

At a time when disinformation and misinformation about gender-affirming care are rampant, this book is a much needed scientifically based resource for mental health providers to better understand and appropriately work with trans and nonbinary people. This second edition not only includes more recent research but also expands on how mental health professionals can and must support and advocate for trans and nonbinary communities in the face of bad science and hostile governments.

—**Genny Beemyn, PhD**, Trans Scholar and Director of the Stonewall Center, University of Massachusetts Amherst, Amherst, MA, United States

The new edition of this book is a timely update on an important community at a time when professional support and accurate knowledge are especially crucial. The authors share cutting-edge information and are established experts in their respected areas. This text would be among my top choices for teaching and training in clinical psychology and other mental health fields.

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INTRODUCTION

Helping Trans and Nonbinary People Thrive

ANNELIESE SINGH AND RAFFAELLA McCULLOUGH

Welcome to the second edition of this book! We are grateful you have found this text, and we are excited for you to read the work of the incredible authors who shaped this edition. One of the main reasons we are excited about the book is that you will be able to see how the landscape of trans and nonbinary (TNB) mental health is changing—in many ways for the better. This is not to say there are not significant, enduring challenges we face in providing TNB-affirming care. For instance, since 2022 we have seen the field of TNB-affirming care face emboldened legislative attacks at the state and federal levels. However, as you will read in this text, we have a larger body of specific supportive interventions that uplift and affirm the TNB clients with whom we work. When we compiled the first edition of this text, there was a strong focus on the harmful impact of societal anti-TNB bias on mental health (Singh & dickey, 2017). While these challenges have, in some ways, become even more merciless, this edition also highlights the resilience and resistance of TNB communities in pushing back against transprejudice and other intersectional oppressive systems. Additionally, we explore how mental health providers (MHPs) are expanding and evolving TNB-affirming care, both within the counseling office and in broader support systems.

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Affirmative Counseling and Psychological Practice With Trans and Nonbinary Clients, Second Edition, A. Singh and R. McCullough (Editors)

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As coeditors of this text, we have thought deeply about the topics that you will read about in this book. Do we include a chapter specifically exploring affirming mental health care for nonbinary communities? Yes. Do we call in new chapters exploring the harm of bad science that has been used to drive anti-TNB legislation and the attack on TNB communities in the sports and recreation world? Yes. We are at a time in trans and nonbinary where the field is rapidly changing (for the better, we hope). At the same time, we know the continued attacks on TNB communities are escalating and becoming more vicious. Therefore, MHPs have even more opportunities to identify, value, and support the immense diversity and unique needs within TNB communities, centering intersectionality within TNB-affirming care. In addition, we take a lifespan and development approach by distinguishing between children and adolescents, and dedicate a chapter to the experiences of older TNB clients. Throughout, we maintain a focus on TNB-affirming care that prioritizes, not only support, but also joy, liberation, and the thriving of TNB communities.

In addition to these recurring themes throughout the chapters, we encourage you to embrace an expansive and inclusive approach as MHPs. Whether we spend our time primarily in practice, teaching, research, advocacy, or a mix of each of these, providing TNB-affirming counseling and psychological practices calls us each to broaden our perspectives and commit to training and retraining in what creating healthy counseling spaces for TNB people actually entails. Whether we are TNB or cisgender, the field of TNB-affirming care will continue to evolve in new directions. As MHPs, we must remain flexible and open to expanding our awareness, knowledge, skills, and actions (Ratts et al., 2015) to cultivate truly TNB-affirming counseling environments.

One of the important contributions of the first edition was grounding the rapidly expanding field of TNB care in general in a definition of what affirming care entailed. In the first edition, we defined TNB-affirming psychological practice as:

counseling that is culturally relevant and responsive to [TNB] clients and their multiple social identities, addresses the influence of social inequities on the lives of [TNB] clients, enhances [TNB] client resilience and coping, advocates to reduce systemic barriers to [TNB] mental and physical health, and leverages [TNB] client strengths. (Singh & dickey, 2017, p. 4)

We also described theoretical and competency frameworks that undergirded this definition. For instance, the minority stress model (Meyer, 2003; Testa & Hendricks, 2012) and resilience theory (Masten, 2001; Singh et al., 2011) shaped this definition so MHPs could learn and understand how distal and proximal stressors drive the need for TNB-affirming care, and how to cultivate the resilience needed from TNB individuals and communities to

navigate these stressors. Simultaneously, multicultural and social justice counseling competency (Ratts et al., 2016) is foundational to TNB-affirming care, meaning MHP interventions are culturally responsive in terms of the MHP's awareness, knowledge, skills, and actions that they would need to engage in TNB-affirming practice, while also addressing biased institutional systems and societal attitudes toward TNB communities.

