

Clinical Practice with Transgender and Gender Diverse Adults: Notes for a Culturally Sensitive Evidence-Based Approach

April 23, 2021
Carinmillar Institute

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She|Her|Hers Pronouns





Conflicts and Funding Statement

- I have no conflicts of interest to declare.
- I am grateful for grant support of this work
 - R21MH108897 from the National Institute of Mental Health
 - Great Plains IDeA-CTR (U54GM115458) Pilot Award
 - University of Nebraska Systems Science Team Building Award.
 - Omaha Community Enrichment Foundation



Overview

- Community-Based Participatory Research with Trans Collaborations
- Language Basics and Trans 101
- Clinical practice pointers based on our research
- Progress monitoring tool





TRANS
COLLABORATIONS

Accountable Research & Resources

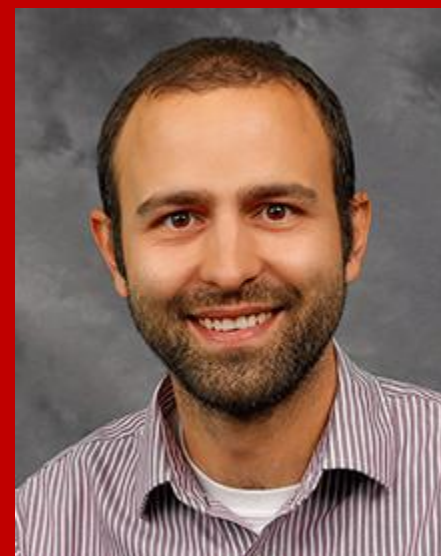
Founded 2014



Debra Hope



Nathan Woodruff

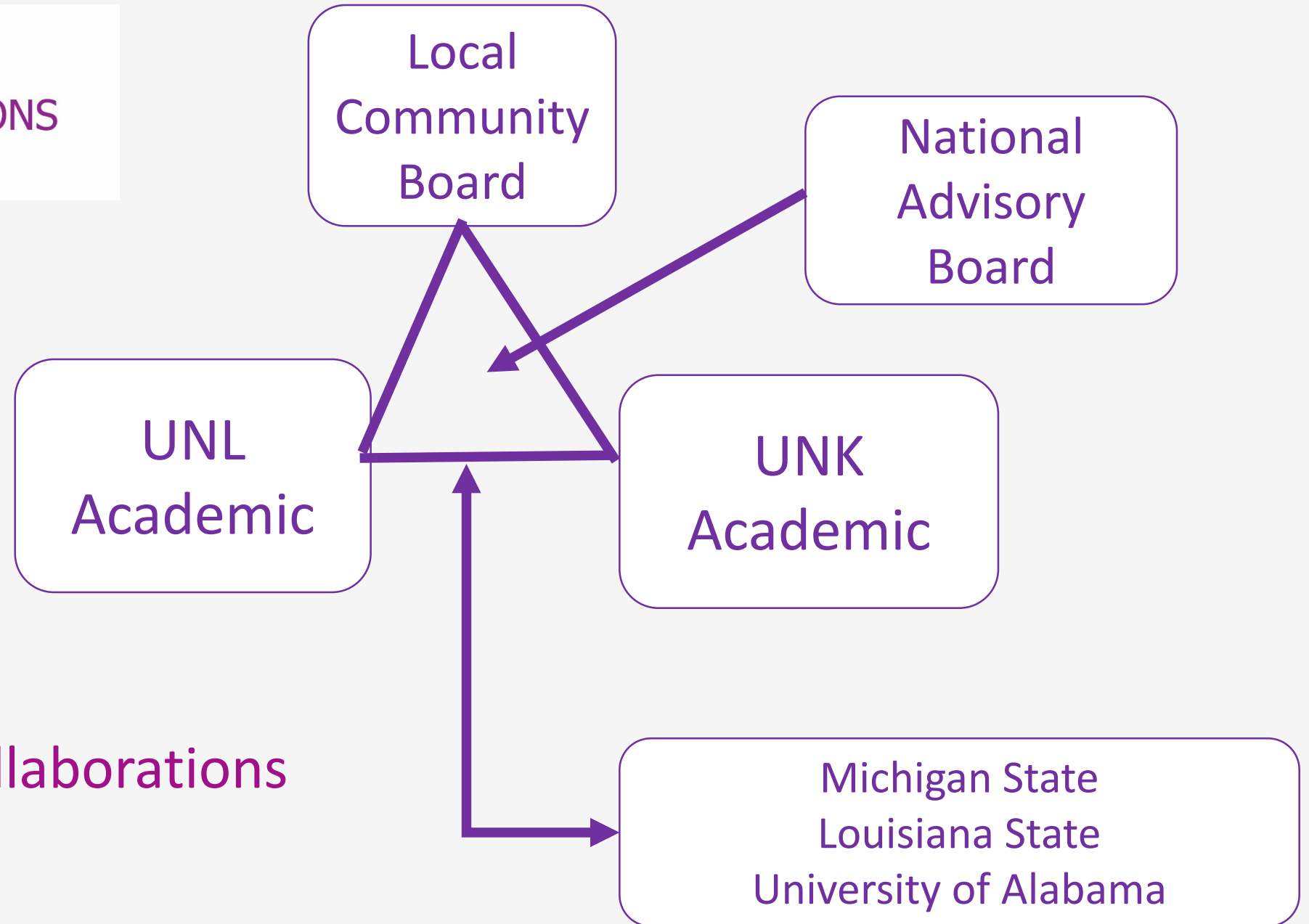


Richard Mocarski





**TRANS
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go.unl.edu/transcollaborations



Provider

Patient

Policy

Local Board
Outreach

TC³
Provider
Website
Analyses
Adaptations
for
Psychological
Services

Education in
Evidence-
Based
Practice
Letter
Process

Camp BOLD

Self-Advocacy
Workshops
Media
Represen-
tations

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Language and Definitions

Sex

The sex, usually male or female, assigned by the doctor at birth.

Intersex

people have ambiguous sex characteristics

Gender Identity

How you perceive your own gender

Cisgender – gender assigned at birth and gender identity are the same.

Transgender and Gender Diverse – gender assigned at birth and gender identity are not the same.

Sexual

Orientation

Who you are attracted to, interested in having sex with.

Lesbian, gay, bisexual, queer, asexual, etc.

LGBTQAI

Political or social, not scientific grouping



Trans 101 (Basic Cultural Competency)

ustranssurvey.org

Brief literature review indicates similar to Australia.

Cheung et al. (2018)
DOI: 10.1089/trgh.2018.0019
