

PedsCases Podcast Scripts

This is a text version of a podcast from PedsCases.com on “**Transgender Health: Tips for Inclusive Care.**” These podcasts are designed to give medical students an overview of key topics in pediatrics. The audio versions are accessible on iTunes or at www.pedscases.com/podcasts.

Transgender Health: Tips for Inclusive Care

Developed by Linden, Jenn Bhatla, Dr. Simone Lebeuf, and Dr. Jorge Pinzon for PedsCases.com.
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Introduction:

Jenn: Hi everyone, my name is Jenn Bhatla and I’m a medical student at the University of Alberta. This podcast was developed with Linden, Dr. Simone Lebeuf, a pediatrician and an adolescent medicine fellow at Sick Kids, and Dr. Jorge Pinzon, an adolescent medicine pediatrician at the Alberta Children’s Hospital. Linden has the lived experience of being transgender and transitioning recently in a rural setting. I’m really excited to have Linden and Dr. Lebeuf here with us today.

This podcast builds on one of our previous podcasts, entitled “Gender Dysphoria” by Ashlee Yang, which is a great place to start if this topic is new to you. Here, we will go into more detail on how to support and create an inclusive environment for our transgender youth and their families, bringing in personal stories and experiences. We hope this helps to better understand the perspectives of our patients and better support them. The objectives of this podcast are to:

1. Develop an approach on how to talk to children, teens and parents about gender
2. List ideas of how to make healthcare settings more inclusive
3. Identify quality resources for health professionals, patients and families to access to advance their knowledge on the subject of gender identity

Let’s start with a brief review of terminology.

Our sex assigned at birth, either male or female, is usually based on external genitalia. Whereas gender identity is more about our sense of who we are, on a spectrum. For someone cisgender, their sex assigned at birth is the same as their gender. For someone transgender, their sex assigned at birth is different than their gender. For example, a transgender male is a man who’s sex assigned at birth was female, but who’s gender is male. Sometimes people identify as non -binary, meaning they are not

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exclusively female or male and may have both or neither as part of their identity. Gender expression is how you portray your gender to the outside world, with dress, behavior, and hairstyle. This is different from gender identity and therefore it is important not to make assumptions based on how someone looks.

Sometimes, when how you appear outwardly doesn't match how you feel you *should* appear, you can experience something called gender dysphoria. Linden, could you explain dysphoria in a little more detail?

Linden: Dysphoria is sort of like this inner voice that constantly reminds you that you physically aren't the gender you want to be. It's a feeling of deep discomfort that makes you feel both sad and angry since there's really nothing you can do to fix it. It picks on your triggers- like your body shape, voice, height, and facial features- and how each one emphasizes that you weren't born the gender you present as. It's always there and can interfere with simple daily tasks like showering, talking on the phone, or even just leaving your house. Dysphoria is on a spectrum ranging from mild to crippling. Keep in mind, you don't need to experience dysphoria to identify as transgender. Some transgender people are confident in the body they have.

Jenn: Great, thanks Linden. Now that we've reviewed some terminology let's talk about what we might discuss with our patients.

As discussed in the previous podcast, children usually have a sense of their gender identity at a young age, around 2-3. For some children, dysphoria will persist into adulthood, but not for everyone as gender can be variable. Linden, do you have any insights that might help us know if child is transgender? When did you know you were transgender?

Linden: Transgender children will typically show three main signs: persistence, insistence, and consistency. They will tell you repeatedly that they are a boy or girl and correct you when you misgender them over a period of time without changing their mind. Some will give themselves a new name they feel fits them better. Listen to them and consider their feelings towards their body- they may indicate that they dislike certain body parts, especially their genitalia.

