

# Affirmative Care for Transgender and Gender Diverse Older Adults

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Pronouns: she/her/hers

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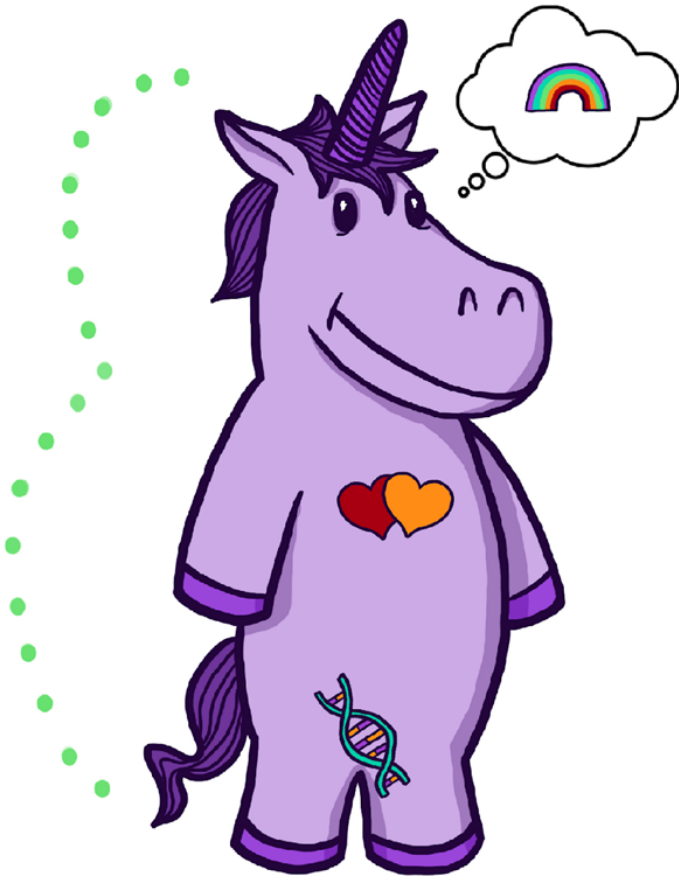
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# The Gender Unicorn

Graphic by:  
**TSER**  
Trans Student Educational Resources



## Gender Identity

- Female/Woman/Girl
- Male/Man/Boy
- Other Gender(s)



## Gender Expression

- Feminine
- Masculine
- Other



## Sex Assigned at Birth

- Female
- Male
- Other/Intersex



## Physically Attracted to

- Women
- Men
- Other Gender(s)



## Emotionally Attracted to

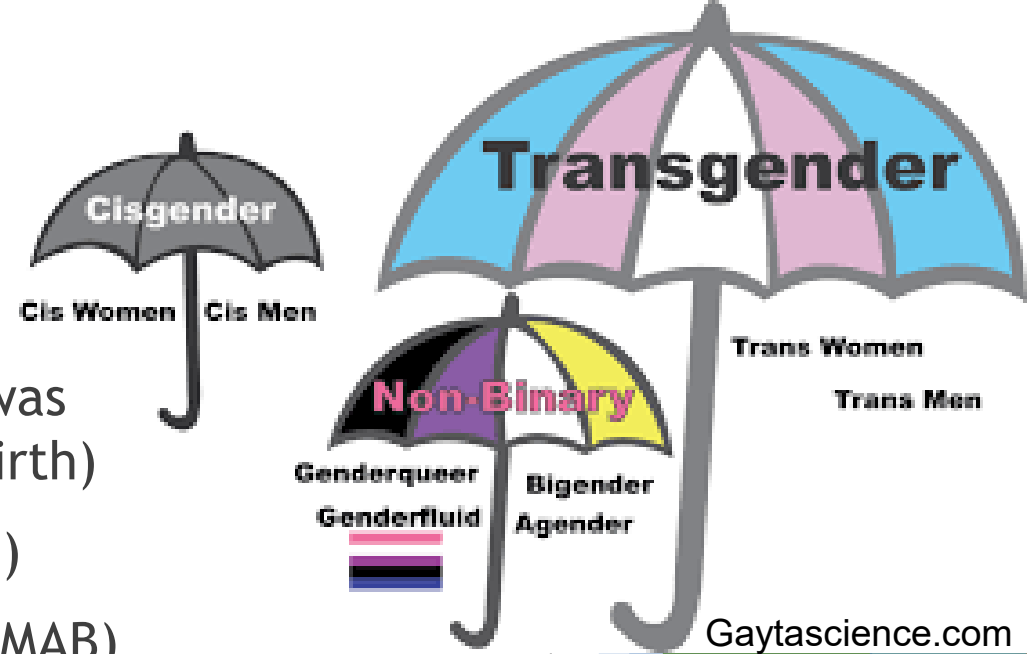
- Women
- Men
- Other Gender(s)

To learn more, go to:  
[www.transstudent.org/gender](http://www.transstudent.org/gender)

