

Providing Culturally Competent Care to Transgender Service Members

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Disclosures



- The views expressed in this presentation are those of the author and do not necessarily reflect the official policy or position of the Department of Defense, nor the U.S. Government
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Learning Objectives



At the conclusion of this session, participants will be able to

1. Explain the difference between assigned gender, gender identity, gender expression and sexual orientation
2. Summarize three specific stressors and how they may impact transgender Service members
3. Identify three ways to change clinical practice to foster a more inclusive environment for transgender clients

Outline



- Introduction
- Significant stressors
- Transgender Service members and veterans
- Improving Clinical Care
- Closing Remarks



Poll Question



Have you worked with transgender clients previously?

- No, I have not
- No, but I have read some articles, blogs or books on working with transgender people
- Yes, but only one or two
- Yes, several

Introduction

Cultural Sensitivity



- Philosophy that emphasizes a commitment to lifelong learning, self-evaluation, and self-critique
- Ongoing process of listening and communicating with people from different backgrounds to provide better quality of care
- Openness to the other person and their cultural identity, and allowing each person to define themselves- “other oriented”

(Hensic, 2014)

Default but Often False Cultural Assumptions

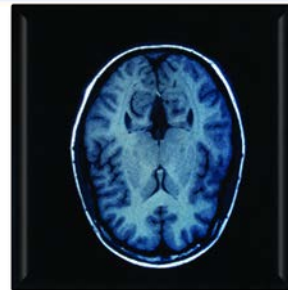


- People are born with a biological sex: Male or Female

- Our biological sex determines who we are attracted to and have sex with (heteronormativity)
 - Biological men are attracted to and have sex with women
 - Biological women are attracted to and have sex with men

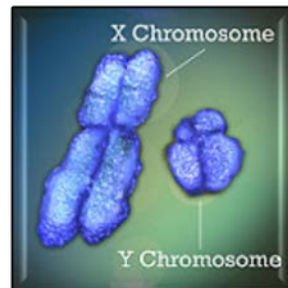
- Our biological sex determines our gender (cisgender)
 - Men identify as male and act in male ways
 - Women identify as female and in female ways

Assigned Sex vs Identity vs Attraction



Gender
Identity

Romantic
Attraction



Assigned Sex

Images: NIH

Gender as a Social Construct



- <https://www.youtube.com/watch?v=XjJQBjWYDTs>

Terminology



- **Gender or Gender Role:** traditional or stereotypical behavioral differences between men and women, as defined by the culture in which they live, (e.g. their gender expressions, the careers they pursue, and their duties within a family)
- **Sex:** the designation of a person at birth as either “male” or “female” based on their anatomy (genitalia and/or reproductive organs) and/or biology (chromosomes and/or hormones)
- **Gender Identity:** A person’s innate, deeply-felt psychological identification as a man, woman, or something else, which may or may not correspond to the person’s external body or assigned sex at birth (i.e., the sex listed on the birth certificate)

(The Fenway Institute, 2010)

- **Gender Expression:** The external manifestation of a person’s gender identity, which may or may not conform to the socially-defined behaviors and external characteristics that are commonly referred to as either masculine or feminine

These behaviors and characteristics are expressed through:

- carriage (movement),
- dress,
- grooming,
- hairstyles,
- jewelry,
- mannerisms
- physical characteristics
- social interactions
- speech patterns (voice)

(The Fenway Institute, 2010)

Terminology



- **Transgender:** An umbrella term for people whose gender identity and/or gender expression differs from their assigned sex at birth (i.e., the sex listed on their birth certificates)
- **Transwoman:** Generally refers to someone who was identified male at birth but who identifies and portrays her gender as female
- **Transman:** Generally refers to someone who was identified female at birth but who identifies and portrays his gender as male
- **Cisgender:** People whose gender identity and gender expression align with their assigned sex at birth (i.e., the sex listed on their birth certificates)

(The Fenway Institute, 2010)

