A Social Worker's Introduction to Working with LGBT+ Adult Clients

Recorded September 30, 2020

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continued Social Work Course #178

- [Katrinna] Hello and welcome to Social Work at Continued.com. My name is Katrinna Matthews, I'm the Managing Editor for Social Work at Continued, and it is my pleasure to welcome today's session titled, A Social Worker's Introduction to Working with LGBT+ Adult Clients by Kryss Shane. Social Work at Continued.com is excited to welcome Kryss here today to share her knowledge and expertise with us. Kryss Shane has been named by "The New York Times" in many national and international platforms as America's go-to leading LGBT+ expert. Kryss has 25 plus years of experience guiding the world's top leaders in business, education and community via individual small group and full-staff trainings. She is known for making each organization's specific diversity and inclusion needs become more manageable, approachable and actionable. This includes physical spaces, hiring practices, policies or procedures and more. Kryss has two master's degrees, two licenses to practice mental health care, and she's currently working toward her PhD, all while shaping the minds of learners as a lecturer at Columbia University, and an adjunct professor at Brandman University. She is also the author of "The Educators Guide to LGBT+ Inclusion," the first book of its kind to guide educators, administrators and school staff to become able and empowered to make their schools more LGBT++ inclusive. Without further ado, I'm going to turn it over to Kryss Shane.

- [Kryss] Hi, everybody, and welcome. Today we are talking about an introduction to working with LGBT+ adult clients. It's a very specific kind of category, but if your clients aren't within that category, the nice thing about Continued is that we do have other programs that may be more specific to your learner, or even broader for your clients. So make sure to check those out if you need them instead, or even and better, in addition to this training. As we get started, let's take a moment to look at the disclosures. If you wanna look at this for longer, you can pause your screen, otherwise, we'll just move on. For today's training, we have a few learning outcomes. This tells you what you can expect as you continue on through our presentation. After this course, you will be able to explain the definitions of the words gay, lesbian, bisexual

and transgender. You'll be able to identify the differences and similarities between sexual minorities and gender minorities. And you'll be able to recognize how an LGBT+ identity impacts an individual in a variety of aspects in their life.

Before we begin, sometimes you'll see this population abbreviated differently. Sometimes it looks like GLBT, sometimes LGBT, sometimes LGBT+. It can be really easy to think that we're talking about different groups of people. The reality of it is, it's just the evolution of the education and knowledge of the language while we talk. It was initially gay, lesbian, bisexual and transgender, but women's groups argued that that order was yet another time when men were placed before women. So then it became switched to LGBT. However, we also recognize that not everybody fits into one of those lettered categories. And because we want to be inclusive of all sexual and gender minorities, and because it would take forever and be an alphabet-long if we added a letter for every single population, we add that plus instead. So some people won't care what order you put the letters in. For other people, it really will indicate how on top of things you are and how inclusive you are. So when you're not sure, write LGBT+, just in case.

Let's also look at intersectionality. When we look at the idea of sexual and gender minorities, it can be really easy for us to put them in sort of one population group. And in our mind, sometimes we create groups of people or clients, sort of as these islands in our mind, right? We learn this population needs these five specific things, this population needs these 10 specific things. That's not inaccurate. The problem with that is that as social workers, we always have to be mindful that nobody is just one thing. And because nobody is just one thing or just one category, there's an intersection between the different aspects of what makes a person who they are. That's the intersection, and that's why we call it intersectionality. So when we think about LGBT+ people, we have to recognize that this population of people may also be Black or Brown or Asian people, people in wheelchairs, people who have autism, people who

are deaf or hard of hearing, people who are blind, and also and sometimes this one's the hardest one for people to remember, they may also be people you already know.

In today's society, we so often expect that if anybody is LGBT+, we already know. We think about New York City, and Los Angeles, and San Francisco, and Miami as these very open-out places. We see in the media very open-out characters. There are definitely those cities, there are definitely those people, however, we also live in a large country, where it may not be safe everywhere. Because of that, it may mean that we know somebody who fits into any of these categories, who is also LGBT+ identified, even if we don't know that detail about them. So let's take a look at what our professional sources say. Both the American Medical Association and the American Psychological Psychological Association agree that any disturbance that occurs for LGBT+ people are not because that person is disturbed. That's changed since the past decades. It's not because there's anything wrong with the LGBT+ person. What's wrong is that they're living in a society that is so often unkind or even cruel to them. So when we think about that, we see that that has changed significantly from the 1950s and 1960s and 1970s when we used to think any of these identities, meant it was a mental health concern. It was go become a client, go get that fixed. Now we understand there's nothing to fix here in that person. Internally, there's nothing to fix. Externally, however, there's a lot of work yet to be done.

