



*Section 4:*  
**PROVIDERS**





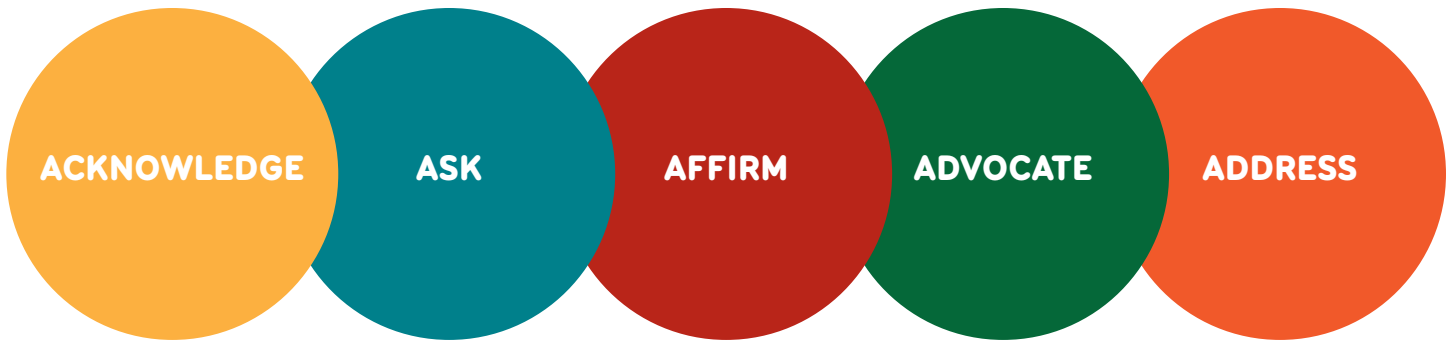
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## ACKNOWLEDGE: *Understand your own biases*

A great place to start thinking about how you can best care for your LGBTQ and Two-Spirit patients is to consider your own biases. It is difficult to accept that we may have certain biases, especially in a profession focused on helping and improving the lives of others. However, we are all susceptible to bias as a result of belief systems and exposures from a young age (Potter, 2015).

Taking time to become aware of one’s own biases can help lead to equitable, gender-affirming care and the development of trust between provider and patient.

The National LGBTQ Health Education Center has developed a series of case studies focused on helping health providers address implicit bias related to LGBTQ patients. You can find the implicit bias case study guide [here](#). It may also be helpful to take the Harvard Implicit Assessment Test (IAT) focused on sexuality, which can be accessed free of charge [here](#). This may help providers further understand their biases associated with gender and sexuality.



**Reminder:** All URLs and references for resources in this Toolkit can be found on page 18.

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## ASK: *How to begin the conversation with youth*

There is no “right answer” to a perfect encounter with your LGBTQ2S patient. However, **developing a trusting relationship** with them and **understanding them as a whole person** are some benchmarks to aim for.

Asking questions about the child or adolescent’s pronouns is a great place to start. Because gender identity is typically formed between the ages of 2–4 years old, health providers can begin asking questions about gender from an early age (Martin & Ruble, 2010).

For young children, ask age appropriate questions such as, “Do you think of yourself as a boy, girl, neither, both, or something else?” Other approaches can involve the use of a children’s book that discusses gender identity and asking a child which book character they identify with (see list at end of Toolkit).

As children get older, you can ask more specific questions about the child’s pronouns. Doing so may help you assess the child’s readiness to move forward in their gender-affirming journey. It is best to ask about pronouns at the beginning of the encounter when you and patient make introductions and greet each other. You also have a second opportunity to discuss pronouns and gender identity during the sexual history portion of an encounter or in the HEADSS assessment.

It is your decision to ask these questions and have these conversations with parents in the room, especially as each child grows up. In scenarios where discussions are between youth and provider alone, it is important to explain confidentiality practices. Refer to the discussion on informed consent in the following section.

