

Navigating Gender Dysphoria and Gender Diversity in a Therapeutic Setting: An Introduction



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Disclaimers & Caveats



- This is an introductory presentation. You should leave with more questions than answers.
- I have theoretical biases based on research I've been exposed to and clinical work I have done. I will try to name these whenever possible.
- This is an emerging and evolving field of study. Research on issues pertaining to gender dysphoria and gender diversity is limited and constantly changing.
- Please use your internal reactions to measure personal beliefs about gender.
- Your engagement is greatly appreciated. Please ask questions.
- I am a cisgender person speaking about transgender experiences.

Some Assumptions about Gender



- Gender is non-binary and fluid
 - Which can make it difficult to speak about in a linear manner.
- Gender identity and gender expression can vary across the lifespan
- Development is important in the context of gender
- There is an intersection between gender and sexual health, but gender and sexuality are different constructs.
- How we define and understand gender is impacted by social constructions.
- Genitals or Genetics do not equal gender.

Development is Important



- Distinctions will be made across development
 - Children are NOT Adolescents and Adolescents are NOT adults.
 - It's easy to begin mapping on adult narratives for gender experiences or transition onto adolescents or children.



Just to get us all on the same page....

Gender 101



- **Cisgender**

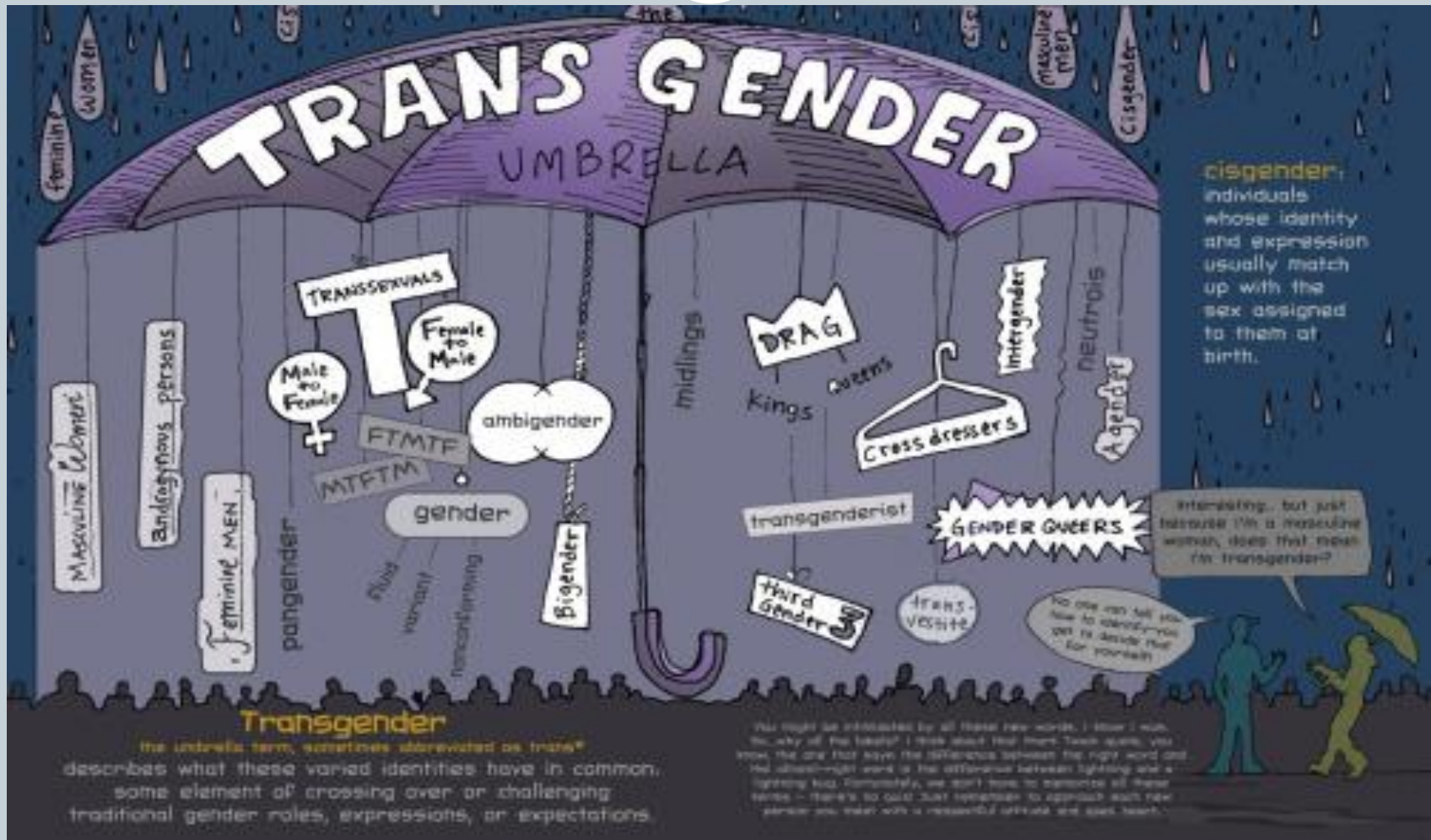
- A non-transgender/gender diverse person who identifies as their assigned gender, which directly correlates to their physical sex. May conform to gender-based expectations of society.

