TERMS

- Gender Identify Disorder—presence of strong and persistent cross-gender identification, which is the desire to be or the insistence that one is, of the other sex.
TRANSEXUALISM

- Belief individual is of the opposite sex/gender
GENDER DYSPHORIA

- Strong feelings of cross-gender identification unclear as to the extent or the extend to one would follow reassignment desires.
CROSS-DRESSING

- Dressing in clothes of the opposite sex for the pleasure of dressing.
TRANSVESTIC FETISHISM

- Individual receives/experiences sexual arousal as a result of dressing in clothes of the opposite sex.
There are two components of Gender Identity Disorder, both of which must be present to make the diagnosis. There must be evidence of a strong and persistent cross-gender identification, which is the desire to be, or the insistence that one is, of the other sex.
GENDER IDENTITY

- Gender identity is defined as a personal conception of oneself as male or female (or rarely, both or neither).

- Queer Gender???????
Thus, gender role is often an outward expression of gender identity, but not necessarily so.
Diagnosis of Gender Identity Disorder

- Individual has felt prolonged discomfort with anatomic sex.
- Individual has experienced living in opposite-sex role.
- Individual is determined to undergo surgical restructuring of genitals.
- Individual selects procedures to physically alter sexual characteristics to simulate those of the other gender.
Gender Identify disorder appears to be permanent and constant over time.

Individual has no intersex or genetic abnormality.

Gender identity disorder is independent of, or not caused by, any other mental disorder.
FACTS

- Prevalence-
  - 1-24,000-37,000 males
  - 1-103,000-150,000 females
- 70-80% show with life partner
- 80-90% male to female
- Female to male more happy
Being a transgender is not easy:

- Transgender may be legally oppressed in a number of ways. From restroom usage and job discrimination to traffic obstruction.
LEGAL CONSIDERATIONS

- Have driver’s license changed, social security card, credit cards, and insurance papers changed to your new name before your reassignment surgery. Check with your local library, department of motor vehicles, and lawyer for help.

- Have a doctors letter explaining why you are living full-time in your chosen gender.
COUNSELING CONSIDERATIONS

- **Psychosocial History Includes:**
  - Childhood interest in cross-gender activities
  - Childhood memories of painful rejection and taunting by peers
  - Limited friendships in adolescence and early adulthood
  - Unsatisfactory sexual relationships
Role of the Therapist

- Gender continuum
- What is the right answer for this individual
  - Considerations
    - Passing
    - Relationships
    - Physical health
    - Maintenance
Coexisting Conditions

- Although histories of psychiatric treatments for substance abuse, adolescent adjustment disorders, serious suicidal thoughts, and depression are not uncommon in gender dysphonic clients, there is no evidence of a frequent co morbidity.
Potential Therapeutic Conflicts

- Naïve therapists may fall victim to knowledgeable clients that mislead therapist with false histories, misleading information and forged documentation.
• STANDARDS
• OF
• CARE
Qualifications of Behavioral Specialists

- A minimum of a Masters Degree in a clinical behavioral science.
- On recommendation, of the two required, must be made by a person possessing a doctoral degree.
- Demonstrated competency in psychotherapy as indicated by a license to practice medicine, LCSW, LMFT, LMHC.
Qualifications continued.

- Demonstrated specialized competence in sex therapy and theory.
- Demonstrated and specialized competence in therapy, counseling, and diagnosis of gender identity disorders.
Standard 1
Hormonal and/or surgical reassignments on demand is contraindicated
Standards Continued

- Standard 2
- Hormonal and surgical (genital and breast) sex reassignment must be preceded by a firm written recommendation for such procedures made by a clinical behavioral scientist who can justify making such a recommendation by appeal to training or professional experience.
Standards Continued

- Standard 3
- Hormonal and surgical sex reassignment may be made available to intersexed patients and to patients having non-transsexual psychiatric/psychological diagnoses if the patient and therapist have fulfilled the requirements listed herein.
Standards Continued

- Standard 4
- The initiation of hormonal sex reassignment shall be preceded by recommendation for such hormonal therapy, made by a clinical behavioral scientist.
Standards Continued

- Standard 5
- The physician prescribing hormonal medication to a person for the purpose of effecting hormonal sex reassignment must warn the patient of possible negative complications why may arise and that provide/refer for appropriate lab work.
Standards Continued

- The clinical behavioral scientist making the recommendations in favor of hormonal sex reassignment shall have known the patient in a psychotherapeutic relationship for at least three years.
Standards Continued

- Standard 7
  - The clinical behavioral scientist recommending that a patient applicant receive surgical (genital and breast) sex reassignment must obtain peer review, in the form of a clinical behavioral scientist peer and will interview the client on at least one occasion and agree with recommendation.
Standards Continued

- Standard 8
- The clinical behavioral scientist making the primary recommendation in favor of genital (surgical) sex reassignment shall have known the patient in a psychotherapeutic relationship for at least 6 months and review psychometric testing when such testing is clinically indicated.
Standards Continued

