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Introduction

In counseling and psychological practice, mental health providers (MHPs) have traditionally used a gatekeeping approach (Singh & Burnes, 2010) with transgender and gender nonconforming (TGNC) clients. In this gatekeeping approach, TGNC people are asked to educate their MHPs and fit a certain definition of being TGNC; thus, they feel afraid to access counseling services to support their gender journeys if they do not fit into this strict definition (see Chapter 2 for further discussion of gatekeeping). The following sample dialogue between a client and a counselor demonstrates why the gatekeeping approach can be problematic:

Counselor: When did you first know you were trans?

Client: Well, I don't identify as trans. I am nonbinary.

Counselor: What does that mean?

Client: You don't know?

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Affirmative Counseling and Psychological Practice With Transgender and Gender Nonconforming Clients, A. A. Singh and l. m. dickey (Editors)
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Counselor: Could you educate me a little?

Client: I really wish I didn't have to.

Counselor: Do you want to transition?

Client: I think I am in the wrong place.

TGNC-affirmative counseling and psychological practice seeks to move beyond this gatekeeping approach by partnering and collaborating with TGNC clients so that they are in charge of their own mental health, as well as to set goals and aspirations that are client driven. Flexibility, resource building, consultation, and MHP advocacy are important roles within TGNC-affirmative practice.

As we shared in the Preface, we intentionally edited this book with the focus of advancing the field of affirmative counseling and psychological practice with TGNC people. We define *TGNC-affirmative counseling and psychological practice* as counseling that is culturally relevant and responsive to TGNC clients and their multiple social identities, addresses the influence of social inequities on the lives of TGNC clients, enhances TGNC client resilience and coping, advocates to reduce systemic barriers to TGNC mental and physical health, and leverages TGNC client strengths. In short, TGNC-affirmative counseling and psychological practice privileges the client's autonomy. Psychological practice spans not only the fields of counseling and psychology but also social work, marriage and family therapy, psychiatry, nursing, and other helping profession disciplines. When MHPs adopt TGNC-affirming approaches, there is the unique opportunity to transform mental health care for TGNC clients overall.

In this Introduction to the book, we discuss the important terms and definitions used in TGNC-affirming counseling and the major professional documents guiding TGNC-affirming mental health practice. In addition, we describe the theoretical frameworks counselors may use to develop TGNC-affirming practice and the common risk and protective factors TGNC clients experience.

Key Terms and Definitions in TGNC-Affirming Counseling

There are several key terms that will be used throughout this book that require a common definition. We acknowledge that terminology within the TGNC community continues to evolve, and the terms used here are bound in time. However, these terms represent the current thinking as it relates to work with TGNC people.

Sex and gender are often confused or conflated to mean the same thing. *Sex* relates to biological determinates. Specifically, it is concerned

with chromosomes, genitalia, and secondary sex characteristics (Hock, 2012). In western societies, sex is typically thought of as being either female or male and is assigned to a newborn at birth. On the other hand, *gender* is a socially constructed term that originates with assumptions that people make about a person's sex. Following these assumptions are various rules about how a person should perform their gender (Butler, 1990). The terms *femininity* and *masculinity* are examples of how gender may be performed. When working with TGNC people, it is important to note that some TGNC people do not subscribe to the *gender binary*. Rather, they believe that gender falls on a spectrum and that a person might identify along that spectrum instead of at polar opposites. Some people who identify as gender nonconforming use the term *genderqueer*. This term can be an individual term and a collective term for people who do not ascribe to the gender binary and may use gender neutral, third-person pronouns, such as *they/them*.

Gender identity is a term that is used to describe a person's felt sense of themselves in terms of their gender. This is a psychological experience for a person and it can change over time, especially for TGNC people. *Gender expression* is the way in which a person performs their gender identity. Gender expression might include the style and manner of dress, the type of haircut worn, and the pronouns they use to describe themselves.

Within the TGNC community there are a variety of terms a person might use to describe their gender identity. In one study (Grant et al., 2011), over 500 respondents used different terms to describe their gender. Common terms might include *trans man* or *trans woman* and *female-to-male* or *male-to-female*. Another common term is *cross-dresser*. This refers to people who dress in clothing or express their gender in ways that society deems inconsistent with the sex they were assigned at birth. The terms that TGNC people use to describe their gender identity can be quite varied and influenced by culture and context. MHPs are cautioned not to make assumptions about the labels that people use to describe themselves; including those who do not use labels at all. A variety of terms have been used to describe TGNC youth. These include *gender diverse*, *gender expansive*, and *gender creative* (Angello, 2013; Ehrensaft, 2011). It is important to keep in mind that these terms are usually proposed first by adults. Though some youth may feel that they fit well as a self-descriptor, this may not always be the case. More recently, some TGNC people have begun using the terms *assigned female at birth* or *assigned male at birth*. These terms are used in place of other references to how sex was assigned at birth and can help to address any confusion a person might have about a TGNC person's history in an affirmative manner.

