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Webinar

Caring for young people experiencing gender dysphoria

Wednesday, 9th November 2016

“Working together. Working better.”

Supported by The Royal Australian College of General Practitioners, the Australian Psychological Society, the Australian College of Mental Health Nurses and The Royal Australian and New Zealand College of Psychiatrists

This webinar is presented by



Tonight's panel



A/Prof Michelle Telfer
Paediatrician



Dr Elizabeth Riley
Counsellor



A/Prof Campbell Paul
Psychiatrist



A/Prof Darren Russell
Sexual Health Physician

Facilitator



A/Prof Damien Riggs
Psychotherapist

Ground Rules



To help ensure everyone has the opportunity to gain the most from the live webinar, we ask that all participants consider the following ground rules:

- Be **respectful** of other participants and panellists. Behave as if this were a face-to-face activity.
- Post your **comments and questions** for panellists in the '**general chat**' box. For help with **technical issues**, post in the '**technical help**' chat box. Be mindful that comments posted in the chat boxes can be seen by all participants and panellists. This is a professional development activity and **all comments should be on topic**.
- If you would like to **hide the chat**, click the **small down-arrow** at the top of the chat box.
- Your feedback is important. Please **complete the short exit survey** which will appear as a pop up when you exit the webinar.

Learning Outcomes



Through an exploration of the case study, the webinar will provide participants with the opportunity to:

- Describe the general principles of providing a safe and supportive environment for young people seeking care for gender dysphoria
- Implement key principles of providing an integrated approach in the identification, assessment, treatment and support of young people with gender dysphoria
- Identify challenges, tips and strategies in providing a collaborative response to assist young people who have gender dysphoria and who are experiencing increased risk of depression, anxiety, self-harm, or suicide.

Paediatrician Perspective



Gender Dysphoria

- “Gender Identity Disorder” was first included in DSM-III in 1980, then in DSM-IV, ICD-10.
- Re-named “Gender Dysphoria” in DSM-5 in 2013.

DSM-5

- Gender dysphoria refers to the **distress** that may accompany the incongruence between one’s experienced or expressed gender and one’s assigned gender.
- The current term is more descriptive than the DSM-IV and focuses on **dysphoria** as the clinical problem and not **identity** per se.
- Although not all individuals will experience distress as a result of such incongruence, many are distressed **if the desired physical interventions (hormones and/or surgery) are not available.**



Michelle Telfer

Paediatrician Perspective



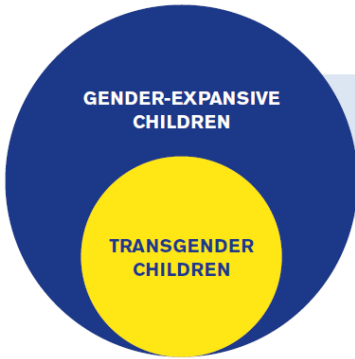
Incidence

- New Zealand Adolescent Health Survey (Youth 2012)
A national, cross sectional, population based survey of 8,166 secondary school students
 - 1.2% reported being transgender
 - 2.5% reported not being sure about their gender
 - 1.7% did not understand the question
- T.C Clark et al Journal of Adolescent Health 55 (2014) 93-99
- RCH clinic numbers are increasing: 170 new referrals received in 2015 and expected referral number for 2016 is 220.
- Western European and US specialist paediatric GD services report similar increases over the past 10 years.



Michelle Telfer

Paediatrician Perspective



- GENDER-EXPANSIVE CHILDREN**
 - Behavior, preferences or other traits are not gender-typical
 - Not necessarily distressed –except because of bullying or stigma

- TRANSGENDER CHILDREN**
 - Distressed about assigned sex and/or expected gender identity
 - May call for gender transition

Supporting and caring for transgender children.
American Academy of Pediatrics 2016

