

Gender Dysphoria (Transgender issues)

Tavistock and Portman NHS Trust's Gender Identity Development Service –
120 Belsize Ln, London NW3 5BA

Team

We are a multidisciplinary team. This means we have experts from different specialties who work together to assess and treat our patients. Our team includes child and adolescent psychiatrists, psychologists, social workers, psychotherapists and paediatricians.

Where this service is available

National service, with clinics in London and Leeds

Contact

London clinic

020 8938 2030

gids@tavi-port.nhs.uk

GIDS, Tavistock Centre, 120 Belsize Lane, London NW3 5BA

Leeds clinic

0113 247 1955

gids@tavi-port.nhs.uk

8 Park Square East, Leeds LS1 2LH

Who this service is for

Children and young people aged 0 to 18, in the UK, who experience difficulties in the development of their gender identity.

How to access this service

We accept referrals from across the UK. We prefer to receive referrals from local child and adolescent mental health services (CAMHS). Please complete a [referral form](#) and email it to gids@tavi-port.nhs.uk.

Other professionals in health, social services and education, as well as young people and their families, can contact us directly to discuss a possible referral.

We are unable to accept self-referrals from young people and their families.

Gender identity development service (GIDS)

The Gender Identity Development Service (GIDS) is for children and young people, and their families, who experience difficulties in the development of their gender identity. It's a national specialized service, based in London and Leeds, and is the only one of its kind in Great Britain.

Many, but by no means all, of the children and young people who we see are unhappy with aspects of their body's primary or secondary sex characteristics.

Some children who were assigned male (i.e. registered as male) when they were born, may not feel like a boy when they are older, or may prefer to dress in clothes or play with toys that other people say are "for girls". They may feel or say that they are a girl. In the same way, some children or young people who were assigned 'female' at birth might feel or say that they are a boy. Others might say that neither "boy" nor "girl" seems the right word for how they feel about themselves.

We recognize how complex ideas around gender can be and that there is a huge range of human diversity in how people feel about and express their gender. Young people who are developing an understanding of their own gender that is different from what everyone had first expected can sometimes find things very tough. Both young people and their families can experience high levels of distress as their gender identity evolves. We try to help young people and their families cope with distress, and to reduce it. We aim to understand the obstacles standing between young people and the development of a more settled and confident gender identity, and to try and minimize any negative influences from these obstacles.

We also work with a small number of children who have a trans parent, and whose difficulties are related to their experience of their parent's gender identity or transition.

Assessment

We think that relationships are as important as other factors in contributing to the young person's difficulties. We pay attention in our assessment to the young person's relationship with their family, school and other social agencies.

Our approach is tailored to the needs of the individual family. During assessment the whole team contributes its expertise to decisions we make about treatment, so that all perspectives are taken into account.

Treatment

After assessment we may recommend one or a combination of the following types of therapy:

- **Family therapy**

The aim of family therapy is to find ways for family members to help each other.

In family therapy, a therapist works with families and those in close relationships who experience problems.

The therapist explores their views and relationships to understand the problems they are having. It helps family members communicate better with each other. It can help families to change, develop and resolve conflict.

You may be offered family therapy if the whole family is in difficulty. This may be because one member of the family has a serious problem that's affecting the rest of the family.

Family therapy is also known as systemic psychotherapy.

Who it's for

Family therapy is suitable for children and adults of all ages.

Issues we can help with

Family therapy can help with a wide range of things including:

- parenting issues
- child and adolescent behaviour
- divorce and separation
- adult mental health
- changes in family life

We work with problems that children, young people or adults may experience. Sometimes these problems have been present across generations.

Length of treatment

Family therapy sessions last from 45 minutes to 1.5 hours. They usually take place every two to three weeks.

Treatment can last from a few meetings to more than a year.

Assessment

Assessment starts with a meeting to understand what the difficulties are. You may meet with one therapist or a team of therapists working together.

We talk to you about your concerns and ask questions about how you think and feel. We talk about important family beliefs and who else is involved with the family. We listen to the point of view of everyone there.

We explain how family therapy works and with your family we agree a plan for future therapy sessions.

Therapy sessions

The whole family, including children, are usually seen together in one room for therapy sessions. Sometimes we work with individuals, couples or combinations of family members depending on what the problem is.

We consider the impact on families of differences including:

- power
- financial hardship
- race
- religion
- culture
- politics

A family therapist is more active in asking questions than some other kinds of therapists.

Therapists working in a team might talk together in front of the family about the problem and the ideas coming out in the session. The family can listen to this.

The aim of family therapy is to help family members find ways to help each other, whether the problem is believed to be a personal issue or a family issue.

Effectiveness

Research shows that family therapy is proven to be effective for children and young people affected by:

- problems in infancy (sleep, feeding and attachment)
- child abuse and neglect
- child and adolescent conduct problems such as attention and over activity, and behavioural difficulties
- emotional problems including anxiety, depression, grief, bipolar disorder and suicidality

- body related problems including enuresis, encopresis, recurrent abdominal pain and poorly controlled asthma and diabetes
- drug abuse
- eating disorders including anorexia, bulimia and obesity

Research shows that family therapy is proven to be effective for adults and families affected by:

- relationship difficulties
- psychosexual problems
- domestic violence
- mood disorders such as anxiety and depression
- alcohol and drug abuse
- schizophrenia
- adjustment to chronic physical illness

Risks and side effects

Talking and thinking about emotional problems can be difficult. For this reason some people can feel worse before they feel better. We work with you to manage strong emotional reactions.

