

Working in a Gender Diverse Community

Pediatric Mental Health ECHO Session

August 21, 2024

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THANK YOU!!

Alice Christianson

for a year of education and mentoring

Rebecca Salinas

for sparking my interest in this wonderful segment of our population

All Gender Diverse People I have met

for patience, trust, and shared stories of struggle, beauty, and wisdom.

BACKGROUND

- Cisgender male
- Trained at UND to be general psychologist in a rural area
- Worked with adolescents and adults in Kansas
- Returned to Fargo in 2011 (currently working in Moorhead)
- Started gender work in 2014
- More and more work with adolescents
- Many evaluations focused on mental health readiness for medical care
- **WPATH GEI SOC8 Certified Member**



WPATHGEI GLOBAL
EDUCATION
INSTITUTE
WORLD PROFESSIONAL ASSOCIATION FOR TRANSGENDER HEALTH

OBJECTIVES

1. Develop appreciation for the variety of gender presentations and experiences in our youth.
2. Review myths stemming from the current political climate
3. Learn one way to conceptualize the needs of gender diverse youth in your practice.

Personal Exercise

- What kind of a boy, girl, or other gender were you when you were 14 years old?
- As you have developed, what has changed and what has remained the same?
- Has the way that you present your gender to the world changed over time?
- ARE YOU STILL THE SAME GENDER YOU WERE AT 14 YEARS OLD?

GENDER TERMS

- Unless we are conducting research, honor people's naming of themselves
- These terms will change over time
(example: "Queer.")

UMBRELLA TERMS FOR GENDER

Gender Diverse or Gender Expansive

- not following cultural stereotypes related to the assignment of sex at birth
- previously gender nonconforming or gender variant
- sometimes referred to as **TGD (transgender and gender diverse)**

GENDER and Sexual Orientation

- **Sex assigned at birth** – male, female, intersex
- **Gender Identity** – one's inner concept (male, female, bi-gender queer, etc.)
- **Gender Expression** – external appearance of one's gender (behavior, clothing, etc.)
- **Sexual Orientation** – heterosexual, gay/lesbian, bisexual, pansexual, asexual, etc.
- **Romantically Attracted** – males, females, both, neither.

GENDER TERMS

- **Transgender** – gender identity differs from sex assigned at birth
- **Cisgender** – gender identity is same as sex assigned at birth
- **Transsexual** – usually associated with a medical transition from one binary gender to another (avoid usage, unless asked to use)
- **Agender** – absence of or neutral experience of gender
- **Bigender** – simultaneously experiencing two or more genders
- **Gender Fluid** – identity that fluctuates over time
- **Gender Queer** – outside or in between the binaries of male and female
- **Two Spirit** – used by some indigenous communities to denote a sacred complexity to a person's gender identity and/or expression

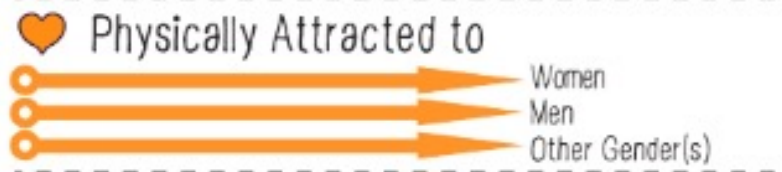
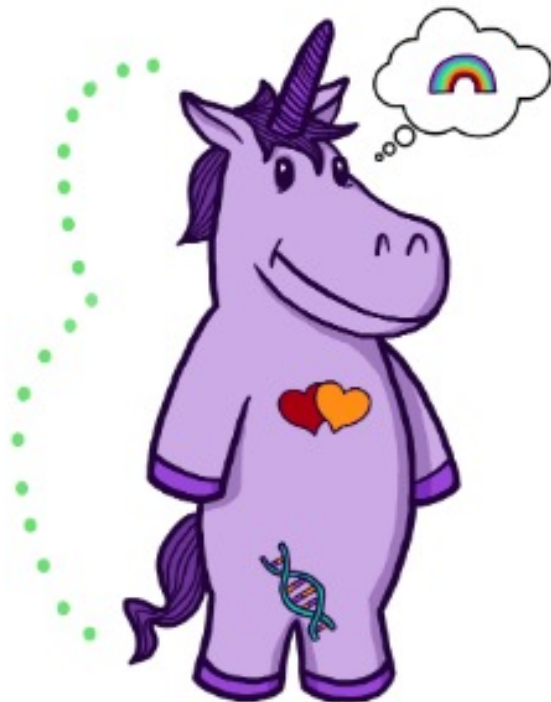
The Gender Universe

1. Is there a gender experience?
(agender versus gender)
2. Is the gender experience binary?
(nonbinary versus transgender)
3. Is the gender experience a mixture?
(bigender versus monogender)
4. Is the gender experience fluctuating?
(gender fluid versus stable)



