CHAPTER TWO

Benefits and Goals of Gender Affirming Psychotherapy

Chapter Overview

This chapter will cover the benefits of GAP and will explore setting gender affirming goals with transgender clients.

This chapter has five sections:

1. Benefits of Gender Affirming Psychotherapy Practices
2. Goal Setting
3. Stories from Transgender Youth about Therapy Goals
4. Activity: Practice Setting Gender Affirming Goals with a New Transgender Client
5. Key Lessons

Benefits of Gender Affirming Psychotherapy Practices

Transgender people experience more mental health challenges than cisgender people.[41–43] This is primarily due to the victimization and discrimination they experience.[38,44,45] Importantly, supporting transgender clients' gender (e.g., using their affirmed name and pronouns) and taking a nondirective, supportive stance toward their gender exploration helps reduce mental

health problems like depression, anxiety, and suicidality.[46,47] Traditional, nontailored mental health care has been shown to be less effective and less acceptable than affirming therapy for transgender clients, highlighting the need for affirming practice utilization.[24,25,48] Additional benefits of affirming practices include increased resilience to transphobia (anti-transgender bias and discrimination), less negative self-talk related to gender (i.e., less internalization of transphobic messages)[31,49] enhanced social connectedness,[31] less trauma-related symptomology,[41] reduced suicidality,[50] and greater trust and utilization of health services.[29,30,31,51]

Goal Setting

An important aspect of GAP is encouraging clients to develop their own goals. While goals may involve gender identity, expression, or navigating gender-based oppression, it is important to know that not all goals will be related to gender and will likely coexist with other priorities (e.g., school, friends, family). The process of goal setting with transgender clients is similar to goal setting with other clients. However, to demonstrate your affirming approach to therapy, you should explicitly name gender-related goal setting as something you can explore with your client, if they so choose. For example, you might introduce this idea to a client by stating, "Setting goals in therapy helps both of us stay focused on what is most important for you in treatment. Some transgender clients want to work on gender-related goals, like exploring their gender expression, and others may not have any goals related to their gender. What goals would you like to work on in therapy?"

Here are some gender-related goals that clients and providers may create together:

- Feel satisfied with their gender expression.
- Feel connected to a community where their gender identity aligns with cultural and religious expressions.
- Effectively advocate for themself.
- Identify and overcome negative beliefs about themself and find meaning and fulfillment in life.
- Maintain personal agency, amid transphobia, without blaming themself for related setbacks.

Once you've established goals with your client, consider questions like the ones below to support them in exploring their gender. This list is not exhaustive,

and you should tailor questions to your client's specific characteristics (e.g., age, culture, family background):

- "How do you think your life might change if you transitioned?"
- "How do you think your life might change if you didn't have to go through puberty?"
- "How do you think your life might change if you were born a different gender?"
- "Who in your life supports your gender expression/identity/questioning?"
- "Who in your life might not support your gender expression/identity/questioning?"
- "What experiences have you had related to your gender in different public settings, like school, on the street, public transit, or restrooms?"

Stories from Transgender Youth about Therapy Goals

The following examples illustrate the complex reasons why a client might enter therapy. Some, but not all, of those reasons are related to gender.

Youth Story 1: "If I can pass as a cis woman, it means I get harassed a lot less."

I like to look really feminine: long hair, makeup, shaving body hair, wearing dresses—all of it! I know we shouldn't assume people's gender based on their looks, but I have to admit that it feels really validating that, nowadays, people look at me and immediately assume I'm a woman just by the way I style myself. Like, I'll be checking out at a store, and the clerk says, "Ma'am" and it just makes my whole day!

Also, if I can pass as a cis woman, it means I get harassed a lot less when I'm walking down the street. Sure, some people call out to me or whistle at me, but that's so much better than being clocked as a trans woman and threatened—which used to happen a lot more before I started hormone therapy and wearing more feminine clothes. It's hard to forget how awful it was when people yelled at me that I was "a dude in a skirt" and threatened to hurt me. I couldn't even say anything back. I was so nervous that they would follow through with their threats. I had to just take it and keep moving.

In some ways, I know I'm trying to pass as cisgender just to keep cis people happy and not threatened by my existence. This is something I've talked

about a lot with my provider, Nevita. She helped me talk through one of my main therapy goals—to explore my gender expression. It helped me realize that I'm actively choosing to look like a girl because it's what makes me happy and that's a good reason to do this!

Sometimes it can be hard in the trans community because there are so many voices telling you how you should and shouldn't look. But Nevita talked through all this complexity and left room for me to decide what was best for me.

Gender expression is so personal, and even though there are all these side benefits to looking like a woman, at the core, I'm doing this for me. When I look in the mirror or see myself in photos and I look high femme, I'm like yes! This is me and it's perfect!

