Genspect

Brief Guidance for Psychotherapists & Counsellors

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 patients' gender-related distress.

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 (co-occurring conditions and diagnoses). While the term is not universally accepted, the research upon which it is based has stood the test of substantial academic scrutiny.

DIFFERENT APPROACHES TO GENDER DISTRESS

Theoretically, 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-first approach is most beneficial for the individual. This guide makes the case for a psychotherapeutic approach that provides emotional support for the individual undergoing the therapeutic process, including acceptance of the reality of their biological sex. We believe this is 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 center upon the understanding of the mind and life experiences.

GENDER AND 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 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 anyone. 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 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.

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. 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 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 symbolically in terms of a depth perspective.

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 potential factors which may be causing them to question their gender identity. We strongly believe that therapists' hands should not be tied in this way.

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. It might be helpful to address issues of gender role stereotypes to liberate the individual from society's gendered expectations.

It is often instinctive for adolescents to silence discussion about sexual matters. If the flavor of such silencing about gender is similar to that of sex, this might indicate that there is some level of sexual repression driving their focus on gender.

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.

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 when 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 also need to be aware that suicide remains a risk after affirmation and/or medical transition. Clinicians 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 the study notes:

> *The case of Maya illustrates the extent to which her presenting problem was a metaphor for unresolved grief and deficient parenting which was later exacerbated by both peer and, in my opinion, professional wounding. The purpose of psychological treatment is to bring unconscious issues to consciousness, thereby recovering and reconnecting affect, cognition and reality. Depth psychology posits the active presence of unconscious compensation and symbolization processes. We owe it to young people to explore multiple facets of any individual's expressed desire to transition. For some people, living life in the opposite sex role – even to the point of undergoing physical transition – may be what the psyche requires of them. We help our patients best by affirming the significance of their experience but without explicitly endorsing a specific course of action.*

As teenagers experiencing gender dysphoria mature and progress through adolescence, the majority of them might one day be able to 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.

FURTHER READING

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