ADVANCING EXCELLENCE IN TRANSGENDER HEALTH

Evidence-Based Behavioral Health Care for Gender Diverse Youth

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Massachusetts League of Community Health Centers

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

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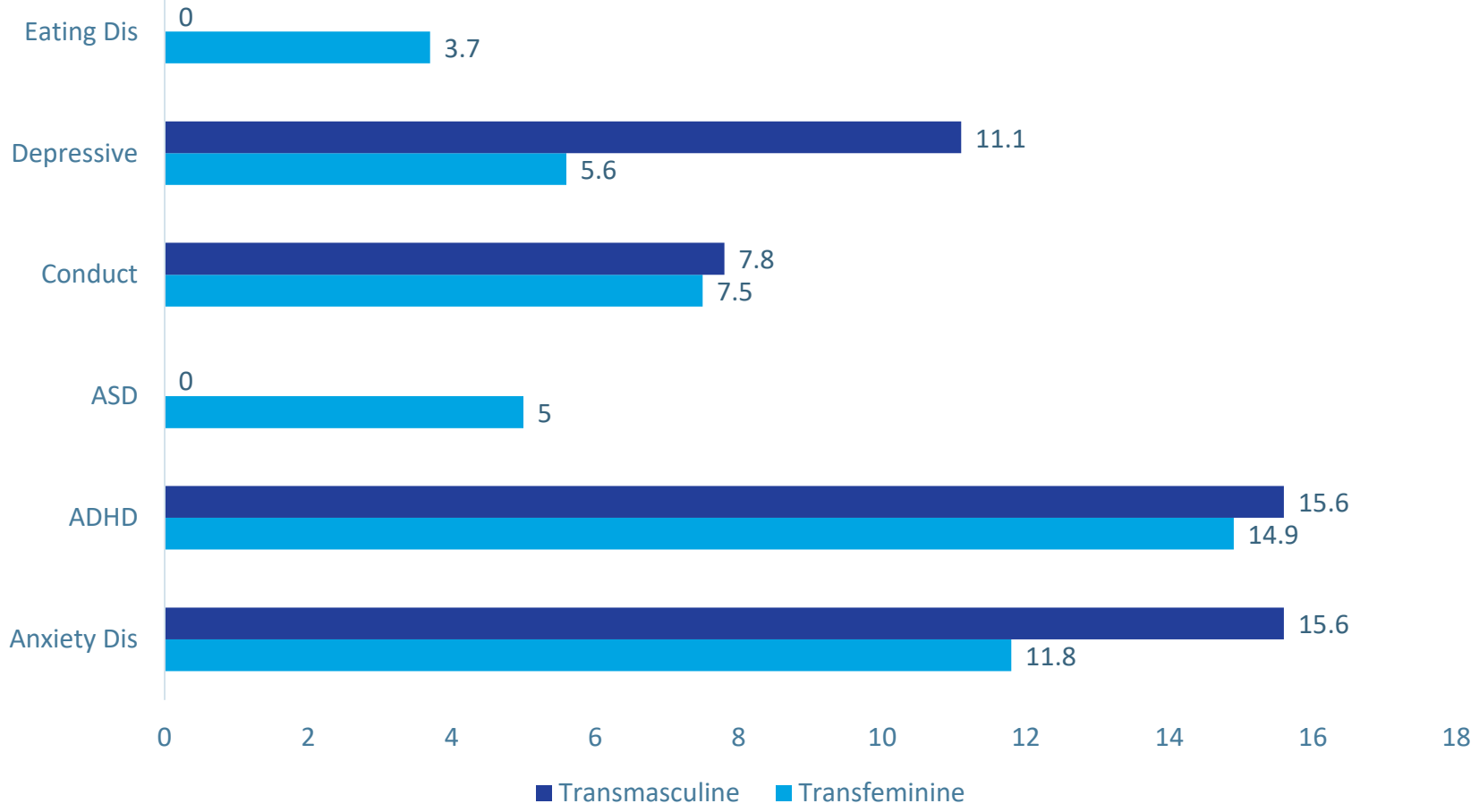
Transgender and Gender Diverse youth are at Higher Risk for Psychiatric Disorders

- 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

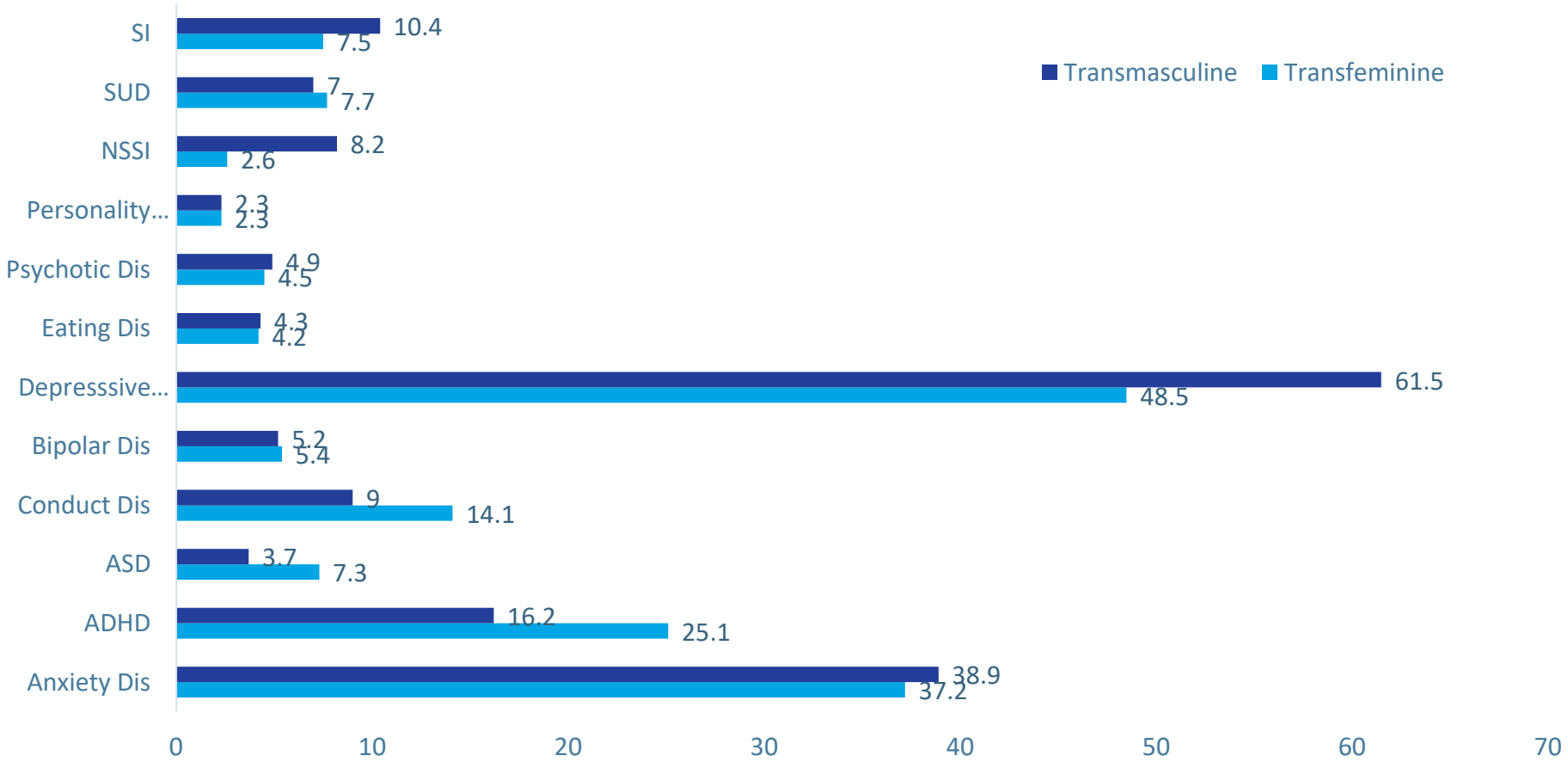
Prevalence Rates of Psychiatric Disorders in TNGC Children Ages 3-9 Years

