ConQual Rating Table – Included Studies

2024

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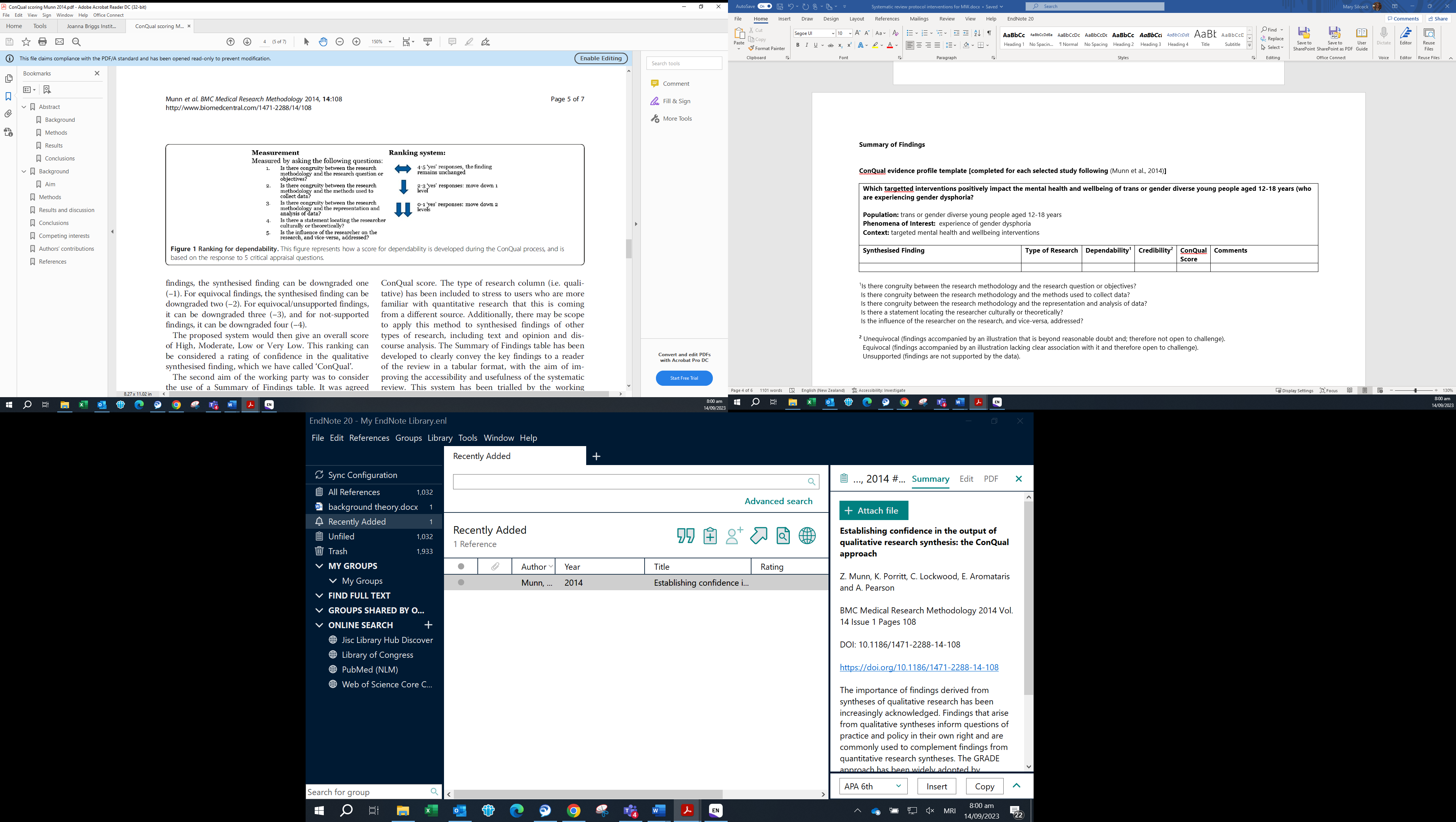
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[Weinhardt, L. S., Wesp, L. M., Xie, H., Murray, J. J., Martin, J., DeGeorge, S., . . . Stevens, P. (2021). Pride Camp: Pilot study of an intervention to develop resilience and self-esteem among LGBTQ youth. *International journal for equity in health, 20*(1), 150. 24](#_Toc170398336)

# ConQual Quality appraisal guidelines (Munn, Porritt, Lockwood, Aromataris, & Pearson, 2014)



# Summary of ConQual Ratings for included studies

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| --- | --- | --- | --- | --- | --- |
| Improving Mental Health Among Transgender Adolescents: Implementing Mindful Self-Compassion for Teens Bluth, K., Lathren, C., Clepper-Faith, M., Larson, L. M., Ogunbamowo, D. O., & Pflum, S. (2023). *Journal of Adolescent Research, 38*(2), 271-302. *[Qualitative Evaluation]* **Population:** trans or gender diverse young people aged 12-18 years  **Phenomena of Interest:** Mindful Self-Compassion for Teens, Online 8 week training course  **Context:** targeted mental health and wellbeing interventions for gender dysphoria | | | | | |
| **Synthesised Finding** | **Type of Research** | **Dependability1** | **Credibility2** | **ConQual3 rank** | **Comments** |
| Positive impact on youth mental health and wellbeing | Thematic analysis | N, Y, Y, Y, Y | Unequivocal | High | Many quotes throughout paper supporting findings  Quantitative results congruent with qualitative findings |
| Key factors of intervention attributed to success | Thematic analysis | N, Y, Y, Y,Y | Unequivocal | High | Inclusion of verbatim quotes related to negative impacts and inclusion of the implications of this in discussion |
| Family/social impact | Thematic analysis | N/A | N/A | N/A |  |

1Is there congruity between the research methodology and the research question or objectives?

