GENDER DYSPHORIA AND GENDER INCONGRUENCE

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Assessment procedure for children and adolescents

- There is a great diversity in questions from children, adolescents, and parents regarding their gender, when they seek professional help.
- Some have socially transitioned at a young age and feel certain about their gender identity, while others are still exploring their gender identity even in (late) adolescence.

Assessment procedure for children and adolescents

- Exploring one’s gender identity is a normal developmental process during which a child learns to label their own gender (gender labeling) and experience a stable gender identity (gender constancy).
- Gender incongruence in childhood tends to be more in development and fluid than in adolescence where gender identity seems to be more fixed.

Assessment procedure for children and adolescents

- In young children, mostly parents seek help for their concerns on how to handle the gender questions of their child.
- In (young) adolescents on the other hand, there is a shift towards the children themselves, when their physical changes as a result of their pubertal development urge their need for support.

Assessment procedure for children and adolescents

- Special attention is needed regarding the language in which the child or adolescent is addressed to. Words with a gender statement such as “boy,” “girl,” “son,” “daughter,” “he,” and “her” can be experienced as uncomfortable for both children with GI and their parents.
- It is important to be aware of these emotions and to take a step towards gender-sensitive work by asking how someone wants to be addressed.

Assessment procedure for children and adolescents

In line with the recommendations of the World Professional Association for Transgender Health (WPATH) and Dutch quality standard for mental health in transgender care (www.richtlijnendatabase.nl)

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- The assessment procedure in children and adolescents is similar:
  - In the first consultation with the parents and their child conjointly, their specific aims are discussed.
  - Subsequently, general diagnostic sessions are conducted with the child/adolescent and parents separately.
  - The sessions with the child/adolescent are focused on gaining a general perspective of the psychosocial, cognitive, and emotional development and investigating beliefs regarding their gender identity—expression.

Assessment procedure for children and adolescents

- Psychiatric problems, such as internalizing problems, i.e., anxiety and depression, increased incidence of suicidal behaviors, and autism spectrum disorders are more prevalent in children and adolescents with GI.
- Therefore, the diagnostic sessions are also aimed to address these possible coexisting problems.

Treatment of Prepubescent Children

- Promoting Identification with the Gender Assigned at Birth
- Watchful Waiting
- Affirmative Approach

Promoting Identification with the Gender Assigned at Birth

- This first approach aims, through psychosocial interventions, to reduce the child's cross-gender identification and gender dysphoria.
- They include:
  - classical behavior therapy
  - psychodynamic therapy (including psychoanalysis and dynamically informed play psychotherapy)
  - parental counseling
  - Parent-guided interventions in the naturalistic environment (e.g., encouragement of peer relations of the same natal sex)

Promoting Identification with the Gender Assigned at Birth

- underlying assumption:
  - gender identity is not yet fixed in childhood and may be malleable through psychosocial treatments
  - a child's long-term adaptation might be easier if he or she could come to feel content with a gender identity that matches their natal sex and to avoid the necessity of a lifelong regimen of cross-sex hormonal treatment and sex-reassignment surgery

Promoting Identification with the Gender Assigned at Birth

- Critics of this approach:
  - there is nothing inherently “wrong” with a cross-gender identity
  - it is inappropriate to try and change a minor’s gender identity when the minor is unable to consent to the treatment
  - some of the earliest proponents of this treatment held the belief that it might also reduce the odds of the child’s later development of a same-sex sexual orientation
  - this type of treatment might cause a child to feel shame or other negative and maladaptive feelings

Watchful Waiting

- It does not recommend an early gender social transition
  - The majority of children with gender dysphoria desist for one reason or another
- It does not explicitly recommend any type of limit-setting on the child's gender-variant behavior
  - "only at home" rule
- Does not privilege one type of long-term outcome over another
- The more important focus should be on the child's general psychosocial adjustment and well-being

Watchful Waiting

- Include recommendations to parents that they try to encourage in their child a variety of gender-related interests and social affiliation with children of both genders
- Misnomer

Watchful Waiting

- Appropriate limit-setting
- Good explanation of why the limits are set
- The child will learn “that not all desires will be met,”
- “Someone’s deepest desire or fantasy to have been born in the body of the other gender will never be completely fulfilled.”

Watchful Waiting

- It is encouraged that parents create an open situation where the child has the possibility of returning to the birth-assigned gender.
- It is discussed with the child that when gender identity feelings change, it is nothing to be ashamed of, that nobody will be angry, that the child may speak out, and that it is good to have tried.
- A form of psychotherapy that helps the child to verbalize his or her feelings may be advised so that, by the time the child may come back for GnRHa, the child is able to talk about his or her feelings and can give informed consent.