The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources

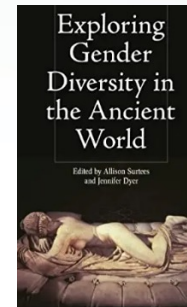
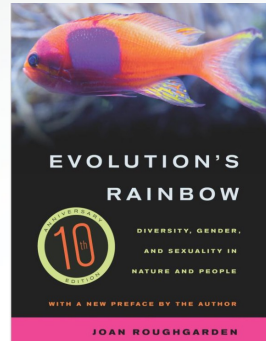
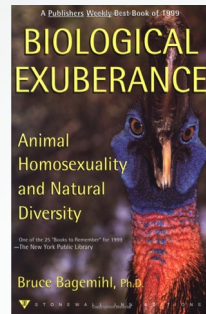


To learn more, go to:
www.transstudent.org/gender

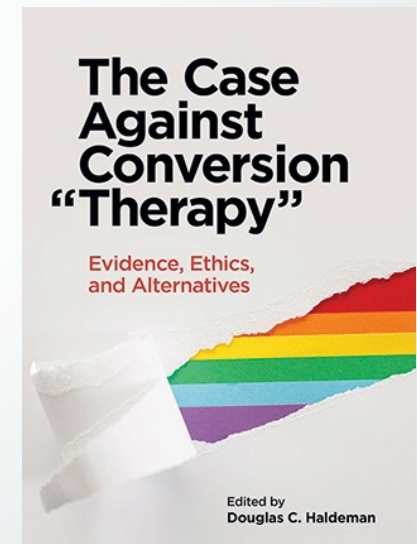
Design by Landyn Pan and Anna Moore

WHAT WE KNOW

- Gender and Sexual Diversity is a part of nature



- Conversion Therapy Does not work
 - Does not work
 - Does damage
 - Rejected by medical establishment
 - 22 states have banned this therapy
 - **ND social workers have a ban**



Important Gender Health Care Concepts

1. Youth know their identities, and we need to affirm them.
2. Identities are not diagnoses.
3. We all have a role in working with gender expansive patients
4. There is no single treatment path for gender dysphoria.
5. Treatment is available.

People know their identities, and we need to affirm them as they evolve.

- People understand gender from an early age
- Societal expectations may make this go underground
- Puberty often exacerbates the incongruence
- Let people guide language about who they are

Identities are not diagnoses

Minority Stress Theory

Gender minorities experience a hostile, cis-normative (transphobic) culture that leads to a lifetime of

- Harassment,
- Maltreatment,
- Discrimination
- Victimization
- Minimization



that leads to physical and psychological stress that can be triggering of mental and physical health conditions.

Meyer, I.H. (1995). Minority stress and mental health in gay men. *Journal of Health and Social Behavior*, 36, 38-56.

Identities are not diagnoses

- Male, female, transgender, agender, bigender, etc., are all identities
- Gender dysphoria is what we treat
- Minority stress increases the risk for mental/physical concerns
- Not everybody with a gender expansive identity has gender dysphoria

We all have a role in this.

- Prevalence of red hair is similar to transgender population
- Our clinical and parental skills are important here:
LISTEN
- Every medical / mental health credentialing body indicates that we are ethically bound to provide care.

Transgender Broken Arm Syndrome

Tendency for medical providers to assume that problems are a result of gender and/or gender affirming medical care.

Youth may not have any problems associated with their gender experience.

If youth have a crisis, it does not make sense to stop care, unless reviewed by the team that started the care.



No single treatment path for treatment of gender dysphoria.

- Most people do not need every treatment
(example: trans man who needs top surgery but not testosterone)
- Goals may be related to body (**embodiment**) and/or social needs
- People may not have a goal of “blending” with a gender
(Note: “passing” assumes binary expression is superior, so “blending” is becoming the preferred term)

GENDER DYSPHORIA IN ADULTHOOD AND ADOLESCENCE (DSM-V)

- 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. Strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experience/experienced 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, occupational, or other important areas of functioning.

