

## To Be Well and Trans Handou

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00:00:01.830 --> 00:00:09.324

Beautiful. Okay. Well, welcome everybody we're thrilled and excited to have this very special presentation.

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00:00:09.595 --> 00:00:14.244

I'm thankful to be able to introduce this topic and,

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um,

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00:00:14.935 --> 00:00:15.355

the,

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00:00:15.384 --> 00:00:15.535

uh,

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00:00:15.564 --> 00:00:18.083

the presentation itself as part as the,

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00:00:18.114 --> 00:00:21.745

the chapter faculty advisor for the 5 Sigma chapter of,

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00:00:22.644 --> 00:00:23.964

and we are proud to Co,

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00:00:23.964 --> 00:00:25.464

sponsor trans awareness week.

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00:00:25.464 --> 00:00:30.355

So welcome. And thank you to, um, to our wonderful presenters.

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00:00:44.034 --> 00:00:58.284

Okay, everybody sorry about that just had to get us get us going with the recording. Um, thank you Dr circle for the introduction, and for yours and continued celebration and honoring of trans awareness week.

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00:00:58.914 --> 00:01:11.215

This is our 5th year of transparency to speak at and it has grown every year and that is due to the support from folks like CSI from.

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00:01:11.995 --> 00:01:24.025

We have a lot of partners that are collaborating with us this week. But thank you for coming to this event. There were events every single day this week, so please do check out that schedule and join us tomorrow night.

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00:01:24.025 --> 00:01:35.575

We are actually screening Paris burning, which is a phenomenal film. That really gives you a glimpse into trends communities within ballroom culture.

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00:01:35.575 --> 00:01:48.355

So, black and brown communities and ballroom culture in the early 90. S. so it's a great film. Please join us. So, without further ado, I'd like to welcome you to to be well in trans, facilitating wellness in trans communities.

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00:01:49.254 --> 00:01:52.555

So, my name is is Dr Whitney yankers. I go back.

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00:01:53.575 --> 00:01:53.995

To her,

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00:01:53.995 --> 00:01:57.025

and they them pronouns I,

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00:01:57.655 --> 00:02:04.795

for those of you who my passion is really working with folks around gender identity and expression as well as,

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um,

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00:02:05.034 --> 00:02:11.935

sexual sexual orientation and so I'm really honored to be here sharing some information with you all this evening.

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00:02:12.145 --> 00:02:16.224

And I'll turn it over to Dr Simon. Ron the introduction slide. Dr Simon.

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00:02:16.560 --> 00:02:27.780

Hi, yes, thank you for having me. Sorry everybody for technology issues bound to happen eventually, but.

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00:02:27.780 --> 00:02:40.435

I am teaching in Wilmington today and so I'm on the campus and the WI Fi not not my friend, but we're gonna make it work. I am Dr Sam. Simon I go by she her or they them pronouns either. 1 is fine.

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00:02:41.395 --> 00:02:55.974

I'm so happy that I was asked to join Dr acres and Shane on this presentation. It's a passion of mine to work with those in gender expert, expansive communities. And I'm excited that we get to talk about this.

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00:02:56.460 --> 00:03:03.419

Right. Shane, it's all you.

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00:03:03.419 --> 00:03:06.599

I have so many was Shane Watson I go by.

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00:03:06.599 --> 00:03:10.439

Blue pronouns mostly she, her, they then.

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I'm really excited about this presentation and just sharing the information and I'm hoping to just continue this journey in the future as far as research and working with.

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00:03:21.150 --> 00:03:25.889

All of the involved communities and just bringing forth and awareness.

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00:03:27.175 --> 00:03:33.235

Thank you Shane, so today we're really going to end. Dr Simon. I just moved it forward to the agenda.

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We're going to do a quick review of terminology and talk about pronouns and the importance of using appropriate pronouns for folks,

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give a little bit of background on kind of the history of medical ization of trans bodies,

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00:03:46.014 --> 00:03:50.034

and then talk a bit about laboratory practices and counseling to facilitate wellness,

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00:03:50.064 --> 00:03:54.324

and then address some community building for wellness and leave you all with some resources.

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This can be as interactive as you would like it to be. If you have questions. Please let us know. I wonder if Dr, can I ask you to to monitor the chat for us? If questions pop up.

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00:04:04.560 --> 00:04:18.930

Yeah, I would that was perfect timing. So we had a question. Will this recording be available to you? And the answer is yes, we will have this posted on our website. And so so that is the 1st time that I am doing my job.

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00:04:18.930 --> 00:04:25.800

Awesome. Thank you so much. Wonderful. All right. Dr, Simon, we're on the terminal terminology, and for announce slide.

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Awesome Thank you so much. So I know a lot of times.

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This is the part where a lot of people kind of get hung up. Right? There's a lot of terminology, there's a lot of discussion about what different pronouns need.

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And so we thought it would be a really good idea to just introduce this concept. And before I go into gender versus sexuality, I want to talk a little bit about what gender versus specs is. And so.

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00:04:54.928 --> 00:05:02.338

When we talk about gender, we're going to talk about it as a social construct so it's a social construct that notes.

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A person's identity in either a binary or a non binary classification. So when we think of binary, we think of traditionally male versus female. Okay. So when.

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Now,

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00:05:14.423 --> 00:05:15.624

we're going to talk about sex,

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00:05:15.834 --> 00:05:23.663

so the difference is between gender and sex is sex refers to the biological and physiological characteristics,

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00:05:24.233 --> 00:05:26.244

including reproduction,

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chromosomes,

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00:05:27.084 --> 00:05:28.254

hormones,

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00:05:29.213 --> 00:05:31.403

those type of things traditionally.

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00:05:31.738 --> 00:05:35.189

People are called male or female.

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00:05:35.189 --> 00:05:45.238

Determined at birth, what their sex is. However, I do want to know that there is a huge population of those who identify intersects who are.

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00:05:45.238 --> 00:05:56.124

Completely dismissed from a lot of narrative and those who are intersects do not identify their characteristics are not solely male or female sex characteristics.

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00:05:56.663 --> 00:06:07.163

And with that, some intersect individuals do identify as being trends, or on the trans spectrum, but they do not necessarily have to.

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00:06:09.173 --> 00:06:09.504

So,

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00:06:09.863 --> 00:06:11.334

getting into pronouns,

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pronouns are important and a lot of times it can feel maybe a little anxiety provoking to ask,

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00:06:22.014 --> 00:06:29.574

but if you don't ask and you miss use someone's pronouns incorrectly that could be really detrimental.

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So we always just say, if you don't know that can be the most helpful, but can also be really helpful is normalizing, introducing yourself with pronouns. So, just like we did today.

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Hi, my name is Dr Simon and my pronouns she heard they them and not just those who have pronouns. That are out of the binary.