Becerra-Culqui et al., 2018. Pediatrics. 141(5): e20173845



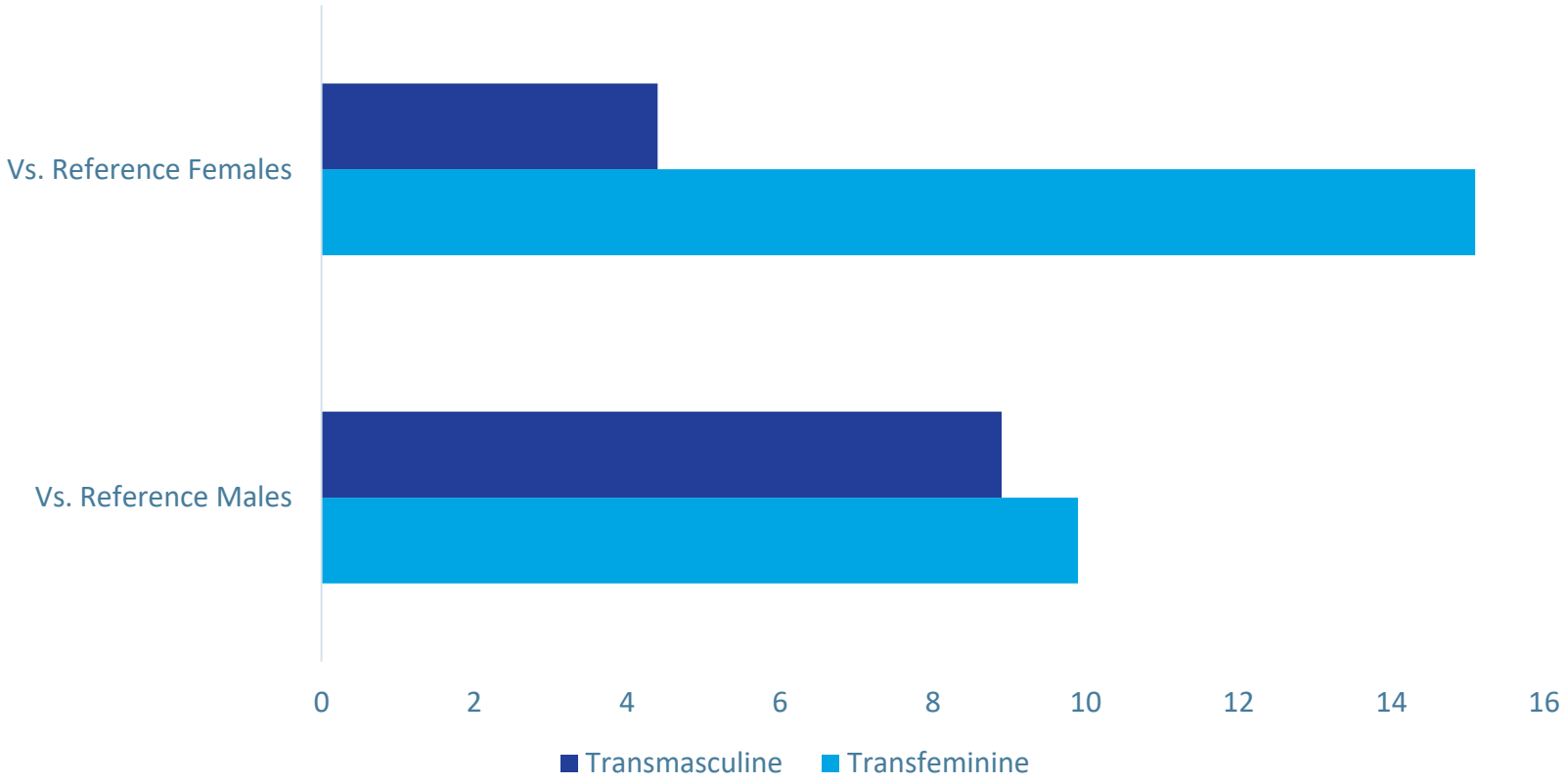
Prevalence of Psychiatric Disorders in TNGC Youth Ages 10-17 Years

