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Nonbinary-Affirming Psychological Interventions

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Nonbinary individuals experience unique stressors and stigma compared to binary transgender individuals. Given the many social systems that operate on a binary gender system, nonbinary individuals frequently experience microaggressions, discrimination, and harassment and suffer from high rates of negative mental health outcomes as a result. The unique stressors that nonbinary individuals face warrant specific clinical considerations for working with this population. Yet, limited published clinical guidance exists on working with nonbinary clients. This article uses minority stress theory to understand the unique stressors and mental health risks that nonbinary individuals face, a cultural competency framework to describe affirming practices, and ecological theory to contextualize how mental health providers can intervene and support nonbinary individuals. Concrete micro-, mezzo-, and macro-level interventions are provided for clinicians to enact to support the well-being of nonbinary clients including affirming the client's experience of gender, taking a stance of openness and flexibility, and advocating for inclusive policies and practices.

Recently, guidelines on affirmative clinical practice with transgender and gender nonconforming (TGNC) clients have emerged (APA, 2015; Coleman et al., 2012; Singh & dickey, 2017). These guidelines assert that TGNC identities, including nonbinary identities, are a normal part of human diversity that should be affirmed rather than pathologized and provide helpful suggestions in working with all transgender, nonbinary, and gender-nonconforming clients. However, limited published guidance on clinical practice specifically with nonbinary clients exists (Matsuno & Budge, 2017; Webb, Matsuno, Budge, Krishnan, & Balsam, 2017). Although nonbinary individuals have many similar experiences and mental health risks as binary transgender people (i.e., transgender men and transgender women), they also have unique experiences related to identifying outside of the gender binary. This paper aims to summarize the existing literature on nonbinary identities and explores common challenges nonbinary people face through the minority stress model (Meyer, 2003). The pillars of cultural competence (awareness, knowledge, skills; Sue, 2001) are used to describe culturally sensitive care for this population, and ecological theory (Bronfenbrenner, 1977) is used as a framework to present concrete nonbinary-affirming interventions psychologists can implement at a macro, mezzo, and micro level.

Keywords: nonbinary; genderqueer; intervention; therapy; transgender

Nonbinary/Genderqueer Identities

Nonbinary and *genderqueer* are umbrella terms used to describe many different gender identities that fall outside of the Western constructs of male and female. The term *nonbinary* includes people who identify with both male and female identities simultaneously or separately (e.g., intergender, bigender, genderfluid), those who do not experience having a gender identity or reject a gender identity (e.g., agender, neutrios), and those whose gender identity falls between or outside male and female identities (e.g., genderqueer, stud; Matsuno & Budge, 2017; Richards et al., 2016). The term *transgender* (or trans) is "an umbrella term used to describe the full range of people whose gender identity and/or gender role do not conform to what is typically associated with their sex assigned at birth" (APA, 2015, p. 863). Therefore, nonbinary people fall under the transgender umbrella as their gender identity does not align with their assigned sex at birth and nonbinary people make up over one third of the trans community (James et al., 2016). However, some nonbinary people do not identify as transgender because of the dominant connotation that the term transgender references binary transgender people only (i.e., trans men and trans women; Bauer, Braimoh, Scheim, & Dharma, 2017). Therefore, it should not be assumed that someone who identifies as nonbinary also identifies as transgender. For this paper, I conceptualize nonbinary people as a subpopulation within the trans community and therefore the use of the term "trans"

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refers to trans men, trans women, nonbinary individuals, and any other gender diverse identities.

Nonbinary people are not only diverse in terms of how they experience gender identity, they also embrace a wide range of gender expressions and use a variety of gender pronouns. Nonbinary individuals exhibit a range of masculine and feminine gender expressions (i.e., clothing, hairstyle, mannerisms, etc.), regardless of their gender identity (i.e., internal sense of gender) or sex assigned at birth (i.e., medical assignment of gender at birth based on physical characteristics such as genitalia; Chang, Singh, & Rossman, 2017). Although many nonbinary individuals have androgynous gender expressions (i.e., a combination of masculine and feminine traits), some nonbinary individuals have gender expressions that are primarily feminine, primarily masculine, or present a more fluid gender expression. Additionally, many nonbinary people use gender-neutral pronouns such as they/them/their or zie/hir/hirs. However, some nonbinary people prefer using she/her/hers, he/him/his, a combination of pronouns, or no pronouns at all (e.g., using a name in place of pronouns; Matsuno & Budge, 2017). Often, nonbinary individuals change their pronoun usage based on their perceptions of the safety of their environment. Since assigned sex, gender identity, gender expression, and gender pronouns are all distinct constructs, it is important not to make assumptions about one based on another. For example, not all feminine appearing people were assigned female at birth, identify as women, or use she/her/hers pronouns (McLemore, 2015).

