Supporting Transgender Youth within the Public Health Model:

A Three-Tiered Approach for Prevention and Intervention

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Abstract

Compared to their non-transgender peers, transgender students are at higher risk for victimization in school and experience an increased level of mental health issues such as depression and suicidality. A review of the literature gave support to multiple strategies and inclusive programs that support transgender youth in schools, including anti-harassment policies, gender neutral restrooms, inclusive curriculums, school personnel trainings, support groups, individual and group counseling, parent psychoeducation, and collaboration with outside resources. These supports are divided into three tiers using the Public Health Model of prevention and intervention, and aim to provide transgender students with a safe and supportive learning environment. Additional focus is placed on the role of the school psychologist in being a stake-holder and leader in creating an inclusive school climate for transgender students.

Keywords: transgender, Public Health Model, victimization, LGBTQ, gender identity

Supporting Transgender Youth within the Public Health Model

Traditional Western culture instills gender categories and stereotypes within individuals beginning at birth (Poulin-Dubois, Serbin, Eichstedt, Sen, & Beissel, 2002). As early as 24 months of age, children understand gender categories and experience social pressures to adhere to the category accompanying their anatomical sex (Hill & Flom, 2007; Carver, Yunger, & Perry, 2003; Poulin-Dubois et al., 2002). The terms *trans* or *transgender* have been used to describe an individual whose gender identity and expression (i.e. woman or man) is not in alignment with their anatomical sex assigned at birth (i.e. male or female; American Counseling Association, 2010). Gender identity denotes the "maleness and femaleness a person feels on the inside; how that identity is projected to the world; and how others mirror that identity back to the individual" (Israel, 2005, p. 55). Individuals who do not assume the defined roles and characteristics of the gender associated with their biological sex often have an elevated risk for negative outcomes due to their nonconformity to culturally created gender categories.

A growing body of literature suggests that individuals who simply *identify* as a sexual minority of lesbian, gay, bisexual, transgender, and/or gender-nonconforming are at increased risk for mental health distress (e.g. depression, anxiety, and suicidality) and victimization (Singh, Meng, & Hansen, 2014; Singh, Hays, & Watson, 2011; Grossman, D'augelli, & Frank, 2011). Given the vast amount of psychological distress and traumatic life events reported by individuals that identify as transgender, this population is of special interest in how they can feel safe and supported on school campuses. Additional research suggests that transitioning one's biological sex to mirror one's gender identity and expression is beneficial to creating a development of an integrated gender identity and alleviating negative psychological outcomes (e.g. depression, anxiety, and suicidality; Singh, Hays, & Watson, 2011; Grossman, D'augelli, & Frank, 2011).

These are important implications to consider in order to create increasingly gender inclusive and supportive communities.

Relationships and Social Support

With the intention of understanding how transgender youth are able to cope with adversity, it is important to acknowledge the challenges this population faces. Perhaps one of the most critical barriers for transgender youth is negative reactions, or lack of support from family. In a study by Grossman, D'Augelli, Howell, and Hubbard (2005), more than 59% of the transgender participants reported facing negative reactions from their parents after initially becoming open about their gender identity. Additionally, 40% of the parents or other family members in this sample chose not to speak nor spend time with the participants. Damaging these relationships at a young age can be detrimental because transgender youth are often too young to qualify for programs to receive care and are unable to access medical care to transition without the permission and support of their parents. It is suggested that the degree of societal acceptance may explain why some individuals who identify as transgender are resilient while others experience difficulties (Fontaine, 2002).

Victimization and Harassment

Transgender individuals are challenged in the area of body esteem, as they venture to change their bodies to be perceived by others the way they perceive themselves (Grossman & D'Augelli, 2007). Aligning their bodies with their identified gender is often a stressful and ongoing stage in the transition, and much of the stress stems from perceptions of the way others view one's body and appearance. Negative reactions towards gender nonconformity in Western culture may largely be due to the perpetrator's perceptions of an individual that identifies as gender-nonconformed (Ma'ayan, 2003). By adolescence there is a heightened sense of the

"imaginary audience" in which the individual believes that others are constantly watching and judging them (McDevitt & Ormrod, 2013). This plays a large role in the intense socialization of stereotypical gender roles of males and females (Ma'ayan, 2003).

In a study on 245 Lesbian, Gay, Bisexual, and Transgender (LGBT) young adults (ages 21-25), it was found that both adolescent and young adult gender nonconformity was associated with higher levels of young adult depression and lower levels of young adult life satisfaction (Toomey, Diaz, & Russell, 2010). The findings of higher levels of depression and lower levels of life satisfaction were also associated with LGBT school victimization. That is, those participants that experienced victimization in their school setting while identifying as LGBT experienced higher levels of depression and lower levels of life satisfaction (Toomey et al., 2010). Further research using the same data set has shown that LGBT young adults who reported high victimization during adolescence were 2.6 times more likely to report depression above the clinical cutoff (using 20-item version of the Center of Epidemiologic Studies-Depression Scale; clinical level of depression has cutoff score of CES-D score ≥ 16). Additionally, these individuals were 5.6 times more likely to report having attempted suicide at least once when compared to individuals who did not experience victimization (Russell, Ryan, Toomey, Diaz, & Sanchez, 2011).

