

# Assessing mental illness in the Transgender Population: A trauma informed approach

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# Objectives

- Participant will have the opportunity to learn and discuss the long term neurological and genetic sequela that result from chronic, toxic stress exposure
- To learn and discuss how gender identity develops across the lifespan
- Understand how to conduct a gender confirming mental health/psychiatric assessment
- Understand how to integrate gender confirming health care into the psychiatric/mental health care of the client

# Conflicts

- I have no conflicts of interest to disclose



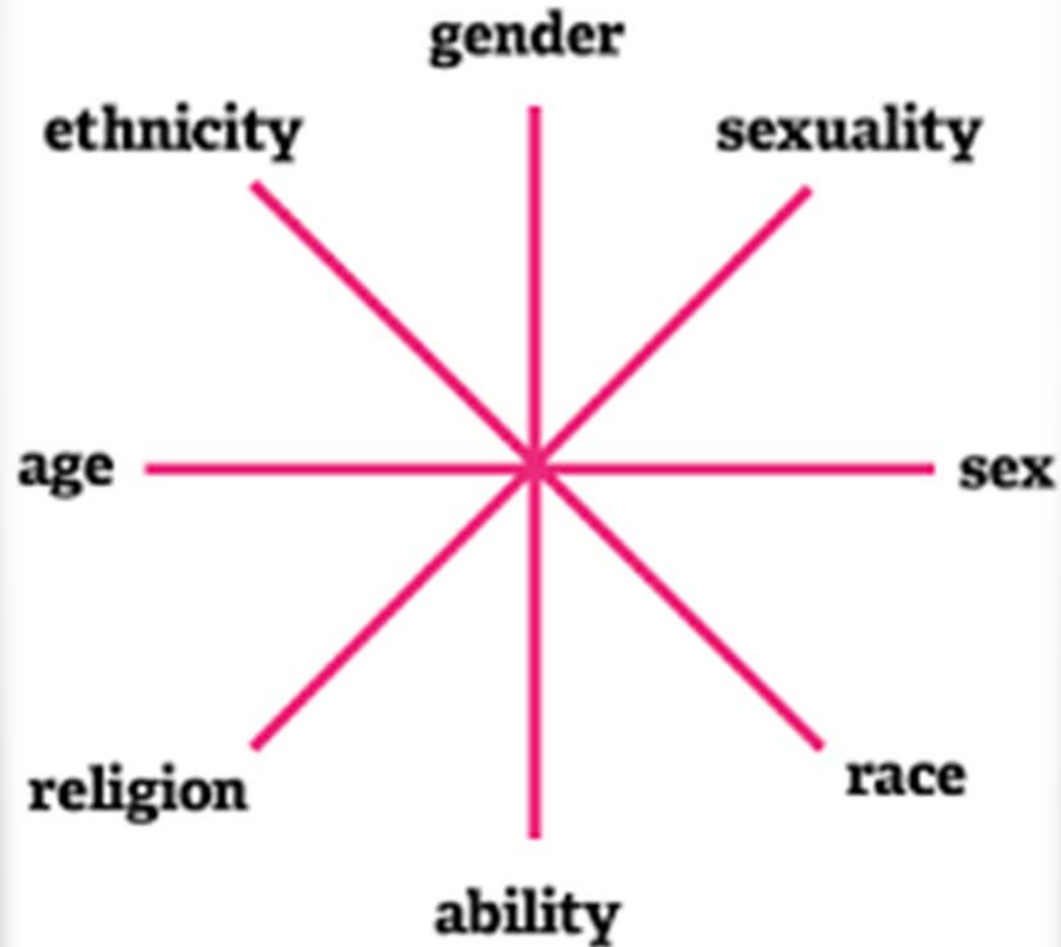
# About Me

- I believe we all have a story of how we have been called to our purpose, I would like to share a little of mine, so we can get to know each other before our discussion today. I come from a background of working on multidisciplinary teams. That experience taught me it is important to have an understanding of the lens of your teammate.