Design by Landyn Pan and Anna Moore

# Background: Terminology

- Cisgender: gender ID = biological sex (e.g., man who was assigned male at birth or woman assigned female at birth)
- Transgender man: man assigned female at birth (AFAB)
- Transgender woman: woman assigned male at birth (AMAB)
- Gender diversity: umbrella term including nonconforming gender experiences, identities, expressions; consider gender non-binary which is not just “neither/nor”, but can encompass different aspects of gender such as agender, gender expansive, or gender fluid (gender identity is not fixed)
- Transgender and Gender Diverse (TGD): I have chosen to use this as a larger umbrella term to include transgender individuals, those who are gender non-binary, and those with additional gender diversity/expansiveness
  - Note: there may be generational and cultural differences in how different TGD people talk about themselves



# Additional Terminology

<b>Gender</b>	Sociocultural construct referring to an identification and expression of oneself relative to ideas of masculinity and femininity
<b>Gender identity</b>	A person's felt sense of their own gender. May be man, woman, neither, or both. May be static or fluid.
<b>Gender expression</b>	How a person acts, speaks, dresses and behaves. This may be feminine, masculine, a combination or neither. Gender expression does not have to match assigned sex at birth or gender identity.
<b>Hormone Therapy (HT) or HRT or CSHT</b>	Can refer to a variety of pharmacotherapeutic regimens to assist with gender identity affirmation; often referred to as Hormone Therapy (HT) or Hormone Replacement Therapy (HRT) or Cross Sex Hormone Therapy (CSHT)
<b>LGBTQ</b>	Lesbian, gay, bisexual, transgender, queer. Umbrella term for sexuality and gender identity. Note: Additional letters are often added to increase inclusivity. These might include some combination of Q (queer/questioning), I (intersex), A (allies, asexual). The + symbol can be added with any combination of the letters to indicate the inclusion of other minorities or to include straight allies.
<b>Misgender/deadname</b>	Using the incorrect gender, nouns, pronouns and/or calling them by a name they no longer use (often their birth name)
<b>Pronouns</b>	Always ask. While some individuals might use she/her or he/him, others might use they/them or alternative pronouns (e.g., sie, ze, hir). Consider whether gendered forms of address (e.g., Mr., Mrs.) can be avoided and/or align with patient's identity.
<b>Transitioning</b>	Process of changes designated to reflect gender (medical and social)
<b>Safe Zone</b>	Often indicated by a sign with rainbow graphics. Those who post a Safe Zone sign are individuals who agree to provide a space that is free from homophobia, heterosexism, and transphobia, while providing resources to individuals in LGBT+ communities. They often have had additional training which helps them to be better allies; a posted sign suggests a zone wherein someone is safe to talk about sexual orientation and gender.
<b>Sex</b>	Can be genotypic sex (chromosomal) or phenotypic sex (determined by internal and external genitalia, reproductive functions)
<b>Surgery: Gender-Affirming</b>	Can refer to any of a variety of surgical procedures conducted with the explicit goal of facilitating transition to the individual's identified gender. Orchiectomy (removal of testicles) and oophorectomy (removal of ovaries) are associated with notable changes in endogenous hormone levels. Examples of surgeries to alter physical appearance include mastectomy, breast/chest augmentation, and chondrolaryngoplasty, which is a surgery to shave down the thyroid cartilage, reducing the size of the Adam's apple.

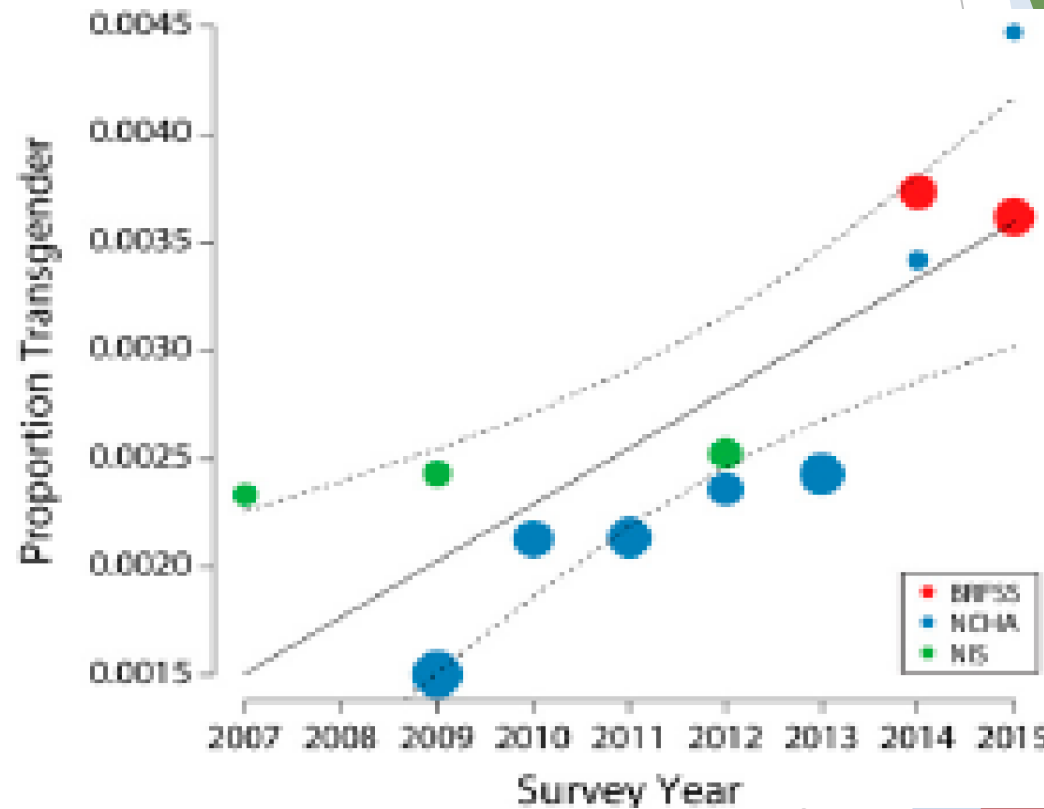
# Prevalence of TGD folks in the U.S.

