

Using Trans-Affirming Counseling Practices on College Campuses:
Recommendations for Professional Practice

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Abstract

College mental health counselors support students who are struggling with emotional, academic, and social problems. Students who identify as being within the Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ) demographic are among those who seek support from mental health counselors. This article reviews the theoretical and empirical research for trans-affirming counseling practices in college mental health centers and across campus services. Recommendations include colleges using an interdisciplinary approach to provide a safe environment for trans-students to feel supported while at college, as well as, ongoing professional development training for faculty and staff.

Keywords: Counseling theory, transgender, counseling center, college students

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The training and continuing education of mental health counselors related to the needs of Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ) students is not well researched in the current literature. But we do know that students who identify as LGBTQ have higher rates of issues such as substance abuse, non-suicidal self-injury, and lack of parental support (Hughes & Eliason, 2002; Simons, Schrager, Clark, Belzer, & Olson, 2013; Dickey, Reisner, & Juntunen, 2015). Additionally, research has found that being a member of the LGBTQ population increases the risk of suicide for college students; therefore, it makes sense to explore how prepared college mental health counselors are to serve this population (Russell, Van Campen, Hoefle, & Boor, 2011). One way to assess the level of preparation is by identifying the use of trans-affirming counseling practices.

Counselor educators have a duty to teach future counselors the major theoretical frameworks practiced and to present basic concepts, techniques, and client-therapist relationships used within each theory (Corey, 2005). Professional counselors use counseling theories to assist clients in moving closer to their personal goals (Chester, 2000). Counselors-in-training learn in graduate school to use counseling theory as a necessary roadmap when they are working with clients. Corey (2005) wrote that, "each therapeutic approach has useful dimensions. It is not a matter of a theory being 'right' or 'wrong,' for every theory offers a unique contribution to understanding human behavior and has unique implications for counseling practice" (p. 3). For trans-counseling, counselors should consider the theory's impact on the trans client. Austin and Craig (2015) reported that trans-affirming counseling approaches accept all experiences of

gender and reject the male-female binary “because it is viewed as a marginalizing construction of gender, privileging some while oppressing others” (p. 31). Trans-affirmative counseling practices are those which create a safe place for clients to explore their experience of gender (Austin & Craig, 2015).

When counselors work with clients who have a different multicultural background, the counselor has an ethical obligation to develop sensitivity to the cultural differences, while assisting clients to make decisions that match their worldview (Corey, 2005; Sue & Sue, 2013). When considering the multicultural identities of a client, it is important that counselors not narrow down the dimensions to only race or ethnicity. Many different components make up one’s cultural identity including: age, gender identity (transgender would fall under this category), religion, sexual orientation, socioeconomic status, national origin, and physical and mental ability (Corey, 2005; Sue & Sue, 2013; Hays & Erford, 2014). It is a necessity for counselors to be competent when working with diverse individuals instead of referring to another counselor, which can perpetuate the problem.

Literature Review

In this section, a review of the research literature pertaining to the mental health needs of transgender individuals on college campuses is presented. The history of multicultural counseling is explored to provide a foundation. A review of the literature regarding influential constructs and factors that affect the experience of transgender college students is discussed. The constructs and factors presented are: (a) multicultural counseling competencies in counselor education; (b) common issues affecting the transgender population; (c) college mental health services, and (d) campus climate research. Recommendations are suggested to improve the professional practice of college mental health counselors who work with transgender students.

Professional Counseling Mandates

American Counseling Association. Transgender individuals are considered to be a minority within this country (Association of Lesbian, Gay, Bisexual, and Transgender Issues in Counseling [ALGBTQIC], 2009). Counselors who follow the American Counseling Association (ACA) code of ethics should work towards becoming multiculturally competent so they can effectively work with individuals who come from minority backgrounds (ACA, 2015).

The need for a multicultural counseling movement was exposed in the 1950s and 1960s during the civil rights movement (Parham & Clauss-Ehlers, 2016). During this time, diversity associations in the psychology and counseling professions were created to educate and inform students and practitioners on how the profession should better serve the needs of individuals from diverse backgrounds. The Association of Multicultural Counseling and Development (AMCD) was originally named The Association of Non-White Concerns (ANWC) when the organization began in 1972 (Parham & Clauss-Ehlers, 2016). It was developed from the American Personnel and Guidance Association (APGA), which was later renamed the American Counseling Association (ACA) (Parham & Clauss-Ehlers, 2016). The AMCD was created due to “perceived APGA organizational insensitivities toward ethnic minority members’ needs, issues, and concerns” (Parham & Clauss-Ehlers, 2016, p. 7). Due to the need to be more inclusive to

different populations of diverse and marginalized individuals, in 1985 the ANWC was renamed AMCD, which still stands in 2016 (Parham & Clauss-Ehlers, 2016).

