The WPATH Standards of Care: What it really says and looking forward to Version 8

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Disclosures

- Co-Chair Trojan Sexual Health Advisory Council, Church & Dwight, Inc.
- Co-investigator: National Institute of Mental Health (R01 MH094229) – Michael Miner, PI
Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People
Version 7

New Paradigm

- Recognition of gender identity spectrum
- Affirmation of individual’s right to express their gender identity as they would like
- Many treatment options
PURPOSE AND USE OF THE STANDARDS OF CARE

To provide safe and effective pathways to achieving lasting personal comfort with their gendered selves in order to maximize their overall health

Promote psychological well-being

and self-fulfillment
Untreated or undertreated Gender Dysphoria is associated with increased morbidity and mortality.

Hormonal treatment is used to reduce or eliminate gender dysphoria symptoms through changes in hormonally sensitive sex characteristics (e.g., reducing characteristics of original sex and inducing those of the opposite sex).

May be considered across all spectrums of transition including before sex reassignment surgery, after surgery, and in patients not seeking surgery.
Gender nonconformity is not pathological, yet gender dysphoria is a specific distress that can be alleviated through medically necessary treatment.
<table>
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<th>Gender Nonconformity Is Not the Same as Gender Dysphoria</th>
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| Gender dysphoria may be classified as a mental disorder; not necessarily a life-time diagnosis. |

| Transsexual, transgender, and gender nonconforming individuals are not inherently disordered. |

| Rather, the distress of gender dysphoria, when present, is the concern that might be diagnosable and for which various treatment options are available. The existence of a diagnosis for such dysphoria often facilitates access to health care and can guide further research into effective treatments. |
Clearer statement that psychotherapy is not an absolute requirement to access medical interventions, but assessment and referral by a specialized health professional is.
Does explain the important role mental health professionals can play in addressing the negative effects of stigma, helping clients to find a gender expression that is comfortable, and, if applicable, facilitate gender role changes and coming out.
While these are Standards of Care (minimal requirements)

Allow for deviations to fit unique circumstances

Acknowledges the role of making informed choices and the value of harm reduction approaches.
Treatment aimed at trying to change a person’s gender identity and expression to become more congruent with sex assigned at birth has been attempted in the past without success, particularly in the long term. Such treatment is no longer considered ethical.
Refusing timely medical interventions for adolescents might prolong gender dysphoria and contribute to an appearance that could provoke abuse and stigmatization. Withholding puberty suppression and subsequent feminizing or masculinizing hormone therapy is not a neutral option for adolescents.
Feminizing/masculinizing hormone therapy – the administration of exogenous endocrine agents to induce feminizing or masculinizing changes – is a medically necessary intervention for many transsexual, transgender, and gender nonconforming individuals with gender dysphoria.
Sex Reassignment Surgery Is Effective and Medically Necessary

Follow-up studies have shown an undeniable beneficial effect of sex reassignment surgery on postoperative outcomes such as subjective well being, cosmesis, and sexual function.
Major changes in SOC7 2011

- Standards of Care for the Health of Transsexual, Transgender and Gender Nonconforming People
- Informed Consent for hormones
- Away from Binary
- Multiple Options
- Therapies toward changing adult GI no longer considered ethical
Additional Resources on Transgender Health Care


World Professional Association for Transgender Health's Standards of Care for Gender Identity Disorders, Version 7, 2011. Available from [www.WPATH.org](www.WPATH.org)

VA Transgender Educational Resources Sharepoint: [vaww.infoshare.va.gov/sites/pcsclipro/trer/default.aspx](vaww.infoshare.va.gov/sites/pcsclipro/trer/default.aspx)

Clinical Protocol Guidelines for Transgender Care: [www.vch.ca/transhealth](www.vch.ca/transhealth) or [transhealth.vch.ca/resources/careguidelines.html](transhealth.vch.ca/resources/careguidelines.html)


PRINCIPLES OF
TRANSGENDER
MEDICINE
AND SURGERY
SECOND EDITION

EDITED BY
Randi Ettinger
Stan Monstrey
Eli Coleman
### Additional Resources on Transgender Health Care

<table>
<thead>
<tr>
<th>Authors</th>
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<tbody>
<tr>
<td>Byne, W; Bradley, S; Green, R;</td>
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<tr>
<td>Coleman, E; Eyler, AE; Menvielle,</td>
<td></td>
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<tr>
<td>E; Meyer-Bahlburg, HFL; Pleak,</td>
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<tr>
<td>RR; Tompkins, DA</td>
<td>Report of the American Psychiatric Association task force on</td>
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Towards SOC 8

Eli Coleman, PhD
Chair – SOC Revision Committee
Past President
WPATH
• Review proposed members and identify areas of expertise
• Create an international advisory committee
• Review the major sections and discuss areas needed for revision
• Insure consistency with new Endocrine Guidelines
• Suggest new sections as appropriate
• Identify who might write background papers for changes
• Review status of “Companion Documents”
• Develop a time line for completion.
• Review of SOC 7

