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Using the ACA Competencies for Counseling with Transgender Clients to Increase Rural Transgender Well-Being

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Counselors who work with transgender clients in rural areas may have insufficient access to information about rural transgender populations. The American Counseling Association (ACA) Competencies for Counseling with Transgender Clients serve to help fill a knowledge gap related to working with transgender clients. Yet without formal guidelines for working with rural clients, practitioners and scientists alike may be compelled to rely on educated speculation. This article discusses the results of a grounded theory exploration of well-being among members of a rural transgender support group and the resulting model, the rural transgender multi-level model of well-being. Four themes were identified: (a) vocational experiences in which work experiences impacted perceptions of well-being, (b) personal growth and coming out in which participants described choices related to coming out in relation to well-being, (c) acceptance was discussed in terms of how well-being was influenced by internal acceptance of self and acceptance from others, and (d) identity in which participants shared thoughts on gender identity and its impact on relationships and community. The ACA competencies are applied to the model. Suggestions are made for how the competencies can be applied with rural transgender populations.

KEYWORDS  transgender, rural, group counseling, competency

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The paucity of peer-reviewed literature that explicitly addresses issues salient to rural populations demonstrates a serious omission by counseling and other mental health researchers. A report published by the National Association of Rural Mental Health (NARMH, 1999) called for research that analyzes differences between rural and urban samples to best understand significant mental health issues in rural populations. Moreover, professional guidelines rarely address rural mental health services (Barbopoulos & Clark, 2003; Zur, 2006). Excluding rural populations from research samples may lead to lower quality of service as results obtained from urban samples may not necessarily be generalizable to rural populations (Jameson & Blank, 2007). When working with minority populations in rural settings, lack of guidance for counselors is compounded. Furthermore, guidelines issued by mental health professional organizations related to transgender and lesbian, gay, and bisexual (LGB) competency do not sufficiently address research and practice in rural areas ([ACA], 2009; American Psychological Association, 2000). Calls for expanding lines of research with transgender populations (e.g., Hill, 2007; Sánchez & Vilain, 2009) reiterate the need for more comprehensive bodies of research with transgender populations. Conducting research with rural transgender samples is necessary to identify and understand the demographics, mental health, strengths, and needs of rural transgender populations.

Without sufficient research to address rural issues, the 21% of the U.S. population that live in a rural setting (U. S. Department of Agriculture, Economic Research Service [USDA], 2007) may be unintentionally affected by what Bell and Valentine (1995) described as metrocentrism. Also referred to as urbancentrism (Benson, 2004), an entire issue of the American Psychological Association’s publication, Monitor, was devoted to rural service provision. Issues specific to rural communities, such as economic and vocational opportunities, counseling outcomes, diversity and privilege in rural areas, and equitable access to mental health services, are overlooked in research. Furthermore, as pointed out by Harowski, Turner, LeVine, Schank, and Leichter (2006), rural communities often have strengths such as tight social networks that can be used to foster mental health in ways that differ from urban communities. As suggested by the NARMH report (1999), rural mental health services often resemble smaller versions of urban mental health services, perhaps to the detriment of rural populations. As such, the needs of rural transgender communities may best be addressed by research that specifically attends to this intersection of geography and gender identity. Furthermore, the dearth of literature addressing the strengths and lived experiences of transgender people may lead some counselors to overlook strengths of transgender community members (Sánchez & Vilain, 2009).

RURAL TRANSGENDER PEOPLE

Transgender individuals make up one group that has been traditionally misunderstood. Indeed, transgender issues have historically been ignored.
or pathologized by Western mental health fields, which have traditionally viewed transgender identities as maladaptive and attended primarily to urban transgender populations (Hill, 2007; Sánchez & Vilain, 2009). In light of the insufficient attention to rural issues and transgender populations, rural transgender clients may be neglected by counselors working in rural areas. In this article, a study is presented that could help mental health professionals understand rural transgender issues and address the specific needs of rural transgender clients by utilizing the recently published American Counseling Association competencies (ACA, 2009).

As methods of estimating membership in the transgender community vary, it is difficult to accurately report the occurrence of transgender identities among the general population. Sources suggest varying population estimates that range from as few as one in 30,000 to as many as one in 2,900 people who identify as male-to-female (FTM) internationally and as many as one in 2,500 in the United States (American Psychiatric Association, 2000; Sánchez & Villain, 2009). Demographic descriptions of female-to-male (FTM) populations have traditionally suggested smaller populations and scholars (e.g., Hansburry, 2005; Lev, 2004) suggest an insufficient amount of research has been conducted on FTM experiences. Hill (2007) called for further research that accurately describes the demographics of the transgender community to provide the best possible services.

