

Counseling Transgender and Gender Nonconforming Youth

Whitney P. Akers, University of North Carolina at Pembroke

DESCRIPTION OF TRANSGENDER AND GENDER NONCONFORMING YOUTH

When counseling youth who identify as transgender, trans, or gender nonconforming (TGNC), counselors must first understand the diverse ways in which clients might experience their gender identity and expression. Trans identities are characterized by the experience of one's gender identity (i.e., internal sense of gender) and/or gender expression (i.e., self-presentation) differing from norms associated with their assigned sex at birth (ASAB; Bolger & Killerman, 2018). TGNC youth might identify within the gender binary (e.g., woman, transgender woman, trans woman, trans feminine person, man, transgender man, trans man, trans masculine person) while others might identify outside of binary notions of masculinity and femininity (e.g., GNC, nonbinary, genderqueer, agender, bigender, gender neutral). Additionally, some TGNC youth might or might not elect to transition in a variety of ways including social, legal, and physical/medical (Brammer & Ginicola, 2017; Chang, Singh, & dickey, 2018).

Due to the exclusion of gender identity in many population-based surveys, research is limited regarding the percentage of youth who identify as TGNC within the United States; however, some researchers have estimated that between 1.3% and 3.2% of youth identify as TGNC (Wilson & Kastanis, 2015). Authors of a more recent population-based study within each U.S. state estimated that 0.7% of youth between the ages of 13-17 years identify as transgender (Herman, Flores, Brown, Wilson, & Conron, 2017).

Resource:

assault (13%) as an attack on their gender identity while they were students in K-12 schools, and 17% reported discontinuing their K-12 education due to experiences of severe discrimination and mistreatment (James et al., 2016). Hence, it is essential to consider that presenting concerns and symptomology for TGNC youth may be in response to systemic oppression and violence, as opposed to intrinsic pathology (Goodrich & Luke, 2015).

Resource:

To increase safety and systemic support for TGNC youth in schools, access GLSEN's Safe Space Kit:
<https://www.glsen.org/safespace>

IDENTIFICATION/ASSESSMENT STRATEGIES

Using assessments in counseling with TGNC youth requires counselor awareness of cisnormativity within assessments normed on cisgender populations, as well as applicability of assessments to TGNC youth, specifically. Counselors refrain from using assessments that were not normed on TGNC populations, as well as assessments normed on lesbian, gay, bisexual, and queer populations who do not identify as TGNC (American Counseling Association [ACA], 2010; Goodrich et al., 2017). When electing to use assessments, counselors recognize systemic barriers experienced by clients and implications of inappropriate use regarding psychometrics of the assessment and interpretation of results.

Intake Paperwork

Often, depending on client age, a client or their guardian's first interaction with counseling begins with completing intake paperwork. It is imperative that intake materials reflect a trans-aware counseling space by addressing gender in an affirming and conscious manner. Counselors can build inclusive paperwork by asking about gender instead of ASAB and using blanks, as opposed to predetermined and binary checkboxes, when asking questions about gender (Harper & Singh, 2014). Furthermore, to increase client self-determination, counselors can provide space for clients to self-identify their correct name and pronouns (e.g., they/them/theirs, she/her/hers, he/him/his, ze/hir/hirs, a client's name, or others) (Chang et al., 2018; Goodrich et al., 2017; Vance, Ehrensaft, & Rosenthal, 2014). On intake paperwork, counselors are not required to ascertain a client's "legal name" if it differs from the name they use (Chang et al., 2018); doing so could force a client to use a name that does not fit the identity, inciting trauma. If necessary for insurance purposes, one can honor a client's correct name by asking the youth or parent for their insurance card and avoiding making a client vocalize a name that does not align with how they identify. By asking for client pronouns on intake materials or in person, counselors can also avoid using incorrect pronouns or misgendering clients. Furthermore, asking for pronouns from all clients and sharing one's own pronouns can demarcate a counselor as aware, affirming, and safe in their non-assumption of a client's gender identity.

Initial Psychosocial Assessment

During the initial counseling session, counselors facilitate client access to empowerment by asking clients to self-identify and share presenting concerns related or unrelated to TGNC identities. Counselors recognize that there is no singular, linear narrative for all TGNC youth, necessitating the creation of a therapeutic alliance in which clients create personal paths that align with their sense of self and facilitate their survival and thriving. Relatedly, a trans-affirming counselor will be aware that TGNC youth are multidimensional individuals who might experience multiple minority identities and refrain from assuming that a client's presenting concern is related to gender identity and expression merely because they identify as TGNC (ACA, 2010; Goodrich et al., 2017). Integrating an unassuming lens in this initial session, counselors holistically assess client needs, barriers to care, strengths, and resiliencies by operating from an intersectional framework that validates the impacts of TGNC youths' multifaceted identities. An intersectional framework entails understanding how clients experience privilege and oppression as shaped by their diverse identities, including but not limited to: gender identity and expression, sexuality, race, ethnicity, nationality, socioeconomic status, immigration status, language, spirituality, religion, ability, size, and age. Relatedly, age considerations are critical in work with youth who do not possess

