



ADVANCING EXCELLENCE IN TRANSGENDER HEALTH

Behavioral Health Care for Gender Diverse Children and Adolescents



Robert Kitts, MD

Child and Adolescent Psychiatrist, Massachusetts General Hospital

Assistant Professor of Psychiatry, Harvard Medical School

Continuing Medical Education Disclosure

- Program Faculty: Robert Kitts, MD
- Current Positions: Child and Adolescent Psychiatrist, Massachusetts General Hospital; Assistant Professor of Psychiatry, Harvard Medical School
- Disclosure: No relevant financial relationships.

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Agenda

- Take-home message
- Beginning to better understand transgender youth, impact of society, and importance of affirmation & validation
- Current treatment recommendations
- How you can best help your patient and family
- Lots to cover in just 30 minutes, so please save questions/comments until the end



Take-Home Message

The best practice for gender diverse children and adolescents (youth) is to be a caring and competent mental health clinician as you would be **with any patient**

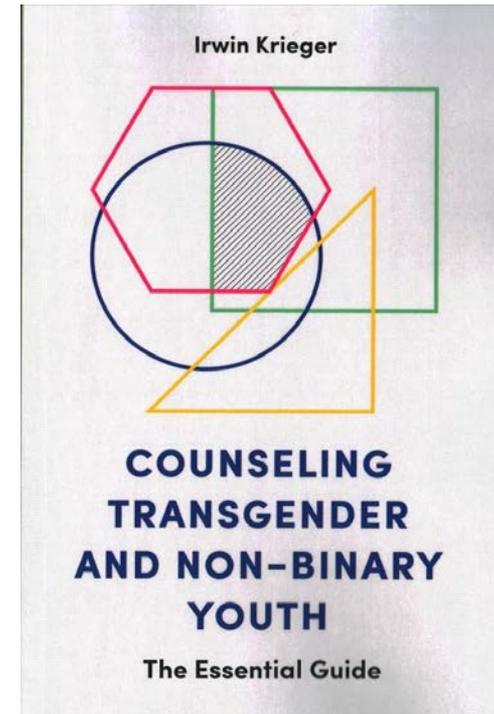
This would entail the following:

- Be willing to care for these patients and families
- Be open-minded and respectful, even when you may not agree or understand where a youth or parent is coming from
- Create a safe-therapeutic home, so that the youth can have the opportunity to be true to you
- Then you can better understand where they and their families are coming from
- Then you can develop a better formulation and treatment plan to help guide you on how to best support them
- At the same time know your limitations and be willing to access resources and guidelines to strengthen your ability to provide competent care.



Excellent Resource

- Short, concise, and comprehensive
- Has resources and recommendations
- Very reader friendly
- Less than \$30
- I have no association with book or author



1. Irwin Krieger (2017). Counseling Transgender and Non-Binary Youth – The Essential Guide. London: Jessica Kingsley Publishers.



Try Being...

- A young child who from early-on felt different day-after-day.
- Born a boy, but wanting to be a girl since they were 4 years-old.
- Getting the constant message from their loved ones, peers, adults, and society that there is something wrong with them.
- Being teased, alienated, and beat-up on a regular basis.
- Everyday they are reminded by their bodies that they are different, and reminded by others that different is unacceptable.
- They are not fully out, but they are already being judged and rejected for just showing a small percentage of themselves.
- They are alone, scared, and all they want is to feel safe to be who they truly are and accepted for it.



“I’m lonely and I have no friends because they hate me. Sometimes I want to kill myself because of how cold my heart is. I sometimes dislike school because my friends act like I’m not even with them. Life Sucks!!!!!!!!!! I wish everyone would treat me with peace and respect. Peace, oh how I love the way the word flows. I’m closing my eyes and peace is drifting in the vast sky. Children laughing and playing with me and adults working together. I wish that it’s impossible to be horrid. That would be perfect but I try not to get my hopes up because no one is ever going to treat me properly. I try to be nice but no one cares. Life isn’t fair!” **SO BE KIND TO ME.**

- *Written by a nine year old child living as a girl, but born as a boy*
- Resource for transgender youth and their families²:
<http://www.transkidspurplerainbow.org/>

