

Counseling Trans Clients: Top Eight Tools and Tips

1. S.I.E.O.: Biological Sex, Gender Identity, Gender Expression, Sexual Orientation

Biological **S**ex: Combination of chromosomes, genital, and hormonal make-up

Gender **I**dentify: Internal sense of gender

Gender **E**xpression: Outward expression of gender (clothes, hair, make-up, etc.)

Sexual **O**rientation: Whom a person is romantic, emotional, physically and/or sexually attracted to

2. Gender Spectrum

- There is no right way to be transgender. S.I.E.O. can line up in a variety of ways to produce a “transgender identity.”
- Some transgender experiences include a social and medical transition from male to female or female to male, others do not.
- Each person’s journey is different and there is no “correct” final destination.

3. There is no one “Transgender Community”

- Transgender people are socially, economically and demographically diverse and have a great diversity of health care needs. Transgender people can represent a wide variety of gender identities, sexual orientations, ethnicities, religions, political affiliations, values systems and beliefs.
- Just as there is no one way to be transgender, there is also not one transgender community but many diverse transgender communities.

4. History of Discrimination

- Discrimination based on transgender identity has been a barrier to accessing services. As a result of such discrimination, people were forced to modify their appearance to fit gender criteria established by social service organizations.
- *All transgender people carry with them this collected history of discrimination.*
- Many transgender individuals have had negative experiences with health and social service professionals, and may be wary about entering unreservedly into a relationship with the clinician.

It can be helpful to:

- Actively demonstrate trans-specific sensitivity by discussion privacy issues in setting appointments and the client’s preferred name/pronouns
- Place visible trans brochures, books, and posters in your office
- Have access to a single stall or gender neutral restroom
- Include gender-identity in your non-discrimination policy and post visibly

5. Assessing for Gender Concerns: I Came In With A Broken Leg and They Looked at my Vagina

- In health-care clinics transgender individuals often find themselves a point of curiosity and clinicians may ignore their presenting problem and instead focus on their transgender identity.

- This can also happen in the counseling office. If the client does not indicate whether transgender issues are relevant to the presenting concern, appropriate framing should be used for an inquiry (e.g., “For some transgender people, being transgender affects their relationships – is this an issue for you?”).

Assessment should include:

- Asking how someone identifies their gender.
- Asking how someone identifies their sexual orientation/attraction to others.
- Helping the client discuss their gender narrative
- Inquiring about gender specific discrimination/oppression
- Inquiring about gender specific experiences of success and celebration
- Exploration of the impact or non-impact of gender
- Reflecting and affirming language, using the language most comfortable for them
- Talking openly about bodies; language for their body; connection/disconnection to their body

6. Trans-Sexuality

- Assumptions should not be made about sexual activities, sexual orientation, or the transgender status of sexual partners.
- Sexual safety includes management of disclosure of transgender status to sexual partners, negotiation relating to safer sex, negotiation of dysphoria relating to the chest or genitals, issues relating to sexual violence/abuse, and the prevention of sexually transmitted diseases.

7. Counseling Trans Family and Loved Ones

- Evaluation should include discussion of the nature of the client’s relationship to the transgender person, the impact of gender issues on the relationship with the transgender person and also with other loved ones, and awareness of support resources.

8. Clinician Competency

- For any work with trans individuals or loved ones, the mental healthy clinician should be knowledgeable about transgender identity development, gender confusion, gender dysphoria, gender transition, compulsive cross-dressing, and the common concerns of loved ones, and should be able to document a history of transgender development.
- It is the responsibility and obligation of the clinician to become familiar with relevant literature, resources, culture, and special needs of that population.
- Mental health clinicians evaluating eligibility and readiness for hormonal/surgical feminization or masculinization are not expected to have detailed knowledge of the medical risks and benefits of specific hormones or surgical procedures, but should be sufficiently knowledgeable to be able to assess whether the client has a generally accurate understanding of potential options, risks, and benefits.