



# Caring for Trans and Gender Diverse Youth in the Primary Care Setting

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# Disclosures

## **No conflicts to disclose:**

- No financial or business interest, arrangement or affiliation that could be perceived as a real or apparent conflict of interest in the subject (content) of their presentation.
- No unapproved or investigational use of any drugs, commercial products or devices.

# Speaker Bios



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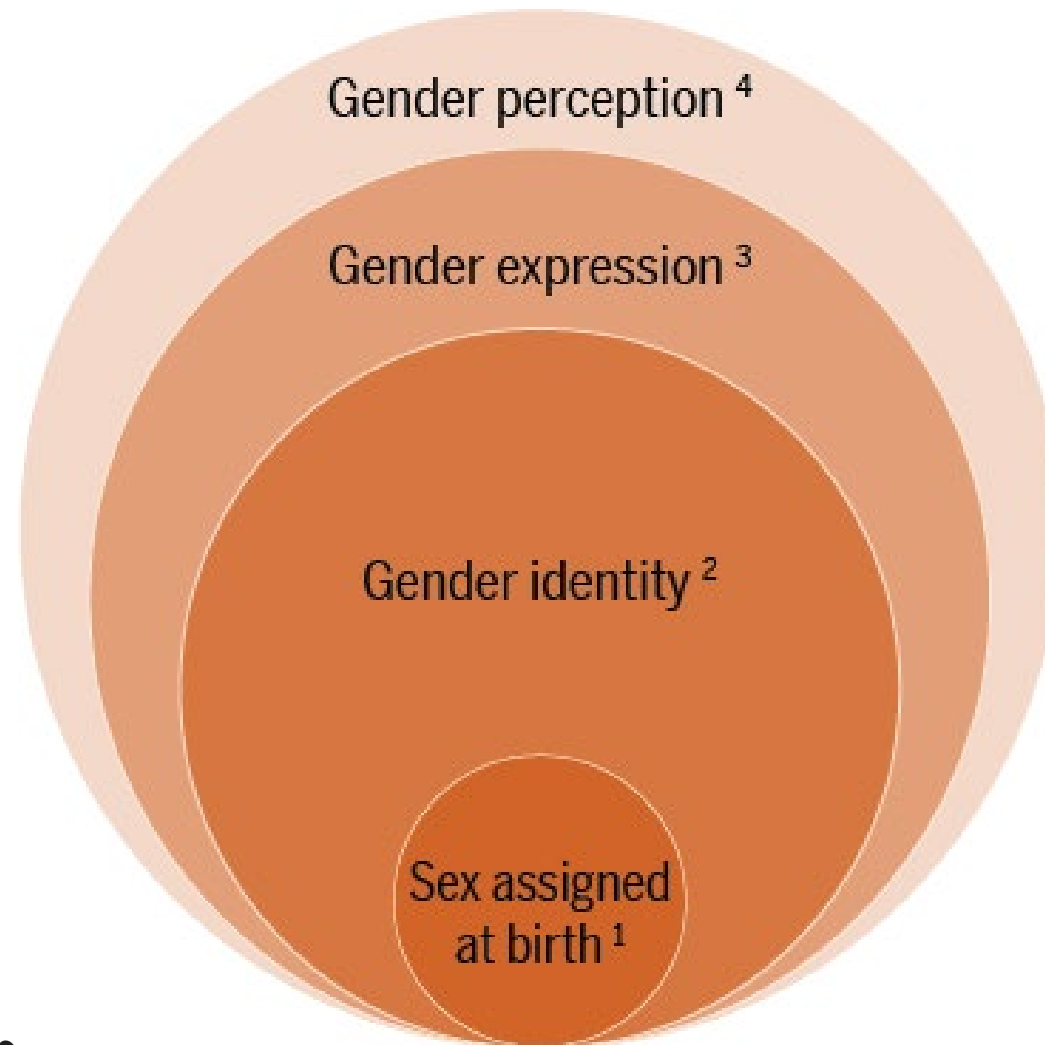
# Learning Objectives

- Review some basic terminology and foundational concepts about biological sex and gender
- Recognize that most common health disparities affecting this population are due to contributions of minority stress and stigma
- Discuss what is gender-affirming care
- Identify 7 ways to make your primary care practice more trans\* inclusive

# Alphabet Soup

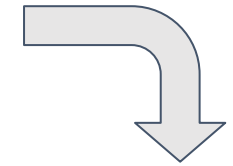
<b>L</b>	<b>G</b>	<b>B</b>	<b>T</b>	<b>T</b>	<b>Q</b>	<b>Q</b>	<b>I</b>	<b>A</b>	<b>A</b>	<b>P</b>
<b>Lesbian</b> A woman who is primarily attracted to women.	<b>Gay</b> A man who is primarily attracted to men; sometimes a broad term for individuals primarily attracted to the same sex.	<b>Bisexual</b> An individual attracted to people of their own and opposite gender.	<b>Transgender</b> A person whose gender identity differs from their assigned sex at birth.	<b>Transsexual</b> An outdated term that originated in the medical and psychological communities for people who have permanently changed their gender identity through surgery and hormones.	<b>Queer</b> An umbrella term to be more inclusive of the many identities and variations that make up the LGBTQ+ community.	<b>Questioning</b> The process of exploring and discovering one's own sexual orientation, gender identity and/or gender expression.	<b>Intersex</b> An individual whose sexual anatomy or chromosomes do not fit with the traditional markers of "female" and "male."	<b>Ally</b> Typically a non-queer person who supports and advocates for the queer community; an individual within the LGBTQ+ community can be an ally for another member that identifies differently than	<b>Asexual</b> An individual who generally does not feel sexual desire or attraction to any group of people. It is not the same as celibacy and has many sub-groups.	<b>Pansexual</b> A person who experiences sexual, romantic, physical and/or spiritual attraction to members of all gender identities/expressions, not just people who fit into the standard gender binary.

