

# Culture, Power, Gender, Neurotype and Intersectional Considerations; Trauma Informed Rapport Building Across Settings



*AC Goldberg (he/him)  
PhD CCC/SLP*





## BIO

# About AC:



AC Goldberg (he/him) is a physically disabled intersex/transgender DEI consultant and SLP whose mission is to cultivate affirming spaces for people of all neurotypes, races, genders, ages, religions, ethnicities, cultural backgrounds and (dis)abilities. AC's work centers around empathy, humanity and intersectional cultural responsiveness. His continuing education nonprofit, The CREDIT Institute, is dedicated to advancing equity in educational and healthcare settings. AC is the 2022 recipient of the American Speech Language Hearing Association's (ASHA) Outstanding Achievement Award. If you'd like to get to know him, he's [@transplaining](#) and [@CREDITsInstitute](#) on Instagram.

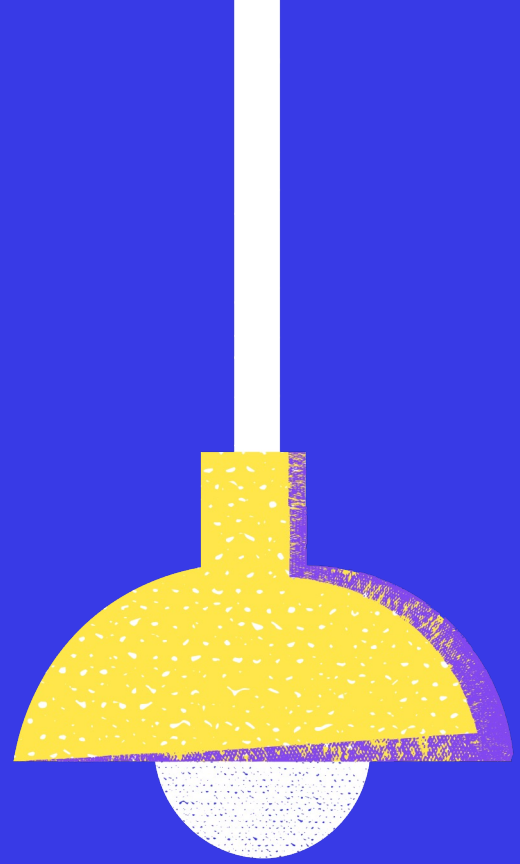
## Financial Disclosures

AC is the founder of Transplaining LLC and The CREDIT Institute Inc. He's part-time faculty at Northeastern University, a community partner with CHAT Life Changing Speech Therapy, and a contractor with Prismatic Speech Services.

## Non-Financial Disclosures

AC is a founding member of the Trans Voice Initiative and is a topic area expert in gender for the Informed SLP. He is a 2023 ASHA Convention Planning Committee Diversity Co-Chair. AC serves on the community advisory board overseeing research out of Boston University about the effects of exogenous testosterone therapy on communication in AFAB speakers. He's also on the editorial board of the Journal of Communication Disorders.





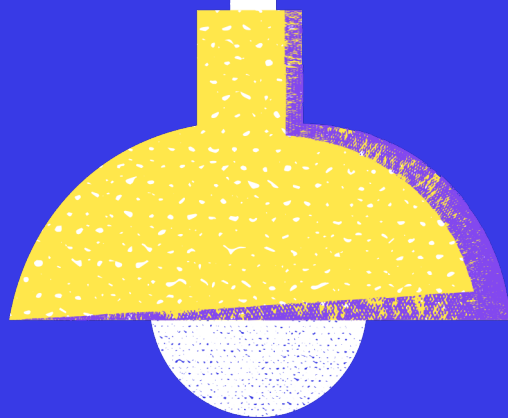
# Gender



Gender is a social construct. Gender interacts with but is different from sex, which refers to the different biological and physiological characteristics of females, males and intersex persons, such as chromosomes, hormones and reproductive organs. Gender and sex are related to but different from gender identity. Gender identity refers to a person's deeply felt, internal and individual experience of gender, which may or may not correspond to the person's physiology or designated sex at birth.

