



## **B1 Wrapping with Trans\* Youth (and their Families and Supports), Part 1**

Wednesday, June 15, 2016, 1:30-3:00 p.m.

## **C1 Wrapping with Trans\* Youth (and their families and supports) Part 2**

Wednesday, June 15, 2016, 3:30-5:00 p.m.

*Heather Marino Kibbee, John Bucher*

## **Salon 2**

# INTRODUCTION TO CARING FOR GENDER NON-CONFORMING & TRANSGENDER YOUTH (AND THEIR FAMILIES)

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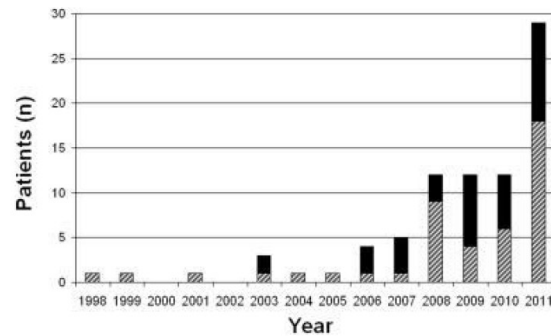


HOW DID WE GET HERE? OUR OWN PERSONAL JOURNEYS



## WHY DOES THIS MATTER?

Trans & GNC youth  
seeking care  
LACH  
Center for  
Transyouth Health



## WHY DOES THIS MATTER?

- Trans\* & GNC youth are underserved in general
- Many kids are able to come out earlier than in the past
- More kids accessing care (*access has increased, not the number of trans\* kids*)
- The existing resources cannot support the number of kids
- How can “we” fill the gaps?

What are **you** (as a provider) and/or **your program** doing to either increase or decrease access to care?

## GENDER BINARY AS A BEDROCK



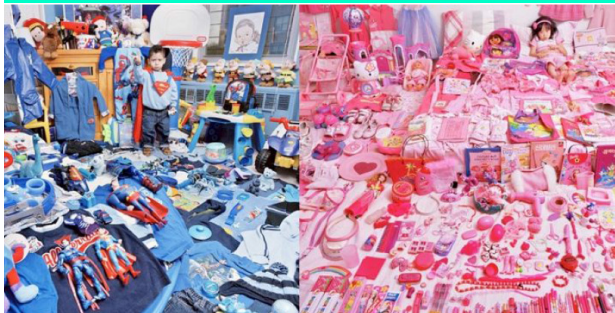
- Most people are used to only two categories of gender, determined by genitals
  - Penis = Male Vagina = Female
- The notion of a gender binary is reinforced before a person is even born!

## THE GENDER BINARY IS EVERYWHERE!



Society starts to reinforce the **gender binary** as soon as you're born (even before)!

## THE GENDER BINARY IS EVERYWHERE!



Think about all of the different ways the gender binary is reinforced in your everyday life...

- Pink vs. Blue
- Dresses = Girl
- Bathrooms
- Locker Rooms
- Boys vs. Girls at recess
- Sports Teams

These categories are  
***SOCIALLY CONSTRUCTED***

## CISGENDER - WHAT DOES THAT MEAN?

**CISGENDER:** A term for someone who has a gender identity that aligns with what they were assigned at birth.

Example: *If, upon being born, the doctor notices that you have a vagina and announces that you're a girl, and you're fine with that, then you're cisgender.*

# GENDER NONCONFORMING (GNC) - WHAT DOES THAT MEAN?

**Gender Nonconforming (GNC):** Gender identity and/or expression that falls outside of stereotypical definitions of feminine and masculine.

## Why do we need this term?

Not everyone who exists outside of stereotypical gender norms identifies as transgender.

# GENDER IDENTITY

One's innermost concept of self as male, female, a blend of both or neither - **how individuals perceive themselves** and what they call themselves.



