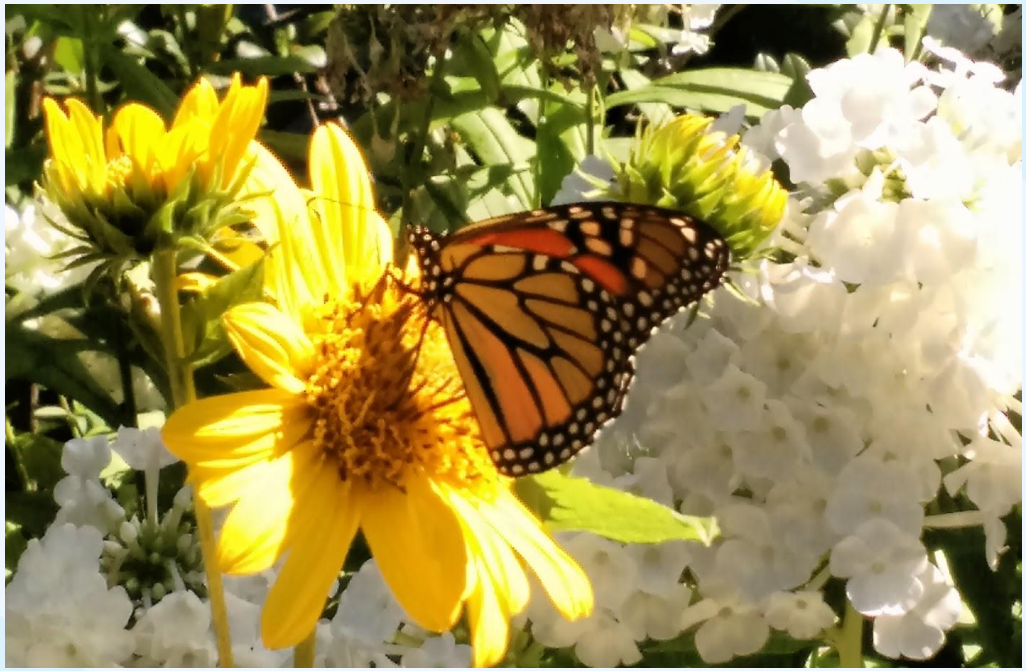
# Holistic Care for Trans and Gender Non-Conforming (TGNC) patients



**Mikveh Warshaw, APRN, PMH-BC, CARN-AP - She/Her/Hers**

# NO DISCLOSURES

# Objectives

1. Gain knowledge about the meaning of gender identity and the experiences of TGNC people
2. Learn about providing providing safe and humble care to our TGNC patients
3. Developing awareness of provider bias and its impact on TGNC
4. Focus on gaps in participant knowledge regarding a few arenas of trans care.

# Outline:

- Framing the lecture
  - Current discourse and fight for Trans Health
  - Self-reflection
  - Defining terms
- Prevalence of trans folks
- Trans care 201
- Gender affirming treatment
- Supporting the mental/emotional well being of trans people
- Working with families of trans people

# Getting a feel for where we are:

- How many of you have had any training/ experience with transgender health?
- Is LGBT health included in your curriculum/nursing practice?
- How equipped do you feel right now to address transgender health concerns?

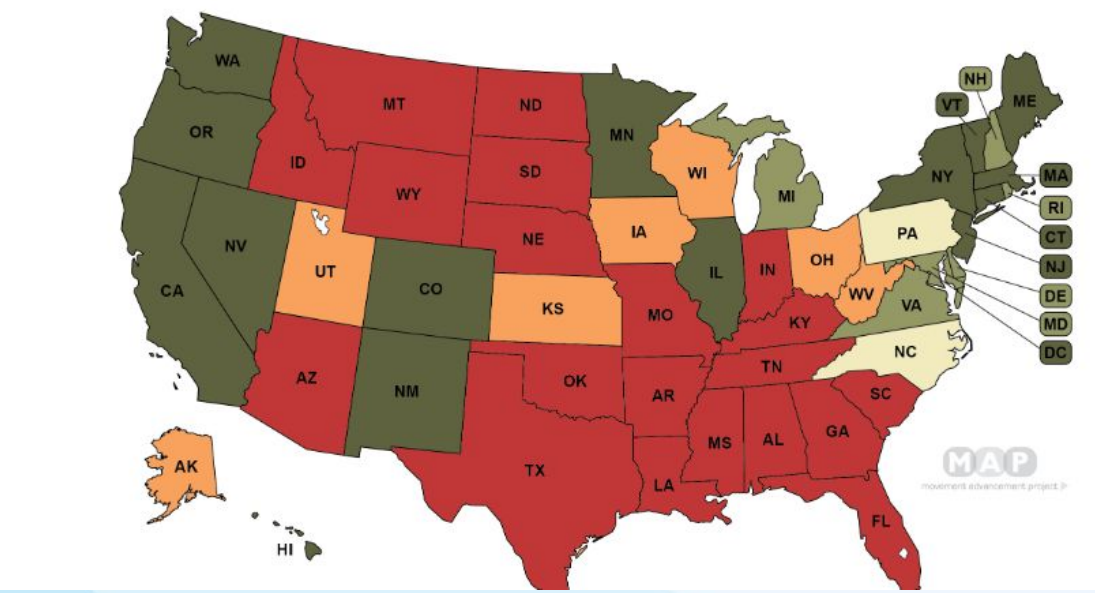
# Why is this important?

- Authoritarians throughout the past many centuries have attacked LGBT people creating a culture of violence.
- Many transgender people are in need of social services and medical care. Transgender people face many barriers to adequate service and health care, including discrimination, ignorance, poverty, prejudice, and fear.
- Many LGBT, especially transgender, people avoid care for preventive and urgent/life-threatening conditions.
- There are very few health providers and hospitals in the country that have supportive and sensitive health services for transgender people.

A painful look at what is going on across the US right now.

# SNAPSHOT: LGBTQ EQUALITY BY STATE

Scores based off of laws and policies within each state that shape LGBTQ people's lives, experiences, and equality. THe major categories of laws covered by the policy tally include: Relationships & Parental Recognition, Nondiscrimination, Religious Exemptions, LGBTQ Youth, Health Care, Criminal Justice, and Identity Documents.



# The Anti-Trans framing and talking points

- Chromosomes are the only true marker of ones sex and gender
- Trans women threaten the safety and freedoms of cis women
- Transness is a contagion that can only be stopped by silencing and removing it from public sphere
- Trans people and allies are "grooming" young children
- Reframing trans rights as "Gender Ideology"
- Acceptance of trans people is a sign of civilization collapse


Florida Gov. Ron DeSantis (R) shows an image from the children's book "Call Me Max" by transgender author Kyle Lukoff moments before signing the Parental Rights in Education bill on Monday. (Douglas R. Clifford/Tampa Bay Times via AP)

# Let's set the record straight

Book burning in Opera Square in Berlin, Nazi Germany, on May 10, 1933 ontop
And book burning Feb. 2, 2022, in Mt. Juliet, Tennessee, a suburb of Nashville.

- ➔ Chromosomes are one of many ways to define sex– along with hormone levels, secondary sex characteristics, and sex organs and they dont always all align and are on a spectrum.
- ➔ Trans women are fighting for the same rights as cis women. They are allies in struggle together against sexist violence.
- ➔ There is no scientific backing for the notion of "social contagion." It is a poorly defined concept used to spread hate and fear. Trans people have and do exist in societies where transness is unspoken and/or outlawed.
- ➔ Grooming refers to pedophilic activity– there is no evidence anywhere that trans or queer people are more likely to be pedophiles.
- ➔ Being trans is an experience not an ideology
- ➔ Many societies integrated LGBT people into their workings (e.g. Angola and West Africa, China, Greece, Rome, and many more)

# Attacks on Medical care for Trans Youth

*What is being said-*

'Trans healthcare is experimental and surmounts to child abuse'

*What we know-*

"These bills target transgender youth by blocking their access to **best practice medical care, care that is backed by years of rigorous research and endorsed by the American Academy of Pediatrics, the American Medical Association, Endocrine Society, and other leading health authorities.** These bills not only display a fundamental lack of understanding of transgender children, but they also ban access to medical care often by criminalizing either the doctors or even the parents of transgender youth seeking to provide best practice medicine for children in their care" ~ *Movement Advancing Project*

"We are continuing to pretend our enemy is an anonymous, amorphous blob of people who inexplicably hate trans people, when it's been the same people opposing queer justice and feminism, and abortion, and voting rights, and comprehensive health care for decades,"

*~Heron Greenesmith, senior research analyst with Political Research Associates*

# Which organizations are behind these bills?

- **Family Research Council (FRC)**, **Family Policy Alliance** and **Alliance Defending Freedom (ADF)**
  - All benign sounding orgs that are seeking to enshrine religious extremism cloaked as religious liberty into law.
- The Heritage Foundation then mainstreams above orgs views' into respectable think-tank thought pieces and policy white papers.
- In 2021 these orgs came together with others to form an umbrella org "Promise to American Children"
  - Main goal of this org is to push trans kids out of public sphere.
  - Created much of the language we see across all the bills introduced
  - In 2021 there were 127 bills targeting trans kids while in 2019 there were 6

## Connecticut youth, used as scapegoat

- In 2019, ADF sued the state of Connecticut to stop Andraya Yearwood and Terry Miller, two Black trans girls, from running track with mostly cis white girls (case thrown out by fed judge in 2021). This lead to Idaho's first anti-trans sports bill. (no out trans person ever competed in the state of Idaho prior to the signing but they used grotesque write-ups of Yearwood and Miller to stoke fear)

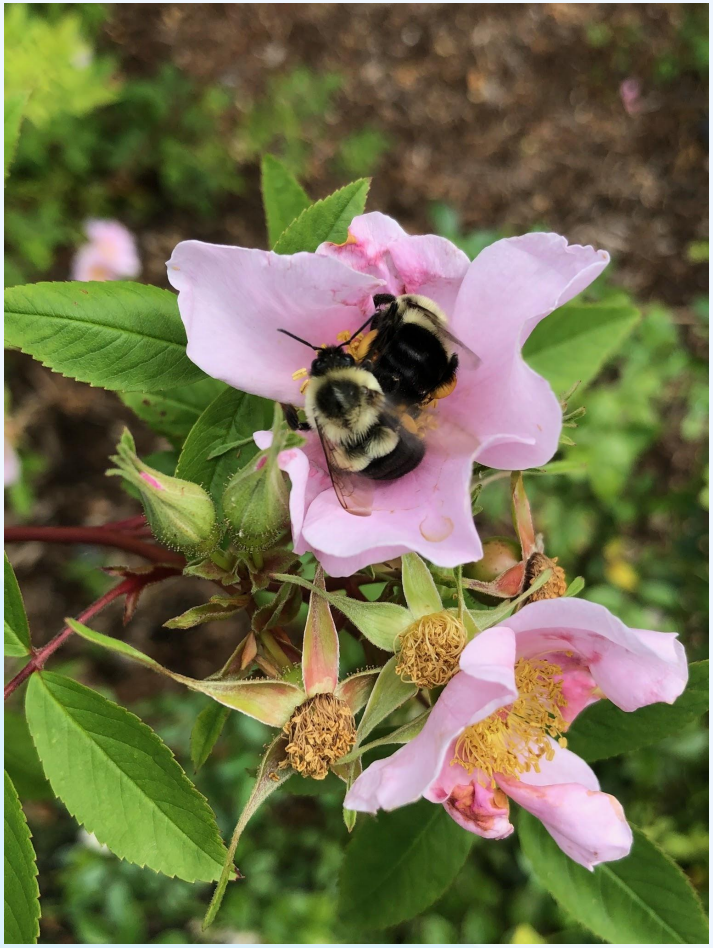
Trevor Project Poll done between Sept 2021- Nov 2021 found

85% of transgender and nonbinary youth say that recent debates around anti-trans bills have negatively impacted their mental health.

