

# Eating Disorder Treatments for Transgender & Gender Diverse Clients

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 **walden**  
*behavioral care*

A Monte Nido Affiliate

# Outline For Today

## Part I

Definitions For Trainings  
Statistics  
Minority Stress Model

## Part II

Understanding Gender  
Ethical, Equitable & Empathetic Treatment  
Questions & Conversation

# Definitions

# Implicit Bias I

- The attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner.
- If we do not process and address these, we end up treating clients differently than we would otherwise want.
- This is DIFFERENT than Transference or outright, “-ist, -ism, or -phobic” behavior, it is far more insidious.
- “A growing number of studies show a link between hidden biases and actual behavior. In other words, hidden biases can reveal themselves in action, especially when a person's efforts to control behavior consciously flags under stress, distraction, relaxation or competition.” (Project Implicit, 2020)

## Implicit Bias II

### So how do implicit biases happen?

- Social conditioning and culture you grow up in
- Family unit's attitudes
- Socio-political issues

### What do we do when we recognize them?

- There's some evidence, for example, that the more convinced we are of our own objectivity, the more likely bias is to creep in.
- So basically, we are all a little bit of at least one “ist-, -ism, -phobia”
- Clinical Supervision
- Continuing Education
- Cultural Humility

# Violence

According to the World Health Organization Violence is classified as the use of physical, psychological or emotional force, power or perceived power whether a threatened or actual, against oneself, another person, or against a group or community, which either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation.

There are multiple kinds of violence that do not involve physical assault or physically touching someone including:

- Neglect- Which occurs when someone has the responsibility to provide care or assistance for an individual but does not.
- Cultural- Cultural violence occurs when an individual is harmed as a result of practices that are part of her or his culture, religion or tradition.
- Emotional- Emotional violence occurs when someone says or does something to make a person feel less than or worthless.
- Verbal- Verbal abuse occurs when someone uses language, whether spoken or written, to cause harm to an individual.
- Psychological - Psychological abuse occurs when someone uses language, emotional manipulation, gaslighting, dismissing or minimizing as a way to dismiss someone's pain, exert power and control or contain a situation in their favor.

# Statistics

- The Trevor Project estimates that at least one LGBTQ youth between the ages of 13-24 attempts suicide every 45 seconds in the U.S.
- Overall, more than 1.8 million LGBTQ youth between the ages of 13 and 24 in the U.S. seriously considers suicide each year.
- For the LGBTQ population, it is estimated that at least 1.2 million are 13-24 years of age and at least 693,000 are between the age of 19-24



- More than half of transgender male teens who participated in the survey reported attempting suicide in their lifetime, while 29.9 percent of transgender female teens said they attempted suicide. Among non-binary youth, 41.8 percent of respondents stated that they had attempted suicide at some point in their lives.
- Studies show that the prevalence of suicidal thoughts and suicide attempts among transgender adults is significantly higher than that of the U.S. general population. Access to gender-affirming medical care is associated with a lower prevalence of suicidal thoughts and suicide attempts.
- Many transgender young people experience family rejection, bullying and harassment, or harassment, or feel unsafe for simply being who they are - all of which can be added risk be added risk factors for suicide.