Similarly, asking questions about pronouns helps to normalize talking about gender identity in the healthcare setting. You can further normalize asking about pronouns by:

- Asking all patients these questions so it becomes part of your routine practice
- Telling your patients that you ask these questions each visit with all patients

Be cognizant of the fact that you may be the first person your patient is sharing this information with. It is important to educate and help connect your patient with resources, and to be supportive and celebrate with your patient throughout their journey.

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## **AFFIRM AND ADVOCATE: *Creating a welcoming space***

The creation of a safe, inclusive, and welcoming space is critically important in providing gender-affirming care. It is also important to recognize that, no matter how safe of a space we create, it may not always be safe for LGBTQ2S individuals (and their allies as well) to be out to their families and communities. In these scenarios we need to remain supportive and allow LGBTQ2S individuals to trust us in a space of support and respect. Youth may present in other settings besides a primary care or specialist office, such as schools and dental clinics; gender-affirming care is critical across all of these settings.

*"There is no such thing as a single-issue struggle because we do not live single-issue lives."*

**Audre Lorde**

A helpful initial exercise is to speak with your colleagues, youth, family, friends, and community members to determine what "welcoming" means to them. Seeking out community opinions and building upon traditions often helps inform this. There is much diversity even within communities, so having this conversation can help address the needs of as many individuals as possible. Similarly, spaces should recognize that individuals may be experiencing discrimination and oppression as a result of their multiple identities. For example, a Two-Spirit adolescent may be struggling with their gender identity in addition to cultural identity as a Native American.

Creating spaces that address this intersectionality and are as safe as possible is a continual process; one that requires accountability and buy-in from everyone who creates the space and accesses it. There are a number of ways that we can work towards the goal of creating welcoming spaces, especially in the clinical environment.

Creating clinic ground rules and posting them in the waiting room and patient rooms can demonstrate a commitment to upholding the safe clinic space. Posting and sharing non-discrimination, diversity, and harassment policies that include sexual orientation and gender identity may also be helpful.

Next, place yourself in a patient's shoes. Think about what they see and hear from the moment they enter the clinic until they leave.

### **Intake**

- How do front desk staff address patients? Do they ask for a patient's pronouns? Where is this information listed?
  - Ask: What is your preferred name?
  - Ask: What are your preferred pronouns?

## Intake (continued)

- What forms are being used?
  - Is office staff handing out pink and blue colored intake forms or handouts? → Switch to white or a color uniform for everyone
  - Are there opportunities to disclose pronouns, gender identity, and sexuality on intake forms?
    - o Legal first and last name & chosen name (if different)
    - o "Gender" "Sex" → switch to "sex assigned at birth"
    - o Gender identity
    - o Sexual orientation
    - o Sex listed on insurance plan
- Are staff and forms using gender neutral language?
- Does the office/clinic have gender neutral ID bands and stickers?

## Waiting room and patient rooms

- Is gender neutral language used in posters and advertisements?
- Are gender-neutral bathrooms available?
- Are there signs that read 'menstrual products' rather than 'feminine products'?

## Encounter

- Does the provider introduce themselves using their own pronouns, and clarify the patient's preferred name and pronoun (see section above)?
  - "How do you identify your gender?"
  - "I ask all patients what gender pronoun they'd prefer I use for them. What pronoun would you like me to use for you?"
- Does the provider ask a thorough history that includes gender-affirming care?
  - "To help assess your health risks for \_\_\_\_/ to better understand your risk factors...can you tell me about any history you may have had with hormone use?"
- Does the provider mirror patient's own language regarding their history, identity, body parts, partnership, etc.? Do they incorporate gender neutral language into the encounter?
- Are records in the EMR appropriate and accurate?
- Does the provider ask appropriate questions related to the medical/mental health issue for that encounter, rather than ask about gender related issues out of curiosity?



