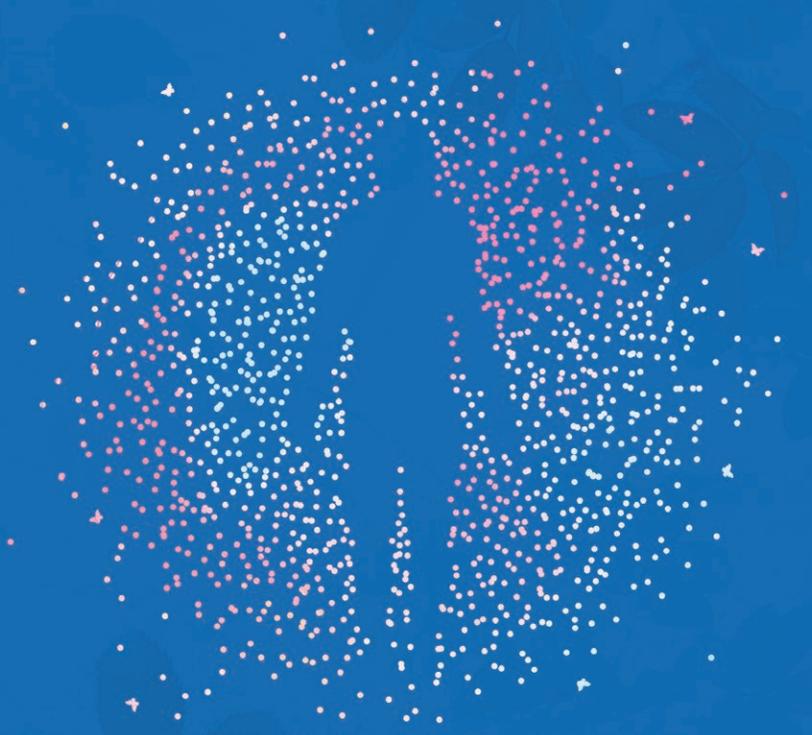


MARK A. YARHOUSE &
JULIA A. SADUSKY



GENDER
IDENTITY
& FAITH

Clinical Postures, Tools, and Case Studies
for Client-Centered Care

WORKSHEETS

WORKSHEET 2.1. PARENT OBSERVATION FORM

Day: _____

PLAY	DESCRIPTION: MY RESPONSE:
MANNERISMS/ VOICE INFLECTION	DESCRIPTION: MY RESPONSE:
STATEMENTS	DESCRIPTION: MY RESPONSE:

My child's overall emotional state today: _____

My own overall emotional state today: _____

WORKSHEET 2.1. PARENT OBSERVATION FORM

Day: _____

PLAY	DESCRIPTION: MY RESPONSE:
MANNERISMS/ VOICE INFLECTION	DESCRIPTION: MY RESPONSE:
STATEMENTS	DESCRIPTION: MY RESPONSE:

My child's overall emotional state today: _____

My own overall emotional state today: _____

WORKSHEET 2.2. TEACHER OBSERVATION FORM

Day: _____

PLAY	DESCRIPTION: PEER RESPONSE:
MANNERISMS/ VOICE INFLECTION	DESCRIPTION: PEER RESPONSE:
STATEMENTS	DESCRIPTION: PEER RESPONSE:

Child's overall emotional state today: _____

Child's overall relationships with peers today: _____

WORKSHEET 2.3. NARRATIVE INTERVIEW WITH PARENTS

We tend to think of books as being divided into chapters. How many distinct chapters would you say you and your child have experienced together? For each chapter, please provide a title, the key theme associated with that chapter, and the key people. Write a brief account of what makes that time in your child's life a distinct chapter.

Chapter 1: _____

Chapter 2: _____

Chapter 3: _____

Chapter 4: _____

Chapter to bridge to counseling: When you think about the chapter of your life that led to the decision to come to counseling, how would you title that chapter, that decision? Again, who are the key characters, and what are the key themes associated with that chapter?

