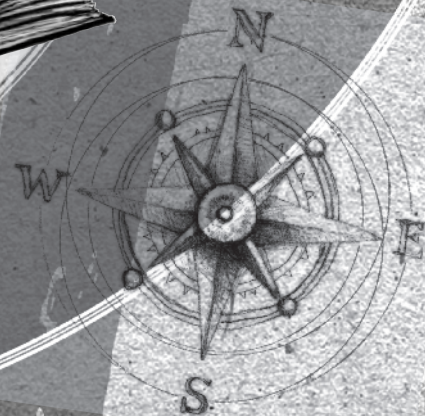




Central Toronto Youth Services

FAMILIES IN TRANSITION

FACILITATOR GUIDE



FAMILIES IN TRANSITION

Facilitator Guide

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BACKGROUND & ACKNOWLEDGEMENTS

The Families in Transition Program has a long and rich history that owes thanks to many creators, contributors, supporters, and community members. Central Toronto Youth Services is grateful to everyone who has made the development of this exciting, dynamic intervention possible. It takes a community to create positive social change, and this is certainly true in the case of building healthy families and societies for young trans and gender-diverse people to grow up in.

In particular, we would like to acknowledge Dr. Nicola Brown, the creator of the FIT Program in its original iteration at CTYS in 2008. Dr. Brown's program recognized the need for guided support for the parents of trans young people at a time when such models for such interventions were virtually non-existent. In its early years, FIT was aimed at guiding parents through the stages of grief, meaning-making and acceptance, in keeping with psychological models of the time.

We would also like to recognize the work of Lindsay Elin, MSW, RSW. In 2015, Lindsay, an expert clinical social worker and family therapist, brought significant revisions and innovation to the FIT Program that remain core aspects of the Program as it is presented in this manual. Lindsay envisioned an intervention that would create fundamental shifts in the way that parents and trans young people related to one another, thus supporting trans youth in developing into healthy, vibrant members of the LGBTQ+ community. To this end, Lindsay incorporated elements of Attachment-Based Family Therapy, somatic psychology, and interpersonal neurobiology into the FIT curriculum. These contributions have helped to make FIT into the unique, cutting-edge program it is today.

Several subsequent facilitators followed up on Lindsay's work, adding their own theoretical perspectives, educational activities, and practical wisdom. These include Jia Qing Wilson-Yang, Leslie Kirsh, Meaghan Moore, Sonny Berenson, Kai Cheng Thom, Tobie Marven, Larae Harbour, Tristan Whiston, and Marika Heinrichs. The FIT Program has benefited from the work of each of these skilled and dedicated individuals.

In 2019, LeeAndra Miller, Registered Psychotherapist and Program Manager at CTYS, was inspired by years of receiving resources and training from external agencies and professionals to expand the FIT Program beyond the walls of CTYS. Their work led to the successful submission of a grant proposal to the Public Health Agency Canada that has allowed for the addition of the FIT Youth Group component and the development of this manual, as well as extended research and expansion of the FIT Program. Thank you, LeeAndra!

CTYS is also deeply grateful to our funders, the Public Health Agency of Canada, whose generous contributions has made the FIT Program expansion work possible.

Finally, and most of all, we are thankful to all the parents and trans and gender-nonconforming youth whom we have had the honor of supporting and accompanying through the journey of transition. This includes all the members of our FIT Advisory Committee: Mason Smart, Allie Spangaro, Joel Kadish, Giselle Bloch, Sandy Bobrow, and Tabatha Dodge; as well as every other individual and family that has entrusted us with a part of their story. Thank you for teaching and learning with us, every day.

INTRODUCTION: FAMILIES IN TRANSITION AND GENDER-AFFIRMING MENTAL HEALTHCARE

Welcome to Families in Transition (FIT)!

This program manual is designed to be used by health or mental health professionals, social service providers, child and youth care workers, educators, or community organizers as an aid to facilitating the FIT Program. We welcome you to use and adapt these materials to your needs in the service of promoting resilience and healthy relationships in transgender, non-binary, and gender questioning young people and their families.

A note on language:

- 1) Language and terminology around gender diversity in the fields of health care, mental health, and social services is rapidly evolving and can vary from context to context. Regarding youth specifically, some common terms used to refer to individuals who do not identify with the gender they are assigned at birth include *trans*, *transgender*, *non-binary*, *gender variant*, *gender non-conforming*, *gender creative*, *2-Spirit* and *gender questioning*. Each of these terms connotes a slightly different meaning, which may shift from context to context.

For the purposes of efficiency, in this manual, we shall use the word *trans* as an umbrella term to refer generally to the population of youth addressed in this program. For our purposes, *non-binary* refers to individuals who do not identify as solely male or female, *2-Spirit* refers specifically to a culturally specific Indigenous way of understanding gender, and *gender questioning* or simply *questioning* refers to those who are in the process of exploring their gender identity.

In the field, we propose that best practice is to adapt the language you are using to match the language that participants of any given FIT group are using for themselves.

- 2) FIT is an appropriate intervention for any adult who is involved in the daily process of raising a trans or gender questioning young person – biological parents, foster parents, legal guardians, and informal caregivers such as grandparents, godparents, and extended family (so long as they are part of the young person’s everyday life). For the purposes of this manual, we shall use the terms *parent* and *caregiver* interchangeably to refer to this broader group of caregiving adults.

WHAT IS FAMILIES IN TRANSITION?

FIT is a unique, gender-affirming, psychoeducational group program originally designed and facilitated by mental health counselors at Central Toronto Youth Services. Broadly speaking, the primary goal of this intervention is to *give families the tools they need to help trans, non-binary, and gender questioning youth feel fully supported in their homes.*

This goal is based on strong research evidence showing that trans youth are much more likely to experience better mental health and quality of life when feeling fully supported – as opposed to not supported or even somewhat supported – by their parents and communities. Further bodies of literature suggest that many trans youth experience rejection, conflict, and in some cases neglect or abuse in their families of origin. This is likely a product of negative social attitudes towards gender-nonconforming individuals, i.e. *transphobia* (prejudice or discrimination towards transgender individuals) and *transmisogyny* (systemic violence directed specifically towards transgender women and transfeminine individuals).

Most parents are not well supported by dominant culture in raising and supporting trans youth. Many parents have not had access to any positive cultural representations of transgender people, while negative representations remain common. Furthermore, traditional models of psychiatry and psychology have treated the development of trans identity and gender questioning in individuals as a pathology to be avoided or corrected. Indeed, such pathologizing models continue to be propagated by some mental health professionals.

The FIT program rejects the pathologization of trans identity and embraces a *gender-affirming approach*, namely, that gender exploration and trans identity are natural variations in the vast diversity of human development. Furthermore, we acknowledge the social discrimination and oppression that trans people experience in dominant culture, as well as the resilience and contributions of trans and gender-nonconforming communities to society. Our program seeks to respond to transphobia and transmisogyny on the level of family systems, so that more trans young people might experience safety and secure attachment with the people that matter most to their development: their primary caregivers. We propose that trans youth are most likely to experience their parents as fully supportive based on the following factors: strong affirmation of gender exploration and transition (if desired), secure parent-child attachment dynamics, and skillful parent advocacy outside the home.

A secondary goal of the intervention is to provide both trans youth and their parents with a community of peers and supportive professionals. Literature suggests that the second strongest influence on LGBTQ+ youths' mental health outcomes is access to supportive adults outside the home and supportive peers (the first being supportive parenting). Mutual aid theory suggests that stigma, shame, and anxiety are often effectively addressed in peer group settings, and this has indeed been the most accessible type of support available to parents and families of LGBTQ+ individuals, with Parents and Friends of Lesbians and Gays (PFLAG) being perhaps the most prominent example.

FIT engages with trans youth and their parents in a group setting in order to promote strongly supportive relationships, community building, and mental health skills. The program honours the tradition and value of mutual aid peer groups while also introducing a strongly psychoeducational, structured component. Techniques from arts-based facilitation, somatic psychology, mindfulness, peer and adult education, and health promotion are woven together to create a transformative group experience for program participants.

We believe that trans people's health belongs in trans people's hands. While earlier iterations of FIT were based on psychotherapeutic models, this latest version is intended to be adaptable to a wide range of settings and facilitator backgrounds while remaining evidence-based. We hope that this will allow the program to be accessible to trans communities in a wide variety of contexts.

We further hope expanding the program's scope out of the traditional psychotherapy framework will allow the relationships formed in the program to last and grow outside of the initial group intervention. We believe that there is a strong benefit to trans youth and their families remaining in touch, supporting one another, and participating in the development of networks of trans health and social care. Our vision is that FIT might become one part of social progress toward building a future in which all trans people might come of age in families and communities that support, affirm, and love them for exactly who they are.

Program Structure

The FIT program is structured as follows:

- A comprehensive intake process, including referrals to professional and community supports if necessary
- Two simultaneous weekly groups that meet for 2.5 hour sessions for 10 weeks
- One group is for trans youth aged 14-25, and the other is for their parents/other primary caregivers
- Each week is based on a curriculum focusing on specific themes and learning goals
- Each group may be run by one facilitator, but we strongly recommend two facilitators per group if possible
- Parents and youth are encouraged to remain in contact with one another following the end of the intervention

Theoretical Foundations

Families in Transition draws its perspective, goals, and technique from a wide, interdisciplinary base. Our theoretical influences come from medicine, family systems theory, mental health, mutual aid, and adult education. It is not necessary for a FIT facilitator to have deep knowledge of all of these fields, but familiarity with the following concepts is key to successful implementation of the program.

Gender-affirming care

Gender-affirming approaches to health, mental health, and social care originate in the “affirmative model” of transgender medicine. This model asserts that best outcomes in care occur when individuals are allowed to define their own gender identity and experience. In other words, the affirmative model does not try to impose restrictions or medical criteria on people who identify as trans. Trans identity is not seen as a diagnosis, a pathology, or a second-best outcome. Rather, individuals are trusted as “experts” in their own experience, and their agency to choose their own gender expression and identity is respected.

The FIT program draws upon clinical and grassroots community experience to expand upon this model of gender-affirming care. **We are careful to note that “affirming” does not necessarily mean affirming that any given youth is and will always be trans-identified in any particular way. This is because we believe this may exert undue pressure on young people to have “100% certainty” about who they are at a time in life when identity exploration and experimentation are essential to healthy development.**

Rather, we *affirm* that **young people (and all people) have the right to define their own experience, choose their own way of being in the world in regards to gender, and to make changes to their social presentations and physical bodies in order to pursue full and happy lives.** We also affirm that all young people have the right to supportive family, community, educational, and healthcare experiences as they explore and/or transition their gender.



Attachment Theory and Family Systems Theory

The theoretical roots of the FIT program are in the psychology of attachment and family systems. While these are deep and complex fields, FIT facilitators need not be mental health clinicians in order to run this program. However a basic understanding of how parent-child attachment (the quality of relationships between a young person and their primary caregiver/s) and family systems (the ways in which the members of a family affect each others' feelings and mental health) is key to successfully implementing of FIT.

Attachment:

A FIT facilitator should be aware that young people tend to flourish when their attachment relationships to their caregivers are secure, i.e. those relationships are physically and emotionally safe, nurturing, and close – but not so close as to be restrictive. Secure relationships are reliable and dependable, but also encourage young people to strike out on their own and develop independence. Secure relationships do not require young people to keep secrets, but also allow for privacy. Finally, in a secure relationship, conflict is not avoided but rather understood as something healthy and repairable.

Clinical social worker and family therapist Lindsay Elin brought several concepts from *Attachment Based Family Therapy* into her reconceptualization of FIT. Specifically, Elin recognized that trans young people may be vulnerable to attachment “ruptures,” which are best understood as wounds that happen within a relationship. Such ruptures are likely to occur when parents either neglect their trans youths’ needs (for example, by avoiding the topic of gender identity, or by refusing to advocate for their youth in the community), or when parents actively disparage or discourage gender non-conformity. While parents are often acting out of a protective instinct when discouraging gender non-conformity, this is likely to be experienced as a rejection on the part of the youth. These attachment ruptures have the potential to create serious damage in the youth-caregiver relationship, and may lead to mental health and social difficulty in adulthood.

FIT recognizes that the majority of parents do not intend to create attachment ruptures with their youth (and indeed, our experience is that most are horrified when the impact of such behaviors are pointed out to them). Rather, because the parents of trans youth are not adequately supported by dominant society in raising trans young people, they often do not have access to the information and skills they need to respond to their children’s gender development in a gender-affirming way. The FIT Program’s primary goal for parents is to provide that support.

Family Systems Theory:

Family systems theory is essentially the idea that one part of a family is affected by what other parts of the family are thinking, feeling, or doing – even when those thoughts, feelings, and behavior are not being actively discussed. This is the idea around which the vast majority of family therapies and other family-focused interventions are based.

FIT facilitators should be thinking about how a parent's spoken and unspoken responses to their trans youth's gender exploration impact that youth and vice versa. Many parents who come to the FIT program will emphatically state that they are "supportive" of their youth. However, many of those same parents will, when asked, express enormous anxiety and fear about their trans youth's future, and at times even disgust or disbelief that their child is "really" trans.

These unspoken feelings are often known and felt by trans young people in subtle ways. If a parent repeatedly asks their trans youth about whether they are "sure" that medical transition is the "right choice," this may not feel supportive but rather transmit the message that the parent is very anxious or does not want the medical transition to occur. In our experience, trans youth report feeling that their gender identity is burdensome or shameful to their parents, and this too may cause attachment ruptures.

A common trope in support groups and psychotherapy aimed at the parents of LGBTQ+ people is "grief" – parents may express grief over a "lost son or daughter." From a family systems perspective, this must be held delicately. Grief is a real feeling that a parent might feel (though we wish it was not, since being trans is not a sad outcome!), but as facilitators, we wonder: how does that grief impact the trans youth who is, in fact, alive and seeking love and guidance from their parent? Likely not in a helpful way.

In FIT, we support trans young people to express how their families' spoken and unspoken attitudes affect them. We equally support parents in developing the skills to hear and validate their young people, and to "repair" relationship ruptures when they occur. When it comes to the mental health of trans young people, it is not enough for the adults around them to simply say that they are supported – all young people need to feel supported, affirmed, and loved by the actions of the people who care for them.

Recognizing the enormous pressure placed on trans youths' parents by society, FIT facilitators and counselors Tobie Marven and Kai Cheng Thom brought the psychoanalyst couple Donald and Claire Winnicott's notion of the "good enough" parent into the program. This is the idea that although parenting can be complex and difficult even in the best of times, all parents do indeed have the common sense and wisdom to raise and nurture their children – they can rely on their own experience and judgment. The "good enough" parent does not have to be perfect or to always say exactly the right thing at the right time. The "good enough" parent of a trans youth does not need to know everything about being trans, or never have moments of worry or frustration.

The role of a "good enough" parent is simply to be a safe, "secure base" for a young person to return to at the end of the day – a "good enough" parent is safe enough to have arguments and ruptures with, because the young person can trust that their parent will still love and take care of them, no matter what.

A "good enough" parent does not necessarily need to conform to any particular set of beliefs – scientific, spiritual/religious, or otherwise. Rather, it is specific behaviors that can occur independently of belief systems that communicate love and support to a young person.

Emotion Regulation and Mindfulness:

The final theoretical component of FIT is based in somatic (body-based) psychology, and is also an addition made by Lindsay Elin. Drawn from the work of somatic and neurobiological theorists such as Dan Siegel and Pat Ogden, somatic psychology is a form of mindfulness that uses the nervous system as a way of understanding instinctive human reactions to stress. This model adds detail and dimensions to common mental health models of emotion and stress management that we find are often appreciated by the participants of the program.

The most important somatic concept used in FIT is the idea of “emotion regulation.” This is the idea that all human beings are capable of feeling and expressing every emotion in the spectrum in a way that feels safe, healthy, and manageable – as long as the amount of stress (which is understood as a physiological response, rather than an emotion) is at a tolerable level.

Overwhelming amounts of stress – which vary from person to person – can push us out of what Siegel terms the *Window of Tolerance*, a “zone” in which human beings are capable of mindfully experiencing the present and emotionally connecting with one another. Being “outside” of the Window of Tolerance (i.e. experiencing an overwhelming amount of stress) can result in individuals reacting based on survival instincts such as *fight, flight, freeze, cling, collapse*, and so on. While this has many implications for mental health, for the purposes of FIT, we shall focus solely on the Window of Tolerance and its relevance to parent-youth relationships.

When parents experience stress that pushes them out of their Window of Tolerance, they become less able to respond in an emotionally attuned way to their youth. Because dominant society frames gender exploration and transition as a negative, even dangerous thing, the trans young people and their parents are unfortunately often subjected to high levels of stress and conflict – which then makes attachment ruptures more likely to occur.

For example, a parent might feel very worried about “coming out” as the parent of a trans young person to family and friends. The stress associated with this might push that parent out of their Window of Tolerance, resulting in them “freezing” up whenever the topic of coming out to family arises – creating disconnection in the relationship.

Or, a parent might go into “fight” mode very quickly in response to the stress of their gender questioning youth getting angry about the parent’s struggle to remember to use their chosen name. This parent might speak defensively, for example, by calling the young person “oversensitive” and “not in touch with reality.” This could easily result in an attachment rupture – a painful memory of not being taken seriously for the young person, and a belief that their parent thinks they are “crazy.”

Neurobiological theory suggests that it is easiest for people to return to their Windows of Tolerance in the presence of another person who is emotionally regulated (currently in their Window of Tolerance). In other words, a parent can help highly stressed, dysregulated young person feel safer and calmer by modeling resilient responses to stress.

The FIT program teaches parents to track their levels of stress and gives them tools to help regulate emotions. The FIT program also teaches the Window of Tolerance model to young people in order to give them language to express their emotional needs.

For more information on the Window of Tolerance model and emotion regulation, review the outline for Session #4 for both parents and youth.

Desired Program Outcomes

If you have finished reading the above, congratulations! You are now familiar with the history, structure, and theoretical orientation, of FIT. We have also introduced you to some of our broad goals (giving families the tools they need to support trans young people, and creating resilient communities of trans youth and their families). For research and practice purposes, we suggest the following desired program outcomes as a means of measuring intervention success. These can be captured using a self-report Likert scale-type questionnaire or by other methods.

Individual & Family Outcomes

By the end of the FIT program, we hope that youth participants will:

- Feel more comfortable talking about their gender identity and expression with supportive peers and adults
- Feel more empowered to pursue gender exploration and/or transition than before the group started
- Feel more supported by their parents in the area of gender exploration and/or transition than before the group started
- Have more ways of understanding and talking about their mental health and gender-related needs
- Have access to a community of supportive peers and adults
- Better understand their gender identity
- Have skills to manage/mitigate the impacts of transphobia, etc.

By the end of the FIT program, we hope that parent/caregiver participants will:

- Feel more comfortable with gender-related terminology and language
- Understand and be able to apply a gender-affirming perspective in parenting, i.e. consistently use their trans youth's chosen name and pronouns
- Understand social barriers commonly experienced by trans youth, such as transphobia and transmisogyny, and their impact on family and mental health
- Have a basic understanding of the social, legal, and medical steps that may (or may not) be part of a gender transition process
- Be able to track and identify their own levels of stress and emotional regulation, and have access to tools they can use to relieve stress and parent-youth conflict
- Have familiarity with the concept and practical steps of repairing relationship ruptures with their youth
- Have access to a community of supportive peers and professionals

Population Health Outcomes

Our ambition is that the model and techniques of FIT will be scaled up and/or adapted broadly in the healthcare, mental health, and community contexts of broader society. We believe that the FIT Program has the potential to shift the overall health of trans communities, largely because mental health outcomes for trans young people are so closely tied to parental support. We hypothesize that the successful implementation of the FIT Program over a broad section of the general population will result in the following outcomes:

- Reduced suicidality and psychopathology in trans-identified youth; higher positive mental health outcomes and quality of life indicators in trans-identified youth
- Reduced rates of homelessness and family of origin estrangement in trans-identified youth and young adults
- Larger and better-connected communities of families raising trans and gender questioning youth
- Better integration of trans youth in schools, social services and healthcare, and recreation
- Greater awareness and knowledge of gender-affirming parenting in the adult population of society, particularly those who are or are considering becoming parents



MANUAL OUTLINE AND USER GUIDE

The rest of this manual comprises a step-by-step breakdown of the FIT Program for prospective facilitators. Here, you will find:

- A review of prerequisite competencies that FIT facilitators should have before attempting to run this program
- Group facilitation principles and tips
- An intervention overview
- Key messages/takeaways that youth and parents should acquire from the program
- A guide to responding to common questions and concerns about the FIT Program
- A detailed guide to intake and example intake forms for parents and youth respectively
- An outline of structured activities for every weekly session of FIT. Weeks are divided into “For Youth” and “For Parents” sections. Practical and theoretical explanations of each activity are included.
- Worksheets, diagrams, readings, and other handouts and adjunct materials that you may photocopy or reproduce for the purposes of facilitation
- A guide to program evaluation

Where possible, we have tried to include alternative activities, modifications, and precautions in the event that such adaptations may be necessary. As experienced facilitators and group workers will know, interpersonal dynamics can be unpredictable in a group setting, especially when young people are involved. Spontaneity and creativity may be called for. We urge facilitators to look to your own best judgment in order to create an experience that is helpful, accessible, and culturally appropriate for your participants.

If and when activities must be adapted to the needs of your group, we strongly suggest that the spirit of FIT’s “Key Messages” should be maintained. We believe that these psychoeducational outcomes, no matter how they are reached, represent the core value of the FIT Program.

Depending on your capacity and context of practice, you may also choose to select only one of the Parents or Youth focused aspects of the program. Though the Parent and Youth curriculums are designed to complement each other, they can also be run as discrete groups effectively.

ARE YOU READY TO FACILITATE FIT? CHECKLIST

The Families in Transition Program is meant to be accessible to facilitators from a wide variety of educational and professional backgrounds, though some form of experience and/or credential in health, mental health, social service delivery, and/or adult education may be helpful. The activities and materials in this manual have been carefully designed so that they **do not fall into the scope of giving medical advice, psychological assessment, psychotherapy (treating mental illness), or other acts that are usually restricted by law. However, please check with your local jurisdiction in order to ensure that your work as a facilitator falls into an appropriate scope of practice.**

Regardless of your professional background, we believe that the following competencies are necessary for a facilitator to successfully run FIT. *Facilitators who are not familiar with the trans community are not likely to have success with this program.* Run through this “checklist” to see if you are ready!

- *At minimum*, strong familiarity with cultural safety and cultural competency in working with trans and gender questioning individuals. Cultural *fluency and/or lived experience* in the trans community is preferable
- Strong knowledge of pathways to accessing social, legal and medical transition in your jurisdiction, or access to consultation or supervision that can provide this knowledge
- Experience working with youth and/or families in a service provision capacity or access to supervision with competence in this area
- Experience working with groups and managing cultural diversity within groups
- Basic knowledge of diversity, inclusion, and anti-oppression in theory and practice; *strong* grasp of the impacts of transphobia and transmisogyny; familiarity with the social determinants of health
- Familiarity with the theoretical foundations presented in the Introduction of the FIT Manual, as well as the FIT Key Messages for Parents and Youth
- Access to a trans-competent referral network of medical, mental health, and community support providers local (or as close as possible) to your jurisdiction

GROUP FACILITATION PRINCIPLES

Depending on your professional experience, you might already feel very comfortable facilitating psychoeducational groups. If you are newer to this specific type of work, then you will have a somewhat steeper learning curve. Practice, partnering with co-facilitators, and making use of good supervision can help make this experience feel smoother and more pleasant. Experience facilitating groups can come from many types of previous work, including teaching, health promotion, conducting group therapy, and running recreational or personal wellness programs.

There is a rich body of literature on group theory and practice that you may wish to explore. We are including some important highlights that we believe are helpful for any FIT facilitator in this section.

Check-Ins

Ask each group member to “check in” at the start of group by stating their name and preferred pronoun – this is especially important for an LGBTQ+ group because it allows participants the freedom to explore different names and pronouns as the weeks go by. You can add elements to a check-in process such as asking everyone to share an answer to creative/reflective questions (e.g. “If you were weather, what kind of weather would you be today?”), or sociographic information (e.g. “One thing you’d like to do that you haven’t done before.”). There are many other ways to facilitate a check-in, so experiment and choose what works for you.

The goal of check-in is to get each group member to become present to the group and to have them participate early in the group process. Caution: a common group facilitation mistake is allowing check-in to go too long and dominate the entire session. As a result, the people who are at the end of the check-ins will often be waiting for most of the session to even speak once. This makes it more difficult for them to participate in group interactions and lowers group cohesion. Additionally, when check-ins take up the whole group, the goals of the session are often derailed. Design the check-in so that group members can share what they need to share in order to let go of what happened before the group and be present in the moment with each other.

Check-in is also an opportunity for the facilitators and other group members to see how everyone is doing at the beginning of the group. This allows facilitators to keep an eye on those who indicate that they are having a hard time or struggling at the beginning of the session.

Keep check-ins contained to 2 minutes or less per person. To accomplish this, you may time the check-in and give a 30 second warning to wrap up, or contain the check-in by asking one specific question only. Check-in responses should not be responded to, no matter how tempting. The ritual of everyone speaking once before any further group interaction is important so that no one feels left out. If anything concerning is raised during check-in, you can revisit it after everyone has had their turn.

Warm-Ups

A warm-up is a relatively short activity introduced shortly after the start of a group session that engages the participants' expressive, creative, playful, and/or sensory faculties. Theatre games, icebreakers, and other similar activities are good examples of warm-ups. Warm-ups enhance group cohesion so that people feel ready to share with each other more intimately.

A good warm up is always connected to either the topic or the modality of the following activity. For example, if the topic for session is transphobia, the warm-up might be asking the group to share the first time they heard the word transphobia. Alternatively, if you are trying to introduce the *modality* of arts-based learning as way to engage with transphobia, you might warm-up by asking the group to draw the "ugliest" picture they can. In this case, the "ugly picture" will help the participants move through negative feelings/internalized messages they may have about their art capabilities before being asked to engage further with art-based activities. The group would then be ready to move on to, for example, creating an artistic representation of transphobia.

Take the time to think through and plan your warm-up activities. A good warm-up should smooth the way for greater engagement and to become more willing to take healthy risks in the main activity.

Group Norms

One of the primary goals of groups such as FIT is to provide an opportunity for interpersonal experience that the participants are not likely to find in their "regular" lives and relationships. The key to creating such opportunities is establishing positive (and in many cases, *counter-normative*) group norms immediately as the group forms. Far too often, poorly facilitated groups fall into the "trap" of replicating dysfunctional ways of relating that serve to reinforce current dysfunctional patterns in the group members' personal lives. Instead, groups like FIT should seek to offer a reparative experience that models strong, health, and positive relationships.

To accomplish this, we suggest creating and modeling clear guidelines for interaction at the beginning of your group program. A good example of a healthy interaction guidelines is the "oops and ouch" technique for handling conflict and anti-oppression: if a group member feels hurt or discriminated against as the result of another participant's speech or behavior, they can choose to make an "ouch" statement." For example: "I'd like to name an 'ouch' for me – that joke you just made came off as being racist, even if you didn't intend it to." The person who made the offensive comment or action can then respond with an "oops" statement, e.g. "Oops – I'm sorry for hurting your feelings. I didn't mean to, but now I see how that must have landed with you in a discriminatory way." (Of course, things don't always go so smoothly in real life – you will likely have to coach your group members through difficult moments like this!)

We suggest that facilitators be much more directive with the group during the beginning stages of the program. As the group continues throughout the weeks, you might slowly start encouraging other members to step up and take leadership, making sure to move at a pace that suits the capacities of the group.

Well-intended group facilitators who are trying to adhere to principles of "youth engagement" or "community empowerment" sometimes stay in the background right from the beginning and ask group members themselves to take on the leadership before their skills have developed. This can, unfortunately, lead the group to establishing unhealthy group norms that make is far too difficult to facilitate their way out of. Too many growing youth and community leaders resign or step out of programs as a result of being asked for "too much too soon."

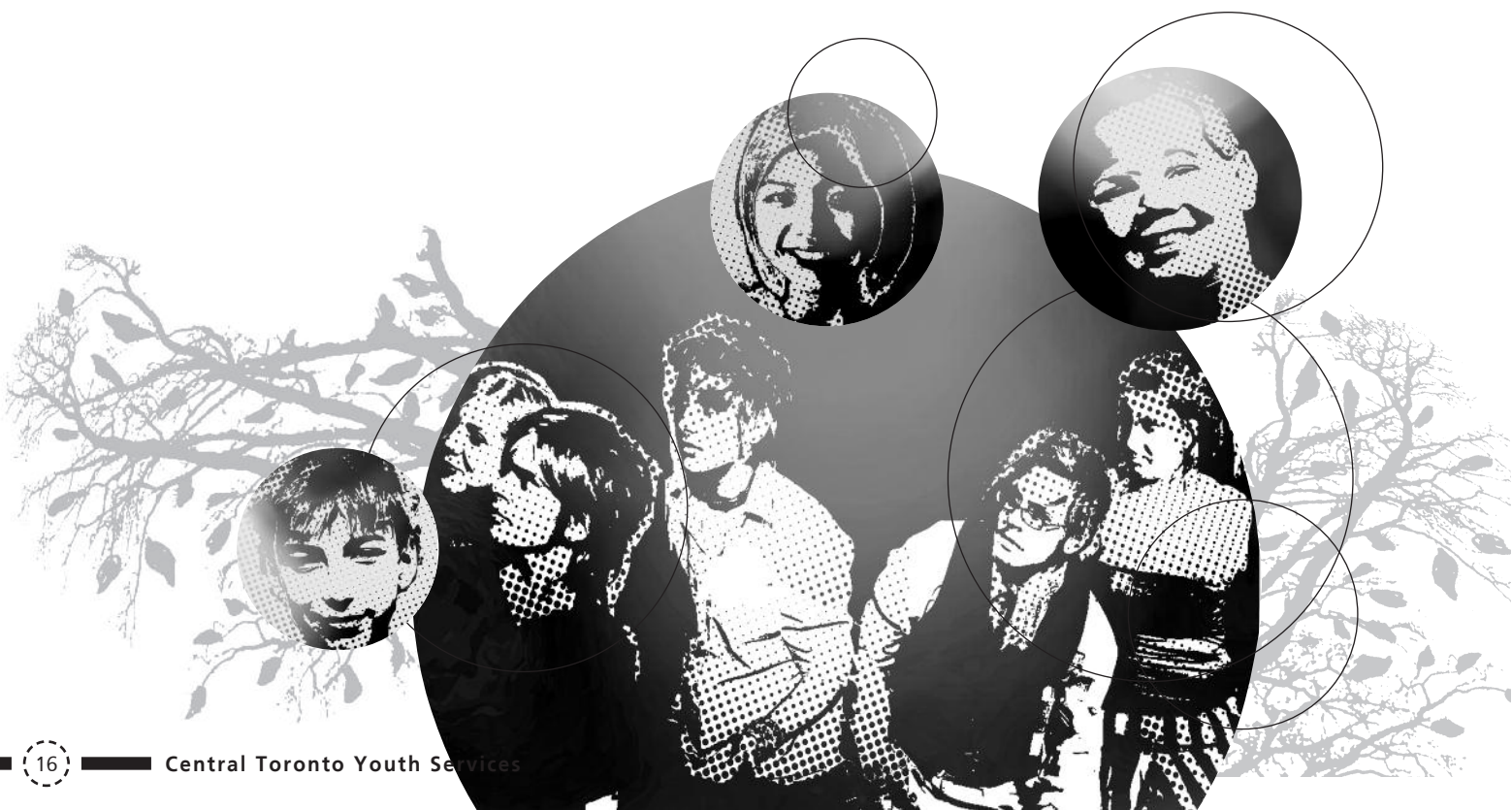
Sharing in Group

Create a group norm that encourages *holding space* and valuing participant sharing and appropriate vulnerability. When participants take the emotional risk of sharing a part of themselves with the group, it is essential that they are not “left hanging” (though taking a few moments of silence to acknowledge a challenging emotion can be helpful). We want to prevent participants from leaving with feelings of shame for having exposed themselves in ways they would not normally.

