Welcome!

Visit the event page to download a copy of the webinar slides and any additional resources.

Select **'Everyone'** from the drop-down menu when commenting in the chat pod.

Email us if you need tech support or have questions.

Contact@OneOp.org

OneOp
Readiness. Knowledge. Network.

oneop.org/event/141496/ 1

1

Care Considerations for the Transgender and Gender-Diverse Military Community

2

2

Care Considerations for the Transgender and Gender-Diverse Military Community

Event Materials

Visit the **event page** to download a copy of the presentation slides and webinar resources.

Continuing Education

This webinar has been approved to offer continuing education credit. Please stay tuned until the end for CE information!

oneop.org/event/141496/ 3

3

OneOp

Readiness. Knowledge. Network.

This material is based upon work supported by the National Institute of Food and Agriculture, U.S. Department of Agriculture, and the Office of Military Family Readiness Policy, U.S. Department of Defense under Award Number 2019-48770-30366.

OneOp.org 4

4

A Safe, Inclusive Space

OneOp
Readiness. Knowledge. Network.

5

5

Today's Presenter

Tiffany Lange, Psy.D. *(she/her/hers)*

Licensed Clinical Psychologist

Senior Clinical Director of Utilization Review at one of the nation's largest managed care organizations

- Her areas of expertise are in trauma reactions, substance use, Military Veteran populations, LGBTQ+ affirmative care, and advocacy

6

6

The presenter has no relationships or conflicts of interest to report.

Learning Objectives

This intermediate webinar focuses on applying affirmative, evidence-based best practices to care delivery for Transgender/Gender Diverse adults.

Attendees will receive a review of research-informed techniques as well as content geared towards skill-development for delivering specialty care services. Case vignettes and discussion provide opportunity for application of learned techniques.

(Prior completion of a LGBTQ+ affirmative care training is highly recommended.)

1. Review foundational knowledge and concepts for providing affirmative care to the LGBTQ+ community
2. Describe competency guidelines for providing transgender specialty care services (i.e., evaluations of readiness)
3. Identify special considerations for testing with the transgender/gender diverse community
4. Apply affirmative care techniques through case vignette review and discussion

7

7

Pre-Webinar Check-In

Polls

8

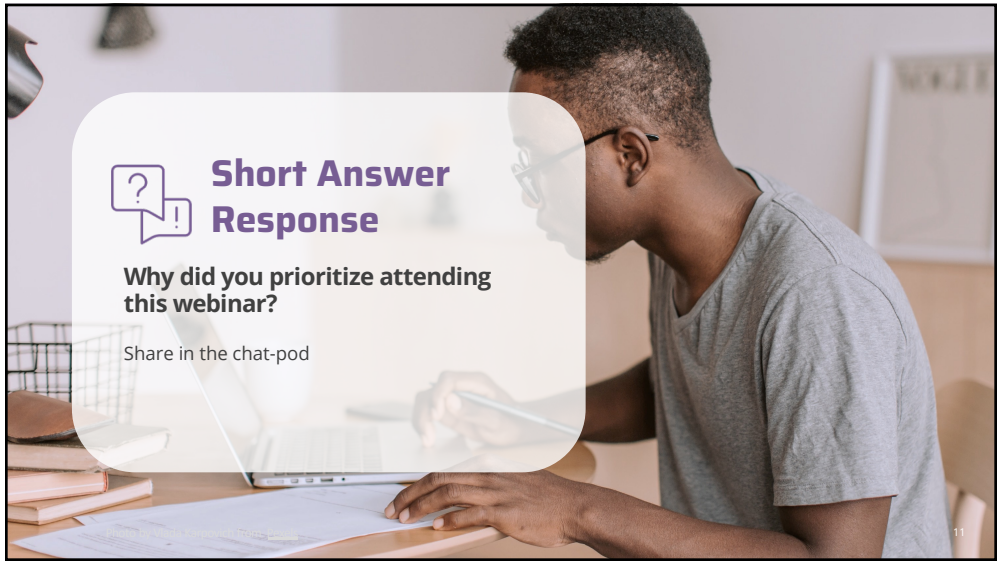
8


Poll
I understand and can explain the difference between sexual orientation and gender identity.
Strongly Disagree, Disagree, Neither Agree or Disagree, Agree, Strongly Agree
Photo by Karolina Grabowska from Pexels
9

9


Poll
I am familiar with the practice and competency guidelines for providing transgender specialty services.
Strongly Disagree, Disagree, Neither Agree or Disagree, Agree, Strongly Agree
10

10


Short Answer Response
Why did you prioritize attending this webinar?
Share in the chat-pod
11

11


LGBTQ+ Affirmative Care
Review of Foundational Knowledge
12

12

Acronyms

L → Lesbian – A woman who is primarily attracted to other women.

G → Gay – A person who is attracted primarily to members of the same sex. Often used to refer to males.

B → Bisexual – A person who is attracted to both people of their own gender and another gender. The attraction does not have to be equally split.

T → Transgender – A term covering a range of identities that transgress socially defined gender norms.

Q → Queer – Umbrella term for individuals who are not heterosexual and/or cisgender.

Heteronormativity – The assumption (in individuals and/or in institutions) that everyone is heterosexual, and that heterosexuality is superior to all other sexualities. Can lead to discrimination and stigma of other sexualities.

