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Pediatric Gender Affirming Care

United General District 304 &
Skagit Regional Health
January 24th, 2023 6-7 pm

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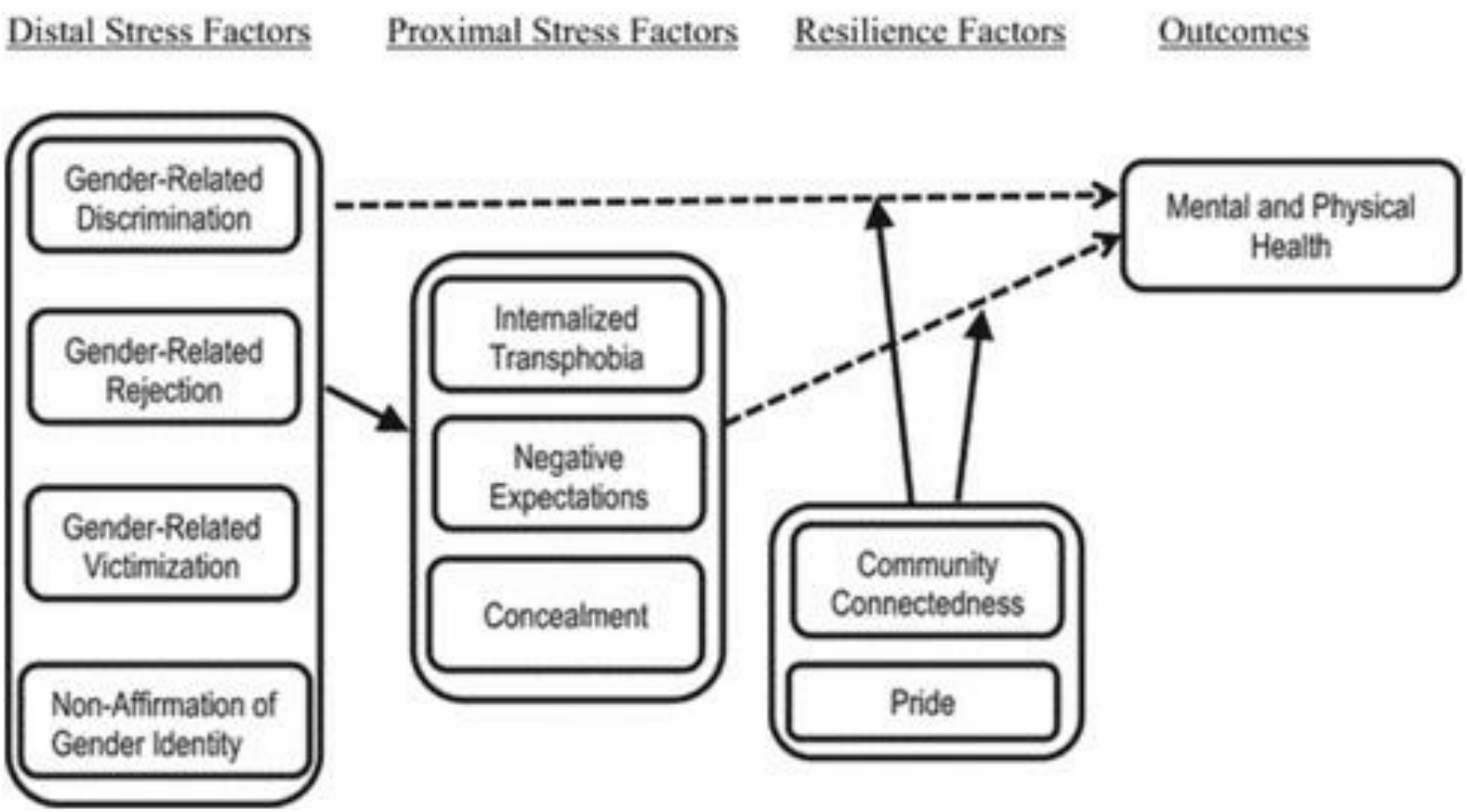
Learning Objectives

- Create a clinic environment that is affirming to gender-diverse youth acknowledging the unique challenges and barriers that transgender and gender-diverse individuals may face in accessing healthcare.
- Effectively guide and support families through the referral journey to the Seattle Children's Hospital Gender Clinic including the procedural steps, objectives, and key timelines associated with facilitating a tertiary referral to the Clinic.
- Engage in open and non-judgmental communication with the families of transgender and gender-diverse individuals, addressing their concerns and providing educational resources.

