Today's "Genderation" of Youth: A Developmental Approach to Treating Transgender and Gender Diverse Children and Adolescents

North Carolina Psychiatric Association
Annual Retreat: Asheville, NC
September 10, 2016

Scott Leibowitz, MD
Nationwide Children's Hospital, Columbus, OH
Medical Director of Behavioral Health, THRIVE Program

THRIVE Program
NATIONWIDE CHILDREN'S
When your child needs a hospital, everything matters.

Disclosures

No conflicts of interest or disclosures to report

No proprietary treatment measures will be discussed

Objectives

- Describe the common terminology used to describe gender-based phenomena and the relevance of those terms to clinical care.
- Understand the developmental differences to gender dysphoria between pre-pubertal and peri/post pubertal youth, and how those differences potentially impact clinical care decision making.
- Become familiar with assessment and treatment options for youth who are potentially presenting with gender dysphoria.

Outline of Session- TRANS

Terminology, Trends

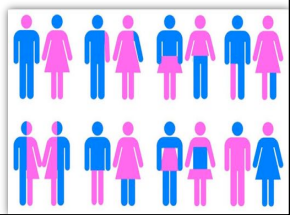
Readiness & Reassignment

Assessment & the Affective, Anxiety, Asperger's, ADHD Disorders & Co-occurring issues

Name Use & Nuance

Systems, Schools, & Supports

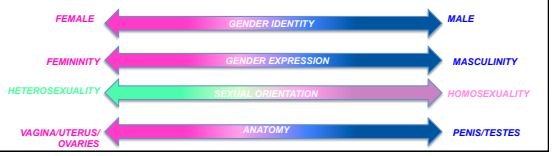
TERMINOLOGY TRENDS



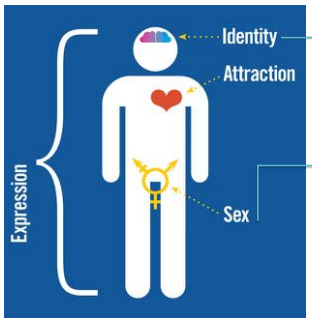
Tip 1: Know the Terminology Ask if you don't know a term

Deconstructing the Binary

SEX	GENDER IDENTITY	GENDER EXPRESSION	SEXUAL ORIENTATION
"What our Body Has"	"Who we are"	"How we act"	"Who we are attracted to"
Male Anatomy Female anatomy Both	Male Female Aspects of both Neither	Masculine Feminine Genderqueer	Attracted to males Attracted to females Attracted to both Attracted to genderqueer



Cisgender vs Transgender

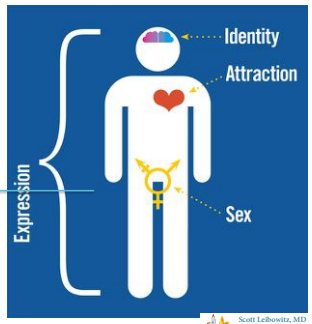


- **Cisgender**
  - When someone's sex anatomy **matches** their gender identity (majority of the population)
  - A person with a penis feels like a male.
  - A person with a vagina feels like a female
- **Transgender**
  - When someone's sex anatomy **doesn't match** their gender identity (minority of the population)
  - A person with a penis **doesn't** feel like a male.
  - A person with a vagina **doesn't** feel like a female

Scott Leibowitz, MD THRIVE Program Nationwide Children's

Gender Nonconforming/Diverse

- **Gender Nonconforming/ Diverse**- refers to when people's outward gender expression is different from what society would expect them to be based on their assigned gender
  - Example: male wearing makeup
  - Example: female with a very short masculine hairstyle
  - Not all people who are gender nonconforming are transgender
- **Gender Conforming-** when people's outward gender expression is the same as what society would expect



Scott Leibowitz, MD THRIVE Program Nationwide Children's

Terminology (continued)

- **Agender** – Individuals who experience no specific gender at a certain point in time.
- **Genderqueer** – More common in adolescents; referring to those who defy all categories of culturally defined gender and prefer to self-identify as gender-free, gender neutral, or completely outside gender . The term transcends the male-female gender binary and/or sexual orientation identity labels. (Ehrensaft 2012)
- **Pansexual** – A colloquial term used by youth who are attracted to individuals along all lines of the gender spectrum- not necessarily within the male-female gender binary.
- **"Dysphoria" –** short for "Gender Dysphoria" which Transgender adolescents use referring exclusively to gender dysphoria
- **Gender fluid –** when an individual experiences different genders at different points in time
- **AFAB/AMAB**- Assigned (female/male) at birth

Scott Leibowitz, MD THRIVE Program

Tip 2:
Know the Trends & that more youth are presenting with gender issues (& complex ones at that)

Recent Trends in Gender Dysphoria

- Adolescent referrals are increasing and surpassing child referrals for first time in 30 years (Wood, Sasaki, Bradley, Singh et al., 2013)
- Inversion of sex ratio- Increasing trend of females assigned at birth presenting at higher rates than males assigned at birth (Aitken et al., 2015)- 748 adolescents combined from Amsterdam and Toronto
- Increase in clinics serving these youth (Hsieh & Leininger, 2014)
  - 2007: one clinic in a pediatric academic medical center in the U.S.
  - 2015: approximately 30 clinics in pediatric academic medical centers
- Variation in models of care delivery
  - Some clinics based within mental health division
  - Other clinics based within medical/pediatric/endo division

