Gender Dysphoria

Complexities in Clinical Care

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Objectives:

• Discuss DSM V diagnostic criteria of Gender Dysphoria
• Review terminology utilized in the literature pertaining to Gender Dysphoria
• Review current treatment recommendations
• Discuss specific challenges mental health providers face in treating patients with Gender Dysphoria
Background:

• Experience in residency psychotherapy clinic
DSM V: Gender Dysphoria

• A marked incongruence between one’s experienced/expressed gender and assigned gender, of at least 6 months’ duration, as manifested by at least two of the following:

• 1) a marked incongruence between one’s experienced/expressed gender and primary and/or secondary sex characteristics

• 2) A strong desire to be rid of one’s primary and/or secondary sex characteristics because of a marked incongruence with one’s experienced/expressed gender.

• 3) A strong desire for the primary and/or secondary sex characteristics of the other gender

• 4) A strong desire to be of the other gender (or some alternative gender different from one’s assigned gender. [1]
DSM V: Gender Dysphoria

• 5) A strong desire to be treated as the other gender (or some alternative gender different from one’s assigned gender)

• 6) A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one’s assigned gender)

• This condition should be associated with clinically significant distress or impairment in social, occupational or other important areas of functioning. [1]
DSM V: Differential Diagnosis

- **Nonconformity to Gender Roles** – Gender dysphoria must be distinguished from non-conformity to stereotypical gender role behavior. It is important that the clinical diagnosis be limited to those individuals whose distress and impairment meet the specified criteria.

- **Transvestic Disorder** – cross dressing behavior generates sexual excitement and causes distress and/or impairment without drawing primary gender into question.

- **Body Dysmorphic Disorder** – individual focusses on alteration or removal of specific body part because it is perceived as abnormally formed not because it represents a repudiated assigned gender. Both diagnoses can be given if patient meets criteria for both.[1]
DSM V: Functional Consequences of Gender Dysphoria

• Relationship difficulties including sexual relationship problems, are common and functioning at work/school may be impaired.

• Gender dysphoria is associated with high levels of stigmatization, discrimination and victimization often leading to negative self concept, increased rates of mental disorder comorbidity, school dropout and economic marginalization.

• Additionally individuals access to health services and mental health services may be impeded by structural barriers, such as institutional discomfort or inexperience working with this patient population. [1]
Terms:

- Gender identity
- Transgender
- Gender non conforming
- Gender Questioning
- Gender Variance
- Gender Expression
- Gender Incongruence
- Bigendered
- Two spirited

- Natal gender
- Transvestite
- Crossdresser
- Cis gender
- MTF
- FTM
- Transition
- Gender Queer
- Transsexual
- Agender
Highlighted Terms:

- **Gender Identity** – An individual’s internal sense of being male, female or something else. Gender identity is internal and not necessarily visible to others.

- **Transgender** – A term for people whose gender identity, expression or behavior is different from those typically associated with their assigned sex at birth.

- **Genderqueer** – A term used by some individuals who identify as neither entirely male nor entirely female.

- **Gender Non Conforming** – a term for individuals whose gender expression is different from societal expectations related to gender.[2]
Highlight Terms Continued:

- **FTM** – a person who transitions from “female-to-male” meaning a person who was assigned female at birth but identifies as male. Also known as a transgender man.

- **MTF** – a person who transitions from “male to female” meaning a person who was assigned male at birth but identifies as female. Also known as a transgender female.

- **Cis gender** – Individual who experiences their own gender as the same as which they were assigned at birth (people who are not transgender). [2]
Cultural Context:

• April 24 2015 - 17 million people watched Diane Sawyer interview Bruce Jenner
• Type casting in television and movies
• Over the last 10 years transgender individuals were cast as victims 40% of the time, killers or villains 21% of the time, and sex workers 20% of the time.[3]
Epidemiology:

• Report from the Williams institute estimate 0.3% of adults in the United States identify as transgender. [4]
• Estimations are difficult due to lack of federal data sources.
Injustice at Every Turn:

- National Gay and Lesbian Task Force and National Center for Transgender Equality
- Largest survey to date of transgender (or gender non conforming) individuals to date
- 70 question survey distributed online as well as by paper surveys (to reach rural, homeless and low income populations).
- 6450 transgender and gender non conforming study participants from across the United States. [5]
Injustice at Every Turn: Highlights from the Survey

• Double the rate of unemployment as general population
• 90% reported harassment mistreatment at work
• 26% reported losing a job due to transgender identification
• 16% reported feeling compelled to work in underground economy (sex work)
• 20% reported homelessness due to identifying as transgender
• 29% reported police harassment or disrespect [5]
Injustice at Every Turn: Discrimination in Healthcare and Poor Health Outcomes

- 19% reported being refused medical care due to transgender or gender non conforming status
- 50% of sample reported having to teach medical providers about transgendered care
- When sick or injured 28% postponed medical care due to discrimination
- 41% of respondents reported attempting suicide
- 61% of those who attempted suicide were victims of physical assault
- 64% of those who attempted suicide were victims of sexual assault [5]
Recap:

• Diagnosis in DSM V
• Terms used in literature
• Acknowledged or current cultural context including the influence of media
• Looked at data from largest survey of transgender population to date
Patient Care:

- Many mental health providers lack even basic knowledge and skills to offer Transgender Affirmative care.
- 50% of sample reported having to teach medical providers about transgendered care
- When sick or injured 28% postponed medical care due to discrimination[5]
Gender Affirming Communication:

• Don’t assume anything
• Ask patient what sex they were assigned at birth
• Ask how they identify their gender now
• Use preferred names and pronouns
• If you do make a mistake apologize and move forward
Intake

1. What is your current gender identity? (Check and/or circle ALL that apply)
   - ☐ Male
   - ☐ Female
   - ☐ Transgender Male/Transman/FTM
   - ☐ Transgender Female/Transwoman/MTF
   - ☐ Genderqueer
   - ☐ Additional category (please specify): ________________________________
   - ☐ Decline to answer

2. What sex were you assigned at birth? (Check one)
   - ☐ Male
   - ☐ Female
   - ☐ Decline to answer

Goals of Treatment:

• Each patients gender narrative will be different as will their goals

• Diverse population with diverse needs

• As mental health care providers we need to be aware of treatment options as well as what our role in providing this treatment is.
Guidelines for Treatment:

• What is our role as mental health providers?
• What is considered best practice for Gender Dysphoria?
Guidelines for Treatment:

• Currently the APA does not have any treatment guidelines.
APA Task Force:

• Charged to perform a critical review of literature and to assess evidence pertaining to treatment.

• Report was approved by APA board of trustees September 2011.

• Main finding were that there is sufficient evidence to support production of treatment recommendations in the form of APA practice guidelines.
APA Task Force Report Continued:

Recommend that 8 areas are addressed:

• 1) Assessing and diagnosing gender concerns according to DSM
• 2) Assessing and diagnosing any coexisting psychopathology
• 3) Distinguishing between GID and concurrent psychiatric illness and gender manifestations not part of GID [7]
• 4) engaging in psychotherapy with gender variant individuals as indicated
APA Task Force Report Continued:

Recommend that 8 areas are addressed:

- 5) ensuring individuals in the process of transitioning receive counseling about full range of treatment options
- 6) ascertaining eligibility and readiness for hormone and surgical therapy or locating professional capable of making these ascertations
- 7) educating family members, employers and institutions about GV and GID
- 8) ensuring documentation employs terminology that facilitates accurate communication, minimizes pejorative or stigmatizing language, and conforms to standards for third party reimbursement. [7]
Implementation of APA Task Force:

• Thus far two position statements from APA published in 2012

1) Access to Care:
• APA recognizes appropriately evaluated transgender and gender variant individuals can benefit from medical surgical gender transition
• Advocates for removal of barriers to care and supports public and private health insurance coverage for gender transition treatment
• Opposes categorical exclusions of coverage for such medically necessary treatment when prescribed by a physician.[8]
Implementation of APA Task Force:

2) Discrimination against transgender and gender variant individuals:
   • Supports laws that protect civil rights of transgender and gender variant individuals
   • Urges / repeal of laws and policies which discriminate against transgender individuals.
   • Opposes all public and private discrimination against transgender and gender variant individuals
   • Declares that no burden of proof of such judgment capacity or reliability shall be placed upon these individuals greater than imposed on any other person.[9]
Current Treatment Guidelines:
WPATH:

• WPATH (World Professional Association for Transgender Health)

• A non profit international interdisciplinary professional organization devoted to transgender health.

