

Dealing with the 3 D's of Gender Care Development, Drama, Data

**Pediatric Nurses: A Critical Resource in
Caring for Transgender & Gender Diverse
Pediatric & Adolescent Patients**

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Brown University, Providence RI

IT TAKES
COURAGE
TO GROW UP
& BECOME WHO
YOU REALLY
ARE. - E.E. CUMMINGS

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Disclosures

- Consultant: ConferMed, Planned Parenthood,
- Royalties: Up To Date, Springer
- All medications off label
- I am an optimist
- My slides may be dense- but meant to be used for later reference & resources



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Caring for gender diverse children & families is essential part of SPN mission & position



SPN Position Statement

Access to Care

All SPN Position statements are valid for two years after approval date.

Approved by SPN Board of Directors on 10/26/2023

Original Author: Michaela Lewis, DNP, APRN, CPNP-AC/PC, CPN, CREN, CNE, CNE-EL, PMHS, CCRN, VA-BC
SPN Healthcare Policy and Advocacy Committee

The Society of Pediatric Nurses (SPN) believes that all children deserve access to lifelong, affordable, comprehensive, health care across all care delivery settings. Health care that is designed to meet the holistic needs of children and their families must also be timely, evidence-based, and coordinated to ensure the provision of quality and equitable services.

Access to health care is defined as "the timely use of personal health services to achieve the best health outcomes" which includes access to health care coverage and timely services provided by a qualified and capable workforce (Agency for Healthcare Research and Quality [AHRQ], n.d.).

Address social determinants of health

- Target the improvement of structural interventions that address health care and socioeconomic disparities and social determinants of health.

Improve cultural responsiveness

- Eliminate unlawful discrimination or conduct that denies or limits a child's full and equal access to participate in or benefit from health care services or activities because of decisions based on that child's protected statuses).
- Examine and effectively address biases that impact health care delivery, public health outcomes, the health professions workplace and learning environments, and the diversity of trainees and the workforce.
- Create systems that empower children and their families to make informed decisions about health maintenance and illness and injury prevention behaviors within the context of their own attitudes, beliefs, and cultures.

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Learning Objectives: 3 D's



GENDER AND SEXUAL MINORITY RESOURCES

SPN recognizes the important role the pediatric nurse plays in providing gender care and sexual minority guidance to all children and their families. The SPN, Her Policy and Advocacy Committee (HPAC) has gathered the online resources below nurses to support conversations with children and families. Many of these resources designed with parents and children in mind and we hope they can serve as tools for patient-family education.

The HPAC is always looking for additional resources that may benefit our members. Please forward any new resources on gender and sexual minorities to info@spnurses.org.

- **DEVELOPMENT**
Using our understanding of pediatric & human development, create agency within our individual & institutional practices to address TGS youth health needs
- **DRAMA**
Empower ourselves & our colleagues to proactively empower TGD youth & families to access health sustaining care
- **DATA**
Understand the unique opportunities pediatric trained nurses have in improving the individual & community health of transgender & gender diverse (TGD) pediatric patients

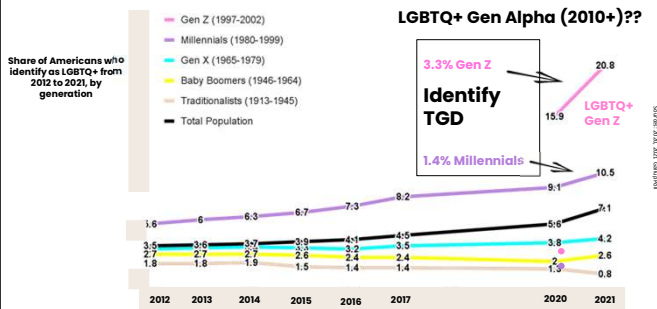
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DEVELOPMENT

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GENERATIONALLY 2021-2022



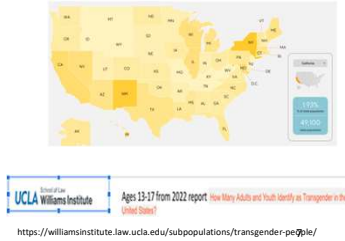
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Why Talk About Gender with Kids and Families?