Present chapter (counseling): If your life were a book with many chapters (some having been written, some you are writing now, and others you will write in the years to come), how would you title the chapter you are writing today? Who are the key characters, and what are the key themes associated with this chapter?

Future chapter: If your life were a book with many chapters (some having been written, some you are writing now, and others you will write in the years to come), how would you title the next chapter you hope to write? Who are the key characters, and what are the key themes associated with this chapter?

What are the questions/thoughts that linger for you that you may want to delve into in the future? How will you continue to explore these thoughts/questions?

Note to clinician: In each chapter, in addition to title/theme/people, listen for how the parents describe what counts as masculine or feminine behavior in a child and how frequently those behaviors are present in their loved one.

WORKSHEET 2.4. ADOLESCENTS: PRELIMINARY INFORMATION

Experienced gender (check one): boy girl transgender
 nonbinary prefer to self-describe: _____

Anatomical sex (check one): male female intersex

Pronouns (check one): he/him/his she/her/hers they/them/theirs Other: _____

I have dressed exclusively as a _____ for _____ (months/years)

I have sometimes dressed as a _____ for _____ (months/years)

If you have made changes in dress related to gender identity, when did you first make these changes? _____

How were you referred here? _____

Have you been evaluated by another mental health professional or gender program?

Yes No

If yes, please list the mental health professional or gender program, indicating the dates of treatment and the reason you discontinued: _____

PERSONAL HISTORY

Please briefly describe what you think your concerns are:

You are here for professional services. How will you measure whether the professional services were helpful to you?

DESCRIPTION OF SELF

How do you describe yourself today?

WORKSHEET 2.5. ADULTS: PRELIMINARY INFORMATION

Experienced gender (check one): _____ man _____ woman _____ transgender
_____ nonbinary _____ prefer to self-describe: _____

Anatomical sex (check one): _____ male _____ female _____ intersex

Pronouns (check one): _____ he/him/his _____ she/her/hers _____ they/them/theirs _____ Other: _____

I have dressed exclusively as a _____ for _____ (months/years)

I have sometimes dressed as a _____ for _____ (months/years)

If you have made changes in dress related to gender identity, when did you first make these changes? _____

How were you referred here? _____

Have you been evaluated by another mental health professional or gender program?

_____ Yes _____ No

If yes, please list the mental health professional or gender program, indicating the dates of treatment and the reason you discontinued: _____

PERSONAL HISTORY

Please briefly describe what you think your concerns are:

You are here for professional services. How will you measure whether the professional services were helpful to you?

DESCRIPTION OF SELF

How do you describe yourself today?

**WORKSHEET 2.6. NARRATIVE INTERVIEW
WITH ADOLESCENT/ADULT**

We tend to think of books as being divided into chapters. How many distinct chapters would you say you have experienced with respect to your gender? For each chapter, please provide a title, the key theme associated with that chapter, and the key people. Write a brief account of what makes that time in your life a distinct chapter. Be sure to offer some description that covers elementary school years, middle school years, and high school years among the various chapters you choose to describe.

Chapter 1: _____

Chapter 2: _____

Chapter 3: _____

Chapter 4: _____

Additional chapters (as needed):

Chapter to bridge to counseling: When you think about the chapter of your life that led to the decision to come to counseling, how would you title that chapter, that decision? Again, who are the key characters, and what are the key themes associated with that chapter?

Present chapter (counseling): If your life were a book with many chapters (some having been written, some you are writing now, and others you will write in the years to come), how would you title the chapter you are writing today? Who are the key characters, and what are the key themes associated with this chapter?

Future chapter: If your life were a book with many chapters (some having been written, some you are writing now, and others you will write in the years to come), how would you title the next chapter you hope to write? Who are the key characters, and what are the key themes associated with this chapter?

What are the questions/thoughts that linger for you that you may want to delve into in the future? How will you continue to explore these thoughts/questions?

