



SOCIAL TRANSITION & AFFIRMING CARE

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WHAT IS SOCIAL TRANSITION?

- Social transition refers to a number of changes that can be made in a trans person's social life and social contexts
 - Not just *how* you get your haircut, but *where* you get it cut



ASPECTS OF SOCIAL TRANSITION

- Changing Appearance
 - Clothes
 - Shopping in “women’s” or “men’s” section
 - Haircut/hairstyle
 - Body hair removal
 - Attempt to modulate voice
 - Mannerisms (crossing legs, smiling, assertiveness)
 - Binding/packing/accessories



TRANS ACCESSORIES



ASPECTS OF SOCIAL TRANSITION

- Coming Out
 - Close friends
 - Family
 - Work/School
 - Updating social media names/pronouns
 - New gender in online communities



GENDER ATTRIBUTION

- Social transition aspects may be an attempt to change people's perception of individual's gender
- Some clients may be less concerned about how others perceive them
- Feeling stuck in a cage
- Managing daily interactions with strangers (server at restaurant, cashier at stores, etc.)



SOCIAL TRANSITION VS. MEDICAL

Social

- Can be done without medical intervention or medical professionals
- Can be done in some contexts and not others
 - Safe to dress differently at home than work/school
 - When attending trans support groups, etc.
- Can be less permanent

Medical

- Requires professionals
- Can be more costly
- Concerns about “permanence”

Legal

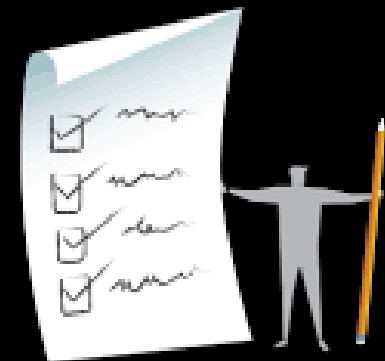
- Changing documents
- Interconnected
 - SS card, driver's license, birth certificate, credit cards, utilities, loans, etc.
- Perhaps the most difficult step...?

TIMING OF SOCIAL TRANSITION VS. MEDICAL TRANSITION

- Pre-pubescent children, usually social transition first
- Adults and adolescents there are many factors to consider
 - Many parents of teens would rather see a social transition to make sure teen “knows for sure” before medical intervention
 - Downside is further development of secondary sex characteristics
 - In my experience, most clients go through social transition before pursuing medical transition, but not always
 - For MAAB, may be more dangerous for them to socially transition prior to medical transition
- Reminder – not everyone’s goal is to pass – some people may only pursue some aspects of social transition

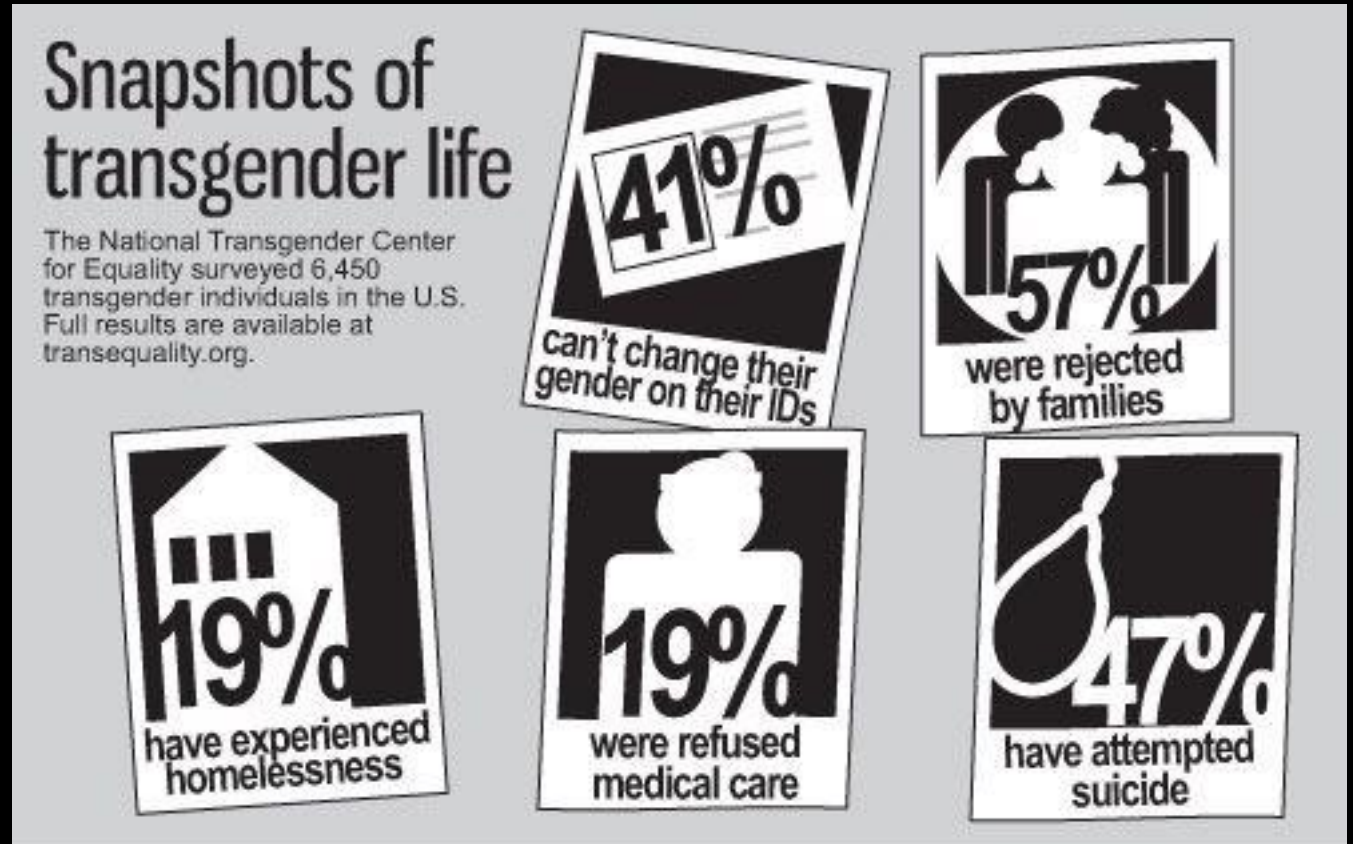
WHY DON'T SOME PEOPLE MEDICALLY TRANSITION?

