Gender Non-conforming Youth- an Interprofessional Approach to Support Gender Transition

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Disclosures

Some of the medications being discussed today are used off label in the treatment of transgender persons
Learning Objectives

• Differentiate natal sex, gender identity, gender expression and sexual orientation
• Discuss how to provide gender sensitive health care to youth in a variety of settings
• Explain how bias and victimization create disparities and lead to risks
• Discuss primary and specialized care that may be needed by transgender adolescents
• Discuss initial management strategies for appropriate and competent care for gender nonconforming youth
Why Gender Care is Important

• NapNap’s position statement (Health Risks and Needs of Lesbian, Gay, Bisexual, Transgender, and Questioning Adolescents Position Statement) supports providing comprehensive care to gender non-conforming youth
• Gender is developmental, universal
• Anticipatory guidance
• Decreases physical and mental health risks
Differentiate natal sex, gender identity, gender expression and sexual orientation

Mai-Anh Tran Ngoc, DO
Gender Identity Terminology

- **Cisgender** – gender identity aligns with cultural notions of gender and the sex they were assigned at birth
- **Transgender** - a person whose identity differs from their assigned gender at birth
- **Gender diverse/gender variant/non-binary/gender queer/gender-fluid** - people who do not identify or express their gender within the gender binary
THE GENDER BEAR

Identity

GENDER IDENTITY
How you feel and see yourself
Woman   Gender queer/others   Man

SEXUAL ORIENTATION
Who are you attracted to sexually and/or emotionally?
Woman   Both/all   Man
          None

Sex

SEX
Sex assigned at birth
Female   Intersex   Male

GENDER EXPRESSION
How do you express yourself?
Feminine   Androgynous/others   Masculine

THE GENDER BEAR

THE GENDER BEAR

Identity

GENDER IDENTITY
How you feel and see yourself
Woman  Gender queer/others  Man

The Gender Bear.” Justiceforsisters, justiceforsisters.wordpress.com/category/infographic/.
THE GENDER BEAR

Expression

THE GENDER BEAR

Orientation

SEXUAL ORIENTATION
Who are you attracted to sexually and/or emotionally?

Woman ----------- None ----------- Man

Trans/transgender - Lived experiences and sense of personal identity differ from assigned gender at birth
Cisgender - Lived experiences and sense of personal identity match assigned gender at birth

THE GENDER BEAR

Identity

SEX

Expression

Orientation

Sex

GENDER IDENTITY
How you feel and see yourself
Woman Gender queer/others Man

SEXUAL ORIENTATION
Who are you attracted to sexually and/or emotionally?
Woman Man

SEX
Sex assigned at birth
Female Intersex Male

GENDER EXPRESSION
How do you express yourself?
Feminine Androgynous/others Masculine

Identities and Transition

Identities include but are not limited to

- Affirmed female (MTF = male to female, transgender woman)
- Gender Queer (Non-binary, Trans feminine, Trans masculine, Agender)
- Affirmed male (FTM = female to male, transgender man)

Phenotypic Gender Transition →

Process and time when person goes from living as one gender to living as another gender

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Case Presentation

Elizabeth Vaczy, RN, MS, PNP-BC
Case History

• JM is a 16 year old trans male followed since age 11 for T1DM
• Diabetes had been well controlled, deterioration in control noted with significant elevation in HbA1c
• Complicated social history
• Had come out to grandmother and a friend- “because he wants to be happy”, “ready to live his life”
• Asking about available services
• Assisted in his coming out to grandfather
• Referral to Gender Health clinic
Case History

• Age of declared gender dysphoria- had always thought of self as a male, wore male clothes
• “Wants to start his transformation”, “start treatment with testosterone”
• Reported deep depression r/t not being able to live as a male
• + self harm, suicide ideation
Case History

- Menstrual suppression started at initial visit
- Family support and acceptance
- School support
- Mental health services
- Legal issues- custody issues, medical decision making, permission for testosterone
Creating a Trans-Friendly Environment

This office appreciates the diversity of human beings and does not discriminate based on race, age, religion, ability, marital status, sexual orientation, sex or gender identity.