It is important for current counselors to know the history of movements within their profession, and the creation of multicultural associations in the 1950s-1960s is one which cannot be overlooked for licensed counselors and counselors-in-training. Parham and Clauss-Ehlers (2016) wrote:

The reflective, thoughtful, strategic, and intentional push by pioneering forefather and foremother psychologists and other mental health professionals to use scholarship, teaching, consultation, service, and training venues to correct wholesale inequity and denial of access to basic rights relative to housing, jobs, schooling, and health care represented posturing that was nothing short of brave, courageous, resolute, and fearless. (p. 4)

Multicultural counseling competencies. There is not a one-size-fits-all approach to working with clients. Clients from diverse racial, ethnic, religious, gender, ability, sexual orientation, and socioeconomic backgrounds have lived experiences that may differ from the lived experience of the counselor with whom they are working. Those who are marginalized in the United States have disparities in mental health care as well as access to sufficient housing, transportation, and medical health care (Rogers & O'Bryon, 2014). On July 20, 2015, the ACA endorsed Multicultural and Social Justice Counseling Competencies (MSJCC), which members are expected to follow. The MSJCC consists of a framework that is inclusive of the intersection of identities and dynamics for both the client and the counselor (ACA, 2015). The dynamics of power, privilege, and oppression from the client and the counselor backgrounds are a focus point that must be examined for the counseling relationship to be sound (ACA, 2015). The domains which must be reviewed by the counselor to ensure competency are: (a) counselor self-awareness; (b) client worldview; (c) counseling relationship; and (d) counseling and advocacy interventions (ACA, 2015).

Counselor self-awareness. When the counselor has a thorough understanding of attitudes, beliefs, personal background, and counseling skills it can be said the counselor has self-awareness (ACA, 2015). The following is given as an example. If a heterosexual counselor has had limited interactions with people who fall on the LGBTQ spectrum, the counselor needs to be mindful of having a hetero-centric worldview through which they likely see the world.

Client worldview. Knowing how the client has experienced the world and how these experiences affect thoughts, feelings, and behaviors is what client worldview refers to (ACA, 2015). While the expectation of a counselor being able to understand all of the numerous worldviews held by diverse clients is likely unreasonable, taking the time to better understand the particular worldview of a current client is expected.

Counseling relationship. The strength of the counseling relationship is the most important component to positive client outcomes (Rogers, 2000; Carkhuff, 2008; Jones-Smith, 2016). Counselors need to understand how the client's and the counselor's privileged and marginalized status influence the counseling relationship (ACA, 2015). Showing the client warmth, respect, and unconditional positive regard is needed to build the relationship. Because the counselor is in

a position of power in the relationship, it is necessary for the counselor to bring up the differences in race, age, gender, religion, and other differences which may impact the counseling relationship. If the client has had negative experiences in the past with people who resemble the counselor, it is important to bring that into the present moment because it can have an effect on the counseling relationship. For example, if a transgender client is currently experiencing workplace harassment by her colleagues who are heterosexual males, this could have an effect on the ability of the heterosexual male counselor to build rapport and trust.

Counseling and advocacy interventions. Multiculturally competent counselors use counseling and advocacy interventions to “intervene with, and on behalf of, clients at the intrapersonal, interpersonal, institutional, community, public policy, and international/global levels (ACA, 2015, p. 11). If the transgender client lives in an area with limited healthcare options and she needs assistance seeking medical guidance about hormone therapy, the counselor could become an advocate by becoming knowledgeable about the resources outside of the local community.

Council for Accreditation of Counseling and Related Programs. The Council for Accreditation of Counseling and Related Programs (CACREP) is the recognized accrediting body for master and doctoral counseling programs. Programs that are accredited by CACREP have met rigorous and comprehensive coursework requirements. The intent of these requirements is to comprehensively educate counselors-in-training in the foundations, techniques, and theories they need to learn before they provide mental health services. Programs that are accredited must meet several standards including faculty education and workload, program content, practicum experiences, institutional settings, student selection and advising, instructional support, and self-evaluation (CACREP, 2016).

