

UVM Project ECHO Pediatric Mental Health: Complex Cases and Deeper Dives

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Didactic presentation is recorded. Registered participants will receive the link.

Session Agenda – 2 sessions per topic

- Welcome
- Objectives
- Session 1
 - Composite case presentation (by presenter)
 - Interactive learning components
 - Q&A
 - Closing Announcements: continuation of topic to next session; participant cases are required at least two weeks prior to session 2.
- Session 2
 - Participant case presentation #1
 - Revisit didactic materials/resources; brief small group discussions
 - Large group discussion
 - Repeat for participant case presentation #2
 - Closing Announcements: next topic



ECHO Model: All Teach, All Learn



Cohort-based learning on ZOOM

- Have your camera on as much as possible, especially when joining the meeting and during discussions
- Questions and comments are welcome – use the “raise hand” feature or put them in the chat
- This is not a webinar! Participation is key
- This is a closed cohort. Only those registered may participate.

Case-based learning

- 1 presenter case and 2 participant cases per topic using provided template
- Contact Haley McGowan to present a case

Series Objectives

Learning objectives for this ECHO series include the ability to:

1. Develop enhanced diagnostic and assessment skills in the care of pediatric patients presenting with ADHD symptoms in the setting of toxic stress.
2. Define trauma-responsive care as it relates to the pediatric population.
3. Identify effective practice and communication skills for families who have experienced intergenerational and/or complex developmental trauma.
4. Explain best practices for gender affirming care for youth, including risk factors, ways to enhance protective factors, and affirmative practices to enhance provider/patient relationships.
5. Apply skills in early recognition, medical monitoring, and care coordination for youth with anorexia nervosa in the context of limited access to specialized care.

CMIE Disclosures

The Robert Larner College of Medicine at The University of Vermont is accredited by the American Nurses Credentialing Center (ANCC), the Accreditation Council for Pharmacy Education (ACPE), and the Accreditation Council for Continuing Medical Education (ACCME), to provide continuing medical education for the healthcare team.

The University of Vermont has approved your application and designates this enduring material a maximum of **1.0 AMA PRA Category 1 credit(s)**[™]. Each physician should claim only those credits commensurate with the extent of their participation in the activity.

This program has been reviewed and is acceptable for up to **1.0 Nursing Contact Hours**.

As a Jointly Accredited Organization, The Robert Larner College of Medicine at the University of Vermont is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. The University of Vermont maintains responsibility for this course. Social workers completing this course receive **1 continuing education credits**.

This activity was planned by and for the healthcare team, and learners will receive 1 Interprofessional Continuing Education (IPCE) credit for learning and change.

CMIE Disclosures

Interest Disclosures: As an organization accredited by the ACCME to sponsor continuing medical education activities, UVMCMIE is required to disclose any real or apparent conflicts of interest (COI) that any speakers may have related to the content of their presentations.

Meeting Disclaimer: Regarding materials and information received during this educational event, the views, statements, and recommendations expressed during this activity represent those of the authors and speakers and do not necessarily represent the views of the University of Vermont.



Supporting Trans Youth: Collaborative Approaches to Gender Affirming Care

Madison Smith, PsyD

Wendy Bliss, RN

University of Vermont Medical Center, Children's Hospital,
Transgender Youth Program

February 8, 2024

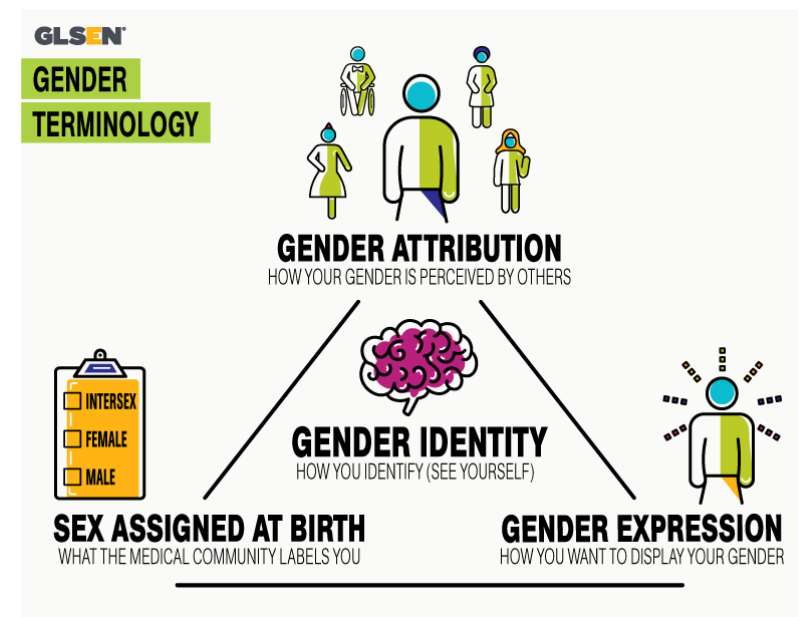
Session Objectives

Learning objectives for this ECHO session include the ability to:

1. Review current* best practices for gender affirming care for youth.
2. Identify pertinent risk factors and ways to enhance protective factors.
3. Learn affirmative practices to enhance provider/patient relationships.

Important Terms

- **Gender Identity**: How you identify and see yourself; everyone gets to decide their gender identity for themselves.
 - Boy, girl, transgender, nonbinary, gender fluid, a-gender
- **Sex assigned at birth**: The sex the medical community labels a person when they are born.
- **Gender Expression**: How a person expresses themselves and their gender (i.e., clothing, hairstyle, activities a person enjoys, how a person interacts with others).
- **Gender Attribution**: How a person's gender is perceived by others.



Name the
different
pronouns and
gender identities
that you are
aware of.



Gender Identity Development

- *Between ages 1 and 2*
 - Kids are conscious of physical differences between sexes
- *At 3 years old*
 - Kids can label themselves as girl or boy
- *By age 4*
 - Gender identity is recognized by kids as a stable characteristic

Of Note: not every person fits into this pattern! Additionally, further research is needed to better understand this construct as TGN folks were not included in originally studies.

Gender Play: All pre-pubertal children play with gender expression and children's interests/preferences should be encouraged.

Types of Transition

Social transition

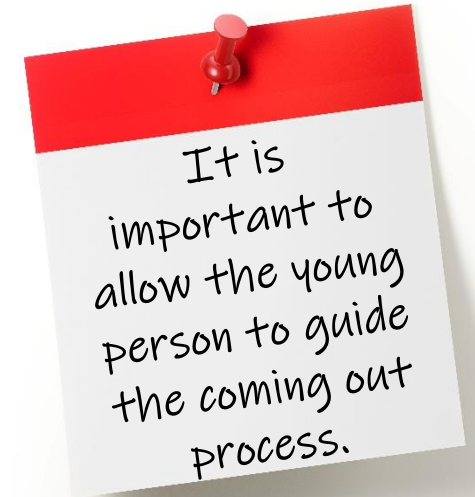
- Affirming name
- Gender expression (hair, clothes, makeup, etc.)
- Pronouns that align with identity
- Binding, tucking, packing

Legal affirmation

- Changing of name and gender markers on legal documents

Medical transition

- Puberty Blockers
- Gender Affirming Hormones
- Surgeries



It is important to allow the young person to guide the coming out process.

**Person-centered care

Gender Affirming Medical Interventions

•Puberty blockers

- Puberty blocking is a pause button on any further puberty changes.
 - It does not reverse any changes that have already happened.*
- Offers opportunity to explore gender further without continued body changes.

•Gender affirming hormones

- Testosterone and estrogen are used to assist someone in having their physical appearance match their gender identity. Earliest this can typically start is 14 years old.
 - *Not FDA approved indications

•Surgeries

- Not all transgender individuals will or want to undergo surgeries.
- Most surgeons will not perform surgeries on individuals under 18, however some providers will provide chest masculinization (top surgery) on teens starting around age 16.

Composite Case Presentation

15-year-old transgender male

- Social history: Parents divorced and have joint custody and decision-making ability. Pt first generation American, family moved from another country that prohibits gender affirming care for all people. Pt attends public school.

TYP History:

- First came on TYP's radar following suicide attempt and admitted to the hospital
- Psychological assessment within TYP and diagnosed with gender dysphoria
- Attended new patient TYP medical visit shortly after

Best Practices at any Health Care Facility

Starting at the front door...

- Signage around the clinic indicating welcoming environment
- All gender bathrooms available and explicit messaging on why you have these restrooms
- Have posted non-discrimination commitment policies

Interactions with patients...

- Avoid using gendered language. Use “they” pronouns if unsure the pronouns someone is using or refer to the pt using their name.
- Ask all patients for their name and pronouns and be able to explain why you are doing so
- If thrown off by a name, respectfully inquire
- If mistakes are made, apologize respectfully and move on

Intake forms...

