DEVELOPMENTAL MILESTONES & CLINICAL PRACTICE:
GENDER NON-CONFORMING INDIVIDUALS
on the AUSTISM SPECTRUM

Michele Angello, Ph.D.
610-917-8561
dr_angello@yahoo.com
www.micheleangello.com

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www.transthemovie.com
TRANS—“across, through, over, to or on the other side of, beyond, outside of, from one place, person, thing, or state to another”

CIS—“on the near side of;” “on this side”

Are we even speaking the same language?
Help

Ignorance or lack of information/support or inability to fully articulate their identity

Confusion

“To tell you the truth, even when I'm in water I don't feel that comfortable.”
Transgender Identity

How does this impact MY WORK?

Remember: very intelligent people lose common sense when working with this community (trans) and even well-intentioned care-providers struggle to understand gender non-conforming people who are also on the spectrum.
The VERY basics to being a trans-affirming provider

1. When a patient comes out to you, immediately thank them for trusting you
2. Ask what name/pronoun you should use
3. Educate your staff
4. Ask the patient when they were last seen by a medical professional
5. Are they taking HRT, and if so, who is prescribing it?
6. Do they have a support network?
7. Remember to assess for MH issues
8. Don’t assume a binary sense of gender

Keep in mind…

Many patients are reluctant to access care based on their gender identity and the discrimination they have already experienced or anticipate experiencing.

Therefore, it’s imperative that you get as much information as possible during the initial intake. Do a sex history, screen for sexual trauma, suicidal ideation and self-harm. If any of these issues are approached without judgment, you might be shocked with what patients will reveal.
Read the WPATH SoC

WPATH SoC (7th version) states that “minority stress” is unique and may, in fact, exacerbate anxiety and depression among transgender, transsexual and gender non-conforming populations.

A horrifying fact:

41% of transgender and gender non-conforming people have attempted suicide versus 1.6% of the general population! *

*Study conducted in 2011 by the National Center for Transgender Equality and the National Gay and Lesbian Task Force
Fears & Roadblocks

Loss of family
Loneliness
Loss of job
Harassment at school
Kicked out of house
Discrimination
Lack of Independence w/ Communication

Common Diagnostic Presentations

(general trans* community)

1. Anxiety (GAD, PTSD)
2. Depression (MDD, Dysthymia)
3. Conduct disorder
4. Oppositional defiant disorder
5. Autism Spectrum Disorder
6. Substance dependence
7. Dissociative disorder (Depersonalization)
### Clients Most Commonly Present for Therapy When:

<table>
<thead>
<tr>
<th>Coming out To Self</th>
<th>Coming out At Work</th>
<th>Pre-operatively</th>
<th>Desperate To Network</th>
<th>After a Negative Experience</th>
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</thead>
<tbody>
<tr>
<td>They’ve Stumbled Upon Info On the Internet</td>
<td>Caught by Spouse/SO/ Family, or by Residential Prog Mgr.</td>
<td>Oprah (or new, influential talk show host!) does a special</td>
<td></td>
<td>They’re having a medical issue and don’t have a PCP</td>
</tr>
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### Why Therapy is Beneficial:

1. Build resilience
2. Assist with self-esteem
3. Realistic expectations from family/friends/employer…
4. Assess mental health concerns
5. Talk about the gender spectrum
6. Support groups
7. Assess client’s tendency to perseverate
Sex and Libido

If clients are partnered, this topic should be discussed with both people present (preferably, on more than one occasion).

Another consideration…

If the couple have identified as straight thus far, it is often difficult to talk with the non-transitioning partner about being perceived as gay/lesbian.

It can also be challenging for a queer-identified couple to be seen as straight.
The “extra” stuff you should know:

1. Metoidioplasty
2. Ring Flap Metoidioplasty
3. Top Surgery
4. Vaginoplasty
5. Orchietomy
6. Breast Augmentation
7. Tracheal Shave
8. Hormone Therapy
   a. Testosterone
   b. Estrogen
   c. Spironolactone
   d. Progesterone

Women’s Therapy Center
Unique Variables for Youth:
- Peers
- Family
- Puberty
- Physicians
- School
- Religion/Spirituality
- Mental Health Considerations

Hard is then Easy

I know sometimes things can be hard. But it will get easier, you just have to give it time. On the days you’re sad, please don’t give up hope. It will get easier, I promise. When I met you I had some excess, don’t stop believing. I’ve got your back. I will do anything to help you believe in yourself. You and I both were different and I didn’t think I would find someone like me but then I met you. I told you, at first I would die but then I remembered that I need to believe in myself & it got easier.

We need love like we need air. I gave you my heart and we need respect when I look at you. I feel the pain you have so I asked if you needed a friend and we talked all day.

Some things are very strong and you need to work for the spot to make it better. The water was black and dirty from the oil and I remember that I had others in the ocean to make it better. Sometimes people are slow and different, but that doesn’t mean you should make fun of them. Bullets always make fun instead of helping you get up and stand up right. We should all make people feel better and not force them down so it can be easier. The right person will lift you up and get you out of the situation. Some people have taken to make me feel like I don’t belong, but others have helped me to see that I’m in the right place. We need love like we need air, I gave you my heart and it is hard to believe it will get easier. All you
Peers

- Coach youth to come out as safely as possible
- Recognize that gender-variant youth are often exceptionally introspective
- Talk about dating—be realistic and remind (repeatedly) about taking things slowly; refresher on developmental tasks of adolescents is helpful for therapist and parents!
- Assist youth in role playing w/ small group of “cheerleaders”

Family

- Full family evaluation (usually starts with an extended phone call)
- Must involve entire family and take “systems approach”
- Child questioning gender should understand the difference between gender role, gender expression, and gender identity
- How will family be affected by transition?
  - They will likely experience grief
  - Walking them through a shift in perspective
Puberty

- Physical Changes
  - Hormones begin to create biological sex characteristic progression
  - Will puberty-delaying medications be utilized?

- Developmental Changes
  - Need for peer concordant behaviors/actions
  - Considering relationship development
    - Will I ever date?
    - Will I have children and a family? What could that look like?

- Psychosocial Reactions to Changes
  - Increase in depression and anxiety
  - Withdrawal and/or self-destructive behaviors

Physicians

- Finding someone competent and compassionate
  - WPATCH member
  - Willing to collaborate w/ therapist & family
  - Knowledge of developmental endocrinology
  - Systems approach to medical care
  - Youth empowerment style
School

- Educational options
- Align with administration
- Bathroom & PE issue
  - Have a sense of how school handles diversity
  - Present as a medical condition (FERPA)
  - If family chooses child to transition privately, discuss imperative supports and resiliency factors

Religion/Spirituality

- Reconciling religious/spiritual connection with trans-identity
- Keep in mind that the connection that family has to R/S is often critical to their ability to support child
- Offer to talk or (better yet) meet w/ spiritual leader
- Regardless of personal belief system, be open to supporting client/family if their original connection to church is lost
Mental Health Considerations

- No more or less likely to see the range of mental health issues that are in the population of non-trans youth (cisgender youth)

- Depression and/or Anxiety
  - Look for self-medication

- In some instances progression of concerns without support
  - Self-mutilation
  - Social Anxiety
  - Increased depression
  - Eating disorders

According to the research…

Young people presenting as transgender will continue on as transgender young adults and adults (DeVries et al, 2010)

THANK YOU!

QUESTIONS?

[Image of a person surrounded by umbrellas]