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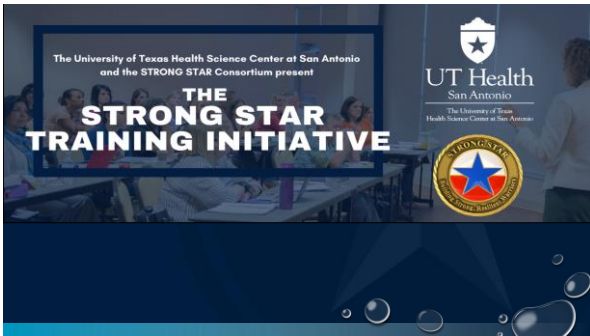
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- Place questions in the "Q&A" chat feature – questions will be answered at the end of the presentation.
- Place technical issues in the chat box.

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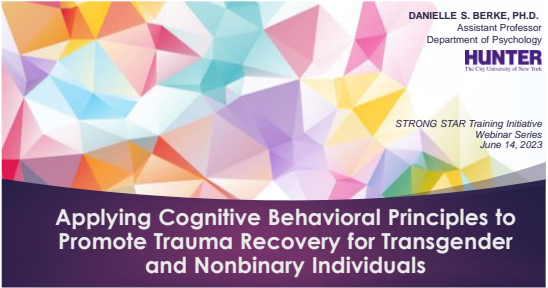
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DANIELLE S. BERKE, PH.D.  
 Assistant Professor  
 Department of Psychology  
**HUNTER**  
 The City University of New York

STRONG STAR Training Initiative  
 Webinar Series  
 June 14, 2023

## Applying Cognitive Behavioral Principles to Promote Trauma Recovery for Transgender and Nonbinary Individuals

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## Significance

- ▶ Transgender individuals **disproportionately exposed to potentially traumatic experiences**; may lead to lasting harm
- ▶ **Resilience is the most common outcome of trauma exposure.**
  - ▶ non-treatment-seeking sample of transgender individuals,
    - ▶ 98% of the sample reported PTE exposure,
    - ▶ 17.8% developed clinically significant levels of PTSD symptoms

Shipherd et al., 2011

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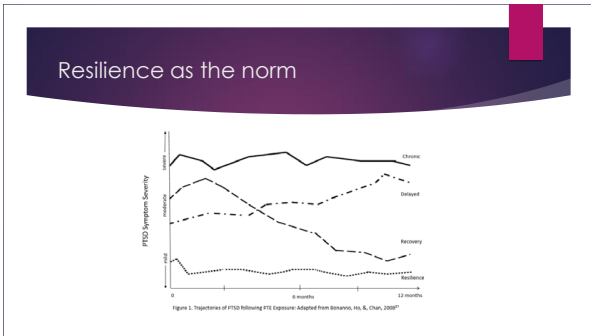
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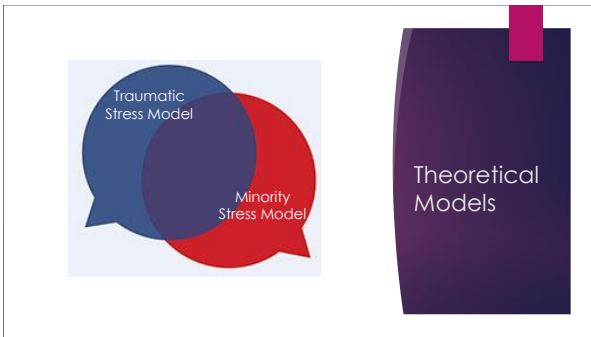
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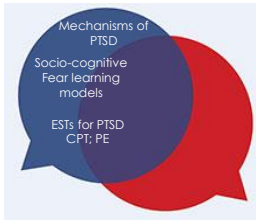
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Traumatic Stress Model




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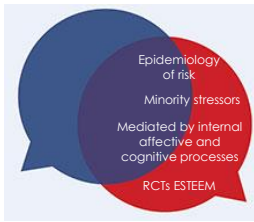
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Minority Stress Model




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Need for an integrative approach



