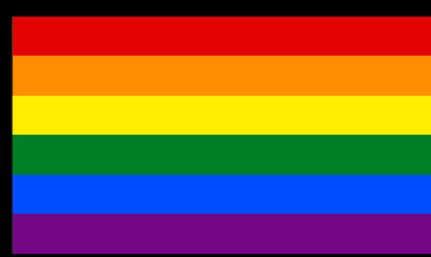# ETHICAL CONSIDERATIONS IN PROVIDING AFFIRMING CARE TO LGBTQIA+ CLIENTS

BRITTANY BATE, PH.D. (SHE/HER)

LICENSED PSYCHOLOGIST AND OWNER
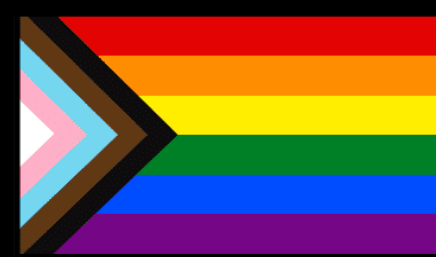BE BOLD PSYCHOLOGY & CONSULTING

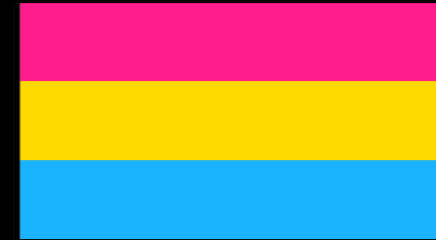CLASSIC RAINBOW

PROGRESS RAINBOW

TRANSGENDER FLAG

BISEXUAL FLAG

PANSEXUAL FLAG

GENDER NONBINARY FLAG

LESBIAN FLAG

AGENDER FLAG

ASEXUAL FLAG

DEMISEXUAL FLAG

GENDERQUEER FLAG

GENDERFLUID FLAG

INTERSEX FLAG

AROMANTIC FLAG

POLYAMORY FLAG

A LITTLE HOUSEKEEPING!

- Feel free to drop questions in the chat. I will do my best to answer questions throughout, and at the end as time allows. Karen will be monitoring the chat – THANKS KAREN!
- Please participate! There are a few interactive activities. Feel free to unmute or drop answers in the chat!
- This is a firmly grounded no-shame space. There are no stupid or "bad" questions.
- It is totally okay if everything today is brand new, or if you are not sure about certain things!

OBJECTIVES

- Distinguish between at least 5 concepts relating to LGBTQIA+ identities in order to more effectively offer LGBTQIA+ affirming care

- Describe and challenge 3 examples of biased language relating to gender, gender expression, sexual orientation, romantic orientation, and language that we use surrounding gender in order to create safer spaces for LGBTQIA+ clients

- Summarize ethical guidelines, basic principles, and resources for gender-affirming clinical care

ABOUT DR. BATE (SHE/HER)

- Ph.D. in Clinical Psychology with a forensic emphasis at Sam Houston State University in Huntsville TX.

- Own a multidisciplinary group telehealth private practice in NC – Be BOLD Psychology and Consulting

- Individual, group, and relationship therapy +forensic and psychological assessment

- Work primarily with queer, trans, and gender-diverse folx
  - Trauma, grief, loss, addiction/substance abuse, relationship work

- Offer trainings/consultations on creating more affirming and inclusive practices

- Co-authored 5 opposition statements by NCPA in response to anti-transgender legislation introduced in NC
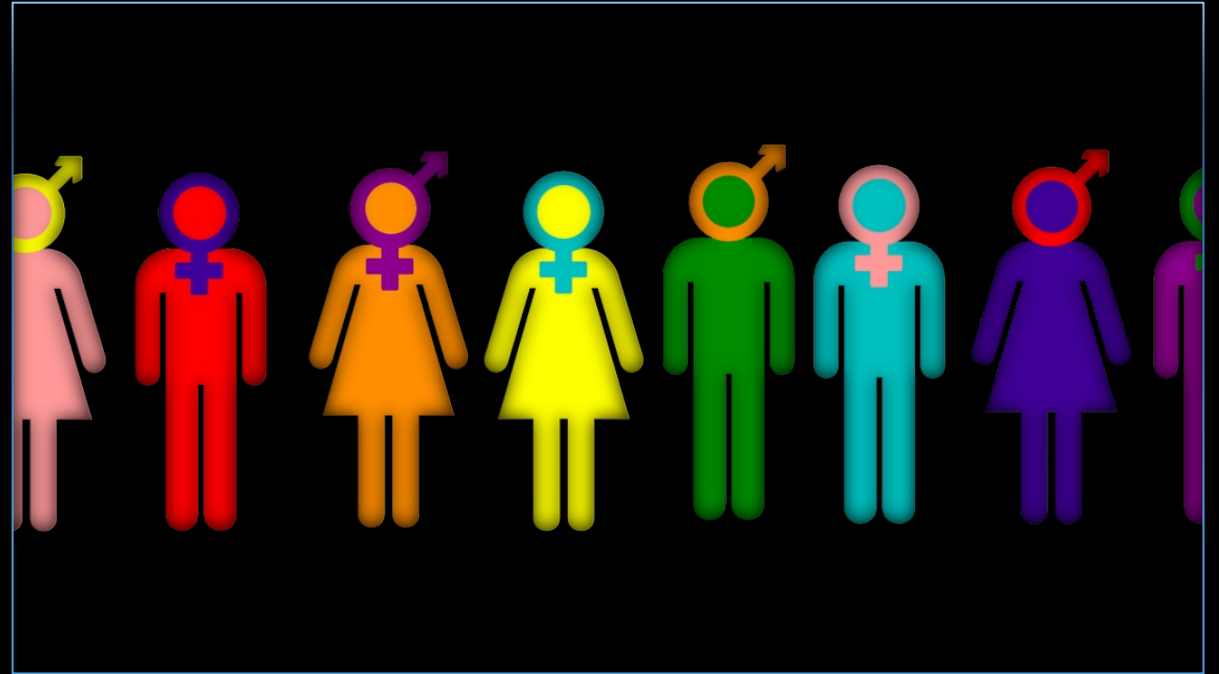
Hi! Thanks for being here!

Feel free to drop in the chat:

- Name (and pronouns if you feel comfortable sharing)

- Setting in which you work

- Something you are hoping to learn today

WHAT DOES LGBTQIA+ STAND FOR?

- L=Lesbian

- G=Gay

- B=Bisexual

- T=Transgender

- Q=Queer/Questioning

- I=Intersex

- A=Asexual or Agender

*A note on describing oneself as competent to work with the LGBTQIA+ community

SEXUAL ORIENTATION/ SEXUAL IDENTITY (JUST A FEW!)

Sexual orientation- An inherent, immutable enduring emotional, romantic, and/or sexual attraction to other people.

Gay - Someone who is attracted to those of their same gender.

Lesbian - A woman who is emotionally, romantically, and/or sexually attracted to other women.

Pansexual- sexual, romantic, or emotional attraction towards people regardless of their assigned/assumed sex and/or gender identity.

Asexual/ "Ace"- A complete or partial lack of sexual attraction to, or lack of/low interest in sexual activity with others.

Queer: A term people often use to express a spectrum of identities and orientations that are counter to "mainstream," or the assumed cisgender and/or heterosexual majority. In the past, queer was a negative or pejorative term for people who are gay, and thus it is sometimes disliked, but is increasingly being reclaimed and used as an identifier by many in the LGBTQIA+ community

GENDER IDENTITY (JUST A FEW!)

Cisgender- A person whose gender identity is the same as their sex assigned/assumed at birth

Tran/Transgender- A gender identity (and sometimes gender expression) that differs from the sex that they were assigned/assumed at birth

Assigned/Assumed at Birth- What the doctor assigned their "sex," most often secondary to observing a baby's external anatomy

Terms to avoid: "real sex", "real gender", "biological sex", "biological gender," "what you were before", "born a boy/girl"

Nonbinary- A spectrum of gender identities that are not exclusively masculine nor feminine. However not all people who are nonbinary consider themselves transgender.