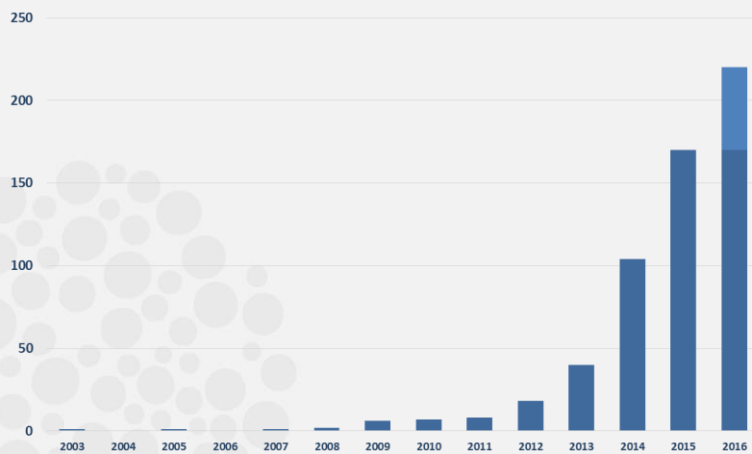


Michelle Telfer

Paediatrician Perspective



New referrals to the RCH Gender Service by year



Michelle Telfer

Paediatrician Perspective



Increasing social acceptance is reflected in celebrity culture



Michelle Telfer

A photograph of a woman sitting on a bed in a dimly lit room, holding a baby. A glowing pink lamp is on a bedside table next to her. The room has a window with a view of the night sky and some artwork on the wall.

“Being Me”
4 Comers ABC November 2014

“You don’t set out to measure these things but I can’t think of a more powerfully poignant story that I’ve introduced than this one. Nor can I think of one more capable of suspending prejudice and creating understanding. It’s about transgender children, the potential nightmare they have to confront, the lives that hang in the balance and a special brand of courage that is ultimately inspirational.”

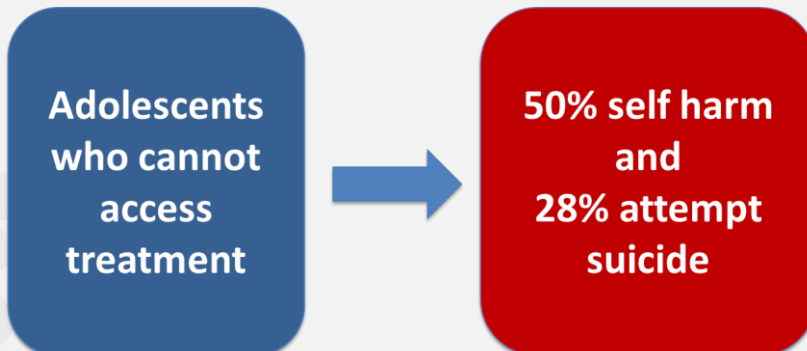
Kerry O’Brien, November 17, 2014

Paediatrician Perspective



Paediatrician Perspective

Why is it important that adolescents can access treatment?



Hillier L, Jones T et. al. (2010)



Paediatrician Perspective



Treatment

Published Treatment Guidelines:

1. The World Professional Association of Transgender Health (WPATH) Standards of Care Version 7

Published 2011

2. The Endocrine Society Clinical Practice Guidelines

Journal of Clinical Endocrinology and Metabolic Diseases Sept 2009

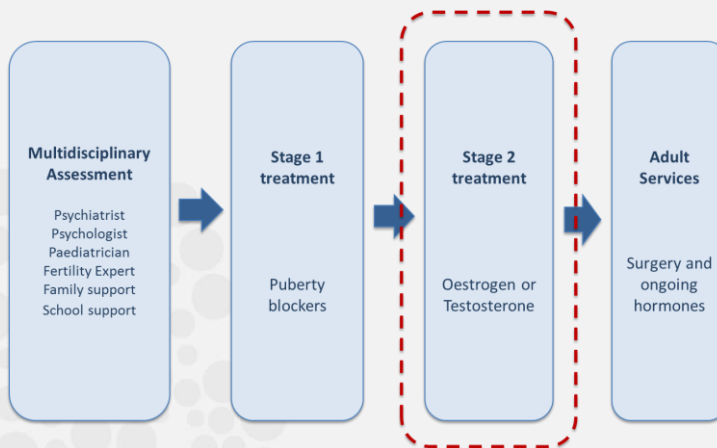


Michelle Telfer

Paediatrician Perspective



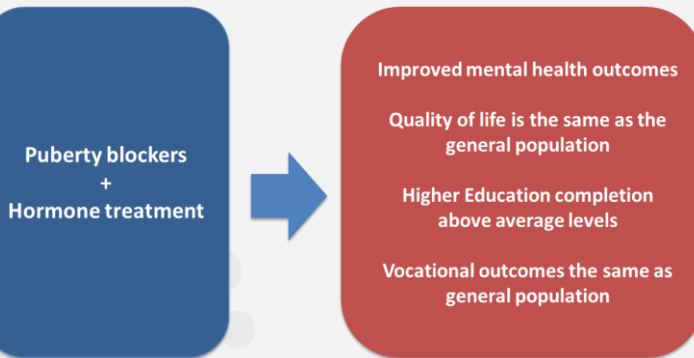
Medical treatment for gender dysphoria (Family Court approval required)



Michelle Telfer

Paediatrician Perspective

Adolescents with proper access to puberty blockers and hormone treatment



De Vries et al Paediatrics 2014



Counsellor Perspective

Assessment of Adolescents (Riley, 2015)

Purpose

- Gather understanding of gender, historically & currently
- See the worldview of the individual
- Reflection of understanding and perception
- Evaluate consistency
- Assess support
- Education & networks
- Depends on the age of the child



Counsellor Perspective

The Process

Paperwork & Introduction

- What do they want to get from this meeting?

