

# A Therapeutic Group for Parents of Transgender Adolescents

Edgardo J. Menvielle, MD, MSHS<sup>a,b,\*</sup>, Leslie A. Rodnan, MD<sup>a</sup>

## KEYWORDS

- Transgender • Gender variant • Parents
- Therapeutic group • Psychotherapy • Transsexual

Therapy for transgender, transsexual, and gender variant persons has traditionally assisted individuals in the process of adjusting to their newly adopted gender role. Increasingly, younger gender variant patients, teens and preteens, present to the clinical consultation raising the need to develop therapeutic interventions that better address the psychosocial needs of minors. The Gender and Sexuality Development Program at Children's National Medical Center (CNMC) in Washington, DC (<http://www.childrensnational.org/gendervariance>), provides outpatient psychosocial evaluations and therapeutic services for children, adolescents, and their families. The program focuses on addressing the psychosocial needs related to behaviors considered at variance with generally accepted gender roles, gender identity and sexual identity issues, and co-occurring mental health disorders among children and teens whose gender presentations vary from the sanctioned norm. An open-ended group intervention for parents is described, including its format, goals, group composition, and common topics discussed.

## THE TRANSGENDER AND GENDER VARIANT TEEN

Gender identity disorder (GID)<sup>1</sup> is a psychiatric diagnosis that applies to persons whose gender identity is different from their assigned gender. The patient experiences a strong and persistent cross-gender identification, discomfort with his or her sex or a sense of inappropriateness in the gender role of that sex, a preoccupation with getting rid of primary and secondary sex characteristics, and significant distress or impairment in social, occupational, or other areas of functioning. Gender dysphoria,

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The authors have nothing to disclose.

<sup>a</sup> George Washington University, Washington, DC, USA

<sup>b</sup> Department of Psychiatry, Children's National Medical Center, 111 Michigan Avenue, NW, Washington, DC 20010, USA

\* Corresponding author. Department of Psychiatry, Children's National Medical Center, 111 Michigan Avenue, NW, Washington, DC 20010.

E-mail address: [EMENVIEL@cnmc.org](mailto:EMENVIEL@cnmc.org)

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which includes discomfort with gender role and a wish of getting rid of natal/pubertal sexual characteristics and acquiring the sexual characteristics of the other gender, may propel an individual to pursue gender reassignment through cross-sex hormones and surgeries. GID is a psychiatric diagnosis that, by definition, emphasizes functional deficits and distress. The term *transgender* is an identity term that refers to the same individuals who are included in the GID category, or at least those who pursue or wish to pursue gender transition. The connotation of the term is a claimed identity and the term does not signal functional deficits or distress. Generally speaking, transgender persons, including adolescents, prefer the term *transgender*, *transsexual*, or *trans* to describe their experience and do not consider themselves afflicted by a mental disorder, instead viewing their problem as somatic in nature: a body that does not match their sense of self, or a gender role assigned to them based on their biological sex that feels inappropriate or unviable. The main element of the treatment of GID is somatic: helping the patient to achieve his or her desired primary and secondary sexual characteristics through hormonal, surgical, and other auxiliary interventions.<sup>2</sup>

The goal of gender transition among adults and adolescents encompasses the socially successful adoption of the desired gender role including gender-typed appearance and behaviors such as style of clothing and grooming, name, and pronoun use. The therapeutic interventions that may be part of transitioning include cross-sex hormones and other somatic methods to feminize or masculinize the body, surgical interventions of genitals and breasts (eg, construction of a male chest, breast implants, facial feminization), and speech and voice retraining. Depending on the individual characteristics, needs, and preferences, a person may pursue some or all of the elements described.

### THE ROLE OF THE CLINICIAN

The role of the clinician is to conduct a comprehensive diagnostic assessment to confirm the diagnosis and assess the conditions that might facilitate, impede, or complicate transition, as well as assisting the person through therapeutic guidance and support. In the case of mature adolescents (age 16 and older) and young adults, surgery is typically postponed until several conditions are met: the patient has reached legal adulthood (18 years old), has achieved a satisfying transition of social role, has had a prolonged course of cross-gender hormones, and is cleared by an experienced mental health professional.<sup>3</sup>

Adolescents undergoing gender transition have to re-work their relationships with parents, siblings, and friends and may also face interpersonal stress and losses, peer bullying and harassment,<sup>4</sup> and sometimes discriminatory restrictions in the use of public accommodations. Levels of depression and suicidal ideation and behavior among transgender persons significantly higher than those of the general population have been reported.<sup>5</sup> Family support has been reported as a psychosocial protective factor for sexual minority youth.<sup>6</sup>

The biggest challenge for teenagers is often related to their parents. In the case of teens who have had a history of childhood gender variance, parents may have, to some extent, prepared themselves for the possibility that their child may be transgender, although the child coming out as transgender often precipitates a crisis within the family. For teens who announce a desire for gender transition without having had a history of childhood gender variance, the crisis may be compounded by the lack of parent's preparation leading to shock and disbelief.<sup>7</sup> Groups for parents have been reported to provide a useful auxiliary intervention for transgender teens.<sup>8</sup>

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