Gender and Sexuality Competence in Psychiatric Practice: A Field in Evolution and the Relevance to Modern Day Clinical Practice

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Disclosures
No conflicts of interest or disclosures to report
No proprietary treatment measures will be discussed

Objectives
- Define terminology relevant to understanding sex, sexuality, and gender based phenomena and the evolution of psychiatric diagnostic classification of these phenomena.
- Identify the relevance of sexual and gender identity development as it relates to all patients within psychiatric practice.
- Understand the unique issues faced by gender and sexual minority individuals within clinical practice.

Institute of Medicine: National Transgender Discrimination Survey
Grant JM et al., 2010

- Refusal of health care: 19% of our sample reported being refused care due to their transgender or gender nonconforming status
- Harassment and violence in medical settings: 28% of respondents were subjected to harassment in medical settings and 2% were victims of violence in doctor’s offices
- Lack of provider knowledge: 50% of the sample reported having to teach their medical providers about transgender care

Trans Visibility in the Media- May 9, 2016

Terminology- Sex

- Natal Sex or Biological Sex
  - Refers to anatomy differences in genitalia and internal reproductive system organs (gonads) that determine male or female sex
  - Typically used at birth to assign a certain gender.
**Gender Identity**
- Refers to a person’s personal sense of self as male, female, or aspects of maleness and femaleness or neither.
- Typically develops with language around age 3 years old.

**Gender Expression**
- Refers to how someone expresses their gender through dress, speech, mannerisms, and behavior.

**Sexual Orientation**
- Describes the gender (or sex) of the person who someone is attracted to or aroused by romantically and/or sexually.

**Terminology- Gender Identity**

**Terminology- Gender Expression**

**Terminology- Sexual Orientation**

**Deconstructing the Binary**

**Disorder/Difference of Sex Development**
- Disorder of sex development when something occurs differently in the development of typical anatomy that makes up a person’s genitalia or reproductive system.
- There are many different types of DSDs.
- Parents may struggle in knowing whether to raise their baby as a boy or a girl.
- When the baby gets older, they may have no questions about their gender identity.

**Lesbian, Gay, Bisexual, Straight**
- Gay: When someone is attracted to a person of the same gender/sex, usually referring to males.
- Lesbian: When a female is attracted to another female.
- Bisexual: When a person is attracted to both genders.
- Straight: When a person is attracted to a person of the opposite gender/sex.
- Pansexual: Attracted to all gender expressions/identities.
Psychiatry climate:

Social/political climate

History of Psychiatry and LGBT issues

Social/political climate: Highly stigmatizing and guided by religious beliefs

Psychiatry climate: Guided by psychoanalytic theories

Lacked descriptive symptom-based organization of disorders

DRESCHER 2010

There is no one way to be LGBT

Sex, Sexuality, and Gender Identity in Psychiatry and Mental Health

- All individuals have a specific sex anatomy, gender identity, gender expression, and sexual orientation that contribute to their psychological development
- These issues may or may not be contributing to the challenges that they are presenting with in a behavioral/mental health setting
- Psychiatrists may play an important role in helping the patient integrate these aspects of self into healthy adaptive ego functioning
- Psychiatrists play an important role in multidisciplinary collaboration, particularly when physical interventions are indicated

Sex, Sexuality, and Gender Identity in Psychiatry and Mental Health

- Cisgender: When someone’s sex anatomy matches their gender identity (majority of the population)
- A person with a penis feels like a male
- A person with a vagina feels like a female
- Transgender: When someone’s sex anatomy doesn’t match their gender identity (minority of the population)
- A person with a penis doesn’t feel like a male
- A person with a vagina doesn’t feel like a female

Gender Nonconforming/Diverse

- Gender Nonconforming/Diverse refers to when people’s outward gender expression is different from what society would expect them to be based on their assigned gender
- Example: male wearing makeup
- Example: female with a very short masculine hairstyle
- Not all people who are gender nonconforming are transgender
- Gender Conforming: when people’s outward gender expression is the same as what society would expect

History of Psychiatry and LGBT issues

Social/political climate: Gay activism movement pushes for recognition that homosexuality is not a mental disorder

Psychiatry climate: Appreciation of gender identity, role, and sexual orientation as different phenomena

Inclusion of gender into DSM III meant to help increase access for interventions

First Standards of Care establish need for mental health assessment (gatekeeper)
Psychiatry climate: Social/political climate:

Outcome studies start to link gender variance in childhood with homosexuality in adolescence

Phenomenology not clearly understood and "diagnoses" lead many to feel pathologized

Continued stigma against gender and sexual minorities in society with the latter making larger headways in push for civil equality initiatives

DRESCHER 2010

History of Psychiatry and LGBT issues

Undergraduate Med Education Barriers

- Survey of clerkship directors estimates 6 hours of time devoted to instruction in courses and clerkships
- Estimated that 11 hours of time would be ideal to instruction (54.5 % of ideal time is actually being devoted to course instruction)
- Barrier cited most frequently is: "Lack of instructional time"

Survey of General Psychiatry Training Directors - Townsend et al. 1995

- 198 programs approached
- Responses from 38 states
- Only looked at gay and lesbian issues, nothing related to transgender issues
- Most frequently dealt with in PGY-3 year
- All but four programs reported the inclusion of these issues

Homosexuality as Pathological? General Psychiatry Training Directors

Homosexuality as pathological? Child Psychiatry Training Directors
Developmental Overview

Psychiatrist’s Role Across Development- Infancy

• Decision Making for parents of infants born with DSD
• LGBT parents of infants
• Parental and sibling gender role expectations of new infants in families

Psychiatrist’s Role Across Development- Childhood

• Complex decision making for children with gender dysphoria
• Understand psychosexual pathways
• Understanding and mitigating potential risk factors for gender nonconforming children
• Supporting healthy gender and sexual development for ALL children

Gender Identity- Biological Factors

<table>
<thead>
<tr>
<th>Factor</th>
<th>Associated Entity</th>
<th>Main Conclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Utero Hormonal Exposure</td>
<td>CAH in XX</td>
<td>Higher amount of gender dysphoria than would be expected in the general population (Heylens, DeCuypere, Zucker et al., 2012)</td>
</tr>
<tr>
<td></td>
<td>5-α RD in XY</td>
<td>Increased Androgen Exposure more likely to affect gender role and sexual orientation than gender identity (Meyer-Bahlburg, Dolezal, Baker et al., 2006)</td>
</tr>
<tr>
<td></td>
<td>CAIS in XY</td>
<td>Not solely connected with prenatal androgen exposure. (Rosenthal, 2014)</td>
</tr>
<tr>
<td>Genetics</td>
<td>Twins studies</td>
<td>Specific Genes Higher concordance (39.1%) in MZ twins than in DZ twins (7%) (Heylens, DeCuypere, Zucker et al., 2012)</td>
</tr>
<tr>
<td></td>
<td>No conclusive evidence on specific genes</td>
<td></td>
</tr>
<tr>
<td>Brain structures</td>
<td>INAH-3</td>
<td>Higher concordance (39.1%) in MZ twins than in DZ twins (7%) (Heylens, DeCuypere, Zucker et al., 2012)</td>
</tr>
<tr>
<td></td>
<td>BSTc (bed nucleus of stria terminals)</td>
<td>INAH-3- perhaps sexual orientation dimorphic (Heylens, DeCuypere, Zucker et al., 2012)</td>
</tr>
<tr>
<td></td>
<td>BSTc</td>
<td>No conclusive evidence on specific genes</td>
</tr>
<tr>
<td>Brain morphology</td>
<td>Grey Matter</td>
<td>Higher concordance (39.1%) in MZ twins than in DZ twins (7%) (Heylens, DeCuypere, Zucker et al., 2012)</td>
</tr>
<tr>
<td></td>
<td>White matter</td>
<td>BSTc is not sexually dimorphic until puberty</td>
</tr>
<tr>
<td></td>
<td>Corpus callosum</td>
<td>BSTc is not sexually dimorphic until puberty</td>
</tr>
</tbody>
</table>

Limitations are that the brain is plastic and unknown whether the results are a consequence of experience.
Challenging biology

Yet...

Gender is a societal construct and gender differences are experienced by humans.

Some children are no longer gender dysphoric later in life.

Some adolescents present with “new onset” gender dysphoria that was not present earlier in life.

There are many individuals who are non-binary or gender fluid.

We live in a binary world and the science is limited.

So is it biological or environmental?

IT IS COMPLEX.