** Cis is a prefix from latin- meaning "on this side of", which is opposed to "trans" meaning "across from" or "on the other side of." This terminology has roots in chemistry.*



• **Transgender**

- An umbrella term for people who transition from one gender to another and/or people who defy social expectations of how they should look, act, or identify based on their sex assigned at birth. This can include a range of people including: transmasculine or transfeminine individuals and, more generally, anyone whose gender identity or expression differs from conventional expectations of masculinity or femininity.
- Clarifying terminology: “transmasculine”/ “transfeminine”

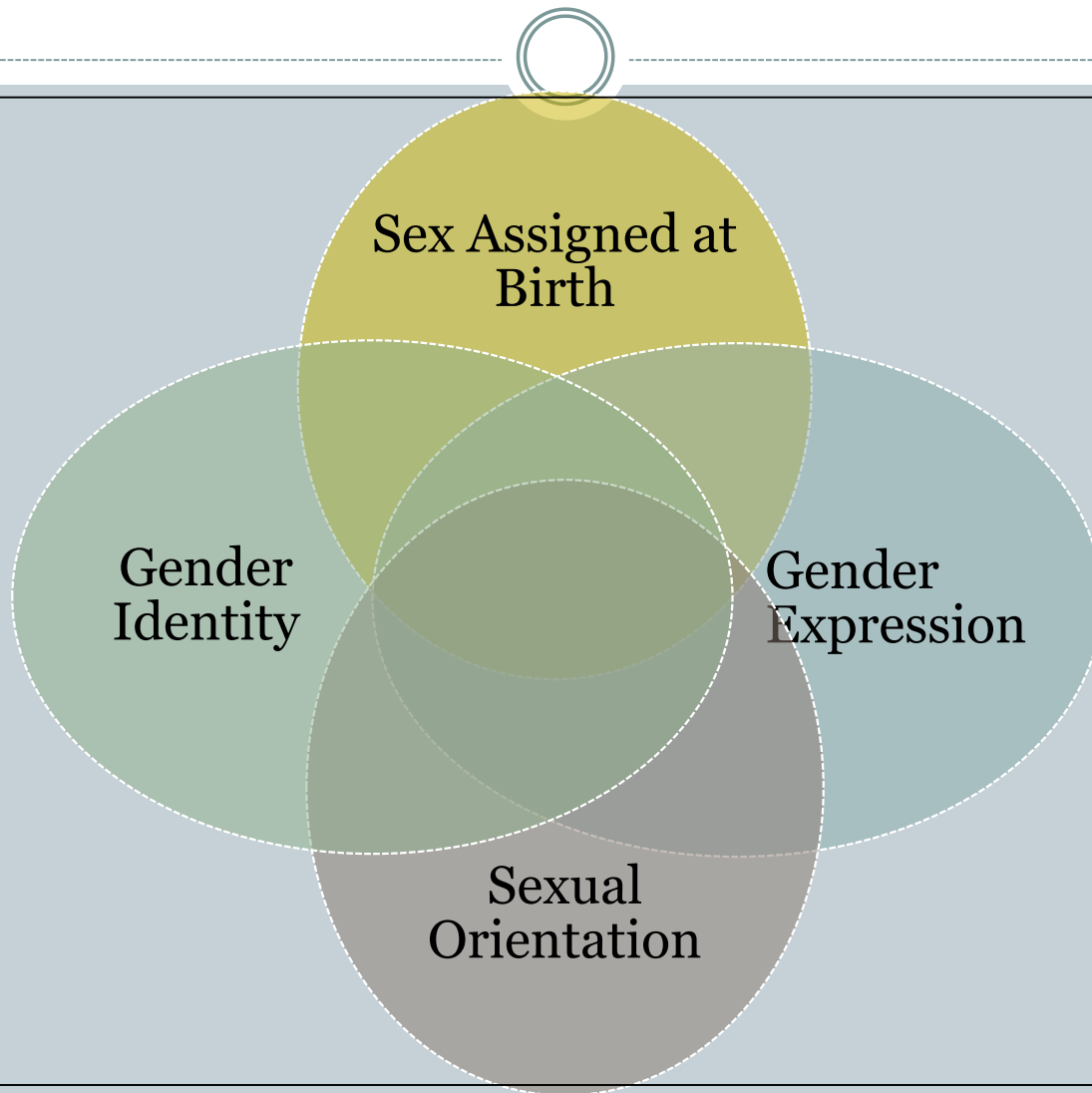


Gender Diversity



- Not everyone in a category under this umbrella may identify with the language “transgender.”
- “gender diverse,” “gender variant,” “gender creative,” “gender non-conforming,” “non-binary,” etc.
- Not everyone who identifies as transgender or is under this umbrella meets criteria for gender dysphoria
 - Distress is important distinction for diagnosis
 - History of pathologization
 - ✦ Gender Identity Disorder vs. Gender Dysphoria

Components of Gender Identity



Sex Assigned at Birth



- Based on biological indicators (genetics, gametes, and genitalia)
- For the most part, when a baby is born, gender is assigned based on the genitals as male or female.
 - Of note: 1 in 2000 children are born intersex
 - Often treated as a “medical emergency”

Reminder: Intersex and transgender are not the same thing.
- Sex Assigned at Birth
 - AFAB & AMAB
 - ✦ **Language check: Shift in language toward one’s identity vs AFAB or MFT**
 - Consideration in clinical writing.