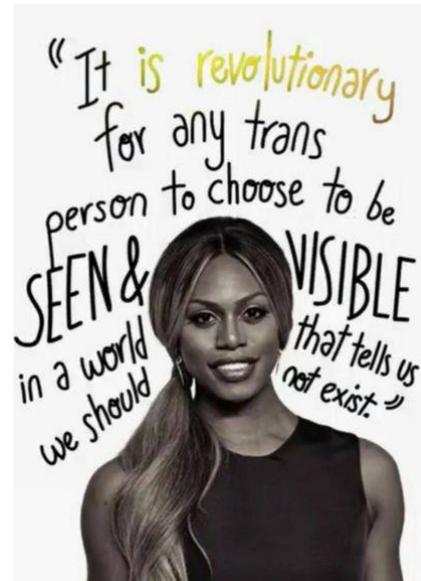


- Authenticity and Safety¹
- 5 As: Availability, Acceptance, Authenticity, Alliance and Affirmation



The Many Societal Attacks for Just Trying to Be Themselves

- Rejection
- Discrimination
- Victimization
- Identity Nonaffirmation
- Media, legal, schools, religion
- Healthcare (DSM)
- Minority Stress Model
- Microaggression
- Intersectionality



1. Irwin Krieger (2017).

3. Meyer IH (2003). Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations: Conceptual Issues and Research Evidence. Psychological Bulletin, 129, 674-697



2015 U.S. Transgender Survey

- This is the largest survey examining the experiences of transgender people (18 and older) in the United States, with **almost 30,000** respondents.
- For those who were out or perceived as transgender while in school (K–12):
 - 54% verbally harassed
 - 24% physically attacked
 - 13% sexually assaulted.
- 10% were victims of violence from a family member
- 8% were kicked out of the house because they were transgender
- **40% attempted suicide in their lifetime**

4. James SE, Herman JL, Rankin S, Keisling M, Mottet L, and Anafi M (2016). The Report of the 2015 U.S.



To Treat as Human

- Is to look at me with respect as opposed to uncertainty.
- To call me by the name I want to be called.
- To use the correct pronoun when referring to me.
- To have your colleagues, including the front desk, do the same.
- To NOT question my own authority on my identity or the stability of it.
- To NOT ask me to explain myself to you yet again.
- To NOT have your environment, forms, and rules force me to choose something that I am not.
- To NOT see me as a pathology or problem, but rather as another normal human variation of life.
- AND to treat me as any other individual you care about by getting to know all of me and advocating for the care that would lead to the best possible outcome.
- This is being a good clinician
- This is being a good human.



A Patient of Mine – Michael

- Michael is one of my first transgender youth patients in my outpatient private practice as an encouragement that we all have to start somewhere.
- This is just one patient and his family, and as we know, all patients and their stories are different.
- Permission from patient and parents were obtained.
- De-identifying names were used.



Referral & Need:

- Insurance case manager calls and states they really need to find a psychiatrist for “Michelle” who is 13 years-old and in the 8th grade.
- Already a shortage of child & adolescent psychiatrists, let alone one that would take a child with the following history:
 - 3 prior psychiatric hospitalizations within past year for SI with plan
 - Self-injurious behaviors
 - Depression
 - Eating disorder
 - Gender “issues”
- Mother, Diane, remembered me from when “Michelle” was at BCH boarding.
- Mother willing to drive 90 minutes for appointment and has a therapist.



The Need: Among Transgender Youth

- Higher rates of self-injurious behaviors and suicidality
- Higher rates of attempts and suicide
- Higher rates of depression
- Higher rates of anxiety
- Higher rates of substance abuse
- Higher rates of eating disorders
- Higher rates of trauma and PTSD
- Higher rates of inpatient psychiatric hospitalizations
- Michael was only 13 years-old and had 4/8

1. Irwin Krieger (2017).

5. Connolly MD, Zervos MJ, Barone II CJ, Johnson CC, and Joseph CLM (2016). The Mental Health of Transgender Youth: Advances in Understanding. *Journal of Adolescent Health*; 59:489-495

6. Reisner SL, Vettters R, Leclerc M, Zaslow S, MA, Wolfrum S, Shumer D, and Mimiaga MJ (2015). Mental health of transgender youth in care at an adolescent urban community health center: A matched retrospective cohort study. *J Adolesc Health*. 2015 March ; 56(3): 274–279. doi:10.1016/j.jadohealth.2014.10.264

