

ADVICE FROM AFFIRMING THERAPISTS

WORKING WITH GENDER IDENTITY:

Language and pronouns matter. It can be such a supportive and healing experience when therapists value that as well as when they acknowledge their missteps. ~N.B.

Attributing normal relationship tensions to a transgender partner's sex assigned at birth is transphobic and unsupportive to relationship health. ~C.D

Reading books and attending a couple of workshops or trainings isn't enough to decide you're competent to work with queer and trans folks. Cultural competence is not the same as immersion. And immersion is not the same as experiencing the identities you're talking about. ~S.T.

Respect my labels. Don't assume you know what my labels means. Ask me how I interpret them. State your pronouns when you introduce yourself. Ask me about my pronouns. Have a general clue about queer terminology. Don't make assumptions about me.~M.E.

WORKING WITH SEXUALITY:

“Bisexual” and “polyamorous” are not synonyms. ~ C.B.E.

Our identities are not taken on/off when we enter the therapeutic space - our perspectives are informed by our social/cultural/historical positions on the landscape.~E.B.

Asexuality and all other sexualities/sexual practices are not pathologies, and that it's harmful to assume it's a sexual trauma response. ~E.A.

Please don't minimize the concerns of your LGBTQ+ clients, especially related to physical safety, politics, etc. Doing so severely (possibly irreversibly) damages rapport. ~C.A.

Being supportive isn't enough, you need to get training and be competent to avoid doing harm. I've had supportive professionals say harmful things to me. ~A.A.

Learn, observe, don't assume and don't apply your experience to your clients. ~E.S.

BEST PRACTICES:

Own your not-knowing and come with a sense of curiosity and openness, rather than assuming you already understand. Cultural humility not cultural competence. ~H.A.

Don't assume. Ask every single person of every age, ethnicity, disability, etc. about their gender identity and sexual orientation. And realize these can shift. ~E.S.

Include questions in your intake forms around pronouns, gender identity, sexuality. Normalize conversations about pronouns, gender, sexualities, and relationships for ALL your clients. How and when we ask this basic information matters. ~S.M.

I wish more therapists did their own work on their biases and personal privilege. There is also a lot of diversity within the queer community and I'd like if more folks who are LGBTQIA+ friendly knew about trans and non-binary language and issues. ~R.B.

I find many well intentioned cis het therapists jump to the assumption that issues relating to queerness are always the presenting problem rather than the context. ~J.T.

Cis het therapist here: Do not ask you client to educate you or use them to better understand their community. That is not their job. It is our job to do our own research. Also, acknowledge when you slip, particularly with pronouns, always apologize for doing so and move forward. It is important to acknowledge that we are human and that we are trying to be conscious of our clients and how we are responding to them. Also, do not be a source of shame for your client. Trust me there is more than enough misplaced shame in LGBTQ, polyamory and kink. Do not add to it. If your bias causes you to do so please refer the client out. Just because you don't understand it does not mean it is inherently wrong. ~R.N.

Don't make assumptions, and language matters. Ask me about my partner- don't ask me about my boyfriend or girlfriend. if I tell you I'm queer, then ask me what queer means to me, because it's different for every person. ~S.T.

On polyamory, and non traditional relationships in general: withhold your judgement. You have NO idea about someone's relationship constellation, and you can't begin to work with it if you don't know anything about it. ~L.M.



PRACTICAL ADVICE:

1.) Respect queer people's needs for space from un-affirming cis-het people. A recognition that if you are cis-het, it is hard to understand, maybe impossible, how fundamental gender identity and affectual orientation are to life and selfhood. Particularly, this means you (cishet person) cannot judge the relative worth of costly decisions we have to make in relationships with family when they want to be close to us but don't want to affirm us. You cannot understand the depth of pain and breadth of harm an "I love you but I don't agree with your lifestyle" can do. Respect queer people's needs for space from such people. Allow for the likelihood that we can discern the harm of that and we know what's best for ourselves.

2.) Allow for and encourage anger. The minority identity development model is helpful in this. When we start to get angry, embrace this anger with us. Encourage it. We may be there for some time, maybe even a few years, but one of the reasons we get lost is because someone discouraged that for us. We won't be angry forever, but we need to get angry often. Let us rage against cis-het people, especially if you are one. Encourage our rejection of the dominant society's attempt to name and control us. Help us reclaim power. Help us embrace self-possession.
~T.J.

I wish more therapists would recognize that while the specifics of culture, identity, and experience may be different for LGBTQI2-S clients, the basic skills that every therapist should have still apply. We should always:

- Examine our biases and take care in how they enter the therapy room
- Remember clients are the experts on their own experiences/identity
- Use the words and names people ask you to use for them and/or use for themselves
- Acknowledge both similarities and differences between yourself and clients including differences in privilege and culture that can impact the relationship.
- Practice respectful curiosity by only asking client about what's relevant to their therapy that you can't educate yourself about from other sources
- Get education and consultation when you're not sure. And make referrals when you need to, but don't abandon clients or perpetuate oppression in the way you do so.
~F.D.T.

*All responses were submitted to a post on the LGBTQIA and Trans Affirming Therapists Facebook page.



READINGS

Chang, S.C., Singh, A.A., & Dickey, L.M. (2018). A clinician's guide to gender-affirming care: Working with transgender & gender nonconforming clients. Context Press.

Hoffman-Fox, D. (2017). You and your gender identity: A guide to discovery. Skyhorse.

Hook, J.N., Davis, D., Owen, J., & DeBlaere, C. (2017). Cultural humility: Engaging diverse identities in therapy. APA.
<https://www.apa.org/pubs/books/Cultural-Humility-Intro-Sample.pdf>

Muñoz, J.E. (1999). Disidentifications: Queers of color and the performance of politics. University of Minnesota Press.

Singh, A.A. (2018). The queer and transgender resilience workbook: Skills for navigating sexual orientation and gender expression. New Harbinger Publications.

Testa, R.J., Coolhart, D., & Peta, J. (2015). The gender quest workbook: A guide for teens and young adults exploring gender identity. Instant Help.

TRAINING

Gender ASSET Training- \$350
gendereducationnetwork.com/courses/thegenderasset/

ORGANIZATIONS IN KC

Kansas City Antiviolence Project
www.kcavp.org

Kansas City Center for Inclusion
inclusivekc.org

Kansas City LGBT Therapist Guild:
LGBTGuild.com

KC Care Health Center
kccare.org

The HIMM Project
thehimmproject.org

The Open Table KC
theopentablekc.com

Truman LGBT Care
trumed.org/services/lgbtq-care

PROFESSIONAL ORGS

American Association of Sexuality Educators, Counselors, & Therapists
aasect.org

World Professional Association for Transgender Health
wpath.org

SUICIDE HOTLINES

Trans Lifeline
877-565-8860
translifeline.org

The Trevor Project
1-866-488-7386
thetrevorproject.org