

An AFFIRMative Approach to Counseling Transgender Clients and Their Families

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Abstract

There has been growing awareness among researchers of the negative mental and physical outcomes for transgender family members that experience rejection from their family or caretakers. Recent research has consistently linked family rejection with increased risk of suicide, suicidal ideation, substance misuse, risky behaviors, and other mental and physical conditions that put transgender individuals at greater risk for harm (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010). Research further supports the idea that families generally want to accept transgender members, but they need help and guidance to understand the many issues involved. The goal of this paper is to describe an affirmative model of family therapy that addresses the six core areas that research and the authors' experience have shown to help families understand and embrace their transgender member while providing quality care to the entire family. The model is presented as an AFFIRMative approach, which includes the need to Assess the family for current health, Familiarize oneself with the current language and landscape of the transgender world, Foster communication among family members, Identify communication patterns, Refer families to an accepting, multidisciplinary team of professionals as needed, and Maintain contact with the family as they grow and move toward their desired goals. These areas are explained in light of current research and practice.

Keywords: transgender families; affirmative family therapy; transgender risk factors; family rejection

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Introduction

One thousand, three hundred transgender people were murdered between January 1, 2008 and October 31, 2013 (Transrespect versus transphobia worldwide, 2013). They were killed because their mere existence was believed to challenge the assumptions of the identity of *men* and *women*. No other minority group faces more punishment from society. They are routinely discriminated against in the job market, labeled as deviant, bullied and harassed, and more than a dozen countries require surgical sterilization before legal gender change is allowed. With the help of high-profile people such as Chaz Bono (Cher's son), Lana Wachowski (director of "The Matrix"), Janet Mock (People.com editor), and Jenna Talackova (Miss Universe Canadian pageant contestant) sharing their stories with the world, the transgender population has attracted some positive attention, but not enough to place them among the protected minority groups that we think of when we attempt to honor diversity in family counseling.

Our nation faces daily heart-breaking stories of children and teens that have committed suicide or been victims of violence because of their gender expression or sexual orientation. As a result of these events, the mental health field is developing a better understanding of the issues that surround transitioning and are helping these individuals feel safer to *come out* to their families and to society. A potential source of support for this process can be the marriage and family therapist as they have the opportunity and the ability to facilitate the process of self-acceptance and communication in the families they see (Emerson & Rosenfeld, 1996, p. 10). It is estimated that one child in 500 is gender-nonconforming or transgender (Olyslager & Conway, 2007), making it likely that family therapists will have the opportunity to help a gender-variant

child. Given that a full 57% of these children report experiencing rejection from their family (Grant et al., 2011); it is likely that the family will be involved in the therapy as well.

Since rejection from family members can be the harshest experience for gender minority individuals, we are suggesting that the family can also be the most powerful source of support if we understand the critical role they play in the trajectory of transgender clients. In previous generations, services for transgender individuals were clinical, dissuasive, protective, and necessarily exclusive of family members. Movies, television, and the internet, however, have stimulated conversations about transgender people with the result that young people are coming out at increasingly earlier ages (www.SAMSHA.gov). This trend creates more opportunities for marriage and family therapists to learn how to best help the family move toward acceptance and understanding. Critical to this process is providing support to all family members, not just the gender-minority member. The lack of family-oriented services and the general lack of understanding of the needs for these families, puts family therapists in a unique position to lead the charge to explore trans-affirmative approaches with the same intentionality that we have addressed other marginalized groups (D'Andrea & Sprenger, 2006; Williams, 2005)

The purpose of this paper is to describe some of the family issues that are unique to this group and to suggest a model of AFFIRMative therapy that can help families avoid the negative outcomes that are so often associated with harsh family judgment. The model we are proposing is based on the authors' experience with gender-variant clients and their families and the latest research related to the specific needs of these families as approved by the 2009 Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling Board (ALBTIC). The model includes what we have found to be the major tasks for effective treatment of this population, including the need to: Assess, Familiarize, Foster, Identify, Refer, and Maintain.

