

Family-Based Psychosocial Care for Transgender and Gender-Diverse Children and Youth



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KEYWORDS

- Transgender/gender diverse youth • Family focused treatment
- Psychosocial intervention • Psychological maltreatment • Trauma-informed care
- Family Acceptance Project • Trauma-focused CBT

KEY POINTS

- Family support plays a critical role in a child's treatment and recovery from trauma, thus, clinicians should make every effort to engage and include parents in the care of traumatized transgender and gender-diverse (TGD) youth.
- All TGD youth and their families should learn about family rejecting and affirming behaviors and their impact on a child's risk and well-being.
- Parents who are rejecting and ambivalent can change their behavior to become more supportive and affirming of their TGD child.
- Providers can engage parents in treatment by aligning with their cultural values and desire for their child to be healthy and safe.
- Existing integrated evidence-based treatment of TGD children and youth, such as the Family Acceptance Project-Trauma-Focused Cognitive Behavioral Therapy integrated treatment model is recommended for the care of TGD children and youth who have experienced trauma.

INTRODUCTION

Family focused psychosocial treatment is critical for transgender and gender-diverse (TGD) children and adolescents given the early ages of identifying and the increasingly

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hostile social environment for TGD youth,^a and their families. Moreover, parental and caregiver inclusion is a core component of most evidence-based trauma treatments of children and adolescents for many reasons, including that (1) youth typically live with and depend on parents and caregivers and thus clinicians need to understand their culture, perception of their needs and problems, and current parenting practices; (2) parents and caregivers are in a key position to affect the emotional and behavioral changes, so clinicians need to engage them in using positive parenting strategies and minimize negative ones; (3) after trauma, youth benefit when parents and caregivers understand their trauma experiences and become more supportive about them. Parental inclusion in treatment is even more critical for TGD youth, who experience high rates of chronic identity-related family rejection (psychological maltreatment), often accompanied by other forms of maltreatment or other traumas.

Evidence-based interventions provide therapeutic guidance for parents and youth to gain new skills, acknowledge and process what has occurred, and develop more supportive relationships. When including parents in trauma-focused interventions, it is important to consider where the parents and youth are with regard to their attitudes and beliefs about their gender identity, and trauma experiences. Families can learn to support their TGD youth and enhance their safety when culturally relevant guidance is provided, when care is inclusive and respectful of the child's diverse identities, and when trauma-focused intervention is implemented collaboratively between the clinician, parent, and child, honoring the respective expertise of each. Of note, because many TGD youth are in out-of-home settings, different adults may provide parental roles for youth.

TRAUMA AND TRANSGENDER AND GENDER-DIVERSE YOUTH

Trauma exposure is all too common, with more than 65% of US youth experiencing at least one trauma before adulthood, and a third experiencing multiple traumas.¹ TGD youth additionally experience bullying and family rejection related to their gender identity, gender expression, and/or sexual orientation. As youth are increasingly sharing their diverse gender identities earlier in development, family rejection related to these identities also may begin early in the child's development. Family rejection often consists of a chronic pattern of overt and/or covert messages of being "not good enough" or "less than" other family members, as well as behaviors such as being left out of family gatherings, being made to attend religious services or pray to change their gender identity, not being able to attend support groups for TGD youth, and receiving constant pressure to dress, act, groom, and/or be different.² All of these experiences can have a traumatic impact similar to or worse than other traumatic experiences.

The American Professional Society on Abuse of Children defines "psychological maltreatment" as "a repeated pattern or extreme incident(s) of caregiver behavior that thwart the child's basic psychological needs...and convey a child is worthless, defective, damaged goods, unloved, unwanted, endangered, primarily useful in meeting another's needs, and/or expendable".³ The Family Acceptance Project (FAP) has identified and measured over 50 family rejecting behaviors in response to a youth's Lesbian, Gay, Bisexual, Transgender, Queer or Questioning (LGBTQ) identity and gender expression.^{4,5} These rejecting behaviors attempt to change, prevent, deny, or minimize the child's LGBTQ identity and gender expression and communicate the parent's disapproval, anger, disgust, and disappointment with the youth's identity and

