



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

Opportunity Conference  
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**Eli Coleman, Ph.D**

**Past President, World Professional Association for  
Transgender Health**

**Academic Chair in Sexual Health**

**Professor and Director**

**Program in Human Sexuality**

**U of Minnesota Medical School**

**colem001@umn.edu**

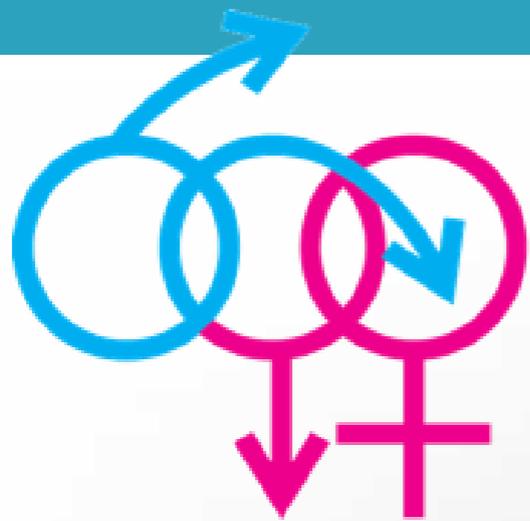


**Program in  
Human Sexuality**

UNIVERSITY OF MINNESOTA

# Disclosures

- Co-Chair Trojan Sexual Health Advisory Council, Church & Dwight, Inc.
- Co-investigator: National Institute of Mental Health (R01 MH094229) – Michael Miner, PI



**WPATH**

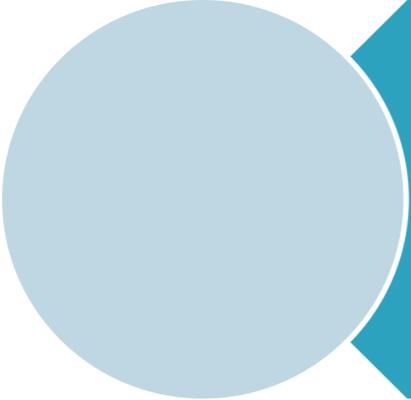
WORLD PROFESSIONAL  
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TRANSGENDER HEALTH

***Standards of Care for the Health  
of Transsexual, Transgender, and  
Gender Nonconforming People  
Version 7***

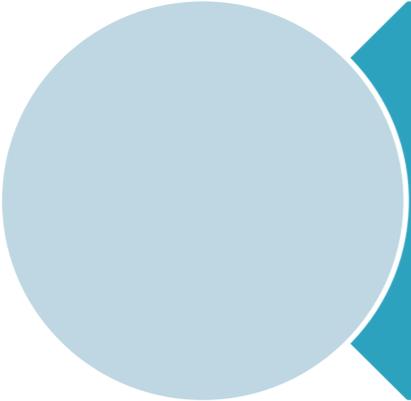


**The original SOC were published in 1979. Previous revisions were in 1980, 1981, 1990, 1998, and 2001.**

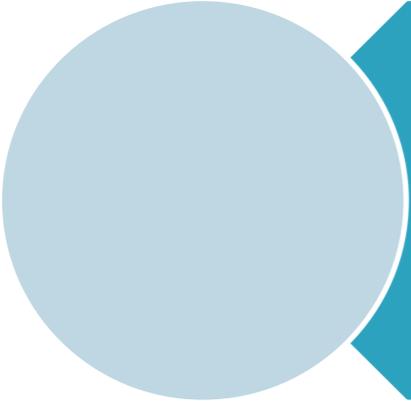
# New Paradigm



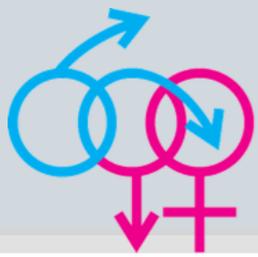
Recognition of gender identity spectrum



Affirmation of individual's right to express their gender identity as they would like



Many treatment options



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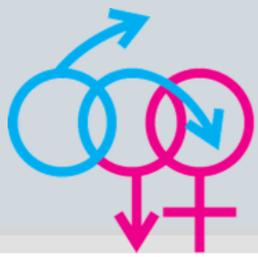
## PURPOSE AND USE OF THE STANDARDS OF CARE

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

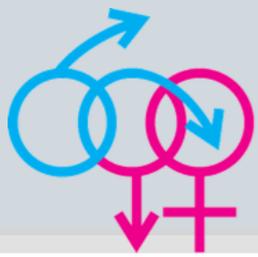
and self-fulfillment



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

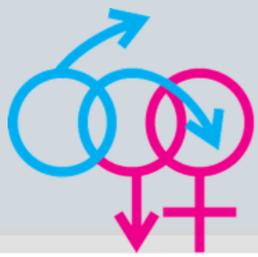
Hormonal treatment is used to reduce or eliminate gender dysphoria symptoms through changes in hormonally sensitive sex characteristics (e.g., reducing characteristics of original sex and inducing those of the opposite sex).

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.



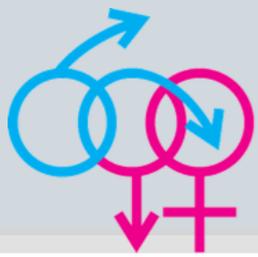


## Gender Nonconformity Is Not the Same as Gender Dysphoria

Gender dysphoria may be classified as a mental disorder; not necessarily a life-time diagnosis.

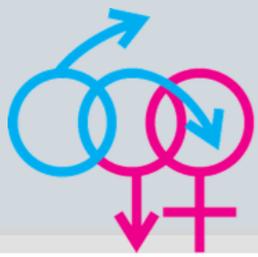
Transsexual, transgender, and gender nonconforming individuals are not inherently disordered.