All CACREP accredited counselor education programs must have eight common core areas taught which cover the foundational knowledge that entry-level counselors should have (CACREP, 2016). Counseling with diverse populations and being aware of cultural differences are educational areas that programs are required to teach their students (CACREP, 2016). Having the ability to work with individuals who identify as transgender falls under the social and cultural diversity core area of knowledge.

Association of Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC). Due to the unique needs of LGBTQ individuals, the ALGBTIC division of the ACA was formed to assist counseling professionals in understanding issues which affect sexual and gender minorities and strengthen counseling skills (Rhode, 2010). Suggested counseling competencies have been identified which are geared towards counselors who work with transgender individuals, families, and communities (ALGBTIC, 2009). These competencies are organized according to the Council for Accreditation of Counseling and Related Programs (CACREP) standards (ALGBTIC, 2009). The following is a condensed version of the transgender counseling competencies suggested by ALGBTIC, which align with CACREP standards and domains. Under these guidelines competent counselors will:

- Human Growth and Development

Affirm all persons have the potential to live emotionally healthy lives throughout their life span while embracing the full spectrum of gender identity and expression.

- **Social and Cultural Foundations**
Understand the importance of using appropriate language with transgender clients and acknowledge the oppression of transgender people.
- **Helping Relationships**
Understand that attempts by the counselor to alter gender identities of transgender clients is detrimental and not empirically supported.
- **Group Work**
Maintain a nonjudgmental and supportive stance on all expressions of gender identity and establish this as a standard for group members.
- **Professional Orientation**
Understand there has been a history of heterosexism and gender bias in the *Diagnostic and Statistical Manual (DSM)* and that historically mental health professionals have had a powerful role in transgender clients' ability to access medical interventions.
- **Career and Lifestyle Development Competencies**
Assist transgender clients with exploring career choices that best facilitate identity formation and job satisfaction.
- **Appraisal**
Determine the reason for counseling services at the initial visit and understand that gender identity and expression vary from one individual to the next and this should not be interpreted as psychopathology or developmental delay.
- **Research**
Be aware of existing transgender research and literature regarding social and emotional well-being and difficulties, identity formation, resilience and coping with oppression, as well as medical and nonmedical treatment options. (ALGBTIC, 2009, p. 141-151)

Needs of Transgender Students

Substance abuse. While substance abuse on college campuses is not uncommon, research indicates that LGBTQ students abuse substances at a higher rate than their non-LGBTQ peers (Jordan, 2000; Hughes & Eliason, 2002; Stevens, 2012). Individuals who identify as LGBTQ may use substances for the same reasons that gender conforming college students use substances. However, self-medicating to cope with issues related to being a gender non-conforming college student, gender dysphoria, internalized homophobia, or fears about self-expression are common reasons cited for the increased substance abuse (Donatone & Rachlin, 2013). Moreover, in some cases transgender persons use substances before and after gender

affirming treatment. Donatone and Rachlin (2013) wrote, “even though they experience reduced gender dysphoria with the treatment, they may continue in their substance abuse” (p. 206).

Non-suicidal self-injury. A rise in non-suicidal self-injury (NSSI) has been noted by experts in health care (Dickey et al., 2015). Non-suicidal self-injury can be defined as hurting oneself physically without the intent to commit suicide (Dickey et al., 2015). Prevalent techniques of NSSI include cutting, burning, scratching, pulling out body hair, hitting, and interfering with wound healing (Dickey et al., 2015). In 2009, Dickey, Reisner, and Juntunen (2015) conducted an online study in which 773 transgender and gender non-conforming individuals were surveyed to explore their history with non-suicidal self-injury. The results showed that “41.9% of the participants had a lifelong history of non-suicidal self-injury” (Dickey et al., 2015, p. 3). The researchers also noted “when considering gender, genderqueer individuals reported the highest lifetime prevalence of NSSI (51.6%) followed by FTMs (45.5%), other (nonbinary) participants (42.6%), and MTF individuals with the lowest prevalence (34.0%)” (Dickey et al., 2015 p. 3).

