



Supporting Gender Diverse Patients in Primary Care

Amelia McClelland, PhD



My Background

Behavioral Health Consultant for Community Health of Central Washington

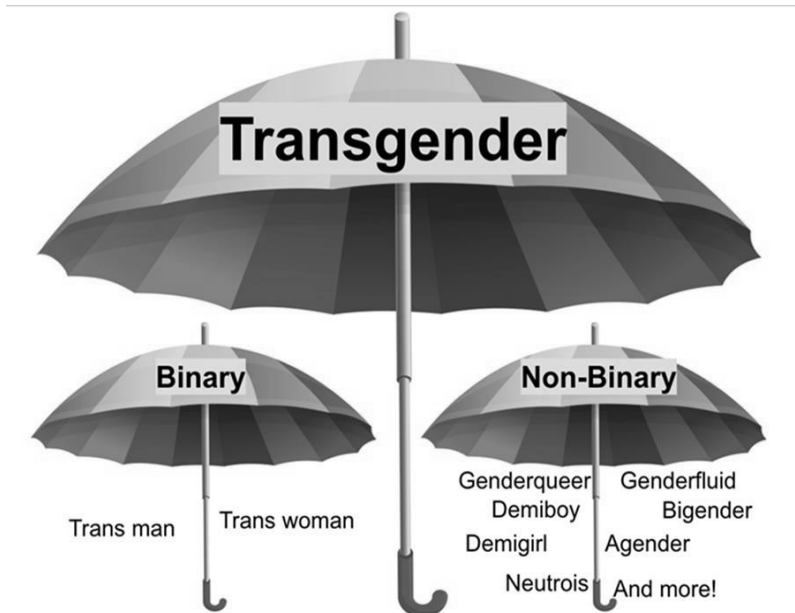
Passions: Pediatrics, school-based health, supporting the LGBTQIA+ community, teaching, theater

Hx: School Psychologist, psych tech, outdoor environmental education, theater



Food for thought:

- What does your clinic do well to support gender diverse patients?
- What are areas where you and/or your clinic need to adjust or change?
- What are things you want to know more about?