has good information on TGD
folx in Melbourne.

THE REPORT FROM THE



2015 U.S. TRANSGENDER SURVEY

IS NOW AVAILABLE!

**READ THE REPORT AND WATCH
THE RECORDING OF THE RELEASE EVENT**

En Español

The report of the 2015 U.S. Transgender Survey is now available!
[Read the Executive Summary, full report, and other USTS reports here.](#)

With almost 28,000 respondents, the U.S. Transgender Survey (USTS) is the largest survey ever devoted to the lives and experiences of trans people. The staff of the National Center for Transgender Equality (NCTE) and the

Trans 101

- Every gender journey is unique
 - Not everyone wants or can afford medical gender affirmation
 - Hormones
 - Gender affirmation surgeries
 - Social gender affirmation
 - Changing appearance
 - Asking others to use name, pronouns
 - Legal gender affirmation
 - Legal change on birth certificate, passport, or driver's license



Trans 101

Do's and Don'ts



- Names and Pronouns
 - Do use the person's correct name and pronouns
 - Don't make assumptions based on appearance
 - She/her/hers, he/him/his, they/theirs, etc
- Don't ask about surgeries
- Don't ask questions like "when did you know?"
- TGD identity may be central to the person or not.
- If you make a mistake, just correct it and move on.
 - It is not about you trying to make yourself feel better.



Trans 101

- Health Disparities
 - Higher rates of mental health disorders, substance abuse, suicidality
 - Higher rates of medical problems such as HIV, diabetes, etc.
- Health Care Disparities
 - Difficulty accessing care
 - ~~Lack of insurance~~
 - Lack of appropriate care
 - Marginalized and denied care



All disparities are larger for people with other marginalized identities



Trans 101



- Marginalization (Minority) Stress
 - Cultural bias and exclusion
 - Internalization of bias (transphobia)
 - Lack of social support
 - Employment and housing discrimination
- Resiliency
 - Not everyone experiences health disparities
 - Many people lead healthy, happy, productive lives, especially if they are able to access gender affirmation.