One area that can often be a challenge for TGNC people is the use of pronouns by others. It is very common for people to make assumptions about which pronouns to use with a person based on the perception of that person's sex or gender. Many times the assumptions made prove

to be inaccurate and thus can be troubling for TGNC people. Repeated use of incorrect pronouns is considered to be a microaggression (Nadal, 2013). If an MHP is unsure of the correct pronoun to use with a client, simply ask, “What pronoun(s) do you use?” In this way, the TGNC client is empowered to use pronouns that are consistent with their identity. A word of caution: Please avoid asking for a client’s *preferred* name or pronoun. This question can be perceived as being disrespectful by many TGNC people. The meaning behind asking for a *preferred* pronoun carries the message to the receiver that if it is convenient the sender will remember to use the stated pronoun or name.

Until recently, MHPs often struggled to find a good term to describe people who do not have a TGNC history. *Cisgender* has begun to be used to describe such people (Serano, 2007). *Cis* is a Latin term that can be translated to mean “the same as.” *Cisgender* then means that a person sex (as assigned at birth) is consistent with their gender. *Cisgenderism* is the privileging of the gender binary and the expectation that people will perform their gender in a manner that is consistent with their sex. *Cisgender privilege* relates to the ability of many people to live their lives without questions, discrimination, or harassment because their gender and sex are perceived to be in alignment (Serano, 2007).

As previously mentioned, TGNC people with multiple identities will often use terms that are more reflective of their cultural identity. TGNC people of color are at much greater risk of violence, oppression, and discrimination than are TGNC White people (Grant et al., 2011). Regardless of the multiple identities a person embraces (race, ethnicity, age, ability status, religion, immigration status), those who are perceived to be from minority communities are at greater risk of adverse treatment and are more likely to have co-occurring mental and physical health concerns. Hendricks and Testa (2012) discussed at some length the effects of minority stress on transgender people.

TGNC people often face discrimination and oppression related to their TGNC identity. *Transphobia* is similar to homophobia in that it relates to negative reactions that people have toward TGNC people related to their gender identity. *Transprejudice* relates to the discrimination that TGNC people face as a result of their gender identity.

Major Documents Guiding TGNC-Affirming Counseling

Practice with TGNC people has evolved significantly over the past 50 years (American Psychological Association [APA], 2015). Where once a TGNC person had great difficulty finding providers (medical

and mental health) who had received training or had experience in working with TGNC people, today there are interdisciplinary health centers in major cities who specialize in TGNC care (e.g., Howard Brown in Chicago, Illinois, and Whitman Walker in Washington, DC). In these large cities TGNC people are more likely to be able to access care in a setting that is respectful and up-to-date. This may not be the case for TGNC people who live in rural settings or in conservative areas of the United States. Providers in some parts of the country may not be aware of the movement to TGNC-affirmative care (Walinsky & Whitcomb, 2010). Historically, TGNC people have often found themselves in a place where they were called on to educate their provider (Pickering & Leinbaugh, 2006). This places the TGNC person in an untenable position. A number of documents have been developed to help assist providers in providing competent care. In this section we briefly describe the history of clinical practice with TGNC clients by highlighting the different guidelines and standards of care that exist. These documents can be quite useful for MHPs as they develop their understanding of culturally competent clinical practice.

Before describing the practice documents, it is important to remind readers of the ethical mandates that address work with clients. Every mental health and physical health association has a code of ethics (e.g., American Counseling Association [ACA], American Psychological Association). Common across these codes is the mandate to do no harm, to practice within the scope of one's training, and to privilege the autonomy of clients (ACA, 2014; APA, 2010). Chapter 4 of this volume addresses ethical concerns. Maintaining an ethical practice is paramount in the assurance of culturally competent care.

