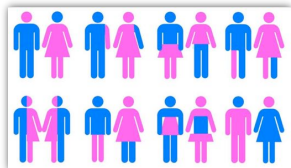


Gender and Sexuality Competence in Psychiatric Practice: A Field in Evolution and the Relevance to Modern Day Clinical Practice



North Carolina Psychiatric Association
Annual Retreat: Asheville, NC
September 11, 2016

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Medical Director of Behavioral Health, THRIVE Program



Disclosures

No conflicts of interest or disclosures to report

No proprietary treatment measures will be discussed

Objectives

- Define terminology relevant to understanding sex, sexuality, and gender based phenomena and the evolution of psychiatric diagnostic classification of these phenomena.
- Identify the relevance of sexual and gender identity development as it relates to all patients within psychiatric practice.
- Understand the unique issues faced by gender and sexual minority individuals within clinical practice.



Institute of Medicine: National Transgender Discrimination Survey

Grant JM et al., 2010

- **Refusal of health care:** 19% of our sample reported being refused care due to their transgender or gender nonconforming status
- **Harassment and violence in medical settings:** 28% of respondents were subjected to harassment in medical settings and 2% were victims of violence in doctor's offices
- **Lack of provider knowledge:** 50% of the sample reported having to teach their medical providers about transgender care

WPATH Global Education Initiative
Slide developed by Gail Knudson, Dan Karasic, Julie Graham, and Vin Tangiricha, MD

Trans Visibility in the Media- May 9, 2016

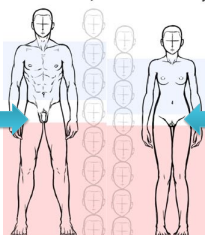
LET ME SPEAK DIRECTLY TO THE TRANSGENDER COMMUNITY. NO MATTER HOW ISOLATED OR SCARED YOU MAY FEEL TODAY, THE DEPARTMENT OF JUSTICE AND THE ENTIRE OBAMA ADMINISTRATION WANTS YOU TO KNOW THAT WE SEE YOU; WE STAND WITH YOU; AND WE WILL DO EVERYTHING WE CAN TO PROTECT YOU GOING FORWARD.

ATTORNEY GENERAL
LORETTA LYNCH



Terminology- Sex


Male Anatomy Female Anatomy



- **Natal Sex or Biological Sex**
 - Refers to anatomy differences in genitalia and internal reproductive system organs (gonads) that determine male or female sex
 - Typically used at birth to assign a certain gender.



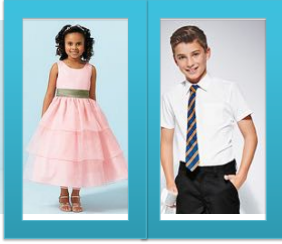
Terminology- Gender Identity



- Gender Identity**
 - refers to a person's personal sense of self as male, female, or aspects of maleness and femaleness or neither
 - Typically develops with language around age 3 years old

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Terminology- Gender Expression



- Gender Expression**
 - refers to how someone expresses their gender through dress, speech, mannerisms, and behavior.

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Terminology- Sexual Orientation




- Sexual Orientation**
 - Describes the gender (or sex) of the person who someone is attracted to or aroused by romantically and/or sexually

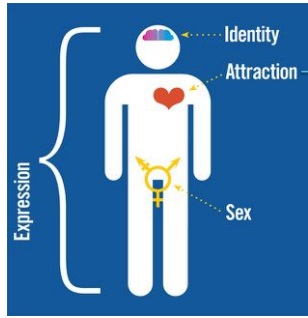
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Deconstructing the Binary

SEX	GENDER IDENTITY	GENDER EXPRESSION	SEXUAL ORIENTATION
"What our Body Has"	"Who we are"	"How we act"	"Who we are attracted to"
Male Anatomy	Male	Masculine	Attracted to males
Female anatomy	Female	Feminine	Attracted to females
Both	Aspects of both	Genderqueer	Attracted to both
	Neither		Attracted to genderqueer



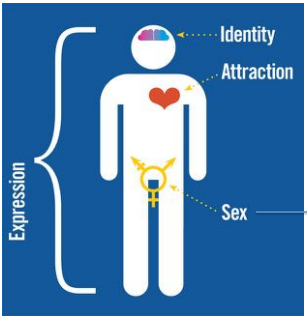
Lesbian, Gay, Bisexual, Straight



- Gay**
 - When someone is attracted to a person of the same gender/sex, usually referring to males
- Lesbian**
 - When a female is attracted to another female
- Bisexual**
 - When a person is attracted to both genders
- Straight**
 - When a person is attracted to a person of the opposite gender/sex
- Pansexual**
 - Attracted to all gender expressions/identities