# Understanding Gender

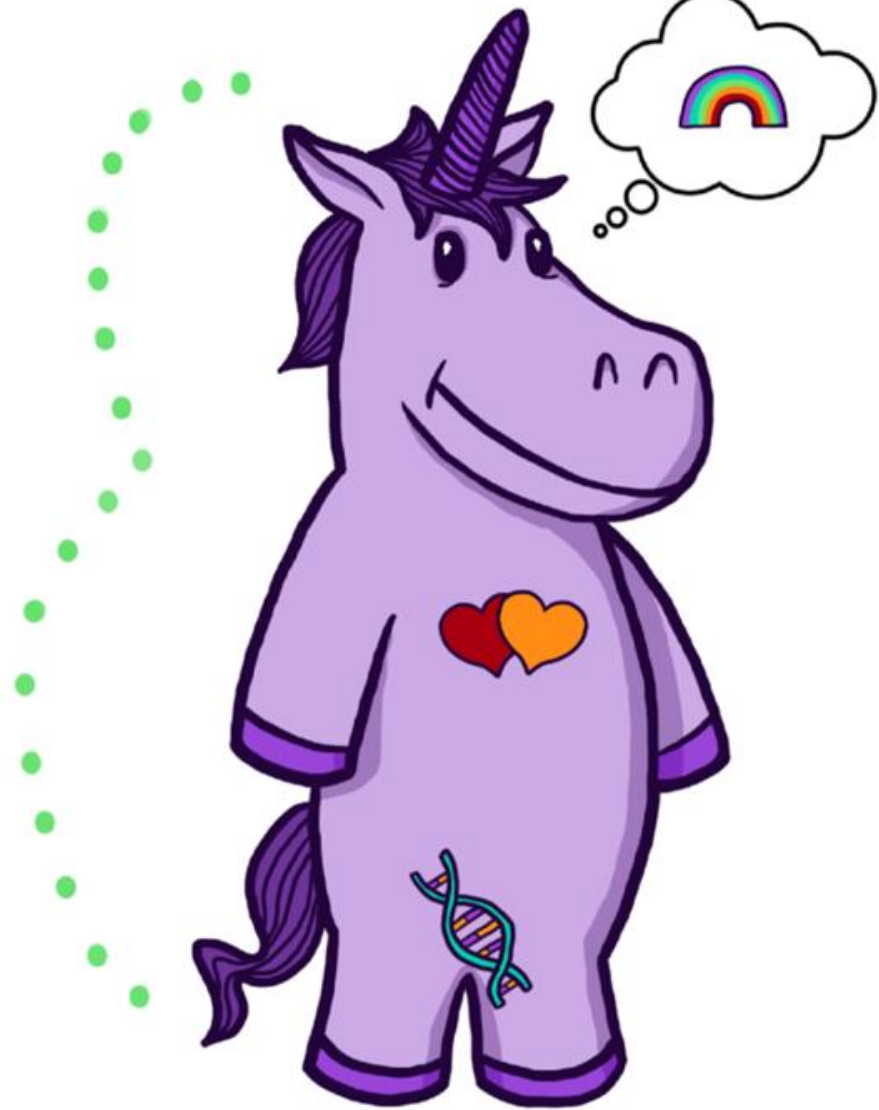
# Terminology I

- Transgender- A term used to describe someone whose gender is not congruent with their sex assigned at birth.
- Cisgender- A term used to describe someone who exclusively identifies as sex assigned at birth.
- Genderqueer- is a spectrum of gender identities that are not exclusively masculine or feminine
- Genderfluid- a person who does not identify themselves as having a fixed gender
- Queer- umbrella term under the transgender umbrella. Some find it to be appropriate term to describe their more fluid identities.

# Terminology II

- Non-Binary- is a spectrum of gender identities that are not exclusively masculine or feminine—identities that are outside the gender binary.
- Intersex- Intersex people are individuals born with any of several sex characteristics including chromosome patterns, gonads, or genitals.

**There is no one particular way for someone to express their gender identity.**



To learn more, go to:  
[www.transstudent.org/gender](http://www.transstudent.org/gender)

Design by Landyn Pan and Anna Moore

## Gender Identity

-  Female / Woman / Girl
-  Male / Man / Boy
-  Other Gender(s)

## Gender Expression

-  Feminine
-  Masculine
-  Other

## Sex Assigned at Birth

-  Female
-  Male
-  Other/Intersex

## Physically Attracted to

-  Women
-  Men
-  Other Gender(s)

## Emotionally Attracted to

-  Women
-  Men
-  Other Gender(s)

# Realities of Transgender & Gender Diverse Clients I

- TGNC people have essentially grown up and live in a world that is, more often than not, transphobic. Encountering messages and behaviors that discourage and are hostile to gender diversity creates the experience of repeated trauma with physical and psychological effects.
- Shame
  - The feeling of being flawed or different leads to shame. Avoidance of the feeling of shame can cause anxiety.
- Depression
  - Those who suffer from repeated trauma may have higher levels of depression. TGNC people have a disproportionately high rate of mental illness that is influenced in part by lack of societal support.
- Self-harm
  - TGNC people have been shown to have high levels of suicidal ideation and as many as 50% have attempted suicide in their lifetime. This is influenced by the lack of social supports and transphobic hostility that is repeated over time.

# Realities of Transgender & Gender Diverse Clients II

- Violence
  - TGNC people are often the victims of hate crimes and at least 25% have reported being attacked in their lifetime.
- Sexuality
  - Those who live on a more diverse gender spectrum are still placed into discrete “boxes” regarding their sexual orientation. It is important to understand that sexual orientation can present in many forms and can be fluid over time.
- Medical Treatment
  - Exploring the pros and cons of hormone interventions is important, along with helping the individual understand where they fit on the gender spectrum.
- Societal Stigma
  - This includes exploring feelings related to “passing” or not passing as a particular gender and how to navigate an often transphobic world. This also includes helping TGNC patients find social support and families of choice.