WORLD PROFESSIONAL ASSOCIATION FOR TRANSGENDER HEALTH

The World Professional Association for Transgender Health first published the "Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People" (SOC) in 1979. Now in the seventh version, these standards address medical, psychological, and social aspects of work with TGNC individuals. Early versions of the SOC were quite prescriptive in regard to appropriate clinical treatment and, more specifically, the correct history a person must present to be eligible for transition-related care. One assumption that was made in these early days was that people who identified as TGNC all wanted to make a medical transition (hormones and surgery). Although this is true for many people, it is not so for all TGNC people. In fact, if a person expressed a lack of interest in a full medical transition they were deemed to be a poor

candidate for transition. The current version of the SOC clarifies that there is no one way to transition. There is also a strong statement about the SOC being flexible and that the needs of TGNC people should be taken on a case-by-case basis rather than assuming a “one-size-fits-all” approach. MHPs are encouraged to be aware of the recommendations made in the SOC including the tasks related to assessment, referral, and psychotherapy, and readers are referred to the SOC glossary of terms (Coleman et al., 2012).

AMERICAN COUNSELING ASSOCIATION

In 2010, the ACA published a document titled “Competencies for Counseling With Transgender Clients.” This document was the first of its kind from an MHP professional association. The document addressed work with TGNC clients across the domains of human growth and development, social and cultural foundations, helping relationships, group work, professional orientation, career and lifestyle development, appraisal, and research. These competencies were written from a feminist, multicultural, social justice perspective.

AMERICAN PSYCHIATRIC ASSOCIATION

The American Psychiatric Association published a report on the treatment of gender identity disorder (Byne et al., 2012). This report predates the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*, and should be used with some caution because the diagnostic criteria changed for gender dysphoria (American Psychiatric Association, 2013). The report recommends treatment approaches for children, adolescents, and adults who are “gender variant” (Byne et al., 2012, p. 1) and individuals with disorders of sex development. A review of the literature on these topics is included.

WORLD HEALTH ORGANIZATION

The World Health Organization (WHO) is responsible for developing the *International Classification of Diseases (ICD)*. The *ICD* is used by providers throughout the world to appropriately code a diagnosis of a medical or mental health condition. The United States recently adopted the use of *ICD-10*. TGNC people may be diagnosed with gender identity disorder (F64.1) by providers who use the *ICD-10* (WHO, 2016). The WHO is in the process of developing the *ICD-11*, and it is not yet clear whether they will retain gender identity disorder or if they will change the name and diagnostic criteria.

AMERICAN PSYCHOLOGICAL ASSOCIATION

The APA developed the *Guidelines for Psychological Practice With Transgender and Gender Nonconforming Clients* in 2015. The guidelines are organized in the domains of foundational knowledge and awareness; stigma, discrimination, and barriers to care; lifespan development; assessment, therapy, and intervention; and research, education, and training. Readers are also provided with an extensive glossary of terms (APA, 2015). The guidelines are grounded in existing, extensive empirical work with TGNC clients and are informed by TGNC advocates and TGNC-affirming MHPs.

MEDICAL SOCIETIES

The Endocrine Society (Hembree et al., 2009) and the American College of Obstetricians and Gynecologists (2015) are among the associations of medical providers who have published treatment protocols for TGNC patients. These protocols are specific to the focus of care and may be useful for MHPs who are working with collaboration with medical providers. MHPs are encouraged to stay abreast of additional such resources that may become available.

Organizations like the National Association for Social Workers and the American Association for Marriage and Family Therapists do not yet have publications similar to those described in this section. School psychologists are referred to the Safe and Supportive Schools project which was developed as a joint project between the National Association of School Psychologists and the APA (2014). MHPs should be aware of the professional documents guiding work with TGNC people, especially as these documents evolve to inform TGNC-affirming practice.

Theoretical Frameworks for TGNC-Affirming Care

When developing TGNC-affirming counseling and psychological practice, counselors should ensure that their assessments, interventions, and advocacy are grounded in TGNC-affirming theories. Although there are currently no specific TGNC-affirming theories of counseling practice, there are theoretical perspectives that counselors may use in their work with TGNC clients such as (a) the minority stress model (Meyer, 1995, 2003), (b) trauma counseling principles (Briere & Scott, 2012), (c) strengths-based and resilience approaches (ACA, 2010; APA, 2015), and (d) multiculturalism and social justice advocacy approaches (Ratts et al., 2015; Sue, Arredondo, & McDavis, 1992).

The minority stress model (Meyer, 1995) was initially developed to describe the stressors that lesbian, gay, and bisexual (LGB) people face in society due to homophobia and heterosexist bias, and the model was recently applied to TGNC people (Hendricks & Testa, 2012). Meyer (2003) described minority stress as being additive stress, such that it is stress that is experienced over and above the everyday stress average people have, which is consistently present. For instance, TGNC people often experience constant fear that they may be harmed because of their gender identity and gender expression. Minority stress is also socially based and is related to institutional structures and anti-TGNC values, such as TGNC people not having access to protections and rights in society. Meyer discussed that there are processes of minority stress that include environmental or external events of discrimination and anticipation or expectation of these societal events of discrimination, which lead to people internalizing negative societal attitudes and prejudices about their sexual orientation and gender identity as well as concealment of their sexual orientation or gender identity. Each of the processes of minority stress influence TGNC mental health (Hendricks & Testa, 2012) and should be assessed at the counseling intake and throughout the counseling process.

