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Providing Mental Health Care for Youth with Non-Binary Gender Identities

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Learning Objectives

- Understand the diversity that exists among youth with non-binary gender identities, including non-binary pronouns and other terminology;
- Describe social determinants of health experienced by youth with non-binary gender identities;
- Acquire specific best clinical practices related to mental health care for youth with non-binary gender identities.

Providing Affirmative Care for Patients with Non-binary Gender Identities

PDF available for free download at
www.lgbthealtheducation.org.

Sex and Gender

- Often used synonymously
- Understanding increasingly divergent
- Sex relates to one's biology (anatomy, genes)
 - Male or Female
 - Intersex, Indeterminate, Unspecified
- Gender refers to the attitudes, feelings, and behaviors that a given culture associates with a person's biological sex
 - Increasingly Expansive Perspectives
 - Girls and Boys, Women and Men
 - Feminine and Masculine
 - Cisgender (Not Transgender) and Transgender

Terminology

Transgender

A person whose gender identity does not match the gender they were assigned at birth.

Note: "Trans" is often used as an umbrella term for a wide variety of identities.

Gender Non-binary

A person whose gender identity does not fit within the socially defined binary of man or woman.



Genderqueer

A person who does not identify with the normative gender identities of male or female, similar to gender non-binary.

Agender

A person who does not identify with any gender identity or does not experience having a gender.

Cisgender

Someone whose gender identity aligns with their assigned gender at birth.

<http://confi.co/what-is-gender/>



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Overlapping Transgender and Non-binary Identities

- In 2013 community survey of 452 transgender adults, 40.9% endorsed non-binary gender identity.

Keuroghlian *et al.* (2015)

Terms

- **Gender fluid** Describes a person whose gender identity is not fixed. A person who is gender fluid may always feel like a mix of the two traditional genders, but may feel more one gender some of the time, and another gender at other times.
- **Gender non-conforming** Describes a person whose gender expression differs from a given society's norms for males and females.
- **Non-binary** Describes a person whose gender identity falls outside the traditional binary gender paradigm. Sometimes abbreviated to NB or “enby.”



Terms

- **Pangender** (adj.) Describes a person whose gender identity is comprised of many genders.
- **Two-Spirit** (adj.) Describes a person who embodies both a masculine and a feminine spirit. This is a culture-specific term used among Native American people.
- **Agender** (adj.) Describes a person who identifies as having no gender.
- **Bigender** (adj.) Describes a person whose gender identity is a combination of two genders.

Gender Pronouns

Please note that these are not the only pronouns. There are an infinite number of pronouns as new ones emerge in our language. Always ask someone for their pronouns.

Subjective	Objective	Possessive	Reflexive	Example
She	Her	Hers	Herself	She is speaking. I listened to her. The backpack is hers.
He	Him	His	Himself	He is speaking. I listened to him. The backpack is his.
They	Them	Theirs	Themselves	They are speaking. I listened to them. The backpack is theirs.
Ze	Hir/Zir	Hirs/Zirs	Hirself/ Zirself	Ze is speaking. I listened to hir. The backpack is zirs.

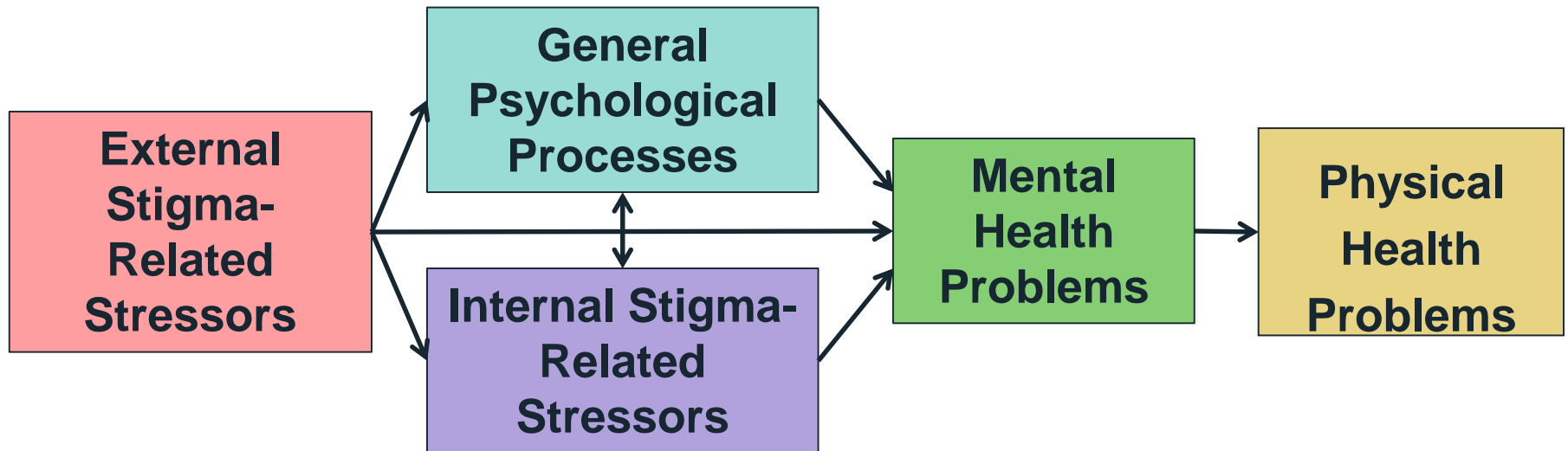
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 Trans Student Educational Resources

