

# National Center of Excellence for Eating Disorders and Center of Excellence on LGBTQ+ Behavioral Health Equity

## Panel Discussion on Disordered Eating Within Transgender Populations Webinar Transcript

March 22, 2022

1

Sarah Warner (she/her): Hi everyone, Thank you so much for joining us today we're going to give folks a couple minutes to get logged in and connected to audio.

2

00:00:49.050 --> 00:00:57.420

Sarah Warner (she/her): In the meantime if you could please use the chat to introduce yourselves we'd love to hear your name your pronouns your organization and where you're calling in from.

3

00:00:58.830 --> 00:01:10.320

Sarah Warner (she/her): And when you're using the chat please make sure the two line is set to everyone so we can all see your message so once again thank you so much for joining us today we're gonna get started in just about one or two minutes.

4

00:01:56.640 --> 00:02:03.330

Sarah Warner (she/her): hi everyone Thank you so much for those of you who are putting your name pronouns and organization in the chat.

5

00:02:04.770 --> 00:02:09.750

Sarah Warner (she/her): it's great to hear from you Thank you so much for joining us if you not if you've not done so already Please go ahead and.

6

00:02:10.140 --> 00:02:20.310

Sarah Warner (she/her): and put your name pronouns your organization and where you're joining us from in the chat and make sure the two line is set to everyone so that everyone who's joined us today can see your message.

7

00:02:22.680 --> 00:02:26.100

Sarah Warner (she/her): we're going to give folks one more minute to get logged on and we're going to get started.

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00:03:21.450 --> 00:03:22.290

Sarah Warner (she/her): Hello everyone.

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00:03:24.120 --> 00:03:25.800

Sarah Warner (she/her): Thank you so much for joining us today.

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00:03:27.750 --> 00:03:33.180

Sarah Warner (she/her): Today we have a panel discussion on disordered eating with within transgender populations.

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00:03:34.590 --> 00:03:45.780

Sarah Warner (she/her): Thank you so much for joining us today, and thank you to those who are putting your name pronouns organization and where you're joining us from in the chat Please go ahead and continue to do so we'd love to hear from you.

12

00:03:51.000 --> 00:04:00.000

Sarah Warner (she/her): Today session is brought to you in partnership with the Center of excellence on LGBT Q plus behavioral health equity and the national Center of excellence for eating disorders.

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00:04:01.320 --> 00:04:05.880

Sarah Warner (she/her): When it go ahead and pass it to our moderator for today's discussion Angela weeks.

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00:04:09.690 --> 00:04:10.680

Angela Weeks (She/Her/Hers): Thanks so much and.

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00:04:10.740 --> 00:04:19.920

Angela Weeks (She/Her/Hers): hi everyone, we are really excited for today's discussion will be talking about disordered eating within the transgender population and what.

16

00:04:20.430 --> 00:04:29.130

Angela Weeks (She/Her/Hers): transgender individuals may may be going through if they have disordered eating and what are some things that clinicians and providers should be aware of.

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00:04:29.550 --> 00:04:37.350

Angela Weeks (She/Her/Hers): should ask about should think through when when serving their their consumers who may be trans gender we're.

18

00:04:38.040 --> 00:04:42.240

Angela Weeks (She/Her/Hers): Dealing with gender dysphoria, and so we have a really excellent Panel for you today.

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00:04:42.540 --> 00:04:57.090

Angela Weeks (She/Her/Hers): i'll be moderating the discussion again, my name is Angela weeks my pronouns are she her in hers and I am the project director for our Center of excellence focused on LGBT Q plus behavioral health equity and so i'm.

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00:04:57.570 --> 00:05:09.750

Angela Weeks (She/Her/Hers): Really excited to have our panelists jump on, and they are going to introduce themselves, they all come with a wealth of knowledge around the populations on this topic, and so they'll talk a little bit about that.

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00:05:10.260 --> 00:05:20.760

Angela Weeks (She/Her/Hers): But I also just want to flag that these sessions are also meant as an opportunity for you all listening in to ask questions of these experts, and so we have.

22

00:05:21.360 --> 00:05:30.030

Angela Weeks (She/Her/Hers): Some questions that we're going to go through, so we make sure we hit important topics related to the discussion, but we also want your questions and comments in the chat as well.

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00:05:30.690 --> 00:05:38.910

Angela Weeks (She/Her/Hers): And we will prioritize any questions that come in, we do have TEAM members monitoring the chat and will help us try to get to everything.

24

00:05:39.780 --> 00:05:54.570

Angela Weeks (She/Her/Hers): Today anything we don't get to will try to send a follow up email for so again thanks for being here really excited about the discussion and hope to get a lot of feedback and comments from all of you who are joining in today, and so, with all of that being said, i'm going to.

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00:05:55.590 --> 00:06:05.370

Angela Weeks (She/Her/Hers): jump into introductions and Ryan i'll start with you, first, if you could tell everyone your name your pronouns and then your relationship to the topic.

26

00:06:06.480 --> 00:06:17.160

Ryan Papciak, MSW, LCSW: Sure, thank you Angela hi everyone, my name is Ryan pap check my pronouns are he him, I am particularly interested in this topic, because I have.

27

00:06:17.580 --> 00:06:38.850

Ryan Papciak, MSW, LCSW: A history with disordered eating, as well as I am a trans man myself and this particular particular topic intersects several of the things that I have experienced personally, as well as seen in my clinical experiences as an lcs w looking forward to today's conversation.

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00:06:40.710 --> 00:06:42.480

Angela Weeks (She/Her/Hers): Thank you so much Ryan we're really glad you're.

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00:06:42.480 --> 00:06:44.700

Angela Weeks (She/Her/Hers): Here and Martha would you like to go next.

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00:06:46.320 --> 00:06:49.860

Martha Fairbanks Perry, MD - she/her: hi everyone it's great to be here i'm Martha Perry i'm an adolescent medicine.

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00:06:49.860 --> 00:06:56.250

Martha Fairbanks Perry, MD - she/her: physician, and at the unc school of medicine and the chief of adolescent medicine section there.

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00:06:56.850 --> 00:07:04.410

Martha Fairbanks Perry, MD - she/her: I will be offering perspective as a gender for me eating disorder provider and also want to say that I acknowledge that I.

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00:07:04.710 --> 00:07:20.850

Martha Fairbanks Perry, MD - she/her: live a life as a street light then SIS gender individual with a lot of privilege and so that also limits my perspective, but I do hope as a provider today to offer some perspective, and thanks everyone for being here and for your questions.

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00:07:22.710 --> 00:07:24.480

Angela Weeks (She/Her/Hers): Great thanks so much and i'll just.

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00:07:25.170 --> 00:07:33.540

Angela Weeks (She/Her/Hers): Let the listeners also know that mark has done a previous webinar with the national Center on disordered eating and.

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00:07:34.140 --> 00:07:45.570

Angela Weeks (She/Her/Hers): And it was really excellent, and so, for those folks needing more information and wanting to hear everything that she said in that session will drop the link in the chat so you can access that so Ashley.

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00:07:47.550 --> 00:07:48.930

Ashley Austin, PhD (She/Her): hi everyone i'm.

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00:07:49.050 --> 00:07:57.360

Ashley Austin, PhD (She/Her): Actually, often i'm a professor of social work in Miami Florida and i'm consultant to the Center of excellence with Angela and team so.

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00:07:58.260 --> 00:08:05.190

Ashley Austin, PhD (She/Her): i'm very happy to be here my expertise tends to focus on working with trans and non binary individuals across the lifespan.

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00:08:06.030 --> 00:08:18.150

Ashley Austin, PhD (She/Her): Over the last few years i'd say i've been working particularly with folks around gender dysphoria gender affirmation and then moving toward gender euphoria so i'm thinking about those things a lot and how they intersect with.

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00:08:18.840 --> 00:08:33.840

Ashley Austin, PhD (She/Her): eating disorders and body image and i'm super thrilled to be part of this panel, because I, along with Angela and Ryan, was able to watch Dr perry's webinar some months back and really love to talk and excited to continue the conversation here so.

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00:08:35.100 --> 00:08:39.420

Ashley Austin, PhD (She/Her): Hopefully you all will get a chance to to learn, along with us so welcome.

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00:08:41.730 --> 00:08:42.870

Angela Weeks (She/Her/Hers): Great Thank you so much.

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00:08:43.590 --> 00:08:54.060

Angela Weeks (She/Her/Hers): And so I think to kick off the discussion today, it would be great to hear a little bit about the prevalence of disordered eating within the transgender population and also what.

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00:08:54.540 --> 00:09:01.410

Angela Weeks (She/Her/Hers): what's the importance of this conversation today and so i'd love Martha if you could kick that off for us to talk a little bit about that that'd be great.

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00:09:02.280 --> 00:09:07.380

Martha Fairbanks Perry, MD - she/her: Absolutely, first, I just want to mention that disordered eating in general has increased.

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00:09:07.410 --> 00:09:13.680

Martha Fairbanks Perry, MD - she/her: tremendously during the pandemic for all populations so really important to keep that in mind as we talk about disordered eating today.

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00:09:14.220 --> 00:09:21.090

Martha Fairbanks Perry, MD - she/her: And there are a lot of hypothesis, as to why that's happened but it probably has to do with social isolation or sitting mental health.

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00:09:21.480 --> 00:09:29.220

Martha Fairbanks Perry, MD - she/her: increase time on social media and public emphasis on weight gain that's occurred, especially at the beginning of the pandemic.

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00:09:29.940 --> 00:09:40.140

Martha Fairbanks Perry, MD - she/her: And then to your question, we know the prevalence of disordered eating among individuals who identify as transgender or gender diverse is higher than those who identifies this gender.

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00:09:40.470 --> 00:09:52.770

Martha Fairbanks Perry, MD - she/her: And there are varying estimates in terms of that prevalence around anywhere from two to 18% which is higher than the general population and there's a Massachusetts study that identified that youth had.

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00:09:54.120 --> 00:10:02.700

Martha Fairbanks Perry, MD - she/her: transgender youth had about three times the likelihood of fasting for more than 24 hours seven times the likelihood of using laxatives nine times the likelihood of.

