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REVIEW ARTICLE

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A systematic review of interventions with families of trans people

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ABSTRACT

Introduction: Trans people experience poorer mental health than their cisgender counterparts, likely as a result of minority stress. Caregivers can contribute to minority stress through discrimination, rejection and lack of acceptance. Interventions with family members may provide a way to address conflict and lack of acceptance of gender within the family.

Method: A systematic review was conducted following PRISMA guidelines. Searches were conducted in PsycInfo, Embase, MEDLINE, Cinahl Plus and ProQuest Theses and Dissertations databases on 16 February 2024 to identify concepts relating to "transgender" and "family intervention."

Results: Seven studies were included in the review. Four evaluated interventions relating to family therapy, two to caregiver support groups, and one to an online psychoeducational programme. Outcomes related to mental health were reported on most commonly with positive results; however, overall study quality was poor, and study designs varied.

Discussion: More studies on the efficacy of family-based interventions with trans people have been published in recent years. Due to heterogeneity, the conclusions that can be drawn from this review are limited. Recommendations are made for increasing the quality of future studies. The recent increase in studies assessing family interventions with trans people is an encouraging sign, and several interventions were identified that show promise in the ways they have adapted for the needs of trans people.

KEYWORDS

Family intervention; LGBT; TGN; transgender

Introduction

Trans people experience elevated rates of mental health difficulties than their cisgender counter parts, with studies indicating increased prevalence of depression, anxiety, disordered eating, psychoses, borderline personality disorder symptoms, self-injury and suicidality (Becerra-Culqui et al., 2018; Borgogna et al., 2019; Ceccolini et al., 2024; Marconi et al., 2023; Quiñones et al., 2024; Wang et al., 2024). The Minority Stress Model proposes that this is partly due to the impact of societal stigma and discrimination against trans identities and its internalization (Hendricks & Testa, 2012; Meyer, 2003). In support of this, Chodzen et al. (2019) found that higher levels of depression and anxiety were found in those with higher levels of internalized transphobia. A systematic review and meta-analysis testing the theory found that societal expectations, enforced gender norms, discrimination, and social isolation contribute to dysphoria, hypervigilance, internalized transphobia and psychological distress in trans adults (Cooper et al., 2020).

Recent bodies of evidence have examined protective factors, with transitioning, social support, and family support being identified as important buffers against the impact of minority stress (Mezza et al., 2024; Olson et al., 2016; Travers et al., 2012). Individual studies exploring this in trans youth have found that those with parents supportive of their identity and facilitative of social transition demonstrate no elevated rates of depression and anxiety compared to cisgender youth (Olson et al., 2016). Family support is therefore likely to be an important mechanism for intervention to improve the mental health of trans offspring. Interventions to facilitate such

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family support have a growing evidence base, with studies indicating a positive impact on caregiver acceptance and their offspring's mental health (e.g. Westwater et al., 2020). The present study, therefore, aimed to systematically review the available evidence for interventions with family members of trans people (where family members were of the same or an older generation), providing an up-to-date overview of the outcomes and quality of the research to inform practice and future research.

Research with LGBTQ+ people has found elevated levels of Adverse Childhood Experiences (ACEs) within their families, such as emotional abuse, and this is associated with poorer mental health (Tran et al., 2022). In a survey of 102 trans and 375 cisgender LGB people, Schnarrs et al. (2019) found that an even higher proportion of trans participants reported emotional abuse, emotional neglect, and physical neglect in childhood than LGB participants. They suggested that this may be due to their parents being less willing or able to meet their needs, suggesting that this may be an important area for intervention. In keeping with this, Bosse et al. (2024) identified an association between parental acceptance-rejection and depression and suicidality in trans people.

Conversely, family support and healthy parental relationships can be a protective buffer against minority stress, promoting resilience, improving individual and family functioning, predicting higher self-esteem and protecting from depression, substance abuse and suicidality (Johns et al., 2018; Ryan et al., 2010; Tankersley et al., 2021; Westwater et al., 2019, 2020). Parental support has also been associated with increased quality of life, lower levels of LGBTQ+ identity disclosure distress and lower levels of depression and anxiety (Barras & Jones, 2024; Grossman et al., 2021; Puckett et al., 2019).

A range of qualitative research has explored parents' experiences of supporting and accepting their trans children. Alegría (2018) found that a trans young person coming out can have a ripple effect on other members of the family, influencing identity shifts in parents, emotions such as guilt, grief and self-doubt, and a need for information in order to support wider systems, such as extended family and school, with the adjustment. Further qualitative research has found that parents may struggle with acceptance even when actively supporting their children with accessing a gender service (Pullen Sansfaçon et al., 2020). Facilitators of eventual acceptance were education, support from other parents and professionals, and having time to reform their identity. Hidalgo and Chen's (2019) qualitative study also found that the experiences of parents of trans youths may, at times, align with experiences of minority stress, with both distal forms of discrimination from wider networks (e.g. other parents) and proximal stressors such as internalizing negative beliefs about trans identities. Existing qualitative research on parents' experiences, therefore, suggests that interventions targeting the provision of information, emotional processing, peer and professional support, and identifying and addressing minority stress experiences may be important and facilitative of parental acceptance.

The need to identify high-quality family interventions that improve family relationships, increase caregiver acceptance, knowledge, and skills, and improve the mental health of trans people has been repeatedly identified (Ryan et al., 2010; Schnarrs et al., 2019; Westwater et al., 2020). Such interventions have the potential to both reduce minority stress and increase resilience against it.

Aim

This systematic review aims to establish the current evidence base for the effectiveness of interventions with families with trans progeny. This updates a similar review undertaken by Malpas et al. (2022; search conducted in 2019), which was not able to identify any papers reporting quantitative outcomes on the effectiveness of such interventions with trans young people.

The terminology used to identify trans people has varied widely over time. For clarity and consistency, this article will primarily use the term trans to encompass both binary and non-binary genders. This may include, but is not limited to, transgender, non-binary, and gender non-conforming individuals. Where papers have defined their participant population differently, their term will be replicated here when relevant.

Materials and methods

The Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA) Statement (Page et al., 2021) was used to guide the reporting of this review.

Search strategy

A systematic literature search was conducted using PsycInfo, Embase, MEDLINE, Cinahl Plus and ProQuest Dissertations and Theses Global databases (*via* Ovid, EBSCO and ProQuest platforms). A comprehensive search strategy was developed including terms and subject headings related to "family intervention" and "transgender" (see Appendix 1 for details of the full search strategy). Given the limited amount of research identified by Malpas et al. (2022), the current review expanded the pool of results by: 1) opting not to limit results by age, 2) using a broad and inclusive definition of family interventions and 3) developing a comprehensive list of terms that may have been used to refer to trans people. Subject headings were tested for their impact on results and used only where they increased the number of records returned. The search was conducted on 16 February 2024 and included all studies published prior to that date. An article identified in scoping searches was used to confirm the sensitivity of the search.

Eligibility criteria

Studies eligible for inclusion had to be published in English, report quantitative outcome data, and evaluate an intervention with families of a trans person. A wide variety of terminology is used to refer to trans people in the literature. As such, care was taken whilst undertaking scoping searches to record any additional terms encountered, and these were later incorporated into the search. This list aimed to capture all terms that are currently or have previously been used to refer to this group of people, either in academic spheres or by the individuals themselves. Family interventions were classed as any intervention that included family members of a trans individual, whether or not this included the individuals themselves. Family interventions were excluded when they focused on couples only or where the trans intervention target was the caregiver (for instance, where a transgender parent attends family therapy with their cisgender children).

Study selection

Following deduplication, the remaining records (titles and abstracts) were screened by the first author. Studies were excluded if they clearly did not meet eligibility criteria based on the information in the title and/or abstract. A second reviewer also independently screened 10% of these records ($n = 465$) selected randomly. This is a noted limitation owing to the time constraints for completion of the project as part of a doctoral thesis. Conflicts were minimal and resolved through discussion. Where there was any doubt about whether studies met eligibility criteria, they were put forward for full-text review. Full texts were sought for retrieval through libraries and *via* the authors, and those not available were excluded. Thereafter, full texts were independently reviewed for inclusion by the first and second reviewers.

Data extraction and synthesis

Data were extracted from the included studies by the first author and tabulated for comparison. Evidence tables were adapted from National Institute for Health and Care Excellence (2012) guidance. Where information was not clear, this was resolved through discussion within the research team.