Gender minority stress health model



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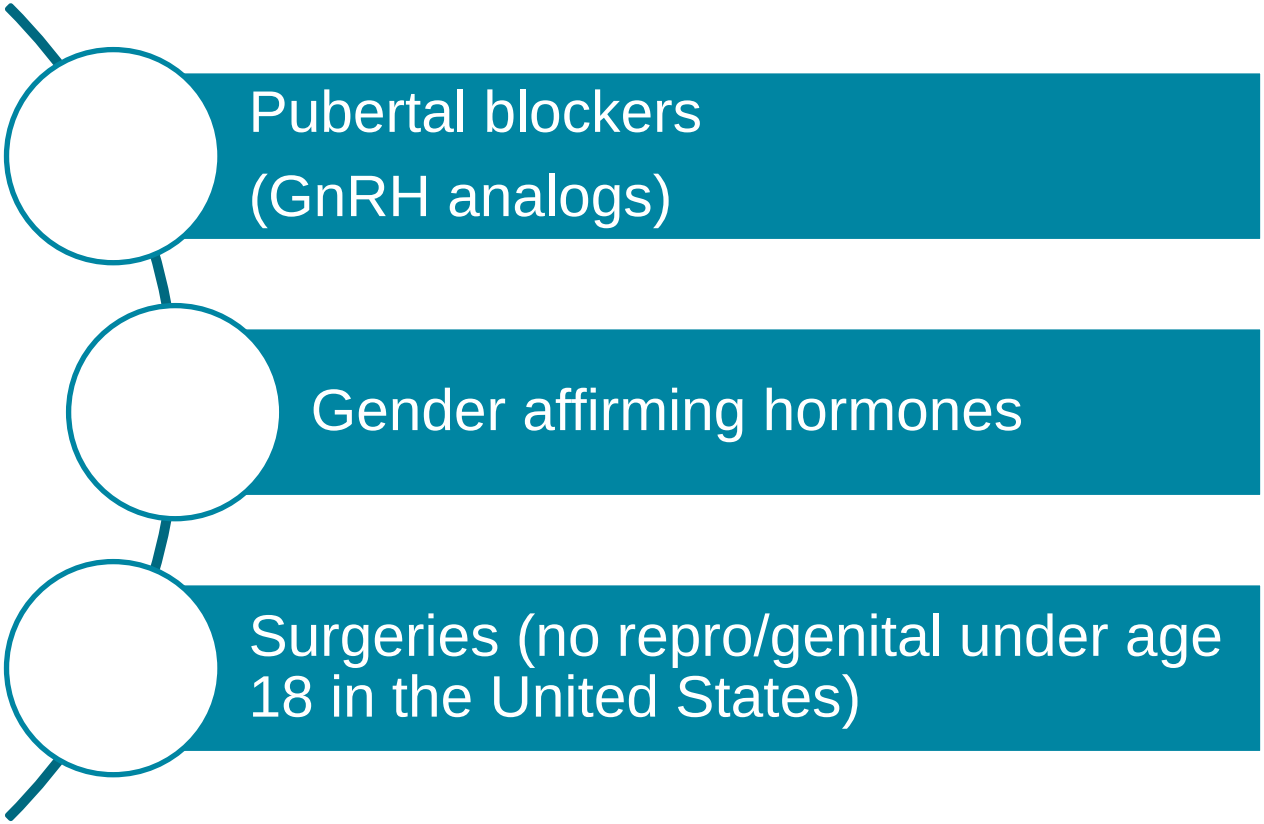
What is the gender affirmative model?

(a) gender variations are not disorders
(b) gender presentations are diverse and varied across cultures, therefore requiring our cultural sensitivity
(c) to the best of our knowledge at present, gender involves an interweaving of biology, development and socialization, and culture and context, with all three bearing on any individual's gender self
(d) gender may be fluid, and is not binary, both at a particular time and if and when it changes within an individual across time
(e) if there is pathology, it more often stems from cultural reactions (e.g., transphobia, homophobia, sexism) rather than from within the child.

