Working with Gender-Expansive and Transgender Children

March 16, 2020
10:00am – 11:00am PT

Darlene Tando, LCSW

CEBC
THE CALIFORNIA EVIDENCE-BASED CLEARINGHOUSE FOR CHILD WELFARE

Rady Children's | Chadwick Center for Children & Families

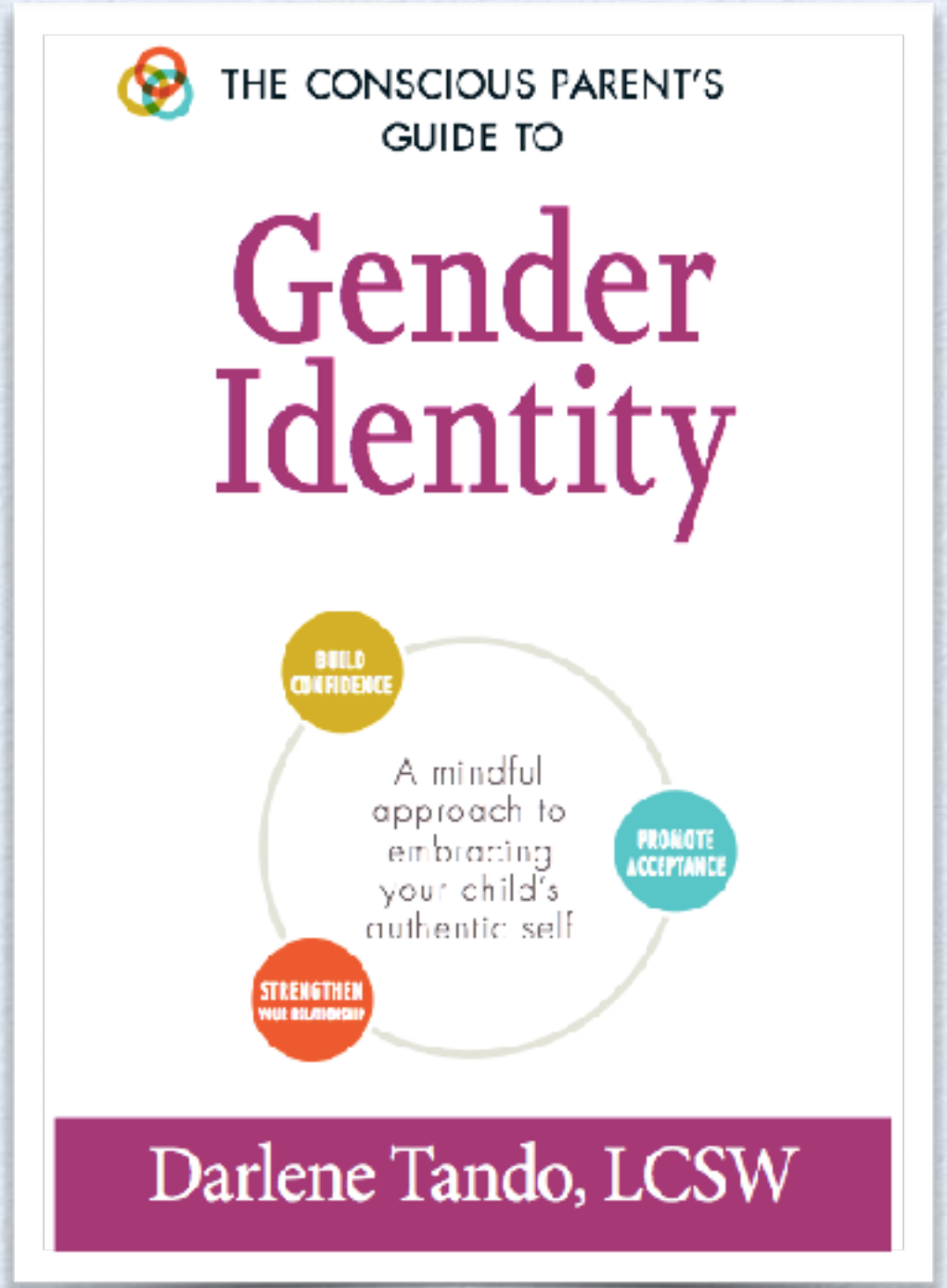
CDSS

OCAP

Today's Presenter

Darlene Tando, Licensed Clinical Social Worker, has a private practice in San Diego and has been working with transgender youth and adults since 2006.

- Darlene provides consultations and ongoing therapy for gender-expansive/ transgender children, adolescents, and adults.
- Darlene writes about all things gender-related on her gender blog (www.DarleneTandoGenderBlog.com).
- Darlene is a proponent of the Informed Consent model and believes the individual is the "expert" on one's own gender identity.
- She believes it is her role to support the individual and family to assist in making one's journey easier.
- She is also the author of the book "The Conscious Parent's Guide to Gender Identity: A Mindful Approach to Embracing Your Child's Authentic Self."


THE CONSCIOUS PARENT'S GUIDE TO
Gender Identity
BUILD CONFIDENCE
A mindful approach to embracing your child's authentic self
PROMOTE ACCEPTANCE
STRENGTHEN
Darlene Tando, LCSW

POLL QUESTION #1

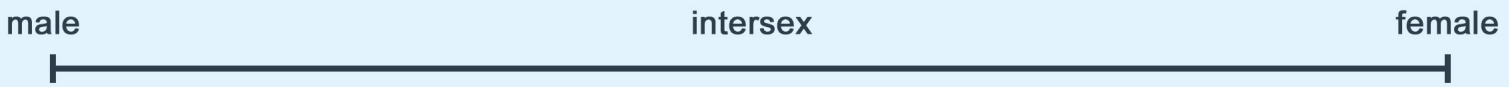
What is your position type?

Direct Service
Supervisor/Manager
Administrative Support
Director/Organizational Leader
Other

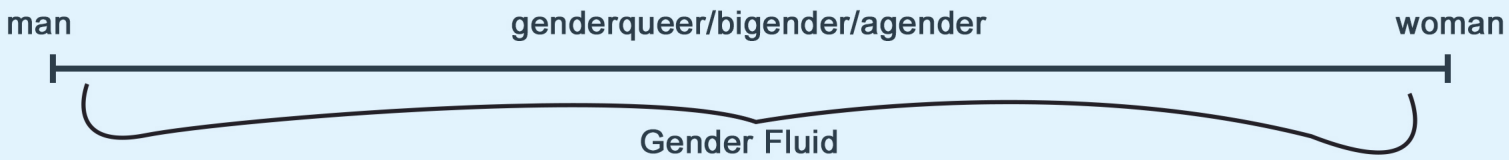
POLL QUESTION #2

How many transgender youth have you worked with?
None
1-2
3-5
5-10

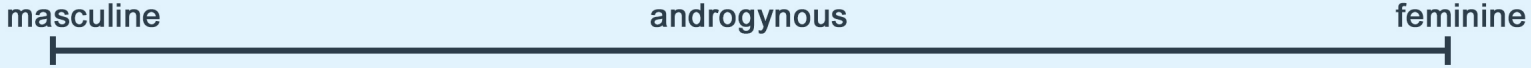
Assigned **Sex** (anatomy,chromosomes,hormones)



