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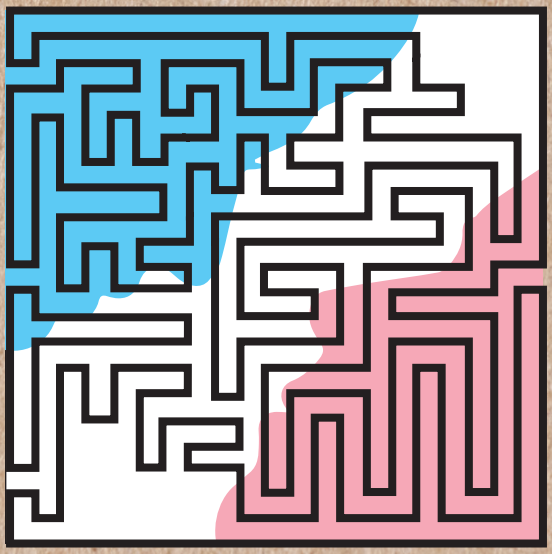
MANUAL FOR PSYCHOLOGICAL PRACTICE WITH TRANSGENDER AND GENDER NONCONFORMING INDIVIDUALS



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Manual for Psychological Practice with Transgender and Gender Nonconforming Individuals

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Contents

Introduction

In modern societies there is an increased awareness when it comes to transgender and gender nonconforming (TGNC) identities . TGNC stands for people whose gender identity is not fully aligned with their sex assigned at birth. Population estimates range from 0.17 to 1,333 per 100,000 , which is likely underreported due to difficulties in obtaining compressive demographic data about TGNC.

Although, the existence of TGNC people is well documented in different historical cultures , to this day they continue to be highly marginalized and often times experience transphobic discrimination and victimization . TGNC individuals still face lack of access to trans-affirmative mental and physical health , health care settings do not adequately meet their needs and often are denied care on the grounds of their gender identity . As documented by research, TGNC individuals, similar to gay, bisexual and lesbian populations, experience minority stress due to extensive experience of stigma and discrimination . And, according to the minority stress model, the disproportionate rates of discrimination, harassment, violence and sexual assault precipitate negative mental health outcomes . TGNC individuals are at risk for mental health problems , including increased rates of depression , substance use disorders, self-injury and suicidality .

However, increasing body of research, focused recently in TGNC people, has enabled more trans-affirmative practices when it comes to the care of TGNC people . Trans-affirmative practice recognizes all experiences of gender as equally healthy and valuable . To this point, mental health professionals can play a key role in supporting TGNC client health and well-being, as they may request support to address trans-specific relating to gender identity or expression and/or more general health concerns that are non-transgender-specific .

Structure of the manual

The purpose of this manual is to inform mental health professionals about significant clinical issues that arise when working

with TGNC individuals. This manual is not a rigid set of guidelines or standards for care and does not in any way replace treatment protocols. It intends to only complement treatment guidelines for TGNC individuals. This manual offers suggestions and sheds light on important issues that need to be considered when working with TGNC individuals based on the available literature regarding TGNC mental health. The proposed approaches are based on the best current available science and expert professional consensus. Most of the research and experience in this field comes from a North American and Western European perspective. Considering this, it is of immense importance that protocols be tailored to the specific needs of each client. Work with TGNC clients, should be complemented with ongoing interdisciplinary research and collegial meetings as means to further develop practice protocols.

The manual is focused solely in TGNC population. It includes a set of definitions for readers who may be less familiar with language used when discussing TGNC issues, most common issues and challenges faced in therapy.

The specific areas that this manual will cover are:

- Work with Transgender and Gender Nonconforming people in therapeutic setting
- Trans Identity Development
- Theoretical framework
- Assessment, Treatment and Evaluation
- Gender concerns
- Transition-related issues in therapy
- Common issues in TGNC population
- Resources for mental health professionals working with TGNC individuals

The intended audience for this manual is mental health professionals with specific focus in psychologists and counsellors who focus on TGNC populations in their practice, research, or educational activities. Researchers, educators, social workers and trainers can use this manual to inform their work, even when not specifically focused on TGNC populations.

Background context regarding Transgender and Gender Nonconforming individuals in Kosovo

The legal framework of Kosovo for human rights is comprehensive and advanced. Kosovo's constitutional values among other values include equality, respect for human rights and non-discrimination for all citizens. Specific laws such as the Law and Protection from Discrimination, Law on Gender Equality, Civil Law, Law on Health, and The Law on Social and Family Services ensure protection and equal access to services and not only, without discrimination on the basis of a range of characteristics including gender and sex. International Human Rights Agreements and Instruments further strengthen the applicability of the existing legal framework .

However, to this day, equality measures on LGBTI rights have been difficult to implement in Kosovo . Despite having one of the most advanced legal framework in the region, there are challenges in implementation and enforcement of the legal framework, given that often times there are no administrative instructions or procedures guiding the implementation of the specific matters related particularly to TGNC individuals' rights .

Although there are no laws criminalizing TGNC identities, it does not signify that TGNC people's rights are being effectively protected in Kosovo. Kosovo has no legal gender recognition, as is not regulated by law . Despite the fact that Kosovo's administrative instruction on name change foresees name change procedures so that people can change their names on ID documents to align with their gender identity, it lacks procedures to change gender markers on these documents . Thus, leaving TGNC individuals with no right to change their personal documents. TGNC individuals cannot undergo gender reassignment procedures, as this procedure is not provided yet in Kosovo . In addition, research reveals that although health professionals have a good understanding of the terminology, treatment and issues related to TGNC persons, their outlook is not as positive or as inclusive . Thus, affecting TGNC individuals' private life and

their dignity .

Kosovo is still very traditional and conservative. Scarce research findings reveal that the rights of the LGBT people are neglected by state institutions and that 81% of LGBT community has suffered threats or insults because of their sexual orientation or gender identity, making it the highest rate of discrimination in the Western Balkan . There is also quite limited understanding regarding gender identity among family members and society. Hence, coming out as TGNC can have detrimental consequences, including being rejected and ostracized by family and marginalized by their community. These effects are amplified in young TGNC people who are especially depended upon their families, leading to difficult circumstances for TGNC individuals and at time even in attempts for suicide.

As TGNC community is one of the most marginalized groups, with high level of invisibility, there is no official data regarding violence or discrimination cases. Nonetheless, TGNC people particularly face discrimination and violence, but they do not declare their gender identity for security reasons . Even though there is scarce data on drug users, local non-governmental organizations working with LGBTI youth state that there is a great degree of youth from TGNC community using illegal substances.

In spite of the recent development and increased support for Trans and Gender Nonconforming individuals such as provision of free counselling, there are still challenges as psychotherapists are not properly trained to work with Trans and Gender Nonconforming people, due to limited availability of trainings for psychotherapy in Kosovo, which do not specifically include needs of Trans and Gender Nonconforming individuals.

With the high rates of transphobia, increased vulnerability associated with sexual minority status, (such as of as increased suicide rates, depression, and experiences of stigmatization or victimization), and lack of expertise of mental health professionals to work with Trans and Gender Nonconforming individuals, a manual is of outmost importance to guide interested mental health professionals that work with Trans and Gender

Nonconforming Clients.

Work with Transgender and Gender Non-conforming people in therapeutic setting

One of the most important components in the clinical work with Transgender and Gender Nonconforming individuals is to develop and maintain cultural competence. In other words, mental health professionals may find it helpful to be well-informed about current community, advocacy, and public policy issues relevant to TGNC clients and their families . Additionally, mental health professionals ought to have knowledge about sexuality, sexual health concerns, and the assessment and treatment of sexual disorders.

The American Psychological Association has provided a set of guidelines to assist mental health professionals in the provision of culturally competent, developmentally appropriate, and trans-affirmative psychological practice with TGNC people. These guidelines, as presented in Table 1., are laid out in five clusters: (1) Foundational Knowledge and Awareness, (2) Stigma, Discrimination, and Barriers to Care, (3) Life Span Development (4) Assessment, Therapy and Intervention, and (5) Research, Education and Training . For more information regarding these guidelines, please refer to 'Guidelines for psychological practice with transgender and gender nonconforming people' by APA, 2015.

Table 1. APA Guidelines for Psychological Practice with Transgender and Gender Nonconforming People

Foundational Knowledge and Awareness
Guideline 1. Psychologists understand that gender is a nonbinary construct that allows for a range of gender identities and that a person's gender identity may not align with sex assigned at birth.
Guideline 2. Psychologists understand that gender identity and sexual orientation are distinct but interrelated constructs.

Guideline 3. Psychologists seek to understand how gender identity intersects with the other cultural identities of TGNC people.
Guideline 4. Psychologists are aware of how their attitudes about and knowledge of gender identity and gender expression may affect the quality of care they provide to TGNC people and their families.
Stigma, Discrimination, and Barriers to Care
Guideline 5. Psychologists recognize how stigma, prejudice, discrimination, and violence affect the health and well-being of TGNC people.
Guideline 6. Psychologists strive to recognize the influence of institutional barriers on the lives of TGNC people and to assist in developing TGNC-affirmative environments.
Guideline 7: Psychologists understand the need to promote social change that reduces the negative effects of stigma on the health and well-being of TGNC people.
Life Span Development
Guideline 8. Psychologists working with gender-questioning 4 and TGNC youth understand the different developmental needs of children and adolescents, and that not all youth will persist in a TGNC identity into adulthood.
Guideline 9. Psychologists strive to understand both the particular challenges that TGNC elders experience and the resilience they can develop.
Assessment, Therapy, and Intervention
Guideline 10. Psychologists strive to understand how mental health concerns may or may not be related to a TGNC person's gender identity and the psychological effects of minority stress.
Guideline 11. Psychologists recognize that TGNC people are more likely to experience positive life outcomes when they receive social support or trans-affirmative care.
Guideline 12. Psychologists strive to understand the effects that changes in gender identity and gender expression have on the romantic and sexual relationships of TGNC people.

Guideline 13. Psychologists seek to understand how parenting and family formation among TGNC people take a variety of forms.
Guideline 14. Psychologists recognize the potential benefits of an interdisciplinary approach then providing care to TGNC people and strive to work collaboratively with other providers.
Research, Education, and Training
Guideline 15. Psychologists respect the welfare and rights of TGNC participants in research and strive to represent results accurately and avoid misuse or misrepresentation of findings.
Guideline 16. Psychologists Seek to Prepare Trainees in Psychology to Work Competently With TGNC People.

Trans Identity Development

Gender is a significant aspect of self-definition for most people . Gender identity is a person's deeply felt, inherent sense of being a boy, a man, or male; a girl, a woman, or female; or an alternative gender that may or may not correspond to a person's sex assigned at birth or to a person's primary or secondary sex characteristics . Although there is limited focus in trans identity formation theories, contemporary views of identity formation are likely to interpret trans experiences through a rigid and dichotomous model of gender . While this is common for transsexual individuals, who typically report feeling that they are "trapped in the wrong body, which although is one of the most known forms of transgender, it is not the only one as there are many individuals with more complex and ambiguous experiences of gender identity, individuals with new forms of gender blending . Increasing evidence points to the fact that such dichotomous models of gender fail to accommodate the true complexity and diversity of transgender experience .

Nonetheless, classical identity development frameworks are applicable for some of the aspects of TGNC identity development . However, it is noted that while for most people gender identity does not changes over time, for TGNC people it may vary greatly over the life course. As such, trans identity may begin at childhood, it may also begin at any other stage of life, and it may proceed at a variety of paces with a range of end points . Of the very few theories focused is the trans identity formation is the Trans Identity Formation Theory by Devor (2004) which is built upon a model of identity formation developed by Cass (1979, 1984, 1990) and upon Ebaugh's (1988) work about role exit. Although originally the model is developed for transsexual people, the model might apply for other transgendered people . It outlines a progression from early confusion and persistent attempts at social comparisons to gradual self-acceptance, identity synthesis, and pride .

This model encompasses fourteen possible stages:

(1) Abiding anxiety
(2) Identity confusion about originally assigned gender and sex
(3) Identity comparisons about originally assigned gender and sex
(4) Discovery of transsexualism
(5) Identity confusion about transsexualism
(6) Identity comparisons about transsexualism
(7) Tolerance of transsexual identity
(8) Delay before acceptance of transsexual identity
(9) Acceptance of transsexualism identity

(10) Delay before transition
(11) Transition
(12) Acceptance of post-transition gender and sex identities
(13) Integration
(14) Pride

Table 2. Stages of Trans Identity Formation .

Number	*Stage*	*Some Characteristics*	*Some Actions*
1	Abiding anxiety	Unfocussed gender and sex discomfort	Preference for other gender activities and companionship
2	Identity confusion about originally assigned gender and sex	First doubts about suitability of originally assigned gender and sex	Reactive gender and sex conforming activities
3	Identity comparisons about originally assigned gender and sex	Seeking and weighing alternative gender identities	Experimenting with alternative gender consistent identities
4	Discovery of transsexualism or transgenderism	Learning that transsexualism exists	Accidental contact with information about transsexualism
5	Identity confusion about transsexualism or transgenderism	First doubts about the authenticity of one's own transsexualism	Seeking more information about transsexualism
6	Identity comparisons about transsexualism or transgenderism	Testing transsexual identity using a transsexual reference group	Start to disidentify with women and females; start to identify as transsexed
7	Identity tolerance of transsexual or transgender identity	Identify as probably transsexual	Increasingly disidentify as originally assigned gender and sex
8	Delay before acceptance of transsexual or transgender identity	Waiting for changed circumstances; looking for confirmation of transsexual identity	Seeking more information about transsexualism; reality testing in intimate relationships and against further information about transsexualism
9	Acceptance of transsexual or transgender identity	Transsexual identity established	Tell others about one's transsexual identity
10	Delay before transition	Transsexual identity deepens; final disidentity as original gender and sex; anticipatory socialization	Learning how to do transition; saving money; organizing support systems
11	Transition	Changing genders and sexes	Gender and sex reassignments
12	Acceptance of posttransition gender and sex identities	Posttransition identity established	Successful posttransition living
13	Integration	Transsexuality mostly invisible	Stigma management; identity integration
14	Pride	Openly transsexed	Transsexual advocacy

However, this model cannot be generalized, as every individual is unique. Moreover, Devor's theoretical model has not been empirically validated. Hence, it is unknown whether the majority of transsexuals follow such a linear progression. Other identities may influence one's trans identity development . Likewise, social

class, religion, and sexual orientation identities may influence how trans people feel in regards to their gender identity. This may affect other psychological factors as well . As a result, when working with TGNC individuals, intersectional approaches are necessary in understanding trans people with multiple marginalized identities. A broader, dynamic, and flexible models of transgender identity should be considered, to accommodate all forms of transgender expression . Identity should instead be seen as the process of change and transition itself, rather than the presumed goal of achieving a stable and socially intelligible "new gender" .

