



CLINICAL TRAINING

THE FOUNDATIONS OF GENDER-AFFIRMING CARE

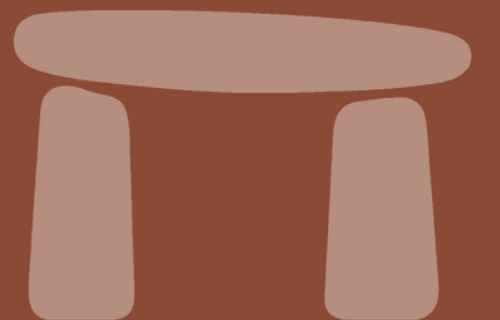
A practical introduction to providing ethical, affirming, and culturally responsive care for transgender and gender-diverse clients.



SINGER
EQUITY & WELLNESS

SECTION ONE

GROUNDING CONCEPTS, THEORIES & LITERATURE

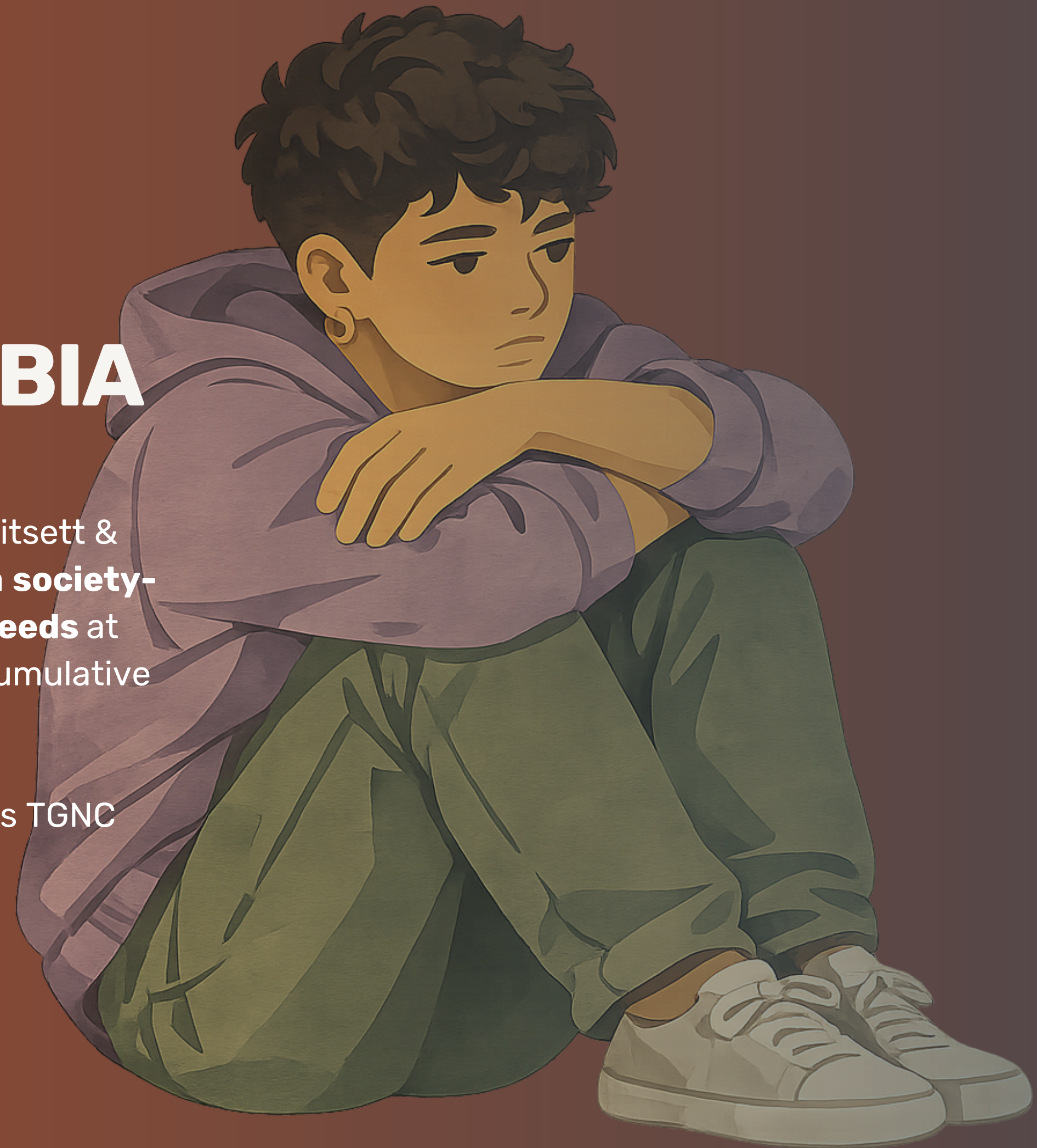


THE CURRENT LANDSCAPE

CULTURAL TRANSPHOBIA

Through the lens of Self Psychology, Miliora (2000) and Whitsett & Whitsett (1996) explained the impact of cultural racism as a **society-wide, empathetic failure to meet core developmental needs** at micro, meso, and macro levels — causing an ongoing and cumulative injury to one's healthy sense of self.

I propose that cultural transphobia similarly disenfranchises TGNC folx from an early age.



GROUNDING THEORY

SELF PSYCHOLOGY

Self Psychology (Kohut, 1977) posits that people & experiences, called selfobjects, perform important developmental functions that help children form a cohesive sense of self. These include three core selfobject needs:

- 01 **MIRRORING:** affirmation & validation that helps a person feel seen, valued, & emotionally understood.
- 02 **TWINSHIP:** experience of sameness & belonging when a person feels they aren't alone in who they are.
- 03 **IDEALIZATION:** connecting with someone who is experienced as safe, admired, or aspirational.

GROUNDING THEORY

MINORITY STRESS THEORY (MST)

Minority Stress Theory (Meyer, 2003) conceptualizes stigma and discrimination as chronic stressors that accumulate across social systems across ecological levels.

For TGNC youth, these stressors are both external (harassment, rejection) and internal (internalized transphobia, concealment). Rather than reflecting individual vulnerability, MST locates psychological distress in hostile and invalidating environments.

SELF PSYCHOLOGY

THREE CORE NEEDS

People and experiences — called selfobjects — perform developmental functions that help children form a cohesive sense of self.



MIRRORING

Affirmation and validation that helps a young person feel seen, valued, & emotionally understood.



