





Clinical Engagement with Gender Diverse Clients across the Gender Spectrum

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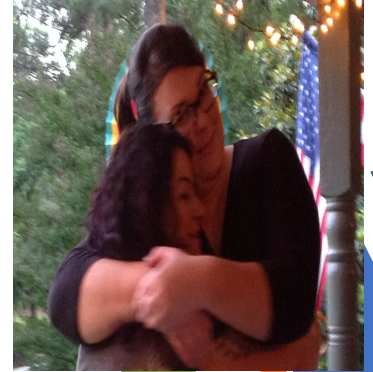
- American Psychological Association
 - World Professional Association for Transgender Health
 - My Bandana Project
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Learning Objectives

- In this session participants will learn about recent developments in trans psychology. This includes:
 1. defining and applying affirmative practice,
 2. understanding the role of assessment in clinical work, and
 3. the application of mindfulness practice to clinical concerns that often impact trans people through considering case examples.
- 

Dedication





APA Guidelines

• Published in 2015

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Guidelines for Psychological Practice With Transgender and Gender Nonconforming People

American Psychological Association

Transgender and gender nonconforming¹ (TGNC) people are those who have a gender identity that is not fully aligned with their sex assigned at birth. The existence of TGNC people has been documented in a range of historical cultures (Coleman, Colgan, & Gooren, 1992; Feinberg, 1996; Miller & Nichols, 2012; Schmidt, 2003). Current population estimates of TGNC people have ranged from 0.17 to 1,333 per 100,000 (Meier & Labuski, 2013). The Massachusetts Behavioral Risk Factor Surveillance Survey found 0.5% of the adult population aged 18 to 64 years identified as TGNC between 2009 and 2011 (Conron, Scott, Stowell, & Landers, 2012). However, population estimates likely underreport the true number of TGNC people, given difficulties in collecting comprehensive demographic information about this group (Meier & Labuski, 2013). Within the last two decades, there has been a significant increase in research about TGNC people. This increase in knowledge, informed by the TGNC community, has resulted in the development of progressively more trans-affirmative practice across the multiple health disciplines involved in the care of TGNC people (Bockting, Knudson, & Goldberg, 2006; Coleman et al., 2012). Research has documented the extensive experiences of stigma and discrimination reported by TGNC people (Grant et al., 2011) and the mental health consequences of these experiences across the life span (Bockting, Miner, Swinburne Romine, Hamilton, & Coleman, 2013), including increased rates of depression (Fredriksen-Goldsen et al., 2014) and suicidality (Clemons-Nolle, Marx, & Katz, 2006). TGNC people's lack of access to trans-affirmative mental and physical health care is a common barrier (Fredriksen-Goldsen et al., 2014; Garofalo, Deleon, Osmer, Doll, & Harper, 2006; Grossman & D'Augelli, 2006), with TGNC people sometimes being denied care because of their gender identity (Xavier et al., 2012).

In 2009, the American Psychological Association (APA) Task Force on Gender Identity and Gender Variance (TFGIGV) survey found that less than 30% of psychologist and graduate student participants reported familiarity with issues that TGNC people experience (APA TFGIGV, 2009). Psychologists and other mental health professionals who have limited training and experience in TGNC-affirmative care may cause harm to TGNC people (Mikalson, Pardo, & Green, 2012; Xavier et al., 2012). The significant level of societal stigma and discrimination that TGNC people face, the associated mental health consequences, and psychologists' lack of familiarity with trans-affirmative care led the APA Task Force to recommend that psycho-

logical practice guidelines be developed to help psychologists maximize the effectiveness of services offered and avoid harm when working with TGNC people and their families.

Purpose

The purpose of the *Guidelines for Psychological Practice with Transgender and Gender Nonconforming People* (hereafter *Guidelines*) is to assist psychologists in the provision of culturally competent, developmentally appropriate, and trans-affirmative psychological practice with TGNC people. Trans-affirmative practice is the provision

The American Psychological Association's (APA's) Task Force on Guidelines for Psychological Practice with Transgender and Gender Nonconforming People developed these guidelines. Lore M. Dickey, Louisiana Tech University, and Anneliese A. Singh, The University of Georgia, served as chairs of the Task Force. The members of the Task Force included Walter O. Bockting, Columbia University; Sand Chang, Independent Practice; Kelly Ducheny, Howard Brown Health Center; Laura Edwards-Leeper, Pacific University; Randall D. Eherbar, Whitman Walker Health Center; Max Fuentes Fuhrmann, Independent Practice; Michael L. Hendricks, Washington Psychological Center, P.C.; and Ellen Magalhães, Center for Psychological Studies at Nova Southeastern University and California School of Professional Psychology at Alliant International University.