"Non-conforming" is also not necessarily non-binary nor transgender.

Gender-diverse – An umbrella term to include individuals who may not identify with the term "transgender," but who are not cisgender. Oftentimes utilized by folx who do not identify with a binary male/female identity or whose identity simply differs from their sex assumed at birth in some way

Agender- Absence of a distinct or defined gender; not having a gender

TERMS CONTINUED

- **Gender dysphoria:** Both a DSM-5-TR Diagnosis for a cluster of symptoms relating to the discomfort one feels with their assigned gender and a term to describe the feeling of incongruence between assigned and felt/affirmed gender
- Gender euphoria: Experience/feeling of alignment/congruence with gender identity (opposite of dysphoria)
- **Gender incongruence/congruence**: Similar to dysphoria/euphoria but moves away from clinical/deficit-based terminology and may feel more accurate to individuals who experience incongruence in identity but do not necessarily have gender-related discomfort with their body
- Misgendering: Referring to someone with the wrong gendered description (pronouns, name, honorifics, ma'am/sir, etc.)

CHALLENGES FOR NON-BINARY FOLX

Family & Social Relationships
- Family says identity is just a phase

Navigating Healthcare
- Forms with 2 (binary) gender options

Dating & Sexual Relationships
- Explaining identity to potential new partner

Seeking Role Models
- Historically fewer well-known non-binary role models

Education/Work
- Teachers, colleagues, boss not using gender neutral pronouns

Typical Day/Everyday Life
- Being persistently misgendered (pronouns especially)

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.
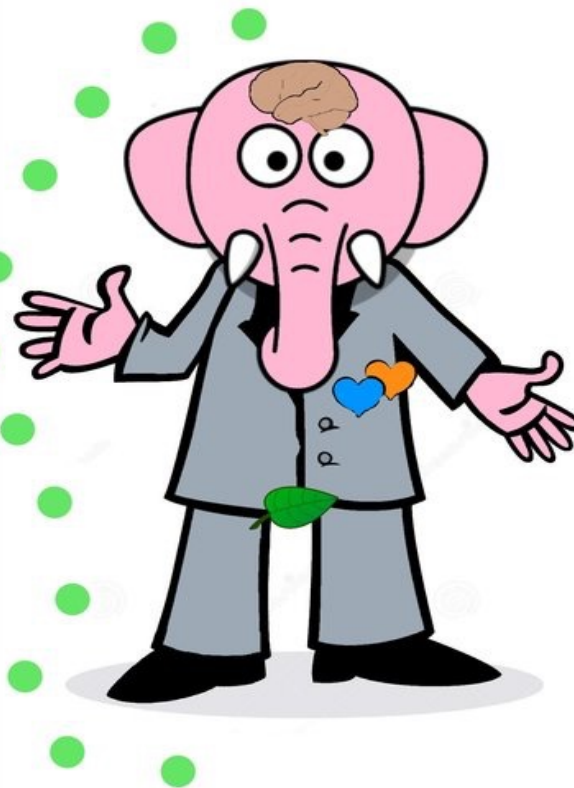
Gender expression

External appearance of one's gender identity, usually expressed through behavior, clothing, haircut or voice, and which may or may not conform to socially defined behaviors and characteristics typically associated with being either masculine or feminine.

The Gender Elephant

THE CANADIAN CENTRE FOR GENDER+SEXUAL DIVERSITY — LE CENTRE CANADIEN DE LA DIVERSITÉ DES GENRES + DE LA SEXUALITÉ

Gender Identity
- Female/Woman/Girl
- Male/Man/Boy
- Other Gender(s)

Gender Expression
- Masculine
- Feminine
- Other

Sex Assigned at Birth
- Female — Other/Intersex — Male

Physically Attracted to
- Men
- Women
- Other Gender(s)

Emotionally Attracted to
- Men
- Women
- Other Gender(s)

