*Regular Manuscript*

The Counseling Psychologist
2018, Vol. 46(5) 632–655

DOI: 10.1177/0011000018787261
journals.sagepub.com/home/tcp
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# Psychological Interventions Promoting Resilience Among Transgender Individuals: Transgender Resilience Intervention Model (TRIM)

**Emmie Matsuno[1] and Tania Israel[1]**

**Abstract**

Transgender people experience disproportionately high mental and physical health risks. Minority stress theory identifies distal and proximal stressors that contribute to negative mental health outcomes for transgender people, and suggests that resilience factors can buffer the negative influence of these stressors. In this article, we aim to synthesize the psychological literature on resilience strategies among transgender people and position it within the minority stress framework and introduce an adapted model called the transgender resilience intervention model (TRIM). The TRIM suggests that social support, community belonging, family acceptance, participating in activism, having positive role models, and being a positive role model are group-level resilience factors. Self-worth, self-acceptance and/or pride, self-definition, hope, and transition are individual-level factors that promote resilience. Community, group, and individual interventions and their potential influence on resilience are discussed. The model calls for the development of additional interventions aimed at increasing resilience for transgender people.

[1]University of California, Santa Barbara, CA, USA

**Corresponding Author:**
Emmie Matsuno, Department of Counseling, Clinical, and School Psychology, 2147 Education Building, University of California, Santa Barbara, Santa Barbara, CA 93106-9490, USA.
Email: emmie.matsuno@gmail.com

**Keywords**
transgender, resilience, minority stress, mental health, intervention

## Psychological Interventions Promoting Resilience Among Transgender Individuals: Transgender Resilience Intervention Model (TRIM)

The minority stress model (Meyer, 2003) is increasingly being used to understand the mental health outcomes of sexual minorities (e.g., lesbian, gay, bisexual, queer people). *Minority stress* refers to "excess stress to which individuals from stigmatized social categories are exposed as a result of their social, often a minority, position" (Meyer, 2003, p. 3). Meyer's (2003) minority stress model identifies various external and internal experiences that negatively influence the mental health of sexual minorities. Recently, the minority stress model has been applied to gender minority populations as well (Hendricks & Testa, 2012). Gender minorities identify with a gender different from their sex assigned at birth, including transgender men, transgender women, nonbinary people, and other gender diverse identities (we use gender minority and transgender interchangeably in this paper to refer to this population). Transgender people reflect a range of sexual orientations; some may be sexual minorities as well as gender minorities and, thus, experience intersectional minority stress. Although gender minorities experience many of the same minority stressors (e.g., discrimination, rejection) as cisgender (i.e., non-transgender) sexual minorities, gender minorities may not experience minority stress in the same way as cisgender sexual minorities. Additional minority stressors likely affect transgender people.

Resilience is essential in moving beyond the awareness of risk to actively finding ways to promote growth and well-being for marginalized populations (Meyer, 2015). The minority stress model suggests that resilience factors buffer the impact of minority stressors. However, Meyer's minority stress model does not theorize how specific resilience factors influence various minority stressors. Therefore, understanding resilience factors and their relation to minority stressors is important in creating effective psychological interventions to support gender minority populations. Currently, limited evidence-based interventions exist to build resilience among transgender people. Meyer (2015) noted that psychologists are missing the opportunity to utilize the resilience literature to develop and evaluate resilience-based interventions.

In writing this paper, our aim was to synthesize and integrate the current literature on transgender minority stress and resilience, and position it within a new model termed the transgender resilience intervention model (TRIM). We developed TRIM as an expanded version of the minority stress

model (Meyer, 2003), with the goal of helping psychologists develop successful resilience-based interventions (see Figure 1). The model highlights the importance of not only targeting interventions at reducing the negative outcomes of minority stressors, but also of increasing resilience at both the group and individual levels. The TRIM posits the types of interventions that can increase group and individual resilience factors for transgender individuals and identifies additional resilience factors not previously addressed in the minority stress model (Meyer, 2003; Testa, Habarth, Peta, Balsam, & Bockting, 2015). Thus, this model can serve as a road map for psychologists to develop evidence-based interventions and treatments to support transgender well-being.

## Minority Stress Among Transgender People

Meyer's minority stress model (2003) differentiates two types of minority stressors—distal and proximal—each of which is associated with negative mental health outcomes for sexual minority populations (Newcomb & Mustanski, 2010). *Distal stressors* are defined as external stressors that involve experiences such as discrimination, rejection, or violence related to holding a minority identity. Comparable to cisgender sexual minorities, transgender people experience numerous gender-based distal stressors, including high rates of discrimination, victimization, and rejection in various environments such as the workplace, schools, public restrooms, and within families (James et al., 2016). External events such as these are well-documented as having a negative influence on the well-being of transgender people. Recently, results from the U.S. Transgender Survey (2015) showed that 40% of transgender adults have made one or more suicide attempts in their lifetime (James et al., 2016), a much higher suicide attempt rate compared to 12 to 19% of cisgender sexual minority adults (Haas et al., 2010) and approximately 0.6% in the general adult population (Lipari, Piscopo, Kroutil, & Kilmer Miller, 2015).

