

# Affirmative Cognitive Behavior Therapy with Transgender and Gender Nonconforming Adults

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## KEYWORDS

- Transgender • Gender nonconforming • Cognitive behavior therapy • Affirmative
- Minority stress

## KEY POINTS

- Transgender and gender nonconforming (TGNC) individuals continue to be a highly marginalized population, subject to transphobia that manifests in the form of stigma, discrimination, and victimization.
- An affirming and trauma-informed perspective recognizes that traumatic events and experiences, including non-life-threatening forms of transphobic prejudice, may threaten TGNC clients' sense of safety, power, and control over their lives.
- Trans-affirmative clinical practice acknowledges and counters the oppressive contexts of the lives of transgender individuals.
- Transgender-affirmative cognitive behavior therapy (TA-CBT) is a version of cognitive behavior therapy (CBT) that has been adapted to ensure (1) an affirming stance toward gender diversity, (2) recognition and awareness of transgender-specific sources of stress, and (3) the delivery of CBT content within an affirming and trauma-informed framework.

Transgender and gender nonconforming (TGNC) identities are gaining visibility in contemporary society. Although many of the more nuanced experiences of identifying as transgender remain obscured, there is growing recognition among researchers, clinicians, trans activists, and their allies that gender is multidimensional and not binary.<sup>1,2</sup>

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In particular, although it is apparent that the opportunity to medically transition is a critical component of health and well-being for some transgender youth and adults, it is becoming clearer that there are multiple ways for TGNC people to live authentically. An increasing number of TGNC youth and adults are not interested in medically transitioning, feeling comfortable with a nonbinary presentation of their genders without the use of hormones or other medical interventions.<sup>2</sup> However, because TGNC identities and experiences continue to be marginalized, navigating a TGNC identity continues to be a complex process.<sup>3</sup> As a result of systematic discrimination, marginalization, and multiple forms of victimization, authentically expressing and navigating a TGNC identity can be a confusing and, at times, arduous and painful process. Persistent physical, emotional, interpersonal, contextual, financial, and other barriers can also complicate the path to living authentically.<sup>3,4</sup> Thus, psychiatrists, psychologists, social workers, and other mental health professionals play a key role in facilitating self-awareness, authenticity, and self-acceptance among TGNC individuals.<sup>5</sup> Therefore, this article introduces mental health clinicians to transgender-affirmative cognitive behavior therapy (TA-CBT). TA-CBT is a version of CBT that has been adapted to ensure practitioners recognize specific sources of stress among TGNC individuals and also to deliver CBT content within an affirming and trauma-informed framework.<sup>6,7</sup>

## MINORITY STRESS

In order to fully support TGNC clients in mental health settings clinicians must have a well-developed understanding of minority stress and its negative outcomes among TGNC clients. Although Meyer<sup>8</sup> initially applied minority stress theory to sexual minority populations, in recent years it has also been used to explain negative mental health outcomes among TGNC individuals.<sup>9–11</sup> The minority stress model is based on the notion that sexual and gender minorities encounter high levels of stress because of homophobic and transphobic social conditions. In turn, excess exposure to stress causes higher prevalence of psychological distress among sexual and gender minority individuals compared with cisgender/heterosexual individuals.<sup>11</sup>

TGNC individuals experience high levels of minority stressors, including verbal, physical, and sexual abuse; stigma; and internalized stigma.<sup>4,12,13</sup> Discrimination rooted in transphobia and cisgender privilege begins early, with TGNC individuals reporting alarming rates of verbal abuse and physical and sexual victimization.<sup>4,14</sup> Although schools provide the context for a lot of bullying and exclusion of TGNC youth,<sup>15</sup> victimization is not limited to “any particular social context as it pervades their school, family, religious, and community environments” (p. 228).<sup>16</sup>

## MENTAL HEALTH CONSEQUENCES

High levels of identity-based stigma and stress contribute to disparate mental health outcomes among the TGNC community.<sup>9</sup> TGNC individuals experience disproportionate rates of psychological distress, such as suicidality, depression, and anxiety, compared with their cisgender counterparts.<sup>17–20</sup> Growing research highlights particularly high rates of suicidality among TGNC individuals.<sup>4,12,20,21</sup> Nuttbrock and colleagues<sup>20</sup> found that 54% of participants had experienced suicidal ideation and 28% had previously attempted suicide. Even higher rates of attempted suicide (45%) were found among respondents (aged 18–24 years) in the National Transgender Discrimination Survey.<sup>22</sup> Furthermore, emerging research suggests that lifetime prevalence rates of nonsuicidal self-injury are also notably high (42%) among transgender adults in the United States.<sup>18</sup> The incidence of depression and anxiety is also increased among TGNC individuals.<sup>17,19,20</sup>

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