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Understanding and Working Effectively with Transgender Patients

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Learning Objectives

- Describe health disparities faced by transgender patients
- Describe coming out and transitioning process for transgender and gender variant individuals
- Analyze Standards of Care (2011) and understand the mental health provider's role
- Improve intake procedures to create a more inclusive office environment
- Q & A

Is it a boy or a girl?

Gender is a social construction that shapes our perceptions and expectations of people

Terminology

Gender Identity: An individual's internal sense of gender.

Transgender: Umbrella term for those who may not experience their gender identity in ways that conform to their assigned birth sex. May include individuals who identity as transsexual, gender queer, or gender non-conforming.

Cisgender: Term describing those individuals whose gender identity is congruent with their assigned birth sex.

Terminology

Transman (FTM)	A transgender individual who was assigned female at birth but currently identifies as a man
Transwoman (MTF)	A transgender individual who was assigned male at birth but currently identifies as a woman
Transition:	Period during with a person begins to live as a new gender. May include changing one's name, taking hormones, having surgery, or changing documentation to reflect one's new gender.

Transgender Experiences

- Trans folks often face discrimination and rejection by society, family, friends, coworkers, health care providers, communities of faith and legal system
- High rates of verbal harassment, physical violence, and employment and housing discrimination
- High rates of substance abuse, depression, and suicidal ideation or attempts (ranges of 19-25%; 29-64%)
- Twice as likely to report depression and suicidal ideation as LGB individuals
- Higher rates of HIV infection among transwomen

Report of the APA Task Force on Gender Identity and Gender Variance (2009)

Transgender Discrimination

- National Transgender Discrimination Survey (2011)[1]
  - National Center for Transgender Equality & National Gay and Lesbian Task Force
  - 6,456 trans and gender non-conforming study participants

- When Health Care Isn't Caring (2010)[2]
  - Lambda Legal
  - 4,916 respondents (LGBT and people living with HIV)
  - 617 Trans identified (12%)

Transgender Discrimination

Healthcare:

- 48% postponed medical care when sick or injured due to inability to afford it[1]
- 28% postponed due to discrimination[1]
- 19% reported being refused care due to gender identity (higher number for people of color)[1]
- 28% were harassed in a medical setting[1]

National Transgender Discrimination Survey (2011)[1]

Transgender Discrimination

Healthcare:

- 70% experienced at least one type of discrimination in healthcare[2]
  - Refused needed care (27%)
  - Subjected to harsh/abusive language by providers (21%)
  - Providers refusing to touch them or using excessive precautions during treatment (15%)
  - Blamed for health problems (20%)
- 50% had to teach their providers about transgender care[1]

National Transgender Discrimination Survey (2011)[1]
When Health Care Isn't Caring (2010)[2]

Transgender Discrimination

Mental Health:

- Most had sought or accessed transition-related care (counseling and hormone tx most utilized)[1]
  - 75% had received counseling related to gender identity[1]
  - 50% had received a gender-related MH diagnosis[1]
- 26% had been physically assaulted and10% sexually assaulted because of gender identity[1]
- 8% currently using alcohol or drugs to cope with gender discrimination[1]
- 41% had attempted suicide during lifetime (higher rates for African Americans and Latino respondents)[1]

National Transgender Discrimination Survey (2011)[1]

Transgender Discrimination

Additional Barriers

- Of those who'd transitioned, only 21% had been able to update all their IDs and records with new gender[1]
- Reported twice the rate of unemployment as general population[1]
- 26% had lost a job due to gender identity and 50% were harassed in the workplace[1]
- 43% maintained most of their family bonds, while 57% experienced significant family rejection[1]
- However, 78% reported feeling more comfortable at work and improved performance after transitioning[1]

National Transgender Discrimination Survey (2011)[1]

Mental Health Implications

- Depression, anxiety, PTSD, suicidal ideation, and other psychosocial and environmental problems (work, family, housing, legal)

- Therapy may be focused not on gender identity per se, but on biased experiences related to gender identity