Becerra-Culqui et al., 2018. Pediatrics. 141(5): e20173845



OR of Psychiatric Hospitalization Relative to Reference Samples

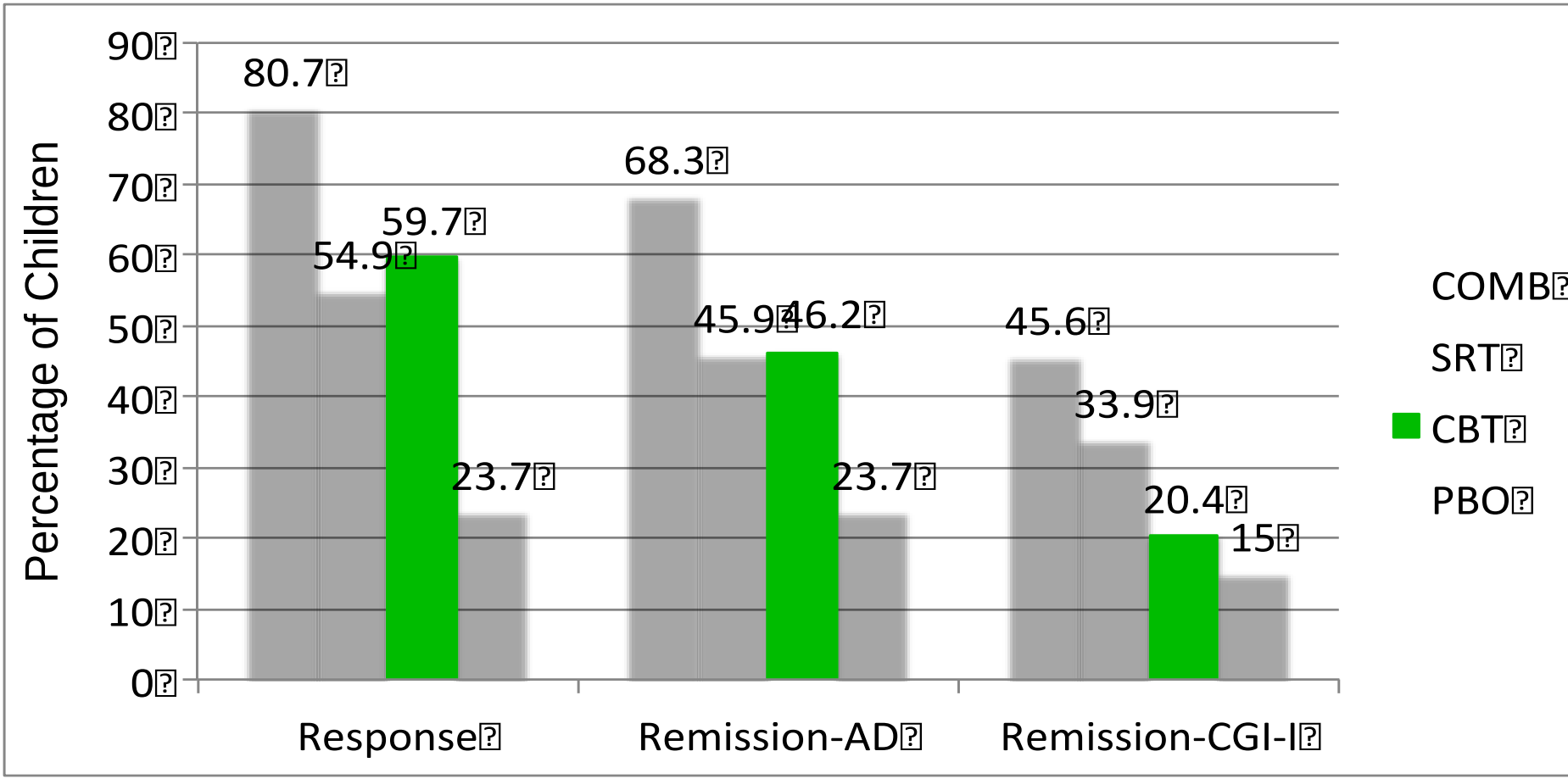
Becerra-Culqui et al., 2018. Pediatrics. 141(5): e20173845



CBT as an Evidence-Based Treatment for these Conditions

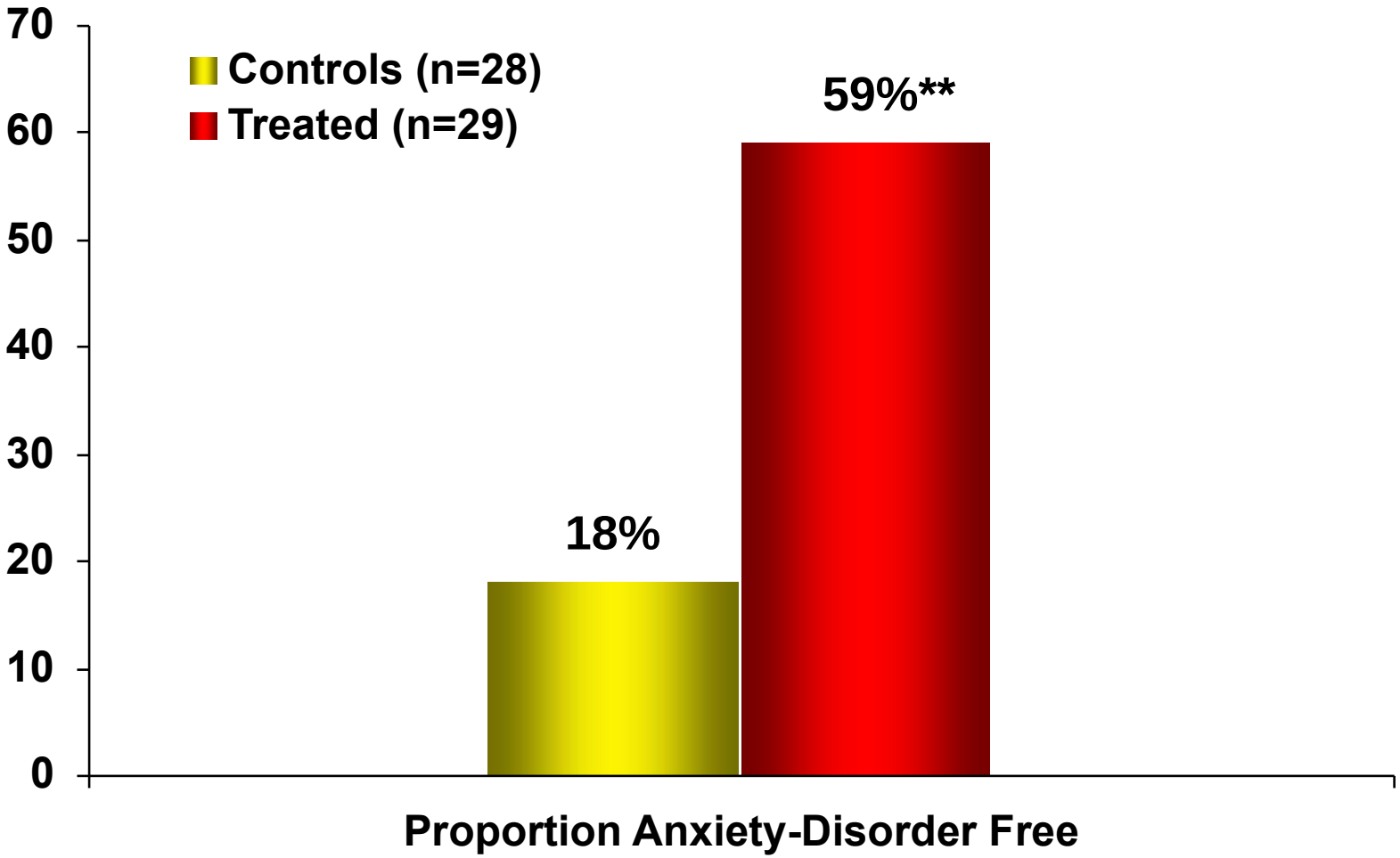
- A substantial body of evidence supports the use of CBT with cisgender children, adolescents, and adults
- Evidence for it's efficacy and effectiveness for treating
  - Anxiety disorders
  - Depression
  - ADHD
  - Disruptive Behavior Disorders
  - Bipolar Disorder
  - Eating Disorders
  - Substance Use Disorders
- For moderate-to-severe disorders, is especially effective in combination with medication

