

Mindful Continuing Education

Eliminating Conversion Therapy for LGBT Youth

Executive Summary: Key Findings

1. Based on existing research, professional health association reports, and expert clinical guidance, ethical and scientific foundations most relevant to the practice of conversion therapy with minors include each of the following EXCEPT:

- A. Same-gender sexual orientation and variations in gender identity and gender expression are a part of the normal spectrum of human diversity and do not constitute a mental disorder
- B. There is limited research on conversion therapy efforts among children and adolescents; however, none of the existing research supports the premise that mental or behavioral health interventions can alter gender identity or sexual orientation
- C. Interventions aimed at a fixed outcome, such as gender conformity or heterosexual orientation, including those aimed at changing gender identity, gender expression, and sexual orientation are coercive, can be harmful, and should not be part of behavioral health treatment
- D. An alarming number of gender minority children and adolescents have elevated risk of depression, anxiety, and behavioral issues, which are often minimized with conversion therapy practices

Understanding Sexual Orientation and Gender Identity in Children and Youth

2. Gender development begins in infancy, and gender diversity or signs of gender dysphoria may emerge as early as a child's preschool years, or as late as adolescence.

- A. True
- B. False

Therapeutic Efforts with Sexual and Gender Minority Youth

3. Appropriate therapeutic approaches with sexual and gender minority youth should focus on identity development and exploration that allows the child or adolescent the freedom of self-discovery within a context of acceptance and support.

- A. True
 - B. False
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4. Weighing of potential risks and benefits is vital when considering medical intervention with gender minority youth, as well as careful evaluation and informed consent that is:

- A. Developmentally-appropriate
 - B. Ethical and autonomous
 - C. Dignified and discrete
 - D. Consistent with good clinical care
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Statements of Professional Consensus-Guiding Principles

5. The foundational ethical principle of "respect for individuality" requires that children and adolescents be supported in their right to explore, define, and articulate their own identity.

- A. True
 - B. False
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6. Which of the following accurately describes gender-related therapeutic interventions for pubertal and post-pubertal adolescents?

- A. Gender expression and gender identity are interrelated and particularly difficult to differentiate at this stage
 - B. For this age group, the purpose of pubertal suppression is to provide time to support identity exploration, to alleviate or avoid potential distress associated with physical maturation and secondary sex characteristics, and to improve future healthy adjustment
 - C. If physical gender transition is being considered, it is strongly recommended that adolescents, parents, and providers obtain a detailed assessment by a licensed behavioral health provider
 - D. All of the above
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Research Overview-Gender

7. While gender identity refers to a person's deeply felt, inherent sense of being a girl, woman or female; a boy, a man or male; a blend of male or female; or an alternative gender, gender expression refers to the ways a person communicates their gender within a given culture.

- A. True
 - B. False
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Gender Identity and Gender Expression Childhood

8. One of the greatest complexities with gender identity and expression is that some people never identify with the sex they were assigned at birth, some people consistently identify with the sex they were assigned at birth, and still others vary over time.

- A. True
 - B. False
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Clinical Issues in Childhood

9. Behavioral issues among those with gender dysphoria increase with age, which is generally due to:

- A. Family distress
 - B. Difficulty with adjustment
 - C. Poor peer relations
 - D. Increased rates of depression and anxiety
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Sexual Orientation and Gender in Adolescence-Clinical Issues

10. Which of the following is NOT a true statement about the connection between autism spectrum disorders and gender dysphoria among adolescents?

- A. The question of whether gender dysphoria is simply a symptom of autism spectrum disorder among youth with ASD has been raised by behavioral health providers
 - B. Adolescents with autism spectrum disorders (ASD) would benefit from careful assessment distinguishing between symptomatology related to gender dysphoria and symptoms related to ASD
 - C. The validity of the autism diagnosis among transgender youth may be in question because it is possible that social awkwardness and lack of peer relationships are the result of feeling isolated and rejected due to gender identity and expression
 - D. Children with gender dysphoria have much higher rates of autism spectrum disorders than gender dysphoric adolescents.
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Influences on Health and Well-Being-Family

11. Sexual and gender minority adolescents are at increased risk for experiencing violence and victimization, including psychological, physical, and sexual abuse from those within their families.