^a The term "youth" refers to children and adolescents.

gender expression. They are experienced as rejection by the youth and contribute to suicidal behavior, depression, illegal drug use, and sexual health risks. A common characteristic of psychological maltreatment is that these behaviors are so common that they are hidden in plain sight. Family rejecting behaviors are learned, transmitted intergenerationally, and enforced by cultural and religious beliefs. TGD youth may perceive rejecting experiences as the cost of staying connected to their family and/or their cultural world.⁶ Although ongoing efforts to change and prevent a child's gender identity are typically viewed by parents as efforts to help their child fit in and be accepted by others, they are harmful to the youth and represent a form of psychological maltreatment.⁶ It is important to recognize that TGD youth who experience family rejection may also experience parental physical or sexual abuse and/or neglect, and these are associated with elevated risk for cumulative negative impact on health and mental health over the course of the youth's lifetime (Fig. 1).

The adverse impacts of trauma compound with increased duration and intensity of the traumatic exposure.⁷ TGD youth exposed to acute and chronic traumas have an increased risk of posttraumatic stress disorder, depression, suicidality, substance abuse, anxiety, and a variety of medical disorders. Furthermore, the chronic and pervasive nature of identity-related trauma experienced by TGD youth leads to complex trauma presentations, which—in addition to typical post-traumatic stress disorder (PTSD) symptoms—may include significant affective dysregulation, difficulty with interpersonal relationships, and negative self-image.⁸ Assessment is critical to recognize trauma exposure and impact among TGD youth.

ASSESSMENT

Given the high prevalence of childhood trauma, all TGD youth should be screened to identify exposure to potentially traumatic events and the presence of trauma symptoms. If endorsed by a youth or parent, the clinician should follow with a more comprehensive trauma assessment, including the use of standardized assessment tools for youth and parents and clinical interviews to develop a deeper understanding of the youth's trauma history. Assessment should include the following: the frequency and severity of trauma symptoms; impacts on social, emotional, and cognitive functioning; and the presence of strength and protective factors that may promote resiliency. Clinicians may also find it helpful to engage and gather information from other adults involved in the youth's care, including extended family, teachers, and therapists.

It is important to screen for all forms of trauma, particularly those prevalent among youth and families in the clinician's community and TGD youth. Clinicians should conduct assessments separately with the youth and parent to promote safety and honesty and to protect the youth from potential exposure to rejection and harm during the assessment.⁸ Youth who are open about their TGD identity and/or sexual orientation may readily identify traumas related to their gender identity and expression, including bullying and harassment at school and in the community. When a youth has disclosed their TGD identity, the clinician can use open-ended questions to explore any perceived or experienced connection between their identity and their trauma experience. Clinicians may also wish to use a screener with developmentally-appropriate questions to explore the connection between trauma and gender identity.^b

^b The authors specifically recommend the use of the screener "Identifying the Intersection of Trauma and Sexual Orientation and Gender Identity: Part II: The Screener" from The National Child Traumatic Stress Network. This document is available at <https://www.nctsn.org/resources/identifying-the-intersection-of-trauma-and-sexual-orientation-and-gender-identity-the-screener>.

