Beyond Binary: Care of Gender Diverse Children and Youth for the Child Life Specialist

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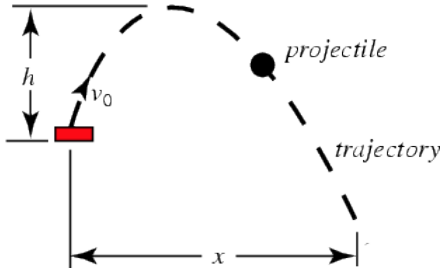
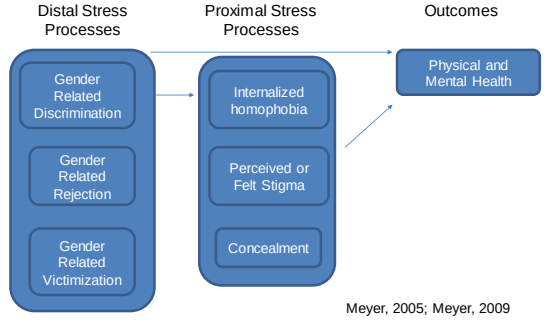


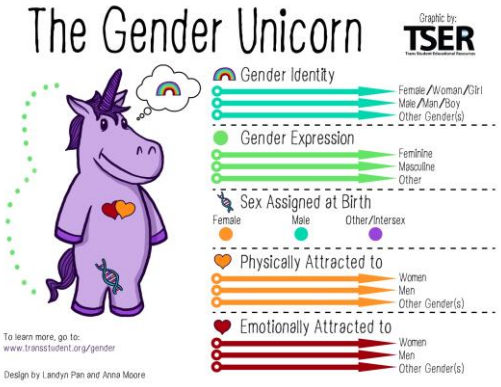
Chronic Minority Stress



Meyer, 2005; Meyer, 2009

Objectives

- Differentiate natal sex, gender identity, gender expression, and sexual orientation
- Discuss clinical guidelines in the care of gender diverse children and youth
- Discuss considerations in the care of gender diverse children and youth for the child life specialist
- Describe affirmative, culturally humble, and strength-based clinical approaches to gender diverse children and youth



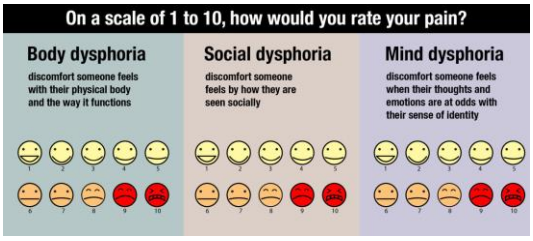
Key Terminology

- Transgender
  - Transmen/Transwomen
  - Genderqueer
  - Bigender
  - Genderfluid
  - Agender
- Cisgender

The U.S. Transgender Population

- 0.6% prevalence among individuals >18 years
- 1.4 million US adults
- 0.7% among youth ages 150,000 adolescents 13-17
- 150,000 adolescents
  - Flores, A.R, Williams Institute, 2016

Gender Dysphoria



Phases of Transitioning

Reversible	• Clothes, hair, shoes, toys, GnRH analogues
Partially reversible	• Masculizing and Feminizing Hormone Therapy
Irreversible	• Gender Reassignment Surgery (GRS)

The Prepubertal Gender Expansive Child

Parents' Perspectives

- Questioning if a mental illness exists
- Indecisive on directing/supporting a change in their child's behavior or identity
- Seeking resources & information
- Advocacy and advice for children actualizing a new gender
- Professional support as their family moves forward with actualizing their child's identity

Vanderburgh, 2008

Course of Gender Dysphoria

- In small minority, gender dysphoria "persists"
  - 27% persisters
  - 43% desisters
  - 30% lost to follow up

    Wallien & Cohen-Kettenis, 2008
- Predictive factors :
  - Desire versus Conviction
  - Greater degree of gender dysphoria earlier in childhood
  - Social transition

Steensma, et al. 2013; Wallien & Cohen-Kettenis, 2008)

Social Transition and Prepubertal Children

- Endocrine Society 2009 Guidelines
  - "Given the high rate of remission after the onset of puberty, we recommend against a complete social role change in pre-pubertal children"
  - "Does not imply that children should be entirely denied to show cross-gender behaviors or should be punished for exhibiting such behaviors"
- Endocrine Society 2017 Guidelines
  - "In individual cases, an early complete social transition may result in a more favorable outcome, but there are currently no criteria to identify the GD/gender-incongruent children to whom this applies"
  - Decisions regarding the social made with the assistance experienced professionals

