



Thank you for joining!

We will begin our webinar shortly.

Before we begin please check that the sound levels on your computer or phone are turned up to hear clearly.



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Creating Affirming Clinical Care for Transgender Clients: Moving Beyond the Basics

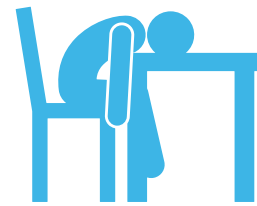
Rachel Kahn, LMHC
Provider Quality Manager



Anxiety



Depression

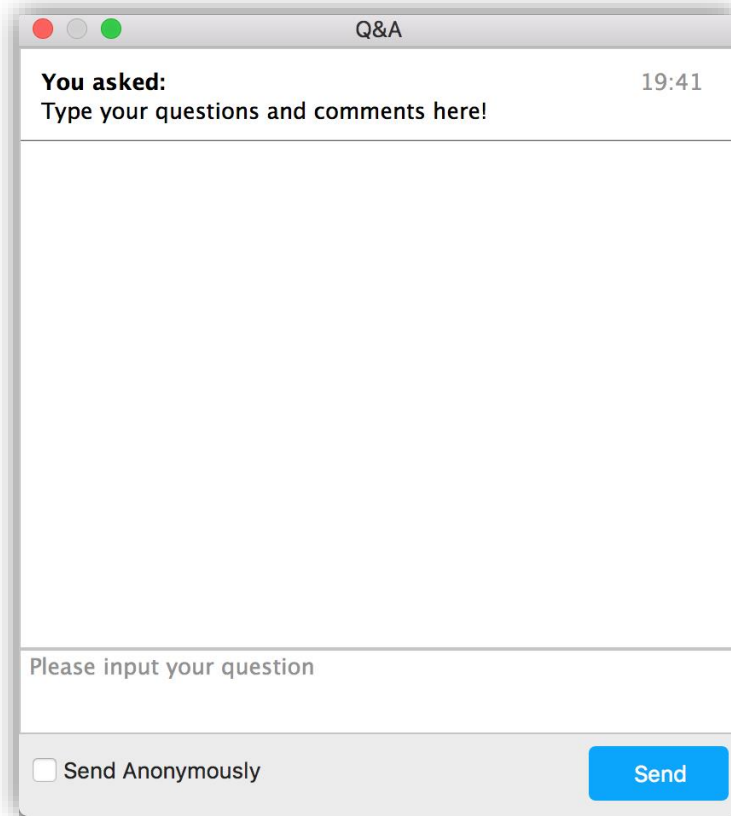


Job loss



**Working
remotely**

Housekeeping Items



A screenshot of a web-based Q&A interface. The window has a title bar with 'Q&A' and standard OS window controls. Inside, it says 'You asked:' followed by a timestamp '19:41' and the instruction 'Type your questions and comments here!'. Below this is a large text input area. At the bottom, there is a smaller input field with the placeholder 'Please input your question', a checkbox labeled 'Send Anonymously', and a blue 'Send' button. A blue arrow points from the list of housekeeping items to the right side of the Q&A window.

1. Today's webinar is 1 hour including Q&A.
2. All participants will be muted during the webinar.
3. Polls will be used during the presentation. Please answer to be part of the discussion.
4. Please use the Q&A function. We will monitor questions throughout and answer as many as possible at the end.
5. This webinar is being recorded and will be posted within 24 hours at www.beaconhealthoptions.com/coronavirus/ so you have continued access to the information and resources.

PLEASE NOTE: This presentation provides some general information that is subject to change and updates. It should not be construed as including all information pertinent to your particular situation or providing legal advice. We encourage you to consult with your legal counsel regarding the topics raised in this presentation.

Today's speaker



Rachel Kahn, LMHC
Provider Quality Manager

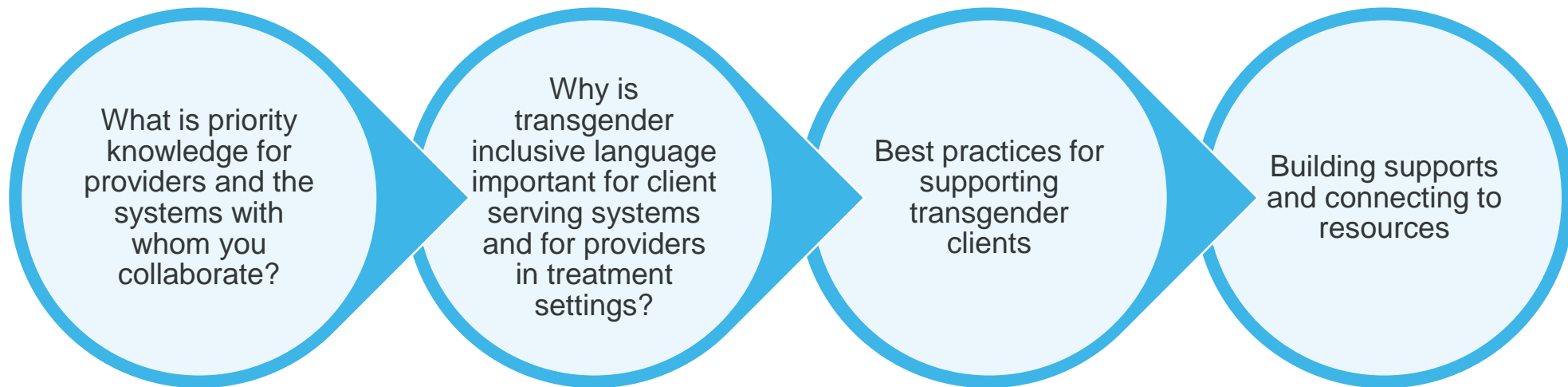


Here's The Plan

THE BASICS

- Getting reacquainted with the concepts and terms that help us understand gender identity
- Taking another look at risks and challenges that transgender people— particularly transgender youth— face, and ways providers can help build resilience

