

Transgender Healthcare



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CBT Solutions

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VOCABULARY

Definitions

- **Sexual orientation:** enduring pattern of emotional, romantic, and/or sexual attractions
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- **Sex:** a medical term; a biological construct (male, female, intersex)
 - **Gender:** psychological, behavioral, social, and cultural aspects of a gendered self
 - Gender identity: what you *know yourself* to be
 - Gender expression: who you *show yourself* to be

Definitions

- **Transgender (or “trans”)**: Gender identity that differs from societal expectations based on sex assigned at birth
 - E.g., transgender man, trans man; transgender woman, trans woman
- **Cisgender (“Cis”)**: Gender identity is consistent with assigned sex at birth
- **Non-Binary, genderfluid, genderqueer**: does not identify as male or female, identifies as both, neither, a third gender... the options are limitless!
- **Agender**: identifies as having no gender or being ungendered

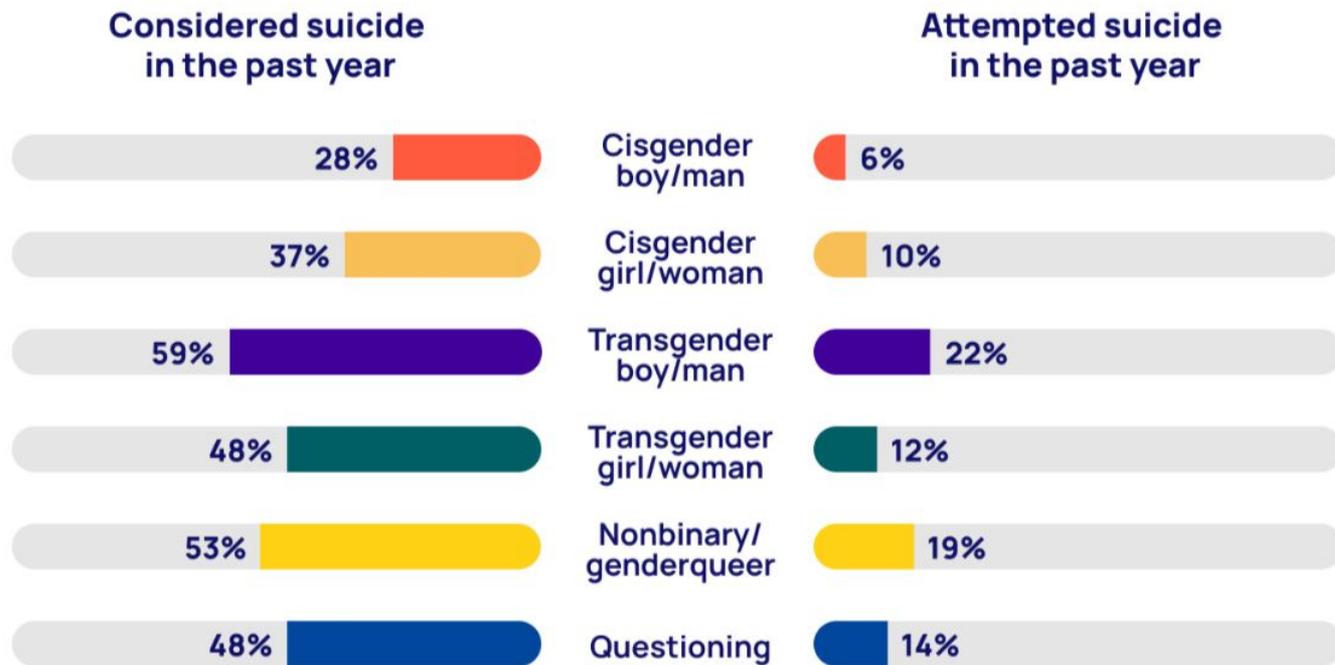
HEALTHCARE NEEDS

Health Disparities

(AAMC, 2020); (CAP, 2019)

- Transgender people...
 - More than 2x as likely as cisgender people to have depressive disorders
 - More than 2x as many poor mental health days per month, 3x as much interference in daily activities
- Discrimination experiences
 - 46% reported verbal harassment about gender in 2015
 - 10% reported physical attack in 2015
 - Less likely to be insured than any group
 - 4x more likely to have HIV than general population
- 1 in 2 trans youth experience homelessness
- More vulnerable to some preventable diseases

Rates of considered and attempted suicide among LGBTQ youth by gender identity



Access to Healthcare

(HEI, 2018; CAP Survey, 2017; Missouri Foundation for Health)

