Evidence-Based Behavioral Health Care for Gender Diverse Youth

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Continuing Medical Education Disclosure

- **Program Faculty:** Aude Henin
- **Current Position:** Co-Director, Child CBT Program
- **Disclosure:** Dr. Henin receives royalties from Oxford University Press for book authorship. No other relevant financial relationships to disclose. All hormone therapy for transgender people is off-label.

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Rationale for Using CBT with Gender Diverse Youth
Transgender and Gender Diverse Youth are at Higher Risk for Psychiatric Disorders

- Several studies of TNGD youth or youth with gender dysphoria report elevated rates of anxiety and depressive disorders, as well as SI and NSSI.
- These youth may also benefit from skills to cope with psychosocial stressors and build resilience.
### Prevalence Rates of Psychiatric Disorders in TNGC Children Ages 3-9 Years

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Transmasculine</th>
<th>Transfeminine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eating Dis</td>
<td>0</td>
<td>3.7</td>
</tr>
<tr>
<td>Depressive</td>
<td>5.6</td>
<td>11.1</td>
</tr>
<tr>
<td>Conduct</td>
<td>7.8</td>
<td>7.5</td>
</tr>
<tr>
<td>ASD</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>ADHD</td>
<td>15.6</td>
<td>14.9</td>
</tr>
<tr>
<td>Anxiety Dis</td>
<td>11.8</td>
<td>15.6</td>
</tr>
</tbody>
</table>

Prevalence of Psychiatric Disorders in TNGC Youth Ages 10-17 Years

OR of Psychiatric Hospitalization Relative to Reference Samples

CBT as an Evidence-Based Treatment for these Conditions

- A substantial body of evidence supports the use of CBT with cisgender children, adolescents, and adults
- Evidence for its efficacy and effectiveness for treating:
  - Anxiety disorders
  - Depression
  - ADHD
  - Disruptive Behavior Disorders
  - Bipolar Disorder
  - Eating Disorders
  - Substance Use Disorders
- For moderate-to-severe disorders, is especially effective in combination with medication
Rates of Response and Remission in CAMS Study (N=488)

CBT for Preschoolers: Outcomes


- Controls (n=28)
- Treated (n=29)

Proportion Anxiety-Disorder Free

- 18%
- 59%**
CBT for Adolescent Depression

Cognitive Behavioral Therapy: General Principles
General CBT Model

Psychiatric Disorder or Symptom: Anxiety

Triggering Situation or Event → Cognitions → Affective Reactions → Physical Response → Behaviors → Consequences
CBT Model: Case Formulation

- Individual’s Constitution
- Learning History
- Family Environment
- Extra-Familial Environment
- Triggering Situation or Event

Diagram:
- Affective Reactions
- Cognitions
- Physical Response

Behaviors
Consequences
CBT Model: Case Formulation

- Individual's Constitution
- Learning History
- Triggering Situation or Event
- Family Environment
- Extra-Familial Environment

Affective Reactions
- EXPOSURE
- MODIFY

Cognitions
- RECOGNIZE
- ANTICIPATE
- COGNITIVE RESTRUCTURING

Physical Response
- RELAXATION TRAINING
- ALTERNATE COPING RESPONSES
- CONTINGENT REINFORCEMENT

Behaviors

Consequences

- Extra-Familial Environment
Affective Education

- To recognize emotions (fear, anxiety)
- Recognize, label, and self-monitor physiologic/affective cues
  - What are situational triggers?
  - What are affective reactions?
  - What are physiological “warning signs”?
Techniques to Reduce Physiologic Arousal

- Breathing (4:4:4 technique)
- Guided relaxation or meditation
- Mindfulness (Sensory awareness)
- Exercise
- Sleep hygiene
Problem-Solving Skills

1. Identify the Problem
2. Generate Potential Solutions
3. Evaluate Potential Solutions
4. Evaluate Outcome
5. Implement Plan
Cognitive Restructuring

