Transgender Affirmative Cognitive Behavioral Therapy (TA-CBT) for Transgender High School

Introduction

According to Eyssel, Koehler, Dekker, Sehner, and Nieder (2017), the term transgender refers to an individual whose gender does not match the assigned gender at birth. Transgender people might feel that they belong to a different gender. They can feel they belong to both or neither gender that is recognized by the mainstream society as male or female. MacCarthy, Reisner, Nunn, Perez-Brumer, and Operario (2015) postulate that attention to transgender health has drastically increased in the US. With the Department of Education implemented the guideline against discrimination of transgender students protected under Title IX. in 2013, the US government issued a nondiscrimination act protecting against gender discrimination due to sexual orientation. The American Psychiatric Association was on board on removing the stigmatism around transgender by renaming some of its terms. According to Anderssen, Sivertsen, Lønning, and Malterud(2020), transgender persons are more likely to face prejudice and social stigma, and general discrimination resulting in loneliness, social anxiety with mental health and suicidal behaviors. Research by Schreiber (2016) suggested that while the American population faces mental health issues that include anxiety and depression, almost half of that population is the transgender individual that suffers from anxiety and depression, and more than half have attempted suicide. The primary trigger is discrimination, lack of acceptance, and abuse, which result in heightened vigilance and change in behaviors due to constant distress. Busa, Janssen, and Lakshman (2018) argue that the high prevalence of gender dysphoria among transgender youth a higher risk for additional mental health disorders, including social anxiety. There is a need to decrease depression and anxiety among the transgender population and ultimately boost their self-worth in the social.

# Type of Group and Topic

Busa, Janssen, and Lakshman (2018) suggest that Cognitive Behavioral Therapy establishes as an effective treatment for this disorder with few modification changes focus on cultural sensitivity to transgender issues. According to Austin, Craig, and Alessi (2016), the transgender population continues to face high marginalization and transphobia, which can manifest in stigma, discrimination, and victimization. The affirmation in a trauma-informed perspective is critical in overcoming this population's sense of unsafety, lack of control, or power to their lives. The trauma affirmation and specifically the use of Transgender Affirmative Cognitive Behavioral Therapy (TA-CBT) adoption is to increase affirmation of gender diversity recognition and awareness. The gender-specific challenges the phase transgender population the TA-CBT is trauma-informed therapy. The therapy focuses on affirmative interventions that would support and acknowledge identity by strengthening transgender individuals and validating the lives of transgender individuals, increasing diversity. The process calls for constant self-exploration regarding the clinician's gender-related attitudes, believes, and biases that can affect therapy. This is a close group that includes high school students within the Council Bluffs Metro Area. The group is homogeneous, and according to Wheeler (2014), homogeneous groups relate to specific similarities, that can influence the group's efficiency with the limitation of 6 to 10 participants. Austin, Craig, and Alessi (2016), the importance of TA-CBT focuses on trans-gender affirmation social support self-advocacy, increase resilience, and identify healthy behaviors. The therapy is focused on self-advocacy addressing gender issues advocating for gender inclusion fostering and transgender specific support.

## Target Population

The participants will be between the ages of 14 to 18 and be in high school within the Council Bluffs metro area. They must identify themselves as transgender. The meeting will be held on Saturday weekly for eight weeks. The inclusion criteria include gender incongruence that kind of include binary, or non-binary identification that can be either a man or woman or dual gender that can also include male-to-female, female to male or other (Anderssen, Sivertsen, Lønning & Malterud, 2020).

### Relevance and Theme

The relevance of this group and according to Busa, Janssen, and Lakshman (2018), youths with gender dysphoria have a high prevalence of co-occurring mental health. They are more likely to suffer from hopelessness, social anxiety, discrimination, and victimization. Austin, Craig, and Alessi (2016) suggest that the transgender identity crisis often has a hard time overcoming the negative self-perception. The purpose of the therapy is to increase their ability to embrace their gender. The most critical aspect is understanding the physiological effect of trauma from transgender people and how it affects the general perception of stigma and discrimination. They often suffer from post-traumatic stress disorders. Emotional and physical symptoms can also influence neurobiological effects the same as anybody who has PTSD. Bartholomaeus and Riggs (2017) suggest that many schools implementing gender policies and gender discrimination have not adequately resolved discrimination that effectively impacts the opportunity to participate in school activities.

