

WORKING WITH TRANSGENDER CLIENTS

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APA Resolution Supporting Full Equality for Transgender and Gender-Variant People

- ▣ Support legal and social recognition of transgender individuals consistent with their gender identity and expression
- ▣ Support the provision of adequate and medically necessary treatment for transgender and gender-variant people
- ▣ Recognize the benefit and necessity of gender transition treatments for appropriately evaluated individuals
- ▣ Call on public and private insurers to cover these treatments

Overview

- Terminology
- Prevalence
- Causes
- Developmental course
- Being respectful
- WPATH Standards of Care
- Psychology work – assessment, psychotherapy



Some definitions

- ▣ **Gender identity** – A person's internal, deeply felt sense of being male or female (or something other or in between). A person's gender identity may or may not correspond with their sex.
- ▣ **Transitioning** – Steps taken by trans people to live in their gender identity. These often involve medical treatment to change one's sex through hormone therapy and may involve gender reassignment surgeries.

Trans Identities

- ▣ **Transgender / trans** - A person whose gender identity is different from their physical sex at birth. These terms may be used as a broad umbrella terms for persons who are gender variant.
- ▣ **Transsexual** - A person who has changed, or is in the process of changing, their physical sex to conform to their gender identity.
- ▣ **MtF / trans woman** - Male-to-female / someone born with a male body who has a female gender identity.
- ▣ **FtM / trans man** - Female-to-male / someone born with a female body who has a male gender identity.
- ▣ **Cross-dresser** - A person who wears the clothing and/or accessories of the opposite gender.
- ▣ **Drag** - Performing as the opposite sex for entertainment, money or other reasons.

- ▣ **Genderqueer** - People who do not conform to traditional gender norms and express a non-standard gender identity. Some may not change their physical sex or cross-dress, but identify as genderqueer, gender neutral or androgynous.
- ▣ **Intersex** - A general term used for a variety of conditions in which a person is born with reproductive or sexual anatomy that does not fit the typical biological definitions of female or male.
- ▣ **Takatāpui** - An intimate companion of the same sex. Today used to describe Māori gay, lesbian, bisexual and trans people.
- ▣ **Whakawahine, Hinehi, Hinehua, Tangata ira tane** - Some Māori terms to describe trans people, which are best understood within their cultural context.
- ▣ **Fa'afafine, Fakaleiti, Akava'ine, Mahu** - Some Pasifika terms to describe trans and “third sex” people, which are best understood within their cultural context.

Sexual orientation

- ▣ Describes whom one is sexually attracted to.
- ▣ A transgender person can have any sexual orientation, just like anyone else.



Prevalence

Transsexuals

- Veale (2008) found 1:3,369 male-to-female and 1:22,714 female to male transsexuals among New Zealanders
- FtM : MtF = 1:2.3
- Rates are similar across cultures

Other gender-variant

- Upto 3%



Causes

- ▣ The diversity of transgender expression and experiences argues against any simple or unitary explanation.
- ▣ Many experts believe biological factors such as genetic influences, prenatal hormone levels, early experiences, and experiences later in adolescence or adulthood may all contribute to the development of transgender identities.



How does someone know they are transgender?

- ▣ Varied experience
- ▣ Some can trace back to earliest memories of feelings of “not fitting in” with people of the same assigned sex. Others become aware of their transgender identity later in life.
- ▣ “Gender Identity”
- ▣ “Gender Dysphoria” – some, often transsexuals experience dissatisfaction with assigned sex - physical characteristics and associated gender role.

Gender Transition

- ▣ People who transition often start by expressing their preferred gender in situations where they feel safe
- ▣ While there is no “right” way to transition genders, there are some common social changes transgender people experience that may involve one or more of the following: adopting the appearance of the desired sex through changes in clothing and grooming, adopting a new name, changing sex designation on identity documents (if possible), using hormone therapy treatment, and/or undergoing medical procedures that modify their body to conform with their gender identity.
- ▣ Finding a suitable mental health professional is often an important early step.

(American Psychological Association Q&A about transgender people)

Is being transgender a mental disorder?

- ▣ “Gender Identity Disorder” in the DSM-IV.
- ▣ Many transgender people do not experience their gender as distressing or disabling.
- ▣ Any other obstacles may lead to distress, including a lack of acceptance within society, direct or indirect experiences with discrimination, or harrassment.
- ▣ These experiences may lead many transgender people to suffer with anxiety, depression, or related disorders at higher rates than nontransgender persons.

(American Psychological Association Q&A about transgender people)

Developmental course – Childhood

- ▣ Not all transgender people begin expressing their gender-variance in childhood.
- ▣ More and more presenting to change gender in childhood.
- ▣ Follow-up studies of gender-variant children – homosexuality or transsexualism?
 - Of those diagnosed with Childhood GID 12-27% persist with gender dysphoria.
 - The majority sexually attracted to the same birth-assigned sex.

Childhood Social Transition

- ▣ Done successfully by some with early success, but long-term evidence of outcomes is lacking.
- ▣ Psychologists can help families weigh up benefits and challenges.



