GENDER DIVERSITY: PROMOTING INCLUSION AND BEST PRACTICES FOR TRANSGENDER YOUTH IN RESIDENTIAL CARE

ACRC 63rd Annual Conference 2019
Ashley Warhol, Psy.D.
Director of Clinical Services & Internship Training
Devereux Advanced Behavioral Health – MA & RI
LEARNING OBJECTIVES

- To establish the importance of embracing trans-affirming practices for youth by reviewing key data and research on mental health outcomes.

- To define key terms related to gender identity and expression.

- Learn strategies to assess, develop, and improve policies and practices that promote LGBTQ and trans-affirming care.

- Explore barriers to trans-affirming practices and identify strategies to address them.
WHY DOES THIS MATTER?

- Our youth are at risk!

- LGBTQ students are at higher risk than their straight/cis counterparts for almost every negative outcome you can think of:
  - Lower GPA and higher school absences
  - Suicide and self-injurious behavior
  - Depression, anxiety, PTSD and other mental health issues (largely related to experiences of discrimination and stigma)
  - Substance use
  - Sexually risky behavior
  - Bullying and/or assault
  - Rejection
  - Homelessness
WHY DOES THIS MATTER?
A look at the data…

LGBT youth are twice as likely as their peers to say they have been physically assaulted, kicked or shoved at

www.hrc.org/youth

#LGBTYOUTH
WHY DOES THIS MATTER?

92% of LGBT youth say they hear negative messages about being LGBT. The top sources are school, the Internet and their peers.

www.hrc.org/youth

#LGBTYOUTH
WHY DOES THIS MATTER?

4 in 10 LGBT youth (42%) say the community in which they live is not accepting of LGBT people.

www.hrc.org/youth

#LGBTYOUTH
WHY DOES THIS MATTER?

Rate of suicide attempts (%)

- Trans or Gender Non-Conforming: 41%
- Lesbian, Gay or Bisexual: 20%
- Overall Population: 4.6%

Data: The Williams Institute
WHY DOES THIS MATTER?

- Because previous negative experiences with mental and physical healthcare create barriers to further healthcare utilization
  
  – One third of transgender individuals had at least one negative experience with a healthcare provider (e.g., harassment or refusal of treatment) due to their transgender identification (James et al., 2016)

  – Reluctance to engage with mental health providers when intake forms are not representative of gender identity (APA, 2015)
A LITTLE FRIENDLY COMPETITION…
A Quick Primer

CAN'T KEEP CALM
IT'S GAME TIME
DEFINING TERMS
Source: Human Rights Campaign (HRC) Glossary of Terms

- **Gender Identity**: a person’s concept of self as male, female, a blend of both or neither – how individuals perceive themselves and what they call themselves.

- **Gender Expression**: external appearance of one’s gender identity, usually expressed through behavior, clothing, haircut or voice.

- **Cisgender**: a term used to describe a person whose gender identity aligns with those typically associated with the sex assigned to them at birth.

- **Transgender**: an umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth.

- **Gender Non-Conforming**: broad term referring to people whose gender expression does not fit neatly into a category.

- **Non-Binary**: an adjective describing a person who does not identify exclusively as man or woman; may identify as being both man and a woman, somewhere in between, or falling outside these categories.
DEFINING TERMS

Source: Human Rights Campaign (HRC) Glossary of Terms

- **Gender-Expansive (Gender Creative):** conveys a wider, more flexible range of gender identity and/or expression than typically associated with the binary gender system.

- **Gender Fluid:** a person who does not identify with a single fixed gender; a person having or expressing fluid or unfixed gender identity.

- **Assigned Sex at Birth:** the sex (male or female) given to a child at birth, most often based on the child’s external anatomy.

- **Intersex:** an umbrella term used to describe a wide range of natural bodily variations that may be visible at birth, not until puberty, or not physically apparent at all (chromosomal variations).

- **Gender Transition:** the process by which some people strive to more closely align their internal knowledge of gender with its outward appearance; can be social and/or medical.

- **Gender Dysphoria:** clinically significant distress caused when a person’s assigned birth gender is not the same as the one with which they identify.
SOME OTHER TERMS

- **Gender Diversity**: the extent to which a person’s gender identity, role, or expression differs from the cultural norms prescribed for people of a particular sex. This term is potentially less stigmatizing than “gender nonconformity.”

