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# Preparing Occupational Therapists for Treatment of the Transgender Population: A Training Guide for Supportive Care

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PREPARING OCCUPATIONAL THERAPISTS FOR TREATMENT  
OF THE TRANSGENDER POPULATION:  
A TRAINING GUIDE FOR SUPPORTIVE CARE

By

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APPROVAL PAGE

This Scholarly Project Paper, submitted by Nicola Grun and Lauren Trohkimoinen in partial fulfillment of the requirement for the Degree of Master's of Occupational Therapy from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.

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## ABSTRACT

Throughout current literature, it is clear that people who identify as transgender face larger percentages of occupational injustice and deprivation than people who identify with the sex they were assigned at birth (Bar, Jarus, Wada, Rechtman, & Noy, 2016; Twinley, 2014). There is no occupational therapy specific research or client-specific programming for transgender people (Beagan, Chiasson, Fiske, Forseth, Hosein, Myers & Stang, 2013), which indicates the need for supportive care for this population. The purpose of this scholarly project is to develop a training guide to prepare occupational therapists to provide supportive care for the transgender population. The Ecology of Human Performance (EHP) model will guide this scholarly project, as the focus on environmental stigmas will address those contexts that surround transgender people, and how occupational therapists can create all-inclusive environments to enhance care for transgender people and all communities. The EHP model identifies that stigma and discrimination interfere with participation in occupations that are meaningful to people (Brown, 2014). Therefore, EHP is an appropriate choice for training occupational therapists who may have conscious and unconscious personal biases, or work in environments with institutional biases towards transgender people. Anticipated results include occupational therapists playing a role to decrease stigma towards transgender people, that may be present in their immediate communities, and stigmas that are present in the American health care system and society as a whole.

## CHAPTER 1

### INTRODUCTION

Gender identity has an influence on behaviors, which impact a person's identity and occupational participation. For this scholarly project, gender identity is described as: one's concept of himself/herself as either male or female (Understanding gender, n.d). According to Tieshelman et al. (2015), the definition of *transgender* is persons for whom their genotype and phenotype are mismatched. *Genotype* is the genetic makeup of a person (Genotype, n.d.); *phenotype* is the observable appearance of a person (Phenotype, n.d.) The American Psychiatric Association's (2013) DSM-5 diagnostic manual states that people whose gender at birth is contrary to that with which they identify, and who experience distress related to this phenomena, are diagnosed with *gender dysphoria*. It is also common for health care practitioners to presume that all clients are heterosexual or non-lesbian/gay/bisexual/transgender/queer (LGBTQ) unless clients disclose otherwise. *Heterosexism* is a term used interchangeably with *homophobia* and *heteronormativity* (Morrison & Dinkel, 2012). As indicated through the example above, transgender people experience stigma in a variety of different settings, including health care.

There is a need for significant psychological and occupational support for the transgender population. One issue related to the transgender population is the need for access to supportive healthcare services. Transgender people demonstrate the specific need for mental health care in the following areas: determination and acceptance of gender identity, developing tools for coming out as transgender, and support for mental

health issues including mood disorders, anxiety, posttraumatic stress disorder and substance abuse (Dickey, Karasic & Sharon, n.d.). Literature suggests there is little to no training for medical professionals regarding the transgender population (American Psychological Association, 2009; Sanchez, Rabaten, Sanchez, Hubbard, & Kalet, 2006). The use of reflective tools and activities in the proposed training will challenge participants to improve their cultural humility when working with the vulnerable transgender population. Cultural humility has been identified to be more profound than cultural competency, and self-reflection has been identified as a factor that contributes to a person's level of cultural humility (Foronda, Baptiste, Reinholdt & Ousman, 2016). Therefore, there is a need for health care providers to be trained on providing supportive health care services to those who identify as transgender.

This scholarly project provides a training guide to prepare occupational therapists to provide supportive services to the transgender population. The population of interest is the occupational therapist and occupational therapy assistant community who may treat the transgender population. Occupational therapists who participate in this training can provide a foundation for influencing other health care providers. Using non-biased language and protocols throughout healthcare can create an all-inclusive environment, therefore this training guide is intended to be implemented nationwide to prepare occupational therapy practitioners for treatment of transgender people, in a variety of settings. The training is intended to be used in different communities where the needs of transgender people may vary, and the content can be modified as necessary.

Occupational therapists apply a holistic approach to viewing people by considering their physical and mental health and other factors which contribute to



wellness including activities of daily living, rest, work and leisure. Several factors that could influence the application of this training include: participant demographics, influence of facility management (eg. inpatient, outpatient and community-based), environmental factors (eg. social, physical and institutional), the size of the transgender population in specific communities, presenters' biases, and the number of attendees. Training a greater number of occupational therapists could result in a significant impact on delivery of care. Another factor that may affect the training is the potential bias(es) of the presenter(s) and the authors towards the transgender population. Therefore, it is important for the presenter(s) to be involved in the reflection section of the training.

This project is being created by graduate students with little clinical occupational therapy experience. Limitations to this scholarly project include the researchers' potential personal biases, and lack of experience with transgender people. Neither researcher identifies as transgender, therefore they do not experience the same societal stigmas and barriers within the health care system that transgender people experience.

Researcher One became interested in this topic out of curiosity, as she does not have experience interacting with transgender people on a personal level. Also, the controversial nature of recent nationwide efforts to advocate for or restrict transgender rights is intriguing. Researcher One has only worked with a handful of transgender people on a 12-week fieldwork rotation in an acute inpatient psychiatric ward. However, she did participate in an in-service training about gender dysphoria at a Veterans Affairs hospital in 2015, which stressed the need for improving health care for this population. Researcher Two was intrigued with the topic due to the lack of occupational therapy research available. Researcher Two has sustained a personal friendship with a member of

the transgender population for a long period of time. Researcher Two was interested in learning more about how occupational therapists can provide client-centered, holistic, and supportive care for this population. Researcher Two also chose this topic for the desire to advocate when there is a known disconnect between a vulnerable population and health care.

The model that guides this scholarly project is the Ecology of Human Performance (EHP) model. EHP identifies that stigma and discrimination interfere with participation in occupations that are meaningful to people (Brown, 2014). Therefore, EHP is an appropriate choice for training occupational therapists who may have conscious and unconscious personal biases towards, or work in environments with institutional biases toward transgender people. EHP is a sound theoretical basis for the occupational therapist population who may treat transgender people, with an emphasis toward best practice to create an environment that is welcoming for transgender clients. EHP's focus is the fit between the person, environment, and tasks that may affect the performance range of a person (Brown, 2014), meaning that the actions of health care professionals could impact the wellbeing of clients. The EHP model views the person as holistic and dynamic, therefore there is room for growth for occupational therapists who identify personal stigmas and biases. According to Turpin and Iwama (2011), the environment is more than just physical objects and places; it has the capacity to shape tasks. Meaning, a transgender person may not perform tasks as effectively in an environment filled with stigma, however that same person may feel supported in an environment where stigma has been reduced. Therefore, the environment fostered by an occupational therapist plays a role in the quality of treatment delivered. The EHP model

is ideally suited for community-based practice, however it is unknown in which settings the occupational therapist trainees working with this population will practice.

This scholarly project includes the following chapters. Chapter II is the review of current literature about the factors influencing this vulnerable population, and how health care services for transgender people can be improved. Chapter III is a description of the methodology and activities used to complete the training guide for occupational therapists and assistants. Chapter IV contains the product in its entirety. Chapter V is the cumulative summary of findings and recommendations for application of this training tool.

CHAPTER II  
LITERATURE REVIEW

*Introduction*

The purpose of this literature review is to demonstrate the need for training of health care providers, particularly occupational therapists, to work effectively with the transgender population. According to Chappell (2016), approximately 0.6 percent of the U.S. population, or 1.4 million people, identify as transgender. Transgender people frequently experience income instability. The American Psychological Association (2016) states that up to two-thirds of transgender people in the U.S. report their incomes are below \$25,000. It is unclear how many transgender people in the U.S. are unemployed, however 14% of the lesbian/gay/bisexual/transgender/questioning Psychological Association, 2016). Investigators of the Trans PULSE research study of transgender people in Ontario, Canada report that of 85 study participants, 32 made less than \$20,000 per year, another 10 were unemployed or underemployed, and eight were not able to secure work (Bauer et al., 2009). Most transgender people in Canada live in poverty (Beagan et al., 2013).