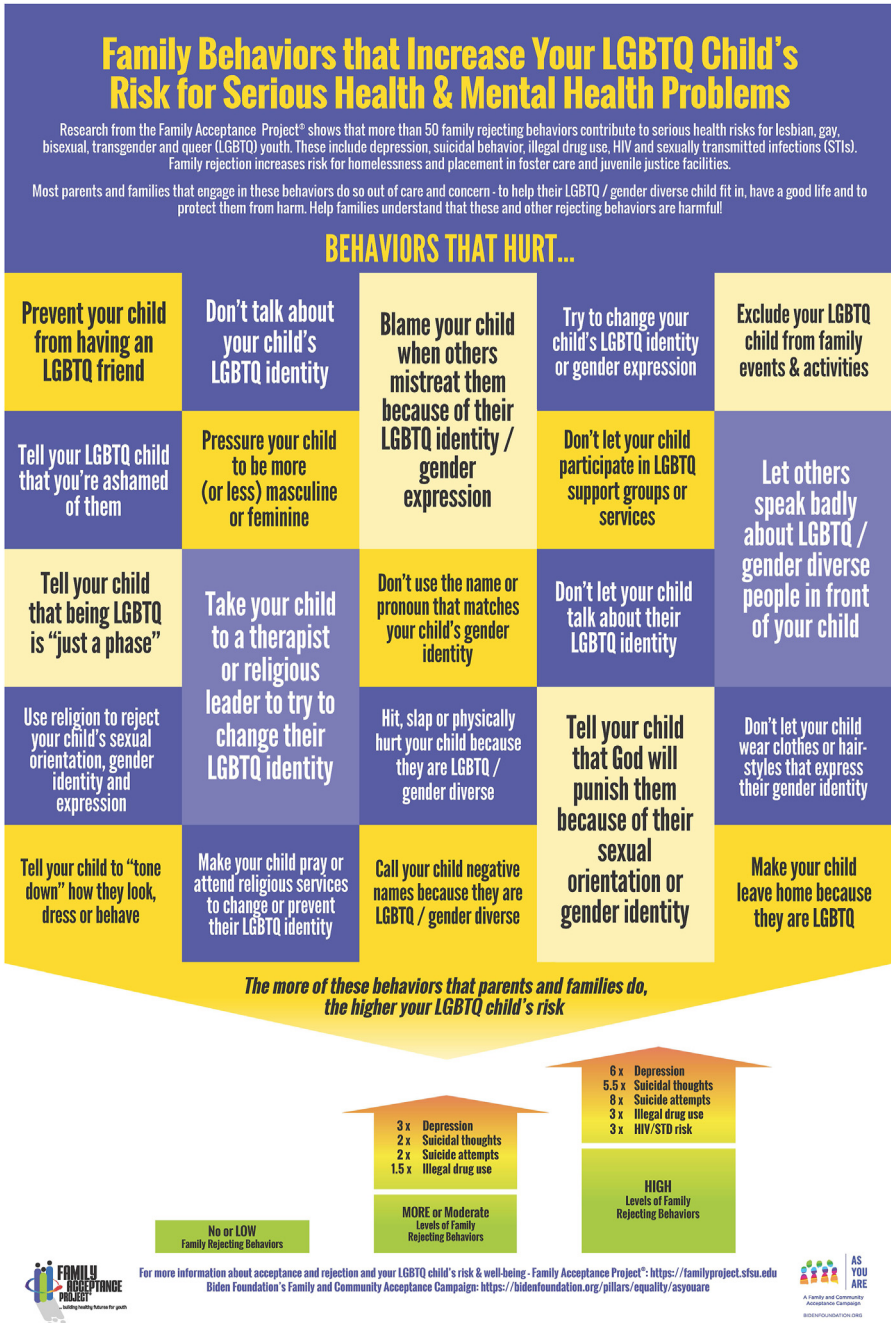


Fig. 1. Family rejection poster from FAP's multilingual four-poster series.

Effectively engaging and assessing TGD youth and their families requires meeting them where they are and learning about cultural context. Clinicians should consider exploring the family's cultural, racial, ethnic, and religious backgrounds, including their beliefs and perceptions about LGBTQ and gender-diverse identities and the caregiver's

reactions to their TGD children. The FAP family support model offers several assessment tools that can be used to augment the trauma assessment process. These tools employ an open-ended, culturally grounded approach to learning about the youth and parents' knowledge, attitudes, and behaviors related to LGBTQ identity and gender expression, the youth's level of openness about their identity, and the youth's experience with family rejecting and affirming behaviors. The following FAP assessment tools are available in the appendix of the TF-CBT LGBTQ Implementation Manual:^c

