



# **PN Level 2**

## **Master Health Coaching Certification**

**Working with trans clients  
in coaching programs**

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## **A note for readers:**

This document is written for non-trans (i.e., cisgender) coaches who are looking for guidance on how to help and support trans clients.

As such, it assumes a non-trans person is the default audience.

# Getting your language right

## Terminology varies.

Different people prefer different terms, and some feel very strongly about their terminology.

**When in doubt, ask politely what a person would prefer.** Better to ask now and risk slight social awkwardness, than not ask and risk hurting a client's feelings.

**Remember that language is extremely meaningful to people.** When someone is beginning to transition, they are finding their way in a new identity. This is hard work, and trans people still face a lot of discrimination, even abuse, just for being who they are.

We all need validation. But for trans people, some kind, affirming words can be the difference between a crappy day and a brilliant day.

### **“Language is hard! Changing my terminology feels weird!”**

If you're noticing some resistance to using new language, consider this:

Was Shakespeare easy to read in high school English?

Would Shakespeare have understood words like “software”?

No, because *language changes*.

If these terms and ideas are new to you, think of it like a brain workout.

Exercise is good, right?

## Currently, these are the most broadly accepted terms:

**Transgender** (often shortened to “trans”): Someone whose gender identity and/or expression differs from their assigned sex at birth.

**Trans woman:** Someone was assigned male at birth (AMAB), but who has a female gender identity and now lives their life as a woman. Older terms you may also hear include “male-to-female” and “MTF”.

**Trans man:** Someone was assigned female at birth (AFAB), but who has a male gender identity and now lives their life as a man. Older terms you may also hear include “female-to-male” and “FTM”.

**Cisgender** (or just “cis”): Someone who is not trans, whose birth gender matches the gender they feel themselves to be in a relatively uncomplicated way.

A cis woman, for example, was assigned female at birth, maintains a female gender identity, and lives their life as a woman.

**IMPORTANT: Please do NOT use terms like “real woman” or “real man”, or “normal woman / man”.**

It implies that being trans is “abnormal” or “not real”, which is incorrect. Human gender variation is normal and has always been with us as part of human expression and experience. It’s as real as anything else.

**Nonbinary / gender nonconforming:** Someone with a gender identity that is open to the full spectrum of gender expressions, not limited to or by masculinity or femininity. Nonbinary people may express masculinity, femininity, both, or neither.

**Genderqueer:** Someone who doesn't identify with the conventional labels of female or male. They may relate to both genders, express gender ambiguity, or not express any gender at all.

**Gender fluid:** Someone with a flexible gender identity that isn't confined to a fixed gender expression or presentation.

**Two-Spirit:** This term is used by some North American Indigenous people to describe a person who regarded as having both a masculine and a feminine spirit, to describe their sexual, gender and/or spiritual identity. People may also use specific language from their own nation or group, which reflects a long history of gender and sexual diversity in many cultural traditions.

**Agender, nongender, genderless:** Someone who doesn't identify with, or feel themselves to be, any gender.

**Pronouns:** Words we use to refer to ourselves and others, e.g., "I talked to Jesse about Josh's thoughts and they liked his idea".

Trans people may use binary pronouns, like "he/him/his" or "she/her/hers".

They may also use gender-neutral pronouns like "they/them/theirs", or neo-pronouns like "xe/xem/xyr" or "ze/hir/hirs". Many people who don't identify with the gender binary use these pronouns to refer to themselves.

Some trans people will mix binary and gender-neutral pronouns, like "he/they", or may not use pronouns at all.

**Transition:** A process of moving from living as the gender assigned at birth to living and presenting as the gender that a person experiences themselves as.

Trans people transition in various ways. They may undergo a medical transition, meaning they have gender-affirming surgeries and/or take hormones. They may transition socially, updating their name, pronouns, dressing in a new way, and so on. Trans people may also NOT transition in any way. There is no “right way” to be trans. Deciding which kind, if any, of transition someone wants to do is always a personal choice.

If someone contacts you in a coaching program about being trans, it’s likely because they are somewhere close to transition, whether that’s contemplating it, going through it, or having recently completed it.

We’ve added more guidelines on what transition may include below.

**Deadname:** Also known as “birth name”. This is the name that a person used before they transitioned. In general it’s considered very rude to use it, unless told otherwise. NEVER ask, “What was your name before?” or ask to see old pictures. This can be deeply traumatic for trans people.

## Some subtleties of the words “sex” and “gender”

**Sex:** A collection of biological characteristics that we assign as “male”, “female”, or “intersex”.

**Intersex:** Having sexual characteristics (e.g. chromosome patterns, gonads, or genitals) which are not exclusively male or female but a combination of both. “Intersex” is an umbrella term for a diverse range of variations of sex characteristics that can be identified before or at birth, during puberty, or at other points in someone’s lifetime.

**Gender:** A set of socially and culturally constructed characteristics, behaviors, and modes of expression that have specific meanings within a person’s society.