For the purposes of this paper, the terms *Trans*, transgender, LGBT, and gender-variant will refer to people that express their gender in non-conforming ways. We are aware that many other gender identifications and labels exist. We selected these terms for readability. While no single therapeutic approach fits every family, we find that our approach fits best with a model that is grounded in strength-based interventions (Walsh, 2011). Also for the purposes of this paper, we are not equating alternative gender expression with any sort of American Psychiatric Association diagnosis, mental illness, or any suggestion thereof.

Assess

Transgender individuals struggle with depression, suicidal thoughts, rejection from society, religious institutions, and health care. They have difficulty dating and finding loving relationships; they forfeit the joy of carelessly assuming acceptance and ease of doing everyday things such as using the restroom or buying clothes. One client described life as a transgender person as *...a state of constant suicidal isolation*. With these challenges, and a host of others, it is no surprise that they have a high prevalence of mental health issues. Early, accurate assessment of these and other significant issues, such as family dynamics and history, will help shape appropriate interventions throughout the therapy process.

The *American Journal of Public Health* (Bockting, Miner, Swinburne, Hamilton, & Coleman, 2013) reported that of the 1,093 transgender individuals surveyed, 44.1% struggle with clinical depression, 33.2% with anxiety, and 27.5% with somatization. The National Center for Transgender Equality and the National Gay and Lesbian Task Force (Grant et al., 2011) surveyed 6,450 transgender and gender non-conforming people and found that 41% have attempted suicide (25 times higher than the general population) and 63% had experienced job discrimination/loss, bullying, or physical and sexual assault.

When a traditional family has a transgender member, many deal with them by alienating or dissuading them (Emerson & Rosenfeld, 1996, p. 10). The price of family rejection is paid by the entire family system. Serious health risks in addition to ones mentioned above, include risky sexual behavior and HIV infection, low self-worth, homelessness, and financial ruin. All of these outcomes have been strongly linked to family rejection. Many parents, in their attempt to dissuade their child from a life they believe will bring them unhappiness, discrimination, and increased risk of harm, are unwittingly subjecting them to these very serious risks. Guilt, shame, and persuasion to conform forces many children to run away and live secret lives in which they engage in risky behaviors in order to meet their needs and to survive. Parents and other family members suffer also by losing, if not physical, emotional contact with their loved one.

Best practices for evaluating suicidality, depression, substance abuse, and other mental health conditions are well documented elsewhere; however, methods for assessing family rejection level are not widely cited in the psychological literature. The relationship between negative health outcomes and family rejection prompted researchers at the Family Acceptance Project in San Francisco to develop an instrument that allows the therapist to quickly assess a child for their risk of family rejection and the subsequent mental and physical vulnerabilities. The *FAPrisk* helps to assess which family members need more intense support and allows the therapist to gauge risk level and address potential problem areas proactively. The *FAPrisk* tool is currently available from the Family Acceptance Project and will soon be available on line (<http://familyproject.sfsu.edu>).

The family sexual genogram is another useful assessment tool for gauging family acceptance and flexibility. Conducting a sexual genogram with the family can help the therapist to assess and target issues of sex and sexuality within the family system that might shed light on

current family functioning. Hof and Berman (1986) were the first to write about the sexual genogram; however, Belous et al. (2012) updated and expanded the sexual genogram to include symbols specifically for transgender family members, as well as other pertinent transgender information. Hof and Berman (1986) suggest asking questions that explore the family's experiences surrounding sexuality within their immediate system and between generations as a way of understanding how messages about sex and gender developed in a particular family structure and how they continue to effect family rules. Since sexuality tends to be a difficult topic for most people to discuss, the sexual genogram provides an opportunity for the family to talk about their rules and beliefs at some distance and allows the therapist to further assess where the family is on the acceptance/rejection continuum.

Once Trans individuals come out to their family, they often change the way they communicate, both verbally and non-verbally. As shared references disappear, like when they change their name or pronoun, families experience what has been described as feeling like their child is disappearing and being replaced by someone else. Researchers have acknowledged this feeling of loss and have cited grief as one of the biggest obstacles to family support of Transgender members (Ellis & Eriksen, 2002). Feelings of loss are sometimes unexpected because even though the person is alive and well, the family grieves the loss of one of its members. This feeling of loss has been described as *ambiguous loss*—the simultaneous presence and absence of an important individual (Boss, 1999). Assessing grief stage(s) in family members allows the therapist to determine which family members are frozen in their grief and help them to understand that many families grieve the loss of hopes and dreams of a particular gendered child. By educating them about the perfectly normal feeling of losing a child and having them there at the same time, the family recognizes what they feel they have lost—only then can they begin to

see what is still present and what they might have gained (Boss, 2006).