Following data extraction, paper details were descriptively organized by setting, study design, definition of trans identities, target population, and intervention type before being summarized in tabular form. Informal investigation of heterogeneity in reported effects revealed high levels of heterogeneity across all study characteristics. The wide variety of measures used precluded the use of either standardized metrics or meta-analyses. Therefore, the studies were grouped by outcome type, and the findings synthesized based on the direction of the reported effects (Campbell et al., 2020; McKenzie & Brennan, 2024).

Quality assessment

To identify an appropriate quality assessment tool for this review, guidance was sought from Greenhalgh and Brown (2017) and a number of online resources (Centre for Evidence-Based Medicine at the University of Oxford, 2024; Critical Appraisal Skills Programme, 2024; The EQUATOR Network, n.d.). Given the heterogeneity and atypical nature of the study designs used in the included studies, it was decided that a generic tool would be most appropriate. Zaza et al.'s (2000) quality assessment tool was selected for its concise and understandable yet thorough format. The tool comprises 15 items, split across 6 categories: descriptions, sampling, measurement, analysis, interpretation of results, and other. As a number of items were less relevant to studies with a case report design, for these studies, Virués-Ortega and Moreno-Rodríguez's (2008) guidelines for clinical case reports were also reviewed to check that all relevant issues had been considered within the assessment.

Quality assessment was completed independently by two reviewers. The second reviewer was independent from the research team and based at a different institution. Any conflicts were discussed until consensus was reached. Five response categories were recorded for each question: yes, no, limited, not stated, and not applicable.

Results

Figure 1 illustrates the results of the study selection process. Of 4645 initially screened, 90 full texts were reviewed for inclusion. Inter-rater reliability at this stage was strong, with 98.0% agreement between the raters; κ = 0.89 (95% CI, 0.76 to 1.00), $p < 0.001$. A full list of exclusion reasons is included in Figure 1. Seven studies met the criteria for inclusion.

Study characteristics

Table 1 summarizes the characteristics of the included studies. All but one article included in this review (Cardenas, 2015) was published in the last five years. Studies most frequently recruited from the United States (USA; $n = 3$), with Ireland hosting one study and no clear location being recorded for the remaining three (though they also appeared to be based in the USA). The majority were published in peer-reviewed journals, with the exception of two theses (Cardenas, 2015; Glaeser, 2021). Given the variability in study designs, intervention types, and measures used, meta-analysis was not possible or appropriate.

Study setting

Seven studies were based in the community, including three in specialist services for trans or LGBTQ+ people (Cardenas, 2015; Glaeser, 2021; Russon, Smithee, et al., 2022) and two in other mental health services (Christian-Brandt et al., 2021; Romney et al., 2020); the nature of the service was not clear for one study who recruited through public advertisements (Sharek et al., 2020). One study compared data from a hospital-based eating disorder programme (Baker et al., 2024). Both support groups were based in community services for trans youth and families in metropolitan cities in the USA (Cardenas, 2015; Glaeser, 2021).

Study design

One study used a naturalistic case-control design, including both cisgender females and cisgender males in comparison groups (Baker et al., 2024). Two studies used a repeated measures design without a comparison group (Glaeser, 2021; Sharek et al., 2020). One study was retrospective, using archival cross-sectional data (Cardenas, 2015). The remaining three studies used an individual case report design (Christian-Brandt et al., 2021; Romney et al., 2020; Russon, Smithee, et al., 2022). Two of the included studies used mixed methods (Cardenas, 2015; Sharek et al., 2020), though quantitative outcomes are focused on here.

All but one study (Cardenas, 2015) collected data at multiple time points, with wide variation between the studies. Some collected data at the start and end of the intervention, sometimes with additional data collection points at specific points

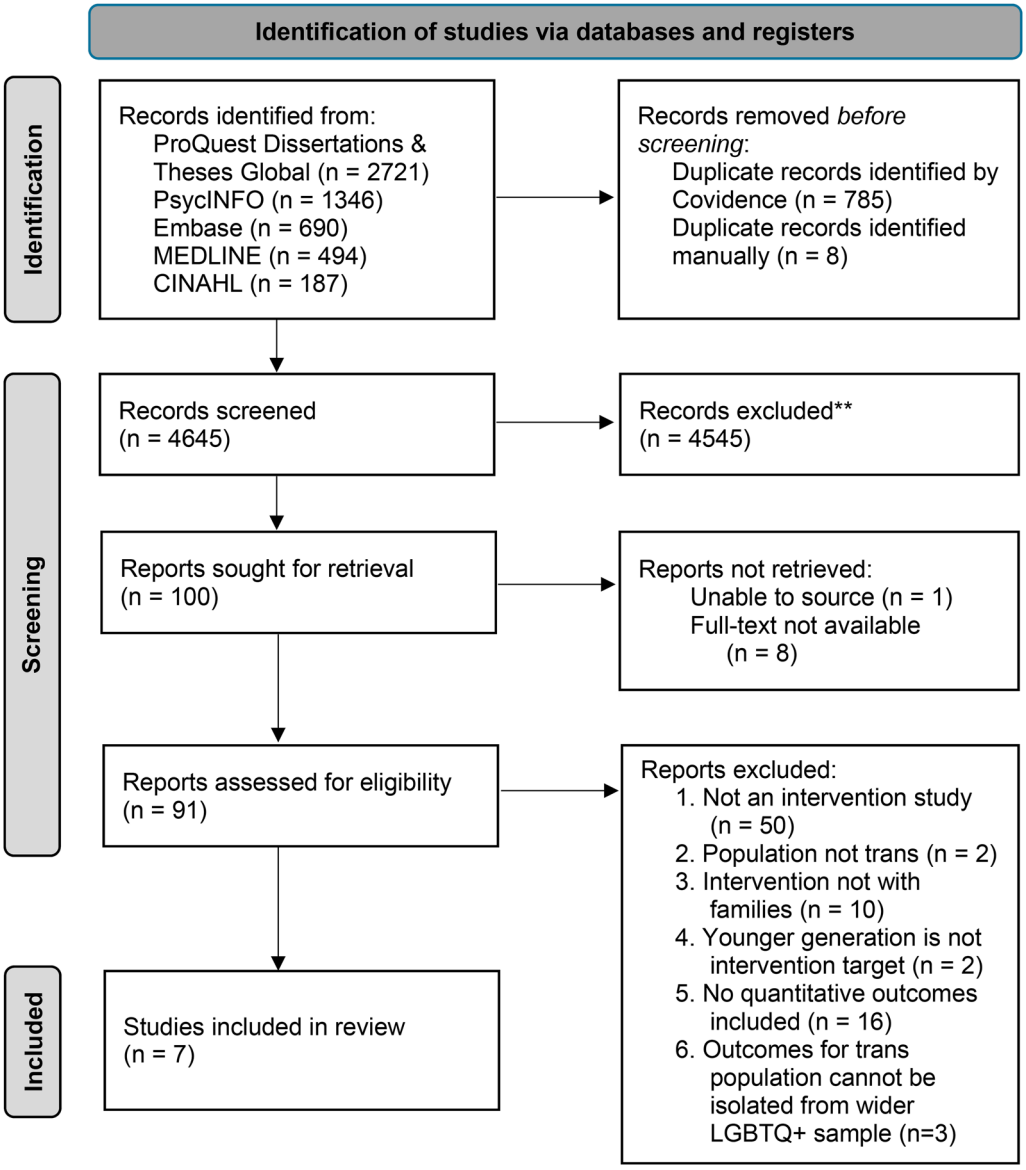

Figure 1. Flowchart followed for inclusion of studies in review.

during the intervention (Christian-Brandt et al., 2021; Russon, Smithee, et al., 2022; Sharek et al., 2020). Others collected data at regular time intervals (Baker et al., 2024; Romney et al., 2020). One study collected data at intake, and then the time of follow-up data collection varied (Glaeser, 2021).

