

CASE EXAMPLES for UCSF GENDER AFFIRMATIVE MODEL

1

Student Demographics: 6th grade, African-American, assigned female at birth (AFAB), Trans Masculine

Presenting Issue: Student requested to be called by a name other than their birth name and the name was common for a male. Student experienced frequent misgendering and bullying by peers. Mom did not want to accept the new name or gender of her student.

Background information: Single mom, student was strong willed and tough and had a tough reputation in the community, lived with bio-family, had an IEP

2

Student Demographics:

- Student age/grade: 13yo/8th grader/ trans student (AFAB) preferred pronouns he/him
- How did the student arrive to you/come to you for services?
 - The first day he started school the secretary called me down to the office to meet a new student who she felt might be in need of services
 - In our first meeting the student requested mental health services and LGBTQ support services.
 - during the school day he would ask his teachers to come see me if he needed to take a break or was big feelings
 - teachers would also check-in with me if they had a conversation with the student that raised red flags
- What are or were/the presenting issues?
 - symptoms of anxiety including panic attacks
 - symptoms of depression including feelings of sadness, hopelessness, loneliness, fatigue
 - somaticizing in the form of bodily pain primarily in abdomen
 - history of self harm (cutting)
 - suicidality (had 2 hospitalizations in the past year)
 - student reports hearing voices that sound like demons; sometimes these are command voices
 - history of trauma (unclear details)
 - presentation does not match what student reports; reports information in a story telling manner using very therapeutic language
 - relationship with Dad and Mom
- What is some important background information: Family dynamics, current services, etc

- Previously lived with Mom several hours outside of SF and moved to live with dad in SF at the start of the school year
- when student's mom and dad were together he had a difficult relationship with both parents, then parents split and student did not have a relationship with dad for a couple years, then student moved in with dad
- history of trauma occurred while living with mom
- unclear if there was previous abuse and/or neglect when student was younger
- drugs were being grown/sold/consumed by adults in student's home
- student ran away from dad a few weeks ago to a family friend in Oakland
- in student's old school he experienced lots of bullying related to his transgender identity
- parents are supportive of his identity and are adjusting to it as well
- Is student a POC, Foster youth, have an IEP, etc?
 - student is white
 - student was in the process of getting tested for an IEP; school psych believed he would qualify under ED
- With whom did you collaborate: family, providers, CBOs, child crisis, Erik Martinez, etc.
 - Dad (who student lives with)
 - child crisis
 - Edgewood CSU
 - Erik Martinez
 - UCSF gender center
 - Dimensions clinic
 - SROs
- What were the successes and/or challenges?
 - Successes:
 - Student enjoyed GSA day and GSA club
 - I got to build a really great relationship with an awesome person!
 - I collaborated with all the above people who were very helpful in connecting the student with resources
 - Challenges:
 - follow through of mental health services from Dad
 - Finding an available therapist
 - fully understanding the extent of his mental health issues

Number 3:

- Student age/grade: Came to us as a 6th grader. Assigned female: then identified as they/them, then male, now female again
- How did the student arrive to you/come to you for services?
 - Came to attention because of self-harm discussion in peer group.
- What are or were/the presenting issues?
 - Posting images of self harm on instagram, kissing girls in bathroom (pictures going around), conflict with parents, eating disordered behavior, SI

- What is some important background information: Family dynamics, current services, etc
 - Had therapist and psych from RAMs as a 6th grader
 - CPS involvement in past, may have led to therapy referral
 - A lot of suicidal talk
 - Every time student spoke up in family therapy they would get yelled at on the way home from therapy(according to student)
 - A lot of panic attacks and suicidal ideation, hospitalized once,
 - She wanted staff to use male name and pronouns but did not want staff to tell therapist or parents, some splitting
- Is student a POC, Foster youth, have an IEP, etc? 504 completed for panic disorder, Asian/Chinese
- With whom did you collaborate: family, providers, CBOs, child crisis, Erik Martinez, etc.
 - Collaborated with family, individual therapist, psych, Erik Martinez, Child Crisis,
 - RAMS(therapy) collaboration was challenging because student told SSW that therapy wasn't helpful and there were things that they didn't want to be told to therapist
 - Student was prescribed a high level anxiety medicine as needed, and parents refused to give to student when in crisis
- What were the successes and/or challenges?
 - Kid eventually told the therapist not to talk to school.
 - Success: Followed the student's lead, even when it was confusing
 - Student came back to school in spring and said that they no longer wanted to be called by a male name and is back to female given. Dress remains neutral, hair is presenting more feminine this year then in past, not much contact with School Social Worker

Number 4:

- Student age/grade: now 8th grade AFAB
- How did the student arrive to you/come to you for services?
 - In 6th grader student came out to PE teacher as trans. Requested they/them pronouns and new name. Support plan developed with SSW and counselor with direction from student. Active in GSA.
 - In 7th grade student used a new male and he/him pronouns. Mom signed synergy form for change.
- What are or were/the presenting issues?
 - Mental health concerns led to decline in grades
 - Earlier grades: depression, suicidal ideation, "not wanting to be here",
 - SI is still present but student is now saying, "this isn't depression- it's gender dysphoria" "I need T (testosterone) or I will die."
 - Student name and gender is changed in synergy but student reports that some students still refer to him as "she" or "it."
 - School avoidance, increased anger and anxiety about being mis-gendered.
 - Parent reports that student avoids school if preferred clothing isn't clean and there is pronounced anxiety of being mis-gendered
- What is some important background information: Family dynamics, current services, etc
 - Single mom with chronic health issues, grandma who is currently in the hospital, younger sister who has mental health and behavior challenges.
 - Student currently seeing a therapist who is successfully addressing gender ID, SI and occasional family work.
 - Mom has slowly started calling student by preferred name but not preferred pronouns (mom will only use they/them, student has changed to he/him.) Mom unwilling to

- explore medical interventions despite student asking persistently for "t".
- Mom is worried that student will "regret it." She does not have compassion for the intensity of the concern of being misgendered in public and is feels that student seems to "hate women."
- Is student a POC, Foster youth, have an IEP, etc?
 - Student of color (mixed race latino). Has family members who are immigrants and are worried about deportation.
- With whom did you collaborate: family, providers, CBOs, child crisis, Erik Martinez, etc.
 - Therapist, mom, Erik Martinez, GSA teacher at school, other school staff
- What were the successes and/or challenges?:
 - All staff are calling student by preferred name. Student has trusted adults at school. Student has friends at school & is connected to the GSA.
 - Challenges: This kid has been a bit of a learning case for the whole school on how to support trans students. He has gotten the brunt of our learning and mistakes. It doesn't feel fair.
 - When does persistent mis-gendering by other students become bullying? What are the best responses from the school to support the trans student? (Other students have been spoken to, parents have been called, teachers are on alert, but I'm not convinced the behavior has completely stopped.) How firm can we be? What does that look like?
 - What role can the school take in supporting mom and exploring medical options? How many times is too many times to call mom about student's comments about depression and testosterone?

Jessie Rose Cohen

Re-opened

Hi, team. this is great. It's a bit much to consolidate on slides. would it be possible to just have copies of these cases in this format on the tables ?

I think that would be possible! Will bring it to the team: