

Psychiatric Hospitalization and Gender Dysphoria

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My personal gender pronouns are he/him/his.



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THRIVE Program (DSD & Complex Urological & Gender Concerns)

- [Meet Our Team](#)
- [Resources](#)
- [Differences of Sex Development](#)
- [Gender Concerns](#)
- [Frequently Asked Questions](#)
- [Complex Urological Concerns](#)

<http://www.nationwidechildrens.org/thrive>

Statement from the Director



“The term SGM [sexual and gender minority] encompasses lesbian, gay, bisexual, and transgender populations as well as those whose sexual orientation, gender identity and expressions, or reproductive development varies from traditional, societal, cultural, or physiological norms.”

Eliseo J. Pérez-Stable, M.D.

Director, National Institute on Minority Health and Health Disparities

Mounting evidence indicates that SGM populations have less access to health care and higher burdens of certain diseases, such as depression, cancer, and HIV/AIDS. But the extent and causes of health disparities are not fully understood, and research on how to close these gaps is lacking.



Outline

Brief review of terminology

Gender Dysphoria and possible comorbid conditions

Assessment

Interventions

Resources



Terminology

Assigned sex / natal sex (AFAB/AMAB)

Gender Identity-The gender role that a person claims for his or her self
— which may or may not align with his or her physical gender.

Gender Expression-How a person behaves, appears or presents him-
or herself with regard to societal expectations of gender.

Transgender and Gender Non-conforming (TGNC) / Gender Fluid /
Genderqueer

GLAAD Media Institute <https://www.glaad.org/institute>

Terms

Transgender – A term describing a broad range of people who experience and/or express their gender differently from what most people expect. It is an umbrella term that includes people who are transsexual, cross-dressers or otherwise gender non-conforming.

Transsexual – A medical term describing people whose gender and sex do not line up, and who often seek medical treatment to bring their body and gender identity into alignment.

Cisgender -A term used by some to describe people who are not transgender. "Cis-" is a Latin prefix meaning "on the same side as," and is therefore an antonym of "trans-."

GLAAD Media Institute <https://www.glaad.org/institute>

Terms

Gender identity – The gender role that a person claims for his or her self — which may or may not align with his or her physical gender.

Genderqueer – A word people use to describe their own nonstandard gender identity, or by those who do not conform to traditional gender norms.

LGBTQAI+ – An acronym for lesbian, gay, bisexual, transgender, queer/questioning, agender, Intersex plus sexual minorities not mentioned

Queer – A term that is inclusive of people who are not heterosexual. For many GLBT people, the word has a negative connotation; however, many younger GLBT people are comfortable using it.

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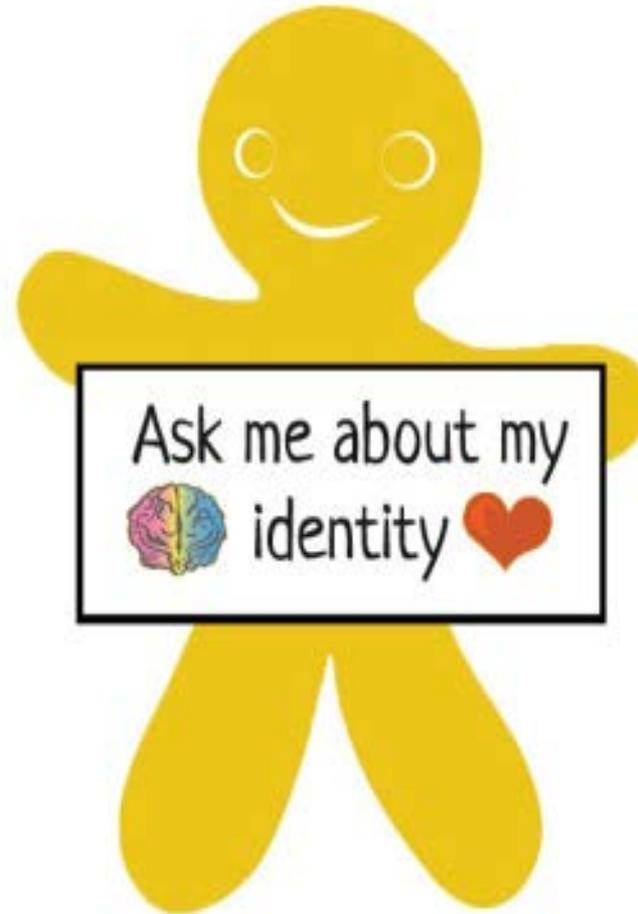
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The Genderbread Person, revised

Gender is one of those things everyone thinks they understand, but most people don't. Gender isn't binary. Gender's not even a spectrum or a continuum. Gender is a complex concept of n-dimensions that varies wildly from person to person. The only way to understand a person's gender is to ask them.



