

A Journey into Transgender Mental Health: Transcending the Binary

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Terms

What is sex?: Sex is assigned at birth, refers to one's biological status as either male or female and is associated primarily with physical attributes such as chromosomes, hormone prevalence, and external and internal anatomy

What is sexual orientation?: Refers to one's sexual preferences ie lesbian, gay, bisexual, pansexual, asexual, etc. While I'd love to further discuss these, we are limited by time.

What is gender?: Gender refers to the socially constructed roles, behaviors, activities, and attributes that a given society has for boys and men and girls and women, and influence the way people act or don't act, interact, and feel about themselves.

Gender is divided into two aspects:

- Gender identity: which is one's inner concepts and perceptions of self regarding gender
- Gender expression: refers to the external appearance of one's gender identity.

Cisgender refers to individuals who have a gender identity congruent with the sex they were assigned at birth.

The term **transgender** refers to individuals who have a gender identity that differs from the gender they were assigned at birth.

- Transwomen
- Transmen
- Some gender non-conforming individuals consider themselves to be under the trans umbrella and some do not

Gender nonconforming (GNC) is a person whose gender identity or expression does not conform to societal expectations of masculine or feminine. They may define their gender as falling somewhere on a continuum between male and female, or they may define it as wholly different from these terms. They may also request that pronouns be used to refer to them that are neither masculine nor feminine, such as "zie" instead of "he" or "she," or "hir" instead of "his" or "her." Some GNC people do not identify as transgender. GNC individuals may also be referred to as **gender variant, gender diverse, gender atypical, or nonbinary**.

Gender dysphoria refers to discomfort or distress that is caused by a discrepancy between a person's gender identity and that person's sex assigned at birth (and the associated gender role and/or primary and secondary sex characteristics) Only some gender nonconforming people experience gender dysphoria at some point in their lives.

Cross dressing: People who *cross-dress* wear clothing that is traditionally or stereotypically worn by another gender in their culture. They vary in how completely they cross-dress, from one article of clothing to fully cross-dressing. Those who cross-dress are usually comfortable with their assigned sex and do not wish to change it. Cross-dressing is a form of gender expression and is not necessarily tied to erotic activity. Cross-dressing is not indicative of sexual orientation.

Drag Queens/Kings: The term *drag queens* generally refers to men who dress as women for the purpose of entertaining others at bars, clubs, or other events. The term drag kings refers to women who dress as men for the purpose of entertaining others at bars, clubs, or other events.

- Individuals who perform as drag kings or queens may or may not identify as transgender off stage.
- Performance as a drag king or queen is not indicative of sexual orientation or gender identity.
- Straight, cisgender women and men may also perform as drag queens or kings

Transitioning: The social, legal, and/or medical process a person may go through to live outwardly as the gender with which they identify, rather than the gender they were assigned at birth. Transitioning can include some or all of

the following: telling loved ones and co-workers, using a different name and pronouns, dressing differently, changing one's name and/or sex on legal documents, hormone therapy, and possibly one or more types of surgery.

Sex assigned at birth (SAAB): a phrase used to intentionally recognize a person's assigned sex (not gender identity). Sometimes called "designated sex at birth" (DSAB) or "sex coercively assigned at birth" (SCAB), or specifically used as "assigned male at birth" (AMAB) or "assigned female at birth" (AFAB): *Jenny was assigned male at birth, but identifies as a woman.*

Tucking (transfeminine) allows a visibly smooth crotch contour. In this practice, the testicles (if present) are moved into the inguinal canal, and moving the penis and scrotum posteriorly in the perineal region. Tight fitting underwear, or a special undergarment known as a *gaffe* is then worn to maintain this alignment. In some cases, adhesive or even duct tape may be used. In addition to local skin effects, this practice could result in urinary trauma or infections, as well as testicular complaints.

Hair Removal or hair implants (transfeminine and transmasculine) removal can be through electrolysis or laser hair removal. Electrolysis prevents the hair from growing back while laser hair removal will only last for a period of time.

Packing (transmasculine) is the placing of a penile prosthesis in one's underwear, giving both an outward appearance as well as reducing gender dysphoria.

Binding (transmasculine) involves the use of tight fitting sports bras, shirts, ace bandages, or a specially made *binder* to provide a flat chest contour. In some people with larger breasts, multiple garments may be used, and breathing may be restricted. Prolonged binding may result in breast pain, local skin irritation, or fungal infections.