Source: Human Rights Campaign  
"Glossary of Terms"

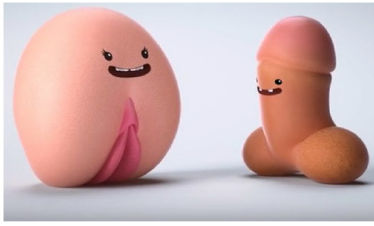
# GENDER EXPRESSION

The way in which a person acts to communicate gender within a given culture.

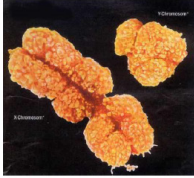
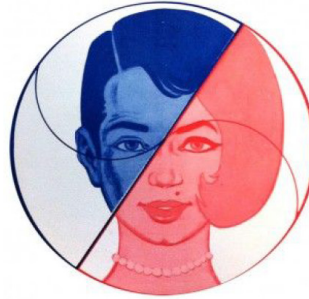
"Clothing is the unconscious language of the spirit and clearly expresses itself all the more when the tongue is condemned to silence." - Emanuel Herman, 1910



## GENITALS DO NOT DEFINE GENDER (NEITHER DO CHROMOSOMES)



≠



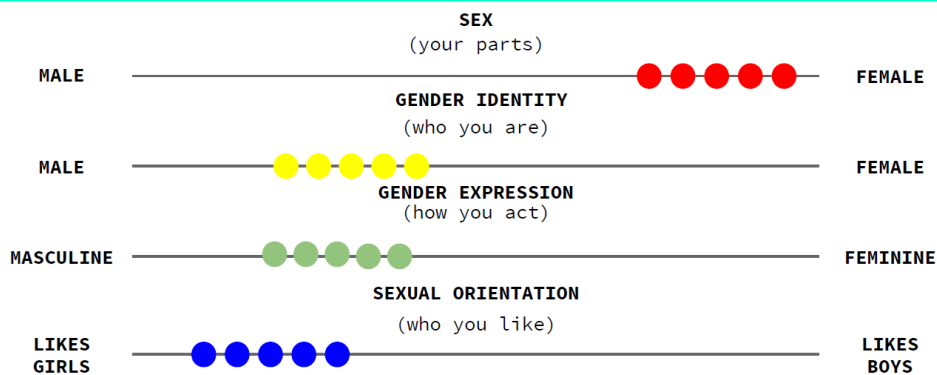
## GENDER IS NOT YOUR SEXUAL ORIENTATION

- Gender Identity does **not** define Sexual Orientation
- Sexual Orientation describes to whom a person is *romantically attracted*



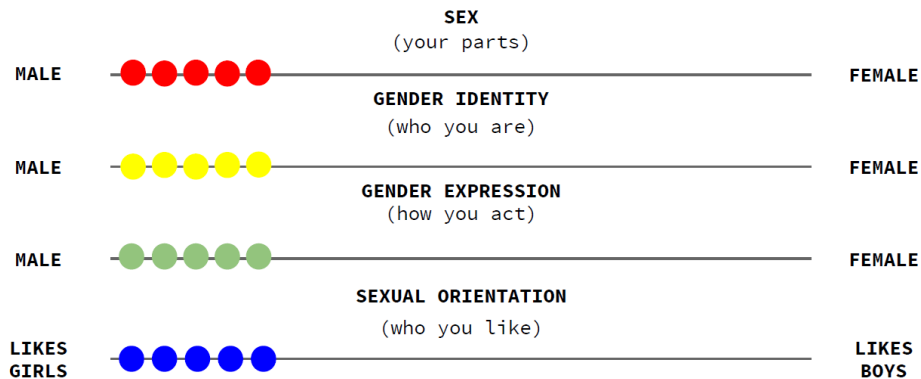
WHOM YOU LOVE

## GENDER ABACUS: HEATHER





## GENDER ABACUS: JOHN



## LANGUAGE

- Our current lexicon is not adequate to describe everyone's experience
- Language is a moving target
- Individualized, impacted by culture
- Providers have to keep up with it in order to be credible to our clients
- Google it



## THE GENDER BINARY AS A BEDROCK



- People's need for us to "close the gender loop"
- People have an intense urge to categorize things in an attempt to understand
- What if your own experience of your gender doesn't fit into the available categories?

