System and Clinical Approaches:

LGBTQIA+ Populations in Behavioral Health

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We have no actual or potential conflict of interest in relation to this program or presentation.

DISCLOSURES
Agenda

- Who we are
- Introduction to trans* terms
- Debunking myths
- WPATH
- Letter Writing
- Case Examples illustrating:
  - Integrated and shared decision making
  - Trauma and shame
  - Care Gaps
- Q and A
Our Team

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Legacy Transgender Services

- Primary Care
- Gender-affirming surgery and transition-related care
- Care for children and youth
  > T-Clinic at Randall
- Support service call line


1.4 million Americans identify as transgender

Terminology

- Sex
- Sexual Orientation
- Gender
- Gender Identity
- Gender Expression
- Pronouns
Terminology

- **Sex** – *a person’s biological status* and typically categorized as male, female, or intersex


Terminology

- Sexual Orientation – *An inherent or immutable enduring emotional, romantic or sexual attraction to other people.*

Terminology

- Gender identity
  > How individuals perceive themselves and what they call themselves.
  > One's gender identity can be the same or different from their sex assigned at birth.

Source: American Psychological Association [https://www.apa.org/pi/lgbt/resources/sexuality-definitions.pdf]
Source: Human Rights Campaign [https://www.hrc.org/resources/glossary-of-terms]
Terminology

- **Gender expression**

  > *External appearance* of one's gender identity and which may or may not conform to socially defined behaviors and characteristics typically associated with being either masculine or feminine.

  > Usually expressed through behavior, clothing, haircut or voice
Gender Identity vs Gender Expression
Terminology: Sex (Biologic Status)

- Male
- Female
- Intersex – *An umbrella term used to describe a wide range of natural bodily variations. In some cases, these traits are visible at birth, and in others, they are not apparent until puberty. Some chromosomal variations of this type may not be physically apparent at all.*

Terminology: Sexual Orientation

- Heterosexual – “Straight”
- Homosexual – “Lesbian or Gay”
- Asexual
- Bisexual
- Pansexual
- Queer

Source: American Psychological Association [https://www.apa.org/pi/lgbt/resources/sexuality-definitions.pdf]
Source: Human Rights Campaign [https://www.hrc.org/resources/glossary-of-terms]
Terminology: Sexual Orientation

- **Asexual** - *The lack of a sexual attraction or desire for other people.*

Terminology: Sexual Orientation

- **Bisexual** - *A person emotionally, romantically or sexually attracted to more than one sex, gender or gender identity though not necessarily simultaneously, in the same way or to the same degree.*

Terminology: Sexual Orientation

- **Pansexual** - *Describes someone who has the potential for emotional, romantic or sexual attraction to people of any gender though not necessarily simultaneously, in the same way or to the same degree.*

## Terminology: Sexual Orientation

<table>
<thead>
<tr>
<th>Bisexual</th>
<th>Pansexual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implies there are <strong>only two</strong> genders</td>
<td>Implies there are <strong>more than two</strong> genders</td>
</tr>
<tr>
<td>Attraction towards <strong>two</strong> genders</td>
<td>Attraction to <strong>all</strong> genders</td>
</tr>
<tr>
<td>Attraction to males and females</td>
<td>Attraction to cisgender, transgender, intersex people, etc….</td>
</tr>
<tr>
<td>Not as inclusive as pansexual</td>
<td>More <strong>inclusive</strong> than bisexual</td>
</tr>
</tbody>
</table>

Source: Adapted from http://pediag.com/difference-between-bisexual-and-pansexual/
Terminology: Sexual Orientation

- **Queer** - A term used to describe people who are in the process of exploring their sexual orientation or gender identity.

Terminology: Sexual Orientation

- **Queer** - *Not fitting cultural norms of sexuality and/or gender identity and expression.*

Source: https://www.uua.org/lgbtq/identity/queer
Terminology: Gender Identity

- Cisgender
- Transgender
  - Transman
  - Transwoman
  - Gender non-conforming
  - Genderqueer
  - Male
  - Female

Terminology: Gender Identity

- Cis-gender - *person whose self-identity conforms with the gender that corresponds to their biological sex; not transgender*
Terminology: Gender Identity

- Transgender - *person whose self-identity does not conform unambiguously to conventional notions of male or female gender*
Terminology: Gender Identity

- Transman: *female-to-male*
- Transwoman: *male-to-female*
- Gender non-conforming or non-binary
  > People who **do not follow other people's ideas or stereotypes about how they should look or act** based on the female or male sex they were assigned at birth.
Terminology: Gender Identity

- **Genderqueer:**
  > Genderqueer people typically reject notions of static categories of gender and embrace a fluidity of gender identity and often, though not always, sexual orientation.

  > People who identify as "genderqueer" may see themselves as being both male and female, neither male nor female or as falling completely outside these categories.
Terminology: Summary

- **Sex**: Biologic status
- **Sexual Orientation**: *Who you go to bed with*
- **Gender Identity**: *Who you go to bed as*

**Sex ≠ Sexual Orientation ≠ Gender Expression ≠ Gender Identity**

Pronouns

- He/him
- She/her
- They/Them
- Ze/Zer
- Name
Pronouns

- Pronouns are important so ask first:
  “My name is Adam/Lauren and I prefer the he/him/she/her pronouns. What do you prefer?”

