

Interprofessional Transgender-affirming Care

GATEKEEPERS NO MORE!

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Education:

- 2026 (In progress): Doctor of Behavioral Health-Candidate, Cummings Graduate Institute for Behavioral Health Studies
- 2019: Master of Arts in Counseling, Northwestern University
- 1998: Master of Human Relations, University of Oklahoma
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Certifications:

- 2022: National Board for Certified Counselors, Certified Clinical Mental Health Counselor (CCMHC)
- 2019: National Board for Certified Counselors, National Certified Counselor (NCC)



Agenda

DO WE NEED GROUND RULES?

Let's Talk About

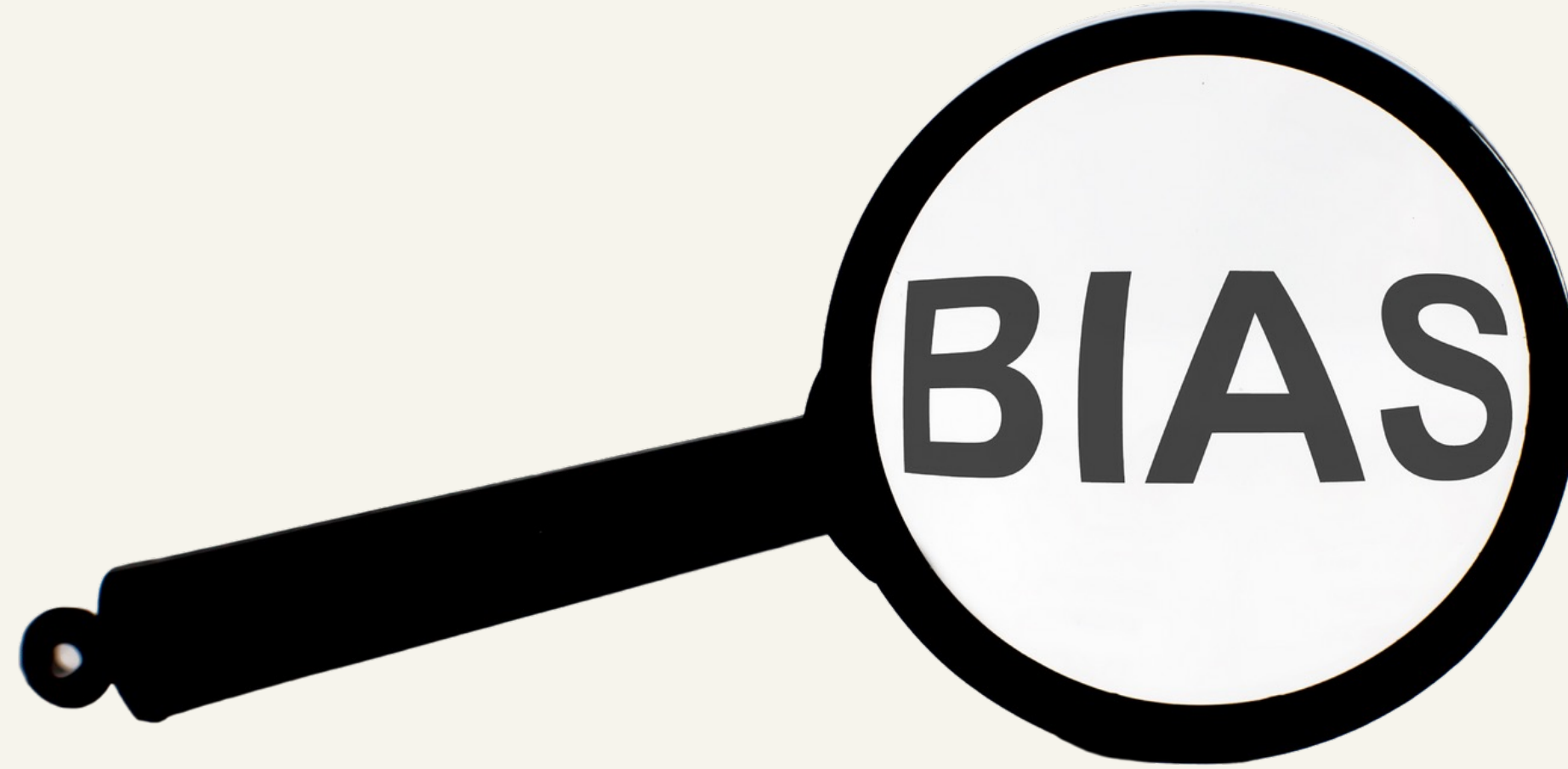
- Transgender Population and Healthcare Discrimination
- Clinical Standards
- Interprofessional Pathways
- Discussion



When Did You Know?

