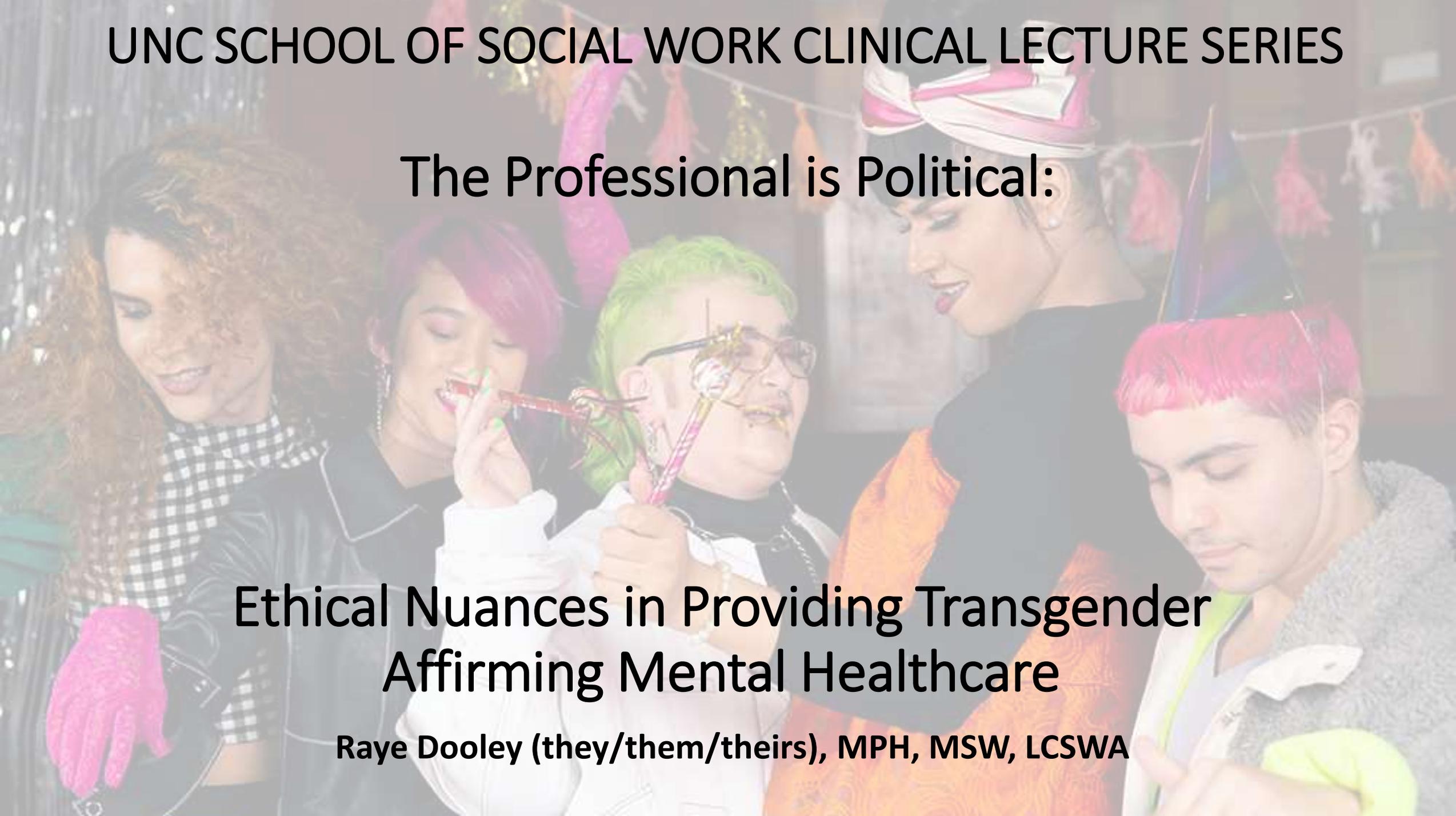


UNC SCHOOL OF SOCIAL WORK CLINICAL LECTURE SERIES

The Professional is Political:

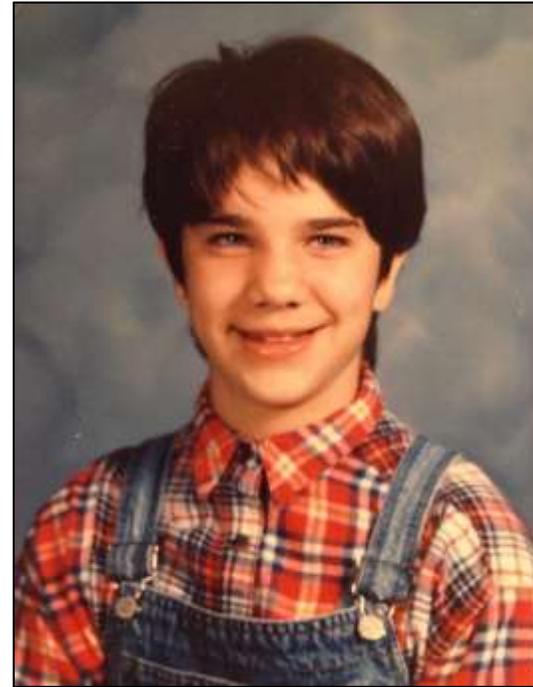
**Ethical Nuances in Providing Transgender
Affirming Mental Healthcare**

Raye Dooley (they/them/theirs), MPH, MSW, LCSWA



Introduction and Accountability

- Land acknowledgement
- My own practice
 - 67% T/GNC clients
 - 17% clients of color
 - 19% sliding scale/uninsured
 - 94% LGBTQ clients
- Training and experience
- Invitation to trans participants



1994



2019

Central Questions

1. What framework for working with trans clients is most ethical?
2. What ethical considerations should mental health professionals have in facilitating trans clients' access to medical transition?
3. Who can ethically work with trans clients?

