



Guest Expert Presentation - Navigating Teen Health Challenges with Dr. Julie Granger

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Nicole: Hey, everyone. Welcome to our guest teaching call with the wonderful Dr. Julie Granger. Hi, Julie. Thank you so much for being with us today.

Dr. Julie Granger: Oh, thank you for having me. I'm honored.

Nicole: Yes, it's going to be so great. And so everyone, I'm just going to read Julie's bio so that you know exactly who she is and what she's up to. I feel like I already put this into the period portal. So it's there if you wanted to see that, but Julie is a women's and teens health and life coach. She's a speaker and an educator. She's a lifelong elite athlete and cancer survivor and she knows firsthand what her clients are stacked up against on the mind, body, and spiritual level. Julie also has over 15 years of experience of digging deep with teens and families to strip away the blind spots and blocks that get in the way of their health and well-being. It's going to be great tools for us today. Her practice has evolved in recent years to coaching health and wellness providers in how to speak teen themselves and develop a comprehensive understanding of the integrative health needs of teens. So thank you again for being here. I'm excited to be talking — I love this topic. I could talk about it in my sleep — so so exciting. I'm sure everyone else on the call feels the same way too. And just so you guys know, if you want to ask questions, just feel free to type them into the chat box and we'll get started. I have a series of questions prepared based on conversations I've had with some of you about this topic and wanting to work with this group of people. And so I think one of the first things is, maybe why don't you share a little bit about how you got to do work with teenagers, because I know some of the women in the program feel that way — they're like, how do I even do this? How do I get into this?

Dr. Julie Granger: I just went for it, honestly. It was when I was in my background in physical therapy, and when I was in physical therapy school, I knew I wanted to work with people who were just like me, with all the same problems. I always say your ideal client is usually a version of you at some point. And I had been a college athlete with lots of injuries and lots of illnesses when I was a teen and knew I wanted to do female athletes and all the things that came with it. I was really interested in menstrual health and things with that. And as I went to choose my internships, I saw that there was one that was with all teenagers. And I was like, oh, that's interesting because then they would all be officially athletes — like they wouldn't be those



people who are kind of athletes. And not that there's anything against not being an athlete, but I really wanted sports. And so I did an internship at a hospital system where they do pediatric sports medicine, which at the time was not very common, but it is now in the United States. And all my clients were six to 21, mostly in the middle school and high school age. And I just — I mean, it was love at first sight with being the provider for the teens. And I love middle school, you guys, like the drama behind it. My mom was a middle school teacher. It's just like, I don't know, I think it's hilarious being around teen drama and just complete entertainment all day — and not in a mocking or condescending way. It's just fun to see the human condition in that way. And I love parents and the way they butt heads with their teens. It's just really interesting to see their psychology and development. So I took that, worked there for a few years, went into a private practice, worked there for a few years, kind of learned how to market to teens in private practice, then started my own thing. Worked with teens with many health conditions and that got me into health coaching. Actually, my own cancer journey got me into health coaching — working with Jessica Drummond of the Integrative Women's Health Institute and went through her program — realized there was this additional niche of teens with the female athlete triad and relative energy deficiency in sport, losing their periods, which was the really big symptom, right? That was the smoking gun for families — like, something's gone wrong with their menstruation — which, I always say, it's the end of the line. That's actually not the cause; the cause is way before that. And so I actually started doing research on the triad and relative energy deficiency in sport. We published an article — took three and a half years to get it published because nobody wants to talk about painful menstruation in the science world. We got it published and we have an outcome tool that you can actually screen for menstrual dysfunction in active female and male athletes. They don't have menstruation, but hormonal dysfunction in males. And I built my coaching practice around that, actually. I'm not doing any private coaching with clients anymore. I'm teaching everybody else how to do it because it really took off — mentoring coaches and clinicians and things like that. So I'm still giving back to teens, but in a less direct way.

Nicole: Amazing. Yeah, I know — I mean, you have quite a profound story with your cancer journey and everything as well. I know that, like you said, that all ties into you. And with regard to — I suppose like where you start and someone wants to work with a teenager — how do you begin? How do you market to them? How do you connect with them? I know I said this to you in my questions when we were emailing. I know it depends on multiple factors. So maybe you can lay that out.

Dr. Julie Granger: Sure. So if you've either already work with people and you're wanting to go into teens, or you just want to jump in and go for teens — you can do it. I mean, at the end of the day, just do it. You know way more than a family or a teen does. And you don't need to go for perfection. I say B-minus work — like show up and do B-minus work — which is like, the straight-A student in me is like, I can't believe those words are coming out of my mouth. But I