HOW DID YOU FIGURE IT OUT?





Transgender Population and Healthcare Discrimination

US Transgender Population

IT'S COMMON TO EXPRESS GENDER CHARACTERISTICS INCONSISTENT WITH SEX ASSIGNED AT BIRTH

(Coleman et al.,
2022)

According to the Williams Institute:

- 1.6M US, including 1.3 M adults
- Less likely to identify as caucasian
- More likely to identify as LatinX
- Estimates: 38.5% are transgender women, 25.9% are transgender men
- People aged 13 to 17 are more likely to report a transgender identity than older adults

(Herman et al., 2022)



Hostile Legislation

MOST MAJOR HEALTHCARE ASSOCIATIONS OPPOSE RESTRICTIONS

Mason et al,
2022

ACLU (2023)

- 130 healthcare bills associated with the LGBTGEQIAP+ community
- 56 defeated
- 24 passed
- 10 in the courts
- 49 advanced to legislative bodies

Patients, Providers Exist in a Hostile Political System

- 19 states have collaborated to ban gender-affirming care, with 16 bans enacted in 2023 (Choi, 2023)
- Idaho, North Dakota, Oklahoma, Alabama, and Florida have made healthcare delivery a felony for clinicians who provide gender-affirming care (Choi, 2023)



Healthcare Discrimination

RELIGION TRUMPS HEALTH IN SOME STATES

Providers Attitudes Can Pose Harm

- 39% reported healthcare discrimination (Mason et al., 2022)
- Poor healthcare provider knowledge and discrimination contribute to transgender health disparities (Eisenberg et al., 2020)
- 1 out of 5 experience gender expression discontinuation persuasion (Chiang & Bachmann, 2023)
- Provider's ignorance, transphobia, and stigmatization create healthcare barriers (Coleman et al., 2022)

Stigma Worsens Transgender Health Outcomes

Valente et al.,
2022)

Systemic Barriers Impart Risks

ALTHOUGH IMPROVING, CISGENDER PARITY REQUIRES ATTENTION

Coleman et al,
2022)

Minority Stress Hinders Health Seeking Behaviors

- Information deficits, internalized transphobia, and care avoidance (Mason et al., 2022)
- Insurance denial (Baker & Restar, 2022)
- Self-prescribed interventions, hormone use (Coleman et al., 2022)



Clinical Standards

Informed Consent vs Gatekeeper

**Who Gets To Decide Your
Access to Care?**



Medical, Social, All or None

DELIVER HEALTHCARE BASED ON THE CLIENT'S GOALS

(Baker & Restar,
2022)

Goals Might Include:

- Hormone therapy
- Hair removal
- Speech therapy/Vocal training
- Fertility preservation
- Facial, chest, genital surgery

(Baker and Restar 2022; UCSF, n.d.)



Treatment Plans Include:

- Social support
- Coping skills
- Stress management

(Mezzalira et al., 2023; Verbeek et al., 2022))

Interprofessional Care is Required.

Adolescent Transgender Healthcare

PRIMARY CONCERN IS PUBERTY

(School House Connection,
2023))

Meet the Teen Where They Are

- At age 16, most have the legal right to consent or can rely on a legal custodian for consent (Hembree et al., 2017)
- Engage in developmentally appropriate conversations with the adolescent (ales-Humara et al., 2019)
- Tanner Stage 1-5 assessment, puberty blockers are generally available to those in Tanner Stage 2 (Salas-Humara et al., 2019)
- SOC 8 recommends 1 year of gender-affirming hormone use before any surgical intervention (Coleman et al., 2022)
- SOC 8 recommends gender exploration without direction to an outcome (Coleman et al., 2022)

Jazz Jennings
"I am Jazz"



Adult Transgender Healthcare

MOST COMMON INTERVENTIONS ARE HORMONES AND SURGERY

(Hembree et al.,
2017)

Counselors Often Fear the Gatekeeper Role in Transgender-affirming Healthcare

- Testosterone masculinizes appearance; estradiol and spironolactone feminizes (Salas-Humara et al., 2019)
- Testosterone is rarely associated with psychosis or hypomania; fatigue is associated with androgen suppression (Verbeek et al., 2022)
- Interventions are relatively safe and effective in improving mental health (Sales-Humara et al., 2019; Chiang and Bachmann, 2023)