Estimating the transgender population in rural settings poses several specific challenges. Social scientists have had difficulty defining the term rural, and variations in this definition make it difficult to describe demographics of the population with accuracy (Jameson & Blank, 2007). Further, transgender people in rural areas may not always self-identify to researchers because of concerns for safety and privacy. According to the U.S. Census, 21% of the U.S. population lives in a rural setting (USDA, 2007). It would therefore be reasonable to estimate that no more than 21% of transgender people in the United States would live in rural settings. In fact, generalizing from LGB literature, the best estimate would be lower, as it is likely that a higher percentage of rural transgender or gender variant people moves from rural to more urban settings (vs. urban to rural migration) for reasons such as employment opportunity and seeking a community in which transgender people are more visible (Catania et al., 2001; Weston, 1995). However, the U.S. Census—a major source of population data—does not collect data about gender identity, leading to difficulty in estimating the percentage of a particular rural population that identifies as transgender.

Geographical isolation may affect an individual’s ability to secure employment. In urban areas, transgender identities may regularly shape vocational choice and influence career development (Pepper & Lorah, 2008; Schilt & Connell, 2007). In rural areas that impact may be further confounded by economic and social situations unique to rural settings. For example, transgender people who want to change jobs due to hostile or otherwise negative
work climate may find themselves restricted by the limited job pool (Cox & Espinoza, 2005). This may reduce job satisfaction in vocational environments that privilege cisgender people.

Gender-minority persons who also identify with other minority groups may experience multiple oppressions. Indeed, minority stress models recognize the stress of identification or membership with more than one minority group (Huang et al., 2010; I. Meyer, 1995). Accordingly, it is likely that transgender people of color experience gender and racial oppressions uniquely. Further, as racial discrimination may look different in rural areas than they do in urban areas (Chakraborti & Garland, 2004), so may transphobia and homophobia (Clarke, Ellis, Peel, & Riggs, 2010). However, the experiences of transpeople of color remain significantly understudied in counseling literature (Zea, 2010).

Finding trans-affirming mental health services may be challenging in rural settings due to limited resources in low-density areas. All the same, in making suggestions for rural counseling competencies, Slama (2004) claimed that rural clients respond well to community-based resources. For the counselor in a rural area, working toward increased well-being may involve finding services such as support groups that can affirm diverse transgender populations, consistent with Group Work Competency Domain D. 6. Indeed, Harper (2005) argued that actions such as forming support groups serve to increase the community’s resources and its capacity to support itself. Matching the aspirations of the Group Work Competency Domain D, counselors in rural communities can help to create groups by identifying the best role for themselves and helping to access community resources (e.g., safe and private locations, funding) to create community-based autonomous facilities. Counselors should be prepared to carefully process clients’ experiences in support groups in rural areas to ascertain that clients are indeed feeling affirmed. Counselors who identify as transgender, lesbian, gay, or bisexual may choose to work toward developing and participating in community resources (D’Augelli, 2006). Regardless of personal identity, counselors should also be aware of the relationships between rural transgender people and rural lesbian, gay, bisexual, and transgender (LGBT) communities. In one study, 86% of LGB respondents in rural Wyoming maintained a relationship with an LGBT network, suggesting that rural LGBT people connect with each other despite geographical isolation (Leedy & Connolly, 2007).

Community Context

To contextualize the findings of the current study, a description of the region is provided, followed by a short discussion of the group whose members participated in this project. The study was completed in a rural region that, according to federal definitions, actually includes two small metropolitan
areas. Despite the presence of two cities with populations between 50,000 and 100,000, factoring in the vast spaces of open farmland, there are only 69.8 people per square mile in the region (State and county quick facts, 2009). In its most remote corners, people travel over an hour for shopping and entertainment. In such a sparsely populated environment, it is challenging for people who sense that they are “not like everyone else” to find others with similar interests and values. The climate for members of minority groups is often considered chilly, if not hostile, and LGBT persons in this region often go to great lengths, literally, to meet with other LGBT folk and find LGBT-affirmative venues in formal and informal settings, such as support groups, pride events, bars, and coffee shops.