Do Ask, Do Tell

Talk to your provider about being LGBTQ. Your provider will welcome the conversation.

Start today!
Inclusive Forms

What is your current gender identity? (Check all that apply)
- Male
- Female
- Female-to-Male (FTM)/Transgender
- Male/Trans Man
- Male-to-Female (MTF)/Transgender
- Female/Trans Woman
- Genderqueer, neither exclusively male nor female
- Additional Gender Category/(or Other), please specify
- Decline to Answer, please explain why

Important personal health history as well
Data that does not allow gender/sex minorities to remain “invisible”

Do you think of yourself as:
- Lesbian, gay or homosexual
- Straight or heterosexual
- Bisexual
- Something else
- Don’t know

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Welcoming Environment

- Welcoming signage
- Staff training and education
- Use requested pronouns/name
Heather Jones, LMSW
Health Risks for Trans Students

Student Survey 9th and 11th graders, n=81,885

Trans/genderfluid/non-conforming n=2,168 (2.7%)

Risk behaviors significantly higher among trans than cis

Emotional distress, bullying significantly more common among birth-assigned females than males

Protective factors
  • Family connectedness
  • Student-teacher relationships
  • Feel safe in community
  • Internal assets

<table>
<thead>
<tr>
<th>Health Risk Behavior</th>
<th>Trans/Non-Conforming Youth</th>
<th>Cis Youth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol use</td>
<td>23%</td>
<td>17%</td>
</tr>
<tr>
<td>No condom at last sex</td>
<td>51%</td>
<td>38%</td>
</tr>
<tr>
<td>No birth control at last sex</td>
<td>41%</td>
<td>25%</td>
</tr>
<tr>
<td>Depressive symptoms</td>
<td>58%</td>
<td>21%</td>
</tr>
<tr>
<td>Self-harm past year</td>
<td>54%</td>
<td>14%</td>
</tr>
<tr>
<td>Suicidal Ideation</td>
<td>61%</td>
<td>20%</td>
</tr>
<tr>
<td>Physical bullying</td>
<td>25%</td>
<td>12%</td>
</tr>
<tr>
<td>Relational bullying</td>
<td>52%</td>
<td>32%</td>
</tr>
<tr>
<td>Prejudice-based reason: gender</td>
<td>35%</td>
<td>5%</td>
</tr>
<tr>
<td>Prejudice-based reason: gender expression</td>
<td>47%</td>
<td>15%</td>
</tr>
</tbody>
</table>

Minority Stress Theory

Gender or Sexual Minority

Suicide, Substance Use, SES Disadvantage, Victimization

Stigma

Prejudice, Discrimination, Abuse, Lack of Acceptance, Isolation, Esteem, Resources

Anxiety, Depression

Minority Stress

Importance of Mental Health

- Patients do not need to be established with a mental health therapist prior to making an appointment with our office.

However...

- Mental health therapy is recommended for over age 18 if the patient isn’t already connected with someone. It’s REQUIRED for patients under 18 prior to starting hormones.

Why?

- Insure any co-existing conditions are being addressed
- Additional support is beneficial during transition
- Letters of support are needed for hormones and gender affirming surgeries.
Barriers to mental health care

how social work can help

• Provide resources available in your community – specifically providers with experience working with transgender population

• Call mental health clinics directly to inquire about availability and insurance plans accepted

• Arrange transportation for patients/families
Social Work Role... SCHOOL

• Assess level of support in school
  – Has your patient transitioned at school. If no, how come? If yes, how has this been going? Who is providing the support?
  
  – some may not feel safe if they were to begin expressing gender differently at school.