#### Setting

The location for the Transgender Affirmative Cognitive Behavioral Therapy (TA-CBT) will be held at the Catholic Health Initiative Immanuel Hospital Deaconess hall. The hall is free of charge through the Catholic Health initiative of creating awareness to Transgender youths and increased access to healthcare. The age group will be between the age of 14-18, who are still in high school and identify themselves as transgender. It is a voluntary admission to the group. The limit is six people to a group because of the COVID 19, and to maintain six feet safely as this is a locked room allowing participants confidentiality.

##### **Date and Time**

The Transgender Affirmative Cognitive Behavioral Therapy (TA-CBT) will be held every Saturday from 2 PM to 3 PM. the session would be held for one hour. The first session will be held on July 11, 2020, through August 22, 2020. Each member will be provided with a session schedule and meeting times.

**Qualifications for The Group Leader**

 The leader for the Transgender Affirmative Cognitive Behavioral Therapy (TA-CBT) will be this author, a Psychiatric Mental Health Nurse Practitioner (PMHNP) student. The group can also be led by any other leaders who include Master prepared Social Work who has experience in TA-CBT, psychologist, and psychiatry.

Austin, Craig, and Alessi (2016) suggest that other qualities of a good leader are to help the client overcome negative self-perception. They should embrace the trans-affirming views in decreasing transgender emotional responses like anxiety, shame, and maladaptive behavioral consequences. They should be flexible in assessing individual risk to be able to administer psychoeducation that improves thinking and perception. Schreiber (2016), the leader should be able to help the transgender personal mirror the self-perception, emotional state, and be a good role model. The leader will transition them through the feeling of rejection by providing comfort in self-disclosure. The TA-CBT offers support within the community by providing an empowering environment.

The leader should also address symptoms of anxiety and depression and how these attributes to other symptoms like agony that can trigger feelings of disownment. According to Busa, Janssen, and Lakshman (2018), the leader should be very transparent in accepting the client and not to impose their views, in attempting to change individuals' identity. The purpose is educating the client about resources information and advocating for them within the community. The leader's role is processing the on-gender biases strength-based approach to treatment.

**Advertised and Announced**

Austin, Craig, and Alessi (2016) suggest that some other ways to increase awareness in transgender discrimination are through local, regional, national, and online resources that can include YouTube and Facebook pages. The leader should be aware that there might be challenges in interpersonal barriers due to the general population's resistance to gender identity. The group will also have the use of transgender friendly education through local communities in building activities that facilitate transgender inclusion and lobby social support. The inclusion of Transgender providers will also help in logistics to increase awareness within the community, and they use of transgender-inclusive material that includes websites that can promote awareness within high school students. The participants will get pamphlets that they can distribute to other interested transgender students. The use of local businesses that are transgender friendly can be used to spread the message.

**Participants Selection and Screen Participants**

The participation in the TA-CBT is voluntary. The screening tool will be utilized to make sure that it identifies the appropriate participant. According to Austin, Craig, and Alessi (2016), screening tools will include individuals who identified as transgender as high school students and face prejudice and astigmatism due to sexual identity. They have negative thinking because of discrimination or due to gender identity. They feel ashamed of being transgender or encountered some form of rejection. They have experienced shame and anxiety. The exclusion criteria should include patients with destructive behaviors, highly distractive patients that cannot benefit from TA-CBT or are cognitively impaired to participate. The other exclusion criterion will be a lack of consistent transportation. The Screening tool is critical in troubleshooting the challenges that might develop, the group's conformity to increase self-disclosure, and a sense of belonging.

According to Wheeler (2014), the leader's responsibility to identify the right fit for the group selection carries on orientation and aligns the groups' philosophy that creates a bond. This should promote self-disclosure and homogeneous existence. The leader should interview potential participants as it is the leader's responsibility to make sure they are a good fit for the group. The assessment can also include personal characteristics that are appropriate to the group in **Appendix A.**

**Informed Consent**

Once the screening process is completely done, the process of implementing the informed consent will be initiated and be within Iowa’s guideline for informed consent for the treatment of minor and parents’ consent. The consent to treat will also be reviewed during the orientation process. The participants will also be informed that they can withdraw out of the therapy without any negative consequences. Information during therapy will be confidential, and any breach of confidentiality will result in dismissal from the group in **Appendix B**.