Ethical dilemma:

A situation in which conflicting obligations arise and there is no clear best path forward



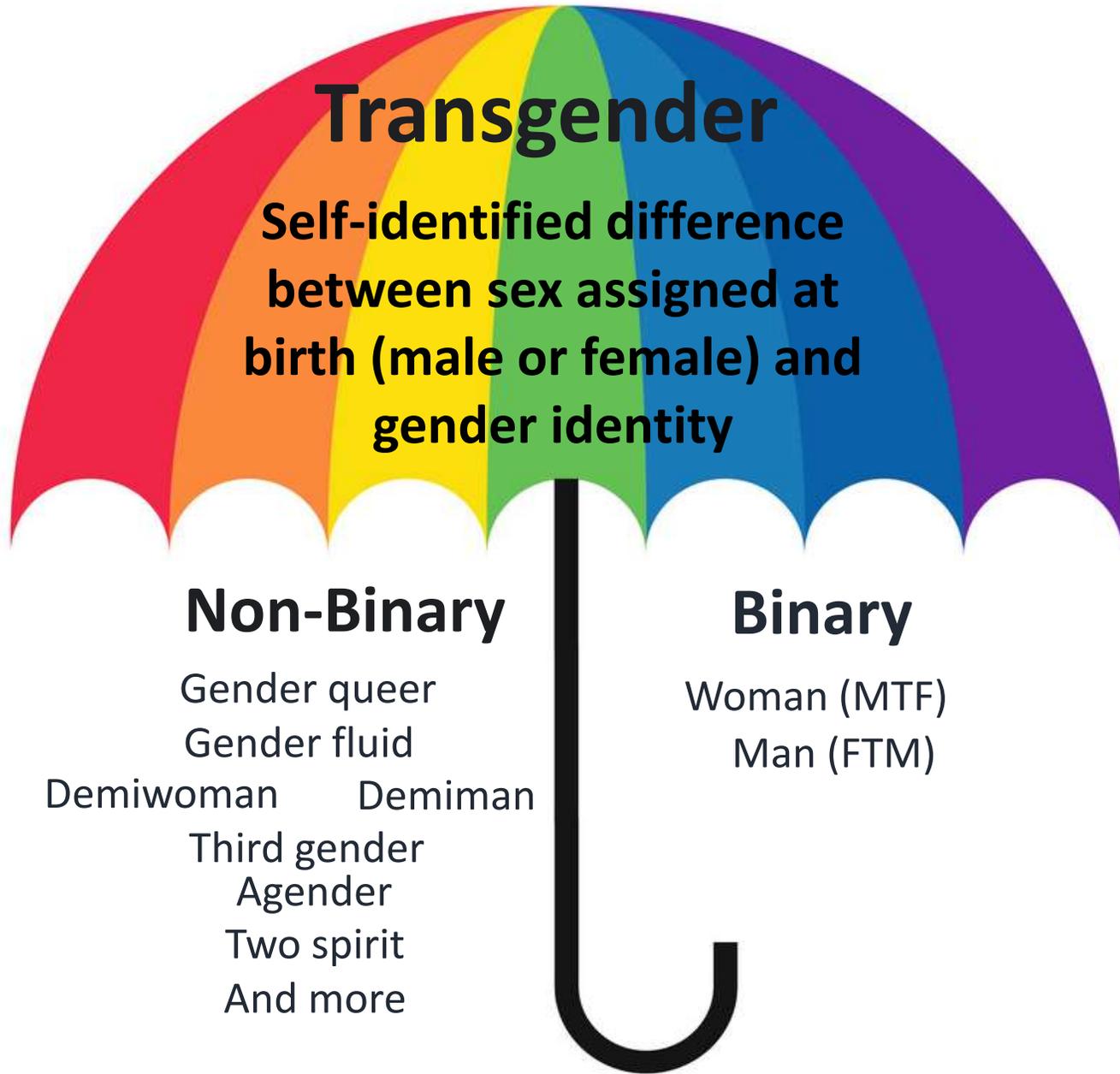
Underlying Assumptions for Today

Trans and gender non-conforming people:

1. Are real.
2. Deserve competent, compassionate mental healthcare.
3. Who want access to medical transition should have it.
4. Should be able to access medical and mental health services without fear of reparative therapy.

What comes to mind when you think about gender?