Gender-affirming care options for youth

Social and emotional support



To learn more, visit https://www.seattlechildrens.org/clinics/gender-clinic/patient-family-resources/, “Resources to Support Gender-Affirming Medical Transition”

Legislative Tracking

- 2019- 2023 has seen an escalating amount of anti-trans bills proposed and passed each year. In 2023 so far, we have seen 83 anti-trans bills (covering 23 states) including:

- **22 Healthcare Bans** (Example: Iowa bans all gender affirming medical care for minors including puberty blockers)
- **20 Education Bans** (Example: Arkansas prohibits public school teachers from using a student's chosen name or pronoun without the parental consent)
- **8 Bathroom Bans** (Example: Florida requires use of public facilities that align with sex assigned at birth and encourages school districts to create conduct code for students who ‘violate’ the law)
- **12 Sports Bans** (Example: Kansas prohibits transgender women and girls from playing on any women’s/girls sports teams including at the high school level)

Impacts of legislation

- 2023 study in the Journal of Adolescent Health surveyed both medical and mental health providers who provide gender affirming care (117 participants) found: **70% were personally threatened or the site they work at was threatened.** Due to this, providers describing needing to take on additional safety measures including in their personal lives, they described enduring emotional and psychological distress, they described increasing and unsustainable work loads and they describe re considering how/where they practice.

- **45% of trans youth (13-17) live in a state in which youth have lost access or at risk of losing access to gender affirming care**
- **35% of trans youth (13-17) live in states that have already banned gender affirming care**

Trevor Project Youth (2022)

Transgender and nonbinary youth who attempted suicide in the past year, comparison across access to gender-affirming spaces

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2022 National Survey on LGBTQ Youth Mental Health, The Trevor Project

Harming behaviors

- Refusing to allow youth to participate in LGBTQ-focused activities such as diversity clubs at school, community-based support, and LGBTQ focused media like Trevorspace
- Blaming youth when others mistreat them because they are LGBTQ such as teachers unfairly punishing youth, siblings bullying youth, or social exclusion in the community
- Showing/sharing anti-trans media in the home with publications, radio, podcasts, or television shows
- Telling youth to accept bullying or misgendering from other family members or community members
- Denying medical care until an academic or behavior threshold is met
- Excluding LGBTQ friends from family life
- Threatening to remove economic or environmental resources if youth transitions
- Catastrophic/hopeless exclamations such as "You will never find love like that" or "This is going to ruin our family“
- Sending youth to conversion therapy or gender identity change efforts
- Assuming that medical gender transition is desired by all gender diverse people
- Assuming all gender diverse people who do receive gender medical care do so to achieve cisgender ideals

Managing Misinformation

- Illusory truth effect suggests that people are more likely to believe claims as truer if they have encountered the same claim in the past
- People are more likely to believe claims if a photo is paired with the claim as visuals incite more emotional reactions
- Set the tone for your practices (compassionate care that is evidence-based)
- Appreciate that your skill and rapport with patients is based on how patients receive the environment you work in

