



UTAH CENTER  
FOR EVIDENCE BASED  
TREATMENT

# Working with Transgender and Gender Expansive Youth

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Sloan Strike, PhD

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# Today's Objectives

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Address commonly held myths regarding transgender and gender expansive youth.

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Learn about gender development

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Reviewing the changing terminology around gender

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Understand the minority stress that may accompany the trans experience and impact mental health (statistics)

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Risk and resilience

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Discuss gender affirmative care

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Resources

# Where to get information?

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- **The World Professional Association for Transgender Health (WPATH)** -A non-profit, interdisciplinary professional and educational organization devoted to transgender health. WPATH promotes the highest standards of health care for individuals through the articulation of Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, or SOC.
- **PFLAG** - Made up of parents, families, friends, and allies uniting with people who are lesbian, gay, bisexual, transgender, and queer (LGBTQ), PFLAG is committed to advancing equality through its mission of support, education, and advocacy
- **GLAAD** – organization that advocates for the LGBTQ community in the media, provides up-to-date resources for journalists
- **Trans Student Educational Resources (TSER)** - a youth-led organization dedicated to transforming the educational environment for trans and gender nonconforming students through advocacy and empowerment
- **It Gets Better Project** - nonprofit organization with a mission to uplift, empower, and connect lesbian, gay, bisexual, transgender, and queer youth around the globe
- **National Center for Transgender Equality** - advocates to change policies and society increase understanding and acceptance of transgender people.
- **Lambda Legal - Non-profit legal organization working with LGBTQ community members**

# Myths and Facts

**Children may not be old enough to know about their gender identity.**

- False

**Someone is not transgender unless they undergo a medical transition.**

- False

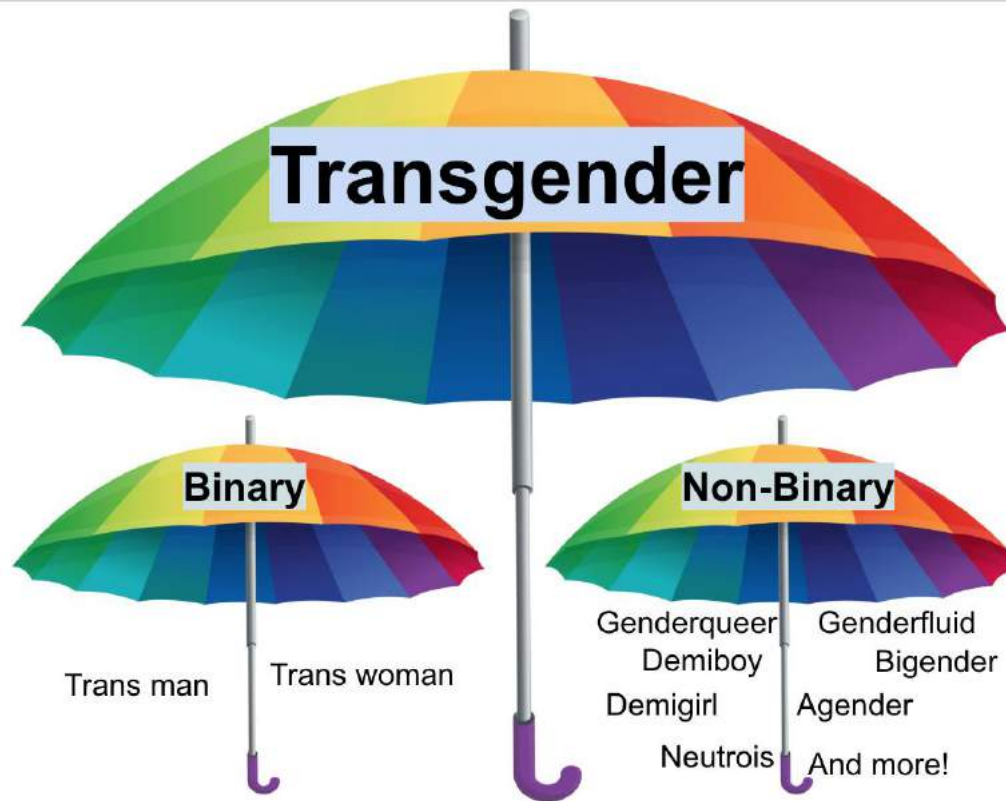
**If someone transitions socially as a child or adolescent they are likely to “desist” or regret transitioning.**