Theoretical framework

UNDERSTANDING TRANS

As pointed out, most individuals have a roughly matched gender identity and expression with the sex they were assigned at birth. Thereby, individuals assigned as female at birth would endorse common culturally normative female presentation and individuals assigned as male at birth would endorse common culturally normative male presentation. However, some individuals experience an incongruence (mismatched) between gender identity and physical appearance (assigned sex at birth). Trans individuals sense of gender identity and expression does not correspond with their birth sex. A "transgender man" is someone who has a gender identity on the masculine spectrum while and whose assigned sex at birth was female. A "transgender woman" is someone who has a gender identity on the feminine spectrum while and whose assigned sex at birth was male.

Not all transgender individuals identify within a binary gender structure (i.e., either male or female). A gender non-binary person may not identify exclusively with either binary gender, but instead may endorse aspects of both, neither or another gender altogether. Those who are not comfortable using binary terms, may use other terminology that better matches their gender experiences, such as androgynous, genderqueer, multi-gender or third gender. Mental health professionals may benefit by familiarizing themselves with the wide array of gender identities and

expressions and also with the evolving terminology. It is also worth noting that it is important and deemed appropriate to ask clients about their view on the gender identity and their preference on the use of gender pronouns.

Furthermore, there is a large variety on how trans people relate to their bodies. While some of them experience gender dysphoria or discomfort with physical characteristics of their bodies, this is not the case for all transgender people (for a detailed discussion, please refer to Transition-related counselling). And lastly, one should be aware that there is a distinction between gender identity and sexual orientation, the latter is described as the emotional physical attraction to persons of a particular gender (please see definitions of terms).

MINORITY STRESS MODEL

There is a well-documented evidence that there are disparity rates between transgender and cisgender individuals in a range of mental health problems, including depression, anxiety, substance use, and suicidality (for a review, Valentine & Shipherd, 2018). Similarly, lesbian, gay and bisexual (LGB) compared to heterosexual individuals are more likely to develop mental disorders. Meyer (2003) proposed that the hostile and stressful social environment that LGB are subjected as a result of their sexual minority status (i.e., stigma-related stressors) on top of general life stressors are the key elements that explain the higher rates of mental disorders in this group. Given the parallels between LBG and transgender people, it has been proposed that similar stigma-related factors are associated with the higher prevalence of mental disorders in trans individuals. Therefore, a lack of protective factors (e.g., social support) and exposure to stigma-related stress (e.g., discrimination) leads sexual and gender minorities to be more vulnerable to psychological distress.

These theories suggest three processes that transgender people may experience, implicitly or explicitly, due to their minority status. First, transgender people may be disproportionately

more exposed to environmental stressors such as discrimination and threats to one's safety and security (e.g., workplace harassment, discrimination, and physical or sexual violence). These events are objective because they can be observed and are referred to as distal stressors. Although, their experience with external stressors may be similar to those that LBG face, transgender may be subjected to additional unique forms of discrimination, such as legal problems regarding their sex / name, discrimination when obtaining medical care, and being unable to access safe restrooms in public places. Further, they experience non-affirmation in interaction with others, meaning that they may be addressed to with non-matched gender pronouns (e.g., a trans-woman may be addressed as "sir").

Second, transgender people may anticipate and expect that future negative events will occur, and as a result they may be more vigilant to prevent/protect from these potential experiences. These experiences are referred to as proximal stressors. They are internal and their experience is continued even in the absence of a detectable threat. Given that the negative expectations and higher vigilance can be a daily pervasive experience it creates additional psychological distress. This may prompt them to hide their identity, although that is more complicated in trans community. For example, a trans person who has gone through a physical transition has to decide when and how to disclose his/her gender identity to people before, during and after transition. Indeed, one qualitative study examined the extent to which expecting rejection affects the daily life of TGNC people. Participants' narratives suggested that they perceive these rejecting experiences to be life-threatening, upsetting and disparaging. They also expected this to happen in most context and with most people.

The third set of processes include the internalized negative attitudes and prejudices from society, as the most proximal stressor. Specifically, trans people may present with internalized transphobia. This is highly detrimental for their mental health, as it reduces positive coping strategies with external stressors (e.g., with discrimination).

The models also postulate that resilience factors can provide a buffer against stressors related to minority stress. These factors comprise, amongst others, the internalization of positive self-image, use of adaptive coping mechanisms, having social and emotional support, identity pride and community membership. Few studies have investigated resilience promoting coping strategies in TGNC individuals. One qualitative study found that trans women who developed social networks reported a sense of in group-identification which facilitated development of coping strategies. Another study interviewed 21 transgender individuals on their resilient experiences in the face of adversity. The following resiliency themes were discerned: evolving a self--generated definition of self, embracing self-worth, awareness of oppression, connection with a supportive community, and cultivating hope for the future. They also found it helpful to engage in social activism and to be a positive role model for others. Confirming these finding, another phenomenological study on resilience strategies in TGNC people found the following themes: ability to self-define and theorize one's gender, proactive agency and access to supportive educational systems, connecting to a trans-affirming community, reframing of mental health challenges, and navigation of relationships with family and friends. Accordantly, Matsuno and Israel (2018) developed a clinical model named transgender resilience intervention model (TRIM) aiming to promote resilience factors to effectively cope with negative influence of stigma-related stressors. They distinguish between individual resilience factor (e.g., hopefulness) and group resilience factors (e.g., resources in community or social activism). Thus, they suggest both, individual and group interventions. These stressors and resilience factors for transgender people are presented in the Figure 1 on the next page.

Figure 1. Minority stress and resilience factors in TGNC people.

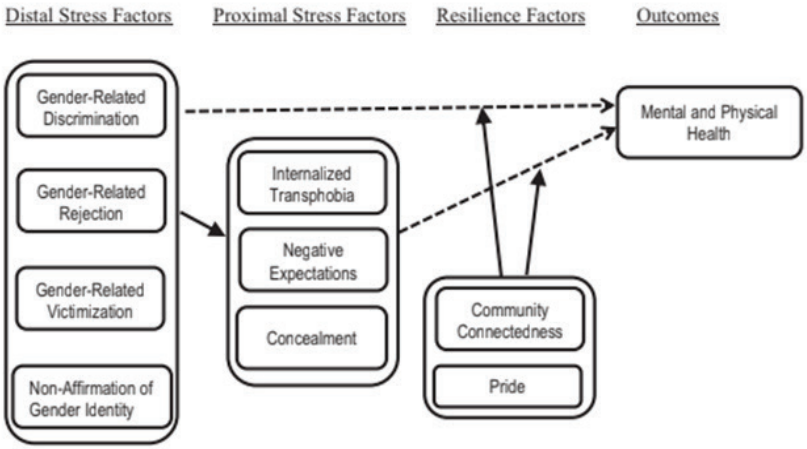

Figure 1. Minority stress and resilience factors in transgender and gender non-conforming people. Dashed line indicates inverse relationships.

Further, another theoretical framework has focused on identifying psychological pathways linking stigma-related stressors to adverse mental health outcomes. It posits that: (1) sexual minorities experience more stress due to stigma, (2) stigma-related stress causes more deficits in coping/emotion regulation, social/interpersonal and cognitive processes that are risk factors for psychopathology, and (3) these processes in turn mediate the relationship between stigma-related stress and psychopathology. Therefore, both environmental (stigma related stressors) and the response (e.g., appraisals) are important for health outcome.

Figure 2 illustrates this model.

Figure 2. Psychological mediation framework between stigma related processes and psychopathology in LBG people.

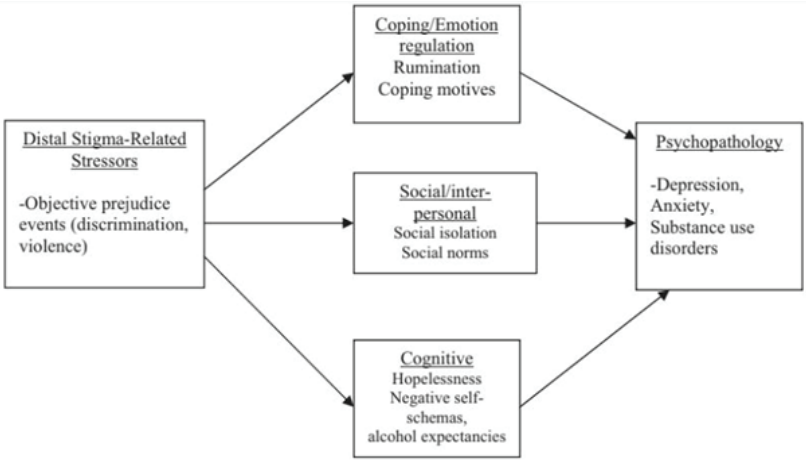

Figure 1. Psychological mediation framework.

These models can be utilized in approaching assessment and treatment of TGNC by specifically assessing for processes described in the minority stress model, such as, discrimination and victimization, internalized transphobia and resilience. Then, the mental health professional can explore which other general psychological processes have mediated or moderated the link between minority related stress and client's presenting concerns in idiosyncratic level. Another area of clinical importance is to consider specific factors that may affect therapeutic alliance with TGNC people. It is common for TGNC individuals to have negative experiences in healthcare which may result in negative expectation and distrust when interacting with clinicians , therefore, it is crucial for mental health professionals to take extra steps to build good rapport . Applying an affirmative approach in therapy may be particularly helpful in fostering clinical alliance. The affirmative approach indicates that the mental health professional has the knowledge and awareness of the unique development and cultural aspects of TGNC individuals, mental health professional's own self-knowledge (e.g., attitudes), and the reflection of this knowledge and awareness

in their interventions during the therapy process . For instance, it may be helpful: (1) to emphasize the confidentiality within the therapy, (2) proper use of language to reflect clients' preferred terminology, and to (3) clearly explain the role of the mental health professional and the goal of assessments .

Lastly, it should be noted that the research testing the minority stress model in TGNC is limited, however, there is extensive research documenting that TGNC people experience extraordinarily high level of stigma, discrimination and victimization. Emerging studies also support a relationship between minority stress processes (i.e., stigma-related stress and resilience factors) identified in the Minority Stress Model and negative mental and physical health. For example, a study with 169 transgender men and women in Australia reported that risk factors (young age, lack of family support and victimization experiences) were associated with greater psychological distress, whereas protective factors (higher income, identifying as heterosexual and in-group identification with LGBT community) were associated with greater resilience. For a more detailed discussion, please refer to the section on mental disorders in the manual. However, it is worth noting that there is a need for more research, especially using longitudinal design, to test the prospective relationships between stressors and resilience factor and mental health in TGNC people. Also, in line with Hatzenbuehler's integrative model (2009) on psychopathology development in sexual /gender minorities, there is a need for more studies testing which general psychological processes mediate the relationship between minority-specific group processes (e.g., stigma-related stress) and psychopathology per different health outcomes.

Assessment, Treatment and Evaluation

Psychological assessment is essential. As such it should capture the impact of discrimination and prejudice on psychological well-being of transgender and gender nonconforming individuals, and may include diagnosing gender-related conditions.

Bockting, Knudson, and Goldberg, (2006), propose clinical pathways and task in mental health practice with TGNC individual which focus on basic assessment, treatment, and evaluation process in mental health care for transgender and gender nonconforming individuals. This process includes several steps, as outlined below and in table 2. The initial evaluation (A) involves determination of the client's reasons for seeking service and a general client history. If the client has current gender identity concerns, the next step may be a gender assessment (B) to provide more detailed information about the client's gender identity issues and to determine any co-existing conditions, or it may be to provide supportive counseling until the client feels ready to engage in such a process. If the client does not have gender concerns but is instead presenting with mental health concerns, a more detailed mental health assessment (C) is performed. Based on the assessments, a clinical impression is generated, including a multi-axial diagnosis and assessment formulation where appropriate. The next step, care planning (D), involves recommendations for treatment and discussion of treatment options. If the client wishes to pursue hormonal or surgical feminization or masculinization, a specialized assessment (E) must be done to evaluate eligibility and readiness .

This is in line with Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender-Nonconforming People by World Professional Association for Transgender Health . The SOC suggest the following steps that mental health professionals may fulfill when working with transgender and gender non-conforming clients: (1) Assess gender dysphoria; (2) Provide information regarding options for gender identity and expression and possible medical interventions; (3) Assess, diagnose, and discuss treatment options for coexisting mental health concerns; (4) If applicable, assess eligibility, prepare, and refer for hormone Therapy; (5) If applicable, assess eligibility, prepare, and refer for surgery.

Find the tables on the following pages

Table 3. Clinical pathways and task in mental health practice with TGNC individuals

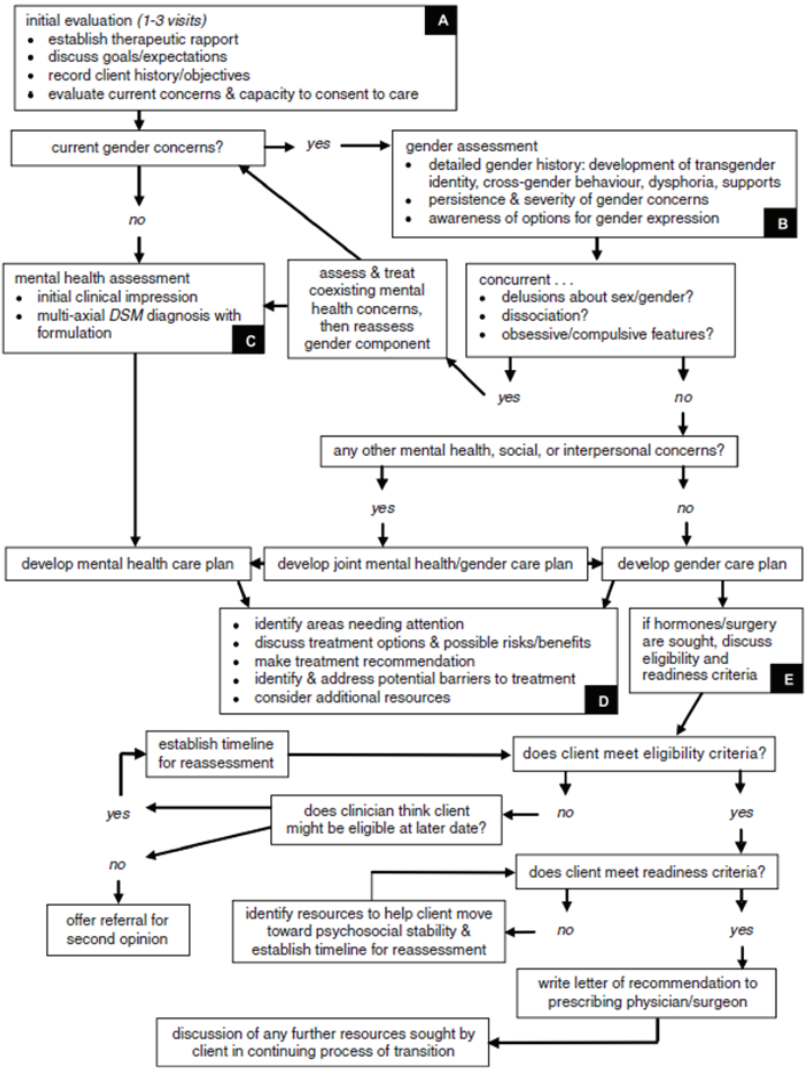

Table 4. Potential Areas of Inquiry in Initial Evaluation

Topic	Questions
Medical history	Does anyone in your family have a history of chronic physical or mental health concerns? Do you have any chronic physical or mental health conditions, and if so, what are they? Have you ever been diagnosed with a physical or mental health condition, and if so, when and what was the diagnosis? Have you ever been hospitalized, and if so, when and what for? Are you currently taking any medication (including illicitly obtained hormones) or herbal supplements, and if so, what is the name, dose, and length of time you have been taking it? Have you ever had any injuries or surgeries?
Substance use	Do you smoke, and if so how much per day? Have you ever had any concerns relating to drugs or alcohol? Has anyone else ever expressed concern about, or objected to, your use of alcohol or drugs? Have there been any unpleasant incidents where alcohol or drugs were involved? Do you have any concerns about drugs or alcohol now?
Family	People define 'family' in many ways; who do you define as being in your family? How would you characterize your relationships with your family members when you were a child, and now? Do you have any concerns relating to your family?
Sexuality	How do you identify in terms of your sexual orientation? Are you sexually attracted to men, women, or both? Are you sexually attracted to transgender people? Are you currently involved with anyone romantically, and if so, how do you feel about your relationship? Have you had any concerns about relationships or sexuality in the past? Do you have any current concerns about relationships or sexuality today? Have you ever had any concerns about sexual abuse or sexual assault?
Social	What are your social supports? When you are under stress, who do you turn to for help? Are you currently working, in school, or volunteering? Do you have any concerns relating to work, school, or community involvement? Do you feel connected to any particular communities–e.g., transgender community, ethnic or cultural community, lesbian/gay/bisexual community, youth groups, seniors' groups, Deaf community? What are your hobbies or social interests?
Economic	What is your primary source of income? Do you have any current financial stress? Are you worried about future financial stress? Are you satisfied with your current housing? Do you have any concerns about housing? Do you have any concerns about work?
Gender concerns	Have you ever had any concerns relating to your gender? Do you currently have concerns or questions relating to your gender? How do you feel about being transgender? Are there any cultural or religious conflicts for you as a transgender person? Have you ever pursued any changes to your appearance or body to bring it closer to your sense of self? Have you ever sought to change your body through hormones or surgery, or thought about pursuing this in the future? Do you have any concerns about your appearance or body now? Are there any kinds of supports you feel might be helpful as a transgender person?

