The Meta-therapy of Gender Affirming Healthcare Visits

About and Disclosures:

- QueerAF
- Femme (in a nonbinary fashion)
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- Founder & CEO, QueerDoc
- No other disclosures or funding sources besides my private practice

Healthcare that ignores social justice is malpractice

- We are on unceded tribal lands
- Medicalization of normal variance in human beings can pathologize and traumatize people
- Healthcare providers and patients exist within an inherent power dynamic and some providers abuse that power
- Healthcare is a system. Systems oppress people of color, people with ovaries, people with disabilities, people with neurodiversity, people with lower SES, people of larger size, and people with LGBTQ+ identities
    - Intersectionality amplifies oppression

Objectives

1. Name 3 key components of a culturally humble provider.
2. List 2 techniques for creating a more affirming medical visit.
3. Define meta-therapy.

Agenda

Didactic (45-60 minutes)

- Cultural humility
- Affirming practices
- Meta-therapy

Workshop (30-45 minutes)

Cultural Humility

What is cultural humility?

"A lifelong commitment to self-evaluation and critique, to redressing the power imbalances in the physician-patient dynamic, and to developing mutually beneficial and non-paternalistic partnerships with communities on behalf of individuals and defined populations."

Key attributes of a culturally humble clinician

- Openness
- Self-awareness
- Egoless
- Self-reflection
- Critique

Key attributes of a culturally humble clinician

- Openness- willing to explore new ideas
- Self-awareness- being aware of one's strengths, limitations, values, beliefs, behavior, and appearance to others
- Egoless- being humble; one must enact a belief system of equal human rights and flatten any hierarchy or power differential
- Self-reflection and Critique- critical process of reflecting on one's thoughts, feelings, and actions

Affirming Practices

Gender affirming care should be incorporated into EVERY practice and EVERY visit like trauma-informed care and standard precautions

Creating an affirming practice overview

- Website
- Social Media
- Lobby/waiting area
- Bathrooms
- Intake paperwork
- EHR
- **Scripting for all staff**

Creating an affirming practice recommended lectures

- Creating an Inclusive and Welcoming Environment
- Gender Affirmative Health Care
- Addressing Unconscious and Implicit Bias
- Healthcare Experiences of Transgender and Gender Non-binary People of Color Panel

Creating an affirming practice-clinician-patient interaction

Language and communities are ever evolving.

“It is more important to be understanding than to fully understand transgender terminology.”

Trans Language Primer

Meta-therapy

Meta-therapy defined:

Specific wording and phrasing used to create an effective and efficient therapeutic dialogue.

Experienced clinicians often develop similar language.

This can be taught and than modified to suit personal practice styles.

Meta-therapy: Introduction

“You can call me Dr. Beal, Dr. Crystal, or Crystal. I use they/them pronouns. What would you like me to call you?”

“What are your pronouns?”

“I am your JOB ROLE today. I have you on my schedule for APPOINTMENT TYPE. Does that sound right to you?”

Question 1

How do you feel when a patient addresses you by your first name?

A. Surprised
B. Offended
C. Worried about boundaries
D. Comfortable

Meta-therapy: Introduction

Set the agenda: “Great. We have X time together today. We will go over X during that time. Is that okay with you?”

“Is there anything else you would like to make sure I don’t miss today?”

Empower patients: “I want you to know I think consent is an essential part of medical care, so if I ask you any questions you don’t want to answer you can just say so.”

Question 2

How do you feel if a patient declines to answer history questions?

A. Surprised
B. Concerned
C. Out of control
D. Comfortable

Meta-therapy: Gender Care HPI

“I know not everyone’s gender can fit inside of a label, but let’s start with what you call your gender when you have to label it.”

“When did you first notice your gender was different than what you had been told?”

“When did you first find the language to describe your gender?”

Meta-therapy: Gender Care HPI

“What are your goals for your gender care?”

“Do you want to change your body as much as possible with medical treatments?”

“What do you want to keep about your body now and what do you want to change about it?”

