

INTERVIEW GUIDELINE FOR FUNCTIONAL BEHAVIOR ANALYSIS IN TRANSSEXUAL PERSONS

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Transsexuality is an emerging phenomenon. There are therefore few psychological assessment tools for it. The purpose of this article is to show the professional clinical psychology and social intervention community a tool that could facilitate this task. We begin with a brief introduction to the phenomenon of transsexuality and psychological assessment in this field, which almost always concentrates on diagnosis or other variables, generally personality (personality traits, depression, anxiety, etc.). Then we approach the main problems found in a transsexual person during the transition. These problems are a potential or real source of psychological conflict. After this we briefly describe behavioral assessment which has been quite forgotten in this area. Finally, we propose a new instrument for this assessment. The main result is the Interview Guideline for Functional Behavior Sequence Analysis (FBSA). We conclude that there is a need for more behavior assessment in this field.

Key words: Transsexuality, Transgenderism, Assessment, Functional analysis.

La transexualidad es un fenómeno emergente. Por ello hay pocos instrumentos de evaluación psicológica. El objetivo de este artículo es mostrar a la comunidad de profesionales de la psicología clínica y de la intervención social un instrumento que puede facilitar esta tarea. Se realiza una breve introducción al fenómeno de la transexualidad y la evaluación psicológica en este campo, que casi siempre se centra en el diagnóstico o en otras variables generalmente de personalidad (rasgos de personalidad, depresión, ansiedad,...). Posteriormente se abordan los principales problemas que encuentra una persona transexual durante su proceso. Estos problemas son fuente potencial o real de conflictos psicológicos. Más tarde se describe brevemente la evaluación conductual muy olvidada en esta área. Por último se propone un nuevo instrumento esta la evaluación. El principal resultado es la Guía de Entrevista para el Análisis Funcional de Secuencias Conductuales (AFUSCO). Se concluye con la necesidad de más evaluación conductual en este campo.

Palabras clave: Transexualidad, Transgenerismo, Evaluación, Análisis funcional.

Transsexuality is an emerging phenomenon in our society. A transsexual person is one who feels he belongs to the sex opposite his genetic sex. These patients require psychological assessment, not only for the diagnosis of transsexuality, but also for all the variables that accompany the transsexual process that are relevant to treatment.

The first psychological approaches attempted to "cure" transsexuality, but psychotherapy leading the transsexual person back to the "officially correct" gender identity, that is the one corresponding to their genetic sex, has been a complete failure, as demonstrated by Gooren (2003).

Psychological treatment for transsexual persons must be developed by a multidiscipline team where in addition to the psychologist, the endocrinologist (responsible for hormonal treatment) has an important role, and other

professionals, such as the social worker and patient manager responsible for guiding the patient during the entire transsexual process. There are two stages in this intervention (Rodríguez-Molina, J.M., Asenjo Araque, N., Lucio, M.J. and Becerra Fernández, A., 2009a), one presurgical, before sex reassignment surgery (SRS), and another postsurgical. In both, hormone treatment (HT) and psychological help are simultaneous. The presurgical stage includes what is called real-life experience, which helps the person adapt to their new roles in family, social and work life and also as assessment prior to SRS (Becerra-Fernández, 2003).

PSYCHOLOGICAL ASSESSMENT IN TRANSSEXUALITY

As the emerging phenomenon that it is, there is little experience with scientifically based assessment or psychological treatment in this field. Assessments are often merely diagnoses, or based on tools that are not scientific, or at most, general psychometric tests.

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Psychometric, or psychoanalytical assessments, which without doubt can provide interesting points of view, have provided little practical information for treatment of these people. There is a certain heritage of knowledge about gender identity, but there is a huge leap between this knowledge and practical intervention.

Attempts at intervention from scientific paradigms are few, although they seem to be growing. Therefore, there is still no body of doctrine to act as a basic guide to assessment and psychological intervention in transsexual persons (Rodríguez-Molina, J.M., Asenjo Araque, N., Lucio, M.J., Pérez López, G., Rabito, M.F., Fernández Serrano, M.J., Izquierdo, C. and Becerra Fernández, A., 2009b).