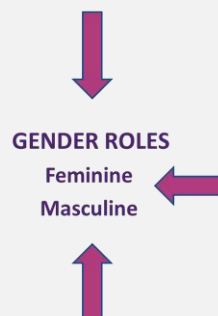
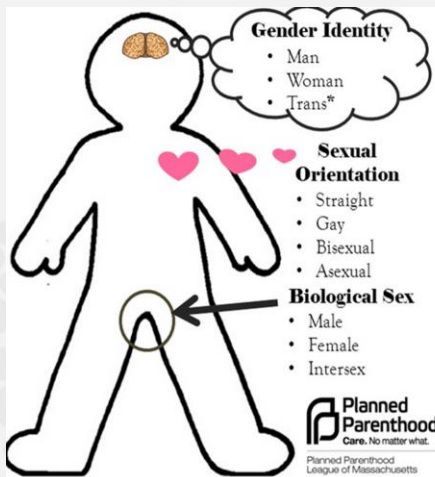
Begin with the parents

- Support & communication
- Relationship with child
- What do they know/understand?
- Resources & networks
- Understand their challenges
- Family?
- Acceptance?
- Time & information?
- Fears? etc.



Elizabeth Riley

Counsellor Perspective



Elizabeth Riley

Counsellor Perspective

Areas of Exploration

- Past counselling/support
- Family relationships
- Cultural/religious influences
- Weight, eating, sleeping
- Vivid or repetitive dreams
- Hobbies/interests
- Depression/self harm/MH
- Substance use
- Risk behaviour
- Bullying/abuse
- School
- Body awareness
- Puberty
- Sexuality
- Desire to have children
- Beliefs & awareness re:
 - Gender expression & diversity
 - Gender roles
 - Gender identity
 - Gendered behaviours
 - Gendered attributions
- Assess
 - Gender Dysphoria
 - Knowledge of trans
 - Pronoun/name preferences
- Disclosure
- Support



Elizabeth Riley

Counsellor Perspective

Parents & Adolescent

- Share relevant information with parents (with adolescent's consent)
- Discuss
 - Urgent issues
 - Adolescent's needs - heard, accepted, supported, safe, equal, expression
 - Next steps
 - Resources
 - Support
 - Referrals (where appropriate)



Elizabeth Riley

Counsellor Perspective



Specific to this Family

- Awareness of older siblings
- What myths/stereotypes they have
- Family members attitudes
- Explain the difference between non-conforming gender behaviour & gender dysphoria
- What has been their experience of this child
- Listen to their overwhelm, fears, anger, concerns for the future
- Regarding “god made them a boy and that can’t be changed”
 - Natural diversity
 - Catholic Schools Gender Diversity Training
 - Mental Health consequences
- Send them *Families in Transition*



Elizabeth Riley

Psychiatrist Perspective



How can we help Stevie, and their family?

- Stevie (a birth-assigned boy) demonstrates consistent
 - interest in stereotypic girls’ toys and clothing
 - insistent identity statement that they are a girl
 - prefers feminine name
- Consider the roles of:
 - the family doctor
 - the community psychologist
 - the specialist gender service clinician
- Objective is to support Stevie’s optimal emotional, social, cognitive and physical development through:
 - helping explore Stevie’s own experience of self
 - supporting parents to support Stevie



Campbell Paul

Psychiatrist Perspective

Young Children and Gender

- **Towards the end of their third year of life**, most young children are:
 - aware of the differences between male and female bodies,
 - their own gendered body, (de Marneffe, 1997).
- **Working with the therapist affirming stance**
- The Gendered self is explored by children
- The transgender **child** expresses:
 - Insistence
 - Consistence
 - Persistence
 - Identity Statements: *"I am a girl..."*, (cf *'I wish I was...a girl'*)
re gender identity behaviour and interests *From D. Ehrensaft*



The Australian Weekend Magazine 17.5.14. A mother writes about her "...gender nonconforming little boy..."



Campbell Paul

Psychiatrist Perspective

How does the child make an accommodation to body dysphoria...What pathways may a child take?

