

# A Neurodivergent and transgender friendly clinic

WHAT DOES THAT LOOK LIKE?



# Barriers to care for transgender and neurodivergent patients

- ▶ Access to care; health insurance, cost, making an appointment, getting there physically, communication barriers, sensory overload, concurrent medical conditions, wheelchair access
- ▶ Quality care (has your doctor had training in transgender healthcare/neurodiversity awareness?)
- ▶ Discrimination, prejudice, bias, microaggressions
- ▶ Fear of disclosing a diagnosis to the physician
- ▶ Need for self-advocacy; constantly having to educate people about neurodiversity, autism, transgender; "if you met one you don't know anything", as all are different. Asking for your rights and the ability to bring support people, selfcare routine before and after the visit.
- ▶ 14th amendment; right of protection; trans discrimination is sex discrimination.



**Intersectionality theory** maintains that it is imperative to consider and explicate the unique experiences associated with marginalization and privilege on the basis of multiple markers of social categories and identities, such as race and gender (Crenshaw, 1991; Hill Collins, 1990). Experiencing these intersecting forms of oppression can contribute to disproportionately higher rates of negative mental health outcomes within multiply marginalized communities (Rosenthal, 2016).

**Minority stress theory** asserts that people who are members of one or more marginalized groups experience psychological distress due to chronic, prolonged exposure to oppression.

Farquhar-Leicester, A. L., Tebbe, E., & Scheel, M. (2022). The intersection of transgender and gender-diverse identity and neurodiversity among college students: An exploration of minority stress. *Psychology of Sexual Orientation and Gender Diversity*

**Crip theory** a strand of critical cultural analysis that, alongside 'queer perspectives and practices', has 'been deployed to resist the contemporary spectacle of able-bodied heteronormativity', as Robert McCruer (Crip Theory: Cultural Signs of Queerness and Disability, 2006) puts it. The term 'crip' emerged in disability movements, as an adaptation and reworking of the derogatory word 'cripple'; as McCruer states, the term's 'positive valences are...multiple'. Crip theory and practice entails sustained forms of coming out, and the recognition that another, more accessible world is possible in which disability is no longer the raw material against which imagined and sometimes liberationist worlds are formed. Crip theory has its own radical and critical agenda, draws much upon personalized narratives, and has generated illuminating readings of films and other popular cultural forms.



# Before the appointment

- ▶ The patient tries to find a physician/other healthcare professional who is competent and will make a good fit; online search, ask friends and family (word of mouth).
- ▶ Schedule an appointment; requires an initial phone call (or the patient can fill in a request for information online and we can call the patient) to allow access to a patient portal/forms, discuss health insurance or cash pay prices
- ▶ Registration forms can be filled in online; they should ask for a person's name, legal name, pronouns and access needs
- ▶ Ask patients how you can help make the visit more comfortable and how to help ease anxiety.
- ▶ Patients may prefer an early or late appointment when it is quieter.



# Filling in registration forms and intake forms

- ▶ Most people prefer to do this online at home. Others at the office with the help of a Medical Assistant.
- ▶ Ask for "**access needs**" on your registration forms; these are accommodations a person needs to be able to communicate, learn from and take part in the medical visit. Sensory accommodations (bright or dim lighting), ramps for mobility devices, a sign language interpreter, or a request to bring a support person to help advocate, or a service dog.
- ▶ Ask for a safety plan; some patients have one; to let people know where they are going, or have someone they trust call during the appointment to check in on how things are going, regarding travel to the appointment and back home. Sometimes to tell you they would like to be seen separate from the person they are bringing with them.





## At the office

- ▶ At check-in; read the registration form; ask for name and pronouns
- ▶ Ask for access needs or clarify access needs on the registration; for example
- ▶ sensory accommodations; turning the light down, noise cancelling headphones, a blanket
- ▶ a stress ball or fidget toy during blood draws
- ▶ having a support person or service animal present



# During the intake by the medical assistant

- ▶ Ask for consent to take vital signs, weight, bp is often high at first
- ▶ Intake by the medical assistant; medication list, vaccination list, allergies, family, medical, surgical history, problem list, and a PhQ9/ Beck Inventory; depression/anxiety.
- ▶ Patient can fill in their medical history online and may disclose gender/sex spectrum and other sensitive information as mental health conditions, history of sexual abuse/domestic violence, substance use,
- ▶ At our clinic patients have their blood taken (anticipated) at the clinic by our long time medical assistants. After the patient gives consent and discussing previous negative experiences (laying a person on flat on the bed, hydrate first, juice/crackers/vomit basin/wash cloth ready, holding a hand if desired), labs are drawn.



# Disclose or Not

- ▶ Some patients do not want to disclose to their doctor that they are autistic/trans
- ▶ Do not withhold gender affirming hormones because someone is autistic!
- ▶ Understand the intersection and common co-occurrence with ADHD/autism.
- ▶ Respect transgender autistic people's wellness and resilience, and acknowledge the pathologization and stigmatization they face\*.
- ▶ Some patients do not want you to document Autism in the Assessment/Diagnosis part of the medical record, and neither Gender Dysphoria. Ask first.

