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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00:00:14.275 --> 00:00:14.695
um,

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the,

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uh,

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

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.

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

To her,

and they them pronouns I,

for those of you who my passion is really working with folks around gender identity and expression as well as,
sexual orientation and so I'm really honored to be here sharing some information with you all this evening.

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

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

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.

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.
Right. Shane, it's all you.

I have so many was Shane Watson I go by.

Blue pronouns mostly she, her, they then.

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.

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

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

We're going to do a quick review of terminology and talk about pronouns and the importance of using appropriate pronouns for folks,
give a little bit of background on kind of the history of medicalization of trans bodies,

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

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

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 monitor the chat for us? If questions pop up.

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.

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

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

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.

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

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.

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

including reproduction,

chromosomes,

hormones,

those type of things traditionally.

People are called male or female.

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.
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.

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

So,

getting into pronouns,

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

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

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.
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.

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.

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.

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

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.

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.
So really getting into.

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.

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

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

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

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

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.

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

Like I said, it can be all sexualities so.

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.

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

Okay, now going on to non binary um.
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.

Some non-binary individuals don't necessarily identify as trends.

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

If they wish to be perceived in that way.

Any questions thus far.

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

with all marginalized populations,

there are,

there's language that others,

individuals and so I would only like,

using these terms in an education purpose.

And so I will say that. But.
Some terms that have been used in the past to other trans. Individuals are terms such as transvestite training.

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

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.

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.

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.

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

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.

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.

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

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.

We have to recognize our role or our professions in violence to trans communities and we need to recognize this.
So, that we can shift 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.

And the way that manifest is.

So,

in 980, the DSM 3, gender identity disorder emerged as a classified mental health disorder, it was retained in 987 and the revision of the DSM 3,
and then again retained in the DSM 4,

but broken into different categories,

such as gender identity disorder.

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

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.

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

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

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 disorder ring somebody. Right?

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.

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

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.

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.
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.

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.

Through this continued pathologist, we are diagnosing trans communities as sick or mentally ill because of their experience of dysphoria, as opposed to diagnosing a society that creates a binary that folks are expected to fall into.

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

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?

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

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

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

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.

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

There's a separate things and so what we really do here when we kind of operate in this health system, that requires a trans individual to be diagnosed with gender dysphoria, in order to access care is we're creating a double bind.

And for those of you who are familiar with multi, cultural and social justice counseling, 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.
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.

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

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.

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

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

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.

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

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?

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.

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.
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.

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

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.

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.

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

164
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,

166
00:21:41.394 --> 00:21:42.624
some connections here.

167
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.

168
00:21:53.784 --> 00:21:58.644
And Additionally, medical researchers and doctors were outsiders to trans communities.

169
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.
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.

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

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

So, in a study from 201640% of transgender adults reported having made a suicide attempt, and 92% of those made that suicide attempt before the age of 25.

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.

And so this is important for everyone working within these communities.
But especially I want to highlight the school counselors who are here with us who work with potentially gender, expansive individuals.

177
00:23:21.114 --> 00:23:31.584
This could be a change and we can be a change and to change. These numbers is gonna be so important.

178
00:23:34.733 --> 00:24:07.673
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 --> 00:24:07.673
And so, what that means is, if a person decides to do a hormonal transition, then they are then being themselves.

180
00:23:54.354 --> 00:24:18.743
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.

181
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.
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.

183
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.
So, I'm going to go to the next slide so I want to start by talking about wellness and.

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.

So,

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

and I want,

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

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.
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.

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.

I was thinking that that definition could.

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

Um, are connected with your body then.
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.

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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?
Um, and for those who.

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

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

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

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

Um, way more beneficial and affirming. I agree.

Hey, any other thoughts.
For I go to the next slide. Okay.

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

So, the wheel of wellness is.

Essentially, a holistic model of wellness and wellness.

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

And so this is an introductory model for wellness and.