School Experiences

The 2011 National School Climate Survey looked at the experience of lesbian, gay, bisexual, and transgender youth in schools across the United States. It was reported that, amongst a sample of 8,584 students between the ages of 13 and 20, 31.8% of participants missed at least one entire day of school in the past month because they felt unsafe or uncomfortable (Kosciw, Greytak, Bartkiewicz, & Boesen, 2012). The students who experienced higher levels of

victimization due to their gender identity were twice as likely to have missed school in the past month than those who experienced lower levels of victimization (53.2% versus 20.4%). An unsafe school environment can deny a transgender student from their equal and free access to an education. It is evident that the victimization of transgender individuals ultimately leads to higher levels of depression, higher levels of suicide, and lower levels of life satisfaction and school attendance.

This is evidence to suggest that educational institutions can be unsafe and stressful places of victimization and bullying for transgender youth (Toomey et al., 2010; Russell et al., 2010). Though student-led gay-straight alliance (GSA) clubs can be helpful in supporting sexual minority students, there is still a strong risk of dropout or discontinuation of further education for students who identify as transgender (Walls, Kane, & Wisneski, 2010). Research has shown that sexual minority students who attend a school without a GSA are more likely to drop out than those with a GSA at their school (Walls et al., 2010). Furthermore, a study by Kosciw (2004) found that sexual minority youth that experienced victimization in school were twice as likely to not attend college when compared to their heterosexual peers. Often, the psychological energy required to address issues of a stigmatized sexual identity diverts attention from career development (Walls, et al., 2010).

Transgender within context of LGBTQ

Transgender transitions involve an extensive amount of change such as name and pronoun usages, use of voice/gestures, change in clothing choice, change in facial and cranial hair, and surgery to alter sex characteristics. These transitions complement a change in identity expression, which in turn creates changes in the transgender person's relationships with others (Norwood, 2012). This can manifest to the extent in which families experience feelings of loss or

grief when a family member transitions (Norwood, 2012). While just a small body of research exists that concerns relational challenges for transgender individuals, narratives of transgender individuals reveal the loss of relationships they had before they began to transition, and the resulting feeling of isolation (Norwood, 2012). As with disclosures for other sexual minority orientations, family reactions to the transition of a transgender individual can serve to relieve or augment stress for the transgender person.

It is necessary to be clear that *being* transgender is not a risk in and of itself to adverse outcomes. The rates of internalizing (i.e. isolation, low self-esteem, depression, suicidal ideation/attempts) and externalizing behaviors (i.e. substance abuse, truancy, sexual risk behaviors, and aggressive behaviors) are higher for Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) youth than for heterosexual youth (Fisher & Kennedy, 2012). Behaviors such as these contribute to increased risk for academic failure, homelessness, and death (Savin-Williams, 1994). When problems occur it is likely due to the fit of students with their environments (Orban, 2003). Thus when looking at protective factors for this population, the solution lies primarily within the environment(s). School, perhaps, carries a large environmental influence on the lives of transgender students given the amount of time they spent in a school setting each day. However, there are indications that many schools are not perceived by transgender students as supportive or even safe contexts, thus reducing a potential protective factor (Fisher & Kennedy, 2012).

Support for Transgender Students using the Three-Tier Model

Research has shown that a three-tiered Public Health Model including universal preventative programs, secondary programs for at-risk students, and intensive, individualized interventions is effective in addressing issues that transgender youth face in schools (Vaughn

and Wanzek, 2007). The public health model is often displayed as a triangle with three tiers of

service. The three levels are designed to provide the appropriate amount of support, based on the

different levels of need at each tier. In this way, individuals can be treated through the least

intensive level of prevention possible (Vaughn and Wanzek, 2007). At the bottom are universal

preventative programs and inclusive school wide practices such as bullying-prevention and

gender-neutral bathrooms to help alleviate victimization of transgender students. The bottom tier

involves primary interventions that are available to everyone. Furthermore, secondary programs

at the middle tier such as group counseling and GSA clubs on campus help create safe spaces for

transgender students to gather. At the top tier for students who need further interventions there is

individual counseling available as well as referral to outside sources and organizations. This

paper will examine successful school-based implications for transgender youth at all levels using

the three-tied Public Health Model.

