

Transgender and Occupational therapy

Marie Llanos, MHPed, OTR/L
UNLV OTD Student

Asa Jackson, OTR/L
University Medical Center of Southern Nevada



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OBJECTIVES

- Describe key relevant terms and definitions related to gender care.
- Illustrate the occupational experiences and challenges of transgender and gender-diverse individuals in the healthcare system.
- Examine the elements of occupation-based enablement and its impact in the transitioning process
- Demonstrate post-surgical considerations to facilitate occupational performance.

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LET'S TALK ABOUT THE NUMBERS

- Approximately **9000 transgender surgeries** are performed annually
- Estimated **0.6% of the population identifies as transgender**, and more are seeking gender-related medical and surgical services (Ave age = 29.8)
- **10.9%** result in **gender-affirming surgeries**
(highest is **mastectomy**; increase in infection is **phalloplasty**)
(Lane, et al., 2018; Mani et al., 2021)
- **Four** surgical fellowships
<https://www1.plasticsurgery.org/search/?q=transgender%20fellowship&site=all&pro=False>

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TRANSGENDER HEALTH AND CLINICAL FRAMEWORKS



World Professional Association for Transgender Health

- Promote evidence-based care, education, research, public policy, and respect in transgender health
- Standards of Care (SOC-8) - accommodate diverse requirements of TGD people worldwide & guide treatment of individuals with gender dysphoria

WPATH

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BASIC TERMINOLOGIES

Standards of Care (SOC-8) (Coleman et al., 2022)

- **Transgender and Gender diverse (TGD) individuals**
- Broad, inclusive and respectful
- Culture/language specific experiences
- **Avoid overemphasis** on the term transgender
- Use **culturally relevant language** in different global settings
- Gender affirming care is **not synonymous** with transition-related care

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BASIC TERMINOLOGIES ECKSTRAND & EHRENFELD, 2016; ROSENDALE ET AL., 2018

- "Trans man", "female to male" or **FTM**
- "Trans woman", "male to female" or **MTF**
- Use of gender-neutral pronouns (they, them, he, she, her, him) or a pronoun they use
- **Cis gender** - word used academically to describe a gender identity that matches their sex assigned at birth (*in contrast* to heterosexual or straight)

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GENDERBREAD PERSON ECKSTRAND & EHRENFELD, 2016


Helpful Hint



- Gender is between the ears
- Sex is between the legs
- Sexual orientation refers to attraction to either of these things

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TERMS TO AVOID



- Sexual preference (use the term **sexual orientation** or **sexual identity** instead)
- Homosexual (use the words **gay** or **lesbian** instead; use the words the patients use to describe themselves)
- Transvestite (use **transgender** or the words the patients use for themselves)

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GENDER DYSPHORIA

Diagnostic and Statistical Manual of Mental Disorders (DSM-5)

- Individuals who have experienced clinically significant distress related to their gender or gender identity for 6 months or more.
- Significant mismatch between biological sex and the internal sense of his or her own gender
- May also develop later in life
- **"Transitioning"**- process toward harmonizing body and gender identity through varying degrees of surgical and hormonal gender-confirmation therapy.

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TRANSITIONING PROCESS (ECKSTRAND & EHRENFELD, 2016)

- Process toward harmonizing body and gender identity through varying degrees of surgical and hormonal gender-confirmation therapy.
- Early age or later in later in life
- Gender identity depends on the intervention a patient has chosen
- Increased gender-affirming surgeries → considerations for post-op care → cultural competency of clinicians

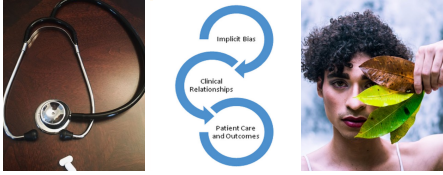
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BARRIERS

- Financial, Insurance, and Employment Barriers
- Availability of Care
- Issues Within Medical and Mental Health Fields (bias)
- Interpersonal Barriers
- Concerns About Quality
- Lack of Knowledge
- Minority Stress Theory**

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BARRIERS WITHIN THE MEDICAL AND MENTAL HEALTH FIELDS



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OCCUPATION-BASED ENABLEMENT

OT DRIVEN PROGRAM

WHAT IS UBC?

