Enhancing the Psychosocial and Sexual Well-Being of Gender-Diverse Young Adults within a Multidisciplinary Clinic

Richard A. Brandon-Friedman & Marissa "MJ" Heinz

Abstract

This chapter focuses on meeting the psychosocial and sexual health needs of gender-diverse young adults through the provision of services within a university hospital-based gender health program. The case study involves a 19-year-old transfeminine youth who has begun the process of hormonal gender affirmation and is navigating the complex process of developing her identity as a transgender woman while exploring her personal, social, and sexual desires. Areas of biases related to care for gender-diverse patients as well as their interactions with others are covered as well.

Keywords: Gender-diverse youth, transgender youth, gender-affirming care, gender identity, transgender identity development

Context

Description of setting

This chapter presents the case of Destiny, a transfeminine youth attending a Gender Health Clinic to receive gender-affirming care (GAC). Destiny, who uses she/her pronouns, faces myriad concerns related to her desires for GAC and has challenges in her social relationships. Destiny was cared for by the Gender Health Clinic, which operates using an interprofessional team combining medical care, nursing, psychological services, dietary support, and social work. Almost all members of the team, except for the dietitian, are on-site at clinic and each meet with

This is the author's manuscript of the article published in final edited form as:

Richard A. Brandon-Friedman & Marissa "MJ" Heinz. (2022). Enhancing the psychosocial and sexual well-being of gender-diverse young adults within a multidisciplinary clinic. In Judith L.M. McCoyd, Jessica Euna Lee, & Toba Schwaber Kerson (Eds.), Social Work in Health Settings (5th ed.). Routledge.

patients and families during the initial and follow-up appointments. There are also always several learners present at the Gender Health Clinic, including resident physicians, medical students, and social work practicum interns.

Policy

Parental support and insurance coverage are both key components of youth and young adults' ability to access gender-affirming medical care. As in other medical settings, patients who are 18 years and older can consent to their own medical care for gender dysphoria. Patients who are under 18 years old need at least one caregiver or legal guardian to consent for medical treatment.

In the United States, access to insurance coverage for medical care can be complex. Many young adults are living and working on their own, with access to their own employer-funded insurance. Alternatively, young adults also are permitted to remain on their caregivers' insurance until they turn 26 years old. For young adults with supportive caregivers, this provides access to GAC within insurance coverage. Unfortunately, young adults whose caregivers are not supportive of their desire to access GAC may not be able to use their caregivers' insurance when receiving GAC. These youth, as well as those who do not have an ongoing relationship with a caregiver or who are not eligible for employer-based coverage, often have to apply for their own state-based insurance to cover the cost of care, which may provide less coverage than other private insurance plans.

Insurance companies often require a prior authorization from a physician before the insurance will pay for gender-affirming medications, a further potential barrier for patients accessing care. Many also require letters from mental health providers, an additional obstacle for many patients. Connecting patients with insurance navigators, submitting insurance prior authorizations, connecting patients with mental health providers, and navigating insurance

coverage appeals are several main areas where physicians and social workers within the Gender Health Clinic address policy constraints when treating patients.

Social workers also need to be attuned to legislation limiting access to GAC for gender-diverse youth. The late 2010s and early 2020s have seen legislation passed in several states that either limit access to GAC for those under age 18 or make providing GAC to gender-diverse youth under age 18 illegal. Alternatively, some states are working to reaffirm and codify gender-diverse youth's right to receive GAC. Social workers should engage in advocacy against laws that prevent gender-diverse youth from receiving potentially life-saving GAC, whether they are directly involved with care for gender-diverse youth or not.

Social determinants of health

Gender-diverse individuals experience elevated levels of mental health concerns, substance use, and other psychosocial concerns than cisgender individuals (Lefevor et al., 2019). While gender-diverse individuals experience the same daily stressors as anyone else, they have additional stressors related to their gender diversity. Examining gender-diverse individuals' lives through a minority stress framework is critical to understanding many of their intrapersonal, interpersonal, and social struggles. A minority stress framework notes that minority individuals are subjected to additional continuous stressors related to their identity that increase their vulnerability to psychosocial and physical concerns (Hendricks & Testa, 2012).