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So, if you identify as assist individual, introducing yourself with pronouns can really automatically let people know that. You are a safe person. And so that could be really, really beneficial for others around, you.

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There is a chart that we have on this slide here, talking about the different reference sheet as a reference sheet of different pronouns. This is not an extensive list. There are way more pronounced than this.

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And so that's why we just like to say, if you don't know ask.

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So, moving on to, I mentioned the term gender spectrum earlier, and when we define gender spectrum, it's really just all of the genders that 1 can identify.

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And it's a little bit more inclusive than just saying gender. Because in our society, it is socialized. That gender is to mean, male or female, so if you start using the concept gender spectrum, then that sounds a little bit more inclusive.

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So really getting into.

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Trans versus non binary, so, trans or those trans individuals are those who identify with a gender that is different from their assigned gender at birth. Okay.

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00:08:09.564 --> 00:08:19.314

So different than their assigned gender at birth someone who is trans can identify as being on the binary.

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Okay, so pausing there I will say that again. So a person who is trans can identify.

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In binary terms what I mean by that is someone who, um.

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Is a person who was born male and transitioned to female.

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They, and then they solely identify with being female, then they are identifying in binary terms when we go to talk about sexuality, kind of going going back to the beginning. Trans individuals are.

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Can identify with all sexualities. So just because you have a certain gender identity does not mean that you have to have a certain sexuality. So.

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Sexuality is a person's physical, romantic or emotional attraction to a person or persons and trans individuals.

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Like I said, it can be all sexualities so.

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A person who, but the example, I just gave a person who transitions from male to female, and who is solely attracted to men can identify as a straight woman.

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Okay, so that should we really just wanted to show the difference that those 2 do not have to be interconnected.

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Okay, now going on to non binary um.

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A non binary can be used as an umbrella term for those who don't identify with being solely male or being fully female. And there is a lot of different identities underneath this umbrella.

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Some non binary individuals don't necessarily identify as trans.

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Even though trans can be used as an umbrella term for those who are non binary.

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If they wish to be perceived in that way.

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Any questions thus far.

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00:10:32.818 --> 00:10:42.899

Okay, so I'm going to talk a little bit about the historical significance of trans, offensive language.

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So,

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00:10:43.703 --> 00:10:44.183

just like,

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00:10:44.183 --> 00:10:47.874

with all marginalized populations,

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00:10:48.293 --> 00:10:49.974

there are,

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00:10:50.033 --> 00:10:51.774

there's language that others,

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individuals and so I would only like,

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using these terms in an education purpose.

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And so I will say that. But.

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Some terms that have been used in the past to other trans. Individuals are terms such as transvestite training.

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Cross dresser using the term it when referring to a person or using the concept of oh, that's a huge.

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So, those are some other in terms that are very derogatory. And in, in some in the community, there are some individuals who have reclaimed certain language.

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But it is important to note that especially if you do not identified as being a part of this community, how that, that language is aggressive and derogatory.

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00:11:44.604 --> 00:11:57.024

Um, something else that we I wanted to mention is the concept of what a dead name is. So this is going to be something that we we talk about. And so I just wanted to give that term.

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00:11:57.323 --> 00:12:04.703

Someone's dead name refers to the name that they were assigned at birth. So those who identify as.

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Under the trans umbrella may keep their name that they were assigned at birth. They might have significant meaning for them. And that's completely okay but others.

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00:12:13.499 --> 00:12:25.374

Others decide to use the names that best represents them and it's important to understand those counselors that we really don't need that done name for any reason.

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00:12:25.374 --> 00:12:36.563

And I, and Dr acres is gonna go more into more into that later. But just understanding that their name that they're going by is the 1 that we should be using.

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00:12:40.109 --> 00:12:43.649

Beautiful, thank you. Do we have any questions before we move forward?

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00:12:47.004 --> 00:12:59.514

Okay all right so I want to give a bit of context to what our presentation today, because as counselors or mental health professionals or providers.

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00:12:59.514 --> 00:13:09.413

We have to recognize our role or our professions in violence to trans communities and we need to recognize this.

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00:13:09.413 --> 00:13:24.144

So, that we can shift that that narrative shift that practice to ensure that we are offering affirming and laboratory care. So, 1 of the ways that mental health professionals have done violence to trans communities is through pathology.

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And the way that manifest is.

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So,

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00:13:28.524 --> 00:13:29.333

in 980,

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the DSM 3,

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gender identity disorder emerged as as a classified mental health disorder,

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it was retained in 987 and the revision of the DSM 3,

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and then again retained in the DSM 4,

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00:13:43.224 --> 00:13:44.484

but broken into different categories,

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00:13:44.484 --> 00:13:47.844

such as gender identity disorder.

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00:13:47.874 --> 00:13:53.094

And children. Gender identity disorder, adolescence or adults or gender identity disorder not otherwise specified.

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00:13:53.394 --> 00:14:04.764

So I just want to pause here and see if anyone has thoughts around the kind of problem, appetizing this language and this diagnosis before we talk about how it's shifted.

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00:14:04.764 --> 00:14:10.854

So any thoughts as to why gender identity disorder contributed to violence and of transports and communities.

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00:14:14.609 --> 00:14:19.918

You can feel free to unmute yourself or type into the chat if you'd like.

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00:14:30.119 --> 00:14:41.818

Are we having any chat action? Dr no, not yet. Not yet. Um, so, uh, there we go, Laura, um, cause it was viewed as a disorder.

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00:14:42.293 --> 00:14:56.874

Absolutely, yes and the word disorder has negative connotation. Absolutely. So so, 1 of the biggest takeaways that that I like to kind of hold here is when we label something as a disorder, we are disordering somebody. Right?

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So we can look at it at, at, at the action, right? So there was a lot of organizing against removing gender identity disorder as a diagnosis from the DSM.

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00:15:08.394 --> 00:15:18.413

However, we are in a healthcare system that requires a diagnosis in order for trans folks to access transition related care.

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So whether that be puberty, blockers, hormone replacement therapy surgeries, we require that there's a diagnosis for insurance to cover any of this care.

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So, in 2013, the DSM 5 shifted the language to gender dysphoria. So we see a bit of kind of the work of activists and advocates that were saying, hey, your, your disorder in our communities and we want to see this language shift.

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However, even though gender dysphoria has maybe a different connotation than gender identity disorder we are still including this diagnosis within a manual of mental health disorders.

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So, this could be a whole different presentation that could last another hour talking about kind of the benefits and the downfalls of this inclusion. But something that feels important to mention is that.

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00:16:13.764 --> 00:16:16.014

Through this continued pathologist,

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00:16:16.974 --> 00:16:23.724

we are diagnosing trans communities as sick or mentally ill because of their experience of dysphoria,

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00:16:23.754 --> 00:16:31.073

as opposed to diagnosing a society that creates a binary that folks are expected to fall into.

