


Incorporating Sexuality & Gender Concepts into Mental Health Practice

Addressing the Needs of LGBTQA+ Clients

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BEHAVIORAL HEALTH
EDUCATION CENTER
OF NEBRASKA

About This Series: Core Topics for Behavioral Health Providers

- BHECN's webinar series designed to educate behavioral health trainees about practical topics in behavioral health
- Expert presenters provide a mixture of principles and case based application
- All webinars are free of charge
- Topics include:


Presenter	Topic	Date
Dr. Amanda Duffy Randall & Liam Heerten-Rodriguez	Treatment of Common Sexual Problems	April 19th

About BHECN

The Behavioral Health Education Center of Nebraska (BHECN), pronounced "beacon", was established in 2009 by a legislative bill to address the shortage of behavioral health professionals in rural and underserved areas of the state.

unmc.edu/bhecn

MISSION: BHECN is dedicated to improving access to behavioral health care across the state of Nebraska by developing a skilled and passionate workforce.



Announcements

- Attendees are muted
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Addressing the Needs of LGBTQA+ Clients

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Objective

- Provide basic knowledge, strategies, tools, and resources in order to increase comfort addressing issues of sexuality and sexual health in clinical practice.

Webinar Series

- Basics of Sexual Health
- Changes and Challenges in Sexual Functioning
- Addressing the Needs of LGBTQA+ Clients
- Treatment of Common Sexual Problems

Overview

- What is LGBTQA+?
- Key LGBTQ Principles
- Key LGBTQ Concerns & Treatment Approaches
- Understanding transgender concepts
- How to be an inclusive provider

What is LGBTQA+?

Lesbian
 Gay
 Bisexual
 Transgender
 Queer
 Asexual
 + Many more!

Key LGBTQ Principles

- Don't assume that sexual orientation is the cause of, or even a factor in, a client's concerns.
 - At the same time, don't assume that sexual orientation is not relevant.
- A lesbian-identified client is seeing you because of depressive/anxious behavior after a job loss.
 Is the client's sexual orientation relevant?

Key LGBTQ Principles

- Think about sexual orientation socially and culturally, not just psychologically.
- Biological approaches are mostly irrelevant.

Let's Talk About Sex. . .

Biological Sex: Determined by biological characteristics such as chromosomes – XX, XY, XO, XXY; hormones – estrogen, progesterone, testosterone; and internal and external sex organs – vulva, clitoris, vagina, uterus, ovaries, penis, testicles.

Atypical Genitalia: Genitalia that is atypical or difficult to label as male or female

Intersex (or intersexual): Individuals born with atypical genitalia or reproductive anatomy, or with anatomy and/or secondary sexual characteristics that combine male and female sexual characteristics. About 4% of the population is born with biological aspects of both sexes to varying degrees.

(For more information visit Intersex Society of North America at www.isna.org.)

Hermaphrodite: Outdated, pejorative term for intersex individuals.

Gender: Cultural Interpretations of Sex?

Gender/Gender Role (sometimes called sex role): Culturally and socially-defined characteristics, roles and behaviors attributed to individuals based upon their biological sex.

Core Gender Identity/Gender Identity: Individual's innermost concept of oneself as "male/masculine" or "female/feminine" or something in between. Some theorize that gender identity develops between 18 months to 3 years of age, others theorize that it begins to form before birth.

Gender Image/Gender Expression: The way one presents or expresses oneself and one's gender identity

Gender Dysphoria: A feeling of incongruity between biological sex and gender identity

Variations of Sex and Gender

Transgender: Umbrella term for individuals whose gender expression and/or gender identity differs from conventional expectations based on the physical sex they were born into.

Transsexual: Sometimes is used as synonymous with transgender. More commonly refers to someone whose gender identity is incongruent with biological sex and who has made physical alterations (i.e. hormones or surgery) to align their biological sex and gender identity.

Cross-dresser: Someone who wears clothes conventionally attributed to the opposite gender. The clothes may or may not be an aspect of their gender identity.

(Hudson, 2008; OutProud, 2008; Sallans,

Variations Cont.

Transvestite: Sometimes used synonymously with cross-dresser, but more accurately refers to a straight man who wears women's clothes as a means to sexual gratification.

Gender Bender: Intentionally "blurring" gender expression or "crossing the gender line."

Gender Nonconforming: A person who has a gender identity and/or expression that does not conform to traditional expectations of the gender they were assigned at birth.

Gender Queer: A person whose gender identity is neither male nor female, is between or beyond genders, or is some combination of genders.

(Hudson, 2008; OutProud, 2008)

The SIEO Model

Biological Sex	Gender Identity	Gender Expression	Sexual Orientation
Female	(Cisgender) Woman	Feminine	Heterosexual
Male	(Transgender) Woman	Masculine	Lesbian
Intersex/Disorder of Sex Development	(Cisgender) Man	Androgynous	Gay
	(Transgender) Man	Femme Queen	Bisexual
	Non-Binary	Butch	Queer
	Genderqueer	Femme	Asexual
	Pangender	Drag King/Queen	Same Gender Loving
	Agender	+++	+++
	+++	+++	+++

The SIEO Model is one way to situate and organize new information about transgender identities.

+++ This list is not an exhaustive list of

Cha-, Cha-, Cha-, Changes

Cross-Living: Living full-time in the preferred gender image.