7. Turban JL (2017). Transgender youth: the building evidence for early social transition. *Journal of the American Academy of Child and Adolescent Psychiatry*; 56:2

8. Trans Pulse (2012). Impacts of Strong Parental Support for Trans Youth. <http://transpulseproject.ca/wp-content/uploads/2012/10/Impacts-of-Strong-Parental-Support-for-Trans-Youth-vFINAL.pdf>

9. Extension Center for Family Development Children, Youth & Family Consortium (2017). Mental Health of Transgender Youth: The Role of Family, School, and Community in Promoting Resilience. University of Minnesota. CHILDREN'S MENTAL HEALTH eREVIEW. <http://www.extension.umn.edu/family/about/docs/mhtg-youth.pdf>



HOWEVER

There is developing evidence that when **family, community, school, and medical** support mechanisms are in place, transgender youth experience a similar range of mental health and well-being compared to the rest of the population.

9. Trans Pulse (2012). Impacts of Strong Parental Support for Trans Youth. <http://transpulseproject.ca/wp-content/uploads/2012/10/Impacts-of-Strong-Parental-Support-for-Trans-Youth-vFINAL.pdf>



Building Evidence for Supporting Transitioning

- De Vries et al (2014). Young adult psychological outcome after puberty suppression and gender reassignment. *Pediatrics*; 134:696-704.¹⁰
- Olson KR, Durwood L, DeMeules M, McLaughlin KA (2016). Mental health of transgender children who are supported in their identities. *Pediatrics*; 137:1-8.¹¹



Back to the Patient & Parent: 1st APPT

- Briefly met with both at the same time; father did not join
- Mother, Diane, still referred to her child as “Michelle” with she/her/hers pronouns
- Met with Michael alone, who identified himself as a transgender male who is gay.
- He stated that he preferred the name Michael and he/him/his pronouns and also preferred that his family do the same, but they haven’t.
- He stated that when he was little he did like both male and female clothes and toys but didn't see them as gender specific.
- As he got older he felt different from others, but wasn’t until he was in the 6th grade (11 y/o) when he realized that "it was an actual thing," that he was a male trapped within a female's body, and that he labeled himself as transgender.



First Encounter

- Ensure patient feels safe to disclose
- Provide them with the opportunity to disclose by asking (e.g., preferred pronouns), but follow their lead
- Approach varies based on the presenting request (e.g., more broad history or is it specific to gender identity)
- Explore:
 1. Sense of self and history of it
 2. Group affiliation
 3. Body discomfort
 4. Regard by others
- Approach to mental health