How trans identities were defined

Trans identities were defined in varying ways across the papers. Baker et al. (2024) was the only study to methodically categorize gender, but did not report this to be based on any established guidance. Several studies did not provide clear information about data collection on gender. Sharek et al. (2020) referred to identity categories without specifying how this information was gained. Others referred to participants in general terms that were not defined, such as "gender-diverse", "gender-expansive" or "transgender and gender-diverse" (Cardenas, 2015; Christian-Brandt et al., 2021; Glaeser, 2021). Individuals' gender was self-identified in two studies (Romney et al., 2020; Russon, Smithee, et al., 2022). In two others it was reported by their family member (Baker et al., 2024; Cardenas, 2015) and in the remaining three this detail was not provided (Christian-Brandt et al., 2021; Glaeser, 2021; Sharek et al., 2020).

Table 1. Study characteristics.

Citation	Participants	Study design	Intervention	Location
Baker et al. (2024)	*N* = 1235 (TGE = 108, Cisgender boys = 152, Cisgender girls = 975) Aged 6–24 at admission Caregivers = Not reported	Naturalistic case-control (with two comparison groups)	**Enhanced Family Based Treatment (FBT+)** Virtual outpatient eating disorder programme, length of intervention individualized and details of this were not provided. Aims: To mobilize the family to support timely weight restoration and normalization of eating behaviors, then gradually progress to handing back responsibility for eating to the young person. Enhanced through inclusion of peer and family mentors with lived experience and adaptations to approach and materials to increase gender inclusivity.	Not reported
Cardenas (2015)	*N* = 32 Families = Not reported Caregivers (of gender-expansive children) = 32 32 respondents of approx. 150 possible	Mixed methods (no comparison group)	**Open parent/caregiver support group** Community-based in service for trans youth and families, met continuously, 2-hour session monthly, 45% first attended over 5 years ago, 71% had attended within the last 2 years. Aims: To provide caregivers a space for peer support and invite guest speakers, with the intent of 1) increasing education and awareness of child development, parenting styles and gender, 2) increasing acceptance and support for the child and 3) decrease isolation through increased experience of community for caregivers.	San Francisco Bay, USA
Christian-Brandt et al. (2021)	*N* = 3 YP of undetermined gender and assigned female at birth = 1 Aged 6 Caregivers = 2	Individual case report	**Parent-Child Interaction Therapy (PCIT) + Behavioral Parent Training (adapted positive attending and relationship-enhancement skills)** Community-based, non-gender-specialist clinic, 36 sessions over 9 months (all attended by mother, some by father - not specified how many). Aims: Initial focus on improving parenting skills for managing disruptive behavior related to ADHD. Then adapted to include parent and child sessions focusing on gender-related psychoeducation and coaching, to encourage gender affirmation through positive parenting skills and decrease gender-related disruptive behavior.	Mid-sized city, USA
Glaeser (2021)	*N* = 74 Caregivers = 74 Of gender expansive children aged 5–19	Repeated measures (no comparison group)	**Multifamily groups (MFGs)** Community-based open group in service for trans youth and families, families attended 1-11 sessions. Two caregiver groups were run monthly, one for parents of 5–13-year-olds and another for parents of 13-18-year-olds. Caregivers were able to attend one or both (as was relevant for them). Aims: To provide psychoeducation, process-oriented sharing, behavior training and a coping and support system.	New York, USA
Romney et al. (2020)	*N* = 3 Families = 1 Trans male = 1 Aged 15 Caregivers = 2	Individual case report	**Structural Family Therapy, integrated with Satir experiential therapy** Community-based mental health clinic, 24 sessions. Aims: To reduce suicidal thoughts by increasing family connection and support and implementing clear boundaries. Initial request from family was for individual therapy, ultimately agreed to alternate between individual and family sessions each week.	Not reported

(*Continued*)

Table 1. Continued.

Citation	Participants	Study design	Intervention	Location
Russon, Smithee, et al. (2022)	*N* = 3 Families = 1 Gender non-conforming YP = 1 Aged 14 Caregivers = 3	Individual case report	**Attachment-Based Family Therapy (ABFT) adapted for TGD youth and their families** Community-based, sexual and gender minority specialist center, 24 sessions (sessions above 16 not included in analysis). Aims: ABFT focuses on repairing relationship ruptures between adolescents and caregivers and establishing a secure family environment. This was adapted for TGD youth, e.g. by changing the sequence of sessions to build the therapeutic alliance and educating families around societal issues for TGD youth.	Not reported
Sharek et al. (2020)	*N* = 8 Families = 8 (Mothers = 6, Fathers = 1, Brothers = 1) Of trans young people (Trans Male = 4, Trans Female = 2, Male = 1, Non-binary = 1) aged 9–17	Mixed methods (no comparison group)	**GenderEd.ie: An online education program for families of trans young people** Publicly advertised, comprised of eight learning modules, which families were given 3 weeks to complete as much of as possible. Aims: To improve communication, as well as encourage reflection and address any challenges families may be facing. Informed by the gender affirmative theory.	Ireland

[a]YP: Young Person/Young People, TGD: Transgender and Gender Diverse

Target populations and characteristics

Trans individuals ($n = 111$) were included in interventions across four studies, a large proportion originating from Baker et al. (2024; $n = 108$). Caregivers ($n = 120+$) were included across all seven studies, but one study did not clearly state the number of caregivers involved (Baker et al., 2024). A brother was included in one study (Sharek et al., 2020). Age of the trans individual ranged from 6 to 25 years old (excluding Cardenas, 2015 and Sharek et al., 2020, as this data was not reported). None of the studies reported comprehensive demographic information on family members.

Interventions

One study described the intervention delivered as adapted Attachment-Based Family Therapy (ABFT; Russon, Smithee, et al., 2022), one as Enhanced Family-Based Treatment (FBT+; Baker et al., 2024) one as combined Structural Family Therapy and Satir Experiential Therapy (Romney et al., 2020), and another described taking a primarily behavioral approach (Christian-Brandt et al., 2021). These interventions generally involved a combination of individual sessions with the young person, sessions with parents and joint sessions with the family together.

Of the remaining three studies, two described a caregiver support group format including multiple families (Cardenas, 2015; Glaeser, 2021); one of these included a simultaneous group for young people to attend (Glaeser, 2021). The final study (Sharek et al., 2020) described an online modular psychoeducational intervention, which family members were able to complete at a time that suited them; this was the only study which included a family member other than caregivers, namely a brother of a trans individual.

Intervention targets

The two most frequently identified goals of interventions were each identified in five studies: improving family relationships (Cardenas, 2015; Christian-Brandt et al., 2021; Romney et al., 2020; Russon, Smithee, et al., 2022; Sharek et al., 2020) and improving parenting skills such as boundary setting, positive parenting and temporarily taking responsibility for eating (Baker et al., 2024; Christian-Brandt et al., 2021; Glaeser, 2021; Romney et al., 2020; Russon, Smithee, et al., 2022). Increasing family acceptance of the young

person was identified in four studies (Cardenas, 2015; Christian-Brandt et al., 2021; Glaeser, 2021; Romney et al., 2020). Three studies also aimed to improve mental health outcomes, such as suicidal ideation, depression, emotion regulation and eating disorder symptoms (Baker et al., 2024; Romney et al., 2020; Russon, Smithee, et al., 2022). One targeted behavior that challenges, such as aggression and defiance (Christian-Brandt et al., 2021), and another aimed to indirectly improve emotional health and adjustment *via* caregivers (Cardenas, 2015). Three studies sought to provide psychoeducation to family members around gender related issues and child development (Cardenas, 2015; Glaeser, 2021; Sharek et al., 2020) and two aimed to provide support to parents (Cardenas, 2015; Glaeser, 2021).

Outcomes

A wide variety of outcomes were reported on in the included studies, summarized in Table 2. Three studies reported measures completed by both the trans individual and their family member, with the remaining four reporting only measures completed by family members. Only one measure was used in multiple studies, namely Beck's Depression Inventory—Second Edition (BDI-II; Baker et al., 2024; Romney et al., 2020) The McMaster Family Assessment Device was used by both Romney et al., (2020) and Sharek et al. (2020), but each used different subscales.

Mental health and wellbeing

First considering measures completed by the trans individual, standardized assessments of mental health outcomes were used in three studies. These included measures of general mental health ($n = 1$), depression ($n = 2$), anxiety ($n = 1$), suicidality ($n = 1$) and eating disorder symptoms ($n = 1$). Quantitative, but nonstandardized measurement was also used for suicidality ($n = 2$).