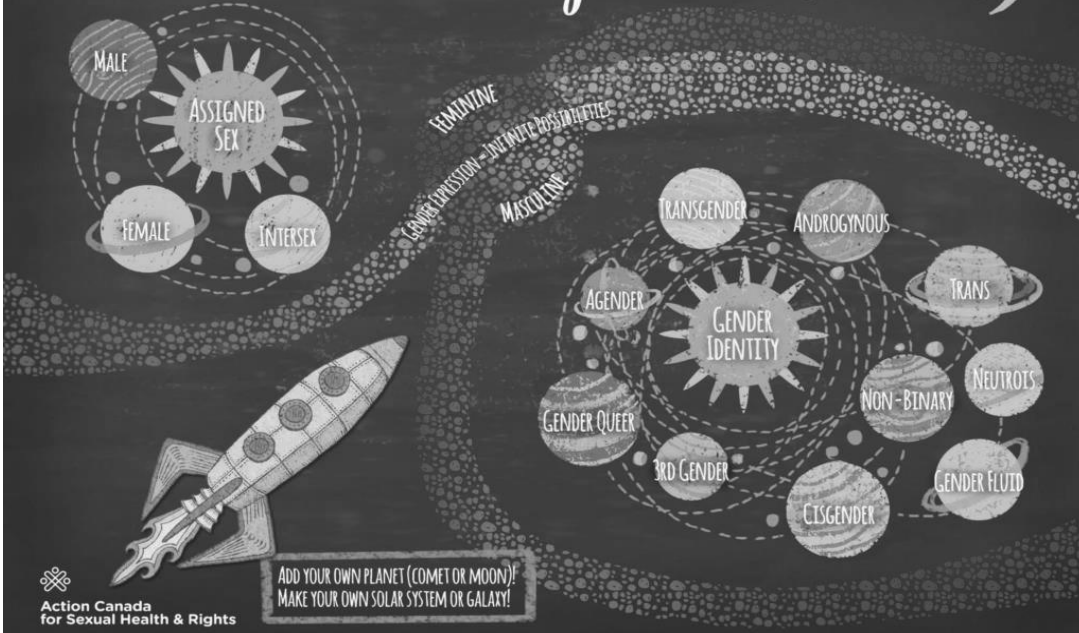


Gender Galaxy

TWO SPIRIT
GALAXY



SEXUALITY
GALAXY

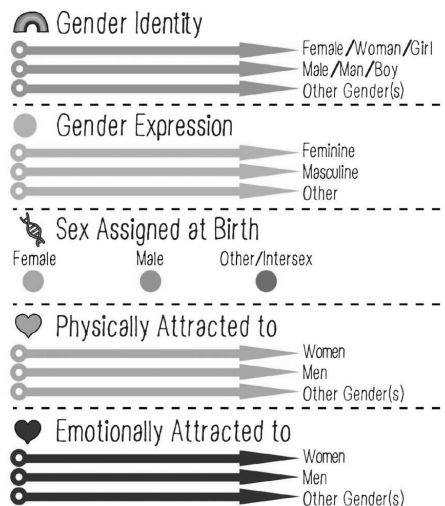
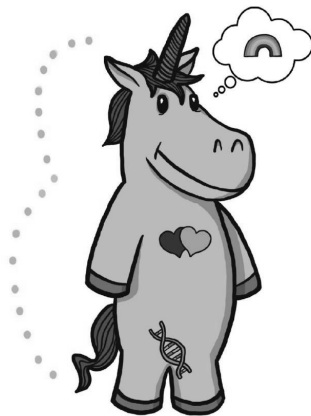


Action Canada
for Sexual Health & Rights

The Gender Unicorn

Graphic by:

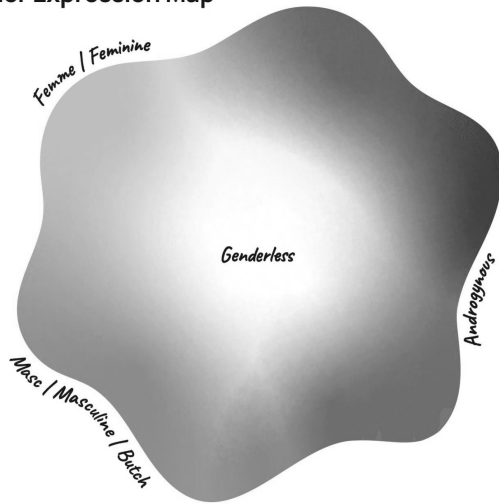
TSER
Trans Student Educational Resources



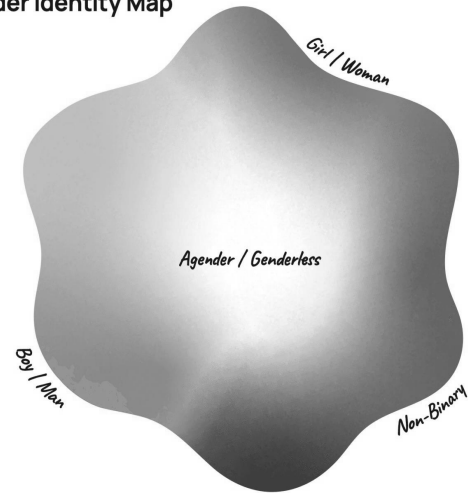
To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore

Gender Expression Map



Gender Identity Map



Terminology to Know

- Lesbian
- Gay
- Bisexual
- Transgender
- Cisgender
- Gender Non-conforming
- Gender Dysphoria
- Non-binary
- Two Spirit
- Asexual/Ace/Aero Spectrum
- Gender Identity vs. Gender Expression
- Intersex
- Trans Masculine
- Trans Feminine
- Queer
- Dead naming
- Polyamory

Why is Gender Affirming Care Important?



- Transgender youth experience higher levels of bullying, discrimination, violence, family and peer rejection, and homelessness.
 - Increased risk of:
 - Substance abuse
 - Depression
 - Anxiety
 - Eating disorders
 - Suicide
- Stigmatization
- Experiences of harassment/violence
 - 65% of LGBT+ physicians had heard derogatory comments about LGBT+ patients in the workplace and 34% witnessed discriminatory care of an LGBT+ patient





Why is Gender Care Important (Cont'd)

- Affirming transgender and nonbinary youth (pronoun use, legal document changes) associated with lower rates of attempted suicide.
 - Access to gender neutral bathrooms at school and binders, shapewear, and gender-affirming clothing reduced risk of suicide attempt too
- In the past year, trans and nonbinary youth reported being threatened with or subjected to conversion therapy at twice the rate of cisgender LGBTQ youth.
- Gender diverse patients are less likely to seek healthcare services due to concerns about stigma or provider discomfort. These and other structural factors impose disproportionately poorer physical and mental health outcomes.