Table 4. Potential Areas of Inquiry in Initial Evaluation

Topic	Questions
General readiness	What leads you to come for hormonal or surgical assessment at this time in your life? What are your hopes and dreams relating to hormones or surgery? What do you expect hormones or surgery to change, and what do you think is not likely to change? How do you think hormones or surgery may affect your relationships with loved ones, and how do you think they will impact you at work, at school, or in the broader community? What will you do if the hormonal or surgical change process doesn't turn out as you had hoped? Have you taken any other steps to change your outward appearance, and if so, what was that like for you? Are there any issues in your life that you think might complicate a decision to take hormones or have surgery, or that might increase stress during this time? What kinds of supports do you feel might be helpful before or during hormonal therapy, or before and after surgery?
Hormones	Which changes are you most looking forward to from hormone therapy? Are there any changes from hormone therapy that you are not sure about? What medical care do you need to monitor for side effects, and who will provide this? If you experience side effects as a result of hormone therapy, what will you do? Are there any side effects of hormones that you are particularly concerned about? How do you feel about the permanence of some effects of hormone therapy, including the possibility of permanent sterility? The long-term effects of cross-sex hormones are not yet clear; how do you feel about taking this risk?
Sex reassignment surgery	What medical care might you need following surgery, and how will you obtain this care? Where will you rest and heal after surgery? Are there people who can help look after you as you recover following surgery? How do you feel about the permanence of surgery? How do you feel about the possibility of scarring? How do you feel about the risk of possible change in sensation, including the possibility of loss of sexual sensation or ability to achieve orgasm? Even when surgery is wanted there is sometimes a sense of loss, as with any big change; how do you feel about the changes to your body, and how have you dealt with other losses in your life? What additional issues or adjustments do you anticipate after surgery?

REFERRAL FOR HORMONE THERAPY

TGNC health care is an interdisciplinary field, and coordination of care and referral among a client's overall care team is recommended . According to Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender-Nonconforming People by World Professional Association for Transgender Health, hormone therapy can be initiated with a referral from a qualified mental health professional .
The referring health professional should provide documentation—in the chart and/or referral letter—of the client's personal and treatment history, progress, and eligibility. Health professionals who recommend hormone therapy share the ethical and legal responsibility for that decision with the physician who provides the service .

The recommended content of the referral letter for feminizing/masculinizing hormone therapy is as follows :

1. The client's general identifying characteristics;
2. Results of the client's psychosocial assessment, including any diagnoses;
3. The duration of the referring health professional's relationship with the client, including the type of evaluation and therapy or counseling to date;
4. An explanation that the criteria for hormone therapy have been met, and a brief description of the clinical rationale for supporting the client's request for hormone therapy;
5. A statement that informed consent has been obtained from the client;
6. A statement that the referring health professional is available for coordination of care and welcomes a phone call to estab lish this.

REFERRAL FOR SURGERY

According to Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender-Nonconforming People by World Professional Association for Transgender Health, Surgical

treatments for gender dysphoria can be initiated by a referral (one or two, depending on the type of surgery) from a qualified mental health professional . Clients should receive prompt and attentive evaluation, with the goal of alleviating their gender dysphoria and providing them with appropriate medical services. The mental health professional provides documentation—in the chart and/or referral letter—of the patient's personal and treatment history, progress, and eligibility. Mental health professionals who recommend surgery share the ethical and legal responsibility for that decision with the surgeon .
One referral from a qualified mental health professional is needed for breast/chest surgery
(e.g., mastectomy, chest reconstruction, or augmentation mammoplasty) .

Two referrals—from qualified mental health professionals who have independently assessed the client —are needed for genital surgery (i.e., hysterectomy/salpingo-oophorectomy, orchiectomy, genital reconstructive surgeries). If the first referral is from the client's psychotherapist, the second referral should be from a person who has only had an evaluative role with the patient. Two separate letters, or one letter signed by both (e.g., if practicing within the same clinic) may be sent. Each referral letter, however, is expected to cover the same topics in the areas outlined below .

The recommended content of the referral letters for surgery is as follows:

1. The client's general identifying characteristics;
2. Results of the client's psychosocial assessment, including any diagnoses;
3. The duration of the mental health professional's relationship with the client, including the type of evaluation and therapy or counseling to date;
4. An explanation that the criteria for surgery have been met, and a brief description of the clinical rationale for supporting the client's request for surgery;
5. A statement about the fact that informed consent has been obtained from the client;

6. A statement that the mental health professional is available for coordination of care and welcomes a phone call to establish this.

Gender concerns

As previously stated, gender concerns can be assessed by obtaining a detailed history of trans identity development and gender expression . However, it should be noted that not all TGNC individuals present gender issues, and in those who do, these concerns can greatly vary . These variations may include one or a combination of the following: confusion about the gender identity, experience of distress (e.g., shame or anxiety) related to transgender feelings or internalized transphobia, and dysphoria about physical characteristics associated with sex, perception of others about gender, and the social norms linked to their sex at birth they are expected to conform with. These concerns may be persistent and severe and may greatly impair the quality of life.

CONFUSION OF GENDER IDENTITY. Some TGNC individuals may be unsure, still exploring or concerned about labeling themselves. To overcome this confusion that may contribute to dysphoric feelings, TGNC individuals should be provided with psychoeducation on the diversity of gender identities and expressions and the various options available. The facilitation of this process includes exploring these options to find a comfortable gender role and expressions, as well as discussing implications of any changes in gender role into daily life . Mental health professionals can assist the client consider separately the gender role transition, hormone therapy and potential surgical interventions.

INTERNALIZED TRANSPHOBIA typically produces strong feelings of shame, guilt and self-loathing . This may manifest in different forms in clinical and social settings, such as: (1) requesting to stop transgender feelings, (2) compensating by emphasizing gender expression to assigned gender aligned to sex at birth, and (3) directing hostility or discomfort toward other TGNC people. Exploring these issues along with

psycho-education (e.g., referring to minority stress theory) may help alleviate internalized transphobia.

GENDER DYSPHORIA. Many individuals with gender dysphoria seek hormonal and/or surgical interventions to reduce the discrepancy between their sense of gender and sex assigned at birth. For more information on evaluation of eligibility and readiness for hormone therapy or sex reassignment surgery please refer to Assessment, Treatment and Evaluation section. Whereas, a guide to psychological support related to transition is presented in the following section.

Transition-related issues in therapy

Although many TGNC individuals may seek therapeutic help as a first step toward transition, some need more psychological support during the transition. The transition process can be complex, including extensive changes in hormonal level and/or gender confirming surgical intervention . A recent systematic review of literature reported that gender transition is associated with improved well-being . They found that 93% of the reviewed studies indicated that gender transition has a positive effect on the overall well-being and mental health status among participants, whereas 4% of the studies reported mixed or null findings. Importantly, regrets following gender transitions were rare, and when occurring were associated with a lack of support after transition and poor surgical outcomes. The authors also note an important limitation of research in this area, that is, it is difficult to conduct prospective studies or randomized control trials with TGNC population, due to the individualized nature or interventions, varying circumstances of TGNC people or typical small sample studies.

Nonetheless, the pathways to well-being may not always be direct . People may struggle while they are disclosing one's gender identity to others and during and after possible medical and legal procedures . Some of the issues that require therapeutic attention during this phase are described in the following sections.

BODY IMAGE ISSUES. In overall, TGNC individuals often experience dysphoria related to primary and secondary sex characteristics that are not aligned to their gender identity. Furthermore, they may experience dissatisfaction with physical traits that are incongruent with femininity and masculinity (e.g., broad back and big nose among trans women) . Some studies suggest that some TGNC individuals are prone to develop disordered eating (both thinness- and muscularity-oriented) or body dysmorphic disorder (a distorted perceived defects or flaws in one's appearance) . A systematic review paper investigated the literature on the link between body image issues and transgender people, and reported that body dissatisfaction is pronounced and may be associated with the risk of development of eating disorders in TGNC people . Further, their review findings suggest that trans women tend to have more body dissatisfaction compared to trans men. And lastly, gender dysphoria treatment was associated with an increased body satisfaction. To summarize, mental health professionals should be aware that TGNC people may present with disordered eating. It is also useful to explore the underlying mechanism of disordered eating in this population. For example, it has been suggested that disordered eating serves to suppress bodily features of gender assigned at birth . However, there is a need for more empirical studies to explore other potential explanations and to gain a better understanding of body dissatisfaction related to body parts that cannot be modified via medical interventions.

SEXUALITY. Few studies have investigated the effect of transition in sexuality and sexual experiences. For example, one study explored the effect of transition in 120 participants on the sexual preferences and partnership . Overall, 27% of their sample reported change of sexual preferences. Further, a delay in starting transition (i.e., larger length of time between identifying as transgender and starting the transition) was associated with changing sexual preferences. This was more emphasized in transgender women. Another potentially clinically relevant finding is that about a third of their respondents reported not having a primary sexual partner during the transition. Authors postulate that hormonal changes (e.g., testosterone suppression) may have reduced libido. Further, it may be challenging to

start and maintain relationships during the transition. Another review paper investigated the outcomes of qualitative studies on sexuality and sexual experiences during gender transition . Some of the analytical themes will be briefly summarized here. Transition may be associated with re-negotiating previous sexual norms. This may sometimes go along with shifting sexual desires. Some participants explained that sexual desires can become more aligned with their gender identity and genitalia, hence losing enjoyment with previous sexual activities. Another theme included re-discovering their sexuality, experiencing puberty again, and feeling 'less developed' (in comparison) than cis-gender individuals. Considering that gender transition process goes beyond physical changes, these substantial psychological changes may warrant more clinical attention. Mental health professionals may want to further explore the meaning and importance of sexual experiences during this phase.

SOCIAL TRANSITION. Coming out as TGNC involves awareness and acknowledgment of the transgender identity, first to oneself, and then to others. Generally, self-disclosure of personal information with others constitutes an essential part of social interaction, providing the space to express one's thoughts and feelings, experience a sense of self and is necessary to build intimate relationships with others . Thereby, self-disclosure may be associated with both, increased well-being social support and/or more rejection and discrimination . Thus, mental health professionals should be mindful that the decision to come out to family and friends is complicated given that it can yield the potential for both benefit and harm (e.g., social support vs discrimination/rejection) . On the other hand, concealing one's identity can lead to social isolation . In sum, one should understand under which conditions (i.e., when and why) the disclosure can lead to positive and negative consequences.

Mental health professionals can help clients navigate into the decision-making process by estimating their level of readiness to come out and evaluating how safe it is to inform others of their transgender status . For example, it may be useful to develop a timeline by which the client would like to begin the self-disclo-

sure process. It may also be helpful to encourage clients to establish a supportive network system (e.g., friends, transgender community, local support group, online communities etc.) in order to mitigate the negative stressors stemming from self-disclosure process. Thereby, mental health professionals may want to be aware of different trans-affirmative local support groups or online channels.

Some TGNC individuals may not be open to disclose their identity (e.g., for safety reasons) and this may cause feelings of disconnection and social alienation . Again, looking for a company with other TGNC individuals may alleviate the social isolation. However, given that one would expect to meet all their needs within the community, they may be more likely to be disappointed when perceived safety, acceptance and support needs are not met. Furthermore, as it is common in oppressed groups, internalized transphobia may result in hostility toward peers. The opposite is also possible, that is, the TGNC individual may shun other TGNC individuals. This may indicate that TGNC individual fears non-TGNC individuals' reactions and/or may suggest a degree of internalized transphobia.

THE LEGAL TRANSITION. As gender identity, legal name is also one of the foremost defining characteristic for every person. In the case of TGNC individuals, legal name and gender marker in official documents does not correspond with their gender identity. This often times is a source of great distress for TGNC individuals . Procedures of changing the legal name and gender marker in documents in Kosovo are not clearly defined and are inconsistent, which is an obstacle is for many TGNC individuals. Hence, mental health professionals working with TGNC should become familiar with the processes and costs associated with legally changing one's name and gender marker in official documents. Familiarity with such procedures enables mental health professional to guide and support TGNC clients willing to change their legal names and gender marker in their legal documents.

Common issues in TGNC population

DEPRESSION AND ANXIETY

Depression is one of the most commonly diagnosed mental disorders , and is more prevalent in LGBTQ populations compared to cis-gender population . Although there is a limited number of research focused in TGNC population, transgender people are reported to suffer from a high prevalence of anxiety and depression , . Research findings show that rates of depression for transgender individuals range from 48% to 62%, whereas for anxiety and overall distress from 26% to 38% . Cognitive factors, such as negative expectations for the future, are strongly associated with elevated levels of hopelessness, depression, and anxiety in TGNC . As suggested by the minority stress theory, TGNC individuals may be particularly vulnerable to internalizing negative thoughts considered "proximal" results of minority stress , . In addition, in the case of TGNC individuals, particular predictors to Major Depressive Disorder and Generalized Anxiety Disorder symptoms are gender identity appearance congruence and internalized transphobia . Research reveals that youth are less likely to meet diagnostic criteria for MDD if their physical appearance is highly congruent with their gender identify . In cases of elevated internalized transphobic beliefs, diagnostic criteria for both MDD and GAD are more likely met . In addition, older age, less social support, lower self-esteem, and greater interpersonal problems were significant predictors of depressive symptomology in treated and untreated transgender people . Hence, particular interventions, should focus on individual and socioecological levels.