GENDER DYSPHORIA AT A GLANCE

Incongruence between experienced/expressed gender and assigned gender (six months or longer)

Any **two** of the following, combined with distress and / or functional difficulties:

- 1) Sex assigned at birth \neq gender identity or expression
- 2) Disgusted by own sexual characteristics
- 3) Distressed by absence of other sexual characteristics
- 4) Wanting to be other gender
- 5) Wanting to be perceived as other gender
- 6) Perceives self to feel and act as other gender

Co-morbidity with Gender Dysphoria

DEPRESSION –

- much more likely in gender diverse individuals
- may be driven by internalized gender-negative messages

ANXIETY –

- worry may be related to gender issues
- social anxiety, and avoidance increases anxiety
- may be more vulnerable to traumatic experiences occurring

EATING DISORDERS –

- disordered eating may be related to attempts to control the gendered body experience

AUTISM SPECTRUM TRAITS –

- 1% of general population meet criteria (6-7% may have significant traits)
- 5% to 20% of gender diverse meet criteria (14 to 36% with significant traits)
- nonbinary (especially AFAB) may even be more likely

DISSOCIATIVE DISORDERS –

- estimates in gender diverse population have been as high as 30% (general pop = 2%)
- may be attempt to dissociate from gender experience

SUBSTANCE USE –

- may be an attempt to numb out from gender experience

BODY DYSMORPHIC DISORDER –

- not any more common in gender diverse population than general population
- gender dysphoria can lead to unhealthy focus on pursuing perfection

Gender dysphoria does not cause mental illness

Suicidality and Transgender Youth

82% have considered killing themselves

40% have attempted suicide

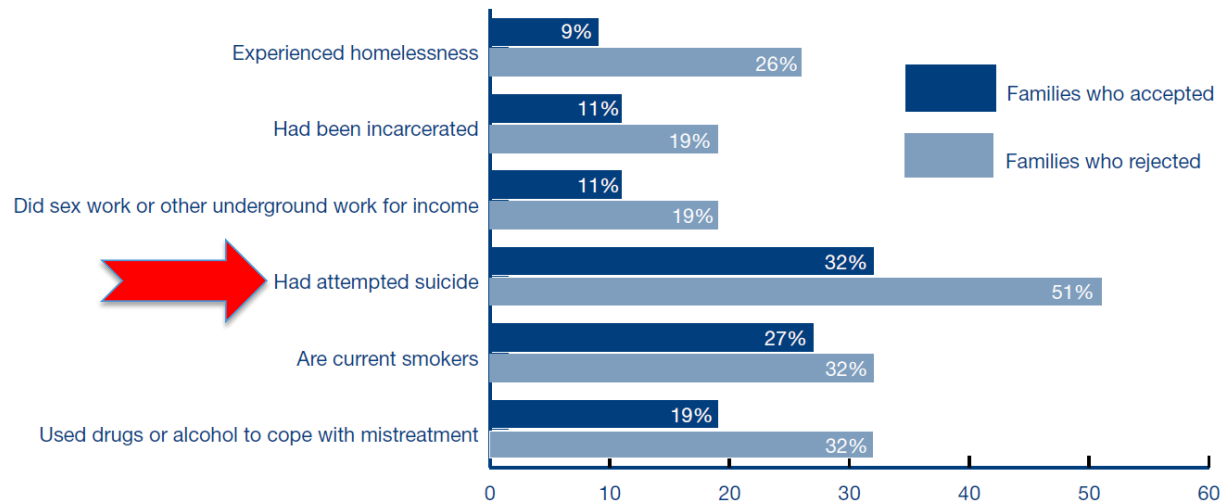
Austin A, Craig SL, D'Souza S, McInroy LB. Suicidality Among Transgender Youth: Elucidating the Role of Interpersonal Risk Factors. J Interpers Violence. 2022 Mar;37(5-6):NP2696-NP2718.

2016 National Center for Transgender Equality Report of the National Transgender Discrimination Survey –

FAMILY ACCEPTANCE OF GREAT IMPORTANCE

- Forty-three percent (43%) maintained most of their family bonds, while 57% experienced significant family rejection.
- In the face of extensive institutional discrimination, **family acceptance had a protective affect against many threats to well-being** including health risks such as HIV infection and suicide. Families were more likely to remain together and provide support for transgender and gender non-conforming family members than stereotypes suggest.

Impact of Family Acceptance



For the full report, please visit our websites at www.TheTaskForce.org and www.TransEquality.org

What to do for gender non-conforming child and family?

Community support and advocating

Affirm the experience (not pathologize)

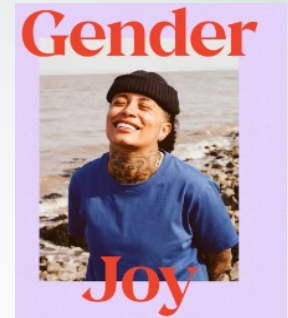
Referrals as necessary

Education for patient and parents

Stabilize other mental health conditions

Community / **Affirm** / Referrals / Education / Stabilize

Tell me about what your gender means to you?



When do you feel joy/euphoria/right in your gender experience?

What can I do to honor your gender?



How important is gender in our conversations?