# Foundational Concepts



# Sex Assigned At Birth

- Assigned at birth- typically based on genitalia observed at delivery
  - Complex interplay of anatomical, hormonal, and chromosomal make-up
- Typically "M" or "F" on birth certificate

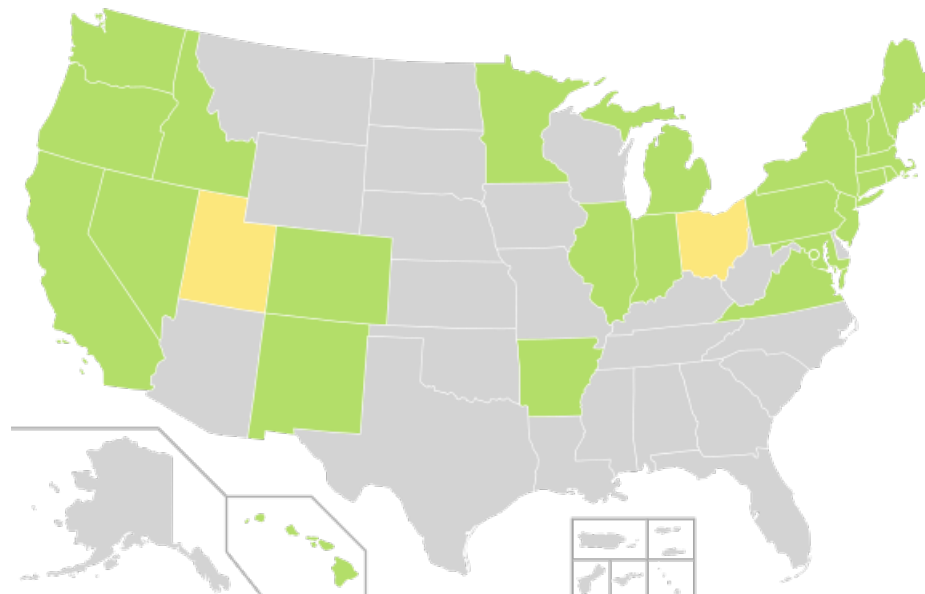


X X Chromosomes X Y



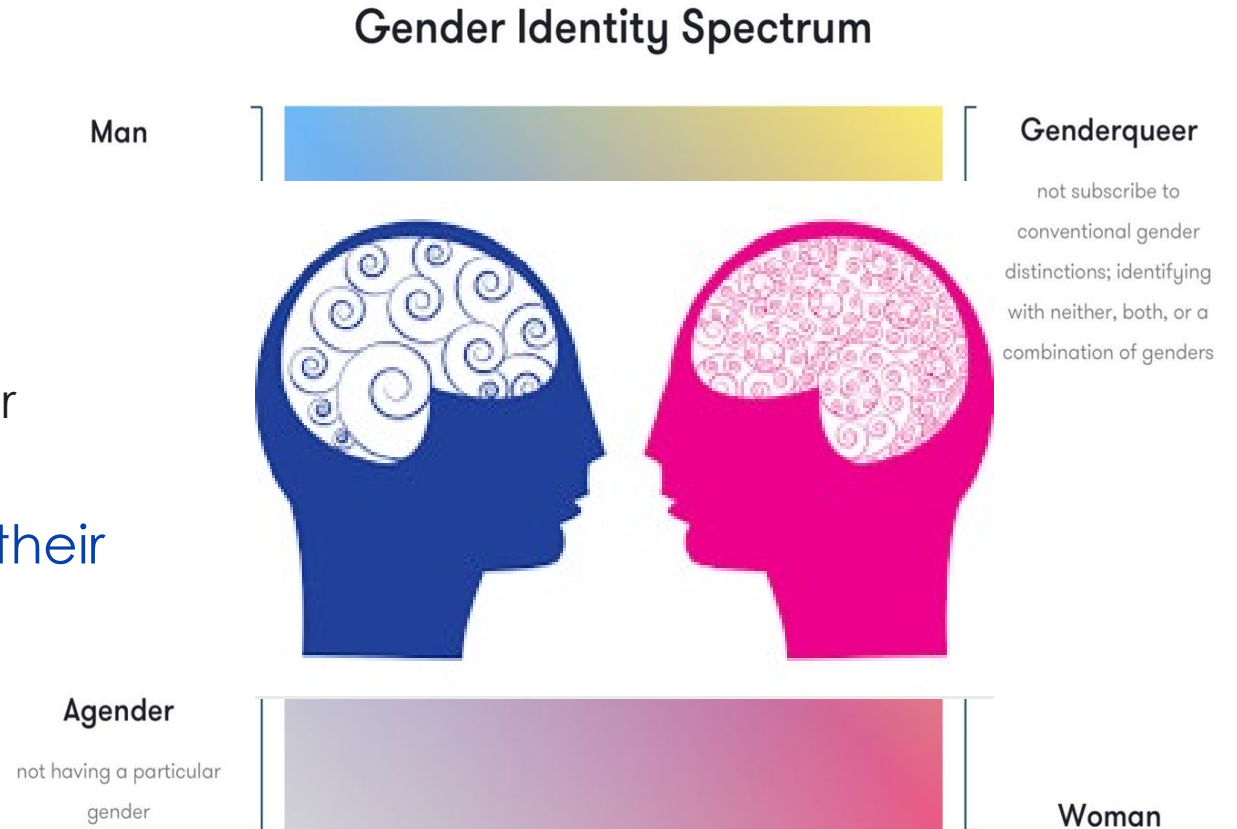
female

male



# Gender Identity

- A person's inner sense of being; a girl/woman, boy/man,
  - something else or not part of binary construct or even having no gender
- All children should be “screened” or their identity assessed based on their developmental stage in life
- Dynamic