  – High levels of victimization compared to non transgender peers
Support and Protect...in school

• gay straight alliance

• School districts should have anti-harassment policy that specifically includes protections based on sexual orientation and gender identity

• Gender neutral bathroom for students, teachers and staff
Social Work Role...INSURANCE

• Insurance coverage
  - pubertal suppression
  - hormones
  - surgery
Social Work Role

• provide resources and assist with referrals as needed
  – legal/identity documents
  – name change
  – gender marker change
Medical Care of Transgender Youth

Mai-Anh Tran Ngoc, DO
Who to Screen?

• All children, adolescents, and young adults
  – Developmental stages
  – Gender and sexual development are natural parts of human development
• Nonconforming gender expression
• Concerns/problems with
  – Mood
  – Behavior
  – Social
### Coming Out Transgender

<table>
<thead>
<tr>
<th>Patients</th>
<th>Mean, (Age Range)</th>
<th>Assigned Female at Birth</th>
<th>Assigned Male at Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age of Presentation</td>
<td>14.8 (4-20)</td>
<td>15.2 (6-20)</td>
<td>14.3 (4-20)</td>
</tr>
<tr>
<td>Tanner Stage</td>
<td>3.9 (1-5)</td>
<td>4.1 (1-5)</td>
<td>3.6 (1-5)</td>
</tr>
<tr>
<td>Total n, (%)</td>
<td>97 (100)</td>
<td>54 (55.7)</td>
<td>43 (44.3)</td>
</tr>
</tbody>
</table>

Spack N, GeMS Clinic, Boston Children's Hospital. *Pediatrics, 2012*
Setting Up the Interview

- **Establish privacy**
  - Ask parents/guardians to step out of room
  - Explain what can (and can’t) be kept confidential
    - Don’t disclose without patient’s permission first
- **Establish trust and rapport**
  - “What are the name and pronouns you’d like me to use?”
  - “What’s your gender identity?/”Do you view yourself as a boy, girl, or neither of these?”
- **Getting to know the person**
  - General adolescent psychosocial assessment (e.g. HEADDSSS)
  - Leading into more detailed & sensitive history
Gender Experience

• Review history of gender experience
  – Open-ended encouragement, “Tell me your story in your own words”
  – Ask about specific feelings, thoughts, behaviors, preferences, and goals

• Review patient’s safety and behavioral risk factors
  – Who are they out to?
  – Are they supported at home, school, in the community?
What if you make a mistake?

• Don’t make a big deal out of it, but acknowledge your error
  – “I’m sorry, I meant ***.”
  – Correct your colleagues
• Never assume, Just ask
  – “When I talk to you parents, what name and pronouns would you like me to use?”
  – “When you say you identify as genderqueer, what does that mean to you?”
• ...but don’t ask too much if it’s not relevant

Copyright: Sophie Labelle, 2017
adapted from Kyan Lynch, MD, MA, University of Rochester Center for Community Practice, Jan 2018
When to Refer

- Cross gender expression, role playing
  - Or refuses to ascribe to typical masculine or feminine gender expectations
- Wanting the other gender’s body parts
- Not liking one’s gender & body (gender dysphoria)
- Concerned about upcoming puberty
Referrals and Seeking Specialized Care

- **Mental health providers assist with identifying**
  - Gender identity and gender needs
  - Gender dysphoria, other psychosocial stressors
  - Options, planning for safe social transition
  - Benefit from delaying puberty, gender affirming hormones, surgical referrals
  - Documentation and support for name, gender marker, and other options for transition

- **Transgender health “specialists”**
  - Variety of providers with experience and/or training in caring for transgender patients
  - Wide variety of disciplines, degrees, specialties

- **Use World Professional Association for Transgender Health (WPATH) guidelines**
Range of Treatment Approaches

1. **No treatment until 18** (after full pubertal experience)

2. **Allow some experience puberty, to age 15-16 or Tanner 4, then start GnRH analogues or hormones**

3. **Gender identity stable**
   - Initiate puberty with hormones congruent with gender identity