The Task Force is grateful to BT, Robin Buhkr, Jenn Burleton, Theo Burnes, Loree Cook-Daniels, Ed Delgado-Romero, Maddie Deutsch, Michelle Emerick, Terry S. Gock, Kristin Hancock, Razia Kosi, Kimberly Lux, Shawna MacDonald, Pat Magee, Tracee McDonald, Edgardo Menzville, Parrish Paul, Jamie Roberts, Louise Silverstein, Mary Alice Silverman, Holiday Simmons, Michael C. Smith, Cullen Sprague, David Whitcomb, and Milo Wilson for their assistance in providing important input and feedback on drafts of the guidelines. The Task Force is especially grateful to Clinton Anderson, Director, and Ron Schiltner, Program Coordinator, of APA's Office on LGBT Concerns, who adeptly assisted and provided counsel to the Task Force throughout this project. The Task Force would also like to thank liaisons from the APA Committee on Professional Practice and Standards (COPPS), April Harris-Britt and Scott Hunter, and their staff support, Mary Hardman. Additionally, members of the Task Force would like to thank the staff at the Phillip Rush Center and Agnes Scott College Counseling Center in Atlanta, Georgia, who served as hosts for face-to-face meetings.

This document will expire as APA policy in 2022. After this date, users should contact the APA Public Interest Directorate to determine whether the guidelines in this document remain in effect as APA policy.


Correspondence concerning this article should be addressed to the Public Interest Directorate, American Psychological Association, 750 First Street, NE, Washington, DC 20002.

¹ For the purposes of these guidelines, we use the term *transgender and gender nonconforming* (TGNC). We intend for the term to be as broadly inclusive as possible, and recognize that some TGNC people do not ascribe to these terms. Readers are referred to Appendix A for a listing of terms that include various TGNC identity labels.



APA Guidelines


Foundational Knowledge

1. Gender is not a binary construct
 2. Gender identity and sexual orientation are distinct but interrelated concepts
 3. Intersecting identities
 4. Psychologists attitudes about gender
- 



APA Guidelines


Stigma, Discrimination, & Barriers

5. How stigma, discrimination, and barriers affect health.
 6. Institutional barriers
 7. Need for social change
- 



APA
Guidelines


Lifespan Development

- 8. Children & adolescents
 - 9. Older Adults
- 



APA Guidelines

Assessment, Therapy, & Intervention

- 10. Mental health concerns and relation to gender identity
 - 11. Importance of support
 - 12. Romantic & sexual relationships
 - 13. Family formation
 - 14. Interdisciplinary care
- 




APA
Guidelines

Research, Education, & Training

15. Research

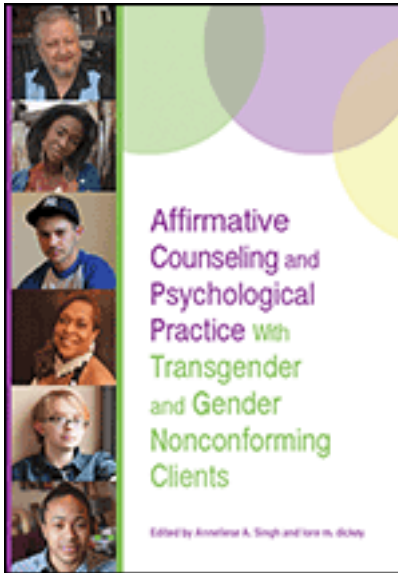
16. Education and training





Affirmative Clinical Practice

Affirmative Clinical Practice



We define TGNC-affirmative counseling and psychological practice as counseling that is culturally relevant and responsive to TGNC clients and their multiple social identities, addresses the influence of social inequities on the lives of TGNC clients, enhances TGNC client resilience and coping, advocates to reduce systemic barriers to TGNC mental and physical health, and leverages TGNC client strengths.