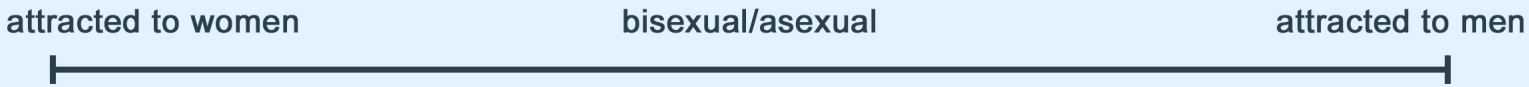
Gender Identity (psychological sense of self)



Gender Expression (communication of gender)

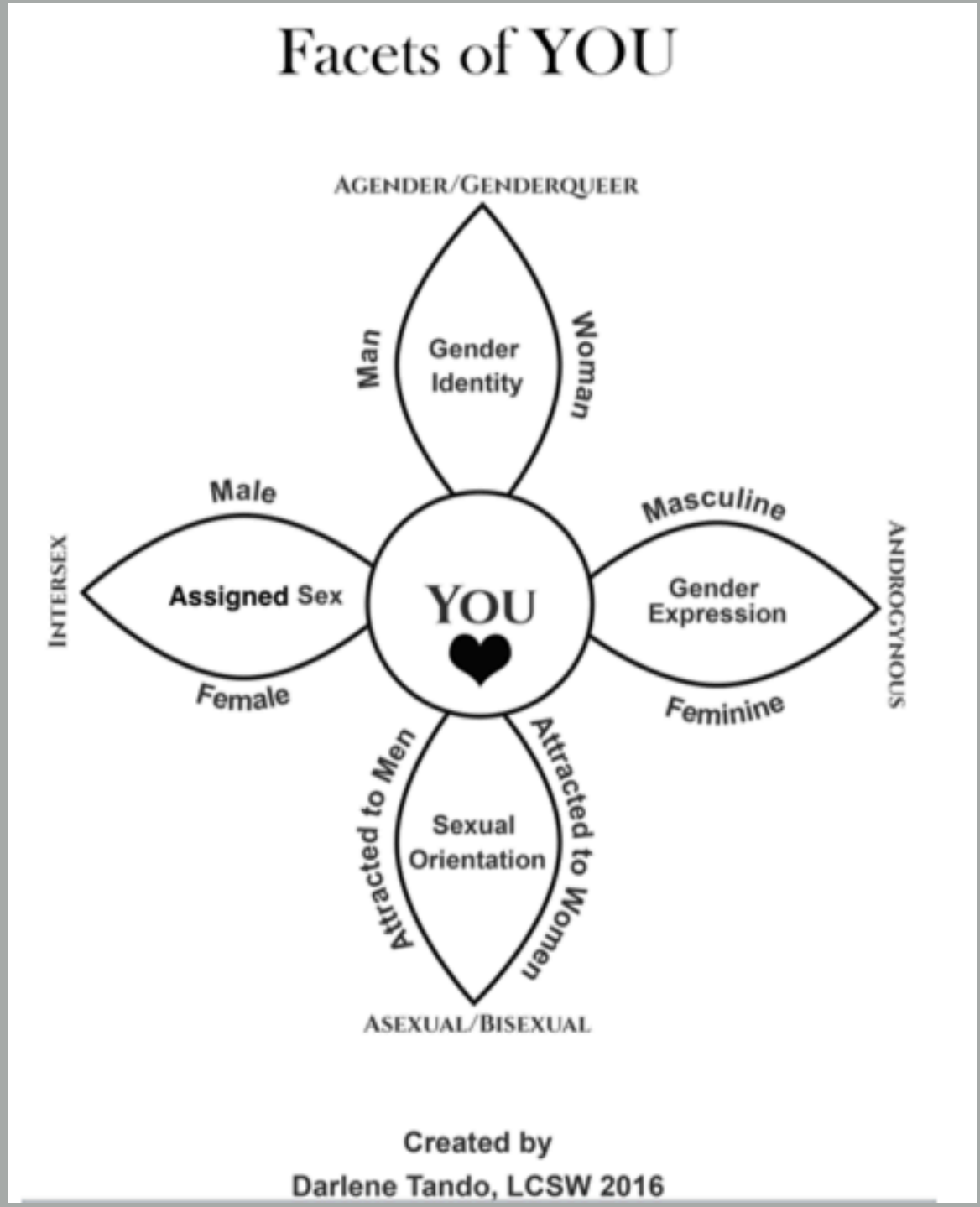


Sexual Orientation (romantic/erotic response)



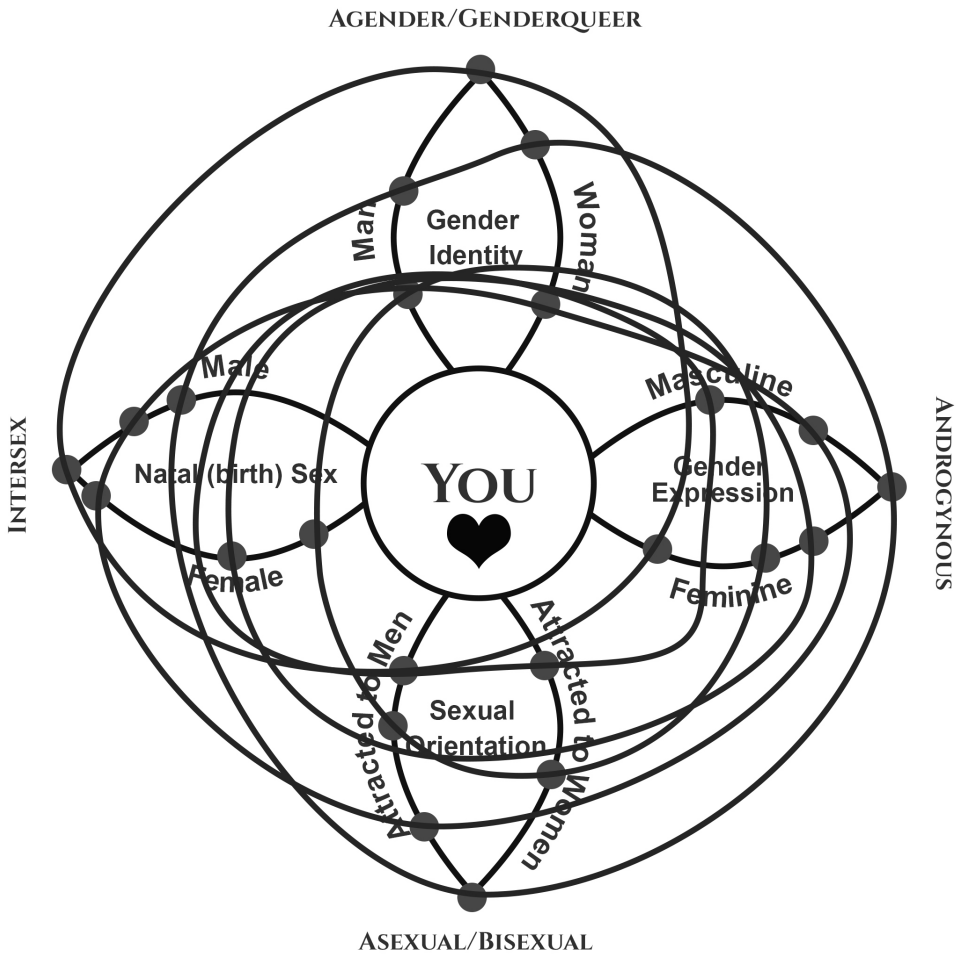
Adapted from "Diagram of Sex and Gender" by Center for Gender Sanity, 2009.