### Physical exams – sensitive exams include:

- Natal females:
    - Pap smear
    - Gonorrhea/chlamydia screen
    - Breast exams
    - Mammogram (age dependent)
  - Natal males:
    - Testicular and prostate exams
    - HIV/STI screenings
- 

Each clinic and healthcare setting faces their own barriers that may limit the creation of a safe space. However, using some of the above strategies can help make small changes that will positively influence a patient's clinic experience. Similarly, they help create an environment that promotes **LGBTQ2S cultural competency**. This has been described as a, "set of congruent behaviors, attitudes and policies that enables the system to work effectively with diverse populations and to provide care and services in a sensitive, meaningful and knowledgeable manner" (LTCHS, 2017).

Additionally, the American Academy of Pediatrics (AAP) released a **policy statement** in 2018 entitled, "Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents". You can access this statement online. It promotes a gender-affirming model that focuses on family resiliency and freedom for each child to develop and experience life as their desired gender.

### **Acknowledge the importance of your role as a provider in each patient's journey.**

*A note on informed consent: Informed consent rules vary from state to state so it is important to be aware of the regulations where you are practicing. Informed consent protects the autonomy of youth patients receiving care and recognizes that a physician's role is limited with some aspects of medical care. For example, in Washington State, physicians can protect medical information regarding sexual health and mental health after the patient is 13 years old (i.e. the information will not be shared with the child's parents or guardian). However, this does not cover gender identity or gender-affirming care, and thus youth seeking this care must have parental permission.*

## **AFFIRM AND ADVOCATE: How to be an Ally and Supporter**

By following suggestions provided in this Toolkit, you are well on your way towards becoming a supportive figure for your Native LGBTQ2S patients, even if you do not identify as LGBTQ2S yourself.

### **Other considerations include:**

- Listening to your patients and their families.
- Asking about gender pronouns, gender identity, and chosen name.
- Respecting confidentiality.
- Understanding that not all patients you interact with will be out to their friends, families, and communities.
- Considering patient safety when developing care plans.
- Avoiding judgmental comments by thinking before you respond.
- Asking how you can be helpful and provide support.
- Showing respect, even if you do not agree with a decision.
- Recognizing your limits as an ally.

### **For non-Indigenous providers:**

Another component to standing as an ally for the youth you work with is being able to better understand their history and culture. Of course, each nation has its own customs and traditions, but there are a few common themes that one should think about when working in Native communities. The following [Toolkit](#) created by the Montreal Urban Aboriginal Community Strategy Network offers wonderful suggestions and thought exercises to help allies listen, ask, build, and support Indigenous cultures and practices (Swiftwolfe & Shaw, 2019).

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## **ACKNOWLEDGE: Engaging Youth and Communities**

