Therapy Center of Philadelphia 2016 Transgender Transparency Report

By Alison Gerig, LCSW and Eli R Green, PhD Current as of March 18, 2016 Also available at www.therapycenterofphila.org

Overview of this Document

TCP is a historically women's and feminist organization that is actively engaging in the process of becoming fully trans-affirming. This transparency report provides detailed information about our historical process and the continuing steps that we are taking to ensure that our trans-inclusion is authentic and responds to the needs of the transgender communities in Philadelphia. We are disseminating this report annually as one avenue of increasing our accountability and inviting feedback. Additionally, we hope that this report provides an inspiration and concrete model for other feminist organizations to become fully trans-affirming.

About TCP

Therapy Center of Philadelphia (TCP) is an historically women's and feminist non-profit in Philadelphia that decided to address the issue of becoming fully trans-inclusive and affirming head on. TCP has provided quality affordable psychotherapy to low-income women since 1972.

We continue to play a unique role in filling the mental health care gap for low-income women in Philadelphia. Currently named Therapy Center of Philadelphia (TCP), TCP offers individual, couples, and group psychotherapy, as well as yoga and psychological testing to 350 clients a year, all on a sliding fee scale. Almost 70% of our clients have no insurance and over 60% pay between \$25-35 a session and make \$20,000 or less. Over a third identify as women of color and over a third identify as lesbian/queer/bi and 4% identify as transgender or gender non-conforming.

Since 2007, TCP has increased our provision of more advanced psychotherapeutic interventions that have demonstrated more lasting positive outcomes. This is in contrast to community behavioral health centers that are overwhelmed with caseloads and focus on symptom/crisis reduction and therefore aren't able to address the root of the problem. TCP's model provides a different avenue of support for clients who seek to address root issues and create long lasting change. Our appointment show rate is 85%, compared to 50% in community mental health clinics, which speaks to the strong connections TCP therapists build with their clients – a key element leading to positive outcomes.

Organizational History & Mission

TCP was founded in 1972 under the name of the Feminist Therapy Collective by a group of visionary therapists seeking to challenge gender and class biases that existed in the mental health system at the time. These clinicians identified a group of women who were working but were under or uninsured and did not qualify for subsidized benefits. These clients were in a precarious position and were falling through the cracks in the health care system. They were supporting their families yet often only a paycheck away from poverty. They were housekeepers, hair dressers, nannies, baristas, waiters, sex workers, artists, and students. They wanted emotional support but many barriers prevented them from accessing help – long waiting lists, insurance requirements, lack of finances, lack of transportation, and fear of stigma and judgment. Thus the Feminist Therapy Collective (FTC) was formed to remove

these barriers and offer quality and affordable mental health services to low-income women. FTC was centrally located to public transportation, had no waiting list, and used a sliding fee scale to offer clients a fee 1/3rd the market rate for services. The FTC therapists offered care that promoted healing and growth over pathology and profit.

Currently Therapy Center of Philadelphia (TCP), the agency continues to be committed to removing these barriers and providing psychotherapy that is healing and transformative. TCP's mission today is to nurture individual well-being and personal growth by providing high-quality, affordable psychotherapeutic services in a feminist environment. We create this feminist environment by supporting client empowerment, collaboration, a de-emphasis on diagnosis, striving for racial equity, and on the recognition that the way in which we experience oppression is influenced and shaped by our concurrent identities. We strive to make our services trans-affirming and welcome all who have transgender identities and experiences.

We have identified 8 core values that guide our work with clients:

- 1. **Personal Growth:** Individuals have the inner resources and the capacity to grow and thrive to their full potential.
- 2. Partnership: Clients are active participants in shaping their own treatment.
- 3. **Understanding:** With a commitment to social justice, we approach therapy with the understanding that relationships, social context and oppression affect one's sense of self and well-being.
- 4. **Accessibility:** We utilize a sliding scale fee structure to make our services affordable to more people.
- 5. **Inclusiveness:** We welcome women, transgender individuals, and their families without regard to race, class, cultural background, or sexual orientation.
- 6. **Community:** A supportive, collaborative, and stimulating environment for our therapists underlies our ability to provide high quality services to our clients.
- 7. **Holistic Approach:** Psychotherapy is not a cure-all; we encourage our clients to pursue other avenues to self-realization through the arts, athletics, body work and other modes for healing.
- 8. **Accountability:** TCP is committed to being accountable to the ways in which feminism has been and can still be divisive within communities of color, lesbian/queer communities, and within transgender communities and works towards offering a mental health space that strives to attend to these experiences intentionally and directly.