- A. True
 - B. False
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Religion and Spirituality

12. Research indicates that parents from faith backgrounds have reactions to gender minority youth that are very different than those with non-religious identities and beliefs.

- A. True
 - B. False
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Therapeutic Efforts with Sexual and Gender Minority Youth-Introduction

13. Despite dramatic social changes in the recognition of same-gender relationships and families and transgender identities, sexual and gender minority children and adolescents and their families still face:

- A. Misinformation
 - B. Negative social attitudes
 - C. Discrimination
 - D. All of the above
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Conversion Therapy

14. One of the primary concerns with conversion therapy is that it has adverse effects on the psychological well-being of gender minority youth because it incorporates a general lack of support and:

- A. Exploits guilt and anxiety
 - B. Encourages rejecting behaviors
 - C. Promotes inaccurate views of sexual orientation
 - D. Damages self-esteem
-

Client-Centered Individual Approaches

15. Experts recommend that behavioral health providers have an a priori treatment goal for gender expression or identity outcomes.

- A. True
 - B. False
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Family Approaches

16. When working with families of young children, it is helpful to introduce information about sexual and gender minority issues into family discussions to increase the child's own self-awareness and self-acceptance and to counter negative attitudes directed toward the self that might reduce self-esteem.

- A. True
 - B. False
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Additional Appropriate Approaches with Gender Minority Youth

17. Adopting a gender expression, name, and pronouns consistent with one's gender identity is known as social:

- A. Modification
 - B. Adaptation
 - C. Evolution
 - D. Transition
-

Medical Intervention

18. Pubertal suppression is a medical intervention that is fully reversible and serves as an extended diagnostic period providing additional time for gender exploration as well as cognitive and emotional development.

- A. True
 - B. False
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Addressing the Needs of Disconnected LGBTQ Youth

19. LGBTQ youth experiencing homelessness, in juvenile justice facilities, or otherwise in out-of-home care may lack permanent and stable family connections in part because of family distress around issues relating to their LGBTQ identity.

- A. True
 - B. False
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Approaches to Ending the Use of Conversion Therapy

20. The consensus panel recommendations to reduce discrimination and negative social attitudes towards LGBT identities and individuals include adopting public policies that end discrimination, publicizing affirmative, culturally competent resources for the public on LGBT individuals and families, and:

- A. Emphasizing respect toward these populations at home, school, and in the community
 - B. Encouraging open communication about experiences and fears
 - C. Increasing access to health care
 - D. None of the above
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Dissemination of Information, Training and Education for Behavioral Health Providers

21. "Corrective" Therapy is the historical practice of using techniques to attempt to change sexual orientation for LGBT patients.

- A. True
 - B. False
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Legislative, Regulatory, and Legal Efforts

22. While there is currently no federal ban on conversion therapy, 24 states have passed laws banning the practice for minors.

- A. True
 - B. False
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Guidance for Families, Providers and Educators

23. Beyond eliminating the practice of conversion therapy with sexual and gender minority minors, LGBTQ youth need additional support to promote positive development and:

- A. Dignity
 - B. Resilience
 - C. Reverence
 - D. Empowerment
-

Key Points

24. While family reactions to learning that a child is lesbian, gay, bisexual, or transgender range from highly rejecting to highly accepting, the largest proportion of families are ambivalent about having an LGBTQ or gender diverse child.

- A. True
 - B. False
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25. Parents who are struggling may believe that responding with positive reactions to LGBTQ children will condone or encourage a behavior, when in fact expressing affection for an LGBTQ child is a key supportive behavior that helps protect their child against health risks and increases connectedness.

- A. True
 - B. False
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