- **Gender Hybrids**: children who combine or alternate between genders, often in a binary way (e.g., Gender Prius, Gender minotaur, Gender-by-season, Gender-by-location children).

- **Genderqueer Youth**: any and all, never either/or, and may embody a world where gender is no longer a defining category.
SOME OTHER TERMS

- **Prototransgender Youth**: children who, in the process of exploring their sexual orientation identity, discover that it is not actually their sexuality but their gender that is in question.

- **Gender-Ambidextrous Children**: children who use both their girl self and their boy self interchangeably (may also identify as *bigender*).

- **Agender Youth**: children who either identify as “a gender, but not a particular gender,” or “I’m devoid of gender.”

- ** Passing**: being perceived by others as the gender one knows oneself to be, regardless of sex assigned at birth.

- **Clueing In Versus Coming Out**: clueing in is the experience of coming to an understanding of one’s gender and/or sexual orientation; coming out is the experience of sharing one’s gender and/or sexual orientation with others.
FIVE SEPARATE BUCKETS

- Assigned Sex
- Gender Identity
- Sexual Orientation
- Gender Expression
- Sexual Behavior
The Gender Unicorn

- **Gender Identity**
  - Female / Woman / Girl
  - Male / Man / Boy
  - Other Gender(s)

- **Gender Expression**
  - Feminine
  - Masculine
  - Other

- **Sex Assigned at Birth**
  - Female
  - Male
  - Other / Intersex

- **Physically Attracted to**
  - Women
  - Men
  - Other Gender(s)

- **Emotionally Attracted to**
  - Women
  - Men
  - Other Gender(s)

To learn more, go to: www.transstudent.org/gender

Design by Landyn Pan and Anna Moore
PROMOTING INCLUSION AND BEST PRACTICES
IMPROVE POLICIES AND PRACTICES

- Use a strategic planning tool such as the American Institutes for Research Improving Policies and Practices for LGBTQ Children and Youth: A Strategic Planning Tool (Proirier, 2015)

- https://healthysafechildren.org/sites/default/files/Improve_Support_LGBTQ_Youth.pdf
STRATEGIES TO IMPROVE POLICIES AND PRACTICES

- Conduct an agency self-assessment
  - *E.g., Self-Assessment Checklist; HRC ACAF Agency Assessment, etc.*

- Enforce non-discrimination policies serving LGBTQ youth and their families

- Promote staff knowledge and development
  - *Do you provide staff with regular training on this topic? Do you have a subject matter expert on staff?*

- Incorporate culturally and linguistically appropriate intake processes, data collection, and information sharing
  - *Are your agency documents representative of all gender identities, expressions, and sexual orientations?*

- Promote a safe, supportive and culturally and linguistically competent environment
  - *Do agency trainings and supervisions cover this subject? Are there visuals in the physical environment?*
STRATEGIES TO IMPROVE POLICIES AND PRACTICES

- Implement practices to support preferences and affirm identity
  - How would your staff respond to calling clients by their preferred name? Or taking them shopping for gender-affirming clothing? How about attending a support group with residents?

- Promote healthy and supportive peer connections

- Strengthen family connections

- Promote access to affirming services and supports
  - Start a support group; help facilitate access to affirming community providers

- Facilitate community outreach and engagement
  - Are you connected to community resources/groups/supports?
CONDUCTING AN AGENCY ASSESSMENT
ASSESSMENT FOR READINESS

- Assess your agency’s awareness and readiness using assessment tools
  - Self-Assessment Checklist for Personnel Providing Services and Supports to LGBTQ Youth and Their Families (2012, National Center for Cultural Competence)
  - Health Center Management Readiness and Staff Assessments (n.d., The Fenway Institute, The National LGBT Health Education Center)
  - All Children – All Families Agency Self-Assessment (n.d., Human Rights Campaign Foundation)
  - True Inclusion Assessment [Homelessness Service Providers] (n.d., True Colors Fund)
# Self-Assessment Checklist for Personnel Providing Services and Supports to LGBTQ Youth and Their Families

**Rating Scale:** Please select A, B, or C for each item listed below:

- **A** = I do this frequently, or the statement applies to me to a great degree.
- **B** = I do this occasionally, or statement applies to me to a moderate degree.
- **C** = I do this rarely or never, or statement applies to me to a minimal degree or not at all.