Notes on our Language

We understand that language and terminology choices are an essential component of reflecting respect and understanding. We also understand that trans-related language is quickly evolving, that there is a lot of variation in preferred language, and that it is a persistent challenge to find language that fully represents and honors all identities and experiences equally.

We have chosen to use "transgender" as an umbrella term to refer to the range and diversity of identities within the transgender communities because it is currently the most used and recognized

term. We will continue to evaluate our language to ensure that we are using the language that is most accessible and affirming.

We are also aware that within movements of trans-inclusion, that inclusion is often done in name only or is done in a way that does not fully honor transgender people and communities. At TCP, our end goal is making sure that all transgender people are fully represented, included, valued and honored at all levels of the organization (clients, staff, and leadership). We use the phrase "fully trans-affirming" to represent our commitment to this goal.

We use the term "competence" as a clinical standard of excellence that assumes a certain level of understanding and skill in working with transgender populations and is employed at the policy and practice levels of the organization. We view competence as a necessary and essential component of being fully trans-affirming, not as an end goal in and of itself.

TCP Responds to a Community Need & a Divisive History

Throughout the country, some women's and feminist organizations and spaces are grappling with whether and how to include transgender people. These spaces include community events, health centers, colleges, non-profits, bookstores, festivals, and philanthropic efforts. Some feminist and women's spaces have historically been fearful, divisive and alienating, if not outwardly hostile to the possibility of incorporating transgender people into their services and missions. There is an inherent overlap in experience when you look at both women's and feminist histories and transgender experiences and histories. These spaces have struggled with being held accountable to these connections. When these issues emerge, many become resistant or paralyzed, which can result in stumbling over policies, making arbitrary decisions, or falling back on legal definitions and perceived notions of safe space. Often, these groups do not have a framework or a productive process by which to actively address this emerging issue.

In 2003, TCP started becoming more aware of transgender people approaching TCP for mental health support. These folks were seeking a safe space where they wouldn't necessarily be expected to fit into a binary notion of woman or man. TCP attempted to respond to this need and created a policy to serve anyone who self-identified as a female. Unlike many feminist spaces that excluded trans-identified women, TCP had gone in the opposite direction — holding onto the notion of maintaining a "safe space for women" by including all those who identified as a female. This policy was implemented in a haphazard way without attention to training issues, language, gate keeping, or community needs.

While theoretically attempting to be more trans-inclusive, the policy did not adequately reflect transinclusive language or experiences. As a result, few transgender women knew about TCP or accessed our services. Some clients realized that they identified as men while receiving services at TCP. Other clients hid or did not disclose their transgender identity in order to receive services. Some of these folks went on to pursue social or medical transition and most decided to no longer receive services at TCP. While there was no policy that required clients to leave if they came out or transitioned, it was clear that these clients did not feel affirmed by the organization. TCP struggled with how to reconcile supporting individual clients while upholding a policy and organizational mission that sought to serve those who self-identified as a female.

Members of the local transgender communities continued to push TCP clinicians and leadership to change the policy and start providing services that were trans-inclusive and affirming. These community members stated a desire and need for a therapeutic space that incorporated feminist values and valued gendered space, (as opposed to general mental health spaces or those that were specifically geared toward LGB clients). Overall, the message was clear that transgender people in Philadelphia needed a non-pathologizing therapeutic option where they could be their authentic selves. This option needed to be an affirming space where clients could discuss and receive support around their experiences of gender, but could also address life issues that were not directly related to their gender identities and expressions.

Philosophically speaking, TCP was well-positioned to offer a safe and affirming space to respond to these community needs. As feminist psychotherapists already working from a gendered place, TCP understood how certain gendered experiences call for particular needs around attunement and clinical intervention. In 2012, after several years of consideration and initial discussions, TCP decided to engage in an intentional process to explore aligning transgender inclusion with TCP's feminist values and mission. Since this time, TCP has embarked on a journey that has included educational trainings, hard discussions, more training, and more discussions.

