

# Helping Transgender Youth Thrive Angela Rowan, LICSW

Tuesday, February 11, 2020 12:00 PM to 1:00 PM Brattleboro, Vermont

This course will introduce participants to current thought about transgender youth and how to support them. Participants will learn about the surge in youth identifying as transgender, respectful language, how to provide supportive care, and what interventions most decrease risk for transgender youth.

### At the end of this learning event, participants will be able to:

- 1. Articulate the difference between gender identity, gender expression, and sexual orientation.
- 2. Name two ways to reduce health and mental health risks for transgender youth.

**Angela Rowan, LICSW**, is a clinical social worker with more than twenty years of experience working with LGBTQ+ youth and families and providing training on best practices for working with transgender people and families. She is currently the Clinical Manager of DBT Services at the Brattleboro Retreat. Angela lives with her gender diverse family in Western Massachusetts.



# Brattleboro Retreat

# Helping Transgender Youth Thrive

Presented by Angela Rowan, LICSW

Clinical Manager of DBT Services
Brattleboro Retreat

February 11, 2020

1.800.RETREAT www.brattlebororetreat.org

# **Agenda**

- Definitions & Language
- Why are there so many trans kids all of the sudden?
- Providing Support
- Evidence-Based Interventions



# LANGUAGE & DEFINITIONS



# **Definitions**



Refers to a person whose assigned sex at birth and gender identity do not match.

# Cisgender (adjective)

Refers to a person whose assigned sex at birth and gender identity do match.

"Cis-" means "on the same side."

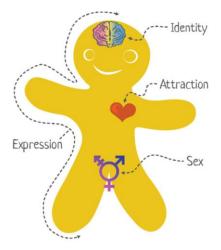


# The meaning of...

- NONBINARY: A person who identifies as neither entirely masculine nor entirely feminine; in between, both or perhaps neither
- GENDER FLUID: a changeable identity, feeling that one moves around on the gender spectrum
- AGENDER: A person who does not identify with any gender



# **The Genderbread Person**



Source: www.itspronouncedmetrosexual.com





# WHY ARE THERE SO MANY TRANS KIDS ALL OF THE SUDDEN?



# Why Are Kids Coming Out So Young?

- In the past, most LGBT people waited until they were adults to disclose their identity to others
- ...then the 1990s happened, and everything changed...
  - Media visibility from the AIDS crisis
  - The Internet
  - School diversity clubs, such as GSAs
  - LGBTQ+ youth groups in the community
- With greater access to resources, more LGBT youth started coming out during adolescence.



# **Can Someone Really Know At That Age?**



- Children develop & begin to express gender identity around 2-3 years old.
- This is true for both cisgender and transgender children.



# The "Desistence" Myth

- "I heard most kids grow out of it."
- Affirming the gender a youth identifies with at present carries far more benefits and less risk than blocking their gender identity or expression
- Who agrees with this?

National Association of Social Workers The Joint Commission
American Academy of Pediatrics American Psychiatric Association
American Psychological Association SAMHSA
American Academy of Child & Adolescent Psychiatry
World Professional Association for Transgender Health
Child Welfare League of America



# **Trans Identity: Is It a Phase?**

# The Myths

- Kids learn it from...
  - having a gay or trans friend,
  - watching media with gay or trans characters, or
  - reading books about gay or trans people,
  - ➤ Etc.
- "It's trendy right now."

### The Facts

- Dismissing a GLBTQ+ identity as a phase is invalidating and potentially damaging to relationships
- Understanding of gender identity can evolve across a lifetime
- Who cares if it's a phase?



# **The Myth of Transgender Regrets**

Less than 0.5% of transgender adults express regret about gender transition, including medical procedures.





