**Guidelines**

* The breakout session will take place in the latter third of the Symposium, scheduled for 8:00 - 8:50 pm. We will provide your assigned room on the medical school campus a couple of days prior to the event in order to get as accurate of a headcount as possible.
* This case is intended to provide a glimpse into some of the considerations and challenges involved in providing gender-affirmative care to pediatric patients. The case is fictitious; all similarities to actual people, providers, or organizations are coincidental.
* This case is informed by current research evidence, specifically Katz-Wise et al (2016) (see references). The case has been reviewed by faculty in the University of Minnesota Dept. of Family Medicine and Community Health. However, it should not be interpreted to capture all issues pertaining to LGBTQIA+ healthcare.
* We encourage you to introduce yourself and your professional background to your group prior to beginning the session.
* Facilitators are encouraged to employ effective facilitation techniques, particularly emphasizing that there are no right answers. However, you are welcome to facilitate however you would like, using techniques that feel best to you (e.g., small group discussion, think-pair-share, defining ground rules). Additional resources to support facilitation can also be found at:
	+ [Techniques for Leading Group Discussions (Community Tool Box)](https://ctb.ku.edu/en/table-of-contents/leadership/group-facilitation/group-discussions/main)
	+ [Top 11 Skills of an Effective Facilitator (The Design Gym)](http://www.thedesigngym.com/top-11-skills-effective-facilitator/)
	+ [Teaching Methods for Case Studies (Ryerson University)](https://www.ryerson.ca/content/dam/lt/resources/handouts/CaseMethodBestPractices.pdf)
* Symposium participants include health professions trainees/students (~50% of registrants), healthcare providers (including medical, behavioral health, and allied health professions), representatives of non-profit organizations, and community members.
* You will be paired with a student volunteer who will be available to assist you with keeping track of time and guiding participants back to Mayo auditorium.
* Participants are encouraged to read and discuss the case through the lens of whatever discipline they occupy, including but not limited to:
	+ Medicine
	+ Nursing
	+ Physical or Occupational Therapy
	+ Law/Advocacy
	+ Social Work
	+ Public Health
	+ Psychology
	+ Family Members or Friends of Self-Advocates
	+ Self-Advocates

For participants that do not occupy a role that would be involved in a direct patient interaction (e.g., researchers), participants can still bring their perspectives into the discussion. Facilitators can also prompt such participants to place themselves in the shoes of any of the aforementioned roles.

**Part 1 of 3**

Jackson Reid, a 15-year old Black adolescent assigned male sex at birth, arrives to your primary care clinic along with his mother and father. Jackson and his parents just moved to the Twin Cities area and he is a new patient at your clinic. Jackson is a freshman in high school who loves math, and is involved in Track & Field and Model United Nations.

Lately, Jackson shares that he has felt extremely tired and restless, and his parents are worried.

Jackson’s father states, “I’m not sure why he’s being so lazy. His grades are slipping, even though we got him a tutor and told him to cut back on Model U.N.”

Jackson bristles a bit when he hears this. “I’m not being lazy. You guys just don’t get it, you never listen. It’s more than that…I don’t feel anything. And whatever I’m doing doesn’t mean anything. I’m sleeping all the time but still tired. I’m wiped at school and my classes are freaking me out. Especially the two honors ones.”

As you discuss further with this family, you get the sense that Jackson is reluctant to fully share his experience with his parents in the room.

**Facilitator’s Questions**

1. What additional information would you want to learn about Jackson’s life?
	1. *Facilitator Probes*:
		1. Peer and social relationships
		2. Teachers’ or school staff perspectives
		3. Siblings and sibling relationships
		4. How long has Jackson been feeling this way?
		5. What sort of coping mechanisms does Jackson use?
		6. What is Jackson’s previous medical and social history, including mental health issues?
		7. What role does Jackson’s race or culture play (if any)?
2. What next steps would you take?
	1. *Facilitator Probes*:
		1. Take additional social or medical history
		2. Conduct further assessment of Jackson or his parents
		3. Implement screening for mental health concern
3. How might you gather information from a patient if caregivers seem unsupportive?

**Part 2 of 3**

The physician starts with a medical work-up (thorough examination including laboratory tests and screening[[1]](#footnote-1)), for fatigue, restlessness, and unrefreshing sleep. All work up came back negative.

Your healthcare team decides to administer the Adolescent Patient Health Questionnaire (PHQ-A), a self-report depression scale based on diagnostic criteria for major depressive disorder. See below:

**INSTRUCTIONS:** How often have you been bothered by each of the following symptoms during the past two weeks? For each symptom put an “X” in the box beneath the answer that best describes how you have been feeling.



Jackson scored a 13 on the PHQ-A, meeting the threshold for moderate depression severity, so you follow up with a clinical interview which corroborates the score. You decide to refer Jackson for individual psychotherapy with a therapist at your clinic (who has training in sex and gender identity) and ask Jackson how he feels about the idea. Jackson was resistant, but your team was able to make a warm hand-off and introduce Jackson to the therapist. Together, you get him to commit to attend one session.