Brought to you by Eden



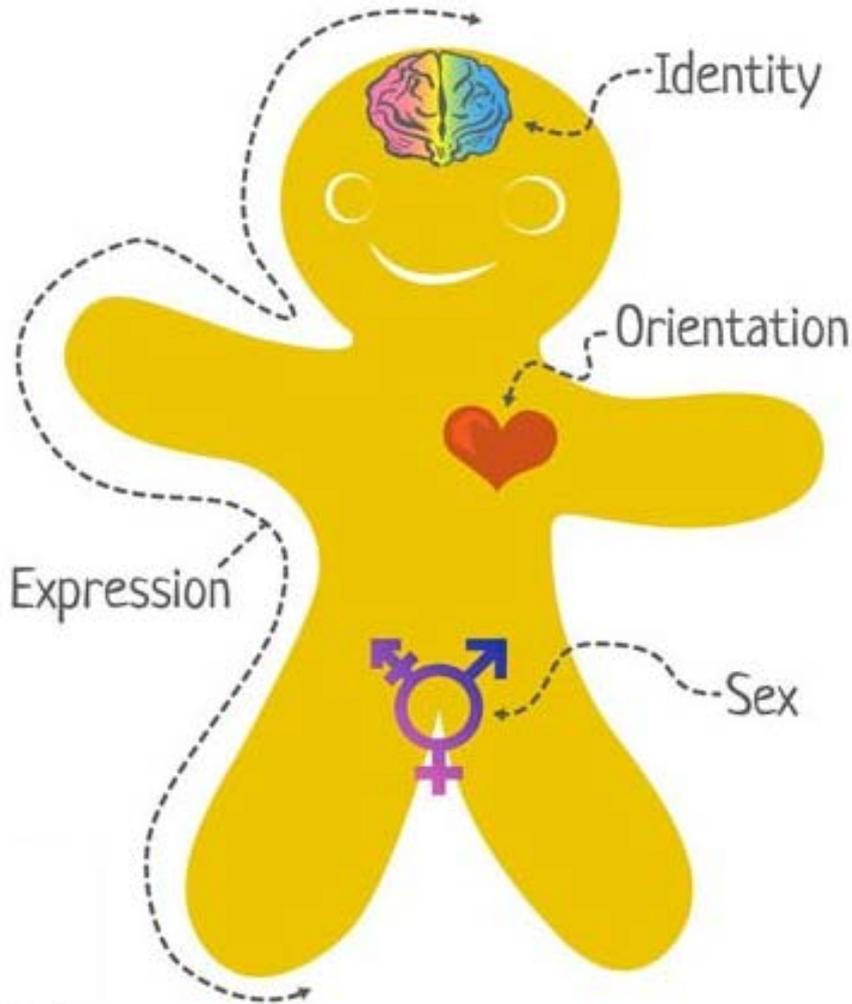
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The Genderbread Person

by www.ItsPronouncedMetrosexual.com



Gender Identity

Woman ← Genderqueer → Man

Gender identity is how you, in your head, think about yourself. It's the chemistry that composes you (e.g., hormonal levels) and how you interpret what that means.

Gender Expression

Feminine ← Androgynous → Masculine

Gender expression is how you demonstrate your gender (based on traditional gender roles) through the ways you act, dress, behave, and interact.

Biological Sex

Female ← Intersex → Male

Biological sex refers to the objectively measurable organs, hormones, and chromosomes. Female = vagina, ovaries, XX chromosomes; male = penis, testes, XY chromosomes; intersex = a combination of the two.

Sexual Orientation

Heterosexual ← Bisexual → Homosexual

Sexual orientation is who you are physically, spiritually, and emotionally attracted to, based on their sex/gender in relation to your own.