Finally, it might be appropriate to assess financial stresses. It is estimated that transitioning costs somewhere around 70,000 dollars (Williams, Sawyer, & Wahlstrom, 2013). Other medical costs for hormones, medications, legal and psychiatric services make transitioning prohibitive in many cases and the therapist needs to be aware of the families' financial situation before making recommendations or giving options that are fiscally not possible. This may not be appropriate for the initial family sessions, or for all families, but it is something to keep in mind as the family moves toward whatever goal of gender expression they have at any given point in the therapy process. Clearly, proper assessment requires familiarity with a number of aspects of family functioning that goes well beyond those of most traditional families.

Familiarize

People who come to therapy for issues surrounding gender expression present complicated issues that require family therapists to be familiar with many different areas ranging from specific gender problems to the wider socio-political landscape that affects marginalized groups in serious ways. Positive therapeutic outcomes can be highly influenced by how much information the family has coming into therapy and how much they feel they can ask their therapist and get thoughtful and accurate answers.

Before taking on families with transgender issues, the therapist is obligated to become familiar with the Standard of Care for this population. The *Standard of Care for the health of Transsexual, Transgender, and Gender Nonconforming People* (Coleman, et al., 2011) created by The World Professional Association for Transgender Health (WPATH) serves as a guideline for the appropriate care by psychiatric, psychological, medical, and surgical professionals who treat transgender people. The goal of the Standard of Care (SOC) is to help transsexual,

transgender, and gender non-conforming people get the very best care and comfort for their *gendered selves* (p. 165). This document is based on the latest available science and expert professional consensus and therapists are required to be familiar with these standards before inviting transgender people and their families into their care.

Family therapists also need to be familiar with the emerging terminology and language surrounding gender expression. The word *transgender* was coined in the late 1980s and since then, language around gender expression has become more specific and captures a wider range of expression. Many definitions are regional or country-specific, some are derogatory and imply illness or disability. Family therapists should familiarize themselves with the most current and accepted language, political climate, and relevant literature (Bernal & Coolhart, 2012). Without awareness, a therapist might not take into consideration the everyday, seemingly small aggressions and challenges the clients' face in their daily lives, and create treatment plans that only increase the negative experiences of their clients.

When a therapist is uncertain about the proper language to use with Trans clients, the therapist should ask the client which terms they prefer. This is an excellent opportunity for the therapist to convey that s/he is there to accept and value the transgender clients' identity, which enhances their overall well-being (Makadon, 2010). The therapist should encourage the family to do the same.

Family members that are new to the LGBT world might have concerns about privacy in terms of making appointments or receiving phone messages. These issues should be addressed during initial contact. These clients might believe their family is the only one that is struggling with gender issues and seeing inclusive literature, posters, and brochures sends the message that varying expressions of gender are not only acceptable, but quite ordinary in terms of needing

help from a family therapist. Being familiar with privacy concerns, inclusive materials, rainbow stickers, posters, Transgender-friendly form options, and providing gender-neutral restrooms all send friendly messages to clients that say the therapist cares about their problems and welcomes their diversity.

Finally, familiarity with one's own sexuality, including a solid sense of gender, body image, sexual orientation, sexual behavior, emotions, and the roles they play in relationships is vital to being an effective trans-affirming family therapist (Levkoff, 2013). Kleinplatz (2001) encourages therapists to not only *stretch our sexual norms*, but to broaden our concept of sexuality and to learn from those that are gender-creative (p. 116). Through self-education, self-awareness, and consultation with other, more experienced gender specialists, a therapist's eventual judgments and beliefs about transgender clients and families will, at some point, become transparent to clients. In order for those beliefs to resound with acceptance and be congruent with our words, we, as therapists, have to know our own values and beliefs and how these beliefs might help, or hinder, a family in therapy. Professionals that have not explored their own gender identity and the beliefs they hold about the appropriate expression of gender may unintentionally rupture the therapeutic relationship, further alienating the family (Ellis & Eriksen, 2002).

