Trans-ilience
The Transgender Stress & Resilience Research Team

Markers of Trans Inclusivity in Clinical Practice

Trans-ilience Team and Community Advisory Board

Transgender and gender diverse (TGD; meaning individuals who identify as trans men, trans women, genderqueer, nonbinary, agender, and other identities outside of cisgender) people experience a lot of hardship finding affirming mental health providers and medical professionals. Research also shows that providers who think of themselves as affirming often do not implement even the most basic steps that would live out a commitment to inclusive practices with TGD clients. The list below was developed by our research team and community advisory board, in collaboration with the Sexual and Gender Minority Clinic at Michigan State University. We reviewed the literature about affirming healthcare experiences for TGD clients and reflected on our own practices and community input to create this list.

We recommend starting with some reflective practice and walking through your clinic as if you were a client to get a feel for all the possible ways that marginalization may come up in the environment, such as implicit ways that binary gender norms are encouraged. This also will help you to identify areas that are not covered on this list as it may not be entirely exhaustive. Living out a commitment to being an inclusive and affirming provider is an ongoing and iterative process. We suggest revisiting this list and having a time for reflection on the inclusivity of your practice every 6 months or so to help further your efforts.

Space

- Have stickers or signage to indicate a welcoming space for transgender and gender diverse (TGD) people (Heck et al., 2013; Matsuno & Budge, 2017; Puckett, 2019).

- Have reading materials available in the waiting room that feature LGBTQ+ people of a variety of racial backgrounds or integrate other aspects of intersectional experiences (Heck et al., 2013).
- Provide gender inclusive restrooms (Puckett, Cleary, et al., 2018; Singh, 2016), such as a single stall or multi-stall all gender restroom.
- Evaluate the inclusivity of artwork/decorations in therapy rooms/other areas of clinic (e.g., check to see if they are gendered or display restrictive gender norms or heteronormative content, etc.; Holt et al., 2017).
- Make visible a non-discrimination statement that includes various aspects of identity (Puckett, 2019; Walton & Baker, 2019).
- Evaluate accessibility of space for TGD people with disabilities.

Forms and Record Keeping

- Review all documents for binary, cisnormative, or heteronormative language (e.g., forms using language like “he or she...;” Puckett, Cleary, et al., 2018).
- Paperwork should include questions about:
    - Name (name used and legal name if needed for insurance purposes with a disclaimer about why you are asking for a legal name)
    - Gender identity
    - Pronouns (and not “Preferred Pronouns” – this is outdated language that implies it is a choice and optional for you to respect someone’s pronouns)
    - Sexual orientation
    - Ensure that all questions are inclusive (Heck et al., 2013; Holt et al., 2019; Puckett, Brown, et al., 2020; Puckett, Cleary, et al., 2018). For

recommendations, please see: https://www.queeringmedicine.com/resources/intake-form-guidance-for-providers

- In the record keeping system, the name that a person uses can be listed first or emphasized in some way, rather than their legal name. Pronouns should be readily visible (preferably immediately following or right below their name) to staff in the record system.
- Printed materials should have the person's name they use, rather than their legal name, unless clients have expressed a desire otherwise.
- Ask what name should be used when calling or contacting the client if they have a shared phone or address and make this information available in the client record.
- If there are progress monitoring tools (e.g., depression measures), these should be evaluated to ensure that they are not marginalizing (e.g., binary language, assumptions about relationship types).

Resources

- Develop a sliding scale given that marginalized groups disproportionately encounter economic disadvantage or debt related to gender affirmation for TGD people (Benson, 2013).
- Develop a resource list of local providers for other services (e.g., primary care, hormones, etc.) that has been vetted for whether these providers are competent and affirming (Puckett, Barr, et al., 2018).

- Develop a list of local TGD support groups and social groups to build social support (Israel et al., 2008; Matsuno & Israel, 2018).
- Develop help sheets for issues like how to change one's name and gender marker in the state or find existing ones to make readily available to clients.
- Identify inpatient care options and what the climate is like in these settings. Providers can have transparent conversations with clients about the climate and how they might navigate gender-segregated spaces and misgendering in their placement (Walton & Baker, 2019).

Process Related

- If a provider does not know a person's pronouns for sure (meaning that the client has not told them what their pronouns are), providers should use gender neutral pronouns rather than assuming what the client's pronouns would be based on appearance (Matsuno & Budge, 2017; National LGBT Health Education Center, 2015). This should apply throughout the client's interactions with individuals in the clinic (e.g., when interacting with therapists or individuals at the front desk) and when individuals in the clinic are talking to others about the client (e.g., a receptionist telling someone that their client has arrived instead of using gendered language, like "She is waiting on you.").
- Providers can avoid using gendered titles, like Mr., Mrs., or other options, when greeting clients (Austin & Craig, 2015; National LGBT Health Education Center, 2015).
- Rather than using gendered terms like ma'am or sir, providers can keep their language neutral (Heck et al., 2013).