Scott Leibowitz, MD THRIVE Program Nationwide Children's

Institute of Medicine: National Transgender Discrimination Survey

Grant JM et al., 2010

- **Refusal of health care**: 19% of our sample reported being refused care due to their transgender or gender nonconforming status
- **Harassment and violence in medical settings**: 28% of respondents were subjected to harassment in medical settings and 2% were victims of violence in doctor's offices
- **Lack of provider knowledge:** 50% of the sample reported having to teach their medical providers about transgender care

WPATH Global Education Initiative

Slide developed by Gail Knudson, Dan Karasic, julie Graham, and Vin Tangpricha, MD

Challenging Clinical Presentations

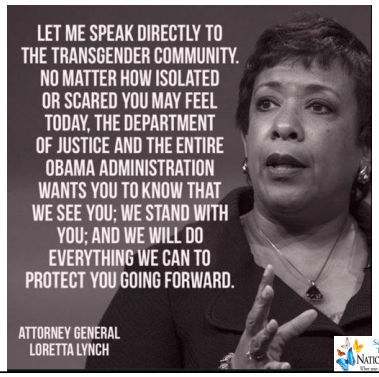
- 14 year old assigned female at birth identifies as "gender fluid and panromantic" and only wants chest surgery
- 16 year old assigned male at birth seeking estrogen and a vaginoplasty because "I identify with the oppression of the trans community on Tumblr."
- 11 year old assigned female at birth desires puberty suppression because "my body is too curvy."
- Parents of a 9 year old assigned male at birth who is Tanner 1, with lifelong desire to play with girls exclusively and wear dresses only, are seeking puberty blockers to "prevent him from looking like a man because he is transgender."
- A 15 year old asperger's patient expects you to use "they" pronouns because they are a "nonbinary bigender agender female, panromantic asexual" and threatens to self-injure if you don't.

Scott Leibowitz, MD THRIVE Program Nationwide Children's

Social Media- Facebook gender

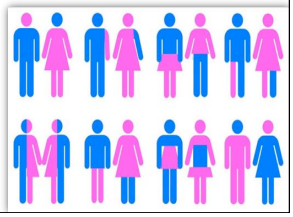
Scott Leibowitz, MD THRIVE Program Nationwide Children's

Trans Visibility in the Media- May 9, 2016



Scott Leibowitz, MD THRIVE Program Nationwide Children's

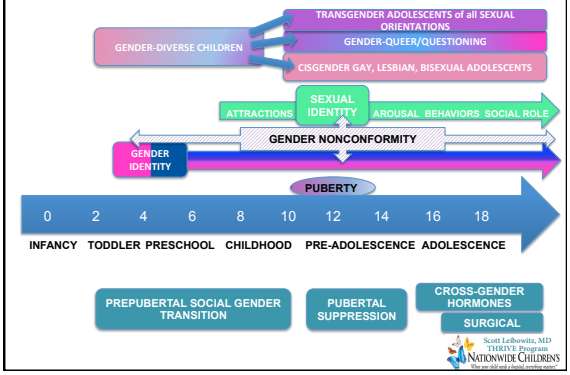
READINESS & REASSIGNMENT



Tip 3:

The bio-psycho-social-cognitive context is crucial for decisions around gender specific interventions

Developmental Overview



Gender Identity- Biological Factors

Factor	Associated Entity	Main Conclusion
In Utero Hormonal Exposure	CAH in XX 5-αRD in XY CAIS in XY	• Higher amount of gender dysphoria than would be expected in the general population (Dessens, Slijper, Drop, 2005; Berenbaum & Bailey, 2003) • Increased Androgen Exposure more likely to affect gender role and sexual orientation than gender identity (Meyer-Bahlburg, Dolezal, Baker et al., 2006) • Not solely connected with prenatal androgen exposure. (Rosenthal, 2014)
Genetics	Twin studies Specific Genes	• Higher concordance (39.1%) in MZ twins than in DZ twins (0%) (Heylens, DeCuypere, Zucker et al, 2012) • No conclusive evidence on specific genes
Brain structures	INAH-3 BSTc (bed nucleus of striae terminalis)	• INAH-3- perhaps sexual orientation dimorphic (Byne, Tobias, Mattiace, et al, 2001) • MtF have female-typical size of BSTc in some studies (Zhou, Hofman, Gooren, Swaab, 1995; Kruijver, Zhou, Pool, et al., 2000) • BSTc is not sexually dimorphic until puberty
Brain Morphology	Grey Matter White matter Odorous steroids	• Putamen larger in MTF than males, another study inconclusive (Luders, Sanchez, Gaser et al., 2009; Savic & Archer, 2011) • Hypothalamic blood flow in response to steroid odors is sexually dimorphic (Berglund, Lindstrom, Dhejne-Delmy, Savic, 2008) • Limitations are that the brain is plastic and unknown whether the results are a consequence of experience

Challenging biology

Yet…

Gender is a societal construct and gender differences are experienced by humans.