Black Transgender and Nonbinary Young People

- One in four Black transgender and nonbinary young people reported suicide attempt in the past year, more than double the rate of suicide attempts by cisgender LGBTQ young people
- Among Black transgender and nonbinary young people, those who were AFAB reported higher rates of both seriously considering suicide in the past year (60%) and attempting suicide in the past year (26%) compared to Black transgender and nonbinary young people AMAB (43% and 18%, respectively).
- Black transgender and nonbinary young people with high social support from their family had 47% lower odds of reporting a suicide attempt in the past year



Stats From The Trevor Project National Survey (2023)

- 56% of LGBTQ youth who wanted mental health care in the past year were not able to get it
- 65% of youth who were engaged in gender-affirming medical care were worried about losing access to care
- 27% of Transgender and nonbinary youth report being physically threatened or harmed due to their gender identity within the past year
- 64% of transgender and nonbinary youth reported they have felt discriminated against due to their gender identity
- 1 in 5 transgender and nonbinary youth attempted suicide in the past year



Share:   

Nearly 1 in 3 LGBTQ young people said their mental health was poor most of the time or always due to anti-LGBTQ policies and legislation.

Share:   

Nearly 2 in 3 LGBTQ young people said that hearing about potential state or local laws banning people from discussing LGBTQ people at school made their mental health a lot worse.

Share:   

11% of white young people attempted suicide in the past year

compared to...

22% of Native/Indigenous young people

18% of Middle Eastern/Northern African young people

17% of Multiracial young people

16% of Black young people

15% of Latinx young people

10% of Asian American/Pacific Islander young people

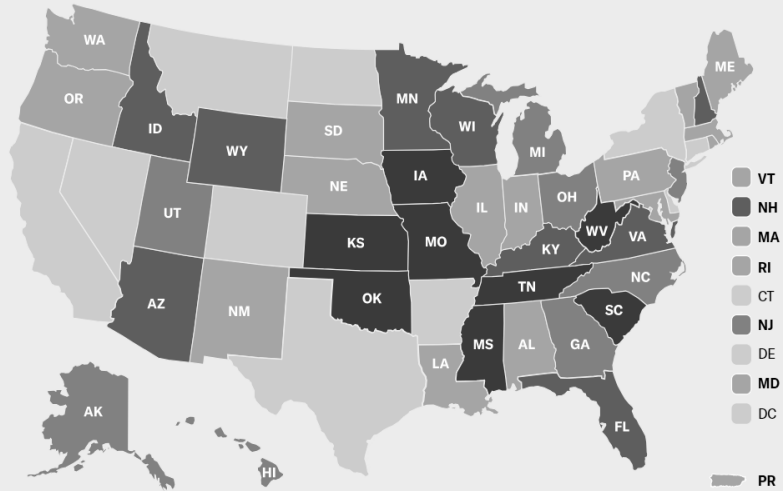
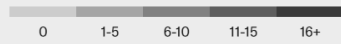
2024 LEGISLATIVE SESSION

The ACLU is tracking 469 anti-LGBTQ bills in the U.S.

Choose a state on the map to show the different bills targeting LGBTQ rights and take action. While not all of these bills will become law, they all cause harm for LGBTQ people.

Last updated on February 27, 2024 ⓘ

Bills per state



What you talk about grows



Resiliency Research

- Current research initiatives have shifted from deficits-based models to understand resiliency within these communities
- Currently, the research is limited within rural communities.



Pathways to Resilience

- Navigating safety across contexts
- Asserting personal agency
- Seeking and cultivating meaningful relationships
- Un-silencing marginalized identities
- Engaging in collective healing and action
- External resources
 - Accessibility & availability
 - Capacity for youth to access
 - Confidentiality
- Positive environments
 - Safer spaces as "recharging stations"
- Social media & LGBTQ+ communities

Where did LGBTQ youth find moments of joy?