Familiarity with the SOC, the changing language around various forms of gender expression, the very deleterious effects of family rejection on the mental physical well-being of gender-variant family members, and authentic self-exploration all place high demands on the professional therapist. Maintaining multiple competencies and a *not knowing stance* (Carroll, Gilroy, & Ryan, 2002, p. 131) at the same time is a challenging, but essential skill set for contributing to healthy outcomes for families and their transgender members. Therapists are at

risk of ethical and legal sanctions when they do not take the time to familiarize themselves with these areas before they invite transgender clients and their families into their practice.

Foster

Not much data-driven research has been done on the specific relational changes that occur in families when a member comes out as transgender, but some degree of change is inevitable (Lev, 2004). Central to meeting the challenge of implementing a comprehensive treatment plan for these families is the therapist's ability to foster communication so each person has a chance to express their thoughts and feelings in the presence of an encouraging professional. Most families react with ambivalence after disclosure and fostering open communication early in the therapy process capitalizes on the part of the family that wants to remain cohesive (Lev, 2004, Ryan & Diaz, 2011).

One Native American family therapist wrote that, *every culture contains all the possible values. The contrasts are not between opposites but between preferences and priorities* (Speck & Attneave, p. 62), thus reminding us that most families are capable of movement in a positive direction given the chance to safely voice their opinions and concerns as they move toward the unknown. This collaborative process may take time and the therapist should be prepared to shield the Transgender member from derogatory, or disrespectful exchanges and should refrain from moving forward with treatment planning until the family has had a chance to talk about how the change in gender status affects them socially, psychologically, and possibly financially.

In keeping with viewing families from a strength-based perspective, Walsh (2011) suggested some ways to foster understanding and support within the family include asking how they have dealt with crises in the past. This tells the therapist where the greatest support lies within the system so they can begin to align the most influential family members with the Trans

member and build support with others from there. Other suggestions include helping the family to understand that disclosure is a process with many layers—not a *one and done* event. The Trans person has no doubt been aware of their difference for a long time (researchers suggest that awareness of first feelings of gender confusion arise as early as age three (Brill & Pepper, 2008), but often the family has had no such time to prepare for the disclosure. At the time of disclosure, family members are the least able to provide support for the Trans member and the therapist has to allow safe expression of feelings, provide accurate information, and help the family to recognize the vital role they play in creating a healthy future for the trans family member. The goal here is not to change family values, or beliefs, nor is it to impose socio-philosophical ideas on families, but to foster openness and understanding among family members without perpetuating destructive communication among family members by taking sides. This requires the therapist to meet the family where they are and slowly work through ambivalence, confusion, and destructive relational patterns that make every-day family living turbulent and emotionally harmful.

For reasons of guilt, shame, and misunderstanding, parents typically do not talk to people outside the family about their concerns, let alone to a professional (Ryan & Chen-Hayes, 2013). Fostering conversation builds alliance with the family and validates that they may be experiencing anger, loss, anxiety, and fear for the future; all of which are normal feelings during times of unbalance. Providing a safe holding environment within which each person involved can tell their story lets the therapist in on the range of feelings present, areas of disagreement, and, most importantly, areas of strength that have formed the family structure. Family members also get to hear one another and are often surprised that much of what they are feeling is shared by other family members. Without this time to allow each person to share feelings and stories,

families tend to freeze in whatever thought patterns they had at the time of disclosure making therapy more difficult as the Trans member withdraws.

Again, the profound negative affect of parental and family rejection on gender-variant individuals cannot be over stated—it could literally mean life or death (Ryan, Huebner, Diaz, & Sanchez, (2009). By fostering open conversation through the counseling process, the family therapist can play a key role in helping families to, if not fully embrace their loved one, at least provide a degree of protection from the harmful effects of negative messages.

Marginalized groups generally form communities with which support for others of similar color, belief, or preference is available. Transgender individuals share no such culture of similarity in terms of looks or beliefs and this is one reason they tend to become increasingly isolated. A family in therapy can be a powerful source of collective support for the Trans member and the therapist should move forward with the expectation that positive change will occur.