GAP Principles and Skills in This Story

Principles

1. Support gender exploration rather than specific outcomes (e.g., transition).

Skills

1. Goal setting involves addressing both gender- and non-gender-related goals that are based on patient needs.

Youth Story 2: "I'm nonbinary, so what does it even mean to 'pass'?"

In my mind, if passing means people just assuming I'm cis, then there's no such thing as "passing" for people who are nonbinary like me. For me, the ultimate goal is that when I walk by, you don't know which gender I am, because I'm not a boy or a girl. Some people think it is awkward, but I love it when people ask, "Are you a boy or a girl?" It makes me feel euphoric because that's the way I see myself too—a little of both and also neither!

A few years ago, I started seeing a provider, Giselle, because I just needed a safe place where I could talk to someone and explore how I was feeling about my gender, but also to work through how to deal with just how binary our world is and how that made me feel. Like, what do I do when I can't find an all-gender bathroom? Which one do I go to, and what do I say if someone sees me and says I'm in the wrong bathroom? This is one of my greatest fears, and sometimes it feels like no one gets it. So many people just want me to fit in a binary box.

Having Giselle to talk to about all of this and everything else that is on my mind has been really helpful. She isn't perfect, but no one is. She tries to understand, asks questions, and always makes sure that therapy focuses on my *goals, not hers. It makes me feel like what I am saying is valid, so I know it is safe to talk through all my thoughts and feelings around my gender identity.*

Since nonbinary is such a big umbrella term, I haven't decided if I like any more specific terms for myself, like agender, bigender, transmasc, or genderqueer. They all feel right in some ways, but I just don't know yet which one is me, and it feels really important to me to figure that out. Giselle encourages me to try on these terms in therapy and doesn't pressure me to choose any. And some days I'll try out different pronouns and names. For right now I only do this in therapy where I know it is safe, but it helps to have a space to explore before I make a decision on which ones feel best.

It's not that Giselle has all the answers, but she holds my worries and helps me plan out my next steps in transitioning, coming out to people, and figuring out if it's safe to do that.

GAP Principles and Skills in This Story

Principles

1. "Passing" as cisgender is not the goal of all transgender patients.
2. Support gender exploration rather than specific outcomes (e.g., transition).

Skills

1. Ask clients how they identify during intake.
2. Stay updated on gender-related terminology by regularly (e.g., once per year) spending a few minutes learning new terms.

Youth Story 3: "I'm trans, but that's not why I'm in therapy."

Hi! My name is Charlie, my pronouns are they/them, and yes, I am trans. BUT that's not why I'm in therapy. . . . Earlier this year, I lost my brother to cancer and that's been really hard to deal with. We weren't super close, but I still feel kinda depressed, and it's been really hard to concentrate, so my grades are starting to slip. But honestly, the worst part is seeing how sad and upset my parents are.

I think people forget that trans people are like anyone else—sometimes we go to therapy for trans things, but like a lot of the time it's just because life

happens and we need support around that too, you know? Yeah, I'm trans, but I am also just a teenager who misses their brother.

So, honestly, I didn't even say I'm trans on the intake forms for my provider, Dr. Kim. With most doctors, I only ever mention being trans if it's, like, absolutely relevant to what I'm talking about or need help with. If they think that I'm cis and I use she/her pronouns then they actually listen to me and what is going on. I am not ashamed about being trans. But right now, I just want help dealing with the fact that my brother died, and now our family has this big hole in it. I don't want to deal with Dr. Kim making a big deal out of me being trans and getting distracted about why I'm actually here and what I need help with.

GAP Principles and Skills in This Story

Principles

1. "Passing" as cisgender is not the goal of all transgender patients; some transgender clients do not want to focus on gender in therapy.

Skills

1. Ask clients how they identify during intake.

Activity: Practice Setting Gender Affirming Goals with a New Transgender Client

You are getting to know a new client who has seen you for just a few weeks. Clover is a 12-year-old transgender boy, and he is always dropped off by his mother, who insisted he come to therapy.

She says that some of his friends stopped hanging out with him recently and that it might be because he came out as transgender this year. She asks you to determine whether he is really transgender, and if so, whether he should start puberty blockers, but Clover hasn't brought this up yet himself.

Clover has been quiet and reserved in his first two sessions. When you asked him about his gender identity during your intake session, he shared that he identified as a transgender boy. Over the last two sessions, he's talked about classes, how lonely he is at school, and sometimes about the arguments he has with his mom. As he starts to open up more, he shares that this is the first time he has ever seen a provider and that he didn't really want to come in. But now that he's started to trust you, he admits that it is helpful to talk through what is happening at school. He wants to know what he is supposed to do while he's in therapy and what the point of it is.

What might you say or ask to clarify Clover's goals for your work together? Suggested answers are provided below, with space to revise your answer if desired.