Note to clinician: In each chapter, in addition to title/theme/people, listen for how the client experiences their gender identity, whether it appears to be rather stable or somewhat variable, and so on.

WORKSHEET 2.7. INCONGRUENCE AND COPING

Directions: People experience different degrees of incongruence between their gender assumed at birth and their gender identity today. People also live with different tolerances for the incongruence they feel. Some people are able to live with a high level of internal gender dysphoria. Some people are *not* able to live with this high level of incongruence.

1. Make a mark on the first line below (which shows a continuum from very low to very high) that shows your current experience of gender incongruence.

My experience of gender incongruence:

very low low moderate high very high

2. Then make a mark on the second line below that shows your current ability to cope with your experience of gender incongruence.

My current ability to cope with gender incongruence:

very low low moderate high very high

(Reproduced with permission from Yarhouse, 2015)

Look at your marks on the two continuums above and reflect on these questions:

1. What does your rating of your sense of incongruence mean to you?

2. What does your rating of your ability to live with gender incongruence mean to you? What are some of your current coping strategies?

WORKSHEET 3.1. ADVANCED INFORMED CONSENT

NAVIGATING GENDER AND RELIGIOUS IDENTITY

This is a consent form for therapy exploring gender identity and religious identity. This form is available to you because you are requesting therapeutic services with respect to your gender identity and religious identity. Please read and sign it to indicate that you understand and agree to participate in our approach to therapy.

The way we address care is through a client-centered, gender and religious identity therapy (GRIT) approach, which allows clients to explore gender and religious faith and any conflicts between these two aspects of identity. This therapy emphasizes the exploration of gender identity without a fixed outcome, the attainment of coping skills, and the establishment of social support.

Informed consent is an important part of our work together. It helps us establish treatment goals with clients in a collaborative manner. This form will provide background information as part of informed consent.

When we refer to gender identity, we are referring to a person's psychological experience of themselves as a man or woman (boy or girl) or another gender identity (such as genderfluid or gender nonbinary).

Identify what is causing concern. In our experience, people come to see us for one of several possible reasons: (a) to clarify a diagnosis of Gender Dysphoria (if present), (b) to receive a diagnosis and/or treatment recommendations for any co-occurring concerns (e.g., depression), (c) to discuss treatment recommendations specific to gender identity and religious identity, and (d) to improve family relationships that may have been strained in the context of gender-identity questions or concerns.

Lenses through which people see gender. We believe there are at least three lenses through which people frequently look at gender dysphoria: *integrity*, *disability*, and *diversity*. The *integrity* (or *sacred*) lens is based on widely held traditional understandings of male/female differences that reflect sex and gender norms. The lens perceives certain inherent differences between how males and females ought to behave, what one theologian refers to as an “essential maleness” and an “essential femaleness.”¹ To violate these categories of essence is, according to the integrity lens, to violate the ethics of gender.

¹The theological underpinnings of this lens are discussed in Yarhouse (2015), *Understanding Gender Dysphoria*, pp. 46-48.

In contrast to the integrity lens, the *disability* (or *departure*) lens sees gender incongruence as a predictable variation that occurs from time to time (or, in this case, quite rarely). It is not an ethical infraction, simply a departure from the norm. Within this lens, gender incongruence and associated gender dysphoria might be understood as unfortunate nonmoral realities to be addressed with compassion.

The third lens is the *diversity* lens. This is the lens toward which broader Western culture is rapidly moving, and it is the one most frequently represented in the medical and mental health professions. The diversity lens views gender incongruence not as a concern to be corrected (integrity) or as a condition to sympathize with (disability) but as a difference in experience that reflects a different kind of person. That is, there are cisgender kinds of people and transgender kinds of people, and the experience of being transgender should be celebrated as an expression of diversity. Some of the most vocal advocates of the diversity lens call for the deconstruction of sex and gender norms because these norms are sometimes considered oppressive.