-WHO

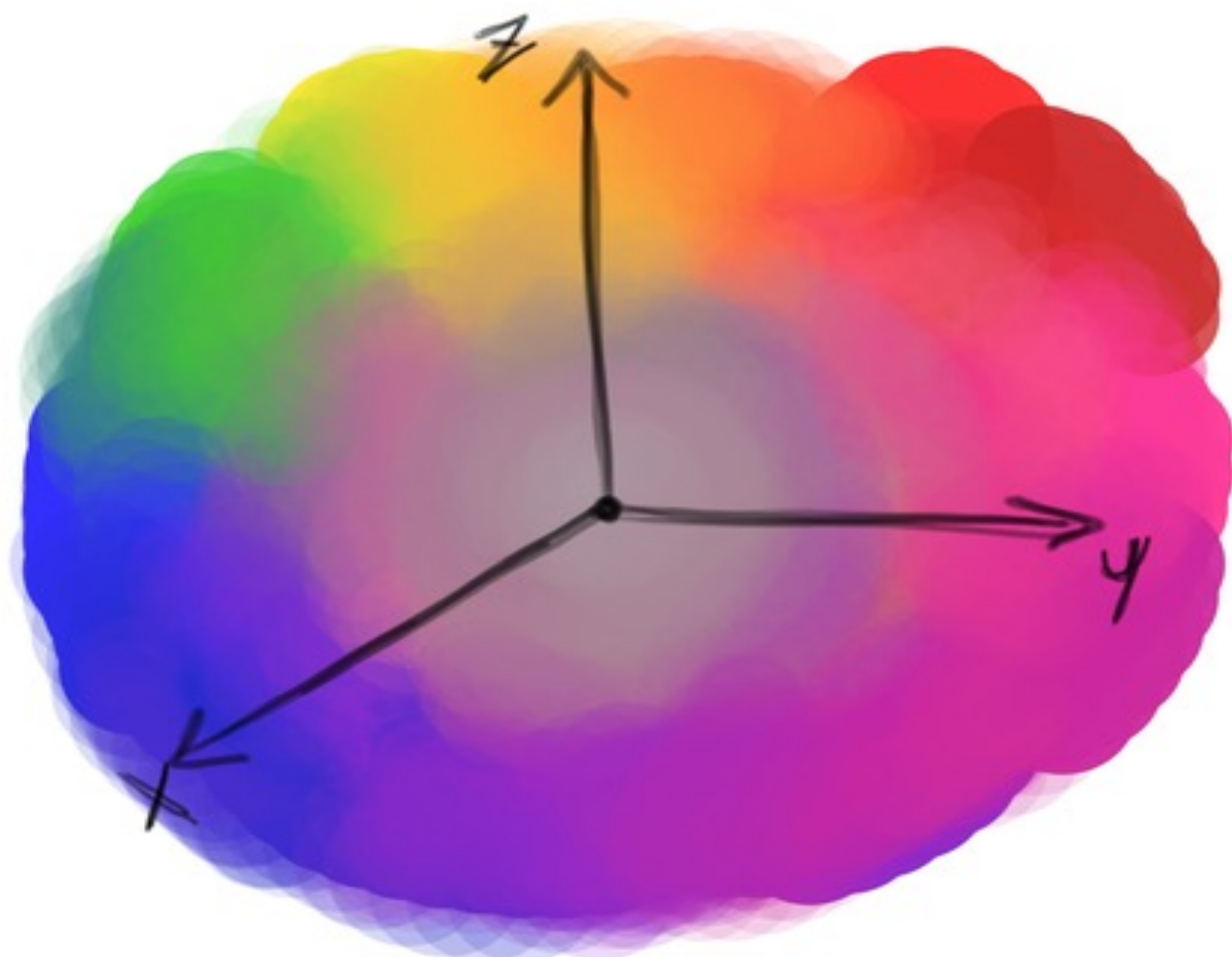




# Gender



what most people think the gender spectrum is



what the gender spectrum actually is

Gender is a spectrum.

Have you ever thought about your gender?

If you're cisgender, where do you fall on the gender spectrum?

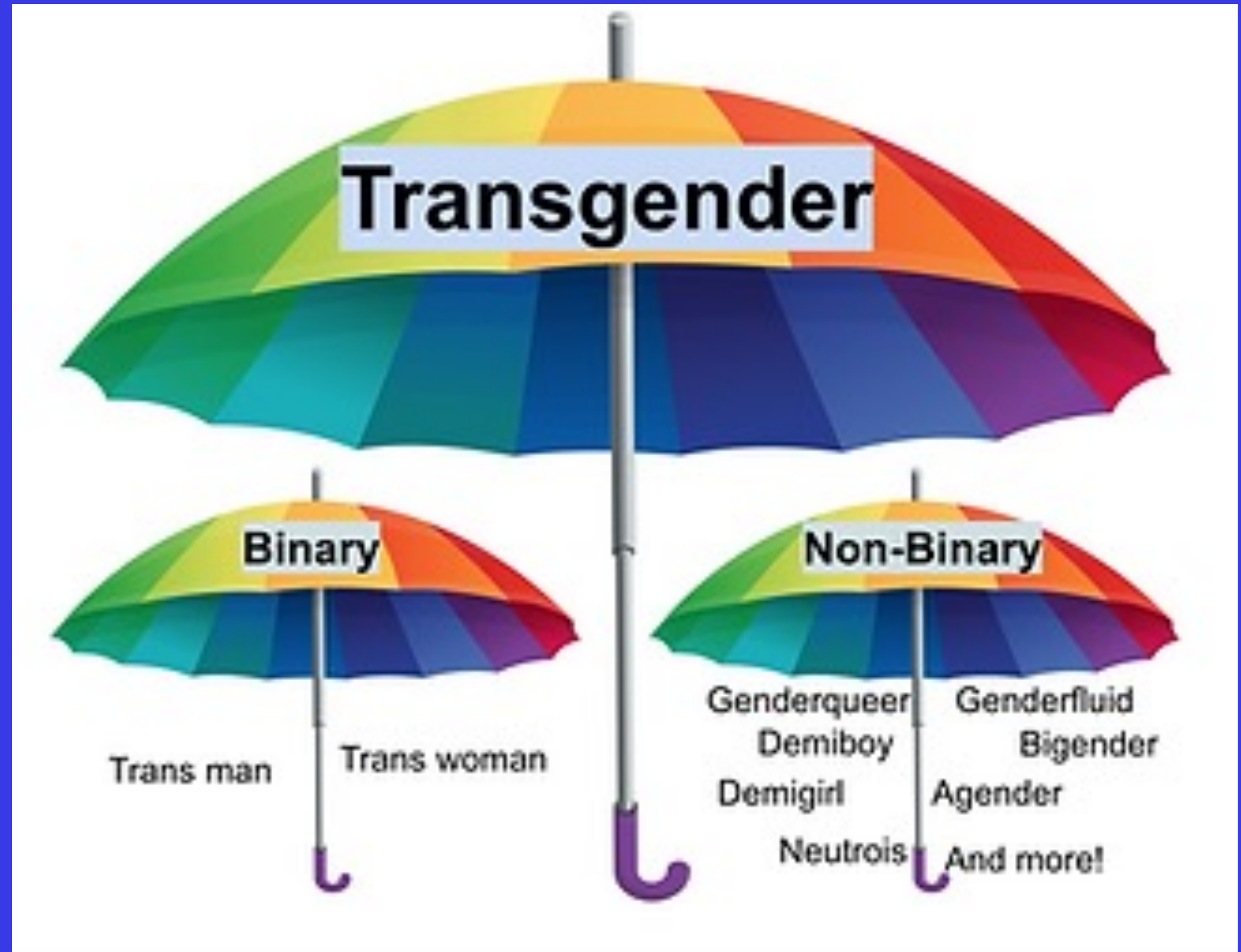
Let's unpack the terms neurodiversity and gender diversity. Who do they center? Why?