- False

**You need to have gender dysphoria to be considered transgender.**

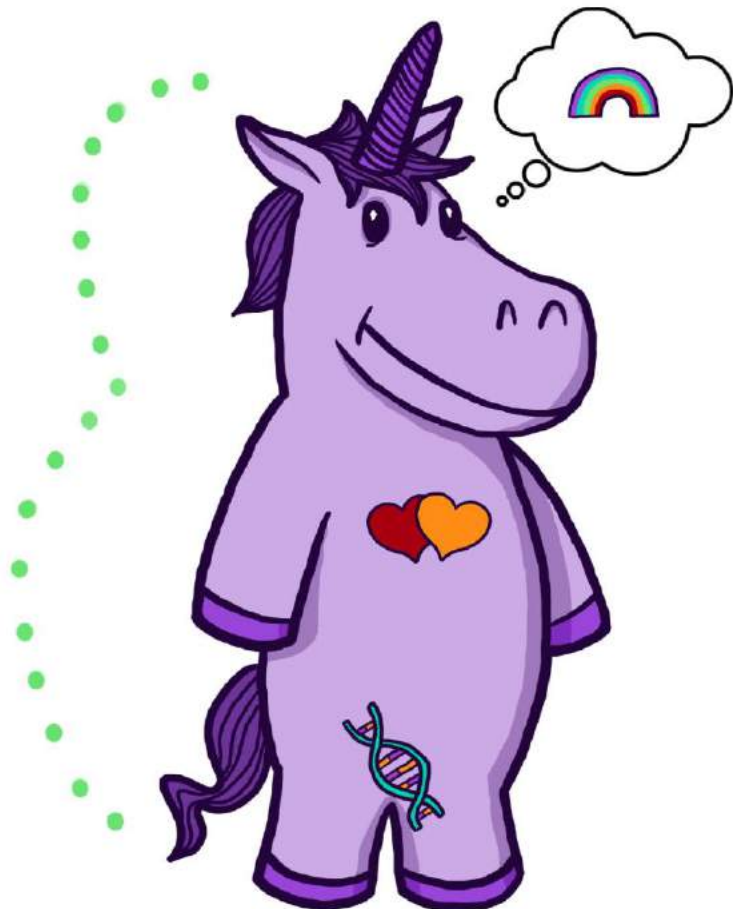
- False

# Transgender as an Umbrella Term



# The Gender Unicorn

Graphic by:  
**TSER**  
Trans Student Educational Resources



## Gender Identity



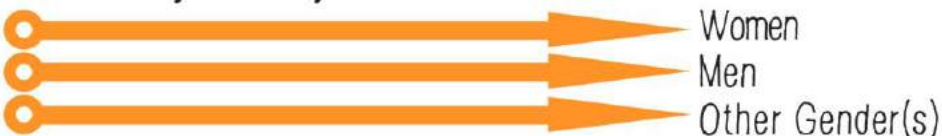
## Gender Expression



## Sex Assigned at Birth



## Physically Attracted to



## Emotionally Attracted to



To learn more, go to:  
[www.transstudent.org/gender](http://www.transstudent.org/gender)

Design by Landyn Pan and Anna Moore

# Terminology

**Cisgender:** Describes a person whose gender identity aligns in a traditional sense with the sex assigned to them at birth.

**Gender dysphoria:** A concept designated in the *DSM-5* as clinically significant distress or impairment related to a strong desire to be of another gender, which may include desire to change primary and/or secondary sex characteristics. Not all transgender or gender diverse people experience dysphoria.

**Nonbinary:** Person who identifies as neither male or female. These individuals may go by they/them, ze/hir, or other gender-neutral pronouns.

**Intersex:** a term used for an individual born with a combination of male and female biological characteristics (chromosomes, genitals, hormones, etc).

**Transition:** The process of shifting toward a gender role different from that assigned at birth, which can include social transition, such as new names, pronouns and clothing, and medical transition, such as hormone therapy or surgery.

# Terminology

- **Gender expansive:** Those whose gender in some way is seen to be stretching society's notions of gender. Gender-expansive individuals include those with transgender and non-binary identities
- **Gender exploring:** Describes an individual whose gender identity is unclear and has an unclear desire of socially transitioning

*How do I know if my child is transgender, as opposed to gender expansive?*



PROBLEMATIC	PREFERRED
<p>"transgenders," "<b>a transgender</b>"</p> <p><i>Transgender</i> should be used as an adjective, not as a noun. Do not say, "Tony is a transgender"</p>	<p>"transgender people", "a transgender person" For example, "Tony is a transgender man"</p>
<p>"transgendered"</p> <p>An "-ed" suffix adds unnecessary length to the word and can cause tense confusion and grammatical errors. This also keeps it in alignment with lesbian, gay, bisexual, and queer.</p>	<p><b>"transgender"</b></p>
<p>"transgenderism"</p> <p>This is not a term commonly used by transgender people. This is a term used by anti-transgender activists to dehumanize transgender people and reduce who they are to "a condition."</p>	<p>"being transgender" or <b><i>"the transgender community"</i></b></p>
<p>"sex change," "pre-operative," "post-operative"</p> <p>Using these terms inaccurately suggests that a person must have surgery in order to transition. Avoid overemphasizing surgery when discussing transgender people or the process of transition.</p>	<p><b>"transition"</b></p>
<p>"biologically male," "biologically female," "genetically male," "genetically female," "born a man," "born a woman"</p> <p>Problematic phrases like those above are reductive and overly-simplify a very complex subject.</p>	<p><b>"assigned male at birth," "assigned female at birth" or "designated male at birth," "designated female at birth"</b></p>
<p>"passing" and "stealth"</p> <p>These terms are problematic because "passing" implies "passing as something you're not," while "stealth" connotes deceit.</p>	<p><b>"visibly transgender," "not visibly transgender"</b></p>



# Gender Development

*What is the most common question that parents may ask regarding gender identity?*

## **Gender identity typically develops in stages:**

- **Around age 2: Basic gender identity**
  - Children become conscious of the physical differences between boys and girls.
- **By age 3:** Most children can easily label themselves as either a boy or a girl.
- **By age 4 or 5: Gender stability**
  - Understand that their gender is stable over time, but do not yet understand that it is not changeable for others.
- **By age 6 or 7: Gender constancy**
  - Realize gender is stable across situation and time, see separation between genders occurring (e.g. preferred friendships).
- **Puberty/Adolescence**
  - Usually consolidated gender identity.