Suicide. Gender non-conforming students have a higher rate of suicide as compared to gender conforming students (Haas, Eliason, Mays, Mathy, Cochran, & D’Augelli, 2011; Russell, Van Campen, Hoefle, & Boor, 2011; Donatone & Rachlin, 2013). In the program “It Gets Better” (Savage, 2016), adult LGBTQ individuals share their stories on YouTube with the hope that young people who are struggling with gender identity issues or sexual orientation issues, as well as victimization, will see examples of people who have faced similar experiences and have been successful. Many transgender students do not necessarily have an increase in pathology as compared to their heterosexual or gay counterparts; however, they have indicated they have psychological distress over a lack of social and family support (Donatone & Rachlin, 2013). Through having access to educational and social support, even by short YouTube videos, the hope is the students feel more informed and more supported (Savage, 2016).

Marginalization/stigma/violence. Transgender individuals experience violence at a higher rate than cisgender individuals (Grossman & D’Augelli, 2007; Mizock & Lewis, 2008; Beemyn, 2011). Marginalization of the transgender community continues even with the increasing media attention on the experience of transgender celebrities such as Caitlyn Jenner and Laverne Cox. Students in high schools and colleges are not immune to violent acts, and the stigma of being seen as not normal by the larger population sticks with students as they enter college (Rankin, Weber, Blumenfeld, & Frazer, 2010). Research from the National Transgender Discrimination Survey (Grant, Mattet, Tanis, Harrison, Herman, & Keisling, 2010) indicate the following statistics:

Nearly one-fifth of transgender individuals experience homelessness as a result of their transgender status and 53% have been verbally harassed in a public place. Moreover, 19% of transgender individuals have been denied medical care because of their transgender identity. Youth that express a transgender identity or gender nonconformity during grades K-12 experience alarming rates of harassment (78%), physical assault (35%), and sexual violence (12%). (Grant et al., 2010, p.4)

The Minority Stress Model is a partial explanation for the increased risk for mental health issues within marginalized populations (Meyer, 2003). This model comes from the Minority Stress Theory which theorizes that members of sexual and gender minority groups experience chronic stress resulting in part from prejudicial encounters (Marshall, Dietz, Friedman, Stall, Smith, McGinley, Thoma, Murray, D'Augelli, & Brent, 2011). There is constant conflict between the minority member's internal self and the expectations of the society in which the person lives (Austin & Craig, 2015). For transgender individuals who live openly outside of the gender binary norm, the microaggressions and transphobic discrimination can lead to chronic stress which negatively affects mental health (Austin & Craig, 2015). For those transgender individuals who are not openly living outside of the gender binary norm, they too experience chronic stress and also internalized stigmatization from not truly meeting the expectation of the culture in which they live (Austin & Craig, 2015).

Parental support. Parental support has an effect on mental health, and transgender youth have an increased need for parental support. In a study completed at an urban hospital, transgender youth between the ages of 12-24 who were seen in the hospital were given assessments to determine their levels of depression, quality of life, and parental support (Simons et al., 2013). "Parental support was significantly associated with higher life satisfaction, lower perceived burden of being transgender, and fewer depressive symptoms" (Simons et al., 2013, p. 791). The researchers concluded that healthcare providers should focus on creating interventions for parents so they can feel more supported and educated on how to best support their children. Such interventions should have a positive effect on the mental health outcomes of transgender youth.

Counseling center websites. Wright and McKinley (2011) completed a content analysis of 203 college counseling center websites to examine the information offered to students who may be looking for LGBTQ counseling services. The results indicated less than one-third of websites advertised LGBTQ friendly individual counseling services and less than 11% mentioned group counseling (Wright & McKinley, 2011). Fewer than 6% had brochures on LGBTQ resources (Wright & McKinley, 2011).

While counseling center directors are recognizing how important their center websites are to the notification of students of the counseling services and resources to which they have access, the research shows the majority of websites do not promote LGBTQ services as something that is easily accessible (Wright & McKinley, 2011). Wright and McKinley (2011) believed the importance of accessibility of counseling centers is because "the social, institutional, and psychological difficulties LGBTQ students face during their college years are well documented, as are the negative mental health consequences that often arise as a result of these difficulties" (p. 144).

