Queering the Therapy Room: Clinical Considerations working with LG BTQ +

Enedelia Saucedo, PhD
Licensed Psychologist
Pronouns: she/her/hers
Learning Objectives

• Learn the impact of social stigma on sexual, gender, and romantic minorities (SGRM)

• Recognize the clinician’s role in acknowledging bias and combatting the impact of social stigma

• Identify clinical considerations when working with SG RM
Comfort Zone

WHERE THE MAGIC HAPPENS

YOUR COMFORT ZONE
Social Justice

- EQUITY is the fair distribution of resources, rights and responsibilities to all members of society.

- ACCESS to the resources, services, power, information and understanding crucial to realizing a standard of living that allows for self-determination and human development.

Who has a seat at the table?
“But I’m an Ally”

• “...yes, and we’re always learning”
• We were all given similar messages of homophobia, heterosexism, and transphobia.
• Some of the things we’ve learned before are now wrong.
• There are complexities; demographics are changing; we need to stay informed.
• Our roles as advocates.
  • Not just a passive ally but an accomplice.
ALLY/ACCOMPlice

• Someone who listens and responds

• Committed to learning

• Aware of biases happening around/within themselves.

• Aware of systemic structures of oppression; intersectional oppression.

• Awareness of privilege; use privilege to amplify unheard voices

• Make an effort

• Make mistakes
Allies know...
• An unearned advantage or right.
  • Being treated better

• Often we are unaware of our privilege and so it goes unexamined.
  • Not having to think about it
The Gender Unicorn

- Gender Identity: Female/Woman/Girl, Male/Man/Boy, Other Gender(s)
- Gender Expression: Feminine, Masculine, Other
- Sex Assigned at Birth: Female, Male, Other/Intersex
- Physically Attracted to: Women, Men, Other Gender(s)
- Emotionally Attracted to: Women, Men, Other Gender(s)

To learn more, go to: www.transstudent.org/gender
Design by Landyn Pan and Anna Moore
Sexual Identity

Gender Identity & Expression
Non-binary, transgender, cisgender, gender queer, etc.

Sexual Orientation
Asexual, pansexual, gay, lesbian, questioning, straight, etc.

Romantic Orientation
Aromantic, polyamorous, heteroromantic, etc.
GLOSSARY
Centering Queer & Transgender People
Queer Experiences

HISTORY
- Criminalization
- Discrimination
- Pathologized

SAFETY
- Homelessness
- Harassment
- Physical Assault
- Murder
- Suicide

INTERSECTIONALITY
- Intersectional oppression
**HISTORY**

**Criminalization**
- **1969:** Queer Liberation
- **2003:** Lawrence vs. Texas. Supreme Court decriminalized
- **1996:** “Don’t Ask, Don’t Tell”
  - Defense of Marriage Act

**Discrimination**
- Lack protections for employment, housing, and service

**Pathologized**
- **1987:** APA “Homosexuality” removed from DSM
- **2018:** WHO stated transgender is not an illness
  - We are [Gatekeepers](#) for normalcy
SAFETY

- **Homelessness**: 120% more likely to experience homelessness
- **Harassment**: 42% youth say their community is not accepting of LGBTQ; 68% youth say they hear negative messages from elected
- **Physical Assault**: QT youth 2x more likely to be physically assaulted
- **Murder**: 28 trans-identified died due to violence in 2017
- **Suicide**: 3x more contemplate, 5x more attempt; 40% of trans adults have attempted suicide; 92% attempted before age of 25
Trans People of Color make up 85% of those murdered

Multiple oppressions means less access
  Queer and undocumented
  Queer and disabled

Facing racism in the queer community (i.e. dating sites)
Facing homophobia and transphobia in their cultural communities
Outcome

Depression
Anxiety & Panic
Shame (Internalized homophobia/transphobia)
Substance use
Eating Disorders
Self-Injury
Suicide
Minority Stress

What they’re FEELING
What would stop a queer or trans person from going to therapy? What makes it difficult?
Example: Support Group Exercise

