



THE OHIO STATE UNIVERSITY

OFFICE OF STUDENT LIFE

Affirmative Care for Clients Seeking Gender Affirming Medical Treatments

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What do you want to get out of today?

Why might this be important?



Themes to consider in working with Trans* clients

- **Cisgender privilege**
- **Hear their story**
- **PGPs and birth v. chosen name**
- **Is gender part of presenting concern?**
- **Social support?**
- **Gatekeeper role!**



Standards of Care for the Health of Transsexual, Transgender, and Gender Non-Conforming People, Version 7 published by the World Professional Association for Transgender Health (WPATH)

- These are FLEXIBLE CLINICAL GUIDELINES
- “They articulate standards of care but also acknowledge the role of making informed choices and the value of harm-reduction approaches”



Core Principles of SOC:

- Exhibit **respect**
- Provide care that **affirms client identities** and reduces effects of dysphoria if present
- **Become knowledgeable** about trans healthcare needs including benefits/risks of various treatment options
- **Facilitate** access to appropriate care
- Seek clients' **informed consent** before engaging in treatment
- Offer continuity of care
- **Support and advocate** for clients within the community (work, school, or other settings)



Specific Competencies of Mental Health Professionals Set by SOC:

- **Master's Degree** or higher in behavioral health field and appropriate credentials
- Competence in using **DSM**
- Recognize/**diagnose** mental health diagnoses and **differentiate** these from gender dysphoria
- Documented and **supervised training** in therapy
- Knowledge about **gender non-conforming identities** and expressions, and assessment and treatment of gender dysphoria
- **Continuing education** in the areas of gender non-conformity, trans issues, etc.



Tasks Related to Assessment and Referral:

1. Assess gender dysphoria.
2. Provide information regarding options for gender identity and expression and possible medical interventions
3. Assess, diagnose, and discuss best treatment options for coexisting mental health concerns
4. If applicable, assess eligibility, prepare, and refer for hormone therapy



“It is important for mental health professionals to recognize that decisions about hormones are first and foremost a client’s decision- as are all decisions regarding health care. However, mental health professionals have a responsibility to encourage, guide, and assist clients with making fully informed decisions and becoming adequately prepared. **To best support their client’s decisions, mental health professionals need to have a functional working relationship with their clients and sufficient information about them.**”



Therapy is not a requirement!

Can therapy be valuable?



Criteria for Hormone Therapy and Surgeries

- Hormone Replacement Therapy
- Breast/Chest Surgery (Top Surgery)
- Genital Surgery (Bottom Surgery)

See WPATH Handout



Meaning of *dysphoria*

A state of unease or general dissatisfaction

Importance of Criterion B:

The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.



Rationale for the diagnosis

This new diagnostic class reflects a change in the conceptualization of gender identity disorder's (GID) defining features by emphasizing *gender incongruence* rather than cross-gender identification, as in DSM-IV.

GID was stigmatizing. The revised term is familiar to those working with these populations & better reflects the emotional component of the diagnostic criteria.



DSM-V Criteria for Gender Dysphoria

Gender Dysphoria in Adolescents and Adults 302.85(F64.1)

A. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months' duration, as manifested by at least two of the following:

A1. A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics).

A2. A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics).



DSM-V Criteria for Gender Dysphoria

Gender Dysphoria in Adolescents and Adults 302.85(F64.1)

A3. A strong desire for the primary and/or secondary sex characteristics of the other gender.

A4. A strong desire to be of the other gender (or some alternative gender different from one's assigned gender).

A5. A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender).

A6. A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender).



DSM-V Criteria for Gender Dysphoria

Gender Dysphoria in Adolescents and Adults 302.85(F64.1)

B. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

***This criteria is of primary important to guard from over diagnosis or stigmatizing use of DSM.



DSM-V Criteria for Gender Dysphoria

Gender Dysphoria in Adolescents and Adults 302.85(F64.1)

Specify if:

With a disorder of sex development (e.g., a congenital adrenogenital disorder such as 255.2 ([E25.0] congenital adrenal hyperplasia or 259.50 [E34.50] androgen insensitivity syndrome).

Specify if:

Posttransition: The individual has transitioned to full-time living in the desired gender (with or without legalization of gender change) and has undergone (or is preparing to have) at least one cross-sex medical procedure or treatment regimen – namely, regular cross-sex hormone treatment or gender reassignment surgery confirming the desired gender (e.g., penectomy, vaginoplasty in a natal male; mastectomy or phalloplasty in a natal female).



Case Example

“Alex” is 21 years old, white, and identifying as transgender and gay. Alex is an RA. They reported that they have had positive experiences in the dorms. Client is an RA and reported that they have come out as transgender to their residents and supervisors who have all been supportive. They are doing very well academically (3.8 GPA). At intake client stated reason for self referral to counseling as “I would like a greater understanding of myself and how to navigate my responsibilities.” Client presents with desire to have support in exploring gender identity. Also, client reports some mild symptoms of anxiety including feelings of worry and some anger, irritability, and low self-esteem. Also they report some minor distress regarding future career options.



Case Example

Diagnosis V62.89 Phase of Life Problem



Case Example

Over the course of therapy, Alex identifies that they feel parts of their body are incongruent with their authentic gender. Alex identifies that as their confidence in personal identity has increased the incongruence between their gender and sex characteristics are now a significant barrier in expressing authentic gender. This dynamic has manifested in romantic relationships and in Alex's search for internship after graduation. In general Alex maintains a high level of functioning and continues to thrive academically and socially. At Alex's 7th session they request a letter of support for seeking gender affirming treatment in the form of Hormone Replacement Therapy (HRT).



Case Example

Diagnosis – Gender Dysphoria in Adolescents and Adults 302.85



Introduction to Gender Consultation

- Orientation to purpose
- Inform of options and process
 - Traditional path
 - Informed Consent
- Process roles and discuss potential barriers to assessment and referral



Introduction to Gender Consultation

- Discussion of benefits and risks
- Mental Health assessment



Special Assessment Items

- Social Support through gender affirmation
- History of taking hormones
- Income sources/resources
- Employment/Academic Support
- Plans/timeline for other medical or ancillary needs.



Discussion of Letter

- Identifying characteristics
- Gender and Social History
- Family History
- Medical and Mental Health History
- Knowledge and informed consent



Finding the right doctor

- Insurance
- Competency
- Logistics
- Legal Referral if needed
- Follow up



Discussion