SELF-INJURIOUS THOUGHTS AND BEHAVIORS

Self-injurious behaviors, worldwide, are among the leading causes of death . As consequence of association with numerous harsh conditions worldwide , cross-nationally, gender minorities, in particular, report higher rates of psychopathology and self-injurious thoughts and behaviors (SITBs), including nonsuicidal self-injury (NSSI), suicide ideation, suicide plans, suicide attempts, and even suicide death .

NSSI

NSSI refers to the direct and intentional injury of one's own body tissue without suicidal intent . NSSI behaviors include: cutting, burning, and hitting oneself . Its function, among other, is found to be as a way to regulate emotions and self-punishment . Research findings show that there is a high prevalence of NSSI among TGNC people, compared to cisgender people .There a higher prevalence of NSSI for TGNC even compared lesbian, gay, and bisexual people, who are also disproportionately affected compared to the general population . Some studies have found significantly higher rates of NSSI among transmasculine spectrum compared to transfeminine spectrum individuals, while some have reported no significant differences .

In transgender population, NSSI has been found to be associated with body dissatisfaction, lack of family support, psychological symptoms, lower self-esteem, lower social support, and younger age . There is also strong association between gender dysphoria, NSSI and suicidality . Risk factors for TGNC people associated with NSSI are: lack of perceived social support and interpersonal problems . However, NSSI behavior reduces as individuals move through the transitional process toward expressing one's gender identity, as clinical experience suggests . Particular intervention that may help when working with TGNC people who engage in NSSI are to develop new coping skills that can act as buffer against other negative feelings and experiences that may otherwise lead to NSSI behavior, and interventions aimed at increasing support and improving interpersonal skills .

SUICIDALITY

Although there is limited research of death by suicide among TGNC and gender nonconforming people , reviews of research findings using primarily convenience samples , reveal that compared to 4.6% of general population, 18-45% of TGNC adults and youth have attempted suicide in their lifetime . Thus, compared to cisgender people, TGNC individuals are at a higher risk for suicide . This high prevalence rates of suicide ideation and attempts among TGNC individuals seem closely tied to their

gendered experience . Studies report that at least at least one attempt is related to their gender identity , and 16% of TGNC persons thought about suicide when they first "felt" TGNC . Some of the factors related to suicide attempt are associated with TGNC identity; experiences of past parental verbal and physical abuse; and lower body esteem, especially weight satisfaction and thoughts of how others evaluate their' bodies .

There is little theoretical consideration on suicide risk among TGNC . However, initial research on understanding why gender minorities are at higher risk of SITBs identifies: (1) high rates of mental illnesses, including affective disorders , (2), disclosure of one's gender minority status is associated with numerous stressors such as social of social isolation, homelessness, discrimination, victimization, and rejection both in and outside of friends and family . As such, existing theories of suicide may be applicable to TGNC people, given that with the difference that TGNC people may face many more possible internal and external stressors, the individual and environmental correlates of suicide ideation and attempts reviewed are found to be similar to cisgender samples .

Traditional theories of suicide emphasize applicable factors to TGNC people such as: social estrangement, hopelessness, unbearable psychological pain, and desire to escape aversive self-awareness . These theories do not distinguish between people who think about suicide from those who attempt, and die, by suicide , although one third of individuals who report lifetime suicide ideation also report a lifetime suicide attempt . However, more recent ideation-to-action theories of suicide, include the Interpersonal Theory (IPTS), Integrated Motivational Volitional Model (IMV), Three-Step Theory (3ST), and Fluid Vulnerability Theory (FVT) – agree that a) the development of suicidal ideation and b) the progression from suicide desire to attempts are distinct processes with distinct explanations . The interpersonal theory of suicide posits that suicidal desire emerges when individuals experience intractable feelings of perceived burdensomeness and thwarted belongingness and that near-lethal or lethal suicidal behavior occurs in the presence of suicidal desire and capability for suicide . Rooted in "ideation-to-action"

framework, the three-step theory of suicide, proposes that concurrent hopelessness and emotional pain cause suicide ideation, the severity of which social connectedness buffers . In this line, TGNC persons' expectations of rejection and discrimination paired with intense psychological pain, such as internalized transphobia, may promote severe suicide ideation . However, further work should test whether the three-step theory is applicable to the TGNC population .

SUBSTANCE AND ALCOHOL ABUSE

Sexual minorities, as found, have higher rates of substance misuse and substance use disorders (SUDs) than people who identify as heterosexual . Review of different research findings show that TGNC individuals have high rates of alcohol use (estimates up to 72%), marijuana (estimates up to 71%), other illicit drug use (estimates up to 34% [including intravenous drug use]), and nonmedical use of prescription drugs (estimates up to 26.5%) and evince more severe misuse of these substances compared with cisgender persons . Limited available research suggests also high risk for substance use for TGNC youth compared to cisgender youth . The prevalence of substance use was 2.5–4 times higher for TGNC youth compared with their cisgender peers . Moreover, it has been found that TGNC youth were also at greater risk for early age of onset and recent substance use than cisgender youth.

While a variety of factors can influence the course of a person's substance use, TGNC individuals, as explained by minority stress model, face unique stressors that can intensify and deepen their dependence on substances as a coping strategy . This disproportion of substance use between TGNC and cisgender individuals, according to studies is associated between trans-specific discrimination (e.g., transphobia, gender abuse, and religious abuse) and substance use. The impact of substance use is often pervasive, with both short-term and long-term effects that can touch nearly every aspect of an individual's life: physical health, mental health, social support, relationships, financial, and employment stability.

To facilitate the gender exploration process, focus should be on prevention, treatment, and appropriate management of substance use disorders among TGNC people . Current research suggests that treatment should address unique factors in these clients' lives that may include homophobia/transphobia, family problems, violence, and social isolation.

Moreover, sexual minorities with SUDs are more likely to have additional (comorbid or co-occurring) psychiatric disorders - . TGNC children and adolescents have higher levels of depression, suicidality, self-harm, and eating disorders than their non-transgender counterparts. Thus it is particularly important that TGNC people in SUD treatment be screened for other psychiatric problems (as well as vice versa) and all identifiable conditions should be treated concurrently .

Resources for mental health professionals working with TGNC individuals

APPENDIX A. DEFINITIONS ACCORDING TO APA GUIDELINES

Ally: a cisgender person who supports and advocates for TGNC people and/or communities.

Antitrans prejudice (transprejudice, transnegativity, transphobia): prejudicial attitudes that may result in the devaluing, dislike, and hatred of people whose gender identity and/or gender expression do not conform to theirsex assigned at birth. Antitrans prejudice may lead todiscriminatory behaviors in such areas as employment and public accommodations, and may lead to harassment and violence. When TGNC people hold these negative attitudes about themselves and their gender identity, it is called internalized transphobia (a construct analogous to internalized homophobia). Transmisogyny describes a simultaneous experience of sexism and antitrans prejudice with particularly adverse effects on trans women.

Cisgender: an adjective used to describe a person whose gender

identity and gender expression align with sex assigned at birth; a person who is not TGNC.

Cisgenderism: a systemic bias based on the ideology that gender expression and gender identities are determined by sex assigned at birth rather than self-identified gender identity. Cisgenderism may lead to prejudicial attitudes and discriminatory behaviors toward TGNC people or to forms of behavior or gender expression that lie outside of the traditional gender binary.

Coming out: a process by which individuals affirm and actualize a stigmatized identity. Coming out as TGNC can include disclosing a gender identity or gender history that does not align with sex assigned at birth or current gender expression. Coming out is an individual process and is partially influenced by one's age and other generational influences.

Cross dressing: wearing clothing, accessories, and/or make-up, and/or adopting a gender expression not associated with a person's assigned sex at birth according to cultural and environmental standards (Bullough & Bullough, 1993). Cross-dressing is not always reflective of gender identity or sexual orientation. People who crossdress may or may not identify with the larger TGNC community.

Disorders of sex development (DSD, Intersex): term used to describe a variety of medical conditions associated with atypical development of an individual's physical sex characteristics (Hughes, Houk, Ahmed, & Lee, 2006). These conditions may involve differences of a person's internal and/or external reproductive organs, sex chromosomes, and/or sex-related hormones that may complicate sex assignment at birth. DSD conditions may be considered variations in biological diversity rather than disorders (M. Diamond, 2009); therefore some prefer the terms intersex, intersexuality, or differences in sex development rather than "disorders of sex development" (Coleman et al., 2012).

Drag: the act of adopting a gender expression, often as part of a performance. Drag may be enacted as a political comment on

gender, as parody, or as entertainment, and is not necessarily reflective of gender identity.

Female-to-male (FTM): individuals assigned a female sex at birth who have changed, are changing, or wish to change their body and/or gender identity to a more masculine body or gender identity. FTM persons are also often referred to as transgender men, transmen, or trans men.

Gatekeeping: the role of psychologists and other mental health professionals of evaluating a TGNC person's eligibility and readiness for hormone therapy or surgery according to the Standards of Care set forth by the World Professional Association for Transgender Health (Coleman et al., 2012). In the past, this role has been perceived as limiting a TGNC adult's autonomy and contributing to mistrust between mental health professionals and TGNC clients. Current approaches are sensitive to this history and are more affirming of a TGNC adult's autonomy in making decisions with regard to medical transition (American Counseling Association, 2010; Coleman et al., 2012; Singh & Burnes, 2010).

Gender-affirming surgery (sex reassignment surgery or gender reassignment surgery): surgery to change primary and/or secondary sex characteristics to better align a person's physical appearance with their gender identity. Gender-affirming surgery can be an important part of medically necessary treatment to alleviate gender dysphoria and may include mastectomy, hysterectomy, metoidioplasty, phalloplasty, breast augmentation, orchiectomy, vaginoplasty, facial feminization surgery, and/or other surgical procedures.

Gender binary: the classification of gender into two discrete categories of boy/man and girl/woman.

Gender dysphoria: discomfort or distress related to incongruence between a person's gender identity, sex assigned at birth, gender identity, and/or primary and secondary sex characteristics (Knudson, De Cuypere, & Bockting, 2010). In 2013, the fifth edition of the Diagnostic and Statistical Manual of Mental

Disorders (DSM–5; American Psychiatric Association, 2013) adopted the term gender dysphoria as a diagnosis characterized by "a marked incongruence between" a person's gender assigned at birth and gender identity (American Psychiatric Association, 2013, p. 453). Gender dysphoria replaced the diagnosis of gender identity disorder (GID) in the previous version of the DSM (American Psychiatric Association, 2000).

Gender expression: the presentation of an individual, including physical appearance, clothing choice and accessories, and behaviors that express aspects of gender identity or role. Gender expression may or may not conform to a person's gender identity.

Gender identity: a person's deeply felt, inherent sense of being a boy, a man, or male; a girl, a woman, or female; or an alternative gender (e.g., genderqueer, gender nonconforming, gender neutral) that may or may not correspond to a person's sex assigned at birth or to a person's primary or secondary sex characteristics. Because gender identity is internal, a person's gender identity is not necessarily visible to others. "Affirmed gender identity" refers to a person's gender identity after coming out as TGNC or undergoing a social and/or medical transition process.

Gender marker: an indicator (M, F) of a person's sex or gender found on identification (e.g., driver's license, passport) and other legal documents (e.g., birth certificate, academic transcripts).

Gender nonconforming (GNC): an adjective used as an umbrella term to describe people whose gender expression or gender identity differs from gender norms associated with their assigned birth sex. Subpopulations of the TGNC community can develop specialized language to represent their experience and culture, such as the term "masculine of center" (MOC; Cole & Han, 2011) that is used in communities of color to describe one's GNC identity.

Gender questioning: an adjective to describe people who may be questioning or exploring their gender identity and whose gender identity may not align with their sex assigned at birth.

Genderqueer: a term to describe a person whose gender identity does not align with a binary understanding of gender (i.e., a person who does not identify fully as either a man or a woman). People who identify as genderqueer may redefine gender or decline to define themselves as gendered altogether. For example, people who identify as genderqueer may think of themselves as both man and woman (bigender, pangender, androgyne); neither man nor woman (genderless, gender neutral, neutrois, agender); moving between genders (genderfluid); or embodying a third gender.

Gender role: refers to a pattern of appearance, personality, and behavior that, in a given culture, is associated with being a boy/man/male or being a girl/woman/female. The appearance, personality, and behavior characteristics may or may not conform to what is expected based on a person's sex assigned at birth according to cultural and environmental standards. Gender role may also refer to the social role in which one is living (e.g., as a woman, a man, or another gender), with some role characteristics conforming and others not conforming to what is associated with girls/women or boys/men in a given culture and time.

Hormone therapy (gender-affirming hormone therapy, hormone replacement therapy): the use of hormones to masculinize or feminize a person's body to better align that person's physical characteristics with their gender identity. People wishing to feminize their body receive antiandrogens and/or estrogens; people wishing to masculinize their body receive testosterone. Hormone therapy may be an important part of medically necessary treatment to alleviate gender dysphoria.

Male-to-female (MTF): individuals whose assigned sex at birth was male and who have changed, are changing, or wish to change their body and/or gender role to a more feminized body or gender role. MTF persons are also often referred to as transgender women, transwomen, or trans women.

Passing: the ability to blend in with cisgender people without being recognized as transgender based on appearance or

gender role and expression; being perceived as cisgender. Passing may or may not be a goal for all TGNC people.

Puberty suppression (puberty blocking, puberty delaying therapy): a treatment that can be used to temporarily suppress the development of secondary sex characteristics that occur during puberty in youth, typically using gonadotropin-releasing hormone (GnRH) analogues. Puberty suppression may be an important part of medically necessary treatment to alleviate gender dysphoria. Puberty suppression can provide adolescents time to determine whether they desire less reversible medical intervention and can serve as a diagnostic tool to determine if further medical intervention is warranted.

Sex (sex assigned at birth): sex is typically assigned at birth (or before during ultrasound) based on the appearance of external genitalia. When the external genitalia are ambiguous, other indicators (e.g., internal genitalia, chromosomal and hormonal sex) are considered to assign a sex, with the aim of assigning a sex that is most likely to be congruent with the child's gender identity (MacLaughlin & Donahoe, 2004). For most people, gender identity is congruent with sex assigned at birth (see cisgender); for TGNC individuals, gender identity differs in varying degrees from sex assigned at birth.

Sexual orientation: a component of identity that includes a person's sexual and emotional attraction to another person and the behavior and/or social affiliation that may result from this attraction. A person may be attracted to men, women, both, neither, or to people who are genderqueer, androgynous, or have other gender identities. Individuals may identify as lesbian, gay, heterosexual, bisexual, queer, pansexual, or asexual, among others. Stealth (going stealth): a phrase used by some TGNC people across the life span (e.g., children, adolescents) who choose to make a transition in a new environment (e.g., school) in their affirmed gender without openly sharing their identity as a TGNC person.