think that teens really fall through the cracks for a lot of reasons because we tell ourselves that they're this weird alien — they're stuck between childhood and adulthood — which is why they fall through the cracks, because we're really good at adults and we're really good at pediatrics in the health world. We're not so good at what's in the middle. When it's gray and there's all these changes happening and there's not normative data for what their body should be doing — because a 12-year-old might be six feet tall or four feet tall — you know, it's really hard to standardize what's normal. So if you want to go for it, the short answer is go for it. But marketing-wise, okay? So finding them — finding teens — if you really are passionate about it, the secret for marketing to teens is not to market to the teens. It's to talk to the parents. They're the payer; they're the ones who are usually picking up on the subtle cues in their teens and going, I think this is a problem, or I think they could have better in their lives, or better for their health. And so teens aren't looking for coaching; they're not looking for the solution themselves. They want to hang out with their friends. They want to do their sport, if they're an athlete. They want to make good grades, if they're the high-achiever student. Or they just kind of want to be a teen — play video games, whatever it is they want to do. So they don't usually even know that what's going on with their periods, for example, is a problem. They have no idea this is a problem. And a lot of times, unfortunately, their pediatricians or family medicine practitioners — as you guys know — they don't actually know it's a problem either. So the parents are the ones that have that intuition that something's just not right here. The doctor said it's fine, but I don't think it's fine. She's having all this pain, or she's tired all the time, or her performance at school is slipping — she's depressed or hormonal, you know, whatever. And so the parents are usually aware and looking, and that's who you're going to talk to. And messaging-wise, you're going to talk to the parents — wake-up-in-the-morning problems, the things that are going through that parent's head. You're worried about your teen. There must be another answer. You've tried everything and nothing's working. You went through this as a teen and you're worried she's repeating the same pattern as you. You know the things that the parent is worried about, and so that's how you really do it. So you need to find parents of teens. Okay. You could also find aligned health providers who work with teens as well, and those are great referral sources. If you're a super social media person, you can build a social media platform that speaks to teens, but it's better to speak to the adults in their lives — their coaches, their teachers, their parents, etc. And so that's step one on how to find them. I'll pause there.

Nicole: You also asked how to connect with them. So yeah, if there is anything around connecting with them, I think that would be helpful. I agree, though, what you're saying, and I'm sure everyone can relate to this. I think maybe even if you have some preteens or kids — but just the — yeah, teenagers intimidate me because they're just — because I think it's because they are between the worlds and they — the veil has kind of been lifted and they just say what they want to say. They say what's on their mind. You know, they don't really have that filter that adults have yet, or at least they haven't been told to filter themselves or they've even figured that out — which is a good thing. It's so nice, actually. It's really refreshing. But yeah, it — I feel



like it can be a little intimidating because again, like you said, the fluctuations — the puberty hormone fluctuations that exist — that are so problematic for adult women in the science because they don't do any scientific research on us because of our hormones. So as a woman, right? Yeah, I know. Heaven forbid we have research on us, but anyways, that's another call. But yeah, the teenage thing where there isn't really any kind of standard for dealing with their issues — which is so frustrating as a practitioner, yeah.

Dr. Julie Granger: Well, and pediatric and adolescent gynecology is an extreme niche. Like it's its own specialty — they have a journal. Like there's a pediatric and adolescent gynecology journal. I recommend you guys look into that. And the American College of Obstetrics and Gynecology does have an entire — they have white papers that you can access online. Anyone can access them — they're kind of their standards of care for teens. But trust me, those standards of care usually don't make it past the white paper online. They don't make it out into the community unless someone's specifically seeking it. For the reasons Nicole mentioned — like intimidation, a thousand things, pride. "Oh, they're just small adults, right? I've got my adult knowledge." And I find in my work, in my research — and I mean this with so much love, what I'm about to say — the intimidation factor is almost always one of two things. And we see in the teen world our own teen life. We see like our own experience and we're like, it's awkward and you're like, I want to forget that and put it out of my memory, yet here it's coming up. Or, the other intimidation factor is parents, right? And it's your own experience with your own parents, or teachers, or coaches, and it's like we as the provider all of a sudden become the teenager again and we're like, I don't want to piss the parent off, right? And we're like, what if they say no to me? And so that's, I think, a real big reason on an energetic level that we get intimidated by working with teens. And recognizing that is a really nice step — to go, okay, this isn't about me anymore.

Nicole: I know, it's so true. I mean, I suppose that's the step for all of us when working with anyone, right? It's never about you, right? So you're always taking yourself out of the equation. So Ash says, "My teenage sister has horrible periods, weight gain, and my family's really concerned about her, but she won't listen to any of us. She pretty much just eats fast food and ice cream. Her boyfriend is not a good influence on this either. She decided to go on the mini pill recently. Any thoughts on how to help her or find a way to speak to her so she can understand what's going on?"

Dr. Julie Granger: Yeah, I love this one about connecting and kind of getting in their heads a little bit — which I think with teens, as a client — for example, it's a little different when it's your sister, but we'll just say for both. It's a gentle, slow vetting process. It's really — they need to not feel, in any way, shape, or form, like this is your idea. Because the teen brain — and this is a normal part of teen brain development, cognitive development, and emotional development, from about age 13 on — is to resist everything every adult says. This is a good thing, right? We



don't want them to just blindly follow what they're hearing in the world and not learn how to make their own decisions and become an independent thinker, right? And so that's actually a really good thing in the teen brain. The problem is it looks like rebellion — it looks like you told me not to eat fast food, I'm eating it, right? They actually need to risk-take; they need to weigh and measure pros and cons. And the teen brain is incredibly dopamine sensitive — it has more receptors for dopamine — and so they're always going to go after what seems appealing. Fast food and ice cream? I'm there, right? I want fast food and ice cream every day. And what they don't have is the prefrontal cortex that helps them weigh consequences, right? And so it's a little bit of an uphill battle — not to paint a doomsday — to go, "This is what you should do; here's why." You don't function like that. Adults do. I could come, you know, listen to Nicole's podcast and be like, oh okay, so she was talking about how this might adversely affect my period, I'm going to weigh the consequences of this decision I'm going to make. That's how an adult brain works, but a teen brain does not, and it cannot, and it won't, right? And so understanding that and taking it in a gentle, slow way — right — to first of all, make sure that everyone in that teen's corner is also not pushing, right. Now, if the teen's in a place of self-harm or like going to jump off a bridge, then yeah, we need to push them for sure. But when it's this kind of stuff, the pushing actually needs to come off and let them actually struggle a little bit. That's a really nice way. And then ask them — ask a lot of questions. Offer up opportunities for them to express how they're feeling, right, without pushing again. It's more like, okay, how are you feeling today? Are you feeling really tired and run down and sluggish? Why do you think — like, I wonder why — you know, and get really curious. And a lot of times, with just a couple of curious questions — this works great for adults too, by the way — the teen will start to grow into it, right? No teen actually doesn't know. They all know that ice cream and pizza are not healthy, right? They know that. We don't need to preach it out of them. And so getting curious, backing off, and letting them step into the answer is so empowering because then what they're doing is they're strengthening that "why" — or that connection — dopamine with, ooh, I actually get dopamine for coming up with the answer myself instead of someone preaching it at me.