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.



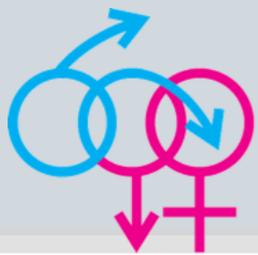
Clearer statement that psychotherapy is not an absolute requirement to access medical interventions, but assessment and referral by a specialized health professional is.





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.

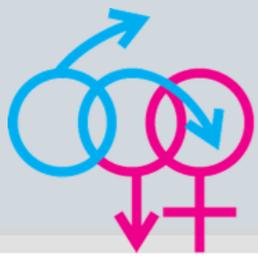




While these are Standards of Care  
(minimal requirements)

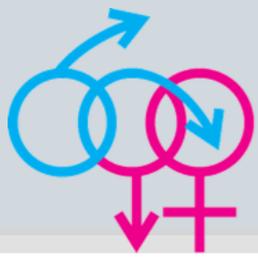
Allow for deviations to fit unique  
circumstances

Acknowledges the role of making  
informed choices and the value of  
harm reduction approaches.



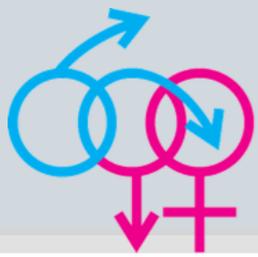
Treatment aimed at trying to change a person's gender identity and expression to become more congruent with sex assigned at birth has been attempted in the past without success, particularly in the long term. Such treatment is no longer considered ethical.





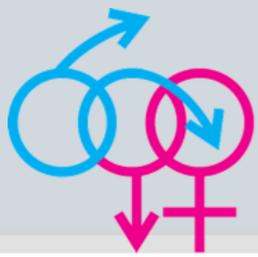
Refusing timely medical interventions for adolescents might prolong gender dysphoria and contribute to an appearance that could provoke abuse and stigmatization. Withholding puberty suppression and subsequent feminizing or masculinizing hormone therapy is not a neutral option for adolescents.





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

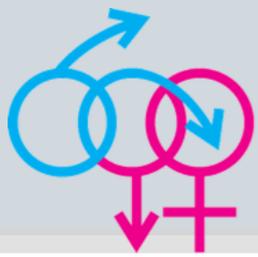




Sex Reassignment Surgery Is  
Effective and Medically  
Necessary

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





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

Endocrine Society Guidelines: [www.endo-society.org/guidelines/final/upload/Endocrine-Treatment-of-Transsexual-Persons.pdf](http://www.endo-society.org/guidelines/final/upload/Endocrine-Treatment-of-Transsexual-Persons.pdf)

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

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

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

The Joint Commission: *Advancing Effective Communication, Cultural Competence and Patient-and-Family Centered Care for the Lesbian, Gay, Bisexual and Transgender (LGBT) Community: A Field Guide*. Oak Brook, IL, Oct. 2011. [www.jointcommission.org/lgbt/](http://www.jointcommission.org/lgbt/)

Institute of Medicine. 2011. *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. National Academies Press, Washington DC. You can download a free PDF at: [www.nap.edu/catalog.php?record\\_id=13128](http://www.nap.edu/catalog.php?record_id=13128)



PRINCIPLES OF  
**TRANSGENDER  
MEDICINE  
AND SURGERY**

SECOND EDITION

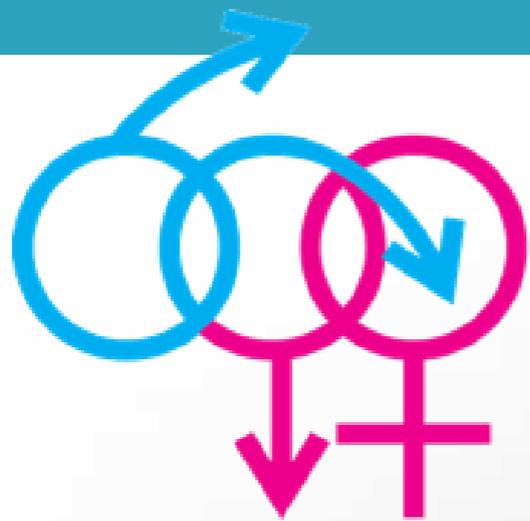
EDITED BY

Randi Ettner  
Stan Monstrey  
Eli Coleman

# Additional Resources on Transgender Health Care

Byne, W; Bradley, S; Green, R; Coleman, E; Eyler, AE; Menvielle, E; Meyer-Bahlburg, HFL; Pleak, RR; Tompkins, DA: Report of the American Psychiatric Association task force on treatment of gender identity disorder. *Arch Sex Beh* in press.

Gooren, L: Care of transsexual persons. *N Engl J Med* 2011;364:1251-7.



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Towards SOC 8

Eli Coleman, PhD  
Chair – SOC Revision Committee  
Past President  
WPATH



## •Outline

- 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
- Co-occurring issues,
- VII. Mental Health
  - Co-occurring, substance abuse, how well managed? Support through process, trauma informed care
  - Understandnig of impact of stigma, strength based, assets,
- VIII. Hormone Therapy

- 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

## •Appedices

- 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

• Already completed background papers

- 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<sup>st</sup> draft
- Committees Review 1<sup>st</sup> 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 Phillipines (Phillipines)
- 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

## • Misc. suggestions

- 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

## • Separate sections on both adult and youth?

- 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