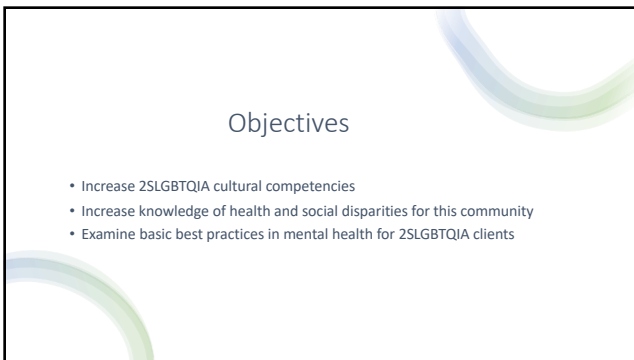
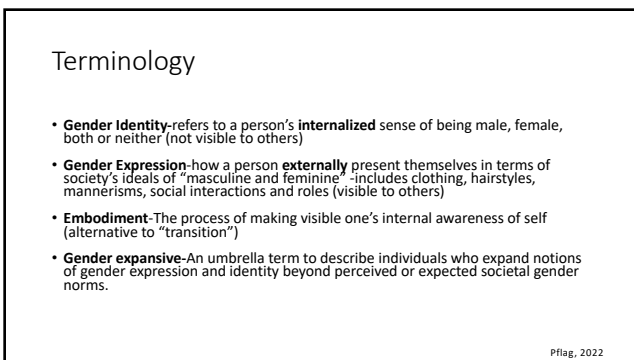


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2



3

Terminology

- **Cisgender**-a person whose gender identity corresponds to sex assigned at birth
- **Transgender**-a person whose gender identity does not correspond to sex assigned at birth
- **Two-Spirit**: A term used within some American Indian (AI) and Alaska Native (AN) communities to refer to a person who identifies as having both a male and a female essence or spirit.
- **Gender Dysphoria/Incongruence**- Incongruence between the sex assigned at birth and gender identity
- **Gender Euphoria**: A euphoric feeling often experienced when one's gender is recognized/ respected by others, when one's body aligns with one's gender, or when one expresses themselves in accordance with their gender.

Pflag, 2022, Ashley, 2021

4

Terminology

- **Pansexual** – An orientation that describes a person who is emotionally and physically attracted to people of all gender identities, or whose attractions are not related to other people's gender.
- **Aromantic (Aro)**- A person who experiences little or no romantic attraction to others, and/or lacks interest in forming romantic relationships. Aromantic people may still have intimate relationships.
- **Asexual (Ace)**-A person who experiences little or no sexual attraction to others. Asexual people may still engage in sexual activity.

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Terminology

- **Multiple Minority**- person who falls under more than one umbrella minority category.
- **Endosex** One whose sex characteristics are expected for the male or female sex, ie, someone who is not intersex
- **Endocisheteronormativity**-the assumption that endosex, heterosexuality, and cisgender are "normal" and that intersex, transgender or gender expansive, and/or LGBTQIA (lesbian, gay, bisexual, transgender, queer and/or questioning, intersex, and asexual and/or ally) persons are, by comparison, abnormal

Hastings et al., 2021

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Terminology

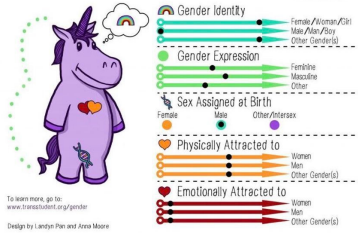
Outdated Term	Current Term
Female to Male (FTM)	Trans Man
Male to Female (MTF)	Trans Woman
Biological or Natal Male	Assigned Male at Birth (AMAB)
Biological or Natal Female	Assigned Female at Birth (AFAB)
Preferred Name/Pronouns	Name/Pronouns (or Personal Name/pronouns)
Sex/Gender Reassignment Surgery (SRS, GRS)	Gender Affirming Surgery (or Confirmation)
Masculinizing/Feminizing	Embodiment, Embody, or omit depending on context
Sexual Orientation	Affectional Orientation

Ginicola, et al., 2017

7

The Gender Unicorn

Created by
TSER



8

Barriers to Care

- **Interpersonal**
 - Family, peers, community, workplace, education
- **Institutional/Agency level concerns**
 - Procedures & documentation
- **Financial Concerns & Health Care**
 - Insurance coverage, limited options for medications & referrals, frequency of care
 - Working with other systems & providers, lack of training & qualified providers
- **Legal barriers**
 - Name & gender marker change issues, bills directly attacking community, LGBT adoption discrimination, Travel/TSA

Lawlis, Pitt, Conrad & Brewer, 2019

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Health Barriers

- **3 in 10 LGBTQ Americans** report difficulty accessing necessary medical care due to cost, including more than half of transgender Americans.
- **15 percent of LGBTQ Americans** report postponing or avoiding medical treatment due to discrimination, including nearly 3 in 10 transgender individuals.
- **1 in 3 transgender individuals** had to teach their doctor about their unique needs in order to receive appropriate care.
- Harassment and violence in medical settings: 28% were subjected to harassment and 2% were victims of violence in doctor's office.