**Prevalence of Mental Illness**

There is very little literature about specific rates of mental illness in the transgender population. Transgender people demonstrate the need for mental health care in the following areas: determination and acceptance of gender identity, developing tools

for coming out as transgender, and support for mental health issues like mood disorders, anxiety, posttraumatic stress disorder and substance abuse (Dickey, Karasic & Sharon, n.d.). Dickey et al. (n.d.) state that transgender people experience similar rates of mood disorders and schizophrenia as the general population. However, lack of societal acceptance and discrimination can result in transgender people experiencing more anxiety and depression than their non-transgender counterparts (American Psychological Association, n.d.). Therefore, transgender people likely need support for mental health and occupational challenges.

### **What is Transgender?**

Huot and Rudman (2010) explain that gender includes what someone does and not just what their phenotype is; therefore, gender is an ongoing activity, which manages people's conduct in certain situations. There are a wide range of people who identify as transgender who may experience different levels of gender identity and expression. Gender identity is considered the internal identification of gender; gender expression is the external manifestation of gender (GLAAD, 2016). One example of gender expression is cross-dressing, which GLAAD (2016) defines as a heterosexual male who wears female clothing, makeup, and accessories. Connell (2010) explains that transgender women (male to female), transgender men (female to male) or genderqueer, a gender identification other than that of male or female, are common labels used within the transgender community. Transsexual, transitioned and transgender are all terms included under the umbrella "transgender" (Bauer et al., 2009). Transsexual describes people who transition to another sex with medical assistance (Reed, Rhodes, Schofield, & Wylie, 2009). Sexual reassignment surgery is considered to be a major life event similar to

getting married or having children, but many transgender people consider this event to be far larger in magnitude (Beagan et al., 2012). Connell (2010) explains that the transitioning process can bring transgender people into closer alignment with gender norms; therefore easing the anxiety of those around them who are often more accepting of people who present less controversially. In fact, many transgender people who came out felt they were held to more stringent societal expectations of physical appearances, especially women (Connell, 2010).

Identifying as transgender is not considered to be a mental health diagnosis. According to Tieshelman et al. (2015), the definition of transgender is a person whose genotype and phenotype are mismatched. The American Psychiatric Association's (2013) Diagnostic and Statistical Manual of Mental Health Disorders (DSM-5) states that gender dysphoria is assigned to people whose gender at birth is contrary to that with which they identify, and they experience distress due to this phenomenon. In other words, being transgender does not imply gender dysphoria, however the level of distress experienced due to the gender identity mismatch can result in a transgender person receiving this diagnosis.

### **Societal Stigma Surrounding the Transgender Population**

Discrimination against transgender people can be blatant or subtle. According to the American Civil Liberties Union (n.d.) only 19 of the 50 United States have statewide non-discrimination laws in place to protect gender identity. Throughout the literature it is clear that people who identify as transgender women or transgender men face more instances of occupational injustice and deprivation compared to people who identify with the gender they were assigned at birth, or non-transgender people (Bar, Jarus, Wada,

Rechtman, & Noy, 2016; Twinley, 2014). Occupational injustice occurs when occupational rights are violated, for example discrimination based on race, religion, gender and sexuality (Twinley, 2014). Occupational deprivation refers to the inability of one person to engage in meaningful occupations, such as leisure or employment activities (Twinley, 2014). According to Twinley (2014), many people who identify as LGBTQ have stated that the greatest barriers to occupations are factors like stigmas, hate, discrimination, shame, and feeling the need to hide their sexuality, which are all consistent with occupational injustice that eventually leads to deprivation, alienation, and marginalization.

Beagan et al. (2012) further explained that many transgender people limit their occupational engagement to avoid abuse and assault often experienced in public places. In a study by Bell and Perry (2014) people who are transgender may shy away from social and occupational participation in the fear of hate crimes, due to their gender presentation. Mizock and Mueser (2014) stated that the occupational barriers identified by transgender individuals include threats, overt discrimination surrounding the use of restrooms, lack of promotions and training opportunities, and exclusion from social activities. These are examples of how occupational rights are violated.

It is also common for health care practitioners to presume that all clients are heterosexual (or non-LGBTQ) unless clients disclose otherwise. Heterosexism is a term used interchangeably with homophobia and heteronormativity (Morrison & Dinkel, 2012). Pharr (1997) explains that heterosexism is the systemic display of homophobia in society. Heteronormativity is a term used to describe the cultural bias of heterosexual relationships, which are seen as normal (Twinley, 2014). These norms can affect the

occupational participation of transgender people, which could be influenced by the “normal” occupations people should participate in based on their gender.

**Types of Stigma.** Verbal harassment is the most prevalent type of enacted stigma experienced by transgender people (Bockting et al., 2013). Mizock and Mueser (2014) stated that enacted or externalized stigma is experiencing prejudice and discrimination from other people, while internalized stigma includes self-imposed ideas, which interfere with transgender peoples’ occupational functioning. Mizock and Mueser (2014) also indicated that higher levels of internalized and externalized stigma surrounding fear about disclosing transgender identity were experienced by people who were employed versus those who were unemployed. Internalized transphobia, being afraid of being hurt because of transgender status, was associated with being employed since the workplace presents opportunities for discrimination (Mizock & Mueser, 2014). Also, according to Mizock and Mueser (2014), double stigma commonly occurs when a transgender person with a mental health problem experiences stigma relating to their identity and mental problems. In a qualitative study of LGBTQ individuals, Kidd et al. (2011) stated that participants reiterated they had experienced stigma due to their mental illnesses and sexual identities through bullying, intimidation, sexual assault and violence. Some participants admittedly kept their sexuality private until they reached middle age and admitted that it can be harder to hide being transgender than hiding a mental illness (Kidd et al., 2011).

**Psychological Effects of Stigma.** It is no question that transgender people face many challenges and barriers. Bockting, et al. (2013) summarized that enacted and felt stigma corresponded with levels of psychological distress within the transgender community, and transgender people experienced higher rates of depression, anxiety and



psychological distress compared to other people, including lesbians and gays.

Transgender men may have different challenges than transgender women. For example, transgender men experience higher rates of enacted stigma such as experiencing difficulties finding a job than transgender women, however transgender women experience higher rates of depression versus their male counterparts (Bockting et al., 2013). According to Nutterbrock et al. (2014), transgender women seem to have an increased capacity to cope with psychological abuse compared to physical abuse. Nutterbrock et al. (2014) state that transgender women who hold positions of authority at work experience higher rates of verbal abuse from coworkers. In fact, many people present themselves based on societal norms, which is linked to increased depression, anxiety, feelings of inadequacy, and low self-worth (Bell & Perry, 2014). The stigmas experienced by transgender people increase their vulnerability.

**Discrimination Within the Health Care Community.** Stigmatization, structural and financial barriers, and a lack of health care provider experience are barriers which transgender people face when attempting to access health care services (Roberts & Fantz, 2014). Beagan et al. (2013) stated that providers struggle with personal fears and biases, the stigma attached to transgender status, and many do not fully understand how to provide care for this population. Roberts and Fantz (2014) emphasized that protocols be created for interactions with special populations, including transgender people. Customized protocols would complement the cultural competency training of occupational therapists to ensure that all people are treated with respect, courtesy and professionalism (Roberts & Fantz, 2014).

## **How to Improve Treatment for Transgender People**

Previous studies found that LGBTQ people with serious mental illness have not had their needs met by health care clinicians (Kidd et al., 2011). LGBTQ study participants felt it was challenging to find health care providers who were accepting of both their sexual identity and mental illness, and many felt they had to educate providers about the issues most important to them (Kidd et al., 2011). Beagan et al. (2013) identified that many professionals learned about transgender issues from patients and personal sources, like friends and family. Sub themes emerged surrounding the definition of quality care for transgender clients concluding that advocacy is a critical part of providing best treatment (Beagan et al., 2013). Beagan et al. (2013) elaborated that quality care in transgender health includes collaborating with clients, acknowledging issues surrounding stigma about transgender status, creating inclusive office protocols and procedures, providing holistic care and navigating the health care system. Most health care workers admitted to learning from transgender clients they treated about their needs and concerns (Beagan et al., 2013), which demonstrates that collaboration between health care professionals and clients is most effective for treating clients appropriately. Further, personal pronouns used in conversation should assimilate with gender presentation versus phenotype (Curtis & Morris, 2015). These suggestions are just a start for improving health care of transgender people.