Participants in the current study were members of a transgender support group that has met regularly for nearly 10 years. Participants and members are drawn from an area comprising parts of three large states. Although many participants live in the groups’ host city, others commute from other smaller cities and other areas. The group also manages a listserv and Web site that serve as community resources. At the time that the current study was conducted, the group met in the offices of a local LGBT pride center.

**CURRENT STUDY**

Following calls to expand on strengths-based research with transgender people (Moradi, Mohr, Worthington, & Fassinger, 2009; Sánchez & Vilain, 2009), the current study was designed to qualitatively explore the well-being experiences of members of a rural transgender support group and the impact of well-being on individuals, relationships, and communities. As the current study was designed and data were analyzed, the research question that was identified asked what well-being looks like within this rural transgender community. Participants, all members of a transgender support group, were asked to define and discuss well-being in their lives. Guided in part by a study conducted by Totikidis and Prilleltensky (2006) and a well-being framework described by liberation psychologists (Evans & Prilleltensky, 2007) in which well-being was conceptualized as a positive state in which the reflexive needs of individuals, relationships, and communities were accounted for, participants were asked to brainstorm the personal meaning of well-being for themselves, in their relationships, and their communities.

Qualitative methods were chosen because of the exploratory nature of the current study, the small transgender population in an area with very low population density, and the potential for the identifying rich data (Morrow, 2007). Qualitative methods have been popular when conducting LGBT research because they permit data collection and analysis to be guided by participants’ voices and stories, therefore privileging the subjective experience of each participant above standardized data scores (Clarke et al.,
2010). Grounded theory methods were specifically chosen to explore and analyze data. Grounded theory is often used when little is known about a phenomenon. Well-being in rural transgender communities is a previously unexplored topic, and grounded theory provides a starting point for theory development. Grounded theory is particularly well suited for responding to broad “what” and “how” questions (Morrow, 2007, p. 211), such as how a particular group (e.g., rural transgender persons) describes and uses a particular construct (e.g., well-being) in their lives. Use with a rural transgender population is appropriate because of the grounded theory assumption that people live within systems of multiple constructed social realities (Fassinger, 2005). The realities of transgender people who live in socially conservative, rural settings are likely to differ from those of transgender people living in larger trans communities in urban settings. In particular, their experience of well-being may be intertwined with their geographical and community differences. Grounded theory is a qualitative method that can explicate the lived experience of an understudied group while insuring that resultant theory is grounded directly in participants’ words (Fassinger, 2005).

Affirmation of transgender identities is integral to the researchers’ values as mental health practitioners and may thus lead to biased perspectives for the current study. Our approach to working with transgender people, however, is consistent with professional guidelines such as those issued by the ACA (2009), Israel and Tarver (1997), and the World Professional Association for Transgender Health (W. M. Meyer et al., 2001). It includes affirming the wholeness and worth of the individual while recognizing the consistently stigmatizing effects of heterosexism, sexism, and transphobia, along with other identity and social-based oppressions. Further, we believe that rural transgender people are at greater risk of marginalization by mental health professionals due to their gender identity and their status as citizens of rural areas.

METHOD

The following two sections describe the methodology used for the current study. First, participants and data collection procedures are described. The second section presents the data analysis process.

Participants

Seven individuals were identified to participate in the current study. One focus group, comprising six participants, and one interview with an individual participant were conducted and recorded. The individual interview was conducted to increase diversity in representation of gender identities.
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among participants. The focus group lasted 120 minutes, and the individual interview lasted 45 minutes. All seven participants were current members of a transgender support group. Participants completed a demographics form where they had the option of endorsing more than one category of gender identity and sexual orientation. Three participants identified as transgender, two identified as MTF, one identified as FTM, one identified as female-to-female (FTF), three identified as transsexual, two identified as cross-dresser, and one identified as genderqueer. Five participants described themselves as heterosexual, two identified as bisexual, two identified as queer, one identified as asexual, and one participant chose not to provide a sexual orientation. Participants ranged from age 25 to 61 years, and all identified themselves as White.

Although several participants in the current study lived within a few miles of the group’s meeting place, others live nearly 100 miles away. The region’s transgender network itself extends beyond those who regularly attend the support group and supports transgender people across four large states through regular meetings and a listserv. The presence of the group itself, its lengthy history, and its uses and usefulness to group members are significant assets to a community that has limited structural resources.