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00:16:31.313 --> 00:16:44.094

And so I just want to hold space for us to maybe think about what it could look like to remove this type of pathologist and shift our lens as mental health care providers to really enhance wellness.

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00:16:44.094 --> 00:16:51.953

Because as long as we are pathologize and communities, that's kind of going against our movement toward laboratory care and wellness.

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00:16:52.644 --> 00:17:02.423

I saw a comment pop up here about trans disorder in the DSM. I didn't see the whole comment Dr Marshall. Could you please read the comment to me?

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00:17:02.818 --> 00:17:16.193

Why is transmit stick disorder included in the pair affiliate section of the DSM? 5. that's a great question. Laura. So that is actually not equated to identifying as trans.

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00:17:16.763 --> 00:17:24.233

So trans disorder is classified as a pair of failure. Okay. And this is more equated to a sexual disorder.

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Now, I want to be very clear that disorder is only diagnosis.

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00:17:32.153 --> 00:17:43.013

If someone's desire to dress in different clothing from their, their sex or gender, assigned at birth is distressing to them. If it causes significant distress.

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00:17:43.013 --> 00:17:57.743

So this is very separate as a, a more sexual related diagnosis from gender dysphoria and from trans identities. And that's something that I appreciate you bringing up because it's important to distinguish.

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00:17:57.894 --> 00:18:02.394

So we are not diagnosing people who identify as trans with the disorder.

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00:18:02.423 --> 00:18:11.304

There's a separate things and so what we really do here when we kind of operate in this health system,

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00:18:11.304 --> 00:18:16.193

that requires a trans individual to be diagnosed with gender dysphoria,

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00:18:16.193 --> 00:18:19.074

in order to access care is we're creating a double bind.

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00:18:19.584 --> 00:18:23.124

And for those of you who are familiar with multi,

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00:18:23.124 --> 00:18:25.284

cultural and social justice counseling,

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00:18:25.554 --> 00:18:35.394

a double bond is something that's really familiar to those who are in marginalized experiences and identities meaning kind of the damned if you do damned if you don't.

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00:18:35.423 --> 00:18:46.703

Right. So if a trans person is not diagnosed with gender dysphoria, they might not have access to coverage for medical care. But if they are, they are then being labeled as as mentally ill.

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00:18:47.513 --> 00:18:51.294

and so I really just want to hold space for how we might revision.

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00:18:51.503 --> 00:19:02.723

A laboratory system that really challenges these, this physical activity within our society, because we have to really unpack that says norm activity in order to build something very different.

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00:19:02.818 --> 00:19:04.169

Laboratory.

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00:19:05.243 --> 00:19:12.773

So, I just want to talk very briefly about the ways that trans bodies have been met localized over time.

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00:19:13.104 --> 00:19:27.503

Um, so before I get there, though, I want to hold space and we heard Dr Simon mentioned earlier being gender expansive. Right? So that's identifying along and around this beautiful gender, gender spectrum right?

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00:19:27.534 --> 00:19:38.094

And a non binary spectrum. Okay. So someone can identify as trans or be gender expansive without experiencing gender dysphoria.

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00:19:38.094 --> 00:19:50.634

So, just because a trans client comes to see it does not mean that they automatically need a diagnosis of gender dysphoria. Okay they might not experienced dysphoria and we need to make sure that we're checking our assumptions.

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00:19:50.844 --> 00:19:58.374

So that we are not unnecessarily diagnosing somebody who's not experiencing the symptoms that are associated with that diagnosis.

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00:19:59.124 --> 00:20:11.273

However, in the past, there has been a just medical enforcement of this binary. So, this binary of man and woman, male and female. Right?

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00:20:11.304 --> 00:20:24.624

So, with this doctors and physicians who worked with trans individual's would require translates to really perform this narrative of suffering this narrative of.

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00:20:24.953 --> 00:20:35.094

And some trans individual's might say this is their story, but not all trans individual's identify this way, or identify with this, this history of their development and growth.

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00:20:35.453 --> 00:20:48.624

But there is this narrative of I was born in the wrong body, and I'm suffering and therefore need access to hormones or surgery to shift my physical features to align with my gender identity.

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00:20:49.253 --> 00:20:58.644

Now as Dr. Simon elaborated on earlier. There were a lot of folks who fall within trans communities that are not along this binary.

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00:20:58.854 --> 00:21:12.473

However, for medical intervention, trans clients, or patients were forced to conform to 1 end of this binary and so often before they could access services.

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00:21:12.473 --> 00:21:26.483

They had to take part in things like charter schools or grooming clinics and these were typically geared towards trans, feminine individual's. So really showing some of the trends massage present in, in the medical field.

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00:21:27.473 --> 00:21:34.794

And there was this compulsory performance of a binary identity as well as a narrative of suffering,

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00:21:35.334 --> 00:21:37.644

which if we think of of kind of how this this,

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00:21:37.644 --> 00:21:37.854

uh,

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00:21:37.884 --> 00:21:40.463

compulsory performance impacted diagnoses,

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00:21:40.463 --> 00:21:41.394

we can see some,

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00:21:41.394 --> 00:21:42.624

some connections here.

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00:21:43.044 --> 00:21:53.513

However, that double bind left trans folks without other options to access to hypercare that they needed to really affirm their identities.

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00:21:53.784 --> 00:21:58.644

And Additionally, medical researchers and doctors were outsiders to trans communities.

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00:21:58.679 --> 00:22:12.023

So these were CIS identified faults that were treating trans, identified folks, but had no insider experience. And this also had an impact on trans communities, access to participating in their own discourse.

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00:22:12.173 --> 00:22:24.173

So to telling their stories and the nuances of them. Because in the medical field, they had to fit into this box, and as we're gonna talk about later boxes are incredibly problematic and we want to work to eradicate those.

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00:22:24.983 --> 00:22:28.854

All right so I'm going to move forward and Dr Simon, we're on mental health impact slide.

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00:22:30.173 --> 00:22:41.394

Awesome Thank you. So, we wanted to just give you some numbers to show the impact that our society has on trans individuals.

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So, in a study from 2016 40% of transgender adults reported having made a suicide attempt, and 92% of those made that suicide attempt before the age of 25.

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00:22:52.943 --> 00:23:05.544

so, when you're when you're looking at this clinically, you can almost say being trans isn't itself a risk factor for suicide in most cases, because of how our society is setup.

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00:23:05.544 --> 00:23:12.263

And so this is important for everyone working within these communities.

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00:23:12.263 --> 00:23:21.114

But especially I want to highlight the school counselors who are here with us who work with potentially gender, expansive individuals.