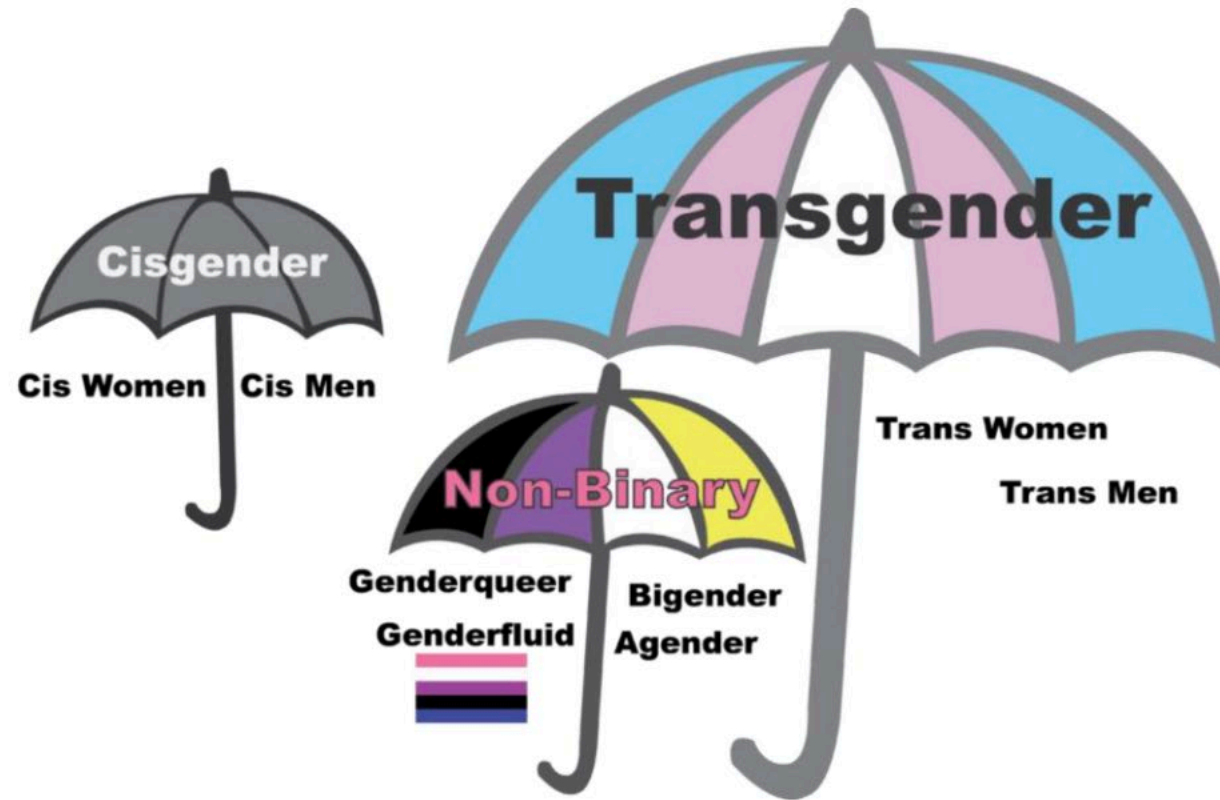




# Gender Expression

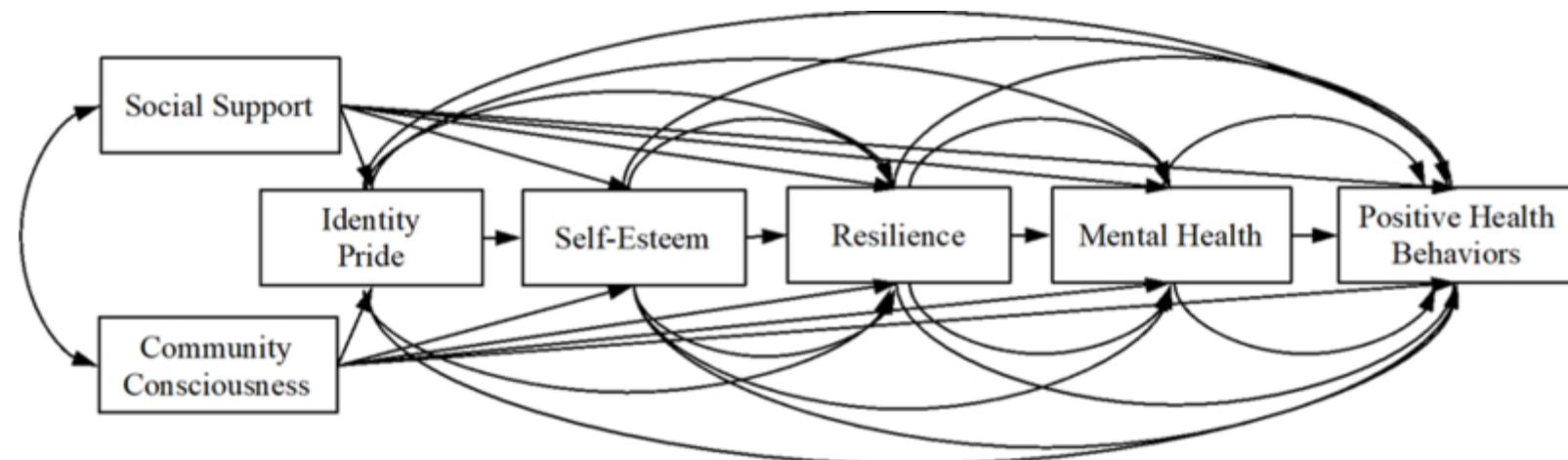
- The way a person communicates their gender to the world through mannerisms, clothing, speech, behaviors, etc.
  - Separate from gender identity
- Heavily influenced by society & culture, context, and historical period

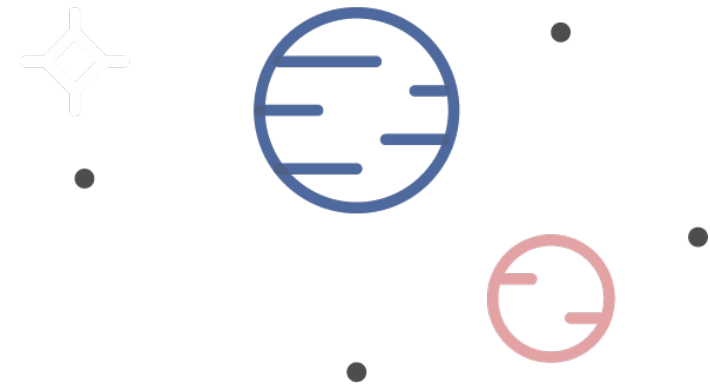
# So what does transgender or gender-diverse mean?