(Singh & dickey, 2017, p. 4)



Affirmative Clinical Practice


Ethical Responsibilities





Ethical Responsibilities

- **Beneficence & Nonmaleficence**
 - Benefit those they work with and do no harm
 - **Fidelity & Responsibility**
 - Establish relationships and accept responsibility for their behavior
 - **Integrity**
 - Promote accuracy, honesty, and truthfulness
 - **Justice**
 - All persons are entitled to fairness and justice
 - **Respect for People's Rights & Dignity**
 - Right to privacy, confidentiality, and self-determination
- 



Autonomy



Competence

- ❖ 2.01 Boundaries of Competence
- ❖ 2.02 Providing Services in Emergencies
- ❖ 2.03 Maintaining Competence
- ❖ 2.04 Bases for Scientific and Professional Judgments
- ❖ 2.06 Personal Problems and Conflicts





Privacy & Confidentiality

- Who owns privacy?
 - Who owns confidentiality?
- 



Human Relations

- ❖ **3.01 Unfair Discrimination**
- ❖ **3.04 Avoiding Harm**
- ❖ **3.05 Multiple Relationships**
- ❖ **3.08 Exploitative Relationships**
- ❖ **3.09 Cooperation with Other Professionals**
- ❖ **3.10 Informed Consent**





Gender Identity & Diversity

Historical Perspectives



Indigenous Cultures



Indigenous Cultures



Colonization




Medical Model

- Medicalization of trans identities
 - “Born in the wrong body”
 - Consistent story
 - Real life test
 - Proscribed diagnosis and treatment



