

**Promoting Understanding and Acceptance In Parents  
of Trans and Gender Nonconforming Youth:  
An Adaptation of an Attachment-Based  
Parent Program**

**by  
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## Abstract

Gender nonconforming and trans youth experience high rates of bullying and victimization, placing them at risk for serious mental health challenges. Caregiver support is one of the most significant protective factors in this population, and parenting interventions that promote understanding and acceptance are needed to support the well-being of teens and their families. Connect (Moretti & Braber, 2013), a group attachment-based intervention for caregivers, has been shown to promote attachment security within the parent-teen relationship, increase caregiver sense of efficacy, and reduce teen emotional problems for up to two years post-treatment. During this strength-focused program, caregivers learn to “step back” in their interactions, to “step into” their teen’s shoes, and to better understand and respond to their teen’s attachment needs. This study examines the acceptance, uptake, and caregiver satisfaction of an adapted version of Connect which addresses the unique attachment related challenges and concerns of caregivers of trans and gender nonconforming youth. Adaptations were completed in consultation with a panel of mental health professionals to address relevant themes expressed by these families and to modify experiential learning content. Participants in the first three groups were 20 caregivers of 16 gender nonconforming youth (ages 12 - 18). On average, caregivers attended 9.2 sessions of the ten-week program and on questionnaires completed post intervention, reported feeling respected, safe, and welcomed in the group. They indicated that learning about attachment was helpful in enhancing their understanding of their teen and their understanding of themselves as parents. Caregivers also rated the group as helpful in increasing their understanding of their teen’s gender journey. During clinical interviews, caregivers reported feeling more confident in parenting and being able to empathize with their teen more easily. Common themes in group discussions related to gender included: coming out, finding support, affirming pronouns/names, medical transition, parental reactions (e.g. confusion, isolation, acceptance, grief), and concerns about safety and mental health. Qualitative analyses of group skills revealed that across sessions, caregivers demonstrated an increased capacity to “step back” and reflect on their teen’s experience and their own. Findings support the usefulness of this intervention, and feedback has informed further revisions of the program with the goal of co-creating a safe, helpful, gender-affirming intervention. Clinical implications and next steps are discussed.

**Keywords:** Attachment; Adolescent; Gender; Intervention; Parenting

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# Chapter 1.

## Introduction

Gender nonconforming and trans youth experience significantly greater rates of bullying and victimization resulting in greater mental health concerns (Grossman & D'Augelli, 2007; Clark et al., 2014; Veale, Saewyc, Frohard-Dourlent, Dobson, Clark & the Canadian Trans Youth Health Survey Research Group, 2015). Caregiver support is associated with reductions in depression and suicidal ideation (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010; Simons, Shrager, Clark, Belzer, & Olson, 2013) as well as many other positive outcomes including increased self-esteem and greater life satisfaction (Travers, Bauer, Pyne, Bradley, Gale, Papadimitriou; 2012). However, in order for caregivers to be available and responsive to their teens, they may also require additional support. Parent support groups are effective in providing caregivers with information and an opportunity to openly share their experiences while instilling a sense of hope for the future (Di Ceglie & Thummel, 2006; Menvielle & Rodnan, 2011). As there are higher rates of insecure attachment styles among gender nonconforming children (Birkenfeld-Adams, 1998), structured attachment-based interventions may offer another opportunity to strengthen the parent-teen bond. Indeed, there is some evidence to support the effectiveness of attachment-based interventions with sexual minority youth. An adaptation of Attachment Based Family Therapy (ABFT; Diamond, Reis, Diamond, Siqueland, & Isaacs, 2002; Diamond et al., 2010) was effective in reducing maternal attachment anxiety and avoidance, depressive symptoms, and suicidal ideation in a small sample of lesbian, gay, and bisexual young adults (Diamond et al, 2013). However, the generalizability of this model to trans clients is uncertain and family therapy can be costly (Diamond & Shpigel, 2014).

The current work undertook the adaptation of the Connect Parent Program (Connect; Moretti & Braber, 2013) to address the unique challenges and concerns of caregivers of trans and gender nonconforming youth. The study examined the acceptance, uptake, and caregiver satisfaction of the adapted version of the program and explored whether the adaptation sufficiently addressed the unique needs of this population by examining the themes of group discussions. Group discussions were also analyzed to determine whether parents employed the skills practiced in the program. Results will inform further development and revision of the adapted program.

There are a number of definitions related to different aspects of gender development that are important to highlight. First, “gender identity” is a person’s intrinsic sense of being male, female, or an alternative gender (Bockting, 1999). Recent studies suggest it begins to develop early in childhood and becomes more stable in adolescence (Steensma, Kreukels, de Vries, & Choen-Kettenis, 2013). In contrast, “gender expression” refers to the way an individual communicates gender, and may include their name, clothing, appearance, communication patterns, and interests (American Psychological Association, 2008). Individuals whose gender identity matches what is normative for their assigned sex are referred to as “cisgender”, whereas “gender nonconforming” describes individuals whose gender identity, role, or expression differs from what is normative for their assigned sex in a given culture and historical period (The World Professional Association for Transgender Health, 2012). “Trans” is an umbrella term for individuals who cross or transcend culturally defined categories of gender (The World Professional Association for Transgender Health, 2012). Thus, their gender identity differs in varying degrees from the sex that they were assigned at birth (Bockting, 1999). This may include transgender, gender queer, agender, or gender fluid individuals. Finally, “gender dysphoria” is the distress caused by the discrepancy between a person’s gender identity and their sex assigned at birth (Knudson, De Cuypere, & Bockting, 2010).

Transgender and gender nonconforming youth are especially vulnerable as they face greater family rejection, bullying, violence, victimization, and discrimination compared to their peers (Grossman & D’Augelli, 2007; Hendricks & Tiesta, 2012; Reisner, Greytak, Parsons, & Ybarra, 2014). As a result, they consistently report higher rates of depression, self-harm, and suicidal ideation than their peers across various international studies (Clark et al., 2014; Reisner, et. al, 2015; Holt, Skagerberg, & Dunsford, 2016). Similarly, in a recent cross-Canada survey of 923 trans youth between ages 14 and 25, nearly two thirds of youth reported engaging in self-harm, and approximately one third had attempted suicide in the last year (Veale, Saewyc, Frohard-Dourlent, Dobson, Clark, & the Canadian Trans Youth Health Survey Research Group, 2015). When a subset of the sample (age 14-18; n=50) was compared to their same aged counterparts in the BC Adolescent Health Survey (2014), trans youth were found to report significantly more stress and feelings of hopelessness (Veale, Ryan, Peter, & Saewyc, 2017). As well, a far greater percentage of trans youth had engaged in self-harm (71.2% vs. 16.5%) and attempted suicide in the last year (32.0% vs. 6.5%).

Caregiver support is a protective factor for mental health problems and suicidality for gender nonconforming and sexual minority youth. A study of 245 LGBT young adults (age 21-

25) found that greater family acceptance is associated with positive self-esteem, social support, greater life satisfaction, and positive mental health (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010). Conversely, youth who have experienced family rejection are at an eight to nine times greater risk for suicide (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010). Another study of 66 transgender youth (age 12 to 24) found that greater parental support was associated with fewer depressive symptoms and higher life satisfaction (Simons, Shrager, Clark, Belzer, & Olson, 2013). In the cross-Canada survey, 70% of youth did not feel that their family understood them, but teens who reported at least one close adult relationship were four times more likely to report good or excellent mental health and were less likely to have considered suicide (Veale, Saewyc, Frohard-Dourlent, Dobson, Clark & the Canadian Trans Youth Health Survey Research Group, 2015).

The Trans Pulse Project provided further evidence that caregiver support is critical to wellbeing. They surveyed 433 youth aged 16-24 in Ontario, Canada (Travers, Bauer, Pyne, Bradley, Gale, Papadimitriou; 2012). Thirty-four percent of their participants indicated that they had parents who were “strongly supportive.” Twenty-five percent indicated that their parents were “somewhat supportive” and the remaining forty-five percent rated their parents as “not very” or “not at all” supportive. Compared to youth who described their parents as not strongly supportive, those who reported strong parental support were far more likely to report very good or excellent mental health (70% vs. 15%), higher self-esteem (64% vs. 13%), and life satisfaction (72% vs. 33%). They were also far less likely to report depression (23% vs. 75%) and to attempt suicide (4% vs. 57%).

While gender nonconforming youth can be buffered from risk through parental support, gender dysphoria is often a source of immense parental distress and family conflict, effectively limiting parental comfort and support. Interventions that support parents in understanding the challenges that their teens face and increase parental sensitivity are needed to support the health and well-being of teens and their families (Gray, Carter, & Levitt, 2012; Ryan, Russell, Huebner, Diaz, & Sanchez, 2010; Simons, Shrager, Clark, Belzer, & Olson, 2013; Veale, Saewyc, Frohard-Dourlent, Dobson, Clark & the Canadian Trans Youth Health Survey Research Group, 2015). Parent support groups in the US (Rosenberg, 2002; Menvielle & Tuerk, 2002; Menvielle & Rodnan, 2011) and the UK (Di Ceglie & Thummel, 2006) with youth ranging from 3 to 21 years have been shown to benefit caregivers of trans youth (Di Ceglie & Thummel, 2006).

Rosenberg (2002) was the first to describe a support group which consisted of twelve parents whose children or adolescents attended individual or group treatment. The parent group focused on providing support and education and referred parents to other resources (e.g. PFLAG) where appropriate. Parents who had reported previously feeling isolated, benefitted from sharing their experiences openly with other parents. Although the author also reported positive outcomes for the children, including decreases in anxiety, these changes seemed to be related to the separate intervention that the children received.

Similar outcomes, including a reduction in parent isolation and shame, were reported by Menvielle and Tuerk (2002), who facilitated a monthly group for 12 families of gender nonconforming boys for three years. The authors described that parents initially lacked self-confidence and expressed guilt, sadness, anger, and anxiety about their children's future. Themes from the group that were more child-focused included confusion around gender, expressing acceptance, setting limits, peers, and bullying. Themes that were related to parents' reactions included grieving, embarrassment, and humour. The authors concluded that providing parents an opportunity to process their grief contributed to improvements in their children's self-esteem and social integration.

Based on this early work, a six-session monthly group, facilitated in the UK (Di Ceglie & Thummel, 2006), was designed to promote understanding, support parents in managing issues related to gender, and help parents tolerate uncertainty about the future. Parents were eager to share their own experiences, and group leaders highlighted the differences and similarities in their stories while providing psychoeducation. Ten parents completed the group and provided feedback indicating that they found various aspects of the group helpful or very helpful. Overall, parents felt less isolated, enjoyed learning new approaches to parenting, and reported increased understanding and acceptance. Authors observed that the group was experienced as cathartic and quickly developed cohesiveness due to the universality of the issues that were discussed. Parents enjoyed providing and receiving guidance and this instilled a sense of hope that struggles could be overcome.

More recently, Menvielle and Rodnan (2011) facilitated an open group for 23 families of transgender adolescents (ages 13 to 21), which had been running for two years at the time of publication. The group was an opportunity for parents to discuss their experiences, share their feelings, and provide emotional and instrumental support to each other. The sessions were unstructured, but authors observed that the discussions consistently centered on specific

themes including coming out, accepting their teen's gender identity, perceived losses, transitioning, and parent's reactions to the group skills. Parents commonly expressed feelings of confusion, worry, loss, and uncertainty about the future. Nineteen of 23 parents attended at least three sessions, and, although no specific outcomes were assessed, the authors noted that the group appeared to have several advantages over individual counselling. These included the opportunity to discuss a variety of topics which are not necessarily addressed in individual counselling, opportunities for modelling acceptance and coping, and group problem solving (Menvielle & Rodnan, 2011).