Additional distal stressors unique to transgender populations are being identified. First, transgender people may experience additional forms of discrimination related to access to legal documents, medical care, and safe restrooms in public spaces (Testa et al., 2015). Gender minorities are likely to experience distal stressors in gender-segregated spaces such as public restrooms; in one study, 70% of transgender participants reported experiencing either denial of access to public facilities, verbal harassment, or physical assault in gender-segregated public restrooms (Herman, 2013).

Gender minorities may also experience a distal stressor related to how others respond to their gender identity (Sevelius, 2013). Nonaffirmation

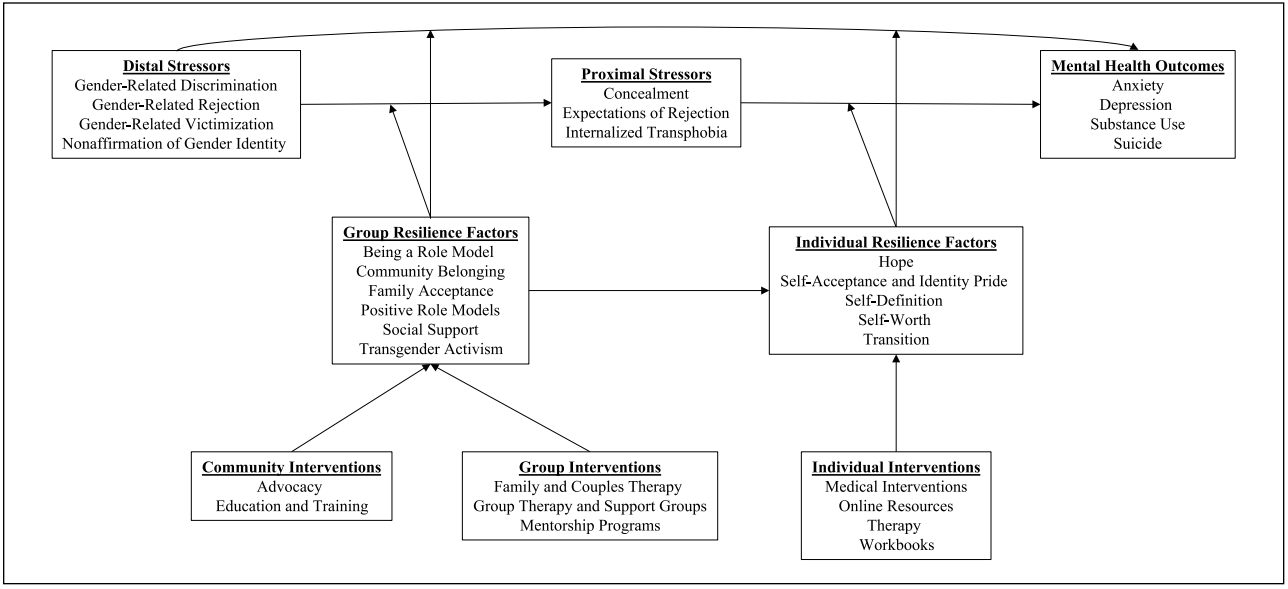


**Figure 1.** Transgender resilience intervention model (TRIM).

occurs when "one's internal sense of gender identity is not affirmed by others" (Testa et al., 2015, p. 66), such as when a transgender woman is addressed as "sir." Due to the stigma of transgender identities and strict understanding of sex and gender as fixed and binary, transgender people are often given the message that their gender is invalid or pathological (Nadal, Skolnik, & Wong, 2012). Furthermore, nonbinary people (i.e., those who do not identify as strictly male or female) may experience nonaffirmation from the many environments organized around binary gender such as restrooms, clothing stores, and other gender-segregated spaces, as well as from people who refer to them using gendered language (e.g., "he" or "she" rather than using "they"; Matsuno & Budge, 2017).

*Proximal stressors* develop as a result of experiencing distal stressors. Among sexual minorities, three proximal stressors have been theorized: fear of further victimization or discrimination, internalized negative beliefs about one's identity (referred to as internalized homonegativity), and the stress of concealing one's identity (Meyer, 1995). Transgender people also experience these proximal stressors. Similar to internalized homonegativity, transgender people may experience internalized transnegativity (i.e., hold negative beliefs about their identity and about others who share this identity) as a result of social stigma placed on transgender identities (Rood et al., 2017).