So what does that mean? It means that the more kind and supportive people exist in that person's world, the happier and healthier they're more likely to be. Well, we can't control the world individually, but what we can control is ourselves. And just by showing up today, just by watching this training, just by thinking about and implementing what you learn, you're already making yourself more kind and more supportive. So what you're doing is you're helping to make each LGBT+ person you engage with, healthier and happier. It doesn't take so much. So let's take a look at what these letters even mean. Sexual orientation, this is about somebody's sexual and

romantic attraction. Most people have a sexual orientation. Some people who do not are called asexual. That's different than somebody who might have a medical complication or medical condition that makes them lose their libido. That's a side effect of something physically going on or medically going on. Asexual people just don't have a romantic or a sexual drive. Nothing wrong with that or them, it's just not a priority for them, and it may just be something they either very seldom or never feel.

So somebody who's attracted to people of the opposite gender, we often call them straight, right? Instead of saying heterosexual, straight is the word we typically hear. And people of the same gender, we tend to call gay or lesbian. There are some people attracted to either of those two genders, male or female, and they're considered bisexual, bi like bicycle, two things. Some identify as being attracted to a person not to their gender. What that means is that they're focused on who the person is. Let's say we're on a computer, and you don't know you're playing a game and maybe somebody is an avatar. You don't know the gender of that actual person, but if you fall in love with them, without caring, without it mattering what their genitalia and their gender identities are, that falls under the category of pansexual. Sometimes people think that bisexual or pansexual people either don't really exist or they're just sort of greedy people who have a lot of sex with a lot of people and don't care about anybody. That's just not true. It's just about the feelings and the ability to feel sexual or romantic attraction. That's it. So you can be gay without having had a same gender interaction. It doesn't mean that you have done anything or not done anything physically. That's because it doesn't equal action. So maybe your client is struggling, maybe they've had thoughts or feelings, but they may not have had an experience. We always have to be careful not to undermine that experience by thinking that it's not that big of a deal if they haven't had an experience. It's not about that piece for them to identify as they are. So how is that different from gender identity? Well, gender identity is not about other people, it's about the individual. And it's about the individual's internal sense of being male or female, or somewhere in between.

For many people, even most people, their gender identity corresponds with their biological sex. That means that when they were birthed, the doctor looked at their genitalia, and saw the genitalia and said, "It's a girl," and that person grew up to feel like a girl and identify as a girl, and her body was that of a girl, and her chromosomes are that of a girl, right? All of those when they correspond, which is statistically more likely than not, is that same gender identity. However, that doesn't always happen that way. Sometimes, the person's brain and body aren't aligned. So that's when we talk about gender identity. When we talk about gender expression, that's really just about the way a person chooses to communicate their gender identity to others. So that might be the type of clothing that they wear, or their hair or their mannerisms. Some of them may be intentional, like the way that you pick out your clothes. If you pick out something that is pink and lacy, you're signaling to the world that you're feeling very feminine. That's a choice you make because you have other things in your closet, and that's the choice you made that day. Maybe you choose to wear a pink lace dress and combat boots. Combat boots are typically considered more masculine. Maybe that's fashion-based or maybe it's a signal to the world around you of something about who you are. So often we connect our clothing, and the length of our hair, and the way that we use our hands when we speak or how we cross our legs, or the style of our voice, to show masculinity or to show femininity.

Even though we have those two categories in general, there are countless permutations that can combine the two. If you wanna go more in-depth with those, we've got a lot of continued videos for that. So if you're feeling a little bit confused, or you want to go more specific in each of those categories, now would be a time to pause this video, go watch the introductory videos, and then come right back here. Now you're still here? Great, let's move on. So let's summarize as we go. Sexual attraction is whom you feel sexually attracted to. Some people say it's what you feel between your legs, because it's about romance and sex. Gender identity is the gender

that you feel that you are in your brain. It has nothing to do with your body or your genitals. That's why it's what you feel between your ears. And your gender expression is the way you're presenting yourself to the world. Another way of wording this is that sexual orientation is who you'd want to go to bed with, gender identity is who you want to go to bed as, and gender expression is what you want to wear to bed.

So let's look at that gender piece. Transgender, which is the T in the LGBT+, is a really broad term. All it means is that the person's gender identity does not match the gender they were given at birth. Cisgender is the opposite of transgender. That means that all of us fit into one of those two categories. So if you do not identify as transgender, you identify as cis or cisgender. It means if you are assigned a gender at birth based on your genitalia, if that's still the gender you identify as, you're cisgender. Let's look at how we use those words though. Transgender and cisgender are adjectives. They're not nouns. They're just like Black or Asian or Hispanic or short or tall. Because of that, it can't be past tense. So there's no such word as transgendered. And we always put the word "person" after that adjective. So you would say you have a transgender client or you've met a transgender person or you're a cisgender person or your brother is a cisgender person. It's just the way that you wouldn't say, "Yesterday I met a short." You'd say, "Yesterday I met a short person." We understand that's just a language piece, and so this makes it easier when you're using these words in sentences or paragraphs, or in your case notes, that you're using them appropriately. We also know it can be really inappropriate and problematic to get this wrong, not because somebody is being overly sensitive, but because it matters who somebody is, and it matters the way we identify who somebody is. We know that if you talk to your grandma, and your grandma said, "Yesterday, I met a Black," that you would say, "Oh, grandma, that's not the way that we say that anymore." I understand that used to be okay, we know it's not okay, that sounds really racist, 'cause somebody isn't a black, they're a black person. Same thing here. You wouldn't ever wanna say, "Yesterday I

met a transgender," because that's a facet of who somebody is, which describes a person, it isn't their entire identity.