Gender Minority Stress Framework



Discrimination and Trauma

- Internalization of gender-related stigma through everyday discrimination experiences;
- Significant minority stress can lead to worsening psychological health;
- Development of traumatic stress responses from multiple acts of discrimination based on gender identity and other stigmatized identities (e.g. minority race, SES, age).

Intersecting Discriminatory Experiences

- Among 452 transgender people in Massachusetts:
 - Mean # of discriminatory attributions was 4.8
 - Five most frequently reported reasons for discrimination were:
 - Gender identity and/or expression (83%)
 - How masculine or feminine you appear (79%)
 - Sexual orientation (68%)
 - Sex (57%)
 - Age (44%)

(Reisner et al., 2016)

Everyday Discrimination Experiences

- Factors predicting everyday discrimination scores:
 - MTF spectrum gender identity
 - Person of Color
 - High visual gender non-conformity
 - Greater number of attributed reasons endorsed for discrimination



(Reisner et al., 2016)

Factors Associated with Higher PTSD Severity

- Higher everyday discrimination
- Greater number of attributed reasons for discrimination
- Social gender transition
- High visual gender non-conformity



(Reisner et al., 2016)

Factors Associated with Lower PTSD Severity

- Younger age
- FTM spectrum gender identity
- Medical gender affirmation



(Reisner et al., 2016)

Gender Minority Stress and Substance Use

- Psychological abuse among transfeminine people as a result of non-conforming gender identity or expression is associated with:
 - 3-4x higher odds of alcohol, marijuana, or cocaine use
 - 8x higher odds of any drug use
- Among transfeminine youth, gender-related discrimination is associated with increased odds of alcohol and drug use.
- 35% of people who experienced school-related verbal harassment, physical assault, sexual assault, or expulsion reported using substances to cope with gender non-conformity-related mistreatment.



Suicidality among Sexual and Gender Minority Youth

- Compared with peers, these youth are more likely to:
 - report suicidal ideation (x 3)
 - attempt suicide (x 4, with 30-40% prevalence)
- Questioning youth more likely to experience depression or suicidality than LGBT-identified peers



Homelessness

- Youth commonly describe becoming homeless after running away from families who reject them because of their gender identity.
- Many also report being forced out by their family, despite preferring to stay home, after disclosing their gender identity.
- Teenagers may be evicted by caretakers who reject them for gender non-conforming behaviors even before they have verbally disclosed their non-binary gender identity.