- Use forms that include two-step inquiry for sex and gender

Ask the patient, who knows about your gender identity and/or is there anyone you don't want to know about your gender identity

Always use a patient's chosen name and pronouns whether you think they are around or not

Create a culture of holding each other accountable

Reflection (Add in the chat)!

What areas is your practice doing well?

What areas could you improve upon?

Best Practices: Why does it all matter?

LGBTQ+ youth:

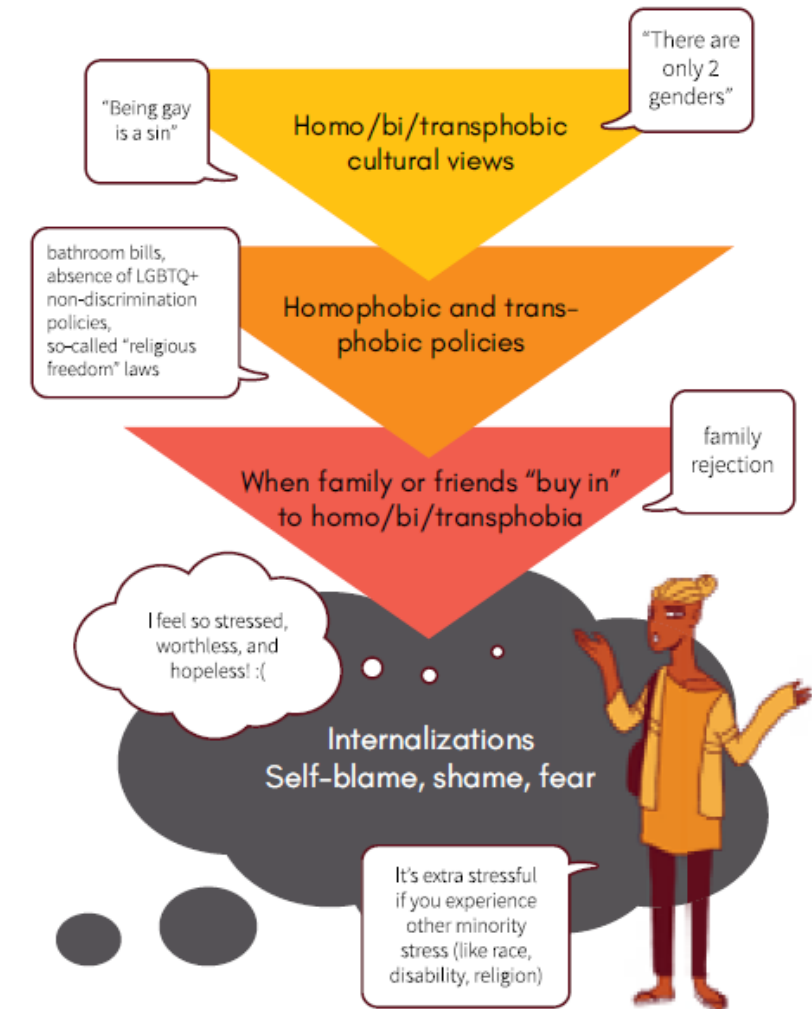
- 4x more likely to attempt suicide (Johns et al., 2019; Johns et al., 2020).
- More likely to experience anxiety and depression (Trevor Project, 2023 US National Survey on Mental Health of LGBTQA Young People).
- Report higher rates of psychological distress and poor ability to manage stress (Human Rights Campaign, 2023 LGBTQ+ Youth Report).

We need to acknowledge the context.

Minority Stress is the stress experienced by and unique to members of a minority group-including LGBTQ+ people. Minority Stress has been linked to a number of adverse health outcomes.