These laws are about genocide of LGBQT people and we are already seeing their impacts

# Resources

- https://www.lambdalegal.org/ - for uptodate state by state legal info.
- https://www.lgbtmap.org/ - for great data and maps on current legislation across states
- https://podcasts.apple.com/us/podcast/money-power-and-a-radical-vision/id1570901784?i=1000535524892 - The Anti-Trans Hate Machine; A Plot Against Equality by Imara Jones
- https://transequality.org/ - National Center for Trans Equality
- https://www.thetrevorproject.org - Trevor Poject - Suicide prevention
- and crisis intervention

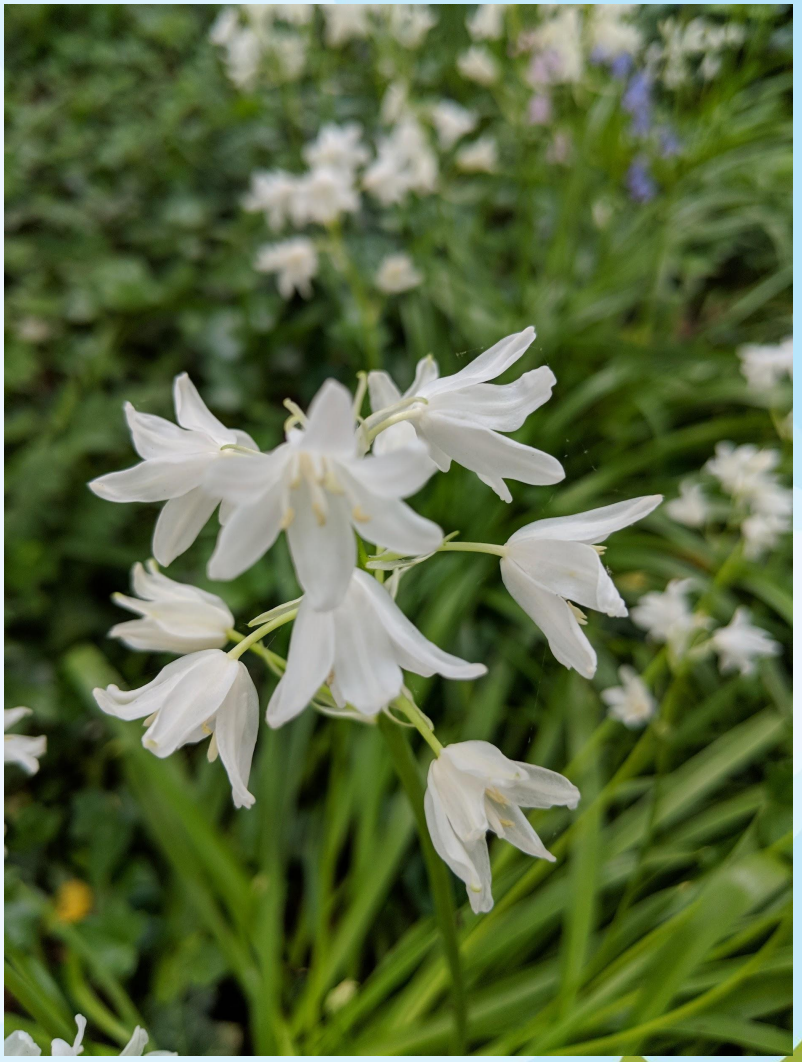


It is vital we feel confident in how we talk about, and work with our trans patients.

# It starts with our own experience:

- When did you know you were a girl, a boy, and/or neither?
  - How did you know?
  - How did it feel?
  - How has it changed throughout your life?

- When did you start to develop your sexual attraction?
  - How did you know?
  - How did it feel?
  - How has it changed throughout your life?

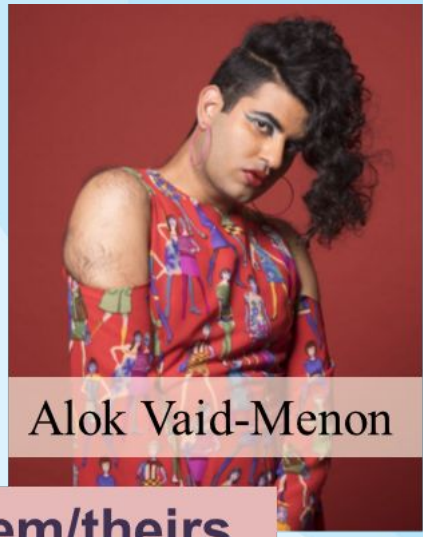


# Quick reference:

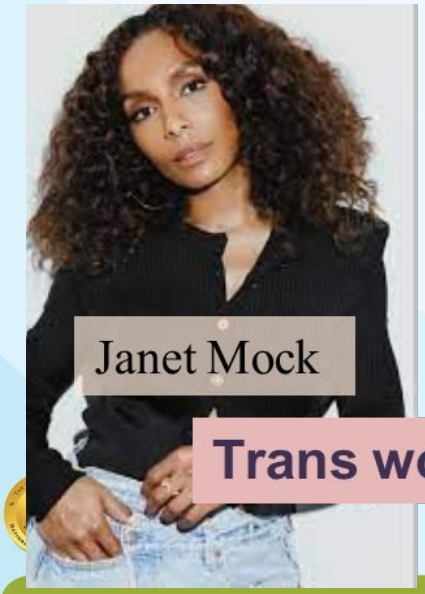
- **Transgender/Trans:** an umbrella term for anyone whose sex assigned at birth and gender identity do not match up
- **Cisgender/Cis:** a term to for anyone whose sex assigned at birth and gender identity match.
- **Gender non-conforming (GNC)/ gender queer**: People who may or may not identify as trans, but who do not identify as the sex they were assigned.
- **Trans man**, **FtM:** Men who were assigned female at birth.
- **Trans woman**, **MtF, Woman of trans experience**: Woman who were assigned male at birth.
- **Intersex:** people born with any of several sex characteristics including chromosome patterns, gonads, or genitals that do not match a binary pattern of boy or girl
- **Transsexual**: term used by some trans people to signify they have medically transitioned.
- **AMAB:** Assigned male at birth.
- **AFAB:** Assigned female at birth.



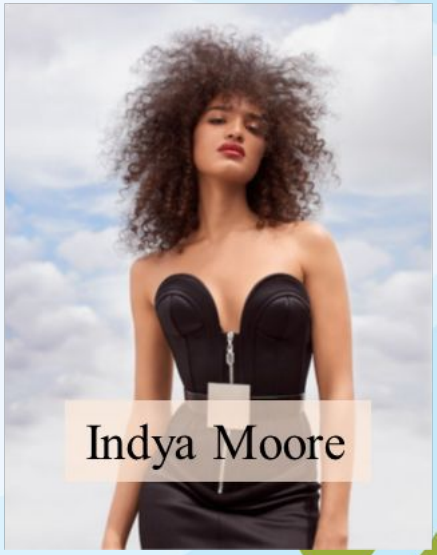
**Trans men, he/him/his**


**They/them/theirs**






**Trans women, she/her/hers**

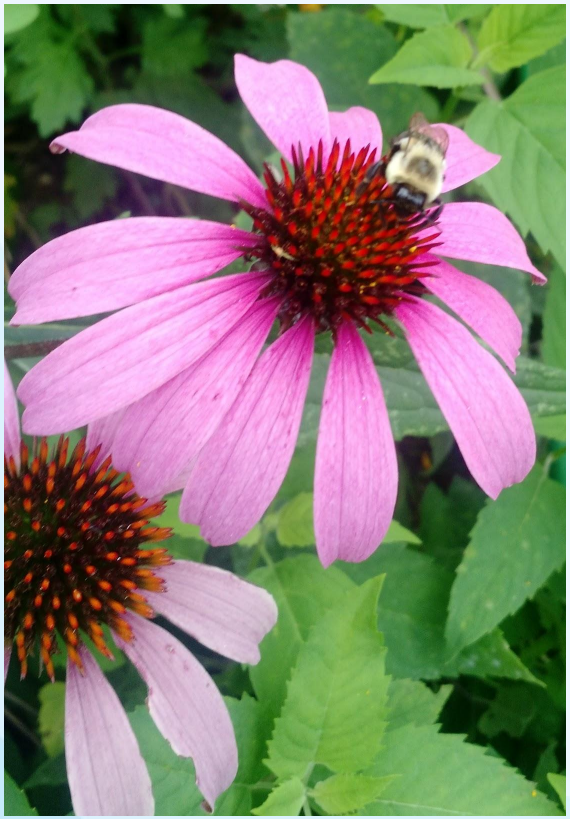
# Sex, Gender, and Gender Expression

**Sex:**
Anatomy, chromosomes, and hormones. Assigned male, female, or intersex at birth based upon visible sex organs.

**Gender Identity:**
One's sense of oneself as male, female, both, or neither.

**Gender Expression:**
One's aesthetic presentation as masculine, feminine, androgynous, etc.

# Gender Identity Vs. Sexual Orientation



**Sexual orientation** is who you go to *bed with*,

**Gender Identity** is who you go to *bed as*.


GENDER REVEAL PARTY
Ready?
GENDER REVEAL PARTY
1...
2...
3.....
GENDER REVEAL PARTY
GENDER
HOWEVER THEY IDENTIFY!
PARTY
It's what we hoped for!
*FEMINIST BABY* BY: LORYN BRANTZ

# Looking inward

What **sex** where you assigned at birth?

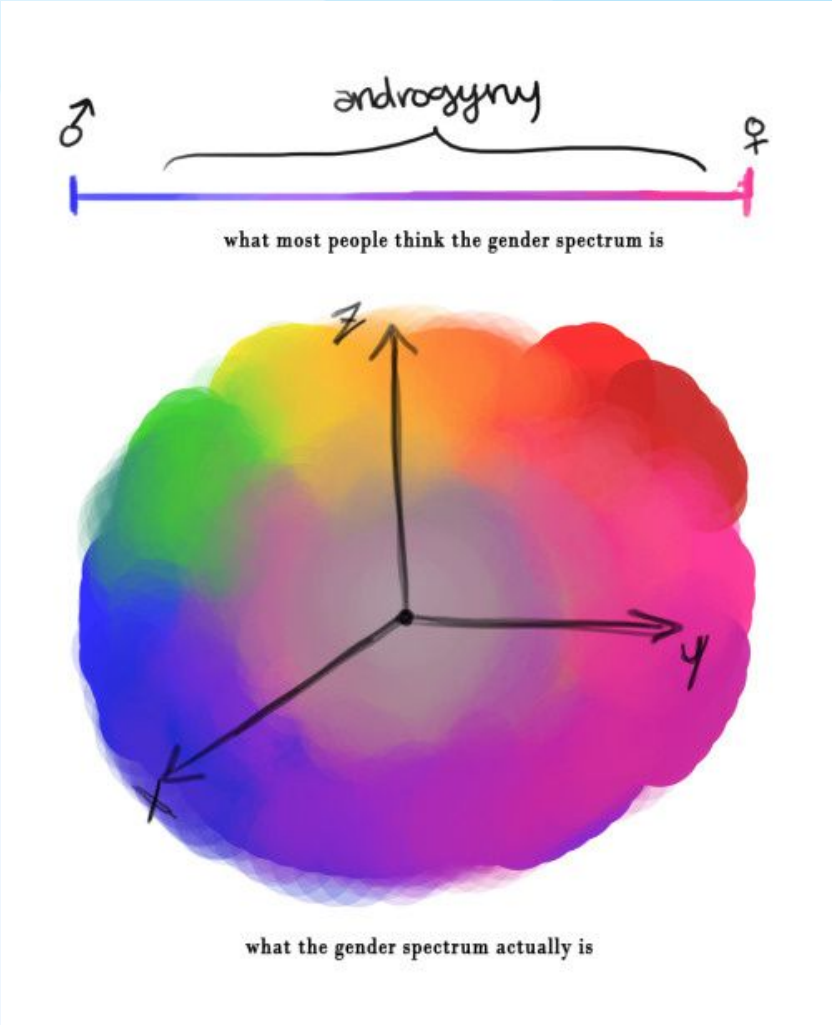
Assigned Male at Birth (AMAB) , Assigned Female at Birth (AFAB), Assigned Intersex at Birth?

What **gender** do you **identify** as?

Female, Male, Nonbinary, Gender Queer, etc

What is your **gender expression**?

Androgynous, Feminine, Masculine, Mix, or Beyond.



# Estimate of number of LGBT people in the United States:

| | % LGBT | LGBT (Total) | LGB (Total) | LGB (Cisgender) | LGB (Trans) | TRANSGENDER (Total) | TRANSGENDER (Straight/Other) | TRANSGENDER (LGB) |
|---|---|---|---|---|---|---|---|---|
| US | 4.5% | 11,343,000 | 10,338,000 | 9,946,000 | 392,000 | 1,397,150 | 1,005,000 | 392,000 |

Trans people make up about 0.42% of US population.

Adult LGBT Population in the United States (July 2020) The Williams Institute

# Etiology of TGNC Identity

Most experts believe that biological factors, early experience, and later experiences in adolescence and adulthood all play a role.

**Trans-interrogation**: the intellectualizing by cisgender people about "why" do trans people exist thereby turning us into objects to be theorized rather than breathing, feeling, living beings.

Example: trans people being required to have "tragic trans narrative." Prove you are trans. or 'trans enough.' It begins with a bias towards skepticism that is seeded in conversion therapy culture that sees transness as a mental illness. The fear mongering of "making people trans."