Terminology



- **Genderqueer:** An umbrella term that includes all people whose gender varies from the traditional norm, akin to the use of the word “queer” to refer to people whose sexual orientation is not heterosexual only; or (2) to describe a subset of individuals who are born anatomically female or male, but feel their gender identity is neither female or male.
- **Bigender, Beyond Binary, Non-Binary, Gender fluid, Androgyne:** gender variations other than the traditional, dichotomous view of male and female

(The Fenway Institute, 2010)

Gender Dysphoria

DSM-V (paraphrased)



- A. Marked incongruence between one's experienced/expressed gender and assigned gender of at least 6 months' duration experienced by 2+ symptoms
 - 1. Marked incongruence between one's experienced/expressed gender and primary or secondary sex characteristics
 - 2. 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
 - 3. Strong desire for the primary/secondary sex characteristics of the other gender
 - 4. Strong desire to be of the other gender (or some alternate gender)
 - 5. Strong desire to be treated as the other gender (or some alternate gender)
 - 6. Strong conviction that one has the typical feelings and reactions of the other gender (or some alternate gender)
- B. Condition is associated with clinically significant distress or impairment in social, occupational or important areas of functioning

APA 2013

Video



■ <https://www.youtube.com/watch?v=oBprfExXNZk&feature=youtu.be>

Significant Stressors

Significant Stressors: Gender Variance and Threats to safety



- Transphobia and genderism
 - Cisgender people may display discomfort or inflict harm (verbal abuse, physical abuse, or sexual harassment) when interacting with trans or gender-non-conforming people
 - Transwomen comprise
 - 8.6% of LGBTQ communities
 - 44% of murder victims in LGBTQ communities
 - 10% of police reports in these communities

(Levitt and Ippolito, 2014)

Significant Stressors: Gender Variance and Threats to safety



■ Common responses

- Monitoring behavior and modifying gender presentation for safety
- Increased awareness of male gender privilege
- Transmen may experience ambivalence around male gender privilege and loss of feminist identity or community
- Empowerment and pressure related to educating others about gender and gender oppression

(Levitt and Ippolito, 2014)

Significant Stressors: Vocational and Economic Challenges



- Only 16 states and DC have laws protecting transgender people from employment discrimination
- The poverty rate for trans people is twice that of cis people
- 15-57% of trans people report workplace discrimination
- 70% report workplace harassment related to gender
- Trans unemployment and annual income are both correlated with suicide attempts

(Levitt and Ippolito, 2014)

Significant Stressors: Vocational and Economic Challenges



- Employment may be particularly difficult for people with multiple minority status
- Laws may prevent trans people from changing gender markers on legal documents, making employment discrimination difficult to avoid
- Remaining closeted at work is a strategy used to maintain employment but is emotionally draining and strains relationships

(Levitt and Ippolito, 2014)

Significant Stressors: Accessibility of Resources and Social Support



- Race, SES, physical ability, and other identities may impact a person’s access to medical care, counseling, and legal defense

- Communities may be supportive and protective or unsupportive

- Trans people face frequent marginalization in LGBTIQ communities
 - Transmen may be criticized for ‘selling out’
 - Transwomen may be criticized for invading women’s spaces

(Levitt and Ippolito, 2014)

Significant Stressors: Accessibility of Resources and Social Support



- Access to gender-affirming mental healthcare can meet some of the need for social support; however, clinicians who are unsupportive or oblivious may cause harm
- Online resources and communities can reduce isolation

(Levitt and Ippolito, 2014)

Significant Stressors: Intimate Relationships



- Transitions impact partners' identities, community, and mental health
- Partners may feel isolated in their experiences or lose connection with communities that were previously sources of support
- Partners often attempt to balance their own pain and loss with supporting their loved one
- Finding a gender-affirming partner who treats trans bodies in a gender-affirming manner may be difficult
- Times of transition may be particularly difficult (hormones and emotional reactions, decisions involving physical changes may be perceived as rushed)

(Levitt and Ippolito, 2014)

