

CHRONIC CARE MANAGEMENT PLAN GENDER IDENTITY DISORDER (TRANSGENDER) OVERVIEW

What is Gender Identity Disorder (Transgender)?

According to the *Diagnostic and Statistical Manual of Mental Disorders*, fourth edition text revised (*DSM-IV-TR*), the following criteria must be met to establish a diagnosis of gender identity disorder including the causation of clinically significant distress or impairment in social, occupational, or other important areas of functioning:

- A strong and persistent cross-gender identification manifested by symptoms such as a stated desire to become a member of the other sex, frequent passing as a person of the other sex, or a desire to live or be treated as the other sex
- Persistent discomfort with his or her sex or having a sense of inappropriateness in the gender role of one's birth sex manifested by symptoms such as preoccupation with getting rid of primary and secondary sex characteristics (request for hormones, surgery, or other procedures to alter sexual characteristics to simulate the other sex, for example) or a belief that he or she was born the wrong sex
- The disturbance is not concurrent with a physical intersex condition, such as hermaphroditism, in which a person is born with both male and female genitalia

The term “transgender youth” can be used as an umbrella term for all students whose gender identity is different from the sex they were assigned at birth and/or whose gender expression is non-stereotypical. Some transgender youth transition from one gender to another. Transition may include a change in dress, a new name, and sometimes physician-supervised physical changes.

Support

In Job Corps, support should be focused on helping the person to live more comfortably within a gender role and body, and reduce the associated behavioral, emotional, and relationship difficulties sometimes associated with gender identity disorders.

Typically this is through individual and group counseling. The goals of counseling for a student diagnosed with gender identity disorder in an educational and vocational training environment are:

- Prevent psychological symptoms from occurring or dominating the student's ability to function in the training environment
- Develop and maintain relationships with staff and other students
- Develop strong relationships with psychological helpers, to help sustain learning with minimal disruptions
- Develop educational and social strategies for success in relationships, education, work, and gender identity and role

Applicant Name: _____

Date: _____

**CHRONIC CARE MANAGEMENT PLAN
GENDER IDENTITY DISORDER (TRANSGENDER)**

OUTREACH AND ADMISSIONS PERIOD

Please provide us with the following information regarding the applicant's self-disclosed diagnosis of Gender Identity. [To be obtained from applicant's physician or other health provider.]

1. Classification of gender identity disorder. Specify if (for sexually mature individuals):

- Sexually attracted to males
- Sexually attracted to females
- Sexually attracted to both
- Sexually attracted to neither

Gender identity disorder not otherwise specified. Check which applies:

- Intersex conditions
- Transient, stress related cross-dressing behavior
- Persistent preoccupation with castration or penectomy without a desire to acquire the sex characteristics of the other sex

2. Date of diagnosis: _____

3. Age of onset: _____

4. What are the current symptoms?

5. List **current** (within the past 6 months) self-harm behaviors, if applicable.

6. List current medications and/or treatment, including dosage and frequency.

7. Has applicant been compliant with medications and treatment? If no, explain.

8. List past hospitalizations related to transgender issues including dates, reason admitted, and discharge summary.

9. What is the current status?

10. What is the applicant's prognosis with treatment or medication?

10a. What is the applicant's prognosis **without** treatment or medication?

11. When was last appointment? _____

Applicant Name: _____ **Date:** _____

12. Will applicant need to continue follow-up under your care? If yes, please list date and/or frequency of follow-up appointments.

13. In your opinion, will the applicant be able to self-manage his/her treatments or medications unsupervised and participate in a non-mental health residential vocational training program? If no, explain.

14. In your opinion, will the applicant be appropriate to reside in a non-mental health dormitory-style residence with minimal supervision? If no, please explain.

15. Are there any restrictions or limitations related to this specific issue?

16. List any precipitants that could induce increased psychological symptoms.

17. List any environmental features that might trigger worsening of psychological symptoms (e.g., crowded room with strangers, family gatherings, single sex bathrooms, etc.).

Please sign below and return the form in the attached addressed envelope.

Print Name and Title

Signature

Phone

Date

For any questions, please call _____
Admissions Counselor/Health and Wellness Staff

Phone

Name: _____

Student ID#: _____

DOB: _____

**CHRONIC CARE MANAGEMENT PLAN
GENDER IDENTITY DISORDER (TRANSGENDER)**

Goals:

1. Enhance employability by optimizing control of symptoms
2. Educate the student regarding recognition of symptoms and self-management
3. Reduce environmental triggers, which might set off increased symptoms
4. Optimize pharmacotherapy, based on student's past and current experience
5. Help student develop outline of plans to arrange for optimal care after graduation

This care management plan includes suggested clinical activities and accommodations that are not mandatory for any particular student. In keeping with the importance of individualized care, please choose those that are most appropriate for this particular student's care plan, considering the specific presentation of the problem and needs of the student. The overall goal is to develop a care plan that supports the student's goals toward employability.

Mark each item with an X that is part of the student's case management plan.

