**Kelly/Kel Carl**

**Demographic Information (for faculty & staff only)**

**PRESENTING COMPLAINT:** Follow-up on mood issues

**ACTUAL DIAGNOSIS:** Gender Dysphoria

**PATIENT NAME:** Kelly Carl

**PATIENT DEMOGRAPHICS (for SP recruitment):**

**Age:** 16

**Birth-Assigned Sex:** Female

**Race:** Unspecified

**Height:** 5’4

**Weight:** 120lb

**PROFILE:**

Kelly is a 16 year birth-assigned female who is coming in today for a 3-month follow-up visit for adjustment disorder. Kelly has been in this adolescent medicine practice since moving to the city 6 months ago from out of state. She has only been seen for her first “new patient” appointment and it was noted that her past medical history was unremarkable except for acne vulgaris for which she was prescribed a refill of topical tretinoin cream. She is now enrolled in a local high school in 10th grade. Her other psychosocial history was notable for her living with her mother, who is a single parent. Kelly’s father was killed in an automobile accident when she was 3 years old.

During the confidential portion of her last visit, she denied substance or alcohol use. She has not had her sexual debut but disclosed that she was attracted to females, and her mom is aware. She thinks that her mom “has an issue with it,” but they just avoid talking about it. Further history revealed that Kelly had a depressed mood in the context of having a difficult time adjusting to a new city, being sad about having to leave her friends, and being distressed that she had to leave her lacrosse team. The clinician at the last visit was concerned about adjustment disorder with depressed mood and worked with the clinic’s social worker to arrange for Kelly to see a counselor at her new school. She presents today for a scheduled 3 month visit to follow-up on her mood. Her mom could not accompany her to the visit today because she could not take off work.

**OBJECTIVES FOR LEARNERS:**

* To effectively and efficiently obtain a gender history from a gender diverse youth.
* To effectively and efficiently obtain a psychosocial history from a gender diverse youth using the HEADSS psychosocial framework.
* To sensitively query a youth’s affirmed name and affirmed pronouns and consistently use them throughout the encounter.
* To effectively explain the need for the pubertal exam for consideration of gender affirming medications.
* To sensitively prepare the patient for the pubertal exam.
* To accurately describe the necessary steps for a youth under the age of 18 to initiate gender-affirming medications.
* To accurately provide counseling about methods used to conceal secondary sexual characteristics that increase a patient’s gender dysphoria.
* To accurately provide basic counseling on gender-affirming medications appropriate for a patient’s affirmed gender and pubertal stage.

**Presenting Situation and**

**Instructions**

**KELLY CARL**

You have **20 minutes** to:

1. Take a **FOCUSED** relevant history. **Assume past medical history, family history, and medications/allergies are up-to-date.**
2. Inform the patient of the need to perform a pubertal exam prior to starting gender-affirming hormones and sensitively prepare them for the exam but **DO NOT perform an exam**. You will be provided pertinent exam results.
3. Provide patient with relevant counseling regarding gender-affirming medications.
4. Please keep in mind that that the clinical vignette video viewed before the standardized patient session features a younger patient and a parent. For this older adolescent, also keep in mind that this visit is only with the youth and that confidentiality issues are different with older adolescents.

Kelly Carl is a 16 year old birth-assigned female who is coming to teen clinic today for a 3-month follow-up for her mood issues. She has only been seen in your clinic once as she recently moved to your city 6 months ago. A quick chart review reveals that she was seen by an adolescent medicine fellow during the last visit. Her past medical history was only notable for acne vulgaris for which she received a refill of topical tretinoin cream. Her social history was notable for having a single mom; her father was killed in an automobile accident when she was 3 years old. Kelly disclosed that she was attracted to females, and her mom is aware. She thinks that her mom “has an issue with it,” but they just avoid talking about it. The previous clinician was concerned about Kelly having adjustment disorder with depressed mood due to depressive symptoms, difficulty adjusting to being a new city, being sad about having to leave her friends and her lacrosse team. The clinic’s social worker arranged for Kelly to see a counselor at her new school. She presents today for a scheduled 3 month visit to follow-up on her mood. Her mom could not accompany her to the visit today because she could not take off work.

