

**Recommendations for Mental Health Professionals
working with Transgender Persons**

Document outline

Introduction

- I. Definitions**
- II. Principles of working with Transgender Persons**
- III. Good Practice**
 - A. Awareness About Gender Nonconformity**
 - B. Trans Mental Health**
- IV. Working with Adults Who Present with Gender Dysphoria**
- V. Tasks Related to Assessment and Referral**
- VI. Tasks of Mental Health Professionals**

Conclusion

Relevant Readings

The recommendations in this document are intended to raise awareness about transgender individuals, help mental healthcare providers understand and address issues related to transgender people, and assist in providing effective treatment and care of transgender persons. Its goal is to promote transgender-competent mental healthcare in providing individualized, comprehensive care to gender dysphoric, gender variant, transgender and transsexual people or those with gender related issues. We aim to assist mental healthcare providers in building confidence and knowledge in their role as a supporter and facilitator working with transgender individuals.

One of the roles of mental health professionals is to provide the opportunity for individuals to explore and discuss their gender identity freely and without prejudice. For transgendered people, this support is crucial to their informed decision-making regarding their transition and treatment options. Also, families and circles of transgender people may seek assistance of mental health professionals for trans-specific or more general concerns.

I. Definitions

Sex is defined by a number of biological characteristics that categorize the person as male or female. Examples of such indicators are external genitalia, internal reproductive organs and sex chromosomes. A person's sex is assigned to them at birth. Some people are born with characteristics that do not conform to either gender and are thus referred to as intersex. The expression "disorder of sex development" is used in order to differentiate between intersex people and gender non-conforming people.

Gender Identity refers to a person's psychological identification as male, female; or, less commonly, both or neither gender. Gender identity is formed throughout each person's early life and is affected by parental upbringing and societal factors as well as biological factors that may reinforce or refute this identity.

A transsexual person identifies with a gender that is different than the one assigned to them at birth. This is accompanied with discomfort about their own sex caused by the discrepancy between their anatomy and their internal body image. In some cases, transsexual people might wish to have

hormonal treatment and/or surgery to make their bodies as congruent as possible with the preferred image in which they perceive themselves.

The most common forms of transitions are Transfeminine, commonly referred to as Male To Female (MTF) or Transmasculine, Female To Male (FTM). In other less common cases, people can identify with other non-binary identities or regard themselves as a-gender or gender-free meaning that they do not identify with any gender.

Transgender is a term referring to all people whose gender identities and gender presentations are incongruent. This term is inclusive of intersex people, cross-dressers, transvestites and other gender nonconforming identities.

Gender Dysphoria is the condition in which a person's discrepancy between their gender identity and sex causes them a high level of distress and anxiety. In some cases, this distress motivates people to explore their gender identity further and wish to undergo transition from one point on the gender spectrum to another.

Gender dysphoria can be treated through different forms of psychotherapy that help the person come to terms with their gender identity and adopt a gender expression that is comfortable for them.

Gender dysphoria is not however classified by the DSM-5 as a sexual dysfunction.

Not all trans* and gender nonconforming people go through gender dysphoria and some of them might experience it at some point in their lives.

Gender nonconformity refers to the behavior, expression or appearance of a person, which do not conform to the societal norms expected for their gender in notions such as femininity or masculinity. The gender identity, role and expression of gender nonconforming people are regarded as subversive than the ones prescribed for their sex. Some, but not all, gender nonconforming people experience gender dysphoria.

Sexual Orientation refers to the gender or sex to which a person is emotionally, sexually and/or relationally attracted to in others. Sexual orientation can include attraction to people of the same sex or gender (homosexual), people of the opposite sex or gender (heterosexual) or to people of

multiple sexes or genders. A person's sexual orientation does not necessarily fall under such definable categories and could be expressed through sexual fluidity.

Gender Expression is the characteristics that a person exhibits in order to express his or herself as identifying with a specific gender. These characteristics are mostly cultural such as clothing, interests, and communication patterns. A person's gender expression does not necessarily reflect his or her gender identity or sexual orientation.

Gender variant people and gender nonconforming people do not necessarily have gender dysphoria as the population shows great diversity. Also, it is not necessary for a gender nonconforming person to wish to change their gender or go through any transition.

Increasing numbers of individuals now present at an earlier stage in life; equally there are many who may have lived with their dysphoria for decades before feeling confident enough (or having the opportunity) to seek to resolve their issues. Gender variance knows no social, ethnic, religious or socioeconomic boundaries but is likely to be more hidden in some cultures than in others.

In Indonesia for example, a term was created referring to biological men who believe they were born with the souls of women. "Waria" is a term mixing two Indonesian words: "wanita" ("woman") and "pria" ("man"). As a group, warias are diverse; encompassing people more internationally referred to as cross-dressers, transsexuals, drag queens, and gender nonconforming men.