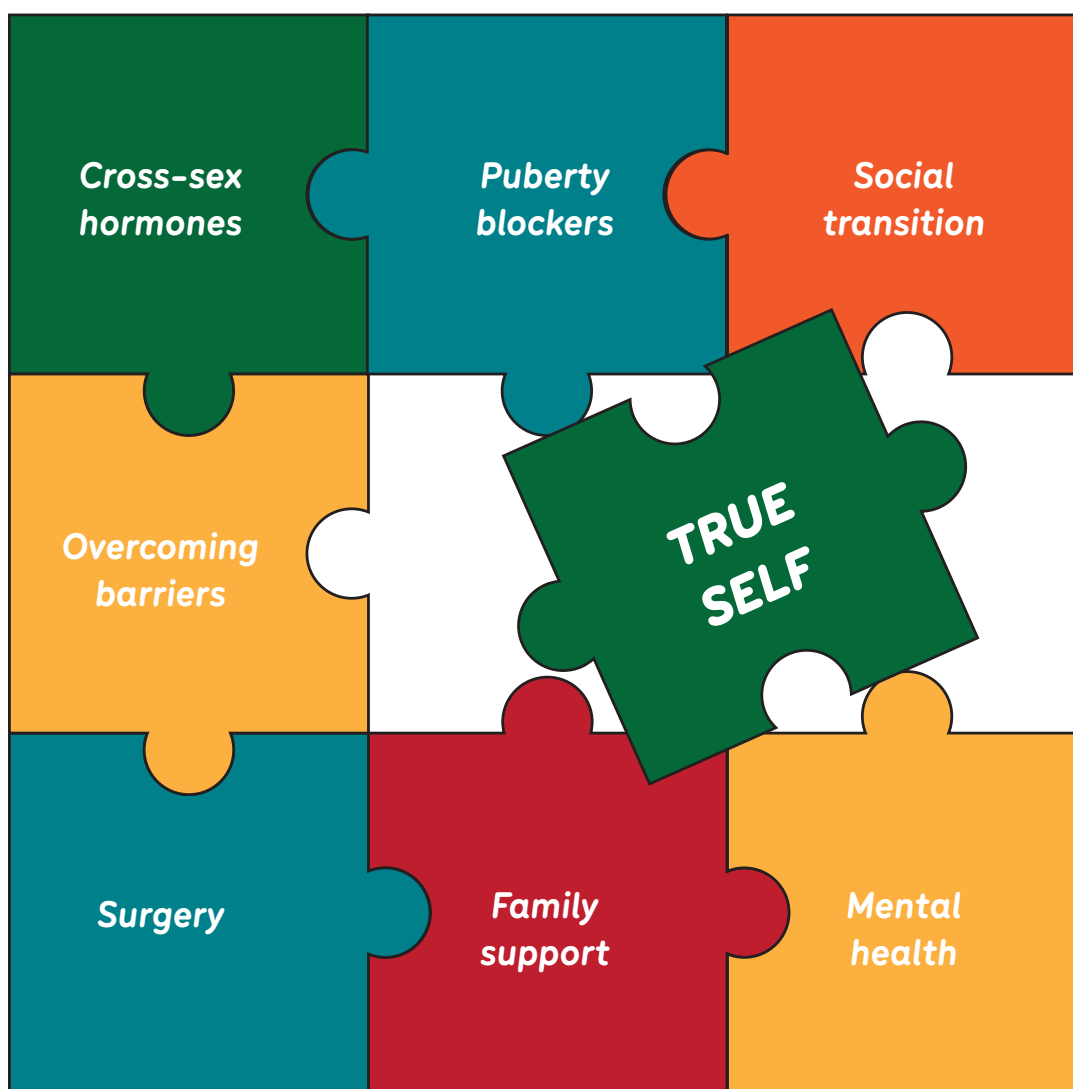
Your clinic can also uphold LGBTQ2S cultural competency by developing paths for feedback and understanding community opinions. Feedback from patients and their families can help inform future changes and make the clinic increasingly welcoming. Talking circles, focus groups, community advisory boards, and community partnerships can also help ensure that there are channels for feedback and communication.



## ADDRESS: The Transitioning Process

The information in this Toolkit includes general recommendations about the transition process and links for specific guidelines regarding medical transition. This Toolkit is intended to help you start thinking about the social and non-clinical aspects related to transition so you can better support your patients. As such, the included information is not official medical advice. It is meant to serve as a starting point for your exploration surrounding the multifactorial nature of the transition process (Figure 9).

Figure 9: Multifactorial aspects of the transitioning process



The following are excellent resources detailing standards of care for transgender and gender expansive youth. While medical guidelines remain the same for most populations regardless of race or ethnic background, providers should remember to incorporate traditional Native beliefs and practices into gender-affirming care for AI/AN youth who are transgender or Two-Spirit. Keep in mind that the linked resources do not offer an AI/AN specific perspective. You will also note that guidelines vary based on resource. As with any other medical care you provide, it is important to consider what works best for the patient when making a decision.



## Resources

- **WPATH Standards of Care, Volume 7 (updated regularly)**
  - Includes information related to all health fields, such as primary care, gynecologic and urologic care, hormonal and surgical transition options, and mental health services.
- **UCSF Center of Excellence for Transgender Health Guidelines**
  - An online textbook/guidebook involving all aspects of care for transgender and gender expansive youth.
- **Summary of recommendations from The Endocrine Society**
  - Open access article, "Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline"

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The following information provides an overview of what is involved in medical treatment during the transitioning process. You can also refer to the Youth section to further review what is included in medical care for these patients. Again, the information provided in this Toolkit is not meant to serve as official medical advice. You can explore this information further with experts, colleagues, and through the trainings listed below.