13

Sexual Orientation and Gender Identity are Different

Lesbian, gay, and bisexual groups (LGB) related by **sexual orientation**

Transgender (T) groups related by **gender identity**

14

Review from Providing Affirmative Care to the LGBTQ+ Military Community Webinar

Shift from "Either/Or" Thinking to **A Continuum of Experience**

Sexual Orientation
(emotional and/or romantic attraction; erotic response)

Attracted to Females — Bisexual / Asexual / Pansexual — Attracted to Males

Biological Sex / Sex Assigned at Birth
(anatomy, chromosomes, hormones)

Male — Intersex — Female

Gender Identity
(psychological sense of self)

Man — Transgender / Two-Spirit / Pangender — Woman

15

15

Hays, 2001; Szymanski and Gupta, 2009*

Review from Providing Affirmative Care to the LGBTQ+ Military Community Webinar

Intersectionality

A – Age and Generational Influences
D – Developmental Disability
D – Disability Acquired Later in Life
R – Religion and Spiritual Orientation
E – Ethnicity / Race Identity
S – Socioeconomic Status
S – Sexual Orientation
I – Indigenous Heritage
N – National Origin
G – Gender / Gender Identity / Gender Expression

16

16

Rock, Carlson, & McGeorge, 2010

Review from Providing Affirmative Care to the LGBTQ+ Military Community Webinar

Affirmative Care

An approach to care that embraces a positive view of LGBTQ+ identities and relationships while addressing the negative influences that homophobia, transphobia, and heterosexism have on the lives of LGBTQ+ clients

17

17

Review from Providing Affirmative Care to the LGBTQ+ Military Community Webinar

Affirmative Care Basics

- Know the difference between sexual orientation and gender identity
  - Enhance cultural competence and practical skillsets
- Ask about correct terminology for identification
  - Do not assume!
    - Admit shortcomings and apologize when you make a mistake
- Create safe and inclusive places

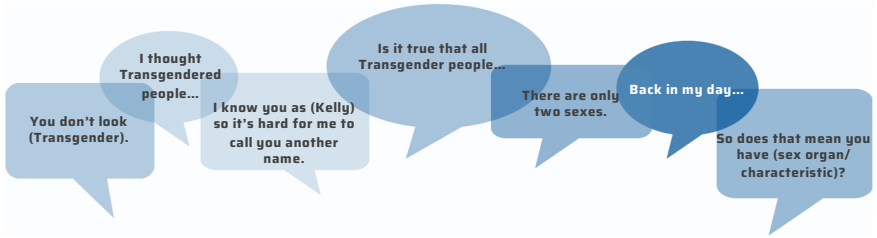
Who I love vs. **Who I am**

18

18

Language is Important (And Can Be Intimidating)

Microaggressions – indirect, subtle, or unintentional discrimination against members of a marginalized group



Avoid these phrases / microaggressions. Strive for inclusive, gender-neutral language.

19

19

mypronouns.org/what-and-why

Review from Providing Affirmative Care to the LGBTQ+ Military Community Webinar

Pronouns

Common Pronouns:
She/Her
He/Him
They/Them
Ze/Hir

- People use pronouns to refer to others
  - Using someone's correct pronouns is a form of respect
- People make assumptions about gender identity based on a person's appearance or name
- "They/Them" pronouns are commonly used when you don't yet know a person or their pronouns
- Using someone's correct pronouns is a form of **suicide prevention**!
  - Respecting pronouns is part of creating a supportive and accepting environment, which impacts well-being and reduces suicide risk (Durwood et al., 2017; The Trevor Project, 2020).

Who I am 20

20

21

21

Pachankis, 2018

Review from Providing Affirmative Care to the LGBTQ+ Military Community Webinar

Evidence-Based Practices

- Familiar yourself with Practice Guidelines
- Integrate affirmative care principles (adaptation)
- Recent research and practice efforts to build foundation of evidence for affirmative care practices (creation)

Adaptation

"If every distinct population required its own evidence-based treatment, the field would be required to learn to deliver, thousands of treatments – an untenable situation." *(Kazdin, 2008)*

Creation

"Evidence-based treatments for distinct cultural groups (e.g., racial/ethnic minorities) yield better outcomes, including engagement, retention, and satisfaction in therapy." *(Smith, Rodriguez, & Bernal, 2011)*

22

22

e.g., Gates, 2017; Ridolfo et al., 2012

Challenging the Binary

Gender Identity – the internal perception of one's gender, and how they identify themselves

- Biological sex is different and assigned at birth based upon external anatomical characteristics

Language has developed, and the intention is not to exclude anyone. Gender Diverse is meant to include all aspects of gender identity and biological sex.

Stacy Lunsford (she/her/hers)
TAVA VA Engagement Director

Who I am 23

23

e.g., Gates, 2017; Ridolfo et al., 2012

Challenging the Binary

Common **gender diverse** terms include, but are not limited to:

- Transgender
- Cisgender (gender identity aligns with the one typically associated with the sex assigned to them at birth)
- Agender (does not identify with any gender)
- Nonbinary (neither man or woman, both man and woman, or a combination of man or woman)
- Queer (fluid identity)
- Questioning (process of discovery and exploration)
- Male-to-Female/Female-to-Male (MTF/FTM)

Who I am 24

24

Puckett & Levitt, 2015

Internalized Stigma

An **internalized negative view** of one's own marginalized identity (e.g., transgender or gender diverse identity; transphobia)

Impact of internalized stigma:

- Impedes identity development
- Lower quality of relationships
- Increased risky sexual behaviors
- Increased utilization of avoidant coping strategies (e.g., substance use)
- Emotional well-being (e.g., depression, anxiety)
- Additive effect with other marginalized identities (e.g., race)

25

25

Huebner, Rebchook, & Kegeles, 2004; Szymanski, 2005; Willis, 2008; Bieschke, 2008

Addressing Internalized Stigma

- When Gender Diverse clients present with mental health symptoms, such as depression or anxiety, it is useful to remember that internalized stigma is likely to influence those experiences.
  - At the same time, it is important not to overattribute symptoms to external factors.
- Discussions of internalized stigma should assist clients to frame their experiences within the context of societal processes.
  - It is possible that clients may be experiencing internalized stigma without even realizing it.
  - Helping clients to recognize how internalized stigma is influencing their lives can have a powerful impact on their experiences and allow them to appropriately externalize blame where appropriate.

