

SEXUAL IDENTITY GENDER IDENTITY

Staying Current In A Rapidly Changing Landscape

Home Study Program
6 CE's

Recorded from CFINE's Fall Symposium
October 26, 2019, Northampton, MA



The frameworks of gender and sexuality have shifted dramatically in recent years from discrete categories to conceptualizing both aspects of identity as a spectrum. Many therapists feel the need to play catch-up with these cultural shifts in order to understand our clients' experiences and struggles. Becoming familiar with the new terminology and concepts is a critical first step. Applications to the clinical setting comes next.

With Keynote Speakers:
Sidney Trantham, PhD and Acey Mercer, LMSW

Case Presentation Co-Moderated by:
MaryAnna Domokos-Cheng Ham, EdD, LMFT
and Nancy Knudsen, LMFT

Recorded Workshops by:
Acey Mercer, LMSW and Joseph Winn, LICSW, CST-S

Additional Workshops (Not Recorded) by:
Sidney Trantham, PhD; Steffani Brandenburg, LCSW,
LICSW, CST; Julie Mencher, LICSW ;
and Jane Fleishman, PhD, MS, MEd, CSE

Workshops:

Supporting Families with Gender Diverse Youth **with Acey Mercer, LMSW**

Orienting to the Strengths and Challenges of Relational Therapy with LGBTQIA +, Gender Non-Conforming, Kinky, Polyamorous, Swingers, and Consensually Non-Monogamous Relationships and Identities **with Joseph Winn, LICSW, CST-S**

Changing the Narrative: Paving the Way Towards Resilience for LBGTQ Identified Clients and Their Families **with Sidney Trantham, PhD**

Working with LBGTQ Relationships 50 Years Post Stonewall: Clinical and Cultural Considerations that Advance Positive Treatment Outcomes **with Steffani Brandenburg, LCSW, LICSW, CST**

Therapist Discomfort and the Use of Self with Trans and Gender-Diverse Clients: A Workshop for Non-Trans Clinicians **with Julie Mencher, LICSW**

Stonewall @ 50: Queering the Lens on Aging and Sex **with Jane Fleishman, PhD, MS, MEd, CSE**



Presented by:

 **Couple & Family Institute**
of New England

www.coupleandfamilyinstitute.com

Sexual Identity, Gender Identity: Staying Current in a Rapidly Changing Landscape

Home Study Program

Program Minutes

Keynote Presentations 90min
Case Study with Discussants 90min
First Workshop 90min
Second Workshop 90min

Program Materials

Online Audio Recordings:

- A. **Keynote Presentations:** Beyond the Binary with **Acey Mercer, LMSW** – 45min; Primer on Sexual Identity with **Sidney Trantham, PhD** – 45min
- B. **Case Study:** Co-Moderated by **MaryAnna Domokos-Cheng Ham, EdD, LMFT** and **Nancy Knudsen, LMFT**; with Discussants **Acey Mercer, LMSW, Sidney Trantham, PhD, Joseph Winn, LICSW, CST-S, Julie Mencher, LICSW, Steffani Brandenburg, LCSW, LICSW, CST, and Jane Fleishman, PhD, MS, MEd, CSE** – 90min
- C. **First Workshop:** Supporting Families with Gender Diverse Youth with **Acey Mercer, LMSW** – 90min
- D. **Second Workshop:** Orienting to the Strengths and Challenges of Relational Therapy with LGBTQQIA +, Gender Non-Conforming, Kinky, Polyamorous, Swingers, and Consensually Non-Monogamous Relationships and Identities with **Joseph Winn, LICSW, CST-S** – 90min

Downloads:

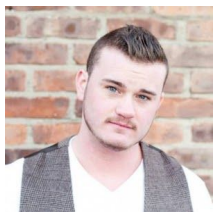
1. **Packet A:** Cover Sheet, Presenter Bios, Definitions Handout, Case Study
2. **Packet B:** Keynote Presentation Slides & Reference Sheets
3. **Packet C:** First Workshop Slides & Reference Sheets
4. **Packet D:** Second Workshop Slides & Reference Sheets
5. **Packet E:** Additional Workshop Slides & Reference Sheets (not included in the recordings)
6. **Program Post-Test**
7. **Program Evaluation**

Additional Workshops

(Not included in the recordings)