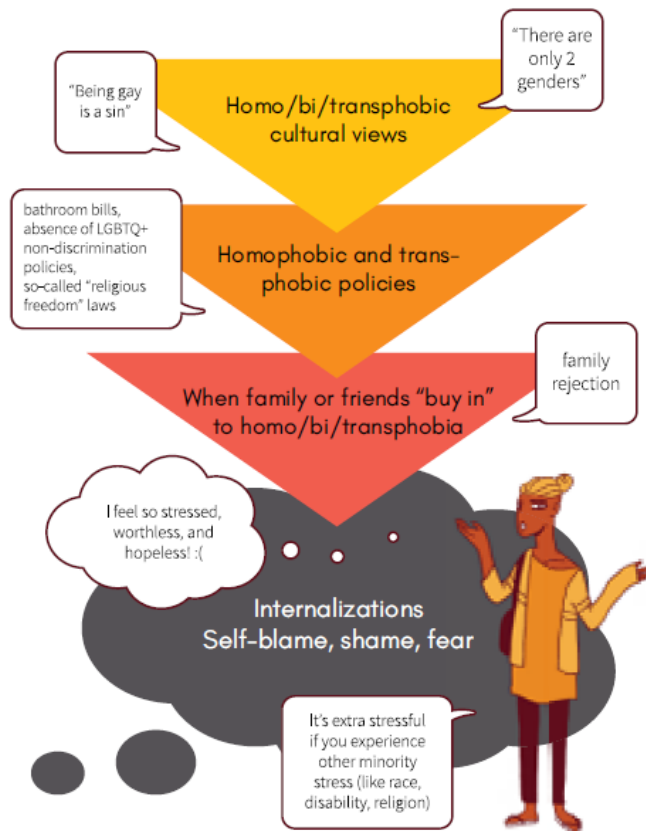
Risk Factors are the systemic discriminatory factors in place. Bullying, misgendering, discrimination, anti-trans laws/policies, all have a direct impact on a young person's wellbeing.

Effects of Anti-LGBTQ+ Discrimination



Applying to the Case

Effects of Anti-LGBTQ+ Discrimination



Cultural Views: "You can't 'choose' your gender"

Policy Level: Fear that he will lose access to gender affirming care intensified by laws restricting access to gender medical care for youth

Interpersonal Level: Pt's mother believes pt's gender identity is a phase and thus unwilling to consent to any irreversible medical interventions

Intrapersonal Level: Young person with strong internalized transphobia, self-hate, anxiety, depression, and chronic suicidal ideation

Protective Factors

1. Implementation of affirmative practices
 - Using a gender diverse youth's chosen name leads to reductions in negative health outcomes (Pollitt, et al., 2021)
2. Increasing self-esteem
3. Support of parents, peers, or trusted adults
 - Online groups can be a great source of support and community with peers
 - Teachers, coaches, theater directors, healthcare providers can enhance interpersonal support if parents are not supportive
 - As providers we can work to strengthen the parent-child relationship through reframing (*"I can't believe my child is trans; what did I do wrong?"* → *"You created a safe relationship with your child for them to be able to share this incredibly important part of who they are"*)
4. Inclusive communities, schools and GSAs
 - LGBTQ youth who found their school to be affirming reported lower rates of attempting suicide (Trevor Project, 2023 US National Survey on Mental Health of LGBTA Young People).

Case Example: Specific approaches to care

1. Affirmed pt's gender identity:
 - Using correct name and pronouns
 - Updating medical chart to ensure accurate name, pronouns, gender markers
 - Validating the pt's experience
2. Continue to approach both pt and mother with curiosity and nonjudgment around their experiences
3. Changed the set-up of the visits:
 - Separate visits for mother and pt
 - Extended appointment times
4. Offered psychotherapy services to pt and family
5. Provided education to mother around gender diversity in youth
6. Consulted with other agencies to ensure they are sharing accurate information around gender affirming care for youth
7. Increased supports outside of the home:
 - Pt is engaging in GSA and Outright programming

In Summary

- Create a welcoming environment for all patients walking through the door.
- Strive to create an inclusive and affirming practice and hold each other accountable.
- Encourage caregivers to follow their child's lead.
 - Recognize expansive gender expressions are developmentally normative and appropriate.
- Identify risk factors and support folks in increasing their protective factors.
- Be an advocate. Speak up when you see instances of discrimination.
 - [Movement Advancement Project | Health Care / Bans on Best Practice Medical Care for Transgender Youth \(lgbtmap.org\)](#)
- Stay educated.
 - See next slide for resources
- When you make a mistake (and we all will), apologize and move forward.

Peer-reviewed Articles

Chen, D., Berona, J., Chan, Y. M., Ehrensaft, D., Garofalo, R., Hidalgo, M. A., Rosenthal, S. M., Tishelman, A. C., & Olson-Kennedy, J. (2023). Psychosocial Functioning in Transgender Youth after 2 Years of Hormones. *The New England journal of medicine*, 388(3), 240–250. <https://doi.org/10.1056/NEJMoa2206297>.