Significant Stressors: Intimate Relationships



- Open communication about gender and sexual intimacy allows partners to navigate healthy sexual relationships
- Gender self-acceptance may result in greater emotional openness and sexual fulfillment

(Levitt and Ippolito, 2014)

Transgender Service Members and Veterans

Sources of Minority Stress for Trans Veterans



- External minority stress (e.g. failed marriage)
- Internal minority stress (e.g. fear of disclosure)
- VHA services (e.g. lack of gender-affirming surgeries)
- Military service
- General healthcare experience
- Lack of community

- 34% of respondents endorsed experiencing homelessness and/or employment discrimination

(Kauth, Blosnich, Marra, Keig, & Shipherd, 2017)

Health and Mental Health Outcomes of Trans Veterans



- 57% reported past-year history of suicidal ideation
- 66% reported a life-time history of suicidal plans or attempts
- Non-fatal suicide-related events 20x higher than the general VHA population

- Trans veterans have higher rates of mental health conditions, medical conditions, military sexual trauma, HIV+ status, homelessness, and incarceration than case-matched cisgender control participants

(Kauth et al., 2017)

Transgender Prevalence



■ USA –

- 1,397, 150 people or .58%

(Flores et al., 2016)

■ DoD estimate

- 2,450 active duty

- 1,510 selected reserve

(Schaefer et al., 2016)

■ Estimated prevalence rates for trans vets in VHA (22.9/100,000) are five times higher than the general US population (4.3/100,000)

(Blosnich et al., 2013)