Is there congruity between the research methodology and the methods used to collect data?

Is there congruity between the research methodology and the representation and analysis of data?

Is there a statement locating the researcher culturally or theoretically?

Is the influence of the researcher on the research, and vice-versa, addressed?

**2** Unequivocal (findings accompanied by an illustration that is beyond reasonable doubt and; therefore not open to challenge, 0 or -1 level).

Equivocal (findings accompanied by an illustration lacking clear association with it and therefore open to challenge, -2 levels).

Equivocal/Unsupported (findings are not supported by the data, -3 levels)

Not supported (-4 levels

3High, Moderate, Low, Very Low

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| --- | --- | --- | --- | --- | --- |
| A psychological support group for parents in the care of families with gender diverse children and adolescents. Caldarera, A. M., Davidson, S., Vitiello, B., & Baietto, C. (2021). *Clinical child psychology and psychiatry, 26*(1), 64-78. *[Mixed Methods Evaluation]* **Population:** trans or gender diverse young people aged 12-18 years  **Phenomena of Interest:** Monthly psychoanalytical group therapy for 11 months  **Context:** targeted mental health and wellbeing intervention for gender dysphoria | | | | | |
| **Synthesised Finding** | **Type of Research** | **Dependability1** | **Credibility2** | **ConQual3 rank** | **Comments** |
| Positive impact on youth mental health and wellbeing | Thematic analysis | N, N, N, N, N | Unsupported | Very Low | Impact can only be assumed as experience of children not included in the study  Indirect positive outcomes due to premise that parenting impacts mental health and wellbeing significantly  Weak methodologically, is actually mixed methods as using quantitative data analysis and thematic analysis. No theoretical mixed method underpinnings.  Congruency with psychoanalysis ontology and research design ontology not discussed  Clinical research  Down four levels due to lack of methodological rigor |
| Key factors of intervention attributed to success | Thematic analysis | N, N, Y, N,N | Equivocal | Very Low | lack of methodological rigor but clear evidence of findings present |
| Family/social impact | Thematic analysis | N,N,Y,N,N | Unsupported | Very Low | lack of methodological rigor but clear evidence of findings present |

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| Transforming Connections: A Trauma-Informed and Attachment-Based Program to Promote Sensitive Parenting of Trans and Gender Non-conforming Youth. Dangaltcheva, A., Booth, C., & Moretti, M. M. (2021). *Frontiers in psychology, 12*, 643823 *[Qualitative Research]* **Population:** trans or gender diverse young people aged 12-18 years  **Phenomena of Interest:** Transforming Connections parent support program  **Context:** targeted mental health and wellbeing intervention for gender dysphoria | | | | | |
| **Synthesised Finding** | **Type of Research** | **Dependability1** | **Credibility2** | **ConQual3 rank** | **Comments** |
| Positive impact on youth mental health and wellbeing | Thematic analysis | Y, Y, N,N,N | Equivocal | Moderate | No description provided for methodology just “Guidelines for conducting qualitative research in psychology”  Limited direct quotes in themes but analysis was believable  Good use of quotes and analysis about impacts of parent needs and behaviours on teens  Not inclusive of impact on children of parents attending the program |
| Key factors of intervention attributed to success | Thematic analysis | Y, Y, N,N,N | Equivocal | Moderate | Feedback process implemented after group with direct quotes provided |
| Family/social impact | Thematic analysis | Y,Y, N,N,N | Equivocal | Moderate | Clear quotes linking possible impacts on family and relationships with children but no measurement/evaluation/observation of this in this study |

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| --- | --- | --- | --- | --- | --- |
| A therapeutic group for young people with diverse gender identifications. Davidson, S., Morrison, A., Skagerberg, E., Russell, I., & Hames, A. (2019). *Clinical child psychology and psychiatry, 24*(2), 241-257. *[Mixed Methods Research]* **Population:** trans or gender diverse young people aged 12-18 years  **Phenomena of Interest:** Young Persons Group, Gender Clinic based  **Context:** targeted mental health and wellbeing intervention for gender dysphoria | | | | | |
| **Synthesised Finding** | **Type of Research** | **Dependability1** | **Credibility2** | **ConQual3 rank** | **Comments** |
| Impact on youth mental health and wellbeing | Thematic analysis | N,N,N,N,N | Unsupported | Very Low | As an evaluation the methods are appropriate but there is no methodological position or reflexivity of the researchers in the paper. As the discussion is based heavily on their interpretation this is a significant weakness  No verbatim quotes included |
| Key factors of intervention attributed to sucess | Thematic analysis | N,N,N,N,N | Unsupported | Very Low | As an evaluation the methods are appropriate but there is no methodological position or reflexivity of the researchers in the paper. As the discussion is based heavily on their interpretation this is a significant weakness |
| Family/social impact | Thematic analysis | N,N,N,N,N | Unsupported | Very Low | As an evaluation the methods are appropriate but there is no methodological position or reflexivity of the researchers in the paper. As the discussion is based heavily on their interpretation this is a significant weakness  No verbatim quotes from parents/carers included |