“Is this a phase?”

Key factors:

- Persistence, insistence, and consistency in how they convey their gender identity
- Using declarative statements such as “I am a boy (or girl)” rather than “I want to be (wish I were) a boy (or girl)”
- Significant distress about their body, leading to great distress when either undergoing pubertal changes in the “wrong” gender or when forced to present themselves as a gender that does not align with their internal sense of self

*“A young gender-expansive child may outgrow the feeling, but for children whose gender-expansive identity has remained stable and unchanged beyond this age—insistently, persistently, and consistently— this will more than likely continue throughout life.*

*Regardless of the eventual outcome, the self-esteem, mental wellbeing, and overall health of a gender-expansive or transgender child relies heavily on family acceptance; receiving love, support, and compassion from guardians is crucial.” (Human Rights Campaign, 2012)*

# DSM-5 Criteria for Gender Dysphoria - Children

## Gender Dysphoria

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### Diagnostic Criteria

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#### Gender Dysphoria in Children

302.6 (F64.2)

- 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.
  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.
  7. A strong dislike of 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.

*Specify if:*

**With a disorder of sex development** (e.g., a congenital adrenogenital disorder such as 255.2 [E25.0] congenital adrenal hyperplasia or 259.50 [E34.50] androgen insensitivity syndrome).

**Coding note:** Code the disorder of sex development as well as gender dysphoria.

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# Risk and Resilience

**“I think that there is a high level of survival instinct in transculture in general. As transgender people, we have to be resilient. We have to be strong. Because when we say, “I am going ahead and making this transition,” well, we know we could lose everything—our family, our children, our friends, our employment, our places of worship, our standing in the community. And even in some cases, we could lose our lives.”**

*- Christine, a transgender woman and study participant*

(Singh, Hayes, & Watson, 2011)

# Minority Stress

## Mental Health Risks:

- Markedly higher rates of suicide
- Depression
- Eating disorders (in a desire to achieve weight and shape goals to align with their gender)
- Social anxiety can be more around the idea of being “found out” or “passing”
  - Fears are genuine and cannot be addressed by cognitive restructuring

## Experienced through:

- Bullying
- Violence, hate crimes
- Parental/family rejection
- Homelessness
- Unemployment
- Discrimination
- Exclusion, challenges in accessing health care

**It is well established that these environmental factors are what increase the risk for negative psychosocial outcomes and comorbidities of depression, anxiety, suicidal ideation, and self-harm**

(Testa, Jimenez, & Rankin, 2014; Reisner et al., 2015; Ybarra et al., 2014).

## TRANSGENDER STUDENTS IN SCHOOL

ALMOST **2%** OF HIGH SCHOOL STUDENTS IDENTIFY AS **TRANSGENDER**



## TRANSGENDER STUDENTS FACE HEALTH RISKS



**27%** FEEL UNSAFE AT OR GOING TO OR FROM SCHOOL



**35%** ARE BULLIED AT SCHOOL



**35%** ATTEMPT SUICIDE

## SAFE AND SUPPORTIVE SCHOOLS CAN HELP!

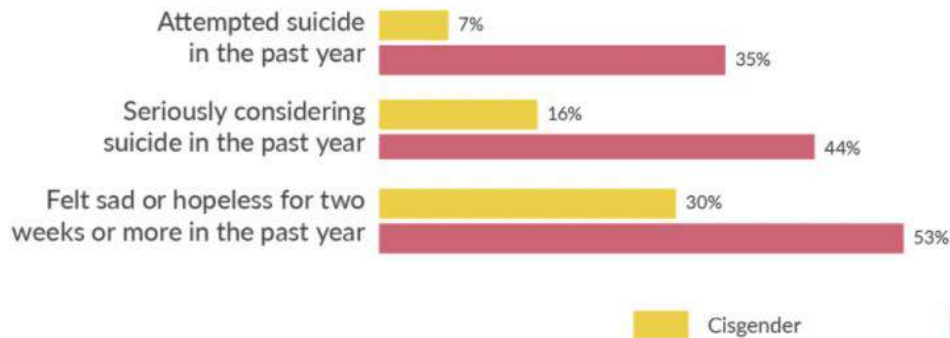
- **CREATE AND ENFORCE ANTI-BULLYING POLICIES**
- **IDENTIFY AND TRAIN SUPPORTIVE SCHOOL STAFF**



