



Innovations in Counseling: Working With Minority Populations (Part 9 Session 6)
Blast the Binary: Working with Gender Expansive Clients

Webinar Follow-up Question and Answer Session With
Angela Brooks-Livingston, MA, NCC, LCMHCS, LCAS, CSI

Question from R. Ackley:

I work in a middle school. How do you help those that are being bullied?

Answer from Presenter

It is difficult to manage with expectations from the school. Finding ways, within school perimeters, to offer support. This can include using requested pronouns and name, using a bathroom that matches their presentation. It can also help to have a club or group for students who identify as LGBTQ+, and identify adults in the school who are safe people.

Question from C. Anderson:

How can we best support this community?

Answer from Presenter

There are several ways to support this community. This includes small things such as pictures, or posters in your office. Other things to help include offering some pro bono for clients who do not have insurance, do not charge for documentation required for accessing transition-related services, seek out other providers and screen them before referring clients to them, use gender neutral language on websites and advertising materials, and advocacy. Stay up to date on new information in the community.

Question from S. Armstrong:

I would like to understand more about ways to address issues, advocate for, and support this population.

Answer from Presenter

This community needs a lot validation and support. It can help to communicate or advertise yourself as a gender-affirming therapist.

Question from L. De Leon:

How do you help parents accept their children's identity?

Answer from Presenter

This is a tough one. Parents can often struggle when their child comes out to them. I find validation feelings, and normalizing the grief process is important. I also refer them to books, and support groups that may be helpful. I offer parent only sessions to work through some of their own feelings and concerns.

Question from V. Godoy:

What is some language around [this] we should be aware, and how to do broaching with a client that [has] different identities than I in an effective way?

Answer from Presenter

When a client tells you how they identify, if it is something you are not familiar with, asking “what does that mean to you?” can give them a space to tell you their story. Identity is individual to each person, so do not make assumptions about a particular identity. For example, if a client identifies as non-binary, and you are familiar with Jeffery Marsh, who identifies as non-binary, do not assume you know what non-binary means to the client because you know about Jeffery Marsh. It’s OK to ask.

Question from R. Lucas:

I'm curious how one might assess their level of competency in this area (this has been debated among therapists in online forums)?

Answer from Presenter

This is a really good question! Being honest about your level of education related to the community is important. Supervision and consultation can help with assessing for competence of a clinician. I think we should never stop working on our competency because things change in our field and in this community constantly. We need to continually assess and challenge our bias. It is important to educate ourselves so we don’t become stagnate. I think we need to challenge ourselves and others if we start seeing ourselves as the expert, and not a partner with clients.

Question from A. Pencoske:

Sex reassignment surgery for minors has recently been a controversial topic. Some see it as genital mutilation. Should I facilitate a conversation between a minor client who wants sex reassignment surgery and parents who object because they see it as genital mutilation if it comes up in a session? If so, how should I approach that conversation? If not, should I refer them someone else like an LGBT friendly surgeon?

Answer from Presenter

Gender confirmation surgery (not sex reassignment surgery, this is an outdated term) is controversial for teenagers. There are some in the field that believe minors are not mature enough to make this kind of decision. There are some who believe gender expansive identities are a phase, and the adolescent will grow out of it. It is scary for parents to think about their adolescent making

permanent changes to their body. The Standards of Care have guidelines related to working with teenagers and transition options. I think it can be helpful to facilitate a conversation as an object third-party so each party feels they are being heard. It can also help the family to have a consultation with a gender-affirming surgeon to talk about what the surgery can look like. I think the more information a family has, the more informed decision they can make.

Question from A. Rasheed: What are some common issues that these individuals face? And best treatment modalities?

Answer from Presenter

Clients within this community face constant discrimination, safety issues being out in the world, and the need to screen providers. This community needs clinicians who are affirming, and knowledgeable. I find clients respond well to motivational interviewing and dialectical behavioral therapy.

Question from T. Serna :

Do you recommended a spouse telling their spouse about being [curious] about others?

Answer from Presenter

This questions seems to address affectional orientation instead of gender identity. When I work with couples, I encourage them to be honest with each other and talk about changes in identity. This can be scary and effect the relationship in a big way. Having a therapeutic space that is affirming and safe can help in processing any changes in the relationship dynamic.

Question from L. De Leon :

What specific strategies do you recommend to help parents in their own journey of acceptance?

Answer from Presenter

Parents can have a variety of responses to their child coming out as part of the gender expansive community. I encourage parents to have parent-only sessions with me to help in their journey of acceptance. I process the grief they are feeling, and normalize it. I encourage parents to seek out support, especially if they are struggling with their religious beliefs. Sometimes, I've been very frank with parents and let them know them having a transgender child is better than a dead child.

Question from J. Johnson:

I hope there will be more clarity on physical attraction vs. emotional attraction.

Answer from Presenter

Physical attraction is about who a person wants to have sex with or finds physically attractive. Emotional attraction is about who a person has an emotional connection. A person can have a physical attraction to someone without an emotional attraction and vice versa.

Question from A. Line:

Can you talk a little more about the differences between gender non-conforming and non-binary?

Answer from Presenter

Gender non-conforming is an identity that speaks to not conforming to societal expectations regarding gender. Non-binary describes someone who feels their gender is beyond the binary and may encompass stereotypical female and male characteristics.

Question from C. Strassman:

Who or what group made the WPATH code of ethics? Like- counselors made the ACA code, psychologists made APA, etc.

Answer from Presenter

WPATH Standards of Care were created by a committee of international professionals from a variety of disciplines. You can find them listed in the [Standards of Care available on the WPATH website](#).

Question from A. Vosburg:

What is the key element to being a gate keeper?

Answer from Presenter

I don't believe there is one key element to being a clinician who works with members of the gender expansive community who want to pursue aspects of medical transitioning. A clinician who works with clients who are seeking medical transitioning needs to be familiar with the Standards of Care, and be mindful that each client's journey is individualized. A clinician does not need to impose any expectations or requirements on the client. It is important for the clinician to work with the client to make a good plan that works for the client. It is up to the client to decide what steps on the transition journey that works for them. It is important the client's voice is heard and respected in the transition process.

Participants are welcome to reach out to me if you have more questions or want to discuss further.

Angela Brooks-Livingston

angelabrookslivingston@gmail.com