Methods

Research was collected utilizing the ERIC-EBSO database through the Chapman

University Library website. The keywords used in the search were "transgender," "transgender

youth," "support," and "three-tiered public health model." Because transgender individuals have

unique needs and are often a small population in LGBTQ samples, a vast amount of articles that

grouped transgender individuals under the LGBTQ umbrella were omitted. However, for the

purposes of this paper, research on effective preventions and interventions also included the

LGBTQ population when findings solely on the transgender population were featured in the

article. Furthermore, due to the novelty of this topic, there is limited evidence-based research

findings, so this paper relies heavily on current research proposals and suggestions. Additional

research articles were retrieved using references from previously found articles, and

supplementary books were referenced to provide knowledge from professionals in the school

setting.

Tier I: Primary/Universal Prevention and Intervention

Primary, or universal, interventions aim to protect transgender students by developing an

inclusive and safe school environment. These are often primary prevention programs that are

implemented school-wide to all students, regardless of gender or sexual orientation. This first tier

of the Public Health Model serves to reach approximately 80 percent of all students. Given what

is known about the rates of victimization and discrimination for transgender students, it is

essential that school climates ensure that transgender students "have equal opportunities to

participate in and benefit from educational and mental health services within school" (National

Association of School Psychologists [NASP], 2011, p. 1; Birkett et al., 2009; Murdock & Bolch,

2005).

Policy Development

Often harassment was reported in unmonitored spaces like hallways, locker rooms, and

while approaching and leaving campus (Human Rights Watch [HRW], 2001). Since transgender

individuals experience a heightened level of victimization in the school setting, it is essential that

harassment policies are extended to include *all* students at school without discrimination based

on sexual or gender identity. Survey results from transgender students indicated that 42.4% were

not allowed to use their preferred name (Kosciw et al., 2014). Furthermore, 59.2% were required

to use the bathroom or locker room of their legal sex and 31.6% were not allowed to wear

clothing that was "considered inappropriate based on their legal sex" (Kosciw et al., 2014).

In April of 2014, there was clarification from the Department of Education, Office of

Civil Rights that Title IX protections against sex-based discrimination are extended to discrimination based on gender identification and failure to conform to sex stereotypes (Davidson, Keo-Meier, Jovani di Salvatore, Hanson, & Klotz, 2016). Thus, Title IX of the Education Amendment Act of 1972 now prohibits harassment of transgender and non-conforming students (Davidson et al., 2016). Furthermore, Section 504 and the Individuals with Disabilities Education Act (IDEA) reads that accommodations must be provided for transgender students on the basis of discrimination on sex or gender identity, and not a disability (Woika & McGinnis, 2016). However, it is possible that transgender students will also have disability-related needs, such as severe depression due to recurrent bullying (Woika & McGinnis, 2016).

Inclusive anti-bullying policies are essential to reduce or eliminate transphobic remarks at school. In schools with inclusive policies, LGBT students saw school staff intervening more often when transphobic remarks were made (Kosciw et al., 2013). Additionally, students at these schools had higher self-esteem and heard fewer transphobic and homophobic remarks at school (Kosciw et al., 2014; Kosciw et al., 2013). It is important that all school personnel are trained on how to respond to anti-LGBTQ harassment and bullying in the context of federal-, state-, and school-wide policies in order to effectively create an inclusive and safe environment (Espelage & Rao, 2013, p. 150).

When implementing policies effectively, it is essential that students and staff are aware of what types of actions are considered harassment or bullying. Prevention programs that involve the roles of bullies, victims, and bystanders can help address and teach students the role of group and how they can stop harassment on their own campus (Fisher & Kennedy, 2012).

Bathroom/Locker room access.

Most schools in the United States are organized through the traditional notion of the gender binary (e.g. male and female). This results in only two types of bathrooms, locker rooms, sports teams, etc., which can create a stressful environment for students who identify as transgender. When having to choose one of these gender binaries, it is common that transgender students experience harassment from others who perceive their choice as incorrect (Kosciw et al., 2012). A common formality for schools to put in place for transgender students to reduce this harassment is to allow them to use staff restrooms. While this likely provides a safer place for this population instead of one of the gendered options, this system is inadequate. Separating these students into the staff restrooms depict transgender students as forbidden to use the same bathrooms as their peers. Additionally, these students are absent from the socialization that occurs in these spaces. A solution for inclusive bathroom use would be to have gender-neutral bathroom available around school campuses for all gender identities to feel comfortable using. Research using interviews of transgender students concludes that school nurses are a necessary resource for this population in meeting physical needs through their time at school, such as avoiding public changing in physical education class (McGuire, Anderson, & Toomey, 2010).

Staff Development and Support

Transgender individuals who have supportive relationships with staff at school report feeling safer at school (Kosciw et al., 2014, Kosciw et al., 2013). Additionally, these students have higher grades, higher self-esteem, and better school attendance than transgender individuals who do not have this support. It is known that transgender students desire for teachers to intervene and stop harassment at school (McGuire, Anderson, & Toomey, 2010). Teacher

intervention is associated with feelings of safety for *all* students, not just those that identify as a

sexual minority and have been personally affected (Russell and McGuire, 2008).