26

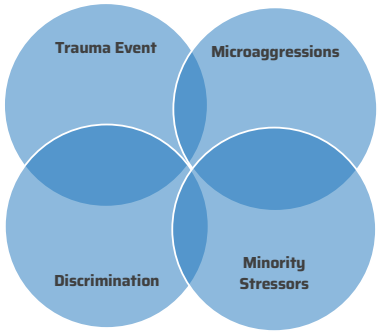
26

Lange, 2020

Trans-Affirmative Narrative Exposure Therapy (TA-NET)

A therapeutic framework for addressing trauma—and minority-related stressors.

- Incorporates protective events and gender identity development
- Evidence-based practice adaptation
- Time-Limited: 12-16 Weeks; 60-minute appointments



27

27

Lange, 2020

Trans-Affirmative Narrative Exposure Therapy (TA-NET)

Three Phases

Phase One: Constructing the timeline

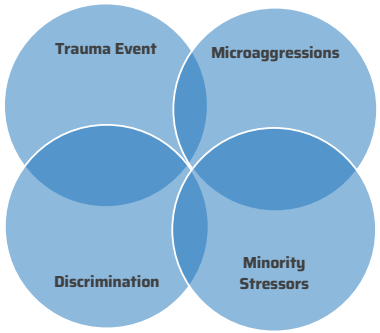
Sessions 1-2

Phase Two: Chapter narratives

Sessions 3-10

Phase Three: Completion and future goals (Termination)

Sessions 11-12



28

28

Healing Through Storytelling

I own my story now….I realize as I've been writing this that I'm not obligated to have my trauma take up so much of my story anymore.

I've gone through all of this. I'm here now. I want to move forward and now my journey continues.

I wanted to define who I am. There are all these good things about me and I feel proud of that.

I finally feel heard.

29

29

Bockting, Barucco, LeBlanc, Singh, Mellman, Dolezal, & Ehrhardt, 2019

Balancing Identity and Mental Health Concerns

- Sociopolitical climate can impact identity development
  - Perceptions of progress
  - Setbacks increase concerns about personal safety, safety of others, healthcare access, and sense of optimism about the future
  - State laws
- Mental health concerns may transcend issues of minority stress
  - Identify if/when identity discussions are a form of avoidance

30

30

Case Vignette

Monica (she/her/hers) identifies as female (male sex assigned at birth) and presents to her initial mental health appointment and notices a safe zone magnet behind the receptionist. The health center includes sexual orientation and gender identity questions on the registration forms.

During the biopsychosocial intake, Monica discloses feelings of nervousness, tension, and discomfort in public places. She denies a history of traumatic experiences and her symptoms only occur in public when she believes others are negatively judging her. The mental health provider confirms a previously given diagnosis of Gender Dysphoria but does not diagnose any other condition.

31

31

How was affirmative care demonstrated in this example?

What might you recommend for the initial treatment plan?

32

32

Case Vignette

Tyson (he/him/his) identifies as male (female sex assigned at birth) and has a primary treatment goal to abstain from alcohol. History is significant for withdrawal symptoms, legal involvement (3 DUIs), past failed attempts to decrease use on own, medical concerns ("fatty liver"), loss of employment, and other negative consequences. Current daily consumption reported to be 12+ beers and he is facing jail time from most recent DUI.

Considering individual factors and ASAM Levels of Care, Tyson was referred to a Substance Abuse Intensive Outpatient Program (IOP) in addition to Individual Therapy. After several weeks of participating in the IOP, Tyson has reported no change in substance use patterns and has missed several days of the treatment (both IOP and IT). Treatment plan reviews and attempts for accountability have consistently led to responses such as "you don't understand how hard it is to be trans*" and "I can't get sober until I learn more about who I am."

33

33

As the primary therapy provider, how do you balance identity concerns and problematic alcohol use?

34

34

Evaluations of Readiness (Hormone Replacement Therapy and Gender Confirmation Interventions)

35

35

WPATH, 2017, 2022

World Professional Association for Transgender Health (WPATH) Standards Of Care (SOC)

- WPATH is an international, multidisciplinary association
- Mission is to promote evidence-based care
- SOC are flexible clinical guidelines
  - In order to meet diverse health needs
  - Cultural context of individual
  - Available resources
- Focus is on ensuring individuals are adequately prepared with necessary information and psychosocial support to make the best decision for themselves.