the same access to agency and autonomy as non-minor clients. Therefore, discussion of informed assent (Goodrich et al., 2017) and consideration of possible support or harm within family systems is critical to facilitating access to affirming clinical care. For example, considering a client's discussion of their gender identity in session, counselors recognize that each individual's outness journey and timeline differs and must be honored. Responsive counselors uphold confidentiality, taking measures to avoid outing a TGNC client to family, verbally or in case notes (Finnerty, Kocet, Lutes, & Yates, 2017; Griffith et al., 2017). If clients consent and voice readiness to disclose their identity to others, counselors can offer support as determined by the clients.

Transition-Related Assessment

Some TGNC youth pursue gender-affirming transition socially, legally, and/or medically. If a TGNC youth client aims for social or legal transition, the counselor, with an awareness of the World Professional Association for Transgender Health (WPATH) Standards of Care, can inform the family and youth of resources and support them in these transitions. Relatedly, counselors use the WPATH Standards of Care as a guide for support rather than an absolute mandate for care (ACA, 2010; Goodrich et al., 2017). If a client seeks medical gender-affirming transition as they near puberty, the counselor has a responsibility to inform the family of benefits and considerations related to transition, assess for diagnoses that could affect transition, and offer connections to integrated care resources (ACA, 2010; Chang et al., 2018). Furthermore, some physicians and insurance agencies require counselors to write one or two formal letters supporting a youth's medical transition, depending on the type of medical intervention (Chang et al., 2018; dickey, Karasic, & Sharon, 2016). Letters detail information such as: client information (i.e., name, pronouns, birth date, intersectional identities, ASAB); relevant gender history, milestones, and readiness for transition; current gender identity and expression; physical and mental health; substance use; systems of support; family relationships; coping skills and resiliencies; capacity to give informed consent; relevant diagnoses; future plans and transition-related expectations; and clinician credentials, qualifications, and recommendation for gender-affirming care (Chang et al., 2018; Coolhart, Provancher, Hager, & Wang, 2008; Goodrich et al., 2017). The counselor should collect this information from the youth and consult the family for additional needed information (Vance et al., 2014), refraining from asking intrusive questions and reporting unnecessary information (Chang et al., 2018). In completion of transition-related assessments and letters, counselors can seek continuing education and use resources regarding best practices and guidelines, such as those included in the resource below. Additionally, affirming counselors without experience in these procedures will best support TGNC clients by pursuing supervision and consultation from or referring clients to counselors who specialize in counseling TGNC youth.

Resources:

Supporting TGNC individuals in transition-related name and identity document change procedures:

<https://transequality.org/issues/identity-documents-privacy>

Counseling TGNC clients, including assessment recommendations and letter writing:

Chang, S. C., Singh, A., & dickey, l. m. (2018). *A clinician's guide to gender-affirming care: Working with transgender and gender nonconforming clients*. Oakland, CA: New Harbinger Publications, Inc.

Lambda Legal offers a guide to assist in identity document changes:

http://www.lambdalegal.org/sites/default/files/transgender_booklet_-_documents.pdf

Gender Dysphoria in the DSM-5

Related to gender-affirming transition procedures is the diagnosis of gender dysphoria. In the fifth edition of *The Diagnostic and Statistical Manual of Mental Disorders* (DSM-5), the American Psychiatric Association

expression and the ASAB and associated primary and secondary sex characteristics (APA, 2013). Although this diagnosis is often used to justify or facilitate gender-affirming medical interventions related to

having gender neutral or family restrooms available on site can increase feelings of safety and comfort for clients.

Within session, implementing cognitive behavioral therapy (CBT) can support TGNC youth to challenge negative societal messages and the internalization of transphobic and cisnormative messages (Goodrich & Ginicola, 2017). Austin and Craig (2015) expanded the CBT framework to be trans-affirming (TA-CBT). TA-CBT relies on counselor validation of client experiences of violence while supporting clients in combatting external sources of maladaptive beliefs and transphobic behaviors. Clients gain understanding of how maladaptive beliefs impact wellness, challenge negative self-talk, and explore ways in which rejections of these messages shape client access to hope, personhood, community, and healing. Supplementary integration of CBT mindfulness-based techniques can provide clients with concrete and applied coping strategies to engage with thoughts, emotions, and behaviors (Chan et al., 2018). Though empirical investigation regarding the application of CBT and mindfulness-based interventions in counseling TGNC youth is minimal, researchers have advocated for use of CBT with TGNC-specific adaptations to consider minority stress and experiences of transphobia and cissexism (Austin & Craig, 2015; Busa, Janssen, & Lakshman, 2018; Goodrich & Ginicola, 2017).