The framework includes both distal and proximal stressors. Distal are those outside the individual and more objective, such as discrimination, harassment, victimization, and non-affirmation or active negation of their gender identity. These are socially based in norms, laws, policies, or social structures. Insurance excluding GAC would be an example of socially-based policy that affects many gender-diverse individuals. Proximal stressors are subjective or internal

experiences such identity-based stress, internalized transnegativity, concealment motivation, rejection, and internal stress from harassment. Familial rejection straddles the two as it is often based in social norms but enacted within an interpersonal relationship and can lead to further fears of discrimination. When working with gender-diverse individuals, it is important to examine the role of these factors in their life and the way they impact their functioning.

Other important areas to consider when working with gender-diverse individuals are related to their identity development, or how they come to understand and accept that they are gender-diverse. Development of gender-diverse identities has been understudied, but research indicates that the more developed a gender-diverse individual's gender identity is, the better their well-being (Pullen Sansfaçon et al., 2020). Developing resiliency, social support, affirmation within social services, and assisting individuals in accessing and engaging GAC can all be assisted by social workers.

Technology

Working within electronic medical records (EMRs) can be difficult for professionals treating gender-diverse patients. EMRs are often rigid with the available fields and what can be entered into them. This may include a requirement that the patient's legal name and legal sex be listed to match that which is billed for insurance. Seeing their deadname (name assigned at birth) listed on medical documents or within their medical charts can be emotionally triggering for some gender-diverse patients. Records that include legal names can also lead to deadnaming by medical staff as they may be unaware of the patient's gender identity.

Many EMRs have begun adapting to these concerns by providing a space for a patient's chosen name. The degree to which the entry within this field populates throughout the medical record varies considerably between EMR systems. Some of the more advanced systems

differentiate between legal name and chosen name as well as between the sex that must be billed through insurance and the patient's gender identity. These systems populate all fields with the patient's chosen name and affirmed gender except for insurance billing. Clinicians need to be aware of the possible limitations of the EMR with which they work and advocate for improvements as applicable.

An area to consider when working with any young adult is how they communicate with peers and develop intimate relationships. Smart phone applications have become ubiquitous, with many focused on dating or sexual relationships. For gay men, Grindr is perhaps the most popular app. While Grindr can be used to develop friendships and dating/romantic relationships, it is often understood as a "hook-up" app used to find sexual partners, sometimes ones that are on a one-time basis or focused only on sexual activity; it is not typically known for promoting other forms of relationships.

Research with Grindr is limited, but it has been found that gender-diverse individuals often experience exclusion and/or discrimination and harassment perpetuated by cisgender males (Shield, 2018). These types of experiences can lead to body image concerns, enhanced sexual health risk profiles, and elevated mental health concerns (Lefevor et al., 2019). Reductions in in-person social engagement opportunities accompanying the closure of many LGBTQ+ community-focused social spaces due to a social movement away from such identity-based environments may lead individuals to engage more with apps, possibly having a negative impact on supportive community engagement among gender-diverse individuals.

Organization

The Gender Health Clinic's interprofessional team partners with a local community non-profit that is integrated into the clinic services and present during clinic hours. This organization

provides a variety of social service supports and resources, including hosting parent and young adult support groups, writing medical referral letters for surgeries, offering assistance navigating the legal name/gender marker change process, providing school advocacy, and doing general case management. The clinic also relies on a network of additional referrals housed within the larger Gender Health Program including pediatric endocrinology, psychiatry, speech therapy, surgeons who specialize in gender affirming procedures, and reproductive health providers. When needed, the clinic provides direct referrals to these other providers and assists with coordinating care.

When new patients contact the Gender Health Clinic, the patients and families are sent a packet that includes information about the clinic as well as forms to complete about their treatment goals, steps already taken to affirm their gender identity, past medical history, and mental health history. The packet also includes standardized scales for the caregivers and the youth that measure areas such as depression, gender identity affirmation, body dysphoria, and perceived levels of caregiver support for the youths' gender identity. Youth over the age of 18 do not have to have a packet completed by a caregiver. When the Clinic receives the intake packets back from the patient and their caregivers (as needed), the patient is triaged by the psychologist or social worker. Areas of consideration include the patient's age, mental health needs, and levels of caregiver support. The standardized scales are also reviewed and scored. Afterwards, the submitted packet and the interpretations of the scales are entered into the EMR for review by the treatment team.