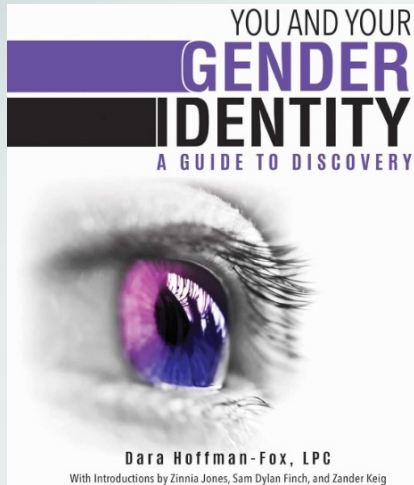
Community / **Affirm** / Referrals / Education / Stabilize

Acknowledge GENDER NOISE



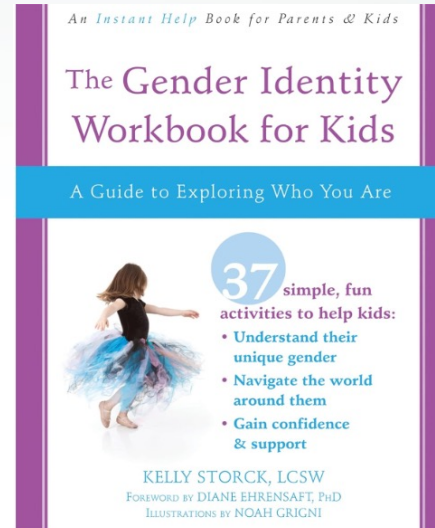
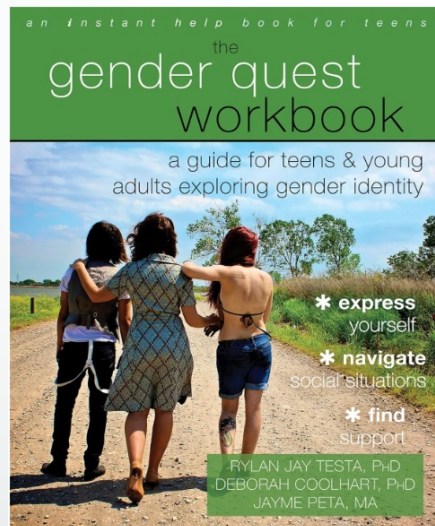
Help to reduce impact

Community / Affirm / Referrals / **Education** / Stabilize



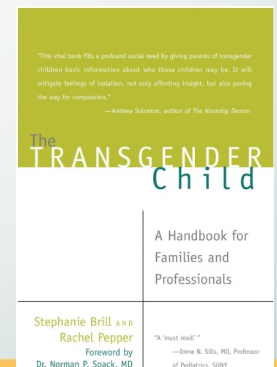
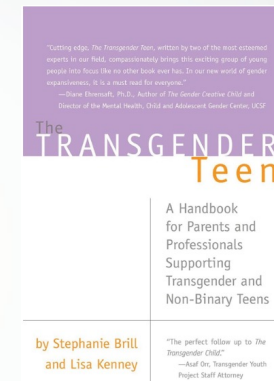
Adults

Teens and young adults



Children

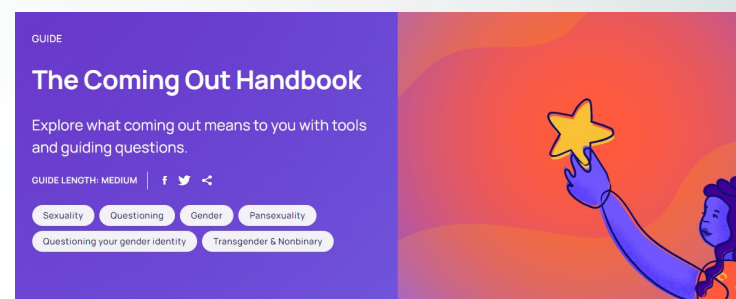
PARENTS



Community / Affirm / Referrals / **Education** / Stabilize

- <https://www.thetrevorproject.org/trevorspace/>

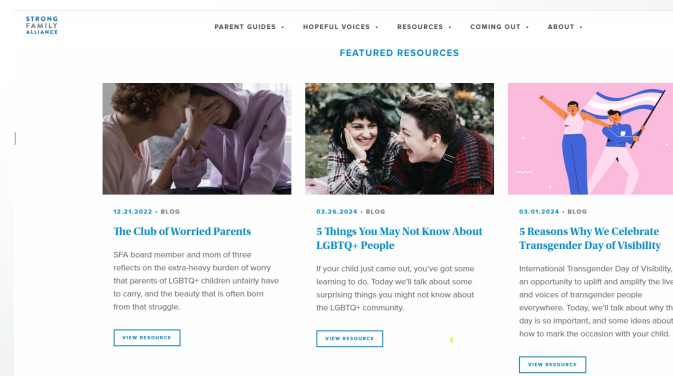
- The Trevor Project Handbook



- https://pflag.org/wp-content/uploads/2023/10/Be-Yourself_2024.pdf



- <https://www.strongfamilyalliance.org/>



Community / Affirm / Referrals / Education / Stabilize

- <https://harborhealthinitiative.org>


HARBOR HEALTH INITIATIVE Home Safe Harbors LGBTQ+ Directory Trans

- Sign-up Form for Providers

Some Key Services to Search: PrEP, Hormone Therapy, WPATH Letter, EMDR

Search contacts...