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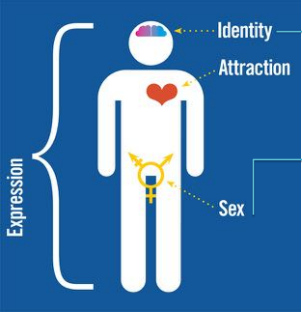
Disorder/Difference of Sex Development



- Disorder of sex Development**
 - When something occurs differently in the development of typical anatomy that make up a person's genitalia or reproductive system
 - There are many different types of DSDs
 - Parents may struggle in knowing whether to raise their baby as a boy or a girl
 - When the baby gets older, they may have no questions about their gender identity

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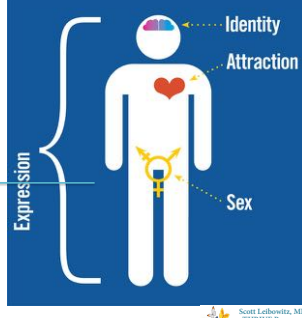
Cisgender vs Transgender



- Cisgender
 - When someone's sex anatomy **matches** their gender identity (majority of the population)
 - A person with a penis feels like a male.
 - A person with a vagina feels like a female
- Transgender
 - When someone's sex anatomy **doesn't match** their gender identity (minority of the population)
 - A person with a penis **doesn't** feel like a male.
 - A person with a vagina **doesn't** feel like a female

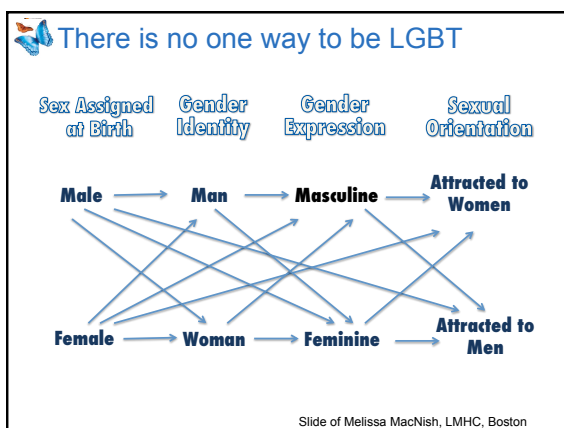
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Gender Nonconforming/Diverse



- Gender Nonconforming/Diverse- refers to when people's outward gender expression is different from what society would expect them to be based on their assigned gender
 - Example: male wearing makeup
 - Example: female with a very short masculine hairstyle
 - Not all people who are gender nonconforming are transgender
- Gender Conforming- when people's outward gender expression is the same as what society would expect