Rates of Response and Remission in CAMS Study (N=488)



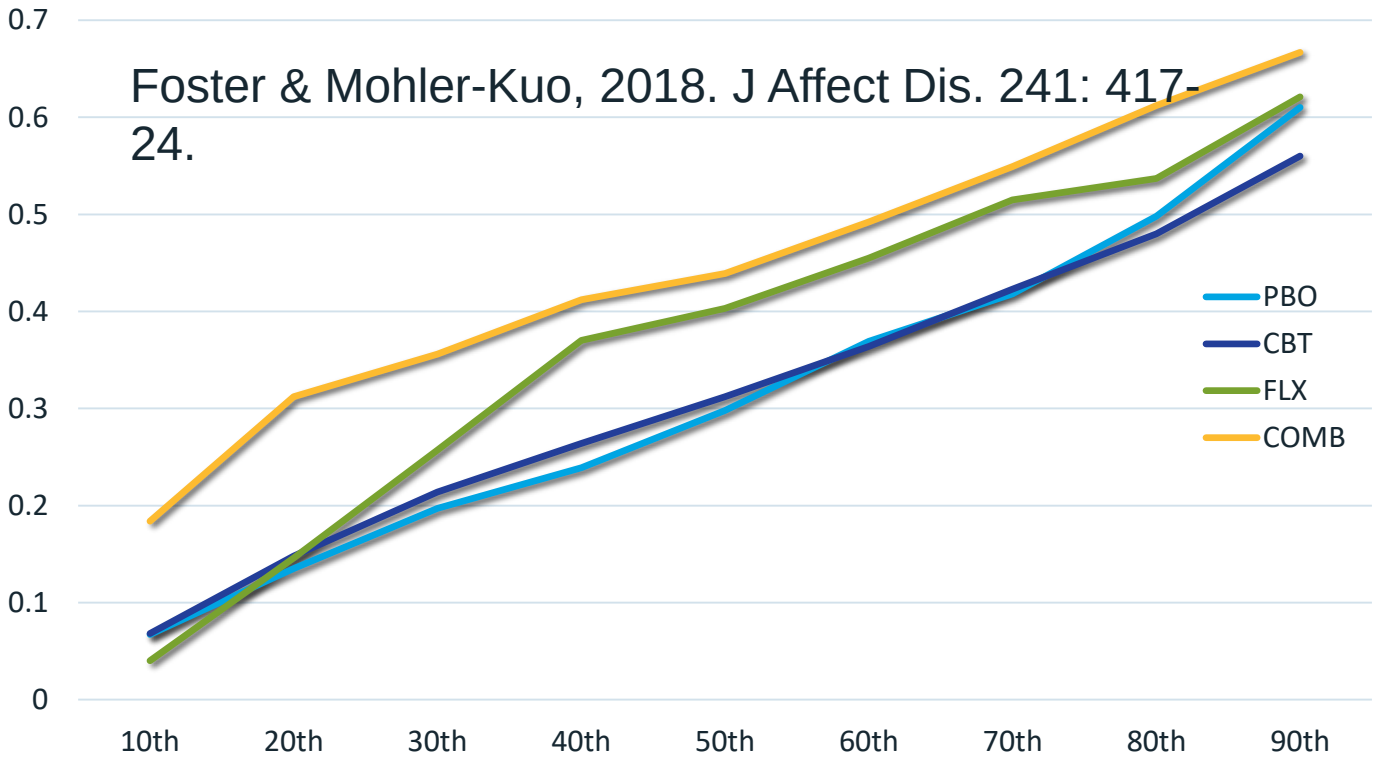
Ginsburg et al. 2011. J Consult Clin Psychol; 79: 806-15