- LGBTQ+ families more likely to be poor & underemployed
- LGBTQ+ Missourians are 1.5x more likely to be uninsured
- Access to LGBT-affirming specialty health services is generally quite limited
 - 13 U.S. states with no LGBTQ+ health centers
 - 30+% of T people drive more than 25 miles for medical care
- The Midwest has the least access to LGBT-affirming healthcare of any U.S. region
 - Healthcare may be under threat or explicitly not covered
- 1 in 4 trans people report avoiding needed healthcare due to **fear of discrimination**

TGD Mental Health Needs

(dickey, Karasec, & Sharon, 2016)

- 1. Exploration of gender identity:** determining exactly what one's gender identity is, coming to terms with this gender identity, self-acceptance and individuation, exploring individual-level ways to actualize this identity in the world, prep and assessment for medical affirmation
- 2. Coming out and social transition:** coming out to family, friends, and coworkers, dating and relationships, developing tools to cope with being transgender in a sometimes transphobic world
- 3. General mental health issues, possibly unrelated to gender identity**

The Ins & Outs of Gender-Affirming Healthcare

WHAT WE CAN DO

Does gender affirmation “work”?

- “**Gender Affirming Therapy** is a therapeutic stance that focuses on affirming a patient’s gender identity and does not try to ‘repair’ it.” (APsychiatryA, 2017)
 - Core interventions: gender affirmation, space for processing/understanding, linking to resources, allowing for diversity, reflection and empathy
- Coming out: context matters
- HRT significantly decreases gender dysphoria (Wiepjes et al., 2018—40 year study)
- Chest surgery significantly decreases rates of dysphoria (Olson-Kennedy et al., 2018)

Does gender affirmation “work”?

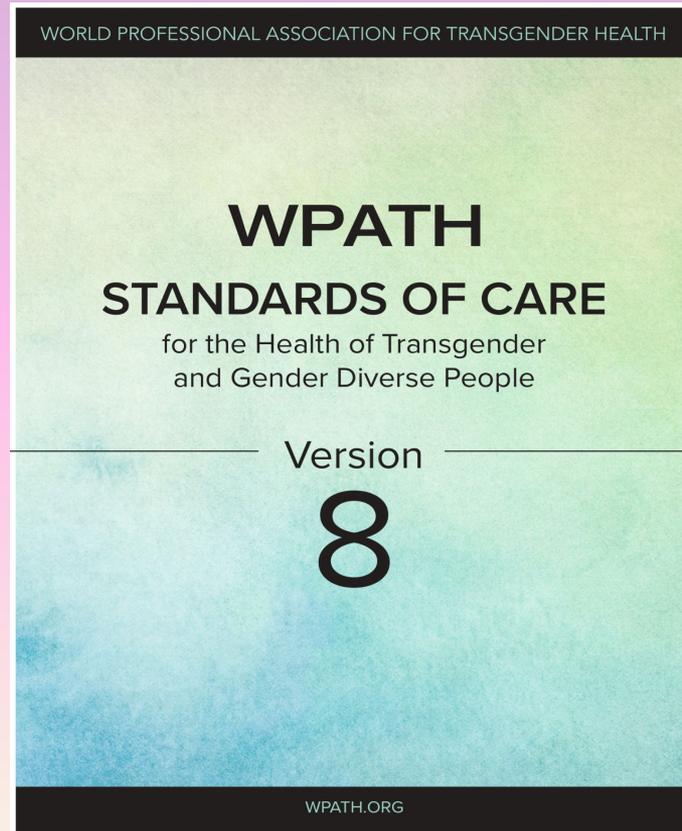
For adolescents:

- Social interventions decrease anxiety and depression in youth (Olson et al., 2016)
- Pubertal suppression is associated with better mental health outcomes, improved functioning, and life satisfaction (Matouk & Wald, 2021)
 - Decrease in lifetime suicidal ideation in adults who received blockers in adolescence (Tordoff et al, 2022)
- 5 years after social transition, 97.5% youth still identify as TGD (Olsen et al., 2022)
- Prospective study found that (Tordoff et al. 2022):
 - 12 months later, 66% of children seeking care at a gender clinic received gender-affirming healthcare
 - They were 60% less likely to experience depression, 73% less likely to experience SI