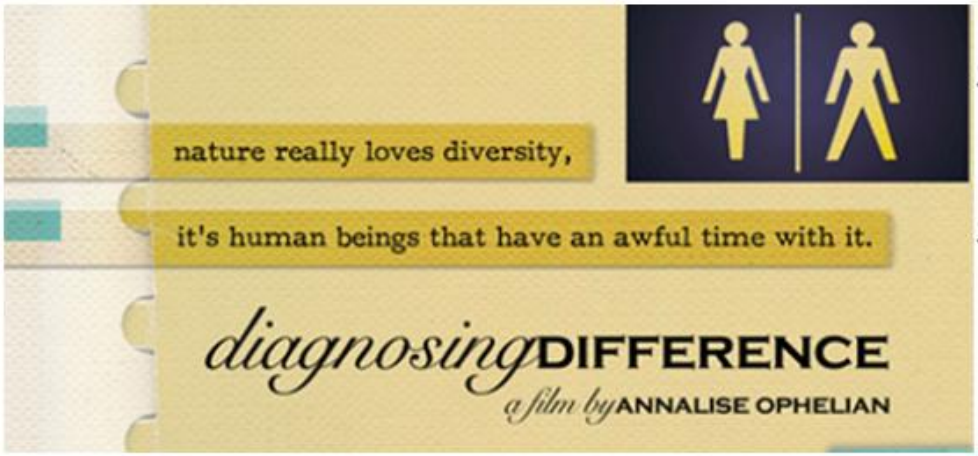
Gender Identity and SOC

- The term “gender identity” was first coined 1955, distinguishing between sex and gender
- Standards of Care for GID first published in 1979 by Harry Benjamin
  - Groundbreaking but ultimately resulted in narrow definition of transsexualism, promoted gender essentialism
  - Put therapists in the role as a “gatekeeper”
- Transgender movement
  - Paradigm shift from “changing sex” and “passing” to affirming a unique transgender identity

Gender Identity Disorder (and its controversy)

- DSM-IV (GID for children, adolescents and adults)
- DSM-V (proposed) GID ⟶ Gender Incongruence
  - Gender variance is a natural variation and not a MI
  - GID diagnosis pathologizes trans individuals
  - DSM does not account for difference between distress and impairment
  - Distress may be part of oppressive sociocultural structures
- However, without a dx, trans folks may be denied medically necessary treatment
  - Reclassify under Axis III or under "other conditions that may be a focus of clinical attention"?

Diagnosing Difference
(2012)



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Transitioning

- Transition is not a linear process but often a complex, intricate and convoluted journey.

- **Sexual orientation**: like cisgender people, may be sexually oriented towards men, women, both or neither, and gender id and sexual orientation are experienced as separate phenomena

Working with pre-transition clients
(Vanderburgh, 2011)

- **Gender is an issue of core identity, not an issue of psychological pathology**, and the client is the only one who can make decisions about their core identity
- **The purpose of therapy is not to change the client's mind, play devil's advocate, or provide some sort of "cure"** but to help the client understand and modify defenses developed to living in an environment that promotes gender essentialism
- **The ultimate goal of therapy is to give the client a deeper understanding of themselves**

Working with pre-transition clients
(Vanderburgh, 2011)

- In light of all this self-knowledge, **the client will be best able to make informed decisions about what 'transition' means to them**
- Though it is not the therapist's job to determine identity, **it is the therapist's job to determine levels of ego strength and social support**
- **Because it is not the therapist's job to determine whether or not a person is trans, this task obviously fall to the client**

Process of Transitioning
(Vanderburgh, 2011)

- **Denial or unconsciousness**
  - Pivotal questions: “Why am I so anxious?” Why do I feel so uncomfortable acting like a woman?” “Am I a gay/lesbian?”
- **Confusion**
  - Pivotal questions: “Why do I feel uncomfortable going into public bathrooms?” “I have to be a woman—what other choice do I have?”
- **Pre-decision**
  - Pivotal questions: “I have to be a man—what other choice do I have?”

Process of transitioning
(Vanderburgh, 2011)

- **Epiphany**
  - Pivotal questions: “What have I been so afraid of—why shouldn’t I at least consider it?”
- **Early transition**
  - Pivotal questions: “Why did I wait so long?!” “How do I tell people?” “Will I be accepted?”
- **Learning the boundaries**
  - Pivotal questions: “What is socialization and what is hormonal?” “Is it okay for men to do this or that?” “What are the rules?”

Process of transitioning
(Vanderburgh, 2011)

- **"Passing" point**
  - Pivotal questions: "How do I tell people who didn't know me before?"
- **Done?**
  - Pivotal questions: "How do I know if I'm done?" "What does done mean?"
- **Now what?**
  - Pivotal questions: "Should I mentor others?" "Is it okay to choose to be private and not look back?"

