



ADVANCING EXCELLENCE IN TRANSGENDER HEALTH

Caring for Transgender Adolescents in a Primary Care Setting

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Objectives

1. Delineate strategies to create an affirming and inclusive environment for clinical space, history and physical exam, and health screening.
2. Describe strategies for communication with transgender youth and their families.
3. Demonstrate affirming and inclusive care for transgender youth through an interactive case study

Case

- Sam* is a 15 y/o white, non-Hispanic female who presents with chief complaint of “gender issues.”

- Where do you start?

* Case courtesy of M. Melchiono,
name changed



Background

- Approximately 0.7% of youth age 13-17 identify as transgender
- Transgender youth experience significant health disparities (e.g., bullying, depression, suicidality, substance use)
- Receiving supportive, respectful health care:
 - Improves health outcomes, psychosocial functioning for transgender youth
- Primary care clinicians cannot provide supportive care if do not know patient is transgender

Reisner et al, 2015, reisner et al, 2014, Steever et al, 2014, deVries et al 2014, Colizzi et al, 2016, Dhejne et al, 2016, Rafferty et al 2018



AAP Position Statement

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN®

- “Pediatric primary care providers are in a unique position to routinely inquire about gender development in children and adolescents as part of recommended well-child visits and to be a reliable source of validation, support, and reassurance. They are often the first provider to be aware that a child may not identify as cisgender or that there may be distress related to a gender-diverse identity. The best way to approach gender with patients is to inquire directly and nonjudgmentally about their experience and feelings before applying any labels.”

Rafferty et al, 2018



Turn to your neighbor

- Describe your clinic or office waiting room
 - Are there things that would be welcoming for transgender patients? What about transgender parents?
 - Are there things that may be unwelcoming to transgender patients?
 - What is the check-in process like?

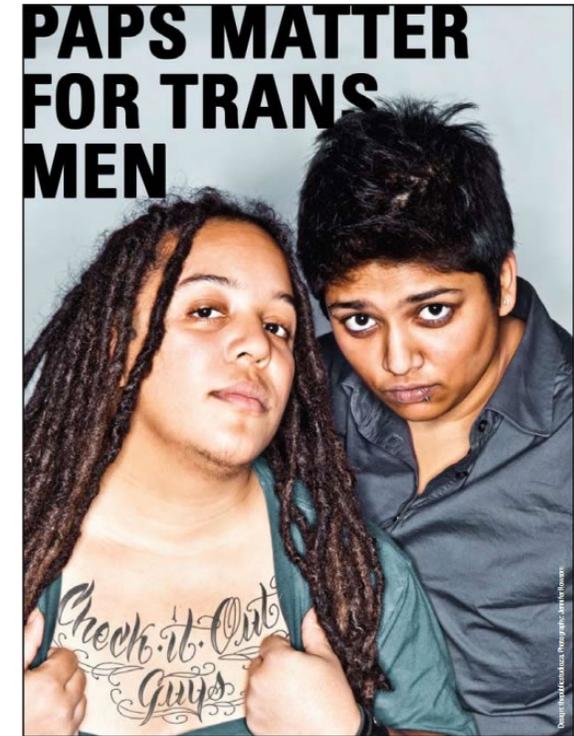
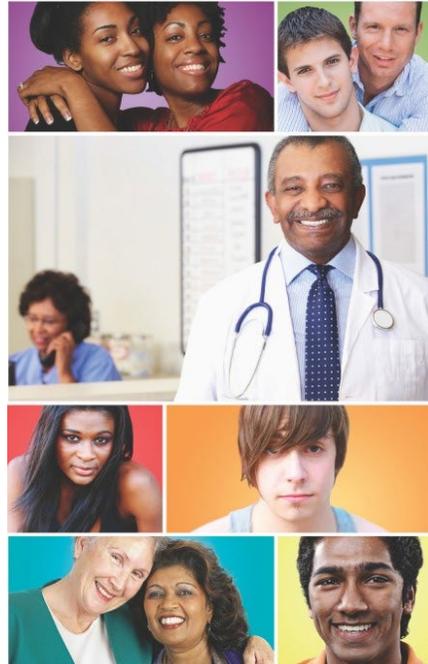


Creating affirming clinical spaces for youth

Boston Children's Hospital welcomes all patients, visitors and staff to use the restroom consistent with their gender identity.

