Copyright © Taylor & Francis Group, LLC ISSN: 1553-8605 print / 1553-8338 online DOI: 10.1080/15538605.2010.524845



Informing Counselor Training and Competent Counseling Services through Transgender Narratives and the Transgender Community

SHANNON CHAVEZ-KORELL

Department of Educational Psychology, University of Wisconsin-Milwaukee, Milwaukee, Wisconsin, USA

LES T. JOHNSON

Urban Education, University of Wisconsin-Milwaukee, Milwaukee, Wisconsin, USA

This article is intended to assist mental health counselors, counselor educators, and counseling students who are already familiar with basic terms and concepts in transgender care. First, the authors briefly present an integrative approach for affirmative counseling with transgender clients that emphasizes empowerment, recognition of multicultural and sociopolitical contexts, social justice, and the use of client narratives in counseling. Second, the authors highlight resources within the transgender community and give examples of how counselors can access the transgender community for themselves and their transgender clients. Last, the authors provide a case vignette followed by a case analysis in an effort to challenge readers to consider the experiences of transgender individuals, and to demonstrate the application of the integrative approach and incorporation of transgender community resources.

KEYWORDS transgender, affirmative counseling, transgender community, transgender narratives

There have been important publications over the past decade (e.g., American Counseling Association [ACA], 2009; Carroll & Gilroy, 2002; Lev, 2004) that offer descriptive information about the transgender community, provide affirmative counseling approaches that celebrate and advocate the authenticity

Address correspondence to Shannon Chavez-Korell, Department of Educational Psychology, University of Wisconsin-Milwaukee, P.O. Box 413, Milwaukee, WI 53201, USA. E-mail: korell@uwm.edu

and integrity of transgender persons (Carroll, Gilroy, & Ryan, 2002; Chavez-Korell & Lorah, 2007), and emphasize the importance of the transgender community in affirmative counseling (Lev, 2007). This article extends the literature by offering a specific conceptual framework for working with transgender clients and specific information about how to inform counselor training and counseling services through the integration of transgender narratives and the transgender community.

AN INTEGRATIVE APPROACH: AFFIRMATIVE COUNSELING WITH TRANSGENDER CLIENTS

The authors' conceptual approach to affirmative counseling with transgender clients is integrative in nature, to move beyond the restrictions of using a single conceptual tool and enhance the effectiveness of counseling (Norcross & Beutler, 2008), by incorporating narrative therapy (Freedman & Combs, 1996; White & Epston, 1990; Winslade & Monk, 1999), the multicultural counseling competencies (Sue, Arredondo, & McDavis, 1992), and the Competencies for Counseling with Transgender Clients (ACA, 2009). These three conceptual tools provide the detailed framework necessary to consider each person in the counseling relationship (client, counselor) situated in a cultural context (gender, race, ethnicity, socioeconomic status, sexual orientation, sociopolitical context, etc.) in which the counseling process is guided by professional markers of competence (general multicultural competencies, transgender-specific competencies). Narrative therapy, which is grounded in postmodern and social constructionist theories (White & Epston, 1990), provides the theoretical framework for this integrative counseling approach, while the multicultural counseling competencies (Sue et al., 1992) and the Competencies for Counseling with Transgender Clients (ACA, 2009) guide counselors' awareness, knowledge, and skills in relation to themselves, their transgender clients, and the interventions used in counseling.

Narrative therapy serves as a strength-based counseling approach that acknowledges the impact of cultural and sociopolitical realities (e.g., social hierarchies, power, privilege) on the psychological distress experienced by clients as told through their self-created narratives (Freedman & Combs, 1996; Winslade & Monk, 1999). There are no absolute truths in narrative therapy; instead, realities are socially constructed and maintained through personal narratives (Freedman & Combs, 1996). The goal of narrative therapy is for clients to separate themselves from these internalized dominant narratives so that they can rewrite a more rational alternative narrative (White & Epston, 1990; Winslade & Monk, 1999). Narrative counselors create safe spaces, spaces that are respectful and free of judgment, enabling transgender clients' voices and stories to be heard (Lev, 2007; Piper & Mannino, 2008). In using

a narrative approach, transgender clients tell their truths (i.e., their narratives), share their experiences, and reauthor new narratives thus creating new realities and (re)claiming their personal strength and resilience.