DSM5: Gender Dysphoria of Childhood

A. A marked incongruence between one’s experienced/expressed gender and assigned gender, of at least 6-month duration as manifested by at least six of the following eight indicators, AT LEAST ONE OF WHICH MUST BE CRITERION A1:

1. A strong desire to be of the other gender or an insistence that one is the other gender (or some alternative gender different from one’s assigned gender)
2. In boys (assigned gender), a strong preference for cross-dressing or simulating female attire; in girls (assigned gender), a strong preference for wearing only typical masculine clothing and a strong resistance to wearing typical feminine clothing
3. A strong preference for cross-gender roles in make-believe play or fantasy play
4. A strong preference for toys, games, or activities stereotypically used or engaged in by the other gender
5. A strong preference for playmates of the other gender
6. In boys (assigned gender), a strong rejection of typically masculine toys, games, and activities and a strong aversion to rough-and-tumble play; in girls (assigned gender), a strong rejection of typically feminine toys, games, and activities
7. A strong dislike of one’s anatomy
8. A strong desire for the primary and/or secondary sex characteristics that match one’s experienced gender

B. The condition is associated with clinically significant distress or impairment in social, school or other important areas of functioning

Gender Nonconformity in Childhood and Psychiatric Vulnerability

<table>
<thead>
<tr>
<th>Study</th>
<th>Outcome</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roberts et al.</td>
<td>PTSD</td>
<td>Gender nonconformity (top decile) predicted almost twice as high risk for lifetime PTSD.</td>
</tr>
<tr>
<td>Roberts et al.</td>
<td>Depression</td>
<td>Gender nonconformity (top decile) led to 26% mild-moderate depression in young adulthood compared to 18% of those who were gender conforming children.</td>
</tr>
<tr>
<td>Toomey et al.</td>
<td>Psychosocial adjustment</td>
<td>Victimization in school of 245 LGBT young adults fully mediates the association between gender nonconformity in adolescence and life satisfaction in adults</td>
</tr>
<tr>
<td>Birkett et al.</td>
<td>Bullying and victimization</td>
<td>LGB and questioning youth are more likely to report bullying, homophobic victimization</td>
</tr>
<tr>
<td>Nutbrock et al.</td>
<td>Major depression</td>
<td>Looked at the effects of interpersonal abuse on 571 MtF transgender persons in NYC. In adolescence, this abuse led to higher rates of MDD</td>
</tr>
</tbody>
</table>

Psychiatrist’s Role Across Development- Adolescence

• Coming out and identity exploration without a fixed outcome treatment approach
• Awareness of harms of conversion therapies
• Navigating family acceptance
• Awareness of unique issues and risk factors
• Physical intervention decision making in adolescents with gender dysphoria

Psychosexual Developmental Pathways
A marked incongruence between one’s experienced/expressed gender and primary/ or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics).

2. A strong desire to be of the other gender 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).

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 the typical feelings and reactions of the other gender (or some alternative gender different from one’s assigned gender).

The condition is associated with clinically significant distress or impairment in social, school or other important areas of functioning.

Specifiers:

1. Post Transition Specifier: if individual has transitioned to living in the desired gender and has undergone (or preparing to) have at least one medical procedure.

2. Disorder of Sex Development Specifier: if there is a CDD as well.

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**PsYchiatRist’s Role Across Development- Adulthood**

- Same sex and transgender parenting options
- Workplace concerns and discrimination
- Gender transition in adulthood
- Fertility considerations for individuals born with DSDs
- Unique relationship issues within LGBT couples
- Specific treatment programs when appropriate

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**Adult Clinical Assessment Aims**

- Degree of gender dysphoria and its impact
- Stability and persistence over time
- Relationship with sexual identity
- Co-occurring psychiatric issues
  - Does it impair the diagnostic understanding of gender dysphoria?
  - Or is it a manifestation of untreated gender dysphoria?
- Intersectionality and other aspects of identity
- Decision-making around physical interventions
- Social supports
- Accurate idea of expected changes
- Fertility
- Accurate idea of post-transition life

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**Trends in Mental Health and Helping Transgender individuals**

- **Shift in Diagnostic Conceptualization**
  - Previously considered “Gender Identity Disorder” pathologized the identity, not the underlying mind-body discrepancy, and now classified as Gender Dysphoria
  - Led to mistrust among gender minorities for behavioral health providers

- **Shift in Models of Care**
  - In adults, care models have shifted from “Gatekeeping Model” to an “Informed Consent” model

- **Shift in Behavioral Health expectations**
  - Previous stipulations of a “Real Life Experience” for predefined period of time.
  - Now think about it in terms of “eligibility” and “readiness”
Assessing “Eligibility” and “Readiness”

