



**UW PACC**

Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

# TRANSGENDER CARE FOR ADULTS: AN INTRODUCTION

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VA PUGET SOUND HEALTH CARE SYSTEM



# GENERAL DISCLOSURES

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# GENERAL DISCLOSURES

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# SPEAKER DISCLOSURES

- ✓ No conflicts of interest

## PLANNER DISCLOSURES

The following series planners have no relevant conflicts of interest to disclose:

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# OBJECTIVES

1. Identify at least two social or health disparities for the transgender population
2. Identify mental health services pertinent to the care of gender non-conforming adults
3. List three or more key elements in evaluation of hormone therapy readiness

# CASE: 33YO TRANS INDIVIDUAL

Madison presents for a new patient evaluation.

- Reports depression and relationship conflict with long term partner
- Homeless, but working
- Is out as trans to partner and close friends.
- During your evaluation Madison expresses desire to start hormone therapy.



# MADISON INITIAL APPOINTMENT

## Question:

During today's appointment you should use pronouns listed in chart, complete a safety assessment, and complete a diagnostic evaluation for gender dysphoria.

True/False





# CARE CONSIDERATIONS

¼ avoided healthcare in prior year due to fear of mistreatment

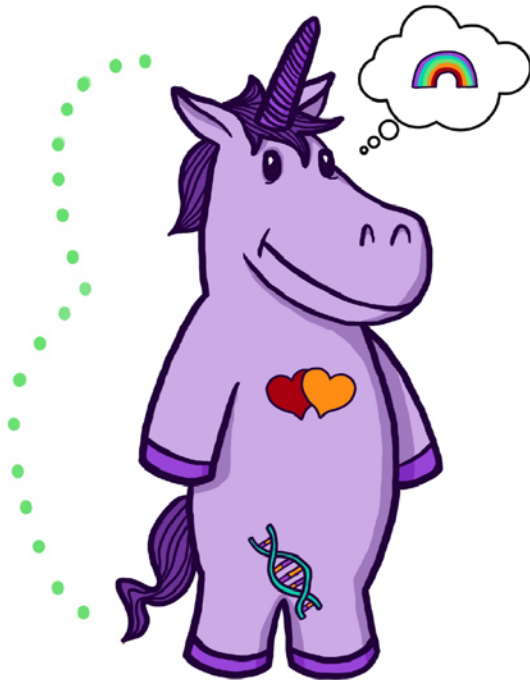
- Bias awareness
- Welcoming environment
- Looks can be deceiving, confusing
- Terms of address
- Sensitivity in physical exams
- Privacy and documentation issues



# BACKGROUND: DEFINITIONS

## The Gender Unicorn

Graphic by:  
**TSER**  
Trans Student Educational Resources



To learn more, go to:  
[www.transstudent.org/gender](http://www.transstudent.org/gender)

Design by Landyn Pan and Anna Moore



# SOCIAL AND HEALTH DISPARITIES

Compared with the general population:

- **Lower income:** 4x more likely to earn < \$10,000;  
>2x more likely to live in poverty
- **Higher unemployment:** 3x higher
- **Significant discrimination:**
  - 63% serious acts of discrimination
  - 23% catastrophic levels (eg, at least 3 major life-disrupting events due to bias)
  - 19% denied care due to being transgender



# HEALTH DISPARITIES

Compared with the general population:

- **Medical:** Significantly higher prevalence for 16/17 diagnoses examined (HIV = largest disparity)
- **Higher suicidal behavior:** 41% have attempted suicide (vs. 4.6%)
- **Higher psychological distress:** 39% (vs 5%)
- Higher rates of depression, smoking, and drug and alcohol use



# SOCIAL AND HEALTH DISPARITIES

***Family support*** a protective factor both in terms of economic stability and psychological health.



# MADISON RETURNS

Prefers female or gender neutral pronouns.

Chronic SI, but no plan, intent, preparation.

Family is supportive.

They return for further evaluation.



# ASSESSMENT: KEY TASKS

- Evaluate for
  - Gender Dysphoria (GD, previously GID)
  - Coexisting MH concerns, diagnoses – distinguish these from GD
- Understand the context of discrimination in manifestation of distress and behavior



# GENDER DYSPHORIA EVALUATION

## Question:

An evaluation of gender dysphoria must be completed by a mental health professional who certifies that someone is stable from a mental health perspective.

