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Integrating Transgender Ally Development in Counselor Education Programming: Suggestions for Educators and Allies

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Abstract

Persons who are transgender are underrepresented in counselor education curriculum and programming. As a community that reports higher rates of discrimination, harassment, stereotyping, and systematic oppression, it is imperative that counselors are able to provide competent and ethical services to this neglected population. This manuscript reviews the current literature regarding persons who are transgender and addresses ally development in counselor education. Recommendations for counselor educators and allies are included.

In February 2014, Janet Mock, a transgender woman of color, as well as a writer and activist, appeared on the Piers Morgan show. After the interview, Mock criticized Piers for consistently referring to her as formerly a man and exaggerating her identity as a person who is transgender (Nichols, 2014). This interview ignited a national discussion on transgender issues, gender expression, and the media's unwillingness to address transgender people accurately and respectfully. Despite this national exposure, individuals who are transgender continue to remain vulnerable to employment rights campaigns and protection from hate crimes (Movement Advancement Project, 2015). For

example, in the United States, individuals who identify as transgender can be discriminated against when seeking employment, housing, and educational opportunities in at least 18 states (American Civil Liberties Union, 2015). As a subpopulation within the United States, persons who are transgender are often exposed to the dominant culture's heterosexual, heteronormative, and anti-transgender practices (Erni, 2013; Lombardi, 2009).

For the purposes of this article, the term *transgender* includes individuals whose gender identities, expressions, or behaviors do not conform to the medical and legal sex they were assigned at birth (Strousma, 2014). Often an umbrella term, the term transgender is used to describe individuals who identify as intersex, transitioning (MTF or FTM), transsexual (using hormones or surgery in their transition), genderqueer (not subscribing to the gender binary), and others (Singh, Hays, & Watson, 2011). In consideration of the subpopulations within this term, it is important to note that the term transgender encompasses many individuals of varying gender binary expression (Singh et al., 2011). Although there appears to be diversity within the transgender community, this acceptance does not extend into the larger society.

The counseling profession's advocacy toward persons who are transgender is inconsistent. Carrol and Gilroy (2002) noted that persons who are transgender are neglected in the counseling multiculturalism movement. In 2003, the *Journal of Multicultural Counseling and Development* (JMCD) published a special issue that focused on counseling lesbian, gay male, and bisexual (LGB) clients (Fassinger, 2003). In the Introduction to the special issue, Fassinger (2003) claimed, "Some scholars point to the persistent invisibility of LGB people and issues in the larger society as the root of the neglect of these individuals and their issues in the counseling literature" (p. 82). This lack of visibility may speak to the reason that in this special issue, transgender individuals and their experiences were not included. This lack of inclusion in the JMCD's special issue points to the overarching issues facing individuals who are transgender in that they are overlooked, grouped into other subpopulations within the United States, and grossly misunderstood. As a population that reports systematic oppression and significant mental health needs, individuals who are transgender are largely ignored in the counseling literature (Bockting, Miner, Swineburne Romine, Hamilton, & Coleman, 2013; Lombardi, Wilchins, Priesing, & Malouf, 2002; Meyer, 2003; Singh et al., 2011; Sue & Sue, 2013).

Allies are members of dominant social groups who utilize their privilege to work to end systems of oppression that provide them with their privilege merely because of social group membership (Broido, 2000). Non-transgender individuals have the opportunity to use their privilege as people who identify as cisgender (i.e., individuals who identify with the gender they were assigned at birth) to help end the oppression of and advocate for transgender communities in their personal and professional lives (Worthen, 2011). Allies might engage in activities like social activism, using socially appropriate and inclusive language, and acknowledging the privileges afforded to them in society as efforts to end oppression. This can help reduce the inequality experienced by persons who are transgender and provide support, safety, and security. The purpose of this article is to assist counselor educators in incorporating transgender ally development and training into master's graduate-level counselor trainee coursework. Recommendations for counselor educators and allies are included.