- Children with atypical gender expression:
 - A. **Transgender** firm consistent core identity
 - B. **Gender diverse/gender expansive children**
- Not all children expressing *gender diversity* will be transgender as they develop
- Parents and professionals should provide a supportive opportunity for the child to explore 'whom they are', enable curiosity, instil hope, provide a language
- Parents support child within their social context : transition may begin at home, then family before school
- No role for conversion therapy or forced change
- Work with parents distress and confusion
- Children's own ways of explaining :
 - 'Why was god joking when he made me?'*
 - 'when I am older I'll grow a penis'*
 - Or child suppresses thought and all discussion of gender and dysphoria
- *Child may expresses depression & behavioural problems*



Campbell Paul

Psychiatrist Perspective



Dimensions of 'cross-genderedness'

1. Identification

- Identity statements, identification figures, role play, fantasy play

2. Experience and preference of physical (sex) characteristics: the want for sexual characteristics of male or female

3. Clothes of identified gender

4. Energy and expenditure/rough-and-tumble, active play

5. Preferences of: peers/friends, toys, play and games, activities

6. Motor behaviour, speech and mannerisms

Cohen-Kettenis



Campbell Paul

Psychiatrist Perspective



Early 'Social Transitioning' "...change in social gender role"

- Affirming steps may include
 - name
 - clothing
 - appearance, hair
 - gender pronoun
 - school enrolment, identity documents
- Parents report major improvement in child's mood
- Inform family and friends, school, or maintaining privacy
- Important role for peer and family contact support group
- Some controversy, previously not recommended in young
- Reassure child can 'change back' (?risks and delicate process)
- Relatively recent practice
- **No intervention is an intervention, and may be harmful**
- **Depression (20%), & self harm are common if child unsupported**



Campbell Paul

Psychiatrist Perspective



Mental health assessment in the Gender Service

- A detailed developmental history
- History of gender identity differences
- Family functioning, history of mental health difficulties and acceptance of diversity in the family
- Mental health and current wellbeing
- Social skill development and social relationships
- Academic development and wellbeing at school
- Take a broad approach to assessment, such as play, toys, exploring drawings, letters or journals



Campbell Paul

Psychiatrist Perspective



“Prepubertal Gender Nonconforming Adolescent-Pre-Hormonal Intervention”

- Assess and clarify the diagnostic presentation by addressing the severity and/or intensification of gender dysphoria in the adolescent
- Assess readiness and eligibility criteria
- Facilitate a real-life experience while taking safety factors into account
- Educate regarding the effects of hormonal interventions
- Treat comorbid psychopathology within the context of gender identity
- Facilitate parental understanding and support of the adolescent and process
- Facilitate positive coping strategies to varying degrees of environmental invalidation
- Minimise components of environmental invalidation



Campbell Paul

Sexual Health Physician Perspective



Primary Care

- GPs are often the first port of call for parents with concerns about their child
 - Some sexual health clinics around the country may also be contacted
- Parents, school-based nurses, psychologists, child and youth mental health services, etc, may all contact the primary care provider



Darren Russell

Sexual Health Physician Perspective



Outside the big cities...

- Help for trans kids and teens outside the major cities is very patchy
- There are no dedicated centres for transgender health, though some clinicians do this work
- You need to ask around!



Darren Russell

Sexual Health Physician Perspective



Outside the big cities...

- Try sexual health clinics, child and youth mental health services, or contact transgender support services in the major cities
- In any event, the family will likely seek your ongoing support and advice...



Darren Russell

Sexual Health Physician Perspective

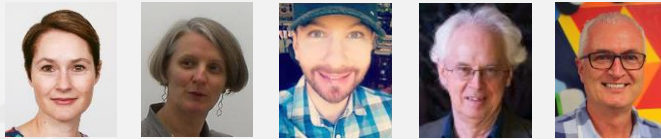


What we would do in Cairns...

- We would offer counselling through our psychologists to Stevie's family around their issues and concerns
- Arrange a referral to the Child & Youth Mental Health Service and the paediatric endocrinologist
 - We are fortunate to have interested clinicians in both services
- Await puberty!



Darren Russell



Q&A session

Thank you for your participation

- Please ensure you complete the *exit survey* before you log out (it will appear on your screen after the session closes)
- Certificates of Attendance for this webinar will be issued within two weeks
- Each participant will be sent a link to the online resources associated with this webinar within one week
- Our next webinar ***Understanding first episode psychosis*** will be held on Monday, 14th November 2016.

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**Thank you for your contribution
and participation**

Good evening