Affirmative Approach

- Clinician and parental attempts to push children with gender incongruence toward conforming to their gender assigned at birth might produce shame and stigma that can ultimately lead to internalizing psychopathology
- All outcomes of gender identity to be equally desirable and affirms any gender identity the child expresses

Affirmative Approach

- Regarding early social transition
- Prepubertal children who ultimately express a desire to socially transition and live full time in their experienced gender (i.e., using cross-gender pronouns, a cross-gender name, cross-gender clothing, etc.) are allowed to do so

Affirmative Approach

- The approach to social transition must be carefully individualized with a nuanced understanding of the child's gender identification and the level of support within the child's community;
- There must also be an open discussion with the child highlighting that despite the social transition that the patient is free to transition back at any time

Affirmative Approach

- The affirmative model predicts that this lack of affirmation might lead to
  - Shame and consequent internalizing Psychopathology
  - Therapeutic relationship: negatively affected

Affirmative Approach

- Critics of social transitions in prepubertal children:
  - whether early social transition increases the rates of gender incongruence persistence from childhood into adolescence
- The ethical question: whether persistence should be considered an undesirable outcome.

Affirmative Approach

- The affirmative model suggests that all outcomes of gender identity are equally desirable.
- The question of mental health outcomes following social transition
  - lower rates of internalizing Psychopathology
  - Developmentally normal levels of depression and only minimally elevated (subclinical) levels of anxiety

Psychological support for children and adolescents with gender incongruence

- There is no evidence-based guideline for psychological support for children and adolescents.

Psychological support for children and adolescents with gender incongruence

- Treatments aimed to change gender identity have not shown to be effective and now are widely considered to be unethical.

Psychological support for children and adolescents with gender incongruence

- Support focuses on psychoeducation, e.g., explaining to the parents that exploration of gender expressions is a part of a developmental process and, in the majority of the children, does not result in persistent gender dysphoria in adolescence.

Psychological support for children and adolescents with gender incongruence

- In children with GI finding, a balance between watchful waiting and taking steps towards gender-affirming interventions is an important goal.

Psychological support for children and adolescents with gender incongruence

- During childhood, much attention is given to decreasing distress as a result of the gender incongruence and to preparing/supporting the child and parents in the exploration and development towards the possible steps when their endogenous puberty development commences.

Psychological support for children and adolescents with gender incongruence

- Transgender mental and medical healthcare is a long-lasting process during which the child/adolescent with GI and their parents are counseled in making choices about their social, medical, and legal transitions

Psychological support for children and adolescents with gender incongruence

- In adolescents, medical interventions are possible and psychological counseling is aimed to guide and support the adolescent and parents during this process.
- After the initial diagnostic phase as described previously, possibilities for medical treatment including hormonal treatment, surgery and fertility preservation, are discussed and balanced with expectations of both the adolescent and the parents.
- During the phase of medical interventions, they are continuously supported until the desired medical steps are completed.
- Since it has been shown that peer group support is a valuable tool during medical transition, it is advisable to contact support groups or selfhelp organizations.

Treatment of Adolescents

- Assessing Eligibility
- Fully Reversible Interventions (Pubertal Blockade)
- Partially Reversible Interventions (Cross-sex Hormonal Therapy)
- Irreversible Interventions (Gender-Affirming Surgeries)
- Fertility Considerations

TABLE 5.14.3

TREATMENT OF TRANSGENDER YOUTH

Timing	Intervention
Prepubertal	No endocrine intervention recommended. Patient should have regular psychotherapy to discuss gender identity and assess possible future need for hormonal intervention.
Early signs of puberty	Pubertal blockade with gonadotropin-releasing hormone analogs to prevent the development of secondary sex characteristics and provide additional time for psychotherapy and consideration regarding partially reversible interventions.
Age 14+ or 16+, depending on the center	Cross-sex hormonal therapy with estrogen or testosterone. Less frequently with other endocrine-acting medications that have less favorable side effect profiles.
Age 18 for most centers	Gender-affirming surgeries may be considered. Note that some surgeries may be performed earlier for select patients (generally mastectomies for transgender males).

Summary

- To meet the needs of youth with GI, a multidisciplinary team is required and therefore we recommend that children and adolescents are to be followed by an experienced multidisciplinary team with access to a well-trained team of mental health professionals, psychiatrists, endocrinologists, gynecologists, surgeons, and other healthcare providers.

Summary

- A phased trajectory is generally preferred and starts with psychological assessment, followed by medical interventions.
- Endocrine treatment consists of two phases:
  - first the start of GnRHa to prevent the development of pubertal development (a fully reversible intervention) followed by the addition of with gender affirming hormones, which leads to irreversible changes.
- Although many details and aspects of this approach are still unknown, it is of great importance that youth with GI are provided with care that improves their well-being. While taking steps in this process, the benefits and possible harms of each intervention should be carefully balanced.