Overall, it appears that groups may be a cost-effective method of delivering service to families while reducing feelings of isolation and increasing a sense of connection with other parents who are facing similar challenges. The themes which were highlighted above are similar to those which often emerge in studies examining the needs and concerns of parents of trans youth: identification of the child's gender variance, reactions to coming out, grieving perceived loss, coming out to relatives, transitioning, challenging situations, distress over co-occurring conditions, concerns about safety, and uncertainty about the future (Menvielle & Hill, 2010; Riley, Sitharthan, Clemson, & Diamond, 2013). Although parent support groups may provide a number of benefits to families, few have been subject to standardized evaluation, and to date no structured, evidence-based interventions have been developed. Attachment-based interventions may be particularly helpful, as they may address issues of attachment and trauma which may arise for trans and gender nonconforming youth (Birkenfeld-Adams, 1998), but in order to be effective they would need to be appropriately adapted.

One example of an adaption that serves sexual minority youth is Attachment Based Family Therapy (ABFT; Diamond, Reis, Diamond, Siqueland, & Isaacs, 2002; Diamond et al., 2010). In the initial stages of adapting the program for LGB youth, four developers of ABFT and two community clinicians with extensive LGB experience met to discuss the unique challenges of conducting ABFT with this population. The group generated independent lists of concerns, proposed adaptations, and viewed ABFT sessions with LGB youth who participated in an earlier randomized clinical trial of ABFT for suicidal adolescents. The pilot group consisted of 8 female and 2 male LGB suicidal adolescents (age 14 – 18) and their parents. The authors noted that discussions regarding the process and meaning of acceptance of the teen's sexual orientation and the parents' limitations in becoming more accepting were helpful. Parents were also taught to identify subtle invalidating responses to their teen's sexual orientations that damage the relationships overtime. Post treatment, participants expressed significant reductions in suicidal

ideation, depressive symptoms, and maternal attachment anxiety and avoidance (Diamond et al, 2013). While these results are promising, the authors acknowledged doubts about the generalizability of this model to trans clients and their families. Further, ABFT requires extensive training and resources for implementation (Diamond & Shpigel, 2014).

As previously noted, group-based interventions may be particularly well suited to meeting the needs of parents caring for gender non-conforming youth. The Connect Parent Program (Moretti & Braber, 2013) is an attachment-based intervention that is delivered in a group format for parents of teens at risk. The program has been shown to be effective in strengthening parent-teen bonds and decreasing attachment insecurity in various populations. In studies comprised of over 1,000 parents it has been shown to produce long-term reductions in teens' emotional problems (depression and anxiety) and parenting stress, as well as improvements in the parent-child relationship (Moretti & Obsuth, 2009; Giannotta, Ortega, & Stattin, 2013; Moretti, Obsuth, Craig, & Bartolo, 2015). Similar findings were reported by an independent randomized clinical trial in Sweden (Högström, Olofsson, Özdemir, Enebrink & Stattin, 2016) in which continual improvement in adolescents' behaviour was evident at the two-year follow up.

This manualized 10-week program, designed to maximize community implementation and sustainability, helps parents understand their teen's struggles and build security in the parent-teen relationship. Sessions begin with a didactic introduction of an attachment principle (See Appendix A for an outline of session principles) and include experiential activities that help caregivers develop skills to identify, understand, and respond to the needs of their teens. The group content focuses on the building blocks of attachment: caregiver sensitivity, shared partnership and mutuality, reflective functioning, and effective dyadic affect regulation. Caregivers learn to "step back" in their interactions and to "step into" their teen's shoes. They practice recognizing their own thoughts and feelings in these situations and temporarily setting them aside. They focus on reframing their adolescent's behaviour using an attachment framework, modulating their own emotional responses, and mindfully utilizing strategies to support their relationship, while clearly setting limits and expectations. The experiential components of the model can be tailored to unique cultural diversities and specific community concerns can be integrated. Connect has been successfully implemented with over 10,000 parents, kinship caregivers, and foster parents across Canada, Sweden, Italy, and Australia.

Although promising, the fit and perceived usefulness of Connect has yet to be evaluated for gender nonconforming youth and their families. Adaptions to the Connect program would be important to ensure sensitivity to the unique needs of trans and gender nonconforming youth (Riley, Sitharthan, Clemson, & Diamond; 2013), which change dramatically once they come out to their parents and begin the transition process. For example, trans youth may have strong needs to explore their gender identity in different ways both privately and publicly. Their social transition may include altering their appearance, coming out to friends, family, and on social media, attending support groups or Pride events, changing their legal name or gender, and beginning to use bathrooms of their affirmed gender (Olson, Durwood, DeMeules, & McLaughlin; 2016). Youth may feel both excited and anxious to begin this process, but they may not be eager to discuss these issues with their parents. Instead of confiding in their caregivers, gender nonconforming youth may be more isolated (Kosciw, Greytak, & Diaz, 2009) and may turn to online communities. Understandably, parents may have difficulty identifying their teens' needs or knowing how to respond appropriately. Even youth that have gone through social transition at a younger age face new challenges as they enter puberty due to social and biological changes (Coleman et al., 2011; Olson, Forbes, & Belzer, 2011).

Parents of transgender youth may also have difficulty interpreting their behaviour; they may assume that their teen primarily wants independence and fail to see their connection needs, or vice-versa. Some trans youth feel unsafe at school or in their community (Grossman & D'Augelli, 2006; Veale, Saewyc, Frohard-Dourlent, Dobson, Clark & the Canadian Trans Youth Health Survey Research Group, 2015), and prefer physical proximity to their parents and additional support. In contrast, other teens seem to withdraw or prefer to be private (Grossman & D'Augelli, 2006; Riley, Sitharthan, Clemson, & Diamond; 2013).

Even after parents become more aware of their teen's needs and more versed in concepts related to gender identity, they may continue to respond inappropriately for several reasons. Parents may have difficulty relating to their teen's experiences regarding their gender exploration (Menvielle & Rodnan, 2011) and have concerns about their safety (Menvielle & Rodnan, 2011; Riley, Sitharthan, Clemson, & Diamond, 2011), as transgender youth are more likely to be victims of bullying and violence. Parents often grieve the loss of aspects of their relationships and need time to adjust their expectations of their child and their future (Menvielle & Rodnan, 2011). Some parents, whose children have come out at a young age, may have been aware that their youth will need additional support even into adolescence, but others may still be in a state of shock (Menvielle & Rodnan, 2011).

Parent-teen conflict may arise from a variety of issues related to gender exploration and may occur in different stages. For example, when children first come out, their parents may lack information or have conflicting views with their teens (Kovalanka et al., 2014) or amongst each other (Malpas, 2011) regarding gender identity and transition. It may be difficult for parents to accept their teen's new gender identity, and they may be concerned that this is simply a phase (Di Ceglie & Thummel, 2006; Menvielle & Rodnan, 2011). Once parents have had time to process some of these issues, conflict may shift focus. Parents of trans youth report that adjusting to using their teen's affirmed pronouns or names is a common challenge (Menvielle & Rodnan, 2011). Families may disagree about what steps to take and when, especially in regard to their teen's medical transition (Hill & Menvielle, 2011; Malpas, 2011). Many parents report feeling worried about irreversible physical changes and how they may affect their teen's future (e.g. fertility) (Liebowitz & de Vries, 2016).

Parents of youth who have begun social or medical transition may be attending appointments with school staff or health care providers and finding it hard to find information, manage their time, or navigate various systems (Kovalanka et al., 2014; Riley, Sitharthan, Clemson, & Diamond, 2011). These issues may be additional stressors on the family, and it can be difficult to support trans and gender nonconforming teens while considering the needs of their other children (Menvielle, 2012). Parents may also struggle to balance the needs of their teens to openly express their gender identity and their own needs to maintain social relationships. For example, some parents report feeling isolated and having lost friends (Riley, Sitharthan, Clemson, & Diamond, 2011). Understandably, they may have mixed feelings about what they want to share with their friends and family. Parents may feel conflicted because they want to be supportive of their teen, but they also worry that those to whom they are close will be judgmental, and their relationships may suffer as a result. Similarly, youth find it challenging to come out to their extended family (Grossman & D'Augelli, 2006).

While support groups may provide parents with opportunities to explore their own feelings and needs, and to exchange helpful information, it is unclear whether these groups increase parents' understanding of their teen's experience during their gender exploration. Connect is designed to help parents step into their teen's shoes and understand their feelings and attachment needs, while maintaining compassion for oneself as a parent. Furthermore, the program promotes parental sensitivity to adolescent needs for connection and autonomy within the adolescent-parent relationship, the role of conflict and empathy as opportunities for understanding and development in relationships, and the challenges of change and growth

within the relationship. This content, combined with the engaging and experiential aspects of the program, provides an ideal intervention to tailor to the needs of parents of trans and gender nonconforming youth. Further, the structure of this program ensures that relevant topics are covered systematically. This structure is often lacking in support groups, especially open groups which tend to focus on processing the emotional reactions of new members (Menvielle & Rodnan, 2011).

This study aimed to adapt the Connect Parent Program to address the needs of parents of gender nonconforming and trans youth and measure the effectiveness of the program. This project also represents the first step in the evaluation of implementation feasibility with three specific goals:

1. To examine the acceptance, uptake, and parent satisfaction of the group and its relevance in addressing the unique challenges and concerns of caregivers through parent feedback;
2. To explore whether the program has been adequately adapted to include relevant topics that have been documented in research on support groups for parents of trans teens through qualitative analysis of themes that emerge across group discussions; and
3. To examine whether parents employ the skills practiced in the group and begin to “step back” in their interactions with their teens, become more aware of their own thoughts and feelings, and step into their teen’s shoes.

In order to evaluate the feasibility of the program, the study focused on the acceptability (i.e., caregivers’ reactions to the intervention), adaptation (i.e., modification used to accommodate the needs of this population), and expansion (i.e., the effectiveness of the intervention with the new population) of the group (Bowen et. al., 2009). Parent feedback throughout participation in the group and post completion was essential. Qualitative analysis also examined whether the adaptations to the program effectively shaped discussions to include relevant themes that have been documented to occur in support groups.

Additionally, it was important to examine whether the integrity of the Connect program was maintained (i.e. whether key exercises and reflections related to mechanisms of change are employed). Of specific interest was whether parents began to “step back” in their interactions and increased their capacity to reflect on their own thoughts and feelings and their teen’s thoughts and feelings. Parental reflective capacity has been shown to mediate the relationship between parental attachment security and youth attachment security

(Greienberger, Kelly, & Slade, 2005) and has been proposed to be one mechanism of change that mediates the positive outcomes reported post completion of Connect (Moretti, Obsuth, Craig, & Bartolo, 2015). It was expected that parental reflective capacity would increase over the course of the group, as participants were asked explicitly to practice reflecting on their teen's thoughts and feelings throughout the experiential exercises.

## Chapter 2.

### Methods

#### 2.1. Participants

Families were recruited from the Trans Health Information Program, Child and Youth Mental Health offices, BC Children's Hospital, and private practitioners within the Greater Vancouver Regional District. Participants completed a brief phone interview to screen for several exclusionary criteria including acute psychosis, imminent risk of suicide, IQ < 70, and parental limitations in English comprehension. Families were referred to community support services in cases where their teens were at risk for self-harm and did not have support in the community. A pre-inclusion interview, which is integrated in Connect and was adapted for this population, was completed with each family using techniques of motivational interviewing (Miller & Rollnick, 2002). The goals of the pre-inclusion interview were to increase commitment and engagement in the group process, to problem solve around barriers to attendance, and to ensure that parents had basic understanding regarding gender identity and information regarding the groups.

Participants were 20 caregivers (14 mothers, 6 fathers) of 16 gender nonconforming youth (ages 12 - 18), participating in one of three pilot groups. Caregivers' ages ranged between early 30's and late 50's ( $M = 49.05$ ,  $SD = 8.10$ ). The majority of caregivers self-identified as Caucasian (90%;  $n = 18$ ); 5% as Aboriginal ( $n = 1$ ); and 5% as Asian ( $n = 1$ ). In terms of formal education, all caregivers reported having their high school diploma and most (75%;  $n = 15$ ) had post-secondary degrees. Regarding the youth, caregivers expressed concerns about self-harm for most of their teens (63%;  $n = 10$ ). In terms of services, most teens had a counsellor in the community (69%;  $n = 11$ ), some had a psychiatrist (25%;  $n = 4$ ), and some received no additional mental health support (25%;  $n = 4$ ). A few caregivers (15%;  $n = 3$ ) had sought out additional support for themselves via mental health services or support groups in the community. With respect to their teen's gender transition, the time elapsed since youth first expressed their gender identity to their caregivers ranged between two months to five years; the average time was approximately seventeen months ( $M = 16.88$ ,  $SD = 16.28$ ). Six youth had begun taking hormones or hormone blockers. In terms of participation, caregivers attended 9.2 of 10 sessions on average ( $SD = 0.93$ ). One caregiver attended six sessions but met

individually with a group leader to cover missed content. All other caregivers attended at least 80% of sessions.