## Physical Environment, Materials, and Resources

1. I display pictures, posters, and other materials that are inclusive of LGBTQ youth and their families served by my program/agency.
   - □ A □ B □ C

2. I ensure that LGBTQ youth and families across diverse racial, ethnic, and cultural groups:
   - □ A □ B □ C
   - • have access to magazines, brochures, and other printed materials that are of interest to them.
   - □ A □ B □ C
   - • are reflected in media resources (e.g., videos, films, CDs, DVDs, Websites) for health and behavioral health prevention, treatment, or other interventions.

3. I ensure that printed/multimedia resources (e.g., photos, posters, magazines, brochures, videos, films, CDs, Websites) are free of biased and negative content, language, or images about people who are LGBT
   - □ A □ B □ C

4. I screen books, movies, and other media resources for negative stereotypes about LGBTQ persons before sharing them with youth and their parents/families served by my program/agency.
   - □ A □ B □ C

## Communication Practices

5. I attempt to learn and use key words and terms that reflect ‘youth culture’ or LGBTQ youth culture, so that I communicate more effectively with youth during assessment, treatment, or other interventions.
   - □ A □ B □ C

6. I understand and respect that some youth may:
   - □ A □ B □ C
   - • choose not to identify as LGBT or prefer to use other terms to identify themselves.
   - □ A □ B □ C
   - • abandon use of all terms associated with sexual orientation/gender identity or expression so as to remain "label-free."

---

1. L = Lesbian; G = Gay; B = Bisexual; T = Transgender; Q = Questioning
NON-DISCRIMINATION POLICIES
CREATE AND ENFORCE A NON-DISCRIMINATION AND INCLUSIVE POLICY

- Your non-discrimination policy should include a statement specific to gender identity and expression.

- Policy should be communicated to all potential residents and stakeholders, prior to admission, and what this will mean for the individual and others in treatment.

- Be clear on what responses will be in the event that someone (another resident, staff member, etc.) exhibits intolerance or discrimination.

- Expanded policies may include:
  - Agency stance on harmful interventions (i.e., Conversion Therapy)
  - Access to medical transition care and interventions (i.e., hormone therapy, gender-aligning surgery, etc.)
  - Admission/medical records

https://www.hrc.org/hei/patient-non-discrimination-sample-policies
PROMOTE STAFF KNOWLEDGE AND DEVELOPMENT
TRAIN AND EDUCATE

- All staff members should be educated on relevant aspects of transgender care
  - Support staff
  - Clinicians
  - Program supervisors
  - Administrators

- Often times, the staff with the least clinical training have the most contact with clients, making training even more important

- Staff that are adequately trained feel more prepared and confident, thereby creating a more positive environment for gender diverse youth

- Remember, it is not the responsibility of your gender diverse youth to educate and train your staff!

- Staff should be encouraged to seek additional guidance when new situations arise
INTAKE FORMS, DOCUMENTATION, AND CONFIDENTIALITY
FORMS AND DOCUMENTATION

- Be sure to ask about, and document, SOGIE data (*Sexual Orientation, Gender Identity and Expression*)

- Include non-binary response choices on forms
  - It may be helpful to include a text box rather than forced-choice options in order to capture all potential identities

- Use gender-neutral terms for relationships
  - Using terms such as *relationship partner*
  - Ask about both sexual orientation identity (e.g., straight, gay, lesbian, bisexual) as well as sexual behavior as they may not correlate

- Establish and communicate a policy regarding use of client names and pronouns

- Names and pronouns used in documents should be the same as the youth’s self-identified gender and preferred name
  - Including in cases where this differs from legal name or assigned sex at birth
  - *Confirm their disclosure status prior to doing this*
CONFIDENTIALITY

- Transgender identification should be kept confidential unless they choose to disclose their identification themselves.

- Communicate to incoming residents that staff will know their identity in order to provide support, but that other residents will not know unless the individual tells them.

- Transgender status and history of transition-related medical procedures may constitute protected health information under HIPAA’s “Privacy Rule.”
  - Adopt a “Minimum Necessary” standard.

