Introduction to Behavioral Healthcare for Transgender and Gender Non-Conforming Clients

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Continuing Medical Education Disclosure

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- **Disclosure**: Consultant for Private Clinical Practice and Specialized College Counseling Services. This presentation does not discuss the use of off-label products.

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Introduction

- Clinical training at Smith College School of Social Work, MSW
- Doctoral work is in Social and Cultural Anthropology, CIIS
- Practicing in agencies and mostly in private practice for 20 years, while working full-time in higher education administration and most recently as a faculty
- Presently Assistant Professor of Social Work and Family Studies at St. Olaf College in Northfield, Minnesota and establishing a small practice in Minneapolis, Minnesota
- Pronouns: she/her/hers; cisgender
Key Objectives

- Brief overview of what is necessary to create an environment that supports treatment of transgender individuals and their families
- Participants will be able to recognize/describe the necessary adaptations needed during the assessment and intervention process with transgender clients
- Introduce the Boston Liberation Health framework as an additional assessment tool for work with transgender individuals and families
- Leave the presentation with recommendations to build a more inclusive and equitable environment for behavioral health delivery
The Basics: Office Space

- Where is your office space located and who do your clients have to interact with to get in for treatment?
- Is your administrative staff trained and prepared to engage with transgender clients?
- What are the messages conveyed in the portrait and publications in the waiting room?
- Is the bathroom unisex?
Frameworks of Service

- Role of terminology
  - Mental health
  - Behavioral health

- Setting
  - Where is the person being seen and how may that influence how the person working with you enters this work

- Supervision & theoretical models that inform assessment and intervention
  - Be attentive to the driving theoretical model that your supervisor may be operating from or that you may be operating from as a supervisor and be mindful about how you consider application
Overview of Boston Liberation Health Approach

All slides addressing the Boston Liberation Health model are adapted from the work of Dawn Belkin Martinez, PhD, LICSW
Liberation Health Methods: Step One

- See the problem, as experienced by the individual, in its totality
  - You and your client individually list all of the problems they are experiencing in the system or institutions that may be most salient to their behaviors, the goal is to identify the external mechanisms contributing to behaviors
  - Share the lists with one another and discuss what problem you want to focus on first
Liberation Health Methods: Step Two

- Analyze the Personal, Cultural, and Institutional Factors that contribute to the problem
  - Deconstruction of dominant worldview knowledge and ideology; “lifting the veil of ignorance” required by the dominant worldview
  - Problematization: questioning of existing social situations and producing awareness of them: to survive people accustom themselves to material conditions of life to the point that they come to think of them as the natural way to live
  - Introducing new information and consciousness raising: becoming aware of situations and facts theretofore unknown
  - Rescuing the historical memory of change: ongoing stories of resistance and empowerment
Case Example: Jean

- Analyze the personal, cultural, and institutional factors affecting the problem
Jean’s Problem Analysis

- **Personal**
  - Dx of Generalized Anxiety disorder, Complex PTSD
  - Hx of being bullied by family members for being an effeminate child in a masculine presenting body, experiences similar bullying by colleagues at work

- **Institutional**
  - Education system – no intervention with bullying, teased by teachers, often missed school because of environment
  - Healthcare system – insurance is limited, has to pay significantly out of pocket

- **Cultural**
  - Culture of individualism
  - No solidarity
  - Culture of consumerism
  - Stigma
  - Gender roles: “man it up”
  - Culture of competition
  - Racism
Sample Liberation Health Questions

- What are we told about how people are supposed to behave based on gender? What messages do we receive about appropriate behavior based on gender expression?
- Who benefits when we think this way?
Liberation Health Methodology: Step Three

- To Act to Change the Situation
- The final step involves participants discussing an immediate plan to resolve the problem and a long-range plan of action. Clients and providers can produce a “planning the action” chart. This chart consists of four components:
  - Identification of the problem
  - What needs to change
  - Long range vision
  - Plan for the week
Sample Action Plan

- Identification of the problem: “The anxiety”
- What needs to change: “Stop spending so much time worrying about being accepted by other transgender women that it inhibits interactions with TGNC”
- Long range vision: “Stop coming to see you” and “Develop at least 1 or 2 friendships with peers”
- Plan for the week: “When I start worrying about being accepted within my community, focus on the two experiences I have had with the transgender support group that have been positive”
- Plan for the week: Attend group and make a point to reach out to at least one other group members.
Behaviors in Response to Systems

- Anxiety
- Anger
- Depression
- Determination
- Assertiveness
Behavioral Health Interventions
Important Considerations

- There is no one size fits all to interventions with TGNC
- EBP give us information, but it is essential to recognize that with TGNC the best research frequently does not account for a TGNC perspective
Considerations Cont.

- When selecting your intervention approach to use with a TGNC client:
  - Longevity of treatment
  - Supports that can aid or challenge the sustainability of behaviors
  - Role of systems in contributing to their effectiveness
  - Age and environment where the bulk of ‘life’ takes place outside of the home
  - Intersectionality
Case Study #1: Individual Chris

- Describe what is distinct about working with Chris
- In what ways is Chris’ case challenging the clinician in the process recording shared?
- What could be done differently to make the treatment more inclusive and affirming?
Case Study #2: Relationship Blue & Gail

- After hearing this case and considering the BLH triangle, what would you consider to be the essential elements of the Personal, Institutional, and Culture that are shaping the dynamics between the couple?
- Based on your experiences doing couples therapy, what approaches in a traditional approach would be useful and what would be inadequate?
Relationship Cont.

- **Personal**
  - Dx – Depression, substance use, anxiety, CPTSD
  - Hx of physical and sexual abuse, parental loss, and community based violence

- **Institutional**
  - Each bring a childhood history in the social service system

- **Cultural**
  - Black and Latinx cultures, along with the experience of Gail being a transracial adoptee
Case Study #3: Audience Case

- We have time for one case from the audience to discuss as part of the presentation. Just give a brief overview and we can discuss as a group what needs to be considered when planning care.
References