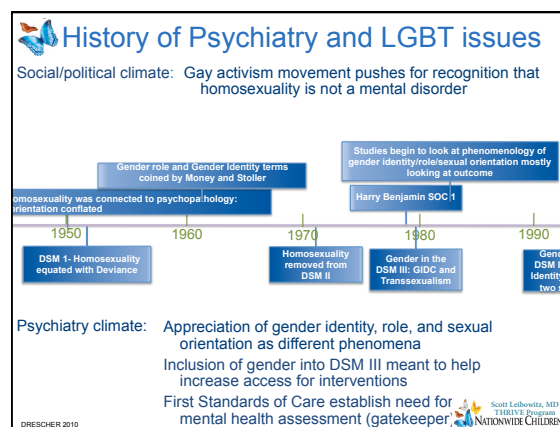
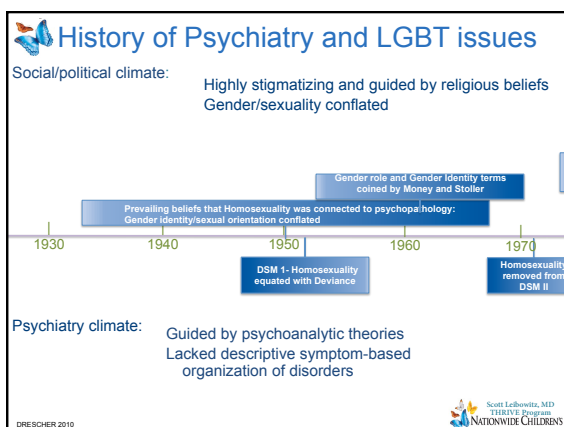
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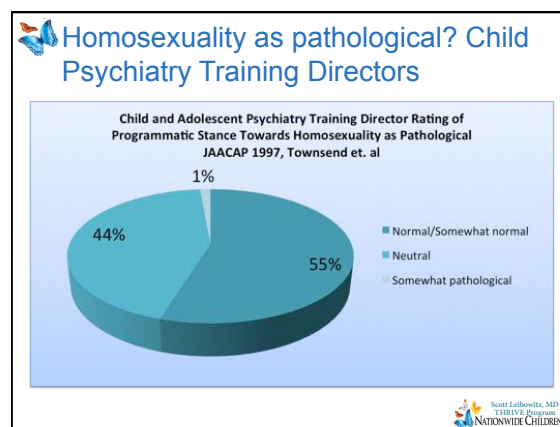
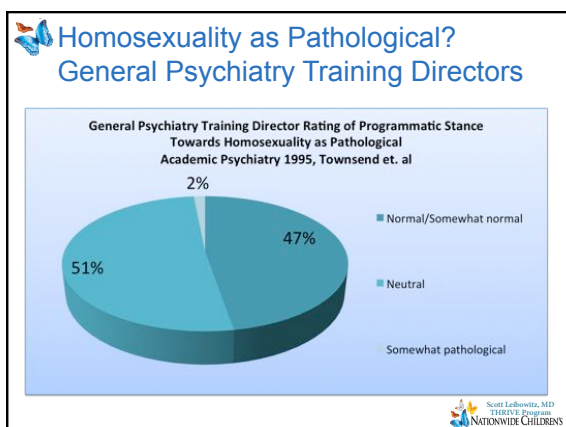
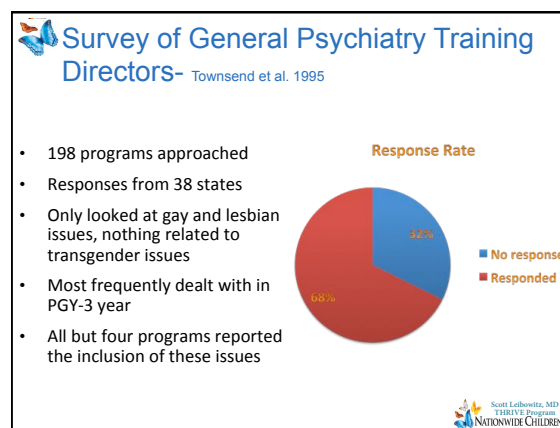
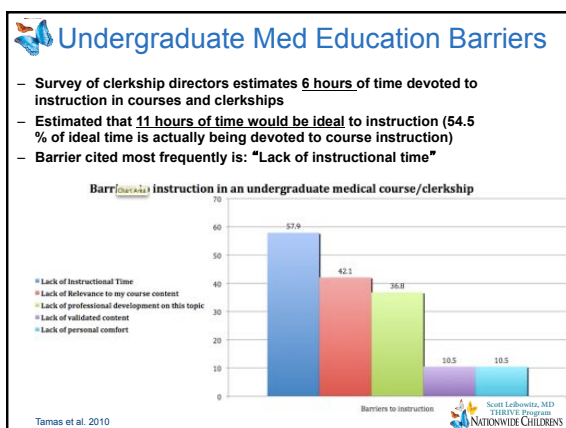
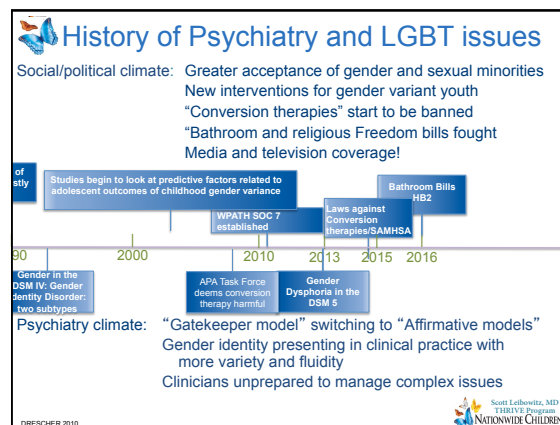
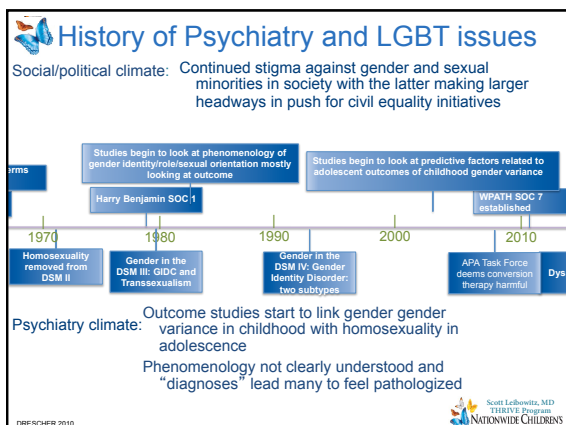