Single stall restrooms are also available.

Do Ask, Do Tell:
Talking to your health care provider about being LGBT



If you've ever been sexually active (in any way) and have a cervix, you need regular Paps. Check out our website for more information and tips on how to make getting a Pap easier.



checkitoutguys.ca



ADVANCING EXCELLENCE IN TRANSGENDER HEALTH

I'd like to see this, tape **the pride flag right on the wall**, but it's not reasonable. Maybe doing like those...stickers, the **LGBT safe space stickers?** Yeah.

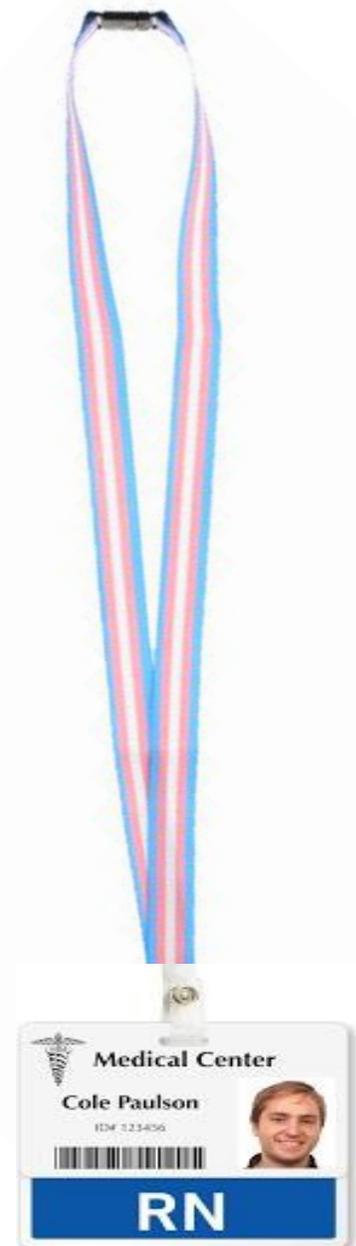
- 15-year-old trans girl/ trans girl

Guss et al, 2019



The Clinic: Some Tips

- Train all staff on LGBTQ health and competencies
- Include gender identity and sexual orientation in non-discrimination policies
- Have a gender neutral bathroom
 - Where do your patients leave urine samples?
 - Teens like the idea of pamphlets in bathrooms for privacy from parents



The waiting room



The Clinic: Forms

- Both transgender and cisgender youth find questions about gender identity and sex assigned at birth understandable
- Transgender adolescents (like adults) may find use of their legal name triggering
 - Discuss with your staff how to incorporate chosen name and pronouns for patients
 - Can this be done in your EMR? What about a paper form?
 - Do you need a work around?
 - What if parents don't know?



Questions on Paper Form

What name should we use for you?: _____

What pronouns should we use for you?

- She/her/hers
- He/him/his
- They/them/theirs
- Another pronoun: _____

What is your gender identity? (Choose all that apply)

- Female
- Male
- Transgender male
- Transgender female
- Nonbinary or genderqueer
- Another gender: _____
- I don't know
- Choose not to disclose

What sex were you assigned at birth, on your original birth certificate? (Select one)

- Female
- Male



What do teens think about paper forms?