Goals:
• Identify negative/anxious/distorted cognitions
• Develop alternate, more realistic/helpful ways of viewing situations
• Develop a mindful, neutral attitude towards thoughts and feelings
Cognitive Restructuring

- **OVERESTIMATION OF RISK**—What’s the evidence? What’s another way to look at it?
- **CATASTROPHIC THOUGHTS**—What’s the worst that can happen? The best? The most realistic? How would I cope if it happened?
- **ALL OR NOTHING THINKING**—What’s another way to look at this? What are the shades of grey?
- **UNDERESTIMATION OF ABILITY TO COPE**—What resources do I have? How would I cope?
- **OVERVALUATION OF ANXIOUS THOUGHTS OR FEELINGS**—It’s just anxiety. These thoughts will pass.
## Cognitive Restructuring Worksheet

<table>
<thead>
<tr>
<th>Situation</th>
<th>Thoughts</th>
<th>Emotion (0-10)</th>
<th>Challenge</th>
<th>Emotion (0-10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staying home alone</td>
<td>Robbers are going to break in and kill me!</td>
<td>Afraid (8)</td>
<td>This is my anxiety talking. It always tells me the worst things are going to happen. The doors are locked and I live in a safe place. I’ve done this before and I can do it again.</td>
<td>Anxious (3)</td>
</tr>
</tbody>
</table>
Exposure

- Based on principles of classical conditioning
- Based on animal models of extinction learning
- Gradual exposure to feared stimulus
- Central to treating anxiety disorders
Possible Mechanisms

- Learning to stop associating stimulus with anxiety response (extinction learning)
- Habituation
- Experientially learning that catastrophic predictions are incorrect
- Building skills for coping with the stimulus
How to conduct exposure

- Focus is on behavioral exposure and behavioral experiments
- Develop a fear hierarchy
- Conduct progressive imaginal and in vivo exposure
- Exposure assigned between session
- Attempts are rewarded
- Parents involved as “coaches” if appropriate
### Fear Hierarchy: Food Contamination

<table>
<thead>
<tr>
<th>Activity</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Touching light switch; no washing</td>
<td>4</td>
</tr>
<tr>
<td>Touching doorknob; no washing</td>
<td>5</td>
</tr>
<tr>
<td>Touching bathroom doorknob; no washing</td>
<td>6</td>
</tr>
<tr>
<td>Eating food off the table</td>
<td>7</td>
</tr>
<tr>
<td>Eating from same bag as someone else</td>
<td>8</td>
</tr>
<tr>
<td>Eating food that fell on floor</td>
<td>9</td>
</tr>
</tbody>
</table>
How Can we Adapt CBT for Transgender and Gender Diverse Youth?

Good question!
Minority Stress Model (Meyer, 2003)

Circumstances in the Environment

- Minority Status
- Gender identity
- Sexual orientation
- Race/ethnicity

Minority Identity (trans, gender diverse)

General Stressors

- External Minority Stress Processes
  - Violence
  - Discrimination

Internal Minority Stress Processes

- Expectations of rejection
- Concealment
- Internalized transphobia
- Gender dysphoria

Mental Health Outcomes

- Characteristics of Minority Identity
  - Prominence
  - Valence
  - Integration

Coping and Social Support
The Basics

- Train all clinical and support staff
- Explicitly express trans-inclusivity
- Avoid gendered language
- Be conversant about relevant medical issues
- Ensure that forms and questionnaire are appropriate for all gender identities
- Routinely ask about gender and sexual identity
- Ensure that medical records reflect appropriate gender and name
Validating Specific Stressors Experience by Trans Youth

- 83% report bullying (Reisner et al. 2014)
- 55% of trans youth report being attacked or experiencing physical violence
- 30% report physical harassment or assault in school
- 70% of youth report hearing homophobic or transphobic statements
- 7 times more likely to experience physical violence when interacting with police (Garofalo et al., 2006)
- 1.7 times more likely to experience sexual violence
Enhancing Safety at the Broader Level