Narrative therapy considers the client's multiple cultural identities (e.g., gender, race, social class, ability, religion, nationality, etc.) and intersections of those identities within cultural and sociopolitical contexts. The multicultural counseling competencies (Sue et al., 1992) serve as a useful framework for in-depth consideration of multicultural issues as they relate to the client, the counselor, and counseling interventions. The multicultural counseling competencies include three counseling domains: counselor awareness of own assumptions, values, and biases; awareness of the worldview of the client; and developing culturally appropriate intervention strategies and techniques. These three domains interface with broad counseling competencies of awareness, knowledge, and skills. Counselors should be aware of their client's and their own cultural identities, identity salience, identity privilege, and identity development.

Transgender-specific guidelines have been formally delineated in the Competencies for Counseling with Transgender Clients (ACA, 2009) and provide a solid foundation for considering the awareness, knowledge, and skills necessary in providing quality counseling services to transgender clients. Specifically, Section A: Human Growth and Development, Section B: Social and Cultural Foundations, Section C: Helping Relationships, and Section E: Professional Orientation are general considerations that counselors need to reflect on when counseling all transgender clients. The other sections (i.e., Section D: Group Work, Section F: Career and Lifestyle Development Competencies, Section G: Appraisal, and Section H: Research) will guide specific counseling issues as needed. When working with transgender clients, counselors must first be aware of their own gender identity and gender privilege, their knowledge about transgender issues, transgender individuals and the transgender community, and their skill level in providing culturally competent counseling services for transgender clients. A valuable step to ensuring competent practice is for counselors to tap into the personal narratives of the transgender community.

TRANSGENDER COMMUNITY: A VALUABLE RESOURCE INFORMING COMPETENT PRACTICE

A key part of the integrative approach to providing culturally proficient care, as called for in the *Competencies for Counseling Transgender Clients* (ACA, 2009), is for counselors to learn about the lives of their transgender clients. Counselors' listening to the personal narratives within the transgender community is essential to "fully understanding appropriate assessment

of transgender people" (Appraisal Competency G.15, emphasis added). It is true that there are other means of learning about the perspectives and needs of transgender clients. Education and training to meet the needs of this population can happen through preparatory programs, ongoing professional development, supervision by other counselors culturally competent in the transgender arena, and review of the existing, although scant, theoretical counseling literature addressing transgender individuals and their families. These modes of learning only scratch the surface, allowing only dominant voices of particular societies to emerge, while many groups within the transgender population remain obscured and silenced. Professional and continuing education will only take counselors so far in understanding the specific clinical needs of these clients (Bess & Stabb, 2009).

Silenced voices on the margins of society are able to "come out" and be heard through the telling of stories. Personal narratives serve as a way for oppressed peoples to affirm their identities. Listening to the voices within the transgender community allows counselors to fully recognize their needs and plays a pivotal role in counselor training and the quality of service rendered to transgender clients. Shapiro (1998) wrote, "culturally informed narratives seem to be a powerful means by which we tell the stories of our lives to ourselves and others" (p. 92). Seeking the narratives of transgender people is not only a means of continuing their education on issues affecting this community but also serves as a means of knowing how to access and leverage resources for transgender clients. Both of these—connecting with the transgender community, and familiarity and identification of diverse, trans-positive resources—are called for as steps to fulfill counselors providing appropriate client services (Social and Cultural Foundations Competency B.9., Professional Orientation Competency E.6., and Appraisal Competency G.15; ACA, 2009).

Mental health counselors, counselor educators, and counseling students may be uncertain about how to enter the spaces where transgender people tell their stories. Counselors can access the texts of transgender people through a range of mediums. The Internet is a powerful medium that allows transgender people to communicate and network with other people across the globe (Whittle, 1998). In this digital age, counselor learning can happen through investigation of the cultural resources available via the Web. Personal narratives of transgender people appear in written form through online bulletin boards or on social networking sites such as Facebook. Videos portraying the ins and outs of life under the trans umbrella are shared through Web sites such as YouTube. A wealth of resources is available through informational Web sites such as Hudson's FTM Resource Guide (http://www.ftmguide.org) or Transsexual Road Map (http://www.tsroadmap.org), which are written by and for trans people.

In addition to the cyber world, sources of transgender narratives include conferences such as the Philadelphia Trans-Health Conference

(http://www.trans-health.org), with a focus on the health care needs of the transgender community; Be-All (http://www.be-all.org), geared toward trans feminine individuals, and the Southern Comfort Conference (http://www.sccatl.org), which is held in Atlanta, Georgia, every year and is one of the largest conferences for transgender people. Community support programs and social groups also serve as important means of accessing transgender narratives.