Some children are no longer gender dysphoric later in life.

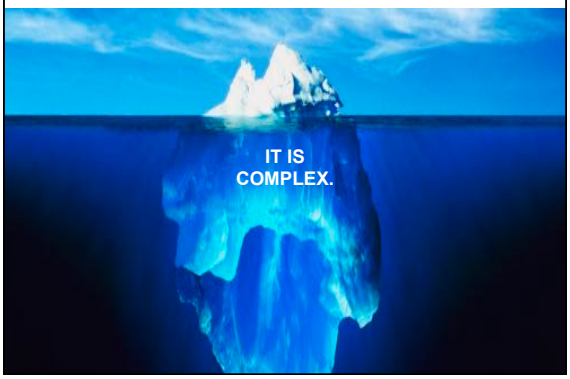
Some adolescents present with "new onset" gender dysphoria that was not present earlier in life.

There are many individuals who are non-binary or gender fluid.

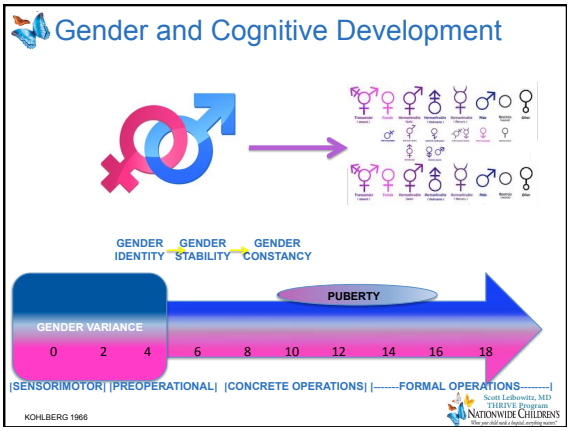
We live in a binary world and the science is limited.

Scott Leibowitz, MD
THRIVE Program
NATIONWIDE CHILDREN'S

So is it biological or environmental?



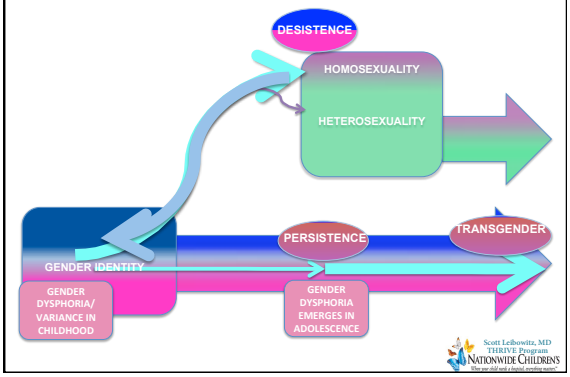
Gender and Cognitive Development



Prospective Studies from Childhood

Study	N	M	F	Focus	Persist rate	Hallmarks	Sexual Orientation
Green 1987	66	66	--	Sexual orientation in adolescence for "effeminate boys"	1.5%	Younger kids more comfortable saying cross gender wishes	Gay fantasies- 75% Gay/bisexual behaviors- 80%
Zucker/ Bradley 1995	45	40	5	Identity outcomes in adolescence for gender dysphoric children	20%	Higher rates of gay sexual orientation than general population	31% desisters were bisexual or homosexual
Drummond 2008	25	--	25	Replication in "masculine girls"	12%	60% met full criteria for GID	32% lesbian/bisexual fantasies 24% lesbian/bisexual behaviors
Wallien/ Cohen Kettenis 2008	77	59	18	First to look at nuanced differences in the kids initially	27%	Extreme GD was more associated with higher likely persistence	50% of desister boys identified as gay
Singh 2012	139	139	--	Identity outcomes of gender dysphoria	12.2%	Psychiatric outcome at f/u Replicated extreme finding	61% of desister boys identified as gay in fantasy
Steensma et al 2013	127	59	48	-Predictors of identity outcomes -Looked at narrower age range	37% (50% natal F 29% natal M)	Social transition initially Girls vs boys	75.8% desister boys with homosexual/bisexual fantasies 18.2% desister girls with bisexual fantasies, 0% lesbian fantasies

Psychosexual Developmental Pathways



Persistence Rates Need Context

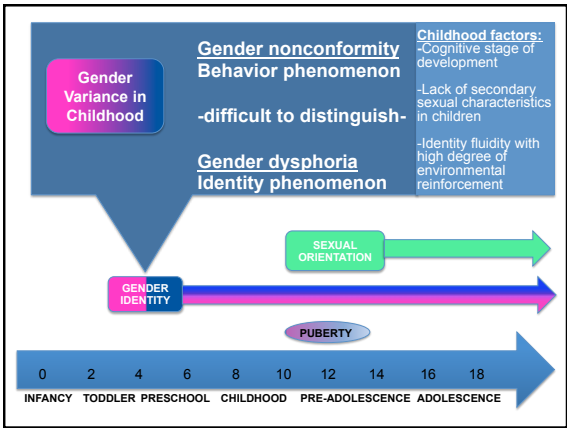
Limitations

- Small "n" in all studies
- Small "n" of studies
- Earlier studies were focused on sexual orientation outcome and not the differences among children at initial presentation
- Gender Clinic referred samples
- Limited ability to inform evidence-based practice
- No cultural comparisons