CBT for Preschoolers: Outcomes



Hirshfeld-Becker et al. 2010. J Consult Clin Psychol. 78:498-510

CBT for Adolescent Depression



Cognitive Behavioral Therapy: General Principles

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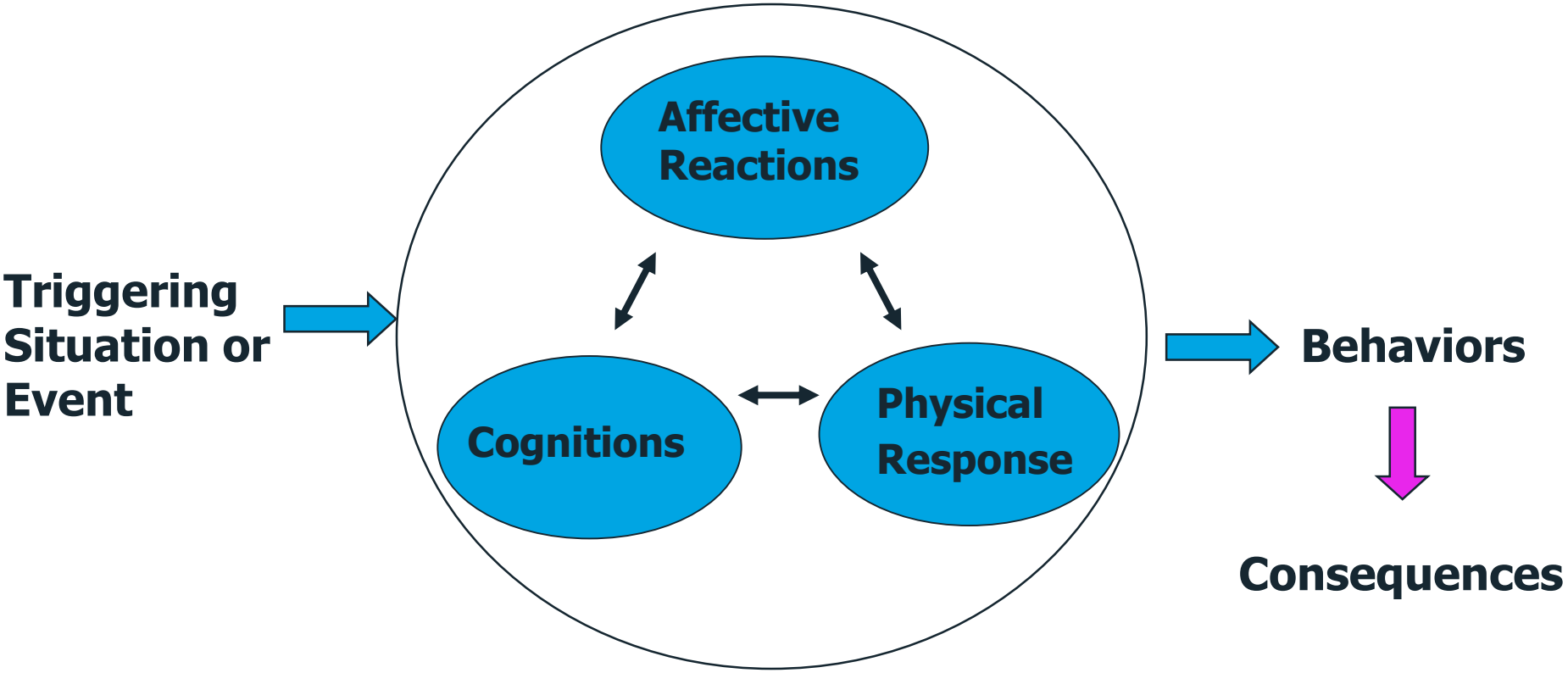
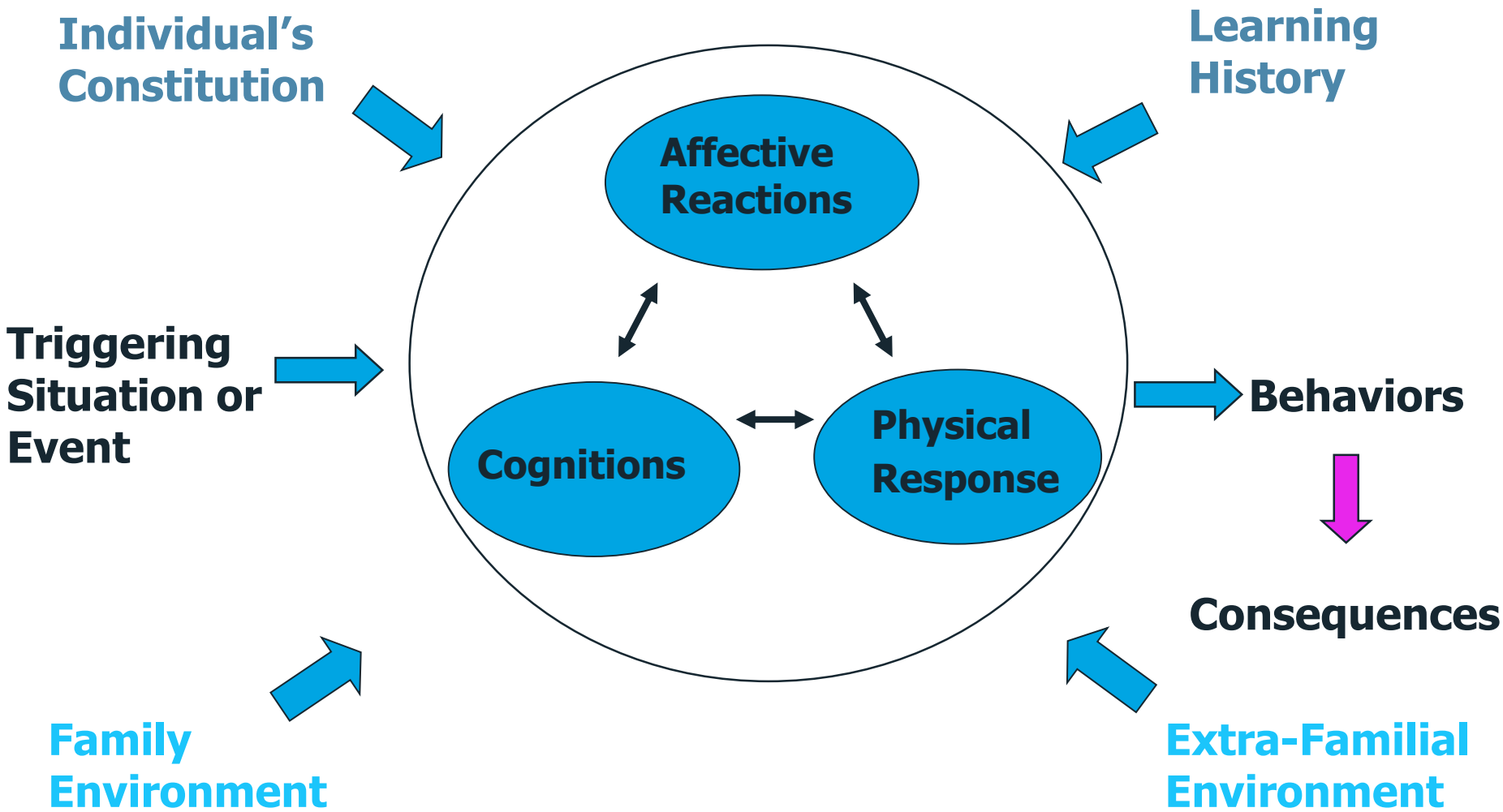
General CBT Model