### Options for puberty suppression (also known as puberty blockers or blockers)

- Depo Lupron or Leuprolide (injection)
- Histrelin (implant)

### When to start cross-sex hormones (social considerations)

- Think about whether or not puberty has occurred, and the influence that suppressing puberty will have on the child's development.
- What is the child (and family's) compliance with medical care to-date? Will they be able to keep up with care? What about issues with hormone affordability?
- Beginning hormone treatment is often a family decision when the child is young. Be sure to think about how each child functions within their family, and assess their level of independence. In some cases, a child may have the capacity to make a decision about their treatment without their family.
- Again, it is important to consider regulations regarding informed consent and need for parental approval. These vary by state. See page 7.

### Surgical options

- In many settings, youth must be 18 years old and have lived 1–2 years as their chosen gender before surgery is possible. It is helpful to have a sense of surgical options when discussing transition with your patients.
- Top surgery types
  - Mastectomy
  - Chest reconstruction
  - Breast augmentation
- Genital surgery types
  - Hysterectomy
  - Salpingo-oophorectomy
  - Orchiectomy
  - Genital reconstructive surgeries

### Risk considerations

- There are many changes involved in the transition process that are accompanied by health risks. It is important to think about the following for youth undergoing pubertal suppression or hormone treatment:
  - Reversible vs. irreversible physical changes (puberty blockers vs. hormones)
  - Fertility implications
  - Metabolic changes
  - Mental health implications
  - General safety implications

## ACKNOWLEDGE: *The Importance of Primary Care*

AI/AN transgender and Two-Spirit youth require primary care, just like their peers. Primary care visits present unique opportunities for youth support and education, since visits typically occur at least once a year.

Well-visits should cover the appropriate developmental questions and physical exam (i.e. the HEADSS assessment for adolescents—home, education, activities/employment, drugs, suicidality, sex) regardless of a child’s gender identity or sexual orientation. It is also important to cover some additional screening topics that relate to safety and behaviors specific to transgender and/or Two-Spirit individuals (Table 6).

*Table 6: Safety assessment*

<i>Transmasculine</i>	<i>Transfeminine</i>	<i>All</i>
<ul style="list-style-type: none"><li>• Menstrual history</li><li>• Stress related to menstruation and breast development</li><li>• Binding (How? When?)</li><li>• Concerning symptoms</li></ul>	<ul style="list-style-type: none"><li>• Tucking (How? When?)</li><li>• Pubertal changes—distress from hair growth, voice changes</li></ul>	<ul style="list-style-type: none"><li>• Eating disorders and/or exercise disorders</li><li>• Risky behaviors: alcohol, drug, substance use; sexual behaviors</li><li>• Mental health</li><li>• Bullying, relationship safety</li><li>• Assessment of support at home</li></ul>

During sick visits, use your best judgment to determine whether or not the patient’s gender identity and/or sexuality impacts the present illness. While it may not be necessary to ask about sexual practices or perform a genital exam during the encounter, providers should still use the patient’s preferred gender pronouns and chosen name. Excessive questioning or unnecessary examination may lead to patient wariness and mistrust.

For youth who decide transitioning is part of their gender-affirming journey, your backing as a provider is critical. Supporting each patient before, during, and after the transition can help the process occur safely and smoothly. While some transition treatments may take place in a separate clinic or with an outside provider, each patient benefits greatly from the continual support of a provider who has known them throughout their journey.

**Keep in mind that you may possibly be the only supportive person in your patient's life at this point in time. It is important to reflect on the significance of this role and to ask for support from colleagues (near and far) if need be, so you can best support your patient.**

It is also possible that you may not have facilities or resources to refer your patients to. In these situations, you can still play a large role in fostering your patient's self-confidence by showing them you are an ally and support their journey. You can look towards opportunities for virtual consultation or reach out to your professional peers who are engaging in this sort of work. Resources and search options are detailed below on page 17 of the Providers section, and in the General resources portion of the Toolkit.