I would be kind of like proud that they're actually recognizing and accepting transgender males and females because a lot of hospitals, as well as public places, they choose not to so I think it's important that they're starting somewhere...- *17-year-old, cisgender female*

It was a little more like identity confirming so like gender confirming and it made me feel like you guys were trying to make an effort to understand our struggle as being trans and stuff, yeah. - *17-year-old, trans female/trans woman*



The Clinic: The Provider



- Treat all patients with empathy, respect and dignity
- Clinicians should acknowledge personal biases and attitudes
- All patients should receive care in which the provider affirms the patient's gender and sexual orientation
- Conversion therapy is unethical and against standards of medical care

David et al, 2018

Beyond the Provider

I know my doctor [at the office] is supportive, but I still have the worries, like, what if not everyone... that works here is supportive and all that.

- 17-year-old, gender queer/ gender nonconforming teen

Guss et al, 2019



HISTORY AND PHYSICAL



Expectations

- Transgender youth may have had prior adverse health care interactions and may not immediately feel comfortable disclosing sensitive information
 - **Your job is not to get youth to ‘come out’, but to create a welcoming, informative environment in which they can do so and can receive support**
 - Be ready with resources
- *Show that you are a gender affirming provider*
 - Consider pins, lanyards, stickers, and signs



Hadland et al., 2016; The Fenway Institute, 2015.



Setting the Stage: Confidentiality

- Discuss with patient and parent *up front* that you will have confidential time so youth can learn to take responsibility for their own health

Today we are going to spend some time talking together about Robin's health. I'll address any questions each of you have, and then I will spend some time alone with Robin. At the end of the visit, we'll come back together and talk again.

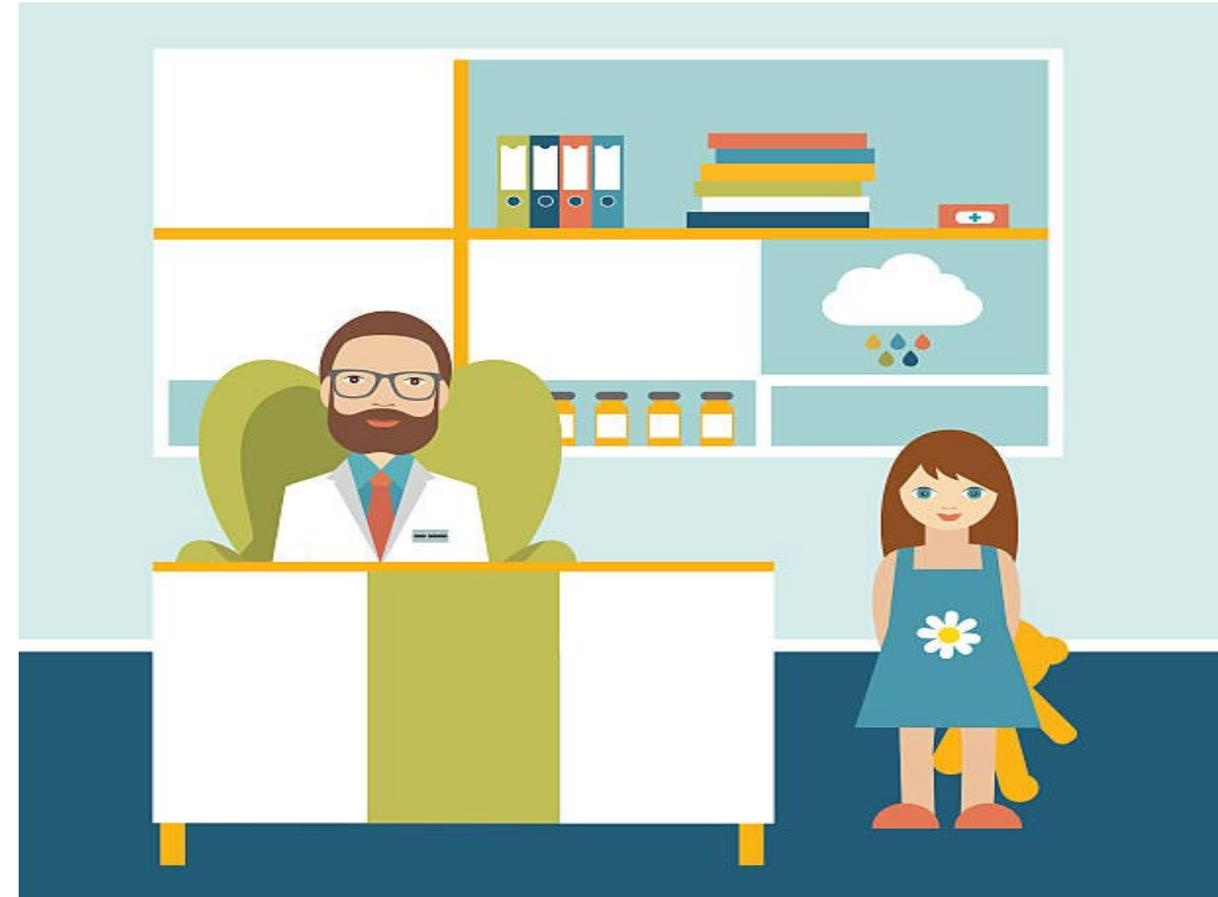
- If parent shows reluctance to leave, reframe it: focus is on adolescent self-responsibility and self-reliance