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| The experiences of gender diverse and trans children and youth considering and initiating medical interventions in Canadian gender-affirming speciality clinics. Pullen Sansfacon, A., Temple-Newhook, J., Suerich-Gulick, F., Feder, S., Lawson, M. L., Ducharme, J., . . . Holmes, C. (2019). *The international journal of transgenderism,* 20(4), 371-387. *[Qualitative Research]* **Population:** trans or gender diverse young people aged 12-18 years  **Phenomena of Interest:** Attending a gender-affirming specialised clinic  **Context:** targeted mental health and wellbeing intervention for gender dysphoria | | | | | |
| **Synthesised Finding** | **Type of Research** | **Dependability1** | **Credibility2** | **ConQual3 rank** | **Comments** |
| Positive impact on youth mental health and wellbeing | Grounded theory & Thematic Analysis | Y, N, Y, Y, Y | Unequivocal | High | Changed methodology mid-way for grounded theory and thematic analysis and then included data sources such as operational protocols, medical notes in analysis, creating a mixed methods approach  Clear verbatim long quotes supporting all claims, including negative impacts |
| Key factors of intervention attributed to success | Grounded theory & Thematic Analysis | Y, N, Y, Y, Y | Unequivocal | High | Attributed success backed up with quotes and feedback from participants |
| Family/social impact | Grounded theory & Thematic Analysis | N/A | N/A | N/A | No analysis of family-social impact |

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| Pride Camp: Pilot study of an intervention to develop resilience and self-esteem among LGBTQ youth. Weinhardt, L. S., Wesp, L. M., Xie, H., Murray, J. J., Martin, J., DeGeorge, S., . . . Stevens, P. (2021). *International journal for equity in health, 20*(1), 150. *[Qualitative research]* **Population:** trans or gender diverse young people aged 12-18 years  **Phenomena of Interest:** Residential Camp  **Context:** targeted mental health and wellbeing intervention for gender dysphoria | | | | | |
| **Synthesised Finding** | **Type of Research** | **Dependability1** | **Credibility2** | **ConQual3 rank** | **Comments** |
| Positive impact on youth mental health and wellbeing | Content/thematic analysis | Y,N,Y,Y,N | Equivocal | Moderate | Pilot and some methodological weaknesses with limited justification of choice of methods and influence of insider positioning of the researchers. |
| Key factors of intervention attributed to success | Content/thematic analysis | Y,N,Y, Y,N | Equivocal | Moderate | Aligns with minority stress theory and human development/transitioning as adolescent |
| Family/social impact | Content/thematic analysis | Y,N,N,Y,N | Unsupported | Low | No follow up post camp re. family relationships and social impact on participants/peer counsellors but had deliberately built in community resilience building into intervention planning |

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# ConQual Rating process detailed for each included study

## Bluth, K., Lathren, C., Clepper-Faith, M., Larson, L. M., Ogunbamowo, D. O., & Pflum, S. (2023). Improving Mental Health Among Transgender Adolescents: Implementing Mindful Self-Compassion for Teens. *Journal of Adolescent Research, 38*(2), 271-302.

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| --- | --- | --- | --- | --- |
| **Study title** | **What was considered data** | **How data was identified** | **How findings have been grouped** | **How categories were created** |
| Improving Mental Health Among Transgender Adolescents: Implementing Mindful Self-Compassion for Teens. | Themes  Synthesis of Quan/Qual findings | Close reading | Impact on mental health and wellbeing  Key factors of intervention attributed to success  Family/social impact | Peer Review Categories:  Youth voice  Parent/Carer voice  Family centred |