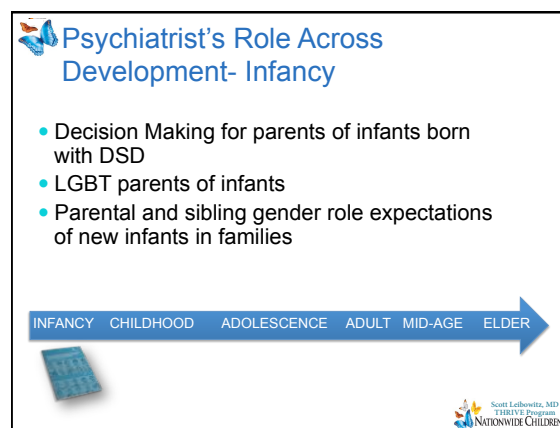
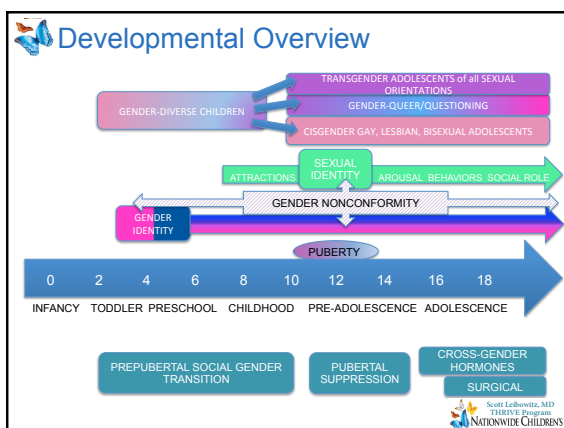
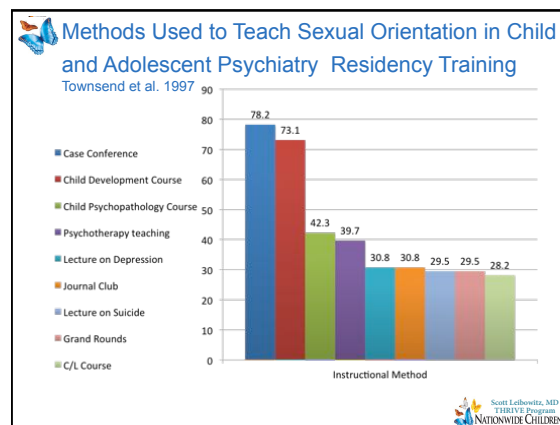
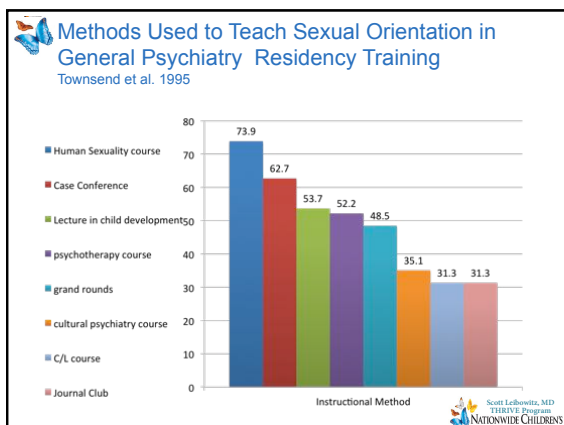
Sex, Sexuality, and Gender Identity in Psychiatry and Mental Health

- All individuals have a specific sex anatomy, gender identity, gender expression, and sexual orientation that contribute to their psychological development
- These issues **may or may not** be contributing to the challenges that they are presenting with in a behavioral/ mental health setting
- Psychiatrists may play an important role in helping the patient integrate these aspects of self into healthy adaptive ego functioning
- Psychiatrists play an important role in multidisciplinary collaboration, particularly when physical interventions are indicated

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Gender Identity- Biological Factors

Factor	Associated Entity	Main Conclusion
In Utero Hormonal Exposure	CAH in XX 5- α RD in XY CAIS in XY	<ul style="list-style-type: none"> Higher amount of gender dysphoria than would be expected in the general population (Dessens, Sliper, Drop, 2005; Berenbaum & Bailey, 2003) Increased Androgen Exposure more likely to affect gender role and sexual orientation than gender identity (Meyer-Bahlburg, Dillard, Baker et al., 2009) Not solely connected with prenatal androgen exposure. (Rosenthal, 2014)
Genetics	Twin studies Specific Genes	<ul style="list-style-type: none"> Higher concordance (39.1%) in MZ twins than in DZ twins (0%) (Heylens, DeCuypere, Zucker et al, 2012) No conclusive evidence on specific genes
Brain structures	INAH-3 BSTc (bed nucleus of striae terminalis)	<ul style="list-style-type: none"> INAH-3- perhaps sexual orientation dimorphic (Byne, Tobias, Mattiace, et al, 2001) MIF have female-typical size of BSTc in some studies (Zhou, Hoffman, Gooren, Swaab, 1995; Kruijer, Zhou, Plooi, et al., 2000) BSTc is not sexually dimorphic until puberty
Brain Morphology	Grey Matter White matter Odorous steroids	<ul style="list-style-type: none"> Putamen larger in MTF than males, another study inconclusive (Luders, Sanchez, Gaser et al., 2009; Savic & Archer, 2011) Hypothalamic blood flow in response to steroid odors is sexually dimorphic (Berglund, Lindstrom, Dhejne-Delmy, Savic, 2008) Limitations are that the brain is plastic and unknown whether the results are a consequence of experience