Identify

Fostering open communication in families allows the therapist to listen to and identify patterns of communication that signal positive and negative intent. Ryan, Russell, Huebner, Diaz, & Sanchez (2010) found young adults that reported low family acceptance, evidenced by negative communication patterns, were more than three times more likely to report suicidal ideation and suicide attempts than those that reported high levels of family acceptance (p. 210). Participants also had significantly more depression and substance misuse. On the other hand, respectful family comments and behaviors have been shown to have long, and lasting, positive effects and have been closely associated with higher levels of adjustment, positive attitudes toward self, and better general health (p. 208). It is often the case that both positive and negative

behaviors are present in families that are adjusting to a child's gender expression (Ryan, et al., 2010). An alert family therapist can identify current behavior patterns, teach new ones, and isolate areas that are off-limits to probe, such as details about surgeries, and other private treatments (Singh, Boyd and Whitman, 2010). Once communication patterns are identified, the therapist can highlight and reinforce behavior and language that is nurturing and supportive, and help the family to eliminate specific rejecting behaviors that, intentionally or not, disrupt the bond between the Trans individual and their family or caretaker.

The Family Acceptance Project conducted a comprehensive qualitative study with ethnic, religious, and socially diverse LGBT adolescents and their families in which they identified 55 behaviors that signaled acceptance of the child or adolescent and 51 that signaled rejection (Ryan, 2010). According to the study authors, behaviors that increase health-risk include name-calling, exclusion from family events, pressure to conform, and shaming. Family behaviors that promote well being include welcoming other LGBT friends to family activities, talking openly about gender identity, requiring other family members to respect all family members, and supporting gender expression. (For a complete list of the behaviors identified in this study, please see Ryan, 2009, *Family Acceptance Project*, San Francisco State University.)

Consistent with these findings, The American Academy of Pediatrics Task Force on Families recommends identification of accepting and rejecting behaviors within the family as a way of predicting likely health outcomes for the Trans individual and proactively teaching families about the potential benefits of supportive language and behaviors for the long-term.

Families with rigid or ambiguous boundaries tend to avoid conflict by sending mixed messages that are confusing and hurtful. It is common for ambivalent family members to micro-aggress on a non-conforming family member by insisting on certain pronouns, making thinly

veiled comments, and poking fun in derisive ways—all behaviors that contribute to ill-feelings and negative outcomes for the family. The therapist can identify these subtle cutting remarks and bring to the family's attention the harm they are doing. For example, the Trans family member might ask to be referred as *him* or *her*, *son*, or *daughter*, or a particular name they have chosen. To the extent that other family members do not respect the request, messages of disapproval carry on regardless of other attempts to show acceptance.

Parents that are not familiar with the social and emotional stressors within the Trans community might unintentionally ignore signs of strain, insult, or offend Trans family members. The family therapist can bring these points to the families' attention and help them to have positive, friendly discussions around gender expression using sensitivity, curiosity, and respectful language. Family research by Ryan, et al. has shown that parents that are conflicted about their child's gender expression want to learn how best to relate to them and how their reactions contribute to the long-term health of their child (p. 6). Moreover, researchers have found that once parents and family members are attentive to the needs of Trans children, family relations tend improve and become more positive (D'Augelli, Grossman, & Starks, 2005 cited in Ryan, et al., 2010).

When appropriate, therapists are encouraged help families to use suitable humor as a coping mechanism. The cautious use of humor can be a bonding experience and, provided each member knows and respects boundaries, can be stress relieving for the family (Boss, 1999). For example, one client that had completed transition from male to female, joked that, *he wasn't the man he used to be*. This humor was initiated by her and became a regular joke at family gatherings, whereas jokes about her genitals were considered offensive and a violation of her privacy. Respectful dialogue around these issues exposes the family to what may be a whole

new world for them. We know that exposure, education, and humor promote familiarity and appreciation for new cultures and ideas, and that conversation itself is an effective way to expose family members to the language and experience of gender-oppressed individuals, provided it is non-rejecting and respectful. Most families are unaware of the impact of their every-day behaviors on their children. Over time, as the family understands the boundaries of curiosity, acceptable language, and humor (both overt and covert), in most cases, they become increasingly accepting over time. As the therapist identifies which members' voices have the most influence on family rules and works with them to strengthen communication patterns, the therapist can further assess long-term risk and begin to make decisions about additional help through appropriate referrals.