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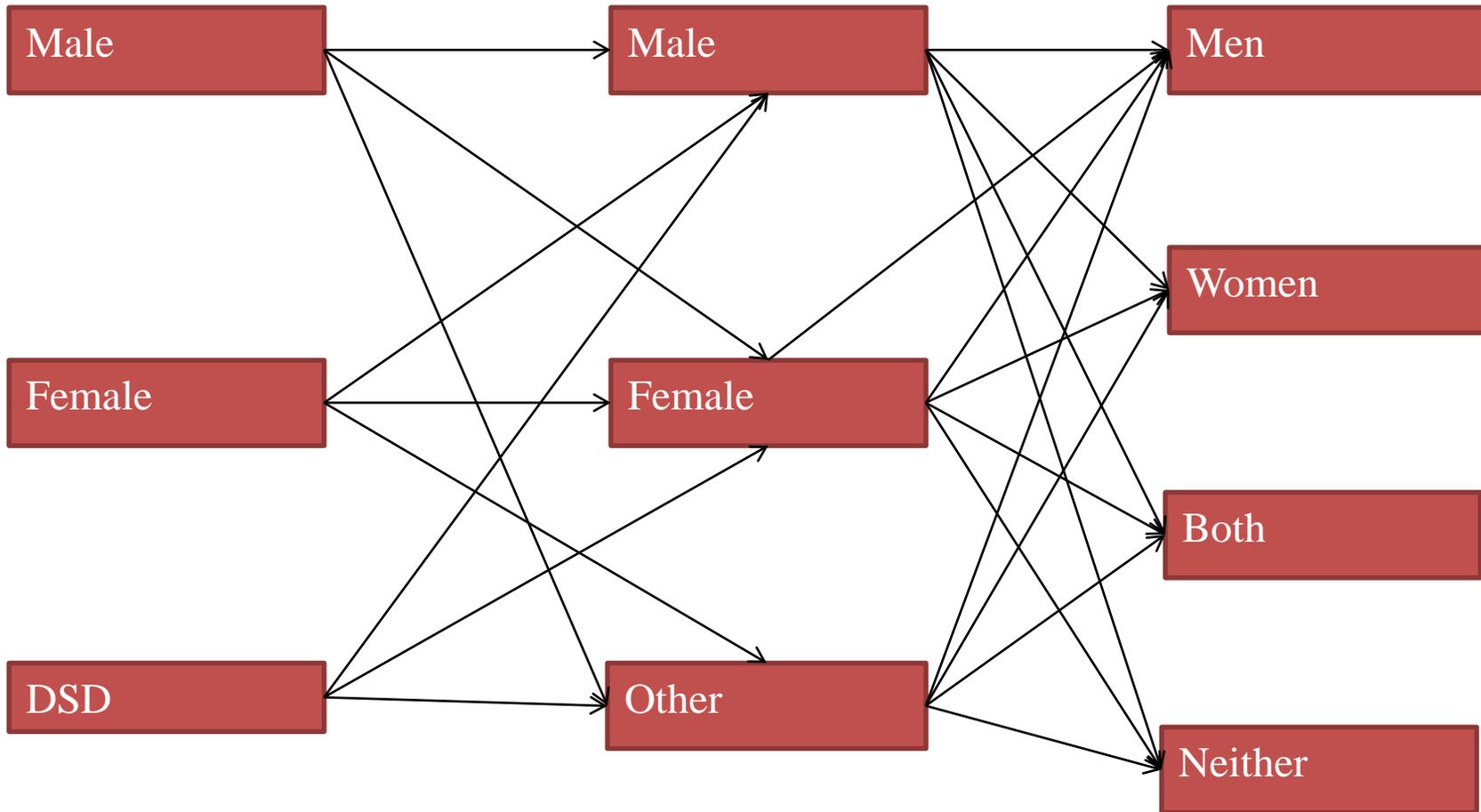
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Gender Identity and Sexual Orientation

Assigned at birth:

Attracted to:





Gender Dysphoria

“Persons experiencing gender dysphoria need a diagnostic term that protects their access to care and won’t be used against them in social, occupational, or legal areas. When it comes to access to care, many of the treatment options for this condition include counseling, cross-sex hormones, gender reassignment surgery, and social and legal transition to the desired gender. To get insurance coverage for the medical treatments, individuals need a diagnosis. The Sexual and Gender Identity Disorders Work Group was concerned that removing the condition as a psychiatric diagnosis—as some had suggested—would jeopardize access to care.”

<http://www.dsm5.org/documents/gender%20dysphoria%20fact%20sheet.pdf>

“All of these systems attempt to classify clusters of symptoms and conditions, not the individuals themselves. A disorder is something with which a person might struggle, not a description of the person or the person’s identity.