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The way we think about mental health care

Challenging biology

Yet...

Gender is a societal construct and gender differences are experienced by humans.

Some children are no longer gender dysphoric later in life.

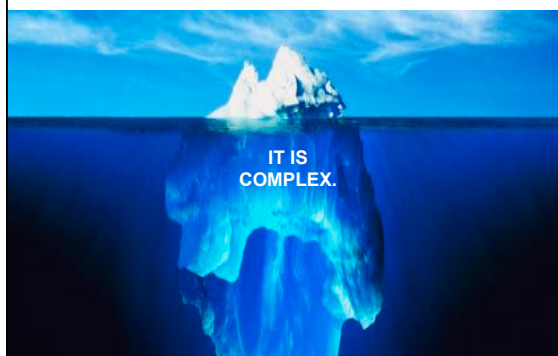
Some adolescents present with "new onset" gender dysphoria that was not present earlier in life.

There are many individuals who are non-binary or gender fluid.

We live in a binary world and the science is limited.



So is it biological or environmental?



DSM5: Gender Dysphoria of Childhood

A. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months duration as manifested by at least six of the following eight indicators, **AT LEAST ONE OF WHICH MUST BE CRITERION A1:**

1. A strong desire to be of the other gender or an insistence that one is the other gender (or some alternative gender different from one's assigned gender)
2. In boys (assigned gender), a strong preference for cross-dressing or simulating female attire; or in girls (assigned gender), a strong preference for wearing only typical masculine clothing and a strong resistance to wearing of typical feminine clothing
3. A strong preference for cross-gender roles in make-believe play or fantasy play
4. A strong preference for toys, games, or activities stereotypically used or engaged in by the other gender
5. A strong preference for playmates of the other gender
6. In boys (assigned gender), a strong rejection of typically masculine toys, games, and activities and a strong avoidance of rough-and-tumble play; or in girls (assigned gender), a strong rejection of typically feminine toys, games, and activities
7. A strong dislike of one's anatomy
8. A strong desire for the primary and/or secondary sex characteristics that match one's experienced gender.

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



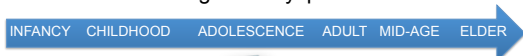
Gender Nonconformity in Childhood and Psychiatric Vulnerability

Study	Outcome	Results
Roberts et al. 2012	PTSD Child abuse	Gender nonconformity (top decile) predicted almost twice as high risk for lifetime PTSD.
Roberts et al. 2013	Depression	Gender nonconformity (top decile) led to 26% mild-to-mod depression in young adulthood compared to 18% of those who were gender conforming children. Abuse and bullying accounted for half of the increased prevalence of depressive symptoms in those youth.
Toomey et al. 2010	Psychosocial adjustment	Victimization in school of 245 LGBT young adults fully mediates the association between gender nonconformity in adolescence and life satisfaction in adults
Birkett et al. 2009	Bullying and victimization	LGB and questioning youth are more likely to report bullying, homophobic victimization
Nuttbrock et al. 2010	Major depression	Looked at the effects of interpersonal abuse on 571 MtF transgender persons in NYC. In adolescence, this abuse led to higher rates of MDD.

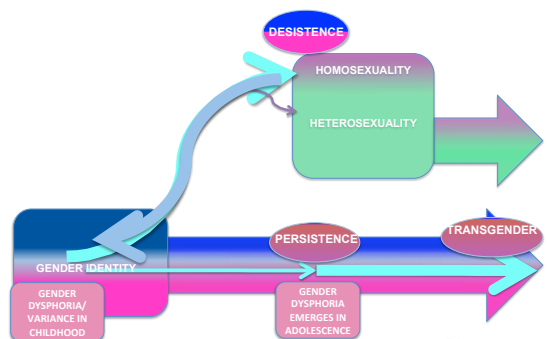


Psychiatrist's Role Across Development- Adolescence

- Coming out and identity exploration without a fixed outcome treatment approach
- Awareness of harms of conversion therapies
- Navigating family acceptance
- Awareness of unique issues and risk factors
- Physical intervention decision making in adolescents with gender dysphoria