TGNC: an abbreviation used to refer to people who are transgender or gender nonconforming.

Trans: common short-hand for the terms transgender, transsexual, and/or gender nonconforming. Although the term "trans" is commonly accepted, not all transsexual or gender nonconforming people identify as trans.

Trans-affirmative: being respectful, aware and supportive of the needs of TGNC people.

Transgender: an adjective that is an umbrella term used to describe the full range of people whose gender identity and/or gender role do not conform to what is typically associated with their sex assigned at birth. Although the term "transgender" is commonly accepted, not all TGNC people self-identify as transgender.

Transgender man, trans man, or transman: a person whose sex assigned at birth was female, but who identifies as a man (see FTM).

Transgender woman, trans woman, or transwoman: a person whose sex assigned at birth was male, but who identifies as a woman (see MTF).

Transition: a process some TGNC people progress through when they shift toward a gender role that differs from the one associated with their sex assigned at birth. The length, scope, and process of transition are unique to each person's life situation. For many people, this involves developing a gender role and expression that is more aligned with their gender identity. A transition typically occurs over a period of time; TGNC people may proceed through a social transition (e.g., changes in gender expression, gender role, name, pronoun, and gender marker) and/or a medical transition (e.g., hormone therapy, surgery, and/or other interventions).

Transsexual: term to describe TGNC people who have changed or are changing their bodies through medical interventions (e.g., hormones, surgery) to better align their bodies with a gender identity that is different than their sex assigned at birth. Not all people who identify as transsexual consider themselves to be

TGNC. For example, some transsexual individuals identify as female or male, without identifying as TGNC.

APPENDIX B. GENDER MINORITY STRESS AND RESILIENCE (GMSR)

*Please check all that apply. (For example, you may check both "after age 18" and "in the past year" columns if both are true). *In this survey gender expression means how masculine/feminine/androgynous one appears to the world based on many factors such as mannerisms, dress, personality, etc.*

D	Never.	Yes, before age 18.	Yes, after age 18.	Yes, in the past year.
1 I have had difficulty getting medical or mental health treatment (transition-related or other) because of my gender identity or expression*	o	o	o	o
2 Because of my gender identity or expression, I have had difficulty finding a bathroom to use when I am out in public.	o	o	o	o
3 I have experienced difficulty getting identity documents that match my gender identity.	o	o	o	o
4 I have had difficulty finding housing or staying in housing because of my gender identity or expression.	o	o	o	o
5 I have had difficulty finding employment or keeping employment, or have been denied promotion because of my gender identity or expression	o	o	o	o

R	Never.	Yes, before age 18.	Yes, after age 18.	Yes, in the past year.
1 I have had difficulty finding a partner or have had a relationship end because of my gender identity or expression.	o	o	o	o
2 I have been rejected or made to feel unwelcome by a religious community because of my gender identity or expression	o	o	o	o
3 I have been rejected by or made to feel unwelcome in my ethnic/racial community because of my gender identity or expression.	o	o	o	o
4 I have been rejected or distanced from friends because of my gender identity or expression.	o	o	o	o
5 I have been rejected at school or work because of my gender identity or expression.	o	o	o	o
I have been rejected or distanced from family because of my gender identity or expression.	o	o	o	o

V	Never.	Yes, before age 18.	Yes, after age 18.	Yes, in the past year.
1 I have been verbally harassed or teased because of my gender identity or expression. (For example, being called "it.")	o	o	o	o
2 I have been threatened with being outed or blackmailed because of my gender identity or expression.	o	o	o	o
3 I have had my personal property damaged because of my gender identity or expression.	o	o	o	o
4 I have been threatened with physical harm because of my gender identity or expression.	o	o	o	o
5 I have been pushed, shoved, hit, or had something thrown at me because of my gender identity or expression.	o	o	o	o
6 I have had sexual contact with someone against my will because of my gender identity or expression.	o	o	o	o
na I have heard negative statements about transgender or gender nonconforming people.	o	o	o	o

Please indicate how much you agree with the following statements.

NA		Strongly Disagree	Somewhat Disagree	Neither Agree/ Disagree	Somewhat Agree	Strongly Agree
1	I have to repeatedly explain my gender identity to people or correct the pronouns people use.	O	O	O	O	O
2	I have difficulty being perceived as my gender.	O	O	O	O	O
3	I have to work hard for people to see my gender accurately.	O	O	O	O	O
4	I have to be "hypermasculine" or "hyperfeminine" in order for people to accept my gender.	O	O	O	O	O
5	People don't respect my gender identity because of my appearance or body.	O	O	O	O	O
6	People don't understand me because they don't see my gender as I do.	O	O	O	O	O

IT		Strongly Disagree	Somewhat Disagree	Neither Agree/ Disagree	Somewhat Agree	Strongly Agree
1	I resent my gender identity or expression.	O	O	O	O	O
2	My gender identity or expression makes me feel like a freak.	O	O	O	O	O
3	When I think of my gender identity or expression, I feel depressed.	O	O	O	O	O
4	When I think about my gender identity or expression, I feel unhappy.	O	O	O	O	O
5	Because my gender identity or expression, I feel like an outcast.	O	O	O	O	O
6	I often ask myself: Why can't my gender identity or expression just be normal?	O	O	O	O	O
7	I feel that my gender identity or expression is embarrassing.	O	O	O	O	O
8	I envy people who do not have a gender identity or expression like mine.	O	O	O	O	O

P		Strongly Disagree	Somewhat Disagree	Neither Agree/ Disagree	Somewhat Agree	Strongly Agree
1	My gender identity or expression makes me feel special and unique.	O	O	O	O	O
2	It is okay for me to have people know that my gender identity is different from my sex assigned at birth.	O	O	O	O	O
3	I have no problem talking about my gender identity and gender history to almost anyone.	O	O	O	O	O
4	It is a gift that my gender identity is different from my sex assigned at birth.	O	O	O	O	O
5	I am like other people but I am also special because my gender identity is different from my sex assigned at birth.	O	O	O	O	O
6	I am proud to be a person whose gender identity is different from my sex assigned at birth.	O	O	O	O	O
7	I am comfortable revealing to others that my gender identity is different from my sex assigned at birth.	O	O	O	O	O
8	I'd rather have people know everything and accept me with my gender identity and gender history.	O	O	O	O	O

Do you currently live in your affirmed gender* all or almost all of the time?
(*Your affirmed gender is the one you see as accurate for yourself.)

If NO, answer questions in section A and C, and skip section B.

If YES, skip section A, and answer questions in section B and C.

SECTION A: Please indicate how much you agree with the following statements.

NE		Strongly Disagree	Somewhat Disagree	Neither Agree/ Disagree	Somewhat Agree	Strongly Agree
1	If I express my gender identity, others wouldn't accept me.	O	O	O	O	O
2	If I express my gender identity, employers would not hire me.	O	O	O	O	O
3	If I express my gender identity, people would think I am mentally ill, "crazy."	O	O	O	O	O
4	If I express my gender identity, people would think I am disgusting or sinful.	O	O	O	O	O
5	If I express my gender identity, most people would think less of me.	O	O	O	O	O
6	If I express my gender identity, most people would look down on me.	O	O	O	O	O
7	If I express my gender identity, I could be a victim of crime or violence.	O	O	O	O	O
8	If I express my gender identity, I could be arrested or harassed by police.	O	O	O	O	O
9	If I express my gender identity, I could be denied good medical care.	O	O	O	O	O

ND		Strongly Disagree	Somewhat Disagree	Neither Agree/ Disagree	Somewhat Agree	Strongly Agree
1	Because I don't want others to know my gender identity, I don't talk about certain experiences from my past or change parts of what I will tell people.	O	O	O	O	O
2	Because I don't want others to know my gender identity, I modify my way of speaking.	O	O	O	O	O
3	Because I don't want others to know my gender identity, I pay special attention to the way I dress or groom myself .	O	O	O	O	O
4	Because I don't want others to know my gender identity, I avoid exposing my body, such as wearing a bathing suit or nudity in locker rooms.	O	O	O	O	O
5	Because I don't want others to know my gender identity, I change the way I walk, gesture, sit, or stand.	O	O	O	O	O

SECTION B: Please indicate how much you agree with the following statements.

NE		Strongly Disagree	Somewhat Disagree	Neither Agree/ Disagree	Somewhat Agree	Strongly Agree
1	If I express my gender history, others wouldn't accept me.	O	O	O	O	O
2	If I express my gender history, employers would not hire me.	O	O	O	O	O
3	If I express my gender history, people would think I am mentally ill, "crazy."	O	O	O	O	O
4	If I express my gender history, people would think I am disgusting or sinful.	O	O	O	O	O
5	If I express my gender history, most people would think less of me.	O	O	O	O	O
6	If I express my gender history, most people would look down on me.	O	O	O	O	O
7	If I express my gender history, I could be a victim of crime or violence.	O	O	O	O	O
8	If I express my gender history, I could be arrested or harassed by police.	O	O	O	O	O
9	If I express my gender history, I could be denied good medical care.	O	O	O	O	O

ND		Strongly Disagree	Somewhat Disagree	Neither Agree/ Disagree	Somewhat Agree	Strongly Agree
1	Because I don't want others to know my gender history, I don't talk about certain experiences from my past or change parts of what I will tell people.	O	O	O	O	O
2	Because I don't want others to know my gender history, I modify my way of speaking.	O	O	O	O	O
3	Because I don't want others to know my gender history, I pay special attention to the way I dress or groom myself .	O	O	O	O	O
4	Because I don't want others to know my gender history, I avoid exposing my body, such as wearing a bathing suit or nudity in locker rooms.	O	O	O	O	O
5	Because I don't want others to know my gender history, I change the way I walk, gesture, sit, or stand.	O	O	O	O	O

SECTION C: Please indicate how much you agree with each statement.

C		Strongly Disagree	Somewhat Disagree	Neither Agree/ Disagree	Somewhat Agree	Strongly Agree
1	I feel part of a community of people who share my gender identity.	O	O	O	O	O
2	I feel connected to other people who share my gender identity.	O	O	O	O	O
3	When interacting with members of the community that shares my gender identity, I feel like I belong.	O	O	O	O	O
4	I'm not like other people who share my gender identity.	O	O	O	O	O
5	I feel isolated and separate from other people who share my gender identity.	O	O	O	O	O

INFORMATION FOR CLINICIANS AND RESEARCHERS:

The Gender Minority Stress and Resilience (GMSR) Measure was developed to assess aspects of minority stress and resilience faced by people whose gender identity or expression is different in any way from that socially expected based on their sex assigned at birth. The scale consists of the following constructs:

D

Gender-related discrimination. This measure was created by combining (a) themes identified from a previously conducted focus group of trans adults focusing on minority stress (Balsam, Beadnell, Simoni, & Cope, 2008) with (b) items created based on other prevalent forms of discrimination described by TGNC respondents in a large national studies of TGNC people's experiences (Beemyn & Rankin, 2011; Grant, et al., 2010). For scoring purposes, responses are coded as 1 if "Yes" at any point, and 0 if "Never" (Testa, Habarth, Peta, Balsam, & Bockting, 2014).

R

Gender-related rejection. This measure was created by combining (a) themes identified from a previously conducted focus group of trans adults focusing on minority stress (Balsam, Beadnell, Simoni, & Cope, 2008) with (b) items created based on other prevalent forms of rejection identified by trans respondents in national studies of TGNC people's experiences (Beemyn & Rankin, 2011; Grant, et al., 2010). For scoring purposes, responses are coded as 1 if "Yes" at any point, and 0 if "Never" (Testa, Habarth, Peta, Balsam, & Bockting, 2014).

V

Gender-related victimization. Items were developed by adapting those from the Sexual Minority Negative Events Scale (SMNE; Goldblum, Waelde, Skinta, & Dilley, unpublished manuscript) such that items would refer to gender identity or expression instead of sexual orientation. For scoring purposes, DO NOT include the last item. This item was retained here as a potentially useful clinical prompt for discussion. However, because almost all respondents answer affirmatively, the item is not included in the final validated measure. All other responses are coded as 1 if "Yes" at any point, and 0 if "Never" (Testa, Habarth, Peta, Balsam, & Bockting, 2014). For research purposes, the last item (7) is not included in scoring, but has been retained for clinical purposes.

NA

Non-Affirmation. This scale was created based on prevalent experiences reported by TGNC people in national surveys related to gender identity non-affirmation in various settings (Beemyn & Rankin, 2011; Grant, et al., 2010). For scoring purposes, response options are coded as (0) Strongly Disagree, (1) Somewhat Disagree, (2) Neither Agree/Disagree, (3) Somewhat

Agree, and (4) Strongly Agree (Testa, Habarth, Peta, Balsam, & Bockting, 2014).

IT

Internalized transphobia. Internalized transphobia was evaluated with the 8-item Shame subscale from the Transgender Identity Survey (TGIS; Bockting, in press). This scale has demonstrated internal reliability, Cronbach's alpha = .89. Response options were adjusted from a 7-point to a 5-point Likert-type scale from "strongly disagree" to "strongly agree." For scoring purposes, response options are coded as (0) Strongly Disagree, (1) Somewhat Disagree, (2) Neither Agree/Disagree, (3) Somewhat Agree, and (4) Strongly Agree (Testa, Habarth, Peta, Balsam, & Bockting, 2014).

P

Pride. Pride regarding TGNC identity was measured by the Pride subscale of the Transgender Identity Scale (Bockting, Miner, Swinburne Romine, Robinson, Rosser, & Coleman, 2014). Reliability has been established with an alpha of .88. Response options were adjusted from a 7-point to a 5-point Likert-type scale from "strongly disagree" to "strongly agree." For scoring purposes, response options are coded as (0) Strongly Disagree, (1) Somewhat Disagree, (2) Neither Agree/Disagree, (3) Somewhat Agree, and (4) Strongly Agree (Testa, Habarth, Peta, Balsam, & Bockting, 2014).

*NE**

Negative Expectations for future events. For this scale, items were adapted from a measure of negative expectations for rejection among LGB people (Goldblum, Waelde, Skinta, & Dilley, unpublished manuscript). Several items were also added to reflect unique concerns identified in a focus group and national surveys with TGNC people (Balsam, Beadnell, Simoni, & Cope, 2008; Beemyn & Rankin, 2011; Grant, et al., 2010). For scoring purposes, response options are coded as (0) Strongly Disagree, (1) Somewhat Disagree, (2) Neither Agree/Disagree, (3) Somewhat Agree, and (4) Strongly Agree (Testa, Habarth, Peta, Balsam, & Bockting, 2014).

*ND**

Non-Disclosure. Items were developed to reflect means of non-disclosure utilized by TGNC people identified in a national survey of TGNC people, and autobiographical material of TGNC writers (Beemyn & Rankin, 2011; Feinberg, 1993; Green, 2004). For scoring purposes, response options are coded as (0) Strongly Disagree, (1) Somewhat Disagree, (2) Neither Agree/Disagree, (3) Somewhat Agree, and (4) Strongly Agree (Testa, Habarth, Peta, Balsam, & Bockting, 2014).

