Trans Teaching Tool

Toronto, Ontario, Canada

The Trans Teaching Tool (TTT) utilizes case studies, questions, and educational feedback to encourage readers to assess their knowledge and preconceptions about working with trans, nonbinary, and genderqueer clients. Each case study addresses a different theme, and there are overarching values–such as client agency, trans joy, and contextualizing care–highlighted throughout.

This tool uses the term trans to denote the range of people whose gender identity differs from the social expectations of their assigned gender at birth. Such a usage of the term refers not only to binary trans individuals but also to non-binary, gender diverse, and gender non-conforming individuals. Overall, the tool aims to provide a working understanding of some considerations which should be held while working with trans clients, as well as instilling a greater understanding gender inclusivity and gender affirmation.

The version of the tool provided in this format represents its first publicly available version, and thus a work in progress. Any responses or suggestions are appreciated and can be sent to us via the following email transhealthstudy@torontomu.ca.

Content Disclaimer
The following case study discusses gatekeeping of trans service users.

Case Study One

A 72-year old trans woman named Li Jing (she/her) calls a clinic in rural Canada where you work looking for therapy for her depressive symptoms. After consultation with a senior colleague, Li Jing is referred elsewhere because your clinic does not focus on trans health. Indeed, a previous client who was trans indicated that they required more specialized healthcare than what your clinic was able to provide. The referral given to Li Jing is to a clinic that has clinical psychologists experienced in trans affirmative mental health. This clinic is located several hours away, but they offer virtual appointments.

Q1: Take a moment to reflect and write down any assumptions you made about Li Jing when reading through this scenario. This question is not scored.

A1:

- Did you make any guesses as to Li Jing's ethnic or racial background?
- Her immigration status?
- Her housing situation?
- Her access to transportation?
- Her fluency in spoken and written English?
- Her ability to access virtual care based on her age?
- The severity or onset of her depressive symptoms?
- Did you assume a connection between her depressive symptoms and gender identity?
- Did you make any assumptions about her body or medical transition?
- The stage of her gender transition and how long ago it started?
- Were any of your assumptions based on her living in a rural area?
- Based on these guesses, did you make any assumptions regarding Li Jing's situation?
- Could any of these assumptions be harmful to the care you provide Li Jing?

While it may be difficult, self reflection regarding held biases is crucial for growth and learning. Many accessibility needs should not be a matter of guesswork, but should be discussed openly with the client in a manner they are comfortable with.

Q2: Please name any healthcare access barriers that Li Jing may experience in this situation"

A2:

Factors that may prevent trans service users from accessing the specialized care they were referred to tend to be exacerbated for service users living in rural settings. Specifically, service users from rural areas: [...1, 2]

- tend to have scarce mental health support options.
- are likely to have no public transport options available to travel to specialist appointments in urban centres.
- have to pay for increased use of gasoline if they do have a vehicle and may have to pay for childcare (if applicable).
- require large amounts of time to travel on a regular basis when referred to urban locations.
- may not have the job security to request time off work.
- may have limited access to adequate internet bandwidth if the appointments are virtual.
- may experience technological barriers such as lack of technological knowledge.
- may not have privacy at home necessary for virtual appointments.
- may be disproportionately impacted by severe weather.
- may fear a lack of confidentiality due to the small size of the community.

Additionally, for virtual care, if a caller is in imminent risk, you may have to call an emergency responder. This type of intervention may have severe consequences for trans people who are Black, Indigenous, Latino/es, and people of colour. As such, clearly communicate this policy with clients before virtual calls so that they can make an informed decision about continuing the call. Read more about the push for safe hotlines here.

Q3: What additional questions could/should have been asked during Li Jing's initial call that could have avoided or minimized guesswork and ethical dilemmas? What new issues might arise from asking these questions?

A3: This is a question to reflect on. You should be asking general screening questions. For example:

- What type of service are you looking for?
- Referral source (e.g., could be self-referred)?
- Reason for seeking treatment and describing their concerns?
- Information about prior treatment and any diagnoses.
- Are you currently working with any other mental healthcare professional?
- Any medications that they are currently taking
- Additional information about barriers to accessing mental healthcare?

Q4: Do you know what parts of your professional code of ethics apply to this situation?

○ Yes, my professional code of ethics indicates the following: _____
○ No, I do not know what my professional code of ethics would recommend for this situation.
○ This situation does not apply to my professional code of ethics

A4:
Ethical guidelines for mental health professionals state to **only work within our areas of competency** (e.g., older adults, children, couples, etc.).[3] As such, we may feel the **urge to refer out clients who are trans** as many of us did not receive training in this area.[4,5,6]

If you feel you do not have the competency to treat someone, your **typical** options are to:

1. refer the service user out to an expert in trans health
2. get supervision or consulting from a trans health expert

However, **in rural settings** and with clients from populations who are marginalized within mental health, we need to **consider the ethical implications of referring out more carefully**. Clients in rural settings have unique barriers which are outlined in the answer to question two. Ensure that decisions regarding referral consider, and maximize the clients agency. Ask questions such as "are we trusting the expertise of a specialist over the expertise of the client's lived/living experiences?

Q5.1: Do you agree with the following statement: "Specific clinical knowledge about trans health (e.g., gender dysphoria, medical transitioning) is necessary to support trans clients."

- ○ Yes, I agree.
- ○ No, I do not agree
- ○ A more nuanced answer

A5.1:

The degree of specific, clinical knowledge regarding trans health required may differ broadly between cases. Some rudimentary practices such as **respecting the autonomy and identity of the client remain salient across cases**.

Outlining your level of knowledge with trans health to the client is an important aspect of disclosure in the consent process. Once the client is aware of your degree of familiarity with trans health practices, they have the agency to relay whether they are comfortable or uncomfortable with your level of expertise.

- Trans individuals seeking care unrelated to their gender identity may decide that familiarity with gender-affirming care is less salient than familiarity with the relevant field.
- The important note is that assumptions should not be made about what knowledge is required without consulting with the client regarding their needs, desires, and level of comfort.
- Clients should be informed regarding the referral options available to ensure that they are aware of the barriers they may face in accessing them.