Transition Goals Are Different

- “Traditional” path with goal of “passing”
- Binary, nonbinary, agender, fluid—what *should* a goal be?
- Culturally significant identities, including two-spirit people
- Eunuch identity
- Social transition
- Legal transition
- Medical options...
 - Pubertal suppression
 - Hormone replacement therapy
 - Removal surgeries
 - Reconstructive surgeries
 - Feminizing surgeries
 - Speech therapy
 - Hair removal

WPATH SOC 8



Common Concerns Among Providers

“Detransition”

(Turban et al. 2021)

- 50 yr study in Sweden - 2% of people re-transitioned after surgery (Dhejne et al., 2014)
- Netherlands - 1.9% of youth on blockers did not continue to HRT (Wiepjes, 2018)
- 82.5% of ‘detransitioners’ (10.8% of all transitioners) report external driving factors
 - Pressure from family; social stigma; loss of insurance coverage
 - Assoc. with AMAB, nonbinary identity, bisexual identity, and unsupportive family
- 15.9% (2.1%) of ‘detransitioners’ report internal driving factors
 - Fluctuations / uncertainty about identity
- External factors can cause internal factors - may warrant intervention

Responsibilities of Healthcare Providers

WHAT WE CAN DO

What We Can Do

1. Assess
2. Don't microaggress
3. Be aware of sociopolitical forces impacting queer lives
4. Accept, affirm, and go out of your way to make LGBTQ+ people welcome
5. Adhere to current healthcare guidelines

1. Assess

Appropriately... includes asking and not asking.

- DO ask:
 - What do you like to be called?
 - What pronouns do you use?
 - How do you identify?
 - Who do you like to date? What kind of relationships are you interested in?
- DO basic research on terminology & medical issues.
- DO respect the answers your client gives you.
- DO assess sexual orientation regardless of gender of current partner.
- DON'T ask things you can Google.
- DON'T use terms that you're unsure of.
- DON'T ask questions that don't pass this test:
 - Would I feel comfortable being asked this by someone I didn't know well?
 - Would I ask this question of a cis het person?
 - Is this important and/or necessary to the type of healthcare I am providing?

2. Don't Microaggress

(Mizock, 2016)

- **Education burdening:** relying on client to educate therapist on trans issues
- **Gender narrowing:** applying restrictive concepts of gender to clients
- **Gender inflation:** overlooking important life areas not related to gender
- **Gender generalizing:** assuming all your trans clients have the same goals and experiences

2. Don't Microaggress

(Mizock, 2016)

- **Gender avoidance:**
lacking focus on issues of gender
- **Gender repairing:**
conducting therapy as if trans identity is a problem to be fixed
- **Gender pathologizing:**
assuming transness is the root of all problems
- **Gate-keeping:** using ax tools to *determine whether gender is valid* instead of to support client's goals; focusing on therapist comfort / discomfort with goals

3. Be Aware

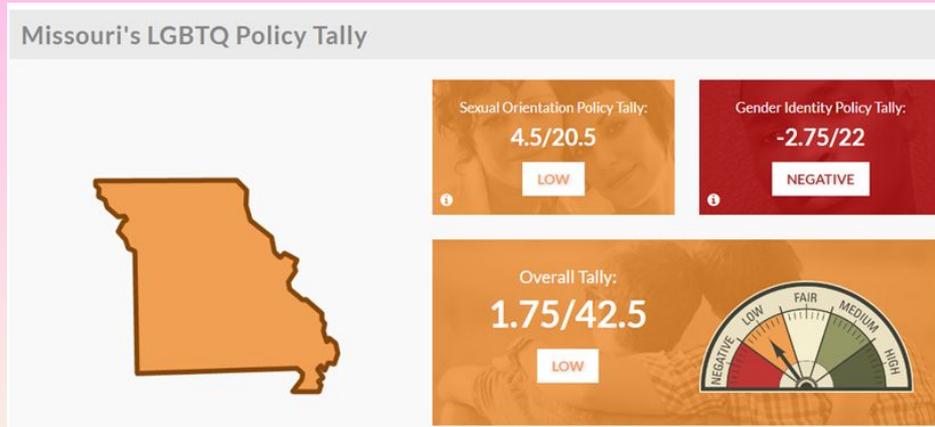


Missouri

- Housing
- School Anti-Bullying
- Anti-Conversion Therapy
- Employment
- Education
- Gender Marker Updates On Identification Documents
- Public Accommodations
- Transgender Healthcare
- Hate Crimes