Due to the high rates of anti-transgender discrimination and rejection, many transgender people develop the expectation or fear of encountering future discrimination or rejection. This has been labeled as a proximal stressor called "expectations of rejection" or "stigma awareness" in the minority stress framework, and is associated with psychological distress (Bockting, Miner, Swinburne Romine, Hamilton, & Coleman, 2013; Breslow et al., 2015; Rood et al., 2016). Transgender people may anticipate rejection in public spaces, especially gender-segregated spaces, at work, when meeting someone new, and with family members; the experience of anticipated rejection may be accompanied by associated feelings of hypervigilance, fear, anxiety, stress, mental and physical exhaustion, and worry about safety (Rood et al., 2016). Furthermore, to cope with this stressor, transgender people report avoiding spaces and situations where they may encounter rejection (Rood et al., 2016).

Finally, concealment has been identified as a proximal stressor that is experienced by transgender people in unique ways compared to cisgender sexual minorities; this stressor may differ before and after transition. For example, an individual who was assigned male at birth and identifies as a woman, would have to decide whether, when, or how to disclose her gender identity as woman prior to transition. Once she transitioned and was living and/or appearing as a woman, she would have to decide whether, when, or how to disclose her identity as transgender. Furthermore, because gender is

often perceived based on physical cues, decisions regarding disclosing one's gender identity is in part guided by access to medical care, stage of transition, and age at time of transition (Testa et al., 2015). In some cases, a transgender identity could be visible for some, eliminating the option of nondisclosure.

It is unclear whether concealment has a negative influence on mental health for transgender individuals, and concealment prior to and after transition may relate differently to mental health. For those who decide to transition, concealment of a transgender identity both before and after transition may reduce instances of stigma, harassment, and violence that increase mental health risks. However, concealment could increase anxiety and hypervigilance about being "found out" that could negatively influence mental health. Furthermore, transgender individuals may choose to conceal their identity in certain contexts for safety reasons, but feel open to sharing this aspect of themselves in other contexts. Concealment of a transgender identity after someone is living as their affirmed gender may be related to achieving a positive goal in the process of actualizing their gender identity (Gagné, Tewksbury, & McGaughey, 1997), rather than indicating feelings of shame about this identity.

## Resilience

Along with minority stressors, resilience plays a significant role in predicting the psychological well-being of transgender individuals (Meyer, 2015). To understand the many different factors that may buffer the effects of minority stressors on transgender mental health, we use the term *resilience* in the broad sense of "overcoming adversities" and define *resilience factors* as any underlying experiences that may promote resilience (Meyer, 2015). Our goal is to synthesize and highlight research that can inform applied interventions to help transgender individuals increase resilience and overcome mental health risks. Therefore, our focus is on factors that are malleable to change rather than fixed factors such as demographic variables.

It is important to distinguish group-level or community-level resilience factors from individual resilience factors. Individual resilience factors are personal qualities, such as hopefulness, that help foster resilience in the face of stress (Kleiman et al., 2017). Group or community resilience factors refer to the ways in which groups of people provide resources that help individuals cope with stress, underscoring social and environmental influences on health (Fergus & Zimmerman, 2005). Acknowledging the environmental factors that influence resilience and well-being redirects the blame away from the marginalized individual and highlights the social responsibility that people bear to address their personal biases and help protect marginalized communities (Meyer, 2015).

## Group-Level Resilience Factors

The following section discusses constructs at a group level that influence resilience. These include social support, family acceptance, community belongingness, activism, and role models.

*Social support*, broadly speaking, is defined as support from friends, family, and significant others; in numerous studies, this type of support has been shown to enhance resilience across populations (Cohen & Wills, 1985). In fact, having support from others appears to be a crucial element for supporting resilience among transgender people (Bockting et al., 2013; Budge, Adelson, & Howard, 2013; Moody, Fuks, Peláez, & Smith, 2015; Singh, Hays, & Watson, 2011). Social support is directly related to lower levels of psychological distress for transgender people (Budge et al., 2013). Acceptance by others was reported by transgender individuals to be one of the most powerful and protective forms of social support (Moody et al., 2015). In addition to general social support, community belonging and family acceptance appear to promote resilience for transgender individuals.

Community belonging is an important component of building resilience among transgender individuals (Barr, Budge, & Adelson, 2016; Singh, 2013; Singh et al., 2011). Transgender people are often victimized and rejected by their own families of origin and, therefore, may have a greater need to find a sense of belonging in lesbian, gay, bisexual, and transgender (LGBT) communities compared to other marginalized groups (Lev, 2004). Transgender community connectedness can buffer the negative influence of rejection and is significantly associated with fewer symptoms of depression and anxiety, as well as increased well-being (Barr et al., 2016; Pflum, Testa, Balsam, Goldblum, & Bongar, 2015). Those willing to disclose their transgender identity may have greater ability to utilize transgender community resources than those who are unwilling to disclose (Hendricks & Testa, 2012).