Psychiatric Disorder or Symptom: Anxiety



CBT Model: Case Formulation



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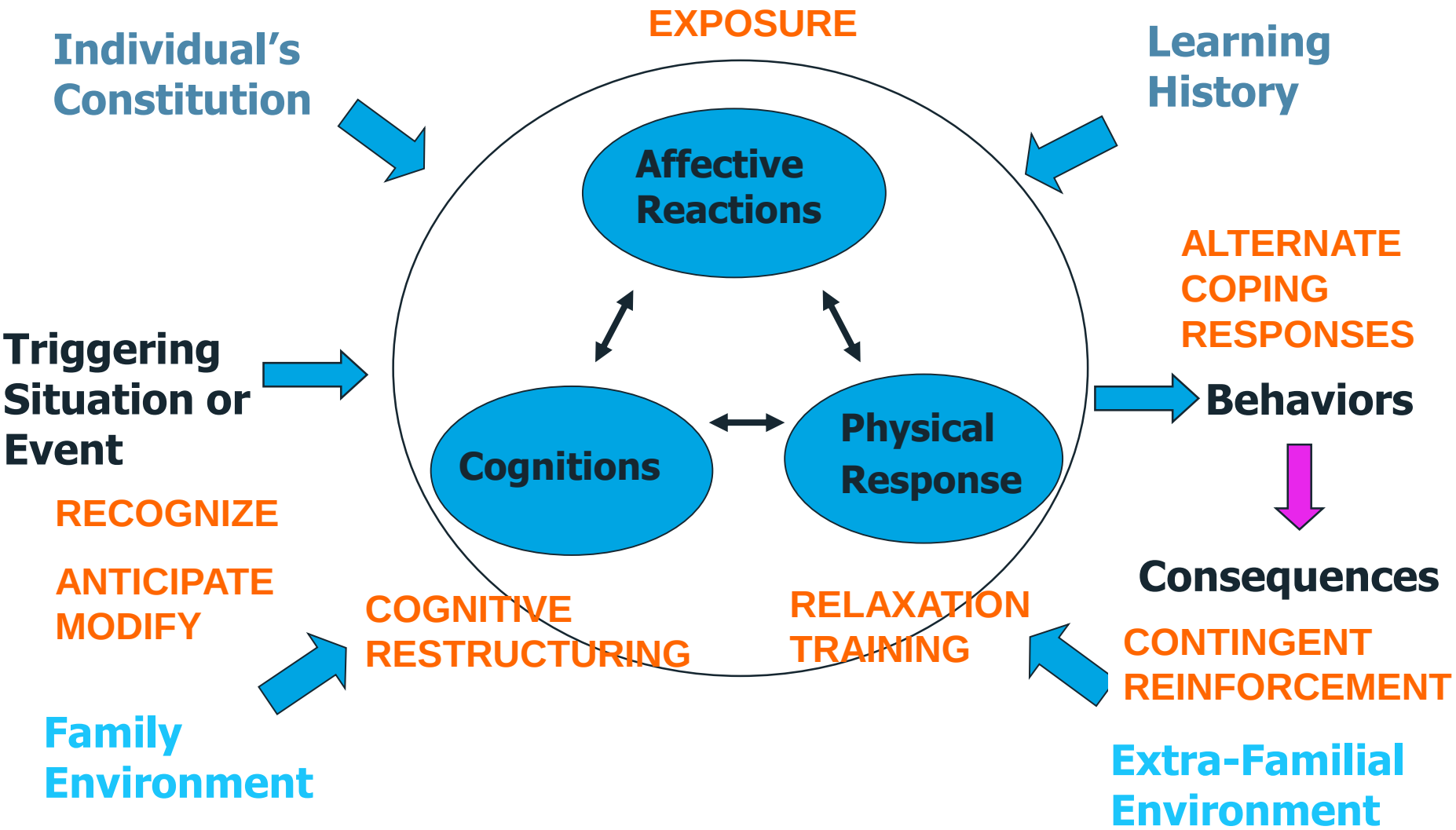


