Presentation

Gender Transition in the Workplace: Doing the Right Thing

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Agenda

• What is Gender Dysphoria
• Important issues to consider
• Process for Sex Reassignment
• Functional impacts
• Return to Work
What is it Clinically?
Diagnosis-Then and Now

**DSM-5 (2013)**

Gender Dysphoria

- Distress that accompanies the incongruence between one's experienced gender and one's assigned gender
- Affective and cognitive distress is the issue
- No longer pathologizes the fact that one feels as the other gender
- Focuses on clinical distress as the disorder, not behavior or identity

**DSM-IV (1994)**

Gender Identity Disorder

- Focuses on the cross-gender identification
- Distress is required, but is not the primary focus
- Pathologizes behaviors that were non-sex conforming

*Take away: Gender identity issues are not pathological, the distress associated with it is*
Gender Dysphoria

- Marked incongruence for at least 6 mo.
- Desire to be rid of sex characteristics
- Desire to have sex characteristics of other sex
- Desire to be *be* the other gender
- Desire to be *treated as* other
- A strong conviction that has feelings and reactions of the other gender
- Causes clinically significant distress in social, occupational functioning.

Take Away-Gender Dysphoria is required before any medical intervention will be undertaken
Useful Terms

• **Sex** = Label based on biological sex characteristics
• **Gender** = how one identifies/perceives self or is identified socially
• **Gender Reassignment** = a biological and legal change of gender
• **Transgender** = those who either transiently or persistently identify as the other gender
• **Cisgender** = someone who’s biological characteristics match their identified gender (not transgender)
• **Non-Binary** = Someone who’s gender identity does not fall into male or female categories

Take Away: It’s not easy to stay on top of what terms mean, and they may not be used the same way by all people. If unsure, ask!
Beginning the Transition Process

- Surgery is not always pursued or may be pursued on a limited or extensive basis. For those who elect surgery:
  - Have Gender Dysphoria with a desire to become the opposing gender
  - Detailed mental health evaluation (or two) to verify
    - Understanding of process/risks/benefits
    - Mental Stability
    - Rule out other severe BH conditions
  - Hormone treatment for at least one year.
  - Living “true life” test for a minimum of one year. ²
Undergoing Surgery

• Approx. 3200 performed in US in 2016

• Most insurers (including Medicare) cover if medically necessary.

• May seek employers with specific insurance policies that are known to cover procedures.
  - Variation in coverage may be based state

• Costs vary, but Female to Male tend to be more.
  - $7,000 - $50,000
Comorbid Health/Risk Factors

Substance Use Disorders
• 25-30% abuse alcohol/drugs (LGBT) (9% general population)
• More likely to smoke cigarettes

HIV
• Greater than 3x national average

Anxiety (33%)
Depression (44%)
Suicide
• >40% have attempted suicide
• 78% attempt suicide in response to gender bullying behavior
Transgender Life

1. Large-scale study of over 1000 transgender individuals found
   - “63 percent of respondents experienced some form of discrimination due to bias about their gender identity, including the loss of a job, bullying and even physical and sexual assault.”
   - “As many as 41 percent of respondents reported they had attempted suicide — a rate 25 times higher than that of the general population.”

2. 42 percent of transgender people said they received verbal or even physical abuse at their doctor’s office or were denied equal treatment because of their gender identity.

3. SHRM
   - 50% of respondents reported being harassed at work.
   - 26% said they lost a job because they were transgender or gender-nonconforming.
   - 20% said they were removed from direct contact with an organization's clients because of being transgender.

(https://www.shrm.org/resourcesandtools/tools-and-samples/toolkits/pages/employingtransgenderworkers.aspx)
What is HR’s and the EAP’s Role?
HR & EAP Role

- Ensure company policies are up to date
- Educate Managers and Coworkers
- Assist in Navigating the Changes at Work
- Provide Support in a Safe Work Environment
Ensure company policies are up to date

• Employee Handbooks and Policies & Procedures need to be up to date
• Remove or modify policies that are not gender neutral
  o Dress Code
  o Restroom or Locker Room Policies
• Gender Identity and Gender Expression Workplace Review
  o Health Insurance Coverages
  o Leave Policies
  o Preferred Name usage
Educate Managers and Coworkers

• HR Facilitated Meetings
  o Employee – discuss expectations
  o Manager – provide information and review policies
  o Employee & Manager – create transition plan and address concerns
  o Coworkers – provide basic information about the plan, review policies, expected behavior

• Having an experienced EAP provided clinician present
• Provide resource information and educational links
  o HRC, GLAAD, SHRM, PFLAG
Assist in Navigating the Changes at Work

• The HR / EAP team is a vital resource for the employee
• Talking Pronouns
  o Why does it matter?
  o Which one to use?
  o When does it change?
  o When is a transition complete?
• Helping co-workers accept or adjust
• Expect Confusion or Resistance
Provide Support in a Safe Work Environment

• Degree of success of transition
  o Amount of Support in the Work Environment
  o Ability to maintain job stability

• Building Cultural Competency
  o Examine your workplace climate
  o Ensure clear guidance through policies
  o Provide Diversity Training

• Create Gender Transition Guidelines
  o Clearly states responsibilities and expectations
  o Assigns a designated person to help the employee manage their workplace transition
  o Defines a procedure to implement transition-related changes
  o Create a communication plan
  o Addresses additional resources and training available
Gender Dysphoria is not an acute behavioral health condition
- Causes distress and functional impact related to gender identity
- Is pervasive and typically longstanding
- In isolation should not impact functional ability at work

However:
- Highly associated with other severe conditions such as
  - Depressive/Anxiety Disorders
  - Suicide
  - Substance Use
- Increased:
  - Social isolation
  - Discrimination, etc.
  - Exacerbation of other co-occurring symptoms
Return to Work

- Workplace stressors may impact RTW
  - Actual or perceived discrimination
  - Managing coworker reactions/questions
  - Transgender friendly workplace
- Life Stressors
  - Family/Social
  - Financial
Need for ongoing support

Successful transition ≠ end of challenges

Ongoing support/treatment

- Psychotherapy to manage
  - Life Changes
  - Ongoing Symptoms
  - Co-morbid diagnoses
- Support Groups
- Psychiatric Care
  - Likely to be part of process and should continue after transition if warranted
Our Presenters

It has been our pleasure to talk with you today. Please do not hesitate to contact us should a follow up question arise.

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References