## **Definition of Occupational Therapy**

According to the Occupational Therapy Practice Framework, occupational therapy is defined as: “therapeutic interventions using everyday life activities (occupations) with individuals or groups in order to empower, enhance, and enable

participation in occupations that the person finds as valuable and necessary, for example getting dressed or going to work” (American Occupational Therapy Association [AOTA], 2014, p. S1). Occupational therapy has the end goal of increasing participation in occupations by using adaptations or modifications to the environment or tools needed (AOTA, 2014). Reed, Hocking, and Smythe (2011) found that the meaning of occupation is a person’s calling and can be anything that excites, engages or demands something of them.

The practice of occupational therapy is guided by a code of ethics which outlines principles and standards of conduct. The purpose of the *Occupational Therapy Code of Ethics* is to (1) identify professional principles, (2) identify for stakeholders the principles by which practitioners are determined to be ethical, (3) specify the norms in which practitioners are trained to embody ethical practice, and (4) provide a grounding of ethical principles to assist with decision making (Doherty, 2014). The identified principles include “(1) beneficence, (2) nonmaleficence, (3) autonomy, (4) justice, (5) veracity, and (6) fidelity (AOTA, 2015, p. 2). Beneficence requires “promoting good, by preventing harm, and by removing harm” (AOTA, 2015, p. 2), therefore addressing an occupational therapist’s personal stigmas and biases is supporting the quality care of clients. Nonmaleficence is “the obligation to not impose risks of harm” on a client (AOTA, 2015, p. 3), therefore occupational therapists should refrain from consciously treating transgender clients if they know their personal views may impact the care they deliver. AOTA (2015) states that autonomy means a client should be treated “according to the client’s desires” (p. 4), therefore their occupational needs surrounding being transgender should be treated with respect. The justice principle refers to providing “fair,

accurate, and appropriate treatment” to all (AOTA, 2015, p. 5); veracity implies that “comprehensive, accurate and objective” information is provided (AOTA, 2015, p. 7). Occupational therapists are required to document the services and care they provide and should be careful to remain objective when describing a transgender client’s gender presentation and behaviors. Finally, AOTA (2015) defines fidelity to mean commitment, and as a result any occupational therapy provided should meet “the client’s reasonable expectations” (p. 8). There are many roles that occupational therapists can assume including an educator, consultant, leader and advocate. Occupational therapists are encouraged to assume these roles to best serve transgender people depending on their skillset, their clients’ needs and their employer’s requirements.

### **Why Occupational Therapists Should Treat Transgender People**

As mentioned previously, occupational therapists use everyday life activities to empower, enhance, and enable participation in occupations. Adapting to social circumstances and work environments are challenging for many transgender people, therefore seeking input from and working with an occupational therapist is encouraged (Wylie et al., 2016). Twinley (2014) believes that it is a necessity to understand the occupational needs of LGBTQ people in order to provide occupational therapy services. Mizock and Mueser (2014) report that transgender people need significant social support to improve their resilience to stigma and discrimination, and that internalized and externalized stigma were lower when people felt they had sufficient coping strategies. Mizock and Mueser (2014) summarize that the following coping strategies are effective: improving emotional regulation using relaxation techniques, affirmation of personal strengths, cognitive therapy, peer support, emotional detachment from discrimination,

and controlled disclosure of transgender status to decrease discrimination. Engaging in spiritual activities, seeking legal counsel, and advocating for transgender rights are additional strategies to decrease discrimination (Mizock & Mueser, 2014).

One of the skills occupational therapists train for is working with peer support groups, which is also linked to mediating distress among transgender people (Bockting et al., 2013). Peer support groups led by occupational therapists can be an all encompassing therapeutic experience for transgender people and interventions focus on coping, occupational identity, and eventually employment. Curtis and Morris (2015) recommend that occupational therapists enable clients by identifying support groups, and working with clients' families to help them understand occupational performance skills and demands required for a transgender lifestyle. Curtis and Morris (2015) also recommend that occupational therapists should create a safe environment during treatment and advocate for their clients particularly within the health care community.

**Collaboration.** Beagan et al. (2012) found that many transgender people have had to educate their health care providers about their needs, explain changes in their bodies, and identify the individual effects of specific hormones. Beagan et al. (2013) state that occupational therapists may encounter transgender clients referred to them for occupational performance issues. Many transgender people may be learning new occupations, for example applying makeup and hair styling, and work-related occupational issues are likely to surface as a result (Beagan et al., 2013). According to Taylor (2008) different modes - collaboration, encouragement and empathy - can be used when an occupational therapist uses therapeutic use of self when working with a transgender person. Collaboration is one of the therapeutic modes used by occupational

therapists; research has found that a high level of collaboration is necessary to improve the holistic treatment of people (Taylor, 2008). Encouragement can help motivate people to participate in occupations they find meaningful. Empathy is important in order for a therapist to convey understanding to help the person cope with their feelings. All in all, occupational therapists have many skills and techniques that facilitate therapeutic use of self in order to enhance the therapy experience for the client.

**New Occupations.** As discussed previously, transitioning is considered to be a major life event. In a study by Beagan et al. (2012), the researchers found that during the process of transitioning, participants felt they experienced occupational losses and adaptations. Transitioning involves unique occupations like voice training, dressing and grooming to create sufficient external appearances of a different gender, self-advocacy regarding health care, and managing self-disclosure (Beagan et al., 2012). Name changes, hormone therapy and surgeries are also part of transitioning (Burke, 2015).

Occupational therapists' scope of practice could include identity expression, such as cross-dressing, which is identified as being a means of gender expression (GLAAD, 2016). Curtis and Morris (2015) stated that no literature was available relating to occupational therapy and cross-dressing; therefore, they conducted a qualitative study of a cross-dresser named "Sammy" in which the themes identity, dressing, and conflict emerged. To Sammy, cross-dressing was an occupation that provided meaning. Since Sammy got in trouble by his father for dressing in his mother's and sister's clothing, he began to feel that dressing like a woman was wrong (Curtis & Morris, 2015). Cross-dressing can be an occupation that influences identity formation and occupational participation, therefore it provides meaning over and above that of an activity of daily

living (Curtis & Morris, 2015). Curtis and Morris (2015) stated that Sammy revealed that he developed several occupations as a result of dressing, like clothes shopping and applying makeup. These occupations are also linked to the process of transitioning in the transgender population (Beagan et al., 2012).

### **Cultural Humility**

Cultural humility has been identified to be more profound than cultural competency, and humility should be practiced professionally when health care providers are the minority when working with majority populations that are different to them (Foronda, Baptiste, Reinholdt & Ousman, 2016). Cultural humility becomes of concern when an occupational therapist with little experience or knowledge about the transgender population works with a transgender person or transgender people. Foronda et al. (2016) explain that openness, self-awareness, self-reflection, being egoless, and maintaining supportive interactions were identified as contributing to cultural humility. According to Foss (2011), every professional is in need of further growth in skills, knowledge and personal factors, which can be achieved through self-reflection. Foronda et al. (2016) said that when working with people who are different, health care providers must have self-awareness of their values, beliefs, limitations and appearance to other people; they should become egoless, or humble, and be willing to explore new ideas. Reflecting on one's thoughts, feelings and actions are necessary, which can lead to supportive interpersonal interactions (Foronda et al., 2016). Hence there is a need to provide training for occupational therapists that encourages self-reflection. Occupational therapists must continually identify strengths they want to improve and weaknesses they would like to

overcome (Foss, 2011), such as the ability or inability to work with transgender people in a non-biased way.

### **Ecology of Human Performance Model**

The model that guides this scholarly project is the Ecology of Human Performance (EHP) because it identifies that stigma and discrimination interfere with participation in occupations that are meaningful to people (Brown, 2014). Therefore, it is an appropriate choice for training occupational therapists who may have conscious and unconscious personal biases towards transgender people. EHP is also appropriate for the occupational therapist population who may treat transgender people because it is best practice to create an environment that is welcoming for transgender clients. The limited medical research available regarding this topic suggests there is a lack of exposure among occupational therapists regarding treating transgender people. The focus of EHP relates to how the person, environment, and tasks affect the performance range of a person (Brown, 2014), meaning that the actions of health care professionals could impact the wellbeing of clients. The EHP model views the person as holistic and dynamic, therefore there is room for growth for occupational therapists who identify personal stigmas and biases.