Measures of depression and anxiety indicated a significant improvement over the course of the intervention. Baker et al. (2024) found that trans youth's scores were significantly higher to begin with and improved more slowly than either cisgender girls or boys. Russon, Smithee, et al. (2022) observed that they vacillated throughout. All studies that measured suicidal ideation (Baker et al., 2024; Romney et al., 2020; Russon, Smithee, et al., 2022) found a significant decrease or observed a decreasing trend in this over the course of treatment; however none of these studies used a standardized outcome measure.

Regarding eating disorder symptoms, Baker et al. (2024) found no difference between trans young people and cis boys or girls in terms of symptom severity, proportion of target weight or rate of improvement. Finally, although Romney et al. (2020) indicated using a measure of mental health, these results were not reported.

None of the included studies asked caregivers directly about their own mental health. In Cardenas's (2015) study, family members indicated moderate agreement that the intervention had led to improvements in their child's emotional adjustment, however this was not based on a standardized measure. Christian-Brandt et al. (2021) observed improvements on a standardized measure of a child's disruptive behavior in their case study, though this was not statistically analyzed.

Family functioning

Three studies asked young people about their family relationships using standardized measures. Romney et al. (2020) reported improvements in family connection and communication in their case study but did not clearly relate the reported scores to the outcome measures used. Russon, Smithee, et al.'s (2022) case study showed an improvement in attachment insecurity toward both mother and father. Using a measure adapted from trans populations, Glaeser (2021) found that parental self-reported transphobic and non-affirming attitudes at intake predicted parental minority stress and non-accepting behaviors at follow-up.

Caregivers were also asked nonstandardized questions around their gender-related knowledge, acceptance and behavior, each indicating an improvement (Cardenas, 2015; Glaeser, 2021; Sharek et al., 2020). Cardenas (2015) asked caregivers about their sense of competency in managing gender diversity and found that perceived

Table 2. Study outcomes.

Citation	Timepoints	Young person measures	Caregiver measures	Relevant outcomes	Statistical analyses
Baker et al. (2024)	Gender identity once at intake, weight twice weekly, eating disorder symptoms weekly, Net Promoter Score (NPS) not specified, remaining measures monthly	Weight Eating Disorder Examination-Questionnaire—Short Form (EDE-QS) Patient Health Questionnaire (PHQ-9) PHQ-9 item 9 was also used to measure suicidal ideation Generalized Anxiety Disorder Questionnaire (GAD-7)	Burden Assessment Scale (BAS) Parent Versus Eating Disorder (PVED) scale Net Promoter Score (NPS)	All showed significant improvement on all symptoms Proportion of target weight did not differ significantly between genders at any point, though individual differences were high YP-reported: TGE youth had significantly higher anxiety, depression and suicidal ideation scores compared to cisgender girls, which were in turn significantly higher than cisgender boys – TGE youth's scores also improved at a slower rate than cisgender patients' scores TGE eating disorder symptom severity and rate of improvement were not significantly different from cisgender girls or cisgender boys Caregiver-reported: Confidence in supervising treatment did not differ significantly by gender Burden of the eating disorder was comparable for TGE and cisgender girls, but significantly lower for cisgender boys Treatment satisfaction increased over the course of treatment, with no significant gender-based difference at any point	Demographics: ANOVAs and chi-squared tests Outcomes: Estimation rather than hypothesis testing approach. Ordinal surveys analyzed using Bayesian ordinal mixed effects models and linear model for weight
Cardenas (2015)	Snapshot	None	Self-reported group attendance Self-reported nonstandardized questions on acceptance of child's gender, feelings of support versus isolation and child's emotional health and adjustment	Gender acceptance: 17/26 agreed more accepting of child's gender as a result of the group, 3/26 disagreed, statistically significant difference in reported gender acceptance Gains in parental competency: perceived gains correlated significantly with attendance frequency Degree of support gained from the group: not associated with reported attendance frequency Moderate agreement that child's emotional adjustment had improved, not significantly related to reported group attendance Demographics: perceived gains in parental competency or degree of support gained from the group did not differ dependent on household income or natal gender	T-tests, linear regression

(*Continued*)

Table 2. Continued.

Citation	Timepoints	Young person measures	Caregiver measures	Relevant outcomes	Statistical analyses
Christian-Brandt et al. (2021)	Pre, mid and post intervention	None	PCIT caregiver-report questionnaires: Eyberg Child Behavior Inventory (ECBI) Child Behavior Checklist (CBCL) Parenting Stress Index (PSI) Weekly Assessment of Child Behavior—N (WACB-N) No measures specific to gender Completed jointly by parents – read aloud by therapists due to limited literacy	Decrease in disruptive behaviors (defiance, tantrums, peer aggression) associated with increased use of positive attending skills by parents and support of diverse gender expression by parents Phase 1: disruptive behaviors decreased Phase 2: gender understanding and related communication improved, parental distress around gender dysphoria reduced	Graphs only
Glaeser (2021)	Intake and variable follow-up	None	Caregiver behaviors self-reported Parental acceptance self-rating Group attendance Two subscales (internalized transphobia and non-affirmation) adapted from the Gender Minority Stress and Resilience Measure (GMSR) and the Perceived Parental Attitudes of Gender Expansiveness Youth measure (PPAGE-Y)	Mothers' accepting attitudes and affirmative behaviors increased, fathers' did not significantly change These were not significantly related to number or type of groups attended or minority stress factors Follow up parental minority stress was predicted by parental attitudes at intake, parental attitudes at follow up and behaviors at follow up There was a significant negative relationship between parental behaviors at intake and follow up	Correlations, repeated measures ANOVA and hierarchical regression
Romney et al. (2020)	Intake and suicide measure each session	Nonstandardized suicide assessment Outcome Questions Youth scale (OQ-YO) Brief Symptom Inventory scale (BSI) "General Family Functioning scale" – appears to be McMaster Family Assessment Device—General Functioning Subscale (FAD-GF)	Family relationships focused measures, no further details given	Increases in family connection and family communication: Connection: 1 at pretreatment, 4 at session 10, 8 at post treatment Communication: 1 at pretreatment, 3 at session 10, 7 at post treatment Unclear what measures these scores are taken from Results of other measures not reported During therapy, patient was regularly asked to rate intensity of suicidal thoughts on a scale of 1–10 (where 10 is high) – ratings reported to have decreased, with only values given as 4 in session 6 and 1 in sessions 21–24	Graphs only
Russon, Smithee, et al. (2022)	BDI-II and SIQ-JR every 1-4 wk Others at baseline, 8w, 16w and end	Suicidal Ideation Questionnaire—Junior (SIQ-JR) Beck Depression Inventory—Second Edition (BDI-II) Working Alliance Inventory – Short Form (WAI-SF) Opinions About Treatment (OAT) Experiences in Close Relationships-Relationships Structures Questionnaire (ECR-RS)	Working Alliance Inventory – Short Form (WAI-SF) Opinions About Treatment (OAT)	Suicidal ideation decreased from severe to low following initiation of intervention and remained there throughout Alliance and opinions about treatment were high throughout for both YP and mother (not recorded for father or step-mother) Attachment insecurity reported by YP decreased for both his mother and father	Graphs only

(*Continued*)

Table 2. Continued.

Citation	Timepoints	Young person measures	Caregiver measures	Relevant outcomes	Statistical analyses
Sharek et al. (2020)	Pre and post	None	Self-rated knowledge on 14 trans-related topics Self-Reflection and Insight Scale (SRIS) McMaster Family Assessment Device (FAD) – family problem solving and family communication subscales Generalized Self-Efficacy Scale (GSES) 12 statements about views of gender identity	Family members' trans related knowledge increased significantly overall (and on 6/14 trans-related knowledge topics – social issues, physical health issues, educational issues, life stage issues, percentage of trans people in the population, legal issues) Self-reflection, insight, family communication, family problem-solving and self-efficacy showed no significant change	Inferential tests, including paired-samples t-test (and nonparametric equivalent Wilcoxon signed-ranked test) and independent samples t-tests (and nonparametric equivalent Mann-Whitney U tests)

YP: Young Person/ Young People

gains correlated significantly with reported frequency of attendance at the intervention. For a measure of confidence and knowledge in supervising eating disorder treatment, Baker et al. (2024) found no significant differences between caregivers of trans young people and to those of cis boys or girls, though they noted that the psychometric qualities of the measure were not strong.