Another important distinction is between gender identity and sexual orientation. Sexual orientation (or identity) describes one's attractions to others, whereas gender identity is referring to one's internal sense of their gender (Hill, 2007). Both trans and cis (nontrans) people have a variety of sexual orientations, attractions, and behaviors (Kuper, Nussbaum, & Mustanski, 2012). Furthermore, although gender nonconformity is correlated with same-gender attractions (Rieger, Linsenmeier, Gygax, & Bailey, 2008), gender identity and gender expression do not determine sexual orientation or vice versa (Kuper et al., 2012). The majority of trans people also identify with a sexual minority identity (James et al., 2016). One study found the most common sexual orientations among a trans sample, of which over half were nonbinary, were pansexual and queer, perhaps because these sexual orientations are not bound to binary understandings of gender (Kuper et al., 2012).

Unique Experiences of Nonbinary Individuals

It is important for psychologists to understand the unique experiences of nonbinary individuals to provide affirming, culturally sensitive care. Nonbinary individuals experience both explicit and implicit bias related to their gender. For example, one prevalent misconception is that nonbinary gender identities are invalid or nonexistent (Chang et al., 2017). Historically, research on trans populations, trans identity development models, and trans medical interventions were based on the assumption that all trans people wanted to identify as the other binary gender from what the gender they were assigned at birth (Devor, 2004; Spade, 2006). The narrative that trans people only transition from one binary gender to the other can cause others to connote, implicitly or explicitly, skepticism and delegitimize those who do not identify in the gender binary (Bradford, Reisner, Honnold, & Xavier, 2013).

Similar to misconceptions about bisexuality, misconceptions about nonbinary individuals include the notion that they will eventually identify with a binary gender (Eisner, 2013). In other words, people may assume that nonbinary people are confused about their gender or that they are going through a phase that will eventually end with identifying as men or women (Singh & Burnes, 2009). Although some people who identify as nonbinary later identify as transgender men or transgender women, many nonbinary people maintain a nonbinary identity over time (Chang et al., 2017). Additionally, some people who initially identify as trans men or trans women, later identify as nonbinary (Feinberg, 1993). The misconception that there is an "ultimate destination" for trans individuals can lead others (including mental health providers) to pressure nonbinary people to identify as men or women or pressure them to transition in a binary manner (Bradford et al., 2013).

Nonbinary identity development is likely different than binary transgender identity development. Historically, models of transgender identity development were based on the qualitative responses of binary transgender individuals and include stages that move in a linear fashion from anxiety and confusion to ultimately going through transition to a male or female identity (Bockting & Coleman, 2007; Devor, 2004; Gagné, Tewksbury, & McGaughey, 1997). Although research on nonbinary gender identity development is scarce, recent research indicates that nonbinary identity development follows a less linear and more flexible path in comparison to traditional models of transgender identity development (Alexander, Orovecz, Salkas, Stahl, & Budge, 2016). A qualitative study with trans participants revealed that participants often became more flexible in their identity and understanding of gender as a construct rather than becoming more solidified on one particular identity (Fiani, 2017). Furthermore, nonbinary participants described exploring gender identity in adulthood, a later age than described in previous writing on transgender development (Fiani, 2017).

In addition to experiencing unique forms of stigma and identity development, nonbinary people may experience

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higher rates of discrimination and harassment compared to binary transgender people (Harrison, Grant, & Herman, 2012). The 2008 National Transgender Discrimination Survey (N = 6,450) found that compared to binary transgender respondents, nonbinary respondents were more likely to have suffered: physical assaults (35% compared to 32%), sexual assaults (16% compared to 11%), and police harassment (31% compared to 21%) (Harrison et al., 2012). Nonbinary respondents were also more likely to be unemployed and avoid health care treatment for fear of discrimination than binary transgender individuals (Harrison et al., 2012). Trans people generally (binary and nonbinary) are subjugated to higher rates of violence compared to cisgender sexual minorities and the general population (Stotzer, 2009). More research is necessary to confirm whether the rates of discrimination, harassment, and violence towards the nonbinary population are in fact higher than towards binary transgender individuals.

Differing rates of discrimination and harassment may be related to gender nonconforming expressions and other's perception of a trans status rather than gender identity itself. The US Transgender Survey found that participants who said that others could usually or always tell that they were trans were more likely to report instances of being verbally harassed, physically attacked, or denied equal treatment compared to participants who reported that others could rarely or never tell they were trans (James et al., 2016). Similarly, gender nonconformity has been shown to be a target of prejudice and violence against LGB individuals rather than sexual orientation itself (Gordon & Meyer, 2007). Additionally, nonbinary people may be put at risk for harassment and discrimination in the many societal systems and structures —including restrooms, locker rooms, clothing stores, prison systems, and room assignments in medical settings —that operate based on a gender binary assumption. Cognitively, it may be difficult for others to perceive gender in a nonbinary way or refer to nonbinary individuals in gender-neutral ways (Matsuno & Budge, 2017), which may contribute to the mistreatment of nonbinary individuals. More research is needed to investigate which variables contribute to discrimination towards nonbinary individuals.