Due to the scarcity in trans health resources, over-referral may overburden existing resources.

Framing clinical expertise as more important than experiential expertise may perpetuate the pathologization of trans health.

Q5.2: Please indicate whether you agree with the following statement: "Li Jing's trans identity and her depression are likely to be related. Please explain your rationale."

Strongly Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree

A5.2: Depression (and other mental health issues) **may** be **independent** of trans identity. Meaning, not all trans people have depression, and if they do have depression, depression is not always directly related to gender dysphoria, cisnormativity, and/or transphobia.

Q5.3: Please indicate whether you agree with the following statement: "Li Jing's depression may not be related to gender dysphoria."

Strongly Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree

A5.3:

Beware of diagnosis overshadowing:[7] understand that while gender dysphoria and depression could be connected and coexist, it is important you spend time fully exploring the cause of Li Jing's symptoms and experience of depression. Furthermore, **not all trans people experience gender dysphoria**.

Q6: Was the approach by the mental health professional in the case study appropriate?

○ This approach was, in general, appropriate.
○ This approach was, in general, inappropriate.

A6:

This approach was, in general, appropriate (more incorrect response)

- Although common, referring out is **not recommended** without first understanding the client's situation. See answer to ethical guidelines in Question four.
- Consider how this rural mental health clinic can better accommodate Li Jing and other trans people.
  - **Not all trans people** have the same experiences or **require the same health supports and treatments**.[8] Li Jing likely has different needs than the previous trans client discussed in the situation. As such, it is important to take time to listen to the needs of Li Jing and tailor care to her specific needs.
  - Many common factors and **skills you likely already use** to treat depression and support other clients can be used to support trans clients as well.
- Referring the client out may lead the client to be **neglected from the mental healthcare system**. Consider your power and influence as a mental health professional in unintended gatekeeping trans people from accessing mental health services.
  - Consider this question: **Are you helping the client or merely deferring the responsibility of care?**

This approach was, in general, *in*appropriate (more correct)

- Instead, the best course of action is to do the following:
  - Understand Li Jing's needs. Mental health issues (e.g., depression in this situation) in trans and nonbinary people may be independent of their trans identity. Not all trans people will need you to be competent in gender affirmative care to treat depression. While there may be clients who require more specialized care (e.g., gender affirmative care), you may already have the skills required to provide adequate care to treat Li Jing's depression.
  - After discussing Li Jing's needs, you may see that you do not have the competency to treat her situation. If that is the case, then you should engage in **collaborative decision making** with Li Jing. Together, you will decide whether to
    (a) **get consultation and supervision from a trans health expert** or
    (b) **refer** the client to a specialist.
  - Sample start to the discussion:
    - "Up until now, I haven't worked much with trans clients. With your consent, I would like to find a supervisor/get consultation, so that I can still support you and learn from a mental health professional with trans health expertise. If that doesn't seem right to you, another option is to refer you to a specialist. However, they may be located far away, and oftentimes there is a long waitlist. Which route would you like to take for your care?"
      - If you get supervision/consultation, do not push the cost off onto the client.

Q7: Would you have done anything differently in the following areas? Check all that apply. If applicable, please state what you would have done differently.

○ No. I would have done everything similarly.
○ Yes, I would have done the following differently in the **pre-screening**: _____
○ Yes, I would have done the following differently with respect to **consulting with senior colleagues**: _____
○ Yes, I would have done the following differently with respect to **referral**: _____
○ Yes, I would have done the following differently with respect to another area:_____

A7:

- o No. I would have done everything similarly. (more incorrect)
- o Yes, I would have done the following differently in the ***pre-screening***:

  _____

  - Through a free short phone consultation, determine collaboratively with Li Jing whether you may be a good fit for each other. Determine if Li Jing requires specialized trans health support that is related to her depressive symptoms (e.g., gender dysphoria, experiences of transphobia, support accessing medical transition, navigating social transition) or if you, as a mental health professional, already have the tools to help clients like Li Jing navigate their depressive symptoms. Be sure that any decisions made regarding treatment are collaborative so that Li Jing's autonomy is respected at every step.

- o Yes, I would have done the following differently with respect to ***consulting with senior colleagues***: _____
  - Consult with someone experienced in trans health to see if you really need further training to support Li Jing.

- o Yes, I would have done the following differently with respect to ***referral***:

  _____

  - Find out the waitlist times for the specialized trans health clinic
  - Does Li Jing have a computer, private space, adequate internet access, and computer skills to be referred to virtual services?
  - Does Li Jing have access (physical and financial) to transportation to go for any in-person appointments at the referral location?
  - Does Li Jing have the time to attend referral appointments in a distant location?

- o Yes, I would have done the following differently with respect to another area: _____
  - Seek out and support/sponsor the use of **educational programming** so that you and your clinic can **proactively (**rather than reactionarily) support trans people. The low rates of mental health professionals' trans health competency are alarming. It is projected that most mental health professionals are likely to encounter trans clients as the trans community continues to grow and seek mental health services in increasing numbers.[10,11,12]

Q8: How would you rate your existing familiarity with trans-affirmative healthcare providers in your area (i.e., therapists, physicians, speech therapists, etc.), from 0 to 100?
(0 representing familiarity with no services, 50 representing familiarity with some services, and 100 representing familiarity with all services)

A8: You were asked how familiar you felt and this question is used as a point for reflection.

- Staying familiar with available trans-affirmative health care providers is crucial to providing the best possible care
- Notably, there may be no trans-affirmative services available in your area, especially if you live in a rural area. Nonetheless, it can be helpful to know major centres in the nearest city that do support trans health.
- It is also important in rural communities to ask the client whether they feel comfortable being referred to a particular clinic. Due to the interconnectedness of small communities, the client may know someone at the referred clinic. For example, Li Jing's niece may work at the same clinic that you are planning to refer her to, and she may not want family members to know she is struggling with depression.

Q9: Do you intend to start or continue to meaningfully improve your transgender-related clinical skills? If so, how?

○ Yes, by _____
○ No, because _____
○ A more nuanced answer: _____

A9:

- Yes, by _____
  - Resources:
    - World Professional Association for Transgender Health Standards of Care 8th Version[13]
    - Trans Bodies Trans Selves, second edition[14]

- No, by _____ (less correct)

  -If not, why?