Modified by Darlene Tando, LCSW, 2016.



Darlene Tando, LCSW

Multiplicities of YOU



Created by
Darlene Tando, LCSW 2016

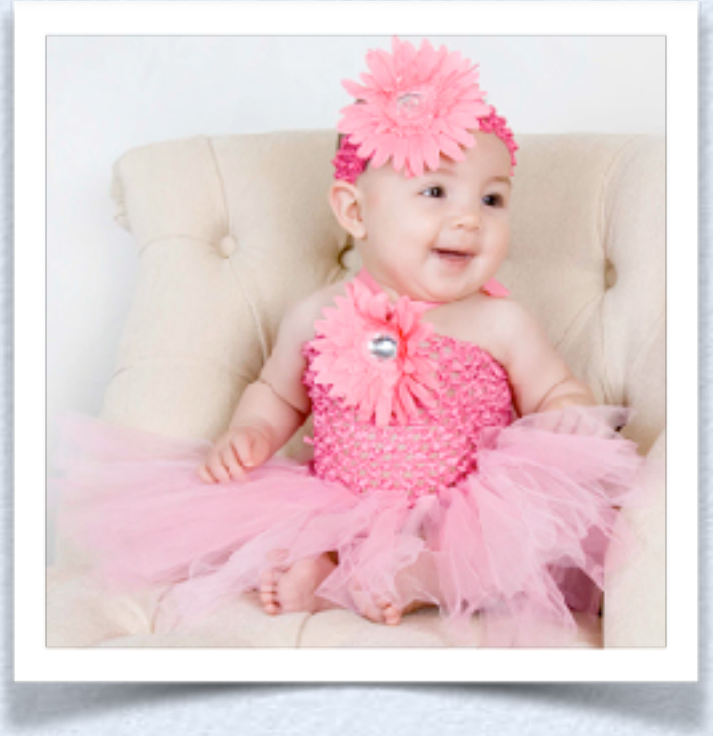
Darlene Tando, LCSW

RELATED & EVOLVING TERMS

- Cisgender
- Assigned sex instead of natal/biological; AFAB/AMAB
- Trans masculine/Trans feminine instead of FTM/MTF
- Nonbinary

Poll Question 3:
What gender is this baby?

Boy
Girl
Both
Neither
We don't know yet



Darlene Tando, LCSW

GENDER-EXPANSIVE VS. TRANSGENDER

- Gender expansiveness usually focused on interests, play, way of dress: gender expression
- Transgender children are usually focused on these things AND who they are: gender identity, how they and others categorize them
- Usually if allowed to DO, WEAR, or PLAY with what they want, gender expansive children are content with this. Even young transgender children are often content with this at first. Eventually may not be enough- will start making reference to who they are, and being "categorized wrong"
- All transgender youth are gender-expansive, but not all gender-expansive youth are transgender

Darlene Tando, LCSW

UNDERSTANDING ONE'S GENDER

- Children are **able** to understand their gender by the age of 3-5.
- Gender itself is not usually confusing. Gender just IS. Being told you are the gender you are not IS confusing.
- Transgender and cisgender children are equally capable of understanding their gender. However, they will have totally different experiences OF their gender, and totally different interactions of their authentic gender with the outside world
- Transgender children and adults come into conscious awareness/understanding of gender at different ages. Depends on temperament, environment, level of gender policing, etc.

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GENDER VS. SEX

- Gender previously misunderstood to be the same thing as sex
- May or may not align with assigned sex at birth
- Gender is a somewhat “abstract” concept. Young kids are more concrete
- Assigned sex, i.e. genitals: something concrete. May convolute the concept of gender for young kids (and some adults 😜)

"OTHER" BODY PARTS

Darlene Tando, LCSW

HELPING CHILDREN FIND LANGUAGE

- Hearts and brains: kid language for how one “feels” and “thinks”
- Can be used to help distinguish b/t gender-expansive child, (gender expression) and a child who is transgender

Darlene Tando, LCSW

Gender is a very special word that describes if someone feels like a boy, a girl, both, or neither.

Gender is beautiful; it can be all one color, a mix of colors, a blend of colors, or a little bit of every color.

Some people think when a baby is born, you can tell their **gender** by looking at their bodies. You **can't!**

You can only know someone's **gender** when they can tell you how they feel. Your **gender**, feeling like a boy/girl/both/neither is how you feel inside your **heart** and your **brain.**

Some people have the **heart** and **brain** of a **girl.**

Some people have the **heart** and **brain** of a **boy.**

Some people feel like **both** a boy and a girl, or a **blend** of these genders.

Some people feel like **neither** a boy or a girl, or **something different** altogether.

YOU are the one who knows your gender best, and ANY WAY YOU ARE IS OK!

When I was a baby, people thought I was a _____.

I have the heart of _____.

I have the brain of _____.

If I had it my way, people would treat me like a:
BOY
GIRL
BOTH
NEITHER

If I had it my way, when people talked about me they would say:
"HE"
"SHE"
"THEY"
"NAME" (no pronouns)

If I had it my way, my name would be: _____

Created by Darlene Tando, LCSW
2017

Darlene Tando, LCSW

The Transgender Umbrella:
All identities on and beyond the gender spectrum

Transmasculine (FTM and NB)
Transfeminine (MTF and NB)
Nonbinary
Genderqueer
Gender Fluid
Agender
Bigender
And many more…

Darlene Tando, LCSW

CONSISTENT! PERSISTENT. INSISTENT?

- Transgender children often display a consistent, and sometimes persistent gender identity that is not congruent with their assigned gender.

- Insistence: Important caregivers don't "wait" for this. Depends on temperament.

Darlene Tando, LCSW

TEMPERAMENT

- Temperament impacts how a child relates to most things, including their gender or gender incongruence
- If a child temperamentally won't insist on anything, they may also not insist on their authentic gender being recognized.

WHAT IS GENDER DYSPHORIA?

- A mental disorder?
- A diagnosis?
- A cluster of symptoms that justify certain interventions?
- A feeling or sense, shared in some ways by transgender individuals and yet completely unique for all transgender individuals?