MOVING BEYOND



Let's get started

OBJECTIVES:

Build awareness and best practices for providing behavioral healthcare to transgender youth and adults



Increase understanding of best practices for integrating transgender inclusive language in existing framework



Expand framework for integrating affirming and culturally competent care for transgender youth and adults as part of overarching treatment planning and service delivery



ABOUT THIS TRAINING:

The agenda is important, but having a chance to have a real dialogue and access the resources you need is more important.

This is a space to ask whatever questions you have— even if you think they are strange, or stupid— if you're thinking it, there are other people thinking it.

Chapter

01

INCLUSIVE LANGUAGE AND TERMINOLOGY



Why does transgender inclusive language matter?

As human beings, language is how we navigate the world. It is hard for us to understand someone or something, when we don't have language to describe or conceptualize what's going on.

When we use inclusive language— for a transgender person or for anyone else— we are conveying that we see and acknowledge who that person is and that we respect them and their experience.

Using inclusive language is about dignity and respect-- especially in a society that does not have many public models of dignity, respect, and acceptance for transgender people, and at a time when a person is most emotionally vulnerable, such as a hospitalization.

Let's talk about language and terminology



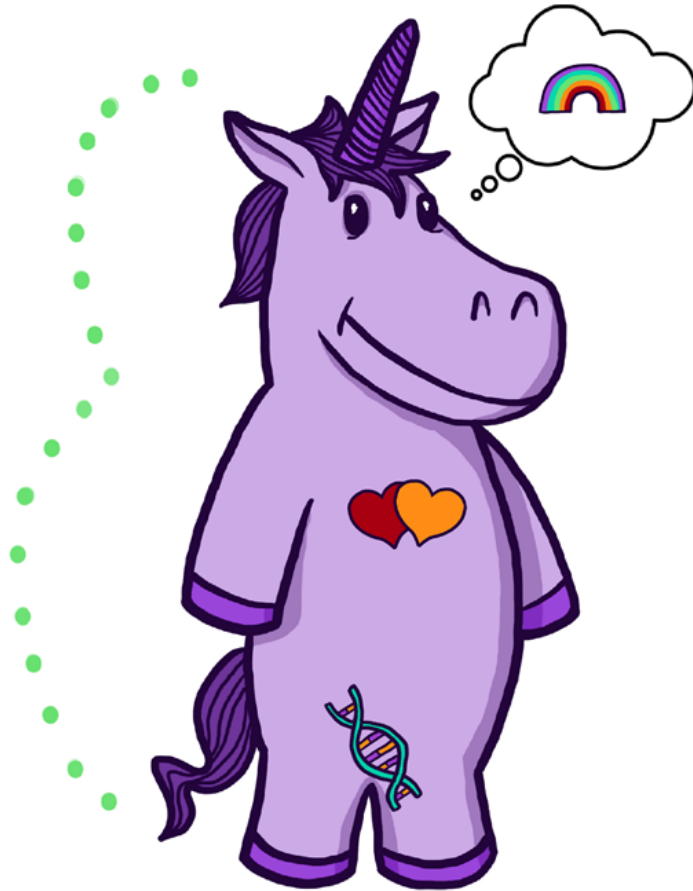
There are a TON of different terms to describe various gender identities and experiences; learning and using all of these gender related terms may feel confusing and overwhelming to people who have been raised with just the idea of male and female



When teenagers and young adults, in particular, use these “new” terms, it can be really tempting for adults to write them off as a trend, or as narcissistic, but these identity labels are very real and it's important for providers to know what a client is talking about when they tell us who they are. When a client has to explain or educate a provider about their identity, they feel isolated and misunderstood and we lose rapport.