  -Perhaps you feel as though your training is already sufficient?

  Trans-affirming care which centers the client and their autonomy is still quite new, making it crucial to remain up-to-date with evolving care skills

  -Perhaps you do not see many trans clients

  -Due to the general lack of trans-affirmative health resources, helping even a single trans client is a massive impact

  -As mentioned below, the skills necessary for trans-affirmative care can be beneficial to all clients

- A more nuanced answer: _____
  - Perhaps you are a student and are already feeling overwhelmed with your training requirements and do not have time?
    Or as a student you do not have the funds to access formal training opportunities? Recognize that there are many concepts and skills that you can learn which will benefit not only your trans clients, but clients of any gender. Below are some examples:
  - Avoiding deficits-based narratives (i.e., focusing on the perceived weaknesses of individuals, such that the individuals or groups become viewed as "the problem") and move towards recognizing strength and giving back agency.
    - Having more inclusive intake forms, client charts, and washrooms.
    - Mirroring language (e.g., if the client uses the word girlfriend to describe their partner, then mirror them also use the word girlfriend to refer to their partner).
    - Building trusting relationships with your client.
    - Understanding intersectionality (i.e., systematically disadvantaged identities that interact and compound).
    - Reflecting on your own biases and assumptions.
    - Building critical consciousness: valuing the context of issues; recognizing power structures; reflecting and questioning harmful structures in healthcare[12]

Take-home Messages

- REACTIVE → PROACTIVE. Seek out **educational programming** to take a **proactive** rather than a reactionary stance to support trans people..

- **Not all trans people require the same health supports and treatments**.[8] Li Jing likely has different needs than the previous trans client discussed in the situation. As such, take time to listen to the needs of Li Jing and tailor care to her specific needs. Some clients may have concurrent dis/abilities which may impact how and whether they access services.
- The best course of action is to do the following:
    - **Understand Li Jing's needs**. **Mental health issues** (e.g., depression in this situation) may be **independent** of **trans identity**.
        - Not all trans people will need you to be competent in gender affirmative health to treat depression. While there may be clients who require more specialized care (e.g., gender affirmative care), you may already have the skills required to provide adequate care to treat Li Jing's depression.
    - If after discussing Li Jing's needs, you recognize that you do not have the competency to treat her situation, then you need to engage in **collaborative decision making** with Li Jing. The decision making will be to
        - **get consultation and supervision from a trans health expert** with consult from Li Jing

          OR
        - **refer** the client to a specialist.
    - If you get supervision/consultation, do not push the cost off onto the client.

- **In rural settings**, carefully **consider the implications of referring out.** Clients in rural settings …[1,2]
    - … tend to have scarce mental health support options.
    - … likely have no public transport options available to travel to specialist appointments in urban centres.
    - ... who do have a vehicle, have to pay for increased use of gasoline and childcare (if applicable).
    - … take large amounts of time to travel on a regular basis when referred to urban locations.
    - … may not have the job security to request time off work (if employed).
    - … may have limited access to adequate internet bandwidth if the appointments are virtual.
    - …may not have access to private space to take appointments
    - May experience technological barriers such as lack of technological knowledge.
    - Consider the potential needs of the client and how refering out may impact them

      -Client may not follow up on referral due to additional emotional/ energy cost/

      -Referred resource may not be covered by clients insurance

      -Confidentiality and privacy when referring Li Jing to another service because of the context of living in a rural community.

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Content Disclaimer

The following case study discusses transphobia and a parent being unsupportive toward a child.

Case Study Two

You have a client named Itzel who feels distraught about Guadalupe, her 8-year old child. Guadalupe was assigned male at birth and has started wearing her older sister's clothes and praying before bed to wake up as a girl. Itzel was angry when recounting a recent incident where Guadalupe wanted to wear a skirt to school. She expressed concern for kids who say they are trans because "it has become trendy" and wondered how to tell if a child is really trans. Itzel also indicated she is deeply fearful that Guadalupe might be trans. She stated she will have to lie to their family in Mexico about Guadalupe because they would be very unsupportive.

Q1: One's culture can impact one's understanding of gender. How would you work to support Itzel whilst recognizing specific cultural influences and values that may impact her feelings about her child? How would you identify and implement cultural strengths to support Itzel and Guadalupe?

A1:

Each culture's conception of gender contains unique characteristics. No one culture is "correct" in their treatment of gender, and no single individual represents the totality of a culture's views on gender. It is important to refrain from treating people in a cultural group as a monolith. Be sure to examine your own culture's understanding of gender, and refrain from viewing it as the normative truth.

Initial steps to support and guidance

- Evaluate and share the limits and strengths of your lived/living experiences as it relates to this situation (i.e., positionality) with Itzel
    - Be clear about what aspects of Mexican culture you have familiarity with.
    - Reflect on how your perspectives on gender diverse children are informed by your ethnicity, race, gender, and other lived/living experiences.

- Building therapeutic alliance
    - Vocalize that Itzel is an expert about her own community.
    - Build rapport with Itzel so that she can trust you and so she can feel comfortable coming back for more sessions.

- Understand Itzel's context and understanding of gender from a cultural lens
    - Various cultures have different understandings of gender. For example, Indigenous Hawaiians and Tahitians have a third gender, Māhū. Other cultures may have 2 genders, but have different gender roles and expectations. As such, it is important for you as a clinician to understand Itzel's understanding about gender. You can do so by doing your own research, and also consulting with Itzel.
    - Get consent from Itzel and Guadalupe before consulting with community and other psychologists of colour. Once you have consent, you can research or reach out to people who are also part of her community to gauge the specific cultural challenges that she and her child face (e.g., a spiritual leader).
    - Ask which aspects of her culture are important to her. Each family and individual enacts their culture differently.
    - Some cultures do not value emotional expression and other cultures that do value it may not have access to many resources or opportunities to learn about emotional expression. This can influence how much information Itzel and Guadalupe share with you, how they approach these subjects, and more.

