



# Brief Guidance for Mental Health Practitioners & Front Line Workers



## QUALITY AND SAFETY IN CLINICAL PRACTICE

This quick reference guide has been developed in consultation with a number of senior clinicians directly involved in the care of gender-questioning people. It is aimed at mental health professionals (MHPs) and other clinicians who work with adolescents and young people from puberty to the age of 25 years old.

It aims to counteract the low grade evidence-base that currently underlies many guidance documents for gender-related mental health support.

[WPATH](#) acknowledges the difficulties in identifying the most appropriate approach to gender-related challenges, stating that the 'current evidence base is insufficient' (p.17). Although the gender identity affirmative approach is now widely employed, there is little evidence to support any specific therapeutic approach to gender dysphoria.

This guide makes the case for a more traditional, generalized psychotherapeutic approach as first line treatment for young people with gender dysphoria. The unsupported presumption that only gender specialists can work with gender dysphoria creates an obstacle to the provision of treatment and care for individuals with gender dysphoria.

We assert that the long-established therapeutic approach which MHPs commonly use already, rooted in generic skills of engagement, is appropriate for gender dysphoria. This usually involves engaging with individuals, listening carefully to their thoughts and beliefs, and observing their moods and psychological states.

The MHP should gather information about individuals' lives, relationship capacities and difficulties. Gender dysphoria occurs in a context: it is not an encapsulated condition unrelated to other aspects of the person's life. Gender-questioning young people may have complex pre-existing family, social, psychological and/or psychiatric conditions.

## WORKING WITH GENDER-QUESTIONING YOUNG PEOPLE

Gender-questioning young people might be [better helped](#) if they are viewed in the same way as anyone else presenting to a service with symptoms of distress and psychological difficulties. It is not helpful to treat gender identity issues in total isolation from other aspects of the patient's life.

MHPs should take an [approach that avoids political or ideological positions](#).

[Co-morbidities are common with gender dysphoria](#), especially [ASD](#), ADHD, social anxiety, depression, suicidality and eating disorders. It is worthwhile to take a holistic approach that includes a comprehensive exploration of how these conditions impact the young person.

The clinical formulation of the gender-questioning young person should acknowledge that [identity formation is an important psychosocial stage of development for youths between 12 and 25 years old, and this can present as an identity crisis](#).

A change in gender identity can sometimes manifest as a concrete [physical solution to a psychic trauma](#) that leads to a belief that parts of the self can be discarded or left behind. The MHP needs to open to helping the individual to engage in a process of self-exploration, as short term solutions often have hidden long term costs.

We believe that there is a new phenomenon of large numbers of young people questioning their gender, which is best described as ['Rapid Onset Gender Dysphoria'](#). This description, coined in 2018 by American public health researcher Lisa Littman, provides what we believe is the best account of the new cohort of gender-questioning adolescents. While it is not a diagnosis, this description factors in the strong role of social influence among these children, as well as the significant levels

of comorbidities. While the term is not universally accepted, the research upon which it is based has stood the test of substantial academic scrutiny.

We have serious concerns about affirmation-only therapy, which we believe forecloses other options for the therapeutic client. While it is important to affirm the depth of the young person's feelings, affirmation can stray into confirmation unless the therapist retains the ability to explore the whole picture. Affirmative-only therapists use a model which prevents them from taking a depth-perspective of the young person's feelings; this risks glossing over other factors which may be causing them to question their gender identity. We strongly believe that therapists' hands should not be tied in this way.

## THE LEAST-INVASIVE-FIRST-APPROACH

[A cautious, least-invasive-first approach](#) is mirrored in general clinical best practice, and MHP support should be a first-line treatment for gender-questioning young people before medical interventions such as puberty-blockers, cross-sex hormones and/or sex reassignment surgery.

Although the gender identity affirmative mode approach has recently been suggested as the best way to treat gender identity, there is actually [no substantial long-term evidence base](#) to support this approach. It is certainly important to affirm and to support patients to express themselves in an open-minded setting, but it is seldom helpful to concretize every idea and belief a patient might have.

It is also valuable for professionals to [think in terms of complexity](#), as individuals have many different aspects of their personalities that interact over time and in relation to their development and social environment.

## SEX AND SEXUALITY

Some young and vulnerable people believe that they can fully change sex. This serves to emphasize how important it is to discuss the [reality of biology and sex](#) in an age appropriate way. The preoccupation with gender stereotypes can be related to developmental anxieties about sex and sexual roles.

[Sexual orientation and identity development](#) are not the same thing, and both need to be addressed and explored. Internalized homophobia may lead young people to question their identity, and adolescent-onset gender dysphoria can sometimes be a way for teenagers to avoid their anxieties regarding their sexuality. Teenagers may also be influenced by the fact that homosexuality is seen as unacceptable in some families or cultures.