WPATH
WORLD PROFESSIONAL ASSOCIATION FOR TRANSGENDER HEALTH

36

36

WPATH, 2017, 2022

Provider Competency Guidelines

- Master's degree or higher, with licensed credentials
- Familiarity with DSM 5
- Ability to recognize and diagnose co-existing conditions
- Formal training and experience with psychotherapy
- Knowledge of gender diverse identities
- Continuing education in assessment and treatment of gender dysphoria*
  - Ongoing consultation, as needed
- Discuss possible medical interventions
  - If applicable, prepare and refer for Hormone Replacement Therapy (HRT) or gender affirmation surgery

** This intermediate webinar session addresses the standard.*

37

37

WPATH, 2017, 2022

Gatekeeper Role

- Medical professionals referred to mental health.
- Assessments were done **to** people, not **for** them.
  - Mental health professional had power to determine one's true identity and life course.
    - **Gatekeeper Role**
  - Lack of trust towards mental health and medical providers.
- Sharing of information in trans* community.
  - Identify providers who would "easily" write letters.
  - Spread of misinformation and engagement in risky transition efforts.
- WPATH Guidelines helped to redefine purpose.

38

38

WPATH, 2017, 2022

Evaluations of Readiness

- Purpose:
  - Establish diagnosis of Gender Dysphoria.
  - Assess co-occurring mental health diagnoses
  - Determine if client has **capacity** to make a **fully informed decision** and to **consent for treatment**.
- Evaluation may lead to:
  - No diagnosis, formal gender dysphoria diagnosis, other diagnoses that describe client experience
  - Individualized recommendations
  - Refer for appropriate medical procedure, if appropriate

39

39

WPATH, 2017, 2022

How to Frame the Evaluation

- Diagnosis is a very sensitive issue.
  - History of being told they are "crazy"
- Explain the framework and be transparent
- Medical/surgical gender confirmation interventions often:
  - Have lifelong irreversible results
  - Are only one part of treatment for gender dysphoria
- Purpose is to prepare client for a successful post-procedure outcome as well as enhance emotional well-being.
  - **The whole person**

40

40

WPATH, 2017, 2022; Graham, 2013

Assessing Gender Dysphoria

- History and development of gender dysphoric feelings
- Impact of stigma on mental health
- Availability of support from family, friends, peers
- Evaluate psychosocial adjustment
- Assess, diagnose, and discuss treatment options for co-existing mental health concerns
  - Must be able to distinguish between gender dysphoria and other concerns
- Assessment Measures:
  - There are **no** standardized gender screening tools.
  - Majority of measures/screeners are not normed for trans* population.

41

41

APA, 2013, 2022

Diagnosing

- **Gender Dysphoria** – a marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months' duration.
  - Replaced Gender Identity Disorder
  - Pathologizing of identity/experience
    - Reminiscent of diagnoses for homosexuality, sexual orientation disturbance, ego-dystonic sexual orientation, and sexual deviance.

42

42

APA, 2013, 2022

Diagnosing

- Considerations:
  - Not all individuals who identify as Gender Diverse experience dysphoria.
  - The diagnosis has significant implications.
  - Several community-based prescribers/providers do not follow WPATH standards… and will proceed with gender confirmation interventions without evaluation of readiness.

43

43

Conditions to Rule Out

- Trauma reactions
  - Dissociative experiences
- Personality disorders*
  - Emotion dysregulation versus internalized stigma
- Mood disorders
- Body Dysmorphic Disorder/Eating Disorders
- Substance Use/Addictive Disorders
- Psychotic processes
- Delusional disorders

** Emotion dysregulation in an invalidating environment*

44

44

WPATH, 2017, 2022

Psychometric Testing

The use of psychometric instruments is not required to do a thorough evaluation.

- If you feel confident that you have obtained all the information you need through your clinical interview, there is no need to do psychometric testing.
  - There are **no** assessment measures that are psychometrically valid for diagnosing Gender Dysphoria.
- Possible Testing Scenarios:
  - Questionable cognitive competency to understand their decision-making — a Mini Mental Status Exam (MMSE) or neuropsychological testing might be helpful.
  - Questionable ability to comply with medical treatments.

45

45

WPATH, 2017, 2022

Criteria for the Evaluations

Hormone Replacement Therapy

- Age of majority (18+)
- Capacity to make informed decision and consent for treatment
- Well documented gender dysphoria
- Knowledge of risk/benefits/limitations of procedure
- If significant medical or mental health concerns are present, they are reasonably controlled

Gender Affirmation Surgical Interventions

- Same criteria for HRT
- HRT is not a pre-requisite for all procedures.
  - Genital surgery requires 12 continuous months of HRT and living congruently (unless clinically indicated).
- Aftercare plan, with available supports as needed

Specific WPATH SOC for Assessment and Treatment of Children and Adolescents with Gender Dysphoria

46

46

Bockting et al., 2006; Fraser, 2009a; Lev, 2009

Evaluation Considerations

- Stress interferes with the body's ability to heal.
  - Change and stress can exacerbate mental health symptoms, and cause an individual to de-compensate, or their situation to worsen.
  - Mental health concerns can be significant sources of distress and, if left untreated, can complicate the process of gender identity exploration and resolution of gender dysphoria.
    - Addressing these concerns can greatly facilitate the resolution of gender dysphoria, possible changes in gender role, the making of informed decisions about medical interventions, and improvements in quality of life.

47

47

Bockting et al., 2006; Fraser, 2009a; Lev, 2009

Evaluation Considerations

- Treatment compliance
  - Potential negative effects of inconsistent HRT
- Real-Life Experience (RLE)

48

48

WPATH, 2017, 2022

Real-Life Experience (RLE)

- Act of fully adopting new or evolving gender identity/role/expression in everyday life
  - Capacity to function in preferred/correct/identified gender as well as adequate social, economic, and psychological supports.
- WPATH does not require RLE.
  - Use of RLE prior to gender affirmation interventions must be individualized to client.
  - Consider the setting (e.g., military) – would this have been possible?