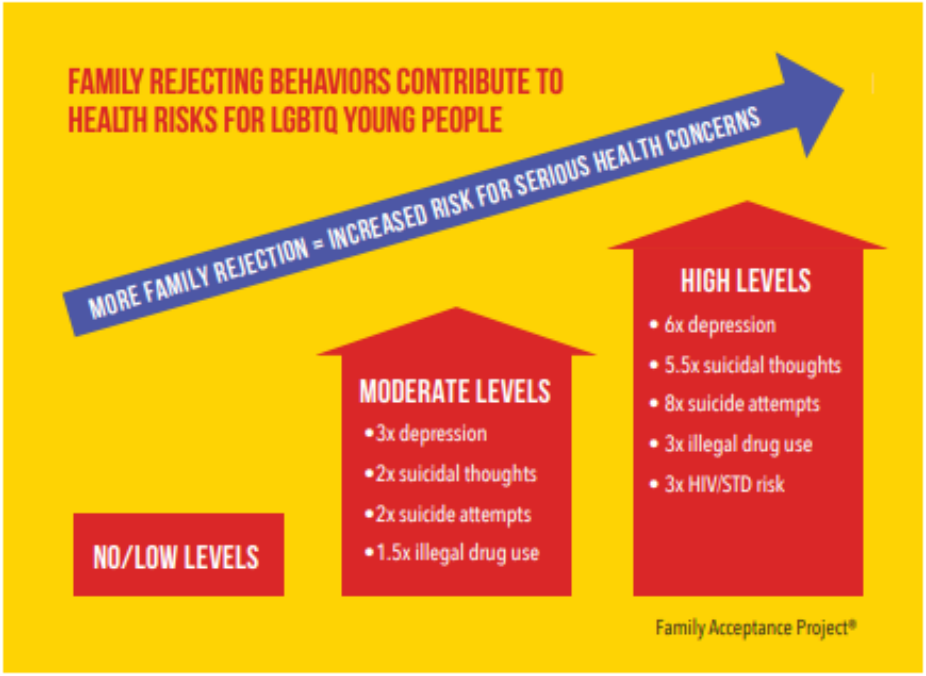
Family Acceptance Developmental Model

Rejecting Punitive	Rejecting Non-Punitive	Qualified Acceptance	Full Acceptance	Advocacy
Rejection with significant consequences	Verbal and emotional rejection that has serious emotional consequences	Mixed or ambiguous statements that suggest acceptance for the person while rejection aspects of identity	Uncomplicated affirmation of a person inclusive of their identity	A parent that takes proactive steps to create more equity for their trans/queer child and the greater community
Ex: Forcing a child out of the home for being trans/queer	Ex: Auntie says you cannot come to the family dinner dressed "that way"	Ex: Parents saying 'I love you, but I do not approve of this lifestyle'	Ex: A parent that provides support for their child emotionally. Socially, economically, etc.	Ex: Parent corrects other family members and friends who misgender the child without conflict between the parent and child

Try:

- Motivational interviewing
- Psycho-ed
- Self-reflection with connection to story

Outcomes of non affirmation in families



Gendering youth appropriately contributed to 71% decrease in symptoms of severe depression and a 65% decrease in suicide attempts for transgender youth
-Family Acceptance Project

Healthy habits for LGBTQ family support

Talk with your child or foster child about their LGBT identity
Express affection when your child tells you or when you learn that your child is LGBT
Support your child's LGBT identity even though you may feel uncomfortable
Advocate for your child when he or she is mistreated because of their LGBT identity
Require that other family members respect your LGBT child
Bring your child to LGBT organizations or events
Connect your child with an LGBT adult role model to show them options for the future
Work to make your faith community supportive of LGBT members or find a supportive faith community that welcomes your family and LGBT child
Welcome your child's LGBT friends and partner to your home and to family events and activities
Support your child's gender expression
Believe your child can have a happy future as an LGBT adult

-From Supportive Families, Healthy Children: Helping Families with Lesbian, Gay, Bisexual & Transgender Children by Caitlin Ryan, 2009, Family Acceptance Project, San Francisco State University

Best practices with gender diverse youth

- Ask what name and pronouns to use in front of parents/guardians

Offer to facilitate a discussion with a patient and their parents/guardians about name and pronouns

- Ask about name and pronouns at every clinical encounter
- Obtain confidential contact information
- Ask patients to take a photo of resource lists/information
- Respect self-determination and make space for your patient to decide how to navigate issues around privacy
- Acknowledge how important it is to you to use their name and pronouns and respect them regardless of their choice around documentation in the EMR
- Limit exams and conversations to what is medically necessary and clearly benefitting solutions for the presenting problem
- Do not expect patients to undress unless they have consented and you have clearly articulated why undressing is necessary
- Offer blind weights/take weight only when it is necessary
- Use non-gendered language whenever/wherever possible

Services at Seattle Children's Hospital Gender Clinic

Gender Clinic Roadmap

Adolescent Medicine

1 Get a referral

Ask your primary care provider to put in a referral to Seattle Children's Gender Clinic if you are interested in learning more about gender-affirming care options.

2 Participate in the Gender Support Series

We will meet with you and your family to discuss your goals and create a care plan that meets your needs.