**Ground rules**

Schreiber (2016), some of the ground rules include acceptance of other perceptions and feelings. They affirm the culture that allows other people to express their opinions without judgment, respecting an individual’s perception and compassion. They should show interest in understanding each other and taking turns in participation and involvement in the conversation. Eyssel et al. (2017) reported the participant's ability to participate in the group within the protocol and follow the group structure. The participants should be able to stay within the relevance of the topic.

Bartholomaeus and Riggs (2017) suggest that affirming the student’s ability to disclose their transgender issues allows the participant to offer individual and gender-affirming disclosure. The group should consider individual disclosure and student confidentiality that allows ongoing support. The group guideline should address bullying language and the consequence of such behaviors. The procedure should outline the consequences related to harassment and backlash.

**Initial Stage**

The first session will focus on the group task of transgender issues affecting young high school students. This will allow the leader to introduce themselves, discussing the qualification as a leader, and experience. The leader will also explain the purpose of the group and how, as a leader, they will facilitate the group.

They will also review some other short-term goals, long term goals, and specific objectives. Everyone will be handed a folder with their names on it. Informed consent will be reviewed after explaining the procedure of the group. The individual behaviors and accountability will be reviewed together with expectations. This will also be an opportunity for participants to introduce themselves. The leader will also use strategies to create trust. This will be achieved through participants discussing their interests, challenges, and how they cope with them. The leader will also use this opportunity to ask the participants' willingness in the group by answering the following on willingness to be in the group. What encourages them to be in the group, and willingness to try new behaviors in the group. The participants will also identify three things the group members should know about them, and their fear of joining the group and wanting to change (Corey, 2016). The location for meetings, schedules, and the purpose of the meeting will also be reviewed. According to Austin, Craig, and Alessi (2016), The initial stage will be utilized to assess some other presenting issues, multiple domains of life, and other challenges of transitioning as transgender. The leader will also talk about gender identity, explore thoughts, and beliefs in the issue of transgender, concerns about coming out best transgender, components that have been the most significant stressors.

**Facilitating Trust in The Group**

According to Corey (2016), the trust will be established by addressing any concerns the participants have about the group and addressing the fears. The leader will steer the group into a here-and-now focus. The introduction and participants identifying three things that their peers need to know about them will also be used to get trust and encourage self-disclosure. The leader will also pay attention to anxiety, resistance, and potential conflict that might arise during the initial stage and adequately address them. Austin, Craig, and Alessi (2016), After developing a shared understanding of transgender high school students' concerns and introducing the concept of Transgender Affirmative Cognitive Behavioral Therapy (TA-CBT) introducing the call of cycle educational,

developing understanding, and the relationship between thoughts, emotions, and behaviors. The participants will also be allowed to discuss some of the transphobic discrimination and prejudice. The leader will offer a safe, supportive environment, emotional support, and a sequence of navigating these stressful circumstances. Busa, Janssen, and Lakshman (2018) Suggest that trust will only be established through transparency, acceptance of the client, and being able to advocate for them through guidance. Trust can also be assessed by the participant's ability to disclose sensitive information during the group.

**Leader Role in Initial Stage**

Corey (2016) One of the roles of a group leader is setting limits, establishing group rules, and informing the members of their rights and responsibilities. A leader establishing the structure is critical in setting the group's agenda and procedure that allows participants to explore and resolve specific problems. The leader should also have a clear sense of identity, limitations, motivations, and goals. The leader should also show enthusiasm. This will help participants to see that the leader is enjoying their work and being in the group. This will be implemented by the ability to promote a safe environment for clients to share while challenging them. The leader should have the ability to give self to others while maintaining clear boundaries. This can also be implemented by accepting feedback without being destabilized by them. This can also be implemented by offering emotional support without the leader losing a sense of their identity.

