

Exercise: Uncovering Unconscious Bias

Imagine in your mind a man and a woman. Don’t think too much about it. Just go with the first images available to you. Hold those pictures in your mind. Notice what physical or personality characteristics these imaginary figures have. Notice the racial or ethnic background of these figures. Notice their body shapes and sizes. Then ask yourself why these images or representations for men and women are most available to you. Notice how you feel about these representations, including how it feels to compare yourself to them. Imagine what it would be like for your trans clients to compare themselves to these images.

Now bring up a picture of a trans man and a trans woman. Don’t think too much about it. Just go with the first images available to you. Notice what physical or personality characteristics these imaginary figures have. Notice the racial or ethnic background of these figures. Notice their body shapes and sizes. Ask yourself why these images or representations for trans men and women are most available to you. Imagine what it would be like for your trans clients to compare themselves to these images.

Ask yourself:

- *What biases about gender or transgender people did I notice I have in this exercise?*

- *What can I do when I become aware of biases affecting my clinical judgment and practice?*

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- *If I am neglecting to think about the wide range of trans people in the world, what effect does this have on each client who comes to work with me?*

Quick Tips for Respecting Trans People's Names

- Ask what name a person wants you to use.
- Never use someone's given name without their permission.
- Never ask what someone's given name is *unless absolutely necessary* (e.g., for insurance billing if policy is under the name given at birth). It is generally respectful to ask someone to write down or spell out their name rather than have them say it out loud.
- Refrain from putting the person's chosen name in quotation marks.
- When discussing a client in the past or pre-transition (e.g., during childhood), use the person's current or chosen name *unless the client makes this distinction*.

Examples of non-affirming usage:

- "What is your preferred name?"
- "What is your real name?"
- "I knew Jay when he was Jenny."

Examples of affirming usage:

- "What name do you go by?"
- "I've known Jay since he was a teen."

Quick Tips for Respecting Pronouns

- When you've made a mistake with pronouns, immediately correct yourself and avoid going into shame, justification, defensiveness, lengthy apologies, or explanations. Simply correct yourself and move on.
- Include a fill-in field on intake forms that allows all clients to designate their pronouns.
- In group settings, consider having people introduce themselves with their name and pronouns. This is a simple intervention that can raise awareness.
- If someone else uses an incorrect pronoun and you notice this, take initiative and gently correct that person so that the person being referred to does not have to carry this responsibility on their own.

Examples of non-affirming usage:

- "What are your preferred pronouns?"
- "Do you use male or female pronouns?"

Examples of affirming usage:

- "What pronouns do you use?"
- "My pronouns are he/him/his. What are your pronouns?"

Quick Tips for Discussing Gender Identities

- Use the affirming terms suggested in table 2.1, but listen for and mirror language that clients use to refer to themselves.
- Refrain from assuming a person's gender identity based on appearance.
- When asking about someone's assigned sex, try to pause and ask yourself if and why the question is relevant. If it is out of curiosity, this is not an appropriate reason to ask. If it is for a legitimate reason, such as needing to determine appropriate medical care, it is important to ask in a sensitive, caring manner. We advise caution here, as there are actually few situations in which this question is legitimate, useful, or medically relevant.

Quick Tips for Greeting People

- Adopt gender-neutral ways of greeting or addressing *all* people.
- Refrain from assuming you know the composition of a group of people. For example, avoid generalizations such as “There are no men in the room.”
- Change demographic forms or salutations in letters; incorporate gender-neutral ways of addressing others.
- When referring to a person whose name you do not know, it is appropriate to say, “the person in the blue shirt.”

Quick Tips for Discussing Trans Clients and Transition

- Don't assume that all trans clients relate to the concept of transition. For example, some human resources policies ask trans employees to name a "start date" of their transition, one in which they will officially be recognized in their affirmed gender. This request may have legal and ethical uses, and may even aim to protect the rights of trans employees. However, some trans people consider their transition (including the initiation of it) as a process rather than an event.
- Don't assume that all trans clients want to medically transition or have access to transition-related health care.
- Remember that medical information and histories are sensitive and may not be relevant to your work with the client.
- If you wouldn't ask a cisgender person about their genitals or medical/surgical history, then do not ask a trans person about this sensitive information either.
- Avoid using terms like *post-op* or *pre-op* when describing a trans person's gender identity. This perpetuates the expectation that all trans people want to or will eventually have surgery.