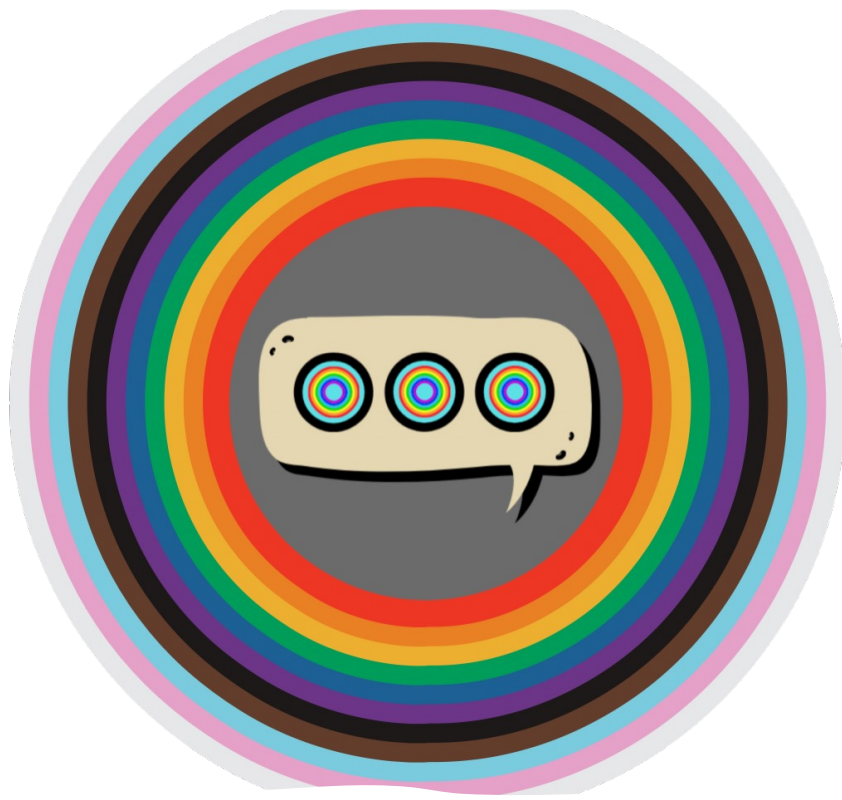




# Gender







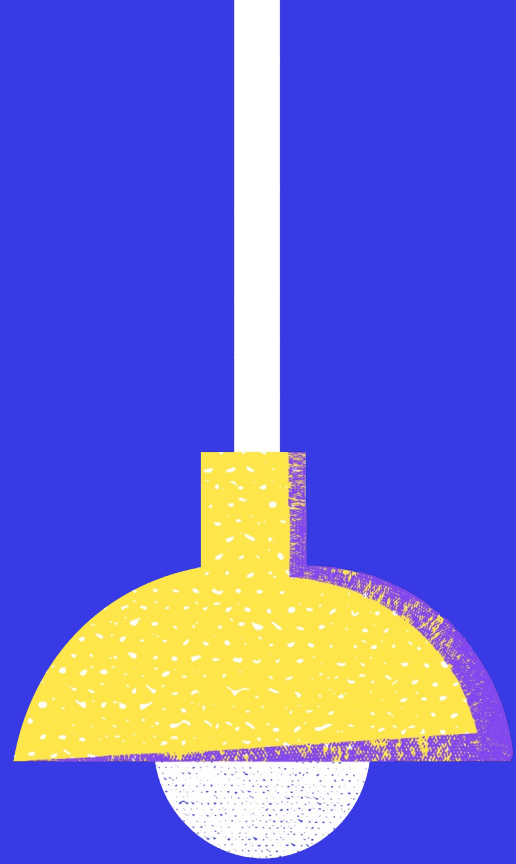
# Autistic people and people with ADHD are 7-10x more likely to express gender variance.



- This jumps even higher when talking about other spectrums like asexuality and other LGBTQIA+ identities.
- Autistic people report invalidation when advocating for themselves across situations...this includes communicating their identities with family, providers and friends.
- In a recent survey of 7500 Autistic people, conducted by Chris Bonello found that 18.7% of respondents reported being trans and 55% reported being queer in some way.







# Neurotype



Gender is a social construct.

Neurotype:

A type of brain, in terms of how a person interprets and responds to social cues, etc.