According to Turpin and Iwama (2011) the environment is more than just physical objects and places; it has the capacity to shape tasks. Therefore, the environment fostered by an occupational therapist plays a role in the quality of treatment they deliver.

### **Conclusion**

Enhancing knowledge of LGBTQ people will equip occupational therapists with the tools needed to work effectively with this population (Twinley, 2014). Educating occupational therapy practitioners on how to provide a supportive environment, in which



to treat transgender people, will hopefully increase the therapeutic relationship and overall health of the transgender person who is receiving occupational therapy services. Occupational therapists should be aware of stigmas, discrimination, personal identifiers, and other aspects that are a part of treating any vulnerable population. It is important as health care professionals to reflect on personal and moral factors that may hinder or enhance therapy services for transgender people. Overall, there is a need for occupational therapists, and all health care providers, to provide inclusive services that provide a welcoming and safe environment for all people who receive therapy services.

## CHAPTER III

### METHODOLOGY

This product is a training program for occupational therapists to learn how to provide supportive care for the transgender population. There is no occupational therapy research or client-specific programming for transgender people (Beagan et al., 2012). Transgender people experience higher rates of stigma and discrimination than other members of society. In a qualitative study of LGBTQ individuals, Kidd et al. (2011) stated participants reiterated they had experienced stigma due to their mental illnesses and sexual identities through bullying, intimidation, sexual assault and violence. Some participants kept their sexuality private until they reached middle age and admitted that it can be harder to hide being transgender than hiding a mental illness (Kidd et al., 2011). The stigmas experienced by transgender people increase their vulnerability, hence there is a need for customized treatment. The role of occupational therapy is to apply a holistic and supportive approach which includes limiting occupational deprivation so that transgender people may experience a higher quality of life. Providing tools to enable occupational therapists to enhance quality care for transgender people will allow the profession to improve the social environment by lessening stigmas.

An extensive review of the literature was conducted on the identified subject area, which highlighted the need for specific programming tailored to the transgender population that is provided by occupational therapists and the entire medical community.

A review of literature was conducted using the University of North Dakota's Chester Fritz Library and Harley French Library. The online databases CINAHL, PubMed and PsycInfo were accessed. The literature review highlighted the following trends pertaining to the transgender population: higher rates of gender dysphoria and mental illness; higher incidences of occupational injustice and deprivation; increased income instability; and many new occupations that must be adopted in the transitioning process. The training program was designed by researching the guidelines for transgender treatment published by many reputable LGBTQ advocacy organizations in the U.S. There is limited published information available regarding some aspects of care, like occupational therapy, therefore the researchers developed many of their own recommendations based on those found in the literature.

The model that guides this scholarly project is the Ecology of Human Performance (EHP), which identifies that stigma and discrimination interfere with participation in occupations that are meaningful to people (Brown, 2014). Therefore, it is an appropriate choice for training occupational therapists who may have conscious and unconscious personal biases towards transgender people, or work in an environment where biases are institutionalized. EHP guides the occupational therapist population who may treat transgender people because it is best practice to create an environment that is all-inclusive.

The training guide consists of a combination of lecture and reflective discussion. Within the training will be a checklist where occupational therapists will have the opportunity to reflect on their values, beliefs, and biases towards the transgender population. They will be asked to complete an analysis of their strengths and weaknesses

to determine ways in which they can grow. The training will highlight the importance of collaborating with transgender clients. The therapists will be given guidelines regarding proper terminology to use and questions to ask when completing evaluations on clients to ensure they are creating an inclusive environment. They will be coached on how to navigate the health care system and advocate for their clients. Health insurance and other aspects of the transition process will be presented to give the therapists a better understanding of the requirements that must be met before having sexual reassignment surgery. A list of transgender resources will be provided. To conclude, the occupational therapists will be asked to identify threats and opportunities present in their immediate communities, which could impact their work with the transgender population.

Two individuals identifying as transgender reviewed the reflective pieces of the product to check for any discriminatory language and verify that issues discussed accurately reflect those of the transgender population. The product also was reviewed by two University of North Dakota faculty members, one of whom is a practicing clinician.

CHAPTER IV  
THE PRODUCT  
**Introduction**

This scholarly project provides a training guide to prepare occupational therapists for providing supportive services to the transgender population. The population of interest is the occupational therapist and occupational therapy assistant community who may treat the transgender population. Anticipated results from launching the training guide include: (1) Occupational therapists can play a role in decreasing stigma towards transgender people that may be present in their immediate communities, in the American health care system and society as a whole. (2) Occupational therapists can create all-inclusive environments and provide quality care for transgender people. (3) Occupational therapist practitioners can increase their reflective skills. The training guide provides lecture information and tools to enable occupational therapists to enhance quality care for transgender people which will allow the profession to improve the social environment by lessening stigmas. This training can be implemented nationwide in a variety of settings.

**Theoretical Model**

The model that guides this scholarly project is the Ecology of Human Performance (EHP). EHP identifies that stigma and discrimination interfere with participation in occupations that are meaningful to people (Brown, 2014). Therefore, EHP is an appropriate choice for training occupational therapists who may have

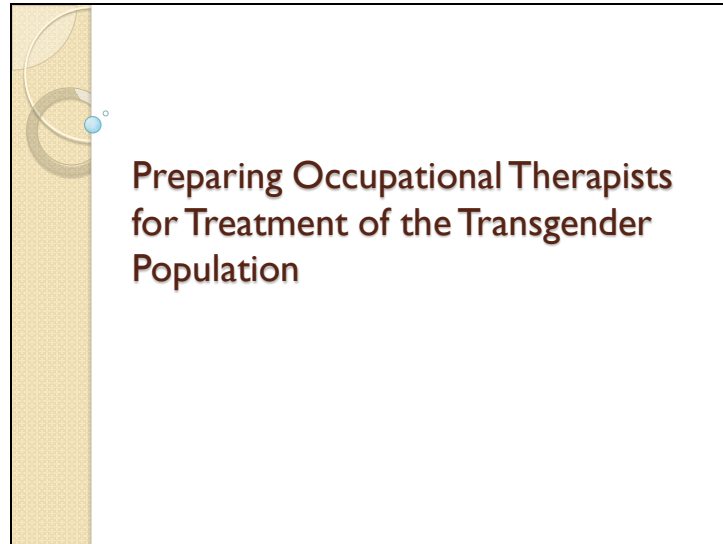
conscious and unconscious personal biases towards transgender people. EHP is an appropriate choice for the occupational therapist population who may treat transgender people because it is best practice to create an environment that is welcoming for transgender clients. EHP's focus is the fit between the person, environment, and tasks that may affect the performance range of a person (Brown, 2014), meaning that the actions of health care professionals could impact the wellbeing of clients. The model views the person as holistic and dynamic, therefore there is room for growth for occupational therapists who identify personal stigmas and biases. According to Turpin and Iwama (2011), the environment is more than just physical objects and places; it has the capacity to shape tasks. Meaning, a transgender person may not perform tasks as effectively in an environment filled with stigma, however that same person may feel supported in an environment where stigma has been reduced. Therefore, the environment fostered by an occupational therapist plays a role in the quality of treatment they deliver to clients. The EHP model is ideally suited for community-based practice, however it is unknown in which settings the occupational therapist trainees working with this population will practice.

### **Description**

Lecture content will include: (1) gender identity versus gender expression, (2) stigma and barriers, (3) gender dysphoria, (4) importance of collaborating with clients, (5) coping skills for clients and therapists, and (6) creating welcoming and all-inclusive environments. Tools presented will include: (1) Checklist to Gauge Comfort with Transgender People, (2) Definitions of Appropriate Terms, (3) Reflective Tool - SWOT Analysis, (4) Case Studies, (5) Transgender-friendly Resources, (6) Sample Evaluation

Form, (7) Health Insurance Reimbursement Guidelines, and (8) Further Education Resources.

## Product Presentation Slides







## Objectives

- Provide self-reflection to determine potential personal biases towards transgender people.
- Educate therapists about the societal stigmas experienced by transgender people.
- Identify ways to create all-inclusive environments that enhance relationships with transgender people.



## Objectives (cont'd)

- Educate occupational therapists about the need for supportive care of transgender people.
- Provide resources for occupational therapists and occupational therapy practices to become part of a larger network of transgender-friendly providers.

## Application of Theory

- Ecology of Human Performance (EHP). EHP focuses on stigmas and environments.
- *EHP Interventions*: alter, create/promote, prevent, establish/restore and adapt/modify.