Although the minority stress model provides important areas for MHPs to explore related to assessment and the counseling process with TGNC people, specific trauma counseling principles (see Chapter 9) are also helpful for MHPs to use because of the high rates of trauma TGNC people and communities experience (Richmond, Burnes, & Carroll, 2012). There are a variety of trauma theories that MHPs can use, and important components include the validation and support that trauma survivors need in healing from trauma, as well as the identification of trauma symptoms and the influence of these symptoms on the overall well-being of clients (Briere & Scott, 2012).

Just as TGNC clients experience minority stress and trauma in society, TGNC people may also experience resilience as they navigate anti-TGNC bias; therefore, TGNC-affirming counseling practice should use strengths-based approaches to enhance resilience (ACA, 2010; APA, 2015). Strengths-based approaches examine the competencies and coping resources that clients have that help them reduce stress in their lives (Budge, Adelson, & Howard, 2013). Masten (2001) defined *resilience* as the ability individuals have to “bounce back” from adverse events in their lives. For example, research with TGNC people of color suggested that developing racial and ethnic pride alongside pride in their gender identity and being connected to religious and spiritual approaches are sources of individual resilience (Singh, Hays, & Watson, 2011; Singh & McKleroy, 2011). In addition, resilience can be a community or collective experience. For example, TGNC people of color having connections to a TGNC activist community of color helped facilitate access to necessary financial and legal resources (see Chapter 2; Singh, 2013; Singh, Meng, & Hansen, 2013).

Multiculturalism has been a hallmark of counseling practice for over 2 decades, and multicultural counseling is therefore an integral part of TGNC-affirming counseling practice (Ratts, 2011). When first developed, multicultural counseling competencies asserted the importance of counselors understanding that cultural backgrounds (e.g., race/ethnicity, class, religion/spiritual beliefs) have important influences on mental health and overall well-being (Sue et al., 1992). These multicultural counseling competencies also noted the importance of counselors having the awareness, knowledge, and skills to be able to work with various cultural groups. For instance, related to TGNC-affirming practice, counselors should actively develop awareness about how their own attitudes about their own gender identity, gender training, and gender journey influence their beliefs and attitudes about TGNC people and their counseling needs. In terms of knowledge and skills, counselors should consistently seek professional development and training on TGNC client concerns, as well as develop and be aware of interventions that are effective and affirming with TGNC clients. The multicultural counseling competencies were recently revised to integrate social justice with a new dimension of competence termed action added to help guide counselor advocacy (Ratts et al., 2015). The role of advocacy is a critical aspect of TGNC-affirming counseling practice (see Chapter 12) and may be guided by the ACA Advocacy Competencies (Lewis, Arnold, House, & Toporek, 2003). The ACA Advocacy Competencies guide counselors to work with clients on specific advocacy skills that can be applied to work with TGNC people, such as self-advocacy skills with TGNC youth, or on behalf of clients such as removing systemic barriers TGNC people face such as bathroom access. In addition to the theories that support the development of TGNC-affirming counseling practice, counselors should have strong knowledge and skills related to consultation. Consultation approaches and scenarios in TGNC-affirming practice are discussed in Chapter 3.

Protective and Risk Factors Influencing TGNC Mental Health

There are significant risk and protective factors that influence the lives of TGNC people on a daily basis. It is important for MHPs to have a good working knowledge of the ways these factors impact a TGNC person in the areas of mental and physical health, health disparities, and resilience so these areas can be addressed.

MENTAL AND PHYSICAL HEALTH OUTCOMES

TGNC people are at increased risk for mental and physical health concerns. Research has consistently shown that TGNC people, especially TGNC women, are at elevated risk for HIV infection (Nuttbrock et al., 2009). Other physical health risks include the challenges associated with not accessing preventative health care. Many TGNC people are concerned about the manner in which they will be treated by administrative staff and providers, which can result in a person choosing to not access regular health care (Grant et al., 2011). Mollon (2009) accurately described the challenges that many LGB and TGNC people face when attempting to access care from a new provider. This included the use of intake forms that are not representative of people's lived experiences (e.g., a lack of culturally responsive questions about gender identity and sexual orientation) to hostile treatment after coming out to a provider. As a result of the discrimination, bullying, and harassment that some TGNC people face, this population showed higher rates of co-occurring mental health issues, nonsuicidal self-injury, and suicidal ideation (Clements-Nolle, Marx, & Katz, 2006; Dickey, Reisner, & Juntunen, 2015; Grant et al., 2011; Matarazzo et al., 2014). Given the challenges that TGNC people face in realizing their gender identity, it is critical that MHPs work with their clients to address the myriad concerns that might adversely influence a TGNC person's well-being.

