

# Post-Webinar Q&A: Fostering Gender-Affirming Practices for Trans Youth Through Strengths-Based Approaches

Everyone deserves to receive the care they need. Transgender, nonbinary, and gender-expansive youth face unique barriers to accessing health care, which are further compounded race/ethnicity, geography, and income. Providers can better support trans youth by incorporating a youth-led, strengths-based approach in their care. The Center for Health Care Strategies hosted a webinar, *Fostering Gender-Affirming Practices for Trans Youth Through Strengths-Based Approaches*, to discuss promising strategies for creating welcoming health care settings for trans, nonbinary, and gender-expansive youth and their families. This resource includes question from participants that were not addressed during the live event. The responses herein reflect the perspectives of webinar speakers **Dallas Ducar**, MSN, RN, NP, CNL, FAAN, Founding President and CEO, Transhealth; and **David Inwards-Breland**, MD, MPH, FAAP, Clinical Professor, Department of Pediatrics, Adolescent Medicine, Morehouse School of Medicine.

## 1. What do you see as the most important area for change for clinicians? Or rather, how do we reach providers who hold internalized homophobia/transphobia/racism?

**Dallas:** Education and training are key to addressing internalized bias among clinicians. This involves understanding the experiences and specific health care needs of LGBTQ+ individuals and people of different races and ethnicities. Regular workshops and diversity training sessions should be organized to address these biases and promote inclusivity.

Additionally, larger institutional/systemic bias or apathy can provide spaces for homophobia, transphobia, and racism. Some ideas for addressing these challenges include:

- **Create Institutional Policy Change:** Institutions should review and revise policies to be more inclusive and responsive to the needs of all patients. This includes anti-discrimination policies, patient rights and responsibilities, and employee codes of conduct. This work also involves lobbying for changes in laws and regulations that may perpetuate bias and discrimination.
- **Invest in Education and Training:** This includes cultural competency training, sensitivity training, and specialized training on the unique health care needs of marginalized communities. This should be mandatory for all staff, not just clinical personnel, to ensure a culture of empathy and understanding pervades the entire organization.
- **Hire Diverse Staff:** Including staff members who represent various identities and experiences can lead to more understanding and empathetic care. This can help challenge preconceived notions and biases within an institution, fostering a more inclusive environment.
- **Establish Advisory Boards or Committees:** Establishing an advisory board consisting of patients, community members, and health care professionals can help ensure diverse perspectives are considered in decision-making. They can provide insight, challenge apathy, and help the institution become more responsive.
- **Create Patient Feedback Systems:** Establish robust patient feedback systems to capture the experiences and suggestions of patients, particularly those from marginalized communities. This feedback can provide insights into areas needing improvement and can help keep the institution accountable.
- **Engage in Community Outreach:** Active involvement in the community through initiatives like health camps, awareness programs, or collaboration with local organizations can help institutions stay connected with the populations they serve and remain aware of their specific needs.
- **Implement Zero Tolerance for Discrimination:** Implement a zero-tolerance policy for any form of discrimination within the institution, ensuring all patients are treated with respect and dignity.

**David:** I think the best way to reach providers is by educating them. Often homophobia/transphobia/racism is unconscious and education on correct knowledge of this group of people can help a lot. Again, knowledge may be very helpful in reducing some of these biases but not always. The other option is to educate these individuals about their obligation as a clinician to refer to experts if they feel uncomfortable counseling patients and their families. Again, encourage them to learn on their own from resources that are made available to them, which is often better than their peers at the organization telling them what and how to do it.

## 2. What language do you use when you ask parents to step out during a clinical visit to speak to a young person alone?

**Dallas:** A respectful way to phrase this could be, "To foster a sense of independence and confidentiality, it's standard procedure to have a part of this consultation with your child alone. This helps them feel more comfortable discussing personal issues. Would you mind stepping out for a few moments?"

**David:** I always set up the visit right from the beginning by introducing myself and my pronouns, asking everyone's pronouns if not known, telling the patient/family that I will talk to them both together to get information, and that at a point in the visit, I will ask the parent/guardian to step out and note that this portion will be confidential (base on state laws). I also let both the patient and parent/guardian know that I will have to break confidentiality if the patient has suicidal or homicidal ideation or discloses abuse.

## 3. Are there any recommendations on protecting child/adolescent privacy if they are not ready to share their identity with their family? Particularly in the context of the Cures Act, where parents may have access to records.

**Dallas:** This is a complex issue without easy solutions. It may be beneficial for health care providers to have conversations with both the patient and the family about the importance of privacy and consent. In situations where it might be harmful for a patient if their parents have access to certain information, it might be necessary for providers to seek legal counsel. Unfortunately, I cannot give legal advice.

**David:** Many electronic medical records may have a way to document in a confidential manner/area that is not disclosed, such as a confidential note, etc. This is where you can put the name and pronouns the patient would like to be used when one-on-one with a provider. Also, if it is important to document in a note, you can always elect to not share the note based on your concerns around safety for the young person. (**CHCS Note:** *This is not legal advice. Organizations should seek council regarding requirements and interpretations of federal, state, and local laws.*)

## 4. Can you share your go-to resources for staying up-to-date on trans health care and policy?

**Dallas:** There are several online resources and organizations that provide up-to-date information on trans health care and policy. These include:

- [World Professional Association for Transgender Health \(WPATH\)](#)
- [Transgender Law Center](#)
- [National Center for Transgender Equality](#)
- [GLMA: Health Professionals Advancing LGBTQ Equality.](#)

For academic resources, the [Journal of LGBT Health Research](#) is a great source of the latest research.

**David:** I recommend these resources:

- [Human Right Campaign, Transgender News](#)
- [ACLU, Transgender Right](#)

## 5. Do you know of any resources or studies examining trans youth and disordered eating behavior?

**David:** Here are some resources and studies related to trans youth and disordered eating behavior:

- [Eating Disorders Among LGBTQ Youth](#)
- [Transgender Youths and Eating Disorders](#)
- [Transgender and Other Gender Diverse Adolescents with Eating Disorders Requiring Medical Stabilization](#)
- [Eating Disorder Screening in Transgender Youth](#)

## 6. What challenges do trans youth with neurodevelopmental disorders face in receiving gender-affirming health care? How can providers cultivate a more supportive transition?

**Dallas:** Transgender youth with neurodevelopmental differences, such as autism, ADHD, or intellectual disability, may face unique challenges in accessing gender-affirming care. These can include difficulty in communication or expressing their gender identity, increased vulnerability to discrimination or misunderstanding, and issues with mental health. Providers can cultivate a more supportive transition by understanding the youth's unique needs, using clear and accessible language, advocating for patients, and collaborating with mental health professionals.

**David:** Neurodevelopmental differences pose many additional challenges, including a lack of trained providers who have knowledge of these disorders and gender-affirming care, including the diagnosis of gender dysphoria. In addition, many neurodevelopmental disorders are undiagnosed. While a diagnosis could help with moving forward with gender-affirming interventions, diagnosis may not be pertinent. This is where a skilled mental health clinician can be very helpful. A [recent paper discusses autism and transgender youth](#) with commentary related to [affirming care for autism and gender diversity](#).

Providers can offer appropriate education for patients and families on the fact that patients with neurodevelopmental disorders can have gender dysphoria and connect them to skilled clinicians in this area.