# Chronic/toxic stress exposure

- As we discuss these concepts today, I would like to you consider the concepts of intersectionality, privilege and resiliency
- We want to overlay these terms onto our understanding of the concepts we will discuss around chronic/toxic stress

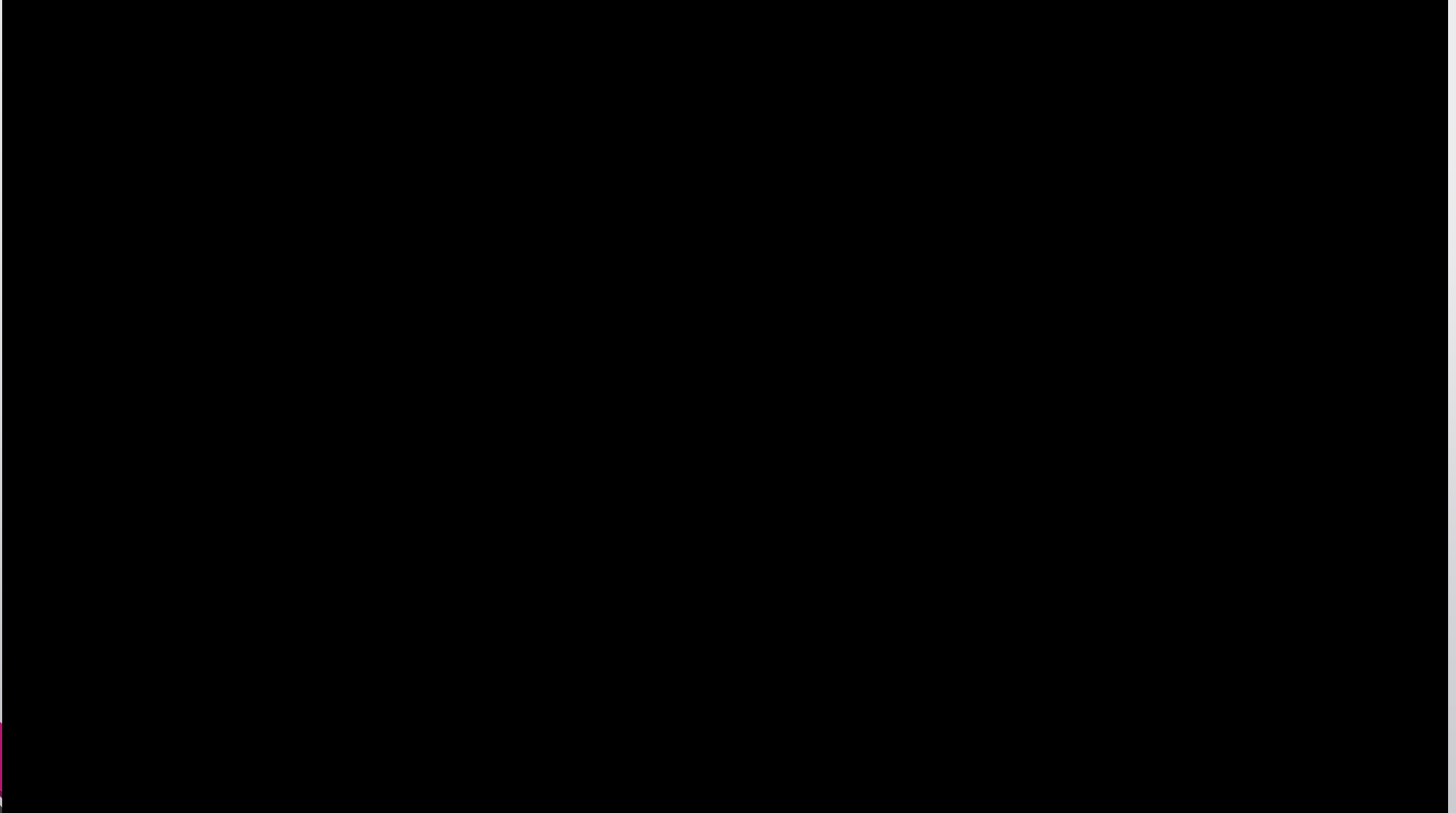
# Pause: Operational Definition -Intersectionality



# Pause: Operational Definitions - Privilege



# Pause: Operational Definitions - Resiliency







# Development of gender identity across the lifespan

- Cognitive Development Theory – Kohlberg (1966)
  - Gender Labeling (2-3.5 years)
  - Gender Stability (3.5-4.5 years)
  - Gender Constancy (6 years)

# Gender Journey

- Genetic Gender: chromosomal inheritance be it XX, XY, or other
- Physical Gender: primary and secondary sexual characteristics – penis and testicles, or a vagina, ovaries, and uterus
- Brain Gender: functional structures of the brain along gender lines
  - Core gender identity is the psychological core sense of self as male or female