Nicole: Hopefully that is helpful. I mean, it really makes so much sense, obviously. It just might take a little longer than you want it to take. And like coaching an adult, yeah.

Dr. Julie Granger: That's right. I love what you said about the prefrontal — and their inability to really weigh the pros and cons or to really think through the process like we would as an adult.

Nicole: I totally remember that as a teenager. Right. The things we did — struggle. I mean, it's really just part of growing into an adult human being, ultimately, isn't it? Yeah. So very helpful. Thank you.

Audience Member: We figured we'd step back and let her figure it out, but we just hate to see her suffer so much. And we're worried about her.



Nicole: At this point, I mean, that — yeah, I completely understand that too. Yeah. Totally. Yeah, it's tough. But I also think too, bodies are resilient and, you know, yes, there's potential long-term health consequences, but also I feel like when I think about what I did to myself as a teenager and in my 20s, I don't know, I survived. I figured it out. Yeah, we all made it through, right, guys? We all made it through. Okay, so once a teenager is a client, how do you connect with them on their level? I know you just really mostly talked about that, but I guess maybe is there anything else that a coach or someone who wants to work with teenagers should know with regard to how to work with the teenager?

Dr. Julie Granger: Yeah, I grew into this one learning by experience and the couple of real hardcore teen-aligned providers I know do the same thing. It's like no one taught you to do this, but you just figure it out. The first — I don't know — handful of sessions, the only objective — there's no outcome we're going for — the objective is connection. That's it. There's no "here's your homework" or "go measure your heart rate variability now." None of that. It will just be — the actual goal is to do whatever it is you need to do to get them to trust you. And a lot of times that is a guess-and-check, trial-and-error process with the teen, because they may actually come in with guns blazing, completely resistant to wanting to talk to you because mom dragged them there, right? And you can spend your entire first session saying, "I know this sucks, you don't want to talk to me, that's completely fine. You don't have to talk to me." And you're not going to sit there in silence, but you can ask them about stuff that has nothing to do with their health. Really figure out — think about — you're trying to be friends with this person in a way, right? Like, how would you make friends? You wouldn't sit there and push them to tell you about their periods, you know? So you want to come at it from a trusted, confident, mentor position — whatever it is — become that adult in their lives that lets them bitch about their parents, that lets them just be a teen. And they're gonna be like — you're gonna become their hero. And then, right, then you can start to bring in — start to talk about their health. Again, curiosity, ask questions. How are they feeling? And one thing I'd like to do in those early couple of stages when you start to tread into that conversation is make sure you've got stories of other teens in your back pocket. Even if they're not clients — look them up online, whatever you need to do. And be able to share with this teen, almost like a testimonial or a story of another teen who went through something, because teens are inherently egocentric — that's where their brains are — and they need to hear, "I'm not the only person in the universe who's struggling with this. I'm not alone." And what that will do is it will get them to open up and start telling you the stuff that they're so scared to talk about. I mean, your topic — you guys work on periods — like as a teenager I was told that we don't talk about that, right? Like, it's taboo and weird — we don't talk about vaginas — you know. So if my doctor had sat me down and made it okay, you know, and given me a lot of space to grow into courage — give me examples, give me stories where I'm like, oh, other female athletes, they're skipping their periods too, right? Or someone else is throwing down four Advil six times a day — like, hmm, what did they do? Like, what did it look like for them? The teen's gonna get curious — they love to learn — so they're gonna want you



to tell them the end of the movie, like, give me the story of this other person. And you can really help connect. Then they're gonna start asking you a thousand questions. They're gonna want to know everything you've got, right? That's where they're open to learning — where they're like, tell me more about how ice cream can make me feel worse. Okay. All right, I'm interested now. What can I do instead of ice cream? 'Cause I still want ice cream. And that's where your regular coaching skills can just kind of come in.

Nicole: Yeah. That is amazing. I feel like that's so helpful. I hope everyone else feels like this is so helpful too. And April, I replied to you — so I just want to — exactly. Okay, so she's just asking a question about written programs. I assume just like — April, are you talking about like an evergreen-type coaching program type thing? Is that what you mean? Maybe you can unmute and explain just so I'm clear and Julie's clear. Yeah. Because Julie might understand this and I don't — because that could be the case too.

Audience Member: Yeah, Claire — do it. No, I'm not even sure I understand. I'm just envisioning myself like working with teens. And I feel like I would be so uncool and not hip. And I wouldn't envision myself working face-to-face with them. But I could envision like maybe creating some sort of like a download or like an informational packet. Would that be directed at teens? Or would they not have the interest in like learning that — so better directed at the parent? Or is that even useful at all?

Dr. Julie Granger: These are really good questions. I think it depends — it's gonna depend on the teen. I wish I could say that a download will help every teen learn or get more interested. What I really like to do is let them do — with some guidance and keywords — a little bit of their own internet searching so that they don't end up on a porn site. So I'm gonna give them a little bit of information. But again, you want everything to be their idea as much as possible. So give them a little bit, right? So maybe like a little one-pager would be really great — like, these are the things I want you to go look up. And fill out some things you learn, like a little worksheet. Come back to me and let's talk about the things you find really intriguing. And there's literally nothing you can ask me that would be weird, right? So if you want to know about — you actually want to talk about sex for a week — let's do it, you know, even though that's not why you're here. So you can give them a little bit with that — that might be helpful, almost like a worksheet. But I haven't had a teen who's super interested in like a download or free guide, but a parent might be.

