What's Inside:

- Letter from the President
- Letter from the Editor
- Compassion Corner
- Call to Action: Building Competency as an Affirming Family Therapist
- Committee Updates
- WPATH'S Standards of Care for the Health of Transgender and Gender Diverse People
- CEU Opportunities
TAMFT PRESIDENT’S MESSAGE: EMBRACING DIVERSITY, EQUITY, AND INCLUSION IN THE FACE OF DIVISION

JASON MARTIN, PH.D., LMFT-S, LPC-S

In recent years, and especially in the most recent legislative session, the state of Texas has witnessed a concerning surge in legislation that disproportionately affects LGBTQ individuals and families. As advocates for healthy relationships and family well-being, the TAMFT Board of Directors supports legislation that considers the needs and health of all people and firmly opposes legislation that oppresses individual and familial autonomy. Recognizing the importance of embracing diversity and combating discrimination, TAMFT is committed to fostering an inclusive environment that promotes equality and respect for all individuals. We as your board further express our stance as composed of four distinct but related guiding principles.

1. Upholding Professional Ethics: TAMFT’s support for Diversity, Equity, and Inclusion (DEI) initiatives aligns with the ethical principles of marriage and family therapists, who are dedicated to promoting the welfare of individuals, couples, and families without discrimination. Inclusivity is a fundamental aspect of ethical practice, and TAMFT advocates for the acceptance and support of all individuals, regardless of their sexual orientation or gender identity.

2. Protecting the Well-being of LGBTQ Individuals: TAMFT is confident that recent legislative decisions in Texas will increase the risk of detrimental effects to the mental health and well-being of LGBTQ individuals and their families. Many of us have already seen the harmful implications of this within our own practices. TAMFT recognizes that discrimination and exclusion contribute to increased rates of depression, anxiety, and suicide among LGBTQ populations, particularly LGBTQ youth. By actively supporting DEI initiatives, TAMFT seeks to ensure that all individuals, including LGBTQ individuals, have access to culturally competent mental health care and support systems.

3. Strengthening Relationships and Families: TAMFT acknowledges the diverse forms that relationships and families can take and understands that a supportive and inclusive environment is crucial for their well-being. By embracing DEI initiatives, TAMFT promotes the understanding and acceptance of different family structures and dynamics. This inclusive approach allows therapists to better serve all clients, creating stronger and healthier relationships and families throughout Texas.

4. Advocating for Policy Change: TAMFT recognizes the importance of advocating for policy change to protect the rights of LGBTQ individuals and families. The association actively engages in legislative processes and collaborates with other organizations to oppose discriminatory legislation. By lending our voice and expertise, TAMFT aims to promote a more inclusive and equitable society that celebrates the diversity of all Texans.

The Texas Association for Marriage and Family Therapy firmly supports Diversity, Equity, and Inclusion initiatives, particularly in response to the legislation in Texas that will negatively affect the LGBTQ population in Texas. We understand that many Texans, even many within our own membership, may struggle with our support of these issues. My message today is not meant to change minds but to help express the ethical responsibilities we have, as well as how the current legislation compromises our ability as therapists to fulfill those responsibilities on an individual level with clients. TAMFT aims to foster an inclusive environment that celebrates diversity, promotes equality, and ensures that mental health care is accessible and culturally competent for all Texans, irrespective of their sexual orientation or gender identity. By thoughtfully and empathetically standing together, we can advocate for a world that treats all individuals and families with dignity, respect, and compassion.

Jason Martin (he/him), Ph.D., LMFT-S, LPC-S
President, TAMFT
What do we lose when we lose the Queer community?

If I ended this letter here, it would be sufficient. Alas, author Dougald Hine recently wrote, “How we name what is at stake determines what we are prepared to do.” So, what is at stake for you, dear reader, when it comes to the LGBTQ+ community? A lot? Only a little? Maybe you’ve already experienced a loss like this in your life. Whether it was via the tragic statistics behind LGBTQ+ suicide rates or the gradual distancing of a loved one, I hope that we all expand our definition of what it means to lose people.

If no clear image came to mind in my second question, it might be more helpful to flip it inside out: what do you stand to gain by welcoming Queerness into your life? Is there any way to truly understand what you’ve never experienced? I want our membership to appreciate how important it is that you are currently reading a (gender)queer person write on the topic of (gender)queerness. That is what is at stake here. Just as we strive to honor our clients by witnessing them write their stories for themselves, TAMFT has opportunities to hear clinicians of all kinds of marginalized identities speak for ourselves about ourselves. However, it takes a lot before that can happen.

Yes, I chose to be out about my gender within TAMFT – not every trans person is going to feel safe enough to do that. I assessed it to be safe for me because I already personally knew many of the people in TAMFT’s leadership positions (do not misunderstand, coming out as trans to anyone is always a risky move). However, without that inside knowledge, what would I look to for clues about whether it’s safe for me here — to show up wearing heels, makeup, and painted nails? Pronouns (at a minimum).

What a lot of cisgender people misunderstand is who pronoun indicators are for. If I put “they/them” next to my name, I risk making myself a target (visibility without protection is hunting). As a cis person, when you include your pronouns, it gives me the green light to (maybe) include mine and come out to you. Otherwise, especially in times like these, you may never be given the opportunity to know that I’m trans... do you see what is at stake here? What we lose by never having gained in the first place?

I don’t know what decisions will follow this newsletter. When I first spoke up in the TAMFT Slack space about the crisis at hand, I wasn’t totally sure what would happen. There is still so much this organization has yet to open itself up to from more than just the Queer community. In fact, this editor’s letter may turn out to be something I later regret publishing. For better or worse, the status quo has been just safe enough for me to take a risk here. My ultimate desire is for that to be reciprocated by anyone who is ready for it.

And to every trans person reading this: I love you. Let’s be friends (seriously, please reach out to me).

With dignity,
Luce O’Steen (they/them)
LMFT-Associate supervised by Layla Scott (she/her), Ph.D., LMFT-S
I was told by a colleague in the Sexual Health Alliance that allyship isn’t a title to be claimed but rather granted by a person in the LGBTQ+ community. I believe this to be a result of some folks claiming to be an ally, for status or other tangential reasons, but failing to truly stand up for those experiencing some kind of marginalization. This is not in the spirit of compassionately considering people experiencing discrimination.

When I think of compassion for my LGBTQ+ friends, I think of how daunting it must be for them to have to constantly stand up for themselves in the face of violence, discrimination, and just run-of-the-mill apathy towards pronouns and proper gendering. The fear that must be rising in the face of these times, with legislation being proposed to limit rights, education, and healthcare is palpable. While there are differences, there are also similarities between the fight for civil rights and the fight for LGBTQ+ rights, and I find it to be just as ridiculous that the fight is even necessary. Those legislators advocating for rights to be shackled, education to be specifically channeled, and access to healthcare limited, will find themselves on the same side of history as David Duke, George Wallace, and Orval Faubus.

But I digress, this isn’t about calling out leaders and laypersons, uncles and cousins, co-workers and colleagues for their anti-trans or homophobic remarks. This isn’t about confronting the powers that be and standing up for LGBTQ+ folks tired of having to face people who would rather they not exist.

Or is it?

Perhaps it is. Perhaps that is precisely what our LGBTQ+ friends need, for those who are in possession of power, to use that power in ways that promote justice and equality. The need, for those who possess the knowledge and education to understand where the LGBTQ+ community is coming from, is to confront friends, relatives, and co-workers over insensitive, unkind, and uncaring remarks. Even that sounds gritty though. Because what? Do they need a white, cis-gendered, hetero, white-guy to swoop in and save the day? Absolutely not. Those in the LGBTQ+ community are some of the strongest of all of us. I’m simply talking about seeing them, hearing them, and calling out bigotry in ways that are effective.

When I think of compassion, I think of coming alongside. When I think of compassion, I think of love. This is a call for those who possess love and compassion to come alongside our LGBTQ+ friends and stand for their basic human decency, not as saviors, but as people who are human and kind. Please be an ally, not for the title, but for the love of people.

Also, this is America, for crying out loud; let folks do what they want and leave them alone!
Ethical decision-making for Marriage and Family Therapists must explore the intersection of laws, professional code of ethics, and self-of-the-therapist. While all citizens must comply with federal and state regulations, if the AAMFT Code of Ethics (2015) stipulates a higher standard of conduct than that required by law, MFTs must meet the higher standard of the AAMFT Code of Ethics. When such conflict arises, it is our duty to conscientiously take steps to resolve the incongruence with a commitment to the ethical principles that govern the delivery of clinical services to the public (AAMFT, 2015). Standard 1.1 of our Responsibility to Clients prohibits discrimination based on sexual orientation and gender identity, among other identity factors. With legislative attacks on gender-affirming care in the state of Texas, how can Marriage and Family Therapists work to build critical clinical competency working with transgender and non-binary clients? This article is aimed toward those of dominant and privileged groups, specifically heterosexual and cisgender MFTs, and seeks to provide a brief review of a three-step model for becoming an affirmative therapist for people with marginalized gender identities (McGeorge, Coburn, & Walsdorf, 2021).