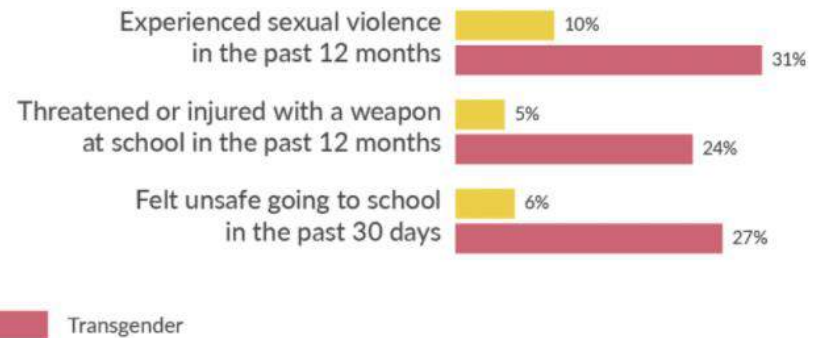
# Statistics

Johns, et al., 2019M. M., Lowry, R., Andrzejewski, J., Barrios, L. C., Demissie, Z., McManus, T., ... & Underwood, J. M. (2019). Transgender identity and experiences of violence victimization, substance use, suicide risk, and sexual risk behaviors among high school students—19 states and large urban school districts, 2017. *Morbidity and Mortality Weekly Report*, 68(3), 67.