Mental Health Disparities

Mental health risks arise for nonbinary individuals as a result of societal stigma, experiences of violence, harassment, and rejection, not based on a person's gender identity (Harrison et al., 2012; Hendricks & Testa, 2012). A helpful theoretical framework in understanding mental health risks for trans people is through minority stress theory (Hendricks & Testa, 2012; Meyer, 2015). Although originally used to understand mental health risks among sexual minority populations (Meyer, 2003), minority stress theory is a promising avenue in the conceptualization of mental health risk and resilience for trans individuals (Hendricks & Testa, 2012). Minority stress theory emphasizes the negative impact of external (distal) stressors (i.e., gender-related violence, victimization, rejection, and nonaffirmation) on mental health (Testa, Habarth, Peta, Balsam, & Bockting, 2015). Furthermore, distal stressors influence the development of proximal stressors such as developing negative beliefs about one's gender identity (internalized transnegativity), anticipating rejection from others (expectations of rejection), and actively concealing one's identity (concealment; Testa et al., 2015).

The many minority stressors nonbinary individuals experience contribute to the high risk for negative mental health outcomes (Budge, Rossman, & Howard, 2014; Harrison et al., 2012; James et al., 2016). Data demonstrate that nonbinary people experience elevated rates of clinical depression, anxiety, and psychological distress (Budge et al., 2014). Two large national studies on transgender discrimination conducted by National Center for Transgender Equality suggest that nonbinary people are potentially even more vulnerable to mental health disparities compared to binary transgender people (Grant et al., 2011; James et al.). The largest survey conducted with trans adults in the U.S. (N = 27,715) found that nonbinary individuals reported higher rates of psychological distress (49%) compared to binary transgender people (35%; James et al.). However, it is unclear whether there are significant differences in suicide risk for nonbinary and binary transgender people, both of which have suicide attempt rates approximately ten times higher than the general population (James et al.; Harrison et al.) and are even higher among trans veterans (Blosnich et al., 2013). More research is needed to determine whether nonbinary individuals are at greater risk for mental health disparities compared to binary transgender people.

Access to Health Care Services

Nonbinary people are at a heighted need for mental and physical health resources, yet many barriers exist preventing nonbinary people from accessing mental and medical treatments. The 2015 U.S. transgender survey found that 70% of nonbinary people reported wanting gender-related counseling; yet only 31% of nonbinary individuals accessed counseling compared to 73% of binary transgender people who accessed counseling (James et al., 2016). This difference might be partly explained by the fact that more binary transgender individuals desire medical interventions (which often require a letter from a therapist) compared to nonbinary individuals (Puckett, Cleary, Rossman, Mustanski, & Newcomb, 2017). However, many nonbinary people also desire medical interventions. A recent study found that

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one third of nonbinary participants had received hormone therapy (Puckett et al., 2017). Therefore, other factors likely contribute to the lack of nonbinary people accessing counseling services. Puckett and colleagues found that nonbinary people often encounter mental and medical health professionals who are unfamiliar and uneducated about nonbinary people. Additionally, several nonbinary participants reported experiencing bias and discrimination by mental health providers. For example, one genderqueer participant reported, "Many therapists only let binary trans people start Hormone Replacement Therapy, and don't believe that nonbinary people should be on hormone therapy. We have to meet certain binary-gender requirements to have access to this." (p. 7).

Lack of education and training likely contributes to bias, discrimination, and mistreatment of nonbinary clients. Many counselors have little awareness or knowledge about trans people and perhaps even less knowledge about nonbinary individuals (Burdge, 2007; Hendricks & Testa, 2012). Without familiarity about nonbinary identities and issues, counselors may feel uncomfortable treating nonbinary clients and/or assume the outdated narrative that all trans people transition from one binary gender to another through medical intervention (Singh & dickey, 2017). A therapist's discomfort with nonbinary individuals or lack of knowledge in this area is likely to weaken the therapeutic alliance and negatively impact the outcome of treatment (Israel, Gorcheva, Walther, Sulzner, & Cohen, 2008).

Cultural Competence

Developing cultural competence involves three components: awareness, knowledge, and skills (Sue, 2001). To provide affirming care to nonbinary clients, clinicians must develop cultural awareness and knowledge about nonbinary individuals (Chang et al., 2017). The following section provides guidance on how mental health providers can increase their awareness and knowledge on nonbinary individuals and affirming treatment for this population.

Awareness

Awareness of one's own attitudes and beliefs about various socio-cultural groups is a core component in a psychologist's ability to provide culturally responsive treatment (Sue, 2001). Based on the ubiquitous assumption that there are only two genders, most people often make assumptions about others based on the gender binary. Some common misconceptions (Chang et al., 2017) that clinicians can become aware of are:

1. Everyone is cisgender (i.e., everyone's gender identity is the same as the sex they were assigned at birth).
2. There are only two genders.
3. Gender is determined by a person's physical body ("anatomy").
4. Gender is determined by a person's outward appearance ("expression").
5. Gender is constant over time.
6. All trans people wish to transition from one binary gender to the other (i.e., male to female or female to male).
7. Nonbinary people are really just gay or lesbian.
8. Being nonbinary is a new phenomenon or fad.