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This could be a change and we can be a change and to change. These numbers is gonna be so important.

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00:23:34.733 --> 00:23:44.153

I also want to highlight that both male and female and female to male hormonal transitions are associated with lower mental health concerns overall.

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00:23:44.334 --> 00:23:54.263

And so, what that means is, if a person decides to do a hormonal transition, then they are then being themselves.

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00:23:54.354 --> 00:24:07.673

They, they will have the most likely a lot of the times you for feeling, and then we can kind of pinpoint. Okay. My other mental health concerns were coming from the fact that I couldn't live my life. The way that I wanted to.

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00:24:09.413 --> 00:24:18.743

So I'm going to go to the next slide and we're going to talk a little bit about career concerns of trans individuals.

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So 77% of transgender and non binary people report hiding or delaying medical transition due to their non affirming workplaces. So, sometimes they may quit their jobs so if they can medically transition or they just.

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00:24:34.828 --> 00:24:47.304

Don't medically transition if that's something that they want to do out of fear of losing their job, or out of fear of the people close to them, perceiving them differently.

184

00:24:47.663 --> 00:24:56.544

And so, um, or it could be a safety concern as well. Right. So I think this just goes to show you that in, in these moments.

185

00:24:56.604 --> 00:24:59.634

Some trans individual can't be well and work,

186

00:25:00.773 --> 00:25:05.723

and that this can cause a huge financial insecurity for some individuals,

187

00:25:05.993 --> 00:25:13.703

especially for those individuals who don't have privilege identities alongside their transgender identity.

188

00:25:14.003 --> 00:25:21.413

And so this can cause a lot of continuous harm. If workplaces are not affirming for them.

189

00:25:22.919 --> 00:25:30.749

So, I'm going to go to the next slide so I want to start by talking about wellness and.

190

00:25:31.769 --> 00:25:41.273

When we talk about wellness, I really want to discuss the fact that, you know, wellness is what counseling in our field is based off of. Right.

191

00:25:41.364 --> 00:25:41.814

So,

192

00:25:41.844 --> 00:25:46.163

this definition of wellness is 1 of the most used definitions of wellness,

193

00:25:46.763 --> 00:25:48.173

and I want,

194

00:25:48.233 --> 00:25:51.023

I want to read it to you and as I'm reading this to you,

195

00:25:51.023 --> 00:26:04.733

I want you to think about how is this definition harmful potentially when working with trans clients so wellness refers to a holistic approach in which mind body and spirit are integrated.

196

00:26:05.213 --> 00:26:17.844

It is a way of life oriented toward optimal health than well, being enriched body mind and spirit are integrated and purposeful manner with the goal of living life more fully. So.

197

00:26:18.179 --> 00:26:29.608

I want you to just take a minute and process that and if you can, if you can put it into the chat or unmute yourself and discuss how you feel like that definition could be harmful.

198

00:26:29.608 --> 00:26:35.308

Um.

199

00:26:35.308 --> 00:26:39.209

I I was thinking that that definition could.

200

00:26:39.209 --> 00:26:46.138

Could be potentially harmful because, um, it gives the idea that if you, if you're not feeling congruent.

201

00:26:46.138 --> 00:26:49.679

Um, are connected with your body then.

202

00:26:49.679 --> 00:27:00.173

You are not well yes Thank you. You can't see me. I wish you could, but I'm snapping right now. Yes, exactly.

203

00:27:00.173 --> 00:27:04.913

There is this, um, privilege in this definition.

204

00:27:05.513 --> 00:27:11.634

That says everyone has access to this concurrency, right?

205

00:27:11.693 --> 00:27:24.624

Everyone has access to be well, and when you're looking at the definition of mind body and spirit, that is assuming that everyone's body aligns with what they believe their body is supposed to be.

206

00:27:24.989 --> 00:27:30.328

Right so I'm so glad I picked up on that. Yes.

207

00:27:30.328 --> 00:27:35.729

Um, we also Whitney question, how do we define integrated.

208

00:27:35.963 --> 00:27:50.094

In this definition, that's a great question. Yeah. Um, and so integration of course. So what does that really mean? And I think that's the overall question, right? Like, what does integration mean?

209

00:27:50.513 --> 00:27:52.973

Um, and for those who.

210

00:27:53.548 --> 00:28:01.348

It feels like they can't integrate in certain situations. Do they mean that they, they're not well um, and so.

211

00:28:01.348 --> 00:28:05.848

Yeah, I appreciate that question and that is a good question that we are still wondering.

212

00:28:05.848 --> 00:28:13.798

Great and thank you. And Pete suggested that physical health would be a better word option than body.

213

00:28:13.798 --> 00:28:20.249

Potentially, thank you, Pete. Yeah, I agree. I think changing language would be.

214

00:28:20.249 --> 00:28:26.368

Um, way more beneficial and affirming. I agree.

215

00:28:28.138 --> 00:28:31.648

Hey, any other thoughts.

216

00:28:31.648 --> 00:28:38.969

For I go to the next slide. Okay.

217

00:28:38.969 --> 00:28:44.398

Okay, so I'm going to move to the wheel of wellness.

218

00:28:44.398 --> 00:28:50.548

So, the wheel of wellness is.

219

00:28:50.548 --> 00:28:56.459

Essentially, a holistic model of wellness and wellbeing.

220

00:28:57.294 --> 00:29:08.693

Well, and burn out prevention essentially over your lifespan. So there are a lot of other types of models that came from this model.

221

00:29:09.324 --> 00:29:13.374

And so this is an introductory model for wellness and.

222

00:29:14.453 --> 00:29:26.814

Essentially there is 5 life tasks that would mirror Sweeney and Myers created saying that all of these components need to be interconnected for a person to be.

223

00:29:26.814 --> 00:29:41.723

Well, right, and if you look at this diagram, you see a lot of components here, but you also see the component of community and we wanted to highlight that because I want you to look to the left of community and see that.

224

00:29:41.723 --> 00:29:43.973

It says family and it's not.

225

00:29:44.663 --> 00:29:55.253

A 100% for every single person, but for a lot of individuals who identify in the gender spectrum categories, family might not be there for them.

226

00:29:55.253 --> 00:30:03.324

They might have a not a supportive family, or they need to find their own family in different ways.

227

00:30:03.324 --> 00:30:15.054

And so I want you to think about with trans communities to see that community function, and just spread it spread it over. Family community has to be twice as large and.

228

00:30:17.544 --> 00:30:28.433

And so I wanted to highlight that just to say that community can be a potential factor for growth and lifestyle changes,

229

00:30:28.463 --> 00:30:32.094

increased overall happiness,

230

00:30:32.243 --> 00:30:35.693

and just connection with other people who identify with them.

