

# Gender Pathway Services: Charting a Course for Transgender Youth

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Gender dysphoria, if left untreated, has a 40 to 50 percent attempted suicide rate.

Medical, social and psychological problems all need to be addressed and often dealt with simultaneously.

Children's Mercy has developed the new Gender Pathway Services (GPS) Clinic to help manage these issues.

Based in the Division of Endocrinology, the team provides interdisciplinary family-centered services for transgender, gender-variant, and gender-questioning patients. This is the only center of its kind in the Midwest and one of only a handful in the country.

Specialists that are part of the clinic include: endocrinology, psychology, adolescent medicine and social work.

New patients receive a psychological evaluating to help ensure the mental health needs of the family and patient are continuously supported.

Jill Jacobson, MD is here to discuss Gender dysphoria.

Featured Speaker:  
Jill Jacobson, MD



**Jill D. Jacobson, MD**

**([https://www.childrensmercy.org/Clinics\\_and\\_Services/Clinics\\_and\\_Departments/doc=4670](https://www.childrensmercy.org/Clinics_and_Services/Clinics_and_Departments/doc=4670))** - Director of Disorders of Sexual Development and GUIDE Clinics; Professor of Pediatrics/Endocrinology, University of Missouri-Kansas City School of Medicine

Transcription:

Dr. Michael Smith (Host): Welcome to Transformational Pediatrics. I'm Dr. Mike Smith, and our topic is Gender Pathway Services, charting a course for transgender youth. My guest is Dr. Jill Jacobson. She's the director of Disorders of Sexual Development and GUIDE Clinics. She's a professor of Pediatrics and Endocrinology at the University of Missouri Kansas City School of Medicine. Dr. Jacobson, welcome to the show.

Dr. Jill Jacobson (Guest): Thank you.

Dr. Smith: I think let's start with some definitions, okay? And let's make sure we're all on board and we understand what we're talking about here. Let's define and distinguish between transgender, gender questioning, and gender nonconforming youth.

Dr. Jacobson: Okay. Well, I think transgender is generally a broad generic term that includes transsexualism, which is typically used to define people who want sex change operation, now called gender confirmation surgery. Transgenderism also includes people who are cross-dressers, who are not desirous of surgical changes. In general, transgenderism is the generic term. I kind of use that interchangeably with gender dysphoria, which basically means feeling as though you're trapped in the wrong body, you don't identify with your birth gender.

Dr. Smith: Okay.

Dr. Jacobson: Gender, I think, our psychologists in our gender pathways clinic use the term "gender nonconforming behavior." They sometimes see young children who might have tomboyish behavior, and unless they're severely uncomfortable with their assigned gender, that's not necessarily gender dysphoria.

Dr. Smith: So let's talk about -- you mentioned I think it was on one of the websites I saw that gender dysphoria, if left untreated, has what was it, a 40 to 50 percent attempted suicide rate?

Dr. Jacobson: Yes.

Dr. Smith: That's just very concerning, obviously. How many actually do go untreated, and how many of these youth are we missing?

Dr. Jacobson: Right. We don't really know that. In the days around 20 years ago, they thought that about 1 in 20,000 or 1 in 40,000 people was affected with transgenderism. And they were basing those numbers on the number of people who presented for surgical correction. More recent studies have just used school surveys with high school students, and it's estimated now that the frequency is closer to 1 in 200. So I think there are a lot of people who have gender dysphoria who have not told anybody or who feel uncomfortable about it, so I think we're lucky in our gender pathways clinic we see the children whose parents bring them in for attention, for evaluation and potential treatment.

Dr. Smith: Yeah. Dr. Jacobson, when you say treating gender dysphoria, I think initially what some people might hear is trying to change the child.

Dr. Jacobson: Right.

Dr. Smith: But that's not really what we mean, right?

Dr. Jacobson: No.

Dr. Smith: That's not what we're talking about here. We're talking about something different. We're talking about the anxiety, the stress, that kind of stuff associated with it, right?

Dr. Jacobson: Well actually, I'm an endocrinologist, and the Endocrine Society has taken on transgenderism as an endocrine condition and they're recommending medical treatment, including puberty blockade to avoid unwanted secondary sexual characteristics. So now we're not doing psychotherapy, trying to change the way they think or trying to talk them out of it or trying to talk them

out of their transgenderism. We do have psychologists involved who do help with anxiety, but in reality, a lot of times, once these patients are allowed to start living in their desired gender, a lot of the anxiety is reduced. But the Endocrine Society came out with clinical practice guidelines in 2009 to use puberty blockers in transgender patients once they entered puberty, and once they entered puberty and still felt dysphoric about their body. And those studies, actually, that has been going on for a while, and people have already shown improved mental health outcome in those patients that have been treated.

Dr. Smith: Nice.Okay. Well, just from your experience, from a developmental, emotional, even cultural perspective, what's it like for a transgender youth or someone with gender dysphoria? Give us an idea what they're really going through.

Dr. Jacobson: Well, I think it's better now than it was 10 or 20 years ago, but I had a patient who came to me when she was eight, and when she was three, she had gone to her parents and asked them, "If I died and went to heaven, would I come back in the right body?"

Dr. Smith: Oh, my god.

Dr. Jacobson: And I have another patient who told me when he looks in the mirror, he sees a lie. Your gender identity is something that most people take for granted. You can't really imagine how much other people would suffer if they were, say, didn't identify with the assigned gender. And there's a lot of shame involved, of course, so I think there a lot of people who are unrecognized. I do see a lot of patients...

Dr. Smith: Well Dr. Jacob, how often though with the families, how often are the families affirming the gender identity issue? Or do a lot of families just not know how to handle this? Are there resources for family members as well?

Dr. Jacobson: That's a really good question. Well, I think we see the tip of the iceberg. We tend to see patients with very supportive families who brought them in, brought them to medical attention. We do have a few families where the parents disagree on the approach, and sometimes the child has been dealing with the situation for many years but the parents have just become newly aware of the problem and don't want to rush things and want to take steps very slowly.

Dr. Smith: So the clinic that you work at again is called Gender Pathway Services.

Dr. Jacobson: Uh-huh.

Dr. Jacobson: Tell us a little bit about how that got started, what your role is there, and some of the experiences you're having.

Dr. Jacobson: Well, I started seeing a handful of transgender patients, and then the numbers rapidly increased. So we started a multidisciplinary clinic where we have myself, an endocrinologist, two psychologists, a dedicated social worker, a dedicated nurse in adolescent medicine, and we all see the patients on the day of the clinic and address their various psychosocial, adolescent, and endocrine needs.

Dr. Smith: So when a patient comes in, they see everybody all in that one day. So it's very holistic in that approach, I guess, right?

Dr. Jacobson: Right, yeah. We schedule a long appointment, but we try to get everybody seen by everybody.

Dr. Smith: Is there a specific website that doctors, patients can go to associate with your clinic?

Dr. Jacobson: We do have a website in Children's Mercy webpage under GPS.

Dr. Smith: Okay. And just for the listeners, that website is [childrensmercy.org](http://childrensmercy.org), and you can find the Gender Pathway Services there. Dr. Jacobson, I want to thank you for what you're doing. It's amazing work and I just thank you for it. I know it's very important. I want to thank you for coming on the show. You're listening to Transformational Pediatrics with Children's Mercy Kansas City. For more information, you can go to [childrensmercy.org](http://childrensmercy.org). That's [childrensmercy.org](http://childrensmercy.org). I'm Dr. Mike. Have a great day.

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