Each of these assumptions can lead clinicians to either advertently or inadvertently provide inappropriate treatment by potentially misgendering or invalidating nonbinary clients' identities and experiences. If clinicians become aware when they are making assumptions based on the gender binary, they have the opportunity to actively take steps to engage in behaviors that affirm nonbinary people. Without consciousness about one's assumptions about gender, clinicians are likely to make false assumptions about clients that could have detrimental effects and create barriers to accessing treatment. Instead, it is useful for clinicians to understand that gender is self-defined and not necessarily visible to others. People's understanding of their gender is complex, can change over time, and can include infinite possibilities beyond male or female (APA, 2015). The gender binary is a socially constructed system rather than innately biological in nature (West & Zimmerman, 1987). Gender identities other than male or female have existed throughout history and have been acknowledged and embraced by many other cultures (Stryker, 2017).

Additionally, clinicians should participate in self-reflection to draw awareness to any discomfort or stereotypes that they may hold about nonbinary people. Negative attitudes and discomfort with nonbinary individuals are likely enacted in the form of microaggressions (i.e., subtle messages, verbal or nonverbal, that communicate denigrating messages about a group of people; Nadal, 2013; Sue et al., 2007). For example, if a clinician views gender fluidity as a sign of pathology or that it signals that the person is "confused" or "going through a phase," they may be skeptical of the client and ask interrogative questions in therapy. Microaggressions negatively impact the therapeutic alliance (MacDonald, 2013) and clients' perceptions of the effectiveness of therapy (Shelton & Delgado-Romero, 2011). Therefore, if clinicians are uncomfortable or unfamiliar with nonbinary individuals, the therapeutic alliance and consequently the course of treatment will likely suffer. Instead, clinicians should draw awareness to their own assumptions and biases potentially through consultation or supervision, educate themselves on gender variance,

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and work towards taking an open stance to understanding and validating each client's unique experience of gender.

Clinicians can reduce their biases and discomfort through interpersonal contact with nonbinary individuals either by attending in-person LGBTQ related events, workshops or panel discussions with nonbinary participants, or through online platforms (Pettigrew & Tropp, 2006; Walch et al., 2012). Online media provide psychologists with numerous opportunities to hear directly from nonbinary individuals about their experiences through blog posts, articles, and videos. For example, a trans-affirming organization, Gender Spectrum, hosts a series of online videos interviewing nonbinary individuals that can help people understand the various ways nonbinary people experience gender.

Knowledge

Obtaining knowledge about nonbinary individuals is another crucial component in providing nonbinary-affirming services. One major barrier to trans people receiving medical and mental health treatment is that they often must educate their providers about their identity (Bradford et al., 2013). It is important that clinicians actively seek out opportunities to learn more about nonbinary people and affirming treatment for this population rather than placing the responsibility on the client to educate their provider.

Recommendations for working with trans clients are outlined within the APA guidelines on practice with TGNC clients (APA, 2015) and the recently published book on affirmative counseling with TGNC clients (Singh & dickey, 2017) are applicable to working with nonbinary clients. The World Professional Association for Transgender Health (WPATH) as well as the Endocrine Society have published standards of care and clinical guidelines regarding medical intervention for gender variant individuals (Coleman et al., 2012; Hembree et al., 2017). The recently published comprehensive book *Adult Transgender Care: An Interdisciplinary Approach for Training Mental Health Professionals* is a great resource to help train mental health professionals in trans-affirming care (Kauth & Shipherd, 2018). Additionally, the APA Division 44 (Psychological Study of Sexual Orientation and Gender Diversity) recently published a "Nonbinary Fact-Sheet" that provides information on nonbinary-related terms and clinical recommendations (Webb et al., 2017).

Terminology is rapidly changing as people continue to broaden the ways they conceptualize their identities and develop new labels to capture various experiences of gender. Practicing flexibility and embodying a willingness for continual learning can help therapists to continue to adapt to changes in language, labels, and ways of conceptualizing gender (Brill & Kenney, 2016). Additionally, continuing to seek out current information through Internet searches, trans-affirming websites, and attending conference workshops can help keep therapists informed. However, it is impossible to know everything. Therefore, seeking out knowledge about nonbinary populations needs to also be balanced with taking a stance of cultural humility (Hook, Davis, Owen, Worthington, & Utsey, 2013). Humility entails an openness to learning from the client and allowing them to be an expert in their own identities and experiences (Davis, Worthington, & Hook, 2010). Solely relying on one's knowledge about nonbinary clients without embodying cultural humility could unintentionally lead to misunderstanding the client's identity or making false assumptions about the client's experiences. It can be valuable to explore what the client's nonbinary experience means for them and how their identity relates to their experiences, views of themselves, and view of the world. In other words, mental health providers should educate themselves about nonbinary issues, and be open to learning from their client's individual experience.

