Incorporating Trans-Affirmative Principles into Practice

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Objectives

- Define relevant terms
- Equip medical/mental health professionals to be able to discuss the complex nature of sex, gender identity and sexual orientation.
- Identify/recognize symptoms of GD and know how to respond empathically
- Identify 3-5 trans-affirming principles that medical/mental health professionals can immediately incorporate into their treatment of trans people
List of Relevant Terms

- LGBTQ
- Sex
- Gender
- Gender Identity
- Gender Expression
- Sexual Orientation
Diagram of Sex, Gender, & Sexuality

“Normative Man”

Biological Sex (anatomy, chromosomes, hormones)

male | intersex | female

“Normative Woman”

Gender Identity (psychological sense of self)

man | trans/genderqueer/two-spirit/nonbinary | woman

Gender Expression (communication of gender)

masculine | androgynous | feminine

Sexual Orientation (identity of erotic response)

attracted to women | bisexual/pansexual/fluid/asexual | attracted to men

Sexual Behavior (sexual behavior)

sex with women | sex with men & women (or other identities) | sex with men

Adapted from “Diagram of Sex & Gender,” Center for Gender Sanity, http://www.gendersanity.com/diagram.shtml
Other Relevant Terms

- M2F/MTF/Transwoman
- F2M/FTM/Transman
- Transfeminine/Transmasculine
- Gender Fluid/Non-Binary
- Dead Name
- Chosen Name & Legal Name
The resultant effects or symptoms of deep conflict between one’s assigned sex and their gender identity.
Gender Dysphoria

- Internal preoccupation
- Intrusive thoughts/fantasies
- Intense stress/internal conflict
Psychosocial Effects

- Depression
- Anxiety
- Social/Educational/Occupational Impairment
- How does this translate into real life experiences?
Hurdles, Walls & Other Obstacles

- **Healthcare:** delayed treatment, inability to pay, refused medical care, patient as educator

- **Employment:** harassment, termination, the underground economy

- **Housing:** refused housing, homelessness due to lack of employment, harassment by staff/residents at shelters or denied access altogether

- **Education:** physical assault, sexual violence, forced to leave school

- **Unique Barriers:** public bathrooms (UTIs), TSA-Airport Security, CDL & Other Documents
Trans-Affirmative Assessment & Treatment Considerations

- Treatment Milieu
- Names/Pronouns
- Forms
- The Informed Consent Model (adults vs teens)
- What to ask and how
Best Practices Mental Health

- Cultural Competency
- Harry Benjamin SOC V7.
- WPATH
- Peer Support
Emotional Health

- **Unisex/One Stall Bathrooms**
- **Chosen Names and Corresponding Pronouns**
- **Don’t “OUT” Patients (or anyone)**
Physical Health

- Understand Preventative Care for MTF, FTM, i.e. Pap smears, prostate screenings, etc.
- Work with Staff to develop/strengthen cultural competency
- Assist with acquiring/accessing medical insurance
Spiritual Health

- Spiritual Belief System
- Encourage: meditation, yoga, body work, i.e. core synchronism, reiki, etc.
Balance

We don’t want to overpathologize, but we don’t want to overlook matters of importance. This is why it is so important to be “trans-informed” as opposed to simply being “trans-friendly.”
Reference Material

- Transgender Emergence by Arlene Istar Lev, 2004
- Affirmative Practice with Transgender and Gender Nonconforming Youth: Expanding the Model (www.apa.org)
- Transgender Affirmative Cognitive Behavioral Therapy: Clinical Considerations and Applications
- Guidelines for Psychological Practice with Transgender and Gender Nonconforming People (www.apa.org)
THANK YOU!!!