Transgender transitions involve an extensive amount of change, one which is of relative

important is the change of name and pronoun usages. This aspect of transition complements a

change in identity expression, which in turn creates changes in the transgender person's

relationships with others (Norwood, 2012).In order to identify and address concerns for

transgender students, biased language such as inappropriate pronoun usage must be eliminated.

Teachers and school staff who use appropriate language and terminology while knowing how to

respond to gender and sexual identity development can assist in developing an inclusive

environment for all students. For this reason, it is suggested as a primary intervention that staff

self-education in order to learn current terminology (Case, Stewart, & Tittsworth, 2009). A

statement in each class syllabus could also invite students to discuss their pronoun and name

preferences (Case, Stewart, & Tittswroth, 2009). This would help develop effective

communication as well as show transgender individuals that their needs are being heard and

addressed across all aspects of their schooling experience.

Curriculum

Given the increasing number of youth identifying as transgender, educators have a

responsibility to become educated about transgender issues and to spread that knowledge to their

students (McCarthy, 2003). In order to develop an inclusive environment for all students at

school, curriculum should include positive representations of transgender individuals, yet not

even 20% of LGBT students report this type of inclusive curriculum (Kosciw et al., 2014). An

inclusive curriculum validates the existence of an often invisible population and helps to

normalize, rather than segregate, these issues (Greytak & Kosciw, 2013). Sexual education

should also include the entire range of gender identities and sexual orientations. However, it is important that this education is integrated throughout the entirety of the curriculum, instead of showcasing it as a 'special topic' (Greytak & Kosciw, 2013). Validating this often invisible population is critical when developing an inclusive and supporting learning environment. Curriculum and course materials that involve transgender issues should not solely be about sex and gender but rather showcase issues that are appropriate for all students, such as developmental and social issues (Walling, 2003).

Perhaps the most effective way to develop inclusive curriculums is to use discussions of in-group versus out-group attitudes that include transgender examples (Case, Stewart, & Tittsworth, 2009). Exploring stereotypes and prejudice of gender identify, such as through findings on hate crimes, can help raise awareness amongst student population. Developmentally appropriate materials can help students see themselves within the characters as well as experience realities that may be unlike their own (Walling, 2003). Reducing the stigma of what it means to be transgender through developmental courses can encourage students' critical analysis as well as invite students to use their personal experiences to normalize transgender issues. Responsive curriculum that integrates transgender and LGBTQ issues may be controversial, and that should not be ignored. Class discussions can bring up feelings of anger, sadness, or frustration even for students who do not identify as LGBTQ (Fisher & Kennedy, 2012). Yet it is these feelings of commonalities between heterosexual students and their non-heterosexual peers that can form the basis for a productive dialogue. In the Preventing School Harassment Survey of over 2,400 students in California, 73% of LGBT students who learned about LGBT issues within their school curriculum reported feeling safe at school, compared to 58% who had not learned about LGBT issues (Russell, Kostroski, McGuire, Laub, & Manke,

2006). It is essential that teachers place importance on this learning opportunity and provide a

safe and open structure for students to engage in this curriculum (Fisher & Kennedy, 2012).

Role of the School Psychologist at the Primary Level

School psychologists are stakeholders in the health and safety of transgender students on

school campuses. It is suggested that mental health professionals in the schools have affirming

visuals in their office, such as stickers and posters that address gender identity and sexual

orientation. Within this role, it is recommended that needs assessments are administered

campus-wide to more closely identify the needs of the transgender population and those that will

benefit from more targeted interventions. Assessments should look at elevated levels of

internalizing and externalizing behaviors for the transgender populations, as well as serve as data

collection to measure outcomes of universal policies. School psychologists should work

collaboratively with teachers and school personnel to ensure that safe space measures are

understood and implemented. Explicit policies, such as anti-bullying and anti-discrimination

policies, can help school personnel identify which behaviors (i.e. bullying) require intervention

or investigation. Additionally, school psychologists can provide psychoeducation on the

importance of the needs of this population, as well as assist with policy development that

emphasizes the importance of mental health. Staff development relating to the transgender

population requires a long-term commitment, and up to date information should be available to

all school personnel regarding terminology, research developments, and school/district policies

(Fisher & Kennedy, 2012). Due to the unique social, emotional, and educational needs of this

population, it is crucial that school psychologists take a leadership role in endorsing positive

attitudes towards transgender students.

Tier II: Targeted Intervention

Secondary interventions aim to protect transgender students who are experiencing one or more of the internalizing or externalizing behaviors. Unlike primary prevention programs that are implemented school-wide to all students, secondary interventions are exclusively for transgender students who are experiencing adverse outcomes as a result of their gender identity. This second tier of the public health model serves to reach approximately 15 percent of students. At this tier, interventions are not designed to prevent or reduce acts of victimization per se, but rather are designed to empower and provide value and voice for transgender students (Fisher & Kennedy, 2012).

