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# **Welcome to UVM Project ECHO: Transgender Care in the Medical Home**

Facilitators: Kathy Mariani, MD  
Liz Cote

## **Caring for Gender Dysphoric Youth and their Families: The Transgender Youth Program at UVMHC**

### **Presenters:**

**Erica J. Gibson, MD**, Adolescent Medicine  
Pronouns: She/Her  
University of Vermont Children's Hospital  
Adolescent Medicine Clinic

**Theresa Emery, MSW**  
University of Vermont Medical Center

# Agenda

- Introduction
- Session objectives
- Didactic presentation (20-25 min) and discussion
- Case presentation
  - Clarifying questions
    - Participants – then program faculty
- Discussion and recommendations
  - Participants – then program faculty
- Session summary
- Closing announcements
  - Submission of new cases
  - Completion of evaluations



# Objectives

- Participants will learn about the referral process and care model for the UVM Transgender Youth Clinic.
- Participants will gain clinical knowledge about a variety of presentations and approaches to transgender youth.
- Participants will develop competence and confidence working with transgender youth and their families by collaborating and working together with Transgender Youth Clinic model.





### Transgender Youth Program

Phone 802-847-3811

Fax 802-847-5364

111 Colchester Avenue  
Main Campus  
Burlington, Vermont 05401

[View Map & Directions](#)

[View Virtual Tour](#)

#### Hours

Monday 8:00 AM - 5:00 PM  
Tuesday 8:00 AM - 5:00 PM  
Wednesday 8:00 AM - 5:00 PM  
Thursday 8:00 AM - 5:00 PM  
Friday 8:00 AM - 5:00 PM

### Learn

- ▶▶ [Medical and Other Transition Options for Transgender People](#)
- ▶▶ [Gender Identity and Transgender Issues](#)
- ▶▶ [Common Questions About Sexual Orientation](#)

[More...](#)

Overview

Doctors & Specialists

▶▶ [Transgender Resources](#)

### From Our Blog



[UVM Children's Hospital Transgender Youth Program Stands in Support With Patients, Families & Community](#)



# Launched in September, 2016

- Physician and Chief Resident
- Provided care with 12 families



# Multidisciplinary approach

- Physician
  - Erica Gibson, MD and Jamie Mehringer, MD
- Nurse coordinator
  - Candy Bedard, RN
- Social worker
  - Theresa Emery, MSW
- Psychologist
  - Kimberlee Roy, PhD and Marlene Maron, PhD
- Patient/family advisors:
  - Transgender Youth Program Advisory Council ('TYPAC')



# Growth

- 65 community providers
- 134 families across Vermont and Northern New York
- 5 years of age to late teens



# Clinic Structure

- Two half days/month (with supplemental clinics added in).
- Initial visits – 60 minutes
- ROV – 30 minutes
- Have the opportunity to meet with each member of the team to address needs
- Offer education, family support, school support, medical interventions, legal transitions (name and gender marker change)
- Every TYP patient must be connected to a mental health provider in the community
- Medical interventions include: Puberty Blockers, Gender Affirming Hormones, referrals for surgery and outside services





## **Five year old trans girl comes in with both parents, has fully socially transitioned. Family is very supportive, just want to know what happens next:**

- Education about future available options, referral to community supports such as the Gender Creative Kids Group at Outright.
- Family continues to support social transition.
- May choose to return when child is closer to puberty.
- Discussion about trans-friendly mental health providers in the area in case needed in future for care or letters of support.



## **6 year old trans boy. Divorced parents, mother is supportive of gender identity; dad is not. Parents both attend first meeting.**

- Parents meet with psychologist and/or social worker first
- Discuss how parents can support their child
- Education for dad of what this might mean
- Significant parental conflict; recommendation for family mediation/therapy to support child
- Family to return when ready and continue to reach out for support