- Understand where Itzel's fears about the possibility of Guadalupe being trans come from
    - Recognize and validate that Itzel's fear can come from good intention. Here are some other examples of where her fear can be based from:
        - Her child not being cisgender reflects that she is a bad mom
        - Her child not being cisgender means they may be excluded from their family or community
        - Her child being trans means Guadalupe may get bullied
    - Use techniques within your therapy's modality to navigate the situation. For example, in cognitive behavioural therapy, you can conduct a Downward Arrow technique (i.e., understanding root fears; see first reference for a description of the technique).[1]

- After building rapport, try to ease her into discussing her child's safety.

- While being nervous about one's child experiencing transphobia is understandable, you can guide Itzel by helping her find a space for her child to explore gender safety. Creating this safe space for her child to explore might decrease nervousness around gender.
- A safe gender space is anywhere Guadalupe feels comfortable experimenting with gender without fear of judgment or harm. Experimentation can take many forms including style of dress, pronoun use, and engaging in specific gendered practices, such as playing with differently gendered toys.
- Encourage Itzel to reframe the way she views Guadalupe's story in a way that celebrates Guadalupe's strengths and unique contributions to their family/community/etc.

Q2: How would you answer the following questions and statements from Itzel:

Make sure to address:

a) how your favoured therapeutic modality would apply;
b) culturally competent care;
c) balancing trans-affirming care with Itzel's expressed needs;
d) potential tools and external resources;
e) managing your own emotional responses.

Q2.1: How do you know if a child is really trans?

A2.1:

Through guided discovery [2,3] or other engagement techniques, it may be helpful to discuss the following important points:

- *Is the most important goal of a parent to find out if the child is trans or not?*
    - The truth is that you do not know if a child is "really" trans, and **you do not have to know** in order to support the social, emotional, physical, and safety needs of your child.[4] As the therapist, attempt to move the discussion away from trying to figure out if the child is really trans as ruminating on this question is not always very helpful; parents often have little control over the answer to this question.
- *Would knowing if a child is trans or not change the main roles of a parent?*
    - One essential role of a parent is to **support** your child with their **specific needs**. Building **trust** and **open communication** is critical so that the child can **express** their physical and emotional **needs** with you. If a child has a small injury, but cannot tell you, it is hard for you to do anything about it.[4]
    - Some cultural roles may shift within ceremonies and communities for parents depending on the child's gender expression.
        - Here it would be helpful for you to ask questions about Guadalupe and Itzel's communication, trust, and relationship in respectful ways.

Q2.2: There were no signs of these "issues" with Guadalupe when they were younger!

A2.2:

- It may be helpful to hear more about what Itzel feels "these issues" are to understand her concerns and her awareness of children's expression of gender diversity.
- Point out that Guadalupe expressing their needs and thoughts is a sign that they trust you and feel safe with you![4]
- Point out that childhood gender diversity is an expected aspect of general human development.[5,6] Sometimes children (and people in general) do not realize that expressing their gender in different ways is an option. Other times some children (and people in general) may feel that doing anything other than expressing their gender according to those roles is unsafe.
- Again, attempt to move the discussion away from trying to figure out if the child is really trans as ruminating on this question is not always very helpful; parents often have little control over the answer to this question. Instead, move towards discussions of how as parents we are meant to support the needs of our children (see answer to question 2.1).

Q2.3: What happens if Guadalupe is not trans after all?

A2.3:

Gender is not set in stone but rather a descriptor that is as close to the truth about ourselves as possible at one specific point in time.

- With that in mind, it is totally okay if Guadalupe expresses gender in relation to femininity, masculinity, outside the binary, or a combination thereof at different times. Gender exploration and expression is not about reaching a destination, it is about embodying one's selfhood authentically. A self which is mutable and ever expanding.
- It is also totally fine if Guadalupe decides to try out the label of trans to describe themself and then decides it is not for them!
- Exploring oneself may mean many different things, and labels are not always helpful because they do not always describe what we feel or experience.
- Our labels, just like everything else about us, will often expand, transform, and shift as we grow and learn more about ourselves.
- Meet parents where they are in regards to sensitive questions such as this. The overuse of unfamiliar terminology or complex theory may be overwhelming.

Q2.4: Why has it become so trendy for kids to say they are a different gender?

A2.4:

You may see more gender diversity these days for many reasons! One of the main reasons is that more people feel safer expressing their gender.[7]

- Experiences and stories of gender euphoria reframe aspects of gender diversity as joyful and life-affirming

If needed, point out important findings in the literature:

- Childhood gender diversity is an expected aspect of general human development.[5,6]
- Developmental research has demonstrated gender diversity can be observed and identified in young prepubescent children.[8,9,10]

It is important to try to understand parents definitions of key terms to avoid miscommunication:

- What does “trendy” or “gender” mean to them?
- What emotions are tied to these conceptions?

It may be helpful to give parents resources about gender diversity:

- See the following book.[11]

Q2.5: How would I begin to explain this to those around me?

A2.5:

- In answering this question, it is essential to **communicate with Guadalupe** to see what they want.
    - You can explain that some trans kids want
        - (1) to keep their experience to themselves;[4]
        - (2) only those who "need-to-know" to be told;[4]
        - (3) you, as an adult, take the lead;[4]
        - (4) other possibilities.
    - Because Guadalupe's identity is developing and will continue to unfold over time, it is important to check-in with Guadalupe about who can/cannot be told.[11]
- When talking to Guadalupe, it could be helpful to frame questions in the following ways:
    - "*Who would you like to invite into your life*?" This is in contrast to coming out into a hostile world.[13]
    - "*How do people qualify for a platinum-level membership in the club of your life? A gold level membership? A silver? A bronze?*" [13]
    - "*What are disqualifiers–things that prevent people from being invited in*?" [13]
    - "*What will people discover when you invite them in that isn't available to them from the outside?*" [13]
- In Mexico, **Familismo** [14] is a pronounced experience, and keeping information from family members may be difficult.
    - As such, ask Itzel about her family structure, communication style in her extended family, how her family makes decisions, how her family supports each other, and how much her family in Mexico has been exposed to topics of gender diversity.
        - Different parts of Mexico (e.g., rural towns vs urban centres) will have different exposures to discourses around gender diversity. Further, binary gender roles tend to be more pronounced in Mexico compared to Canada or the United States, and many people may have difficulties understanding the differences between gender identity and sexual orientation.
            - Integrate strengths as well as points of contention related to culture as perceived by Itzel. Neither transphobia nor acceptance of gender diversity are inherent to any culture. No culture is a monolith, so even clients within the same culture will have different needs.
    - Many adults in Mexico will likely understand what is requested of them through a clear and precise statement by Itzel for how Guadalupe should be referred to and treated by the family.
    - In explaining to children, if the child speaks English, the book "Red: A Crayon's Story" is a popular children's book on the topic.
    - Itzel would likely have to take the lead on consistent corrections for people's mistakes and misgendering.
    - Itzel may require help to find the language necessary to communicate Guadalupe's needs.
        - Role-play could be utilized to discover ways to communicate in a manner that is accurate to Guadalupe's need's and culturally appropriate.

