Working with Transgender Youth Roundtable

Facilitator: Neola Young

Note taker: Megan Kovacs

Facts and considerations

* 10 transgender clients out of 750
  + Gender bringing up questions about culture
  + Is questioning gender part of being an adolescent?
  + all have different stories about when it emerged
  + There is a spectrum that each person will fall on: from confusion to hormone replacement

Schools

* Some school districts are light years ahead of other districts
  + Neola: Lane County has historically been an encouraging place for people to explore identities; school districts are light-years ahead of other districts in policies
  + Can change names, have support groups
  + Creation of welcome environment!
* Some schools are more conservative
  + Being outside of metro area, culturally more conservative
* Working with administrators can be difficult because of institutional problem of culture within the school, in that it is not supportive. How you work with parents can also be a good way to work with administrators.
* Neola: can rely on policy SO MUCH more! To do your jobs, you are expected to adhere to really specific expectations. We want to keep these kids alive and thriving, this is part of that pathway to ensuring that happens. Law is on our side! School districts DO NOT want to go into law suit territory.

Care

* Due to policy changes it’s become easier to go on hormone replacement before 18
* Challenges to providing care for transgender clients
  + Some clinics have resistant primary care providers
    - Neola: PCP has ethical/legal responsibility to coordinate care if uncomfortable/don’t have enough information; responsibility to transfer case to another doctor
    - Can youth advocate for that?
      * Yes!  Even when youth are at legal consent age. Having an advocate is helpful!
  + It is challenging as a provider to write an assessment with they.
    - Neola: It just takes a shift! It takes everybody time!
* Informed consent model; still explain all of the effects of hormones on the body. Some doctors won’t prescribe without a solid understanding.
* Gatekeeping: therapist getting more requests to write letters to support transition
  + Neola: If you’re noticing an increase with youth, connect with folks in community mental health, some have the sole practice to work with transgender children and youth. Pervasive, persistent, consistent, insistent. Look at wide swath of things. Do a gender assessment. When it becomes about presentations of self, really going over history. Would love to give names of some mental health providers.
* Successful group ideas? Drop-in safe space to drop-in clinical groups? Pros and cons in the way they have been offered or initiated? Individual interventions that are helpful?
  + Health center run by Outside In, and very invested in supporting queer youth
    - Peer-led group; kids come together at lunch; more like support/drop-in/led by specific peer—whole semester!
    - Lots of kids get to know health center that way and then want individual therapy; helps them get comfortable with space
    - Helps youth identify “trusted” adults
    - Help connect to resources and meet them where they’re at
    - Good signage! LGBTQ trans friendly space
    - School has been very supportive; took time, but slowly communicated and has worked
    - Are you able to bill for groups? No, but run them anyway
* Working with youth who aren’t out to their families: feel unsafe; any recommendations to be a bridge? (not involved with families yet)
  + Neola: When you’re ready, when you want to talk to your family, imagine what it might look like to go well, what are all of the options, what supports are in place? If it goes really, really not well, what supports? Future planning for any possibility. If you can offer to be with that person, find a teacher to be with that person, if they know they don’t have to disclose until they’re ready.
* It’s hard when you work with a teen who is 18. Some have more supportive parents, but are hesitant. Are you ready for that just because you’re 18? What are options?
  + Neola: Possibility can be really powerful for decision-making. Everyone needs support network and safety net. Homeless system is potentially not a safe space for gender different folks.
* Challenge: SBHCs blamed for encouraging youth to be trans and explore gender expression

Support

* It can be hard to have parents on board because of religious objections in families
* Important to remember that transgender youth are not asserting their identity as a way to rebel against adults.
* Sexual abuse victims identify with another gender to explore not being gender that was victimized or same gender as offender; explore gender identity with those youth and create a safe space for them to explore and ask questions; have an open culture
* Supporting transgender youth is important because rejection leads to suicidality
* Some SBHCs are struggling to identify how to best support youth; it is not okay within certain community cultures; things are underground
* Neola: When we talk about family units, that’s a traumatic incident and there’s not much anyone can do. Friction/violence happening between them, rejection, isolation, withholding of love, care, basic needs comes into play. Families may also be punishing youth.
  + Family is grieving the loss of their son/daughter. Kid is like, but I’m still the same me! Why are you grieving? Fighting for acknowledgment of the issues they’re experiencing. Even though it is the same person, it’s a natural part of the process. Psycho-education for the kid to understand that. Response to their own fear.
* Individuals and families, if you dig around on FB enough, you can find parents and advocates. Sometimes people organize rides to SMYRC or the Living Room.
* Have had to get really creative to support youth in rural areas. Often parents call desperate for information or SBHC therapists or providers.
* Could be really helpful to talk to older youth. At 14-16, 17, 18 feels really far away and like they might not make it.

Resources

* Bravespace, Kate Kaufman, open to telephone consultation
* Amy Penkin, OHSU, especially with kids who need puberty suppressants, really specific work with pediatric endocrinologists
* A few in Western Psych and Counseling
* Transponder in Eugene; adults and youth who have created social support space of providers in Springfield and Eugene
* SMYRC: Sexual and Gender Minority Youth Resource Center: (503)872-9664--Part of NAFY
* Harry’s Mother: shelter for under 18 homeless youth
* Transactive: great resource for schools
* Internet!
  + Huge community of trans youth on Tumblr!
  + Youtube: Lots of people maintain channels on YouTube documenting transition stories
    - Helpful to SEE adults who are adults who have survived to an age I thought I wouldn’t see
    - Really young kids are documenting their own stories

Culture Change

* Ideas on how to tactfully move this forward in a conservative place? Also, safely. There is threatening things written on walls, etc.
  + Neola: Passive advertising. If you know what you’re looking for, you’ll see it.
  + Incredible therapist in Baker City: Louise. Sees trans youth and adults. Works to create safer spaces and navigate personal/job safety. Collaborate with people in community who are allies!
  + Know your rights in public school districts! OR has some of the more progressive school laws. Huge violation of federal laws (Title IX!) if schools don’t serve trans youth meaningfully.
  + Is there a low key way to offer support? Pizza party with the GSA! Have to be strategic in order to operate safely to gain trust.
  + Empowering youth can be a really great way; maybe connected to teacher you don’t know? Think about getting youth excited about the GSA
* GSA (Gay Straight Alliance)
  + One school’s GSA changed their name to full spectrum to be more inclusive
  + Some GSAs are not tackling transgender issues
    - Suggestions about inviting trans youth to meetings, engaging students and GSA advisor
  + Challenges keeping GSAs running because of GSA advisor position isn’t permanent