



Gender-Affirming Care for Minors: The Basics

Presenter:

TRACI MEDEIROS (She/They) | OC CAMFT DIRECTOR OF DIVERSITY
CA LICENSED MARRIAGE & FAMILY THERAPIST #86600

Level: Introductory

This presentation is part of Gather & Grow Education.

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Course Description

With increasing instances of transphobic legislation, gender affirming care for minors is once again in the national spotlight. Transgender and non-binary youth are disproportionately burdened by stigma, discrimination, and lack of competent support. Minors as well as their parents/guardians are looking for support. It is imperative that therapists understand the context of the current debate, legal and ethical standards of care, and the role of the therapist in the journey of a trans, non-binary, or questioning youth.

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Educational Goals

This course will explain the basic tenets of gender affirming care (the globally accepted standards of care for serving trans, non-binary, and questioning youth and family). These concepts will be reflected through an overview of current debates, legal and ethical expectations of the clinician, considerations for the well-being of this minoritized and high-risk population, and overview of what competent care looks like in the therapy room.

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Learning Objectives

- Participants will be able to define the basic tenets of gender affirming care
- Participants will be able to identify the current debate around gender affirming care for minors
- Participants will be able to distinguish current unethical practices from globally accepted standards of care
- Participants will be able to explain the legal, ethical, and functional role of the clinician in supporting trans, non-binary, and questioning youth and their families

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Gender Affirming Care

In simplest terms, Gender Affirming Care for Minors is exactly what it sounds like.

It is the practice of offering "affirmation" (read: support/encouragement) to a minor around their gender.

For California therapists, this includes: facilitating exploration that a minor client brings into our office, listening to their experiences of (in)congruence, helping them understand what different journeys might entail, and collaborating on a treatment plan with the client, their guardians, their support network/community, and (potentially) their medical treatment team.

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Informed Consent

Aside from affirmation around gender identity itself, the core guiding concept of Gender Affirming Care is Informed Consent.

Informed Consent means that it is our responsibility to:

1. Explain options from our scope of competence which includes the mental and emotional experience of transition.
2. Open up space to discuss the risks and benefits of any treatment plan discussed.
3. Identify (reasonable) alternatives.
4. Open up space to discuss the risks and benefits of any alternatives.

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An Important Reminder

As providers, we are assessing the client's understanding of their experience and the efficacy of the services they are seeking (not our belief in who the client says they are).

Each of the informed consent steps should be followed (with a relevance to field/specialty) by any affirming care provider offering services. It is important that the client does not feel pressured to agree with the provider for there to be **true informed consent**.

Instead focus should be on the client being an active agent in the decision making process.

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The Current Debate

The current debate around gender affirming care stems from three major areas.

1. Misunderstand about what Gender Affirming Care looks like in practice.
2. A lack of education about the therapist's role in the process and fear of the therapist's responsibility in these journeys.
3. Disagreement about the clarity and agency of minors regarding their gender identity.

Questions

Representation in the media, transphobic legislation, and a misunderstanding about the purpose and practice of gender affirming care can naturally lead an uneducated clinician to these fear based questions.

1. How young is 'too young' to be in charge of your own medical care?
2. What if a child 'changes' their mind?
3. Can a _____ year old really 'know' what their gender is?
4. Should we just be letting kids do whatever they want?
5. Can children really understand what it is they're doing to their bodies?



An Important Reminder

Gender Affirming Care is neither encouraging or discouraging a client's gender identity or their course of treatment. Rather, the goal is to help the client uncover their most congruent identity and the most beneficial course of treatment for themselves. It takes into account the client's developmental age/processing ability and seeks to integrate care/guidance from the client's adult support network.

Furthermore, Gender Affirming Care is supported by nearly all major medical health organization as the necessary treatment for gender dysphoria while rejecting insurance exclusions for transgender related care. Medical Organization Statements can be found here:

<https://transhealthproject.org/resources/medical-organization-statements/>.

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Some Context / Answers

How young is 'too young' to be in charge of your own medical care?	Gender Affirming Care does not place the sole responsibility of decision-making on the minor client.
What if a child 'changes' their mind?	Gender Affirming Care leaves space for exploration alongside respecting when a client has solidified who they are.
Can a ____ year old really 'know' what their gender is?	Studies show that children tend to develop an awareness of their gendered 'self' around 18 months and begin to use gender labels in their speech between 18-24 months (Martin & Ruble, 2010).
Should we be letting kids do <u>whatever</u> they want?	The goal of Gender Affirming Care is to engage the minor client and support network in an empowered and accurate understanding of their options for care.
Can children <u>really understand</u> what it is they're doing to their bodies?	A large part of Gender Affirming Care is advocating for the minor client to have space to explore and have their identity affirmed socially (i.e. without any medical intervention). When (and if) other medical services are needed for treatment, the informed consent process begins.



Unethical & Illegal Practices

While Gender-Affirming Care has long been the standard recognized by major medical and mental health organizations for treating gender dysphoria, the residue of unethical practices like reparative/conversion therapy are still present.