To prevent this, teach the group how you would like them to respond to each other’s contributions. Facilitators can model appropriate responses and prompt the group with questions such as: “How did that last share impact you?” or “Are there ways in which you could relate to what the last group member shared?” or “Do you want to offer any thoughts and feelings to the group member about what they just shared?”

Guide the group in learning how to respond to each other in ways that are personal and authentic, but that stop short of shifting attention away from the person who has just been vulnerable. If group members can relate to the vulnerability that was expressed, this will help the person who initially shared to feel less alone.

Ask the group members to only share their authentic feelings. There is no need for the whole group to respond – a few well reflected comments/thoughts/feelings are enough. Be transparent with the whole group about what you are looking for in responses right from the beginning. This establishes healthy norms that will continue throughout the life cycle of the group.



Group Building

Many educator, social service providers, and healthcare practitioners are familiar with the “stage” theory of group development, including the popularly known “forming/storming/norming/performing” model. In FIT, we are trying to achieve a well “performing” group that has strong group cohesion – however, this does require moving through the previous stages, including group conflict. With strong facilitation, one can skillfully move the group through this process. Some strategies for this include:

- Keep the group closed to new members and ask that the group members commit to attending every week. Every time someone misses a group, the dynamics change and the group needs to start at the beginning of the stages again with the forming of the “new” group.
- Have the group set up their own group guidelines (rules) at the beginning of the group. This will ensure more ownership and investment in keeping them. Remind group members of our agreements if folks are veering away from them.
- Make sure to offer many fun and less risky group-building activities, especially towards the beginning of a new group. If you find that the group gets stuck in the conflict stage, one strategy is to go back to group-building exercises again to reengage everyone with each other.
- Don’t avoid conflict. Again, we need to move through the conflict stage in order to function well with each other. Do regular check-ins about how members feel the group is going and whether are they feeling good about their place within it. Encourage people to use “I” messages to voice anything that’s bothering them. Use lots of small group and pair work, and get them to work with others that they normally do not work with. This will reduce group cliques and build relationships evenly.
- Encourage members to speak to each other. Some individuals get stuck only speaking to the facilitators or a few people. Have them practice addressing the whole group. Also, prevent stronger personalities from dominating group time. Ask frequently: “Would anyone who has not had the opportunity to speak yet like to share?”
- Find other ways for people to share besides verbally. For example, you can ask for response with the thumbs- up sign. Or you might ask the group to make facial expressions for how they are feeling. There are many excellent activities that use the arts for self-expression.

Check-Outs

The purpose of check-out is to allow facilitators to assess how each group member is at the closing of the group to be sure they are leaving in good mental health. It’s also intended as a way for group members to reflect how the session was for them. As with check-in, a check-out should be short, concise, and act as a ritual for closing. A formula or creative metaphor can make for quick, effective check-outs. For example, the one we use most often in FIT is asking for two words: “One for how group was, and one for how you’re feeling right now.” A metaphor could be: “What was the weather like for this group session?” A check-out should leave facilitators with a sense of how everyone is doing before adjourning for the day.

INTERVENTION OVERVIEW

Intake and Planning Period		
Separate intakes for parents and youth participants of FIT		
Session #	Parent Curriculum	Youth Curriculum
Week 1	Orientation and Terminology	Group Building and Storytelling
Week 2	Supporting Youth Through Transphobia & Transmisogyny	Coming Out & Gender Exploration
Week 3	Promoting Positive Mental Health In Trans Youth	Transphobia, Enbyphobia, and Transmisogyny
Week 4	Window of Tolerance	Mental Wellness & Resilience
Week 5	Rupture & Repair	Relationships With Parents & Caregivers

Session #	Parent Curriculum	Youth Curriculum
Week 6	Social Transition: Your Own Coming Out	Relationships With Peers
Week 7	Social Transition: Supporting Your Youth	Transition Part 1
Week 8	Medical Transition: The Role of A Parent	Transition Part 2
Week 9	Envisioning the Future	Looking Toward the Future
Week 10	Closing, Acknowledging, Reflecting	Saying Good-bye and Staying In Touch

FAMILIES IN TRANSITION

–Key Messages for Parents

THE ABCs OF SUPPORTING YOUR TRANS YOUTH

- 1. AFFIRM GENDER EXPLORATION: Gender exploration is a normal and healthy part of human development.** Almost all human beings will experience some amount of change in the way that they feel and express their gender over the course of their lives. Some people will shift their gender identity from one category to another, some will identify as non-binary or agender, some will experiment with a number of gender identities and expressions before returning to their “original” gender identity, and some will remain gender “fluid.” People can live happy, healthy lives no matter what shape their gender “journey” takes.
- 2. ACKNOWLEDGE TRANSPHOBIA, ENBYPHOBIA & TRANSMISOGYNY: Transgender, non-binary, and gender nonconforming individuals experience discrimination and prejudice in society, which can cause mental health issues.** Historically, governments, medical systems, and individuals have perpetrated harmful laws, policies, and behaviors against people who did not conform to gender norms. This continues in some forms today, including discrimination in health, housing and employment. As a result, trans, non-binary, and gender nonconforming people as a community are more likely to experience mental health stress.
- 3. BE FULLY SUPPORTIVE: Parental support is the biggest factor in determining a trans young person’s mental health and quality of life outcomes.** Research shows us that when trans youth feel fully (rather than “somewhat” or “not at all”) supported by their parents in their gender exploration, identity, and expression, they are dramatically less likely to develop suicidal thoughts and other mental health issues. They are also more likely to have positive health and life outcomes in almost every aspect of life.
- 4. BUILD CLOSE RELATIONSHIPS: Developing a close relationship with your trans youth through being curious, open to change, and letting them direct their own gender journey is the best way to help them feel fully supported. Parents don’t need to “know everything” about gender identity and gender transition in order to be supportive.** The best way to make a trans young person feel supported is to be curious about their unique experience, to be open to changing your own behavior when they ask for it, and to make sure that their individual pace and choices are honored and respected.

- 5. BECOME AN ADVOCATE:** While you can't always ensure that everyone will be understanding of your trans youth, you can help protect them by becoming an advocate for their rights at school, work, and in your community. Parents can play a key role in improving their trans young person's experience by becoming an advocate for their rights. Parents may come to this role with their own experiences of discrimination, barriers, resilience and self-advocacy – and this is extremely valuable!
- 6. CARE FOR YOURSELF:** Parents need to be aware of how their own emotions affect their relationship with their young person. Stress, shame, anger and worry can get in the way of parents being able to communicate effectively with their trans youth at a time when communication is essential to building a supportive relationship. Parents can avoid this by being self-reflective and kind to themselves, and by getting their own supports.
- 7. CREATE HEALING MOMENTS:** Hurtful moments need to be addressed and repaired. Coming out and transition can be a stressful time for the whole family, and sometimes parents do or say things that are unintentionally hurtful – for example, telling trans youth that they are not “really” trans, telling them to behave in a gender-conforming way, or repeatedly using the wrong names/pronouns. Avoiding the topic of a trans young person's gender and shutting down conversations can be equally hurtful. These moments “live on” in the hearts of trans young people, impacting their relationships with their parents and the world. Compassionate conversations that revisit these moments validate the young person's feelings, and commitment to change in the future can repair these emotional wounds.
- 8. CENTER INFORMED CONSENT:** Medical transition is a big decision with potential benefits and risks that can be navigated through informed choice. Young people need to make many big decisions with potentially permanent consequences as they grow up: choosing careers, entering romantic relationships, purchasing property, and having children are just a few examples. Medical transition is a similarly big choice. Young people need to be supported by parents and professionals who give them good information about the risks and benefits of each procedure and equip them to make their own decisions that they are happy with, free from external pressures.
- 9. CHOOSE “MEANINGFUL” OVER “EASY”:** Because of the society we live in, trans lives are not always easy ones. However, with strong family and community support, trans people can develop incredible resilience and creativity in order to lead rich and meaningful lives. Of course, most parents want to protect their young people from having to face hardship – this makes sense. However, living an easy life and a meaningful life are not the same thing. Trans people may not have the option of an easy life, but trans history, culture, and community demonstrate that resilience, creativity, and happiness with life can grow in adversity.

FAMILIES IN TRANSITION

–Key Messages for Youth

The “GEMs” of FIT!

- 1. GENDER EXPLORATION IS NORMAL AND HEALTHY: It is completely okay to change and experiment with the way you identify and express yourself in terms of gender.** Almost all human beings will experience some change in the way that they feel about and show their gender at some point in their lives. You and only you get to decide what your gender identity and expression are. Some people know “right away” that they are trans, others need time to think and experiment, and some might try gender transition for a while before deciding it’s not for them. All of this is valid and can be part of healthy growing through life.
- 2. GENDER DISCRIMINATION IS REAL: *Transphobia* (discrimination against all trans people), *enbyphobia* (discrimination against non-binary people) and *transmisogyny* (specific discrimination against trans feminine individuals) are an unfortunate part of world we live in.** Historically, trans people have had to fight for their rights at school and work, in health care, in relationships, and at home. For many trans people, this continues today. Scientific research shows us that gender discrimination against trans people can have a negative effect on mental health and happiness. If this is something that you are experiencing, please know that you do not deserve to be treated badly, that gender affirmation is a human right, and that you are not alone!
- 3. GIVE YOUR FEELINGS SPACE: Exploring gender and transitioning can be very emotional experiences, and it’s okay to feel whatever you are feelings!** Even without transphobia and/or transmisogyny, being trans and questioning your gender can involve some complicated emotions, conversations, and relationships. Being trans and exploring gender can also be really fun, affirming, and empowering! It’s normal to feel many things at the same time in this process, and it can be helpful to reach out to supportive family, professionals, and peers.
- 4. EVERYONE DESERVES SUPPORT: Trans people have the right to be treated fairly, and also to have their gender identity respected and affirmed.** If you identify as trans or if you are exploring your gender, you deserve to be fully respected by the people around you – especially your friends and family. This includes being addressed by the pronoun(s) and name you are currently using, and being free from any kind of bullying or intimidation based on your gender. You deserve to be able to explore and express your gender freely, in every part of your life, and especially in the place where you live.

- 5. MANAGE IMPERFECTION: People will likely make some mistakes from time to time in the way that they try to support you.** Because we live in an imperfect world, even the people who love you may make mistakes in the way they respond to your gender identity and expression. For example, if your parents/teachers/coaches/friends were never raised with any knowledge of what it means to be transgender (or if they were raised thinking that being trans was wrong or a mental illness), they will likely have a period of adjustment as they learn about how to support you. This does not mean that it is “okay” for anyone to be hurtful. Nor should it be your job to teach others about gender. However, it does mean that you may need to find ways to get support, communicate your needs, and take care of yourself when hurtful things happen.
- 6. MAKE INFORMED MEDICAL CHOICES: You get to choose what happens to your own body, and you have the right to good medical information!** Some trans people choose not to medically transition, some trans people want only one or a few medical procedures, and some trans people want all the medical procedures they can access. You have the right to supportive, gender-affirming healthcare. Medical transition can involve making some big (and potentially permanent) decisions, and like any big decision, can involve anxiety and uncertainty. While you don’t have to be “100% sure” about medical transition (because this isn’t possible for everyone), you do want to have a strong sense of what your hopes and fears are. This is why it is important to try and make sure that you are getting all the information you need, so that you can make a choice that is right for you. Depending on where you live and how old you are, you may have the legal right to make medical choices for yourself, or you may need the permission of a parent or guardian. Whatever the case, your body belongs to you, and you deserve to have a say in what happens to it.
- 7. MAKE CONNECTIONS WITH COMMUNITY AT YOUR OWN PACE: Whether you identify as trans, non-binary, or gender questioning, it can be very supportive to connect with the LGBTQ+ community!** There are many IRL and online groups that offer support and social events in the LGBTQ+ community. Depending on where you live, there may even be specific healthcare, counseling, and education opportunities for trans people. You may find that meeting and socializing with other trans and questioning folks your age is helpful when you are dealing with challenges and also just fun! However, you and only you get to choose how much and when you want to get connected with the community.
- 8. SELF-CARE & SELF-AFFIRMATION: Remember that your needs and feelings matter, and that you have your own “superpowers.”** Growing up trans, non-binary, or gender questioning isn’t easy. The fact that you’ve made it this far shows that you are resilient, creative, and strong – even if you don’t always feel that way. Taking time to take care of yourself by resting, doing things you like, getting help when you need it, and following your gender journey wherever you need to go is so important. The world needs the unique gifts that you have to offer.

TROUBLE-SHOOTING: Responding to Common Concerns

Gender diversity is a complex topic that can be distressing or confusing for individuals who have been taught that gender diversity is a negative life choice, a sign of mental illness, or sinful in some way. Even individuals who wish to be supportive of trans people in their lives can be misinformed, or become overwhelmed by anxiety about the social stigma that still exists around trans people and gender non-conformity. Some professionals in health, mental health, and education may still adhere to outdated ideas that characterize gender diversity as a negative development. It is best to be ready to respond to such concerns with calm, compassion, and strong theoretical and evidence-based discussion.

As a facilitator of the FIT Program, you will discover that certain concerns and questions are commonly raised by parents and professionals. We have prepared a guide to answering some of these concerns - of course, feel welcome to add your own insights and expertise.

Activity: If you are feeling uncertain about responding to concerns and your ability to represent the program comfortably, we suggest getting familiar with the concerns, questions and answers below, and then role-playing with a colleague or supervisor. Have your role-play partner address some of the questions or concerns to you in their own words, and practice responding in a way that feels natural to you. Do further research on any topics that require clarification or more knowledge. With practice and experience, you may find that “difficult” conversations about FIT become a valuable opportunity to shift perspectives and advocate for trans people in your community.

Concerns from Parents

Why are you doing this program? What is it about? Are you encouraging youth to go against their parents' guidance?

The FIT program is about bringing trans and gender questioning youth and their parents closer together. If they are already close, we want to help them be even closer and understand each other on an even deeper level.

My child has been very frustrating to talk to ever since they started transitioning/gender questioning. They don't want to listen to any of my advice, and they keep telling me I don't know anything! Getting professional support in this area has been very hard.

It makes complete sense to be frustrated as a parent, because it's hard to get good information about raising a trans young person. We want to give you all the information you need to feel confident. And we are here for you when you feel worried or stressed.

I don't think my child is really trans. He/she is going through a phase/being trans is very popular with young people right now/my child went through a trauma and “acting trans” is a coping mechanism.

Your young person may or may not develop a consistent identity as a trans person in adulthood – however, research shows that the vast majority of people who identify as trans do not later “go back” to the gender they are assigned at birth. Gender exploration is a natural and healthy part of human development, and identifying as trans is not a negative outcome. In FIT, we are not invested in whether or not your youth turns out to be “really” trans or if they are exploring an identity that they may later discard. We are much more interested in helping you and your youth connect so that they can feel supported in what they are experiencing here and now.

I feel very judged as the parent of a trans youth. Are you going to make me feel bad about myself?

Our job as facilitators and educators is not to judge, but to provide a perspective, based on scientific research and professional/community experience, on what results in best outcomes for trans youth and their families. We want to help you feel good about yourself as a parent and a person.

I support my trans child, but I am so worried about the hormones and surgeries that are involved in being trans. How do I know if this is the right decision for my child?

Not all trans people undergo medical transition. Some consider it and choose not to, while others may choose only some medical procedures but not others. Research shows that the vast majority of trans people who go through medical transition are happy with the results, i.e. have improved mental health and body image. Many, though not all, medical transition procedures are reversible.

It's true that medical transition is a serious decision with serious consequences. Have you ever made a very serious life decision? Were you 100% sure about the decision you made at the time? How did you get through making that decision? These are skills and experiences that you can transfer into supporting your young person to make choices that are good for them.

I'm worried that my trans youth will never have kids, and that medical transition will make my trans youth infertile/sterile.

Many trans people have children and families in many different ways, including both childbirth and adoption. Medical transition does not necessarily remove the possibility of having biological children, and it really depends on the specific medical choices your trans youth makes over the course of their life. Options like sperm banking and egg preservation are often possible as well.

Check in with how your young person is feeling about this. Do they want to have kids? Is this a worry of theirs, or a worry of yours? Of course it makes sense to want to keep options open for your young person – but it would also make sense if you wanted grandchildren and were worried about that. How can you get support around your own hopes and dreams, while also staying in tune with your young person's hopes and dreams?

I'm worried that my trans child will experience bullying, discrimination, and violence. I'm afraid that they will lose life opportunities because of being trans.

It's true that trans people face discrimination in the world. This is why programs like FIT exist – we're here not only to support you and your family, but to create a community and a society where being trans is accepted and celebrated. One of the most powerful things that you can do to protect your youth is to become and ally and an advocate, and it is much easier and more effective to do that when you are not alone. Have you ever experienced adversity or discrimination? How did you get through that? How can you share these skills and resilience with your young person?

We can't make transphobia go away overnight. But we can make sure that your family is a safe base to return to. And we can help you prepare your young person to live a rich and meaningful life.

Concerns from Youth

Are you going to make me talk to my parents about being trans?

Nope! The FIT groups are run mostly separately (parents in one room, youth in another), and there are only a couple times that we are all together. Activities are always optional in FIT, and you never need to talk about anything you don't want to here. We do encourage you to talk to your parents about being trans, on your terms and in your own time, if and when that feels safe to do.

What's this group about?

This is mostly a chance for you to get connected with other trans young people in a safe environment. In this group we introduce discussion, art-making, and games that are focused on learning about gender, transition, and building healthy relationships.

Is this like school? Are you going to report back to my parents about the things I do and say in group?

No. What you say and do in FIT is private, unless there is a serious emergency. This is not school, and you are not being graded or reported on!

Do I have to identify as trans to be in the group?

This group is for anyone who is trans, non-binary, agender, bigender, gender variant, gender non-conforming, or questioning their gender. You don't have to be "committed" to a particular identity to be in the group.



Concerns from Professionals

Is this group safe, effective, evidence-based?

The FIT program was started at Central Toronto Youth Services, where it was safely and successfully run for many years with program evaluations being conducted throughout. The program is strongly evidence-informed, as it draws upon contemporary research in transgender medicine and health, as well as evidence-based models of youth and family interventions. The point of the intervention is to strengthen trans youths' relationships with their parents, as research suggests that this can reduce trans youth suicidality by 93%.

Is this group encouraging adolescents to medically transition, use puberty blockers, undergo surgeries? I don't agree with that professionally.

FIT uses a psychoeducational model. We do not encourage any particular medical decision or outcome. However, we are gender-affirming, and we don't believe that transitioning is a negative outcome. For us, an affirmative stance means affirming that young people have the right to explore their gender in a positive, supportive environment that is free from pressure to either transition or not transition. If our participants decide that they want to pursue medical transition, then we refer them to medical professionals.

Does this group encourage young people to develop trans identities? Wouldn't it be better to use a "watchful waiting" approach, as suggested in some studies?

Again, our affirmative model is based in contemporary health and social service research and literature. We do not encourage young people to develop trans identities, but we also do not discourage this. Nor do we teach parents to respond ambivalently, as suggested in some "watchful waiting" approaches, as this may create relationship ruptures that can result in youth feeling abandoned or neglected.

We believe that young people are most likely to develop strong relationships with their families and professionals when they are encouraged to explore, express, and experiment with their gender identity and expression until they find a way of being in the world that is most comfortable to them. We do not see "permanent transition" as a positive outcome; nor do we see "detransition" as a negative outcome. Rather, our desired outcomes are rooted in healthy family relationships and youth experiences of feeling supported.



ADDRESSING TRANSPHOBIA & TRANSMISOGYNY IN GROUP

It is inevitable – and in some ways, even desirable – that you will encounter instances of transphobia and transmisogyny in your FIT Program. We encourage you to view such instances as an opportunity for education and transformation, while also remaining mindful of everyone’s safety, including your own. Ideally, you will have the support of colleagues and/or supervisors while running this program, especially if you identify as trans or gender-nonconforming yourself. We also recommend co-facilitating in groups of 2 or 3 wherever possible to increase safety and facilitator capacity.

Transphobia is the individual, institutional, and cultural discrimination experienced by trans and gender-nonconforming people. Transphobia emerges in many forms, but as a FIT facilitator specifically, you are likely to encounter the notion that trans identity is a form of mental illness, caused by “social contagion” (the idea that people identify as trans because it is trendy or popular), and otherwise “unnatural” and undesirable. Transphobia also contains the notion that transgender identity is inherently political in a sinister way, while cisgender (non-trans) identity is neutral and harmless.

Transmisogyny is the specific discrimination and cultural hatred directed at transgender women and transfeminine individuals. Transmisogyny is likely connected to the notion that “men” should not “behave like women,” which results in trans women and transfeminine individuals being punished through acts of physical and social violence. Within the LGBTQ+ community, trans women and transfeminine people experience unique forms of discrimination, such as being stereotyped as being sexually predatory by default.

As a result, you may be questioned about your work, qualifications, and intentions in ways that facilitators of other mental health programs are not. Parents may voice concerns, either explicitly or subtly, that their young people are being negatively influenced by other members of the FIT Youth Group (a popular version of the “social contagion” theory is that trans young people teach each other to be trans).

It is important to be prepared to respond to such moments in appropriate, professional, and empathetic ways, as shown in the guide directly preceding this section. However, it is also important to remember that the safety of the trans youth involved in your program must take precedence over the participation of disruptive or discriminatory adults. Be prepared to act quickly to prioritize the safety of trans youth.

Discussing transphobia and transmisogyny early on, during intake or the introductory session, can help defuse tension and prevent unfortunate incidents (we suggest including this in your group guidelines, as we show in our curriculum outline). Ensure that you have a strategy or policy in place to address conflicts that may emerge between participants outside of group, particularly between youth, as protective parents may be quick to get involved in ways that are inflammatory or unhelpful. This is not to say that you should attempt to exert undue influence on outside-of-group interactions, but that you should be prepared to manage how external conflicts may impact the dynamics during group sessions.

Develop a self-care and team care practice as much as possible. Dealing with discrimination and oppression as a part of this work can be rewarding, but it can also lead to a particular form of burn-out. Creating a team norm of debriefing with co-facilitators and/or supervisors after each session can be very helpful. Prioritizing your own well-being as a facilitator will help to ensure the well-being of the group as a whole.

INTAKE: GETTING STARTED & INCLUSION CRITERIA

If you are a health or social service provider, you are likely already familiar with the concept of an intake process. This is an opportunity for you as a facilitator to build up a group of participants, orient them to the Program, and assess their needs and compatibility with the intervention methods and goals. The following considerations may be helpful to you as you develop your intake process.

Outreach

Depending on your context of practice, you may receive a participant waitlist by internal or external referral. If you plan to run FIT in a more community-based setting, you may choose to do targeted or widespread public outreach. It is up to you to decide what method of participant recruitment best suits your needs. Plan for compliance with institutional and jurisdictional policies and legislation around collecting and keeping private health information as necessary. Even in the absence of policy or legislation, remember that knowledge of someone's transgender or gender variant status can be very sensitive and that disclosure can have serious consequences for the lives of individuals and families. Create an intake process that allows for discretion.

In our experience, some families are more likely than others to access supports such as FIT. Social barriers to access, such as systemic racism, ableism, class issues, and so on can make reaching out for support around gender issues more difficult. Consider the social context of your community carefully. Partnerships with community groups, organizations, and specialized services can help improve the reach, cultural safety, and accessibility of your program.

Intake Interviews

We recommend using a semi-structured intake interview to connect with and assess participants before starting FIT. We have developed detailed intake forms that can be used for this purpose (included in this chapter of the manual). The procedure we recommend is as follows:

1. Receive participant waitlist, referral, or self-referral;
2. Contact parent(s) and conduct interview. If parent is suitable for the program, arrange for an interview with their youth;
3. If the youth is interested (the youth should decide, not the parent), conduct intake interview with them;
4. Make any external referrals for parents and/or youth as necessary;
5. Start group.

Inclusion/Exclusion Criteria

Parents

For the purposes of this program, parents should be interviewed for intake before youth. Most parents who present to the FIT Program will be eligible, as the program can be useful to parents with a wide range of knowledge and comfort levels with gender diversity. Parents should be welcomed and encouraged to bring challenging questions, discomfort, and anxieties to the group so that they can receive support around these issues.

However, parents who are actively engaged in neglect or abuse, are vehemently opposed to the idea of gender diversity on principle, or are seeking conversion therapy (in order to stop their youth from being trans) should not be admitted to FIT. These parents are not likely to benefit from the group, and may also have a harmful impact on other families in the program. The emotionally charged nature of the group content may also trigger greater potential for conflict and harmful interactions between such parents and their youth. We suggest referring such parents to other supports.

It may be helpful to use a framework of “Not Supportive,” “Somewhat Supportive,” and “Fully Supportive” to guide your choices. The FIT Program was designed based on research showing that trans youth whose parents are “Fully Supportive” of their gender exploration/transition tend to have the best mental health and quality of life outcomes. Those whose parents fell into the “Not Supportive” and “Somewhat Supportive” categories tended to have much worse outcomes, and these two groups did not show a significant difference between one another.

The FIT Program is targeted at shifting the behaviors of the “Somewhat Supportive” category of parents and at strengthening the skills and community of the “Fully Supportive” category. Those who fall into the “Not Supportive” category are more likely to benefit from other types of intervention. The following table may help you to identify parents accordingly. However, **it is essential that you use your own experience, knowledge, and judgement when doing intake for your group.**



Do Not Admit (“Not Supportive” Category, or health/mental health needs cannot be met by program)	Admit With Caution/External Supports (“Somewhat Supportive Category”)	Admit (“Somewhat Supportive” Category)	Admit (“Fully Supportive” Category)
<ul style="list-style-type: none"> • Actively engaged in neglect or abuse of youth • Believes that group can be used to stop youth from transitioning/convert youth to a “non-trans” identity and presentation • Hostile to the notion of trans identity being a neutral or positive outcome, denigrating or humiliating of trans youth • Threatening or overly challenging of facilitator • Health or mental health needs that cannot be adequately and safely supported in the group 	<ul style="list-style-type: none"> • Frequently engaged in explosive conflict with trans youth/Rarely talking to trans youth • Extremely fearful about youth’s future re: safety, employment, relationships, medical transition • Does not believe that youth is “really” trans and expresses this openly to youth • Refuses to use youth’s preferred name and pronoun 	<ul style="list-style-type: none"> • Tense or difficult relationship with trans youth, either in general or specifically regarding gender issues • Very anxious about youth’s future re: safety, employment, relationships, medical transition • May secretly not believe youth is trans or hope that youth is not trans, harbors shame about youth’s gender identity/expression • Struggles to use youth’s preferred name and pronouns 	<ul style="list-style-type: none"> • Generally healthy relationship with trans youth, discussion of gender is comfortable and easy • Prepared to advocate for youth’s future goals • Is comfortable, accepting, or proud of youth’s gender identity and expression • Uses the youth’s preferred name and pronouns all of the time or only very occasional errors
<p>Refer to external supports as appropriate</p>	<p>Ensure external supports are in place/available before group begins</p>	<p>Primary target population for group</p>	<p>Check in with parent to make sure they are benefiting from group despite potentially having prior knowledge of some content</p>

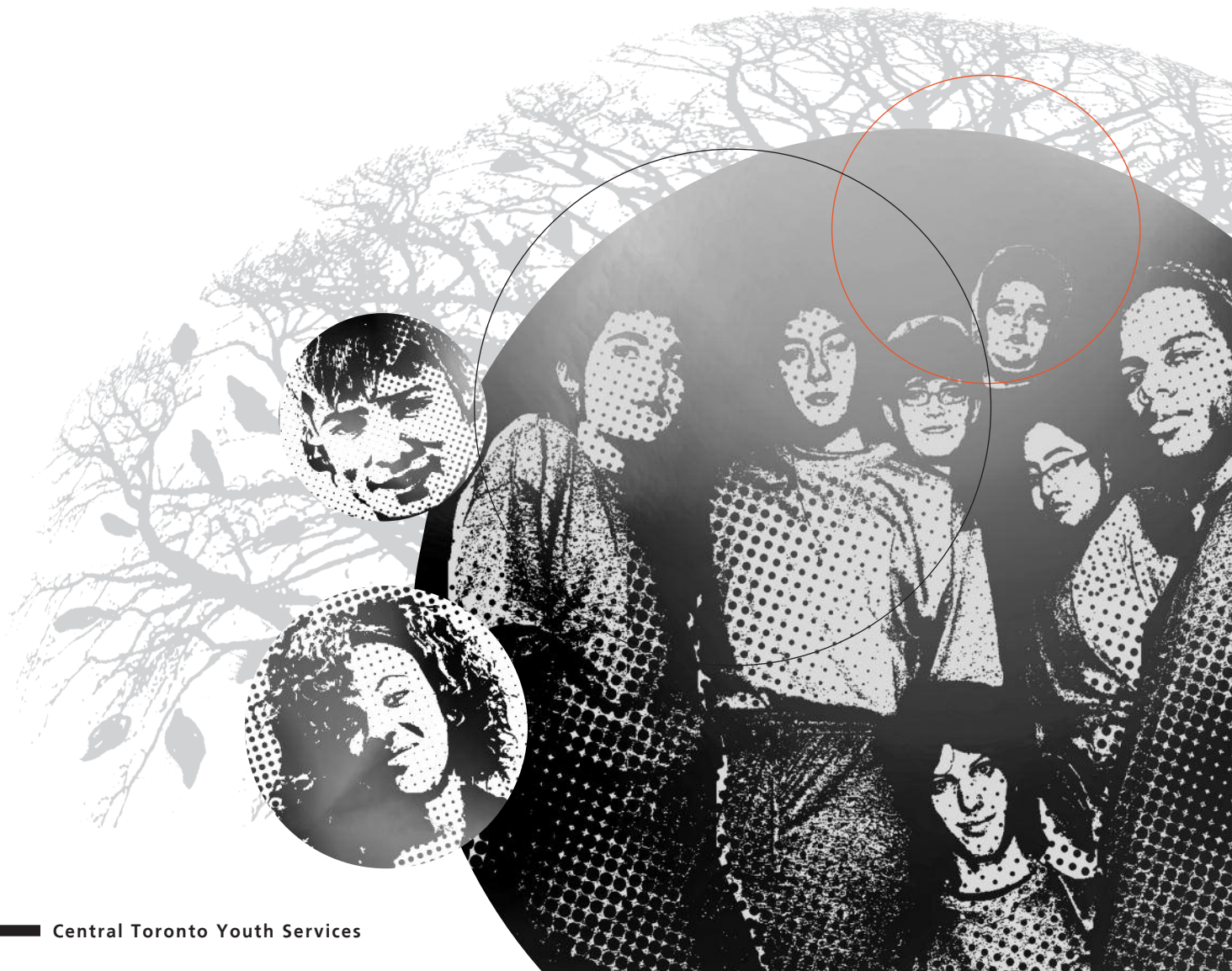
Inclusion/Exclusion Criteria

Youth

The FIT Program is designed so that the Parent Curriculum may operate independently of the Youth Curriculum; that is, parents can attend even if their youth is not interested in doing so. You may find that some parents seek to pressure their trans young people into attending for various reasons, which we believe to be counterproductive. Always make sure to clarify to trans youth that the group is optional and meant to be a resource for them, rather than a requirement.