These three lenses inform how we think about our professional services to those navigating gender-identity concerns. When we meet with clients and their families, we listen for the lenses each person may rely on in their understanding of gender dysphoria, transgender experiences, and emerging gender identities. We try to help each person identify their own lenses and the lenses of others who have a stake in the decisions being made. This process can be particularly useful when a goal is to navigate gender-identity and religious-identity conflicts, or to improve family relationships. We encourage each family member to consider why different people are drawn to different lenses, increasing their capacity to empathize or to see through the eyes of the other. When family members disagree, the lenses can help them understand why they disagree, especially when someone has previously struggled to articulate principles they care deeply about.

But we try to offer more than just empathy and perspective to our clients. We provide consultative services in light of an *integrated* lens that draws on the best of all three lenses. Concisely put, our integrated lens looks like this:

1. Recognize ways in which the integrity of sex differences may be meaningful (integrity/sacred).

2. Respond compassionately to those managing gender dysphoria (disability/departure).
3. Explore questions of identity and community that are meaningful for all people (diversity).

We shared in our initial communication with you that there are other competent professionals who provide more comprehensive, multidisciplinary services in this area. We would be glad to provide you again with the names and contact information for those specialty clinics.

During our consultations, we will try to collect information that helps us make an accurate diagnosis of Gender Dysphoria and co-occurring concerns (such as depressive disorders and anxiety disorders). We almost always recommend treating co-occurring concerns first; we do not want a person making weighty decisions about gender dysphoria out of a state of significant depression, for example. Exceptions to this idea of treating co-occurring concerns first would involve times where a thorough evaluation suggests the experience of gender dysphoria is significantly contributing to depression/anxiety or the level of distress associated with gender dysphoria is life threatening.

We have found it helpful to think of various treatment options for gender dysphoria as *management strategies residing along a continuum*. Before people come to see us, they have often already taken initial steps to manage their gender dysphoria through trial and error. We will work with you to locate your own existing strategies along that same continuum and to identify what has been helpful or unhelpful to you.

In most cases of gender dysphoria occurring in late adolescence or adulthood, the dysphoria is unlikely to resolve on its own. We are not aware of any research-backed approaches to therapy that help clients resolve their gender dysphoria in keeping with their birth sex. Much of the field has focused on helping people cope with their gender dysphoria, often supporting cross-gender identification to assist with coping.

Clinical services to minors are particularly controversial. We can discuss with you various approaches clinicians sometimes take when working with minors, including current trends in care. The approach we follow is that of gender-identity exploration without a fixed outcome. This is the language used in a Substance Abuse and Mental Health Services report on care for sexual and gender minority youth.

It is also possible to delay puberty medically through the use of puberty blockers, gaining more time to make a decision about what steps to take later. We can discuss options like this one—and the anticipated benefits and the controversies surrounding them—in the context of our consultation.

When working with older adolescents and adults, the frame of reference we use is this: *What might it look like to manage gender dysphoria in the least invasive way possible?* This language reflects the integrated lens we mentioned. It is least invasive for many reasons: it includes elements from the integrity lens; it reflects an openness to intervention in light of the disability lens; and it keeps fundamental needs for identity and community in view out of regard for elements of the diversity lens.

To understand what we mean by least invasive, think of intervention or management strategies as residing along a continuum. They can range from quite minor (e.g., changes in hairstyle or clothing) to much more substantive (e.g., surgeries). There are many management strategies that reside between the poles of this continuum; most people do not elect the most invasive strategies. The World Professional Association for Transgender Health (WPATH) describes the steps along this continuum as *reversible*, *partially reversible*, and *irreversible*. These categories can be another helpful way to organize various interventions.

The approach we take to gender identity is informed by the idea of milestones: specific events and experiences identified as important by adults who experience gender dysphoria. The list of milestone events and experiences from which we draw has been developed through research among transgender Christians and other transgender persons of faith, especially those navigating gender-identity and religious-identity conflicts. Milestones for such individuals include events both related to gender identity and those informing faith identity.² Of course, these categories often overlap since people tend to make meaning out of their experiences in light of their personal or religious beliefs and values.

