CLINICAL PERSPECTIVES 57

ETHICAL TWISTS AND TURNS IN CARING FOR TRANSGENDER YOUTH

Nathaniel G. Sharon, MD, University of New Mexico, nathan.g.sharon@gmail.com; Arden D. Dingle, MD, The University of Texas, Rio Grande Valley, arden.dingle@utrgv.edu

Objectives: Despite limited outcome data on medical interventions for gender dysphoria, transgender adolescents and their guardians must do their best to make complex medical decisions that have physical, cognitive, emotional, and social impacts. Decision pathways often put strain among concepts of nonmaleficence, beneficence, justice, and autonomy. Care guidelines mandate that transgender youth undergo a mental health assessment to determine "readiness" before starting any physical intervention. This assessment often is viewed as stigmatizing and delaying access to care. Medical interventions, such as puberty blockers, can begin as early as age 8 years and can have implications for future fertility and surgical outcomes. Care guidelines recommend that an adolescent be at least age 16 years to start sex hormones associated with more permanent physical changes, whereas others start them several years younger. Although surgical options for transgender adolescents remain limited, care guidelines consider increased surgical allowances for transgender youth. Clinically, tackling issues, such as guardians and adolescents disagreeing about medical interventions, coming out, exploring gender with a youth who is undecided, confidentiality, and dual-role relationships, all pose ethical stumbling blocks when providing care.
Methods: Aron Janssen, MD, will introduce us to the ethical challenges presented by caring for transgender youth and how these ethical challenges relate to transgender youth health disparities. Sarah Herbert, MD, will discuss ethical dilemmas within clinical care for transgender youth and ways to navigate them. Nathaniel Sharon, MD, will address adolescent decision making related to medical interventions for gender dysphoria. Diane Chen, PhD, will discuss ethical considerations in fertility preservation for transgender youth.
Results: Child and adolescent psychiatrists will have a better appreciation for the ethical complexities related to serving transgender youth and will gain skills to address ethical conundrums when working with this population.
Conclusions: Although ethical challenges are difficult to overcome, clinicians can steer through these hurdles with goalposts of strength-based gender, sexual, emotional, cognitive, and social development.

ETH, GID, SEX

Sponsored by AACAP's Ethics Committee and Sexual Orientation and Gender Identity Issues Committee

https://doi.org/10.1016/j.jaac.2019.07.470

57.1 ETHICAL PRINCIPLES IN GENDER-AFFIRMING CARE

Aron Janssen, MD, New York University, aronjans@gmail.com

Objectives: Transgender and gender-expansive (TGE) youth with gender dysphoria are at significantly elevated risk for adverse physical and psychosocial outcomes compared with cisgender peers. Although effective treatment options exist, ethical challenges are frequently confronted in providing safe and equitable access to care. The objective of this talk is to introduce the ethical principles of gender-affirming care and to address the challenges and dilemmas in the field.
Methods: Aron Janssen, MD, will review the concepts of beneficence, nonmaleficence, autonomy, and justice, and describe using existing literature and case material the challenges that providers face in balancing these ethical principles. Each principle will be reviewed, and the tension between them will be discussed.
Results: Participants will be able to describe methods to treat TGE youth in ethically sound, patient-centered, and gender-affirming care, and will be able to identify, using the concepts of beneficence, nonmaleficence, autonomy, and justice, the ethical dilemmas in a newly emerging field.
Conclusions: Despite advances in the treatment of gender dysphoria in TGE youth, many children lack access to ethically sound, safe, and appropriate treatment. This talk will conclude with a call to action for providers in expanding the knowledge and evidence base in the field and to question how to improve access to care.

ETH, GID, MDM

https://doi.org/10.1016/j.jaac.2019.07.471

57.2 ETHICAL ISSUES IN CLINICAL WORK WITH TRANSGENDER TEENS AND THEIR PARENTS

Sarah E. Herbert, MD, MSWSarah E. Herbert, MD, MSW, LLC, sarah.herbert@decaturfamilypsychiatry.com