While parents of trans youth can attend the program without their youth, we do not recommend admitting youth to the program without accompanying parents. The curriculum is focused on youth whose parents are working on becoming more supportive, and may be very emotionally triggering for trans youth whose parents are estranged or not supportive.

Note that the FIT Youth Curriculum is designed to be accessible to participants aged 14-25. This wide age range can present some interesting opportunities and challenges, since this covers multiple developmental periods. Use your best judgement when speaking with youth during the intake process.



FAMILIES IN TRANSITION INTAKE FORM

Initial Phone Contact

Name & Position of Interviewer:

Date:

Name(s) of Parent(s) Contacted:

Phone Number:

1. Hello, this is [Name & title], and I'm calling in response to your email/voicemail about the Families in Transition Program. Are you still interested in our program? If yes, I can give you a bit more information about it.

YES

NO

2. The FIT Program is a 10-week group that meets once per week for 2.5 hours. The group provides parents with information about gender identity and trans issues, strategies for improving communication and connection with trans/gender questioning young people, and general support in parenting a trans/gender-questioning youth. This group is not psychotherapy; it is educational and not meant to treat any mental health issues. FIT is open to parents of trans/non-binary/gender-questioning youth between the ages of 14-25.

There is a separate group for the youth that runs at the same time in a different room. If your young person doesn't want to attend or isn't able, you (and any co-parents) can still attend the parent group. We do ask that participants commit to coming to all the sessions. Does that work for you/are there other questions you have about the group?

3. The next step in registering for the program is a longer intake conversation that will take between 30-60 minutes. We do this over the phone, and we need to talk to all the parents/guardians in the family who want to attend the group (either on speakerphone or separately). We can do that now if everyone is available, or set up a time that works for you.

If we need to reschedule, what date and time works for you?

4. Any other questions for now? Do you need referrals to other services?

Intake Call

**If parents are interviewed separately, document on a separate intake form*

Date:

Name & Position of Interviewer:

Discussion of consent, privacy health information, legislation and protection: completed?

Yes No

[Remind parents that while most registrants are eligible for FIT, there may be some circumstances in which we recommend that parents/youth seek medical or mental health support before starting the program. FIT is not suitable for parents who are seeking a program that will cause their youth to "stop" being trans, that will discourage transition, or that will support such goals.]

Verbal Consent to Intake Information Collection Given? (Written consent to service to be collected on the first day of group)

First parent name _____: Yes No

Second parent name _____: Yes No

*Include additional parents/guardians as necessary

General Info

Parent Name(s):

Phone and Email Contact Info [One for each parent if possible. Note whether leaving voicemails is appropriate]:

Address:

Emergency Contact Info:

Allergies, accessibility needs, and medical concerns that might affect your ability to participate in group:

Racial & Cultural Identity:

Occupation:

Family Info

1. Who are the members of your immediate family? (Parents, children, partners, pets) Do you all live together, or is this a multi-home family? Who spends time where?
2. Tell me about your trans/non-binary/gender questioning youth? (Name, age, what gender they identify with, what pronouns they use, do they live with you, are they in school, etc.)
3. How and when did you find out about your young person's gender identity/questioning? What was that like for you? How did you respond?
4. What steps, if any, has your young person taken in order to transition? (Socially, medically, etc.) Are there supports in place for them? (Medical professionals, counselors/social workers, community groups, etc.)
5. Is your young person dealing with any mental health or social issues aside from gender? If yes, what supports (if any) do they have access to? [Discuss referrals if necessary]
6. Are you dealing with any mental health or social issues aside from your young person's gender "journey"? If yes, what supports do you have access to? [Discuss referrals if necessary]

Program Goals

[Describe the FIT group, the gender-affirming care model, and the basic philosophy of the program and answer any questions.]

1. What are you hoping to get out of attending the Families in Transition group?
 2. What are your hopes and fears regarding your young person's "gender journey"?
 3. How can we best support you to get the most out of FIT?
 4. If you were to set a "relationship goal" for you and your young person, what would it be? Let's make this goal focused on the kind of relationship you want to have rather than on any specific behaviors you'd like your youth to do.
-

Youth Info

1. Is your young person interested in attending the youth group portion of FIT/Do you think they might be interested?
2. If yes, what is the best way to get in touch with your young person?
3. Ultimately, your young person will decide about whether or not the group is for them. However, do you have any ideas about how we might best support them to join us?

Interviewer Notes

Parent(s) still interested in and eligible for the FIT program?

First parent name _____: Yes No

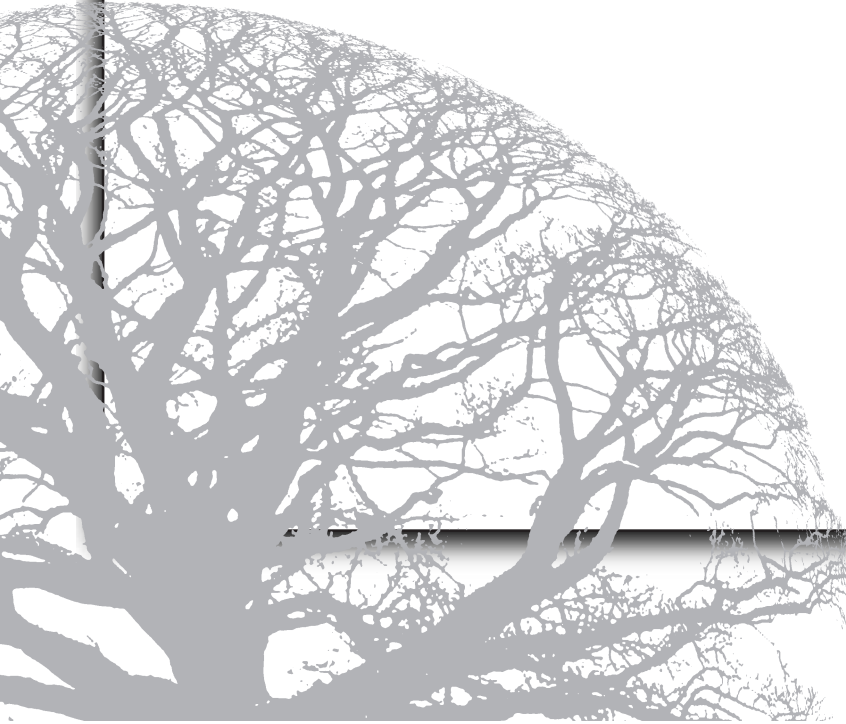
Second parent name _____: Yes No

**Include additional parents/guardians as necessary*

If not interested/eligible, why not?

Were any referrals to internal or external healthcare or social service providers made?

Follow-up required:



FAMILIES IN TRANSITION YOUTH INTAKE FORM

Initial Phone Contact

Name & Position of Interviewer:

Date:

Name of young person contacted & pronouns:

Name of Parent/Caregiver(s):

Phone Number to Text:

5. Hello, this is [Name & title], and I'm contacting in response to your family's interest in the Families in Transition Program. Are you interested in talking about the youth portion of the program? If yes, I can give you a bit more information about it.

YES

No

6. The FIT Youth Program is a 10-week group that meets once per week for 2.5 hours. The group provides young people with an opportunity to talk about gender identity and trans issues, while connecting with other trans and non-binary folks. Does this sound of interest to you?

7. The next step in registering for the program is a longer intake conversation that will take between 20-30 minutes. We can do this over the phone, or schedule a time to meet in person. If you're comfortable with speaking over the phone, I can give you a call right now. Does that work for you?

[If no,] That's not a problem at all, what date and time works for you?

8. Thanks for connecting with me. I'm going to send you a little summary of the program via text, so you have the basic information. If you have any other questions or need a referral to other services, feel free to get in touch.

The FIT Youth Program is a 10-week group that meets once per week for 2.5 hours. FIT is open to you as your parent/caregiver is attending the Families in Transition Program. The group is an opportunity to increase parental and peer support, learn coping skills to mitigate gender-based discrimination and increase your agency in navigating transition options (social, legal, etc.) This group is not psychotherapy or counselling, it is educational and not meant to treat any mental health issues.

Intake Call

Date:

Name & Position of Interviewer:

Discussion of consent, privacy health information legislation and protection completed?

Yes

No

[Remind young person that while most registrants are eligible for FIT, there may be some circumstances in which we recommend that parents/youth seek medical or mental health support before starting the program.]

Verbal Consent to Intake Information Collection Given? (Written consent to service to be collected on the first day of group)

Youth Name _____: Yes No

General Info

Youth Name & Pronouns:

Phone and Email Contact Information:

Preferred method of contact: _____

Address:

Check if same as parent/caregiver attending group

Allergies, accessibility needs, and medical concerns that might affect your ability to participate in group:

Racial & Cultural Identity:

How do you spend your days? (school, work, hobbies etc.)

Personal Information

7. What are some of your earliest memories of questioning your gender? What do you remember feeling about your gender identity?
 8. How and when did you tell your parents about your gender identity or that you were questioning? What was that like for you? How did they respond?
 9. What have you noticed about the relationship with your parent/caregiver(s) since coming out? Any specific changes occurred?
 10. What steps, if any, have you taken in affirmation of your gender? (Socially, medically, etc.) Do you have community supports that are helping you with your transition? (Medical professionals, counselors/social workers, community groups, etc.)
 11. How is your current mental health? Are you dealing with any mental health or social issues aside from gender? If yes, what supports (if any) do you have access to? [Discuss referrals if necessary]
-

Program Goals

[Describe the FIT Youth group, the basic philosophy of the program and answer any questions.]

5. What are you hoping to get out of attending the Families in Transition Youth group?
 6. How can we best support you to get the most out of FIT?
 7. If you were to set a “relationship goal” for you and your parent(s), what would it be? Let’s make this goal focused on the kind of relationship you want to have rather than on any specific behaviors you’d like your parent(s) to do.
-

Interviewer Notes

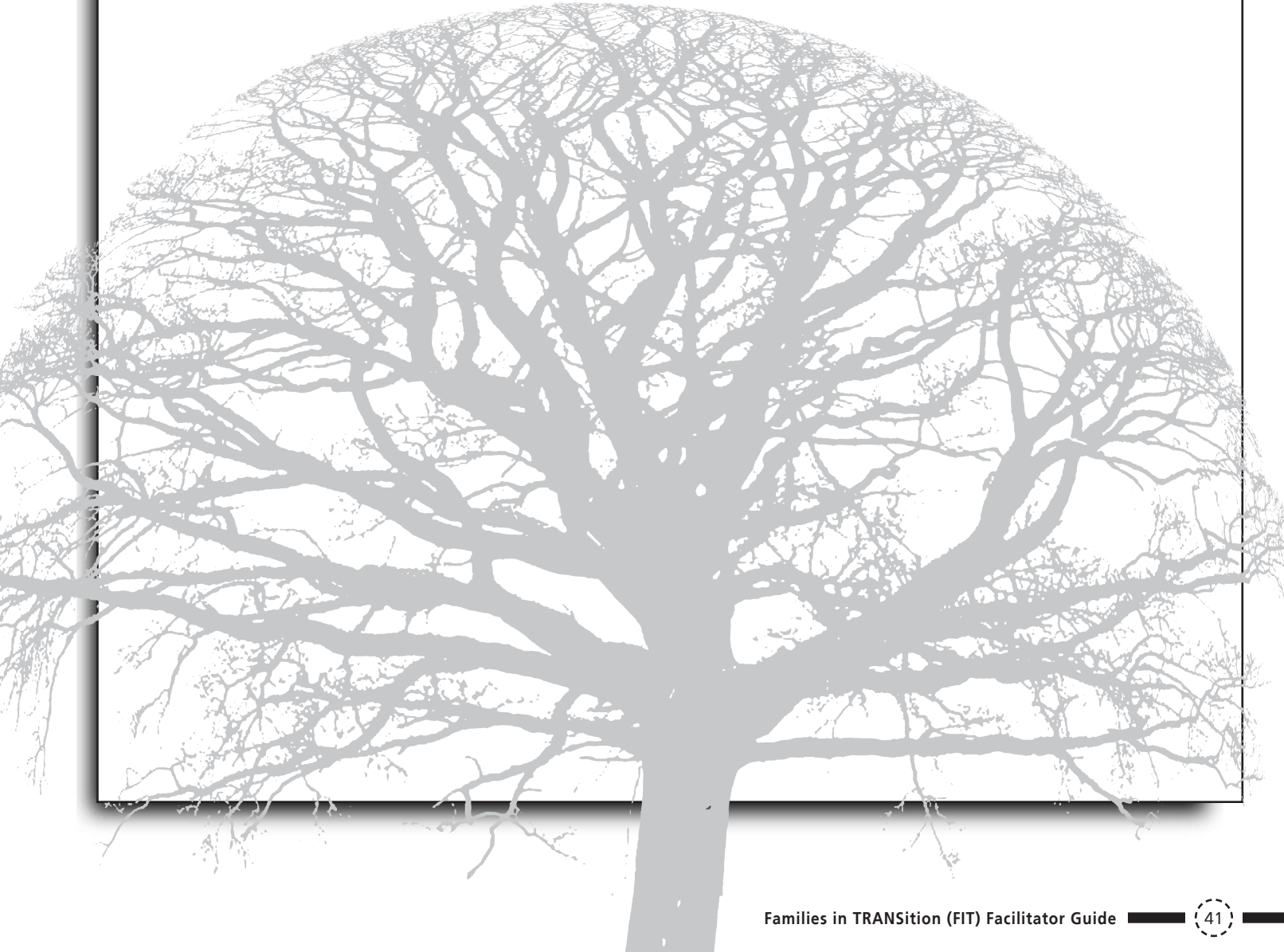
Youth still interested in and eligible for the FIT Youth program?

Yes No

If not interested/eligible, why not?

Were any referrals to internal or external healthcare or social service providers made?

Follow up required:



FIT WEEK 1:

PARENT GROUP

FIT PARENT CURRICULUM WEEK 1: ORIENTATION & TERMINOLOGY

Theme: To orient to the program, to develop basic comfort with and curiosity about gender and sexuality related terminology and concepts

WELCOME

15min

Learning Goal: introduction to group goals and “stress inoculation” for challenging conversations, “seeding” the idea of healthy boundaries and healthy conflict

Materials: You may wish to distribute nametags to participants as they come into the group space for the first time. Encourage all participants to indicate their pronouns, as well as their names.

Welcome youth and parents to the group together, introduce the facilitation team* and what “FIT” is about: strengthening parents and trans/NB/questioning youth relationships (sometimes by creating healthy boundaries!). We want to empower young people to tell their parents what they need – which can be hard for young people to do and hard for parents to hear. We also want to help parents feel confident and comfortable supporting their youth.

Expect that this group may bring up some “feels.” Occasionally, hard conversations or even arguments might come up. However, the benefits are that you will understand each other better, possibly feel closer, and build a community of gender-affirming families (and together, you might change the world!).

Orient the group to the space (note: ensure that there are gender neutral washrooms available and make this known!) and divide participants into parent and youth groups. Assume this move will take 5 minutes.

INTRODUCTION & GROUP GUIDELINES

20min

Learning Goal: To develop a sense of what the Parent Curriculum is all about.

Materials: FIT Parent Workbooks, pens, flip chart and markers (optional).

Read the FIT Group Guidelines (see below) and discuss any issues, disagreements, additions that come

Group Goals

1. Increase knowledge of gender identity related topics.
2. Build tools and knowledge to strengthen your relationship and improve your communication with your youth.
3. Process societal / cultural / religious beliefs about gender in order to help your youth and family build resilience for dealing with discrimination, transphobia, transmisogyny.
4. Build a community of support between trans youth and their families .

Research shows that all of this...

Promotes Trans Youth Mental Health and Wellness!

Group Guidelines

1. **Confidentiality** - Everything spoken about in the group stays in the room. Please do not use other group members' names (or their children's names) when speaking with anyone outside this group, , with the exception of legal and safety limits on confidentiality.
2. **Respect, non-discrimination and anti-oppression** – We strive to create a non-judgemental and respectful space that is conducive to mutual support, community building and learning about gender identity issues.
3. **Listening with an open mind...allow each other (and yourself) to make mistakes** - Assume each other's good intentions (we are all here to support our kids!); avoid making assumptions about each other; if a mistake is made, we can apologize and ask for support to understand it better.
5. **Share the space – “Move forward, move back”** – Please be aware of how you share the “verbal” space. Consider moving out of your comfort zone to speak up / contribute to the group if you don't usually; consider pausing before speaking again if you tend to share a lot. Self-monitor to ensure you do not consistently speak more than others. You are never required to speak – you can always pass.
6. **Exercise parental judgement** when it comes to their youth in the program connecting. It is quite likely that the youth in FIT will make friends, communicate with one another electronically, and perhaps even form romantic connections! While FIT facilitators will encourage youth to hold off on dating each other until group is over, and to always interact with one another respectfully, it is really up to parents and young people to exercise their own judgement and guidance when it comes to responding to these kinds of social connections. This can be a great opportunity for families to talk about what makes a healthy friendship or romantic relationship.
7. **Challenge yourself, ask for support** – this program can be very impactful, and occasionally emotionally challenging. In particular, it may raise issues between you and your trans youth that are difficult or stressful, always with the intention of helping you understand and supporting your young person better. However, this can be understandably difficult, so please reach out to the facilitators for support as necessary!
8. **Share feedback** - Share your questions, doubts, fears and concerns...your input is valued!
9. **Ask Questions** – This is a space for learning, which means that questions are encouraged! It is okay not to know “everything” right away, and to take time to come up with answers to challenging questions.
9. **Others?**

TRANS PARENTING BINGO

25min

Learning Goal: To make connections with other parents, “break the ice,” and discover similarities in experience/break isolation.

Materials: FIT Bingo Cards (in workbooks), pens.

Refer parents to the “FIT BINGO Card” in their workbooks (or photocopy the one shown below). Invite them to mingle freely in the group space and fill in each square with the name of someone in the group. The first person to fill in the whole card wins! (It is possible that no one will fill in the whole card.) Spend some time debriefing: Did anyone learn anything new? Meet someone they’d like to spend more time talking to?

If the group is too small to effectively play the game as described above:

- 1) If you have 1-4 participants, have them work as a single team. If you have 4-8 participants, make 2 teams.
- 2) Give the teams a time limit to fill in as many squares on the BINGO card as possible, i.e. they need to find at least one person on the team for whom a given square is true. Make the time limit short so that there is a fun amount of chaos!
- 3) If you have two teams, the team that has filled in the most squares “wins.”



Find someone who...

Plays or used to play an instrument	Enjoys crafting and/or making art	Can define non-binary	Enjoys fitness and/or sports	Has watched a TV show with a transgender actor or character
Has ever worried about being a “good enough” parent	Can define cisgender	Has a child who uses “they/their” pronouns	Is an extrovert	Is an introvert
Has a child who deals with anxiety	Can define agender	Has ever been pleasantly surprised by something their child said or did (what was it?)	Likes dancing	Can identify this symbol: 
Can define transmisogyny	Participates in religious or spiritual community	Enjoys time in nature	Has a dog	Has a cat
Has had a moment where they were impressed by their child (what was it?)	Enjoys travelling	Can explain difference between sexual orientation and gender identity	Has ever had a frustrating moment with their child (what was it?)	Can explain the difference between gender identity and gender expression

BREAK

15min

SEX & GENDER “UNIVERSITY”

30min

Learning Goals: To develop basic familiarity with gender and sexual diversity. To instil the realization that each trans youth is unique – the best way to understand their experience is to strengthen communication.

Materials: “Gender University” worksheets in workbook, pens.

Go through the Gender University worksheet with parents – for the sake of time, do not read each section verbatim. Instead, summarize the key points. Pause where there are blanks in the worksheets and have parents fill in the words as best they can. The blanks are filled out for you in the example below.

GENDER UNIVERSITY: Sex, Sexuality & Gender 101

Welcome to “Gender University”! If your child has just come out as transgender, non-binary, or gender nonconforming and you are not very familiar with the trans community, then you might feel overwhelmed by all the ideas and terminology that are suddenly being discussed in your home. If so, you are not alone. Gender and sexuality are topics that could fill the curriculum of a university degree! (And indeed, there are university programs on sex and gender.)

Fortunately, you don’t need a diploma to become an expert in your child. Here is a basic explanation of some important concepts that may help you to have deeper, more useful conversations about gender and sexuality. To help keep us all engaged, there are some ____ (*blanks*)_s that you will need to fill in as we discuss this together in group!

It’s important to remember that ideas about sex and gender have changed enormously over the course of human history, and will likely continue to do so in the future. You and/or your child may disagree with some (or all) of the ideas presented here, and that is absolutely fine. The point of this document is to help you think about sex, gender, and sexuality in new ways, and to help you have important conversations with your child.

We encourage you and your child to think critically and work together at home to come to your own conclusions!

SEX

The term “sex” most often refers to a person’s biological attributes such as: chromosomes, genitalia (private parts), hormones, and secondary sex characteristics. The majority of human individuals fall into one of two sex categories (called male and female), which most of us have learned about in school. However, a significant number of individuals have biological traits that “do not fit the typical definitions for male or female bodies” (United Nations Office of the High Commissioner for Human Rights). For example, a person may have XXY chromosomes rather than the typical XX or XY. Or a person may have genitalia that do not present as clearly a vulva or a penis. The preferred term for such persons is _____ (*intersex*) _____ and they may experience social and/or medical discrimination.

In the dominant North American culture (and most contemporary cultures worldwide), the medical establishment assigns a sex to individuals when they are born. A baby born with a penis is assigned _____ (*male*) _____, and a person with a vulva is assigned _____ (*female*) _____, and this is recorded on legal documents. Intersex individuals have historically been oppressed by this system, because a legal sex was (and often still is) imposed on them, sometimes with unwanted surgical or other medical interventions that have lifelong ramifications.

Your child may prefer you to use the terms assigned male at birth or **assigned female at birth** when referring to them rather than the terms “birth sex,” “original sex,” or other such terms. However, the best way to know which terms to use is to _____ (*ask them*) _____.

GENDER IDENTITY

Gender identity is the way we feel about who we are and how we relate to other people. Gender is a complex and culturally informed experience that is difficult to explain in scientific terms because it varies so much from person to person and place to place. In the dominant North American culture, there are two genders which are expected to align with our biological sex in a particular way: people with penises are expected to be boys/men, and people with vulvas are expected to be girls/women.

In the traditions of many cultures worldwide, there are more than two genders. European colonization has historically attempted to suppress these traditions.

_____ (*Trans*) _____ or _____ (*transgender*) _____ people are people whose gender identities do not align with their assigned sex in the ways expected by the dominant culture. Cis or cisgender people are people whose gender identities do align with their assigned sex in the ways expected by the dominant culture (i.e., they are non-trans people).

Trans people may identify as women, men, non-binary (a mix of man and woman, or neither), agender, or some other form of gender identity. Being trans is a _____ (*natural*) _____, _____ (*healthy*) _____ variation in human development.

The best way to know your child’s gender identity is to _____ (*ask them and discuss it*) _____.

SEXUAL ORIENTATION

Sexual orientation refers to the people we are _____ (sexually) _____
or _____ (romantically) _____ attracted to.

In the dominant North American culture, men are expected to be attracted to women and vice versa. Trans and non-binary people are not usually included in mainstream ideas about sexual orientation. However, individuals may be attracted to any number of genders and/or body types. For example, people may be: gay (men attracted to men), lesbian (women attracted to women), bisexual (attracted to two or more genders/body types), pansexual (attracted to all genders/body types), and many more. Sexuality may also be fluid and change over a person's lifetime. Exploration and changes in sexual orientation are a normal variation in human development.

Sexual orientation and gender identity are not necessarily linked. In the past, some theories held that trans identities were "extreme" versions of gay or lesbian sexual orientations. We now know this is not true. Trans people have as wide a variety of sexual orientations as everyone else.

The best way to know your child's sexual orientation is to _____ (ask them)
_____ (although it is also important to balance giving your child an
appropriate amount of _____ (education) _____,
_____ (guidance) _____, and
_____ (privacy) _____ when it comes to sexuality!)

GENDER EXPRESSION

Gender expression refers to the way that we choose to present ourselves to the world: clothing, hair, make-up, and other forms of external presentation and behavior. Individuals may use gender expression to show their gender identity to the world, or they may use it to hide their gender identity for safety or other reasons (for example, someone **assigned male at birth** who identifies as a woman may express themselves in a typically "masculine" way in order to feel safe at school or work).

Gender expression is very socially regulated in the dominant North American culture. Men are pressured to express masculinity in a specific way, and women are expected to express femininity in a specific way. People with non-normative gender expressions can experience bullying, discrimination, and other forms of oppression.

Gender expression often shifts and changes over a person's lifetime – even for **cisgender people**.

QUESTION FOR PARENTS: Has your gender expression changed at all over the course of your lifetime?

Take some time to write down your answer below.

The best way to understand your child's gender expression is to _____ (*ask them and discuss. The answer may change over time!*)

SHARING HOPES & FEARS

40min

Learning Goals: To share personally, to get comfortable talking about their own feelings about gender with the group.

Invite each participant to share a little about themselves, their trans youth, and their hopes and fears. Give each participant 2-3 minutes each depending on group size and time available (you may wish to shake a rattle or make some other gentle indication 30 seconds before time is up). Give the participants the following prompt:

1. Your name, your child's name, age, pronouns and gender identity
2. One hope you have for your child's gender journey
3. One fear you have for your child's gender journey

CHECK-OUT

Ask each participant to share two words: a word for how they are feeling, and a word for how group was.

FIT WEEK 1:

YOUTH GROUP

Session #1 – GROUP BUILDING AND GENDER STORYTELLING

Theme: Getting to know each other, safer space, and telling our stories

WELCOME

15min

Learning goal: To introduce to group goals and “stress inoculation” for challenging conversations, “seeding” the idea of healthy boundaries and healthy conflict.

Materials: You may wish to distribute nametags to participants as they come into the group space for the first time. Encourage all participants to indicate their pronouns, as well as their names.

Welcome youth and parents to the group together, introduce the facilitation team* and what “FIT” is about: strengthening parents and trans/NB/questioning youth relationships (sometimes by creating healthy boundaries!). We want to empower young people to tell their parents what they need – which can be hard for young people to do and hard for parents to hear. We also want to help parents feel confident and comfortable supporting their youth.

Expect that this group may bring up some “feels.” Occasionally, hard conversations or even arguments might come up. However, the benefits are that you will understand each other better, possibly feel closer, and build a community of gender-affirming families (and together, you might change the world!).

Orient the group to the space (note: ensure that there are gender neutral washrooms available and make this known!) and divide them into parent and youth groups. Assume this move will take 5 minutes.

THE STORY OF YOUR NAME

15min

Learning Goal Group bonding.

Ask participants to introduce themselves by name (the name they go by right now or perhaps a name they are considering using), and tell the group one fact about their name, i.e. how they got it, something they like or dislike about it, what it means to them. -

WHERE THE WIND BLOWS

20min

Learning Goal: To warm-up and getting to know each other, introduction to “up-regulation” through movement.

NOTE: This game can be anxiety-provoking for very shy or socially anxious individuals, as well as those who are differently-abled or have certain physical limitations on movement, so if this feels unworkable, try a more contained, paired or small groups activity such as the one at the end of this outline

1. Ask participants to sit in a circle or, if there are no chairs, ask participants to form a standing circle and give each participant a placeholder that they will place at their feet.
2. The facilitator takes a place in the centre of the circle. (Make sure that there are only enough chairs/markers for the people sitting or standing around, leaving one person in the centre.) The facilitator explains that they will say: *“The wind blows for anyone who...”* and end the statement with something that is true for them. For example, they might say: *“The wind blows for anyone who ate breakfast this morning.”*
3. When the statement is made, anyone in the circle who feels that is true for them will get off their seat to find a new seat in the circle. Participants may not move to the chair immediately to their right or left and they may not return to the same seat.
4. Whoever is left in the circle without a chair makes the next statement (that is true for them) and the game continues.

Explain to the group that the statement the person in the centre makes can be very casual. Some examples are:

- The wind blows for everyone who has been to more than three countries before.
- The wind blows for everyone who hates chocolate.
- The wind blows for everyone who is wearing jeans.
- The wind blows for everyone who loves sushi.

Or the statement could be more personal if there is something you are hoping to learn about the group members. For example:

- The wind blows for everyone who has ever questioned their gender
- The wind blows for everyone who has ever been mis-gendered
- The wind blows for everyone who struggles to find a public bathroom they are comfortable using

BREAK

10min

GROUP AGREEMENTS

20min

Learning Goal: To create a safer space and build group norms.

Materials: Flipchart paper, markers.

Give an overview of the 10 weeks coming up in the FIT group and a sense of what will be covered.

Then, take some time to co-create group agreements with participants (see example below).

1. Present pre-written list of potential group agreements included in the FIT Parent Workbooks and ask group members to read through them. **These guidelines must include the topics of consent, confidentiality, and managing friendships and/or dating outside of group time (ask participants to hold off on dating until after group is finished).**
2. Ask them to discuss in pairs the list and choose the top three that they agree would be necessary for them to feel comfortable in the group. They can also add any that are not there, or reword any that they like. Put the three that they select in order of importance.
3. Back in the full group, ask each pair to select one agreement to share. If someone else has said that one already, ask them to choose the next on their list. Go around until there are 6-8 agreements on the list.
4. Ask if there are any burning agreements that are not there. As facilitator, you can also add any at this point that you feel are necessary.
5. Ask the group for thoughts and ideas about how we will help the group adhere to the agreements.
6. Once the guidelines have been established, the facilitator might ask every participant to agree verbally to the ground rules and/or to sign the ground rules or a contract, as a way of sharing authorship and responsibility. Once agreed-upon ground rules are established, they can be revisited at any time and revised to meet the needs of the group.