## Depression & Suicidality



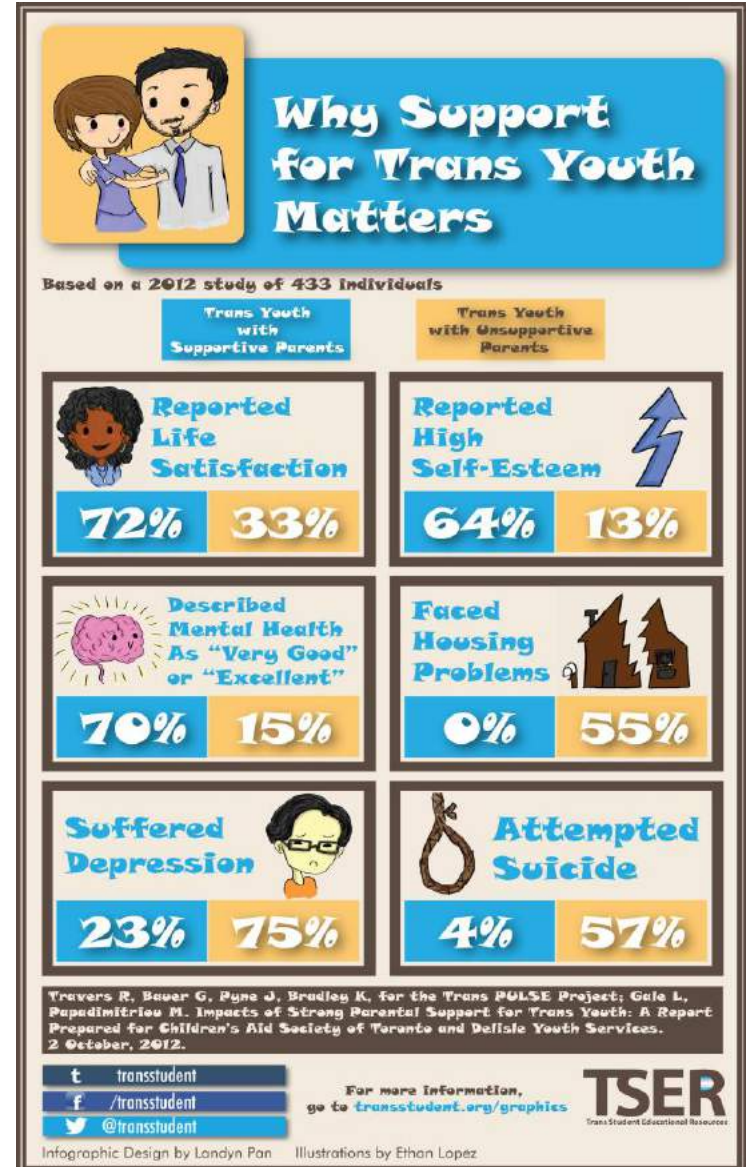
## Victimization





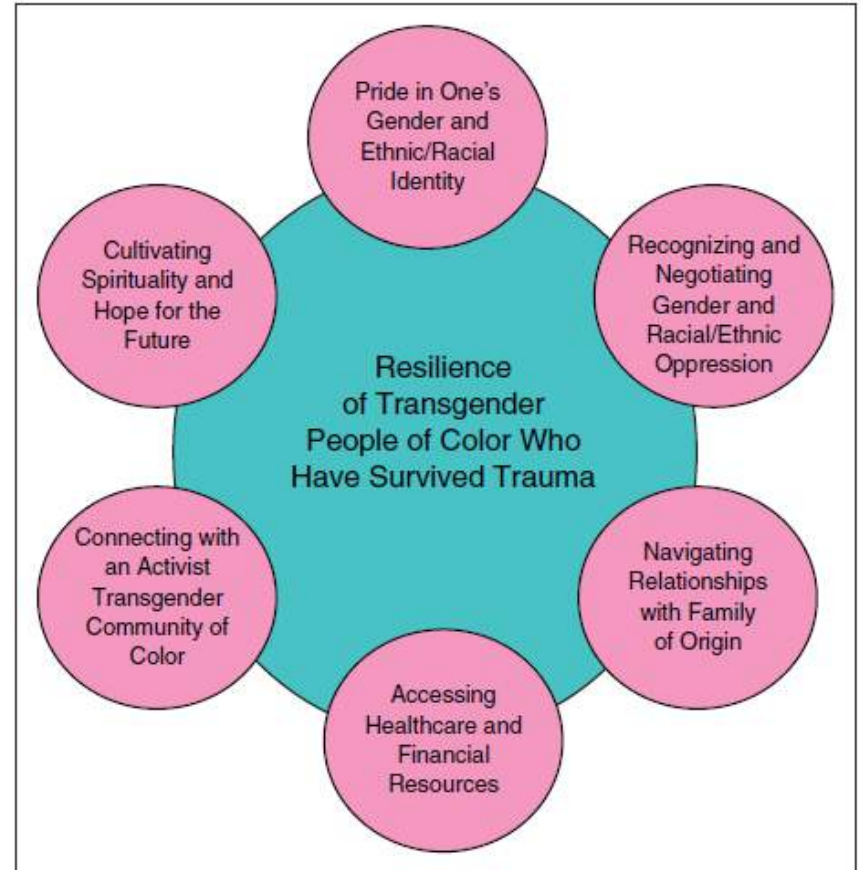
# Family Support

- Transgender youths who are supported by their parents have similar rates of mental health comorbidities to cisgender age matched peers (Busa, Janssen, Lakhman, 2018)
- LGBTQ youth who come from highly rejecting families are **8.4 times as likely** to have attempted suicide as LGBTQ peers who reported no or low levels of family rejection (Family Acceptance Project, 2009)



# Sources of Resilience

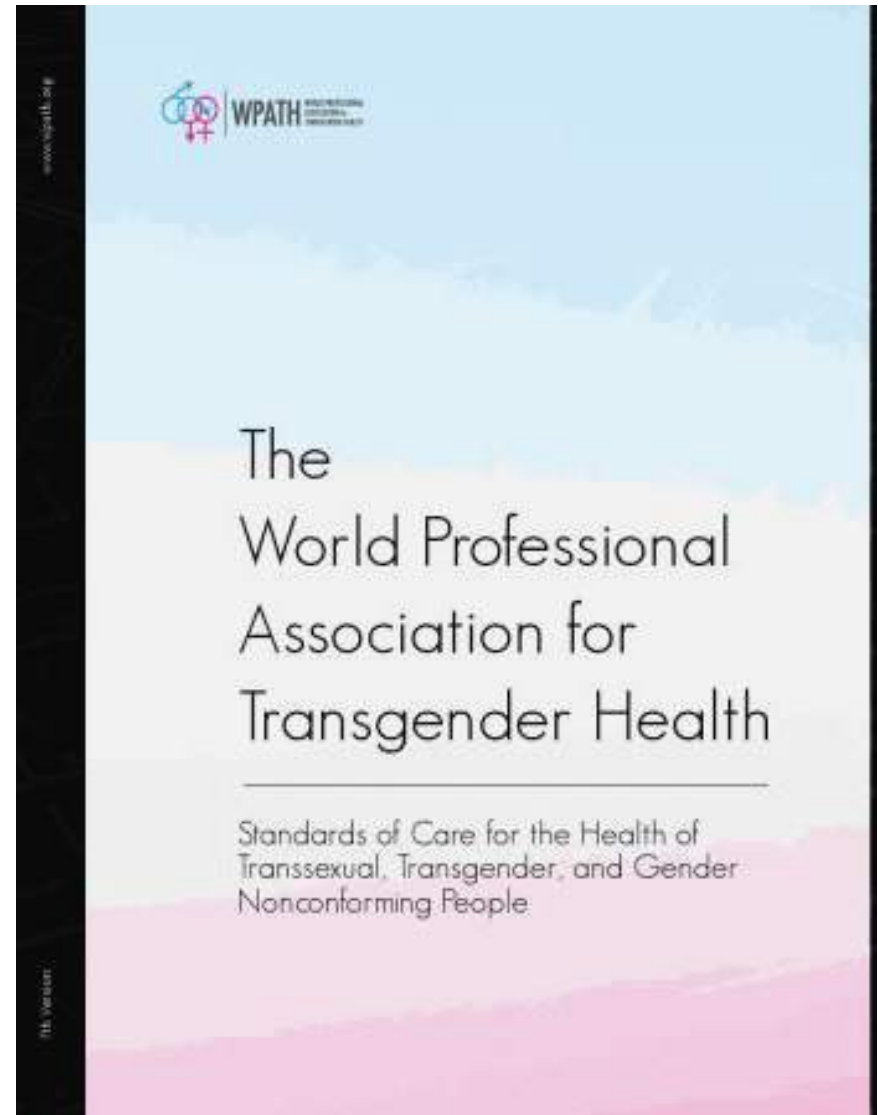
- Sense of mastery
- Perceived social support & membership in LGBTQ community
- Self-esteem & self-advocacy
- Access to a variety of coping strategies
- Evolution of self-definition in terms of both gender identity & racial/ethnic identity



**Figure 1.** Phenomenological model of the resilience experiences of transgender people of color who have survived trauma