# Why Are There So Many *Trans*Kids All of the Sudden?

- The Internet: more access & better information
- Less rigid views on gender & sexuality
- Less confusion about sexual orientation vs gender identity
- More likely to identify as transgender without first identifying as gay or lesbian
- More likely to receive family acceptance
   Proprietory Deriver

# **So What Makes Somebody Transgender?**





# **So What Makes Somebody Transgender?**

# Things That Won't Make You Trans:

- Sexual Abuse
- Overbearing mother & passive father
- Parents wanted a child of the opposite sex
- Penis envy

# What Probably Makes You Trans:

Biology

- Brain studies & pinky fingers
- Sexual differentiation of brain vs. body during fetal development
- Correlation with autism
- Cross-cultural & transhistorical presence of transgender people





# SUPPORTING TRANS YOUTH: THE BASICS



### **Names & Pronouns**

Use everyone's chosen name and pronoun. Make it standard practice to *ASK!* 

- This includes using gender-neutral pronouns (e.g. "they/them"—Shakespeare & Merriam-Wester Dictionary use it as a gender-neutral singular pronoun and so can you!!!)
- Never refer to a person as "it."
- Use the individual's name & pronoun even if that person's family or caregivers do not
- Make introductions of names and pronouns a routine part of group settings such as classes, activities, sports, or group therapy

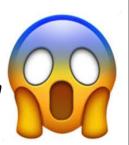


### **Names & Pronouns**

### Did you mess up?

- Apologize & move on
  - "I am sorry for using the wrong pronoun I did not mean to be disrespectful."
- Avoid over-apologizing
  - ➤ It draws (unwanted) attention
  - Patient may feel they were the cause of the problem
  - Patient may think they must take care of your feelings





# **Provide Safe Space**

- Bathrooms
  - ➤ Single-stall
  - Gender neutral
  - ➤ Inclusive signs
  - ➤ Each person may choose the bathroom where they are most comfortable
  - Do not force transgender patients to use the gender-neutral or single-stall bathroom

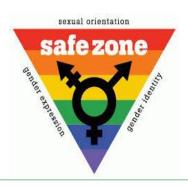






# **Provide Safe Space**

- Prominently post a non-discrimination statement where everybody can see it
- Provide visual cues
  - □ inclusive program materials
  - choice of art
  - □ "safe space" signs
  - □ rainbow flag decals, etc.





# **Privacy**

- An individual's status as a transgender person is protected health information under HIPPA.
- You must have a medically necessary reason if you ask about:
  - > social transition
  - > medical treatments
  - ➤ hormones
  - >surgeries, etc.
- Do not ask about a person's genitalia!





# EVIDENCE-BASED THERAPEUTIC INTERVENTIONS FOR TRANSGENDER YOUTH



# **Evidence-Based Therapeutic Goals**

Transgender Youth benefit from enhancing protective factors:

- □Connections to family
- □Connections to school
- ■Caring friends
- ■Social supports



(Poirier et al, 2014; SAMHSA 2014; Watson et al., 2017)



# **Evidence-Based Therapeutic Goals**

- □Improve coping with minority stress & discrimination
- ☐ Reduce social anxiety
- □ Address internalized sociocultural norms
  - Expectations around sexuality
  - o Expectations around gender identity & role

(Poirier et al, 2014)



# **Evidence-Based Therapeutic Interventions**

- □ Use Chosen Names & Pronouns
  - > Reduces suicide risk (Russell et al, 2018; SAMHSA 2014)
- Social Transition
  - Reduces depression & Anxiety (Olsen et al 2016; SAMHSA 2014)
- Suppress Puberty
  - > Reduces suicide risk (Turban et al, 2020)
- □ Screen for eating disorders (Watson et al, 2017)



# **Evidence-Based Therapeutic Interventions**

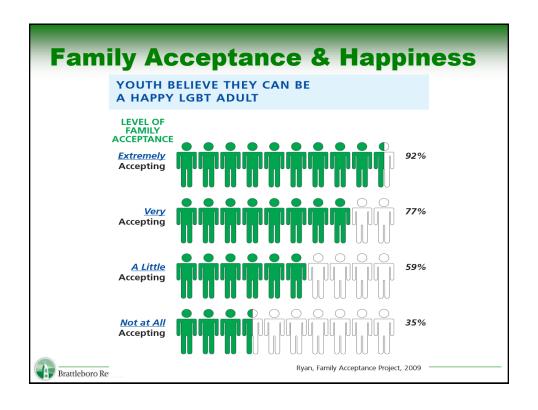
# **Pay Special Attention to Nonbinary Youth**

- Much less likely to have had medical intervention to affirm their gender
- Less likely to be living as the gender that affirms them
- Report significantly higher levels of stress than binary transgender youth

(Todd et al, 2019)







# Can it get even harder? Yes it can. Minority Stress can have cumulative effects, increasing the risks to LGBTQ+ youth of color Risk of rejection increases for youth who come from racial or ethnic groups that are rejecting of LGBTQ+ people Minority Stress can have a cumulative effects, increasing the risks to LGBTQ+ youth of color Risk of rejection increases for youth who come from racial or ethnic groups that are rejecting of LGBTQ+ people Litia LGBT girls have a significantly higher prevalence of suiced attempts. Latina LGBT girls have a significantly higher prevalence of suiced attempts. Latina LGBT girls have a significantly higher prevalence of suiced attempts.