Initial Steps to Evaluate Intentional Trans-Inclusion

Dialogues

At monthly staff and board meetings, conversations began to happen around how to address the question of trans-inclusion. People had varying perspectives, fears, and concerns. Some of these fears included: whether TCP would lose our history as a safe space for women, whether butch women and lesbians would feel disregarded, and if the change would negatively impact our funding streams. We worried that we wouldn't have the clinical expertise to help trans-identified clients, and wondered how the shift of being more inclusive of trans-masculine people would impact our organizational culture. Our conversations were raw and honest, and as we began to air our concerns, we also began to shift our consciousness around trans-inclusion as growth. Through these conversations, the group as a whole strongly asked for more education and awareness-building.

Trainings

In response to this, TCP sought funding for and set aside time to offer 6 hours of initial educational training. We hired Dr. Eli Green, a locally based and nationally regarded trainer, as a consultant to create and lead these initial trainings based on his experience working for trans-inclusion within feminist organizations and his expertise in facilitating transgender-related trainings. These trainings focused on building foundational knowledge about transgender people and experiences, translating pre-existing therapeutic skills to providing culturally competent therapy for transgender clients, and exploring trans-inclusion as a feminist value. Based on the success of these initial trainings, we sought further clinical training and brought in two additional national experts, Dr. Michelle Angelo and Dr. Christine McGinn to help expand our knowledge of specific clinical issues that uniquely impact transgender people, particularly to expand our understanding of medical transition and the related clinical implications. In addition to the formal trainings, we engaged in-depth ongoing dialogue about related topics including: the changes in DSM V, WPATH standards of care, letter writing policies, gatekeeping, etc. All of these trainings were attended by board members, clinical supervisors, clinical

staff, and non-clinical staff to ensure that the training included all aspects of TCP's work. Moving forward, all new staff will receive training on providing trans-affirming services.

Agency Vote

A year after we started our intentional process around trans-inclusion, we decided to move towards a vote on a change in the policy. We engaged the support of an external consultant to facilitate the meeting, so that all TCP staff members and board members could participate equally.

Four options were considered during the vote:

- 1. TCP would elect not to serve transgender clients
- 2. TCP would elect to welcome any clients who self-identified as women (regardless of sex assigned at birth)
- 3. TCP would elect to welcome any clients who was assigned female at birth
- 4. TCP would elect to welcome any clients who identified as transgender or gender non-conforming, regardless of sex assigned at birth or gender identity

The board and staff of TCP voted unanimously to become fully trans-inclusive. The celebratory discussion following the vote demonstrated TCP's commitment to applying feminist values to transinclusion, engaging in trans-affirming practices, and serving as role models for other historically feminist organizations. This commitment has continued and grown since the vote, and TCP continues dedicate time, resources and funding toward shifting our organizational culture to being transaffirming.

Intentions/Assumptions

As a result of this process, we have clarified a set of assumptions by which to hold our agency and selves accountable to:

- 1. As feminists, we believe that trans-inclusion is imperative in addressing gender-based oppression, and that it is the responsibility of feminist organizations to authentically, proactively and intentionally address this inclusion.
- 2. As an organization, TCP's commitment to being fully trans-affirming is held by the entire institution including our board, director, supervisors, staff, and non-clinical staff.
- 3. As an organization, TCP recognizes and honors the complexity of gender both inside and outside the gender binary.
- 4. As an organization, TCP understands that provision of fully trans-affirming services is a necessary and essential component of providing high quality feminist mental health services.
- 5. As an organization, TCP is committed to being accountable to build trust within transgender communities particularly in light of the divisive history within feminist spaces and mental health providers. We are open to and seek out feedback from members of the transgender communities to better meet this goal.

- 6. As an organization, TCP will seek to challenge gate-keeping policies by working in partnership with transgender clients seeking support around medical transition.
- 7. As an organization, TCP has a commitment to keep sessions on a sliding fee scale to increase access but with the awareness that this still will not reach all those in need.
- 8. As clinicians, all TCP therapists will receive multi-level training on the elements of being transaffirming and inclusive including: 101, terminology, gender vs. sexual orientation, clinical implications, working across pairings, working with similar pairings, issues specific to transition
- 9. As clinicians, all TCP therapists will have the opportunity to engage in individual and group clinical supervision that gives space to explore trans-specific clinical issues.

7 Key Areas of Trans Affirmation

Based on our internal evaluation and community feedback, TCP has identified 7 key organizational areas where we need to focus our efforts and take proactive steps towards building a fully transinclusive and affirming agency:

- Organizational Structure & Leadership
- Intake & Screening
- Clinical Services
- Physical Space

- Outreach & Marketing
- Accountability & Feedback
- Community Involvement & Advocacy

Below, we provide the narrative of our work in each of these key areas, which is followed by a checklist-style overview of our past, present and future actions towards being fully trans-affirming.