Along with feeling connected to the transgender community, involvement in transgender activism may contribute to resilience (Singh, 2013; Singh & McKleroy, 2011). A qualitative study involving transgender people of color found that connection to activist communities helped them find various resources such as legal aid and health care (Singh & McKleroy, 2011). Although involvement in activism gave these transgender participants a feeling of empowerment and the ability to find meaning by working to create positive social change (Singh & McKleroy, 2011), a quantitative study found no association between collective action (i.e., activities to enhance the status of transgender people) and psychological distress (Breslow et al., 2015). Therefore, it is unclear whether and in what circumstances involvement in transgender activism is helpful in building resilience.

Of the many different forms of social support, family acceptance is emerging as a consistently significant factor that increases the resilience of transgender people (Koken, Bimbi, & Parsons, 2009; Singh & McKleroy, 2011), especially transgender youth (Torres et al., 2015). One study involving 433 transgender youth found that participants who perceived their parents were supportive, in comparison to those who did not, reported higher life satisfaction and self-esteem as well as lower levels of depression and suicide attempts (Travers, Bauer, Pyne, & Bradley, 2012). The same study found that 57% of transgender youth without supportive parents had attempted suicide compared to only 4% of transgender youth with supportive parents (Travers et al., 2012). Similarly, a recent study found that familial social support significantly moderated the effect of enacted stigma (i.e., distal minority stressors) on depression (Puckett, Newcomb, & Mustanski, 2016). However, other forms of social support, such as support provided by friends and derived from community connection, did not significantly moderate the relationship between enacted stigma and depression, indicating that family acceptance may have a greater influence on resilience than other forms of social support for transgender individuals.

In addition, having positive role models can help foster resilience for transgender people. LGBT youth with accessible role models have reported less psychological distress than those without them (Bird, Kuhns, & Garofalo, 2012). Having positive transgender role models may be a particularly important resilience factor for transgender people, given their limited access to visible role models in comparison to individuals from other marginalized groups (Bockting et al., 2013). The use of media that positively represents transgender individuals may help transgender people to access role models and seek community support. Research suggests that the media—both offline media (e.g., television, movies, music) and new media (e.g., social media, blogs, online videos)—facilitate resilience in transgender youth (Craig, McInroy, McCready, & Alaggia, 2015; Singh, 2013). New online media (e.g., YouTube, Facebook, Tumblr) may give transgender individuals access to more diverse representations of transgender people that are less bound by the stereotypical representations in mainstream media (Craig et al., 2015).

Along with having positive transgender role models, being a role model to others has been identified as a resilience factor for transgender people (Moody et al., 2015; Singh et al., 2011). Participants in a study on protective factors for suicide reported that being a positive role model in transgender communities was a reason for not acting on their suicidal ideation (Moody et al., 2015). One participant said: "For me, given my network of relationships, given that I have been told by trans folks that they see me as a role model, and as I play a leadership role in trans communities, I have a responsibility to others to model good self-care" (p. 275). Therefore, being a role model to others may promote healthy coping and provide a sense of purpose and meaning.

### *Individual Resilience Factors*

Researchers have identified individual resilience factors for transgender people including self-worth, hope, positive and self-defined identity, and transitioning. Qualities that promote resilience in general populations, such as self-worth, are also beneficial for transgender people (Singh et al., 2011). However, a sense of self-worth may be harder to achieve for minority people who face negative messages about their identity group. Transgender individuals' feelings of self-worth may be influenced by their perceptions of their transgender identity. Having a positive view toward one's identity (e.g., believing that being transgender is valid, acceptable, and valuable) and a positive view of other group members of a shared identity are both components of the concept termed *identity pride* (Testa et al., 2015). Both quantitative and qualitative studies show that identity pride is negatively associated with psychological distress (Bockting et al., 2013; Singh, 2013).

Cultivating hope or an optimistic view can help transgender people overcome adversities (Bry, Mustanski, Garofalo, & Burns, 2017; Singh et al., 2011). Hope about their future can help transgender people manage stress when faced with discrimination or rejection based on their gender identity (Singh et al., 2011); having an optimistic view may be a protective factor against suicidal ideation and behavior (Moody et al., 2015).

A resilience factor identified specifically for transgender people is the ability to define one's own identity. In a qualitative study by Singh et al. (2011), "evolving a self-generated definition of self" (p. 23) was identified as a resilience strategy commonly used by transgender adults. Participants reported that being able to use their own words and terms to define their gender helped them feel empowered and cope with discrimination. Defining their own gender became a way for them to actively resist traditional binary definitions of gender. This theme also emerged in a qualitative study with transgender youth (Singh, Meng, & Hansen, 2014).

