Historically, there has been limited psychological or medical treatment available for gender nonconforming, gender diverse, and transgender children and youth. The assumption has been that being transgender was a “rare phenomenon” (Meyer-Bahlburg, 1985), and although it has long been known that transgender people often identify gender discomfort very early in life, the clinical treatment has been based on the perspective that transition could take place only in adulthood. The dearth of research on gender diverse children and transgender youth (Olson, Durwood, DeMeules, & McLaughlin, 2016) has been referred to as “a large empirical black hole in the treatment literature” (Zucker, 2008a, p. 359).

The American Psychiatric Association Task Force on the Treatment of Gender Identity Disorders (Byne et al., 2012) states that because of the lack of any randomized controlled treatment outcome studies, treatment recommendations can be made only with a low level of evidence that “can best be characterized as expert opinion” (p. 762), which varies greatly. It might be most accurate to say that much of the research to date has assumed that gender dysphoria in childhood and youth is evidence of pathology, and the focus has been on ameliorating atypical gender expression. Although this reflects some of the clinical work currently being practiced, it does not represent the newer models that have developed, which view gender diversity as a normative developmental process for some children. Corbett (2009) writes: “A social or developmental lag has opened between the formal empirically based discourse and the day-to-day clinical work” (p. 355). In other words, accumulated research data do not often reflect the treatment approaches actually used in clinical practice by many contemporary therapists.

The two most common models for treating gender diversity in children and adolescents are the reparative and the affirmative models. Most models of treatment
REFERENCES