EXAMPLE GROUP GUIDELINES

1. **Respect** – Respect everyone in the group, including names, pronouns, religious beliefs, (dis)ability, etc. Treat each other with respect and kindness, respect the space as well by keeping it in good shape.
2. **Confidentiality** – What gets said in group stays in the group, with the exception of keeping people safe and legal requirements for the facilitators to report if a young person is experiencing neglect or abuse.
3. **Take Space, Make Space** – Challenge yourself to share what you need to share in group, and to step outside of your comfort zone when it might be beneficial. Stay aware of how your presence impacts others, and make room for folks to share or get support if they seem to be having a hard time. Take care of each other!
4. **“Ouch” and “Oops”** – This is a conflict-affirming space! Disagreements can be healthy, and we can learn a lot from them, as long as they are safe and respectful. Let’s assume that everyone is coming from a place of good intention, but also trust our instincts and call out behavior that is hurtful to us. Saying “ouch” can be a way to signal when we feel hurt, oppressed, or disrespected by someone’s behavior. Make room for that person to say “oops” and educate themselves about how to act in the future.
5. **Consent** – Everything we do should be based on consent. Opt out of activities if you need to (but let facilitators know that you are going to do so). Before touching, hugging, or following folks on social media, make sure you get consent! Not saying “no” is not consent – saying “yes” and meaning it is consent! Limits to consent arise if someone is acting in a way that is harmful or dangerous – then facilitators might need to step in.
6. **Make Friends!** You’re encouraged to make friends with one another and to build a community! However, always stick to a rule of **consent** before assuming that someone wants to talk to you or hang out with you outside of group.
7. **Please wait to date!** You might also meet someone you want to date or hook up with in this group. This can be great, **but please wait until after the group is over to do so, because group dynamics can get complicated.** The group facilitators don’t have control over this, so you won’t get “in trouble” if you do date/hook up while group is running – we encourage you to talk to us in order to figure out how to make things safe and comfortable for everyone. Always stick to a rule of **consent** when dating or hooking up as well.

GENDER JOURNEY MAPPING

50min

Learning Goal: To have an opportunity to share one's gender story and receive supportive feedback. To reflect on the path that has led each participant to where they are in their gender journey. To build community among the group.

Materials: A large sheet of mural paper and pastels, markers, and pencil crayons.

How to:

1. Place paper square on the floor or table in the middle of the room.
2. In the centre of the square, draw a circle, and write "Families in Transition Youth Group" in the centre of the circle.
3. Have each group member work on drawing a path that starts on the outside of the square and ends at the circle containing the group's name. Give instructions such as: "What are all the things throughout your life that have led you to this group?" or "Draw a path using words, pictures, symbols to show the key moments in your gender journey from childhood till now." Give the group members 15 minutes to complete this task in silence using the markers and pastels.
4. Each group member gets 2-3 minutes to share some highlights of their story without interruption or questions from others.

After the group member shares their journey, give the rest of the group some time to give a supportive response. Ask the group members to speak about places that they relate to, or ways in which their story moved or touched them. Instruct the group not to ask questions or comment on the talent of the art. Usually the facilitators model the response.

5. After everyone has shared their story, ask the group members to write words in the central circle about hopes that they have for this group now that all the roads have arrived here.

CLEAN-UP AND CHECK-OUT

10min

Ask each participant to share two words: a word for how they are feeling, and a word for how group was.

Alternate (or extra, if there is lots of time) Icebreaker Activity: Pairs sharing

Objective: To get people to open up and get to know each other. Also encourages moving around.

Materials: None.

How to:

1. Have group members move around the space and find a partner. Once they are in a pair, give them a prompt and a minute or two to discuss.
2. After a couple of minutes, ask them to move around and find a new partner; then, offer a new prompt and so on.
3. Possible prompts could include:
 - Tell a story about something that happened to you this week
 - If you could be an animal, what would you be... and why?
 - When you were a child, who was your favorite superhero and why?
 - If someone made a movie of your life, would it be a drama, a comedy, a romantic-comedy, action film, or science fiction or something else?
 - Share a moment where you felt your gender was misunderstood
 - Share a time when you felt that your gender was affirmed
 - Finish this statement: "The thing I want to change most in the world regarding gender is..."

FIT WEEK 2:

PARENTS

FIT PARENT CURRICULUM WEEK 2: SUPPORTING YOUTH THROUGH TRANSPHOBIA & TRANSMISOGYNY

Theme: Understanding systemic transphobia and transmisogyny and their impacts on youth self-image. Supporting young people as they deal with discrimination.

CHECK-IN

15min

Check-in by inviting each parent to state their name and pronouns as well as their trans youth's name, age, and pronouns. Briefly answer any questions that come up regarding last week's material on terminology and concepts.

BELIEFS AND PARENTING VALUES ACTIVITY

50min

Learning Goal: To critically reflect on how personal attitudes toward gender and sexuality are impacted by our own experience of growing up and receiving social messages. To re-centre parenting values within a gender-affirming perspective. To notice that the vast majority of parenting values do not need to change in response to gender transition.

Materials: Five LARGE pieces of flip-chart paper or poster board, markers.

To prep before group starts:

1. Prepare this activity ahead of time by taping/tacking four of the large pieces of poster board or flip chart paper to the walls of the group room. There should be ample space between each poster.
2. At the top of each poster, write the following phrases
 - "When you were growing up, what did you learn from your families/peers/the media/school/your religious or faith community about what it means to be a man"**
 - "When you were growing up, what did you learn from your families/peers/the media/school/your religious or faith community about what it means to be a woman"**
 - "When you were growing up, what did you learn from your families/peers/the media/school/your religious or faith community about what it means to be lesbian, gay, or bisexual"**
 - "When you were growing up, what did you learn from your families/peers/the media/school/your religious or faith community about what it means to be trans"**

3. Halfway down from the top of each poster, write the following phrase: **“Since embarking on this journey with your youth, what are you learning about what it means to be...”**
4. Add ONE of the following words to each poster:
 - a) A man, b) A woman, c) gay, lesbian, or bisexual, queer d) transgender
5. Place the fifth poster on a table in the centre of the room. At the top of this poster, write the phrase **“When you first became a parent, these were the values you hoped to teach your child”**

During group

6. Invite the participants to walk freely around the room, viewing each of the posters. Provide them with markers and ask them to fill in the empty space on the posters with whatever comes to mind – encourage them to be as honest as possible without worrying about “political correctness.” Assure them that you will not be offended by what they write.
7. Ask all the parents to write down at least one value on the “values” poster.
8. Once finished, walk through the room as a group and reflect on the various answers. Prompt participants to consider/discuss: how what we are taught as children changes when we are adults, how common beliefs in the past feel in contrast to beliefs in the present, how issues such as sexism/homophobia/transphobia have or have not changed over time, how the “gender journey” of a youth in the family impacts one’s own perspective or beliefs.
9. At the “values” table, spend some time reflecting on how most values generally do not need to change in response to a gender transition in the family – indeed, this conversation may actually remind parents of how some values (e.g., courage, honesty, being true to oneself) are actually very applicable to transition. Affirm that the wisdom parents bring from their own lives is still valid, useful, and important – discuss Winnicott’s belief in the “good enough parent” (see the section on Winnicott in the Introduction of this manual): That good common sense and parental love is enough to create healthy relationships, with perhaps a little guidance from professionals.

Note: Very occasionally, parents may identify their values as being in conflict with their youth’s transition/gender exploration - for example, “being considerate of others” (from the perspective that the young person is being selfish or thoughtless). Engage with this and work with the parents to see how this value can be applied to their situation in a way that is gender-affirming . Remember that it is important to respect a diversity of cultural and spiritual values – facilitators need to work with humility when it comes to supporting parents with different cultural backgrounds than their own, rather than prescribing a “correct” set of values

BREAK

15min

DEALING WITH TRANSPHOBIA & TRANSMISOGYNY (THE “DONUT” ACTIVITY)

60min

Learning Goals: To develop understanding of how transphobia and transmisogyny manifest in social messages received at home, from peers, at school, in the workplace, and from the media. To start preparing as parents to counteract such negative messages.

Materials: Very large drawing paper for each participant, pencils, pads of sticky notes/post-its (make sure to have plenty available).

Part 1: Mapping Social Messages

Acknowledge that the idea of equipping your kids with tools to survive and resist oppression may be new to some, and is something that racialized parents, queer parents, parents with disabilities often already do.

Acknowledge that this activity works best when you really “go there” in an honest way – from whatever place you are at with your youth. This is your chance to help each other gain some parenting tools, to help those who might be in another place than you, and to reflect deeply on your own parenting, so please exercise compassion and engage deeply and honestly with this exercise.

Instructions:

**Start this activity with everyone seated around a large table.*

1. Draw a large circle in the middle of your paper. Draw a second, smaller circle inside the first one so that you have a “donut” shape. You will be writing inside both circles, so give yourself plenty of room.
2. In the “ring” of the donut (the space between the smaller circle and the larger circle), in second person, write messages that your trans youth has likely received, about being trans, from:
 - Peers and teachers
 - Society (including never seeing posters of trans kids, or growing up not hearing about trans kids or adults in stories)
 - The media (that there is a certain way to transition...e.g.: Caitlin Jenner)
 - Extended family
 - Home, even from you (in the family, these messages might be subtle or well-intentioned)

Give the example of: "You are not normal"

Ask that they write down two more of these, to "get them started":

"You're not going to find someone to love you"

"You're a burden on our family"

"You're embarrassing"

"You're confusing"

Tell parents: It is important to write "directly to your youth" - go after emotional experience here. Do not be "politically correct." Others will see this but we encourage you to be as honest as possible – you'll get the most out of this activity if you are. This can be challenging and may bring up painful memories of things you've said to your youth.

3. Inside the centre of the donut, in first person (i.e. using "I" statements), use images, words, or colors to answer the following question: "How do the messages in the outside of the donut affect your youth's mental health and quality of life?"

Pass your papers to the person on your left. Briefly read through the statements written in the "donut." Choose one or two of the negative social messages in the outer circle and "counteract" it by writing a positive message on a sticky note and placing the sticky note on top of the negative message. For example, if you have chosen a negative message that says: "No one is going to love you," you could counteract it with a message that says: "You are a deeply loveable person, and there are many people in this world who will love you," or perhaps: "I will always love you."

4. Repeat the process in Step 4. a few times – do not go around the entire table unless the group is quite small, or you will run out of time.
5. Retrieve your original paper. Read through the "positive message" sticky notes that have been added by other parents, then add a few of your own.
6. While reading the new messages, pay attention to how you feel reading them. Which ones are the most impactful and moving to you? Which ones do you think would be good for your child to hear?
7. Once you have read the new messages go back to the donut hole (center circle) and now write, draw, use color to reflect how these new messages will impact trans youth and their mental health.

Part 2: Discussion

Debrief the activity and discuss any thoughts and feelings that came up for the participants. Some prompts that you may wish to use include:

How was this exercise for you?

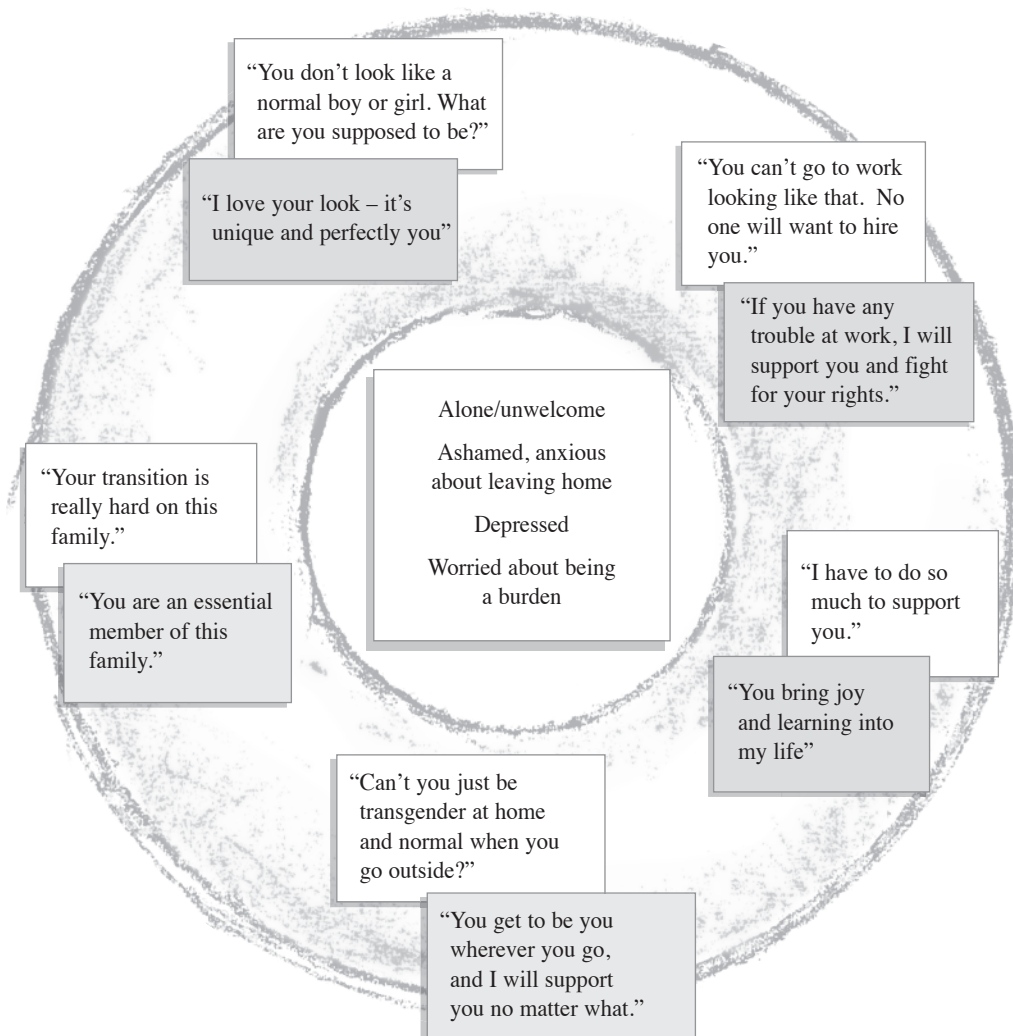
What is a message that resonated for you? (Go around the circle if time permits). Reason for using sticky notes is that you can remove stickies that don't resonate for you.

What is a message that you are still having a hard time challenging? (Get participants to help each other.)What have you come to understand about transphobia or transmisogyny that you didn't before?

How could this help in your parenting?

Are there messages you are afraid that you gave your youth that you would like to change?

Tell parents: "We can't eradicate transphobia or transmisogyny; it's still there on your papers, and in your kids' lives; be we can help, through our messaging, to instill a sense of resiliency, unconditional love and support. We can be their safe haven."



FIT WEEK 2:

YOUTH

FIT YOUTH CURRICULUM WEEK 2: COMING OUT & GENDER EXPLORATION

Theme: Coming out to oneself and others, making a plan, letting yourself explore and experiment with gender

CHECK-IN

10min

Invite each participant to check-in with their name, pronouns, and a **Show and Tell**: Find an object you carry on your person, in your bag, or an object in the room that resonates with you. Show your object and briefly tell the group why it is important to you or resonates with you.

GENDER JOURNEY SOCIOGRAM

30min

Learning Goal: To open common topics/issues in the questioning, transitioning, and coming out process. To normalize each individual's unique journey and validate that every individual has a different gender development experience.

Materials: Signs saying "TRUE" and "NOT TRUE."

1. The facilitator marks one wall with the statement TRUE and the opposite wall with the statement NOT TRUE.
2. The facilitator makes a statement such as "I love chocolate" and the group members decide where they belong along the continuum from TRUE to NOT TRUE. For example: if someone LOVES chocolate then they would stand by the TRUE wall, if someone is indifferent then they might stand in the middle of the two signs, and if they hate chocolate then they would stand by the NOT TRUE sign.

3. Once participants have found where they want to stand, you can ask some to share their reasons for selecting that spot, or have people close to each other share their connection.
4. Begin with some “generic” statements to get participants familiar with the activity and then make more specific statements with tonight’s theme of “gender exploration and coming out” in mind.
5. Some examples of statements may be:
 - I’ve always known, or known since I was very young, that I was trans or non-binary
 - I identify as being part of the gender binary (ie, male or female, boy or girl)
 - My gender identity changes according to the people I’m with or the place that I am in
 - I like to experiment and get creative with my gender expression
 - “Passing” is very important to me
 - I come out as trans/non-binary immediately to everyone I meet
 - I don’t come out at all, and I would rather no one knew that I was trans except people I am very close to
 - People always ask the most annoying questions when I come out to them
 - There is someone I really want to come out to, but I don’t know how to
 - I believe it’s very important to come out right away to people you are dating
 - I need more support and strategies for coming out
 - I believe coming out is something you only need to do once and then it’s over

You may want to discuss or unpack certain statements as you go (note that if the group is large, this may take a lot of time). After all the statements have been read, definitely spend some time debriefing about what the activity felt like to do, and how it felt to experience people moving to different places along the spectrum with each question.

Ask the group to draw some conclusions about: What does a “normal” gender journey look like? (Whatever it looks like for the individual!) What does a “healthy” coming out process look like? (It depends on the individual!)

TWO TRUTHS AND A LIE: GENDER EDITION

20min

Learning Goals: To normalize one's own gender journey and share a bit about oneself with the group. To learn how to talk about other's journeys in an affirming way even when they are different from our own.

Alternate activity note: *You might feel that your group is too shy/anxious to do this activity. If so, use the alternate activity noted at the end of this outline – it can also be used to fill up extra time!*

Materials: Paper and pens for everyone in the group.

How to:

1. Distribute paper and pens. Invite participants to write three statements about themselves and/or their gender journey/coming out process. Two of the statements will be true, and one will be a lie.
2. Gather together in a circle. Start with one person who will read their three statements aloud (to remind everyone). Then read each statement again, stopping to allow participants to vote whether they believe it is true or false. If the group is small enough, give participants time to ask each other questions.

IMPORTANT: Ask the participants who are voting to consider what assumptions they are making about their peers based on appearance or other stereotypical factors, and to question those assumptions.

BREAK

15mins

COMING OUT CARDS

60min

Learning Goal: To create a coming out poem and/or collage.

Materials: Two examples of a coming out letter by trans people (you can find these online, or use the examples included below) – print a copy of each for every group member.

Old magazines, newspapers, and other materials that can be cut up to make collages.

A piece of card stock for every participant.

Instructions

1. Invite participants to decide on someone to whom they wish to “dedicate” their coming out card.
This does not have to be something they plan to actually send, but having someone in mind while they are working may help inspire them.
2. Read the two examples of letters out loud and debrief them – how do they make the participants feel? Is there anything in them that the participants relate to/react to?
3. Invite the participants to cut up their copies of the letter, as well as any images and words they like from the magazines and newspapers. Ask them to paste the words and images into a collage on their piece of cardstock. This is their “coming out” card. It can be very literal or more metaphorical – whatever best represents how they feel about coming out to the person their card is dedicated to.
4. When everyone is finished, invite participants to share their work with others.

Dear Mom and Dad,

There’s something important that I need to tell you, and I don’t feel like I can do it person. I don’t really know how to say this, but here it is: I’m trans. Actually, I identify as trans non-binary, which means that I don’t feel like either a boy or a girl. I’m kind of both, and kind of neither. I use “they/them” pronouns. This may not make any sense to you, but it’s something that I’ve known about for a long time. I hope you can understand.

I want you to know that there’s nothing you really need to worry about, and nothing is really different about me except now you know more about how I feel. I’m still your kid, and I’m still the same person. So please don’t feel sad or like you need to “grieve” anything. I’m still right here. Actually, I hope you can be happy for me, because I have been waiting to come out for a really long time.

I need you to support me and be there for me. It would be really great if we could talk about this and make a plan to tell the rest of the family and also the teachers at school. Well, some of the teachers already know, but most of them don’t yet.

This is a really big deal for me, and I can’t really believe I’m even writing this letter. But here it is. My hand is shaking. Anyway, thank you for reading and I hope you can understand.

*Sincerely,
Your Kid*

Hey you,

There's something I need to tell you and I'm kind of really nervous and really excited about it all at once. But it's good, I promise! Well, mostly good anyway. I think it will be good. But you know, like good in the kind of way that totally changes your life and even though you've been wanting it to happen for a really long time you're still sorta anxious because the future is uncertain and we have to accept the possibility that not everything works out as perfectly as we planned? I know, I know! I need to just say it. Ok, here goes:

I'm trans!

You know, trans as in "in the process of transformation," as in "moving from one state of being to another," as in "transcendent" (def: surpassing the ordinary; exceptional), as in "transgressive" (def: pushing the imposed boundaries of social acceptability," because who needs to be socially acceptable?!), as in "across," "beyond," "through," "changing thoroughly."

(Also trans as in I'm not the gender I was assigned at birth.)

Anyway, I'm not sure if this comes as a surprise, since a few people have already guessed, but I wanted to tell you straight up (can you tell someone something "gay down?") because I'm also going to come out to my family, and I'm not sure how that's going to go, and I kind of need backup. And you've always been there for me (and hopefully you feel like I've always been there for you?), so this is me, asking if you will be my backup in case something goes wrong and I need to run away and join the circus (unlikely, I think, but not impossible).

And yes, I'm going to be changing pronouns and probably doing "medical transition," which means like hormones and possibly surgery(!) and maybe also cybernetic implants in my eyes so I can shoot laser beams out of them. Definitely the last one. But we can talk about all that stuff in person. Right now, what would be really great, what I really need, is for you just to be okay with this and to let me know that you get it. And that we can still be friends, because it doesn't really matter what I look like, or what pronouns I use, or if I'm turning into a part robot part human superbeing, because what's really important is "who we are inside." And all that jazz.

Sincerely,

Trans, But Still Your Best Friend

CLEAN-UP AND CHECK-OUT

Ask each participant to share two words: a word for how they are feeling, and a word for how group was.

Alternate Activity: PINWHEEL DRAWING/PAIR SHARING

Objective: An interactive warm up activity

Materials: Paper and crayons, pastels, or markers.

How to:

1. This can be done seated on the ground or with tables that are placed in a circle. Form two circles of an even number – an outer circle and an inner circle. For example, if there are 10 participants, then have one circle of five facing the centre of the room and one circle of five inside facing out. One member of the outside circle will be facing one member of the inside circle. There should be drawing instruments and a sheet of paper between them.
2. The facilitator invites the pairs to draw together (doodle, scribble, colour, write words, etc.) as they chat to each other about a question or topic proposed by the facilitator, which could simply be introductions if the group is new.
3. After one minute, the facilitator says “STOP” and “SWITCH” and the participants move seats – the outer circle moves to the right and the inner circle moves to the left so that two new partners face each other in front of a different sheet of paper.
4. The facilitator says “GO” and the two new partners begin to draw and talk together.
5. This continues until both circles have gone all the way around.

Possible Prompts:

What does your “gender” feel like to you? Is it something that is very clear, or is it something that you are just starting to explore? Is it more “scientific” or “abstract” feeling? Is there a specific gender identity or identities that you feel really strongly about?

Share about someone you want to come out to, but haven’t yet. Who is it? Why do you want to come out to them? What are you waiting for? What do you need to come out to this person? More time? A plan? What have you learned about coming out? Share some strategies or approaches you have taken for coming out.

What are some reasons you do or do not want to come out?

FIT WEEK 3:

Parents

FIT WEEK 3: PARENT CURRICULUM

Theme: Promoting Positive Mental Health

CHECK-IN

10min

Brief check-in: what have you noticed about your relationship with your child? Have things shifted since starting the group? What information or skills have you tried? What has been helpful/unhelpful so far?

READING THE RESEARCH

40min

Learning Goals: To gain an appreciation of research findings regarding parental support and trans youth mental health. To develop an understanding of the differences in outcome between “somewhat” and “fully” supportive parenting.

Materials: Trans PULSE Summary in FIT Parent Workbooks

Present the excerpt from the Trans PULSE study regarding parental support and trans youth mental health outcomes. Do not read the study verbatim, simply present the material in your own words while referencing the study. Be sure to go over the following:

- Trans youth are much higher at risk for poor mental health outcomes
- The biggest mediating factor in the study parental support
- Compare statistics on suicidality and supportive/non-supportive families (reduction of suicidal behaviors by 93% in fully supportive families, but no significant difference between the “somewhat supportive” and “not supportive” families)
- Compare statistics on positive vs negative health outcomes and overall quality of life between supportive/somewhat supportive/non-supportive families
- Statistics on suicidality and transition

Discussion: Making links

What does transphobia, transmisogyny and lack of family support have to do with mental health issues for trans youth?

Why anxiety, depression, suicidality and trauma symptoms might develop?

Why drug and alcohol use, internet overuse, cutting, anger might show up?

WHAT DOES “SOMEWHAT SUPPORTIVE” MEAN?

30min

Learning Goal: To understand the difference between “somewhat supportive” and “fully supportive” parenting behaviors and their impact on youth. To appreciate the impact of “micro-aggressions.”

Highlight the findings from the Trans PULSE study that trans youth with “somewhat supportive” parents did not have much better mental health outcomes than those with “not supportive” parents. Facilitate an open discussion about this – acknowledge that the vast majority of parents want to be, and believe they are, supporting their youth. Note that point of the study, however, is about how youth experience their parents, rather than what their parents believe.

Ask: “What are some reasons that kids might not “feel” supported, even if you as a parent feel you are supportive?”

Bring up the following, if not raised organically by the group:

- Misgendering
- Not using correct name consistently
- Not bringing gender up, avoiding the topic of gender
- Painful things said that never get talked about again – for example, a denial that the youth was trans when they first came out, an argument that was never revisited, apologies that were never made, etc.
- Not asking about experiences of oppression

Troubleshooting: This activity often brings up some feelings of guilt or defensiveness in parents, e.g. “I’m doing everything I can, but my kid never thinks that I am being good enough!” or “Well, my kid says I’m not being supportive if I make them do their homework!” Validate the feelings of frustration and the societal pressure to be perfect parents. Affirm that good parenting boundaries around healthy habits (curfews, respectful behavior, doing homework, etc.) are of course still necessary. Point out that this conversation is focusing specifically on gender and feelings of being supported/not supported in regards to gender development.

Emphasize that this activity and being supportive are not about being a perfect parent and never making any mistakes – but rather about generally helping the youth feel supported and safe in the relationship. Refer to Winnicott’s “secure base” and “good enough parent.”

BREAK

15min

THE VOW OF PARENTAL ACCEPTANCE

40min

Materials: Paper, pens/pencils, Summary of Caitlin Ryan’s research in FIT Parent Workbooks.

1. Introduce Caitlin Ryan’s research and name some strategies that her team found effective for supporting LGBTQ+ youth in their families. Identify common behaviors that are unhelpful versus helpful.

Discuss: It is not necessary for parents’ **beliefs** about sexuality and gender to change in order to have a positive impact on youth. Making a **behavioral** change (e.g., using the correct name and pronouns both at home and in public) has a profound effect on its own.

Review the following “paths to mental wellness” and have participants discuss which strategies their youths are already using, or might find helpful:

- Social and Medical Transition
- Drop-in groups
- Role of individual therapy/counselling
- Role of parent support/family therapy/counselling
- Role of activism

2. Introduce Caitlin Ryan’s idea of a “Vow of Parental Acceptance” – an explicit promise to take specific actions to support your LGBTQ+ child. Make links to the discussion of today’s and previous sessions: countering harmful messages, stepping up and stepping back, letting the child self-determine their own gender journey and physical transition process. Read the example of a Vow of Parental Acceptance below:

My Vow of Parental Acceptance

I start here, from wherever I am, and from this day forward I will

- Commit to seeing you and celebrating you for the person you are, including and beyond your gender identity
- Use your chosen name and pronouns, however they may change
- Support you to get the healthcare you need to feel good in your own body
- Protect you and advocate for you at home, at school, in our extended family, and in our community
- Become an activist for your and other trans people's rights until we live in a better world
- Acknowledge my mistakes and commit to doing better, as much as I can, however I can
- Love you and support you, no matter what

3. Invite the parents to write their own Vow of Parental Acceptance, personalized to their own journey and their own child. Once written, they can share all or part of their vows with each other if they feel comfortable doing so.

Note: The Vow should be **challenging** – the parents should be “stretching” themselves to the edge of their comfort zones as well as committing to what is easy. The Vow should also be **aspirational** – you don't always have to be a “perfect” parent, but you do have to be the “good enough” parent. Finally, the Vow should be **truthful**. Balance pushing your comfort zone and making a promise that you know you won't keep.

CHECK OUT: HEAD, HEART, AND HANDS

10min

Close the group by asking the participants to share ONE new thing that they are a) thinking about (head), b) feeling (heart), or c) going to do over the next week.

FIT WEEK 3:

YOUTH

Session #3 – TRANSPHOBIA, ENBYPHOBIA & TRANSMISOGYNY

Theme: To explore impact of discrimination and oppression on participants' mental health, and to create alternative messages that affirm participants' gender identity and experience

CHECK-IN

10min

Names and pronouns

Note: Checking in with names and pronouns every week may seem repetitive by Week 3, but it allows youth to experiment or explore using different names and pronouns if they wish. Make this explicit to the group.

THE IMPACT OF TRANSPHOBIA, ENBYPHOBIA, & TRANSMISOGYNY: THE "DONUT" ACTIVITY

40min

Learning Goal: An opportunity to explore and respond to messages we have received about being trans or non-binary

Materials: LARGE pieces of drawing paper, drawing supplies, sticky notes/post-its.

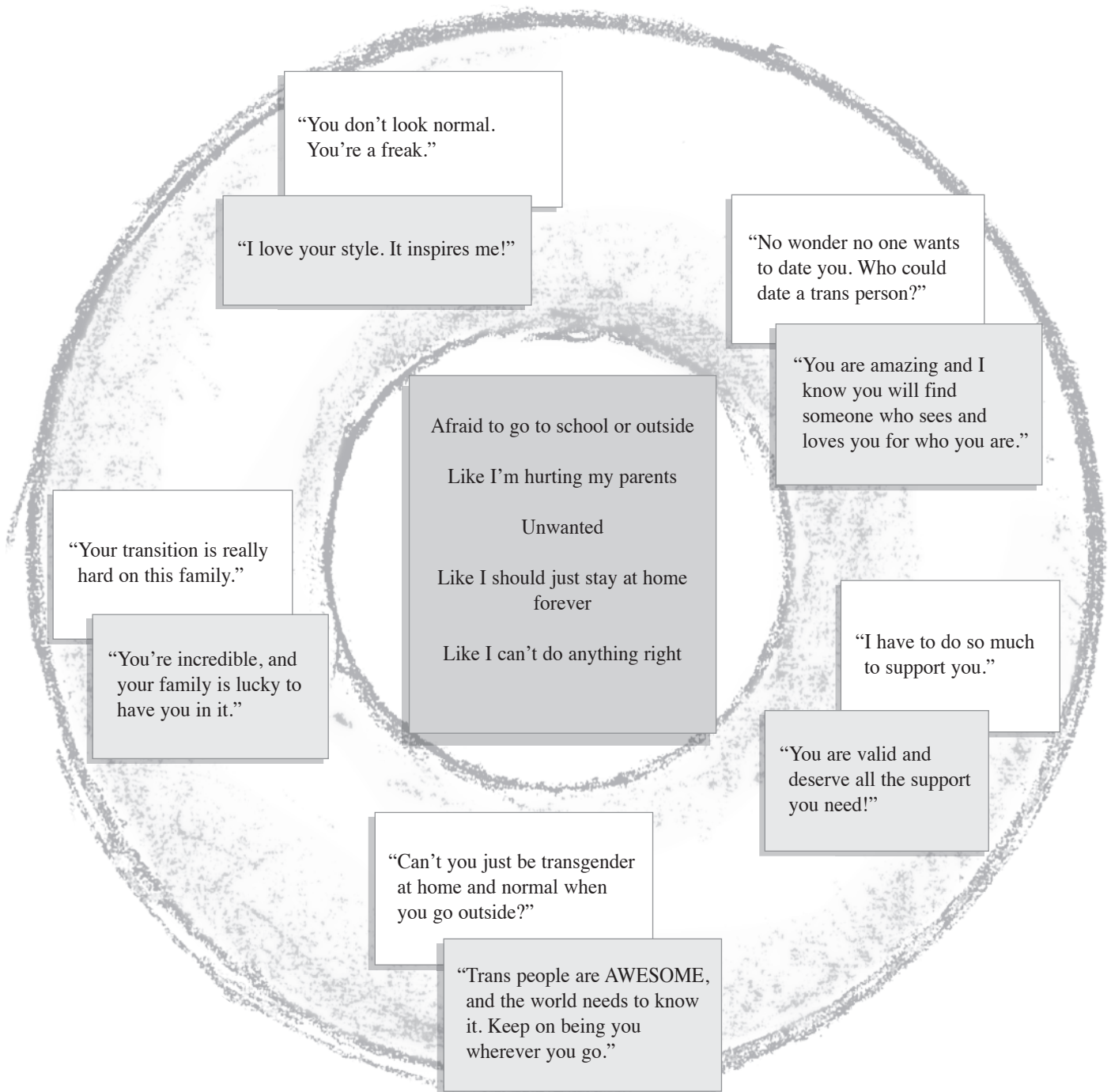
1. Draw two circles one inside the other on a large piece of paper.
2. In the outside circle write all the transphobic, transmisogynist and/or enbyphobic messages you have received at home, school, work, in the community, from social media and traditional media. Note that silence can also be a message – if you never see, hear, or read about trans people at school or on TV, what does that tell you about yourself? Write the messages down in second person, i.e. as though they were being addressed to you. Example: "You are not normal."
3. On the inside circle write how it makes you feel and how it impacts you.
4. Pass your papers to the person to your left. You should now have someone else's "donut" in front of you. Read through some of the messages in the outside circle that resonate most with you. Write a positive message on a sticky note and stick it directly on top of the negative message.
5. Pass the papers to the left a few more times.

6. Send the papers back to their original owners. Read the new positive messages you have received on the sticky notes, and write down how they impact you in the inner circle (the "donut hole").

7. If time allows, create a group poem with the favorite statements from the above exercise.

**This activity can be done individually within the larger group, or can be adapted to work in small groups or pairs.*

See example below



BREAK

15min

FAMILY PSAs

50min

Learning Goal: To develop language for self-advocacy and asserting needs within one's family

Materials: Simple art supplies, recording and presentation equipment if available.

1. Break into groups of two or three.
2. Encourage each group to create a PSA: a public service announcement about transphobia and/or transmisogyny. PSAs are intended to modify public attitudes by raising awareness about specific social issues – however, these PSAs are being specifically directed at a particular target audience: participants' families.
3. Encourage participants to focus on a simple, clear message or theme, as a PSA is generally 30 seconds to one minute long. Ask them to think about specific issues that their parents, siblings, or other family members really need to know about. For example, some families may really need to know about the impact of "deadnaming" or misgendering. Others may need education on how important it is to affirm non-binary identities as real and valid.
4. Remember that PSAs can be dramatic, scientific, or "journalistic" – groups can choose a format that suits their personalities and interests.
5. Create a script for your PSA.
6. Participants may choose to add visual aids or music to their PSAs.
7. Present your PSA to the group. You can act it out, present it, or just tell the group about your ideas.

CLEAN-UP AND CHECK-OUT

10min

Ask each participant to share two words: a word for how they are feeling, and a word for how group was.

FIT WEEK 4:

PARENTS

FIT Parent Curriculum Week 4: Window of Tolerance

Theme: Understanding emotion regulation in order to strengthen communication and relationships with our youth

CHECK-IN

10min

Open with a brief discussion of how participants have felt about the previous weeks' topics, and ask if any have noticed shifts in their relationships with their trans youth since the start of group.

WINDOW OF TOLERANCE

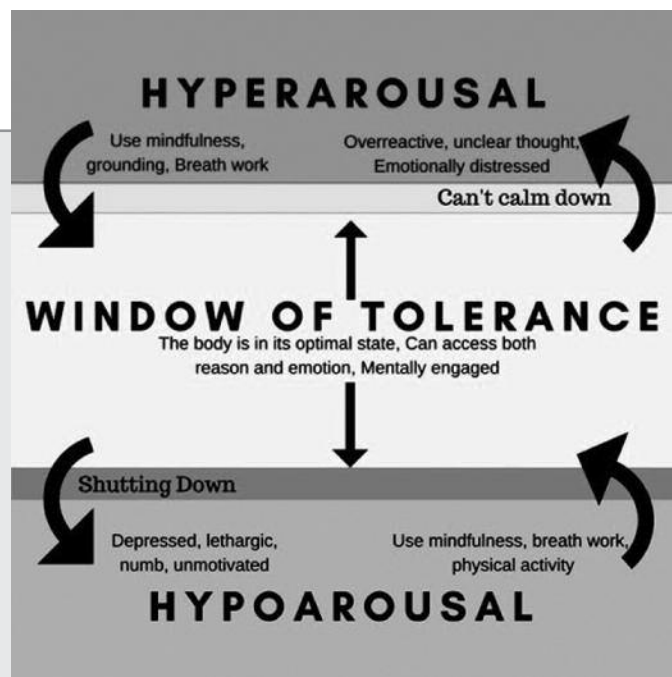
60min

1. Open by discussing the following: Transition and the time leading up to it is a scary time - Trans youth are escalated (even if they don't show it); often parents are too. While there is often a lot of focus on what trans youth are feeling, we can forget to notice what their families are feeling! This is significant because the mental health of parents and siblings are important in and of themselves; also because, in a **family system**, parents' feelings are powerful influences on relationships with young people.

Take a moment to reflect: **When you were growing up, did you ever sense that your parents were stressed or unhappy? How did that affect you?**

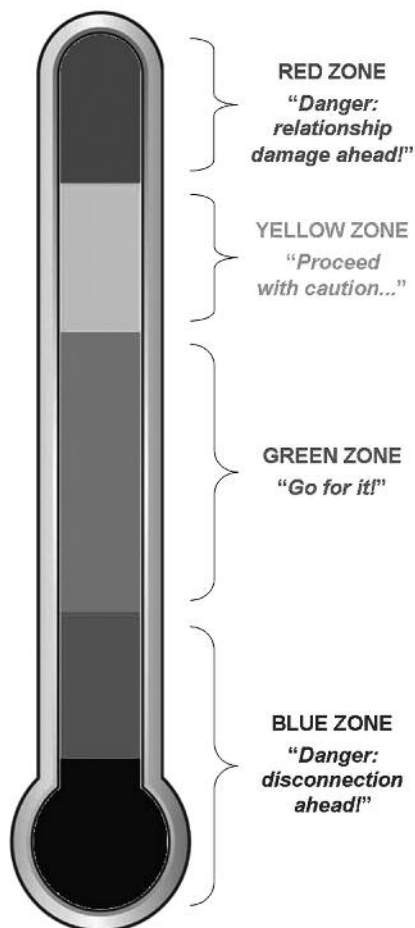
Coming out is an important moment your relationship - what is said or unsaid at this time can live on in the minds and hearts of youth. Today we will be building skills to notice our own **emotion regulation** and strengthening skills to resource ourselves – this equips us to have positive communications about gender.

2. Describe the **Window of Tolerance** and draw a diagram (or use the one provided) to use as a visual aid. If you do not feel confident explaining this model spontaneously, use the description provided below. **NOTE:** let parents know that this model is meant for them to reflect on themselves – *they should never tell an upset young person that they are "out of their Window,"* as this will likely only make matters worse! Ask: Has telling someone to "calm down" when they are upset ever worked?



1. We all have a “Window of Tolerance” in which we are getting just the right amount of energy moving through our bodies – the type of energy we are talking about is called **nervous system activation** by scientists. In our Windows, we can feel all the different emotions, but we can also stay connected to our thoughts and to others. We feel connected to life when we are in our Windows. Each person’s Window is different: For some people, sitting down and watching documentary might be just the right amount of energy, and they can focus and get really into it. For others, that might be too little energy moving through the body. They might prefer to be playing hockey or dancing.
2. Sometimes when we are extremely stressed out, so much energy gets moving through our bodies that we leave our Windows. This is sometimes called **hyperarousal**. When we are hyperaroused, we can feel our hearts racing, sweating, shaking, and other physical sensations. We can feel panic or rage, and we might cry or scream or swear. Hyperarousal is really good in some situations – like maybe we’re getting attacked by a tiger and we need to run away! We need all that energy to get moving fast enough. But hyperarousal is not good if we feel it all the time because it burns us out. When we’re hyperaroused, we can really easily hurt other people’s feelings without meaning to.
3. A different response to extreme stress is when the energy in our bodies slows down, almost like a “freeze.” This can be called **hypoarousal**. When we are hypoaroused or “frozen,” our heartbeats might slow down, we might feel very heavy or like it’s hard to move. We might feel really “shut down” or numb. We might even feel bored or sleepy, like we don’t care about what’s going on – even though the world around us is really stressful! Hypoarousal is like when someone is yelling at you, and you’re just like, “whatever dude.” Hypoarousal can be really good in some situations – like maybe the tiger from before is still chasing us, and so we need to hide and play dead so it will leave us alone. But hypoarousal is not good if we feel it all the time, because it makes us feel like we’re not connected to others. When we’re hypoaroused, it might seem to people like we don’t care about them when we really do.
4. We can use activities like meditation and physical activity to help us speed up or slow down the energy in our nervous systems so we can get back into our Windows of Tolerance. It’s up to you to decide just how much speeding up or slowing down is right – it’s your Window! The other thing that tends to help us get back into our Windows is getting the right kind of support from others. But it has to be the right kind of support, because the wrong kind of support can make us feel worse. Has anyone ever told you to “just calm down!” when you’re really upset? Probably didn’t work! But maybe someone just listening to you with an open mind or giving really good advice or playing basketball with you has helped you calm down before. That’s the difference between the right and wrong kind of support. And everyone’s support needs are unique.

3. Invite participants to reflect: When they are stressed, do they tend to go “up” into hyperarousal, “down” into hypoarousal, or does it depend on the situation? Have they noticed in their close relationships (with children or romantic partners) that a common pattern seems to be that one person gets hyperaroused and anxious (conversation-seeking) while the other gets hypoaroused and avoidant (conversation-averse)? When topics around gender transition come up in the family, what physical sensations, emotions, and thoughts do they notice? What does this tell us?
4. Use the “thermometer” diagram to discuss how nervous system arousal can impact a conversation, and thus the relationship, between a parent and a young person:
5. Invite the participants to “track” where they are in relation to their Windows of Tolerance right now, and ask them to mark their level of arousal down on the diagram of the Window that you have drawn. Discuss: What are some ways that arousal can be raised or lowered intentionally? Parents may already have some of their own strategies.
6. Practice: lead parents through the following guided meditation, or one of your own. How has this impacted their level of arousal? Follow up by practicing bouncing up and down on one foot while singing “Happy Birthday” (or some other common song). How has this impacted arousal?



When discussing gender with your trans youth, note your own physical and emotional responses: Does your heart start to race? Do you suddenly feel cold and numb? Or do you feel warm, steady, and engaged?

Trying to parent when hypoaroused (“Blue Zone/frozen”) can come off to young people as disconnected and uncaring.

Trying to parent when hyperaroused (“Red Zone/hot”) can result in high conflict and saying regrettable things.

Parenting while in the Window of Tolerance (“Green Zone/just right”) allows for authentic emotional expression, connection, and resolution. In the Green Zone, a parent feels curious, truly interested in understanding the fine details of the young person’s experience – rather than focused on their own agenda.

When parents are in their Window of Tolerance, young people can sense this, and it helps them to feel “emotionally regulated” (not necessarily calm, but safe enough to talk and open up) as well.

BREAK

15min

RELATIONAL VS OUTCOME-FOCUSED THINKING

50min

Learning Goals: To understand the differences between relational and outcome-focused thinking. To apply this knowledge to parenting trans youth.

Materials: Writing supplies.

Note: This activity involves both small and large group conversation and can move quite quickly, so keep a close eye on the time!

1. Have the parents write out one of their relationship goals for the program. They have already done this during the intake but perhaps now the parents have new thoughts/perspectives they would like to add - especially in terms of what they can change about their own behaviors/strategies. (Also, they may have forgotten their relationship goal, so they can just make up a new one).
2. Personal reflection – invite them to add to these goals or amend them; encourage them to add at least one relational goal. Encourage them to make goals about their behavior, not their children's, e.g.:
"I want my child to feel he can talk to me about anything" vs "I want to learn better ways to communicate with and respond to my child – especially when I'm feeling upset - so he will feel like he can talk to me about anything."
Encourage specificity – most of the goals until now are quite general, e.g. "to get better at communicating" or "helping my child feel really supported" vs "I am going to take breaks when I am anxious before talking to my child" and "Setting aside time in the week to ask my child how they would like to be supported when friends or family misgender them." **Goals must be stated in terms of what the parents can change, not what they want their children to change.**
3. In groups of two– (count off, to avoid pairing with spouse) – share a bit about your relational goals.
4. Support each other to identify what gets in the way – **on your end, not on your child's end** – that prevents you from meeting that goal. (This will usually end up being something related to emotion regulation.)
5. Debrief briefly as a large group – Were there similar themes in your small groups about what gets in the way of meeting goals? Draw out the theme of emotion regulation.

CHECK OUT

15min

Head, Heart, Hands

FIT WEEK 4:

YOUTH

FIT Youth Week 4:

Theme: Supporting Mental Wellness and Resilience

Learning Goal: To give the participants tools that they can use to understand and care for their mental health and wellness.

CHECK-IN

10min

Check in with names, pronouns, and the phrase "If my mood were the weather, then it would be _____" (ie, a rainstorm, sunny skies, overcast with a chance of thunder)

THE "STRESS METER," MEDITATION & DEBRIEF

30min

Learning Goal: Introduction to meditation skills and how to use meditation for mental wellness. Introduction of "down-regulation" (lowering nervous system activation). Affirming that some "self-care" activities work for some people and not for others.

1. Invite the participants to draw a numbered scale on a piece of paper. The scale should look like a simple line with numbers along it from 1-10. Ask the participants to take a few seconds to check in with themselves and rate their level of stress in this moment, with 1 being the most relaxed possible to 10 being extremely stressed out. Ask them to mark their rating on the scale – assure them that the scales are not to be shared with anyone.
2. Guide the participants through a sitting (or lying down or standing still) meditation focused on grounding oneself. Invite them to close their eyes if they are comfortable doing so. Use the following meditation script or another, similar one:

Check in with your breath. There is no need to change your breathing, just allow yourself to breathe in a way that feels comfortable for you. Take some time to notice yourself breathing and listening to your breath. Perhaps you can also hear other sounds, like your heart beating or noises from outside. Notice those sounds and then let them go. Check in with how your body is doing. Is it comfortable or uncomfortable? Is there a way you can shift how you are sitting or standing or lying down to be more comfortable and supported? Keep on listening to your breathing, and, if you would like to, picture a really strong, beautiful tree. What does it look like? What colour are its leaves or needles? What is the texture of this tree's bark? What does it smell like? Really feel into this tree, so beautiful and so strong. Perhaps imagine yourself wrapping your arms around its trunk or leaning your back against it, or sitting in its branches. And feel this tree supporting you, holding you, protecting you. This tree has grown over many years and has deep, deep roots. Picture those roots, leading deep into the earth and the soil. Pulling up nutrients and water and feeding the whole tree. Picture the strong trunk and the long branches, stretching up toward the sun. Feel the whole length of that tree, its flexibility and resilience. The wind and the rain might come, but this tree knows how to bend in a storm. And though its branches might shake, the roots are always still. Always there. Always supporting. Full of life.

3. Give the participants some time to stay in their visualization, then ask them to slowly come back into awareness of the room. Allow some time for adjustment and movement. Ask the participants to check in again with their level of stress and mark it down on their scale.

Debrief Questions:

- 1) What was that meditation experience like? Was it enjoyable, unenjoyable, relaxing, boring, anxiety-provoking? All answers are valid
- 2) Did anyone's level of stress change? Did it go up or down? Why might that be?
- 3) For those who found the activity calming, relaxing, or grounding, what would it be like to do that every day? What time of day would be best?
- 4) For those that found the meditation not helpful or stressful, what does that tell us? *Note: there are many reasons that someone might not enjoy meditation, including difficulty sitting still, trouble visualizing or imagining sensory details, previous negative experiences with meditation, etc. The key conclusion to draw here is that this might be a useful tool and not for others, and participants are allowed to choose!*
- 5) For those who want to incorporate more of this kind of self-care into their lives, how might it be helpful? What would support participants in remembering and practicing meditation?

Explain: Sitting meditation is a "down-regulating" activity. It brings the amount of energy in our bodies down. Some people can find this really calming...and others not so much!

THE BRAIN-BODY BALL TOSS

20min

Materials: 2-4 soft balls for playing catch (plush stuffed animals also work).

Note: This activity can be substituted with any fast-paced, physically engaged game that involves complex movement/coordination or doing more than one thing at a time

1. Move directly from the meditation debrief into this activity with as little pausing between as possible! Say something to mark the transition like: "OKAY folks, now we're going to play a FAST game! Let's go go go!" Get participants moving quickly – aim get them moving and laughing, but be mindful to not push people past their stress tolerance. Add only as much stimulation as the most anxious/slow group member can manage.
2. Ask participants to assemble in a circle – quickly! Go around the circle and ask each participant to share their name and a food that they like! Ie: "I'm Clarence, and I like lasagna!"
3. Pick up one of the balls, make eye contact with one of the participants, and toss it to them. Make eye contact before you throw the ball to ensure they can see it coming. State their name and the food they like as you pass the ball, ie "Clarence – lasagna!"
4. Coach the participant who now holds the ball to *make eye contact* with another participant and throw the ball to them while saying their name and the food that they like, ie Clarence makes eye contact with Sadie and passes the ball to her, saying "Sadie – ice cream!" Have Sadie pass to another participant while saying their name and the food they like. Keep this going. Encourage speed! Mistakes are allowed!
5. Once the group has acquired a certain amount of smoothness and success with the activity, introduce a second ball. Now more than one person is passing at a time. If the group gets good at this, introduce a third ball. If they are good at this, add more challenges! Ask them to stand one foot! Switch feet! Keep passing the balls! This will be chaotic! Listen for laughter. Only add as much stimulation as the slowest member of the group can manage.
6. Stop the game. The group will likely be "buzzing" with energy. Invite them to take a breath and rate their level of stress on the scale.
7. Debrief: Did that game raise anyone's level of stress? (The answer will likely be yes for some.) Did that game lower anyone's level of stress? (The answer will likely be yes for some others.) What does this tell us about self care and stress management? *Note: There will be many answers to this, ie physical activity is helpful, playing games with others, etc.*

Explain: Physical activities that get the heart beating faster and/or involve hand-eye coordination are "up-regulating." It brings the amount of energy in our bodies up. Some people find this really stimulating – it helps them calm down and focus. Others might find it "too much." We all get to decide what kind of self-care is right for us. The two activities we just did are also examples of "solo" self-care (meditation) and "connecting" self-care (a group game). Sometimes we will find that being alone is great for our stress levels, and sometimes we will need to be with others.

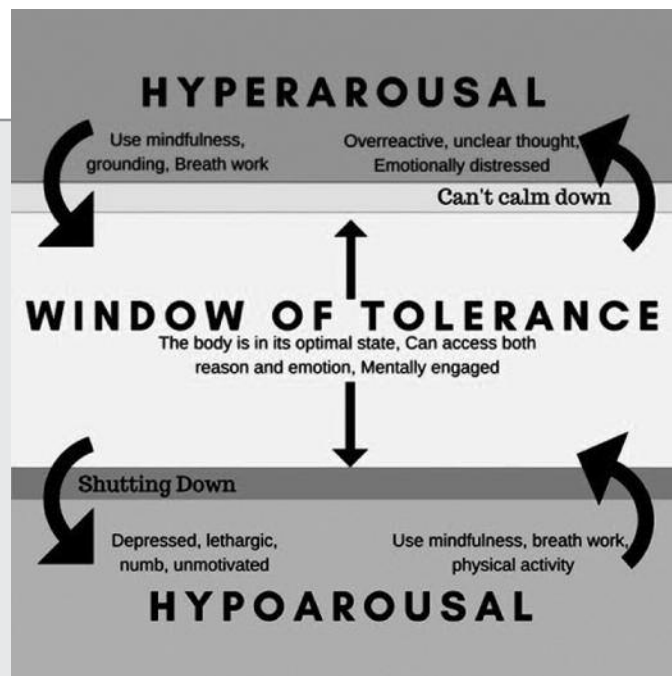
WINDOW OF TOLERANCE

15min

Learning Goal: To give the participants an accessible visual model for understanding how stress affects emotional and relationship health. To frame self-care activities in way that ties up-regulation and down-regulation together.

Materials: Diagram of the Window of Tolerance.

Briefly explain the Window of Tolerance model using the diagram as a visual aid. Do not be afraid to get animated to illustrate your points. You can “act out” each level of the model if you like. If you do not feel you understand the model deeply enough to summarize briefly and confidently, use the script below:



5. We all have a “Window of Tolerance” in which we are getting just the right amount of energy moving through our bodies – the type of energy we are talking about is called **nervous system activation** by scientists. In our Windows, we can feel all the different emotions, but we can also stay connected to our thoughts and to others. We feel connected to life when we are in our Windows. Each person’s Window is different: For some people, sitting down and watching documentary might be just the right amount of energy, and they can focus and get really into it. For others, that might be too little energy moving through the body. They might prefer to be playing hockey or dancing.
6. Sometimes when we are extremely stressed out, so much energy gets moving through our bodies that we leave our Windows. This is sometimes called **hyperarousal**. When we are hyperaroused, we can feel our hearts racing, sweating, shaking, and other physical sensations. We can feel panic or rage, and we might cry or scream or swear. Hyperarousal is really good in some situations – like maybe we’re getting attacked by a tiger and we need to run away! We need all that energy to get moving fast enough. But hyperarousal is not good if we feel it all the time because it burns us out. When we’re hyperaroused, we can really easily hurt other people’s feelings without meaning to.

WINDOW OF TOLERANCE *continued*

7. Another response to extreme stress is that the energy in our bodies slows down, almost like a “freeze.” This can be called **hypoarousal**. When we are hypoaroused, or “frozen,” our heartbeats might slow down, we might feel very heavy or like it’s hard to move. We might feel really “shut down” or numb. We might even feel bored or sleepy, like we don’t care about what’s going on – even though the world around us is really stressful! Hypoarousal is like when someone is yelling at you, and you’re just like, “whatever dude.” Hypoarousal can be really good in some situations – like maybe the tiger from before is still chasing us, and so we need to hide and play dead so it will leave us alone. But hypoarousal is not good if we feel it all the time, because it makes us feel like we’re not connected to others. When we’re hypoaroused, it might seem to people like we don’t care about them when we really do.
8. We can use activities like meditation and physical activity to help us speed up or slow down the energy in our nervous systems so we can get back into our Windows of Tolerance. It’s up to you to decide just how much speed or slowing down is right – it’s your Window! The other thing that tends to help us get back into our Windows is getting the right kind of support from others. But it has to be the *right* kind of support, because the wrong kind of support can make us feel worse. Has anyone ever told you to “just calm down!” when you’re really upset? Probably didn’t work! But maybe someone just listening to you with an open mind or giving really good advice or playing basketball with you has helped you calm down before. That’s the difference between the right and wrong kind of support. And everyone’s support needs are unique.

Answer any questions that come up from the group

BREAK

15min

STEP INTO YOUR POWER

50min

Learning Goals: To support the participants in creating a narrative about themselves and the challenges they experience in life that centers their unique strengths and resiliencies. To frame mental health barriers and coming out not as an illness but as a “hero’s journey”

Materials: Paper and drawing materials.

Instructions: Illustrate and/or write about the following:

1. Draw yourself as a superhero – what shape would you be, what details on your costume, what features, what gender?
2. What are your super powers? Consider what you already possess and what you want to develop. These might be very literal, e.g. “I have laser vision” or more conceptual, e.g. “My super power is being able to really tap into others’ feelings and make them feel listened to.”

3. What are your weapons? Secret weapons, enchanted weapons? What tools do you have that you use to get through life? A magic sword? Your phone, which allows you to get away from stressful conversations while still being physically present?
4. What is your origin story? How did you get your super powers, secret weapons, mission in life? What factors influenced you and made you who you are today?
5. What is your “kryptonite” or Achilles’ heel, your vulnerability? What are the tender spots or old wounds that sometimes get you down?
6. Who are your allies or superhero team? Who helps you and fights with you? Does anyone mentor and protect you?
7. Who are your villains or Rogues Gallery? Who or what gets in your way? This could be a real person, or it could be something like anxiety or depression. What would mental health issues look like as a supervillain or monster? And is there any way that your villains could be transformed into allies?

CLEAN UP & CHECK-OUT

10min

Ask each participant to share two words: a word for how they are feeling, and a word for how group was.

FIT WEEK 5:

PARENTS

FIT Parent Curriculum Week 5: Rupture and Repair

Learning Goal: To develop the basic skills necessary to identify and repair relationship ruptures with trans youth.

CHECK-IN

10min

Briefly discuss material from previous weeks, and things have been going with the participants' relationships with their trans youth. Introduce today's topic: Relationship rupture and repair, the process of identifying hurtful moments and then resolving them.

RELATIONSHIP RUPTURES: WHAT ARE THEY?

30min

Learning Goal: To understand relationship ruptures and how they impact mental health and family dynamics.

1. Open this activity by discussing the concept of relationship ruptures. These are "ugly moments in a relationship that live on in the heart." They tend to occur in times of high stress or conflict, and when they happen repeatedly between a parent and young person, they can cause serious damage to the security of the relationship. These are usually moments when the parent is outside of their Window of Tolerance – often, parents are not even aware that these ruptures have happened. If left unrepaired, relationship ruptures can have a lasting effect on a young person's development and impact the ways they experience friendships, romance, and parenting in later life.
2. Invite the participants to engage in a brief experiential exercise:

Think back to your own time as a teenager or young adult. Was there ever a moment that you had with your own parents that felt like a relationship rupture? A moment of conflict, disagreement, or misunderstanding that you still remember to this day? If this memory is too painful, take a breath and move on to a different memory. What happened in that moment? Was it something they said, something they did? How did this moment impact your relationship with your parent moving forward, and how did it affect you later in life? What do you wish your parent had done differently, if anything?

Now check in with the sensations in your body. Where are you in relation to your Window of Tolerance?

3. Debrief the above – ask participants to refrain from describing the specific memory (because this is not the focus of today’s work), but rather to describe some physical sensations and emotions that came up (it may be helpful to ask them to stick to feeling words rather than storytelling). If anyone was unable to come up with a memory, that’s okay too. Point how profound these ruptures can be that they still produce feelings in the body so many years later – this is especially true for trans youth, since they are such a vulnerable population. **In FIT, we believe that relationship ruptures between parents and trans youth are a major factor in determining whether trans youth feel fully supported in their families – which we know is a key factor in deciding mental health outcomes.**
4. Discuss: In many families, conflicts and relationship ruptures between parents and children are not resolved. This is often because most people are not taught how to resolve conflicts and repair ruptures – it can feel awkward or too painful, we may not know what to say. We often try to “sweep these moments under the rug” or use bribes to get out of having hard moments – which tends not to help the relationship in the long term. In other cases, the parent might have no idea how they have affected their young person. **Today we will be talking about relationship ruptures that commonly occur between parents and trans youth and how to repair them.**

POSTCARDS FROM THE HEART

40min

Learning Goals: To become familiar with common relationship issues that affect trans youth and their parents. To identify these struggles (or similar ones) in their own families.

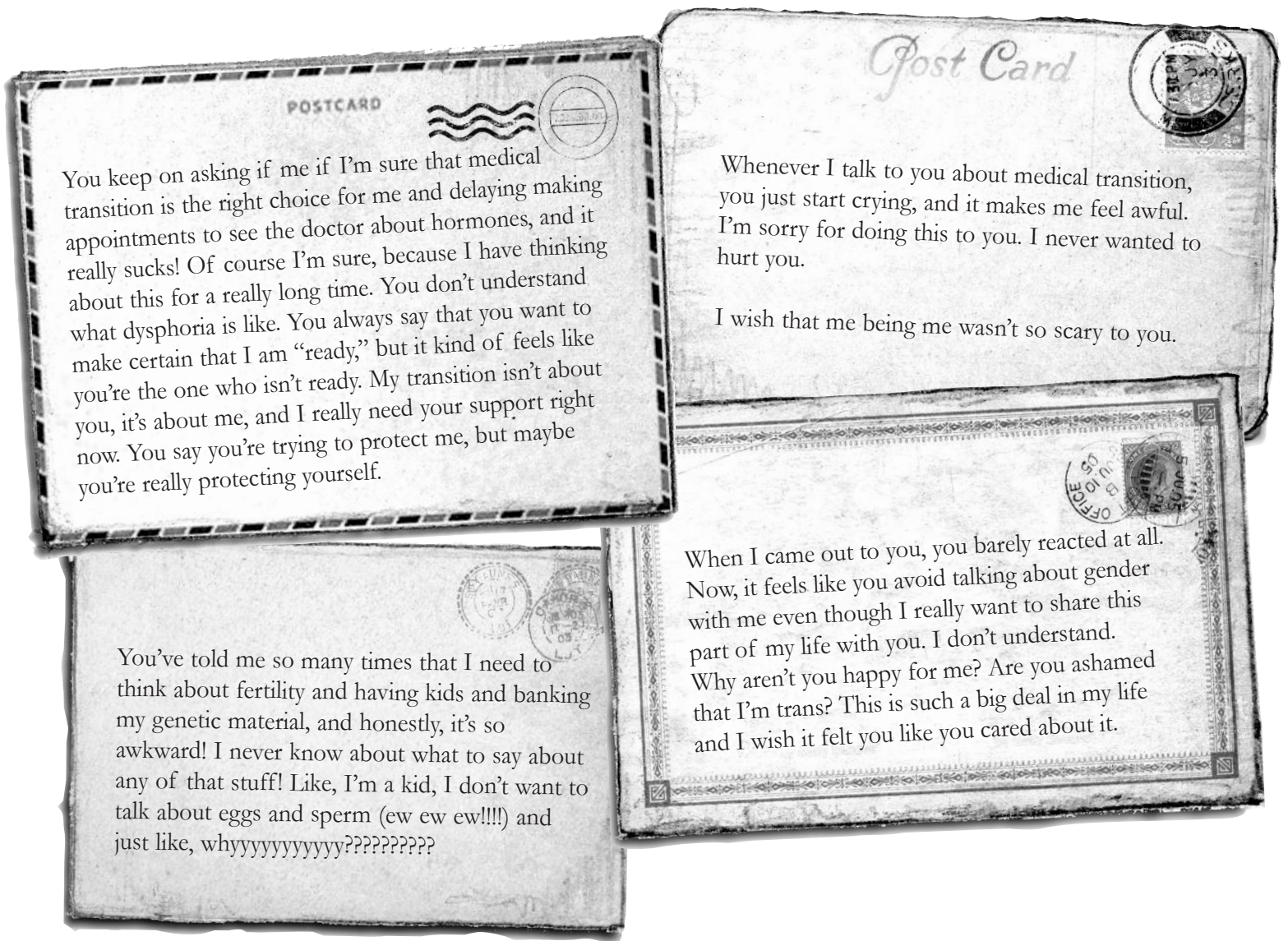
Materials: “Relationship Rupture Postcards,” writing supplies, notebooks/workbooks/clipboards (something for parents to write on while standing up).