When to start?

- Age 12 is suggested by AAP
 - Start preparing patient and family at 11-year-old health maintenance exam
- But also consider development of the patient

- Confidentiality is a **key part** of adolescent health care
 - This is standard of care!



Caveat: Limits to Confidentiality

- Let the patient and parent know there are limits to confidentiality:
 - Risk to self or others
 - Abuse
- Violations of confidentiality may have consequences for transgender and gender queer patients
 - Consider discussing the contents of documentation with the patient
 - What name and pronoun do they want you to use in the note?
 - If possible, use confidential notes in your medical record



Confidentiality and Consent

- Policies vary from state to state regarding adolescent consent and parental notification
- States allow minors to consent to services for STIs/HIV and emergency care
 - Most allow them to consent to family planning services and substance abuse treatment
- If a bill or Explanation of Benefits will breach confidentiality (*e.g.*, would disclose STI/HIV testing or treatment), consider alternate coding
- Learn the laws/statutes for your state
 - Guttmacher Institute (www.guttmacher.org)
 - National District Attorneys Association (www.ndaa.org)
- The Society for Adolescent Health and Medicine has additional resources: <https://www.adolescenthealth.org/Resources/Clinical-Care-Resources/Confidentiality.aspx>



Confidentiality and the patient

- When alone with the patient, re-introduce the limits of confidentiality

As I said earlier, the next part of this visit is confidential. What does that mean to you? That means it is between you and me and your medical team, unless you or someone else is at risk of immediate harm.

Meeting the patient

- Consider introducing yourself with your pronouns

Hi, I am Dr. Guss. My pronouns are she/her/hers.

Case

- Over the last year and a half Sam has begun to question her gender identity.
- She cut her long hair to a pixie cut and has begun wearing more androgynous clothing.
- She has not told any peers about her feelings but recently told her father who brought her here today.
- Dad reports that his initial reaction was one of confusion
- He wonders if this might be a stress reaction to all she has encountered and if it might be a passing thing.

Case

- There are several social stressors. Mom died when Sam was young
- In the last 2 years, father has remarried to a younger Russian woman and they have since had a baby.
- The whole family has moved communities from one neighboring town to another and had a prolonged period in temporary housing while they renovated their new house.
- Sam is close with dad, not much of a relationship with stepmom
- **>> What other adolescent-specific history do you want to know?**

The Social History: SSHADESS

- HEADS mnemonic used to screen for most causes of morbidity and mortality in teens
- SSHADESS reorders to discuss easier things first and is strength-based:

Strengths

School

Home

Activities

Drugs

Emotions/Depression

Sexuality

Safety



Social History: Strengths

- Resilience – support networks, counselors
- Many transgender youth are doing well
- Being out may promote well-being