<table>
<thead>
<tr>
<th>Focus</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persistence</td>
<td>Persistent, well documented gender dysphoria</td>
</tr>
<tr>
<td>Consent</td>
<td>Capacity to make a fully informed decision and to consent for treatment</td>
</tr>
<tr>
<td>Age</td>
<td>Age of majority in a given country</td>
</tr>
<tr>
<td>Well-controlled</td>
<td>If significant medical or mental health concerns are present, they must be reasonably well-controlled.</td>
</tr>
</tbody>
</table>

Psychiatrist’s Role Across Development - Middle Age

- Health maintenance for individuals who have transitioned genders
- Gender transition for individuals later in life
- Mitigating the effects of past reparative therapies
- Fears of advancing age and generativity issues
- Advanced life directives

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Competency Based Medical Education

**DOMAINS OF COMPETENCE**

- Broad distinguishable areas of competence that in the aggregate constitutes a general descriptive framework for a profession(s)

**COMPETENCY**

- An observable ability of a health professional related to a specific activity that integrates knowledge, skills, values, and attitudes

**COMPETENCE**

- The demonstration of an array of abilities across multiple domains or aspects of performance in a certain context. Statements about competence require descriptive qualifiers to define the relevant abilities, context, and stage of training.

Competence is multi-dimensional and dynamic. It changes with time, experience, and setting.

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AAMC report - November 2014

Implementing Curricular and Institutional Climate Changes to Improve Health Care for Individuals Who Are LGBT, Gender Nonconforming, or Born with DSD: A Resource for Medical Educators

Available online TODAY! www.aamc.org/publications

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Competency Domains

- Patient Care
- Knowledge for Practice
- Professionalism
- Interprofessional Collaboration
- Interpersonal and Communication Skills
- Practice-based Learning & Improvement
- Personal & Professional Development
- Systems-based Practices
Physician Reference Set of Competencies within 8 domains

Toward a Common Taxonomy of Competency Domains for the Health Professions and Competencies for Physicians

Chapter 1: Laying the Foundation for Inclusion and Equality

Chapter 2: The Role of Medical Education and Health Care Professionals in Eliminating Health Disparities

Chapter 3: Professional Competency Objectives to Improve Health Care for People Who Are or May Be LGBT, Gender Nonconforming, and/or Born with DSD

Chapter 4: How to Integrate Competencies into Medical School Curricula to Improve Health Care for People Who Are or May Be LGBT, Gender Nonconforming, and/or Born with DSD

Chapter 5: Clinical Scenarios and Discussion Points for Experiential Learning

Chapter 6: How to Assess Learners and Evaluate the Impact of Curricular and Climate Initiatives

Chapter 7: Using AAMC’s MedEdPORTAL® to Advance Curricular Change

Chapter 8: Future Directions

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Patient Care Domain

Reference List of General Physician Competencies

- Patient Care Knowledge
- Interpersonal CS
- Systems BP
- Interprof Collab
- Person Prof Dev

Practice Based Learning & Improvement

Reference List of General Physician Competencies

- Patient Care
- Knowledge
- Interpersonal CS
- Systems BP
- Interprof Collab
- Person Prof Dev

Knowledge for Practice

Reference List of General Physician Competencies

- Patient Care
- Knowledge
- Interpersonal CS
- Systems BP
- Interprof Collab
- Person Prof Dev

Interpersonal & Communication Skills

Reference List of General Physician Competencies

- Patient Care
- Knowledge
- Interpersonal CS
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Practice Based Learning & Improvement

Reference List of General Physician Competencies

- Patient Care
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Interpersonal & Communication Skills

Reference List of General Physician Competencies

- Patient Care
- Knowledge
- Interpersonal CS
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- Interprof Collab
- Person Prof Dev

Locate, appraise, and assimilate evidence from scientific studies related to patients’ health problems by:

- Identifying important clinical questions as they emerge in the context of caring for these populations, and using technology to find evidence from scientific studies in the literature and/or existing clinical guidelines
- Identifying important clinical questions as they emerge in the context of caring for these populations, and using technology to find evidence from scientific studies in the literature and/or existing clinical guidelines (practice parameters, World Professional Association of Transgender Health Standards of Care, 7th edition) to inform clinical decision making and improve health outcomes.