Data Analysis

The digital recordings were analyzed by comparing content across transcripts of the focus group and individual interview as well as content within a single transcript. The focus group was conducted several weeks prior to conducting the individual interview. Following the grounded theory methods suggested by Fassinger (2005), three distinct processes of data coding—open, axial, and selective—were conducted, which led to the creation of a theoretical model comprising specific themes grounded in the data. The lead investigator conducted the primary data analysis. The second author, the first author's academic advisor, served as an auditor and engaged in debriefing activities as discussed by Fassinger (2005) during the data analysis, write-up, and reporting of findings. Throughout the stages of data analysis, the investigators met regularly to exchange ideas about the emerging themes. These meetings served as a way to audit the findings, from original transcripts through several stages of data analysis.

FINDINGS

The open coding process started after the focus group was transcribed and continued after the individual interview was conducted and transcribed. Open coding included a constant comparative analysis within each transcript and across both transcripts. During open coding, chunks of data in
the form of thematically linked participant quotes were identified across the following nine preliminary themes: (a) definitions of well-being, (b) definitions of lack of well-being, (c) acceptance, (d) identity and labels, (e) community, (f) finance/economy, (g) personal change, (h) coming out, and (i) relationships.

Each of the nine themes was written down along with the data chunks associated with each theme. Through axial coding, the interrelatedness of the nine themes was further explored and defined (Fassinger, 2005). The primary investigator created coding worksheets on which each of the nine themes was listed alongside the data chunks associated with each theme. The second author audited the coding worksheets. Investigators used a visual chart to identify overlap among themes, resulting in a shorter list of four core themes: (a) vocation, (b) personal change and coming out, (c) acceptance, and (d) identity. Each core theme was conceptualized and described as it related to individual, relational, and communal well-being. Specific data chunks were attributed to each theme. To further ground the model in the data, the researchers relied on a visual chart to link themes, data chunks, and specific participants. Core themes were described as being relevant to individuals, to participants’ relationships, or to participants’ communities.

The data were finally arranged to describe key concepts or consistently identified themes (Fassinger, 2005). Each of these key concepts related to individual, relational, and communal experiences of well-being. Concepts that were identified across a minimum of three core themes during data analysis were retained as key concepts. Two key concepts were identified at each level of well-being: acceptance and identity for individual well-being, acceptance and out-ness for relational well-being, and education and safety for communal well-being.

During each stage of data coding, comparisons were made between the emerging model and the transcripts to affirm that the data was firmly grounded in participants’ own words. The resulting model, the rural transgender multilevel model of well-being (RTMMWB) is the structure used to describe the current data. Despite limited external validity, the RTMMWB is one method of beginning an exploration into counseling considerations for working with rural transgender populations as well as a structure for referencing the ACA competencies. As a full discussion of results is beyond the scope of this article, only core themes are discussed.

Core Themes: Vocation, Personal Change and Coming Out, Acceptance, and Identity

Vocation is a core theme in the RTMMWB, as participants discussed interactions between gender identity and vocational experience, and ways in which work experiences contribute to well-being. In relation to vocation, participants discussed identity disclosure, the impact of limited access to work
or vocational choices, feeling safe or unsafe in workplace relationships, increasing autonomy through self-employment, the potential impact of being a transgender person working in a public role primarily with transgender clients, and the ways in which coming out and transgender visibility may change as people come closer to retirement.

Access to limited vocational options led one participant who presented as male to continue to work at a job where he did not feel safe in disclosing his gender identity. This participant earned a sufficient income for a skilled trade and did not believe that he would be able to find another local job that paid as well and therefore stayed despite regularly hearing disparaging remarks about a previous transgender employee. Transgender people may, in fact, feel a double impact of insufficient vocational resources in the community and particularly disempowering qualities about their current job (e.g., lack of access to gender-neutral bathrooms, lack of legal protection from discrimination). Another participant who identified as a cross-dresser talked about being able to choose to work in either female or male mode after coming out to clients. This participant is self-employed and able to make that choice without fear of job loss. Another participant discussed their internal debate about working primarily with the transgender community, knowing this could increase the risk of beingouted to their family.

Personal change and coming out was consistently identified as a core theme of the current study. Coming-out processes were different among participants, as the study included participants who represented different transgender identities, including cross-dressers, FTM and MTF transsexuals, and genderqueer people. Among participants who identified as cross-dressers, issues related to coming out included the process of choosing when to present in male and female modes and choices about incorporating spouses, family members, and friends into decisions about gender presentation. In contrast, an FTM participant reported repeatedly explaining to health care service providers that he identifies as his child’s parent rather than the child’s mother or father. Other participants talked about coming out as being an important and ongoing process of addressing personal needs, finding support from friends and family, and developing relationships with the larger LGBT community.