To learn more, go to ccgsd-ccdgs.org

inspired by it's pronounced METROsexual

TSER
Trans Student Educational Resources

PRONOUNS

- Used instead of someone's name in a sentence

- Pronoun ≠ gender identity
- Can't tell someone's pronouns based on their appearance or expression

Examples
- She / Her / Hers
- He / Him / His
- They / Them / Theirs
- Neopronouns (xe/xir, ze/zir, fae)
- No pronoun/name only

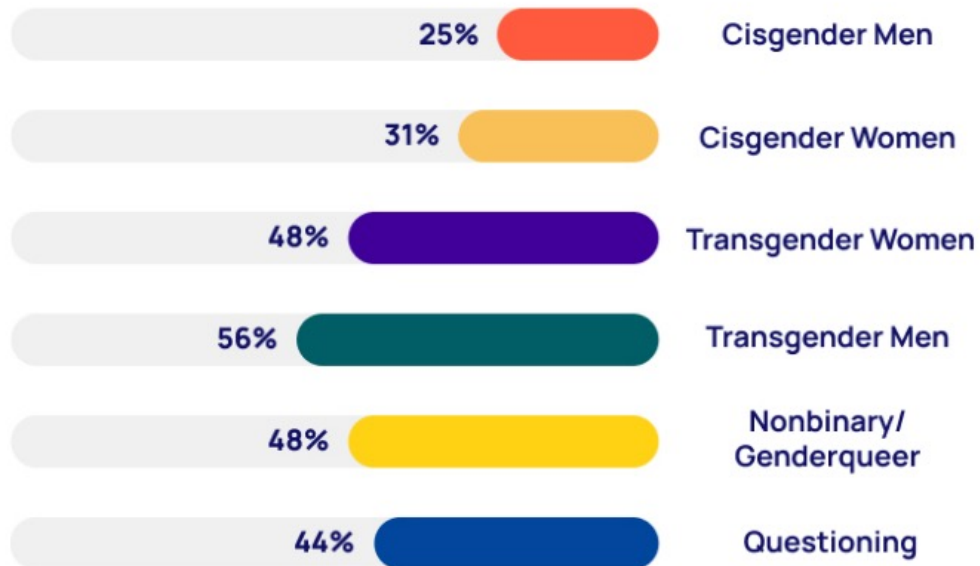# WHY IS AFFIRMING CARE IMPORTANT? SOME STATS...

Trevor Project's National Survey on Mental Health of LGBTQ Young People (2023)

- **41% of LGBTQ young people seriously considered attempting suicide in the past year** including half of transgender and nonbinary youth and 1 in 3 cisgender youth.

- **14% of LGBTQ young people attempted suicide in the past year** including nearly 1 in 5 transgender and nonbinary youth
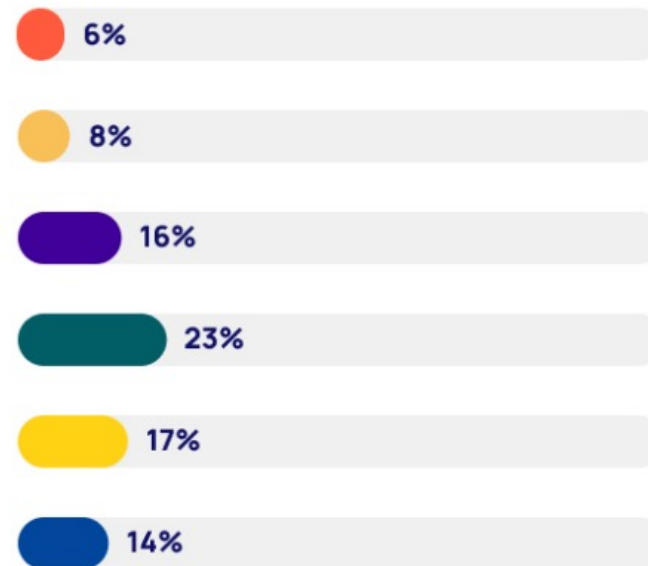
NATIONAL SURVEY ON MENTAL HEALTH OF LGBTQ YOUNG PEOPLE (2023)

Rates of considered and attempted suicide among LGBTQ young people by gender identity:

	Considered Suicide in the Past Year		Attempted Suicide in the Past Year
Cisgender Men	25%		6%
Cisgender Women	31%		8%
Transgender Women	48%		16%
Transgender Men	56%		23%
Nonbinary/ Genderqueer	48%		17%
Questioning	44%		14%

NATIONAL SURVEY ON MENTAL HEALTH OF LGBTQ YOUNG PEOPLE (2023)

Rates of considered and attempted suicide among LGBTQ young people by race/ethnicity:

Considered Suicide in the Past Year	Race/Ethnicity	Attempted Suicide in the Past Year
34%	Asian American/ Pacific Islander	10%
44%	Black	16%
42%	Hispanic/Latinx	15%
47%	Middle Eastern/ Northern African	18%
53%	Native/Indigenous	22%
37%	White	11%
47%	More than one race/ethnicity	17%
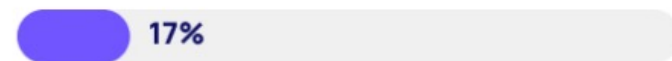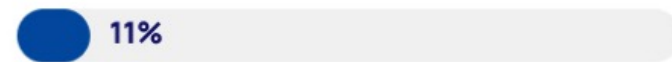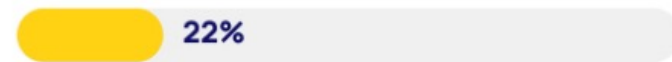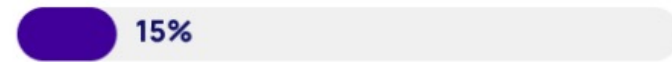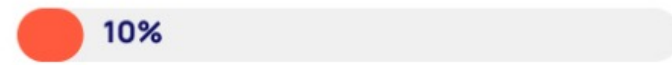
NATIONAL SURVEY ON MENTAL HEALTH OF LGBTQ YOUNG PEOPLE (2023)

- **67%** of LGBTQ young people reported symptoms of anxiety
- 54% of LGBTQ young people reported symptoms of depression
- **81%** of LGBTQ young people report they wanted mental health care
- 56% of LGBTQ young people who wanted mental health care were unable to receive it

NATIONAL SURVEY ON MENTAL HEALTH OF LGBTQ YOUNG PEOPLE (2023)

Lowering risk for adverse mental health:

- LGBTQ young people who had access to affirming homes, schools, community events, and online spaces reported lower rates of attempting suicide compared to those who did not.

- Affirming gender identity (using correct name, pronouns) among transgender and nonbinary young people is consistently associated with lower rates of attempting suicide.

US TRANSGENDER SURVEY (AGES 16+, 2015)

- 39% experience serious psychological distress in month prior to survey
- 40% attempted suicide in their lifetime 7% attempted suicide in the last year
- 39% mistreatment by health care providers
- 15% reported unemployment – 3x the rate in the US population
- 16% of those who reported being employed reported losing a job due to gender identity or expression
- Nearly 30% experienced houselessness at some point in their life
- Nearly 4x less likely to own a home (16%) compared to U.S Population (63%)

2015 U.S. TRANSGENDER SURVEY

BEST PRACTICES IN CLIENT CARE

BUT FIRST, LETS TALK ABOUT VALUES, CULTURE, AND UNCONSCIOUS BIAS

CAST YOUR VOTE AND THEN WE'LL SEE IF BABY IS A HE OR SHE!

BOY

GIRL

Men's Waterproof 650 Down Gloves
238 Reviews | Write a Review

Tell me some things you think of when you think of "boys/male/guys"

Tell me some things you think of when you think of "girls/females/woman"

What are key messages you received about gender that stick with you today?

You may have received similar/differing messages from:

parents & family
peers
media
institutions & systems
culture, tradition & religion

HOW CAN WE PRACTICE UNLEARNING?

Try to notice when you automatically assume the gender of a person. Pay attentions to any "gendered" and/or gender-binary thoughts, or use of "gendered language." From there, practice using gender-neutral language.