Nicole: Yeah. Very helpful. I feel like that's good. Is that useful, April?

Audience Member: Yeah. Totally. Thank you.



Nicole: Awesome. Okay, amazing. Yeah, it always — yeah, I feel like I was saying that when we were talking earlier about like how intimidating it can be. It's just — I feel like that's the thing. What you said, April, about just not feeling like you're cool enough. Typical.

Audience Member: Yes. So — did you feel hip and cool as a teen?

Dr. Julie Granger: No. I felt like — cool, there it is, right? Oh, my god. Right. I know. I totally did not feel like I belonged. I just — yeah, there were a whole lot of not-enoughness things going on. So no teen does.

Nicole: Yeah. I guess I also — you know, I'm not at the point where — I don't know if any of you all are like — I have very few friends who have older kids at this point. Most of my friends who I see most often have really young kids. I can do the toddlers. I can handle that. But so I don't know — it's one of those things that maybe that'll change as I spend more time around teenagers.

Dr. Julie Granger: Yeah, I think it will. And you can't — like, the good news is — okay — the bad news is you won't be hip and cool with a teen. You just won't be. So just go ahead and accept that. The good news is, even if you're not, then you can just show up as yourself. Like, they're gonna see you as an adult. If they see you as an adult trying to be hip and cool to a teen, they're gonna think you're the weirdest person ever. They're gonna be like, you're like in your 30s and 40s — like, why are you trying to be 15, you know? Like, they'll sniff that out real fast. They're really great at like the bullshit meter. So as Nicole said, they don't really have a filter, so they'll be like, "You're weird. Why are you being weird?" Yes. But you know, connecting with a parent — you can be hip and cool because you're on that level at this point, right?

Nicole: Okay. Fair enough. I think that's what matters ultimately. Tara said, "Do you know of any courses that practitioners can take to learn what normal teenage physiology is — what is normal — or normal levels of acne, breast growth, range of normal for heavier or irregular periods, etc.?"

Dr. Julie Granger: Yeah, well, I've got one. Perfect — just perfect, self-promotion. I've got a course — Health Pros for Healthy Teens — for that exact thing. And we walk through normal body physiology. We have a whole module on reproductive health physiology, the normals and abnormal. And we actually say, this is abnormal, because it's really different in teens. We walk through cognitive development normals and abnormal, emotional and spiritual development, how to speak teen — so there are actually coaching skills for teens — and then marketing. And then I interviewed so many experts. I have 25 guest experts who are part of the course — Jessica Drummond is one, talking about endometriosis, some of four people talking about endometriosis, actually. And nutrition, and we've got things on like strength and conditioning, and we've got mental health providers. We've actually interviewed parents, so you can hear



straight out of the parent's mouth — great marketing stuff, but also like what they're really worried about, you know, for those of you who don't have friends with teenagers, right? And then I have one teen that I've interviewed. I'm hoping to add more interviews with actual teens so you can really hear what the teens of today are — what's on their minds.

Nicole: Yeah. Full of the beast. It really is. Teenagers today — it's just incredible. So thank you so much for sharing that. So Tara, you know where to go, girl. Yes. So Nikki, you said, "I feel like periods are definitely becoming cool at the younger generation." Oh yeah, Danielle said you're trying to make them cool. I know, I feel like we all are. Social media is flooded with period stuff right now and all about erasing the stigma. I completely agree with that. I'm amazed — my goddaughter started tracking her cycle from the very first period she got at 10. And I was like, oh, if I could only have had that kind of data, it would be amazing. So yes, I feel like things have really dramatically shifted around that. And Danielle said, "But I think they hacked myself as a teen" — and I'm like, would I ever have thought someone was cool if we're talking about periods? I mean, likely not. But I think it wasn't, because no one was talking about periods in any kind of cool way at all. I think that the more touch points you have with it, the more okay it becomes. I've got a colleague who I mentored, and she does mom-and-me menstruation classes for like tweens — so, nine to 12 — and, oh my gosh, like her curriculum is extensive. And they actually get into things like sexual health as well. So like she goes there, and, you know, she talks about putting on a condom and all that kind of stuff. It's like the sex ed your mother never gave you, or school never gave you. And girls walk out of that with this whole kit that makes it fun, you know? And they have prizes and they bring in like, you know, vulva-shaped cookies and all kinds of things so they can just — it's fun and normal. Her classes sell out. And then I've got another colleague who takes a little bit more conservative approach to teaching girls about it. I actually interviewed her in the teen course as a mom, because she's got two teens, and theirs is a little bit more learning about your body in a non-sexualized way, and it's actually an online course for teens but the parents do it with them. And yeah, so I mean, they both need to learn it — the parents have no idea what they're doing, you know — so it's really nice.

Nicole: When I think about teenagers generally, I feel like parents — because, not — I say this with love — like, many of us haven't worked out our own shit around being a teenager, like you said. And so I feel like they get — parents get continually triggered by their teens — the way they respond to them. So I feel like there's — that's a whole issue in and of itself with having teenagers too.