Inclusive Clinical Settings

CREATE AN ENVIRONMENT VISIBLY SUPPORTIVE OF TRANSGENDER CLIENTS

Daks & Rogge, 2020; Yule et al.,
2019)

Transgender Inclusion Looks Like:

- Paperwork that includes gender identity separate from sex assigned at birth
- Use of the client's name and pronouns, regardless of what is on an insurance form
- Provide information and rely on informed consent (your client knows themselves better than you ever will)

(Ingraham et al., 2022; Mason et al., 2022; Reisner et al., 2016; Thompson et al., 2021)



Healthcare Providers Must Prepare

BARRIERS ARE COMMONPLACE IN TRANSGENDER-AFFIRMING CARE

Healthcare.gov (n.d.) Says:

- Doctors are required to determine medical necessity
- Insurance companies are prohibited from limiting sex-specific services because of one's transgender identity

Providers and Patients Must Prepare:

- Clinical documentation is often required from mental health providers (Baker & Restar, 2022)
- Insurance company transgender-affirming care approval requirements are inconsistent (National Center for Transgender Equality, n.d.)

Treatment Tips and Documentation

- Gender exploration conversation as a first step (UCSF, n.d)
- Avoid harm, but recognize that not all presenting for gender-affirming treatment immediately qualify for gender dysphoria diagnosis (Hembree et al., 2017)
- Gender identity validation may be required to transition socially and medically (UCSF, n.d.)
- Support often requires a well-documented diagnosis.

Assessment and Diagnosis

WORLD PROFESSIONAL ASSOCIATION FOR TRANSGENDER HEALTH, STANDARDS OF CARE VERSION 8, SOC 8
SHIFTED TOWARD DEPATHOLOGIZING TRANSGENDER IDENTITIES

(Verbeek et al,
2022)

DSM-5-TR

- Patient generally qualifies for the gender dysphoria diagnosis when the patient experiences incongruence between their sex assigned at birth and their experienced gender for a minimum of six months.
- Require at least two additional criteria, such as incongruence between the patient's experienced gender and their sex characteristics; the desire to be rid of or prevent incongruent sex characteristics; desire for the acquisition of sex characteristics of the other gender; the desire to be or to be affirmed as another gender; and resolute understanding that the patient's feelings and reactions are typical of the other gender.
- Rule out borderline personality disorder, dissociative identity disorder, nonconformity to gender roles, transvestic disorder, body dysmorphic disorder, schizophrenia, and other psychiatric disorders.

(APA, 2022)

**A detailed gender history can support the clinician in
assessing the patient's gender experience.**

Verbeek et al. (2022)

Evidence Supports Documentation

PROOF SUPPORTS THE PATIENTS SUCCESS IN ACCESSING TREATMENT

You Can

- Introduce the gender timeline and narrative (modified use of the trauma timeline and narrative)
- Administer the Gender Minority Stress and Resilience Scale (GMRS) to adults
- Administer the Gender Minority Stress and Resilience Measure for Adolescents Scale (GMRS-A)
- Support with other assessment tools such as the CompACT or rule-out assessments

For Insurance Approval, Prepare to Justify Your:

- Education and continuing education
- LGBTGEIAP+ training
- License
- Certifications
- Authority to diagnose gender dysphoria



Proposed Interprofessional Pathways

Detransitioning Concerns

THE REGRETS ARE MINIMAL

Small Numbers Re-identify with Sex Assigned at birth

In One Study, Cavve et al. (2024) Reported:

- Looked at 548 individuals with closed referrals to a pediatric gender clinic in Australia
- 5.3% reportedly re-identified with the sex assigned at birth during assessment
- 2 individuals, or 1%, re-identified with the sex assigned at birth during medical treatment

