

NAVIGATING TRANSITION-RELATED CARE:

INTRODUCTION

If **b** a e a pa en of a an gende o gende -e pan i e child, chance a e **b** ha e had o ed ca e a heal hca e p o ide abb ome a pec of **b** child gende iden i . Yo a e no alone one 2015 **b** d cond c ed b he Na ional Cen e fo T an gende E**b** ali e ealed ha 24% of e ponden epo ed ha ing o each hei medical p o ide abb an gende ca e.¹ S ch lack of kno ledge i a majo ba ie fo man gende -e pan i e people and hei familie , pa is la I hen famil membe do no ha e hi e pe i e hem el e.

The good ne i ha compehen i e gende clinic a e g o ing in a mbe ac o he con n. The email idi ciplina cene a e of en ho ed in la ge heal h cene o ho pi al and offe a a ie of af_i ming p o ide in one loca ion, he e a ea men eam migh incel de a pedia ician, an endoc inologi, a ocial o ke, a p chologi, and an ed ca ional peciali. The e eam ake ome ha diffe en hape depending on he i e and cope of he clinic. A a clinic, pa ien and hei familie a e ppo ed b a ca e coo dina o o pa ien na iga o, ho can en e ha ca e i holi ic, indi id ali ed, afe, and af_i ming. Gende clinic a e al o picall able o connec pa ien i h pee b ppo g b p and o he comma ni e b ce. In mo ca e, a gende clinic can al o connec pa ien o b ide legal e ice (incel ding ppo i h name and gende ma ke change) and p epa e hem o na iga e o he a ea of dail life incel ding chool and o k.

Sill, he and of familie of an gende le h ac o he ce n a e li ing in a ea i he acce o comp ehen i e clinic . In al o mo e con e a i e a ea , familie ma le ggle o i nd e en a ingle p o ide ho i open I gende afi ming. Fo ho e familie ho manage o connec i h afi ming p o ide , he ill like he lde he b den of coo dina ing hei child

DID YOU KNOW?

To find a comprehensive gender clinic in your area for gender-expansive youth, visit <u>HRC's interactive map</u>.

ca e fo hem el e, of en h s gh hei pedia ician o p ima ca e p o ide. Thi g ide ill help familie na iga e gende -af_i ming an i ion- ela ed ca e fo hei child en f om he ini ial ea ch o he deli e of e ice. While hi e s ce ill no offe clinical ad ice, i ill di ec s o na ionall ecogni ed e s ce in ended o es ca e and ad i e an gende s h, hei familie, and hei p o ide.

There are many paths on the journey that is gender exploration, and the most critical element of any path is parental support. Remember that gender exploration may not lead a child to identify as trans; rather, gender exploration is a healthy and critical process for *all* children, cisgender and otherwise. Because no medical interventions are part of this journey prior to puberty, parental support during this period of life means ensuring social support and facilitating social transitions for those who choose them.





FINDING THE RIGHT PROVIDERS

Fo familie ha a e able o acce a nea b comp ehen i e gende clinic, a ca e coo dina o, a pa ien na iga o, o in ome ca e, a ocial o ke ill di ec o o he; p o ide in o child jo ne (picall a beha io al heal h peciali) and g ide o along he pa h fo a d.⁴

If **b** do no hale acce o a neab clinic, **b** ma ill be able o each **b** o one in **b** egion fo **b** ppo; man clinic eceie call formalloe he con and ma be able, ih ome e each, o hale e **b** ce hala e acce ible o **b**. If **b** ale alked ih con **b** cing **b** on an iion cale eam, **b** "poide oadmap can mi o he joine **b** bld follo in a completen i eclinic. A **b** e each and gale **b** child eam of poide, i i ciical hal**b** a eleach poide knoledge and competence in gende -afi ming cale. Some poide mal**b** blich ad elie halhe olik ih an gende popelation hole e, he ma no hale mach e peience oliming ih gende -e panie **b** h. O he poide malade i eLGBT e peience, **b** eall onl hale e peience i hLGB i **b** el (**cb** al olien a ion e peie). Con ide eaching **b** o apoide ole he phone, oli ing hem ih **b b** child j, oakafe ceening **b** e ion, **b** cha:

App o ima el ho man an gende pa ien ha e o ked i h in he pa ? M child iden i_i e a [non-bina] and i [13]. Ha e o ked i h o he o h i h imila iden i ie in hi age of life befo e?