Transgender students. Across the United States there is an increase in the number of college students who identify as transgender (Donatone & Rachlin, 2013). When these students seek mental health services on campus they need to feel confident that the professionals who are working with them have some knowledge of gender diversity issues. Donatone and Rachlin (2013) provided a template for intake and initial assessment which counseling centers could review in order to better assess the needs of transgender clients. Their resource covers topics

such as “gender history, coming out, self-injury, suicide, sexual orientation, binding, transition trajectories, options for gender expression, issues with diagnosis and recordkeeping, and interdisciplinary approaches to treatment” (p. 200). Other specific items on the template include:

- What is your preferred gender pronoun (PGP)?
- Do you have a preferred name?
- How do you describe your gender or gender identity?
- How did you choose the name...?
- Are you out to the people in your life?
- What exactly have you told your parents?
- Have you attended any conferences or support groups?
- Do you have a desire for gender affirming medical care such as hormones or surgeries?
- Are you binding your breasts?
- Are you experiencing any adverse effects from the binding such as pain, rash, or difficulty breathing? (Donatone & Rachlin, 2013, p. 209)

Interdisciplinary approach. Using an interdisciplinary approach when counseling transgender students is perhaps the most comprehensive intervention method (Donatone & Rachlin, 2013). Other student service areas that may need to be coordinated are housing and medical services. Questions that student services may need to consider include:

- Do students feel safe in the residence hall room they have been assigned?
- Are they able to use a restroom and shower facility in which they feel comfortable?
- Are they seeking information on how to access hormones?

The counselor may be in a position to help the student with these issues. If the counselor does not have training on gender identity issues, which is common, then a team could be created where there is a primary counselor and then a secondary counselor who has in-depth knowledge of gender identity issues (Donatone & Rachlin, 2013).

Campus Climate Research

Campus support structures. Campus policies and procedures can be extremely helpful to all students. Campus climate plays an important role in establishing supportive spaces for LGBTQ students to develop personally and academically (Haas et al., 2011). Through interdisciplinary campus wide supports, including student affairs divisions, mental health centers, and faculty members, a positive and welcoming climate can be created at higher education institutions (Haas et al., 2011). Developing friendships and fostering a sense of community can be better supported by student affairs professionals helping LGBTQ students find other LGBTQ and allied students (Haas et al., 2011).

Many universities have put effort into establishing professional staff support for LGBTQ students. Research shows, “according to the Consortium of Higher Education LGBTQ Resource Professionals 2009 Annual Report, more than 150 campuses in 40 states now have professional staff to serve the LGBTQ campus community” (Haas et al., 2011, p. 151). Services typically provided by these offices include; discussion groups, referrals, information sharing, reading

rooms, libraries, newsletters, and crisis intervention (Haas et al., 2011). Some campuses have made attempts to make on-campus housing more LGBTQ friendly by having gender-neutral housing options, providing a matching program, which pairs LGBTQ friendly students together, and by providing restroom and shower options that are either single occupancy or gender neutral (Rankin et al., 2010).

LGBTQ campus centers. Struggles for transgender students may ensue even when there is a LGBTQ campus center. Marine and Nicolazzo (2014) researched the level of transgender inclusion in programming and services at LGBTQ campus centers. They contacted 145 centers whose staff were members of the Consortium of Higher Education LGBTQ Resource Professionals (Marine & Nicolazzo, 2014). Of the 145 they contacted, only 19 responded to their survey (Marine & Nicolazzo, 2014).

The results indicated four areas where the transgender students' needs are not prioritized as highly as LGB students. The first area discussed was naming. In the majority of the centers the name of the center was inclusive of the "T," however not in all cases. In approximately one-third of the centers a "T" was added within the last 1-10 years (Marine & Nicolazzo, 2014). Programming was the second area discussed. Most of the transgender programming was to educate non-transgender individuals about transgender issues, instead of being programming specifically to benefit transgender students (Marine & Nicolazzo, 2014). The third theme that arose was the lack of inclusive hiring of transgender individuals as being a part of the centers' missions. Only two of the 19 centers responded that they see staffing as a form of transgender advocacy and inclusion (Marine & Nicolazzo, 2014).

The fourth finding was in activism and advocacy. While the centers were fairly strong in their support of connecting students to needed resources, the systemic issues of campus-wide climate were not addressed and campus-wide activism was not thoroughly reported. By not turning a focus on campus-wide inclusion issues, the LGBTQ centers could be seen as an "accommodation for a select population (e.g., students, faculty, and staff who identify as LGBTQ) rather than a source of advocacy" (Marine & Nicolazzo, 2014, p. 274). Kivel (2007) wrote about "buffer zones," which can be created by organizations to give outward displays of inclusion while not systematically making changes, leading to greater overall inequality of groups. LGBTQ campus centers could be seen as being a buffer zone that allows higher education officials to make their respective colleges appear more inclusive and welcoming to marginalized LGBTQ student, faculty, and staff members.