CC

Community Connectedness. This scale was created utilizing both (a) themes from a previously conducted focus group of trans adults focusing on minority stress (Balsam, Beadnell, Simoni, & Cope, 2008) and (b) items from the Alienation subscale of the Transgender Identity Survey (TGIS; Bockting, in press). Items from the latter were modified to primarily reflect affiliation instead of isolation. For scoring purposes, the response options are coded as (0) Strongly Disagree, (1) Somewhat Disagree, (2) Neither Agree/Disagree, (3) Somewhat Agree, and (4) Strongly Agree, with the exception of the last two items, which are reverse scored (Testa, Habarth, Peta, Balsam, & Bockting, 2014).

** Both NE and ND constructs are measured with slightly different wording depending on whether individuals do or do not live in their affirmed gender all or most of the time. (Affirmed gender means that which the individual sees as accurate for themselves.)*

REFERENCES

Austin, A., Craig, S. L., & Alessi, E. J. (2017). Affirmative cognitive behavior therapy with transgender and gender conconforming adults. Psychiatric Clinics, 40(1), 141–156.

Meier, S. C., & Labuski, C. M. (2013). The demographics of the transgender population. In A. K. Baumle (Ed.), International handbook of the demography of sexuality (pp. 289–327). New York, NY: Springer.

American Psychological Association. (2015). Guidelines for Psychological Practice with Transgender and Gender Nonconforming People. American Psychologist, 70 (9), 832-864. doi: 10.1037/a0039906

Austin, A., Craig, S. L., & Alessi, E. J. (2017). Affirmative cognitive behavior therapy with transgender and gender nonconforming adults. Psychiatric Clinics, 40(1), 141–156.

Fredriksen-Goldsen, K. I., Cook-Daniels, L., Kim, H. J., Erosheva, E. A., Emlet, C. A., Hoy-Ellis, C. P., . . . Muraco, A. (2014). Physical and mental health of transgender older adults: An at-risk and underserved population. The Gerontologist, 54, 488–500. http://dx.doi.org/10.1093/geront/gnt021

James, SE., Herman, JL., Rankin, S., Keisling, M., Mottet, L., Anafi, M. The Report of the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality; 2016.

Xavier, J., Bradford, J., Hendricks, M., Safford, L., McKee, R., Martin, E., & Honnold, J. A. (2012). Transgender health care access of Virginia: A qualitative study. International Journal of Transgenderism, 14, 3–17. http://dx.doi.org/10.1080/15532739.2013.689513

Hendricks, M. L., & Testa, R. J. (2012). A conceptual framework for clinical work with transgender and gender nonconforming clients: An adaptation of the minority stress model. Professional Psychology: Research and Practice, 43(5), 460–467. https://doi.org/10.1037/a0029597

Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Kiesling, M. (2011). Injustice at every turn: A report of the national transgender discrimination survey. Washington, DC: National Center for Transgender Equality & National Gay and Lesbian Task Force. Retrieved from http://endtransdiscrimination.org/PDFs/NTDS_Report .pdf

C. Carmel, Tamar & Erickson-Schroth, Laura. (2016). Mental Health and the Transgender Population. Psychiatric Annals. 46. 346-349. 10.3928/00485713-20160419-02.

Hendricks, M. L., & Testa, R. J. (2012). A conceptual framework for clinical work with transgender and gender nonconforming clients: An adaptation of the minority stress model. Professional Psychology: Research and Practice, 43(5), 460–467. https://doi.org/10.1037/a0029597

Fredriksen-Goldsen, K. I., Cook-Daniels, L., Kim, H. J., Erosheva, E. A., Emlet, C. A., Hoy-Ellis, C. P., . . . Muraco, A. (2014). Physical and
mental health of transgender older adults: An at-risk and underserved population. The Gerontologist, 54, 488–500. http://dx.doi.org/10.1093/geront/gnt021

C. Carmel, Tamar & Erickson-Schroth, Laura. (2016). Mental Health and the Transgender Population. Psychiatric Annals. 46. 346-349. 10.3928/00485713-20160419-02.

Clements-Nolle, K., Marx, R., & Katz, M. (2006). Attempted suicide among transgender persons: The influence of gender-based discrimination and victimization. Journal of Homosexuality, 51, 53–69. http://dx.doi.org/10.1300/J082v51n03_04

Coleman, E., Bockting, W., Botzer, M., Cohen-Kettenis, P., DeCuypere, G., Feldman, J., . . . Zucker, K. (2012). Standards of care for the health of transsexual, transgender, and gender nonconforming people, 7th version. International Journal of Transgenderism, 13, 165–232. http://
dx.doi.org/10.1080/15532739.2011.700873

Austin, A., Craig, S. L., & Alessi, E. J. (2017). Affirmative cognitive behavior therapy with transgender and gender nonconforming adults. Psychiatric Clinics, 40(1), 141–156.

Bockting, W.O, Knudson, G., and Goldberg,J.M. (2006). Counseling and Mental Health Care for Transgender Adults and Loved Ones. International Journal of Transgenderism, 9:3-4, 35-82, DOI: 10.1300/J485v09n03_03

CSGD and CEL, (2016). Social protection and access to healthcare for transgender people in Kosovo.

(ERA – LGBTI Equal Rights Association for Western Balkans and Turkey (2018).Written Contribution to the REPORT ON LEGAL GENDER RECOGNITION of UN Independent Expert on Protection against Violence and Discrimination based on Sexual Orientation and Gender Identity. Retrieved online from: https://www.lgbti-era.org/one-stop-shop/report-legal-gender-recognition-western-balkans-and-turkey)

CSGD and CEL, (2016). Social protection and access to healthcare for transgender people in Kosovo

(ERA – LGBTI Equal Rights Association for Western Balkans and Turkey (2018).Written Contribution to the REPORT ON LEGAL GENDER RECOGNITION of UN Independent Expert on Protection against Violence and Discrimination based on Sexual Orientation and Gender Identity. Retrieved online from: https://www.lgbti-era.org/one-stop-shop/report-legal-gender-recognition-western-balkans-and-turkey)
Eve-Anne a Travers (2019). Kosovo turns its eye on Macedonian transgender rights. Prishtina Insight.Available online at: https://prishtinainsight.com/kosovo-turns-its-eye-on-macedonian-transgender-rights-mag/

(ERA – LGBTI Equal Rights Association for Western Balkans and Turkey (2018).Written Contribution to the REPORT ON LEGAL GENDER RECOGNITION of UN Independent Expert on Protection against Violence and Discrimination based on Sexual Orientation and Gender Identity. Retrieved online from: https://www.lgbti-era.org/one-stop-shop/report-legal-gender-recognition-western-balkans-and-turkey)

CSGD and CEL, (2016). Social protection and access to healthcare for transgender people in Kosovo

CSGD and CEL, (2016). Social protection and access to healthcare for transgender people in Kosovo

National Democratic Institute (NDI). (2015). NDI public opinion poll in the balkans on LGBTI communities. Available at:http://www.slideshare.net/NDIdemocracy/ndi-public-opinion-poll-in-the-balkans-on-lgbti-communities. Accessed: 05/02/2017.

Meaker, M. (2016, March 30). 'The LGBT community is invisible': using data to fight hate crime in the Balkans. Retrieved February 05, 2017, from https://www.theguardian.com/global-development-professionals-network/2016/mar/30/scared-come-out-lgbt-kosovo-serbia-bosnia-hate-crime

CSGD and CEL, (2016). Social protection and access to healthcare for transgender people in Kosovo.

(ERA – LGBTI Equal Rights Association for Western Balkans and Turkey (2018).Written Contribution to the REPORT ON LEGAL GENDER RECOGNITION of UN Independent Expert on Protection against Violence and Discrimination based on Sexual Orientation and Gender Identity. Retrieved online from: https://www.lgbti-era.org/one-stop-shop/report-legal-gender-recognition-western-balkans-and-turkey)

(ERA – LGBTI Equal Rights Association for Western Balkans and Turkey (2018).Written Contribution to the REPORT ON LEGAL GENDER RECOGNITION of UN Independent Expert on Protection against Violence and Discrimination based on Sexual Orientation and Gender Identity. Retrieved online from: https://www.lgbti-era.org/one-stop-shop/report-legal-gender-recognition-western-balkans-and-turkey)

Israel, T., Gorcheva, R.,. Walther, A., W., Sulzner, M., J., and Cohen, J., (2008). Therapists' Helpful and Unhelpful Situations With LGBT Clients: An Exploratory Study. Professional Psychology: Research and Practice, Vol. 39, No. 3, 361–368. DOI: 10.1037/0735-7028.39.3.361

American Psychological Association. (2015). Guidelines for psychological practice with transgender and gender nonconforming people. American Psychologist, 70(9), 832-864.http://dx.doi.org/10.1037/a0039906

American Psychological Association. (2015). Guidelines for psychological practice with transgender and gender nonconforming people. American Psychologist, 70(9), 832-864.http://dx.doi.org/10.1037/a0039906

American Psychological Association. (2015). Guidelines for psychological practice with transgender and gender nonconforming people. American Psychologist, 70(9), 832-864.http://dx.doi.org/10.1037/a0039906

American Psychological Association. (2015). Guidelines for psychological practice with transgender and gender nonconforming people. American Psychologist, 70(9), 832-864.http://dx.doi.org/10.1037/a0039906

Diamond, L., Pardo, S. T., & Butterworth, M. (2011). Transgender experience and identity. In S. J. Schwartz, K. Luyckx, & V. L. Vignoles (Eds.), Handbook of identity theory and research (pp. 629–648). New York, NY: Springer

American Psychological Association. (2015). Guidelines for psychological practice with transgender and gender nonconforming people. American Psychologist, 70(9), 832-864.http://dx.doi.org/10.1037/a0039906

Pardo, T.S., & Devor, H.A., (2017). Transgender and gender nonconforming identity development. In K. Nadal (Ed.), The SAGE encyclopedia of psychology and gender (pp. 1689–1692)

Pardo, T.S., & Devor, H.A., (2017). Transgender and gender nonconforming identity development. In K. Nadal (Ed.), The SAGE encyclopedia of psychology and gender (pp. 1689–1692)

Pardo, T.S., & Devor, H.A., (2017). Transgender and gender nonconforming identity development. In K. Nadal (Ed.), The SAGE encyclopedia of psychology and gender (pp. 1689–1692)

Pardo, T.S., & Devor, H.A., (2017). Transgender and gender nonconforming identity development. In K. Nadal (Ed.), The SAGE encyclopedia of psychology and gender (pp. 1689–1692)

Pardo, T.S., & Devor, H.A., (2017). Transgender and gender nonconforming identity development. In K. Nadal (Ed.), The SAGE encyclopedia of psychology and gender (pp. 1689–1692)

Devor, A., (2004) Witnessing and Mirroring: A Fourteen Stage Model of Transsexual Identity

Formation, Journal of Gay & Lesbian Psychotherapy, 8:1-2, 41-67

Devor, A., (2004) Witnessing and Mirroring: A Fourteen Stage Model of Transsexual Identity Formation, Journal of Gay & Lesbian Psychotherapy, 8:1-2, 41-67

Pardo, T.S., & Devor, H.A., (2017). Transgender and gender nonconforming identity development. In K. Nadal (Ed.), The SAGE encyclopedia of psychology and gender (pp. 1689–1692)

Pardo, T.S., & Devor, H.A., (2017). Transgender and gender nonconforming identity development. In K. Nadal (Ed.), The SAGE encyclopedia of psychology and gender (pp. 1689–1692)

Devor, A., (2004) Witnessing and Mirroring: A Fourteen Stage Model of Transsexual Identity Formation, Journal of Gay & Lesbian Psychotherapy, 8:1-2, 41-67

Pardo, S. T. (2009). An exploratory study of identity conceptualization and development in a sample of gender nonconforming biological females. Unpublished Master's Thesis. Cornell University, Ithaca, NY

Pardo, T.S., & Devor, H.A., (2017). Transgender and gender nonconforming identity development. In K. Nadal (Ed.), The SAGE encyclopedia of psychology and gender (pp. 1689–1692)

Pardo, T.S., & Devor, H.A., (2017). Transgender and gender nonconforming identity development. In K. Nadal (Ed.), The SAGE encyclopedia of psychology and gender (pp. 1689–1692)

Pardo, T.S., & Devor, H.A., (2017). Transgender and gender nonconforming identity development. In K. Nadal (Ed.), The SAGE encyclopedia of psychology and gender (pp. 1689–1692)

Pardo, T.S., & Devor, H.A., (2017). Transgender and gender nonconforming identity development. In K. Nadal (Ed.), The SAGE encyclopedia of psychology and gender (pp. 1689–1692)

Nisly, L. N. Imborek, L. K.,Miller, L. M., Kaliszewski, D. S., Williams, M. R., & Krasowski, D. M. (2018). Unique primary care needs of transgender and gender non-binary people. Clinical Obstetrics and Gynecology, 61 (4), 674–686.

Carroll, L., Gilroy, P. J., & Ryan, J. (2002). Counselling transgendered, transsexual and gender variant clients. Journal of Counselling and Development, 80, 131–139. doi:10.1002/j.1556-6678.2002.tb00175.x

Hendricks, L. M. & Testa, J. R. (2012). A Conceptual Framework for Clinical Work With Transgender and Gender Nonconforming Clients: An Adaptation of the Minority Stress Model. Professional Psychology: Research and Practice, 43 (5), 460-467.

Hendricks, L. M. & Testa, J. R. (2012). A Conceptual Framework for Clinical Work With Transgender and Gender Nonconforming Clients: An Adaptation of the Minority Stress Model. Professional Psychology: Research and Practice, 43 (5), 460-467.

Hatzenbuehler, (2009). How Does Sexual Minority Stigma "Get Under the Skin"? A Psychological Mediation Framework. Psychological Bulletin, 135(5), 707–730.

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. doi:10.1037/0033-2909.129.5 .674

Lefevor, G. T., Boys-Rogers, C. C., Sprague, M. B., & Janis, A. R. (2019). Health Disparities Between Genderqueer, Transgender, and Cisgender Individuals: An Extension of Minority Stress Theory. Journal of Counseling Psychology, 66 (4), 385–395.

Testa, J. R., Habarth, J., Peta, J., Balssam, K., & Bockting, W. (2015). Development of the gender minority stress and resilience measure. Psychology of Sexual Orientation and Gender Diversity, . 2 (1), 65–77.

Rood, A. B., Reisner, L. S., Surace, I. F., Puckett, A. J., Maroney, R. M., & Pantalone, W. D., (2016). Expecting Rejection: Understanding the Minority Stress Experiences of Transgender and Gender-Nonconforming Individuals. Transgender health, 1 (1), 151-163.

Rood, A. B., Reisner, L. S., Surace, I. F., Puckett, A. J., Maroney, R. M., & Pantalone, W. D. (2016). Expecting Rejection: Understanding the Minority Stress Experiences of Transgender and Gender-Nonconforming Individuals. Transgender health, 1 (1), 151 – 164.

Testa R.J., Habarth J., Peta J., Balsam K., & Bockting W. (2015). Development of the gender minority stress and resilience measure. Psychol Sex Orient Gend Divers ;2:65–77.