Most of the tools used for assessment of transsexual persons have to do either with diagnosis or with personality (general traits, anxiety, depression, etc.).

Above all, there are no patterns of approach to psychological assessment of these patients from a **cognitive behavioral orientation**. Classic psychotherapeutic assessment does not say much about the difficulties the person in the transsexual process is going to come up against, for example, when he wants a job interview, tell his family, or establish a new partner relationship.

TRANSSEXUAL PROBLEMS

Transsexual persons have many problems in addition to those of the general population. They often suffer from the same ones as they do, but exacerbated by their transsexuality. For example, any adolescent who is born a male and feels like a female may call attention at school and be bullied by his schoolmates, which is also hardly compatible with good academic performance. There are at least three areas in which transsexual persons find special difficulties: in the family, at work or school and with their partner (Godás, 2006).

The family hardly ever accepts gracefully what they understand as "sex change", especially the parents, who usually see their son or daughter as a mental patient who "got something in their head" that seems outlandish to them. This is always, to a greater or lesser extent, a source of conflict. The behavior of the parents usually goes through three stages (Godás Sieso, 2006): A first stage of angry and even aggressive reaction, with attempts to get a professional to **cure** their sick son or daughter. The second stage is negotiation, where the transsexual person is supported, but attempting to negotiate concessions,

such as not dressing like the felt sex where the neighbors can see them. A third stage (not always reached) is assumption of the reality (sometimes with overtones of depression). It is not uncommon to find transsexual persons who are harassed by other people at work. An associated problem is the name. When someone who looks like a female goes to a job interview with a male ID card, or vice versa, in addition to the anxiety typically generated by the situation, the difficulties of being accepted by the employer are greatly increased.

At school, as mentioned above, bullying is a normal pattern. This sometimes leads adolescent transsexuals to leave school, which in turn has effects on later employability. Even a well-integrated worker who begins the transsexual process develops changes that are clearly perceivable by his workmates, superiors and clients (in fact that is what is intended) and this will cause confusion in his surroundings and perhaps difficult situations and even dismissal.

But possibly the area with the most difficulties is with their partner. In fact most transsexual persons communicate their circumstances to the family before they do to a person who attracts them (Cano Oncala, G., Bergero, T., Esteva, I., Giraldo, F., Gómez, M. and Goneman, I., 2004). Many transsexuals are heterosexual (from the point of view of felt sex). That is, a woman transsexual (born a man) is heterosexual if she is attracted to men. But in most of these cases they usually reject relations with homosexuals. However, it is often hard to establish relations with heterosexual males because they do not look completely feminine and even have masculine genitals before SRS. Most heterosexual men would not want a partner like that.

Still greater is the problem of persons who show their desire to begin transsexualization after having a partner relationship. In most cases, the partner leaves the transsexual person.

Concentrating on more operative aspects, for most transsexual persons there are **two behavioral problems** throughout the transsexual process. One is **communicating** their condition in their setting (family, mate, friends, and workmates). The other is dressing and adopting an **image** corresponding to the felt sex in the presence of others.

Many transsexual persons avoid communicating their transsexuality. This seems to work as a negative reinforcement mechanism (because the anxiety that it would cause them to do so is delayed for a while). However, the



decision to postpone it usually does not solve the problem, but only aggravates it. Communicating their transsexuality is generally hard and not exempt from risks, but even so, it is usually advisable if an intimate relationship with someone is desired. If a lasting relationship is sought and the mate discovers it later, the other normally reacts in anger, will feel deceived, and the possibility of establishing a relationship as a couple will be frustrated. If it is only a superficial relationship, it could quickly lead to sexual relations and the other will feel equally deceived and sometimes will even have reactions of revulsion or aggressiveness on discovering the genitals of the transsexual person. But neither is it advisable to publically announce it. In this area, it is decisive to be able to appropriately discriminate when and when not to communicate it depending on the expected consequences in each case.