Baker et al. (2024) also found that scores for caregiver burden of the eating disorder were similar in trans people and the cisgender girls reference group, though for cisgender boys scores were significantly lower. Christian-Brandt et al. (2021) reported a decrease in parental distress around gender by the end of treatment, though this was not analyzed statistically. Sharek et al.'s (2020) study of an online psychoeducational intervention found no significant changes in self-efficacy, family communication or family problem-solving.

Experiences of treatment

Both trans individuals and caregivers were asked about their experiences of treatment in a standardized way; therapeutic alliance was reported to be high throughout and views about treatment were reported as high (Baker et al., 2024; Romney et al., 2020; Russon, Smithee, et al., 2022). Caregivers' experiences of being supported by a group was enquired about in a self-created survey by Cardenas (2015) and found not to relate to reported group attendance.

Quality assessment

The results of the quality assessment are summarized in Table 3. Reporting quality of the included studies was poor, with quality review criteria being met in no more than two of the six categories assessed.

The strongest aspects overall were descriptions and validity of the interventions and the measurement of outcomes. It can be seen in Table 3 that most studies ($n = 6$; excluding Christian-Brandt et al., 2021) gave a thorough description of the intervention. However, only three attempted to deliver this in a standardized way (Baker et al., 2024; Russon, Smithee, et al., 2022; Sharek et al., 2020), with only two using appropriate outcome measures (Baker et al., 2024; Russon, Smithee, et al., 2022).

Studies were weakest regarding how representative the included sample was of the eligible population, the analysis conducted and the interpretation of results. None of the four studies where it was relevant included more than 80% of participants in the final analysis. Only one reported on this at all (Cardenas, 2015). No studies sufficiently adjusted for confounding variables, with two not considering this issue at all (Baker et al., 2024; Sharek et al., 2020). No studies gave sufficient consideration of potential biases, with three not considering this at all (Cardenas, 2015; Romney et al., 2020; Sharek et al., 2020). Case studies offered only graphs, with no further statistical analysis. One included a graph, but did

not clearly indicate how this related to the outcome measures collected (Romney et al., 2020).

Discussion

This systematic review of the current evidence base for the effectiveness of family-focused interventions with trans progeny identified seven relevant studies that attempted to establish this. This contrasts with the complete absence found by Malpas et al. (2022), showing that there has been progress in recent years, with an increase of meaningful published research on such interventions.

Despite this, there remains only a small number of studies that have been conducted in this area. These were heterogeneous in several ways, including study design, type of intervention and outcomes addressed. Study quality overall was poor and there was a lack of available standardized measures for some of the important outcomes. Given all of this it is not possible to draw any firm conclusions about the effectiveness of family-focused interventions with trans people. Nonetheless, this review identified positive indicators of promising avenues for future research and clear suggestions for improving study quality in this field.

Definitions of gender

Methods of defining the population of interest differed across the included studies. Previous research has discussed the difficulty in balancing two competing needs: the need of individuals to be able to accurately reflect their gender in a flexible way and the need in quantitative research to be able to categorize gender in ways that enable meaningful comparisons (Lindqvist et al., 2021; Tate et al., 2013).

The two-step approach, which involves asking individuals separately about their assigned sex at birth and their current gender identity, has gained traction as an approach to managing this (Lindqvist et al., 2021). National surveys, such as the Scottish census (National Records of Scotland, 2024) have increasingly adopted this model in recent years. The GenIUSS Group (2014) recommendations, are one example of this. For assigned sex at birth they offer male and female options. For current gender, they suggest using male, female, trans male/trans man, trans female/trans woman, genderqueer/gender non-conforming and a write-in option. They indicate that this approach maximizes both sensitivity and specificity. It is consistent with current recommendations by LGBTQ+ organizations, such as Stonewall (Pasterny, 2016) and the Equality and Human Rights Commission (Mitchell & Howarth, 2009). Future quantitative outcomes research should consider using such an approach.

LGBTQ+ samples

Three promising studies were excluded from this review because they had mixed LGB and trans samples (Diamond et al., 2022; Donahue et al., 2020; Russon, Morrissey et al, 2022). Though this may be a practical solution due to small sample sizes, particularly within the trans groups, it limits the applicability of the findings to trans people. Combining these groups in this way may lead to the erroneous assumption that their needs and experiences are the same. The available data suggests that although ACEs are elevated in both trans and LGB populations, trans individuals report an even higher rate of ACEs than cis LGB people (Schnarrs et al., 2019). Some evidence further suggests that trans people experience worse mental health and more discrimination than LGB people. For instance, Fox et al. (2020) found that trans people reported more depressive symptoms and suicide attempts than LGB people. Real and Russell (2025) also identified increased rates of depression and suicidality in TGD youth and that this was associated with experiencing higher levels of stigmatization. Thus, combined LGBTQ+ samples may underestimate the mental health concerns and stigma that trans people experience, which will likely impact the efficacy of interventions with this group. If research continues to combine these groups, it is likely that the differences between them will be obscured and important differences in intervention needs missed. Further empirical investigation is needed with larger sample sizes, to enable comparison between different LGBTQ+ identities and give a clearer picture of the efficacy of family interventions with trans progeny.

Table 3. Quality review.

Study	Descriptions_		Sampling				Measurement		Analysis		Interpretation of results			Other
	Population description	Intervention description	Sampling frame	Screening criteria	Representative	Other selection biases	Exposure measured	Intervention valid and reliable	Measures valid and reliable	Appropriate analysis	Other analysis issues	>80% in final analysis	Confounds	Biases	Other issues
Baker et al. (2024)	*	✓	*	✓	*	X	✓	✓	✓	*	✓	NS	X	*	✓
Cardenas (2015)	✓	✓	*	*	*	✓	✓	*	X	✓	X	X	*	X	X
Christian-Brandt et al. (2021)	*	*	*	NA	X	✓	*	*	*	*	✓	NA	NA	*	X
Glaeser (2021)	✓	✓	*	*	✓	X	*	*	*	✓	✓	NS	*	*	X
Romney et al. (2020)	*	✓	*	NA	NA	✓	*	*	*	X	✓	NA	NA	X	✓
Russon, Smithee, et al. (2022)	*	✓	*	X	*	✓	✓	✓	✓	*	*	NA	NA	*	✓
Sharek et al. (2020)	*	✓	✓	*	X	X	*	✓	*	✓	✓	NS	X	X	✓

✓Criteria met;
XCriteria not met;
*Criteria partially met;
NS not stated;
NA not applicable

Study setting

Studies were more commonly conducted in the USA than anywhere else, limiting the generalizability of outcomes. Although there is a potential for difficulties such as poor family communication and parental lack of acceptance anywhere, the way this presents is likely to differ across cultures, as is the most appropriate way of managing it. For instance, Lo and Ma's (2024) study of a family intervention in China reflects on the particular importance of therapists avoiding a directive approach with parents, which could be perceived as a challenge to a traditional Chinese hierarchical family structure. Three studies in the current review did not explicitly identify the location of the intervention. It is important future research does so, so that biases, such as only Western countries being represented, can be identified. As research then progresses further, interventions should be investigated across cultures.

There was also variety in the types of services in which studies were based. We might expect that family members attending gender or LGBTQ+ specialist services, or those recruited through public advertisements, have a greater preexisting level of acceptance than those attending generic services given their agreement to taking part and this may impact intervention outcomes. No evidence was identified on this topic to date, and it was not possible to draw any conclusions from the current review given the heterogeneity of the interventions. This is therefore an area for further exploration.

Family-based intervention types

Studies that included measures of participants' experience generally suggested positive and valued experiences, suggesting that these interventions are acceptable to the intended recipients. Interventions were diverse; all aimed to improve the lives of the trans individuals in some way, but their method varied. Some targeted caregivers or family members only, whereas others focused on the young person and included the family. Some interventions were psychoeducational, others were process orientated. Some were highly structured around specific therapeutic models or

manualised, with fidelity prioritized, and others were individualized and integrated multiple models in a nonstandardized way. Some interventions explicitly targeted family conflicts around gender, whilst others used or adapted approaches toward a specific mental health issue, such as eating disorders. This variation limits comparability between interventions. Without many more studies, it is not yet possible to say which of these approaches are most promising for further investigation.

The absence of any Randomized Controlled Trials (RCTs) in this cohort was notable and only one study included control groups (Baker et al., 2024). This is a significant shortcoming, exacerbated by the inadequate consideration of possible bias by any study. A focus on including control groups and RCT methodologies in future research would thus enhance the robustness of the evidence base.