(Poirier 2014; Ryan 2009)

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# **Increasing Family Support**

### **Providers Should:**

- Ask LGBT youth about how their family reacts to their identity.
- Connect youth with LGBT community resources and programs.
- Engage families as allies to support their LGBT children.
  - Tell parents that negative reactions to their child's LGBT identity have a big impact on their child's health & mental health.
  - Help parents decrease rejecting behaviors and increase supportive behaviors that will reduce health and mental health risks and promote their child's well-being

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(Katz-Wise, 2016; Ryan 2009; SAMHSA 2014)

# Parent Behaviors That Increase Risk of Health & Mental Health Problems In LGBT Youth

☐ Hitting, slapping or hurting their child
☐ Verbal harassment or name-calling
☐ Saying God will punish them because they are gay
☐ Pressuring your child to be more or less masculine or feminine
☐ Blocking access to LGBT friends, events, or resources
☐ Blaming your child when they are discriminated against
☐ Telling your child that you are ashamed of them or that they shame the family
☐ Excluding your child from family events or activities
☐ Making a child keep their LGBT identity a secret in the family

(Ryan, 2009; SAMHSA 2014)

# Parent Behaviors That Improve LGBT Youth's Health & Mental Health

- ☐ Talk with their child about their LGBT identity
- ☐ Express affection when their child tells you they are LGBT
- ☐ Support your child's LGBT identity even if you feel uncomfortable
- ☐ Support your child's gender expression
- ☐ Advocate for your child if they are mistreated for their LGBT identity
- ☐ Bring your child to LGBT organizations or events
- ☐ Connect your child with LGBT adult role models
- ☐ Require all family members to respect your LGBT child
- ☐ Work to make their congregation supportive, or find a supportive faith community
- ☐ Welcome your child's LGBT friends & partner to your home & family
- ☐ Believe your child can have a happy future as an LGBT adult

(Ryan, 2009; SAMHSA 2014)



# **Help Trans Youth Thrive!**



In Summary:

- Provide safe spaces
- Increase connections that create resilience (friends, family, schools, community, etc)
- Actively engage parents and caregivers to increase their acceptance & support

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# **Resources for Trans Youth & Families**

- Brill, Stephanie & Pepper, Rachel (2008). The Transgender Child: A Handbook for Families and Professionals. Published by Cleis Press.
- Brill, Stephanie & Kenney, Lisa (2016). The Transgender Teen: A Handbook for Parents and Professionals Supporting Transgender and Non-Binary Teens.
   Published by Cleis Press.
- Gromko, Linda (2015). Where's My Book: A Guide for Transgender and Gender Non-Conforming Youth, Their Parents, & Everyone Else.



# Resources for Trans Youth & Families

- Gender Spectrum Education and Training http://www.genderspectrum.org
- PFLAG (Parents, Families and Friends of Lesbians and Gays) is a national organization with state and local chapters that provide education, information, and support for parents and families with LGBT family members. http://www.pflag.org
- The Trevor Project: http://www.thetrevorproject.org
   The Trevor Lifeline (866–488–7386) is free and available 24 hours a day, 7 days a week.