## ACKNOWLEDGE: Sexual Health

Do not assume that your patient's sexual health and wellness is being addressed because they are transgender or Two-Spirit. Sexual health sometimes falls through the cracks amidst the primary care visits, specialist visits, and mental health visit.

The following resources include information specific to sexual health in LGBTQ2S patients. They provide suggestions on what to cover during clinical encounters. They may also be helpful resources for patients who want more information.



### General sexual health and wellness resources

- **"Safer Sex for Trans Bodies"**  
Sexual health, wellness, and relationship exploration
- **Online resources**  
For learning more about contraception, studies about sexual risk factors and ways to overcome them, and PDFs you can give to your teachers and health providers
- **"Trans Youth Sexual Health Booklet"**

## Sexual health resources (continued)



### Safer sex guides by identity:

- **Trans Men: "Primed2: A Sex Guide for Trans Men into Men"**  
How to have safe sex, prevent HIV and sexually transmitted infections, and find safe sex
- **Trans Women: "Brazen 2.0: Trans Women's Safer Sex Guide"**

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## ADDRESS: Combating Human Trafficking

AI/AN youth are at increased risk for becoming trafficked as a result of exposures such as physical or sexual abuse, poverty, homelessness, and historical trauma. 116 cases of human trafficking involving AI/AN youth have been reported from 2011-2017, and it is expected that this is only a fraction of the cases occurring (Trafficking data, 2011-2017).

The following [Toolkit](#) is a great resource for providers to increase awareness of the current state of trafficking among Native youth (Combating Trafficking: Native Youth Toolkit on Human Trafficking, 2017). It also serves as a great educational resource for youth to learn about how to prevent and respond to trafficking, all while connecting with their culture.



## ADDRESS: Making Mental Health a Priority

AI/AN youth are at increased risk for experiencing mental health issues such as anxiety, depression, and suicidal ideation and attempt. LGBTQ2S youth also face these increased risks. AI/AN youth who also identify as LGBTQ2S therefore face a dual risk for mental health issues. **Your attention to their mental health is critical** (K. R. Olson et al., 2016). Incorporating quick mental health check-ins at each appointment can make a difference and help you detect underlying issues.

In addition to anxiety, depression, and suicidality, the term 'gender dysphoria' is often associated with transgender mental health care.

### What is gender dysphoria?

Signs and symptoms that result from the incongruity between an individual's gender identity and biologic sex. These include:

- Depression and anxiety
- Social rejection and isolation (may be self-inflicted)
- Issues with self-esteem and self-worth
- Self-harm behaviors
- Suicidal ideation and attempt

Gender dysphoria is currently listed as a diagnosis in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5). There is currently disagreement and controversy regarding the use of the term gender dysphoria because it may perpetuate stigma and suggest that gender variance and non-conformity are pathologic. This is not correct.

Classification with this "disorder" may cause labeling, especially among young children who do not yet have the ability to advocate for themselves. Similarly, the terminology medicalizes gender identity and makes it difficult for individuals to have autonomy over their body and gender expression. For example, many health centers require a mental health provider to sign-off and/or diagnose an individual with gender dysphoria before they are able to undergo transition.

***The World Professional Association for Transgender Health (WPATH) has made a statement regarding this pathologizing: "The expression of gender characteristics, including identities, that are not stereotypically associated with one's assigned sex at birth is a common and culturally diverse human phenomenon which should not be judged as inherently pathological or negative. Psychopathologizing gender variance reinforces stigma, rendering transgender and transsexual people more vulnerable to social and legal marginalization and exclusion, and increasing risks to mental and physical well-being" (Directors, 2010).***

On the other hand, classification with the gender dysphoria diagnosis does enable identification of individuals and in some cases increased access to care, medical assessment, and empowerment. Co-morbid mental health illnesses may also be better detected when an individual is assessed using the DSM framework.