Examples of non-affirming usage:

- "Have you had *the* surgery?"
- "Is she pre-op or post-op?"

Examples of affirming usage:

- "What forms of transition are part of your path?"
- "Are you interested in a medical transition?"

Quick Tips for Respectful Communication About Trans Clients' Bodies

- If discussing bodies or body parts is *relevant* to the client's concerns, make every effort to use gender-neutral language.
- Never ask a trans client about their genitals unless you have a legitimate reason to do so. It's equally inappropriate to ask any trans person *unless the person brings this subject up and indicates wanting to talk about it*.
- It can be more respectful to refer to body parts (especially genitals) using "the" instead of "your" (e.g., "the cervix" instead of "your cervix").
- Be mindful that discussing body parts can be emotionally upsetting or cause a trauma response in some clients. When in doubt, ask what language is most affirming or least distressing for clients.
- Pay special attention to how sex-specific medical information is recorded in electronic medical record (EMR) systems. Notice whether it allows for the complexity that is sometimes introduced when a trans person has socially or medically transitioned but may still need medical care associated with their birth-assigned sex. Be mindful of automatic preventative health alerts and how EMR systems may make inappropriate prompts (e.g., prompts for prostate exams for trans men).

Examples of non-affirming language used to describe body parts:

- "All women need to have pap smears."
- "I hear that you want to have surgery to remove your breasts."

Examples of affirming usage to describe body parts:

- "I want to respect how you would like me to talk about your body. What words would you like me to use to refer to your genitals?"
- "It is important for people with ovaries and uteruses to have a gynecological exam regularly."
- "I hear that you want top surgery."

Sample Questions for Gender-Affirming Surgeries

Here are some sample questions that you may use when working with trans clients seeking gender-affirming surgical interventions. Keep in mind our rationale for asking specific questions is not to look for “right” answers but rather to invite a dialogue that can highlight where clients may need assistance exploring these aspects of their decision making or goals.

Questions related to surgeries in general:

- Where have you been able to access information about this surgery?
- What do you hope to get from having this surgery?
- How might you feel different in your body or life?
- What is your understanding about how you will need to prepare for surgery?
- What do you know about the recovery process?
- How do you expect this surgery will shift how you see yourself? How others see you or relate to you? How you will be treated in the world?
- What kinds of concerns or questions do you have about having this surgery?
- If you have had surgery in the past, how did that go?
- How might this surgery affect the aspects of your life related to dating, sex, or intimacy?
- Are you aware of the impact of substances on your healing process from surgery? (Be sure to ask about smoking/nicotine, including e-cigarettes.)
- For some surgeons, BMI (or weight) is a factor in determining readiness for surgery. Do you have any concerns about this?
- How might having this surgery affect your work, school, or finances?
- What kinds of financial preparations do you have to make in order to lessen financial or work stress through this process?

- Who is going to take care of you after surgery? How much information do they have about the surgery and recovery process? Have you discussed the specific kinds of help you will need from them?
- Who in your life may be able to help with some basic tasks or everyday responsibilities, such as laundry, shopping, or cooking?
- Who can you turn to if you are having a hard time and need emotional support after surgery?
- If you are used to being very active and it is a main coping strategy for you, what other coping strategies can you rely on?
- Are you aware that most surgeons require you to go off hormones for a period of time before certain surgeries? What information or resources do you need to prepare for this, including the possibility that dysphoria may temporarily increase while off hormones?

Questions specific to feminizing chest surgeries:

- One year on hormones is a typical recommendation prior to having this surgery. Do you have any concerns about this?
- Is there anything that you have done to try to get a sense of what chest size would feel right for you, and how might you communicate that with your surgeon?
- What is your understanding of the scarring that will result from chest reconstructive surgery?
- What is your understanding about nipple sensation, and how do you feel about it?

Questions specific to masculinizing chest surgeries:

- What is your understanding of the scarring that will result from chest reconstructive surgery?
- What is your understanding about nipple sensation, and how do you feel about it?
- Chest feeding: This may or may not apply to you, but if you are interested in having genetically related children, are you aware that chest/breast feeding will not be an option after top surgery?