• WPATH publishes the Standards of Care and Ethical Guidelines, which articulate a professional consensus management of gender identity disorders. [10]
WPATH Guidelines: Overarching Themes

• Focus on de-pathologizing and diversity within the transgender community.
• Emphasize treatment as individualized: what helps one person alleviate gender dysphoria may be very different from what helps another person.
• Gender nonconformity is not the same thing as gender dysphoria.
• Broad options: Hormone therapy, surgery (primary or secondary sex characteristics)
• Psychotherapy – exploring gender identity role and expression, alleviating internalized transphobia, promoting resilience [10]
WPATH Guidelines Continued:

• Online peer support
• Voice and communication therapy: therapy to help individuals develop verbal and non-verbal communication skills that facilitate comfort with their gender
• Hair removal
• Breast binding, genital tucking, penile prosthesis etc.[10]
WPATH – Role of Health Care Professionals:

- Health care professionals can assist gender dysphoric individuals with affirming of gender identity, exploring difference options for expression of that identity and making decisions about medical treatment options for alleviating gender dysphoria. [10]
WPATH Guidelines For Mental Health Providers:

• 1) Assess gender dysphoria – make “reasonably” sure gender dysphoria not secondary to or better accounted for by other diagnoses.

• 2) Provide information regarding options for gender identity and expression. Provide information regarding possible medical Interventions (may involve referral elsewhere).

• 3) Assess, diagnose, and discuss treatment options for coexisting mental health concerns. [10]
WPATH Guideline For Mental Health Providers: Hormone Therapy Initiation

4) If applicable assess eligibility, prepare, and refer for hormone therapy. Criteria for hormone therapy:

- Persistent, well documented gender dysphoria.
- Capacity to make a fully informed decision and to consent for treatment
- Age of majority in a given country
- If significant medical or mental health concerns are present they must be “reasonably well controlled”. [10]
WPATHT Guideline For Mental Health Providers: Surgery Referral

• 5) If applicable assess eligibility, prepare and refer for surgery:

• **One** referral from a qualified mental health professional is needed for breast/chest surgery.
• **Two referrals** needed for genital surgery.

• **SERIOUS** mental illness must be addressed first. (i.e. patient must not be psychotic under any circumstances during surgery). [10]
WPATH Guideline For Mental Health Providers: Psychotherapy

• Psychotherapy is not an absolute requirement for hormone therapy or surgery.

• Goals of therapy: find ways to maximize persons overall psychological wellbeing, quality of life and self fulfillment. It is not intended to alter a person's gender identity. Psychotherapy can help an individual explore gender concerns and find ways to alleviate gender dysphoria.[10]
WPATH Ethical Guidelines Related to Mental Health Care:

• Treatment aimed at trying to change a person’s gender identity and lived gender expression to become more congruent with sex assigned at birth has been attempted in the past. This “reparative therapy” is no longer considered ethical.

• If mental health professionals are uncomfortable with or inexperienced working with transgender individuals they should refer clients to a competent provider.[10]
WPATH Controversy and the APA:

• Standards Of Care Version 7 (2011) is the first set of guidelines with any research citations. WPATH standards of care versions 1-6 lacked research citations.

• Some controversy that it was the announcement of the APA task force which caused inclusion of these research citations in the standards of care.

