Affirmative Psychological Testing and Neurocognitive Assessment with Transgender Adults

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KEYWORDS

• Affirmative • Transgender • LGBT • Assessment • Neuropsychology
• Neurocognitive • Testing

KEY POINTS

- A level of competence above and beyond psychological assessment with the general population is necessary for an accurate and ethical interpretation of test data of transgender clients.
- An understanding of the gender-affirmative model (GAM) and the gender minority stress model should guide clinicians' choice of psychological tests, scoring, and interpretation and case conceptualization of transgender clients.
- Clinicians must attempt to distinguish mental health symptoms from clients' unique experiences of gender dysphoria.
- A medical decisional capacity model is in line with an affirmative assessment approach.

The history of assessment and psychological testing with transgender clients is fraught with challenges and barriers to accessing medically necessary gender transition–related care.[1] For decades, transgender people have been made to undergo psychological testing as a standard part of their attempts to access this care.[2] Even today, however, no consensus exists on best practices for assessment and psychological testing with transgender clients in general or in transgender-specific practice. As of this writing, no assessment instruments in neuropsychological, intelligence, or

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personality testing batteries have been normed or validated on the transgender population. To further complicate matters, many tests have gender-based norms, leading to multiple questions, including which set of norms clinicians should use when assessing transgender clients—man or woman. Does it depend on if a client has started a medical transition? Does it even matter which gender is selected? Is it different depending on each instrument? Using the gender-affirmative model (GAM),[3] this article aims to answer these questions in the context of general clinical assessment and provide considerations for assessment and the use of psychological testing for evaluation for hormone therapy and surgery related to gender transition.

As the field of transgender health developed, decades of research have reported on data from psychological evaluations of transgender people. The findings from much of the early literature were based on results from the Minnesota Multiphasic Personality Inventory (MMPI) and other psychological tests.[4–6] The findings from this literature include high rates of psychopathology and mental health disparities in this population[7,8] and reports of transgender people and their partners having severe mental illness simply because they are transgender or for believing that their transgender partners are really the gender they say they are.[9] These interpretations were not informed by current theories, such as gender minority stress,[10] and fueled stigma and bias against transgender people in the mainstream. Furthermore, uninformed interpretations of many types of psychological tests have had devastating consequences to many transgender people, such as losing custody of their child and not being hired for a job.

Initial attempts to create standards of care by the World Professional Association for Transgender Health (WPATH) (then known as the Harry Benjamin International Gender Dysphoria Association), begun in the late 1970s, resulted in a gate-keeping model,[11] where transgender patients had to prove that they were transgender and pass the tests that clinicians instituted. Although there is a growing literature concerning assessment of gender dysphoria children,[12–14] there is no consensus among clinicians today regarding the role of psychological tests in evaluations for hormone and surgical treatment of gender transition in adults. It is becoming increasingly clear that both medical and surgical treatments are related to improved mental health outcomes in this marginalized group.[15–17] The practice of psychological testing using tests that are not normed on this population or for these purposes must be scrutinized.

ESTABLISHING PROVIDER COMPETENCE

A level of competence above and beyond psychological assessment with the general population is necessary for an accurate and ethical interpretation of test data of transgender clients. Affirmative assessment with transgender clients stems from a clinician's understanding of transgender-affirming psychological practice.[1] Knowledge of the following is a prerequisite for transgender-affirmative assessment: the GAM,[3] the gender minority stress model,[10] the impact of hormone therapy on the mood and cognition of transgender people,[5,17–21] and considerations for scoring test data using gender-normed assessment instruments.

The GAM[3] informs assessment interpretation and case conceptualization with transgender clients. The major premises of this model inform the purposes of affirmative assessment. For example, the GAM posits that being transgender is not a disorder, gender diversity varies across cultures and requires cultural sensitivity, gender is not binary and may be fluid, and, if there is pathology, it is more likely formed in response to a hostile environment (transphobic and homophobic cultural reactions) than from within the person. The GAM defines gender health as the "opportunity to