Self-reflection



Transgender

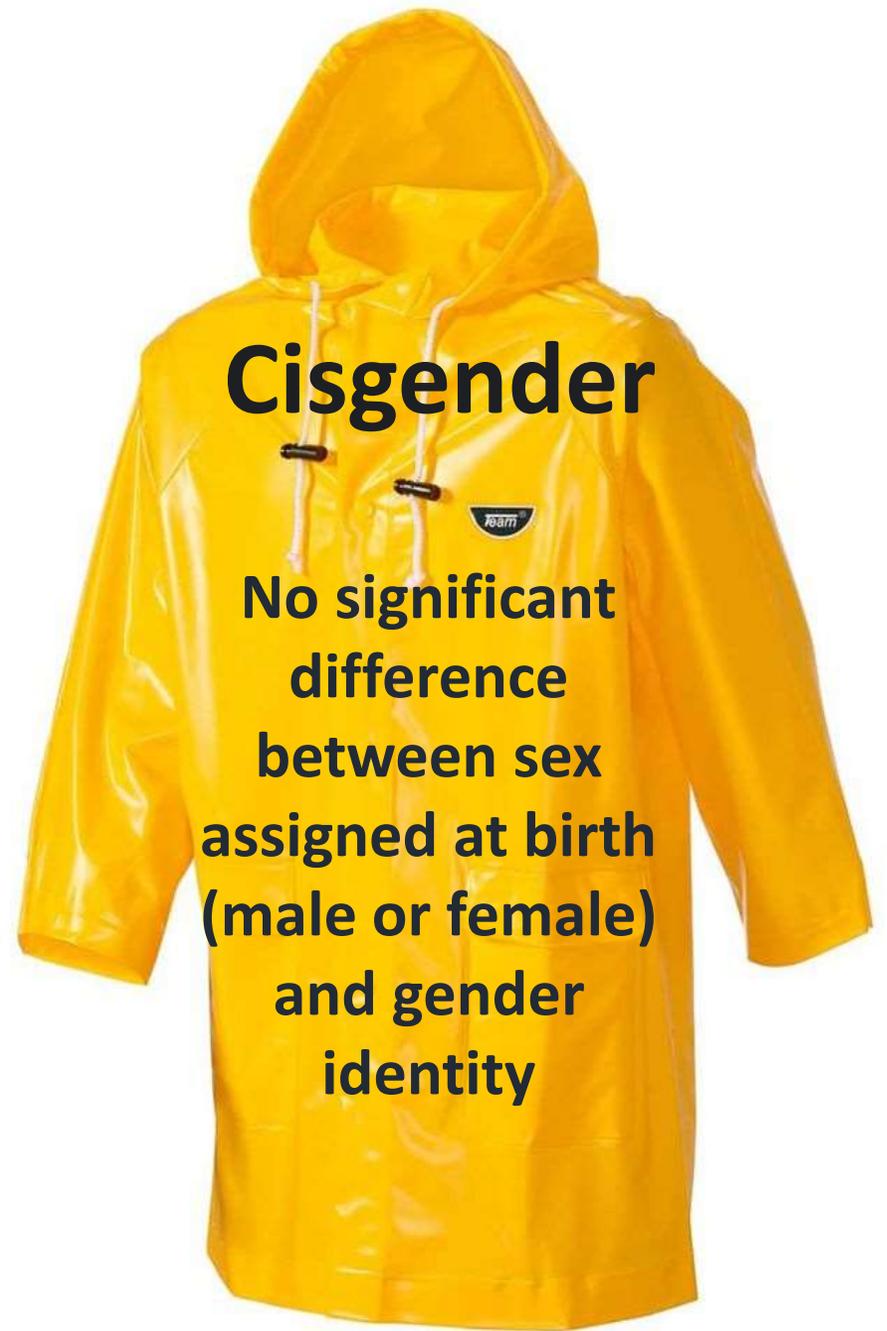
Self-identified difference between sex assigned at birth (male or female) and gender identity

Non-Binary

Gender queer
Gender fluid
Demiwoman Demiman
Third gender
Agender
Two spirit
And more

Binary

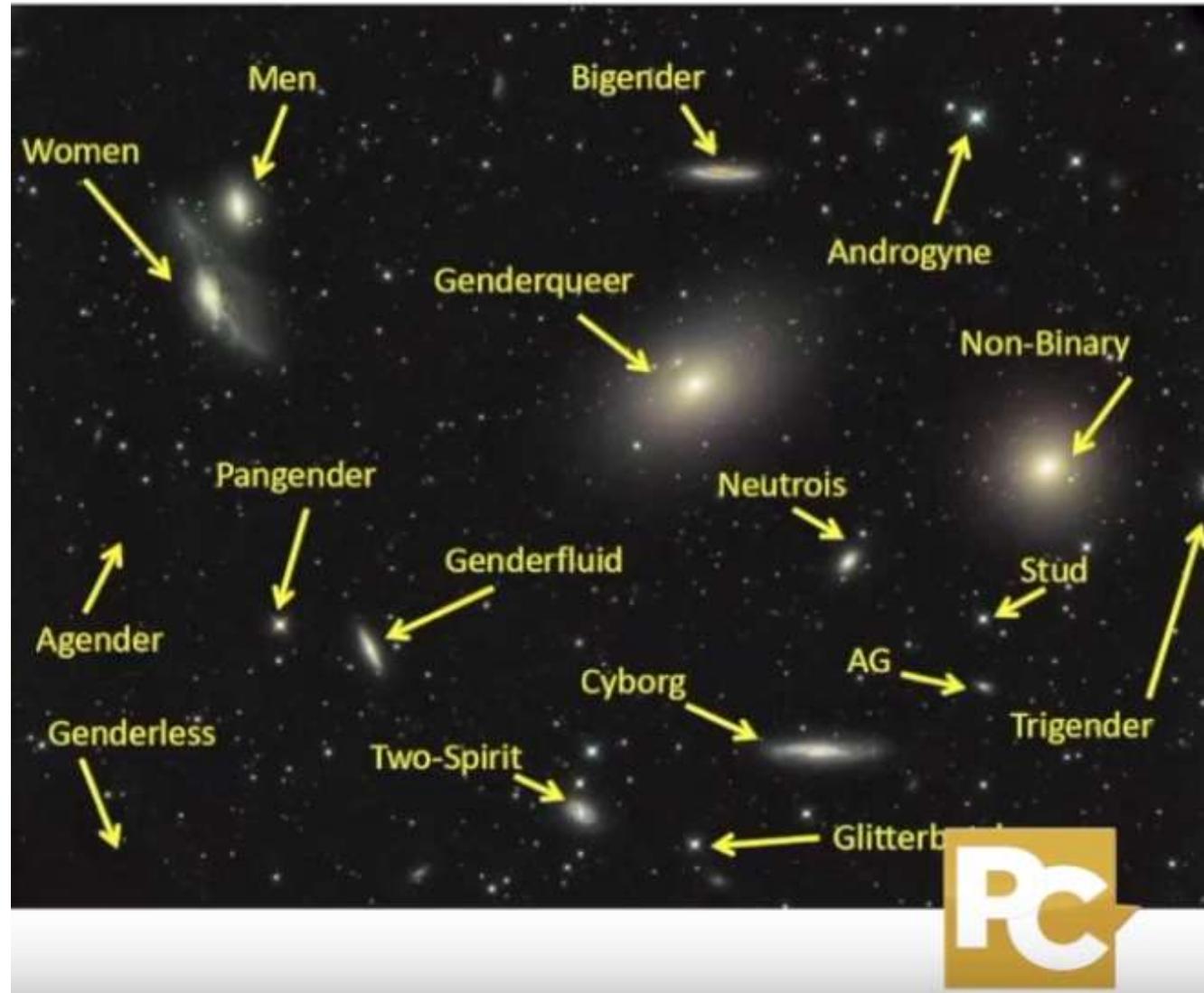
Woman (MTF)
Man (FTM)