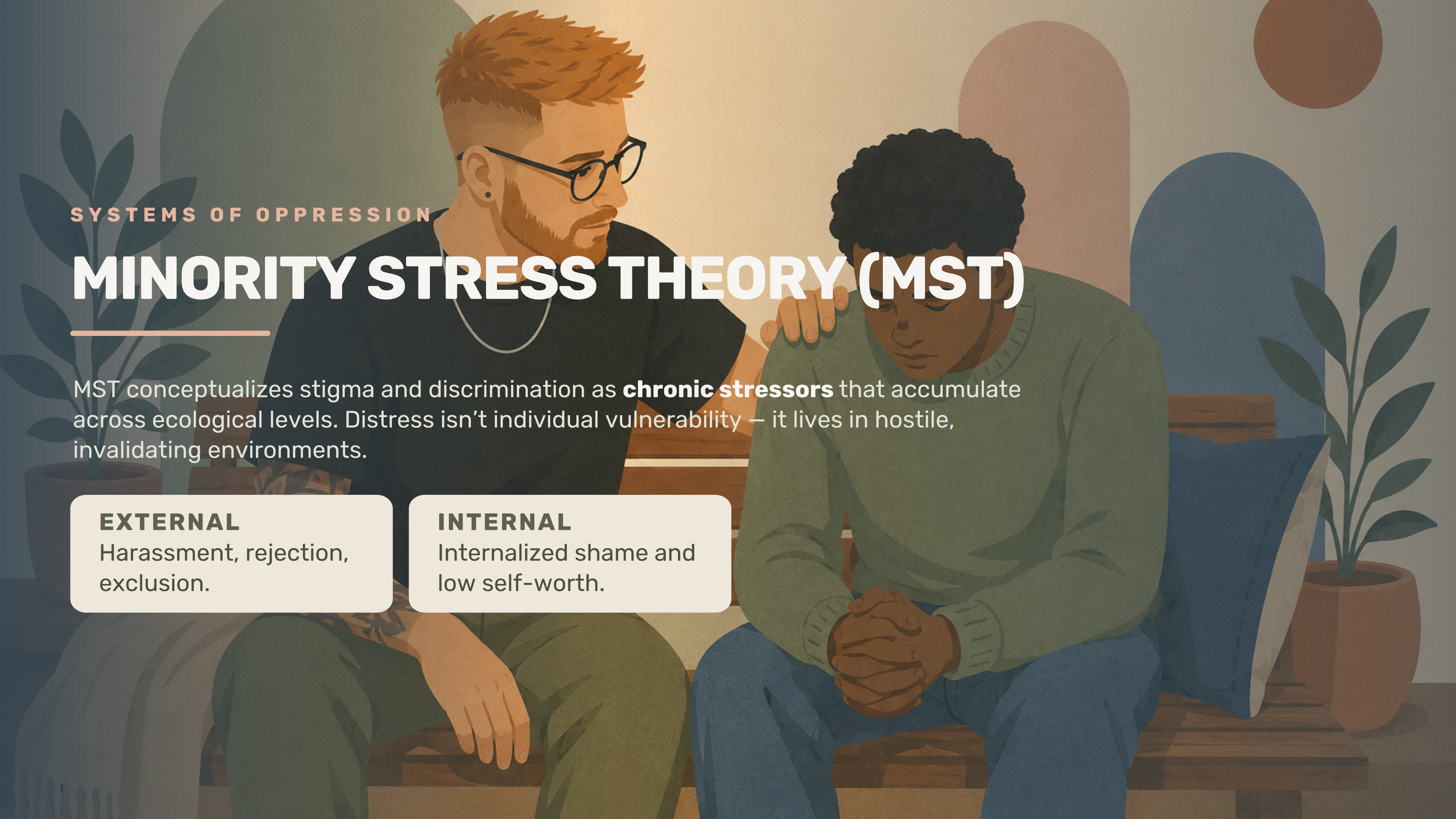
TWINSHIP

Experience of sameness & belonging when a young person feels they are not alone in who they are.



IDEALIZATION

Connecting with someone who is experienced as safe, admired, or aspirational.

An illustration of two men sitting on a wooden bench. The man on the left has short, spiky reddish-brown hair, wears glasses, a black t-shirt, a silver chain, and has a beard and a tattoo on his right arm. He is looking towards the other man. The man on the right has dark skin and curly hair, is wearing a green sweater and blue jeans, and has his head bowed with his hands clasped in his lap, appearing distressed. The background features stylized arches in muted colors and two potted plants with dark green leaves. The overall mood is somber and supportive.

SYSTEMS OF OPPRESSION

MINORITY STRESS THEORY (MST)