## GENDER DYSPHORIA IN CHILDREN

DSM-V 302.6

- 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 (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 the wearing of **typical feminine clothing**

## GENDER DYSPHORIA IN CHILDREN

DSM-V 302.6

3. **A strong preference for cross-gender roles in make-believe play or fantasy play.**
4. **A strong preference for the 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.**

## GENDER DYSPHORIA IN CHILDREN

DSM-V 302.6

7. A strong dislike for one's sexual 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.**



## GENDER DYSPHORIA (A MORE USEFUL DEFINITION)

- Widely described and experienced as PERSISTENT physical/emotional and/or psychological distress due to discomfort with one's assigned sex.
- For young kids **PERSISTENT, INSISTENT, CONSISTENT**
- Gender Dysphoria is NOT always experienced or expressed as being related to one's genitals or secondary sex characteristics.

## GENDER DYSPHORIA CAN ALSO LOOK LIKE...

- Depression
- Anxiety
- Suicidality
- Social Isolation
- Self-Harm
- High Risk Sexual Behavior
- Maladaptive Coping



## COMING IN BEFORE COMING OUT

- “We” often *misread* social isolation
- Discovering language that describes your experience can be powerful
- The internet can provide kids with access to a whole world of affirming information
- Online support can be *really* important
  - May be the only allies a kid has
  - Especially important for rural and/or isolated youth

## VIDEO: GROWING UP TRANS

## GENDER NOISE ACTIVITY



## APPROACHES TO CARING FOR TRANSGENDER AND/OR GNC KIDS

### **Reparative Therapy**

- THIS IS ILLEGAL IN CALIFORNIA (and other states)
- Punitive approach to gender non-conformity
- Behavior modifications
- Pathologizing
- Psychiatric referral/multiple specialists
- Inappropriate use of psychotropic medications to reduce symptoms of gender dysphoria

# APPROACHES TO TRANSGENDER AND/OR GNC KIDS

## The “Wait and See” Approach

- Redirecting Activities
  - “Boys play with trucks, not dolls.”
  - Whose need is this?
- Behavior Modification
  - Punishment or Reward for how child is performing gender
  - Can result in feelings of shame/internalized transphobia
- Selective Expression
  - “You can wear dresses at home, but not in public”
  - A relief to parents, but not necessarily to the child

# APPROACHES TO TRANSGENDER AND/OR GNC KIDS

## Affirmative Model

- The process by which individuals are affirmed in their gender identity through social, peer, familial, medical, and legal interactions.
- Follow the child - **what else is there to do?**
- Trusting kids to tell us who they are
- Not forcing the gender binary onto kids
- Social Transition

# SOCIAL TRANSITION

- Outward expression of person’s internal sense of gender
- Living in asserted gender
- Whatever that means to the child
- Clothes, hairstyle, names, pronouns
- **100% REVERSIBLE**
- Can be a very different experience for transmasculine vs. transfeminine youth
- Can be a very different experience depending on age - whether youth has started/completed puberty
- Not always a necessary “first step”

## MEDICAL INTERVENTIONS

- **Puberty Blockers** – GnRH analogues (FULLY REVERSIBLE)
  - Have been used for a long time to treat precocious puberty
  - “Buy time” and avoid reactive depression at the same time
  - Prevention of unwanted secondary sex characteristics
  - Future surgeries potentially prevented
  - Psychotherapy is facilitated when distress is eased
- **Cross-Sex Hormones** – (PARTIALLY REVERSIBLE)
  - Masculinize or feminize the body
  - Improve quality of life
  - Improve body esteem
  - Decrease gender dysphoria (but don’t necessarily eliminate it)
  - Diminish anxiety, depression, decrease high risk behaviors
  - Goal is peer concordant puberty