Trans 101



- Not surprisingly, access mental health care at higher rates than cisgender people
 - Impact of marginalization stress
 - Needed psychological evaluation for medical gender affirmation (transition)
 - “The letter”
- Very little evidence-based information on affirmative psychological services for TGD adults.



End of Trans 101

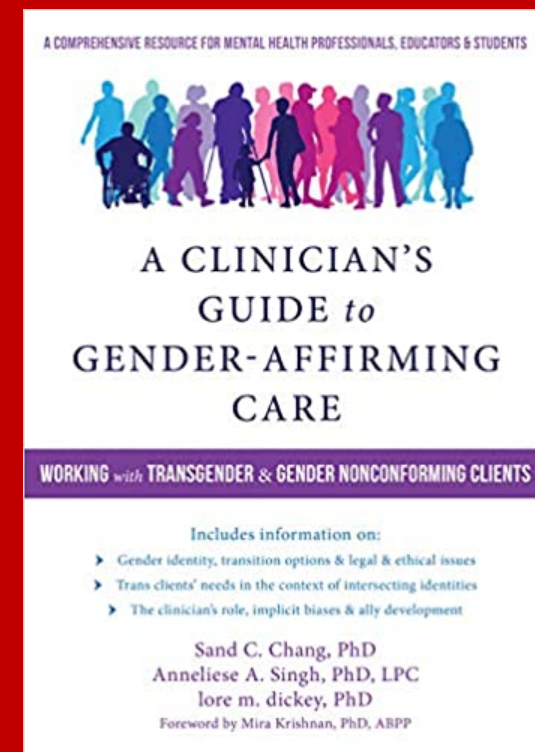
Next

Trans Collaborations Research on
Evidence-Based Psychological Services
Progress Monitoring Tool



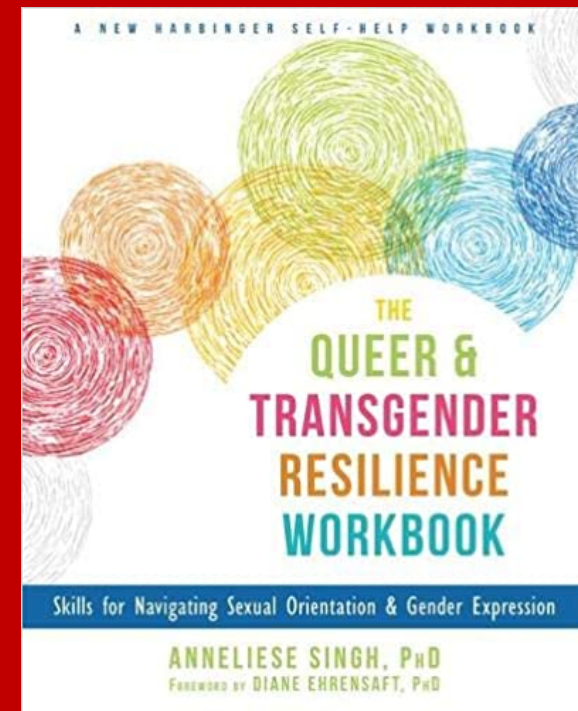
Pointers for Therapists

- *Not always about gender affirmation*
 - Anxiety, depression, relationship problems
 - Being TGD is part of the context
- *Use the best practices in Trans 101*
- *Chang, Singh, & dickey (2018) is good overall resource*



Pointers for Therapists

- *Gender Affirmation-Related Services*
 - *Support through the process of social, legal, and/or medical transition*
 - *Helps to be knowledgeable but best information comes from the community.*
 - *May be asked to write a letter of referral for medical gender affirmation*
 - *WPATH Standards of Care (ANZPATH)*
 - *Informed consent*
 - *Not complicated – any licensed mental health professional should be able to answer if the person is competent to make their own medical decisions.*
- *Ho & Mussap (2017) doi:10.1111/ap.12188*



Tools for Therapists – Progress Monitoring

- Key aspect of evidence-based practice is monitoring changes over time
 - Beck Depression Inventory often used for cognitive therapy of depression
- No specific measure exists to monitor TGD specific issues including
 - Outness
 - Comfort with body
 - Experiences and coping with marginalization
 - Living authentic self



Trans Collaborations Clinical Check-In

Start Here

Name:

Date:

MM

DD

YYYY

Please answer the following questions about how you have felt over the past two weeks.

