



ADVANCING EXCELLENCE IN TRANSGENDER HEALTH

Trans Providers Serving Trans Communities



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Introductions



Facilitator/Presenter: Sand Chang, PhD

- Chinese American nonbinary/genderqueer/femme
- Pronouns: they/them/their
- Psychologist and trainer in Oakland, CA
- Clinical Practice Consultant, Transgender Services, N. California Kaiser Permanente
- Clinical areas of focus: Trauma/EMDR, disordered eating, addictions, attachment, Internal Family Systems
- Author of upcoming *A Clinician's Guide to Gender-Affirming Care* (December 2018, New Harbinger)



Brief Audience Survey

- Percentage of work within trans communities?
- Connection/contact with trans provider peers?
- Amount disclosure in professional role?
- Intention to specialize?
- Experience of microaggressions or discrimination in work setting?
- Experience of being supported by leadership/system in work setting?

Objectives

- Name 2 common challenges that trans providers may encounter in navigating relationships with trans clients/patients or when working in trans communities.
- Discuss dynamics that may occur when the provider and client differ in access to privilege or experiences of marginalization.
- Gain skills in the necessary self-reflection that must precede appropriate self-disclosure.
- Identify 2 strategies to navigate anti-trans/cissexist bias when working as trans providers within trans health.

AGENDA

Common Themes

Case Example

Discussion Questions



Common Themes



Intersectionality and Representation

- Coined by Black feminist scholar Kimberlé Crenshaw
- Critical awareness of intersections between systems of oppression (not just additive, but reinforcing)
- To understand the magnitude of oppression based on marginalized identities, they must be addressed in combination (Cole, 2009).
- **We must remember who is NOT present here today**
- **We must remember that our experiences here may differ significantly based on power systems**

Why work in our communities?

- Recognition of a gap
- Responsibility to center trans leadership/voices
- Our own sub-par/harmful experiences
- Being pigeon-holed or tokenized

How much do we feel this is a choice?

Disclosure

- What is revealed to the client about the provider
 - Professional information
 - Personal information
 - Feelings, reactions, or responses to the client
- When used appropriately, disclosure can be a helpful tool
 - Is it in the client's best interest?
 - Is there a clinical rationale for disclosure?
- When misused, it can be harmful to client or professional relationship

On disclosure (Lurie)

- Samuel Lurie (2014) conducted focus groups for trans clinicians with a focus on self-disclosure.
- Theme: erroneous assumption that trans therapists always have the choice of self-disclosure.
- In reality, intentionality and planned self-disclosure is not always accessible due to physical appearance, online presence, personal or professional writing, or general community knowledge.

Countertransference

- The provider's feelings and reactions towards a client
- Comes out of psychoanalytic schools of thought; Freud initially viewed it as an obstacle treatment (deny/compartmentalize your feelings)
- Now generally viewed as a useful tool if recognized and examined (acknowledge/reflect on your feelings)

Common themes for trans clients working with trans providers

The patient/client may:

- look at the clinician as a role model;
- feel pulled to make choices that the clinician will approve of;
- have fears or judgments based on the clinician's gender identity or choices regarding transition;
- have or express a desire to be friends with the clinician;
- have curiosity about the clinician's gender or transition experience; may ask about this or seek information elsewhere (e.g., online search to gain information);
- have fears about confidentiality given small community dynamics (e.g., client knows you are seeing one of their acquaintances); may bring up hesitance to share openly.