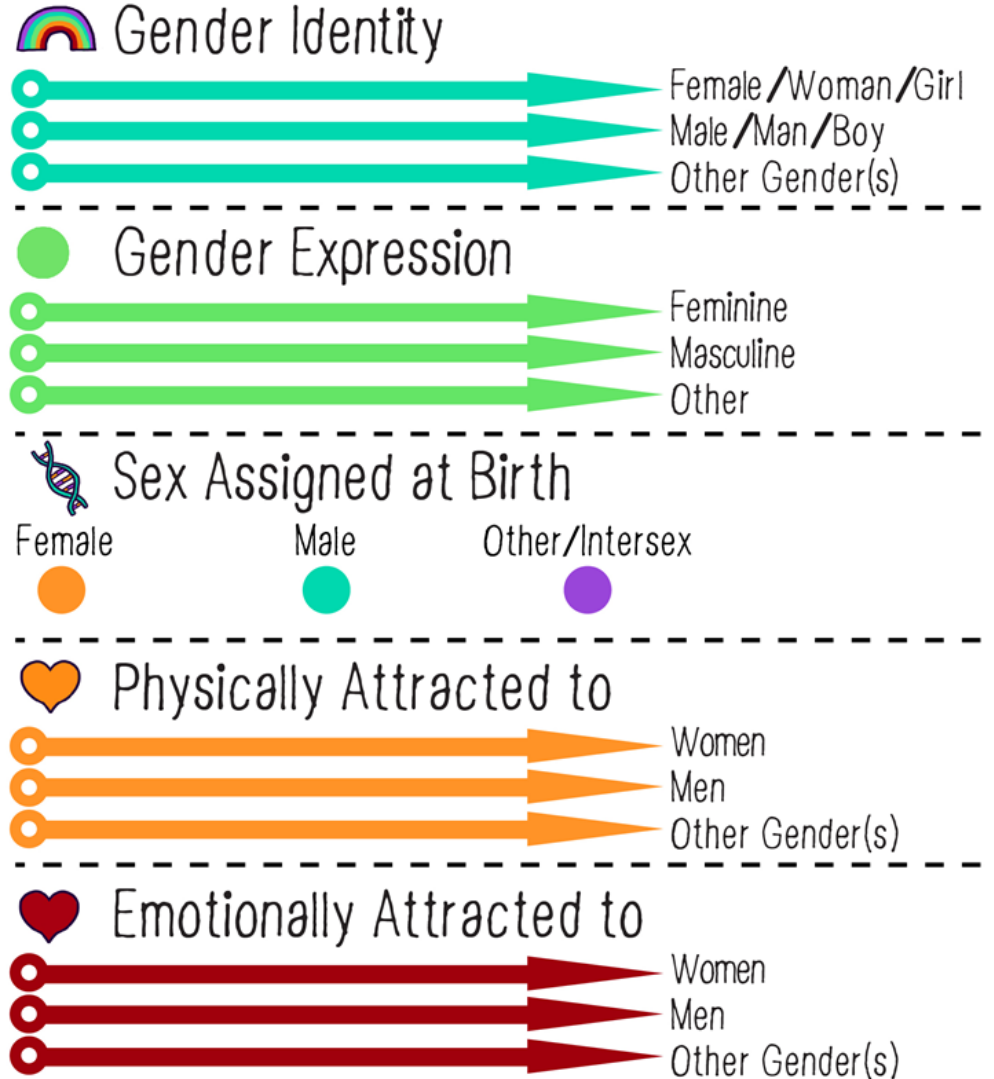
The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore



A Quick Refresher On Frequently Used Terminology



ANDROGYNOUS

Identifying and/or presenting as neither distinguishably masculine nor feminine.

CISGENDER

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

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 most cultures, is not the only model of gender that exists; more nuanced, non-binary understandings of gender have existed throughout history and across cultures.

GENDER-EXPANSIVE

Conveys a wider, more flexible range of gender identity and/or expression than typically associated with the binary gender system. For the purposes of this

report, the term “gender-expansive youth” is used to identify the 925 survey respondents who identified their gender as transgender or selected the option “I prefer to identify my gender as: ____.”

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.

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.

GENDER SPECTRUM

Recognition of gender as a complex aspect of self, influenced by a person’s sex, gender expression and gender identity. Each of these dimensions of gender can be represented as a spectrum, rather than binary. The interaction of these three aspects of one’s authentic self leads to an infinite set of possibilities in how people can understand and express their own gender, and how others experience it as well.

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. It is also important to note that many people are unable or choose not to transition medically.

GENDERQUEER

Blurring the lines around gender identity and sexual orientation, genderqueer individuals typically

reject notions of static categories of gender and embrace a fluidity of gender identity and often, though not always, sexual orientation.

SEX

The designation made at birth as “male” or “female” based on an individual’s 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.

SEXUAL ORIENTATION

Describes an individual’s enduring physical, emotional, romantic and/or spiritual attraction to another person. Gender identity and sexual orientation are not the same.