Refer to Appendices 1: Checklist to Gauge Comfort with Transgender People

Notes:

- EHP model will be used throughout the training to guide changes to environments that are created by occupational therapists for the all-inclusive and supportive care of transgender people.

## Acceptable Terms

- **Transgender:** People whose genotype and phenotype are mismatched. Males may identify as females and females may identify as males. (Tieshelman et al., 2015)
- **Transsexual:** People who *transition* to another gender with medical assistance because their gender dysphoria is so distressing. (Reed, Rhodes, Schofield, & Wylie, 2009)

Refer to Appendices 2: Definitions of Transgender Terms

## Acceptable Terms (cont'd)

- **Transgender woman:** Male to female. (Connell, 2010)
- **Transgender man:** Female to male. (Connell, 2010)
- **Genderqueer:** Identify other than that of male or female. (Connell, 2010)



## Gender Identity Versus Expression

- The transgender community consists of a range of people who have different levels and types of gender identity and gender expression.
- **Gender Identity:** Internal sense of one's gender that is not visible to others.
- **Gender Expression:** The outward appearances of gender (ex: name and physical appearance).

(GLAAD Media Reference Guide, 2016)



## Gender Identity Versus Expression

- **Sex:** Appearance of external anatomy.
- **Sexual orientation:** Describes physical, romantic, and emotional attraction towards another person.  
(GLAAD Media Reference Guide, 2016).



## How Society Defines “Normal”

- Social and cultural “norms” within the United States (U.S.) are a source of marginalization and deprivation for the transgender population.
- **Cisgender:** Defines non transgender people. (Bauer et al., 2009)
- **Heteronormativity:** Describes the cultural bias of heterosexual relationships, which are seen as normal. (Twinley, 2014)





## Stigma and Barriers

- Transgender women and transgender men face larger cases of occupational injustices and deprivations.  
(Bar, Jarus, Wada, Rechtman, & Noy, 2016; Twinley, 2014)
- **Occupational deprivation:** The inability of one person to engage in meaningful occupations, such as leisure or employment activities. (Twinley, 2014)



## Occupations Conveying Gender Expression

- A cross-dresser is a heterosexual male who may wear feminine clothing and accessories (GLAAD Media Reference Guide, 2016).
- **Cross-dressing** is an occupation within the transgender community that influences identity formation and occupational participation, therefore it provides meaning. (Curtis & Morris, 2015)



## Occupations and Transitioning Process

- Voice training
- Dressing and grooming
- Self-advocacy regarding health care
- Managing self-disclosure (Beagan et al., 2012)
- Name changes
- Hormone therapy
- Surgeries (Burke, 2015)



## Facts About The Transgender Population in the U.S.

- **Prevalence:** Approximately 0.6 percent of population = 1.4 million people. (Chappell, 2016, June 30)
- **Low socioeconomic status:** Two-thirds of transgender people report incomes below \$25,000. (American Psychological Association, 2016)




## Facts About The Transgender Population in the U.S., con't

- **Mental illness:** Transgender people experience similar rates of mood disorders and schizophrenia as the general population. (Dickey et al., n.d.)
- Lack of societal acceptance and discrimination can result in more anxiety and depression. (American Psychological Association, n.d.)



## Gender Dysphoria Diagnosis

- *DSM-5: People whose gender at birth is contrary to that with which they identify. Gender identity causes distress or impairment in occupations. (American Psychiatric Association, 2013)*
- *Being transgender is not considered to be a mental health diagnosis.*



## What does this mean for occupational therapists?

- It may take longer to form rapport with transgender clients due to societal stigmas.
- Play video.  
<https://www.youtube.com/watch?v=YSuJ70OMo3I>

Refer to Appendices 3: Reflective Piece-SWOT Analysis



## Collaboration

- The purpose of this section is to emphasize the importance of collaboration in the therapeutic relationship with transgender people.





## Collaboration, cont'd

- According to Taylor (2008), collaboration is one of the modes that occupational therapists can use.
- Collaboration helps to facilitate client-centered care.

## Collaboration, cont'd

- Collaboration should include:
  - Evaluation
  - Goal setting
  - Intervention planning
  - Discharge plans

Refer to Appendices 3: Case Studies.  
Hand out case studies, discuss questions.



## Acknowledging Stigma

- What is Gender?
  - Gender influences behaviors and occupations.
  - An ongoing activity which manages people's conduct in certain situations. (Huot and Rudman, 2010)

## Acknowledging Stigma, cont'd

- Consequences of Societal Stigma
  - Older people who identify as lesbian/gay/bisexual/transgender/questioning (LGBTQ) stated the biggest barriers to employment are factors like stigmas, hate, discrimination, shame, and feeling the need to hide their sexuality.

## Acknowledging Stigma, cont'd

- Consequences of Societal Stigma
  - Stigma eventually leads to deprivation, alienation, and marginalization. (Twinley, 2014)
  - Verbal harassment is the most prevalent type of enacted stigma experienced by transgender people. (Bockting et al., 2013)

## Acknowledging Stigma, cont'd

- Enacted Stigma
  - **Enacted / externalized stigma:**  
Experiencing prejudice and discrimination from other people. (Mizock & Mueser, 2014)
  - Transgender men experience higher rates of enacted stigma than transgender women.
  - Transgender women experience higher rates of depression versus transgender males. (Bockting et al., 2013)



## Acknowledging Stigma, cont'd

- A Vulnerable Population
  - The stigmas experienced by transgender people increase their vulnerability, hence there is a need for customized support for transgender people as they manage employment related issues.



## Acknowledging Stigma, cont'd

- A Vulnerable Population
  - Many people present themselves the way society may want them to in order to avoid hate crimes and discrimination. (Bell & Perry, 2014)
  - Many health care practitioners presume that all clients are heterosexual (or non-LGBTQ) unless they disclose otherwise.





## Coping with Stigma

- Coping skills to teach your clients to help manage stigma and discrimination:
  - Improving emotional regulation
  - Self-affirmations of strengths
  - Engaging in cognitive therapy
  - Finding peer support
  - Engaging in spiritual activities
  - Seeking legal counsel
  - Advocating for transgender rights

(Mizock & Mueser, 2014)



## Creating a Safe Environment

- Only 19 of the 50 United States have statewide non-discrimination laws in place to protect gender identity. (American Civil Liberties Union, n.d.)
- Occupational therapists should create a safe environment during treatment and advocate for their clients particularly within the health care community. (Curtis and Morris, 2015)



## Creating Welcoming and Inclusive Environments

- The purpose:
  - Ensure comfort.
  - Ensure transgender people are receiving appropriate care.
  - Ensure equal treatment.
  - Several states in the United States protect gender identity. (American Civil Liberties Union, n.d.).

### Notes:

- The purpose of a welcoming and inclusive environment is to ensure that the transgender clients feel comfortable in your clinic. Many times, this population will shy away from health care services in the fear of being treated poorly or their needs disregarded. In order to help transgender people receive the health care they need and deserve, the environment needs to be optimal.



### **Creating Welcoming and Inclusive Environments, cont'd**

- Provide brochures/handouts in the lobby of your facility that provide information for transgender support/fact sheets.

Refer to Appendices 5: Resources for Transgender and Health Care Providers

## Creating Welcoming and Inclusive Environments, cont'd

- Place LGBTQ friendly stickers in visible areas like windows or other public areas.





## Creating Welcoming and Inclusive Environments, cont'd

- Insurance and facility specific policies may require identifiers to be the legal name, however, as a therapist, you should use pronouns and names that the person identifies with. (ex. she, he, or alternative names)



## Creating Welcoming and Inclusive Environments, cont'd

- Register your practice with the organization Gay & Lesbian Medical Association ([www.glma.org](http://www.glma.org)) to be listed a resource for the transgender population when making decisions about health care providers.



## Creating Welcoming and Inclusive Environments, cont'd

- Provide restrooms with signage that is not gender specific, such as unisex or generic restrooms.
- In an inpatient setting, transgender patients should be given the option of having a private room. If they need to share with a roommate they should be paired with someone whose gender they assimilate.





### Creating Welcoming and Inclusive Environments, cont'd

- Do not put quotation marks around the preferred name or pronoun (GLAAD Media Reference Guide, 2016).