Objectives: Ethical challenges and dilemmas arise for the clinician who is working with transgender youth, their families/guardians, and other systems involved in their care. Clinicians may need to balance various different roles as the person who does the gender assessment, a clinician, a family therapist, and an advocate. Conflicts may arise when parents/guardians and transgender youth are not in agreement about when and what type of care would be best for the young person. In locations where there is a team, there may be divergent opinions regarding when a youth should start medical intervention or if they should consider surgical procedures. There are times when poorly controlled mental health conditions need to be addressed prior to beginning medical interventions.
Methods: Sarah Herbert, MD, will discuss the complex situations that providers face when balancing the most beneficent/nonmaleficent care for transgender youth and at the same time being respectful of the autonomy of each youth and their parents/guardians. Although parents/guardians may be considered unsupportive if they are concerned, hesitant, or resistant, this is a much more complex and nuanced situation. There are issues of the maturity of their child's decision making that must be addressed. Parents/guardians are often the ones who have to sign for medical or surgical interventions. Thus, they may find it difficult to give permission for a minor child to have interventions that may permanently alter their appearance, affect their future fertility, and have a lasting impact on their adult years. Case vignettes will be used to illustrate these dilemmas and to show how parents and youth, with the help of professionals, have worked through these issues.
Results: The participants will be better able to recognize and balance the ethical tensions within clinical care for transgender youth. They will learn how family education and intervention, as well as advocacy can be incorporated into the assessment and ongoing clinical care of transgender youth.
Conclusions: Professionals treating transgender youth must consider the unique strengths of each youth, as well as how to thoughtfully involve parents/guardians, and they must consider other systems involved in making decisions regarding the care of transgender youth.

ETH, GID, FAM

https://doi.org/10.1016/j.jaac.2019.07.472

57.3 MEDICAL DECISION-MAKING FOR TRANSGENDER YOUTH: ETHICAL CHALLENGES AND FRONTIERS

Nathaniel G. Sharon, MD, University of New Mexico, nathan.g.sharon@gmail.com

Objectives: Decision making regarding medical interventions for gender dysphoria in children and adolescents is complex, particularly with limited longitudinal data and impacts that can be long lasting. Nonbinary youth also want various interventions that have no guidelines in place, and more youth are requesting surgeries with permanent outcomes. Decisions for medical interventions can begin as young as age 8 years and can occur across multiple different stages of neurocognitive development throughout childhood and adolescence. Each youth's decision-making path is affected by cognitive capacity; medical and mental health status; and academic, family, and community support. The majority of youth must rely on their guardian's consent or wait until they turn the age of medical majority. Decision making can also be influenced by access to care, insurance coverage, individual state laws for child consent, and confidentiality. Although international care guidelines for transgender youth stipulate more conservative ages to begin medical interventions, differing countries and gender clinics are lowering these age requirements and starting medical interventions at younger ages. Moreover, although guidelines mandate a mental health assessment before proceeding

with medical care for gender dysphoria, many youth and families are bypassing this assessment and beginning medical care without it.
Methods: Nathaniel Sharon, MD, will review medical decision-making laws for youth and confidentiality rights. Examples of the strains between nonmaleficence, beneficence, justice, and autonomy in youth decision making for gender dysphoria will be provided, as well as ways to navigate them. Guidelines for medical care for transgender youth will be reviewed, as well as evolving child consent and care practices.
Results: Clinicians will appreciate the ethical dilemmas associated with youth decision making for medical interventions for gender dysphoria and ways to address them within clinical practice.
Conclusions: Decision making for transgender youth not only presents with ethical complexities but also pushes legal and medical systems to adapt youth consent laws to better address health disparities and outcomes for transgender youth. Further research is required to help support decision making for transgender youth.

ETH, GID, MDM

https://doi.org/10.1016/j.jaac.2019.07.473

57.4 ETHICAL CONSIDERATIONS IN FERTILITY PRESERVATION FOR TRANSGENDER YOUTH

Diane Chen, PhD, Ann & Robert H. Lurie Children's Hospital of Chicago and Northwestern University, dichen@luriechildrens.org

Objectives: Transgender adolescents and young adults (AYA) increasingly seek treatment with gender-affirming hormones (GAH). Although effective in reducing gender dysphoria (GD), GAH have long-term implications, including possible fertility impairment. Thus, clinical guidelines by the World Professional Association for Transgender Health, the Endocrine Society, and the American Society of Reproductive Medicine recommend counseling about fertility preservation (FP) options prior to starting GAH. Despite these recommendations, FP utilization is low among transgender AYA, with fewer than 5 percent completing FP. Reasons for low utilization are not entirely clear, and some studies suggest that 24 percent to 36 percent of transgender AYA desire biological parenthood, with larger numbers uncertain about their parenthood goals. One recent qualitative study found that transgender AYA consider a myriad of factors in weighing whether to pursue FP—individual desires for and family values around biological parenthood influenced whether AYA pursued FP consultation, but factors such as procedure costs and expectation of GD exacerbation in the context of FP were barriers to completing FP. AYA also identified shortcomings in fertility counseling from providers, which is consistent with a recent survey study of transgender health care providers finding variability in fertility knowledge and counseling practices. The objective of this presentation is to highlight key considerations in fertility-related decision making among transgender AYA, including accounting for youths' maturity and individual decisional capacity, evaluating co-occurring mental health conditions that could interfere with future-oriented decision making, and considering benefits and harms of FP in the context of a youth's values, identity, and comfort.
Methods: The concepts of beneficence, nonmaleficence, autonomy, and justice will be discussed in the context of fertility decision making.
Results: Child and adolescent psychiatrists will have a better appreciation for ethical considerations in fertility care for transgender AYA.
Conclusions: Attendees will implement new knowledge into practice.