4. **Gender identity stable**
   - Start GnRH analogues at Tanner 2
   - Initiate hormones several years later

- **Living in Asserted Gender**

- **Gender Affirming Surgery**

https://ceitraining.org/
Treatment Goals

Improve quality of life by:
• Facilitating transition to physical state that more closely represents the individual’s sense of self
• Avoiding depression, risk-taking
• Establishing early, strong social support

Risks of withholding medical treatment For Adolescents (WPATH SOC)
— Withholding puberty suppression and subsequent feminizing or masculinizing hormone therapy is not a neutral option for adolescents”
— “Refusing timely medical intervention for adolescents might prolong gender dysphoria. . . [and increase] the degree of psychiatric distress during adolescence . . .
Phases of Transitioning

Reversible
- clothes, hair, shoes, toys, non medical body modification, GnRH analogues

Partially reversible
- masculinizing and feminizing hormone therapy

Irreversible
- Surgical interventions
GnRH Analogues - Puberty Blockers

• Consider “blocking” puberty
  – Prevent unwanted secondary sex characteristics
  – Allow time for teen to mature and make decision
  – Allow time for parent and social support to develop
  – Effects fully reversible
GnRH Analogues

• Gonadotropin-Releasing Hormone (GnRH) analogues block puberty
  – Leuprolide
  – Histrelin
• Ideally at early Tanner 2
  – Maintain prepubertal status
• Can use at Tanner 3-5
  – Halt continued puberty changes
  – Prevent continued 2nd gender characteristics
Risks of “Blockers”

• Required medical visits, injections, labs, exam
• Expense
  – Time & effort with prior authorizations
• Height consideration
• Bone mineral density reduced
  – Reversible once hormones initiated
• Lack of secondary sex characteristics compared to peers

Source: H Delemarre-van de Waal. European J of Endo. 2006
Early Access to Gender Affirming Hormones

- Improved family functions, school performance
- Child development in asserted gender
- Prevents risk taking, suffering
- Increased opportunities for preventive health care
- Leads to social change
- Goals...improve quality of life
Beginning Hormonal Treatment

- Establish commitment to next steps
  - Gender questioning, incongruence, dysphoria
  - Readiness for medications, exploring gender, and/or planning transition
  - Fertility
  - Expectations, goals
- Obtain informed consent
- Order baseline labs
- Establish follow-up

Letters from mental health professionals may help inform providers and allow for coordinated care. However, not all children or families have immediate mental health needs that “require” mental health evaluation.
Predicting Effects of Feminizing Hormones

<table>
<thead>
<tr>
<th>Action</th>
<th>Onset</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast growth</td>
<td>3-6 months</td>
<td>2-3 yrs</td>
</tr>
<tr>
<td>Body fat, muscle changes</td>
<td>3–6 months</td>
<td>2-3 yrs</td>
</tr>
<tr>
<td>Softening skin</td>
<td>3-6 months</td>
<td>&gt; 3 years</td>
</tr>
<tr>
<td>Softer, less male pattern terminal hair</td>
<td>6-12 months</td>
<td></td>
</tr>
<tr>
<td>Emotional changes</td>
<td>1-3 months</td>
<td></td>
</tr>
<tr>
<td>Change in libido, erectile dysfunction</td>
<td>1-3 months</td>
<td>3-6 months</td>
</tr>
<tr>
<td>Decrease testicular volume</td>
<td>25% see change in 1 yr ?</td>
<td></td>
</tr>
<tr>
<td>Decrease sperm production</td>
<td>50% see change by 2–3 yrs ?</td>
<td></td>
</tr>
</tbody>
</table>