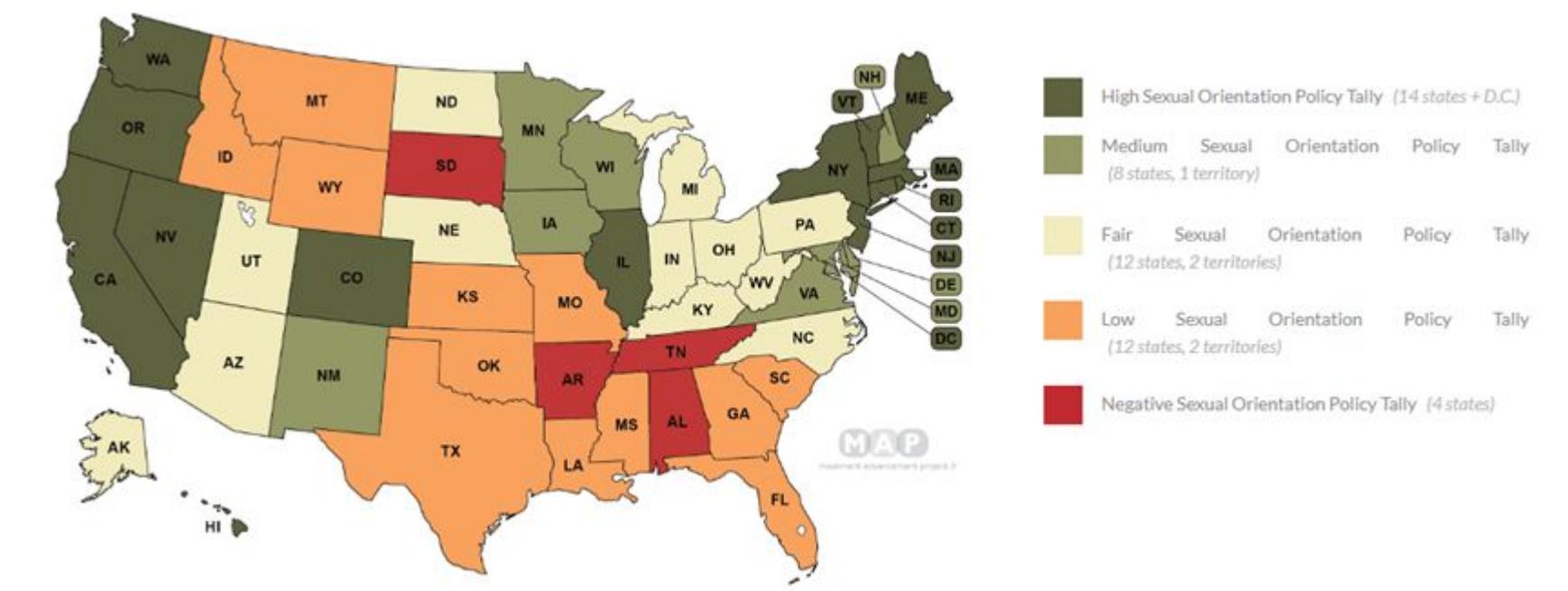
High Priority to Achieve Basic Equality

[View detail →](#)