Nonbinary-Affirming Interventions

The areas for intervention to support nonbinary people can be understood through ecological theory (Bronfenbrenner, 1977). Ecological theory has been used to understand stigma and interventions to target stigma among trans populations (Hughto, Reisner, & Pachankis, 2015) and provides a useful framework for understanding how psychologists can intervene, not only at an individual level, but also in larger environmental systems. Bronfenbrenner (1977) identifies three major environmental systems: microsystems (i.e., an individual's immediate setting); mesosystems (i.e., the interrelations between an individual's major settings such as family, school, and peer group); and macrosystems (i.e., overarching institutional patterns, culture, and subcultures). The following sections are organized by these three environmental systems (micro, meso, and macro) and provide concrete interventions that psychologists can implement to provide affirming and appropriate care for nonbinary clients. However, additional intervention research is needed to evaluate the effectiveness of the interventions suggested as well as to develop nonbinary-specific psychological interventions.

Micro-Level Interventions

1. Empower the Client

Mental health providers can use their awareness and knowledge to initiate nonbinary-affirming behaviors. Since gender pronouns cannot be presumed based upon an individual's outward appearance, it is important that clinicians ask about gender pronouns either through intake forms or during the initial meeting for all clients. For example, a clinician can say "Hi, my name is Emmie and I use they/them or she/her pronouns. What name

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and pronouns do you use?" Inquiring about a client's gender pronouns can be empowering for nonbinary clients by allowing them to indicate their own pronouns rather than having the wrong pronouns assumed (Singh & dickey, 2017). Clients may use different pronouns in different contexts. Therefore, it is important to check in with nonbinary clients about what pronouns they want to be referred to before talking to a third party (e.g., the client's parents, professors, or other providers). Additionally, clinicians can help empower their clients by allowing them to self-define their gender and by mirroring the language the client uses to describe their identity or experiences (Singh, Hays, & Watson, 2011). Many nonbinary clients may feel invisible in their identity because others likely perceive them and refer to them in binary ways (McLemore, 2015). Taking the time to validate their identity and experiences can go a long way. If a client wishes to explore their gender as a goal in therapy, it is important that clinicians remain open to various possibilities without having a preconceived "end goal" for the client's identity. For example, clinicians can demonstrate acceptance and affirm the client regardless of if and how often the client changes the labels or pronouns they use to describe their gender identity.

2. Practice Using Gender-Neutral Pronouns

In addition to asking about gender pronouns, it is important that providers actively attempt to use a client's correct pronouns with the client, when consulting with others, and when writing progress notes or other documentation (Singh & dickey, 2017). Adjusting to the use of singular they/them pronouns can be difficult at first, though it becomes natural once practiced. Intentionally taking time to practice the use of they/them/their or zi/hir/hirs pronouns can reduce anxiety about using gender-neutral pronouns and reduce mistakes. Clinicians can practice using gender neutral pronouns by discussing a pet or historical figure using gender-neutral pronouns. Making mistakes is inevitable even among well-intentioned and well-informed clinicians. However, when mistakes happen it is important to show nonbinary clients that their clinician is actively working towards consistently using the correct pronouns by apologizing and self-correcting mistakes. Clinicians should try to avoid making the client feel guilty for using pronouns that do not align with traditional notions of gender by making statements such as "Sorry, but this is so difficult for me. . . ." Instead, it is recommended that clinicians apologize, correct themselves, and continue forward with the dialogue (Jones, 2014).

3. Use Gender-Neutral Language

In general, using gender-neutral language can significantly reduce misgendering clients and can help ease nonbinary clients' anxiety (Austin & Craig, 2015). Clinicians and front desk personnel should avoid using gendered language such as sir/ma'am, she/her, or he/him pronouns both in person and during phone calls (Webb et al., 2017). Instead, using they/them pronouns and/or gender-inclusive terms such as person, client, or student can help eliminate mistakes from occurring. Furthermore, one can use other descriptors besides gender when communicating about a third party. For example, saying "There is a person in a red shirt waiting for you at the front," rather than "There is woman waiting for you at the front" can reduce the risk of unintentionally misgendering a client. These slight adjustments in language can go a long way in creating affirming environments for nonbinary clients and it can help the clinicians continue to build awareness about their own binary assumptions.

4. Case Conceptualization

It is important that mental health providers recognize how societal stigma and binary systems impact the mental health concerns of their nonbinary clients. Psychologists should become familiar with the minority stress framework for case conceptualization with nonbinary clients and understand the impact of external stressors on the development of psychological symptoms (Hendricks & Testa, 2012). Clinicians should consider how gender dysphoria (gender-related distress) and minority stress may or may not relate to their client's presenting problem and symptoms. These considerations can be explored in a curious manner with the client in therapy. However, it is important not to assume that the client's concerns are related to their gender or lose sight of the client's goals in therapy. Clinicians can use their own self-reflection, supervision, and/or peer consultation to draw awareness to whether their own discomfort with nonbinary clients is pulling them toward focusing too much on gender or toward avoiding inquiring about stress related to gender altogether.