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.
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.

It says family and it's not.

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.

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

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.

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

and just connection with other people who identify with them.

So,

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

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

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

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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.
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.

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

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.

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.

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.

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.
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.

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.

00:33:36.443 --> 00:33:36.953
Now,

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

00:33:36.983 --> 00:33:42.864
our locations,

00:33:42.864 --> 00:33:43.493
our offices,

00:33:43.493 --> 00:33:44.064
our schools,
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 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.
Um, we can, we can very much prioritize their chosen name. We have no need to 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.

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.

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

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.

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.

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.
Absolutely, 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.

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.

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.

And that could.

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.

This shows up a lot with telehealth consideration. So, um, I.
Ran a group for trans and non binary individuals and 1 thing, and it was completely online.

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.

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.

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

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.

2 just came out to you, but it does not feel safe being out to their family.
And in the background of your office, it says there is a transcribe or something.

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.

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.

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.

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.

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.
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.

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

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.

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

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.

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

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.

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 pronounced that you assume they use because a lot of them are not going to use those pronouns. Please just refrain from any.

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.

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.

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

I said earlier my experience working on a college campus,

you'll see,

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

Gynecological services being called women services right?

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

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

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

I want to move into speaking about.

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

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.

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.
That goes along with having.

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.

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

Which you have control over in the counseling practice.

And in that same light, there had been.

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

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

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

Um, I would also ban people from filing.

Discrimination lawsuits and state courts.

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

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

To support, wellness and safety for.
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.

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.

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

Aligns with their gender instead of what they.

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

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

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.

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

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

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

About what are their behaviors more than the words that they’re putting across in promotions or advertising their services?
We don't want to, of course, recommend them to people that are perpetuating harm against trans people to the best of our abilities again.

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

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

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

Medical care sexual health education.

And allowing these people to develop their own.

Community of like minded individuals and just kind of increasing access to.
Resources that are not always readily available and unfortunately, in some areas.

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

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

Access to something similar to, um, center.

Or something inclusive of that nature.

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

If that means referring to multiple separate sources.
That's what we have to do until we can advocate for change in more centers that can provide that gender affirming care.

Um, and hopefully 1 place just to.

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

And then when we're thinking about ways to.

Advocate for transfo, um, the.

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.

But ignorance is not an excuse to cause harm.
We want to kind of be willing to learn.

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

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

Placing the responsibility on that individual to.

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.

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

They are saying transport car individuals.
Just like anyone else, um.

Their experiences identities may be different.

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

To live freely and to be our.

Comfortable sales, um, the 3rd thing.

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

That can be hard to keep up with in a world where.
There are constantly bills being introduced that.

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

And there are websites that will allow you to.

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

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

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

Excuse me marginalized populations and some examples of like, discriminatory policies that we're seeing right now.
Again, are the House bill 358.

That talks about prohibiting students.

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

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

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

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

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

390
00:53:44.699 --> 00:53:51.570
Transgender individuals in that Senate bill, it limits gender, affirming medical care.

391
00:53:51.570 --> 00:53:54.690
For transgender adolescence.

392
00:53:55.014 --> 00:53:56.664
But in the same sense,

393
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.
Access is virtually denied and to kind of make sure that that happens.

Medical professionals would, um, themselves.

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.

Um.

Is writing to your elected officials.

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

Um, if you're not part of the community, it's.
Not your job to, of course, have all the answers, but you can listen.

And just affirm and uplift those voices and stating.

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

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

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.

That are going to be transforming.

But to talk to our licensing and credentialing boards,
we are the ones whose voices can can really create some,

some pressure on our boards and traditionally bot,

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

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.

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.

And so,
it's really up to us,

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

affirming medical care and mental health care,

the risk to trans youth and trans,

adults,

mental health and wellness.

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.
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.

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.

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.

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.

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

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

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.
If there are any questions, please let us know, but 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.

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.

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

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

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.

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.