• I. Purpose and Use of the Standards of Care
• II. Global Applicability of the Standards of Care
• III. The Difference Between Gender Nonconformity and Gender Dysphoria – Diagnostic criteria
  • Reasonably controlled
• IV. Epidemiologic Considerations –update -
• V. Overview of Therapeutic Approaches for Gender health
  • update of references, expand options, over the lifecourse
  • Include primary care – informed consent expansion
• VI. Assessment and Treatment of Children and Adolescents with Gender Dysphoria
  • lots of up dates, ethical, expanding identities, prepubertal issues, recommended ages
  • Broader than mental health, psychological assessment? Behavioral, psychiatric –
  • Parents! Parent consultation/education
• VII. Mental Health
  • Co-occuring issues,
• VIII. Hormone Therapy

  • Co-occuring, substance abuse, how well managed? Support through process, trauma informed care
  • Understanding of impact of stigma, strength based, assets,
IX. Reproductive Health
X. Voice and Communication Therapy
XI. Surgery
XII. Postoperative Care and Follow-Up
XIII. Lifelong Care Preventive and Primary Care
More at the beginning, basic screening
XIV. Applicability of the Standards of Care to People Living in Institutional Environments
XV. Applicability of the Standards of Care to People with Disorders of Sex Development
A. Glossary
B. Overview of Medical Risks of Hormone Therapy
C. Summary of Criteria for Hormone Therapy and Surgeries
D. Evidence for Clinical Outcomes of Therapeutic Approaches
E. Development Process for the Standards of Care, Version 7

- Toolkits
- Global competencies
- Hormones in different areas
• New Criteria for Sex Reassignment Surgery: WPATH
• Standards of Care, Version 7, Revisited
• Britt Colebunders
• Griet De Cuypere
• Stan Monstrey
• IJT Vol. 16:222–233, 2015
• Proposed New Sections?

• Eunichs
• Gender Queer
• Services in Underdeveloped Areas
Proposed Process

- Finalize Committee
- Create International Advisory Committee
- Commission background Papers
- Discussion on Google Website
- Creation of a Writing Group
- Hire technical writer to summarize recommended changes
- Survey to gather more input on contentious issues
- Background draft is prepared by technical writer
- Writing group convenes to finalize 1\textsuperscript{st} draft
- Committees Review 1\textsuperscript{st} Draft with comments on Google Website
- Several rounds of Drafts reviewed
- Final draft submitted to BOD for approval
- Publication and Release
- Translations
• International Advisory Committee

• Tamara Adrian, LGBT Rights Venezuela (Venezuela)
• Craig Andrews, FtM Australia (Australia)
• Christine Burns, MBE, Plain Sense Ltd (UK)
• Naomi Fontanos, Society for Transsexual Women’s Rights in the Philippines (Philippines)
• Tone Marie Hansen, Harry Benjamin Resource Center (Norway)
• Rupert Raj, Sherbourne Health Center (Canada)
• Masae Torai, FtM Japan (Japan)
• Kelley Winters, GID Reform Advocates (USA)

• Brazil
• India
• Indonesia
• Iran
• Africa
• Israel
• Argentina
• China
• UNDP – contacts
• Russia
• APTN
• Justus
• Cultural
• Mechanism for greater feedback –
• Survey to members – by profession
• Public policy document
• Flavor to promote access to care
• APA and APA guidelines
• Graded evidence
• Brain studies/biology, genetics – how to interpret
• Appiliation
• Psychotherapy companion document
• How to work in an interdisciplinary
• Detransition
• Update on NOS – different paths: Kit, Laura, John D, Aaron D
• Biology of gender: Steve R and Josh S, Laura, Margaux, Vica
• Hormones/EndoSG: **Jamie**, Asa, Mick, Jo, Annelou, Walter Bouman,
• Co-occurring mental conditions: **Dan K**, Scott L,
• Co-occurring physical conditions: Jamie, Becky
• Epilation: John D,
• Sexual & reproductive health: Juno, Gail, Asa, Mick, Diane, Petra, Guy, John D, Kevan W
• Youth – recommendations for changes (overview): Scott, Annelou, Jo, Walter M, Aaron D
• Social transition for youth: Diane, Elizabeth
• Surgery for youth: Loren, Jo
• Families, families of choice and ‘significant others’: Joz, Diane B, Ari
• Education and competencies: Scott, Julie, Lin, Gail, Josh, John D
• Older people: Tarynn, Randi, Kevan W, Kelley W
• Eunuchs: Tom Johnson, Richard W
• Institutional: Randi, George, Tom, Walter M
• Underserved-limited access areas: Sam Winter, Mick
• Cross cultural: Paul Vasey, Aaron
• Informed consent