1. In the past two weeks, how comfortable were you presenting as your gender identity in public?

- ☐ Not at all comfortable (1)
- ☐ A little comfortable (2)
- ☐ Somewhat comfortable (3)
- ☐ Mostly comfortable (4)
- ☐ Completely comfortable (5)

2. In the past two weeks, how concerned were you about what others thought of your gender presentation?

- ☐ Not at all concerned (5)
- ☐ A little concerned (4)
- ☐ Somewhat concerned (3)
- ☐ Mostly concerned (2)
- ☐ Extremely concerned (1)

3. In the past two weeks, how concerned were you about not being perceived as your gender identity in public (regardless of whether you desire to fit a particular social category)?

- ☐ Not at all concerned (5)
- ☐ A little concerned (4)

5. How often did you feel you knew how to present as your gender identity?

- ☐ Never (1)
- ☐ Rarely (2)
- ☐ Sometimes (3)
- ☐ Frequently (4)
- ☐ Always (5)

6. How concerned were you about meeting any gendered societal expectations?

- ☐ Not at all concerned (5)
- ☐ A little concerned (4)
- ☐ Somewhat concerned (3)
- ☐ Mostly concerned (2)
- ☐ Extremely concerned (1)

7. Regardless if you experienced stigma or discrimination due to your gender identity, how confident did you feel to handle it?

- ☐ Not at all confident (1)
- ☐ A little confident (2)
- ☐ Somewhat confident (3)
- ☐ Mostly confident (4)
- ☐ Extremely confident (5)

Next are a couple personal questions about how you felt about your body in the past two weeks.

8. Thinking about your gender identity, how comfortable did you feel with your voice?

- ☐ Not at all comfortable (1)
- ☐ A little comfortable (2)

18 items

Easily scored
by therapist
before session.

No assumption
of gender binary.



Tools for Therapists – Progress Monitoring

- 215 TGD participants in online study
 - Approximately 1/3 masculine, feminine, gender diverse/non-binary
- 70% European-American
- Mean age of 30, range 19-73
- 45% heterosexual



Tools for Therapists – Progress Monitoring

- Completed TC³ and other measures
 - Mental health and well-being
 - TGD – specific
 - Gender Minority Stress and Resilience Scale (Testa et al., 2015)
 - Gender Identity Reflection and Rumination Scale (Bauerband & Galupo, 2014)



Tools for Therapists – Progress Monitoring

	<i>r</i>
PHQ-9 – Depression	-.21*
GAD-7 – Anxiety	-.15*
PANAS	-.16*
Negative Affect	-.16*
Positive Affect	.37*
Satisfaction with Life	.45*

TC³ and
Mental
Health and
Well-Being

* $p < .05$



Tools for Therapists – Progress Monitoring

	<i>r</i>
GIRRS	
Reflection	.13
Rumination	-.32*
GMSRS	
Nonaffirmation	-.36*
Pride	.34*
Internalized Transphobia	-.37*

TC³ and TGD-Specific Measures

* $p < .05$



Tools for Therapists – Progress Monitoring

TC³ and journal article available on our website
go.unl.edu/transcollaborations

<https://doi.org/10.1016/j.beth.2019.04.001>

Test-retest study of TC3 to be published soon. It is stable
over 3 months (4 assessment points)
in an untreated sample.



Take Home Messages

- Culturally-sensitive evidence-based care is possible
 - To date no randomized controlled clinical trials
- Progress monitoring measure can be especially helpful for therapists with less experience with this population
- Everyone can be prepared to see TGD clients
 - Don't be afraid to help with letters for medical gender affirmation



Appreciation



- Core Nebraska Team
 - Richard Mocarski
 - Nathan Woodruff
 - Sharon Obasi
 - Natalie Holt
 - Allura Ralston
 - Zach Huit
 - Brenna Lash
 - Sage Volk
- Local Community Board

- National Advisory Board
 - Shelley Craig, Jamie Feldman
 - Jay Irwin, John Pachankis
 - KJ Rawson, Jae Sevelius
 - Ashley Austin
- Collaborators
 - Jae Puckett (MSU)
 - Sim Butler (UA)
 - Ray Tucker (LSU)



Questions and Comments?