Gender Identity



The basic conviction of who a person believes they are in terms of gender, regardless of body parts.

- People may identify their gender as binary or non-binary

Gender Identity



Gender Binary

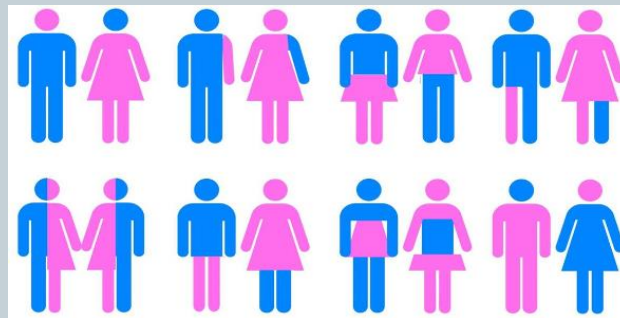
vs.

Gender Continuum/Spectrum



Male

Female



Identities & Generational Differences



Gender Variant

Gender Queer

Gender Fluid

Situational Genderfluid

Transmasculine

Transfeminine

Masculine-Spectrum

Feminine-Spectrum

Gender NC

Gender Expansive

Gender Blender

Gender Bender

Enby (NB)

Demiboy/Demigirl

Aliagender

Androgynous/Androgyne

Polygender

Bigender

Transsexual (TS)

Transgender

Transwoman, M2F, MTF

Transman, F2M, FTM

Crossdresser

Two-Spirit

Gender Expression



- How one presents in the world in terms of taking on culturally defined traditional masculine or feminine roles.
 - Has much more to do with gender stereotypes
 - Is historically and culturally relative



Masculine

Neutral

Feminine

When Identity Meets Expression



Male

Female



Masculine

Neutral

Feminine

- What happens when someone's identity doesn't line up with their expression?

Sexual Orientation



A person's sexual and emotional attraction to another person.

Clarifying Sexual Orientation:

- An individual can be attracted to another person's gender identity and/or gender expression.
- Sometimes people's attractions may or may not include attractions to primary and secondary sex characteristics.
- **Reminder:** Being transgender or gender diverse is not someone's sexual orientation nor does it dictate it.

Sexual Orientation



People often confuse sexual orientation with gender identity because of stereotypes about gender nonconformity.

