Diagnosing Gender Dysphoria

....breathing some life into the DSM-V Criteria

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Key Areas

Terminology

DSM-V vs ICD-10

DSM-V

- Terms
- Gender Dysphoria (GD)
- Diagnostic Criteria for Children, Adolescence & Adults
- Common Mental Health Disorders for: Cis / Trans and Gender Diverse populations
- GD Differential Diagnosis and Comorbidity
- How does GD Presents in Therapy
- Thoughts and Care Pathway
- Conclusion

Terminology

- **Trans & Gender Diverse**
  - Refers to those individuals whose gender identity does not match to their gender assigned at birth

- **Non-binary**
  - Refers to gender identities that sit within, outside of, across or between the spectrum of the male and female binary. E.g. trans masculine, trans feminine, agender, bigender, birl, trans gender spectrum etc…

- **Cis / Cisgender**
  - Individuals whose gender identity matches their gender assigned at birth

- **Transition / Gender Affirming**
  - Personal process whereby an individual determines /undertakes what they consider is right for them to live as their desired gender identity and for this to be recognised by society
  - May include: social, medical, surgical, and/or legal steps
  - For some: this process is paramount and forms part of their identity
  - For others: this process is just undertaken, or dreaded and boxed in history

NOTE:

- The area of sex and gender is highly controversial, varies over time, often within and between disciplines.

DSM-V vs ICD-10

Two Psychiatric Texts

- Diagnostic Statistical Manual of Mental Disorders, Fifth Edition, 2013 (DSM-V)
  - Published by the American Psychiatric Association (APA)
  - Fee-based
  - Includes mental disorders only

  (APA, 2013)

- The International Classification of Diseases (ICD-10) 2018
  - World Health Organization (WHO)
  - It is available for all people involved in health care free of charge - online
  - Covers mental and somatic illnesses

  (http://www.icd10data.com)

ICD-10

ICD–10 - briefly

- 2018 (ed). ICD-10-CM F64. Gender Identity Disorders. Effective from 1/10/17. (American ICD-10-CM version)
- "A disorder characterized by a strong and persistent cross-gender identification (such as stating a desire to be the other sex or frequently passing as the other sex) coupled with persistent discomfort with his or her sex (manifested in adults, for example, as a preoccupation with altering primary and secondary sex characteristics through hormonal manipulation or surgery)."
- F64 Gender Identity Disorders
  - F64.0 Transsexualism
  - F64.1 Dual role transvestism
  - F64.2 Gender identity disorder of childhood
  - F64.8 Other gender identity disorders
  - F64.9 Gender identity disorder, unspecified

(Source: http://www.icd10data.com/)

DSM-V

DSM-V Benefits

- Universal language
- Represents a consensus of diagnostic terms and criteria for psychiatry and psychology for clinical and research purposes
- It provides a universal language for those working in therapeutic settings to classify and diagnose people suffering emotional distress (Kutchins & Kirk, 2003)

DSM-V Criticisms

- Most influential psychiatric text
- Diagnosis criteria/category versus lived experience and individual narratives
- See how behaviours become classified as 'mental illness' and declassified at different times, depending on the social context

DSM-V Terms

- **Gender:** denotes the public (often legally recognised) lived roles by an individual
- **Gender assignment**: refers to the initial assignment as male or female that usually occurs at birth and thereby yields "natal gender"
- **Gender reassignment:** denotes an official (usually legal) change of gender
- **Gender identity:** part of an individual's social identity
- **Gender dysphoria:** an individual's affective / cognitive discontent with the assigned gender when used in a diagnostic capacity

DSM-V Gender Dysphoria (GD)

"Gender dysphoria refers to the distress that may accompany the incongruence between one's experienced or expressed gender and one's assigned gender" (American Psychiatric Association [APA], 2013, p451).