Alternatives

Family therapy is not for everyone. There is a range of alternative treatments that your therapist talks to you about during assessment.

Other psychological treatments include:

- [child psychotherapy](#)
- [cognitive behavioural therapy](#)
- psychodynamic family therapy

Questions or worries

Therapy can bring up difficult issues. We want you to feel able to discuss any questions or worries with your therapist. This is important to progress your therapy.

If you would like to discuss any concerns with someone independent of your therapy please contact our [patient advice and liaison service](#).

- **Child psychotherapy**

Child psychotherapy helps children and young people to make sense of sad, angry, painful or confusing feelings and thoughts.

It usually has a beneficial effect on relationships at home and on behaviour, as children become less preoccupied or better able to concentrate. Most children can then make better use of opportunities at school.

Child psychotherapists are trained to help children understand feelings that are not possible to speak out loud. They do this through play, drawing and talking about events and experiences.

Who it's for

Child psychotherapists work with individual children. They may meet with families who have worries about their babies or very young children. Parent support sessions are offered alongside a child's therapy. If a child is in care, support work takes place with foster carers and social workers.

Issues we can help with

Child psychotherapy is offered when psychological or emotional difficulties have been going on for some time, or are quite severe. It is also an option when everybody is confused about the problem and nobody fully understands the child's difficulty.

Psychotherapy can help with a range of issues including:

- anxiety
- depression
- behaviour difficulties
- bullying
- hyperactivity
- low self esteem
- self harm
- post traumatic symptoms

Children may be reacting to life events which everyone knows about or it may be that difficulties have started without any obvious cause.

Child psychotherapists can help children to deal with learning and physical disabilities. They can help children on the autistic spectrum.

Assessment

Assessment starts with a series of short appointments. This helps to get a picture of the issues and to make a treatment plan, if this is needed.

Decisions about what to do after assessment are reached by talking with parents and the child or young person. It is important that everyone understands the reasons for a treatment plan and agree with it.

Length of treatment

Child psychotherapy can last from a few sessions to two years.

Sometimes a few sessions can resolve things. Sometimes it takes longer and a child psychotherapist might suggest they need to work with a child over a year or more.

Some children have difficulties that benefit from more intensive treatment, three times per week.

Therapy sessions

Individual therapy sessions with a child last for 50 minutes. Family meetings are 1 to 1.5 hours.

Children are usually seen on their own in sessions. Older children are usually able to talk about their difficulties, whilst younger children can play or draw in sessions.

Sometimes children find it hard to communicate through words or play. Our child psychotherapists watch how they react to the session and the way the child relates to them to understand what their behaviour means.

Child psychotherapists try to see children at the same time and in the same room every week. A predictable routine supports the work.

Effectiveness

Psychotherapy sometimes makes a difference very quickly, even with the most troubling symptoms. However, the treatment is not just about getting rid of unwanted symptoms. It aims to help the individual make better use of future opportunities and relationships.

In very young children, the aim is to assist them onto a healthy developmental path.

Research shows that psychotherapy is particularly effective in the treatment of depression, anxiety or behaviour disorders, and developmental disorders. There is evidence of good outcomes for sexually abused girls and children who have suffered deprivation and neglect.

Improvements have been found to be sustained or increased in the long term.

Risks and side effects

In any psychological treatment there is a risk of feeling worse before you feel better.

Behaviour can become worse in the short term, before it improves.

This can happen for a number of reasons. Children sometimes find their sessions stir up unwelcome feelings, thoughts and memories. This can make them dismissive, critical of their therapist or even not want to attend therapy sessions.

Children often work hard during treatment and this can take a lot of emotional energy.

Most children, including those who are negative about therapy, become attached to the work and find holiday breaks or cancelled sessions difficult.

Alternatives

Child psychotherapy is not for everyone. There is a range of alternative treatments that your therapist will talk to you about during assessment.

Long term psychotherapy is offered when the assessment suggests it's the most helpful treatment for the child's particular difficulties. There is plenty of opportunity to review the treatment plan and make sure it's still suitable.

In some cases children are helped by medication which can be prescribed by a doctor and on rare occasions by our staff.

Patients may choose not to take up any form of professional help for their issue and manage the problem themselves.

Questions or worries

Child psychotherapists seeing young children meet with parents for feedback sessions once each school term.

If your child is seeing a child psychotherapist, another clinician meets you on a regular basis for parent support sessions every week, fortnight or month. This is the person to contact if you have worries about the treatment plan.

You can speak directly to your child's therapist at any point if you really need to.

If you would like to discuss any concerns with someone independent of your therapy please contact our [patient advice and liaison service](#).

- [working with parents](#)
- [group therapy](#) for parents

Through therapy we aim to:

- encourage recognition and non-judgmental acceptance of gender identity problems
- Improve associated behavioral, emotional and relationship difficulties
- help the child or young person and their family to tolerate uncertainty in gender identity development
- Encourage exploration of the relationship between the mind and body
- Work closely with other professionals including a paediatric endocrinologist (who diagnoses and manages hormonal conditions in children, such as growth and puberty disorders)

We may also offer regular reviews to monitor gender identity development or referral to the paediatric liaison clinic for physical assessment.



Gender Identity Development Service Leaflet (GIDS) Information for Parents

Patient Information