Transgender, genderqueer, genderfluid, gender nonconforming, and nonbinary clients have often painstakingly reflected on the role of gender as it relates to their identity and understanding of self/others. In contrast, cisgender individuals may have spent significantly less time reflecting on the role of gender on one’s sense of self and the associated unearned privileges navigating social interactions, relationships, and even legal identification as a result of their membership in the socially sanctioned group. Self-of-the-therapist work in education, training, and supervision attempts to build insight into one’s conscious and unconscious biases, assumptions, and lived experiences which impact the clinical process. Attending to and actively engaging self-of-the-therapist work is critical for therapists in both the macro, across one’s professional career, and in the micro of each moment of every therapy session. Adapted from McGeorge and Carlson’s (2011) original framework for inclusive therapy for those of marginalized sexual orientations, the self-of-the-therapist exploration model to build competency as an affirmative therapist with transgender and nonbinary clients urges clinicians to actively examine the following: binary normative assumptions, cisgender identity formation, and cisgender privilege and binary advantage (McGeorge et al., 2021).
A sampling of self-reflection questions are provided below and may be utilized in supervisory and/or consultation settings to foster useful dialogue examining matters of privilege and oppression in regards to gender identity. For a comprehensive list of self-reflection questions in each category of the three-step model, see McGeorge et al. (2021).

- Was gender identity talked about in my family? If so, what values were communicated? If not, what did that silence communicate?
- If appropriate, what did/does my religious or spiritual community teach me about gender identity?
- What are my beliefs about why I did not develop a transgender identity?
- When I meet someone new, do I feel a desire to know if that person is a man or a woman? [Why might] I ask new parents, “Is your baby a boy or a girl?”
- What is my initial reaction when I see someone whose gender expression does not fit societal expectations for masculinity and femininity?
- How has my cisgender identity been encouraged, rewarded, acknowledged, and supported by my family, friends, and society?
- Have I ever had to defend my gender identity in order to gain acceptance among my peers, family, or colleagues?
- Have I ever struggled with the inclusion of the word “their” as a singular pronoun? What about the inclusion of pronouns on name badges/email signatures/etc.?
- How do other identities I hold, such as race, socio-economic status, ability/disability, shape my understanding of my gender identity?
- What life experiences helped to shape my gender identity?

The TAMFT Ethics Committee urges Marriage and Family Therapists in Texas to embrace introspection as a beginning point of becoming an affirmative therapist. Insight is necessary, but insufficient for change; thus, future steps involve relational and systemic engagement to provide legal, ethical, quality clinical services for all transgender and nonbinary clients.

References
LEGISLATIVE COMMITTEE UPDATE

Members: Dr. Carlos Perez, Board Liaison; Marion Vickerman, Board Liaison; Tim White, PAC Chairman; Jaida Pryor, Student Association Liaison; Hannah McKinnies; Tara Roper; Sommer Greer; Gabrielle Dean; Kristin Ross; Mercedes Burk; Andrea Beth Jackson (Rep for BHEC standardization only)

The Legislative Committee was hard at work this session. Here is a quick glance at key bills we monitored and their outcome for this session:

- **HB 1167** by Romero. This bill would have allowed out of state licensees to transfer easily into Texas. This bill did not pass but has been recessed for the next session.
- **HB 1879** a bipartisan bill, would have given LMFTs equal Medicaid reimbursement as Psychologists. The bill was amended to 50% pay.
- **SB 14** a partisan bill, prohibiting the access to care for transgendered individuals did pass. Although not relating directly to our license, TAMFT is monitoring these legislative choices.

As such, the Legislative committee, along with the TAMFT board, is looking into the future to advocate for marginalized groups and to ethically uphold our responsibilities to our clients.