- Dedicated chapter on gender dysphoria (9 pages) with an overarching diagnosis of gender dysphoria
- Gender non-conformity is not in itself a mental disorder
- Separate developmentally appropriate criteria set for children, and for adolescents and adults
- Symptoms of gender dysphoria manifest at different developmental stages, usually more debilitating when secondary sex characteristics develop during puberty
- **Prevalence**
  - Natal adult males 0.005% to 0.014%, and natal female from 0.002% to 0.003%. Underestimated
  - Recent studies suggest GD maybe 1.2% of adolescents (Clark et al., 2014)
  - Sex ratios in children: natal boys to girls range from 2:1 and 4.5:1.
  - Sex ratios In adolescence: similar
  - Sex ratio in adults: ratio favours natal males ranging from 1:1 to 6.1:1 except in Japan and Poland where it appears to favour natal female with 2.2:1 (Japan) and 3.4:1(Poland).

DSM-V Diagnostic Criteria (children)

A. A marked incongruence between one's experienced/expressed gender and assigned gender, of **at least six months**' duration, as manifested by **at least six** of the following (**one of which must be criteria on A1**):

1. A strong desire to be of the other gender or an insistence that one is the other gender (or some alternative gender different from one's assigned gender).
2. In boys (assigned gender), a strong preference for cross dressing or simulating female attire; or in girls (assigned gender), a strong preference for wearing only typical masculine clothing and a strong resistance to the wearing of typical feminine clothing.
3. A strong preference for cross gender roles in make-believe play or fantasy play.
4. A strong preference for the toys, games, or activities stereotypically used or engaged in by the other gender.
5. A strong preference for playmates of the other gender.

DSM-V Diagnostic Criteria (children) cont…

6. In boys (assigned gender), a strong rejection of typically masculine toys, games, and activities and a strong avoidance of rough and tumble play; or in girls (assigned gender), a strong rejection of typically feminine toys, games, and activities.
7. A strong dislike of one's sexual anatomy.
8. A strong desire for the primary and/or secondary sex characteristics that match one's experienced gender.

- The condition is associated with **clinically significant distress or impairment** in social, school, or other important areas of functioning.

- Specify if:

With a disorder of sex development such as:

- Congenital adrenal hyperplasia (CAH) [1]
- Androgen insensitivity syndrome (AIS) [2]

DSM-V Diagnostic Criteria (Adolescence and Adults)

A. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least **six months duration**, as manifested by **at least two 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)

DSM-V Diagnostic Criteria (Adolescence and Adults)

B. The condition is associated with **clinically significant distress or impairment** in social, occupational, or other important areas of functioning.

- Specify if:

With a disorder of sex development e.g.

- Congenital adrenal hyperplasia (CAH) [1]
- Androgen insensitivity syndrome (AIS) [2]

- Specify if:
  - Post-transition: may be used in the context of continuing treatment procedures

Common Mental Health Disorders

For common mental health disorders:

- Depression, anxiety, stress related and substance use disorders in adults and behavioural anxiety disorders in children are experienced by approximately 45% of Australians in their lifetime according to the National Survey of Mental Health and Wellbeing.
- Each year,1 in 5 adults, aged between 16 and 85 years, experience a common mental health disorder, while 1 in 7 children and adolescents, aged between 4 and 17 years experience a common childhood mental health disorder.
- 50% of Australians with common mental disorders are not accessing treatment.
- Untreated "common mental health disorders" result in significant personal suffering, disruptions to relationships, work, education, home life, overall health and well-being and general functioning.
- Comorbidity of more than one diagnosable condition is associated with higher disability.
- Note: No differentiation for Cis, Trans and Gender Diverse in the above stats

SOURCE: Australian Psychological Society (APS), October (2014). Common, serious and treatable: Psychological intervention in high prevalence mental health disorders. In Psych Bulletin, 36 (5), p. 7.

Common Mental Health Disorders & Suicide Rates Trans and Gender Diverse Communities

- **Depression**
  - The prevalence of depressive disorders is doubled when compared to the general population (Couch et al., 2007).

- **Suicide and suicide attempts**
  - 40 % try to end their life prior to receiving medical support (Goldblum et al., 2012; Haas et al., 2014; Reyes, 2014), increasing to 60 % when medical care is refused (Haas et al., 2014).