Cisgender

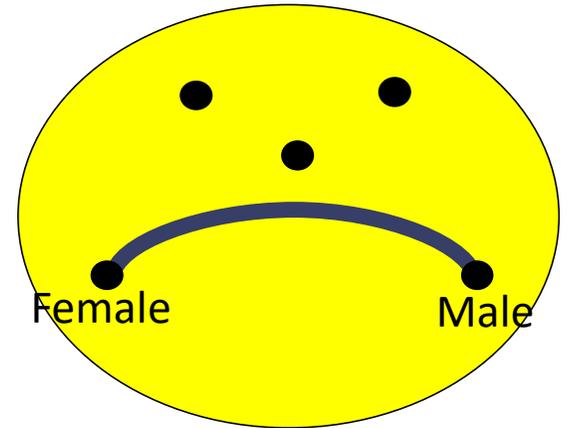
No significant difference between sex assigned at birth (male or female) and gender identity

There are as many genders
as stars in the galaxy.



How the Gender Binary Harms

- Teaches us that:
 - Non-binary people don't exist
 - Men are the ideal, but only when they act a certain way
 - Women are weak and subservient
- Restricts everyone's expression
- Creates unobtainable standards
- Results in bullying, harassment, violence, and oppression whenever anyone steps too far outside assigned gender norms



What is one way the gender binary has limited you from being yourself or doing what was authentic to you?

Self-reflection with option for share out



What framework for working with trans clients is most ethical?

What were you taught about how to work with clients whose backgrounds are different from your own?

Self-reflection

A Tale of Two Countries

The United States is...

- A democracy in which law and policy derive from what the majority thinks is best
- A country that used to be racist and sexist but is now largely fair and neutral thanks to changes in law
- A place where if particular groups experience harm, they can appeal to the law for protection

- A settler colony founded and built through genocide and enslavement
- A country whose laws have always arranged people based on socially constructed categories such as race and gender
- A place where these stratifications produce different levels of poverty and exploitation

An Epidemic of Injury and Harm: Trans Adults

- **12%** were verbally, physically, or sexually assaulted in a bathroom (year)
- **13%** were physically attacked (year)
- **40%** have attempted suicide (lifetime)
- **47%** have been sexually assaulted (lifetime)
- **54%** have experienced violence by an intimate partner (lifetime)
- **82%** have had serious thoughts about dying by suicide (lifetime)

James, et al. (2015)

more info at: <https://www.ustranssurvey.org/>

An Epidemic of Injury and Harm: Trans Young People

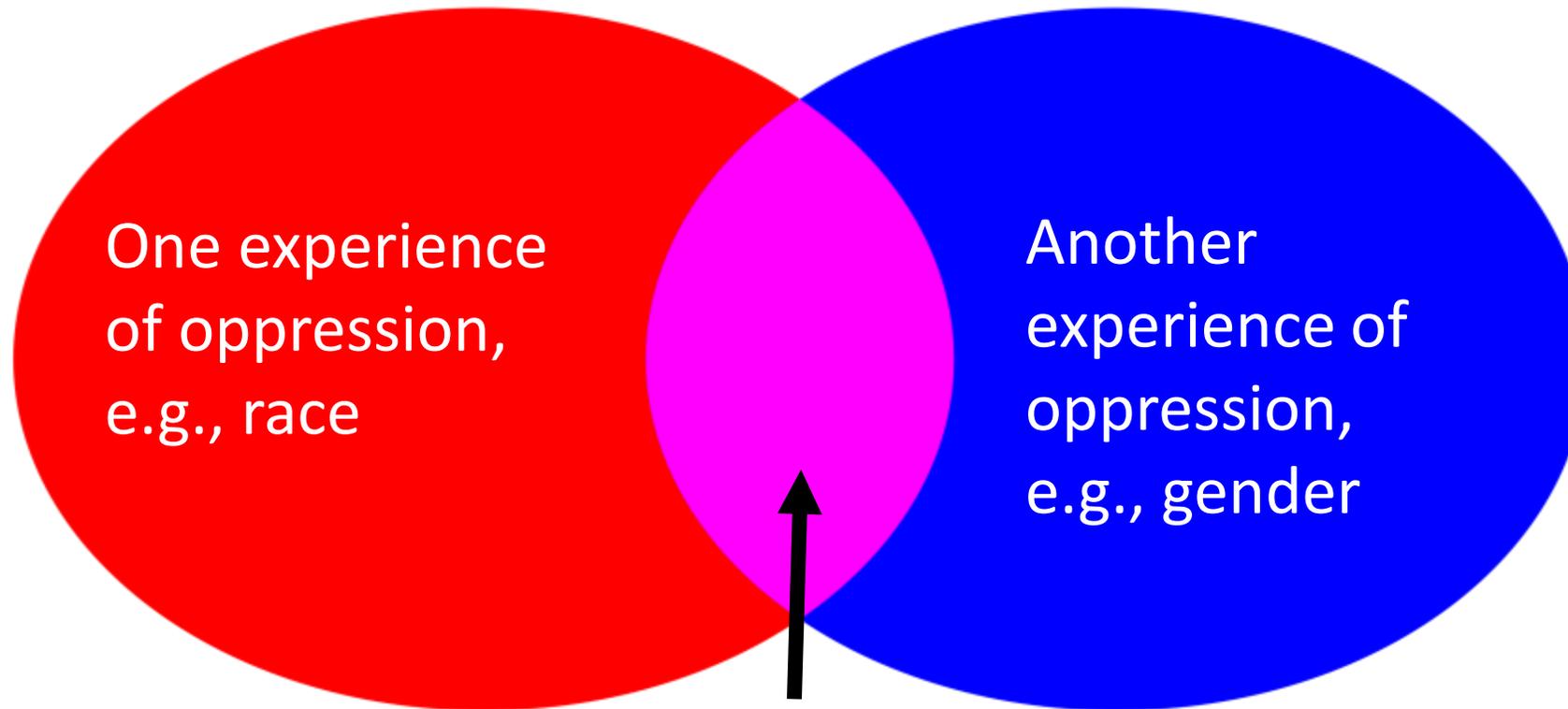
- **2%** of respondents identified as trans
- **24%** were threatened or injured with a weapon at school*
- **24%** ever forced to have sexual intercourse
- **26%** experienced physical dating violence*
- **35%** bullied at school*
- **35%** attempted suicide*
- **36%** lifetime opioid use