- Estimates vary and range from 0.5% to over 1.6% in US samples (Conron et al, 2012; Deutsch, 2016; Flores et al, 2016)
  - 1.6% was from a younger sample in Massachusetts (Deutsch, 2016)
  - 0.5% is from Flores and colleagues using data from the Behavioral Risk Factor Surveillance System (BRFSS), administered annually to randomly selected adults across the US
- Estimates are 2-3 times higher in Veterans (Blosnich et al 2013; Shipherd, et al, 2012)
- Being TGD is an aspect of identity, but not the only aspect
  - Gender identity is not necessarily static across the lifespan
  - Transition is a process

# Transgender Population Size in the US: Meta-Regression of Population-Based Probability Samples

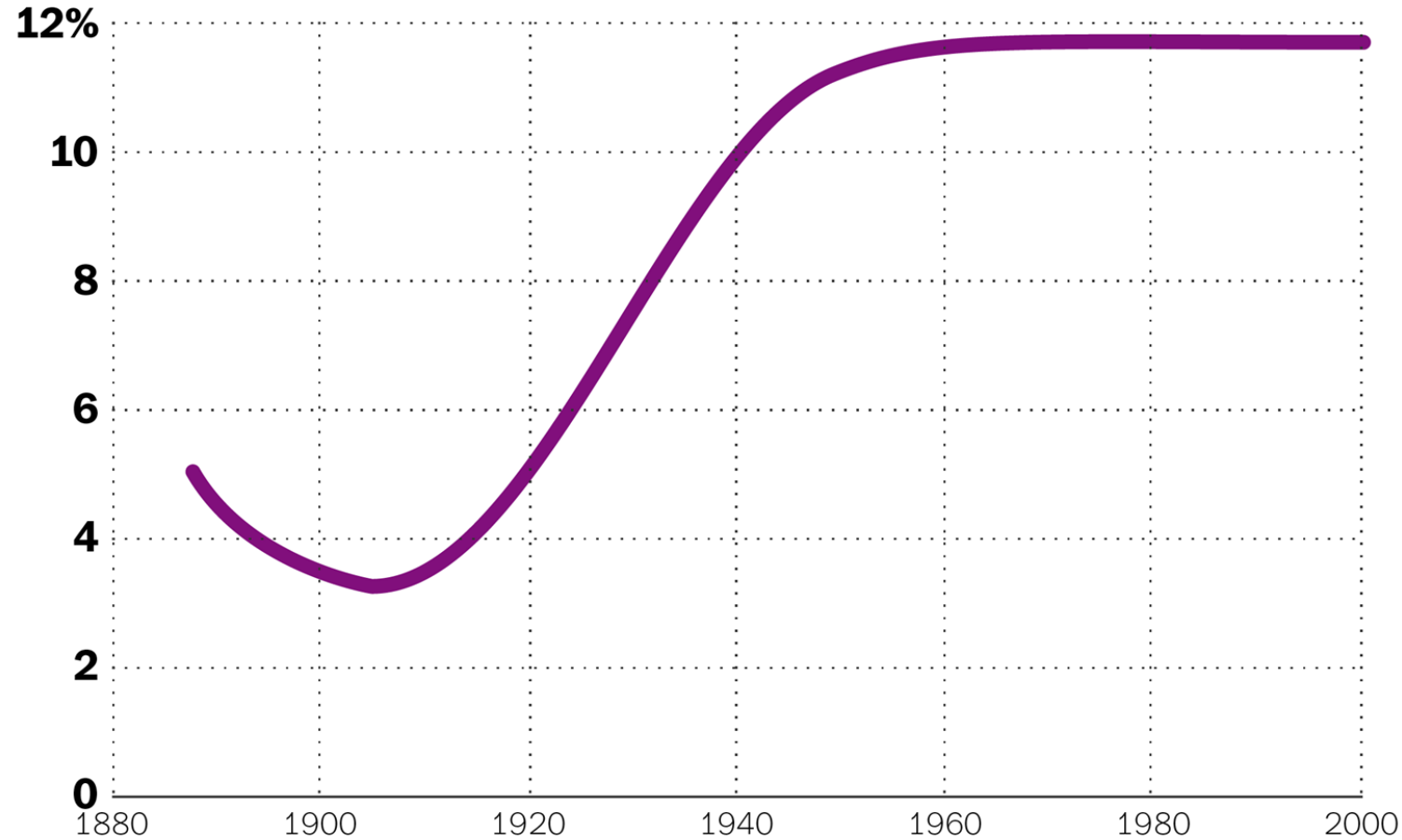
## PLAIN-LANGUAGE SUMMARY

Data from national surveys estimated the population size of transgender people in the United States. Estimates of the number of transgender adults significantly increased over the past decade, with a current best estimate of 390 per 100 000 adults. That is about 1 in every 250 adults, or almost 1 million Americans. These numbers may be more typical of younger adults than of the entire US population. The authors expect that future surveys will find higher numbers of transgender people and recommend that standardized questions be used, which will allow a more accurate population size estimate.