5. Externalizing and Rejecting Negative Messages

Nonbinary clients may internalize the negative messages they learn about their identity. Internalized stigma is associated with negative mental health risk for trans people broadly and likely contributes to negative mental health risk for nonbinary individuals (Perez-Brumer, Hatzenbuehler, Oldenburg, & Bockting, 2015). Clinicians can help nonbinary clients combat internalized stigma in a few ways. First, clinicians can present the minority stress framework to the client and provide psychoeducation about the relationship between transnegative experiences and feelings of stress, anxiety, depression. Presenting this framework to clients can validate the negative impacts of antitransgender stigma and place the "blame" of negative

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mental health risks on societal stigma rather than the client themselves (Austin & Craig, 2015). The clinician can also help the client reflect on the social messages they learned about gender and the sources of those messages. Identifying the sources of negative messages can help the client understand that their negative self-beliefs come from social messages rather than being absolute truths (Israel et al., 2016).

Finally, clinicians can use CBT techniques to help clients challenge transnegative self-beliefs. The client can identify what negative self-beliefs they hold related to their nonbinary identity, analyze the usefulness or validity of the belief, and replace negative beliefs with affirmative beliefs (Austin & Craig, 2015). For example, if a client shares the belief that "No one will like me because I am nonbinary," the clinician can help the client identify experiences or instances that challenge this belief. Furthermore, the clinician can expose the client to positive messages about nonbinary identities by sharing nonbinary-affirming online media, books, and films with the client, which may also help combat internalized negative self-beliefs. Replacing negative beliefs with affirmative beliefs should be balanced with validation of the client's experiences of negative stigma and acknowledgement of the reality of gender-related discrimination, harassment, and violence.

6. Navigating Disclosure

A common concern for nonbinary individuals is who to disclose their identity to and how to do so (McLemore, 2015). Nonbinary individuals may decide to use a different name or pronouns that feel more in alignment with their gender. However, it can be difficult to disclose a new name or pronouns to others because of anticipated or enacted rejection or negativity. Clinicians can help their clients decide who they want to disclose their affirmed name and pronouns to and strategize how to do so. Disclosure of a nonbinary identity could jeopardize the client's emotional and physical safety (James et al., 2016). However, being continually misgendered can also negatively affect mental health (McLemore, 2015; Testa et al., 2015). The clinician can help the client weigh the risks and benefits of disclosure and nondisclosure in different contexts, such as among friends, family, co-workers, and strangers. There is no "right answer" in terms of disclosure and it is important to respect the client's decisions about their "outness." Additionally, the clinician can help the client strategize and practice letting others know their affirmed name and pronouns and correcting others when mistakes occur. The client can also identify coping strategies they will use if others react negatively so they are better prepared to cope with potential negative feedback.

Mezzo-Level Interventions

In addition to providing nonbinary-affirming micro-level interventions, mental health providers can participate in interventions at a mezzo-level (i.e., interventions that change with the social systems that surround the individual; Herbst et al., 2007). Educational resources and gender diversity training can help create more affirming environments for nonbinary individuals in several mezzo-level systems such as schools, work environments, family context, and in health care settings. The majority of mental health providers have little or no training in trans issues (APA, 2009) and those who have received training may not have learned about affirming practices specific to nonbinary populations. Mental health providers and agencies should seek out training to ensure they are providing an affirming environment for nonbinary clients. When seeking out educational resources and training, it is important to intentionally incorporate information on nonbinary issues. Additionally, requirement of gender diversity training within clinical agencies and graduate programs may significantly improve mental health environments for nonbinary individuals.

Given the history of pathologizing nonbinary identities and the frequent discrimination and mistreatment of nonbinary individuals in health care settings (James et al., 2016), it is important to repair and establish trust with nonbinary clients through structural practices and procedures. Below are specific structural practices that clinicians can enact to create affirming environments for nonbinary clients.

One easy way to support nonbinary individuals is through updating intake forms and registration systems to reflect gender identities outside of the gender binary (Matsuno & Budge, 2017). Having gender options beyond "male" and "female" is essential in establishing trust with trans clients (Bauer et al., 2017). Including options such as "transgender man," "transgender woman," "nonbinary," and a write-in option for gender identity questions indicates to clients that the agency or therapist is aware of nonbinary identities. This simple action can significantly build trust with nonbinary clients and opens the door for potential dialogue about the client's gender. Furthermore, it is important to also include a question about gender pronouns on intake forms as clinicians and staff will likely use a client's pronouns when consulting or when writing progress notes. Providing a "check all that apply" format and including gender-neutral pronouns such as "they/them/their," "zi/hir/hirs," and a write-in option is another way to establish trust with nonbinary clients and can help providers avoid misgendering clients. When clinicians indicate their own gender pronouns on their email signatures and on business cards, it denotes an awareness about pronouns and gender.