Developmental course – Adolescence

- ▣ Begin taking hormone blockers at puberty.
- ▣ At age 16? begin taking cross-sex hormone treatment.
- ▣ Surgery usually from age 18.
- ▣ Gender identity stable and persistent from adolescence .
- ▣ A staged approach is recommended to keep options open.
- ▣ Evidence for a 1:1 ratio of assigned males:females
- ▣ Many adolescents and adults presenting with gender dysphoria do not report a history of childhood
- ▣ Risks of withholding medical treatment for adolescents

Being Respectful

- Pronouns:

- If you are unsure of one's identity, just ask.
- It is OK to make a mistake, just be willing to correct yourself.

Refrain from overly personal questions (depending on how well you already know the person).

- Know that transgender people have membership in various sociocultural identity groups (e.g., race, social class, religion, age, disability, etc.) and there is not one universal way to look or be transgender.
- Don't make assumptions about transgender people's sexual orientation, desire for hormonal or medical treatment, or other aspects of their identity or transition plans.
- Don't confuse gender nonconformity with being transgender. Not all people who appear androgynous or gender nonconforming identify as transgender or desire gender treatment to assist with transition.

WPATH Standards of Care

- ▣ Version 7 – 2011
- ▣ Flexible clinical guidelines
- ▣ Psychologists working with trans people should have knowledge about this area and obtain continuing education and supervision.
- ▣ Cultural competence.
- ▣ Knowledgable about sexuality and sexual health concerns.



Assessment and Referral

1. Assess gender dysphoria
 - Make sure dysphoria is not secondary to or better accounted for by other diagnoses.
2. Provide information regarding options for identity and expression and possible medical interventions
3. Work with co-existing mental health concerns
4. If applicable, assess eligibility, prepare, and refer for hormone therapy and/or surgery

Criteria for hormone therapy

1. Persistent, well-documented gender dysphoria
 2. Capacity to make a fully informed decision
 3. Age of consent
 4. If significant medical or mental health concerns are present, they must be reasonably well-controlled
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- ▣ Always discuss reproductive options prior to taking hormones



Surgery - Effective and Medically Necessary



Criteria

1. Persistent, well-documented gender dysphoria
2. Capacity to make a fully informed decision
3. Age of consent
4. If significant medical or mental health concerns are present, they must be reasonably well-controlled
5. 12 Months hormone therapy and living in the gender role congruent

Tasks Related to Psychotherapy

1. Not an absolute requirement for hormone treatment or surgery
2. Goals:
 - Maximise a person's overall psychological wellbeing.
 - Explore gender concerns and find ways to alleviate gender dysphoria.
 - Facilitate achieving long-term comfort in their gender identity expression.
3. Address impact of stigma and minority stress
4. Facilitate the “coming out” process and an individualised plan with specific goals and timelines
5. Family therapy to support family members

Psychotherapy with children and adolescents

- ▣ Help families to have an accepting and nurturing response.
- ▣ Focus on distress related to gender dysphoria and ameliorating any other psychosocial difficulties.
- ▣ Treatment aimed at altering gender identity lacks evidence and is not considered ethical.
- ▣ Psychologists should not impose a “binary” view of gender.

TABLE 13. Masculinizing effects in FTM transsexual persons

Effect	Onset (months) ^a	Maximum (yr) ^a
Skin oiliness/acne	1–6	1–2
Facial/body hair growth	6–12	4–5
Scalp hair loss	6–12	^b
Increased muscle mass/strength	6–12	2–5
Fat redistribution	1–6	2–5
Cessation of menses	2–6	^c
Clitoral enlargement	3–6	1–2
Vaginal atrophy	3–6	1–2
Deepening of voice	6–12	1–2

^a Estimates represent clinical observations. See Refs. 81, 92, and 93.

^b Prevention and treatment as recommended for biological men.

^c Menorrhagia requires diagnosis and treatment by a gynecologist.

TABLE 14. Feminizing effects in MTF transsexual persons

Effect	Onset ^a	Maximum ^a
Redistribution of body fat	3–6 months	2–3 yr
Decrease in muscle mass and strength	3–6 months	1–2 yr
Softening of skin/decreased oiliness	3–6 months	Unknown
Decreased libido	1–3 months	3–6 months
Decreased spontaneous erections	1–3 months	3–6 months
Male sexual dysfunction	Variable	Variable
Breast growth	3–6 months	2–3 yr
Decreased testicular volume	3–6 months	2–3 yr
Decreased sperm production	Unknown	>3 yr
Decreased terminal hair growth	6–12 months	>3 yr ^b
Scalp hair	No regrowth	^c
Voice changes	None	^d

^a Estimates represent clinical observations. See Refs. 81, 92, and 93.

^b Complete removal of male sexual hair requires electrolysis, or laser treatment, or both.

^c Familial scalp hair loss may occur if estrogens are stopped.

^d Treatment by speech pathologists for voice training is most effective.

Useful Links

- ▣ World Professional Association of Transgender Health Standards of Care
– access at www.wpath.org
- ▣ APA Transgender Issues in Psychology
<http://www.apa.org/pi/lgbt/programs/transgender/>
- ▣ NZ Human Rights Commission Transgender Inquiry (2008)

<http://www.hrc.co.nz/human-rights-environment/action-on-the-transgender-inquiry/>

- ▣ Australia and New Zealand Professional Association of Transgender Health <http://www.anzpath.org>
- ▣ Let's talk about sex (sexuality and gender). Improving mental health and addiction services for Rainbow Communities

<http://www.tepou.co.nz/library/research/788>