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00:10:03.180 --> 00:10:15.240

Martha Fairbanks Perry, MD - she/her: Using diet pills compared to assist gender males and another study in Canada that showed that trans females had 10 times the likelihood of restricted eating behaviors and trans meals 19 times.

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00:10:16.410 --> 00:10:22.200

Martha Fairbanks Perry, MD - she/her: and several other studies that highlight that they're being a risk and it's important to know that.

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00:10:22.980 --> 00:10:30.630

Martha Fairbanks Perry, MD - she/her: there's actually may be an underestimate, because the diagnosis of eating disorders and transgender and gender diversity with is often delayed and probably.

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00:10:30.900 --> 00:10:37.680

Martha Fairbanks Perry, MD - she/her: Partly because it's often and otherwise specified feeding and eating disorder what we call us fed and the eating disorder world.

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00:10:38.430 --> 00:10:50.190

Martha Fairbanks Perry, MD - she/her: that's the most common eating disorder diagnosis for transgender and gender diverse youth and that's outside of the typical classifications of anorexia or bulimia, that many providers in particular are used to.

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00:10:51.120 --> 00:11:05.880

Martha Fairbanks Perry, MD - she/her: And we know that also transgender gender diverse us with eating disorders are much more likely to have some of the more serious mental health outcomes associated with eating disorders in general, so about 20 times higher.

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00:11:06.240 --> 00:11:17.400

Martha Fairbanks Perry, MD - she/her: likelihood compared to assist gender youth with eating disorders and to have suicidality and other other serious complications related to eating disorders.

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00:11:18.120 --> 00:11:24.660

Martha Fairbanks Perry, MD - she/her: You know, as an as an adolescent medicine physician I provide gender from in care and eating disorder care.

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00:11:25.050 --> 00:11:38.730

Martha Fairbanks Perry, MD - she/her: And the pressure to achieve this, certain binary masculine or feminine body standards is intense for everybody, but certainly, particularly for those who are transgender or those who are experiencing significant gender dysphoria.

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00:11:39.390 --> 00:11:49.110

Martha Fairbanks Perry, MD - she/her: And that means that are then shared on social media platforms to achieve these standards are frequently if not consistently methods that facilitate disordered eating behaviors.

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00:11:49.620 --> 00:12:07.980

Martha Fairbanks Perry, MD - she/her: And these binary standards also exclude individuals who don't identify as gender binary and or who identify as gender fluid, so they may feel too masculine or feminine or like they're not meeting up norms that are also binary and so.

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00:12:09.090 --> 00:12:18.930

Martha Fairbanks Perry, MD - she/her: What i've seen with patients presenting for gender firming care is there, often hasn't been as much attention, if any, to disordered eating behaviors by providers.

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00:12:19.680 --> 00:12:30.360

Martha Fairbanks Perry, MD - she/her: or vice versa, patients that are referred for eating disorders, who have not had gender dysphoria or gender firming care names identified.

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00:12:30.810 --> 00:12:39.810

Martha Fairbanks Perry, MD - she/her: And so that's where I think we really want to talk about how those two are interrelated and why it's so important that when we're.

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00:12:40.260 --> 00:12:46.530

Martha Fairbanks Perry, MD - she/her: Managing one we're asking about the other and ensuring that we're skilled at assessing and or hopefully managing the other.

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00:12:47.160 --> 00:12:57.930

Martha Fairbanks Perry, MD - she/her: The other really key thing is to recognize that disordered eating and individuals who are gender diverse can result from gender dysphoria can result from that body just that satisfaction or both.

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00:12:58.350 --> 00:13:02.370

Martha Fairbanks Perry, MD - she/her: And so really important not to assume one or the other but to really.

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00:13:02.880 --> 00:13:15.750

Martha Fairbanks Perry, MD - she/her: explore with your patients or clients what the root of the eating disorder might be and understanding that it's often complex and unique for each individual, and I think I think the last thing is just to mention that again.

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00:13:16.770 --> 00:13:31.800

Martha Fairbanks Perry, MD - she/her: Many eating disorder programs are although they're improving are still not equipped to provide gender affirming care so in one study relatively recently about 40% chose not to disclose their gender identity, when an eating disorder treatment.

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00:13:32.700 --> 00:13:48.180

Martha Fairbanks Perry, MD - she/her: Of those that did disclose 10% felt they were ignored or not acknowledged another 20% so one in five reported that it was extremely difficult or impossible to find providers who specialize in both.

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00:13:48.600 --> 00:13:58.650

Martha Fairbanks Perry, MD - she/her: And oftentimes again, as I mentioned they're very intertwined So hopefully many of you are here today to learn more about this and be able to help manage both and not.

74

00:13:59.790 --> 00:14:13.020

Martha Fairbanks Perry, MD - she/her: Leave individuals to feel further marginalized by passing back and forth or deferring an eating just to an eating disorder provider for eating disorders, or to agenda for me care provider for gender Karen and really trying to merge the two.

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00:14:16.320 --> 00:14:17.220

Angela Weeks (She/Her/Hers): Thank you, that was.

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00:14:18.450 --> 00:14:27.810

Angela Weeks (She/Her/Hers): A lot of really great information to, I mean it was perfect, as it sets a really good foundation for the conversation right and I don't think that people realize how.

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00:14:28.350 --> 00:14:39.210

Angela Weeks (She/Her/Hers): How people might be experiencing both of these circumstances at once, and how to talk about it, so I thought it was really helpful foundation to set, and then we had one.

78

00:14:40.020 --> 00:14:51.510

Angela Weeks (She/Her/Hers): person in the chat asked for you to repeat what the term was associated with the popular that with trans population and eating disorder I think they missed the specific terms, you were.

79

00:14:51.870 --> 00:15:08.130

Martha Fairbanks Perry, MD - she/her: unsure I mentioned, I think I mentioned the US Fed so that's F ED and that's otherwise specified feeding and eating disorder that's previously that's a DSM five diagnosis, some people were will refer to it as eating disorder unspecified.

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00:15:09.300 --> 00:15:12.720

Martha Fairbanks Perry, MD - she/her: And I think that one of the things to recognize is that.

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00:15:13.560 --> 00:15:22.980

Martha Fairbanks Perry, MD - she/her: anorexia nervosa, for example, has a specific BMI that is part of the criteria for diagnosis and billing inner bossa has a specific number of binge purchase.

82

00:15:23.220 --> 00:15:31.800

Martha Fairbanks Perry, MD - she/her: That qualify for the diagnosis, so there are many individuals that engage in disordered eating behavior that wouldn't meet that criteria, but would meet the criteria for US Fed.

83

00:15:32.250 --> 00:15:40.230

Martha Fairbanks Perry, MD - she/her: So that's why it's important to learn more about that diagnosis and recognize the existence of that as well as even subclinical eating disorders or.

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00:15:40.530 --> 00:15:50.040

Martha Fairbanks Perry, MD - she/her: or disordered eating behavior that may not meet criteria for any eating disorder, but are still potentially harmful and, ultimately, could lead to a more serious and more dangerous eating disorder.

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00:15:52.050 --> 00:15:54.210

Angela Weeks (She/Her/Hers): Thank you for for clearing.

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00:15:54.360 --> 00:15:55.800

Angela Weeks (She/Her/Hers): clarifying that and then.

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00:15:57.060 --> 00:16:11.070

Angela Weeks (She/Her/Hers): There was another question specific to what you were saying about types of eating disorders someone asked is there a type of eating disorder that was most prevalent in the they sort of broadened it to be LGBT Q, a population.

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00:16:14.160 --> 00:16:25.290

Martha Fairbanks Perry, MD - she/her: I should probably stop unmuted mute and muting myself and the asset would still be the primary diagnosis for LGBT Q, a youth in general.

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00:16:26.580 --> 00:16:35.760

Angela Weeks (She/Her/Hers): Okay yeah that's helpful Thank you and I think it's fair to are safe, at least for now to go on mute if you wanted to because i'm going to pass a question to Ashley.

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00:16:36.720 --> 00:16:39.900

Angela Weeks (She/Her/Hers): So we so Martha had mentioned gender dysphoria being.

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00:16:40.710 --> 00:16:48.120

Angela Weeks (She/Her/Hers): there's a potential connection with disordered eating and actually you've done research on this and, and you have a lot of expertise around gender dysphoria so.

92

00:16:48.420 --> 00:16:56.550

Angela Weeks (She/Her/Hers): i'm hoping, you can talk a little bit about what that is and what some of the symptoms might be, and then how it relates to potentially disordered eating.

93

00:16:57.630 --> 00:17:00.300

Ashley Austin, PhD (She/Her): Things as well yeah so I see there's you know, I was trying to like.

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00:17:00.330 --> 00:17:04.380

Ashley Austin, PhD (She/Her): Look at the chat when everybody was joining in there's a lot of different people that I can tell from different sort of.

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00:17:04.920 --> 00:17:11.310

Ashley Austin, PhD (She/Her): sort of approaching this from different sort of leads right maybe leading with the eating disorder expertise or leading with the.

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00:17:11.670 --> 00:17:17.370

Ashley Austin, PhD (She/Her): Maybe trans or non binary expertise, depending on where you are and what your location is, and so I think.

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00:17:17.730 --> 00:17:24.570

Ashley Austin, PhD (She/Her): Hopefully this doesn't bore anyone who knows a lot about this, but gender dysphoria obviously is you know the key diagnosis for folks.

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00:17:25.530 --> 00:17:30.810

Ashley Austin, PhD (She/Her): In the DSM right, however, the way in which I and Ryan, and I work together a lot on.

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00:17:31.230 --> 00:17:40.050

Ashley Austin, PhD (She/Her): Ryan, and I have been looking at this and sort of really focusing on things in both the research and then in our clinical practice has been really thinking about gender dysphoria as.

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00:17:40.500 --> 00:17:48.570

Ashley Austin, PhD (She/Her): Like in the way that it affects people in their daily life, not like the checkbox of one through six criteria, which you know, has anybody who's looked at that doesn't tell you very much, right.