Finally, going through transition, either medically or socially, may increase resilience for transgender individuals. Although not all transgender people desire transition-related medical interventions, for those who do, trans-affirming medical procedures clearly demonstrate a strong association with better mental health outcomes (De Vries et al., 2014; Vance, Ehrensaft, & Rosenthal, 2014) including for nonbinary individuals (Olson-Kennedy & Warus, 2017). Transitioning, whether social or medical, appeared to be a crucial protective factor for suicide for participants in a qualitative study (Moody et al., 2015). One participant reported "transitioning saved my life" (Moody et al., 2015, p. 274). Having hope of transitioning was also identified as a protective factor for transgender people who wanted to transition but had not yet started the process (Moody et al., 2015). A meta-analysis of 28 studies

related to hormone therapy and gender affirmative surgeries found that after medical transition, 80% of participants reported significant improvement in gender dysphoria and quality of life, and 78% reported improvement in psychological symptoms (Murad et al., 2010).

## TRIM

The TRIM (see Figure 1) seeks to help guide the development and dissemination of interventions that aim to increase resilience for transgender people by suggesting how group and individual resilience factors interact with specific types of minority stressors. The TRIM builds on Testa et al.'s (2015) adaptation of the minority stress model (Meyer, 2003) that is specific to gender minorities and expands it in several ways. First, resilience factors are categorized into group and individual resilience factors, and several additional resilience factors are included based on the literature on transgender populations. Group resilience factors are suggested to buffer the effects of distal minority stressors because these factors essentially change the person's environment, thus potentially (a) preventing proximal stressors from developing and (b) buffering the influence of distal stressors on mental health. Individual resilience factors are hypothesized to buffer the effects of proximal stressors and buffer the effects of distal stressors as well. Second, intervention approaches are added to the model and grouped into three categories: community interventions, group interventions, and individual interventions. Finally, the model suggests that group resilience factors influence the presence of individual resilience factors. For example, family acceptance is likely to influence the individual's sense of self-worth or identity pride. Much like the influence of distal stressors on proximal stressors, group-level supports likely influence individual resilience factors.

Psychologists can use this model to understand how various types of interventions can target specific resilience factors. The following sections discuss the current state of the literature regarding these three types of interventions for transgender populations and elucidate the roles of these interventions within the TRIM. Our goal is to help guide clinicians to create effective interventions that increase resilience and to provide a theoretical framework for future intervention research.

### *Community Interventions*

Community interventions (i.e., interventions at a macrolevel) seek to change societal norms, social environments, and laws and practices that perpetuate antitransgender stigma (Trickett et al., 2011). Minority stress theory emphasizes the

importance of understanding how environmental factors influence the individual (Meyer, 2003). Exposure to affirming environments may attenuate proximal stressors such as expectations of rejection or internalized transnegativity. The TRIM situates community interventions as having the greatest opportunity to increase group-resilience factors that may, in turn, increase individual resilience factors. Two commonly used community interventions aimed at supporting marginalized groups that will be discussed are educational strategies and social advocacy (Rothman, 2001).

Educational programs are increasingly being implemented to create affirming environments for lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ) people in schools (Poynter & Tubbs, 2008). For example, many college and high school campuses offer Safe Zone educational programs for teachers, students, and staff members. Safe Zone programs strive to help participants increase awareness about LGBTQ issues, obtain skills in allyship such as confronting anti-LGBTQ remarks, and ultimately seek to improve campus environments for LGBTQ students. Safe Zone or similar educational programs consist of a variety of training elements including the following: providing general information on LGBTQ identities and issues, presenting panels of LGBTQ students or staff, teaching bystander interventions to counteract microaggressions or harassment, and engaging in role plays (Poynter & Tubbs, 2008). Although most evidence that these types of programs are effective is anecdotal, formal assessments have shown that programs have improved the campus environment for LGBTQ students (Poynter & Lewis, 2003).

Providing training within health care settings is another way psychologists can support transgender people. Mental health and physical health care systems have historically oppressed transgender people through pathologizing diagnoses (Stryker, 2017) and providing treatments that reinforce restrictive gender expression (Mizock & Lundquist, 2016). Additionally, many clinicians have reported not feeling "sufficiently familiar" with transgender issues (American Psychological Association [APA], 2009). Psychologists can develop and evaluate training that aims to increase clinician competency in working with transgender clients. Professional guidelines (e.g., American Counseling Association, 2010; APA, 2015) along with the World Professional Association for Transgender Health standards of care (Coleman et al., 2012) can be used to guide clinician training. Training in health care settings can help reduce barriers for transgender people to receive adequate and appropriate medical and mental health care related to transition (Puckett, Cleary, Rossman, Mustanski, & Newcomb, 2018).