Social Transition Outcomes

- Did not differ from control groups on depression symptoms and only marginally higher anxiety symptoms
- No elevations in depression and slightly elevated anxiety relative to population averages
- Notably lower rates of internalizing psychopathology than previously reported among children with GID living as their natal sex

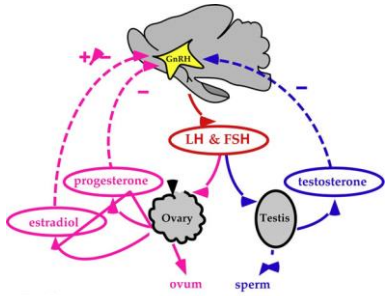
Olson, 2016

Education for Parents and Families

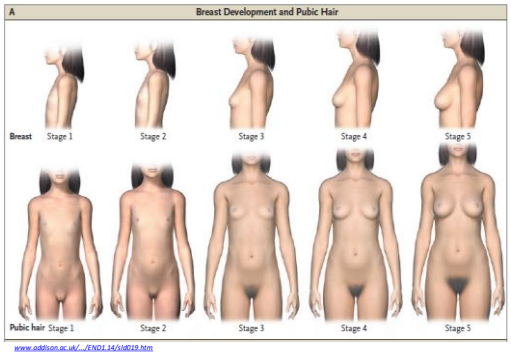
- Gender, biological sex and sexuality
- Benefits of family support
- Negotiating differences
- Advocacy for their child
- Supporting exploration of gender identity and expression
- Social transition
- Treatment options
- Systemic barriers
- School connectedness
- Connectedness with Resources

Gender Dysphoria in Early Adolescence

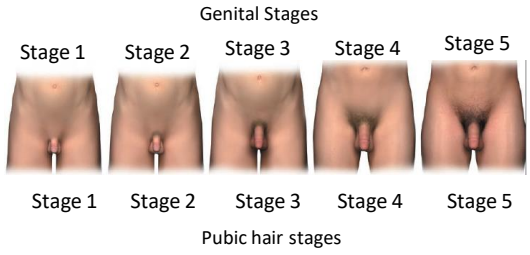
GnRH Analogues



Tanner Stages



Tanner Stages



Puberty Suppression: Endocrine Society

- Fulfill criteria for Gender Dysphoria
- Early pubertal changes resulted in an increase gender dysphoria
- At least Tanner stage 2
- Do not suffer from psychiatric comorbidity that interferes with work-up or treatment
- Have adequate psychological and social support
- Demonstrate knowledge and understanding of expected outcomes of treatment

Puberty Suppression: WPATH

- Long-lasting and intense pattern of gender non-conformity or gender dysphoria
- Gender dysphoria emerged or worsened with the onset of puberty
- Any coexisting psychological, medical or social problems that could interfere with treatment have been addressed
- Adolescent's situation and functioning are stable enough to start treatment
- The adolescent and parent have given informed consent, and caretakers or guardians are supportive

Benefits of Pubertal Suppression

- Extend diagnostic phase for exploration gender and desire for gender transition
  - Cognitive development and informed decision making
  - Development of social support systems
- Delay irreversible secondary sex characteristics
  - Fewer problems integrating in identified gender
  - May prevent medical interventions and surgeries
  - May contribute to better adjustment given postoperative outcome
- Provider reluctance especially with irreversible effects in minor

Cons of Pubertal Suppression

- Reduction in bone mineral density
  - Reversible with cross gender hormone initiation
- Height
  - Height increase in FTM
  - Height reduction in MTF
  - Generally desirable to both populations
- Effects on cognitive, emotional, social, and sexual development
- Delay in development of secondary sex characteristics relative to peers
- Cost

