
POST INDUCTION TREATMENT OF TRAUMA IN GENDER NON-CONFORMING INDIVIDUALS

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CENTRACARE SEXUAL & GENDER MEDICINE CLINIC

Some of the services we provide include:

- Primary Care for LGBTQ persons
- Gender Affirming Reproductive Care, including Fertility Preservation
- HIV/STI testing, diagnosis, treatment
- Patient Navigation and Care Coordination
- Hormone Therapy for Adolescents and Adults
- Behavioral Health
- Sexual Counseling and Medical Interventions
- Referrals for Gender Affirming Surgery



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OBJECTIVES

- Define trauma experienced in gender non-conforming culture
- Review Post Induction Treatment model for treating trauma psychotherapeutically
- Identify interventions to address cognitive and emotional developmental delays caused by trauma



WHAT IS TRAUMA

- Boundary Violation
- Abuse
- Trauma

Trauma = Abuse = Boundary Violation



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MULTIGENERATIONAL TRAUMA

- Historic Trauma
- Cultural and Societal Systems of Oppression
- Ongoing Micro aggressions
- Family Violence
- Personal Experience of Violence



PHYSICAL ABUSE

- *Overt* – Out in the open (i.e., hitting with an object, slapping, burning, pinching, bruising, pulling hair, ear pulling, shaking, tickling, etc.)
- *Covert* – hidden (i.e., neglect, abandonment, etc.)



SEXUAL ABUSE

- Physical sexual abuse (i.e., intercourse, oral sex, anal sex, an adult masturbating a child, having a child masturbate an adult, sexual hugging, sexual kissing, fondling, sexual joking, sexual innuendos, etc.).
- Emotional sexual abuse (i.e., invalidating one's masculine or feminine identity, invalidating or denial of access to one's preferred sources of affection, invalidating or denial of access to one's preferred sexual preference, etc.)



EMOTIONAL ABUSE

- Verbal abuse – most intense forms of emotional abuse (i.e., verbal attack, screaming, name calling, sarcasm, ridicule, etc.)
- Social Abuse – direct or indirect interference with access to peers (i.e., “don’t tell our secrets”, “don’t embarrass me”, can’t invite friends over, can’t go over to peers house(s), instilling fear that others aren’t safe, etc.)



EMOTIONAL ABUSE (CONT)

- Neglect and Abandonment – Neglect means that needs were not met well enough and the child was shamed. Abandonment means needs were not met at all. (limiting or denying access to food, clothing, medical/dental care, shelter, physical nurturing, emotional nurturing, sexual information and guidance, financial information and guidance, spiritual information and guidance, etc.)



INTELLECTUAL ABUSE

- Thinking is attacked or ridiculed, not being allowed to do one's own thinking, not being supported when one's thinking is different from caregivers'

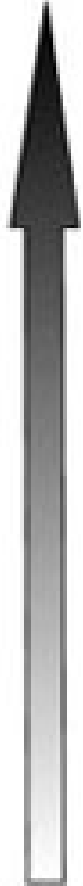


SPIRITUAL ABUSE

Experiences that distort, retard, or otherwise interfere with spiritual development. (i.e., when a caregiver replaces a child's higher power; when caregivers are addicted to religion; physical, sexual, or emotional abuse from a religious representative, etc.)



Death



Conception



Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

ADVERSE CHILDHOOD EXPERIENCES STUDY

- Links to occurrence of physical health concerns, i.e. Asthma
- Links to occurrence of mental health concerns, i.e., ADHD
- Links to cessation of emotional and cognitive development



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POST INDUCTION THERAPY (PIT)

Major milestones in emotional and cognitive development unobtained due to trauma:

- Appropriate levels of self-esteem
- Functional boundaries
- Ability to focus, without judgement, on reality; body, thoughts, emotions, actions
- Identify wants and needs; ask for them to be met without experiencing a shame attack
- Experience and express reality moderately



BODY'S REACTIONS TO TRAUMA

Fear sets the body in motion, readying you to deal with a perceived threat. But the long-term affects of anxiety and stress can cause serious harm. – Saba Berhie



LIMBIC VS. PREFRONTAL CORTEX

- Deep Breathing
- Touch
- Activity
- Tapping
- Mindfulness



WHEN IS A THERAPIST NEEDED

- When one finds reality to painful or shaming
- When one suppresses the reality or dissociation has so far removed the history from them that when they try to look back they no longer know what it is and need help finding out what happened
- When one's process of minimization, denial, and/or delusion is so profound that they cannot see their history that is flat in front of their face