Prepare before the start of group: Photocopy the “postcards” below or make some of your own based on your own professional experience. The postcards describe commonly described ruptures that trans youth experience with their caregivers. Tape or tack these postcards up on one of the walls of the group space (you may want to cover or conceal them at the start of group so they are not distracting).

1. Ask the parents to stand up and view the “display” of postcards. Explain that these postcards are **fictional** portrayals of common ruptures described by trans youth, but that they were developed based on many years of professional experience.
2. After a minute, ask the participants to take some notes about: a) How they are feeling, b) Where they are in relation to their Window of Tolerance, c) Any thoughts or reactions to the postcards, d) Anything that feels familiar or relevant to their own experience with their trans young person.

Alternatively, you might ask them to simply free-write or draw in response to the postcards.

3. Debrief – create lots of space for the participants to share what they are feeling and thinking. Respond to questions and gently intervene if comments come up that are defensive or blaming of trans youth.



BREAK

15min

RUPTURE REPAIR

45min

Learning Goal: To develop the basic skills of repairing a relationship rupture.

Materials: Flipchart and markers, FIT Parent Workbooks.

1. Write the following tips for rupture repair on the flip chart and ask parents to follow along in their FIT workbooks:
 - Identify your emotion regulation level (where you are in relation to your Window of Tolerance) and find resources to help you return to or stay in your Window (take a break if necessary!)
 - Remember that it is never too late to repair a rupture (try not to wait too long). However, late is always better than never when it comes to repair.
 - Awkward repair is better than no repair
 - Offloading blame, resorting to “logical thinking,” or telling a young person that they are being too sensitive or need to compromise is not repair
 - Get curious – really explore what is happening for your young person internally
 - Ask questions about feelings and needs, as well as situation and goals/plans
 - Emotion coaching: provide your kid with language to express themselves (don’t assume they already have it)
 - Provide options for your young person, e.g. “Are you maybe feeling angry with me? Frustrated? Sad?”
 - Let young people know that they can feel more than one emotion at a time, e.g. “Maybe you really want to share how you feel with me, but it also feels like you can’t trust me”
 - Linger in the feelings, positive AND negative, validate them
 - Don’t jump too quickly to problem-solving
2. Discuss the importance of rupture repair: healing conversations that create the opportunity for young people to express their needs and emotions and feel heard by their parents. Rupture repair also often includes an aspect of apology and a commitment to changed behavior in the future. Briefly discuss each rupture repair strategy.
3. Ask the parents to briefly revisit a memory in which they felt like they might have disappointed or let their young person down – it doesn’t have to be a huge rupture, this is just an exercise. This is a “moment when you weren’t exactly the parent that you wanted to be.” Ask them to visualize the time, place, and circumstances of the memory. How did it feel, physically and emotionally? Notice any urges to go into hyperarousal or hypoarousal. **Destigmatize and normalize the occurrence of relationship ruptures.** Remind the participants that they do not need to be perfect parents, but rather “good enough parents.” Assert that it is much healthier and more useful for youth to experience ruptures and then repairs than to never experience ruptures at all, because healthy repair experiences teach young people that conflict can be handled healthily.
4. Invite 2-3 participants to share their memories of ruptures with their trans youth. As a group, brainstorm strategies to open a healthy repair conversation with that youth: Where would it happen? When would it happen? What are some resources that might help the parent and youth in question stay in their Windows of Tolerance? What are some key phrases and ideas that should be expressed?

Check-Out

10min

Head, Heart & Hands

FIT WEEK 5:

YOUTH

FIT Youth Group Week 5:

Theme: Relationship with Parents/Caregivers – rupture repair

Learning Goals: To examine relationships with parents/caregivers, and to identify aspects of those relationships that are supportive and those that have been hurtful. To learn how to assert emotional and relationship needs to parents in a way that allows participants to be understood.

CHECK-IN

10min

Check in with names and pronouns and one thing your parent/caregiver does that hurts you and one thing that makes you feel hopeful/seen.

HELPING OR HURTING?

20min

Learning Goals: To take time to think through relationships with parents in a way that acknowledges both support and stress. To consider specific actions that parents can do to help participants feel supported and specific actions that parents should refrain from because they are not supportive.

Materials: Blank paper and something to write with.

1. Ask participants to think about their experience of being with their parents in terms of trans issues, and to fill in the blanks with whatever comes to mind as you read out the prompts. Let them know there will be lots of repetition, so they do not need to come up with a single perfect answer. They can change which parent they are thinking about at any time.

2. Read the prompt: ***If you*** _____ ***, then you are helping me.***

Give them a chance to write an answer.

3. Read the prompt: ***If you*** _____ ***, then you are hurting me.***

Give them a chance to write an answer.

4. Alternatively, you can use the prompts:

When you _____ **then you are helping me.**

When you _____ **then you are hurting me.**

5. When you have done the prompt a few times, allow some time to share in small groups or in the larger group.

6. Debrief: Relationships with parents can be very complicated. Sometimes parents can make us feel very loved and supported, and other times, they can act in hurtful ways. Sometimes parents seem to be acting out of worry or care, but the actual impact on us is stressful or hurtful. How can we understand this? What's the difference between parents wanting to support us and actually feeling supported by our parents?

TRANS BILL OF RIGHTS

45min

Learning Goals: To assert needs in the language of "rights." To depathologize emotional needs. To shift responsibility for transphobia/transmisogyny off of participants and onto the external world. To strengthen self-confidence and assertiveness.

Materials: Paper, pens, one large poster board, markers.

1. Using the writing from the last exercise, ask participants to turn their ideas into statements that could be part of a trans bill of rights. For example, the line "When you use the name I choose for myself, you are an ally; When you refuse to use my chosen name you are a foe" could be turned into the statement "I have the right to be called by the name I choose for myself."
2. Ask them to write each of their new statements on a slip of paper.
3. As a group, look at all of the slips of paper and arrange them on a larger sheet of paper.
4. Add any extra ideas for trans rights that the group comes up with that have not already been covered.
5. Read the trans bill of rights out loud.

BREAK

15 min

CONVER-STATIONS

30min

Learning Goal: To reflect on important conversations with parents and related hopes, fears, and challenges. To get support and connection from the group around this topic.

1. Set up 3-4 stations around the group room – at each station there should be a large sheet of paper with a prompt written on it, and some art supplies.
2. Encourage the participants to go to one of the stations in 2s or 3s and to read the prompt on the paper there.
3. Ask the small group at each station to talk about the prompt, and add notes or drawings to the paper.
4. After a few minutes, ask participants to find a new group at a new station and repeat the process with the new prompt. If something has been written on the paper that a group member resonates with (written by a previous group) they can put a star next to it.
5. Continue this until everyone has had a chance to respond to each prompt.

Prompts could include:

- When you realized you would need to share with your parents, what were your thoughts and feelings around sharing with them?
- How was telling your parents about your gender? Was their response what you expected, better or worse? How has their initial response change, if at all?
- What do you think your parents understand about your gender? What do you think they still don't understand and you wish they would?
- What kind of conversations do you have with your parents? Do conversations generally go well? What works and/or doesn't work about conversations you have about gender?
- What is the most frustrating thing about your parents dealing with you in relation to your being trans or non-binary?
- Can you give specific examples where one of your parents really hurt you regarding your gender? What did they do or say? What would you have wished for instead?
- What do you need most from your parents regarding your gender?

“PARENT WHISPERING”

20min

Learning Goal: To develop a plan for starting difficult but necessary conversations with parents that might help strengthen the relationship. To create a safety plan for if conversations get emotionally challenging or triggering.

Materials: Paper, pens/pencils.

1. Ask participants to spend a few minutes writing down the following:
 - a) Three things that they wish their parents would change about the way they act (related to the participants’ gender). Get specific! For example, “I wish my parents would stop constantly asking me about my fertility plans – I’m only sixteen!” is better than “I wish my parents would step off and stop being transphobic.”
 - b) Of the three, choose the one that is the “smallest” – i.e. easiest to talk about, and most likely to actually change.
 - c) How would the participants go about starting a conversation about this in a way that is most likely to turn out successfully? Think about: where, what time of day, which words to use for maximum effect, any supports or strategies that the participants might need.
 - d) Emotional safety: What do you do if the conversation suddenly seems to be getting very difficult. Remind the participants that they can stop the conversation, take a break, call a friend, etc.
 - e) Following-up: What support from peers or other adults (like supportive relatives, teachers, or counselors) might participants need in doing this?

Ask participants to share with the whole group if they wish to and trouble shoot. Invite youth to think of this as “parent whispering” – having conversations that help participants get what they need and want from their parents. Remind participants that plans they have written are hypothetical – they don’t have to use them if they don’t want to!

10min

Clean up and Check out.

Two words: How are you and how was group.

FIT WEEK 6:

PARENTS

FIT Parent Curriculum Week 6: Social Transition Part 1 - Building your own support network, Families, Siblings and Beyond

Learning Goal: To build a network of support for coming out as the parent of a trans or gender-nonconforming young person.

CHECK-IN & REVIEWING THE WINDOW OF TOLERANCE

30min

Learning Goals: To continue practicing tracking one's own level of stress in relation to the Window of Tolerance model. To develop an embodied insight into how movement, stillness, and intention can impact one's experience of stress.

1. Discuss thoughts and feelings about last session & readings & resourcing worksheet. What did they notice about their windows of tolerance this week?
2. Warm-up game: "The wind blows if..." (Or substitute any fast-paced warm-up game). For "The wind blows if..." arrange the participants in a seated circle. There should be one seat too few for the whole group. The person without a chair stand in the middle and says the phrase: "The wind blows if..." and finishes it by choosing a common trait or experience, e.g. "The wind blows if you have dark hair." Everyone the phrase applies to has to get up and find a new seat, while the person in the middle also seats themselves. Whoever is left without a seat is now in the middle. Repeat this process several times rapidly to engage humor, friendly competition, and movement.
3. Following the game, ask parents to track their own arousal and locate themselves in/out of the Window.
4. Down-regulating activity such as meditation or progressive muscle relaxation.
5. Again track arousal and locate themselves on the WOT diagram.

Today we'll discuss supporting your child with a first step of social transition – coming out to others, and how you might support siblings and other family members.

Acknowledge parents are in different places about this: some have told everyone – for others, your child hasn't begun much social transition yet, but has just come out to you. So some of this may likely be for the future.

SOCIAL TRANSITION: YOUR OWN COMING OUT

50min

Learning Goal: To help parents think through issues related to social transition, including their own coming out, boundaries, their role as parents, dealing with negative reactions, etc.

Materials: Paper, writing supplies, clipboards or surfaces to write on.

1. Instruct parents to draw three concentric circles.
2. In the inner circle put the family living in their home.
3. Next, instruct them to write down people who they feel are in their “inner circle” in life, and those who are in their “outer circle” (e.g.: teachers, medical practitioners, hairdresser, co-workers, neighbors, casual friends, extended family). The space around the biggest circle is for acquaintances or strangers.

Look at your circles:

4. Circle who knows your child is trans; use arrows to show how disclosure went; did it bring that person closer to you or did it make you move away from that person?
5. Keeping boundaries in mind, use three different colours to identify who has not been told:
 - a) who should know a lot about your child’s transition
 - b) who only needs to know a bit
 - c) who doesn’t need to know at all
6. Identify, with a star, which people are your “jobs” to tell as parents.
7. Number people off for small group discussion – groups of three – 10mins
“Who are you struggling with telling and why?”

Debrief:

1. What did this exercise bring up for you?
2. Does anyone want to share struggles with telling others to the group?
3. What does this exercise tell you about boundaries?

Emphasize:

1. Parents deal with transphobia too; sometimes worse things get said to you that don't get said to your kids.
2. How to care for yourself, and make sure you stay in your "green zone" so that conversations can go as well as possible ... this includes for siblings.
3. Importance of boundaries.

BREAK

15min

THE SAFE BASE

35min

Learning Goal: To understand the concept of the "safe base" or "secure base" in parent-child relationships and how to use the concept to support a trans young person through the coming out process.

Invite the participants to go through an extended visualization activity. Ask them to imagine a large family and/or community gathering, perhaps a holiday or community event, picturing relatives and acquaintances from every generation – ranging across the spectrum from supportive to highly critical. Invite an imagining of the reactions and conversations around the participants' trans youth that might unfold. What are they noticing in their bodies? What hopes and fears arise?

Discussion/Brainstorm

Discuss the notion of the “safe base” with the participants. A concept that is strongly rooted in psychological practice with children and families, the “safe base” is the idea that young people need at least one strong, primary relationship with a caregiver where they are safe and protected. The experience of this relationship allows them to grow up and go out into the world, which is not always safe. As long as young people have that “safe base” to return to, they are likely to develop coping skills and strategies that allow them to face the uncertainty of the world as adults.

Brainstorm together – how can parents be a “safe base” for trans and gender questioning young people?

Make sure the following gets discussed:

- asking your kids how you can support ahead of time
- “catching” microaggressions
- correcting when misgendering, if that’s what kids prefer
- check in with kid about how holiday gatherings are going
- think of your kids’ thermometer/Window of Tolerance – give opportunities for resourcing, grounding, decompressing

CHECK-OUT

20min

Invite parents to share a bit more of an extended check-out than in previous weeks. How are they doing with this program? What is feeling helpful and what is feeling challenging?

FIT WEEK 6: YOUTH

FIT Youth Curriculum Week 6:

Theme: Relationships with Peers

Learning Goals: To examine relationships outside the family and develop skills for healthy relationship-seeking and relationship-building.

CHECK-IN

15min

Check in with names, pronouns, and the following question: on a scale of one to ten with ten being awesome and one being not-so-good, how well supported do you feel in your life in terms of a) family, b) friends and peer-group, and c) other potential support systems (teachers, mentors, therapists, coaches, doctors)

THE FRIENDSHIP & DATING GAME

20min

Learning Goal: To use a fun activity to practice thinking about the qualities and traits that participants want in friendships or relationship partners. To spark reflection on what makes a good friendship or romantic partnership.

Materials: Cards with different words written on them. Before the group, prepare cards with words on them. Words should relate to different qualities someone might be looking for in a relationship with a friend or romantic partner. (Decide based on our group what is most appropriate.)

How to:

1. Deal each participant 5 – 10 cards with different attributes on them.
2. Without talking about or showing their cards, participants should try to trade the cards they don't want in order to get a hand that they are happy with.
3. Once the trading is done, discuss what is important to you in a relationship and why.

CONSENT IS COOL (AND REQUIRED)

35min

Learning Goals: To get familiar with the concept of consent as a practice that spans all types of relationship and activities. To reflect on some of the challenges of practicing consent consistently and the benefits of consensual relationships.

Materials: Paper and pens, and simple art supplies.

Part 1

1. Introduce the topic of consent to the group and have a brief discussion about it: Have participants heard of consent before? Where did they hear about it, in what context, why/when/where is it important, etc. If it doesn't come up organically, make sure to bring up consent both inside and outside of sexual contexts: Consent to hug or kiss, consent to text message, consent to disclose someone's trans/gender questioning status, consent to share really personal information with someone, consent to ask for support in an intense situation, etc.
2. Split the participants up into small groups of 2-3 and invite them to come up with a "perfect and complete" definition of consent that EVERYONE can understand and that works in EVERY situation. The best definition gets a prize! *Note: Everyone gets a prize.* Go through each definition and note all the differences/similarities. Add any major points that seem to be missing from the group's understanding of consent.

Part 2: Consensual Art

1. Divide the participants into pairs. If you have an odd number, or if some participants are feeling confident about consent and "up for a challenge," make a group of three.
2. Give every participant a piece of paper and some drawing materials. Explain that this is a light, fun exercise in practicing consent – the first order of business is that if anyone wants to not participate or stop participating at any time, they can!
3. Invite one half of the participants to start drawing on their partner's piece of paper. They should only draw things that their partner likes. The partner who is "receiving" the drawings is encouraged to make requests and get very specific about what they would like to have drawn on their paper. The participant who is "giving" the drawings should be focused on listening very carefully to the "receiver's" instructions and doing exactly the drawing that they would like. After 5 minutes, switch!

Part 2: Consensual Art *continued*

4. Next invite the participants to both “give” and “receive” drawings simultaneously and spontaneously. They can add their own “flair” by trying to guess what the other person might like, but still stay focused on really hearing what the other person is saying while also explaining what they would like. This will naturally feel difficult and confusing, and each pair will come up with its own strategy – try not to answer to many questions about “how” to do this step.
5. Debrief: What was that like? Easy or hard? Did the drawings end up looking different from what people had in mind? Did anyone find it hard to give feedback when the drawing they were “receiving” was not what they actually had in mind? What was it like to be trying to do exactly what someone wanted but not being able to? How can we apply the experience of this exercise to real life relationships of all kinds?
Key conclusions: Consent is difficult, fluid, and dynamic! Communication is key. Sometimes we make mistakes about what other people want, and this can be difficult but okay – it should teach us about being careful with others and constantly learning about how to do things in a consensual way.

BREAK

45min

SOCIOGRAM ACTIVITY

20min

Learning Goals: To help participants identify the support systems and relationships in their lives. To consider qualities they value in close relationships and qualities they would like to change.

Materials: A large piece of paper for each participant, and writing and drawing supplies.

1. Explain to participants that they are going to identify the various relationships they have with people.
2. Encourage them to think about all of the people in their lives – family, friends, schoolmates, teachers, pets, neighbours, etc.
3. Ask each person to take draw a series of four circles on their sheet of paper, from small to large using the whole sheet for the largest circle.
4. In the smallest circle, ask participants to write their own name (or draw a picture to represent themselves).
5. Next, ask them to think about the different people in their life.
6. Just outside that small circle where they are situated, write the names (or draw simple pictures) of those who are closest to them.
7. In the next outer circles, put the names (or pictures) of those who are not as close, but still in their life a bit.

8. In the most outside circle, put the names or pictures of those more peripheral in their life.
9. In a different colour, write some words that describe what you value in the people in the closest circle.
10. Ask participant to think about anyone they would like to have move closer toward the inner circle, and draw an arrow in that direction.
11. Is there anyone they would like to move further away from them? Draw an arrow indicating that.
12. Have a chance to share with the larger group.

CONVER-STATIONS

30min

Learning Goal: To connect with others and to start developing strategies for identifying healthy relationships with peers and adults outside the family.

1. Set up 3-4 stations around the group room – at each station there should be a large sheet of paper with a prompt written on it and some art supplies.
2. Encourage the participants to go to one of the stations in 2s or 3s and to read the prompt on the paper there.
3. Ask the small group at each station to talk about the prompt and add notes or drawings to the paper.
4. After a few minutes, ask participants to find a new group at a new station and repeat the process with the new prompt. If something has been written on the paper that a group member resonates with (written by a previous group) they can put a star next to it.
5. Continue this until everyone has had a chance to respond to each prompt.

Prompts could include:

- Discuss with each other a person who supports their gender the best. Who is it and what do they do, specifically, that supports their gender? What would they say to the person who supports their gender? Write down or draw a storyboard about how their gender is supported.
- Think of a person who you have struggled with the most regarding your gender. Who is it and what do they do, specifically, that does NOT support your gender? What would you say to the person who you struggle with around your gender? Tell a story about when they did not support your gender.
- Have a bunch of speech bubbles printed out with the words “Love is...” – “Friendship is...” - “Support is...” and have participants fill in the blanks.
- What do you think makes a healthy relationship? What is important to you in a relationship?

CLEAN-UP AND CHECK-OUT

10min

Two words: How are you and how was group.

FIT WEEK 7:

PARENTS

FIT Parent Curriculum Week 7: Social Transition Part 2 – Supporting Your Youth’s Journey

Learning Goals: To develop familiarity with the processes of social transition . To foster the skills and confidence required to support social transition as a parent.

CHECK-IN

15min

Open the space for participants to briefly check in about how they are doing in their relationships with their trans youth. Overview the purpose of today: to develop a sense of familiarity and comfort with supporting social transition in young people. We will do this through doing some very practical, hands-on skill-building activities!

MISSION: SOCIAL TRANSITION

45min

Learning Goals: To develop a basic understanding of what “social transition” means and what processes/steps it might entail. To understand that each social transition is unique to the individual transitioning.

Read through and fill in the “Social Transition Mission Briefing” handout below (and included in FIT Parent Workbooks) with the participants. Explain the basic tasks, barriers, and benefits of socially transitioning. Answer basic, general questions, but save more complex or situation-specific questions for time outside of group.

SOCIAL TRANSITION: Parent Mission Briefing

Social transition refers to the changes that a trans, non-binary, or gender-nonconforming person may make in their **gender expression, social life, and legal identity** in order to feel most comfortable living in the world. Social transition often includes using a different name (either informally, legally, or both), using different pronouns, changing one's **legal sex designation**, changing one's hairstyle and/or clothing, and many other shifts in the way one presents oneself to others. However, **each individual's social transition is unique and no two social transitions look exactly alike.**

If your young person is going through a social transition, acting as their parent can be a daunting task. There are many different elements of social transition: some involve legal paperwork, others involve coming out to family, classmates, and/or the general public - and your youth may decide to change their mind or take a different path at any step of the way. You may encounter **transphobia** and **transmisogyny** from individuals and social systems.

Because of this, social transition can feel like an overwhelming obstacle course or impossible mission – there are simply so many hurdles to jump over and barriers to surmount. You may also have to deal with changes in your own feelings, beliefs, and values as you support your youth through the process.

All is not lost, intrepid parents!

Your mission, should you choose to accept it, is to channel your inner explorer, advocate, and champion. You are far more powerful, knowledgeable, and capable than you know. Social transition may seem like a mission impossible, but it is also a hero's journey – and your young person is the hero. You are their wise guide, mentor and protector. Your whole family can learn incredible things and make amazing discoveries on this adventure.

CHOOSING YOUR OWN ADVENTURE: Common Elements of Social Transition

Note: There is no specific order to any individual's social transition. Your young person may choose to any of the following steps at any time. The most important thing is to let your young person guide the process at their own pace, in their own time.

Changing one's name

One of the most common ways that people socially transition is by changing their name. Your youth may try out several different names before finding one that suits them best. Some people also use different names in different contexts, e.g. using a preferred name with close friends and family, and a legal name with the general public. This can be a healthy part of identity exploration, and may also be a safety precaution. It is important to discuss name changes with your young person to get a good sense of which name(s) they would like you to use in private and in public.

Many trans people choose to change their **legal name(s)**, and many do not. The procedure for changing one's legal name varies enormously from province to province (or state to state). **Indigenous individuals and migrants may also need to follow different legal pathways for changing their names.**

Changing one's pronouns

Your young person may ask you to use different pronouns than you are used to when referring to them in the third person. As with names, it is common for trans and non-binary individuals to "try out" using various pronouns, and sometimes different pronouns for different contexts will be used. It is important to discuss your young person's pronouns with them to get a good sense of which ones they would like you to use in public and private, as well as how they would like you to support them if someone uses the wrong pronouns for them.

Commonly used pronouns are "he/him" and "she/her," which you probably already know. The singular gender neutral pronoun "they/them" may be less familiar to some people. There are also other gender neutral pronouns such as "zie/zir," which may take some practice getting used to.

Changing one's legal sex designation

Some trans and non-binary people may choose to change their **legal sex marker** or **legal sex designation**. This means that they are applying to the government to have the sex on their identification documents (ID) changed, or in some cases hidden. Government-issued ID is usually marked "M" for male or "F" for female, in correspondence with the individual's **assigned sex at birth**. Some jurisdictions, such as Ontario, Canada, now also allow ID to be marked with an "X" in the sex category.

The legal process for changing your legal sex marker can range from simple to very complicated, depending on where you live and your legal status (e.g., Citizen, Permanent Resident, migrant worker, etc). Youth under 18 will usually have to have their legal guardian's permission to change their legal sex designation. Some jurisdictions will require a letter from a doctor or psychologist as part of a name change application, and others, such as Quebec, Canada, will allow a sex designation change based solely on self-identification and a sworn witness.

You will likely need to do some research and/or get professional advice in order to become familiar with the legal sex designation change process in the place where you live.

Changing one's style of appearance

One element of social transition that can be both fun and stressful is changing one's personal style: hair, clothing, make-up, and other aspects of fashion and grooming. This aspect of **gender expression** can be one of the most creative and fulfilling parts of social transition.

Your young person may wish to start (or they might have already started) wearing clothing that is more aligned with their gender identity, but atypical for their assigned sex. Finding clothes (especially very gendered clothing such as shoes and swimsuits) of the right size and shape can sometimes pose a challenge. Finding stores and other clothing outlets that are trans-friendly may also be difficult. As a parent and advocate for your young person, helping them navigate these challenges may be one of the most important parts of your role – especially while your youth is in the earlier parts of adolescence and young adulthood.

Hair, including facial and body hair, can play a major role in social transition. Your young person may wish to cut their hair or grow it out, depending on how they feel about their gender journey. Finding the right, trans-friendly hairstylist is very important. Some trans youth, especially transfeminine youth, may also want to undergo **laser hair removal** or **electrolysis** to reduce facial and body hair. Because these processes can be very personal, finding a trans-friendly esthetician is essential.

Gender-affirming gear are pieces of clothing or equipment that help to modify the appearance of the body without the use of medical interventions. Your youth may want to use gender-affirming gear such as: chest binders, packers, gaffes, breast forms, and more. These can be obtained in some specialty shops as well as online.

Coming out

Your youth may choose to “come out”: disclosing that they are trans to family, friends, teachers, coworkers, even the entire world!

Other youth may also prefer to wait to come out, and some may not come out. For example, some trans and non-binary young people may move to a new city or town for post-secondary education before expressing their gender identity. However, some form of coming out will likely be necessary for most trans people at the level of close family or friends.

Coming out at school may involve letting teachers, principals, and other professionals know which name and pronouns your youth prefers. In many school districts, trans and non-binary students have the right to be referred to by their chosen names and pronouns even if their legal documentation has not yet been changed. School professionals may also be able to assist you and your young person with dealing with any mental health or social issues that come up during the coming out process.

However, some school professionals may not be up to date or well trained in working with trans and non-binary students. This is where your role as an advocate for your youth comes in!

Coming out at work may involve letting employers and coworkers know about which name and pronouns your youth uses. Not all workplaces are supportive of trans people. However, **gender identity is a protected category in the Canadian Charter of Rights and Freedoms, and workplace discrimination based on gender identity is illegal**. Some companies and employers now have HR policies specifically written to address the rights, safety, and wellbeing of trans people at work.

Connecting with LGBTQ+ Community

Socially transitioning can involve reaching out and building relationships with other members of the LGBTQ+ community. In many places, LGBTQ+ community groups and programs play an active role in supporting people who are transitioning – and there are often support groups for parents and families of trans people as well. You can search online or ask a trusted health or social service professional for help connected to such groups if you don’t know where to start.

LGBTQ+ community can be an enormously important resource for your young person. They will likely want to meet peers and friends who are going through similar life experiences. LGBTQ+ community can also be a place to find role models and mentors.

If your trans, non-binary, or questioning young person is racialized or Indigenous, connecting with LGBTQ+ peers and older people of the same background can be extremely meaningful. It is important to remember to let your young person **move at their own pace** when it comes to making community connections!

SOCIAL TRANSITION SCAVENGER HUNT!

45min

Learning Goals: To develop embodied experience of doing the research and resource-mapping required to support someone through social transition. To experience this process as fun and collective rather than stressful and isolating.

NOTE: Before facilitating this activity, you will want to go through each of the **scavenger hunt forms** and familiarize yourself with answers to the each of the questions. This will require some research on your parent, as some of the questions are quite context-specific, i.e. you will need to look up the answers for your specific geographic location. We urge you to draw upon your colleagues in the field if necessary.

Materials: Paper, pens, scavenger hunt forms (included in FIT Manual and Parent Workbooks), internet connection and cell phones/laptops (at least 1 per group). If internet access is limited in your location, you may wish to take the group on a “field trip” to a local community centre or library.

1. Divide the participants into four small groups. Each group will work on ONE (not all) of the following scavenger hunt forms:

SOCIAL TRANSITION SCAVENGER HUNT

CHANGING NAMES AND PRONOUNS

1. What are some common reasons that a trans, non-binary, or questioning young person might choose to use one set of pronouns at school and another at home?
2. What is the process for changing the **legal name** of a child (under 18 years old) in your province?
3. What is the process for changing the **legal name** of an adult (over 18 years old) in your province?
4. What is the process for changing one’s **legal sex designation** in your province?

SOCIAL TRANSITION SCAVENGER HUNT *continued*

CHANGING STYLE AND APPEARANCE

1. If a trans young person is looking for shoes and swimwear that match their gender identity, what are some strategies that their parent(s) could use to support them?
2. Can you name a trans-friendly: 1) Hairstyling salon or barber, 2) Esthetician or beauty centre (for laser hair removal and/or electrolysis), 3) nail salon?
3. If a trans young person is looking for a binder, packer or gaffe, can you name some places (either online or IRL) that these items can be purchased?
4. What are some things you might say to a young person who is excited to change their gender expression to align more with their gender identity, but is nervous about reactions from their friends and the public?

COMING OUT

1. What are some resources for trans youth and their families who are looking for support with transitioning at school? (e.g. organizations, groups, websites, written resources...)
2. List three resources (online or in-person) for supporting young trans people at work in Canada (specific to Toronto or broader)
3. Can you find a mental health professional or service (OTHER than the FIT Group and CTYS!) for trans young people who are coming out in your local area?
4. If a young person is nervous about coming out at school, what are some supportive things that their parent(s) could say to them?