1. Irwin Krieger (2017).

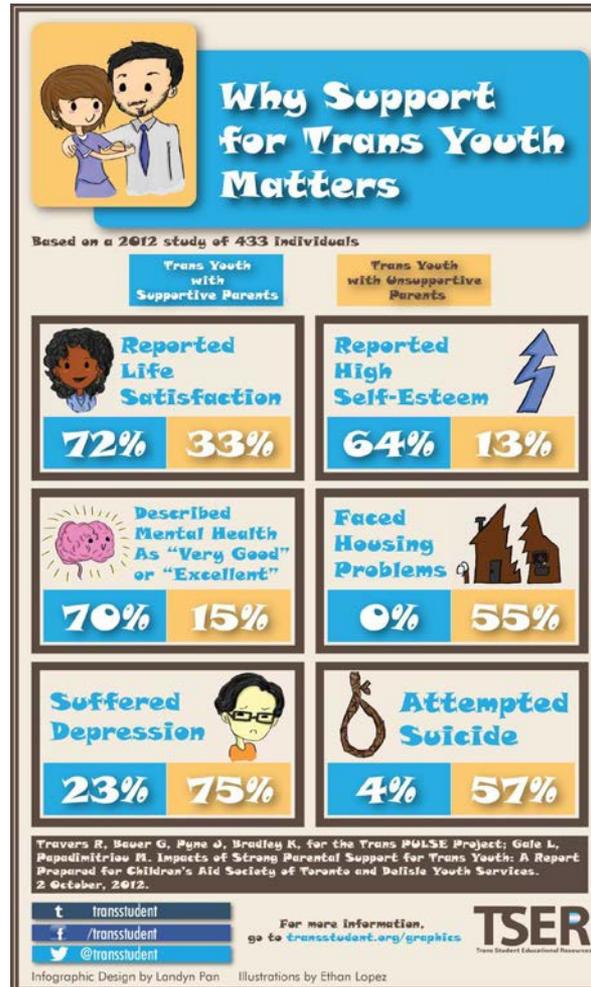


Working with the Parent, Diane

- Per Diane alone, “I thinks it’s probably just a phase. You hear the story of trans kids, and she was never like that. Like the girls who always wanted to be in boys clothes from when she was little. She liked dresses.”
- “I would have totally been fine if she were a lesbian.”
- “It’s been a really tough year. I worry about her and want what’s best for her.”



- Approach varies based on where parents are at, but goal is to move in the forward direction.



Survey of 433 Transgender youth aged 16 to 24 in Ontario.⁸



Working with Rejecting Parents of Transgender and Gender Nonconforming Youth

Parents who are rejecting ("There's something wrong with my child.")

Develop alliance and follow their lead.

Identify barriers as best as you can:

- Anxious, worried and scared
- Confused and misinformed
- Depressed or grieving
- Familial pressure or disagreement
- Stigma, discrimination and societal pressure
- Denial

Address barriers as best as you can:

- Become a trusting and valid source of information
- Identify shared priorities of parent (e.g., child safety or school refusal)
- Educate and correct misinformation
- Identify and educate other providers or systems that may be unknowingly or knowingly contributing to barriers

Additionally:

- Make sure child is safe and risk reduction
- All the more reason to create a therapeutic home and spend more time with the patient until parent is more interested in your time
- Make sure you are not conveying to parent that you are trying to change or can change child



Working with Ambivalent Parents of Transgender and Gender Nonconforming Youth

Parents who are ambivalent

("Is it just a phase?")

Develop alliance and follow their lead.

Identify barriers as best as you can:

- SAME

Address barriers as best as you can:

- Same as rejecting parents, but probably at a faster pace.
- Likely will have more opportunity to provide education and resources
- May be open to discussing next steps if parents were to support their child

Additionally:

- May want to devote a little more time with parents
- Consider sharing additional resources for parents



Parents: Anxious, Confused, and Misinformed

- I don't get it
- He's too young to know, she will regret in the future if we take steps
- **It's just a phase, he's not really transgender**
- It only seems more recent
- What if she changes her mind?
- **He's just going to have a much harder life**
- What's wrong with her? How did this happen? What did we do wrong?
- This is happening too fast
- **This is a loss for us**
- More and more parents are inquiring about their children at an earlier age (as early as 18 months old).

1. Irwin Krieger (2017).



Gender Identity Development

- While many transgender people say that they knew they were transgender as soon as they knew what “boys” and “girls” were, for many others, the journey to living openly as their affirmed gender is longer.^{4,12,13}
- Thus, there is no consistent developmental trajectory
- For children who establish a transgender identity, the main factor associated with persistence into adolescence and adulthood is intensity of their gender dysphoria in childhood.

Figure 4.3: Age they began to feel gender was different from the one on their original birth certificate

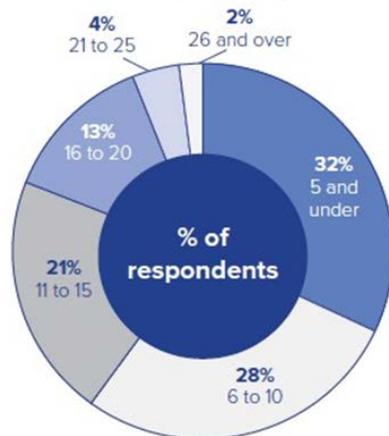
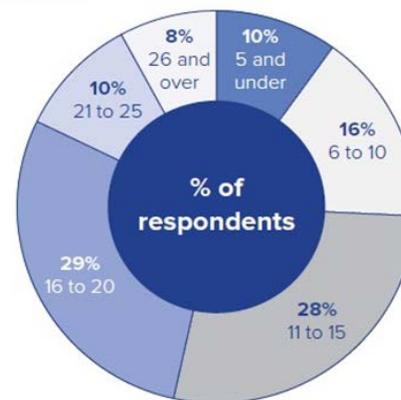


Figure 4.4: Age they started to think they were transgender



Is it a Phase?

