A Clinician's Guide to Transgender and Gender Diverse Mental Health

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Agenda

- Background information (let's all get on the same page)
  - Diagnostic criteria, brief history, possible treatment
- Current issues, frequent presenting concerns
  - Common presenting concerns, risk factors, co-morbidities
- Clinical practice
  - Individual work, group counseling, assessment resources

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Terminology

- GLBT, LGBT, LGBTQ, LGBTQ+, LGBTQIA, LGBTTQQIAAP
- Why are the letters and why the acronym?
- The term "gender and sexual minorities" (GSM) is popping up
  - More inclusive and less list-like
  - "Minority" does not refer to size, but group with relative power disadvantage in society

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Terminology

- Sex
  - Assigned at birth based on physical components including genitalia
  - Can be identified as male, female, intersex
- Gender
  - Gender identity
    - Male, female, queer, enby
  - Gender expression
- Sexual orientation
  - Romantic feelings and sexual feelings towards a group of people
  - Gay, lesbian, bisexual, pansexual,

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Gender identity

- Cisgender
  - Someone whose sense of identity and gender corresponds with their birth sex
  - Latin prefix of *cis-* means "on this side of" which is opposite of trans-
- Transgender
  - Trans, trans*, gender diverse, GNCF, enby, queer, gender queer, gender expansive, trans male, trans female
  - Sex and gender identity do not match
  - Might utilize different pronouns
  - Might seek surgery to affirm gender
  - Latin prefix of *trans-* means "on the other side of" which is opposite of cis-
  - (Avoid use of transsexual, transvestite, tranny)

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Gender identity

- Specific demographics are unknown
  - Lots of sampling issues, definition issues
  - Somewhere between 1 to 10% for sexual orientation minorities
  - Below 1% identify as transgender
  - Overall a small percentage of the population

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Conversion therapy

- This is a no-no
- Sometimes called reparative therapy
- APA defines it as unethical
- No current ban in Georgia on conversion therapy

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Current Issues

- Finding adequate medical care
  - Transgender health is typically not covered in medical school
- Documentation issues
  - License, passport aren't congruent with expressed gender
- High cost of gender confirmation surgery
  - Many hoops to get surgery
  - Out-of-pocket costs
- Hard to research due to terminology, access to communities
- Violence against trans community

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Current Issues

- 46% of 28,000 transgender respondents reported being verbally harassed and 9% reported being physically attacked (James et al., 2016)
  - 47% of respondents reported being sexually assaulted at some point in their lifetime while 10% reported being sexually assaulted within the past year (James et al., 2016)
- 90% of respondents experienced harassment, mistreatment or discrimination at work while 53% of respondents reported being verbally harassed or disrespected in a public place (Grant et al., 2011)
  - 57% of respondents in the same survey reported experiencing family rejection (Grant et al., 2011)
- Family rejection has shown to result in increased risk for homelessness, as well as increased likelihood of substance use and suicidality (James et al., 2016; Robinson, 2018)

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Even more terminology

- Heteronormativity
  - Heterosexuality is the "norm" or default sexual orientation predicated on the gender binary of male or female (cisnormative)
- Microaggressions
  - The everyday encounters of subtle discrimination that people of various marginalized groups experience throughout their lives (Sue et al., 2007)
  - Typically in individual situations
  - Many committing them might not know it's happening

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Common Counseling Concerns

- Gender identity-related issues
- Depression
- Substance use
- Domestic violence
- Past and/or current experiences of abuse
- …but presenting concerns are not always related to gender identity

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DSM-5 (American Psychiatric Association, 2013)

- Gender Dysphoria, at least 2 criteria for 6 months:
- A marked incgonruence between one's experienced/expressed gender and primary and/or secondary sex characteristics
- A strong desire to be rid of one's primary and/or secondary sex characteristics because of marked incongruence
- A strong desire for the primary and/or second sex characteristics of another gender
- A strong desire to be treated as another gender
- A strong conviction that one has typical feelings and reactions of another gender

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Dysphoria vs. Euphoria

- Not every client experiences "dysphoria"
  - "This is not my body" or "I was born into the wrong body"
  - "Something doesn't feel right"
  - Dysphoria is state of unease or generalized dissatisfaction
- Sometimes they experience euphoria
  - Example: Wearing a dress provides positive feelings
  - They experience something and it brings about happiness, serenity, etc.