Watson and Veale, 2018

Social History: School

- Ask about bullying
- Is there a Gender and Sexuality Alliance (GSA) at their school? If so, are they a member?
 - GSAs make schools safer for LGBTQ+ students
 - There is evidence that they lead to a more positive school environment
- Does the school have LGBTQ inclusive sex ed?
- Are there ways you can advocate for your patient at school?
- Resource: <https://www.glsen.org/>



GLSEN 2007, Marx and Kettrey 2016, Rafferty 2018



Social History: Home

- Are they out to their family?
 - Who knows? Is it safe to disclose?
- Are they at risk for homelessness?
- Supportive parents can help
 - E.g.: Family Acceptance Project: demonstrated that family acceptance:



- Suicide
- Depression
- Substance abuse



- Health
- Self-esteem



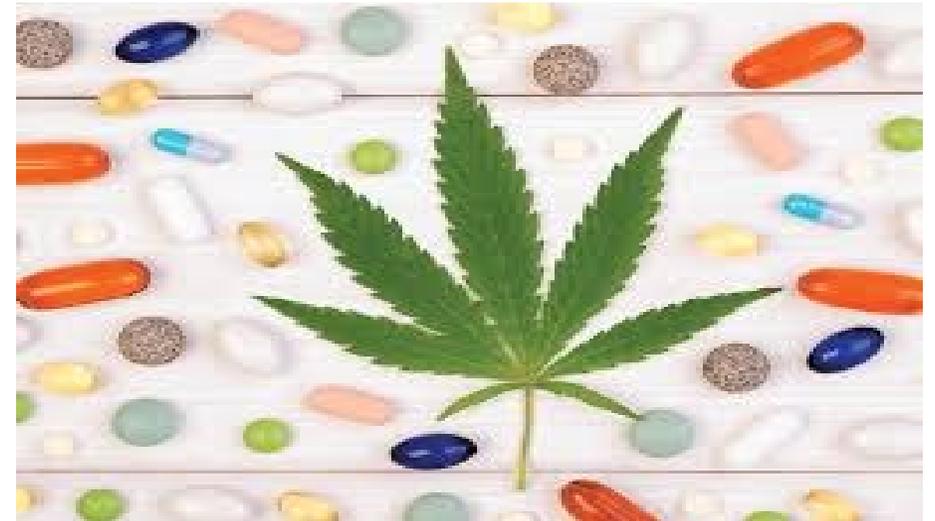
Social History: Activities

- What do they like to do for fun?
- Do they do any sports?
 - This may be an area to especially explore for transgender and non-binary youth
 - Do they feel safe changing in the locker room?
 - GLSEN has resources for inclusion in sports
- How much time are they spending on the internet?
 - The internet can be an affirming space for transgender youth
- Are they spiritual/religious?
 - How supportive if their place of worship?



Social History: Drugs

- All adolescents should be asked about substance use
- Numerous stressors that are unique to transgender youth
 - Stigma, discrimination, rejection
- The American Academy of Pediatrics recommends **SBIRT**
 - Substance abuse screening
 - Brief Intervention
 - Referral to Treatment
- www.sahmsa.gov has many resources



Social History: Drugs

C

- Have you ever ridden in a **CAR** driven by someone (including yourself) who was “high or had been using alcohol or drugs?

R

- Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in?

A

- Do you ever use alcohol or drugs while you are by yourself (**ALONE**)

F

- Do you ever **FORGET** things you did while using alcohol or drugs?