- A. Changing the Narrative: Paving the Way Towards Resilience for LGBTQ Identified Clients and Their Families with **Sidney Trantham, PhD**
- B. Therapist Discomfort and the Use of Self with Trans and Gender-Diverse Clients: A Workshop for Non-Trans Clinicians with **Julie Mencher, LICSW**
- C. Working with LGBTQ Relationships 50 Years Post Stonewall: Clinical and Cultural Considerations that Advance Positive Treatment Outcomes with **Steffani Brandenburg, LCSW, LICSW, CST**
- D. Stonewall @ 50: Queering the Lens on Aging and Sex with **Jane Fleishman, PhD, MS, MEd, CSE**

Presenter Biographies



Acey A. Mercer, LMSW is a graduate of the University at Albany School of Social Welfare where he obtained his Master's in Social Work. Prior to graduate school Acey studied at Radboud Universiteit in the Netherlands where his academic focus was in Gender and Sexuality Studies. These foci ignited Acey's passion to further explore and examine human behavior, relationships and the dynamics of class, race, ability, gender and sexuality. These motivating factors drew Acey to pursue social work and ultimately to become a licensed psychotherapist and educator. Acey is currently Practice Manager at Choices Counseling & Consulting in Albany, NY where he oversees clinical referrals and is responsible for the overall daily operations. He is also a Clinician at Choices and counsels clients exploring gender identity and expression.

He works with adults, youth, and their families as they navigate questions and challenges related to the social, legal and medical aspects of gender transition. Acey's clinical lens gives a strong compliment to the professional education services he delivers as Senior Consultant of the Training Institute for Gender, Relationships, Identity, and Sexuality (TIGRIS). Acey specializes in providing clinical training and policy development as it relates to best serving transgender and nonbinary populations in medical, mental health and educational institutions.



Sidney M. Trantham, PhD is an Associate Professor & Division Director for the Division of Counseling & Psychology at Lesley University in Cambridge, Massachusetts. He received his Ph.D. in 1999 from the University of Florida (Gainesville). His doctoral work focused on exploring the impact of early childhood sexual experiences on the psychological functioning of adult males. He was a Harvard Clinical Fellow (1996-2000) at the Cambridge Health Alliance in Cambridge, Massachusetts, where he completed his clinical psychology internship and neuropsychological post-doctoral fellowships, as well as engaged in research identifying early cognitive markers of HIV-related dementia.

His work at Fenway Health (1999-2006) in Boston, Massachusetts included working with adults to address a variety of issues related to sexual identity development. Dr. Trantham maintains a private practice where he provides integrative psychological, neuropsychological, and gender assessment as well as mental health counseling with children, adolescents, adults, and families. Areas of clinical interest and expertise include working with transgender and non-binary children and adolescents, sexual and racial identity development, and mood disorders.



Joseph Winn LICSW, CST-S received his MSW from The Boston University School of Social Work in 1995. Joe has completed extensive post-graduate training in domestic violence, and family and couples therapy with a particular interest in structural, strategic, Bowenian, collaborative language systems and post-modern models of intervention. Joe is also an AASECT certified sex therapist, and AASECT certified supervisor of sex therapy. Joe has been self-employed in private practice since 2006 has a thriving supervisory practice and maintains an office in West Concord, MA. Joe works primarily with mixed gender, LGBTQQIA + individuals, couples in open and consensual non-monogamy, polyamory, and kink and has a particular interest in high conflict couples, and couples looking to regain pleasure and trust-based sexuality after sexual assault and abuse. While drawing from a variety of couples therapy models including

EFT, experiential, and object relations, Joe resonates most strongly with Bader and Pearson's Development Model of couples therapy. Joe is also a member of the training faculty with The South Shore Sexual Health Center, in Quincy, MA.



Julie Mencher LICSW is a therapist, clinical consultant, and educator in Northampton MA who specializes in working with the LGBTQ community. Her organizational consulting work focuses on helping pre-K through college educational institutions and health care organizations in several countries to work toward trans inclusion and trans-competency. Formerly, Julie was the Transgender Specialist at Smith College (2001-2004), adjunct professor at Smith College School for Social Work, and Visiting Scholar at the Stone Center and Jean Baker Miller Training Institute at Wellesley College. She has published book chapters and articles in clinical journals and the media on LGBTQ topics, and is the co-author of the chapter, "Two Middle-Aged, White, Jewish, Cisgender Lesbians Sitting Around Talking About Trans Sex," in *Sex,*

Sexualities, and *Trans Identities* (2019, forthcoming from Jessica Kingsley Publishing). Her general psychotherapy and clinical consultation practice includes a focus on working with LGBT clients, particularly with the parents of gender-nonconforming and trans youth.