# The history of left-handedness

Rate of left-handedness among Americans, by year of birth



WAPO.ST/**WONKBLOG**

Source: Survey data reported in "The History and Geography of Human Handedness" (2009)

# Population Overview

- 4x more likely to earn <\$10,000; unemployment rates 2-3x higher
- Alarming rates of . . .
  - Verbal harassment 46% and physical attacks 9% (James et al, 2016)
  - 63% have experienced serious acts of discrimination, 20% of which had “catastrophic” effects (Grant et al, 2011)
- General access to care considerations
  - 23% of respondents did not see a doctor when they needed to because of fear of being mistreated as a transgender person (James, et al, 2016)
  - 19% report denial of medical care (Institute of Medicine report, 2011)
  - 91% reported wanting counseling, hormones, and/or hormone blockers; however only 65% reported ever having any of these (James, et al, 2016)



# Mental Health and Trauma History

- Research suggests higher rates of autism/ autistic traits (Warrier, et al, 2020)
- Higher rates of depression, smoking, and substance use disorders (Shipherd, et al., 2011)
- Higher rates of suicide (41% have attempted suicide vs 1.6% in general population)
- **Systematic review of several studies supports that affirming hormone therapy results in improved psychological function and better quality of life (White Hughto & Reisner, 2016)**
- Access to medical affirming care typically requires a “mental health assessment” with the confirmation and/or new assignment of a diagnosis of Gender Dysphoria (DSM-5)
  - May need to assess for medical-decision making capacity
  - Discuss timing of HRT based on patient’s social circumstances

# Psychosocial History

- Transition is not just medical
  - Social transition- may contain changing name (legally or not), pronouns, gender marker on identification, gender presentation, coming out, changes in social navigation
    - How others perceive the individual's gender and the social implications thereof - does one "read" as transgender?
  - Privilege or marginalization
    - Intersection with race and Transmisogyny
- Community support
  - Resilience factors: interactive social supports peers/family, minority community, coping, and internalized resilience (Valentine & Shipherd, 2019)

# What is Affirmative Care?

## Practicing Cultural Humility

- ▶ The ability to maintain an interpersonal stance that is other-oriented in relation to aspects of cultural identity that are most important to the individual (Hook, et al, 2013)
- ▶ Allows us to see the individual for who they are and invite them to share with us who they see themselves to be, who they are.
- ▶ Affords us an opportunity to overcome our biases: conscious and unconscious
  - ▶ Project Implicit ([www.implicit.harvard.edu](http://www.implicit.harvard.edu)) uses Implicit Association Tests to explore self-understanding/reporting of attitudes, beliefs, stereotypes
- ▶ ADDRESSING model (Developed by P. Hays; 1996, 2001, 2008, 2016)
  - ▶ Identify cultural influences
  - ▶ Seek out/recognize Intersectionality

# ADDRESSING Model Framework & Overview

Cultural characteristic	Power	Less power
<b>Age and Generational Influences</b>	Adults	Children, adolescents, elders
<b>Developmental Disability</b>	Temporarily able-bodied	<i>Individuals</i> with disabilities
<b>Disability Acquired Later in Life</b>	Temporarily able-bodied	<i>Individuals</i> with disabilities (e.g., multiple sclerosis or dementia caused by stroke)
<b>Religion and Spiritual Orientation</b>	Christians	<i>non-Christian</i>
<b>Ethnicity/Race Identity</b>	White or Caucasian	<i>Persons of color</i>
<b>Socioeconomic Status</b>	Owning & Middle Class (access to higher ed.)	People of lower status because of occupation, education, income, or rural habitat
<b>Sexual Orientation</b>	Heterosexuals	Gay, lesbians, and bisexual people
<b>Indigenous Heritage</b>	Non-native	Native
<b>National Origin</b>	U.S. born	Immigrants, refugees, and international students
<b>Gender</b>	Male	Women, transgender, and intersex people

Hays, P. A. (2001). Addressing Cultural Complexities in Practice: A Framework for Clinicians and Counselors. Washington, D. C.: American Psychological Association.