- Youth and Family Questionnaires: FAP's questionnaires are used separately with youth and parents to ask about cultural backgrounds, to elicit knowledge, attitudes, beliefs, and perceptions related to sexual orientation, gender identity, and gender expression, and to assess family reactions to TGD youth in the context of culture, religion, and community.
- Youth and Parent Social Support Maps: FAP's support maps help to identify family members, peers, and additional individuals in the child's and parent's social worlds, including those who know of the youth's TGD identity and provide sources of support for the youth and caregivers. Youth and parents can use the social support maps to identify and expand their support network and to support confidentiality.
- Gender Scales: FAP's gender scales provides a simple resource to help youth and caregivers initiate conversation about the youth's gender expression using a non-judgmental framework that is especially helpful for caregivers with lower literacy skills and cognitive abilities.

Clinicians can also explore family behaviors using FAP's multilingual *Healthy Futures* posters^{4 d} as visual aids to create a behavior index with youth. Youth may be asked to rate their parent's level of acceptance and describe their response to their identity, then asked to identify specific rejecting behaviors they experience, along with the frequency and duration of these rejecting behaviors. Youth are then asked if their parent has expressed support or acceptance and to identify specific supportive behaviors, again noting duration and frequency. The youth is also asked about other family reactions to their TGD identity and how those behaviors have impacted them. This approach creates an inventory of family reactions that can be used to inform the approach to treatment and processed individually with youth and parent, as well as conjointly, later in treatment.

When initially engaging parents and caregivers through assessment, clinicians should prioritize rapport building through a culturally attuned approach and recognize that parents of TGD youth may not have anyone with whom they can safely speak about their child's trauma or gender diversity. Clinicians should strive to create a validating and non-judgmental space using the following strategies: observation and alignment with parents' language; avoiding the use of offensive or inappropriate terms; asking parents to share their hopes and dreams for their child; and inquiring about parents' understanding of their child's identity and any associated fears or worries, particularly as they relate to cultural and religious values and beliefs. At this point, it is recommended that clinicians engage parents in creating an inventory of family

^c The manual Implementing TF-CBT for LGBTQ Youth and their Caregivers is available at <https://tfcbt.org/tf-cbt-lgbtq-implementation-manual>. Updated versions can be obtained directly from the Family Acceptance Project via email at fap@sfsu.edu.

^d The Family Acceptance Project Healthy Futures posters are available online in 11 languages and cultural versions in four sizes at <https://familyproject.sfsu.edu/posters>.

behaviors using the process described above. This procedure helps parents and caregivers begin to understand the importance of family support and the fact that despite being motivated by caring for their child and wanting their health and happiness, the way they may respond to their child (eg, isolating them from TGD friends, not allowing participation in support groups for TGD youth, or pressuring them to change their gender expression) is experienced as rejection and contributes to mental health risks. FAP's youth and parent/caregiver questionnaires⁹ provide language and guidance for this assessment.

CONSIDERATIONS

Providers and organizations treating traumatized children and families must provide safe and affirming environments to facilitate their trauma recovery. For TGD youth, that means cultivating environments and therapeutic relationships in which youths are seen and validated as the gender they know themselves to be.¹⁰ Gender-affirming spaces employ gender-inclusive language when engaging youth and families, avoid assumptions about gender identity based on external appearance, provide gender-inclusive or all-gender bathrooms, display diverse and representational media and resources, and inform staff and clients about non-discrimination policies and practices.

Organizations should ensure a safe and confidential process for asking all youth and families about sexual orientation and gender identity and expression, including pronouns and name used, during the initial engagement. This process should take into account legal or ethical issues relevant to evaluating and treating TGD youth, including confidentiality rights, policies for documenting and sharing sensitive information across treatment teams, and access to the youth's medical records. All personnel should take active steps to prevent the involuntary disclosure of the youth's identity, as such disclosure could result in maltreatment, abuse, rejection, and further traumatization.¹¹ Youth and families should be made aware of confidentiality protocols and limitations, including how the disclosure of sensitive identity-related information is managed, as part of an informed consent process. It is recommended that information related to the youth's sexual orientation and gender identity *not* be documented in their medical record unless it is known by anyone who may access the record without the youth's expressed consent.