I personally knew I was transgender when I was three. I felt like I was a boy and got angry and upset when adults told me otherwise. My parents were open to me being an extreme tomboy and that was enough at the time for me to feel comfortable. I think a big part of it for me was when I learned that boys had a penis and I didn't - I felt like something was missing and not right but I couldn't fix it. When I got older and learned about puberty, I knew I didn't want to experience any of the changes of female puberty and was scared of what would happen to my body out of my control. I knew once that happened I could no longer be mistaken for a boy and that terrified me. I was intrigued

by the changes of male puberty and really wished that would happen to me, even though I knew it couldn't.

Jenn: Thanks Linden for your insights. Gender can be a sensitive subject and may not be the easiest subject to bring up with a patient. Linden, what was your experience like with talking to your healthcare team?

Linden: Personally, I would have appreciated being asked since it would have given me the opportunity to 'come out' knowing I would be supported. When I did come out to my doctor, he mentioned he'd known I was transgender since I was a child but was waiting for me to tell him on my own time. I felt very vulnerable and uncomfortable since we hadn't really addressed the topic at any point and I didn't know how he would react. The not knowing part was the hardest since primary care providers often act as the gatekeepers to access the care you need to transition.

Jenn: I think Linden's experience really demonstrates why it's important to bring up gender with our patients, even if it might not be the easiest topic. One strategy we can use is taking a HEADS history: H is for home, E employment and education, A activities, D drugs, S sexuality and suicide. Linden, any suggestions we should keep in mind during our history taking?

Linden: In terms of talking with teens, it is essential to provide them the opportunity to speak privately and clearly explain their confidentiality rights. I also would suggest not to assume anything and to ask general and open-ended questions that would apply to all patients their age so they don't feel singled out. Understand that it's an uncomfortable topic that puts them in a vulnerable position.

If they do disclose, remember that you might be the first person they've come out to. Show compassion with focus and body language. Let them know that you're there to help them along the journey in whatever capacity you're needed to.

Jenn: Let's put this into practice by starting with a role play with Dr. Lebeuf, in the role of a pediatrician in the office, talking to Linden, in the role of a transgender teen named Samantha who has not yet disclosed that he is transgender. We will assume that Dr. Lebeuf has already taken some history and is now just beginning an abbreviated HEADS history.

Dr. Lebeuf: I should just let you know that anything you say here is confidential within your healthcare team. I won't talk to your parents about anything we say here unless you want me to. The only exceptions, are if you share something that makes me worried about your safety – if someone is harming you, if you are at imminent risk of harming yourself, or if I think you may harm someone else. Do you have any questions about that?

Tell me a bit about who lives at home?

Linden: They are ok, I live with my parents and sister.

Dr. Lebeuf: How is school going? You must be just starting grade 9, is that right?

Linden: School is ok, I like math and science and it's the same school as last year.

Dr. Lebeuf: I'm glad to hear school is going well. Are you involved in any activities outside of school?

Linden: I play saxophone in the school jazz band. It's a really nice group of people and we get along well together. A lot of my friends are in it too which is cool.

Dr. Lebeuf: I'm glad you're enjoying it! I ask all my patients this, do you use any recreational drugs or alcohol?

Linden: No

Dr. Lebeuf: Ok. Are you dating anyone right now?

Linden: No

Dr. Lebeuf: Are you interested in guys, girls, both...?

Linden: I'm not really sure yet...

Dr. Lebeuf: Do you see yourself as a boy, girl, somewhere in between?

Linden: Umm... Well... I actually have been thinking about this a lot recently. I've known since I was little that I was never a typical girl and always felt more comfortable being seen as a boy in public. For a while I was ok being seen as a tomboy since I was frequently mistaken for a boy which felt good. But once puberty started, I stopped being seen as a boy and that's been hard. I don't like that my chest is growing and how my body is changing on me- it doesn't feel like how I see myself. The person I see in the mirror doesn't match how I look in my head. Things just don't feel right as they are and that's hard.

Dr. Lebeuf: Thank you for sharing this with me. It sounds like you have had a challenging time and I know this isn't an easy topic to talk about. It's normal that for some people, their gender identity to be different than their gender assigned at birth, or even to be fluid and changing. Have you heard of the terms transgender, or non-binary?