Depending on needs, new patients either get scheduled to meet with the Clinic's mental health team or medical team for their first appointment. Prior to the start of the clinic each day, there is a staffing period when the entire treatment team reviews that day's patients to discuss

treatment needs as well as which providers will need to see the patient. For new patients, these conversations center around the information gathered from their intake packets. For returning patients, treatment progress and the next steps are the main foci. Necessary referrals and coordination with other providers such as outside mental health clinicians are also reviewed and completed as needed.

Description of typical clients/ situations

The typical patient seen at the Gender Health Clinic is an adolescent, often 13-17 years old. While the Clinic sees youth of all ages, having had patients ranging from 3 to 24 years old, often the younger patients are seen through the Department of Endocrinology and the older patients are seen by outside adult primary care providers or an adult gender health program. Referrals come from other medical providers, mental health providers, or community social groups. Some patients and families start with some initial fear and concern over GAC, though caregivers are generally open to psychoeducation and provider supports. New caregivers also often benefit from joining a caregiver support group, where they have an opportunity to connect with other caregivers navigating similar circumstances. These groups can be particularly helpful for caregivers who are struggling through complex feelings of grief and loss and need a safe place to process these feelings outside of conversations with the patient.

Using affirming name and pronouns for patients is an essential component of making the patients feel seen and safe, though it is at times a particular struggle for caregivers who have not adjusted to the shift in the patient's name and pronouns. Using affirming language is also often of significant concern for a patient at school, where administrators sometimes struggle to make schools safe and affirming environments for gender-diverse students. Bathroom use, gym class, sports, school uniforms, and names listed in the online roster are all areas that can be particularly

distressing for gender-diverse youth, and Clinic providers often assist patients and family members as they work to improve the patient's familial and social environments.

Physicians and social workers within the Clinic often advocate within school settings to ensure patients' needs are being met by writing letters advocating for patients to be able to use the restroom that aligns with their affirmed gender and by meeting with school leaders to provide psychoeducation around gender identity. Patients will often elect to legally change their name and/or gender marker so their legal documents reflect their affirmed name and gender marker. This process involves filing petitions with their local county clerk's office and petitioning for the legal change in front of a judge. Physicians within the Clinic often are asked to write letters of support to present to the judge during the proceedings.

Decisions of Practice

Description of the case and definition of the client

Destiny is a Black, 19-year-old transfeminine youth who was born in Mississippi and who was assigned male at birth (has a penis and secondary sex characteristics commonly associated with males). Destiny came out socially and to her parents as transfeminine about 18 months ago and began gender-affirming hormone treatment involving a testosterone blocker and estrogen supplement. Destiny largely experienced support from her friends when she came out and subsequently, though she reports that she lost a few close friends after her disclosure. Destiny currently works full-time in retail and is considering the possible impact of coming out to her employer.

Destiny lives at home with her parents and a younger brother (17), experiencing a moderate level of strain within those relationships. She reports that while her brother says he is supportive, she has heard him make negative comments about transgender individuals when with

friends, even referring to her derogatorily. Destiny's parents have struggled as well but are working on better understanding her and gender diversity. They have attended support groups for family members of gender-diverse individuals and have accompanied her to medical appointments in the Gender Health Clinic. Destiny reports, though, that at times it feels as if their support is more for "show."

Destiny notes they continually deadname her and refer to her as their son, while also saying they support her gender identity. She reports that this leads to conflict such that she sometimes avoids contact with them, especially when feeling more depressed or stressed. She also states that they have told her she cannot tell any extended family about her gender identity. They pressure her to dress in a more masculine manner when extended family or family friends are around. Destiny finds this particularly troubling with her paternal grandparents as she is very close to them and feels they would be affirming and provide a support system if she were allowed to tell them.

Destiny is not in a romantic relationship currently. She reports she uses Grindr often and has met several sexual partners through the app. She states that while she would like to find a longer-term relationship through the app, she often experiences invasive and discriminatory questioning by others, harassment, and occasionally sexualization/fetishization in which she feels her body is objectified sexually. She notes some people seem preoccupied with her body, asking inappropriate questions about surgeries that lead to her feeling very uncomfortable. She says that these experiences are often mirrored in other social situations such as being misgendered when she takes public transportation or when out with friends in the community.