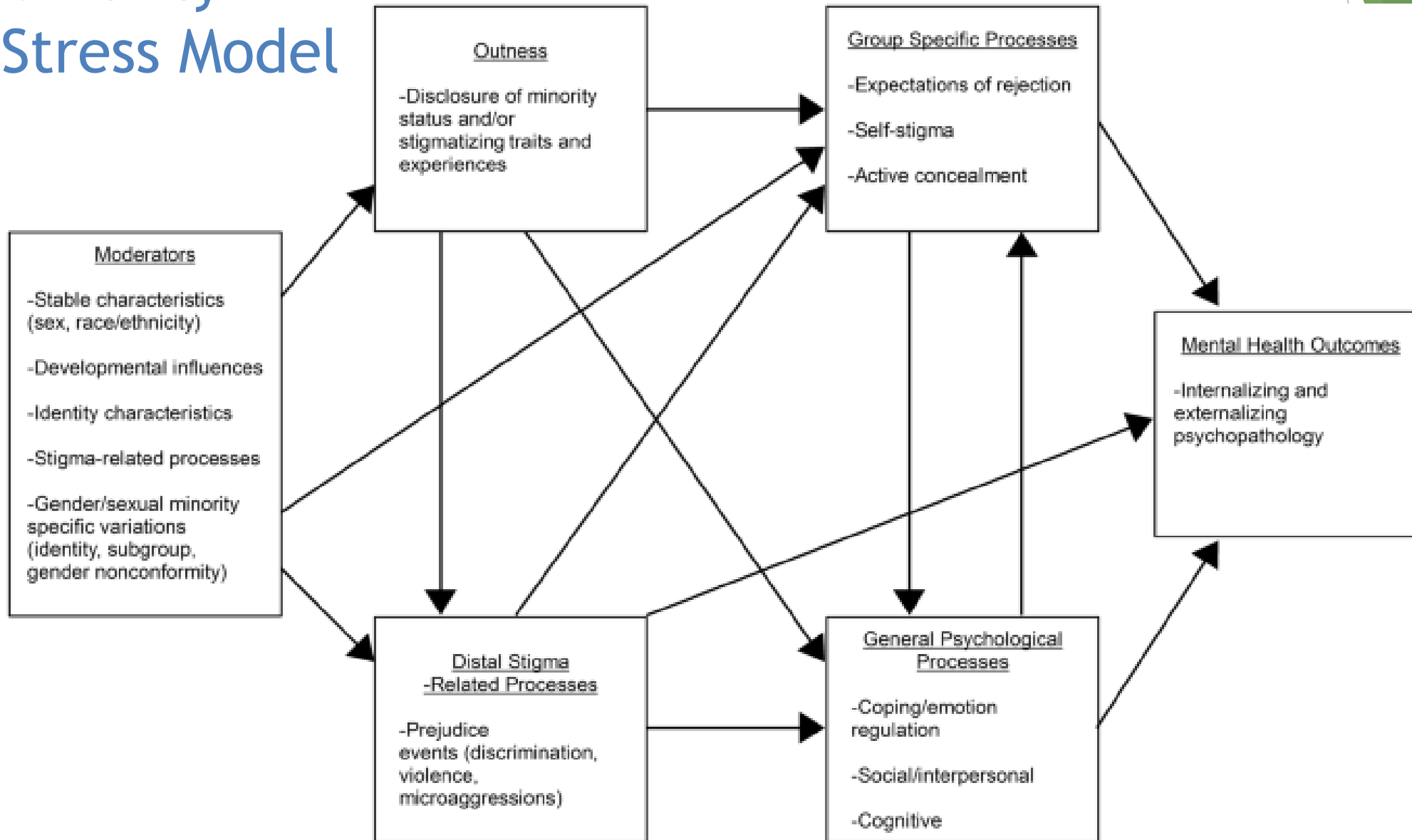
\*Please note: The influences and examples of corresponding minority groups provided within the A.D.D.R.E.S.S.I.N.G. model are applicable within United States and Canada.