| **Findings Identified** | | |
| --- | --- | --- |
| **Impact on youth mental health and wellbeing** | **Key factors of intervention attributed to success** | **Family/social impact** |
| With the exception of thwarted belongingness, all psychosocial outcomes improved significantly from pre- to post-intervention, and change in thwarted belongingness was significant at 3-month follow-up.  …suggesting bolstering self-compassion may be a particularly effective method of addressing the mental health concerns that transgender adolescents face.  … feeling less alone and isolated undoubtedly contributed to improved mental health.  One participant expressed surprise that they [the cisgender instructors] “actually care about transgender lives and compassion.” Another described feeling more “involved” and “smart” because “it sort of felt like we were teaching them [the instructors] something as much as they were teaching us something.”  For some, the virtual setting enhanced the creation of a safe space. Adolescents who participated from their homes had access to comfort items such as blankets, snacks, and pets.  “It made me realize that I am totally not alone,”  “I liked having people who were there just like me, it made me feel a lot more in a safe space.”  “I think it was nice because I don't know very many trans people and gender expansive people . . .where I live, and it's niceto have people to relate to.”  Additionally, while body and voice dysphoria contributed to some adolescents’ reluctance to show themselves or speak out on screen, the Zoom’s chat function enabled those with voice dysphoria to more easily express themselves in the group setting. One stated, “It (Zoom) was nice because you know, with dysphoria, you don't really like  talking, so it's good having the chat,”  “I do think that Zoom helped a lot because I think a lot of trans people aren’t comfortable with showing their face, especially if they haven’t physically transitioned yet.”  “I really don’t like the way my voice sounds. So it really helped me with not being dysphoric during the course”  Some participants described increased social anxiety with the use of technology, “Zoom makes [anxiety] worse. Because I like reading people’s expressions. And seeing how they are reacting to the certain things that I do, so that I can take mental notes and not do it again.”  In the first class, we encouraged participants to “hide self-view” so that they didn’t have to view their own image during class, explaining that we normally don’t see ourselves when conversing with a group. Still, one participant voiced that she was disturbed by seeing her image all through class. In future programs, instructors could remind participants more frequently to hide their own image to reduce possibilities of dysphoria.  Bringing attention to the soles of the feet or palms of hands promoted grounding and helped to “calm”; another participant shared that they used body awareness to quell school anxiety and panic attacks. Others regularly used supportive touch during stressful moments to soothe and “move forward.”  On the other hand, not all participants felt comforted by the supportive touch or body/breath awareness practice. One person described the presence of scars on their hand which made hand touching painful; another felt strong negative emotion with breath awareness. Indeed, for some, tuning into the body compounded distress: “I don't like my body the way it is and touching sometimes just makes me feel more dysphoric.”  One common change involved the development of a new way of coping with difficulties in a more self-supportive way. For example, participants were encouraged to talk to themselves like a good friend, and while some participants admitted they were sceptical or had trouble remembering this new approach at first, this became easier and more helpful with time and practice. Others mentioned an improved ability to recognize and accept their emotional state, even if unpleasant, with one person saying these emotions now have "less of an impact”. As a result, they were “more able to care for [their] needs” and better at handling “stress and [their] emotions.”  Some participants described shifts in their perspective on themselves and their lives, including their self-worth, sense of belonging, and life satisfaction. For example, one person said the course helped them to “feel better about [themselves]” and another felt “less out of place” and “better with [their] self-image.”  “It actually really made a difference. . .in my day-to-day life. Like, I’ll just be doing things and I’ll remember stuff from the course. . .I found myself enjoying things a lot more.”  “The compassionate touch struck such a chord with a lot of us, and I think it’s because trans people aren't often told to be kind to our bodies. A lot of medical transition is focused on what we want to change about ourselves, or what we dislike about our bodies. . . . .Being told to be kind to my body, to touch it in a way that was not malicious or self-deprecating, was really meaningful to me.”  “I’d say the biggest issue that trans people have, particularly transgender teenagers. . . is self-compassion. It feels like they have no self-compassion because it feels impossible to love yourself whenever it feels like you’re not even yourself. But I’d say that this class really does kind of help with that. It helps you kind of find yourself and it helps you grow along with yourself.” | Creation of a safe and welcoming space was crucial for participants to feel comfortable about discussing their experiences and at times being vulnerable to the group was likely an instrumental factor in achieving positive outcomes  Practices that encouraged body kindness and awareness were generally well received. encouraging being kind to one’s body was helpful for many in that they were accustomed to rejecting and dismissing their body.  The presence of supportive instructors also contributed to the sense of safety. Providing an additional staff member to monitor and assist with chats allowed instructors to focus on content  For some, the virtual setting enhanced the creation of a safe space.  The Zoom’s chat function enabled those with voice dysphoria to more easily express themselves in the group setting…. in the first class, we encouraged participants to “hide self-view” so that they didn’t have to view their own image during class, explaining that we normally don’t see ourselves when conversing with a group.  For some participants, the program provided this space, allowing this process to unfold, and thereby promoting the important adolescent task of identity development.  Although this retention rate [73%] is acceptable, in future studies, retention could be improved by considering the participants’ recommendations [these have been detailed in the discussion] for changes to the program. | Finally, only 11 of the 41 participants provided interviews; it is unknown how the qualitative findings would have been different if all perspectives were accounted for. Interestingly, no trans-females provided interview feedback; future studies should examine if program acceptability or outcomes vary by gender identity.  With the exception of thwarted belongingness, all psychosocial outcomes improved significantly from pre- to post-intervention, and change in thwarted belongingness was significant at 3-month follow-up |

## 

## Caldarera, A. M., Davidson, S., Vitiello, B., & Baietto, C. (2021). A psychological support group for parents in the care of families with gender diverse children and adolescents. *Clinical child psychology and psychiatry, 26*(1), 64-78.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Study title** | **What was considered data** | **How data was identified** | **How findings have been grouped** | **How categories were created** | **Peer review/write up process** |
| A psychological support group for parents in the care of families with gender diverse children and adolescents | Themes  Synthesis of findings | Close Reading | Impact on mental health and wellbeing  Key factors of intervention attributed to success  Family/social impact | Peer Review Categories:  Youth voice  Parent/Carer voice  Family centred |  |

|  |  |  |
| --- | --- | --- |
| **Findings Identified** | | |
| **Impact on youth mental health and wellbeing** | **Key factors of intervention attributed to success** | **Family/social impact** |
| Our results show that the group participants  (1) took a more complex perspective on gender diversity and on the needs of their offspring and  (2) became more able to deal with the uncertainty related to the process of their gender development  This finding confirms that having a correct and reasonably comprehensive knowledge makes it possible to overcome stereotyped attitudes, such as gender binarism.  The theme ‘Respect for children, their experiences and autonomy’, was further articulated in more specific issues by the end of the group: from the importance of offering support to the child and being flexible to the necessity of overcoming gender stereotypes and binarism, and of focusing on the global well-being of the young person.  “‘It is important that our children make their own experiences’” [6 months]  ‘When both of the parents do not put pressure to conform to gender stereotypes, the daily life within the family makes it possible for the child to live his/her experience as best as he/she can’ [12 months same carer]  Themes related to the many worries that parents experienced initially, related to the future of their child, possible gender transition process, and psychosocial difficulties, were increasingly addressed by focusing on coping strategies that parents and children could learn.  ‘Difficulties that our children can have in common and their consequences. We also discussed, among our worries as parents, that our children may become self-injurious in highly stressful moments. The opportunity of sharing this worry with other parents is helpful to me’ [6 months]  ‘Sharing with others our experiences and participating to theirs. To keep in our mind any positive tip [we discussed in the group] that could be useful in the daily routine’. [12 months]  At 6 months parents wrote about the importance of showing love and courage, at 12 months the focus moved to children and to the importance of accepting and supporting them.  (1) the importance of having an understanding, empathetic and supportive attitude towards their children and  (2) gaining a deeper understanding of gender diversity and of the child’s need of feeling loved and supported, were identified by participants as the major changes occurred after attending the group. | After participating to this group, parents reported they felt less lonely and more self-confident, with a positive hope to be good parents at both supporting their children’s gender development journey, and fostering their global well-being. Participants described all these positive changes as related to the opportunity the group offered of sharing experiences and of being involved in a process of mutual learning  Parents who accepted to attend the group might have been, compared to parents who did not, more motivated and willing to question their attitudes and ideas  The group process which supported an evolution in relation to many aspects: the way participants dealt with gender diversity and the way they felt in the relation with their children; the possibility of looking at them as complex human beings with many characteristics, not exclusively defined by gender behaviour; and the enrichment they felt in going beyond a binary view of gender | Carers were more open to the process of change.  With respect to the perceived way of change, in addition to reporting once again the sharing, confrontation and mitigation of shame, parents outlined the fact of  (1) having improved their capacity  of empathising with their children and thus supporting them and  (2) having achieved a deeper  understanding of gender diversity and of their children’s need for love and support.  “the psychological support group was a useful tool in the clinical work with gender diverse children and their families”  “parents reported they felt less lonely and more self-confident, with a positive hope to be good parents at both supporting their children’s gender development journey, and fostering their global well-being”  “future research could assess whether the group participation of the parents may benefit children as well”  The parents didn’t report any disadvantage in participating to the group, two participants reported the wish (1) of receiving scientific information and readings about gender diversity and (2) of inviting the siblings to the group. While the first request indicates the need of the parents to become better informed, the second points out the relevance of family dynamics and of the specific issues faced by siblings of gender diverse youth. Parents need to maintain a secure base for all the family members (security of attachment as a protective factor for the well-being of the family and its members) |