Refer to Appendices 6: Sample Evaluation Questions



## Creating Welcoming and Inclusive Environments, cont'd

- Avoid using these words as they are derogatory when used against LGBTQ individuals.
  - Queer
  - Dyke
  - Fag (Guidelines for care of lesbian, gay, bisexual and transgender patients, n.d.)
  - Transgenders/a transgender
  - Biologically male/female
  - Tranny
  - Tranvestite
  - He/She (GLAAD Media Reference Guide, 2016)



## Navigating Health Care

- The purpose of this section is to outline ways in which health care providers can advocate for transgender clients, or coach clients about how they can advocate for themselves.



## Create a Network of Transgender-Friendly Providers

- Begin forming a network by:
  - Researching different facilities in your community and determining if they are transgender friendly.
  - Building relationships with different specialists within your community in case you may need to make referrals.



## Create a Network of Transgender-Friendly Providers

- Advocating for what you do as an occupational therapist so that health care providers can refer clients to you to provide the best care for transgender people.
- Remembering that primary care physicians and allied health care providers can treat the basic needs of transgender clients.



## Maintaining Confidentiality

- Occupational therapists must maintain confidential a client's status as transgender, anatomy and sex assigned at birth. The Health Insurance Portability and Accountability Act (HIPAA) mandates this protection.



## Fighting Discrimination

- Transgender clients who have experienced discrimination may file a HIPAA or civil rights complaint with the Department of Health and Human Services' Office for Civil Rights.
- Alternatively provide clients with contact information for legal resources.

Refer to Appendices 5: Resources for Transgender and Health Care Providers



## Coping Skills for OTs

- Get support from supervisors and colleagues.
- Take extra leave time from work.
- Spend time with family and friends.
- New clinicians are advised to get additional support.





## Guidelines for Health Insurance Reimbursement

- Be aware of insurance policies.
- Health insurance company and Medicaid/Medicare policy outlines.

Refer to appendices 7: Insurance Reimbursement

Notes:

- An occupational therapist will need to be aware of these policies when working with a transgender client who presents with an issue related to, or in need of referral, for issues related to gender reassignment (ie. surgical procedures, hair removal, hormone therapy, wound care, etc).



## Providing Holistic Care

- The purpose of this section is to emphasize how occupational therapists can play a role in creating safe environments for care.



## Providing Holistic Care, cont'd

- Reiterate the stigmas experienced by transgender people.
- Review purpose for completing the checklist and reflective pieces: to understand clinicians' biases and determine areas for growth.
- Collaboration during treatment is key because it facilitates client-centered care.



## Providing Holistic Care, cont'd

- Transgender clients have a greater need for advocacy.
- The transgender community consists of a range of people who have different levels and types of gender identity and gender expression. Make sure you understand and use appropriate terminology.
- Become familiar with the medical procedures available for the transgender population.



## Providing Holistic Care, cont'd

- Use the resources in your community and nationwide.
- Ask for support when working with this vulnerable population.



## Summary

- Identification of potential personal biases and level of comfort when working with transgender people.
- Activities to educate and challenge occupational therapists in cultural competency.
- A review of societal stigmas and how occupational therapists can play a role to affect change.



## Summary, cont'd

- Demonstrated the need for supportive care for transgender people.
- How to address environmental changes in clinical settings.
- Explanation of proper and suggested terminology to use when working with transgender people.
- Provided resources for occupational therapists to use in practice settings for themselves and their clients.

Refer to Appendices 8: Further Resources

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## CHAPTER V

### SUMMARY

Gender identity is an important aspect which impacts a person's identity and occupational participation. Throughout the literature, it is clear that people who identify as transgender face higher incidences of occupational injustice and deprivation than people who identify with the sex they were assigned at birth (Bar, Jarus, Wada, Rechtman, & Noy, 2016; Twinley, 2014). The purpose of this scholarly project is to develop a training guide to prepare occupational therapists to provide supportive care to the transgender population. The training guide consists of a combination of lecture and reflective discussion and activities. The therapists will be given guidelines regarding proper terminology to use and questions to ask when completing evaluations with clients to ensure they are creating an inclusive environment. They will be coached on how to navigate the health care system and advocate for their clients. An anticipated result is that occupational therapists will play a role in decreasing stigma towards transgender people present in the health care system, and potentially in the larger society.

One strength of the training guide is the use of reflective tools and activities which will challenge participants to improve their cultural humility when working with the vulnerable transgender population. Cultural humility has been identified to be more profound than cultural competency, and self-reflection has been identified as a factor that contributes to a person's level of cultural humility (Foronda, Baptiste, Reinholdt &

Ousman, 2016). An example of cultural humility is when an occupational therapist with little experience or knowledge about the transgender population maintains an open mind and provides quality care to benefit the transgender person.

An additional strength of the training is the content presented, which reviews the socioeconomic status of the transgender community, the types of societal stigmas surrounding this population, barriers to treatment present within the health care community, methods to improve treatment for transgender people, and approaches which occupational therapists should employ when working with transgender people. Another strength is the inclusion of a pre- and post-test tool titled *Checklist to Gauge Comfort with Transgender People*, which can assist with measuring outcomes of the course to determine needs for improvement.

This project is being created by graduate students with little clinical occupational therapy experience. Limitations to this scholarly project include the researchers' personal biases and lack of experience working with transgender people. Neither researcher identifies as transgender, therefore they do not experience the same societal stigmas and barriers within the health care system as transgender people do.

Currently the transgender population has limited rights in the U.S., which is evidenced by the fact that only 19 of the 50 United States have statewide non-discrimination laws in place to protect gender identity (American Civil Liberties Union, n.d.). Therefore, potential roadblocks to implementing this training include a lack of willingness by medical facilities and occupational therapists to improve their practice environments to become more inclusive. Health care providers may not want to invest time and money into this training unless they are incentivized to participate. Strategies to

address these roadblocks include launching a grassroots marketing campaign by transgender-friendly health care providers who can speak to the value of providing this training. Including testimony by transgender people who may have experienced poor treatment could be a powerful persuasion tactic, however it may only be effective in populations where the transgender population is significant and has a voice.

The researchers propose that this training program be provided for a group of occupational therapists who have limited experience working with the transgender population. The training will either establish a foundation or enhance existing knowledge about treating transgender people in an all-inclusive, supportive environment. The authors also suggest that this training be implemented by an occupational therapist who has experience working with the transgender population to ensure the accuracy of information being presented. The materials could be presented as continuing education credits for occupational therapists within a community, region, or the nation. Materials should be modified based on the audience and their experiences, if known beforehand.

There is an extreme need in the health care profession to recognize the gap in services for transgender people. The environment is just one factor that can affect the relationships between health care providers like occupational therapists and transgender people receiving services. There is a need for further research regarding the knowledge level that occupational therapists have about treating transgender people since currently there is no research regarding this population in occupational therapy literature. Upon future research and execution, this training program should be modified to address issues found in any new studies. Development of this product will continue in order to encompass all concerns regarding the issues of transgender people receiving health care.

The next step is to create a program plan specific to the needs of transgender people such as supportive employment programming. This training program has the potential to be modified based on the needs of participants, and can serve as a model to be used by other health care disciplines. There is opportunity to present this program both nationally and internationally should the need arise.

## APPENDICES

## Appendix A

### Checklist to Gauge Comfort with Transgender People

*Please answer the following questions by rating yourself using the scale provided. This is a tool for self-reflection only and information will not be used to collect data.*

1. I know someone who is transgender. Yes No Unsure
1. I have/had a patient who is/was transgender. Yes No Unsure
1. There is sufficient support in my community for transgender people.  
Yes No Unsure

<i>1 - strongly disagree</i>	<i>2 - disagree</i>	<i>3 - neutral</i>	<i>4 - agree</i>	<i>5 - strongly agree</i>
------------------------------	---------------------	--------------------	------------------	---------------------------