Over the next eight months, Jackson becomes more comfortable with counseling, and also seems to develop a better relationship with your healthcare team after initial hesitation. However, additional PHQ-A assessments indicate no changes in depression symptoms. Jackson also continues to struggle with his grades and class attendance.

Seven months into the therapy sessions, Jackson returns to the clinic for an appointment with the physician, accompanied by his mother. Jackson tells the care team, “I wanted you to know that I identify as a girl now. I don’t feel like a girl; I *am* a girl”. The physician asks about Jackson’s preferred gender pronoun; the patient indicates a preference for she, her, and hers. Jackson goes on to discuss in-detail a constant preoccupation with her gender identity, and the frustrations of coping with her already-developed secondary sex characteristics.

Jackson also chooses to come out to her mother in the office, with the physician and nurse present. Tearfully, Jackson’s mother expresses that she still loves Jackson, but that she is unsure whether she will be able to accept Jackson’s “choice”. Jackson and her mother leave the office, and Jackson mentions, “That’s about what I expected from her.”

**Facilitator’s Questions**

1. What would your initial response be to individuals like Jackson who decide to express their gender identity or sexual orientation in the healthcare setting?
2. How would you approach talking with Jackson’s mother?
	1. *Facilitator Probes:*
		1. How would you describe Jackson’s mother’s reaction? How does that influence the approach you might take?
		2. Is it important to think about our gut reactions? How does this affect the approach you would take?
		3. What role do family dynamics have in best helping Jackson and similar patients (e.g., family acceptance)?
		4. What strategies might you use to improve family acceptance?
3. What other professionals or services might you want to bring in?
	1. *Facilitator Probes:*
		1. School counselor or school nurse
		2. Teachers, coach, or other trusted adults
		3. Family or individual counseling for parents
4. What characteristics or aspects of the healthcare team are important for establishing a positive relationship with patients like Jackson?
	1. *Facilitator Probes:*
		1. Inquisitive approach seeking to get patient buy-in
		2. Appearance of non-judgment and agency for the patient
		3. Signaling of a primary alliance with the patient, rather than the parents (while maintaining respect for parents’ interests)

**Part 3 of 3**

The next scheduled appointment occurred two weeks later at the therapist’s office. At this appointment, the front-desk staff were able to use the correct gender pronoun with Jackson when she arrived, as the healthcare team had made a note in the electronic medical record.

By that time Jackson had come out to her father as well. Jackson described her father’s response as “quiet and awkward”.

Jackson’s drive to come out seemed to have been amplified since her initial experience with her mother. Jackson shared with her Track and Field coach at school, and then her math teacher, and finally a few close peers. Jackson shared that each of their responses were supportive; Jackson made no mention of any mistreatment or harassment. Her parents remained avoidant, however. The family rejected the therapist’s suggestion to consult with a gender management service, saying they would not agree to this “until [he is] 18.” The therapist probed further, seeking to understand their reasoning.

With things improving at school, Jackson’s grades and engagement in school also improved slightly. Unfortunately, Jackson’s depression symptoms persisted, even though she experienced relief and a temporary improvement in mood immediately following each disclosure of gender identity to different people in her social circle.

The therapist continued to observe Jackson’s depressive symptoms, while continuing to monitor progress with Jackson’s family dynamics. Eventually, she abandoned her hopes of receiving a supportive and affirming response from her parents. She decided to wait pursuing further gender affirmation until able to do so independently as an adult. Jackson’s depression was ultimately treated with antidepressant medication.

**Facilitator’s Questions**

1. *Positive aspects.* What aspects of the healthcare team or healthcare facility supported a positive outcome for Jackson and her family?
	1. *Facilitator Probes:*
2. Co-located behavioral health providers
3. Therapist has training/experience in sex and gender, and sought to understand parents’ perspective
4. Interprofessional practice
5. Positive alliance with healthcare team that grows over time
6. Asking about and affirming patients’ names and pronouns at front desk
7. Systems that support gender affirmation
8. *Aspects for improvement.* What other sort of actions could the healthcare facility have done to create a more inclusive and affirmative space for patients like Jackson?
	1. *Facilitator Probes:*
		1. Gender identity and expression non-discrimination policies
		2. Gender-neutral restrooms
		3. Staff trainings on cultural competency/humility, inclusive of transgender/gender-nonconforming competency
			1. Training on gender identity and gender diversity
			2. Training on how to ask patients about gender/pronouns
		4. Creating procedures for and a culture that supports accountability
9. What aspects of Jackson’s life could be seen as strengths?
	1. *Facilitator Probes:*
		1. Supportive teacher, coach
		2. Strong sense of school community
		3. Higher social support
		4. Identity disclosure
10. What other health concerns would you want to check-in with Jackson about moving forward?
	1. *Facilitator Probes:*
		1. Social support
		2. Substance use (smoking and alcohol)
		3. Mood and anxiety disorders
		4. Eating disorders / body image concerns
		5. Mental health
			1. Depression
			2. Suicide and suicide ideation

**References**

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1. Lab tests drawn: TSH (Thyroid stimulating hormone), Iron and Ferritin, Vitamin B12; Screenings conducted: drug and alcohol use, obstructive sleep apnea [↑](#footnote-ref-1)