## **2.2. Procedure**

Ethical approval was obtained from the Simon Fraser University (SFU) Research Ethics Board (REB). Revisions of the program were completed in consultation with a panel of mental health professionals in order to address relevant themes expressed in these families and modify experiential learning content. Refer to Appendix A for an outline of session principles and adaptations. A detailed description is provided below.

The groups were facilitated at the Clinical Psychology Centre (CPC) at Simon Fraser University in the Spring and Fall of 2016 and at the Maples Adolescent Treatment Centre in Spring 2017. Group leaders were three clinical psychology graduate students trained in Connect with six years of cumulative clinical experience working with gender nonconforming youth and their families. Each group was consistently facilitated by the same two leaders; the third leader only joined during the final session to gather feedback from caregivers. All sessions were videotaped and reviewed by the co-leaders and the clinical supervisors, Dr. Moretti and Dr. Booth, for adherence and appropriateness of the session content and exercises. Discussions during hour long weekly supervision sessions informed additional changes to the manual. Members of the Transgender Health Information Program with lived experience and other health professionals in the community also guided the development of various aspects of the program at several key points in the study. Examples of their contributions included recommendations for the revision of the questionnaires and suggestions regarding ways to manage challenges that they had experienced in facilitating a parent support group.

### **2.2.1. Connect Core Principles and Overview of Adaptations**

Each group consisted of ten sessions which were structured around four phases. During the initial Welcome Session, caregivers introduced themselves and shared some of their experiences and their expectations for the group. At each subsequent session, the leaders began by introducing a new principle. The sessions also included reflection exercises, role-plays performed by the two group leaders, and discussions which focused on helping parents step back and step into their teen's shoes. (See Appendix B for an example of a modified role-play.)

Caregivers were encouraged to consider their teen's feelings, thoughts, and attachment needs in these scenarios.

### **First Phase - Building Trust, Stepping Back, and Understanding Attachment**

**Core Principles: Parents developed skills in stepping back from their emotional reactions and looking beneath their teen's behaviour to identify attachment related needs. Parents created a list of their teen's attachment needs, and leaders ensured that the list included examples of needs for connection and for independence. Leaders also emphasized that, although teenagers may miscue their parents, they continue to require connection, support, and safety from their parents during adolescence.**

As trust and safety in the group were especially important, and teens were in different places in their gender journey, the Welcome Session, which was optional in Connect, was a mandatory part of the group. This session offered parents an opportunity to get to know each other and learn about each other's experiences. Parents' comfort with the language related to gender varied (Kovalanka et al., 2014; Malpas, 2011) and therefore part of the session was devoted to reviewing some relevant terms (e.g. gender identity vs. gender expression). Leaders stressed that as the group progressed, if parents encountered any discomfort with the issues addressed or the use of language, they should be open and bring this into the discussion.

Only a few changes were made to the second session, All Behaviour Has Meaning, because it provided parents with an introduction on attachment, and the role-plays that were previously included were intentionally designed to be brief and ambiguous. Parents were asked to consider what was going on for the teen after each role-play, and whether it might be in any way related to their gender journey.

Within the third session, Attachment is for Life, parents discussed their teen's attachment needs. They identified which needs may have been more prominent as a result of their teens exploring their gender identity. These often included safety, support, acceptance, and identity. Leaders introduced the idea that, for some teens, aspects of their gender journey could be better understood in the context of the two core attachment needs: connection and independence. Parents considered whether they could better understand their teen's behaviour as fitting into one of these categories. For example, some teens shared more about their gender exploration with their parents and desired connection. Other teens were less open to these types of discussion and may have been seeking autonomy around this aspect of their identity.

Leaders emphasized that by becoming more aware of the attachment needs underlying their teen's behaviour, parents may learn more about their teen and their own relationship with them.

### **Second Phase – Points of Tension**

**Core Principles: Leaders reframed conflict as a normative aspect of all relationships and as an opportunity to move forward together. Parents were encouraged to use skills developed in the first phase of the program – that is, stepping back from their emotional reactions to their teen's behaviour – to consider their teen's underlying attachment needs which are communicated during conflict. Doing so opens new options for responding. Parents also pressed more deeply into understanding the tension between the teen's conflicting needs for autonomy and connection, and how this might be expressed in their relationship. They acquired skills in recognizing and joining in with their teen's excitement for independence, thereby forming a 'shared partnership' (Moretti, Pasalich, & O'Donnell, 2017) that provides a foundation for ensuring safety and limit setting.**

Parents were encouraged to identify points of tension in their relationship during the fourth session, Conflict is Part of Attachment. They reflected on this further through several role-plays in which a teen was upset and directed their anger at their parent. Initially the situation was ambiguous, but it became clear that the teen was actually angry with the substitute teacher at his school, because they used the wrong name. Leaders helped parents practice how to step back as this provided them with more ways to address this situation. Parents learned how to support their teen while also setting limits on how these issues are discussed in the future, thereby increasing safety and security in the relationship.

The fifth session, Autonomy Includes Connection, offered an opportunity for parents to discuss how their worries can be difficult to manage and can get in the way of recognizing their teen's joy and excitement for independence and new experiences. For example, the role-plays presented a scenario in which a teen was going to meet a person they had met online to learn more about hormone treatment. The teen complained that they were tired of waiting to begin their medical transition. Parents were encouraged to use the same skills they had been acquiring to step back and consider their teen's attachment needs. Leaders stressed that in order to empathize with their teens, parents had to temporarily set their own feelings aside.

Leaders acknowledged that this was difficult, especially when their feelings were strong, but parents were encouraged to try this at home.

### **Third Phase – Developing Empathy for Themselves and Their Teen’s**

**Core Principles: Parents recognized barriers to expressing empathy for their teen’s experiences. They practiced aligning with their teen’s feelings and temporarily delaying problem solving or the need to address the current conflict. Parents also identified their own needs and practiced using self-compassion. Leaders emphasized that in order to meet their teen’s needs, caregivers need to foster balance in their relationships and find ways to meet their own needs.**

In the sixth session, Empathy – the Heart Beat of Attachment, parents discussed why they might struggle to relate to their teen’s experiences regarding their gender exploration and considered how this may make it more difficult to empathize with their teens. Leaders asked parents to consider specific barriers including their concerns for their teen’s safety and future. Parents also shared strategies that have helped them understand their teens better. Leaders encouraged parents to practice temporarily stepping back from their own feelings in order to be able to empathize with their teens and remain supportive of their choices.

The role-plays in this session addressed the conflict that occurs in some families when teens opt out of an activity – in this case, soccer. Parents were asked to identify the teen’s feelings and consider how the scenario may be related to their gender journey. For example, some parents recognized that the teen perhaps did not want to play on a team of their assigned gender or may have had concerns regarding using the change room.

In the seventh session, Balance, parents identified their own attachment needs and were asked to consider whether any of their needs were more prominent as caregivers of trans or gender nonconforming youth. The role-plays featured a teen who did not want to visit their grandparents. Caregivers identified that the teen may have felt anxious, uncomfortable, or unaccepted. At the same time, they were also able to relate to the parent who was struggling to find balance in their relationships and to meet their own needs to see their family. Through these discussions, caregivers learned to better navigate these situations by acknowledging their teen’s needs and their own. They were also asked to consider how to foster balance in their families in order to be able to meet the needs of their other children as well.

## **Fourth Phase – Consolidation and Looking to the Future**

**Core Principles:** In the final phase of the program, parents were asked to reflect on how the stories their own parents created about them impacted them in their adolescence and shaped their family relationships. They also considered how the stories they have developed about their teen impacted their teen’s ability to grow and change. Parents identified barriers to connecting with their teens and ways to celebrate their relationship. Finally, leaders discussed the importance of expecting setbacks in the relationship and framing these as opportunities to reconnect and move forward.

In the eighth session, Growth and Change, parents in the group were asked to reflect on the stories that have developed in their families, in general and specifically in regard to their teen’s gender journey. Leaders suggested that these stories may be communicated in subtle ways. Parents discussed how these stories affected their teen’s perception of themselves, their behavior, and their relationship. For example, some parents recognized that when they conveyed doubts about their teen’s gender journey, their teen’s story became that their parents are unsupportive. The teen was then less likely to be open regarding their gender exploration and this created more distance in the relationship.

Parents also learned to acknowledge their teen’s attempts to grow and change and considered ways to support them in the journey through a role-play in which the parent made an error and used the teen’s birth name. Leaders acknowledged that the parent in the role-play was not meaning to be disrespectful. Parents in the group had an opportunity to discuss the impact of this error on the relationship and how this contributed to the story the teen developed of their parent. In a different role-play, the teen was excited about the changes they were experiencing on hormones and shared that they were eager for surgery. Many parents related to worries regarding medical transition, but also acknowledged that the way in which these issues were discussed with their teen may negatively impact the relationship.

In the ninth session, Celebrating Attachment, parents shared potential feelings of loss related to their teens maturing or beginning to transition. They considered how these feelings can get in the way of noticing new ways to connect in the relationship. In the role-plays, parents were presented a situation in which a teen was excited to attend a Pride event. Leaders suggested that by joining in on their excitement and acknowledging their attachment needs, parents could then share their own concerns about attending the event. For example, some

parents may worry that this type of event is too mature for their teens. Perhaps by having an open conversation, the relationship would be left in a better place and this would offer a different opportunity to connect.

In the final session, *Two Steps Forward, One Step Back*, parents reviewed the attachment principles and consolidated their knowledge by revisiting and reflecting on a previous role-play. Through a discussion facilitated by the leaders, they learned to anticipate setbacks in their relationships and considered how they may address them in the future.

## **2.3. Measures**

### ***2.3.1. Treatment Engagement and Client Satisfaction.***

At the last group session, a different leader who had been trained in Connect and had experience working with gender nonconforming youth and their families facilitated a discussion with caregivers regarding their experiences within the program. Specifically, the leader inquired about the caregivers' sense of program fit with their needs, program acceptability, perceived value in relation to their teens' functioning, and their sense of efficacy and satisfaction as a parent. Additionally, parents were asked to fill out anonymous questionnaires to assess the relative value and importance of various components of the program (see Appendix C). These questionnaires were previously developed for the purposes of evaluating Connect (Moretti, Holland, Moore, & McKay, 2004), and were modified for the current group. Six questions assessed the helpfulness of the specific program components on a 4-point scale ranging from very helpful to unhelpful. Six items asked caregivers to rate the extent to which the program was helpful in understanding their teen and their gender exploration, themselves and their parenting behaviour, as well as the degree to which they applied what they learned. The remaining questions tapped into feelings of being accepted and supported in the group, and the extent to which the group met their expectations. Finally, open ended questions elicited recommendations for improvements in the program, cultural sensitivity, and challenges in attending the group. All parents who participated in the group ( $N = 20$ ) completed these questionnaires. Descriptive statistics were conducted on the feedback questionnaire and are reported in the results.

### **2.3.2. Pre- and Post- Questionnaires.**

Caregivers and youth were asked to complete questionnaires that were similar to those used to evaluate the Connect Parent Program and included measures of attachment (Comprehensive Adolescent Parent Attachment Inventory: Moretti, McKay, & Holland, 2000) and mental health (Brief Child and Family Phone Interview: Cunningham, Pettingill, & Boyle, 2000). Additional measures were added to evaluate changes in self-harm behaviour (Inventory of Statements About Self-injury: Klonsky & Glenn, 2009; Klonsky & Olino, 2008) and suicidality (Suicide Behaviours Questionnaire: Osman, Bagge, Gutierrez, Konick, Kopper, & Barrios, 2001). A measure of gender dysphoria (Utrecht Gender Dysphoria Scale: Cohen-Kettenis & Van Goozen, 1997), which was developed in the Netherlands and continues to be commonly used in research, was included as well.