²See M. A. Yarhouse and T. L. Carr (2012), MTF transgender Christians' experiences: A qualitative study. *Journal of LGBT Issues in Counseling*, 6(1), 18-33; T. L. Carr, M. A. Yarhouse, and R. L. Thomas (2014), Report on TG Christians' milestone events, in B. L. Miller (Ed.), *Gender identity: Disorders, developmental perspectives and social implications*, Nova Science, 281-83; and T. L. Carr and M. A. Yarhouse (2014), God and the transgender person, in B. L. Miller (Ed.), *Gender identity: Disorders, developmental perspectives and social implications*, Nova Science, 271-79.

The prominent role that gender dysphoria now plays in larger cultural debates about sex and gender can make it difficult to know how best to respond to your own concerns about your gender identity or that of a loved one. We encourage you as much as possible to set aside these broader debates in order to focus on what our field of study “knows” and does not know about gender dysphoria. Once you have reflected on the three lenses of integrity, disability, and diversity, we encourage you to reflect on the range of management strategies available to you so you can make an informed decision about how best to proceed.

Services provided to minors. Generally speaking, minors must obtain permission from a parent or guardian to receive most mental health services, including a consultation regarding gender identity. If parents are bringing a minor in for a consultation or ongoing therapy, we ask that the minor indicate if they assent to professional services by signing the informed consent form.

Services provided to couples. Recommendations can also be offered to couples in which one person is navigating gender-identity concerns. For these couples, we generally follow the same model we use when working with couples negotiating sexual-identity concerns.³ We may recommend that both the partner navigating gender-identity concerns and the other partner receive parallel individual services before seeking out joint couples counseling.

Consent to therapy. I have read this document, have had an opportunity to discuss its content with my provider, and have agreed to its terms. This authorization constitutes informed consent to the GRIT approach to gender identity in consultation or therapy. A photocopy or facsimile of this form and signature(s) shall be considered as valid as the original.

Client Signature _____ Birth date _____ Date _____

Parent(s) Signature(s) _____ Date _____

Clinician's Signature _____

³M. A. Yarhouse & J. L. Kays (2010), The PARE model: A framework for counseling mixed orientation couples. *Journal of Psychology and Christianity*, 29(1), 77-81.

WORKSHEET 7.1. THE JOURNEY TO FIND “ME”

Directions: Take a look at the image below of lines running from left to right. On the first one we marked the far left with the word *pain* and the far right with the word *pleasure*; just above the middle, we wrote the word *Me*.

The lines represent a continuum—a range from one extreme to the other.

Circle the words (you can select more than one) that represent a way you see yourself or one of your goals for navigating gender identity and faith. Then indicate where you are currently between the words you have indicated are important to you by placing *Me* along that continuum between the words you have selected.

Me

Pain? _____ Pleasure?

Sickness? _____ Healing?

Dysphoria? _____ No/Less Dysphoria?

Conflict? _____ Peace?

Fallenness? _____ Redemption?

Shame? _____ Pride?

Weakness? _____ Strength?

Confusion? _____ Clarity?

Despair? _____ Hope?

Many people want their “me” to move along the continuum from left to right, away from pain and toward pleasure. *Pleasure*, of course, will mean different things to different people. Some people find pleasure in fulfilling work, education, time with loved ones, and so on. But we recognize that what is pleasurable may vary considerably from person to person.

Below the terms *pain* and *pleasure* we have marked the continuum with other opposing terms like *sickness* and *healing*; *dysphoria* and *no/less dysphoria*; *conflict* and *peace*. You may want to mark the continuum with the terms that represent your own most unpleasant experiences on one side and what you believe will most satisfy you on the other side.

Does your path lead away from the experience of dysphoria? Do you anticipate that this internal sense of incongruence will stop completely at some

point during your journey? Or are you simply hoping to find sufficient resolution somewhere along the continuum? Regardless of where you hope your ‘me’ is moving, we encourage you to focus on the journey, not the ending.