Destiny's additional reliance on bars (using a fake driver's license) to meet LGBTQ+ people outside of apps has led to excessive alcohol use at times. These difficulties are

compounded by her feeling there are no other places to meet other community members, even though she has had harmful experiences on the apps and in bars. Destiny notes that these experiences contribute to her depression, several negative sexual experiences, and a sense of alienation from the LGBTQ+ community. She states that her family is suspicious about her late-night activities and concerned about her leaving late at night to meet people they do not know. They are also concerned about the amount of time she spends in bars or drinking at home. Destiny states that while she would like to reduce her use of alcohol, she does not desire to stop using it altogether.

Goals, Objectives, and Contracting

Destiny identified the following goals and accompanying objectives, ranking them in this order of importance to her:

1) Continue hormones
    - Maintain attendance at medical appointments and complete required lab work
    - Understand the process of where and how and to access hormones
    - Determine feasibility of obtaining hormones if family will not help financially or allow on insurance
2) Tell extended family, either with or without parental support for the disclosure
    - Weigh the positive and negative outcomes of decisions on coming out
    - Put in place a plan on how and where to make the disclosure
    - Develop a safety plan for what will happen if she experiences rejection
3) Reduce alcohol use
    - Determine willingness to change alcohol consumption patterns
    - Develop coping skills that can be used instead of using alcohol

- Connect to other social groups or activities that can support sobriety

4) Improve sense of self and build coping and resiliency
    - Explore current coping strategies and their efficacy
    - Explore personal values and how they can be integrated into her life
    - Reflect on previous experiences of resiliency and how these can be built upon in the future

Once the goals and objectives were identified, Destiny and the treatment team agreed to work together to achieve them. It was understood that the goals and objectives can be modified at any time to reflect changes in Destiny's desires.

Meeting Place

The Gender Health Clinic is physically located inside of a Midwest university-based hospital, housed within the Department of Adolescent Medicine. Although most appointments happen in-person, a subset of patients choose to meet with the team online via a virtual appointment. This virtual option becomes especially pertinent if a patient lives far from the clinic. Because the Clinic has a catchment area that covers the entire state and parts of nearby states, including both urban and rural areas, patients sometimes live several hours from the clinic's location. Virtual visits are also helpful for patients who do not have reliable transportation to and from their appointments.

Mental health assessments can be completed in-person or virtually. These involve a review of the packets submitted by the patient and family and a comprehensive biopsychosocial assessment. The assessment focuses on the patient's mental health and substance use, familial and social functioning, and other identified needs. Particular attention is paid to whether the youth's mental health needs are being addressed appropriately or if additional services are

needed. If applicable, referrals are made to community providers as well as community-based support groups. Because the youth see a medical provider as the next step within the Clinic, physical health needs are not a focus of these assessments.

Patients seen initially through the virtual clinic platform typically have their second appointment in-person and receive a physical exam and orders for bloodwork. An in-person visit is often required before a patient can begin gender-affirming hormone therapy as the medical team needs to evaluate pubertal growth (among younger patients) and determine if there are any medical contraindications to hormonal treatment. This in-person component may be deemed unnecessary by the medical team. Bloodwork is required to assess hormonal levels, liver and kidney function, blood counts (especially red blood cells), and serum electrolytes. X-rays to assess bone growth may be done in younger youths to assess for further potential growth.

Destiny lives in a rural area about an hour away from the Clinic. She started with in-person visits but has had virtual visits recently. Her rural location can lead to difficulties with virtual visits because she sometimes loses internet connection. Her parents have attended in-person visits and will engage with virtual visits as Destiny desires though these interactions are decreasing as Destiny moves toward additional GAC of which they are not as supportive.

Use of time

Patients' initial appointments generally last an hour. If a mental health assessment is required, we typically meet with the client for an hour for a biopsychosocial assessment. The follow-up session with the medical team and the rest of the clinic team is also then an hour. Follow-up medical appointments are typically 30 minutes. As social workers we do not provide ongoing therapeutic services, relying instead on community-based providers. Patients are not required to have a mental health provider to receive GAC, but mental health services are suggested and

coordinated as needed. Most patients see a mental health provider in some capacity. Mental health services outside of the Clinic are based on the clinical judgement of the community-based provider and individualized for the client. We occasionally provide treatment recommendations to community providers, but services are entirely based within the community.

