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A Mixed-Methods Examination of Transgender Youth Desistence

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A Mixed-Methods Examination of Transgender Youth Desistence

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Grant 1: Society of Pediatric Psychology- Drotar-Crawford Postdoctoral Fellowship Research Grant

Grant 2: Clinical Fellowship Research Award Grant

Honorable Mention: Society of Pediatric Psychology- Diversity Research Grant

Grant Co-Mentors: Anna M. Egan, PhD, ABPP, Christine N. Moser, PsyD



Background

- Pressing social justice issue
- Policy & systems barriers
- Few specialty-trained medical providers (Bakko & Kattari, 2021)
- Legislation to restrict care (Conron et al., 2021; Walch et al., 2021)



Gaps in the Literature

- **Minimal info about access to and outcomes of healthcare** (McDowell & Dowshen, 2021)
 - **Even less for BIPOC** (Chen et al., 2020)
- **Minimal info about those who discontinue care**
- **Lacks clear & consistent terms** (Butler & Hutchinson, 2020; Steensma & Cohen-Kettenis, 2018; Temple Newhook et al., 2018)
 - **Desistence, Detransition, Discontinue**

Criticism

- **Assumption that discontinuing care = desistence/detransition** (Butler & Hutchinson, 2020; Expósito-Campos, 2020; Steensma et al., 2013; Temple Newhook et al., 2018)
- **Barriers to care** (Daley et al., 2019; Temple Newhook et al., 2018; Turban & Ehrensaft, 2018)
- **“Detransitioning”** (Giordano et al., 2021; Mccallion et al., 2021)

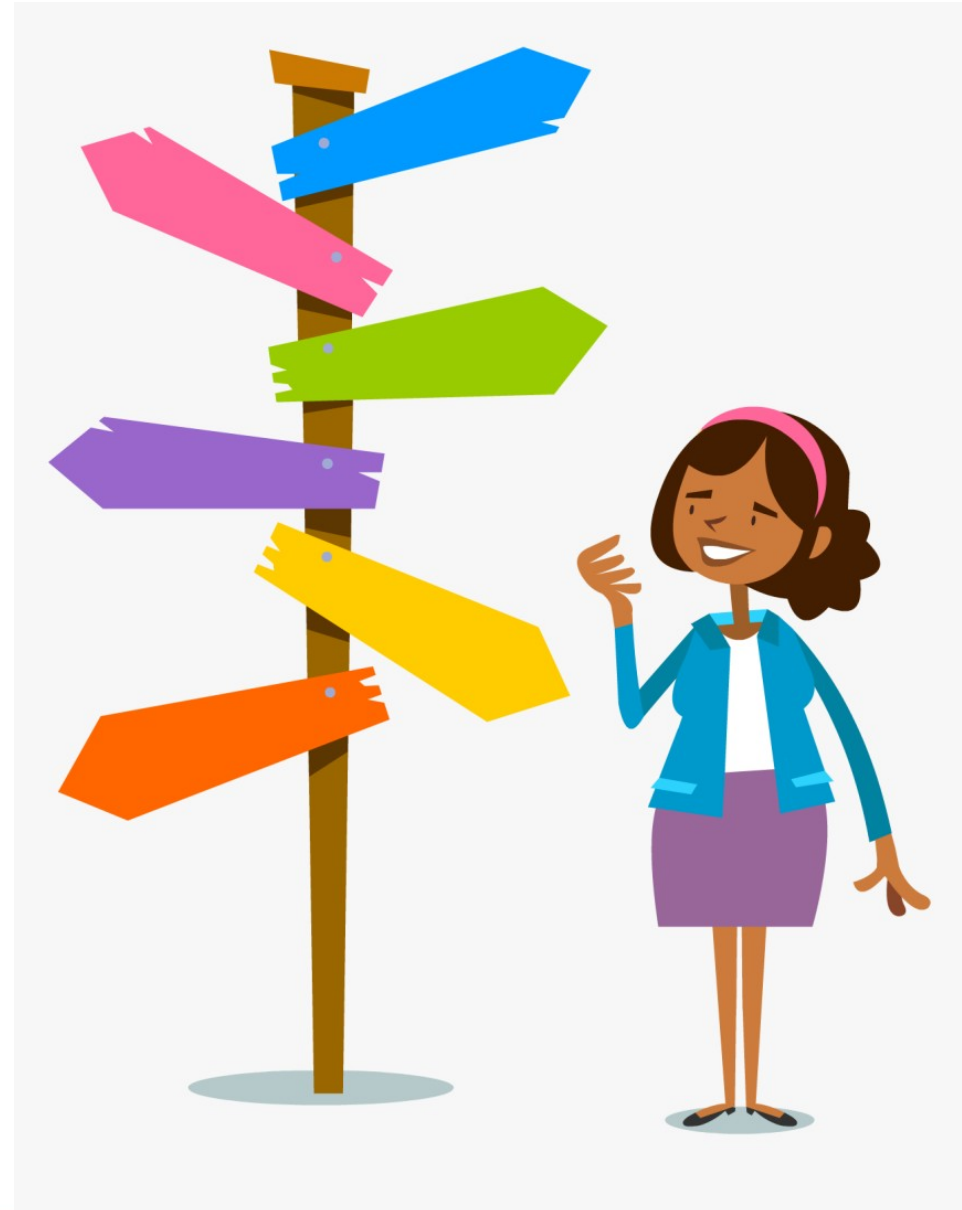
No studies that specifically differentiate between TGD youth who choose to detransition from those who discontinue care due to factors unrelated to gender dysphoria.

