



A CLINICIAN'S GUIDE TO GENDER ACTUALIZATION

An Approach to Gender Affirming Therapy

Caitlin Yilmazer



“A Clinician’s Guide to Gender Actualization: An Approach to Gender Affirming Therapy centers the individual’s gender journey and prepares clinicians to assist gender diverse persons in actualizing their most authentic selves. This is a needed resource that all mental health professionals working with transgender and gender diverse persons should utilize for their professional development.”

Sarah Pickle, MD, Family Medicine and Transgender Health physician

“A Clinician’s Guide to Gender Actualization: An Approach to Gender Affirming Therapy is an essential read for any mental health clinician working with transgender, nonbinary, or gender nonconforming individuals. Yilmazer’s approach transcends traditional symptom-based methods for treating gender dysphoria by focusing on the transformative power of helping clients discover their authentic selves.”

Evelyn Heflin, clinical social worker and community leader

“Highly recommended! Caitlin Yilmazer’s work is founded on principles of reclaiming an authenticity lost to most transgender clients as they grow up unsupported in their identity. Using a self-actualization model, Yilmazer helps clients embrace their identity, shedding cultural baggage rooted in deep-seated transphobia.”

Reid Vanderburgh, retired trans therapist



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A Clinician's Guide to Gender Actualization

A Clinician's Guide to Gender Actualization provides an essential guide for mental health professionals working with gender diverse clients, delivering material that challenges clinicians to provide affirming specialized care for their clients.

Gender actualization is the social, expressive, and existential process of becoming and integrating one's authentic self through the context of gender identity, and this book introduces an effective clinical model for competent gender therapy care. Building upon the reader's foundational knowledge, chapters provide useful assessment tools, interventions, and treatment strategies to implement in their clinical practice, with accompanying personal narratives and client experiences woven throughout.

Challenging readers to explore intersectionality and the crucial awareness of their own privileges, this book is a critical read for providers working with or seeking to educate themselves regarding gender diverse clients.

Caitlin Yilmazer, LPCC-S, is a practicing counselor and the chief operating officer of Waybridge Counseling, a private practice in Cincinnati, Ohio. She has over 12 years of combined educational and clinical experience with LGBTQ+ populations. Caitlin developed the courses for LGBTQ+ and gender therapy for Xavier University. She has been a guest speaker for master's level mental health counseling courses at the University of Cincinnati, Northern Kentucky University, Union Institute, and Wright State University. Caitlin is a local presenter for gender therapy and has worked with local community resources to support Cincinnati's LGBTQ+ community, including Cincinnati Children's, Safe and Supported, ALGBTICO, and local school districts. Caitlin is primarily a practicing gender therapist and clinical supervisor at Waybridge Counseling. She continues to adjunct teach for Xavier University's mental health counseling program.



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This book is dedicated to Ateş and Kaya for sharing your mother and first days of life with my writing. Many words were written with a newborn in my lap.



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Foreword

Within a few months of opening a gender clinic at a large respected Midwest pediatric hospital, I found myself confronted by a parent in crisis shouting “I will never call you that name” in a shrill tone. The teen had presented to the clinic with depression, possible suicidal ideation and with recent disclosure of his male identity. It was 2013 and the transgender program was new to us and the community. My attending who founded the program was well versed in transgender healthcare and I was still learning the ropes, so to speak. I had confidence and competence evaluating for mental health concerns and associated risks, but I was thrust into navigating that while attending to this parents’ acute crisis response to the youth’s coming out. There was a complex array of emotions: fear, confusion, grief, disbelief, and possibly even embarrassment that she voiced over the hour meeting. I also immediately recognized her love for her child. This encounter heightened my awareness and insight into the impact of the role of medical and mental health providers when caring for trans individuals and their family systems.

I had always considered myself an ally for LGBTQ identified individuals but at that time I still had much to learn about allyship. I deeply believed (and still do) that all individuals should have equal access to quality healthcare and have always valued an equalist position in my personal and professional life. Therefore, accepting the role of social worker in the gender clinic was met with inspiration and hope. I immediately began my own journey of learning through professional trainings, readings, mentorship, a second master’s degree and most importantly, listening to my patients/clients. While I do not have a trans experience, I have been honored to assist many on their gender journey as a resource and navigator.