Prior to the initial session of the first group, one parent expressed strong concerns that these questionnaires may be experienced as pathologizing by the youth who completed them. As a result, caregivers from the first group who had already received the questionnaires were asked to return them without completing them and to provide feedback regarding their perception of the questions. Although other group members did not express similar concerns, one youth indicated that they did not like filling out a measure that asked them to rank their attachment figures. Further efforts were made to consult with members from the Transgender Health Information Program to ensure that questionnaires were sensitive to diversity and provided adequate rationale for the mental health measures that were included. In order to make the questionnaires more strength-focused, additional measures were included to assess self-esteem (Rosenberg Self-Esteem Scale: Rosenberg, 1965) and life satisfaction. The Utrecht Gender Dysphoria Scale was removed and two subscales (i.e. Pride and Community Connectedness) from the Gender Minority Stress and Resilience Scale (Testa, Habarth, Peta, Balsam, & Bocking, 2014) were included instead. Finally, a measure of parent support of transgender children was added (Trans Youth Parent Support Measure: Forbes & Banisaba, unpublished).

Parents and youth who participated in the second and third groups were asked to complete these questionnaires and offered \$25 compensation for their time. Their participation in the research component was completely voluntary and did not affect their participation in the group. Youth were also offered an opportunity to receive assistance in completing the questionnaires and to connect with peers by attending two groups held concurrently with the

first and last session of the parent group. The youth group was facilitated by a clinician with experience working with trans youth and their families. As the sample size for the completed caregiver (n=12) and youth (n=7) questionnaires was too small to examine pre-post change, the findings are not presented here.

## **2.4. Analytic Strategy**

Guidelines for conducting qualitative research in psychology (Elliott, Fischer, & Rennie; 1999) were carefully considered and informed the analytical strategy. This included describing the sample in detail, reflecting on the author's perspective throughout the analysis and documenting decisions in a log, using credibility checks to establish inter-rater reliability, presenting the data in a coherent framework, and providing specific examples of direct quotations in the results section. The methods were also in line with guidelines for ethical research with transgender populations described by the Canadian Professional Association for Transgender Health (Bauer, Devor, Heinz, & Marshall; 2017) and other experts in this field (Adams, Pearce, Veale, Radix, Castro, Sarkar, & Thom; 2017).

### **2.4.1. Transcription**

The author, Antonia Dangaltcheva, viewed each videotaped session and transcribed the parts that specifically included parent discussions of their teen's and their own experiences related to gender identity (e.g., coming out, medical transition, etc.) and mental health (e.g., anxiety, self-esteem), as well as examples of connecting with their teens (e.g. positive interactions such as a conversation or spending quality time together). Transcription focused on content specifically related to gender given its special importance with parents of transgender youth. In addition, discussions regarding mental health and the parent-teen relationship were of interest as it was predicted that parents may change how they reflected on these themes overtime.

Although these three topics were also discussed throughout the experiential exercises included in the group, it was assumed that parents would find it easier to reflect on the experiences of the teens and parents portrayed in the role-plays than to reflect on their own personal experiences. Therefore, only the personalized content that was discussed was deemed appropriate for transcription as it was assumed to be a better predictor of whether parents were increasing their reflective capacity in their own relationships. Discussions

regarding gender, mental health, and the parent-teen relationship in the context of the role-plays were not transcribed.

The Welcome Sessions were not transcribed because they were not consistently videotaped and they were more similar in content to support groups. Leaders' responses were also not transcribed.

An "utterance" was defined as each separate statement that a parent made. An utterance was considered complete when the parent was interrupted or when the speaker changed. For example, if a parent stated, "My child came out two years ago," and another person then made a comment, this would constitute an utterance. However, if the parent stated, "My child came out," and another parent or a leader interrupted their statement and asked, "When?", their response (e.g., "Two years ago") would be considered a new utterance.

A research assistant was trained by the author to transcribe the video content based on the previously described criteria. The research assistant was provided with definitions and examples of content related to gender, mental health, and the parent-teen relationships. They also read through an example of a session that was transcribed by the author.

The standard percentage of material reviewed to establish intercoder reliability varies in qualitative research but 10% appears to be acceptable (Lombard, Snyder-Duch, & Bracken, 2002). Given the exploratory nature of this research, it was decided that 20% would be adequate for the current study.

Two randomly selected sessions from each of the three groups (20% of sessions) were transcribed by the research assistant to establish intercoder reliability in selecting the content that was relevant for the analysis. The selected sessions differed for each group. The research assistant and author compared their transcription after the completion of each individual session.

#### **2.4.2. Group Themes**

In order to identify group themes, template analysis was selected because it a flexible technique that is widely used in qualitative research in psychology (Brooks, McCluskey, Turley, & King, 2015) and can potentially yield a rich account of data (King, 2012). Template analysis

allows the author to use apriori themes and hence seemed to be an ideal approach due to the author's previous knowledge of the literature and experience with facilitating the group.

An initial template of themes was developed based on previous research and the author's notes from reviewing the videotaped sessions for the purposes of clinical supervision (See Appendix D). The author assigned themes to the verbatim interview transcript using NVIVO 11 (QSR International, 2015). Each utterance was coded separately and could potentially receive one theme, multiple themes, or none. A table of the frequency of themes across groups was created. Additional themes were identified, and the initial template was adjusted by deleting less prominent themes (e.g., concerns about the future) and merging similar themes (e.g., peers and online use). The author sought feedback regarding the new theme categories from research assistants.

One of the group co-facilitators was provided theme definitions and examples and read through a session that was coded by the author. The group co-facilitator then coded 20% of the sessions and provided feedback in order to refine the coding scheme and clarify the theme definitions further. Transcripts were then recoded by the author. A research assistant was also trained to code for themes and then independently coded two sessions from each of the three groups (20% of sessions) in order to establish inter-rater reliability.

### **2.4.3. Group Skills**

A coding scheme was developed to capture the three skills that were introduced and practiced in the group: stepping back, stepping into the teen's shoes, and reflecting on the parent's own experience. "Stepping back" was defined as the ability to wait before intervening or to practice reticence (Murphy et al., 2015). An example of a parent demonstrating stepping back is, "I do pause before I engage, and I think particularly about what I am saying and how I am saying it and why." Based on Fonagy's definition of reflective capacity (Fonagy, Steele, Steele, Moran, & Higgitt, 1991), "stepping into the teen's shoes" was defined as, "the ability to reflect on the thoughts and/or feelings of their teens." An example of a parent stepping into the teen's shoes is, "At this point my kid does not want to tell my partner out of fear." Finally, parents' reflection of their own experience or their practice of self-awareness was defined as their "ability to reflect on one's own thoughts and/or feelings." An example of this is, "I find that I have a lot of sadness for him because he is missing out."

The consultation team discussed this approach and provided feedback regarding the definitions. The author then coded the transcripts for these three skills. Each code could vary in length and ranged from including part of an utterance to several utterances. The same research assistant who was previously trained to identify themes, was trained to code group skills. The research assistant was provided definitions and examples of the three skills and then read through a session that was coded by the author. Once trained, the research assistant independently coded two sessions from each of the three groups (20% of sessions) to establish inter-coder reliability. After each session, the author and research assistant discussed the rationale for their coding when their codes differed. More information regarding these discrepancies is provided below. The ratios of the transcribed content related to each of the three skills across the four phases of the intervention were graphed for each group separately and are presented in the results. The total number of parents who used each skill across the four phases of the group was also graphed.

## **2.5. Intercoder Reliability**

Percentage agreement was used to calculate intercoder reliability for the three main steps of the qualitative analysis because the rating process was very open-ended which eliminated the possibility that the raters were guessing (McHugh, 2012).

To establish intercoder reliability for transcription of group sessions, the research assistant viewed six sessions that were previously transcribed by the author. Each session was approximately 1.5 hours. The author identified 162 utterances within these six sessions, while the research assistant identified 145 utterances. The agreement between the two coders was approximately 75% of all utterances that were transcribed. The author transcribed an additional 30 utterances that were not identified by the research assistant and the research assistant transcribed an additional 13 utterances that were not identified by the author. Hence, most of the discordances (69.8%) were due to the author transcribing more utterances than the research assistant. Discrepancies were discussed and resolved immediately following each individual session that was transcribed by the research assistant.

With respect to coding of themes, coders could assign as many themes to each utterance as they felt fit or none. The percentage agreement reflects the overall agreement between the total number of themes that were identified by both coders. Good reliability was achieved between the author and the co-facilitator of the group (70.0%) and the primary

researcher and the research assistant (69.3%). Most of the discrepancies in coding were due to disagreements regarding several specific themes: acceptance, confusion, and connection. These appeared to be defined less well and to be more subjective to interpretation.

In terms of coding of group skills, the research assistant read through all utterances and highlighted all examples of parents stepping back, stepping into their teen's shoes, and practicing self-awareness. The agreement between the coders for the three skills was 76% of the transcribed material from the six group sessions. Approximately 5% of the transcribed material was not coded by the research assistant but was coded by the author as the parent reflecting on the teen's experience (2.7%) or their own (2.3%). Approximately 15% of the transcribed material was not coded by the author but was coded by the research assistant as the parent reflecting on their teen's experience (8.9%) or their own (5.4%). Finally, approximately 4% of the material was a disagreement in codes between the two coders, and most often (3.7%) this was due to the research assistant coding a section as parental self-awareness, when the author coded it as reflective capacity for the teen.

## **2.6. Author's Reflexivity**

I am a cisgender person and although I do not ascribe to a gender binary view of the world, I acknowledge that my own personal experience is limited. The training I have received has not always been inclusive of diversity, but I have sought out experiences that have helped me develop competence in working with more diverse populations. For example, I have trained with Dr. Wallace Wong, a psychologist who specializes in working with gender nonconforming children and their families. During my practicum, I provided individual therapy for gender nonconforming youth, completed assessments, and co-led a biweekly support group for adolescents and a monthly group for children with gender varying behaviour. I also observed the parent support group. In addition, I have participated in workshops and other training opportunities including the WPATH four-day training in Best Practices in Mental Health Care. I have also attended local, national, and international conferences for transgender health.

I have been involved in all aspects of this research project including adapting the manual, facilitating the groups, and analyzing the data. Throughout this process I have reflected on my own experience and challenges in completing this project and shared this with my co-facilitators and the team. During the analysis, I kept a log which documented my decisions as well as my experience in analyzing the group content. I have been especially careful in the use

of language in the program, session content, and exercises to ensure that the adapted group is a strength-based program that supports families and parents by building on their competencies and skills

The two research assistants who completed the transcription and inter-rater coding are also cisgender women. They had extensive experience with conducting qualitative analysis but did not have clinical experience with transgender youth or their families. During the analysis, we discussed the discrepancies in our coding and shared our experiences and impressions with one another.

## Chapter 3.

### Results

#### 3.1. Parent Feedback

On the Treatment Engagement and Client Satisfaction Questionnaire, all caregivers ( $N = 20$ ) reported feeling respected, safe, and welcomed in the group. Parents reported learning about attachment was helpful (30%;  $n = 6$ ) or very helpful (70%;  $n = 14$ ). They also indicated the group was helpful (35%;  $n = 7$ ) or very helpful (65%;  $n = 13$ ) in enhancing their understanding of their teen, and helpful (60%;  $n = 12$ ) or very helpful (40%;  $n = 8$ ) in enhancing their understanding of themselves as parents. Similarly, most parents rated the group as helpful (70%;  $n = 14$ ) or very helpful (20%;  $n = 4$ ) in increasing their understanding of their teen's gender identity and transition, with two parents indicating that it was not helpful in this regard.

Most parents (60%;  $n = 12$ ) reported applying ideas discussed in the group at least somewhat and 40% ( $n = 8$ ) applied them frequently. The majority (65%;  $n = 13$ ) indicated that their relationship with their teen had changed at least somewhat, while 20%; ( $n = 4$ ) reported major changes in their relationship. Of note, those who did not apply these concepts as frequently also reported less change in the relationship,  $\chi^2(1, N = 17) = 5.24, p < .05$ , Cramer's  $V = .56$ . All parents anticipated more change in the future. Overall, parents endorsed somewhat (50%;  $n = 10$ ) or greatly (50%;  $n = 10$ ) improved feelings of efficacy while parenting.

Fourteen parents indicated that they had attended either parenting groups or support groups in the past. In comparison to groups parents had attended in the past, Transforming Connections was rated as better (64%;  $n = 9$ ) or much better (25%;  $n = 3$ ). Two parents indicated that it was similar to other groups, but none rated it as worse. In addition, most parents (80%) indicated that they enjoyed both the supportive (e.g. meeting with other parents to share advice) and structured (e.g. attachment principles, role-plays, etc.) aspects of the group. Two parents preferred the supportive aspects and one parent preferred the structure.

Qualitative themes from the open-ended questions included being able to empathize with their teen more easily and feeling more confident in parenting. For example, parents stated, "[The group] helped me understand that when my child is upset/angry/appears selfish/inconsiderate, etc. she is really expressing a connection need," and, "[The group] helped

me try to understand the troubles they face as trans teens.” Another parent noted, “I was pretty freaked out about what my child is going through, but I realized that he is actually the same, pretty well-adjusted kid. It was reassuring. If there are issues in the future, I think I can handle them.” When asked about specific examples of how the group was helpful with parenting, most parents listed that stepping back was most helpful. Parents also listed that it was helpful to reflect on and understand their child’s experience and their feelings, to consider their own needs, and to feel reassured that they could handle issues in the future.

Regarding the role-plays, most parents reported that they found them relevant. Some listed that they wanted to see more defiance or avoidance in the teen. One parent noted that their child was further along in their transition so some issues discussed were not as relevant. Other suggestions for new role-plays themes included dealing with low self-esteem, managing crisis situations, and substance use.

In terms of limitations, caregivers in one group reported that their teen had complex mental health needs and engaged in self-harm. Many wanted additional support regarding managing crisis situations. In addition, caregivers faced ongoing challenges as their teens began to transition. They asked for more time to discuss these topics and they wanted more information specifically regarding medical transition. Some parents felt that the group was not always specifically targeting issues regarding gender and that it addressed “typical teen behavior,” but caregivers seemed divided on this. Some wanted more informative content and role-plays that were more explicit while others indicated feeling relieved that they were facing universal parenting issues. One parent noted, “As the group progressed, we delved more into topics with a more specific target of trans issues which was helpful.” Another parent wrote, “Our teens have many issues faced by most teens. But it was great having a group of parents that all shared transgender issues. The role-plays were adapted for us which made it more relevant. The discussions that followed allowed us to explore trans issues as a group.” Parents also asked for more time in general and many of the parents wanted ongoing contact with the group members and leaders.

With respect to other changes, several parents indicated that it would be helpful for teens to attend a parallel group that is structured around the same principles. Other suggestions included more sessions for more time to learn about group members and their teens, initiating a Facebook page with helpful information, and uploading handouts online.

### 3.2. Group Themes

The themes that were initially identified in the transcripts are outlined in Table 1. The theme template was revised after the first coding attempt and several changes were made. First, several new categories were identified including “isolation”, “confusion”, and, “rejection”; these are also captured in Table 1. Second, all three of these new themes, as well as “support” and “connection”, were collapsed during the interpretation into a new theme, “acceptance”, because these themes were discussed as part of the parent’s process in accepting their teen’s gender and gender journey. Third, the category “concerns about the future” was deleted because the captured content overlapped with several categories including “medical transition” and “concerns about safety” and therefore this category was redundant. Finally, several categories were collapsed due to the low base rate of responses and because they were similar in content. “Hormones” and “surgery” were collapsed into “medical transition”. “Romantic relationships” and “friends and online contact” were collapsed into “connecting with peers and online use”. “Anxiety” was an integrative theme that occurred across many discussions, thus it was important to distinguish between parents’ reactions to steps in the gender journey, which often reflected elements of anxiety, and their concerns regarding other specific topics including mental health and safety concerns.

**Table 1. Frequency of themes occurring in transcripts.**

Themes	Frequency Across Three Groups	Frequency Across 27 Sessions
A. Gender Journey		
1. Coming Out	3	17
2. Finding Support		
a. Family Members	3	60
b. Peers/Online	3	39
c. Romantic Relationships	3	13
3. Names and Pronouns	3	57
4. Medical Transition		
a. Hormones	3	34
b. Surgery	2	4
A. Parent Reactions		

1. Support	3	22
2. Confusion	3	16
3. Isolation	2	6
4. Rejection	3	32
5. Connection	3	28
6. Grief		
a. Perceived Loss of Child	3	36
b. Missed Opportunities	3	47
7. Concerns		
a. Safety	3	35
b. Mental Health	3	69
c. Phase	3	31
d. Future	2	5

The final organization of the key themes appear in Figure 1 and are described in more detail below.

### **3.2.1. Gender Journey**

Parents in the group often spoke about different aspects of their teen’s gender journey. Sometimes this was in the context of sharing knowledge or experiences with one another. Often, they described their own reactions to these steps.

#### **1. Coming Out**

Some parents shared their reactions when their teens first came out to them. For example, some felt shocked initially whereas others noted that there had been signs when their children were younger, but they were uncertain of what these signs meant. In addition, parents reported feeling anxious about their teens coming out to others but were happily surprised that when teens came out to peers or came out online, the reactions they received were largely positive. Parents shared that sometimes coming out to their extended family was a difficult process. Some anticipated that their family may not be supportive and delayed telling them; however, it became difficult to consistently keep in mind who their teen had or had not come out

to and this in itself was stressful. In one case, one parent stated that their teen did not want to associate with anyone who knew them before they had transitioned.

## **2. Finding Support**

### **a. Family Members**

One parent shared how frustrated they felt trying to prove to the rest of the family that their teen was trans, and this made them realize how difficult it was for their teen who faced the challenge of having to prove their gender identity to the world on a daily basis. Others shared having to cut off relationships with family and friends who were not supportive. All these situations caused a lot of anxiety for the teen and the parent.

Some parents acknowledged differences in how they treated their gender nonconforming teens compared to their siblings. Parents also believed that their other children picked up on this, which made it more difficult to foster balance in their families.

### **b. Connecting with Peers and Online Use**

Parents noted that for their teens the need to be accepted by peers was very strong but unfortunately many of their teens were isolated. They acknowledged connecting with peers online may be fulfilling an attachment need and can function as a “lifeline and anchor,” but at the same time, they also referred to it as a “double edge sword.” They worried about their teen’s safety and some had experienced situations in which their teens wanted to meet their online friends in real life. Parents also spoke about aspects of their teen’s romantic relationships including coming out to their partners, navigating sleepovers, and over-sharing.

## **3. Names and Pronouns**

Parents acknowledged that they encountered difficulties with teen’s pronouns and names changing. They discussed changing their teen’s birth certificates and passports and shared their own feelings about the process. Some parents found it particularly difficult to adjust to using the pronouns “they/their/them,” while others admitted that they continued to make mistakes even years later. They shared that they did not intend to be disrespectful but nonetheless they acknowledged the impact that this had on their teen and their relationship. Parents also discussed challenges navigating situations in which their teens are misgendered by others. Some spoke about having to advocate for their children while others discussed ways they helped their teens cope with their feelings after being misgendered.

#### **4. Medical Transition**

Parents were keen to discuss hormones and surgery with one another as they could not broach these topics with their friends. Parents in our groups acknowledged that although they are trying to be supportive and respectful of their teens, at times it was difficult to have these discussions because they felt they were “losing control.” When asked whether their concerns were getting in the way of connecting to their teens, one parent stated, “It was totally getting in the way, me not loving the whole process.” They reflected that their reaction had created distance in their relationship and as a result their teen was less likely to initiate these conversations in the future.

Parents were also concerned regarding the impact of the steps their teen was currently taking would have on their development, their future, and their ability to have their own children. One parent stated, “My teen wants to make all these lifelong decisions, and I’m putting on the brakes. I don’t want to come across as the bad guy but ultimately I’m the one who is really responsible.”

### **3.2.2. Parent Reactions**

#### **1. Acceptance of Gender**

Parents in the group discussed the process of accepting their child’s gender identity and understanding their experience, including various barriers that got in the way of supporting their teens. For example, they spoke about how the language around gender is always changing and it is difficult to keep up. Parents also expressed confusion about the steps their teens were taking in their gender journey. Additionally, many parents felt isolated from their friends as they were dealing with unique issues in parenting. For some parents, it was difficult to empathize because they could not quite understand what their teen was going through as they could not relate their teen’s gender journey to their own experience. One parent shared with respect to their teen’s transition, “My teen believes that I don’t understand, and they don’t try to explain or share their feelings.” Another parent recognized that each time they, “ignore an opportunity to connect, the wall gets thicker.”

At times, parents talked about feeling disconnected from their teens. Often, teens did not want to discuss their mental health or their gender journey with their parents. Towards the end of the group, one parent indicated that some of their takeaways were that their teens felt

“unheard” and they had learned to “pay attention.” Parents also expressed instances in which they connected with their teens. For example, one parent shared that her teen was surprised that she agreed to go shopping for a binder. She speculated that her teen believed she was not accepting of their gender journey and that her actions may have made her teen question their story of their mother as being unsupportive. Ultimately their relationship was left in a better place.

## **2. Grief**

Parents shared that it was difficult to discuss their family history while being sensitive to their teens, and some had to remove family pictures from their homes because of requests from their teens. Parents missed aspects of their previous relationship and felt immense loss. They acknowledged that these strong feelings were a barrier to them connecting with their teens. For example, one parent stated, “I am watching my little girl disappear, rather than watching my little man grow.” However, others felt that their teen was still the same person.

At the same time, parents also expressed feeling grief regarding their teens no longer participating in activities they once enjoyed, because of their transition. They felt that their teens missed out on opportunities other teens were afforded. For example, parents shared that their own teens had left sports teams for various reasons including wanting to play on a team of their affirmed gender or feeling uncomfortable in change rooms. Unfortunately, teens had lost touch with friends as a result. Parents often felt conflicted because they wanted their teens to be involved and to learn about commitment and responsibility, but they did not want to force their teens to do something they did not want to do. One parent spoke of his sadness for his teen because, “lots of doors have closed and really not many have opened.” Another parent noted, “I find myself grieving all the time because they’re missing out on something...but their mental health is way more important.”

## **3. Concerns**

### **a. Safety**

Parents shared concerns regarding their teen’s safety in the community, particularly when they venture out independently or need to use a public washroom. One parent shared similar concerns regarding safety when their teen made connections with friends from a youth group who were older. They stated that “creating a community with kids he is comfortable with is important,” but they worried about the influence of older peers and potential exposure to

substance use. With respect to Pride events, parents expressed concerns regarding their teens being in situations where there may be substance use, nudity, and “haters.”

#### b. Mental Health

Parents shared concerns regarding their teen’s low self-esteem, self-harming behaviours, and mental health challenges. Parents in one of the groups frequently returned to a theme of having teens who are especially vulnerable, and some described them as “fragile”. The rate of teens engaging in self-harm as reported by caregivers was high, but consistent with that reported in the literature (Veale, Saewyc, Frohard-Dourlent, Dobson, Clark, & the Canadian Trans Youth Health Survey Research Group, 2015). Parents indicated that they had to be “hypersensitive” and “more protective.” They struggled to set limits because they felt they had to “overcompensate.” Towards the end of the group, parents questioned their perception of their teens. For example, one parent asked, “Are we making them more fragile because we give into them more?” while another questioned, “Am I helping him be codependent on me?”

#### c. Phase

Parents in the groups shared doubts about their teen’s gender identity and worried that it might be “a phase”. Some believed that their teens may change their minds in the future. These doubts seemed more pronounced when parents perceived their teens not to be moving forward with their transition in the way they had expected. Parents whose teens were gender fluid or gender nonconforming appeared to struggle even more, especially when their teen’s gender expression seemed inconsistent. These are common concerns that come up for parents in support groups (Di Ceglie & Thummel, 2006; Menvielle & Rodnan, 2011); however, parents in our groups also recognized how their doubts were affecting their teen and their relationship. For example, one parent stated, “My teen believes that I don’t think they are really trans, and therefore they are embarrassed or ashamed. They don’t like it. They don’t want to open up. They make themselves less the way they want to be.”