Persons Who Are Transgender

It is estimated that .3% (951,000) of the U.S. population identifies as transgender (Sue & Sue, 2013). The National Center for Transgender Equality (NCTE; 2009) estimated that .25% to 1% of the general population emotionally and psychologically believe they are a member of the opposite sex. Van Kesteren, Gooren, and Megens (1996) suggested that 2% to 5% of Americans have experienced some degree of gender dysphoria or dissatisfaction with their assigned gender. Although these statistics acknowledge that there is a growing population of transgender individuals in the United States, these numbers may actually be inaccurate as many transgender individuals do not identify as such on census trackers and many national surveys do not include questions related to gender identity (NCTE, 2009; Strousma, 2014). To further compound this issue, there have been methodological debates regarding how to accurately define and quantify individuals who identify as transgender. Professionals agree that it is difficult to quantify when an individual should be identified as transgender (e.g., by medical treatment received, intended medical treatment, self-reported gender expression/gender identity, etc.; Strousma, 2014). This lack of clarification in the term transgender makes providing a clear and comprehensive definition difficult, if not impossible.

While the number of individuals who are included in the transgender spectrum is unclear, what is clear is that persons who are transgender are frequently stigmatized and misunderstood. In 2011, the NCTE partnered with the National Gay and Lesbian Taskforce to learn more about the discrimination of transgender and gender non-conforming individuals by surveying 6,450 members of this community from all 50 states, Puerto Rico, the District of Columbia, Guam, and the U.S. Virgin Islands (Grant, Mottet, Tanis, Harrison, Herman, & Keisling, 2011). Results from this study indicated that 90% of the respondents either experienced discrimination at work or chose to conceal their gender identity to avoid harassment. Of this sample, 19% experienced homelessness as a result of their transgender identity. Of the individuals who reported homelessness, issues such as discrimination by shelter staff, sexual assault, and refusal to be provided with housing were all reported (Grant et al., 2011), suggesting that gender identity expression can also further impact issues often associated with poverty.

Counseling and Persons Who Are Transgender

Persons who are transgender experience higher rates of discrimination and are often pathologized by society for having a gender identity that is incongruent with the sex they were assigned at birth. The belief that gender incongruence is a pathological problem first became evident when Gender Identity Disorder (GID) was included in the *Diagnostic and Statistical Manual of Mental Disorders* (3rd ed.; American Psychiatric Association, 1980). GID remained a diagnosable mental illness for 33 years until the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.) when it was renamed Gender Dysphoria (American Psychiatric Association, 2013). While Gender Dysphoria is supposed to reflect a move toward increased acceptance of transgender individuals by the mental health community, such clinical terms have been rejected by members of the trans community because they pathologize and dehumanize individuals with non-conforming gender identities (Carroll & Gilroy, 2002).

Although identifying as a transgender individual does not imply mental health issues, many individuals experience mental health issues as a result of the discrimination, objectification, and harassment they experience as a result of their gender identity (Mizock & Lewis, 2008). For examples, transgender individuals are more likely to experience social and economic disparities than their cisgender counterparts (NCTE, 2009). Furthermore, transgender people experience higher rates of HIV infection, suicide attempts, and drug and alcohol use (Grant et al., 2011; Singh et al., 2011). To complicate matters, many people who identify as transgender have reported serving as a source of information for medical practitioners who are undereducated or ill-equipped to address the needs of transgender people (Grant et al., 2011; Singh et al., 2011). This is complicated by the fact that many people who are transgender reported an increased risk of medical discrimination as they are often required to answer complex and uncomfortable questions to educate medical care providers (Grant et al., 2011).