- Be aware of legislation affecting trans youth in MA:
  - Public Accommodations Bill
  - Conversion Therapy
- Be aware of transphobic speech and legislation in other areas
- Talk about issues with others who may not be aware
Focusing on Known Sources of Resilience

• Future orientation
• Self-esteem
• Autonomy and competence
• Adult Support
• Healthy Relationships with Peers
• Belongingness
• GSA in the community
• Coping Skills
• Social connectedness
Enhancing Parental Support

- May need to incorporate parent or family sessions to address trans-relevant concerns
- Psychoeducation
- Address biases and negative thought patterns in parents
- Parenting issues and limit setting
- Discuss issues specific to social and/or medical transitions
- Offer resources for additional parental support
“Accordingly, research substantiates that children who are prepubertal and assert an identity of TGD know their gender as clearly and as consistently as their developmentally equivalent peers who identify as cisgender and benefit from the same level of social acceptance. This developmental approach to gender affirmation is in contrast to the outdated approach in which a child’s gender-diverse assertions are held as “possibly true” until an arbitrary age (often after pubertal onset) when they can be considered valid, an approach that authors of the literature have termed “watchful waiting.”
Fostering an affirming home environment

- Follow your child’s lead
  - Listen and respond rather than guide, enforce, or force
- Be supportive and positive about your child’s gender identity and expression
  - Use affirming name and pronoun
  - Support other changes in gender expression (hair, makeup, clothing)
  - Praise the child in a genuine manner
- Ask frequently about the child’s experiences
- Provide unconditional support around their suffering
- Have a sense of humor
- Continue to set age-appropriate limits
- Provide accurate information and clarify unrealistic expectations
- Protect your child from harm
  - No tolerance for transphobia in your home
Positive Impact of Parental Support for Prepubescent Youth


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**Anxiety**

- Siblings
- Cis-boys
- Trans-boys
- Cis-girls
- Trans-girls

**Depression**

- Siblings
- Cis-boys
- Trans-boys
- Cis-girls
- Trans-girls

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ADVANCING EXCELLENCE IN TRANSGENDER HEALTH
Broadening Social Supports

- Better outcomes for LGBTQ youth who attend schools that have GSAs (St. John et al., 2014)
  - Less victimization
  - Decreased truancy
  - Decreased alcohol/drug use
  - Greater openness re. sexual and gender identity

- May be important to identify trans-focused spaces
  - Support groups
  - Summer camps
  - Conferences
  - Meet-ups; playdates

- Identify role models and champions
Gender-Diverse Celebs
Paving the way for convos about bodies, affirmation, and sex

- Educate yourself on trans-specific resources, affirming procedures, etc.
  - Keep a list of resources and patient preferences
  - Try to connect youth to peer networks
- Raise these topics in session. Many youth will be relieved if you bring it up. If not, you can drop it.
- Educate parents about options and support kids’ voices around this.
Adapting Established CBT Interventions

- Emphasize general mood management skills (sleep, exercise, behavioral activation)
- Cognitive restructuring to address:
  - Self-loathing and negative self-talk (fostering self-compassion)
  - Internalized transphobia (“Who could ever be attracted to me?”)
  - Anticipated rejection (“I don’t want to get into an argument with them”)
- Examine how previous experiences have shaped current beliefs and expectations
- Considering trauma-focused interventions to develop a narrative and manage symptoms
  - Difficulty with trust and intimacy
  - Difficulty with boundaries
Using Trans-Relevant Exposure Exercises

- Letting peers know if they mis-gender the individual
- Using bathrooms that accord with gender identity
- Coming out to others
- Taking steps around social affirmation (changing hair, clothing, name)
- Taking public transportation
- Attending trans inclusive events
- Dating
Addressing Dysphoria