When engaging youth and families, consider ways to ensure that youth feel respected and safe to disclose their identity. Follow disclosure with validation and assessment of the degree to which youth are open to sharing their identity with others involved in their care. Clinicians should respect and support a youth's decision and right to come out when and to whom they choose, and can assist them either by creating plans to share this information with relevant treatment team members (ie, composing an email communicating preferred name and pronouns) or assuring them of steps being taken to maintain confidentiality.

If a youth is not open about or does not wish to disclose their identity with their family, explore their rationale, including their perceived risk of maltreatment or rejection if their family were to learn of their identity. Validate their concerns and explore to what extent peer or social perceptions grounded in cultural biases or stereotypes may be influencing beliefs about their family's reaction. It can be helpful to explore the potential benefits of disclosure, such as letting go of their worries about discovery and having a more trusting relationship with their parent or caregiver, particularly when the clinician suspects the parent may know or be accepting of their child's identity. If the youth is firmly opposed to sharing their identity, or the clinician suspects disclosure could result in maltreatment, rejection, or further traumatization, it is recommended that they support the youth's autonomy and right to confidentiality and develop a

plan to limit sharing aspects of the youth's traumatic experience that may disclose their identity when working with their parent.⁸

Because family support is a critical aspect of trauma treatment and plays such a significant role in reducing risk factors and promoting future well-being for TGD youth, including helping parents understand the components of gender-affirming care, it is imperative that clinicians not exclude or give up on rejecting or ambivalent parents. All parents and caregivers can benefit from a culturally attuned, non-judgmental space where they can have concerns validated and receive guidance on how to support their traumatized TGD child and continue working with parents struggling with their child's identity to foster connection and increase their ability to advocate for their child's safety and wellness. Given the often complex nature of a youth and family's trauma history and experience, be flexible and allow additional time to address confidentiality and ongoing safety concerns related to the youth's identity. Family treatment can proceed, even in the case of youth who are not open about their identity, and with parents who are rejecting, provided it is grounded in the child and family's cultural world.

EVIDENCE-BASED INTERVENTIONS AND INTEGRATED FAMILY ACCEPTANCE PROJECT-TRAUMA-FOCUSED COGNITIVE BEHAVIORAL THERAPY MODEL

The FAP is a research, education, intervention, and policy initiative that helps diverse families learn to support their LGBTQ children to reduce health risks and promote well-being in the context of their families, cultures, and faith communities. FAP's work includes the first comprehensive research on LGBTQ youth and families and the first evidence-informed family support model for use in educational and treatment approaches for prevention, wellness, and care for LGBTQ children and adolescents.¹²⁻¹⁴ In participatory mixed methods research, FAP researchers identified more than 100 specific behaviors that parents and caregivers use to express rejection and acceptance of their LGBTQ children and measured how these behaviors contribute to health risks and well-being.⁵ FAP worked with diverse families and LGBTQ youth to develop intervention strategies and research-based resources to help families to decrease rejection and increase support and acceptance for their LGBTQ children. FAP's family support model^e includes comprehensive family assessment, psychoeducation, parenting skills, and culturally grounded peer support (Fig. 2).¹⁵

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT),⁷ is an evidence-based treatment of youth aged 3 to 18 who have significant symptoms related to any trauma and their parent/caregiver. TF-CBT consists of nine components provided in parallel individual sessions to the youth and their parent, with several planned conjoint sessions. The components are summarized by the acronym PRACTICE (Psychoeducation; Parenting Skills; Relaxation Skills; Affective Modulation; Cognitive Processing; Trauma Narration and Processing; In vivo Mastery; Conjoint Sessions; and Enhancing Safety). The content is available for traumatic grief and can be applied to complex trauma and specific patient populations. TF-CBT has strong evidence of efficacy from 24 randomized controlled trials and several effectiveness trials,^f including for LGBTQ youth,¹⁶ for improving PTSD as well as other trauma-related outcomes that often arise from experiencing ongoing, chronic, or complex trauma.

