



Facilitating Discussion of Transgender Issues: A Primer

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While some transgender adolescents are open about being transgender and may talk about this on the first visit, others are more wary initially, or unsure how to discuss it.

We have found the following strategies useful in creating an environment conducive to discussion of transgender issues with adolescents.

Promoting Adolescent Awareness of Transgender Issues

- Although public awareness of trans identity has greatly increased in the last decade, many individuals with transgender feelings do not know how to articulate their concerns.
- Magazines that include articles about transgender youth and consumer information that describes terms relating to the diversity of transgender identity and experience can be included in reading material in your waiting room to help give adolescents language to talk about their feelings.

Active Demonstration of Transgender Awareness and Sensitivity

- Adolescents may fear a negative reaction upon disclosure of transgender identity, or may assume that you will not be able to relate to their concerns.
- Emphasis on non-judgmental attitude, reassurance about confidentiality, and active demonstration of transgender awareness and sensitivity helps convey to the adolescent that you are safe and approachable.
- Including transgender brochures and posters in your waiting room helps demonstrate that you are trans-positive. It is important that materials be reflective of the diversity within the transgender community.

Active Demonstration of Transgender Awareness and Sensitivity

- Asking a question about transgender identity on an intake form is a simple way to encourage disclosure of transgender identity.
- Some clinicians use “Choose as many as apply: M/F / MTF / FTM / other (please specify)”, or give the options “M / F / Transgender” or just “Trans”. This not only demonstrates understanding of transgender issues, but also raises adolescents’ consciousness that there are options beyond a binary gender system.

Routinely Screening for Gender Concerns

- Internal conflict related to gender identity is not always immediately apparent.
- To date, no screening tools have been developed to facilitate detection of gender identity concerns in the general community setting. The gender dysphoria measurement instruments (Cohen-Kettenis & Van Goozen, 1997; Ljndgren & Pauly, 1975; Zucker et al., 2005) are designed for use by the gender specialist where there is already suspicion of distress about gender identity.

Routinely Screening for Gender Concerns

- In the absence of formal screening tools, we recommend incorporating a brief question about gender into your intake process with all clients/patients (not just those who look gender-variant or who you think may be transgender).
- We recommend making a short normalizing statement followed by a simple question that can be answered without directly declaring transgender identity.

Routinely Screening for Gender Concerns

- For the adolescent who is confused, questioning, or unsure about gender issues, counseling by the non-specialist and referral to age-appropriate community resources are often sufficient.
- As with lesbian, gay, bisexual or questioning adolescents, this level of support typically focuses on normalization of feelings, discussion of options for identification and expression, exploration of fears and anxiety, and discussion of non-destructive ways to cope with societal stigma.
- To alleviate the isolation commonly experienced by gender conflicted adolescents, community peer support groups, internet resources, and other options for social connection should be identified.

Routinely Screening for Gender Concerns

Evaluation by a mental health clinician specializing in gender identity concerns is recommended if the adolescent:

- is so distressed about gender issues that health and well-being, relationships, or school/work are negatively affected
- expresses feelings of gender dysphoria, an aversion to aspects of their body associated with sex/gender, discomfort with gender identity, or a wish to live as the opposite sex

Routinely Screening for Gender Concerns

Evaluation by a mental health clinician specializing in gender identity concerns is recommended if the adolescent:

- is compulsively crossdressing or pursuing validation of gender identity (e.g., through compulsive sexual or online encounters)
- has a co-existing or pre-existing condition that complicates evaluation of gender concerns (e.g., schizophrenia or other thought disorder, personality disorder, cognitive disability due to injury or developmental disorder)

Dilemmas in diagnosis of gender concerns in adolescence

- The *DSM-IV-TR* (American Psychiatric Association, 2000) defines two conditions relating to gender concerns:
- Gender Identity Disorder (GID) and
- Transvestic Fetishism (TF).
- GID is divided into two age groupings – GID of Childhood (302.6) and GID of Adolescence and Adulthood (302.85) – with both referring to a discrepancy between felt sense of gender and the gender assigned at birth.

Dilemmas in diagnosis of gender concerns in adolescence

- The *DSM-IV-TR* (American Psychiatric Association, 2000) defines two conditions relating to gender concerns:
- GID Not Otherwise Specified is used when the client/patient is felt to have GID but does not meet criteria for GID of Adolescence.
- Transvestic Fetishism (302.3) refers to erotically motivated crossdressing that has become so obsessive/compulsive as to cause problems in other aspects of life

Conducting a Detailed Trans-Inclusive Psychosocial Evaluation

- There are various tools that can be used to evaluate psychosocial concerns in adolescents.
- HEEADSSS is a way of organizing the evaluation of the adolescent to assess psychosocial concerns in eight areas:
 - **H**ome,
 - **E**ducation/employment,
 - **E**ating,
 - **A**ctivities,
 - **D**rugs,
 - **S**exuality,
 - **S**uicide/depression, and
 - **S**afety (Goldenring & Rosen, 2004).
- While none of the HEEADSSS questions include trans-specific content, many of the questions are conducive to disclosure of transgender concerns for the closeted adolescent.

Conducting a Detailed Trans-Inclusive Psychosocial Evaluation

- There are various tools that can be used to evaluate psychosocial concerns in adolescents.
- For the adolescent who has already disclosed transgender identity, the HEEADSSS interview can be modified to include trans-specific content. As in the original HEEADSSS protocol, the wording, pacing, and number of questions used should be adapted in consideration of the needs of each client/patient.

Utrecht Gender Dysphoria Scale, Adolescent Version

■ Female-to-Male Version

- Response categories are: agree completely, agree somewhat, neutral, disagree somewhat, disagree completely. Items 1, 2, 4-6 and 10-12 are scored from 5-1; items 3 and 7-9 are scored from 1-5.
- 1. I prefer to behave like a boy.
- 2. Every time someone treats me like a girl I feel hurt.
- 3. I love to live as a girl.
- 4. I continuously want to be treated like a boy.
- 5. A boy's life is more attractive for me than a girl's life.
- 6. I feel unhappy because I have to behave like a girl.
- 7. Living as a girl is something positive for me.
- 8. I enjoy seeing my naked body in the mirror.
- 9. I like to behave sexually as a girl.
- 10. I hate menstruating because it makes me feel like a girl.
- 11. I hate having breasts.
- 12. I wish I had been born as a boy.

Utrecht Gender Dysphoria Scale, Adolescent Version

■ Male-to-Female Version

- Response categories are: agree completely, agree somewhat, neutral, disagree somewhat, disagree completely. Items are all scored from 5-1.
- 1. My life would be meaningless if I would have to live as a boy.
- 2. Every time someone treats me like a boy I feel hurt.
- 3. I feel unhappy if someone calls me a boy.
- 4. I feel unhappy because I have a male body.
- 5. The idea that I will always be a boy gives me a sinking feeling.
- 6. I hate myself because I'm a boy.
- 7. I feel uncomfortable behaving like a boy, always and everywhere.
- 8. Only as a girl my life would be worth living.
- 9. I dislike urinating in a standing position.
- 10. I am dissatisfied with my beard growth because it makes me look like a boy.
- 11. I dislike having erections.
- 12. It would be better not to live than to live as a boy.

Trans Resources

- Mallon, G.P. (Ed.) (2009). *Social work practice with transgender and gender variant youth*. New York: Routledge.
- Brill, S. & Pepper, R. (2008). *The transgender child*. New York: Cleis Press.
- Mallon, G.P. (Ed.) (2008). *Social work practice with lesbian, gay, bisexual, and transgender people*. New York: Routledge.