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 psychotherapists, counselors and 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 and seeks to help clinicians to alleviate the patient's gender-related distress.

DIFFERENT APPROACHES TO GENDER DISTRESS

There are three ways to approach difficulties in relation to gender:

- The individual's sense of gender can become aligned to their biological body;
- The individual's body can be altered to align with their sense of gender;
- The individual's distress can be helped with a range of different approaches.

Given the heavy medical burden associated with medical transition, we believe that the least invasive approach first is most beneficial for the individual. This guide makes the case for a psychotherapeutic approach that provides emotional support for the individual as they undergo a a therapeutic process that includes acceptance of the reality of their biological sex as the most appropriate first line treatment for young people with gender-related distress.

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 this approach.

The presumption that only gender specialists can work with gender dysphoria is not based on any evidence, and is creating an obstacle to the provision of therapeutic support for gender dysphoria. A trauma-informed approach — rooted in generic skills of engagement that clinicians already commonly use — is appropriate for this condition. We value therapeutic approaches well-established within the counseling context, such as slow-paced, exploratory talking therapies that centre upon the understanding of the mind and life experiences.

GENDER & EXPLORATION

Gender-related distress occurs in a context. It is not an encapsulated condition that occurs on its own, and we recognize that gender-questioning young people can often be impacted by complex pre-existing family, social, psychological and/or psychiatric conditions. Exploration of these factors is an essential step in effective therapeutic support for gender-related distress.

The research related to conversion therapy for sexual orientation shows that this is a damaging and inappropriate process and should not be carried out on patients. We are concerned that a narrow

understanding of conversion therapy simplifies a life-long evolving process of identity formation and body acceptance; clinicians need to be mindful that they do not inadvertently carry out conversion therapy on individuals who are distressed by their sexual orientation and who seek to repress their sexuality by focusing on their gender identity.

We recommend an approach that seeks to avoid political or ideological positions, and instead focus on the many psychological ways clinicians may positively use their unique skills when working with individuals with gender-related distress.

It is valuable if clinicians can take a bio-psycho-social approach that includes the totality of the individual's development rather than taking an atomized view of the person. This may include incorporating the benefits of different modalities of therapy, such as DBT, CBT and ACT.

It is important to delineate clearly between childhood-onset gender dysphoria and adolescent-onset gender dysphoria when working with gender-questioning young people. Adolescent-onset gender dysphoria is a new cohort that is under-researched; however the preliminary data suggest that co-morbidities are a risk factor with this population.

WORKING WITH GENDER-QUESTIONING YOUNG PEOPLE

Gender-questioning young people might be better helped if they are viewed much as any other people who present to a service with symptoms of distress and psychological difficulties. It is not helpful to separate out gender identity issues from the other aspects of the patient's life.

Co-morbidities are common with gender dysphoria, especially ASD, ADHD, social anxiety, depression, suicidality and eating disorders. A holistic approach 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. It is the role of the clinician to encourage the patient to understand their less conscious, inner defenses and motivations. This can be painful work and should be done in an empathetic and slow paced manner, respecting the patient's defenses.

THE LEAST-INVASIVE-FIRST APPROACH

A cautious, least-invasive-first approach is mirrored in general clinical best practice, and psychotherapy 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 model 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 symbolically in terms of a depth perspective.

SEX AND SEXUALITY

Some young and vulnerable people believe that they can fully change sex: it is important to discuss the reality of biology and sex in an age appropriate way. It might be helpful to address issues of gender role stereotypes to liberate the individual from society's gendered expectations.

Sexual orientation and gender 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 sexuality.

LANGUAGE AND SENSITIVITY

Clinicians 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 in contact with them.

Patients' defenses can manifest through a fixation on language. This may require a robust but understanding and flexible approach from the clinician.

The language and terminology involved in gender-related issues is constantly changing, and this may lead clinicians 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.

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.

Clinicians need to be aware that suicide remains a risk post-affirmation and/or medical transition. Clinicians should bear in mind that sometimes suicidality is linked to the wish of trying 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.

As teenagers experiencing gender dysphoria mature and progress through adolescence and into adulthood, the majority of them might be able to one day accept and happily live with their biological sex, adult body and sexual orientation. This is why we advocate for a cautious, non-physical interventionist approach for children.

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