True Gender Self:  
The core of  
gender identity

False Gender  
Self: The  
accommodations  
made

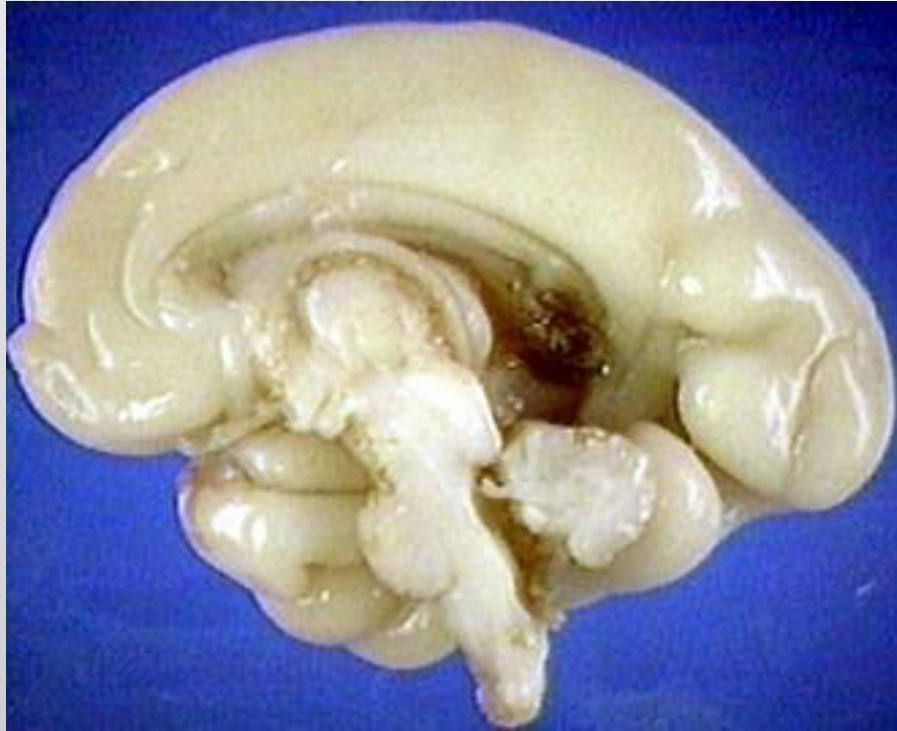


Pause

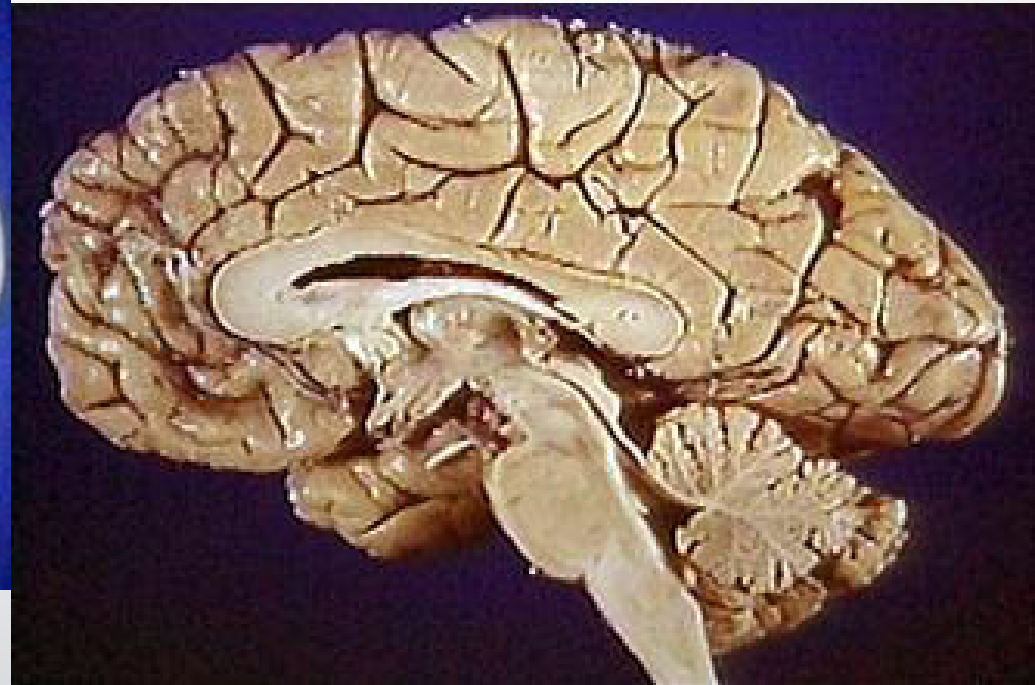
# Adverse Childhood Experiences



# The developing brain: macro view



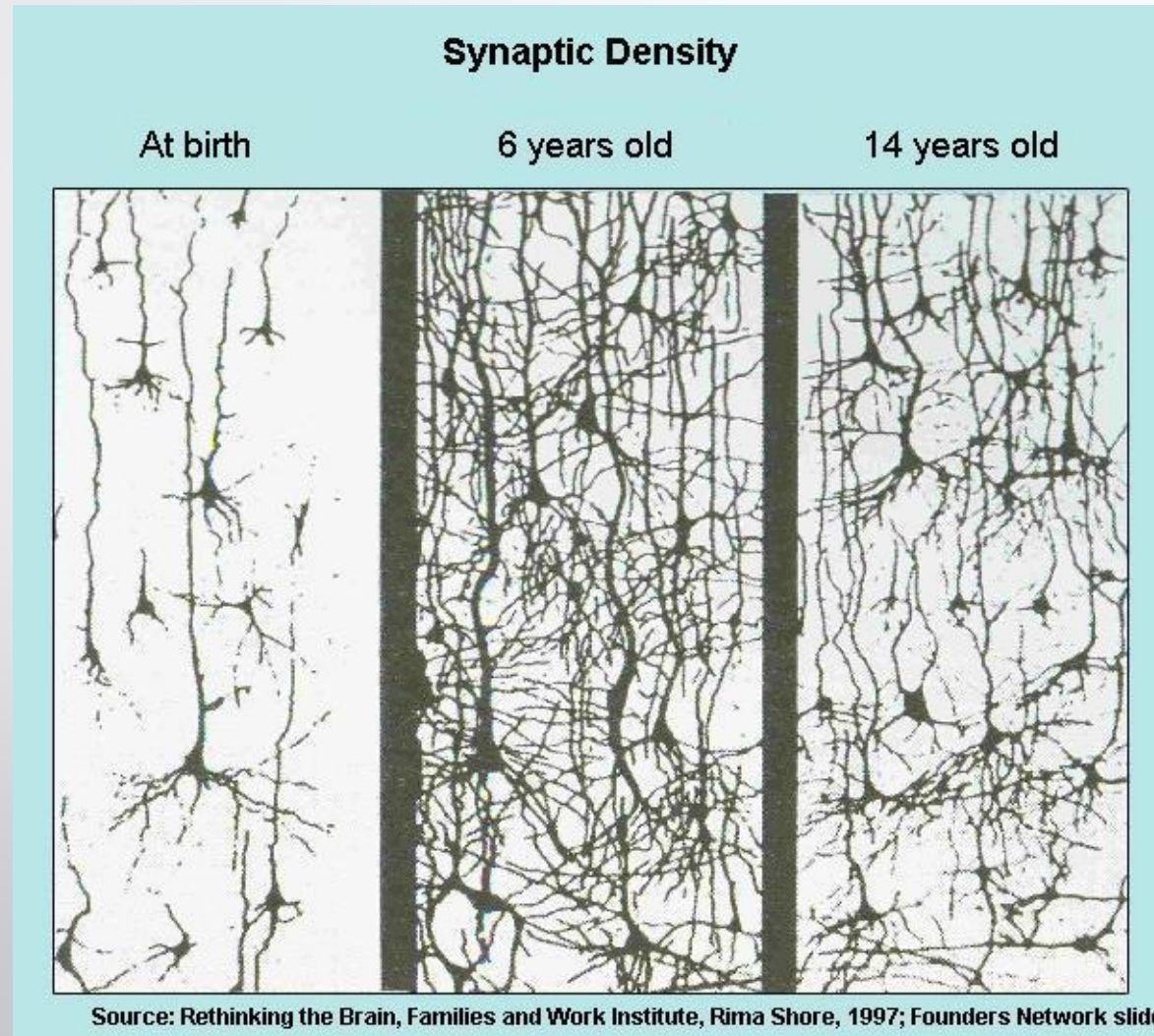
Infant brain



Adult brain



# The developing brain: micro view



- Key Concepts:
- Neurons are designed to change in response to external signals
- The undifferentiated developing brain is critically dependent on environmental cues
- Disruption, or lack of critical cues, can result in compromised brain function



