



Introduction to Special Series

Introduction to Special Series: The Therapy Room and Beyond: Necessary Action When Working With Gender Minority People[☆]

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We are very pleased to bring you this second installment of our guest-edited two-part series on working with sexual and gender minority individuals. The first of the series was published in May 2019 (Volume 26, Issue 2) and focused on sexual minority clients and the ethical imperative for clinicians to address the micro-, mezzo-, and macro-level disparities that plague this community. In this second part of the series, we continue with this theme and suggest that clinicians who are interested in working with gender minority people must also be a part of system-level changes that are necessary to help keep gender minority people safe, affirmed, and healthy.

This collection features four papers (Matsuno, 2019; Oransky, Burke, & Steever, 2019; Shipherd, Berke, & Livingston, 2019; Walton & Baker, 2019) and a commentary (Puckett, 2019) that focus on how to deliver high-quality care to gender minority people broadly, including content relevant to unique settings and subpopulations. These contributions include a paper addressing the unique challenges posed when offering treatment within inpatient and/or residential settings. There are also papers that specifically address the unique needs of adolescents in treatment and also nonbinary and gender-fluid clients, which are two subpopulations of gender minority people that have received very little attention, particularly within the applied clinical literature. This special series will begin to bridge this gap. The fourth paper is a contribution about trauma recovery among gender minority people that discusses treatment

approaches that are sensitive to the pervasive discrimination and invalidation that gender minority people face. In addition, we were fortunate to receive a stellar commentary from Dr. Jae Puckett, who synthesized these papers into three cross-cutting themes: (a) shifting the field from pathologizing to affirming transgender and gender diverse (TGD) identities while acknowledging the lasting impact of psychology's pathologizing of transgender and gender diverse people; (b) strengthening our understandings of minority stress; (c) recognizing the importance of therapists as social change agents. All three of these themes are discussed at length, along with considerations of next steps for clinicians and researchers. One of the highlights of Dr. Puckett's summary is a table that includes recommendations in each of the macro-, mezzo-, and micro-level interventions. By summarizing this information across the four papers, the table offers an excellent checklist for providers and clinics to consider in terms of optimizing responsiveness to gender minority people.

We anticipate that this special series will supplement already strong resources that are publicly available to providers, including three recently published books: *Adult Transgender Care: An Interdisciplinary Approach for Training Mental Health Professionals* (Kauth & Shipherd, 2018); *The Gender Affirmative Model: An Interdisciplinary Approach to Supporting Transgender and Gender Expansive Children* (Keo-Meier & Ehrensaft, 2018); *Affirmative Counseling and Psychological Practice With Transgender and Gender Nonconforming Clients* by (Singh & dickey, 2017); and *A Clinicians Guide to Gender-Affirming Care* (Chan, Singh, & dickey, 2018). Additionally, classic texts in this area are available, such as *Transgender Emergence: Therapeutic Guidelines for Working With Gender-Variant People and Their Families* (Istar Lev, 2004). For providers who are

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working with a gender diverse clientele, we recommend these resources for continued learning.

Next, it is important to address the language and terminology used across this special series. Of course, language is ever-evolving and best practices in the words used to describe gender diverse people are changing too. Throughout this special series, you will see the terms “gender minority,” “gender diverse,” “transgender,” “gender nonbinary,” “transgender and gender non-conforming (TGNC),” and “transgender and gender diverse (TGD).” The variety of terms partially reflects the heterogeneity of the community of gender diverse people, but the correct terms to use in treatment settings are the words that clients use to describe themselves. There will be some clients who prefer the word “transgender,” and there will be others who find that term offensive. Being aware of this issue and mindful of language can assist providers in conveying respect for the people seeking care.

Readers will notice (similar to Part 1 of the series on sexual minority clients) that the framework for each of the four contributions goes beyond a discussion of cultural competence in the provider-client relationship. We have asked each of the contributors to address the impact of working with transgender and gender diverse individuals at the macro, mezzo, and micro levels. Specifically, the premise of this special series is that providers must address disparities for these populations beyond the walls of their clinics. Again, a summary table of recommendations at each level across papers is offered in Puckett’s (2019) commentary.