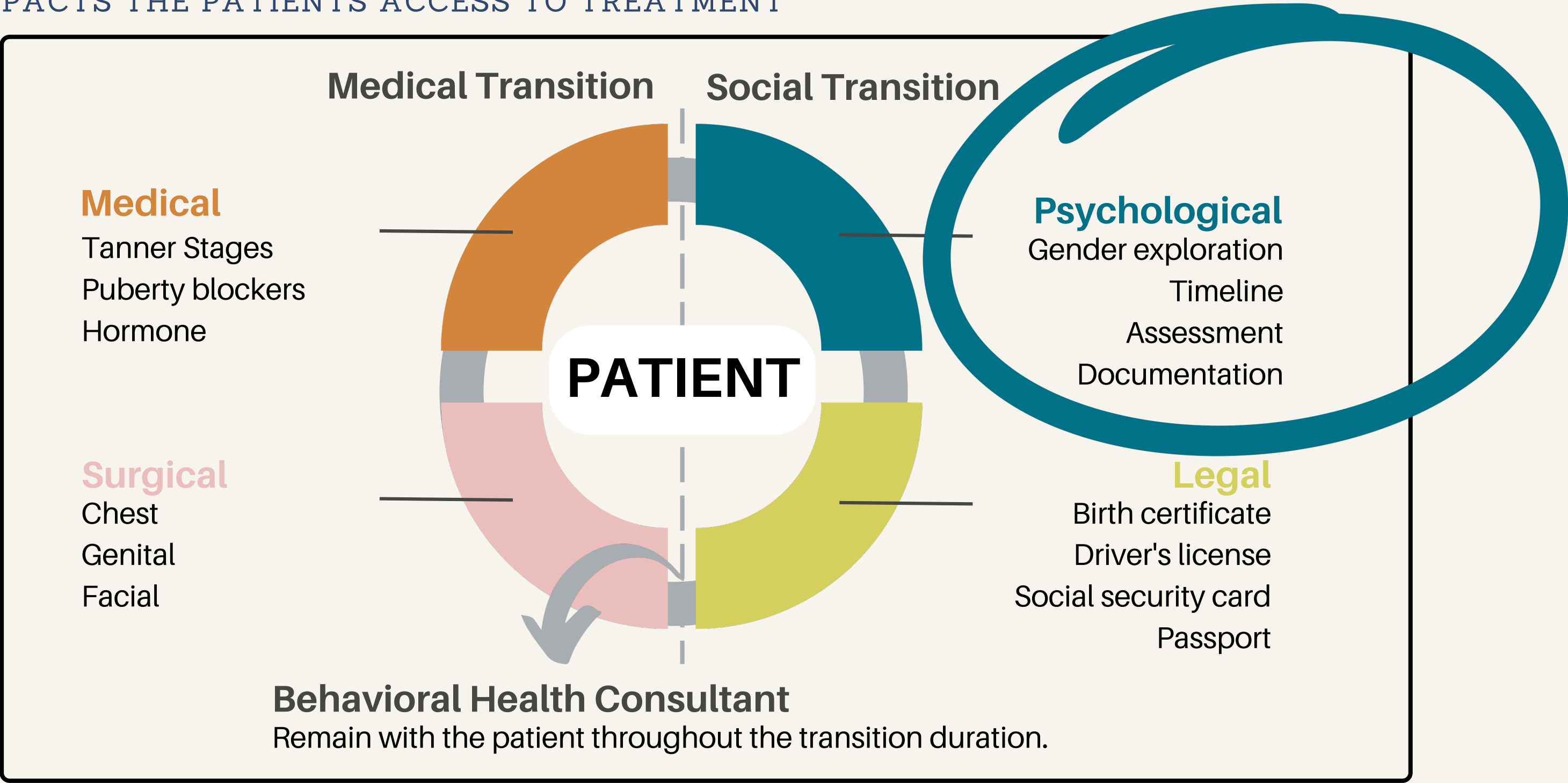
Regrets Mostly Rooted in Social Support:

In One Study, Turban et al. (2021) Reported:

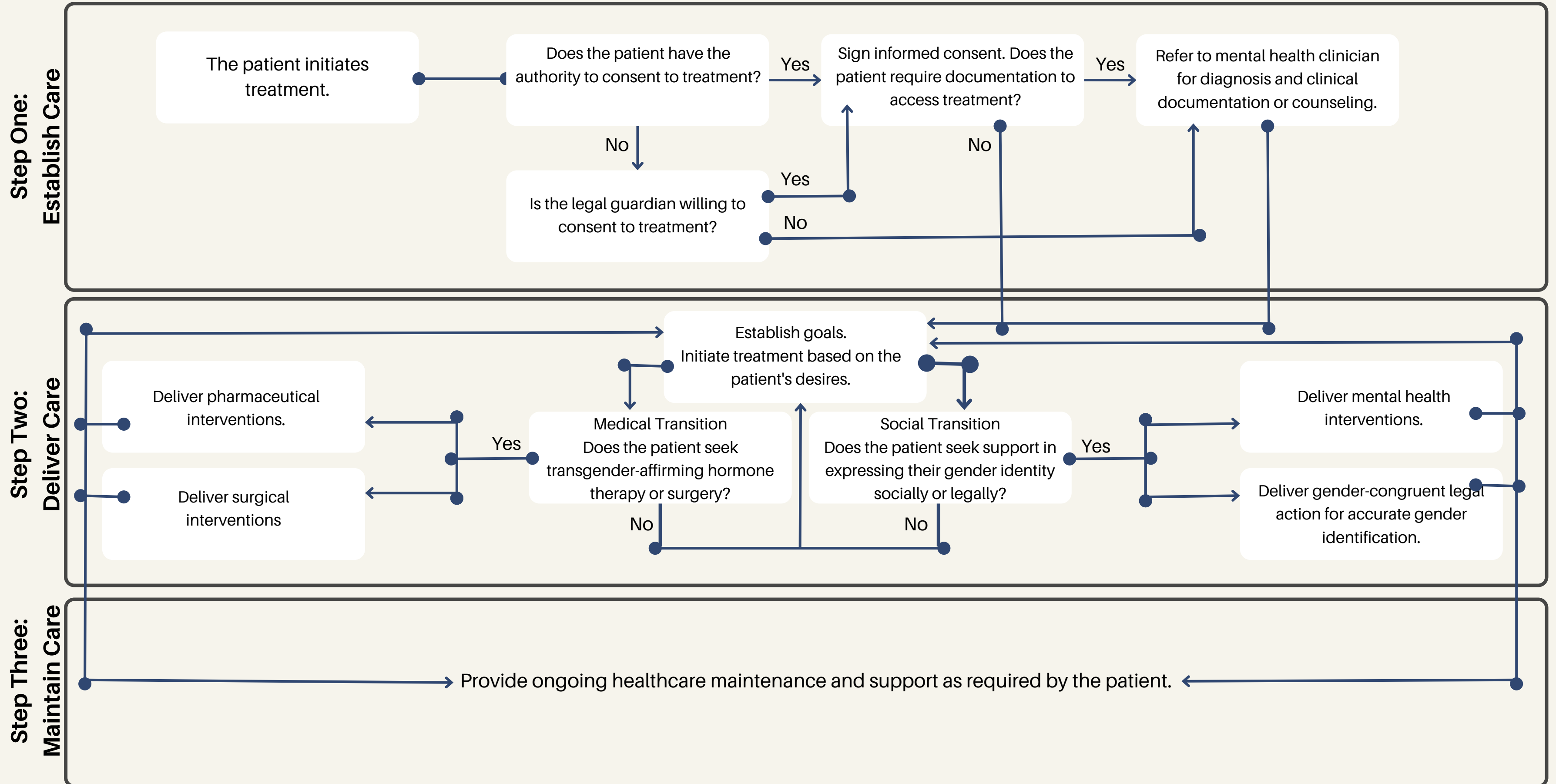
- 13.1% reported detransitioning
- Of the 13.1% who detransitioned, 82.5% reported doing so due to exogenous factors, such as stigma and family pressures
- Of the 13.1% who detransitioned, 15.9% of those who detransitioned reported doing so due to an internal factor, such as uncertainty of gender identity
- 86.9% sustained their gender transition

Transgender-Affirming Care Map

YOUR WORK IMPACTS THE PATIENTS ACCESS TO TREATMENT



Proposed Integrated Care Pathway



Affirming Care is Priceless

CONCERNS OVER COSTS LIMIT QUALITY OF LIFE FOR MANY

Costs

- Insurance companies cover puberty blockers 72% of the time (Salas-Humara et al., 2019)
- Payer costs for gender-affirming hormones and characterize those costs as generally low, with testosterone costing \$121 per year and estrogen costing \$153 per year (Baker & Restar, 2022)
- Average costs for gender-affirming surgeries, including
 - orchiectomy, which is the removal of the testes, costs \$6,927;
 - vaginoplasty, which is the construction of the vagina, \$53,645;
 - phalloplasty, which is the construction of the penis, \$133,911 (Baker & Restar, 2022)

Return on Investment

Regarding suicide, the Centers for Disease Control and Prevention (n.d.) calculates the economic burden of suicide in the United States at \$70 billion. To that end, the costs of providing transgender-affirming care are inconsequential compared to the potential to reduce or resolve these mental health disorders, which may prove priceless.

Questions?

TAKE A SEAT. LET'S TALK.

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