Training can also be developed to increase the availability of transgender communities or expand LGBT communities to be more inclusive and accepting of transgender people. Transgender people have reported feeling

unwelcome and excluded from LGB communities, often the only visible "LGBT" community in their area (Clayton, 2013). Most transgender people do not have access to exclusively transgender communities, and therefore may benefit from finding a sense of community belonging within the broader LGBT community. Developing effective training programs to reduce prejudice in sexual minority communities can help transgender people find community support and a sense of belonging through reducing instances of microaggressions, exclusion, or other forms of enacted stigma.

In addition to education-based interventions, psychologists can also participate in social advocacy to promote transgender rights on a larger scale. Psychologists may be effective and appropriate social justice advocates due to their values (Goodman et al., 2004) and expertise as scientists and practitioners. Research on the impact of legislative policies, both protective (e.g., employment nondiscrimination act) and restrictive (e.g., requiring people to use the restroom in accordance with their assigned sex), can help psychologists make the case for promoting trans-affirmative legislative action. Psychologists can advocate for trans-affirming laws and practices at federal and state levels through APA and other professional organizations. For example, professional organizations can advocate for workplace protections, gender-inclusive restrooms, and affordable access to transition-related procedures (i.e., hormone replacement therapy, gender affirmative surgeries). Psychologists can also advocate for transgender individuals within their local clinical agencies by promoting trans-affirming policies and practices, such as gender inclusive demographic forms or starting transgender support groups.

## *Group Interventions*

Group interventions focus on multiple people and interpersonal relationships rather than on broader community environments or personal qualities within an individual. Within the TRIM, group interventions are situated to target group-level resilience factors such as social support, family acceptance, community belonging, and finding, as well as being, a positive role model. Again, group interventions are not limited to having an influence only on group resilience factors; they likely also influence individual resilience factors. Three types of group interventions will be discussed: group therapies and support groups, mentoring programs, and family and/or couple therapy.

Given the copious research showing that having a connection to a transgender community and social support enhance well-being in transgender populations (Barr et al., 2016; Budge et al., 2013), group therapy interventions are a promising and cost-effective way to provide support for gender minorities. Furthermore, group therapy can help transgender individuals access positive

role models and learn how other transgender people cope with minority stress. In one example of a 12-week psychotherapy group for transgender clients at a university training clinic, the facilitators used an experiential/process framework for the group, discussing topics such as coming out and transitioning (Heck, Croot, & Robohm, 2015). Psychologists can use the suggestions posed by Heck et al. (2015), as well as the literature on transgender minority stress and resilience, to build curriculum for a group therapy intervention. If clinicians cannot create a psychotherapy group for transgender clients, it is imperative to connect clients with outside resources such as local support groups often held at LGBTQ organizations. Transgender communities also exist online and can be offered to clients as an additional resource to be explored. Additionally, clinicians can inquire if their clients want to be involved in transgender activism, as this was also identified to promote resilience and may be a way to build social support networks and community.

Another way to provide transgender individuals access to positive role models or the opportunity to be a positive role model is through mentoring programs. Mentoring programs may be an avenue for transgender youth to gain support, especially if they are rejected by their family of origin. High school student–adult mentorship programs for LGBT youth provide mentorship relationships that are distinct from parental relationships and permit youth to talk more openly about sexuality and gender (Mulcahy, Dalton, Kolbert, & Crothers, 2016).

Lastly, interventions for families and couples can help build family acceptance for transgender people. Family acceptance can come from a variety of family members including parents or caregivers, romantic partners, siblings, and offspring. Not only can family therapy interventions promote family acceptance and support the transgender family member, they can be helpful for the entire family, as all family members are influenced when a member comes out as transgender (Zamboni, 2006). Published case studies on family therapy (Coolhart & Shipman, 2017; MacNish & Gold-Peifer, 2014) and couple therapy (Giammattei, 2015) with transgender clients demonstrate the benefits of these interventions, especially for transgender youth. These case studies can help guide clinicians who wish to conduct family or couple therapy with transgender clients.

### *Individual Interventions*

Psychologists are sometimes limited in their ability to offer group-level interventions but can focus on individual resilience factors more easily. Individualized interventions may benefit clients who are not ready to disclose their identity to others; these can take many forms including activities in

individual therapy, in a workbook, or through online resources. Within the TRIM, individual interventions are hypothesized to have the greatest influence on individual resilience factors such as hope, self-acceptance, and self-definition.