What else might you see? You might see the term "male to female transgender person" or "female to male transgender person." However, updated terminology has changed that. At the time, we used to think that was the right language because it was based on the person was male, now they're female. What we've realized, though, is that that wasn't ever true. We thought it was true, now we've realized gender is a social construct. What we think of about gender and wearing pink or blue, or playing with trucks, or wearing a dress is all just because that's what our society says. Not because there's anything biologically true about that, there's no law that proves that it has to be that way. It's all based only on somebody's genitalia. But we also understand that people are more than their genitalia. That gets tricky for some people, but let's look at this in another context. If your mom or grandma or sister or wife had to have her breasts removed due to breast cancer, she wouldn't stop being a woman because she no longer had breasts, even though we so often think that if someone has breasts, they're a woman. If our grandpa or uncle or dad or husband had testicular cancer, and had to have one or both testicles removed, that person wouldn't stop being a man, because we understand that that person is a whole person, not just one specific or two specific body parts.

We do the same with transgender people. And so we recognize that there are people who are assigned to gender at birth, that doesn't match actually who they are. So in older materials, you may see male-to-female transgender or female-to-male transgender as terminology. We used to think that was the right description. But our language evolves, and it evolves as we learn, and now we know better. Now we know that what it is, is that the person was just assigned a gender at birth. So when we see that, it may say assigned female at birth, you may hear somebody say AFAB, that's just the way it's spoken, or assigned male at birth, AMAB. So you might have a client come

in and talk about themselves and at some point, mention to you, "Oh, yeah, I'm AFAB, "and I was doing this other thing and I'm dating." For them, it might be no big deal. Now you'll know what that means. They're giving you a piece of identity in a way that is accurate for their experience. Let's look at that plus, right? LGBT+, well, who fits in the plus?

Here are a few of the groups of people. Gender non-conforming. That's when a person just doesn't conform to expectations of a male person or a female person. So that might mean for example, Ellen DeGeneres has long been known as someone who identifies as a woman, who never wear skirts or dresses. Right, we see her all the time in things and she's wearing a suit often. Well, typically, we think suits are what men wear. She's not a man, she wears a suit. In that case, her clothing is gender non-conforming. There might be people that you meet, clients that you have, who identify as men, who live as men, who may also wear a dress. It's the clothing that they choose. They're just not conforming to the gender expectations of our society. So that may or may not mean anything about their sexuality or their gender, it might just be the way they choose to dress. But you'll wanna ask your client about that. You wanna find out why they are the way that they are, why they're behaving the way that they are, just like every other client. This part isn't any different than any other client.

Gender non-binary. So often, we put genders into this binary category. Remember, we talked about binary, bi meaning two. Every public place we go for the most part, if you go to the bathroom, you go that area, and there's two doors, right? There's the male and the female doors, binary. Not everybody fits into one of those two categories, though. The people who do not, are gender non-binary. Gender fluid, this is a person whose gender is not permanently fixed as one gender. Sometimes this can change over the course of the day. So maybe your client will come in one week in a dress and heels, and want to be called Stacy, and maybe the next session, may come in a business suit and want to be called Steven. That doesn't mean anything is wrong with

them. For some people who don't know, they start wondering if there's some type of dissociation or multiple personalities. That would make sense as a rule-out code, but a quick conversation with them would let that know that's not related to any mental health concern. That's just their gender identity. So when you see those letters, LGBT+, that's who this plus is for. There's a bunch of other categories, these are the most common. So when you're writing it down, you wanna make sure that plus is there. Because if it's not, here's some of the groups of people who aren't included. And we wanna make sure that we're inclusive and we let our clients and potential clients know we accept them, we are learning about them, we want to support them.

One of the big questions that happens a lot is not knowing what to call somebody, and fearing getting it wrong. When you don't know what to call someone, you can ask their name, and they'll tell you. If you met me at a conference and I wasn't wearing a name tag, I wouldn't just expect you to know who I am. I wouldn't just expect you to know what my name was. If I met you, you wouldn't expect me to just magically know somehow exactly what your name is. It's the same thing for transgender people also. Nobody expects anybody to know their name. So it's absolutely fine to ask them just the way you would all other people. But what about people who you can't tell what gender identity they are, so you don't know what pronouns to use? Right, that can seem super tricky, because you don't wanna guess wrong, and offend somebody. And that's really hard, and you don't know if you can say anything. This one's easy too. If you don't know, and you shouldn't ever assume you do now, all you ask is what pronouns do you use? The same way that you would ask, "What's your name?" Nobody expects you to know something that they've never told you before.