# Minority STRENGTHS Model

- Most trans and gender diverse youth are happy and thrive during their adolescent years!
  - they need to feel socially, emotionally, and physically safe and supported
  - Negative health outcomes come from prejudice and discrimination experienced by LGBTQ individuals contribute to chronically stressful events

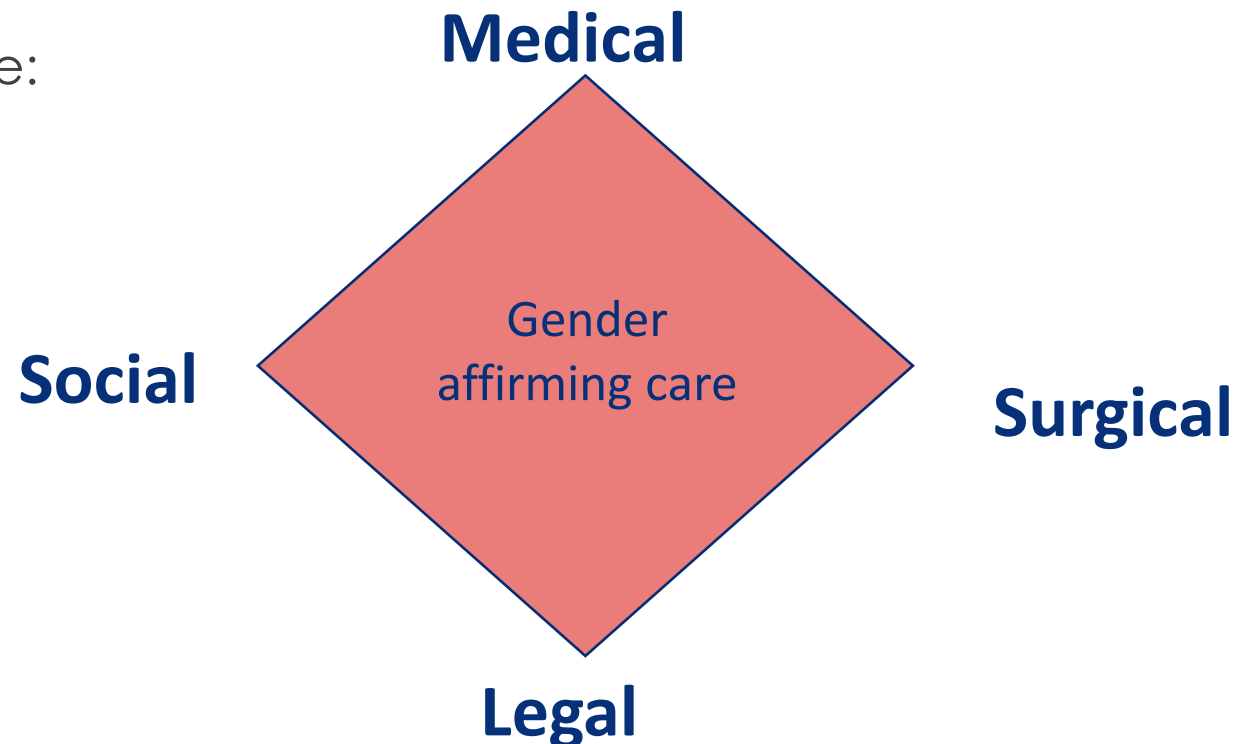




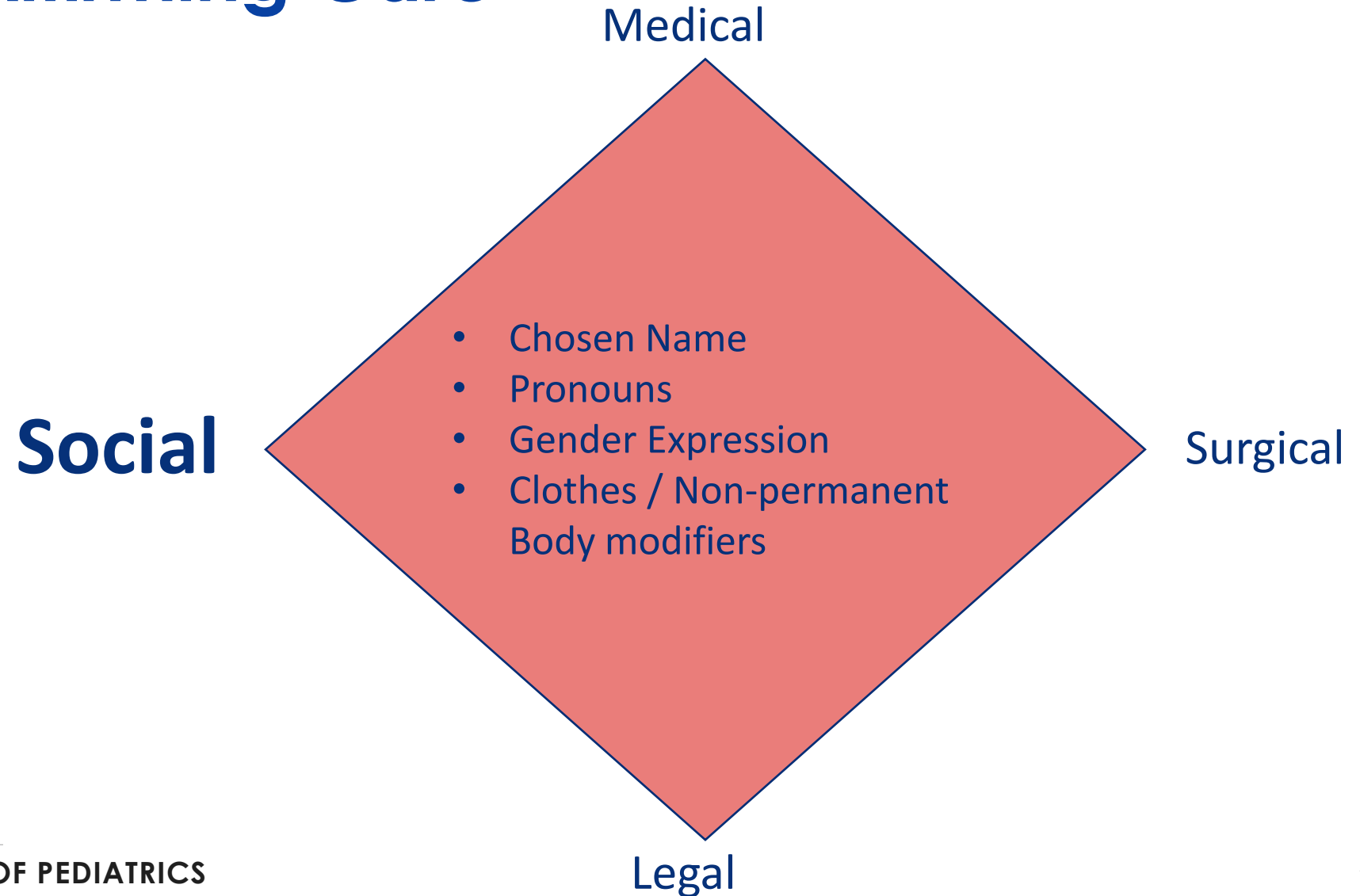
# What Do Gender Care Specialists Do?