\*Finn V. Gratton, John F. Strang, Minneh Song, Kate Cooper, Aimilia Kallitsounaki, Meng-Chuan Lai, Wenn Lawson, Anna I.R. van der Miesen, and Harriette E. Wimms. The Intersection of Autism and Transgender and Nonbinary Identities: Community and Academic Dialogue on Research and Advocacy. *Autism in Adulthood*. Jun 2023.112-124.



# Doctors visit

- Consider avoiding small talk, just say "hello".
- Eye contact; **Minimize gesture, eye contact and use an even tone and volume when speaking**
- Covid mask-okay-many still wear them
- Some patients don't talk. Manual language (Ipad, Iphone), sign with support person who verbalizes, sometimes a support person (often a parent or loved one) knows what needs to be discussed, or a person can nod or thumbs up/down.
- Double empathy; having a neurodivergent doctor makes it easier to understand each other
- Use choice questions (yes/no), give information in small amounts, avoid open questions
- Discuss special interests
- Use written/visual resources
- After "just" providing gender affirming hormone therapy, you are not done



# Besides Gender affirming hormone therapy

- ▶ Safety plan; Is your relationship safe? When living with family; is it safe? Sex work; with consent? Online vs other? Sexual relations? How, via apps? Where do you meet? Do you practice safe sex? Any history of sexual assault? (patients are afraid to go to the police or the ER; we are the first to hear about this). STD screening, PrEP, PEP, (emergency) contraception, or abortion services if allowed.
- ▶ Sex ed for neurodivergent transgender teens, Harm Reduction; Narcan/ fentanyl tests at the office
- ▶ Support system; who? Local? Relationship with parents and siblings/blood family? Does the patient leave the home/do they work from home? Can they keep a job and support themselves? Loneliness? How did they get here today and where are they going after the visit? Homeless?
- ▶ Therapist; does the patient see a therapist/desire one? An LGBTQ+/neurodivergent friendly therapist is a unicorn. Will the therapist reach out to us if necessary (release on file?)
- ▶ PhQ9/Beck scale at every visit; address depression/anxiety; this seriously helps people wanting to talk about their struggles and we can address it, refer to counseling and start medications if not already seeing a pcp/ psychiatrist. We provide psychiatric medications for over half of our transgender patients (including ketamine).
- ▶ common mental conditions that co-occur in transgender people are ADHD/Autism/PTSD/trauma/OCD/Anxiety/Depression/Eating disorders/Sexual abuse/Domestic violence/Substance use/Bipolar disorder/Personality disorders/DID and plurality
- ▶ So many struggle with life events as death/suicide of a close family member or loved one, coming of age, financial distress/no insurance, lack of support, lack of basic needs, homelessness.



# Besides gender affirming hormone therapy

- ▶ Preventive care; physicals, vaccinations, pap smears, mammogram, colonoscopies, dental care, diet and exercise, vit D3, calcium
- ▶ Mental health care; screening for depression, anxiety, referral to therapy and psychiatry if they can afford it otherwise you may be it
- ▶ Regular follow up; q 3-6 months or sooner, in office or telehealth or as needed
- ▶ Help your patient find vetted gender affirming surgeons, discuss the process of surgery, insurance, refer to gender affirming therapist for letter(s), consider doing postop care for patients who travel out of state. Autism should not be a reason to deny gender affirming surgery or letters.
- ▶ Help with name/gender marker changes; know your state's process and help your patient navigate this as they can't afford a lawyer. Autism is not a reason to deny name and gender marker change.
- ▶ Help give other local resources as information about voice therapy, safe places for hair removal (we offer electrolysis), and peer support groups (live/online).



# Pelvic Exam; gynecology/urology

- ▶ No exam during the first appointment unless desired
- ▶ Ask if there is a history of trauma/sexual abuse or assault, negative experiences with pelvic exams, specific complaints with the patient clothed
- ▶ Discuss everything about the process, answer questions, explain why you recommend what with the patient clothed
- ▶ Discuss consent process before and during the entire exam; that the patient may ask you to stop anytime. If no consent for exam given consider self swab/self pap (HPV test) with possible ultrasound for internal pelvic organs
- ▶ Patient can bring support person, or ask to be medicated (needs a ride), headphones/music/fidget toy/stress ball
- ▶ Always have a chaperone/appropriate size gowns and cover up sheets
- ▶ STD screening does not require a pelvic exam
- ▶ Document if patient declines cervical screening



# After the appointment

- ▶ Schedule a follow up visit for next time with plenty of reminders
- ▶ Offer Telehealth visits
- ▶ Have the same doctor at each visit (who is neurodivergent)
- ▶ Ensure gender neutral bathrooms are available
- ▶ Demonstrate LGBTQ and autism awareness at the clinic
- ▶ Quiet waiting area, or wait in an exam room with lights down, window open if desired.
- ▶ Use preferences for remote communication; using email rather than phone calls (our patient portal; patients can read result notes about their results and see their lab tests, schedule appointments, receive reminders and send patient messages directly to physician or medical assistants.