Dr. Julie Granger: Yeah, for sure. Well, and that's another piece in coaching. If you're going to be coaching and mentoring teens privately individually — and I would be remiss if we didn't talk about this, because this is probably the most important part of setting everyone up for success — your program, and you're going to have to price it accordingly, needs to be equal parts teen



coaching and parent and family coaching. Because a teen can only make the progress that the family is ready to accept. And so the worst thing you can do is coach a teen and make it all about the teen and not have the container at home that's going to create the change for them. And I had a mentee one time say, "The teen becomes a perfectly good foot with no shoe to go in." And oh man — so if the parent comes to you saying, "I want you to fix my teen," that's a red flag, right? And as part of your vetting and sales process, you would be educating the parent that — without blame, right — actually my way of doing this is a family coaching model, for the same reason. I explain it to parents that way and they're like, oh, it makes total sense. I have no idea what I'm doing with this teen, right? And I say, I help you set yourself up for success so that they can be set up for success. What parent doesn't want to know how to help their kid, you know, be better? And so we look at parent beliefs, parent practices. It's like true health coaching for parents as well. And it's crazy the barriers to the teen's health that get uncovered, right? When a parent's like, "Actually, I eat pizza and ice cream every night." And you're like, I wonder where the teen's getting it from, right? So there is that small detail.

Nicole: I know, right? Emulation of it all. So yes, I completely agree with that. I feel like we have a few other things here. What do we got?

Audience Member: Making the period talk cool is one of my goals, too. I think it will be possible when our generation will make those talks. When I see the ladies — well, grandma's — I shouldn't try to promote fertility awareness method. I also don't think it's so cool to do. I think if young, beautiful, healthy, and approachable — when we'll teach those things, it will become cool.

Dr. Julie Granger: Yeah, I think it's a combination of things, 'cause I really look up to the older women who are teaching this, 'cause I feel like they're OGs and they've been around for a long time and seen a lot of really interesting things. Yeah. I've got them. It's really interesting — with making period talk cool and really teaching teens — there's actually a lot of resources out there. There's also kits you can get as a gift to send to a teen for menarche, like a "welcome to your period" gift pack. And it's just super exciting. I mean, I know as a teen I was super curious. I was always in Teen Magazine reading about periods because I just didn't get it from anyone else — it was a stigma, right? And I felt like I was sneaking it. And so that's one thing. Yeah, Fertility Friday is a great podcast. I actually think the question about the birth control pill is a really good one. The ACOG has a really nice position statement on birth control pill in teens. It is not as hardcore "birth control pill" as you think, like, let's give it to them. It's actually very much like, "These are the things you need to check before you give a birth control pill to a teen." It is a really good option for a lot of teens who just aren't going to be behaviorally compliant and they're sexually active — they can't seek consequence, they don't understand consequences no matter how much you preach at them — pregnancy, this and that. So sometimes it's the best option, and they're not going to use condoms. So yeah. But as far as fixing periods — and



Nicole's language — there's obviously, as you guys know, I don't have to teach you, there's so much that can be done that teens actually are into learning. Most teens don't want to swallow a pill. A lot of teens are still in that kid world where they're like, "I don't want to swallow a pill" — they'll fight people on it, and their parents just kind of give up on them really, really quickly. That's why marketing and speaking to parents is — um — because you can obviously help with so much more than that. I find the birth control pill is most helpful for medical reasons or period reasons — not for contraception — for teens, with number one being non-compliance, or it's so painful and medicine's not touching it, and they want to make the lifestyle changes. So it can be a bridge to getting them into making the lifestyle changes. But again, for all the reasons we talked about, teens may not be in behavior change quite yet. So that may be the first option so that they're not suffering, right? And it's a nice bridge before they would have endometriosis surgeries — if it is an endometriosis-related thing — because sometimes those types of things short-term can be really, really good to give them some hope, because teens also are at risk for suicide — even though the pill can make the suicidal stuff worse in teens — they need to have hope in order to buy into having the surgery. Oh, okay, I can have relief. And if I can get relief with this and I can make sure that it's cured with the surgery, then I'll be on board for surgery a little bit more, 'cause they need to see those steps.

Nicole: Yes. So helpful. Not a lot of learning. Yeah, I know. Was that in response to what Danielle was asking, or someone else asked that? I can't remember, sorry. "Birth control options with teens without putting them on the pill" — for sure.

Dr. Julie Granger: Oh, IUDs. Yeah. IUDs can be great in teens. It used to be thought that you needed to wait, especially for like the copper IUD, but it's been proven to be effective and safe in teens. It has to be in the right teen who emotionally can handle the invasiveness — just inserting it, 'cause it can be very painful. So not every teen's gonna be able to handle that emotionally, especially if they have a lot of pelvic pain, like vaginal pelvic pain, they can't handle a tampon — it's not gonna be right for them probably until maybe they do pelvic physical therapy to help with that. Obviously your normal non-contraceptive things like condoms and things, if they're very responsible. And so there are families that really teach, okay, this is how you do it — like they get their 12-year-old and they teach them how to do it, right? So it's not stigmatized. It's not this prideful thing with all the stigmas that come with that. And actually I've had quite a number of parents who are in the integrative health world who teach their own teens fertility awareness method. And how empowering is that? I saw someone ask about if they're not cycling normally, right? Like if they're not ovulating yet — which can take years for a teen to normalize — it can be tricky, but that doesn't mean that you can't still teach them like moon cycling and all that kind of stuff to help them become aware. And if they're not ovulating, but they are kind of like somewhat hitting it on the 28 to 40, like whatever-day calendar, then you know, you can at least teach them that somewhere about halfway through there — right? Like, ish, right? Somewhere between let's just say day 10 to 21 — maybe let's not be having sex,



right? Just get smart. And obviously it can happen outside of that window, but you do the best you can with teens when they're with their abnormal cycles.