# A Sappy Video break

[An Introduction to Transgender People]

# The basics of providing care for trans patients

# Avoid Assumptions in Language

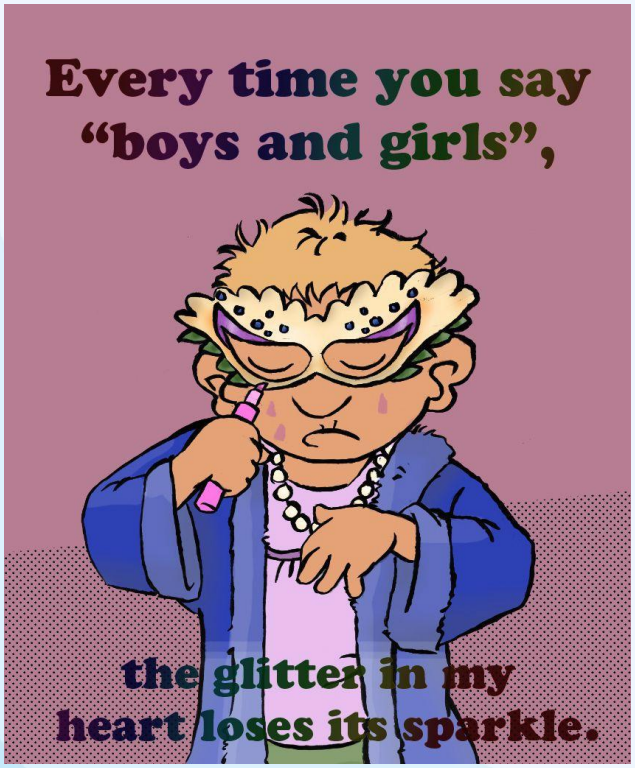
- You cannot guess a person's gender identity or sexual orientation based on how they look or sound

- Each individual is unique—if you only know one trans person, you only know one trans person

To avoid assuming gender with new patients:

- Instead of: "How may I help you, sir/ma'am?"
  - Say: "How may I help you?"
- Instead of: "He is here for his appointment."
  - Say: "The patient is here in the waiting room."
- Instead of: "Do you have a wife?"
  - Say: "Are you in a relationship?
- Instead of: "What are your mother and fathers' names?"
  - "What are your parents' names?"

# Stressors Non-Binary Patients In and Outside the Clinic:




- Forced binary choice on forms and documents
- Not being referred to by correct pronoun
- Isolation, lacking community (not feeling at home in cisgender spaces, gendered spaces, transgender community spaces)
- Invisibility and exclusion (e.g., "Ladies and gentlemen...")
- Lack of nonbinary role models, especially in vocational settings
- Restrooms, locker rooms, other sex-segregated facilities
- Lack of sexual orientation labels/descriptors that fit
- **Accessing affirming health care, including gender-affirming services**

# Name and Pronouns

- It is important to use the patient's name and pronouns when talking about a patient.
  - He/him/his
  - She/her/hers
  - They/them/theirs

- Help normalize naming and asking pronouns by add your pronouns to your virtual meeting name tag

https://www.minus18.org.au/pronouns-app/

http://www.theyismypronoun.com/

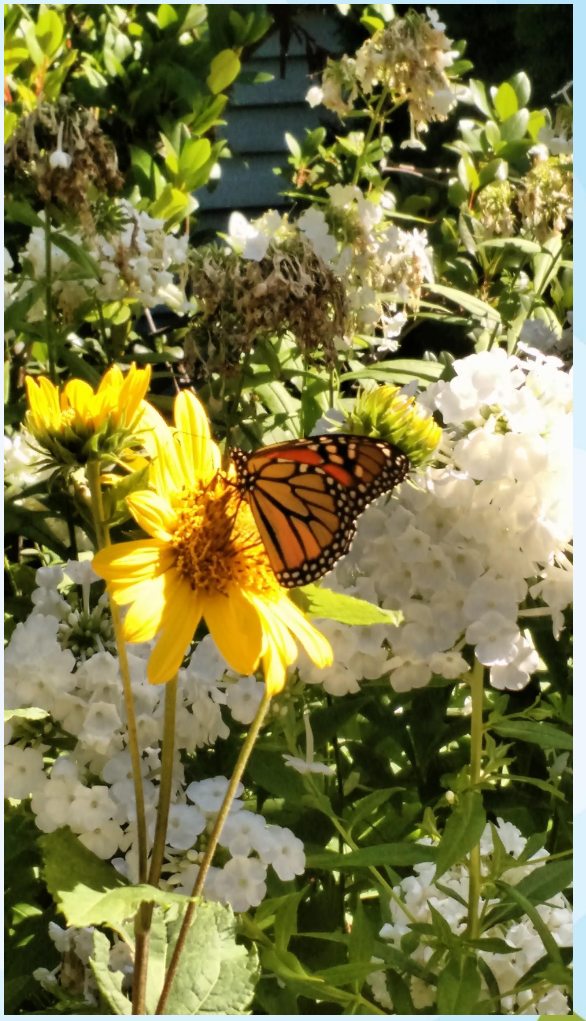
- If you are unsure about a patient's name or pronoun
  - "(I would like be respectful) What name and pronoun would you like me to use?"
- If you accidentally use the wrong term or pronoun
  - "I'm sorry." Then use the right one.
- If a patient's name doesn't match insurance or medical records
  - "Could your chart/insurance be under a different name?"
  - "What is the name on your insurance?"

# Anticipating and Managing Our Expectations

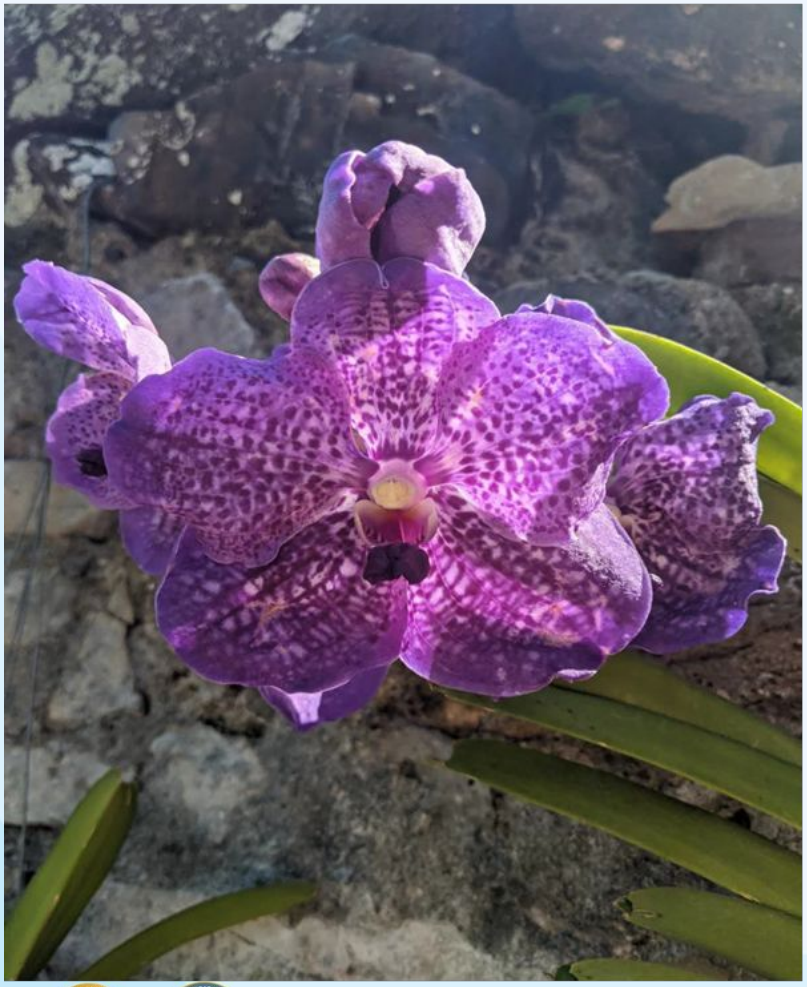
- You are almost certainly not the first health care staff person a trans person has met.
- If the patient has experienced insensitivity, a lack of awareness, or discrimination, they may be (healthily) on guard, or ready for more of the same from you. Regardless of your awareness or shared identity
- Don't be surprised if a mistake, even an honest one, results in an emotional reaction.
- Don't personalize the reaction
- Apologizing when patients have uncomfortable reactions, even if what was said was well intentioned, can help defuse a difficult situation and re-establish a constructive dialogue about the need for care.

# Terms associated with trans care

**Transition-** The process that people go through as they change their gender expression and/or body (e.g. hormones, surgery) to align with their gender identity. Transition may involve coming out to family, friends, co-workers, and other,; changing one's name and/or sex designation on legal documents, and/or medical interventions. Transitions are not inherently linear and have pauses and turns. Transitions take different lengths of time and don't necessarily have clear starts and ends.  Transitions are unique.



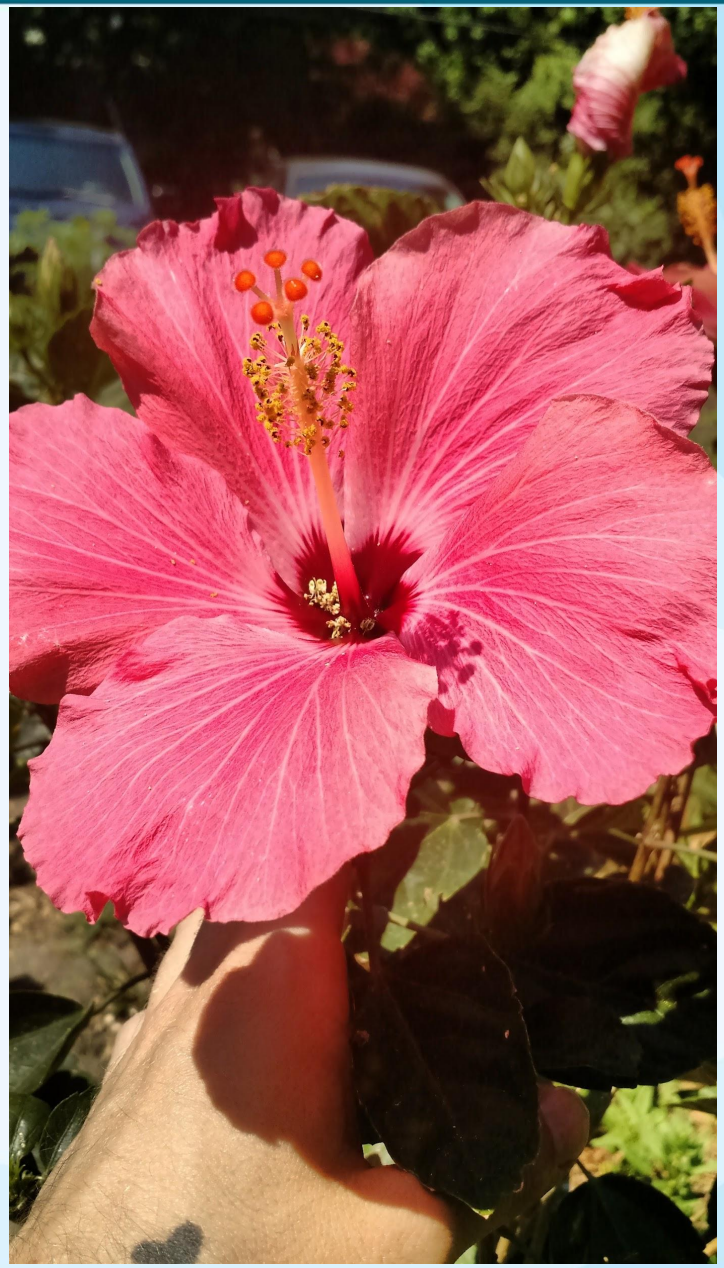
# Terms associated with trans care



**Dead name/former name/legal name** – These refer to the name used prior to transitioning. As with pronouns it is important for our trans patients to be referred to by their names. Our names are a central way of identifying our sense of self.

A name for trans people may be in flux. Ask your patient and then use it. Sometimes it is important to find out the parameters of a name. "Can I/would you like me to use it in your chart? Can I use it when talking with your family/friend etc?"

# Pause and Reflect



# Gender Affirming Treatment

# Gender Affirming Treatments

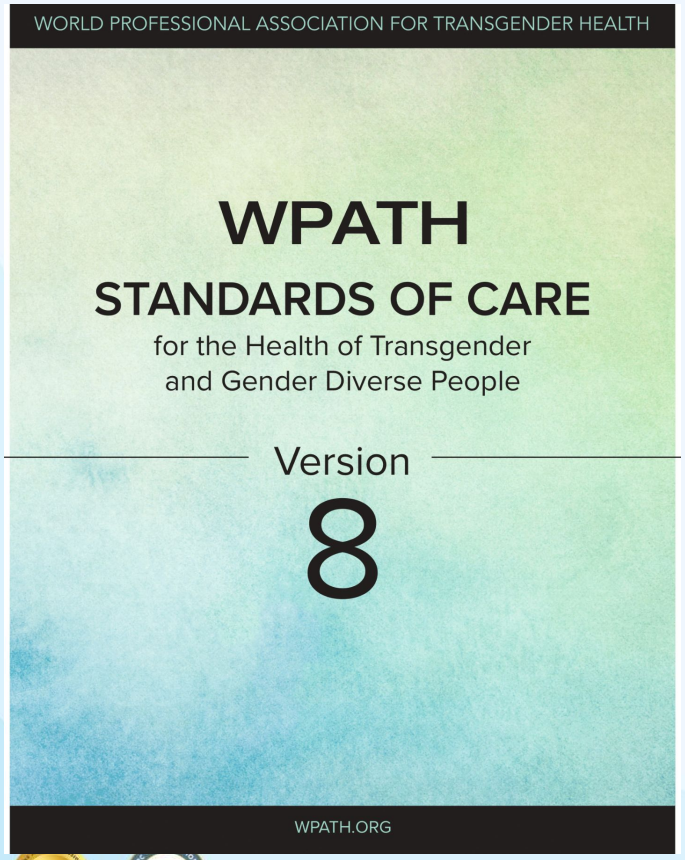
In contrast to past practices in which a set pathway involved a requirement of **psychological assessment -> hormones -> genital surgery,** the current standard of care is to allow each trans person to seek only those interventions which they desire to affirm their own gender identity

**Medical interventions:** Gender-affirming hormone therapy is the primary medical intervention sought by trans people. Such treatment allows the acquisition of secondary sex characteristics more aligned with an individual's gender identity.