Traumatic Stress Model

Minority Stress Model




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## Intersectional Stigma

- ▶ Mental health disparities coalesce around experiences of marginalization
  - ▶ TNB people who are nonbinary (vs binary) Leiferer, 2019, et al.
  - ▶ TNB People of Color (vs white) Wahlstedt & Marx, 2018; James, Brown, et al., 2017
    - ▶ 93% of all TNB homicide victims are Black and Latina Transgender Women
- ▶ Intersectional frameworks Benbow, 2008; Davis, 1981; Collins, 2009; Chantrow, 1990; Hoza, 1984
  - ▶ Conceptualize impact of patterns of oppression/privilege from a historical lens
- ▶ Situated in broader context of structural discrimination
  - ▶ Housing/Employment/Healthcare/Legalization 2019; Sherman, Pineda, et al., 2020; Tughi & Leckman, 2011
- ▶ Intersectional resilience
  - ▶ Community care Kaneu et al., 2021; Rayne et al., 2012; Castro et al., 2014; Graham, 2014; Hines, 2007; Peris et al., 2008; Reiner et al., 2009; Sherman, Clark, et al., 2020

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**STRONG STAR  
TRAINING  
INITIATIVE**

PASSWORD #1:  
strong

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### Case Vignette

Becker, Eisenstadt, Chen et al., *Applying Cognitive Behavioral Principles to Promote Health in Transgender and Gender Diverse Individuals*, <https://doi.org/10.1016/j.cbpra.2022.05.002>

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### Case Vignettes: Estelle

Estelle (she/her) is a 51-year-old, Black transgender woman. She described her sexual orientation as straight; she is attracted to cis- and transgender men. She reported being currently unemployed and retired from the military. She reported that she is divorced, currently unpartnered, and lives alone in a rented apartment.

Estelle described awareness of her gender identity dating back to early childhood. She became estranged from her family of origin when her parents learned she was dressing in her mother's clothing at age 17, after which her father began repeatedly physically assaulting her to "toughen her up." Estelle left her home to escape the abuse and lived without housing for approximately 6 months. Believing she had no options, she joined the U.S. military when she was 18 years old to access stable housing and career advancement opportunities. Estelle reported believing that joining the military would help her "man up" and "put away for good" her desire to live openly in her affirmed gender identity.

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### Case Vignettes: Estelle

She served in the U.S. Navy for 20 years. When asked about her experience in the military, she described experiences of gender minority stress including hiding any mention of her trans identity from others and believing that she was "sick and disturbed" for having gender-dysphoric feelings. Estelle also reported experiencing race-based stress while serving, including an instance of vicarious racial discrimination she witnessed perpetrated against a fellow servicemember of color (e.g., use of racial slurs); Estelle recalled a strong desire to report the incident at the time, but worried that doing so would invite scrutiny. Estelle also described an instance of military sexual trauma (MST) perpetrated by a romantic partner. While she never disclosed her trans identity to any of her fellow servicemembers, she maintained a sexual relationship with a White cisgender male servicemember who threatened to "out" her after he discovered "women's" undergarments in her possession and perpetrated MST, during which he used anti-transgender slurs. Out of concern of being dishonorably discharged for serving during an era of active ban against TNB servicemembers, Estelle began a long-term relationship with a cisgender female servicemember and destroyed all her gender-affirming undergarments.

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### Estelle: Clinical Presentation

After her honorable discharge from the military, she became isolated suffering from trauma-related symptoms. She rarely left her home (located just outside a major U.S. city), remained closeted, and concealed her gender identity in public. Around her 50th birthday, Estelle found herself ruminating frequently about the costs of concealing her identity. She began searching for and following famous TNB people and activists on the internet, including Laverne Cox and military veteran Kristin Beck. Inspired by other trans women, Estelle made the difficult but empowering decision to live the rest of her life "authentically."

She began researching gender-affirming resources at local hospitals and came across a website for resources offered through her local VA Medical Center. She immediately felt fearful, as she had always assumed that a VA environment would be identical to the military; however, after continued research she grew cautiously optimistic that the VA would be able to assist. She initially contacted the LGBTQ+ Veteran Care Coordinator, who connected Estelle with a mental health clinician (MHC) and gender-affirming resources (see <https://www.patientcare.va.gov/LGBT/index.asp>).