Other times, the person communicates it, but does so poorly, either inhibited or aggressively, which heightens the probability of poor acceptance by the other party. Sometimes they simply choose the wrong words for the concrete situation they are in. For example, the more biologicist arguments are generally inadequate for one's elderly mother, and on the other hand are preferable to a more sentimental approach for one's superiors at work. That is, social skills are basic to such behavior (Gómez Gil and Esteva de Antonio, 2006).

Appearance is another source of problem behavior. Many transsexual people avoid dressing like the felt sex so they will not call attention to themselves. This behavior can be adaptive, but it is not when the changes from the hormone treatment are already obvious. As in the case above, it works like a negative reinforcement paradigm to avoid anxiety.

In other cases, the person dresses the way he wants, but suffers severe anxiety when he does. Or else, as a consequence of dressing in a way coherent with his felt sex, he is harassed by peers at school or work.

Finally, some use certain subterfuges to avoid dressing like the felt sense, like saying, "I am not the typical model woman, I am another kind of woman," avoiding wearing a skirt, which would be totally acceptable, but sometimes really hiding fear of dressing like a woman, which must be found out in the psychological assessment.

Both knowing how to communicate their situation and dress according to the felt sex form part of the psychological treatment during the transsexual process. This is called "real-life experience" (Rodríguez-Molina et al., 2009b).

It is a matter of assessing the behavior of the transsexual person, not society's behavior. Sometimes the transsexual person's suffering is caused either by what he does or says (or its omission) or how he does it. This is what we want to assess and not the social reaction to these people, which although it is very important, is outside the scope of this work.

BEHAVIORAL ASSESSMENT

Since for some purposes, the cognitive-behavioral approach seems more effective than others, we concentrate on behavioral assessment. This arises as a corollary of behavioral therapy and from the start is postulated as an option to classic assessment or psychodiagnosis (Buela-Casal and Sierra, 1997). The origin of this type of assessment should be sought in Kanfer and Saslow (1965) who created the term Behavioral Analysis, which was the start of current behavioral assessment.

In behavioral assessment, maladaptive behavior is the problem and not a mere symptom. In fact, it is usually called problem-behavior. Therefore, the basic goal of behavioral assessment would be to describe the problem behavior and its circumstances.

Barrios (1993) defined behavioral assessment as the identification and measurement of significant units of behavior and of the environmental and organismic variables that control them. In fact, it seems concentration should be on behavior more than on internal elements (Montgomery, 2010). Another relevant definition of behavioral assessment is the one by Rocío Fernández-Ballesteros (1994, pg. 53), *"the alternative to psychological assessment which attempts to identify the motor, physiological or cognitive behaviors under study, and the environmental or personal variables that maintain and control them."*

In a strict sense, Functional Behavior Analysis (FBA) consists of identifying the problem behavior's functional variables, that is, those that are relevant, controllable and causal and whose manipulation produces a clinically significant change in the problem behavior (Haynes and O'Brien, 1990).

Kanfer and Phillips established the most widely used FBA model (Kanfer and Phillips, 1976), popularly called SOBC for the initials of its components. We think it is a good idea to create an assessment instrument based on this general model, but adapted to the circumstances of transsexual persons, specifically in the problematic situations mentioned above.



Normally, a clinical psychologist begins an interview by asking about the behavior problem. However, sometimes the patient does not come for this, either because he has not yet been in a situation that could potentially trigger the behavior problem or because he does not dare to talk about it or does not consider it appropriate. The psychologist has to go ahead and ask about these situations first.

That is why we think an interview guideline should be designed to serve as a pattern for developing later functional analysis of two standardized problem behaviors, and others if applicable.

RESULTS

The guideline for interview called Functional Behavior Sequence Analysis of Transsexual Persons (FBSA), is a way of systematizing information acquired for behavior assessment in two common problem sequences in transsexual persons: communicating their condition and adopting an outer image coherent with the felt sex. The questions run through the Kanfer model applied to two problem behaviors.