Development of brain areas occur in a certain order:  
“Building Blocks”



- Children learn to form relationships and respond to stress - just as they learn to see, hear, walk, talk
- Relationships children have with caregivers play critical roles in regulating stress hormone production during early years of life
- Toxic stresses in childhood create measurable changes to the brain





Positive and nurturing experiences

# Negative experiences





Chronic exposure to negative experiences (“toxic stress”) creates chemical changes in the brain



Status quo is perpetuated, and the brain begins to continue this rollercoaster as the new homeostasis



- Cerebral cortex
  - EEG changes
  - smaller callosum
- Limbic system
  - neuronal changes
  - decreased size
- Brainstem/ Cerebellum
  - altered transmitters

## The Brain: Targets of Stress






When trauma is continually perpetuated throughout the lifetime, effects become chronic and intergenerational.


WHY?





- 
- Less development of the upper brain (control, focus, hyperactivity, aggression)
  - Smaller brain size
  - Fewer brain connections
  - Sensitive and overwhelmed by minor stressors
  - Difficulty calming themselves.
  - Chronic state of crises
  - More speech problems
  - Difficulty learning how to read
  - PTSD

Effects of spending more time in the “lower blocks”




# **THE ADVERSE CHILDHOOD EXPERIENCES (ACE) STUDY**

**Collaboration between researchers at CDC  
and Kaiser Permanente**



# Results

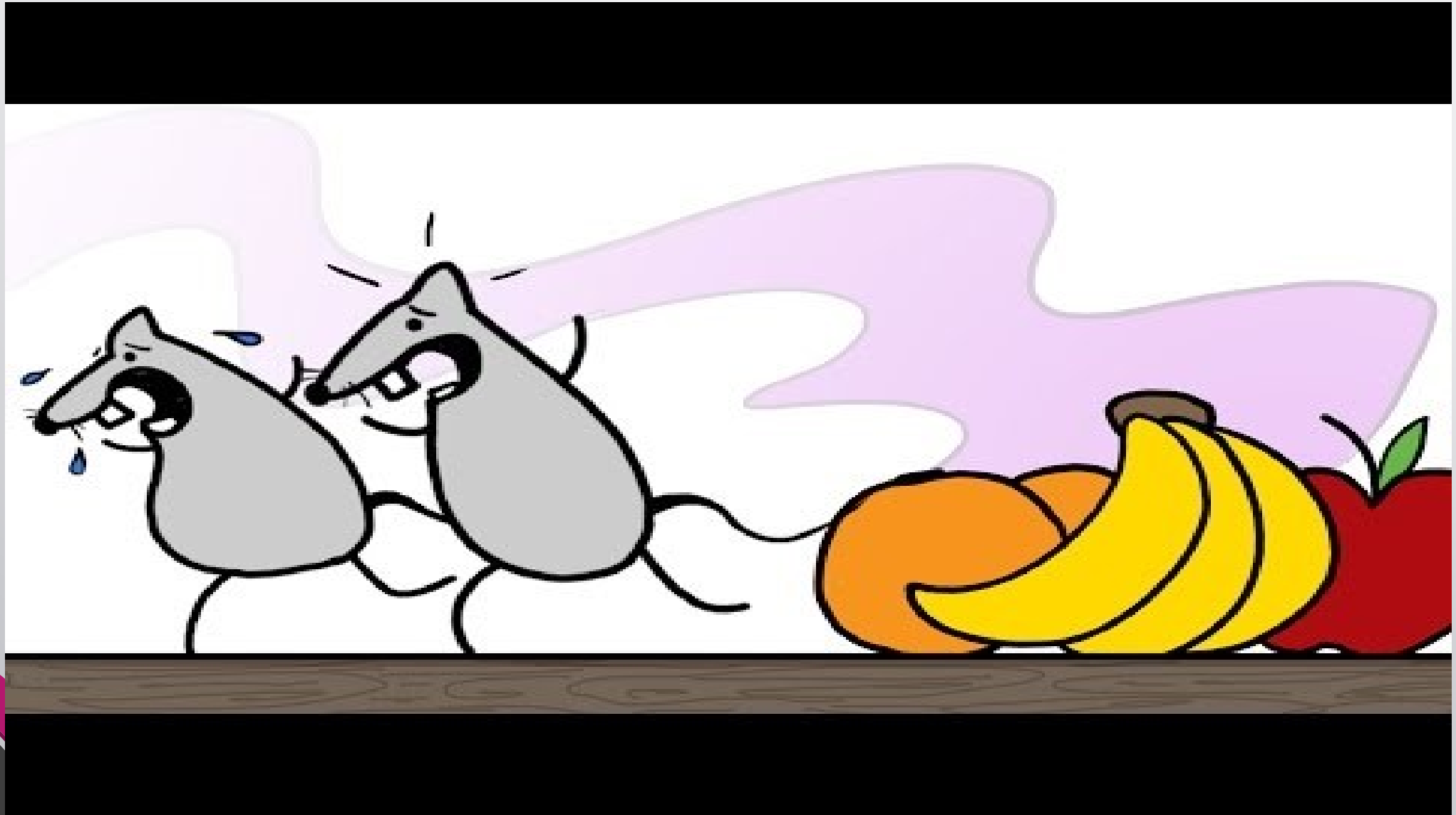
ACE score correlates in strong  
and graded fashion with almost  
ALL chronic health, social and  
economic problems seen in USA  
today