The subject of sex is often a 'no go' area for many young gender-conflicted or gender dysphoric people, who can be averse to thinking or talking about sex. This can be thought about in terms of the complex feelings which arise when adolescents take ownership of their developing sexual bodies; this touches on all sorts of anxieties about separating from their parents, growing up and developing into sexual adults.

## LANGUAGE AND SENSITIVITY

MHPs need to maintain professional records according to the legal requirements: this helps to avoid confusion in clinical correspondence and communications. At the same time, it might be necessary to maintain a compassionate, curious and flexible approach towards the use of patients' desired names and/or pronouns when in contact with them.

Patients' defenses can manifest through a fixation on language. This sensitivity around how they are seen and how they define themselves can be understood as an important aspect of the clinical presentation.

The language and terminology involved in gender-related issues is constantly changing, and this may lead MHPs to the mistaken belief that they do not understand the issues at hand. It is helpful to take some time to learn the language, terminology and acronyms, so these do not become superficial obstacles to the provision of mental health assessment and support.

However, neologisms are challenging to keep pace with, and therefore the MHP can always explore with the young person what it is they mean by their use of an unrecognized word or phrase.

## SUICIDE AND SUICIDALITY

When assessing for suicide risk, gender-questioning children are often perceived to be at higher risk. In fact, [suicide risk is similar in this cohort to the general suicide rate in those experiencing mental health issues](#).

MHPs also need to be aware that suicide remains a risk after affirmation and/or medical transition. MHPs should bear in mind that sometimes suicidality is linked to a desire to get rid of aspects of the self.

## MEDICALIZATION

Although there are self-reported improvements from receiving hormones and surgeries, there is as yet no consensus that medical treatments lead to better future psychosocial adjustment. [Psychological difficulties typically remain after transition](#).

There are growing numbers of people detransitioning. However, there is still no research that yields an estimate of the rate and timing of desistance from a trans identity among older teens and adults. [A recent study](#) demonstrates that the causes of gender distress may only become clear with the benefit of hindsight: factors such as trauma and unmetabolized grief may have profound effects on young minds.

As children experiencing gender dysphoria mature and progress through puberty and into adulthood, the majority of them will be able to accept and live with their biological sex, adult body and sexual orientation. This [well-documented phenomenon](#) creates an ethical dilemma for those who recommend gender role change for these children. This is why we advocate for a cautious, holistic, non-physical interventionist approach for children.

## FURTHER READING

[Bishoy, H., Repack, D., Tarang, P., et al.](#) (2019). 'Psychiatric disorders in the U.S. transgender population'. *Annals of Epidemiology*, 39, 1-7.

[Cantor, J.M.](#) (2020). 'Transgender and Gender Diverse Children and Adolescents: Fact-Checking of AAP Policy'. *Journal of Sex & Marital Therapy*, 46:4, 307–313.

[D'Angelo, R., Syrulnik, E., Ayad, S., Marchiano, L., Kenny, D. T., & Clarke, P.](#) (2020). 'One size does not fit all: In support of psychotherapy for Gender Dysphoria'. *Archives of Sexual Behavior*, 50, 7–16.

[Evans, S., & Evans, M.](#) (2021). *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults*. Phoenix Publishing.

[Genspect](#) (2021). 'Stats For Gender.' Web database.

[Kaltiala-Heino, R., Bergman, H., Työläjäarvi, M., & Frisen, L.](#) (2018). 'Gender dysphoria in adolescence: current perspectives'. *Adolescent Health, Medicine and Therapeutics*, 9, 31–41.

[Kozłowska, K., Chudleigh, C., McClure, G., et al.](#) (2021). 'Attachment Patterns in Children and Adolescents With Gender Dysphoria'. *Frontiers in Psychology Online*, 12 January 2021.

[Kozłowska, K., McClure, G., Chudleigh, C., et al.](#) (2021). 'Australian children and adolescents with gender dysphoria: Clinical presentations and challenges experienced by a multidisciplinary team and gender service'. *Human Systems*, 1(1), 70–95.

[Littman, L.](#) (2018). 'Rapid-onset gender dysphoria in adolescents and young adults: A study of parental reports'. *PLOS ONE*, 13(8).

[Littman, L.](#) (2021). 'Individuals Treated for Gender Dysphoria with Medical and/or Surgical Transition Who Subsequently Detransitioned: A Survey of 100 Detransitioners.' *Arch Sex Behav*.

[O'Malley, S., & Ayad, S.](#) (2021-). 'Gender: A Wider Lens.' Podcast.

[Van Der Misen, A. J. R., Hurley, H., De Vries, A. L. C.](#) (2016). 'Gender dysphoria and autism spectrum disorder: A narrative review'. *International Review of Psychology*, 28(1).

[Vandenbussche, E.](#) (2021). 'Detransition-Related Needs and Support: A Cross-Sectional Online Survey'. *Journal of Homosexuality*, April 30 2021, 1–19.

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