Gender Dysphoria: Incident Cases by Branch

MHS Data Repository

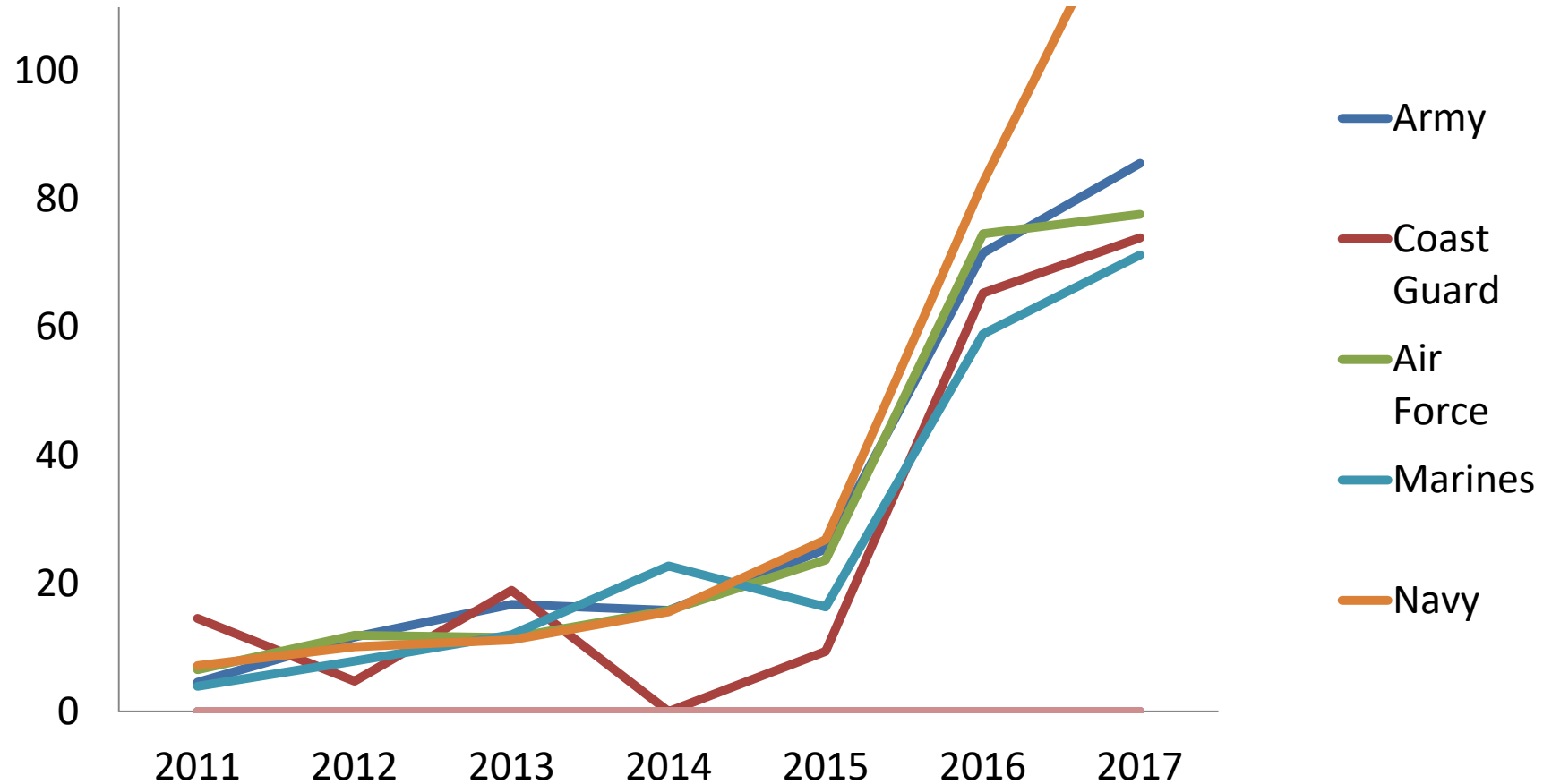


Sponsor Service	2011	2012	2013	2014	2015	2016	2017	TOTAL
Army	18	46	65	61	97	273	327	933
Coast Guard	3	1	4	0	2	14	16	42
USAF	17	31	30	41	61	191	199	595
PHS	0	0	0	2	0	5	0	7
Marines	3	6	9	17	12	43	52	146
Navy	15	21	23	32	55	168	266	602

Grand Total = 2359

Gender Dysphoria Rates per 100,000 by Branch

MHS Data Repository



New DoD Policy

- On June 30, 2016, a new policy was introduced regarding transgender Service members in the United States military
- DoDI 1300.28
effective October 1, 2016



DoDI 1300.28 Overview



- “DoD and the Military Departments will institute policies to provide Service members a process by which, while serving, they may transition genders.”
- Gender transition process begins with a diagnosis of gender dysphoria
- Military Care Providers, in consultation with the Service member, draft a medical care plan documenting all necessary medical care and a proposed timeline
- The Service member notifies the command and provides the medical care plan for command approval
- Once all medical transition care is complete, the Service member changes their gender-marker in DEERS and is responsible for meeting all standards associated with their self-identified gender

(DoD, 2016a)

DoDI 1300.28 Behavioral Health Clinician Roles



- Documenting gender dysphoria and need for medical intervention
- Contributing to a multi-disciplinary care team that drafts the medical care plan
- Providing support to the Service member during the process, as needed
- Providing support and education to the Command, as needed

Improving Clinical Care for Transgender Clients

Ask about Preferred Pronouns and Identifying Terms



- Ask clients about their preferred names and pronouns during initial introductions
- Ask clients about the terms that they use to self-identify
- Request that the client let you know if their preference changes in the future
- Ask about pronouns later in therapy if you become aware that you may need to

Conducting a Culturally-Conscious Intake



- Ask about sexual orientation, gender identity, and pronouns during intakes in ways that avoid cisgender heteronormative assumptions
- Ask about coming out, transition, social support, and experiences of discrimination
- Open the door to discussing experiences related to gender identity without becoming overly fixated on it. Follow the client's lead

Provide Affirmative Therapy



- Provide care that is respectful, aware, and supportive of the identities and life experiences of TGNC people (Korell & Lorah, 2007)
- Treat comorbid psychiatric conditions
- Encourage connection to community and social support
- Help clients prepare for disclosures and choose timing carefully
- Help increase healthy coping skills and healthy self-assertiveness skills
- Help clients find reliable resources
- Collaborate with other medical professionals as part of a multi-disciplinary care team