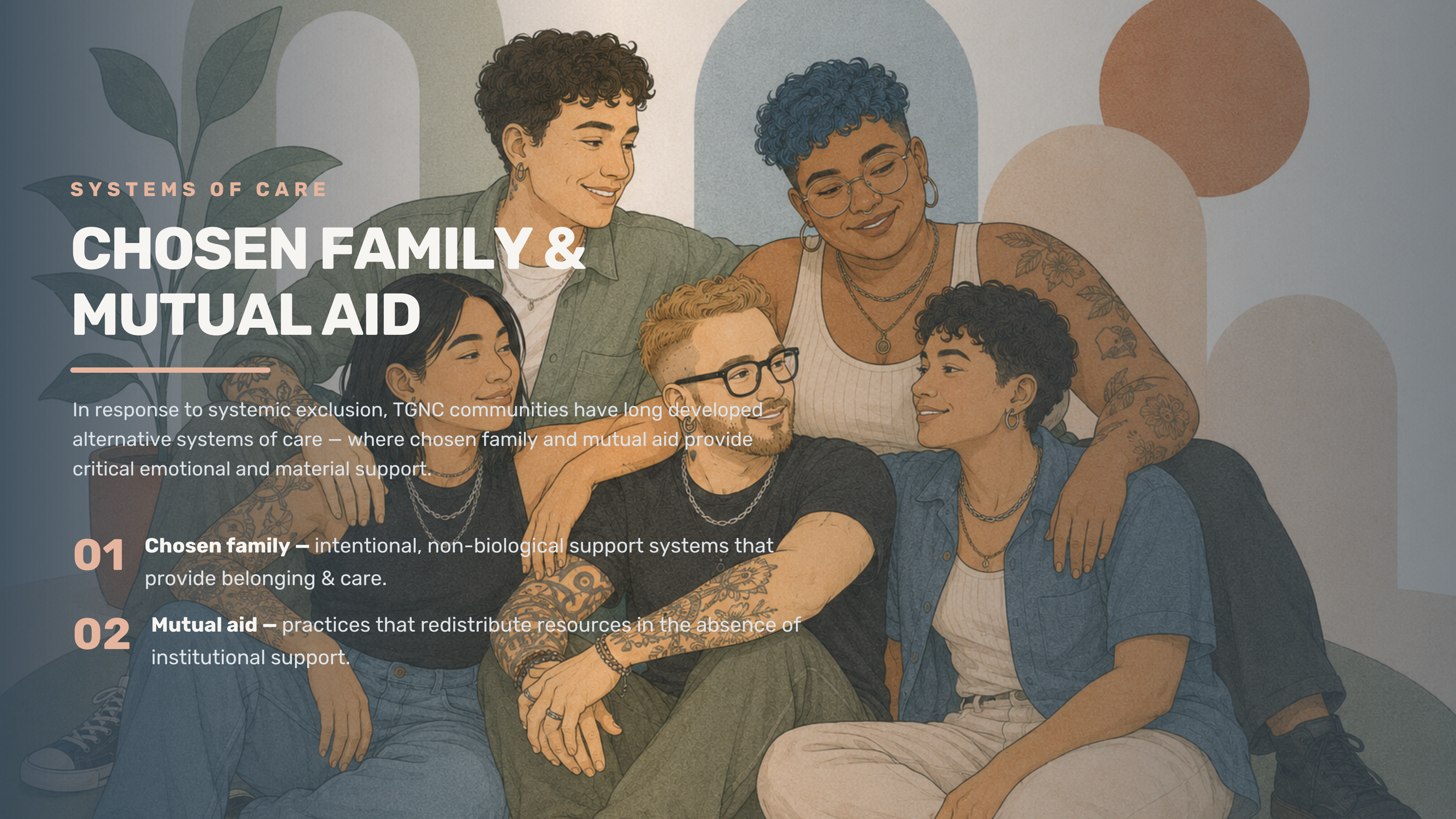
MST conceptualizes stigma and discrimination as **chronic stressors** that accumulate across ecological levels. Distress isn't individual vulnerability — it lives in hostile, invalidating environments.

EXTERNAL

Harassment, rejection, exclusion.

INTERNAL

Internalized shame and low self-worth.

An illustration of four diverse young adults (two men and two women) in a supportive group hug. They are all smiling and looking at each other. The person on the far left is a woman with long dark hair, wearing a black t-shirt and blue jeans. The person next to her is a man with short curly brown hair, wearing a green button-down shirt. The person in the center is a man with short blonde hair and glasses, wearing a black t-shirt. The person on the far right is a woman with short curly blue hair and glasses, wearing a white tank top and a blue button-down shirt. They are all wearing various accessories like necklaces, earrings, and have tattoos. The background features stylized arches and a large orange circle. A potted plant is visible on the left.

SYSTEMS OF CARE

CHOSEN FAMILY & MUTUAL AID

In response to systemic exclusion, TGNC communities have long developed alternative systems of care — where chosen family and mutual aid provide critical emotional and material support.

- 01 Chosen family** — intentional, non-biological support systems that provide belonging & care.
- 02 Mutual aid** — practices that redistribute resources in the absence of institutional support.

THE RELATIONSHIP

SHARED IDENTITY IN THERAPY

Shared identity within the therapeutic relationship **does not guarantee outcome**, but it can shape how clients experience **recognition, trust, and understanding** — particularly for TGNC youth navigating an uncertain future.