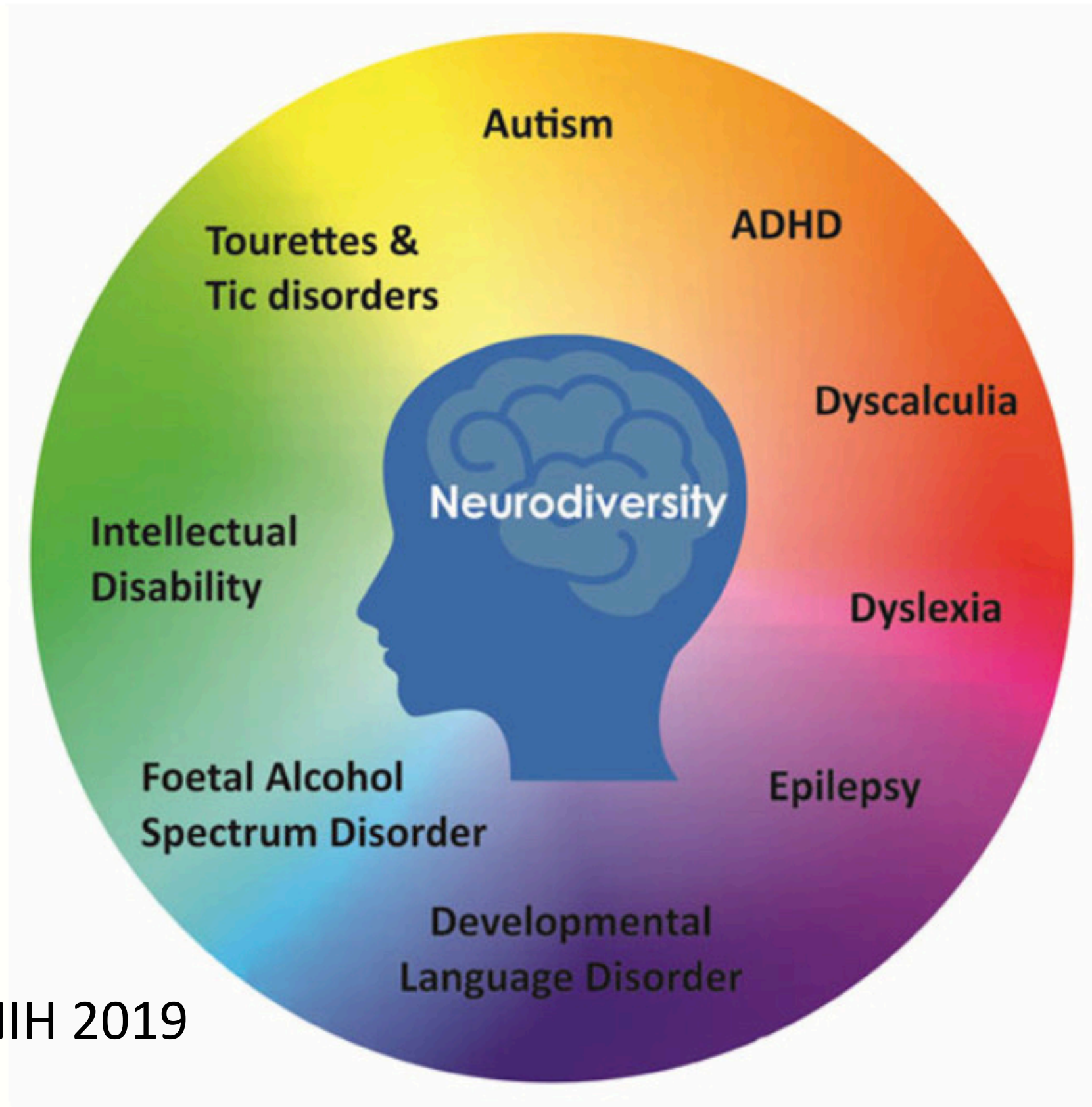
-Wiktionary

Have you ever thought about your neurotype?

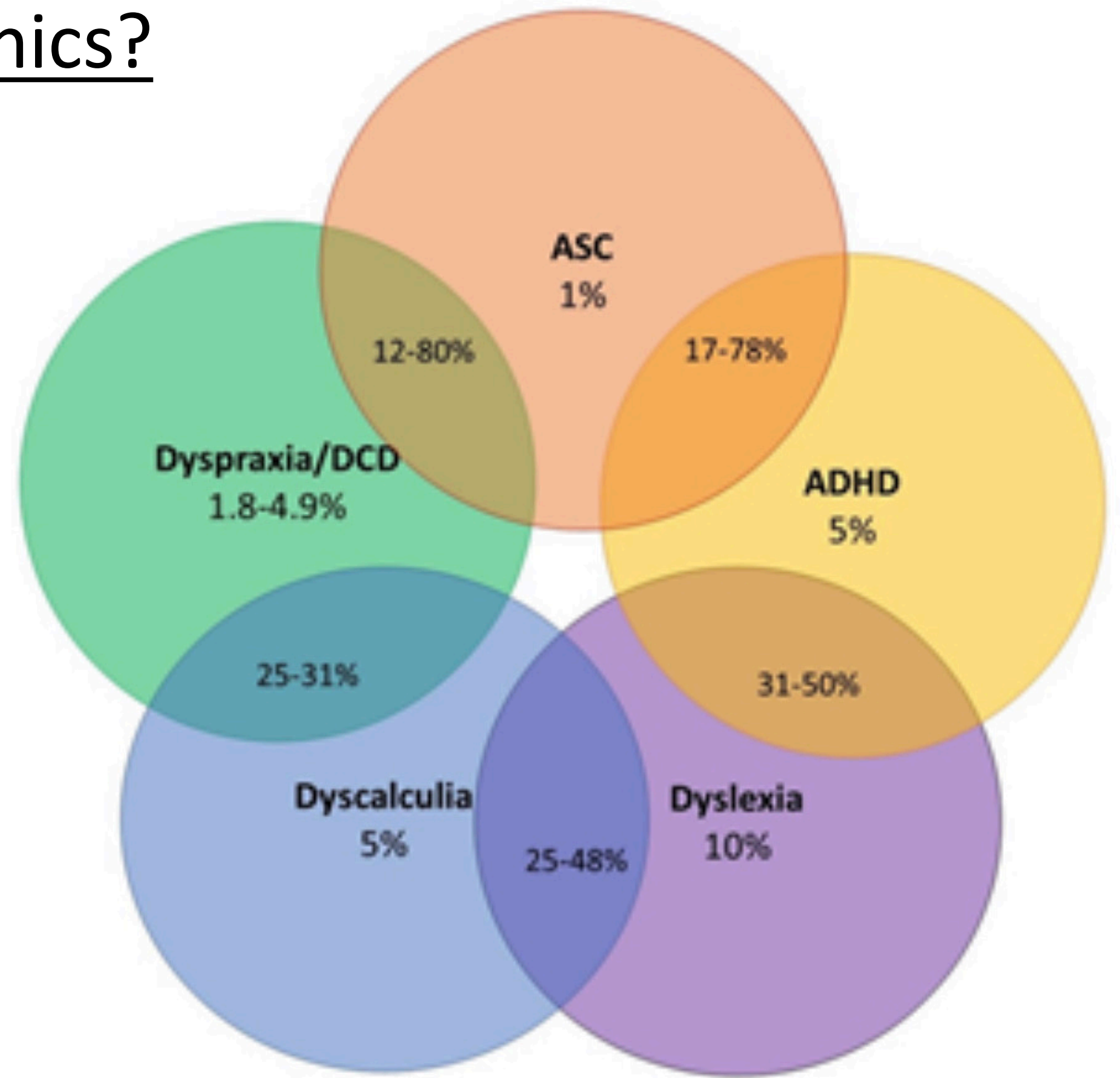
Let's unpack the terms neurodiversity and gender diversity. Who do they center? Why?