ND Fargo Support Groups


Red River Rainbow Seniors 


Support Group
rrrainbowseniors@gmail.com

Address
Red River Valley
Fargo, ND

Website
rrrainbowseniors.org

Additional information
Ages: Elders. Description: The Red River Rainbow Seniors is an organization that provides advocacy, support and social activities for the senior LGBTQ+ community and allies of the Red River Valley region. Our motto is "Equality with Wisdom".




Trans-orientation ND 

Support Group
Trans.orientationND@gmail.com

Address
Fargo, ND

Additional information
Ages - Youth Under 18. Socials - Trans-orientation ND on Facebook. Description: We put on fundraisers to buy gas cards for the families of trans youth that must travel out of North Dakota for gender affirming care.



HARBOR HEALTH INITIATIVE Home Safe Harbors LGBTQ+ Directory Trans/Enby Resources General Resources DONATE

ND GSA Network and LGBTQ+ School Resources

The ND GSA Network is a collection of every identified Gender Sexuality Alliance in North Dakota. If you'd like to be added to this list or find a good GSA advisor to connect with, please email me at Fayeseldler@gmail.com. Otherwise, we have GSAs located in these cities below. The resources below that are from Community Uplift Programs ND LGBTQ+ School Climate Report.

- Wahpeton
- Bismarck
- Moorhead
- Minot
- Grand Forks
- Fargo
- West Fargo

School LGBTQ+ Utility Resources for Teachers/Administrators

Community / Affirm / Referrals / Education / Stabilize

CRISIS PLAN – enhance positive connections, build hope for future

Evaluate basic needs (housing, food, clothing, etc.)

Co-occurring mental health conditions:

Anxiety

Trauma

Autism

Depression

Eating Disorder

Build Resiliency – When do you feel the best and do more of that.

Gender Identity Milestones

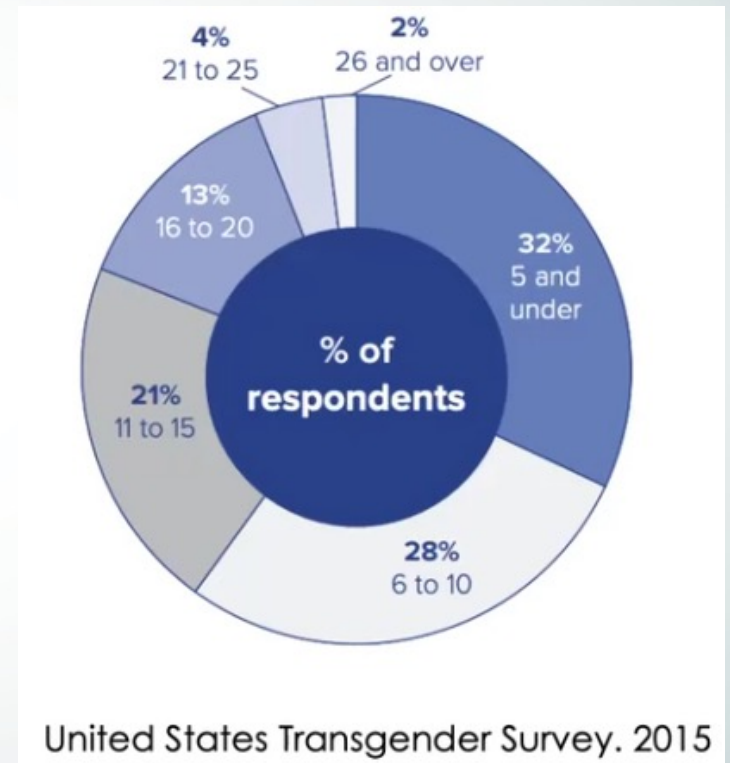
- First thoughts about gender being different
- First recognized might be transgender
- First disclosures to others
- First began to change gender expression

Initial Understanding of Gender Different from Birth Assignment

60% - 10 years or younger

21% - 11 to 15 years old

19% - 16 years or older



First Thoughts of Gender

- Feeling different from others
- Disappointment at learning about pubertal changes
- Upset about gender norms

First Recognized Might Be Transgender

- May learn about from media or peers (finding their tribe)
- May have initial paradoxical response (overcompensate)
- May talk with others tentatively and backtrack
- May label it differently to start with (nonbinary / gay)