Darlene Tando, LCSW

GENDER DYSPHORIA

- Dysphoria: From Greek words “dusphoria: (distress) and “dusphoros” (hard to bear)
- Body Dysphoria
- Social Dysphoria

Darlene Tando, LCSW

Dysphoria Spectrum

Darlene Tando, LCSW

- High rate of self-harm and suicidal ideation/attempts among transgender teens and adults. (41%)
- Family and school support (affirmation) hugely important but just one piece of the puzzle. Ego Strength very important to cope with dysphoria and outside influences.
- Influenced by existing depression and other mood/mental disorders, temperament, life circumstance, access to resources/ interventions

Darlene Tando, LCSW

"DIAGNOSING" GENDER DYSPHORIA

- Based on distress re: incongruence
- Cannot be diagnosed if not enough distress?

"This painting is about when I was growing up and I wasn't sure about my gender at first, more like the area of not knowing what pronouns I wanted, I'm not sure how 'she' makes me feel, I don't know who I am and I don't understand my identity yet."

Darlene Tando, LCSW

LET'S TALK ABOUT "DISTRESS"

- Defining Distress: Internal/External

- How much distress/pain is enough? Until youth is taken seriously? Until they can access needed interventions?

- Form of "traumatic stress"

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"Understanding" Gender Dysphoria

- Less of a distress model, more about understanding a person's lived experience with misaligned gender and assigned sex
- Understanding one's dysphoria makes knowing the need for interventions more clear

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EMPATHY IS KEY

- One does not need to experience gender dysphoria personally to understand

Darlene Tando, LCSW

CONNECTING TO YOUTH'S DYSPHORIA

Darlene Tando, LCSW

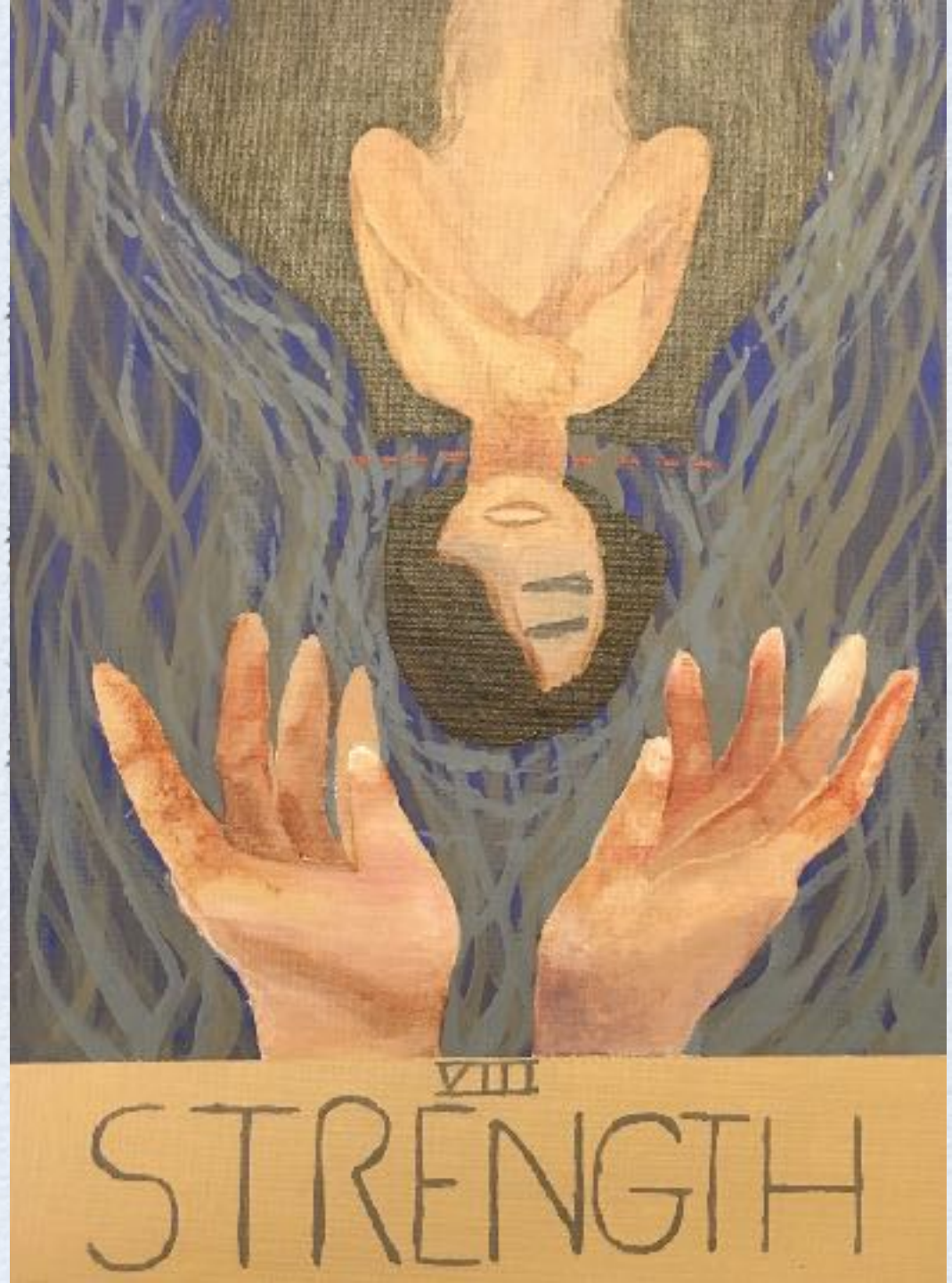
IN THE BOAT WITH THEM, EVEN IF NOT IN THE SAME BOAT

Darlene Tando, LCSW

“Dysphoria”

“This is one of the earliest paintings of trying to represent how dysphoria felt. I wanted to make it simple. Dysphoria to me could be simplified to this: It’s a basic feeling of ‘I don’t like how I am right now and I want that to stop.’”

“This was 3 years after the first one, I had already started taking Testosterone and coming out to friends and family, people knew me as my authentic self.”