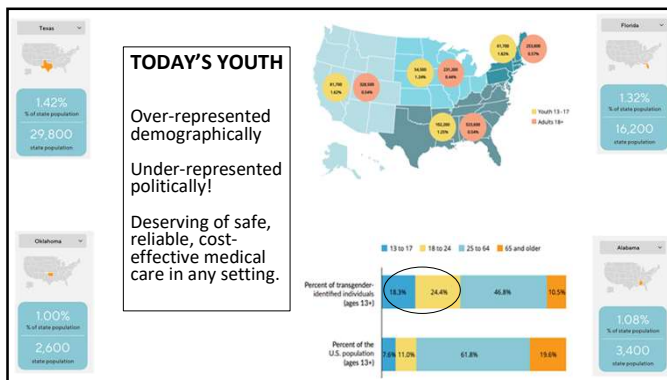
Universal and part of everyone's experience

- Current cultural expectations are explicit
- Important skills and milestones for "growing up"
- Anticipatory guidance and future planning
- Provides language and framework for diverse experiences
- Encourages openness and communication
- Models and promotes diversity

Gender exploration & diversity prevalence



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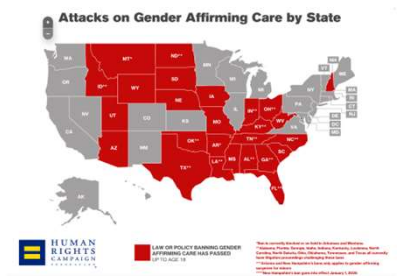


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Over & Under-Represented!

39.4% TGDY ages 13-17
(n= 123,600)

- Live in states passing bans on GAC
- 85% South
- 40% in Midwest



<https://williamsinstitute.law.ucla.edu/wp-content/uploads/2024/Anti-Trans-Legislation-Apr-2024.pdf>

<https://www.hrc.org/resources/attacks-on-gender-affirming-care-by-state>

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Gender Identity Part of Human Growth & Identity

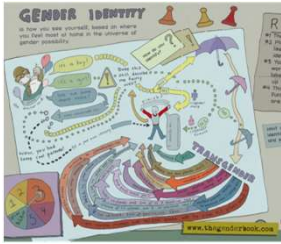


Image taken from The Gender Book, are publically available on the book's website, www.thegenderbook.com

- What if we approached gender & sexuality as expected human experiences?
- What if we transformed our medical practice to reject pathologizing approaches, and relied more on understanding of human development?
- How is that particularly relevant to TGD children, adolescents, young adults?

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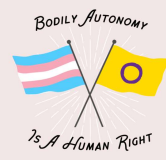
Pediatric Growth & Development

Children change & grow!

- Physical: height, weight, habitus
- Mental: how we think, process info, learn
- Emotional: how we feel, move through world
- Social: interactions & relationships w others

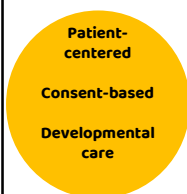
Puberty

- Time of rapid global & reproductive changes
- Changes begin to further "gender us" a significant part of "growing up"



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Developmental Paradigm



- Gender, sexuality universal, normal human development
- Variance expected in biology & human development
- Diversity not = deviance but celebrated

- Meet patient goals (nothing to "diagnose" or "treat")
- Provide support & resources
- Address, reduce minority stress

- Advocate, empower ALL children
- Model, elevate cultural expectations

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Prenatal Gender Conversations

- How do we discuss prenatal assignment of gender/sex?
- How could we use earlier, more frequent discussions about gender (& sexuality) to help families understand the concepts of gender identity?
 - Newborn discussion
 - Early GU exams (ie imperforate hymen, clitoromegaly, other abnl) vs school age exams



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Awareness of Gender Identity

Awareness 1-3 years
Conscious physical differences between sexes

Labelling 2-4 years
Can label themselves as a girl or boy

Stability 4-6 yrs
Gender remains same over time

Constancy 6+
Is independent of external features



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Theories of Gender Development

PROS

- Scientific currency
- Possibly helpful schema that organize concepts
- Provide "toe hold" into advancing understanding
- Potential ways to provide care

CONS

- Science, theories, and study data should support not supplant

ANNUAL
REVIEWS

Annual Review of Developmental Psychology
Gender Development in Gender Diverse Children
Brennan C. Althoff, Adam E. Jordan,
and Kenneth R. Olson

Abstract
gender development, gender identity, gender diversity, transgender, LGBTQ

Keywords
gender development, gender identity, gender diversity, transgender, LGBTQ

Response to any parents' "WHY?"