Organizational Structure & Leadership

After the vote, TCP made it an immediate priority to engage more transgender people on staff and the Board of Directors. Based on the results of the vote, Dr. Eli Green offered to donate consulting time to support TCP in enacting the policy changes, and we invited him to serve as a member of our Board of Directors to help with the further implementation of our goals. We actively recruited for and hired a trans-identified therapist. We continue to recruit for more trans-identified staff and board members, particularly transgender women, people on the transfeminine spectrum and transgender people of color. All new staff that are hired are interviewed for transgender competency to ensure that all new staff are willing and able to provide trans-affirming services. All new staff receive initial training from Dr. Eli Green.

Clinical Services

As a therapy-providing organization, one of our central goals is to provide trans-affirming clinical services. To accomplish this goal, we are engaging in ongoing work at multiple levels including intake, clinical training, supervision, and increased trans-specific services:

Intake

The intake department has completed the process of revising our intake forms to ensure that all of our language is trans-affirming, including respecting chosen name, pronouns and gender identity. We have created a referral list of local trans-affirming therapists and community resources so that we can help connect people who cannot afford TCP's services or are seeking a different type of therapeutic services to the appropriate providers.

Clinical Training & Supervision

Staff continue to receive on-going advanced clinical trainings to address any trans-specific clinical issues as they emerge. These trainings are led by the staff therapists with extensive experience and expertise in working with transgender clients. We continue to compile transspecific clinical articles and related materials that are made available to all staff as an additional avenue of increasing cultural competency. In addition, Dr. Michelle Angelo provides transspecific clinical supervision on a monthly basis, and which includes a space to attend to specific issues related to gender identity, expression, and transition.

Trans-specific Services

To expand our services to members of the transgender communities, we have started transgender specific groups and made sure that other groups (such as Maybe Baby) are inclusive of transgender topics, content and identities. Groups continue run when there are enough interested individuals. We have created and are implementing an affirming letter writing policy that supports individual autonomy, discourages gate-keeping and supports informed consent. Staff were trained on this policy in February 2016, and the policy and success of the implementation will be reassessed in September 2016.

Physical Space

TCP is assessing our waiting room and therapy spaces to make sure that we are including images and artwork that are trans-inclusive and affirming, and have it as an ongoing goal to increase our representation throughout our space. TCP is currently advocating with our building management to ensure that the buildings (shared, multi-stall) bathrooms are safe and accessible for transgender people. While we had hoped to have solved this concern by now, we are still working aggressively with the landlord to come up with an implementable, realistic solution that is transgender affirming.

Accountability & Integration of Feedback

TCP understands that we have a particular responsibility to be transparent and demonstrate our commitment to trans-affirmation, both as a means of increasing trust and as serving as role models for other organizations. We are taking several avenues to accomplish this:

Community Stakeholders

From 2012-14, we engaged a committee with over 25 key stakeholders from the Philadelphia transgender communities to elicit feedback about our process and work to ensure that our work is successful and represents the needs of the communities. We integrated the suggestions received from this group and much of the work that is included in this report has been informed by these community stakeholders. We are will reconvene and/or revisit as needed moving forward.

Community Forum

As a result of feedback from our Stakeholders Committee, TCP hosted a public forum to: present information about TCP's services and process of becoming trans-affirming, solicit feedback about further steps to increase or improve our trans-affirmation, and listen to community feedback about our process and overall mental health needs for transgender people in Philadelphia. As a result of this community forum, we increased community trust and visibility for TCP as a trans-affirming organization and also gained concrete feedback to put towards our programming and organizational shifting.

Transparency Report

As a part of our commitment to openness and being receptive to feedback, TCP has created this transparency report that we share openly via our website, outreach events, conference presentations, etc. We share this document as a way of acknowledging our history, demonstrating our process to being trans-affirming, and our commitment to this work. We continue to update this document as our work continues, and will remain open to constructive feedback about our work.

Community Feedback

In addition to the venues mentioned above, TCP understands that there needs to be ongoing and open dialogue about our success in being trans-affirming. In the update of our website, we will have a contact form where members of the local transgender communities are able to connect directly with the TCP leadership to ask questions and provide feedback.