49

49

WPATH, 2017, 2022; Graham, 2013

Possible Results

1. Appropriate candidate for procedure with no co-occurring concerns that need to be addressed.
2. Appropriate candidate and there are concerns that medical staff need to know for best possible outcome (e.g., untreated PTSD, speaks another language).
3. Appropriate candidate but concerns need to be addressed concurrently with procedure.
   - Needs holistic and integrated treatment plan.
4. Significant concerns that are barriers to informed consent or barriers to positive outcomes.
   - Individual needs to be stabilized in identified areas prior to referral.
   - Time frame should be established.
   - May require individual to check-in periodically with provider
5. Not appropriate candidate, with explanation.

50

50

Feedback Session

- Restate purpose of evaluation for readiness
- Psychoeducation regarding minority stress and healthcare disparities
- Diagnostic impression(s)
- Concerns
- Recommendations and referrals

51

51

WPATH, 2017, 2022

Requests for Referral Letters

- Community providers/surgical teams
- Writing a summary letter to surgical team:
  - Document your credentials and relationship to client
  - Describe client's self-reported gender identity and history of dysphoria
  - List any co-occurring conditions and compliance with treatment plan
  - Specifically state client meets WPATH Standards of Care for referral
  - Outline any concerns
  - Overview client's motivation for the intervention
  - Detail client aftercare plans
  - Provide your contact information
- **Copy of full evaluation of readiness will usually suffice**

52

52

WPATH, 2017, 2022

Need to Include for Referrals

- **Summary:** "Based on this evaluation of readiness assessment and chart review, Client meets criteria for Gender Dysphoria. History supports the development of gender dysphoric feelings since childhood, which have persisted throughout life. Reported symptoms of gender dysphoria do not appear to have emerged from other stressors/mental health issues; evaluating clinician did rule out gender disturbances that may mimic gender dysphoria (TBI, psychosis, substance abuse, personality disorder cross-gender delusions/mania/depression, somatic illusions of cross gendered body, gender dysphoria secondary to trauma, transient stress-related identity instability, malingering)."

53

53

WPATH, 2017, 2022

Need to Include for Referrals

- **Capacity to Give Informed Consent:** "Client displayed no overt evidence of cognitive impairment that could interfere with decision-making. Clinical interview and chart review supports client capacity to give informed consent. Notably, psychodiagnostic assessment measures were not utilized due to a lack of appropriate norms for gender diverse individuals."

  "Client was administered the Mini-Mental Status Examination (MMSE), a brief measure to assess cognitive functioning (Orientation, Registration, Attention and Calculation, Recall, Naming, Repetition, Comprehension, Reading, Writing, and Drawing). They achieved a score of 30/30 indicating 'normal cognition.' Information gained from MMSE, clinical interview, and chart review supports client capacity to give informed consent."

54

54

WPATH, 2017, 2022

Carry Letters

- A brief letter stating that identification documents may not match due to gender affirmation under professional supervision
  - No guarantees but helpful
  - This diagnosis would have to come from the medical provider

55

55

WPATH, 2017, 2022

Carry Letters Example

(DATE)

To Whom it May Concern:

(ABC), Chosen Name, also known as (XYZ), Birth Name, is currently under my mental health care for a condition that requires them to present themselves in public in a gender that is not consistent with their legal identification documents. (Chosen Name) received a DSM-5 Diagnosis of Gender Dysphoria on (Date of Evaluation of Readiness). If you have any questions or need to confirm this, I can be contacted at (Phone Number/Contact Information)

Thank you in advance for treating my client with dignity and respect.

This letter expires on (6 months from DATE).

56

56

Evaluation of Readiness FAQ

- **How long of a period of RLE is required?**
  - WPATH guidelines do not require RLE.
- **Is a psychotic disorder a contraindication of hormones?**
  - Not necessarily if the client's desire to transition is not influenced by delusions.
  - Must have a demonstrated history of treatment compliance and have capacity to give consent.
- **What if a referral does not have significant distress but does desire to transition?**
  - If they don't meet criteria for Gender Dysphoria and all other conditions are ruled out, then a diagnosis of Other Specified or Unspecified Gender Dysphoria could be considered.
  - Readiness for pursuing a permanent medical decision still needs to be evaluated.

57

57

Keo-Meier & Fitzgerald, 2017

A level of competence above and beyond providing care with the general population is necessary for an accurate and ethical evaluation of readiness.

58

58

Case Vignette

Max (he/him/his) identifies as transmale (female sex assigned at birth) has been living publicly full time as a man for 3 years. Max was prescribed masculinization hormones 4 years ago by a community primary care doctor and did not receive an evaluation of readiness.

Max acknowledges a history of non-compliance with hormone regimen which includes: 1) disposing of medication in a "fit of rage" twice due to frustrations about perceived slowness of physical changes, 2) doubling of testosterone dosage after reading an internet forum about how to achieve "faster results,, and 3) supplementing his prescription with mail order testosterone injections from other countries. Max has no contact with family of origin and a limited support system beyond internet chat groups. Max presents to you indicating a surgeon would not perform a mastectomy ("top surgery") without a referral letter.

59

59

What concerns do you have?

What recommendations would you make for Max?

60

60

Psychodiagnostic, neuropsychological, etc.