Understanding both perspectives can help providers deliver the most patient centered care. Additionally, referring patients to a mental health provider who has experience working with gender expansive patients may be beneficial. Mental health providers can serve as a support system for both patients and their relatives, and can be an integral part of your patient centered medical team.

In scenarios where you are unable to refer to a mental health provider, or access to mental health care is limited, you may need to spend a bit more time with your patients to ensure they are supported socially and psychologically. You may also be able to refer them to local support groups or provide them with resources related to mindfulness and meditation that they can practice independently (in the Youth section). Mindfulness has been shown to alleviate the negative impact of stress and trauma, including those related to adverse childhood experiences (ACEs), and can help improve short and long term health outcomes (Ortiz & Sibinga, 2017).

Having crisis resources readily available for youth, their families, and friends is also beneficial. This information can be located on page 19.

# TRAININGS AND CURRICULA FOR PROVIDERS

The following trainings and informational lectures provide foundational knowledge that may help you advocate for and provide gender-affirming care to this subset of patients.



## Trainings

- **WPATH certification program**  
Offers 50 hours of core training for medical and mental health providers
- **Cultural competence webinar series**  
Aimed at understanding health needs of LGBTQ2S people, creating a welcoming clinic environment, and sharing tips for clinical care.
- **A Way Home Canada**  
Online modules and exercises to help individuals and organizations support LGBTQ2S youth
- **Seattle Children's Hospital Grand Rounds "Transgender Care"**  
An opportunity for continuing education credit
- **Transgender Health Echo**  
Web-based trainings for health centers and health organizations

## Two-Spirit specific information and trainings

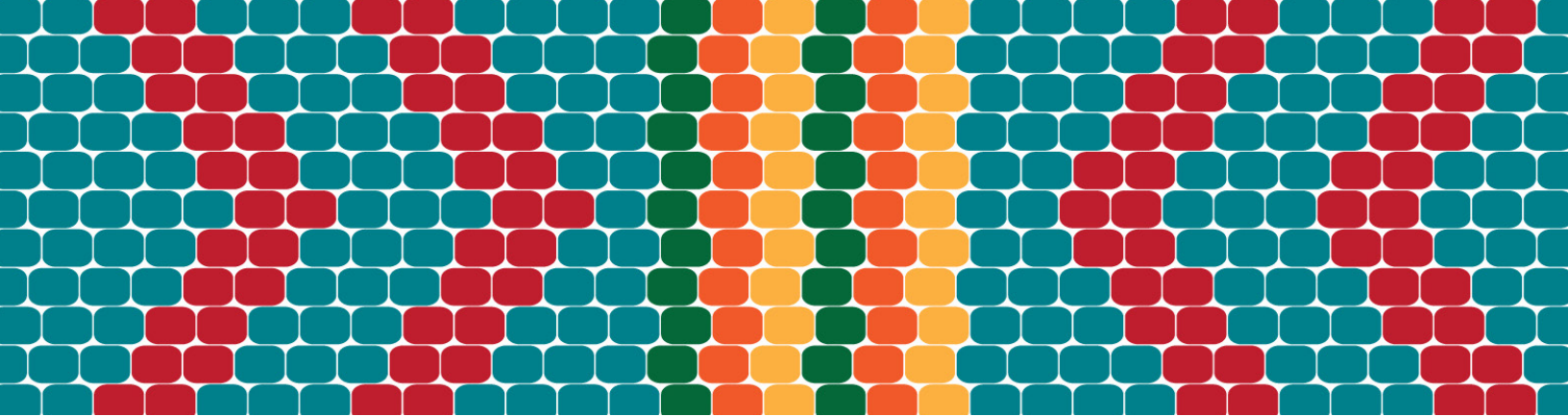
These webinars help raise awareness of Two-Spirit history, culture, and issues faced by Two-Spirit individuals. Having an increased understanding can help providers affirm, acknowledge, and better advocate for their Two-Spirit patients.