Though conclusions that can be drawn are limited, this review does evidence that there appear to be differences between gender subgroups that warrant further investigation. It may not be enough to approach work with trans people in the same way as with cisgender people, given the additional mental health and stigmatization challenges that trans people face. Trans people may therefore be experiencing poorer outcomes when adaptations are not made to meet their needs. A meta-analysis indicated that adapting psychological interventions for ethnic minorities enhanced their effectiveness (Arundell et al., 2021); we can hypothesize that the same may be true for trans people. Investigating these patterns further may provide opportunities for these approaches to be adapted to more effectively meet the challenges that minority stress brings.

Measuring outcomes

Measurement of outcomes was a relative strength of the included studies in the quality assessment; however, this was limited by the lack of availability of standardized outcome measures. The strongest use of outcome measures was the use of well-established scales for mental health. One study made appropriate adaptations to existing scales measuring parent attitudes toward trans people (Glaeser, 2021); which is still to be validated for caregivers of trans people.

Although improving parenting skills was one of the most frequently cited aims, none of the studies clearly measured change in parental skills use. For future interventions that hold increasing parents' skills as an aim, an appropriate measure of parental behavior should be used. For instance, Diamond et al. (2022) has adapted the PARSOS for a trans population, which asks about parents' accepting and rejecting behaviors. Maladaptive parenting strategies have been shown to predict mental health issues in offspring (Sahle et al., 2022), confirming that this is an appropriate focus of intervention; suitable outcome measures are therefore essential to furthering understanding in this area.

There was somewhat more appropriate measurement of the other most common aim, namely improving family relationships. One study used the ECR-RS (Russon, Smithee, et al., 2022) and a further two used different subscales from the FAD (Romney et al., 2020; Sharek et al., 2020). Again, where improving family relationships is an aim, future research should include direct measures of this.

A further consideration is that none of the included studies reported important outcomes from both trans individuals and their caregiver. Reporting phenomena from multiple perspectives is a valuable part of clinical assessment (De Los Reyes et al., 2015), particularly in a family therapy context where differences in parent and child responses may indicate possible focus areas for intervention. Tools should therefore be standardized for use from multiple perspectives.

Caregivers' mental health received minimal attention, with no specific measures being used to measure this. In addition to the potential burden of mental health issues on caregivers themselves, the potential detrimental impact on their offspring was clearly evidenced in Sahle et al.'s (2022) umbrella review. It is therefore important that this area is examined more closely. Including measures of caregiver stress and wellbeing would further provide insight into the impact of minority stress on caregivers.

Analysis of outcomes data

This was an area of relative weakness in the included studies. Although some studies used statistical analyses appropriately, there was overall a lack of appropriate consideration and management of confounding variables and potential biases. For instance, Sharek et al. (2020) did not report any demographic information about participants, only about their trans relatives, and as such failed to consider the impact of characteristics such as age or gender on outcomes. Additionally, effect sizes were only reported by one study (Glaeser, 2021), limiting both the use of standardized metrics in the synthesis and the possibility of future meta-analyses including their results.

Case reports' presentation of quantitative data was limited to graphical output, which is limited in its usefulness. Further analysis could be conducted, such as calculations of reliable and statistically significant change. This would increase understanding of the effectiveness of the intervention for the presented case. Furthermore, clearly stating the scores achieved would enable future meta-analyses, particularly important for studies with this small, marginalized population where sample sizes are often unavoidably small. It is recommended that case reports consider this in future.

Strengths and limitations

There were notable strengths of this review. One such strength was the comprehensive search strategy regarding gender, difficult to achieve given the high heterogeneity in terminology used. This review considered this thoroughly, developing an extensive list of terms through the initial scoping process and therefore expanding the likelihood of relevant papers being identified. That being said, it remains a possibility that there are studies that have not been picked up, given the particular challenge presented regarding language in this field. Terminology used in the search strategy to refer to family interventions could be similarly expanded; future reviews should include terms such as "parenting intervention" and "parent-child intervention", as relevant studies using these terms may not have been picked up by the current review. Several databases were searched, which again expands the likelihood of relevant studies being identified. By including dissertations and theses within this database search, the risk of publication bias was reduced.

Involvement of an independent second reviewer throughout study selection and quality assessment contributed to the overall quality of this review, particularly as a high inter-rater reliability was evident in study selection. The included studies were all published recently; as such, this review is likely to reflect current understandings and areas of development in this field.

A clear limitation was the heterogeneity of included interventions and therefore the limited conclusions that could be drawn. Regarding the samples recruited, in studies where ethnic identity was reported ($n = 8$), this was predominantly identified as 'white' and few other demographic characteristics were reported; this reduces the generalizability of the findings and may mean that combined effects of holding multiple marginalized identities are missed. It was also not possible to complete a meta-analysis given the heterogeneity of interventions, samples and statistical analyses used, again limiting the conclusions that could be drawn.

Future directions

A number of areas are recommended for future development. Future research should align with best practice by categorizing gender in a standardized way, namely using the two-step method and including a write-in option. Some studies were excluded from this review as it was not possible to separate the data of trans participants from a wider LGBTQ+ sample. When recruiting, future research should aim to include larger samples capturing higher proportions of trans people and enabling comparison of different groups. Differences between such subgroups (e.g. trans and LGB people) could then be explored further. Studies should be designed incorporating control groups and other RCT methodologies. A wider range of demographic and cultural groups should be recruited as well as those identified here. The mental health experiences of caregivers also needs further investigation.

There is a need for more appropriate standardized measures to be developed which capture the intended outcomes of family-based interventions. These should also be standardized for reporting by people with different roles within the family. Reporting quality could be improved by following reporting guidelines, which would include reporting effect sizes for statistical analyses and explicitly discussing possible confounds and biases and how these have been taken into consideration. Case reports should ensure to report all measures completed and conduct appropriate statistical analysis, such as calculating reliable and clinically significant change scores.

Conclusion

This review sought to establish the effectiveness of interventions with families of trans populations. Seven studies assessing such interventions were identified, representing a substantial increase from those identified by Malpas et al. (2022). Limited conclusions can be drawn about the effectiveness of these interventions due to the wide variation in intervention types, outcomes measured, the questionnaires used for this, the frequent lack of standardization, the lack of separation between LGB and trans data and the generally poor study quality. This review therefore highlighted areas for improvement in the quality of future studies in this area. Interventions included in this review represented a range of promising avenues for further development and study, with people that worked with trans young people and their families making efforts to adapt to and meet their needs in creative ways.

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References

Alegría, C. A. (2018). Supporting families of transgender children/youth: Parents speak on their experiences, identity, and views. *International Journal of Transgenderism*, *19*(2), 132–143. https://doi.org/10.1080/15532739.2018.1450798

Arundell, L. L., Barnett, P., Buckman, J. E. J., Saunders, R., & Pilling, S. (2021). The effectiveness of adapted psychological interventions for people from ethnic minority groups: A systematic review and conceptual typology. *Clinical Psychology Review*, *88*, 102063. https://doi.org/10.1016/J.CPR.2021.102063

Baker, J. H., Freestone, D., Cai, K., Silverstein, S., Urban, B., & Steinberg, D. (2024). Eating disorder clinical presentation and treatment outcomes by gender identity among children, adolescents, and young adults. *The Journal of Adolescent Health: Official Publication of the Society for Adolescent Medicine*, *75*(2), 254–260. https://doi.org/10.1016/j.jadohealth.2023.11.015

Barras, A., & Jones, B. A. (2024). "[He] can be supportive, but at times I feel he is ashamed of me": understanding the relationship between parental support and quality of life amongst trans and gender diverse youth in the UK. *International Journal of Transgender Health*, *25*(1), 90–101. https://doi.org/10.1080/26895269.2023.2286269

Becerra-Culqui, T. A., Liu, Y., Nash, R., Cromwell, L., Flanders, W. D., Getahun, D., Giammattei, S. V., Hunkeler, E. M., Lash, T. L., Millman, A., Quinn, V. P., Robinson, B., Roblin, D., Sandberg, D. E., Silverberg, M. J., Tangpricha, V., & Goodman, M. (2018). Mental health of transgender and gender nonconforming youth compared with their peers. *Pediatrics*, *141*(5), e20173845. https://doi.org/10.1542/peds.2017-3845