Outreach & Marketing

TCP is engaging in several different outreach and marketing strategies to alert community members to our transgender services and offerings:

Name

TCP recognized that the name Women's Therapy Center may feel safe and inviting to some, and alienating and exclusionary to others. Therefore, TCP engaged in a process to rename the organization to better capture our expanded mission. This included working with a marketing firm who guided us in a series of brainstorming sessions and focus groups with members of our existing clients and the broader transgender communities, and helped us to apply marketing strategies and branding successes to our efforts.

Marketing Materials

TCP updated its website, brochures, fliers, eblasts and all of our other marketing materials to reflect our commitment to being trans-affirming. This is included in all of our marketing

materials, and pays particular attention to use of trans-affirming language and visual representation.

Outreach

TCP is dedicated to sharing our work with the local and national communities. We have published an article in the *Philadelphia Gay News* about our related work, and we will be tabling at the Philadelphia Trans Health Conference. We will continue to seek out additional venues to advertise and outreach.

Community Partnerships

TCP has reached out to other organizations like William Way, Mazzoni Center, GALAEI, and the Attic Youth Center as well as multiple social media outlets targeting trans and gender non-conforming audiences to share our work in becoming trans-affirming and to further build collaboration and referral systems.

Role Modeling & Community Advocacy

TCP has a strong commitment to contributing to a broader movement of trans-inclusion and affirmation, and we believe it is our responsibility to act as a role model for other feminist and allied organizations. To that end, we present about our process at the *Philadelphia Trans Health Conference*, and are seeking out publication venues to share our work. Our Transparency Report will be made available to any/all organizations so that they can learn from our process in building their own successes. Additionally, we are also inviting dialogue with our community partners and funders around increasing their trans-inclusion and affirmation. We have offered workshops to 16 organizations on becoming a trans-affirming and spoke about it at the Pennsylvania Society of Clinical Social Workers through the Keynote Address.

Mental Health Needs

We recognize that there are unique mental health needs that may emerge when working with transgender communities. Our therapists can provide clinical support in areas such as but not limited to:

- hopelessness, internalized trans-phobia and shame
- coming out- emotionally, physically, spiritually; to self, family, friends, work, community
- dating, sex, intimacy, exploring your sexuality
- relationship to your body as you transition and historically
- If medically transitioning:
 - Adjusting to hormonal changes
 - preparing for surgery
 - adjusting after surgery
- other trauma healing work
- building community to reduce isolation
- workplace issues- coming out at work, finding employment
- navigating systems medical, legal, ID documentation
- childhood work- how being trans impacted your experience growing up
- loss and grieving that can come with transitioning
- celebration and liberation that can come with transitioning

Current Progress Towards Ongoing Goals:

ORGANIZATIONAL STRUCTURE & LEADERSHIP GOALS		Completed/Notes
Goals	Involved:	February 2016
Representation of Transgender	Board Members,	We are at 17% right now (2) and still seeking
People on TCP Board (Ongoing)	ED	transgender women to join our board
Continue expanding the number of trans-identified clinicians	ED	We are at 8% (2 – one trans man and one gender non- conforming person). We continue to outreach for more transgender identified therapists, particularly transgender therapists of color.
New potential staff assessed for competence and expertise in working with transgender folks	ED, Clinical Supervisors	We are requiring trans 101/201 every six months for all new staff and board plus anyone wanting refreshers. Additional training ahs included training on non-binary identities, and letter writing training; offering bi monthly clinical supervision to staff and supervisors

TRAINING & CULTURAL COMPETENCY GOALS		Completed/Notes
Goals	Involved:	February 2016
Cultural Competency Training: Led by Eli R Green Trans 101: Transgender Basics for	Board Members, ED, Clinical Director, Clinical	Three completed – schedule every six months for new and current staff
Therapists	Supervisors, Therapists, Non- Clinical Staff, Interns	
Cultural Competency Training: Led by Eli R Green Trans 201: Trans-inclusion as a Feminist Value	Board Members, ED, Clinical Director, Clinical Supervisors, Therapists, Non- Clinical Staff, Interns	Joined with training above
Clinical Competency Training: Led by Michele Angello with Dr. Christine McGinn (surgeon)	ED, Therapists, Interns	Completed February 2016
Advanced Clinical Issues Training: Led by Elaine Dutton & Alison Gerig	Clinical Supervisors, Therapists, Non- Clinical Staff, Interns	Completed in 2015 – Michele Angelo offered advanced clinical consultation too in 2016 and will be supporting the supervisors as well
New staff orientation includes transgender cultural competency training (ongoing)	ED, Clinical Director, board member	See above
Ongoing Training As Needed / Desired	ED, Staff, outside trainers. Board member	See above - added training module specifically about non-binary identities and letter writing training