## Suggested Reading

- Brill, S. and Pepper, R. *The Transgender Child: A Handbook for Families and Professionals*, 2008. San Francisco: Cleis Press.
- Ehrensaft, Diane, *Gender Born, Gender Made: Raising Healthy Gender-Nonconforming Children*, 2011. New York: The Experiment
- Gay-Straight Alliance Network, Transgender Law Center, National Center for Lesbian Rights. *Beyond the Binary: A Tool Kit for Gender Identity Activism in Schools*. 2004. San Francisco: Gay-Straight Alliance Network.
- Kuklin, Susan, *Beyond Magenta, Transgender Teens Speak Out*, 2014. Somerville: Candlewick Press.
- Krieger, Irwin, *Helping your Transgender Teen: A Guide for Parents*, 2011. New Haven: Genderwise Press.
- Teich, Nicholas, *Transgender 101: A Simple Guide to a Complex Issue*, 2012. New York: Columbia University Press.
- Amy Ellis Nutt, *Becoming Nicole: The Transformation of an American Family*, 2016
- Laura Erickson-Schroth, *Trans Bodies, Trans Selves, a Resource for Transgender Community*, 2014, Oxford University Press
- Mary Boenke, *Trans Forming Families: Real Stories About Transgendered Loved Ones* (2nd edition, expanded)- Editor; Foreword by Arlene Ishtar Lev; Introduction by Jessica Xavier
- Stephanie Brill, *The Transgender Teen, A Handbook for Parents and Professionals Supporting Transgender and Non-Binary Teens*, September 2016
- Harrington, Lee, *Traversing Gender: Understanding Transgender Realities*, June 2016
- Ehrensaft, Diane, *The Gender Creative Child: Pathway for nurturing and supporting children who live outside gender boxes*, April 2016

### For Providers

- Endocrine Society. *Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline*, JCEM September 2017.
- World Professional Association for Transgender Health (WPATH)
- Beyond Bathrooms - Meeting the Health Needs of Transgender People - *The New England Journal of Medicine*
- AACAP's 2012 Practice Parameters
- Center for Excellence for Transgender Health

## Suggested Websites and Resources

- Trans Youth Family Allies (TYFA)
- Parents, Families & Friends of Lesbians & Gays (PFLAG)
- Gender Spectrum Education & Training
- Gay, Lesbian, & Straight Education Network(GLSEN)
- Gay and Lesbian Medical Association(GLMA)
- Family Acceptance Project: for GLBT, diverse families at risk for suicide, DV, MH issues, homelessness
- The Trevor Project: suicide prevention for sexual and gender minority youth
- Trans Youth Equality Foundation (TYEF) : support, resources and networking services, based in Portland, ME
- Children's National Hospital Gender and Sexuality Psychosocial Programs, under the direction of Dr. Edgardo Menvielle, Washington DC (search: Gender); email: [gender@childrensnational.org](mailto:gender@childrensnational.org)
- Schools in Transition: A Guide for Supporting Transgender Students in K-12 Schools

## Vermont Resources

### Outright Vermont

241 N Winooski Ave, Burlington, VT 05401  
802-965-9677

### Pride Center of Vermont

255 S. Champlain Street, Suite 12, Burlington, VT 05401  
802-860-7812

### Vermont Diversity Health Project

255 S. Champlain Street, Suite 12, Burlington, VT 05401  
802-860-7812

## New York Resources

[Adirondack North Country Gender Alliance](#)



The University of Vermont

LARNER COLLEGE OF MEDICINE  
OFFICE OF PRIMARY CARE & AHEC PROGRAM



**10 year old self identified trans boy. Has started to have some breast budding. Parents aren't sure about gender identity, note that their child has never been particularly feminine.**

- Referral to therapist for child and family in the community
- Review options of puberty blockers
  - Can only start this after confirmation of puberty starting with lab work and physical exam. Also require consent from both parents and a letter of support from a gender knowledgeable therapist.
- Family decides to start blockers, with option of stopping if child wishes to go through natal puberty
  - \*Discussions about fertility particularly important and difficult at this age



# Key Elements of a Letter of Support

- Description of therapeutic relationship with youth
- Therapist description of background and education working with transgender youth
- Documentation of diagnosis of gender dysphoria
- Readiness to begin medical intervention and description of conversations had regarding this.



Name:

MR#:

DOB:

**TREATMENT CONSENT (ONE TIME) BLOCKERS**

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# Sample Consent Form

<p>The procedure/treatment recommended to treat or provide a diagnosis of me or my child is:</p>	<p>Treatment with a gonadotropin releasing hormone (GnRH) agonist such as leuprolide, triptorelin or histrelin as a means to block puberty</p>
<p>The procedure/treatment will be done or supervised by [clinician name(s)]:</p>	<p>The treatment will be supervised by an adolescent medicine specialist at the University of Vermont Children's Hospital, Dr. Injectable GnRH analogue (leuprolide/triptorelin) is most frequently used and can be administered at PCP's office. If an implantable GnRh analogue (Histrelin) is used, it would be implanted by other doctors, sometimes outside UVM Children's Hospital.</p>
<p>The reasons for the procedure/treatment that have been discussed with me are:</p>	<p>Puberty blockers are used to halt puberty that would otherwise naturally occur along the lines of a person's natal sex. Puberty blockers are used as part of a gender transition process, in order to buy time for the child to further explore their gender identity and work on the associated issues in treatment.</p>
<p>The benefits of the procedure/treatment that have been discussed with me are:</p>	<p>While being treated with a puberty blocker, the body changes associated with natural puberty will not occur or progress. For natal males, pubertal changes that would not occur or progress while on treatment include development of body hair and facial hair, deepening of the voice, broadening of the shoulders, masculinization of the face, increased muscle mass, pubertal growth spurt, and maturation of the testicles which causes the development of sperm. For natal females, pubertal changes that would not occur or progress while on treatment include development of breasts, widening of the hips, pubertal growth spurt, and development of the ovaries and uterus which causes menstruation.</p> <p>If puberty blockers are discontinued in the future, the body would then continue to mature and puberty changes would occur. It would be expected, for example, for the development of sperm to occur in a biologic male after discontinuation, and menstruation to occur in a biologic female after discontinuation, and therefore, we would not expect puberty blockers to specifically impact long-term fertility.</p> <p>The Endocrine Society recommends treatment with puberty blockers in carefully selected patients with persisting gender dysphoria.</p>
<p>The risks of the procedure/treatment that have been discussed with me are:</p>	<p>Many of the risks of treatment, are the same as the benefits. While being treated with a puberty blocker, pubertal changes would not occur or progress. While this is the goal of therapy, it is also contrary to what the body would normally do without treatment. In addition, puberty is a time when bones get much stronger. While on puberty blockers, this increased strengthening of bones may not occur to the same extent if puberty blockers were not used. However, we know from studies of children with early puberty on the same type of pubertal blockade that once blockers are discontinued, bone density increases on par with others who have not been on blockade. However, there have not been studies examining whether there are long-term consequences such as higher rates of osteoporosis in adults who have used this protocol specifically for gender transitioning.</p>
<p>Alternatives (other options) to this procedure that have been discussed with me (and their risks and benefits) are:</p>	<p>The alternative is to decide against using puberty blocking medication, in which case we would expect puberty to continue naturally along the lines of the person's natal sex.</p>



**12 year old nonbinary youth. Uncertain about wanting to move forward with gender affirming hormones in the future or natal puberty, but wants more time to decide. Parents are not supportive of child making “permanent changes.”**

- Referral to therapist in the community
- Discuss option of puberty blockers to provide more time for exploration for the youth and more time for education for the parents
- Caution family that puberty blockers can not be an indefinite intervention, but can provide some additional time



**14 year old trans female. Does not want to engage in therapy but is adamant about starting gender affirming hormones. Reports significant depression and anxiety. Has purchased estrogen from the internet to begin using. In DCF custody.**

- Explain requirement for a letter of support. Will have TYP psychologist meet with patient to determine if patient can move forward with gender affirming hormones while getting connected to a therapist for mental health needs.
- We focus on a harm reduction model to meet this patient's needs and reduce the risks associated with purchasing estrogen from unknown sources.
- DCF would have to provide consent.





**16 year old trans male. Has been receiving services out of state and family moved to VT for work. Is very interested in pursuing top surgery. Family is very supportive.**

- Review and assess past medical interventions
- Assess readiness for top surgery
- Connect to local resources
- Educate family on insurance coverage for top surgery
- If ready for top surgery, refer to surgeons



# CME Disclosures

University of Vermont (UVM) Office of Continuing Medical and Interprofessional Education (CMIE) is approved as a provider of Continuing Medical Education (CME) by the ACCME. UVM designates this educational activity for a maximum of 1.0 AMA PRA Category 1 Credits. Participants should claim only the credit commensurate with the extent of their participation in the activity.

## Interest Disclosures:

- As an organization accredited by the ACCME to sponsor continuing medical education activities, UVMCMIE is required to disclose any real or apparent conflicts of interest (COI) that any speakers may have related to the content of their presentations.



# Cases/HIPAA

- Names
- Address
- DOB
- Phone/Fax #
- Email address
- Social Security #
- Medical Record #



The discussion and materials included in this conference are confidential and privileged pursuant to 26VSA Section 1441-1443. This material is intended for use in improving patient care. It is privileged and strictly confidential and is to be used only for the evaluation and improvement of patient care.



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# Conclusion

- Volunteers to present cases (this is key to the Project ECHO model)
  - Use the case template form posted at [www.vtaheec.org](http://www.vtaheec.org)
  - Return completed case forms to [ahec@uvm.edu](mailto:ahec@uvm.edu)
- Please complete evaluation survey after each session
- Claim your CME at [www.highmarksce.com/uvmmed](http://www.highmarksce.com/uvmmed)
- Please contact us with any questions, concerns, or suggestions
  - [Katherine.Mariani@uvmhealth.org](mailto:Katherine.Mariani@uvmhealth.org)
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