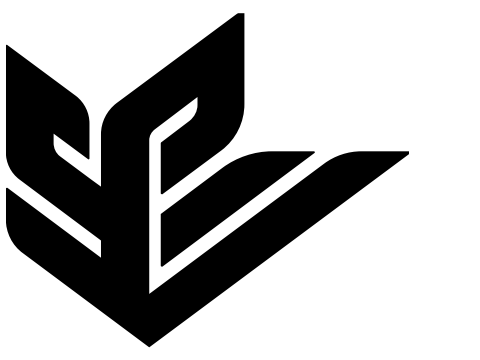


Comfort in mental health treatment for transgender and gender nonconforming individuals



Alex Rabern

ABSTRACT

Comfort with one's therapist is important to follow clinical recommendations and maintain attendance in continuing treatment. Transgender and gender nonconforming people report low comfort with medical and mental health care. Improving comfortability in healthcare settings for transgender and gender nonconforming individuals is needed as research shows need based on higher rates of depression and eating disorders. Past research has focused on showing the scope of the problem. However, research testing the efficacy of potential solutions is rarely done. This study aimed to show the efficacy of training in gender affirming care for therapists through measuring improvements to client reports of comfortability in treatment and assessment of depressive symptoms.

INTRODUCTION

- Transgender and Gender Non-Conforming (TGNC) people experience higher rates of child abuse (Tobin & Delaney, 2019), eating disorders (Simone, et al., 2019), and depression. (Frost, et al., 2019)
- TGNC patients and clients report lower rates of access (Puckett, et al., 2018), comfortability (Scandurra, et al., 2019), and affirming treatment (White & Fontenot, 2019) in medical and mental health care settings.
- Gender affirming treatment, ideal for TGNC clients and patients, is not being met, leading to worse treatment outcomes. (Gessner, et al., 2020)
- Health care workers report feeling untrained on TGNC sensitivity. (Carabez, et al., 2016; Wofford, 2017)
- Sensitivity training for health care providers could increase comfort for TGNC people in health care settings, improving outcomes. (Puckett, et al., 2018)

PRIMARY AIM AND HYPOTHESES

- RQ1: Do TGNC clients report higher comfortability in treatment from a therapist trained in gender affirming care?
- RQ2: Does gender affirming therapy lower symptoms of depression for TGNC clients?
- H1: TGNC clients will report higher comfortability from gender affirming care compared with past comfortability assessments.
- H2: TGNC clients working with trained therapists will show lower depressive symptoms after 12 weeks of treatment, compared to an initial assessment.

METHODS

Participants

- Target sample is marriage and family therapists and their clients.
- Sample of 10-15 therapists, with 4 TGNC clients or more each to participate.
- Volunteer, non-randomized, participation. Therapists recruited from Seattle Pacific University Master's Program and Alumni, currently practicing in WA.
- Client participants are a minimum of 18 years old, self identifying as transgender, nonbinary, or gender nonconforming of any gender identity.

Procedures

- Training will be given to participating therapists in gender affirming care, based on principles in *LGBTQ+ Clients in Therapy*, (Kort, 2018)
- Therapists will distribute PHQ-9 instruments to clients at baseline (T1) and at 12-week follow up (T2).
- Participating clients are given instructions to complete online surveys after the follow-up to assess for comfortability in treatment.
- Participating clients will be paid for their participation on completion of survey.
- A community advisory board of local TGNC will be formed and made available to help participating therapists provide consistency in affirming treatment.

MEASURES

TGNC Client Comfortability in Treatment

- Client comfort was measured through the Therapist Comfort Scale (Slone & Owen, 2015) The instrument has 10 items, which are rated on a 5-point Likert scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree).
- TCS responses from this study and results from Scandurra, et al. (2019) are ordered to find median responses for each item.

Symptom Reduction for Depression

- Client depressive symptoms are measured by the standard PHQ-9 instrument, 9 items on 5-point Likert scales, at T1 and T2.
- The scores of PHQ-9 items were totaled for each client at T1 and T2. A mean was taken to create scores for depressive symptoms. ($\alpha = .90$)

RESULTS

- 50 client comfortability surveys received across clients from all participating therapists.
- Comfortability median scores for each item are compared for difference between groups using Mann-Whitney *U* test.
- Median comfort scores for items in current study's group and past study's group were 4 and 3; the distributions in the two groups differed significantly (Mann-Whitney $U = 12$, $P < 0.05$ two-tailed).
- Measured differences suggest that therapists trained in gender affirming treatment help TGNC clients feel more comfortable in treatment than in the past study.
- The amount of difference attributable to the given training in gender affirming treatment is unknown, as this study does not account for other differences in therapist training or skill with the participants.
- 48 pairs of PHQ-9 results from T1 and T2 were collected.
- T-test was used for comparison of paired data sets.
- P-value calculated to be below the threshold for significance of 0.10.
- Improvement between T1 and T2 in PHQ-9 scores indicates that treatment has been effective in reducing depressive symptoms for clients.
- Given that there is no control group for this analysis, other contributing factors beyond therapy may impact PHQ-9 results and significance.

DISCUSSION

- The purpose of this study was to assess the efficacy of sensitivity training for therapists and its impact on client outcomes.
- Studies show that TGNC clients both can benefit from therapy and are often lacking connection to it.
- Positive results on both hypotheses suggest that better treatment outcomes are possible through gender affirming treatment.
- Transgender identity is becoming more socially acceptable to express, though there are still significant minority stressors present for TGNC people.
- Therapists are often necessary for TGNC people needing letters recommending hormone treatment and other medical or surgical gender affirmation procedures.
- Therapy works through a therapeutic alliance. Clients trust their therapist with important information and need to feel comfortable with their therapist for this to happen.
- Therapists are better able to meet the needs of TGNC clients through training in gender affirming treatment.
- Assessing client perception of treatment and comfort can be useful for a therapist to adapt and adjust treatment to better individualize treatment needs.
- Further research is needed on other models and frameworks for gender affirming care to better explore and define its components and efficacy.
- This study is limited to TGNC people currently engaged in therapy. People who have had negative therapy experiences in the past, or who are otherwise uncomfortable with therapy, are not represented in this study. Further research could look to assess these people's hesitancy, and search for ways to reconnect them with treatment.