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## Assessment

- ▶ Check-in
  - ▶ VA clerk addressed Estelle as "Veteran Johnson".
  - ▶ When meeting with a MHC, Estelle was asked about her affirmed name and pronouns and whether she consented to them being entered into the medical record system.
- ▶ Objective Measures
  - ▶ Patient Health Questionnaire [PHQ-9]; Kroenke et al., 2001; total = 13; moderate depression)
  - ▶ PTSD Checklist-5 [PCL-5]; Weathers et al., 2013; total = 54; severe PTSD).
- ▶ Clinical Interview
  - ▶ Lifetime exposure to Criterion A trauma (Life Events Checklist; Gray et al., 2004)
  - ▶ Gender minority stressors (Gender Minority Stress and Resilience Measure; Testa et al., 2015)
  - ▶ Race-based stressors (Race-Based Traumatic Stress Symptom Scale; Carter et al., 2013; Carter & Sant-Bakel, 2015).

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Assessment

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Assessment

**Traumatic Stress Model**

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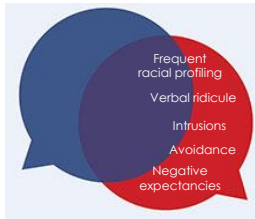
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Minority Stress Model

Assessment

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Need for an integrative approach



Intersectional Stigma and Impact

Assessment

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### Case Conceptualization

- ▶ Experiences and impact of discrimination and trauma overlapping and, in the case of MST indistinguishable
  - ▶ MST named as an intersecting form of racialized and transphobic stigmatization with impacts spanning the range of symptoms clusters typical of PTSD
    - ▶ Cognitive: "I can't trust White and/or cisgender people to protect me from violations to safety and dignity"
    - ▶ Behavioral: avoidance of cis- and/or White-dominated environment; gender identity concealment
- ▶ Explicit connection between external stressors and mental health symptoms
  - ▶ Clearly differentiate clinical distress from identity

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### Estelle: Treatment Plan

- ▶ Prolonged Exposure (PE; Foa et al., 2007).
- ▶ Best practices for culturally adapting the delivery of PE to Black clients (Williams et al., 2014)
  - ▶ additional front-end sessions before beginning PE:
    - ▶ strengthen therapeutic alliance
    - ▶ assess for and overcome any (understandable) cultural mistrust on Estelle's part
    - ▶ building rapport to help her remain engaged through the more difficult components of treatment (e.g., imaginal and in vivo exposure).
  - ▶ In-vivo exposures selected in keeping with conceptualization of discrimination and MST as intersectional

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PASSWORD #2:  
star

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### In-Vivo Exposure

Activity	Avoidance	Distress
Advocate to White manager for trans flag to be displayed alongside rainbow flag at local pharmacy	10	7
Date in affirmed gender presentation	9	7
Attend singles mixer at local LGBT support center	8	5
Vocal practice at LGBT center	6	4
Vocal practice on telephone	5	3
Schedule speech therapy/vocal coaching	3	3

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## Response to Treatment

- ▶ Thoughtful selection of exposure activities facilitated new learning for Estelle through several pathways:
  1. Discriminate between relatively safe versus unsafe environments and between memories of danger and current threat.
  2. Mastery in these exposures challenged faulty assumptions about her safety and competence, resulting in reductions in anxiety (i.e., anticipation of rejection) and increased drive to engage in a range of social activities in her affirmed gender presentation.
  3. Increased engagement in social and gender-affirming behaviors provided Estelle the opportunity to access external sources of support (e.g., LGBTQ resource center, vocal coaching), resulting in improvements in PTSD symptoms and greater confidence to authentically express her gender in public.

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## Summary and Conclusion

- ▶ Gender diversity is natural, healthy, and exists on a spectrum
- ▶ Intersectional minority stressors and trauma may impact the health and well-being of individuals who exist at any point on this spectrum.
- ▶ Evidence-based clinical practice warrants culturally sensitive modification to more effectively serve TNB clients.
- ▶ Research and practice developments needed to advance the field's ability to address health inequities impacting TNB populations
- ▶ Practices should center TNB voices and must entail multipronged and structural solutions

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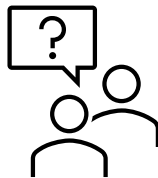
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## Q&A

- Please type your questions in the Q&A feature at the bottom of the screen.



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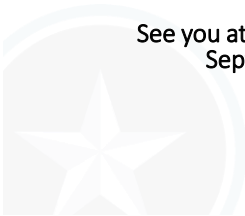
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See you at our next webinar in  
September 2023!

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