• Group members are asked, one at a time, to write words that they associate with their respective identities. Within minutes, they are able to fill an entire whiteboard of words like: evil, sick, perverted, abnormal, wrong, sinner, confused, selfish…

• These are words that they have internalized and have been used by others to describe them—by family members, churches, peers, media etc.
Sample Issues

Barriers to Connection

Coming out

Gender Expression & Transition
Sample Issue: Connection

- Disconnection/Isolation
- Fear of rejection from family and friends
- Difficulty making friends, romantic, or sexual partners
- Difficulty getting or keeping a job

- Disconnected from Self
- Not being like they can present/dress congruently
- Identity formation
- Substance use

- Avoiding Public Spaces
- Fear of humiliation, judgment and violence in public
- Restrooms
- Getting misgendered
The “Closet” Exists Because:

Homophobia / Heteronegativity
Biphobia
Transphobia
Monosexism
Genderism
Rigid Social Gender Roles
Heterosexual Privilege
COMING OUT

• Coming out is (or can be)...
• ...a complex and continuous process
• ...exhilarating
• ...scary
• ...stressful
• ...different for everyone

The coming out process involves understanding, acceptance, and valuing one’s own identity.
COMING OUT...considerations

• Must recognize what disclosure and non-disclosure means to individuals. There are reasons to (and not to) come out.

• Authenticity is a privilege

• Can be different & more challenging for people with intersecting oppressions.
Gender Expression & Transition
(often for transgender and GNC clients)

Social
- Any-Segregated/binary facility or space (bathrooms, locker rooms, dressing rooms)
- Dating/ Relationships
- Disclosure/coming out. Passing.
- Dysphoria*

Medical/Healthcare
- General Access
- Transphobia in Medical Establishment
- Insurance
- Seeking HRT or gender affirming medical procedures*

Legal
- Housing
- Employment
- Identity Documents (time consuming and costly)
- At risk for violence while at the same criminalized
In adolescents and adults, gender dysphoria diagnosis involves a difference between one’s experienced/expressed gender and assigned gender, and significant distress or problems functioning. It lasts at least six (6) months and is shown by at least two (2) of the following:

- A marked incongruence between one’s experienced/expressed gender and primary and/or secondary sex characteristics
- A strong desire to be rid of one’s primary and/or secondary sex characteristics
- A strong desire for the primary and/or secondary sex characteristics of the other gender
- A strong desire to be of the other gender
- A strong desire to be treated as the other gender
- A strong conviction that one has the typical feelings and reactions of the other gender
Quelling Gender Dysphoria

- **Assess intensity and location of dysphoria**
  - Genital, Top/chest, Voice, Facial and body hair, Social

- **Triggers for dysphoria**
  - Taking a shower
  - During menstruation
  - During sex
  - Shopping for clothes/getting Dressed
  - Swimming
  - Using public restrooms

- **Identifying means for reducing discomfort**
  - Clothes, accessories, make-up *
  - Chest binder *
  - Bra inserts *
  - Genital prosthetics/ “packers” *
  - Hair removal kits or laser hair removal procedure *
  - Vocal coaching *
  - Showering with a partner or friend; showering with music or podcast
  - Social support; when shopping, using public restrooms...
  - Talking, writing, expressing!

*$$$
Clinicians as Gatekeepers

Letters for Hormone Replacement Therapy (HRT)

Letters for gender-affirming therapy

Letters for advocacy
Clinicians as Gatekeepers (Continued)

• Can you write an honest and ethical letter about this person?
• Have you referred to your profession's guidelines?
• Have you sought additional training?
• Have you become informed of costs and benefits of medical methods of transition?
• Do you know the cost of the desired method and the person’s financial status?
• Does the person have support?
• Is the person in crisis?
• Does the person even want to medically transition?
• Are you able to have a discussion about how the process works?
• Do you know how to describe your role?
QUEERING The Way
Queer Resiliency

**CONNECTION**
“Chosen Family” Community Culture

**GROWTH**
Resourceful Understanding of self

**STRUCTURAL**
Change outdated laws, socio-political views

**TREATMENT**
Level of Care Compliance Continuity
Group members are then asked, one at a time, to cross off and replace the negative descriptors they just wrote. Participants are often more hesitant and contemplative, they struggle to find words to challenge internalized sentiments of worthlessness. Often they are asked to consider how they perceive others in the group or community—the words come easier.