Reading the written works and viewing the films by and about transgender people are other ways counselors can explore the lives of members of the transgender community (Carroll & Gilroy, 2001, 2002). Sundance Channel's television show *TransGeneration* (Smothers & Simmons, 2005) chronicles students undergoing gender transition on a college campus. Books such as *She's Not There* (2003) by Jennifer Finney Boylan or *Both Sides Now* (2006) by Dhillon Khosla are examples of transgender narratives counselors can turn to increase their understanding. These narratives can provide counselors with an unadulterated look at the diverse experiences, thoughts, and feelings transgender people have in their everyday lives, which may parallel those of their clients.

Finally, there are transgender individuals who are willing to speak directly about their story. Participants in a study by Bess and Stabb (2009) discussed the importance of moving beyond basic training to positive, open conversations with transgender people as a means of establishing cultural competency. Allowing "transgender persons to speak for and about themselves" (Parlee, 1998, p. 131) can augment the other sources of narrative-, university-, and literature-based training that counselors receive.

Taking into consideration the wealth of transgender narratives, we challenge counselors to learn more, to connect with the transgender community, and to get involved in transgender issues. Additionally, we caution counselors about being overzealous transgender allies and encourage counselors to be mindful of fetishization of the transgender community. The following are examples of how specific competencies within the *Competencies for Counseling with Transgender Clients* (ACA, 2009) align with transgender narratives:

Human Development Competency A. 7. Recognizing contextual factors on transgender identity development: Every week, transgender people collaborate to upload videos that speak to a variety of topics submitted by viewers on Web sites such as YouTube. One example is Trannystar Galactica (http://www.youtube.com/TrannystarGalactica), a video channel with diverse trans people who express their views on topics such as intersections of identity, children, coming out, activism, careers, gender roles, religion, and many more.

Human Development Competency A.10. Understanding how transgender people navigate intimate relationships: *Soldier's Girl* (Pierson, 2003) is the

dramatic retelling of the true story of Calpernia Addams, a transgender entertainer, and her relationship with Barry Winchell, an army soldier. This film portrays one example of how transgender people find their way through relationships with intimate partners, and navigate tragedy and grief.

Social and Cultural Foundations Competency B. 3. Seeing how transphobia can lead to negative attitudes, hostility, or violence against transgender people: In the book *Stone Butch Blues* by Leslie Feinberg (1993), the main character, Jess Goldberg, must navigate the complexities of being differently gendered in the face of harassment and hate. Although a fictionalized account, the experiences of this character mirror the actual lives of some transgender people.

Career and Lifestyle Development Competency F.5. Acknowledging how discrimination against transgender people affects their careers: The stories of how transgender people move about their jobs and careers are available at the online forum and networking site Transworkplace (http://www.transworkplace.ning.com). This Web site, created by Jillian T. Weiss, a transgender consultant and professor, offers a one-stop resource of events, information, and discussion on transgender issues in the workplace.

Accessing these sources for the purpose of continuing education comes with implications and potential problems. Web sites may contain out-of-date or inaccurate information. What is true for one transgender person may not be the same for another. Sources may not represent the breadth and diversity of transgender voices; certain segments of the population may be missing from the discourse. If counselors are to refer their transgender clients to these narratives, they should note that some transgender people serve as poor role models. Information may be specific to a subset of the transgender population, not matching the exact needs of the client. In addition, some clients may be unable to easily access these narratives due to limitations in financial resources. Finding transgender individuals who are willing to share their story outside the clinical setting may be problematic too in that they may feel counselors are being voyeuristic, investigating transgender people out of curiosity or novelty (Ettner, 1996). In this case, using the integrative approach, it is important that counselors be careful not to generalize when making connections with transgender individuals as stated in the multicultural and transgender counseling competencies, but be open to deep listening as guided by narrative therapy knowing that one person's truth or story may not translate to others' experience. Because advocacy efforts and social justice work tends to fade over time as counselors are more removed from their initial training (Parra-Cardona, Holtrop, & Córdova, 2005), ongoing learning by counselors to remain up-to-date with the lives of transgender people can happen through engaging in social justice work. Advocacy and social justice are important for counselors to engage in if they are to change the conditions in which transgender people live; counselors must commit to helping individuals and making more systemic changes (Carroll & Gilroy, 2002).