101

00:17:48.750 --> 00:18:03.480

Ashley Austin, PhD (She/Her): But really sort of the way gender dysphoria manifests in anybody's life and, and so the idea is you know what that the way that experience is sort of quite distressing right the key term is a lot of distress and it's really related to the way in which ones it sort of.

102

00:18:04.890 --> 00:18:12.270

Ashley Austin, PhD (She/Her): Physical self does not align with one's internal self right and there's lots of different areas around that and some people are thinking about it broadly in terms of.

103

00:18:12.930 --> 00:18:17.730

Ashley Austin, PhD (She/Her): You know primary and secondary sex characteristics, but it really is a lot of different things, and a lot of.

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00:18:18.180 --> 00:18:23.820

Ashley Austin, PhD (She/Her): The ways in which especially sort of one of the papers Ryan, and I are working on right now really looked at certain things.

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00:18:24.180 --> 00:18:32.280

Ashley Austin, PhD (She/Her): That really sort of makes sense, with on body image or eating issues and the way in which sort of men and women are looked at in society so things like.

106

00:18:32.970 --> 00:18:46.680

Ashley Austin, PhD (She/Her): shoulder size or hip size or waste shape or back shape and you know height all these different things on so part of part of the way in which gender is where his experience is sort of this this deep.

107

00:18:48.300 --> 00:19:01.140

Ashley Austin, PhD (She/Her): level of discomfort and that can range from excruciating pain emotional pain and distress to sort of mild discomfort on any given day is pervasive.

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00:19:01.590 --> 00:19:10.830

Ashley Austin, PhD (She/Her): It can be related to sort of all aspects of self today we're sort of focusing on some aspects of self that are particularly relevant to.

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00:19:11.550 --> 00:19:17.820

Ashley Austin, PhD (She/Her): Eating behaviors or but the ways in which somebody somebody's body can change right as a result of eating and so.

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00:19:18.030 --> 00:19:25.470

Ashley Austin, PhD (She/Her): Gender dysphoria usually, when I see clients they're coming to me for gender dysphoria specifically or to explore parts of their identity and gender dysphoria stallion.

111

00:19:26.070 --> 00:19:35.550

Ashley Austin, PhD (She/Her): What i've noticed a lot and sort of started to realize was many folks who were coming to me with either on disordered eating or actual diagnosis of an eating disorder diagnoses.

112

00:19:36.300 --> 00:19:41.010

Ashley Austin, PhD (She/Her): And I just do private practice those small clinic that they were they had been in treatment for many.

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00:19:41.280 --> 00:19:53.700

Ashley Austin, PhD (She/Her): Often on right i'll see adults and teenagers are adult years and they they're eating disorders had been maybe treated but either their gender dysphoria had never been assessed, and I think Martha touched on this never been assessed or explored.

114

00:19:54.960 --> 00:20:02.760

Ashley Austin, PhD (She/Her): or they knew about it, but never really brought it up because didn't feel like it made sense in that venue that doctor didn't seem to know anybody anything about it, or that therapist didn't.

115

00:20:03.000 --> 00:20:09.990

Ashley Austin, PhD (She/Her): And so it was really, really distinct sometimes the clients would have never thought about the two together, it seems like a no brainer maybe to us today joining this.

116

00:20:10.380 --> 00:20:20.760

Ashley Austin, PhD (She/Her): This webinar but for folks that was sort of really like no I just don't like my body size or I don't like the way this looks sort of and not really recognizing the way in which that intersects with.

117

00:20:21.090 --> 00:20:31.680

Ashley Austin, PhD (She/Her): Other aspects of of dysphoria, and so I think part of what what Martha was saying is a lot of times, people are not sort of assessing for both at the same time, when people don't understand.

118

00:20:32.010 --> 00:20:39.360

Ashley Austin, PhD (She/Her): And I would say, most people you know in I would probably say most people don't understand stand gender dysphoria trans people's needs.

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00:20:40.140 --> 00:20:47.580

Ashley Austin, PhD (She/Her): A little bit, let alone a lot, and so what it really needs is a deeper understanding and nuanced understanding of what it feels like to.

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00:20:47.940 --> 00:20:54.720

Ashley Austin, PhD (She/Her): feel gender dysphoria related to different aspects of self starting in adolescence right early adolescence as you're moving into.

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00:20:55.230 --> 00:21:06.480

Ashley Austin, PhD (She/Her): As your body is beginning to change and then obviously throughout the lifespan but also thinking about you know, and I think we'll get into this a bit and Martha actually talks about the way her clinic actually allows for both gender affirmation.

122

00:21:07.020 --> 00:21:18.300

Ashley Austin, PhD (She/Her): and treating the eating disorder together and sort of what you'll find in the research is when folks are able to be affirmed a lot not always, but a lot of times this begins to address some of what on.

123

00:21:18.720 --> 00:21:21.240

Ashley Austin, PhD (She/Her): What they were able to achieve on.

124

00:21:21.690 --> 00:21:28.140

Ashley Austin, PhD (She/Her): Probably in a less healthy way through their by managing or eating and muscles healthy ways there's actually research that sort of talks about the ways in which.

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00:21:28.380 --> 00:21:36.240

Ashley Austin, PhD (She/Her): folks might not even conceptualize they're eating behaviors as disordered they're really thinking of them as ways to control their own bodies.

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00:21:36.840 --> 00:21:41.760

Ashley Austin, PhD (She/Her): Without gender affirming care or the absence of or refusal of or.

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00:21:42.150 --> 00:21:50.490

Ashley Austin, PhD (She/Her): Even depending on where a client isn't in their own understanding before they fully understand their gender, specific needs and so part of our work is finished, to help folks.

128

00:21:50.940 --> 00:21:53.160

Ashley Austin, PhD (She/Her): sort of help them understand their own.

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00:21:53.730 --> 00:22:01.410

Ashley Austin, PhD (She/Her): Gender identities within you know, whatever those are binary non binary what how those relate to their sort of experience of their own bodies, how those might.

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00:22:01.680 --> 00:22:10.350

Ashley Austin, PhD (She/Her): relate to eating disorders healthy eating body image sort of all these complex things and I think what what's been happening is a lot of this work is being done in silos.

131

00:22:10.620 --> 00:22:14.370

Ashley Austin, PhD (She/Her): And so we're here today to try to bridge a little bit of a gap today, and I see.

132

00:22:14.610 --> 00:22:19.920

Ashley Austin, PhD (She/Her): Like I have trouble ignoring the chat so I saw some things earlier, where people are sort of asking about.

133

00:22:20.130 --> 00:22:29.310

Ashley Austin, PhD (She/Her): You know, slides different things, and so I just think folks have to recognize this we're we're just like dropping a little bit in the bucket today there's so much to learn so much to think about.

134

00:22:30.030 --> 00:22:42.750

Ashley Austin, PhD (She/Her): we're going to share on martha's previous session, as well as some articles, because I think in in a lot of ways, what we're hoping to do is just whet your appetite to learn a lot more about this, because both gender dysphoria.

135

00:22:44.430 --> 00:22:57.750

Ashley Austin, PhD (She/Her): Gender affirmation, and then, of course, eating disorders and disordered eating broadly a really, really complex topic so hopefully we start to answer some questions and then give you some more resources so welcome and hopefully that's helpful start.

136

00:22:58.740 --> 00:23:14.580

Angela Weeks (She/Her/Hers): Thanks Ashley and and since you're sort of checking out the chat I think there's a little there's a conversation happening around terminology and I love for you to just look over what folks are saying in the chat because I think you'll have something to add to that conversation so.

137

00:23:15.600 --> 00:23:15.720

Angela Weeks (She/Her/Hers): i'm.

138

00:23:15.840 --> 00:23:16.830

Ashley Austin, PhD (She/Her): not sure if you're like.

139

00:23:17.580 --> 00:23:20.430

Ashley Austin, PhD (She/Her): You want me to just read the chat away in the chat Angela do you want to.

140

00:23:20.670 --> 00:23:21.240

Angela Weeks (She/Her/Hers): Read i'll.

141

00:23:21.570 --> 00:23:22.800

Angela Weeks (She/Her/Hers): i'll circle back to you I just.

142

00:23:22.800 --> 00:23:24.090

Angela Weeks (She/Her/Hers): want to give you a chance to start.

143

00:23:24.180 --> 00:23:24.510

Ashley Austin, PhD (She/Her): Reading.

144

00:23:24.600 --> 00:23:25.500

Ashley Austin, PhD (She/Her): folks are saying.

145

00:23:26.820 --> 00:23:34.050

Angela Weeks (She/Her/Hers): And then I wanted to pass the conversation and Ryan to excite i'm sure you have lots to say about everything that's been talked about so far, but.

146

00:23:34.320 --> 00:23:42.390

Angela Weeks (She/Her/Hers): In previous conversations to we've talked about the unhealthy ways that the media can contribute to this issue, and so I want to give you some space to talk about that.

147

00:23:43.140 --> 00:23:44.310

Ryan Papciak, MSW, LCSW: Sure, thank you.

148

00:23:44.790 --> 00:23:52.740

Ryan Papciak, MSW, LCSW: So I think Martha and Ashley both touched on this a little bit in looking at how social media and society.

149

00:23:53.070 --> 00:24:11.010

Ryan Papciak, MSW, LCSW: has deemed for women there's a certain level of a beauty standard that is, you should be small, you should be dainty you should be hyper feminine you should have curves and so as trans women see these societal expectations.

150

00:24:12.360 --> 00:24:27.000

Ryan Papciak, MSW, LCSW: It be can it can be increasingly difficult to reach them through hormones alone or pre transition and that can be frustrating, and they can sometimes turn to disordered eating or.

151

00:24:27.750 --> 00:24:33.150

Ryan Papciak, MSW, LCSW: developing an eating disorder to attempt to reach some of these unattainable.

152

00:24:33.810 --> 00:24:48.390

Ryan Papciak, MSW, LCSW: ideals held by society so that can sometimes also look like for Trans men, they should be muscular they shouldn't have curves it should be like a straight line through their hips i'm and.