231

00:30:36.203 --> 00:30:36.503

So,

232

00:30:36.503 --> 00:30:39.384

I think when we're looking at wellness as a whole,

233

00:30:39.413 --> 00:30:43.433

it does need to be and especially this definition in the models,

234

00:30:43.733 --> 00:30:50.003

it needs to be shifted because not everyone has access or the privilege to have access to their family,

235

00:30:50.003 --> 00:30:52.223

their biological family or family.

236

00:30:52.223 --> 00:31:03.473

They report into and so we really just wanted to highlight that community is a huge part of the trans experience, and it can be helpful for their wellness.

237

00:31:10.523 --> 00:31:21.054

All right, so thank you so much for that. Dr Simon for sharing about about all of the different components of wellness and special considerations to working with trans populations.

238

00:31:21.894 --> 00:31:33.233

I want to talk a bit about clinically how we can enhance wellness because a lot of what we do as Dr Simon noted is really rooted in wellness kind of guiding our profession.

239

00:31:33.804 --> 00:31:46.854

So the 1st thing that I want to say, and I'm going to say it twice counselors are not gatekeepers to gender affirming care. I'm going to say it again, councilors are not gatekeepers to gender affirming care.

240

00:31:47.183 --> 00:31:58.104

What I mean, by this is it is not up to us to determine if a client is quote unquote, trained enough to access care.

241

00:31:58.463 --> 00:32:12.503

Okay, that is not our job. That is actually recalculating the violence that has been done by medical communities. Previously, our job is to be facilitators of access. Okay.

242

00:32:12.773 --> 00:32:24.233

So that means that we are writing letters to support access to hormones. We are writing letters to support access to surgery. If our clients desire that it's something that I also think is important to mention.

243

00:32:24.534 --> 00:32:31.433

Is that not all trans individuals are going to medically transition and some might do so in certain ways and not others.

244

00:32:31.554 --> 00:32:41.723

So we want to really check our bias, these check our assumptions and 1st, and foremost, make sure that we are that bridge into accessing whatever care they need, or want. Okay.

245

00:32:42.088 --> 00:32:57.084

And in terms of granting access to that care, we want to ensure that we are vetting our referrals to be trans affirming. We do not want to send a trans client to an endocrinologist who is not transforming.

246

00:32:57.443 --> 00:33:09.953

We want to make sure that we are calling ahead of time. We are asking them about their policies and their procedures in working with and affirming trans clients. We do not want to refer out to another mental health care provider.

247

00:33:10.104 --> 00:33:19.163

Who is not trained in offering affirming or laboratory care to trans clients and so then that's kind of looking outside of our offices.

248

00:33:19.163 --> 00:33:30.683

But when we look inside at our practices, we want to ensure that we are offering inclusive paperwork, assessments and procedures, meaning that our intake materials are not binary.

249

00:33:30.834 --> 00:33:36.443

And also, you know, I said earlier boxes are a source of violence. I want to encourage us. All right.

250

00:33:36.443 --> 00:33:36.953

Now,

251

00:33:36.983 --> 00:33:42.864

to look at the intake materials that we might use as providers at our sites,

252

00:33:42.864 --> 00:33:43.493

our locations,

253

00:33:43.493 --> 00:33:44.064

our offices,

254

00:33:44.064 --> 00:33:44.753

our schools,

255

00:33:45.384 --> 00:33:54.743

and to look are there boxes asking for people to find where they fit forcing people to find where they fit into this tiny little space on a piece of paper,

256

00:33:54.773 --> 00:33:55.344

right?

257

00:33:55.374 --> 00:34:09.954

Or or electronically because if we are forcing people to select between binary options and options that, we are our languaging, we are missing the nuance and diversity within all of our clients.

258

00:34:09.954 --> 00:34:21.833

And this isn't just for gender identity. This is for race. And ethnicity this is for for so many different components of our intersectional identities.

259

00:34:22.344 --> 00:34:36.233

So we want to make sure that that we are if we can leaving blanks for folks to fill in so that they can state their genders and they can state their pronouns. Right? So, we want to make sure that we are honoring fultz pronouns and we can ask for that on intake materials and by doing.

260

00:34:36.233 --> 00:34:40.884

So we're marking ourselves as folks who are aware of the importance of pronouns.

261

00:34:42.088 --> 00:34:54.954

Additionally, I, I want to encourage us to prioritize if we're asking for things like gender to ask for that, as opposed to sex, assigned at birth just like we have no need to know somebody's given name.

262

00:34:55.164 --> 00:35:09.923

Um, we can, we can very much prioritize their chosen name. We have no need to know someone's sex assigned at birth, on intake material. We can ask for them to state their gender and so something that I also want to mention with chosen versus legal name.

263

00:35:09.923 --> 00:35:24.833

And Dr, Simon, I know you have some experience with this as well is that often if we're using electronic medical record systems, sometimes it can feel challenging to figure out how to navigate prioritizing the use of a client's chosen name versus their legal name.

264

00:35:24.833 --> 00:35:29.903

And I know that Dr Simon has some experience with with doing this and doing so really effectively.

265

00:35:31.798 --> 00:35:43.434

Yes, I do, thank you for saying that. So, um, I used to work in a college counseling setting and the software that we used, you know, we, we had to ask them.

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00:35:43.463 --> 00:35:55.704

Is there a way to put someone's chosen name in the system? And so essentially, if it's not a program feature, ask for it, that is something that we can do as advocates.

267

00:35:56.094 --> 00:36:07.673

And so essentially, although it was is the legal name was there. But in parentheses, their chosen name was right before it. And so it was so easy just to go by the name that they preferred in their care.

268

00:36:09.208 --> 00:36:24.179

Absolutely, I, I'm going to go ahead and talk about educating ourselves. So hold on. 3rd. Dr Simon actually, I wanted to hit on 1 more thing. Oh, yeah sorry around language your bodies unless you were going to touch on that? Mm. Hmm.

269

00:36:24.773 --> 00:36:37.224

Nope, go ahead. Okay. So just 1, other thing, before we go into to educate ourselves is, um, is really looking to our clients to guide us in terms of the language that they want to use.

270

00:36:37.463 --> 00:36:52.253

Um, so, let's say, you know, I'm teaching a sex therapy. Course right now, let's say that a transplant is coming to you with a sex therapy concern. We want to make sure that we're prioritizing the language that they use for their bodies and not language that we might project onto their body.

271

00:36:52.583 --> 00:36:53.184

And that could.

272

00:36:53.518 --> 00:37:07.739

Therapy it can also be for general counseling and therapy. Right? So, just making sure that we're really honoring their language and prioritizing using that, as opposed to projecting our assumptions of what their language might be. All right. Dr Simon alternate it over to, you.

