a transgender experience or identity. This term replaces a historically used term, which is now considered pejorative by the majority of individuals who experience this type of condition, the “H” word.



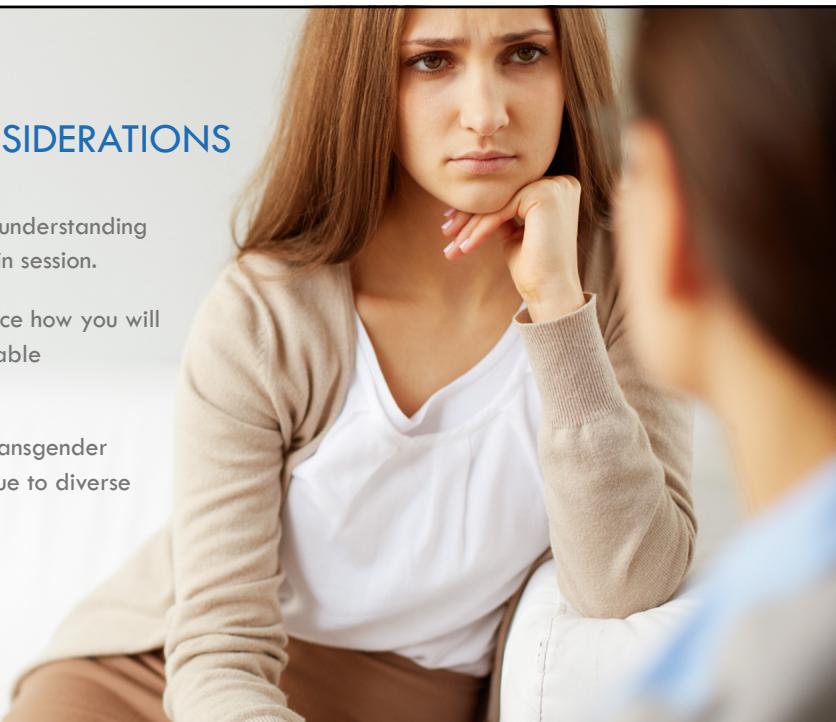
Additional terms and updated definitions can be found anytime at [at transkit.org/terms](https://transkit.org/terms)

## TERMINOLOGY CONSIDERATIONS

- As a cisgender provider, refrain from introducing transgender terminology until it's introduced by the patient.
- Enabling the patient to independently research terminology will prevent patients adopting provider-suggested identity terminology.

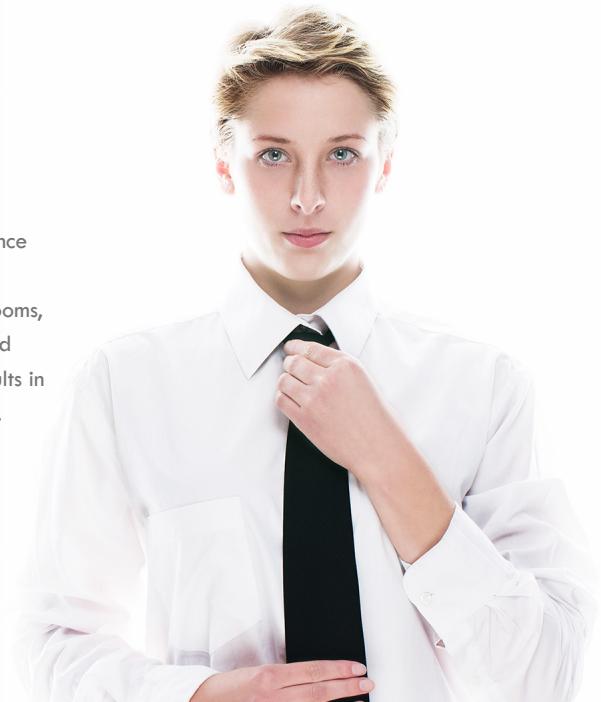
## TERMINOLOGY CONSIDERATIONS

- Ask your patient to explain their understanding and usage of the terms they use in session.
- Decide ahead of time and practice how you will respond when you hear questionable terminology.
- Settings with multigenerational transgender participants can be precarious due to diverse understandings of terms.



## A WORD ON CISCENTRISM

Ciscentrism denotes the pervasive and systemic delineation of places and attitudes which neither respect, nor allow the existence of those whose gender does not conform to the gender binary. Examples of ciscentrism can be found in everything from bathrooms, living spaces, retail establishments, laws, security screenings, and countless other social standards and institutions. Ciscentrism results in countless traumatic experiences by those in the trans community. Ciscentrism/Cissexism is a subtle form of transphobia.