# ADDRESSING Model Multicultural Interview

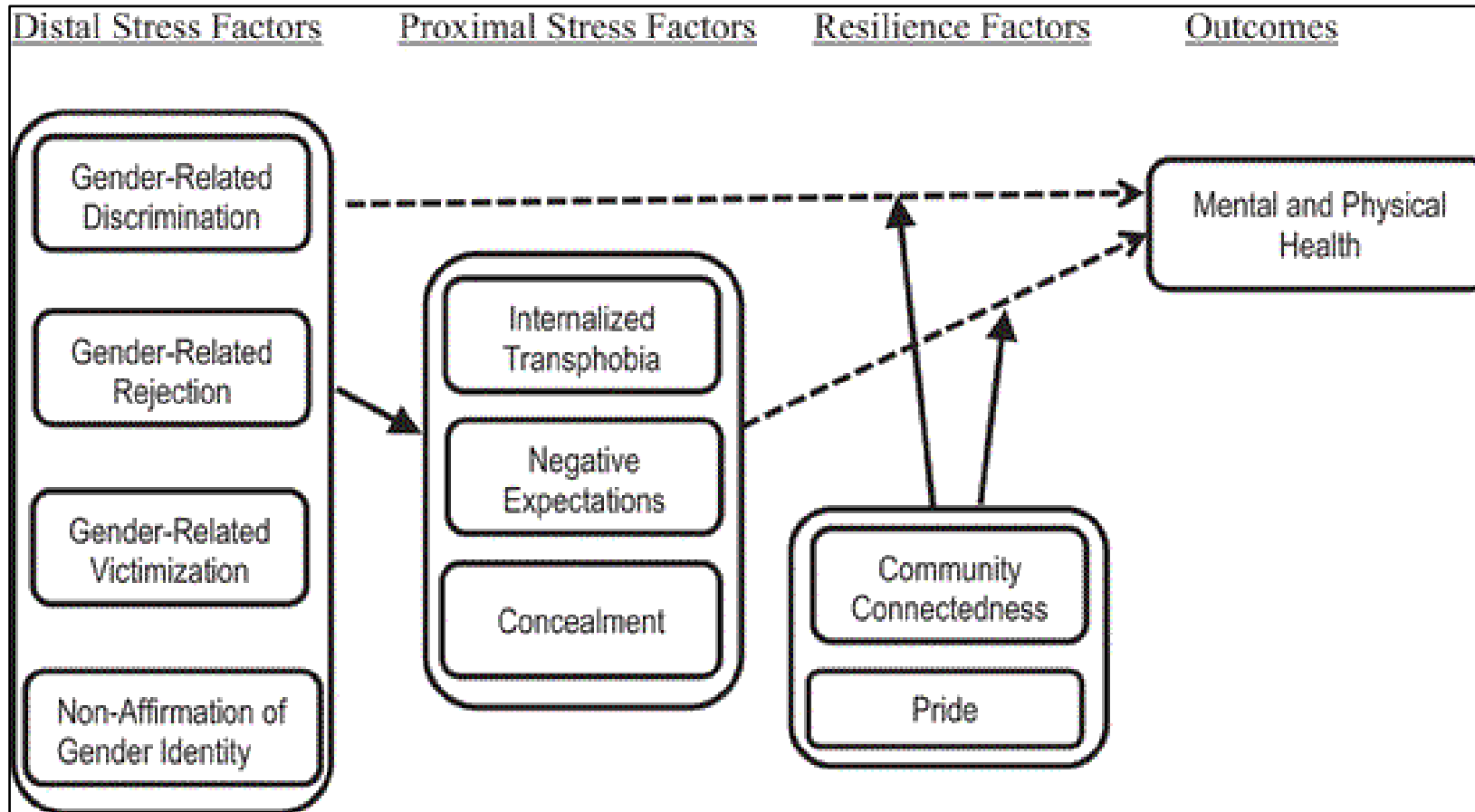
ADDRESSING framework cultural influences	Application to minority groups	Sample questions from Jones Intentional Multicultural Interview Schedule (JIMIS)
<u>A</u> ge/generational	Children, adolescents, elders	How do you define family? Who is in your family? Who lives in your home?
<u>D</u> evelopmental disabilities/ <u>D</u> isabilities acquired	Developmental disabilities or acquired disabilities	What are some challenges that you or your family members have to deal with?
<u>R</u> eligion & spirituality	Religious minority cultures	How does your family deal with feelings? What are some coping strategies that they use? How do religion and spirituality impact your family?
<u>E</u> thnic and racial identity	Ethnic and racial minority cultures	What does your family think about counseling? What do you think about it? What are some things about your family that few people know?
<u>S</u> ocioeconomic status	Class status (education, income, rural)	If you were to choose a job today, what would it be? Would your family approve of this job? What would your family prefer for you to do when you grow up? What is a job you would like to do, but would never choose it?
<u>S</u> exual orientation	Gay, lesbian, bisexual people	What are some characteristics about you that make you similar or different from people in your peer group? Is there a label that your peers use to describe groups of kids at your school? Which label best identifies your group?
<u>I</u> ndigenous heritage	Indigenous/aboriginal/native people	What are some rituals/routines that your family does daily? Which are used to cope with stress?
<u>N</u> ational origin	Refugees, immigrants, international	How and when did your family arrive in the United States? What were the circumstances of their arrival?
<u>G</u> ender	Women, transgender people	When there is conflict with peers at school, what is the usual cause? What are some characteristics about you that make you different from people in your peer group? What do you believe are the responsibilities of women or men?

Table 1. Jones, J.M., et al. 2015.

# Minority Stress Model



# Gender Minority Stress Model



# Affirmative interactions

- Brainstorm ways to make your clinical practice welcoming to all
- Methods of address that are non-gendering
- Website and other ‘forward-facing’ information
- Importance of language: reciprocal relationship with our understanding of gender
- Language for this population has evolved quickly
  - Reflect the language the patient uses to discuss themselves and their experiences
  - Currently broadly acceptable language
    - “trans/transgender”, “hormone replacement therapy”, “sex assigned at birth”
  - Language to refrain from
    - “transsexual”, “identify as a woman”, “preferred pronouns”, “real name”





# Pertinent Questioning

- What do you need to know?
  - Usually the same things you need to know for all other patients
- Demographic information: Asking about sex and gender
  - Gender: \_\_\_\_\_
  - Sex assigned at birth: \_\_\_\_\_
  - Sexual identity/sexual orientation: \_\_\_\_\_
- Might need to spend more time on:
  - Gender identity and its expression/acceptance not static across the lifespan; consider impact on social, educational, and occupational experiences
  - Query for trauma and discrimination
  - Medications, especially current and historical hormone therapies
  - Surgical history

# Medical Background

- What information is, and is not, relevant to the referral question
  - Avoiding voyeurism or overly medicalizing transition
- Potential important points
  - If, and when, a person has initiated HRT (this may not be linear):
    - HRT aims to align the characteristics of an individual with their gender identity. The mainstay of this lifelong treatment in transgender men is testosterone, typically delivered as intramuscular testosterone undecanoate or ester formulation. Transgender women often receive oral or transdermal estrogen preparations (e.g., estradiol valerate or hemihydrate) often in conjunction with either a gonadotropin-releasing hormone analog or an anti-androgen
  - Affirming surgeries, only some effect endogenous hormone production
  - Potentially a more complex mixture of certain risk factors for current/future health conditions
    - For example, HIV positivity in transgender women participants in a 7-city study from 2019-2000 ranged from 42% overall and even higher amongst certain intersectional groups (65% American Indian/Alaska Native, 62% Black, 35% of Latina/Hispanic); while social and economic factors are at fault, this can constitute a significant risk factor for cognitive changes (HIV Special Report, CDC)