(Lev, 2004)

Audience Practical Exercise



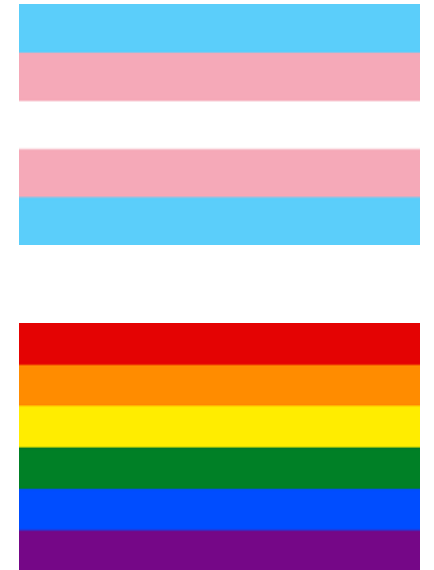
- Practice introducing your self with your preferred pronouns
 - Asking about someone's pronouns (on intake paperwork, during group introductions, and when meeting new clients) immediately communicates cultural awareness, acceptance, and safety
 - We often assume preferred pronouns by someone's gender expression; however, the only way to know is to ask

- Ask your partner how they identify or what terms feel good to them
 - Similar to pronouns, the only way to know how people identify is to ask
 - Identifying terms may change over time (e.g. a gay/cis man or woman begins to identify as a genderqueer person)

Create a Welcoming Environment in Clinics



- Have a pride flag on display in your office
- Consider support groups for Trans patients
- Have Trans reading materials in the waiting room
- Hire and retain Trans staff



(Fenway, 2015)

Create a Welcoming Environment in Organizations



- Leadership sets a tone of LGBT inclusiveness as part of an overall commitment to quality and fairness
- Non-discrimination policies include gender identity, sexual orientation, and gender expression and are posted in patient areas
- ALL staff receive training on culturally affirming care
- EHRs and patient satisfaction surveys collect information about sexual orientation and gender identity

(Fenway, 2015)

Scenario 1



- A new client with gender dysphoria is in the waiting room. In your last session, this person disclosed that they recently began transitioning from male to female pronouns. You are heading out to the waiting room, where other members of the client's unit are waiting for appointments. You realize that while you discussed the client's preference for female pronouns in private, you do not know how the client wants to be addressed in public. You are concerned about both misgendering the person and inappropriately outing them to others.
- How would you respond to the situation?
- What factors did you consider in forming your response?

Scenario 2



- You are now in session with the same client. She’s telling you a difficult story from her past and in your reflection, you state “That little boy was really hurting.” It was an unintentional use of gender on your part and you don’t know if it was experienced as a misgendering statement or an accurate reflection of the client’s earlier experience of living as a boy.
- How would you respond to the situation?
- What factors did you consider in forming your response?

Scenario 3



- You hear two staff members referring to a transman as she instead of he during a team meeting. You attempt to educate the staff members about the client’s trans identity and preferred pronouns. Your colleagues respond, “Their gender marker in DEERS hasn’t changed yet, so she is the appropriate term, per the policy.”

- How would you respond to the situation?

- What factors did you consider in forming your response?

Key Takeaways



- Seek additional training, education and supervision
- Ask about gender identity, preferred pronouns, and preferred terms without making assumptions
- Provide affirmative therapy
- Build a multi-disciplinary care team

Acknowledgement

This presentation was originally proposed by Dr. Holly O'Reilly and she contributed greatly to the content. My sincere thanks to her for creating the space for all of us to have an important conversation.



(CNN)

Questions?