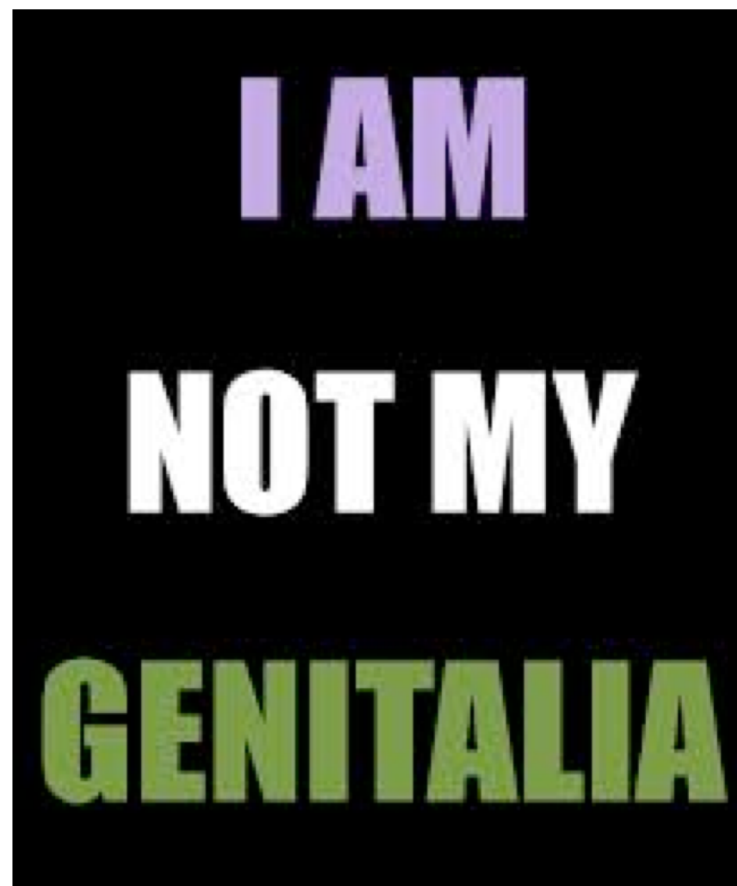
Harry Benjamin

1885–1986





Transgender
Model



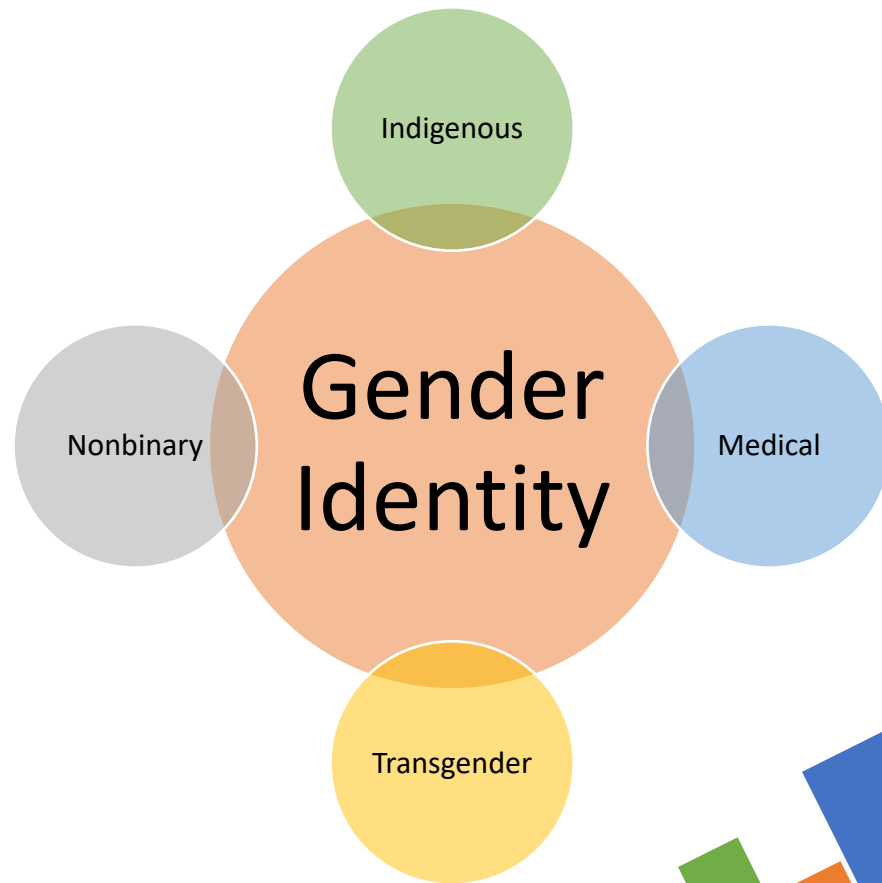


Nonbinary
Movement





Trans Identities Over Time





Gender Identity & Diversity

Current Conceptions
of Gender Diversity





Gender Identity Labels

- Pronouns
- Names





Use of Pronouns

He

She

Ze

Him

Her

Hir

They

Them

Their



Ask





Gender Identity & Diversity

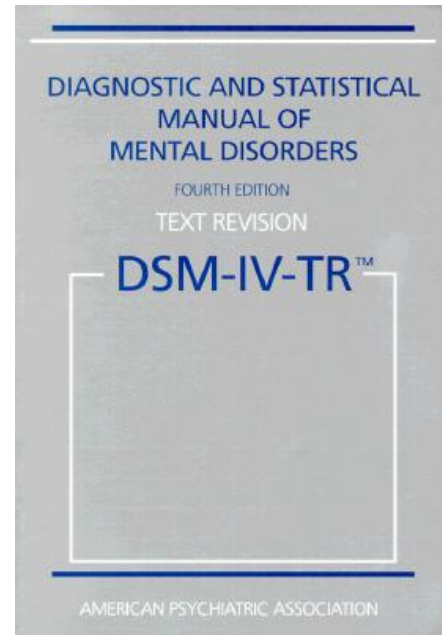
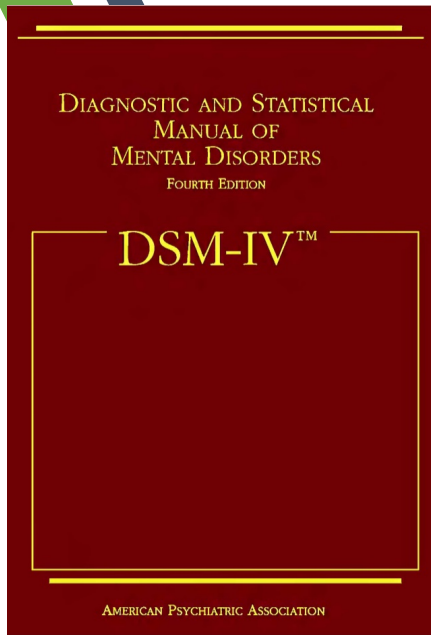
Diagnosis