DSM-5 Criteria for Gender Dysphoria in Adolescents & Adults



- A marked incongruence between one's experienced/expressed gender and assigned gender.
- A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics.
- A strong desire to be rid of one's primary or 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 an alternative gender different from one's assigned gender)
- A strong desire to be treated as the other gender
 - Sometimes to be perceived as well.
- A strong conviction that one has the typical feelings and reactions of the other gender
- **Must cause clinically significant distress or impairment in functioning**

Shift from gender identity disorder to gender dysphoria

Thinking about the DSM V Criteria



- **History:**
 - Shift from Gender Identity Disorder to Gender Dysphoria
- **DSM-V concerns and suggested shifts:**
 - Concerns regarding the current criteria not being representative of the trans and gender diverse community in their lived experience of dysphoria vs. cisgender perspectives of dysphoria.
 - ✦ “Gender dysphoria diagnoses were created by cis people for cis people...for cis people trying to understand the trans community— They were never intended for the trans community.”

- Sergio Domínguez- WPATH Conference 2020

Of Note: Transvestic Fetishism



As long as we're talking about the DSM V....

- Transvestic Fetishism-
 - Intense arousal from cross-dressing as manifested by fantasies, urges, or behaviors
 - **Must cause significant distress or impair functioning**
 - Specify if with fetishism- sexually aroused by fabrics, materials, or garments OR autogynephilia- arousal to self as female
 - ✦ Ray Blanchard, J. Michael Bailey- Controversy
- Concern about it being pathologized
- Why is this important?

Clinical Considerations



What does it mean to “transition?”

What is the Popular Narrative?



- We have created a social narrative of not only what it means to be trans, but also what transition should look like.
- Clients and practitioners have been impacted by this narrative.
 - When trying to access care, one can feel pressure to conform to existing narratives.
 - History of skepticism and “hoop jumping” in mental health with the trans and gender diverse community.
 - “not trans enough”
- Be particularly aware of existing narratives when working with parents & children/adolescents.
 - Clinical Example

Transgender Cultural Issues



- There is no universal transgender experience
- There is no universal “transition” experience
- Intersectionality
 - One’s experience can be mediated by multiple cultural contextual variable
 - Race/ethnicity
 - Class
 - Region
 - Generational differences
 - Masculine spectrum/non-binary/feminine spectrum
- Expectations about trans identity are shaped by culturally defined gender norms.

Developmental/Generational Differences



- **Adolescents & Young Adults**
 - Non-binary perspectives
 - Impact of systems such as school
 - Family involvement
 - Increased fluency in gender/sexuality
 - Use of social media
- **Mid to Older Age Adults**
 - Different cultural context for understanding of gender/sexuality
 - Established adult identity
 - Family roles – marriage/children
 - Impact of suppressed dysphoria
 - Navigating work environment

Clinical Considerations: Working with Adolescents vs. Adults



- **Work can differ greatly with adolescents.**
 - Flux between autonomy & dependency
 - Client's goals may not match goals of parents
 - Lots and lots of family work- helping parents navigate their own anxiety
 - Different generational attitudes toward transition and gender
 - ✦ May be helping people and families navigating different systems (i.e., school versus work)
 - How to assert but be resilient to limitations of power.
- **Making decisions around both social and medical transition.**
 - Social transition bears different weight than medical transition
 - With adolescents, need both parents on the same page, which is not always possible

Social vs. Medical Transition



- **Social transition can include:**
 - changing name
 - changing pronouns (including gender neutral pronouns)
 - coming out to friends/family/at school (may look different for children and adolescents)
 - living partially or fully in experienced gender
 - changing legal documents/gender markers
- **Medical transition can include:**
 - masculinizing or feminizing hormone therapy
 - gender affirming surgeries
 - other miscellaneous cosmetic procedures

Clinical Considerations



- Not all trans/gender diverse adolescents or adults choose medical interventions OR social transition changes
 - The number of individuals accessing health care has been increasing with decreased social stigma, changes to insurance policies, and access to care
 - ✦ For example: gender affirming surgeons' availability/accessibility
- There is often significant variability in people's decision making regarding both social and medical transition.
- Decision making regarding medical transition is often impacted by access to resources.

Medical Transition



Why might one choose to medically intervene?

- Please note the following is pertaining to only adolescents (in limitation) and adults.