### **3.3. Group Skills**

The ratios of the transcribed content related to the three skills across the different phases of the intervention were graphed for each group separately. The results are presented below.

### **3.3.1. Stepping Back**

Parents talked about stepping back during discussions with their teens, conflict, and crises. Most of the time, this strategy seemed to be effective in diffusing the situation or eliciting more sharing from the teen, but parents also described feeling challenged to delay problem solving. They described that by stepping back they could carefully consider what issues they wanted to address while being mindful of their own reactions.

Based on the group discussions, it appeared that the three groups differed in their practice of this skill. Caregivers in Group 1 were considered early responders as they were already providing examples of stepping back in the first phase of the group (See Figure 2). Group 2 were mid-responders because their discussion of stepping back peaked during the third phase. Group 3 were late responders, who seemed to employ this skill mostly during the fourth phase of the group.

### **3.3.2. Stepping Into Teen's Shoes**

Parents demonstrated that over the course of the group, they were able to reframe their teen's behaviour and understand it in terms of being driven by some of their emotions (e.g., excitement, fear, discomfort) and their attachment needs (e.g., connection, acceptance, safety). Parents also reflected on their reactions and how they could impact their teen and their relationship. For example, one parent shared: "When we'd make a mistake, it was a flash point. He just went off. And now I think we understand it a bit more. The difficulty he was going through with the transition. And by us calling him her or using his birth name, his first name, he probably saw us not being supportive of his transition even though it was just a mistake."

Despite the variability across phases in caregivers' ability to step into their teen's shoes, all groups seemed to employ this skill more in the final phase of the group compared to during the first phase (See Figure 3). Group 1 and Group 3 both appeared to be early responders as they were actively reflecting on their teen's thoughts and feelings during the first phase of the group. In contrast, Group 2 overall seemed to display less of this skill across all phases. They were considered to be mid-responders because their ability to step into their teen's shoes peaked during the third phase.

### **3.3.3. Self-Awareness**

Parents shared their own fears and challenges. They described feelings of loss, anger, and sadness but they also shared instances of attempts at being more supportive. Parents also commented on their experience in being in the group including feeling reassured and less alone. Parent's ability to reflect on their own thoughts and feelings gradually increased as the group progressed (See Figure 4) and this was the most significant change among the three skills.

The total number of parents who used each skill across the four phases of the group was also graphed. Overall, it appears that as the groups progressed, increasingly more parents practiced each skill (See Figure 5). Notably, even at the outset many parents were already reflecting on their teen's experience and by phase two, the majority were sharing their own experiences. Stepping back, however, seemed to be a much more novel skill, which was practiced by fewer caregivers overall. When the number of parents using each skill at the beginning and at the end of the group was compared, the most dramatic change was in the number of parents reflecting on their own experience followed by parents beginning to step back in their interactions with their teens.

## **Chapter 4.**

### **Discussion**

This research entailed the adaptation of an evidence-based and attachment-focused intervention to address the needs of parents of trans and gender nonconforming youth. The study undertook a preliminary evaluation of the perceived fit and value of this program, an examination of the central themes, and an exploration of caregivers' ability to step back in their interactions with their teens and reflect on their teen's experiences and their own.

The structure of Connect allowed the consultation team to easily adapt the content of the role-plays and to integrate some additional discussions. Although the adapted role-plays had been discussed in advance, as the groups progressed, new role plays were created to capture issues with which caregivers struggled. During group sessions, parents indicated that they perceived these role-plays to be relevant and often commented that the role-plays were similar to their own experiences without necessarily specifying how. However, it was notable that parents in the first group initially seemed to mostly discuss issues regarding their parent-teen relationship within the context of these role-plays and to bring up issues regarding their teen's gender journey either towards the beginning or the end of each session. In order to address this division, after each role-play facilitators began to explicitly ask parents to elaborate on how the role-plays were similar or different to their own experiences. The discussions seemed to then become more relevant and fluid.

#### **4.1. Parent Feedback**

Parent attendance and engagement in the group was high and caregiver feedback supported the effectiveness of this intervention. Parents reported that learning about attachment was helpful and enhanced their understanding of their teen, themselves, and their teen's gender journey. Parents also endorsed rates of positive change in their relationships with their teens comparable to rates reported by parents who completed Connect (Moretti & Obsuth, 2009). In terms of the qualitative feedback, similarly to parents who participated in Connect (Moretti, Holland, Moore, & McKay, 2004), caregivers in these groups reported being better able to empathize with their teens. Past research has shown that the improvements seen post Connect are long term and are evident even two years later (Högström, Olofsson, Özdemir, Enebrink &

Stattin, 2016). Thus, it is possible that this is the case for parents in this group, but it will be important to examine this further in future studies.

Of equal importance, parents expressed feeling more confident in parenting and expecting more positive changes in their relationship in the future. This increase in efficacy has been endorsed by parents who have completed the Connect group (Moretti & Obsuth, 2009) and may be related to the reported increased understanding of teens and how to respond in conflict, or the observed shifts in the relationships. Parents in our groups also discussed feeling reassured and relieved to understand many of the issues that their teens were struggling with were typical for their age. This was especially true for parents in the group that often described their teens as “fragile.” In future studies it will be important to examine this increase in confidence as a potential mechanism of change that mediates the positive outcomes (e.g., improved teen mental health) reported by both parents and teens post intervention. It may be that parents who are more confident are better able to cope with the challenges that they face. Research examining coping in trans youth has demonstrated that youth are influenced by their parents’ ability to cope with stress (Budge, Katz-Wise, Belcourt, Conniff, Parks, 2016) such that when parents are less stressed, their teens are also less stressed. Therefore, it is possible that teens whose parents are more confident and less stressed after completing the group, also experience less stress, but further study is necessary to establish this relationship in our sample.

## **4.2. Adaptations**

In contrast to parent support groups in the community where the focus is largely on exchanging information and providing support for one other (Rosenberg, 2002), the structured content in our group is designed to help parents develop empathy for their teens. Caregivers indicated that they liked both the structured and supportive aspects of the group. They reported feeling safe and supported, while also discussing specific strategies that allowed them to better support their teens.

Of particular interest was whether the adapted program content adequately addressed relevant issues for caregivers of trans and gender nonconforming youth. Most parents reported that the group was helpful in enhancing their understanding of their child’s gender identity; however, some parents still wanted a stronger focus on gender and some expressed the need to discuss these issues earlier rather than later in the group. Interestingly, the group was

designed to gradually address these themes. This gradual approach was intended to help caregivers who began the group with more ambivalence feel more comfortable prior to the discussion of gender related issues. In contrast, feedback indicated that parents expressed increasing satisfaction as the group progressed and there was a greater emphasis on specific issues related to gender. In future work it will be important to consider whether a “front loading” approach is beneficial for all families who attend the group or whether some flexibility in how quickly these issues are introduced is needed to adjust to diverse group composition.

Despite parents’ interest in discussing gender issues more quickly, when asked, most parents reported that they found the role-plays to be relevant and suggestions they made to revise these were not related to gender but instead focused more on managing mental health issues. Nevertheless, in conducting qualitative analysis of the discussions related to gender, it was evident that the first two group sessions and the final session did not elicit a lot of meaningful discussions specific to gender. Therefore, regardless of the approach chosen for the first couple of sessions, it would be important to add a discussion in the final session regarding challenges that parents anticipate they would be facing with their teens as they progress in their gender journey as well as ideas about how to handle these challenges.

The themes discussed in our groups were reminiscent of those that emerged in prior group work with parents of gender diverse children and teens, including a strong focus on aspects of their children’s gender journey and discussions related to parent’s affective experiences. For example, Menvielle and Tuerk (2002) facilitated a group for parents of children under twelve years old, in which, similarly to our group, parents discussed confusion around gender, expressing acceptance, supporting their children in coming out, concerns about peers and bullying, and grieving. They also reported themes related to embarrassment and using humour, which may be related to parents having younger children.

In a more recent group which consisted of parents of adolescents (Minvielle and Rodnan; 2011), several of the themes overlapped with our discussions including coming out, acceptance of gender, perceived losses, and uncertainty about the future. Authors also commented that when parents were concerned about co-occurring mental health problems, they were observed to reduce their expectations of their children both at home and at school. This was similar to what was observed in the first group that was facilitated with respect to parents viewing their children as more “fragile” as a result of having significant mental health concerns. Parents in the group began to question whether their behaviour was making their children more

“fragile” and they were asked to consider how to respond to their teen’s needs by balancing empathy while being able to set appropriate limits. This response was consistent with the recommendations by Menvielle and Rodnan (2011), who also reminded parents that support includes appropriate limits and requires negotiation and compromise.

With respect to outcomes, similarly to other support groups (Rosenberg, 2002; Menvielle and Tuerk, 2002; Di Ceglie & Thummel, 2006), parents shared feeling isolated initially and relieved to be able to share their experiences with other parents who were encountering similar challenges. Although Transforming Connections is more experiential and less didactic in nature, than the group described by Di Ceglie and Thummel (2006), participants in both groups reported increased acceptance and understanding of their children. Parents also provided similar feedback regarding limitations including wanting more time to talk before and after each session, wanting additional resources, and being interested in having their teens attend some of the sessions.

### **4.3. Group Skills**

It was expected that over the course of the group, parents would begin to “step back” in their interactions with their teens and to reflect more on their teen’s experiences and their own. As anticipated, more parents began to employ each skill across each phase of the intervention. Many of the parents were motivated to think about their teen’s experience at the outset of the group, which speaks to the sample of parents that elected to participate in the intervention. However, they were often overwhelmed by their teen’s experiences initially. As the group progressed, parents began to consider more specifically how their teen’s thoughts and feelings affected their behavior and this greater understanding appeared to reduce some of their anxiety.

A large number of parents also quickly began to share their own thoughts and feelings. This process reflected the cohesion that quickly forms in these groups (Di Ceglie & Thummel, 2006). By phase two, most parents were allowing themselves to be vulnerable. Although this was in some ways similar to support groups, where parents share more personal information with each other over time (Menvielle & Rodnan, 2011), parents in our group engaged in focused-reflection about their own experiences.

It appears the idea of “stepping back” was more novel for parents but very impactful. Stepping back was largely not discussed by parents in the first phase of treatment with respect

to their own teens but gradually more parents began to use this skill and describe how it was impacting their relationships. The ability to step back in interactions with teens is crucial as parents are then able to reflect on their own feelings and that of their teens and to consider how to respond in a way that communicates genuine interest and respect for their teens' attachment needs. The importance of this skill was reflected in the qualitative feedback in which parents shared that the most helpful aspect of the group was learning to step back, remain calm, and listen before reacting.

Qualitative analysis indicated that the groups differed in their ability to adopt new concepts and to apply them consistently. Group 1 appeared to be early responders both in their ability to practice stepping back and using reflective capacity for their teen. Groups 2 and 3 were mid to late responders. Phases of change may differ due to the individuals comprising the groups and the varying dynamics that emerge across groups. Thus, the same parent in a different group may have a different experience.

Another factor to consider is the size of each group, which varied significantly. Group 1 was mid-sized ( $n = 7$ ) and therefore captured different perspectives in the room but also allowed parents a lot of time to express their own views in the discussions. Group 2 ( $n = 4$ ) and 3 ( $n = 9$ ) were much smaller and larger so perhaps in the former there were not enough different perspectives, while in the latter, with too many parents in the group, it was easy for some parents to remain less engaged. The strength of the group is in the different perspectives on parenting as well as different experiences with teen's gender journeys. Group 1, for example, included parents whose teens had come out when they were much younger but also parents who had just learned about their teen's gender identity. Thus, there was a lot of important information that could be shared.

Ultimately, group leaders should strive for a heterogenous group and regardless of the group composition should encourage parents to apply the concepts as early and as consistently as possible. In our groups, parents who did not apply these concepts frequently reported fewer positive changes in the relationship. Therefore, it might also be helpful to add a consistent weekly check in at the start of each session to determine whether parents have been applying these concepts and have noticed anything different in their relationships.