Borgogna, N. C., McDermott, R. C., Aita, S. L., & Kridel, M. M. (2019). Anxiety and depression across gender and sexual minorities: Implications for transgender, gender nonconforming, pansexual, demisexual, asexual, queer, and questioning individuals. *Psychology of Sexual Orientation and Gender Diversity*, *6*(1), 54–63. https://doi.org/10.1037/sgd0000306

Bosse, J. D., Clark, K. D., Dion, K. A., & Chiodo, L. M. (2024). Transgender and nonbinary young adults' depression and suicidality is associated with sibling and parental acceptance-rejection. *Journal of Nursing Scholarship: An Official Publication of Sigma Theta Tau International Honor Society of Nursing*, *56*(1), 87–102. https://doi.org/10.1111/JNU.12917

Campbell, M., McKenzie, J. E., Sowden, A., Katikireddi, S. V., Brennan, S. E., Ellis, S., Hartmann-Boyce, J., Ryan, R., Shepperd, S., Thomas, J., Welch, V., & Thomson, H. (2020). Synthesis without meta-analysis (SWiM) in systematic reviews: Reporting guideline. *BMJ (Clinical*

Research ed.), *368*, l6890. https://doi.org/10.1136/BMJ.L6890

Cardenas, B. J. (2015). *A program evaluation of Gender Spectrum's support group for parents and caregivers of gender-diverse children. In ProQuest Dissertations and Theses* [Doctoral dissertation]. Wright Institute.

Ceccolini, C. J., Green, J. B., & Friedman-Yakoobian, M. S. (2024). Gender-affirming care in the assessment and treatment of psychosis risk: Considering minority stress in current practice and future research. *Early Intervention in Psychiatry*, *18*(3), 207–216. https://doi.org/10.1111/EIP.13456

Centre for Evidence-Based Medicine at the University of Oxford (2024). *Critical appraisal tools*. https://www.cebm.ox.ac.uk/resources/ebm-tools/critical-appraisal-tools

Chodzen, G., Hidalgo, M. A., Chen, D., & Garofalo, R. (2019). Minority stress factors associated with depression and anxiety among transgender and gender-nonconforming youth. *The Journal of Adolescent Health: Official Publication of the Society for Adolescent Medicine*, *64*(4), 467–471. https://doi.org/10.1016/J.JADOHEALTH.2018.07.006

Christian-Brandt, A. S., Philpott, J., & Edwards-Leeper, L. (2021). "Quiero soy un nino!": Family-based treatment of a Mexican American child with gender dysphoria and disruptive behaviors. *Clinical Practice in Pediatric Psychology*, *9*(2), 203–208. https://doi.org/10.1037/cpp0000405

Cooper, K., Russell, A., Mandy, W., & Butler, C. (2020). The phenomenology of gender dysphoria in adults: A systematic review and meta-synthesis. *Clinical Psychology Review*, *80*, 101875. https://doi.org/10.1016/j.cpr.2020.101875

Critical Appraisal Skills Programme (2024). *CASP Checklists – Critical Appraisal Checklists*. https://casp-uk.net/casp-tools-checklists/

De Los Reyes, A., Augenstein, T. M., Wang, M., Thomas, S. A., Drabick, D. A. G., Burgers, D. E., & Rabinowitz, J. (2015). The validity of the multi-informant approach to assessing child and adolescent mental health. *Psychological Bulletin*, *141*(4), 858–900. https://doi.org/10.1037/A0038498

Diamond, G. M., Boruchovitz-Zamir, R., Nir-Gotlieb, O., Gat, I., Bar-Kalifa, E., Fitoussi, P.-Y., & Katz, S. (2022). Attachment-based family therapy for sexual and gender minority young adults and their nonaccepting parents. *Family Process*, *61*(2), 530–548. https://doi.org/10.1111/famp.12770

Donahue, J. M., DeBenedetto, A. M., Wierenga, C. E., Kaye, W. H., & Brown, T. A. (2020). Examining day hospital treatment outcomes for sexual minority patients with eating disorders. *The International Journal of Eating Disorders*, *53*(10), 1657–1666. https://doi.org/10.1002/eat.23362

Fox, K. R., Choukas-Bradley, S., Salk, R. H., Marshal, M. P., & Thoma, B. C. (2020). Mental health among sexual and gender minority adolescents: Examining interactions with race and ethnicity. *Journal of Consulting and Clinical Psychology*, *88*(5), 402–415. https://doi.org/10.1037/CCP0000486

Glaeser, E. (2021). *The impact of multifamily group services on the parents of transgender and gender expansive youth. In ProQuest Dissertations and Theses* [Doctoral dissertation]. Columbia University.

Greenhalgh, J., & Brown, T. (2017). Quality assessment: Where do I begin?. In A. Boland, M. G. Cherry, & R. Dickson (Eds.), *Doing a systematic liteature review: A student's guide.* (2nd ed., pp. 107–129). SAGE.

Grossman, A. H., Park, J. Y., Frank, J. A., & Russell, S. T. (2021). Parental responses to transgender and gender nonconforming youth: Associations with parent support, parental abuse, and youths' psychological adjustment. *Journal of Homosexuality*, *68*(8), 1260–1277. https://doi.org/10.1080/00918369.2019.1696103

Hendricks, M. L., & Testa, R. J. (2012). A conceptual framework for clinical work with transgender and gender nonconforming clients: An adaptation of the minority stress model. *Professional Psychology: Research and Practice*, *43*(5), 460–467. https://doi.org/10.1037/a0029597

Hidalgo, M. A., & Chen, D. (2019). Experiences of gender minority stress in cisgender parents of transgender/gender-expansive prepubertal children: A qualitative study. *Journal of Family Issues*, *40*(7), 865–886. https://doi.org/10.1177/0192513X19829502

Johns, M. M., Beltran, O., Armstrong, H. L., Jayne, P. E., & Barrios, L. C. (2018). Protective factors among transgender and gender variant youth: A systematic review by socioecological level. *The Journal of Primary Prevention*, *39*(3), 263–301. https://doi.org/10.1007/S10935-018-0508-9/TABLES/3

Lindqvist, A., Sendén, M. G., & Renström, E. A. (2021). What is gender, anyway: A review of the options for operationalising gender. *Psychology & Sexuality*, *12*(4), 332–344. https://doi.org/10.1080/19419899.2020.1729844

Lo, J. W. K., & Ma, J. L. C. (2024). Generating mutual support in multifamily therapy to promote father involvement and family communication quality of Chinese families of adolescents with Attention Deficit Hyperactivity Disorder: A qualitative study. *Family Process*, *63*(2), 967–982. https://doi.org/10.1111/FAMP.12944

Malpas, J., Pellicane, M. J., & Glaeser, E. (2022). Family-based interventions with transgender and gender expansive youth: Systematic review and best practice recommendations. *Transgender Health*, *7*(1), 7–29. https://doi.org/10.1089/TRGH.2020.0165

Marconi, E., Monti, L., Marfoli, A., Kotzalidis, G. D., Janiri, D., Cianfriglia, C., Moriconi, F., Costa, S., Veredice, C., Sani, G., & Chieffo, D. P. R. (2023). A systematic review on gender dysphoria in adolescents and young adults: Focus on suicidal and self-harming ideation and behaviours. *Child and Adolescent Psychiatry and Mental Health*, *17*(1):110. https://doi.org/10.1186/s13034-023-00654-3

McKenzie, J. E., & Brennan, S. E. (2024). Chapter 12: Synthesizing and presenting findings using other methods [last updated October 2019]. In J. P. T. Higgins, J. Thomas, J. Chandler, M. Cumpston, T. Li, M. J. Page, &

Welch V. A. (Eds.), *Cochrane handbook for systematic reviews of interventions*. Cochrane. https://training.cochrane.org/handbook/current/chapter-12

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, *129*(5), 674–697. https://doi.org/10.1037/0033-2909.129.5.674

Mezza, F., Mezzalira, S., Pizzo, R., Maldonato, N. M., Bochicchio, V., & Scandurra, C. (2024). Minority stress and mental health in European transgender and gender diverse people: A systematic review of quantitative studies. *Clinical Psychology Review*, *107*, 102358. https://doi.org/10.1016/J.CPR.2023.102358

Mitchell, M., Howarth, C. (2009). *Trans research review (research report 27)*. https://www.equalityhumanrights.com/sites/default/files/research_report_27_trans_research_review.pdf