It used to be that we asked what is your preferred pronoun? This is more about the evolution of language again. We thought the word preferred was really polite and really inclusive. What we realized, though, is that preferred is a word that's an opinion, right? Like I prefer chocolate ice cream to vanilla ice cream. I prefer New York pizza to

Chicago pizza. Not because research shows this is how it has to be, it's just my opinion. Although my opinion is super strong on that pizza thing. So when we're asking about somebody's pronouns, we're not asking them their opinion, we're asking them about who they are. Like, I wouldn't say to you, what's your preferred name? Because if your name is John, your preferred name isn't John. If you just prefer I call you John, and instead I'm like, well, I don't really like that idea. I think you look like Paul, I'm gonna call you Paul instead. That'd be super weird. So we don't do that with names, well, we also don't do that with pronouns. We're not asking what someone's preference is, we're asking who they are. So what does that look like in real life? So in real life, you might hear someone introduced himself, and the way that might sound is, "Hi, I'm Jim, he/his." So what that means is that when you would be talking about Jim, you could say to somebody, "I was talking to Jim yesterday "and he said he was doing this. "Oh, Jim left this pen here. "I'm pretty sure it's his, I'll go give it to him." That's the language we use all the time.

Some people prefer not to use a pronoun with gender, especially if they don't know. Their baseline for everybody is gender-neutral. And that's because we know, even though we can make assumptions about a person based on what they look like, we know that there are people who can look a certain way, and not have the same identity as the way they look. So we might see a man who's wearing a dress, who identifies as a man, and we don't wanna get that pronoun wrong. We might see Ellen DeGeneres who has short hair and wearing a suit, but we can't assume that means that she uses male pronouns. So as a great baseline to use, and what really, really supports our code of ethics, is to work on in our own language, always coming from a place of gender-neutral pronouns, start there, and then when you find out somebody's pronoun, then you can switch. Some people use gender-neutral pronouns. So they might say, "Hi, I'm Kevin, "I use they/theirs as pronouns, or they/them pronouns." So when you would talk about Kevin, you would say, they said, or, oh, this is theirs. This sometimes seems super weird for people, because we were all taught way back in

school way, way back, things about singular and non-singular, multiple pronouns, all these things. The actual dictionary has updated this, since we were all kids. Using they, them and theirs, is now correct in grammar. If you type it into a Word document, it will no longer underline it in red that there's a disagreement. So we don't have that argument anymore.

And our NASW Code of Ethics encourages us and likely in the near future, we'll have it in their mandate, that we always start from this gender-neutral position, because we want to be inclusive, and because we're mandated to do so because of our code of ethics. So now that we know who our clients are, and we know how to meet them, well, what's going on with them, right? Which is just a question we have for all of our clients. So let's look at what they're battling. Homophobia and transphobia. We often know this as a fear or hatred of a group of people. In our mind, sometimes we think about homophobia as somebody who goes and beats up a gay person. We think of transphobia as somebody who hunts down a transgender person to kill them. That's accurate. What's also accurate is that these also mean a discomfort with these groups of people. So it means if there's a transgender person at a party, and you're not quite sure about the pronoun thing, so you just avoid them, that means you felt discomfort, which is transphobic. The thing with this is that neither of these are permanent. It means that at any time, you can change these. It also means if you have clients who are struggling with these, you can work together to change these.

Internalized homophobia and internalized transphobia. What that means is that sometimes because there are so many homophobic people and transphobic people, and sometimes our laws and our society is not great and not inclusive, people can absorb that. And they start to feel like less, because society says that they're less. We see this all the time, this isn't new for this population. It's just the same as if we saw a client who's a woman, who said, "I feel like less of a woman "because I don't have breast implants, "and all of my friends do." Or, "I'm tall and I don't like that I'm tall,

"because I'm a girl, and girls are supposed to be petite." That's an internalized sense of self-issue, because society says you're supposed to look this way. And you don't, so something's wrong with you. So it means that not only are we as clinicians helping our clients to build up some armor against the things being said to them or about them by homophobic and transphobic people, we also have to recognize that some of those things that have been said to them, planted seeds inside their spirits and their hearts and their minds, that we may have to work on taking apart and taking out for them, and with them.