Nicole: Very true, that you do. Okay, so a few other things. "Do you have resources to recommend for teens and also parents on gender fluidity, transgender issues?"

Dr. Julie Granger: Great question. We actually go over that in our pelvic reproductive module in my course, and — oh, it's eye opening. It's so eye opening on this. And there's several organizations that I mentioned — at the top of my head, sorry — that are actually really out there advocating. There's research that's being done. There's a consortium of hospitals — like teaching hospitals. I want to say it's like Stanford, UCLA, some Northwestern Chicago — a lot of your more liberal research institutions that actually are doing research on transgender issues in kids. This is new. Like it's very new — probably in the last three years, they're doing a long-term study looking at hormones versus surgery, when do we start things. There's timeframes, ages, because of changes that are happening in the body that you can actually jump in and really redirect a teen who actually wants gender reassignment, for example. And it's super, super interesting. So those things are just coming out, though. There's not like a huge — unfortunately, a lot of resources. I think there's a Facebook group actually that's for parents of transgender teens that, if you're not in it, look it up and you can join online.

Nicole: Awesome. Okay. Let's see. So Chloe Skirl, ACC. Yeah, Sasha — she's great, I love her. And Molina of Beyond the Cusp runs great period-positive courses in Australia and does train-the-trainer. Okay. Awesome. "Tara says, which organizations did you mention about pill advice for teens?"

Dr. Julie Granger: American College of Obstetrics and Gynecology — so ACOG. Right. Yes.

Nicole: Okay, that's what I thought we meant there. And also Period Movement in the US is great, and Women in Training. Cool. I love all this. Yes, I know. You guys have all these resources. I know about all this. Yeah, I know, seriously. I didn't realize, Nikki, that Period was focused on teens as well. That's really cool. All right. Okay, let me make sure — let me see what other questions I have real quick. Yeah — we've talked definitely about coaching tools to use with teen clients, and you've really talked a lot about working with teens versus working with adults. And I suppose my last question, unless there is something that you haven't covered that you think would be pertinent to everyone — is there anything, any last-minute things around teenagers and working with them in general that would be helpful?

Dr. Julie Granger: Yeah. One thing about coaching tools is — and it's a slippery slope — this is a good and a not-so-good, and it really depends on the teen — is your tracking stuff. Whatever tracking software you want to use is fine. There are teen-friendly ones — like go to the app store, you'll find a thousand, okay? And then there are just regular ones you really like to use



that you guys are already using — they're fine for teens. There's nothing you need to hide from a teenager. The Garmin Vivofit stuff — they love it. They love Apple Watch. They love technology. And so you can really tap into teens once you've won them over and they've fallen in love with you and they trust you and they want to ask you a thousand questions — your software stuff is going to be a real go-to for teens. The problem with that — the dark side is — if your teen falls along the spectrum of hyper OCD, perfectionism, hyper achiever — their brains are so black-and-white — they are very, very, very likely to get programmed in almost like — I don't want to call it an eating disorder if it has nothing to do with nutrition that you're working on with them — but they can get hyper OCD about their data and they start to see themselves as the identity "I am my data." You probably see this in adults too that are kind of on that spectrum, and they're like, "Oh my God, I was one and a half days off and the world is ending," right? And you've used a whole session where you're talking them off a ledge. And teens are especially susceptible to that. So I'm not saying don't use that information. But part of your education to them will be that they are a whole human — their bodies are resilient, as Nicole said. If something's a little off in the data, that's actually a normal part of teenage-hood. So we don't make big deal or big drama over it for sure.

Nicole: Yeah. I think that's so helpful to know. I mean, I feel like that just perpetuates those habits all the way into adulthood. If someone had checked that for me as a teenager, it would have saved me a lot of heartache.

Dr. Julie Granger: It would have. And we don't want to ever — we want them to track, but this is tricky. It's like, you don't want to tell them that they've done something wrong. They're very right-wrong brains. And so if they think they've broken a rule or they've done something wrong — like, "I didn't eat enough fiber, so then I had a bad cycle," whatever it is — you know, they might shut down and actually stop telling you things, 'cause they're gonna think that they've let you down. Okay. The rule follower is out there. "Oh, I did something wrong. I feel ashamed." So, yeah.

Nicole: Yes. The shame spiral is a teenager. I remember that. It's a big one. Yeah. Right, for sure. Okay, anyone else have any other questions for Julie before we start to wrap things up? These were all really great questions, everyone. And, you know, so many good resources everybody has. Julie, I totally want to do your program. Oh, so great. Could you join us?

Dr. Julie Granger: I know. I'll put the links in the chat box so you guys have them.

Nicole: Absolutely, and I'll make sure to share them in the program, everyone, like under Julie's call recording.

Dr. Julie Granger: Yeah, I've got a free guide if you just want like a taste of the course, and then I've actually got a Facebook community. You guys can come join — it's just practitioners



who work with teens or want to work with teens. Lots of great stuff going on in there, for sure. And then one other thing — puberty books. *Below Your Belt* — I love *Below Your Belt*. It's more of like a pelvic health book, so more like holistic pelvic health — pelvic floor. It's the PT world — muscles, but also like periods, urination, pooping. And I, for teens, I don't love too much that gives them a little — it's like you don't want to give them over-information, right, because they go into overload. But that's a really, really nice one to start. I love the *Fit to Be Girls* course that I told you guys about because it's really small little bites for them.

Nicole: Yeah. Who does *Fit to Be*?

Dr. Julie Granger: It's Beth Learn. Okay. It's her program. It's really for like pregnant postpartum women, but she saw this need as her kids got older to do a teen program as well. It's more tween, again, like puberty, prepuberty, yeah.