For the purposes of our conceptualization, we see micro-level skills as in the room clinical considerations and therapist strategies, such as validation of identity and nonjudgmental stance. Micro-level interventions, such as tailoring treatments to meet gender minority people’s needs, are also discussed. Providers must also consider mezzo-level challenges, such as the structure of the clinic where the client is seen (e.g., is there a gender-neutral restroom in the clinic area), procedures (e.g., intake processes and forms include preferred name and pronouns), and the environment of care in order to create a therapeutic setting that is welcoming to gender minority clients (e.g., are transgender flags displayed, and/or a prominent patient nondiscrimination policy that includes gender expression). Providers must consider logistics, such as what name listed on the insurance card for billing purposes versus what name the client uses in session. Electronic medical record systems increasingly offer legal name and preferred name options for documentation. Finally, there is a solid base of evidence that macro-level issues such as policies and sociocultural

contexts directly impact health. Therefore, culturally competent clinicians must also be engaged in changing harmful policies as well as sociocultural and political contexts that devalue and harm clients. We argue that failure to seek change in these systems that contribute to poorer mental health, as well as lack of protections in housing, employment, and public spaces, is in direct conflict with our ethical responsibility to do no harm. Frankly, nonintervention makes providers complicit in the harms done to gender minority people.

The concept of social justice and advocacy for clients is not new. In particular, social justice and advocacy is well known to those who work with other marginalized populations such as people of color and refugees. However, little attention has been paid to the importance of this kind of work for gender minority populations. In our view, it is an ethical requirement of health care providers who treat transgender populations to be engaged in intervention at micro, mezzo, and macro levels. It is only through this type of cross-cutting approach to the work that current distress can be managed, and future distress be mitigated. Currently, our systems put an undue burden on gender minority people to cope with ongoing marginalization, even though mental and physical distress is an expected outcome. Allowing these systems to continue unchallenged runs counter to our roles as mental health professionals.

Across all four contributions in this series, readers will find that there is an admonishment to the field that we need to be doing a better job with our gender minority clients. For too long, mental health providers have been put in a role of gatekeeping access to medically necessary care such as hormone therapy and surgeries. Historically, mental health providers have been the arbiters of readiness for moving forward with living a life openly and honestly. Even under today’s Standards of Care (World Professional Association for Transgender Health, 7th edition), mental health professionals are asked to diagnose gender dysphoria (American Psychiatric Association, 2013) and to determine that other mental health conditions are reasonably well controlled prior to clients being able to access hormones and surgery. It is understandable that clients are reluctant to seek care and view this process with suspicion. As mental health providers, we must do a better job of making the therapy space a healing environment, not a battleground for access to medical procedures.

Unfortunately, all too often when gender minority clients do present for care, they are met with providers who have received very little, if any, training in the

unique needs of gender minority clients. No therapy provider would ask a client to educate them about depression and its various treatments, but this routinely happens with gender dysphoric clients.¹ We must hold our discipline to higher standards. If we can learn about various treatments for depression beyond our psychotherapy strategies, including medical interventions such as medications (and their side effects) and other medical strategies such as electroconvulsive therapy (ECT), why can't we learn about psychological, hormonal, and surgical treatments for gender dysphoria? Not only is it possible, we argue it is imperative.

We are thrilled that readers are ready to learn more about how to make change in the therapy room, in the treatment clinic, and within communities at large to help support our gender minority community members. We think the contributions in this special series will offer suggestions of immediate and straightforward changes that can be made in treatment settings. In addition, we hope these powerful papers assist clinicians in adapting a more inclusive stance and motivate action.

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¹ For readers who are interested in more about graduated levels of clinical competency in training and beyond, see *Clinical Psychology: Science and Practice* Special Series in the June 2015 issue (Vol 22, Issue 2) titled "Defining Competence When Working With Sexual and Gender Minority Populations: Training Models for Professional Development."