## MEDICAL INTERVENTION (CONTINUED)

- **Surgery** – (NOT REVERSIBLE)
  - “Top Surgery”
  - Facial Feminization, tracheal shave, electrolysis
  - Genital Surgery
  - Access is extremely limited, even if you have \$
- **No trans medical care recognized by the FDA**
  - Leads to limited access
  - A reflection of the general climate around trans issues
  - Not a reflection of the actual safety of these interventions

## BENEFITS OF EARLY MEDICAL INTERVENTION

- Improves family functioning, school performance
- Prevents suffering and risk taking
- Leads to social change and improves quality of life
- Spares surgical interventions
- Affords gender concordant puberty
- Gift of SELECTIVE DISCLOSURE

## RISKS OF WITHHOLDING MEDICAL TREATMENT FOR ADOLESCENTS

“Refusing timely medical interventions for adolescents might prolong gender dysphoria and contribute to an appearance that could provoke abuse and stigmatization. As the level of gender-related abuse is strongly associated with the degree of psychiatric distress during adolescence (Nuttbrock et al., 2010), withholding puberty suppression and subsequent feminizing or masculinizing hormone therapy is not a neutral option for adolescents.”

WPATH Standards of Care 2012

## GATEKEEPER MODEL

- Based on the assumption that a mental health professional could “know” someone’s gender better than they do
- Has historically required trans people to endure years of mandated therapy, social transition without aid of HRT, psychological testing, etc to access medical intervention
- Can be a significant barrier to trans people accessing care
- Can lead to trans people doing whatever they need to do to get what they need (black market HRT, plastic surgery)
- Insurance companies and some MDs still ask their patients to provide letters from therapists (you may be asked to provide a letter)

## GATEKEEPER VS. INFORMED CONSENT APPROACH



- Kids will tell you what they think you need to hear in order to access what they need (transcript)
- Plastic Surgery
  - You don’t need a doctor’s note to get it
- False assumption that someone else knows your gender better than you
- We tend to “front-load” mental health with trans kids
  - Turns people off from accessing it later when they probably need it more
- Therapy is an option NOT a requirement
  - But some medical providers and insurance companies try to require it

## THINGS KIDS DON'T TALK ABOUT IN A GATEKEEPER MODEL

- Discussion and disclosure about trauma history
  - “If I disclose my trauma history, are you going to assume that it caused me to be trans?”
- Ambivalence towards transition
  - “If I share any worries or feelings of ambivalence, will you refuse to support my transition?”
- Sex, sexuality, and gender identity
  - “If I tell you that I don't 100% hate my genitals will you question whether I'm *really trans*?”
  - People can have both dysphoria and experience pleasure from genitals

## ROLE OF MENTAL HEALTH PROVIDERS - WHO CAN PROVIDE “GENDER THERAPY”?

### World Professional Association of Transgender Health (WPATH)

#### Standards of Care

- Master's degree in clinical behavioral science field
- Competency in using the DSM and or ICD for diagnostic purposes
- Documented supervised training in psychotherapy or counseling
- Trained in developmental psychopathology
- Competent in diagnosing & treating ordinary problems of children/adolescents
- Knowledgeable about GNC identities and expressions, and the assessment & treatment of gender dysphoria
- Continuing education in the assessment & treatment of gender dysphoria
- Ability to recognize & diagnose coexisting mental health concerns and distinguish them from gender dysphoria

## WHAT DOES THERAPY LOOK LIKE?

### Therapy is...

- Creating a safe space for clients to share their authentic selves - ***maybe for the first time***
- Creating a safe space for clients to talk about their gender transition - ***maybe the only space***

### Therapy is not...

- Asking people to prove their gender to you (or to themselves)
- An assessment or evaluation of one's gender identity or right to medically transition (what are you assessing? And why are you assessing it?)