61

61

Lytle, Vaughan, Rodriquez, & Shmerler,, 2015; Cohen-Kettenis and Gooren, 1999

History of Assessments

- In the past, psychodiagnostic assessments were considered a standard of care…
- Biased measures:
  - Utilized heterosexual and cisgender reference groups as the norm led to overpathologizing
    - Fueling stigma and bias against Transgender people
  - Uninformed interpretations had significant and negative consequences (e.g., custody disputes).
    - Example: MMPI-2 interpretations had significant implications. Compared with cisgender norms, elevations were reported on almost every scale in transgender samples.

62

62

Keo-Meier & Fitzgerald, 2017

Gender Affirmative Model (GAM) of Testing

- **Gender diversity is a natural variation of the human experience**.
  - Includes consideration of cultural factors.
  - Gender is nonbinary and may be fluid.
- Gender diverse identities are **not** a mental disorder.
  - If there is pathology, it may be in response to environmental factors and/or minority stress.
  - Gender dysphoria is included in the DSM in order to **access** gender affirmation interventions.
  - Not all transgender/gender diverse individuals experience gender dysphoria
- Assessment results suggesting mental health diagnoses should be scrutinized in context of history, current stressors, sociopolitical climate, internalized stigma, etc.

63

63

Lytle, Vaughan, Rodriquez, & Shmerler,, 2015; Cohen-Kettenis and Gooren, 1999

Selecting Measures

- Recognize there are **no** known assessment measures (intelligence, achievement, aptitude, personality, neuropsychology) that are normed for transgender and gender diverse populations.
- Considerations:
  - Review for language, terms, or assumptions that may be embedded in measures
    - Also applies to sexual orientation
  - Impact of hormone therapy on mood and cognition
  - Minority Stress Model and Internalized Stigma
  - Recognize that transgender and gender diverse populations tend to be overdiagnosed.

64

64

Keo-Meier & Fitzgerald, 2017

A level of competence above and beyond assessment with the general population is necessary for an accurate and ethical interpretation of test data of transgender clients.

65

65

Case Vignette

Heather (she/her/hers) identifies as female (male sex assigned at birth) and recently engaged in suicidal self-injurious behavior via overdose (benzodiazepines and alcohol) following a sexual assault.

Currently, she is receiving care at an inpatient psychiatric facility where she was hospitalized after the attempt; room assigned on male ward. Staff have expressed concerns due to observed paranoia, emotional reactivity, unwillingness to interact with other residents, anger outbursts, and appearance of talking to self.

Her lack of engagement in care has led to extension of involuntary hospitalization. Diagnostic clarification testing referral was sent to staff psychologist with rule outs for psychotic disorders and Borderline Personality Disorder.

66

66

What assessment measures would you use?

What steps would you take to care for Heather?

67

67

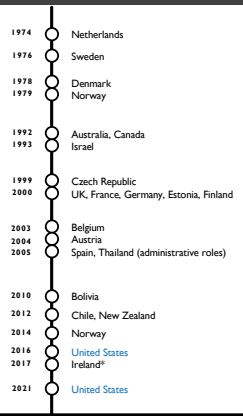
68

68

LeBlanc, 2017; International Gay and Lesbian Association

International Transgender Open Service

- Global progress towards military open service for transgender personnel.
  - 21+ countries
    - Australia, Austria, Belgium, Bolivia, Canada, Chile, Czech Republic, Denmark, Estonia, Finland, France, Germany, Ireland, Israel, the Netherlands, New Zealand, Norway, Spain, Sweden, Thailand, and the United Kingdom
  - Some countries have never had a ban (e.g., Ireland).



69

69

Kauth & Shipherd, 2016; National Women's History Museum, 2023; Mattocks, Kauth, Sandfort, Matza, Sullivan, & Shipherd, 2013

US Transgender Service History

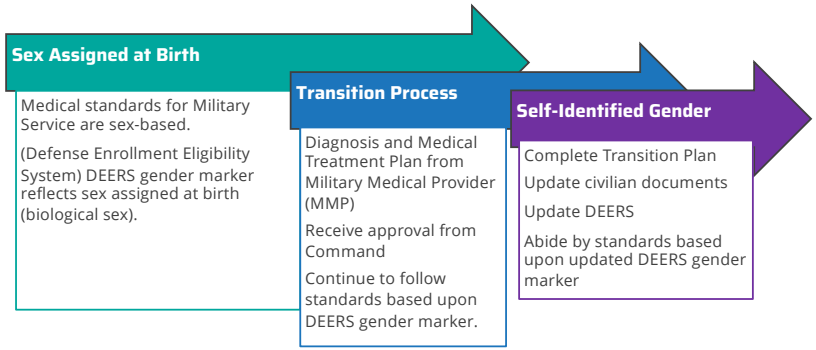
- **1960:** Ban on Transgender Military Service
- **2016:** Ban lifted
  - Transgender people can serve openly in the military
- **2019:** Ban reinstated
  - Limitations on accession and retention
- **2021:** Ban lifted
  - Transgender people can serve openly in the military

70

70

DoD, 2016; DoD Instruction 1300.28: In-Service Transition for Transgender Service Members, 2021

Current Military Service Transition Process



71

71

DoD, 2016; DoD Instruction 1300.28: In-Service Transition for Transgender Service Members, 2021

Current Military Service Transition Process

- Must maintain standards for gender marker listed in DEERS (Defense Enrollment Eligibility System)
  - Determines uniform and grooming standards, body composition assessment, physical readiness testing, bed assignments, etc.
  - An approved, and completed, Medical Treatment Plan (MTP) needs to occur prior to updating DEERS.
    - Requires approval by both Military Medical Provider and Command.
    - Requires Real Life Experience (RLE).
      - Not a WPATH Standard of Care requirement.
  - Transition efforts do not meet criteria for Limited Duty (LIMDU) designation and Service Member must maintain deployability standards.
    - Temporary accommodations are permissible.