Know Your History



There's been a significant history of gatekeeping (and still can be) within the psychological community when it comes to gender diverse individuals receiving access to care.

Acknowledgment of this history is important.

Clinical Considerations- Hormone Therapy



- Assessing if client meets WPATH Standards of Care.
- Identifying benefits, risks, complicating factors (i.e., informed consent)
 - Some changes may be permanent, some may not.
 - Longitudinal research is limited.
- Expectation setting
- Helping clients prepare for potential changes in functioning (sexual, emotional, relational, etc.)
- Medication compliance
- Once started- Focus is on adjustment
 - Entering a 2nd puberty.
 - May see increased dysphoria in other areas.
- Coping with unanticipated challenges or changes
- Support in patience with process and ambiguity of outcomes

Medical Transition: Gender Affirming Surgeries

Masculine to Feminine

- Orchiectomy
- Vaginoplasty
- Labiaplasty
- Breast augmentation
- Facial feminization surgeries

Feminine to Masculine

- Chest Surgery/Mastectomy
- Ovariectomy
- Hysterectomy
- Metoidioplasty
- Phalloplasty

Again, some elect NONE of these procedures. Surgery is NOT a requirement of being trans, in fact many trans people choose not to have surgery or do not have access to surgery.

Clinical Considerations: Gender Confirming Surgeries



- Does client meet WPATH standards of care for the surgery?
 - Different sets of standards for different procedures. Genital surgery requires the most standards to be met.
- Helping client consider their desire and readiness for surgical procedures.
- Identify potential risks, complications, and benefits of procedure.
- Securing aftercare
- Writing letters of support for clients
 - Need to meet insurance requirements
- Helping people cope with limitations in resources and access to care
 - Lack of trained/skilled surgeons for many procedures
 - Long waiting lists
 - Cost is not just surgery, but taking time off, travel, etc.
- For genital surgeries, helping navigate potentially long recovery periods
 - High rates of complications with phalloplasty and intense aftercare with vaginoplasty.

Clinical Considerations (Cont.)

Medical Transition



- Per WPATH SOC- Mental health issues need to be “reasonably well-controlled.”
 - How do you take these things into consideration when guiding clients (and possibly parents with adolescents around medical transition)– It can get complicated.
- Taking into consideration impact of medical intervention.
 - Timing often becomes an important issue
 - ✦ In addition to general mental health concerns, times of other great life transitions can be tricky
 - Weighing complicating factors against severity of distress from dysphoria
 - Note: Adolescents don’t have the same access to surgeries that adults do.



Gender & Children

Hold on to your hats, cause it's gonna be a bumpy ride...

Gender Identity & Children



Language, Gender, & Children

“Transgender”

vs.

“Gender Creative” or “Gender Expansive”

Children & Diagnostic Considerations



- Should a gender diagnosis exist at all?
- Should it be applied to children?
 - ✦ (con) Unnecessarily pathologizes gender creative children and reinforces the social construction of traditional gender roles. Thus, gender concerns are only concerns because of oppressive, sexist and homophobic social norms.
 - ✦ (pro) When children do have distress and dysfunction (if for no other reason than that they are living in a stigmatizing culture), this needs to be reflected in a diagnostic category in order to get needed resources.

DSM 5 Criteria- Gender Dysphoria in Children



- A.** A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months' duration, as manifested by at least 6 of the following (one of which must be criterion A1):
- *1. A strong desire to be of the other gender or an insistence that one is the other gender (or some alternative gender different from one's assigned gender).
 - 2. In boys (assigned gender), a strong preference for cross-dressing or simulating female attire; in girls (assigned gender), a strong preference for wearing only typical masculine clothing and a strong resistance to the wearing of typical feminine clothing.
 - 3. A strong preference for cross-gender roles in make-believe or fantasy play.
 - 4. A strong preference for the toys, games, or activities stereotypically used or engaged in by the other gender.
 - 5. A strong preference for playmates of the other gender.
 - 6. In boys (assigned gender), a strong rejection of typical masculine toys, games and activities and a strong avoidance of rough-and-tumble play; or in girls (assigned gender), a strong rejection of typical feminine toys, games and activities
 - *7. A strong dislike of one's sexual anatomy.
 - *8. A strong desire for the primary and/or secondary sex characteristics that match one's experienced gender.
- B.** The condition is associated with clinically significant distress or impairment in social, school or other important areas of functioning.
Specify if: with a disorder of sex development.