So when we look at adults, and here's why we separate adults from youth, we look at medical transitioning and our transgender clients specifically. So something to know. In order for any transgender person to begin to receive any medical transitioning of any kind, the medical doctor requires documentation of months of therapy with a mental health provider. It means a transgender client cannot just walk in and ask for hormones or to schedule a surgery, and have the doctor set it up. I could walk in to any doctor's office and ask for a breast augmentation or liposuction, or a tummy tuck, and the doctor would probably just schedule it as long as I have insurance or can pay for it. For transgender people, however, there's a fear about the legalities of it. And this is outdated. Hopefully, in the near future, this will change. But for now, the medical providers don't want to assume that being transgender is real. It's really transphobic, it's outdated policies. But the way that they save their own behind, is that they require a mental health care provider to document, yes, this is true. They trust us to know if this is accurate. And this goes all the way back from where we started at the beginning, where people used to think transgender people had mental disturbance. Even though remember what we talked about, we know now, it's not them, it's the world around them.

Because they need this documentation, you wanna make sure that you find out in advance that they want this. If you're not prepared to write that, and there are rules

about how to write that, there's a formula and a method to write that. So you're not on your own with this. But if you don't think you're in a position to ever write that for somebody, you wanna be aware of that, because they're putting their time into sessions with you with that goal. So if you don't feel comfortable, you shouldn't do something that doesn't feel right for you, but you also wanna be very open with them. Because you don't want them to spend six months in care with you, ask for the letter so they can begin their transition, and then have you say to them, "I can't give you that," and then they have to start the six months over with somebody else.

So let's look at what those medical options are, once they have that document. The first is hormone therapy. At this point, it means telling the body to produce a different hormone or stopping the hormones that it naturally produces, to create more of the identity outwardly that matches the person's inward identity. Because of these letter requirements, and because you have to find somebody who appreciates and acknowledges transgender people to get them to provide the hormones, it can get really tricky, and it can get really expensive. When that happens, sometimes people will go buy hormones on the street, or on the internet. Just like any other kinda medication that you buy, not from an actual doctor, there's all kinds of risks, overdose, infection, we don't know what's in it, we don't know how much they're taking, we don't know if there's other things inside that have other reactions. It's a real problem. We always have to be mindful that unless you're treating a person professionally, it is never ever, ever okay to ask if they've chosen this type of care, hormone therapy for themselves.

So if you met someone transgender at a party, you wouldn't ask them if they've had hormone therapy. Just the same way you wouldn't ask somebody about any other medical conditions, or situations they might have. You wouldn't ask them, "What medical surgeries have you had?" You wouldn't ask them, "What drugs do you take in the morning?" That's all personal information. Typically, we know this, but sometimes people get real curious, and they don't realize that their curiosity doesn't mean

somebody else has to answer questions or even hear those questions. So you wanna be really careful about when it's okay to ask. If they're your client, it could be useful information because that hormone experience might impact some things you may see. So then it's okay to ask. If you're at a social gathering, not okay to ask. So I just said it might be okay for you to know, because clinically it matters.

So let's talk about that for a second. What might you see if you have a client who is taking hormones? A client using hormones might begin to show physical changes during the time that they're having sessions with you. Not as in the same one session. It's not like an incredible Hulk, they turn green, the muscles come out kind of thing. But if you're gonna be working with them for a number of weeks and months, you might notice because you only see them weekly or every other week, you might be more aware of what outwardly starts to change with them. So it might mean that they gain weight. It might mean they lose weight, or that the weight redistributes. For somebody taking estrogen for example, the body may redistribute the weight on to the hips or the breasts, which gives that more feminine shape that comes organically to a lot of people who have female chromosomes. For somebody who is taking testosterone, you might see that that weight changes. It might be more in their belly, it might also change the sound of their voice. For transgender women, that's not super common. For transgender men taking hormones, though, you might be able to hear it, your receptionist might hear it when they make the next appointment. So those are things to be aware of.

Some people get a little self-conscious, just the way that if any of us gain weight, sometimes we feel a little awkward about it. However, in some cases, these are the experiences and the physical changes the person's been really waiting for. So they might become less self-conscious, they might begin to wear more revealing clothes. Maybe you have a client, who's a transgender woman, who starts to wear lower cut tops, because she's finally developing the breast tissue that she spent her whole life

waiting for. That may start to happen more often. You might have a transgender male client, who's much more talkative after his voice drops, because he finally has a voice that sounds the way he always wanted himself to sound.

There's also surgeries. Not all trans people have surgery to alter their genitalia. The ones that do, have typically been out as transgender for many, many years. Instead, some of them have surgery to allow them to be seen more by others as their true gender. So somebody who's AMAB, remember, that means assigned male at birth, may have hair removal of their beards, or their Adam's apple shaved, because in our society, women typically don't have beards, or very pronounced Adam's apples. So they would have these procedures so that they didn't look like a woman with a beard. Somebody who is AFAB, remember, that means assigned female at birth, might have their breasts removed, because in our society, it's not considered masculine in a lot of ways for men to have significant breast tissue. And as a reminder, remember, these are conversations that are okay to have with your client. They're not okay to have in a social gathering situation. When we look at, why aren't more people having surgeries to make their bodies match their identity? Well, that's because it's really, really expensive, and most insurance plans do not cover any of these. What it also means is the recovery process. This can require days or weeks for surgery related to genitalia. It can take months of recovery, which means no school, no work. And it means they have to have people who will take care of them when they're healing. It also means in addition to having people to take care of them, those people have to be able to take time away from school and work and their own lives to provide that support and care. That's not always super common.

