

Working with gender  
nonconforming youth and  
the intersection of  
substance abuse, trauma  
and other risk factors

*Dr. Tracey Wiese, APRN, FNP-BC, PMHNP-BC*

*Owner/Medical Director*

*Full Spectrum Health, LLC*



# Objectives

- Participant will have the opportunity to learn and discuss the long term neurological and genetic sequela that result from chronic, toxic stress exposure
- To learn and discuss how gender identity develops across the lifespan
- Understand how to conduct a gender confirming mental health/psychiatric assessment
- Understand how to integrate gender confirming health care into the psychiatric/mental health care of the adolescent client
- Understand the epidemiology of substance abuse amongst the gender nonconforming adolescent population



# Conflicts

- I have no conflicts of interest to disclose
- On conference planning committee

# Chronic/toxic stress exposure

- As we discuss these concepts today, I would like to you consider the concepts of intersectionality, privilege and resiliency
- We want to overlay these terms onto our understanding of the concepts we will discuss around chronic/toxic stress

# Pause: Operational Definition -Intersectionality



# Pause: Operational Definitions - Privilege





# Development of gender identity across the lifespan

- Cognitive Development Theory – Kohlberg (1966)
  - Gender Labeling (2-3.5 years)
  - Gender Stability (3.5-4.5 years)
  - Gender Constancy (6 years)

# Gender Journey

- Genetic Gender: chromosomal inheritance be it XX, XY, or other
- Physical Gender: primary and secondary sexual characteristics – penis and testicles, or a vagina, ovaries, and uterus
- Brain Gender: functional structures of the brain along gender lines
  - Core gender identity is the psychological core sense of self as male or female





True Gender Self:  
The core of  
gender identity

False Gender  
Self: The  
accommodations  
made



Pause

# General principles

- Shortage of health care providers who are knowledgeable and culturally competent in LGBT health
- History of patients acting as teachers, this is not okay
- The physical environment that contributes to healthy LGBT individuals includes:
  - Safe schools, neighborhoods, and housing
  - Access to recreational facilities and activities
  - Availability of safe meeting places
  - Access to health services




# Gender Affirming Healthcare: Pediatrics

(A brief blurb)

# Gender confirming healthcare: pediatrics

- Biologic gender vs. gender identity vs. gender expression
- At 3, labels self as girl or boy
- By 4, more stable, recognize that gender is constant
- As early as  $\frac{3}{4}$  children express concern if confused, and play “genderized”
- Gender play vs. gender non conformity
  - Persistent, insistent and consistent (to be the other gender)



Considerations: gender  
nonconforming/transgender  
identified patients

# Forms and office

- Intake forms with multiple genders:
  - Male; Female; Transgender; Male to female; Female to male; Decline to state; Other
- Intake forms with multiple relationship indicators
  - Single; Married; Domestic partner/civil union; Partnered involved with multiple partners; Separated from spouse/partner; Divorced from spouse/partner; Decline to state; Other

# Forms and office

- If you have office staff, they must be trained
  - Appropriate use of language and being open to gender-neutral terminology and pronouns
- Asking patients what name and pronoun they prefer
- Using preferred names and pronouns when calling patients from the waiting room
- Paying attention to these preferences may well make all patients feel comfortable.



# Other helpful tips


- Provide at least 1 unisex bathroom for transgender patients, or consider adjusting all of your bathrooms to be gender neutral
- Subscribe to LGBT magazines or newspapers
- Display posters showing diverse same sex couples or LGBT organizations
- Post a nondiscrimination statement noting that equal care will be provided to all patients regardless of sexual or gender identity
- Offer brochures detailing LGBT health concerns and health risks
- Make patients aware of specialized training, if you have it

# Transgender patients - history

- Routinely ask about whether patients have gender-identity concerns:
- “Out of respect for my clients’ right to self identify, I ask all clients what gender pronoun they’d prefer I use for them. What pronoun would you like me to use for you?”
- If appropriate for the context of the appointment, decide if you need to check in on long term care decisions such as hormone treatment, cosmetic surgery, and genital surgery.

# Supportive Tasks


- Local resources
- Legal and administrative processes for changing names, genders, etc
- Supporting families and parents through transitions
- Supporting gender queer or fluid clients
- Base knowledge of surgical procedures and requirements
  - Typically will need a letter
  - Typically will need a year in lived gender/or on hormones
- Hormone therapy on an informed consent model
  - No need for mental health clearance unless acutely activated mental illness symptoms such as psychosis



# Gender Affirming Healthcare: UCSCF Guidelines



<http://transhealth.ucsf.edu/protocols>



# Conducting a gender affirming mental health assessment

## UCSCG Guidelines:

- Primary care and behavioral health should be integrated given low trust in provider relationship
  - Patient care should be TRAUMA INFORMED in delivery
- Support exploration of gender identity, coming out as well as mental health issues equally
  - Consideration of environment and social support

# Conducting a gender affirming mental health assessment

## UCSCG Guidelines:

- Consider diagnosis of gender dysphoria if appropriate (complicated/controversial issue)
- Informed consent UNLESS the patient's mental health symptoms impair their ability to make an informed consent decision. WHAT DOES THIS MEAN?
- More specific assessments may need to be made for insurance or surgical requirements

# Conducting a gender affirming mental health assessment

- Readiness for transition
- Focus on attachment “messages”
- Focus on “deposits” and “withdrawals”
  - If we don't suss out trauma, attachment and epigenetics, we may over pathologize or under estimate the impact of the gender development, and its impacts on the person, or likewise, under estimate the impact of trauma and attachment trauma



# Integration

- Take it slow
- Be patient
- Lighten up
- Share some
- Know your resources
- Don't find yourself in a student role
- Fully encompassing sexual and gender health history
- You are building relationship \*

# Case Reviews: MC

- Referral from Identity, Inc, after previous failure with past therapist
- Multiple, intersecting concerns
  - OCD
  - ADHD
  - Gender
  - Family discord
  - Family dynamic
  - Unknown family hx

Treatment Plan



# Discussion

- I would love the opportunity to explore your thoughts, discuss cases or consider other concepts for our last few minutes.

# References

- Ehrensaft, Diane (2011). *Gender Born, Gender Made: Raising Healthy Gender-Nonconforming Children*. New York: The Experiment.
- Felitti, V.J. (2002). The relationship of adverse childhood experiences to adult health: Turning gold into lead. *The Permanente Journal*, 6:44-47.
- Firth, M. (2014). Childhood abuse and depressive vulnerability in clients with gender dysphoria. *Counseling and Psychotherapy Research*, 14(4): 297-305.
- Kattari, S.K. (2016). Exploring the relationship between transgender-inclusive providers and mental health outcomes among transgender/gender variant people. *Social Work in Health Care*, 55:8, 635-650
- Kohlberg, L. (1966). A Cognitive-Developmental Analysis of Children's Sex-role Concepts and Attitudes.
- Mustanski, B. (2016). The effects of cumulative victimization on mental health among lesbian, gay, bisexual and transgender adolescents and young adults. *American Journal of Public Health* 106(3).
- National LGBT Health Education Center (2018). *Caring for transgender people with severe mental illness*.