Who will persist? Who will desist?

Much of the existing research on children is based on the DSM-IV criteria. We don't really have research using the new criteria....and there will not be longitudinal studies using this criteria for quite some time.

Research on DSM-IV Criteria



- **Review by Ristori and Steensma, 2016**
 - Existing research (across a number of different studies) shows that for the majority of children (85.2%) diagnosed with GID (DSM-IV), the gender dysphoria did NOT persist into adolescence/adulthood.
 - ✦ in natal males, depending on study, persistence rate ranged from 2.2-30%
 - ✦ in natal females, 12-50%
- Instead, diagnosed GID (DSM-IV) in childhood was more strongly predictive of identifying as gay or lesbian rather than gender dysphoric.

Where does this leave us?



Until we have more longitudinal research, it is difficult to discern which children will eventually identify as transgender in adolescence and which children will not.

- A note on puberty suppression...

Regarding Children... In Summary



- Working with gender creative or expressive children can be complicated.
 - Difficult to know who will persist who will desist
 - Being able to sit with ambiguity and helping parents sit with ambiguity
 - Decisions regarding medical interventions can begin a trajectory that can impact adult functioning.
 - Being an affirming clinician can mean meeting your client and family where they are at and resisting the urge to map on adult or popular narratives.
 - It's okay to not know. Own it.

For Cisgender Clinicians



- Developing awareness of privilege.
 - Be particularly mindful of mapping on cisgender experiences to client experiences
 - ✦ Can lead to invalidation and negatively impact the therapeutic relationship.
- Being cisgender typically means you don't have to “prove” your gender to others.
- Be mindful of assuming or “shaping” what someone's gender outcomes should be
 - Ex. Over-emphasis on expression and “passing”
- Be thoughtful about “cheerleading” approaches
 - Minority Stress & Gender Minorities (Meyer, 2015)
- Be adaptable with language- it's always changing and evolving
- It's okay to make mistakes. Never underestimate the power of a well-placed apology.

When to Refer



- It is your ethical obligation to refer individuals who may be presenting with issues that are outside the scope of your competency.
- Remember: Just because it is interesting to you or seems like a “great learning experience” does not mean that it will be a great experience for the client.
- Gender work is a specialized field, if gender concerns are the primary diagnosis or appear to drive the treatment goals (and you don’t have training or access to consistent consultation) this is likely a good indication that it is time to refer.

When to Refer



- Consider referring if:
 - Someone is looking to make medical transition decisions
 - Is a child or an adolescent
 - Has significant co-occurring mental health concerns
- Referring out to a specialty does not necessarily mean you will no longer be able to work with that client.
 - Need to be aware of over-lapping care

Making Your Clinic or Space Trans-Friendly



- What are gender options on your forms?
- Use of names and pronouns with administrative staff and clinicians.
 - How educated is your administrative staff on gender related issues?
- Train your front desk staff regarding trans/gender diversity related issues/needs.
- Make it okay to give feedback.
- Acknowledge limitations and areas of growth. Be flexible.
- Have LGBTQIA literature in the waiting room
 - Contact transgender professional organizations for literature to have available.
- Provide a unisex restroom and if not available institute a policy of supportive bathroom use and identify nearby resources.

Making Health Care Trans-Friendly



- **Tips from transgender and gender diverse clients**
 - Treat the client in their identified gender. If someone was assigned male sex at birth and identifies as female. Treat them as female.
 - Be aware of gendered language you use. For instance, consider “chest” instead of “breasts”
 - If you slip up, apologize and move on. Don’t make a big deal OR ignore it.
 - If you don’t know something – ask. But also, be responsible for educating yourself, do not treat a trans or gender diverse individual as your opportunity to learn everything you ever wanted to know.

Resources

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- <https://www.familytreeclinic.org/>
 - [Family Tree Clinic](#)
- <https://tffmn.org/>
 - [Transforming Families](#)
- <http://www.minnesotatransgenderalliance.com/>
 - [Mn Transgender Health Alliance](#)
- <https://www.mntransgenderhealth.org/>
 - [Mn Transgender Health Coalition](#)
- <https://rainbowhealth.org/>
 - [Rainbow Health](#)
- <https://www.outfront.org/home>
 - [Outfront MN](#)
- <http://www.wpath.org/>
 - [WPATH](#)



- Thank you!!!

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