Diagnosing Gender Dysphoria
1. Identify ways to create an affirming environment when working with transgender and gender-diverse (TGD) Veterans.

2. Explain why gender variance is not a psychiatric disorder.

3. Identify diagnostic criteria for DSM-5 Gender Dysphoria.

4. Identify mental health conditions for TGD Veterans.

5. Describe helpful theories of disparities for TGD Veterans.
How to Create an Affirming Environment

1. Ask about the Veteran’s chosen name and use Veteran’s self-identified name and pronouns consistently, even when not in the Veteran’s presence.

2. Examine your own knowledge, attitudes, and beliefs about transgender issues and seek out educational opportunities.

3. Do not disclose a Veteran’s TGD identity to anyone who does not explicitly need to know.
4. Openly acknowledge errors.

5. Intervene if discriminatory comments are overheard.

6. Provide accommodations based on TGD Veteran’s self-identified gender identity.

7. E-consult with experts in transgender/intersex health care.
TGD Identities Not Indicative of Mental Illness

• This remains a stereotype.

• Some TGD people have mental health issues and others do not.

• Social stigma and discrimination are often emotionally painful and cause anxiety, depression and other psychological illnesses.
Assessing Gender Dysphoria: Important Considerations

• Some, but not all TGD people meet criteria for a DSM-5 diagnosis of Gender Dysphoria (GD).

• The critical element of GD diagnosis is the presence of clinically significant distress associated with the condition.

• GD diagnosis is required to initiate hormone therapy or access other gender affirming services.

• GD may be assessed as part of an Assessment for Readiness and Consent for Hormone Therapy (ARCHT), or as a stand-alone assessment.
A). A marked incongruence between one’s experienced/expressed gender and assigned gender, of at least 6 months duration, as manifested by at least two or more of the following:

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

2. A strong desire to be rid of one’s primary 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).
B). The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

**Note:** DSM-5 Gender Dysphoria (302.85) is not diagnosed in the absence of criterion B. *Other Specified Gender Dysphoria* may be more appropriate, and is also an appropriate diagnosis for accessing treatments (e.g., hormones, gender identity counseling).
Specify if:

With a disorder of sex development

Specify if:

Post transition
This category applies to presentations in which symptoms are characteristic of gender dysphoria, which cause distress or impairment, but do not meet the full diagnostic criteria for Gender Dysphoria.

An example of a presentation that can be specified using the “other specified” designation includes the following:

- Criterion A, but not Criterion B met.
Issues that Appear to Be or Mimic Gender Dysphoria

- Cross-gender delusions associated with schizophrenia, mania, or psychotic depression.

- Identity instability involving gender (e.g., Dissociative Disorder).

- Somatic illusions of cross-gendered body or body parts associated with schizotypal personality disorder, or psychotic episodes of bipolar disorder.

- Gender dysphoria that emerges in the context of sexual trauma or victimization on the basis of gender.
Issues that Appear to Be or Mimic Gender Dysphoria (cont.)

- Unwillingness to accept same-sex attractions/behavior/experiences.

- Transvestic fetishism (e.g., autogynephilia) or stress-related cross-dressing.

- Skoptic syndrome — a preoccupation with or engaging in genital self-mutilation, such as castration, penectomy or clitoridectomy.
Co-Occurring Mental Health Conditions

• Evaluation may identify co-occurring mental health conditions that should to be addressed: e.g., depression, untreated PTSD.

• High rates of suicidality
  – More than 20 times higher than general VHA population (Blosnich, Brown, Shipherd, Kauth, Piegari, & Bossarte, 2013).

• Increased rates of depression, suicidality, serious mental illnesses, and post-traumatic stress disorder (Brown & Jones, 2015).
Helpful Theories to Understand Disparities

• Minority Stress Theory (Meyer, 2003)
  – Chronic stress due to ongoing stigma and discrimination based on marginalized identities increases risk for mental health problems.

• Gender Minority Stress Theory (Hendricks & Testa, 2012)
  – Specifically focuses on the health impacts of stigma against the TGD population.
Take Home Points

• VA provides Veteran-centered care within an affirming, welcoming environment for TGD Veterans.

• Gender variance is not a psychiatric disorder.

• Gender Dysphoria (or related diagnosis) is required for access to treatments for it.

• TGD Veterans have elevated rates of mental health concerns due to chronic stress that stems from pervasive stigma.
Thank you!