**Surgical interventions:** These include surgeries specific to gender affirmation, as well as procedures commonly performed in non-transgender populations.

**Other interventions:** include facial hair removal, body contouring, voice modification, genital tucking and packing, and chest binding

# World Professional Association for Transgender Health (WPATH)




The World Professional Association for Transgender Health promotes the highest standards of healthcare for individuals through the articulation of Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People. The SOC are based on the best available science and expert professional consensus.

# WPATH Criteria for Adult Hormone Treatment

*World Professional Association for Transgender Health, SOC 8th edition published 2022*

- Gender incongruence is marked and sustained;
- Meets diagnostic criteria for gender incongruence prior to gender-affirming hormone treatment in regions where a diagnosis is necessary to access health care;
- Demonstrates capacity to consent for the specific gender-affirming hormone treatment;
- Other possible causes of apparent gender incongruence have been identified and excluded;
- Mental health and physical conditions that could negatively impact the outcome of treatment have been assessed, with risks and benefits discussed;
- Understands the effect of gender-affirming hormone treatment on reproduction and they have explored reproductive options

# Medical Interventions

| | **Medication** | **Notes** |
|---|---|---|
| **Masculinizing** | Testosterone | weekly IM injections, controlled substance |
| **Feminizing** | Estrogen | multiple formulations [oral, patch, injections (subq or IM)] |
| | Anti-Androgen (Spironolactone) | anecdotal reports of increased depression |
| | Progesterone | anecdotal use for breast development, mood, libido |

# Gender Affirming Surgery (GAS)

# WPATH Criteria for surgery:

*World Professional Association for Transgender Health, SOC 8th edition published 2022*

- Gender incongruence is marked and sustained;
- Meets diagnostic criteria for gender incongruence prior to gender-affirming surgical intervention in regions where a diagnosis is necessary to access health care;
- Demonstrates capacity to consent for the specific gender-affirming surgical intervention;
- Understands the effect of gender-affirming surgical intervention on reproduction and they have explored reproductive options;
- Other possible causes of apparent gender incongruence have been identified and excluded;
- Mental health and physical conditions that could negatively impact the outcome of gender-affirming surgical intervention have been assessed, with risks and benefits have been discussed;
- Stable on their gender affirming hormonal treatment regime (which may include at least 6 months of hormone treatment or a longer period if required to achieve the desired surgical result, unless hormone therapy is either not desired or is medically contraindicated).*

*These were graded as suggested criteria

# Primary Care and BH Care for Patients re:Surgery

- Anticipatory guidance
  - Ask patient about their knowledge of surgery and what to expect day of and post surgery
  - Ask if they would like more information
- Support readiness
  - pre-care plan- does patient have a plan for how to care for self leading up to surgery to increase positive outcomes?
    - decrease ETOH
    - sleep
    - cardiovascular health
    - journaling/reflecting
  - post-op plan- does patient have a plan for how to care for self after surgery?
    - person(s) to help care for pt in days after
    - food-train? gift cards to order? healthy frozen foods?
    - entertainment plan
- Plan for follow-up visits
  - People often have a lot of strong emotions after surgery. It is a traumatic bodily experience even if it is a desired one.
  - Provide space for people to express emotions without attaching too much meaning.
  - Continue to assess their supports and help them to remain connected to care providers and community

# Masculinizing Procedures

| | Common Name | More Info |
|---|---|---|
| Mastectomy | Top Surgery<br>Removal of breast | Includes the removal of most breast tissue and the surrounding skin, the alteration of the size and placement of nipples and the areola |
| Hysterectomy | Removal of uterus | Procedures are permanent and make it impossible to become pregnant. The procedure also stops menstruation (periods). |
| Salpingo-oophorectomy | Removal of fallopian tubes ovaries | Can be performed at the same time as a hysterectomy. May change the recommended dosage of testosterone. |
| Metoidioplasty | Forming of penis using existing genital tissue | Individual outcomes for functioning including capacity for urination, erections, and expected length vary depending on body size and anatomy. |
| Phalloplasty | Forming of penis using skin graft | Erections are only possible with assistive technology. This procedure is usually completed in a series of surgeries over a 1 year time period. |
| Scrotoplasty | Forming of scrotum | Surgical construction of a scrotum. The scrotum is usually created from existing tissue in the genital area along with a testicular implant. |

# Feminizing Procedures

| | Common Name | More Info |
|---|---|---|
| Mammoplasty | Breast augmentation/Implants | Procedure places saline or silicone sacs in breast area to create larger breasts. |
| Orchiectomy | Removal of testicles | Procedure lowers levels of testosterone in body, often can discontinue anti-androgen |
| Vaginoplasty | Bottom surgery | Together these surgical procedures: remove the shaft of the penis while maintaining the nerve endings to form a clitoris.<br><br>Significant recovery time and support needed.<br><br>There are multiple variations for vaginoplasty. Pt should research what technique they prefer. |
| Vulvoplasty | | |
| Clitoroplasty | | |
| Labiaplasty | | |
| Brow shave/lift | Facial feminization surgery (FFS) | These procedures are highly specific to the individual. Often may require multiple follow-ups. |
| Rhinoplasty | | |
| Jaw contouring | | |
| Cheek implant | | |
| Tracheal Shave | | |

# Regret after Gender-affirmation Surgery: A Systematic Review and Meta-analysis of Prevalence

Valeria P. Bustos, MD,* Samyd S. Bustos, MD,† Andres Mascaro, MD,‡ Gabriel Del Corral, MD, FACS,§ Antonio J. Forte, MD, PhD, MS,¶ Pedro Ciudad, MD, PhD, // Esther A. Kim, MD,** Howard N. Langstein, MD,†† and Oscar J. Manrique, MD, FA

Across 27 studies of 7,928 transgender patients who underwent some type of GAS, 77 reported regret.

The pooled prevalence of regret after GAS was 1% (95% CI<1%-2%)

The most common reason for regret was psychosocial circumstances, particularly due to difficulties generated by return to society with the new gender in both social and family environments.

# Know your surgeons

- How long have they been performing GAS?
- What type of technique do they use?
- Do they have any wrap around support for patients?
- How does the trans community feel about them?

# Other Feminizing Interventions

**Hair Removal:** Electrolysis, and laser hair removal.

- Can be extremely painful- lidican, tylenol, etc
- Often takes multiple procedures for desired effect
- Causes redness and inflammation for 1-2 days post procedure

**Tucking:** putting external genital back between the legs

- Prolonged time may cause irritation and pain
- Increased risk for UTI, though uncommon
- May use gaf or tape to help in process

**Voice training:** exercises to help change vocal register

- Either with professional speak pathologist or many online courses and youtube videos
- Requires a lot of time and practice for changes

# Other Masculinizing Interventions

**Packing** - the process of adding a packer to one's crotch to create a bulge and achieve the look and feel of having a penis.

**Binding -** Flattening chest. People use official binders, and sports bras

- try to only do for a few hours at a time
- importance of a binder that fits
- never use ace bandage

Point of Pride

[Point Of Pride- access to cheap/free binders, shapewear, etc]

# Content of the Referral Letter

1. The client's general identifying characteristics;
2. Results of the client's psychosocial assessment, including any diagnoses;
    - if psychiatric diagnosis beyond dysphoria, explain that it does not hinder informed consent
3. The duration of the referring health professional's relationship with the client, including the type of evaluation and therapy or counseling to date;
4. An explanation that the criteria for hormone therapy or surgery have been met, and a brief description of the clinical rationale for supporting the client's request for hormone therapy or surgery;
5. A statement about the fact that informed consent has been obtained from the patient;
6. A statement that the referring health professional is available for coordination of care and welcomes a phone call to establish this.

(WPATH, 2011)

# Criticisms of Psychomedical Gatekeeping

- People should have control over their bodies.
- Therapist is both healer and evaluator (dual role).
- Client must be diagnosed with a mental disorder in order to obtain medical transition
- Barrier to those with limited resources and/or in rural areas
- Guidelines fail to reflect diversity of gender expression (are based on the gender binary)

# Resources

[The World Professional Association for Transgender Health (WPATH)]

[The Philadelphia Trans Wellness Conference]

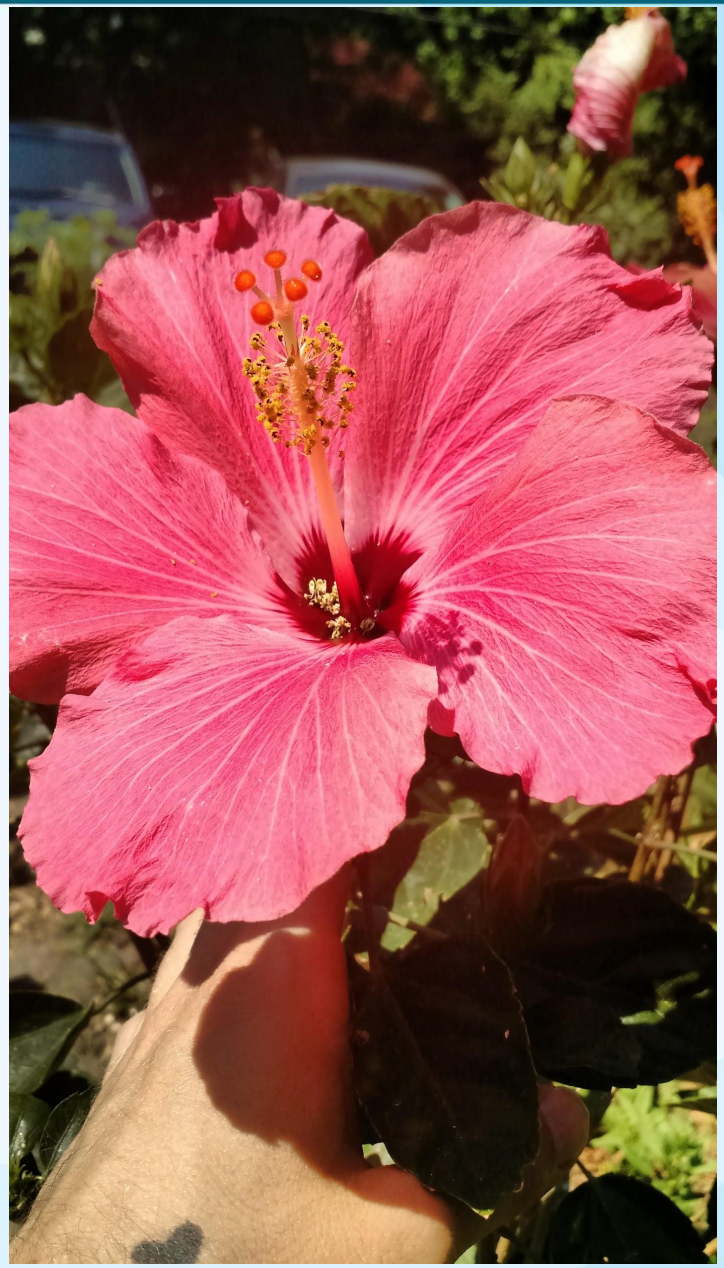
[UCSF Gender Affirming Health Program]

[Center for Transgender Medicine and Surgery, Mt Siniai NYC]

[Fenway Transgender Health]

[National Center for Transgender Equality]

# Pause and Reflect



# Mental/Emotional Health Care Needs for Trans Patients

# Gender Dysphoria from the DSM-V

A Marked incongruence between one's expressed/experienced gender and assigned gender for at least six months and consist of some of the following

- A strong desire to be of the other gender, or an instance that one is of the other gender (or some alternative gender different from one's assigned)
- An intense need to do away with primary or secondary sex features
- An intense desire to have the primary or secondary sex features of the other gender
- A deep desire to transform into another gender
- A profound need for society to treat them as another gender
- A powerful assurance of having the characteristic feelings and responses of the other gender

**The second necessity is that the condition should be connected with clinically important distress, or affects the individual significantly socially, at work, and in other import areas of life.**

# Three Types of Need for Mental Health According to DSM

1. **Exploration of gender identity.** This includes determining exactly what one's gender identity is, coming to terms with this gender identity, self-acceptance and individuation, and exploring individual–level ways to actualize this identity in the world. This may also include preparation and assessment for various gender affirming treatments and procedures.
2. **Coming out and social transition.** This includes coming out to family, friends, and coworkers, dating and relationships, and developing tools to cope with being transgender in a sometimes transphobic world.
3. **General mental health issues, possibly unrelated to gender identity.** The variety of mental health concerns experienced by transgender people include mood disorders, generalized anxiety, substance abuse, and post-traumatic stress disorder (PTSD).