• Further emphasizes the importance of APA guidelines.
Important Statements From Both APA and WPATH:

• Reparative therapy is ineffective and unethical
• Transition related hormone therapy and surgery are medically necessary.
• Guidelines and not absolute requirements and patients should be treated on an individual basis.
The Importance of Mental Health Treatment:

• Several studies have demonstrated decrease in psychological distress with treatment of Gender dysphoria. [11,12]

• Significant reduction in anxiety, depression, somatization, interpersonal sensitivity.

• Degree of symptom reduction differed with each step in gender reassignment therapy.

• Largest decrease in symptoms was found to be after initiation of hormone therapy.[11]
The Importance of Mental Health Treatment: Psychiatric Comorbidities

• Studies are limited

• Some studies show that psychiatric comorbidities are present at higher rate than general population prior to any treatment. (affective disorders, anxiety disorders, suicide attempts and suicide risk). [13]

• Focus on two areas which have been addressed in the literature (Substance Use Disorders and Suicide Attempts).
Substance Use Disorders:

• Statistics from Injustice at Every Turn:
  • 30% of respondents reported smoking daily compared to 20.6 % of general public.
  • 26% study participants reported use or having used alcohol and drugs to cope with mistreatment received as a result of being transgender.[5]
Minority Stress and Substance Use:

• Several studies have shown association between minority stress and increased substance use behavior. [14,15]

• Higher levels of enacted stigma in form of psychological and physical gender are associated with 3-4x higher odds of using alcohol, cannabis, or cocaine and 8x increase in any drug use.[15]

• Hormone using transgender women have been found to be more likely to use alcohol and highly more likely to use illegal drugs .[15]
Suicide Attempts:

• Statistics from Injustice at Every Turn:
  • 41% of respondents reported attempting suicide at least once
  • Age cohorts (18-44) 45%, 16% over 65.
  • Those who were bullied harassed, assaulted or expelled reported significantly higher levels of attempted suicide attempts (51% of respondents)
  • 54% of respondents reported attempting suicide who make less than $10000 a year.
  • 61% of respondents reported attempting suicide as a victim of violence. [5]
Risk Factors for Suicidality:

• Higher rates of suicide attempts associated with internalized transphobia, racial/ethnic minority status and lower levels of educational attainment.

• **Internalized transphobia**: one’s internalization of society’s negative attitudes about transgender individuals into the self concept. [16]
Risk Factors for Suicidality Continued:

• Gender Identity Disorder (2010) as an independent risk factor.

• Gender Identity Disorder in and of itself (possibly due to social stigma) as independent risk factor. In one study 71.8% of patients without psychiatric comorbidity disclosed suicidal ideation.[17]
Protective Factors Regarding Suicidality:

• Perceived social support from family
• emotional stability
• child related concerns. [18]
Intervenable Factors Regarding Suicidality:

• Social inclusion (social support particularly from parents, identity documents concordant with lived gender), protection from transphobia, and medical transition have potential for sizeable effects on high rates of suicide attempts in transgender communities.

• Highlights the importance in clinical practice of encouraging connectedness with family (if possible) as well as the importance of advocating against any discrimination/transphobia at a societal level. [19]
Societal Changes to increase Social Inclusion:

• Moving away from a Gender Binary
Facebook now offers 50+ customizable Gender options
Resiliency:

- Statistics from Injustice at Every Turn:
  - 76% respondents have been able to obtain hormone therapy, indicating determination to endure abuse or search out sensitive medical providers.
  - 78% reported felling more comfortable at work and performance improving after transitioning.
  - Of the 19% who reported facing housing discrimination in form of denial of home/apartment 94% reported being currently housed.[5]
Resources available in Buffalo:

• **The Center for Psychosexual Health Buffalo**
  Gender counselling is available for children, adolescents, adults and their families. Included as part of the center is a Gender Dysphoria Support Group

• Transgender Health Initiative at Pride Center of Western New York

• Spectrum Transgender Group of Western New York

• Evergreen Health Services
General Resources

• Center for Excellence for Transgender Health
  San Francisco, CA
  • www.transhealth.ucsf.edu

• National Center for Transgender Equality
  • www.transequality.org
References:


References:


Thank You!