Aymer, 2016; Jayaratne et al., 2002



EXPLAINING EXISTENCE

THE BURDEN

- Justifying identity
- Educating adults
- Anticipating disbelief
- Monitoring safety
- Managing reactions



FEELING UNDERSTOOD

THE SHIFT

- Cultural mirroring
- Identity affirmation
- Relational ease
- Shared worldview
- Future possibility

PULLING IT TOGETHER

GROUNDING CONCEPTS

These concepts help contextualize the relational realities many TGNC youth are navigating. Cultural transphobia situates distress within ongoing experiences of invalidation and exclusion across systems and environments. Chosen family and mutual aid highlight how TGNC communities have historically developed alternative systems of care in response to that exclusion. Shared identity in therapy then helps explain how recognition, affirmation, and relational understanding can shape safety, trust, and the therapeutic relationship itself.

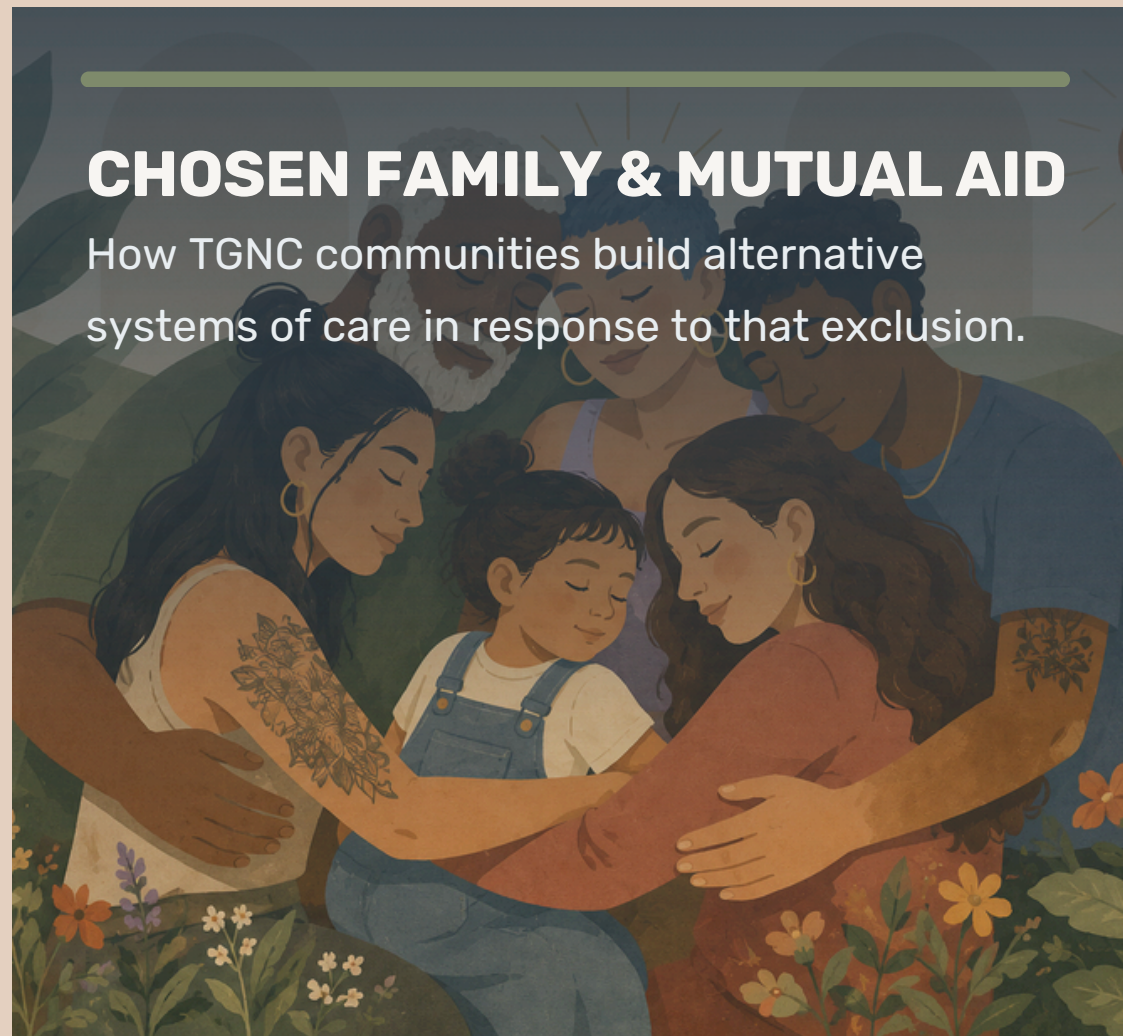
CULTURAL TRANSPHOBIA

Distress situated within ongoing invalidation and exclusion across systems and environments.