Psychosexual Developmental Pathways



DSM 5: Gender Dysphoria in Adolescence/Adulthood

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:

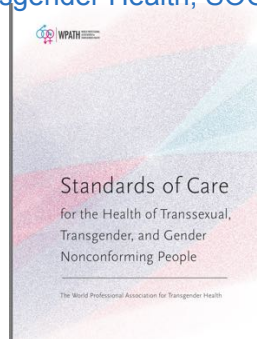
1. A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics)
2. A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics)
3. A strong desire for the primary and/or secondary sex characteristics of the other gender.
4. A strong desire to be of the other gender (or some alternative gender different from one's assigned gender)
5. A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender)
6. 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)

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

Specifiers: 1. Post Transition Specifier- if individual has transitioned to living in the desired gender and has undergone (or preparing to) have at least one medical procedure
2. Disorder of Sex Development Specifier: if there is a DSD as well

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The way we think is how we feel

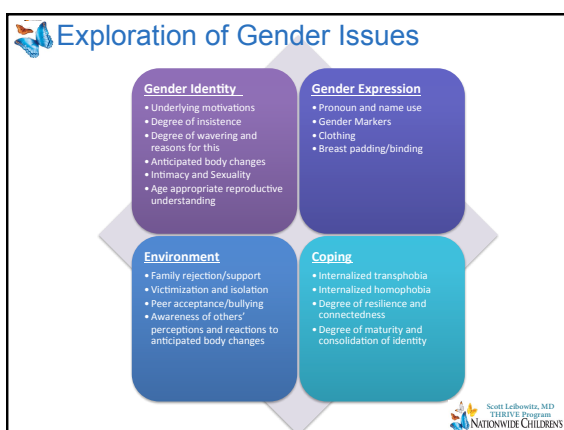
World Professional Association for Transgender Health, SOC 7



Standards of Care
for the Health of Transsexual,
Transgender, and Gender
Nonconforming People

The World Professional Association for Transgender Health


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Psychiatrist's Role Across Development- Adulthood

- Same sex and transgender parenting options
- Workplace concerns and discrimination
- Gender transition in adulthood
- Fertility considerations for individuals born with DSDs
- Unique relationship issues within LGBT couples
- Specific treatment programs when appropriate


INFANCY CHILDHOOD ADOLESCENCE ADULT MID-AGE ELDER



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Trends in Mental Health and Helping Transgender individuals

- **Shift in Diagnostic Conceptualization** – Previously considered "Gender Identity Disorder" which pathologized the *identity*, not the underlying mind-body discrepancy, and now classified as Gender Dysphoria
 - Led to mistrust among gender minorities for behavioral health providers
- **Shift in Models of Care**– In adults, care models have shifted from "Gatekeeping Model" to an "Informed Consent" model



- **Shift in Behavioral Health expectations** – previous stipulations of a "Real Life Experience" for predefined period of time.
 - Now think about it in terms of "eligibility" and "readiness"

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Adult Clinical Assessment Aims

- Degree of gender dysphoria and its impact
- Stability and persistence over time
- Relationship with sexual identity
- Co-occurring psychiatric issues
 - Does it impair the diagnostic understanding of gender dysphoria?
 - Or is it a manifestation of untreated gender dysphoria?
- Intersectionality and other aspects of identity
- Decision-making around physical interventions
- Social supports
- Accurate idea of expected changes
- Fertility
- Accurate idea of post-transition life

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Assessing "Eligibility" and "Readiness"

Focus	Criteria
Persistence	Persistent, well documented gender dysphoria
Consent	Capacity to make a fully informed decision and to consent for treatment
Age	Age of majority in a given country
Well-controlled Psychiatric and medical issues	If significant medical or mental health concerns are present, they must be reasonably well-controlled.

Standards of Care
for the Health of Transsexual,
Transgender and Gender
Nonconforming People

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Psychiatrist's Role Across Development- Middle Age

- Health maintenance for individuals who have transitioned genders
- Gender transition for individuals later in life
- Mitigating the effects of past reparative therapies
- Fears of advancing age and generativity issues
- Advanced life directives

INFANCY CHILDHOOD ADOLESCENCE ADULT MID-AGE ELDER

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Psychiatrist's Role Across Development- Elders

- Advanced life directives
- Retirement homes that are inclusive
- Consideration of family support systems
- Specific health maintenance considerations for individuals who may have transitioned genders with physical interventions
- Losing or having an ill same-sex partner

INFANCY CHILDHOOD ADOLESCENCE ADULT MID-AGE ELDER

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Competency Based Medical Education

DOMAINS OF COMPETENCE Broad distinguishable areas of competence that in the aggregate constitutes a general descriptive framework for a profession(s).