Although LGBTQ youth reported many serious challenges, they also described hundreds of ways in which they find joy and strength in their lives. From their favorite content and activities to seeing representation and allyship, the wide range of responses emphasizes that we can all help create safe, supportive environments where LGBTQ youth can feel happy and express themselves.

moving to a new place that feels like home

wearing my first binder

going to drag shows



changing my name to something that fit me

seeing LGBTQ people of color in media

just knowing that there's people out there like me

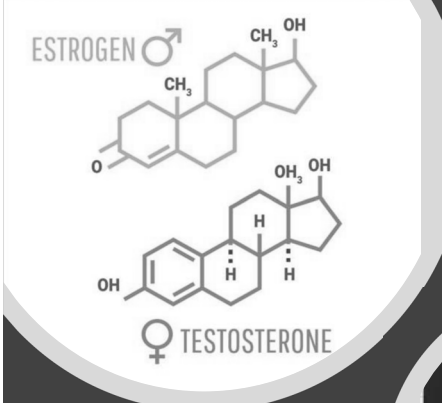
All sources of joy for LGBTQ youth:

- | | | |
|--------------------------------------|---|--|
| Therapy & medication | Learning I'm not alone and there are more people like me | LGBTQ clubs on campus |
| Gender affirming clothing | Protective laws/victories for LGBTQ rights | Athletics & exercise |
| Family & parental support | Supportive teachers | Going to college |
| The LGBTQ community | Having a safe space to express gender, gender identity, and sexuality | Drag shows |
| Accepting & affirming friends | All gender restrooms | Dance |
| Hope & excitement for the future | Queer role models | Living as their authentic self |
| Happy LGBTQ elders & married couples | Pets/Animals | Escapism/fantasy/fandom |
| Online communities & support | Taking care of younger siblings | Gender affirming hormones |
| Learning about LGBTQ history | Art, art expression, art therapy/crafting/drawing | Financial stability |
| Faith & spirituality | Partners/falling in love | LGBTQ celebrities, influencers & representation in media |
| Music (BTS, Lil Nas X, etc) | Video games/gamer community | Self-love & acceptance |
| Partners/falling in love | | Cooking |
| Cisnet allies | | |

THE TREVOR PROJECT[®] 2022 National Survey on LGBTQ Youth Mental Health




Break



ESTROGEN ♂


♀ TESTOSTERONE



Transition

- Social Transition: (any age)
 - Name
 - Pronouns
 - Gender expression may shift
 - Voice/movement changes
 - Binding/tucking
 - Bathroom use
- Medical Transition**:
 - Puberty blockers
 - Hormone Replacement therapy
 - Top Surgery
 - Bottom surgery
 - Facial feminization surgery
 - Vocal cord surgery

• **Requires parental permission if under 18 years old



BHC's Role in Gender Care

- Context is KEY
- Helping to identify supports, strengths, and resources for patients
- Psychoeducation on gender identity, gender expression, sexual orientation
 - For patients and family
- Gender care is not a vacuum they have other needs
- When needed a Therapist Support Questionnaire



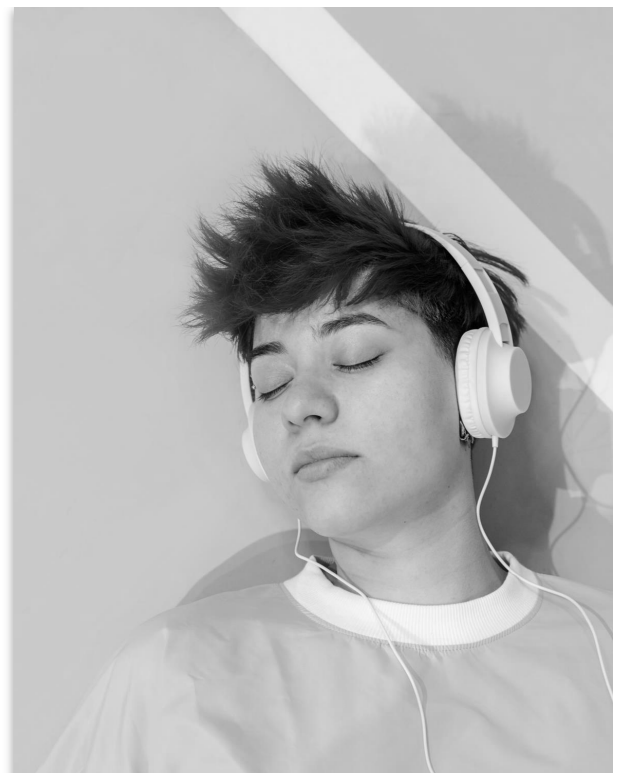


Hit the major points:

- Gender Journey:
 - Dysphoria
 - Euphoria
 - Mental Health impacts
- Social transition experience:
 - Legal steps:
 - Supports:
 - Barriers:
 - Strengths:
- Binding/tucking:
- Gender identity vs expression:
- Tx Goals:
 - Hopes for transition (medical, social, emotional)
 - What research have you done?
 - Concerns or questions r/t med transition
 - anticipated impact:

CASE DISCUSSIONS

- Alex, a 15-year-old patient, presents to your clinic for annual wellness check. Confidentially, the patient discloses that they are non-binary and use they/them pronouns. They share that their family has struggled with consistently using their correct pronouns and is continuing to refer to them as “Alexandra” despite their request to use the name “Alex.” For the past 2 years, Alex has desired a more masculine profile, including facial and body hair and a flat chest. Alex describes being intensely uncomfortable in their body and has frequent thoughts of not wanting to be alive. They scored highly on PHQ9 and GAD7 screening and have evidence of superficial self-harm on physical exam.
- Let’s discuss how you would support this patient



CASE DISCUSSIONS

- A 35 year old patient is schedule for a well women's exam and a pap smear. They were assigned female at birth, but for years, have identified as male, used he/him pronouns and a masculine name but have not legally changed their name. They bind their chest and dress very masculinely in order to more easily "pass" as male and experience distress monthly at the time of their menstrual periods.
- What are some things that you/your clinic could do to make this interaction more comfortable for this patient/prevent harmful interactions?



CASE DISCUSSIONS

- Riley is a 13 year old teen who comes to your office for help with attitude and behaviors at home. During the individual portion of the visit they disclose that they are nonbinary, use they/them pronouns, and prefer to go by Rowan. They also disclose that they are feeling depressed & anxious at home because their family is anti LGBTQ and constantly talk about supporting the transgender bans that have been in the news.
- Let's talk about how you would support this patient



CASE DISCUSSIONS

- A Black 25 year-old transgender woman who uses she/her pronouns presents for 6 month follow-up for hormone therapy. She tells you that the MA misgendered them, and they are frequently misgendered in public. She expresses that she is frustrated that her body doesn't look as feminine with big hips, and chest like she was hoping. She has been on hormone therapy for 1.5 years now and her estrogen and testosterone levels are appropriate and she does not miss doses of her medication.
- How would you support this patient? What are some actions that the clinic/you can do to make this interaction more comfortable for the patient?



CASE DISCUSSIONS

- Tallulah is a 17-year-old non-binary teen (they/them pronouns) who is coming in for support with gender affirming care and the desire to start hormones. Family is resistant because they feel this is “just a phase” and state “first he’s gay then he’s a girl now he’s nonbinary!?! Next week who knows!”
- Let’s talk about how you would support this patient and their family



If you were building your own clinic, what would you want them to see?



Patient Facing Staff Roles

- Be welcoming
- Use the chosen names and pronouns in public spaces*
- Ask about pronouns
- Use appropriate terminology
- Notice and address any inappropriate comments made by colleagues or other patients. Remember we are learning so let's be kind
- Know your local LGBTQ+ resources
- Remember we should educate ourselves it is not the client's responsibility



Management roles

- Create signage and marketing material that are diverse and use inclusive language and images
- Have inclusive intake forms
 - More options for gender and sexual orientation
- Encourage staff to wear clothing, stickers, jewelry (e.g., pronoun pins) that indicates they are a safe person to talk to about being LGBTQ+
- Have policies/procedures for reporting microaggression or issues with discrimination



Caution

- Do not ask patients to educate you. It is ok to clarify but then educate independently
- NEVER out a patient
- Be cautious of information you share in public spaces at work
- Don't assume anyone is 2SLGBTQ+ or not 2SLGBTQ+
- Do not push someone to come out

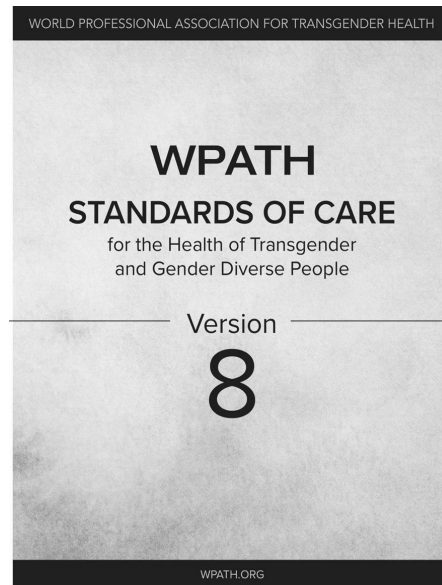


WPATH Standards of Care (SOC) Version 8

World Association for Transgender Health (WPATH) is an international, multidisciplinary, professional association whose mission is to promote evidence-based care, education, research, public policy, and respect in transgender health.