Due to several factors related to perception of self and body image and gender, further investigation may detect psychological issues. However, it is important to note that gender dysphoria and transsexualism are not considered in themselves mental illnesses.

The process of identifying and/or transitioning gender is usually accompanied with personal and social pressure that could lead to clinically significant distress or other disorders.

Identifying and managing these psychological aspects require mental health professionals with specialized experience of the field.

II. Principles of working with Transgender Persons

Working with individuals who identify as transgender requires a set of skills and knowledge in order to be able to ensure support:

- **Respect:** Avoid negative connotations or attitudes when dealing with differences in gender identity or expression; avoid referring to them as pathological. It is also very important to ask a person what name, gender and pronouns they would like to be addressed with.
- **Support:** Adopt a nonjudgmental approach in order to establish confidence in the patient's gender identity and relief distress of gender dysphoria, if present.
- **Individualized assessment:** Tailor interventions according to the specific needs of every patient in achieving their goals.
- **Research:** Gather as much information as possible about the health care needs of transsexual, transgender and gender nonconforming people in order to provide the most efficient interventions.
- **Referral:** Orient the patient to specialized and welcoming/friendly/understanding healthcare providers and services for them to access the appropriate care for their needs.
- **Informed consent:** Make sure that the patient is aware of all the treatment process before consenting to go through with it.
- **Family support:** Family and community members of the patient often have concerns or even personal struggles in regard to their gender identity and/or appearance in the eyes of society. It is beneficial to keep a certain level of follow up with them in order to ensure a smooth process for everyone involved.

III. Good Practice

A good practice model is tailored to each individual in treatment. It recognizes the wide diversity in self-expression and clinical needs that vary between each patient and offers a range of choices and individualized care. In particular, when discussing gender, adopting preconceived ideas may lead the clinician to opt for a certain treatment process that is not adequate for the patient's needs.

A. Awareness About Gender Nonconformity

Although no formal guidelines exist in Lebanon for trans medical care, it is the responsibility of mental healthcare providers to educate themselves about trans issues. Many people do talk openly about their experience of being trans in the hope that it can provide information that improves the quality of care for other trans people.

Terminology related to transgender and gender nonconformity is relatively new. Understanding the language used by trans people can be hard to discern. Especially given that this language is still constantly changing and evolving as trans people are becoming more aware of the similarities and differences between identities and experiences.

In order to make communication more efficient, it is best for the clinician and the patient to agree on the terms and key concepts that come up while tackling gender related topics. (e.g., gender, sexual orientation, transsexuality...). It is thus necessary to steer away from stereotypical conceptions around gender and transgender people.

B. Trans Mental Health

The number of people who question their gender identity, or have done so at some point during their lives, is unknown. Only some data can be found on those who have gone through surgical sex reassignment. Gender related questionings can affect people of all ages and are sometimes repressed until late adulthood.

Gender variance is often confused with questionings on sexual orientation and is assumed to be a manifestation of homosexuality. In some other cases, people who have sought treatment for substance misuse, self-harming behavior or eating disorders, may find that these issues are symptomatic of underlying gender concerns.

All of the above make gender a sensitive topic to deal with, whether clinically or socially. It is thus necessary for all relevant services to include healthcare providers (social workers, psychotherapists, psychiatrists, general practitioners and others) that are trained on the specific needs and circumstances of transgender people.

In Lebanon, there is a lack of services specific to these needs. This deficit is also found in information, awareness and research around the topics of gender nonconformity and gender dysphoria.

In order to support trans people in improving their mental health, it is necessary that healthcare professionals themselves become advocates of transgender issues especially the ones relating to service provision. Specialized strategies need to be developed and implemented in order to make these services more accessible, keeping into account the barriers that transgender people face in accessing them.

The source of these barriers varies from legal procedures, to the lack of trans specific services and even sometimes, to dealing with healthcare staff. Below are some of these barriers:

Forms and paperwork: In some centers, beneficiary files are separated into male files and female files which might get confusing for transgender clients and for the staff. Also, application forms may not always include health concerns that trans people might have. It is important for client forms to be inclusive of all genders,

Administrative procedures: For insurance, Social Security, billing and other official purposes, the client is obligated to report their birth name instead of their chosen name. This might be distressful for many people especially the ones who do not wish to disclose of the gender assigned to them at birth.

Pronouns: It may be unclear to staff which pronouns (he/she, him/her) to use when speaking to or about a transgender client. The only way for staff to know which pronouns to use is to politely ask the client what pronoun they would like to be referred to with. Formal applications also need to have a space for preferred pronouns.

Pressure to explain oneself: in some cases, healthcare staff might be unaware of trans specific needs. This might make the client feel like they must educate their providers. This process can get tiring to the person especially when they are asked to explain issues that are related to their identity and not to the medical issue at hand.