- If you get it wrong (which you will), apologize and move on.

- Proofread your progress notes

- Addend your notes with
  “Some Pronouns Are System Generated”
IF TRANS PEOPLE SAID THE STUFF CISGENDER PEOPLE SAY
Gender Dysphoria in Adolescents and Adults

A. 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).

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).

B. The condition is associated with clinically significant distress or impairment in social, occupational or other important areas of functioning.
Treatment Options As Outlined by WPATH

- Changes in gender expression and role (which may involve living part time or full time in another gender role, consistent with one’s gender identity)
- Hormone therapy to feminize or masculinize the body.
- Surgery to change primary and/or secondary sex characteristics (e.g., breasts/chest, external and/or internal genitalia, facial features, body contouring);
- Psychotherapy (individual, couple, family, or group) for purposes such as exploring gender identity, role, and expression; addressing the negative impact of gender dysphoria and stigma on mental health; alleviating internalized transphobia; enhancing social and peer support; improving body image; or promoting resilience.
Options for Social Support and Changes in Gender Expression as outlined by WPATH

- In-person and online peer support resources, groups, or community organizations that provide avenues for social support and advocacy.
- In-person and online support resources for families and friends.
- Voice and communication therapy to help individuals develop verbal and non-verbal communication skills that facilitate comfort with their gender identity.
- Hair removal through electrolysis, laser treatment, or waxing;
- Breast binding or padding, genital tucking or penile prostheses, padding of hips or buttocks.
- Changes in name and gender marker on identity documents.
Disparities for Transgender People

- Attempted Suicide
  > Trevor Project:
    - 40% transgender adults
    - 92% of these adults attempted before age 25
  > American Academy of Pediatrics
    - 30-50% of transgender youth

https://www.thetrevorproject.org/resources/preventing-suicide/facts-about-suicide/#sm.0001twv5s911vtdvse5kauu8nf1g
What does Behavioral Health for TGNC* look like?

- WPATH
- Letter Writing
- Treating co-occurring disorders

> Higher rates of depression, suicidality, substance use than cisgender counterparts

Letters

- One referral from a qualified mental health professional is needed for breast/chest surgery (e.g., mastectomy, chest reconstruction, or augmentation mammoplasty).
- Two referrals—from qualified mental health professionals who have independently assessed the patient—are needed for genital surgery (i.e., hysterectomy/salpingo-oophorectomy, orchiectomy, genital reconstructive surgeries). If the first referral is from the patient’s psychotherapist, the second referral should be from a person who has only had an evaluative role with the patient. Two separate letters, or one letter signed by both (e.g., if practicing within the same clinic) may be sent. Each referral letter, however, is expected to cover the same topics.
Letters of Support Content

- The letter should be written on the therapist’s letterhead, dated and with the therapist’s hand signed or electronic signature.

- The mental health professional’s documentation letter for surgery should specify:
  - The patient's general identifying characteristics, i.e. name and date of birth;
  - The duration of their professional relationship including the type of psychotherapy or evaluation that the patient underwent;
  - The initial and evolving gender, sexual, and other psychiatric diagnoses;
  - Documentation of persistent gender dysphoria (i.e. Length of time presenting, number of years on hormones, etc);
  - Documentation of the patient's capacity to make a fully informed decision and to consent to treatment;
  - Documentation that the patient is the age of majority for health care decision making;
  - If significant mental health concerns are present, that they are reasonably well controlled;
  - **The letter must clearly state that the patient is a candidate for gender affirming surgery and of what type.**
  - The degree to which the patient has followed the Standards of Care to date and the likelihood of future compliance;
  - That the sender welcomes a phone call to verify the fact that the mental health professional wrote the letter as described in this document.
Case Example – C.J.

- Caucasian transman in their 20's referred by PCP to BHC for top surgery letter.
- Borderline Personality disorder, Anorexia Nervosa, PTSD, Depression, anxiety.
- Transition Progress: Preferred Pronoun he/him, name change, socially transitioned for approx. 4 years, identify as queer, binding chest, on hormone replacement for 3 years.

Treatment Goal:
- Assess for preparedness for gender confirming double mastectomy.

Outcome:
- Approved for preparedness for surgery with recommendation for therapy.
Case Example - “Mr. Handsome”

- Caucasian transman in their 30's, referred by PCP to both BHC and Psych NP
- Gender dysphoria, ADHD, motor tic disorder, depression, anxiety
- Presented to clinic early 2018 hormone naive
- Social transitions: Preferred pronouns = they/them, preferred gender-neutral dress, name change, identified as queer, binding chest.

Treatment Goal:

- Medication monitoring, diagnosis monitoring, preparation for hormone initiation
- Explore other transition needs

Outcome

- Hormones started and tolerated, he/him/, gender confirming double mastectomy
Care Gaps

- Access to gender-affirming providers
  - Psychiatric
  - Medical
  - Surgical
  - Informed MH professionals willing to write letters

- Trauma-informed care

- Co-occurring autism spectrum disorder
Thank you!