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Another structural way of establishing a welcoming clinical environment for nonbinary clients is through visible signage or stickers of the transgender flag, genderqueer flag, or other indicators of trans allyship (Webb et al., 2017). A rainbow sticker does not necessarily indicate to nonbinary clients that the agency or clinician is aware of gender diversity issues. Having gender-inclusive restrooms within clinical agencies is another demonstration of allyship to nonbinary clients who often experience confrontation and harassment in gendered bathrooms (Beemyn, Curtis, Davis, & Tubbs, 2005; Herman, 2013).

A promising avenue in promoting the well-being of nonbinary clients at a mezzo-level is connecting nonbinary clients to group-level supports and/or providing group-level interventions (De Vries, Cohen-Kettenis, & Delemarre-Van de Waal, 2006; Sánchez & Vilain, 2009). Substantial research shows the benefit of social support and community belonging on the mental health of trans individuals (Barr, Budge, & Adelson, 2016; Budge, Adelson, & Howard, 2013). Many nonbinary individuals are rejected or invalidated by their peer groups and may feel isolated if they do not have contact with other people who identify outside the gender binary (Burgess, 2009). Connecting nonbinary clients to other nonbinary people either through in-person support groups, local events, or through online communities can be extremely impactful. For example, the clinician can search for existing local support groups or trans-related events as well as online communities on Facebook, Tumblr, or other social media platforms. Additionally, mental health providers can create therapy groups or workshops to support nonbinary people. Group-level interventions provide an opportunity for nonbinary individuals to access positive role models or the chance to be a role model for others (Moody, Fuks, Peláez, & Smith, 2015; Singh et al., 2011). Both having positive role models and being a positive role model promote resilience for trans individuals who often lack positive representation of their identities in the media (Craig, McInroy, McCready, & Alaggia, 2015).

Another mezzo-level system that has a significant impact on the well-being of nonbinary people is the family environment. Trans youth are at high risk for experiencing rejection and abuse from family members based on their gender identity and/or expression (Koken, Bimbi, & Parsons, 2009), especially for trans people of color (Singh & McKleroy, 2011). Family rejection significantly increases negative mental health risks for trans youth (Olson, Durwood, DeMeules, & McLaughlin, 2016). For example, one study found that 57% of trans youth who were rejected by their parents had attempted suicide, compared to 4% of trans youth with accepting and supportive parents (Travers, Bauer, Pyne, & Bradley, 2012). Family therapy interventions can promote family acceptance and support the trans family member and they can also be helpful for the entire family, as all family members are impacted when a member comes out as trans (Coolhart & Shipman, 2017). Published literature and research on family and couples counseling with trans individuals is increasing (Coolhart & Shipman, 2017; Giammattei, 2015; MacNish & Gold-Peifer, 2014) and can be useful in helping clinicians provide family therapy with a nonbinary family member. Specifically, it can be helpful for the clinician to provide psychoeducation to cisgender (nontransgender) family members. A mental health provider's credibility and expertise can help family members learn that a nonbinary identity is not a sign of mental illness or deviance, but rather a normal part of human diversity. Furthermore, clinicians can provide the family with information on the importance of family acceptance and about how to support the nonbinary family member. The clinician can also empathize with and validate the emotions that cisgender family members experience, such as feelings of loss, confusion, frustration, and fear (Coolhart & Shipman, 2017).

Macro-Level Interventions

Macro-level interventions aim to change macro-systems such as societal norms, environmental conditions, and institutional laws and practices that promote anti-trans stigma or policies (Trickett et al., 2011). Rather than solely focusing on helping nonbinary individuals overcome the adversities of societal systems, psychologists can participate in advocacy and research that aims to change macro-systems. Psychologists can advocate for laws and policies that promote nonbinary well-being and advocate against laws that negatively impact nonbinary individuals. Advocacy can take place at the local, state, or national level and take place through professional organizations, committees, or by individually communicating with elected officials, school board members, or others who influence policy. Psychologists can use their expertise of psychological research to promote trans and nonbinary-affirming policies. Psychologists can also advocate for specific clients by speaking directly to the client's school officials, work managers, or others who influence the client's social environment. More research is needed on the impact of policy that threatens nonbinary individuals' safety as well as research on the impact of policy that protects nonbinary individuals from discrimination. Research can provide a rationale for promoting trans-affirming legal policies and institutional practices and condemning policy that causes harm.

Given the high rates of trans individuals who are confronted, harassed, or assaulted in public gender-segregated restrooms, policies that promote gender-inclusive restrooms can significantly increase the safety and reduce distress for nonbinary people (Herman, 2013; James et al., 2016). Additionally, 59% of trans people report avoiding using public restrooms because of the fear

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of being confronted (James et al.). Therefore, gender-segregated bathrooms limit trans individuals' access to public spaces. Significant psychological strain can occur from planning where one can safely access a restroom and/or how much to eat or drink to avoid using a public restroom (Rood et al., 2016). Laws that require individuals to use the restroom that corresponds to their sex assigned at birth pose a direct threat to the safety and psychological well-being of nonbinary individuals. Psychologists can advocate against "bathroom bills" that restrict trans people from accessing public restrooms. For example, the American Medical Association adopted a resolution that directly opposes state "bathroom bills" (Perez, 2017).