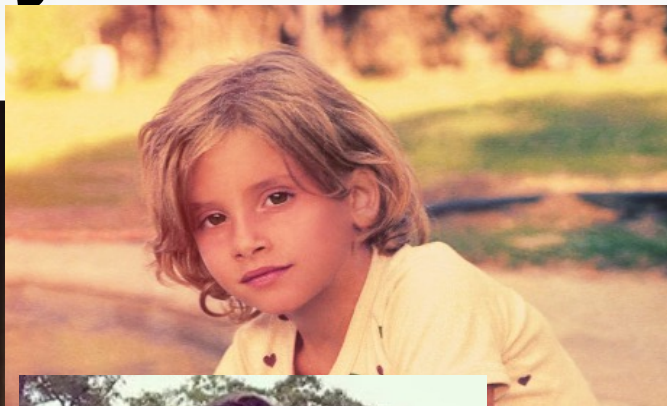
First Disclosures to Others

- May happen multiple times with retractions
- Frequently to friends first
- May come out to one family member (mother, sister, etc)
- May live two separate lives for some time

Changing Gender Expression

- Pronouns
- Clothing
- Binding, padding, packing, tucking etc.

What are some of the ways gender diversity comes into our office?



Trajectory for Those Coming Out as Children

- Distress pronounced around social aspects
- Not as much body dysphoria (until puberty)
- Usually a couple of years of “convincing” family
- Easier to transition as a child
- Bubble of protection until puberty (parents more affirming)
- Just want to be seen as a “boy/girl”
- Harder to engage about their trans experience

Trajectory for Adolescent Coming Out in Adolescence

- Puberty is when distress about gender begins or intensifies
- May begin to explore (coming in) their private gender experience
- Coming out to others and may embrace trans experience
- May seem very sudden when they start asking for medical interventions
- May have a gender expression that is neutral or congruent with assigned sex

Differences between Trans Boys and Girls

TRANS BOYS (girl assigned)

- 1) Childhood may be “normal”
- 2) Bullied later
- 3) Puberty = sudden pain

TRANS GIRLS (boy assigned)

- 1) “Always felt different”
- 2) Bullied earlier
- 3) Slower puberty pain

However, EVERYBODY HAS THEIR OWN EXPERIENCE

HB1254 in North Dakota

- Makes it illegal for a medical clinician to prescribe medications or perform procedures to treat gender incongruence for patients under age 18.
- **DOES NOT:**
 - Affect adult care in any way.
 - Change our ability to talk with patients about their identity
 - Preclude practitioners from making appropriate referrals
 - Keep mental health professionals from assessing and treating
 - Keep us from providing follow-up care (labs, wound care, patient education, etc.)
 - Keep pharmacies from filling medications prescribed

NOTE: There is nothing patients or families can do that is illegal under this bill.

Care is available in Minnesota

DISPELLING MYTHS ABOUT GENDER AFFIRMING CARE

- Coordinated attacks on gender affirming care (mostly for youth) have been related to ideology rather than science
 - No pre-pubertal children are being provided medical care
 - Genital surgeries under 18 are exceedingly rare
 - Gender care is **not** experimental. We have decades of research showing positive results of treatment.
 - Youth have extensive evaluations before starting treatment.
 - Parents are always a part of the evaluation and consent process.
 - After puberty, changes in gender identity are very rare.
 - “Detransition” rates are low, and include people who are **not** dissatisfied with treatment
 - All major medical associations acknowledge treatment options for youth as important care.

Messages for families learning about child with diversity

- Although there can be a lot of fluidity in gender experience before puberty, post-pubertal individuals frequently have a set gender experience (not a phase.)
GENDER DIVERSITY MAY EVOLVE BUT UNLIKELY TO DISAPPEAR
- Affirming a patient's gender experience (name, pronouns, gender expression), allows a young person to refine their understanding of who they are. Arguments tend to entrench youth in their initial inflexible thinking.
Identity exploration should be encouraged for best development.
- Gender assessments (if needed) are extensive and will rule out other causes of possible gender experience.
- Medical interventions are different from affirming identity. Not everybody needs every intervention.

What if a young person is requesting medical care?



