

Title:

Parents of Transgender Youth: Development of Healthcare Strategies Focusing on Transitioning Individual's Holistic Environment

Jason Yediares, MSN

School of Nursing, The University of Texas at Austin, Austin, TX, USA

Session Title:

Enhancing Educator, Clinician, and Parental Competence Regarding LGBTQIA+ Adolescent Health Through Clinical Research and Practice

Slot:**Keywords:**

LGBTQIA+, parents of transgender youth and transgender specialty care

References:

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Abstract Summary:

This session reviews pertinent information from three clinical cases exploring the experiences of parents seeking healthcare for and alongside their transgender youth at an LGBTQIA+ specialty clinic.

Content Outline:

1. Accessing Healthcare is difficult for transgender persons in both adulthood and during formative years.
1. Little, if any, data exists on the experiences of those seeking care for and alongside their transgender youth.

2. Persons identifying as transgender experience many forms of healthcare related discrimination (Kcomt, 2018).
2. Accessible, accountable and comprehensive clinical services are a necessity.
1. Two cases disclosed a willingness to travel between 3-4 hours to the next nearest specialty center. One case disclosed a potential inability for their youth to receive treatment due to an unsurmountable barrier of distance if their current clinic did not exist.
2. Care planning should include telemedicine as evidenced by one case discussing the importance of this modality.
3. All cases discussed managing much of the care as out-of-pocket expenses due to the lack of resources available through health insurance coverage, despite some identified changes in its availability (Plemons, 2018).
4. Baldwin et al. (2018) highlights the importance of leaders and educator's participation in the improvement of care for transgender and non-binary patients, as transphobia in practice exists. Two cases explicitly identified the use of control-seeking power through language and actions of practitioners.
5. In all cases, the youth in question had enormous influence by brining information to both parents and providers. Baldwin et al. identifies this as a barrier to quality care. One case relayed frustration with the burden of independent information gathering required, wanting the providers overseeing their child's care to take more initiative.
6. Lapinski et al. (2018) identify primary care as an area in which competence for working with transgender health issues is paramount, as more patients are seeking care from these types of providers. Shires, Stroumsa, Jaffee and Woodford (2018) assert that primary care centers are willing to care for transgender patients, though reports of negative care interactions exist.
7. One clinical case illustrates the difficulty identified by Newman, Barnhost and Landess (2018) when helping those with intellectual disability diagnoses navigated the many treatment options for transgender patients.
3. Conclusion
1. These clinical cases provide a foundation for research that is informed and relevant as treatment modalities and care planning can look dynamically different from individual to individual.
2. Exploration of the experiences of those who help support transgender youth during their care journey is needed to enhance the individual's holistic environment.

Topic Selection:

Enhancing Educator, Clinician, and Parental Competence Regarding LGBTQIA+ Adolescent Health Through Clinical Research and Practice (25526)

Abstract Text:

Purpose: Accessing healthcare for members of the LGBTQIA+ community can be difficult, and even more so for youth identifying early in developmental years. For persons identifying as transgender, navigating healthcare delivery systems and selecting treatment options can be even more arduous. Little data exists on the experiences of parents, and specifically

heterosexual parents, in relationship to obtaining healthcare for or alongside their LGBTQIA+ youth.

Methods: Three clinical cases identified to explore experiences of parents of transgender youth under the age of 18 and seeking treatment at a LGBTQIA+ specialty clinic. The clinic is located in a Southwestern United States metropolitan area. Cases were identified via retrospective chart review and email was used to invite individuals to participate in an interview. Three parents responded and agreed to participate in an interviewing over 45 -60 minutes. Two parents identified as cis-gender heterosexual male and female as well as one as a bisexual cis-gender female. Child identities were transgender male (age 14 & 16 years) and transgender female (age 17 years).

Results: Qualitative intent of this process focused on developing a formal, yet flexible, phenomenological interview schedule to describe more fully the delivery of transgender care guided through parental oversight. Thematic generation included four major areas:

“Community members as a resource,” “Keeping my child alive,” “I wish providers would know this,” “Children guiding their parents,” and “Institutional and provider power vs. parent power and resistance.” Parent participation was motivated by a desire to be heard, share their stories for the purpose of creating positive change and provide data for the improvement of transgender health delivery.

Treatment with hormonal delivery systems varied in administration type and duration of effect. Surgical intentions were also heterogenous. Developmentally, each child stated knowing earlier than disclosure. Knowledge of suicide as a risk in transgender youth was prominent. Knowledge in other areas of health disparities within the LGBTQIA+ community varied. Comprehensive medical homes specializing in transgender care are difficult to access due to location and identification and some patients must travel substantial distances in order to receive services, however, telemedicine provides promise in improving access.

Conclusion: These findings from clinical cases guide the formation of further research.

Emphasis is on development of research questions based upon clinical cases representing the needs of patients and clinicians in the real world environment. Research concerning parents of transgender youth is urgent for development of healthcare strategies focusing on the transitioning individual's holistic environment.