Resources:

For a workbook focused on building resilience with TGNC clients:

Singh, A. A. (2018). *The queer and transgender resilience workbook: Skills for navigating sexual orientation and gender expression*. Oakland, CA: New Harbinger. For a workbook including CBT-based approaches to gender identity exploration for TGNC youth:

Testa, R. J., Coolhart, D., & Peta, J. (2015). *The gender quest workbook: A guide for teens and young adults exploring gender identity*. Oakland, CA: New Harbinger.

Family Counseling

When counseling youth, it is often impossible to separate their experiences from the impact of their family system due to minors' restricted access to agency and autonomy. Wilson et al. (2016) determined parental closeness to be a powerful protective factor against PTSD, psychological distress, depression, and suicidal ideation, and Olson, Durwood, DeMeules, and McLaughlin (2016) found that TGNC youth 3 to 12 years of age who socially transitioned and had parental support were less likely to experience depression and anxiety. Furthermore, Ryan, Russell, Huebner, Diaz, and Sanchez (2010) determined family acceptance to be a predictor of increased self-esteem, social support, and overall wellness, acting as a protective factor against suicidal ideation, substance use, and depression. Therefore, it is evident that familial support is critical to enhancing overall mental health outcomes of TGNC youth.

Much like individual counseling, gender affirmative counseling is recommended as a foundational approach to build family capacity for support and affirmation of TGNC youth (Ehrensaft, 2016). Relatedly, though further empirical validation is needed specific to the integration of attachment-based family therapy with TGNC youth, researchers have suggested attachment-based family therapy to be effective for counseling youth diverse in sexuality and their families (Diamond & Sphigel, 2014; Ibrahim, Russon, Levy, & Diamond, 2018).

In a family counseling context, counselors can educate families on options for nonmedical social transition, pubertal delay, and medical transition including hormones and surgery (Chang et al., 2018; dickey et al., 2016; Katz-Wise et al. 2018) and connect them to resources to decrease isolation and build community. Also, counselors can help families become effective allies (Chan, 2018; Harper & Singh, 2014) by standing in solidarity with TGNC youth family members and advocating for support in schools, the community, and the larger sociopolitical context (Harper & Singh, 2014). Even with family support and allyship, researchers found family support to not be fully protective, potentially due to the prevalence of stigma and oppression (Katz-Wise et al., 2018), evidencing a need for systemic change and advocacy beyond the counseling relationship. For example, researchers proposed advocacy interventions

connected to ACA's *Competencies for Counseling with Transgender Clients* (Singh & Burnes, 2010) as well as advocacy strategies within the schools, connected to the American School Counseling Association (ASCA)

REFERENCES

- American Counseling Association. (2010). American Counseling Association: Competencies for counseling with transgender clients. *Journal of LGBT Issues in Counseling*, 4, 135–159.
<https://doi.org/10.1080/15538605.2010.524839>
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental and emotional disorders* (5th ed.). Arlington, VA: American Psychiatric Press.
- Austin, A., & Craig, S. L. (2015). Transgender affirmative cognitive behavioral therapy: Clinical considerations and applications. *Professional Psychology: Research and Practice*, 46(1), 21–29.
<http://doi.org/10.1037/a0038642>
- Bernal, A. T., & Coolhart, D. (2012). Treatment and ethical considerations with transgender children and youth in family therapy. *Journal of Family Psychotherapy*, 23, 287-303.
<https://doi.org/10.1080/08975353.2012.735594>
- Bolger, M., & Killerman, S. (2018). *Safe zone training facilitator guide* (5th ed.). Retrieved from <https://thesafezoneproject.com/curriculum/>
- Brammer, R., & Ginicola, M. M. (2017). Counseling transgender clients. In M. M. Ginicola, C. Smith, & J. M. Filmore (Eds.), *Affirmative counseling with LGBTQI+ people* (pp. 183-212). Alexandria, VA:

- Goodrich, K. M., & Luke, M. (2015). *Group counseling with LGBTQI persons*. Alexandria, VA: American Counseling Association.
- Griffith, C., Akers, W., Dispenza, F., Luke, M., Farmer, L. B., Watson, J. B....Goodrich, K. M. (2017). Standards of care for research with participants who identify as LGBTQ+. *Journal of LGBT Issues in Counseling*, 11, 212-229. <https://doi.org/10.1080/15538605.2017.1380549>
- Harper, A., & Singh, A. (2014). Supporting ally development with families of trans and gender nonconforming (TGNC) youth. *Journal of LGBT Issues in Counseling*, 8, 376-388. <https://doi.org/10.1080/15538605.2014.960127>
- Herman, J. L., Flores, A. R., Brown, T. N. T., Wilson, B. D. M., & Conron, K. J. (2017). *Age of individuals who identify as transgender in the United States*. Los Angeles, CA: The Williams Institute.
- Ibrahim, M., Russon, J. Levy, S., & Diamond, G. (2018). Promoting parental acceptance of bisexuality: A case study of attachment-based family therapy. *Journal of Family Psychotherapy*, 29, 223-251.
- James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *Executive summary of the report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality.
- Katz-Wise, S. L., Ehrensaft, D., Vettters, R., Forcier, M., & Austin, S. B. (2018). Family functioning and mental health of transgender and gender-nonconforming youth in the Trans Teen and Family Narratives Project. *The Journal of Sex Research*, 55(4-5), 582-590. <https://doi.org/10.1080/00224499.2017.1415291>
- Kosciw, J. G., Greytak, E. A., Giga, N. M., Villenas, C. & Danischewski, D. J. (2016). *The 2015 National School Climate Survey: The experiences of lesbian, gay, bisexual, transgender, and queer youth in our nation's schools*. New York, NY: GLSEN.
- Kosciw, J. G., Greytak, E. A., Zongrone, A. D., Clark, C. M., & Truong, N. L. (2018). *The 2017 National School Climate Survey: The experiences of lesbian, gay, bisexual, transgender, and queer youth in our nation's schools*. New York, NY: GLSEN.
- Olson, K. R., Durwood, L., DeMeules, M., & McLaughlin, K. A. (2016). Mental health of transgender children who are supported in their identities. *Pediatrics*, 137(3). <https://doi.org/10.1542/peds.2015-3223>
- Peek, C. J., & the National Integration Academy Council. (2013). *Lexicon for behavioral health and primary care integration: Concepts and definitions developed by expert consensus*. AHRQ Publication No. 13-IP001-EF. Retrieved from <http://integrationacademy.ahrq.gov/sites/default/files/Lexicon.pdf>
- Reisner, S. L., Vettters, R., Leclerc, M., Zaslow, S., Wolfrum, S., Shumer, D., & Mimiaga, M. J. (2015). Mental health of transgender youth in care at an adolescent urban community health center: A matched retrospective cohort study. *Journal of Adolescent Health*, 56, 274-279. <https://doi.org/10.1016/j.jadohealth.2014.10.264>
- Ratts, M. J., Singh, A. A., Nassar-McMillan, S., Butler, S. K., & McCullough, J. R. (2015). *Multicultural and social justice counseling competencies*. Retrieved from <https://www.counseling.org/knowledge-center/competencies>
- Ryan, C., Russell, S. T., Huebner, D., Diaz, R., & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing*, 23, 205–213. <https://doi.org/10.1111/j.1744-6171.2010.00246.x>
- Sennott, S. L. (2010). Gender disorder as gender oppression: A transfeminist approach to rethinking the pathologization of gender non-conformity. *Women & Therapy*, 34(1-2), 93-113. <https://doi.org/10.1080/02703149.2010.532683>
- Simons, J. D., Beck, M. J., Asplund, N. R., Chan, C. D., & Byrd, R. (2018). Advocacy for gender minority students: Recommendations for school counsellors. *Sex Education*, 18, 464-478. <https://doi.org/10.1080/14681811.2017.1421531>
- Singh, A. A., & Burnes, T. R. (2010). Introduction to the special issue: Translating the *Competencies for Counseling with Transgender Clients* into counseling practice, research, and advocacy. *Journal of LGBT Issues in Counseling*, 4, 126–134. <https://doi.org/10.1080/15538605.2010.524837>
- Singh, A. A., Goodrich, K. M., Harper, A. J., & Luke, M. (2017). Growing up LGBTQI+: The importance of developmental conceptualizations. In M. M. Ginicola, C. Smith, & J. M. Filmore (Eds.), *Affirmative*

- counseling with LGBTQI+ people* (pp. 31-40). Alexandria, VA: American Counseling Association.
- Vance, S. R., Ehrensaft, D., & Rosenthal, S. M. (2014). Psychological and medical care of gender nonconforming youth. *Pediatrics*, 134, 1184-1192.
- Wilson, E. C., Chen, Y. H., Arayasirikul, S., Raymond, H. F., & McFarland, W. (2016). The impact of discrimination on the mental health of trans*female youth and the protective effect of parental support. *AIDS and Behavior*, 20, 2203-2211. <https://doi.org/10.1007/s10461-016-1409-7>
- Wilson, B. D. M., & Kastanis, A. A. (2015). Sexual and gender minority disproportionality and disparities in child welfare: A population-based study. *Children and Youth Services Review*, 58, 11-17. <https://doi.org/10.1016/j.childyouth.2015.08.016>