Refer

While researchers have suggested a client-centered approach with trans individuals and their families, and have stressed the therapeutic value of these clients being able to tell their story to an understanding professional, the complexity of these individuals' needs also requires a multidisciplinary team of professionals to provide comprehensive care and treatment to meet all the needs of the family and its members. For one thing, transgender individuals are required to see a therapist in order to receive Gender Confirmation Surgery (GCS); this makes the therapist responsible for providing referrals to materials and resources that have accurate and constructive information about a number of different areas.

Research-based educational materials that include information and guidance for the psychiatric, medical, legal, and financial issues that might arise are available and families should be referred to these sources. Materials that explain available therapies help clients to seek safe medical treatment and avoid predatory attempts to abuse desperate individuals that are not aware

of non-medical treatments. A list of referrals and resources should include an extensive network of trans-friendly specialists that collaborate to protect clients from a pathologizing medical community (Carroll, Gilroy, & Ryan, 2002, p. 134) as well as transgender friendly faith leaders, lawyers, and counselors. Knowing about health plans that cover Gender Confirming Surgery (GCS), and other identity options can reassure families that safe options do exist for their loved ones to express their identity, and that there are professionals that will understand and support their desire to express gendered selves.

The Family Acceptance Project has created family education materials that provide information and guidance for families with LGBT children. The website includes copies of published research related to gender expression, on-line resources to help educate parents and link them to other positive and accepting parents that support their Trans family members. There are also a number of transgender communities on line, including email groups, blogs, videos, advocacy groups, and websites that deal with specific issues such as transgender rights, coming out in places of worship, transitioning in the workplace, and helpful professionals in specific geographic areas. The Human Rights Campaign Foundation (2013) provides an excellent resource guide, which may be accessed on line <http://www.hrc.org/resources/entry/transgender-visibility-guide>. Having current knowledge about community support groups, programs, organizations, and regional networks that are transgender friendly is requisite for family therapists working in this area. Providing appropriate referrals not only builds in safety for the Trans individual, it builds family cohesion as they work together with a team of experts that has their best interest at heart. In a qualitative study, Singh, Hays, and Watson (2011), found that transgender participants consistently mentioned community connection as a significant aspect of their resilience (p. 24).

Referral sources should also include post-transition and after-care resources including both long-and short-term side effects from medical interventions (Biblarz & Savci, 2010). These resources might include transgender-friendly legal resources that can help with legal rights in terms of education, housing, benefits, and protection from discrimination. Trans individuals generally need help changing names and gender classification on legal documents, and a list of helpful legal sources will be crucial to families that want to live congruently. Other referral sources should include voice therapists and financial aid experts. As mentioned, transition changes are costly. It is not unusual for people to lose their job and professional contacts when they come out, so financial ruin is a consideration for many transgender people. A therapist that can provide guidance and education about financial matters will be tremendously helpful for individuals and families as they could bear the financial burden for these problems.

Appropriate referrals for families in therapy will vary considerably depending on the age, stage, and needs of the individuals involved. Families need different things at different times in the disclosure and transition processes and the effective therapist will understand that counseling will fluctuate in need and intensity. Maintaining contact with the family as they grow, change, and explore will allow the therapist to make appropriate referrals throughout the therapy process.

Maintain

Attachment behaviors occur in any on-going relationship, and since the therapeutic relationship with Trans individuals and their families can be complex and long lasting, it is helpful to maintain contact with them as they deal with each stage of family adjustment. By maintaining contact with families and clients through the transition process, a therapist can provide a secure base from which clients can move away for longer and longer periods and return any time for information, referrals or just supportive contact (Pistole & Watkins, 1995).

The first author has noted that younger Trans children report feeling more at ease with on-line chat rooms and blogs than in-person counseling. Maintaining contact can help to keep the child from isolating from family support while they connect with other supportive groups.