1. My level of knowledge about the transgender population. 1 2 3 4 5

Why or why not? \_\_\_\_\_

\_\_\_\_\_

2. I feel comfortable advocating for the transgender population. 1 2 3 4 5

Why or why not? \_\_\_\_\_

\_\_\_\_\_

1. There is a lack of suitable health care services for transgender people.

1 2 3 4 5

Why or why not? \_\_\_\_\_

\_\_\_\_\_

1. I am comfortable working with:

Post-op Female to Male 1 2 3 4 5

Post -op Male to Female 1 2 3 4 5

Non-op Female to Male 1 2 3 4 5

Non-op Male to Female 1 2 3 4 5

Why or why not? \_\_\_\_\_  
\_\_\_\_\_

1. I feel comfortable in a room filled with transgender people. 1 2 3 4 5

Why or why not? \_\_\_\_\_  
\_\_\_\_\_

1. I would be comfortable with a loved one being romantically involved with a transgender person. 1 2 3 4 5

Why or why not? \_\_\_\_\_  
\_\_\_\_\_

1. I would be upset or concerned if I found out that a loved one was getting a sexual reassignment surgery. 1 2 3 4 5

Why or why not? \_\_\_\_\_  
\_\_\_\_\_

1. I would feel more comfortable working with a transgender individual.  
1 2 3 4 5

Why or why not? \_\_\_\_\_  
\_\_\_\_\_

1. I would be comfortable with my neighbor being transgender. 1 2 3 4 5

Why or why not? \_\_\_\_\_  
\_\_\_\_\_

1. Being transgender is in opposition to my value system. 1 2 3 4 5



Why or why not? \_\_\_\_\_  
\_\_\_\_\_

1. I cannot understand the purpose of a sexual reassignment surgery.

1 2 3 4 5

Why or why not? \_\_\_\_\_  
\_\_\_\_\_

1. It is alright to make fun of the transgender population. 1 2 3 4 5

Why or why not? \_\_\_\_\_  
\_\_\_\_\_

1. I am able to treat a transgender client regardless of my personal reaction.

1 2 3 4 5

Why or why not? \_\_\_\_\_  
\_\_\_\_\_

## Appendix B

### Definitions of Transgender Terms

**Androphile:** Someone who is sexually attracted to men. (Reber, Reber & Allen, 2009)

**Bisexual:** Sexually attracted to both men and women. (Bisexual, n.d.)

**Cisgender:** Defines non transgender people. (Bauer et al., 2009)

**Cross-dresser:** A heterosexual male who may wear feminine clothing and accessories.

(GLAAD Media Reference Guide, 2016)

**Gay/Lesbian:** Sexually attracted to someone of the same sex. (Gay/Lesbian, n.d.)

**Gender Expression:** The outward appearances of gender (ex: name and physical appearance). (Connell, 2010)

**Genderfluid:** Someone whose gender expression shifts between masculine and feminine.

(Booker, 2016, April 13)

**Gender Identity:** Internal sense of one's gender that is not visible to others. (Connell, 2010)

**Genderqueer/Nonbinary:** Gender identity/expression outside of man or woman.

(GLAAD Media Reference Guide, 2016)

**Gynephile:** Someone who is sexually attracted to women. (Your Dictionary, n.d.)

**Heteronormativity:** Describes the cultural bias of heterosexual relationships, which are seen as normal. (Twinley, 2014)

**Heterosexual/Straight:** Sexual attracted to someone of the opposite sex. (Merriam-Webster, n.d.)

**Pansexual:** Exhibiting or implying many forms of sexual expression. (Merriam-Webster, n.d.)

**Sex:** Being a male or female. (Merriam-Webster, n.d.)

**Sexual orientation:** Describes physical, romantic, and emotional attraction towards another person. (GLAAD Media Reference Guide, 2016)

**Transgender:** People whose genotype and phenotype are mismatched. Males may identify as females and females may identify as males. (Tieshelman et al., 2015)

**Transsexual:** People who *transition* to another gender with medical assistance because their gender dysphoria is so . (Reed, Rhodes, Schofield, & Wylie, 2009)

**Transgender woman:** Male to female. (Connell, 2010)

**Transgender man:** Female to male. (Connell, 2010)

**Ze/hir:** Pronouns that are gender neutral. Pronounced “zee” and “here.” (Green & Peterson, 2006)

## Appendix C

### Reflective Tool

The purpose of the reflective piece is to help occupational therapists identify areas for growth in regard to treating the transgender population. This is not to determine your role as an occupational therapist with this population, but rather to help you treat transgender clients with quality service delivery.

*This tool is intended to guide discussion and reflection about how to provide non-biased treatment for transgender people. Please modify as needed.*

<p style="text-align: center;"><b>STRENGTHS</b></p> <ol style="list-style-type: none"> <li>1. What are your biggest strengths to aid your practice as a culturally competent occupational therapist?</li> <li>2. What experiences, resources and connections do you have that will improve the care you provide to transgender people?</li> <li>3. What stigmas/attitudes regarding transgender people are present in your community?</li> <li>4. How can you best serve the transgender population in your community?</li> <li>5. What experiences have you had working with marginalized populations which increase your cultural competency?</li> </ol>	<p style="text-align: center;"><b>WEAKNESSES</b></p> <ol style="list-style-type: none"> <li>1. What feedback have you received from coworkers about how you can improve the services you provide?</li> <li>2. Which attributes of your personality challenge you most in providing equitable services for all people?</li> <li>3. In which areas do you think you need/want more experience, resources and connections to provide quality care to stigmatized/disadvantaged populations?</li> <li>4. In which areas do you need guidance regarding providing culturally competent care?</li> </ol>
<p style="text-align: center;"><b>OPPORTUNITIES</b></p> <ol style="list-style-type: none"> <li>1. What role(s) would you assume when working with transgender people to create a positive experience?</li> <li>2. How do your community's attitudes toward transgender people support your practice?</li> <li>3. What have you determined the top needs to be for the transgender population in your community?</li> <li>4. In which ways can you advocate for transgender clients in your community?</li> <li>5. What community resources are available to support your practice?</li> </ol>	<p style="text-align: center;"><b>THREATS</b></p> <ol style="list-style-type: none"> <li>1. What are your biases/prejudices regarding transgender people?</li> <li>2. Have your personal biases affected your ability to provide equal treatment for clients in the past?</li> <li>3. Can you identify stigmas/discrimination toward the transgender population in your community?</li> <li>4. How could your community's attitudes toward transgender people hinder your practice?</li> <li>5. Which obstacles interfere with your ability to provide quality care for transgender people?</li> </ol>

*Please comment about your experiences in the table below.*

<b>STRENGTHS</b>	<b>WEAKNESSES</b>
<b>OPPORTUNITIES</b>	<b>THREATS</b>

## Appendix D

### Case Study - Male to Female Post-operative

JJ is a 32 year old female who had a sex reassignment surgery four years ago. JJ was assigned male at birth. Throughout JJ's transition, she has had several appointments with different specialists, including her family physician, psychiatrist, and surgeon. JJ reports being satisfied with her current medical/health care team, however, she was not always content. She found herself switching primary physicians several times before finding one who was accepting of her transition. She reports that there were a few physicians who refused to treat her due to her sexual reassignment. For those who would treat her, she didn't feel comfortable due to lack of understanding of her health care needs. She reports that she "just wants a primary physician who will treat me like every other person."

Now, four years after her sexual reassignment surgery, she still faces difficulty when facing health care providers. When she discloses that she is transgender, she feels that she is being judged and dismissed for her problems due to her sexual reassignment surgery. Although JJ presents as female and most people can't tell that she was assigned male gender at birth, it is important that health care providers know her medical history, including her transition. JJ still struggles with locating resources from her health care providers in order to receive the best care possible.

#### **Discussion questions:**

1. What are ways in which you could convey acceptance of a sexual reassignment surgery?
2. As the therapist, what would be an appropriate response or questions to ask a client?
3. How would you evaluate whether or not the disclosure was relevant to treatment?
4. If the transition is not directly related to the reason the client is coming to you for treatment, what information could still be important for you to know?
5. How do you evaluate if your facility or environment is welcoming to all people?
6. How can you impact change in your environment to ensure inclusion?

## Case Study - Non-op Transgender Client

James is a non-operative transgender male who was assigned female at birth. His legal name is Jessica Smith. James has been denied gynecologic treatment by three providers prior to being accepted by his current provider. “Maybe you should go to church more” is one reason provided by his previous doctor’s office when he was told that he could not return to that clinic.

James is 25 years old and went to his new gynecologist for his first annual exam in four years. The day of the appointment James wore tight chino pants and a loose-fitting polo shirt, and covered his silky blonde hair that was secured into a bun with a baseball cap. The receptionist requested that he sign in at the front desk and take a seat. Fifteen minutes later the nurse called out “Jessica” and he stood and walked to the desk. Now everybody in the reception area paying attention knows that James is physiologically female.

James’s new provider, Dr. Jones, did not react to his appearance in a startled fashion and asked him questions about his sexual activity and menstrual cycle. James answered these questions and then asked Dr. Jones to assist by prescribe hormone therapy, specifically testosterone. Dr. Jones responded by asking “Can you tell me why you want to take testosterone?” James responded by saying “I want a deeper voice, a muscular body and more hair. I want to look more masculine.”