STRONG, RESILIENT, CREATIVE, KIND, EMPATHIC, FUN, WORTHY...
Assessing the Space

- Are there all-gender or single stall restrooms?
- Do you ask about pronouns or preferred names on paperwork?
- What language do you use when asking about gender, sexual orientation, or relationship status on paperwork/intake?
- What décor or reading materials do I have that signal that queer and trans folks are welcome/not welcome?
- Do any of my gendered groups exclude trans and non-binary people?
Queering the Space

- Identify the nearest all gender restroom. Inform and have a conversation.

- Ask about pronouns and preferred names. You can start by disclosing yours and then asking theirs. You can ask what pronouns they would like used in their file. Put your pronouns after your name on your email signature, business cards and website.

- Steer clear of gendered language.

- Consider displaying queer and trans affirming stickers, buttons, posters, art, etc.

- Have pamphlets, brochures and literature that address queer and trans issues.
The SELF-ASSESSMENT

- What are my stereotypes of queer & trans people?
- What are my preconceived notions of queer & trans relationships?
- How does queer and trans identity fit with my religious beliefs and teachings? My cultural upbringing?
- What is my view on queer & trans parenting?
- What topics might I avoid with a queer or trans person?
- Do I assume all people are heterosexual and cisgender unless otherwise identified?
- How am I going to handle transference/countertransference with queer and trans people?
- Would I feel confident self-identifying as an ally?
- Would I feel comfortable disclosing my own sexual orientation and/or gender identity?
- Do I know how to ask about pronouns?
Queering the SELF-ASSESSMENT

• Examine your attitudes and feelings about queer & trans people and how it might impact your work.

• Examine your own sexual and gender identity—and privilege

• If you’re experiencing discomfort or hesitancy in the suggestions, examine why.
• Develop working relationships with queer & trans organizations, agencies, and clinicians.

• Practice asking and saying your pronouns; practice correcting yourself when you misgender.

• If you have a social media platform, follow groups, orgs, or activist who offer resources to the QT community. This can also keep you up to date on current events which might impact QT people.

• Get familiar with online resources and media. Socials serve as a platform for the community to communicate and “try on” authenticity.
Queering the Clinical Approach

- Recognize the strength and resiliency of the community while acknowledging oppression
  - Minority stress and resiliency research

- Consider multiple identities, multidimensional contexts, & multiple oppressions
  - Intersecting Identities (i.e. racial, ethnic, religious, values, level of acculturation, ability, age, and the historical oppression of each group)

- Dispel myths and challenge internalized phobias/shame.

- If the person is exploring identity, don’t rush the process. Safety first--assess family dynamics, culture, financial resources, and social support.

- When encouraging social support, consider if they are out to this person they are turning to. Affirming? Safe?

“Are you a boy or a girl?”

“I’m an experience.”
• When considering hospitalization, communicate about gendered lodging and groups. If police transport is protocol, consider examining how this impacts a community that might have trauma associated with police. People have requested female officers, plain-clothed officers, etc.

• Help identify places to “try on” expression. Online shopping, wearing gender-affirming clothes to session, practicing pronouns in an affirming place.

• Believe them and their experiences. Normalize. Contextualize.

• Know your limitations. Seek consultation/supervision and additional training.

• Practice your own personal authenticity in the room. Inauthenticity can be spotted and coded as unsafe.
What’s one way you want to start centering QT folks in your clinical practice?
Resources

- Trans Student Educational Resources
- The Trevor Project
- Trans Lifeline
- Human Rights Campaign
- True Colors Fund
- PFLAG
- Rest for Resistance (QTPOC Mental Health)
- APA Guidelines for Psychological Practice with Transgender and Gender Nonconforming People