* Signifies prior year

CDC MMWR (2017)

more info at: <https://www.cdc.gov/mmwr/>

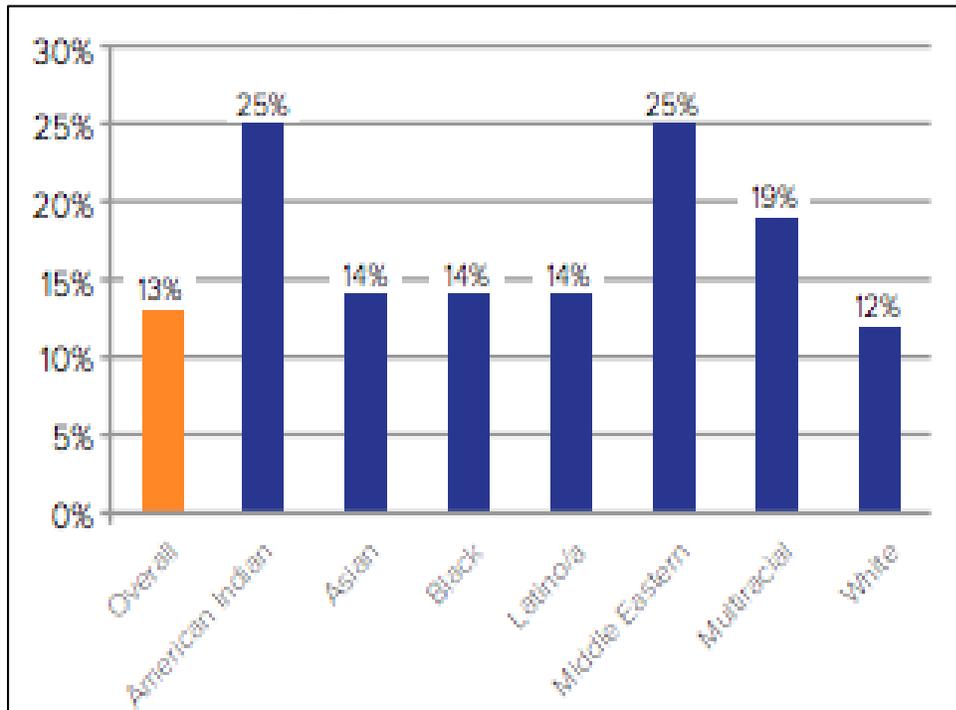
Intersecting Identities



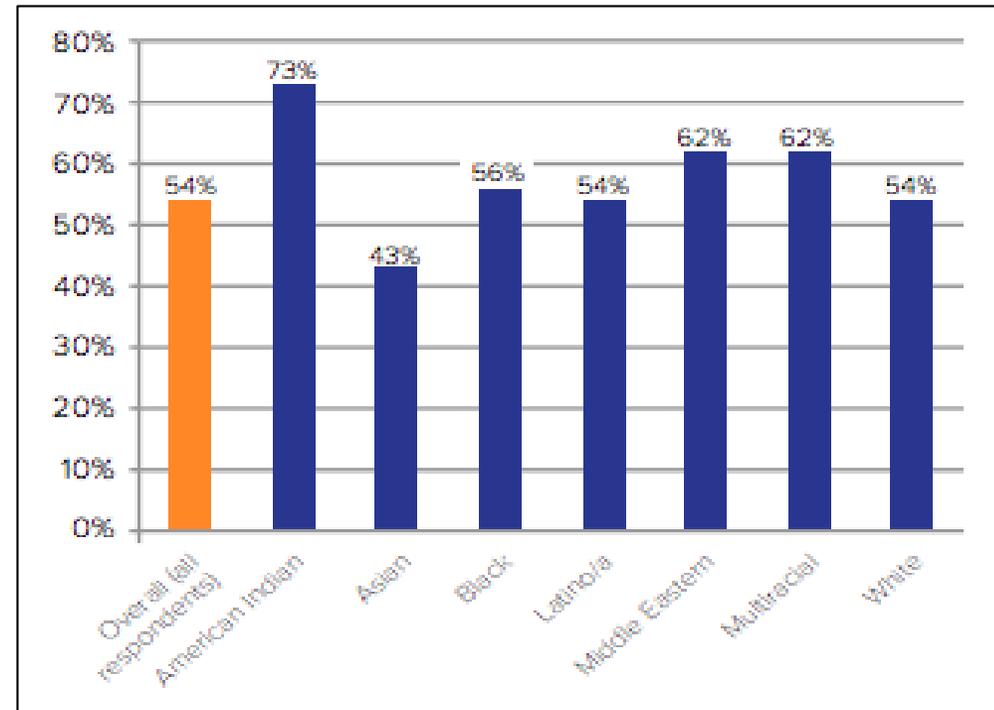
Intersectionality – the effects of both oppressions are reinforced & magnified; boundaries are indistinguishable

Combahee River Collective (1977); Kimberlé Crenshaw (1989)

Gender and Race-Based Violence Intersect



Physical attack for any reason in the past year
(2015 US Trans Survey)



Lifetime rate of sexual assault
(2015 US Trans Survey)

The life expectancy of trans
women in the Americas is
30-35 years old.