These guidelines continue the process started with the SOC-7 in 2011 to broaden in scope and move from a narrow focus on psychological requirements for “diagnosing transgenderism” and medical treatments for alleviation of gender dysphoria to gender-affirming care for the whole person.

New chapters on terminology, adolescents, children, eunuchs, non binary, assessment of adults, and sexual health



Reflection

- What is one thing you are going to start or stop doing after today's presentation to help create safe spaces for 2SLGBTQIA+ clients/staff?
- What is one thing that you think your organization can start/stop doing?





Questions & Discussion

2SLGBTQIA+ Resources

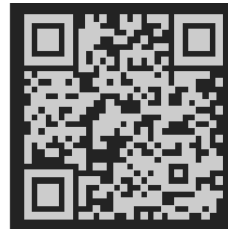
National:

- **The Trevor Project**
 - <https://www.thetrevorproject.org/>
- **GLADD resource list**
 - <https://gladd.org/resourcelist/>



Yakima:

- **The Space:** on IG
@thespaceigbtqyakima



Tri-cities:

- **PFLAG:** <https://pflagbf.org/>
- **Tri-Cities LGBTQIA+ Events Calendar:**
https://calendar.google.com/calendar/u/0/embed?src=s6cl1iqemk91rfg48p8v0mf8k@group.calendar.google.com&ctz=America/Los_Angeles&pli=1

Resources for gender diverse patients

- **World Professional Association for Transgender Health**
 - <https://www.wpath.org/>
 - Standards of Care: <https://www.wpath.org/publications/soc>
- **UCSF Gender Affirming Health Program**
 - <https://transcare.ucsf.edu/>
- **Seattle Children's Hospital Gender Clinic**
 - <https://www.seattlechildrens.org/clinics/gender-clinic/>
- **The Trevor Project**
 - <https://www.thetrevorproject.org/>
- **Trans Student Educational Resources**
 - <https://transstudent.org/gender/>
- **Gender Care at Community Health of Central Washington**
 - <https://www.chcw.org/yakima-pediatrics/gender-care/>
- **Gender Spectrum (parent and teen support groups & general education around gender care):**
 - <https://genderspectrum.org/>
- **The Yakima Gender Alliance (18+)**
 - Find them on InstaGram @yakimagenderalliance

Resources

- **World Professional Association for Transgender Health**
 - <https://www.wpath.org/>
 - Standards of Care: <https://www.wpath.org/publications/soc>
- **UCSF Gender Affirming Health Program**
 - <https://transcare.ucsf.edu/>
- **Seattle Children's Hospital Gender Clinic**
 - <https://www.seattlechildrens.org/clinics/gender-clinic/>
- **The Trevor Project**
 - <https://www.thetrevorproject.org/>
- **Trans Student Educational Resources**
 - <https://transstudent.org/gender/>
- **Gender Care at Community Health of Central Washington**
 - <https://www.chcw.org/yakima-pediatrics/gender-care/>