Delozier, A. M., Kamody, R. C., Rodgers, S., & Chen, D. (2020). Health Disparities in Transgender and Gender Expansive Adolescents: A Topical Review From a Minority Stress Framework. *Journal of pediatric psychology*, 45(8), 842–847. <https://doi.org/10.1093/jpepsy/jsaa040>

Chodzen, G., Hidalgo, M. A., Chen, D., & Garofalo, R. (2019). Minority Stress Factors Associated With Depression and Anxiety Among Transgender and Gender-Nonconforming Youth. *The Journal of adolescent health : official publication of the Society for Adolescent Medicine*, 64(4), 467–471. <https://doi.org/10.1016/j.jadohealth.2018.07.006>

Olson, K. R., Durwood, L., Horton, R., Gallagher, N. M., & Devor, A. (2022). Gender Identity 5 Years After Social Transition. *Pediatrics*, 150(2), e2021056082. <https://doi.org/10.1542/peds.2021-056082>

References

Gender spectrum. Gender Spectrum. (2024). <https://www.genderspectrum.org/>

Pollitt, A. M., Ioverno, S., Russell, S. T., Li, G., & Grossman, A. H. (2021). Predictors and mental health benefits of chosen name use among transgender youth. *Youth & Society*, 53(2), 320-341.

The Trevor Project (2023). 2023 U.S. National Survey on the Mental Health of LGBTQ Young People. <https://www.thetrevorproject.org/survey-2023/>

Tordoff, D. M., Wanta, J. W., Collin, A., Stepney, C., Inwards-Breland, D. J., & Ahrens, K. (2022). Mental health outcomes in transgender and nonbinary youths receiving gender-affirming care. *JAMA network open*, 5(2), e220978-e220978.

Turban, J. L., & Keuroghlian, A. S. (2018). Dynamic gender presentations: Understanding transition and “de-transition” among transgender youth. *Journal of the American Academy of Child & Adolescent Psychiatry*, 57(7), 451–453. <https://doi.org/10.1016/j.jaac.2018.03.016>

Valente PK, Schrimshaw EW, Dolezal C, LeBlanc AJ, Singh AA, Bockting WO. Stigmatization, Resilience, and Mental Health Among a Diverse Community Sample of Transgender and Gender Nonbinary Individuals in the U.S. *Arch Sex Behav*. 2020 Oct;49(7):2649-2660. Epub 2020 Jun 23. PMID: 32577926; PMCID: PMC7494648.



Thank you!

Questions and Discussion

Two cases for next month?
Volunteers?



Case Presentation



DO NOT INCLUDE:

Names, Address, DOB, Phone/Fax #, Email address, Social Security #, Medical Record #

Consider the level of detail necessary. Go with less when possible.

The discussion and materials included in this conference are confidential and privileged pursuant to 26VSA Section 1441-1443. This material is intended for use in improving patient care. It is privileged and strictly confidential and is to be used only for the evaluation and improvement of patient care.

DATES	DIDACTIC TOPICS (in addition to case review)
October 12	ADHD Symptoms in the Setting of Toxic Stress for Younger Patients Greta Spottswood, MD
November 9	Deeper Dive into ADHD Symptoms in setting of Toxic Stress Greta Spottswood, MD
December 14	Complex Developmental Trauma and Trauma-Responsive Care: An Intergenerational Approach Colleen Victor, MD and Sara Schnipper, MSW
January 11	Deeper Dive into Complex Developmental Trauma and Trauma-Responsive Care Haley McGowan, DO and Sara Schnipper, MSW
February 8	Supporting Trans Youth: Collaborative Approaches to Gender Affirming Care Madison Smith, PsyD
March 14	Deeper Dive into Collaboratively Supporting Trans Youth Madison Smith, PsyD
April 11	Managing Anorexia Nervosa in the Primary Care setting: Awareness, Monitoring, and Access to Specialized Care <i>Erica Gibson, MD</i>
May 9	Deeper Dive into Managing Anorexia Nervosa in the Primary Care Setting <i>Erica Gibson, MD</i>

Closing Announcements

- Slides are posted at www.vtahec.org
- Recording of didactic portion will be sent by email to the full cohort
 - **All recordings are for the use of registered participants only**
- Please complete the evaluation survey
- CMIE information and session QR code auto-send after evaluation
- Please contact us with any questions, concerns, or suggestions:
 - Haley.McGowan@partner.vermont.gov
 - Patti.Smith-Urie@uvm.edu



 **(802) 488-5342**

 **Hours: Monday-Friday* 9a-3p**

 **Visit www.chcb.org/VTCPAP**

**see website for holiday closures*