GSA clubs

GSAs are non-curricular student organizations designed to support LGBTQ students and their allies by creating a safe and supportive environment. According to the 2013 National School Climate Survey, only 50.3% of the 7,898 students reported that their schools had a GSA or similar student club. Further research has reported that less than half (44%) of transgender students report having a GSA/student club that addresses LGBTQ+ issues (Gay, Lesbian, & Straight Education Network [GLSEN], 2009). GSAs provide direct support for students who are questioning their sexual orientation or gender identify, and for heterosexual students who choose to be allies for their LGBT peers (Hagermoser, 2015). GSAs allow students to engage in awareness activities as well as educate the school community about gender identity issues, sexual orientation issues, and homophobia (Hagermoser, 2015). Research has shown that, in schools that have GSA clubs, students are less likely to hear anti-LGBT remarks. Additionally, LGBT students experience less victimization, have fewer instances of skipping school, have higher feelings of safety, and higher academic achievement (Hagermoser, 2015; GLSEN, 2011;

GLSEN 2013; Walls et al., 2010). In a more prospective view, LGBT students who attend high

schools with GSAs are less likely to drop out and more likely to attend college (Tommey, Ryan,

Diaz, & Russell, 2011).

Students who are in schools that have GSAs report having more supportive staff

members in their schools (GLSEN, 2014). Furthermore, schools with GSAs have staff that

intervene more often when negative remarks were made about gender expression than staff at

schools without GSAs. This is evidence that having a GSA is an effective way to create a safer

and more inclusive school climate for the transgender community.

GSAs also provide transgender students with a supportive environment to reduce

psychological distress. Schools with GSAs have significantly lower levels of depression as well

as lower levels of alcohol consumption and dependence (Heck, Flentie, & Cochran, 2011).

Despite GSAs being on only about half of school campuses nationwide, the GLSEN 2009 report

stated that transgender students more often attend meetings for GSAs than their peers who

identify as male, female, or another gender identify (GLSEN, 2009). This is suggestive that

transgender youth utilize this avenue of support more often than their non-transgender peers,

proving GSAs to be an important piece in creating more inclusive schools for individuals who

identify as transgender.

Group Counseling

Many transgender students seek out or are referred for counseling at school as a result of

bullying, harassment, victimization, and the mental health outcomes associated with these (e.g.

depression, anxiety, suicidal ideations, school failure; Fisher & Kennedy, 2012). Transgender

students may experience stressors or mental health issues typical of any adolescent, despite their

gender or sexual identity. A main priority of mental health professionals in the schools when

working with transgender youth is to determine the function, if any, that their gender or sexual identity has on the students' problems (Dworkin, 2000; Ryan, 2001). Students may be seeking help as a direct result of their gender identity (e.g. depression or anxiety) or for help regarding issues that are related to or exacerbated by their gender identity (e.g. relationship issues; Fisher & Kennedy, 2012). It is also possible that transgender students may be referred to or seek out counseling for issues completely unrelated to their gender identity. Regardless, it is essential that mental health professionals keep counseling sessions open to ensure that transgender students are free to talk about their identity and related issues within the sessions, without assuming it is the main cause of the students' problems.

Counseling for transgender students differs from their sexual minority peers because they are often dealing with both gender identity issues and sexual orientation issues. For transgender students, group counseling can help to normalize the process of becoming aware of their identity as well as connect them to appropriate resources (Fisher & Kennedy, 2012). If students are wanting sex reassignment, these specifics would be out of the scope of school-based counseling services. Nevertheless, it is important that school-based mental health professionals are educated and able to connect students who are experience these issues with medical and mental health professionals that can better guide them (Fisher & Kennedy, 2012).

There is limited research written on group counseling for transgender individuals. Group counseling within this population offers participants to have a safe space, more intimate than a GSA, to feel validated by others who are likely going through similar experiences (DeBord & Perez, 2000; Miller, House, & Tyler, 2002). Furthermore, it allows for the opportunity to address common ground such as identity development and disclosure, transphobia, suicide, substance abuse, school issues, and relationship issues (Miller et al., 2002).

Suicide

Transgender youth are at an increased risk for suicide due to increased factors such as depression, anxiety, victimization, substance abuse, social isolation, and family problems (Miller & Eckert, 2009). Isolation increases suicide risk, which may be particularly relevant for LGBTQ students who experience peer and family rejection (Rutter & Behrendt, 2004, Fisher & Kennedy, 2012). In a study of 96 transgender high-school students, 40% responded that they had significant depressive symptoms and had harmed themselves (Clark, Lucassen, Bullen, & Denny, 2014). In addition, these students reported that they had been unable to access health care as needed when compared with their non-transgender peers. One of the transgender participants reported they had attempted suicide in the previous 12 months. LGBT young adults who experience high levels of victimization during adolescence are 5.6 times more likely to report attempting suicide at least once, and have a suicide attempt that required medical attention (Russell, Ryan, Toomey, Diaz, & Sanchez, 2010). This evidence makes it critical for school-based mental health professionals to assess and address suicide when counseling transgender students.

