Gender Dysphoria in Children and Adolescents: Families and Systems

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April 30, 2016

Outline

- Families
  - Supportive families
  - The parent experience
- Supporting shared decision-making
- Exploring transition
- Supportive sytems
  - Schools
  - Out of home care
  - Providers

The benefits of supportive families

- As previously discussed, pre-pubescent children who are supported in their gender identities (compared to age matched peers/sibs and population norms):
  - No differences in depressive sx
  - Slight increase in anxiety

Olson, Durwood, DeMeules, & McLaughlin, 2016

The benefits of supportive families con't

- Parent supportive behaviors during their child's adolescence…
  - Yielded positive outcomes
    - Self-esteem
    - Social support
    - General health
  - Protected against negative outcomes
    - Depression
    - Substance use
    - Suicidal ideation and attempts
  - Were moderated by
    - Immigrant status
    - Religiosity
    - Socio-economic status

Ryan et al, 2010

What does family support look like?

- Talk with your child or foster child about their LGBT identity
- Express affection when your child tells you or when you learn that your child is LGBT
- Support your child's LGBT identity even though you may feel uncomfortable
- Advocate for your child when he or she is mistreated because of their LGBT identity
- Require that other family members respect your LGBT child
- Bring your child to LGBT organizations or events
- Connect your child with an LGBT adult role model to show them options for the future
- Work to make your faith community supportive of LGBT members or find a supportive faith community that welcomes your family and LGBT child
- Welcome your child's LGBT friends and partner to your home and to family events and activities
- Support your child's gender expression
- Believe your child can have a happy future as an LGBT adult

Ryan et al, 2010

Families' experiences

- Historical and theoretical frameworks (Malpas, 2005 in Bigner & Wetchler, eds., 2012)
  - Medical/Pathologizing: spouses/families not considered as part of transition
  - Normalizing: legitimize identity and include families/spouses in transition
    - Developmental: stage-based model of adjusting to family member's transition, often assuming gender binaries
    - Deconstructive: challenges binary sex and gender assumptions

Families’ experience con’t

- Developmental: Family Emergence (Lev, 2004)*
  - <u>Discovery & Disclosure:</u> shock, concerns regarding security (“what will the neighbors think?”), may map on to “Denial” stage for models of grief
  - <u>Turmoil:</u> family conflicts (new and old), stonewalling, may appear supportive but this may not be fully committed
  - <u>Negotiation:</u> realization that gender concerns won’t just “go away,” setting limits around transition
  - <u>Balance:</u> transgender issues are no longer secret (even if still private), transgender family member/s is/are integrated into the family

*note that Lev’s model is heavily couples/adult focused but may be useful in conceptualizing family experiences

Families’ experience con’t

- Meta-analysis of the literature on caregivers of trans*/GNC children (Dierckx, Motmans, Mortelmans & T’sjoen, 2016)
  - Limited quantitative research (n=3)
  - Quantitative papers (n=8) reveal a myriad of themes
    - Emotional reactions: shame, guilt, fear
    - Conflict: between parents, societal values
    - Needs include: professional support (uninformed professionals was an identified problem), social support

Families’ experience con’t

- Research from differences of sex development (intersexuality)
  - Some parents isolate while others find disclosure empowering (Crissman, et al., 2011; Kirk et al., 2011)
  - Parents reports challenges related to a child’s dx:
    - Understanding Health Information
    - Unmet Needs (both technical information and emotional support)
    - Social Support (both natural supports and families w/ DSD) (Boyse, 2014)
  - Sex differences
    - Female caregivers had ↑ stress & perceived male children as > vulnerable than females (Kirk, Fedele, Wolfe-Christensen et al., 2011)
    - For caregivers of males, degree of masculinization was inversely correlated with stress and depression (Wolfe-Christensen, Fedele, Kirl, et al., 2012)
  - Parental decision making may be influenced by the source of health information, i.e. medicalized vs non-medicalized (Streuli, 2013)

Families’ experience con’t

- Research from childhood AIDs/HIV (Hansell et al., 1999)
  - One caveat: some overlap in regard to social stigma, very different in terms of chronic health concerns
  - Seronegative caregivers (often foster/adoptive parents or grandparents) reported having increased social support following a problem-focused social support intervention compared to controls
  - Seropositive caregivers did not have a similar benefit
  - Seronegative caregivers (who were older and more educated than seropositive caregivers) may experience a reduction in natural supports due to concerns about how to disclose and engage around their child’s condition

Shared decision making

- Shared decision making is an increasingly common approach for making health decisions, however only 26% include both children and parents (Wyatt et al., 2015)
- Factors in decision making for adolescents considering elective surgery for residual or untreated neonatal brachial plexus palsy (Squitieri et al., 2013)
  - Systems-dependent
    - knowledge acquisition
    - multidisciplinary care
  - Patient-dependent
    - adolescent autonomy
    - patient expectations and treatment desires
- Parents were most focused on: <u>systems dependent factors</u>
- Adolescents were most focused on: <u>patient dependent factors</u>

Interventions to support families: Knowledge Acquisition

- General psychoeducation on child development
  - Stages of gender development
  - Understanding adolescent sexuality
- General psychoeducation on transgender child development
  - Stages of transgender development (including role of puberty)
  - General mental health and surgical outcomes

Interventions to support families: Knowledge Acquisition

- Resources
  - PFLAG
  - familyproject.sfsu.edu

Interventions to support families: Multidisciplinary Care

- Models for multidisciplinary care - GeMS Clinic (Tishelman et al., 2015)
- BH Assessment and Intervention Protocols (Leibowitz and Telingator, 2012, Spack et al. 2011)
- Integration tools for PCPs, Endos, Psychiatry, Psychology and Community MH - www.connecticutchildrens.org/our-care/diabetes-and-endocrinology/health-care-professionals
- Integration of medicine and transition supports (McIntosh, in Eckstrand & Ehrenfeld, eds., 2016)