Patients' required follow-up Clinic appointments are scheduled based on what services they are receiving, with most clients having 3- or 6-months in-between appointments. Patients' treatment plans are highly individualized but encompass both shorter- and longer-term goals. Short-term medical goals generally include areas such as beginning puberty blockers or starting gender-affirming hormones. Oftentimes, but not always, patients will state that they desire future gender-affirming surgeries. The Clinic does not provide these services but refers patients to the adult transgender clinic housed in a separate medical system to coordinate such services.

In the meantime, patients work with the Clinic team, mental health team, and community agency to obtain required documentation, assessments, and letters of support that will be required for those services. While surgical decisions are individualized, many surgeons will not perform mastectomies prior to age 18. In accordance with the World Professional Association for Transgender Health's Standards of Care Version 7 (WPATH SOC 7; Coleman et al., 2012), breast augmentation, gender-affirming pelvic or gonadal surgery, gender-affirming genital surgery, gender-affirming facial surgery, and gender-affirming voice modification surgery generally are not performed prior to age 18.

Strategies and interventions

The clinic utilizes a systems-based approach to clinical care. The included components are shown in Figure 1 below and encompass medical/nursing interventions by providers within adolescent medicine, gynecology, endocrinology, urology, and plastic surgery. The mental health

component includes services provided by social workers, psychologists, psychiatrists, and other mental health providers. The community partner has been described above and assists primarily with coordination of care, addressing social concerns, and advocacy. Allied health professionals include nutritionists, speech therapists, and others as needed.

Within the clinic, the psychology/social work team focuses on mental health assessment and referrals to care. Once the assessment is completed, treatment goals are formulated and an intervention plan developed. The most commonly identified areas of need are assisting the patient and family members with understanding and accepting the patients' gender identity, understanding and exploring GAC options, navigating disagreements or differences in desires related to GAC, exploring coming out to others safely, addressing social conflicts, advocating for the patient's rights in areas such as school or community groups, and addressing co-occurring mental health disorders. Co-occurring mental health disorders are common, often based in how the gender-diverse youth are treated socially, along with relationship difficulties and internalized transnegativity they experience; in particular, depressive and anxiety-based disorders are common and many youth have experienced trauma of some sort (Janssen et al., 2019). It is essential to note that a diagnosis of gender dysphoria is often required to access most forms of GAC.

Oftentimes family members require services to address their own needs. Mental health and support services can be provided individually or in group formats, with many youth and family members benefiting from the ability to interact with others in a group format. Building resilience is critical for both patients and family members, as each may face continuing social discrimination, harassment, or negative judgment as well as having to internally process changes throughout the GAC process. Research has shown that the earlier GAC, including mental health

care, is provided, the better the psychosocial and physical outcomes are for gender-diverse patients (Janssen et al., 2019). Common therapeutic services include case management; education on various components of gender-affirming care; support groups for gender-diverse youth and/or their families; family therapy to enhance communication, goal development, and understanding of other family members' views; and individual therapy focused on acceptance, enhancing assertiveness, and addressing shame, stigma, and trauma.

<INSERT FIGURE 1 HERE>

Case/Care Management

One of the central goals of the case management offered to patients at the Gender Health Clinic is to connect the patient and their family to support services and resources outside of the clinic, including assisting patients to connect to gender affirming individual and family therapists, youth and caregiver support groups, stable housing resources, harm reduction supports, and affirming adult primary care providers. This can be especially difficult for patients who have state-based insurance plans, as there are few providers experienced with providing GAC who also accept Medicaid. The Clinic works continuously to grow its list of affirming primary care providers across the state to assist patients with continuing their transition care once they age out of the Clinic. The Clinic typically begins transitioning patients to adult providers, including an adult transgender program, once they are 22 years old.