Diagnosis





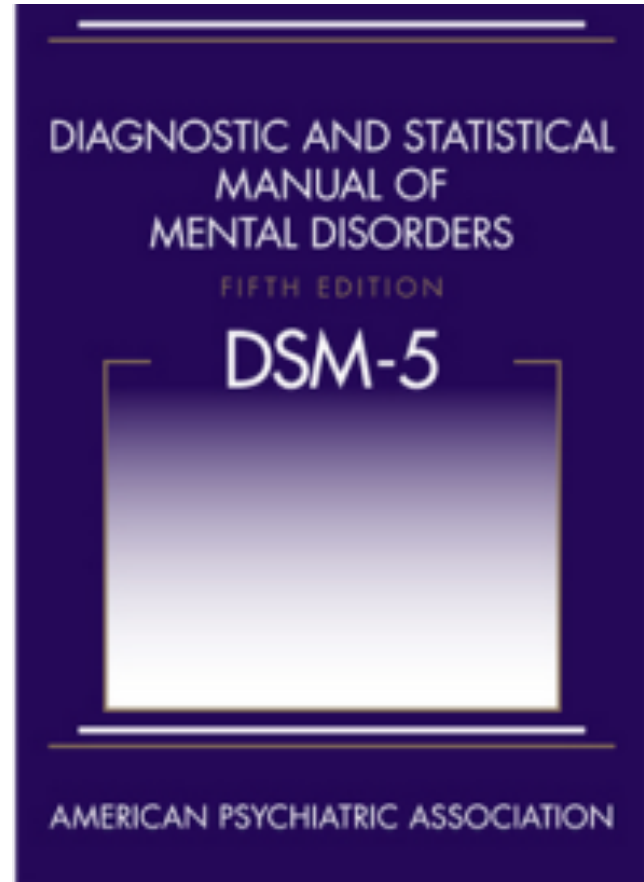
Diagnosis: DSM-IV and DSM-IV-TR

Gender Identity Disorder



Diagnosis: DSM-5

Gender Dysphoria

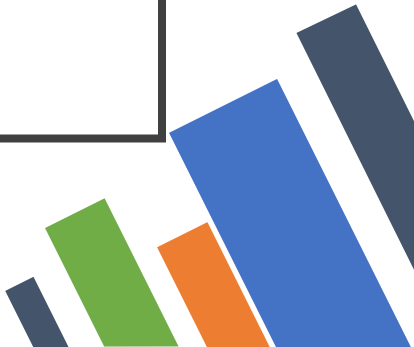




PROS

CONS

Diagnosis





Gender Identity & Diversity

Transition Experiences





- Social
- Legal
- Medical

Transition Experiences



Transition:
Social

Name change

Change in attire

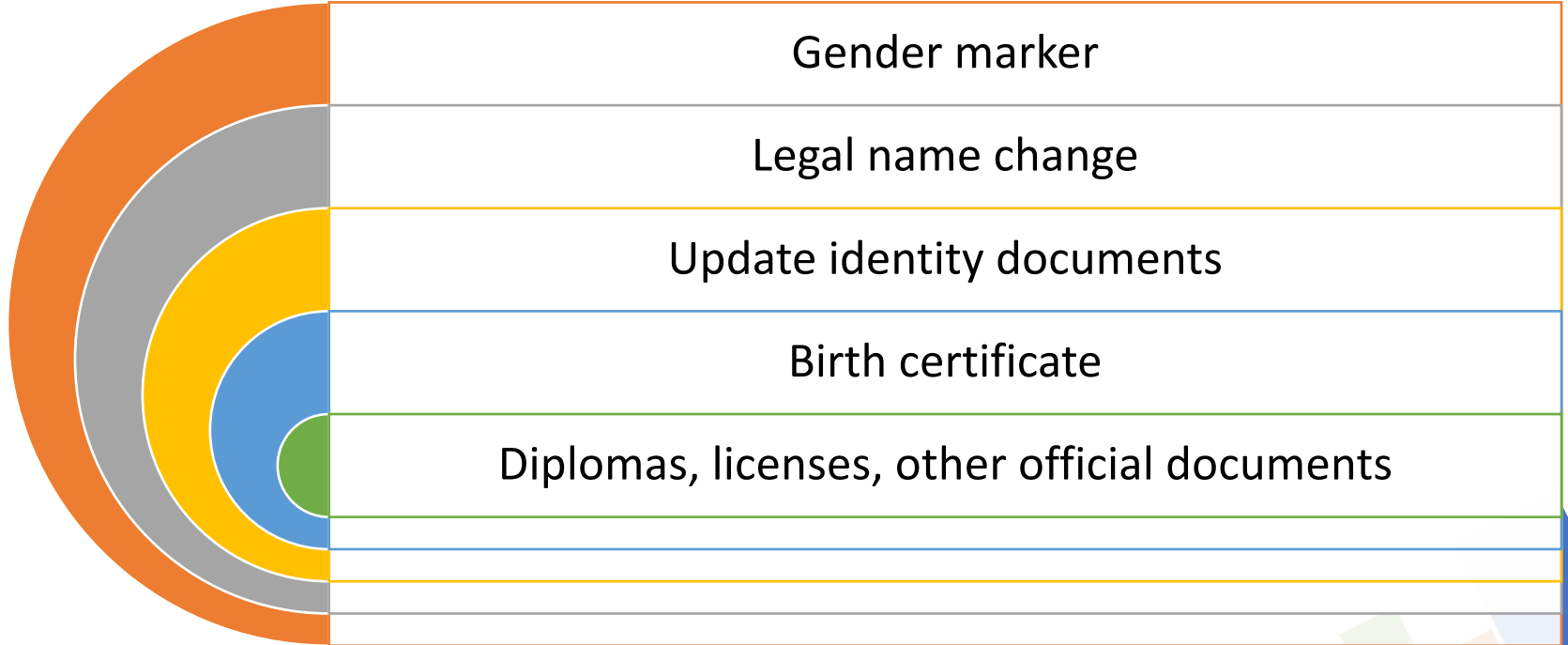
Change in hairstyle

Use of different pronoun(s)