**Assessment Tool and Description**

This tool will assess the Transgender Affirmative Cognitive Behavioral Therapy (TA-CBT) effectiveness in the group therapy experience. The initial tool assessment will be the physical and emotional discrimination experienced by the transgender population. The symptoms commonly experienced in transgender high school students and their effectiveness in reducing the symptoms. The resources available to transgender, the challenges that often present as hopelessness, lack of control, and power towards their life the TA-CBT help them identify social support and increase self-advocacy and resilience. The tool will also assess the feeling o acceptance, and if the group helped them overcome the challenges. The group effectiveness will also be assessed to affirm the ability to disclose transgender-related issues and express opinions without judgment. The group will also be assessed on fairness in ensuring confidentiality and support in the ongoing therapy, and if the group met their need, an expectation in **Appendix C.**

**Transition Stage**

Ezhumalai, Muralidhar, Dhanasekarapandian, & Nikketha (2018) suggest that conflict within a group will always arise in groups as people work through personal, emotional problems, and health issues. As the conflict begins to rise, so does the member resistance that influences the group and labels against accomplishing the task. Kumar, Deshmukh, and Adhish (2015) suggest that the common cause of conflict in a group is absent of trust that is a common characteristic of the transition stage, as the group fears conflict, often resulting in group ignoring controversial issues or just attempting to keep harmony in the group. The other issues are the lack of commitment and avoidance of accountability. Often this creates ambiguity in the team. The other recognizable issues are inattentiveness to the result and passing on the blame. The ego and statues can be an issue that overshadows the collective function of the group and making individuals preoccupied with their accomplishments. Taylor (2016) suggests that at this stage, often, the members are determining if they are respected by the other members that often result in uneasy feelings. The group's role is starting to form and take place with the clown, and over talker taking their identity within the group. Corey (2016) suggests that group members are dealing with anxiety, resistance, and conflict. The anxiety is often a result of the fear of being rejected in the group, judged, and misunderstood. Taylor (2016) suggests that if the leader leaves the conflict unaddressed, it can become chaotic and unproductive. The leader's role and function at this stage are acknowledging that this stage is natural and inevitable. It is a valuable opportunity to address the conflict, and the leader must cognize that the conflict should be addressed as they arise. This can be done by clarifying and reaffirming the group's purpose and goals. The leader should also mentor the group on problem-solving strategies, resolve conflict, and identify strategies to increase accountability in commitment to the group. The leader should show empathic listening and ensure respect for the group. The leader should also reflect on their own biases; that might block the progress of the group. Corey (2016) Suggests that the leader should address the fear that the members might have factors that often lead to conflict within the group. The leader should steer the members to here-and-now focus on a way that promotes trust. The leader should also address from fear of rejection by instilling a sense of teamwork and inclusion. The leader should explore those fears and make sure that they are addressed, and this can be achieved by giving feedback on progress on an individual basis. The leader should also help the group move into a deeper level of interpersonal interaction. The leader should never ignore the conflict and should understand that resistance is a common phenomenon in a group and should always encourage self-disclosure.

**Reluctance**

Corey (2016) leader should recognize reluctance as a protective phenomenon that prevents people from exploring the innocence of a painful personal issue. The leader should address those defensive mechanisms by being supportive and effective in dealing with them. The leader should be able to acknowledge them by encouraging open self-disclosure and addressing hesitancy and anxiety. The leader should provide a safe environment to disclose personal feelings in a free and non-judgmental atmosphere. The leader should also explore the cultural aspect of the group members that could be a reluctance factor. The leader should also encourage spontaneous and open disclosure without negatively criticizing members' behaviors. Ezhumalai et al., (2018) Suggest that leader should control their feelings about the group and judge every situation with a high degree of objectivity. The leader should also guide the compelling group's needs and making sure that individuals understood. The leader should also use the environment to help the group review their experience and means of improvement. Kumar, Deshmukh, and Adhish (2015) Suggest that the leader should show respect and appreciation to the team, promoting self-actualization to achieve self-driven and working on their growth self-fulfillment. The leader should also give the group autonomy and responsibility in planning, directing the group, and controlling their performance.

**Dealing with Challenging Clients**

Corey (2016) Suggest that the leader should be able to assess fear, confusion, and cautiousness. This often results in challenging behaviors in a group. One of the guidelines suggested is a leader describing the behaviors that they observe and letting the member know how they are affected by what they see or hear. The one specific type of challenging client and mostly in the Transgender Affirmative Cognitive Behavioral Therapy (TA-CBT) Could be an individual that never got over their feeling of discrimination and marginalization and being continually disruptive during group stating that "we do not matter or we are different." This can be done by expressing annoyance with the member without degrading them, avoiding using sarcasm, and encouraging members to explore their fears and anxiety. The leader should also show the sensitivity of the member's cultural beliefs that can present challenging behaviors. The leader should not use their role to intimidate group members and should not take member reaction personal. The leader should facilitate a focused exploration of their feelings and find their solution.