Stance of the Social Worker

Working with gender-diverse patients within a multidisciplinary clinic can be complicated. Informed consent is critical through all aspects of treatment, especially when considering irreversible interventions such as gender-affirming surgeries. Throughout the process, patients remain experts on their own experiences and control their treatment planning. Patients and

family members may not agree on what treatment is appropriate or desired, requiring social workers to moderate difficult conversations. While adults can make their own medical decisions, those under age 18 require guardian consent, which may involve negotiations between youth and caregivers. This also can be true for young adults like Destiny who are above age 18 but on their caregivers' insurance. Social workers must balance the need to remain relatively neutral to not alienate guardians who have significant reservations while also helping them to recognize the psychosocial benefits of GAC. During these conversations, the overall well-being of the gender-diverse patient must remain the primary focus.

Another area of consideration is the WPATH SOC 7, which are designed to guide treatment decisions. The SOC 7 emphasizes client self-determination, but also relies heavily on a gate-keeping model that some see as requiring medical and mental health professionals to "certify" that a person is gender-diverse in order for them to access care (Ashley, 2019). The Gender Health Clinic navigates this tension through constant coordination between the medical and mental health team to reduce redundancies and alleviate patients' burdens to the extent possible. Patients are not judged for past actions or future desires, but rather their experiences are centered and the team works to meet their needs while maintaining adherence to the SOC 7.

Use of resources outside of the helping relationship

The Gender Clinic relies on multiple partnerships with community organizations to provide patients and families with a variety of services and supports. As previously mentioned, a local community-based agency partners with the Clinic and serves gender-diverse individuals of all ages. The Clinic also has relationships with attorneys at a local legal aid non-profit that assists patients in navigating complex cases of filing for name/gender marker change, advocates for gender-diverse students in schools, and advocates against legislation limiting gender-diverse

patients access to GAC. The Clinic is also connected to a variety of support services for LGBTQ+ youth in the state, including support groups for young and middle-aged LGBTQ+ youth.

Reassessment and evaluation

Patients are seen for follow-up with the treatment team as well as the community partner as needed and treatment goals are updated as applicable. Follow-up appointments can consist of answering questions about next steps in GAC, checking on hormone levels, monitoring gender-affirming hormonal change, monitoring mental health concerns, and addressing any ongoing social concerns. Follow-up times range from a month to a year depending on treatment plan.

Transfer and termination

Most patients are referred to adult GAC providers once they reach adulthood. The Clinic coordinates transfers of services with a Transgender Health Program within another health system as possible, but some difficulties occur due to the differences in program policies as well as changing healthcare systems. If young adults are stable with gender-affirming hormones and not interested in services such as gender-affirming surgeries, they are often referred to family practice clinicians who are comfortable managing gender-affirming hormones.

Case conclusion

Destiny's care is ongoing as she seeks to meet her established goals. Within year or two she will be referred to the adult clinic within the other health system to continue care. Areas of concern that remain are her relationship with her family, decisions regarding progression in GAC, addressing mental health concerns including alcohol use, determining what she wants in intimate relationships, and building resiliency to address the difficulties she experiences socially.

Differential Discussion

Working with a patient like Destiny provides the opportunity to explore multiple biases. Patients dependent on caregivers lack control over their treatment, potentially hampering access to GAC and leading to negative psychosocial outcomes. Being able to coordinate care with family members and patients can lead to ethical conflicts and requires skills in negotiation and the ability to help reluctant caregivers move toward recognizing the importance of GAC. This requires knowledge of resources that may help caregivers process their experiences.

Even youth with supportive familial environments may have limited access to GAC due to insurance carve-outs or state regulations that seek to ban the provision of GAC to youth under age 18, even if they have parental consent. As noted above, social workers need to be attuned to the progression of such harmful regulations and advocate against them. Social workers can also serve as advocates when working with insurance companies to reduce insurance-based restrictions.

Finally, Destiny's case raises questions of biases related to hook-up culture and harm reduction. Social workers may have strong feelings about sexual interactions, the use of "hook-up" apps, and relationship structures and must avoid judgmental criticisms. Discussion of safer sex practices and screenings for sexually transmitted infections are warranted, but shaming patients for their choices is always inappropriate. Similarly, harm reduction for substance use can be a successful form of treatment and lead the way to greater reductions of use. Social workers need to recognize this and not push for abstinence. Social workers can provide support and stability for gender-diverse patients and must stay self-aware to avoid having their biases negatively impact their clients.