In view of the above, it was found that it was necessary to design a guideline that would serve as an interview pattern for functional behavior analysis of transsexual persons.

Although Kanfer, in his Functional Behavior Sequence Analysis, postulated that emotional responses were equivalent to physiological responses (Kanfer and Saslow, 1965), and not going into the foundations of this question, it seems to us that one of the important goals of topographical analysis is not to lose relevant information. Most people interpret their emotions and their bodily sensations as different things. In like manner, they usually understand that their thoughts and their emotions are also different things. Therefore, they should be asked about all those responses, regardless of whether the answers are ontologically different or not. So the FBSA asks about motor (what they do or say), cognitive (what they think or imagine), physiological (body response) and emotional (their emotions and feelings) responses.

It should be remembered that the FBSA is not a self-report, but an interview script.

The FBSA consists of three topographical analyses corresponding to three behavior sequences (one about communicating their condition, another about dressing and adopting an image appropriate to the felt sex and a third open to collect information about other possible

problem behaviors) and the corresponding three relational analyses. Communication to the family can also serve as a guide for assessing communication to the partner.

This is not a psychometric tool, for which validity or reliability may be calculated. However, we think that it can be of assistance for orientation in assessing the circumstances surrounding some of the most common problems of transsexual persons during their transition.

The complete instrument may be seen in Table 1.

CONCLUSIONS

In the field of transsexuality there are few psychological assessment tools and these are usually exclusively for

TABLE 1
INTERVIEW GUIDELINE FOR FUNCTIONAL ANALYSIS
OF TRANSEXUAL PERSONS (FBSA)

1. Describe a situation in which you dressed in clothes of the desired sex and this made you feel bad or caused you problems, or a situation in which you wanted to do it, but in the end did not.
 - a. Recent past physical, social and behavioral background
 - b. Distant past background: learning, habits, strategies, conditioning, skills, personality, etc.
 - c. Motor behavior: What you said and did (or did not do or say).
 - d. Cognitive behavior: What you thought and imagined.
 - e. Physiological behavior: How your body reacted
 - f. Emotional behavior: What you felt, your emotions
 - g. Consequences of these behaviors: positive and negative, because of presence or omission, short and long-term
 - h. Other information of interest
2. Describe a situation in which you communicated your situation of transsexuality and this made you feel bad or it caused you problems, or else a situation in which you wanted to do it, but in the end did not.
 - a. Recent past physical, social and behavioral background
 - b. Distant past background: learning, habits, strategies, conditioning, skills, personality, etc.
 - c. Motor behavior: What you said and did (or did not do or say).
 - d. Cognitive behavior: What you thought and imagined.
 - e. Physiological behavior: How your body reacted
 - f. Emotional behavior: What you felt, your emotions
 - g. Consequences of these behaviors: positive and negative, because of presence or omission, short and long-term
 - h. Other information of interest
3. Describe a situation that has to do with your condition as a transsexual person in which you had to do something and this made you feel bad or caused you problems, or else a situation in which you wanted to do it, but in the end did not.
 - a. Recent past physical, social and behavioral background
 - b. Distant past background: learning, habits, strategies, conditioning, skills, personality, etc.
 - c. Motor behavior: What you said and did (or did not do or say).
 - d. Cognitive behavior: What you thought and imagined.
 - e. Physiological behavior: How your body reacted
 - f. Emotional behavior: What you felt, your emotions
 - g. Consequences of these behaviors: positive and negative, because of presence or omission, short and long-term
 - h. Other information of interest
4. RELATIONAL ANALYSIS OF SITUATION 1
5. RELATIONAL ANALYSIS OF SITUATION 2
6. RELATIONAL ANALYSIS OF SITUATION 2



diagnosis. Behavior assessment is as necessary in this field as in any other. A guideline for a behavioral interview is presented which may be useful for psychologists who work in this field.

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