# Realities of Transgender & Gender Diverse Clients III

- There is no right or wrong way to be trans.
- Many trans and GNC folks choose not to medically transition and there is no order to transitioning but there are basic steps based on people's choices:
- Name change
- Pronouns
- Gender Marker change (M, F, X)
- This all will then involve coming out to every single human who has something to do with you where this information is involved from the payroll department at work, your bank, credit cards, changes in email address etc.
- This usually means clients experience a lot of stress though out their weeks and months in the process which can lead to relapses, struggling with food and body image and internalizing when people do not get their information right.



## Realities of Transgender & Gender Diverse Clients IV

- Gender Dysphoria- a sense of unease that a person may have because of a mismatch between their biological sex and their gender identity. This sense of unease or dissatisfaction may be so intense it can lead to depression and anxiety and have a harmful impact on daily life.
- Gender Euphoria- An experience transgender and non-binary individuals feel instead of or along with gender dysphoria. A trans or non-binary person may feel gender euphoria by presenting as the gender they identify with and/or by using their preferred pronouns.
- Intersection with Body Dysmorphia- Gender Dysphoria is deeply different than Body Dysmorphia. Gender Dysphoria will not go away when a client reaches a certain weight or reaches the maintenance phase of ED Recovery.
- We cannot expect clients to love and like a body when their assigned gender at birth is not congruent with their identified gender.

# Minority Stress Model

# Minority Stress Model I

- The Minority Stress Model is often used to explain mental health gender minority groups.
- Minority stress models suggests that individuals from 2sLGBTQIAP+ experience unique stressors such as:
  - Societal stigma Expectation of rejection
  - Family of origin rejection
  - Internalized homophobia or transphobia Concealment of sexual
  - Socio-Political efforts to exclude LGBTQ+ people from having

# Minority Stress Model II

The Minority Stress Model states this leads to:

- Increased risk for the development of physical and mental health issues
- Higher rates of depression and anxiety
- Higher rates of suicidality & self-harm
- Increased risk for eating disorder development
- Increased risk for homelessness
- Higher rates of unaddressed Intimate Partner Violence

## Minority Stress Model III

- If we take into account the Minority Stress Model as it applies to LGBTQ+ clients we can begin to envision what we are up against when we first meet our client.
- I say “up against” because we have so many layers to break through in order to gain the trust needed to do the deep healing work that we have committed to doing.
- I often suggest labeling for clients all the things the Minority Stress Model outlines upon intake.
- Ask the hard questions:
  - Do you or have you ever felt discriminated against?
  - Have you ever felt unsafe due to your identity?
  - Have you ever felt rejected due to your identity?

# Minority Stress Model IV

- Once you ask the hard questions you take them out of the “not knowing space” where the client no longer has to worry.
- Utilizing this methodology with Motivational Interviewing is a concrete way of creating strong therapeutic rapport, connection and empathy.
- Once you’ve created this level of comfort and safety for a client then it becomes a stronger healing experience that. Increased the motivation to recover.
- There are further nuances when working specifically with transgender & gender non-conforming clients.

# **Ethical, Equitable & Empathetic Treatment**

## What Does This Look Like? I

Leaving Biases At The Door: Client center, person centered care means your opinions don't get a space, especially about someone's body or gender identity.

Affirming Identities: Statistics show affirming gender is LIFE SAVING. Seeing someone for who they authentically are can be a beautiful experience if you allow it to be.

Cultivating Safe Spaces: Create an environment free of shame, guilt, blame and judgement so people can be honest about who they are and how they feel.



## What Does This Look Like? II

**Stepping Away From Gatekeeping:** You don't get to decide who someone is, how they present and what words people want others to use for them. Imagine someone using a different name, pronouns or general term for you than what you like to hear?

**Putting The Client First:** You are always in service of your clients, remember that as judgement and confusion arises around gender. What is the person challenging in you?

# What Happens When We Don't Do This?

50%- 70% more likely to:

Die by suicide

Abuse substance

Be subject to IPV/DV

Homelessness

Victim of Hate Crime

Sex Trafficking/Sex Work

Develop an Eating Disorder

Suffer from PTSD and other trauma related mental illnesses



## *Questions & Answers*

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