	I want this	I don't want this	I am not sure about this
Change in hairline, loss of hair from the corners of the forehead			
Less head hair loss, fuller hairline			
Thicker, darker facial hair			
Thinner, less coarse facial hair			
Heavier brow bone			
Thicker jaw bone			
More square face			
More round or heart shaped face			
Lower voice			
Higher voice			
Adam's apple			
Smooth neck silhouette			
Broader shoulders			
Narrower shoulders			
Larger muscles			
Smaller muscles			
Fuller chest/breasts			
Flatter chest/breasts			
Fuller, curvier hips			

More narrow, straighter hips			
Larger external genitals			
Smaller external genitals			
More or maintained genital erections			
Less genital erections			
Thicker, darker body hair			
Less dense, less coarse body hair			
Softer skin			
Oiler skin			
More complex emotions, more ability to engage with a broader emotional experience			
More simple emotions, less emotional complexity. Potentially less tearful.			
More interest in sex			
Less interest in sex			
More energetic			

Meta-therapy: Gender Care HPI

“Not everyone experiences dysphoria the same, but if there are specific parts of your body that cause you discomfort or distress, it helps me make better medical recommendations if I know about those.”

“Are there any specific gender care treatments you are interested in?”

“Are there any specific side effects you are worried about?”

Meta-therapy: Gender Care HPI

“Is it okay if we talk about your genitals?”

“Is there specific language you want me to use for this conversation?”

“Do you have any bottom dysphoria?”

“Can we talk about your sexual health?”

“How do you want to have sex with others?”

“What do you want to go where when you have sex with someone else?”

“What do you want to be able to do with your genitals when you have sex with yourself?”

“What’s your interest in having children with your own genetic material?”

Meta-therapy: Asking About Anatomy

“For preventive healthcare, like cancer screenings, it is important for us to keep track of your reproductive organs. Is their specific language you like to use for them?”

*Using an organ inventory pre-visit or now can help.

Organ Inventory

Different body parts and organs have different medical needs. This checklist will help us take better care of you medically. It will also help us use language you find affirming. Please let us know if you have any questions.

Organ/Body Part*	Born with this:	Now have:	Approximate surgery date:	Words you would like us to use:
Breasts				
Ovaries				
Uterus				
Vagina				
Penis				
Testicles				
Scrotum				
Prostate				
Gallbladder				
Appendix				
Tonsils				
Other				

Do you know or suspect that you may have a difference in sex development (or intersex) condition?	
Is there anything else you would like to share with us about your body?	

Meta-therapy: Assessment and Plan

“Based on the goals of X,Y, and Z, you mentioned possible treatment options include..., let’s go over the risk and benefits of each of these and see which sounds more interesting to you.”

Meta-therapy: For When You Mess Up

"I heard that I just got your name *(or pronouns)* wrong, I will pay more attention to that moving forward."

- Tell yourself a story of your interaction with that patient out loud in your office afterwards

Question 3

What reasons might we want to avoid apologizing when we misgender or deadname someone?

A. To avoid putting the onerous of responsibility of the patient
B. To improve our therapeutic relationship with the patient
C. To take responsibility for our actions
D. All of the above

Workshop

Workshop Prompts

- Did you notice any gendered terminology in the meta-therapy (for example- masculine or feminine)?
  - Why might we want to avoid these terms in a clinical encounter?
  - How might you respond if a patient uses these terms?
- How do you feel when patients call you by your first name?
  - Why might it be important for some patients not use your title?
  - What component of cultural humility is represented here?
- How many times do you ask for explicit consent from patients before asking history questions in your regular practice?

Workshop Prompts

- What are some reasons it might be particularly important to empower marginalized patients to decline questions from a clinician?
- What specific meta-therapy examples incorporate the goals of cultural humility:
    - redressing the power imbalances in the physician-patient dynamic
    - developing mutually beneficial and non-paternalistic partnerships
- What reasons might we want to avoid apologizing when we misgender or deadname someone?

Want the handouts?

- My examples are my intellectual property and behind a paywall at QueerCME.com
  - they are not peer-reviewed or validated
- Free Versions:
  - Organ Inventory
  - Goals Yes/No/Maybe:
    - QueerDoc.com Video Ask Tool
    - Journal Article (no table, but reviews the concepts)

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