    - Guadalupe's needs regarding the sharing of information with family and outsiders may change over time. It may be helpful for Itzel to check-in regularly and after any significant events, to stay up to date on Guadalupe's needs.
- Support vs. non-support:
    - Focus on **nuancing** the binary of **supportive and non-supportive family** members as Itzel fears that family members will be unsupportive. [13]
    - Encourage her to **find points of support** including imperfect or **partial support**. This is important for starting conversations and to keep them going. Allow **support to occur in steps, to unfold** over time, and **focus on relationships**. [13]
    - Work on Itzel's ability to **prioritize**. The needs of Guadalupe should be prioritized in instances where they are not feeling safe or validated with family members (or at school). [13]
    - As a therapist, you could provide a "Certificate of Supportive Parenting" to Itzel to reinforce her supporting Guadalupe.[13]
- If needed, point out important findings in the literature about family support and trans kids:
    - Prepubescent children who are well accepted in their gender diverse identities are generally well-adjusted.[16,17]
    - Psychosocial gender-affirming care for prepubescent children offers a window of opportunity to promote a trajectory of well-being that will sustain them over time and during the transition to adolescence.[18] This approach potentially can mitigate some of the common mental health risks faced by trans and gender diverse teens, as frequently described in literature.[19-23]

Q3: What would you say to help Itzel cope with the situation?

A3:

- **Acknowledge that being an adult in the life of a gender diverse child may not always be easy.**[4] There will be expectations, dreams, and ideas of Guadalupe that may majorly shift, and that is okay. Itzel may have many fears. Support should reflect that gender exploration is a long-term, ever-changing journey.
- Point out to Itzel that the fact that she is asking questions means she is **already taking the first steps** to learn about the experiences of gender diverse children[4] and that **means she is a wonderful parent**.
- As a therapist, you may be able to **collaborate with family members** to help **develop a common understanding of Guadalupe's experience**. This may allow Guadalupe to feel genuinely supported and affirmed in who they are. This may also enable the family to make informed treatment decisions in the future, therefore ensuring optimal care.
- Make it clear that while it is natural to have worries, these worries should not be put upon Guadalupe. It is crucial to assist Itzel in processing her feelings in a manner which does not impact Guadalupe.
- Parental, familial, and social support increase positive outcomes and act as a protective factor against various harms.[17, 26, 27]

Q4: Let's say Itzel agrees to support Guadalupe in their gender exploration. What can you do to support Itzel's communication with, and support of, Guadalupe?

A4:

- With consent from Guadalupe (i.e., Itzel asking Guadalupe first), provide Itzel with books, music, movies or other art forms (from culture in Mexico and Canada) that will help the family discuss various topics in a child-friendly way.
- Create safe spaces for Guadalupe to explore and express their gender.
    - "Hey, I remember you saying you want to wear skirts. Why don't we try putting it on at home?" [4]
    - Itzel can ask Guadalupe what it means for us to wear new things.[4]
        - "How does it feel when you wear a skirt?"
        - "What does it mean for you to wear it outside?"
        - "What does it mean for other people to wear skirts outside?"
    - Itzel can help Guadalupe discover what is most affirming and joy-bringing for them
        - "What toys would make you feel the most yourself?"
        - "Are there terms or words that make you happy? Are there any that make you sad?"
        - "Are there events and activities that you would be excited to take part in? Are there any which make you uncomfortable?"
- When feeling more comfortable and wanting to explore outside of a private safe space, teach Itzel (and, if applicable Guadalupe) about affirmations Guadalupe can say to others when prompted:[4]
        - "This skirt makes me feel [confident/playful/good]."
        - "My child is having fun/likes playing with new outfits / expressing themself /trying something new."
    - If someone is making rude comments, practice communication strategies
    - Remember that appropriate responses are culturally dependent and will vary based on communication norms, culture, society, and individual factors.
        - "Now is not a good time for feedback."
        - "Thank you for your curiosity about how my child expresses themselves. This is a private matter, so I will not be taking any questions right now."
        - "My child is having fun expressing themselves and I will not apologize for how that makes you feel."
- Take things on a day-by-day basis. Getting to know one's gender is not a linear process.
    - Encourage Itzel to check-in with Guadalupe to see where their comfort level is at, and how to help satisfy Gadualupe's needs on that day.
    - There may be some days where Guadalupe feels safer than others and days where Guadalupe feels like dressing differently than others.
- Helping to connect Itzel and Guadalupe to community groups for queer/trans Mexican/Latin American youth and adults may provide an aspect of support that neither you nor Itzel could personally provide.
    - Due to Guadalupe's intersecting identities, it may be difficult to find a group which serves all aspects of their identity. If Itzel and Guadalupe require multiple community groups to fully support their identity, additional support may be needed to address the potential shortcomings of each group.

Q5: What are your thoughts on the idea of a child/youth beginning medical transition? What if they want to go "back"? Are they too young? Why or why not?

A5:
There are several types of gender transition:[24]

- social transition (e.g., pronouns, name, clothes)
- medical transition (e.g., hormones, surgeries)

Take-home point one: **small children do not go through medical transition** (e.g., surgeries, puberty blockers, hormone therapy). The first steps of transitioning most commonly involves trying out new haircuts, outfit styles, and the way we refer to ourselves.[24]

- Each step of social transition requires detailed discussion with Guadalupe
  - "What changes are you the most excited by?"
  - "Which spaces are you comfortable experimenting in?"
  - "What pace are you most comfortable at?"