## Dangaltcheva, A., Booth, C., & Moretti, M. M. (2021). Transforming Connections: A Trauma-Informed and Attachment-Based Program to Promote Sensitive Parenting of Trans and Gender Non-conforming Youth. *Frontiers in psychology, 12*, 643823

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Study title** | **What was considered data** | **How data was identified** | **How findings have been grouped [by me]** | **How categories were created** | **Peer review/write up process** |
| Transforming Connections: A Trauma-Informed and Attachment-Based Program to Promote Sensitive Parenting of Trans and Gender Non-conforming Youth. | Thematic analysis  Synthesis of findings | Close reading | Impact on mental health and wellbeing  Key factors of intervention attributed to success  Family/social impact | Peer Review Categories:  Youth voice  Parent/Carer voice  Family centred |  |

| **Findings Identified** | | |
| --- | --- | --- |
| **Impact on youth mental health and wellbeing** | **Key factors of intervention attributed to success** | **Family/social impact** |
| Caregiver feedback supported the effectiveness of this intervention.  Parents also endorsed rates of positive change in their relationships with their teens as a result of implementing these strategies, comparable to rates reported by parents who completed the Connect program  Parents expressed feeling more confident in parenting and expecting more positive changes in their relationship in the future.  These comments highlighted the importance of understanding the role of family attachment more broadly in supporting parents of trans and gender non-conforming youth.  They came to understand the attachment needs of their teens to feel connected with peers and discussed how to balance this recognition with their anxiety about their teen’s safety, especially when their teens wanted to meet their online friends in real life.  Parents reported they were better able to empathize with their teen and they felt more confident in parenting. For example, parents stated, “[The group] helped me understand that when my child is upset/angry/appears selfish/inconsiderate, etc. she is really expressing a connection need,” and, “[The group] helped me try to understand the troubles they face as trans teens.”  Another parent noted, “I was pretty freaked out about what my child is going through, but I realized that he is actually the same, pretty well-adjusted kid. It was reassuring. If there are issues in the future, I think I can handle them.”  Caregivers in one group reported that their teen had complex mental health needs and engaged in self-harm. Many wanted additional support regarding managing crisis situations. In addition, caregivers faced ongoing challenges as their teens began to transition. They asked for more time to discuss these topics and they wanted more information specifically regarding medical transition.  Toward the end of the group, one parent indicated that some of their takeaways were that their teens felt “unheard” and they had learned to “pay attention.” Parents also expressed instances in which they connected with their teens. For example, one parent shared that her teen was surprised that she agreed to go shopping for a binder…. Her actions challenged her teen’s beliefs and ultimately their relationship was left in a better place.  Parents were keen to discuss hormones and surgery with one another as they could not broach these topics with their friends. They acknowledged that although they are trying to be supportive and respectful of their teens, at times it was difficult to have these discussions because they felt they were “losing control.”  “My teen wants to make all these lifelong decisions, and I’m putting on the brakes. I don’t want to come across as the bad guy but ultimately I’m the one who is really responsible.”  Parents also expressed feeling grief regarding their teens no longer participating in activities they once enjoyed, because of their transition. For example, parents shared that their own teens had left sports teams for various reasons including wanting to play on a team of their affirmed gender or feeling uncomfortable in change rooms. Unfortunately, teens had lost touch with friends as a result. Parents often felt conflicted because they wanted their teens to be involved and to learn about commitment and responsibility, but they did not want to force their teens to do something they did not want to do. One parent spoke of his sadness for his teen because, “lots of doors have closed and really not many have opened.” Another parent noted, “I find myself grieving all the time because they’re missing out on something. . . but their mental health is way more important.”  Parents also shared concerns regarding their teen’s low self-esteem, self-harming behaviours, and mental health challenges. Parents in one of the groups frequently returned to a theme  of having teens who are especially vulnerable, and some described them as “fragile.” Parents indicated that they had to be “hypersensitive” and “more protective.” They struggled to set limits because they felt they had to “overcompensate.” Toward the end of the group, parents questioned their perception of their teens. For example, one parent asked, “Are we making them more fragile because we give into them more?” while another questioned, “Am I helping him be co-dependent on me?”  Finally, parents in the groups shared doubts about their teen’s gender identity and worried that it might be “a phase.” Some believed that their teens may change their minds in the  future. Parents whose teens were gender fluid or gender nonconforming appeared to struggle even more, especially when their teen’s gender expression seemed inconsistent.  “My teen believes that I don’t think they are really trans, and therefore they are embarrassed or ashamed. They don’t like it. They don’t want to open up. They make themselves less the way they want to be.” | With respect to outcomes, parent attendance and engagement in our groups was high  Feedback indicated that parents expressed increasing satisfaction as the group progressed and there was a greater emphasis on specific issues related to gender.  Parents shared feeling isolated initially and relieved to be able to share their experiences with other parents who were encountering similar challenges.  Caregivers in our groups indicated that they liked both the structured and supportive aspects of the group. They reported feeling safe and supported, while also discussing strategies that allowed them to better support their teens.  One parent noted, “As the group progressed, we delved more into topics with a more specific target of trans issues which was helpful.” Another parent wrote, “Our teens have many issues faced by most teens. But it was great having a group of parents that all shared transgender issues. The role-plays were adapted for us which made it more relevant. The discussions that followed allowed us to explore trans issues as a group.” | When asked about specific examples of how  the group was helpful with parenting, most parents listed that stepping back to reflect on their teens’ attachment needs was most helpful. Parents also listed that it was helpful to reflect on and understand their child’s experience and their feelings, to consider their own needs, and to feel reassured that they could handle issues in the future.  Several parents indicated that it would be helpful for teens to attend a parallel group that is structured around the same principles.  They shared that they did not intend to be disrespectful [forgetting to use the correct pronoun] but deepened their understanding of how these mistakes impacted their teen and their relationship. Parents also discussed challenges navigating situations in which their teens are misgendered by others.  Some spoke about having to advocate for their children while others discussed ways that they helped their teens cope with their feelings after being misgendered.  Parents shared that it was difficult to discuss their family history while being sensitive to their teens, and some had to remove family pictures from their homes because of requests from their teens.  Parents missed aspects of their previous relationship and felt immense loss. They acknowledged that these strong feelings were a barrier to them connecting with their teens. For example, one parent stated, “I am watching my little girl disappear, rather than watching my little man grow.” |