Outcomes of Puberty Suppression

- Behavioral and emotional problems and depressive symptoms decreased significantly
- General functioning improved significantly
- Feelings of anxiety and anger did not change between T0 and T1
- Gender dysphoria and body satisfaction did not change between T0 and T1
- No adolescent withdrew from puberty suppression, and all started cross-sex hormone treatment

de Vries AL, et al, 2010

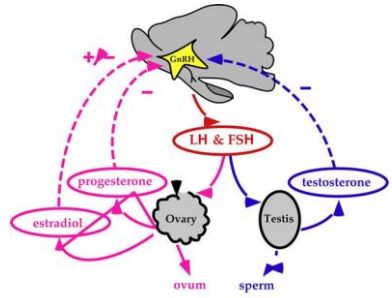
Cross Gender Hormonal Therapy

Coming Out As Transgender

Patients	Mean, (Age Range)	Biological Female	Biological Male
Age of Presentation	14.8 (4-20)	15.2 (6-20)	14.3 (4-20)
Tanner Stage	3.9 (1-5)	4.1 (1-5)	3.6 (1-5)
Total n, (%)	97 (100)	54 (55.7)	43 (44.3)

Spack N, GeMS Clinic, Boston Children's Hospital. *Pediatrics*, 2012

Cross Gender Hormonal Therapy



Predicting Effects of Feminizing Hormones

Action	Onset	Max
↓ libido, ↓ erections	1-3 mo	3-6 mo
↓testicular volume	25% 1 yr	50% 2-3 yr
May ↓ sperm production	?	?
Breast growth	3-6 mo	2-3 yr
Body fat redistribution	3-6 mo	2-3 yr
↓ muscle mass	1 yr	1-2 yr
Softens skin	3-6 mo	?
↓ terminal hair	6-12 mo	> 3 yr
No change in voice		

Predicting Effects of Masculinizing Hormones

Action	Onset	Max
Male pattern facial/body hair	6–12 mo	4–5 yrs
Acne	1–6 mo	1–2 yrs
Voice deepening	1–3 mo	1–2 yrs
Clitoromegaly	3–6 mo	1–2 yrs
Vaginal atrophy	2–6 mo	1–2 yrs
Amenorrhea	2–6 mo	
Emotional changes/ ↑ libido		
Increased muscle mass	6–12 mo	2–5 yrs
Fat distribution	1–6 mo	2–5 yrs

Cross Gender Hormonal Therapy Criteria

- Endocrine Society
  - Fulfill the criteria for GnRH treatment
  - ≥ 16 years
  - "There may be compelling reasons to initiate treatment prior to age 16 years, although there is minimal published experience treating prior to age 13.5-14 years"
- WPATH
  - No recommendation on timing of initiation
  - "Refusing timely medical interventions for adolescents might prolong gender dysphoria and contribute to an appearance that might provoke abuse and stigmatization"

Review Gender Experience

- Review history of gender experience
  - "Tell me your story in your own words"
  - Feelings, thoughts, behaviors, preferences
  - Body dysphoria
  - Parent may offer excellent insight into early childhood
- Review prior efforts to adopt desired gender
  - Disclosure
  - Social transition
  - Passing and safety
  - Hormone use, if any

Engage Relevant Stakeholders

- Engage parent(s) to support their child
  - Explore parent's concerns and priorities
  - Assess parental support and knowledge
  - Facilitate discussion and negotiation
- Establish expectations for all stakeholders
  - Incorporate patient goals, with parental expectations, and management options

Criteria for Surgical Care: Endocrine Society

- Satisfactory social role change
- Individual is satisfied about the hormonal effects
- Individual desires definitive surgical changes
- ≥ 18 or legal age of majority
- SRS only after completion of at least 1 year of consistent and compliant hormone treatment
- Timing of FTM breast surgery based upon the physical and mental health status of the individual

Treatment Outcomes

Do gender dysphoric youth improve over time with medical intervention consisting of GnRHa, CSH, and GRS?

Treatment Outcomes

- Psychological functioning improve steadily over time, resulting in rates of clinical problems indistinguishable from general population samples
- Quality of life, satisfaction with life, and subjective happiness comparable to same-age peers
- GD and body image difficulties persisted through puberty suppression but remitted after CSH and GRS

– De Vries, et al, 2014

Regret

- Poor social support
- Late life transitions
- Severe psychopathology
- Unfavorable physical appearance
- Poor surgical outcomes

The Clinical Approach

- Affirmative
- Trauma-informed
- Culturally humble
- Strength-based

Affirmative Practice

- Identify and deal with heterosexual and (racial) bias in oneself
- Avoid assumptions about youths' sexuality
- Accept that same-gender sexual desires are a normal variation of human sexuality
- Affirm that accepting one's LGBTQ identity can be a positive outcome of developing one's sexual identity
- Develop a knowledge of the stages and variations of the coming out process
  - Appleby and Anastas, 1998

