



NATIONAL LGBT HEALTH
EDUCATION CENTER

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Caring for Gender Dysphoric Children and Adolescents

Stewart L. Adelson, M.D. & Walter Bockting, Ph.D.

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Continuing Medical Education Disclosure

- Program Faculty: Stewart Adelson, MD and Walter Bockting, PhD
- Current Position: Co-Directors, LGBT Health Initiative, Columbia University Medical Center, New York, NY
- Disclosure: No relevant financial relationships. Presentation does not include discussion of off-label products.

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Learning Objectives

By the end of this webinar, participants will be able to:

1. Explain gender development terminology and definitions.
2. Describe specific health and mental health needs of pediatric patients with varied and sometimes developmentally evolving gender identities.
3. Recognize gender dysphoria in children and adolescents.
4. Identify effective interventions to support the physical and mental health of children and adolescents with gender dysphoria.

Introduction

Fundamentals of Gender Dysphoria in Children and Adolescents

Foundations of Transgender Health Care

- Kinsey: Continuum concept of sexual orientation
- Difference between behavior and identity
- Prevalence of non-normative sexual orientation
- Harry Benjamin: Diversity of gender identities
- Continuum concept in Benjamin scale
- The World Professional Association of Transgender Health (WPATH)

Gender Development Terms

- sex
- gender
- gender role
- gender-related behavior
- gender nonconformity
- gender identity
- gender discordance
- gender dysphoria

Gender Nonconformity & Gender Dysphoria: Not the Same Thing

- GN = Variations from norms in gender-related *behavior*
- GD = Distress about discordant gender *identity*
- Different influences, associations & trajectories
- Most people with GN do not have GD
- Although many people with GD have GN, not all do
- GN & GD both frequently, but not always, associated with homosexual & bisexual orientation (fluid, esp. in natal females)
- Both are associated with a degree of mental health risk

Gender Dysphoria: Features

- Gender identity can be conceptualized & experienced as binary or as continuous
- Distress due to discordance & stigma are different
- Often accompanied by marked & persistent gender nonconformity (but not always)

Gender Dysphoria is not the Same in Children as it is in Adolescents

- In children, the salient disjunction of assigned gender is with gender expression in play, clothing, and peer preference, and in some also with primary sex characteristics
- In adolescents, the secondary sex characteristics acquire increasing salience
- Gender dysphoria remaining through adolescence usually persists long-term
- However, most childhood gender dysphoria has not persisted in various clinical samples (eg., persistence rates of 1.5% to 37% by adolescence)
- Instead, many gender dysphoric children become homosexual or bisexual but not transgender by adolescence/adulthood
- Non-transgender, non-heterosexual outcome especially likely for natal males, less for natal females

Green R, 1987; Zucker KJ, Bradley SJ, 1995; Wallien, MSC & Cohen-Kettenis, PT 2008; Drummond, KD et al., 2008; Steensma, T et al., 2013

Needs

Health and mental health in pediatric gender dysphoria

Health Needs Across the Lifespan

- Same health needs as general population
- Additional health needs unique to sex reassignment (e.g., endocrinological, surgical)
- Need to adapt health policies (e.g. screening for breast, gyn, prostate CA)
- Special exposure to STI's (e.g., HIV)
- Prevalence of certain risk behaviors (e.g., sex work associated with economic marginalization)
- Need for research on epidemiology, prevention & care

Wilson et al., 2009, Institute of Medicine, 2011;
Adelson & AACAP CQI, 2012; Bockting et al., 2013

Mental Health Needs Across the Lifespan

- Increased mental health problems (depression, substance abuse, suicidality) & risk behaviors mediated by stigma (“Minority Stress” model)
- Psychiatric illness may increase health risk behavior (eg., substance abuse and STI exposure)
- Protective effect of support groups, identity pride (adults), therapy groups, family conferences, school gay-straight alliances (youth)
- Need for research on mental health needs, wellness promotion & appropriate care