153

00:24:48.810 --> 00:25:04.950

Ryan Papciak, MSW, LCSW: washboard ABS, and things of that nature, where sometimes that can be problematic for folks that are not able to achieve those standards those societal standards that are very untenable so.

154

00:25:05.700 --> 00:25:18.780

Ryan Papciak, MSW, LCSW: I would also like to touch on as far as societal standards some trans youth using disordered eating to either slow or stop the onset of puberty and secondary sex characteristics.

155

00:25:19.410 --> 00:25:30.510

Ryan Papciak, MSW, LCSW: Especially using their body manipulating their body in a way that slows that process down, especially if they're not getting access to gender affirming interventions.

156

00:25:31.110 --> 00:25:40.860

Ryan Papciak, MSW, LCSW: It can be incredibly harmful for them at such a young age, doing those things, because it can lead to further issues down the road as well.

157

00:25:43.890 --> 00:25:46.290

Angela Weeks (She/Her/Hers): Thank you, and then my ice Europe.

158

00:25:47.400 --> 00:25:56.640

Martha Fairbanks Perry, MD - she/her: yeah I was gonna say Ryan makes a really important point about you know when there's gender dysphoria and individuals don't have access to care.

159

00:25:56.970 --> 00:26:11.040

Martha Fairbanks Perry, MD - she/her: The well that, for lack of a better word they the quickest and easiest way to make some changes is to engage in this disordered eating behaviors and I think validating that for those experiencing that is a really important part of the of the work that we do.

160

00:26:11.790 --> 00:26:16.320

Martha Fairbanks Perry, MD - she/her: As well as educating those in their lives and those that may be restricting their access.

161

00:26:17.010 --> 00:26:28.830

Martha Fairbanks Perry, MD - she/her: What the what the damage that can be done is and how important it is to ensure that the care for both eating disorders and tender from in carer happening as soon as possible.

162

00:26:29.100 --> 00:26:42.630

Martha Fairbanks Perry, MD - she/her: So that there was not any long term health consequences for example bone density for individuals that are restricting to avoid having mentees that can really cause long term issues that we want to be aware of.

163

00:26:44.670 --> 00:26:51.750

Angela Weeks (She/Her/Hers): Okay, thank you yeah I think that's a really important point to make that like what folks are experiencing in the moment and how all of this is related.

164

00:26:53.160 --> 00:27:01.080

Angela Weeks (She/Her/Hers): And there's so much more to talk about, but I wanted to circle back to Ashley to see if your thoughts on the conversation in the chat about language and.

165

00:27:01.110 --> 00:27:04.830

Ashley Austin, PhD (She/Her): yeah I was trying to sort of catch up to it all.

166

00:27:05.100 --> 00:27:14.640

Ashley Austin, PhD (She/Her): um I think that the conversation was sort of this idea of whether we should use on sort of a sign female or male at birth or whether we should use trans mass for transit that this sort of conversation Angela.

167

00:27:15.000 --> 00:27:18.630

Ashley Austin, PhD (She/Her): yeah you know, and I think you know, we had a conversation, the other day at the Center and I think.

168

00:27:19.290 --> 00:27:26.370

Ashley Austin, PhD (She/Her): In general, one when I am talking about people I we just you know we sort of talk of I use the word trans or.

169

00:27:27.210 --> 00:27:32.310

Ashley Austin, PhD (She/Her): transports are trans masculine and feminine or non binary right, but every once in a while not and I don't.

170

00:27:32.790 --> 00:27:40.920

Ashley Austin, PhD (She/Her): I think every once in a while for providers, there may be something useful about understanding assigned sort of sex or gender at birth.

171

00:27:41.430 --> 00:27:44.670

Ashley Austin, PhD (She/Her): So we may have to in clinical settings talk about it that way.

172

00:27:45.450 --> 00:27:53.670

Ashley Austin, PhD (She/Her): In some in some instances, but as a rule, I agree that it's not just words that's not the like we don't want to Center that part of someone's experience.

173

00:27:53.940 --> 00:28:00.030

Ashley Austin, PhD (She/Her): Well, it may obviously be necessary when we're doing someone's clinical care to understand, Sir Maybe someone who's non binary understanding.

174

00:28:00.660 --> 00:28:10.080

Ashley Austin, PhD (She/Her): Their experiences and how you know that that's important, but I think, as a rule, it is, I think I agree it's it's important to us on sort of the identity that someone.

175

00:28:10.860 --> 00:28:24.090

Ashley Austin, PhD (She/Her): is using now rather than centering the the the birth identity, so I think that's an important point that was made in the chat um and So yes, that does anybody else want to add to that or is that sort of capture what you're thinking of Angela.

176

00:28:26.190 --> 00:28:28.980

Angela Weeks (She/Her/Hers): yeah I think that that is really helpful and also.

177

00:28:29.760 --> 00:28:33.630

Angela Weeks (She/Her/Hers): i've also had conversations about saying gender assigned at birth.

178

00:28:34.200 --> 00:28:41.520

Angela Weeks (She/Her/Hers): Instead of sex assigned at birth, because it is gender that's being assigned to someone, and so I think that that i've heard that conversation to I think it's valid and.

179

00:28:42.240 --> 00:28:49.230

Angela Weeks (She/Her/Hers): To actually point, depending on the space and sort of your what you may be having these conversations around and with WHO.

180

00:28:49.740 --> 00:29:00.540

Angela Weeks (She/Her/Hers): Might determine a little bit of the language you're using, but I think as a field and as folks who are really trying to raise awareness in the field, about the population we're always looking to the Community to figure out.

181

00:29:00.990 --> 00:29:12.780

Angela Weeks (She/Her/Hers): sort of what is the best language, we should be using what it what feels right to folks, and so we really value that that Community feedback, so I just wanted to provide some space for that.

182

00:29:14.280 --> 00:29:27.990

Angela Weeks (She/Her/Hers): And I also wanted to circle back to something that Martha i've heard you talk about before around folks on who have autism spectrum disorder and the prevalence within that Community and how this all ties together.

183

00:29:30.270 --> 00:29:43.920

Martha Fairbanks Perry, MD - she/her: Thank you yeah I think that's a really important part of when discussions both related to eating disorders, as well as when talking about gender for main care and what we know from the literature and from experience clinically.

184

00:29:44.250 --> 00:29:49.950

Martha Fairbanks Perry, MD - she/her: Is that there is a higher number of individuals who identify as transgender gender diverse.

185

00:29:50.460 --> 00:29:58.440

Martha Fairbanks Perry, MD - she/her: who have characteristics of neuro neuro developmental conditions like autism, there were studies evaluating children with autism.

186

00:29:58.740 --> 00:30:07.200

Martha Fairbanks Perry, MD - she/her: That show a prevalence of what was described in the literature as gender variant so I try to poke holes in the literature when i'm quoting from that.

187

00:30:07.440 --> 00:30:15.960

Martha Fairbanks Perry, MD - she/her: And that's where sometimes today I may use terms interchangeably and it relates to how those terms were used in the literature, but they may not be the terms we're using today or that I would use but.

188

00:30:16.290 --> 00:30:27.480

Martha Fairbanks Perry, MD - she/her: Anyway, prevalence of gender variance and about being about 45% and children with autism compared to children without autism that's maybe around point 721 point 3%.

189

00:30:28.110 --> 00:30:39.060

Martha Fairbanks Perry, MD - she/her: there's other students with varying sample sizes estimating anywhere between five to 25% of children, presenting for gender care have a clinical diagnosis or characteristics of autism, which is.

190

00:30:40.230 --> 00:30:45.930

Martha Fairbanks Perry, MD - she/her: Compare which is higher compared to the population of about one to 2% prevalence of autism.

191

00:30:47.070 --> 00:30:51.360

Martha Fairbanks Perry, MD - she/her: And there's speculation, which I think is very reasonable that some individuals.

192

00:30:51.690 --> 00:31:00.840

Martha Fairbanks Perry, MD - she/her: Who identify as transgender gender diverse are over diagnosed with autism and that's some of this is due to social discomfort associated with gender gender dysphoria or potentially.

193

00:31:01.140 --> 00:31:08.940

Martha Fairbanks Perry, MD - she/her: Gender biases where individuals expect certain characteristics, based on the gender assigned at birth or gender identity.

194

00:31:09.720 --> 00:31:23.340

Martha Fairbanks Perry, MD - she/her: There is a recent large scale study using some validated autism diagnosis tools that found that transgender gender diverse individuals were about three to six times more likely to be autistic compared to this gender individuals.

195

00:31:24.090 --> 00:31:35.310

Martha Fairbanks Perry, MD - she/her: And the study looked at self reported neuro neuro typical and our own divergent behaviors as well as whether individual self reported that they suspected they had and diagnose autism and.

196

00:31:36.150 --> 00:31:44.580

Martha Fairbanks Perry, MD - she/her: Gentlemen all reports were higher in those areas among those who identified as transgender as compared to those who identified as this gender.

197

00:31:45.450 --> 00:31:53.340

Martha Fairbanks Perry, MD - she/her: So, of course, though the tools that were used for diagnosis we're probably validated in a limited mostly gender binary population.

198

00:31:53.820 --> 00:32:06.930

Martha Fairbanks Perry, MD - she/her: So it's I think always important to be skeptical or to you know think critically when we're reviewing this data, there are some hypotheses regarding the association between gender diversity and autism.

199

00:32:07.770 --> 00:32:25.830

Martha Fairbanks Perry, MD - she/her: neuro divergent individuals may conform less to societal norms compared to neurotypical individuals, and this may partly explain why a greater number of neuro divergent individuals identify outside the stereotypical gender binary others have proposed.

200

00:32:26.970 --> 00:32:32.790

Martha Fairbanks Perry, MD - she/her: A neuro developmental role or genetic connection between autism and gender identity.

201

00:32:33.240 --> 00:32:40.500

Martha Fairbanks Perry, MD - she/her: Some also hypothesized that minority stress experience by individuals who identify as transgender gender diverse contributes to development of.

202

00:32:40.920 --> 00:32:45.810

Martha Fairbanks Perry, MD - she/her: autistic traits or characteristics and there's a lot of variety of hypotheses out there and.