Make up (transfeminine) strategies to contour, cover facial hair

Rogaine (transmasculine) many individuals use this to help stimulate facial hair growth

Just for men (transmasculine) hair dye to make blonde hair dark

Prosthetics such as STPs and strap ons (transmasculine)

Voice and communication therapy (transfeminine and transmasculine)

Aspects of the medical transition

Hormone Suppression therapy (prepubescent trans children)

Hormone replacement therapy (HRT)

- Transwomen: Estrogen and antiandrogens---breast growth (variable), decreased erectile function, decreased testicular size, and increased percentage of body fat compared to muscle mass. (WPATH SOC V 7)
- Transmen: Testosterone--- (deepened voice, clitoral enlargement (variable), growth in facial and body hair, cessation of menses, atrophy of breast tissue, and decreased percentage of body fat compared to muscle mass (WPATH SOC V 7)
- Gender nonconforming: may choose to have surgery and/or do HRT or not

Gender affirming surgeries

- **Surgeries for transwomen:** breast augmentation, penectomy, orchiectomy, clitoroplasty, vulvoplasty, vaginoplasty, facial feminization surgery, liposuction, lipofilling, voice surgery, thyroid cartilage reduction, gluteal augmentation (implants/lipofilling), hair reconstruction, and various aesthetic procedures.
- **Surgeries for transmen:** "top surgery," phalloplasty, metoidioplasty, hysterectomy, hysterectomy/salpingo-oophorectomy, reconstruction of the fixed part of the urethra, which can be combined with a metoidioplasty or with a phalloplasty (employing a pedicled or free vascularized flap), vaginectomy, scrotoplasty, and implantation of erection and/or testicular prostheses, voice surgery (rare), liposuction, lipofilling, pectoral implants, and various aesthetic procedures

Referral for surgery (WPATH SOC V 7)

- Surgical treatments for gender dysphoria can be initiated by a referral (one or two, depending on the type of surgery) from a qualified mental health professional. The mental health professional provides documentation—in the chart and/or referral letter—of the patient’s personal and treatment history, progress, and eligibility. Mental health professionals who recommend surgery share the ethical and legal responsibility for that decision with the surgeon.
 - 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 is expected to cover the same topics in the areas outlined below. The recommended content of the referral letters for surgery is as follows (WPATH SOC V 7):

- The client’s general identifying characteristics;
- Results of the client’s psychosocial assessment, including any diagnoses;
- The duration of the mental health professional’s relationship with the client, including the type of evaluation and therapy or counseling to date;
- An explanation that the criteria for surgery have been met, and a brief description of the clinical rationale for supporting the patient’s request for surgery;
- A statement about the fact that informed consent has been obtained from the patient;
- A statement that the mental health professional is available for coordination of care and welcomes a phone call to establish this.

Differences in providers and insurance

- Insurance often has criteria for surgery that differs from WPATH standards such as requiring one letter from a master’s level practitioner and one from a doctoral level practitioner. Or will require 12 months living as the desired gender or 12 continuous months of hormone therapy etc. I’m aware of one surgeon who started requiring a year of therapy before he would perform a surgery.
- Different physicians and surgeons have different requirements. For instance, some may require a letter to begin HRT and some may not.
- The hope is to move toward an informed consent model however WPATH standards of care have their benefits in that it places greater emphasis on the role that mental health practitioners can play in alleviating gender dysphoria, facilitating changes in gender role, and in psychosocial adjustment (WPATH SOC v7). There are also drawbacks to this in that some individuals will “gate keep” and making people interface with mental health professionals when they don’t need or want to isn’t very effective.

Transaffirmative Care

Do:

- Provide an inclusive environment where patients will feel safe talking about their gender.
- Respect your client's right to self-determine their gender identity.
- Maintain a gender affirming approach
- Include open fields on paperwork for gender and field for alternative name
- Intervene if you see someone being bullied or harassed
- Assist clients in identifying tools to identify and respond to bullying and harassment
- Ask during intake sessions whether there are any concerns regarding gender.
- Become an ally and advocate. Stay knowledgeable about the trans population and issues.
- Always ask how somebody would like to be referred to pre transition and whether photos of them pre transition may be displayed.
- Do not make assumptions, always ASK!
- Be careful and considerate about what questions you ask.
- Know resources in your area.
- Get involved in LGBTQIA+ community events and activities.
- 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.
- Take into consideration the intersectionality of other marginalized groups your client might be a part of and ask questions such as "In order to develop a trusting and affirming environment, what do I need to know about the identities that are important to you?" (Chang, S.C., Singh, A.A., dickey, I.m., 2018)
- Increase your awareness into your own social identities of privilege and oppression (Sandil, R., & Henise, S., 2017)
- Explore the client's experience of working with somebody who is not transgender and ask questions such as "how does it feel for you to work with me as a (insert your identities here)?" (Chang, S.C., Singh, A.A., dickey, I.m. 2018)
- Mirror the language the client uses.
- Use inclusive terms of address
 - Hello everyone. INSTEAD OF Ladies and gentlemen...
 - Use the person's name, Hey everybody!, Hey folks! INSTEAD OF Hey lady! or Hey girl!
 - Sure! I can do that! INSTEAD OF Yes ma'am
 - Use the person's name INSTEAD OF miss, ma'am, or sir
 - Dear John Smith INSTEAD OF Mr. Smith
 - You, you all, y'all INSTEAD OF you guys (Shlasko, D., 2017)
- Build resilience in your clients (Sandil, R., & Henise, S., 2017)
- Know that an individual can seek out therapy for issues such as depression or anxiety without gender being a concern