72

72

DoD, 2016; DoD Instruction 6130.03: Medical Standards for Military Service: Appointment, Enlistment, or Induction, 2022; Selective Service System, 2023

Unique Care Considerations

- Gender transition while serving in the military presents unique challenges associated with addressing the needs of the Service member in a manner consistent with military mission and readiness.
  - The Commander is responsible and accountable for the overall readiness of their command.
- Difference between accession medical standards (entering the military) and retention standards (remaining in the military, transition during service).
  - For example: injectable hormones are still considered a disqualifying condition.
- DoD does not refer to WPATH Standards of Care for clinical guidance.
- Diagnosis and treatment must be established by a Military Medical Provider.
  - Commander is a key figure.

73

73

DoD, 2016; DoD Instruction 6130.03: Medical Standards for Military Service: Appointment, Enlistment, or Induction, 2022; Selective Service System, 2023

Sex-Based Standards Remain

- Binary system
  - There are no separate standards for Transgender Service Members.
  - Social transition, in the military context, is restricted to after duty hours.
    - For those who do not desire gender affirmation interventions (HRT, surgery) there are currently no guidelines for non-binary or gender diverse identities.
- Individuals who are born male must continue to register for the Selective Service, regardless of gender identity or transition status.

74

74

Case Vignette

You are a civilian behavioral health provider who specializes in military populations. You often deliver therapy services to family members of active-duty service members and collaborate frequently with Military Providers to coordinate care; however, your role is *not* to evaluate fitness for duty for military personnel.

Sierra (she/her/hers) identifies as a cisgender female and has been married to her active-duty spouse, Dan, for 10 years. Sierra sought therapy services with you due to marital stressors that have led to depressive symptoms. Recently, Sierra revealed that Dan disclosed identifying as a transwoman but does not plan to pursue gender transition at this time. (Notably, Dan asserts an ongoing commitment to the marriage, indicating that sexual orientation is still based upon attraction towards women.) Sierra expressed feeling overwhelmed due to a lack of knowledge about transgender identity and asks you if she needs to report this to Dan's military command.

75

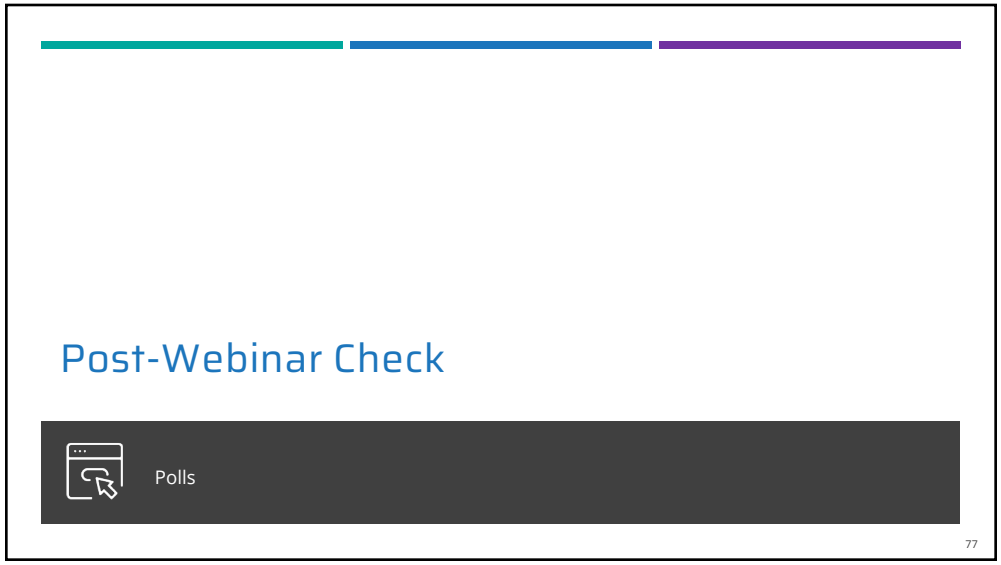
75

How do you respond?

What are your requirements for confidentiality?

76

76


Post-Webinar Check
Polls
77

77


Poll
I understand and can explain the difference between sexual orientation and gender identity.
Strongly Disagree, Disagree, Neither Agree or Disagree, Agree, Strongly Agree
78

78


Poll
I am familiar with the practice and competency guidelines for providing transgender specialty services.
Strongly Disagree, Disagree, Neither Agree or Disagree, Agree, Strongly Agree
79