Center for American Progress, 2021

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Figure 7.5: Did not see health provider due to cost in the past year RACE/ETHNICITY (%)

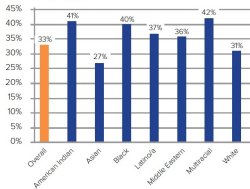
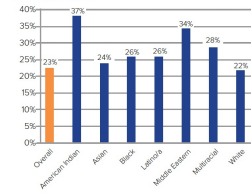


Figure 7.6: Did not see health provider due to fear of mistreatment in the past year RACE/ETHNICITY (%)



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Health/Mental Health Barriers

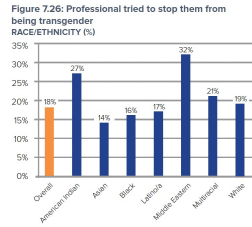
- Insurance Issues
 - No insurance – care is too costly
 - Afraid to use insurance
 - Inadequate coverage for gender affirming care (55% denied surgery, 25 % denied GAH)
 - Issues with name/gender marker
 - Diagnosis issues
- Unwelcoming environments
 - Paperwork/Intakes/Procedures
 - Assessments
 - Lack of full staff training
 - Facilities

National Center For Trans Equality 2020

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Mental Health Barriers

- Lack of knowledgeable providers
- Pathologizing
- Lack of connection to services
- No access to transportation to attend sessions
- Unsafe Spaces



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Legal Barriers

- 240 anti-LGBT bills in U.S. this year
- Oklahoma bills directly attacking 2SLGBTQIA community
 - *Annual "Gender Oath" for sports
 - *Banned non-binary gender marker on birth certificates
 - Remove confidentiality for teachers and counselors
 - Single sex bathrooms in schools (designated by "biological sex")
 - Expanded definition of obscene materials to target the LGBTQ+ community

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Forms of Discrimination

- Pathologizing-treating person's body or experience as disordered
- Misgendering-misclassifying someone's gender or body
 - Examples- using wrong name or pronoun, describing someone as a biological female or male
- Endociseteronormativity
 - Example: assumption that there are only 2 valid genders
- Microaggressions- subtle put-downs directed towards a marginalized group which may be verbal or nonverbal



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Considerations in Mental Health

- Goals and Objectives
- Competencies
- Family support/therapy
- Assessment/Diagnosis
- Advocacy

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Competencies for Therapeutic Setting

- Be aware of your own biases, gender normative assumptions, discomfort, lack of information
- Understand the stigma faced (discrimination, violence, prejudice)
- Learn about your client's unique experiences
- Trust 2SLGBTQIA+ voices
- Practice cultural humility
- Use inclusive vocabulary

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Competencies for Therapeutic Setting

- Training/2SLGBTQIA+ Informed
 - Affirmative (no attempt to change identity/orientation)
 - Trauma Informed
 - Evidenced Based (specific application to minorities)
 - Developmental/life stages
 - Multiculturally focused
 - Intersectionality minded
 - Multidisciplinary (informed of medical/legal issues)

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Therapy Goals

- Direct focus on gender or orientation
 - Identity Development
 - Coming Out
 - Family, Social, Educational, Occupational Issues
 - Embodiment Goals (Social/Medical)
 - Comorbid Issues (Depression, Anxiety, PTSD)
 - Self Esteem/Empowerment (Internalized negativity)
- Indirect focus on gender or orientation
 - Awareness of social stigma, LGBTQIA developmental impact

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Therapy Goals

- Focus Areas:
 - Developmental
 - Cognitive/Behavioral
 - Physical/Mental Health
 - Resilience and Well-being
 - Family/Relational
 - Support/Connection



Ginicola, et al., 2017

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Common Objectives

Objectives for Youth and Adults:

- Coping Skills (reduce distress/manage waiting)
- Self esteem/resilience tools (reduce internalized homophobia/trans-negativity)
- Assertiveness Training/Communication Skills
- Comorbid Issues (anxiety/depression/SI, PTSD etc.)
- Connect to medical/legal help
- Build in support network

Objectives for Family:

- Communication skills (reflecting)
- Processing anxiety
- Addressing extended family, school, friends, etc.
- Linking with support groups, medical/legal help
- Psychoeducation- Provide reading materials, resources

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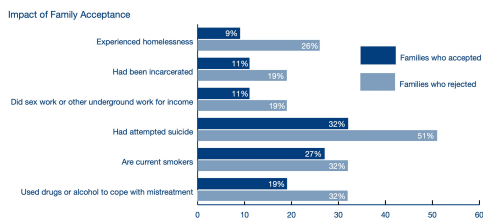
Family Support



- Affirming Therapy is Family Therapy
 - Differences in family involvement at each life stage
- Address parent(s) attitudes, knowledge and worries
 - Learn and explore their view on gender/orientation
 - Reduce distress/anxiety with information and tools
 - Help family navigate issues related to disclosure, extended family, school, community, social, etc.