Do b ha e gene al aining in o king i h child en and/o adole cen ?

Ho comfo able and e pe ienced a e o i h helping o ng people like m child acce ph ical an i ion- ela ed ca e, like po be blocke , ho mone he ap , o u ge ?

Do \mathbf{b} ha e acce o a li of local gende -af_i ming e \mathbf{b} ce o peciali in ca e he e a e elemen of ca e \mathbf{b} can no p o ide?

Ho comfo able and compe en i lo la ppo aff in o king i h gende -e pan i e lo h and hei familie ?

Doe o billing of; ce ha e e pe ience i ho bmi ing claim fo gende -e pan i e pa ien ?

Last year when [our child] was struggling with depression, we looked for a therapist that could assist with cognitive behavior therapy (that wasn't available at [the hospital]), and it took me 8 months and calls/emails to more than two dozen in our area to find a good fit. Half who listed on their websites or Psychology Today's website claiming to work with trans folks admitted they really didn't. And most who did wanted to talk to her about her gender, almost to confirm she really is trans, rather than on the reasons we were seeking care.

- Debi Jackson, mother of a transgender daughter



Wi h a bi of e each, b II i nd a ide a a of Facebook g b p and o he online comma ni ie fo familie of an b h, incl ding <u>Tan Chance Heal h</u>. The e for m a e a g ea b ce of local info ma ion on afi ming p o ide and ocial ppo fo pa en and ca egi e . If b i nd a highl ecommended p o ide ho ha a long ai li , he ho Id be able o p o ide b i h a li of nea b e b ce ha ha e hei eal of app o al and local LGBTO cen e ho Id be able o do he ame. In addi ion, e e al di ec o ie of an -afi ming p o ide a e ho ed online, incl ding <u>Tan gende Ca e</u> <u>Li ing</u> and <u>Tan -Heal h</u>. I i impo an o no e ha no all p o ide li ed in online di ec o ie ha e been e ed b eliable b ce ; b ho Id ill plan o do independen e ea ch on an p o ide b i nd in he e li . Con ide i i ing Sea le Child en e b ce on "<u>Choo ing a Men al Heal h P o ide</u> fo mo e gene al b idance on elec ing a men al heal h p ofe ional.

Unfou na el, in ome ca e, familie ma no ; nd a local clinic o af; ming poide ho canu ppo hei child need. Pa en faced i h hi concen can con ide making hei ini ial ip() o acce ca e fo hei childuf he a a. Fo e ample, a famil li ing in a mall, al comma ni i h fe open an af; ming poide ma be able o make one o o ip o a nea b ci, he e he can acce p be blocke o ho mone and eu e ha he pe c ibing peciali u ppo hei local p ima ca e poide (PCP) in managing ongoing ca e. Thi al o offe an oppount i fo local poide o be end ca ed abo an gende ca e ba ic, and I ima el be e u ppo o he local to h. If to child PCP i open o lea ning abo gende -af; ming ca e, he e a e a to mbe of op ion fo emo e and in-pe on aining intel ding Fen a Heal h Na ional LGBT Heal h End ca ion Cen e.

ELEMENTS OF TRANSITION CARE

Befo e familie can i nali e hei child an i ion ca e eam, he na u nde and he elemen of an i ion ca e fo gende -e pan i e u h. E e child, he he ci gende o an gende, ha a u niu e e of e pe ience and need u u nding hei iden i and e p e ion. Man child en impl eu i e a afe pace in hich o e plo e gende and ma i nd ha he a e comfo able i h he gende and e a igned o hem a bi h. O he ma iden if ongl i h a diffe en gende and ma pu u e ome fo m of ocial o ph ical gende an i ion.