Questions specific to hysterectomy (and oophorectomy):

- Some people choose to have a hysterectomy but keep their ovaries intact for various reasons, such as protecting bone health or preserving reproductive options. Is this something you want to explore or consider?
- If you choose to have an oophorectomy (removal of ovaries), you will no longer have an endogenous source of sex hormones, which is important for protecting bone health. This means that you will need to commit to taking hormone therapy of some kind for life or until older adulthood. Do you have any concerns about this?

Questions specific to orchiectomy:

- Do you think that orchiectomy is the only genital reconstructive surgery you will want? If you think you may want to have vaginoplasty in the future, have you expressed this to your doctor or surgeon?

Questions specific to metoidioplasty:

- Are you interested in urethral lengthening? How does this fit or not fit with your goals?
- Are you interested in a vaginectomy? How does this fit or not fit with your goals? (This may or may not be a choice depending on the surgeon and technique.)
- Are you aware of the number of surgeries and recovery periods that may be involved in having metoidioplasty and the time you will need to take off from work or school? How do you think this will affect your life in the next one to three years?

Questions specific to phalloplasty:

- Are you interested in urethral lengthening? How does this fit or not fit with your goals?
- Are you interested in a vaginectomy? How does this fit or not fit with your goals?
- Are you aware of the hair removal (typically electrolysis) that is required for your graft donor site (arm or leg)?
- Are you aware of the physical therapy that is required for you to return to full range of motion/function at your donor site (arm or leg)?
- Are you aware of the number of surgeries and recovery periods that may be involved in having phalloplasty and the time you will need to take off from work or school? How do you think this will affect your life in the next one to three years?

Questions specific to vaginoplasty:

- What do you know about the hair removal process prior to vaginoplasty, and do you have any specific concerns about this?
- What do you know about the need to perform dilation in order to maintain results from vaginoplasty, and do you have any specific concerns about this?
- Are you aware of the different options in terms of surgical staging, timeline, and different periods of surgical preparation and recovery? How do you think this will affect your life in the next one to three years?

Questions specific to facial feminization surgeries (FFS):

- Changes to facial appearance can vary considerably after having FFS, with some changes being subtle and others being more noticeable or significant. What are your goals, questions, or concerns related to having this/these procedure(s)?
- Changes in facial appearance may bring about strong or different reactions from people in society. How do you imagine you will navigate the changes related to how others perceive you?

Writing Letters for Gender-Affirming Medical Interventions: General Guidelines

- There are very few medical procedures that require a mental health evaluation. Imagine having to get an assessment for a knee replacement surgery in order to confirm that you really experience pain when walking. It is important to keep this in mind and be sensitive as you ask clients to talk about their thoughts, feelings, and decision-making process regarding the medical intervention(s) they are seeking.
- Your role is to assess a client's understanding of the requested medical intervention. As a mental health provider, you are tasked with assessing whether your client has the capacity to make an informed decision about their medical care and whether mental health concerns are "reasonably well controlled" so as not to interfere with their medical care or capacity to care for themselves. We do not ask for early childhood likes or preferences, and the answers would not change whether or not we would provide the letter or recommendation. However, if a client chooses to share this information, we can provide an experience in which they feel heard and affirmed.
- A diagnosis of gender dysphoria is typically required to obtain insurance coverage for gender-affirming medical care. Many trans people do not agree that their gender identity is a mental health problem. Shifting the frame away from one of pathology, you might say that much of the dysphoria a client experiences is a result of a hostile and nonaccepting environment, rather than an internal state.
- We advocate drafting a letter and sharing it with the client so that they can review it before sending it to a surgeon or insurance company. This is a way to make the process more collaborative. Based on the client's feedback, you can make necessary changes or corrections and then ask where and to whom the letter should be sent and how many copies the client needs.

Your letter should include the following components:

- Identifying information: name, date of birth, gender identity, pronouns. Be sure to ask your client how they would like to be referred to in the letter (e.g., first name, Mr., Ms., Mx.).
- The name associated with the client's insurance plan (if the client is using insurance to access care). Include that name *once* at the top of the letter and thereafter use the client's name (the name they go by). For example: "Karlina Crosby (legal name: Carl Crosby), DOB 12/12/1973."

