

7

Walking a Tightrope: A Child and Adolescent Psychiatry Perspective on the Spectrum of Affirmation and Pathologization with Gender Diverse Youth

Scott Leibowitz, MD

Introduction

As awareness of gender diversity becomes more woven into the fabric of society, providers across health disciplines are frequently encountering children and adolescents with gender-related concerns. There is a relative dearth of literature guiding clinical practice, and the medical field is at a point at which individual practitioners find themselves addressing treatment options by adhering to general ethical principles versus relying on specific clinical guidelines that are based on strong scientific evidence. Many questions exist regarding best practices, and the care for those with gender dysphoria often requires being open to a range of perspectives across multiple disciplines (Edwards-Leeper, Leibowitz, & Sangganjanavanich, 2016). There is a wide variation in viewpoints about how best to approach clinical care, and the lives of gender diverse children and adolescents are at stake. The long-term ramifications of significant decisions made at these crucial points are often unknown. Providers are striving to offer the most efficacious treatments in a sometimes murky climate rife with complexity as the field shifts from conceptualizing gender categories dichotomously (binary male/female genders) to dimensionally (along the male–female spectrum).

For the child and adolescent psychiatrist, additional dynamic layers often present in the clinical relationships among the doctor, our patients, and their families. We often find ourselves walking a tightrope. Only very recently has our discipline moved away from pathologizing transgender individuals through nomenclature that classified this normal variant of human identity as “disordered.” More broadly, the field of psychiatry often arouses negative connotations of pathology that are reinforced by the idea that psychiatrists are used

REFERENCES

- Adelson, S. L., Walter, H. J., Bukstein, O. G., Bellonci, C., Benson, R. S., Chrisman, A., . . . & Medicus, J. (2012). Practice parameter on gay, lesbian, or bisexual sexual orientation, gender nonconformity, and gender discordance in children and adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry*, 51 (9), 957–974.
- American Psychological Association. (2015). Guidelines for psychological practice with transgender and gender nonconforming people. *American Psychologist*, 70, 832–864. <http://dx.doi.org/10.1037/a0039906>.
- Chen, D., Hidalgo, M. A., Leibowitz, S., Leininger, J., Simons, L., Finlayson, C., & Garofalo, R. (2016). Multidisciplinary care for gender-diverse youth: A narrative review and unique model of gender-affirming care. *Transgender Health* 1 (1), 117–123. doi:10.1089/trgh.2016.0009.
- Coleman, E., Bockting, W., Botzer, M., Cohen-Kettenis, P., DeCuypere, G., Feldman, J., . . . & Zucker, K. (2012). Standards of Care for the health of transsexual, transgender, and gender-nonconforming people, Version 7. *International Journal of Transgenderism*, 13 (4), 165–232.
- Edwards-Leeper, L., Leibowitz, S., & Sangganjanavanich, F. (2016). Psychology of sexual orientation and gender diversity. *American Psychological Association*, 3 (2), 165–172. <http://dx.doi.org/10.1037/sgd0000167>.
- Edwards-Leeper, L., & Spack, N. P. (2012). Psychological evaluation and medical treatment of transgender youth in an interdisciplinary “Gender Management Service” (GeMS) in a major pediatric center. *Journal of Homosexuality*, 59 (3), 321–336.
- Gaga, L. (2011). *Born this way*. London: Abbey Road Studios.
- Hembree, W., Cohen-Kettenis, P. T., Gooren, L. J., Hannema, S. E., Meyer, W. J., Murad, M. H., . . . & T’Sjoen, G. G. (2017). Endocrine treatment of gender-dysphoric/gender-incongruent persons: An Endocrine Society clinical practice guideline. *Journal of Clinical Endocrinology & Metabolism*, 102 (11), 1–35.
- Hsieh, S., & Leininger, J. (2014). Resource list: Clinical care programs for gender-nonconforming children and adolescents. *Pediatric Annals*, 43, 238–244.
- Leibowitz, S., & Spack, N. P. (2011). The development of a gender identity psychosocial clinic: Treatment issues, logistical considerations, interdisciplinary cooperation, and future initiatives. *Child & Adolescent Psychiatric Clinics of North America*, 20 (4), 701–724.
- Lev, A., & Wolf-Gould, C. (2018). Collaborative treatment across disciplines: Physician and mental health counselor coordinating competent care. In C. Keo-Meier & D. Ehrensaft (eds.), *The gender affirmative model: An interdisciplinary approach to supporting transgender and gender expansive children*. Washington, D.C.: American Psychological Association.
- Menvielle, E. A. (2012). Comprehensive program for children with gender variant behaviors and gender identity disorders. *Journal of Homosexuality*, 59 (3), 357–368.
- Ndoro, S. (2014). Effective multidisciplinary working: The key to high-quality care. *British Journal of Nursing*, 23 (13), 724–727.