203

00:32:46.050 --> 00:32:58.950

Martha Fairbanks Perry, MD - she/her: One of the things that I think is really important is that individuals with autism, who are transgender also report experiencing providers not believing that they're transgender because the individual reports it in a more matter of fact way or an emotional what manner.

204

00:32:59.430 --> 00:33:05.820

Martha Fairbanks Perry, MD - she/her: So that's something that's that's really important to keep in mind and I guess, needless to say, this is very complex and.

205

00:33:06.060 --> 00:33:15.360

Martha Fairbanks Perry, MD - she/her: What I think is most important is to meet our patients, where they are and let them help guide their care and their visits for some individuals that have have autism or autism traits.

206

00:33:15.780 --> 00:33:25.530

Martha Fairbanks Perry, MD - she/her: This might mean shorter appointments respecting sensory issues around certain food types and textures so that leads me to kind of thinking about the context of eating disorders and it's.

207

00:33:26.340 --> 00:33:32.460

Martha Fairbanks Perry, MD - she/her: really important to understand that individuals with autism might have disordered eating due to those sensory issues they may.

208

00:33:33.120 --> 00:33:40.710

Martha Fairbanks Perry, MD - she/her: Have discomfort and sometimes really severe discomfort with a taste of smell a texture or other characteristics of foods.

209

00:33:41.400 --> 00:33:48.270

Martha Fairbanks Perry, MD - she/her: So, then, that alters that traditional framework that we might use to treat the eating disorder so understanding.

210

00:33:48.570 --> 00:33:58.320

Martha Fairbanks Perry, MD - she/her: Again what's triggering the disordered eating behavior as we talked about before is really important is it body image is that gender dysphoria is it sensory issues is that all of the above.

211

00:33:58.950 --> 00:34:06.960

Martha Fairbanks Perry, MD - she/her: Making sure again that we're assessing for those triggers and understanding what the limiting factors might be in terms of care.

212

00:34:07.410 --> 00:34:14.880

Martha Fairbanks Perry, MD - she/her: and definitely welcome questions I don't know that I have all the answers to this one, because I think again, as I said, it's very complex, as well as.

213

00:34:15.270 --> 00:34:26.460

Martha Fairbanks Perry, MD - she/her: A lot more to be understood, and I think again, as I mentioned, based on research and tools that probably has a fair amount of bias in it, but i'm hoping this generated some questions and discussion.

214

00:34:27.990 --> 00:34:32.280

Angela Weeks (She/Her/Hers): yeah it's I think it's certainly did, and I see ashley's off me and so i'm actually doing.

215

00:34:32.730 --> 00:34:37.800

Ashley Austin, PhD (She/Her): But I don't want to like take the conversation elsewhere, because this is really important, but something Martha says.

216

00:34:38.940 --> 00:34:46.350

Ashley Austin, PhD (She/Her): To me, is sort of the bigger issue in some ways, about this, though, one of the things that Martha just that is that a lot of times kids on on that are diagnosed.

217

00:34:47.250 --> 00:34:50.730

Ashley Austin, PhD (She/Her): with autism and then also identify as transgender non binary.

218

00:34:50.970 --> 00:35:03.450

Ashley Austin, PhD (She/Her): or their their identities they're trans around binary identities are dismissed or said that they don't know they can't know they don't know that that and they're sort of really invalidated and what you know, one of the things that reminded me of is that actually kids sort of.

219

00:35:04.530 --> 00:35:10.140

Ashley Austin, PhD (She/Her): kids kids who are trans their identity or young people were sort of talking about young people, but this is obviously affects.

220

00:35:10.650 --> 00:35:14.820

Ashley Austin, PhD (She/Her): young adults and adults as well, but people who have eating disorders are.

221

00:35:15.030 --> 00:35:22.440

Ashley Austin, PhD (She/Her): Often, have their gender identities dismissed as well, I mean gender I trans identities get dismissed for a million reasons, but this is another one to think about.

222

00:35:22.650 --> 00:35:28.620

Ashley Austin, PhD (She/Her): Because a lot of times what happens is people say, well, they have an eating disorder they're just really not comfortable with their body they've always said body image issues.

223

00:35:28.830 --> 00:35:35.610

Ashley Austin, PhD (She/Her): And now they're just saying that's this and so i've seen a lot of invalidation and dismissal, as people come to understand their gender identity.

224

00:35:35.820 --> 00:35:40.950

Ashley Austin, PhD (She/Her): And their gender dysphoria either as a part of treatment or outside of treatment and they start to sort of and sort of.

225

00:35:41.190 --> 00:35:48.270

Ashley Austin, PhD (She/Her): proclaim to themselves in the world, their new understanding of self this often gets invalidated by practitioners certainly parents.

226

00:35:48.870 --> 00:36:00.570

Ashley Austin, PhD (She/Her): Other providers and this often gets looked at really skeptically and I think it's because there's a major misunderstanding about how one comes to understand gender dysphoria their identity that they would sort of miss that will.

227

00:36:01.320 --> 00:36:10.290

Ashley Austin, PhD (She/Her): Do this is a very obvious or this can certainly become sort of a new into awareness, you can understand yourself better, so this idea of.

228

00:36:10.710 --> 00:36:20.670

Ashley Austin, PhD (She/Her): Of sort of wanting to minimize trans identities or experience of gender dysphoria because a they have this be you know, whatever, so I think that's a really important point.

229

00:36:21.300 --> 00:36:26.580

Ashley Austin, PhD (She/Her): That, I just wanted to sort of mentioned the way in which all of these things when they intersect lots of identities get.

230

00:36:26.970 --> 00:36:36.450

Ashley Austin, PhD (She/Her): An inbound sometimes just missed, all together, and then, when they are raised they're often dismissed or invalidated are pushed to the side or questioned by those of us who should certainly know better.

231

00:36:36.780 --> 00:36:43.020

Ashley Austin, PhD (She/Her): And then I wanted to make one other point related before I forgot it related to what Martha said, which was this idea of meeting.

232

00:36:43.590 --> 00:36:51.270

Ashley Austin, PhD (She/Her): Our clients where where they are so this idea of, and this would apply whether we're working with clients who are trans and have.

233

00:36:51.750 --> 00:36:59.520

Ashley Austin, PhD (She/Her): disordered eating and on the spectrum right, so any of those things and also this sort of all the stuff that was going on in the chat of.

234

00:37:00.180 --> 00:37:09.840

Ashley Austin, PhD (She/Her): You know, we present data to you because data is really helpful to elevating sort of our awareness of the problem right that that eating issues are really common and lots of people.

235

00:37:10.200 --> 00:37:14.640

Ashley Austin, PhD (She/Her): As Martha race today, especially now, but particularly in the Trans community and and.

236

00:37:15.060 --> 00:37:21.600

Ashley Austin, PhD (She/Her): For the reasons we talked about, and so I would say, in some ways, not wanting I wouldn't want us to get too hung up on what's more typical for Trans man.

237

00:37:21.780 --> 00:37:27.390

Ashley Austin, PhD (She/Her): what's more typical for Trans women what's more typical for non binary folks because really what we should be doing a sort of saying.

238

00:37:27.930 --> 00:37:42.540

Ashley Austin, PhD (She/Her): If I deeply understand trans experiences i'm going to have a sense of how to navigate issues around but i'm going to understand that body image is probably going to be a concern I should explore and maybe sort of restrictive eating or.

239

00:37:43.350 --> 00:37:48.360

Ashley Austin, PhD (She/Her): other sorts of eating behaviors that can be problematic are also things that I should be sort of.

240

00:37:48.840 --> 00:37:54.300

Ashley Austin, PhD (She/Her): Exploring together same thing, if I understand eating issues I might want to really understand this, but I wouldn't want to really sort of.

241

00:37:54.480 --> 00:38:02.550

Ashley Austin, PhD (She/Her): We don't want to box anybody in these are sort of, especially when you think about non binary folks and and I think we shared Lindsey just shared a couple one of them is a quality of article.

242

00:38:02.790 --> 00:38:10.230

Ashley Austin, PhD (She/Her): And once the synthesis and they really get at the nuance because part of this conversation is about sort of saying hey here's a really big.

243

00:38:10.920 --> 00:38:15.450

Ashley Austin, PhD (She/Her): issue that we all seem to be missing in our field and let's understand it from a really nuanced way.

244

00:38:15.660 --> 00:38:27.030

Ashley Austin, PhD (She/Her): Never sort of we don't want to say Oh, because I have a trans masculine or trans man in front of me here's what I know is going on, we still we want to save this may be something, but let me explore what might be going on for this particular person.

245

00:38:27.390 --> 00:38:37.650

Ashley Austin, PhD (She/Her): And so, in some ways i'm thinking about it from a really sort of we don't want to think about it in too many silos we want them to sort of just sort of understanding and then what may be affecting any one person.

246

00:38:37.980 --> 00:38:46.890

Ashley Austin, PhD (She/Her): and the last thing i'm going to say and i'm gonna sharp is that i'm one of the one of the folks sort of was asked me like well how do we, how do we bridge these gaps and I would say.

247

00:38:47.790 --> 00:38:58.740

Ashley Austin, PhD (She/Her): But really sort of delving into to the research and then thinking about how to apply in a really nuanced way to any client and finally right to really be fully present with that client and thinking about what they're saying and how this might.

248

00:38:59.340 --> 00:39:05.040

Ashley Austin, PhD (She/Her): relate, given what we understand about these different mental health concerns that we're talking about some things.

249

00:39:07.230 --> 00:39:10.680

Angela Weeks (She/Her/Hers): That is all everything you just said, I love it Thank you Ashley for.

250

00:39:10.710 --> 00:39:21.330

Angela Weeks (She/Her/Hers): For jumping in and adding all of that, and I saw that while you were addressing that might have actually answered the question in the chat so for those wanting clarification on the.

251

00:39:21.930 --> 00:39:34.260

Angela Weeks (She/Her/Hers): prevalence that's now in the chat so thanks for doing that and I think it's a good time to sort of shift the conversation and actually already started this bridge to you know what should be practitioners, be doing.