Benefits

- Prospective design limits recall bias
- Can conclude that persistence rate of childhood gender dysphoria is not 100% and ***all outcomes* are possible**
- Can conclude that homosexuality is a more common adolescent outcome of childhood gender nonconformity than adolescent gender dysphoria
- More intense childhood gender dysphoria is predictive of gender dysphoria later

Scott Leibowitz, MD
THRIVE Program
NATIONWIDE CHILDREN'S



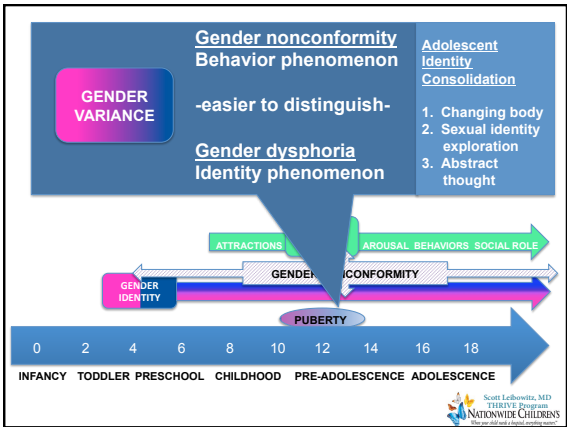
DSM 5: Gender Dysphoria in children

A. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months duration as manifested by at least six of the following eight indicators, ***AT LEAST ONE OF WHICH MUST BE CRITERION A1:***

1. A strong desire to be of the other gender or an insistence that one is the other gender (or some alternative gender different from one's assigned gender)
2. In boys (assigned gender), a strong preference for cross-dressing or simulating female attire; or in girls (assigned gender), a strong preference for wearing only typical masculine clothing and a strong resistance to wearing of typical feminine clothing
3. A strong preference for cross-gender roles in make-believe play or fantasy play
4. A strong preference for toys, games, or activities stereotypically used or engaged in by the other gender
5. A strong preference for playmates of the other gender
6. In boys (assigned gender), a strong rejection of typically masculine toys, games, and activities and a strong avoidance of rough-and-tumble play; or in girls (assigned gender), a strong rejection of typically feminine toys, games, and activities
7. A strong dislike of one's anatomy
8. A strong desire for the primary and/or secondary sex characteristics that match one's experienced gender.

B. The condition is associated with clinically significant distress or impairment in social, school or other important areas of functioning

Scott Leibowitz, MD
THRIVE Program



DSM 5: Gender Dysphoria- Adolescence

A. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months duration as manifested by at least **TWO** of the following:

1. A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics)
2. A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics)
3. A strong desire for the primary and/or secondary sex characteristics of the other gender.
4. A strong desire to be of the other gender (or some alternative gender different from one's assigned gender)
5. A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender)
6. A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender)

B. The condition is associated with clinically significant distress or impairment in social, school or other important areas of functioning

Specifiers: 1. Post Transition Specifier- if individual has transitioned to living in the desired gender and has undergone (or preparing to) have at least one medical procedure

2. Disorder of Sex Development Specifier: if there is a DSD as well

Scott Leibowitz, MD
THRIVE Program
NATIONWIDE CHILDREN'S

Tip 4:
Readiness and Reassignment interventions are incrementally more irreversible with age.

Gender Transition: Competing Demands

On one hand:

- Degree of Identity consolidation
- Benefits of medical interventions
- Benefits of no medical interventions
- Timing of medical interventions when appropriate
- Patient struggles

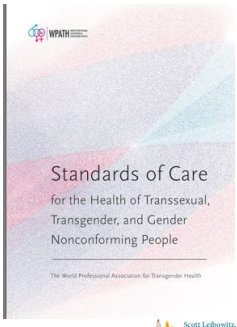
On the other:

- Degree that identity and role behavior are being conflated
- Risks of medical interventions
- Risks of no medical interventions
- Degree of psychiatric stability and correlation to dysphoria
- Family struggles

Scott Leibowitz, MD
THRIVE Program
Nationwide Children's

World Professional Association for Transgender Health, SOC 7

Free download at:
www.wpath.org



Scott Leibowitz, MD
THRIVE Program
Nationwide Children's

Prepubertal Social Gender Transition

Arguments For

- May alleviate immediate psychological distress
- Helps to affirm and support a child's desire to live in other gender
- Allows a child who may be transgender in the future to live authentically from an earlier age

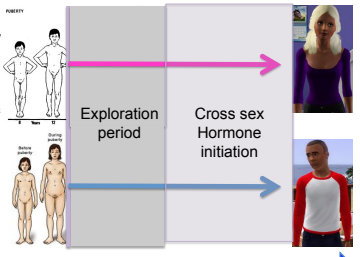
Arguments Against

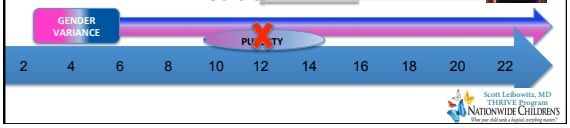
- Unknown to what degree this influences an identity outcome in the future ("boxing in")
- Introduces the element of keeping natal sex and gender transition a potential "secret"
- Unknown challenges exist if a future reverse gender transition (back to gender of natal sex) is desired.