(CNN)

Provide Support: Client Resources



■ Client Resources

- ❑ <http://www.hrc.org/explore/topic/transgender>
- ❑ <http://www.spartapride.org/> (LGBT Military)
- ❑ <https://gaycenter.org/tgnc>

■ Clients in crisis

- ❑ <http://www.translifeline.org/>

Professional Resources



- World Professional Association for Transgender Health – www.wpath.org
- Center of Excellence for Transgender Health – <http://transhealth.ucsf.edu/>
- National LGBT Health Education Center - <https://www.lgbthealtheducation.org/>
- Psychological Health Center of Excellence - <http://www.pdhealth.mil/clinical-guidance/transgender-mental-health>
- RAND study – Assessing the Implications of Allowing Transgender Personnel to Serve Openly - https://www.rand.org/pubs/research_reports/RR1530.html

Professional Resources



- Primer on Mental health needs of Transgender women - <http://transhealth.ucsf.edu/trans?page=guidelines-mental-health>

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Thank you

Significant Stressors: Coming Out



■ Providing Support

- Consider writing a letter
- Help choose time and place
- Encourage connection with the community
- Help them prepare for questions
- Help them prepare for negative reactions



Resource - <http://www.hrc.org/resources/transgender-visibility-guide>

O'Reilly, 2018

Increasing Cultural Competence

Cultural Competence

Awareness of bias and personal culture

Knowledge of culture, stressors and challenges

Skills to assist

Adapted from Pederson, 1994

Self-Awareness

- Explore personal bias
 - Personal beliefs
 - Religious views
 - Personal privilege
 - Unique world view



Army National Guard photo by Staff Sgt. Roberto Di Giovine

Build A Plan for Development



- Awareness of Personal Bias and Culture
 - Self-assessment
 - Recognize privilege

Build A Plan for Development



■ Knowledge of Culture, Stressors and Challenges

- Read academic books and journal articles
- Continuing education coursework
- Attend LGBT scholarly conferences
- Watch documentaries
- Attend LGBT events as an ally or participant

Build A Plan for Development



■ Skills to assist

- Graduate level education and training
- Continuing education coursework
- Guided readings
- Clinical supervision by culturally competent clinician

Terminology



- **Gender marker:** An indicator (M, F) of a person’s sex or gender found on identification (e.g., driver’s license, passport) and other legal documents (e.g., birth certificate, academic transcripts)
- **Transition:** Process by which someone changes their gender expression socially and physically to reflect their gender identity
- **Gender Affirming Surgery:** Surgery to change primary and/or secondary sex characteristics to better align a person’s physical appearance with their gender identity. Gender-affirming surgery can be an important part of medically necessary treatment to alleviate gender dysphoria and may include mastectomy, hysterectomy, metoidioplasty, phalloplasty, breast augmentation, orchiectomy, vaginoplasty, facial feminization surgery and/or other surgical procedures

(APA 2015; The Fenway Institute, 2009; National Center for Transgender Equality, 2014)

DoDI 1300.28 Terminology



- **Gender transition process:** Gender transition in the military begins when a Service member receives a diagnosis from a military medical provider (MMP) indicating that the member’s gender transition is medically necessary, and concludes when the Service member’s gender marker in the Defense Enrollment Eligibility Reporting System (DEERS) is changed and the member is recognized in their preferred gender
- **Human and functional support network:** Support network for a Service member that may be informal (e.g., friends, family, co-workers, social media) or formal (e.g., medical professionals, counselors, clergy)

(DoD, 2016b)

DoDI 1300.28 Terminology



- **Real life experience (RLE):** The phase in the gender transition process when the individual commences living socially in the gender role consistent with their preferred gender. RLE may or may not be preceded by the commencement of cross-sex hormone therapy, depending on the individual gender transition medical treatment plan. The RLE phase is also a necessary precursor to certain medical procedures, including gender-affirming surgery. RLE generally encompasses dressing in the new gender, as well as using preferred gender berthing, bathroom and shower facilities. According to DoD policy, RLE occurs off-duty, but exceptions may be made

(DoD, 2016b)

Significant Stressors: Physicality



- Hormone Therapy
 - Hormone response
 - Side effects
 - Encourage follow-up with endocrinologist and all medical care

(O'Reilly, 2018)

Policy Timeline