In this second edition, we update the definition of TNB-affirming counseling and psychological practice to the following: practice that is culturally responsive to TNB clients and their multiple social identities, ensures that TNB clients are aware of the long lineage and history of TNB communities, demystifies counseling and psychological practice, addresses the influence of interlocking oppressions (e.g., racism, ableism) and resulting social inequities on the well-being of TNB clients, enhances TNB client resilience and thriving, leverages TNB client strengths to cultivate self-autonomy and joy, and advocates to reduce systemic barriers (e.g., gatekeeping in healthcare, anti-TNB societal beliefs, anti-TNB legislation and policies) to TNB mental and physical health.

With this new definition, you will notice a shift in terminology (from “transgender and gender-nonconforming” to “trans and nonbinary”). As language is constantly evolving, we strive to use terminology that is most affirming for TNB people. As TNB communities continue to develop, linguistic expansion is inevitable. At the time of writing, many TNB people have adopted the term “trans,” perhaps as a more concise and inclusive way to capture an umbrella term representing many diverse gender identities. *Trans* may encapsulate identities such as, transgender, transsexual, genderqueer, genderfluid, Two-Spirit (Indigenous people), nonbinary, and many more. Since the term “trans” holds significant meaning for TNB communities, we use it because we believe it aligns with what is most affirming from the perspectives of TNB people currently.

Since the first edition's publication, many TNB people have embraced the term *nonbinary* to describe those whose gender exists outside the male and female categories or who experience a sense of being both or neither (Matsuno & Budge, 2017). Some individuals use *nonbinary* or *gender-nonconforming* to describe expressions of gender that do not align with traditional gender binary norms (“woman” or “man”). However, “nonbinary” seems to more specifically refer to those whose identity represents a distinct gender. It is important to recognize that TNB communities are dynamic and diverse, with individuals using a wide range of terms to describe themselves. (See Chapter 7 for a deeper discussion on working with nonbinary communities.) We believe this new definition highlights for MHPs the importance of centering TNB autonomy while emphasizing that TNB joy, liberation, and thriving must be central to our work. This approach remains essential, especially in the face of persistent societal anti-TNB

prejudice and discrimination. In doing so, we draw from liberation psychology (Martín-Baró, 1994; see also Chapter 2 in this volume for further discussion of liberation psychology tenets) applied to TNB counseling and psychology (Singh, 2016; Singh & Awachie, 2025; Singh et al., 2020), such as the principles of recovering historical memory of TNB people's existence over time, continents and cultures, and demystifying psychology. Intersectionality (Grenshaw, 1991) and critical race theory (Delgado & Stefancic, 2005) tenets help us clarify that gender-affirming care must recognize that the societal inequities TNB communities experience exist alongside systemic interlocking oppressions that amplify these inequities for clients with multiple minoritized social identities (e.g., TNB people of color, young TNB people, disabled TNB people).

ADDRESSING THE CHALLENGES

We know we just referenced the importance of uplifting TNB joy, liberation, and thriving. We stand by the importance of this. At the same time, it is also vital to note that as we go to press, there are over 500 bills that have been proposed in nearly all states that block or reduce rights for TNB people. In 2024, we saw more bills that eliminate TNB rights than any other year on record. Out of the 674 bills proposed across states, 50 passed, mostly targeting education, health care, and sports (Trans Legislation Tracker, 2025). This is on the heels of a 2023 legislative year, where 86 anti-TNB bills passed in 24 states restricting TNB rights in education, sports, civil rights, bathrooms, health care, birth certificates, incarceration, and military settings; 14 were vetoed. Overall, the Biden administration was TNB-friendly, asserting Title IX to provide protections to TNB children and adolescents in schools (though 26 Republican-led states sued the federal government in opposition).