Empirically Supported Solutions

Based on the unique needs of transgender college students, college mental health counselors are encouraged to develop trans-affirming counseling practices. The empirically supported recommendations for the development of these counseling practices focus on the following; being supportive of all expressions of gender, acknowledging that attempts to change gender identity is detrimental to the client, using appropriate language based on what the client prefers, and acknowledging the effect of oppression of transgender individuals in society (ALGBTIC, 2009) There is evidence that using an interdisciplinary approach on college campuses, including housing, advising, and medical services, when working with transgender students will assist the student personally and academically (Donatone & Rachlin, 2013; Haas et

al., 2011). With the evidence showing a need for increased parental support for transgender students, colleges can build resources intended to educate parents (Simons et al., 2013). It is important for student affairs staff members to be prepared to provide professional and effective services to the transgender student population. Gaining increased knowledge of issues that affect transgender college students at an increased rate is a good first step. Professional development training for campus employees, which covers the transgender population, is important so all employees can be expected to have baseline knowledge. The overall goal for campus-wide training is to make the whole campus affirming and supportive of transgender students.

Conclusion

Trans-affirming counseling practices, an interdisciplinary campus services approach, ongoing staff professional development to build transgender awareness, and parental education resources are considered vital practices to supporting transgender college students. In the future, it is important to research how inclusive campus services truly are to the transgender student population. Qualitative research analyzing the experience of transgender students on college campuses will give voice to the data. Meanwhile, quantitative research into the numbers of students identifying as transgender is necessary for colleges to be able to have an increased understanding of the student population.

References

- American Counseling Association. (2015). *Multicultural and Social Justice Counseling Competencies*. Retrieved on February 3, 2016 from <https://www.counseling.org/knowledge-center/competencies>.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.). doi:10.1176/appi.books.9780890423349.
- Association of Lesbian, Gay, Bisexual, and Transgender Issues in Counseling. (2009). *Competencies for counseling with transgender clients*. Alexandria, VA: Author.
- Austin, A. & Craig, S. L., (2015). Transgender affirmative cognitive behavioral therapy: Clinical considerations and applications. *Professional Psychology: Research and Practice*. 46(1), 21-29. doi:10.1037/a0038642
- Beemyn, G., & Rankin, S. (2011). *The lives of transgender people*. New York, NY, US: Columbia University Press
- Carkhuff, R. R. (2008). *The art of helping in the 21st century* (9th ed.). Amherst, MA: Human Resource Development Press.
- Council for Accreditation of Counseling & Related Educational Programs. (2016). Retrieved on April 26, 2016 from <http://www.cacrep.org/>.
- Chester, S. E. (2000). A new paradigm for teaching counseling theory and practice. *Counselor Education and Supervision*, 39(4), 254-269. doi:10.1002/j.1556-6978.2000.tb01236.x

- Corey, G. (2005). *Theory and practice of counseling and psychotherapy* (7th ed.). Belmont, CA: Thomson-Brooks/Cole.
- Dickey, L. M., Reisner, S. L., & Juntunen, C. L. (2015). Non-suicidal self-injury in a large online sample of transgender adults. *Professional Psychology: Research & Practice, 46*(1), 3-11. doi:10.1037/a0038803
- Donatone, B., & Rachlin, K. (2013). An intake template for transgender, transsexual, genderqueer, gender nonconforming, and gender variant college students seeking mental health services. *Journal of College Student Psychotherapy, 27*(3), 200-211. doi:10.1080/87568225.2013.798221
- Grant, J. M., Mattet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2010). Injustice at every turn: A report of the national transgender discrimination survey. Retrieved February 12, 2012, from <http://endtransdiscrimination.org/report.html>
- Grossman, A. H., & D'Augelli, A. R. (2007). Transgender youth and life-threatening behaviors. *Suicide & Life-Threatening Behavior, 37*, 527-537. <http://dx.doi.org/10.1521/suli.2007.37.5.527>
- Haas, A. P., Eliason, M., Mays, V. M., Mathy, R. M., Cochran, S. D., & D'Augelli, A. R., (2011). Suicide and suicide risk in lesbian, gay, bisexual and transgender populations: Review and recommendations. *Journal of Homosexuality, 58*, 10-51.
- Hays, D. G. & Erford, B. T. (2014). *Developing multicultural counseling competence: A systems approach* (2nd ed.). Upper Saddle River, NJ: Pearson Education, Inc.
- Hughes, T., & Eliason, M. (2002). Substance use and abuse in lesbian, gay, bisexual, and transgender populations. *The Journal of Primary Prevention, 22*(3), 263-298.
- Jones-Smith, E. (2016). *Theories of counseling and psychotherapy: An integrative approach* (2nd ed.). Thousand Oaks, CA: Sage Publications.
- Jordan, K. (2000). Substance abuse among gay, lesbian, bisexual, transgender, and questioning adolescents. *School Psychology Review, 29*(2), 201-206.
- Kivel, P. (2007). Social service or social change? In INCITE! Women of Colorado Against Violence (Eds.), *The revolution will not be funded: Beyond the non-profit industrial complex* (pp. 129-149). Cambridge, MA: South End Press.
- Marine, S. B., & Nicolazzo, Z. (2014). Names that matter: Exploring the tensions of campus LGBTQ centers and trans inclusion. *Journal of Diversity in Higher Education, 7*(4), 265-281. doi:10.1037/a0037990
- Marshal, M. P., Dietz, L. J., Friedman, M. S., Stall, R., Smith, H. A., McGinley, J., Thoma, B. C., Murray, P.J., D'Augelli, A. R., & Brent, D. A. (2011). Suicidality and depression disparities between sexual minority and heterosexual youth: A meta-analytic review. *Journal of Adolescent Health, 49*, 115-123. <http://dx.doi.org/10.1016/j.jadohealth.2011.02.005>
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin, 129*, 674-697. <http://dx.doi.org/10.1037/00332909.129.5.674>