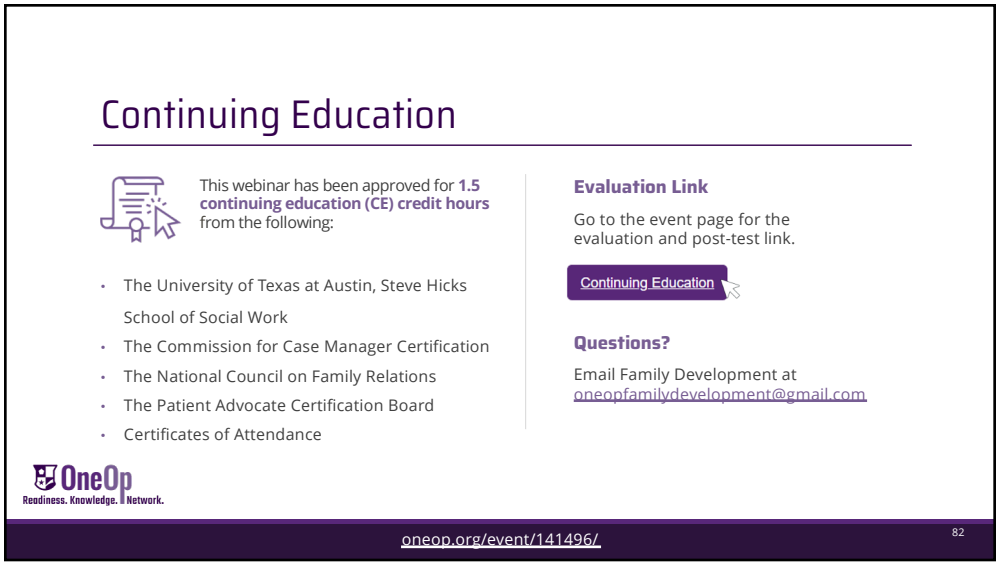
79


Short Answer Response
What is one thing you can do to integrate affirmative care principles into your clinical practice?
Share in the chat-pod.
80

80


Photo by Gustav
Questions?
Closing Comments?
Dr. Tiffany Lange, PsyD LCP
Licensed Clinical Psychologist
Pronouns: she/her/hers
81

81


Continuing Education
This webinar has been approved for 1.5 continuing education (CE) credit hours from the following:
The University of Texas at Austin, Steve Hicks School of Social Work
The Commission for Case Manager Certification
The National Council on Family Relations
The Patient Advocate Certification Board
Certificates of Attendance
Evaluation Link
Go to the event page for the evaluation and post-test link.
Continuing Education
Questions?
Email Family Development at oneopfamilydevelopment@gmail.com
OneOp
Readiness. Knowledge. Network.
oneop.org/event/141496/
82

82

Upcoming Webinar

Preparing Adults to Be the People Military-Connected Youth Deserve in Their Lives

Learn how adult relationships play a critical role in young people's lives, both to support healthy development and to help young people recover from complex lives.

Continuing education credit available!

RSVP on the webinar event page!

OneOp
Readiness. Knowledge. Network.

oneop.org/event/141486/

83

83

Military Family Readiness Academy

June 2023

The 90-minute asynchronous course will equip service providers with the skills to discuss, identify, and connect families to resources to reduce the prevalence of food insecurity among military families

June 7: This panel discussion will provide service providers with program eligibility information and resources on accessing food security programs.

June 28: Facilitators will guide service providers through finding and assessing existing food security programs and partnerships, identifying gaps, making connections with other providers, and leveraging local Extension offices and programs, to create an actionable strategy to improve the food security of military families.

oneop.org/mfra/foodsecurity/

Military Families and Food Security
A Call to Action

84

Military Family Readiness Academy

June 2023

- Self-paced course for all disciplines
- Live learning events with experts
- Engagement opportunities with colleagues
- Free continuing education credits

OneOp.org/MFRA/FoodSecurity

MILITARY FAMILY READINESS ACADEMY

Military Families and Food Security
A CALL TO ACTION

85

85

Subscribe and Stay Connected

Mailing List
- Upcoming events
- New blog posts
- Free CE opportunities
- Support resources

Topics of Interest
- Family strengthening
- Early intervention
- Prevention and treatment of family violence

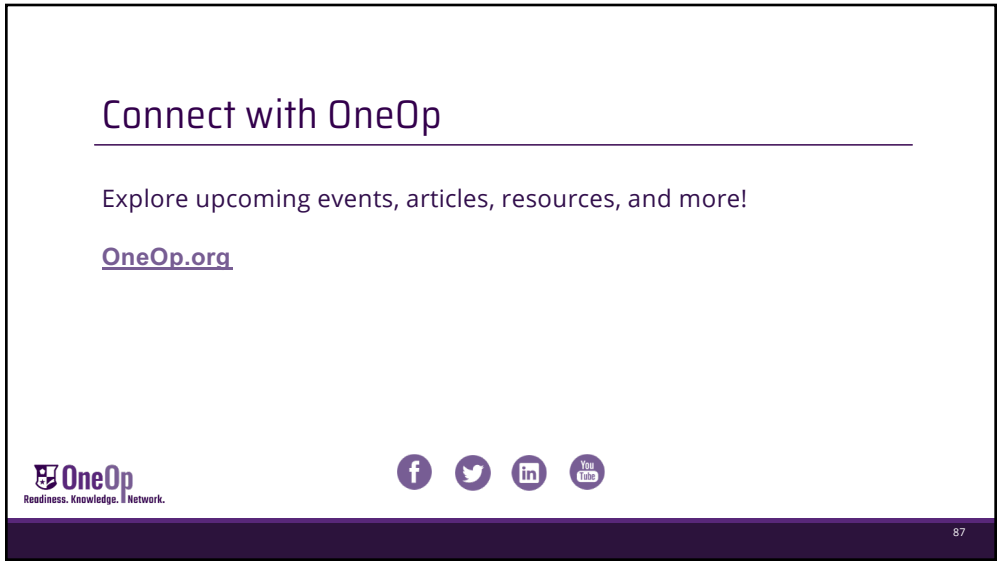
Subscribe and Follow!

OneOp
Readiness. Knowledge. Network.

OneOp.org/family-development

86

86


Connect with OneOp
Explore upcoming events, articles, resources, and more!
OneOp.org
OneOp
Readiness. Knowledge. Network.
87

87