- Research supports that for adolescents who present with a transgender identity typically go on to being transgender older adolescents and adults.
- Less clear for younger children who are pre-puberty
- Insistent, consistent and persistent transgender identity
- Does it really matter?
- Individuals affirmed in their gender-expansive traits are happier and healthier, whether or not they grow up to identify as transgender.
- The problem with “delayed transition” is that it limits transition based on a child’s age rather than considering important signs of readiness, particularly the child’s wishes and experiences.



“Waiting to transition...was not an option if we cared anything about [our son’s] health. **The despair he went through...was not manageable.** But when he did transition, it was like a light switch. We had a happy, healthy kid. And it has been that way ever since – four years and counting.”

Peter Tchoryk

Father of a seven-year-old transgender boy



Gender Affirmative Approach

- No single strategy
- Follow the child's lead.
- Assist families (and, often, a child's school community) in becoming comfortable with the child's gender expression.
- Reassure children that there is nothing wrong with their gender identity or expression
- Help children explore their feelings about gender, and share skills for dealing with gender-based bullying, strengthening the child's "gender resilience."
- Help families move toward accepting the child's gender identity and expression.
- Transition should take place when the child indicates that they are ready, rather than when adults dictate it.

14. Human Rights Campaign and American Academy of Pediatrics (2016). Supporting & Caring for Transgender Children: Available online at: <http://www.hrc.org/resources/supporting-caring-for-transgender-children>



BOTTOM LINE:

Let them be who they want to be, but prepare them and be there for them when times get tough because of it.



Social Transitioning

COMMON STEPS IN SOCIAL TRANSITION

For children of any age, gender transition means allowing the child to choose how they express their gender.

Children may:

- Wear clothing that affirms their gender, such as skirts for transgender girls
- Adopt a hairstyle that affirms their gender, such as a short haircut for transgender boys
- Choose a name that affirms their gender
- Ask others to call them by pronouns (such as “he” or “she” or “they”) that affirm their gender
- Use bathrooms and other facilities that match their gender identity

1. Irwin Krieger (2017).
5. Connolly, et al. (2016).



American Psychological Association's
*Guidelines for Psychological Practice With Transgender and
Gender Nonconforming People, 2015*¹⁶

Psychologists working with TGNC and gender-questioning youth are encouraged to become familiar with medical treatment options for adolescents (e.g., puberty suppressing medication, hormone therapy) and work collaboratively with medical providers to provide appropriate care to clients.



Human Rights Campaign and American Academy of Pediatrics (2016).^{1,5} Supporting & Caring for Transgender Children

Available online at: <http://www.hrc.org/resources/supporting-caring-for-transgender-children>

COMMON STEPS IN GENDER TRANSITION			
	Examples	Ages	Reversibility
Social transition	Adopting gender-affirming hairstyles, clothing, name, gender pronouns, restrooms and other facilities	Any	Reversible
Puberty blockers	Gonadotropin-releasing hormone analogs such as leuprolide and histrelin	Early Adolescents	Reversible
Gender-affirming hormone therapy	<ul style="list-style-type: none"> ▪ Testosterone (for those assigned female at birth) ▪ Estrogen plus androgen inhibitor (for those assigned male at birth) 	Older Adolescents (as appropriate) Adults	Partially Reversible
Gender-affirming surgeries	<ul style="list-style-type: none"> ▪ "Top" surgery (to create a male-typical chest shape or enhance breasts) ▪ "Bottom" surgery (surgery on genitals or reproductive organs) ▪ Facial feminization surgeries 	Older Adolescents (as appropriate) Adults	Not Reversible
Legal transition	Changing gender and name recorded on birth certificate, school records and other documents	Any	Reversible



Working with Affirming Parents of Transgender and Gender Nonconforming Youth



Affirming Parents

("How can we best support our child who is transgender?")