**Working Stage**

According to Corey (2016), the stage is recognized by great cohesion with a sense of belonging, sense of enclosure, solidarity, and group attractiveness. The group members have a sense of connection, and with a lot of therapeutic coalition, the group members feel like they are accepted to the group. The alliance is the critical determinant of this stage. Members who experience in alliance increased deeper connection and disclosure, fostering a commitment to the group and participation.

According to Ezhumalai, Muralidhar, Dhanasekarapandian, & Nikketha (2018), the working stage suggests that it is the feeling of identification to the group and atmosphere of belonging and willingness to sacrifice personal information and beliefs. During this stage, many group members help each other resolve their problems and have open feelings about each other. The group bond is an essential aspect of the group process with a sense of belonging. That often represented with universality, selflessness, cohesion, catharsis, imparting information, and modeling. The group stage instills hope, improves social skills, and learning with interpersonal support skills. At this stage, the leader's role is offering feedback, accepting, confidentiality, support, and identification of their needs and problem-solving.

**Interventions during the Working Stage.**

As a leader and according to Corey (2016), Some of the intervention as a leader includes allowing experimental with different modes of behaviors, and this is due to working stage cohesion. The leader should also encourage disclosing any feelings and encourage appropriate self-disclosure, which is relevant to the group. The leader should be able to clarify what self-disclosure is and why it is critical at this level. The leader should also deal with conflict as it occurs without ignoring it. The leader should also continue to encourage cohesion by giving feedback. The goal is to promote emotional expression and exchange that is therapeutic. The concept of providing feedback is to promote interpersonal learning and promote group development. The leader should also encourage here-and-now disclosure and encourage active emotional engagement. The leader should be nonjudgmental and avoid negative feedback or engaging in a negative interaction with group members. The leader should also foster the culture of support and challenges that encourage immediacy, mutuality, and risk-taking that foster cohesion and growth. Ezhumalai, Muralidhar, Dhanasekarapandian, & Nikketha (2018), some of the leader interventions may also include helping the group members express their ideas and objectives and clarifying the goals of the group as they transition into the working stage. The leader should also interpret and adjust their role as group cohesion increases and encourage participation. Leaders must be aware of their feeling and analysis the situation with high objectivity. The leader should help group members release positive or negative feelings and help individuals analyze the situation as part of the working process. Assisting the member in work thought the group and intergroup conflict and review means for improvement.

**Therapeutic Factors Characteristics**

One of the concepts is catharsis, the ability to allow self-expression of feelings, the group leader should foster the culture that encourages self-disclosure. This allows the client to release the emotions, and it is a way to release their anger emotions frustrations that enable them to feel free, and delight from letting the feelings out. The leader connects and engages self-disclosure through positive feedback being non-confrontational and providing a climate of honest exchange between clients. While catharsis is highly encouraged for clients to express their emotions, some cultures may be inhibited in expressing feelings freely. It is the leader's responsibility to make sure that the members are comfortable expressing their emotions without feeling pressured. This should be done by enabling willing participation and expressing intense emotions (Corey, 2016). Some of the processes to illustrate it and according to Ezhumalai et al., (2018) some of the processes that will demonstrate it by being skillful in helping group members to express their ideas, objectives, and goals freely. The other concept is the leader controlling their feelings and emotions about the group to promote information disclosure. This can also be done by analyzing the situation and helping members work through conflict. Brown (2018) suggests that this can be characterized by the individual journaling about their feelings and using poetic words to promote psychological healing. Through cognitive therapy, allows individuals to relive the past and release negative emotions. The goal is to release the repugnant bent up emotions and its effect if the individual can relieve the negative thoughts, anger, and frustration.

