

I am grateful to the CAPSGW Executive Board for selecting me as one of the recipients of this year's travel grant. The 2019 AACAP Annual meeting in Chicago represented my first time attending a medical conference and allowed me myriad opportunities to learn from experts providing mental healthcare to gender-diverse youth. Within the field of medicine, there is an overwhelming need for more providers to become competent working with transgender or gender non-conforming individuals. This is not to say that I believe I am competent in this area. I believe that the glaring gaps in transgender medical education among healthcare providers has much to do with my own anxieties as a clinician interested in this specialty. In a survey issued to medical school deans, it was reported that an average of 5 hours of time is dedicated to LGBTQ-related content in the curricula. A study cited that 67% of medical students rate their LGBTQ-related curriculum as "very poor." Stunningly, even among endocrine fellowships, program directors report a lack of faculty who had interest in or experience with transgender medical care to provide much needed education to their trainees. The AACAP conference, by contrast, featured many talks and workshops dedicated to expanding our knowledge of working with this underserved population.

One series of talks I particularly enjoyed was titled "Clinical Perspectives 18: The Developmental Understanding of Identity and Gender Diversity in Adolescents and Transitional-Age Youth with ASD." The series was chaired by Dr. Timothy Van Deusen of the Yale School of Medicine with presentations from Drs. Vaan Schalkwyk, Ito, Daniolos, Williams and Janssen. During my adult psychiatry training, our gender clinic specialists (like others across the country) began to note an overrepresentation of individuals with ASD in their referrals. This series highlighted that there are many clinical complexities to reflect upon when treating adolescents with concomitant gender identity issues, ASD as well as other mental illness comorbidities. The first of the presenters gave a valuable overview of ASD through a developmental lens. Transitional age youth with ASD experience less identity commitment compared to their neurotypical peers. It is instructive to remember that social skills are needed to navigate this stage in development effectively, and unstructured, unsupported environments are particularly anxiety provoking for individuals with ASD. These adolescents are relatively less concerned with gender stereotype norms and do not respond to the same cues related to gender binaries as compared to neurotypical peers. As such, we as clinicians should not be surprised that this population of patients is comprised of non-binary gender identities. It is important to affirm and validate a diversity of gender narratives rather than viewing our gender diverse patients as "ambivalent" or "those who have not thought long and hard about their gender identity."

During this series, we also heard from three child and adolescent psychiatrists reporting on their clinical cases ranging from a 13-year-old struggling with gender identity, depression and ADHD to a 23-year-old with a history of trauma, ASD, ADHD and intellectual disability. The speakers stressed as a commonality among the three cases that we are to use our developmental expertise when treating patients with complex ASD and gender-dysphoria, and not to foreclose on gendered options when working with youth who present as gender non-conforming. To relate back to gaps in medical education, it is sobering to remind ourselves that much of what we think we know about gender identity comes from a neurotypical perspective. Dr. Aron Janssen of NYU ended the series as the discussant. I benefitted from his thorough dissection of the DSM 5 criteria making up the diagnosis of "Gender Dysphoria." Many of the criteria are rooted in questions of gender role rather than gender identity. How are we supposed to accurately diagnose

gender dysphoria in individuals with ASD when many role questions are mired in a social construction of gender to begin with? When the talks concluded, I left with a lot more questions to contemplate than when they started. However, I also left with a lot more confidence on how to educate adolescents with ASD and gender dysphoria to embrace gender fluidity amidst their co-occurring conditions.

Another series I would like to mention was titled, “Clinical Perspectives 41: Race, Sexual Orientation, Gender Identity, and Politics 2.0: Meeting the Ongoing Needs of LGBTQ and Racial Minority Youth.” It was chaired by Dr. Brandon Ito of UCLA and featured talks from Drs. Oatis, Ryan and Legha. After having attended talks informing me how to consider using a developmental lens in the subject of gender dysphoria, I was excited to learn about ways to adopt a cultural perspective to improve my clinical formulations. Our patients are individuals who are defined by multiple identities, and those who are discriminated against on more than one basis are at greater risk to experience different types of minority stress, and thus, more victimization. Minority LGBTQ youth are tasked with integrating multiple identities and their sexual orientation and gender expression can conflict with cultural norms. Higher proportions of LGBTQ youth in racial minorities are living in foster-care compared with their racial majority peers. It is important for the greater public to acknowledge that minority stress has far reaching consequences to mental and physical health beyond “hurt feelings.” At the crux of this series was the message that culturally informed family interventions and novel educational curricula are desperately needed to address disparities in care.

Upon returning from the AACAP conference, I felt armed with the knowledge that I am surrounded by thoughtful, compassionate and motivated experts in this niche specialty. We bear the critical responsibility of making sure individuals with gender dysphoria receive the care they deserve during a time of high political stress affecting minority populations. I will always refer back to these talks as setting the stage for my career as a fully informed, *competent* physician in the care of gender-diverse youth.

Written by Lin Gyi, MD