273

00:39:20.190 --> 00:39:26.579

This shows up a lot with telehealth consideration. So, um, I.

274

00:39:26.605 --> 00:39:34.974

Ran a group for trans and non binary individuals and 1 thing, and it was completely online.

275

00:39:35.635 --> 00:39:48.864

And 1 thing that we had to talk about was making sure that there was nothing behind you like, in the picture frame right. To show.

276

00:39:50.280 --> 00:40:01.889

The T, to unintentionally out someone. So what we mean by that is maybe not having a transplant behind you. Um, just in case someone's roommate walks in and sees the screen.

277

00:40:01.889 --> 00:40:12.000

And so just being asking, asking other members, if you're doing group counseling via telehealth to be affirming and that could also.

278

00:40:12.000 --> 00:40:26.579

That could also go with if you are just doing 1 on 1 canceling. Right making sure that your little box that is showed is neutral for individuals. Because what if you are talking with the team client.

279

00:40:26.579 --> 00:40:32.070

2 just came out to you, but it does not feel safe being out to their family.

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00:40:32.394 --> 00:40:39.085

And in the background of your office, it says there is a transcribe or something.

281

00:40:39.085 --> 00:40:49.525

And then now they're getting questions from their family and so trying to be as courteous and understanding as possible to not unintentionally out a client.

282

00:40:51.175 --> 00:41:05.215

Absolutely. Dr Simon and something that came to my mind as you were speaking is also when we are working with minor clients, it is never, ever, ever, ever our responsibility to add them to their parents or guardians. Okay.

283

00:41:05.215 --> 00:41:19.614

So, if a client comes out to you, that is sacred. That is something that is an incredible honor for you to hold and you have no ethical legal obligation to out them to anybody. Actually, you have an ethical obligation, not to out them.

284

00:41:19.914 --> 00:41:34.824

Okay. And so with thinking about that, that also means in documentation, making sure that you are not using pronouns. I will ask them. You can use a client. That's a very neutral way to refer to your client making sure.

285

00:41:34.824 --> 00:41:49.795

That that if parents have access to this documentation, which they can, if they request it, that you're not leaving anything in your notes that is going to unintentionally out clients to their parents. And so then I want to just talk a bit about visibility.

286

00:41:50.304 --> 00:42:05.244

So, if you are offering transforming care, and you want to mark your space as safe, and this is kind of this is different from what Dr Simon just talked about in terms of having a transplant behind you as you're offering telehealth.

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00:42:05.244 --> 00:42:10.945

But maybe in your lobby, you have information around transforming care.

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00:42:11.394 --> 00:42:21.835

Maybe you have a little sticker somewhere that shows that you either identify within trans or non binary communities, or you're a CO conspirator alongside them.

289

00:42:22.465 --> 00:42:30.474

We also want to be mindful of our logos. So I have a little logo here at the bottom of the screen. This is a logo that was very similar to 1.

290

00:42:30.505 --> 00:42:44.094

that was huge on top of the front of the building, where I where I worked in my 1st job out of my master's program and every time I walked into that building, I thought, well, this does not represent me or my family.

291

00:42:44.664 --> 00:42:55.405

So, even these, these kind of these biases that just slip in, we need to be aware of what we're communicating by the imagery that we're using to represent our practices.

292

00:42:55.764 --> 00:43:05.065

And then something else that that feels important to mention is that this, this laboratory care is not something that just stops with us.

293

00:43:05.454 --> 00:43:19.885

Also we need to be advocating and training staff folks that we're working with. So, the receptionist, we need to make sure that they are not calling out somebody's dead name or that. They're not referring to people in gendered terms.

294

00:43:20.605 --> 00:43:35.485

In my private practice. I have spoken to the person who works the front desk many times and said, please, don't refer to any of my clients using pronouns that you assume they use because a lot of them are not going to use those pronouns. Please just refrain from any.

295

00:43:35.485 --> 00:43:48.085

Ma'am. Sir. All of this, and I know in the South, it's hard to do that, but we can find gender neutral ways to address people without projecting our assumptions onto them and really doing violence.

296

00:43:48.085 --> 00:43:58.914

Because a client is an incredibly vulnerable space to seek services anyways. And so we want to make sure that they are affirmed and validated when they are there.

297

00:44:02.545 --> 00:44:08.784

I'm also I'm going to talk a little bit about naming of spaces or services and so this is something,

298

00:44:08.815 --> 00:44:09.054

you know,

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00:44:09.324 --> 00:44:12.594

I said earlier my experience working on a college campus,

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00:44:12.594 --> 00:44:13.135

you'll see,

301

00:44:13.135 --> 00:44:20.155

a lot of times medical services named certain things and so examples.

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00:44:21.175 --> 00:44:26.094

Gynecological services being called women services right?

303

00:44:26.155 --> 00:44:31.554

And so it's our job as counselors to advocate for the renaming of buildings,

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00:44:31.554 --> 00:44:33.025

that other trends,

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00:44:33.025 --> 00:44:33.655

individuals,

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00:44:33.655 --> 00:44:39.474

because there are other individuals besides women who need gynecological services and so,

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00:44:39.474 --> 00:44:44.635

something just to keep in mind it goes beyond our counseling door into the systems that play.

308

00:44:54.329 --> 00:44:57.719

I want to move into speaking about.

309

00:44:57.719 --> 00:45:02.789

Like, gender, neutral and restrooms and your buildings just kind of having, um.

310

00:45:02.789 --> 00:45:14.099

Again, something gender neutral for those who don't operate along the binary you want to have these facilities just so they feel more comfortable. You want to have an inclusive practice, or.

311

00:45:14.099 --> 00:45:25.440

Space that shows that you are aligned with providing safe and gender from care, even when it comes to operating outside of that office. Um.

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00:45:25.440 --> 00:45:28.469

That goes along with having.

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00:45:28.469 --> 00:45:40.469

Nondiscrimination policies again, that just shows that it's a safe space, it shows that you're really active and saying these are the things that I believe these are things I won't.

314

00:45:40.469 --> 00:45:43.980

Tolerate to happen in this practice of course, within the realm of.

315

00:45:43.980 --> 00:45:48.150

Which you have control over in the counseling practice.

316

00:45:48.150 --> 00:45:53.190

And in that same light, there had been.

317

00:45:53.190 --> 00:46:00.630

Bills in the past, such as the bathroom bill also known as or the public facilities.

318

00:46:00.630 --> 00:46:12.329

Privacy Security Act, that kind of targeted people being able to use certain restrooms and what thankfully those bills were repealed after being passed.

319

00:46:12.329 --> 00:46:24.030

In North Carolina, they would restrict access to multi user restrooms and state that the individual had to use the bathroom aligned with their sex assigned at birth.

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00:46:24.030 --> 00:46:30.300

Which, of course, can be very harmful and emotionally violent to that individual.