- Other client information: age, race/ethnicity, sex assigned at birth, gender identity, where the person lives, if the person is working or in school, etcetera. This can be one to two sentences.
- A statement that indicates the nature of your professional relationship with the client. If this an ongoing therapy client, how long have you been working with them? Is the client meeting with you solely for the purpose of assessment/recommendation and getting a letter?
- A brief description of who you are as a clinician, where you work, and your experience working with transgender and gender nonconforming clients.
- The name of the medical intervention(s) the client is seeking, including naming the specific surgery (e.g., phalloplasty as opposed to genital reconstructive surgery).
- The client's report of perceived risks and benefits of the requested medical intervention.
- Gender dysphoria diagnosis (include both ICD and DSM codes). It is respectful to be transparent and let the client know that you are putting this diagnosis in the letter in order to justify medical necessity. You may want to add a sentence or two that describes the dysphoria and its impacts on the client's life as related to the client's goals for medical transition or sense of self/gender. This information may not always be required.
- A *relevant/brief* statement regarding milestones related to gender or transition, such as when the client started socially transitioning (based on whatever that means to them), initiation of hormone therapy (if applicable), and other relevant medical procedures/surgeries (e.g., "had top surgery in August 2012").
- A statement about the client's mental health or relevant history, including if the person is on any medications to treat mental health concerns. If there is a significant mental health history, it is helpful to name the diagnosis and demonstrate that the concerns are reasonably well controlled and how. For example: "Karlina reports a lifelong history of mild depression, but she reports that since transition the symptoms have reduced considerably and do not interfere with her functioning. These symptoms are managed with medication and psychotherapy. All mental health concerns are reasonably well controlled."
- A statement indicating that you have evaluated substance use and determined that there are no indicators that the client's substance use is a significant problem or would interfere with medical treatment.

- A clear, strong statement about the client's capacity to give informed consent (e.g., "Karlina is aware of and able to articulate the risks and benefits of the requested surgery/procedure/service and has the capacity to give informed consent").
- A statement about the person's overall capacity to cope with stress or indications of resilience.
- You may opt to include the WPATH SOC7 criteria and how they apply to the client (though many of the above components demonstrate that the client meets the WPATH SOC7 criteria). Be sure to use the criteria corresponding to the specific procedure/service the client is requesting. Make a clear, strong statement that indicates you believe the client is an appropriate candidate for the requested service/procedure and that the surgery is medically necessary.

Appendix A

Trans-Affirming Glossary—A Quick Reference Guide

Language, words, terms, and descriptions evolve rapidly in trans communities. Being trans-affirming means staying up to date with those evolutions, honoring how language becomes more personal and reflective of people's experience, and cultivating curiosity about differing usages of language by different people. We combined and slightly modified the glossaries of several trans-affirming organizations listed at the end of this appendix (American Psychological Association, Fenway Health, Lambda Legal, PFLAG) and added terms from a few other glossaries. We have also included organizations that update their glossaries regularly.

List of Terms

Ally: A cisgender person who supports and advocates for trans people and/or communities. People with a justice orientation may not use the term *ally*, which they feel can distance themselves from a group (such as trans people) that is historically marginalized, but instead use *co-conspirator* or *accomplice* to denote that they are willing to make sacrifices to support trans rights and access to important resources.

Asexual: A person who may not experience sexual attraction or has little interest in sexual activity; asexuality exists along a spectrum.

Cisgender: A person whose sex assigned at birth or body corresponds with their gender identity; generally preferred over terms such as *non-trans* or *natal/bio man/woman*.

Cisgenderism: A systemic bias based on the ideology that gender expression and gender identities are determined by sex assigned at birth rather than self-identified gender identity. Cisgenderism may lead to prejudicial attitudes and discriminatory behaviors toward trans people or to forms of behavior or gender expression that lie outside of the traditional gender binary (American Psychological Association [APA], 2015, p. 860).

Coming out: A process of disclosing or actualizing a (typically marginalized) identity that is not apparent to others; coming out as trans can include sharing information about one's gender identity or history that is in contrast with one's sex assigned at birth or current gender expression.