Scott Leibowitz, MD
THRIVE Program
Nationwide Children's

Pubertal Suppression (GnRHa) Premise

- Presses a "pause" button on Tanner 2 (+) for gender identity exploration
- Indicated for those with h/o child gender nonconformity that intensifies or remains
- Meant to extend the diagnostic period
- Reduces psychiatric risk
- Promotes lifelong appearance of affirmed gender (connected to healthier outcomes, Lawrence 2003)
- Minimizes invasive procedures





Scott Leibowitz, MD
THRIVE Program
Nationwide Children's

Exploration of Gender Issues

Gender Identity

- Underlying motivations vs. core identity
- Degree of insistence
- Degree of wavering and reasons for this
- Anticipated body changes
- Intimacy and Sexuality
- Age appropriate reproductive understanding

Gender Expression

- Pronoun and name use
- Gender Markers
- Clothing
- Breast padding (for AMABS)
- Breast binding (for AFABS)

Environment

- Family rejection/support
- Victimization and isolation
- Peer acceptance/bullying
- Awareness of others' perceptions and reactions to anticipated body changes

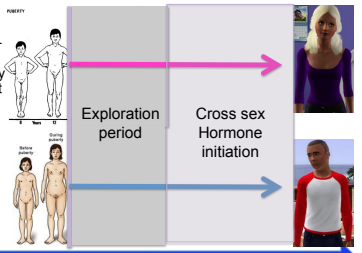
Coping

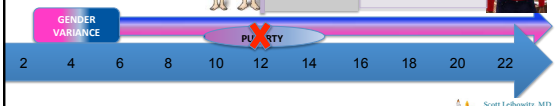
- Internalized transphobia
- Internalized homophobia
- Degree of resilience and connectedness
- Degree of maturity and consolidation of identity

Scott Leibowitz, MD
THRIVE Program
Nationwide Children's

Pubertal Suppression Limitations

- Bone development (Klink et al. 2015)
- Brain development effects- sex hormones trophic on affective regulation, identity and cognitive development
- Impact on future sexual functioning post-SRS?
- Reproductive system
- Conforming to societal intolerance of nonconformity?





Scott Leibowitz, MD THRIVE Program NATIONWIDE CHILDREN'S

Pubertal Suppression Criteria per WPATH SOC7

Focus	Criteria
Time and Intensity	Adolescent has demonstrated a long-lasting intense pattern of gender nonconformity or gender dysphoria (whether suppressed or expressed)
Pubertal effects	Gender dysphoria emerged or worsened with the onset of puberty
Co-existing issues	Any co-existing psychological, medical, or social problems that could interfere with treatment (e.g. compromise adherence) have been addressed such that the adolescent's situation and functioning are stable enough to start treatment
Informed consent	Adolescent has given informed consent and, particularly when the adolescent has not reached the age of medical consent, the parents or other caretakers/guardians have consented to the treatment and are involved in supporting the adolescent throughout the treatment process

Scott Leibowitz, MD THRIVE Program NATIONWIDE CHILDREN'S

Cross-Sex Hormone Treatment

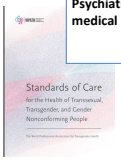
- Historically provided at age 16 if meeting "eligibility and readiness" criteria
- Now considering <u>lower ages without evidence-base</u> given wider use of pubertal suppression and medical/psychological need for "peer congruent puberty"
- Testosterone for natal females and estrogen for natal males
- Produces many of the secondary sexual characteristics of affirmed gender
- Strong evidence of psychological relief
- Known medical risks and potential psychiatric risks

WPATH GUIDELINES 7th EDITION

Scott Leibowitz, MD THRIVE Program NATIONWIDE CHILDREN'S

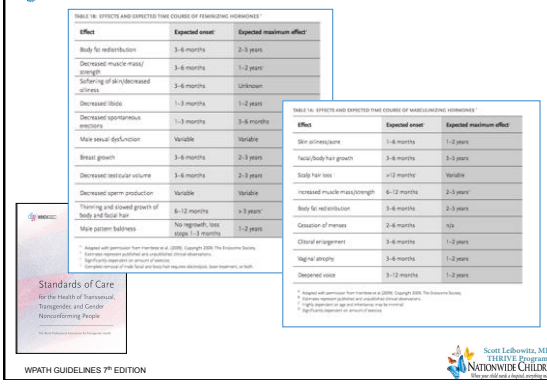
Cross-Sex Hormone Criteria

Focus	Criteria
Persistence	Persistent, well documented gender dysphoria
Consent	Capacity to make a fully informed decision and to consent for treatment
Age	Age of majority in a given country or parent consent
Well-controlled Psychiatric and medical issues	If significant medical or mental health concerns are present, they must be reasonably well-controlled.