APPLICATION: CASE VIGNETTE & CASE ANALYSIS

Transgender individuals seek counseling for a variety of reasons; therefore, it is important not to assume that transgender clients are in counseling specifically due to their transgender identity (ACA, 2009). Some common themes of concern when transgender individuals seek counseling for reasons related to their transgender identity include transgender identity development issues, concerns regarding relationships and support systems, career issues, discrimination experiences/traumas, and medical issues (Carroll & Gilroy, 2002; Chavez-Korell & Lorah, 2007; Fassinger & Arseneau, 2007).

Transgender identity development issues presented in counseling can include, but are not limited to, self-exploration, support in the coming-out process, or for support as they transition in various realms of their life. Relationship and support system concerns for transgender clients might include dating issues, coming out to significant others (e.g., spouses, children, parents, other family members, friends), and difficulty establishing support systems if primary support systems dissolve after coming out. Career concerns specific to transgender clients include, but are not limited to, coming out at work, transitioning at work, unemployment, underemployment, and limited or no protection under antidiscrimination employment policies. Other discrimination experiences and traumas that may bring transgender clients to counseling include hate crimes, violence, and limited antidiscrimination and hate-crime legislation in place at the state and national levels to protect transgender clients. Questions about medical care and procedures, medical concerns, and medical discrimination are also likely to bring transgender clients into counseling. Some transgender clients come to counseling seeking professional letters of support to access hormones and surgery, and/or seeking basic information about hormone therapy, sexual reassignment surgery, and other medical assistance/services available to transgender clients. The integrative approach emphasizes the need for counselors to evaluate their awareness, knowledge, and skills pertaining to these common themes of concern, and also emphasizes the importance of creating safe spaces for transgender clients to share their narratives that correspond with these common concerns. Considering the diversity within the transgender community and the various reasons a transgender client may seek counseling services, the case vignette that follows is intended to challenge readers to consider the experiences of transgender individuals, while demonstrating the application of this integrative approach for affirmative counseling with transgender clients.

Case Vignette: Lynda

Lynda is a 45-year-old, single, transgender Latina who came to counseling for career issues. After being employed by the same employer for 20 years, she was laid off. She was told by her boss that the company needed to downsize due to economic hardships, but she feels certain it was due to employment discrimination. Two months prior to being laid off, she had come out to her boss and explained how she would be transitioning on the job. The boss seemed supportive and offered to transfer her into a new position that was more secluded from customers and other employees, suggesting it might help her feel more comfortable in the transition process. Lynda accepted the offer. Many of her coworkers seemed uncomfortable with her transitioning and expressed hostility through snickering comments, stares, and avoidant behaviors. Two months into her new position, she was laid off. The boss told her that the position was considered expendable as the company downsized. So, after 20 years with the company she is filing for unemployment and looking for a new job. She is having difficulty finding a job, although she is qualified for many. She attributes the difficulty in finding employment to her being visibly in transition and not "passable." The state Lynda resides in does not include protection of transgender individuals in the antidiscrimination employment policies. Lynda had been setting aside money for hormone therapy and other cosmetic procedures and now needs this money to make ends meet as she struggles with unemployment.

During the intake session, Lynda reported feeling overwhelmed and helpless. She finds herself sleeping more than 10 hours per day, she has a significant loss of appetite, and she reports feeling physically and emotionally exhausted. She attributes the emotional exhaustion to her deep sadness about her job loss, her unemployment status, and what seems to her as a bleak future. She cannot identify any friends or family members she can turn to for support. Lynda cried, "I don't have anything to wake up to anymore. I've been a solid dependable employee who loved my job and my company. I've worked hard. In 20 years I've hardly ever called in sick. I was happy and planning for my future. I'm so scared now ... what am I going to do?"

Case Analysis

Lynda's experience falls under the four broad counseling themes of career issues, identity development issues specific to transition, discrimination experiences, and concerns regarding support systems. Many of the competencies for counseling transgender clients (ACA, 2009) apply to this case vignette and serve as a guide for the counselor in providing quality counseling services to Lynda. Specifically, Section A: Human Growth and Development, Section B: Social and Cultural Foundations, Section C: Helping Relationships, Section E: Professional Orientation, and Section F: Career and Lifestyle Development Competencies are helpful in conceptualizing the case of Lynda.