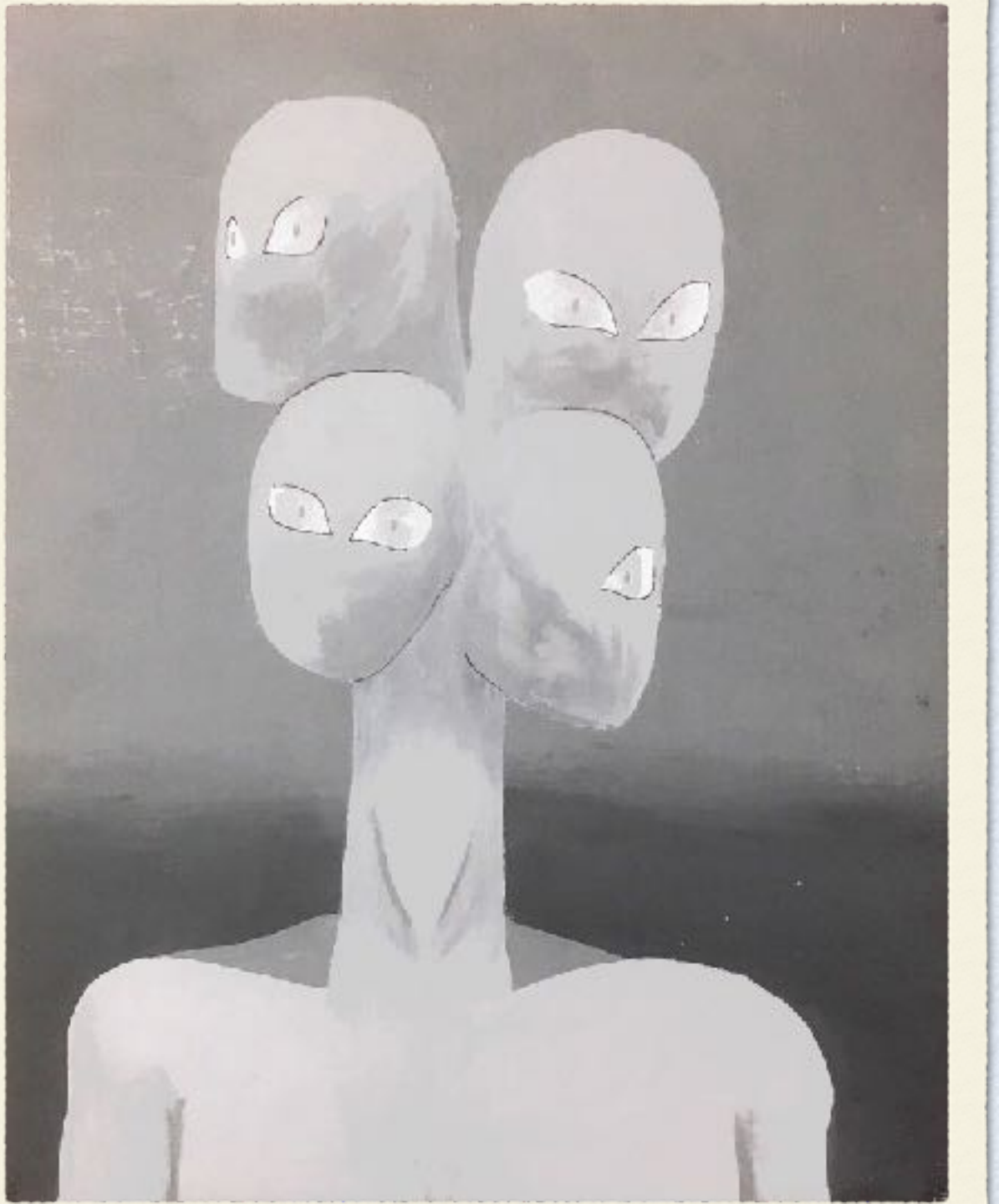


“There was a feeling of being better than I was before, confident, not miserable anymore, I could look at myself and be happy with how I was."

CONNECTING TO DYSPHORIA

“Sometimes when I’d look in the mirror, I’d have this strong feeling of dysphoria, I’d look in the mirror and think something was wrong, it’s like this icky feeling when I look at myself. It still happens now as I’m growing up, but I’ve learned to not look in the mirror when I’m not wearing clothes. Also it’s a wondering how I would be if I didn’t transition, would it be way different or would it be the same? I like how I’m doing now.”
Painting inspired by Frida Kahlo, a painting similar to this about being unsure of her own identity d/t her race

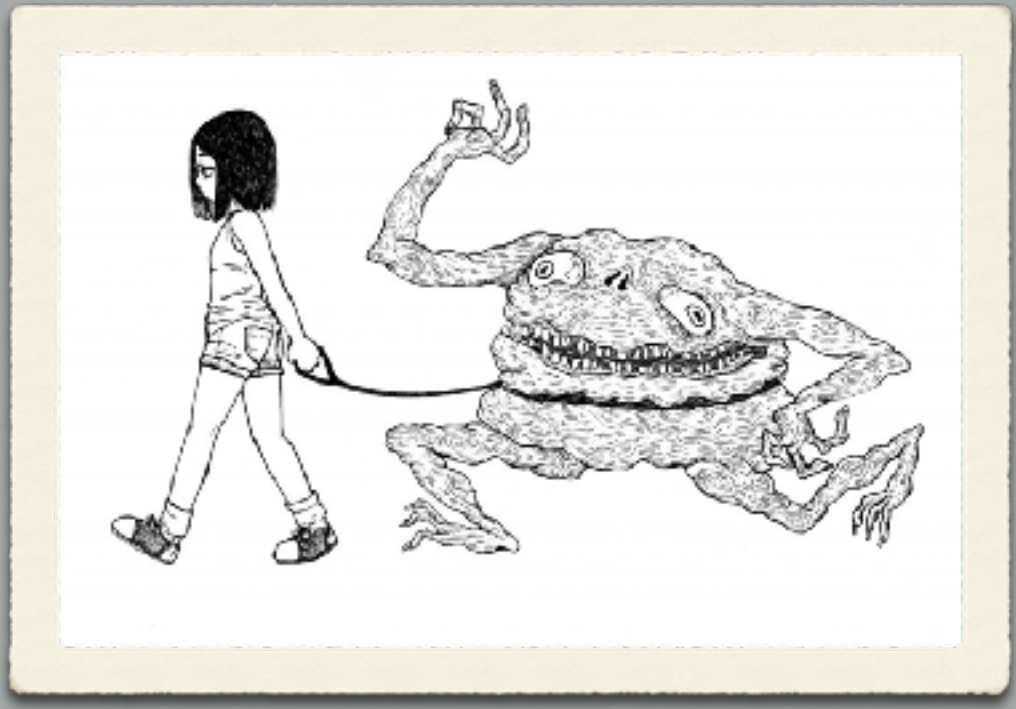
“This one is about how other people may see me as one thing when I actually identify as something else. This is a common thing that happens to me, people will avoid saying “he” because they are not sure about what my gender is, so when they think they get it wrong they say sorry, makes me think about how a lot of people don’t think of me as a boy, they think of me as, I don’t know.”



“Dysphoria Personified. It’s a big thing in my life, growing up, the little girl there is me, this feeling of being innocent and being a child and having this big feeling watching over you all the time, it makes you miserable, you’re always thinking oh geez, this dysphoria won’t leave me alone, I know it’s there and it knows I’m here and it makes me like, paranoid.”

Most transgender people experience and relate to dysphoria differently. Some have very little (tiny dysphoria monster tucked in their pocket), some have debilitating dysphoria (picture the gender dysphoria equivalent of Godzilla). Dysphoria can fluctuate on an hourly, daily, weekly basis. How much dysphoria is present on a day-to-day basis can be dependent on temperament, life experience, support, stage of transition, relationship status, triggers, and much more.

www.DarleneTandoGenderBlog.com, “Don’t Poke The Dysphoria Monster”



Darlene Tando, LCSW

“The Gender Dysphoria Monster”

By Skryntarr

“It kind of feels like something giant that's eating me up”

- If the individual is dysphoric, and wants to be recognized as the gender identity they are authentically, some version of transition/alignment may be necessary.
- Two parts: Who one is (gender identity) and what one is going to do about it (intervention/transition)
- If an individual is transgender, transition can be looked at as an intervention, not just a “decision”.