Since the writing of this book began, the political climate has swiftly shifted in a precarious and unsafe direction for TNB people. Since Donald Trump won the presidential election and took office in January 2025, his presidential administration has enacted several executive orders and “Dear Colleague” letters from the Department of Education that threaten the health and safety of TNB people. One impactful executive order titled, “Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government” (Exec. Order No. 14168, 2025) mandates that the federal government will now only recognize two sexes of male and female, which are “not changeable and grounded in fundamental and incontrovertible reality.” This leaves TNB people in a perilous situation where they are not legally recognized, opening them up to further discrimination in the workplace, health

care, housing, and education. This order also impacts TNB people's ability to access passports that reflect their gender identity, forces trans women to be housed in men's prisons, and could restrict access to public restrooms for TNB people in places such as federal offices, military bases, and national parks. Moreover, additional executive orders have been enacted that expand service bans for TNB military personnel, direct agencies to prevent gender-affirming medical care for youth under age 19, prohibit trans girls from participating on school sports teams, and eliminate "federal funding or support for illegal and discriminatory treatment and indoctrination in K-12 schools, including based on gender ideology" (The White House, 2025). In addition, there has been a tremendous loss for TNB rights at the Supreme Court level in the *United States v. Skrametti* issued in June 2025 where they issued a decision effectively upholding state bans on gender-affirming care for TNB minors. As we go to press, there are additional cases that could be heard at the Supreme Court level that have the possibility of further restricting TNB rights.

We know attacks on TNB communities are not new, however, many of us are still unfamiliar with the roots of these attacks, which have been part of a coordinated effort to use TNB communities as a lightning rod to gain votes and swing elections. These legislative and executive attacks are incredibly disturbing on multiple levels, especially because TNB people comprise a small community who are often the target of other societal harm. For instance, TNB people often experience chronic stressors due to stigma, prejudice, harassment, discrimination, and victimization resulting from navigating oppressive, anti-TNB societal structures (Hendricks & Testa, 2012; Meyer, 2003). It is no surprise that, as a result, TNB people experience high rates of depression (Bockting et al., 2013; Fredriksen-Goldsen et al., 2014; Witcomb et al., 2018), anxiety (Bouman et al., 2017; Millet et al., 2017), suicidality (Dickey & Budge, 2020; James et al., 2016; Progovac et al., 2020), and substance use issues (Hughto et al., 2021; Mereish, 2019). For TNB people of color, when anti-TNB prejudice intersects with racism, the negative impacts can be magnified, resulting in increased victimization and violence (James et al., 2016). According to the initial report for the new 2022 *U.S. Trans Survey* (James et al., 2024), 44% of respondents reported experiencing serious psychological distress in the past 30 days. Of the TNB respondents who saw a health care provider in the past 12 months, 48% reported negative experiences, such as being refused care, misgendering, providers using harsh or abusive language, or being physically rough with them.

In addition, mental health barriers for TNB people have been exacerbated due to a variety of issues, such as MHPs' lack of knowledge providing gender-affirming care to TNB people across the lifespan (Benson, 2013; Hall & DeLaney, 2019; McCullough et al., 2017; Sperber et al., 2005), and

discrimination by MHPs (Bockting et al., 2013; Lyons et al., 2015; McCullough et al., 2017). TNB people have experienced MHPs pathologizing their gender identities (Bess & Stabb, 2009; Elder, 2016) and over- or under-focusing on their gender identities as a presenting issue (Hall & DeLaney, 2019; Sperber et al., 2005). Additionally, TNB people living in rural areas experience additional barriers, such as hostile climates, transportation issues, long wait times, and lack of available TNB-affirming MHPs and other health care providers (Loo et al., 2021). This book seeks to provide better frameworks to MHPs for understanding and providing higher quality care for TNB communities.

The Paradox of Trans Visibility

It is clear to many of us who work closely with and are in community with TNB clients, friends, coworkers, family, partners, and children that TNB folks thrive when their needs are met and they are granted inclusion in all facets of society, including education, health care, employment, legal rights, and human rights. Joy and flourishing are the result of working together to remove these barriers, allowing TNB people to be liberated from the confinement and constraints of oppression. It is important to keep in mind that as TNB visibility strengthens, community and connection spring forth. At the same time, increased TNB visibility activates danger and violence (both personal and legislative). Gossett and colleagues (2017), the editors of *Trap Door: Trans Cultural Production and the Politics of Visibility*, capture this paradox in the statement, “The representation of queer and trans bodies is at an all-time high, in both art and popular culture, manifesting what seems to be a great curiosity about gender-nonconforming subjects and an insatiable hungry for images of transgender bodies. Yet violence against trans people, particularly people of color, is also at an all-time high, showing how starkly such ‘interest’ plays out” (p. xiii). TNB representation is central to alleviating isolation and instilling feelings of hope, belonging, and affirmation. But we must remember to keep a close watch to hold violence at bay while supporting the cultivation of safety and community care.