ETH, GID, MDM

Supported by NICHD Grants R21-HD097459, R21-HD087839, and R01-HD082554.
https://doi.org/10.1016/j.jaac.2019.07.474

CLINICAL PERSPECTIVES 58

GET THEM IN THE DOOR: UPDATES ON THE ASSESSMENT AND TREATMENT OF SCHOOL REFUSAL

Lois T. Flaherty, MD, Harvard Medical School, loisflaherty@gmail.com; Iliyan Ivanov, MD, Icahn School of Medicine at Mount Sinai, iliyani@yahoo.com; Tara S. Peris, PhD, University of California, Los Angeles, tperis@mednet.ucla.edu

Objectives: School refusal is a pervasive problem with complex causes and long-reaching consequences. Youth who are chronically absent from school often fail to complete one of the basic developmental tasks of adolescence—developing autonomy. In turn, their social interactions, academic achievement, and sense of self-efficacy and positive identity are likely to be curtailed severely. Consequently, there is increased likelihood to engage in criminal behavior, sexual risk behaviors, abuse of illicit substances, and dropout from school entirely. Students who are chronically absent also display high rates of mental health comorbidities, with anxiety disorders and disruptive behavior disorders being particularly prevalent. Because school refusal is not a diagnosis but rather a set of clinical problems, there are no mainstream systems for assessment and referrals to treatment for school refusal. Together, these factors make the management of school-refusing youth particularly challenging.
Methods: The presentation will address the gaps in knowledge through extensive review of the available literature to highlight the most current understanding on conceptualization, assessment, and treatment of school refusal. Presenters will discuss clinical vignettes to show clinically salient points that face child and adolescent psychiatrists in community settings.
Results: This session will include 4 presentations, a discussion, and a questions-and-answer panel. Lois Flaherty, MD, will present an overview of school refusal, with respect to competing classifications and presentation along developmental trajectories. Nancy Rappaport, MD, will share practical strategies and systemic interventions that illustrate how to help schools successfully address school avoidance, which can seem like an intractable problem. Ruth Gerson, MD, will discuss the management of school refusal in emergency department settings and facilitating referrals for aftercare after assessment in the emergency department. Iliyan Ivanov, MD, will review existing evidence-based treatments and will present an innovative treatment model from the CARES program that treats adolescents with comorbid mental health and substance use disorder.
Conclusions: Attendees will learn about implementing practical evidence-based strategies to assess and manage individuals with school refusal in clinical practice.

SCR, SAD, ADOL

https://doi.org/10.1016/j.jaac.2019.07.475

58.1 OVERVIEW OF SCHOOL REFUSAL

Lois T. Flaherty, MD, Harvard Medical School, loisflaherty@gmail.com

Objectives: School refusal refers to persistent reluctance or refusal to go to school. It can occur with either separation anxiety disorder or social anxiety disorder. Whereas social anxiety disorder and separation anxiety disorders are much more prevalent in younger children (4%) than they are in adolescents (1.6%), failure to attend school is much more prevalent among high school students (20%) than it is among middle school- (12%) or elementary school-aged (11%) students, indicating a multifactorial etiology. School refusal is embedded in a complex matrix of medical, social, and emotional factors. In addition to mental health conditions, these include chronic illness, bullying, perceived lack of safety, health problems or needs of other family members, inconsistent parenting, poor school climate, economic disadvantage, and unreliable transportation. The US Department of Education uses the term "chronic absenteeism," defined as missing 15 or more days of school a year, and has termed it "a hidden educational crisis," involving more than 8 million students (15%).
Methods: Lois Flaherty, MD, conducted an up-to-date review of the existing literature.
Results: Chronic absenteeism translates into poverty, poor health, and involvement in the criminal justice system. American Indian students, Pacific Islander students, black students, students with disabilities, and students who are non-English learners have the highest rates of absenteeism. Although outcome data are limited, treatment must be individualized and problem based. Interventions range from school-wide interventions to improve the school climate to individual and family therapy for students with anxiety disorders.