Discrimination: Some providers may be very hostile towards transgendered people. Discrimination might be expressed through deprecating remarks, stigmatizing misconceptions, providing inferior or delayed care or even refusing care to someone based on their gender.

It is important to note that only trans people themselves can assess the efficiency of services and the relevance of the strategies put in place to make service provision more accessible; given the wide diversity in requests, needs and experiences between people.

A clinician must thus be fully aware of all gender related notions and theories in order to play an effective role. These notions include the internal processes of a gender nonconforming individual as well as the dynamics with their family and loved ones and their issues as members of society.

Many transgender people report having faced negative experiences with health professionals, especially in situations where mental health follow-up was mandated as part of treatment. Different forms of treatment may include:

- Hormone replacement therapy: the treatment in which sex hormones are administered for the purpose of synchronizing a person's secondary sexual characteristics with their gender identity.
- Surgical sex reassignment: the surgical procedures by which a person's sexual characteristics are altered and aligned with their gender identity.

These information guidelines aim to improve clinical resources for mental health professionals. However, a holistic approach must be adopted when dealing with transgender health. It is thus necessary for healthcare professionals committed to working on transgender issues in Lebanon to form a network of referral aiming at providing interdisciplinary care and most efficient outcomes.

IV. Working with Adults Who Present with Gender Dysphoria

There is a variety of interventions that mental health professionals might adopt when answering the demand of transsexual, transgender or gender nonconforming individuals or their families. The client may be in need for psychotherapy, a consultation, an assessment or education.

It is thus important for the professional to determine the client specific reasons for seeking assistance and to agree with them on the terms of their request. For example, a client may be presenting for any combination of the following health care services: psychotherapeutic assistance to explore gender identity and expression or to facilitate a coming-out process; assessment and referral for medical interventions; psychological support for family members; psychotherapy unrelated to gender concerns; or other professional services.

Below are general guidelines for common tasks that mental health professionals may fulfill in working with adults who present with gender dysphoria. In cases where the patient is a teenager, their parents might be more involved in their lives and thus in their treatment process. In this case, the below guidelines of care apply with the addition of thorough follow up with the parents which might include family counseling, couple counseling and other services such as providing the correct information in order to ease the process on everyone involved.

V. Tasks Related to Assessment and Referral

1. Identify Gender Dysphoria: as mentioned above, it is not necessary for every person exploring his or her gender identity and expression to be dealing with gender dysphoria. It is thus important to conduct a person centered assessment before suggesting the optimal treatment process for their case.
2. Provide treatment options: inform the patient of all processes and implications regarding options for dealing with gender identity and expression and all possible medical interventions.
3. Manage mental health concerns: Assess, diagnose, and discuss treatment options for coexisting mental health issues that may or may not be related to gender identity.
4. If applicable, assess eligibility, prepare, and refer for hormone therapy.
5. If applicable, assess eligibility, prepare, and refer for surgery.

VI. Tasks of Mental Health Professionals

The role of mental health professionals is to support the patient and facilitate their process of gender exploration as much as possible. A wide range of approaches and treatment choices should thus be presented to the patient in order to enable them to form a clear conception of their gender identity and expression and of the pathways they wish to make for their transition, should the need for it arise.

Other tasks may be requested of mental health professionals that would contribute in easing the process of exploration and/or transition. Such tasks may be:

1. Educating and advocating on behalf of clients within their community (schools, workplaces, other organizations).
2. Assisting clients with making changes in identity documents or other official procedures.
3. Referring the patient to peer support: contact with gender variant peers may help the patient feel more at ease with the range of gender expressions that vary from one person to another. Witnessing other people's experiences may also give the patient clarity on the treatment choices they would feel more comfortable with.

It is also the responsibility of mental health professionals to know when to refer. If they find that they are uncomfortable or inexperienced in working with transsexual, transgender or gender

nonconforming individuals, they should refer patients to trusted coworkers or consult with an expert peer before taking on the treatment.

Conclusion

Confronting gender issues often comes with fear, shame and social alienation, which may lead to feelings of hopelessness. Exploring one's gender identity takes courage and persistence as it includes defying deeply rooted family and social norms. While some people may choose to go through this exploration on their own through personal research and readings or may be comfortable addressing their peers or close surroundings, other people may seek professional mental health assistance.

The role of the mental health professional may vary throughout the course of one patient's treatment. There might be a need for education, counseling, advocacy, psychotherapy or social support.

It is important for mental healthcare providers to be welcoming of transgender people and their loved ones within their services, given the lack of empathic, clinically competent care that they face in Lebanon.

Once they have developed effective methods and strategies to deal with transgender people, mental health clinicians can have a significantly positive influence in supporting them to build resilience to heal from and adapt with societal stigma, promoting healthy psychosocial development, and facilitating timely treatment of mental health concerns.

Relevant Readings

- Erickson -Shroth, L. (2014). *Trans bodies, trans selves: A resource for the transgender community*. New York: Oxford University Press.