TRANSGENDER

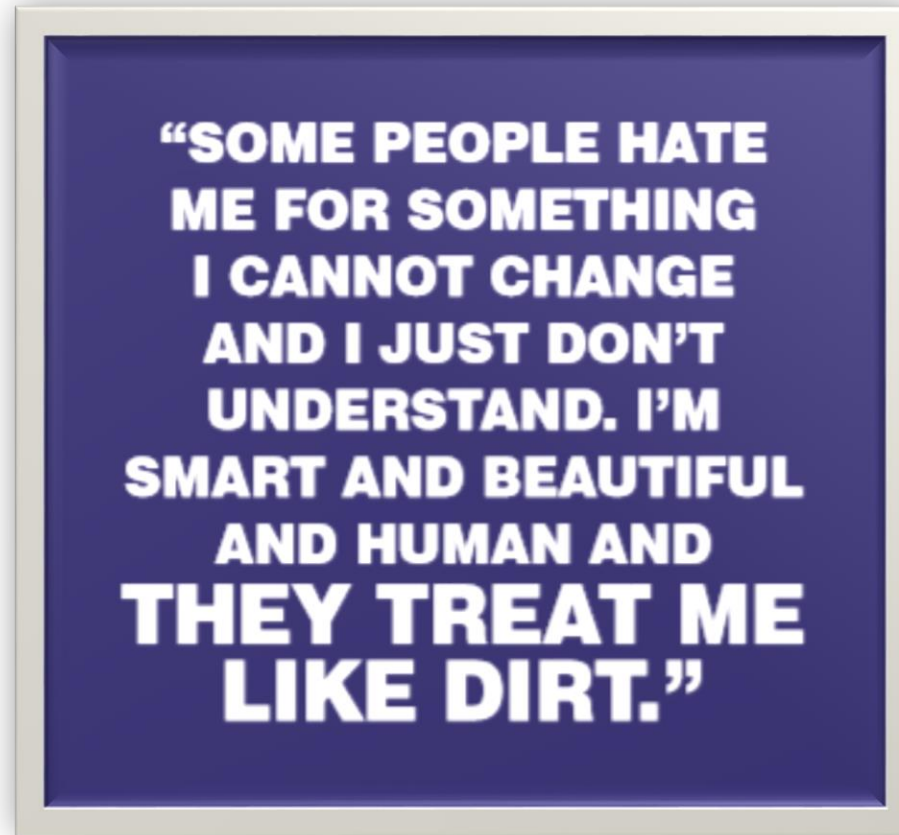
An umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth. Being transgender does not imply any specific sexual orientation. Therefore, transgender people may identify as straight, gay, lesbian, bisexual, etc.



Chapter

02

SUICIDE RATES AND DISPARITIES



Baum, J., Brill, S., Brown, J., Delpercio, A., Kahn, E., Kenney, L. and Nicoll, A., 2020. *Supporting And Caring For Our Gender Expansive Youth*. [online] Assets2.hrc.org. Available at: <<https://assets2.hrc.org/files/assets/resources/Gender-expansive-youth-report-final.pdf>> [Accessed 4 November 2020].

Transgender people face significant disparities in accessing health care

Limited financial resources

also keep transgender people out of care. In Massachusetts, nearly 20% of transgender people did not see a doctor because they could not afford to.¹

33% of transgender people delayed seeking preventative care because of mistreatment within the healthcare system.

Transgender and gender non-conforming individuals were 3x more likely to have to travel more than 50 miles for transgender care.

Without regular preventative care and treatment transgender people are at risk for advanced costly diagnoses such as late-state cancer, HIV and other chronic illnesses.

1 in 5 transgender people has been turned away by a health care provider.

INCREASED RISK FACTORS AREN'T A RESULT OF TRANSGENDER IDENTITY ITSELF– THE UNDERLYING ISSUE IS STIGMA AND DISCRIMINATION

Health



- Unequal access to healthcare and discriminatory healthcare exclusions deny transgender people coverage for medically necessary care, including hormone therapy, counselling, and other transition-related care. Even when transgender people have full health insurance coverage, however, they often face discrimination by health care providers.

Homelessness and Discrimination in Housing



- One in five transgender people has experienced homelessness at some time in their lives because of discrimination or family rejection. Transgender people facing homelessness also face discrimination from agencies that should be helping them, with nearly one in three (29%) reporting being turned away from a shelter. One in five transgender people (19%) in the United States has been refused a home or apartment, and more than one in ten (11%) have been evicted, because of their gender identity.

INCREASED RISK FACTORS AREN'T A RESULT OF TRANSGENDER IDENTITY ITSELF– THE UNDERLYING ISSUE IS STIGMA AND DISCRIMINATION



Discrimination in Public Accommodations

- In a 2014 study conducted in Massachusetts, 65% of transgender people reported experiencing discrimination in a place of public accommodation in the past 12 months. The study revealed that locations such as restaurants, libraries, cinemas, shopping malls, airports, and other places open to the public were locations of frequent, sometimes serious harassment and abuse of transgender people. Only 17 states and the District of Columbia prohibit discrimination in public accommodations on the basis of gender identity, covering 36% of Americans.



Identity Documents

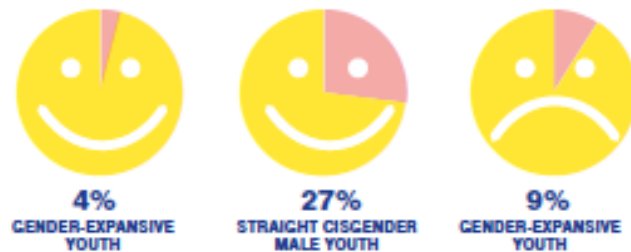
- Official identity documents, particularly drivers' licenses, birth certificates, social security numbers, and passports, that do not match with a transgender person's gender presentation can obstruct employment and travel, as well as expose transgender people to harassment, violence, refusal of service, job loss, and more.

PERSONAL WELL-BEING

HAPPINESS

Only **4 percent** of the gender-expansive youth reported being "very happy." Nearly seven times (**27 percent**) as many straight cisgender males reported being very happy.

The percentage of youth reporting being "very unhappy" was low across all respondents, but gender-expansive youth reported the highest percentage (**9 percent**).