# Role of a Provider

- To be a provider- AKA treat that person as any other pt and address not just trans related care!*
- To help the TGNC person achieve long-term comfort in their gender identity and expression
- Educate and advocate for clients in the community and/or the school system
- Provide information and referral for peer support
- Provide information about options for medical and/or social transition
- Provide letters of recommendation for access to transition related care (e.g. HRT and surgeries)

***Trans-mystification:** being caught-up in the taboo nature of "sex-change" that one loses sight of the fact that transness is very real, tangible and often mundane for those who experience it first hand

# Supporting Social Transition

For many trans people the period of time in their life when they are socially transitioning is extremely difficult, volatile, and risky.

Often during these periods people are more at risk for discrimination and are less accustomed to the expectations and reactions of others both to their new gender presentation but also to the psychic stress of wondering how they are being perceived. "Do they know I am trans?"

The time with their provider is a chance to support them to pause, breath, try-on, and reflect.

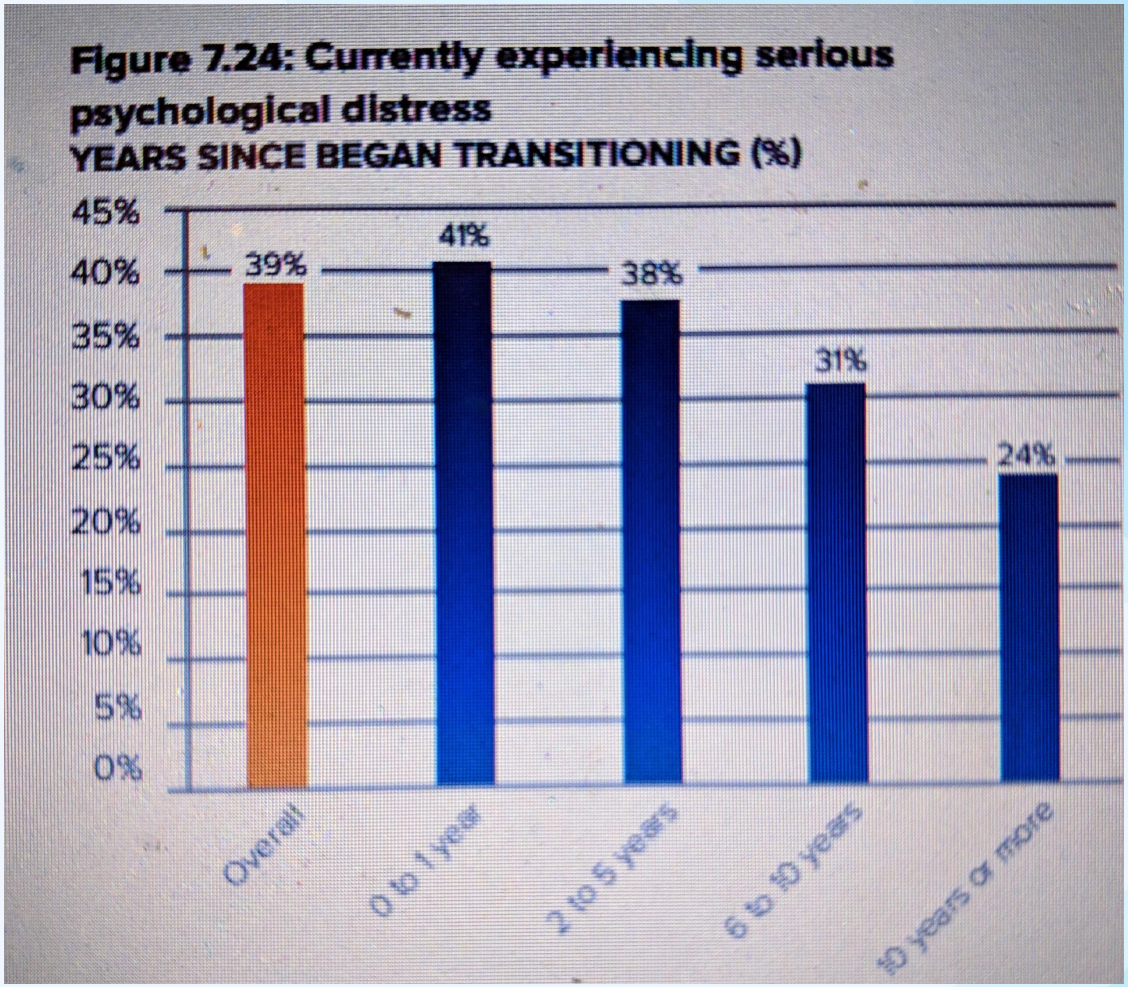
- Acknowledge that this can be both an exciting and difficult time.
- Remind them to pause, breathe, and take a second
- Let them know their time with you is a chance to try-on new clothes, voices, names
- Encourage exploration and reflection
- Affirm that process may not be linear

# Being trans can be exhausting

Thirty-nine percent (39%) of respondents reported currently experiencing serious psychological distress, which is nearly eight times the rate reported in the U.S. population (5%).

James et al. (2016)

How does this look across a patients transition timeline?



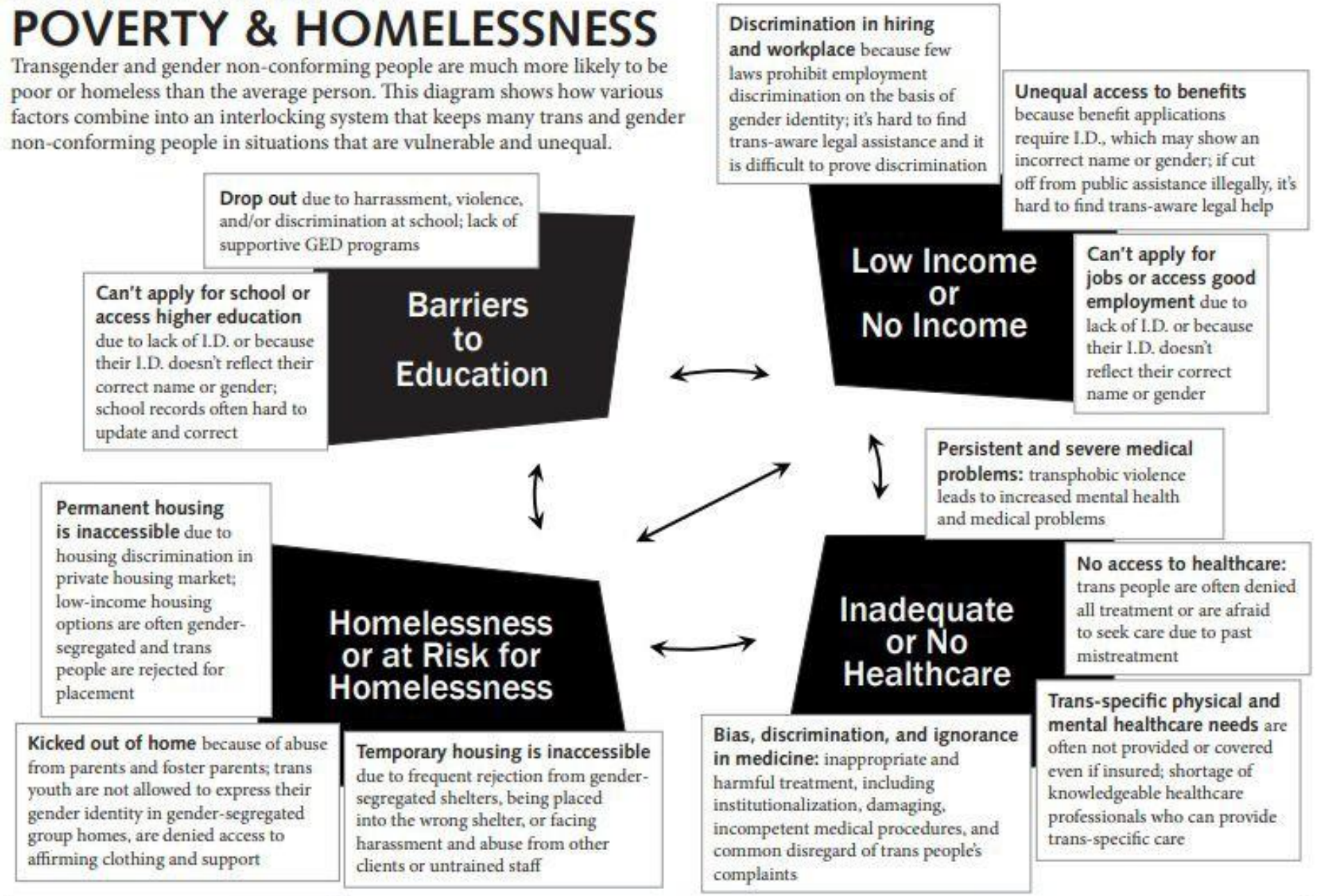
# What are some specific concerns you have when thinking about mental health care for your trans pts?

# Factors:

- Access to healthcare
- Eating
- Depression
- Self-harm/Self-care
- Anxiety
- Substance use
- Alcohol use
- Autism spectrum
- Domestic violence
- Family relationships
- Race/Ethnicity
- Country of Origin
- Legal status
- Suicidality
- Minority stress impact
- History of trauma
- Discrimination
- Sex work
- Homelessness
- Work/School
- Age & Health
- Sexual health & function
- Isolation
- Hormones
- Surgery
- Legal gender documents
- Financial stress

# SYSTEMS OF INEQUALITY:
# POVERTY & HOMELESSNESS

Transgender and gender non-conforming people are much more likely to be poor or homeless than the average person. This diagram shows how various factors combine into an interlocking system that keeps many trans and gender non-conforming people in situations that are vulnerable and unequal.




SYLVIA RIVERA LAW PROJECT
147 W 24TH ST, 5TH FLOOR NEW YORK, NEW YORK, 10011 T. 212-337-8550 • F. 212-337-1972 WWW.SRLP.ORG

# Minority Stress Framework

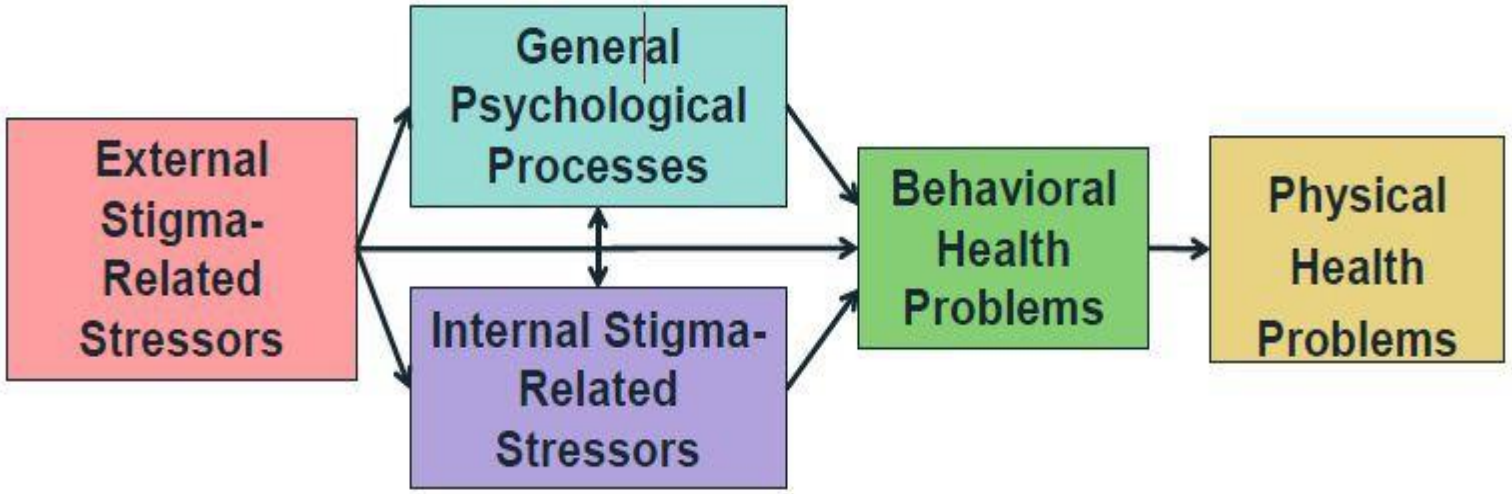



Fig. 1. Diagram adapted from "How does sexual minority stigma get "under the skin?" (Hatzenbuehler, 2009)

# TRANS PEOPLE & HEALTHCARE

23% of trans people avoided seeking health care due to fear of being mistreated as a trans person.