3 Get connected to mental health support

We may:

- Provide brief mental health support
- Complete a mental health evaluation
- Review any medicines you take
- Refer you for an autism spectrum disorder evaluation
- Refer you to a community mental health provider

4 Meet your Gender Clinic provider

Here we will talk about your medical history, do a brief exam and talk about treatment options.

5 Begin gender-affirming treatment

This may include:

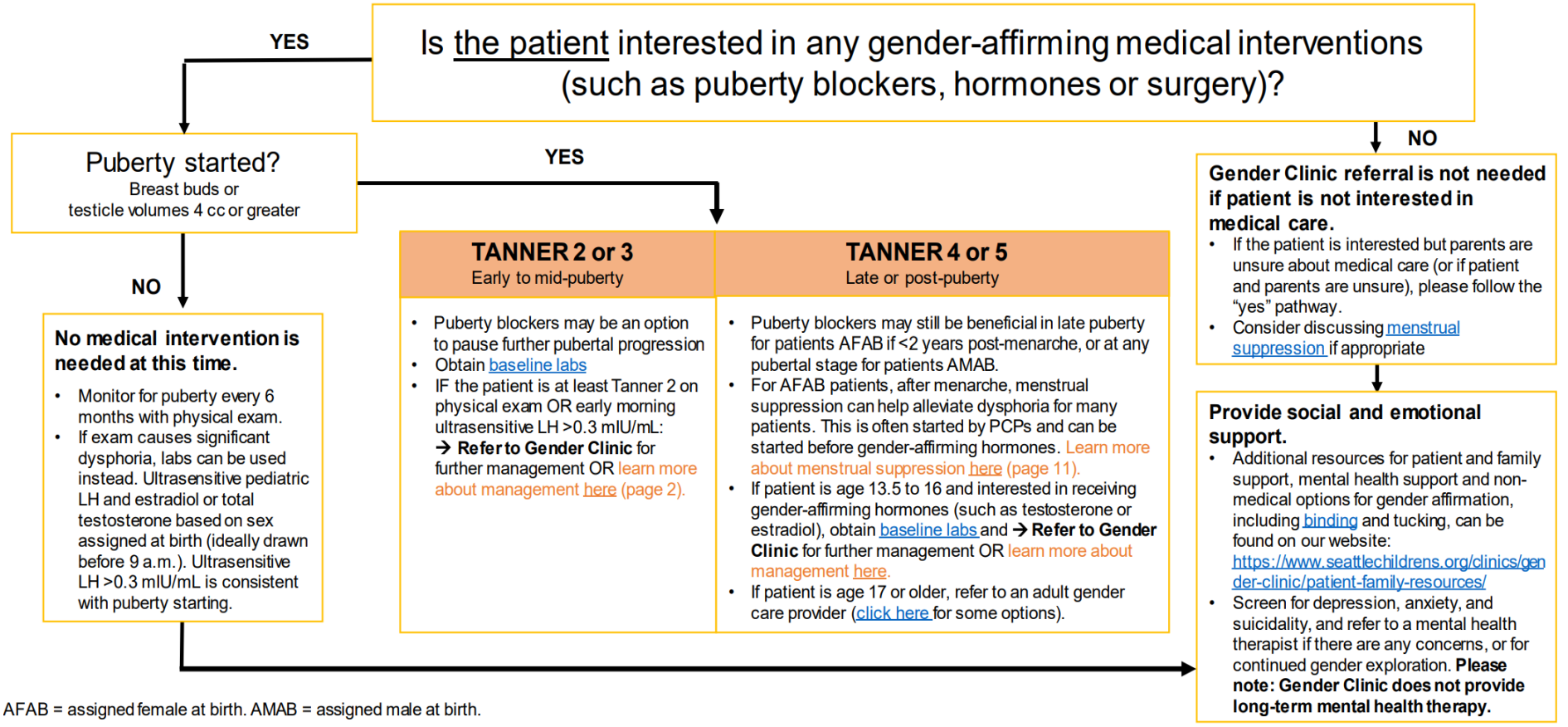
- Puberty blockers
- Monitoring
- Gender-affirming hormones
- Referral for gender-affirming surgery

6 Continue adult care

We can treat you until age 21. We support young adults transitioning care to an adult provider beginning at age 17. We can refer you to a gender-affirming care provider for adults.