Coming out as transgender is a life-long process (Bockting, Knudson, & Goldberg, 2008), and adjusting to relational changes in the family is only the beginning of the psychosocial challenges that a Trans person will face in their lifetime. Based on the idea that the therapeutic relationship is a kind of attachment relationship, knowing that their therapist will be there for them in times of need or crisis is comforting and encouraging for families struggling to understand each other (Romano, 2007). The secure-base hypothesis further supports the idea that having a consistent and available therapist allows clients to gain independence and find other means of support and still maintain contact with a reliable and dependable figure (Pistole & Watkins, p. 470). The number of issues that trans individuals and families deal with, from ambiguous loss, arguably the most difficult because of the simultaneous presence and absence of the person, to the pharmacological and medical issues, to say nothing of the social adjustments, can require a therapist to maintain contact with clients for months, and even years as they grow and change in their desired direction.

Disclosure issues, for example, persist for a family as long as they form new relationships. Each new relationship requires a decision about how much to reveal (full, partial, or no disclosure) and on-going availability is a way of providing that safe base for families to return to as they make these decisions. Depending on the level of acceptance the family has achieved, they are likely to come back to counseling as relationships with new friends, neighbors, and co-workers change. The role of the therapist is to help clients to continually reevaluate options (Bockting, Knudson, & Goldberg, 2006), understand the complexity and

depth of all the personal and social ramifications of not conforming to gender roles, and to provide a place they can return to as they explore their own solutions.

For adult clients in the later stages of transition, maintaining contact is important because the family has likely focused on the immediate physical aspects of transitioning to the exclusion of family relationships (Bockting, Knudson, & Goldberg, 2006). As the physical aspects of transitioning resolve, clients can then turn to the interpersonal relationships that may have been neglected or deteriorated. The therapist will be there to help the family get to know one another in their new roles as they evolve and solidify.

Maintaining contact also allows the therapist to learn about post-service problems. Researchers in this area, for example, have pointed out that adult family members often lose the foundation of their pre-trans life and need help to create a new self-image and new ways to safely express their gender and have their needs met. On-going contact with clients can teach the therapist about issues that are likely to arise over time and anticipate problem areas such as aging, grief and loss, and some of the deeper effects of sustained marginalization. Preemptive information can help protect against eroding self-esteem, frustration and the temptation to seek dangerous sources for solace.

Finally, maintaining contact with clients allows the clinician to evaluate the effectiveness of their treatment strategies, theoretical approach, and the competence of the treatment team members. Continually monitoring and appraising their treatment choices and resources allows the clinician to evaluate their own effectiveness, as well as the effectiveness of their resources and referrals. Keeping current with effective professionals, options, terminology, and supportive resources is crucial to best practices for this vulnerable population.

As mentioned, most families resist change to one degree or another, and until all views

and experiences are heard without judgment, acceptance of the Trans family member will be incomplete. This process has many phases and can take years for some families (Brill & Pepper, 2008). As each chapter in the acknowledgment process is completed, new feelings, conflicts, and ambiguities will arise and need to be shared. The constancy of the therapeutic relationship allows for the continuation and development of each member's story.