Inter American Commission on Human Rights (2014) *On Transgender Day of Remembrance, the IACHR Expresses Concern About the Situation of Trans Persons in the Americas* [Press release] 21 Nov

2020 was the **most lethal year on record**
for trans people.

2021 thus far (Jan-March):
266% increase in the number of murders
of trans people
compared with Jan-March 2020.

Source: Human Rights Campaign

Legislative Violence Perpetrated by the Trump Administration 2017-2021

- Withdrew regulatory protections for trans students in schools
- Fought against federal employment laws recognizing and protecting trans people
- Banned trans people from serving in the military
- Rolled back protections for trans people in prisons
- Stripped trans people of important healthcare rights, including discrimination protections
- Proposed a HUD rule that would allow single-sex emergency shelters to turn trans people away

Visibility is Not the Same as Progress

BREAKING: First Anti-Trans Bill of 2021 Signed Into Law By Mississippi Governor Tate Reeves

South Carolina wants to ban lifesaving medical treatments for trans kids

It's part of a bigger push around the country.

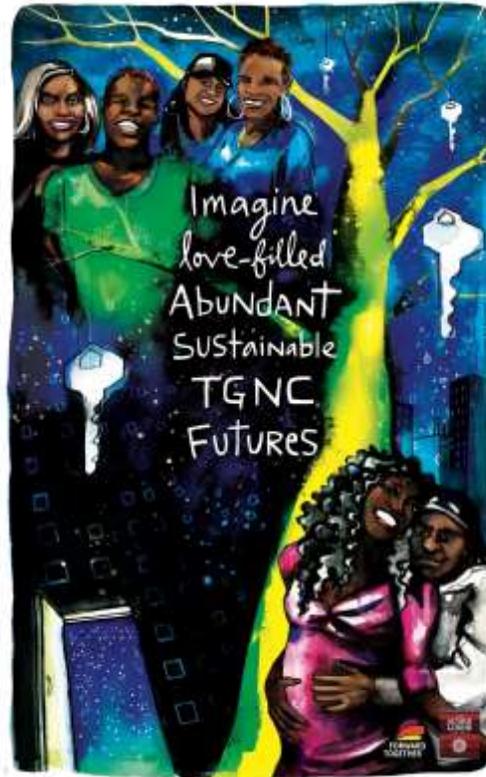
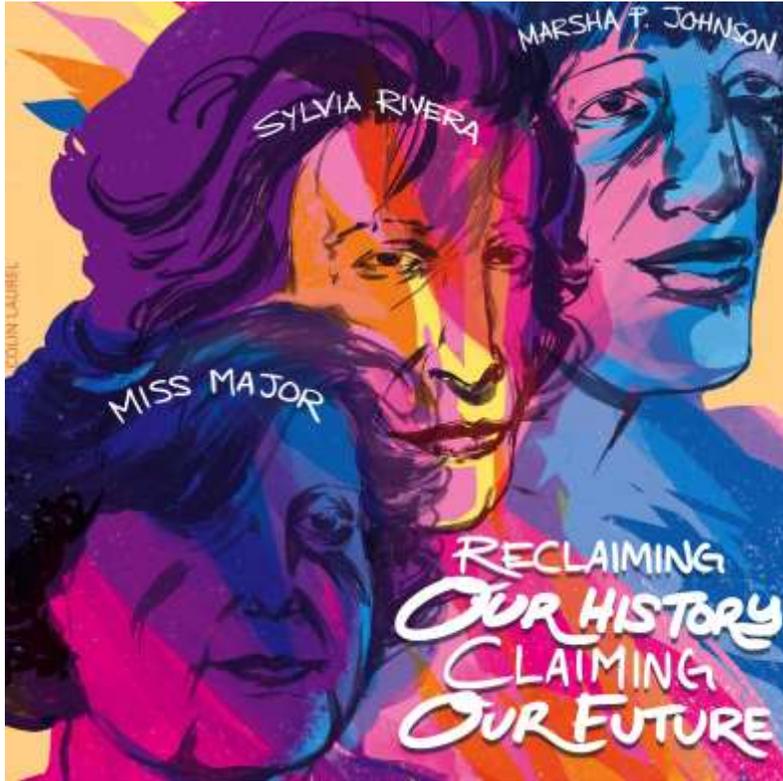
Michigan bill would ban transgender student athletes from playing on teams associated with gender identity

Michigan is one of more than 20 states introducing a bill

Alabama bill prohibiting treatment for transgender minors approved in Senate, moves to House

As of March 13, 82 anti-trans bills had been introduced in state legislatures so far in 2021. This surpasses the 2020 total of 79 such bills. It is also the **highest number of anti-trans bills in one year in history.**

Trans Resilience



Clinical Implications

- World is not politically neutral - especially not for trans people
- Ethical clinical work cannot be apolitical - must validate oppression
- Can't have an "us and them" or savior framework – regardless of clinician's gender identity
- Balance teaching trans clients coping/survival skills and liberatory skills
 - Remembering radical past
 - Connecting with elders
 - Envisioning trans futures
- Clinicians must actively participate in gender liberation work inside and outside of the clinical room



What ethical considerations should mental health professionals have in facilitating trans clients' access to medical transition?