Multifaceted Trans and Nonbinary Lives

As MHPs, it is important to keep the focus on TNB clients as individual people *and* as members of sociocultural groups (e.g., racial and ethnic groups, LGBTQ+, etc.). For instance, TNB people are experiencing the weight and impact of the tremendous movement to erase TNB identities in the United States. However, as MHPs we have the opportunity to deepen our understanding of TNB people as people who are not just experiencing sociopolitical headwinds. Rather,

TNB individuals and communities have agency and are living multifaceted and complex lives—certainly shaped by larger social and political structures—but also shaped by their own lived experiences of creativity, strength, relationships, unique and intentional cultural and community engagements, and their own likes and preferences. It is important that MHPs can move beyond the tropes of TNB people as tragic figures, victims, and hapless, unfortunate, and pitiable individuals, if we are to truly see TNB people clearly and be able to collaboratively support their whole personhood. As you engage with different aspects of this book, we ask you to expand your thoughts on what it means to be a TNB person living a meaningful and multilayered life at this time in history.

Addressing Continuing Trans and Binary Distrust of Mental Health Providers and Countering Gatekeeping Approaches

As we deepen our practice of TNB-affirming care, it is important for us as MHPs to understand that there is continued distrust of the mental health industry (and of health care in general) due to the harm of MHP gatekeeping that historically and currently exists for TNB people trying to access quality care. Gatekeeping is a paternalistic model of care that has persisted since the latter part of the 20th century. Since gender-affirming care was considered experimental when gender clinics began to emerge in the 1960s, few TNB people were permitted to access this care (Weigand, 2021). For instance, TNB people who did not conform to a cisgender-heteronormative gender binary (e.g., desire to have a career considered traditional for one's gender or to be in a heterosexual marriage and have children) were rejected from clinics. Out of nearly 1,200 applications at Johns Hopkins gender clinic in the 70s, only 23 were able to move forward (Siotos et al., 2019). In order to justify treatment for TNB people, medical providers and MHPs created a medicalized narrative. If TNB people needed medical treatment, they often needed to manipulate their own narratives or omit information so they could be approved for care (Weigand, 2021).

TNB people were required to express their gender in binary ways (e.g., living as a “woman” or as a “man”), leave their relationships, and take extensive personality and other psychological assessments to gain support for their desired social and medical transitions (Stryker, 2017). These gatekeeping practices were supported by formalized professional organizations (e.g., Harry Benjamin International Gender Dysphoria Association, now known as WPATH as of 2007) and MHP researchers that purported to support and serve TNB clients, but who also had inflicted immense harm on the lives of these same clients. The stories of this harm live on within TNB communities, and the aforementioned anti-TNB legislative and other societal attacks on TNB lives, alongside a

larger health care system that has been slow to adopt TNB-affirming practices, have contributed to this distrust. Indeed, TNB clients still experience significant gatekeeping of their healthcare, as they often must access MHPs in order to get referrals to medical providers for hormone therapy and gender-affirming surgeries. Although it is beyond the scope of this chapter to discuss, it is important to note that the only two areas of medical care requiring such MHP letters of referral are for TNB healthcare and those seeking bariatric surgery, which reflects the distrust and restrictions health care has instituted on clients trying to access this type of care.

Because of the historical and continued harm of gatekeeping approaches, we strongly advocate for MHPs to challenge and resist gatekeeping efforts in health care wherever possible. You will see this echoed across the chapters within this book, as it is crucial that TNB communities have self-autonomy and MHP support and advocacy as they navigate societal systems (e.g., schools, health care; see Chapter 4 for interdisciplinary TNB-affirming care efforts MHPs can support and further with colleagues) that were not only not built with their needs in mind, but that also often actively work against their well-being. We also encourage MHPs to learn about existing mutual aid networks that TNB communities have created, as well as explore how MHPs can help expand access and material resources within these mutual aid networks (Singh & Awachie, 2025). In many ways, TNB-affirming care requires that we as MHPs consider a wide range of reparative acts (e.g., providing pro bono TNB client services, leading pro bono TNB-affirming practice professional development workshops, supporting local and community-based TNB organizations with financial or other material resources) we can engage in to address the long history of neglect, harm, and lack of access to care within our field.