Through the use of diagnoses such as Gender Identity Disorder, the mental health profession has been complacent in pathologizing individuals who are transgender. In addition, some professionals may have also used their authority to aggressively persuade persons who are transgender to not seek reassignment surgery or to identify as the gender they were subscribed at birth as well as to “come out” as the other gender before they were ready (Ettner, 1999; Gagne & Tewskbury, 1997). Examples such as this may speak to why in 1993 at the Conference on Transgender Law and Employment Policy, the International Bill of Gender Rights included a portion on the right to freedom from psychiatric diagnoses and treatment (Carroll & Gilroy, 2002). This indicated a shift from the *Standards of Care* developed by the Harry Benjamin International Gender Dysphoria Association, developed in 1979, that required individuals seeking hormonal therapy or sex reassignment to seek counseling prior to being allowed to receive these procedures (Meyer et al., 2001). Furthermore, it speaks to the larger issue that health care professionals (including those in the mental health profession) did not provide a safe space for persons who are transgender. Rather, more than likely due to inadequate training, the mental health profession served as a barrier between surgical options for “qualified” individuals who are transgender (Ettner, 1999). For this reason, it is imperative that counselor educators prepare counselors-in-training to serve as an ally to their clients who identify as transgender.

Ally Development

The advocacy and inclusion of gender variant individuals in both local and national LGB organizations began to take shape in the early 1990s (Stone, 2009). A rapid increase of transgender activism in New York and San Francisco led to the addition of the ‘T’ in many LGB activist groups nationwide (Stone, 2009). This common recognition of the acronym LGBT rather than the formerly limited LGB acronym shows that the inclusion process has begun. However, many scholars and advocates feel as if organizations are adding the T to their name to appear inclusive but do not actually embody a welcoming climate that is geared towards understanding and acceptance (Stone, 2009). As previously discussed, there are still currently many misconceptions, misunderstandings, and misrepresentations of transgender-identified individuals.

The simple addition of a letter to the LGB acronym has not provided increased

protection for the gender variant community (Nadal, Skolnik, & Wong, 2012). Although some may argue that the letter inclusion opens the door for discussion, those discussions could undoubtedly be richer in terms of knowledge and inclusivity. For instance, while society appeared to encourage individuals to be more aware of heterosexism, the same cannot be said for more cisgender awareness (Nadal et al., 2012). One means of enriching these types of discussions is to provide strong ally development and training to counseling students. Graham, Carney, and Kluck (2012) reported that many counselor trainees felt unprepared to work with and advocate for LGB-identified clients although they were provided training in their program. It is suggested that these student perceptions were the result of a generalized educational approach where training was minimally incorporated into existing courses to meet basic standards. The authors recommended that LGBT training should also be provided through use of specialized courses and applied content (Graham et al., 2012). Learned outcomes from this particular study can be applied when creating an ally development and training program for transgender-identified individuals as well.

Implications for Counselor Educators and Allies

Social justice and advocacy are often acknowledged as major tenets of the counseling profession (Council for the Accreditation of Counseling and Related Educational Programs [CACREP], 2009). Moreover, there has been support in the profession for social justice to be considered the “fifth force” in counseling (Ratts, 2009; Ratts, D’Andrea, & Arredondo, 2004). As such, counselor educators have a responsibility to prepare their students to serve as future advocates in the counseling profession for all diverse populations. According to CACREP, advocacy is defined as:

Action taken on behalf of clients or the counseling profession to support appropriate policies and standards for the profession; promote individual human worth, dignity and potential; and oppose or work to change policies and procedures, systemic barriers, long-standing traditions, and preconceived notions that stifle human development. (2009, p. 58)

It is professionally recognized that counseling professionals must advocate on behalf of clients and society to include systemic change; however, how these initiatives are conducted in the profession are less clear (American Counseling Association, 2014; Lee & Sirch, 1994; Pieterse, Evans, Risner-Butner, Collins, & Mason, 2009; Ratts & Hutchins, 2009). One recommendation to promote advocacy and social justice regarding transgender issues is by addressing ally development and advocacy in counselor training programs (Luke & Goodrich, 2010; Myers & Sweeney, 2004; Smith, Foley, & Chaney, 2008). By exposing counselors-in-training to issues of oppression and discrimination related to gender expression in training programs, students learn methods to address the external obstacles in counseling treatment that often impact treatment and change for clients who are transgender (Kiselica & Robinson, 2001; Lewis & Bradley, 2000; Smith et al., 2008).

As a population that is underserved, stigmatized, and misrepresented, it is imperative that counselors consider their role as allies to persons who are transgender (Smith et al., 2008; Sue & Sue, 2013). In consideration of this, counselor educators and counseling programs should reflect on how they address transgender issues in the

classroom. The following are suggestions for how counselor educators can foster ally development and promote social justice and advocacy in the classroom.

