

### Update on WPATH's DSM-5 Consensus Process

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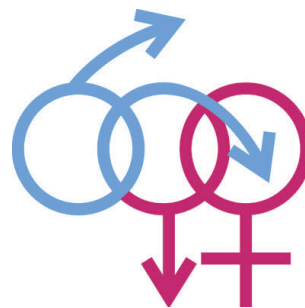
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The Diagnostic and Statistical Manual of Mental Disorders (DSM) is published by the American Psychiatric Association and widely used in the United States, Canada, and Western Europe. It is important to acknowledge the limitations of the DSM and the lack of relevance it may have in many parts of the non-Western world (Winter, 2009). The Board of Directors of WPATH felt a responsibility to review the DSM diagnoses and the related controversies, taking a stand by attempting to reach consensus on removal or reform and making recommendations to the DSM's Work Group on Sexual and Gender Identity Disorders (WGSGID). Moreover, the WGSGID provided opportunities for dialogue and input and made a specific request for such input from WPATH (Zucker, 2009). Hence, the WPATH Board of Directors directed the then

President Elect Walter Bockting, Board Member Griet De Cuypere, and incoming Secretary/Treasurer



Gail Knudson to chair a consensus process, culminating in recommendations to the DSM Work Group as well as a public statement of WPATH on its position on the diagnosis and the associated controversies.

The consensus process commenced in January of 2009. In June of 2009, at WPATH's Biennial Symposium in Oslo, Norway, a half-day consensus meeting was held and the outcome was presented during a plenary session with many members of the DSM-5 WGSGID present. Com-

ments made during the discussion were also incorporated into the papers. An Introductory paper, nine papers written by the workgroups on their assigned topic area, an Executive Summary and a Response to the Proposed DSM-5 Criteria will be published in two upcoming issues of the International Journal of Transgenderism.

We hope that publication of these recommendations will stimulate further discussion, moving the debate on the diagnosis forward and resulting in changes that will contribute to a further advancement of the understanding of gender dysphoria, access to quality care, and promotion of human rights for transgender and transsexual people and their families.

*Gail Knudson, MD is the Secretary/Treasurer of WPATH and is a Clinical Associate Professor at the University of British Columbia (Canada)*

# An Interview with Dr. Peggy Cohen-Kettenis

The following interview was conducted by WPATH Board Member, Griet, De Cuypere, MD (Belgium)

Prof. Dr. Peggy Cohen-Kettenis is the First Lady of Transgender Health Care, not only in the Netherlands or Europe but world-wide. She has been working for more than thirty years in this field. Beginning in the early eighties she worked with gender dysphoric children and was at the same time involved in psychotherapeutic work with transgender adults as well as in research. She was the co-author in 1988 (together with B.Kuiper) of the first Dutch follow-up study of more than 100 transsexuals after sex reassignment surgery. She reorganized the multidisciplinary gender team, after Prof. Dr. Gooren left the VU- Amsterdam. It is now called the "Centre of Expertise on Gender Dysphoria" and has two major focuses: care and research. Nobody has supervised so many PhD students in the transgender field with so many publications as Prof. Dr. Peggy Cohen. She is well known for but also criticized for introducing puberty-blockers as treatment (or actually: part of the diagnostic process) for gender dysphoric adolescents. She has also been a board member of WPATH from 1995-1999 and 2003 – 2007 and has been very dedicated to this association for a long time. She is now head of the APA DSM-5 GID sub workgroup and therefore, with the other group members, responsible for the advice to the APA on the revision of the GID diagnosis.

Below is an interview with Dr. Peggy Cohen-Kettenis. (PCK)

**Griet De Cuypere (GDC):**  
**Overlooking these thirty years can you tell me what have been positive evolutions in the world of**

## Transgender Health Care?

PCK: Indeed, there has been a positive evolution in the care for people with gender problems as well as in the conceptualization of the phenomenon "Transsexualism". First of all, health care providers as well as society accept nowadays much more than when I started in the field that persons with gender dysphoria receive hormonal treatment and sex reassignment surgery. Persons who want to transition in the Netherlands or in North Western Europe are definitely less stigmatized too. Secondly and this is very important; there is also more awareness of gender diversity in general, but certainly among clinicians. As the world is no longer considered to be divided into "men – women" or "male-female" or "transsexual - non-transsexual," people are more open to search for ways to cope with this diversity medically, legally, and socially. Another positive evolution is that gender dysphoria in children and adolescents is taken seriously and more treatment options and treatment goals than in the past do now exist. There is more willingness for helping these kids, not only by psychotherapy but also counselling or supportive therapy or (for adolescents) by prescribing puberty blockers.