Fo child en, p e-adole cen and ea l adole cen , gende an i ion i mainl a ocial p oce and man ime a legal p oce a ell. Fo ho e in he ea l age of p be , p be blocke ma be he; medical in e en ion. $\mathbf{F} = \mathbf{e}$ elemen of gende an i ion fo \mathbf{e} child ma incel de gende -af; ming ho mone he ap and a ie \mathbf{e} ge ie . There is no one set way for a child to transition and it varies from child to child. To lea n mo e abe he mo common ep in gende an i ion, ee he cha belo and i i HRC e \mathbf{e} ce, "S ppo ing &

Ca ing fo TBefo e famili (Td[(1/CCa be he[(p oce and man ime a)41 90.TJ0 -1d[(belo and i i H)-42 0



COMMON STEPS IN GENDER TRANSITION

	Examples	Ages	Reversibility
Social transition	Adop ing gende -afi ming hai le , clo hing, name, p ono n , e oom and o he facili ie	An	Re e ible
Puberty blockers	Gonado opin- elea ing ho mone analog u ch a le p olide and hi elin	Eal R be	Re e ible
Gender-affirming hormone therapy	Te o e one (fo ho e a igned female a bi h) E ogen pl and ogen inhibi o (fo ho e a igned male a bi h)	Adole cen (a app op ia e)	Pa iall Re e ible
Gender-affirming surgeries	"Top ⊾ ge (oceaeamale-pical che hapeoenhancebea) "Boom ⊾ ge (⊾ geon genial o epodicieogan) Facial feminiaion ⊾ geie	Adole cen (a app op ia e) and Ad I **	No Re e ible
Legal transition	Changing gende and name eco ded on bi h ce ij ca e, chool eco d and o he doo men	An	Re e ible

**No e: Si ge poocol a e e ol ing, and age of eligibili fo u gical poced e ma a idel ba ed on he u geon and inu ance compan eu i emen . While ome u geon ma offe u ge fo gende -e pan i e people a lo ng a 13, inu ance ill likel no co e he poced eu n il he indi id al i a lo nd 18 ea old. Whene e po ible, con ide conu ling i h a fe u geon o de e mine ho be i lo child need and lo inu ance co e age.

Behavioral Health Specialists

Beha io al heal h peciali (in cl ding licen ed clinical ocial o ke (LCSW), p chologi , p chia i , ma iage and famil he api , among o he) a e a c i ical piece of he joine o a d gende afi ma ion fo gende -e pan i e oi h. Man in e di ciplina gende clinic ill eu i e ha o nge child en, in pa ios la, pend na me oi e ion i h a beha io al heal h peciali (of en a child p chologi) befo e beginning o con ide uf u e ph ical in e en ion.

The e pon ibili ie of beha io al heal h peciali in gende -afi ming ca e fo an o h inol de:

C ea ing a afe and open en i onmen fo **b** h o e p e hei **b** hei ic feeling ab**b** hei gende, and o ha e an di e he ma be e pe iencing;

A e ing he being pe on be a ion o de e mine hei need and eadine fo in e en ion be allo o a e helf inclion of he famil, and ha le el of be ppo a being pe on i ecei ing a home;

Wo king i h he b h and famil o di b diffe en pah fo a d in ocial and/o ph ical an i ion. Thi can help end e ha a b ng pe on ha eali ic e pec a ion fo he b come of blocke , ho mone , and d ge ;





WHO GIVES CONSENT?