- Mizock, L., & Lewis, T. K. (2008). Trauma in transgender populations: Risk, resilience, and clinical care. *Journal of Emotional Abuse*, 8, 335–354.
<http://dx.doi.org/10.1080/10926790802262523>
- Parham, W. D., & Clauss-Ehlers, C. S. (2016). Celebrating our elders who led us across the bridge: A call to action for the academy. *Journal of Multicultural Counseling & Development*, 44(1), 4-27. doi:10.1002/jmcd.12034
- Rankin, S., Weber, G., Blumenfeld, W., & Frazer, S. (2010). *2010 state of higher education for lesbian, gay, bisexual, & transgender people*. Charlotte, NC: Campus Pride.
- Rhode, B. (2010). ALGBTIC legacy project: A collection of recollections. *ALGBTIC News*, 33(2), 2-4.
- Rogers, C. (2000). Interview with Carl Rogers on the use of the self in therapy. In M. Baldwin, M. Baldwin (Eds.). *The use of self in therapy* (2nd ed.) (pp. 29-38). Binghamton, NY, US: The Haworth Press.
- Rogers, M. R., & O'Bryon, E. C. (2014). Multicultural training models and curriculum. In F. L. Leong, L. Comas-Díaz, G. C. Nagayama Hall, V. C. McLoyd, J. E. Trimble, & F. L. Leong, (Eds.) , *APA handbook of multicultural psychology, Vol. 2: Applications and training* (pp. 659-679). Washington, DC, US: American Psychological Association. doi:10.1037/14187-037
- Russell, S. T., Van Campen, K. S., Hoefle, J. M., & Boor, J. K. (2011). Suicide risk and lesbian, gay, bisexual, and transgender college students. In D. A. Lamis, D. Lester, D. A. Lamis, D. Lester (Eds.) , *Understanding and preventing college student suicide* (pp. 146-156). Springfield, IL, US: Charles C Thomas Publisher.
- Savage, D. (January 29, 2016). *It Gets Better Project*. Available at: <http://www.itgetsbetter.org>. Accessed January 29, 2016.
- Simons, L., Schragar, S. M., Clark, L. F., Belzer, M., & Olson, J. (2013). Parental support and mental health among transgender adolescents. *Journal of Adolescent Health*, 53(6), 791-793 3p. doi:10.1016/j.jadohealth.2013.07.019
- Stevens, S. (2012). Meeting the substance abuse treatment needs of lesbian, bisexual, and transgender women: Implications from research to practice. *Substance Abuse and Rehabilitation*, 3(Suppl 1), 27-36.
- Sue, D. W. & Sue, D. (2013). *Counseling the culturally diverse: Theory and practice* (6th ed.). Hoboken, NJ: John Wiley & Sons, Inc.
- World Professional Association for Transgender Health (WPATH). (2012). *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*. (7th ed.) Retrieved from <http://www.wpath.org>.