Nicole: Okay, that's great. And Tara — Nat Kringoudis has a book called *Beautiful You*. Yeah. And that's kind of all like pre-teens and teens as well. And it's very pretty. So it actually looks kind of cool. I don't know, I think it's cool. Maybe too. I love it. But yeah, it's super well-illustrated and stuff. So that's — I feel like that could be helpful too. I love the book *The Teenage Brain* as well. I just read it for the eighth time. It's great. She's a researcher out of Harvard, I believe, and more of a psychology-neurocognitive researcher, and writes a book for parents on the teenage brain. But anything that's written for parents, you guys, is perfect as a practitioner as well. So you can really kind of see it from the adult perspective. So helpful. Okay, good. I have a question. This is maybe a little controversial, but I'm curious what your thoughts are. It's funny because I don't have kids, but I think about kids and next generations an awful lot — and mostly because of the work that we all do. But I often think about girls particularly and diets, and how diets have changed so dramatically over the last 30 to 50 years. I mean, it's really quite shocking — the difference between what I ate as a kid and what I see kids eating now. And again, this is no judgment on parents — this just seems to be what it is. But I feel like that is definitely — I don't know if that is sort of setting a stage and having an impact on teenage behavior and how they're functioning in society as teenagers. I'm so curious, I mean, because I know in the moment what they're eating is probably not helping, but is there sort of like a long-term effect — do you think — of all of this dietary stuff that's happening, you know, from ages like two to 12? Do you think there's an impact?

Dr. Julie Granger: Let's do a study. I know. Right? I really want to. I don't know. You're asking like a million-dollar question. That's a really good question. And I would think so in some way — I mean, I'm leery to tread into a conversation with teens themselves about toxins 'cause again, black-and-white brain — they hear "toxins" and they're like, "I'm never wearing makeup again, even the clean makeup," right? When they hear the words "clean," they freak out. They're black and white — they hear good or bad. So they're not good at navigating gray, 'cause the prefrontal cortex is what does abstract thinking, and they will have one of those. But yeah, I would think



that with like glyphosate and gluten and things — you're seeing all these things crop up. We're either more skilled at diagnosing them, or there's actually more of it. People haven't done a really nice job, again, studies — the pediatric world of wellness — the studies aren't there because, for the most part — I think the statistic is, I sure-to my course, I can't remember off the top of my head — it's 80 to 85% of kids and teens are actually what we would consider healthy. Like they're pretty good.

Nicole: Really? 80 to 85?

Dr. Julie Granger: They have one thing, yeah. They're actually pretty healthy. Most kids who go to the pediatrician have a well visit once a year, right? They might get sniffles and colds and allergies here and there, but they're actually healthy — and doing air quotes for those who are listening, 'cause we know there's other things that aren't really healthy that are like borderline, you know, that we would consider unhealthy but the medical world doesn't. But yeah, at the end of the day, they're active, they're resilient, they break their bones and they bounce back in three weeks whereas it would take an adult 12, you know, and they don't hang on to disease and illness the way we do. But they are paving the way, aren't they, for adulthood? And you're looking back at your own teen years and going, yeah, this was a problem then too. So long-term studies are really hard to do because we don't have the problem — what's the problem that we're looking at? If we take six-year-olds and we follow them, there is not a problem, right? There's actually long-term studies that are hard to come by in the peds world. In fact, we're just now getting long-term studies in wellness for cancer survivors — pediatric cancer survivors. That's a definite clear problem, right? They're getting chemotherapy, they're getting radiation — what's the psychosocial effect? And those studies are starting to come up with long-term follow-up, following kids in what they call survivorship programs. They actually collect a lot of data and see how they're doing in their 20s, their 30s, their 40s. It's fascinating. But there's a clear problem there — cancer — whereas if we're talking about like, how does eating gluten affect you 25 years from now, no one's going to study that. And no one's going to sign up for that study, you know?

Nicole: Yeah. Sad. I know. 'Cause like these are the abstract crazy things I totally want to know. So yeah, me too. That's fascinating. Okay. "Since teens are so black and white, do you think workshops for tweens and their parents is better, as the girls are still open to absorb?"

Dr. Julie Granger: Yup. Catch 'em before they get into rebel brain. Yeah. I would agree. I know, aren't they sweet? I love them. 13-year-olds — not so much. But again, I don't want to say that too, 'cause I also don't want to put that stigma on teenagers, because I do think that there's that stigma attached to being teenagers that they are all just little rebels and a pain in the ass, and we know that that's not the case.



Nicole: Okay. Because I was going to ask about pre-teens under 12 years old, as so many girls are getting their periods earlier now. Do you work with them or their parents as well?

Dr. Julie Granger: Yeah. I've definitely had several clients — I don't have any currently, but I've had some in the past who are early menstruators. And there are other white papers on that. It's really interesting — they've come out, and we consider — I don't consider it normal, but the medical community does — that like eight is a normal age.

Nicole: When did that become normal? To me, but — sorry, you were just breaking there.

Dr. Julie Granger: When did that become normal? Yeah, like — it's very upsetting to me. As long as they're not showing a lot of negative signs of precocious puberty — which is like adrenal problems and a lot of these issues — a lot of times it's just kind of like, "Okay." But if they're showing a lot of other systemic issues, they will actually delay it. They'll do hormone or drug intervention to delay, 'cause it's really important for bone development and future ovarian cancer risk and breast cancer risk. But generally speaking, kids — especially by nine, definitely nine and 10 — if they're menstruating, they're menstruating. It's just, here we are. So it's starting earlier. I've worked with a few of them and really at that age — it's young. You said it — 10-year-olds — and they are so naive. They're so out past it. Like, "Oh, you're the first girl in your fourth or fifth grade class to get a period?" Oh man. Talk about feeling like you're the only one in the universe. So I do a lot of — what we've done is just normalizing and helping them feel powerful because of it, instead of weird. I guess a lot of psychology at that point. But like I said, being so young — they're not able to handle that. I remember being 12 and feeling like I was ill-prepared because my mom gave me a book. At the same time, like, I knew it was coming — I was kind of spotting a little bits, I had pads in my school bag and all that stuff. But like, I definitely didn't feel like I was old enough.

