

Psychological Evaluations of Transgender Youth Seeking Hormone Replacement Therapy

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Disclosures

- No financial disclosures.
- Opinions do not represent the positions or opinions of the University of Nebraska Medical Center or the Munroe-Meyer Institute.



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Objectives

- Describe best practices in evaluating readiness for medical transition in youth.
- Review the therapist's role in hormone replacement for youth leading up to and after initiation of medical treatment.



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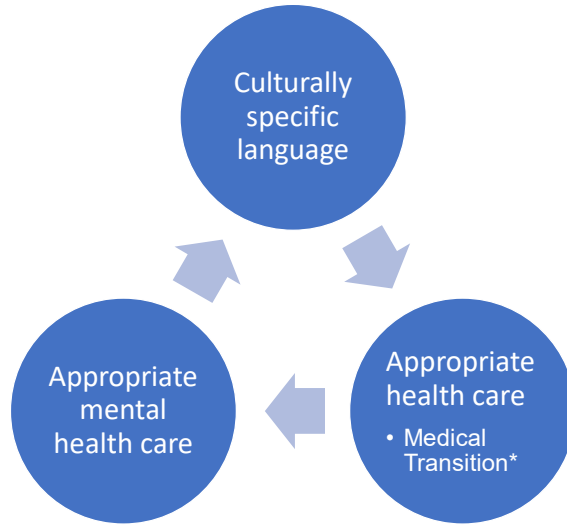
Gender Affirming Care

"The process of recognizing or affirming TGD people in their gender identity- whether socially, medically, legally, behaviorally, or some combination of these." - WPATH SOC 8



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Components



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Affirming
Mental Health
Provider

Ongoing
Therapist

Independent
Assessor



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What makes us competent?

- Licensed
- Have theoretical and evidence-based training in child/ adolescent mental health and development
- Have training/ expertise in gender identity development, diversity, and assessing capacity to assent/ consent
- Have training/ expertise in neurodevelopmental disorders
- Continually engage in professional development



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What do we need to think about?



AFFIRMING SPACE




AFFIRMING FORMS

AFFIRMING
LANGUAGE

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The Assessment Process



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In Nebraska...

15% attempted suicide last year	73% reported anxiety	61% experienced depression
36% were negatively impacted by recent politics	59% did not have access to MH care	



The Trevor Project 2022 National Survey on LGBTQ Youth Mental Health (Nebraska)

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Is it "normal" for kids to be thinking about this?

Toddlerhood- Gender awareness of 2 categories males & females;
Recognition of gender-stereotyped behaviors

Preschool - most children's play shows the impact of gender stereotypes, but girls show wider range of interests including those preferred by boys

Early Elementary- Increasingly understand gender stereotypes and that sex is stable & constant

Gender schemas - Greater attention to same sex models , to experiences, and events that are gender appropriate



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How do we assess readiness?

What has exploration looked like?

- When did it start?
- What has the path looked like for them?

Describe their current gender identity

- Labels, pronouns
- Outward expression
- Stability of identity



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The Assessment (cont.)

A biopsychosocial assessment

- Strengths and vulnerabilities
- Diagnoses (past and current)
- History of (and current) SI/SA/SH and hospitalization
- History of (and current) substance use

Assessment of Social Support

- Who is there for them?
- Are they safe in their environment?
- Who will help them with treatment?
- What organizations/ groups are they engaged with?



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The Assessment (cont.)

Capacity for decision making

- ✓ Do they comprehend the nature of the treatment?
- ✓ Do they understand the risks/ benefits?
- ✓ Do they understand what will/ won't happen with the treatment?
- ✓ Do they understand the long-term consequences?
- ✓ Can they communicate their choice?



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What do we need?

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Meet criteria for Gender Incongruence (ICD 11)/ Gender Dysphoria (DSM-V-TR)

- Marked and persistent incongruence between an individual's experienced gender and their sex assigned at birth.

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Evidence that this is sustained over time (>1 year)

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Evidence that their co-occurring MH diagnoses are "well managed"



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"Well Managed"

Suicidality is stable and safety is maintained

Disordered eating behavior is in remission (and does not better explain body dysphoria)

Markers of positive/ healthy functioning

Future oriented thinking

Active engagement with MH team that is open and honest



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Notice age is not mentioned..



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Real Talk... What current legislation and policy is asking for...

A guarantee a person will not regret transition

That is impossible



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But...

- Some adolescents may detransition, but do not regret their transition, as they view it as a part of understanding their gender.
- The most cited reason (82%) for detransition is *external factors* (e.g., family, friends, society) **NOT** internal factors like regret, doubt, or changing identity.

Turban, 2018
Turban, et al., 2021



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And...

- Two studies of youth in a comprehensive care clinic report low rates of stopping puberty suppression (1.9% and 3.5% respectively).
- According to a 2021 study:
 - 13% of TGD adults who had transitioned, had sought detransition at some point
 - Not all these people remained that way
 - For family planning, safety, employment, moves, etc...

Brik, et al., 2019
Wiepjes et al., 2018
Turban, et al. 2021



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Once They Have Begun Hormones...



Continue to monitor and assess dysphoria



Continue to treat co-occurring disorders



Assist in continued transition

How will they navigate questions?

Managing "second puberty" symptoms (e.g., irritability, emotionality)

Building self-advocacy

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AND

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Some Final Thoughts

The trans agenda is an average life expectancy

- *Some* transition is permanent (e.g., surgery) but *most* transition can be undone.
- Consider though, *puberty is permanent*.



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Ask me your questions!