# Medical Considerations

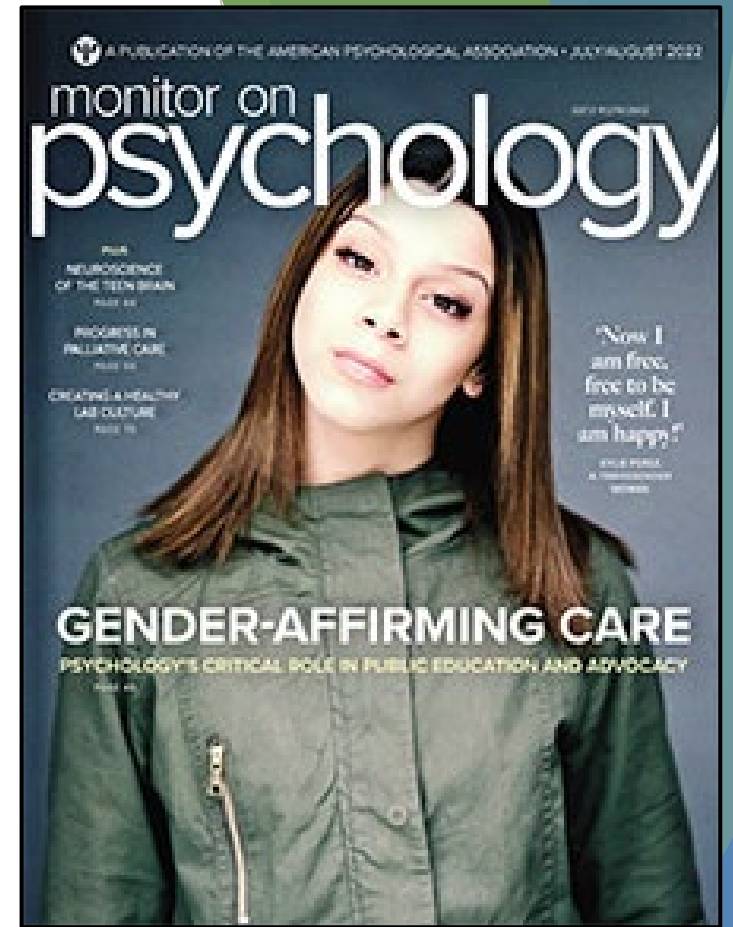
- ▶ Limited research on long-term effects of hormone therapy
  - ▶ Increased prevalence of cardiovascular/cerebrovascular disease and events (for a review see, Connelly, et al, 2019)
    - ▶ Findings include transgender men at less risk of adverse events vs transgender women; risk of cardiovascular events being higher for transgender women than for cisgender women on oral contraceptives
  - ▶ Some findings of increased mortality, but possibly explained by suicide and AIDS
  - ▶ Insufficient evidence for determination of hormone sensitive cancer risk in the TGD population
    - ▶ Cancer screening guidelines were designed for cisgender patients, so might need to consider whether screening is appropriate for breast cancer, cervical, uterine and/or ovarian cancer, prostate cancer, colorectal cancer

# Aging and Cognition

- ▶ Evaluation of cognitive decline must be individualized as no normative information exists; gendered normative data in aging is highly problematic
- ▶ With dementia or other cognitive impairments, there can be many additional considerations:
  - ▶ Lost memories of success and lived years as true self can decrease resilience and increase mood disorder
  - ▶ IADL losses of independence can be triggering and isolating
  - ▶ ADL losses of independence can result in loss of external identity expression
  - ▶ Laudable goals to avoid polypharmacy and deprescribe should be harshly balanced with “What Matters” and Patient Priorities Care (PPC)
  - ▶ Strive to improve inclusivity at Senior Centers and various levels of assisted care
  - ▶ Embrace alternative versions of “community” and caregiving supports/resources

# Future Directions

- ▶ Paucity of research and existing research riddled with bias
- ▶ Limited training in graduate programs and post-graduate clinical experience
- ▶ Better designed research
  - ▶ Is it gender or sex? Don't conflate these
  - ▶ Leaders in the field of aging and dementia:
    - ▶ Karen Fredriksen-Goldsen, PhD, UW School of Social Work
    - ▶ Jason Flatt, PhD, MPH, UCSF
    - ▶ Shana Stites, PsyD, UPenn
    - ▶ [Rainbows of Aging](#), multiple projects and team members



# Resources

- ❖ World Professional Association for Transgender Health (WPATH)
- ❖ GLAAD
- ❖ The Trevor Project
- ❖ National Center for Transgender Equality
- ❖ Transgender American Veterans Association (transveteran.org)
- ❖ Loosening Your Grip on the Gender Binary by Dr. Courtney Wells