OTHER HEALTH DISPARITIES

TGNC people represent one group of people who are at risk for tobacco-related illnesses (Fagan et al., 2004). As a result, there are a number of health related concerns that TGNC people may be susceptible to, including cancers. Reisner, White, Bradford, and Mimiaga (2014) compared the health disparities of TGNC and cisgender patients at a community health center. Although they found no differences in risk for HIV, substance abuse, and smoking-related illnesses, it is important to keep in mind that the cisgender participants were LGB individuals, who were also at elevated risk for these health concerns. In this same study, TGNC participants "disproportionately reported social stressors" (Reisner et al., 2014, p. 177). Over time, social stressors have been shown to adversely affect a person's physical and mental health (Mays, Cochran, & Barnes, 2007).

RESILIENCE

In recent years, researchers have begun to explore the ways in which TGNC people exhibit resilience in their lives. Resilience is a psychological construct that includes the ways in which a person has learned to manage the day-to-day challenges they may face (Harvey, 2007;

Jew, Green, & Kroger, 1999). Singh, Hays, and Watson (2011) identified several common themes with regard to resilience “(a) evolving a self-generated definition of self, (b) embracing self-worth, (c) awareness of oppression, (d) connection with a supportive community, and (e) cultivating hope for the future” (p. 23). This last point, cultivating hope for the future, can be a focus of clinical work with clients that is often overlooked. Bockting, Miner, Swinburne Romine, Hamilton, and Coleman (2013) also explored resilience in TGNC people. They found that facilitating peer support was an important aspect of developing resilience. Additionally, over time, older TGNC people were less likely to experience felt stigma. This was attributed to the length of time that a person was out to others about their TGNC identity.

POLICY LANDSCAPE

The number and kinds of policies that are TGNC-affirmative have grown considerably in the past 10 years. This is due, in part, to the work of the National Center for Transgender Equality (2015), the Sylvia Rivera Law Project, the Transgender Law Center, and others. Federal policy changes include identity documents, screening when traveling, health care access, and more. These changes have happened at the local, state, and federal levels. As a result, some TGNC people live in work in locations in which their basic human rights are protected. MHPs play a critical role in shaping policy. Chapter 12 explores the ways that MHPs can engage in advocacy and being a strong ally to TGNC people.

Organization of This Book

We have organized this book to reflect the journey to becoming a trans-affirming MHP, with the first chapters exploring gender diversity within the TGNC community (Chapter 1) and TGNC people of color (Chapter 2) to reflect the importance of intersectional identities in psychological practice with TGNC people. The next chapter explores interdisciplinary consultation and collaboration (Chapter 3), followed by the ethical and legal concerns that commonly arise when working with TGNC people (Chapter 4). Subsequent chapters explore TGNC-affirming psychological practice across the lifespan, with a focus on TGNC children and adolescents (Chapter 5), TGNC parents and family concerns (Chapter 6), and TGNC aging and older adults (Chapter 7). Later chapters describe the role of TGNC-affirming clinical supervision in health service psychology (Chapter 8), assessment and treatment of trauma from a feminist approach (Chapter 9), spirituality and religion (Chapter 10), and

TGNC-affirmative research (Chapter 11). The final chapter emphasizes the unique role of advocacy and social justice in TGNC-affirming psychological practice (Chapter 12), and this emphasis is also integrated across each chapter in the text.

Ultimately, we edited this book so that the specific importance of TGNC-affirming counseling and psychological practice was clearly described and defined. From affirming language to having knowledge of counseling to the major professional competencies, guidelines, and standards that exist and are constantly evolving, MHPs can draw from these sources of learning to develop a strong TGNC-affirming counseling approach. MHPs will also find counseling and psychological approaches with various groups within the TGNC umbrella that may be used to support TGNC-affirming practice, as well as address the protective and risk factors influencing TGNC mental health. Each chapter in this book provides a helpful overview and discussion of salient components of TGNC-affirming practice. Just as TGNC counseling has and will evolve and grow over time—often rapidly—we invite you to learn and grow with us as we seek to transform the ways that TGNC clients experience psychological practice.

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