OUTREACH AND ADMISSIONS	
<input type="checkbox"/>	Conduct clinical file review
<input type="checkbox"/>	Request additional health and educational information for file review, if needed
<input type="checkbox"/>	Refer and participate with health staff regarding support needed on center

CAREER PREPARATION PERIOD	
<input type="checkbox"/>	Schedule initial evaluation and develop a case management plan for student, if indicated
<input type="checkbox"/>	Screen for co-occurring disorders
<input type="checkbox"/>	Evaluate need for brief on-center treatment
<input type="checkbox"/>	Evaluate need for outside mental health resources
<input type="checkbox"/>	Arrange for continued off-center services or support groups as needed
<input type="checkbox"/>	Refer to support groups on or off center
<input type="checkbox"/>	Consult with the assigned counselor to discuss any special needs or concerns
<input type="checkbox"/>	Consult with center physician regarding any medical issues or referrals. Transgender youth present distinct and complex medical concerns, including the ethical and practical dilemmas associated with hormone therapy. Some transgender youth obtain hormones "on the street," subjecting themselves to the risks associated with contaminated needles, improper dosages, and fraudulent practices. <i>Note: Consideration of physical interventions are beyond the scope of health services provided by Job Corps. They should be arrived at cautiously; involve extensive psychological, family, and social exploration; take into account adverse effects on physical growth; and be undertaken only by specialist teams.</i>
<input type="checkbox"/>	Educate student about self-care plans to monitor and cope with transgender issues: <ul style="list-style-type: none">• Addressing and coping with teasing or harassment on center• Understanding events and/or emotions that trigger unhealthy behavior• Medication compliance, if needed• Compliance with therapy and or medical appointments• Managing issues related to transgender in the employment setting• Referral to Parents, Families, and Friends of Lesbians and Gays at http://www.pflag.org/ for further support
<input type="checkbox"/>	Refer to anger and/or stress management group
<input type="checkbox"/>	Refer to TEAP
<input type="checkbox"/>	Document weekly or agreed-upon case management review with counselors, if applicable

I agree with the care management plan for the Career Preparation Period:

Student signature: _____ Date: _____

Name: _____

Student ID#: _____

DOB: _____

CAREER DEVELOPMENT PERIOD	
	Monitor adherence issues: <ul style="list-style-type: none">• Regular counseling planned and kept on or off center, if applicable• Participation in groups on center• Self-monitoring, asking for assistance when needed• Medication regimen, including anticipate getting refills, if applicable• Rest, exercise, nutrition• Address any tobacco, alcohol, drug use
	If off-center treatment is sought, assure communication with treatment provider is documented
	Document weekly or agreed-upon case management review with counselors, if applicable
	Encourage active participation in CSS and social skills training. Standards that could be particularly helpful are Career and Personal Planning, Workplace Relationships and Ethics, Communications, and Interpersonal Skills

I agree with the care management plan for the Career Development Period.

Student signature: _____ Date: _____

CAREER TRANSITION PERIOD	
	Conduct a health and wellness center exit interview approximately 4 weeks before program completion and review self-management skills
	Work with the career transition specialist to identify potential sources of mental health care, and specialty care if needed, in the work community
	Work with the HWM to obtain signed HIPAA authorizations for the transfer of student health records to identified health care providers
	Work with the HWM and career transition specialist in assisting the student in enrolling or maintaining enrollment in a public or private health insurance program
	Provide student with copy of SF-93, SF-88, and management plan, including sleep and mood charts, if any
	Work with HWM and/or center physician to provide student with adequate supply of medication(s) at departure
	Consult with the CTP counselor and review support needs for future employment
	Refer to gay, lesbian, bisexual, and transgender support organization in community

I agree with the care management plan for the Career Transition Period:

Student signature: _____ Date: _____

Name: _____

Student ID#: _____

DOB: _____

SUGGESTED TRAINING AND SUPPORT ACTIVITIES

Appropriate center staff should meet with student prior to entry to establish plan that addresses the areas below to make smooth transition into Job Corps.

Names and Pronouns—Recognizing and validating the names and pronouns that correspond to transgender student's gender identity is important for their emotional health and well-being. However, the student's official Job Corps record, including SHR, will use the student's legal name and gender designation, unless the student provides documentation that the name and/or gender has been changed legally pursuant to the laws of that state.

Housing—Each student should receive an interactive evaluation for appropriate placement in a female or male dorm depending on a number of factors including but not limited to: safety issues, appearance as male or female, comfort level in living with a specific gender, bathroom facilities, comfort level of others, self-identification as straight, bisexual, or gay (separate from being transgender).

Restroom—Student will be allowed to use a unisex bathroom on center. Most likely there is one in the health and wellness center.

Dress—Depending upon individual circumstances and the demands of the center, transgender individuals may or may not be required to wear the attire of the sex with which he or she does not identify, both during the training day and afterwards. However, they must also comply with center dress codes applicable to that sex. It is important to consider a student's desire to dress in a manner consistent with their perceived gender but at the same time to consider the center culture, needs of the training program, and safety issues.

Centers should be aware of any applicable state laws that may impact the items above

Student is aware of center's antidiscrimination and harassment policies and how to make a report if needed. All students and staff should also be made aware of this policy

Continue education for students and staff regarding gender identity disorder

Provide education of other students to minimize negative reactions and to promote acceptance of people who may be somewhat different from them

Provide opportunities for short breaks out of classroom, if requested

If student is having adjustment or behavioral issues, refer to counselors and/or the CMHC