EXAMPLE ANSWERS

There are a few important things to consider when preparing your response, as illustrated in the sample answers that follow. For one, we do not know whether the puberty blockers are Clover's idea or his mom's. We also do not know the reason his friends left and whether that is related to his transgender identity; perhaps this correlation is simply a fear of his mother's. Nonetheless, we want to understand the potential pain that experience caused. Finally, we also do not know if he wants to talk about being transgender or another topic entirely. Ultimately, we want to prioritize the client's description of their own goals before deciding what to focus on in therapy.

Example 1

The point of our work together is up to you—everyone gets something different out of therapy. If you want to talk about the things going on at school or at home, we can do that. I can also teach you skills that might make it easier for you to deal with the hard things that happen to you and help you find ways to be supported by people in your life. Do any of those options seem useful to you? Is there anything else you think would be helpful?

Example 2

It sounds like you've been working through some stress at school and at home, and I'm here to support you through that, if you want my help. I want to share that your mom asked me to talk about your gender identity and puberty blockers with you, but we don't have to get into that unless you want to. Is being trans something you want to talk about or explore in our next few sessions together, or would you like to focus on something else?

Example 3

Our goals are something we should decide on together, but I should add that your mom has been asking about our progress and she has her own goals in mind too.

She mentioned that you were exploring your gender and are interested in hormone blockers, and she suggested that we talk about that. I am more than happy to talk about your gender journey if you want to. If you want to learn more about puberty blockers, we can talk about that next session, or I can talk about other options you have if you want to transition medically—now or in the future. We also don't have to talk about transitioning at all right now, or in the future, if you don't want to. But I want you to know that I am happy to do so if and when you want to. What are your thoughts on this currently?

After considering the suggested replies above, please use the space below to revise your answer.

Key Lessons

1. Gender affirming care can look like a lot of different things and you don't need a special degree to support transgender clients.
   - *Examples:* Provide psychoeducation on the impact of stigma on mental health,[52] provide emotional and verbal support as your clients experiment with new styles of gender expression,[21] answer their questions about whether hormone therapy is right for them.[21]
2. Understand that every transgender person has unique needs, as would any cisgender person (gender might not even be a relevant issue).
   - *Example:* A transgender youth may seek therapy for a reason completely unrelated to their gender (e.g., processing a loved one's death).
3. Gender affirming services for transgender youth can significantly improve mental health and well-being.
   - GAP significantly improves transgender and nonbinary youth's quality of life, including decreasing depressive symptoms and suicidality.[53–58]
   - Nonmental health services can also be beneficial and may include medical interventions (e.g., puberty blockers, hormone therapy),

surgical interventions (e.g., chest reconstruction, bottom surgery), and other interventions (e.g., speech therapy, hair removal, genital tucking).

4. Support exploration rather than specific pathways to transition. In other words, there is no "right way" to transition, and the client should lead the way.[59–61]
   - *Example:* If a client does not want to store gametes, do not insist, as long as they know their options (even if you would make a different choice personally).[62,63]

5. Understand that "passing" as cisgender should *not* be the default goal of transitioning. Some people may want to pass as cisgender, but that is not the goal for all clients.[64]
   - *Example:* Some clients may not want to transition medically (e.g., hormones, surgery) but only transition socially (e.g., changing clothing, pronouns). Others aim to present as cisgender. These are all valid choices.

Resources

ARTICLES FOR PROVIDERS

What Is Gender Affirming Psychotherapy?

Coleman E, Radix AE, Bouman WP, et al. Standards of care for the health of transgender and gender diverse people, version 8. *International Journal of Transgender Health*. 2022;23(suppl 1):S1–S259.

American Psychological Association. Guidelines for psychological practice with transgender and gender nonconforming people. *American Psychologist*. 2015;70(9):832–864.

Perspectives on "Passing" as a Transgender or Nonbinary Person

FAQ: What is passing? (Source: Teen Health Source): *https://teenhealthsource.com/blog/faq-what-is-passing*

But You Don't Look Trans? A Tale of Microaggression, Veronica Esposito on the Privilege and Pain of Passing: *https://lithub.com/but-you-dont-look-trans-a-tale-of-microagression*

Transgender Men and Women Discuss the Politics of "Passing" (Source: Vice Media): *www.vice.com/en/article/passing-when-youre-transgender*

BOOKS FOR CLIENTS

Gender Identity Exploration and Gender-Related Goals

The Gender Identity Workbook for Kids: A Guide to Exploring Who You Are by Kelly Storck, LCSW, and Diane Ehrensaft, PhD (2018)

The Gender Quest Workbook: A Guide for Teens and Young Adults Exploring Gender Identity by Testa et al. (2015)

Gender Identity Journal: Prompts and Practices for Exploration and Self-Discovery by Katie Leikam, MBA LCSW (2021)

My New Gender Workbook by Kate Bornstein (2013)