Cross-dressing: Changing one's gender expression in a way that is different from expectations related to sex assigned at birth through clothing, hairstyle, accessories, or makeup. Cross-dressers typically do not consider themselves trans, but some trans people formerly identified as cross-dressers prior to coming into a trans identity.

Female-to-male (FTM): Individuals who are assigned a female sex at birth and wish to change, are changing, or have changed their body and/or gender role to a more masculine body or gender role. FTM persons are also often referred to as transgender men or trans men (APA, 2015, p. 861). Some do not find this term affirming, as it prioritizes sex assigned at birth and reinforces binary gender.

Gender-affirming surgery: Surgery to change primary and/or secondary sex characteristics to better align a person's physical appearance with their gender identity. Gender-affirming surgery can be an important part of medically necessary treatment to alleviate gender dysphoria and may include mastectomy, hysterectomy, metoidioplasty, phalloplasty, breast augmentation, orchiectomy, vaginoplasty, facial feminization surgery, and/or other surgical procedures (APA, 2015, p. 861).

Gender binary: A system in which gender is characterized as two mutually exclusive categories of male/boy/man and female/girl/woman.

Gender dysphoria: "Discomfort or distress related to incongruence between a person's gender identity, sex assigned at birth, gender identity, and/or primary and secondary sex characteristics" (Knudson, De Cuypere, & Bockting, 2010). In 2013, the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5; American Psychiatric Association, 2013) adopted the term *gender dysphoria* as a diagnosis characterized by "a marked incongruence between" a person's gender assigned at birth and gender identity (American Psychiatric Association, 2013, p. 453).

Gender expansive: A term describing individuals who stretch their culture's conceptions of gender identity, expression, roles, and/or norms. May be used as an umbrella term that includes trans and nonbinary people.

Gender expression: An individual's presentation, including physical appearance, clothing choice and accessories, and behavior that communicates aspects of gender or gender role. Gender expression may or may not conform to a person's gender identity (Fenway Health, 2010, p. 1).

Genderfluid: People who experience their gender as changing, dynamic, or evolving over time.

Gender identity: A person's internal sense of having a gender, whether it is as a man, woman, or another gender; gender identity is not always visible to others and may not correspond with sex assigned at birth.

Gender nonconforming: A term to describe individuals whose gender expression, gender identity, or gender role differs from expectations based on sex assigned at birth.

Gender role: The way that gender is expressed through appearance, behavior, personality, or role and is perceived by others, whether these factors are associated with being a boy/man, girl/woman, or another gender. Gender roles and norms are culture- and context-dependent.

Gender variant: A term describing a person who expresses their gender in a way that does not conform with gender norms associated with sex assigned at birth. Many people avoid this term because it suggests abnormality rather than difference or diversity.

Genderqueer: A person who does not identify with binary gender and may consider themselves both, neither, or moving fluidly between categories of male/man or female/woman.

Hormone therapy (hormone replacement therapy, HRT): A medical intervention involving the use of hormones to feminize or masculinize one's body or appearance, typically to better align one's appearance with one's gender identity.

Intersex: A term describing people who have physical sex characteristics (i.e., chromosomes, genitals, and/or gonads) that are not considered typical within the binary framework of male/female. Some examples of these conditions include ambiguous external genitalia, lack of typical responsivity to sex-related hormones, and inconsistency between external genitalia and reproductive organs (Fenway Health, 2010, p. 2).

Male-to-female (MTF): Individuals whose assigned sex at birth was male and who have changed, are changing, or wish to change their body and/or gender role to a more feminized body or gender role. MTF persons are also often referred to as transgender women or trans women (APA, 2015, p. 862). Some do not find this term affirming as it prioritizes sex assigned at birth and reinforces binary gender.

Passing: The concept of blending with cisgender people or not being perceived as trans based on one's appearance. This idea is a goal for some trans people and is offensive to others.

Queer: An umbrella term that can describe sexual orientation or gender identity that does not conform to societal expectations of being heterosexual or cisgender. Some LGBT people may find this term pejorative; therefore, it should be used only when a person self-identifies using this label.

Sex (sex assigned at birth): Sex marker (M or F) given at birth based on external genitalia.