- Any breach of an individual’s transgender protected health information (PHI) should be treated in the same manner as breaches of other PHI.
PROMOTING A SAFE AND SUPPORTIVE ENVIRONMENT
INCREASE VISIBILITY

TRANS

AFFIRMING

SPACES
PRACTICES TO SUPPORT PREFERENCES AND AFFIRM IDENTITY
CONSIDER ADOPTING A MODEL OF SUPPORT

- Gender Affirmative Model (APA, 2018)
  - Emerging as the treatment of choice
  - Best practice for children and adolescents in their gender development
  - Supports the evidence-based idea that attempting to change or contort a person’s gender does harm
  - Believes that:
    - No gender identity or expression is pathological
    - Gender presentations are diverse and vary across cultures
    - Gender involves an integration of biology, development and socialization, and culture and context
    - Gender may be fluid, and is not binary, at a particular time point or over time
    - Any pathology present is more often caused by discrimination than by something internal to the child
  - Focus on resilience, coping, and wellness
SUPPORTIVE DOCUMENTS

- **Gender Support Plan (Gender Spectrum, 2016)**
  - Creates a shared understanding between parents, students, school/agency staff about gender-related needs
  - Includes sections on:
    - Privacy related to confidentiality and disclosure
    - Safety
    - Privacy related to names, pronouns and records
    - Use of facilities
    - Extracurricular activities
    - Other considerations
    - Specifics on process of support plan review and revision

- Downloadable resource available here:
  [https://www.genderspectrum.org/blog/resource-review-gender-support-plan/](https://www.genderspectrum.org/blog/resource-review-gender-support-plan/)
Gender Support Plan - Draft

Purpose: The purpose of this plan is to create a shared understanding about the ways in which the student’s gender will be accounted for and supported while at Devereux Advanced Behavioral Health. Admission staff, caregivers, and the individual should work together to complete this document.

<table>
<thead>
<tr>
<th>Legal Name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred Name:</td>
<td>Sex Assigned at Birth: (circle)</td>
</tr>
<tr>
<td>Current Gender Identity:</td>
<td>Male</td>
</tr>
</tbody>
</table>

Parent/Guardian Involvement
Are the parents/guardians of this individual aware of and supportive of their gender identity? Yes | No
Additional Comments:
If not, what considerations must be accounted for in implementing this plan?

Confidentiality, Privacy, and Disclosure
How private or public will information about this individual’s gender identity be:

| Program leadership? | Yes | No | Exceptions: |
| Administrative staff? | Yes | No | Exceptions: |
| Clinical staff? | Yes | No | Exceptions: |
| Medical staff? | Yes | No | Exceptions: |
| Education staff? | Yes | No | Exceptions: |
| Kitchen staff? | Yes | No | Exceptions: |
| Residential staff? | Yes | No | Exceptions: |

The individual will be openly “out” to others about gender identity while in placement: Yes | No | Exceptions:

If the individual maintains a degree of privacy, what steps will be taken if that privacy is


ACCESS TO TRANS-AFFIRMING RESOURCES AND SPACES

- Establish a policy related to access to hormone therapy
  - Ensures that individuals receiving hormone therapy prior to admission will not have that intervention interrupted

- Access to restrooms
  - All residents should be permitted to use the restroom that matches their gender identity, regardless of gender transition status or appearance
  - Establish unisex or single-stall restrooms to decrease apprehension

- Access to personal items that assist with gender presentation
  - Ensure that transgender or gender diverse individuals have access to personal items that promote gender presentation to the same extent that others have access
  - Individuals should also have access to additional items that assist with presentation, such as those needed for binding, padding, and tucking
PROGRAM PLACEMENT AND ROOM ASSIGNMENT

- Transgender individuals should be assigned to a program and room that is consistent with their self-identified gender

1. If a request is made to be with a roommate of the client’s same gender identity and such a room is available, the request should be honored.
2. If a transgender client requests a private room and there is one available, it should be made available to the client.
3. If a transgender client does not indicate a rooming preference and a private room is available, the private room should be offered to the transgender client.
4. If a private room is not available and the client does not wish to share a room with a roommate, the client should be assigned to an empty double room with the second bed blocked and paid for by the funder.
5. If there is no private room or empty double room available, and/or the funder will not pay for the second bed, the client should be assigned to a room with a client of the gender with which the transgender or gender expansive client identifies.
6. If there is no private or empty double room available (due to funding or otherwise) and a transgender client does not wish to share a room, other clients may be moved to make a private room available if doing so would not compromise the health or safety of the client(s) being moved.
PROTOCOLS FOR INTERACTION WITH GENDER DIVERSE YOUTH

- A transgender / gender diverse client’s pronouns should be determined as follows:

  1. If the client’s gender presentation clearly indicates to a reasonable person the gender with which the client wishes to be identified, the staff member should refer to the client using pronouns appropriate to that gender.