DRUGS & ALCOHOL

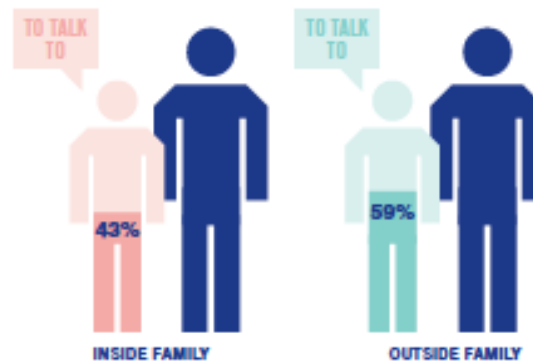
Nearly half of gender-expansive youth (**48 percent**) agreed "strongly" or "somewhat" that they have experimented with alcohol and drugs. This is a rate double that of their straight cisgender peers.

2X

CARING ADULTS

Less than half (**43 percent**) of the gender-expansive youth reported having an adult in their family they could turn to if they felt worried or sad. Looking outside the family, **59 percent** of gender-expansive youth said they have an adult they could turn to.

When compared to their peers, gender-expansive youth reported the smallest percentages of these two resources available to them.



SENSE OF BELONGING

Gender-expansive youth are much less likely to report "definitely fitting in" in their community. Only **5 percent** of gender-expansive youth reported "definitely fitting in" while **30 percent** reported "definitely not fitting in." This is in stark contrast to their peers. For example, roughly a third of straight cisgender respondents feel they definitely fit in — six times more than gender-expansive youth.



Adolescent Developmental and Mental Health Challenges are Magnified for Transgender Youth



Unique Challenges Facing Transgender Youth



Less Likely to Feel
Very Safe at
School

42% vs. 61%²

More likely to be
called names,
made fun of or
bullied

56% vs 33%

41% of teachers
feel uncomfortable
responding to
questions about
transgender
people

73.7% of
transgender youth
reported being
sexually harassed
during the past
school year

Only one third of
teachers engaged
in efforts to create
a safe environment

Increased Risk Factors- Stigma and Discrimination

Violence



Transgender people were much more likely to experience threats, intimidation, harassment, discrimination, and sexual violence than non-transgender people. ³

Transgender women and transgender people of color are much more vulnerable to violence, especially at the hands of law enforcement.

In 2013, more than half of all LGBT homicide victims were transgender women of color.

Suicide Risk



41% of respondents to the National Transgender Discrimination Survey reported having attempted suicide at some point in their lives.

This compares to 1.6% of all Americans who have reported attempting suicide.

Respondents who were bullied, harassed, assaulted, or expelled because they were transgender or gender non-conforming in school reported elevated levels of suicide attempts (51%).

Chapter

03

INTEGRATING BEST PRACTICES INTO CARE



Some best practices for using transgender inclusive language

Instead of:	Please use:	Here's why:
Transgendered	<u>Transgender</u>	Transgender is an adjective describing an identity, not a verb describing an action. Saying "transgendered" is like saying "lesbioned" or "Christianed."
Transgenders, a transgender	<u>Transgender people, a transgender person</u>	Transgender is an adjective (see above), not a noun.
MTF, M-to-F, male-to-female, M<F	<u>Transgender woman</u>	Using this abbreviation (which stands for "male to female") implies that the gender a person was assigned at birth is their "real" or "true" gender.
FTM, F-to-M, female-to-male, F>M	<u>Transgender man</u>	See above
Female bodied, male bodied, biologically female, biologically male, born a man, born a woman, etc.	<u>Assigned female at birth (AFAB) or assigned male at birth (AMAB)</u>	The GLAAD Media Reference Guide sums this one up nicely: "A person's sex is determined by a number of factors - not simply genetics - and a person's biology does not 'trump' a person's gender identity. [...] people are born babies: they are not 'born a man' or 'born a woman.'"

Some best practices for using transgender inclusive language

Instead of:		Please use:		Here's why:
Preferred pronoun; preferred name	➡	Uses [whatever] pronouns; uses the name [whatever]/named [whatever].	➡	Referring to a transgender person's name and/or pronoun as "preferred" implies that using this name or pronoun is optional— and is a suggestion or a courtesy— and that this is not their "real" or "true" gender.
Referring to a transgender person by the name and/or gender identity listed on their insurance card/medical record/etc., or assigned to them at birth, if that is not the name/pronoun/gender identity they use now	➡	Refer to the person with the name and pronouns that they currently use, even if/when talking about them in the past tense	➡	Using the name/pronoun/gender identity assigned to a person at birth is known as "deadnaming" and is often used to invalidate a transgender person's identity. For this reason, many transgender people experience deadnaming as traumatic.
Regular person, normal person	➡	Cisgender person	➡	Just like "trans" is a Latin prefix meaning "on the other side of," "cis" is a Latin prefix meaning "on the same side of." Linguistically, cisgender is the opposite of transgender. While there are misconceptions that this is a new term, or that it is a derogatory term, neither of these is true.

Some best practices for commonly asked questions

Does it make sense for facilities to insist that transgender patients need a single room? What happens with gender segregated facilities?

- There is not a “one size fits all” best practice for this. If at all possible, members/families should be given a choice in these situations. The most appropriate placement option is often dependent on the member’s clinical needs, safety needs/concerns, history of bullying/victimization, and/or trauma history.