Using the integrative approach, the counselor recognizes Lynda as the expert on her life and her experiences (Human Development Competency A.1., Affirm all persons have the potential to live full functioning lives). Lynda is empowered to decide on the focus of her counseling. The counselor works to create a safe counseling relationship by being respectful, nonjudgmental, and knowledgeable about transgender issues, where Lynda feels understood and is able to share, deconstruct, and reauthor her narrative. The power differentials between Lynda and everyone mentioned in her narrative (e.g., Lynda's relationship with her former boss before and during her transition, Lynda's experience of employment discrimination from being laid off, Lynda's experience of employment discrimination from her difficulty in obtaining employment) are discussed, in addition to the personal and sociopolitical ramifications of those power differentials (Social Cultural Competencies B and Career and Lifestyle Development Competencies F, all items).

Lynda's meanings and contributions of gender and other cultural identity facets (e.g., age, Latina culture, unemployed status, lower middle class, etc.), are discussed and deconstructed as they relate to her narrative. Lynda's mental distress and presenting concerns are not perceived by the counselor as pathological as they are most likely a response to being immersed in toxic social hierarchies (Professional Orientation Competency E.1. Understand and be aware of history of heterosexism and gender bias in diagnosis). Lynda's experiences of distress are validated. Through the process of recalling experiences and sharing her narrative, the identification of social barriers, the acknowledgement of discrimination within the context of gender, and the deconstructing and then reauthoring of a more rational and satisfying narrative, Lynda's voice is heard and her experiences understood resulting in decreased psychological distress and increased empowerment.

Using the integrative framework, the counselor identifies bibliotherapy as a narrative intervention for Lynda. The counselor selects a published transgender narrative that serves as a tool for learning, healing, and decreasing feelings of isolation. Additionally, considering the unique support that the transgender community offers a transgender client (Lev, 2007), it is important that the counselor is familiar with and helps Lynda access resources in the transgender community (Professional Orientation Competency E.G., Counselors are familiar with and know how to assist transgender clients in accessing community resources where appropriate). Important resources that Lynda accesses through the transgender community include legal advice on employment discrimination, information about the employment rights of transgender individuals, and support groups within the transgender community. Together the client and counselor discuss possible solutions to overcoming the experienced barriers (Professional Orientation Competency E.7, Counselors facilitate access to appropriate services in various settings for transgender individuals by confronting institutional barriers and discriminatory practices).

Guided by the multicultural counseling competencies (Sue et al., 1992) and the *Competencies for Counseling with Transgender Clients* (ACA, 2009; Section E: Professional Orientation), the counselor carefully considers her own awareness, knowledge, and skills regarding her ability to provide competent counseling services. The counselor carefully considers her own biases, gender privilege, and attitudes regarding Lynda and her presenting concerns. The counselor considers whether she is informed about employment discrimination and legal protections that may or may not exist for transgender individuals at the county, state, and federal levels. Considering that Lynda is currently transitioning, the counselor considers her awareness about transgender identity development (e.g., Bockting & Coleman, 2007; Lev, 2004, 2007) as well as issues related to transitioning on the job. The counselor knows how to access the transgender community for necessary resources and client referrals as needed.

CONCLUSION

Counselors must investigate how their practice is affected by their world-view, experiences, and training. Reflecting on our own biases before the client steps into the office (Carroll & Gilroy, 2001, 2002) can put counselors onto the road of proficient, strength-based approaches to care. Transgender people do not represent a monolithic group but consist of a diverse set of identities and behaviors, which stretch along points on a continuum. Transition process, identity development, and demographics such as age, race, class, gender, ability status, or religion, all play an important role in the lives of transgender people. However, all transgender people present stories that tell of the current realities in which they live: their fears and struggles, their celebrations and joys. Deep investigation into the transgender culture will help counselors to fully understand the diversity of perspectives and ways of moving about the world, which will lead to cultural proficiency and positive therapeutic experiences (ACA, 2009).