A better question to ask is 'How can I help my child?'

Rather than 'why and what makes them GD?'

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Gender Play



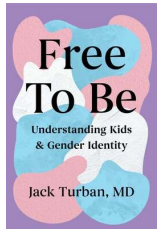
All pre-pubertal children play with gender expression & roles

- Passing *interest or trying out* gender-typical behaviors
- Interests related to other/opposite sex
- Few days, weeks, months, years

Behaviors and expression may be nonconforming, but children can still feel they are in right-gendered body

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Gender Diversity



Persistent
Consistent
Insistent

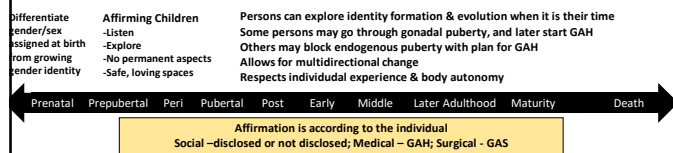
- Cross gender expression, role playing
- Wanting other gender body/parts
- Not liking one's gender & body (gender dysphoria)

Nonbinary
Diverse
Fluid

- Agender
- Nonbinary
- Refuses to ascribe to typical masculine or feminine assignments
- Can change, shift

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Gender framework- Evolving Perspectives Opportunity for Growing Knowledge, Experience, & Tolerance Developmental, Supports Diversity, Recognizes Body Autonomy, Integrates Intersectional identities, Resources, Safe spaces



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SisterSong 1997 ...

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- Use of internet
 - Disseminate myths & misinformation
 - Easier than ever to create false images/new
 - Gather groups of "like-minded" for single issue
 - Dissociated from actual people
- Media
 - Economic conflict of interest
 - Misrepresentation
 - Fact checking rules seem changed
 - Acceptance of opinion or absence of evidence as science or "real"
 - Generate hysteria
- Political/social agendas
 - Othering social agenda
 - Affecting upswing in legislation of medical care
 - Laws make EBM care illegal, reducing access to care
 - National, state government fear mongering, discrimination

Adults Bullying Children

Table 5 Qualitative themes for the impact of the proposed legislation on health care access

From: Have You Heard the News? The Effects of Exposure to News About Recent Transgender Legislation on Transgender Youth and Young Adults

Theme	Illustrative quote	Frequency
The legislation will have no impact	"I don't think they will as I am fairly cisgender."	35.2%
Increased anxiety about experiencing discrimination or harassment in health care	"There will seem to be stigma, particularly in nursing, and many medical professionals will be behind the scenes, or even downright hostile, or that they will put patients in the danger of everything along with passing up their duty and possibly your treatment."	54.8%
Reduced access to gender-affirming care	"It might be harder for me to get the care that I need such as hormones or surgery."	58.8%
Not getting or delaying care, identifying health care providers	"They will want me from coming out and being honest with medical professionals about my identity."	71.7%
Increased stigma and anxiety resulting in health care avoidance	"To make me really hesitant to go to any doctor. What do these doctors, almost every doctor, transgender identity is kind of judgement or lack of understanding. I don't want to go to school but I don't want to get into a job and have them find out my gender. I don't want to go to school or work."	54.8%
Increased fear and anxiety resulting in health care avoidance	"Having my gender listed for me in health care just makes me more scared to go to doctors about anything."	54.8%