WPATH guidelines, Version 7



Gender Dysphoria in Children

302.6 (F64.2)

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)**:

- 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).
- 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.
- A strong preference for cross-gender roles in make-believe play or fantasy play.
- A strong preference for the toys, games, or activities stereotypically used or engaged in by the other gender.
- A strong preference for playmates of the other gender.
- 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.
- A strong dislike of one's sexual anatomy.
- A strong desire for the primary and/or secondary sex characteristics that match one's experienced gender.

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).



Transgender Identity in Numbers

Older publications cited that 1:11,900 to 1:45,000 for male-to-female individuals (MtF) and 1:30,400 to 1:200,000 for female-to-male (FtM) individuals

Williams Institute Survey Data in 2011 estimate that 0.3% of adults identify as transgender

1 in 200 identified as transgender in a large phone-based Massachusetts survey, Conron et al, 2012.

We do not have solid data for children/adolescent transgender population numbers

Less than 12 years old, male/female ratio ranges from 6:1 to 3:1 (Zucker, 2004)

Gender dysphoric adolescents older than age 12, the male/female ratio is closer to 1:1

Why should we care?

Medical/Mental Health Disparities*

Suicide Attempts

Bullying modifier (50%)

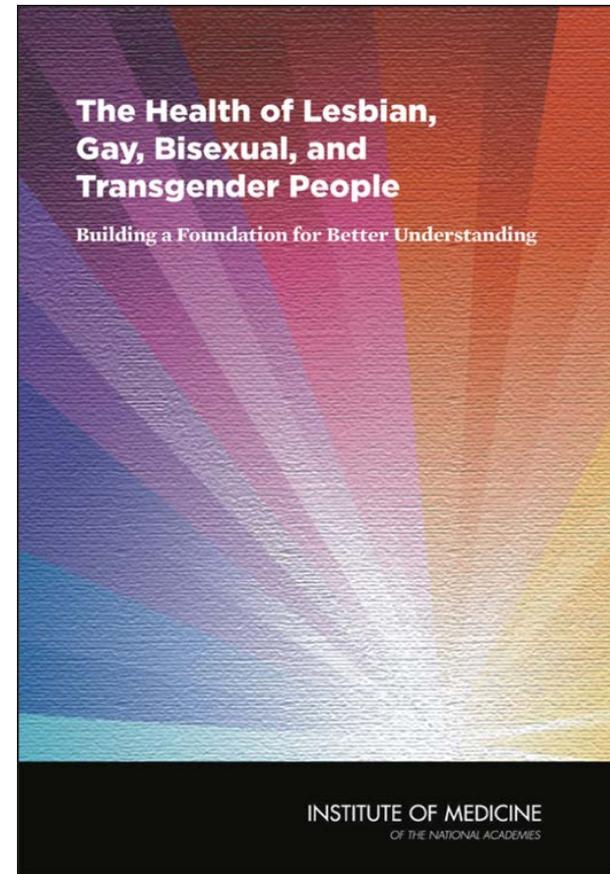
Substance Use

STIs/HIV

Cancer

Depression

Violence/Homicide



*National Transgender Discrimination Survey (2011)



Scary facts

- Thirty-nine percent (39%) of respondents experienced serious psychological distress ..., compared with only 5% of the U.S. population.
- Forty percent (40%) have attempted suicide *in their lifetime*, nearly nine times the rate in the U.S. population (4.6%).
- Seven percent (7%) attempted suicide *in the past year*—nearly twelve times the rate in the U.S. population (0.6%).

James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). Executive Summary of the Report of the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality.

U.S. Transgender Survey: Ohio State Report

- 42% of respondents experienced serious psychological distress in the month before completing the survey (based on the Kessler 6 Psychological Distress Scale).
- 15% of respondents reported that a professional, such as a psychologist, counselor, or religious advisor, tried to stop them from being transgender.

2015 U.S. Transgender Survey: Ohio State Report. (2017). Washington, DC: National Center for Transgender Equality. Updated October 2017 US TransSurvey.org | TransEquality.org



Comorbidity

No Axis 1 Disorder-29.0%

Mood Disorders-45.2%

Anxiety Disorders-22.6%

Substance Use Disorders-45.2%

Schizophrenia and other psychotic disorders-6.5%

Eating Disorder-3.2%

Autism Spectrum Disorder-7.8%

[Gender Dysphoria and Autism Spectrum Disorder: A Systematic Review of the Literature.](#)

Glidden D, Bouman WP, Jones BA, Arcelus J.