Summary and Conclusions

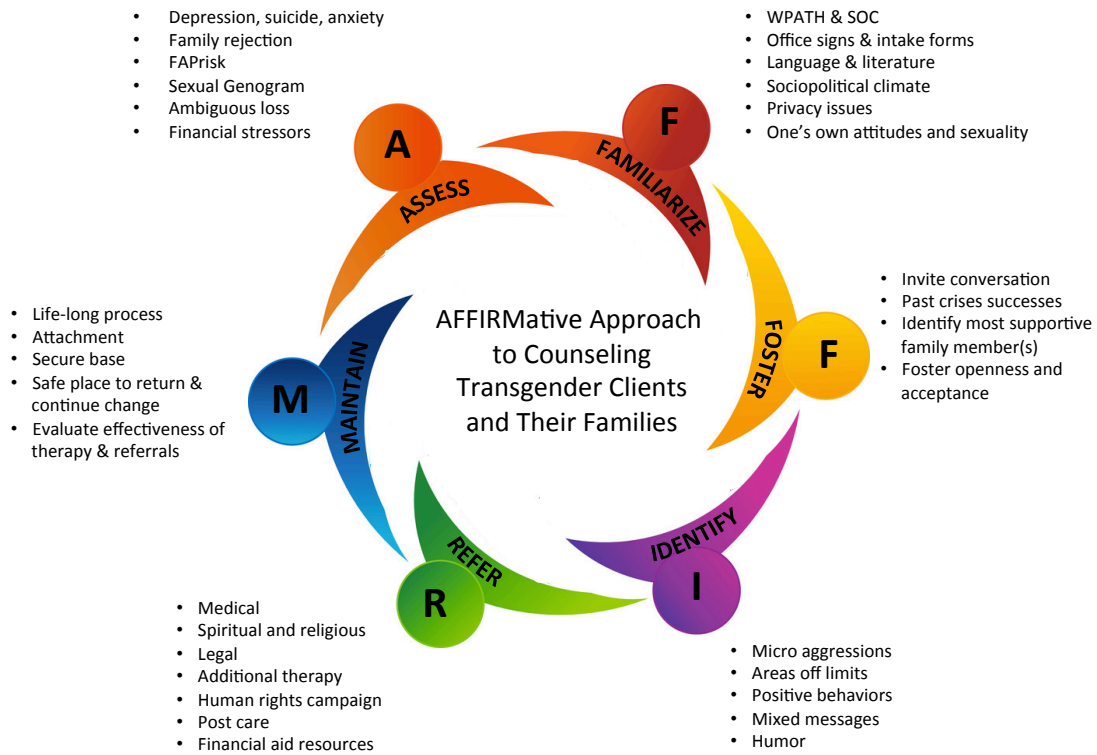
Although there is mounting research that points to the physical and psychological benefits of positive family relationships for LGBT individuals, very little research has focused specifically on helping transgender families and what has been written is mainly negative (Bernal & Coolhart, 2012; Blumer, Green, Knowles, & Williams, 2012). A specific protocol will never be established, nor should it be, because of the wide range of issues involved. Not only is this population among the most marginalized and isolated, it is also among the most complex in terms of the number of aspects of their care that need to be addressed.

The AFFIRM approach is not a sequential prescription for trans-family therapy, but a guideline for the interested therapist to follow throughout the therapy process. This approach encourages the therapist to meet the family where they are and, at the same time, help them to move toward concord by addressing areas that researchers have shown to be important to their well being. If effective, the therapist will come to understand how it is to live in a society that oppresses differences and will provide much of the needed support, information, and referrals to help clients toward their desired gender expression.

The situation is slowly improving for LGBT clients. Mental health specialists and the medical community are stepping forth and increasingly advocating for sexual minorities, in fact, in 2008, the American Psychological Association's (APA) Council of Representatives "adopted

its Resolution on Transgender, Gender Identity and Gender Expression Nondiscrimination to support full equality and ‘the legal and social recognition of transgender individuals consistent with their gender identity and expression’ (Glicksman, 2013, p. 1). Also in 2008, the American Medical Association (AMA) published a position paper that affirms the medical necessity of surgical and hormonal interventions for transgender people. This affirmation from major mental health organizations is a very large step toward acceptance from the professional community, but does little to help families that struggle to understand and accept a family member whose gender expression differs from what they believed it would, or should, be.

The purpose of this paper is to outline some of the specific therapeutic needs of families with transgender members and to suggest an AFFIRMative approach that guides the therapist to: Assess the mental and physical status of the family and its members; Familiarize themselves with the sociopolitical and medical issues that are relevant to gender expression; Foster open communication among family members; Identify positive and negative communication patterns that have been linked to future health outcomes; Refer clients to the many needed resources; and to Maintain contact with families as they look for their own solutions for congruity and harmony (See Figure 1).



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The need to interact with others that listen and care is universal, and in the case of gender-oppressed individuals, joining, belonging, and being able to celebrate and share joy and struggles is rarely fulfilled. If families can provide shelter from the need to engage in risky behaviors that serve to dull the pain of isolation, then the family is the first and best place to begin the therapy process toward love and safety.

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