Meyer, 2003, Institute of Medicine, 2011; Adelson & AACAP CQI, 2012; Bockting et al.,2013

Gender Dysphoria in Youth

- Can emerge in childhood or in adolescence as well as in adulthood
- Specialty clinics report more gender dysphoric youth coming for care and at younger ages in past 10 years
- Like adults, significant health and mental health needs
- May also have increasing visibility in primary care settings
- Need for research to guide best practice

Landén,Wålinder & Lundström,1998; Cole et al., 2000, de Vries & Cohen-Kettenis, 2012; Wood et al., 2013

Recognition

Identifying gender dysphoria in children & adolescents

Understanding a Youth's Developing Gender Identity

- Gender identity may unfold or be revealed over time
- Youth may set pace of exploration
- Adults should be ready to help; take lead if safety an issue
- Understand and recognize gender dysphoria

DSM-5 Gender Dysphoria in Children

(American Psychiatric Association, 2012)

Marked incongruence \geq 6 mo between experienced/expressed & assigned gender including strong desire/preference for 6 of following:

- **Strong desire** to be or insistence one is the other gender (or some alternative) different from assigned one (mandatory characteristic).
- **Strong preference for cross-dressing** in or simulating female attire (assigned boys); or only masculine clothing/resistance wearing feminine clothing (assigned girls).
- **Strong preference for cross-gender roles** in make-believe/fantasy play
- **Strong preference for toys, games, or activities** stereotypically used/played by other gender.
- **Strong preference for playmates** of the other gender
- **Strong rejection** of typically masculine toys/games/activities & strong avoidance of rough-and-tumble play (assigned boys); or strong rejection of typically feminine toys, games, and activities (assigned girls)
- **Strong dislike** of one's sexual anatomy
- **Strong desire** for the primary and/or secondary sex characteristics that match one's experienced gender

Also: **distress** or **impairment** in social, school, or other important areas

DSM-5 Gender Dysphoria in Adolescents

(American Psychiatric Association, 2012)

Marked incongruence \geq 6 mo between experienced/expressed & assigned gender including 2 of following:

- **Marked incongruence** between experienced/expressed gender and primary and/or secondary sex characteristics (or anticipated ones in young adolescents).
- **Strong desire** to be rid of primary and/or secondary sex characteristics because of marked incongruence with experienced/expressed gender (or desire to prevent development anticipated secondary sex characteristics in young adolescents).
- **Strong desire** for primary and/or secondary sex characteristics of other gender.
- **Strong desire** to be of the other gender (or an alternative one from assigned one).
- **Strong desire** to be treated as the other gender (or an alternative one from assigned one)
- **Strong conviction** that one has typical feelings & reactions of the other gender (or an alternative one from assigned one)

Also: **distress** or **impairment** in social, school, or other important areas

Recognizing Gender Dysphoria Accurately

- A single trait or two are not enough
- Requires a cluster of traits
- Traits must be strong and enduring
- Must cause significant distress or impairment
- Distinct from the distress of stigma or prejudice
- Not due to a different condition affecting identity

Other Tools & Strategies

- **Guidelines:**

- Fenway LGBT Guide (Leibowitz, Adelson & Telingator, in press)
- WPATH SOC-7 (Coleman et al., 2011)
- AACAP LGBT Practice Parameter (Adelson et al., 2012)

- **Standardized questionnaires:**

- Gender Identity Interview for Children (GIIC) (Wallien et al., 2009)
- Gender Identity Questionnaire for Children (GIQC) (Johnson et al., 2004)
- Gender Identity/Gender Dysphoria Questionnaire for Adolescents and Adults (GIGDQAA) (Singh et al., 2010)

- **Collaboration with experts**

Interventions

Supporting physical and mental health

Intervention: General Principles

- Support development, clarify identity, protect and promote health and well-being
- Anticipatory guidance, screening, & treatment for medical & mental illness
- Long-term approach; realistic expectations
- Monitor for & help manage stigma & psychosocial problems like abuse, homelessness
- Provide specific transgender health needs with appropriate consent