Sex Med Rev. 2016 Jan;4(1):3-14. doi: 10.1016/j.sxmr.2015.10.003. Epub 2016 Jan 8. Review.

Psychiatric comorbidity in gender identity disorder,
U.Hepp, B. Kraemer, U. Schnyder, N. Miller, A. Delsignore,
In Journal of Psychosomatic Research, Volume 58,
Issue 3, 2005, Pages 259-261, ISSN 0022-3999,
<https://doi.org/10.1016/j.jpsychores.2004.08.010>.



Differences in Trajectory

Childhood Gender Dysphoria (prepubertal) vs. Adolescent presentation of Gender Dysphoria

1. In childhood onset gender dysphoria, gender dysphoria will continue into adulthood in 6-23%(in a retrospective cohort existing of mainly phenotypic XY).
2. When phenotypic male and female patients are included in the cohort, persistence into adulthood changes to 12-27%
3. Majority of male childhood onset gender dysphoria will identify as homosexual in adulthood.
4. GD rarely desists after the onset of pubertal development



Recent Trends in Gender Dysphoria

Adolescent referrals are increasing and surpassing child referrals for first time in 30 years (Wood, Sasaki, Bradley, Singh et al., 2013)

Inversion of sex ratio- Increasing trend of females assigned at birth presenting at higher rates than males assigned at birth (Aitken et al., 2015)- 748 adolescents combined from Amsterdam and Toronto

Increase in clinics serving these youth (Hsieh & Leininger, 2014)

- 2007: one clinic in a pediatric academic medical center in the U.S.
- 2015: approximately 30 clinics in pediatric academic medical centers

Variation in models of care delivery

- Some clinics based within mental health division
- Other clinics based within medical/pediatric/endo division



Assessment

Ask questions, be curious, don't assume; ask name and pronouns at the onset. Introduce your name and pronouns as well.

Proceed in your assessment as you would for every patient, making sure to not forget to review sexual feelings, experiences, gender history, high-risk behaviors, bullying, suicide, substance use.

Recommend seeing families together, patient alone, guardians alone, join together to conclude and set goals for next steps

Consider use of standardized measures

Any sign of judgment will undermine clinical alliance



Suicide

Risk assessment

Risk factors

Protective factors



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Interventions

Clinicians are neutral regarding the outcome of the diagnostic process, and support the patient if treatment is indicated

Treat the comorbidities -- therapy and medication management if indicated

Internal referral vs External referral

Liaison with schools, other agencies and medical providers – do not assume all parties in a patient's social system know about their gender identity

Medical interventions such as pubertal suppression, gender-affirming hormone treatment, surgery, fertility considerations, voice and communication therapy

Access, insurance, cost all play a role

Staff Training

- Appropriately gender the patient when you speak to them. Work to keep consistent language used across office staff.
- Train unit staff in the appropriate way to speak to trans* patients (this can be aided by expanding medical forms).
- Inform staff of preferred name, pronoun, etc.
- Use preferred name and pronoun when writing patient notes.

Try to mirror the language of the patient

Institutional Mission

eg. From the Nationwide Childrens Hospital Patient Bill of Rights:

Receive care from hospital staff who respect your personal values, beliefs and customs regardless of your race, ethnicity, gender, religion, sexual orientation, gender identity or expression, cultural background, income level (socioeconomic status), physical or mental disability, education or illness.

<http://www.nationwidechildrens.org/patient-rights-1>

Medical Record

Recommendation Examples

Medical forms

Expand the language on medical forms to be inclusive of transindividuals.

- Create separate categories on medical intake forms for sex and gender.
- Provide space on medical forms for individuals to provide their preferred name and pronoun.

Review the information on medical and intake forms prior to interacting with patients.