DON'T

DON'T SAY:

- Transgenders INSTEAD SAY transgender people, trans people, trans folks
- Transgendered INSTEAD SAY transgender or trans
- Transexual INSTEAD SAY transgender
- Hermaphrodite INSTEAD SAY intersex
- Transvestite INSTEAD SAY cross dresser
- Tranny INSTEAD SAY trans woman or trans person
- He-she INSTEAD SAY trans woman
- "Man in a dress" INSTEAD SAY "that's a nice dress you're wearing." (Chang, S.C., Singh, A.A., dickey, l.m., 2018)
- Bio-male, natal female, born male, bio-female, "born a boy" etc. INSTEAD SAY assigned male at birth (AMAB), male assigned, assigned female at birth (AFAB), female assigned
- Real woman, normal man, etc. INSTEAD SAY cisgender man or cisgender woman
- Male identified, female identified INSTEAD SAY male or man, female or woman
- MtF (male to female) or FtM (female to male) INSTEAD SAY trans woman or trans man
- "Have you had surgery?" INSTEAD SAY "What forms of transition are part of your path?" or "Are you interested in a medical transition?"
- Breasts INSTEAD SAY Chest
- Penis/vagina INSTEAD SAY genitals or private parts
- Beard INSTEAD SAY facial hair
- Ask yourself before asking questions, do I need to know this information to treat them respectfully? AND Would I be comfortable if this question was turned around and asked of me?
- Here are some specific topics that many transgender people are uncomfortable discussing with anyone but those closest to them:
 - Their birth name (never call it their "real" name!) or photographs from before they transitioned
 - What hormones they are (or aren't) taking
 - What surgeries they have (or have not) had or general questions about genitals
 - Questions related to sexual relationships
- Insist on calling an individual by their "dead" name or undesired pronouns.
- call a trans person "it."
- tell others about an individual's gender identity unless you have explicit permission from them.
- assume the sexuality of an individual based on their gender.
- confuse gender nonconformity with being transgender. Not all people who appear androgynous or gender nonconforming identify as transgender or desire gender affirmation treatment.
- say how hard it is for you to utilize the correct name or pronouns.
- blame not utilizing they/them pronouns on "correct grammar."
- tell trans people to be "patient" with their transition as this can be perceived as invalidating of their experience.
- Ask questions like "Why would you transition if you're just going to be gay?"
- Out somebody without the person's permission.
- Ask "Have you had surgery?"
- Say an individual is "not a real man or woman."
- If you are cisgender, do not call a trans person "brave" as the definition of brave is "ready to face or endure danger or pain" and the only reason why it is brave is because of your privilege as a cisgender person.

Resources

List of conferences with provider training

- Gender Odyssey (Seattle, WA and Los Angeles, CA)
- Philadelphia Trans Wellness Conference (Philadelphia, PA)
- Gender Spectrum (Hayward, CA)
- Gender Infinity (Houston, TX)
- UCSF National Trans Health Summit (Oakland, CA)
- WPATH Biennial Symposium (location varies)

Organizations to Know About

- Audre Lourde Project (NYC)– <http://alp.org>
- Basic Rights Oregon– <http://www.basicrights.org>
- Brown Boi Project– <http://www.brownboiproject.org>
- COLAGE Resources for kids of trans parents– <http://www.colage.org>
- FORGE (Milwaukee, WI)– <http://forge-forward.org>
- Gender Justice League (WA State)– <http://www.genderjusticeleague.org>
- Gender Spectrum– <http://www.genderspectrum.org>
- Global Action for Trans Equality– <http://transactivists.org>
- InterACT– <http://interactyouth.org>
- Lambda Legal– <http://www.lambdalegal.org>
- National Center for Transgender Equality– <http://transequality.org>
- PFLAG trans family resources– <http://community.pflag.org/transgender>
- Sylvia Rivera Law Project (NYC)– <http://www.srlp.org>
- Smith College School for Social Work's Trans and Gender nonconforming resource page– www.smith.edu/ssw/tgnc
- Trans Justice Funding Project– <https://www.transjusticefundingproject.org>
- Trans Faith– <http://www.transfaithonline.org>
- Transgender Law and Policy Institute– <http://www.transgenderlaw.org>
- Transgender Law Center (CA)– <http://www.transgenderlawcenter.org>
- TransLatina Network– <http://www.translatinanetwork.org>
- Trans People of Color Coalition– <http://www.transpoc.org>
- Trans Student Education Resources– <http://transstudent.org>
- Trans Youth and Family Allies– <http://www.imatyfa.org>
- UCSF Center for Excellence for Transgender Health– <http://www.transhealth.ucsf.edu>
- WPATH (World Professional Association of Transgender Mental Health)– <http://www.wpath.org>