Counseling Competencies

(Carroll, Gilroy, & Ryan, 2002)

- **Rethinking assumptions** about gender, sexuality, and sexual orientation & adopting a “trans-affirming” disposition.
- **Understanding/Awareness of history** of medical model/pathologizing transgender persons.
- **Understand transgender issues** in counseling and trans politics and social movement.
  - Adequate knowledge of **trans resources**
  - Awareness of **uneasy alliance** within the LGBT community.
  - **Trust** as paramount condition in therapy.

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WPATH Standards of Care (2011)

- World Professional Association for Transgender Health (WPATH)
  - Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, 7th ed.
  - 122 pages of recommendations for health care providers and references
  - Clinical guidelines; intended to be flexible, individualized treatment

Mental Health Professional's Role

Minimum credentials:

- Master's degree with licensing credentials
- Competence with DSM and/or ICD
- Ability to recognize and diagnose co-existing MH concerns
- Supervised training and competence in psychotherapy
- Knowledge about gender nonconforming identities and expressions, assessment and treatment
- Continuing education
  - Maintain cultural competence

Mental Health Professional's Role

1) Assess Gender Dysphoria and co-morbid disorders
2) Counsel about treatment options and provide psychotherapy
3) Assess eligibility, prepare, and refer for hormone therapy and surgery

   – MH screening and/or assessment is needed for referrals to hormonal and surgical treatments, however psychotherapy, while highly recommended, is not a requirement

Hormone Therapy

- Is a medically necessary intervention for many transgender individuals
- Criteria:
  - Persistent, well-documented gender dysphoria
  - Capacity to make informed consent
  - Legal age
  - Significant MH or health concerns are well-controlled

Hormone Therapy

Feminizing Hormones

- Estrogen & Anti-Androgen
- Breast development
- Redistribute body fat
- Decrease muscle mass and strength
- Decrease body hair (not facial)
- Decrease libido and erectile functioning
- No affect on pitch of voice

Masculinizing Hormones

- Testosterone
- Redistribution of body fat
- Increased muscle mass and strength
- Facial & body hair growth
- Cessation of menses
- Lowered voice
- Clitoral enlargement

Surgery

- Follow-up studies have shown an undeniable beneficial effect of sex reassignment surgery on postoperative outcomes (SOC, 2011).

- Breast or Top Surgery (1 letter required)
- Genital Surgery (2 letters generally required)
  - Persistent, well-documented gender dysphoria
  - Capacity to make informed consent
  - Legal age
  - Significant MH or health concerns are well-controlled

Additional Guidelines

- Not all trans folks experience gender dysphoria
- Gender reassignment surgery (GRS) is only one of several options to alleviate dysphoria
- Trans folks have other MH and advocacy needs (e.g. employment, healthcare, housing, legal, human rights issues)
- May face multiple oppressions (race, disability, sexual orientation)

Report of the APA Task Force on Gender Identity and Gender Variance (2009)

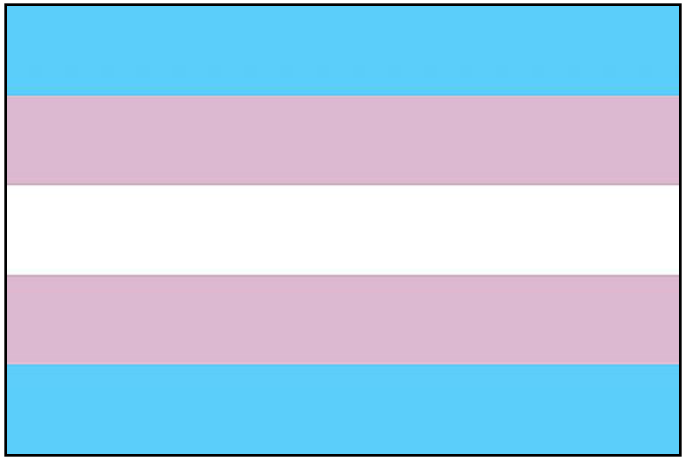
Practice Considerations

- **Honor the patient's preferred gender identity** and use the pronouns and terminology that the patient prefers, regardless of individual's appearance of level of transition.

- Alter your forms as available and ask questions that are inclusive and convey understanding of flexible gender expressions
  - What was your sex assigned at birth? Current Gender id?
  - Legal name and preferred name and pronoun

Practice Considerations

- Provide staff training
  - Providers and admin staff
- Provide unisex bathroom access
- Display LGBT posters, magazine, brochures in waiting area



Questions and comments

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