CHOSEN FAMILY & MUTUAL AID

How TGNC communities build alternative systems of care in response to that exclusion.



SHARED IDENTITY IN THERAPY

How recognition and affirmation shape safety, trust, and the therapeutic relationship — moving from explaining existence to feeling understood.

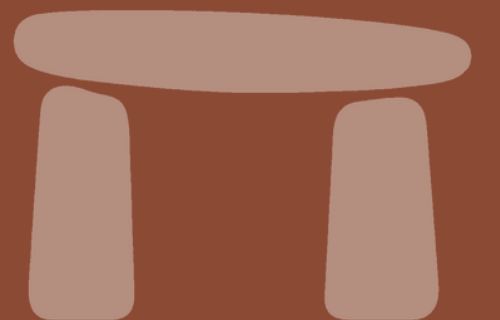


SECTION TWO

GENDER & SEXUALITY

INTRODUCTION

Understanding the social, political, and cultural forces shaping the lived experiences, mental health, and wellbeing of LGBTQ+ and transgender/gender-expansive communities today.



THE CURRENT LANDSCAPE

QUEER & TRANS FOLKS ARE UNDER ATTACK

39–46%

of LGBTQ+ young people seriously considered attempting suicide in the past year – including 46% of transgender and nonbinary young people.

~12% (1 in 10) attempted

50%

of LGBTQ+ young people who wanted mental health care in the past year were not able to get it.

90%

of LGBTQ+ young people said their well-being was negatively impacted due to recent politics.

38%

of LGBTQ+ young people experienced houselessness or housing insecurity, compared to 23%.

771

active anti-LGBTQ and TGNC legislative bills being considered across 43 states.

DEFINE

GENDER IS A SOCIAL CONSTRUCT

Society assigns roles based on biological sex — but those roles are **taught, not innate** — learned from the world around us. They've evolved through indigenous traditions, colonial influence, and modern globalization — and they're reinforced every day by the institutions around us.

GENDER ROLES ARE REINFORCED BY



FAMILY

First lessons in what 'boys' and 'girls' are meant to do.



EDUCATION

Dress codes, activities, and gendered expectations.



MEDIA

Constant images of who we're supposed to be.



CHURCH

Tradition and doctrine that assign roles.

DEFINE

SEX ASSIGNED AT BIRTH

The label — male, female, or intersex — recorded at birth from visible traits. A legal and administrative classification, not a reflection of gender identity.



FEMALE



INTERSEX



MALE

WHAT EACH LABEL MEANS

~2% OF PEOPLE

INTERSEX

Assigned — or noted later in life — when a person's physical sex traits don't fit typical definitions of male or female. Can involve differences in genitalia, internal anatomy, chromosomes, or hormones.

VISUAL ASSESSMENT

FEMALE

Assigned when a newborn's external genitalia are observed to fit medical and cultural expectations for girls. A quick visual assessment — it doesn't reflect gender identity, chromosomes, or hormones.

VISUAL ASSESSMENT

MALE

Assigned when a newborn's external genitalia are observed to fit medical and cultural expectations for boys. It doesn't account for internal anatomy, chromosomes, hormones, or how the person may identify later.

DEFINE

GENDER IDENTITY

A person's core sense of self in relation to gender, which may or may not correspond with the sex assigned at birth. Other elements can include expressions of gender — appearance, clothing, speech, and mannerisms.



WOMAN (CIS)

NON-BINARY

MAN (CIS)

GENDER IDENTITY KEY TERMS

UMBRELLA

TRANS & GENDER NON-CONFORMING (TGNC)

An umbrella term for the many gender identities and expressions that differ from the sex assigned at birth.

UMBRELLA

TRANSGENDER

An umbrella term for people whose gender identity differs from their sex assigned at birth.

IDENTITY

CISGENDER

Someone whose gender identity aligns with their sex assigned at birth.

IDENTITY

NONBINARY

A gender identity that is not exclusively male or female. Can include identities like genderqueer, agender, bigender, or others.