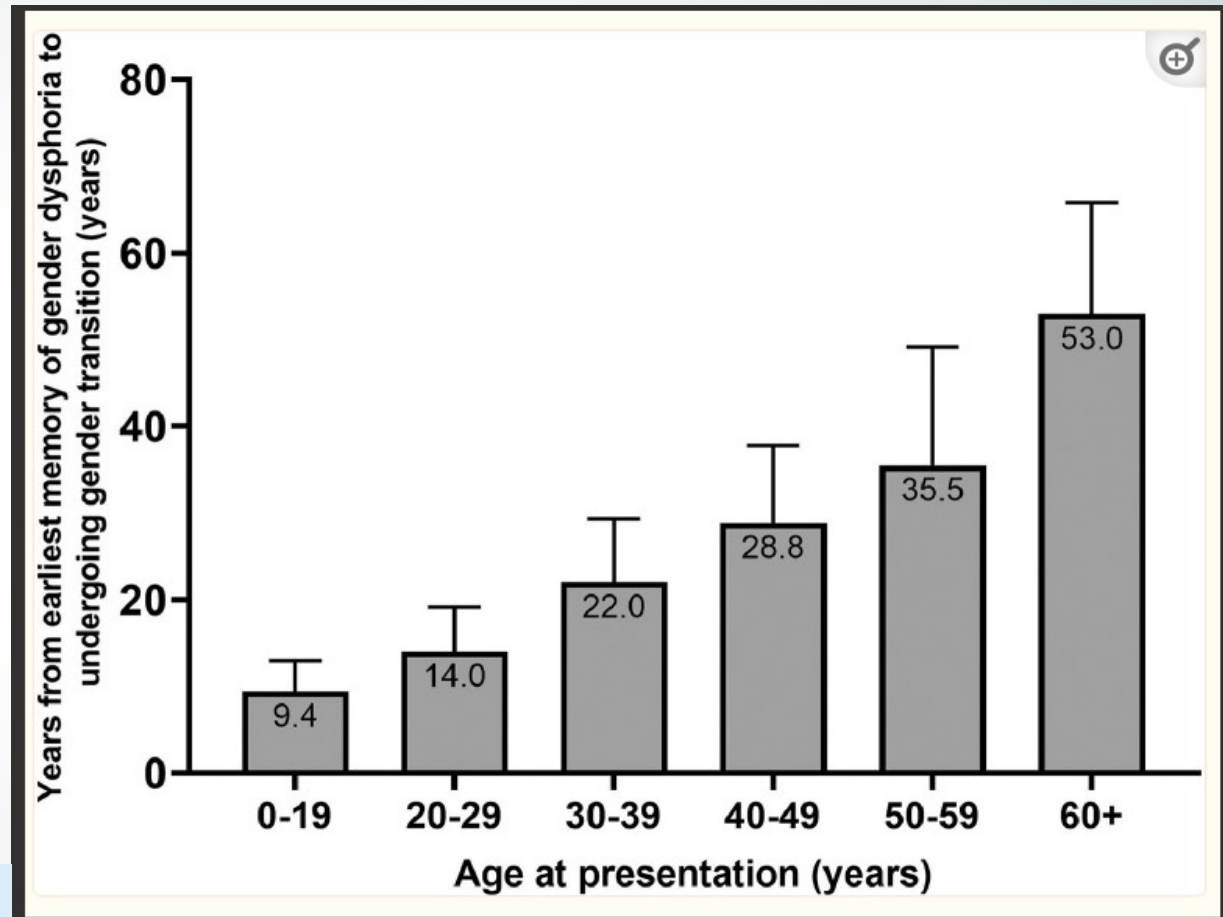


Chapter 1. Terminology	Chapter 10. Intersex
Chapter 2. Global Applicability	Chapter 11. Institutional Environments
Chapter 3. Population Estimates	Chapter 12. Hormone Therapy
Chapter 4. Education	Chapter 13. Surgery and Postoperative Care
Chapter 5. Assessment of Adults	Chapter 14. Voice and Communication
Chapter 6. Adolescents	Chapter 15. Primary Care
Chapter 7. Children	Chapter 16. Reproductive Health
Chapter 8. Nonbinary	Chapter 17. Sexual Health
Chapter 9. Eunuchs	Chapter 18. Mental Health

- First version of these standards was published in 1979.
- Version 8 was released in September 2022 (version 7 came out in 2011)
- SOC8 is over 270 pages and documents extensive research
- Medical providers recognize this internationally as a document to guide care.

Years from First Memory of Gender Incongruence to Initiation of Gender Care

- When families first hear about gender, youth have been dealing with it for years
- Initial uncomfortableness is frequently ignored until puberty or other developmental milestones
- Challenges such as autism, trauma, or other disruptions in life can further delay coming out