We will talk more in later sessions about what it means to learn who you are. In the meantime, how would you define “me” for yourself?

Reflect on the following question: Does your path lead to peace with family, friends, yourself, and even God?

While we hope that you sense peace in all your relationships (including your relationship with God), we believe there can be little lasting peace if you do not have a sense of “me.”

Focusing on the outcome you hope for (that is, the far right side of the continuum) can put a lot of unnecessary pressure on you as you try to understand your path forward and to define your real self. There is no shame in recognizing where you are right now and admitting to yourself what your current experience is like.

Also, we recognize that using a single continuum line may be too limiting. You may wish to write one word on the left from which multiple lines run to many possible outcomes on the right. After all, there are multiple paths you can take, and these paths can lead to multiple discoveries about your real self and multiple destinations.

Notes:

WORKSHEET 8.1. A MULTITIER DISTINCTION IN LANGUAGE AND MEANING

Directions: Consider the following multitier distinction in language and meaning around gender dysphoria and identity. Tier 1 describes your experience without using an identity label. Tier 2 uses the label *transgender* but creates distance between the adjective and the person it describes; for some clients, this phrasing might signify a description of *how* they are rather than *who* they are. Tier 3 uses *transgender* as an identity label without putting distance between the adjective and the person; for some clients, this phrasing might signify a description of *who* they are rather than *how* they are. Tier 4 uses *transgender* but then offers an account of what the term means to you.

A Multitier Distinction in Language and Meaning

	LANGUAGE	MEANING
Tier 1	"I am a person who experiences gender dysphoria."	A descriptive way to convey part of your experience without using a label.
Tier 2	"I am someone who is transgender" or "I am a transgender person."	Added distance between adjective and person; may convey <i>how</i> you are rather than <i>who</i> you are.
Tier 3	"I am transgender."	No added distance between adjective and person; may convey <i>who</i> you are rather than <i>how</i> you are.
Tier 4	"I am transgender, which I define as . . ."	Use of <i>transgender</i> and a personal definition to more accurately convey both <i>who</i> and <i>how</i> you are.

(Adapted with permission from Yarhouse, 2015, p. 137.)

1. Have you seen this distinction before? Does it make sense to you? Is it helpful in understanding your experiences? If so, how? What questions do you have about it?

2. What language/labels have you used previously? Has this language differed based on audience or circumstances?

3. What might be the potential benefits and drawbacks to using descriptive language for your experiences while avoiding identity labels?

4. What might be the potential benefits and drawbacks to using identity labels (e.g., “I am transgender” or “I am gender nonbinary”)?

5. Are you currently using any labels to describe your experience? Do these differ with regard to how you identify privately versus how you identify publicly?

WORKSHEET 8.2. HOW I AM / WHO I AM DISTINCTION

Directions: Please journal your thoughts in the table below, as you reflect on the distinction between *how* you are and *who* you are.

MAKING A DISTINCTION

HOW I AM	WHO I AM
What experiences have you had, or what messages have you received, that tell you your experiences of gender dysphoria or gender identity are <i>how</i> you are?	What experiences have you had, or what messages have you received, that tell you your experiences of gender dysphoria or gender identity are <i>who</i> you are?
What do you like about thinking of your gender dysphoria or gender identity as <i>how</i> you are?	What do you like about thinking of your gender dysphoria or gender identity as <i>who</i> you are?
What questions do you have about the language or wording of “ <i>how</i> you are”?	What questions do you have about the language or wording of “ <i>who</i> you are”?

WORKSHEET 10.1. YOUR CHAPTER TODAY

Directions: If you think of your life as a book with many chapters, let's take a look at the chapter being written today. This includes your time in counseling. Take a few moments to answer the following questions.

How would you describe this chapter?

What title would you give it?

Who are the key people who figure prominently in this chapter of your life and why?