<https://www.apa.org/topics/gbtq/mental-health-anti-transgender-legislation>

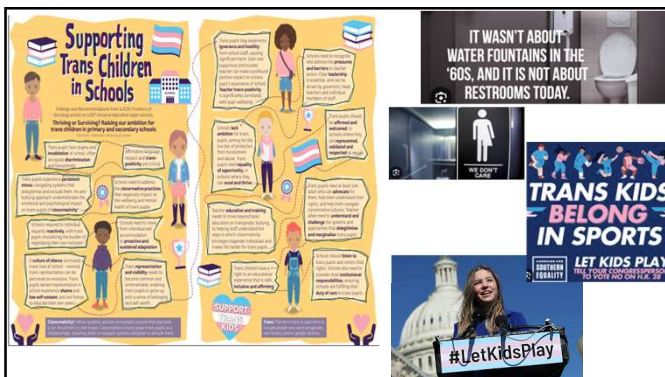
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Bullying Children

- Strategic political agendas targeting most vulnerable
- Why do people with no trans-experience consider themselves expert?
- Why do people interfere with body autonomy & human rights?
- Why are we "ok" with politicians "othering" and hating on our children, our families?

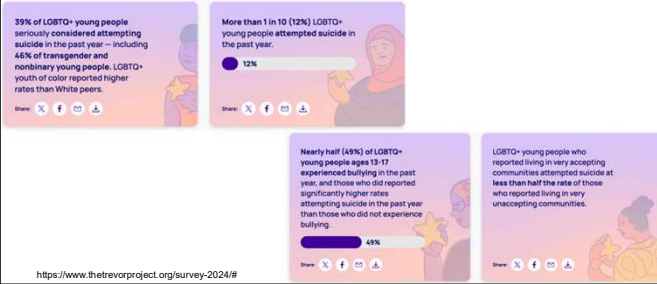


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2024 U.S. National Survey on the Mental Health of LGBTQ+ Young People



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Harms of Transphobia



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New Era In Government Sanctioned Discrimination



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A MESSAGE FOR TRANS YOUTH & THEIR FAMILIES

AS WE GRAPPLE WITH TRUMP'S CRUEL EXECUTIVE ORDER ATTEMPTING TO RESTRICT FEDERAL FUNDING FOR TRANS YOUTH HEALTHCARE:

- We love you and are here for you.
- We will never stop fighting alongside you.
- We know this attack is extremely challenging.

CAMPAIGN FOR SOUTHERN EQUALITY

TAKE A DEEP BREATH. KNOW THAT YOU'RE NOT ALONE.

These orders take time to implement – and are often halted by the courts, even when they are clearly written, which this one is not.

One thing we know for sure is that we should not comply prematurely, nor overly comply, with Executive Orders like this that are designed to sow chaos.

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GLMA IS SUING THE TRUMP ADMINISTRATION

Over Executive Order Aimed at Restricting Gender-Affirming Care for Youth

LAMBDA LEAGAL

ACLU

Transgender Law Center

GLAD LAW

Advocate for LGBTQ+ Justice, Equity, and Inclusion

Federal Judge Blocks Trump Order Targeting Medical Care for Transgender Youth

Navigating LGBTQ+ Rights During the Trump Administration

Donate Today to Protect Our Future

Challenging Trump's Executive Orders in Court

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ACLU

About ▾Issues ▾Our V

PRESS RELEASES

Feb 13, 2025

Federal Judge Blocks Order Targeting Medical Care for Transgender Youth

BALTIMORE – In a victory for transgender youth, their families, and their medical providers, a federal district court today issued a temporary restraining order blocking enforcement...

Issue Area: [LGBTQ Rights](#)

Court case: [PFLAG v. Trump](#)

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DATA

What do you mean "I have no data"



Countering the Health Disinformation Machine

Alex S. Kourghlian, M.D., M.P.H.