Sexual orientation: A term that refers to an aspect of identity or experience related to sexual attraction (physical or emotional), behavior, or identity, often in relation to others' gender identity and/or expression. Examples of sexual orientation identities include lesbian, gay, bisexual, queer, heterosexual, asexual, or pansexual. Some people experience their sexual orientation as fixed, while others experience it as fluid or dynamic. An important distinction is that sexual orientation is different from gender identity.

Stealth: A phrase used by some trans people typically to indicate the choice to keep one's trans identity private. This term may be considered offensive and reinforcing of a stereotype of trans people as deceptive; some trans people prefer the terms *no-disclosure* or *low-disclosure*.

TGNC: An acronym for people or communities that are trans and/or gender nonconforming.

Trans: A common umbrella term and shorthand for the term *transgender*.

Trans feminine: An umbrella term that describes a person/people assigned male at birth whose gender identities exist along a feminine spectrum of gender. This may include trans women or people who identify as nonbinary.

Trans masculine: An umbrella term that describes a person/people assigned female at birth whose gender identities exist along a masculine spectrum of gender. This may include trans men or people who identify as nonbinary.

Transgender: An adjective and umbrella term that describes a person/people whose sex assigned at birth differs (in varying degrees) from their gender identity.

Transgender man, trans man: A person whose sex assigned at birth is female but who identifies as a man.

Transgender woman, trans woman: A person whose sex assigned at birth is male but who identifies as a woman.

Transition: A process of shifting one's gender expression or body to better match one's gender identity (typically moving away from gender expression or body that is associated with sex assigned at birth). May include social, legal, and medical components. Not all trans people choose to transition, and transition pathways are highly individual.

Transsexual: A term historically used to refer to trans people who changed their bodies through medical interventions. This term is no longer in popular usage and may be considered offensive, though some people (often of older generations) still use it to refer to themselves (APA, 2015, p. 863). Transsexualism

is currently classified as a medical diagnosis in the World Health Organization's (2016) *International Classification of Diseases, 10th revision*.

Two-spirit: An identity in some Native American cultures referring to people who identify as both male and female. This term has been used to describe both gender identity and sexual orientation.

Organizations with Trans Glossaries

American Psychological Association. (2015). Guidelines for psychological practice with transgender and gender nonconforming people. *American Psychologist*, 70, 832–864. doi:10.1037/a0039906

Fenway Health. (2010). Glossary of gender and transgender terms. Retrieved from http://fenwayhealth.org/documents/the-fenway-institute/handouts/Handout_7-C_Glossary_of_Gender_and_Transgender_Terms__fi.pdf

PFLAG. (n.d.). National glossary of terms. Retrieved from <https://www.pflag.org/glossary>

Lambda Legal. (n.d.). Glossary of LGBTQ terms. Retrieved from <https://www.lambdalegal.org/know-your-rights/article/youth-glossary-lgbtq-terms>

APPENDIX B

Trans-Affirming Counseling Resources

Competencies, Guidelines, and Standards

American Counseling Association. (2010). American Counseling Association competencies for counseling with transgender clients. *Journal of LGBT Issues in Counseling*, 4, 135–159. <http://dx.doi.org/10.1080/15538605.2010.524839>

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Coleman, E., Bockting, W., Botzer, M., Cohen-Kettenis, P., DeCuypere, G., Feldman, J., ... Zucker, K. (2012). Standards of care for the health of transsexual, transgender, and gender nonconforming people, 7th version. *International Journal of Transgenderism*, 13, 165–232. <http://dx.doi.org/10.1080/15532739.2011.700873>

Trans-Affirming Organizations

Gender Spectrum: <http://www.genderspectrum.org>

Lambda Legal: <http://www.lambdalegal.org>

National Center for Transgender Equality (NCTE): <http://www.transequality.org>

Sylvia Rivera Law Project (SRLP): <http://www.srlp.org>

Trans Youth and Family Allies: <http://www.imatyfa.org>

Transgender Law Center (TLC): <http://www.transgenderlawcenter.org>

Further Reading

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- Veaux, F., Hardy, J., & Gill, T. (2014). *More than two: A practical guide to ethical polyamory*. Portland, OR: Thorntree Press, LLC.
- Wiseman, J. (1996). *SM 101: A realistic introduction*. San Francisco, CA: Greenery Press.