Gender Dysphoria in the DSM 5: Adults

- A. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months duration, as manifested by at least two of the following:
1. *Incongruence between one's experienced/expressed gender and primary or secondary sex characteristics*
 2. *A strong **desire** to be rid of one's primary and/or secondary sex characteristics because of incongruence with one's gender*
 3. *A strong desire for the primary and/or secondary sex characteristics of the other gender*
 4. *A strong desire to be of the other gender (or of some alternative gender different from one's assigned gender)*
 5. *A strong desire to be treated as the other gender (or of some alternative gender different from one's assigned gender)*
 6. *A strong conviction that one has the typical feelings and reactions of the other gender (or of some alternative gender different from one's assigned gender)*
- B. **Clinically significant distress or impairment** in social, occupational, or other important areas of functioning.

Shortcomings of Gender Dysphoria in the DSM 5

- Still largely binary, mentioning non-binary genders as an afterthought
- Frames around distress and impairment
- Internal distress rather than societal oppression
- Does not acknowledge transness as a *valued* part of identity
- Continues to position therapists/clinicians as gatekeepers to medical procedures

Medical Transition and Gender Dysphoria

- Not all transgender people have dysphoria - even those who wish to transition
- Doesn't need to be the focus of therapy
- Importance of social transformation
 - Simply using correct name and pronouns significantly reduces youth depression and suicide
- Medical transition - a range of options intended to change the body, resulting in a different gender presentation

What's the deal with WPATH?

- World Professional Association for Transgender Health Standards of Care V 7
 - Emphasizes importance of mental health professionals' roles in diagnosing gender dysphoria and in assessing appropriateness and readiness for gender affirming medical care
 - Refers to client's verbal reports as "possibly unreliable or invalid sources of information"
- Historically required at least 3-6 months of therapy and/or "real life test"
- Most insurance standards are based on the WPATH SOC7
 - 1 mental health letter for hormones
 - 2 for surgeries



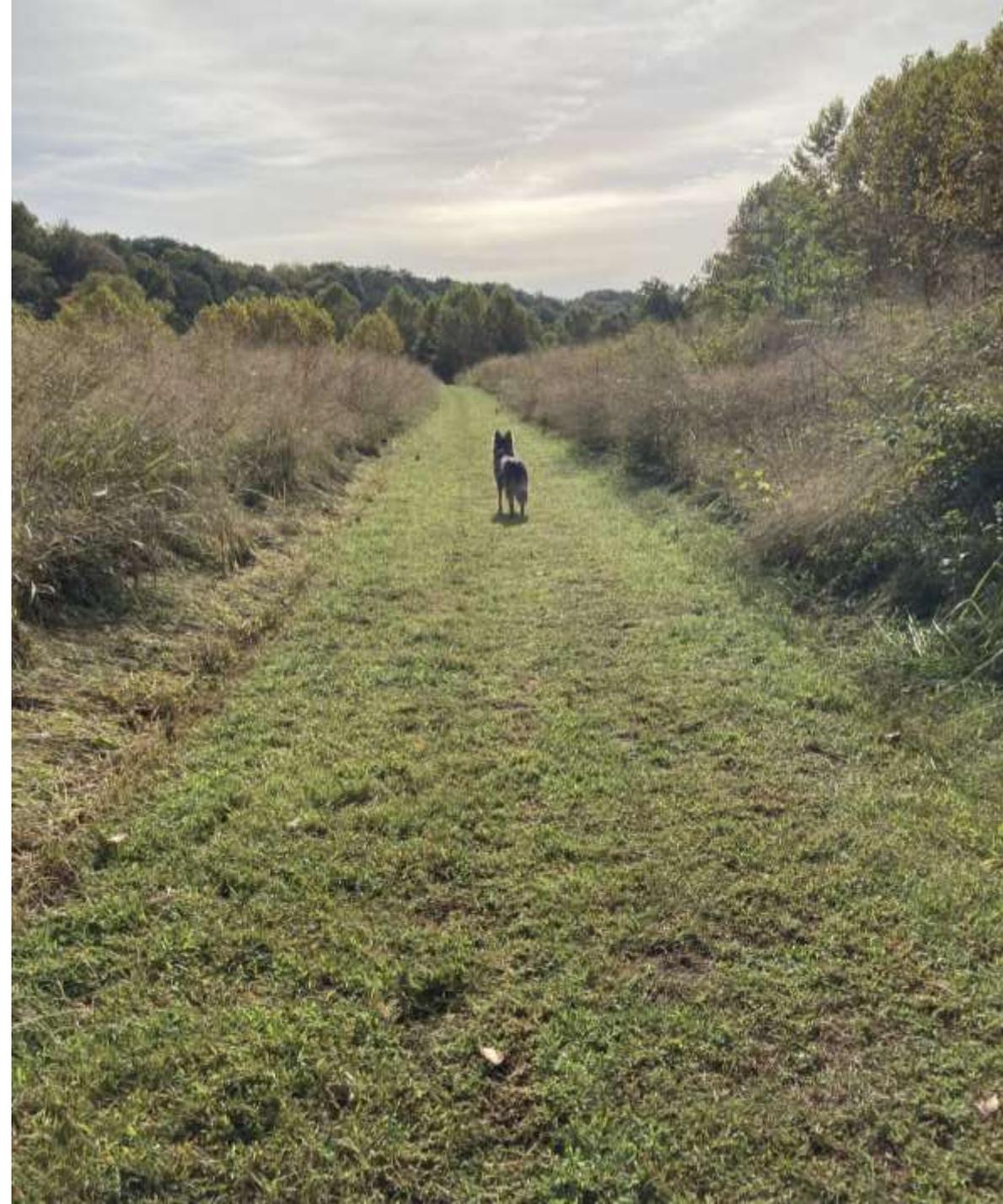
41+ Years of Harm

- Mental health providers as gatekeepers
- Gender diversity pathologized in the DSM for 41 years (since 1980)
- Conversion therapy still legal in 32 states, including NC
- Ongoing systematic erasure and lack of culturally informed services