Darlene Tando, LCSW

One's gender identity (something that is) and the act of transitioning (something one does) are two separate entities. From the standpoint that one is born with an innate gender identity, being transgender is not a "decision." Transition often means acting upon something that already is.

COMPASSIONATE INTERVENTION

- Therefore, if a child's gender is incongruent with their gender assigned at birth, transition may be seen as a **compassionate intervention, not a decision**
- Caregivers take action for their child based on what their child is presenting, rather than placing it on the child to make a "decision" about transitioning.
- Some people opt not to transition, and that is okay; a compassionate intervention does not mean an automatic transition. It may just mean making options known and transition paths available.

Darlene Tando, LCSW

What does intervention look like?

- Many different ways to intervene, does not always include transition
- May include advocacy, communication with schools, explaining child's gender identity/expression to others, understanding the kiddo, neutralizing language, minimizing dysphoria
- Best intervention may be transition
- Transition is not always binary

Darlene Tando, LCSW

FACETS OF TRANSITION, CONT.

- Changing pronouns only
- Changing name only
- Changing name, pronouns, and some elements of gender expression (social transition)
- Medical transition (using medicine or medical interventions to help align one's appearance/body with one's authentic gender)
- Legally changing name and gender

Darlene Tando, LCSW

FOR THE NONBINARY CHILD

- Not all transitions involve “changing” from one gender to another.
- May just involve understanding, validating, knowing who they are, and who they are NOT.
- Safety in “being known”.
- Neutralize language: child, sibling, kiddo, etc.

Darlene Tando, LCSW

PNAS Proceedings of the National Academy of Sciences of the United States of America

November 2019 Study

In the November study in PNAS, which is the largest ever conducted on transgender children to date, researchers surveyed 317 transgender kids ages 3 to 12 who had "socially transitioned," or who live as the gender they identify with. They also surveyed 189 of their siblings and 316 unrelated children who are cisgender, or whose gender identity matches the sex they were assigned at birth.

The researchers found no significant differences between the trans and cis kids' gender development, or how they grew to understand and formulate their gender. The findings also revealed that transgender children gravitate toward the same gendered toys, clothing items, and friends as cisgender participants, regardless of how long they had been socially transitioned.

PNAS Proceedings of the National Academy of Sciences of the United States of America

November 2019 study

This challenges the idea that transgender children are "too young" to make the decision to transition socially or medically. And, when transitioning can mean the difference between a slew of mental health issues, trauma, or even suicide and living a healthier, happier life, these findings and their implications are especially important.

But the current study supports past research finding that not allowing kids to transition has consequences. Previous studies have illustrated a correlation between transgender children not being able to use their chosen names or pronouns, for example, and higher rates of depression and suicide.

CASE IN POINT

"Right after soccer uniforms were passed out, and he realized he would have to wear pink.
When asked why he never smiled, he would say 'I don't know how.'"

One year later, after social transition. Gymnastics. Parents say the difference in him is "incredible".

Darlene Tando, LCSW

BUT WHAT IF THEY CHANGE THEIR MIND??

- Hard for parents to make a "decision" about something they may not feel as strongly about as their child does. Many worry about the child "changing their mind".
- (Flawed) statistics are scary about kids not persisting in transgender identity. Do not have many accurate/viable statistics.
- Current "best practice" is to affirm a person in regards to their identity and desire to transition, as long as they are firmly rooted in reality.
- If a child later makes a "course correction" either back to their assigned gender at birth or another type of gender identity, support and affirmation continues to be the best practice. Can't imagine there are any children who would later say "I wish you wouldn't have listened to me."

Darlene Tando, LCSW

Gender Journeys Are Unique

Photo source: gatheringofwisdom.com

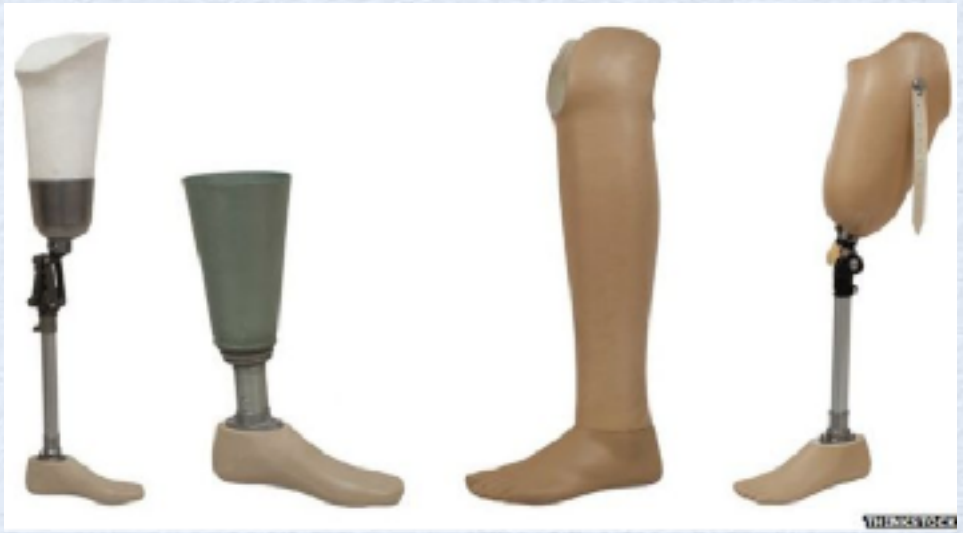
Photo source: rizzarr.com

Some are linear, and some are not.

Darlene Tando, LCSW

DYSPHORIA: WHAT'S THE TREATMENT?

SEVERED LEG ANALOGY



SEVERED LEG ANALOGY

Date

To Whom It May Concern:

I am writing in regards to [Legal Name] "Client" [Last Name], DOB [**/**/****]. Client is a transgender woman.

I began working with Client on [date] and have been providing her individual/family therapy since.

[Include history of observed or experienced gender nonconformity as a child, or feelings/thoughts/realized had about gender non-child. Include age of conscious awareness and then age of disclosure.] At the age of 37, Client came to the conscious awareness of being transgender and decided to transition. Client socially transitioned when she went to college and began a hormone regimen (Estrogen) soon thereafter. Client has been living as a female and has been on continuous Estrogen for over a year now.

Client is an intelligent and insightful individual. She is emotionally and mentally stable, and has been throughout her transition. Any stressors she encounters have been handled well, with resilience.* Client has confidence in her decision to fully transition and cannot imagine a time when she might regret the decision to have a surgery that will only align her body with her mind. Client and her family have done extensive research on the surgery she is pursuing, including which surgeons to use. They are aware of the costs involved, required hospitalization, possible complications, and post-surgical rehabilitation.

Client meets the requirements for Gender Dysphoria, F64.0. She desires to live and be accepted as a female and wishes to make her body as consistent as possible with her authentic gender. It only seems natural for her to pursue this next step in her transition. Through my complete assessment and interaction thereafter, I have found her to be of sound judgment and mind, fully capable of making a decision such as this one.

Please feel free to contact me if you have any questions.