## GDC: Are there also negative evolutions?

PCK: One negative development is that the financial possibilities for the persons who want medical help become worse. Due to the world wide financial crisis, there is less money to divide and the possibilities to reimburse the hormonal or surgical treatment are under attack. For example in the Netherlands, breast augmentation for male-to-female persons is not reimbursed anymore, a few years ago it was. I presume that this trend is similar in the US. I am afraid that our work runs a higher

risk for budget cuts than many other areas of medicine, because some groups in society, and even colleagues, remain critical or reluctant towards our clinical work and research.

## GDC: What are your comments on the realizations of WPATH?

PCK: I think WPATH did a very good job during the last years. WPATH has become an organization with highly dedicated professionals and consumers. They have become better organized, they are more widely known than before. WPATH has a better service for their members (for ex. by the list-serve). One critical note: the WPATH still is largely a North-American association.

## GDC: On which issues could WPATH put more emphasis?

PCK: WPATH could use even more visibility, which means that the PR has to improve. One suggestion: WPATH could be represented at different congresses or meetings. A brochure, for example is an easy tool to use. In this way one could recruit persons with different backgrounds such as child psychiatrists or child endocrinologists. More diversity of members in profession as well as in nationality would make the association stronger.

One of the important products of WPATH is the SOC. This is really the parade of WPATH. It would be an improvement if, in their next revision, the SOC take into account what the specificity and the feasibility of implementation of the SOC is in other countries than the US. The implications of the SOC are so different for different countries! It would be great if these SOC's could be used more universally.

**GDC: You are the head of the APA DSM-5 GID sub workgroup concerning the revision.**

## Interview with Dr. Cohen-Kettenis Continued....

**People could react on the proposed new name and new criteria on their website until the 20<sup>th</sup> of April. WPATH gave a well reasoned reaction too. What will happen now with these reactions?**

PCK: The Workgroup on Sexual and Gender Identity Disorders obtained bronze! We had more than 800 reactions; this was the third highest score of all the workgroups, which suggest that the GID diagnosis is a hot and very well discussed subject. All these comments will first be classified, because many reactions overlap, for example regarding the discussion on retaining some "Gender Incongruence" diagnosis in the DSM-5. The reactions will then be discussed and it will be decided whether modifications of the proposed criteria, on the basis of this feedback, are needed. Then field trials will start. They will test the reliability, (and, where possible, validity), but also the clinical utility and feasibility, of the proposed diagnostic criteria. For most of the psychiatric diagnoses this will happen in large general psychiatric health settings with many clinicians and a research infrastructure. For GID we will have to incorporate other settings as well, because GID will, in most general settings, not often been seen. It is possible that a second round of field trials will focus more on clinical utility and feasibility,

The APA guides the whole process.

**GDC: I want to ask you a more personal question now Peggy. I know that you recently became a grandmother. How is it? How can you manage to have time for this aspect in your life?**

PCK: It is marvellous to be a grandmother, I enjoy that a lot and really want to reserve more time for this aspect in my life. That is the most important reason why I will step back at the end of the year as the Head of the Department of Medical Psychology and Medical Social Work at the VUmc clinic – Amsterdam. This will give me more time and more opportunity to be devoted to the task of grandmother as well as to the GID work: research, clinical work and organization of transgender health care in the Netherlands, and DSM-5.

**GDC: Is there something important I didn't ask you, and that you want to share with the WPATH-members?**

PCK: I think that in the field of transgender care networking is very important. The cooperation between different clinics and different professionals in care and research is in the interest of our patients. In research networking gives the opportunity to gather data from different

countries, which will enlarge research data bases and make studies possible that are not possible if conducted by only one center. For instance, it gives the possibility for cross-cultural comparisons. The initiative ENIGI (European Network for the Investigation of Gender Incongruence) that we presented at the 2009 symposium in Oslo is an example of this networking. With a number of clinics we also started the AGIR research group (Adolescent Gender Identity Research Group) that investigates gender dysphoria in children and adolescents in different West-European countries, Canada and US. This kind of research will perhaps give us the possibility to better understand the phenomenon of gender incongruence and to give us insights in on how to address it.