Recommendations for clinicians working with transgender clients have been articulated in professional guidelines on practice with transgender and gender nonconforming clients (APA, 2015; Burnes et al., 2010) and in other literature (e.g., Singh & dickey, 2017). Some key recommendations include understanding gender as a nonbinary construct that is different from, but related to, sexual orientation; becoming aware of one's biases toward transgender individuals; and working to educate oneself on transgender-related topics (APA, 2015). Also it is important to recognize the impact of negative societal messages and environments in the conceptualization and treatment of transgender clients. In addition to general guidelines, some forms of therapy have been adapted for working with transgender clients. Applications of evidence-based interventions such as a cognitive behavioral therapy intervention for transgender clients suffering from depression and anxiety (Austin & Craig, 2015) and interpersonal therapy used with transgender clients (Budge, 2013), can offer clinicians concrete guidance. Clinical principles and techniques identified to address minority stress among gay and bisexual men may be a useful framework for clinical work with transgender clients (Pachankis, 2014).

Furthermore, clinicians can adapt other individual therapy interventions that have been developed to target resilience. For example, clinicians can tailor hope-based or positive psychology interventions for transgender clients (Feldman & Dreher, 2012). Techniques such as self-compassion interventions (Neff & McGehee, 2010) may help increase self-worth and self-acceptance among transgender clients. However, it is important to keep in mind that feelings of worthlessness among transgender clients are likely influenced by negative societal messages. Therefore, acknowledgement of the influence of minority stressors and societal stigma should be integrated into interventions. Exploration and validation of gender identity and expression in therapy is another intervention that likely influences self-acceptance, pride, and self-definition.

In addition to providing trans-affirming therapy, clinicians can provide resources for transgender clients in the form of workbooks or online educational resources. For example, *The Gender Quest Workbook: A Guide for Teens and Young Adults Exploring Gender Identity* (Testa, Coolhart, & Peta, 2015) provides information on gender identity and expression and includes activities that help transgender people explore their own identity. The workbook also provides useful suggestions on how to navigate various social environments such as family relationships and school. *The Queer and Transgender*

*Resilience Workbook: Skills for Navigating Sexual Orientation and Gender Expression* (Singh, 2018) is a skills-based workbook that specifically focuses on resilience. Additionally, online articles and videos can support clients' self-acceptance, pride, hope, and self-worth by providing education and validation of gender diverse identities and expressions. Workbooks and online resources can be accessed anonymously and may be useful to those who are not ready to access therapy (due to high levels of proximal stressors) or do not have the means to do so. However, these resources can also be utilized in therapy with the guidance of the therapist.

If a client is desiring medical intervention, helping the client obtain knowledge about medical intervention options and connecting them to affirming transition-related resources is another useful intervention to increase resilience. Therapists often participate in interdisciplinary collaborative care with various types of medical providers and psychiatrists when clients seek gender-related medical care (Ducheny, Hendricks, & Keo-Meier, 2017). Scholars recommend that therapists focus on client empowerment rather than on serving as a gatekeeper to medical services (Ducheny et al., 2017). Many health care centers are adopting an informed consent model rather than a gatekeeping approach for providing medical treatments to gender minority clients. An informed consent model provides the client with information about the potential benefits and risks (physical, psychosocial, and financial) of the intended procedure, similar to how any other surgery or hormone therapy would be provided (Coleman et al., 2012). An informed consent model does not require justification for treatment based on someone's gender history or identity and leads to a more affirming and effective approach to supporting transgender clients.

## Future Directions

Although there has been a recent surge in research on transgender communities (Moradi et al., 2016), more research is needed to investigate the impact of community, group, and individual interventions that focus on specific resilience factors and stressors for transgender people. Researchers should apply the recommendations provided by Tebbe and Budge (2016) when conducting research with transgender communities, especially researchers who do not identify within the transgender community.

Many community environments such as schools, the workplace, and health care agencies strongly desire education and training on gender diversity. Yet, very little research has evaluated educational programs specifically related to gender diversity. Developing and evaluating educational programs intended to increase knowledge, reduce prejudice, and increase trans-affirming behaviors is needed to understand the effectiveness of such interventions.

Evidence-based educational programs will help make social environments more affirming of transgender individuals, which can prevent minority stressors from occurring.

Research on family and couple therapy interventions is another promising avenue to support transgender individuals. To date, one family oriented intervention has been researched with outcome data (Hill, Menvielle, Sica, & Johnson, 2010). Given that research demonstrates the importance of family acceptance, the creation of more evidence-based family therapy approaches or other types of interventions to increase family support is vital to enhancing the mental health of transgender individuals. Furthermore, interventions that help family members cope with grief and process emotions related to their family member's transition is another pathway to increase family acceptance (Brill & Pepper, 2008). Research is beginning to show the benefits of parent support groups such as Parents and Families of Lesbians and Gays in reducing parents' feelings of isolation and helping them process their grief (Field & Mattson, 2016). However, more research should be conducted to test whether parent support groups increase family acceptance.