Take-home point two: gender **transition is non-linear** and **not an all or nothing process.**

- Someone might start their gender transition, then stop, reverse, or redirect the course of their transition at a later (or multiple) point(s).[25]
- As a clinician, you may fear this flexibility when providing trans people with gender-affirming care; however, it is important to centre the needs of the trans client. Reflect on where this fear stems from.
- **Puberty blockers** are the only form of medical transition available before adulthood. By stopping puberty blockers, puberty will resume. There is no consensus on the long term effect of puberty blockers, and consideration needs to be taken for the impacts of experiencing a puberty that does not align with one's gender identity.
- Some effects of **hormone replacement therapy**, which is only given to adults, are reversible, while others are more permanent.

Take-home point three: **parents** and guardians are **proxies** for the child in the **communication** between them and their health care professional. The needs of the child should always be in focus, **rather than the fears of the adult(s)**.

- Transition related care is a critical practice which can be life-enhancing and life-saving for many trans people.[28, 29]

Q6: Do you think Guadalupe requires an assessment for gender dysphoria based on the DSM-V-TR criteria? Why?

○ Yes, because _____
○ No, because _____
○ A more nuanced answer: _____

A6:
If you answered yes, it may be worth asking yourself what risks and benefits would come from diagnosing this child. Expressing gender diversity is becoming more and more accepted and common! If the child is not experiencing distress and if the child does not want to proceed through the diagnostic process, why would a diagnosis be necessary? Does the diagnosis serve to affirm or support the child? Is the diagnosis currently necessary to acquire the care Guadalupe desires?

- Consider that, while gender dysphoria attempts to get away from the pathologization of transness, continued legitimization of transness as a pathology both stigmatizes trans people, and serves as a barrier to accessing care.

Take-home Messages

- **Reflect** on the limits and strengths of your lived/living experiences of gender and culture, as well as your competency in this topic as a therapist.
- Build **therapeutic alliance**
  - **Validate** that being an adult in the life of a gender diverse child may not always be easy.
- Encourage Itzel to **communicate with Guadalupe** about what Guadalupe wants and needs to feel **safe** and **nurtured**.
- **Gender is not set in stone** but rather a descriptor that is as close to the truth about ourselves at one specific point in time. Transitioning and exploring gender are not linear nor all-or-nothing processes.
  - The validity of transness and trans identity is not dependent on the degree of transitioning the client has undertaken or is planning to undertake. Some trans individuals never engage in any medical transitioning, some engage in a variety of transition related processes. It is a spectrum.
- As a parent or caregiver, it is not helpful to hyper-focus on the question of whether their child is "really trans." Parents have little control over the answer to this question and it can lead to rumination and emotional distress. It may be more helpful to discuss how, **as parents** or caregivers, **we can better support the needs of our children**.
- Young children do not typically go through medical transition (e.g., surgery).
- The decision of diagnosis is complex and should not be made as a matter of course. The presumed necessity of diagnosis to validate trans identities serves to pathologize transness and acts as a barrier to accessing care. Therefore, before steps are taken to diagnose, the following questions should be asked:
  - "Has Guadalupe expressed a desire for diagnosis?"
  - "Is diagnosis necessary at this time to access resources or services for which Guadalupe has expressed a desire?"
  - "Is the push for diagnosis originating from my expectations as a clinician or from the child's wants and needs?"
- **Nuance** the binary of **supportive and non-supportive family** members and allow **support to occur in steps and unfold** over time.
  - Prioritize the emotional and physical safety of the child to promote healthy psychological development

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Content Disclaimer
The following case study discusses gender invalidation, gatekeeping, and ableism.

Case Study Three

Your treatment client, Udoka, is 25 years old and transmasc (identifies as trans and masculine, may be nonbinary, and may identify with manhood, or both). He describes his life as generally happy thanks to his supportive community and feeling affirmed by hormone replacement therapy (HRT) started one year ago. At the age of 20, Udoka was diagnosed with schizophrenia. At 22, he began to question his gender identity.

Now, Udoka is looking to undergo top surgery (a gender affirming surgery), which requires a referral letter from a mental health professional. When meeting with his psychiatrist, she did not question his capacity to consent, but expressed concern that Udoka only began to question his gender after his first episode of psychosis. The questions to assess gender incongruence left him feeling dehumanized and fearful that he may be delusional about being trans. Indeed, the psychiatrist pointed out that Udoka's prodromal phases coincide with increased gender dysphoria.

Q1: Below are the WPATH's (World Professional Association for Transgender Health) criteria for gender-affirming surgery. Which criterion(s) do you think Udoka's psychiatrist is concerned about?

_____

WPATH Criteria for Gender-Affirming Surgery:[1]

a. Gender incongruence is marked and sustained;
b. Meets diagnostic criteria for gender incongruence prior to gender-affirming surgical intervention in regions where a diagnosis is necessary to access health care;
c. Demonstrates capacity to consent for the specific gender-affirming surgical intervention;
d. Understands the effect of gender-affirming surgical intervention on reproduction and they have explored reproductive options;
e. Other possible causes of apparent gender incongruence have been identified and excluded;
f. Mental health and physical conditions that could negatively impact the outcome of gender-affirming surgical intervention have been assessed, with risks and benefits have been discussed;
g. Stable on their gender affirming hormonal treatment regime (which may include at least six months of hormone treatment or a longer period if required to achieve the desired surgical result, unless hormone therapy is either not desired or is medically contraindicated).

A1: The psychiatrist's issue seems to be related to criteria e: Other possible causes of apparent gender incongruence have been identified and excluded;". This is because there is timeline overlap with Ukoda's experiences with psychosis and his gender identity questioning. While there may be an overlap of timeline, this does not necessarily mean that one causes the other.

Q2: Do you see any issues with Udoka's psychiatrist's focus on criteria e? Why or why not?