James et al. (2016)

# MORE NUMBERS:

- LGBTQ+ teens are six times more likely to experience symptoms of depression than non-LGBTQ+ identifying teens (Anxiety & Depression Association of America, 2018)
- LGBTQ+ youth are more than twice as likely to feel suicidal and over four times as likely to attempt suicide compared to heterosexual youth (Human Rights Campaign Foundation., 2017)
- 48% of transgender adults report that they have considered suicide in the last year, compared to 4 percent of the overall US population (National Center for Transgender Equality, 2016)

# A brief look at treating trans people with mental health diagnosis

# Physiological and Psychiatric Impact of HRT

| | |
|---|---|
| Testosterone | Increased libido, weight gain |
| Estrogen | migraines, mood swings, hot flashes, and weight gain |
| Anti-Androgen | Depression, fatigue, (if spiro- hypotension, polyuria) |
| Progesterone | Mood swings, increased libido |

**"It is difficult to differentiate between chemical changes produced by the hormones and the emotional responses to the physical changes that the hormones induce**. In other words, the respondents are likely responding to a combination of the direct effects of the hormone itself as well as the greatly welcomed physical changes that the hormones bring to their bodies. This, in turn, **affects the way they interact with the world and, consequently, how they are seen and treated by society, which again affects their emotional wellbeing."**

# Psych Medication interactions with HRT

| | |
|---|---|
| Testosterone | Compounding impact with neuroleptics for metabolic effects- monitor lipids, A1C |
| Estrogen | SSRIs also increase blood clot risk. But not contraindicated<br>Compounding impact with neuroleptics for metabolic effects- monitor lipids, A1C |
| Anti-Androgen | Be mindful of BP if giving alpha or beta blocker |

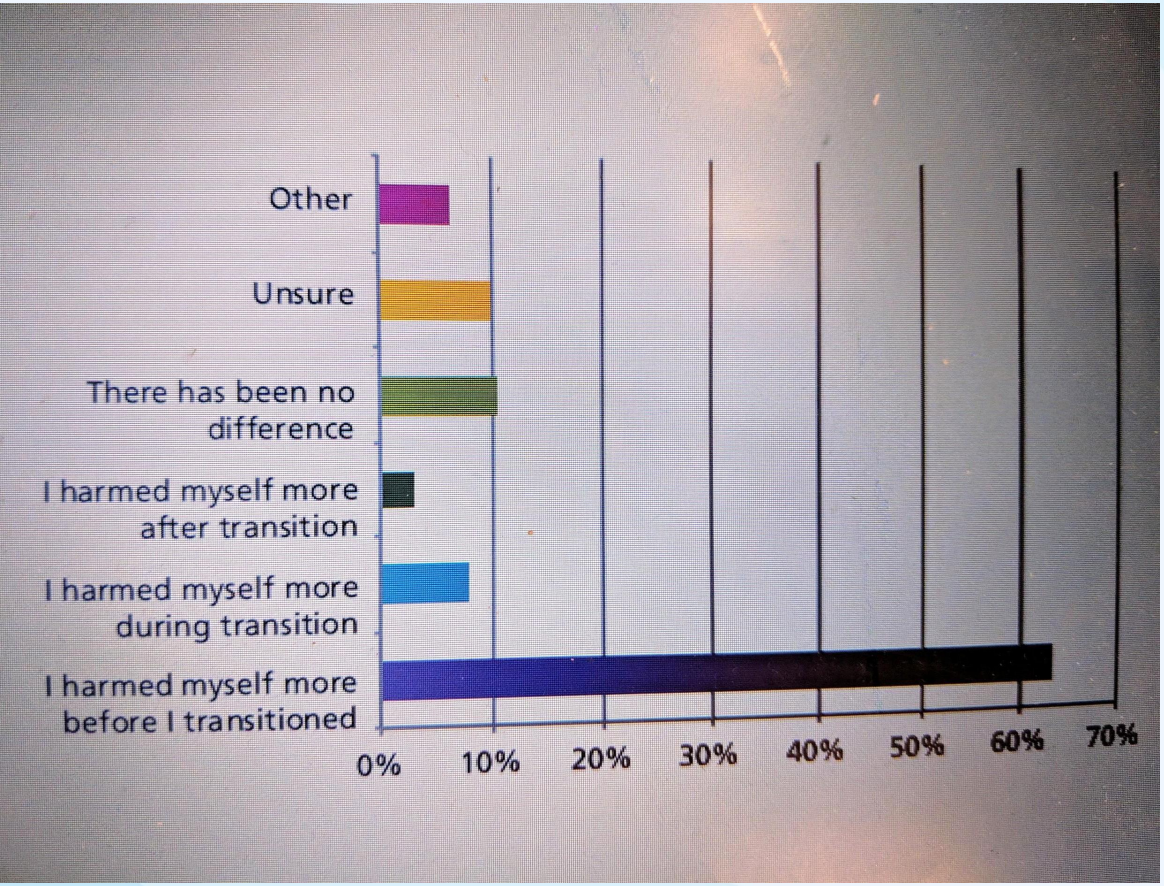
One study in Scotland showed that 66% of trans participants had used their PCP for mental health services compared to 35% who had seen psychiatry.

# Depression & Anxiety

We see levels almost 10 times as high for depression and double for anxiety in trans people.

| Depression | Anxiety |
| --- | --- |
| • Length of symptoms<br>• Do they fluctuate, if so when and where<br>• Assess support systems<br>• Sleep, nutritional status, creative outlet, mindfulness practice<br>• 1st line treatment- therapy<br>  ○ Is there a trans safe provider?<br>• 2nd line - Wellbutrin or SSRIs- Lexapro, Zoloft, ect | • At low-mild levels anxiety is protective<br>• Where and when is it worse/better?<br>• Panic attacks?- describe sensations<br>• Often comorbid with depression, bipolar, substance abuse<br>• 1st line treatment - therapy<br>• 2nd line SSRI - often need higher dose<br>• Alpha/Beta agonists- Clonidine, Propranolol<br>• Benzos - acute use only. |

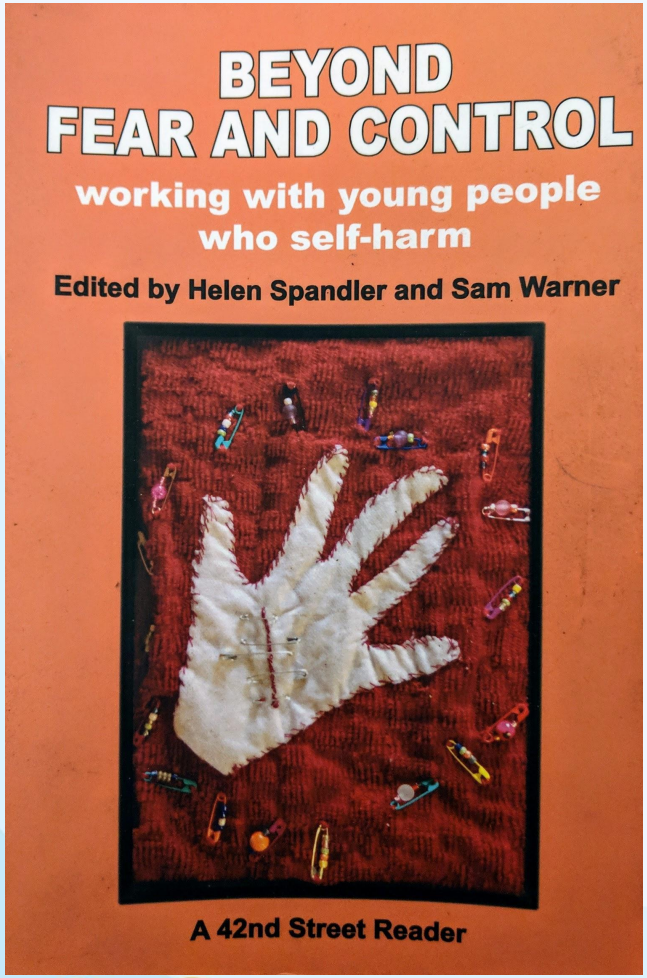
# Self Harming Behaviors




The most common method of self-harm was **cutting 73%** of participants with hx of NSSI **Punching objects or walls was the next most common (51%),** Followed by **punching self (44%)**, **head banging (41%)** and **self-biting (41%).** Other methods included asphyxiation / choking self, scratching deep enough to bleed, self burning, pulling own hair out, attempted self mutilation (of genitals or breasts), and picking at scabs and skin etc

**Again what happens across transition timeline...**

# Quick discussion about NSSI (non-suicidal self injury) :




**What does Harm Reduction for NSSI look like:**

- Non-judgmental assessment
  - Assess wounds like any other
  - Teach basic wound care
- Access Patient knowledge of risk
  - What is being used to harm? (clean, shared etc)
  - Where on body are harming?
  - Patient's after care and support
- Open up space for discussion of other coping mech
  - Squeezing ice
  - Chewing ice
  - Dunking head in cold water
  - Biting cloth and screaming
  - Others?
- Dialectic of destigmatizing & practical concern
  - Acknowledge and focus on hurt/suffering pt is dealing with as primary factor not the NSSI

# NSSI and the PCP's role:

- Connect with behavioral health
- Safety planning
- Antibiotics
- Assess need for tetanus shot
- Substance use screening

# Trans Suicidality

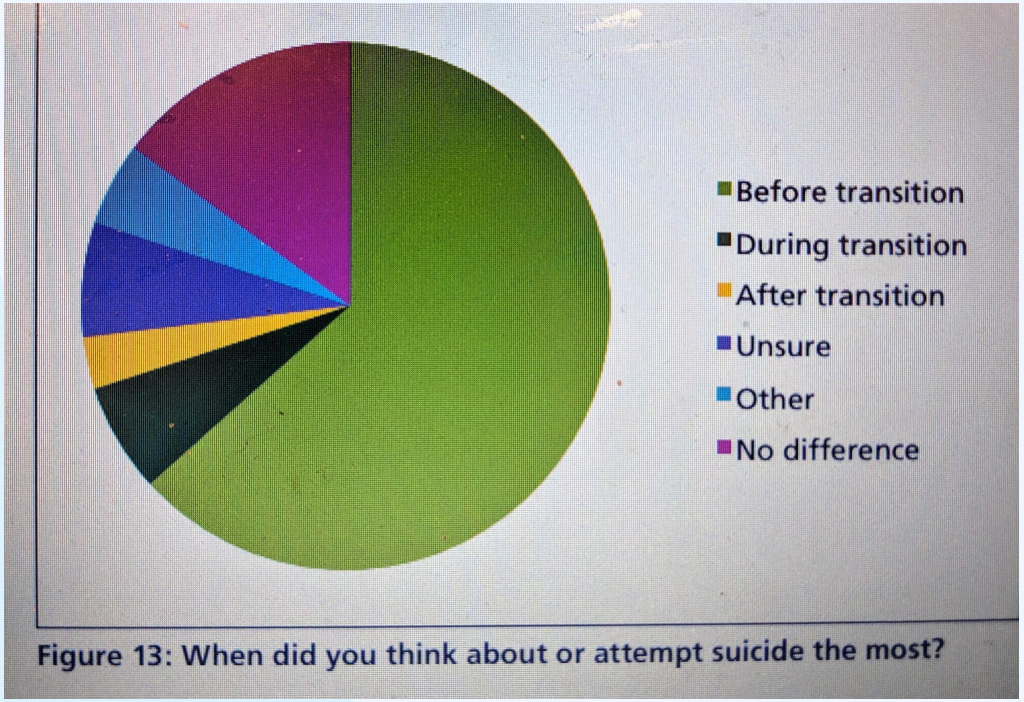



Figure 13: When did you think about or attempt suicide the most?

63% thinking about or attempting suicide **more before they transitioned** and only 3% thinking about or attempting suicide more post-transition. **7% found that this increased during transition.**

For the participants in this survey, 65% felt that there were trans related reasons which made them think about or attempt suicide, while **61% identified non-trans reasons as relevant.**

# Eating Disorders

Very little study done with trans people with ED.

Since ED can be related to body image (but not always) it is relevant to access patients transition goals and expectations.

ED are broken down into **Bulimia** (binging and purging) and **Anorexia** (restricted food intake). Within these there is a wide spectrum of "Disordered Eating" habits.