Vital Signs: Weight and Height-50%tile, tracking with her traditional curves

Heart rate: 70

Blood pressure: 100/65

Past Medical History: Acne Vulgaris

Family History: Mother-depression

Medications: Tretinoin cream 0.05% once daily

Allergies: No known drug allergies

## Kelly/Kel Carl

## Training Materials

**YOUR PROFILE:**

You are a 16 year old birth-assigned female who is coming to clinic today for a 3-month follow-up for mood issues. You have been seen once before in this clinic, as you recently moved to San Francisco 6 months ago and you have not met this clinician before. During the confidential portion of your last visit, you disclosed that you are attracted to females, and your mom is aware. You think that your mom “has an issue with it,” but you both just avoid talking about it. You admitted feeling down, having a hard time getting used to being in a new city, and being sad about having to leave your friends and your lacrosse team. At the last visit, the clinic’s social worker arranged for you to see the counselor at your new school. The clinician wanted you to return 3 months later to check in You present today for follow up. Your mom could not come with you because she could not take off work.

Since the last visit, your mood has improved a lot since you have established a new circle of friends at a local LGBTQ community center that your school counselor connected you with. Also, you have finally accepted that you are transgender and today you want to talk about starting hormones, specifically testosterone. You have not told your mom about being transgender, but you wanted to gather information about starting T before you tell her.

**YOUR APPEARANCE AND EMOTIONAL TONE:**

When the learner enters the room, you should be sitting in a chair dressed in jeans, t-shirt, and baseball cap. You are sitting with your legs crossed ankle over knee. You are somewhat anxious about discussing starting hormones with the clinician but talkative and forthcoming with your answers.

**PROCESS OF THE ENCOUNTER:**

Learners will have 20 minutes to evaluate and counsel. Learners will have intercom announcements at 10 minute and 15 minutes. The learner will have 10 minutes to take a brief history. If they are still asking taking a history by 10 minutes, you should say, “I’m sorry but I have to be at a soccer practice in an hour. Can I get information about starting testosterone?”

After taking a history, the learner should explain that she needs to perform a physical exam including a visual breast exam to confirm your pubertal status. You will direct the learner to a drawer which contains the “results” of your physical exam. The learner will not actually perform the physical exam.

The final portion of the encounter will be counseling about the necessary steps for a minor to initiate gender-affirming medications (i.e.-testosterone) and counseling regarding medications.

OPENING LINE: In response to a typical opening question from a physician, “What brings you in today?” you should state “I’ve realized I am transgender and I don’t know what to do now.” The learner should ask appropriate follow-up questions, but may start with an open-ended questions as listed below.

*If the learner’s follow-up statement is “go on” or “tell me more,” you can respond:*

“It’s taken me a while to figure out a way to explain who I am, but with support from friends, I’ve accepted that I’m a guy. I’m ready to take the next steps and figure out how to go about starting hormones and what is required for that.”

*If the learner’s follow-up question references the last visit and asks follow-up questions regarding the adjustment disorder, you can respond:*

“I’ve been a lot better since I’ve joined a LGBTQ community program and made friends with other trans folks. I still get down every once in a while, especially when I have a period, but not deeply depressed. I think a lot of what I was going through was struggling to accept being trans. Now I’m ready to move forward and see if I can start T.”

**HISTORY:**

**Gender History**:

You have always gravitated towards the more masculine end of the spectrum in terms of activities, clothing, and preferences for playmates. Others, including schoolmates and friends, have always seen you as a tomboy. You remember that when you were 5, your mom insisted that you wore a dress to your preschool graduation ceremony. You cried and cried to not have to wear the dress. Your mom made you wear it; at the picnic after the ceremony, you ran around with your friends Cole and Mark in the mud and dirtied the dress. You remember being incredibly happy when your mom had to take off the dress. You have always hated having long hair, and as soon as your mom allowed you to, you got a short haircut. A big point of contention between you and your mom is that your mom has always seemed to want a daughter who “acted more like a daughter.” Your mom has a history of doing things like signing you up for ballet when you were 7 without talking about it, and it would lead to you throwing a huge tantrum at the dance studio. More recently, when you were 14, your mom surprised you by signing you out of school so that you both could get your nails done. Your mom was upset when you were not excited to participate and preferred to stay in school and not go. You sense disappointment from your mother that you are not the daughter she always wanted.