In the next several months, we plan on having specific strategies to advocate for clients, and to be politically active in the area of transgender care.
MEMBERSHIP COMMITTEE UPDATE

Members: Joann Travis-Evans, co-Chair; Anna Thomison, co-Chair; Layla Scott, Board Liaison; Mi’cah Ducros; Hannah McKinnies; Heather Austin-Robillard; Heather Lucero

It’s been a busy few months for the Membership Committee! In addition to successfully welcoming and onboarding new members into the committee, we have spent a lot of time analyzing our recent member survey. We aim to use these findings as a guide in refining both our short-term and long-term goals for improving member satisfaction. We are also excited to hold our first-ever in-person planning retreat. This retreat will allow us to brainstorm, strategize, and align our efforts, primarily focusing on outlining our annual committee initiatives, such as the annual student drive, annual surveys, and annual awards, and to identify new long-term initiatives from the survey results.

CONFERENCE COMMITTEE UPDATE

Members: Kelsey Austin, co-Chair & Board Liaison; Emily Esail, co-Chair, Melinda Barsales; Brandon Gardenhire; Taylor Conable; Lisl Stadler

The Conference Committee has welcomed new committee members and caught them up to speed on all the fun we get to have in the coming year as we have the honor of planning another conference. We have reviewed the Post Conference Report for the 2023 conference as a group. Together we have identified victories at the past conference, challenges we faced, and needs to be met for the coming year. We have started brainstorming themes for next year as well as potential keynote speakers. We will continue to collaborate over the coming months, and we can’t wait to share our plans with our members!

COMMUNICATIONS COMMITTEE UPDATE

Members: Luce O’Steen, Chair; Rebekah Torres, Board Liaison; Misty Schmidt; Kim Khuyen Nguyen; Fariba Arabghani; Crystal Lina Lopez

For the first time since our committee’s inception, we have safety in numbers! We have successfully conducted our first three meetings, where we established a strong foundation for our committee's work. One of our primary objectives this year is to enhance TAMFT’s presence on social media. We have started discussions on how to utilize social media effectively to engage our target audience, raise awareness, and promote our initiatives. We were proud to partner with the Ethics committee with this quarter’s theme, one that is vitally important in our roles as therapists.

Help show your support for Family PAC by purchasing TAMFT Merch!

VISIT THE TAMFT MERCH SHOP!
GOVERNANCE COMMITTEE UPDATE

Members: Angela Hayes, Chair/TAMFT Secretary; Jason Martin, TAMFT President; Carlos Perez, TAMFT President-Elect; Layla Scott, Board Member-at-Large; Joanna Mendez-Pounds, Elections Committee Chair

We will soon be taking nominations for the TSAMFT president-elect who will take office in 2024 for a one-year term. We are looking for student nominees who preferably will be a student throughout their 2024 term and have a passion for supporting students as they grow into their professional identities. Apply or nominate here: https://www.tamft.org/student-elections

The Governance committee is continuing to work to create new volunteer packets to give volunteers all the information they need to jump in and feel confident in their new role! We plan to have these ready in time for the 2024 conference when our next batch of volunteers begins.

Looking forward, by the time of the next newsletter, we will be gearing up to take nominations for the 2024 Board. Do you have what it takes to be a leader and help TAMFT continue to grow? Do you know someone who has a lot to contribute? Are there voices we need to see more of at the leadership level? Be ready with those nominations!

EDUCATION COMMITTEE UPDATE

Members: Nelliana Acuna, Chair; Leila Anderson, Co-Chair; Robyn Flores, Secretary; Dr. Wen-Mei Chou, Board Liaison; Benita Madison; Hannah McKinnies; Baldemar Menchaca; Jose Mata; Christina Watts-Figueroa

The Education Committee is committed to delivering valuable monthly educational content to our members. Our upcoming webinar, "Teletherapy in the Post-COVID Era," presented by Russ Bartee, Ph.D., is scheduled for Wednesday, July 19th, at 12PM and will provide updated information on how to ethically and legally practice teletherapy and offer substantial time to field questions about the use of video therapy.

In addition, the Education Committee is creating a yearly schedule for topics to be presented that coincide with the required yearly CEs for license renewal, as well as quarterly panels geared towards students’ interests. Topics for August-November are currently being put together, along with a supervisor panel in September. This will be an opportunity for students to ask questions LIVE and explore more considerations about the supervisor-supervisee relationship. We encourage students to bring their own questions to build off the curated list.
ABSTRACT

Background: Transgender healthcare is a rapidly evolving interdisciplinary field. In the last decade, there has been an unprecedented increase in the number and visibility of transgender and gender diverse (TGD) people seeking support and gender-affirming medical treatment in parallel with a significant rise in the scientific literature in this area. The World Professional Association for Transgender Health (WPATH) is an international, multidisciplinary, professional association whose mission is to promote evidence-based care, education, research, public policy, and respect in transgender health. One of the main functions of WPATH is to promote the highest standards of health care for TGD people through the Standards of Care (SOC). The SOC was initially developed in 1979 and the last version (SOC-7) was published in 2012. In view of the increasing scientific evidence, WPATH commissioned a new version of the Standards of Care, the SOC-8.