Steffani Brandenburg, LCSW, LICSW, CST is a Licensed Clinical Social Worker/Psychotherapist with a full-time private practice in Mt. Kisco, New York. She is a Certified Emotionally Focused Therapist and Approved Supervisor through *The International Centre for Excellence in Emotionally Focused Therapy* and AASECT Certified Sex Therapist, with advanced training in psychoanalytic psychodynamic psychotherapy, attachment and trauma-informed therapy including EMDR. Ms. Brandenburg has over 30 years of experience working with individuals and couples and specializes in working with LGBTQ identified individuals and mixed and same-gender couples. As a leading professional in the field of human relationships, Ms. Brandenburg has extensive experience providing clinical consultation, advanced clinical training and professional and community education throughout the New York Tristate area.



Jane Fleishman, PhD, MS, MEd, CSE is a Certified Sexuality Educator, researcher, and writer with more than 40 years' experience. After retiring as the Director of Medical Education and Staff Development at a large psychiatric hospital, Jane pursued her PhD and began her successful encore career in human sexuality. In her recent TEDx talk "**Is it OK for Grandma to have sex?**" she articulates her mission to promote the sexual well-being of older adults. Dr. Fleishman's focus on changing the ways older adults' sexuality is perceived allows her to bring together decades of experience in organizing, educating, researching, and implementing lasting change across a wide variety of disciplines. In 2000, she received Governor's Service Award in Healing of Racism; in 2015, a Graduate Scholar Award from the Aging and Society

Knowledge Community; and in 2016, the William R. Stayton Award for Leadership in the field of human sexuality. In 2020 her book on sexuality aging will be released by Skinner House Press.



MaryAnna Domokos-Cheng Ham, EdD, LMFT is a Professor Emerita at the University of Massachusetts Boston. From 1985-2005 she was a tenured faculty in the Department of Counseling and School Psychology. While at UMass Boston she founded and developed the Family Therapy Program, and was its Director. Dr. Ham has also been a former President of the Massachusetts Division of AAMFT and a national Board Member of AAMFT. Her scholarship has been focused on issues of diversity, biracial coupleships, and ethics. For over 30 years she has provided family, couple, and individual therapy to diverse racial, cultural, gender identified populations. Dr. Ham maintains a private practice in Northampton, MA. She is also a Master Therapist for Couples Therapy Inc, an online therapy practice that treats couples located

internationally and throughout the United States.



Nancy Knudsen, LMFT is a Marriage and Family Therapist in private practice in Northampton, MA with over 30 years experience in the field. She has used a family systems orientation to work with individuals, couples, and families on a wide range of issues. Over the past 10 years, Nancy's primary clinical modality has been Emotionally Focused Therapy. She is a certified EFT therapist as well as a certified EFT supervisor, and serves on the New England EFT Community Planning Committee. Nancy has taught a number of workshops for professionals, and has facilitated numerous couples weekend workshops using the Hold Me Tight® Program developed by Dr Sue Johnson. Additionally, she is a Past President of the Massachusetts Association for Marriage and Family Therapy and an AAMFT Approved Supervisor. Her most recent enterprise is co-founding and co-directing, along with Dr. Jack LaForte, the Couple and Family Institute of

New England which offers educational activities such as this symposium on topics that enhance the field of couple and family therapy.

DEFINITIONS

Agender: describes a person who identifies as having no gender, or a gender outside of the male-female binary. Sometimes included in the “nonbinary” umbrella.

Ag/Aggressive: generally used to describe a Black or Latinx lesbian with a very masculine or butch gender presentation, often read as boys or men, but usually not identifying as male; also, sometimes called “studs.”

Ally: is a member of a privileged group who takes a stand against oppression. An LGB or trans ally is someone who commits to being open-minded and respectful to people who have different sexual orientations or unconventional gender identities or presentations; who takes the time to learn more about LGBT people and their lives; who confronts assumptions around sexual orientation, gender roles and gender presentation; and who works to change the misunderstanding and mistreatment of LGBT people.