An integrated FAP-TF-CBT approach was created through a recent SAMHSA-funded National Child Traumatic Stress Network Learning Community targeting TF-

^e More information about the FAP model is available at <https://familyproject.sfsu.edu>.

^f More TF-CBT information is available at <https://tfcbt.org> and <https://tfcbt2.musc.edu>.



Fig. 2. Family Acceptance Project meme— Believe—about here. Artwork by © 2020 Sam Kirk.

CBT applications for trauma-impacted LGBTQ youth.^{8,15} As TF-CBT typically does not include the perpetrators of the trauma, one of the most significant modifications to the approach was to include rejecting parents and caregivers of LGBTQ youth in this application. In addition to applications developed during the learning community to tailor TF-CBT strategies to the needs of LGBTQ youth, the integrated model provides the following: additional focus on family assessment; psychoeducation about the impact of family rejection, rejecting behaviors, and supportive and affirming behaviors; preparing parents to serve as strong advocates for their TGD youth; and the optional exercise of parents preparing an apology letter to share during the conjoint sessions after trauma narration and processing. Through these integrated components, TGD youth who experience family rejection and/or other traumas and their parents and caregivers learn about the impact of these respective traumas, gain skills for coping with trauma reminders and memories, acknowledge and process the impact of these experiences, and move forward together in more supportive and safer family relationships. Details about the integrated model are available in the TF-CBT for LGBTQ Youth and Families Implementation Manual (<https://tfcbt.org/tf-cbt-lgbtq-implementation-manual/>). The following section describes the core components of the integrated model that clinicians can use in any setting, that is, safety,

psychoeducation, and parenting skills, regardless of whether they implement the full TF-CBT model in trauma-focused therapy.

APPROACH

The approach to family treatment with traumatized TGD is intended to be a flexible, non-prescriptive series of potential treatment options designed to be utilized as part of a collaborative and culturally attuned therapeutic process. It is recommended that support be offered to youth and parents separately and concurrently to promote safety and allow each family member a confidential space to explore without risk of harm or re-traumatization. Practitioners should employ clinical judgment when selecting interventions and prioritize those that (1) most align with the youth and family's experience and needs; (2) promote the youth's safety and well-being; and (3) strengthen the parent-child relationship. Psychosocial care for TGD youth helps parents and caregivers learn to support and advocate for their children. This treatment has become especially important in light of widespread politicized efforts to block access to care, which have deepened anxiety and distress for TGD youth and their families.

ENHANCING SAFETY

Creating safety for TGD youth is an active and ongoing process involving the youth, their family, and the treatment team. Clinicians should utilize information gathered during the assessment to identify recurring traumas, trauma reminders, and ongoing threats to the youth's safety, including those connected to their sexual orientation and/or gender identity and expression. Clinicians work with youth to develop a safety plan comprised of safety and coping strategies that correspond to specific risks and trauma reminders, identifying areas where they may require additional support and advocacy from family and other supportive adults. Clinicians may find it useful to review the FAP Social Support Maps with youth and parents to identify members of their support network who are aware and affirming of the youth's gender identity and consider ways to enlist their involvement. It is important to examine past and current unsafe responses to dangerous or triggering situations and work with the youth to identify safer and healthier alternatives, particularly if these behaviors put them at risk and create stress within the family. Unsafe coping strategies can be reframed as the youth's best efforts to survive prior traumatic circumstances. Though protective in the past, they may no longer be useful or necessary. Clinicians may facilitate the youth's exploration of new coping skills and safety strategies through practice and role-playing while providing concurrent space for parents to express concerns and identify ways they can aid and reinforce their child's developing safety plan. Model patience with youth and parents, and continue to revisit and adjust the plan over time as treatment continues. If feelings of frustration arise, provide reassurance that behavior change takes time, particularly when patterns of behavior have been in place for some time, and explore barriers that may be impacting the youth's ability to effectively utilize their plan.