- Attend to gendered dynamics and how this may impact clients (e.g., holding doors open only for those perceived as women).
- Incorporate pronouns into email signatures for clinic, providers, and staff.
- Make sure that all front desk staff have received training on how to be inclusive and affirming of TGD clients (Puckett, Cleary, et al., 2018; Walton & Baker, 2019). Interactions with staff can derail a client's experience even if providers are carrying out affirming practices.
- Providers should respect TGD clients' autonomy and decisions regarding their care or pursuit of gender affirming medical care (Heck et al., 2013; Puckett, Cleary, et al., 2018).
- Use neutral language instead of gendered language to refer to hormones (e.g., use the name of the hormone rather than calling testosterone "male hormones").
- Express an openness to clients reporting a range of sexual orientations, sexual attraction, and sexual partners rather than making assumptions about what clients' experiences will be in this area (American Psychological Association, 2015; Heck et al., 2013).
- Examine approach to discussing TGD people's identities for any implicit biases or stereotypes. There is no single narrative of TGD people's identity development experiences that applies to all people and no one way to be TGD (Austin & Craig, 2015; Benson, 2013; Holt et al., 2017; Mizock & Lundquist, 2016; Puckett, Cleary, et al., 2018).
- Utilize informed consent approaches to gender affirming medical care rather than engaging in gatekeeping practices (Brown et al., 2020; Heck et al., 2013;

Puckett, Cleary, et al., 2018). Remove any gatekeeping practices, such as multiple sessions, to obtain a letter of support for gender affirming medical care (Mizock & Lundquist, 2016; Puckett, Cleary, et al., 2018).

- Use a client's affirmed name when interacting with them and when in the presence of others unless they have indicated a desire otherwise (e.g., if a youth client has asked you to use their given name around their parents to protect their privacy).
- More broadly, providers can interrogate their own biases and stereotypes about TGD people and how these may negatively influence their clinical practice, even if they believe themselves to be affirming and accepting (Benson, 2013; Heck et al., 2013; Singh, 2016).

Therapy

- During the intake, it may help further a provider's understanding of the client to discuss their identity and minority stress, resilience, coping, and other unique experiences of TGD people, like gender affirmation and dysphoria (American Psychological Association, 2015; Heck et al., 2013; Puckett, Barr, et al., 2018). Therapy for sexual minorities has shown it is helpful to integrate a focus on minority stress processes (Pachankis, 2014; Pachankis et al., 2015), as has research with TGD people (Austin & Craig, 2015; Budge et al., 2021).
- Providers can strike a balance between incorporating aspects of the person's identity but not marginalizing people by emphasizing identity if it is not central for them (Benson, 2013; Mizock & Lundquist, 2016; Puckett, 2019; Puckett, Barr, et al., 2018; Snow et al., 2019).

- Be understanding of the sociopolitical context of clients' lives and how this may influence daily life and mental/physical health. Providers can make sure they are aware of the policies and laws in their state/city (Austin & Craig, 2015; Holt et al., 2017; Hope et al., 2016; Puckett, 2019; Puckett, Barr, et al., 2018; Russell & Bohan, 2007). Sociopolitical contexts can shape mental health and well-being for marginalized communities (e.g., Hatzenbuehler, 2010).
- Providers can disrupt power dynamics by sharing their case conceptualization with clients to get feedback on how they understand the client's experiences as a TGD person and the social context they are living in (Puckett, 2019; Singh, 2016).
- Review treatment guidelines and make adaptations to therapy approaches to increase affirmation of TGD clients (American Psychological Association, 2015). For a more thorough review of steps to adapt treatment to be more affirming, see Hope et al. (2022).

Institutional

- Develop a non-discrimination policy that includes various aspects of identity (Walton & Baker, 2019).
- Have a process for TGD clients to file complaints or give feedback without risk of retaliation from their individual providers and with anonymity.
- Make clear any policies and procedures that are related to gender affirming medical care and the process for writing letters of support if this becomes part of a client's needs (i.e., make sure there is transparency in expectations regarding therapy, length of appointments, fees, etc.).

- At regular intervals, do a review of procedures and processes to ensure they continue to be affirming and inclusive (dickey & Singh, 2017a).
- Providers can also take action to support positive changes in local policies or laws and engage in advocacy (Benson, 2013; dickey & Singh, 2017b; Singh, 2016; Singh & dickey, 2016).

Advertisements and Informational Materials about Clinic

- Websites should be up to date with info about services and training of providers related to working with TGD clients (Holt et al., 2019).
- Provide information about the physical space, including access to gender inclusive restrooms and other actions the clinic has taken to ensure inclusivity.
- List the clinic on websites and resource lists for other affirming organizations (Rad Remedy, a local LGBT community center, Gay and Lesbian Medical Association provider directory, etc.).
- Providers can look into obtaining a rating by the Human Rights Campaign's Healthcare Equality Index https://www.hrc.org/hei (Walton & Baker, 2019).
- To share information about services, providers can attend community events (Benson, 2013).

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