# Gender affirming care

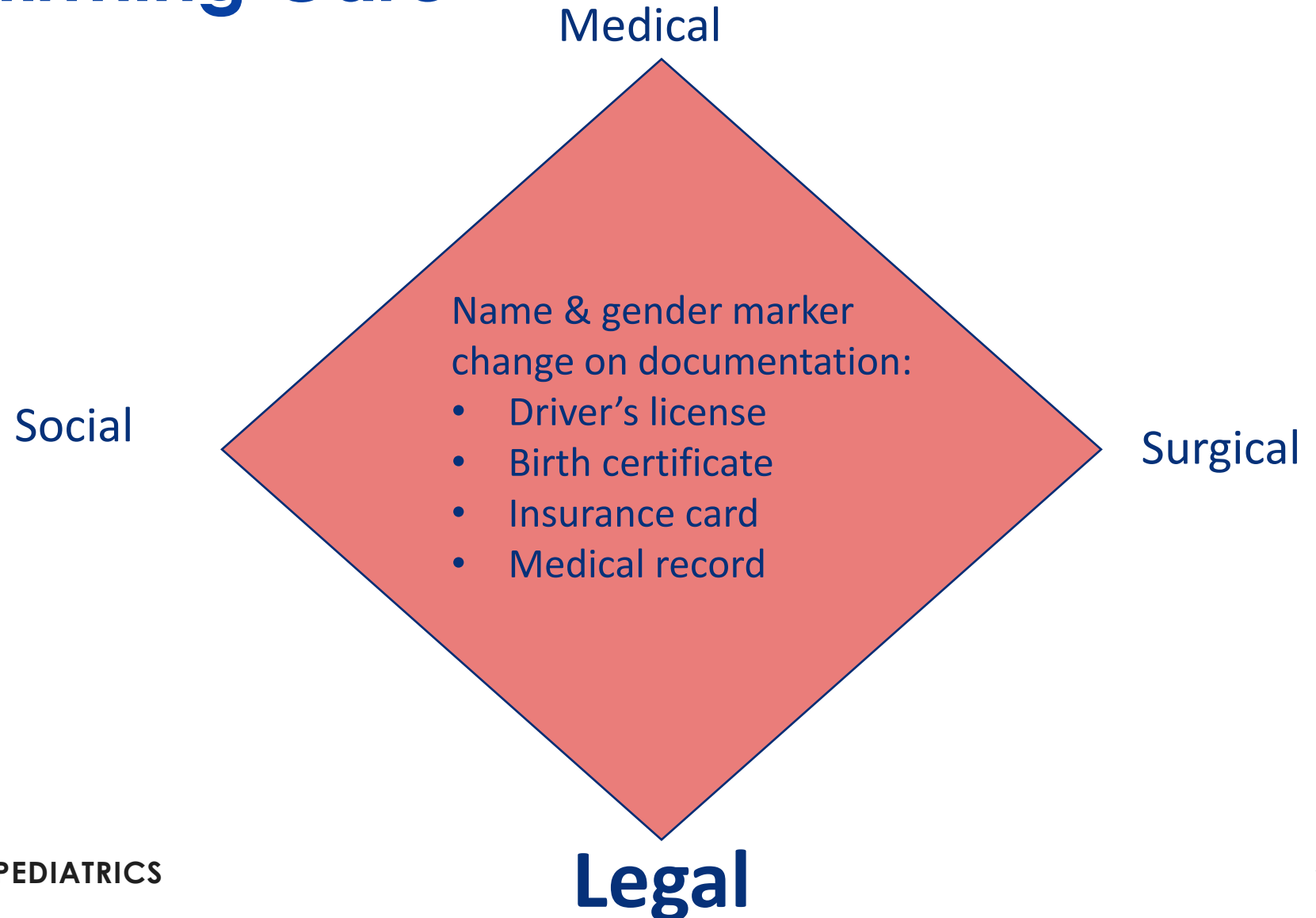
- A developmentally appropriate care framework directed towards acceptance and appreciation of the individual's gender experience - provided in a nurturing, non-judgmental and trauma-informed approach.
- 4 main modalities of care:



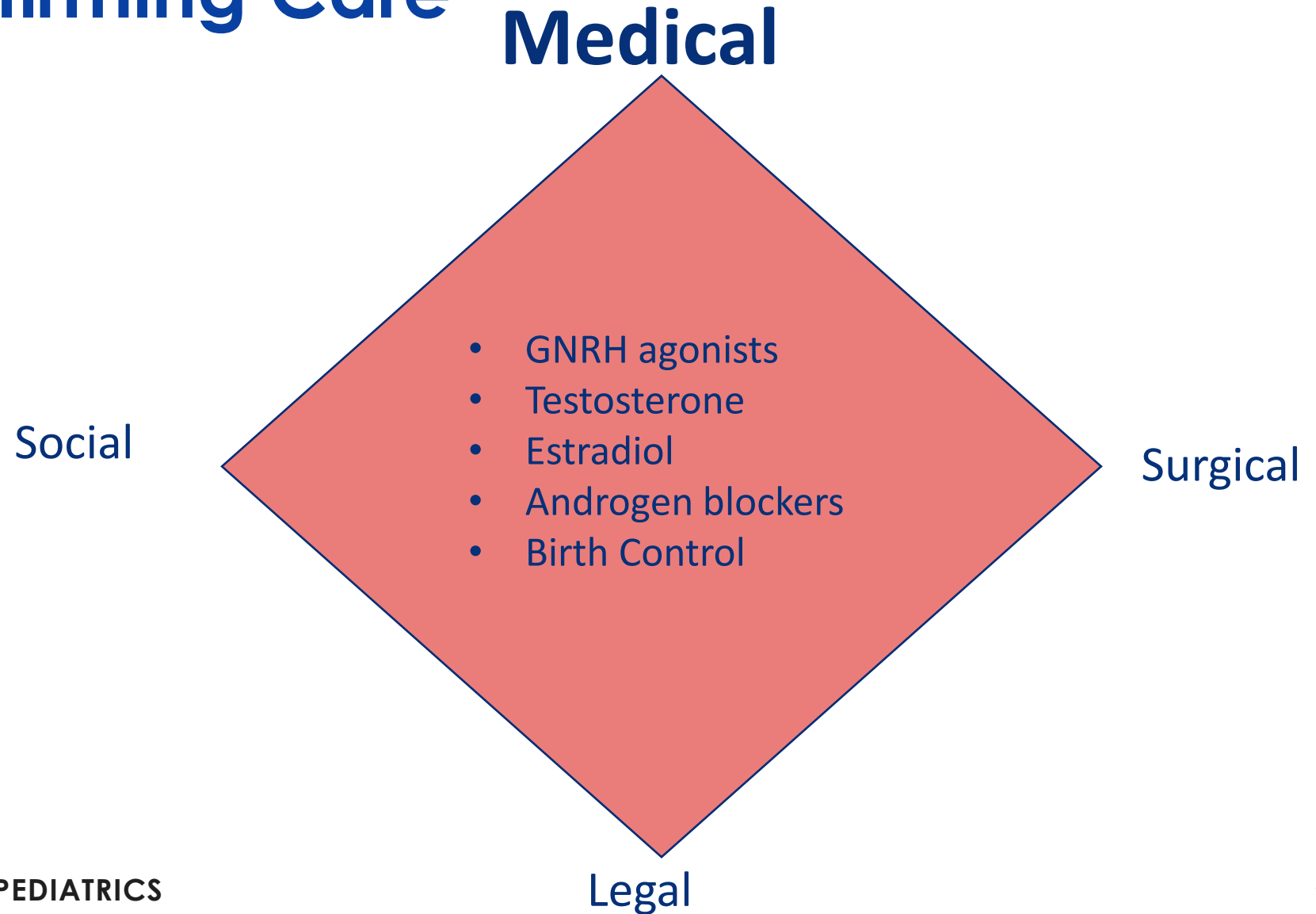
# Gender Affirming Care



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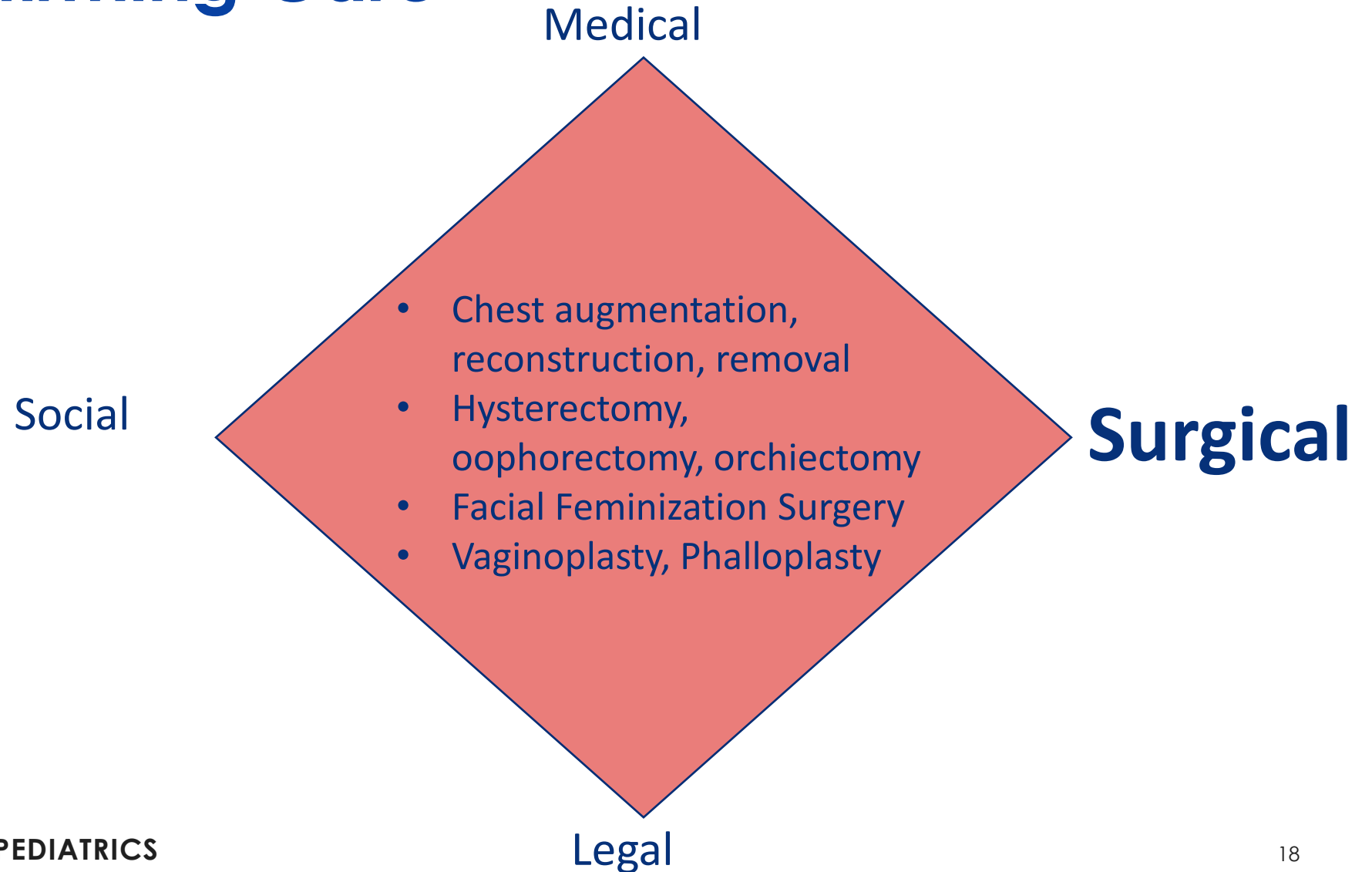