Transition: Legal






Transition: Medical

- Hormones
- Surgery






Assigned Male at Birth (AMAB)

Hormones

- Estrogen (estradiol)
- Spironolactone
- Impacts
 - Softening of skin
 - Change in muscle mass
 - Softening of body hair
 - Decreased libido

Surgical Options

- Breast augmentation
 - Vaginoplasty
 - Orchiectomy
 - Tracheal shave
 - Feminization laryngoplasty
- 




Assigned Female at Birth (AFAB)

Hormones

- Testosterone
 - Injectable
 - Transdermal
- Impacts
 - Increased libido
 - Change in muscle mass
 - Increase in body hair and/or male pattern baldness
 - Increased risk of heart disease

Surgical Options

- Chest masculinization
 - Genital Surgeries
 - Phalloplasty
 - Metoidioplasty
 - Scrotoplasty
- 



Challenges Faced by Gender Diverse People

Intersecting
Identities





Intersecting Identities

Gender

Sexual
Orientation

Race

Religion

Socioeconomic
Status

Disability





Challenges Faced by Gender Diverse People

Clinical Concerns





- Depression
- Anxiety
- Substance abuse
- Suicide & suicidal ideation
- Autism Spectrum

Common Clinical Concerns



Trans People with Mental Health Concerns

Mental health problems may or may not be related to gender identity.


Being trans may contribute to mental health concerns.

A co-occurring condition may mimic gender identity issues.





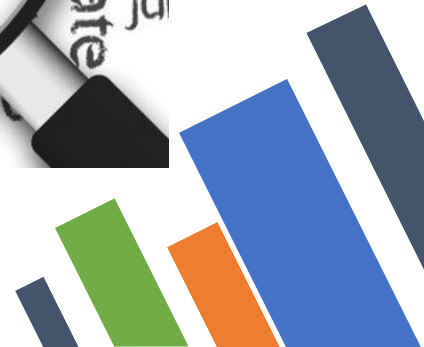
Common Clinical Concerns: Depression

- 50% or more of trans people endorse symptoms of depression
 - Challenges
 - Does identity inform depressive symptoms?
 - Do the lived experiences inform depressive symptoms?
 - Treatment should be no different than for a cisgender client.
- 



Common Clinical Concerns: Anxiety

- Up to 40% of trans people endorse symptoms of depression
- Similar to depression – what is the source of the anxiety?






Common Clinical Concerns: Substance Abuse

- Intravenous drug use
 - 34% trans women
 - 18% trans men
- Alcohol
 - 55% of trans women in treatment during lifetime





Substance Abuse Treatment: Practical Concerns

- Housing
 - Programming
 - Sex segregated
 - Assumptions about the causes of substance abuse
- 



Common Clinical Concerns: Autism Spectrum

- Prevalence in trans children:
7.8%
 - (~1% in cisgender children)
- Complicating Assumptions
 - Socially awkward
 - Gender questioning is a phase



ALWAYS
UNIQUE
TOTALLY
INTELLIGENT
SOMETIMES
MYSTERIOUS



Challenges Faced by Gender Diverse People



Basic Needs





Challenges Faced by Gender Diverse People

Trauma





Trauma

PTSD

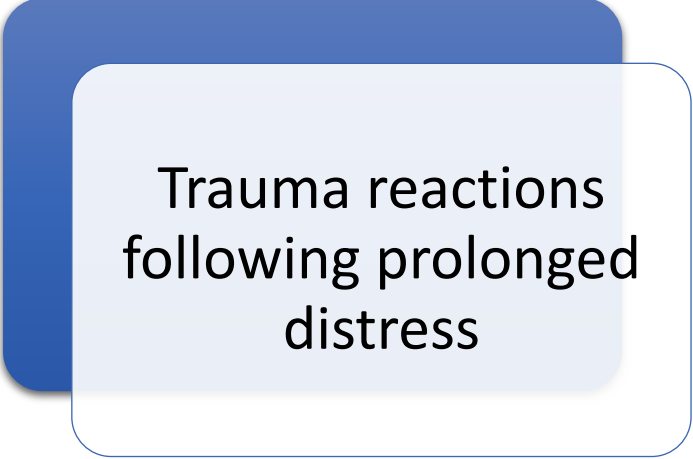
- “Exposed to death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence”
- Intrusive symptoms (Criterion B)
- Avoidance symptoms (Criterion C)
- Negative alterations in thoughts and emotions (Criterion D)
- Changes in arousal and reactivity (Criterion E)