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Clinical Practice

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Counselor Competencies (Burnes et al., 2010)

- Evaluate competencies in:
  - Human growth and development
  - Social and cultural foundations
  - Helping relationships
  - Professional orientation
  - Career and lifestyle development
  - Appraisal and assessment

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Common Clinical Dilemmas (Koch, Knutson & Goldbach, 2019)

- Pronoun issues
- Erasure
- Deadnaming
- Burden of proof

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Pronouns

- Allow for intake/clinical demographic forms to have open-ended or free form text responses
- Instead of check boxes allow individuals to identify their pronouns with free form text
- Incorrect pronouns or misgendering can create negative emotions and stress McLemore, K. A. (2018)
- Table from (Koch, Knutson, & Goldbach, 2019)

Subjective	Objective	Possessive	Reflexive
She	Her	Hers	Herself
He	Him	His	Himself
They	Them	Theirs	Themself
Ze or zie	Hir	Hirs	Hirself
Ze or zie	Zir	Zirs	Zirself
Xe	Xem	Xyrs	Xemself
Ae	Aer	Aers	Aerself
Fae	Faer	Faers	Faerself
E or ey	Em	Eirs	Eirself
Co	Co	Cos	Coself
Yo	Yo	Yos	Yoself
Ve	Ver	Vis	Verself
Per	Per	Pers	Perself

Note. This list is not exhaustive. Additional pronouns and etiological roots of these pronouns may be found online at https://uwm.edu/lgbtrc/support/gender-pronouns/.

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Erasure

- Erasure is when we believe a particular identity should not even be recognized (Gagné, Tewksbury, & McGaughey, 1997)
- Allow for intake/clinical demographic forms to have open-ended or free form text responses
- Instead of check boxes allow individuals to identify their gender with free form text
- These might seem like minor paperwork issues…
- But these establish our attitudes about clients

Select Gender
◉ Male
○ Female

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Deadnaming

- When an individual calls a transgender person by their birth name or legal name (Sinclair-Palm, 2017)
- Also when a clinician forces a client to use their birth or legal name
- For various legal or policy-related reasons, some places might require client to provide legal name when enrolling for services
- Same with the name on a file
- Allow for space with a preferred name

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Burden of proof

- Excessive questioning, interrogation about history, investigations into past can all be extremely harmful
- One can believe the need for complete background if in a gatekeeping role
- However, some clients indicate experiences where they must prove they are "trans enough" (Gridley et al., 2016)

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Positive Clinical Practices

- Pronoun monitoring
- Diversity of term
- Repairing a rupture
- Documentation
- Inclusion

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Pronoun monitoring

- "If a clinician is experiencing anxiety about appropriately working with clients, that is probably an indicator of a desire for competence and social justice." (Koch, Knutson, & Goldbach, 2019)
- It gets easier with time…
- Any fear or anxiety should be communicated with the client
- This can help increase the quality of the therapeutic alliance
- Avoid use of term "preferred pronouns"… pronouns are a reference to self and not arbitrary!

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Diversity of term

- Individuals from rural or conservative areas might avoid use of the word queer in any terminology
- Recognize trends in terminology used by youth (Enby, gender queer)
- Recognize trends in terminology used by older individuals (transsexual, cross dresser)
- He/She/They pronouns are typically more common in the south and Midwest
- Always ask how clients prefer to identify...again: therapeutic alliance

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Repairing a rupture

- Rupture and repair work happens in every clinical setting
- The burden is on the therapist to initiate the repair
- Be appropriately apologetic and receptive to feedback
- Can allow for a corrective experience that might not happen in the outside world
- Clinicians should be proactive in correcting mistakes so the burden is not on the client
- Remember: a socially just world is one in which all individuals feel psychologically and physically safe and secure.

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Documentation

- "Letter writing" is often a tricky area to navigate
- Some clients need documentation from their clinician for certain medical procedures
- Don't immediately say no to letter writing, but seek out resources
- Consult with physician or provider on what they need in the letter
- Be transparent with the client, allow for revisions
- You are in a gatekeeping role but you might be creating a barrier instead

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Inclusivity

- What does your clinical setting look like?
- Considerations include art, photos, decorations
- Do email signatures have pronouns?
- What does the website look like?
- How are restrooms labeled?

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Foundational knowledge (American Psychological Association, 2015)

- Recognize gender is a non-binary construct
- Recognize that gender identity and sexual orientation are distinct
- Always consider intersectionality
- Always be aware of your own attitudes and knowledge might impact the care you provide

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Questions?

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