# What's missing from these graphics?



NIH 2019



Co-occurrences of Neurodiversity (general population)  
(Kirby and Cleaton 2019)





*The intersection of gender and neurotype is both simple and complex. Those who fit a “standard mold” generally have never reflected on either of those things about themselves, the same is true about white Americans and culture. Those who fit in see everyone else on the outside. This creates a power differential that traumatizes minoritized populations.*

*Nobody who considers themselves “typical” is ever included in what is discussed as “diversity.”*







# WHEEL OF POWER/PRIVILEGE



Adapted from ccrweb.ca

@sylvriaduckworth







# Principles of Trauma Informed Care



## SAFETY

Ensuring physical  
and *emotional*  
safety.

## CHOICE

Individual has  
choice and  
control.

## COLLABORATION

Making decisions  
with the  
individual and  
sharing power.

## TRUSTWORTHINESS

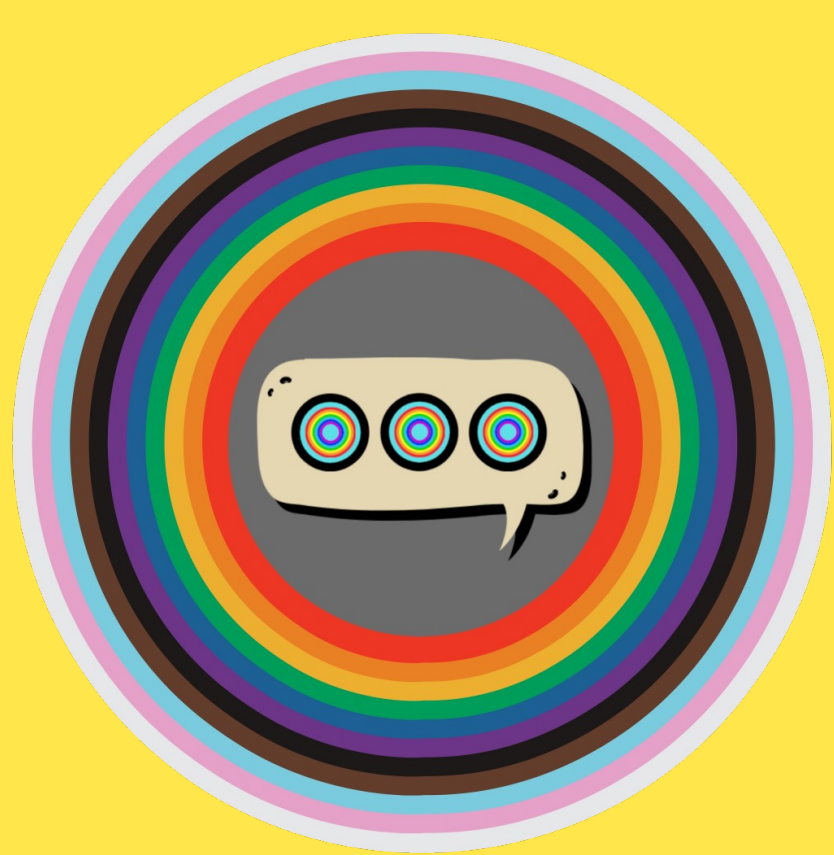
Task clarity,  
consistency and  
interpersonal  
boundaries.

## EMPOWERMENT

Prioritizing  
empowerment  
through skill  
building.

*TIC allows for optimal clinical conditions.*





# Principles of Trauma Informed Care



## SAFETY

Common areas  
are welcoming  
and privacy is  
always  
respected.

## CHOICE

Individuals are  
provided a clear  
and appropriate  
message about  
their treatment  
and rights in the  
space.

## COLLABORATION TRUSTWORTHINESS

Individuals are  
provided a  
significant role in  
the planning of  
services.

Respectful and  
professional  
boundaries are  
maintained.

## EMPOWERMENT

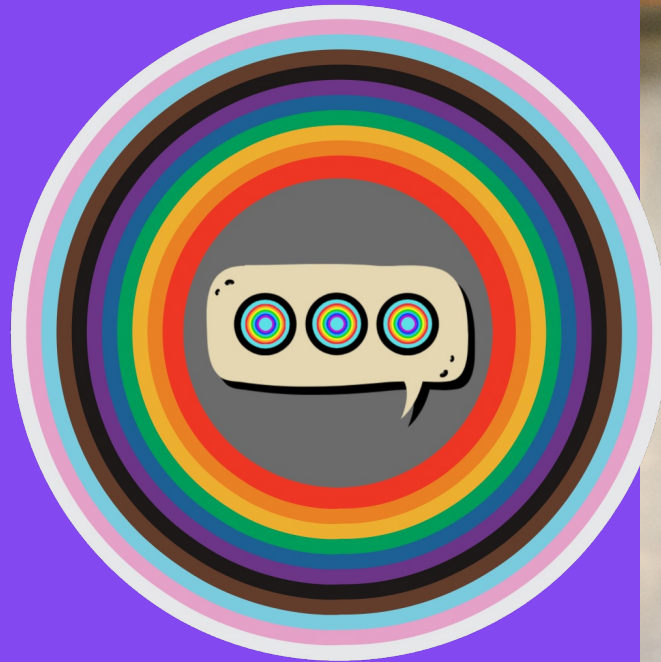
Providing an  
atmosphere in  
which individuals  
are able to feel  
validated and  
affirmed with  
each contact.