Best practice for addressing suicide is to have counseling sessions that provide open discussion and have direct questions regarding suicide *before* the student raises the concern (Miller & Eckert, 2009). Additionally, schools that had an "LGBT supportive environment" (i.e. GSA clubs, non-discrimination policies, and anti-bullying policies) had a suicide risk that was 20% lower than schools without this school climate (Hatzebuehler 2011, pp. 896-898). While it is important to remember that transgender youth can experience mental health issues like any other adolescent, a study on transgender youth and life-threatening behaviors stated that *at least one* of multiple suicide attempts amongst transgender individuals was directly related to their

gender identity (Grossman & D'Augelli, 2007). Around 70% of the individuals in this sample reported that their first attempt was related to their gender identity.

It is known that there is a significant association between suicide attempts by transgender individuals and body esteem, particularly perceptions of the way others view one's body and appearance (Grossman & D'Augelli, 2007). Transgender individuals struggle particularly in this area due to their endeavor to change their bodies to be perceived by others the way they perceive themselves. Additionally, most youth who identify as transgender do not have the resources or means to change their bodies to align with their identified gender. Intervention programs to help transgender students address their body issues and cope with the stress of living as a transgender individual can help combat the association with suicide attempts.

Role of the School Psychologist at the Secondary Level

School psychologists working with transgender students have an obligation to listen, validate, and normalize with students who are receiving interventions at the secondary level. Here, it is important as mental health professionals that they help navigate the disclosure process for transgender students, and ensure that students stay and feel safe from other and themselves. By instilling a sense of hope in transgender students at all stages of their transitions, school psychologist can help decrease the likelihood that they will engage in life-threatening behaviors. As professionals, it is also important that school psychologists know how to recognize and treat disorders that are associated with these behaviors, such as depression and suicidal ideations.

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Tier III: Intensive Interventions

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At the top tier of the Public Health Model are intensive interventions, aimed to reach approximately 5 percent of students. These interventions are exclusively for transgender students who are experiencing negative outcomes as a result of their gender identity and related

outcomes. At this third tier, it is important that school personnel have resources and connections

readily available for transgender individuals who need outside referrals, as much of the outcome

at this tier are outside of the scope of school-based interventions.

Individual Counseling

Counseling services provided to transgender students in the school setting must abide by

ethical considerations by providing developmentally appropriate and affirmative counseling

(Fisher & Kennedy, 2012). Mental health professionals must maintain a nonjudgmental stance as

well as ensure that not all problems brought up in session are automatically associated with the

client's gender identity. Research has shown that clients of a sexual minority respond best to

counseling that is affirming, displays empathy and understanding, normalizing their experiences,

and provides support and information (Fisher & Kennedy, 2012).

When starting off counseling, it is important to use gender neutral language to allow for

an open conversation on gender and sexuality. Transgender students often come into counseling

at this tier in a state of isolation, loneliness, insecurity, and vulnerability (Cowie & Rivers,

2000). The mental health professional at this stage has an important role in the client's support

system to assist with identity development. Responding to the client in a positive and affirming

way signals to the client that they have safe environment to explore their identity without any

pressure to choose an identity (Fisher & Kennedy, 2012).

Research suggests that mental-health professionals can help students navigate through the

uncertainties of their transition by imagining the worst thing that might happen and then how the

client might handle it (Hunter, 2007). This strategy would include having readily available

hotlines, services, alternative living situations, and resources such as emotional or financial

support. If clients are having a difficult time disclosing that they are transgender, affirming their

situation by preparing clients for negative responses can help the client explore the disclosure

process (Fisher & Kennedy, 2012). Through this exploration, clients can decide if they need to

wait to disclose until they are in a safer, more positive position. Counseling at the tertiary level

of the public health model is much more intensive and individualized, and works to develop a

strong counselor-client relationship in order to provide a safe environment for the client to

explore their identity and the effects that may stem from it.

Parent Support and Education

It is known that amongst the most vulnerable to victimization amongst the transgender

population are those who lack peer and family support systems (Grossman & D'Augelli, 2007).