**Final Stage**

Wood (2016) the termination Process depends on the length of therapy, the client's alliance, the reason for termination, and any goals that were to be achieved. This also depends if the termination were desired or premature, Reflective discussion would be utilized frequently within-session seven and eight and what specific time frame for therapy termination. At this stage of therapy, termination is a mutual exploration of the original goals that were discussed during the introduction, transition, and working stage should be assessed to make sure client goals were met. Therapy termination requires acknowledging that this was an arena where clients shared fears, shame, loss, sadness, joy, and terror, and they need to validate the intricate work that was accomplished. Anderssen, Sivertsen, Lønning, and Malterud (2020) The issue of social attitude towards gender discrimination among transgender youth will also be explored to ensure that they meet their goals to deal with prejudice and social stigma other challenges. Schaeffer and Kaiser (2018) Suggest that effective termination depends on the resolved presenting problem, lessen the client’s pain, and accepting themselves. The termination process should be empowering the truth, recognizing additional work that can be done to continue resolving the problem, but does not necessarily need to be done at this time. A leader recognizing that the clients have achieved their goals will be able to utilize them in the future without additional therapy or effective group termination. Goode, Park, Parkin,Tompkins, and Swift (2016). The termination process is a continuous and collaborative approach and strategy of helping the client take ownership and use the gains by understanding that transgender youths have difficulty accepting somebody due to previous rejection. Often most of them pervasively angry, devalue people that they encounter, and most of them develop impulsivity due to the inability to accept separation or rejection. As a leader, knowing this subjective experience will help in the process of termination by being emotionally available.

**Interventions and Possible Problems**

Wood, (2016). Some of the interventions as a leader that can be utilized during termination include mutual exploration of the goals introduced during the initial stage, transition stage, and working stage, and how the patient can utilize them in the future. As a leader, creating a sharing environment that was established during the working stage can also help uncover some of the unexplored feelings and thoughts to increase understanding. The termination process requires a fullness reverence process that is open-ended without minimizing any motions, and the client’s emotions should be explored too. As a leader, it is critical that the patient's feelings can be attuned to their feeling of joy or grief and can also be transferential guilt due to their past rejection and discrimination. According to Austin, Craig, and Alessi (2016), the goal for this group therapy is to increase patient’s resilience, by establishing the social connection, and foster a sense of connection and self-advocacy. This will be assessed by the exit survey that includes items from the previously drafted goals and expectations. Ezhumalai, Muralidhar, Dhanasekarapandian, and Nikketha (2018) As a leader, assessing the universality, cohesion, catharsis, modeling, instilling hope, and increasing social skills with interpersonal skills should be assessed as part of the termination process. Members should also be assessed on the confidentiality of the group, and if they felt that it promoted positive feedback, and it supported the ability to bond. This would be assessed if the interventions utilized were effective in this therapy. Schaeffer and Kaiser (2018) Some of the problems that might be encountered include withdrawal, self, and social restraint, which can also include self-blaming and criticism. As a leader, this can be resolved by working with youths faced with gender discrimination by encouraging patients to share uncomfortable feelings in gregariousness and expression as a leader knowing that some of this behavior can be unconscious and is often a way to protect their vulnerable self-image.

**Evaluate and Follow-up**

Wood (2016) The group will be evaluated on personal growth and resources, establishing a meaningful relationship, and achieving their goals. The clients' ability to utilize therapeutic interventions and effective transformation will also be utilized on patients’ behaviors, acceptance, and self-esteem. The assessment of the client’s ability to effectively deal with the termination distress and refine their skills will also be assessed through self-evaluation. This can also be done through a roundtable discussion on how they are feeling on the termination process. Wooclient's) The process will also assess the client’s ability to address issues and feelings that previously were not comfortable. The patient will also discuss healthy ways on the aspect of conversation to reflect feelings. This will also be assessed on the client’s feelings and thoughts. As a leader, this can be assessed empathic exploration that incorporates contextual meaning and understanding with another follow up in a month.

The post-termination assessment will also be utilized in **Appendix D**. This tool will assess if the client's goals were met through the therapy process. The tool will assess if the clients felt that they gained insight in dealing with prejudice and stigmatism and if they feel comfortable dealing with shame and rejection. Clients will also be assessed on their ability to cope with loneliness, social anxiety, depression, and mental health behaviors. Clients also will be assessed on skills learned on self-advocacy, social support, and resilience to identify issues. The client will also be assessed if they felt that the group was able to help them overcome the challenges of gender discrimination.

**Conclusion**

Transgender High School Students are more likely to face prejudice and social discrimination in the form of discrimination, lack of acceptance, and verbal and physical abuse, resulting in loneliness and other mental illnesses like depression and social anxiety. Transgender Affirmative Cognitive Behavioral Therapy (TA-CBT) is a trauma-informed therapy that helps Transgender high school students overcome the stigma. Through affirmation, they accept their gender identity and strengthen individual perception self-advocacy and increase resilience.

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 **Appendix A**

**Participants Screening tool.**

The participation in the TA-CBT is voluntary.