Scott Leibowitz, MD THRIVE Program NATIONWIDE CHILDREN'S

Cross-Sex Hormone Effects



WPATH GUIDELINES 7th EDITION

Scott Leibowitz, MD THRIVE Program NATIONWIDE CHILDREN'S

Assessing Future Regret and Fertility Concerns By Creating a "Realistic Expectations Narrative"

"I will never ever want children."

-is different from-

"I don't want children now, don't think I will want children when I'm older, but I realize that I may change my mind because I'm just a teen."

Scott Leibowitz, MD THRIVE Program NATIONWIDE CHILDREN'S

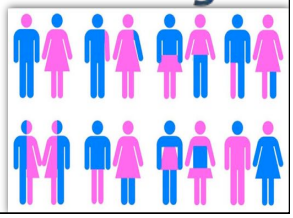
Gender Confirming Surgical Interventions in Youth

- Not all individuals with gender dysphoria seek surgical interventions
- Most surgical interventions are reserved for the 18+ population
- Many surgical options exist
- Gender confirming surgery, when indicated, is medically necessary
- Mental Health providers have historically played a "gatekeeper role" and continue to do so with surgical interventions
- Same criteria apply in evaluating readiness/eligibility for FtM chest surgery (hormones not a prerequisite but strongly recommended for at least one year in an adolescent age group, per WPATH SOC7)

Surgical Overview

Population	Surgery Options
MtF	1. Breast/chest surgery: mammoplasty through implants 2. Genital surgery: penectomy, orchiectomy, vaginoplasty, clitoroplasty, vulvoplasty 3. Nongenital, nonbreast interventions: facial feminization, liposuction, lipofilling, voice surgery, thyroid cartilage reduction, gluteal augmentation, hair reconstruction
FtM	1. Breast/chest surgery: subcutaneous mastectomy, creation of a male chest 2. Genital surgery: hysterectomy/salpingo-oophorectomy, reconstruction of the urethra, metoidioplasty/ phalloplast, vaginectomy, scrotoplasty, implantation of erection or testicular prostheses 3. Nongenital, nonbreast: voice surgery (rare), liposuction, lipofilling, pectoral implants

ASSESSMENT: Affective & Anxiety Disorders, ADHD, ASD's, And Co-Occurring Issues



Tip 5: Assessment aims differ developmentally just as they do for all patients

Assessment Aims in Childhood

- Parent interview
  - Gender development of child
  - Relationship between any co-occurring issues and gender
    - Are co-occurring issues likely the result of underlying gender dysphoria? → treat gender dysphoria
    - Are co-occurring issues separate and negatively impact the child's emotional development? → treat the co-occurring issue
- Emotional, Social, Cognitive functioning
- Observe family interactions and dynamics
- Measures- Gender Identity Questionnaire, CBCL
- Projectives:
  - Draw your family
  - Draw a Person Test
- Child Gender Identity Interview
- Observed Play in child

Eliciting a child's gender narrative

Questions

Meaning of gender to the child
- "Tell me what it means to be a boy and what it means to be a girl."
- "Is it possible to be something other than a boy or a girl?"

Specific Questions about the child
- "Are *you* a boy or a girl [or whatever child says above]?"
- "What's it like for you when you are with boys or girls who are different types of boys or girls than you are?"
- "Can boys like [list things child associates with girls]?"
- "Can girls like [list things child associates with boys]?
- "What types of activities and toys do you like to do and play with?"
- "Do you like to have friends who are boys, girls, or both?"

Based on Child Gender Identity Interview- Zucker 1993

Adolescent Clinical Assessment Aims

- Degree of gender dysphoria and its impact
- Stability and persistence over time
- Gender Development history from childhood
- Relationship with developing sexual identity
- Co-occurring psychiatric issues
  - Does it impair the diagnostic understanding of gender dysphoria?
  - Or is it a manifestation of untreated gender dysphoria?
- Understanding degree of physical maturation
- Ego strengths and resilience factors
- Decision-making around physical interventions
- Parent/Caregiver/social supports
- School climate assessment
- Community resources and connectedness

Eliciting an adolescent gender narrative

Open-Ended Interaction Questions

- "Do you have a preferred name that you like me to refer to you as?"
- "Do you have a preference for pronouns that I should use?"

Screening Questions for gender dysphoria

- "Have you thought about living life as another gender?"
- "Do you feel you are a different gender from the way others have thought of you since you were born?"
- "Are there any aspects of your body that bring you displeasure or that you wished you did not have?"
- "Have you thought about your body having certain characteristics or features of another gender?"

Specific questions to understand the gender dysphoria

- "Which aspects of your body bring you displeasure the most? The least?"
- "Of the body features that bring you the most displeasure, are any of them more distressing to you over the others?"
- "How does it impact you when you are not perceived by others as the gender you feel you identify most?"