REFERENCES

- American Counseling Association. (2009). *Competencies for counseling with transgender clients*. Alexandria, VA: Author.
- Bess, J. A., & Stabb, S. D. (2009). The experiences of transgendered persons in psychotherapy: Voices and recommendations. *Journal of Mental Health Counseling*, 31, 264–282.
- Bockting, W., & Coleman, E. (2007). Developmental stages of the transgender coming-out process: Toward an integrated identity. In R. Ettner, S. Monstrey, & E. Eyler (Eds.), *Principles of transgender medicine and surgery* (pp. 185–208). Binghamton, NY: Haworth Press. doi:10.1300/5837_09

- Boylan, J. F. (2003). *She's not there: A life in two genders*. New York, NY: Broadway Books.
- Carroll, L., & Gilroy, P. J. (2001). Teaching "outside the box": Queer theory in counselor education. *Journal of Humanistic Counseling, Education & Development*, 40, 49–58.
- Carroll, L., & Gilroy, P. J. (2002). Transgender issues in counselor preparation. *Counselor Education & Supervision*, *41*, 233–242.
- Carroll, L., Gilroy, P. J., & Ryan, J. (2002). Counseling transgendered, transsexual, and gender-variant clients. *Journal of Counseling & Development*, 80, 131–139.
- Chavez-Korell, S., & Lorah, P. (2007). An overview of affirmative psychotherapy and counseling with transgender clients. In K. J. Bieschke, R. M. Perez, & K. A. DeBord (Eds.), *Handbook of counseling and psychotherapy with lesbian, gay, bisexual, and transgender clients* (2nd ed., pp. 271–288). Washington, DC: American Psychological Association.
- Ettner, R. (1996). *Confessions of a gender defender: A psychologist's reflections on life among the transgendered.* Evanston, IL: Chicago Spectrum Press.
- Fassinger, R. E., & Arsenau, J. R. (2007). "I'd rather get wet than be under that umbrella": Differentiating the experiences and identities of lesbian, gay, bisexual, and transgender people. In K. J. Bieschke, R. M. Perez, & K. A. Debord (Eds.) Handbook of counseling and psychotherapy with lesbian, gay, bisexual and transgender clients (2nd ed., pp. 19–50). Washington, DC: American Psychological Association.
- Feinberg, L. (1993). Stone butch blues. Ithaca, NY: Firebrand Books.
- Freedman, J., & Combs, G. (1996). *Narrative therapy: The social construction of preferred realities*. New York, NY: W. W. Norton.
- Khosla, D. (2006). *Both sides now: One man's journey through womanbood*. New York, NY: Penguin Group.
- Lev, A. I. (2004). *Transgender emergence: Therapeutic guidelines for working with gender variant people and their families.* Binghamton, NY: Haworth Clinical Practice Press.
- Lev, A. I. (2007). Transgender communities: Developing identity through connection. In K. J. Bieschke, R. M. Perez, & K. A. DeBord (Eds.), *Handbook of counseling and psychotherapy with lesbian, gay, bisexual, and transgender clients* (2nd ed., pp. 19–50). Washington, DC: American Psychological Association.
- Norcross, J. C., & Beutler, L. E. (2008). Integrative psychotherapies. In R. J. Corsini & D. Wedding (Eds.), *Current psychotherapies* (8th ed., pp. 481–511). Belmont, CA: Brooks/Cole.
- Parlee, M. B. (1998). Situated knowledges of personal embodiment: Transgender activists' and psychological theorists' perspectives on "sex" and "gender." In H. J. Stam (Ed.), *The body and psychology* (pp. 120–140). Thousand Oaks, CA: Sage.
- Parra-Cardona, J. R., Holtrop, K., & Córdova, D. (2005). "We are clinicians committed to cultural diversity and social justice": Good intentions that can wane over time. *Guidance & Counselling*, *21*, 36–46.
- Pierson F. (Director). (2003). *Soldier's girl*. United States of America: Showtime Entertainment.

- Piper, J., & Mannino, M. (2008). Identity formation for transsexual individuals in transition: A narrative family therapy model. *Journal of GLBT Family Studies*, 4, 75–93
- Shapiro, E. R. (1998). The healing power of culture stories: What writers can teach psychotherapists. *Cultural Diversity and Mental Health*, *4*, 91–101.
- Smothers, T. (Producer), & Simmons, J. (Director). (2005). *TransGeneration [Motion picture]*. United States of America: Sundance Channel.
- Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Counseling & Development*, 70, 477–486.
- White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. New York, NY: Norton.
- Whittle, S. (1998). The trans-cyberian mail way. *Social & Legal Studies*, 7(3), 389–408. doi:10.1177/096466399800700304
- Winslade, J., & Monk, G. (1999). *Narrative counseling in schools: Powerful & brief*. Thousand Oaks, CA: Corwin Press.