COMPETENCY An observable ability of a health professional related to a specific activity that integrates knowledge, skills, values, and attitudes.

COMPETENCE The demonstration of an array of abilities across multiple domains or aspects of performance in a certain context. Statements about competence require descriptive qualifiers to define the relevant abilities, context, and stage of training.

Competence is multi-dimensional and dynamic. It changes with time, experience, and setting.

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AAMC report- November 2014

Implementing Curricular and Institutional Climate Changes to Improve Health Care for Individuals Who Are LGBT, Gender Nonconforming, or Born with DSD: A Resource for Medical Educators

Available online TODAY!
www.aamc.org/publications

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Competency Domains

The Psychiatrist

Diagram illustrating the competency domains for a psychiatrist, centered around "The Psychiatrist" (represented by a stethoscope icon). The domains are arranged in a circle:

- Patient Care
- Knowledge for Practice
- Interprofessional Collaboration
- Personal & Professional Development
- Systems-based Practices
- Practice-based Learning & Improvement
- Professionalism
- Interpersonal and Communication Skills

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Physician Reference Set of Competencies within 8 domains

Toward a Common Taxonomy of Competency Domains for the Health Professions and Competencies for Physicians

Robert Englander, MD, MPH, Terri Cameron, MA, Adrian J. Ballard, Jessica Dodge, Janet Bull, MA, and Carol A. Aschenbrenner, MD

Acad Med. 2013;88:00-00.
First published online
doi: 10.1097/ACM.0b013e31829a3b2b

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AAMC Report- Table of Contents

Chapter 1: Laying the Foundation for Inclusion and Equality

Chapter 2: The Role of Medical Education and Health Care Professionals in Eliminating Health Disparities

Chapter 3: Professional Competency Objectives to Improve Health Care for People Who Are or May Be LGBT, Gender Nonconforming, and/or Born with DSD

Chapter 4: How to Integrate Competencies into Medical School Curricula to Improve Health Care for People Who Are or May Be LGBT, Gender Nonconforming, and/or Born with DSD

Chapter 5: Clinical Scenarios and Discussion Points for Experiential Learning

Chapter 6: How to Assess Learners and Evaluate the Impact of Curricular and Climate Initiatives

Chapter 7: Using AAMC's MedEdPORTAL® to Advance Curricular Change

Chapter 8: Future Directions

Available online TODAY! www.aamc.org/publications

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Patient Care Domain

Reference List of General Physician Competencies

- PC
- PBLI
- IPC
- KP
- PPD
- SBP
- Professionalism
- ICS

Gather essential and accurate information about patients and their conditions by...

Sensitively and effectively eliciting relevant information about sex anatomy, sex development, sexual behavior, sexual history, sexual orientation, sexual identity, and gender identity from all patients in a developmentally appropriate manner

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Knowledge for Practice

Reference List of General Physician Competencies

- Patient Care
- Knowledge
- PBLI
- Interpersonal CS
- Professionalism
- Systems BP
- Interprof Collab
- Person Prof Dev

Apply established and emerging biophysical scientific principles fundamental to health care for patients and populations by:

Defining and describing the differences among: sex and gender; gender expression and gender identity; gender discordance, gender nonconformity, and gender dysphoria; and sexual orientation, sexual identity, and sexual behavior.

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Practice Based Learning & Improvement

Reference List of General Physician Competencies

- Patient Care
- Knowledge
- PBLI
- Interpersonal CS
- Professionalism
- Systems BP
- Interprof Collab
- Person Prof Dev

Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems by:

Identifying important clinical questions as they emerge in the context of caring for these populations, and using technology to find evidence from scientific studies in the literature and/or existing clinical guidelines (practice parameters, World Professional Association of Transgender Health Standards of Care, 7th edition) to inform clinical decision making and improve health outcomes.

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Interpersonal & Communication Skills

Reference List of General Physician Competencies

- Patient Care
- Knowledge
- PBLI
- Interpersonal CS
- Professionalism
- Systems BP
- Interprof Collab
- Person Prof Dev

Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds by:

Developing rapport with all individuals regardless of others' gender identities, gender expressions, body types, sexual identities or sexual orientations, to promote respectful and affirming interpersonal exchanges, including by staying current with evolving terminology.

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Professionalism

Reference List of General Physician Competencies

- Patient Care
- Knowledge
- PBLI
- Interpersonal CS
- Professionalism**
- Systems BP
- Interprof Collab
- Person Prof Dev

Demonstrate respect for patient privacy and autonomy by:

Recognizing the unique aspects of confidentiality regarding gender, sex, and sexuality issues, especially for the described populations, across the developmental spectrum, and by employing appropriate consent and assent practices.