252

00:39:35.520 --> 00:39:39.930

Angela Weeks (She/Her/Hers): And I think you know Ryan, if you could kick off that that question that'd be great.

253

00:39:40.980 --> 00:39:43.050

Ryan Papciak, MSW, LCSW: yeah definitely, so I think.

254

00:39:43.560 --> 00:39:54.900

Ryan Papciak, MSW, LCSW: A very simple starting place for folks that are working potentially in an eating disorder clinic or something of that nature is to start to think about how is the space of firming.

255

00:39:55.290 --> 00:40:05.460

Ryan Papciak, MSW, LCSW: For young trans folks coming in, because if they don't see themselves represented within the space they're not going to want to share their identity which.

256

00:40:05.970 --> 00:40:12.120

Ryan Papciak, MSW, LCSW: can lead to further issues down the road with disordered eating because they're not sharing that part of their life with you.

257

00:40:12.660 --> 00:40:32.850

Ryan Papciak, MSW, LCSW: And then on the flip side of that a clinicians that are seeing trans youth for gender need to also be looking at okay i'm assessing gender dysphoria, but I also want to consider eating habits and how disordered eating can play a major role in some cases.

258

00:40:33.990 --> 00:40:40.920

Ryan Papciak, MSW, LCSW: With their gender transition and how they are sort of manipulating their body.

259

00:40:42.570 --> 00:40:59.310

Ryan Papciak, MSW, LCSW: To either slow puberty or secondary sex characteristics they're basically taking it within their own hands before they're able to access gender affirming interventions that would help mitigate some of these eating issues.

260

00:41:04.530 --> 00:41:05.580

Ryan Papciak, MSW, LCSW: Thank you for that Ryan.

261

00:41:06.030 --> 00:41:08.820

Angela Weeks (She/Her/Hers): And then i'll go to Martha next.

262

00:41:09.660 --> 00:41:13.560

Martha Fairbanks Perry, MD - she/her: I mean, I think that Ryan said it really well, that if you're.

263

00:41:13.590 --> 00:41:13.890

Angela Weeks (She/Her/Hers): You know.

264

00:41:14.370 --> 00:41:25.500

Martha Fairbanks Perry, MD - she/her: let's try to get rid of the silos and try to ensure that we're assessing for both in all environments in terms of when patients present.

265

00:41:26.580 --> 00:41:32.940

Martha Fairbanks Perry, MD - she/her: For any type of care in the clinic that I work in everyone is asked about gender identity.

266

00:41:33.600 --> 00:41:43.020

Martha Fairbanks Perry, MD - she/her: And it's asking more more than once it's asked along the way, and we talked about how there are changes in our identity over the time over time and so making sure that individuals.

267

00:41:43.290 --> 00:41:47.520

Martha Fairbanks Perry, MD - she/her: have the opportunity to share their gender identity when they're ready to share it.

268

00:41:47.850 --> 00:42:01.140

Martha Fairbanks Perry, MD - she/her: And that may not be the first time we meet them, even if we try to demonstrate being a safe place in a safe space if they've had bad experiences with healthcare professionals or mental health professionals previously it's not going to be easy.

269

00:42:01.590 --> 00:42:11.820

Martha Fairbanks Perry, MD - she/her: But maybe scary the first time in terms of sharing that the other pieces just trying to remember those open ended questions so in an individual that talks about having.

270

00:42:13.020 --> 00:42:23.190

Martha Fairbanks Perry, MD - she/her: Gender dysphoria you know i'll say well tell me more about that tell me or tell me more about things that that you've done to cope tell me more about things that you've done to.

271

00:42:24.300 --> 00:42:28.350

Martha Fairbanks Perry, MD - she/her: You mentioned that you have concerns about your size or shape tell me things that.

272

00:42:28.710 --> 00:42:36.270

Martha Fairbanks Perry, MD - she/her: tell you more about that were telling me things that have you've done over time to to manage your weight or to cope with that anxiety or distress.

273

00:42:36.480 --> 00:42:42.840

Martha Fairbanks Perry, MD - she/her: So that really gives them an opportunity to be pretty open in terms of what they're sharing and I know that's probably basic for most folks here, but it just.

274

00:42:43.080 --> 00:42:49.200

Martha Fairbanks Perry, MD - she/her: Is a good reminder, especially in the business world that we live in, to just take a step back and say, well, tell me more about that.

275

00:42:49.650 --> 00:43:01.290

Martha Fairbanks Perry, MD - she/her: Because also it allows them to share what's most pertinent to them before you start asking the questions that you feel like are more most pertinent to them or most pertinent to what they're presenting with.

276

00:43:03.840 --> 00:43:04.290

Angela Weeks (She/Her/Hers): Thank you.

277

00:43:04.920 --> 00:43:05.520

Ashley.

278

00:43:06.630 --> 00:43:09.540

Angela Weeks (She/Her/Hers): I, I want to hear your thoughts that you have for.

279

00:43:11.130 --> 00:43:18.390

Angela Weeks (She/Her/Hers): You know, as everyone was talking about sort of what should providers do but i've also heard you talk about the really important dynamic around.

280

00:43:18.810 --> 00:43:31.350

Angela Weeks (She/Her/Hers): Body positivity and how that can also you know just like what are some things that folks should consider around body positivity and then movement in relation to gender dysphoria so i'm i'm tackling that on to if that's okay.

281

00:43:32.160 --> 00:43:32.640

Ashley Austin, PhD (She/Her): yeah so.

282

00:43:32.670 --> 00:43:33.750

Ashley Austin, PhD (She/Her): What I was offered.

283

00:43:34.710 --> 00:43:40.170

Ashley Austin, PhD (She/Her): Up start it and then i'll pass it to Martha but I so yeah, so I think in some.

284

00:43:41.190 --> 00:43:47.250

Ashley Austin, PhD (She/Her): A couple things, the first thing I wanted to say was really sort of around, and this is sort of my plug right because my lens i'm always working.

285

00:43:47.670 --> 00:43:55.380

Ashley Austin, PhD (She/Her): versus working, always with eating fights with eating disorders i'm always working with trans clients, some of them who have eating disorders and or.

286

00:43:55.950 --> 00:44:00.240

Ashley Austin, PhD (She/Her): Body image issues that are that are really challenging or eating or things like that not always but.

287

00:44:00.450 --> 00:44:12.000

Ashley Austin, PhD (She/Her): anyways so my plug is really around gender affirmation right this idea of when you're working with trans and non binary clients that you're always sort of centering of gender affirmation, and that means lots of different things.

288

00:44:12.300 --> 00:44:16.650

Ashley Austin, PhD (She/Her): But that that is such a core part of every minute of.

289

00:44:17.100 --> 00:44:27.930

Ashley Austin, PhD (She/Her): Trans people's lives that we really need to sort of make sure it's integrated into our treatment and and it sort of everything like Ryan said, like do I feel comfortable in this space, but also helping people through the therapeutic process.

290

00:44:28.170 --> 00:44:32.790

Ashley Austin, PhD (She/Her): begin to understand what affirms that a lot of times people don't know if you're early in the process.

291

00:44:33.000 --> 00:44:38.580

Ashley Austin, PhD (She/Her): You don't totally know all you might know is that you feel different you feel uncomfortable you have not yet begun to explore.

292

00:44:38.790 --> 00:44:51.840

Ashley Austin, PhD (She/Her): What it is that makes me feel good what it is that feels right and I don't often know until I try usually people haven't had the lovely opportunity to try until give their given space, maybe this space our therapeutic space might be the first time to try.

293

00:44:52.500 --> 00:45:01.830

Ashley Austin, PhD (She/Her): doing something different right so gender affirmation is about the physical body but it's also also about how we hold ourselves what we call ourselves what we put on our body, how we how we.

294

00:45:02.400 --> 00:45:05.760

Ashley Austin, PhD (She/Her): interact with our body and so all of these experiences change.

295

00:45:06.300 --> 00:45:21.540

Ashley Austin, PhD (She/Her): The way we feel about the body that were housed in so that aspect of gender affirming experiences, some of them are very obviously medical right they are very clearly medical and so you know, to the people's points about when these medical interventions are.

296

00:45:22.950 --> 00:45:33.420

Ashley Austin, PhD (She/Her): Are are made and accessible for folks that is just tragic and we have a lot of information on on the Center website about the importance of gender from and care so obviously advocates.

297

00:45:33.960 --> 00:45:40.050

Ashley Austin, PhD (She/Her): For gender affirming care across the spectrum, but it isn't always medical right, sometimes we as providers find yourself.

298

00:45:40.290 --> 00:45:45.240

Ashley Austin, PhD (She/Her): caught between a rock and a hard place when the client is a minor and the parents are saying no even if they're not in.

299

00:45:45.570 --> 00:45:56.520

Ashley Austin, PhD (She/Her): You know, Texas or Arkansas or Florida or wherever, and maybe they're in a great part of the country, and someone else is still saying no, we are in this position, and they are in this position, but there are still gender experiences.

300

00:45:57.660 --> 00:46:02.040

Ashley Austin, PhD (She/Her): That don't include on restrictive eating that we can help individuals.

301

00:46:02.580 --> 00:46:09.030

Ashley Austin, PhD (She/Her): embrace and so part of what they're doing is actually right it's quite resilient and quite resourceful when they're like haha I can.

302

00:46:09.270 --> 00:46:15.120

Ashley Austin, PhD (She/Her): I can figure out how to stop Menzies I can figure out how to get a straight body shape unfortunately they may or may not know.

303

00:46:15.390 --> 00:46:25.500

Ashley Austin, PhD (She/Her): A lot of the risks involved, but what they are doing is they're really just trying to find themselves and so part of our work is really about figuring out how do we help our clients learn from themselves in ways that are safe.

304

00:46:25.800 --> 00:46:32.520

Ashley Austin, PhD (She/Her): in ways that are healthy, how can we support that and so to that and i'm just going to quickly bridge to Angeles question which is this idea of.

305

00:46:33.270 --> 00:46:40.680

Ashley Austin, PhD (She/Her): Body positivity but also like self acceptance and self like self love broadly is a really important concept and therapeutic sort of well being.