- In addition to facilitating gender-affirming interventions:
  - Consider DBT Mindfulness and Distress Tolerance Skills
    - Observing and describing the experience
    - Adopting a non-judgmental stance
    - Practice in non-stressful situations first
    - Using distraction techniques (activities, opposite emotion, other sensations, alternative thoughts)
    - Implementing self-soothing using sensory information
      - Awareness exercises (while breathing, walking, eating)
DBT Interpersonal Effectiveness Skills

- Doing what is Effective vs. Doing What’s Right
- Asking for Something or Saying “No”:
  - What are my priorities?
  - Can the person give me what I’m asking (or vice versa)?
  - Is the timing good?
  - Do I have enough information to decide?
  - What are my rights?
  - What is the current relationship?
  - How much do I/the other person give?
  - How does this fit with my long-term goals?
  - What is the impact on my self-esteem/self-respect?
AFFIRM Program


- 8-session group CBT intervention for LGBTQ+ youth
- Designed as a counter to conversion therapy
- Goals:
  - Ensure an affirming stance towards sexual and gender diversity
  - Recognize sexual and gender identity relevant sources of stress
  - Recognize the unique experiences of navigating sexual and gender minority identities as an adolescent/young adult
  - Deliver CBT that attends to the intersectionality of identity-based experiences
Session content

1) Introduction to CBT and understanding minority stress
2) Understanding the impact of anti-LGBTQ attitudes and behaviors on stress
3) Understanding how thoughts affect feelings
4) Using thoughts to change feelings
5) Exploring how activities affect feelings
6) Planning around overcoming counterproductive thoughts and negative feelings
7) Understanding the impact of minority stress and anti-LGBTQ attitudes/behaviors on social relationships
8) Developing supportive and identity-affirming social networks
Results of Open Pilot (N=8)

- 97% of youth reported that the program helped them learn how to deal with stress
- 100% reported feeling comfortable participating and discussing information
- 97% would recommend AFFIRM to other LGBTQ+ youth
- Significant reduction in depression
- Decreased stress appraisal and increased resource appraisal
- Increased reflective coping
Case example 1: “Lucas”

- 15 yo trans boy (he/him/his pronouns)
- Came out as trans last year in the 9th grade
- Very supportive mom, no relationship with father
- Frequent mis-gendering by peers and teachers
- Extended family generally unsupportive
- Dx of social phobia, depression, GAD
- Hx of hospitalization last year for depression, SI, NSSI, panic attacks
- Intense gender dysphoria, especially in the bathroom/shower
- Currently on 40 mg of Prozac, no side effects
- Anxious about pursuing affirming medical interventions but believes these could be helpful
Clinical Questions in Treating Lucas

- Integrating gender affirmation with CBT for anxiety and depression?
- Integrating exposure around social anxiety with strategies to reduce gender dysphoria?
- Involving family and school to increase gender affirmation?
- Treatment priorities? Trauma around dad’s absence?
- Encouraging medical gender affirmation?
  - Addressing ambivalence
  - Respecting individual timelines in teens and emerging adults
Case Example 2: “Leila”

- 17 yo, initially identifies as a girl; she/her/hers pronouns
- Reports intense, unbearable dysphoria around her breasts
  - Reports this since puberty
  - Describes them as “not being me”
  - Previous consultations with gender specialists, psychiatrists, psychologists
  - Frustrated, states that will get top surgery at 18 no matter what parents or treaters say
- Severe depression, suicide attempts, OCD, GAD
- Supportive (ish) parents, unsupportive school
Clinical Dilemmas in Treating Leila

- Body dysmorphic disorder vs gender dysphoria?
- Treatment Priorities and Sequencing: Depression, OCD, BDD, Dysphoria?
- Non-binary gender identity
  - How to explore this and how to best address medically
  - Psychosocial challenges relevant to nonbinary/gender-diverse youth
- Issues around self-determination and control over one’s body
  - Unreasonable expectation of 100% certainty
  - Impact of parent/treater personal/societal biases around medical interventions
Thank You!