National Institute for Health and Care Excellence (2012). *Methods for the development of NICE public health guidance (third edition): Process and methods*. www.nice.org.uk/process/pmg4

National Records of Scotland (2024, June 27). *Scotland's Census 2022 - Sexual orientation and trans status or history*. https://www.scotlandscensus.gov.uk/2022-results/scotland-s-census-2022-sexual-orientation-and-trans-status-or-history/

Olson, K. R., Durwood, L., Demeules, M., & McLaughlin, K. A. (2016). Mental health of transgender children who are supported in their identities. *Pediatrics*, *137*(3), 20153223. https://doi.org/10.1542/peds.2015-3223

Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., Shamseer, L., Tetzlaff, J. M., Akl, E. A., Brennan, S. E., Chou, R., Glanville, J., Grimshaw, J. M., Hróbjartsson, A., Lalu, M. M., Li, T., Loder, E. W., Mayo-Wilson, E., McDonald, S., … Moher, D. (2021). The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. *Systematic Reviews*, *10*(1), 89. https://doi.org/10.1186/S13643-021-01626-4/FIGURES/1

Pasterny, L. (2016). *Do ask, do tell: Capturing data on sexual orientation and gender identity globally*. www.stonewall.org.uk

Puckett, J. A., Matsuno, E., Dyar, C., Mustanski, B., & Newcomb, M. E. (2019). Mental health and resilience in transgender individuals: What type of support makes a difference? *Journal of Family Psychology: JFP: Journal of the Division of Family Psychology of the American Psychological Association (Division 43)*, *33*(8), 954–964. https://doi.org/10.1037/fam0000561

Pullen Sansfaçon, A., Kirichenko, V., Holmes, C., Feder, S., Lawson, M. L., Ghosh, S., Ducharme, J., Temple Newhook, J., & Suerich-Gulick, F. (2020). Parents' journeys to acceptance and support of gender-diverse and trans children and youth. *Journal of Family Issues*, *41*(8), 1214–1236. https://doi.org/10.1177/0192513X19888779

Quiñones, I. C., Selkie, E., Mammel, K. A., Haedt-Matt, A., Klump, K. L., Burt, S. A., & Van Huysse, J. L. (2024). Disordered eating in transgender and gender nonconforming youth: A comparison to community-based and clinical samples. *European Eating Disorders Review: The Journal of the Eating Disorders Association*, *32*(2), 338–349. https://doi.org/10.1002/ERV.3045

Real, A. G., & Russell, S. T. (2025). Outness, acceptance, and victimization: A longitudinal study of depressive symptoms and suicidality of Lesbian, Gay, and Bisexual and Transgender and Gender Diverse youth. *The Journal of Adolescent Health: Official Publication of the Society for Adolescent Medicine*, *76*(1), 29–36. https://doi.org/10.1016/j.jadohealth.2024.08.009

Romney, J. S., Hawkins, L. G., & Soloski, K. L. (2020). Gender conformity and suicide: A case study integrating structural family therapy and Satir experiential therapy. *Clinical Case Studies*, *19*(4), 282–300. https://doi.org/10.1177/1534650120919797

Russon, J., Morrissey, J., Dellinger, J., Jin, B., & Diamond, G. (2022). Implementing attachment-based family therapy for depressed and suicidal adolescents and young adults in LGBTQ+ services: Feasibility, acceptability, and preliminary effectiveness. *Crisis*, *43*(6), 500–507. https://doi.org/10.1027/0227-5910/a000821

Russon, J., Smithee, L., Simpson, S., Levy, S., & Diamond, G. (2022). Demonstrating attachment-based family therapy for transgender and gender diverse youth with suicidal thoughts and behavior: A case study. *Family Process*, *61*(1), 230–245. https://doi.org/10.1111/famp.12677

Ryan, C., Russell, S. T., Huebner, D., Diaz, R., & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing: Official Publication of the Association of Child and Adolescent Psychiatric Nurses, Inc*, *23*(4), 205–213. https://doi.org/10.1111/j.1744-6171.2010.00246.x

Sahle, B. W., Reavley, N. J., Li, W., Morgan, A. J., Yap, M. B. H., Reupert, A., & Jorm, A. F. (2022). The association between adverse childhood experiences and common mental disorders and suicidality: An umbrella review of systematic reviews and meta-analyses. *European Child & Adolescent Psychiatry*, *31*(10), 1489–1499. https://doi.org/10.1007/S00787-021-01745-2/TABLES/3

Schnarrs, P. W., Stone, A. L., Salcido, R., Baldwin, A., Georgiou, C., & Nemeroff, C. B. (2019). Differences in adverse childhood experiences (ACEs) and quality of physical and mental health between transgender and cisgender sexual minorities. *Journal of Psychiatric Research*, *119*, 1–6. https://doi.org/10.1016/j.jpsychires.2019.09.001

Sharek, D., McCann, E., & Huntley-Moore, S. (2020). A mixed-methods evaluation of a gender affirmative education program for families of trans young people. *Journal of GLBT Family Studies*, *16*(1), 18–31. https://doi.org/10.1080/1550428X.2019.1614504

Tankersley, A. P., Grafsky, E. L., Dike, J., & Jones, R. T. (2021). Risk and resilience factors for mental health

among transgender and gender nonconforming (TGNC) youth: A systematic review. *Clinical Child and Family Psychology Review*, *24*(2), 183–206. https://doi.org/10.1007/S10567-021-00344-6/TABLES/3

Tate, C. C., Ledbetter, J. N., & Youssef, C. P. (2013). A two-question method for assessing gender categories in the social and medical sciences. *Journal of Sex Research*, *50*(8), 767–776. https://doi.org/10.1080/00224499.2012.690110

The EQUATOR Network (n.d). *Enhancing the QUAlity and Transparency Of Health Research*. Retrieved June 14, 2024, from https://www.equator-network.org/

The GenIUSS Group (2014). Best Practices for asking questions to identify transgender and other gender minority respondents on population-based surveys. In *Created by the Gender Identity in U.S. Surveillance (GenIUSS)*. www.williamsinstitute.law.ucla.edu/publications/geniuss-trans-pop-based-survey

Tran, N. M., Henkhaus, L. E., & Gonzales, G. (2022). Adverse childhood experiences and mental distress among us adults by sexual orientation. *JAMA Psychiatry*, *79*(4), 377–379. https://doi.org/10.1001/JAMAPSYCHIATRY.2022.0001

Travers, R., Bauer, G., Pyne, J., Bradley, K., Gale, L., & Papadimitriou, M. (2012). *Impacts of strong parental support for trans youth: A report prepared for Children's Aid Society of Toronto and Delisle Youth Services*.

Virués-Ortega, J., & Moreno-Rodríguez, R. (2008). Guidelines for clinical case reports in behavioural clinical psychology. *International Journal of Clinical Health Psychololgy*, *8*, 765–777.

Wang, Y. C., Hoatson, T., Stamoulis, C., Herman, J., Reisner, S. L., Meyer, I. H., & Katz-Wise, S. L. (2024). Psychological distress and suicidality among transgender young adults in the United States. *The Journal of Adolescent Health: Official Publication of the Society for Adolescent Medicine*, *74*(6), 1095–1105. https://doi.org/10.1016/J.JADOHEALTH.2023.11.004

Westwater, J. J., Riley, E. A., & Peterson, G. M. (2019). What about the family in youth gender diversity? A literature review. *The International Journal of Transgenderism*, *20*(4), 351–370. https://doi.org/10.1080/15532739.2019.1652130

Westwater, J. J., Riley, E., & Peterson, G. M. (2020). Using circular questions to explore individual family member experiences of youth gender dysphoria in Australia. *International Journal of Transgender Health*, *21*(3), 321–336. https://doi.org/10.1080/26895269.2020.1777616

Zaza, S., Wright-De Agüero, L. K., Briss, P. A., Truman, B. I., Hopkins, D. P., Hennessy, M. H., Sosin, D. M., Anderson, L., Carande-Kulis, V. G., Teutsch, S. M., & Pappaioanou, M. (2000). Data collection instrument and procedure for systematic reviews in the guide to community preventive services. *American Journal of Preventive Medicine*, *18*(1 Suppl), 44–74. https://doi.org/10.1016/S0749-3797(99)00122-1