THERAPIST'S ROLE

(Model) Re-parenting:

- **Affirm**
 - Genuinely celebrate and have joy about our clients
- **Nurture**
 - When clients are willing to ask for help around their needs: we are willing to look (if it doesn't overwhelm us, we are helpful in helping client meet needs)
- **Challenge**
 - Respectfully restructure client's reality (obtain consent to confront skewed reality)



SETTING THERAPEUTIC BOUNDARIES

- Share history with professional supports
- Share our experience, strength and hope with personal supports
 - How are we winning or loosing in managing our primary and secondary symptoms



WHAT IS THE FOCUS OF PIT?

- About growing up by healing our primary symptoms
- About facing reality
- About learning to reparent yourself
- About grieving
 - surrendering your need to have others sufficiently punished for having wronged you
 - Esteeming self
 - Set up functional boundaries to protect self from those wronging you in the future
- About forgiveness
 - Forgiveness of self
 - Forgiveness of others



APPROPRIATE LEVELS OF SELF-ESTEEM

- **Education** — Healthy self-esteem is the internal experience of one's own preciousness and value as a person. It can also be described as one's Truth. To have appropriate self-esteem is to see oneself as equal in worth to others. To have low self-esteem is to see oneself as worth less. To have inappropriately high self-esteem is to see oneself as worth more than others.
- **Discussion** — Self-esteem vs. Other-esteem: Looks, Income, Friends, Possessions, Occupation, Children, Significant other, Academics, Achievements
- **Activity** — Mindful Journaling: In 2-5 minutes, list all the facts about your body, thoughts, emotions, actions



FUNCTIONAL BOUNDARIES

- Education – Define function of boundaries
- Discussion – List kinds of boundaries
- **Activity** – Mindful Journaling:
 - 1) *What is the reality (or truth) of your body, thoughts, emotions, actions?*
 - 2) *What do others get to think, feel, or do about your reality?*
 - 3) *What don't others get to think, feel, or do about your reality?*



BOUNDARY VIOLATIONS

- **Education:** Internal, External, and Sexual Boundaries
- **Activity:** Identify Goals to Cease Violating Others Boundaries/Allowing Others to Violate our Boundaries



Boundary Violations Handout.pdf



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FOCUS ON REALITY

- **Education:** Identify and define various categories of abuse
- **Discussion:** Identify examples of abuse
- **Activity:** Scenario Activity
 - Example: Terry is a 12 year old who others have called a girl all of his life. Terry cannot keep his being a boy a secret. It is especially difficult for Terry when others call him a girl or a she. Terry decided to start letting people know he is a boy by telling his family. When Terry told his brother, his brother told him that he is a girl and not to be gross. When Terry told his parents, his mom said that he was definitely a girl and to stop saying such things.



IDENTIFY WANTS AND NEEDS

Education:

Four categories of difficulty acknowledging and meeting our own wants and needs:

- 1) I am *too dependent*: “I know my needs or wants but expect other people to take care of them for me.”
- 2) I am *antidependent*: “I am able to acknowledge to myself that I have wants and needs, but I try to meet them for myself and am unable to accept help or guidance from anyone else.”
- 3) I am *needless and wantless*: “Although I have needs and wants, I am not aware of them.”
- 4) I *get my wants and needs confused*: “I know what I want and I get it, but don’t know what I need.”



IDENTIFY WANTS AND NEEDS (CONT.)

- **Discussion:** Wants vs. Needs

- **Activity:** Worksheet




Worksheet for Co-Occurring Group Session 6.pdf



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EXPERIENCE AND EXPRESS REALITY MODERATION

- **Education:** Define Moderation –
 - Moderation is thinking, feeling, and acting within reasonable (not excessive or extreme) limits.
- **Discussion:** Identify immoderate ways to experience and express body, thoughts, emotions, actions. (Ex. Dress, Cognitive Distortions, Mood Intensity, Trust)
- **Activity:** Worksheet  [Worksheet for Moderation.pdf](#)



SUMMARY

Ongoing parenting (affirming, nurture and challenging) of our winning and loosing at:

- Having appropriate levels of self-esteem
- Maintaining functional boundaries
- Owning our reality
- Identifying and meeting our needs
- Experiencing and expressing our reality moderately



THANK YOU FOR PARTICIPATING!

Any questions, comments, clarifications?

Case consult needs?



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