Clinically significant distress







Complex Trauma



Trauma reactions
following prolonged
distress



The traumatic injury
is caused by a
trusted person.





Challenges Faced by Gender Diverse People

Discrimination & Violence



Discrimination

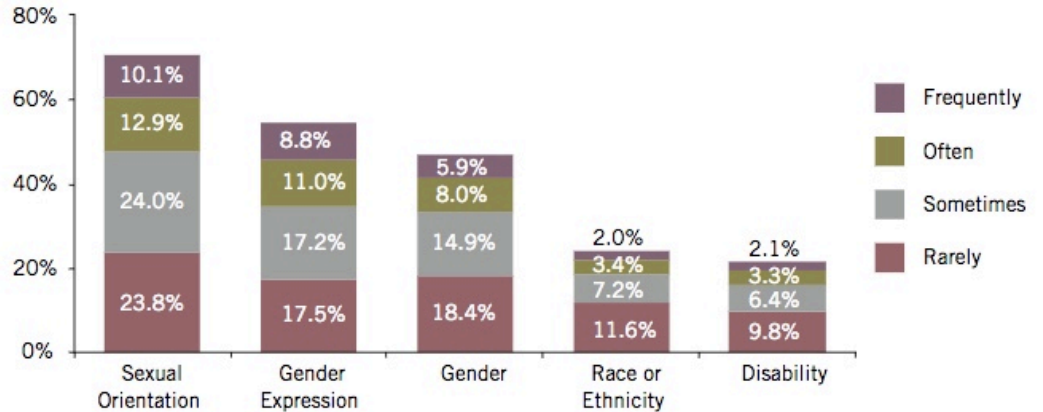


- Employment
- Health care
- Housing
- Credit
- Education
- Public assistance

Violence

- LGBTQ Youth
 - 55% verbal harassment
 - 23% physical harassment
 - 11% physical assault
 - 20% harassed based on gender expression

Figure 1.14 Frequency of Verbal Harassment Experienced by LGBTQ Students in the Past School Year






viOLeNcE

Transgender Adults

- 47% of trans adults reported being sexually assaulted at least once in their life
- 10% were sexually assaulted in the past year
- 54% reported IPV

“I was found in a ditch after being brutally raped for three days. I was taken to an ER. There I met an officer who told me I deserved it for attempting to be a woman and should have died. He also refused to take a report.”





Challenges Faced by Gender Diverse People

Asylum Seekers






Seeking Asylum

- 51% had access to other legal statuses
- 17% did not know how to apply
- 16% did not want to apply
- 12% did not need to apply or were not eligible
- 3% were afraid to apply
- 2% believed they were past the one year deadline
- 30% another reason

Table 4.5: Citizenship or Immigration status

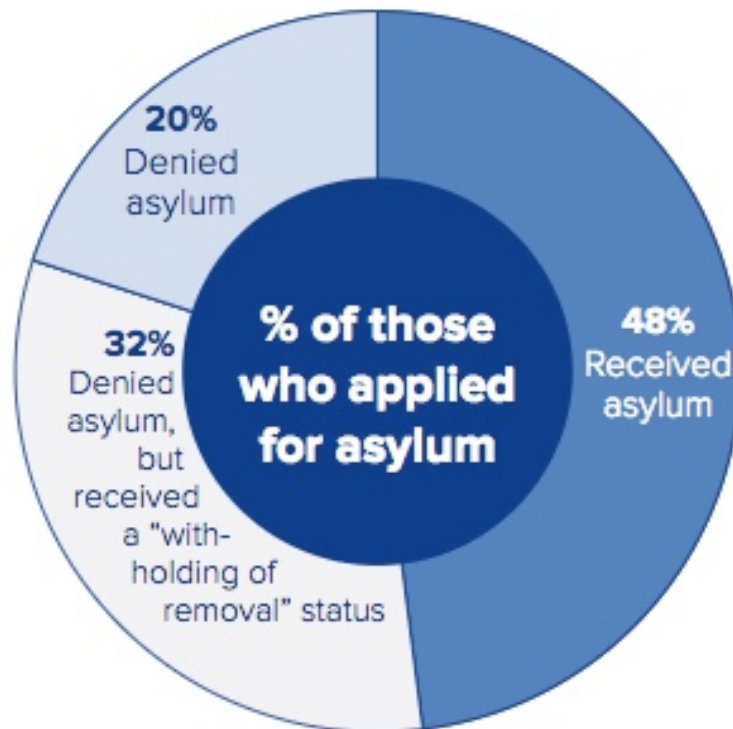
Citizenship or Immigration status	% of respondents
U.S. citizen (by birth)	94%
U.S. citizen (naturalized)	3%
Permanent resident	1%
A visa holder (such as F-1, J-1, H1-B, or U)	1%
Undocumented resident	<1%
DACA (Deferred Action for Childhood Arrival)	<1%
Refugee status	<1%
Currently under a withholding of removal status	<1%
DAPA (Deferred Action for Parental Accountability)	<1%
Other documented status not listed	<1%