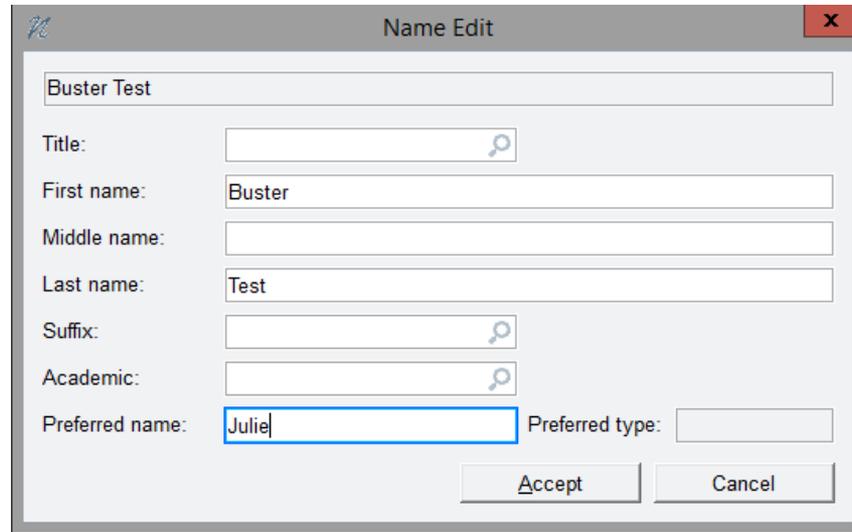


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EHR Advances



Name Edit

Buster Test

Title:

First name:

Middle name:

Last name:

Suffix:

Academic:

Preferred name: Preferred type:

Demographics

Contact Information

Clinical Information

Additional Information

Advance Directives

Inpatient Information

No photo for this patient.

Set Photo

Name:

SSN:

Sex: Birth date:

Aliases:

Patient status:

Patient MRNs:

Marital status:

Patient type:

Ethnic group:

Preferred form of address:

1-Permanent Address

2-Temporary Address

3-Confidential Address

Address:

City (or ZIP):

State: ZIP:

County:

Country:

Contact information:	Number	Type	Number
1	Home Phone		919-678-3422
2	Work Phone		
3	Mobile		

Email:

Comments:

Emergency Contact

View All

Employment Information

Occupation:

Employer:

Phone:

View Employer

Smart Phrases

@NAME@ is a {RACE/ETHNICITY :2008101}
genetic/phenotypic{MALE/FEMALE:18398} who
identifies as a Transgender individual(male to female,
female to male) who prefers to be identified as *** and
referred to using {MALE/FEMALE:18398} pronouns.
The patient's preference will be respected throughout
this note.



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“Dot” Phrases

Please see listed resources for additional support and information:

Nationwide Children's THRIVE Program -
www.nationwidechildrens.org/thrive

Kaleidoscope Youth Center - www.kycoho.org

The Trevor Project - www.thetrevorproject.org

TransOhio - www.transohio.org

Trans Youth Family Alliance - www.imatyfa.org

PFLAG - www.community.pflag.org

[Hudson's FTM Resource Guide - www.ftmguide.org](http://www.ftmguide.org)

Basic Etiquette



All I really need to know...
I learned in Kindergarten

Share everything. Play **fair**. Don't hit people. Put things back where you found them. **Clean** up your own mess. Don't take things that are not yours. **Say you're sorry** when you hurt somebody. **Wash** your hands before you eat. **Flush**. Warm cookies and cold milk are good for you. **Live** a balanced life- **learn** some and **think** some and **draw** and **paint** and **sing** and **dance** and **play** and **work** every day some. **Take a nap** every afternoon. When you go out into the world, watch out for traffic, hold hands, and stick together. Be aware of **wonder**. **Remember** the little seed in the Styrofoam cup" The roots go down and the plant goes up and nobody really knows **how** or **why**, but we are all like that. Goldfish and hamsters and white mice and even **the little seed** in the Styrofoam cup- they all die. So do we. And then **remember** the Dick-and-Jane books and the first word you learned-the biggest word of all-**LOOK**.

author: ©Robert Fulghum

KinderAlphabet.com



Basic Etiquette

- Openly ask patients their preferred pronoun.
- During conversations where the patient's body or parts of the patient's body are being discussed, ask the patient if they are comfortable with the language being used or if there is anything that would make them feel more comfortable.

Work to keep consistent language used across office staff.

Basic Etiquette

Review the information on medical and intake forms prior to interacting with patients.

Interpersonal communication

Ask patients what language they are comfortable with. •

Ask patients what name they use other than what is on their paperwork.

Easy Accommodation

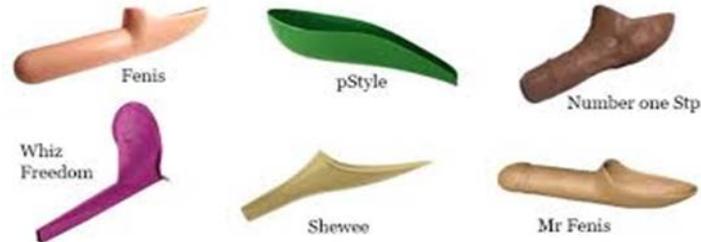


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To Allow Or Not Allow



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The End