True/False





# DSM 5: 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:

- A **marked incongruence** between one's experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics)
- 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 (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics)
- A strong **desire for** the primary and/or secondary sex characteristics of the other gender
- A strong **desire to be** of the other gender (or some alternative gender different from one's assigned gender)
- A strong **desire to be treated** as the other gender (or some alternative gender different from one's assigned gender)
- 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)

The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning



# PRE-HORMONE EVALUATION

- **Diagnosis:** GD diagnosis required
- **Capacity:** Do they understand the risks, benefits, limitations, alternatives?
- **Anticipation of Impact:** Comorbid symptoms/ diagnoses that might complicate or contraindicate hormone therapy compliance?
  - Significant medical or mental health concerns: must be reasonably well controlled



# MH HORMONE READINESS EVALUATION

- Patient's preferred **name, gender label, and pronouns**
- Background and psychosocial information
  - Assess family issues (e.g., relationship with children, parents, spouses)
  - Sexuality, sexual orientation
  - Evaluate employment, housing issues



# MH HORMONE READINESS EVALUATION

- Hx & development of **gender dysphoria**
  - Identity development, disclosing identity, experience with “passing”
  - Discomfort with body, body parts
  - Gender Role/Socialization Issues
- Steps taken toward feminization/masculinization



# HOW INFORMED OF THE PROCESS FOR CROSS-SEX HORMONE THERAPY?

- Pt's **goals** for hormone treatment
- Pt's understanding of **risks, benefits, alternatives** to hormone therapy
  - Realistic expectations for outcome?
  - Concerns about fertility?
  - Evidence of cognitive impairment that could interfere with decision making?



# HOW INFORMED OF THE PROCESS FOR CROSS-SEX HORMONE THERAPY?

- **Psychosocial implications** of taking hormones
  - Living Situation/Environment
  - Job History/Work Environment
  - Social Environment/Relationship Status
  - Supportive, Unsupportive friends/family/others



# EVALUATION CONTINUED

- Psychiatric history
- H/o compliance with medical care
- Mental status



# ASSESSMENT AND PLAN

- Does the person meet criteria for GD?
- Recommendations to enhance readiness for successful cross-sex hormone therapy
- Plan...





# MADISON'S EVALUATION

Madison meets criteria for GD and has capacity to consent to treatment.

Also struggles with trauma and mood related symptoms, which cause distress, but they are ambivalent about addressing these at this time.

## Question:

Madison must be referred for psychotherapy to qualify for starting hormone therapy.

True/False



# NOTES REGARDING PSYCHOTHERAPY (1)

- Psychotherapy is **NOT** an absolute requirement for hormone therapy and surgery
- Psychotherapy is **NOT** intended to alter a person's gender identity



# NOTES REGARDING PSYCHOTHERAPY (2)

- Psychotherapy is **helpful for**:
  - Clarifying and exploring preferred gender identity and role
  - Addressing the impact of stigma and minority stress
  - Facilitating a coming out process
  - Monitoring the psychological impact of hormones and transition
- **General treatment goals**:
  - Find ways to maximize the person's overall well-being

# RESOURCES

- World Professional Association for Transgender Health's Standards of Care for Gender Identity Disorders, Version 7, 2011. Available from [www.WPATH.org](http://www.WPATH.org)
- Endocrine Society Guidelines: [www.endo-society.org/guidelines/final/upload/Endocrine-Treatment-of-Transsexual-Persons.pdf](http://www.endo-society.org/guidelines/final/upload/Endocrine-Treatment-of-Transsexual-Persons.pdf)
- Clinical Protocol Guidelines for Transgender Care: [www.vch.ca/transhealth](http://www.vch.ca/transhealth) or [transhealth.vch.ca/resources/careguidelines.html](http://transhealth.vch.ca/resources/careguidelines.html)
- The Joint Commission: *Advancing Effective Communication, Cultural Competence and Patient-and-Family Centered Care for the Lesbian, Gay, Bisexual and Transgender (LGBT) Community: A Field Guide*. Oak Brook, IL, Oct. 2011. [www.jointcommission.org/lgbt/](http://www.jointcommission.org/lgbt/)
- ICATH: [www.icath.org](http://www.icath.org)
- UCSF Center for Transgender Excellence: [www.transhealth.ucsf.edu](http://www.transhealth.ucsf.edu)
- Fenway Guidelines for Transgender Care: [www.fenwayhealth.org/care/medical/transgender-health](http://www.fenwayhealth.org/care/medical/transgender-health)
- This-American-Life meets GIM podcast -Transgender talk <https://www.oslercast.com>
- Sample letters: [http://www.thegenderhealthcenter.org/resources/providers/SAMPLE-Clearance\\_Letter\\_HRT.pdf](http://www.thegenderhealthcenter.org/resources/providers/SAMPLE-Clearance_Letter_HRT.pdf)