Taken from Fenway Guide to LGBT Health 2nd edition- Leibowitz chapter

Tip 6:
Understand the relationship between co-occurring issues & gender issues

Heterogeneous Group of Adolescents Seeking Gender Reassignment

Gender identity factors	Co-Occurring Psychiatric
• Opposite gender identified • On the "gender spectrum" • Gender fluid • Ability to distinguish gender identity with sexual identity	• Depression • Anxiety • Self-injurious • Suicidal • Psychosis • ASD • OCD • ADHD • Tic Disorders
To what degree do the sought interventions address the patient's core gender identity? CONSISTENT, INSISTENT, PERSISTENT	**What is the relationship between the gender issues and other psychiatric conditions?**

Clinical Challenge

A 15 year old assigned-female-at-birth (no history of gender diverse behavior as a child) comes out as transgender suddenly last month, wants testosterone, and has a recent history of self-injury and suicidal ideations. Parents question the validity of this "as a phase" and the teenager is threatening to self-injure without access to hormones because "my friends on Tumblr are all on testosterone."

Clinical Challenge

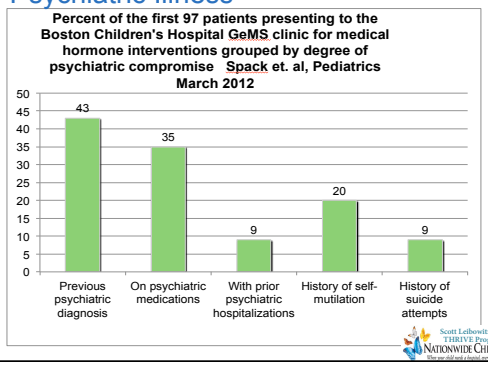
A 15 year old assigned-female-at-birth (with lifelong history of being a tomboy) comes out as transgender last month, wants testosterone, and is depressed but with no evidence of unsafe behavior or ideations. Psychologically, a very mature individual and acknowledges the challenges of possibly transitioning genders. Parents are reluctant to start testosterone "because how do we know it's not the depression speaking?"

Tip 7:
A wealth of evidence exists regarding overlap of psychiatric issues and gender dysphoria

Gender Nonconformity and Psychiatric Vulnerability

Study	Outcome	Results
Roberts et al. 2012	PTSD Child abuse	Gender nonconformity (top decile) predicted almost twice as high risk for lifetime PTSD.
Roberts et al. 2013	Depression	Gender nonconformity (top decile) led to 26% mild-mod depression in young adulthood compared to 18% of those who were gender conforming children. Abuse and bullying accounted for half of the increased prevalence of depressive symptoms in those youth.
Toomey et al. 2010	Psychosocial adjustment	Victimization in school of 245 LGBT young adults fully mediates the association between gender nonconformity in adolescence and life satisfaction in adults
Birkett et al. 2009	Bullying and victimization	LGB and questioning youth are more likely to report bullying, homophobic victimization
Nuttbrock et al. 2010	Major depression	Looked at the effects of interpersonal abuse on 571 MtF transgender persons in NYC. In adolescence, this abuse led to higher rates of MDD.

Gender Dysphoria and Co-occurring Psychiatric Illness



Outcomes and Family Reactions

- Children rejected and not supported are at increased risk of the following during adolescence:
  - Depressive symptoms, low life satisfaction, self-harm, isolation, post-traumatic stress, incarceration, homelessness, and suicidality
  - Family-rejected LGB youth are at a 8-9 times higher rate for suicidal behavior when compared to Family-accepted LGBT Youth (Ryan et al. 2009)
- Family acceptance and support during adolescence tied to the following in young adults:
  - Positive self-esteem, high social support, positive mental health, less depressive symptoms, greater self-esteem, greater life satisfaction (compared with youth whose families were non-supportive)

D' Augelli,Grossman, & Starks, 2006; Garofalo, Deleon, Osmer, Doll, & Harper, 2006; Hill, Menvielle, Sica, & Johnson, 2010; Roberts, Rosario, Corliss, Koenen, & Bryn Austin, 2012; Skidmore, Linsenmeier, & Bailey, 2006; Toomey, Ryan, Diaz, Card, & Russell, 2010; Travers et al., 2012

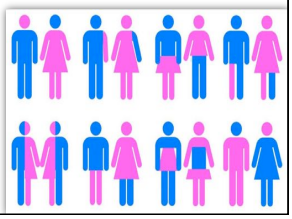
Tip 8:
With psychopharmacology, follow the same principle: do not make more than one change at one time.

Psychopharmacology Principles

- No evidence in the literature exists regarding interaction between psychopharm interventions and hormonal interventions
- Lupron/GnRH agonists- may lead to worsening mood
  - Allow for one month resolution before treating with psychopharm agent
- Testosterone- may lead to worsening mood or euphoria (elicit mania?)
  - Do not make changes to medication just prior or just after initiating testosterone
  - Follow-up closely around the time of initiation
  - Determine if menstruation itself is the cause of the mood change
- Treatment with psychopharm agents may be useful both as treatment and as a diagnostic aide
  - if depression gets better & gender issues resolve in a kid who is not psychologically mature, then no GD diagnosis existed in first place
- If kid with GD remains depressed after initiating hormone therapy, doesn't mean that GD was not present.
  - Address dynamic issues and potentially treat with psychopharm agents

Scott Leibowitz, MD
THRIVE Program
Nationwide Children's

NAME USE & NUANCES



Tip 9:
Name and pronoun use is highly situation dependent. Advocate across situations.