Seeking Asylum

- Document need for asylum
 - Inclusive of PTSD diagnosis (as applicable)

Figure 4.27: Outcome of asylum application



Assessment with Gender Diverse Clients

- Is assessment clinically appropriate?
- What assessment tools do you rely on in practice?
- Do the assessments you use rely on gender for results?
 - If so, how do you make a decision about the gender to use?
 - Are the results clinically appropriate?

Affirmative Psychological Testing and Neurocognitive Assessment with Transgender Adults



Colton L. Keo-Meier, ^{no^hORCID}, Kara M. Fitzgerald, ^{no^hORCID}

KEYWORDS

• Affirmative • Transgender • LGBT • Assessment • Neuropsychology
• Neurocognitive • Testing

KEY POINTS

- A level of competence above and beyond psychological assessment with the general population is necessary for an accurate and ethical interpretation of test data of transgender clients.
- An understanding of the gender-affirmative model (GAM) and the gender-minority stress model should guide clinicians' choice of psychological tests, scoring, and interpretation and case conceptualization of transgender clients.
- Clinicians must attempt to distinguish mental health symptoms from clients' unique experiences of gender dysphoria.
- A medical decisional capacity model is in line with an affirmative assessment approach.

The history of assessment and psychological testing with transgender clients is fraught with challenges and barriers to accessing medically necessary gender transition-related care.¹ For decades, transgender people have been made to undergo psychological testing as a standard part of their attempts to access this care.² Even today, however, no consensus exists on best practices for assessment and psychological testing with transgender clients in general or in transgender-specific practice. As of this writing, no assessment instruments in neuropsychological, intelligence, or

The authors have nothing to disclose.

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Psychiatr Clin N Am 40 (2017) 51–64

<https://doi.org/10.1016/j.psych.2016.10.011>

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Case Examples




Summary

- Gender identity & diversity
 - Challenges faced by gender diverse people
 - Affirmative clinical practice
 - Assessment with gender diverse clients
 - Case examples
- 

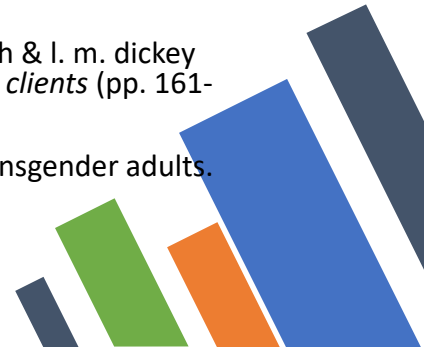


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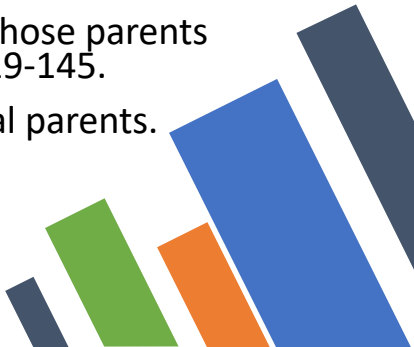


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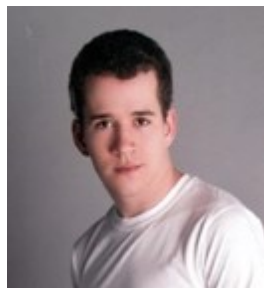


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A CLINICIAN'S GUIDE *to* GENDER-AFFIRMING CARE

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