On the morning of August 1, 2023, a staff member of the American Institute of Medicine (AIM) Health Education Center (IHED) was informed that the IHED had been ordered to shut down its website. The IHED staff member reported this message to the organization's leaders and the security department, which notified law enforcement. There were lines on Twitter. There's a group of people on their way to handle people. They've agreed not to share their information with the public. They've

woken up enough people. And spent enough of it. And you signed your own tickets. They were, you're involved. The staff member reported this message to the organization's leaders and the security department, which notified law enforcement. There were lines on Twitter. There's a group of people on their way to handle people. They've agreed not to share their information with the public. They've

ation business from Camden, Texas, who was charged with monitoring intimate details. As the time, I hoped mostly that the IHED would be able to the IHED. The IHED staff member reported this message to the organization's leaders and the security department, which notified law enforcement. There were lines on Twitter. There's a group of people on their way to handle people. They've agreed not to share their information with the public. They've

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PubMed

transgender youth

Search

Advanced Create alert Create RSS

User Guide

Save Email Send to

Sort by: Best match


Display options

MY CUSTOM FILTERS

4,600 results

Page 1 of 460

RESULTS BY YEAR



PUBLICATION DATE

☐ 1 year

☐ 5 years

☐ 10 years

☐ Custom Range

☐ Mental Health of Transgender and Gender Diverse Youth.

Wittlin NM, Kuper LE, Olson KR. Annu Rev Clin Psychol. 2023 May 9;19:207-232. doi: 10.1146/annurev-clinpsy-072220-020326. Epub 2023 Jan 6. PMID: 36608332 Free PMC article. Review.

Transgender and gender diverse (TGD) children and adolescents are an increasingly visible yet highly stigmatized group. ...We also discuss factors that may increase and decrease TGD youth's vulnerability to psychological distress. Further, we review intervention ...

☐ Gender-Affirming Care of Transgender and Gender-Diverse Youth: Current Concepts.

Lee JY, Rosenthal SM. Annu Rev Med. 2023 Jan 27;74:107-116. doi: 10.1146/annurev-med-043021-032007. Epub 2022 Oct 19. PMID: 36260812 Free PMC article. Review.

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Understanding: What Really is Gender Affirmation?

AAP Policy Statement 2018

In a gender-affirmative care model (GACM), pediatric providers offer developmentally appropriate care that is oriented toward understanding and appreciating the youth's gender experience. A strong, nonjudgmental partnership with youth and their families can facilitate exploration of complicated emotions and gender-diverse expressions while allowing questions and concerns to be raised in a supportive environment.⁴ In a GACM, the following messages are conveyed:

- transgender identities and diverse gender expressions do not constitute a mental disorder;
- variations in gender identity and expression are normal aspects of human diversity, and binary definitions of gender do not always reflect emerging gender identities;
- gender identity evolves as an interplay of biology, development, socialization, and culture; and
- if a mental health issue exists, it most often stems from stigma and negative experiences rather than being intrinsic to the child.^{2,3,6}

AAP Board August 2023

The AAP Board of Directors voted to reaffirm the 2018 AAP policy statement on gender-affirming care and authorized development of an expanded set of guidance for pediatricians based on a systematic review of the evidence.

An updated policy statement, plus companion clinical and technical reports, will reflect data and research on gender-affirming care since the original policy was released and offer updated guidance. The board recognized the value of additional detail with five more years of experience since the 2018 policy statement was issued.

The decision to authorize a systematic review reflects the board's concerns about restrictions to access to health care with bans on gender-affirming care in more than 20 states.

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Actual Affirmation Processes

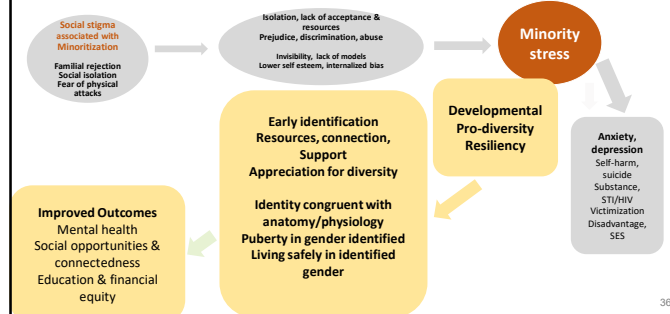
- Open accepting safe space
- Listening carefully
- Developing greater expression & understanding over time
- Supporting parents & families
- Offering menu of options for care
- Reassessing & opportunities for maturation, growth, change
- Loving a child as "is"