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Systems Based Practice

Reference List of General Physician Competencies

- Patient Care
- Knowledge
- PBLI
- Interpersonal CS
- Professionalism
- Systems BP**
- Interprof Collab
- Person Prof Dev

Coordinate patient care within the health care system relevant to one's clinical specialty by:

Identifying and partnering with community resources that provide support to these populations (e.g. treatment centers, care providers, community activists, support groups, legal advocates) to help eliminate bias from health care and address community needs.

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Interprofessional Collaboration

Reference List of General Physician Competencies

- Patient Care
- Knowledge
- PBLI
- Interpersonal CS
- Professionalism
- Systems BP
- Interprof Collab**
- Person Prof Dev

Work with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust by:

Valuing the importance of interprofessional communication and collaboration in providing culturally competent, patient-centered care to these populations and participating effectively as a member of an interdisciplinary health care team.

Slide developed by AAMC committee on gender/sexuality

The Psychiatrist on the Team

- Aid in diagnostic considerations
- Address comorbid psychiatric conditions
- Conduit between the mental health and medical teams when necessary
- Maximize psychosocial adjustment in youth
- Educate parents on the developmental pathways and trajectories of gender nonconformity
- Prescribe psychotropic medication when indicated
- Assess patient-therapist "fit" and determine the degree to which gender issues are being addressed in the treatment
- Communicate with the primary care team, school and mental health team
- Facilitate social and community supports

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Personal & Professional Development

Reference List of General Physician Competencies

- Patient Care
- Knowledge
- PBLI
- Interpersonal CS
- Professionalism
- Systems BP
- Interprof Collab
- Person Prof Dev**

Practice flexibility and maturity in adjusting to change with the capacity to alter one's behavior by:

Critically recognizing, assessing, and developing strategies to mitigate one's own implicit bias in providing care to LGBT, GNC, DSD populations and recognizing the contribution of bias to increased iatrogenic risk and health disparities.

Not accounting for Internalized Homo/Transphobia

- A patient's self-loathing for experiencing unwanted sexual attractions/arousal patterns or gender identity
- May lead to patient seeking therapy to rid them of unwanted feelings

Scott Lettowitz, MD
TERRY'S Program
NATIONWIDE CHILDREN'S
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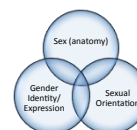
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Integration of Competencies

- **Some competencies are specific; others are broadly applicable**
- **Do not need additional time in curricula**
 - Use of hypothetical questions/discussions within existing didactics, cases, rotations
 - Faculty awareness of relevance to other topics
- **Requires understanding of the key differences between populations**



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Integration Take-home Principles

- **All individuals have an important role** to play in promoting the integration of these issues into curricula and training.
- **There are opportunities within all modalities** to integrate the competencies across domains.
- Continuing education of faculty may be necessary for full integration into the training program.
- **Do not ignore "spontaneous opportunities" and hidden curriculum** to have teaching points that raise issues pertaining to sex, sexuality, and gender.

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Relevance to Milestones



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Competency Mapping to Milestones

Patient Care #1
Sensitively and effectively eliciting relevant information about sex anatomy, sex development, sexual behavior, sexual history, sexual orientation, sexual identity, and gender identity from all patients in a developmentally appropriate manner.

Unacceptable	Entry Level	Late Beginner	Mid-Level	Advanced	Aspirational
<ul style="list-style-type: none"> Does not sensitively approach patients Makes assumptions about patient history, identity, or practices Doesn't understand the terms Confuses gender, sex anatomy, and sexual orientation Cannot sense patient frustration or shame over these issues. 	<ul style="list-style-type: none"> Identify assumptions that are commonly made about patients Learn the difference between sex, sexual orientation, and gender List open-ended questions that can be used free of assumptions 	<ul style="list-style-type: none"> Demonstrate use of open-ended language in a psychiatric interview free of assumptions Describe the differences between sex anatomy, sexual orientation, sexual identity, and gender identity 	<ul style="list-style-type: none"> During an observed encounter with a patient: Demonstrate use of open-ended language free of assumptions Demonstrate how to respond to the patient when inadvertently making an assumption and/or causing offense Understand how patient describes themselves in these domains. 	<ul style="list-style-type: none"> During an independent encounter with a patient: Recognize and describe the nuanced situations when asking about these issues might not make sense. Integrate these aspects of identity and anatomy into the overall biopsychosocial formulation. 	<ul style="list-style-type: none"> Demonstrate and teach junior colleagues how to use... Demonstrate and teach junior colleagues how to respond... Implement a strategy...

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