- Most language is gendered and has typically elevated male voices and male positions (i.e., chairman; ombudsman; fireman; policeman; Congressman)
- Waiter vs waitress
  - Instead, practice "server"
- Daughter/son
  - Instead, practice "child" – and instead of brother/sister, practice "sibling"
- Mom/Dad
  - Instead, practice parent/guardian

HOW CAN WE PRACTICE UNLEARNING?

- Husband/wife/boyfriend/girlfriend
  - Instead, practice using partner, spouse, significant other
  - This is also heteronormative
- Men's department/women's department
  - People of all genders who shop in all departments!
- Gender reveal party
  - How are we revealing a child's gender? Gender is our internal sense of if we are a man, woman, both, neither – instead, try sex reveal party!

- We all have biases, missteps, and areas that are not within our awareness

- Studies show healthcare providers exhibit similar levels of bias as the larger population (Fitzgerald & Hurst, 2017)

- May result in transgender, non-binary, genderqueer, and gender-diverse clients/patients not seeking treatment or being under-treated

HEALTHCARE EXPERIENCES AMONG TGD ADULTS

- 41% avoided preventative screenings due to discrimination or disrespect by providers.
- 55% reported avoiding medical offices, mental health providers, or hospitals due to fear of discrimination.
- 51% postponed or didn't try to get needed medical care when sick or injured due to cost
- 34% of TGD POC had to teach their provider about TGD people to get appropriate care.
- 15% of TGD POC reported their provider was physically rough or abusive.

TIPS FOR ETHICAL PRACTICE IN LGBTQIA+ AFFIRMING CARE

APA ETHICS CODE CONSIDERATIONS

Principle A: Beneficence and Nonmaleficence

Principle E: Respect for Peoples Rights and Dignity

2.01 Boundaries of Competence

3.04 Avoiding Harm

9.02 Use of Assessments

Other things to think about:
Record keeping
Diagnosis of gender dysphoria

THE GENDER AFFIRMATIVE MODEL

- Gender variations are not disorders.
- Gender presentations are diverse & varied across cultures
- Gender may be fluid, is not always binary
- Gender involves an interweaving of biology, development & socialization, culture & context.
- If present, mental health concerns are often secondary to societal oppression and prejudice views within personal relationships.
- Gender "pathology" lies more in the culture than the person.

GENDER DYSPHORIA DIAGNOSIS

- May or may not be appropriate
- Gender dysphoria may be appropriate if experiencing clinically significant distress/impairment relating to body parts, distress relating to incongruence between physical characteristics and internal sense of gender, etc.
- Many trans folx, especially if they have had medical interventions they desire, do not experience gender dysphoria
- Consider the costs of this diagnosis being in a medical chart

USING AFFIRMING LANGUAGE (TRIGGER WARNING FOR INAPPROPRIATE TERMS)

- Transgender only as adjective, never as a noun

  - "Transgendered" is incorrect

  - You would not say Brittany is a White-ed. I am White. I am not cisgendered. I am cisgender.

- Other words never to be used: transvestite, crossdresser, she-male, he-she, lady man, it

- What are your ~~Preferred~~ Pronouns?

  - Always ask if unsure of what their pronouns are (and introduce yourself, including yours!)

USING AFFIRMING LANGUAGE (CONT)

- Terms are consistently changing. Continued education & learning is key

  - *Should be from people with lived experience

- Lean in to being wrong. Acknowledge, apologize, and work to move on correctly

- Remember: The LGBTQIA+ community is not a monolith. What may feel affirming for Client A may not for Client B

TIPS FOR AFFIRMING LANGUAGE

- My pronouns are ___. Are you comfortable sharing yours?
- What pronouns are you most comfortable with?
- What name do you like to be called?
- Is ___ the name you go by, or is there another name I should use for you?