Pinto, R. M., Melendez, R. M., & Spector, A. Y. (2008). Male-to-female transgender individuals building social support and capital from within a gender-focused network. Journal of Gay and Lesbian Social Services, 20, 203–220. doi:10.1080/10538720802235179

Sing, A. A., Hays, G. D., & Watson, S. L. (2011). Strength in the Face of Adversity: Resilience Strategies of Transgender Individuals. Journal of counseling and development, 89 (1), 20 – 27.

Matsuno, E., & Israel, T. (2018). Psychological Interventions Promoting Resilience Among Transgender Individuals: Transgender Resilience Intervention Model (TRIM). The counseling psychologist, 46 (5), 632 – 655.

Testa, J. R., Habarth, J., Peta, J., Balssam, K., & Bockting, W. (2015). Development of the gender minority stress and resilience measure. Psychology of Sexual Orientation and Gender Diversity, . 2 (1), 65–77.

Hatzenbuehler, (2009). How Does Sexual Minority Stigma "Get Under the Skin"? A Psychological Mediation Framework. Psychological Bulletin, 135(5), 707–730.

Hatzenbuehler, (2009). How Does Sexual Minority Stigma "Get Under the Skin"? A Psychological Mediation Framework. Psychological Bulletin, 135(5), 707–730.

CSGD and CEL, (2016). Social protection and access to healthcare for transgender people in Kosovo.

Johnson, S. (2012). Gay Affirmative Psychotherapy With Lesbian, Gay, and Bisexual Individuals: Implications for Contemporary Psychotherapy Research. American Journal of Orthopsychiatry, 2, 4, 516–522. DOI: 10.1111/j.1939-0025.2012.01180.x

Bieschke, K. J., Perez, R. M., & DeBord, K. A. (2007). Handbook of counseling and psychotherapy with lesbian, gay, bisexual, and transgender clients. Washington, DC: American Psychological Association.

Collazo, A., Austin, A., & Craig, L. S. (2013). Facilitating Transition Among Transgender Clients: Components of Effective Clinical Practice. Clinical social work journal, 41, 228-237.

Bradford J, Reisner SL, Honnold JA, Xavier J. Experiences of transgender- related discrimination and implications for health: results from the Vir- ginia Transgender Health Initiative Study. Am J Public Health. 2013;103:1820–1829.

Bariola, E., Anthony, L., William, L., Marian, P., & Paul;, B...et al. (2015). Demographic and Psychosocial Factors Associated With Psychological Distress and Resilience Among Transgender Individuals. American Journal of Public Health, 105. 10, 2108-2118.

Shulman, G. P., Holt, N. R., Hope, D. A., Mocarski, R., Eyer, J., & Woodruff, N. (2017). A Review of Contemporary Assessment Tools for Use with Transgender and Gender Nonconforming Adults. Psychology of sexual orientation and gender diversity, 4(3), 304–313. doi:10.1037/sgd0000233

Bockting, W.O, Knudson, G., and Goldberg,J.M. (2006). Counseling and Mental Health Care for Transgender Adults and Loved Ones. International Journal of Transgenderism, 9:3-4, 35-82, DOI: 10.1300/J485v09n03_03

Bockting, W.O, Knudson, G., and Goldberg,J.M. (2006). Counseling and Mental Health Care for Transgender Adults and Loved Ones. International Journal of Transgenderism, 9:3-4, 35-82, DOI: 10.1300/J485v09n03_03

Meyer, W. J., III, Bockting, W. O., Cohen-Kettenis, P.T., Coleman, E., Di Ceglie, D., Devor, H., Gooren, L.,Hage, J. J.,Kirk, S.,Kuiper, B., Laub, D., Lawrence, A., Menard, Y., Monstrey, S., Patton, J., Schaefer, L., Webb, A.,&Wheeler, C. C. (2001). The standards of care for Gender Identity Disorders (6th ed.). Minneapolis, MN: Harry Benjamin International Gender Dysphoria Association.

Coleman E, Bockting W, Botzer M, Cohen-Kettenis P, DeCuypere G, Feldman J, … Zucker K. Standards of care for the health of transsexual, transgender, and gender nonconforming people, 7th version. International Journal of Transgenderism. 2012;13:165–232. doi: 10.1080/15532739.2011.700873

Coleman E, Bockting W, Botzer M, Cohen-Kettenis P, DeCuypere G, Feldman J, … Zucker K. Standards of care for the health of transsexual, transgender, and gender nonconforming people, 7th version. International Journal of Transgenderism. 2012;13:165–232. doi: 10.1080/15532739.2011.700873

Bockting, W.O, Knudson, G., and Goldberg,J.M. (2006). Counseling and Mental Health Care for Transgender Adults and Loved Ones. International Journal of Transgenderism, 9:3-4, 35-82, DOI: 10.1300/J485v09n03_03

Coleman E, Bockting W, Botzer M, Cohen-Kettenis P, DeCuypere G, Feldman J, … Zucker K. Standards of care for the health of transsexual, transgender, and gender nonconforming people, 7th version. International Journal of Transgenderism. 2012;13:165–232. doi: 10.1080/15532739.2011.700873

Coleman E, Bockting W, Botzer M, Cohen-Kettenis P, DeCuypere G, Feldman J, … Zucker K. Standards of care for the health of transsexual, transgender, and gender nonconforming people, 7th version. International Journal of Transgenderism. 2012;13:165–232. doi: 10.1080/15532739.2011.700873

Coleman E, Bockting W, Botzer M, Cohen-Kettenis P, DeCuypere G, Feldman J, … Zucker K. Standards of care for the health of transsexual, transgender, and gender nonconforming people, 7th version. International Journal of Transgenderism. 2012;13:165–232. doi: 10.1080/15532739.2011.700873

Coleman E, Bockting W, Botzer M, Cohen-Kettenis P, DeCuypere G, Feldman J, … Zucker K. Standards of care for the health of transsexual, transgender, and gender nonconforming people, 7th version. International Journal of Transgenderism. 2012;13:165–232. doi: 10.1080/15532739.2011.700873

Coleman E, Bockting W, Botzer M, Cohen-Kettenis P, DeCuypere G, Feldman J, … Zucker K. Standards of care for the health of transsexual, transgender, and gender nonconforming people, 7th version. International Journal of Transgenderism. 2012;13:165–232. doi: 10.1080/15532739.2011.700873

Coleman E, Bockting W, Botzer M, Cohen-Kettenis P, DeCuypere G, Feldman J, … Zucker K. Standards of care for the health of transsexual, transgender, and gender nonconforming people, 7th version. International Journal of Transgenderism. 2012;13:165–232. doi: 10.1080/15532739.2011.700873

Coleman E, Bockting W, Botzer M, Cohen-Kettenis P, DeCuypere G, Feldman J, … Zucker K. Standards of care for the health of transsexual, transgender, and gender nonconforming people, 7th version. International Journal of Transgenderism. 2012;13:165–232. doi: 10.1080/15532739.2011.700873

Coleman E, Bockting W, Botzer M, Cohen-Kettenis P, DeCuypere G, Feldman J, … Zucker K. Standards of care for the health of transsexual, transgender, and gender nonconforming people, 7th version. International Journal of Transgenderism. 2012;13:165–232. doi: 10.1080/15532739.2011.700873

Coleman E, Bockting W, Botzer M, Cohen-Kettenis P, DeCuypere G, Feldman J, … Zucker K. Standards of care for the health of transsexual, transgender, and gender nonconforming people, 7th version. International Journal of Transgenderism. 2012;13:165–232. doi: 10.1080/15532739.2011.700873

Coleman E, Bockting W, Botzer M, Cohen-Kettenis P, DeCuypere G, Feldman J, … Zucker K. Standards of care for the health of transsexual, transgender, and gender nonconforming people, 7th version. International Journal of Transgenderism. 2012;13:165–232. doi: 10.1080/15532739.2011.700873

Coleman E, Bockting W, Botzer M, Cohen-Kettenis P, DeCuypere G, Feldman J, … Zucker K. Standards of care for the health of transsexual, transgender, and gender nonconforming people, 7th version. International Journal of Transgenderism. 2012;13:165–232. doi: 10.1080/15532739.2011.700873

Coleman E, Bockting W, Botzer M, Cohen-Kettenis P, DeCuypere G, Feldman J, … Zucker K. Standards of care for the health of transsexual, transgender, and gender nonconforming people, 7th version. International Journal of Transgenderism. 2012;13:165–232. doi: 10.1080/15532739.2011.700873

Bockting, W.O, Knudson, G., and Goldberg,J.M. (2006). Counseling and Mental Health Care for Transgender Adults and Loved Ones. International Journal of Transgenderism, 9:3-4, 35-82, DOI: 10.1300/J485v09n03_03

Bockting, W.O, Knudson, G., and Goldberg,J.M. (2006). Counseling and Mental Health Care for Transgender Adults and Loved Ones. International Journal of Transgenderism, 9:3-4, 35-82, DOI: 10.1300/J485v09n03_03

Coleman E, Bockting W, Botzer M, Cohen-Kettenis P, DeCuypere G, Feldman J, … Zucker K. Standards of care for the health of transsexual, transgender, and gender nonconforming people, 7th version. International Journal of Transgenderism. 2012;13:165–232. doi: 10.1080/15532739.2011.700873

Bockting, W.O, Knudson, G., and Goldberg,J.M. (2006). Counseling and Mental Health Care for Transgender Adults and Loved Ones. International Journal of Transgenderism, 9:3-4, 35-82, DOI: 10.1300/J485v09n03_03

Collazo, A., Austin, A., & Craig, L. S. (2013). Facilitating Transition Among Transgender Clients: Components of Effective Clinical Practice. Clinical social work journal, 41, 228-237.

What We Know: The Public Policy Research Portal, Center for the Study of Inequality at Cornell University . What does the scholarly research say about the effect of gender transition

on transgender well-being? https://whatweknow.inequality.cornell.edu/topics/lgbt-equality/what-does-the-scholarly-research-say-about-the-well-being-of-transgender-people/. Accessed January 4, 2019.

Haimson, L. O. (2019). Mapping gender transition sentiment patterns via social media data: toward decreasing transgender mental health disparities. Journal of the American Medical Informatics Association, 26(8-9), 749–758, https://doi.org/10.1093/jamia/ocz056

Haimson, L. O. (2019). Mapping gender transition sentiment patterns via social media data: toward decreasing transgender mental health disparities. Journal of the American Medical Informatics Association, 26(8-9), 749–758, https://doi.org/10.1093/jamia/ocz056

Collazo, A., Austin, A., & Craig, L. S. (2013). Facilitating Transition Among Transgender Clients: Components of Effective Clinical Practice. Clinical social work journal, 41, 228-237.

Collazo, A., Austin, A., & Craig, L. S. (2013). Facilitating Transition Among Transgender Clients: Components of Effective Clinical Practice. Clinical social work journal, 41, 228-237.

Ålgars, M., Alanko, K., Santtila, P., & Sandnabba, N. K. (2012).Disordered eating and gender identity disorder: A qualitativestudy.Eating Disorders, 20, 300–311.

Lai, M. C., Chiu, Y. N., Gadow, K. D., Gau, S. S. F., & Hwu,H. G. (2010). Correlates of gender dysphoria in TaiwaneseINTERNATIONAL REVIEW OF PSYCHIATRY93university students.Archives of Sexual Behavior, 39,1415–1428.Lindgren, T., &

Jones,A. B., Haycraft, E., Murjan, S., & Arcelus, J. (2016). Body dissatisfaction and disordered eating in trans people: A systematic review of the literature,International Review of Psychiatry, 28:1, 81-94, DOI: 10.3109/09540261.2015.1089217

Ålgars, M., Alanko, K., Santtila, P., & Sandnabba, N. K. (2012).Disordered eating and gender identity disorder: A qualitativestudy.Eating Disorders, 20, 300–311.

Lydia A. Fein, Christopher J. Salgado, Klara Sputova, Christopher M. Estes & Carlos A. Medina (2018) Sexual Preferences and Partnerships of Transgender Persons Mid- or Post-Transition, Journal of Homosexuality, 65:5, 659-671, DOI: 10.1080/00918369.2017.1333808

Thurston, M. D., & Allan, S. (2018). Sexuality and sexual experiences during gender transition: A thematic synthesis. Clinical psychology review, 66, 39-50.

Derlega, V. J., & Grzelak, J. (1979). Appropriateness of self-disclosure. InG. J. Chelune (Ed.),Self-disclosures: Origins, patterns and implicationsof openness in interpersonal relationships(pp. 151–176). San Francisco,CA: Jossey–Bass.

Chaudoir, R. S., & Fisher, D. J. (2010). The Disclosure Processes Model: Understanding Disclosure DecisionMaking and Postdisclosure Outcomes Among People Living Witha Concealable Stigmatized Identity. Psychological Bulletin. 136 (2), 236-256.

Collazo, A., Austin, A., & Craig, L. S. (2013). Facilitating Transition Among Transgender Clients: Components of Effective Clinical Practice. Clinical social work journal, 41, 228-237.

Collazo, A., Austin, A., & Craig, L. S. (2013). Facilitating Transition Among Transgender Clients: Components of Effective Clinical Practice. Clinical social work journal, 41, 228-237.

Collazo, A., Austin, A., & Craig, L. S. (2013). Facilitating Transition Among Transgender Clients: Components of Effective Clinical Practice. Clinical social work journal, 41, 228-237.

Bockting, O. W., Knudson, G., & Goldberg, M. J. (2006) Counseling and Mental Health Care for

Transgender Adults and Loved Ones, International Journal of Transgenderism, 9:3-4, 35-82, DOI: 10.1300/J485v09n03_03

Collazo, A., Austin, A., & Craig, L. S. (2013). Facilitating Transition Among Transgender Clients: Components of Effective Clinical Practice. Clinical social work journal, 41, 228-237.

Kessler, R.C., Petukhova, M., Sampson, N.A., Zaslavsky, A.M., Wittchen, H.U., 2012. Twelve-month and lifetime prevalence and lifetime morbid risk of anxiety and mood disorders in the United States. Int. J. Method Psychiatr. Res. 21, 169–184.

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. J. Adolesc. Health 49 (2), 115–123.

Witcomb, L.G., Bouman, P.W., Claes, L., Brewin, N., Crawford R. J., & Arcelus, J., (2018). Levels of depression in transgender people and its predictors: Results of a large matched control study with transgender people accessing clinical services, Journal of Af ective Disorders, https://doi.org/10.1016/j.jad.2018.02.051

Bouman, W.P., Claes, L., Brewin, N., Crawford, J.R., Millet, N., Fernandez-Aranda, F., Arcelus, J., 2016a. Gender dysphoria and anxiety: a comparative study between transgender people and the general population. Int. J. Transgend. 18 (1), 16–26. http://dx.doi.org/10.1080/15532739.2016.1258352.

Budge, S. L., Adelson, J. L., & Howard, K. A. S. (2013). Anxiety and depression in transgender individuals: The roles of transition status, loss, social support, and coping. Journal of Consulting and Clinical Psychology, 81(3), 545-557. Doi.http://dx.doi.org/10.1037/a0031774

Chodzen, G., Hidalgo, M., & Chen, D., & Garofalo, R.. (2018). Minority Stress Factors Associated With Depression and Anxiety Among Transgender and Gender-Nonconforming Youth. Journal of Adolescent Health. 64. 10.1016/j.jadohealth.2018.07.006

Meyer, I.H. (2003). . Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. Psychol Bull 2003;129:674–97.