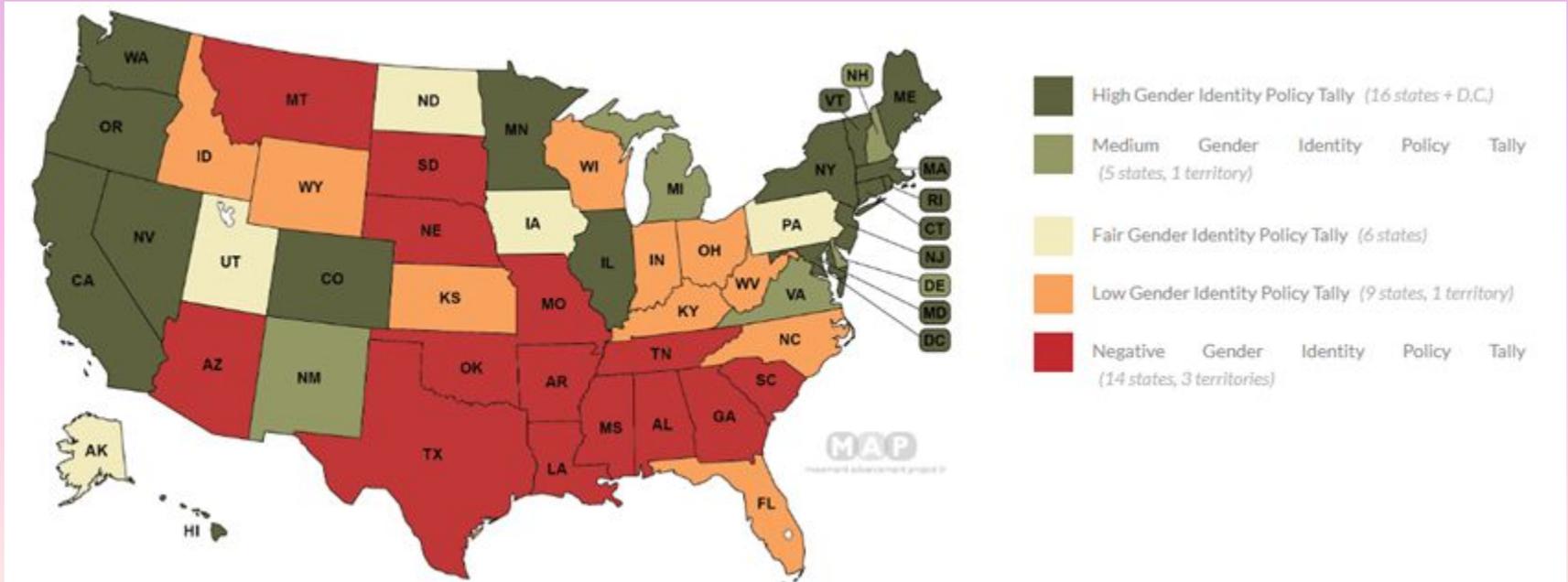


Sexual Identity Equality

(2023)



Gender Identity Equality (2023)

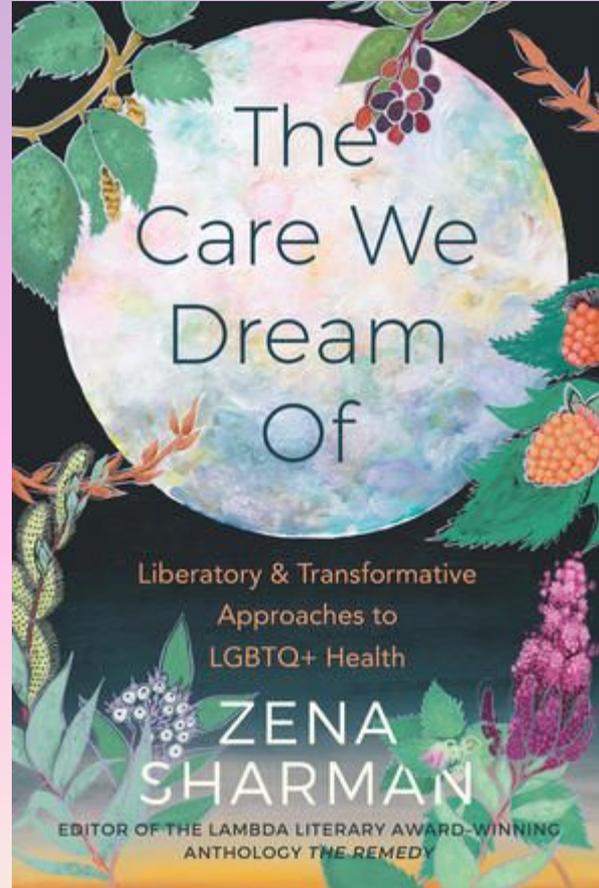


4. Accept, Affirm, Welcome

- Levels of healthcare equality (HEI, 2018)
 1. Non-discrimination of patients & staff sensitivity training
 2. LGBTQ+ patient services and support
 3. Employee support and policies
 4. Community engagement

What's Your Pronoun?

Strategies for
Inclusion in the
Workplace



Minimums for Equal Care

- Let patients self-identify.
- Communicate patient needs and preferences to all staff.
- Include non-marital, non-bio, and non-monogamous family in ax, tx-planning, and decision-making.
- Provide safe and inclusive forms, signage, waiting space, and bathrooms.
- Identify go-to staff for LGBTQ+ issues.

5. Adhere to Guidelines

Health is a basic human right.

- WPATH Transgender Standards of Care
 - wpath.org/publications/soc
- APA's Guidelines for Transgender and Gender-Nonconforming People
 - apa.org/practice/guidelines/transgender.pdf
- APA's Guidelines for Psychological Practice with Lesbian, Gay & Bisexual Clients
 - apa.org/pi/lgbt/resources/guidelines.aspx