Gender Dysphoria: Clinical Issues in Children

- Peer problems & anxiety common
- Goals: reduce ostracism, support mental health
- Most gender dysphoria found to fade around age 10-13
- Early gender transition may relieve immediate distress, but complicate transition to former gender role later on
- How to affirm both current & later gender identity?
- Best therapy debated
- Limited information to guide clinical judgment
- Research needed

Predictors of Persistence of Childhood Gender Dysphoria into Adolescence

- Intensity of dysphoria & meeting criteria for formal diagnosis
- Cognitive cross-gender identification (“I *am* the other sex”)
- Younger age of presentation
- Natal male sex
- Early social role transition (especially natal boys)

Wallien, MSC & Cohen-Kettenis, PT 2008; Steensma, T et al., 2013

Gender Dysphoria: Clinical Issues in Adolescents

- May emerge around puberty or later, leading to crisis
- Internet & social networks may encourage self-interpretation as transgender
- May request hormones, surgery
- Goals: Reduce ostracism, support mental health & developmentally appropriate decisions, reduce risks
- Contra-sex hormonal treatment (in lieu of illicit hormone use) may be appropriate when persistently dysphoric & cognitively mature (eg., ≥ 16)

Pubertal Suppression at Age 12/Tanner II: A Novel Approach

- Gonadotropin Releasing Hormone analogues (GnRHa) reversibly block puberty
- Preliminary evidence for significant benefits, tolerability
- Indication: to relieve distress with pubertal advancement (Tanner II, age 12) in GD
- May facilitate satisfactory transition
- Youth may see puberty suppression as a precursor to cross-sex hormones; however, may impede some sex reassignment surgery
- Data needed on many possible risks (CNS, bone growth, fertility, other hypothetical and unknown risk)

Hembree, Cohen-Kettenis et al., 2009; de Vries, Steensma, Doreleijers & Cohen-Kettenis., 2010; de Vries et al., 2011

Summary

Key points, basic approach, collaborative networks & resources

Key Points

- Respect the individual's gender identity
- Must bridge multiple barriers to care
- Withholding treatment is not a neutral act
- Adapt relevant guidelines to clinical circumstances
- Need for research

Importance of a Long-Term Approach

- Developmental process punctuated by significant steps
- Timing, sensitivity & respect key in supportive long-term relationship
- Try to avoid irreversible steps that might be regretted
- Youth may have unrealistic sex change expectations
- Youth and families need info about realistic outcomes, options, risks & benefits for informed consent

Collaborative Teams & Networks

- Mental health involvement to support, clarify, advocate, and help treat any psychiatric problems
- Endocrinological & surgical consultation when appropriate
- Spectrum of care according to community settings – multidisciplinary teams to consultant networks

Guidelines

- Fenway Guide to LGBT Health, 2nd Ed, January 2015
- WPATH Standards of Care, 7th Ed. (SOC-7) (AACAP LGBT Practice Parameter
- Nelson Textbook of Pediatrics 20th Ed

Leibowitz, S, Adelson, S, and Telingator, C (in press), Coleman et al., 2011, Adelson, et al., 2012, Bockting, in press: Adelson & Schuster, (in press)

Organizations

- World Professional Association for Transgender Health (WPATH) www.wpath.org
- Columbia LGBT Health Initiative www.gendersexualityhealth.org
- Gay and Lesbian Medical Association (GLMA) www.glma.org
- American Academy of Child and Adolescent Psychiatry (AACAP) www.aacap.org
- Association of Gay and Lesbian Psychiatrists (AGLP) www.aglp.org
- Lesbian and Gay Child and Adolescent Psychiatric Association (LAGCAPA) www.lagcapa.org
- www.stopbullying.gov
- Gay Lesbian & Straight Education Network www.glsen.org
- Parents, Families, Friends, and Allies United with LGBT people www.pflag.org
- Family Acceptance Project www.familyproject.sfsu.edu
- True Colors Fund www.truecolorsfund.org

Thank you!

Questions?

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