In mo cis m ance, sh and hei familie can acce she be blocke and ho mone he ap h sh gh a ploce of informed content (in the all e e form a beha io al heal h poide). If she child is note he age of content, hi ploce ill look different be een different heal h center : orme ill onlies i e he informed content of one parent of gradian, hile o he mighted i e he content of boh. Parent do no all a large e ha hei child he ld ecei e medication o aid in he and i ion ploce. If she familic confort hi is e and i nd ha he di enting parent cannobe all ed, he be pah for a di o engage a famil he api ho i e petienced in gende ident i, and can alle ia e he impact of e on he child. In ome care, hen parent canno ag ee, and o k i h a famil he api ha no been effectie o i no polible, legal e ice ma need o be she gh sho o end e optimal gende care for a child o sh.

PARENTS AND MEDICAL PROFESSIONALS: A TEAM APPROACH

Man pa en ill; nd hem el e o king i h p o ide ho a e open o h ppo ing an gende h, ho ha e li le e pe ience doing o. Thi ma mean ha he need mo e info ma ion on he clinical a pec of an gende ca e, he he al o ma be mo e p one o mi gende ing he child o making o he ocial e o (e en if ell-in en ioned).

Four na el, he e a e man e to ce fo heal hca e poide ho a e looking o lean mo e. The e e to ce can poide doco, na e, and fon-line aff i h aining on he oad map of an gende ca e, and offe a mo e e ha i e in otal c ion o an gende iden i ie and heal h di paiie. Man heal h cen e ha do no ha e ma ch e pe ience o king i h open I an gende to h ill; nd he ill need o modif hei Elec onic Heal h Reco d (EHR) em o accommoda e an paien, pa its la I ega ding gende ma ke, p onto n, and cho en a he han gi en name; he can; nd he e to ce o do o he e.

NAVIGATING INSURANCE COVERAGE

Fo man familie of gende -e pan i e b h, he g ea e h dle in acce ing gende -afi ming ca e i di co e ing ha hei intra ance ill no co e he medical and po en iall tragical in e en ion. Becta e heal h intra ance i etg la ed independen I b each a e, na iga ing he p oce can be comple and indi it ali ed; ha b famil ill ind a ailable o b ma diffe ba ed on b loca ion. While i i illegal fo intra ance ca ie o di c imina e again an gende people, he a e gi en licen e a e-b a e o decide if he ill co e medical co fo pa o all of he an i ion p oce.

Foundel, he e a ena mena ena ce fo ho e in need of uppo. The National Center fo Tan gende Eurali offe a <u>completentienen i ena</u> index on ge ing heal h cate colle ed, along i h a help fil <u>"kno na igh e na ce</u>.



If **b** a emp o ha e p oce**d** e co e ed a e a eta l of a "coding e o fo e ample, if **b** an gende on; nd ha he i denied co e age fo **b** ine g necological ca e he e ma be an ea



PUTTING THE PIECES TOGETHER: COORDINATING CARE AND THE OUTSIDE WORLD

If **b** a e no able o acce a comp ehen i e gende clinic, **b** ill likel i nd **b** elf doing he o k of coo dina ing malliple poide. B he ime **b** child i a eenage, if he a **b** nde going ho mone he ap and eeking gende -afi ming **b** ge ie, he ill likel be o king i h a beha io al heal h poide, a p ima caepoide, and/o an endoc inologi, and a **b** geon.



CONCLUSION

A an gende ca e i in eg a ed in o medical chool s is la aco he con , mo e and mo e gende -e pan i e child en and een a e a la acce ing he comp ehen i e ca e he need. Ho e e, e en in a ea i ho p blicl gende -afi ming p o ide , familie of gende -e pan i e o h need no feel alone in hei j gh o acce ca e. Thank o con le commoni and legal ad ocac o gani a ion , online for m and ppo g o p, and heal hca e aining cen e , he e a e man oad enabling ocial and ph ical afi ma ion fo an o h. In emba king on o o njo ne a a pa en of a gende e pan i e child o eenage, o ill con in e o p ead c i ical kno ledge and a a ene , pa ing a pa h fo a d fo con le an o h o come.



ENDNOTES

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