Develop alliance

Helping move forward with affirmation and transitioning:

- Optimizing affirmation
- Support parent to be able to best support child
- Knowing and navigating what it means to transition at the pace of the child's desire
- Access to appropriate clinical care
- Other systems of care - school and safety
- Insurance
- Legal name and other documents

Helping move forward with transitioning and passing:

- Be the voice of the child
- Be an advocate
- Connect to resources
- Problem solve
- **Identify and educate other providers that may be unknowingly or knowingly contributing to barriers ("gatekeepers")**

Letter from the President, American Academy of Pediatrics:

Pediatricians should not be transgender children's first bully – 2016

- Benard P. Dreyer, M.D., FAAP



American Psychological Association's
*Guidelines for Psychological Practice With Transgender and
Gender Nonconforming People, 2015*¹⁶

- Parents and caregivers may benefit from a supportive environment to discuss feelings of isolation,
- explore loss and grief they may experience,
- vent anger and frustration at systems that disrespect or discriminate against them and their youth,
- and learn how to communicate with others about their child's or adolescent's gender identity or gender expression.



Back to Diane, Michael's Mother

From ambivalence to affirming advocate

- Grief and allowed to have mixed feelings
- Name and pronouns
- School - A Guide for Supporting Transgender Students in K-12 Schools.
<http://www.hrc.org/resources/schools-in-transition-a-guide-for-supporting-transgender-students-in-k-12-s>
- Needing some nudging regarding moving forward as depression and eating disorder worsened
- Looking for new therapist
- Wanting to connect with pediatric endocrinologist
- Made the first appt, started the puberty blocker, and now the next nudge



Working with the Patient

- Transgender and gender nonconforming people, in general, have three types of need for mental health.^{1,17}
 1. Exploration of gender identity. This includes determining exactly what one's gender identity is, coming to terms with this gender identity, self-acceptance and individuation, and exploring individual-level ways to actualize this identity in the world. This may also include preparation and assessment for various gender affirming treatments and procedures.
 2. Coming out and social transition. This includes coming out to family, friends, and coworkers, dating and relationships, and developing tools to cope with being transgender in a sometimes transphobic world.
 3. General mental health issues, possibly unrelated to gender identity. The variety of mental health concerns experienced by transgender people include mood disorders, generalized anxiety, substance abuse, and post-traumatic stress disorder (PTSD).



Back to Michael

- Exploration of gender identity:
 - Michael's identity and wants regarding transitioning
 - 60% Gender Dysphoria
 - Response to mother who suggested exercising to feel better
- Coming out and social transition:
 - Relationship with parents
 - Friends - twins
 - Schools and theater
- General mental health issues, possibly unrelated to gender identity.
 - Depression, eating disorder, self-injurious behaviors
 - Other life stressors



Brief Lessons from Working with Michael and Others

- My therapist doesn't get me
- Just because you are comfortable talking about gender identity doesn't mean I am
- Caution with outing
- Better ways of asking and exploring
- Tons of resources out there to help me be a better clinician
- Michael's mother is very progressive & open-minded, and they live in a liberal town...and yet he had three psychiatric hospitalizations
- Think about the many others less fortunate



Take Home Message



Some Questions to Ask When Choosing Professionals to Work with Your Child or Family

Have you worked with gender-expansive or transgender children or youth before? Are you willing to learn if I can connect you with some resources?

- Many practitioners will not have experience working with our kids before, but if they are genuinely open-minded and willing to learn, that is the important factor. We can help connect them to people with experience in their given field.

What do you see as your role in a child's gender journey?

- Be wary if a professional wants to help your child conform to more traditional gender roles or indicates that their treatment can change your child's gender identity/expression. A practitioner who gives your child negative messages can do more harm than good.
- You want to find professionals who recognize that gender diversity as a naturally occurring aspect of humanity that crosses all lines of identity, geography and other forms of difference.
- You are looking for a professional whose goals are to support your child on whatever their authentic path is in relation to their gender, as defined by your child.

Do you think children are too young to determine their gender identity?

- Seek professionals who understand that children can know their gender identity at a very young age, but won't put them in any box or force them to stay on any particular path. The idea is to follow the child's lead, wherever that may go, and to create a safe space for the child to figure out their true path.
- Try to find doctors who will work with your child based on your child's experience, not on an external timeline regardless of your child's particular circumstances.

What if I don't understand this myself?

- Ideally, professionals will meet parents "where they are at" and reflect an understanding that parents have their own process to go through. A skilled professional can help families navigate difficult decisions when adults and kids aren't on the same page and need help understanding each other.



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