- Standard 9
- Genital sex reassignment shall be preceded by a period of at least 12 months during which the patient has lives full time in the social role of the genetically other sex.
Standards Continued

- Standard 10
- Prior to genital sex reassignment a urological examination should be conducted for the purpose of identifying and perhaps treating abnormalities of the genitourinary tract.
Standard 11-the physician performing surgical sex reassignment is guilty of professional misconduct if he/she does not receive written recommendations in favor of the procedures from at least two clinical behavioral scientists, at least one of which is a doctoral level provider and one of which has known the client in professional relationship for at least six months.
Standards Continued

- Standard 12- It is unethical to charge sex reassignment applicants excessive fees for services.
Standards Continued

- Standard 13-It is permissible for a professional to charge only the normal fee for services needed by a patient in pursuit of his or her civil rights.
Standards Continued

- Standard 14
- Hormonal and surgical sex reassignment may be conducted or administered only to persons obtaining their legal majority or to persons declared by the courts as legal adults.
Standards Continued

- Standard 15-Hormonal and surgical sex reassignment may be conducted or administered only after the patient applicant has received full and complete explanations, preferably in writing, in words understood by the patient applicant, of all risks inherent in the requested procedures.
Standards Continued

- Standard 16
- The privacy of the medical record of the sex reassignment patient shall be safeguarded according to procedures in use to safeguard the privacy of any other patient group.
THERAPY GOALS:

- Teach patient that their gender identity condition is not a disease or illness in the microbial origin or social sense of these terms.
- At present, there is no established “cure” for their condition, only treatments.
- Their gender identity condition is not pathological in and of itself, as so long been thought.
Their gender identity is not their fault.

The inner expression of the condition and its various intensities will emerge and remerge throughout their life, with or without suppression, denial, purging, religious orthodoxy, hypnosis, pharmacological or allopathic medications, or even frontal lobotomy.
• Their obligation and responsibility toward their gender identity condition is to learn reasonable and secure ways of living their life.
COUNSELING CONSIDERATIONS

- Gender Identity Disorder Guilt
- Understand cultural, racial, and religious influences of these patients and how they may differ from therapists' own.
- Ultimately help client find self-forgiveness
COUNSELING CONSIDERATIONS

- Options for living with gender identity conditions:
  - To cross dress unobtrusively under male or (female) garments
  - To try hormones episodically
  - To seek electrolysis, body waxing, or body building
Options for living with gender identity conditions:

- To explore cosmetic procedures such as rhinoplasty, eye and ear lifts, face lifts, liposuction, etc.
- To investigate possible genital reassignment procedures
- To live part time in the opposite role
- Especially, to change their minds
- Any combination of the above
COUNSELING CONSIDERATIONS

- Adjustment to other sexual orientations
- Adjust to the range of episodic cross-gender expression
- Learn how to accept and integrate both male and female gender awareness into daily living (omi-gender; gender queer)
- Be encouraged never to tally discard the memories of living in their original natal role
COUNSELING CONSIDERATIONS

- Find satisfaction with treatments that do not include sex reassignment
- Exercise choices to enhance their inner feelings of gender, such as making more effective wardrobe selections and cosmetic applications
- Resolve distressing experiences or problems that involve loss or question of faith or other spiritual values
COUNSELING CONSIDERATIONS

- Learn how to protect themselves in their income producing job and take the steps necessary to protect significant relationships.
- Learn how to build and improve all personal relationships and create stability in earning their livelihood in their preferred gender role.
COUNSELING CONSIDERATIONS

- Resolve all or as many interpersonal conflicts in their lives that foster or exacerbate the need for sex reassignment surgery
- Establish contact with or join awareness groups for social support and sympathetic referrals for additional care
- Become informed of all legal requirements and their implications that govern daily living
COUNSELING CONSIDERATIONS

- The patients changing attitudes and appearance that will result from hormonal feminizing or masculinizing and effects on partner, family etc.
- The effects of hormones on the patients erotic functioning (in general estrogens decrease and androgens increase)
COUNSELING CONSIDERATIONS

- The reassurance for both the therapist and the patient to have confidence to modify the patient's hormonal intake to suit the needs of the patient at any given time.
- May need to make alternative medical referrals as necessary.
- Be aware of the variety of attitudes among professionals.
COUNSELING CONSIDERATIONS

- Be aware of alternative possibilities regarding potential side effects when changing types and brands of hormones.
- Be aware of patients' interest in the possibility of castration.
- Therapist should be knowledgeable about key issues and requirements both legal and social.
OTHER CONSIDERATIONS

- Life after reassignment
- Sexual arousal and orgasm
COUNSELING CONSIDERATIONS

Counseling:
- Parents
- Siblings
- Spouses
- Children
- Community-education/advocate
Contact Info:

- Philip O. Toal, Ed.D., LMHC, CET
- 100 W. Columbia Street, Orlando, FL 32806
- 407-245-0014 x279
- Cell-407 733-7556
- ptoal@cfdfl.com