F

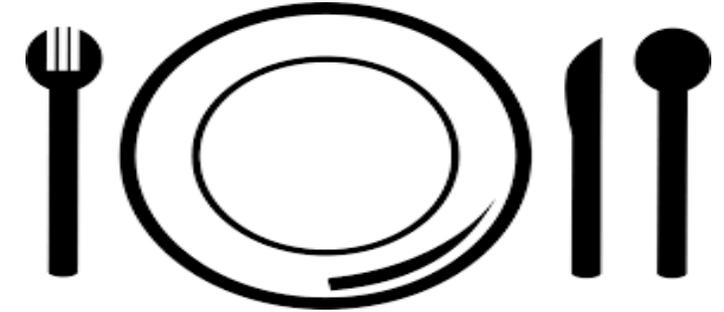
- Do your family or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?

T

- Have you ever gotten into **TROUBLE** while you were using alcohol or drugs?

Social History: Diet

- Ask about disordered eating
 - Elevated risk for transgender adolescents and adults
 - Ask about purging, diet pills, laxatives, fasting >24 hours
- Look at growth chart and vital signs
 - Is there sudden weight loss or gain? Bradycardia?
- Menses
 - If someone should be menstruating, ask if they are having a period
 - Periods can be distressing for transgender and non-binary youth



Coker et al, 2010, Guss 2017, Diemer 2015

Social History: Emotion/Depression

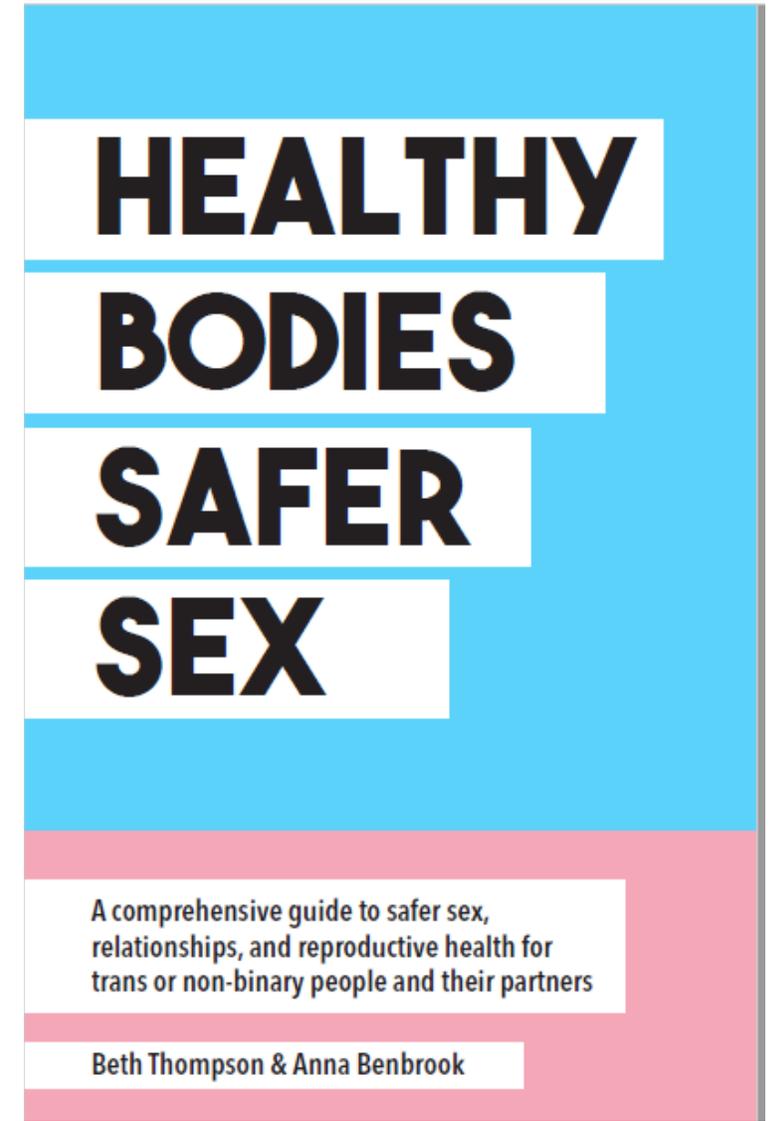
- All youth should be screened for depression –transgender youth may have additional stressors that put them at increased risk of mental health issues
 - This may be due to experienced discrimination, lack of civil rights
- High rates of suicide attempts among transgender youth
- Transgender adults with eating disorders have very high rates of non-suicidal self injury
 - Do not forget a good skin exam later!
- Be ready with resources
- Conversion therapy is unethical