And we know that there's a higher rate of transgender people being kicked out of their families for being transgender. So when you might think about who takes care of you if you had to have surgery, maybe the people you think about, are members of your family. Well, if your whole family decided to disown you, and you had to have surgery,

it might get trickier, right? Like maybe you're thinking in your head now about which of your friends, first of all, which of your friends would want to help, and then when you think about them, then you start thinking, well, she might wanna help but she works a lot of hours, so she's probably out. He might wanna help but he has three kids at home and so he probably can't spend overnight time staying with me to help out. And all of these processes that are just part of reality. And often what it means is that we have clients who may desperately want medical interventions, who either financially or support system-wise, can't afford it at the present time.

Because we know that, we also have to be mindful that a transgender person is not more trans or less trans based on how far through that process of transitioning they are. Some people choose to never take hormones or have surgery, some only have some experiences. It's about their own bodies, about what feels right for them, and about what their financial options are. There may be a transgender woman who could afford to have surgery and have her penis removed, and does not because for her, that body organ is just used for urination and sex. If that for her doesn't feel like something that shouldn't be there, it wouldn't make sense for her to have a surgery. For somebody else who's a transgender woman, that might be a reminder to them every day, that they're not in the right body for them. And they might desperately be wanting to have that surgery. It's all completely specific to the individual. So some of that is going to be conversations with your clients. Some of that will be maybe about their support system, and how to strengthen it, or making plans for care after a procedure. Or it may be working on what do you do when what you want, and you can't yet afford it. For some of your clients, maybe they'll never be able to afford it.

That becomes sometimes safety planning. Because there are cases where somebody tries a little bit of DIY surgery, which in our mind sounds crazy, but when you're desperate and your body doesn't match who you are, if that's the only option you can think of, it becomes very important for us as clinicians to be very mindful about that, so

that we can help to prevent any type of self-harm. So now that we've talked about the groups of people and what they may be going through in their transitions at whatever stage, what does that look like for their life as the bigger picture, as we zoom out a little bit on that? A national study shows that 40% of transgender adults have made a suicide attempt. Almost all of them attempted before the age of 25. Lesbian, gay and bisexual people who come from a highly rejecting family are 8.4 times as likely to have attempted suicide. Not in general, but just compared to the people who come from no or low levels of family rejection.

So let's just look at those two. First of all, if you've got a transgender client, there's a solid percentage of chance that transgender client has attempted suicide at least once, at some point. That is a conversation you'll wanna have. And you'll wanna maybe do some safety checks periodically as needed. When we look at the family impact, 8.4 times more likely, if the family is not supportive. It means we have to be mindful of how we work with our clients to come out if they're not yet out. It means we may need to have some family sessions, so that we can help everybody come together, or figure out if that's the best route for the client, and what the client wants. It also means we need to be asking more questions about family support of our client population here, that maybe we might with other types of clients coming for other reasons. For a client that comes in with issues, getting a job, for example, we might ask a question or two about how they're supporting themselves financially, or what their home life is. But our focus would really be on that job piece. We'd talked about presentation of things like interviews and what the resume looks like, and what's holding them up, and how to job hunt, all those great things. We wouldn't have to talk so much about family. With this population, though, we always need to be checking in on those. And that's because every episode of victimization, including physical or verbal harassment, increases the likelihood of self-harm by two and a half times. So that means this is a regular check-in. This isn't a thing you do at the beginning, or a thing you do every six months as a check-off point. Because they could be in a great mood leaving our office, have

somebody yell something horrible to them in our parking lot, and now all of a sudden, their risk of self-harm just jumped two and a half times. So we wanna keep having these conversations with them. We wanna make sure we're aware for safety reasons.

When we look at what else is being impacted, we know that in 2020, a law has passed that makes it illegal to discriminate against them for being LGBT+. It's a great thing. At the same time, even though it's been illegal to judge someone, discriminate based on race for decades, we know it still happens. So even though, yes, there is this great law, it doesn't mean that the discrimination stops. In addition to that, there's currently no mandated training for police or medical or mental health professionals specific to the needs of this community. What that means is that by showing up here, by continuing to check out other Continued videos and trainings on this population, you're making yourself kind of a rock star, because you're somebody gaining training not mandated, but that is very, very much needed. So in addition to you learning, it's a really great thing to share what you've learned with the people that you work with. It's a really great thing to share the link to Continued trainings with the people that you work with, so they can gain this insight also. Because even though it's not mandated for us by profession, it's mandatory for our clients that we have this knowledge. Then we zoom out a little bit further, and we look at the media, right? 'Cause the media is all around us, we have computers in our phones, in our pockets, we're always checking things, we're on social media all the time, we get the alerts. It's kind of just ubiquitous, it's everywhere. A lot of religious and hate groups frequently create websites and social media to further the hatred of this community.