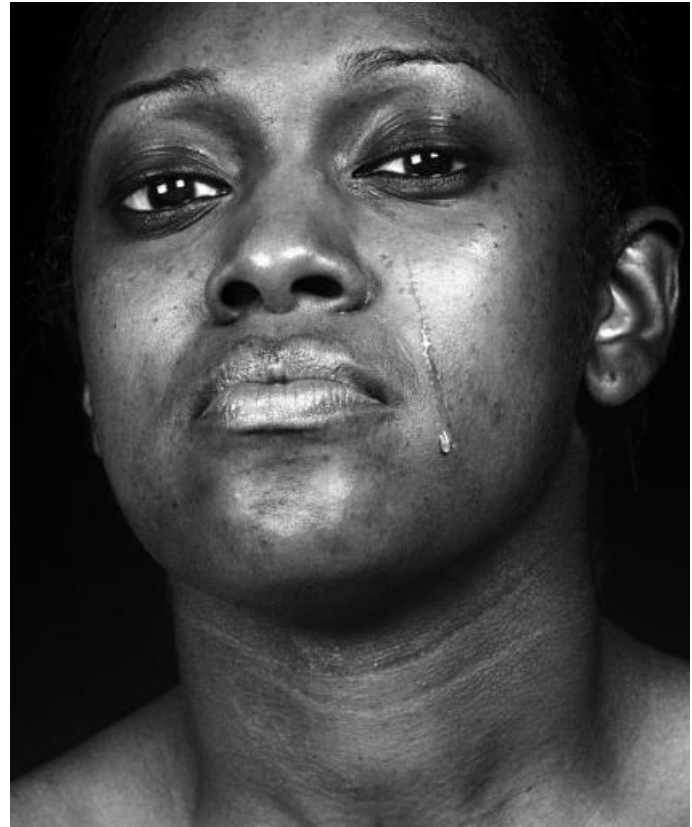
DSM-5 Gender Dysphoria (F64._)

- A. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months duration ...
- B. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning, or with a significantly increased risk of suffering, such as distress or disability

.1 adolescence & adulthood .8 other gender identity disorders .9 unspecified

Gender Identity and Co-occurring Psychiatric Disorders

- Often impede gender identity exploration and alleviation of distress.
- Need to stabilize co-occurring psychiatric symptoms for facilitation of gender identity discovery and affirmation.
- WPATH guidelines for reasonable control of co-occurring disorders.



Gender Diversity

- Cannot assume fluctuations in gender identity over time could only result from psychiatric instability.
- Gender identity often fluid and evolves naturally over time.
- Some people live most comfortably part-time in alternating masculine and feminine gender roles.

Gender Diversity

- Fluctuating gender presentation may be prolonged process of gender identity exploration until transitioning full time to a single gender expression.
- In other cases, people feel most comfortable with fluid gender expression that fluctuates long-term without needing to settle on one permanent gender expression.

Gender Diversity

- Gender is non-binary and not restricted to either masculine or feminine categorical states.
- Youth may have an intrinsically non-binary gender identity and may not yet have developed conceptual framework, language, or self-awareness to describe this.

Role of Behavioral Health Clinicians in Gender Affirmation Process

- Fostering gender identity discovery and adjustment
- Presenting appropriate non-medical and medical strategies for gender affirmation
- Assistance in making fully informed decisions regarding personalized gender affirmation process:
 - relevant options
 - risks/benefits
 - evaluate capacity for medical decision making/informed consent and, if age of medical consent not reached, then consent of legal guardian(s)
 - arranging suitable referrals to care

Gender-affirming Behavioral Health Care

- Gender identity, expression, and role
- Reducing internalized transphobia
- Improving body image
- Adjustment through affirmation process (physical, psychological, social, sexual, reproductive, economic, and legal challenges)

WPATH Eligibility Criteria for Gender-Affirming Hormone Therapy

- Persistent, well-documented gender dysphoria, capacity for fully-informed decision making and consent to treatment/consent of legal guardian(s), and reasonably good control of any physical or mental health concerns

WPATH Eligibility Criteria for Breast/Chest Surgery

- Same criteria as gender-affirming hormone therapy, plus recommendation (not requirement) for 12 months of gender-affirming hormone therapy

Gender Minority Stress Treatment Principles for Mental Health Clinicians

- Normalize adverse impact of gender minority stress
- Facilitate emotional awareness, regulation, and acceptance
- Empower assertive communication
- Restructure minority stress cognitions
- Validate unique strengths of gender non-conforming youth
- Foster supportive relationships and community
- Affirm healthy, rewarding expressions of gender

Case Scenario

- Hunter is visiting his primary care provider, Dr. Kim, whom he has been seeing since he was very young.
- Now, at age 18, Hunter is beginning to question his gender identity.
- When he filled out an intake form in the waiting room, under “gender identity,” Hunter wrote in “Don’t Know.”
- During the visit, Dr. Kim opens up a conversation with Hunter about his gender identity.