Rafferty 2018



Social History: Sexuality

- Use inclusive language with all patients
- Do not make assumptions about partners
- Avoid assuming a patient's partner is opposite-sex
 - Ask, "Are you in a relationship?" rather than, "Do you have a boyfriend?"
- Use the same terms youth use to describe themselves
 - If a patient refers to herself as a lesbian, use this instead of the term "gay" in your clinical encounter
- Discuss healthy relationships



<https://lgbtq.unc.edu/sites/lgbtq.unc.edu/files/documents/healthybodiessafersexnatl.pdf>

Social History: Sex

- For patients on testosterone
 - Amenorrhea typically is the goal for patients and often occurs within six months
- TESTOSTERONE IS NOT BIRTH CONTROL
 - Even if amenorrheic – they may still be ovulating!
- Ask about partners and if there is a possibility for pregnancy
- Offer birth control if warranted based on behaviors
 - Copper IUD can be a great option, too!

REAL STORIES /

Hear real women and men share their very real experiences with different methods of birth



Mal, 30, IUD



Bedsider.org



Easy Clinical Tips: Questions

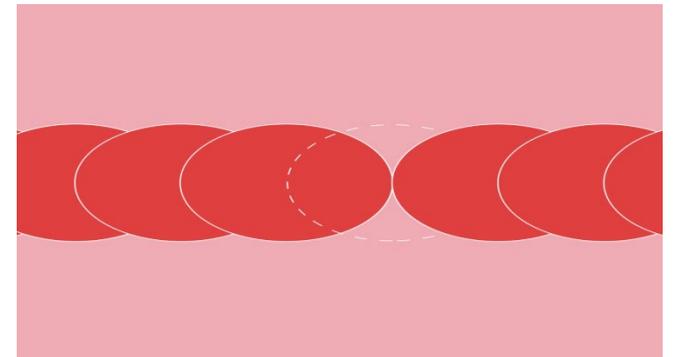
- Remember: Youth often have diverse / fluid identities
 - Sexual attraction, self-identified sexual orientation, gender identity, and gender expression
- Ask open-ended questions: pronouns, gender identity, sexual orientation, and sexual attraction
 - Privacy and confidentiality are important!
- Labels don't dictate behavior!

Hadland et al., 2016;
The Fenway Institute, 2015.



Review of Systems: Menses

- “The fifth vital sign”
- Transgender male and non-binary/gender queer patients may find periods to be very traumatic
- Offer medication to stop periods
 - A specialist does not need to do this – primary care!
- Typically, patients want non-estrogen options
 - Medroxy-progesterone IM
 - Norethindrone
 - Norethindrone acetate
 - Levonorgestrel IUD



Case: Sam

- After Sam's father leaves the room:
 - Sam tells you that she is pretty sure she is a lesbian and is questioning her identity, leaning toward transmasculine
 - For now, she uses “she/her/hers” pronouns but is toying with “he/him”
 - She is very distressed by her chest and wants to know what the options are

- **What about Sam's physical exam?**

The Physical Exam

- Same tips apply for youth as adults
- Trauma informed approach to the exam
 - Explain what you are doing and why
 - Consider deferring parts of the exam for a future visit if not medically necessary



Physical Exam

- Ask for preferred terminology around body parts

“[If it’s] involving genitals it should be as **quick as possible** because ...people tend to **feel kind of dysphoric** when those are brought up... I personally just feel really awkward about having boobs and I often think ‘why are these organic milk sacs attached to my chest?’