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OT SHARED GOVERNANCE

- Nursing management model (Weaver et al., 2018)
 - Promotes control over professional practice and
 - Utilizes available resources to support and influence decision-making
 - Set goals and resolve conflicts
- Consists of 1 COTA, 4 OTRs
- Identified deficits in performing ADLs with focus on dressing, toileting and showering

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OT SHARED GOVERNANCE

- Leadership functions in the usual manner
- Each department has a unit council empowered to **focus** on unit/department centric work as defined by the leader.
- Collaboration with plastic surgeons, nursing leadership and staff to create post-op transgender care

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FEMINIZING REGIMENS

- ESTROGEN THERAPY
- BREAST CONSTRUCTION WITH MAMMARY PROSTHESIS
- FACIAL SURGERY
- VOICE SURGERY
- GENITAL SURGERY
VAGINOPLASTY
CLITOROPLASTY
PENILE INVERSION



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MALE TO FEMALE: VAGINOPLASTY

- MAKE UP 95% OF THE CASELOAD (GOAL IS 4-6/MO)
- POST-OP:**
- VAGINA IS PACKED WITH GAUZE AND SUTURED CLOSED (NO ABDUCTION WHILE DRESSING IS IN PLACE)
- DRESSING REMOVAL DONE ON THE FOLLOWING WEDNESDAY
- DILATORS WORN 3X/DAY FOR 1 HOUR AT AT TIME
- OCCUPATIONAL THERAPISTS TO INITIATE DILATOR TRAINING AND PROVIDE MIRRORS FOR USE



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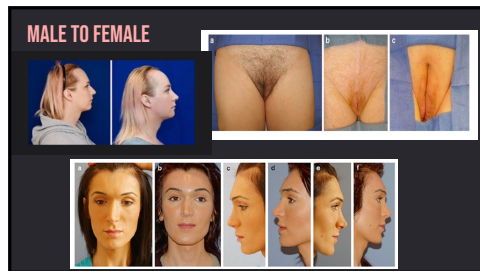
MALE TO FEMALE: VAGINOPLASTY

- ORGASM ABILITY IS RETAINED IN 75% OF THE PATIENTS
- 14 CM LENGTH VAGINA IS CREATED
- THE SURGEON PREFERS INCOMPLETE HAIR REMOVAL TO COVER SCARS OF BOTH THE VAGINOPLASTY/VULVOPLASTY PROCEDURES



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MALE TO FEMALE



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MALE TO FEMALE: VULVOPLASTY

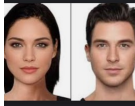
- SAME AS THE VAGINOPLASTY WITH THE EXCEPTION OF CREATION OF A VAGINAL CANAL.
- LESS RISKY IN COMPARISON TO THE VAGINOPLASTY.
- USUALLY DISCHARGED ON THE FOLLOWING MONDAY OR TUESDAY WITH A THURSDAY PROCEDURE.



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MASCULINIZING REGIMENS

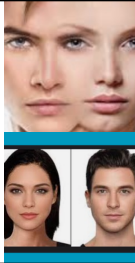
- TESTOSTERONE THERAPY
- COSMETIC PROCEDURES
- SUBCUTANEOUS MASTECTOMY
- GENITAL SURGERY
- HYSTERECTOMY
- METOIDIOPLASTY
- RADIAL FOREARM FLAP IN PHALLOPLASTY



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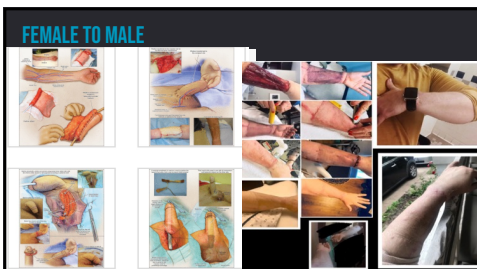
OTHER REGIMENS

- CHEST SURGERIES (MASCULINIZATION/MASTECTOMY, FEMINIZATION/AUGMENTATION)
- FACIAL RECONSTRUCTION SURGERIES DONE ON AN OUTPATIENT BASIS.