When to refer to SCH gender clinic

Algorithm: Gender-Affirming Medical Care for Youth



AFAB = assigned female at birth. AMAB = assigned male at birth.

Project ECHO: Caring for Gender Diverse Youth

- Gender diverse patients face significant barriers to receiving adequate healthcare. The aim of the Seattle Children's Gender Clinic's Project ECHO is to increase participant knowledge and self-efficacy regarding best-practice care for gender diverse youth in order to improve the healthcare experiences of gender diverse youth and improve access to gender-affirming care.

  We started this Project ECHO in 2022. Series I focuses on topics including affirming clinical environment, supporting families and schools, mental health, social transition, eating disorders, and neurodiversity. Series II topics include consent, gender dysphoria and euphoria, puberty blockers, menstrual suppression, masculinizing treatments, feminizing treatments, and supporting youth before surgery. Each series runs for 6 months with one lunchtime webinar session each month.

- **We will be running Series II again in winter/spring 2024 on the 4th Monday of each month, except May which will be the 3rd Monday. Sessions will be held virtually on Zoom from 12:00-1:15pm Pacific time.**

Register here:
https://redcap.seattlechildrens.org/surveys/?s=WWE848X9WPJH8ERR&_gl=1*yprwwr*_ga*NDUyNTA4NzE3LjE2NjU2MDQ1MTY.*_ga_WJEGRQ19VB*MTcwMjI1MDE3Ny45OC4xLjE3MDIyNTAxODMuNTQuMC4w

Seattle Children's Gender Clinic Electronic Consultation (E-consult)

The Seattle Children's Gender Clinic (SCGC) has created a new way for community providers to get advice and support directly from our SCGC team. If your consult question is of a non-urgent nature (i.e. you are comfortable receiving a response from one of our SCGC providers within 3 business days), we encourage you to submit your question directly to us via our new e-consult order in EpicCare Link.

- ✓ Can only medical providers submit an e-consult?

No, any person who has EpicCare Link access can submit an e-consult (referral coordinators, office staff, MA's, nurses, therapists, medical providers).

- ✓ Are e-consults only for patients who are existing SCGC patients?

No, e-consults can be submitted for any patient under age 21, not just those who are already seen in the SCGC.

- ✓ How do I submit an e-consult to the SCGC?

The only way to request an e-consult is by putting in an order through Seattle Children's EpicCare Link. EpicCare Link is currently used by many community providers to submit referral and lab orders to Seattle Children's.

- ✓ Can providers who don't use Epic in their practice submit an e-consult?

Yes! All providers, regardless of what electronic health record they use in their practice, can use EpicCare Link.

Works Cited

- Dhanani, L.Y., Totton, R.R. Have You Heard the News? The Effects of Exposure to News About Recent Transgender Legislation on Transgender Youth and Young Adults. *Sex Res Soc Policy* (2023) https://doi.org/10.1007/s13178-023-00810-6
- Hidalgo, M., Ehrensaft, D. Tishelman, A., Clark, L.F., Garofalo, R., Rosenthal, S.,Spack, N., Olson, J; The Gender Affirmative Model: What We Know and What We Aim to Learn. *Human Development* 1 October 2013; 56 (5): 285–290. https://doi.org/10.1159/000355235
- Hughes, L., Gamarel. K., Restar, A., Sequiera, G., Dowshen. N., Regan, K., Kidd, K. (2023) Adolescent Providers' Experiences of Harassment Related to Delivering Gender-Affirming Care, *Journal of Adolescent Health* (73) 672-678
- Shipherd, J., Berke, D., Livingston, N. Trauma Recovery in the Transgender and Gender Diverse Community: Extensions of the Minority Stress Health Model *Cognitive and Behavioral Practice* Vol 26 Issue 4 11/2019
- Sprayregen, R. (2023, March 14th) Here are all the anti-trans bills that have become law in 2023, LGBTQ nation https://www.lgbtqnation.com/2023/03/here-are-all-the-anti-trans-bills-that-have-become-law-in-2023/
- Supportive Families, Healthy Children: Helping Families with Lesbian, Gay, Bisexual & Transgender Children by Caitlin Ryan, 2009, Family Acceptance Project, San Francisco State University