_____

A2:

- The psychiatrist's focus on criterion e points to the possibility of **diagnostic overshadowing** in this case.
  Diagnostic overshadowing is defined as a type of confirmation bias that occurs when a service user has a confirmed diagnosis, and the mental health professional
  (1) **overlooks** all new behaviours, thoughts, emotions, or other symptoms and/or
  (2) **attributes** all new behaviours, thoughts, emotions, or other symptoms to the original diagnosis.
    - For Udoka, his psychiatrist seems to believe that his gender experiences are a form of delusions stemming from his schizophrenia. He is not considering the possibility that his gender experiences are not directly caused by Udoka's schizophrenia.

- All expressions and experiences of being trans and nonbinary are valid, including **identifying as trans masc after the onset of schizophrenia and having gender dysphoria more present during particular emotional states**. Everyone's journey with gender varies, and not all trans people express being trans in the same way or at the same time.
- Furthermore, the conflation of gender identity to schizophrenia can align with sanism, the systemic discrimination against and oppression of individuals perceived to have a mental disorder. It could be considered sanist to question Udoka's ability to make decisions about his own personhood and life because of his schizophrenia diagnosis.

Q3: As someone with schizophrenia, does Udoka have the capacity to consent to undergo gender affirming surgeries? Why or why not?

_____

A3:

- This question relates to WPATH's criteria C:
  - "Demonstrates capacity to consent for the specific gender-affirming surgical intervention"
  - In Udoka's case, the psychiatrist **did not state any issues related to Udoka's ability to consent** (criteria C).
- While this may not be a concern for Udoka, it is the most likely concern to arise for other gender diverse people who have schizophrenia. The WPATH states that psychosis "may impair an individual's ability to understand the risks and benefits of the treatment".[1,2]
  - However, a patient **may** also **have a significant mental illness**, **yet still be able to understand the risks and benefits of a particular treatment**" as seems to be the case for Udoka.[1,3]
- "For many patients, **difficulty understanding** the risks and benefits of a particular treatment can be **overcome with time and careful explanation**".[1] This means service providers should work to ensure the service user's symptoms are not interfering with their ability to provide an informed and authentic decision.
- "For some patients, **treatment of the underlying condition that is interfering with the capacity to give informed consent**—for example treating an underlying psychosis—will allow the service user to gain the capacity to consent to the required treatment".[1]

Q4: Have you ever heard of the Informed Consent Model of Gender Affirming Care? _____
If so, have you ever used it? _____
If not, what other models of consent do you use in practice?

_____

A4:

- What is the Informed Consent Model (ICM)?
  - "ICM offers a more collaborative and service user-centred approach that addresses debates surrounding exactly how and when trans people should access these gender-affirming medical treatments that persist amongst clinicians and researchers. Using ICM in gender-affirming medicine allows for trans people to access hormones and transition-related surgeries with **self-determination and autonomy**, **without** the need for a gender dysphoria **diagnosis**, mandatory pre-transition psychosocial **readiness assessments**, and **unwanted** mental health **treatments**" (p.1).[4]
- Reflect on the Diagnostic and Statistical Manual of Mental Disorders.[5]
  Ask questions like:
  - Does it regulate gender (i.e., perpetuate the types of gender identities and expressions that are acceptable)?
  - Does it restrict the conceptualization of trans experiences?
  - When does it gatekeep and when does it enable access to care?
  - Does the assessment process dehumanize and negatively impact the health and wellbeing of trans clients?
  -

Q5: Would you be willing to use the Informed Consent Model in Udoka's situation? Why or why not? _____

A5: Learn more about the diversity of Informed Consent Models including their benefits and limitations here.[12] Consider the steps to ethical decision making as you consider this question.[13, 14]

Q6: Try to recall a situation in which you had the opportunity to gatekeep (i.e., control/limit general access to) care. What did you do?

A6: What impact did your decision have? Consider the steps to ethical decision making as you consider this question.[13, 14]

Q7: The WPATH Standards of Care Version 8 States:

"The SOC-8 guidelines are intended to be flexible to meet the diverse health care needs of TGD people globally. While adaptable, they offer standards for promoting optimal health care and guidance for the treatment of people experiencing gender incongruence. [...] individual health care professionals and programs may modify these in consultation with the TGD person." (p. S3)

"Do you believe that practitioners could be at a risk of malpractice if they do not follow the WPATH Standards of Care strictly?"_____

A7: There is no evidence that strict adherence to the WPATH-SOC will protect clinicians from any related issues of malpractice. In fact, a survey of clinicians who use the Informed Consent Model approach to initiating hormones for trans people and found no cases that resulted in malpractice claims.[6]

Also important to note, in legal contexts such as malpractice claims, the courts rarely accept clinical practice guidelines as evidence of a single measurable standard of care.[7]

- See the following FAQ page by MacKinnon and Ross (2019) for more great questions and information.[4]

Q8: How can you help Udoka restore and strengthen his personal agency and confidence as their mental health practitioner? _____

A7:

- Be knowledgeable of concepts such as **gender euphoria** to prevent the dehumanization of trans clients.[8]
    - Gender euphoria: a joyful feeling of rightness in one's gender/sex which can be expressed externally, internally, and socially.[9]
- Provide Udoka with a "Gender Euphoria Letter" and/or a "Gender Dysphoria Letter".[10] This letter would document Udoka's gender journey in their own words that they have shared with you, on their own terms. This letter is in contrast but can complement a letter of referral.[10]
- Invite close friends that Udoku agrees upon to a letter-writing campaign.[10] Udokas community members can write about Udoka's strengths and their love for Udoka, and this can help rebuild their sense of community, connection, and confidence.
- Connect Udoka to other resources, such as online support groups with other transgender people who experience schizophrenia and/or complex mental illness. "For some, experiences related to schizophrenia can be comforting or inspiring. For example, someone who is lonely may really value a voice that becomes a trusted confidant" (p.1).[11]