## Predicting Effects of Masculinizing Hormones

<table>
<thead>
<tr>
<th>Action</th>
<th>Onset</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male pattern facial/body hair</td>
<td>6–12 mo</td>
<td>4–5 yrs</td>
</tr>
<tr>
<td>Acne</td>
<td>1–6 mo</td>
<td>1–2 yrs</td>
</tr>
<tr>
<td>Voice deepening</td>
<td>1–3 mo</td>
<td>1–2 yrs</td>
</tr>
<tr>
<td>Clitoromegaly</td>
<td>3–6 mo</td>
<td>1–2 yrs</td>
</tr>
<tr>
<td>Vaginal atrophy</td>
<td>2–6 mo</td>
<td>1–2 yrs</td>
</tr>
<tr>
<td>Amenorrhea</td>
<td>2–6 mo</td>
<td></td>
</tr>
<tr>
<td>Emotional changes/ ↑ libido</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increased muscle mass</td>
<td>6–12 mo</td>
<td>2–5 yrs</td>
</tr>
<tr>
<td>Fat distribution</td>
<td>1–6 mo</td>
<td>2–5 yrs</td>
</tr>
<tr>
<td>Tendon weakening</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Gender Affirming Surgeries for Trans Individuals

• About 30% of transgender patients undergo surgery
  – 10% had genital surgery

• Chest Surgery
• Tracheal shave
• Liposuction
• Facial surgery
• Genital Surgery
  – Hysteroopherectomy with salpingectomy, phalloplasty, metoidioplasty, neoscrotum construction
  – Orchiectomy, vaginoplasty, labioplasty

Kailas M., Endocrine Practice. 20017; 23(7):780-786.
Organ Inventory

“...you are a woman/a man/non-binary/genderqueer/agender, regardless of which body parts you happen to have. But you have body parts that are important for us to talk about to make sure you stay healthy. Are there terms that we can use to make these discussions more comfortable?”

Examples
- “Chest exam” instead of breast exam
- “External genitalia” instead of specific terms
- “Bleeding” instead of period or menses
- “People with cervices/ovaries/uteruses/breasts” instead of women

adapted from Kyan Lynch, MD, MA, University of Rochester Center for Community Practice, Jan 2018
Organ Inventory

- You do annual screening based on their anatomy
  - Still have a cervix? Pap smear!
  - Got breast tissue? Chest exam!

adapted from Kyan Lynch, MD, MA, University of Rochester Center for Community Practice, Jan 2018
### Sexual Health

- Safer sex options
- Facilitate condom use
- Plan for future STI testing
- Menstrual suppression
- Contraception as appropriate
  - Egg-sperm sex
- HIV, PreP, or PeP education
- Close follow-up

### Psychosocial Health

- Support and survival
  - Housing/shelter/food referral
  - Vocational assistance
  - Substance abuse screen/counseling
  - Mental health screen/counseling
Things to Remember

• Make your office trans-friendly
• Transgender people are at a higher risk for mental and physical health concerns but referring early can help mitigate these risks
• Approach with a multidisciplinary team and utilize all available resources
• Never assume, just ask.
Resources

- ARSHEP presentation https://prh.org/arshep-ppts/
- World Professional Association for Transgender Health www.wpath.org

- Coming out Trans - http://www.scarleteen.com/article/gender/welcome_to_trans_summer_school
- Trans youth family allies- http://www.imatyfa.org/resources-index.html

- Suicide prevention and crisis intervention
  - The Trevor Project https://www.thetrevorproject.org/#sm.001k4y5h219z3e72rde1so0uf7c8f

- TransKids purple rainbow foundation http://www.transkidspurplerainbow.org/
- PFlag https://www.pflag.org/transgender
- Family Acceptance Project http://familyproject.sfsu.edu/publications
- ID documents center for US https://transequality.org/documents
- Gender Spectrum https://www.genderspectrum.org/explore-topics/

- Books
  - The Transgender Child: A Handbook for Families and Professionals by Stephanie Brill and Rachel Pepper
  - The Transgender Teen: A Handbook for Parents and Professionals Supporting Transgender and Non-Binary Teens by Stephanie A. Brill and Lisa Kenney
Thank you

Q&A