Sincerely,

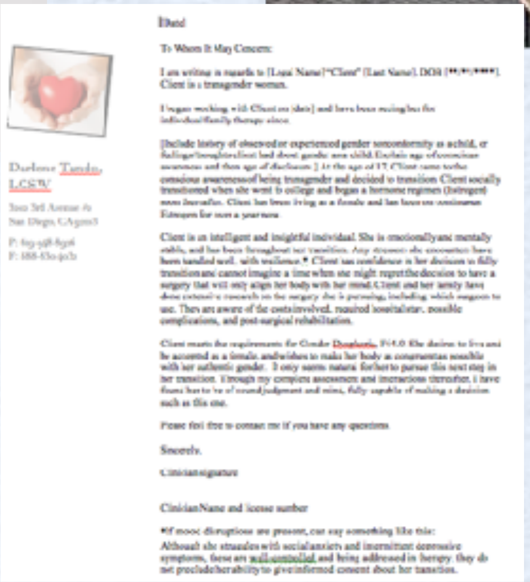
Clinician signature

Clinician Name and license number

*If mood disruptions are present, can say something like this:
Although she struggles with social anxiety and intermittent depressive symptoms, these are well-controlled and being addressed in therapy. They do not preclude her ability to give informed consent about her transition.

DYSPHORIA

Dysphoria



[Date]

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I am writing in regards to [Legal Name] "Client" [Last Name], DOB [**/**/****]. Client is a transgender woman.

I began working with Client on [date] and have been seeing her for individual/family therapy since.

[Include history of observed or experienced gender nonconformity as a child, or [illegible] about gender as a child. Explain age of conscious awareness and then age of disclosure.] At the age of 17, Client came to the conscious awareness of being transgender and decided to transition. Client socially transitioned when she went to college and began a hormone regimen (Estrogen) [illegible]. Client has been living as a female and has been on continuous Estrogen for over a year now.

Client is an intelligent and insightful individual. She is emotionally and mentally stable, and has been throughout her transition. Any stressors she encountered have been handled well, with resilience.* Client has confidence in her decision to fully transition and cannot imagine a time when she might regret the decision to have a surgery that will only align her body with her mind. Client and her family have done extensive research on the surgery she is pursuing, including which surgeon to use. They are aware of the costs involved, required hospitalization, possible complications, and post-surgical rehabilitation.

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Darlene Tando, LCSW

[illegible] 3rd Avenue [illegible]

San Diego, CA [illegible]

P: [illegible]

F: [illegible]

- For the youth
- For the parent(s)

HOPE

MEDICAL INTERVENTIONS

- Hormone blockers during pre/early puberty to block the hormones associated with the assigned sex and to prevent/pause development of gender markers that are incongruent with one's gender identity (ideally initiated at Tanner Stage 2)
- Hormones (Estrogen, Testosterone) that initiate puberty of and gender markers of one's authentic gender identity
- Surgery: "Top surgery" for trans masculine individuals, post puberty associated with assigned sex and with chest dysphoria. "Bottom surgery" or "Gender Affirmation Surgery", construction of genitals more congruent with one's gender identity

- Hormones not only make physical changes for the individual, including secondary sex characteristics that will help be recognized as their authentic gender, but it allows their brain to be awash with the "right" hormones

- Stops the "blue screen"

Darlene Tando, LCSW

CULTURAL CONSIDERATIONS

- The family's culture will not only impact how they view gender expansiveness (and how they respond to it), but also how much free will a child is given
- Parents will be influenced by cultural expectations and the input of family members, the role of elders in their culture may impact how much the advice from elders is regarded
- Trust in mental health/medical professionals will impact how families seek help and receive recommendations

Standards of Care

for the Health of Transsexual, Transgender, and Gender-Nonconforming People

Version 7

The World Professional Association for Transgender Health

Informed Consent

Feminizing/masculinizing hormone therapy may lead to irreversible physical changes. Thus, hormone therapy should be provided only to those who are legally able to provide informed consent. This includes people who have been declared by a court to be emancipated minors, incarcerated people, and cognitively impaired people who are considered competent to participate in their medical decisions (Bockting et al., 2006). Providers should document in the medical record that comprehensive information has been provided and understood about all relevant aspects of the hormone therapy, including both possible benefits and risks and the impact on reproductive capacity.

Criteria for Hormone Therapy

Initiation of hormone therapy may be undertaken after a psychosocial assessment has been conducted and informed consent has been obtained by a qualified health professional, as outlined in section VII of the *SOC*. A referral is required from the mental health professional who performed the assessment, unless the assessment was done by a hormone provider who is also qualified in this area.

The criteria for hormone therapy are as follows:

1. Persistent, well-documented gender dysphoria;
2. Capacity to make a fully informed decision and to consent for treatment;
3. Age of majority in a given country (if younger, follow the *SOC* outlined in section VI);
4. If significant medical or mental health concerns are present, they must be reasonably well-controlled.

TABLE 1A: EFFECTS AND EXPECTED TIME COURSE OF MASCULINIZING HORMONES[A]

Effect	Expected onset[B]	Expected maximum effect[B]
Skin oiliness/acne	1–6 months	1–2 years
Facial/body hair growth	3–6 months	3–5 years
Scalp hair loss	>12 months[C]	Variable
Increased muscle mass/strength	6–12 months	2–5 years[D]
Body fat redistribution	3–6 months	2–5 years
Cessation of menses	2–6 months	n/a
Clitoral enlargement	3–6 months	1–2 years
Vaginal atrophy	3–6 months	1–2 years
Deepened voice	3–12 months	1–2 years

A Adapted with permission from Hembree et al. (2009). Copyright 2009, The Endocrine Society.
B Estimates represent published and unpublished clinical observations.
C Highly dependent on age and inheritance; may be minimal.
D Significantly dependent on amount of exercise.

TABLE 18: EFFECTS AND EXPECTED TIME COURSE OF FEMINIZING HORMONES[A]

Effect	Expected onset[B]	Expected maximum effect[B]
Body fat redistribution	3–6 months	2–3 years
Decreased muscle mass/ strength	3–6 months	1–2 years[C]
Softening of skin/decreased oiliness	3–6 months	Unknown
Decreased libido	1–3 months	1–2 years
Decreased spontaneous erections	1–3 months	3–6 months
Male sexual dysfunction	Variable	Variable
Breast growth	3–6 months	2–3 years
Decreased testicular volume	3–6 months	2–3 years
Decreased sperm production	Variable	Variable
Thinning and slowed growth of body and facial hair	6–12 months	> 3 years[D]
Male pattern baldness	No regrowth, loss stops 1–3 months	1–2 years

[A] Adapted with permission from Hembree et al. (2009). Copyright 2009, The Endocrine Society.
[B] Estimates represent published and unpublished clinical observations.
[C] Significantly dependent on amount of exercise.
[D] Complete removal of male facial and body hair requires electrolysis, laser treatment, or both.