321

00:46:30.300 --> 00:46:34.349

Um, I would also ban people from filing.

322

00:46:34.349 --> 00:46:38.280

Discrimination lawsuits and state courts.

323

00:46:38.280 --> 00:46:46.920

4 practices, such such as simply using the bathroom if you have an issue with that law being in place.

324

00:46:49.710 --> 00:46:55.260

And for moving forward, we want to think about how we can build community.

325

00:46:55.260 --> 00:46:58.769

To support, wellness and safety for.

326

00:46:58.769 --> 00:47:12.599

Um, and that can start just on a 1 versus 1 basis, and respecting the individual and how they identify again as Dr. Simon and Dr. Acres have so beautifully put, um.

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00:47:12.599 --> 00:47:24.750

It's important to speak to the individual in a way in the language that they identify with. So that includes their name not dead naming the pronouns.

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00:47:24.750 --> 00:47:34.710

Disrespect in itself is an act of violence, so intentionally misgendering a person, or using language that you feel.

329

00:47:34.710 --> 00:47:37.739

Aligns with their gender instead of what they.

330

00:47:37.739 --> 00:47:41.519

Told you, they're comfortable with our acts of violence in itself.

331

00:47:41.519 --> 00:47:51.179

And we can just normalize that by having those conversations around pronouns or just asking the question again as Dr. Simon stated earlier.

332

00:47:51.179 --> 00:48:02.550

We also can identify the needs of our clients or just that they translate around us. So, by listening, what are you in need of.

333

00:48:02.550 --> 00:48:09.269

And how can I assist you by the knowledge that I may have that you don't or the access that I may have that you don't.

334

00:48:09.269 --> 00:48:18.480

In some ways that we can do that, of course, again, we want to vet our recommendations before we are passing them along.

335

00:48:18.480 --> 00:48:24.989

Things are not always as good as they seem on the outside. So we want to kind of do that research.

336

00:48:24.989 --> 00:48:30.719

And see, what are these people in these organizations that are referring people to? What are they really.

337

00:48:30.719 --> 00:48:39.960

About what are their behaviors more than the words that they're putting across in promotions or advertising their services?

338

00:48:41.219 --> 00:48:49.769

We don't want to, of course, recommend them to people people that are perpetuating harm against trans people to the best of our abilities again.

339

00:48:51.030 --> 00:48:56.219

And along with that, and kind of a sharing of resources.

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00:48:56.219 --> 00:49:04.559

And just building that community, promoting the need for more trans, wellness centers, or facilities of the, like.

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00:49:04.559 --> 00:49:14.489

That provide comprehensive care to individuals and when I say comprehensive here, that can be anything from employment services, mental health care.

342

00:49:14.489 --> 00:49:17.849

Medical care sexual health education.

343

00:49:17.849 --> 00:49:22.829

And allowing these people to develop their own.

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00:49:22.829 --> 00:49:30.960

Community of like minded individuals and just kind of increasing access to.

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00:49:30.960 --> 00:49:36.690

Resources that are not always readily available and unfortunately, in some areas.

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00:49:36.690 --> 00:49:41.130

There may not be access to something like a trans wellness center.

347

00:49:41.130 --> 00:49:44.730

Or they may not be on a college campus that offers.

348

00:49:44.730 --> 00:49:48.929

Access to something similar to, um, center.

349

00:49:48.929 --> 00:49:52.409

Or something inclusive of that nature.

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00:49:52.409 --> 00:49:58.980

And in those instances, we really want to just kind of dive into what the community has to offer.

351

00:49:58.980 --> 00:50:03.210

If that means referring to multiple separate sources.

352

00:50:03.210 --> 00:50:11.280

That's what we have to do until we can advocate for change in more centers that can provide that gender affirming care.

353

00:50:11.280 --> 00:50:15.900

Um, and hopefully 1 place just to.

354

00:50:15.900 --> 00:50:23.130

The spirit individuals from having to go through that process over and over to receive different services.

355

00:50:24.630 --> 00:50:28.050

And then when we're thinking about ways to.

356

00:50:30.239 --> 00:50:36.000

Advocate for transfo, um, the.

357

00:50:36.000 --> 00:50:44.250

To promote 3 ways that we can do that the 1st thing is to just know the terminology it is ever changing. That can be difficult.

358

00:50:44.250 --> 00:50:49.320

But ignorance is not an excuse to cause harm.

359

00:50:49.320 --> 00:50:54.119

We want to kind of be willing to learn.

360

00:50:54.119 --> 00:50:59.849

If there are behaviors that are harmful to folks who want to correct those behaviors apologize.

361

00:50:59.849 --> 00:51:04.260

And move forward, we also want to try to refrain from.

362

00:51:04.260 --> 00:51:08.610

Placing the responsibility on that individual to.

363

00:51:08.610 --> 00:51:18.659

Forgive us in a sense we are responsible for any, any acts of violence that we commit against others. It's not the other way around.

364

00:51:19.949 --> 00:51:26.369

The 2nd thing they promote is the recognition of just the humanity of transport.

365

00:51:26.369 --> 00:51:31.739

They are saying transport car individuals.

366

00:51:31.739 --> 00:51:35.309

Just like anyone else, um.

367

00:51:35.309 --> 00:51:40.260

Their experiences identities may be different.

368

00:51:40.260 --> 00:51:44.670

But we're all seeking the same things, the same joys in life to just.

369

00:51:44.670 --> 00:51:48.179

To live freely and to be our.

370

00:51:48.179 --> 00:51:53.099

Comfortable sales, um, the 3rd thing.

371

00:51:53.099 --> 00:51:57.599

Is to just try to know the issues affecting transgender individuals.

372

00:51:57.599 --> 00:52:02.130

That can be hard to keep up with in a world where.

373

00:52:02.130 --> 00:52:05.940

There are constantly bills being introduced that.

374

00:52:05.940 --> 00:52:12.090

Perpetuate harm and discrimination, but we do want to do our best to keep on top of that.

375

00:52:12.090 --> 00:52:17.699

And there are websites that will allow you to.

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00:52:17.699 --> 00:52:23.400

Use just like a little map click on the state that you're interested in.

377

00:52:23.400 --> 00:52:28.019

You can find out all the bills that are circulating currently.

378

00:52:28.019 --> 00:52:33.360

That are harmful to trash under individuals as well as other minor.

379

00:52:33.360 --> 00:52:42.510

Excuse me marginalized populations and some examples of like, discriminatory policies that we're seeing right now.

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00:52:42.510 --> 00:52:45.929

Again, are the House bill 358.

381

00:52:45.929 --> 00:52:50.969

That talks about prohibiting students.

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00:52:50.969 --> 00:52:56.309

And using the language that the bill uses, who are assigned the sex mail at birth.