VS Politics & Media

- Clinics with agendas
- Children being forced, coerced
- At first visit, children undergo "sex change," "castration"
- Parents not involved, not supportive
- All pediatric gender care is irreversible, unchangeable
- Most children "change their minds" & are harmed
- A child's (family's) experience discounted

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How to Improve Outcomes: Cultural & Systemic Countering Minority Stress



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FAMILY ACCEPTANCE PROJECT
... building healthy futures for youth

Ryan CJ; 2010, 2009

Lifetime Suicide Attempts for Highly Rejected LGBT Young People
(One or more times)

N=245 LGBT Retrospective assess family accepting behaviors in response to gender & sexual minority status

Predicts improved

- Self esteem
- Social support
- General health status

Protects against

- Depression
- Substance use
- Suicidality

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TransYouth Project

NIH Patient Reported Outcome Measurement Information System

Large-scale (>150 children) longitudinal study transgender children, 25 states

(2016) 73 children, ages 3-12

Rates depression (50.1) and anxiety (54.2)

No higher than 2 control groups

Siblings & cis age- and gender-matched children

(2017) 116 TGD children, 122 controls (72 sibs), ages 6-14

Rates depression and self worth same

Slight higher anxiety

Rates depression, anxiety significantly lower than TGD children (and adults) in previous studies

Olson KR, Durwood L, DeMeules M, et al. Mental Health of Transgender Children Who Are Supported in Their Identities. *Pediatrics*. 2016;137(3):e20153223

Durwood L, McLaughlin KA, Olson KR. Mental Health and Self-Worth in Socially Transitioned Transgender Youth. *J Am Acad Child Adolesc Psych*. 2017 Feb;56(2):116-123.

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TGD Student Health... Risks & Resiliency

- Student Survey 9th and 11th graders, n=81,885
- TGD youth n=2,168 (2.7%)
- Risk behaviors significantly higher among TGD than cis
- Emotional distress, bullying significantly more common among birth-assigned females than males
- Protective factors
 - Family connectedness
 - Student-teacher relationships
 - Feel safe in community

Health Risk Behavior	TGD Youth	Cis Youth
Alcohol use	23%	17%
No condom at last sex	51%	38%
No birth control at last sex	41%	25%
Depressive symptoms	58%	21%
Self-harm past year	54%	14%
Suicidal Ideation	61%	20%
Physical bullying	25%	12%
Relational bullying	52%	32%
Prejudice-based reason: gender	35%	5%
Prejudice-based reason: gender expression	47%	15%

Eisenberg, Gower, McMorris, Rider, Shea and Coleman. *J Adolesc Health* 2017.

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Chen 2023 NEJM

TGDY research consortium effects of *initiating GAH*

- N= 315 12-20 years (16±1.9)
 - TM 190 (60.3%)
 - W 185 (58.7%)
 - Previous pubertal suppression 25 (7.9%)

Results

Appearance congruence assoc with

- *Positive affect, life satisfaction increase*
- *Depression and anxiety symptoms decrease*

Most common adverse event suicidal ideation (11 [3.5%]); death by suicide 2 participants

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INTERNATIONAL JOURNAL OF TRANSGENDER HEALTH
https://doi.org/10.1080/24890289.2023.2218837

Taylor & Francis
Taylor & Francis Group

OPEN ACCESS

Randomized-controlled trials are methodologically inappropriate in adolescent transgender healthcare

Florence Ashley^{a,*}, Diana M. Tordoff^b, Johanna Olson-Kennedy^{a,d} and Arjee J. Restar^{a,f}

ABSTRACT
Background: Despite multiple rigorous observational studies documenting the association between positive mental health outcomes and access to puberty blockers, hormone therapy, and transition-related surgeries among adolescents, some jurisdictions have banned or are attempting to ban gender-affirming medical interventions for minors due to an absence of randomized-controlled trials (RCTs) proving their mental health benefits.
Methods: This article critically reviews whether RCTs are methodologically appropriate for studying the association between adolescent gender-affirming care and mental health outcomes.
Results: The scientific value of RCTs is severely impeded when studying the impact of gender-affirming care on the mental health of trans adolescent. Gender-affirming interventions have physiologically evident effects and are highly desired by participants, giving rise to concerns over adherence, drop-out, response bias, and generalizability. Complementary and well-designed observational studies can instead be used to ground reliable recommendations for clinical practice and policymaking in adolescent trans healthcare, without the need for RCTs.
Conclusion: The lack of RCTs on the mental health impacts of gender-affirming care for trans adolescents does not entail that gender-affirming interventions are based on insufficient evidence. Given the methodological limitations of RCTs, complementary and well-designed observational studies offer more reliable scientific evidence than RCTs and should be considered of sufficient quality to guide clinical practice and policymaking.