RECOVERING FROM MISSTEPS

When you misgender someone:
- If you catch yourself: apologize, correct yourself, move on
- If another person reminds you: thank them, correct yourself, move on

When someone else misgenders someone:
- If the person who was misgendered is present: follow this person's lead, provide a correction when helpful
- If the person who was misgendered is not present (and is out): in general, correct them

BEST PRACTICES IN (PSYCHOLOGICAL) ASSESSMENTS

- What population was this test normed on? Cisgender only?
- When we have norms for men and women, how were those men and women classified? Gender? Sex assumed as birth?
  - What about nonbinary folx?
- Is there a reason to use a gender-normed test with this client?
- If gender-normed test is used, may be best to score both and think critically around which is truly the better indicator giving what you may know about the norming sample, the client demographics and identity, etc.

BEST PRACTICES IN (PSYCHOLOGICAL) ASSESSMENTS

- Interpret findings in the context of other data collected
- When writing results, indicate that tests that were used were not normed on this population, that results were generated using both gender templates, your rationale for relying more heavily on 1 gender template than the other, and a statement the data should be interpreted with caution.

Summary: Affirming Practice includes…

- Intake forms assessing range of sexual and gender identities, relationship status, name, and pronouns
  - Avoid "other"
- Asking about pronouns and name when meeting
- Using correct pronouns and name
- Modeling correct name/pronoun use to collaterals (assuming you have consent of the person)
- Access to gender neutral bathrooms

Cont…

- Thinking critically about diagnoses (gender dysphoria) and implications of diagnosis
- Not assuming that gender or sexual orientation specific issues are the focus of treatment. LGBTQIA+ folx have depression, experience adjustment disorders, and fight with their partners too!
- Thinking critically about use of gendered pronouns in notes
- Thinking critically about assessment measures used, and norming samples/groups
- Competency in letter-writing, before being asked

Cont...

- Not assuming someone has "a boyfriend or a girlfriend"
- Not assuming someone's gender
- Using neutral language in general until you know more info!
- Being mindful of how people term their body parts (i.e., chest versus breast)
- If you make a mistake, no worries! Apologize, correct, move on
- Practice cultural humility
- Do your best!!!

GENDER-AFFIRMING LIFELINES

988 Suicide & Crisis Lifeline
988 (call or text)
Chat: 988lifeline.org/chat
https://988lifeline.org

Trevor Project Lifeline
LGBT youth (ages 24 and younger)
1-866-488-7386
Text 678-678
http://www.thetrevorproject.org

Trans Lifeline
1-877-565-8860
http://www.translifeline.org

LGBT National Help Center
(888) 843-4564
Youth Talk Line: (800) 246-7743
https://www.lgbthotline.org

RESOURCES

The Trevor Project- https://www.thetrevorproject.org/
Trevor Project Hotline (866) 488-7386
PFLAG- https://pflagws.org/
EqualityNC- https://equalitync.org/
Nami- https://nami.org/Home
          1-800-950-NAMI (6264)
Suicide Prevention 1-800-273-8255
HopeLine- (919) 231-4525
Be Bold Psychology & Consulting- https://beboldpsychnc.com/

RESOURCES FOR ADDITIONAL LEARNING

EDUCATION

- WPATH SOC V8
- Trans Student Educational Resources
- PFLAG Glossary of Terms
- Human Rights Campaign
- National Center for Transgender Equality
- Association of LGBT Psychiatrists
- Center of Excellence for Transgender Health
- National LGBTQIA+ Health Education Center

ADVANCING YOUR TRAINING

- Charlotte Trans Health
- Juniper Center -HRT Letters
- Gender ASSET Training -Surgery Letters
- Gender Affirming Letter Access Project
- Philadelphia Trans Wellness Conference
- Southern Trans Health & Wellness Conference

Credit to Charlotte Trans Healthcare Group for this slide

Meet Our Clinical Team!
Be BOLD Psychology & Consulting

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ACCEPTING NEW CLIENTS!

IMMEDIATE AVAILABILITY +EVENINGS AND WEEKENDS

Our team is:
LGBTQIA+ AFFIRMING
RADICALLY INCLUSIVE
TRAUMA-INFORMED

Free 20 Minute Consults
text: 919.525.1873
email: info@beboldpsychnc.com

Questions?

Reach out!

Email: Info@beboldpsychnc.com

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For more information or to schedule your FREE 20-minute consult:
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