306

00:46:40.920 --> 00:46:52.560

Ashley Austin, PhD (She/Her): And also really dicey one when you're working with a trans person who is not actually supposed to just accept things as they are right so there's this interesting thing of how do we balance self love and self acceptance.

307

00:46:52.800 --> 00:47:08.280

Ashley Austin, PhD (She/Her): With gender affirming care gender from experiences whatever those might be, and so as practitioners really thinking deeply and being really intentional about how you work with clients of all ages 515 2565 around this idea of.

308

00:47:08.880 --> 00:47:12.570

Ashley Austin, PhD (She/Her): there's old, there are always things that we're going to have to sort of accept.

309

00:47:13.200 --> 00:47:23.670

Ashley Austin, PhD (She/Her): and love about ourselves that maybe we wouldn't have been our first choice, maybe would have been but other things are things particularly sort of that we really absolutely must and do need to change.

310

00:47:23.940 --> 00:47:30.990

Ashley Austin, PhD (She/Her): And for some trans people, maybe, that means getting on blockers and then hormones, or maybe that doesn't mean top surgery or maybe that does mean.

311

00:47:31.890 --> 00:47:38.520

Ashley Austin, PhD (She/Her): You know something else that that that is medical or or or legal and those are really important and critical.

312

00:47:39.120 --> 00:47:43.020

Ashley Austin, PhD (She/Her): sort of parts of being well and healthy and happy for transcripts.

313

00:47:43.470 --> 00:47:48.060

Ashley Austin, PhD (She/Her): And there's also these other dimensions The reason I say this, a lot of times we think like what good could.

314

00:47:48.300 --> 00:47:52.050

Ashley Austin, PhD (She/Her): that people are like well what could go wrong with self love and what could go wrong with self acceptance.

315

00:47:52.350 --> 00:48:03.270

Ashley Austin, PhD (She/Her): Well, when imposed upon somebody who's struggling with gender dysphoria and suffering then it's not really helpful so sort of thinking about what that looks like sounds like and feels like through the lens of.

316

00:48:03.750 --> 00:48:11.580

Ashley Austin, PhD (She/Her): Gender dysphoria gender affirmation so i'm going to sort of the end there and pass it to Martha she has some I think some really lovely concepts tad this.

317

00:48:12.570 --> 00:48:20.160

Martha Fairbanks Perry, MD - she/her: and actually summit some folks in the chat have already did bring it up, which is that what we talked about in this circumstance again pointing out that.

318

00:48:20.640 --> 00:48:31.650

Martha Fairbanks Perry, MD - she/her: Body acceptance or body positivity at this time, encouraging that can be very invalidated and that really what we're talking about is trying to get a person to where they need to be.

319

00:48:31.980 --> 00:48:38.070

Martha Fairbanks Perry, MD - she/her: And that's a that's a journey that takes time and for for adolescents and youth, it can take parental.

320

00:48:38.820 --> 00:48:47.220

Martha Fairbanks Perry, MD - she/her: consent, and so we often talk about as folks mentioned in the chat that concept of body neutrality, that the bodies of vehicle for living and doing.

321

00:48:47.430 --> 00:48:55.770

Martha Fairbanks Perry, MD - she/her: It needs to be nurtured with adequate food, water, rest and care we talked about that your body is something that you may want to.

322

00:48:56.100 --> 00:49:01.590

Martha Fairbanks Perry, MD - she/her: move to do the same, what are the things that you want to do, how are you going to use your body to do the things that you want to do.

323

00:49:01.860 --> 00:49:13.740

Martha Fairbanks Perry, MD - she/her: While we get you to where your body needs to be to match your gender identity or to closer match your gender identity and that often helps some of our patients really get to that point of.

324

00:49:15.030 --> 00:49:22.290

Martha Fairbanks Perry, MD - she/her: it's really more about survival and ensuring that we're going to keep your heart beating or going to keep your organs functioning.

325

00:49:22.650 --> 00:49:24.570

Martha Fairbanks Perry, MD - she/her: And we're going to work to get you what you need.

326

00:49:24.840 --> 00:49:34.440

Martha Fairbanks Perry, MD - she/her: What are the things that you want to use your body for, in the meantime and actually more and more we use this concept concept honestly in patients with eating disorders brought more broadly.

327

00:49:34.710 --> 00:49:45.300

Martha Fairbanks Perry, MD - she/her: And that our bodies really need to be on display or our bodies need to be used to live our lives and how do we want to use our bodies to live our lives.

328

00:49:45.870 --> 00:49:50.580

Martha Fairbanks Perry, MD - she/her: it's going to be different for someone that has gender dysphoria so I don't want to.

329

00:49:51.060 --> 00:49:59.130

Martha Fairbanks Perry, MD - she/her: equate those two, but we do we do use that concept across the board and find it very helpful of like let's keep you alive let's keep you going.

330

00:49:59.700 --> 00:50:09.240

Martha Fairbanks Perry, MD - she/her: What kinds of things does your body do that you like like going on hikes or going somewhere with your partner or whatever it might be and let's keep that going until we get you what you need.

331

00:50:10.650 --> 00:50:17.220

Martha Fairbanks Perry, MD - she/her: I would love to hear comments from Ryan to in terms of additional comments you have about that as well.

332

00:50:18.300 --> 00:50:23.580

Ryan Papciak, MSW, LCSW: yeah I definitely agree with you Martha and Ashley on that subject, I think.

333

00:50:24.030 --> 00:50:33.030

Ryan Papciak, MSW, LCSW: i'm speaking from experience and from seeing trans kids that have disordered eating.

334

00:50:34.350 --> 00:50:41.430

Ryan Papciak, MSW, LCSW: It just brings up the idea of the importance of gender affirmation, the idea that.

335

00:50:42.720 --> 00:50:58.470

Ryan Papciak, MSW, LCSW: With kids that don't have access to gender affirmation they're struggling longer and disorder using is getting more harmful and serious I can speak from experience that with gender affirmation came.

336

00:50:59.610 --> 00:51:11.070

Ryan Papciak, MSW, LCSW: A significant decline in disordered eating that it dramatically changed my world in being able to be affirmed in myself and who, I am.

337

00:51:14.010 --> 00:51:15.000

Angela Weeks (She/Her/Hers): I yeah I think this.

338

00:51:15.570 --> 00:51:24.030

Angela Weeks (She/Her/Hers): has been a really powerful conversation, and we did have a question related to that, but I want to pass it to Martha quickly.

339

00:51:24.510 --> 00:51:34.830

Martha Fairbanks Perry, MD - she/her: And I was just going to highlight something I think there was a question earlier about how do you handle a situation when you have a parent that's not supportive of gender affirming care.

340

00:51:35.250 --> 00:51:39.150

Martha Fairbanks Perry, MD - she/her: And I think that's that can be very challenging.

341

00:51:39.870 --> 00:51:48.120

Martha Fairbanks Perry, MD - she/her: For individuals who are assigned gender female at birth, we can use birth control without parental permission.

342

00:51:48.930 --> 00:52:04.410

Martha Fairbanks Perry, MD - she/her: In those states, you can consent to birth control without parental permission so sometimes that is one thing that we do in terms of from a gender affirming perspective to at least stop the menstrual cycles and then for individuals.

343

00:52:05.490 --> 00:52:16.710

Martha Fairbanks Perry, MD - she/her: We talk about other ways that from an affirming perspective, we talk about names, we talk about pronouns we talked about how who they want to present.

344

00:52:17.460 --> 00:52:32.040

Martha Fairbanks Perry, MD - she/her: Their gender to and what setting where it's safe and and give them that that opportunity to practice for some in coming out in the office, it may be the first time that they've said it out loud.

345

00:52:33.000 --> 00:52:41.820

Martha Fairbanks Perry, MD - she/her: And it's very rewarding for them to hear us use the pronouns that they need us and use that in front of others.

346

00:52:42.180 --> 00:52:50.010

Martha Fairbanks Perry, MD - she/her: Whether it's our staff that may not be their parents, yet, but then just continuing to build on that so that, over and over and over work for being.

347

00:52:50.700 --> 00:53:01.260

Martha Fairbanks Perry, MD - she/her: Their gender certainly we will refer patients for other things, depending on their needs, what I tell everyone is everyone has a different journey, everyone has a different way that they're.

348

00:53:01.680 --> 00:53:08.310

Martha Fairbanks Perry, MD - she/her: They want to affirm their gender, and so you know part of its me better understanding, where you need to go.

349

00:53:09.180 --> 00:53:23.850

Martha Fairbanks Perry, MD - she/her: from you and you helping guide me, and I can direct you towards resources and support when I know what your needs are whether that's here removal, whether that's botox whether that's name changing whether that's gender mark changing whether that's.

350

00:53:26.010 --> 00:53:36.960

Martha Fairbanks Perry, MD - she/her: additional time with parents and gradually setting goals, it might be first just having the parents use pronouns first, we know that for teens actually the most important thing is using accurate pronouns.

351

00:53:37.230 --> 00:53:46.560

Martha Fairbanks Perry, MD - she/her: it's actually more important to kids than getting that gender from in care of course dinner for me cares very, very close second but, at least in studies kids.

352

00:53:47.010 --> 00:54:03.120

Martha Fairbanks Perry, MD - she/her: Are feel more firms when their parents are using appropriate pronouns so i'll have parents that bring kids to care they're getting them hormones, but they're still using the pro that they're dead name or or full pronouns and that's not going to be as affirming so keeping in mind.

353

00:54:04.140 --> 00:54:09.780

Martha Fairbanks Perry, MD - she/her: How we how we approach it with our patients is again going to be very individualized.

354

00:54:11.160 --> 00:54:12.150

Ashley Austin, PhD (She/Her): I think you know.

355

00:54:13.320 --> 00:54:22.470

Ashley Austin, PhD (She/Her): Part of this is and what we're sharing good research and I had somebody emailed me the other day, a clinician I think they were actually in Arkansas and then there was, they said that one of their main things they do is is really.