- Cost-prohibitive
- Logistics of getting letters, arranging doctor's appointments, etc.
- Risks/complications
- Found contentment/satisfaction with their body
- Identify as nonbinary/GNC and don't desire medical interventions
- <https://www.facebook.com/BuzzFeedLGBT/videos/1165602486900268/>



MENTAL HEALTH AND TRANS CLIENTS

- Extensive experiences of stigma and discrimination reported by TGNC people¹
- Mental health consequences of these experiences across the life span²
- Increased rates of depression³ and suicidality⁴



¹. Grant et al. (2011), ². Bockting, Miner, Swinburne, Romine, Hamilton & Coleman, (2013),

³. Fredriksen-Goldsen et al., (2014), ⁴. Clements-Nolle, Marx, & Katz (2006)

MENTAL HEALTH IN SOCIALLY- TRANSITIONED CHILDREN

- Previous studies in TGNC children (who had not transitioned), found very high rates of depression and anxiety
- Concern that parent's might underreport socially-transitioned children's symptoms
 - Fears of confirmation bias to support their decision to allow children to socially transition
- Durwood, McLaughlin, and Olson (2016) found:
 - Trans children allowed to socially transition did not differ from matched-controls on depression or self-worth
 - Did have marginally higher anxiety
 - Parents reported their trans children experienced more anxiety (dispelling previous studies that parents would underreport)

SOCIAL TRANSITION OUTCOMES IN ADULTHOOD

- Some studies indicate social transition is not always associated with positive mental health outcomes in adults
 - Could be because harder to transition later in life
 - Children – have parental support if allowed to transition
 - Secondary sex characteristics fully developed
 - Family obligations (parents themselves, spouses/partners)
 - Degrees/work achievements
 - Potential of violence, discrimination, family/friend rejection
- Worse adult outcomes could be due to years of denying their gender and society's rejection



MENTAL HEALTH & SOCIAL TRANSITION

- Research has primarily shown positive treatment outcomes when TGNC adults and adolescents receive TGNC-affirmative medical and psychological services (i.e., psychotherapy, hormones, surgery)

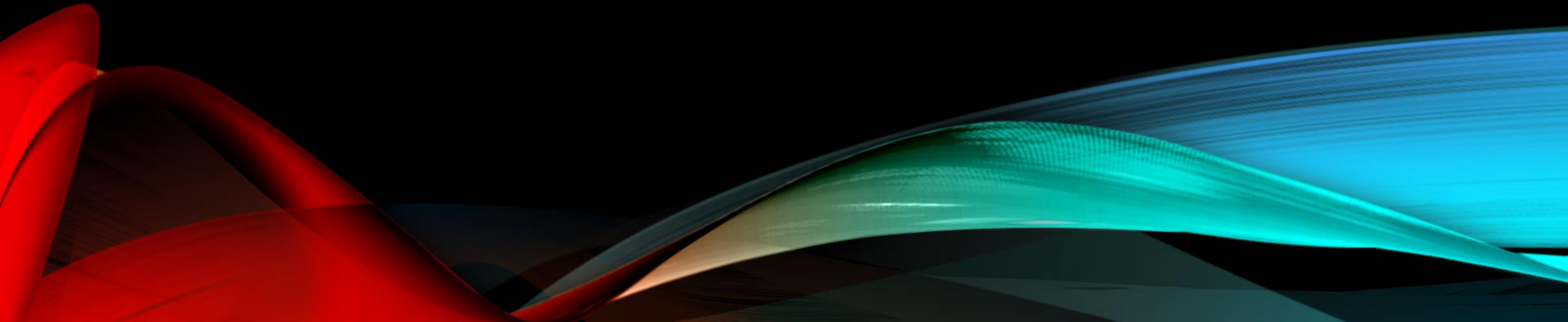


Byne et al., 2012; R. Carroll, 1999; Cohen-Kettenis, Delemarre-van de Waal, & Gooren, 2008; Davis & Meier, 2014; De Cuypere et al., 2006; Gooren, Giltay, & Bunck, 2008; Kuhn et al., 2009