IDENTITY

TWO-SPIRIT

A term used by some Indigenous North American cultures for a person who embodies both masculine and feminine spirits – holding cultural and spiritual meaning beyond Western gender categories.

IDENTITY

GENDER DYSPHORIA

Distress from a mismatch between identity and body or role.

DEFINE

IDENTITY ON A SPECTRUM

People’s identities can be fluid and are best defined by the individual – not by family, society, or the government.

ASSIGNED SEX AT BIRTH



SEXUAL ORIENTATION



GENDER IDENTITY



GENDER EXPRESSION



SECTION TWO • CASE STUDY

ETHICAL DILEMMAS IN GENDER-AFFIRMING CARE

One young person, read through the relational-ethics lens – where the framework meets a real clinical life.

02



SINGER
EQUITY & WELLNESS

CASE VIGNETTE • HE/HIM • CONFIDENTIAL

“He struggles through tears to find his words. Shoulders tense. Gaze on the floor.”

Evan is fifteen — transmasculine, a gay trans boy of Ecuadorian descent, a sophomore at a specialized arts high school in Queens. He arrives with **depression, anxiety, and disordered eating**, all braided into gender dysphoria — from a home that denies who he is.

Pseudonym; identifying details altered to protect confidentiality.

EVAN

WHAT EVAN CARRIES

Four presenting concerns, intertwined, not separate.



THE PRESENTING CONCERN **GENDER DYSPHORIA**

sharpened by a home & systems that
deny who he is

BRAIDED WITH

- **Depression**
Pervasive low mood and worthlessness tied to invalidation.
- **Anxiety**
Hypervigilance to rejection, disbelief, and safety.
- **Disordered eating**
Intensifying as his chest develops; calorie-counting escalating.

These are not four problems. They are **one relational injury, expressed four ways.**

CULTURAL TRANSPHOBIA, AT EVERY LEVEL

Minority stress (Meyer, 2003) across Evan’s ecology – a chronic failure of recognition.

MICRO BODY, FAMILY & HOME	Identity denied at home ; dysphoria sharpening as his chest develops.	Core needs for mirroring go unmet.
MESO SCHOOL & MEDICINE	Pulled from ED care when the doctor affirmed him; school is both refuge and risk.	Institutions that should protect waver.
MACRO CULTURE & POLICY	Cultural transphobia and the erasure of trans-affirming data and care.	The surround signals he does not belong.

Cumulative effect: **relational deprivation** – recognition, affirmation, and belonging failing at scale.

THREE RUPTURES. ONE REPAIR.

RUPTURE 01

DENIED AT HOME



Identity dismissed; his bids for support refused.

RUPTURE 02

HOSPITALIZED, THEN PULLED



Withdrawn from ED care when the doctor affirmed him.

RUPTURE 03

RESTRICTION TIGHTENS



As his chest develops, the calorie counting grows.

THE REPAIR

HE SPEAKS, NOT RESTRICTS



Therapy & school see him distress in words, not food.

WHAT THE WORK ACTUALLY LOOKED LIKE

RECOGNIZE

- Use his name & pronouns without conditions
- Mirror his worth back when home won't

STABILIZE

- Track weight, mood & restriction as safety data
- Coordinate with his medical providers

PROTECT

- Consult the school counseling team
- Build school into a safe base — without outing him

HOLD THE FRAME

- Refuse to pathologize his identity; keep affirmation unconditional
- Name the system, not Evan, as the problem

WHAT THE CASE TEACHES

THE WORK WAS NOT TO FIX EVAN. IT WAS TO **RECOGNIZE** HIM.

RECOGNITION IS THE INTERVENTION

Affirmation isn't a nicety — it is the treatment.

THE SYSTEM IS THE PATHOLOGY

Cultural transphobia — not Evan.

SCHOOLS: STRESSOR & LIFELINE

Both operate at once for TGNC youth

LET'S PRACTICE

GROUP EXERCISE

01 Where does affirming care end and eating-disorder safety begin — and who gets to decide?

02 When a family blocks affirming treatment, what do you owe the client?

03 How do you make school a lifeline — without outing him?

04 What would repairing relational deprivation look like — beyond symptom reduction?