Acceptance was conceptually linked, although separate from, the theme of personal change and coming out; whereas personal change and coming out reflected the ways in which participants experienced themselves and their relationships changing. Acceptance was discussed as being an internal state, resulting from a process, in which the self was experienced as sufficient and internally affirmed. Participants differed in the degree to which self-acceptance was mediated by others’ beliefs and opinions. For most, acceptance was a predominantly internal process that could be mediated by external events. Some participants described negative consequences such as excessive substance use and pursuit of unhealthy relationships that occurred
when acceptance was decreased or absent. Another participant discussed her pursuit of hypermasculine behaviors prior to transitioning from male to female but noted that increased self-acceptance followed the transition. Participants clarified that self-acceptance was not related entirely to gender identity although accepting one’s gender identity was a necessary condition of self-acceptance. Counselors guided by Helping Relationships Competency Domain C in the ACA competencies can use the helping relationship to affirm and increase acceptance.

The researchers named the fourth theme identity. It was identified as participants discussed their personal beliefs about gender identity, how it affects their relationships and community roles. Individual beliefs about the act of identifying with a specific gender identity varied. Whereas several participants talked about identifying clearly with a particular gender identity, others stated that identifying the self as any static gender category was a disempowering act. One participant stated, “Although some of us strongly embrace labels like femininity and passing, where others will be in your face about, you know, ‘I’m a man in a dress.’” Another participant discussed the impact of gender identity on sexual orientation identity, stating that “realizing that I don’t have to conform to certain roles, like . . . the whole heterosexual male thing . . . realizing that I can be heterosexual without having to reform” is good for their sense of well-being.

Participants who identified as cross-dressers addressed differences between male and female presentations. Differences were discussed as they described deciding about when to publicly present themselves as male or female. One natal male participant discussed being aware of having male privilege when presenting as male; privilege that was not experienced while presenting as female. Although two natal male participants made different choices about whether to shop for women’s clothing presenting as female, both felt empowered by the ability to choose.

In summary, participants in the current study described well-being as being influenced by four major themes: (a) vocation, (b) identity, (c) acceptance, and (d) personal change and coming out. These four themes were often discussed as interactive constructs. Some examples of situations that influenced well-being included participants’ abilities to safely choose to come out at work or the impact of feeling accepted by important people in their lives, which facilitated empowered vocational choices. Well-being was not described as a monochromatic construct, existing for some but not others. Rather, participants described their experiences of well-being as being situational and dynamic.

**DISCUSSION**

The results of the current study suggest implications for mental health professionals working with transgender clients in rural areas. First, job market
realities and the vocational experiences of some transgender clients in rural areas may lead counselors to increase their roles as advocates for their clients. Experiences described by rural trans people highlight the usefulness of the ACA competencies in Section F, Career Lifestyle Development, by addressing issues related to discrimination, vocational development, and underemployment. Consistent with Career and Lifestyle Development Competencies F. 10 and F. 11, counselors in rural areas can work with clients and their employers to provide consultation and education about transgender issues. Advocacy interventions should be planned transparently, informed by the economic and social realities of a particular rural area, to be sure that clients and counselors are working together toward the same goals. When such interventions are impossible, counselors can work with clients to increase vocational empowerment. This may look different in rural areas than in urban areas. For example, a counselor might work toward the development of avocational interests with a client who might choose, due to a limited job market, to be underemployed in a safer environment over a more satisfying but less safe job. Counselors in rural areas should be aware of the ways in which rural economic realities may affect community well-being (Cox & Espinoza, 2005) and should try to deconstruct interactions between rural economics and gender-based discrimination.

Counselors can implement Competencies F. 10 and F. 11 by helping clients decide when and how to come out, at work and socially. In doing so, counselors must consider how coming out might affect social and vocational climate, and where clients might find support after coming out. Counselors, therefore, should be aware of the myriad factors related to individual and cultural differences that are important to transgender clients and their vocational choices.

Although the competencies address the impact of identity intersections on transgender identity development, (e.g., B. 5), they do not specify the potential impact of being rurally situated. For example, in rural areas where there are fewer options for finding varied and alternatives social connections, people depend on families and community members regularly for social support (Forrest, 1988). One participant, transplanted from a large urban area, found unexpected support from community members through her gender transition despite the very conservative social climate. Rural transgender people with limited access to social support may also rely more heavily on families for support or may have to travel farther than their urban counterparts, potentially incurring economic hardship, to socialize with other trans folk. For example, the second author helped a transgender client without a car work through this geographical barrier when referring her to the support group located more than 70 miles away.