- 15-year-old, gender queer youth

Binders



<http://callen-lorde.org/graphics/2016/06/HOTT-Safer-Binding-Brochure.pdf>

Tucking

- Goal: Make underwear area look smoother
- This can:
 - make someone feel better about their body
 - Make clothing fit more comfortably
 - Help someone “pass”



<http://callen-lorde.org/graphics/2016/06/HOTT-Safer-Tucking-Brochure.pdf>

SCREENING



Sexual Risk Counseling

- Address STI/HIV and pregnancy risks based on sexual activity and body parts, not identity
- Be sure to explain why asking a sexual history is relevant for their health and why exam of certain body parts is necessary
- Trauma informed approach



Saewyc et al., 2008; Travers et al., 2011. Proteat, 2016



Sexual Health and STI Screening

- Screen based on anatomy and behavior, NOT sexual orientation or gender identity
 - testicular exam
 - Pap testing
- Extragenital STI screening for youth who have receptive anal sex/ oral sex
- Offer self-collected specimen for increased comfort (*e.g.*, for gonorrhea / chlamydia)



HIV Screening



1 in 4 new HIV infections occurs in youth ages 13-24 years



About **60%** of all youth with HIV do not know that they are infected

- Transgender people may account for high numbers of new HIV infections and are also at risk for not knowing their HIV status
- Multiple guidelines (including the AAP) recommend routine HIV testing at least once in a person's lifetime
- CDC recommends annually or every 3-6 months depending on risk factors

CDC, Rafferty 2018



Pre-Exposure Prophylaxis

- FDA approved chemoprophylaxis for HIV – including minors:
 - consisting of a single pill with the combination of tenofovir disoproxil fumarate (TDF) and emtricitabine (FTC).
- PrEP should be offered to teens/young adults at substantial risk of HIV infection, including
 - men who have sex with men who have unprotected anal intercourse
 - people in a sexual relationship with a HIV positive partner
 - individuals who engage in survival sex
 - injection drug users
- More information: <https://www.cdc.gov/hiv/basics/prep.html>



The Visit: Parents

- Encourage parents to have open communication with their teens
 - Invite conversations about sexuality and gender
 - Use respectful language and be supportive
 - Being supportive matters
- Stay involved – parents should know what their teen is up to!
- Parents can access organizations for support, including: [PFLAG.org](https://www.pflag.org)

Brainstorming session

- **Small group activity:** discuss changes in your clinical practice that you can make happen to improve care for your transgender patients



Easy Clinical Tips: Mistakes

- Even experienced practitioners make mistakes with names and pronouns
- Confront head-on your own mistakes or those of your colleagues' when they occur



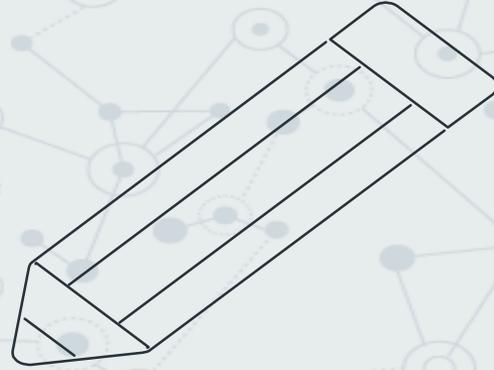
- E.g., “I apologize that we used the wrong name for you. We strive to be respectful of all our patients and we did not mean to disrespect you.”

Hadland et al 2016; The Fenway Institute, 2015.

Take-Home Messages

- Spend time alone with your adolescent patients where you can confidentially discuss sensitive issues
- You can support your pediatric and adolescent patients who are exploring gender
- Consider participating in advocacy efforts to protect and support transgender youth
- Provide a safe space youth to come out and be ready with support and resources





Wrap-up: Next steps

Jot down:

What are two things you would like to do in the next 6 months to make your practice more affirming for transgender adolescents?



Thank you!

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