"Passing": Being perceived in congruence with one's gender identity

Transition: The process of changing sex, including cross-living, hormones, and surgery.

Sex Reassignment Surgery (SRS)/Gender Reassignment Surgery (GRS)/Gender Confirmation Surgery (GCS): Formerly called "sex change operation." Refers to various surgeries aimed at altering one's physical anatomy to be more congruent with gender identity. Includes chest reconstruction, genital reconstruction, hysterectomy, vaginectomy, vaginoplasty, etc.

302.85 Gender Dysphoria(Adolescents & Adults)

DSM requires 5 criteria to be met:

- 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).

Gender Dysphoria DSM-5

- 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 typical feelings and reactions of the other gender (or some gender other than one's assigned gender).
- 7) The condition is associated with of clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Specify: with a disorder of sex development or
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 regime—namely, regular cross-sex hormone treatment or gender reassignment surgery confirming the desired gender

Gender Dysphoria in DSM-5

Other Specified Gender Dysphoria (302.6/F64.8)

Symptoms characteristic of gender dysphoria that cause clinically significant distress or impairment in social, occupational, or other important areas of functioning predominate but do not meet the full criteria for gender dysphoria (ex. Duration is less than 6 months)

Unspecified Gender Dysphoria (302.6/F64.9)

Applies when the clinician chooses not to specify the reason the criteria are not met for gender dysphoria, and included presentations in which there is insufficient information to make a more specific diagnosis

Gender Dysphoria in DSM-5

• The Overarching Treatment Goal

The general goal of the specific psychotherapeutic, endocrine, or surgical therapies for people with gender identity disorders is lasting personal comfort with the gendered self in order to maximize overall psychological well-being and self-fulfillment.

(Harry Benjamin (WPATH) Standards of Care)

WPATH Guidelines for Treatment of Adolescents

- Recommend conservative treatment
- Should include psychotherapeutic support
- Real Life Experience (RLE) can begin at age 16
- Triadic treatment can begin at age 18
- A mental health professional should be involved with the patient for at least six months prior to RLE or hormone therapy
- Involve school personnel

(Harry Benjamin (WPATH) Standards of Care)

LGBQ Concerns

Trauma from...

- Familial, peer, community rejection
- Abuse and neglect
- Sociocultural messages
- Historical trauma

LGBQ Concerns

Resulting in...

- Internalized guilt and shame
- Secondary emotions (e.g. sadness, anger, etc.)
- Fear and safety concerns
- Extreme risk aversion or risk taking behavior

- Being transgender is only one aspect of a person's existence
- Coming out and navigating being transgender is a life-long process
- Affirming names and pronouns is essential
- Choices concerning social and medical transitions are highly personal
- Social and medical transitions require a lot of intense personal change and growth
- Gender is complex and multi-faceted—everyone's identity is unique
- Some transgender people have non-binary gender identities
- "LGBQ" communities are not always supportive of transgender people
- Experiences of affirmation or rejection by families of origin have a profound impact
- Dating and relationships can be harder to navigate
- Sexuality, sexual expression and sexual behavior are also harder to navigate
- Creating families (fertility, conception, and parenting) presents unique challenges
- Bathrooms, locker rooms, and other gender-segregated spaces create barriers
- There is limited information about transgender aging
- There are hierarchies within transgender communities, particularly related to medical transition and passing

Treatment Approaches

LGBT Affirmative Therapy

- Cultural competence & humility
- Sexuality & sexual orientation as a strength
- Acceptance & self-acceptance
- Bibliotherapy & group therapy

Trans-Affirmative Practice

- *A non-pathologizing approach to clinical practice that accepts and validates all experiences of gender.*
- Trans-affirmative practioners:
 - Create space for clients to safely explore, understand, and inhabit experiences of gender.
 - Recognize the interpersonal, social, and political barriers to safety and well-being by individuals who identify outside of the gender binary.
 - Understand the effect of transphobic discrimination on the lives of transgender people.

(Austin & Craig, 2013)

Strategies for Better Serving Transgender Clients

- Transgender people are a lot more like cisgender people than unlike them. Get to know trans people as *people*.
- Focus on the client's specific needs rather than their gender identity unless the client's issue is specifically gender related.
- Don't rely solely on your clients to educate you. Do your own homework.
- Understand the importance of intersectionality and how it may affect the experiences of your client.
- Involve transgender people in your practice.
- Network with transgender-affirming clinicians and organizations in your field.

Tips for Providing Transgender-Affirmative Services

- Use Affirming Names and Pronouns
 - If you accidentally use the wrong name/pronoun, apologize, correct yourself, and move on
- Review Intake Forms and Procedures
 - Consider using a black line for affirming names and pronouns
- Consider Confidentiality
 - Being "outed" can be a safety risk. Let client know who will have access to information, under what circumstances, and why.
- Staff Training
 - Make sure that all staff attend at least a Trans 101 training
- Resources and Referrals
 - Create a referral list and update it periodically

Treatment Approaches

Trauma Models

- TF-CBT – Trauma Focused Cognitive Behavioral Therapy
- IPT – Interpersonal Process Therapy
- PE – Prolonged Exposure Therapy
- EMDR – Eye Movement Desensitization and Reprocessing

Treatment Approaches

Adjustment Models

- Stages of grief
- Stages of mourning
- CBT & IPT
- Bibliotherapy & support groups

Treatment Approaches

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Questions? Comments?