How do I know when to say “transgender man” or “transgender woman”?

- Transgender is an adjective, and describes the gender a person currently lives as (this is also true of the word cisgender).
- Example: Melissa is a cisgender woman—she was assigned female at birth and now (still) lives as female. If Melissa was assigned male at birth, and now lives as female, she would be a transgender woman.

Since the “T” in “LGBTQ” stands for transgender, does that mean that being transgender is a sexual orientation?

- Although transgender people are part of the LGBTQ community, gender identity is not the same as sexual orientation. Like cisgender people, transgender people can also be straight, gay, bisexual, etc., and being transgender does not make someone more or less likely to have a particular sexual orientation.
- Note: It is best practice to use the phrase “sexual orientation”, rather than “sexual preference.” “Sexual preference” implies that someone is making a choice, which is not true of most people’s sexual orientations.

Some best practices for commonly asked questions

How can one person use “they” as a pronoun? Isn’t that grammatically incorrect because “they” is plural?

- The pronoun “they” has been used as a singular pronoun for several hundred years—singular they was frequently used by Shakespeare and by Chaucer— and remains grammatically correct. Singular they went out of fashion in the 1920s, but is not incorrect. Most of us use singular they pretty regularly, without thinking about it, when referring to someone we don’t know.
- Example:
 - Person A: I won’t be at the party tomorrow, because I need to take my cousin to the airport.
 - Person B: Bummer. What time is their flight?

How do I know if a question I have/a provider has is inappropriate?

A good rule of thumb is that any question that would be strange/inappropriate/impolite to ask a cisgender person is probably inappropriate to ask a transgender person. (Especially questions about someone’s medical history and/or body parts.)

Resiliency Factors

A 2015 study from the University of BC surveyed 923 transgender youth between the ages of 14 and 25. The study showed that those who had supportive adults both inside and outside the family were 4 times more likely to report good or excellent mental health and 4 times less likely to have considered suicide.

[BEING SAFE, BEING ME: Results of the Canadian Trans Youth Health Survey](#)



What now?

SO, THAT'S THE
GROUNDWORK
WE'RE
BUILDING ON.

NOW, LET'S
ADDRESS YOUR
ACTUAL
QUESTIONS



Ask me anything!

SERIOUSLY. TRANSGENDER PEOPLE ARE ASKED SO *MANY* AWKWARD, PERSONAL— AND OFTEN INAPPROPRIATE— QUESTIONS EVERY DAY, AND THEY CAN GET REALLY TIRED OF ALWAYS FEELING LIKE THEY NEED TO EXPLAIN AND EDUCATE.

THAT'S PART OF WHY I'M HERE! THERE IS NO QUESTION TOO STRANGE OR BASIC. IF YOU'RE WONDERING ABOUT SOMETHING, THERE IS A GOOD CHANCE THAT SO ARE OTHER PEOPLE.

EVEN IF YOU THINK YOUR QUESTION MIGHT BE OFFENSIVE, EVERYONE NEEDS TO START SOMEWHERE AND THIS IS A PLACE TO START...



Chapter

04

RESOURCES

**“I WOULD CHANGE MY
CURRENT SITUATION
WITH MY FAMILY — IF I
COULD I WOULD TELL
THEM ABOUT MY ACTUAL
GENDER IDENTITY AND DO
SO WITHOUT THEM
JUDGING ME OR
REJECTING ME.”**

References

1. Transgender Awareness Month: The time to End Health Inequality Is Now. (2017). Fenway Health. <https://fenwayhealth.org/transgender-awareness-month-the-time-to-end-health-inequity-is-now/>
2. Transgender Awareness Week: Stand Up For Trans Youth! (2012, November 12). Retrieved November 05, 2020, from <http://fenwayfocus.org/2012/11/taw12youth/>
3. Transgender Americans Face Staggering Rates of Poverty, Violence. (2016, June 13). Transgender Law Center. <https://transgenderlawcenter.org/archives/11393>
4. Baum, J., Brill, S., Brown, J., Delpercio, A., Kahn, E., Kenney, L. and Nicoll, A., 2020. *Supporting And Caring For Our Gender Expansive Youth*. [online] Assets2.hrc.org. Available at: <<https://assets2.hrc.org/files/assets/resources/Gender-expansive-youth-report-final.pdf>> [Accessed 4 November 2020].

Helpful links

THE AWESOME INFOGRAPHICS ARE COURTESY OF:

- [Supporting and Caring for our Gender Expansive Youth: Lessons from the Human Rights Campaigns Youth Survey 2012](#)
- [Fenway Focus Transgender Awareness Week 2017 and 2012](#)

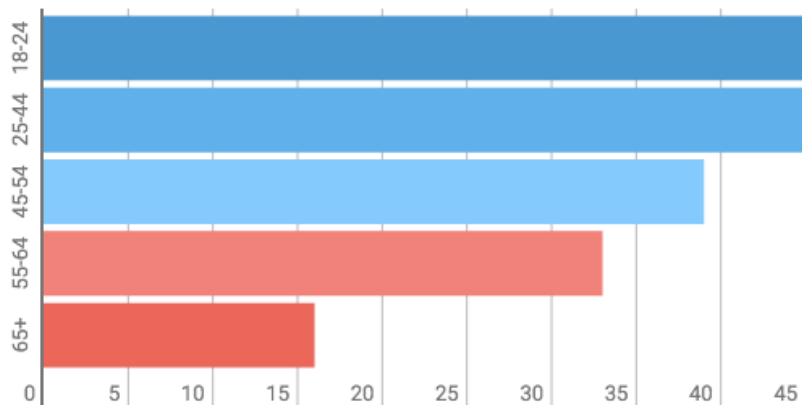
ADDITIONAL LANGUAGE EXCERPTED FROM:

- [Transgender Suicide Rates are Staggering, Vocativ.com](#)
- [Transgender Americans Face Staggering Rates of Poverty, Violence - transgenderlawcenter.org](#)

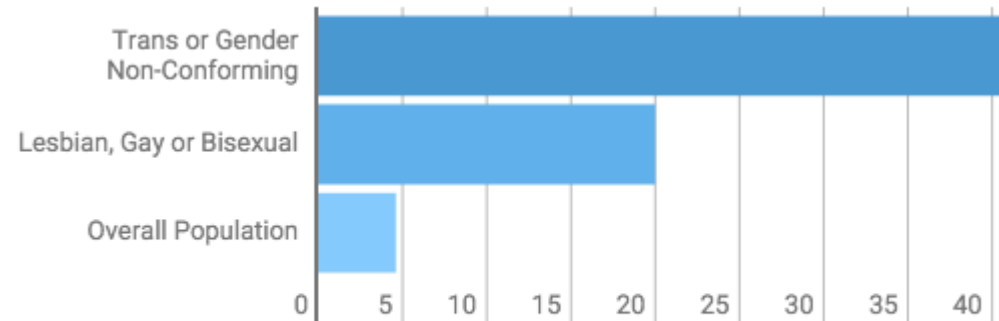
Resources

[1. Transgender Suicide Rates are Staggering, Vocativ.com](#)

Higher rates of suicide



Data: The Williams Institute

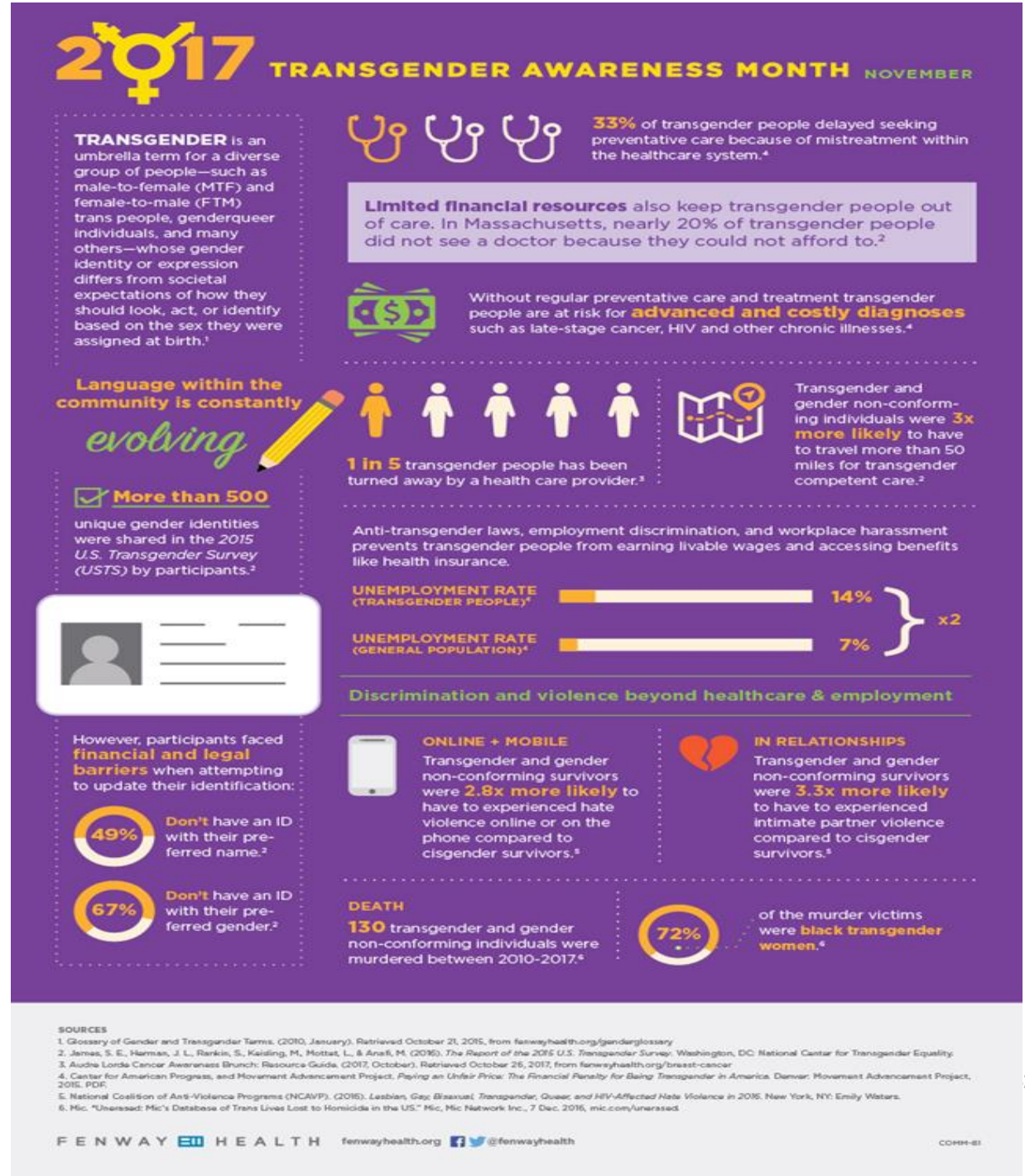


Data: The Williams Institute

[2. BEING SAFE, BEING ME: Results of the Canadian Trans Youth Health Survey](#)