*TIC in practice.*



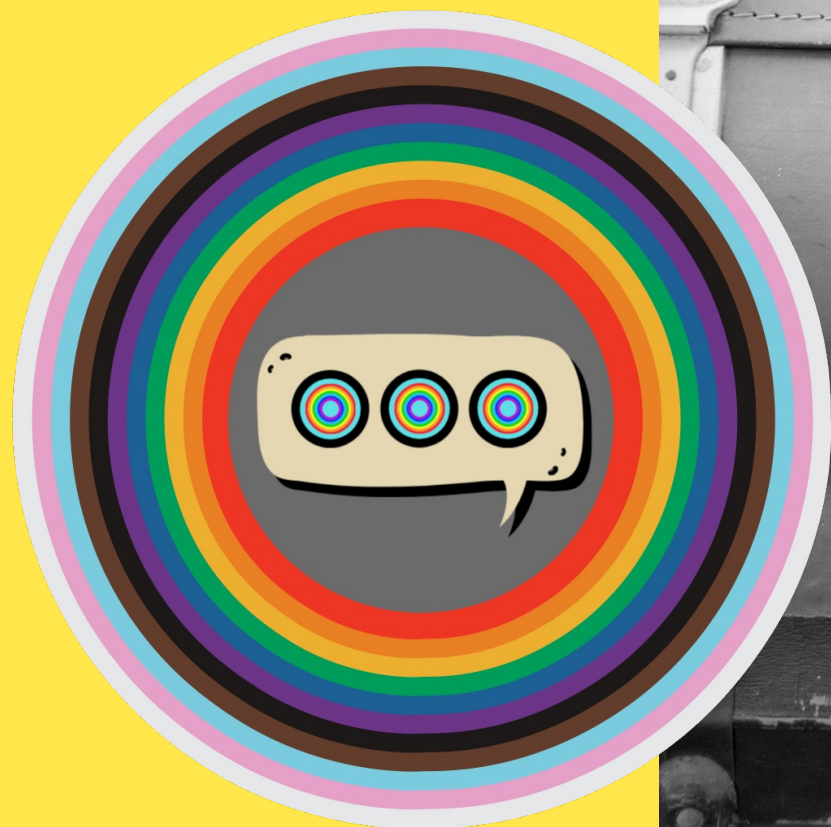
# Why is this especially important for the TGNC and “ND” population?

*Negative, invalidating and insensitive clinical interactions are a pervasive part of the transgender and neurodivergent experience. Adding a layer of “non-white” to the patient (but not provider side) and this interaction becomes even more loaded.*





# *What baggage?*



## **MICROAGGRESSIONS IN ALL SETTINGS.**

This is pervasive, no matter where we go and why we're there.

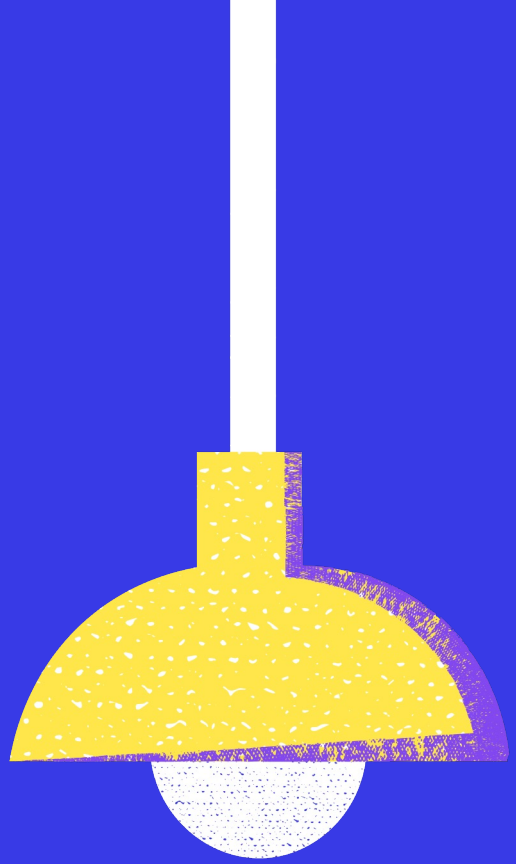
## **REJECTION/INVALIDATION IN ALL SETTINGS.**

Also pervasive, having to "prove" something to medical practitioners, employers or being turned away.

## **SOCIETAL MISTREATMENT.**

Most of us have faced rejection from friends, family, community settings and even deal with harassment on the street. Minority stress is a heavy load.