PSYCHOEDUCATION AND PARENTING SKILLS

Traumatized youth and their parents benefit from receiving targeted information about the impact of trauma on their functioning, as it may normalize troubling reactions and ongoing struggles as an expected response to dangerous and overwhelming circumstances. When offering psychoeducation about the specific traumas the youth has

experienced, clinicians should explore any potential connection to the youth's gender identity, sexual orientation, and gender expression and how those experiences have impacted the youth's feelings, behaviors, cognitions, and self-image. The intent is not to assume that all trauma experienced by TGD youth is connected to their identity, but rather to facilitate the youth's safe exploration of the meaning of their trauma experiences. For example, in some cases, youth may have avoided reporting abuse or harassment due to a fear of having their identity outed, blamed themselves and their gender expression for their experienced abuse, or normalized rejecting family behaviors and attempts to change their identity as "just the way things are." Clinicians should listen carefully for identity-related misinformation, confusion, and gaps in knowledge and respond with individualized culturally grounded information about sexual orientation and gender identity development and expression, sexual health, and healthy relationships (Fig. 3).

Similarly, when engaging parents of TGD youth, the clinician will explore their understanding of gender identity development and how it may be related to their child's trauma experience. Be mindful that while visibility and representation of TGD people have increased, parents may feel confused about how gender identity is expressed in childhood. Clinicians may find it helpful to further explore information shared during



Fig. 3. Family Acceptance Project meme—Using Names and Pronouns—about here. Artwork by © 2020 Sam Kirk.

the assessment, such as parents' beliefs about TGD people and how they are viewed within their culture or faith community. Provide validation and space to ask questions, followed by information about gender and sexual orientation as it relates to their child's identity.

It is recommended that clinicians share information about rejecting and affirming family behaviors with both youth and parents. Even parents who perceive themselves as accepting or are experienced as such by their children can benefit from building awareness of the importance of family behaviors and their connection to youth's safety and risk factors. Begin by teaching youth and parents about how accepting and rejecting behaviors are connected to the youth's well-being. FAP provides an array of tools, including multicultural family education booklets, written visual aids (such as their multilingual *Healthy Futures* posters), and graphics, that can be used to help families learn about the range of rejecting and accepting behaviors. These tools highlight how the amount and frequency of each behavior may contribute to serious health risks or protect against harm and promote wellness.⁵ Clinicians may use the inventory of rejecting and affirming behaviors gathered during the assessment to introduce specific behaviors present in the family, explore how these behaviors have been experienced by the youth, and discuss how they may contribute to or exacerbate the youth's trauma response. Youth and parents alike may be surprised to learn that particular family behaviors perceived to be innocuous and normalized within the family culture, are, in fact, harmful and have been linked to an increased risk of negative health outcomes.⁵ Support parents through this process by exploring and affirming the intentions behind these behaviors and validating expressed fears, worries, and concerns for their child. Parents' behaviors are often motivated by caring and a desire for their children to be safe and fit in. It is important to communicate to parents that (1) small changes in the ways they respond to their TGD children can make an important difference in that child's health and well-being, and (2) their words, actions, and behaviors can have a profound impact on their child's physical and emotional functioning.¹⁴

Parents and caregivers of TGD youth can greatly benefit from support aimed at building their capacity to recognize and respond to their child's safety concerns and trauma-related challenges. Upon learning about the negative impact of rejecting and accepting behaviors, some parents may quickly make changes to increase support for their TGD children, while others may struggle and require more time to make changes. It is imperative for clinicians working with ambivalent and struggling parents to actively create a space where they feel supported and validated and their cultural and religious values are respected. Allowing the parents to express worries and concerns without fear of judgment provides a foundation to begin teaching parenting skills that support and affirm their TGD child.

FAP's approach to parent engagement, psychoeducation, and skills building shifts the focus from morality to the health and well-being of their child and targets parents' underlying values, rather than their beliefs.² All offered interventions should be aligned with the family's core cultural values and desire for their child to be healthy and safe. Clinicians are encouraged to view parents and families as potential allies who have the capacity to support their TGD children and wish the best for their children.

