**Today’s “Genderation” of Youth: A Developmental Approach to Treating Transgender and Gender Diverse Children and Adolescents**

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**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

**Tip 1:**  
Know the Terminology  
Ask if you don’t know a term
**Deconstructing the Binary**

<table>
<thead>
<tr>
<th>SEX</th>
<th>GENDER IDENTITY</th>
<th>GENDER EXPRESSION</th>
<th>SEXUAL ORIENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;What our Body Has&quot;</td>
<td>&quot;Who we are&quot;</td>
<td>&quot;How we act&quot;</td>
<td>&quot;Who we are attracted to&quot;</td>
</tr>
</tbody>
</table>

- **Male Anatomy**
  - Male
  - Aspects of both
  - Neither

- **Female anatomy**
  - Female
  - Masculine
  - Feminine
  - Genderqueer

- **Both**
  - 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

**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

**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 (Hirsh & 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

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

Social Media- Facebook gender

Trans Visibility in the Media- May 9, 2016

**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.

**Tip 3**: The bio-psycho-social-cognitive context is crucial for decisions around gender specific interventions
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.
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

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 one of the following eight indicators, AT LEAST ONE OF WHICH MUST BE CRITERION A:

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

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 of one’s primary and/or secondary sex characteristics because of a marked incongruence with one’s experienced/exppressed 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

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

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

Arguments

- 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.

Pubertal Suppression (GnRHa) Premise

- Presses a "pause" button on Tanner 2 (+) for gender identity exploration
- Indicated for those with a 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

Exploration of Gender Issues

Gender Identity
- Understanding internalization vs. role identity
- Degree of insistence
- Degree of involvement and investment for this
- Anticipated body changes
- Inability to avoid body changes
- Acceptance of reproductive understanding

Gender Expression
- Process and manner use
- Gender behaviors
- Clothing
- Breast packing (for AMABS)
- Breast binding (for AFABS)

Environment
- Family norm/support
- Information and instruction
- Peer acceptance/tolerance
- Awareness of others’ perceptions and relations to anticipated body changes

Coping
- International transgender
- International hormone vs.
- Degree of resilience and
- Degree of cultural and connection of identity
Cross-Sex Hormone Treatment
- Historically provided at age 16 if meeting “eligibility and readiness” criteria
- Now considering lower ages without evidence-base 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

Cross-Sex Hormone Effects

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.”
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)

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

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

Eliciting a child’s gender narrative

<table>
<thead>
<tr>
<th>Questions</th>
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<tbody>
<tr>
<td><strong>Meaning of gender to the child</strong></td>
</tr>
<tr>
<td>1. “Tell me what it means to be a boy and what it means to be a girl.”</td>
</tr>
<tr>
<td>2. “Is it possible to be something other than a boy or a girl?”</td>
</tr>
<tr>
<td><strong>Specific Questions about the child</strong></td>
</tr>
<tr>
<td>1. “Are you a boy or a girl [or whatever child says above]?”</td>
</tr>
<tr>
<td>2. “What’s it like for you when you are with boys or girls who are different types of boys or girls than you are?”</td>
</tr>
<tr>
<td>3. “Can boys like [list things child associates with girls]?”</td>
</tr>
<tr>
<td>4. “Can girls like [list things child associates with boys]?”</td>
</tr>
<tr>
<td>5. “What types of activities and toys do you like to do and play with?”</td>
</tr>
<tr>
<td>6. “Do you like to have friends who are boys, girls, or both?”</td>
</tr>
</tbody>
</table>
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 Question
• “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?”

Heterogeneous Group of Adolescents Seeking Gender Reassignment

Gender identity factors
• Opposite gender identified
• On the “gender spectrum”
• Gender fluid
• Ability to distinguish gender identity with sexual identity

Co-Occurring Psychiatric
• 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?”

Gender Nonconformity and Psychiatric Vulnerability

<table>
<thead>
<tr>
<th>Study</th>
<th>Outcome</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roberts et al. 2012</td>
<td>PTSD</td>
<td>Gender nonconformity (top decile) predicted almost twice as high risk for lifetime PTSD.</td>
</tr>
<tr>
<td>Roberts et al. 2013</td>
<td>Depression</td>
<td>Gender nonconformity (top decile) led to 26% mild-most 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.</td>
</tr>
<tr>
<td>Toomey et al. 2016</td>
<td>Psychosocial adjustment</td>
<td>Victimization in school of 245 LGBT young adults fully mediates the association between gender nonconformity in adolescence and life satisfaction in adults.</td>
</tr>
<tr>
<td>Birkett et al. 2009</td>
<td>Bullying and victimization</td>
<td>LGB and questioning youth are more likely to report bullying, homophobic victimization.</td>
</tr>
<tr>
<td>Nuttbrock et al. 2010</td>
<td>Major depression</td>
<td>Looked at the effects of interpersonal abuse on 571 MtF transgender persons in NYC. In adolescence, this abuse led to higher rates of MDD.</td>
</tr>
</tbody>
</table>

Gender Dysphoria and Co-occurring Psychiatric Illness

Percent of the first 97 patients presenting to the Boston Children’s Hospital GeMS clinic for medical hormone interventions grouped by degree of psychiatric compromise. Spack et. al, Pediatrics March 2012

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 LGBT youth are at a 5-9 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)

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

Tips 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

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

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."

Support Staff Reminders

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
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

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