Pronouns and Name use

- **Name preference:** Some patients prefer to use a different name than the legal name listed in the medical record
- **Pronoun use:** Some patients prefer to use different pronouns than the gender listed in the medical record
- **Situation dependent:** Pronoun and name use depends on each child and each family. Sometimes the patient wants the clinician to use one set of pronouns/name when parents are not in the room, and a different set of pronouns/name when the parents are in the room
  - Listen to which pronouns the parents are using
  - Ask the adolescent in private which pronouns are preferable
  - If using the adolescent's preferred pronouns with the parents is going to significantly disrupt the clinician-parent trust, then explain to the adolescent why you must use the pronouns you are using

Scott Leibowitz, MD
THRIVE Program
Nationwide Children's

Documentation

- **Add a section to the beginning of your note**
- **Use preferred name and pronoun throughout**

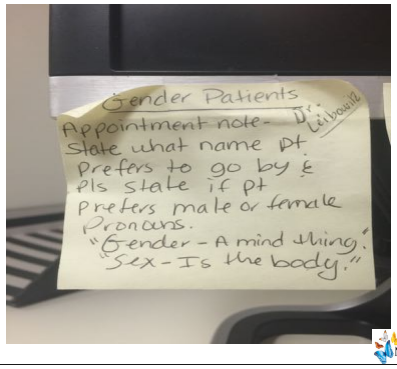
PRONOUN AND NAME USE

"Steve is an assigned-female-at-birth who presents asserting a male gender identity. His preferred pronouns are male ones (he/him/his). Despite his legal name, Stephanie, is listed in the medical record, I will use the name Steve and male pronouns when referring to him below."

"Oren is an assigned male-at-birth who presents asserting a non-binary gender identity. *Their* preferred pronouns are gender-neutral ones (*they/them/theirs*). Despite the legal name listed in the medical record as Jonathan, I will use the name Oren and gender-neutral pronouns when referring to *them* below. For purposes of grammar clarity, I will italicize *them* when using these plural pronouns in singular form."

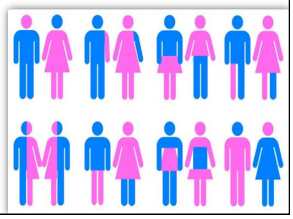
Scott Leibowitz, MD
THRIVE Program
Nationwide Children's

Support Staff Reminders



Scott Leibowitz, MD
THRIVE Program
Nationwide Children's

SYSTEMS, SCHOOLS, & SUPPORTS



Tip 10:
Ensure adequate support across all systems, which may include writing a letter.

School Considerations

- **Bathroom/Locker room:**
  - Assess which bathroom the adolescent feels most comfortable using
  - Ensure that safety can be maintained by having staff facilitate the bathroom use of the adolescent's choice
  - Write a letter indicating your medical opinion
- **Pronouns:**
  - Teachers may be "outing" kids or setting a wrong example to the rest of the classroom
- **Diplomas/Student ID's/Yearbook:**
  - Raise these issues with the school and determine what name should be used
  - Be in touch with the school psychologist and assess school climate
- **Gendered situations:**
  - Determine how youth feel about the "boy line" and "girl line"
  - Connect with gender team to get help in managing the school issues

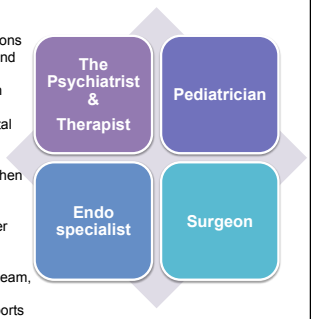
Scott Leibowitz, MD
THRIVE Program
Nationwide Children's

Inpatient Considerations

- **Bathroom:**
  - Assess which bathroom the adolescent feels most comfortable using
  - Ensure that safety can be maintained by having staff facilitate the bathroom use of the adolescent's choice
- **Pronouns:**
  - Listen to how other peers use pronouns when referring to the patient
  - Assess the affect of the adolescent in response to these pronouns privately
  - Recognize and affirm the adolescent feeling supported on the milieu and the potential *lack of support* that they may experience upon discharge
- **Dysphoria/Mood considerations:**
  - Binders of breasts should be considered medically necessary in male-identified female-bodied adolescents
  - Menses can be particularly devastating to an adolescent's mood
  - Hormone dose changes (testosterone) should be left to the outpt provider
- **Discharge:**
  - Connect adolescents with a therapist or program that is considered LGBT affirming
  - Find resources and support groups for parents/adolescent that are LGBT specific

The Psychiatrist on the Team

- Aid in diagnostic considerations
- Address comorbid psychiatric conditions
- Conduit between the mental health and medical teams when necessary
- Maximize psychosocial adjustment in youth
- Educate parents on the developmental pathways and trajectories of gender nonconformity
- Prescribe psychotropic medication when indicated
- Assess patient-therapist "fit" and determine the degree to which gender issues are being addressed in the treatment
- Communicate with the primary care team, school and mental health team
- Facilitate social and community supports



Scott Leibowitz, MD
THRIVE Program
Nationwide Children's