356

00:54:22.980 --> 00:54:34.080

Ashley Austin, PhD (She/Her): grab as much good research as they can to really use it with the parents right really helping parents look at what the science is saying about health and recovery, so the more educated, you are.

357

00:54:34.890 --> 00:54:46.170

Ashley Austin, PhD (She/Her): On sort of the importance of sort of gender affirmation in these small you know small and big ways, how much it improves the things that the parents really do care about like the parents can usually really do care about.

358

00:54:47.100 --> 00:54:54.570

Ashley Austin, PhD (She/Her): Helping their children, you know recover become healthy they don't always see the CONNECT right like they don't get the CONNECT, but they do usually believe in.

359

00:54:55.140 --> 00:55:05.280

Ashley Austin, PhD (She/Her): Promoting health for their children so helping them, I mean that's a slow road I get it, but I do think that the more you're able to talk about an understanding utilize the research to advocate for your clients.

360

00:55:06.450 --> 00:55:13.650

Ashley Austin, PhD (She/Her): Parents are able to believe science sometimes when they don't believe their children, so we try to use that whenever I can.

361

00:55:15.540 --> 00:55:16.740

Angela Weeks (She/Her/Hers): And then we have.

362

00:55:16.920 --> 00:55:25.350

Angela Weeks (She/Her/Hers): So many good questions coming in from the chat and I think we only have time for a couple more but i'll i'll ask the ones that I feel like have not been touched on at all today.

363

00:55:26.190 --> 00:55:35.070

Angela Weeks (She/Her/Hers): One that just came in asks should parents assume that children who were a fabulous experience dysphoria around puberty when they get their period.

364

00:55:37.710 --> 00:55:42.180

Ashley Austin, PhD (She/Her): Not I mean so, so I would say that no you can't make that assumption.

365

00:55:42.510 --> 00:55:44.880

Ashley Austin, PhD (She/Her): There are some people who.

366

00:55:45.180 --> 00:55:46.380

Ashley Austin, PhD (She/Her): Who field just.

367

00:55:47.520 --> 00:55:57.360

Ashley Austin, PhD (She/Her): So sort of understanding ones, transit and there's not like a singular pathway that's What we do know now there's not one pathway to sort of there was not This was our linear path to sort of identifying as trends.

368

00:55:57.600 --> 00:56:05.430

Ashley Austin, PhD (She/Her): I think that, obviously, if someone does have if someone knows their children, is it trial is trans and they're having these open conversations.

369

00:56:05.640 --> 00:56:14.610

Ashley Austin, PhD (She/Her): that a lot of times it is really sort of helpful helpful to be linked up with on the gender clinic in the area, the providers in the area, to help us test and explore.

370

00:56:14.820 --> 00:56:22.500

Ashley Austin, PhD (She/Her): And what kinds of things exacerbated young person's gender dysphoria and what things, help affirm them but it's not it's not always so some for some kids.

371

00:56:23.130 --> 00:56:29.850

Ashley Austin, PhD (She/Her): Their periods are really, really, really huge deal and for others that's not that's not what bothers them the most.

372

00:56:30.690 --> 00:56:36.750

Ashley Austin, PhD (She/Her): For some kids you know same thing with with breast development that's a huge deal for some kids and not for everyone so.

373

00:56:36.990 --> 00:56:46.290

Ashley Austin, PhD (She/Her): that's a really important piece about gender dysphoria is sort of those things in isolation aren't like indicators of someone is trans or someone's not trans sort of like a constellation of experiences and.

374

00:56:46.530 --> 00:56:51.570

Ashley Austin, PhD (She/Her): And sort of a you as a provider recognizing that there's a lot of ways that gender dysphoria can manifest.

375

00:56:51.810 --> 00:57:01.920

Ashley Austin, PhD (She/Her): And a lot of ways in which certain things might be absent that you might expect to be there in art and that doesn't make a person less trans or not trans enough so really sort of hot and sort of this idea that.

376

00:57:02.130 --> 00:57:11.430

Ashley Austin, PhD (She/Her): it's not always like 12 or 13 when it happens so most people really come to understand themselves will a much earlier early early earlier and they're very clear they never want to go through puberty.

377

00:57:11.670 --> 00:57:22.920

Ashley Austin, PhD (She/Her): or much later and they're sort of still making sense of things, but it's not all super clear to them and they might have not exactly the same language that you'd be expecting to hear so part of it is sort of like.

378

00:57:23.100 --> 00:57:29.580

Ashley Austin, PhD (She/Her): Martha was saying, making sure you're sort of with any adolescent you're working with always sort of having gender identity conversations.

379

00:57:29.850 --> 00:57:36.180

Ashley Austin, PhD (She/Her): Such orientation conversations, the idea that our understanding of ourselves continues to grow it's fluid.

380

00:57:36.480 --> 00:57:45.420

Ashley Austin, PhD (She/Her): And sort of especially around body and body image and gender and gender norms having these sort of open dialogues that are really client lead, where we are not imposing.

381

00:57:46.200 --> 00:57:53.250

Ashley Austin, PhD (She/Her): Our sort of script for what what it looks like to sort of understand oneself, or what gender dysphoria looks like and there's a lot of.

382

00:57:53.670 --> 00:57:56.610

Ashley Austin, PhD (She/Her): Like a grown database on good good articles that sort of.

383

00:57:56.940 --> 00:58:09.240

Ashley Austin, PhD (She/Her): Help point out the nuances of of gender dysphoria so that it's not sort of this lock step thing that we must expect and whatnot there it's not there, so I think that could be helpful as folks are reading up and watching more things.

384

00:58:10.920 --> 00:58:12.330

Angela Weeks (She/Her/Hers): Now appreciate that and.

385

00:58:12.750 --> 00:58:22.980

Angela Weeks (She/Her/Hers): I think i'm going to squeeze in one more question I think is a good one to end on for today and, just as, again as a reminder to everyone anything we didn't get to.

386

00:58:23.490 --> 00:58:29.580

Angela Weeks (She/Her/Hers): will send out a follow up email with along with all the resources shared today, so you will have that coming to you, but.

387

00:58:29.940 --> 00:58:39.180

Angela Weeks (She/Her/Hers): Someone asked, do you have any suggestions for how to support trans girls and believing recovery is possible when there are not as many trans women in the field, or vocal about.

388

00:58:40.020 --> 00:58:55.860

Angela Weeks (She/Her/Hers): Having access eating disorder recovery, and I think it's a good question and on i'd like to expand it to sort of transgender people generally, you know how can we like what can we do to help make recovery more visible.

389

00:59:02.940 --> 00:59:03.330

Martha Fairbanks Perry, MD - she/her: i'm.

390

00:59:03.480 --> 00:59:10.140

Martha Fairbanks Perry, MD - she/her: I you know i'm not sure exactly understand the question but I I.

391

00:59:11.250 --> 00:59:13.440

Martha Fairbanks Perry, MD - she/her: What i'm hearing is ensuring that.

392

00:59:15.450 --> 00:59:27.270

Martha Fairbanks Perry, MD - she/her: transgender individuals have access to eating disorder care and that we understand what what recovery might mean for them related to eating disorders have that kind of.

393

00:59:27.900 --> 00:59:35.820

Ashley Austin, PhD (She/Her): almost like maybe were role models we're seeing seeing successful example that way yeah yeah I think it was like that.

394

00:59:35.850 --> 00:59:45.540

Martha Fairbanks Perry, MD - she/her: yeah, so I think there's there you'll see in the presentation for that I did, there was a number of organizations.

395

00:59:46.080 --> 00:59:55.980

Martha Fairbanks Perry, MD - she/her: That, I think you can follow, there are several and instagram accounts that I encourage patients to follow or look at and to decide whether they want to follow it.

396

00:59:56.520 --> 01:00:11.070

Martha Fairbanks Perry, MD - she/her: As well as the fed up collective is, I think one of the good organizations that really focuses on on eating disorders in individuals that don't fit the like gender binary norms or other.

397

01:00:13.950 --> 01:00:22.320

Martha Fairbanks Perry, MD - she/her: tip of what are considered typical or stereotypical eating disorder populations, and so I think they have a lot of good resources.

398

01:00:23.730 --> 01:00:33.180

Martha Fairbanks Perry, MD - she/her: That that's probably one of the places I would say off the top of my head that I direct patient to most commonly and then again there's several other resources listed in the presentation today.

399

01:00:34.200 --> 01:00:45.840

Martha Fairbanks Perry, MD - she/her: That that's linked lots of names on instagram there's also septic tanks as well that some of my patients who are cooler than I am will follow, as well as.

400

01:00:46.770 --> 01:01:02.670

Martha Fairbanks Perry, MD - she/her: The I was just looking at my presentation to make sure I didn't forget anything but um yeah the setup collective is the fighting eating disorders and underrepresented populations, a trans and intersex collective I think that's probably one of the best places to go.

401

01:01:04.890 --> 01:01:19.680

Angela Weeks (She/Her/Hers): that's great Thank you and we can certainly go through the presentation and work with the team here to make sure that you're getting all those resources and the follow up email so that should be comprehensive and should have lots of links to things that you all can use.

402

01:01:20.760 --> 01:01:30.720

Angela Weeks (She/Her/Hers): So with that, I think we have to end today's session we we are out of time, but this has been really amazing great discussion Thank you so much for all of our panelists who spent the time.

403

01:01:30.930 --> 01:01:37.740

Angela Weeks (She/Her/Hers): sharing their wisdom and expertise, and we hope to see you again on one of our future presentation, so thank you everyone.

404

01:01:39.030 --> 01:01:39.840

Ashley Austin, PhD (She/Her): Thanks and thanks.

405

01:01:40.170 --> 01:01:41.970

Ashley Austin, PhD (She/Her): To you, active group don't.

406

01:01:42.000 --> 01:01:45.330

Ashley Austin, PhD (She/Her): have to be this lots of typing going on, thank you.

407

01:01:45.600 --> 01:01:46.830

Martha Fairbanks Perry, MD - she/her: terrific questions.

408

01:01:47.100 --> 01:01:50.280

Angela Weeks (She/Her/Hers): That was great alright thanks everyone see you again soon.