HOW THIS BOOK IS ORGANIZED

We are deeply grateful for the extraordinary authors who wrote outstanding chapters for this second edition amidst unfolding and persistent anti-TNB attacks and erasure. As you read through this text, you will see that the chapters have been organized into three parts. In Part I: Foundations of Trans and Nonbinary-Affirming Care, you will find chapters on the diversity of gender identity within TNB communities (Chapter 1 by Rafe McCullough, Anneliese Singh, and Heidi Breaux), as well as chapters exploring ethical and legal foundations of TNB-affirming care (Chapter 2 by Cort M. Dorn-Medeiros, Sarah E. Burgamy, and Linda Campbell), the vital advocacy needed from MHPs in working with TNB communities (Chapter 3 by Robin M. Mathy), and a

chapter exploring the collaboration networks MHPs develop in providing TNB-affirming care (Chapter 4 by Kelly Ducheny, Michael L. Hendricks, G. Nic Rider, and Colt M. St. Amand). This part on TNB-affirming care foundations ends with a chapter naming the harmful effects of bad science on TNB clients (Chapter 5 by Douglas Knutson, Bek Urban, and Aaron Breslow), reminding us of the vital importance of high-quality research and the role it plays in reinforcing TNB-affirming care by shifting societal culture to create a world that supports the joy and thriving of TNB communities.

In Part II: Working With Diverse Client Identities and Life Stages, there are chapters exploring specific TNB communities, such as chapters on TNB-affirming care with communities of color (Chapter 6 by Anneliese Singh, Sel Hwahng, Tochukwu Awachie, Al  x Bassi, Trae Brown, and Heidi Breaux), non-binary communities (Chapter 7 by Em Matsuno, Jay Bettergarcia, and Nat L. Bricker), and TNB parents and caregivers (Chapter 8 by Daniel Walinsky, Julie M. Koch, and Anneliese Singh). In this part, you will also find chapters describing TNB-affirming care across life stages, such as the important role of MHPs in working with children (Chapter 9 by Aidan Key and Rafe McCullough), adolescents (Chapter 10 by Lisa Griffin), and TNB older adults (Chapter 11 by Kyle L. Bower and Mary Chase Mize).

Finally, in Part III: Clinical Skills and Interventions, we address areas of targeted focus for MHPs to deepen their TNB-affirming knowledge and skills. Chapter authors delve into the role of trauma (Chapter 12 by Theodore R. Burnes, Jan E. Estrellado, and Anneliese Singh) and how to address suicidality (Chapter 13 by Jayme Peta and Aspen Thomson) with TNB clients in supportive ways. We include chapters on how religion can often shape the life experiences of TNB clients (Chapter 14 by Ruben Hopwood and Jack Bruno) and how to support TNB clients participating in sports and recreation (Chapter 15 by John Gleaves, Matt Englar-Carlson, and Max Usman). We are grateful to all the chapter authors who remind us of the evidence base undergirding TNB-affirming care and how to translate this science into effective and supportive clinical work. Across each of the chapters, the authors have interspersed case examples to provide insights into the types of issues TNB clients encounter and offer MHPs ideas for how to work with them.

UPLIFTING TRANS AND NONBINARY JOY, LIBERATION, AND THRIVING

Ultimately, TNB-affirming practice should help us envision, build, sustain, and innovate MHP intervention and prevention efforts that center TNB joy,

liberation, and thriving. We are excited to see new research examining these areas, but it is still nascent and thus critical to ensure we are following the lead of TNB community organizers and advocates who have long cultivated environments where TNB joy, liberation, and thriving are not just constructs to be defined, but rather are guideposts to be lived. As Raquel Willis (2023), a Black trans woman, author, and organizer, shares profoundly:

Trans liberation is . . .
beyond the field of expectations.
It's no more wondering who you could've been.
It's generations of elders, it's you and me
living longer than we thought.

It is our greatest hope that you not only find the information within this text helpful to furthering your own gender-affirming work with TNB communities, but that you also pass on this information to other MHPs in your sphere of influence. Indeed, the only way we have seen the field of TNB gender-affirming care shift towards more affirming (and in our view, ethical) approaches over the years has been because people like you have advocated for change in our field—change that responds to the calls to action made by many generations of TNB community organizers and clients who came before us. Therefore, an essential truth at this time is that the actions we take as MHPs—large and small—repeated over time to preserve, protect, expand, and innovate gender-affirming care will improve the care our next generations of TNB people and communities receive and know they deserve.

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