Aromantic/Asexual: a romantic or sexual orientation where a person does not experience romantic or sexual attraction to others. May be present together or independently of one another.

Biromantic/Bisexual: a romantic and/or sexual orientation describing a person who has potential to be attracted to more than one gender, typically thought of as men and women.

Cisgender: is a term used to describe people who identify with the gender they were assigned at birth. It is opposite of transgender. In queer and transgender activist communities, describing someone as cisgender is preferred to previous descriptions such as, “non-transgender” male/female. Using cisgender and transgender challenges the dominant practice of naming only identities that occupy marginalized positions (e.g., Black, gay, disabled, etc.), thus implying that identities that go un-named (e.g., white, straight, able-bodied, etc.) are the standard or norm. Also, using both transgender and cisgender makes visible the experience of gender for everyone.

Cisnormative: is the institutionalized assumption that everyone is (or should be) cisgender and that being cisgender is inherently superior and preferable to any transgender or transsexual identity.

Cissexism: is the institutionalized set of beliefs that being cisgender – when a person’s gender identity is congruent with their assigned sex at birth – is normal, natural, and superior to being transgender. Transphobia – a fear and hatred of transgender people – is also institutionalized and further reinforces sexual and gender norms.

Demirromantic/Demisexual: a romantic or sexual orientation where a person's sexual attraction to others is not strongly present or may be contingent upon other relationship factors. May be present together or independently of one another.

Feminine-of-center/Masculine-of-center: phrase that indicates a range in terms of gender identity and expression for people who present, understand themselves, and/or relate to others in a generally more feminine/masculine way, but don't necessarily identify as women or men.

Gay: a romantic and/or sexual orientation describing a man who is attracted to other men. Transgender men can also be gay.

Gender Expression: the ways in which a person presents their gender. This can include hairstyles, activities, names, personal nouns (e.g. prince or princess), and other things. Signifiers of gender are unique to individuals; what one person considers a marker of womanhood may not be in line with someone else's ideals. Gender expression may overlap with gender roles.

Gender Identity: is a social construct that divides people into "natural" categories of men and women that are assumed to derive from their physiological male and female bodies. Gender attributes vary from culture to culture, and are arbitrarily imposed, denying individuality. Most people's gender identity is congruent with their assigned sex but many people experience their gender identity to be discordant with their assigned sex. A person's self-concept of their gender (regardless of their natal sex) is called their gender identity. All people have a gender identity.

Genderqueer: describes people who redefine or play with gender, and/or who refute the gender binary altogether. Genderqueer people bend/break the rules of gender and blur the boundaries. Often there is an overlap with non-heterosexual orientations and the desire to defy normative expectations.

Gender Role: describe how gender is enacted or "performed" (consciously or unconsciously) and may or may not be related to gender identity or assigned sex. They are socially dictated and reinforced, and are culturally-bound. Social expectations of gender roles reflect acceptable expressions of masculinity and femininity, and have often been referred to as "sex roles."

Heteronormative: is the institutionalized assumption that everyone is (or should be) heterosexual and that heterosexuality is inherently superior and preferable to any orientations outside of heterosexuality.

Heterosexism: is the institutionalized set of beliefs that heterosexuality – "opposite sex" sexuality – is normal, natural and superior to homosexuality. Homophobia (a fear and hatred of gays and lesbians) is an outgrowth of heterosexism which confers certain privileges such as legal protection, the right to marry, and freedom to be publicly affectionate, on people who are heterosexual (or appear to be). Biphobia – a fear and hatred of bisexuals – is also institutionalized and further reinforces sexual and gender norms. Queerphobia is the same as homo- and biphobia, but sometimes used to refer to the oppressions faced by people who do not identify as homosexual or bisexual.

Intersex: refers to people who are not easily classified into the binary of male and female categories. They have physical sex characteristics, often including ambiguous genitalia, of both males and females, and are not easily differentiated into established sex divisions. Intersex people are almost always assigned to either male or female categories at birth (though, rarely, no sex is specified) and many have been surgically altered at birth. People with intersex conditions can be queer, gay, lesbian, bisexual, heterosexual, transgender, or transsexual.