Linden: Yeah, I've spent the past few months watching videos on YouTube of people who have documented their transitions from female to male. I didn't know there was a word to describe exactly how I felt until I stumbled upon them. And also that it's possible to change things with hormones. The more I watch, the more I feel that's me. I know inside I'm a boy but I'm afraid of what will happen if I tell people.

Dr. Lebeuf: It sounds to me like this is something that has really been on your mind- gender identity can be confusing and I'm glad you've found something that matches how you feel. I'm happy to talk about the transition process and help you find the supports you need, if you feel like you might want to explore that option.

Linden: Yeah, it's really taken up a lot of my time. From what I've watched, I think I would like to transition at some point but I'm just really worried about how it will impact my life- people seem to like me as I am but I just don't feel like that's really me.

Dr. Lebeuf: There is a lot we can discuss around transitioning. Moving forward, is there a different name and pronoun you would like me to use?

Linden: He/him pronouns feel right to me- can we try that in private? Nobody else knows so it will need to be she/her if anyone else is around, especially my parents. I haven't thought much about a name yet but Samantha makes me feel uncomfortable. For now, could just use Sam?

Dr. Lebeuf: Sounds good Sam.

Jenn: In this role play, Dr. Lebeuf doesn't make any assumptions and is always respectful and supportive. Let's talk to Linden and see if he has other suggestions on what we might keep in mind as we keep talking with Sam.

Linden: Trans people often have a difficult time talking about body parts and functions they don't identify with and the discussion can be a trigger for dysphoria. I think the best way to approach it is to ask the patient if there are any terms they would like you to use when referring to their anatomy- sometimes they will have a preference or are ok with using clinical terminology. In some cases, using alternative gender-neutral terminology can be helpful. Some terms that might be preferred are "chest tissue" instead of breasts and "monthly cycle" instead of menstruation. It's important to continue using their preferred pronouns during the discussion. Healthcare providers do make mistakes sometimes, but it's important to apologize and correct yourself if you do. Seeing healthcare providers can be a very scary experience for trans people and it's essential to make them feel as safe, respected, and validated as possible. If they don't feel supported, they may avoid accessing preventative care potentially leading to more serious issues in the future.

Jenn: Thanks Linden, that's important for us to know. Do you have any other suggestions we might not think of that might be helpful for a trans youth?

Linden: Connect youth with mentors who have had a positive experience and can pass on some knowledge. Talking with someone who has personally been there is the best way to get support and answers since they have navigated through the challenges that lie ahead and can give you an idea of what to expect.

Jenn: Great, thanks! So far, we've talked about children and adolescents. However, we are also going to be having some of these discussions with parents of transgender children.

For some parents learning that their child is transgender may come as a surprise while others may have known long before their child told them. An accepting family can have a huge impact on a child, significantly decreasing the risk of depression and suicide compared to children who are rejected. Therefore providing some advice to parents can be important. It can help for them to be able to talk to their children about gender and be supportive. Linden, what are your thoughts on what a parent can do to support their child?

Linden: Parents often are not well educated on the topic and don't have a good grasp on what it means to be transgender. The unknown can be scary since they have no idea of what to expect next. Healthcare providers can help by offering resources and literature suggestions from reputable sources, or even better have a library of materials to lend out to families.

Parents will likely end up being the main advocate for their child, both in terms of navigating the healthcare system as well as daily life. The child's success and happiness relies heavily on the parent's involvement and support to move forward in the transition process. Parents should also be encouraged to find support for themselves. It can be isolating to have a trans kid and have no one to talk to about the experience.

Jenn: We've talked about discussions we might have with transgender youth and their families, now let's move on to talking about healthcare.

Creating a supportive health care environment is really important but our health care system still experiences transphobia. A 2010 study, called the Trans Pulse Study, found that 21% of trans patients avoided accessing emergency care due to fear of transphobia and 52% had negative experiences related to transphobia. We can do better than that.