CONNECTING WITH LGBTQ+ COMMUNITY

1. Can you name three social, mental health, or arts groups for trans youth in Toronto?
2. Can you name 3 **culturally specific** LGBTQ+ organizations in Toronto? e.g. Jewish LGBTQ+ organizations, East Asian LGBTQ+ organizations, etc.
3. Can you name a group or organization for the parents and families of trans people (OTHER than CTYS and FIT!)?
4. Imagine that a trans young person is socially transitioning and feeling isolated but does not want to connect with any LGBTQ+ community groups or organizations. A) Why might this be? B) What are some supportive things their parent(s) could say to them?

2. Give the groups a limited amount of time to come up with “perfect” answers to each question using Internet and any other available knowledge. The first group to finish “wins”! You may wish to provide an actual prize, if possible, to inspire a sense of fun and play.
3. Have each group present their findings, correct any misinformation, and add any extra info you may have. The participants will likely want to have a copy of all the collected information in a single document to refer to later, so offer to make this available in some way if possible.
4. Debrief: What was that like? Did participants know more or less than they thought they might? Did some topics feel uncomfortable to go through? What was it like to see this activity as a game or challenge that we are completing as a community rather than bearing the responsibility all alone?
Emphasize: Parents do not need to go through this “mission” of supporting their youth alone. Youth should be the ones to “drive” the mission (follow the youth’s lead about what is important to focus on and what can wait).

BREAK

15min

SOCIAL TRANSITION: PASSING & GOING STEALTH

20min

Learning Goal: To develop a critical understanding of the notion of “passing” and how to discuss this concept with trans young people in a sensitive way.

Discuss the concept of “passing” and “going stealth” with parents. What do these terms mean and why are they important to some trans people? How can they also be hurtful?

Takeaway: “Passing” is a loaded concept that is complicated for many trans people. Some people want to pass as cis and others do not; some people do not have the option of passing. Passing can imply that trans people are pretending to be something they are not, even though this is not true. Youth will have to come to their own decisions about whether or not they try to “pass,” and parents are most often best advised to follow their youth’s lead. However, discourage “secret keeping” (secret vs private) and the notion that being trans is shameful.

CHECK-OUT

Ask each participant to share two words: a word for how they are feeling, and a word for how group was.

CLEAN-UP AND CHECK-OUT

10min

Two words: How are you and how was group.

FIT WEEK 7: YOUTH

FIT Youth Curriculum Week 7: Transition Part 1

Learning Goals: To empower youth to envision the future of their own gender development and gain a stronger sense of their transition goals and desires. To develop a basic sense of the social and legal aspects of transition.

CHECK-IN

10min

Check in with names and pronouns and the invitation: Share one step or moment in your journey around gender that has happened recently.

GENDER JOURNEY BRAINSTORM

6:10-6:30 (20min)

Materials: Paper and pens.

Brainstorm about transitioning and system navigation:

1. Break into pairs with a piece of paper and a marker or pen.
2. Have pairs brainstorm and list all of the possible things that could be included in a process of "transitioning" and/or all of the potential systems that would need to be navigated: legal transition, social transition, surgical, hormonal transition medical interventions.
3. Come back together in the larger group and take turns sharing lists. (Maybe have each pair give one thing off their list and then move on to next pair who gives a different item, and so on until all have been covered.)

GENDER LAB COLLAGE

30min

Learning Goals: To explore gender expression and fantasy through an artistic exercise and character creation. To use character creation as "permission" to think about gender possibilities that the participants may not allow themselves to consider normally.

Supplies: paper, glue, scissors and magazines.

1. Each person creates their own collage or in which they depict a character whose gender is fantastic, unusual, or changing in some way. This character could have magical, superhuman, or fantastic attributes.
2. Share the collages with the larger group

BREAK

15min

BODYMAP

1hr

Objective: To use a creative art process to explore body image and transitioning choices.

Materials: Large pieces of mural paper for each participant. Paint, brushes, water containers, drops to cover walls, masking tape, markers, scissors or markers, pastels, and magazines for cutting collage images.

How to:

1. Break into groups of three and give each person a large sheet of mural paper. Invite each participant to lie down on the paper and with the help of their two partners, draw their outline on the paper.
2. When this is done for each participant, discuss in your groups what a social transition for you would look like and what a legal, and hormonal and medical transition would look like for you.
3. Each person can tape their piece of paper onto a wall or floor space that is covered with a tarp or drop to keep the area clean.
4. Invite participants to paint, or colour or add magazine images to their outline. Draw and write words inside your body that resonate with you from the discussion. Fill all the empty space with colour, patterns, words and shapes and any questions you may have.
5. When all are done, invite participants to share the experience and image with each other.

CLEAN-UP AND CHECK-OUT

10min

Ask each participant to share two words: a word for how they are feeling, and a word for how group was.

FIT WEEK 8:

PARENTS

Session #8 – Medical Transition: Role of A Parent

CHECK-IN

10min

Invite participants to briefly check in about how they are doing with their trans youth. Introduce topic material for today – medical transition and the role of parent in supporting young people through medical transition. Acknowledge and validate that this topic can bring up anxiety in parents due to the physical nature of the medical interventions – this session will hopefully demystify some of those interventions.

Remind participants that the information in FIT is not intended to be taken as medical advice and facilitators are not medical providers (unless properly licensed). Assert that the main point of this session is not to go into fine medical details, as this is better done with personal healthcare practitioners, but to support participants in figuring out their own roles and comfort levels with medical transition.

MEDICAL TRANSITION ROAD MAPPING

50min

Learning Goals: To acquire a basic understanding of the possibilities of medical transition, the risks and benefits of various procedures, and awareness of personal emotional responses to medical transition as a concept.

Review the major gender-affirming medical procedures available to trans people. If you have your own expertise in this topic as a medical professional, you may wish to make your own presentation; or, if you have access to such experts locally, you may wish to invite them to make a short guest appearance. Otherwise, we suggest using the handout provided below (also included in the FIT Parent Workbook).

Note: You may use a variety of strategies to present the material below, depending on the size of the group and group dynamics. We do not suggest reading through the document verbatim, for the sake of time and maintaining participants' attention – instead, try summarizing, or break up the participants into smaller groups to read and present on different sections of the reading.

NAVIGATING MEDICAL TRANSITION: THE ROLE OF A PARENT

Medical transition refers to the steps that a person may take to physically alter their body so that it is more aligned with their **gender identity**. For example, some trans people undergo **hormone therapy** (sometimes referred to as cross-hormone therapy, hormone replacement therapy, or HRT). Others may choose to undergo surgeries, sometimes called **gender-affirming surgery** or **gender reassignment surgery**. Young trans and gender questioning individuals who need more time to consolidate their identity and make an informed choice about medical transition may sometimes be prescribed **hormone blockers**, which temporarily delay the onset of puberty and the development of secondary sex characteristics.

The legal requirement for young people to obtain **parental consent** for medical transition differs depending on the age of the young person in question, as well as the province/state/country where they live. However, research shows that trans youth do best when they have supportive parents involved in their transition process.

Medical transitioning is **one of the most sensationalized aspects of gender transition** – this is why people sometimes ask trans individuals if they “have had the surgery” before even getting to know them! Would it be considered polite to ask a cisgender person such a personal question about their body simply out of curiosity?

Sometimes, medical transition can seem like the “only way” for trans individuals to become fully “passable” or look “normal.” However, **many trans people choose not to do any medical transition at all, and live very happy lives**. We encourage you to support your youth in doing what feels right for them, even when this goes against social stereotypes about what a man or woman “should” look like.

Medical transition for young people is also often debated in the media, and the discussion can become very emotionally and politically charged. Medical facts and statistics can become distorted on all sides of the debate. This is why it is important for parents and young people to get good supports and professional advice, and to develop good critical thinking skills around this topic. While we can never be “one hundred percent certain” about the outcome of any medical intervention, we can strengthen a young person’s capacity to make decisions based on informed consent.

CHANNELING THE “WISE GUIDE”

There is no one way to medically transition. Some youth will be very clear about a desire to “fully transition” and will seek out everything they have access to. Other youth find that they only need to change one aspect of their bodies, or need no medical interventions at all. There are many youth who choose to go through a social transition, but have no need for hormones and surgeries. Whatever the case, we advise you to:

- Ask questions, and listen to your youth;
- follow your youth’s lead, and let them set the pace;
- stay open to the multiple possibilities and trajectories for transition;
- avoid projecting your own agenda onto your youth;
- keep the communication channels open.

When thinking about how to understand your role as a parent in regards to your youth’s medical transition, it may be helpful to return about the archetypal “hero’s journey.” Your young person is the “hero” of their transition process, navigating the challenges and triumphs of their gender journey. Your role could be considered similar to that of a “wise guide” and “protector” (e.g., Yoda in Star Wars, Gandalf and Galadriel in The Lord of the Rings). While your youth will, sooner or later, need to become responsible for their own decisions (medical and otherwise), **you can help them clarify their feelings and intentions and prepare them to make the choices that are right for them.**

QUESTION FOR PARENTS: When you were an adolescent or young adult, did you ever have to make a big life decision that would have potential consequences? What would you have found more helpful – to be told what to do, or to be supported in making your own decision? What kind of support would have felt good to you?

THE GUIDE VS THE GATEKEEPER

It may be tempting, especially when your youth is in the earlier stages of adolescence, to try to shield them from any possible risks or consequences. When it comes to medical transition, this can sometimes look like exerting control over your young person's choices (or in some cases, preventing them from accessing medical transition at all).

This impulse is understandable – of course, parents want to protect their children! – and in some provinces/states, parents also have the legal authority and responsibility to have the “final say” about their children's medical care up to a certain age. However, it is also important not to enter into an antagonistic dynamic or power struggle with your young person.

It is an adolescent's “developmental task” to start to make their own choices and develop personal agency. This means that they need to feel that their words and actions have a real impact on their world, especially when it comes to something as important as gender transition. Refusing to recognize a young person's agency in this area can lead to major conflict, disappointment, and in the worst cases, mental health issues, as we discussed in the unit on promoting mental health (FIT Session 3).

Though you must of course sometimes exercise parental authority, we encourage you to take the role of the **wise guide** rather than that of the “**gatekeeper**” whenever possible. To return to the metaphor of the hero's journey, the gatekeeper or overly possessive guardian is a character whose protection makes the hero feel trapped (e.g., Rapunzel's stepmother, who keeps her trapped in a tower). In such stories, the “hero” struggles to escape the gatekeeper and claim their freedom – which is likely the opposite of the dynamic you want to have with your youth.

EXAMINING THE EVIDENCE

Medical transition involves some major life decisions, and as such, there are consequences - **many of the interventions are reversible, but some are permanent**. However, study after study show that:

- Gender-affirming treatment such as surgeries and hormones (in those who choose them) produce positive results, and significantly outweigh any negative or non-desired effects.
- A majority of people who transition have no regrets and are happier.
- The majority of people who transition are no longer in body distress.
- People who transition generally function better “psychologically, socially and sexually” in their post-treatment lives.
- People who undergo transition at younger ages do better than people who transition later in their lives.
- There are also potential consequences to NOT moving forward. For example, puberty may be creating permanent undesired changes for your youth, and the situation may feel intolerable, putting your youth at greater risk for mental health issues or potentially more invasive medical interventions later on. These situations may call for involving professionals early and advocating with medical professionals to get what your youth needs.

Be sure to **listen to what your youth has to say**. If your youth has a consistent pattern of changing their mind, or being impulsive, greater caution may be called for when making these major decisions. However, it's worth noting, that in our experience, youth who have reached the stage of seriously considering transition have already thought the decision through quite carefully.

HORMONE BLOCKERS

Hormone blockers (gonadotropin-releasing hormone agonists) are a class of medications that work by decreasing the amount of the specific hormones that lead to the release of estrogen and testosterone. They are frequently used in conditions such as endometriosis and prostate cancer, and studies have shown the safety and efficacy of these medications in younger children with central precocious puberty (early puberty) as well as in adolescents with gender dysphoria. **Hormone blockers essentially put puberty “on pause.”**

For pre-pubescent youth who identify as transgender, youth who are unsure of their gender, or youth who do not fit the binary of male-female, hormone-blockers or “puberty blockers” can allow more breathing room for youth to consolidate their gender identity, and allow youth and their families to access mental health resources as needed. Even if a youth has completed puberty, they may benefit from hormone blockers by having the effects of secondary sex characteristics decreased.

Studies have shown the benefits of hormone blockers for transgender adolescents in the reduction of anxiety and depressive symptoms and in greater psychological functioning. However, it is important to note that **hormone blockers should not necessarily be seen as a step towards medical transitioning**. The time that a youth is on hormone blockers should instead be seen as valuable time for youth and their families to seek out resources and to gather information to make longer-term decisions about transitioning. Seeking out a strong support network of medical professionals, mental health professionals, and community services is an essential part of this process.

Hormone blockers are usually injections given every 1-3 months, and a youth could be on hormone-blockers for several years. During this time, a medical professional will meet regularly with the youth to check in, talk about the effects of the medications, and work with youth and family to access resources, as needed, in addition to performing physical examinations and ordering lab work.

Hormone blockers alone cannot be used as a lifelong solution. A youth may decide to stop taking the blockers, and, because the effects are largely reversible, they would continue along puberty from where it was paused. Those who had already completed puberty when starting hormone blockers will have those changes come back. **However, the long-term effects of hormone blockers may depend on your youth’s unique situation – age, medical conditions, and other factors may play a role.** You should consult with your medical professional(s), as well as your youth, in order to make the best decision

HORMONE THERAPY

Hormone therapies are medically recognized treatments that present an effective solution for persistent gender-related distress. Even in the absence of distress, it can also be something that greatly enhances one's life. Open the conversation about hormones with your youth by asking them about what physical changes they want, if any, to affirm their gender identity.

NOTE ON LANGUAGE: While we have used the terms "masculinizing" and "feminizing" for the sake of clarity for those less familiar with trans experiences, it is important to remember that these terms do not feel comfortable for everyone. For example, a non-binary person who was assigned female at birth may choose to receive testosterone therapy without considering themselves to be masculine.

Masculinizing Hormones:

Testosterone ("T") can be administered in a number of ways:

- An intramuscular injection with a syringe (testosterone cypionate and testosterone enanthate) usually into the glutes or thigh. Given 1 – 4 times per month depending on dose
- A gel – administered to the skin every day
- A patch – administered to the skin every day

Changes will occur cumulatively over a period of up to five years (as in puberty) beginning in the first few months. Although each person reacts differently to hormones depending on hormone receptors in body, genetics, type of "T" administration and dose, here's some of what might be expected:

Permanent changes:

- Deepening of the voice
- Facial and body hair development
- Enlargement of clitoris
- Male pattern baldness

Reversible changes:

- Muscle development
- Increased libido
- Redistribution of body fat
- Cessation of ovulation and menstruation
- Increased sweat
- Changes in body odour
- Acne
- Elevated blood lipids
- Increased red blood cell count

Feminizing Hormones

Typically, feminizing hormones involve the administration of estrogen (the main “feminizing” hormone), anti-androgens (medication to block testosterone), or a combination of the two.

Estrogen:

Estrogen works directly on body tissues in your body (e.g. breast growth), and indirectly suppresses testosterone.

Estrogen can be taken in different ways:

- pill (oral application)
- skin patch or gel (transdermal application)
- injection (intramuscular application)

Although each person reacts differently to hormone therapy, some physical changes that estrogen will promote include:

- softening of skin
- decrease in muscle mass
- redistribution of body fat to hips
- breast growth
- decreased fertility
- decreased growth of facial and body hair

Anti-androgens:

Anti-androgen drugs work by blocking the effects of testosterone. This reduces “masculine” physical traits and has a mildly “feminizing” effect. Anti-androgen effects are relatively mild by themselves, but stronger when combined with estrogen. Anti-androgens are generally administered as a pill, most commonly spironolactone and/or finasteride.

Again, physical changes that will occur with anti-androgens will be different for each person, but typical changes will include:

- decreased libido
- possible loss of fertility (reversible)
- slower growth of facial body hair
- lessened balding patterns

GENDER-AFFIRMING SURGERIES

There is no one path that people take when they are medically transitioning, and there are many different surgeries available. Some surgeries are covered by local health care plans, and some are not. Some surgeries require approval processes in order to be financially covered. This process is often changing, so please check our website to see up to date information for Ontario.

For those assigned female at birth some surgical options include:	For those assigned male at birth some surgical options include:
Breast reduction or chest reconstruction	Removing the testicles (orchiectomy),
Hysterectomy and removing fallopian tubes and ovaries	Removing the penis (penectomy)
Enlarging clitoris to create a small penis (metaidoioplasty)	Creating a vagina (vaginoplasty),
Creating a penis from body tissue (phalloplasty)	Adding labia around the vagina (labiaplasty)
Extending the urine tract into a new penis (urethroplasty)	Breast augmentation (breast implants)
Creating a scrotum (scrotoplasty)	Feminizing of facial features
	Tracheal Shave (Chondrolaryngoplasty), reducing the size of the Adam's apple

FERTILITY

Families sometimes worry about their transgender youth's ability to have children after a medical transition. However, many trans people have children and start families of their own. There are many options open to trans people that are the same as cisgender people, such as adoption, surrogacy, fertility donations, and giving birth themselves. Thinking about these choices prior to medical interventions such as hormones and especially surgery is important.

This can be a difficult conversation to have with your youth especially if they are young. It might be hard for them to imagine having children in the future at all because they are focused on their present situation. **Some transgender people choose to bank eggs or sperm prior to taking hormones – however, it is important to remember that these options may be expensive and/or invasive.**

Some transgender people stop taking hormones and have found that their eggs or sperm are still fertile. More longitudinal **research is needed to accurately determine how hormones affect long-term fertility; however, there are many children born to trans people.**

QUESTIONS FOR PARENTS

Do you have any dreams/expectations about having grandchildren? What are they?

Are your dreams about this potentially different from your youth's dreams about having kids of their own? If yes, how might this impact you? (e.g., would you be disappointed if they decided not to have children?)

If it happened that your dreams turned out to be very different from your young person's in this area, what are some things you could do to take care of yourself?

BREAK

15min

THE “WISE GUIDE”

15min

Learning Goal: To reflect on the ways in which parental anxiety about medical transition may impact trans young people’s mental state.

As a large group, briefly discuss the following:

- a) How does the topic of medical transition impact them in relation to the Window of Tolerance?
- b) How might their own emotional responses to the topic of medical transition impact their trans youths’ emotions?
- c) What are some ways that parents can support themselves to play the “Wise Guide” role rather than taking over or letting anxiety direct their actions?

GUIDING WITH GRACE: INFORMED CONSENT

45min

Review the 3 elements of informed consent:

- 1) Information about the potential risks and benefits of a medical procedure (also includes understanding what risks and benefits are not possible – some hopes and fears are unrealistic or highly unlikely to come to fruition. For example, hormone therapy cannot alter existing bone structure or completely alter a patient’s personality)
- 2) Capacity to understand the information – consider the developmental age and level of the person in question
- 3) Freedom from coercion when making the decision whether or not to move forward

Note that the **age of consent** for making one’s own medical decisions varies depending on jurisdiction. In some places, there is no age of consent and the ability is determined by the treating health professional. In others, there is a clear cut-off age, such as 14 or 18 years old. There are benefits and drawbacks to all approaches. Some common examples of sensitive medical issues where young people may want or need to make their own decisions without the support of parents include: contraception, pregnancy termination, blood transfusion, vaccination.

This is an open question for all parents to consider: To what extent are their youth capable of informed consent? (Different for everyone, will likely change with time and age.) How can parents support their youth in becoming more capable of informed consent **without taking a gatekeeper role**? (Helping youth make choices without making choices for them, as much as possible.)

Discuss the scenario below and go through the related questions
(also included in FIT Parent Workbooks).

Cal is a 16 year old young person

who was assigned female at birth. At 14 years old, he came out as a trans male. At that time, he was struggling in school and with his peers. He expressed having symptoms of depression and anxiety. He spent a lot of time researching trans blogs and video blogs online. When he first came out, he was insistent that he needed to have access to "T" (testosterone) right away, as he was worried that he was getting "too old to pass." He was also insistent that he wanted to have top surgery as soon as possible, and bottom surgery (phalloplasty) as soon as he turned 18. He hoped that after a year on "T" and getting top surgery, could move to a new school and start a "totally new life" where no one knew he was trans. He felt that medical transition would give him a chance "to actually be happy for once."

Now, Cal seems less sure about what he wants from medical transition. He has been taking testosterone at a low dose for about six months, and while he is happy with the changes he has been experiencing, he says he is not certain he wants to continue with it "forever," since he would "maybe like to have kids someday." He also has some concerns about losing his hair. Cal says that he is still considering top surgery, but says he is a little "worried" about it.

GROUP DISCUSSION FOR PARENTS

1. Reading this scenario, what are your initial reactions? Consider your:
 - a. Initial sensations (what happens in your body?)
 - b. Emotions (what are you feeling?)
 - c. Thoughts (what thoughts come to mind?)
2. Do you have any worries, anxieties, or concerns about Cal? What are they? Bonus: If Cal's parents were feeling some of the same worries, what supports might be helpful for them?
3. Do you have any hopes, excitements, positive anticipations about Cal? What are they?
4. a. If you are not trans yourself, it is likely that you cannot relate to exactly what Cal is going through. However, you probably have made some very large decisions in your life before – for example, moving to a new city, getting married, purchasing a home, etc. How did making that decision feel? Were the positive feelings, negative feelings, confusion? Did the way you felt about this decision change over time?
 - b. How could you use this experience to connect with what Cal is going through? Do you think you could offer any perspective or advice to Cal based on this?
5. What are some supportive things that a parent, guardian, or other trusted adult could say to Cal from a **gender-affirming** perspective?
6. Bearing in mind that Cal is growing his ability to make decisions based on **informed consent**, how could his parents or other trusted adults support his development in this area?

CHECK-OUT

Two words: How are you and how was group tonight?

FIT WEEK 8:

YOUTH

FIT Youth Week 8

Learning Goals: To build on the visioning process from last week's session. To give participants a structured opportunity to consider their own transition goals, timelines, and potential challenges/supports. To affirm that each gender transition is unique and that one does not need to be "100% sure" in order to explore various social or medical interventions, since major life decisions rarely come with 100% certainty. To introduce informed consent as an alternative lens for making decisions and supporting others.

NOTE: These conversations are likely to highlight differences within the group regarding transition goals, dysphoria, and life situations. Sensitivity to difference, and to participants who may have less privilege than others, is essential. When discussing medical transition and/or informed consent, be aware that these conversations may feel more or less relevant to participants depending on their life contexts. In some cases, it may be useful to frame the conversation as gaining skills for supporting peers.

CHECK IN

15min

Check in with name and pronoun and tell about a dream you had this week and one dream you have for the future.

INTO THE FUTURE

1hr

Learning Goal: To provide the opportunity to try "something" on without any consequences. To experience a "felt" sensation of various transition interventions prior to going through it. To explore the difference between what is medically possible and what is not.

Materials: Paper and simple art supplies.

1. Lead participants in a guided visualization in which you ask them to imagine that they are ten years in the future, that they have already any legal, social and medical interventions that they want, and they are thriving and doing well. Ask them to explore a day in the life of this future. For example: "It's ten years from now and you wake up and get out of bed. You look into the mirror and what do you see? You go to the closet to get your clothes on. What do you reach for? Who do you live with? Friends? Partners? Do you have pets? What do you do with your day? Do you go to school? Work? Where are you working? What do you study? Include all aspects of a day in their life. In this writing, have them look at themselves in the mirror, get dressed, use gendered spaces, etc.

2. Spend a little time debriefing the meditation: What came up? Were there any challenges or difficulties with imagining the future? Note: Affirm that this can be difficult for many reasons. What is one small thing that the group can do to help each other get to the future that they want?
3. Ask the participants to write a letter to themselves from the future they imagined. What does the future self have to say to the younger self? Have the future self tell the story of “how it all happened” – what steps did the future self have to take to get to where they are in terms of gender? What challenges and barriers did they overcome? What words of encouragement or wisdom do they have?

OR

Some youth may prefer to draw the future self as a comic. Ask them to follow the same guidelines as with the letter: Map out the steps of that the “future self” took to get to where they are, consider challenges and barriers, learnings and wisdom, etc.

OR

Some youth may have a very hard time for various reasons (developmental, PTSD, etc.) thinking far into the future, breaking the future into steps, etc. They may prefer to represent the future they hope for as a single “dream board” (collage or similar assemblage) or image that represents the future (for example, a portrait of themselves as they would like to appear, the home that they would like to live in).

4. Invite the participants to share their creations.

BREAK

45min

REAL TALK: INFORMED CONSENT AND MAKING CHOICES

50min

Learning Goals: To introduce the topic of informed consent as a decision-making lens. To de-stigmatize anxiety and uncertainty in making transition choices. To give youth tools to critically evaluate outside influences on their internal gender development process. To support themselves/each other in thinking about their options.

1. Give youth the “FIT Transition Myths and Facts” sheet (to read on their own later) and introduce the topic of medical transition decision making. Ask: How do the participants know what is right for them in terms of medical transition? Has anyone ever tried to convince them that they “needed” to either take a certain transition step or NOT take a particular step? Have they or a trans person they know ever changed their mind about what kind of transition they wanted?

Note: Be sure to affirm that changing one’s mind over time is a normal part of transitioning.

2. Introduce the concept of informed consent as a way of making transition decisions. Acknowledge that informed consent comes from the medical field, but it can also be applied to other types of transition decisions as well.
3. Explain that informed consent consists of three factors: 1) Having information about the risks and benefits of a particular process (e.g. medical intervention, financial decision, disclosure); 2) Being able to understand the risks and benefits; 3) Being free from coercion or pressures from other people when choosing whether or not to go forward with the process. Note: Informed consent actually doesn't involve being "100% sure," and it acknowledges that you can't really be 100% sure about most big decisions. Instead, it's about having all the information you need, weighing the pros and cons, and having freedom to make your own choices.
4. Read the following scenario with the group:

Cal is a 16 year old young person

who was assigned female at birth. At 14 years old, he came out as a trans male. At that time, he was struggling in school and with his peers. He expressed having symptoms of depression and anxiety. He spent a lot of time researching trans blogs and video blogs online. When he first came out, he was insistent that he needed to have access to "T" (testosterone) right away, as he was worried that he was getting "too old to pass." He was also insistent that he wanted to have top surgery as soon as possible, and bottom surgery (phalloplasty) as soon as he turned 18. He hoped that after a year on "T" and getting top surgery, could move to a new school and start a "totally new life" where no one knew he was trans. He felt that medical transition would give him a chance "to actually be happy for once."

Now, Cal seems less sure about what he wants from medical transition. He has been taking testosterone at a low dose for about six months, and while he is happy with the changes he has been experiencing, he says he is not certain he wants to continue with it "forever," since he would "maybe like to have kids someday." He also has some concerns about losing his hair. Cal says that he is still considering top surgery, but says he is a little "worried" about it.

5. Debrief the scenario. How did it feel to read? Was any of it relatable or not relatable (either for themselves or maybe people they know)? If the group was going to support Cal in making some decisions, how could they help? What does he need in order to have informed consent in regards to a) medical transition and b) living as “stealth” or as an out trans person after high school?
6. Prompt the group with the following discussion questions: What are their questions/hopes/worries/fears about medical transition? Do they feel like they have access to the information they need, and if not, where could they get it? What about freedom to make their own choices? What are some ways we can support each other to make decisions based on informed consent?

CLEAN-UP AND CHECK-OUT

50min

Two words: How are you and how was group.

FIT TRANSITION MYTHS AND FACTS

MYTH: When you come out as trans and change your gender expression, you can never “go back.”

FACT: Everyone’s gender journey is unique. Some trans people come out and transition once, and others may do it many times. It is perfectly okay to transition to one gender and then to another, or to go “back” to an earlier gender identity/expression.

MYTH: There is a “right” way to transition.

FACT: Each trans person’s gender journey is up to them. There is no “right” way or particular order that a transition needs to follow. However, transition experiences tend to be more positive when trans people have access to supportive family, friends, and healthcare!

MYTH: You need to experience gender dysphoria in order to be “really” trans/access medical transition

FACT: Being trans means different things to different people. Some trans people experience gender dysphoria and others do not. Many people who access medical transition experience dysphoria, but many don’t. Sometimes, medical transition can be more about accessing safety, or about experiencing gender “euphoria.”

MYTH: All trans people want to medically transition and “pass.”

FACT: All people, cis and trans, have a unique gender journey. Some trans people may want to medically transition, others do not. Some people may want to “pass” and others don’t.

MYTH: Puberty blockers are a hormone / I can stay on puberty blockers forever / Puberty blockers are dangerous.

FACT: Puberty blockers are not a hormone. They are chemicals that stop your body’s natural hormones from taking effect. Puberty blockers can “buy time” for trans people who want more time to think about their medical transition, but they cannot be continued for a person’s entire life. According to most medical authorities in North America, puberty blockers are safe when prescribed by a qualified medical professional.

MYTH: Hormone therapy causes permanent changes, so you have to be 100% sure you want it before starting.

FACT: Hormone therapy has a wide range of effects depending on many factors. For both “masculinizing” and “feminizing” hormone therapy, many effects are reversible and some may be permanent after a period of time. Talk to a doctor, nurse, or other qualified medical professional to learn more. Starting hormone therapy is a big decision, and like any big decision that may have permanent results, it can be hard to “be 100% sure.” Many trans people try out hormone therapy with the help of supportive medical care providers to see if it is right for them.

MYTH: Hormones will definitely change my body in a specific way that I want/don’t want.

FACT: Hormone therapy is a very complex medical process, and no specific effect is guaranteed. Your primary care provider (family doctor or nurse practitioner) should be able give you a sense of what is likely to happen, but it is not possible to know for sure how your body will change or not change.

MYTH: Hormones will make me feel/act more like a stereotypical “man” or “woman,” e.g. testosterone will make me more aggressive and angry, estrogen will make me more emotional.

FACT: Although hormones do affect our mood and mental health, we are all unique people with unique relationships to our feelings! It’s impossible to say how hormones will affect any specific person’s mood and mental health, but many trans people report that they feel less stressed and more mentally healthy on hormones.

MYTH: I need to have therapy and get permission from a psychologist/psychiatrist before I start hormone therapy/have surgery.

FACT: It used to be a requirement for trans people to receive a lot of psychotherapy before starting medical transition, even when they didn’t want it. Now, many trans people make their own decisions about starting hormone therapy or having surgery with the support of their primary care providers. In many places, it is no longer necessary to get the permission of a psychiatrist or psychologist. However, many trans people also do feel that they would benefit from going to therapy while making their decisions.

MYTH: Gender-affirming/gender reassignment surgery is very dangerous and not likely to be successful.

FACT: Like any major surgery, gender-affirming/gender reassignment surgery has serious risks as well as benefits. For people who already have certain health conditions, the risks may be higher. Additionally, some surgeries may have more risks than others. However, the great majority of trans people who have gender-affirming surgery report that they are satisfied with the results, including when it comes to sex and relationships. Talk to a medical professional to get more information, or discuss your specific situation.

MYTH: Medical transition will solve all my problems/completely cure my gender dysphoria/make me attractive to the people I want to date.

FACT: Most trans people who go through medical transition do report that they experience some improvement in their quality of life and/or reduction in dysphoria. However, medical transition is not a “miracle” solution to struggles with body image, mental health, or relationships and is not likely to solve major life problem on its own. Connecting with peer groups, gender-affirming mental health professionals, and other social supports may an important step in addressing these issues.