**Gender identity:** The deepest layer of gender, something that captures a person's core experience of themselves.

This deep “felt sense” of “gender-self” seems to be fairly fixed and children as young as 3-4 seem to know / feel what gender they are. This deep layer of gender doesn't appear to be able to change. (Many therapists have tried.)

It operates regardless of what activities a person does, how they present themselves, what their body looks like, etc. In other words, if your gender identity is male, it doesn't matter whether you're a lumberjack or a ballerina.

**Gender role(s):** The “role(s)” we play as gendered beings in our culture. These will vary by culture and historical context. Many cultures have / have had roles for diverse genders.

**Gender expression / presentation:** How we look, act, move, dress, etc. How we communicate what gender(s) we are, and how we want others to see us.

To make it a little more clear, here's a quick reference:

Gender identity: *Who am I? Who do I feel myself to be?*

Gender role: *What do I do in the world? What am I expected to do? What parts do I play?*

Gender presentation: *How do I present myself to the world, and how do I want others to see me?*

Gender role and presentation may not match identity. Always go with identity.

If you're not certain, ask. Try questions like:

*“How would you like me to address you?”*

*“What pronouns do you use?”*

It goes without saying, but avoid questions like:

*“So... are you a man? Or a woman?”*

*“Your gender is confusing to me — what are you?”*

And abide by their answer, even if their name / pronouns don't (yet) seem to match their physical presentation. In simple terms, when someone tells you who they are, believe them.

**Passing:** How well someone's gender presentation matches their chosen gender identity, by cultural standards.

Important: Refer to a client with the correct name / pronouns (i.e. the ones they tell you are correct), *regardless of how well you think they pass* (or don't).

Passing is not a universal goal for all trans people. Some will want to pass for reasons of safety or affirmation, others will not. It's a personal choice so, as ever, don't assume.

## Inclusive language matters

**Trans clients are not a homogeneous group.**

**Diversity comes in all shapes, sizes, colors, and flavors.**

So be mindful with your language. For example:

Instead of assuming “wife” or “husband”, go with “spouse”, “partner”, “loved ones”, etc., (unless you know for sure, then of course feel free to use whatever is correct).

Instead of assuming everyone speaks and reads English fluently, assume that some folks will not be as strong and tailor your language accordingly to make sure it's simple and clear.

You get the idea. Basically just do your best to be decent and try to cover most of the bases and think before speaking / writing.



# The basics

## Be courteous and respectful.

**Even if you're totally unfamiliar with the issues transgender people face, you already know how to be a good coach to a trans person.**

**Just be a decent, caring, empathetic person and use common sense and courtesy.**

Really. You wouldn't be insensitive or ask intrusive questions (about surgery someone has had or is having, what their genitals look like, how they have sex, etc.) to a cisgender person — the same applies when you're interacting with a trans person.

**Trust that the client is the best judge of what they need / want in this department.**

Let them set the pace and find the path.

**If you *need* to know something important, ask politely.**

Generally, the “need to know” questions relate to:

*What will ensure your client's comfort and safety?*

For instance:

- What are their pronouns? If they have more than one pronoun, such as “she/they” which do they prefer to go by?
- Is it OK to use their chosen name if you call their emergency contact? (Many people are not yet “out” to friends and family.)
- If you train clients in a physical facility like a gym, do they need a gender-neutral or private change space?
- Has a client recently had surgery that could interfere with their safe movement during a gym session?

**If you don't *need* to know something, *don't ask*.** Mind your business.

If you're curious, educate yourself.

This doesn't mean asking your clients who are trans or other trans people to explain everything to you.

There are plenty of books, websites, and educators out there: Do your research and seek out the answers to your questions from those who are open and available to give them.

**Use the pronouns and names that the client prefers, even if it feels really weird.**

If you screw up, correct yourself immediately and move on.

Don't tell the client "This is really hard for me" or "With that mustache it's really hard to call you Susan." Just fix it, apologize briefly, thank whoever corrected you, and keep going.

**Include people where they are most comfortable, and respect their right to be there.**

In particular, trans women *are women*. It is unacceptable to exclude trans women from "women's spaces" for not being "real women".

**Don't ever "out" a trans person publicly to other clients.**

**Confidential client information is exactly that — confidential.**

If a trans client "outs" themselves to the group, fine. Support them and don't tolerate inappropriate comments from other group members.

But otherwise, be discreet. Being trans is not shameful, but for most folks, it is private. It likely took a lot for them to tell you in the first place — respect and honor that trust.

**Help a client find supportive resources, if needed and requested.**

Clients may ask about resources. Generally you can just Google “trans” and the person’s geographical area. Usually that will turn up things like counselors, health agencies, support groups, community / social groups, etc.

With many services operating online, if your client has access to some type of technology, they won’t be limited by geography.

## What is our role?

### **Job #1: Help people feel safe, supported and comfortable.**

Each client is a unique individual.

**Work with them to explore what works best for them, and how you can help.**

### **Support transition if needed.**

Clients in your coaching group may undergo some form of transition while you’re working with them.