Nicole: I didn't either. I was 12 — that's close to normal — that's totally normal, right? But yeah.

Dr. Julie Granger: And I've had some girls — and it's normal when you first start menstruating — it's normally abnormal to bleed for like three weeks straight. That's normal. We don't really blink at that unless she's losing so much blood she's getting anemic. And so I've definitely had some young girls — 10, 11, 12 — who, that's just how their period starts. Mom's freaking out, right? And she's like, "Oh my God," right? And the child is — a lot of times when it's really young, they're too young to understand tampons. And so then they have to wear a pad, and depending on what they do for sports, they're not going to go to practice. So then they lose their social life right immediately. And not only do they feel weird, but now I don't know how to tell my friends, and I can't really tell them why, and "I'm not gonna run around and be like, 'OMG, my period's been going on for three weeks'" — no one's going to talk about that, right? So it's tricky for the young ones. And all we can do is provide — I think more than anything — emotional support. And for parents, the thing that I find most helpful is, "This is okay. It's weird, but it's okay



that she's 11, or that she's bleeding for a couple of weeks." And you want to know where the hard backstop is on red flags — I tell them the difference. I'm like, "Just keep me posted. Text me every day if you get worried, and I will let you know when you need to call someone. Let me do the worrying. You go be a parent."

Nicole: Yeah, that's very helpful. So helpful. Okay. "But the delay by using hormonal birth control — seems like there would be worse effects from that."

Dr. Julie Granger: I haven't seen any of that. I don't know — is that happening? I don't know that it is. There are times where the pill or even like progestins are used for various reasons when a girl is first getting into cycling. Sometimes she's not cycling and they do a little low-dose progestin — not progesterone — to like stimulate bleeding. And it actually just gets the pituitary in the hypothalamus to go, "Oh, we're supposed to wake up. Okay." And because a lot of times they're building up the lining of the uterus, but it's just not shedding. It's there, and that can actually create more problems for them — like toxins, byproducts, those kind of things that just aren't being flushed out. But it's very short-term. And the teen body actually takes 12 to 13 years to completely cycle normally — like to get into normal ovulation, normal rhythm, etc. So if you jump in there with a little bit of hormonal stuff — not that I'm saying every teen needs to be on it — I'm fairly anti-birth-control-pill for teens. But if you get in there, their bodies are going to bounce back and learn their own language if they stay on it for a year or so. If they stay on it for years, that's a different story.

Nicole: Yeah, well, that's a whole different story, isn't it? I know, yeah, and then we have all of the women that I deal with, and many of you all deal with it too. So it's just, yeah, this is what we run into. So two more. So Nikki, you said, "I've read that women of color are more likely to menstruate early — not sure why."

Dr. Julie Granger: Yeah, yeah. I don't know why either. Good question. I don't know either. And I'm curious about whether that is just in America or if that is across the board, so that's something to look into for sure.

Nicole: Yeah. Let's see. "Sasha, you said, 'Do you also see dads in your courses — single dads maybe?' As in your Health Pros for Healthy Teens course, or...?"

Dr. Julie Granger: Yeah, or in my practice — I would do calls with dads. I don't know that I had any single dads. That's a really good question. But I would imagine — when I was a physical therapist, there were a couple of single dads who were super engaged and wanted to learn everything about everything. I'm sure I didn't see any specific single dads, although if there was a dad in the picture, I would do calls with them as well, 'cause it's important for everyone to understand the language and process.



Nicole: Absolutely. Okay, I want to honor Dr. Julie's time and everybody else's time. So I just want to say thank you so much. This was incredibly helpful. I feel so enlightened now — no idea about so much of this. And again, like that's the ongoing struggle — of how to talk to teenagers — has been my weird thing clearly. But I understand — I think so much of it really just comes down to, like you said, building that relationship. And it's not that much different from building a coaching relationship with an adult. It's just like —

Dr. Julie Granger: There are fewer barriers. It takes a little longer to establish rapport, but as far as breaking down bad habits, there are fewer of them, 'cause they actually don't have as many years under their belt to develop these hardwired things. And they're in many ways much more open to suggestion — as long as you make it their idea. But they're much more open to — I truly mean that — like, give them three right answers and let them choose every time you're wanting to intervene or offer an option. But they're much more open to doing it, 'cause they're like, "Cool, all right, I don't have any reason to resist you, you know?" So.

Nicole: Yes, absolutely. Thank you, thank you.

Dr. Julie Granger: You're welcome.

Nicole: All right, everyone, thank you again so much for your participation and your great questions. I also copied and pasted everyone — just so you know — all of what you shared in the chat box. So I will make sure that that gets in under Julie's recording. And then, Julie, I also have all of your links too. So we'll make sure to — awesome.

Dr. Julie Granger: Thank you again. Everyone's like, "Thank you guys!" Thank you so much. That's great.

Nicole: Okay, good. All right. Have a good one. I'll talk to you soon, Julie, on the podcast. Everyone — Julie and I will be jamming about this stuff on the podcast soon. All right. Thanks everyone. Bye.