**GDC: Peggy, Thank you for this interview and for all the work you have done in this area. Let us hope that you still can help transgender and Transsexual people in care and in research for years to come.**

**Griet De Cuypere, MD** is a WPATH Board Member. She has worked for the Psychiatric Department of the University Hospital in Gent (Belgium) for the past 20 years.

## WPATH Board of Director's 2010 Annual Meeting

It has been a very busy and productive spring for WPATH's Board of Director's. We met on the April 16th weekend in San Francisco for our annual retreat. Each board member was responsible for his/her own expenses to attend this working retreat. The Board of Director's would like to take this opportunity to thank Dr. Lin Fraser and Mr. Jamison Green for hosting the meeting, and Dr. Dan Karasic



**Board of Director's during a vote**

for hosting a reception for the Bay Area WPATH members.

Accomplishments of this BOD retreat include the following:

Approval of the DSM-5 APA Response Paper. A copy of this statement can be found on the main page of the WPATH website.

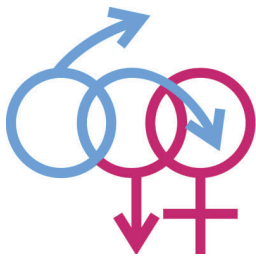
Approval of the WPATH DSM-5 Consensus Group Executive Summary

Approval of a new vision statement for the Association. The new vision statement can be found at the following link. [http://www.wpath.org/about\\_mission.cfm](http://www.wpath.org/about_mission.cfm)

Drafting of the Depathologisation Statement with subsequent release May 26, 2010. This statement can be found on the main page of the website.

Approval of the Standards of Care (Version 7) Committee slate and a timetable for the project. The

## The World Professional Association for Transgender Health (WPATH)



(Formerly known as the Harry Benjamin International Gender Dysphoria Association, Inc.)

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Tuesday—Friday 8:30 am—5:00 pm

The Update is the official publication of the World Professional Association for Transgender Health. Items submitted to the editors for publication will be edited for clarity, readability, syntax, duplication, grammar, spelling as well as gender-biased language. Materials should be formatted as a MS Word attachment and sent to the email below.

Yearly Publication Schedule: Spring, Summer, Fall, Winter

### WPATH Mission Statement

As an international multidisciplinary professional Association, the mission of The World Professional Association for Transgender Health (WPATH) is to promote evidence-based care, education, research, advocacy, public policy, and respect in transgender health.

### WPATH Vision Statement

The vision of The World Professional Association for Transgender Health (WPATH) is to bring together diverse professionals dedicated to developing best practices and supportive policies worldwide that promote health, research, education, respect, dignity, and equality for transgender, transsexual, and gender-variant people in all cultural settings.

## Board of Director's Retreat Continued...



### Reception Host Dr. Dan Karasic talks with WPATH Members

SOC Version 7 is to be released at the WPATH Symposium September 2011 in Atlanta.

Drafting of the Identity Recognition Statement and subsequent release June 16, 2010, a few days after the historic announcement by the U.S. State Department concerning U.S.

Passport policy changes. This statement can be found on the main page of the website. [www.wpath.org](http://www.wpath.org).

Review and approval of the updated website. The website will be launched in mid-July. Our next goal is to populate the website with materials that are accessible to a worldwide audience to help improve access to health care for transgender and transsexual people.

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Please stay tuned for a Call for Papers for the Atlanta WPATH Symposium! For information about the symposium at: [http://www.wpath.org/symposium\\_info.cfm](http://www.wpath.org/symposium_info.cfm)



### Board of Directors present for the Annual Meeting in San Francisco, California

**Front Row, Left to Right:** Bean Robinson, PhD; Gail Knudson, MD; Katherine Rachlin, PhD; Jamison Green, MFA; Lin Fraser EdD; **Back Row, Left to Right:** Walter Bockting, PhD; Griet De Cuyper, MD; Marsha Botzer, MA; Sam Winter, PhD

*Gail Knudson, MD is the Secretary/Treasurer of WPATH and is a Clinical Associate Professor at the University of British Columbia (Canada)*