So it means that when you're reading and learning, you've got to be really critical on what bias a website or study might have. You wanna make sure that what you're learning is factual, and not something meant to undermine this population. It also means that you may see TERF language. What is a TERF? Trans-exclusionary radical feminists. Sometimes people in the feminist group decide that transgender women are

not real women, and try to create harm for transgender women. So we wanna be mindful that not everybody who identifies as a feminist is including all women in their support. You might see fake stories claiming transgender people are out to harm children in bathrooms. If you've ever seen a story about transgender people making bathrooms scary, it's a fake story. There's actually, factually, no research, no arrests, none of that has ever happened in real life. It's literally just meant to make people afraid of transgender people. You might hear false claims of gay men trying to recruit children into becoming gay. That rumor has been around probably 100 years. I mean, I'm not 100 years old, but a very, very long time. First of all, nobody's recruiting anybody. And second of all, nobody chooses their sexuality. So none of that even makes sense. But it's done because it helps keep people afraid, and when they're afraid, some people become violent. So it's creating this world that makes it further not safe. Sometimes the language is really obvious, which makes it easy for us to say, "Oh, yeah, that's garbage." Other times, though, it's not so clear. Sometimes they'll use the language like traditional values. What that does is it undermines transgender people. There are plenty of lesbian couples who have very traditional homes, with the traditional furniture and they sit at the dining room, and they have a salad with their meal, and the steak and potatoes and the vegetables and all the things, that's also traditional. That's not what's meant when that kind of language is used. We wanna be mindful of that, because these are the things our clients are seeing. This is the harm that's coming to them through their phones and their televisions.

So what does it mean? It means that the client who comes to your office, has to feel safe. It might mean that the time they spend with you is the only time they feel safe in their life, that they get one hour a week, when they're with you, that they feel safe and that might be it. And because they want to feel safe, they're looking for signs and clues that your office is safe. They need to know before they come, and they need to know when they're with you. So how do we do that? Well, we start asking ourselves, is our office inclusive? Does our website have language that's inclusive? Are we using words

to talk about people like "boys and girls" or "men and women"? Sometimes websites will say, "At such and such clinical therapy practice, "we help men and women to do XYZ." What that shows is that somebody who is gender fluid, gender non-binary, gender non-conforming probably won't fit in here. And if that's not what you mean, you wanna be mindful and take that language out, because the people who need your safety and support, are looking for those cues and clues.

So how do we make it better? Take a look at your marketing materials because that's the information you're giving to the world. You can add an inclusion statement in print or online that says that your office and your organization welcomes people of all races, ethnicities, gender identities and sexual orientations. The white guy who's never had a problem with this, will never notice that that's there. The black transgender woman, who desperately needs a therapist who will listen and respect her, is looking for that language. You also if you're having images of people, wanna include people who might be gender ambiguous. So maybe you include a woman with short hair or a man with longer hair. And then we look at their paperwork, right? We've now shown them publicly, here's some information, but let's also get them once they come in the door, we need to make sure they feel safe in our spaces. Well, what does that mean for your paperwork? And how might a client know whether your paperwork is safe? What language is on there? And how can you make it more inclusive?

Well, let's take a look at that. This might be a little tough to see. And this is an older form used by an organization somewhere. And where it says sex, there's a male box and a female box. When you hover your mouse over that little question mark, it pops this black box up that says, "We require this field because one of the many ways "we use this information is in communicating "with your insurance provider. "Please make sure the sex you provide here "is the same as what your insurance provider has on file, "or what your HR department has on file. "If you would like to tell us more "about your gender identity, "please click on the Add gender Information link. "That information will

not be shared outside of our group. "Our entire team is committed to making sure "every member feels safe, welcome and respected." So if I'm your client, what does this tell me? It tells me why you need the information from me. It tells me which information to give you. So now I know I have to give you the information based on my insurance. And it gives me a place to give you my own truth, so that you know. All of those are important, and it ends with a statement that you're making me feel safe, welcome and respected. That's fantastic.