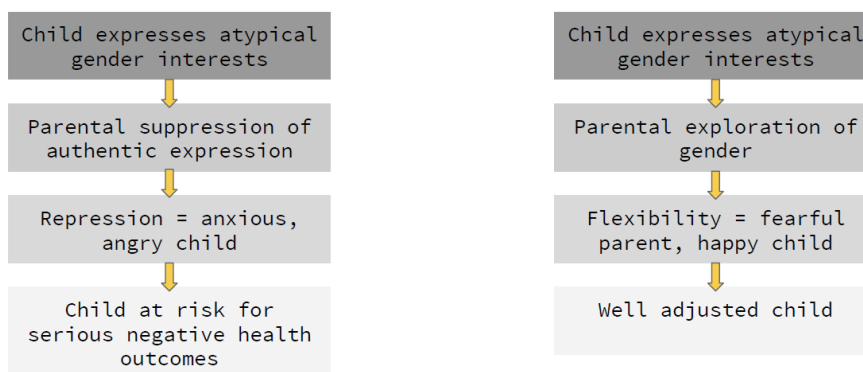
**“Therapy for trans people is a process of preparing for a world that is not prepared for them.”**

–Johanna Olson-Kennedy

## ROLE OF MENTAL HEALTH PROVIDER

- Holding Space
- Gender Fatigue
  - Parents, friends get tired of talking about gender
- Gender Journey vs. “When did you know you were trans?”
- Letters for Accessing Medical Treatment
- Advocates and Educators
  - Legal Rights, Name Changes, etc.
  - Schools
  - Advocating with medical providers
- Rehearsal
  - How to handle the world not supporting you
  - Safety First, Safety Last

## PARENTS - EFFECTS OF PARENTAL RESPONSES



## PARENTS

The number one need for transgender and GNC youth is the support of parents.

“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 in this group (Olson, et al., 2016).”

## PARENTS NOT AFFIRMING/DISAGREE WITH ONE ANOTHER

What it looks like: **FEAR**

- *“Please tell us it’s just a phase.”*
- *“How can a child know?”*
- *“What if we’re wrong?”*
- *“This isn’t the future I imagined”*
- *“Will anyone ever love them? Will they ever get married?”*
- *“What will people think?”* Family, friends, community
- Religion, culture
- *“Will people try to hurt my child?”*
- *“What will people think about me as a parent?”*

## HOLDING SPACE FOR PARENTS

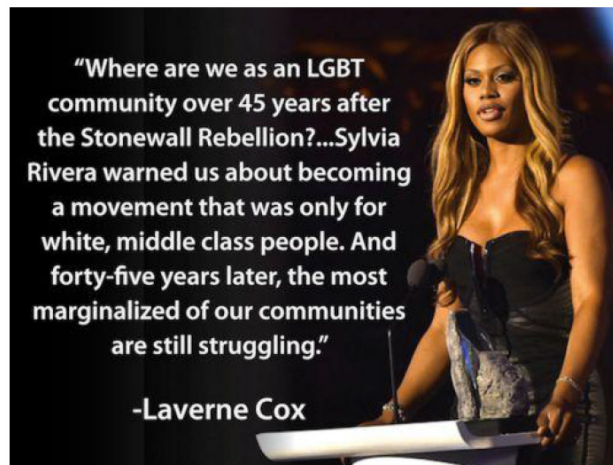
- Trans/GNC youth is NOT the identified patient
- Parents have gender noise too
- Exploring “whose need is this?”
- “What’s the **there**, there?”
- Space for parents to have authentic reaction away from youth
- Parent Support Groups are **ESSENTIAL**
- Education
  - Genitals don’t define Gender; Gender & Sexual Orientation are different
  - Laws, resources, advocacy
- Some parents need us to give them permission
  - Let them wear the dress to school

