

# Position Statement – Need to Train Psychiatrists in Provision of Care and Support to Individuals with Disorders of Sex Development and Their Families

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### Issue:

Disorders of sex development (DSDs) are congenital conditions (including but not limited to those formerly referred to as intersex disorders, hermaphroditism, and pseudohermaphroditism) which entail atypical development of chromosomal, gonadal and/or genital sex. The gender that should be assigned to infants may not be obvious at birth, and in many cases the process of decision making regarding gender assignment is complex and laden with uncertainties. Individuals with DSDs may experience gender dysphoria in the initially assigned gender and require gender reassignment. Gender reassignment may be rendered more complicated if early genitoplasty was employed to align the appearance of the external genitalia with the initially assigned gender. The proportion of individuals with DSDs who request gender reassignment varies as a function of both the particular DSD syndrome and the initial gender assignment. Besides initial gender assignment, and sometimes reassignment, other complex decisions are often required in areas where consensus for optimal management is lacking, particularly those involving irreversible elective surgical procedures performed on minors who lack capacity to participate in these decisions.

DSDs and the decision making they entail have the potential to cause great distress for both parents who struggle to make the best decisions for their children, and for the affected individuals themselves many of whom report feelings of stigmatization and shame. Accordingly, DSD advocacy groups, several existing treatment guidelines for DSDs, many individuals with DSDs, and the APA Task Force on Treatment of Gender Identity Disorder have called for an increased role of mental-health professionals in the care of individuals with DSDs and their parents or primary caregivers.

### APA Position:

- 1) Because of the multiplicity of DSDs, the complex differences among them, and their implications for medical, surgical and mental healthcare, provision of care to individuals with DSDs and their families is best accomplished by integrated interdisciplinary teams; because of the psychological distress associated with such decisions and the complex developmental processes involving body, brain, and mind that must be considered, these teams should include mental-health professionals.**

- 2) Because of their medical training, and because of the complex biological and medical considerations that come to play in decision making and psychoeducation regarding DSDs, with limited additional training psychiatrists can become well prepared to participate in these interdisciplinary teams.**
- 3) In light of the existing dearth of psychiatrists with the necessary training and expertise to contribute to such interdisciplinary teams, opportunities should be increased in residency and fellowship programs, including child and adolescent psychiatry and consultation-liaison psychiatry, for psychiatric training in the provision of care to individuals with DSDs and their families.**
- 4) Given the deficiencies in the evidence base upon which many management decisions must currently be made, APA encourages increased support for longitudinal outcome studies in collaboration with other disciplines**

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