If you look to the right side of that, and you'll see that this is a little bit older because the box there says preferred name. Remember, we talked about that. We don't use that word "preferred" anymore. You might wanna write something like name you use, or name you go by. On this, when they hover over it, the black box says, "Have a different name you prefer? "If so we'll try to use it when possible." What we know now is that we don't use that word preferred, so we wouldn't use that. And we don't wanna say we'll try to use it when possible. You use the clients name, that's it. And this isn't just about, well, what percentage of clients do I have that are transgender? It's the awareness that someone named Elizabeth might go by Liz or Beth or Lizzie or Bethy or E, any of those, that client can put that name in there too. Because when you're expecting me to pour my heart out to you and tell you all my secrets, I want you to call me the name I go by, not the formal name that maybe doesn't feel like me at all. It's why James might go by Jim or Jimmy, right? All of that, we wanna give access for all the people who use another version, or maybe use their middle name instead. So that we're calling them the name they use when we're expecting things of them, like feeling like we're safe, like telling us their secrets, like trusting us with their knowledge. That's what we're doing.

Another example of this is, for gender, share a word or words that reflect your internal sense of gender. Then they give some examples, then there are a bunch of boxes you can check. That's another great way to get that information from your clients, and if

you have that either in your print paperwork, where they can check things off, or if you have people set up their appointments in advance and fill out their paperwork online, it's right there. And even for somebody who doesn't need those, you're letting them know that you're somebody who's respectful of all kinds of people. They may then be more likely to tell you some of their secrets because they don't feel like you'll judge them. They might be more likely to talk to you about some information that's important in their sexual experience history, that they might otherwise not have shared if they thought you wouldn't respect them. So this isn't just about a few clients, this is signaling to all of your clients that when they come to you, you will not judge them, you respect them for who they are, and you validate their experience.

All of those fall right under the things in the code of ethics. So this isn't something you're doing extra, this is you following the code of ethics mandates. As we get ready to close up, what do we take away from today? As a member of this profession, you might be the first or the 30th professional that an LGBT+ person sees. You don't know. So being open and accepting allows that patient or client to get the very best care. And that's why they came to you in the first place. There's a lot we don't know when a client first once cared for us, right? We've never met them, we don't know, if we haven't seen any paperwork, we know nothing yet. The only thing for sure, that we know, is that they've showed up because they want our help. So we just wanna create an environment that lets them come in the door, that lets them know that they can share with us so that we can work with them to give them and help them to find the exact help that they came for in the first place.

And so let's circle us right back to where we started here. Major medical and psychological associations consistently agree and have for decades, that the disturbance that happens, isn't in the LGBT+ person's identity. It's in the intentional or accidental ignorance of the practitioner. Which means the disturbance that happens, isn't them, it's none of them problem, it's an us problem. It's an our mistake problem.

It's an our ignorance problem. And it's our job, and it's mandated in the work that we do to keep our license to continue to learn, and to be supportive, and to be welcoming of this population. This isn't an option. It's not an above and beyond, it's at least the level of minimum care that we have for all of our clients. It's right along with having basic knowledge of what alcoholism looks like, or what domestic violence looks like. All of those are just like this. There are clients who need us and there are clients who are afraid and worried, who need to come to us and know that when they're with us, it's safe for them to be here.

To go more in-depth on some of these topics, to further branch out into different, this one was adults, if you wanna learn about kids, if you wanna learn about more of a general, all those sorts of categories, Continued has a bunch more resources on that. So make sure that you're bookmarking that, if that's something you wanna do with colleagues or your supervisors so you can talk these through after, or talk about making changes in your practice together, send them the link to this, send them the link to Continued, so they can join in and you can have group conversations and collective conversations. As we finalize, here's the information. If you have specific questions for me, you can reach out to me here. In terms of references of how do you know everything I just taught you is true, you can pause your screen on this, if you'd like, and take a look at some of these journal articles. And finally, since we've been talking about this code of ethics, and where that is in our code of ethics, it's under cultural competence. So if that's something that you wanna read more carefully, if our conversation today has made you realize that maybe you need to look at that again, maybe something that you haven't been doing is there, maybe it's the way that you help convince your boss to make some of these inclusive changes is to let them know this isn't a crazy idea you're having, it's in our mandate as practitioners, here's where you'll find that. It's right there under the code of ethics, under Standards and Indicators for Cultural Competence in Social Work Practice. This concludes today's training.

Thank you so much for being here. We look forward to more of our trainings through Continued, and we will see you soon.

- [Katrinna] Thank you so much, Kryss, for sharing your knowledge and expertise with us today. As social workers, we will undoubtedly work with clients who are LGBT+. Therefore, it is imperative that we truly understand the definitions of words such as gay, lesbian, bisexual and transgender. It is important for us as social workers to be able to readily identify the differences and similarities between sexual minorities and gender minorities. And last but certainly not least, it is important for social workers to recognize how an LGBT+ identity impacts various aspects of an individual's life. As social workers, we are mandated to serve this population just as we are other populations. Therefore, it is important that we consistently work toward increasing our knowledge base so that we can serve this population to the best of our ability. Again, thank you for joining us on Social Work at Continued.com.