BECOMING A COMPETENT CARE PROVIDER FOR TRANSGENDER AND GENDER EXPANSIVE CHILDREN & YOUTH IN COMPLICATED TIMES

TRAUMA INSTITUTE OF ORANGE COUNTY

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TRANSGENDER AND GENDER NON CONFORMING CHILDREN AND ADOLESCENTS: WHAT THEY FACE TODAY
More than three-quarters (77%) at some point between Kindergarten and Grade 12 (K–12) experienced some form of mistreatment.

- Fifty-four percent (54%) in K–12 were verbally harassed, nearly one-quarter (24%) were physically attacked, and 13% were sexually assaulted in K–12 because of being transgender.

- Seventeen percent (17%) faced such severe mistreatment as a transgender person that they left a K–12 school.

- Nearly one-quarter (24%) of people who were out or perceived as transgender in college or vocational school were verbally, physically, or sexually harassed. (NCTE 2015)
BUT FAMILY SUPPORT HELPS
Why Support for Trans Youth Matters

Based on a 2012 study of 433 Individuals

Trans Youth with Supportive Parents

Reported Life Satisfaction
72% 33%

Described Mental Health As “Very Good” or “Excellent”
70% 15%

Suffered Depression
23% 75%

Trans Youth with Unsupportive Parents

Reported High Self-Esteem
64% 13%

Faced Housing Problems
0% 55%

Attempted Suicide
4% 57%


For more information, go to transstudent.org/graphics

Infographic Design by Landyn Pan
Illustrations by Ethan Lopez
THERE IS NO QUESTION ABOUT THE POSITIVE EFFECTS OF TRANSITION

www.whatweknow.info

What does the scholarly research say about the effect of gender transition on transgender well-being?

Overview: We conducted a systematic literature review of all peer-reviewed articles published in English between 1991 and June 2017 that assess the effect of gender transition on transgender well-being. We identified 56 studies that consist of primary research on this topic, of which 52 (93%) found that gender transition improves the overall well-being of transgender people, while 4 (7%) report mixed or null findings. We found no studies concluding that gender transition causes overall harm. As an added resource, we separately include 17 additional studies that consist of literature reviews and practitioner guidelines.

Bottom Line: This search found a robust international consensus in the peer-reviewed literature that gender transition, including medical treatments such as hormone therapy and surgeries, improves the overall well-being of transgender individuals. The literature also indicates that greater availability of medical and social support for gender transition contributes to better quality of life for those who identify as transgender.
Longitudinal research on transgender and gender expansive children and youth

- Early research: follow up of young, pre-pubertal children brought to gender clinics primarily in Canada and the Netherlands showed many, in some cases most, who were gender variant as children identified as bisexual or gay but NOT transgender by adolescence- some showed as high as 80% ‘desistence’

- Many problems with that research, including a sample that included many children that did not meet criteria for gender dysphoria/gender identity disorder
Outcry prompts CAMH to review its controversial treatment of trans youth
New research: Prospective, Longitudinal

Kristina Olson, Ph.D. U. of Washington Seattle

- MacArthur fellowship awarded for this research
- Began 2013 with 300 kids 3-12 yrs following for 20 years
- Some socially transitioned, some not
- Non-clinic sample
EARLY PERFORMANCE ON GENDER-RELATED PSYCHOLOGICAL TESTS PREDICTS SOCIAL TRANSITION:

“The findings of this compelling study provide further evidence that decisions to socially transition are driven by a child’s understanding of their own gender,” says Toomey. “This is critically important information given that recent public debates and flawed empirical studies erroneously implicate ‘pushy’ parents, peers, or other sources, like social media, in the rising prevalence of children and adolescents who identify as transgender.”
CONCLUSIONS: Socially transitioned transgender children who are supported in their gender identity have developmentally normative levels of depression and only minimal elevations in anxiety, suggesting that psychopathology is not inevitable within this group. Especially striking is the comparison with reports of children with GID; socially transitioned transgender children have notably lower rates of internalizing psychopathology than previously reported among children with GID living as their natal sex.
TREATMENT SOC: PRE-PUBERTAL CHILDREN

- Role of the mental health professional - assess, guide, support and validate child’s emerging sense of gender; provide resources, systems work
- Pre-pubertal social transition discouraged
- No medical intervention indicated
- When possible, get children in contact with other gender diverse children
- Puberty blockers at Tanner Stage 2
‘PERSISTENCE’ AND PRE-TEENS: EHRENSAFT MODEL
HOW CAN YOU TELL IF KIDS ARE APPLES, ORANGES, OR FRUIT SALAD?