Aside from the “be a decent, compassionate, and respectful person” advice above, here are some specific aspects of gender transition that may be relevant to clients in your coaching groups.

#### Changing names

Ask what their new name is, if relevant, and/or what they’d like to be called .  
Update their records and billing information if necessary.  
Make a note of whether their new name is OK to use with emergency contacts (in case they are not “out” to friends / family).

#### Changing gender pronouns

Ask them what their pronouns are (and don’t assume that it’s obvious).  
Make a note of whether their pronouns are OK to use with emergency contacts (in case they are not “out” to friends / family).  
Update their records and billing information if necessary.

Changing legal documents	<p>Update their records and billing information if necessary .</p> <p>Be sensitive to the fact that the credit card / banking info may still have their old name / gender .</p>
Hormone use - testosterone. This is often used by trans men, but also increasingly by nonbinary, gender-fluid, androgynous, transmasculine folk etc.	<p>Faster muscle mass and strength growth.</p> <p>Encourage them to train with care and moderation, as muscle strength can rapidly outstrip connective tissue and technique development.</p> <p>Help them enjoy their new body — they'll get some awesome “beginner's effects” and this may well feel like a profound shift .</p> <p>Hormone use will not change skeletal structure, so clients (particularly those transitioning to male) will have to understand there is no way to change hip / shoulder width, hand size, etc.</p>
Hormone use - estrogen and androgen blockers. This is often used by transwomen, but also increasing by nonbinary, gender-fluid, androgynous, transfeminine folk etc.	<p>Muscle mass and strength loss; loss of bone density.</p> <p>Clients may want to lose mass more rapidly — hormones will do a darn good job of this, but you may want to decrease their protein intake a bit during transition.</p> <p>Hormone use will not change skeletal structure after puberty, so clients (particularly those transitioning to female) will have to understand there is no way to change hip / shoulder width, hand size, etc.</p>
Facial surgery (things like jaw reconstruction or brow shaving)	<p>Treat as any other facial cosmetic surgery; i.e., follow guidelines for post-surgery rehab; suggest general post-surgical nutrition and individualize workout program.</p>
“Top surgery”. This is a procedure trans men often opt for, but also increasingly chosen by nonbinary, gender-fluid, androgynous, transmasculine folk etc.	<p>Chest reconstruction completed in various styles involving the removal of breast tissue.</p> <p>Recovery may be affected by type of surgery and decisions made regarding nipple grafting, liposuction, and incision styles.</p> <p>Follow guidelines for post-surgery rehab; know how to work around pec incisions and limited upper body range; be able to make general suggestions for post-surgical nutrition and “active rehab” workout individualization.</p> <p>Typically around 6-12 months for full recovery.</p>
Breast implants for trans women	<p>Follow guidelines for post-surgery rehab; know how to work around pec incisions and limited upper body range; be able to make general suggestions for post-surgical nutrition and “active rehab” workout individualization.</p>

Hysterectomy for trans men	<p>Follow guidelines for post-surgery rehab; know how to work around abdominal incisions and limited core strength; be able to make general suggestions for post-surgical nutrition and “active rehab” workout individualization.</p> <p>Depending on the method used this can be considered major surgery and will require at least 6-8 weeks’ recovery.</p>
“Bottom surgery” or genital reconstruction surgery (GRS)	<p>Same as surgery rehab above.</p> <p>This is major surgery and requires at least 2-3 months’ recovery, can include skin grafts, and have multiple surgical phases.</p> <p>For AMAB clients, once testes are removed, they will no longer have any endogenous androgen source (besides adrenals), so reassure them that endocrinologically they can expect to see the same results from resistance training as cis women, but they may be more comfortable cutting back on upper body work while their body adjusts to the new hormonal milieu.</p>
Social and other life changes	<p>Clients may struggle with other issues such as anxiety, depression, social phobias, stress, etc.</p> <p>Help clients build out their support network to include therapy, counseling, peer support, etc.</p>

**In terms of life changes, gender transition is a big one.**

**Be sensitive to the cumulative load that this has.**

During this time, you may need to help clients scale back habits so that change feels manageable.

You may also encourage them to view good health, nutrition, and fitness habits as “anchors” that provide physical and emotional stability during stressful times.

## Changing physique

In terms of body change, all we can work with are hormones, muscle mass, and body fat.

If you coach exercise, use your knowledge to help trans and nonbinary clients masculinize or feminize their physiques via selective development of some areas, should they want to change their body in these ways. For example, help trans men broaden their shoulders and back to offset wider hips, help trans women lose fat in the midsection to create more of an hourglass shape, etc.

Remember it's all about visual presentation, so if you understand bodybuilding as a concept, you know how this works. Same as you might recommend to any other client looking for physique change.

With very motivated trans women who would like to lose a lot of muscle mass: Decrease protein and bump up endurance work for a period of time, with the understanding that this is a *temporary* measure to drop muscle mass.

## Helpful information resources

[Vancouver Coastal Health TG program](#)

[Rainbow Health Ontario](#)

[National Center for Transgender Equality](#)

[UBC Inclusive Forms](#)