Around 5th grade, you noticed your body beginning to develop and you remember being very distressed about this and feeling like you were developing in the wrong body. Things became particularly difficult for you when you had your first menstrual period in 7th grade. Although you did everything you could to minimize appearing feminine—wearing baggy clothes, wearing a tight sports bra to minimize the appearance of your breasts, and keeping your hair short—you remained stressed. You remember that you were at your lowest during 7th grade. You felt very isolated as you did not feel comfortable telling your mom or any of your friends about your struggle with your gender identity. You experienced depression, which worsened each month with having menstrual periods. Around this time, you began cutting—superficially cutting your upper thigh—to feel some release of the sad feelings that were pent up. At one point, you seriously thought of ending your life with the plan of stealing your mother sleeping pills, but you decided that you could not go through with it and put your mother through losing you.

Things turned around in 8th grade when you, unbeknownst to your mother, started going to a community group for queer youth and developed a community with other LGBTQ youth and counselors who you could talk with. You even joined an LGBTQ community lacrosse league. Your best friends Emory and Sam helped you realize that you were transgender and they have been great sources of support. 6 months ago you and his mom moved to here to San Francisco after your mom found a higher paying job.

After they moved, you felt upset with losing so many things: your community, lacrosse team, and the only people who know your true gender identity. You initially felt sad, but not as low as you were in the 7th grade, and felt isolated again. At the last clinic visit, the clinic’s social worker connected you with a school counselor, Ms. Dubois, who has helped you connect with a new LGBTQ youth community program. This has made being in a new city much more bearable, and you have even made new friends and are learning how to play soccer in a new LGBTQ league. You miss lacrosse, but they don’t play lacrosse here.

One of your new friends Tyler is 18 years old and trans and has started testosterone 1-2 months ago. You know that Tyler gives himself and injection of testosterone once weekly; because Tyler just started treatment, there have been no physical changes. You are interested in starting testosterone and generally know that it helps with growing facial hair and making the voice deeper.

**Pubertal History**:

You first noticed breast changes in 5th grade (note adolescent typically report history by grades not age). Your first menstrual period was in 7th grade. For the first year, your menstrual periods occurred every 3-4 months, but afterwards they become more regular in frequency with one every 4-5 weeks. Gradually, you noticed having wider hips and thighs. These changes increasingly stressed you out.

**PSYCHOSOCIAL HISTORY:**

**Home:** You live with your mother who is a single mom; your father was killed in an automobile accident when you were 3 years old. Your mom works long hours as a medical assistant in a local clinic and also at a nursing home for the elderly most weekends. You and your mom have never been close. A year ago, you came out to your mother as being attracted to females. Your mother responded, “Your life is going to be so much harder; how do you know you are that way at this point in your life?” Your mother never threatened to kick you out the house or physically hurt you. But you felt rejected by her in other ways. For example, she would not allow you to bring any of your friends from his LGBTQ group to hang out at their apartment. Additionally, she makes homophobic remarks about characters on televisions shows they would watch together. “Nobody wants to see that,” she has exclaimed while watching 2 men or 2 women kissing on television on multiple occasions. At this point, you and she avoid talking about your sexual identity.

You have concerns that she will not be okay with you having a male gender identity. Deep down you do not think she will kick you out of the house, but you know she will not be happy about it. You are 99% sure that she will never sign off on you starting testosterone.