# Clinical Guidelines

- World Professional Association for Transgender Health (WPATH) Guidelines
  - <https://www.wpath.org/publications/soc>
  - **From website:** The overall goal of the SOC is to provide clinical guidance for health professionals to assist transsexual, transgender, and gender nonconforming people with safe and effective pathways to achieving lasting personal comfort with their gendered selves, in order to maximize their overall health, psychological well-being, and self-fulfillment. This assistance may include primary care, gynecologic and urologic care, reproductive options, voice and communication therapy, mental health services (e.g., assessment, counseling, psychotherapy), and hormonal and surgical treatments. While this is primarily a document for health professionals, the SOC may also be used by individuals, their families, and social institutions to understand how they can assist with promoting optimal health for members of this diverse population.
- American Psychological Association Guidelines for Psychological Practice With Transgender and Gender Nonconforming People
  - <https://www.apa.org/practice/guidelines/transgender.pdf>



# Gender Affirmation through Social Interventions

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- Non-medical interventions – the child chooses:
  - Name
  - Clothing, hair, & other aspects of appearance
  - Activities, toys, & friends
  - Restroom, locker room, & dressing room
- We can help parents & caregivers to understand the power of these interventions to empower the child & build resilience

# Gender Affirmation through Gender Transitioning

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- Physical interventions for **adolescents**
  - Puberty suppressing hormones (fully reversible)
  - Hormone therapy (partially reversible)
  - Surgical procedures (irreversible)
- Physical interventions for **adults**
  - Hormone therapy (partially reversible)
  - Surgical procedures (irreversible)

# Gender Affirmative Care

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## Role of psychotherapy:

- Exploring gender identity, role, and expression
- Provide psychoeducation
- Addressing the negative impact of gender dysphoria and stigma on mental health
- Facilitating a coming out process
- Alleviating internalized transphobia
- Enhancing social and peer support
- Improving body image; or promoting resilience
- Treating co-existing mental health concerns



# Focusing on Known Sources of Resilience

Future  
orientation

Self-esteem

Autonomy and  
competence

Adult Support

Healthy  
Relationships  
with Peers

Belongingness

Coping Skills

Social  
connectedness

# Gender Affirmative Care

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- Be mindful of language (rather than opposite sex using “another gender”)
- Do not solely depend on the client to educate the therapist about trans issues/do not have them take on the burden of education
- Priority is physical/emotional safety and well-being
- There is no evidence that sexual orientation can be altered through therapy, attempts to do so maybe harmful
- Follow the latest standards of care (WPATH)
- After a thorough assessment, and meeting the WPATH standards of care, clinicians can write a letter of support for hormone therapy, genital reconstructive surgery, or other medically necessary interventions or treatment.



# Fostering an Affirming Home Environment

- Follow your child's lead
  - Listen and respond rather than guide, enforce, or force
- Be supportive and positive about your child's gender identity and expression
  - Use affirming name and pronoun
  - Support other changes in gender expression (hair, makeup, clothing)
  - Praise the child in a genuine manner
- Ask frequently about the child's experiences
- Provide unconditional support around their suffering
- Have a sense of humor
- Continue to set age-appropriate limits
- Provide accurate information and clarify unrealistic expectations
- Protect your child from harm
  - No tolerance for transphobia in your home

# Enhancing Parental Support

- Time frames
  - Guardians may not have the luxury of time to sort out feelings while their teen patiently waits. Finding timing and a path that works for both the adult and teen is important— and challenging.
- Two parents/guardians with legal custody are in dissent about how to proceed, medical consent needs to be reached
- Children and families are involved in activities that will likely be impacted by a gender transition (sports teams, dancing, theater, cheer leading, sleep away camp)
  - Children often face the dilemma of losing the opportunity to sustain an ability of talent vs. living the gender they embrace

## WHY IS FAMILY ACCEPTANCE SO IMPORTANT?

Research shows that trans youth with supportive families experience:

**52%** decrease in recent suicidal thoughts<sup>b</sup>

**46%** decrease in suicide attempts<sup>b</sup>



Significant increases in self-esteem and general health<sup>b</sup>



But only **27%** of trans youth say their families are very supportive.<sup>c</sup>

Fewer than half (43%) say they have an adult in their family they could turn to if they felt sad or worried.<sup>c</sup>



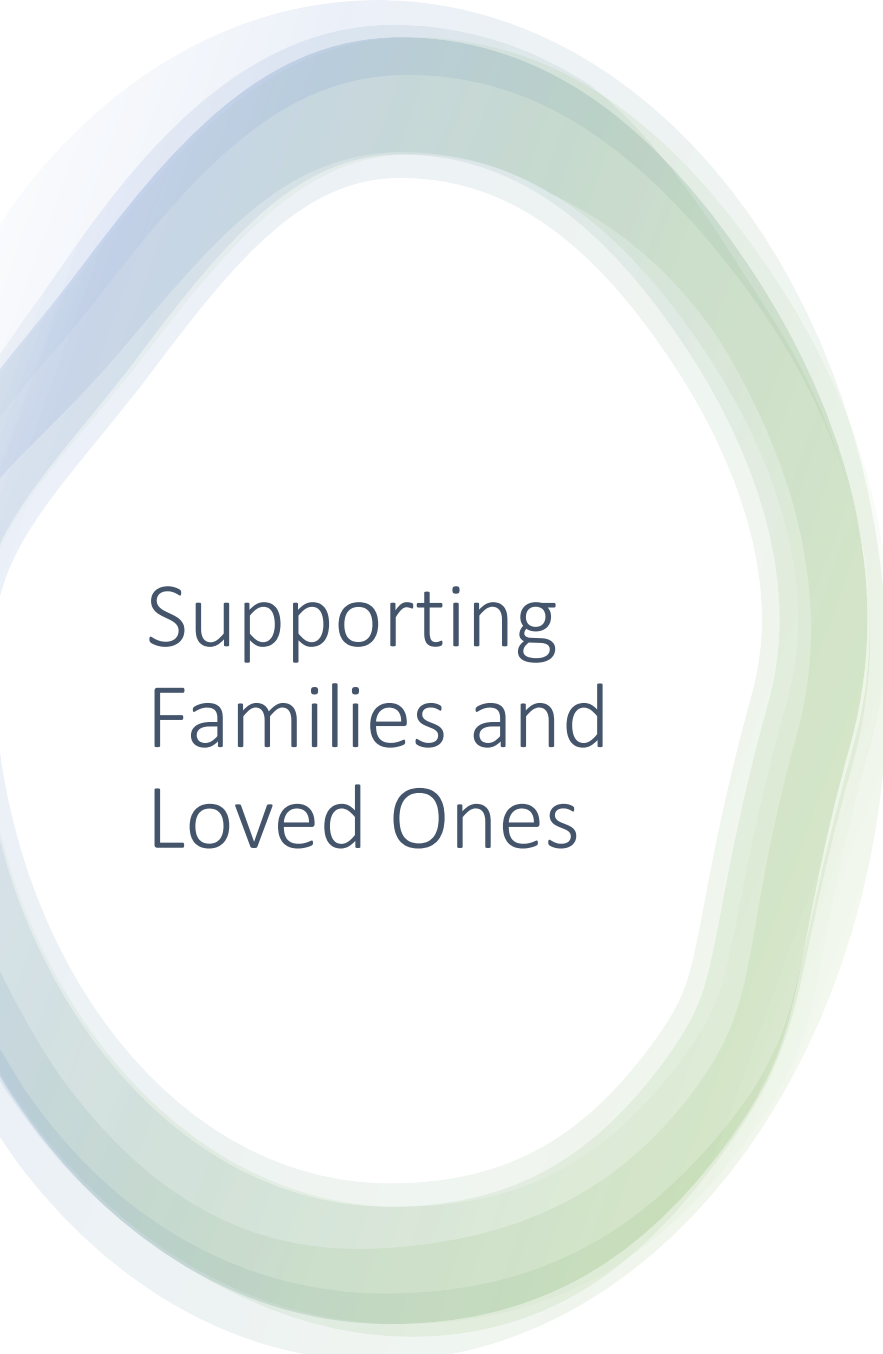


# Supporting Families and Loved Ones

***What is okay to ask and say—or not ask and say— when I learn that a person I know or care about is transgender?***

“I don’t want to make any assumptions about you or your experience” and then asking the question:

- What name/pronouns would you like me to use when addressing you?
- What can I do to better support or help you at this time?
- If someone asks me about your gender identity or gender expression, how would you like me to respond?
- Do you have support from other friends and family members?
- Is there anything that you’ve seen or read that you would like me to see or read?

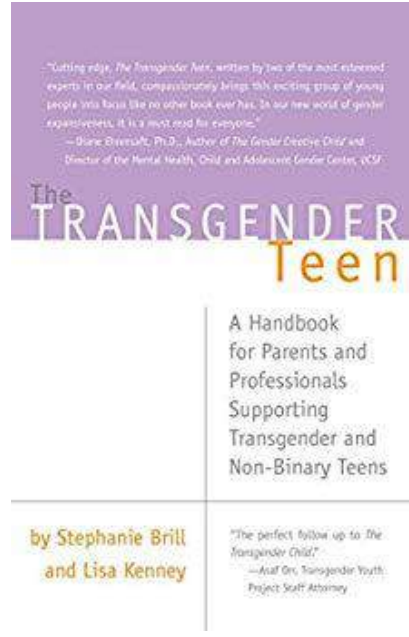
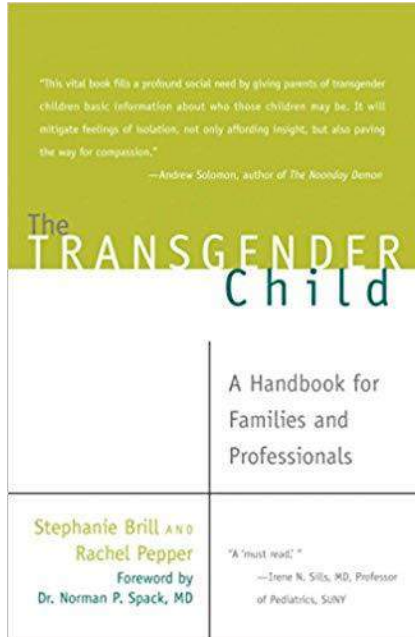


# Supporting Families and Loved Ones

## ***How to Be Respectful and Supportive of Non-Binary People***

- **You don't have to understand what it means for someone to be non-binary to respect them.** Some people haven't heard a lot about non-binary genders or have trouble understanding them, and that's okay. But identities that some people don't understand still deserve respect.
- **Use the name a person asks you to use.** This is one of the most critical aspects of being respectful of a non-binary person, as the name you may have been using may not reflect their gender identity. Don't ask someone what their old name was.
- **Try not to make any assumptions about people's gender.** You can't tell if someone is non-binary simply by looking at them, just like how you can't tell if someone is transgender just by how they look.
- **If you're not sure what pronouns someone uses, ask.**
- **Advocate for non-binary friendly policies.**
- **Understand that, for many non-binary people, figuring out which bathroom to use can be challenging.** For many non-binary people, using either the women's or the men's room might feel unsafe, because others may verbally harass them or even physically attack them. Non-binary people should be supported by being able to use the restroom that they believe they will be safest in.

# Suggested Reading



A COMPREHENSIVE RESOURCE FOR MENTAL HEALTH PROFESSIONALS, EDUCATORS & STUDENTS



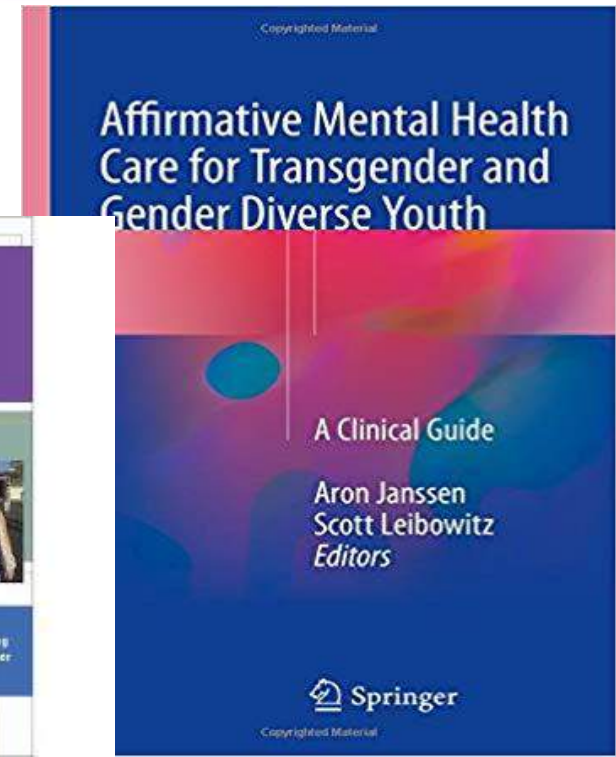
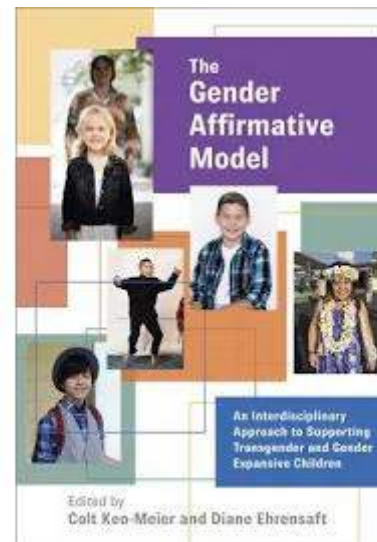
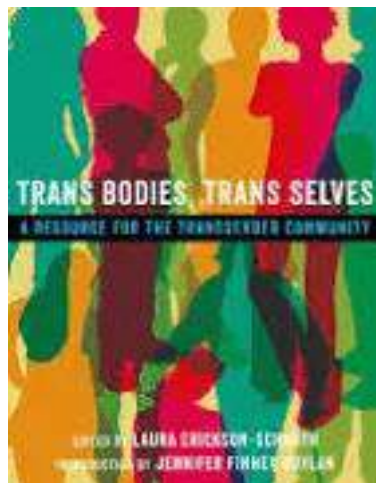
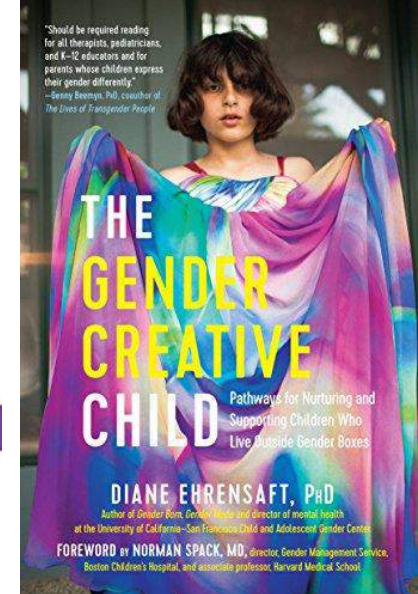
## A CLINICIAN'S GUIDE to GENDER-AFFIRMING CARE

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  
Iore m. dickey, PhD  
Foreword by Mira Krishnan, PhD, ABPP



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Gender Affirmation Surgery (GAS)  
Evaluations & Referral Letters

[www.ucebt.com/services/gender-affirmation-surgery](http://www.ucebt.com/services/gender-affirmation-surgery)