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## Davidson, S., Morrison, A., Skagerberg, E., Russell, I., & Hames, A. (2019). A therapeutic group for young people with diverse gender identifications. *Clinical child psychology and psychiatry, 24*(2), 241-257.

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| **Study title** | **What was considered data** | **How data was identified** | **How findings have been grouped** | **How categories were created** | **Peer review/write up process** |
| A therapeutic group for young people with diverse gender identifications. | Thematic analysis  Synthesis of findings | Close reading | Impact on mental health and wellbeing  Key factors of intervention attributed to success  Family/social impact | Peer Review Categories:  Youth voice  Parent/Carer voice  Family centred |  |

| **Findings Identified** | | |
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| **Impact on youth mental health and wellbeing** | **Key factors of intervention attributed to positive impact** | **Family/social impact** |
| The findings demonstrated that the group met its aim of providing peer support and was also clearly of value for the young people as evidenced in the high levels of attendance and positive questionnaire feedback.  After the group, the young people reported feeling significantly more included and supported by their peers and recognised feeling less alone and more able to trust people.  Valued from group:  • Made good friends  • Meeting people in the same situation  • Feeling less alone  • Feeling more able to trust people  • Sharing feelings  • Discussing problems and finding new solutions  • More positive about the future  • More confident  • More comfortable around other people  • Gaining information about transitions and transgender health  • Learning about various help lines | We witnessed the development of friendships including between those who displayed higher levels of autistic symptoms, and between those with an ASC diagnosis as well as gender dysphoria. The group therefore provided an opportunity for those who may have previously struggled to form trusted peer relationships to build valued connections with other young people.  The importance of considering the young person’s individual journey and their readiness for the group at that time was reflected in the decision to ask clinicians who they thought would most benefit. Each young person was undergoing a number of transitions at different stages of their own development (e.g., changing schools and colleges, starting work, socially transitioning and developing different sorts of relationships including more intimate relationships).  The co-facilitators had made the decision to run an invitation-only group to help facilitate trust and safety, and to avoid people coming in at a later stage who had different agendas and were less familiar with the participants and the group culture. Much interest was expressed by potential participants, but it was very difficult for the young people to attend all of the sessions. | Several female identifying (AMAB) participants attended one session but did not return, seeming to find it too difficult to connect with the others in the group [due to the majority of participants 90% being trans-male]  The parents believed that their children felt less alone and that their confidence had improved after attending the group.  Over the last 6 years, some of the groups have attracted more than 50 young people to them. This has required more facilitators and more creative ways of working.  More recently (2017 and 2018), the numbers have reduced to an average of 10 – 15. This seems to be connected to the rise of more local groups run both by child and adolescent NHS teams and local LGBT/transgender youth groups. There is certainly a place for both and young people have reported anecdotally of the helpfulness of having both a local space to attend more regularly, and the groups at the GIDS where they can meet a larger cohort which may include people ‘more like me’. |

## Pullen Sansfacon, A., Temple-Newhook, J., Suerich-Gulick, F., Feder, S., Lawson, M. L., Ducharme, J., . . . Holmes, C. (2019). The experiences of gender diverse and trans children and youth considering and initiating medical interventions in Canadian gender-affirming speciality clinics. *The international journal of transgenderism, 20*(4), 371-387.