# NAMES & PRONOUNS

CONSIDERATIONS IN PRACTICE

## NAMES + PRONOUNS

- Most names and pronouns are historically tied to a certain gender understanding.
- We hear our names and are referred to using gendered pronouns dozens of times each day.
- The adoption of non-gendered names is increasing both by members of the community, and parents aware of the shift in gender understanding.



## NAMES + PRONOUNS

### TREATMENT CONSIDERATIONS

- Names are a source of conflict for gender expansive people.
- Selecting a name is a process in identity exploration. This may manifest in several name changes during this process.
- Never, under any circumstance ask for a persons real name. The name given is their name, even if it changes from week to week.



## NAMES + PRONOUNS

*"I was consistently misnamed and misgendered throughout my hospital stay. I passed a kidney stone during that visit. On the standard 1–10 pain scale, that's somewhere around a 9. But not having my identity respected, that hurt far more." – USTS Survey Response*



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## NAMES + PRONOUNS

- Names and pronouns are not preferred. The act of asking an individual for their preferred name and pronouns in effect suggests their identity is optional.
- Use of the word preferred suggests another identity exists that is not preferred.
- Demonstrate to those you treat that you are an affirming provider by including your pronouns in your introduction, collateral, and communication. For example:

*Good morning. My name is Dyllan and my pronouns are they, them and their. What is your name and what are your pronouns?*



# SAFETY

## CRITICAL CONSIDERATIONS

### SAFETY CONSIDERATIONS

“Multiple medical professionals have misgendered me, denied to me that I was transgender or tried to persuade me that my trans identity was just a misdiagnosis of something else, have made jokes at my expense in front of me and behind my back, and have made me feel physically unsafe. I often do not seek medical attention when it is needed, because I’m afraid of what harassment or discrimination I may experience in a hospital or clinic.” – USTS Survey Response



## SAFETY CONSIDERATIONS

Many of the questions presented in this section are designed to invoke curiosity and exploration. Many of these topics will be covered in additional detail in subsequent modules.



## SAFETY CONSIDERATIONS

- Does the client need to show ID in order to get in your building?
- Does the client sit in a waiting area with others who could potentially harm the client with microaggressions, slurs, or potential physical harm?
- Do you provide a place for your clients to change as necessary prior to or following treatment?



## SAFETY CONSIDERATIONS

- Does your facility clearly indicate with signage, imagery, waiting room publications, etc., that you are a safe and affirming space?
- Do front office staff use gender neutral pronouns for all who enter?
- What is your policy for matching insurance information to an individual whose name may not match the names listed by insurance?



## CULTURAL HUMILITY

A BETTER APPROACH TO CULTURAL AWARENESS

## CULTURAL HUMILITY

Cultural Humility is a construct representing a manner of interaction with those who have fundamentally different life experiences than our own. This recognition and respect for multi-culturalism provides a framework in which a mental health provider can provide competent and sensitive treatment.

### Three Aspects To Cultural Humility (Tervalon & Murray-Garcia, 1998)

- A lifelong commitment to self-evaluation and self-critique
- A desire to fix power imbalances where none ought to exist
- Aspiring to develop partnerships with advocates



## CULTURAL HUMILITY

Many of the barriers transgender individuals endure are often considered trivial or irrelevant by those who do not understand the extent of trauma experiences in the Trans/Intersex/Non-Binary community.

### Examples

- Ability to enter gendered spaces without fear of violent assault
- The ability to present ID without potentially lethal consequence



# ADDITIONAL CONSIDERATIONS

REVIEW

## KEY CONCEPTS

- Check the validity and credibility of information sources.  
Misinformation is readily available, including to family and friends who may use such information to harm your patient or clients.
- Terminology is constantly evolving and has as many potential definitions as the number of patients and clients you interact with.
- The world is a gendered place. Ciscentrism has created spaces that are separated/segregated by a sex designation and appearance. Media primarily reinforces the ciscentric narrative. Gender expansive people must navigate this everyday.



## KEY CONCEPTS

- Violence and discrimination against transgender individuals, especially for people of color, are commonplace. Affirming and inclusive spaces you create can potentially be dangerous. Even in progressive areas of the country, there are those who specifically target queer-inclusive spaces to commit heinous acts. (I.E. Pulse Nightclub)
- Cultural humility allows you, the provider, to interact in a manner that respects the various intersections your patients bring into treatment. Especially for trans patients, your presence alone is often enough to trigger dysphoria, manifested in a variety of symptoms.



## KEY CONCEPTS

- Allow every transgender patient the opportunity to teach you, but do not rely on them to provide you information that is readily accessible from trusted sources. Learning about groups and organization the patient recognizes as credible will assist in this effort.



# THANK YOU

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THIS MODULE IS COMPLETE