GD Differential Diagnosis & Comorbidity

- Body Dysmorphic Disorder
- Transvestic Disorder
- Schizophrenia and Psychotic Disorders
- Borderline Personality Disorder
- Autism Spectrum Disorder
- Dissociative Identity Disorder

(APS, 2013; Atkinson & Russell, 2015)

GD Differential Diagnosis & Comorbidity

BODY DYSMORPHIC DISORDER (Source: if not specified APA, 2013)	
Key Criteria	• Preoccupation with one or more perceived defects or flaws in physical appearance that are not observable or appear slight to others. At some point, an individual performs repetitive behaviours or mental acts in response to the appearance concerns. The preoccupation causes clinically significant distress or impairment.
Prevalence	• 2.4% general population. Different across settings (e.g. clinical setting, cosmetic, dermatology, orthodontic etc..)
Comorbidity & Typical Presentation	• Rarely consider themselves as the other gender. • They may find a part of their body, possibly genitalia or breasts to be abnormal and want them removed. • More likely to be comorbid with depressive conditions, eating disorders, anxiety disorders and psychotic disorders.

GD Differential Diagnosis & Comorbidity

TRANSVESTIC DISORDER (Source: if not specified APA, 2013)	
Key Criteria	• Six months minimum recurrent and intense sexual arousal from cross dressing as manifested by fantasies, urges or behaviour - these cause clinically significant distress or impairment • With fetishism – fabrics • With autogynephilic – thoughts or images of self as female • Controlled environment – restrictions
Prevalence	• Disorder is rare in males and extremely rare in females fewer than 3% of males report ever experiencing sexual arousal dressing in female attire
Comorbidity & Typical Presentation	• Transvestic Disorder occurs primarily in heterosexual (or bisexual) adolescent and adult males rarely in females. • They engage in cross dressing behaviour and this generates sexual excitement and causes distress and / or impairment without drawing their primary gender into question. • It occasionally accompanies gender dysphoria. Outside these times, they will usually act congruent with their gender assigned at birth. • Late onset gender dysphoria gynephilic natal males with sexual excitement may be a precursor. • Both diagnoses can be given.

GD Differential Diagnosis & Comorbidity

SCHIZOPHRENIA AND PSYCHOTIC DISORDERS (Source: if not specified APA, 2013)	
Key Criteria	• Psychotic disorders often involve delusions, hallucinations, disorganised speech (frequent derailment or incoherence) disorganised/catatonic behaviour of negative symptoms (diminished emotional expression) disturbance of self-care, interpersonal relations, and occupational functioning. See DSM-V for specific psychotic disorders.
Prevalence	• Prevalence: 0.3% to 0.7% life time approx. race / ethnicity, gender variation depending on populations.
Comorbidity & Typical Presentation	• Individuals may experience delusions informing them that they are an alternative gender. A thorough bio/psycho/social history is required. It is uncommon. Usually there is a history of a psychotic disorder. • **Study:** Netherlands (Meijer et al., 2017) 2 "trans gender men" and 2 "trans gender women" (29–57 years). Dx GD & a schizophrenia-related diagnosis. They looked at the complexities and recommendations regarding GD diagnostics in the case of co-existing psychosis. • **Study:** High prevalence of current major psychiatric disorders (14.4%) based on Structured Clinical Interviews (SCID-I interviews) (Colizzi et al., 2014), however, this was not replicated by the researchers (Colizzi et al., 2015). • **Systematic Review:** 38 cross-sectional and longitudinal studies from 2000 to 2015 looking at prevalence rates of psychiatric disorders & psychiatric outcomes, pre and post-gender-affirming medical interventions, for patients with GD. They found that schizophrenia and bipolar disorders were rare for GD patients, no more prevalent than for the general population (Colizzi et al., 2014 was included in the review)(Dhejne et al., 2016).