What are some of the themes that come up in this chapter?

WORKSHEET 10.2. YOUR NEXT CHAPTER

Directions: If you think of your life as a book with many chapters, let's take a look at the chapter you want to write next, after your time in counseling is completed. Take a few moments to answer the following questions.

How would you describe that next chapter?

What title would you give it?

Who are the key people who figure prominently in the next chapter of your life and why?

What are some of the themes that come up in this chapter?

WORKSHEET 11.1. PROCESSING HARMFUL MESSAGES/RELATIONSHIPS

Directions: It's important to consider the harmful and damaging responses that have come up when you shared about gender-identity questions. Take a few moments to answer the following questions.

What damaging reactions and messages have I heard from others regarding my gender-identity questions/process?

What responses have been directed toward me or about me that have left me confused and/or hurt?

For the individuals who have responded poorly to me, what do I wish they would have said and done differently?

To what degree have I responded in unhealthy/harmful ways to these messages from others? To what degree have I responded in healthy/adaptive ways?

What would it be like to keep everything about my experiences to myself? What has it been like so far? What will it be like ten to twenty years from now?

What questions could I anticipate insofar as I choose to disclose? What questions do I feel confident answering, and what questions would be more difficult to answer?

How healthy are my relationships overall? Are there any relationships that need to become healthier before I share about this experience? If so, which ones?

WORKSHEET 11.3. IDENTIFYING SAFE PEOPLE

Directions: It's important to ask whom you can trust with the questions or concerns that have come up for you regarding your gender identity. Take a few moments to answer the following questions.

With whom might I feel comfortable sharing about my experiences of gender identity?

What are some things or characteristics that make these people safe for me to share with?

With whom might I not feel comfortable sharing my experiences of gender dysphoria?

What are some things or characteristics that make these people unsafe for me to share with?

What are some of the ways that safe people can support me moving forward? What do I need from supports (space, further conversations, etc.)?

WORKSHEET 12.1. UNPACKING FEELINGS AROUND GENDER IDENTITY

Directions: Take some time to journal your response to several of the questions below.

1. Do you keep your questions or concerns about gender identity “boxed up”? If so, what would it be like to unpack your questions/concerns/experiences so that you can take a look at them?

2. What emotions come to mind when you think about your gender-identity concerns? If you have been trying to shut down your feelings, is there anything you might be afraid of?

3. Many people have mixed feelings about having gender-identity questions or experiencing gender dysphoria. What about you? What is your particular mix of feelings?

4. Do you have a preferred gender identity? How would you describe that gender identity?

5. What are the feelings (and/or sensations) you usually get when you think of yourself as a man?

6. What are the feelings (and/or sensations) you usually get when you think of yourself as a woman?

7. What are the feelings (and/or sensations) you usually get when you think of yourself as another gender identity?

8. What are the feelings (and/or sensations) you usually get when you think of yourself as masculine?

9. What are the feelings (and/or sensations) you usually get when you think of yourself as feminine?

10. What themes emerge and what observations can you make based on your answers to the questions above?

WORKSHEET 13.1. EXPLORING GOD AND ENDURING CHALLENGES

Directions: Take a few minutes to reflect on the following questions and journal your response. The questions have to do with the ways God has used enduring difficulties to foster spiritual maturity and equip you to help others in some way.

What are the ways God has been present to you through your enduring challenges, including gender-related questions?

How has God used your experiences to provide insights into the world around you or to make the world around you a better place?

What qualities and aspects of your character has God been forming through this experience?

WORKSHEET 13.3. MY FAITH PROCESS

Directions: Take a few minutes to reflect on the following questions and journal your response. The questions have to do with your experience of God in relation to your exploration of gender.

1. What questions do you want to ask God about your gender identity?

2. What feelings do you have about God when you think about your experiences of gender identity?

3. What feelings do you have about God when not thinking about your experiences of gender identity?

4. How do you think God feels toward you?