Transgender individuals who attempted suicide had more physical and verbal abuse from their

parents than those who did not attempt suicide. Amongst transgender individuals whose families

were rejecting, 51% attempted suicide (Grant, Mottet, Tanis, Harrison, Herman, & Keisling,

2011). Transgender individuals whose families were accepting had an attempted suicide rate of

32%. Research provides evidence that if parents work to create supportive and safe

environments for their transgender child, there are more successful outcomes (Davidson et al.,

2016). This stems from parental acceptance, which is a developmental process dependent on

understanding both child and gender development as well as personal beliefs (Davidson et al.,

2016). It is not uncommon for parents of transgender individuals to have fears for themselves as

parents or have fears for their child's future. Furthermore, parents may question their

effectiveness as role models for their child or what other parents may say/think about their child.

It is expected that families go through a developmental process of accepting their gender

diverse child. Parents may even try to divert their child's identity process by seeking out

treatments and counseling that attempt to redirect a child's transgender endeavors. While some

states, including California, have outlawed these conversion therapy treatments, there are many areas in the United States that still allow such practices. Given that transgender students are often struggling with their identity and transition, they may communicate less with their parents and thus perceive them as less supportive when compared to their non-transgender peers (Espelage, Aragon, & Birkett, 2009).

It is important to note that, despite a parent's reaction to the transition, there will often be confusion about what the child is experiencing and how to proceed in helping and supporting the child (Fisher & Kennedy, 2012). For transgender students, there needs to be a focus on family acceptance in order to create effective and supportive emotional bonds (NASP, 2014). Families who rated high in acceptance of their transgender child (e.g. discussing their identity openly, expressing appreciation for clothing choices even when gender nonconforming, and integrating their child's LGBTQ friends into family activities) reported lower suicide attempts, lower levels of depression, lower rates of substance abuse, and better self-esteem and health (Ryan, Russell, Huebner, Diaz, & Sanchez, 2011). Additionally, it is suggested that parents also require others to respect and express love for their child even outside the home. Educational programs for parents and guardians of transgender students should be made available to educate about the negative outcomes of abuse from parents, as well as strategies and further resources to provide a safe and supportive environment for their child.

The School-Family-Community-Partnership model is a researched-based model was originally created to work with poor families and families of color to help close achievement gaps, but it is a strong resource for the LGBTQ community by engaging and empowering families (Ryan & Chen-Hayes, 2013). This model includes six key areas: Parenting, Communicating, Volunteering, Learning at Home, Decision-Making, and Collaborating with the

Community. Transgender students and their families can benefit from the School-Family-Community-Partnership model by creating an affirming and supportive home environment that increases the likelihood of success for the student (Ryan & Chen-Hayes, 2013). The collaboration with outside resources within this model helps to provide a wide range of services and information for the student's family. If schools can help to stabilize a student's home environment, it is likely that students will have a more positive school experience that will initiate their academic and social success (Ryan & Chen-Hayes, 2013).

Collaboration with outside resources

School psychologist and other school personnel are ethically obligated to provide consultation and advocacy for transgender students (Bowers, Lewandowski, Savage, & Woitaszewski, 2015). Specifically, school psychologists need to provide information and external services for this population and their families, such as referrals to gender identity specialists and family counselors. In this way, the school plays an important role in created positive experiences for all parties involved in a student's transition.

Nation-wide agencies provide online and/or local community support for transgender youth and their families (Fisher & Kennedy, 2012). These resources can also be helpful for educators in order to create inclusive and supportive environments for their transgender populations. Although most organizations do not exclusively serve the transgender population but are rather aimed to serve the LGTBQ community, many agencies provide hotlines and trainings as support.

Parental support groups have been found to be helpful for parents to acknowledge difficulties relating to the idea of their child wanting to change their gender and sexual characteristics (Menvielle & Rodnan, 2011). The group process of parent support groups helps

to facilitate this understanding, and the group facilitator can work on the child's behalf by

reminding the parents that the child's feelings are real and likely permanent. Parents in these

groups are provided with a universal experience of worry, particularly for their child's safety,

transition into adulthood, and limited reproductive possibilities later in life of having their own

biological child (Menvielle & Rodnan, 2011). These groups can help reassure parents that their

child is still on a pathway that could include school, work, long-term romantic relationships,

and/or forming a family. Reactions from parents of these groups include gratitude and a sense of

acceptance, and are evident to be an important outside resource for families of transgender

students to help create a more supportive environment for the child (Menvielle & Rodnan,

2011).

The Trevor Project is an organization whose mission is to eliminate suicide amongst

LGBTQ youth. This project uses social networking and the availability of online information to

provide immediate assistance through 24 hour, 7 days a week crisis call centers. Furthermore,

the Trevor Project provides an exclusive social network for transgender individuals to connect

with one another nationwide. The Family Acceptance Project is a second resource that is

research, intervention, education, and policy based to prevent health and mental health risks for

the LGBTQ community (Family Acceptance Project, n.d.). The project has put together

evidence-based models of wellness, care, and prevention for families that are available online

and in different languages. The Family Acceptance Project can also provide nation-wide

consultation and training on their approaches. Services such as these can often combat the

isolation and loneliness associated with individuals going through a gender transition (Family

Acceptance Project, n.d.; Norwood, 2012; Miller & Eckert, 2009).