In contrast to the informed consent practices of gender affirming care, reparative/conversion therapies are focused on "fixing" what is considered "wrong" or "a problem." This means that the practice starts with an assumption about what "needs to be fixed." In the case of gender, the starting assumption is that a person's gender identity should match the stereotypical feelings, thoughts, behaviors, and preferences associated with their assigned gender at birth. (Assigned gender at birth is designated solely by external anatomy.)

This means that when exploration is facilitated there is a (sometimes not so subtle) underlying starting point that the 'therapy' is working to help the client align with their assigned gender at birth. There are tools of varying style and intensity that are utilized. However, sometimes the most insidious are those that appear the most neutral on the surface and are able to make it under the radar of widely recognized conversion therapy bans.

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Reparative/ Conversion 'Therapies'

While widely banned, the following are things to be aware of / how they continue to show up in clinical settings and discussions.

- Since many states have banned/denounced reparative/conversion therapies, these practices will not be named as "reparative or conversion therapies" specifically.
- In regard to minors, these therapies will often cater to parents' (and providers') fears, explaining that their practice/organization is the more 'metered' approach which seeks to 'right' the 'irresponsible' practices of gender affirming care which 'pushes' clients to transition.
- Organizations may accuse gender affirming care of being a 'political stance' or having a 'political agenda.'
- Some well meaning providers who are uneducated in the long and damaging history of reparative/conversion therapies, may not realize the potential harm and illegality of these practices.

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The Current Standards of Care

The standards of care for transgender persons (currently on **Version 8**) are put out by the World Professional Association of Transgender Health (WPATH, wpath.org).

WPATH (Previously the Harry Benjamin International Gender Dysphoria Association) is a non-profit, interdisciplinary professional and educational organization promoting evidenced based care, education, research, public policy, and respect for the health of transgender individuals.

On March 22, 2023, in response to the emergency regulation halting gender-affirming healthcare for transgender and gender diverse children and adolescents issues by Missouri Attorney General Andrew Bailey, WPATH and USPATH (United States Professional Association for Transgender Health) put out a [statement](#) confirming that Gender-Affirming Health Care is NOT experimental and condemning legislation asserting otherwise.

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The Role of the Clinician

As previously stated, the legal, ethical, and functional role of the clinician is to provide Gender-Affirming Care. This means listening (and believing) the client when they tell us who they are. This is an active process of collaborating and supporting them in a way that is appropriate to their developmental age.

While every journey is unique, the following are some topics/steps that might come up at different phases of development. You'll notice that it includes a collaboration between mental health providers and the rest of the support network including but not limited to: guardians, parents, teachers, school administration, and medical professionals.

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Prepubescent Clients

Prior to puberty (which can vary slightly by age) what we're doing is exploring what a child needs in terms of social support and (potentially) social transition. This stage is about removing the binary and bio-essentialist assumptions that get projected onto children rather than inflicting any personal beliefs or agendas.

This might look like...

- Listening to a child as they start to develop language about who they are and how they identify.
- Making space for the child to explore through play without shaming or policing their preferences.
- Giving the child agency over presentation choices.
- Advocating for the child to be respected consistently within the systems and institutions they inhabit. This generally means – in the home, with extended family, and at school or other childcare settings.



Moving Towards Puberty

As a child moves towards puberty, we're looking out for signs of distress if their dysphoria is starting to intensify and starting to have conversations about changing bodies and reproductive health as is healthy to do with any pre-teen.

This might look like...

- Offering the youth learning materials that reflect their body/gender.
- Finding community experts and/or representation through media that accurately (or more accurately) reflect the youth's identity.
- Supporting the youth in finding safe and age appropriate online or in-person community spaces.
- Helping the youth find age, gender, and body affirming undergarments, clothing, and reproductive health care options.
- Educating yourself and connecting with affirming medical professionals so that a discussion can be had about hormone blockers and/or hormone replacement therapy if it becomes relevant.

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Puberty and Beyond

As mentioned, every youth is different, so any (and all) of the previous points will continue to be helpful and/or may be the extent of support needed. Some teens will experience more distress as their growth experience starts to differ more widely from their peers.

This might look like...

- Having discussions about hormone replacement treatment so that they can experience puberty in their affirmed gender at a congruent developmental age.
- Educating yourself on what other medical transition options may be available and recommended for the teen if it becomes relevant for them.
- Potentially exploring reproductive health and preservation concerns if it becomes relevant for the teen.
- Getting comfortable and familiar discussing the specific needs and joys involved in the lived experiences of trans people at any age.

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Conclusion: How to Support Youth

The most important thing we can do as providers (and truly as adults looking to support youth) is to educate ourselves, listen, and believe minors when they tell us who they are.

While it may be hard to be in the world as a gender minority, there is a vast difference when we are met with care and respect by those we are closest to and who are entrusted with our care. Much like any early developmental experience, this really sets the blueprint for how we expect to be treated throughout our lives. It also allows us to truly consider all of our options and move forward in the way that will help us find the most congruence.

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A Final Reminder

This presentation should be considered a starting point to your journey around offering Gender-Affirming Care to minor clients. This is an extremely vulnerable population and (while helpful) a friendly stance is not enough to offer true cultural competence.

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