GD Differential Diagnosis & Comorbidity

BORDERLINE PERSONALITY DISORDER (Source: if not specified APA, 2013)	
Key Criteria	• A pervasive pattern of instability in interpersonal relationships, self-image, affects, and marked impulsivity, beginning by early adulthood and present in a variety of contexts. As indicated by five or more of the following: frantic efforts to avoid real or imagined abandonment, a pattern of unstable and intense interpersonal relationships (fluctuation between idealizations and devaluating), identity disturbance, unstable self-image or sense of self, impulsivity, chronic feelings of emptiness, inappropriate anger, transient, and stress-related paranoid ideation or severe dissociative symptoms. Recurrent suicidal behaviour may be present.
Prevalence	• 1.6% to 5.9% - five times more common in first degree relatives with the disorder than general population. 6% in primary care settings, 10 % outpatient mental health clinics and 20% psychiatric impatient settings. Increase risk of substance use, depressive, antisocial and bipolar disorders. • 75 % natal female.
Comorbidity & Typical Presentation	• Individuals with this condition experience disturbance with self-identity which may include sexual orientation and/or gender dysphoria, however, it is not common as a differential diagnosis – can be seen as a co-occurring disorder (my clinical experience).

GD Differential Diagnosis & Comorbidity

AUTISM SPECTRUM DISORDER (Source: if not specified APA, 2013)	
Key Criteria	• Persistent deficits in social communication and social interactions across multiple contexts Including deficits in social emotional reciprocity, deficits in non-verbal communication behaviour, deficits in developing, maintaining and understanding relationships. Restricted repetitive patterns of behaviour, interests or activities (2 minimum including sameness, stereotyped / repetitive motor movements, highly restricted fixated interests, excessive smelling or touching objects, visual fascinations with lights, adverse reaction to pain / temperature).
Prevalence	• 1% to 2.5% general population. 2 to 4 times more natal males than females (APA, 2013; Zablotsky et al., 2015).
Comorbidity & Typical Presentation	• Individuals with ASD may experience elevated rates of gender variance, the wish to be of the other gender (Glidden et al., 2016; Strang et al., 2014). • 20% of gender identity clinic-assessed individuals reported clinical range features of ASD, cautious conclusions as co-occurring GD and ASD is frequent - variability of percentage difference may be due to diagnostic criteria and sampling selection (Van Der Miesen et al., 2016). • Recent research suggests – Flaws in research linking GD and ASD which may be elevating comorbidity – e.g. lack of control groups & symptomatology scales – Although GD patients are more likely to endorse item 110 "wishes to be the opposite sex" on CBCL (Cohen-Kettenis et al., 2003) the measure is not specific to GD diagnosis nor does the item attempt to assess "core gender identification"(Turban & van Schalkwyk, 2018. p. 8). Maybe: The Structured Clinical Interview for DSM-5 (SCID-5) - semi-structured interview guide for making DSM-5 diagnoses is more appropriate (but time consuming ☹)

GD Differential Diagnosis & Comorbidity

DISSOCIATIVE IDENTITY DISORDER (Source: if not specified APA, 2013)	
Key Criteria	• Disruption of identity characterised by two or more distinct personality states. The disruption in identity involves alterations in affect, behaviour, consciousness, memory, perception, cognition, and/or sensory/motor functioning. The signs and symptoms may be observed by others or reported by the individual.
Prevalence	• Prevalence: small US community study was 1.5%
Comorbidity & Typical Presentation	• Rarely do individuals with DID experience gender dysphoria as one of their identities. **Study:** Colizzi and colleagues (2015) at the Bari University Psychiatric Department (Italy) undertook a longitudinal study from 2008 to 2012 on 118 GD patients (82=MtF; 36=FtM). Key areas: Dissociative disorders, dissociative disorder related conditions, childhood trauma history and body image related distress. Inclusion/ exclusion criteria: see Colizzi et al., 2014. **Results**: • 45.8% childhood trauma / abuse history • 45.8% lifetime prevalence of a major depressive episode • 21.2% suicide attempts • Dissociation was less intense in GD patients after starting hormones and remained steadily lower after sex reassignment surgery • Clinical similarities between GD and dissociation • 29.6% (*n*=35) GD patients have a lifetime diagnosis of dissociative disorder. Dissociative Disorder Not Otherwise Specified (DDNOS) the most prevalent type. • Differential diagnosis or a symptom of GD? • Recommendation for adequate measures to assist with differential diagnosis

So how does GD present in therapy?