# NATIONAL RESOURCES: HELPFUL LINKS

- [www.gender.org](http://www.gender.org) (Gender Education and Advocacy; GEA) is a national 501(c) (3) non-profit organization focused on the needs, issues and concerns of gender variant people in human society. GEA seeks to “educate and advocate, not only for ourselves and others like us, but for all human beings who suffer from gender-based oppression in all of its many forms”.
- [www.tavausa.org](http://www.tavausa.org) (Transgender American Veterans Association). The Transgender American Veterans Association (TAVA) is a 501(c) 3 non-profit organization “formed to address the growing concerns of fair and equal treatment of transgender veterans and active duty service members...TAVA serves as an educational organization that will help the Veterans Administration and the Department of Defense to better understand the individuals they encounter who identify as being gender-different”.
- [www.tsroadmap.com](http://www.tsroadmap.com) (Transsexual Road Map). A private individual provides information that is specific for transsexual transition process. It describes many of the medical issues in terms laypeople can understand. In addition, there are links to more in-depth overviews of issues such as surgeries and hormone therapy.
- *APA Task Force on Gender Identity and Gender Variance* has submitted its full report to APA and can be accessed at <http://www.apa.org/pi/lgbt/resources/policy/gender-identity-report.pdf>

# LOCAL RESOURCES

- [genderodyssey.org](http://genderodyssey.org): Gender Odyssey Conference is an annual international conference that focuses on the thoughtful expression of gender. The event includes workshops, social events, entertainment, and programs for families, partners and youth.
- [genderspectrumfamily.org](http://genderspectrumfamily.org): Gender Spectrum Family is an organization dedicated to the education and support of families raising gender variant, gender non-conforming, gender-fluid, cross-gender, and transgender children and adolescents.
- [ingersollcenter.org](http://ingersollcenter.org): The Ingersoll Center provides support, education, advocacy and information resources for people interested in gender identity issues; Weekly Support Group is held at Seattle Counseling Service, 7-9 pm, every Wednesday evening. All are welcome, including therapists and students. The first and third Wednesdays feature "Break Outs" where separate Groups are convened in the second hour: MtF, FtM, SOFFA, Genderqueer and Questioning. The Groups are led by trained Facilitators, and this system has run continuously for over 1,850 meetings.
- [ingersollcenter.org/resources/quicklist](http://ingersollcenter.org/resources/quicklist): Resource list focusing on Puget Sound area.

# EVEN MORE RESOURCES

- Institute of Medicine. 2011. *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. National Academies Press, Washington DC. You can download a free PDF at: [www.nap.edu/catalog.php?record\\_id=13128](http://www.nap.edu/catalog.php?record_id=13128)
- Brown, GR: Transsexuals in the military: Flight into hypermasculinity. *Arch Sex Behavior* 17(6):527-537, 1988.
- McDuffie, E; Brown GR: Seventy US veterans with gender identity disturbances: A descriptive study. *Int J Transgenderism* 12:21-30, 2010
- Gooren, L: Care of transsexual persons. *N Engl J Med* 2011;364:1251-7.
- National Coalition on LGBT Health: [lgbthealth.webolutionary.com](http://lgbthealth.webolutionary.com)
- Grant, Jaime M., Lisa A. Mottet, Justin Tanig, Jack Harrison, Jody L. Herman, and Mara Keisling. *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force, 20.



# CARE CONSIDERATIONS

- Bias awareness
- Welcoming environment
- Looks can be deceiving, confusing
- Terms of address
- Sensitivity in physical exams
- Privacy and documentation issues