Lesbian: a romantic and/or sexual orientation describing a woman who is attracted to other women. Transgender women can also be lesbians.

LGBT: an acronym for "Lesbian, Gay, Bisexual and Transgender" also referred to as queer. Sometimes a "Q" is added for "queer" (LGBTQ), another Q is added for those "questioning" their sexual and gender identities (LGBTQQ), and an "I" is added for "Intersex" (LGBTQQI). This is an imperfect acronym and there are many additional letters that are sometimes added; what's important is to understand the point of the acronym, even if you don't know every letter.

Nonbinary: is a continuum or spectrum of gender identities and expressions often based on the rejection of the gender binary's assumption that gender is strictly an either/or option of male/men/masculine or female/woman/feminine based on sex assigned at birth. Describes people who do not identify exclusively as men or women. Non-binary people may identify as being both a man and a woman, somewhere in between, or as falling completely outside these categories. While many also identify as transgender, not all nonbinary people do.

Panromantic/Pansexual: a romantic and/or sexual orientation describing a person who has potential to be attracted to any or all genders.

Polyamorous/Polysexual: a romantic and/or sexual identity where a person participates in non-monogamous relationships.

Queer: an umbrella term which attempts to embrace a matrix of sexual preferences, gender presentations, and habits of those who may not exclusively be heterosexual, monogamous, or heteronormative. Under this umbrella, queer might include lesbians, gay men, bisexuals, transgender people, intersex persons, radical sex communities, and many others who are seen as sexually transgressive to the dominant norms. This term was historically used as a slur and may be a trigger for some people.

Sex/Assigned Sex: is the physiological makeup of a human being, usually referred to as their natal sex. Sex is typically thought of in a bipolar way, dividing the world into males and females. In reality, sex is a complex relationship of genetic, hormonal, morphological, biochemical and anatomical determinates that impact the physiology of the body and the sexual differentiation of the brain. Although everyone is assigned a sex at birth, approximately 2% of the population is intersex and do not easily fit into a dimorphic division of two sexes that are "opposite." Commonly associated acronyms: AMAB/AFAB (assigned male/female at birth), CAMAB/CAMAB (coercively assigned male/female at birth, typically reserved for intersex people).

Sexual Identity: an overall term that describes an individual's sense of their own sexuality, including the complex relationship of sex and gender as components of identity. Sexual identity includes a biopsychosocial integration of biological sex, gender identity, gender role expression and sexual orientation. This term is sometimes used in a narrower sense to mean sexual orientation or preference, particularly for gay people who not only behave homosexually, but have pride or "identify" with that aspect of their self.

Sexual Orientation: is the self-perception of the direction of sexual desire. It describes sexual preference. Some people experience their sexual orientation as an unchanging essential part of their nature, and others experience it in more fluid way. Sexual orientation can be directed towards members the same sex (homosexual) or the "opposite sex" (heterosexual), both sexes (bisexual), any sex or gender (queer or pansexual), and neither (non-sexual). Sexual orientation is not merely "same-sex" attraction, but is experienced through the person's gender identity (regardless of their biology).

Transgender: is an umbrella term including many categories of people who are gender variant. This can include people who identify as transsexuals, cross-dressers, masculine identified females, feminine identified males, MtF's, FtM's, transmen, transgender women, intersex, and other differently-gendered people. Transgender people can be straight, gay, lesbian, bisexual, pansexual, demisexual, asexual, queer, etc.

Transition: is the process that transgender people move through in accepting and affirming their gender identity, particularly the physical, legal, and psychological experience of moving from one gender identity to another or allowing others to see their authentic identity. Transition is similar to a re-birthing experience, where the person re-emerges with a social identity that is the best expression of their internal core gender identity. Transition often implies hormonal and surgical treatment and the physical changes that accompany them.

Transmisogyny: a specific experience of misogyny directed toward transgender or transsexual women, predicated on the idea that cisgender women are "real" women, but transgender women are not. Encompasses all of the ideas of general misogyny, but is concentrated in the idea that trans women must perform specific stereotypes in order to prove that they are women in addition to proving their desirability or value in a patriarchal society.