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Affirmation Benefits

1. Early identification, support, access to care benefits >> potential risks

- Russell 2018 -using asserted name, pronoun
- Turban 2020 -access to blockers
- Chen 2023 NEJM- improved psychological health w GAH

1. Parent & family acceptance

- Ryan 2009
- Olson K 2016,2017

2. Role of professionals



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For many TGD youth
Nothing medical, surgical, or irreversible needed!

I DON'T THINK ANYONE CAN GROW UNLESS HE'S LOVED EXACTLY AS HE IS NOW. APPRECIATED FOR WHAT HE IS RATHER THAN WHAT HE WILL BE.

— Maya Angelou

What is needed:

1. Safe & accepting home
2. Unconditional love & support
3. Ability to explore, live authentically

"Even if you would never, ever in a million years stop loving your child no matter what he or she does, it's possible that little messages you send are being perceived by your little one as conditional love: 'I'll love you more if you stop doing x or start doing y.'"

— Dr. Dan

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Important Points to Remember

Response to reports of "there are no studies"

- o Yes, there will be no RCT
- o Not ethical
- o Given strength of historical & current studies

Number of studies that demonstrate benefits & positive health outcomes of

- o ignoring gender dysphoria
- o rejecting children with gender or sex minoritized identities
- o not acknowledging an individual's unique experience
- o dismissing the value of a person's authentic identity have provided benefit to youth or adults

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4th D for Pediatric Nursing

- Dedication
- Diversity, Equity, Inclusion
- Determination
- Delivering care

Doing the right thing by & for our kids!

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Pediatric Nursing Opportunities



- What is gender affirmative care? How does nursing practice support this?
- What tips & tools help me clinically provide affirmative patient/family centered care?
- What can I do as a leader & advocate in my health care system?
- Why am I an important change maker?

We recommend defining families as broadly as possible so that partners, children, and even friends who have no legal status are included in accordance with patients' wishes.



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What About Your Check In & SOGI Data?

• What is your current gender identity?

- ☐ Male
- ☐ Female
- ☐ Transgender Male/Trans Man/FTM
- ☐ Transgender Female/Trans Woman/MTF
- ☐ Gender Queer
- ☐ Additional Category (please specify)


• What sex were you assigned at birth?

- ☐ Male
- ☐ Female
- ☐ Decline to Answer

• What name do you use?

• What name is on your insurance records?

• What are your pronouns (e.g. he/him, she/her, they/them)?



Avoid these terms...	Replace with...
Mother/Father	Parent/Guardian
Husband/Wife	Spouse/Partner(s)
Marital Status	Relationship Status
Family History	Blood Relatives
Nursing Mother	Currently Nursing
Female Only/Male Only	Allow patients to choose <i>not applicable</i> .

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Diversity Affirming Materials







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Starting the Visit

- Wear your own name, pronoun badge
 - You can start the conversation by introducing yourself using your pronouns, for example, "Hi, my name is José, and I use the pronouns she/her/hers."
 - "Which pronouns do you use?"
- Ask patients & parents, name & pronoun
 - You can also say, "I ask everybody this question" or "I don't make any assumptions about the pronouns people use; which pronouns would you like me to use for you?"
 - For younger patients, you might say something like, "Do you want others to use words like 'she' when they are talking about you? Or words like 'he'? Or 'they'? Or something else?"