This includes individuals who identified as transgender

Are high school students

Have face, prejudice, and astigmatism due to sexual identity.

They have negative thinking because of discrimination or due to gender identity.

They feel ashamed of being transgender or encountered some form of rejection.

They have experienced shame and anxiety.

They can participate in group setting without destructive behaviors.

They are not cognitively impaired to participate in group.

**Appendix B**

Participant Informed Consent Form

Maryville University

I (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Agree to participate in the study entitled Transgender Affirmative Cognitive Behavioral Therapy (TA-CBT) for Transgender High School. That will be conducted by \_Alfred Ongesa (PMHNP). The process has been explained to me. I understand that I will be asked to participate in the Transgender Affirmative Cognitive Behavioral Therapy (TA-CBT) for Transgender High School that includes weekly meeting, the potential risk includes, aggravating previous trauma, nightmares, and anxiety. My participation in this study should take a total of about \_\_\_1-hour hours/minutes. I understand that my responses will be confidential, and that no information will be shared outside the group, and no information will be shared to a third party. The result will not have the name and it will be anonymous.

Potential risks from participating in this research have been described to me. I have been informed that I can report any dissatisfactions with any aspect of this research to the Chair of the Institutional Review Board for the Protection of Human Subjects (IRB) at e-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or by calling (Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I am aware that my parents can sign consent for me to participate if not at least 18 years of age

My signature below indicates that I voluntary participation in this project, and that I have received a copy of this consent form.

Questions or interest in results of this research study may be obtained by contacting the Principal Researcher(s), Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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 Date Signature

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print Name

**Appendix C**

The tool for assessment for Transgender Affirmative Cognitive Behavioral Therapy (TA-CBT).

1. Have you experienced gender discrimination that includes physical or sexual violence?

2. Have you had any feelings of loneliness, social anxiety, depression, or mental health and suicidal behaviors?

If yes (please specify)

3. Have you had any feeling of discrimination, lack of acceptance?

4. Felt sense of unsafety, lack of control, or power to your life?

5. Do you have any trauma related to gender discrimination?

6. Do you have social support, to help increase self-advocacy, resilience, and identify healthy behaviors?

7. Have you participated in transgender-specific support or gender inclusion group?

If yes (please explain)

8. Do you feel that you have support as transgender?

9. Do you embrace your gender identity?

10. Do you feel that this group has helped you overcome the challenges of gender discrimination?

11. Do you feel that group participation can improve your perception of transgender issues?

12. Did you feel that the group affirmed the ability to disclose transgender issues?

13. Did the group allow you to express your opinions without judgment?

14. Did you feel that the group facilitated your individual and gender-affirming disclosure?

15. Did the group increase individual disclosure?

16. Did the group ensure your confidentiality?

17. Did the group ensure ongoing support?

18. Did you feel that the group gave you an equal chance to participate in the group?

19. Did you feel that the group had a clear guideline to address bullying language and clear consequence of such behaviors?

20. Did you feel that the group met your needs?

(Please explain)

**Appendix D**

Post Transgender Affirmative Cognitive Behavioral Therapy (TA-CBT) assessment.

1) Did you feel that the group helped you overcome the feelings of loneliness, social anxiety, depression, or mental health and suicidal behaviors?

2) Did you feel that this group helped you overcome the feeling of discrimination and acceptance?

3) Did you think that this group gave you a sense of safety and control or power over your life?

4) Did this group offer you more information on the trauma related to gender discrimination?

5) Did you feel that this group helped gave you social support to help you increase self-advocacy, resilience and identify healthy behaviors?

6) Have you participated in transgender-specific support or gender inclusion group?

7) Did you feel that this group helped you embrace your gender identity?

8) Did you think that this group helped you overcome the challenges of gender discrimination?

9) Did you think that this group helped improve your perception of transgender issues?

10) Did you feel that this group helped affirmed the ability to disclose transgender issues?

11) Did you feel that this group helped you to express your opinions without judgment?

12) Did you feel that this group helped facilitated your individual and gender-affirming disclosure?

13) Did you feel that this group helped increase individual exposure?

14) Did you feel that this group ensured your confidentiality?

15) Did you feel that this group helped provide ongoing support?

16) Did you feel that this group gave you an equal chance to participate in the group?

17) Did you think this group gave you the necessary tools to live a healthy, stress-free life as a transgender youth?

18) Did you feel that this group met your needs?