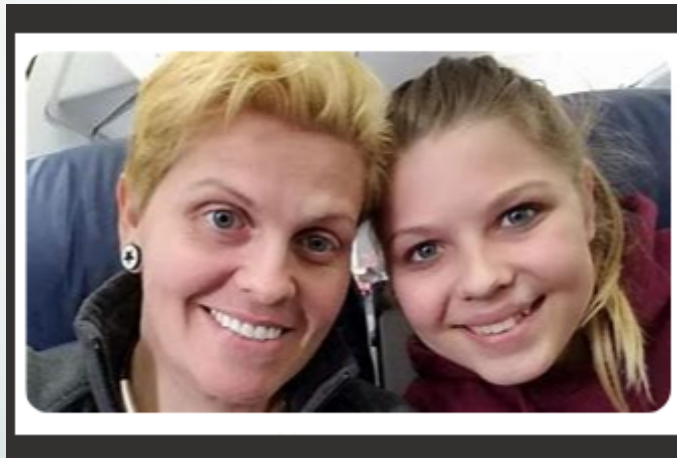
Zaliznyak M, Yuan N, Bresee C, Freedman A, Garcia MM. How Early in Life do Transgender Adults Begin to Experience Gender Dysphoria? Why This Matters for Patients, Providers, and for Our Healthcare System. *Sex Med.* 2021 Dec;9(6):100448. doi: 10.1016/j.esxm.2021.100448. Epub 2021 Oct 31. PMID: 34731778; PMCID: PMC8766261.

Why is the evidence base so confusing?

- People are reading the same research and coming to different conclusions
- We cannot have randomized controlled studies
- We may never know if it is the medical intervention or other factors that are helping our youth
- As a clinician, I see families that are reporting significant and positive changes in their lives.
- Successful decisions are made together with a team and in an individualized way.

CARE IS MOST LIKELY TO BE HELPFUL WHEN

- Other mental health conditions are well-managed
- There is a multi-disciplinary team approach
- There is social and family support around the transition



MAJOR TAKE HOME IDEAS

- Do not get hung up on the medical questions. Acknowledge the pain while evaluating needs.
- Look for ways to provide safe environments.
- Focus on managing other symptoms and enhancing resiliency factors.
- Find ways to love and respect the experience of every young person.



Case Example (composite)

- Preferred name Mendel
- Age 15; Assigned female at birth (AFAB)
- Nonbinary, masculine leaning
- Using he/him pronouns; Wants to live as a male
- Intact family – Norwegian mother; Mexican American father

Mendel

- Very “girly” in elementary school, but with a tomboy flare
- Enjoyed sports and very good in school
- Puberty started at age 11
- Became more sullen and reclusive
- Diagnosed with depression, anxiety and an eating disorder
- At age 13, hospitalized for an overdose attempt
- While in hospital, discloses transgender identity

Mendel – parent questions

- What caused this? Did we do something wrong?
- Is this a mental illness OR caused by mental illness?
- Isn't this just a fad to get attention?
- Aren't they too young to know?
- How can they be sure? Is this just a phase?
- Can't they just make these decisions after they turn 18?
- Isn't this going to make life harder?
- Is anyone going to love my child?

What are you curious about in conceptualizing this case? What are some ways to support this adolescent and family?

Community support and advocating

Affirm the experience (not pathologize)

Referrals as necessary

Education for patient and parents

Stabilize other mental health conditions

REVIEW OF MENDEL'S HISTORY:

Age **15**; Assigned female at birth (AFAB)

Nonbinary, masculine leaning

Using **he/him** pronouns; Wants to live as a male

Intact family – **Norwegian** Mom; **Mexican** American Dad

Very “**girly**” in elementary school

Enjoyed **sports** and very **good in school**

Puberty started at age 11

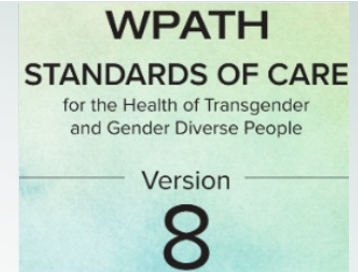
Became more **sullen and reclusive**

Diagnosed with **MDD, GAD, ED**

At age 13, **hospitalized for an overdose attempt**

While in hospital, discloses transgender identity

KEY REFERENCES



- 1) World Professional Association for Transgender Health, Standards of Care 8:

<https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644>

- 2) A Clinician's Guide to Gender Affirming Care
by Chang, Singh, and dickey

- 1) <https://workshops.genderhealthtraining.com/>

Free workshops, \$30 for CEU's



A COMPREHENSIVE RESOURCE FOR MENTAL HEALTH PROFESSIONALS, EDUCATORS & STUDENTS



A CLINICIAN'S GUIDE to GENDER-AFFIRMING CARE

WORKING with TRANSGENDER & GENDER NONCONFORMING CLIENTS

Includes information on:

- Gender identity, transition options & legal & ethical issues
- Trans clients' needs in the context of intersecting identities
- The clinician's role, implicit biases & ally development

Sand C. Chang, PhD
Anneliese A. Singh, PhD, LPC
lore m. dickey, PhD
Foreword by Mira Krishnan, PhD, ABPP

CONTACT INFORMATION

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701-417-6999

Transgender and Gender Diverse Health Coalition

- 3rd Monday of each month, over the Noon hour
- Message Dan if you would like to be added to the Webex invite