At the time, the Midwest consisted of few minimally trained professionals and organizations to adequately care for trans identified youth. Youth increasingly voiced their individual expressions of gender and families often struggled to comprehend and did not know where to turn. So, we began with one 4-hour session per month dedicated to young people’s gender experience. We quickly learned, “if you build it, they will come,” and they did. I came across many well-intending parents who lacked a blueprint on how to respond to their child’s assertion of gender, such as the parent referenced above. While the young people I work with frequently

hold a clear and consistent sense of their gender, the families often are challenged by surprise, inexperience, or even lack of general direction. From these encounters, I quickly realized that supporting the trans youth meant helping the parents to reach true acceptance and this important stage can occur when gender is no longer in the forefront of the mind. However, for some, there may be many steps to take to get there.

Many parents experience emotions akin to crisis with subsequent grief and loss. In an ideal world, families would present to us as unconditionally accepting; however, since that is not always the case, we need to strive to include parents in the process without being combative or confrontational. Of critical importance is being aware of the family dynamic during the coming out and transition process; otherwise, we are doing a disservice to the patient/client. Joining with and engaging parents is crucial to the growth and development of trans and queer youth, so I advocate for accepting a family centered approach to care when applicable.

The program itself offered visibility, education and overall support for youth and their families, as well as educational training for medical and mental health professionals and evidence-based research studies. The program became a hub, with patients sometimes traveling 5–6 hours for a 30–60-minute medical appointment. Over the past eight years, the program grew from one doctor, one social worker and one half session a month to six or more full time staff with Monday–Friday availability. The patient population grew from a handful to thousands. While many families initially struggled, many came with the hope that they had finally found affirming care to help their child transition, where there previously was none. The existence of such a program decreased an important barrier: access to care, which has historically contributed to increased risks factors and mental health concerns for trans individuals. There were and still are many more barriers that need constant attention, such as: insurance/financial issues, social stigma, family acceptance, community education, clinical/medical staff being predominately cis/het, etc. It is critical that these barriers come down so specialized care can have optimal impact for trans and queer populations. While this is happening through the country, there is still much work to be done.

If you are reading this book, I hope you are embarking or expanding on your own expedition of learning. Being a trans-competent provider is not enough. Understanding the intricacies of self-actualization with gender is paramount to clinical practice. Recognizing and combating barriers, understanding that there are more than two genders, consideration for intersectionality, practicing informed consent models, and promoting gender euphoria are only a few of the necessary qualities needed for clinical practice. I hope that as time progresses, we can strive even further towards equity. Two examples of ways we can implement equity is to increase queer representation in the clinical and medical world and offer quality care that is covered by insurance. Inclusion and prioritization of professionals who have a trans and/or queer lived experience is pivotal to

progressing in providing affirming medical and mental healthcare. Mental health professionals, offering informed gender affirming care, should work diligently to accept insurance and minimize cost for their patients/clients. We need insurance companies to implement inclusive policies for gender affirming care so trans individuals can have access to medically necessary interventions. Archaic policies still exist and use outdated and binary language, in essence erasing many queer and/or trans identities. Please note, these are only two examples and the list could go on and on.

Since 2019, I have worked in private practice specifically serving trans and queer identified individuals for mental health and gender affirming therapy. As a cisgender woman, I have strived to be intentional in my understanding of allyship, power, and privilege. Being an ally is not an identity or speaking for those with lived experience. Allyship is a process of uplifting and amplifying voices that are not often heard and using actions to fight for social justice and inclusion. Privilege is nuanced and allies need to know when to step back and allow for the power in others to shine. Meaningful ways to do this are through embarking on your own journey of self-actualization, furthering your understanding of that process for others and good old-fashioned listening.

As I held space with the aforementioned family and de-escalated the crisis, I worried for the young man as I sent them home. While he verbalized safety, I was unsure of how the family would continue to respond to his affirmation of gender. When they returned a few weeks later, I immediately saw his face light up as his mother, without skipping a beat, called him by his name.

Sarah Painer World, MS, MSW, LISW-S

Introduction

Gender is a deeply creative experience for humans. It presents opportunities for connection, belonging, freedom, inspiration, innovative expressions, and states of being. A self-actualized person is liberated, authentic, realistic, independent, self-loving, and feels belonging in the world. People of all genders benefit from transcending the constructs of gender to self-actualize because it makes room for the full potential of one's identity to come forward. Becoming a gender therapist has been one of the most fulfilling and transformative experiences for me, even as a cis person. It's given me an opportunity to not only pursue a specialized career path I was passionate about, but also liberate myself from rigid expectations surrounding gender. In actualizing my own gender identity as a core aspect of who I am and how I interact with the world, I have been able to expand my fulfillment and overall quality of life within my social relationships, family, marriage dynamics, career, self-expression, medical advocacy, sense of self and identity, and interaction with day to day society.