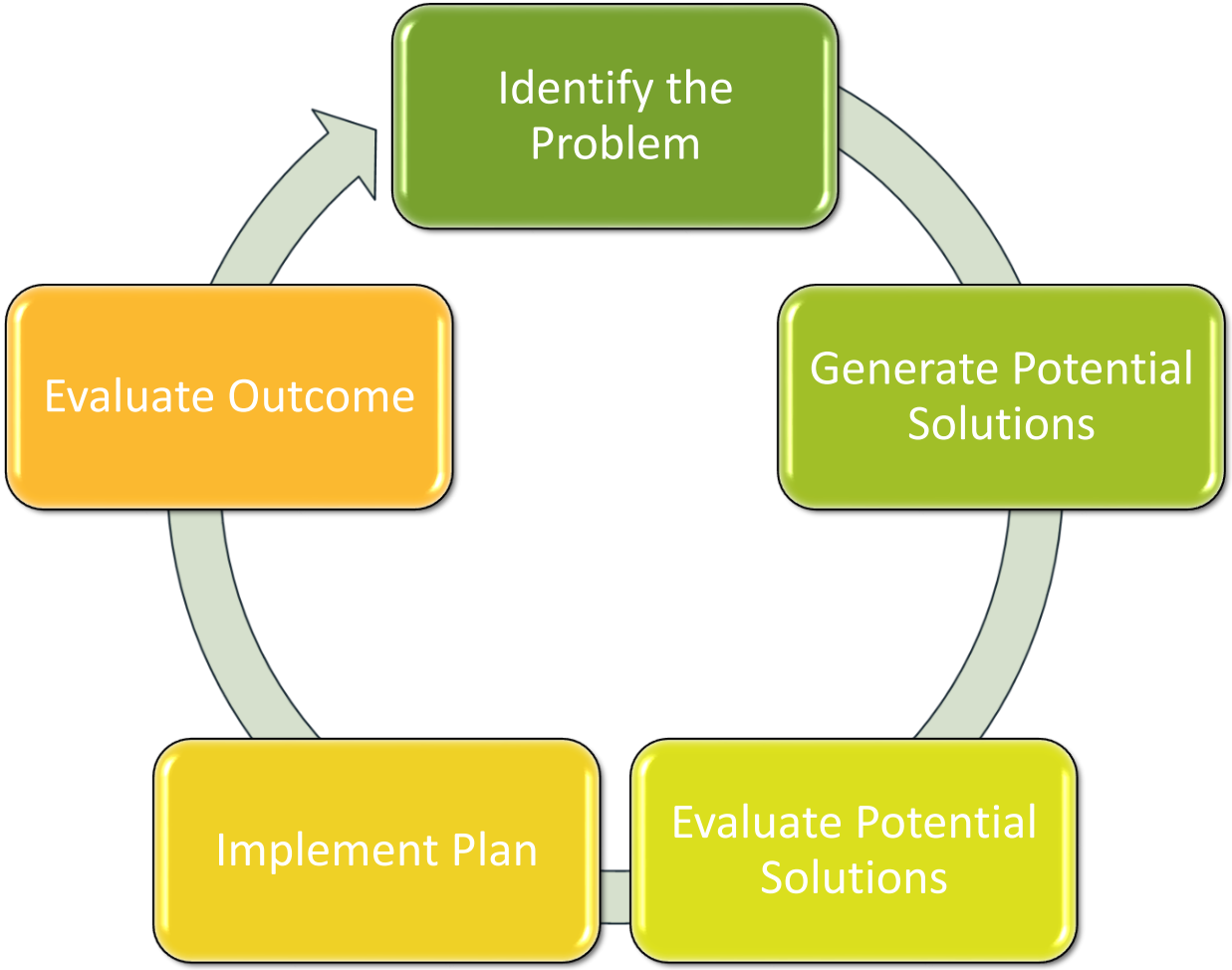
Affective Education

- 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



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

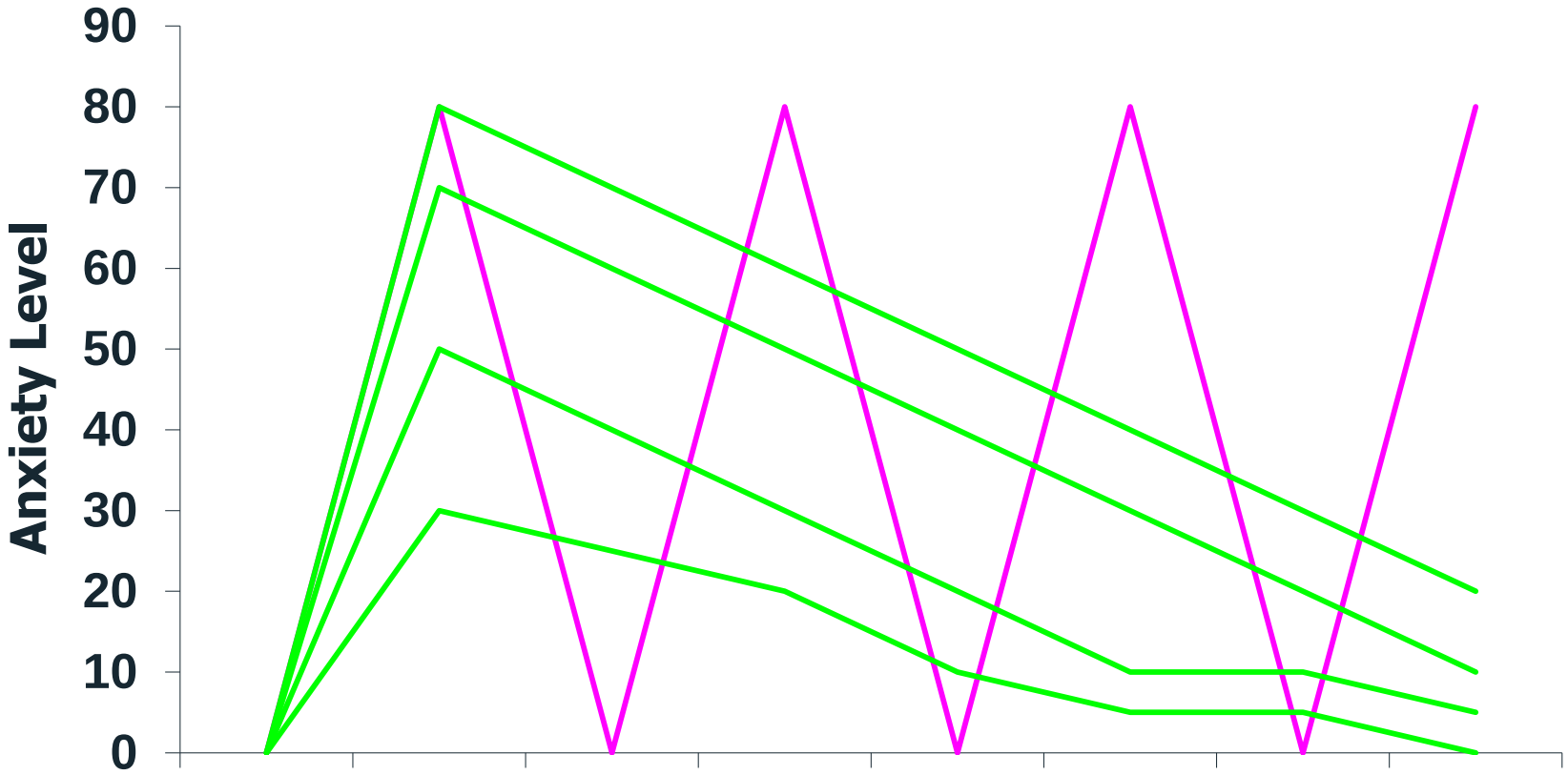
- **OVERESTIMATION OF RISK--What's the evidence? What's another way to look at it?**
- **CATASTROPHIC THOUGHTS--What's the worst that can happen? The best? The most realistic? How would I cope if it happened?**
- **ALL OR NOTHING THINKING--What's another way to look at this? What are the shades of grey?**
- **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

Situation	Thoughts	Emotion (0-10)	Challenge	Emotion (0-10)
Staying home alone	Robbers are going to break in and kill me!	Afraid (8)	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.	Anxious (3)