References

- Coleman, Radix, A. E., Bouman, W. P., Brown, G. R., de Vries, A. L. C., Deutsch, M. B., Ettner, R., Fraser, L., Goodman, M., Hancock, A. B., Johnson, T. W., Leibowitz, S. F., Meyer-Bahlburg, H. F. L., Monstrey, S. J., Nahata, L., Nieder, T. O., Reisner, S. L., Richards, C., Schechter, L. S., ... Ducheny, K. (2022). Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. *International Journal of Transgender Health*, 23(S1), S1–S259. <https://doi.org/10.1080/26895269.2022.2100644>
- Olson KR, Durwood L, Horton R, Gallagher NM, Devor A. Gender Identity 5 Years After Social Transition. *Pediatrics*. 2022 Aug 1;150(2):e2021056082. doi: 10.1542/peds.2021-056082. PMID: 35505568; PMCID: PMC9936352.
- UCSF Transgender Care, Department of Family and Community Medicine, University of California San Francisco (June 2016). Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People; 2nd edition. Deutsch MB, ed. Retrieved from: transcare.ucsf.edu/guidelines
- Seelman, K. L., Colón-Díaz, M., LeCroix, R. H., Xavier-Brier, M., & Kattari, L. (2017). Transgender Noninclusive Healthcare and Delaying Care Because of Fear: Connections to General Health and Mental Health Among Transgender Adults. *Transgender health*, 2(1), 17–28. <https://doi.org/10.1089/trgh.2016.0024>
- Tordoff, Wanta, J. W., Collin, A., Stepney, C., Inwards-Breland, D. J., & Ahrens, K. (2022). Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care. *JAMA Network Open*, 5(2), e220978–e220978. <https://doi.org/10.1001/jamanetworkopen.2022.0978>
- The Trevor Project. (2022). 2022 National Survey on LGBTQ Youth Mental Health. West Hollywood, California: The Trevor Project.
- Wiepjes, C. M., den Heijer, M., Bremmer, M. A., Nota, N. M., de Blok, C. J., Coumou, B. J., & Steensma, T. D. (2020). Trends in suicide death risk in transgender people: results from the Amsterdam Cohort of Gender Dysphoria study (1972–2017). *Acta Psychiatrica Scandinavica*, 141(6), 486–491.
- World Professional Association for Transgender Health. (September 2018). WPATH Position on “Rapid-Onset Gender Dysphoria (ROGD)” [Professional statement]. Retrieved from [WPATH.org](https://www.wpath.org)

Surgery Letters REVIEW

WPATH recommends including:

- The client's general identifying characteristics
- Results of the client's psychosocial assessment, including any diagnoses
- The duration of the mental health professional's relationship with the client, including the type of evaluation and therapy or counseling to date
- An explanation that the criteria for surgery have been met, and a brief description of the clinical rationale
- A statement that informed consent has been obtained from the patient
- A statement that the mental health professional is available for coordination of care and welcomes a phone call to establish this.

Epic's Transgender Toolkit

Rooming

Admin Immunizations Problem List

Chief Complaint Accompanied By Vital Signs Pain

Allergies BestPractice Screenings Goals MyCh

MyChart Proxy

Chief Complaint

None

Accompanied By

New Reading

Office Visit from 9/7/21 1107

Transgender Toolkit

Inform the patient that anything entered here will be visible to anyone with access to this legal medical record.

SEXUALITY

Patient's sexual preference: Gay Lesbian Male Female Both Neither Other

GENDER IDENTITY

Autofill with default responses for: female male

Patient's gender identity:

<input type="radio"/> Female	<input type="radio"/> Male
<input type="radio"/> Transgender Female / Male-to-Female	<input type="radio"/> Transgender Male / Female-to-Male
<input type="radio"/> Other	<input type="radio"/> Choose not to disclose

Patient's sex assigned at birth:

<input checked="" type="radio"/> Female	<input type="radio"/> Male
<input type="radio"/> Unknown	<input type="radio"/> Not recorded on birth certificate
<input type="radio"/> Choose not to disclose	<input type="radio"/> Uncertain

Patient's pronouns: she/her/hers he/him/his they/them/theirs patient's name

decline to answer unknown not listed

Affirmation steps patient has taken, if any:

presentation aligned with gender identity preferred name aligned with gender identity

legal name aligned with gender identity legal sex aligned with gender identity

medical or surgical interventions

Patient's future affirmation plans, if any:

Started on testosterone April 2021
Desires top surgery and hysterectomy

ORGAN INVENTORY

Organs the patient currently has:

breasts cervix ovaries uterus vagina penis prostate testes

Organs present at birth or expected at birth to develop:

breasts cervix ovaries uterus vagina penis prostate testes

Organs hormonally enhanced or developed:

breasts

Organs surgically enhanced or constructed:

breasts vagina penis

Surgery Letters REVIEW

Prerequisites for Top Surgeries

- Persistent, well-documented dysphoria
- Capacity to make a fully informed decision and to consent for treatment
- Age of majority
- If significant medical or mental health concerns are present, they must be reasonably well controlled.
- *Hormone therapy is not a prerequisite*

Prerequisites for gonad removal / genital surgeries

- Persistent, well-documented dysphoria
- Capacity to make a fully informed decision and to give consent for treatment
- Age of majority
- If significant medical or mental health concerns are present, they must be well controlled.
- 12 continuous** months of hormone therapy as appropriate to the patient's gender goals (unless hormones are not clinically indicated for the individual).
- *Although not an explicit criterion, it is recommended that these patients also have regular visits with a mental health or other medical professional.*