Aims & Hypotheses

1. Report basic characteristics of TGD youth who discontinue medical care as compared to those who continue medical care.
2. Report rates and purpose of discontinuation of care, including detransition rates.
3. Describe the well-being of TGD youth who discontinue medical care compared to those who continue medical care.
 1. TGD youth and their parents who continue care will have higher PedsQL well-being scores than those who discontinue care
4. Describe the health status of TGD youth who discontinue medical care compared to those who continue medical care.
 1. TGD youth will have higher BMI than a comparative normative sample, and TGD youth who discontinue care will have higher BMI, more diagnoses, and more prescribed medications than those who continue care.

Importance

- Evidence-based answers
- Inform healthcare guidelines
- Advise parents
- Inform legislation



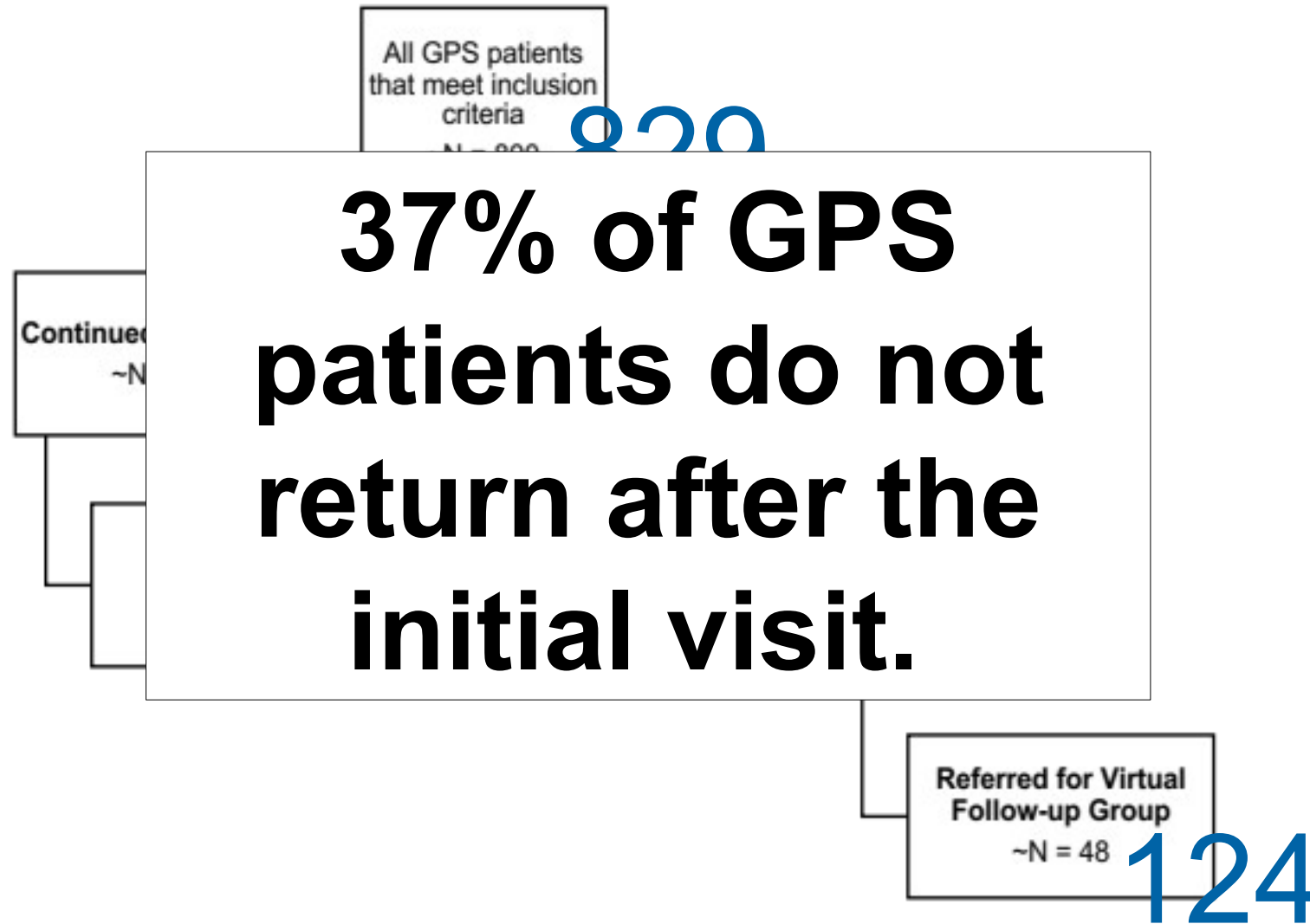
Inclusion Criteria

- Presented to Gender Pathway Services between 2014-2021
- At least 8 years old
- Parent or caregiver present
- Previous Gender Dysphoria diagnosis

Measures

- EMR
 - Patient demographic data
 - Medical information
 - Reason for discontinuing care
- Clinic REDCap
 - General Well-Being Scale of the Pediatric Quality of Life Inventory