## **Resources for Professionals**

The World Professional Association for Transgender Health www.wpath.org

The Center of Excellence for Transgender Health <a href="http://transhealth.ucsf.edu/">http://transhealth.ucsf.edu/</a>

Children's National Medical Center: Outreach Program for Children with Gender-Variant Behaviors and their Families <a href="https://www.childrensnational.org">www.childrensnational.org</a>

Gender Spectrum Education and Training <a href="http://www.genderspectrum.org">http://www.genderspectrum.org</a>

The Family Acceptance Project (FAP) provides educational materials and resources for families with LGBT children and youth, available in English, Spanish, and Chinese.

http://familyproject.sfsu.edu



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### **Resources for Professionals**

- Adelson S.L., American Academy of Child and Adolescent Psychiatry, Committee on Quality Issues. (2012). Practice parameter on gay, lesbian, or bisexual sexual orientation, gender nonconformity, and gender discordance in children and adolescents. J Am Acad Child Adolesc Psychiatry, 51(9): 957-74.
- Joint Commission. Advancing effective communication, cultural competence, and patient-and family-centered care for the lesbian, gay, bisexual, and transgender (LGBT) community: a field guide. Oakbrook Terrace, IL; 2011 Oct. http:// www.jointcommission.org/assets/1/18/LGBTFieldGuide. pdf



### **Resources for Professionals**

- National LGBT Health Education Center (no date). Affirmative Care for Transgender and Gender Non-Conforming People: Best Practices for Front-line Health Care Staff. <a href="http://www.lgbthealtheducation.org/wp-content/uploads/13-017\_TransBestPracticesforFrontlineStaff\_v6\_02-19-13\_FINAL.pdf">http://www.lgbthealtheducation.org/wp-content/uploads/13-017\_TransBestPracticesforFrontlineStaff\_v6\_02-19-13\_FINAL.pdf</a>
- Rafferty J, American Academy of Pediatrics
   Committee on Psychosocial Aspects of Child & Family
   Health, AAP Committee on Adolescence, and AAP
   Section on LGBT Health & Wellness. Ensuring
   Comprehensive Care and Support for Transgender and
   Gender-Diverse Children and Adolescents. Pediatrics.
   2018;142(4):e20182162



# **Resources for Professionals**

Substance Abuse and Mental Health Services Administration, A Practitioner's Resource Guide: Helping Families to Support Their LGBT Children. HHS Publication No. PEP14-LGBTKIDS. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.



### References

American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition: DSM-5.* American Psychiatric Publishing.

Katz-Wise, S.L., Rosario, M., & Tsappis, M (2016). LGBT Youth and Family Acceptance, *Pediatric Clin North Am.* 2016 Dec; 63(6): 1011–1025.

Killerman, Sam. (no date). *The Genderbread Person*. Available online at

http://itspronouncedmetrosexual.com/2015/03/thegenderbread-person-v3/



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- Olson, K. R., Durwood, L., DeMeules, M., & McLaughlin, K. A. Mental Health of Transgender Children Who Are Supported in Their Gender Identities, *Pediatrics* 2016;137.
- Poirier, J. M., Fisher, S. K., Hunt, R. A., & Bearse, M. (2014). A guide for understanding, supporting, and affirming LGBTQI2-S children, youth, and families.

  Washington, DC: American Institutes for Research.

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### References

- Russell, S.T., Pollitt, A.M., Li, G., & Grossman, A.H. (2018) Chosen Name Use Is Linked to Reduced Depressive Symptoms, Suicidal Ideation, and Suicidal Behavior Among Transgender Youth. *Journal of Adolescent Health* 63 (2018) 503–505.
- Ryan, C. (2009). Helping Families Support Their Lesbian, Gay, Bisexual, and Transgender (LGBT) Children. Washington, DC: National Center for Cultural Competence, Georgetown University Center for Child and Human Development.
- Todd K, Peitzmeier SM, Kattari SK, Miller-Perusse M, Sharma A, & Stephenson R (2019) Demographic and behavioral profiles of nonbinary and binary transgender youth, *Transgender Health* 4:1, 254–261, DOI: 10.1089/trgh.2018.0068.



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Turban, J.L., King, D., Carswell, J.M., & Keuroghlian, A.S. (2020). Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation. *Pediatrics*, January 2020.

Watson, R.J., Veale, J.F., & Saewyc, E.M. (2017). Disordered Eating Behaviors Among Transgender Youth: Probability profiles from risk and protective factors. *International Journal of Eating Disorders*, 50(5), pp.515-522.



### **Conflict of Interest Disclosure**

### **Helping Transgender Youth Thrive**

### Angela Rowan, LICSW

Tuesday, February 11, 2020 12:00 PM – 1:00 PM

The Brattleboro Retreat, Brattleboro, Vermont

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