Slide by Dr. Ianto West

Coleman et al., 2012

Surgery Details



Simple animated anatomical line drawings explaining the procedures by Leo Mateus

- Hysterectomy:
https://www.youtube.com/watch?v=Ynq57Pvh2To&list=PLoYado_IHctTUV8vHYaBjs_JciCl7iaqv&index=6
- Top surgery (masculinizing):
https://www.youtube.com/watch?v=kdO14EzI2FU&list=PLoYado_IHctTUV8vHYaBjs_JciCl7iaqv&index=3
- Vaginoplasty:
https://www.youtube.com/watch?v=Xnw6o1QqX6s&list=PLoYado_IHctTUV8vHYaBjs_JciCl7iaqv&index=5
- Phalloplasty:
<https://www.youtube.com/watch?v=fe4R8B4dIO8>
- Metoidioplasty:
https://www.youtube.com/watch?v=ReaQA6xuhG0&list=PLoYado_IHctTUV8vHYaBjs_JciCl7iaqv&index=5

The other place people go is transbucket.com but the site often has technical problems, photos very often gory

Slide by Dr. Ianto West

March 31st is Trans Day of Visibility

Incorrect—	Correct—
He is a transgender He is transgendered <small><i>'Transgender' is an adjective. Using it as a noun or verb is not only grammatically incorrect but also a) dehumanizing, or b) implies something has happened to make us trans, which is false.</i></small>	✓ He is <u>transgender</u> ✓ He is a transgender man
He transgendered last year He changed genders <small><i>I didn't change my gender, I changed my presentation. I've always been myself—a boy, a man. I just haven't always had the words or resources or confidence to explain that.</i></small>	✓ He <u>transitioned</u> last year ✓ He <u>transitioned</u>
He was born a girl When he was a girl Before he became a boy <small><i>These imply I was once a girl. But I never was truly a girl. Though I may have "looked like" or presented as a girl, I have always been me: a boy, a man. Even when I couldn't explain that. For me, this extends to "FTM" as well. When relevant, I prefer to say I was "assigned female at birth, and identify as male," instead.</i></small>	✓ He was <u>assigned female at birth</u> ✓ When he <u>presented as a woman</u> OR ✓ When he was <u>perceived as a woman</u> <small><i>The difference between these two is that the former implies the trans person intended to present as a woman, whereas in the latter, it's just about others' perception.</i></small> ✓ Before he <u>transitioned</u>
Being trans means you're gay.	✓ Gender identity and sexual orientation are not the same
Did you get <i>the</i> surgery?	✓ Don't ask about surgeries and/or private parts unless a person explicitly invites that conversation!

Incorrect—	Correct—
He is a transgender He is transgendered <small><i>'Transgender' is an adjective. Using it as a noun or verb is not only grammatically incorrect but also a) dehumanizing, or b) implies something has happened to make us trans, which is false.</i></small>	✓ He is <u>transgender</u> ✓ He is a transgender man
He transgendered last year He changed genders <small><i>I didn't change my gender, I changed my presentation. I've always been myself—a boy, a man. I just haven't always had the words or resources or confidence to explain that.</i></small>	✓ He <u>transitioned</u> last year ✓ He <u>transitioned</u>
He was born a girl When he was a girl Before he became a boy <small><i>These imply I was once a girl. But I never was truly a girl. Though I may have "looked like" or presented as a girl, I have always been me: a boy, a man. Even when I couldn't explain that. For me, this extends to "FTM" as well. When relevant, I prefer to say I was "assigned female at birth, and identify as male," instead.</i></small>	✓ He was <u>assigned female at birth</u> ✓ When he <u>presented as a woman</u> OR ✓ When he was <u>perceived as a woman</u> <small><i>The difference between these two is that the former implies the trans person intended to present as a woman, whereas in the latter, it's just about others' perception.</i></small> ✓ Before he <u>transitioned</u>
Being trans means you're gay.	✓ Gender identity and sexual orientation are not the same
Did you get <i>the</i> surgery?	✓ Don't ask about surgeries and/or private parts unless a person explicitly invites that conversation!

Outdated
Terms/Terms to
avoid

- Homo
- Queer *
- Transexual/transsexualism*
- Tranny
- Sex change/reassignment
- Biologically or genetically real
- Pre-op/post-op
- “Born in the wrong body”
- “It’s a phase”