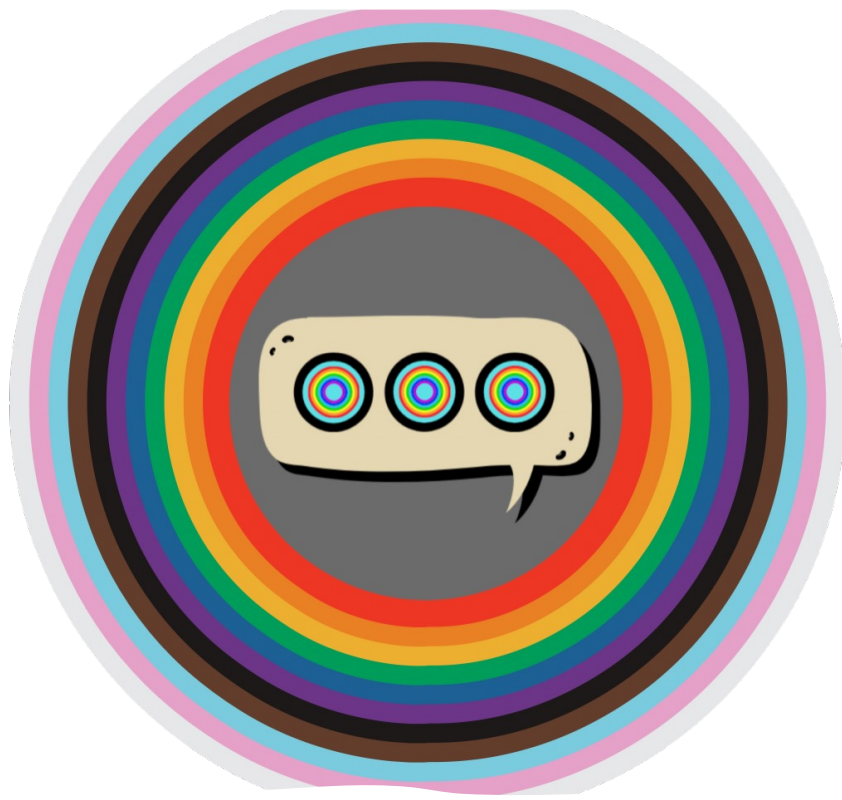


*TRAUMA*



Boys can't wear skirts. Quiet hands. When are you going to get married and have babies? Stop humming. This is about fairness in sports. Boys can't play with us. First \_\_\_\_ then \_\_\_\_\_. Boys don't wear nail polish. Only girls have long hair. Pink is for girls. You look like a boy. That's not what really happened. That's the wrong bathroom. You sound like a man. Can't you just be a lesbian? You're too smart to be Autistic. What do your parents think of your lifestyle?





## Masking is a demand...

- Neurotype masking
- Identity masking
- Gender performance
- Dialectical code switching
- “appear like everyone expect you to so that you’re treated better”
- Systems are designed for those who fit in, not those who stand out.





# Reduce Masking Demands in Actionable Ways



Reduce expectations about how someone should act in your space



Don't make assumptions about anyone's gender or pronouns.

Accommodate sensory needs the same way you accommodate all bodily function needs.

Communicate clearly with statements like "you can stim in here" and "I will respect the name you wish to be called."

Advocate both inside and outside of your space or more tolerable conditions for those you serve.

*All are trauma-informed!*



# Reduce Microaggressions in Actionable Ways



Teaching pronouns. Teach pronouns like you teach names!



Writing notes. Substitute other words like "student" or "child" for gender pronouns.

Gendered comments. Avoid them! There are so many other compliments to give.

Communicate clearly with statements like "I won't tell anyone your new name until you say you're ready."

Make sure people can fill out your forms! Some forms are impossible for clients and families.

*All are trauma-informed!*



# TEACH PRONOUNS...NOT GENDER.

**This is Sam. She loves cupcakes.  
Who loves cupcakes?  
Sam loves cupcakes.  
Who does?  
She does.**



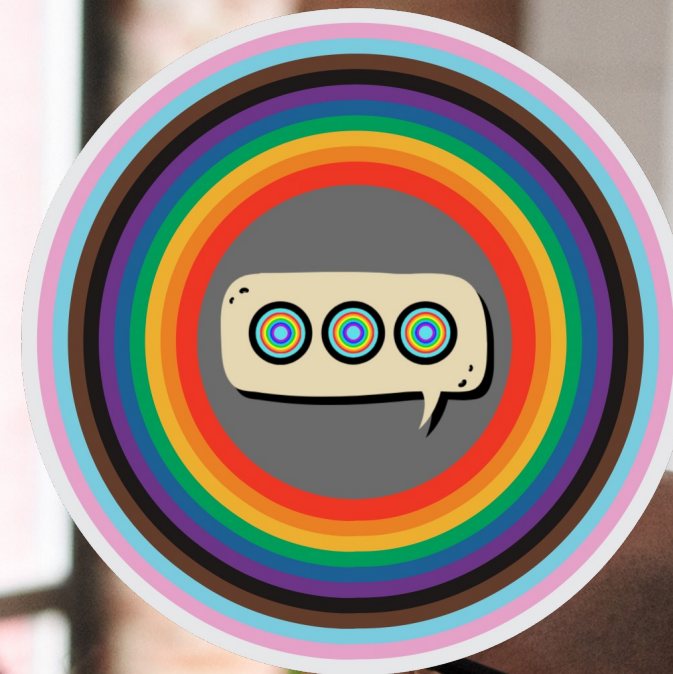
**This is Ryan. They love climbing.  
Who loves climbing?  
Ryan loves climbing.  
Who does?  
They do.**



**This is Max. He loves dogs.  
Who loves dogs?  
Max does.  
Who does?  
He does.**







# Rapport Building

*Building rapport is the cornerstone for optimizing clinical outcomes. Rapport can be enhanced through TIC and cultural responsiveness, which will lead to better results and reduce re- traumatization.*