## MICROAGGRESSIONS

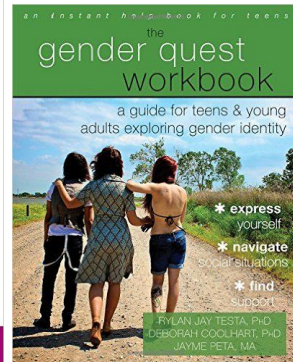
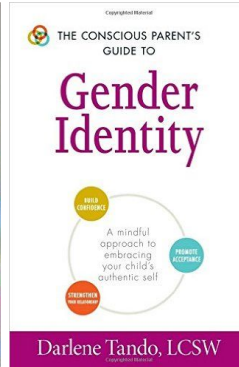
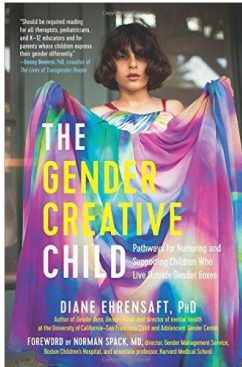
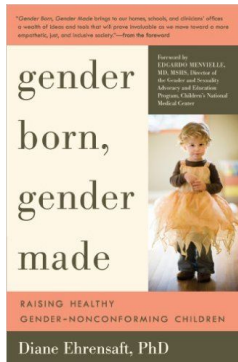
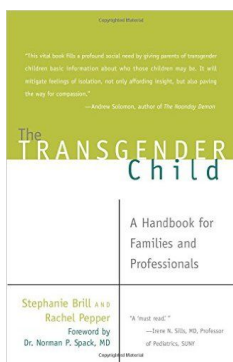
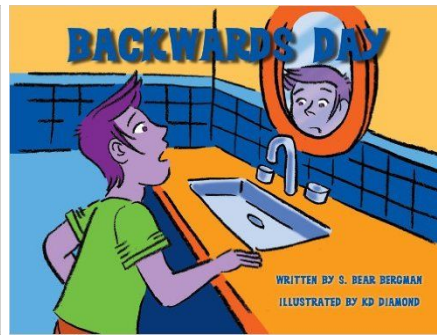
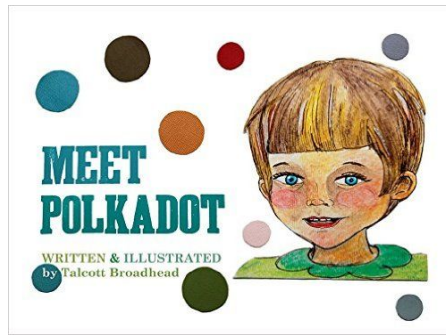
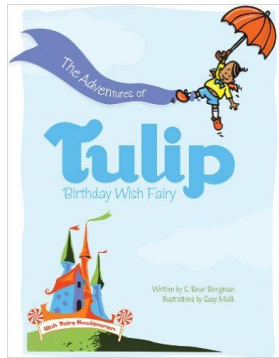


Source: GLAAD

## FINAL THOUGHTS



# TRANS/GNC RESOURCES



## SAN DIEGO RESOURCES:

**Transfamily Support Services:** <http://www.transfamilysos.org> Family coaching, support groups, education system guidance, medical system guidance, legal system guidance, referrals to other services.

**North County LGBT Center:** <http://www.ncresourcecenter.org> Advocacy, support groups, therapy, linkage to other services.

**San Diego LGBT Community Center:** <http://www.thecentersd.org/programs/transgender-services> Support groups, therapy, linked to other services.

**Darlene Tando, LCSW:** <http://www.darlenetando.com> therapist, activist, author.

**Rady's Gender Management Clinic:**

<http://www.rchsd.org/programs-services/endocrinology-diabetes/services/gender-management-clinic>

## NATIONAL RESOURCES:

**Transgender Law Center:** <http://transgenderlawcenter.org>

**World Professional Organization for Transgender Health:** <http://www.wpath.org>

**Genderspectrum.org:** <https://www.genderspectrum.org>

**Human Rights Campaign:** <http://www.hrc.org/issues/transgender>

## OTHER TOOLS AVAILABLE ON DRIVE:

Worksheets, bathroom rights, education rights, APA guidelines, coming out workbook.