Do's and don'ts of pronoun use

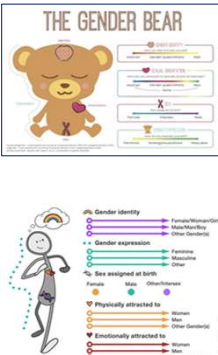
- Do ask others for their name and pronouns, and use the correct pronouns each time you refer to them.
- Don't make assumptions about the pronouns a person uses.
- Do try to ask for a youth's pronouns during a time when their parents/caregivers are not in the room. This will give them an opportunity to disclose this information, even if they haven't told their guardians.
- Don't reveal someone's gender identity and affirmed pronouns in front of others without their permission. This also applies to someone's sexual orientation and relationship status.

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Talking about gender does not have to be "scary"

All children (all people!) wellness discussion
 Developmental stages
 Opportunity improving child/family communication & support
 Teaches, models pro-diversity


Diverse or nonconforming gender expression
 Concerns/problems with
 Mood, behavior, social



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Respect Growing Maturity & Understanding

- Privacy, confidentiality
 - Safe space
 - Understand importance of this privilege
 - Safety, health, wellbeing shared focus
- Pause- leave time & space for response
- Opening a door to discuss sensitive topics



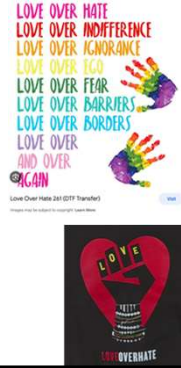
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Confidence that TGD Care is Safe, Effective, Life Saving

Discrimination & hate → minority stress

Gender Affirmative Care

- Being authentic healthier than hiding, invisibility, rejection
- Resources → resilience & positive health outcomes
- Physical & psychosocial safety in being “read” appropriately & not mis-gendered



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To Affirm or Not Affirm, There is No Question

Reconfirmed over time....

Olson KR 2016, deVries AL 2014, Steensma TD 2013, deVries AL 2012, Spack NP 2012, deVries AL 2011, Steensma TD 2011, Steensma TD 2013, Malpas J 2011, Teurk CM 2012, Bussey K 2011, DeVries 2010, Wallien MS 2008, Drummon 2008, Zucker 2005, Green 1987, Davenport 1986

- Olsen 2016,17
 - TG DY supported early social affirmation depression=peers, lower anxiety rates
- Russell 2018
 - Benefit using asserted name, pronoun
- Turban 2020
 - Long term protective benefits want & have access to blockers for suicidal ideation
- Chen 2023
 - GAH benefits



Social Gender Affirmation

- Preferred Name
- Preferred Pronoun



Psychological Gender Affirmation

- Felt Gender is Respected and Validated
- Resist Internalized Stigma and Transphobia



Medical Gender Affirmation

- Pubertal Blockers
- Hormone Therapy
- Gender Confirmation Surgery



Legal Gender Affirmation

- Legal Name Change
- Legal Gender Marker Change

DATES



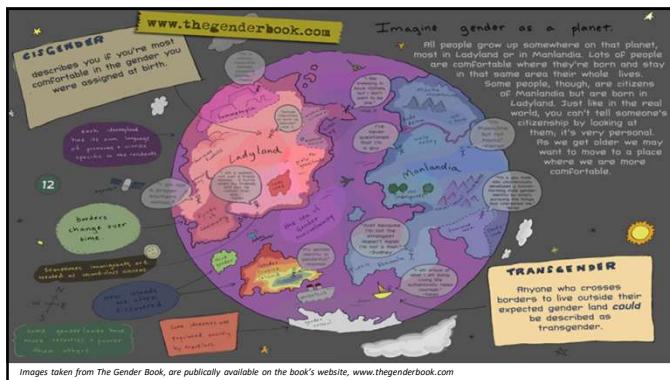
Opportunities to be a role model, every day
Every interaction with patients, work, family, community

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Conclusions & To Do's

1. TGD kids are out there and they/families want need support & resources
2. Affirmative is medicine 101 = listen to & respect patient
3. Youth with resources "do" better
4. Supported & supportive families "do" better
5. We can "do" better by them using a developmental approach
6. Conversations, curiosity, communication across the pediatric lifespan (as well as adults!) is pro-active, models pro-diversity

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*Being different
is one of the
most BEAUTIFUL
things on earth.*
EMBRACE YOUR "DIFFERENT"



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