Families of transgender individuals function better when they are connected to a similar and supportive community (Goodrich & Gilbride, 2010; Saltzburg, 2004). Within the schools, handouts should be developed and readily available for families and support systems that provide information on both local and national resources. Online resources may be especially important in areas without local resources or for families who are not ready to disclose their child's identity to others (Fisher & Kennedy, 2012). Regardless of the type of outside resource, transgender individuals and their families will have access to a larger network than the school that can provide them with additional knowledge, validation, exposure and understanding. It is likely that this network will put transgender students and their support systems in a better position to navigate the transition.

Schools are an additional front line of support for transgender students who are experiencing suboptimal family and/or peer support. School mental health professionals and educators are encouraged to collaborate with health providers, such as school nurses and health-care providers, to reduce risk and promote well-being for transgender youth. Health concerns and desires to change physical appearance are of relative concern for the transgender population, and can require increased home-school communication as well as communication with health-care providers (Shaw, Clayton, Dodd, & Rigby, 2004). When school personnel can understand the nature of the health of the student and the health-care providers' responsibilities, educators can best meet students' needs. A suggested model for collaborating with professionals outside of the school includes respecting professional boundaries, communicating effectively, inviting participation of all parties, and engaging the parents (Shaw et al., 2004). In these ways, schools can become more responsive to the needs of the transgender population and their allies.

Role of the School Psychologist at the Tertiary Level

The school psychologist is an essential link between the student, the family, and the community at the tertiary level. School psychologists can sign up for alerts from local and national networks that provide workshops, trainings, and support for transgender students and their families. They should have up-to-date handouts ready for distribution that provides students and families with resources both locally and nationally. Upon realizing that there are limited resources within the community of the school, school psychologists should investigate implementing outreach programs. School psychologists also have the responsibility to help parents understand and support their child, which can be eased through the use of effective collaboration and communication with outside resources such as health-care providers.

Conclusions and Implications for Practice and Further Research

Transgender youth are at increased risk for victimization and adverse mental health outcomes including depression, anxiety, and suicidality (Singh, Meng, & Hansen, 2014; Singh, Hays, & Watson, 2011; Grossman, D'augelli, & Frank, 2011). These outcomes can affect school performance and attendance, as well as harm the physical and mental health of transgender students. Transgender youth are often at risk for absenteeism, substance abuse, isolation, and low body- and self- esteem. Although it has been identified that transgender individuals can be resilient through avenues such as family and social support, the school environment can play as a significant protective factor against possible negative outcomes.

The three-tiered Public Health Model of prevention and intervention for transgender students has proven to be successful at all three tiers. Tier I interventions aim to provide an inclusive and safe school environment, which leads to positive outcomes of lower rates of victimization and higher rates of support. Policy development, staff training, and inclusive

curriculums are recommended as primary interventions in order to create a welcoming school climate for transgender students. Tier II interventions are aimed specifically for transgender students who are experience one or more of the internalizing or externalizing behaviors. These interventions are aimed to empower transgender students through avenues such as GSA clubs, group counseling, and preventions and interventions for suicidal ideations. At Tier III are the most intensive avenues of support that include individual counseling, psychoeducation for parents, and collaboration with outside sources. At this top tier, much of the interventions and preventions are outside the scope of school-based interventions, and rely heavily on collaboration from families, private agencies, and health-care providers.

Due to the novelty of the topic, research on transgender individuals and school-based preventions and interventions is limited. Transgender students often get placed under the "LGBTQ umbrella," but it is evident that transgender students have more direct and unique needs due to the increased risk of adverse mental health outcomes (Grossman et al., 2005; Fontaine, 2002). While the research is able to examine key challenges for transgender youth, such as isolation and lack of support, it fails to provide evidence-based strategies to combating these adverse outcomes.

Transgender people of color should be a top priority when investigating supports for the transgender population, as 50% of LGBTQ homicide victims are African-American (NCAVP, 2013). Additionally, 34% of African-American transgender individuals report a household income of less than $10,000 per year, which is more than twice the rate for transgender people of all races (15%) and four times the rate of the non-transgender, African-American population (9%). While all transgender individuals can benefit from increased knowledge of this population

and their needs, transgender people of color are of relative importance due to the knowledge of higher risks factors for this group.

By being a stake-holder and advocate for the transgender population, school psychologists can help create an affirming environment for transgender youth. Professional development is critical for school personnel who are often at the front lines for transgender students experiencing victimization, mental health issues, and suboptimal family or peer support. Through reminding school personnel of their ethical and legal obligations to uphold protections and services for transgender youth, school psychologists can be leaders in creating a school climate that is appropriate for learning.

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