  2. If the staff member determines the client’s pronouns on the basis of the client’s gender presentation, but is then corrected by the client, the staff member should then use the pronouns associated with the gender identity verbally expressed by the client.

  3. If the client’s gender presentation does not clearly indicate the client’s gender identity, the staff member should discreetly and politely ask the client for the pronouns the client uses.
PROVIDING COMPETENT AND AFFIRMING MENTAL AND PHYSICAL HEALTH TREATMENT

- Mental health needs may be secondary, or unrelated to, transgender identity
  - These needs are often the result of discrimination and stigma

- Assess for issues that are prevalent among gender diverse individuals

- Consider whether concerns about identity need to be addressed

- Utilize CBT / therapy interventions appropriately to maximize control, manage worst case scenarios, and problem-solve

- Provide interdisciplinary care
  - Assess for specialized medical care
  - Assist with name changes on documents
  - Ensure a discharge plan that will include safe and accepting individuals/environments of a transgender / gender diverse individual
PROMOTE ACCESS TO SUPPORTS AND RESOURCES
KNOW WHERE TO FIND INFORMATION

• *Recommended LGBTQ Children, Youth, and Families Cultural Competence Tools, Curricula, and Resources* (2015, American Institutes for Research, Jeffrey M. Poirier, Ph.D.)
  • Contains a comprehensive list of professional practice standards, guidelines, briefs, and tips
  • Includes a synthesis of state policies
  • List of resources for families and youth

INDIVIDUAL ACTIVITY

- Think of, or write down, some of the challenges and/or barriers that exist as you consider becoming an agency of support and inclusion for gender diverse youth.
CHALLENGES AND BARRIERS

- FEAR
  - Families / guardians / stakeholders

- Licensing requirements

- Lack of resources

- Lack of support from leadership
ADDRESSING CHALLENGES AND BARRIERS

- Know the laws surrounding the rights that transgender and gender diverse youth have in your state
  - Do laws address protection from harassment, non-discrimination in schooling/placement, and right to be open about status?
  - Poirier resource includes a synthesis of state policies

- Be purposeful in your hiring practices to recruit and retain LGBTQ-supportive administrators and staff

- Educate families, guardians, and stakeholders on the importance of creating inclusive and affirming programs
You are a program supervisor of a 15 year old cisgender female who is living on a girls unit with a student who identifies as a transgender female. You get a phone call from the parent of this cisgender student who expresses anger and discomfort with her daughter living with a transgender student and is demanding to receive information about this transgender student and their identity. The parent is also requesting that the transgender individual be removed from the unit. How do you approach this situation?
You are the Residential Administrator of an agency that has been serving gender diverse youth for several years. As a member of the leadership team, you have supported the use of best practices in an effort to create inclusive and affirming programming. An assigned-sex male student, residing in a male program, has recently begun identifying as a transgender female and gender expressing in a fluid way. Feeling supported by her clinician and program staff, this student has recently disclosed her transgender identification to her mother who identifies as religious and not supportive of LGBTQ identifications. Several days after the disclosure, the student’s mother arrives at the program with her parish priest and requests a meeting with the youth. During the meeting, the clinician becomes concerned when the priest begins to make non-affirming statements and uses punitive and shaming language when speaking to the student. The mother and priest also make several statements about the student’s mental health diagnoses and cognitive deficits that would hinder the student’s ability to make a decision about gender identity. As a result, the clinician contacts you for assistance.

What would you do in this situation?
QUESTIONS OR COMMENTS?

CHANGE ATTITUDES.
CHANGE BEHAVIORS.
CHANGE DIRECTIONS.
CHANGE LIVES.
CHANGE POLICIES.
CHANGE VOICES.
BE AN ALLY.
BE THE CHANGE.
REFERENCES