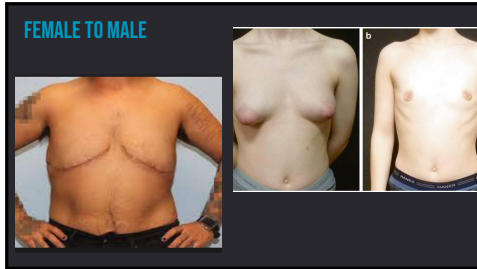


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FEMALE TO MALE



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OT FACTS ON TRANSGENDER

- Moss Rehab (PA) – Therapeutic grooming for the **Groom, Glow, Grow**; Voice therapy, Orthopedic therapy, Pelvic floor therapy
- <https://therainbowot.com>
- <https://www.mossrehab.com/services/gender-affirming-therapies>

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OT AND TRANSGENDER

- Butler (1988) Gender is an enacted occupation that is the sum of many occupations such as dressing, grooming, social communication, verbal communication, and functional mobility.
- **Duality between males and females** in the westernized society
- Beagan et al. (2013) Social norms demand to engage in occupations suitable for their gender
- Transition process necessitate acquiring new skills

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OT AND TRANSGENDER

- Jessop (1992) published the first and only case study MTF client
- Referred for OT for 7-wk treatment as a pre-surgery phase
- **Initial assessment:** observation and interview to address concerns in her chosen gender role
- Referral to speech therapy to address vocal changes from hormone therapy

Focus:

- Self care activities such as dressing, makeup and hair
- Transition to leave male-dominated industry
- Improve typical feminine occupations (cooking, cleaning and laundry)

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ASSESSMENT PROCESS (SCHECHTER, 2020)

- Living situations – safe, stable housing, and place to dilate;
private bathroom is *ideal*
- Advise
Alternative living arrangements if patient has more than one flight of stairs
Have a companion for the first 2 wks **post-op** to assist in ADLs
- Referral for home health needs (wound care or task modifications/adaptations)


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OCCUPATIONAL THERAPY

- **Create/Promote** – provide education on best practices (transgender care), cultural competency training among staff
- **Establish/Restore** – promote safe and effective use of transgender modalities, self-advocacy skills in finding providers
- **Maintain** – repetition of occupations to promote habituation, role playing of work environment to employ self-advocacy skills
- **Modify** – the occupation, context, environment, and/or person
- **Prevent** – educate to engage in safe binding or tucking to prevent skin breakdown or onset of UTI

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ACUTE CARE OT: BED MOBILITY/POSITIONING



- LOG ROLLING OOB
- IF ABSOLUTELY NEEDED TO STAND, CAN SIT FOR A BRIEF SECOND
- NO ABDUCTION X 1 WK
- NO ABDUCTION IS **DISCONTINUED** AFTER THE DRESSINGS ARE REMOVED
- PRECAUTIONS ARE WHILE THEY ARE IN THE HOSPITAL ONLY. THIS IS DONE WHILE THE GAUZE PACKING, SUTURES AND DRESSINGS ARE STILL IN PLACE. THE SUTURES ARE IN THE PERINEUM AND CAN BE COMPROMISED BY SITTING
- NO SITTING X 3 WEEKS

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ACUTE CARE OT: TOILET TRANSFERS/POSITIONING AND HYGIENE




- MODIFIED SQUATTING** METHOD
- IF ABSOLUTELY NEEDED, CAN SIT FOR A BRIEF SECOND.
- NO DONUT
- PROVIDE BESIDE COMMODE/TOILET SAFETY FRAME TO ASSIST IN SQUATTING OR FABRICATION OF A TOILETING DEVICE, IF APPLICABLE

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ACUTE CARE OT: BATHING/SHOWERING AND LB DRESSING

- WHILE IN THE HOSPITAL, BEFORE DRESSING IS REMOVED, PATIENT ALLOWED TO **SPONGE BATH** ONLY
- ONCE DRESSING AND PACKING HAVE BEEN REMOVED FROM THE VAGINA THEY ARE OK TO SHOWER
- USE ADAPTIVE EQUIPMENT (HEADCH, SOCK AID), IF APPLICABLE

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ACUTE CARE OT: FUNCTIONAL MOBILITY AND STAIRS

- SHORT STRIDE LENGTH
- OK TO USE WALKER, IF NEEDED
- CAN DO STAIRS, **1 STEP AT A TIME**



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ACUTE CARE OT : FOLLOW UP CARE

- ENCOURAGE EARLY MOBILITY, **NO BED REST!**
- DISCUSSED THE RISK FOR DVT. THE SURGEON DOES HOLD ESTROGEN FOR 3 WEEKS PRIOR AND 2 WEEKS POST-OP
- FOCUS ON SHOWERING, TOILETING, DRESSING**

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LOOKING AHEAD

- PERFORMING **PHALLOPLASTY** IN THE NEAR FUTURE
- PHALLOPLASTY REQUIRES 3 TEAMS OF SURGEONS (PLASTICS, NEUROLOGY, UROLOGY)
- CREATE A VIDEO** REGARDING OT TOPICS
- COMPILE RESOURCES** FOR PATIENTS AND FAMILIES

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**ROLE OF OT:
DO WE NEED
SPECIALIZED
KNOWLEDGE?**

LOCK OF KNOWLEDGE IS THE MAIN CONCERN

FOCUS ON PERSON, ENVIRONMENT AND OCCUPATION

BEST PRACTICES FOR TRANS-PATIENTS IS STILL BEST PRACTICE AS USUAL.