APA GUIDELINES

- Given the strong evidence for the **positive influence of affirmative care**, psychologists are **encouraged to facilitate access to and provide trans-affirmative care** to TGNC people. Whether through the provision of assessment and psychotherapy, or through **assisting clients to access hormone therapy or surgery**, psychologists may play a critical role in empowering and validating TGNC adults' and adolescents' experiences and increasing TGNC people's positive life outcomes (Bess & Stabb, 2009; Rachlin, 2002).

HOW CAN I BE AFFIRMING?



WAYS TO BE AFFIRMING

• Use their name and pronoun!!!

- Even if they haven't taken any "steps" and still appear their gender assigned at birth
- If ongoing patient, ask at different appointments
- Be flexible if they want to try out another name/pronoun
- Don't ask about *preferred* pronoun
 - Insinuates using the correct pronoun is optional
- Conceptualizing your client as their stated gender in multiple contexts will make it easier to use their name and pronoun
 - May want to ask your client how to refer to them with front office staff (confidentiality, safety, etc.)



WHAT TO DO IF YOU MAKE A MISTAKE WITH SOMEONE'S NAME/PRONOUN

- Do
 - Correct yourself quickly and move on with conversation
- Don't
 - Apologize profusely
 - Mention how difficult it is for you
 - Assume they didn't notice it
 - Assure them you are supportive but need more time to feel comfortable using their name and pronoun
 - Argue that "they" is plural or zie is not a real pronoun



WAYS TO BE AFFIRMING CONT.

- **Trust your patient/client**

- If your client tells you their stomach hurts, they're mad at their partner, or they feel depressed, you believe them – why is gender any different?
- Trans clients often worry they are not “trans enough” – don't perpetuate that concern
- Clients should NOT have to “prove” they are trans
 - There is no formal assessment
 - Many worry they need to prove themselves for letters or medical interventions
 - Consider “worst-case scenario” if you support someone and they “change their mind”
- Examine your biases



AFFIRMING SPACE

Null Environment Hypothesis - Freeman (1975)

- Any intervention that is null (not overtly affirming) perpetuates societal oppression
- Minority clients (such as TGNC) will assume people are unsupportive until proven otherwise

Do what you can to have explicit displays supporting TGNC clients

- Affirmative clinical forms
- Sticker, flag, etc.
- TGNC/LGBTQ magazines
- Statements on your website/marketing materials
- Bathroom signage



AFFIRMING THERAPY

- Provider should be knowledgeable
 - Not enough to just be friendly and supportive
- Not everything brought up in therapy is about gender identity
 - May have other mental health/life concerns
- If MAAB initially reports a desire to transition to female, and later states feeling nonbinary/genderqueer/agender/etc., doesn't mean they regret transitioning to female or they are second guessing it
- In my experience, trans clients spend an inordinate amount of time considering their gender and don't make transition-related decisions lightly



GATEKEEPERS VS. LIBERATORS

Providers are often put in a gatekeeping role

- Clients are required to get letters from TWO providers before surgery
- This gives providers a lot of power, gives clients less control
- This is not required for many other procedures
 - Cosmetic surgery for client with Body Dysmorphic Disorder

Liberators

- Give control back to clients - trust that they know themselves
- Don't make the client feel like they have to "prove" themselves to you
- Do a clinical assessment, but do your best to "get out the way" unless there are serious concerns



LETTER WRITING

- Refer to WPATH Standards of Care
- General format
 - Background info on gender identity
 - Timeline of transition-related changes (social, going “full-time”, medical)
 - How mental health has improved with transition
 - Specify procedure sought, awareness of risks, complications, post-op care
 - Assess if expectations are realistic
 - Indicate symptoms consistent with Gender Dysphoria from DSM-5
 - Specify medical necessity
 - Provide recommendation
- Include other concerns (substance abuse issues, personality disorders, psychosis/thought disorders) and determine if they would interfere with successful surgery

OTHER THINGS TO CONSIDER

- Travelling - TSA screenings notoriously challenging for TGNC individuals



- Voice therapy - FAAB who undergo HRT often notice a drop in their voice, but MAAB who have experienced male puberty have harder time with their voice
 - Speech Language Pathologists (Simone Huls) can provide voice therapy

CONCLUDING THOUGHT

- Trans people (especially trans women of color) are being murdered
 - At least 28 reported/known in 2017
 - 4 so far in 2018
- Affirming providers are so needed to help change the culture and increase access to care so...

THANK YOU FOR BEING HERE!!!!



An abstract graphic at the top of the slide featuring a series of overlapping, wavy bands of color. From left to right, the colors transition from a warm orange-red to a bright yellow, then to a vibrant green, and finally to a light blue. The waves create a sense of movement and depth against the solid black background.

QUESTIONS???

Reminder – Please complete the post-test in the envelope you were given