That said, much of my self-enlightenment is nurtured by my privilege of being cisgender. Gender diverse individuals are not granted the ability to self-actualize because of significant oppressive systems that leave trans folk abandoned and punished for simply being authentic. Gender is inherently both healing and oppressive, especially so for trans people. Healing is found through affirmation of gender and being seen and embraced for the authentic self. But in order to feel affirmed, there's immense pressure to subscribe to a binary gender and its rigid rules. For binary trans folk, this subscription demands strict conformity which can stifle one's freedom and creativity. That experience presents a barrier. As a cis woman, I can push and bend boundaries around my gender because from day one there has been unwavering social affirmation that has provided me a privilege of being seen for who I am. When someone is seen and affirmed, it's a door that opens to self-actualization. This affirmation is granted to cis people from birth, leaving them without the immense challenges and obstacles of navigating a world of rejection and oppression.

The concept of gender actualization was born from a brainstorming session with my friend and mentor who was my clinical supervisor for three years. Butch and I were writing an article on transitioning families,

2 *Introduction*

combining his expertise in the systemic model and my specialty in gender therapy. We never got around to publishing it, so I included our work in a chapter in this book. He asked me to explain my model, my clinical approach for gender therapy, and asked me to explore with him what the term transition entailed. We both found the term to be too limiting and simplistic in writing about the deeply complex and personal experience that comes with transitioning. I explained the intricate process, the deconstruction and reconstruction of every facet of life that was built around an identity assigned to the person. Transition is about reclaiming authenticity—the privilege cisgender people are born with. Days later, he came to me and said my description reminded him of the concept of Abraham Maslow's self-actualization, and thus the term for gender actualization was born.

If I were to simplify my perspective of gender therapy, it is leading the client towards actualizing the self through the context of gender. The basis of clinical work in the mental health field is rooted in helping our clients actualize themselves, but the context always changes. It's always about the identities of our clients and how various circumstances and experiences are defining them. My approach is less about what it is like to be trans, as each experience is unique and different and out of my ability to comprehend as cisgender. It's about self-actualization through the context of gender. My "model" or approach to gender therapy is eclectic. I use interventions and a variety of therapeutic orientations ranging from, but not limited to, attachment, Satir practices, systemic approaches, cognitive behavioral therapy (CBT), strengths-based practices, family of origin work, affirmative therapy, shame reduction for internalized stigma, narrative therapy, and parts work. This method supports flexibility for the diverse orientations of clinicians working with this population.

Another aspect of my personal framework for gender therapy is to provide a more concrete clinical approach to working with gender diversity. This not only helps clinicians, since we need our procedures to be effective clinicians, but I've found it helps many clients feel more grounded in their own actualizing process. Actualizing one's gender is a completely vague concept with minimal clear definitions, protocol, and absolutely zero guarantees for what the outcome will look like. Having some sort of structured outline that informs clinical approach isn't only ethically expected of clinicians for best practice, it provides our clients a feeling of security within the therapeutic space. While having some sort of model in our practice, it's also important to subscribe to the ambiguity of gender and applying it to clinical work, otherwise we'd be perpetuating pathological binary stereotypes associated with trans people. Being comfortable with ambiguity, and even mystery, is a necessary part of the deeply complex processing work conducted in talk therapy with gender clients.

I am adding more cisgender opinion to the mix of trans education and it reminds me to be extremely aware and cautious about the impact I might have on clinical discourse on gender therapy. The same as every therapist with certain privileges that have impact on clients of marginalized groups

they work with. I feel an immense pressure to honor my clients; they have given me the greatest gift of their stories and they are my best teachers. Their voices inspired and informed every page of this book. I have blind spots and will continue to learn them as long as I do this work. Being white, straight, and cis doesn't leave a lot of room for firsthand marginalization. Being a woman gives me cognitive empathy, but not much direct empathic experience for gender diversity. Though we are seeing advancement, there is an extreme lack of trans mental health professionals available to provide appropriate representation for the diversity of clientele. With this lack of trans clinicians, and support for them, their rightful contributions to discourse and education of gender therapy are often left out. This is important to keep in mind when specializing in gender therapy because gender therapists should make very conscious efforts to seek education from trans professionals.

My hopes in writing this book is to contribute what I can as a clinician to the practice of gender therapy. I am sharing knowledge gained from working with hundreds of gender therapy clients, hours of formal education, years of supervision and consultations with national experts, involvement in my local trans community, and experience in training and education on the subject in Cincinnati. While there are some aspects of gender therapy that are standard for professionals, I am optimistic I can offer more to practitioners dedicated to this specialty.