- *Persistent, insistent, consistent kids:*
  - Say ‘I am’ not ‘I want to be’
  - Body dysphoria at an early age
  - Increasing dysphoria in puberty – as opposed to – epiphany of sexual attraction (I’m gay, I like my genitals)

*Augello & Bowman, 2016, Raising the Transgender Child*
PROS AND CONS OF EARLY SOCIAL TRANSITION

- **Con** – child/family may experience stigma as a result of transition- more bullying
- **Con** – child may ‘desist’ at adolescence
- **Con** – if early social transition leads to early administration of puberty blockers – medical concerns
- **Pro** – child may ‘fit in’ more in their affirmed gender than assigned gender, especially if assigned male – and thus less bullying
- **Pro** – child will have a happy childhood
- **Pro** – there may be no other viable choice
From Kristina Olson’s work:

- “Transgender children believe themselves to be members of the other gender, and researchers, clinicians, and parents can ascertain this information by getting to know these children, and, once trust is gained, asking them”.
COMMON TREATMENT ISSUES: PRE PUBERTAL CHILDREN

- Problems of social, school, community, peer rejection if child does **NOT** socially transition
- Problems of social, school, community, peer rejection if child **DOES** socially transition
- How to encourage fluidity, stress non binary possibilities in a pink and blue world
- Problems of siblings
- If social transition does take place, how to allow for and support possibility of future change in the child
WHAT YOU CAN DO TO KEEP OPTIONS OPEN

- From the beginning – stress the gender continuum
- Emphasize that some kids ‘know’ for sure at an early age, but other kids need experimentation and time
- It’s a journey
- Trying out a gender identity and then changing your mind isn’t a failure
TWO CASES

- **JAKE/JOAN**: Age 2, refusal to dress as a boy, play with boys, desire to dress as girl and take part in ‘girl’ play and activities; parents accommodations; decision to transition at age 8

- **NICK/NICOLE**: Age 11 referral from pediatric endo, on puberty blockers; social transition that year; detransition following summer
TRANSGENDER AND GENDER NONCONFORMING YOUTH: THE RESEARCH

Pre-pubertal: Outcome research: a minority become trans, but criteria unclear

Pubertal: Outcome research: virtually all ‘persist’; validation, support, and medical treatment diminish symptoms of comorbid conditions. But that may be changing a little

TREATMENT SOC: ADOLESCENTS

• Role of mental health professional – assess, guide, advocate, find resources, work with systems that impact adolescent e.g. family, school, community
• Direct child to peer support groups
• Puberty suppressing hormones (GnRH analogues, testosterone/estrogen blockers) – at Tanner Stage 2 (which can be as young as 9 for some natal females)
• Cross-gender hormones as early as age 16
• Surgeries at age of majority
YOUR ROLE WITH AN ADOLESCENT TRANSGENDER CLIENT

- ASSESSMENT:
  - Persistent, insistent and consistent gender dysphoria - but may not have id’d as transgender prior to puberty
  - No other reasons for gender dysphoria
  - Co-occurring conditions – depression, PTSD, substance abuse, ASD
  - Where on the gender binary?
  - Readiness for transition? Informed about transition?
  - If at early stages of puberty – blockers?
  - If older – cross-gender hormones
EXTREME MINORITY STRESS PRODUCES EXTREME DISTRESS

- Thirty-nine percent (39%) of respondents experienced serious psychological distress in the month before completing the survey, compared with only 5% of the U.S. population.
- Forty percent (40%) have attempted suicide in their lifetime, nearly nine times the rate in the U.S. population (4.6%).
- Seven percent (7%) attempted suicide in the past year—nearly twelve times the rate in the U.S. population (0.6%)

From 2015 NCTE Survey
TRAUMA AND MENTAL ILLNESS

- Colizzi, Costa, Todarello (2015) *Dissociative Symptoms In Individuals With Gender Dysphoria: Is the Elevated Presence Real*

- 29.6% Dissociative disorder
- 45.8% Major depressive disorder
- 21.2% Suicide attempts
- 45.8% Childhood trauma/PTSD
SUBSTANCE ABUSE AND ALCOHOL ABUSE: RESEARCH FINDINGS

- “transgender students were 2.5 times more likely than non-transgender students to use cocaine and methamphetamines in their lifetime and twice as likely to report the misuse of prescription pain medication.”

- “Up to 25 percent of the general LGBTQ community has moderate alcohol dependency, compared to 5 to 10 percent of the general population.”
YOUR ROLE WITH THE ADOLESCENT TRANSGENDER CLIENT

ADVOCACY:
With schools
With community or religious organizations
With youth services and/or shelters

FAMILY WORK:
You can’t help the kid if the parents hate you
Siblings or extended family may be more able to support

SUPPORT:
Know your LGBT resources/youth groups
Trans youth groups; general LGBT youth
GSA’s in school
COMMON TREATMENT ISSUES: ADOLESCENTS

- Rejection by parents, school, peers, community
- Bullying
- Co-morbid conditions
- Isolation

- Advocacy with school- names, pronouns, bathrooms
- Extensive counseling of parents, finding support for them
- Supporting the gender continuum concept and allowing adolescent to decide unique gender expression
- The myth of ROGD: Lisa Littman, 2018
AN ’EASY’ CASE: COREY CLINICAL ISSUES