10 Tips for Clinicians Working with TGD People	<a href="https://static1.squarespace.com/static/5d8c2136980d9708b9ba5cd3/t/5e7bf42b7882f95360ea39fb/1585181759763/FactSheet_10Tips.pdf">FactSheet_10Tips.pdf (squarespace.com)</a> <a href="https://static1.squarespace.com/static/5d8c2136980d9708b9ba5cd3/t/5e7bf42b7882f95360ea39fb/1585181759763/FactSheet_10Tips.pdf">https://static1.squarespace.com/static/5d8c2136980d9708b9ba5cd3/t/5e7bf42b7882f95360ea39fb/1585181759763/FactSheet_10Tips.pdf</a>
10 Trans Questions to Ask a Doctor	<a href="https://static1.squarespace.com/static/5d8c2136980d9708b9ba5cd3/t/5e7bf40b22dd926c3244090f/1585181729393/FactSheet_10Questions.pdf">FactSheet_10Questions.pdf (squarespace.com)</a> <a href="https://static1.squarespace.com/static/5d8c2136980d9708b9ba5cd3/t/5e7bf40b22dd926c3244090f/1585181729393/FactSheet_10Questions.pdf">https://static1.squarespace.com/static/5d8c2136980d9708b9ba5cd3/t/5e7bf40b22dd926c3244090f/1585181729393/FactSheet_10Questions.pdf</a>
APA Practice Guidelines - TGD	<a href="https://www.apa.org/practice/guidelines/transgender.pdf">transgender.pdf (apa.org)</a> <a href="https://www.apa.org/practice/guidelines/transgender.pdf">https://www.apa.org/practice/guidelines/transgender.pdf</a>
Gender Basics and Education	<a href="http://www.phsa.ca/transcarebc/gender-basics-education">Gender Basics &amp; Education (phsa.ca)</a> <a href="http://www.phsa.ca/transcarebc/gender-basics-education">http://www.phsa.ca/transcarebc/gender-basics-education</a>
Gender Inclusive Language	<a href="http://www.phsa.ca/transcarebc/Documents/HealthProf/Gender_Inclusive_Language_Clinical.pdf">Gender Inclusive Language Clinical.pdf (phsa.ca)</a> <a href="http://www.phsa.ca/transcarebc/Documents/HealthProf/Gender_Inclusive_Language_Clinical.pdf">http://www.phsa.ca/transcarebc/Documents/HealthProf/Gender_Inclusive_Language_Clinical.pdf</a>
Neuropsychological practice with TGD adults	<a href="https://www.apa.org/pi/lgbt/resources/transgender-gender-ninbinary">Psychological and Neuropsychological Assessment with Transgender and Gender Nonbinary Adults (apa.org)</a> <a href="https://www.apa.org/pi/lgbt/resources/transgender-gender-ninbinary">https://www.apa.org/pi/lgbt/resources/transgender-gender-ninbinary</a>
Policy and practice recommendations – TGD older adults	<a href="https://transequality.org/sites/default/files/docs/resouces/TransAgingPolicyReportFull.pdf">SageTOA_PolicyBrief_r2 (transequality.org)</a> <a href="https://transequality.org/sites/default/files/docs/resouces/TransAgingPolicyReportFull.pdf">https://transequality.org/sites/default/files/docs/resouces/TransAgingPolicyReportFull.pdf</a>

Table 2 from Anderson, et al., 2022

# Organizational Guidance for Standards of Care

- ▶ World Professional Association for Transgender Health (2020): *WPATH SOC for the Health of Transsexual, Transgender and Gender Non-Conforming People, 8<sup>th</sup> Edition*
  - ▶ WPATH is an international, inter-disciplinary non-profit organization devoted to promoting evidence-based care, education, research, advocacy, public policy and respect in transgender health.
  - ▶ To promote the highest standards of health care for individuals through the articulation of Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People. SOC based on the best available science & expert professional consensus.
- ▶ Veterans Health Administration (May 23, 2018): *VHA Directive 1341(1) [an update to 2013-003]: Providing Health Care for Transgender and Intersex Veterans*
- ▶ American Psychological Association (APA)
  - ▶ 2015: Guidelines for psychological practice with transgender and gender non-conforming people
  - ▶ 2021: APA Resolution on Gender Identity Change Efforts
  - ▶ <https://www.apa.org/pi/lgbt/resources/transgender-gender-nonbinary#> (December 2020)

# Potential Pitfalls and Best Practices

- *Misgendering- reflects misperception of gender typically based off visual cues or information about sex*
- *Medicalizing transition or information gathered*
- *Ignoring intersectionality and acquired marginalization*
- *Assumption of goals of transition or steps taken*
- *Gendering medical procedures (i.e., “women’s health”)*
- *Tendency towards voyeurism*
- Transparency with patients
- Consider utility of all information gathered
- Respect for individual- do no harm in clinical care and in research
- Cultural humility
- Stakeholders - TransVoices and Allies
  - Silence is complicit; Show it, don’t just Say it



# Review and Reflect: Discussion

- ▶ Questions?
  - ▶ What surprised you today?
  - ▶ Did you learn any new language/terms?
  - ▶ Is there something you wish I had covered?
  - ▶ What research/new literature would you like to see going forward?
- 
- ▶ Please connect with me if you have any comments/questions/criticisms: [emily.trittschuh@va.gov](mailto:emily.trittschuh@va.gov)