References

Ashley, F. (2019). Gatekeeping hormone replacement therapy for transgender patients is dehumanising. *Journal of Medical Ethics, 45*(7), 480-482. http://dx.doi.org/10.1136/medethics-2018-105293

Coleman, E., Bockting, W., Botzer, M., Cohen-Kettenis, P., DeCuypere, G., Feldman, J., … & Zucker, K. (2012). Standards of care for the health of transsexual, transgender, and gender-nonconforming people, version 7. *International Journal of Transgenderism, 13*(4), 165-232. https://doi.org/10.1080/15532739.2011.700873

Hendricks, M. L., & Testa, R. J. (2012). A conceptual framework for clinical work with transgender and gender nonconforming clients: An adaptation of the Minority Stress Model. *Professional Psychology: Research and Practice, 43*(5), 460-467. https://doi.org/10.1037/a0029597

Janssen, A., Busa, S., & Wernick, J. (2019). The complexities of treatment planning for transgender youth with co-occurring severe mental illness: A literature review and case study. *Archives of Sexual Behavior, 48*(7), 2003-2009. https://doi.org/10.1007/s10508-018-1382-5

Lefevor, G. T., Boyd-Rogers, C. C., Sprague, B. M., & Janis, R. A. (2019). Health disparities between genderqueer, transgender, and cisgender individuals: An extension of minority stress theory. *Journal of Counseling Psychology, 66*(4), 385-395. https://doi.org/10.1037/cou0000339

Pullen Sansfaçon, A., Medico, D., Suerich-Gulick, F., & Temple Newhook, J. (2020). “I knew that I wasn’t cis, I knew that, but I didn’t know exactly”: Gender identity development, expression and affirmation in youth who access gender affirming medical care.

International Journal of Transgender Health, 21(3), 307-320. https://doi.org/10.1080/26895269.2020.1756551

Shield, A. D. (2018). Grindr culture: Intersectional and socio-sexual. *Ephemera: Theory and Politics in Organization, 18*(1), 149-161. https://hdl.handle.net/1887/71846

Discussion Questions

1. A diagnosis of gender dysphoria can be beneficial to patients as it provides access to treatment, but can also be stigmatizing. How would you address care for a patient and family who desire gender-affirming treatment for the youth but do not want a diagnosis of gender dysphoria documented? What might lead to them not wanting this diagnosis? How might not assigning this diagnosis impact the care the patient can receive?
2. As a social worker working in this type setting, how would you balance affirming / supporting both the parent and the patient in their diverse needs? (i.e., the patient is often very eager to move quickly through the medical affirmation process, and the parent many times needs more to reflect and process before proceeding with medical intervention).
3. Important areas of many youths' lives are their sexual and romantic relationships with others. How do you think youths' gender identities impact their sexual and romantic relationships, including their ability to discuss these aspects of their lives with others?
4. What roles do you feel race and culture play in how gender and gender diversity are understood? How does societal racism impact the safety of racial/ethnic minority gender-diverse individuals?

Resources

The Trevor Project (https://www.thetrevorproject.org/), focuses on providing crisis counseling to LGBTQ+ youth, including 24-hour access to counselors every day of the year.

Trans Lifeline (https://translifeline.org/), a peer-based support agency that seeks to connect gender-diverse individuals with community supports and resources. Services through the Trans Lifeline are performed by members of the gender-diverse community.

PFLAG (https://pflag.org/), focuses on working with family members of LGBTQ+ individuals as well as advocacy on behalf of the community

National Center for Transgender Equality (https://transequality.org/), advocates for changes in policies to increase understanding and acceptance of gender-diverse/transgender individuals

Trans Student Educational Resources (TSER, https://transstudent.org/), youth-led organization the seeks to improve the educational environment for gender-diverse/transgender youth.

GLSEN (https://www.glsen.org/) focuses on the educational environment for LGBTQ+ youth and provides resources for youth, family members, and education professionals, including research reports, school climate surveys, and toolkits. GLSEN has specific resources for gender-diverse/transgender youth and their families.

WPATH, or the World Association for Transgender Health (https://www.wpath.org/), publishes the WPATH Standards of Care, which serve as guidance for many aspects of GAC.