Criteria for Puberty-Suppressing Hormones

In order for adolescents to receive puberty-suppressing hormones, the following minimum criteria must be met:

1. The adolescent has demonstrated a long-lasting and intense pattern of gender nonconformity or gender dysphoria (whether suppressed or expressed);

2. Gender dysphoria emerged or worsened with the onset of puberty;

3. Any coexisting psychological, medical, or social problems that could interfere with treatment (e.g., that may compromise treatment adherence) have been addressed, such that the adolescent's situation and functioning are stable enough to start treatment;

4. The adolescent has given informed consent and, particularly when the adolescent has not reached the age of medical consent, the parents or other caretakers or guardians have consented to the treatment and are involved in supporting the adolescent throughout the treatment process.

Partially Reversible Interventions

Adolescents may be eligible to begin feminizing/masculinizing hormone therapy, preferably with parental consent. In many countries, 16-year-olds are legal adults for medical decision-making and do not require parental consent. Ideally, treatment decisions should be made among the adolescent, the family, and the treatment team.

Regimens for hormone therapy in gender dysphoric adolescents differ substantially from those used in adults (Hembree et al., 2009). The hormone regimens for youth are adapted to account for the somatic, emotional, and mental development that occurs throughout adolescence (Hembree et al., 2009).

Irreversible Interventions

Genital surgery should not be carried out until (i) patients reach the legal age of majority to give consent for medical procedures in a given country, and (ii) patients have lived continuously for at least 12 months in the gender role that is congruent with their gender identity. The age threshold should be seen as a minimum criterion and not an indication in and of itself for active intervention.

Chest surgery in FtM patients could be carried out earlier, preferably after ample time of living in the desired gender role and after one year of testosterone treatment. The intent of this suggested sequence is to give adolescents sufficient opportunity to experience and socially adjust in a more masculine gender role, before undergoing irreversible surgery. However, different approaches may be more suitable, depending on an adolescent's specific clinical situation and goals for gender identity expression.

Risks of Withholding Medical Treatment for Adolescents

Refusing timely medical interventions for adolescents might prolong gender dysphoria and contribute to an appearance that could provoke abuse and stigmatization. As the level of gender-related abuse is strongly associated with the degree of psychiatric distress during adolescence (Nuttbrock et al., 2010), withholding puberty suppression and subsequent feminizing or masculinizing hormone therapy is not a neutral option for adolescents.

- The School Success and Opportunity Ace (AB 1266) makes clear the obligation of California Schools to allow transgender students to participate in all school activities, programs, and facilities.

- Name and gender marker may be changed in student's electronic record prior to legal name change. (Powerschool, etc.)

- Gender Spectrum: "Schools In Transition"

- ACLU's "Know Your Rights: A Guide for Trans and Gender Nonconforming Students"

PRACTICAL APPLICATIONS

- Always use pronouns and names. Not sure? Ask! “What are your pronouns?” “What name do you go by?”
- Appearance is not as important as communicated gender identity- case example
- INFORMED CONSENT: Assumption is that the individual knows their gender.
- Help family members understand/connect to dysphoria
- Provide/connect with resources

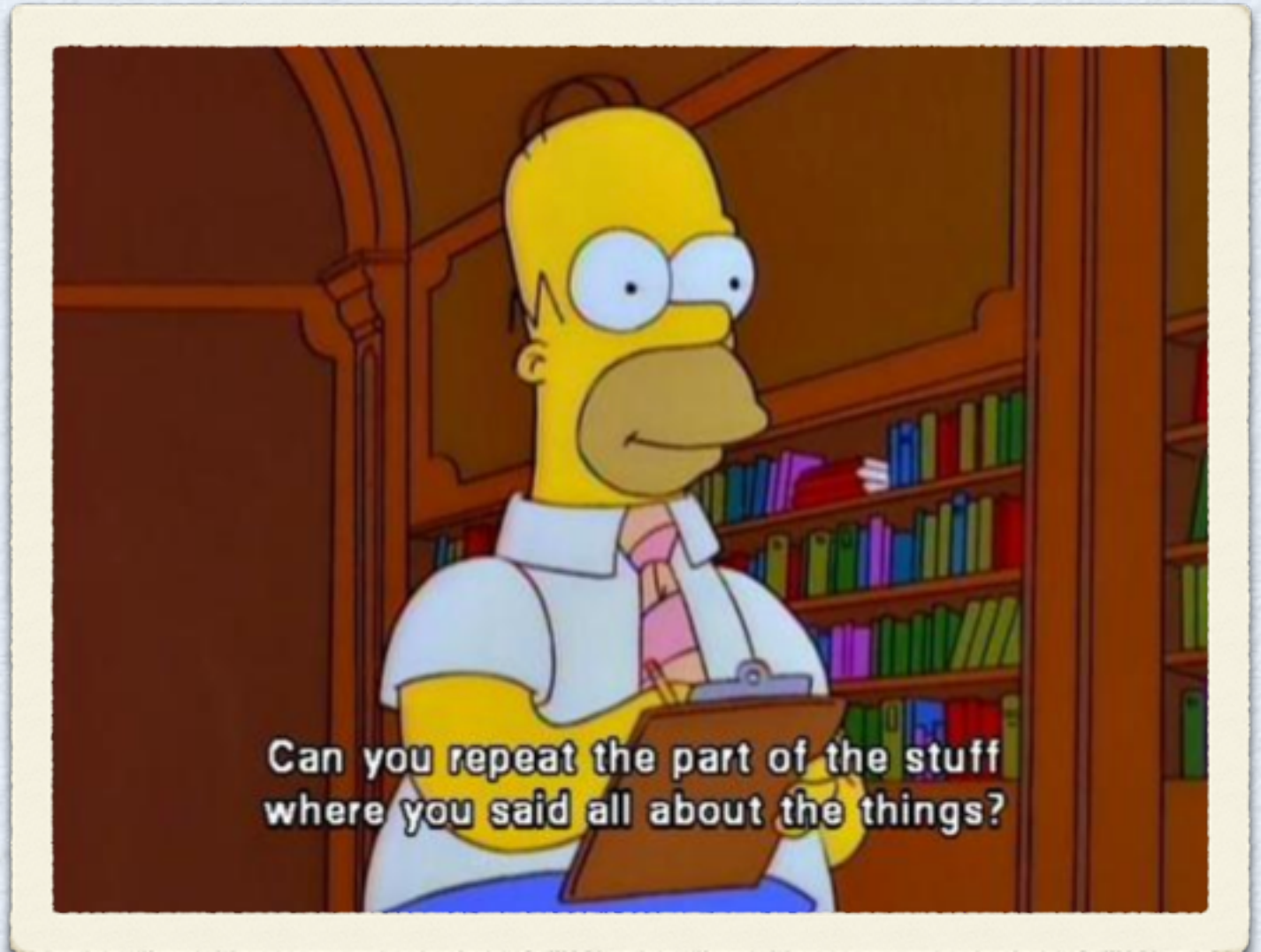
Darlene Tando, LCSW

POLL QUESTION #4

By what age is gender able to be understood by an individual?
1-2
3-5
6-8
8-10
18 and older


Thank You

QUESTIONS?


Can you repeat the part of the stuff
where you said all about the things?

Next CEBC-Hosted Webinar

Topic:

Race and Equity in Child and Family Serving Systems

Date and Time:

Monday, June 15, 2020

10:00-11:00am PT

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