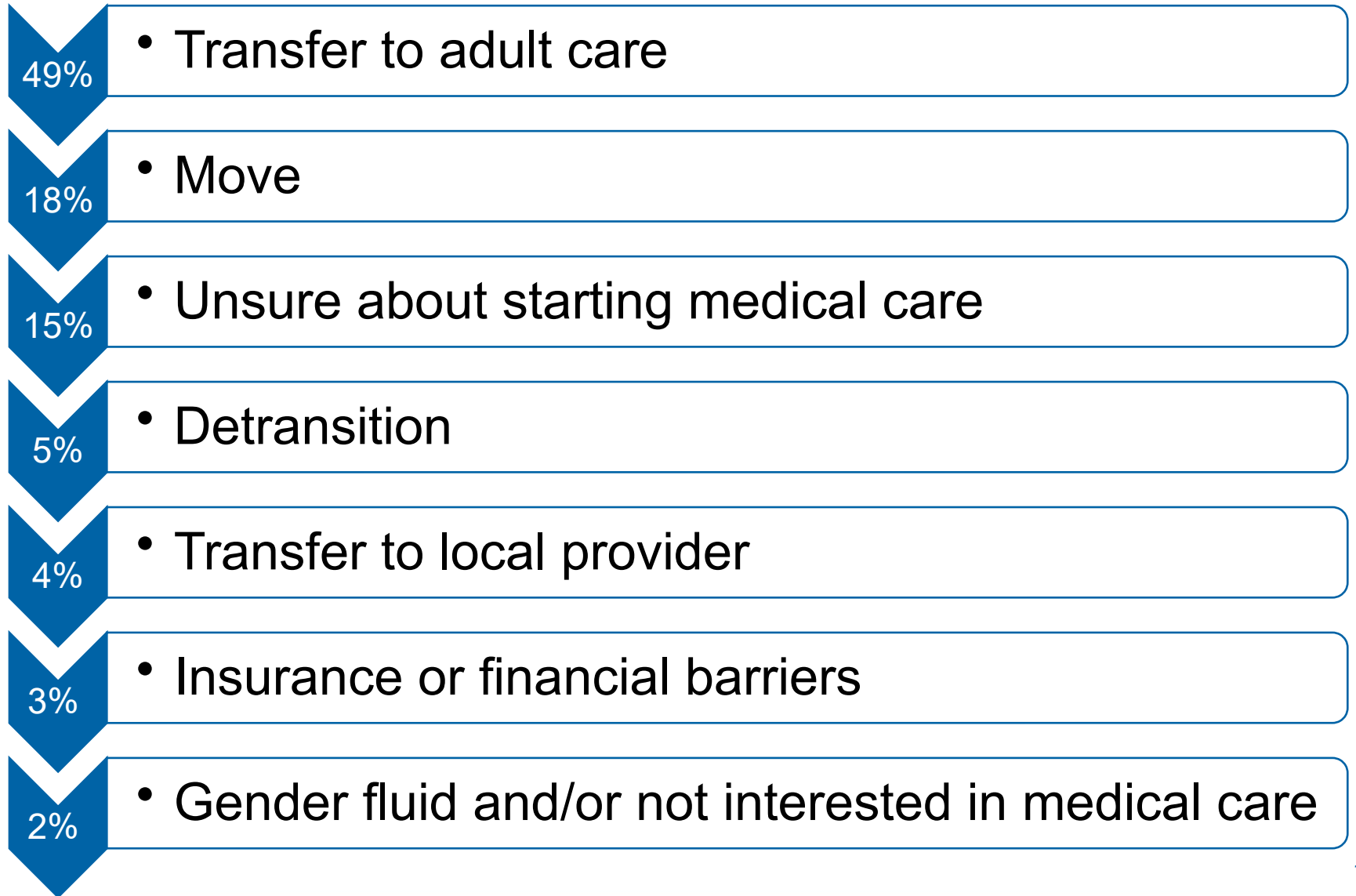
Participant Groups



(Hembree et al., 2017)

Chart Reviews

- 304 chart reviews
- 180 had a reason in the chart



Virtual Follow-Ups

- 124 met criteria for virtual follow-ups
 - 71 contacted, 52 remaining to contact
 - 16 parent & 15 patient appointments completed
 - Goal was 30 participants
- REDCap Survey (parents and children)
 - Demographics, family environment, gender dysphoria, health and healthcare, barriers to care
- Interview
 - Current healthcare status and providers, reason for discontinuing

Problems

- Low motivation to participate
 - \$30 per virtual follow-up
- Not answering the phone! (Ellis et al., 2021; Kempf & Remington, 2007)
- Multiple respondents (Alexander et al., 2017)



 CNN

Missing hiker ignored calls from rescuers because it was an unknown number

Mount Elbert, seen in this July 2020 photo, is the tallest peak in Colorado.

Oct 26, 2021



Next Steps

- Brief report- submitted 03/18/22
- Complete virtual interviews
- Code qualitative data
- Manuscript





So much more to learn!

thank you

- Anna Egan
- Christine Moser
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