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| **Study title** | **What data was considered as a finding** | **How data was identified** | **How findings have been grouped** | **How categories were created** | **Peer review/write up process** |
| The experiences of gender diverse and trans children and youth considering and initiating medical interventions in Canadian gender-affirming speciality clinics | Themes and theoretical application | Close reading | Impact on mental health and wellbeing  Key factors of intervention attributed to success  Family/social impact | Peer Review Categories:  Youth voice  Parent/Carer voice  Family centred |  |

| **Findings identified** | | |
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| **Impact on youth mental health and wellbeing** | **Key factors of intervention attributed to positive impact** | **Family/social impact** |
| Accessing gender-affirming healthcare was a positive experience for youth overall. The youth’s narratives highlighted how having access to medical intervention has improved their overall well-being, including feelings of greater happiness overall, better mental health, or better functioning at school.  Clinics were generally described by youth as a place where they could openly discuss some of the difficulties they experienced and get the support they needed. However, youth also shared some concerns and reservations about their experiences, mainly related to waiting times and possibilities available for medical interventions, and cost of the medication.  Some youth reported that seeking professional care was motivated by the youth’s expressed desire to transition medically or stop puberty, to find professional assistance or support, or because the youth required assistance in coping with their dysphoria.  I remember my mom and I talking about what, next steps. At this point, I was still very unsure, and so my mom had the idea that I could talk to someone. […] Maybe so they could help me, guide me in the track that I’m trying to get. And so she found the [specialty clinic] here, and so I came here and I met with [intake nurse]. That was awesome. (Adrian, TM, 14 yo, p.377)  Puberty blockers were specifically said to alleviate their experience of dysphoria by stopping pubertal changes such as the development of curves, genitals, Adam’s apple, or facial or body hair, as well as unwanted erections. Even for those who did not perceive any changes in their body, taking blockers was said to improve their well-being because it represented a step forward in their transition.  Well, mental health-wise, yes. In the sense that I can stop asking myself all these questions. I won’t be worried any more about how my body’s going to change. (Tia, TF, 14 yo, on receiving her blocker prescription, p.379)  Receiving medical care improving the wellbeing of young people is an important theme that emerged from the data, even for those who had side effects linked to medication.  I get sick randomly now, I just start throwing up, cause of the hot flashes, so I’ m like “This is fantastic.” […] Never in a million years would I consider stopping blockers], this is better for me. (Lyndon, TM, 15 yo, p.380)  My life was magically better [after starting hormone] like I was still the same person. It’s just that I had more drive to study, more drive to pay attention in class. I wouldn’t be plagued by like, “Oh my god. I want to die.” (Jason, TM NB, on the positive effect of taking hormones p.380)  When asked, none of the participants expressed regrets or doubts regarding the medical interventions they had undergone so far. However, it is important to note that moments of questioning aspects of their medical transition was part of the journey for some youth.  I’ve had little like moments where I’m like, “What, what am I doing? This is something serious!”, but then I look in the mirror and I listen to my voice and I’m like, “This is what I want to do.” (Brandon, TM, 17 yo, p.380)  And honestly, I’ve never regretted, since I’ve never… Honestly, I don’t even really know how I was a boy before. Because like, I’m like I must have been really unhappy, because I’m super happy like being a girl, and like just being a girl. (Stephanie, TG, 14 yo, p.380)  Most unwanted side effects were linked to puberty blockers, such as hot flashes and mood swings. Other unwanted effects reported by a handful of participants and identified as possibly being caused by blockers, included headaches, knee pain, and drinking more water because they were hot.  I guess the only side effects that I’ve had is that just a couple of weeks ago I guess I found out that my stress fractures were related to the Lupron and I wouldn’t go back and change it because I needed to be on Lupron but I mean it was frustrating just not knowing for a while why I had four stress fractures. I was doing less activities but I guess I found out that  actually, having done a lot of activity and then getting injured and going on Lupron not doing much activity, actually contributed then to getting the stress fractures. That’s the only downside I’ve had from Lupron. (Steve, TM, 14 years old, p.380)  Another youth reported having made a suicide attempt while on blockers. However, in discussing the situation, the youth explained that many factors were at play and that he was already in a “dark place’ when he got to the clinic:  But I think it’s important to mention that in 2017 I had a serious suicide attempt where I went to the hospital. That was one of my darker periods of my life. Even though I was beginning my medical transition [started in December 2016], estrogen blockers are known for being a little bit wacky on your emotions. I was already in a pretty, not that great place mentally for the past since 2015 at that point. So it was kind of just like a, thank you, a rollercoaster of everything going on. Simulated menopause was not the best thing at that time […] High school was a big jumbled mess, it was a bit of a weird time. I don’t know. I was going through some stuff with my friends as well, and my grades are slipping, and everything was slipping. I was sleeping 16 hours, so excessive napping. It was a really big, a really big depressive episode, I’d say….. “Eventually I got over, like everything stabilized, and I was like, ‘But I’m so much happier, like come on’” (Jason, TM NB, 17 yo, p.380) | The youth’s narratives showed a remarkable level of conviction and assuredness, as well as a capacity to think independently, voice their needs, and make their own choices freely while engaging in the process of receiving care.  The results from this study emphasize the importance for all professionals providing care to trans and gender diverse youth to maintain a gender-affirming approach to care that is experienced as inclusive, validating and safe. | Some youth experienced additional concerns even after coming out, including fear of burdening their parents, or feeling that parents required additional processing time before they would be ready for their child to transition medically. The fact that some position their need for medical care as a “burden” for their parents is important for all caregivers of trans youth to be aware of, particularly when providing counselling for a gender diverse young person.  For clinics, these findings support the importance of embedding gender-affirming principles in their ethos and training staff accordingly.  Care for young gender diverse people could be improved by applying protocols more flexibly as young people mature, and by increasing the opportunities for young people to take greater agency in decision making around their own care.  Some youth recounted not having access to needed mental health services or full coverage for certain prescriptions, and this may have affected youth in their choices and options for medical care.  Professionals could seek strategies that mitigate delays [in accessing care], including discussions with other providers who have knowledge of the youth.  Care for young gender diverse people could be improved by applying protocols more flexibly as young people mature, and by increasing the opportunities for young people to take greater agency in decision making around their own care.  In the case of non-binary youth, it is possible that some clinical protocols may need to be adjusted and used more flexibly in order meet their specific needs.  Findings point to the importance of gender-affirming models take a nuanced, individualized approach to medical interventions  Systematic training of all health care providers in gender-affirming care so that gender diverse youth would be able to access care from providers in their own communities would help alleviate barriers to care including waiting times. This could also help improve the experiences of youth who have had negative experience when interacting with other medical departments within hospitals where clinics are located |