- **SAMHSA**  
Webinars related to justice, gender identity, resources for Two-Spirit individuals
- **Indian Health Service**  
Information regarding Two-Spirit peoples and links to additional webinars
- **"(W)righting Our Relations- Working with and For Two-Spirit Individuals"**
- **"Walking in Good Way- Cultural Considerations when Working with Two-Spirit Individuals"**

# WEBSITE REFERENCES

## Providers

- **Implicit Bias case study:** <https://www.lgbthealtheducation.org/publication/learning-to-address-implicit-bias-towards-lgbtq-patients-case-scenarios/>
- **Harvard Implicit Assessment Test:** <https://implicit.harvard.edu/>
- **American Academy of Pediatrics Policy statement:** <https://pediatrics.aappublications.org/content/142/4/e20182162>
- **Ally toolkit:** <https://www.commonword.ca/ResourceView/28/20250>
- **WPATH Standards of Care:** <https://www.wpath.org/publications/soc>
- **UCSF Center of Excellence for Transgender Health Guidelines:** <http://transhealth.ucsf.edu/trans?page=guidelines-introduction>
- **Summary of Recommendations from The Endocrine Society:** <https://academic.oup.com/jcem/article/102/11/3869/4157558>
- **Safer Sex for Trans Bodies:** <https://www.hrc.org/blog/hrc-foundation-and-whitman-walker-health-release-comprehensive-transge>
- **Sexual Health Resources:** <https://rhyclearinghouse.acf.hhs.gov/features/serving-transgender-youth/sexual-health-and-transgender-youth>
- **Trans Youth Sexual Health Booklet:** <http://cdn0.genderedintelligence.co.uk/2012/11/17/17-14-04-GI-sexual-health-booklet.pdf>
- **Sex Guide for Trans Men:** <https://www.catie.ca/en/resources/primed-sex-guide-trans-men-men>
- **Sex Guide for Trans Women:** <http://www.the519.org/education-training/training-resources/our-resources/brazen>
- **Native Youth Toolkit on Human Trafficking:** <https://www.acf.hhs.gov/otip/resource/nativeyouth>
- **WPATH certification program:** <https://www.wpath.org/gei/certification>
- **Cultural competence webinar series:** <http://www.glma.org/index.cfm?fuseaction=Page.viewPage&pageld=1025&grandparentID=534&parentID=940&nodeID=1>
- **A Way Home Canada:** <http://lgbtq2stoolkit.learningcommunity.ca/>
- **Seattle Children's Hospital Grand Rounds "Transgender Care":** <https://www.seattlechildrens.org/healthcare-professionals/education/grand-rounds/online/the-next-generation-the-clinical-approach-to-transgender-and-gender-diverse-youth-across-development/>
- **Transgender Health Echo:** <https://www.lgbthealtheducation.org/transecho/>
- **SAMHSA:** <https://www.samhsa.gov/tribal-ttac/webinars/two-spirit>
- **Indian Health Service:** <https://www.ihs.gov/lgbt/health/twospirit/>
- **"(W)righting Our Relations- Working with and For Two-Spirit Individuals":** <https://www.ymsmlgbt.org/webinars/>
- **"Walking in Good Way- Cultural Considerations when Working with Two-Spirit Individuals":** <https://www.ymsmlgbt.org/nativeamericanresources/>



## Crisis Hotlines

If you or a friend needs any mental health support or is having a mental health crisis and/or suicidal thoughts, the following resources are available. They are all LGBTQ2S friendly!

### **TRANS LIFELINE:**

**877-565-8860**

Crisis line staffed by transgender folks, for transgender folks; toll-free

### **THE TREVOR PROJECT:**

**866-488-7386**

Crisis intervention and suicide prevention available 24/7 from counselors trained in supporting LGBTQ youth

### **CRISIS TEXT LINE:**

**TEXT HOME TO 741741**

Text at any time to start texting with a crisis counselor