## 4.4. Limitations

Despite these promising preliminary results, there are a few limitations to consider. First, the sample size for this study was small. Recruitment was challenging as it appeared that parents initially found committing to ten sessions difficult. Menveille and Tuerk (2002) highlighted that one obstacle to engaging parents is the stigma attached to gender nonconformity. It is likely that the parents who participate in group interventions are more accepting of their teen's gender exploration (Malpas, 2011) due to a selection bias. It would be helpful to explore this in further studies and continue to make an effort to recruit from a variety of settings.

Second, the strategy used to explore group skills was crude and did not capture all the relevant discussions of parents in the group because often these conversations occurred before the sessions started and after they wrapped up. In fact, frequently parents shared personal updates during these discussions and therefore it would be important to include this content in the qualitative analysis.

Third, it is difficult to draw conclusions about the benefits of this approach in supporting parents of trans and gender nonconforming teens over others without including a control group, and future studies may be able to conduct a comparison and address this question. Specifically, it would be interesting to compare whether participants in Transforming Connections develop more empathy for their teens overtime than parents in support groups.

In terms of limitations of the intervention, parents indicated on feedback questionnaires that they wanted more information on how to deal with their teen's mental health challenges. While Connect has shown to improve youth mental health overtime by strengthening the parent-teen relationship (Moretti, Obsuth, Craig, & Bartolo, 2015), no specific psychoeducational components are included. It is hoped that as parents develop a new perspective in their relationships, they will consider their responses to new challenges and would feel better equipped to manage conflict and other emerging concerns. However, as parents in our groups often expressed concerns regarding their teen's mental health, efforts were made to refer parents to additional services, where available.

## **4.5. Future Directions**

Although these results are promising and build on the large evidence for the effectiveness of Connect, future directions include examining the changes in attachment relationship and youths' levels of depression, self-harm, and suicidality pre-and post-intervention. These specific areas are of interest because research has shown that trans youth report higher rates of depression, self-harm, and suicide, as a result of family rejection, victimization, and discrimination (Grossman & D'Augelli, 2007; Hendricks & Tiesta, 2012; Reisner, Greytak, Parsons, & Ybarra, 2014) and because parents who have completed Connect have consistently reported significant improvements in the attachment relationship and declines in their youth's levels of internalizing behaviours. Additionally, it would be important to consider other areas of functioning and examine changes in self-esteem and supportive parenting practices for trans youth. As research has demonstrated that parents and trans teens are discrepant in their reports on questionnaires (Katz-Wise, 2017) it would be essential to include feedback from both parents and teens.

## **4.6. Clinical Implications**

In terms of implementation of this intervention in the community, a knowledge translation project is currently underway, which will focus on training new leaders and supporting them in facilitating their initial group by providing supervision. Leaders will be asked to videotape their sessions and weekly discussions will cover content and process issues and ensure adherence to the manual. Funding for this project is supported by the Institute of Gender and Health. The project will aim to build capacity in the community while aggregating further evidence for this intervention.

Ideally, in the future, this group will be one component of an integrated wrap-around program for these families. In addition to participating in this group, parents can still benefit from a support group, because as noted above, they were observed to stay longer after sessions to have further discussions with one another. This has been observed in other groups (Di Ceglie & Thummel, 2006) and speaks to the isolation that parents experience and the relief that they receive in being able to connect with one another.

## **4.7. Conclusion**

Findings from the three pilot groups support the effectiveness of this intervention as a cost-effective method to deliver service to caregivers of trans youth. Results indicated that Transforming Connections was effective in reducing isolation experienced by caregivers of trans youth, promoting understanding and acceptance, and increasing parental efficacy by teaching parents to step back in their interactions with their teens. Feedback from these three pilot groups have informed further revisions of the program with the goal of co-creating a safe, helpful, gender-affirming, intervention. Future directions include training new leaders in order to build more capacity in the community and collecting data from parents and youth pre and post intervention.

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## Appendix A.

### Connect parent group principles and Transforming Connections adaptations

Phase	Session	Principle	Adaptations
1	1	<i>Welcome Session.</i>	Discuss language around gender identity.
	2	<i>All behaviour has meaning.</i> Attachment is a basic human need that shapes behaviour.	Role Play: Focused on separation anxiety and anxiety about attending school.
	3	<i>Attachment is for life.</i> The need for attachment continues from cradle to grave, but how it is expressed changes over time.	Discuss attachment needs related to gender (e.g., safety, identity, support, acceptance). Discuss gender identity exploration in the context of needs for connection and independence.
2	4	<i>Conflict is part of attachment.</i> When expressed and responded to constructively, conflict offers new opportunities for growth.	Role Play: The substitute teacher used the wrong name at school.
	5	<i>Autonomy includes connection.</i> Secure attachment balances connection and independence.	Role Play: Hormones and connecting with peers on the internet.
3	6	<i>Empathy – the heartbeat of attachment.</i> Empathy supports growth and strengthens our relationships.	Role Play: Teen wants to quit their soccer team because of reasons related to their gender. Discuss whether it is difficult to empathize with teens when we are lacking shared experience.
	7	<i>Balancing our needs with the needs of others.</i> Empathy supports growth and strengthens our relationships.	Role Play: Teen needs a ride to youth group, parent has prior commitments. Role Play: Teen does not want to visit extended family. Discuss: attachment needs for parents related to gender (e.g., understanding, support); finding balance in the family relationships and meeting needs of the teen’s siblings; safety concerns and use of social media.
4	8	<i>Growth and change are part of relationships.</i> Empathy supports growth and strengthens our relationships.	Role Play: Parents uses teen’s old name. Discuss loss, coming out to family, avoiding childhood history.
	9	<i>Celebrating attachment.</i> Attachment brings joy and pain.	Role Play: Teen is excited about body changes and talks about surgery. Role Play: Teen is excited to go to Pride with friends. Discuss how perceived loss is a barrier to connecting.
	10	<i>Two steps forward, one step back: staying on course.</i> Trust relationships in turbulent times. Adversity is an opportunity for growth.	Revisit soccer role play.

## Appendix B.

### Example of A Role-Play

*Parent is talking on the phone. Teen is sitting on the chair texting and listening to the parent's conversation:*

**Parent:** Well it was really nice to catch up Jade. I got to get going though because Claire is hungry, and I need to make her something for dinner....Alright.... Okay bye.

Teen notices when parent calls them Claire.

**Teen:** Mom, I can't believe you. What the hell? How many times do we have to talk about this? Stop calling me Claire!

*Parent does not respond.*

**Teen:** You're going to ignore me now? You're such a jerk!

**Parent:** Look if you can't talk to me respectfully, I won't be talking to you at all.

**Teen:** Why should I? You don't respect me, you don't care about me.

**Parent:** Well that's your opinion.

**Teen:** If you cared about me, don't you think you would have learnt to use the right name by now? You're not stupid!

*Parent ignores teen again.*

**Teen:** I'm so sick of this and I'm sick of you.

*Teen storms out of the room.*

## Appendix C.

### Transforming Connections Parent Group – Feedback Form

*Please answer as honestly as you can; all of your responses will be kept confidential. All identifying information will be removed to ensure anonymity; no personal details will be shared with others. The information we collect will be of help to better understand the experiences and needs of parents and families who have participated in the Transforming Connections Group.*

Caregiver Name:	
Name of Your Child:	Child Date of Birth:
<i>Your relationship to your child (e.g., father, mother, step-parent, foster-parent, relative, etc.)?</i>	

*The following pages contain a series of feedback opportunities for participants of the Transforming Connections Group. Along with the verbal feedback and debriefing interview these questions enable you to comment on various aspects of the program and make suggestions for improvement. Your feedback and comments are much appreciated; as partners in program evaluation participants such as yourself will help in adapting this program to address relevant issues for future participants in this program. Thank you for your help!*

To what extent was each of the following aspects of the Transforming Connections Group helpful to you? Please circle.				
1. Learning about attachment.	Very Helpful	Helpful	Not that helpful	Unhelpful
2. Discussing how attachment might be related to my child's behaviour.	Very Helpful	Helpful	Not that helpful	Unhelpful
3. Discussing how attachment might be related to my behaviour.	Very Helpful	Helpful	Not that helpful	Unhelpful
4. Role-plays to illustrate points.	Very Helpful	Helpful	Not that helpful	Unhelpful
5. Reflection exercises that illustrated points.	Very Helpful	Helpful	Not that helpful	Unhelpful
6. Handouts, suggestions of things to think about or try at home.	Very Helpful	Helpful	Not that helpful	Unhelpful

Please circle your responses to the following questions:				
7. To what extent do you feel the parenting group helped you to understand your child better?	A great deal	Somewhat	Not really	Not at all
8. To what extent do you feel the parenting group helped you to understand yourself better?	A great deal	Somewhat	Not really	Not at all
9. To what extent do you feel the parenting group helped you understand your child's gender identity and transition better?	A great deal	Somewhat	Not really	Not at all
10. Did you apply the ideas and/or exercises discussed in the group when parenting?	Frequently	Sometimes	Rarely	Never
11. Was there a change in the relationship between you and your child as a result of applying what you learned in the group?	A great deal	Somewhat	Not really	Not at all
12. Do you anticipate future change in the relationship between you and your child as a result of applying what you learned in the group?	A great deal	Somewhat	Not really	Not at all
13. Did you feel safe and welcomed in the group to discuss your experiences and concerns?	A great deal	Somewhat	Not really	Not at all

14. Were your experiences as a caregiver respected in the group?	A great deal	Somewhat	Not really	Not at all
15. Do you feel more confident in your ability to parent your child as a result of attending the group?	A great deal	Somewhat	Not really	Not at all
16. If you have attended other parenting/support groups in the past, how does Transforming Connections compare to other groups in terms of what you got out?	Much Better	Better	About the same	Worse
17. Which aspect of the group did you find most helpful: supportive (meeting with other parents to exchange information and advice) or the structured content (attachment principles, role plays, discussions, etc)?	Both Helpful	Both Helpful but Supportive was more helpful	Both Helpful but Structured was more helpful	Neither Helpful

Were there any aspects of the group that made it difficult for you to attend? What aspects of the group made it easier for you to attend? What could we have done differently to help support your attendance?

How did the program fit with addressing topics related to your teen's gender identity and transition?

Are there certain concerns that were not addressed? What other discussions would you like to have?

--

Are there specific role plays that you found relevant or not relevant? Are there any role plays that you would like us to include in future versions of the program?

--

What changes would you like to see in the Transforming Connections Group?

--

We will continue to ask parents to complete questionnaires before and after the group. What are some relevant questions and areas that you think we should include in our questionnaires?

--

Can you share with us any specific examples about how the group helped parent your child?
Did you feel safe in the group? Are there things that might make it easier to feel safe in the group?
How did the program fit with your cultural background and ethnic values?
What would you want to tell a caregiver who is considering participating in the group?
Would you recommend this program? If yes, who would you recommend this the program to?
Do you have any ideas about how we can connect with other caregivers of trans youth for future groups?