Training Suggestions for Ally Development

Recommendations for Ally Education

- 1) Provide a class climate that encourages reflection of personal biases and prejudices (Perrin, Bhattacharyya, Snipes, Calton, & Heesacker, 2014);
- 2) Encourage the discussion of persons who are transgender and transgender issues as more than an umbrella term or letter included in the LGBT acronym;
- 3) Introduce the importance of allies and the history of ally development into the course curriculum;
- 4) Address transgender people in more than one diversity lecture and in more classes than social and cultural issues class;
- 5) Invite guest speakers who are transgender to talk with counselors-in-training (Sue & Sue, 2013);
- 6) Discuss how persons who are transgender may experience career challenges as it relates to career theory (Pope, 2012);
- 7) Prepare counselors-in-training to broach the topic with clients who are transgender (when appropriate), process institutional discrimination, and address internalized negative stereotypes and heteronormative stereotypes (Day-Vines, Wood, Grothaus, Craigen, Holman, Dotson-Blake, & Douglass, 2007);
- 8) Assist counselors-in-training to identify appropriate and gender sensitive counseling interventions and theories;
- 9) Assist counselors-in-training to use appropriate and gender-sensitive communication when interacting with clients;
- 10) Incorporate career theory that addresses gender identity and sociopolitical contexts (Schmidt, Miles, & Welsh, 2011);
- 11) Assign a bibliotherapy project that requires students to read a fiction or non-fiction text whereby the main character is a person who is transgender. Process with the students how the issues experienced by persons who are transgender impact the counseling profession. Require students to write a paper on counseling recommendations and multicultural considerations;
- 12) Model in the classroom (and outside of the classroom too) appropriate professional behaviors regarding the transgender population. Be sure to use up-to-date and appropriate terminology;
- 13) Provide students with an overview of the gender spectrum as well as explore the concept of gender as a social construct;
- 14) Provide a classroom climate where students feel safe enough to discuss and explore cisgender privilege;
- 15) Introduce a case study where the counselor in question is showing a lack of multicultural competence when working with a transgender client (e.g., a counselor continues to use incorrect pronouns when referring to the client);
- 16) Watch Janet Mock's interview on Piers Morgan and reflect as a class why his interviewing style invalidated and sensationalized Janet's experiences as well as what they could learn from his mistakes.

Recommendations for Ally Practice

- 17) Discuss the best practices for semi-structured and structured assessment practices when administering assessments to clients who are transgender;
- 18) Include transgender families and primary support when discussing family systems and couples counseling considerations;
- 19) Address the topics of resiliency and posttraumatic growth, which are often concepts positively associated with persons who are transgender (Singh et al., 2011; Sue & Sue, 2013).

Recommendations for Ally Research

- 20) Discuss the considerations researchers need to take when working with transgender individuals, including creating assessments that are not discriminatory with regards to gender;
- 21) Consider the lack of available and empirical research available that addresses gender expression, gender identity, and people who identify as transgender;
- 22) Include a text entry option in data collection that encourages subjects to identify their gender beyond rigid male/female expression.

Conclusion

The transgender community has gained increased visibility in mainstream culture in part to transgender activists such as Janet Mock. Despite this increased visibility, a lack of knowledge and understanding remains apparent. As a community that reports experiencing higher rates of discrimination and oppression as opposed to their cisgender counterparts, it is essential that counselors learn to provide competent counseling as well as to be allies for clients who are transgender. If social justice is going to be considered the fifth force in counseling, it is essential that counselors-in-training are provided with the skills required to be advocates for their clients. One way to prepare counselors as advocates and allies is by introducing the needs of persons who are transgender into counselor education curriculum more completely. Suggestions to promote ally development include exposing counselors-in-training to the experiences of persons who are transgender, addressing the needs of persons who are transgender across the counselor education curriculum, and intentionally developing class assignments that promote critical thinking and reflection. The time to advocate and empower our transgender clients is now.

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