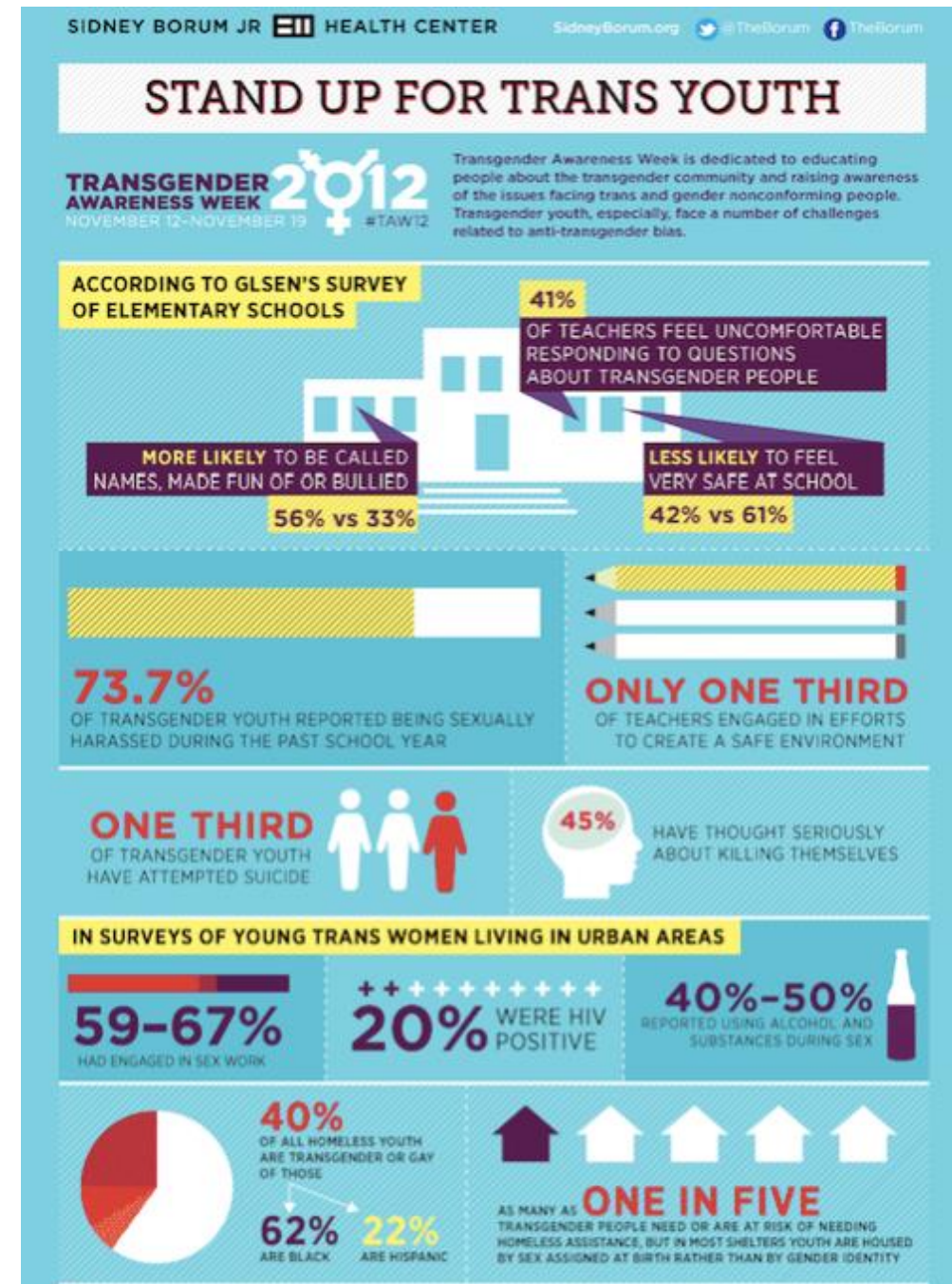
Resources

- *Transgender Awareness Month: The time to End Health Inequality Is Now.* (2017). Fenway Health.
<https://fenwayhealth.org/transgender-awareness-month-the-time-to-end-health-inequity-is-now/>
- <http://fenwayfocus.org/2012/11/taw12youth>



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- [Fenway Focus Transgender Awareness Week 2017 and 2012](http://fenwayfocus.org/2012/11/taw12youth/)



Transgender Awareness Week: Stand Up For Trans Youth! (2012, November 12). Retrieved November 05, 2020, from <http://fenwayfocus.org/2012/11/taw12youth/>