INTAKE & SCREENING GOALS		Completed/Notes
Goals	Involved:	February 2016
Review & Revise Intake Forms	ED, Intake	completed
	Coordinator,	
	Community	
	Stakeholders	
Compilation of Available Inclusive	ED, Intake	Completed, updated continuously
Community Resources	Coordinator,	
	Community	
	Stakeholders	
List of trans-affirming referrals for	ED, Intake	Completed, updated continuously
clients who need free services	Coordinator,	
	Community	
	Stakeholders	
Training around trans-affirming	ED, board	Completed, updated continuously
assessment language – in	member	
orientation, supervision, and staff		
meetings		

Psychotherapy Services		Completed/Notes
Goals	Involved:	February 2016
Running Trans-specific group	Therapists	Music therapy group running, other support groups
therapy		did not result in sufficient enrollment.
Policies on Letters for Medical	ED, Supervisors,	Completed and presented in February 2016. Will
Transition and/or Identity		review in six months to review for further revision.
Documents		
Trans-specific clinical supervision	All clinical staff	Started in February 2016 and ongoing.
with Dr. Michele Angello (ongoing)		
Ongoing Professional Development,	ED, Staff	Ongoing.
including centralized recent and		
publications		

PHYSICAL SPACE GOALS		Completed/Notes
Goals	Involved:	February 2016
Inclusive / Gender Neutral Bathrooms	ED with Landlord	Still in process. Landlord very aware but not offering space; alerted landlord to requirement of having safe space/gender neutral bathroom policy recently passed
		by City Council. Will continue to advocate aggressively for this.
Waiting Room (visual)		Still in progress. We continue to seek trans-affirming art. Our trans-inclusive advertisements of groups; community resources displayed; name change prominent and rationale posted.

OUTREACH & MARKETING GOALS	Completed/Notes

Goals	Involved:	February 2016
Go through a marketing process to	ED, marketing	Completed in 2015
establish an new name and tagline	committee	
that is trans-inclusive	(board and staff),	
	clients,	
	transgender	
	community	
	members	
Host community forum May 1st	ED, consultant,	Completed May 1 st - 50 providers and community
	stakeholder	members attended and provided useful feedback
	committee,	
	board, staff	
Tabling at PTHC	ED, clinical staff,	Tabled 2013, 14, and 15 and will in 2016
	board	
Changing the name & updating the	ED, staff	Completed in 2015, and fully launched across all
mission	committee,	aspects of the agency.
	board	
Revising website and all marketing	Ed, board	Completed in 2015-and are continuing to review for
materials to be trans-affirming	member	areas of improvement
Posting & Updating Transparency	Ed, web master	Updated and reposted as of Feb 2016.
document on the website		
Presenting at PTHC: Bridging	ED, staff, board	Dr. Eli Green and Alison Gerig, LCSW presented this in
Feminism: Creating Trans-Affirming		2015
Spaces		
Social media, e-blasts, flyering	ED, consultant,	Ongoing- saturated when name change occurred in
	volunteers	2015.

COMMUNITY PARTNERSHIP		Completed/Notes
Goals	Involved:	February 2016
Speaking at THC	Ed, staff, board	Ongoing – 2014, 2015, 2016
Portal on website for community	Ed, webmaster	Created with new website
members to provide feedback on		
trans-affirmation to the ED		
Sharing resources for community	Intake	Ongoing – Intake coordinator has thorough list and
members, particular those in need	coordinator	triages anyone not able to seek services at TCP
of services that are not provided by		
ТСР		
Create key stakeholders	ED, consultant,	Completed during Community forum Process
committee, (25 members) 3	board, 25 key	
community meetings, community	stakeholders	
forum (outreach to 50		
stakeholders)		
Sharing our process and progress	Ed, community	On-going – with other EDs, through trainings hosted
for other organizations (e.g.	member	by funders to other non-profits; co-sponsoring trans-
website, articles, etc)		affirming events

ACKNOWLEGMENTS

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