**ACEs are properly viewed as the most basic causes of health risk behaviors, disability, morbidity, mortality, and health care costs.**

CDC Adverse Childhood Experiences Study website

# Epigenetics



# Research

- Disproportionate burden of mental health diagnoses and extremely high levels of lifetime psychiatric distress
- Suicide
- Lack of data for Trans identified patients experiencing SMI
- No statistical relationship between psychosis and gender, in fact, typically improvements are seen in severe mental health symptoms
- Youth are particularly vulnerable to suicide, substance abuse and compounded, cumulative stress



# Research

- Train providers
- Understand how trans identified people perceive the care they are receiving, even from competent providers

# Conducting a gender affirming mental health assessment

## UCSCG Guidelines:

- Primary care and behavioral health should be integrated given low trust in provider relationship
  - Patient care should be TRAUMA INFORMED in delivery
- Support exploration of gender identity, coming out as well as mental health issues equally
  - Consideration of environment and social support



# Conducting a gender affirming mental health assessment

## UCSCG Guidelines:

- Consider diagnosis of gender dysphoria if appropriate (complicated/controversial issue)
- Informed consent UNLESS the patient's mental health symptoms impair their ability to make an informed consent decision. WHAT DOES THIS MEAN?
- More specific assessments may need to be made for insurance or surgical requirements

# Conducting a gender affirming mental health assessment

- Readiness for transition
- Focus on attachment “messages”
- Focus on “deposits” and “withdrawals”
  - If we don't suss out trauma, attachment and epigenetics, we may over pathologize or under estimate the impact of the gender development, and its impacts on the person, or likewise, under estimate the impact of trauma and attachment trauma

# Integration

- Take it slow
- Be patient
- Lighten up
- Share some
- Know your resources
- Don't find yourself in a student role
- Fully encompassing sexual and gender health history
- You are building relationship \*

# Case Reviews: MC

- Referral from Identity, Inc, after previous failure with past therapist
- Multiple, intersecting concerns
  - OCD
  - ADHD
  - Gender
  - Family discord
  - Family dynamic
  - Unknown family hx

● Treatment Plan



# Discussion

- I would love the opportunity to explore your thoughts, discuss cases or consider other concepts for our last few minutes.

# References

- Ehrensaft, Diane (2011). *Gender Born, Gender Made: Raising Healthy Gender-Nonconforming Children*. New York: The Experiment.
- Felitti, V.J. (2002). The relationship of adverse childhood experiences to adult health: Turning gold into lead. *The Permanente Journal*, 6:44–47.
- Firth, M. (2014). Childhood abuse and depressive vulnerability in clients with gender dysphoria. *Counseling and Psychotherapy Research*, 14(4): 297-305.
- Kattari, S.K. (2016). Exploring the relationship between transgender-inclusive providers and mental health outcomes among transgender/gender variant people. *Social Work in Health Care*, 55:8, 635-650
- Kohlberg, L. (1966). A Cognitive-Developmental Analysis of Children's Sex-role Concepts and Attitudes.
- Mustanski, B. (2016). The effects of cumulative victimization on mental health among lesbian, gay, bisexual and transgender adolescents and young adults. *American Journal of Public Health* 106(3).
- National LGBT Health Education Center (2018). *Caring for transgender people with severe mental illness*.