Communication effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds by:

- Working with all individuals regardless of others’ gender identities, gender expressions, body types, sexual identities or sexual orientations, to promote respectful and affirming interpersonal exchanges, including by staying current with evolving terminology.
**Professionalism**

- Demonstrate respect for patient privacy and autonomy by:
  - Recognizing the unique aspects of confidentiality regarding gender, sex, and sexuality issues, especially for the described populations, across the developmental spectrum, and by employing appropriate consent and assent practices.

**Systems Based Practice**

- Coordinate patient care within the health care system relevant to one’s clinical specialty by:
  - Identifying and partnering with community resources that provide support to these populations (e.g., treatment centers, care providers, community activists, support groups, legal advocates) to help eliminate bias from health care and address community needs.

**Interprofessional Collaboration**

- Work with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust by:
  - Valuing the importance of interprofessional communication and collaboration in providing culturally competent, patient-centered care to these populations and participating effectively as a member of an interdisciplinary health care team.

**The Psychiatrist on the Team**

- Aid in diagnostic considerations
- Address comorbid psychiatric conditions
- Conduit between the mental health and medical teams when necessary
- Maximize psychosocial adjustment in youth
- Educate parents on the developmental pathways and trajectories of gender nonconformity
- Prescribe psychotropic medication when indicated
- Assess patient-therapist “fit” and determine the degree to which gender issues are being addressed in the treatment
- Communicate with the primary care team, school and mental health teams
- Facilitate social and community supports

**Personal & Professional Development**

- Practice flexibility and maturity in adjusting to change with the capacity to alter one’s behavior by:
  - Critically recognizing, assessing, and developing strategies to mitigate one’s own implicit bias in providing care to LGBT, GNC, DSD populations and recognizing the contribution of bias to increased iatrogenic risk and health disparities.

**Not accounting for Internalized Homo/Transphobia**

- A patient’s self-loathing for experiencing unwanted sexual attractions/arousal patterns or gender identity
- May lead to patient seeking therapy to rid them of unwanted feelings

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Reference List of General Physician Competencies

- Patient Care
- Knowledge
- PBLI
- Interpersonal CS
- Professionalism
- Systems BP
- Interprof Collab
- Person Prof Dev

Slide developed by AAMC committee on gender/sex/sexuality

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Integration of Competencies

- Some competencies are specific; others are broadly applicable
- Do not need additional time in curricula
  - Use of hypothetical questions/discussions within existing didactics, cases, rotations
  - Faculty awareness of relevance to other topics
- Requires understanding of the key differences between populations

Integration Take-home Principles

- All individuals have an important role to play in promoting the integration of these issues into curricula and training.
- There are opportunities within all modalities to integrate the competencies across domains.
- Continuing education of faculty may be necessary for full integration into the training program.
- Do not ignore "spontaneous opportunities" and hidden curriculum to have teaching points that raise issues pertaining to sex, sexuality, and gender.

Competency Mapping to Milestones

<table>
<thead>
<tr>
<th>Patient Care #1</th>
<th>Unacceptable</th>
<th>Entry Level</th>
<th>Late Beginner</th>
<th>Mid-Level</th>
<th>Advanced</th>
<th>Aspirational</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sensitive and effectively existing relevant information about sex anatomy, sex development, sexual behavior, sexual history, sexual orientation, sexual identity, gender identity, and family history from all patients in a developmentally appropriate manner.</td>
<td>Doesn’t understand and adopt beliefs that respect patients’ own placements.</td>
<td>Demonstrate an understanding of the differences between sex, gender, sexual orientation, and gender identity.</td>
<td>During an initial encounter with a patient, the provider should be able to understand the patient’s experience of sex, gender, sexual orientation, and gender identity.</td>
<td>Demonstrate an understanding of the differences between sex, gender, sexual orientation, and gender identity.</td>
<td>Demonstrate and communicate competence in the identification and management of sexual identity and gender identity.</td>
<td>Demonstrate and communicate competence in the identification and management of sexual identity and gender identity.</td>
</tr>
</tbody>
</table>

Relevance to Milestones

- The Child & Adolescent Psychiatry Milestone Project
  - The Project’s Development and Implementation
    - Definition of Milestones
    - Development of Competencies
    - Integration of Competencies
  - The Amazon's Intraovary and Uterine Pancreas

Founding AAMC committee on Sex, Sexual orientation, and Gender

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  - Northwestern University Feinberg School of Medicine