MYTH: I have to go through my transition alone / Transition is shameful/ I shouldn’t talk about my transition/ My transition is hurting my family.

FACT: You deserve support and care during your transition process! You cannot hurt people by transitioning, and it is not your fault that we live in a society that discourages transitioning. We encourage you to talk to supportive friends, family, and professionals as much as you need to. Connecting with trans community IRL or online can also be very helpful.

FIT WEEK 9:

PARENTS

FIT Parent Curriculum Week 9: Envisioning the Future

Learning Goals: To develop an appreciation for the possibility of living a rich and meaningful life as a trans adult. To translate this appreciation to hope and stronger relationships with trans youth.

TRANS ADULTS PANEL

1 hr

Preparation: You will likely need to start planning this session several weeks in advance in order to accommodate the schedules of your trans guests. Use your professional and personal networks to find appropriate trans adults – they do not have to be health or social service workers (though they can be!), but they should have a good sense how to speak with an audience of mixed parents and young people. Incorporating a diversity of panelists in regards to age, race, occupation, and other factors will help your group participants connect with this activity.

Prepare your guests well. The experience of speaking to an audience of supportive parents may be emotionally challenging for some trans adults if their own family experiences were not supportive. Encourage your guests to set boundaries on the types of questions they answer, as they feel necessary.

Providing an honorarium is considered best practice if at all possible.

You may have to be creative about the panel format depending on where you live and your personal connections to trans community – using video conferencing technology may help you to connect with trans adults if it is hard to find speakers locally.

If it is totally impossible to bring any trans adult guest speakers for this panel, refer to the alternate activity at the end of this outline.

1. Invite 2-4 trans adults to speak to the entire FIT group – this activity is for parents and young people to experience together. If possible, bring together trans adults who reflect the experiences of participants in the group.
2. Prepare the panelists to speak for 5-10 minutes about their experiences as trans people. Ask them to focus on the ideas of “success” and “happiness” in a very broad sense – whatever feels like success and happiness to them. Some might choose to focus on career, others on relationships or community building, and others simply on doing things that they enjoy in life. Assure them that they are welcome to discuss challenges, barriers, and oppression as well, but to bear in mind that the purpose of the panel is to give young trans people hope.

3. After the panelists share, open for questions. Be sure to prep the audience to ask respectful questions and to troubleshoot common issues that may come up for trans presenters, e.g. invasive questions about family, genitalia, and medical procedures.
4. Thank the panelists and separate the youth and parent groups. Take some time to debrief with the youth separately.

BREAK

15min

DEBRIEF

20min

1. Ask the participants to discuss:
 - a) What came up for them during the panel? What thoughts, feelings, sensations arose?
 - b) Did they learn anything new about living as a trans adults – new possibilities, ways of understanding transition, safety, family, “success”?
 - c) What did they notice in their young people as the panel was happening? What is the importance of having role models as a young trans person, and where can such role models be found?
 - d) What questions were left over – what are parents still wondering about for their youth?
2. Hopes and fears – what anxieties do the parents still have about their young people’s futures? What hopes do they have – challenge parents to get specific about trans identity and positive outcomes (moving beyond, “I just want them to be happy, get a good job, and have a family” towards ideas about their specific young person might want for their own life).

IT'S A WONDERFUL TRANS LIFE

40min

Learning Goals: To practice envisioning positive life outcomes for trans young people

Materials: Paper and simple art supplies.

1. Invite the participants to close their eyes and envision their trans young person 5-10 years in the future. Sometime in these 5-10 years, a miracle has happened, and their young person is now living a *rich and meaningful* life. There are still challenges – the world hasn't changed – but their trans child has found a way to survive and thrive. Since this is a "flash-forward," however, we don't know what the "miracle" was. What can we see, hear, smell, touch, in this "future" young person's life that tells us their life is *rich and meaningful*?
2. Ask the participants to write or draw their response to the question above.
3. Invite the group to share what they have drawn and/or written. What qualities make for a "rich" and "meaningful" life? Is this the same thing as a "safe" and/or "easy" life? Discuss: We all want our young people to grow up to be "happy." But "happiness" a broad, vague concept. None of us can live a life completely free of challenges or barriers. In spite of this, how can we still find happiness, purpose, meaning, love? How can we share this knowledge with the young people in our lives?

CLOSING

10min

Have the parents take some time to think about "one thing I can do to build a better world for my young person to grow up in" AND "one strength/superpower that I see in my young person" and write them down. Go around the circle and share as a check-out activity.

ALTERNATE ACTIVITY: GROWING UP TRANS GALLERY

1 hr

If there is absolutely no way for you to bring real, live trans speakers to this session, you may wish to come up with an alternative activity that serves the same purpose. An example follows below.

Materials: Printouts of famous trans adults and bios, flipchart paper, writing supplies.

Preparation: Ask the youth and parent participants in your FIT program to come up with examples of famous trans people that they know of and admire. Keep a list. Don't tell them exactly why you are asking, but let them know that this will be used later on in the program. Come up with a few names of your own as well. You may wish to add in trans adults you personally know whom you admire.

Choose a large sample of trans adults from your list, or expand your list if necessary. You should have 20 or more people in your sample. Aim for a wide diversity of ages, backgrounds, gender identities/expressions, and occupations.

Print photos of your chosen trans adults (if this is someone in your personal life, **ask permission** first), along with a small bio of each one. You may choose to laminate and save these for future cohorts. Before the group session begins, tape or tack the photos and bios on the walls of the group space to create a "gallery" of trans adults.

Tape a large piece of flip chart or poster paper (or a few, if the group is large) to one of the walls as well. Across the top, write: "This is what trans thriving looks like..."

1. Invite the parents and young people to walk through and view the gallery together. Ask them to take notes on trans adults that they find striking or inspiring.
2. Ask the participants to fill up the flip chart with ideas and images about what "trans thriving" looks like.
3. Divide the group into parents and young people. Give each subgroup a phrase on a piece of paper: a) give the phrase "from accepting to celebrating" to the parents, b) give the phrase "from surviving to thriving" to the young people. Tell the groups to keep their phrases secret from the other group.
4. Each group creates two "living tableaux" (still, silent images made from live bodies) representing their first and second word. For example, for the word "accepting," a group might form a circle around one person with their hands open to show acceptance.
5. Have the groups display their "living tableaux." The group that is watching tries to guess what the first and second words are.
6. Debrief: What does it mean for parents to celebrate their trans young people's futures? What does it mean for trans youth to thrive?

FIT WEEK 9:

YOUTH

FIT Youth Curriculum Week 9: Looking towards the future

Learning Goals: To meet and take inspiration from trans adults who have experienced their own version of "success" and happiness in life. To celebrate being trans!

TRANS ADULTS PANEL

1hr 15min

5. Invite 2-4 trans adults to speak to the group – this activity is for parents and young people to experience together. If possible, bring together trans adults who reflect the participants in the group.
6. Prepare the panelists to speak for 5-15utes about their experiences as trans people. Ask them to focus on the ideas of "success" and "happiness" in a very broad sense – whatever feels like success and happiness to them. Some might choose to focus on career, others on relationships or community building, and others simply on doing things that they enjoy in life. Assure them that they are welcome to discuss challenges, barriers, and oppression as well, but to bear in mind that the purpose of the panel is to give young trans people hope.
7. After the panelists share, open for questions. Be sure to prep the audience to ask respectful questions and to troubleshoot common issues that may come up for trans presenters, e.g. invasive questions about family, genitalia, and medical procedures.
8. Thank the panelists and separate the youth and parent groups. Take some time to debrief with the youth separately.

BREAK

45min

ARTIST TRADING CARDS

50min

Learning Goals: To start to say goodbye to one another. To create cards to share with one another before the group ends next week.

Materials: Any kind of colored or drawing paper glued on card stock, watercolor paper, or recycled material like the sides of cereal boxes. Cards should be cut so they measure 2.5 X 3.5 inches. Rubber stamps, colored pencils, markers, pastels, stickers, collage materials, watercolors, el Sticks and crayons are all great supplies to have for this.

1. Provide participants with a stack of blank cards, or a template for the correct size so they can create cards
2. Invite participants to create one small work of art for each group member including a wish for the future for them
3. Ask youth to leave cards and trading can happen at the end of next group.

CLEAN-UP AND CHECK-OUT

50min

Two words: How are you and how was group.

ALTERNATE ACTIVITY: GROWING UP TRANS GALLERY

1 hr

If there is absolutely no way for you to bring real, live trans speakers to this session, you may wish to come up with an alternative activity that serves the same purpose. An example follows below.

Materials: Printouts of famous trans adults and bios, flip chart paper, writing supplies.

Preparation: Ask the youth and parent participants in your FIT program to come up with examples of famous trans people that they know of and admire. Keep a list. Don't tell them exactly why you are asking, but let them know that this will be used later on in the program. Come up with a few names of your own as well. You may wish to add in trans adults you personally know whom you admire.

Choose a large sample of trans adults from your list, or expand your list if necessary. You should have 20 or more people in your sample. Aim for a wide diversity of ages, backgrounds, gender identities/expressions, and occupations.

Print photos of your chosen trans adults (if this is someone in your personal life, **ask permission** first), along with a small bio of each one. You may choose to laminate and save these for future cohorts. Before the group session begins, tape or tack the photos and bios on the walls of the group space to create a "gallery" of trans adults.

Tape a large piece of flip chart or poster paper (or a few, if the group is large) to one of the walls as well. Across the top, write: "This is what trans thriving looks like..."

1. Invite the parents and young people to walk through and view the gallery together. Ask them to take notes on trans adults that they find striking or inspiring.
2. Ask the participants to fill up the flip chart with ideas and images about what "trans thriving" looks like.
3. Divide the group into parents and young people. Give each subgroup a phrase on a piece of paper: a) give the phrase "from accepting to celebrating" to the parents, b) give the phrase "*from surviving to thriving*" to the young people. Tell the groups to keep their phrases secret from the other group.
4. Each group creates two "living tableaux" (still, silent images made from live bodies) representing their first and second word.
5. Have the groups display their "living tableaux." The group that is watching tries to guess what the first and second words are.
6. Debrief: What does it mean for parents to celebrate their trans young people's futures? What does it mean for trans youth to thrive?

CLEAN-UP AND CHECK-OUT

FIT WEEK 10:

PARENTS

FIT Parent Curriculum Week 10: Closing, Acknowledging, Reflecting

Learning Goals: To consolidate the lessons learned in this program. To close the program while keeping the door open to future community-building opportunities.

Note: You may wish to invite parents to bring a snack or dish to share, “potluck” style for this final group. We suggest also contributing some “party food” items.

CHECK-IN

20min

Welcome participants and acknowledge that this is the last group! Acknowledge that this likely feels sad or difficult for some, and encourage them to stay in touch with each other (if invited).

Ask parents to share some reflections: How does it feel to be at the end of the program? What feels different now compared to the beginning of group? Have the participants’ relationships with their young people changed in any way?

REVISITING RUPTURE & REPAIR

30min

Learning Goal: To review the Window of Tolerance and rupture/repair models and their practical applications

Materials: Window of Tolerance Diagram, flipchart or white board.

1. Invite the participants to come up with a very brief (1-3min) group activity that is “down regulating” and one that is “up-regulating.” Some examples could include: belly breathing, stretching, meditating (down-regulating), and jumping up and down on one foot, playing catch, any type of clapping e.g. “Stella Stella Ola” (up-regulating). Do one of each.
2. Ask the participants to notice where they are on their Window of Tolerance. How have they been able to integrate this model into their daily lives? With their families and trans youth?
3. What about rupture and repair? How have these concepts come up in the participants’ lives? On the flip chart, write down some examples of ways that the participants have been using the ideas of relationship rupture and repair.

Take-away message: Your emotions affect your kids’ emotions. Your emotions affect your relationship with your kids. Your relationships are the most important ingredient of your kids’ mental health.

BREAK/PARTY!

20min

Share some food, celebrate, and chat! Facilitate an exchange of email addresses/contact info if desired. Take group photos if possible/desired.

LETTER TO MY FUTURE SELF

30min

Learning Goal: To acknowledge and reflect on the progress made in group.

Materials: Writing supplies.

1. Ask the participants to consider where they were at the start of the program in regards to parenting a trans young person: What thoughts, feelings, sensations characterized this time? What questions or anxieties did they have? What hopes and dreams? What feels different now, having gone through the program?
2. What challenges remain for the future? What worries might the participants have left? And what will help them overcome future barriers and challenges?
3. Ask the participants to write a letter to themselves six months in the future: encouragements, resources, challenges, and goals. What does that future self need to hear about being the parent and advocate of a trans young person?
4. Make space for the participants to share all or part of their letters.

ART-BASED EVALUATION

25min

Ask the participants to complete the art-based evaluation tool for PARENTS.

CLOSING CEREMONY – THE WEB OF LIFE

25min

Learning Goal: To close the group

Materials: Spool of red yarn or string, scissors.

1. Gather the participants in a circle. Wrap one end of the yarn around your wrist and tie it securely. Invite the participants to share thoughts and feelings they have about the group in general, ending, and saying good-bye. You may wish to structure this with a prompt such as “What did you come to group with, and what are you leaving with?” or similar “closing” prompts. Demonstrate by saying your own closing statement.
2. Toss the yarn to one of the participants in the circle. Hold up the wrist that is still attached to the spool so that the yarn between you and the participant is taut. Instruct the participant holding the yarn to wrap it around their wrist and make a closing statement. Once they have done so, they toss the yarn across the circle to another participant. This process repeats until everyone has spoken and the yarn forms a “web” connecting everyone in the circle.
3. Ask the participants to raise their arms and pull back so that the web is lifted high and tight in centre of the circle. Ask them to “feel into” the connection and remember that although they will be leaving the circle, and the group, these memories and connections will last. Take a moment to remind participants that they can stay in touch with one another (consensually) and continue to support each other. Invite them to stay in touch with you/your organization if appropriate.
4. Pass around the scissors and cut the web loose. Each participant should be left with a “bracelet” made of the yarn that they wrapped around their wrist. If they like, they can tie off the ends so that they can wear the bracelet for the next few days or weeks as a keepsake.

FIT WEEK 10:

YOUTH

FIT Youth Curriculum Week 10

Theme: Closing, saying good-bye, and next-steps

CHECK-IN

15min

Check in with names, pronouns, and how it feels to be attending the final session of group

THE MYSTERY LETTER

20min

Learning Goal: To create a supportive message for oneself to carry into the future.

Materials: Writing supplies, flip chart or white board.

Note: To set up the “surprise” part of this activity, you may wish to specifically begin by stating that this activity is about “taking skills from the group out into the community and helping other trans people.” This is true, but not the entirety of the exercise, as you will see.

1. As a group, ask the youth to think about what they've learned from group so far about what trans people need to “survive and thrive.” What do trans people need to know when going through a hard time, experiencing oppression, struggling with mental health? Write their responses down on the flip chart or white board.
2. Invite the participants to take some time to individually write letters to “a trans young person who is going through a rough time.” Ask them to imagine that these letters might get sent out into a world and land in the hands of a trans person out there somewhere. Prompt the participants to think about messages that might be comforting and inspiring, but also “real” and validating of the difficulties of trans life. Prompt them also to think about compassion and specifically countering negative self-perceptions (reflect on the “donut” activity from Week 3 if you wish).
3. Ask the youth to go back to the top of their letters and address them to themselves. Surprise! Ask the participants: How does it feel to address yourself with compassion and care? Was it easier to give an “unknown other” person compassion and affirmation than it would be if you had known the letter was for you? Invite the young people to keep the letters to read when they are going through hard times.

ART-BASED EVALUATION

1 hr

Ask the youth to complete the art-based program evaluation for YOUTH.

BREAK

15min

TRADING CARDS

20min

Learning Goal: To say good-bye and close relationships (or extend them) in a healthy way.

Materials: Card stock, pens, simple art supplies.

Invite the participants to trade the cards they made for each other last week. Put out more card-making materials in case they didn't finish last time. Take some time to read the cards.

THE WEB OF LIFE

30min

Learning Goal: To close the group.

Materials: Spool of red yarn or string, scissors.

5. Gather the participants in a circle. Wrap one end of the yarn around your wrist and tie it securely. Invite the participants to share thoughts and feelings they have about the group in general, ending, and saying good-bye. You may wish to structure this with a prompt such as "What did you come to group with, and what are you leaving with?" or similar "closing" prompts. Demonstrate by saying your own closing statement.
6. Toss the yarn to one of the participants in the circle. Hold up the wrist that is still attached to the spool so that the yarn between you and the participant is taught. Instruct the participant holding the yarn to wrap it around their wrist and make a closing statement. Once they have done so, they toss the yarn across the circle to another participant. This process repeats until everyone has spoken and the yarn forms a "web" connecting everyone in the circle.
7. Ask the participants to raise their arms and pull back so that the web is lifted high and tight in centre of the circle. Ask them to "feel into" the connection and remember that although they will be leaving the circle, and the group, these memories and connections will last. Take a moment to remind participants that they can stay in touch with one another (consensually) and continue to support each other. Invite them to stay in touch with you/your organization if appropriate.
8. Pass around the scissors and cut the web loose. Each participant should be left with a "bracelet" made of the yarn that they wrapped around their wrist. If they like, they can tie off the ends so that they can wear the bracelet for the next few days or weeks as a keepsake.

CLEAN-UP & GOODBYES

50min

Take some time to clean-up and linger in the group space. Allow the youth to say their good-byes to one another and to the facilitators. Share snacks or take (consensual) group photos. Perhaps invite the youth to organize social media thread or email list.

ART-BASED EVALUATION & RESEARCH

PROGRAM EVALUATION & RESEARCH

Depending on the needs, interests, and capacity of the organization that you are facilitating this program for, you may want or need to measure your participant outcomes: What effect has the FIT Program had in the individual, family, and social lives of your participants? How would they describe that impact themselves?

We encourage you to develop and use the program evaluation and research models that best serve your and your community's needs. For the purposes of this manual, we have created some tools that we would like to share with you. These tools have been previously used at Central Toronto Youth Services as part of our program development process.

Art-Based Evaluation for Parents

This is an art-based evaluation tool that is included in the curriculum as part of Week 10. It stands on its own as a reflective educational tool for participants, but can also be used as part of a qualitative outcomes measurement.

Process:

- Rip off the back page and cut out the four circles
- Two circles represent your youth and two circles represent you. Additionally you have two sheets of paper: one for "before group" one for "after group."
- Start with the "before group" page and the first circle that represents you. Fill in the circle with images and words that represent how it felt to be the parent of your trans/gender nonconforming young person **before** group started.
- Take the second circle that represents your youth and fill it will words and images that represent how you imagine your young person felt about their gender journey and relationship with you **before** group started.

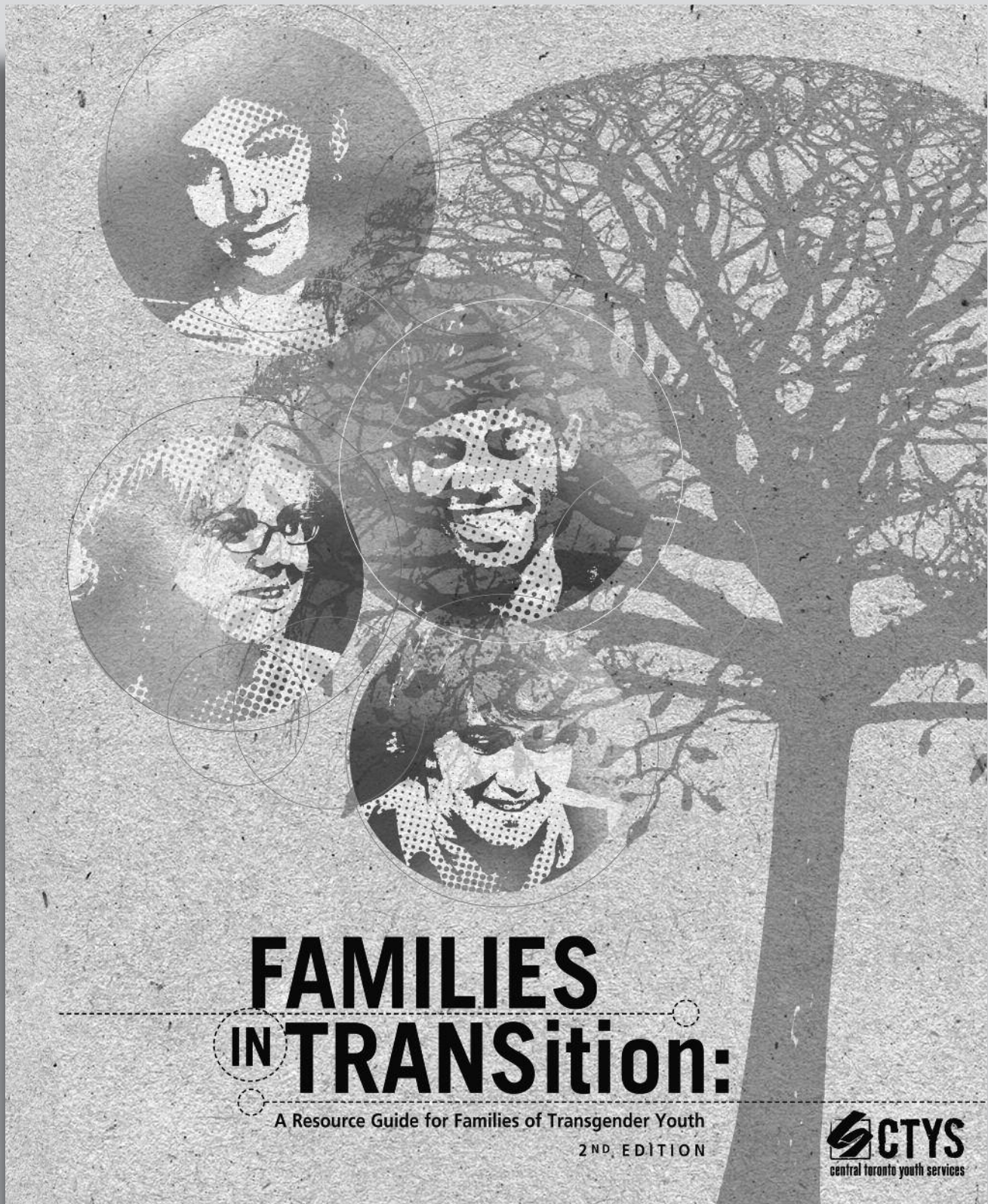
- Glue the two circles down on the page. This distance between the circles represents how emotionally close you and your child were in regard to their gender journey before you came to the FIT program. Ask yourself how easy it was to talk to your youth about their gender before group started? Did your youth come to you easily for help about their gender journey process or even other things in their life? If you felt a close connection, glue the two circles close together. If you felt a distance position them accordingly.
- Take the second circle that represents your youth and fill it with words and images that represent how you imagine your young person felt about their gender journey and relationship with you before group started.
- Glue the two circles down on the page. This distance between the circles represents how emotionally close you and your child were in regard to their gender journey before you came to the FIT program. Ask yourself how easy it was to talk to your youth about their gender before group started? Did your youth come to you easily for help about their gender journey process or even other things in their life? If you felt a close connection, glue the two circles close together. If you felt a distance position them accordingly.
- Once the two circles are glued to the page, turn your attention to the space surrounding your circles. This space represents your relationship to your child. In that space, draw images, colors or use words that represent the quality of relationship and connection between you and your child. Ask yourself questions such as: What was your home environment like? Was there conflict and what would that look like? What was communication like between you both? How connected did you feel? What was the quality and quantity of time you spent together like?
- Next turn to the "after group" page. Again start with the circles and fill out your circle with images, colors and words that represent how you feel **now** about your youths gender journey. Continue by filling in the circle that represents your youth and how you think they are doing now at the end of this group. Again glue them on the "after group" page to represent how close and connected you are to them now. Finally use images, words, colors to fill in the sheet with the quality of connection you have to your youth at the end of group.
- These sheets will be anonymous as there are no identifying markers. We will be using the images for research regarding the effectiveness of the FIT group. Thanks for taking the time to reflect on your relationship.

Art-Based Evaluation for Youth

This is an art-based evaluation tool that is included in the curriculum as part of Week 10. It stands on its own as a reflective educational tool for participants, but can also be used as part of a qualitative outcomes measurement.

Process:

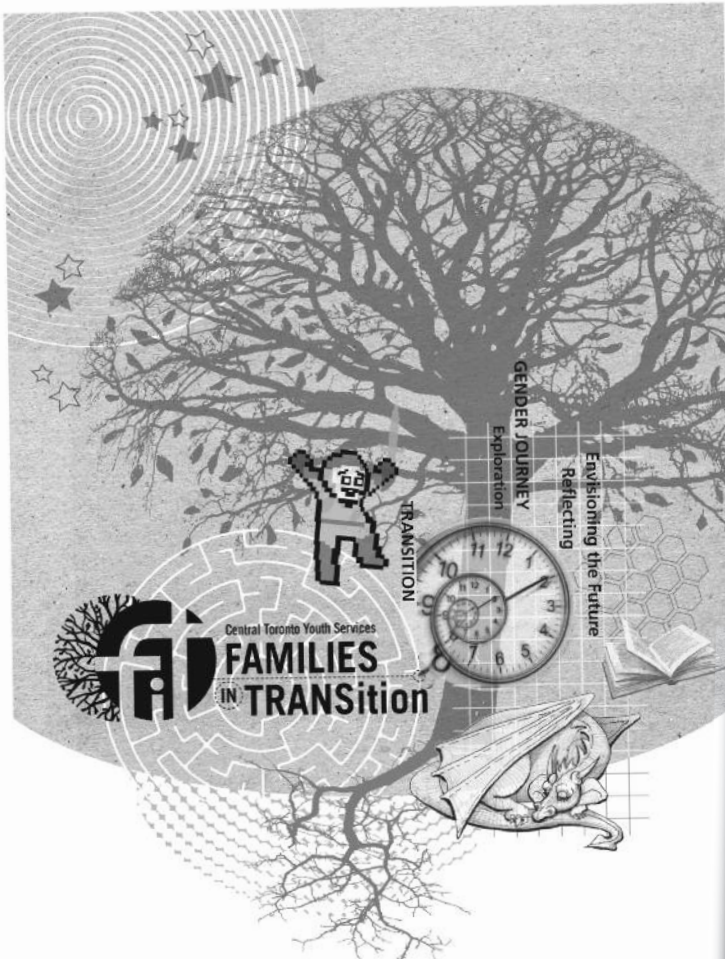
- Rip off the back page and cut out the six circles
- Two circles represent you and four circles represent your parents (if you have only one parent coming to group, you only need 2 circles). You also have two sheets of paper: one for “before group” one for “after group.”
- Start with the “before group” page and the first circle that represents you. Fill in the circle with images and words that represent how it felt to be a trans/non-binary/gender-nonconforming/gender questioning young person before the FIT Program started.
- Take one circle for each of your parents and fill it with words and images that represent how you thought/felt they were feeling about your gender before group started.
- Glue the two or three circles down on the page. The distance between them represents how close or far you felt with each of your parents before group, specifically focusing on your gender and gender identity. Ask yourself how easy it was to talk to your parents about your gender before group started? Were you able to go to your parents for help regarding your gender journey or even other about things in your life? If you felt a close connection, glue the circles close together. If you felt a distance to your parents position them accordingly. Maybe you felt closer to one parent and further from the other. Position them also to reflect how close they were together/apart regarding your gender.
- Once the two circles are glued to the page, turn your attention to the space surrounding your circles. This space represents your relationship to your parents. Fill the space with images, colors or words that represent the quality of the connection between you and your parents. Ask yourself questions such as: What was your home environment like before group started? Was there conflict and what would that look like? What was communication like between you? How connected did you feel? What was the quality and quantity of time you spent together like?
- Next turn to the “after group” page. Repeat the activity above, but this time fill out your circle with images, colors and words that describe how you feel now about your gender and gender journey. Continue by filling in the circles that represents your parents and how you think they are doing now at the end of this group. Again glue them on the “after group” page to represent how close and connected you are to them now. Finally use images, words, colors to fill in sheet with the quality of connection you have to your parents at the end of group.
- These sheets will be anonymous as there are no identifying markers. We will be using the images for research regarding the effectiveness of the FIT group. Thanks for taking the time to reflect on your relationship.



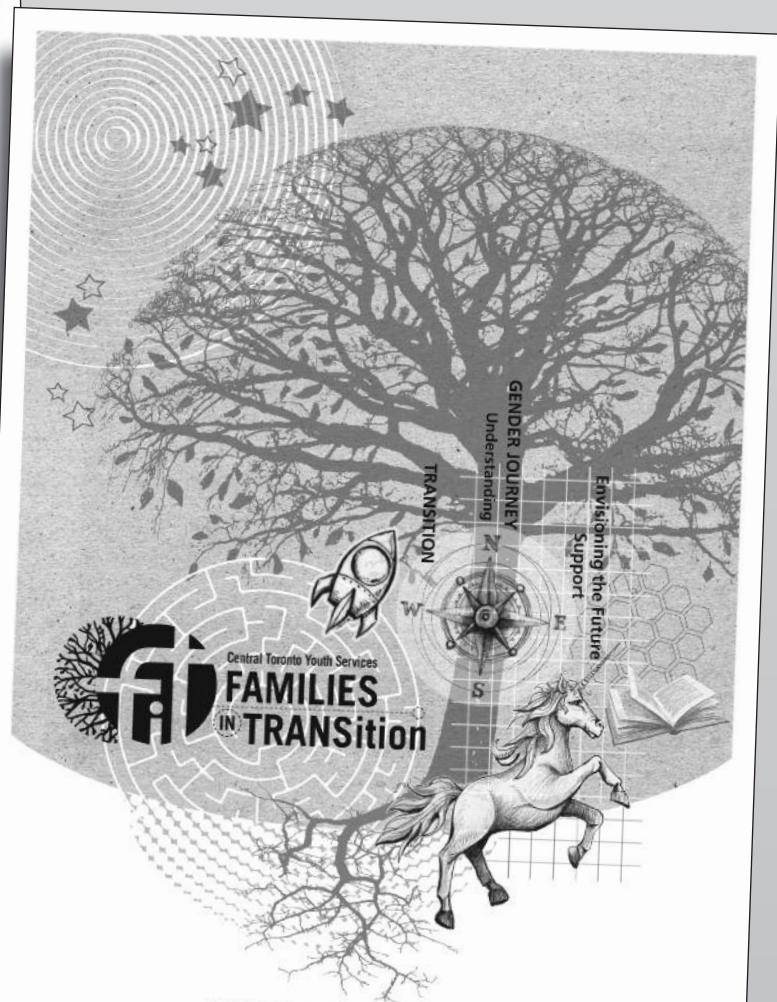
FAMILIES IN TRANSITION:

A Resource Guide for Families of Transgender Youth
2ND EDITION





**COMING HOME TO MYSELF:
THE FIT GUIDE TO GENDER EXPLORATION**



**WORKBOOK
FOR PARENTS & CAREGIVERS**





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