Psychologists can also advocate for gender-inclusive restrooms in their own clinical agencies and local communities as well as advocate for policies that promote gender-inclusive restrooms. For example, California recently implemented a new law (AB1732) stating that all single-occupancy public bathrooms are required to have gender-inclusive signage and be available for all genders (Steinmetz, 2017). Several cities and universities have passed similar measures to promote the well-being of trans people (Steinmetz). Furthermore, while there may be more systematic barriers to converting multi-stall restrooms to be gender inclusive, this has been successfully implemented on college campuses and other public facilities (Vargas, 2017). It is recommended to avoid insinuations of binary gender through the use of "male" or "female" figures on restroom signs and instead simply label the sign "All-Gender Restroom," "Gender Inclusive Restroom," or "Restroom" (Wernick, Kulick, & Chin, 2017).

Access to gender-affirming medical care is an important structural factor that considerably impacts the mental and physical health of trans people. Although some nonbinary individuals do not desire medical intervention, many nonbinary people experience body-related gender dysphoria and desire hormone therapy and other medical interventions such as chest reconstructive surgeries (Puckett et al., 2017). Substantial research indicates the benefits of hormone therapy and gender-affirming surgeries increase well-being and decrease gender dysphoria, depression, and anxiety for trans populations (de Vries et al., 2014; Hembree et al., 2017; Olson-Kennedy & Warus, 2017). For example, Olson-Kennedy and Warus (2017) found that none of their nonbinary participants indicated regret about receiving chest reconstructive surgery.

There are many barriers that prevent nonbinary individuals from accessing gender-affirming medical intervention. One major barrier is the historical and often continued "gatekeeping" model used in the medical and mental health fields. In this model, mental health professionals evaluate whether a client is "ready to transition" in order to provide a letter approving readiness for medical procedures (Ducheny, Hendricks, & Keo-Meier, 2017). Assessment of a client's "readiness to transition" used to rely on meeting the criteria for "Gender Identity Disorder" and was often based in the assumption that all trans people want to fully transition from one binary gender to another and desire a gender expression that aligns with the gender they are transitioning to (Chang et al., 2017). Not only is this model disempowering for all trans clients, it leaves no room for nonbinary people to have their narratives validated and it limits medical interventions for nonbinary individuals that could significantly decrease psychological stress.

Instead of a gatekeeping model, current standards of care suggest an informed consent model in which health care providers evaluate whether the client can give informed consent for the procedures desired, rather than evaluating someone's "readiness to transition" (Coleman et al., 2012; Ducheny et al., 2017; Hembree et al., 2017). It is essential that clinicians follow current standards of care rather than employing gatekeeping approaches that are outdated and harmful. Psychologists can continue to push the standards of clinical and medical care with trans individuals toward the inclusion of affirmative guidelines specific to working with nonbinary individuals and toward practices that do not limit nonbinary individuals from accessing treatment. Additionally, psychologists can advocate for policies that reduce the financial barriers to receiving medical treatments, such as policies that require insurance coverage for hormone therapy and gender-affirming surgeries (Hughto et al., 2015).

Additionally, psychologists can continue to push the field of psychology away from pathologizing gender diversity to affirming and advocating for trans people. Although major psychological organizations firmly state that gender-diverse identities are not a sign of pathology (APA, 2015; Coleman et al., 2012), "Gender Dysphoria" remains as a diagnosis in the DSM-5. This diagnosis may be misconstrued, especially by those unfamiliar with trans issues, as an indication that trans individuals are "mentally ill" (Lev, 2013). Granted, the new diagnosis is a large improvement from the previous "Gender Identity Disorder" diagnosis. However, psychologists can continue to advocate for further edits or the removal of the "Gender Dysphoria" diagnosis as a method to reduce stigma and pathologization of trans individuals.

Conclusion

Clinical guidelines on psychological practice with trans clients have increased over the last decade and are moving the field of psychology to take an affirmative approach when working with trans clients. However, little research or guidelines exist specifically on nonbinary-

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affirming psychological practice. This paper is intended to provide: information about the minority stressors and mental health risks nonbinary people may face, common misconceptions about gender to increase awareness of potential biases, and concrete nonbinary-affirming interventions at micro, mezzo, and macro levels. Because micro, mezzo, and macro systems are all interconnected, interventions at each level likely make an indirect impact on the other levels of ecological systems. It is important that clinicians not only focus on "in the room" individual interventions to support nonbinary clients, but also recognize the impact of group-level supports and affirming institutional practices. Although a mental health provider may only encounter few nonbinary clients, shifting language and perspectives on gender to be more open and fluid can give space for everyone to be freer in expressing their authentic self.

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