Exposure

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


Anxiety Level
90
80
70
60
50
40
30
20
10
0

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

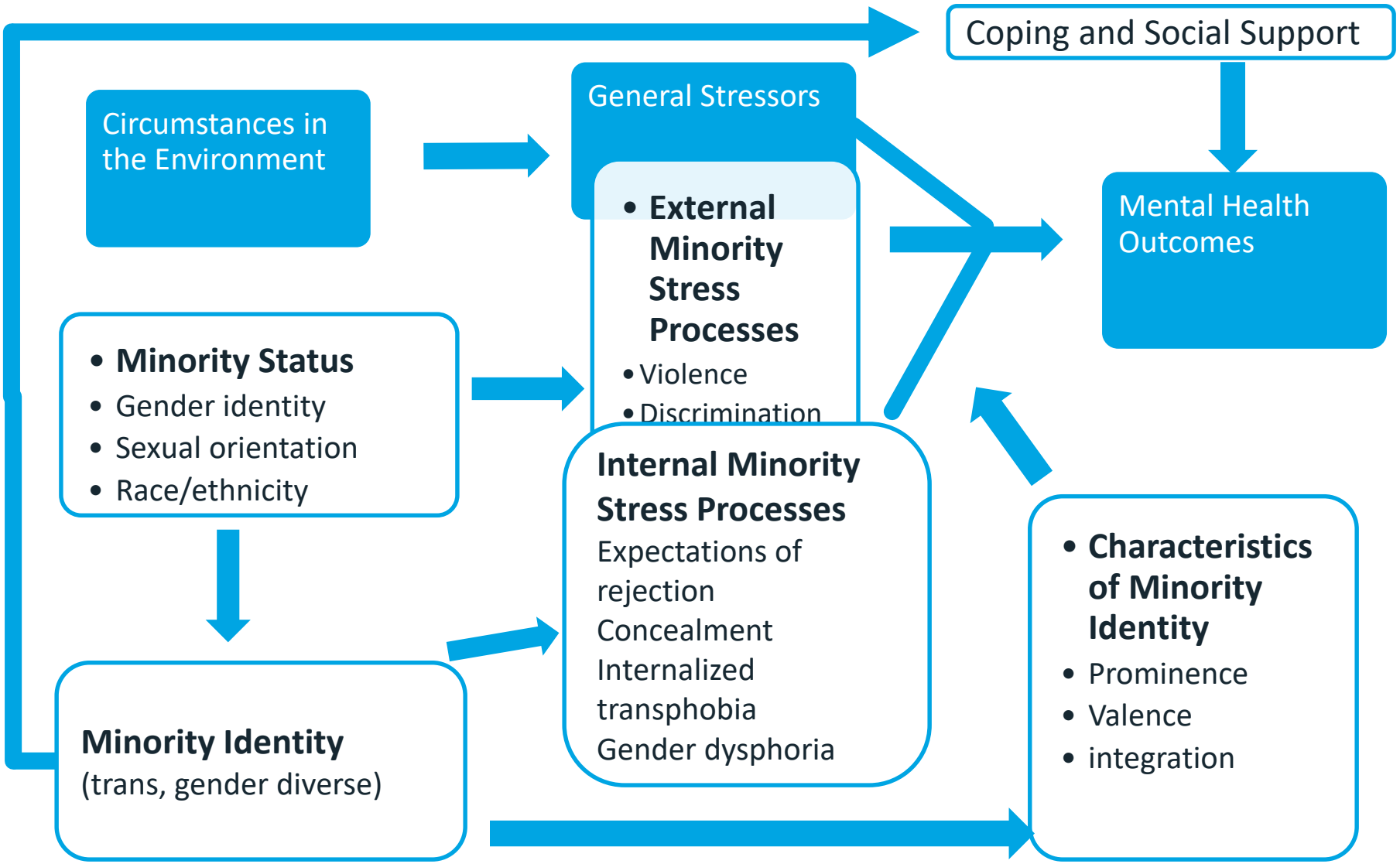
Fear Hierarchy: Food Contamination

Touching light switch; no washing	4
Touching doorknob; no washing	5
Touching bathroom doorknob; no washing	6
Eating food off the table	7
Eating from same bag as someone else	8
Eating food that fell on floor	9

How Can we Adapt CBT for Transgender and Gender Diverse Youth?

Good question!

Minority Stress Model (Meyer, 2003)



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 Accomodations 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

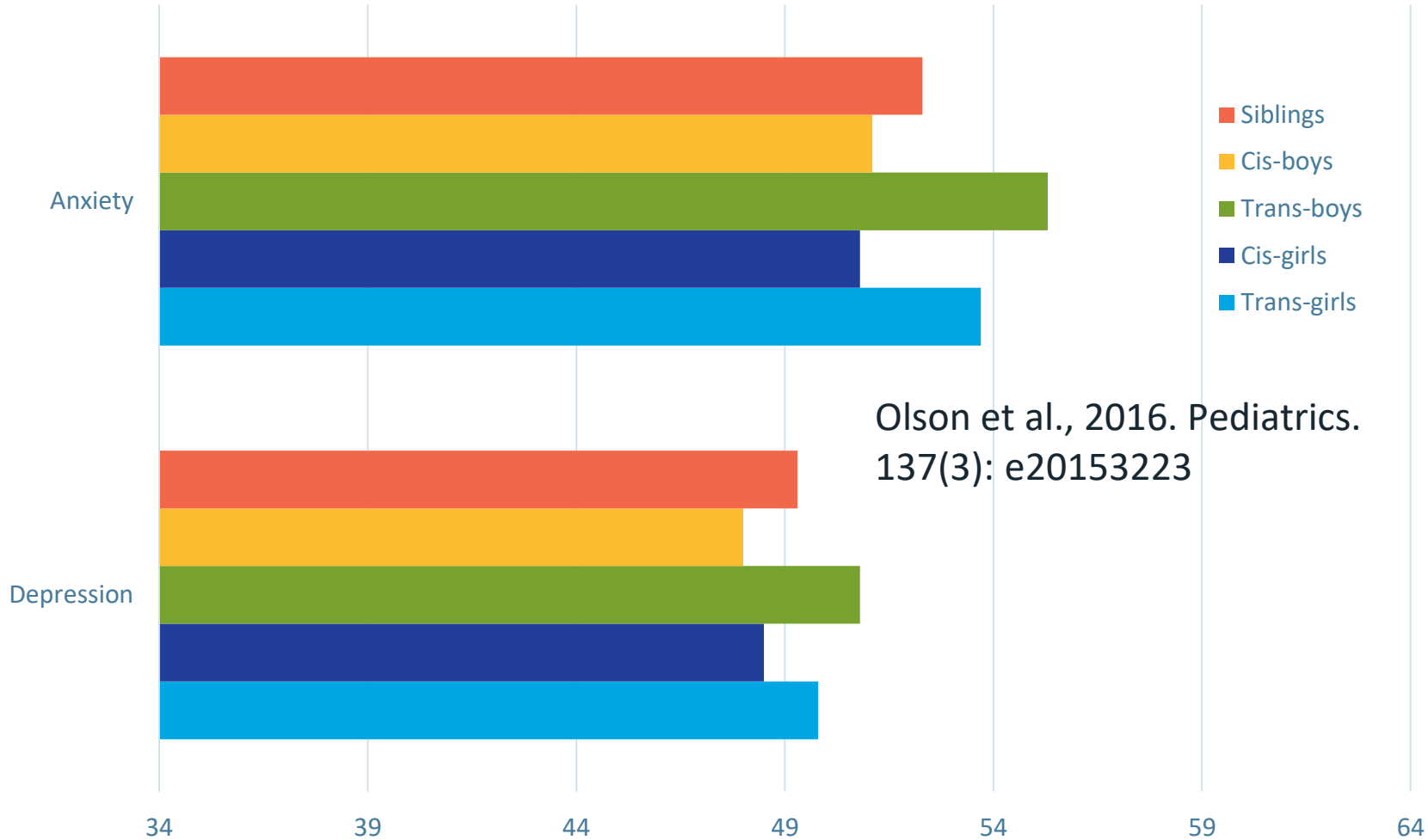
Enhancing Parental Support

- 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

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



Olson et al., 2016. Pediatrics. 137(3): e20153223

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

AFFIRM Program

Austin & Craig, 2015. *Professional Psychology: Research and Practice, 46*(1), 21-29.

- 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

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Clinical Case Discussion

The Colonnade Hotel

October 13-14, 2017

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Case of "Jo": Description

- 14yo white youth with a non-binary gender identity
- Uses she/her pronouns
- Identifies as pansexual
- Autism spectrum disorder; panic disorder, social anxiety, moderate-to-severe depression
- Strong body dysphoria and internalized transphobia
- Supportive family
- Socially isolated; unable to attend school; initially unable to leave the home
- History of bullying, teacher rejection4

Case of "Jo": Questions

1. How do we approach gender-affirming care in the context of multiple psychiatric conditions?
2. How should we sequence treatment and integrate disorder-specific strategies with support of gender identity?
3. How do we implement cognitive and exposure strategies that don't invalidate trans-specific concerns?
4. How can we broaden social supports given anxiety and difficulty leaving the house?