

## Avoiding pathologization of Transness and making assumptions

- Using Terms Like "Gender Identity Disorder": Referring to being transgender as a "disorder" or "disease," which implies that being transgender is a mental illness that needs to be "fixed." The correct term is "gender dysphoria," which focuses on the distress some transgender people may feel rather than labeling their identity as disordered.
- Medicalizing Transgender Identity: Insisting that all transgender people must undergo medical procedures (such as hormone therapy or surgeries) to "complete" their transition, rather than acknowledging that gender identity is valid regardless of whether someone chooses to undergo medical treatment.
- Assuming Transgender Identity Requires a Diagnosis: Requiring transgender individuals to receive a psychiatric diagnosis before they can access gender-affirming care, which can imply that their gender identity is something to be cured rather than recognized and supported.
- Invalidating Non-Binary Identities: Dismissing non-binary or genderqueer identities as "confused" or "abnormal" because they don't fit into the traditional binary model of male or female.
- Attributing All Mental Health Issues to Being Transgender: Suggesting that any mental health challenges a transgender person faces are inherently due to their transgender identity rather than considering the broader context, such as discrimination, rejection, or other external stressors.
- Using Dehumanizing Language: Referring to transgender individuals in clinical or dehumanizing terms, such as "transsexualism" or "gender deviants," which strips away their humanity and reinforces stigma.

Do Not Ask	Why
"When did you start feeling like you were the opposite gender?"	This question pathologizes the patient's identity by implying that their gender identity is a deviation from the norm or a "feeling" rather than a valid identity.
"What made you decide to transition?"	This question suggests that being transgender is a choice rather than an inherent aspect of the person's identity, which can come across as judgmental.
"Are you planning to complete your transition soon?"	This implies that there is a "complete" or "correct" way to be transgender, reinforcing a binary and linear understanding of transition that doesn't respect individual experiences.
"How are your hormone treatments going? Are you happy with how they're changing you?"	While this might seem like a neutral question, it assumes that all transgender people are on hormone therapy or desire physical changes, which is not true for everyone.
"Do you think transitioning will make you feel better?"	This question can be patronizing and suggests that the patient's gender identity is a problem to be solved rather than a legitimate part of who they are.
"What steps have you taken to fix your gender dysphoria?"	This frames the patient's experience as something that needs to be "fixed," which can be deeply invalidating.
Why haven't you had surgery yet?"	This question assumes that all transgender people desire surgery and that their transition is incomplete without it, which can be intrusive and pathologizing.

Do Ask	Why
"Do you feel like your current medical plan aligns with your gender identity, or are there aspects of your care you'd like to discuss further?"	This question allows the patient to express any concerns about their care without assuming a linear path of transition.
"How can we best support you in your gender identity during your medical care?"	This question invites the patient to share their needs and preferences, acknowledging that they are the expert on their own experience.
"What has your experience been with gender-affirming care so far, and are there any changes or adjustments you'd like to explore?"	This question opens the door for feedback and empowers the patient to take an active role in their care.
"For transgender and nonbinary individuals, the traditional medical approach often doesn't fully recognize the diversity of gender experiences. How can we ensure your care reflects your unique needs?"	This statement acknowledges the limitations of traditional care and seeks to center the patient's individual experience.
"Are there any specific concerns you have about how your gender identity is addressed in your treatment plan?"	This question provides space for the patient to voice concerns about any part of their care that may not align with their gender identity.

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