# *Watch Your Language!*



## DON'T SAY

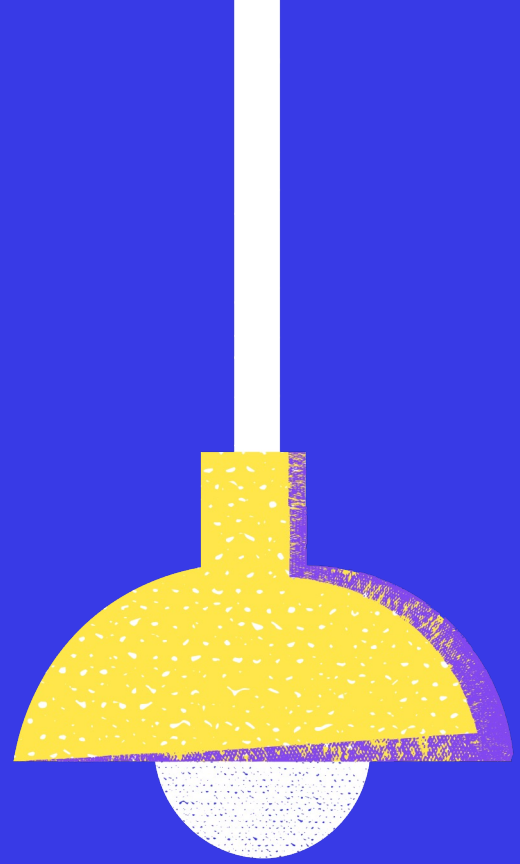
Identifies as  
Real name  
Biological sex  
Preferred Pronouns  
Gender Identity  
Sex Change  
Passing  
Person with Autism

## SAY INSTEAD

Is  
Name  
Sex assigned at birth  
Pronouns  
Gender  
Transition  
Cis-Assumed  
Autistic







# Self-Advocacy (empowerment)



Teaching self-advocacy is how we empower those we serve. Start with:

Leading by example (I like the lights off!)

Involving clients/students in decision making (Is this important to you?)

Speaking out in front of others (It's not appropriate to ask X to sit still during \_\_.)

Giving examples (You can ask for what you need...)

Telling people they can say NO!





# *Let your client lead*



*Think critically about your intake/interview process and its sensitivity. Rapport building starts before you are face to face with someone.*



*Talk about consent, and empower your client to say no, not answer questions that they don't want to answer, or not engage with activities that are triggering.*



Open discussion and scenarios.

Let's chat!

*FIND ME:  
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acgoldberg.com  
theCREDITsinstitute.com*





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# Scenarios!



LOOK AT THE WHITE CULTURE: DISMANTLING RACISM WORKSHEET AND DISCUSS WHICH CHARACTERISTICS OF WHITE SUPREMACY ARE AT PLAY AND HOW YOU CAN CHALLENGE THEM.

Who has the power? How can you use your power to shift the dynamics? Where do you fall in the situation? Which “antidotes” might be useful?

Please step out if you find any discussions too personally triggering, or step in!



# Scenario 1:



Your supervisor/boss is treating another intern/employee differently from you. She gives your colleague fairly consistent feedback that she's doing something wrong. You've been in meetings where your colleague has asked your supervisor for more concrete feedback about her work, but your supervisor gives really hard to read responses, never telling her exactly what's wrong or exactly how to fix it. Yesterday, you overheard your supervisor telling HER colleague that the other intern needs to "clean up her act." Nobody knows you heard this. You aren't sure what to do. Should you get involved? If so, what should you do?

## Factors:

- 1) This is a high stakes medical placement/job and you want to get a reference for a future job
- 2) You are scared of becoming your supervisor's target, since her feedback toward your colleague doesn't seem to be logical
- 3) You aren't close with your colleague...you come from different programs and just met 5 weeks ago at the start of this internship/job
- 4) You are white and your colleague is biracial. She also has a large body size and has had to ask for accommodations like size inclusive chairs in treatment spaces.



# Scenario 2:



A student in your program alleges transphobia of a professor. This is the only student you know of within your program who uses they/them pronouns. The professor alleges that they/them pronouns are grammatically incorrect. Whenever this is spoken about within the department, nobody wants to challenge this specific instructor, who is in his late 50s and has held various positions within the department for almost 30 years. Everyone tells this student to ignore him, that he's just "like that," and the student is assured that this professor will never supervise them directly or be in charge of grading them. Now, when this student brings up the issue, they are treated like the problem. People often fall silent when they walk into a room, but everyone assures them that everything is totally fine.

## Factors:

- 1) There are laws and university policies that protect this student from this kind of behavior
- 2) This student is one of the highest achieving in your class, having secured multiple grants for the department
- 3) The student works full time within the department as a research assistant in addition to their role as a student
- 4) When the student came out during their first year, no training was held in working with trans\* people



# Scenario 3:



A client in your clinic asks to change clinicians. They ask YOU (you stepped in for a day to do a specific test you've been wanting to practice), saying that they're uncomfortable with the clinician they've been seeing for a month but they'd like to continue services. You ask some questions to see what's going on so that you can talk to your supervisor and the other clinician. The client says that they've been made to feel uncomfortable, as if they aren't committed to their treatment, for missing a few sessions. The clinician has told them, "if you don't come every week, this treatment won't work," "when I look at your progress, it goes down on our progress monitoring chart after you miss sessions," and has accused the client of being "too emotional."

## Factors:

- 1) The client is a Black Muslim parent of 5 children
- 2) They've recently had an MTBI
- 3) It's Ramadan
- 4) English is not their primary language - all of this happened when you went in to give an assessment with an interpreter...there hasn't been an interpreter present for the other sessions.



# Scenario 4:



Your colleague is Autistic. She's open about her neurotype and educates others in working with Autistic populations. She's asked for accommodations in the workplace many times, but hasn't received any. She keeps running into institutional barriers like "lack of ability to stop automatic lights from turning on" and "no space for sensory regulation." She educates others in how to accommodate Autistic people but isn't able to advocate for herself in the workplace and be heard. Now she's experiencing burnout and has been placed on probation for needing a reduced schedule. She's been told that maybe she isn't cut out for this line of work by a superior.

## Factors:

- 1) This is the only openly Autistic person in the workplace
- 2) She's been very vocal about things like "please don't support Autism Speaks," but the department still raises money for an Autism Speaks 5k and "lights it up blue" in May
- 3) You've overheard people saying things like "I wish I could work half days 3 times a week..."
- 4) This colleague has multiple other medical disabilities