Often comorbid with other mental health dx (depression, anxiety, OCD, etc)

**Treatment:**

Specialized therapy

Medications for anxiety/depression- SSRIs (but cause wt gain which may worsen)

Vitamins

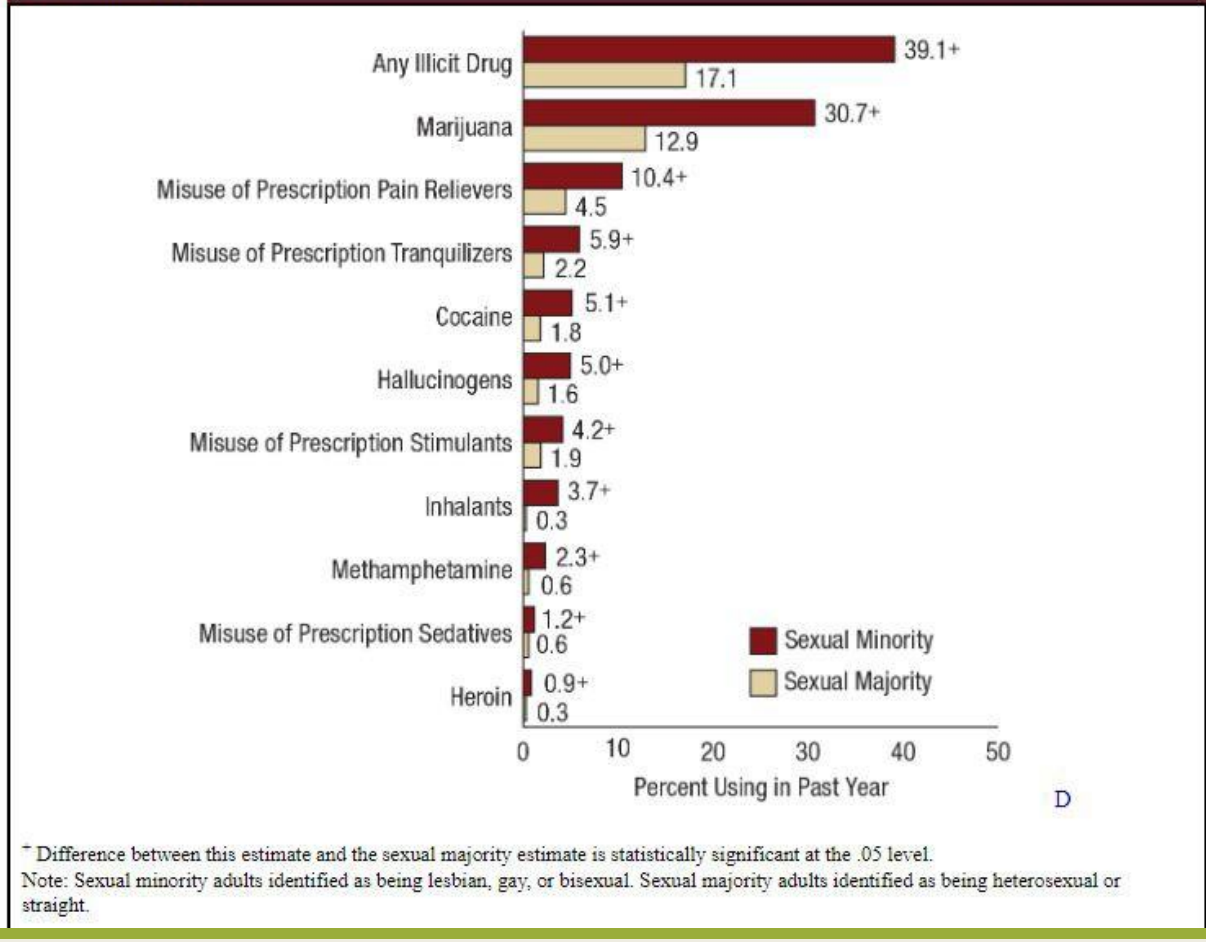
# Substance Use Disorder

Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home

**Our role:** Help patient recognize where on the map their use lies. Provide information about impact of drug use. Connect patient with resources.
Find and refer to LGB and T - twelve steps or other support groups
Be a buprenorphine prescriber!
Think about trans girls on E who smoke. Offer patches, gum, and chantex.

BUT… SUDs is not a reason to not begin HRT. Case by case.

Figure 2. Past Year Illicit Drug Use among Sexual Minority and Sexual Majority Adults Aged 18 or Older, by Drug Type: Percentages, 2015

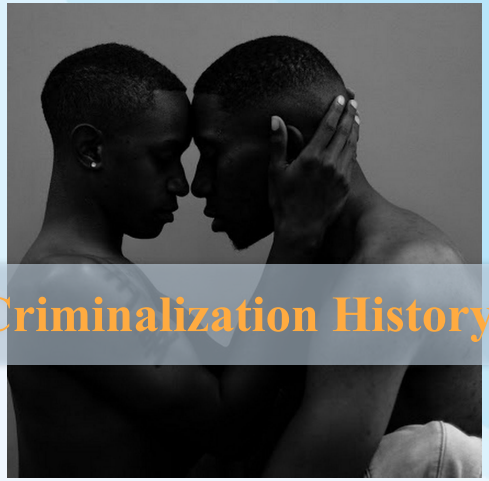



+ Difference between this estimate and the sexual majority estimate is statistically significant at the .05 level.
Note: Sexual minority adults identified as being lesbian, gay, or bisexual. Sexual majority adults identified as being heterosexual or straight.

# Why are rates of non-prescribed / illicit and non-illicit substance use in LGBTQIA populations are 2-4x general population?

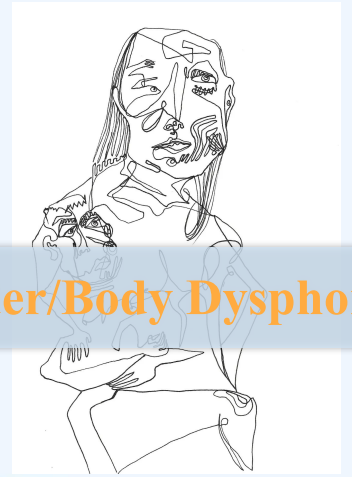

Lack of Non-Bar Spaces

Cultural Acceptance



Criminalization History

Coping with Stigma & Trauma



Gender/Body Dysphoria

Recreation

# Bipolar Disorder

## No research to suggest trans people are more or less prone to BP than general public.

Majority of BP diagnosis/onset is between 15yo and 25yo which is also when many trans people start to find ourselves and our gender. The stress, anxiety, depression and possible isolation related to expressing and sinking into ones trans ID may at times look similar to BP like symptoms- mood swings, depression, grandiosity, risky behavior, substance use, etc.

**Your role:**

- Hormones do not cause mania if taken at regular dosing and intervals.
- If patient in active manic episode- not sleeping, grandiose/delusional thinking, pressured speech, risky behaviors (outside of norm) then support pt getting into psychiatric care.
- Pull in patient support system.
- Medication gold standard for mania and suicidality- Lithium
- If you are sending pt to hosp know which one, and do your best to have supports go with and be with.

# Schizophrenia

A rare disease that affects about 1% of population and often has strong genetic components. Onset late teenage years through early adult. For some may not have onset until early 30s.

| **Positive** | **Negative** |
|---|---|
| • Hearing voices<br>• Seeing things<br>• Paranoia<br>• Delusional thinking<br>• Akathisia | • Anhedonia<br>• Mute<br>• Isolation<br>• Loss of memory<br>• Slowed movements |

**Consideration**: Pts with schizophrenia or psychosis often treated with neuroleptics/antipsychotics which have significant metabolic effects.

Does not prevent pt from making informed consent decision regarding transition related care unless experiencing active psychosis which needs to be addressed prior

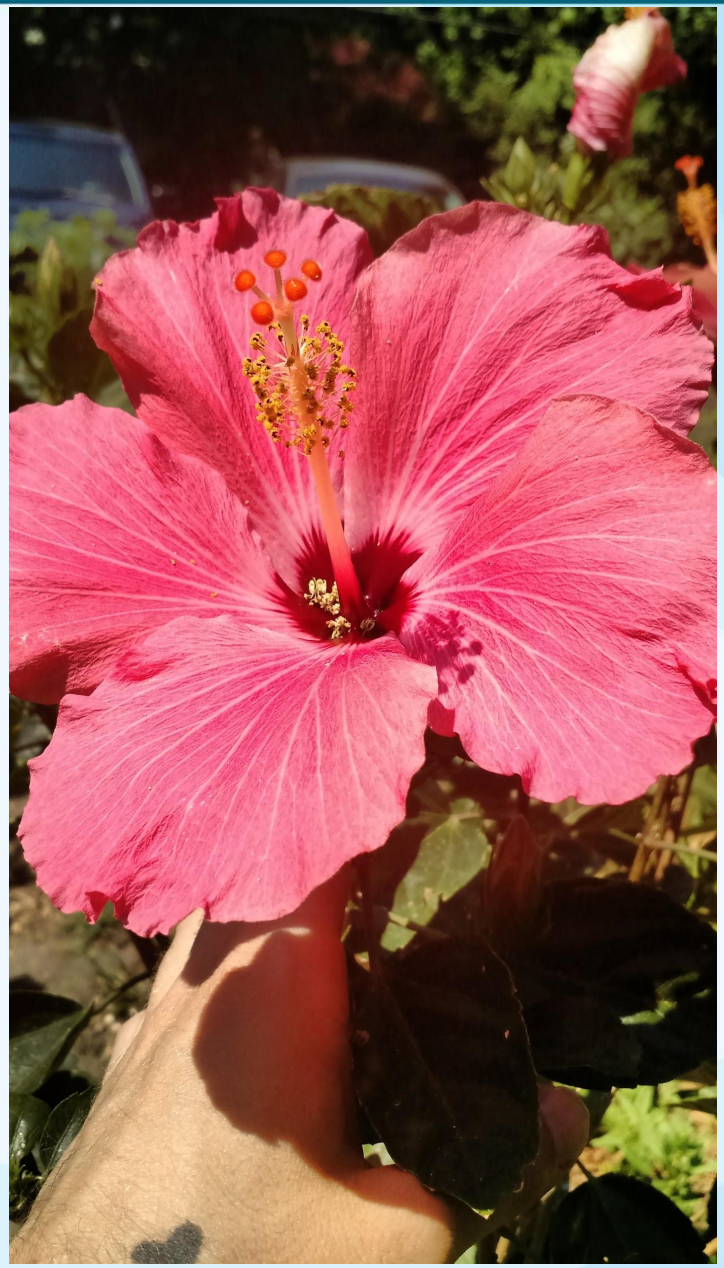
# Trans people on the spectrum

There is a lot of discussion about the relationship between ASD and transness, currently the only research available is with low power. Though clinical and life experience says there is certainly many autistic people who are trans.

Tips for working with trans person with ASD:

- **People with ASD are vastly different from one another- listen to your patient.**
- **pay attention and ask what kind of communication works best with them**
- Clarity of language. - direct and to the point without mixed metaphors
- Pause after concept and ask for feedback and reflection.

# Pause and Reflect



# Working with LGB and T Youth and Their families


# Gender Dysphoria in Young Children

- Strong desire to be or insistence that one is the other gender
- A strong preference for cross-dressing
- Strong preference for cross-gender roles when playing
- Strong preference for toys and activities stereotypically engaged in by other gender
- Strong preference for playmates of other gender
- Strong rejection of toys or activities that are typically engaged in by children of their assigned gender
- Strong dislike of their sexual anatomy
- Strong desire for sex characteristics of other gender

# Gender Dysphoria in Adolescence

- May or may not have hx of gender questioning in childhood
- GD in adolescence almost always persists into adulthood (Shield, 2007)
- Might have co-occurring concerns such as suicidal behavior, substance use, & ASD

# Gender Transition and the Family

Parents may:

- Cope with fears and worries about their child being in perceived danger.
- Display rejecting behaviors towards their child
- Grieve the loss of expectations of the gender role
- Navigate their own feelings of shame/guilt
- Face their own social worlds
- Reimagine how they balance acceptance with preconceived notions of gender

# Some common responses

| Types of ambivalent support | Common response: | Ways to address |
|---|---|---|
| The semi supporter: | cautiously without clear language of acceptance- not wanting to encourage but also not wanting push child away. "It is a phase, you are too young" | • Acknowledge lack of information<br>• Support will not make your child trans or not trans |
| The fearful supporter: | requesting child not talk about it or display identity out of fear of how others in community will respond. "Do not attract any attention" "you will get hurt" "what will others think" | • Connect with local support group<br>• Discuss with school admin/guidance<br>• Children will be more at risk if they don't have support of care providers |
| The doubting supporter: | blaming child's identity on peer group and takes kid out of social scene.<br>"It is your friends." "You are so easily influenced" | • Provide open place for the child to share without threat of being dismissed<br>• Peer groups can often be a sign of child's desires |
| The confused/surprised supporter | questioning validity often relating it to mental health dx or trauma. "You like to do gir/boy things" "it is because of the time when xxxx" | • Encourage to remain present with immediate needs<br>• Co-existence is not causality |

# The Family Acceptance Project

## from San Francisco State University

Project began in 2002 by Dr Caitlin Ryan and Rafael Diaz with aims to:

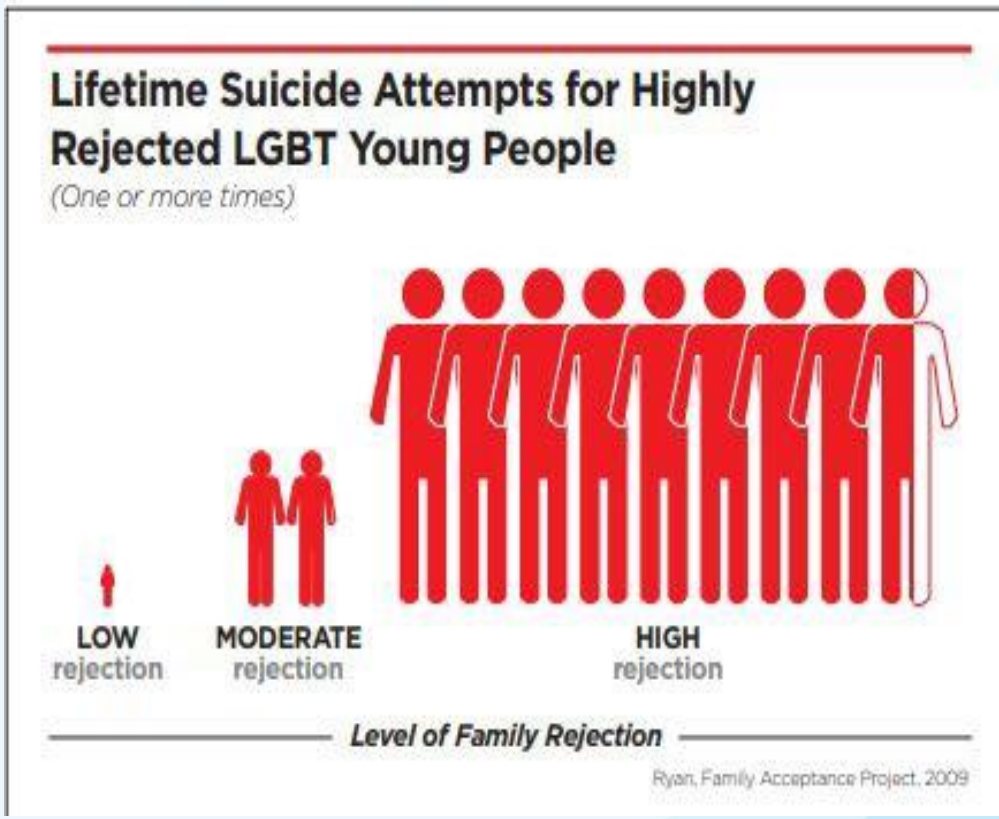
- Study parents', families' and caregivers' reactions and adjustment to an adolescent's coming out and LGBTQ identity.
- Develop research-based education, training and assessment materials for health, mental health, and school-based providers, child welfare, juvenile justice, family service workers, clergy and religious leaders, parents and caregivers on helping diverse families learn to support their LGBTQ children.
- Develop resources to strengthen families to support LGBTQ children and adolescents.
- Develop a new model of family-related care to prevent health and mental health risks, keep families together and promote permanency and well-being for LGBTQ children and adolescents.

https://familyproject.sfsu.edu/publications

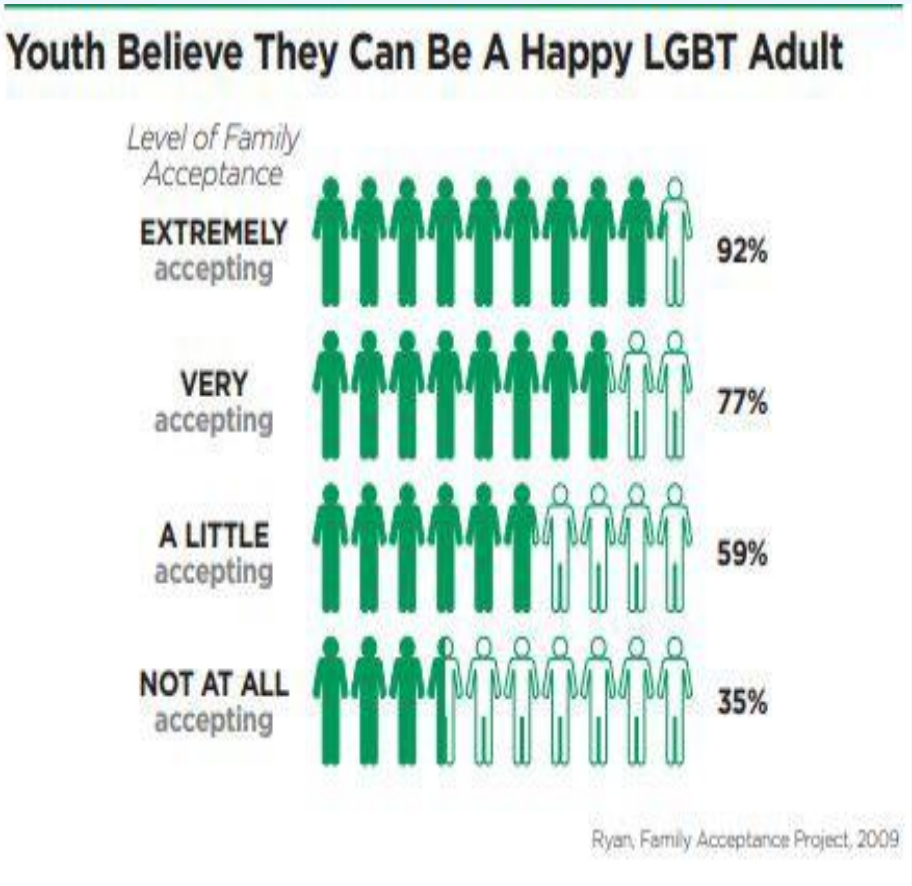
# Impact of family rejection

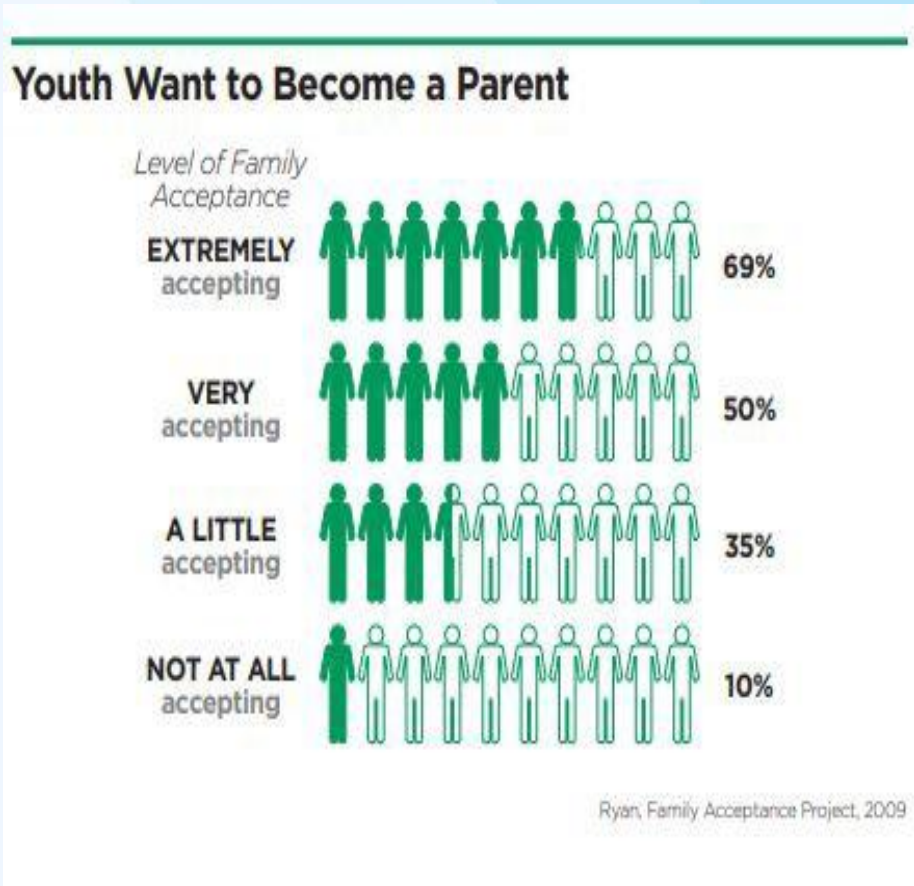
- More than 8 times as likely to have attempted suicide
- Nearly 6 times as likely to report high levels of depression
- More than 3 times as likely to use illegal drugs, and
- More than 3 times as likely to be at high risk for HIV and sexually transmitted diseases

Compared to LGBT peers who were supported by family.



# Use positive statistics



# Pointers to give caregivers

- Shift focus from investigation towards exploration
  - "How do you feel? What makes you feel good? Is there anything else you want to share? NOT "when," "why," "how come," "have you…" etc etc
- Its okay to have questions/reactions but rarely helpful to work through with child
  - Support caregivers to find outlets- therapy, support group, supportive family or friends.

# Pointers to give caregivers continued

- There is a difference between acknowledging ignorance verse discomfort/disagreement
  - "I am grateful you shared this and I have to admit I do not know a lot about this but I hope to learn more"
- Ask for what you need
  - Patience, forgiveness
- Can't ask for what is not theirs to give
  - Change there sexuality, gender

# Family intervention

- Understanding family process:
  - ongoing grieving and adjustment process
- Family interventions, focused on:
  - Explored each member's understanding of the terms (transgender, trans, non-binary, etc) and implications
  - Explored feelings and thoughts (myths)
  - Explored concerns and fears
  - Discussed expectations and challenges of changes that were going to occur
  - Assertive/affirmative communication with others

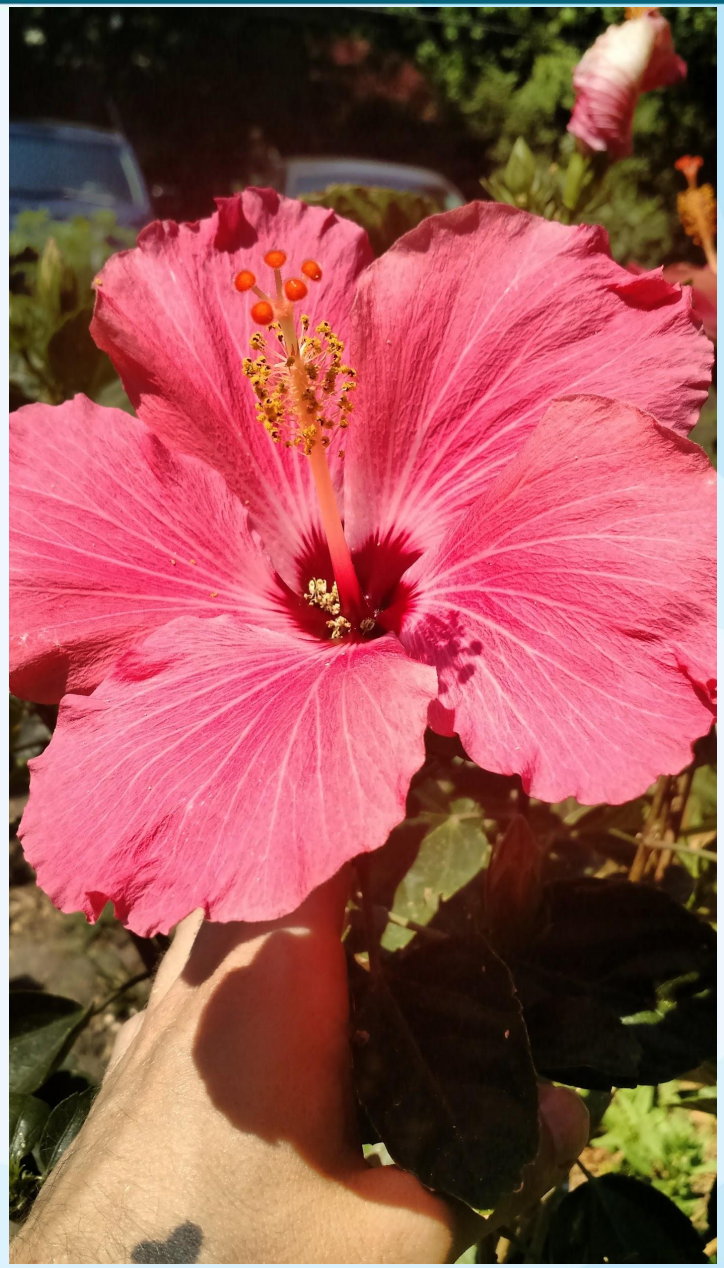
- Systemic consideration: contextual factors
  - Guardian's needs and referral to therapy
  - Communication/ parenting style
  - Working/understanding trauma
  - Cultural aspects
  - School staff and medical providers

- Assist patient and family to be ready to engage in transition process while understanding each party's needs to move forward

- The Human Rights Campaign's Transgender Children and Youth page
- HRC Foundation's Welcoming Schools resources for elementary school educators on a range of issues, including how to support transgender and non-binary students.
- Gender Spectrum offers information and training for families, educators, professionals, and organizations, helping them creating gender-sensitive and inclusive environments for all children and teens.
- Trans Youth Equality Foundation provides education, advocacy and support for transgender and gender-expansive young people and their families. Programs include support groups, camps and retreats..
- PFLAG is one of the oldest organizations in the country that supports the families, friends and allies of LGBTQ people. PFLAG has local chapters across the United States, including groups specifically for families with transgender children.
- The Family Acceptance Project is a research, intervention, education and policy initiative hat works to promote physical and mental health for lesbian, gay, bisexual and transgender children and youth by increasing family acceptance and affirmation in the context of their cultures and faith communities.
- Gender Spectrum has adapted Family Acceptance Project research for parents and family members of transgender children.

# Resources

# Pause and Reflect



# THANK YOU!

Mikveh Warshaw, APRN, PMH-BC, CARN-AP
Psychiatric Nurse Practitioner
warsham@chc1.com

# Resource List

- Lambda Legal- for uptodate state by state legal info.
- LGBT Maps- for great data and maps on current legislation across states
- The Anti-Trans Hate Machine; A Plot Against Equality by Imara Jones
- Trevor Poject - Suicide prevention and crisis intervention
- The World Professional Association for Transgender Health (WPATH)
- The Philadelphia Trans Wellness Conference
- UCSF Gender Affirming Health Program
- Center for Transgender Medicine and Surgery, Mt Siniai NYC
- Fenway Transgender Health
- National Center for Transgender Equality
- The Family Acceptance Project