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## Weinhardt, L. S., Wesp, L. M., Xie, H., Murray, J. J., Martin, J., DeGeorge, S., . . . Stevens, P. (2021). Pride Camp: Pilot study of an intervention to develop resilience and self-esteem among LGBTQ youth. *International journal for equity in health, 20*(1), 150.

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| **Study title** | **What was considered data** | **How data was identified** | **How findings have been grouped** | **How categories were created** | **Peer review/write up process** |
| Pride Camp: Pilot study of an intervention to develop resilience and self-esteem among LGBTQ youth. | Content and Thematic analysis  Synthesis of findings | Close reading | Impact on mental health and wellbeing  Key factors of intervention attributed to success  Family/social impact | Peer Review Categories:  Youth voice  Parent/Carer voice  Family centred |  |

| **Findings Identified** | | |
| --- | --- | --- |
| **Impact on youth mental health and wellbeing** | **Key factors attributed to positive outcomes** | **Family/social impact** |
| Evidence captured in the focus groups further illustrated the ways that Pride Camp provided an affirming and safe environment for transgender and non-binary youth and aligned with minority stress theory that informed the study, suggesting that community connectedness can facilitate resilience and improved well-being  Youth explained [the environment] allowed them to further their communication skills and process some of the traumatizing experiences they faced in their lives.  TGN campers in both focus groups identified a common experience of feeling “something special” while at camp. They described feeling an “energy” that was unfamiliar and “refreshing.” TGN youth described this energy as “something special” because they were often unable to be themselves outside of camp, especially when in peer groups. While at camp they were met with acceptance, which allowed them to be exactly who they are without hiding anything. One participant said:  “I think I found that there aren't very many places where I feel like I can be all of myself, because I feel like there are parts of my past or my identity that I can't share with certain groups of people that aren't open-minded about that kind of thing. So I feel like I like lose little pieces of my identity when I'm in those groups. And this - this is kind of a place that's very accepting about all aspects of people's identities.”  TGN youth felt that the time spent together at an overnight camp provided a unique experience that was different compared to other ways they would usually find support, such as online:  “Yeah, so, being specific this year and last year, a lot of people I know, who are like me, I meet like online. So especially non-binary to come here and like, live face-to-face, meet more non-binary people, is always kind of weird because like I've - besides one person where I live - I've never really actually met another non-binary person really, like one my age. So that's nice.”  The in-person connections they built with other youth during the Camp created an environment that made them feel rejuvenated, connected, and supported. As one camper explained, “it’s just kind of refreshing that you could, like, at least for me, you can be around these people, because you know, they’re like you and you know they won’t judge you.”  Consistent affirmation meant that TGN youth were able to develop confidence in themselves because they had a safe space to be authentic. One camper explained that they felt the experience would have a lasting impact:  “I think being here and hearing other people say  that they liked what I had to say, or that they, you know, just being in this environment helped them be themselves. It’s like, walking out of here, I think I’m going to be more willing to share that with people.”  Youth found it both challenging and valuable to talk face-to-face with others who had similar experiences with bullying or rejection because of their gender identity or expression. As one person explains:  “You have to be willing to dig into that stuff that’s maybe painful and just have an openness to that and that can take a lot of energy, I think, and just like putting yourself out there for people to see and then sort of working through some of those things that we don’t like to talk about.”  Youth appreciated the opportunity that camp created for healing from the many experiences of daily life where they experienced stigma and discrimination for being transgender or gender non-conforming: “Being here at camp reassures you that you’re better than the negative things that have happened to you in the past.”  TGN youth developed communication skills that they could take home with them: “They talk a lot about communicating, like actually really try to make you talk to other people, so it’s like making you more socially comfortable with yourself and talking to others and getting to know people.” Another person explained:  “It made me a lot more comfortable and it’s kind of given me ways...it made me have kind of a base for if I have to go to a new class with nobody I know. I have a way to talk to these people and not just be awkward like I usually am.” | Another strategy of Pride Camp, based on minority stress theory was to provide specific professional development and educational resources for campers (tailored camper programming) and addressing their internal growth, resilience, and mental health.  Gender-affirming policies and practices, such as introducing and using pronouns consistently and correctly, ensured that transgender youth were less likely to face stigma or discrimination while they were at camp. LGBTQ youth see a positive future for themselves in a college environment  Pride Camp is one of few interventions that is situated to support LGBTQ students at a critical juncture of their educational experience: the transition from high school to college. | Perhaps positive family changes occurred once the campers returned home, but we would need a longer follow up period and additional data collection to assess that change.  Future studies could involve a family support component in the camp/ strength-based intervention to examine its effect.  A strategy of Pride Camp, based on minority stress theory, was to increase community building and involvement. campus faculty, staff, and students were primarily the coordinators, and through this experience, became more educated about LGBTQ issues. Also, peer counsellors, who were university students, played a key role in facilitating youth’s development of confidence and resilience. Peer counsellors were self-identified LGBTQ individuals |

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