Common themes for trans providers working with trans clients

The provider may:

- feel pressure to agree with the client or avoid challenging them
- assume similarities, circumventing important conversations about difference
- feel an inflated sense of responsibility for client's life or transition; pressure to have all the answers
- feel a need to prove oneself as a “good” clinician (not a “bad” gatekeeper)
- feel overwhelmed if they are suffering from anti-trans bias themselves and then hear about a client's similar experiences; could lead to burnout
- feel envious of the client for having access to resources that they did/do not;
- have their own need for mirroring and belonging and want to be seen by the client as a community member despite many differences;
- feel pressure to take all trans clients
- feel an obligation to be “out” or visible so that clients can find them



Avoiding burnout

- Seek professional support (in-person or online)
- Let go of pressure to work with *all* trans people
- Invest in training other professionals (but get paid!)
- Physical self-care and breaks
- Get in touch with one's own boundaries/limits – more complicated than what we were taught in our training
- Check in periodically to see if the work is balanced or at least more fulfilling than depleting
- Seek emotional/social support or counseling
- Look at ways *systems* could adjust to support you

Case Example



Pablo and Luke (1/2)

- Client: Pablo (they/them/their), 38yo, Mexican American nonbinary trans man
- Therapist: Luke (he/him/his), 47yo, White trans man
- Pablo is seeking support for:
 - Gender-related concerns (e.g., navigating shifts in their relationship and sexuality, needing a letter for surgery)
 - Non-gender-specific concerns (e.g., getting support in dealing with an autoimmune disorder).
- Pablo has had several negative experiences with white cis therapists who claim to be trans-friendly but have enacted both gender-based and racial microaggressions toward them.
- Concern that Luke may not “get” race stuff. Also, Pablo knows that they share a close friend with Luke.

Pablo and Luke (2/2)

- Luke is an experienced clinician who has learned from plenty of mistakes.
- When attending a trans health conference, Luke connected with other trans clinicians and started a trans clinicians' consultation group that meets online every month.
- Luke has worked to understand his white privilege and ways in which, though he has struggled financially, he's had greater access to resources than many of his clients.
- During the first session, Luke asks Pablo questions that help Pablo to name their concerns. Luke acknowledges both their similarities (e.g., being on the trans masculine spectrum) and obvious differences (e.g., racial; binary versus nonbinary; client versus therapist/gatekeeper).
- Pablo appreciates that Luke names that they can discuss small community issues as they arise. These preliminary conversations go a long way in helping Pablo more comfortable.

Questions

1. What, if any, themes do you relate to regarding the start of Pablo and Luke's working relationship?
2. What questions does this pose for you in your own work with trans clients/patients?

Discussion Questions



Disclosure at work

- If you “came out” or transitioned during your clinical career, how did you navigate this?
- How does it feel to be a trans clinician in your work environment?

Disclosure with clients/patients

- Is this a choice for you?
- If so, how do you decide when to self-disclose to clients?
- What are the pros and cons? What is the role of "passing"?
- What is the role of enactments of or interactions with cisgender privilege?

Trans identification

- How do you navigate projections onto the client or onto you based on gender status, identity, or expression?

*“looking for an experience of twinship and mirroring”
- Hansbury*

Intersectionality and clinical encounters/relationships

- How do dynamics of power, privilege, and oppression play out between you and a client?
- When is this the most challenging?
- How can addressing this enhance or deepen the working relationship?
- How does your own experience of facing discrimination or having privilege (in your life, in your workplaces) affect interactions with clients?

Trans/gatekeeper

- How do you manage the dual role of being trans-identified and a gatekeeper?
- How do you manage guilt or other feelings that might arise in this dynamic?
- If relevant, what is it like to diagnose clients with Gender Dysphoria?
- How do you deal with being cast as an “advocate” just because you are trans?

Dual/multiple relationships

- Do you participate in community trans (or LGBTQIA+) spaces?
- If you do, how do you navigate potential multiple relationship situations?

Training and accessibility

- What can established trans clinicians and healthcare leaders do to increase field accessibility to trans trainees or prospectives, especially those who are underrepresented?
- How does your cultural intersections provide or deny you access?

Advocacy and community building

- In what ways do you choose or not choose to engage in state/national advocacy for the trans community and why do you make the choices you made?
- Is there a missing advocacy organization like there is GLMA, does there need to be an organization specifically purposed to serve trans healthcare professionals?

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