Making Mistakes

- Many well-intentioned providers are uncomfortable discussing gender identity with their patients because they fear they will make a mistake and upset a patient.
- While comfortable does increase with practice, it is acceptable to make mistakes.
- If providers make a mistake, they can simply apologize, explaining: “I am sorry, I did not mean to disrespect you. How would you like me to refer to you?”

Best Practices at Health Centers

- Train all staff to avoid gender-specific language until they have asked a patient for their name and pronouns.
- Offer “All Gender” restrooms that are welcoming of all bodies.
- If changing restroom signage is not an option, allow people to use restrooms most closely congruent with their gender identity.

All Gender Restroom Signage



Best Practices at Health Centers

- Ask for patients' names and pronouns routinely.
- Share information (including name and pronouns) with other staff members so that everyone can refer to patients respectfully.
- Be honest about your mistakes and be open to learning from patients.



Collecting Demographic Data on Gender Identity

- What is your current gender identity?
 - Male
 - Female
 - Transgender Male/Trans Man/FTM
 - Transgender Female/Trans Woman/MTF
 - Gender Queer
 - Additional Category (please specify)

- What sex were you assigned at birth?
 - Male
 - Female
 - Decline to Answer

- What is the name you use?
- What are your pronouns (e.g. he/him, she/he, they/them)?



Best Practices at Health Centers

- Open up space for patients to discuss their gender identity, and avoid an approach that assumes a binary gender paradigm.
- Be prepared to provide patients with resources or to connect them with other professionals when needed.
- Take cues from patients around how to interact with their bodies— use the language that they feel comfortable using.



Best Practices at Health Centers

- Adopt and implement written non-discrimination policies related to gender identity.
- Provide cultural competency training for all clinical and non-clinical staff, and establish sound recruitment and hiring policies to cultivate a culturally-competent workforce.
- Assess and re-consider the physical environment, including images in posters and pamphlets in waiting areas and clinics to reflect all genders.

Why Cultural Competency Around Non-Binary Gender Identities Matters

- Non-binary youth are more likely to engage in care if they feel comfortable disclosing their gender identity to providers.
- Non-binary youth's anatomies do not necessarily correspond with their gender identities or sex assigned at birth.
- Non-binary youth are more likely to follow health recommendations when providers demonstrate open-mindedness and have basic knowledge of gender identity.

Case Scenario: Anika

- **Pronouns: she/her/hers**
- Anika has just arrived early for her appointment and needs to use the restroom.
- She approaches the person at the front desk and asks where she can find one.
- The person at the desk gestures to the men's restroom and states, "Right over there, sir."
- Anika hesitates, visibly upset, and sits down to wait for the doctor instead of heading to the restroom.



Case Scenario: Kai

- **Pronouns: ze/hir/hirs**
- Kai is visiting hir therapist, Dr. Russell.
- At the time of Kai's last visit, Kai used "he/him/his" pronouns.
- While Kai waits in Dr. Russell's office, Kai hears hir therapist speaking to a nurse outside, saying "Yes, Kai is in the room and I have Kai's chart right here."
- Dr. Russell enters the room and greets Kai.



- **Dr. Russell:** Hello, Kai. How are you doing today?
- **Kai:** I'm good! How are you?
- **Dr. Russell:** I'm doing well. Kai, I wanted to check in before I assumed—what are your pronouns?
- **Kai:** They're ze/hir/hirs.
- **Dr. Russell:** Alright, thank you. I have never used those pronouns before, so I apologize if I make a mistake. Did you say they were pronounced “ze,” “hir,” and “hirs?”
- **Kai:** That's right.
- **Dr. Russell:** Great. I'd like to write them down, to make a note to other staff. Could you spell those for me?
- **Kai:** Sure. Z-e, h-i-r, and h-i-r-s.
- **Dr. Russell:** Thanks, Kai. And please let me know if I make a mistake when using them.
- **Kai:** No problem. I will.



Summary

- Youth are increasingly presenting with a diversity of non-binary gender identities, which have corresponding pronouns and other terminology.
- Youth with non-binary gender identities experience unique social determinants of health and mental health disparities.
- Health centers can adopt and implement best practices to provide affirmative care for non-binary youth, including best practices for clinicians and non-clinical staff, as well as systems-level improvements to create a more inclusive and welcoming health care environment.



Acknowledgements

- Sula Molina: content development
- Genna Ayres: slide development

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