**Education**: You currently attend 10th grade at a local high school. You have a 3.0 cumulative GPA so far. You are not super active in extracurricular activities. You are pleasantly surprised with how gender-affirming your school seems to be. There is a GSA (Gay Straight Alliance) at the school, and there are students that are out as LGBTQ at the school and you have not observed any bullying. You continue to go by “Kelly” and use she/her pronouns at school, except with your school counselor Ms. Dubois, who is also the faculty sponsor of the GSA and calls you Kel. You think that the rest of the faculty, staff, and students would be supportive of you coming out as transgender. Ms. Dubois has offered you any support you need to transition.

**Activity**: You hang out in a LGBTQ youth community program and play in their soccer league.

**Drugs**:

Recreational/illicit: At 15, you used to smoke marijuana once weekly for approximately 1 year with your friends in your former city. You stopped smoking marijuana after one of your friends was caught with marijuana by the police and they had to do community service to avoid time in juvenile hall.

Tobacco: None, never (including vaping)

Alcohol: You have had 2 beers in your entire life.

Hormones: You briefly thought of trying to get testosterone online because you think it is unlikely that your mom would allow you to start T. However, you know this is not safe, and wouldn’t go through with it.

**Suicidality/Depression**: You have a history of depression with it being at its worse during 7th grade which is in when you started having menstrual periods and your body continued to appear more feminine. Around this time, you began cutting—superficially cutting his upper thigh—to feel some release of the sad feelings that were pent up. At one point, you seriously thought of ending your life with the plan of stealing your mother sleeping pills, but you decided that you could not go through with it and put your mother through losing you. Your depression is dramatically better since you joined an LGBTQ youth community program and connected with other gender diverse youth. You still feel down when you think about your feminine physical characteristics: your wide hips and breasts. You no longer have any suicidal thoughts and the last time you cut was 2 years ago.

*Note: Learners may use PHQ2 as screener: Over the past 2 weeks, how often have you been bothered by any of the following problems (her answers are underlined):*

* *Little interest or pleasure in doing things:* ***0-Not at all****; 1-Several Days, 2-More than ½ the days, -nearly every day*
* *Feeling down, depressed or hopeless:* ***0-Not at all****; 1-Several Days, 2-More than ½ the days, -nearly every day*
* Can you describe your mood?

*Answer: “I’m good. I mostly have good days. There are times when I feel down when I think about the female aspects of my body. My mood has been a lot better since I’ve connected with other queer people and accepted that I’m trans.”*

* Do you ever feel depressed/sad?

*Answer: “Since accepting that I’m trans and having friends to talk about it, I’m not as depressed as I used to be. But I do still feel down when think about the female changes that my body has gone through.”*

* Have you ever thought about ending your life?

*Answer: “Around 7th grade, when my periods started, I was at my lowest. I thought about killing myself by taking my mother’s sleeping pills, but I couldn’t go through it because I did not want to put my mom through that. Around that time I did cut. But I connected with other LGBTQ youth at a community center in my old town, and things began to turn around. I have not had thoughts like that in a while and have not cut in 2 years.*

**Sexuality**: [*Of note, adolescent sexuality has 3 components- sexual attraction (who one is attracted to), sexual identity/orientation (how they define themselves as straight, gay, bisexual, asexual), and sexual behavior (who they have sex with*)].

You are attracted to females.

You identify as straight.

You are not currently sexually active.

You have had sex with 1 female partner in your previous town with whom you’ve given and received oral sex once (you did not use oral barrier protection)

**PHYSICAL EXAM PREPARATION:**

A physical exam will not be performed, but it is expected that the learner will verbally prepare the patient for a pubertal exam. It is expected that the learner will describe what the exam entails (for Kel being assigned female at birth, a visual breast pubertal exam is necessary). Your response to needing this exam performed is confusion as to why this needs to be done. It is expected also that the learner will explain that this is exam is necessary to determine the appropriate gender-affirming medication. With further explanation you agree to the exam. After this explanation, you will direct the learner to a drawer which contains the results of your physical exam which states:

***The patient’s pubertal exam findings: Sexual Maturity Rating of 5 for breast development. Now please counsel the patient on starting the appropriate gender-affirming medication(s).***

**NOTE FOR DEALING WITH COMPOUND QUESTIONS FROM THE LEARNER:**

If the learner asks 2-part compound question (ie-how long have you been “out” to your parents and how did they response), you can answer each question. In this situation, provide a clear answer for each of the questions. If the issues asked about are from 2 separate checklist items, please give credit for each item.