Interventions to support families: adolescent autonomy

- Include children and adolescents in shared decision-making
- Individual child, family and parent support interventions may all be useful depending upon child age, family dynamics and family need
- Tailor intervention to a child's developmental stage and capacity
  - Help parents understand that their assumptions about sex, gender, sexuality, transition, etc. are predicated in THEIR developmental stage
  - Help children understand safety issues related to disclosure and discuss who will be able to disclose what, understand the difference between secrecy and privacy
- Follow WPATH and other professional guidelines for guidance

Interventions to support families: patient expectations and treatment desires

- As with ANY pre-medical/pre-surgical evaluation the focus should be on:
  - The patient's capacity to make the decision including:
    - Understanding of the treatment options
    - Being able to apply their understanding to their situation
    - Being able to reason about the options
    - Communicating a choice
  - The patient's outcome (including alleviating dysphoria)
- The goal is NOT to prove a child's gender

Exploring social transition

- Letting young children explore - follow and support their lead
- Try out using NO or gender neutral pronouns
- Adopting new pronouns and/or new names
  - When and with whom to use pronouns
  - How to talk about past events/identities
- Informing family
  - In person, via letters, by accident, managing rejection/bias
- Informing systems (caregivers, schools, etc.)
  - As needed

Brill & Pepper, 2008

Exploring medical transition

- Referrals and treatment should be tailored to the child's age
  - For pre-pubertal children
    - Pediatrician follows
    - Trans-competent endocrine referral can be valuable in conjunction with primary care
      - general education
      - discussion of future tx options (e.g. puberty blockers)
      - increasing child and parent comfort and engagement
  - For pubertal children
    - Refer to trans-competent endocrine
- Keep in mind shared decision making processes
  - For parents… education and multidisciplinary support
  - For children… autonomy and outcomes

School climate

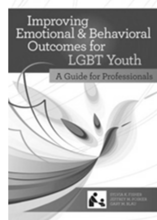
- Results from GLSEN's 2013 National School Survey

Teen Bullying Incident	% Sexual orientation	% Gender expression
Verbally harassed	74	55
Physically harassed	36	23
Staff failed to respond to a harassment incident report	61	
Homophobic remarks from teachers or staff	51	56
Felt unsafe	56	38
Missed school at least one day in the last month due to feeling unsafe	30	

Kosciw, Greytak, Palmer & Boesen, 2014

School climate con't

- Approx 83% of trans youth reported bullying/victimization (Reisner et al., 2015) and this was significantly more than cis peers
- Students who experience higher levels of victimization
  - Lower GPAs, twice as likely not to pursue secondary education (Kosciw, Greytak, Palmer & Boesen, 2014)
- Strategies for schools
  - 10 standards ranging from assessment to policies, training to outeach (Standards of Care for LGBT Youth,Helfgott & Gonsoulin, 2012)



Out-of-home care

- Homelessness/mistreatment in shelters (see Keuroghlian, Shtasel & Bassuk, 2014 for review)
  - Issues related to sex-segregated shelters
- Trans youth in congregate care settings including juvenile justice have higher risk for abuse from peers (Clements & Rosenwald, 2007; Majd et al., 2009)
- See "A room of one's own: Safe placement for transgender youth in foster care (Love, 2014)" for additional reading/guidance

Hospitals and medical providers

- What we know about training
  - Medical providers do not believe they are adequately trained (Hinchiff, Gott & Galena, 2005)
  - Gender self-confidence and sexual identity commitment are predictive of LGB counseling self-efficacy (Dillon et al., 2006)
  - Counselor trainees scoring higher in homophobia assigned fewer positive attributes to clients (Barrett & McWhirter, 2002)
- What we know about youth engagement
  - Many avoid ER use (Bauer et al., 2013)
  - Many put off doctor appointments (Grant et al., 2010)

Hospitals and medical providers con’t

- #transhealthfail

literal bag of ducks @duckinator · Jul 30
"I don't know how to treat a transgender."
"... I'm here about joint pain I've had since before starting HRT?"
#transhealthfail

Marveline @marcyjcook
Not telling any medical professional that I'm trans because their attitude instantly changes for the worst when I do. #transhealthfail
3:26 PM - 30 Jul 2015

Parker Molloy @ParkerMolloy
Just this week at Chicago's LGBT health clinic, while talking with a nurse, he referred to other trans women as "trannies." #TransHealthFail
7:10 PM - 30 Jul 2015 · Chicago, IL, United States

TransPrideInitiative @tprideDallas
Nurse: "We didn't cover trans healthcare in nursing school." #TransHealthFail
8:50 AM - 4 Aug 2015

Hospitals and medical providers con’t

- Recommendations
  - Self-assessment
    - Sexual Orientation Counselor Competency Scale (Bidell, 2005)
    - WPATH Criteria from SOC 7 (WPATH, 2012)
  - Culturally competent practice
    - Be mindful of bias in forms and paperwork
    - Ask purposeful questions (e.g. do not conflate sex or presentaiton with gender)

Conclusion

- Youth transition occurs within the context of multiple systems
- Families have a parallel transition process and can be a source of great support for youth
- Caregivers may benefit from knowledge and support from a team of providers and community members
- Youth voices and outcomes must be integrated into shared decision making around social and medical transition
- Schools, out-of-home settings, and healthcare settings are also potential sources of rejection or affirmation for trans* youth