Informed Consent

- Stands in contrast to WPATH SOC7
- Best clinical practice
- Acknowledges and supports patient's right to, and capability for, personal autonomy in choosing care options
- Reduces required involvement of a mental health professional
- Discussion of risks and benefits
 - Current scientific information
 - Cultural and social context of treatment decisions
 - Respect for client self-knowledge
- Shared or informed decision making



Insurance Letters

- Length of time and capacity in which you've been working with client
- Client's diagnosis of gender dysphoria
 - Sometimes helpful to include specific criteria
- Client's capacity to make medical decisions
- Lack of contraindicated diagnoses
- Understanding of reversible and irreversible aspects of care
- Aftercare plan

Challenges with Informed Consent

- Fee for service model
- Limited amount of time to get to know client
- Clinician in position of making legal and medical determination
- Participation in a harmful system (must be accompanied by advocacy)
- Adequate training v. access to care

Clinical Scenario

You are a clinician working in a community mental health setting. A client who has struggled with suicidal ideation comes out to you as transgender. In the same session, they ask for a letter confirming a diagnosis of gender dysphoria so they can access gender affirming care. You are caught off guard because you just learned the client is trans.

- What more would you want to know about the scenario?
- What more do you want to know about the client?
- What ethical questions does this bring up?
- What would you do?

Clinical Scenario

- What more would you want to know about the scenario?
 - Are there factors specific to the therapeutic relationship that led to a delay in the client sharing their gender identity?
 - Is the client's SI tied to gender identity in any way? If so, how?
- What more do you want to know about the client?
 - What are the client's goals for transition?
 - What care are they hoping to access?
 - What is their understanding of risks and benefits of the medical interventions they're hoping to access?
- What ethical questions does this bring up?
 - How do you balance solid clinical work and urgency in moving forward?



Who can ethically work with trans clients?

Self-Knowledge: our understanding of
our own patterns, preferences, and
processes

("What am I like?")

Positionality and Self-Knowledge

- When did I first start thinking about my own gender identity?
- What is my gender identity?
- Is my gender identity fixed, or does it shift over time?
- What are parts of my gender identity that feel like a good fit based on what I know about myself? Bad fit?
- What factors have gone into forming my gender identity?
- How does my gender identity inform how I want and expect to be treated in society?
- How does my gender identity inform how I treat others?

Reflexivity: practice of examining
one's own feelings, reactions, and
motives

“How does who I am impact how I respond?”

Reflexivity

- How (and what) do I feel when I think about trans people?
- How (and what) do I feel when I think about trans bodies?
- What negative assumptions do I hold about trans people?
- What positive assumptions do I hold about trans people?
- What are my relationships with trans people like? Are the only out trans people I know media personalities, or do I know trans people in real life?
- How do I understand trans people's liberation as connected to my own?
- How do my actions perpetuate and/or interrupt gender oppression?
- How do my actions advance or impede trans liberation?

Affirmation for Transgender Clinicians

You do not need to have your own gender “resolved” in order to do ethical, valid, important work with trans clients.



Tips/Considerations for Cisgender Clinicians

- Comfort with disclosing your own gender identity
- Challenges making time outside your clinical schedule for advocacy
- Importance of **paid** supervision with trans clinicians



Tips/Considerations for White Clinicians

- Impossible to do gender work with clients without doing race work
- Get comfortable with naming the multiple power dynamics in the room
- Pay clinicians of color and seek peer support from other white clinicians



A Note About Advertising Services

1. You do not specialize in someone else's identity
2. You are not an expert in someone else's identity
3. Speak to your own identity
4. List your training and qualifications
 1. Specificity
 2. Difference between interest and experience
5. Signal in other ways, such as including your pronouns

Clinician Readiness for Work with Trans Clients

- Have I spent a significant amount of time reflecting on my own gender identity?
- What do I believe my role is in helping trans people access gender affirming care?
- What biases do I have about trans people? Trans bodies?
- What have I done to increase my own competency in this area?
- Do I have a supervisory context in which I can actively interrogate my biases? (formal or informal)
- Am I the best person to do this work, all things considered?

What were you taught about how to work with clients whose backgrounds are different from your own?

Self-reflection

What's missing from frameworks of tolerance, curiosity, and even humility?

Group discussion



Ethical imperatives:

Use a framework of **mutual liberation**, not one limited to curiosity.

Prioritize client **autonomy** and **self-determination**.

Practice ongoing **self-inquiry** and **reflexivity**. Mutual liberation and client self-determination are not possible without these.

References

- Ashley, F. (2019). **The misuse of gender dysphoria: Toward greater conceptual clarity in transgender health.** *Perspectives on Psychological Science*. Advance online publication. <https://doi.org/10.1177/1745691619872987>
- Cavanaugh, T., Hopwood, R., & Lambert, C. (2016). **Informed consent in the medical care of transgender and gender non-conforming patients.** *AMA Journal of Ethics*, 18(11), 1147-1155.
- Inter American Commission on Human Rights (2014) **On Transgender Day of Remembrance, the IACHR Expresses Concern About the Situation of Trans Persons in the Americas** [Press release] 21 Nov
- James, Sandy E., Herman, Jody, Keisling, Mara, Mottet, Lisa, and Anafi, Ma'ayan. (2015) **U.S. Transgender Survey (USTS).** Inter-university Consortium for Political and Social Research [distributor], 2019-05-22.
- Mizock, L., & Lundquist, C. (2016). **Missteps in psychotherapy with transgender clients: Promoting gender sensitivity in counseling and psychological practice.** *Psychology of Sexual Orientation and Gender Diversity*, 3(2), 148–155.
- Schultz, S. (2017). **The informed consent model of transgender care: An alternative to the diagnosis of gender dysphoria.** *Journal of Humanistic Psychology*, 58(1), 72-92.
- Spade, D. (2015). **Normal life: Administrative Violence, critical trans politics, & the limits of law.** Duke University Press.
- Zucker, K. (2017). **Epidemiology of gender dysphoria and transgender identity.** *Sexual Health*, 14(5), 404-411.