383

00:52:56.309 --> 00:53:02.760

Prohibiting them from participating in sports with those who are assigned sex, female at birth.

384

00:53:02.760 --> 00:53:10.050

So, what that bill is doing it is, it's targeting transgender girls and barring them from participating in sports.

385

00:53:10.050 --> 00:53:14.460

With their CIS gender counterparts at the middle and high school level.

386

00:53:14.460 --> 00:53:21.210

and that bill also would protect students who out an individual that they suspect of being trans

387

00:53:21.210 --> 00:53:27.809

And playing on those 4 teams, so, Bill, such as that, and I do want to mention Senate bill.

388

00:53:27.809 --> 00:53:32.130

5, and 4 also notice that used health protection act.

389

00:53:32.130 --> 00:53:44.699

I want to start by just pointing out the language and the naming of the bills making it sound very heroic. In a sense. Like, we're protecting people from.

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00:53:44.699 --> 00:53:51.570

Transgender individuals in that Senate bill, it limits gender, affirming medical care.

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00:53:51.570 --> 00:53:54.690

For transgender adolescence.

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00:53:55.014 --> 00:53:56.664

But in the same sense,

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00:53:56.695 --> 00:54:10.585

it redefines what it means to be an adolescent by saying anyone under 21 instead of 18 would be considered an adolescent and unable to make those decisions for themselves.

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00:54:11.789 --> 00:54:18.329

Access is virtually denied and to kind of make sure that that happens.

395

00:54:18.329 --> 00:54:22.949

Medical professionals would, um, themselves.

396

00:54:22.949 --> 00:54:37.014

Be find and potentially lose their license for providing that care. And I think that's very important to know that those bills are still out there and they have not been struck down. So part of that ad to see that we can do in wrapping up.

397

00:54:37.434 --> 00:54:37.974

Um.

398

00:54:38.340 --> 00:54:41.400

Is writing to your elected officials.

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00:54:41.400 --> 00:54:50.880

Participating in the voting process to kind of elect officials who support gender affirming care, and just by listening and elevating trans voices.

400

00:54:50.880 --> 00:54:56.340

Um, if you're not part of the community, it's.

401

00:54:56.340 --> 00:55:00.869

Not your job to, of course, have all the answers, but you can listen.

402

00:55:00.869 --> 00:55:05.489

And just affirm and uplift those voices and stating.

403

00:55:05.489 --> 00:55:09.750

What the community is asking for what things are that they are.

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00:55:09.750 --> 00:55:18.119

Pushing for Shane I just I want to thank you for, for bringing those bills into focus because.

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00:55:18.119 --> 00:55:32.994

We are, we are the experts in this realm. We're the ones who would be offering that affirming care or referring folks to other medical providers. And so it is on us to not only write to our legislators and elect officials.

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00:55:32.994 --> 00:55:34.463

That are going to be transforming.

407

00:55:34.614 --> 00:55:38.304

But to talk to our licensing and credentialing boards,

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00:55:38.605 --> 00:55:45.445

we are the ones whose voices can really create some,

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00:55:45.445 --> 00:55:48.505

some pressure on our boards and traditionally bot,

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00:55:48.534 --> 00:55:54.835

credentialing bodies to reject and to really campaign against this type of legislation.

411

00:55:55.074 --> 00:56:09.414

Another component of the House bill that Shane mentioned is that it also requires any school officials. So any school counselors here, this is pertinent to you, it requires school officials to call the parents of anyone. And this is the language that the bill uses to anyone.

412

00:56:09.414 --> 00:56:23.123

They assume is gender nonconforming and to tell their parents, this is this is a really heinous move that a lot of other states have actually already adopted similar bills.

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00:56:23.123 --> 00:56:23.755

And so,

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00:56:23.784 --> 00:56:25.164

it's really up to us,

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00:56:25.164 --> 00:56:31.554

the mental health care professionals who recognize the risk of delaying trans,

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00:56:31.554 --> 00:56:34.344

affirming medical care and mental health care,

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00:56:34.945 --> 00:56:37.644

the risk to trans youth and trans,

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00:56:37.644 --> 00:56:38.034

adults,

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00:56:38.065 --> 00:56:39.534

mental health and wellness.

420

00:56:40.434 --> 00:56:53.034

You know, I do think that part of these bills are targeting trans youth in order to eliminate the presence of trans adults. And so we need to stand with trans communities and, and really rally against this.

421

00:56:54.775 --> 00:57:03.954

So I know we're running out of time here, so I just wanted to show a screen with some resources for trans and gender, expensive clients.

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00:57:04.164 --> 00:57:13.585

Um, you will have access to this presentation so please do visit some of these there are some wonderful sites. Folks healthcare is absolutely phenomenal.

423

00:57:13.704 --> 00:57:27.594

Um, I was spending some time on their website today, but they really bridge the gap in offering services, like, medical consultation, hormone, replacement therapy at low cost.

424

00:57:27.985 --> 00:57:41.755

They're phenomenal. But there were a lot of great things. Here. I know. We're kind of at the end of our hour, but there are some great reads as well, um, to educate yourself as well as to to share with trans clients, machine, or doctor. Simon.

425

00:57:41.755 --> 00:57:46.795

Do you have anything else that you'd like to add about this page before? We before we start to wrap up.

426

00:57:48.900 --> 00:57:53.280

Uh, nope, nope, I'm good. Okay.

427

00:57:53.304 --> 00:58:04.675

Awesome. All right Joel. Well, there are some of our references, and I'm gonna stop sharing the screen so we can just hold space, um, to to really express gratitude to you all for, for being here.

428

00:58:05.875 --> 00:58:20.545

If there are any questions, please let us know, but we're, we're here, we're accessible. Please reach out. This is the work that we really love to do. So, thank you so much for your time and energy and insight today.

429

00:58:20.849 --> 00:58:34.019

Yes, thank you so much for dealing with web X issues on my part, but we got a guy we hung in there and I appreciate you all. Letting me share with you today.

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00:58:36.239 --> 00:58:39.480

I just want to thank everybody for their time. Of course.

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00:58:39.480 --> 00:58:43.739

And hopefully you get to do similar things like this in the future.

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00:58:44.335 --> 00:58:58.494

Absolutely income to trans awareness week events. There's a trans 101. there is movie nights. There's a student forum, and we have so many things happening right now for trends awareness week. So please do check out the the events and join us.

433

00:58:58.494 --> 00:59:08.275

There's also a visual on Saturday evening at 6 that are fabulous. Shane will be facilitating. So thank you so much. Everyone have a beautiful, beautiful rest of your evening.

434

00:59:12.420 --> 00:59:15.936

Bye bye. Bye. Bye. Bye. Bye.