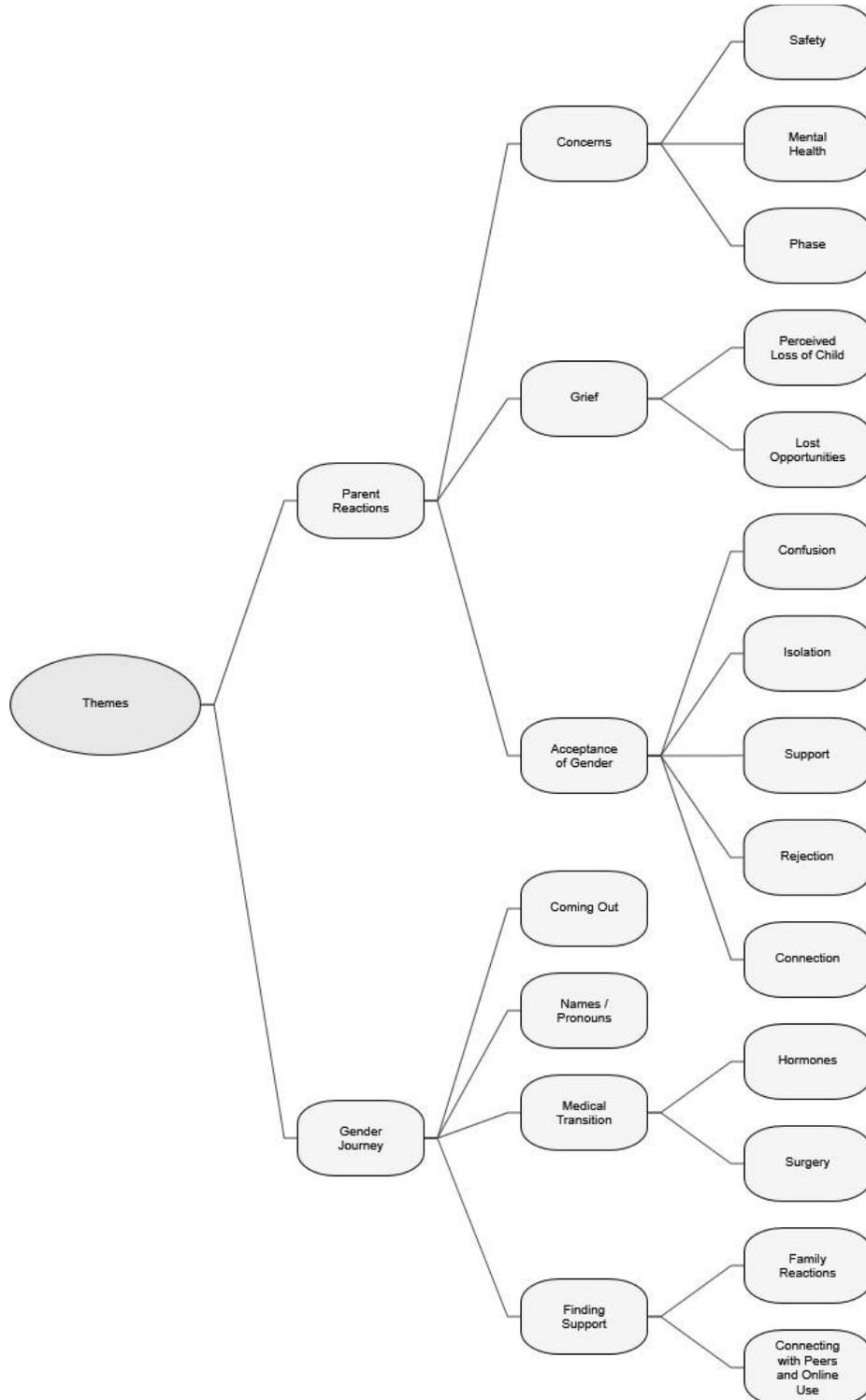
## **Appendix D.**

### **Initial Template of Themes Based on Author's Notes**

1. Doubts about gender: Questioning gender journey and whether it is a phase.
2. Perceived Loss/Grief: Parents missing aspects of their relationship with their teen and concerns regarding teens missing out on various experiences.
3. Acceptance of Gender: Process of accepting teens' gender, barriers that get in the way, examples of supportive actions.
4. Concerns about Safety: Parents' concerns regarding bullying and victimization.
5. Affirming Pronouns/Names: The process of changing names and pronouns and related challenges.
6. Coming out: Teens coming out to parents or coming out to others.
7. Hormones: Decisions about and/or effects of hormone blockers and hormones.
8. Surgery: Discussions about surgery.
9. Sexuality: Romantic relationships.
10. Extended family reactions: Reactions from siblings, extended family, and family friends.
11. Other (related to gender)
12. Mental Health: Depression, anxiety, self-harm, etc.
13. Connecting to their teen: Examples of positive interactions with teen.

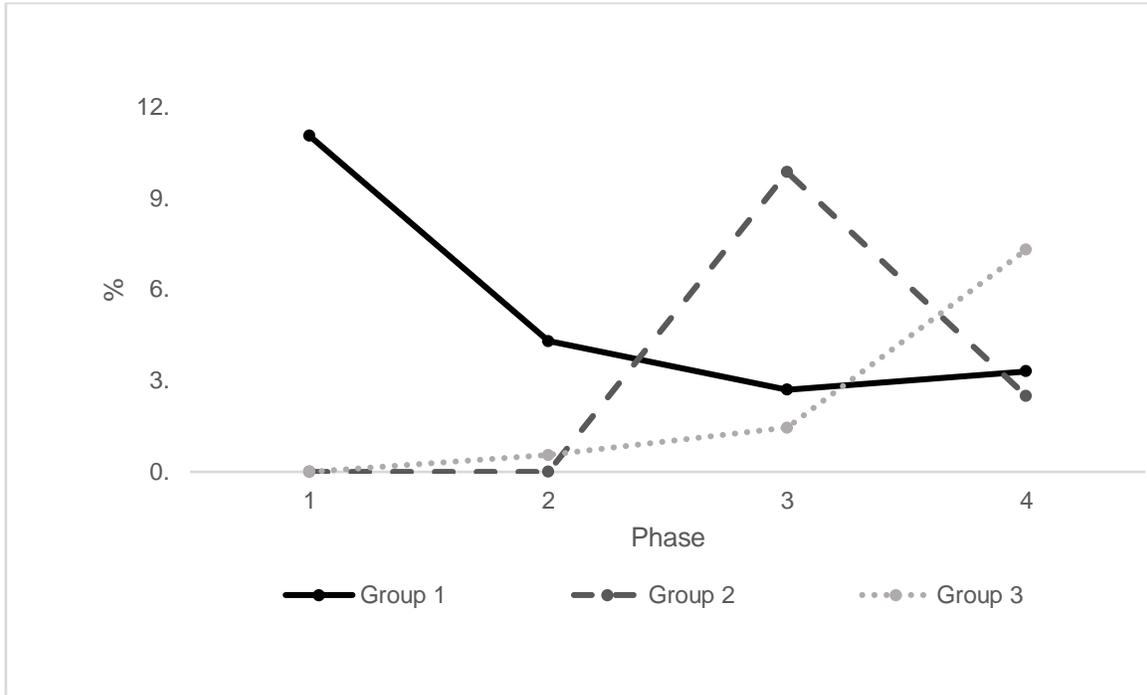
# Appendix E.

Figure 1. Organization of Key Themes.



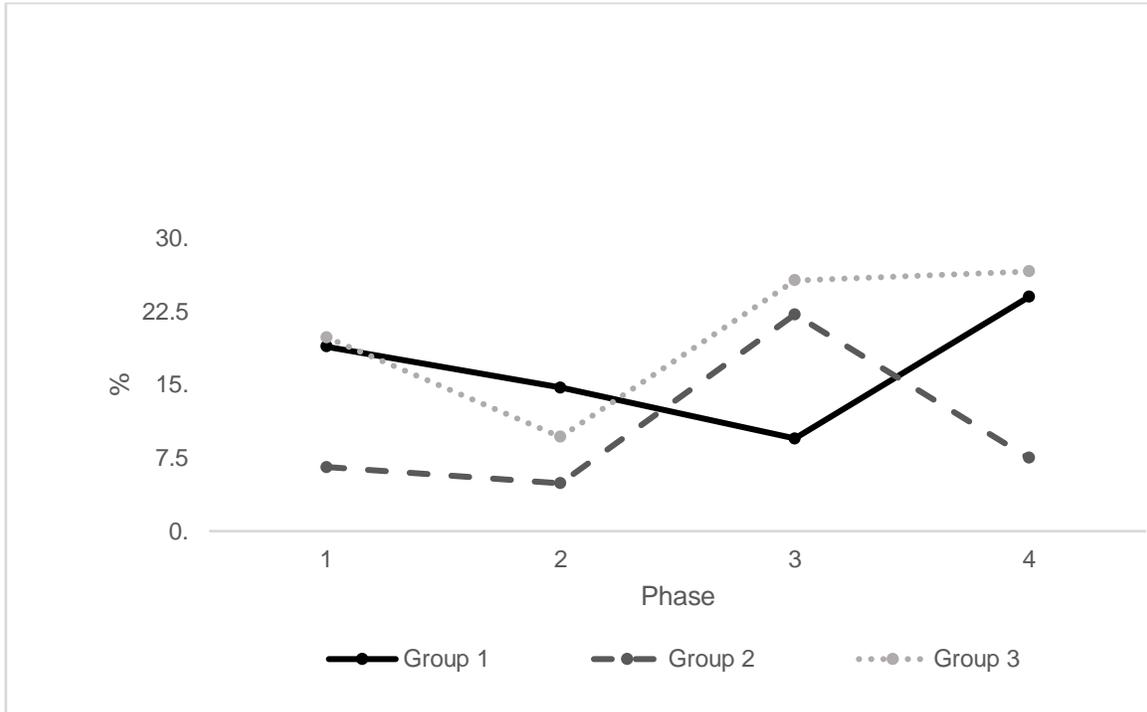
## Appendix F.

**Figure 2.** Ratio of discussions demonstrating stepping back for each group across the four phases of the intervention.



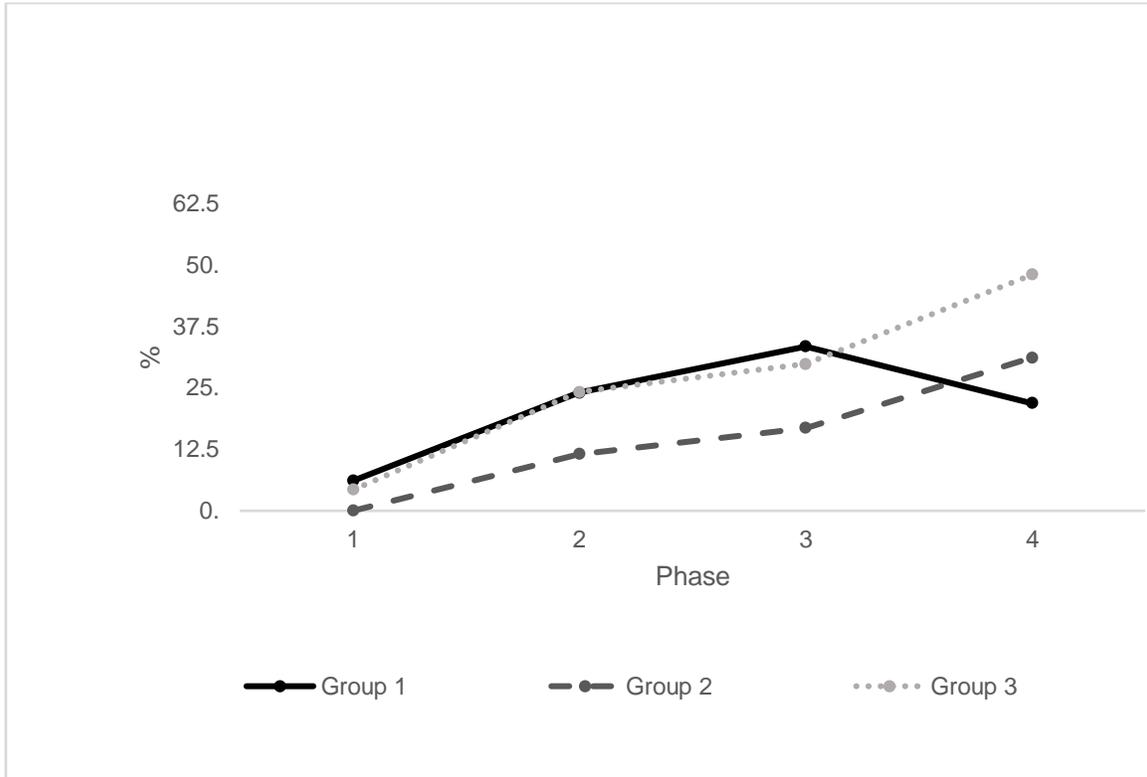
## Appendix G.

**Figure 3.** Ratio of discussions demonstrating stepping into the teen's shoes for each group across the four phases of the intervention.



## Appendix H.

**Figure 4.** Ratio of discussions demonstrating self-awareness for each group across the four phases of the intervention.



# Appendix I.

**Figure 5.** Number of parents demonstrating each of the skills across the four phases of the intervention.