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Family Support

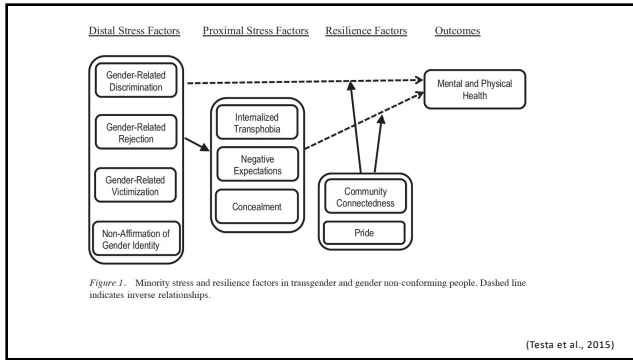


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Assessment

- Issues with Pathologizing
 - ICD-11 change to Gender Incongruence
 - DSM-5 Gender Dysphoria (GD vs. gd)
 - "Homosexuality" removed from DSM in 1973
- Minority Stress Model (Meyer, 2003)
 - Distal- Violence, Discrimination, Harassment
 - Proximal-Expectation of violence, internalized trans-negativity
 - "Symptoms" are a product of the environment
- Gender Minority Stress & Resilience Scale (Testa et al., 2015)
- Sexual Minority Ado. Stress Inventory (Schrager et al., 2018)

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Assessment

- Assessing Gender Identity/Orientation
 - "In GAM, the purpose of the assessment is not to make determinations about the child's future gender identity or orientation."*—Keo-Meier & Ehrensaf
- No standard psychometric-only recommendations
 - Fail to differentiate gender identity/ orientation
 - Represent the binary
- Assessment Considerations:
 - Child Development History
 - Body Awareness
 - Gender/Orientation Literacy
 - Stigma and Resiliency
 - Parent attitudes, understanding, anxiety

Keo-Meier & Ehrensaf, 2018

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Assessment/Comorbid Disorders

- Do we use psychometric assessment tools and if so, how?
 - Self report assessments are not validated for LGBTQIA community
 - Many are normed by gender
 - Ex. Beck Youth Combination
 - Distinguishing between MH concerns vs. minority stress
 - e.g. social anxiety, self concept, BDD

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Advocacy in Schools

- Be willing to meet with administrators, counselors, teachers, faculty
 - Establish a relationship (rapport!)
 - Educate and provide resources
 - [Welcoming Schools Tools](#)
 - [GLSEN](#)
- Plan, Collaborate and Negotiate
 - [Gender Spectrum Checklist](#)
- Have an understanding of FERPA/Laws
 - Privacy of records/identifiable information



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STUDENT SAFETY

Who will be the student's "go to adult" on campus? _____
 If this person is not available, what should student do? _____
 What, if any, will be the process for periodically checking in with the student and/or family? _____

What are expectations in the event the student is feeling unsafe and how will student signal need for help:
 During class _____
 On the yard _____
 In the halls _____
 Other _____
 Other Safety concerns/Questions: _____

NAMES, PRONOUNS AND STUDENT RECORDS

Name/gender marker entered into the Student Information System _____
 Name to be used when referring to the student _____ Pronouns _____
 Can the student's preferred name and gender marker be reflected in the SIS? _____ If so, how? _____

Genderspectrum.org

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PARENT/GUARDIAN INVOLVEMENT

Are guardian(s) of this student aware and supportive of their child's gender transition? ___Yes ___No
 If not, what considerations must be accounted for in implementing this plan? _____

CONFIDENTIALITY, PRIVACY AND DISCLOSURE

How public or private will information about this student's gender be (check all that apply)?
 ___ District staff will be aware (Superintendent, Student Support Services, District Psychologist, etc.)
 Specify the adult staff members: _____
 ___ Site level leadership/administration will know (Principal, head of school, counselor, etc.)
 Specify the adult staff members: _____
 ___ Teachers and/or other school staff will know
 Specify the adult staff members: _____
 ___ Student will not be openly "out," but some students are aware of the student's gender
 Specify the students: _____
 ___ Student is open with others (adults and peers) about gender
 ___ Other - describe: _____

Genderspectrum.org

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Advocacy with Legislation

- These bills take a toll of mental health
 - Help clients process
 - Empower by providing information (if requested)
 - Stay informed
 - Oklegislature.gov
 - Freedomoklahoma.com
 - Be Active
 - Know your legislators
 - Call, email, meet face to face



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Contact Information

I provide gender affirming therapy to all ages, as well as offer supervision to LPC candidates and consultation to other providers, schools, organizations and other community leaders.

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 405-259-6234

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