Testa R.J., Habarth J., Peta J., Balsam K., & Bockting W. (2015). Development of the gender minority stress and resilience measure. Psychol Sex Orient Gend Divers ;2:65–77.

Chodzen, G., Hidalgo, M., & Chen, D., & Garofalo, R.. (2018). Minority Stress Factors Associated With Depression and Anxiety Among Transgender and Gender-Nonconforming Youth. Journal of Adolescent Health. 64. 10.1016/j.jadohealth.2018.07.006

Chodzen, G., Hidalgo, M., & Chen, D., & Garofalo, R.. (2018). Minority Stress Factors Associated With Depression and Anxiety Among Transgender and Gender-Nonconforming Youth. Journal of Adolescent Health. 64. 10.1016/j.jadohealth.2018.07.006

Chodzen, G., Hidalgo, M., & Chen, D., & Garofalo, R.. (2018). Minority Stress Factors Associated With Depression and Anxiety Among Transgender and Gender-Nonconforming Youth. Journal of Adolescent Health. 64. 10.1016/j.jadohealth.2018.07.006

Witcomb, L.G., Bouman, P.W., Claes, L., Brewin, N., Crawford R. J., & Arcelus, J., (2018). Levels of depression in transgender people and its predictors: Results of a large matched control study with transgender people accessing clinical services, Journal of Af ective Disorders, https://doi.org/10.1016/j.jad.2018.02.051

Nock, M. K., Prinstein, M. J., & Sterba, S. K. (2009). Revealing the form and function of self-inju-

rious thoughts and behaviors: A real-time ecological assessment study among adolescents and young adults. Journal of abnormal psychology, 118(4), 816–827. doi:10.1037/a0016948

Marshall, E., Claes, L., Bouman, W.P., Witcomb, G.L., Arcelus, J., 2016. Non-suicidal self- injury and suicidality in trans people: a systematic review of the literature. Int. Rev. Psychiatry 28, 58–69. https://doi.org/10.3109/09540261.2015.1073143.

Reisner, S. L., Poteat, T., Keatley, J., Cabral, M., Mothopeng, T., Dunham, E., ... Baral, S. D. (2016). Global health burden and needs of transgender populations: A review. The Lancet, 388(10042), 412–436.

Marshall, E., Claes, L., Bouman, W.P., Witcomb, G.L., Arcelus, J., 2016. Non-suicidal self- injury and suicidality in trans people: a systematic review of the literature. Int. Rev. Psychiatry 28, 58–69. https://doi.org/10.3109/09540261.2015.1073143.

Claes, L., & Vandereycken, W. (2007). Self-injurious behavior: Differential diagnosis and functional differentiation. Comprehensive Psychiatry, 48, 137–144

Claes L, Vandereycken W. Self-injurious behaviour: Differential diagnosis and functional differentiation. Compr Psychiatry 2007;48:137–44

Claes, L., Bouman, W.P., Witcomb, G., Thurston, M., Fernandez-Aranda, F., & Arcelus, J. (2015). Non-suicidal self-injury in trans people: Associations with psychological symptoms, victimization, interpersonal functioning and perceived social support. Journal of Sexual Medicine, 12, 168-179

Marshall, E., Claes, L., Bouman, W.P., Witcomb, G.L., Arcelus, J., 2016. Non-suicidal self- injury and suicidality in trans people: a systematic review of the literature. Int. Rev. Psychiatry 28, 58–69. https://doi.org/10.3109/09540261.2015.1073143

Jackman, K., Honig, J., Bockting, W., 2016. Nonsuicidal self-injury among lesbian, gay, bisexual and transgender populations: an integrative review. J. Clin. Nurs. 25,3438–3453. https://-doi.org/10.1111/jocn.13236.

Jackman, K. B., Dolezal, C., Levin, B., Honig, J. C., & Bockting, W. O. (2018). Stigma, gender dysphoria, and nonsuicidal self-injury in a community sample of transgender individuals. Psychiatry Research, 269, 602–609.

Davey, A., Arcelus, J., Meyer, C., Bouman, W.P., 2016. Self-injury among trans individuals and matched controls: prevalence and associated factors. Health Soc. Care Community 24, 485–494. https://doi.org/10.1111/hsc.12239.

Marshall, E., Claes, L., Bouman, W.P., Witcomb, G.L., Arcelus, J., 2016. Non-suicidal self- injury and suicidality in trans people: a systematic review of the literature. Int. Rev. Psychiatry 28, 58–69. https://doi.org/10.3109/09540261.2015.1073143

Davey, A., Bouman, W.P., Arcelus, J., & Meyer, C. (2014). Social support and psychological well-being in gender dysphoria: A comparison of patients with matched controls. Journal of Sexual Medicine, 11, 2976–2985

Claes, L., Bouman, W.P., Witcomb, G., Thurston, M., FernandezAranda, F. & Arcelus, J. (2015). Non-suicidal self-injury in trans people: Associations with psychological symptoms, victimization, interpersonal functioning, and perceived social support. Journal of Sexual Medicine, 12, 168–179

Claes, L., Bouman, W.P., Witcomb, G., Thurston, M., Fernandez-Aranda, F., & Arcelus, J. (2015). Non-suicidal self-injury in trans people: Associations with psychological symptoms, victimiza-

tion, interpersonal functioning and perceived social support. Journal of Sexual Medicine, 12, 168-179

Claes, L., Bouman, W.P., Witcomb, G., Thurston, M., Fernandez-Aranda, F., & Arcelus, J. (2015). Non-suicidal self-injury in trans people: Associations with psychological symptoms, victimization, interpersonal functioning and perceived social support. Journal of Sexual Medicine, 12, 168-179

Marshall, E., Claes, L., Bouman, W.P., Witcomb, G.L., Arcelus, J., 2016. Non-suicidal self- injury and suicidality in trans people: a systematic review of the literature. Int. Rev. Psychiatry 28, 58–69. https://doi.org/10.3109/09540261.2015.1073143.

Wolford-Clevenger, C., Cannon, C. J., Flores, L. Y., Smith, P. N., & Stuart, G. L. (2017). Suicide Risk Among Transgender People: A Prevalent Problem in Critical Need of Empirical and Theoretical Research. Violence and gender, 4(3), 69–72. doi:10.1089/vio.2017.0006

Wolford-Clevenger, C., Cannon, C. J., Flores, L. Y., Smith, P. N., & Stuart, G. L. (2017). Suicide Risk Among Transgender People: A Prevalent Problem in Critical Need of Empirical and Theoretical Research. Violence and gender, 4(3), 69–72. doi:10.1089/vio.2017.0006

Wolford-Clevenger, C., Cannon, C. J., Flores, L. Y., Smith, P. N., & Stuart, G. L. (2017). Suicide Risk Among Transgender People: A Prevalent Problem in Critical Need of Empirical and Theoretical Research. Violence and gender, 4(3), 69–72. doi:10.1089/vio.2017.0006

Grossman AH, D'Augelli AR. (2007). Transgender youth and life-threatening behaviors. Suicide Life-Threat. 37, 527–537

Testa RJ, Jimenez CL, Rankin S. (2014). Risk and resilience during transgender identity development: The effects of awareness and engagement with other transgender people on affect. J Gay Lesb Mental Health. 18, 31–46

Grossman AH, D'Augelli AR. (2007). Transgender youth and life-threatening behaviors. Suicide Life-Threat. 37, 527–537

Wolford-Clevenger, C., Cannon, C. J., Flores, L. Y., Smith, P. N., & Stuart, G. L. (2017). Suicide Risk Among Transgender People: A Prevalent Problem in Critical Need of Empirical and Theoretical Research. Violence and gender, 4(3), 69–72. doi:10.1089/vio.2017.0006

Wolford-Clevenger, C., Cannon, C. J., Flores, L. Y., Smith, P. N., & Stuart, G. L. (2017). Suicide Risk Among Transgender People: A Prevalent Problem in Critical Need of Empirical and Theoretical Research. Violence and gender, 4(3), 69–72. doi:10.1089/vio.2017.0006

Reisner, S. L., Poteat, T., Keatley, J., Cabral, M., Mothopeng, T., Dunham, E., … Baral, S. D. (2016). Global health burden and needs of transgender populations: A review. The Lancet, 388(10042), 412–436.

Kessler, R. C., Warner, C. H., Ivany, C., Petukhova, M. V., Rose, S., Bromet, E. J., … Fullerton, C. S. (2015). Predicting suicides after psychiatric hospitalization in US Army soldiers: The Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS). JAMA Psychiatry, 72(1), 49–57.

Fox, K., Millner, A., Mukerji, C., and Nock, M., (2017). Examining the role of sex in self-injurious thoughts and behaviors. Clinical Psychology Review. 66. 10.1016/j.cpr.2017.09.009.

Haas, A. P., Rodgers, P. L., & Herman, J. (2014). Suicide attempts among transgender and gender non-conforming adults: Findings of the national transgender discrimination survey. American Foundation for Suicide Prevention

Wolford-Clevenger, C., Cannon, C. J., Flores, L. Y., Smith, P. N., & Stuart, G. L. (2017). Suicide Risk Among Transgender People: A Prevalent Problem in Critical Need of Empirical and Theoretical Research. Violence and gender, 4(3), 69–72. doi:10.1089/vio.2017.0006

Wolford-Clevenger, C., Cannon, C. J., Flores, L. Y., Smith, P. N., & Stuart, G. L. (2017). Suicide Risk Among Transgender People: A Prevalent Problem in Critical Need of Empirical and Theoretical Research. Violence and gender, 4(3), 69–72. doi:10.1089/vio.2017.0006

Wolford-Clevenger, C., Cannon, C. J., Flores, L. Y., Smith, P. N., & Stuart, G. L. (2017). Suicide Risk Among Transgender People: A Prevalent Problem in Critical Need of Empirical and Theoretical Research. Violence and gender, 4(3), 69–72. doi:10.1089/vio.2017.0006

Nock, M. K., Borges, G., Bromet, E. J., Alonso, J., Angermeyer, M., Beautrais, A., ... De Graaf, R. (2008). Cross-national prevalence and risk factors for suicidal ideation, plans and attempts. The British Journal of Psychiatry, 192(2), 98–105

Klonsky, ED & Saffer, B., and Bryan, C. (2017). Ideation-to-Action Theories of Suicide: A Conceptual and Empirical Update. Current Opinion in Psychology. 22. 10.1016/j.copsyc.2017.07.020.

Joiner TE. Why people die by suicide. Cambridge, MA: Harvard University Press; 2005

Chu, C., Buchman-Schmitt, J. M., Stanley, I. H., Hom, M. A., Tucker, R. P., Hagan, C. R., ... Joiner, T. E. (2017). The interpersonal theory of suicide: A systematic review and meta-analysis of a decade of cross-national research. Psychological bulletin, 143(12), 1313–1345. doi:10.1037/bul0000123

Klonsky ED, May AM. (2015). The three-step theory (3ST): A new theory of suicide rooted in the "ideation-to-action" framework. Int J Cogn Ther. 8, 114–129

Testa RJ, Michaels MS, Bliss W, et al. (2017). Suicidal ideation in transgender people: Gender minority stress and interpersonal theory factors. J Abnorm Psychol. 126, 125

Klonsky ED, May AM. (2015). The three-step theory (3ST): A new theory of suicide rooted in the "ideation-to-action" framework. Int J Cogn Ther. 8, 114–129

Wolford-Clevenger, C., Cannon, C. J., Flores, L. Y., Smith, P. N., & Stuart, G. L. (2017). Suicide Risk Among Transgender People: A Prevalent Problem in Critical Need of Empirical and Theoretical Research. Violence and gender, 4(3), 69–72. doi:10.1089/vio.2017.0006

NIDA. (2017, September 5). Substance Use and SUDs in LGBT Populations. Retrieved from https://www.drugabuse.gov/related-topics/substance-use-suds-in-lgbt-populations on 2019, August 24

Glynn TR, van den Berg JJ (2017) A systematic review of interventions to reduce problematic substance use among transgender individuals: a call to action, Transgender Health 2:1, 45–59, DOI: 10.1089/trgh.2016.0037

J.K. Day, J.N. Fish, A. Perez-Brumer, M.L. Hatzenbuehler, S.T. Russell (2017). Transgender youth substance use disparities: results from a population-based sample. Journal of Adolescent Health, 61 (6) (2017), pp. 729-735

J.K. Day, J.N. Fish, A. Perez-Brumer, M.L. Hatzenbuehler, S.T. Russell (2017). Transgender youth substance use disparities: results from a population-based sample. Journal of Adolescent Health, 61 (6) (2017), pp. 729-735

Agosto S., Reitz K., Ducheny K., Moaton T. (2019) Substance Use and Recovery in the Transgender and Gender Nonconforming (TGNC) Older Adult Community. In: Hardacker C., Ducheny K., Houlberg M. (eds) Transgender and Gender Nonconforming Health and Aging. Springer, Cham

Agosto S., Reitz K., Ducheny K., Moaton T. (2019) Substance Use and Recovery in the Transgender and Gender Nonconforming (TGNC) Older Adult Community. In: Hardacker C., Ducheny K., Houlberg M. (eds) Transgender and Gender Nonconforming Health and Aging. Springer, Cham

Coleman, E., Bockting, W., Botzer, M., Cohen-Kettenis, P., DeCuypere, G., Feldman, J., . . . Zucker, K. (2012). Standards of care for the health of transsexual, transgender, and gender nonconforming people, 7th version. International Journal of Transgenderism, 13, 165–232. http://dx.doi.org/10.1080/15532739.2011.700873

Lombardi EL, van Servellen G. Building culturally sensitive substance use prevention and treatment programs for transgendered populations. J Subst Abuse Treat. 2000;19(3):291-296.

Gonzales G, Henning-Smith C. Health Disparities by Sexual Orientation: Results and Implications from the Behavioral Risk Factor Surveillance System. J Community Health. May 2017. doi:10.1007/s10900-017-0366-z.

McCabe, S. E., & West, B. T. (2017). The 3-Year Course of Multiple Substance Use Disorders in the United States: A National Longitudinal Study. The Journal of clinical psychiatry, 78(5), e537–e544. doi:10.4088/JCP.16m10657

Connolly MD, Zervos MJ, Barone CJ, Johnson CC, Joseph CLM. The Mental Health of Transgender Youth: Advances in Understanding. J Adolesc Health Off Publ Soc Adolesc Med. 2016;59(5):489-495. doi:10.1016/j.jadohealth.2016.06.012.

American Psychological Association. (2015). Guidelines for psychological practice with transgender and gender nonconforming people. American Psychologist, 70(9), 832-864.http://dx.doi.org/10.1037/a0039906

Testa, R. J., Habarth, J., Peta, J., Balsam, K., & Bockting, W. (2015). Development of the Gender Minority Stress and Resilience Measure. Psychology of Sexual Orientation and Gender Diversity, 2(1) 65-76.

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