If the learners asks a compound question with 3 or more questions, answer only the last question and make it clear that you are only answering that question and given credit only for the checklist item if it is addressed.

**NOTE:** If the learner asks a question that has not been addressed in the training materials, you should answer “no,” meaning you have not had that particular issue or experience.

**Questions to anticipate**

* How long have you had a male gender identity?

**“I think always…I just had a word to explain when I met other trans youth when I was in 9th grade. Whenever my mom finds out and calms down about it, she’ll realize it’s always been pretty obvious. I’ve always preferred hanging out with other guys, always hated wearing dresses, and always wanted my hair as short as she would allow. I remember when I was 7, she signed me up for a ballet class as a surprise, and I threw a huge tantrum.”**

* What is your preferred/chosen/affirmed name?

**“Kel. Is there any way to make sure other doctors use Kel instead of Kelly when I come to clinic?”**

* What is your preferred/chosen/affirmed pronouns?

**“I prefer male pronouns he/him/his.”**

* Have you disclosed your male gender identity to your parents?

**“Not yet. My mom does not know yet. But I’m going to tell her soon.”**

* How you think your mom will react to you having a male gender identity?

**“She is not going to react well. I don’t think she is going to kick me out of the house or hit me or anything like that, but when I came out to her that I was into girls, she said stuff like ‘your life is going to be so much harder’ and ‘how do you know you are that way at this point in your life.’ Plus even knowing that I’m into girls, she says ‘Eww, nobody wants to see that’ whenever we are watching a show and see 2 men or 2 women kissing. She does not even let my friends from my LGBTQ youth program come and hang out at our house. I’m 99% sure she would not be okay with me starting T.”**

* When did you notice signs of puberty such as breast development and menstrual periods?

**“My chest first started developing in 5th grade. I had my first period in 7th grade.”**

* When your body started having signs of puberty, how did that make you feel?

**“It was horrible and every month with my menstrual period I feel horrible about myself. I feel down and isolate myself every time I have a period.” ”**

* Do any aspects of your body make you feel distress?

**“I hate my breasts and how wide my hips and thighs are.”**

* Are there body features you wish you had?

**“A penis and facial hair.”**

* Does anyone at school know about your male gender identity?

**“My friend Tyler knows; he is actually trans and has started testosterone a month ago. My school counselor Ms. Dubois also knows. She is super cool and supportive.”**

* How do you think your school would respond to you being transgender?

**“One of the nice things about this city is that the school I go to is very gender-affirming and accepting of LGBTQ youth. There is a Gay Straight Alliance and I haven’t seen anyone bullied for being gay or trans. I think no one would have an issue with me coming out as trans.”**

* Have you ever tried any hormones that were not prescribed to you by a physician?

**“No, but if I’m honest with you, I’ve thought about getting T online because my mom likely won’t let me start T, but I know that’s not a safe thing to do and won’t do it.”**

* Are you interested in medications that will help masculinize you?

**“Yes. I want to learn about the process of transitioning to male.”**

**Potential Areas of Counseling and SP Response**

* The learner will ideally discuss the necessary steps for starting hormones, which includes parental consent and a letter of support from a mental health provider. Generally, you recognize that both of these steps will require your mom knowing, which makes you nervous. You are certain that your mom will not sign off on starting testosterone.
* After the learner discusses the need for you to have a letter of support, you express interest in wanting someone to talk to about being trans.

**Questions to ask during the counseling portion of the encounter (the 2nd, 10 minutes of the encounter)**

* “Would you be willing to help me talk with my mom about starting medications to transition?”
* “Can you help me find someone to talk to about being transgender and obtaining the letter to get started on medications?”
* “How long will it take my periods to go away?”
* “I’m uncomfortable with my breasts. Can you tell me about binders?”