QUALITY OF CARE FOR TRANSGENDER PATIENTS IS NOT "SPECIALIZED PRACTICE"

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BEST PRACTICES

- Use intake forms that include chosen name and pronouns (he, she, him, her, they)
- Invite all staff to use pronouns in introductions
- **Avoid** using gendered honorifics (Mr, Mrs, Ms)
- Asking about the patient's name during initial evaluation
- If admitted, assign patients in a single room or shared with the same gender identity
- **Ensure confidentiality** even when family is present

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ELEMENTS OF OCCUPATION-BASED ENABLEMENT

ARE WE MEETING OUR CLIENT'S NEEDS?

"Smaller in number are we, but larger in mind." - Jodie

Holistic Care	Focus on the transactional nature of person, environment, and occupation Collaborate with nursing staff as part of onboarding and education for rehab (LMS)
Gender presentation	Center of many transgender issues. Gender performance can be learned and also can be taught.
Work-related occupations	Opportunities for employment, employability self-assessment, developing skills for gendered work, career exploration and decision making, job-searching, and resume-writing to manage gender transition
Social networking	Connecting to new social networks such as involvement in LGBTQ communities
Advocacy	Address discrimination, bullying, and harassment in schools, workplaces, hospitals, government agencies, prison and long-term care facilities

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REFERENCES

- Bagan, S. L., Chesser, A., Fink, C. A., Farneth, S. D., Hixson, A. C., Marsh, M. R., & Sang, J. E. (2015). Working with transgender clients: Learning from physicians and nurses in a tertiary care hospital. *Journal of Clinical Oncology, 33*(12), 1215-1219. <https://doi.org/10.1200/JCO.2014.56.4041>
- Chirba, J. (2018). <https://www.researchgate.net/publication/328111111>
- Chirba, J., Biele, A., Biele, W., Biele, S., De Hing, A. C., Juchacz, M., Eder, B., Fink, L., Grottel, M. C., Jurek, J. C., Henschel, B., Juchacz, T., Krawiec, D., Krawiec, G., Labudz, S. F., Wajsb-Galun, M. F. L., Stawski, S., Motkowski, J., Naska, L., ... Biele, M. (2022). Standards of care for transgender patients: A systematic review. *Journal of Transgender Health, 7*(1), 1-12. <https://doi.org/10.1080/22449092.2022.2081111>
- Eckstrand, K., & Eckstrand, J. M. (2016). Transgender, gay, bisexual, and transgender healthcare. *BMJ, 352*, h1250. <https://doi.org/10.1136/bmj.h1250>
- Jurek, M. (2023). <https://www.researchgate.net/publication/365111111> - case study. *British Journal of Occupational Therapy, 86*(9), 537-544. <https://doi.org/10.1177/0309183X22111111>
- Linn, M., Chen, C., Chalmers, E. C., Warden, J. P., Van, T. H., Hu, M. M., & Kuzon, W. M. (2018). Trends in gender-affirming therapy of transgender patients in the United States. *Journal of the American Medical Association, 319*(12), 1215-1224. <https://doi.org/10.1001/jama.2018.11111>
- Mack, V. R., Vachon, S. C., Hargrave, A., Kozlowski, A., & Charbon, B. (2021). Transgender surgery - Knowledge gap among physicians impacting patient care. *Current Surgery, 73*(2), 1-5. <https://doi.org/10.1007/s12013-021-00000-0>
- Rosenfeld, N., Coleman, S., O'Neil, G. M., & Weller, L. A. (2018). Acute clinical care for transgender patients. *JAMA Internal Medicine, 178*(11), 1335-1336. <https://doi.org/10.1001/jamaintern.2018.0000>
- Schaefer, L. S. (2009). *Gender Confirmation Surgery: Principles and Techniques for an Emerging Field* (pp. 45-126). Springer Publishing.
- Weaver, S., Hays, R., & Williams, M. (2018). *Measuring Patient Experiences: One Healthcare System's Experience*. Human Management, 49(1), 11-14. <https://doi.org/10.1002/hm.1000>

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