Principles of Trauma-Informed Care

- Safety
- Trustworthiness and transparency
- Peer support and mutual self-help
- Collaboration and mutuality
- Empowerment, voice, and choice
- Respect for culture, historical perspective, gender, and gender identity

Culturally Competent Care

- Cultural competence is the ability of providers and organizations to effectively deliver health care services that meet the social, cultural, and linguistic needs of patients
  - Betancourt, 2002

Cultural Humility

- Method to understand and develop a process-oriented approach to competency
- Conceptualizes cultural humility as the "ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the [person]"
  - Hook, 2013

Cultural Humility

- Three factors guide a person toward cultural humility:
  - Lifelong commitment to self-evaluation and self-critique
  - Desire to fix power imbalances where none ought to exist
  - Aspiring to develop partnerships with people and groups who advocate for others

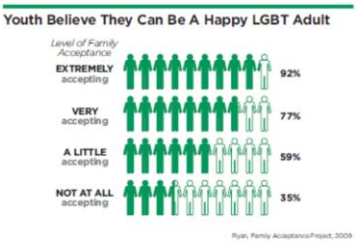
Tervalon, M., Murray-Garcia, J., 1998

Beyond the Deficit Model: Promoting Positive Youth Development and Health Equity

Promote the Development of Positive Self-concepts

Foster Supports

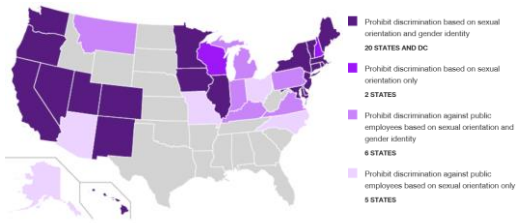
Family Connectedness



School Connectedness and Safety

- Assist LGBTQ youth and their families address school climate concerns when identified
- Become familiar with resources that support creating respectful, supportive, LGBTQ and gender-inclusive *schools*
  - Human Rights Campaign's *Welcoming Schools*
  - Gender Spectrum's *Schools in Transition: A Guide for Supporting Transgender Students in K-12*
- Gay-Straight Alliances
- Mentoring relationships

Employment



Human Rights Campaign, 2017

Encourage and Promote Self-care

Encourage and Promote Self-care

- Advocacy organizations and youth development programs
- Comprehensive medical and behavioral health services
- Network of culturally competent and affirming providers and agencies
  - Primary Care Outreach and Capacity Building
  - A Right, Not a Privilege: Expanding Access to Gender Inclusive and Affirming Behavioral Health Care

Promote Youth Empowerment, Engagement and Activism

- Advocacy organizations and youth development programs
- Gender Proud Family Advisory Council and Children's Advisory Board
- DCS Multi-Agency Non-Discrimination Policy Regarding LGBT/GNC Youth
- Intersectional Justice

Supporting Transgender Children and Youth

- Avoid cisgender and heteronormative assumptions
- Gender neutral play and activities
- Asserted name and pronouns
- Provider and staff training and sensitivity
- Visible nondiscrimination policies

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Wallien MS, Cohen-Kettenis PT. Psychosexual outcome of gender-dysphoric children. J An Acad Child Adolesc Psychiatry. 2008;47(12):1413-23.

Resources on Transgender Health Care

- World Professional Association for Transgender Health: www.wpath.org
- Vancouver Coastal Health: Guidelines for Transgender Care: transhealth.vch.ca
- The Fenway Guide to LGBT Health, American College of Physicians: www.amazon.com/Fenway-Lesbian-Bisexual-Transgender-Health/dp/193051395X
- Transgender Law Center: Health Care Issues: www.transgenderlawcenter.org/issues/health

Trainings on Transgender Health

- Physicians for Reproductive Health Adolescent Reproductive and Sexual Health Education Program: prh.org/teen-reproductive-health/arshep-explained/
- Massachusetts Transgender Political Coalition: www.masstpc.org/projects/trainings.shtml
- The National LGBT Health Education Center: www.lgbthealtheducation.org
- Center of Excellence for Transgender Health: www.transhealth.ucsf.edu
- Callen-Lorde Community Health Center: www.callen-lorde.org/transgender-health-training