There are several small things we can do to make our clinic a supportive and safe space. Most importantly, ensure that all clinic staff are properly trained in how to interact respectfully with trans patients. Be aware of terminology used on forms, ensuring that

they are written in inclusive language that does not assume patients to be cis-gender binary. For example, a section of a form asking about last menstrual cycle should not read, “for women only”. Sometimes healthcare providers can write a letter for the school as well to help ensure the child is safe there, to validate their identity. When a patient has changed their name, providers can update records and flag their chart in case another doctor unfamiliar with the patient’s history sees them. Similarly, collect patient pronouns to ensure everyone is being addressed as they prefer. Gender neutral bathrooms may also be more comfortable and inclusive for all patients.

For clinics, having some pamphlets, posters or flags on LGBTQ+ health around can also let patients know that this clinic is a safe place. Let’s hear from Linden to see if he has some other suggestions for us or examples of how these ideas can be put into practice. Linden, what are your thoughts?

Linden: There’s a lot more that trans people have to consider when seeing a doctor compared to the typical population. Firstly, will they be safe? Will the doctor there treat them with respect and dignity or will they be asked inappropriate, invasive, and irrelevant questions about their body? Or will they be out-right refused care? Secondly, will their identity be respected and honoured? Can they disclose their trans status and be confident that they will be referred to correctly and that their information will be updated? And thirdly, do they feel comfortable discussing their personal medical details with the physician and staff without judgement or worry of gossip? For clinics that are trans-friendly, adding that to a website may be helpful in reducing some barriers to care.

Doctors often call patients into their office from a crowded waiting room. If in doubt of their preferred name, consider using their last name.

Finally, remember that above all, trans patients are people first and require the same care and attention as any other patient. Striving to create a clinic environment that promotes inclusive care is beneficial to everyone and extends beyond the trans community.

Jenn: Thank you Linden. From our discussion today, I think being aware and open to having these discussions is a really important start. Let’s summarize our key points briefly:

1. It’s important to talk to youth about gender and help trans youth get good support. Don’t make assumptions based on how someone looks, acts, is dressed, or based on sexual orientation.
2. Using someone’s preferred name and pronouns and treating them with respect can go a long way in starting to create a safe inclusive health care environment.
3. An accepting and supportive family can have a huge impact, therefore parents can play an important role in their child’s well being.

Thank you Linden for sharing your experience and insights, I really appreciate it and I think it gives us a better understanding of why this is so important for everyone. If you would like to learn more on this topic, please stay tuned for our upcoming podcast on transitioning with a focus on hormones. If you would like to read further, we have included a list of books and resources on our website, www.pedscases.com that can be shared with children and parents. Thank you all for listening and stay tuned for more great podcasts!

References

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Trans Care BC. (2017) Gender-affirming Care for Trans, Two-Spirit, and Gender Diverse Patients in BC: A Primary Care Toolkit.

Resources

Resources for Children

- Be Who You Are by Jennifer Carr
- Who Are You? by Brook Pessin-Whedbee
- I am Jazz by Jessica Herthel and Jazz Jennings

- When Kathy is Keith by Wallace Wong.

Resources for Teens

- Some Assembly Required by Arin Andrews

Resources for Parents

- Supportive Families, Healthy Children, Helping Families with Lesbian, Gay, Bisexual, and Transgender Children by Caitlin Ryan
- Transitions of the Heart, Stories of Love, Struggle and Acceptance by the Mothers of Transgender and Gender Variant Children, edited by Rachel Pepper
- The Transgender Teen: A handbook for parents and professionals supporting transgender and non-binary teens

Resources for Healthcare Providers

- Standards of Care for the Health of Transsexual, Transgender and Gender Nonconforming People (7thversion). The World Professional Association for Transgender Health.
- Management of gender dysphoria in adolescents in primary care. *CMAJ* 2019 January 21;191:E69-75. doi: 10.1503/cmaj.180672