Take-home Messages

- When a service user has a confirmed diagnosis, there may be a tendency to
  (1) **overlook** all new behaviours, thoughts, emotions, or other symptoms and/or
  (2) **attribute** all new behaviours, thoughts, emotions, or other symptoms to the original diagnosis.
    - Udoka may be experiencing diagnostic overshadowing on the part of his psychiatrist. His psychiatrist seems to believe that his gender experiences are a form of delusions from his schizophrenia and is not considering the possibility that his gender experiences are not directly caused by Udoka's schizophrenia.
- All expressions and experiences of being trans and nonbinary are valid, including **identifying as trans masc after the onset of schizophrenia and having gender dysphoria more present during particular emotional states**. Everyone's journey with gender varies, and not all trans people express being trans in the same way or at the same time.
- Gender euphoria: a joyful feeling of rightness in one's gender/sex which can be expressed externally, internally, and socially, and should be the focus when working with trans clients.9
- Navigating consent and access to gender affirming procedures:
    1. What is the impact of schizophrenia on the person's ability to consent? (p. S172).[1]
        - A service user may "**have a significant mental illness**, **yet still be able to understand the risks and benefits of a particular treatment**".[3]
        - Conversely, psychosis and other severe symptoms of a mental illness "may impair an individual's ability to understand the risks and benefits of the treatment".[2]

2. If the service has difficulty understanding the risks and benefits of a particular treatment, there are two main options:
    - "For many patients, [this] **difficulty** […] can be **overcome with time and careful explanation**."
    - "For some patients, **treatment of the underlying condition that is interfering with the capacity to give informed consent**—for example treating an underlying psychosis—will allow the service user to gain the capacity to consent to the required treatment."

- The **Informed Consent Model** in gender-affirming medicine allows for trans people to access hormones and transition-related surgeries with **self-determination and autonomy**, **without** the need for a gender dysphoria **diagnosis**, mandatory pre-transition psychosocial **readiness assessments**, and **unwanted** mental health **treatments**"

References For Case Study 3

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Glossary

The following table includes an alphabetized list of gender-related terms and their definitions used throughout this thesis. With gender being socially constructed, this list provides the reader with an understanding of how I situated gender-related terms within this thesis. Please note that language differs depending on location, culture, time, and other contexts, so the terms presented here are based on dominant Western culture as of 2022.

Acronym or Term	Definition
Cisgender	Adjective. A type of gender modality (Ashley, 2021b). Describes a person whose gender identity aligns with the social expectations of their assigned gender at birth.
Cisnormativity	Noun. "A hierarchical system of prejudice in which cisgender individuals are privileged above non-cisgender individuals but also, negativity, prejudice, and discrimination may be directed toward anyone perceived as non-cisgender" (Worthen, 2016, p. 45). Cisnormativity assumes everyone is cisgender and variations outside of the norm do not exist (Ansara & Hegarty, 2012; Bauer et al., 2009).
Diagnosis Overshadowing	Noun. When health care professionals mistakenly attribute an issue/experience with a pre-existing identity or diagnosis (Mizock & Lundquist, 2016)
Gender affirming	Adjective. This term is used in healthcare practice to refer to the social recognition, procedures, and infrastructure that support a client's gender identity and gender expression. It is often used to describe various types of surgeries and healthcare practices. To collaboratively and holistically address the social health, mental health, medical health, and general well-being needs of trans and nonbinary people. This process involves respectfully affirming their self-attested gender identity and engaging in cultural humility all while in a welcoming health care setting where they can engage with care on their own (International Transgender Health Group, 2021).
Gender dysphoria	Noun. A diagnosis in the DSM-5 related to the psychological distress that may occur for people with a non-cisgender gender modality. Importantly,

	it does not apply to all people who are trans. The term was coined in 1973. For more information, see Ashley (2021a).
Gender euphoria	Noun. "A distinct enjoyment or satisfaction caused by the correspondence between the person's gender identity and gendered features associated with a gender other than the one assigned at birth" (Ashley & Ells, 2018, p. 24).
Gender modality	Noun. The relationship between a person's gender identity and their gender assigned at birth. It serves as an open-ended category that includes the terms transgender and cisgender, metagender, and welcomes the elaboration of more terms that describe people's experiences (Ashley, 2021b; Salamon, 2010).
Gender identity	Noun. A person's "internal and individual experience of gender. It is a sense of being a woman, a man, both, neither, [nonbinary], or anywhere along the gender spectrum. A person's gender identity may be the same as or different from their birth-assigned sex" (Ontario Human Rights Commission, 2012, p. 2).
Gender expression	Noun. The way "a person publicly presents their gender. Gender expression may include behaviour and outward appearance such as dress, hair, make-up, body language, [chosen name, pronouns,] and voice" (Ontario Human Rights Code, 2012, p. 2).
Guided Discovery	Noun. The use of open and inquisitive questioning techniques (e.g. Socratic questions) by the therapist. Instead of the therapist debating and finding solutions for the service user, the therapist asks questions that will help the client come to their own conclusions and realizations. This follows the findings that people are more likely to think flexibly and adopt new ideas if they come to such views for themselves (James, Blackburn, & Reichelt, 2001; Kazantzis et al, 2018)
Nonbinary	Adjective. Denotes a person who is not strictly a man or a woman. They may be partially one, both, neither, or something outside the gender binary. It is also spelled as 'non-binary.'
Sex	Noun. Categories that are generally based on external and internal reproductive anatomy, chromosomes, hormones, and other physical characteristics. In dominant Western culture, gender is typically assigned

	to babies at birth based on genitalia (one of many sex characteristics). Sex typically includes overgeneralizing categories such as female, male, and intersex. Importantly, the terms male and female are irredeemably gendered and not neutral (Ashley, 2022; Margo, 2022). For example, calling trans women male or saying their bodies are male is misgendering (Ashley, 2022). For more, see Ashley (2021c)
Trans	Adjective. This term is a type of gender modality (Ashley, 2021b) that is used in this thesis as an umbrella term that describes the range of people whose gender identity differs from the social expectations of their assigned gender at birth (e.g., Trans people who may be Nonbinary, Genderqueer, Agender, Genderfluid, Tran women, and/or Trans men; Airton, 2018).
Transgender	Adjective. This term has many meanings (Stryker & Currah, 2014) and Stryker and colleagues (2008) advocate for it to "refer to the widest imaginable range of gender‐variant practices and identities" (p.19). For readers new to the field, it may help to view the term as representing a person's gender identity that differs from the social expectations based on their assigned gender at birth (Airton, 2018).