- ***THOUGHTS***……..I'm being harassed daily… my partner will leave me… what will my family think… my kids will be ostracised at school… what will the other parents think…I'll lose my job… I'll lose my house… I'll lose my friends... I'll never be intimate again… I'll look like a freak… what toilets do I use… will I ever be accepted... will I ever be me…I'm better off dead, it makes it easier for everyone, as suicide is easier to explain than "trans".
- Camouflaging shape and affect to audience
- Body betraying me
- No coherent body image
- I need to communicate my identity through presentation and stay away from boxes
- I feel buried by gender
- I feel trapped by current gender movements
- Dissociation, sadness, loneliness, anger, frustration, despair, distraught, lost
- I'm always playing roles

So how does GD present in therapy?

- Imposture syndrome
- Invisible to self
- Need to be certified by medical practitioners to become myself
- Doctor knows best
- Should not be medicalised – this is my identity
- Need gender recognition
- Preparing a narrative daily
- Need an identity and then project this so society accepts me
- I have no voice
- I have no autonomy
- I have to prove myself
- Need to be diagnosed with a mental illness to have my identity legitimatised

Thoughts & Care Pathway

- WPATH – SOC (Coleman et al., 2012) – Flexible Evidence Based Guidelines - diverse health care needs of transsexual, transgender, and gender nonconforming people.
- Clinicians should be aware of differential diagnoses and routinely assess for co-occurring mental health conditions.
- Treat and stabilise co-occurring mental health conditions with gender dysphoria (Coleman et al., 2012). Benefits of multidisciplinary team ☺.
- If use measures to assess GD - Be careful – make sure they assess core gender identification. Constructs may assess symptomatology rather than diagnostically differentiate(Colizzi et al., 2015; Turban & van Schalkwyk, 2018).
- "Bodily incongruence of GD may predispose an individual to a *psychotic* loss of self later in life, but only when the associated stress is high enough." (Meijer et al., 2017. p113). Therefore reducing stress in GD patients' lives is paramount !!!!
- Disclosure of transgender feelings is a protective factor against developing all sorts of psychiatric disorders (Dhejne et al., 2016).
- Longitudinal data on gender-affirming hormones and surgery interventions - overall improvement in psychopathology and psychiatric disorders post-treatment (Dhejne et al., 2016).

Thoughts & Care Pathway

Clinical Experience

- ASK at the initial consultation – Your name, pronouns for in session, in waiting room, for correspondence, with other staff, in front of your friends / family members and others
- Informed consent for therapy approach - always
- Separate disorder from identity
- Healthy mindset as survival behaviour minimises thriving behaviour
- Listening and questioning is important: Talk about experiences, listen to "trans voices", cultivate hope, reassurance, relief, validate, provide support for coming out to families, friends and partners, help with practical steps for social transition and lifestyle changes in preparation for surgery (if this is desired / needed) - **all have a clinical benefit.**
- GD patients experience distress reduction when they feel understood.

Conclusion and Thank You

- I am sure there is more to say.. Just touched the surface
- Passion and privilege to work in the trans and gender diverse field

In the room…

Lev (2013) suggested, 'I encourage everyone to practice your therapy as if there was no DSM-5 diagnosis for Gender Dysphoria, and at the same time I caution you to be very conscious of the reality of gender dysphoria' (p. 295).

You Tube Clip

https://www.youtube.com/watch?v=5kAQ4aXyR6E&index=5&list=PLO3RNjWSxyjd4fXviq6cwLLfVxYgs63PE

Permission granted by the performer – a big thank you ☺

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