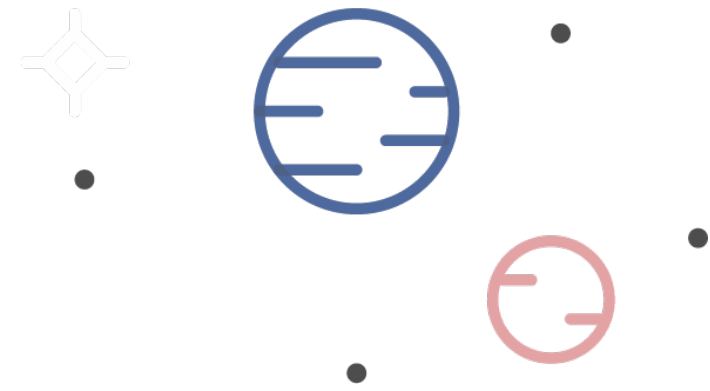
# Gender Affirming Care





# Gender Affirming Care





# What Can Primary Care Providers Do?

# So What Can You Do In The Primary Care Setting?

1. Create an affirming, inclusive & safe clinical space
2. Use affirming language
3. Ensure confidentiality and safety in the clinical space
4. Create inclusive intake and registration forms
5. Staff sensitivity and care training
6. Patient centered treatment planning

# Create An Inclusive & Safe Clinical Space

Office settings should demonstrate a welcoming clinical environment for all patients & families

Examples:

- Pictures that reflect your patient population
- Decals of “rainbow” or transgender flags/banners
- Stickers/buttons listing willingness of practice to offer care to ALL
- Display brochures, posters, or educational materials about trans health concerns
- Clearly post your clinic’s non-discrimination statement

Have a gender-inclusive or all gender restroom available



# Gender Affirming Language

Using affirming language can be one of the most profound ways to affirm a patient's gender identity

- Avoid use of “preferred” – suggests it is a choice and its use is optional

We are not legally obligated to address a patient by what's on their legal ID or reflected in the medical record.

- Initially address patients by last name (“patient Parker and family”)

Practice hand-off communication with nursing, front desk & ancillary staff

”How would you like to be addressed today?”

“My name is Dr. Waters, I use he/him pronouns, what pronouns would you like for me to use with your during today's visit? “



# Ensure confidentiality

Ensuring that any information a patient shares with you will remain confidential is **CRUCIAL**.

- May involve using different name and pronouns with only the clinician
- You may be the only person to whom they have disclosed their identity

Check in with the patient about changes in their affirmed name or pronouns & encourage them to let you know if they change in future encounters.

- Any interval changes in social history or transition since last visit

# Intake Forms

Changing intake forms to reflect inclusion of LGBTQ persons' and their families:

- Fill-in option or multi-option choices with fields for sex assigned at birth, gender identity, and name to address them and pronouns
- Ask for names of parent(s)/guardian(s) rather than mother/father
- Reframe marital status as relationship status using gender inclusive response items such as spouse/partner instead of wife/husband

## HOW SHOULD WE ADDRESS YOU?

Patient's Name Information:

Name(s) you wish us to call you (First, Last) -

Pronouns you would like us to use -

Name Assigned at Birth –

Current Legal Name -

DOB:

Parent/Guardian Name:

Relationship to patient:

Home:

Cell:

Email:

Parent/Guardian Name:

Relationship to patient:

Home:

Cell:

Email:

Any additional contact information you would like us to have:

Name:

Relationship:

Contact Information:

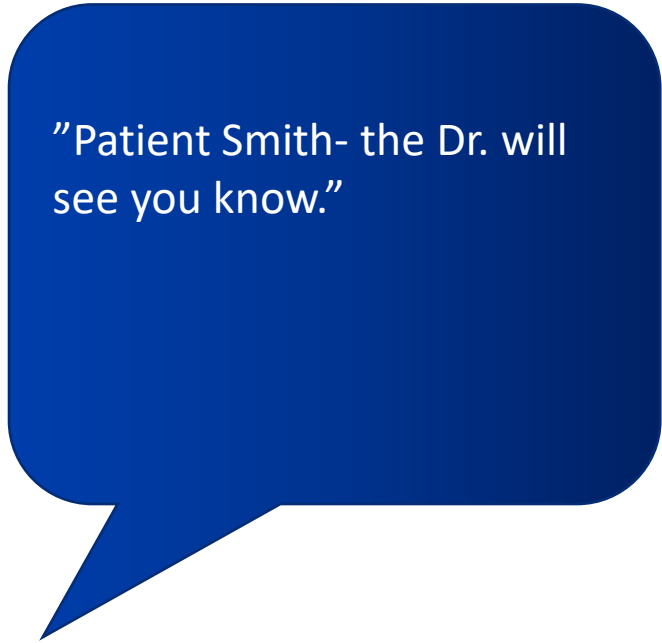
# Staff Training

Have staff trained to ask what name (and pronoun) which they wish to be addressed by today:

- Understanding that these do not necessarily correlate with the patients' sexual orientation or behavior
- Acknowledge this information may change between visits

Provide practical tips for staff in providing inclusive services

Allow space for reflection and feedback on how the environment can be more inclusive and diverse



"Patient Smith- the Dr. will see you know."



# Treatment planning

Ensure that treatment plans are patient centered and based on goals of youth

- Facilitate discussions but don't lead agenda
- Supportive discussion with important key life personnel
- Allow opportunities for check-in's as plans may evolve
- If something is not safe or developmentally appropriate, it's okay to say so

# We aren't perfect... just own it

Patients understand that sometimes there will be slip ups and may even expect it.

- Apologize for any mistakes in misgendering or misnaming a patient and simply correct your mistake and move on.
- Empower youth to correct you when if and/when this happens
- Do not overly apologize as this shifts focus from patient to you
- Be prepared to troubleshoot, staff members should be prepared to deal with these issues without embarrassing or “outing” the patient

# What NOT to do

## **DON'T Interview only with parent in room**

- All teens deserve private time

## **DON'T Assume**

- Names or pronoun
- Gender identity and gender expression correlate
- Gender identity or Sexual Orientation dictates behaviors

## **DON'T Dismiss**

- What the patient/family is troubled by as “a phase”
- The importance of Parents as a source of support

## **DON'T Imply, Suggest or Refer for “reparative therapy”**

- This is psychologically damaging



# Is there an “ongoing role” for primary providers in caring for Transgender Youth?

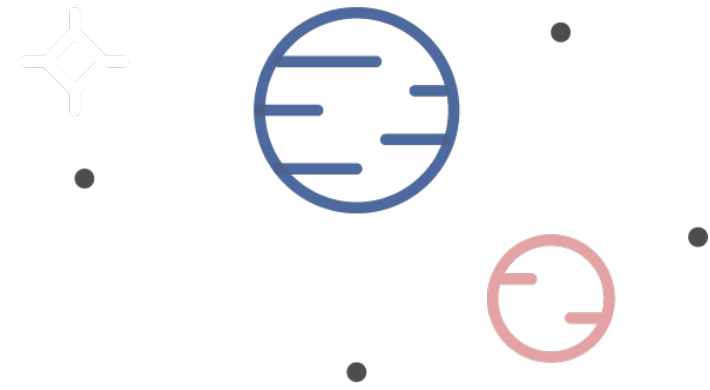
**Yes!**

- 1) Helping treat significant gender dysphoria
  - a) Mental health referral for depression and other concerns
  - b) Menstrual suppression
  - c) support social transitioning
- 2) Managing Sexual Health Issues (STIs, Birth Control, HIV screening and prophylaxis)
- 3) Monitoring medical consequences of gender affirmation therapy (Cholesterol, elevated RBC, surveying for thromboembolic complications)
- 4) Screening for safety in home, school and community setting

# Take home points:

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- The primary care setting IS a place to provide gender affirming care
- Pediatricians should support healthy gender identity development as part of anticipatory guidance and screening.
  - More detailed screening and inquiry can be done for youth and teens for whom there may be gender health related concerns and consider referral to a specialty gender clinic to further explore gender identity
- Children who feel affirmed in their gender identity throughout development build significant resilience and thrive into healthy adulthood.
- We as pediatricians should remain supportive and **should not** be a child's first bully.



# Where Can You Refer?

# Gender Care Services – 5 Clinics, ONE team

We have 5 clinics that make up our Gender Care Services Team:

Youth Pride Clinic

Gender Development Program

Gender and Autism Program

Endocrinology

Pediatric and Adolescent Gynecology

# Contact Information for our Services

**Gender Care Services and Patient Navigation (Shane Henise) – 202-476-5744; [youthpride@Childrensnational.org](mailto:youthpride@Childrensnational.org)**

**Youth Pride – 202-476-4358**

**Gender Development – 202-715-5437**

**Gender Autism - 301-765-5576**

**Gender Endocrinology - 202-476-6848**

**Gender Gynecology – 202-476-2150**



# Youth Pride Clinic

Housed in Adolescent  
Medicine and sees patients  
12-22 years old

- Two parts to Pride Clinic: medical and gender therapy
  - Medical can provide gender affirming primary care, menstrual suppression, and gender affirming hormones
  - Gender therapy that provides brief, gender focused therapy aimed at exploring and assessing gender
- 
- Medical providers: Dr. Larry D'Angelo, Dr. Tonya Katcher, Dr. Brooke Bokor, Dr. Joseph Waters, and Amy Klamberg, NP
  - Gender therapist: Molly Basch, PhD

# Resources & Links

- [Definitions and terminology](#)
- [Foundational Concepts](#)
- [Strategies for Creating an LGBTQ+ Inclusive Healthcare Environment](#)
- <https://www.lgbtqiאהhealtheducation.org/courses/Working with Transgender and Gender-Diverse Youth During the Covid-19 Pandemic/>
- [Gender Diversity and Affirmation for Children and Adolescents](#)
- [Primary Care Considerations for Transgender and Gender-Diverse Youth](#)

# Q&A