- Age of transgender identification
- Appropriateness of transition
- Realism about the future
- Too late for blockers, so no rush for hormones
- Risky/aggressive behavior
- To Stealth or not to Stealth
- Social status at school
AN ‘EASY’ CASE

- COREY VIDEO, AGE 18 RIGHT BEFORE SURGERY
- STEVE AND JUDY, COREY’S PARENTS
Amber Heard's Globes Date Corey Rae on Their 'Special Relationship' and Her Trans Activism
CURRENT CLINICAL CONTROVERSIES

- Which pre-pubertal kids will ‘persist’?
- Social transition for pre-teens—yes or no?
- How do you distinguish between co-morbid conditions that:
  - are a result of lack of good trans care
  - are co-morbid but unrelated
  - are co-morbid and unrelated but need to be treated
  - may be creating an inauthentic trans identity
- ROGD?
- De-transition
ROGD AND SOCIAL CONTAGION

Historical evidence of contagion of suicide

1774: "The Sorrows of Jung Werther" – JW Von Goethe
- Following publication of the novel, indications for imitative suicides among young men in Germany, and in Denmark and Italy – "The Werther Effect"

1962: Marilyn Monroe
- 12% increase in suicide in the month following her death by suicide.

1988: TV film of railway suicide of a 19-year old male student
- A tv film showing the railway suicide of a young men was followed by a 175% increase in railway suicides in young men over 70 days after broadcasting.

Phillips, 1974; Schmidtke & Höfner, 1988; Halgin et al, 2006
ROGD (Rapid Onset Gender Dysphoria): MYTH OR REALITY?

- Social contagion: ‘The Sorrows of Young Werther’ – the ‘Werther Effect’ (Goethe, 1770’s). Or does it simply activate a behavior that is being repressed?
- Term originated on anti-trans websites
- One study, Lisa Littman, 2018 – only parents
Rather, what’s “rapid” about ROGD is parents’ sudden awareness and assessment of their child’s gender dysphoria (which, from the child’s standpoint, may be longstanding and thoughtfully considered).”

- “this is not a new type of gender dysphoria, but rather a new name for a recurring parental dynamic.”

Case example: Dan/Dakota
CURRENT MEDICAL ISSUES/CONTROVERSIES

- Sterility when long term use of blockers is immediately followed by cross gender hormones
- Bone growth?
- Tissue for surgery
- Ethics of making a child stay on puberty blockers for up to seven years before cross gender hormones
- If there is something about pubertal hormonal influences on the brain that helps kids differentiate – is it good to put kids on blockers at Tanner Stage 2
HOW MANY DETRANSITION? (RETRANSITION)

- Swedish study: fully transitioned people who requested medical procedures and legal name and gender marker changes back to original - 2.2% in a fifty year study

- Actual numbers may be higher – recent survey of detransitioned natal females= only 22% had taken hormones and 7% surgery
Detransitioning

Cari, Crash,
USPATH Vids
WORKING WITH PARENTS: a few guidelines

Most parents love their children and want to accept them.
It’s shocking to learn your child is transgender.
Most parents’ first reaction will not be their last reaction.
Parents need to grieve.
Work with parents includes getting kids to be patient.
Parents need information, including especially medical information.
Parents need support from other parents - PFLAG.
WORKING WITH PARENTS: OTHER ISSUES

Conflicts with religious beliefs
“Courtesy stigma”
Extended family, community
Difficulty dealing with uncertainty: non binary kids, kids who aren’t sure
Unresolved personal issues

Case example: Debra
HOW TO BE A GENDER AFFIRMING TREATMENT PROVIDER

- With adolescents and older children—ask preferred name and pronoun choices; honor them
- If client tells you they are transgender, honor that. At that moment, they ARE, no matter what the future brings
- Be knowledgeable about resources, medical and peer support
- With children and youth, be prepared to advocate for them with institutions and to be able to educate their family members
- Stay up to date!
RESOURCES AND REFERENCES

- **Suggested books:**
  - Lev & Gottlieb, *Families in Transition*
  - Nealy, *Transgender Children and Youth*
  - Erickson-Schroth, *Trans Bodies, Trans Selves*
  - Ehrensaft, *Gender Made, Gender Born; The Gender Creative Child;*
  - Teich, *Transgender 101; Lev/Transgender Emergence;*
  - Beemyn & Rankin, *Lives of Transgender People, Erickson-Schroth/Trans Bodies/Trans Selves; Augello & Bowman/Raising the Transgender Child*

- **IPG website** [www.ipgcounseling.com](http://www.ipgcounseling.com) has resources pages of books and websites, and a comprehensive resource directory of services, groups, and providers in our area

- Callen-Lorde Center/NYC & Mazzoni Center/Philadelphia both provide hormone treatment and comprehensive health care as well as referrals. Callen-Lorde website maintains extensive referral list
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