

## Marilyn B. Benoit, MD, Child Maltreatment Mentorship Award Recap



### ■ Wynne Morgan, MD, and Christopher Bellonci, MD

**A** ACAP's Marilyn B. Benoit, MD, Child Maltreatment Mentorship Award was established this past year with a generous donation from Ms. Lisa Yang that honored **Marilyn B. Benoit, MD**, a former AACAP President and tireless advocate for youth involved in the child welfare system. The award provides a unique mentorship experience for residents, child fellows, or early-career child psychiatrists during a formative time in their career development to further interests in the fields of child welfare and child maltreatment.

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As the inaugural recipient of the award, I was fortunate to team with **Christopher Bellonci, MD**, Chief Medical Officer at The Judge Baker Clinic in Boston, and focus on the needs of lesbian, gay, bisexual, transgender, and queer (LGBTQ) youth in the Massachusetts (MA) child welfare system, the Department of Children and Families (DCF). Children

and adolescents who identify as LGBTQ face unique developmental challenges associated with stigma and prejudice that place them at increased risk for mental health disorders. Research has shown that LGBTQ youth are over-represented in foster care, more likely to reside in a group placement and to experience multiple placement disruptions, and to have increased challenges reaching permanency. LGBTQ youth in child welfare experience another layer of vulnerability that requires specialized attention and care: they are at high risk for complex trauma related to the neglect and abuse that brought many of them into foster care, coupled with the high rate of bullying and violence they experience as a sexual minority. As guardians of these vulnerable children and adolescents, state child welfare agencies must ensure they are placed in environments that protect, nurture, and affirm them, decreasing the risk for continued discrimination and harm.

The award allowed a project called "Reaching the Rainbow: Promoting Best Practices in Mental Health Care for Child Welfare Involved LGBTQ Youth" to provide a structured mentorship opportunity as well as financial support. It offered a platform to begin important advances in caring for LGBTQ youth focusing particularly on transgender and gender non-conforming (TG/GNC) youth in state custody.

One of the first key outcomes of this project was defining and fully understanding the complex factors leading to some of the more pressing issues within the LGBTQ population in MA

state custody. These transgender and gender non-conforming youth must access appropriate medical interventions that place them at risk for both under- and over-use. MA has experienced an upsurge in clinics providing medical interventions (hormone-blocking and hormone-affirming agents) to children and adolescents affirming TG/GNC. Many of these clinics use an informed consent approach to start a medical intervention yet do little in the way of reviewing these youth's mental health challenges. They also leave the risk/benefit decision-making to the parent or legal guardian. Many youth in the child welfare system have experienced chronic trauma and struggle with mental health disorders; because the more intensive mental health supports that this special population requires are ignored, they are at risk for over-using medical interventions. But at the same time, TG/GNC youth who have had appropriate mental health review from multiple providers before medical intervention have ended up in a state judicial consent process that creates a barrier to timely and appropriate treatment. Understanding these challenges made it clear that there was a need to have a protocol in place for TG/GNC youth in state custody seeking medical interventions.

Developing a draft protocol took multiple steps. First, the collaboration with Dr. Bellonci helped guide a literature review which highlighted a current area of need around mental health protocols. While the TG/GNC guidelines do emphasize the importance of mental health evaluations and considerations, they do not outline specific recommendations regarding time in treatment, considerations of a second opinion, and the examiner's level of expertise. Furthermore, the literature review found limited action by other state child welfare agencies to address this issue. These limitations led to a strong collaboration with a community partner and one of the first gender clinics in the country to better define specific recommendations around a mental health protocol. The

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Gender Management Services (GeMS) clinic at Boston Children's Hospital provides integrated mental health evaluation to all youth undergoing assessment and treatment with hormone-blocking/affirming agents. Utilizing the GeMS mental health protocol for treatment coupled with established guidelines for care of TG/GNC, the protocol for youth in state custody seeking medical intervention was developed.

The award also provided key support for the collaboration with the GeMS clinic to develop and provide training on the specialized needs of TG/GNC youth to targeted MA state child welfare regional nurses, mental health specialists, and medical social workers who provide support for complex medical and mental health cases. The educational component of this award has been crucial in establishing an informed community of specialists within DCF who can help consult to the field around the specific needs of the TG/GNC population.

The award, combined with mentorship from Dr. Bellonci, has provided a foundation of knowledge and guidance to facilitate change within a complex system of care that will have lasting effects, impacting some of the state's most vulnerable children. As one of the first states to look closely at the needs of TG/GNC youth, this hormone consent protocol draft may be used as a guide for other states interested in assuring appropriate care for some of the most vulnerable youth in state custody. This award helped to create bridges among

community providers as well as internally within the state child welfare agency, opening a pathway for future collaboration to improve the mental health care for LGBTQ youth in state custody. ■

### References

1. Practice Parameter on Gay, Lesbian, Bisexual Orientation, Gender Nonconforming, and Gender Discordance in Children and Adolescents. *J. Am. Acad. Child Adolesc. Psychiatry*, 2012;51(9):957-974.
2. The Annie E. Casey Foundation. LGBTQ in Child Welfare: A systemic Review of the Literature. Baltimore: The Annie E. Casey Foundation, 2016. Accessed 04/16/2018 <http://www.aecf.org/resources/lgbtq-in-child-welfare/>
3. "The World Professional Association for Transgender Health: Standards of Care for Health of Transsexual, Transgender, & Gender Nonconforming People" 7th Version. [www.wpath.org](http://www.wpath.org)
4. Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents Jason Rafferty, Committee on Psychosocial Aspects of Child and Family Health, Committee on Adolescence, Section on Lesbian, Gay, Bisexual, and Transgender Health and Wellness Pediatrics Oct 2018, 142 (4) e20182162; DOI: 10.1542/peds.2018-2162

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*Dr. Morgan completed her training in child psychiatry at UMass Medical School in Worcester, MA, where she now holds a faculty position as an Assistant Professor of Psychiatry at UMass Medical School. As an early-career psychiatrist, Dr. Morgan has devoted her clinical*

*work to improving the mental health care for youth in the child welfare system. She is the Consultant Child Psychiatrist to Office of the Medical Director at the Department of Children & Families in Massachusetts. She also is the lead child psychiatrist for an integrated foster care clinic at UMass called FaCES Safe & Sound clinic. Dr. Morgan has been a member of the Adoption and Foster Care Committee since 2012, and this year has stepped into a leadership role as co-chair of the committee. She may be reached at [wynne.morgan@umassmemorial.org](mailto:wynne.morgan@umassmemorial.org).*

*Dr. Bellonci is Vice President for Policy and Practice/Chief Medical Officer at Judge Baker Children's Center. Dr. Bellonci is a member of AACAP's Committees on Quality Issues and Community-Based Systems of Care. He is the Medical Director of the National Technical Assistance Network for Children's Behavioral Health in support of the Substance Abuse and Mental Health Administration's (SAMHSA) Systems of Care initiative. Dr. Bellonci is a founding member of SAMHSA's Building Bridges Initiative and LGBTQI2-S National Workgroup. In these roles and through his academic and clinical work, Dr. Bellonci is a recognized leader in advancing evidence-based and best practices in addressing the needs of youth with behavioral health needs throughout the service array. He has expertise and experience in promoting services and supports for youth who identify as lesbian, gay, bisexual and transgender. He may be reached at [cbellonci@jbcc.harvard.edu](mailto:cbellonci@jbcc.harvard.edu).*

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