Transsexual (TS or T's): describes people who believe that their physiological body does not represent their true sex. It is an older term, and does not tend to be used in contemporary youth/young adult populations, but has great historical significance. Many transsexual people desire sexual reassignment (SRS) or gender confirmation surgery but transsexual people may be pre-operative, post-operative, or non-operative (e.g., choosing to not have surgical modification). Some transsexual people prefer to not have their birth sex known and to "pass" or go "stealth," and others are comfortable being known as transsexual and take pride in this identity. Most transsexual people prefer to be referred to simply as men or women, according to their gender identity and gender presentation, regardless of their surgical status.

Website resources per the recommendation of Sidney M. Trantham, Ph. D. www.sidneytrantham.com
<https://itspronouncedmetrosexual.com/2013/01/a-comprehensive-list-of-lgbtq-term-definitions/>

https://www.huffpost.com/entry/skoliosexual-zucchini-and-10-other-sexual-identity-terms-you-probably-dont-know_n_561bf841e4b0082030a35f80

Case Study

Case Summary

Maris and Rachel have been in a lesbian relationship for 8 years and have been married for 7 years. Rachel was previously married to a cis-gender man, Sam, and has two adolescent sons, Jake, age 16, and Abe, age 13. Rachel and Sam broke up and divorced when the boys were 6 and 3 because Rachel felt strongly that she wanted to be partnered with a woman. Rachel reports that when she met Maris, there was a sense of physical and emotional compatibility that she had never experienced before.

Maris identified as a lesbian from early adolescence and has had several long-term relationships prior to Rachel with women but is currently exploring an identity as a trans male. Rachel is responding poorly to this shift in Maris' identity and the couple has been alternating between fighting and distancing themselves from each other. The focus of their arguments have been Maris wanting to get an evaluation that could lead to having top surgery and hormones and Rachel not wanting to discuss it, let alone allowing these things to happen.

Background

Maris was born Marissa, the youngest of 4 children to working class Puerto Rican parents—Hilda and Hector—before moving to Western MA when Maris was 5. The family was Catholic by tradition and then became Pentecostal. Maris' sexual identity was explicitly condemned by the church. As a result, any of Maris' partners who were introduced over time were presented as "friends." When Maris and Rachel got married, only one older sister and an aunt on Maris' side attended the wedding ceremony and the rest of the family was kept in the dark. These days, Maris, certain of total rejection, has no interest in maintaining contact with family members.

Maris is very angry at Rachel for the lack of support but hopes that Rachel will "come around" with time. Maris feels bonded to both Jake and Abe, and, along with Rachel, is concerned about the acceptance of both boys throughout the process.

Rachel is the older of two daughters to middle class Jewish parents—Julie and David—from the Boston area. They were supportive when Rachel chose to end her marriage with Sam and have until now embraced Maris in their lives. However, they belong to a conservative synagogue that while accepting of the lesbian and gay community, does not welcome transgender people. Rachel values her connection to her Jewish community—in fact this is where they held their wedding ceremony—and part of her conflict about Maris' interest in exploring a trans identity stems from her fear of widespread rejection.

Rachel and Maris report having had a strong bond prior to their conversations about this topic over the past year and a half. Rachel claims she was "blindsided" by this "new obsession" of Maris'. Maris reports that it should come as no surprise and insists this has been building inside for many years.

Context of referral

Rachel and Maris have contacted a therapist who specializes in sexual and gender identity issues to help them with their impasse. Initial paperwork revealed the information above. The assigned therapist must decide how to approach this case and formulate a treatment plan.

For you to know for the sake of the discussion:

1. Pentecostal congregations have historically condemned homosexuality, and have doctrinal statements explicitly condemning homosexuality.
2. Although Conservative Judaism accepts the lesbian and gay community, the doctrine and practice of transgender people is mixed. In 2003 the [Committee on Jewish Law and Standards](#) approved a rabbinic ruling that concluded that sex reassignment surgery (SRS) is permissible as a treatment of [gender dysphoria](#), and that a transgender person's sex status under Jewish law is changed by SRS- There have not yet been any openly transgender rabbis or rabbinical students affiliated with Conservative Judaism

Questions to Consider

1. Who is the client in this case?
2. If you have a dominant theoretical perspective or lens, how does it inform how you view this case?
3. How broad a context do you think you need to adequately integrate the multiple themes in this case? (Culture, society, community, family, couple, and individual...)
4. What questions would you hope to have answered after the first meeting?
5. What assumptions have you made about the desired outcome of this case?