Dr. Jones stared at him for a few seconds because she was uncertain how to respond, and did not want to confess a lack of knowledge about the protocol for administering hormone therapy in this context. However, Dr. Jones was tactful enough to ask James further questions to make sure he had done his research about how long it would take for testosterone therapy to take effect. Dr. Jones ended the appointment by admitting to not knowing much about “this type” of hormone therapy, however she would call around and get back to him. James left the office feeling somewhat satisfied with Dr. Jones’s care. At least he was not turned away and Dr. Jones appears open to doing research about “this type” of treatment.

### Discussion questions:

1. What are the ethical considerations of calling James to the front desk using the legal rather than the preferred name?
2. At your facility, how can you assure you and your staff are recognizing clients using their preferred names?
3. What is a repercussion caused by denying a transgender person preventive care like an annual exam?
4. Is there a better way that this gynecologist could handle a similar conversation about hormone therapy?



## Appendix E

### Resources for Transgender and Health Care Providers

The purpose of the resources provided is to help the occupational therapist or transgender population find providers, advocacy/support, information, and legal assistance. This list of resources can be used to build a network of healthcare providers.

#### **Health Care Providers**

Callen Lorde Community Health Center: [www.callen-lorde.org](http://www.callen-lorde.org)

Howard Brown Health: [www.howardbrown.org](http://www.howardbrown.org)

Los Angeles LGBT Center: [www.lalgbtcenter.org](http://www.lalgbtcenter.org)

Lyon Martin Health Services: [www.lyon-martin.org](http://www.lyon-martin.org)

Whitman-Walker Clinic: [www.whitman-walker.org](http://www.whitman-walker.org)

#### **Advocacy/Support**

Fenway Health: [www.fenwayhealth.org](http://www.fenwayhealth.org)

Gender Proud Advocacy: [www.genderproud.com](http://www.genderproud.com)

Gender Spectrum support for families, friends, and transpeople:

[www.genderspectrum.org](http://www.genderspectrum.org)

National Alliance on Mental Illness: [www.nami.org](http://www.nami.org)

National Center for Transgender Equality: [www.transequality.org](http://www.transequality.org)

PFLAG Transgender Support: [www.pflag.org](http://www.pflag.org)

Transgender Personal Testimonies:

[www.nytimes.com/interactive/projects/storywall/transgender-today](http://www.nytimes.com/interactive/projects/storywall/transgender-today)

TransLife Center of Chicago: [www.chicagohouse.org/](http://www.chicagohouse.org/)

100 Inspiring Trans in America: [www.thetrans100.com/](http://www.thetrans100.com/)

## **Informative Resources**

GLAAD: [www.glaad.org](http://www.glaad.org)

Health Care Professionals Advancing LGBT Equality: [www.glma.org](http://www.glma.org)

The Center, Advancing LGBT Colorado: [www.glbtcolorado.org](http://www.glbtcolorado.org)

The Center of Excellence for Transgender Health, University of California:  
[www.transhealth.ucsf.edu](http://www.transhealth.ucsf.edu)

The Lesbian, Gay, Bisexual, and Transgender Community Center, New York:  
[www.gaycenter.org](http://www.gaycenter.org)

The Transgender Guide: [www.tgguide.com](http://www.tgguide.com)

Trans Student Education Resources: [www.transstudent.org](http://www.transstudent.org)

## **Legal Assistance**

Lambda Legal: [www.lambdalegal.org](http://www.lambdalegal.org)

Transgender Law Center: [www.transgenderlawcenter.org](http://www.transgenderlawcenter.org)

## Appendix F

### Sample Evaluation Questions

*Disclaimer: This is a sample only. Feel free to modify these items based on the requirements of your facility. Be sure to use the same language that your patient does regarding their identity. Make sure to clarify any terms/behaviors that you do not understand or are unfamiliar with before you begin using them.*

Legal name:

Name I prefer to be called (if different):

Preferred pronoun: She/her/hers    He/him/his    They/them/their  
Ze/hir    Other (specify: \_\_\_\_\_)

How would you describe your gender: *(Check all that apply)*

- Male
- Female
- Trans Male/Trans Man
- Trans Female/Trans Woman
- Genderqueer/nonbinary
- Genderfluid
- Other (please explain)
- Decline to answer

Sex you were assigned at birth:

- Male
- Female
- Decline to answer

Are your current partner(s): *(Check all that apply)*

- Men
- Women
- Other

In the past, have your sexual partners been: *(Check all that apply)*

- Men
- Women
- Other

Current relationship status:

- Single
- Married
- Domestic Partnership/Civil Union
- Partnered
- Separated from spouse/partner
- Divorced from spouse/partner
- Other (please explain)

Living situation:

- Live alone

- Live with spouse/partner
- Live with roommate(s)
- Live with family members
- Other (please explain)

Sexual Orientation Identity:

- Bisexual/Pansexual
- Gay/lesbian
- Heterosexual/Straight
- Queer
- Androphile
- Gynephile
- Not Sure
- Don't Know
- Other (please explain)

Are you satisfied with your sexual life?

- Yes
- No
- I'm not sure

Are you currently taking hormones to assist with transition?

- Yes
- No

Have you used hormone treatment in the past?

- Yes
- No

Have you ever experienced any of the following due to your sexual orientation or gender identity:

*(check all that apply)*

- Interruptions in employment
- Interruptions in medical care
- Interrupted education
- Social isolation
- Avoidance of medical care
- Poverty
- Trauma
- Abuse/violence (verbal, sexual, physical, emotional)

Source information/recommendations provided by:

1. California Department of Public Health. <http://www.std.ca.gov/MSMToolkit> (free download).

2. Rainbow Welcome Initiative  
<http://www.rainbowwelcome.org/uploads/pdfs/sample-new-patient-intake-form.pdf> (free download).
3. Gay and Lesbian Medical Association  
[http://www.glma.org/\\_data/n\\_0001/resources/live/GLMA%20guidelines%202006%20FINAL.pdf](http://www.glma.org/_data/n_0001/resources/live/GLMA%20guidelines%202006%20FINAL.pdf) (free download).

## Appendix G

### Health Insurance Reimbursement

*Note: Health insurance companies have outlined requirements for gender reassignment surgery, however it is more acceptable within the transgender community to state sexual reassignment surgery.*

<b>Insurance Company</b>	<b>Criteria for Reassignment Surgery</b>
<p><b>Aetna</b>  <b>Anthem Blue Cross/</b>  <b>Blue Shield</b>  <b>Cigna</b></p>	<ul style="list-style-type: none"> <li>· Sex reassignment is not a single procedure.</li> <li>· Involves collaboration between surgical, psychological, and medical specialists.</li> <li>· Medically necessary if:               <ul style="list-style-type: none"> <li>o Must be 18+ years old.</li> <li>o Gender Dysphoria diagnosis</li> <li>o Completed at least 12 months of hormone therapy under physician supervision.</li> <li>o All medical/ mental diagnoses must be stable.</li> <li>o Two referrals from specified health care providers.</li> <li>o The patient can provide consent.</li> <li>o Has to complete at least 12 months of full experience as their new gender.</li> <li>o Complete psychotherapy as referred by health care provider.</li> </ul> </li> </ul> <p>* There are very specific guidelines for each insurance company based on the type of surgical procedure.  <i>(CG-SURG-27 Sex Reassignment Surgery, 2016, August 18; Medical clinical policy bulletins, 2016; Cigna medical coverage policy, 2016)</i></p>
<p><b>Medicare/Medicaid</b></p>	<ul style="list-style-type: none"> <li>· There is no National Coverage Determination regarding gender reassignment surgery.</li> <li>· Gender reassignment surgery may be covered on a claim basis.</li> <li>· Currently encouraging further research regarding insurance and gender reassignment procedures.</li> </ul> <p><i>(Centers for Medicare and Medicaid, n.d.)</i></p>

## Appendix H

### Further Education Resources

*Please access the following resources to further your knowledge about the transgender population.*

- Bar, M. A., Jarus, T., Wada, M., Rechtman, L., & Noy, E. (2016). Male-to-female transitions: Implications for occupational performance, health, and life satisfaction. *Canadian Journal of Occupational Therapy, 83*(2), 72-82. doi:10.1177/0008417416635346
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