It can be challenging to address active parental rejection related to a youth's gender identity and expression, such as name-calling, demeaning comments about the youth's identity, exclusion from family events, or allowing a child to be ridiculed or belittled by extended family. Clinicians will have gathered an inventory of these behaviors, including those having the most significant impact on the youth, during the assessment phase. It is critical to address these behaviors directly with parents,

demonstrate how these behaviors contribute to suicidality, depression, and other health risks, and work with them to make changes in the way they relate to their children. Begin by providing a rationale for making small changes to behaviors that are aligned with the family's cultural and religious values and/or their hopes and dreams for their child. Address immediate concerns such as reducing the risk of suicide or drug and alcohol abuse. Explore the parents' beliefs and concerns about their child's gender identity, for example, believing that their identity is a choice rather than an inherent trait. Validate the parents' feelings and intentions, then reinforce the connection between parental behaviors and their child's well-being. Consider any experienced improvements in the strength of the parent-child relationship as well.

Parents and caregivers struggling with having a TGD child can benefit from building skills in key areas, including basic communication skills for talking with their child and specific communication skills like neutral, respectful, and non-harmful language for discussing their child's gender identity and expression. Advocacy skills are a key family accepting behavior and parental advocacy can strengthen the parent-child bond and help protect against health risks¹³ as parents become more involved in their child's social world. Parents need to know how to stand up for their TGD child, even if they disagree about their identity. This can pose challenges as not all parents are natural advocates; they may not know how to effectively advocate for their child or be aware of their child's rights, or they may have fears or cultural proscriptions against challenging authority figures. Explore and identify advocacy behaviors that could positively impact the child's sense of safety and reduce the likelihood of triggering traumatic responses, for example, standing up for their TGD child within their family, religious congregation, school, or community. Help-seeking skills are also important for the families of TGD youth, as parents may be unsure about how and where to find support and assistance for themselves and their child.

In addition to the support provided in treatment, parents can benefit significantly from connecting to culturally grounded peer support, a component of FAP's family support model. Parents of TGD children often experience their own "coming out" process with regard to sharing their child's identity with extended family members, religious congregations, and community at large. These experiences can subject parents to stigma, judgment, and blame. Connecting with other families, parents, and caregivers who share their cultural identities can reduce parents' isolation and provide the opportunities for learning from other parents who have been there. Clinicians can present family/parent support spaces as an opportunity to expand their social support network with peers who share their cultural and religious beliefs and may have experienced similar worries, concerns, and challenges in learning to support and affirm their TGD children. Families can utilize FAP's online resource center (<https://lgbtqfamilyacceptance.org>) to find support services for culturally diverse TGD youth and families that are available virtually and in their local community.

Throughout your work, remember that parents who are ambivalent or rejecting of their child's TGD identity can learn to change how they respond to their TGD child to help reduce their child's health risks and increase connectedness. FAP uses a harm reduction framework that uncouples acceptance from support. This approach helps parents who are struggling with their child's identity to change family rejecting behaviors and engage in supportive behaviors that help protect against risk and increase their TGD child's well-being, even when they believe that being transgender and/or gender diverse is wrong.¹⁴

Parents and caregivers who do not accept their child's TGD identity can still listen to their child and learn about their needs, require other family members to

treat their child with respect, and stand up for their child when they are mistreated due to their gender identity and expression. Clinicians can support parents and caregivers in moving away from an all-or-nothing view of having to choose between their child and their culture and faith by staying focused on parents' underlying values, their love for their child, and their desire for their child to live a safe and healthy life.

CLINICS CARE POINTS

- Understand that family support is a crucial aspect of trauma treatment and make every effort to engage parents in treatment, including those who are ambivalent about or rejecting of their child's gender identity and expression.
- Screen TGD youth for all forms of trauma including those prevalent among TGD youth using developmentally appropriate questions and tools.
- Connect TGD youth and families with culturally-grounded peer support to reduce isolation and expand their social network.
- For TGD youth with significant trauma symptoms, clinicians should be familiar with and provide evidence-based trauma-focused treatments such as integrated FAP-TF-CBT.

DISCLOSURE

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