Aim: The overall goal of SOC-8 is to provide health care professionals (HCPs) with clinical guidance to assist TGD people in accessing safe and effective pathways to achieving lasting personal comfort with their gendered selves with the aim of optimizing their overall physical health, psychological well-being, and self-fulfillment.

Methods: The SOC-8 is based on the best available science and expert professional consensus in transgender health. International professionals and stakeholders were selected to serve on the SOC-8 committee. Recommendation statements were developed based on data derived from independent systematic literature reviews, where available, background reviews and expert opinions. Grading of recommendations was based on the available evidence supporting interventions, a discussion of risks and harms, as well as the feasibility and acceptability within different contexts and country settings.

Results: A total of 18 chapters were developed as part of the SOC-8. They contain recommendations for health care professionals who provide care and treatment for TGD people. Each of the recommendations is followed by explanatory text with relevant references. General areas related to transgender health are covered in the chapters Terminology, Global Applicability, Population Estimates, and Education. The chapters developed for the diverse population of TGD people include Assessment of Adults, Adolescents, Children, Nonbinary, Eunuchs, and Intersex Individuals, and people living in Institutional Environments. Finally, the chapters related to gender-affirming treatment are Hormone Therapy, Surgery and Postoperative Care, Voice and Communication, Primary Care, Reproductive Health, Sexual Health, and Mental Health.

Conclusions: The SOC-8 guidelines are intended to be flexible to meet the diverse health care needs of TGD people globally. While adaptable, they offer standards for promoting optimal health care and guidance for the treatment of people experiencing gender incongruence. As in all previous versions of the SOC, the criteria set forth in this document for gender-affirming medical interventions are clinical guidelines; individual health care professionals and programs may modify these in consultation with the TGD person.

View the full article here.
Hello students of TAMFT! Happy summertime! This year, our focus is on engaging the students of TAMFT, and excitingly, there is an opportunity to get involved!

We are introducing Peer-To-Peer, a TSAMFT support group for students and associates. These meetings are currently planned to be approximately an hour long and will include time for socializing and getting to know other students and associates within TAMFT, information about TSAMFT and other ways to get involved, and 40 minutes dedicated to the topic of that meeting. Topics of focus will include theories, models, and specific clinical skills. That time could also be used as a study group for the licensing exam, if there’s interest! While we are excited to get started with our Peer-To-Peer monthly meetings, we are hoping to involve you! Are you interested in leading a meeting? Do you have a topic in mind? Do you have a date set for your licensing exam and would hope for a study group prior to that date? Let us know! This is a great way to get involved and to expand your TAMFT network! Contact jpryor@twu.edu to express your interest.

The student board is also introducing the Student Spotlight starting in August! Do you have a classmate or colleague that operates in excellence, is service-oriented, delivers excellent care, or consistently demonstrates proficiency in their academics, clinical care, or in other areas? If the answer is yes, we want to know about it! We want to highlight the students of TAMFT! Follow us on Instagram @TSAMFT to stay up to date on how the nomination process works and to stay up to date on each month’s winner!

Below you will find board meeting times. Join a meeting and learn more about what the students and associates are up to this year. To ensure that you are included in the email which includes the Zoom link to access these meetings that will go out, please feel free to email jpryor@twu.edu!

Meeting Calendar: July 15th, 9am; September 16th, 9am; November 18th, 9am; January 20th, 9am; TAMFT 2024 Annual Conference Student Meeting (in-person)

To join this Saturday’s meeting, please register via Zoom HERE.
TAMFT OFFERS A WIDE VARIETY OF ONLINE OPPORTUNITIES FOR CEUs.
CHECK THEM OUT HERE.

UPCOMING LIVE WEBINAR:

Teletherapy in the Post-COVID Era

July 19, 2023
12:00-1:00pm CT
1 Telehealth CEU

Russ Bartee, Ph.D.