Although recommendations for working with transgender clients exist, very little, if any, intervention research exists on whether recommended treatments are effective in improving transgender mental health outcomes. Adapting researched therapy interventions or online interventions developed for sexual minority populations (e.g, Lin & Israel, 2012; Pachankis, Hatzenbuehler, Rendina, Safren, & Parsons, 2015) may be an effective approach for developing interventions for gender minority populations. Furthermore, integrating psychological theories of change (e.g., cognitive behavioral therapy, acceptance and commitment therapy, psychodynamic therapy) with minority stress theory and recommendations for trans-affirming approaches can help psychologists create effective trans-specific interventions.

Researchers can evaluate the effectiveness of the interventions identified in the TRIM in several ways. Through survey research, scholars can investigate the relationship between participants' reported experience with specific interventions and levels of minority stressors, resilience factors, and mental health outcomes. Psychologists can use the TRIM to evaluate existing interventions by identifying which minority stressors and resilience factors the intervention might affect as outcome variables. Randomized controlled trials are encouraged to examine causality and detect clinical significance of trans-affirming interventions. Analogue studies can be used to investigate specific approaches to working with transgender clients (Bettergarcia & Israel, in press).

In addition to the intervention research suggested, research on specific aspects of the TRIM would also be beneficial. First, more research is needed

to test this model and the relationship between identified resilience factors, minority stressors, and mental health outcomes for transgender individuals. Because identification of transgender specific minority stressors such as non-affirmation is just beginning to surface, more research is needed to evaluate how these minority stressors affect mental health outcomes. The link between distal stressors such as discrimination and mental health outcomes is well documented, but very limited research exists that examines the relationship between proximal stressors and mental health for transgender individuals. This would be a valuable investigation for research. Furthermore, more research is necessary to evaluate the buffering effect of resilience factors identified in the TRIM on minority stressors and mental health outcomes for transgender people (Breslow et al., 2015; Puckett et al., 2016).

It is important to note that resilience factors and access to these factors may differ depending on the individual's intersecting social identities (e.g., transgender people of color, transgender people with low socioeconomic status; Budge, Thai, Tebbe, & Howard, 2016). Most of the research conducted thus far on transgender minority stress and resilience has not focused on these processes among transgender people of color. Transgender people of color experience additional minority stressors based on their racial identity and may need to utilize different or additional resilience factors to overcome societal stigma. Therefore, this model may not apply to all transgender people and may need to be adjusted for working with transgender people with other marginalized identities. Furthermore, research is lagging on understanding minority stress, resilience, and mental health outcomes for nonbinary populations (Matsuno & Budge, 2017). Although many of the studies on minority stress conducted so far do include nonbinary people, it is still unclear whether nonbinary people experience different minority stressors or engage in different resilience strategies compared to binary transgender individuals. More qualitative and quantitative research can identify resilience factors and minority stressors for nonbinary people as well as whether the TRIM applies to nonbinary populations.

Finally, the development of additional measures is needed to test this model and evaluate interventions for transgender people. The Gender Minority Stress and Resilience Measure (Testa et al., 2015) is a valuable tool that can be used to evaluate interventions, as it demonstrates strong psychometric properties. However, the measure does not capture the elaboration of resilience factors identified within the TRIM. Other tools can be created to measure additional resilience factors within the model such as family acceptance or involvement in transgender activism. Additional measures of resilience can be developed specifically for transgender populations using the resilience factors identified in the model.

## Conclusion

The TRIM is a useful framework for psychologists to research and employ interventions that increase resilience among transgender people. The TRIM identifies numerous resilience factors for gender minorities at group and individual levels. Psychologists can use the TRIM and knowledge on transgender-specific resilience factors to form the basis of psychological interventions and target particular resilience factors or minority stressors within the model. We conclude with a call for more intervention research at individual, group, and community levels as well as more research on the relationship between identified resilience factors, minority stressors, and mental health outcomes.

### Declaration of Conflicting Interests

The authors declared no potential conflicts of interests with respect to the research, authorship, and/or publication of this article.

### Funding

The authors received no financial support for the research, authorship, and/or publication of this article.

### ORCID iD

Emmie Matsuno https://orcid.org/0000-0002-6333-7984

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## Author Biographies

**Emmie Matsuno**, MA, is an advanced doctoral student in counseling psychology who works with Dr. Tania Israel at the University of California, Santa Barbara. Their research interests include transgender mental health, nonbinary identities, resilience, minority stress, internalized stigma, and intervention research.

**Tania Israel**, PhD, is a professor in the Department of Counseling, Clinical, and School Psychology at the University of California, Santa Barbara. As director of Project RISE (Research and Interventions for Sexual and Gender Minority Empowerment), she conducts research relevant to scholarship, policy, and practice on interventions to support the mental health and well-being of LGBTQ individuals and communities. Dr. Israel is a fellow of the American Psychological Association and a past-president of the Society of Counseling Psychology.