Counselors working in rural settings can affirm the diversity of clients’ lived coming out experiences and, as suggested in Human Growth and Development Competency A. 8, be aware of the wide range of potential gender narratives, identities, and expressions. This places the onus on counselors to
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educate themselves on the range of transgender experiences. Due to smaller populations of gender-fluid people in rural areas as well as fewer academic institutions where critical theory courses are taught, there may be less access to education about gender fluidity than in urban areas. All the same, affirming this conceptualization of diversity is as important in rural settings as it is in cities. Rural community members may not identify with a specific identity along the transgender spectrum yet may have little exposure to gender systems other than the male–female binary. It is likely that if smaller rural communities have any type of structured LGBT community, the community will not be sizable enough to maintain separate LGB and T community centers and social meeting places. Affirming the unique roles of trans individuals within the greater local LGBT community may also require that counselors educate themselves about social histories of local and national LGBT communities, to understand ways that dominant social oppressions are unintentionally replicated in LGBT communities, resulting in the oppression of some community members. Counselors can use a liberationist perspective to critically evaluate the interaction between dominance, oppression, and the self to understand better how roles of dominance and oppression can be created and deconstructed (Martín-Baró, 1996). Indeed the ACA competencies do charge counselors with this type of understanding. For example, Social and Cultural Foundations Competency B.6 relates to the specific intersections of heterosexism, sexism, and transphobia. Counselors in rural areas should be aware of how these interactions function in specific geographic regions, of how transphobia may function within LGBT communities, and how region-specific gender dynamics may support sexism and gender-based oppression.

Therapists are often instrumental to a client’s gender transition by providing necessary recommendations for transitions to begin (W. M. Meyer et al., 2001). In rural areas therapists might consider how the community could be included in the discussion of transition in terms of providing support, as well as mental and medical health care, for the client. As specified by Human Growth and Development Competency A.3, mental and medical health care—including care through transition—need to be made available to clients throughout the life span. Social, community, and family systems may be more closely intertwined in rural areas and clinicians in rural areas need to be aware of ways in which gender identity development processes, including transition, might interact with other systems important to the client. Irrespective of current work with transgender clients, counselors in rural areas can work toward competencies such as B.10 by pursuing social justice work through educating community members about diversity of gender identity.

FINAL CONSIDERATIONS AND CONCLUSIONS

Several issues specific to rural communities were not explicitly discussed in the focus group. For example, in rural areas, counselors may be visible
community members, and it may indeed be impossible to avoid dual relationships with clients (ACA, 2005; Barbopoulos & Clark, 2003; Zur, 2006). Counselors who identify as lesbian, gay, bisexual, transgender, or queer in a rural community are likely to see their clients at LGBT social events (Kessler & Waehler, 2005). In rural communities the likelihood of these interactions may be greater than in larger urban areas. In rural areas where mental health care may be mistrusted, being a visible member of the community may serve to decrease biases against mental health services. Further, being an active member of the LGBT community who is seen at local LGBT centers, Pride events, and carefully selected social gatherings may demonstrate an affirming commitment to LGBT people. Counselors should discuss nonprofessional encounters and interactions with clients as a function of informed consent (Barbopoulos & Clark, 2003).

Counselors who work in a rural area may have few local colleagues and therefore often work in a generalist model. They should also be versed in therapies for a range of presentations and treatments for long-term and briefer therapies (Barbopoulos & Clark, 2003). All service providers, however, even those in rural setting, are likely to work with a trans person or someone close with a trans person during their career and therefore need to develop awareness and understanding of diverse gender presentations (Carroll & Gilroy, 2002).

The ACA Competencies for Counseling with Transgender People (ACA, 2009) represent a major step toward enacting social justice in the counseling profession. The integration of rural experiences into the ACA competencies is an important skill for counselors working in nonurban settings. The RT-MMWB model will help guide counselors by representing one approach to exploring well-being and providing suggestions as to how well-being functions in the lives of this group of rural transgender people. The RTMMWB can also provide insight into further research that specifically explores resiliency and its relationship to well-being among rural transgender people. Indeed, studies that explore resiliency among transgender populations are consistent with Research Competency Domain H. 1. Finally, as guidelines are implemented, increased consideration of rural experiences would be an important step in decentralizing the transgender experience as an urban paradigm.

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