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Promoting Inclusion in Your Practice for Transgender and Gender Non-Conforming Clients: Utilizing the Inclusive Financial Well-being Empowerment Model

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Despite increasing attention to cultural humility and inclusivity for financial therapy, mental health, and financial practitioners, little is written about the best practices for working with transgender and gender non-conforming (GNC) clients. This theoretical paper will review these best practices and will present a hypothetical financial therapy case study that utilizes the Inclusive Financial Well-being Empowerment Model (IFWEM). The goal of this work is to introduce practitioners to the best practices for working with transgender and GNC clients in an inclusive and empowering way and to promote future data-driven research for this population.

Keywords: transgender; gender non-conforming; Inclusive Financial Well-being Empowerment Model

Despite increasing attention to cultural humility and inclusivity of mental health professionals (e.g., Franco & McElroy-Heltzel, 2019; Stubbe, 2020) as well as within the financial industries (e.g., Hawkins & Zuiker, 2019; Roberson, 2018; White et al., 2021), little is written regarding the best practices for working with transgender and gender non-conforming (GNC) clients. Transgender individuals' gender differs from their assigned sex at birth (Scandurra et al., 2019). Gender non-conforming (GNC) individuals do not identify with the traditional binary male and female categories (Scandurra et al., 2019). According to the Gay & Lesbian Alliance Against Defamation (GLAAD), not all transgender individuals consider themselves gender non-conforming and vice versa (GLAAD Media Reference Guide,

n.d). Practitioners will want to recognize diversity within groups to meet individual client's needs. Many terms are used to self-identify as gender non-conforming, such as agender, androgynous, bigender, gender expansive, differently gendered, gender fluid, gender diverse, gender-neutral, gender variant, genderqueer, and nonbinary (Hord, 2016). These self-identification terms have significant meaning regarding personal historical representation and are a personal decision best left to individuals to self-identify on their terms. The authors of this paper chose to use transgender and gender non-conforming but recognize diversity in terms (American Psychological Association, 2022).

Differentiation of transgender and gender non-conforming (TGNC) individuals from other groups is a current challenge in the current research landscape. TGNC individuals are frequently studied within the context of the LGBTQIA+ community (e.g., lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual, and agender/asexual). However, TGNC individuals have unique financial needs and intertwined emotional concerns (e.g., mental health, safety, health, employment, homeownership, and legal fees). Most research data on the financial needs of the LGBTQIA+ community comes from participants who identify as lesbian, gay, or bisexual (Prudential, 2012; Tinnerman, 2012; Wood, 2012), which does not allow for generalizing research results to the TGNC population. This lack of generalizability is a challenge for at least three specific reasons, as explained below.

First, grouping transgender and GNC clients as part of the LGBTQIA+ community within research studies without attention their unique population characteristics is an oversight due to the size of the transgender and GNC communities. Estimates are that approximately 700,000 individuals, or approximately 0.5% of the adult population, identify as transgender (Meerwijk & Sevelius, 2017; Meyer et al., 2017; Winter et al., 2016). This population estimate is probably vastly understated, as individuals with more gender-fluid identities are often not included in transgender questionnaires. One study estimated that there are 1.2 million transgender and GNC Americans (Anders, 2021). Also, it appears this is a growing segment of the population, as there are generational differences in rates of gender diversity (e.g., 24.5% of Gen Z identified as non-binary, whereas only 7.4% of Baby Boomers; Puckett, 2021). It is worth noting that some social scholars would argue that describing the population as *growing* is misleading as gender non-conformists have always existed and continue to exist. Rather than the number growing, it has become more socially acceptable to express differences in a more affirming society (Palmer & Clegg, 2020).

Second, despite progress and improved rates of social acceptance, more research is needed on the experiences of transgender and GNC individuals as they experience higher rates of discrimination and prejudice than cisgender sexual minorities (e.g., LGBT; Holloway et al., 2021). James and colleagues (2016) surveyed transgender and GNC individuals about their experiences finding safe and viable employment. Due to the lack of employment opportunities due to discrimination and prejudice, 39% of the sample reported severe psychological distress, and another 30% had experienced homelessness (James et al., 2016). This legacy of discrimination and prejudice has created a need for empathetic and inclusive experiences with mental health professionals and financial professionals (e.g., planners, counselors, and coaches).

Finally, preliminary research by Rehr and Regan (2022) showed that transgender and GNC individuals scored lower than their cisgender peers on several financial wellness measures (e.g., financial optimism, financial self-efficacy, and financial strain) despite there being no differences in their financial management behaviors. Similarly, a study of transgender Americans found they are nearly four times more likely to have \$10,000 less in annual household median income than the population (15% vs. 4%; Grant et al., 2011). The income disparity is surprising because there is not an education disparity: eighty seven percent of transgender people have completed at least some college and 47% have obtained college degrees, which is a greater proportion than the general population (Center for American Progress, 2014). These studies suggest that the TGNC population has unique financial stressors and experiences that practitioners must address and support. For these reasons, this paper introduces the Inclusive Financial Well-being Empowerment Model (IFEWEM; Jorgensen, 2020) to support practitioners work in improving financial and overall well-being for transgender and GNC clients. Although not an empirical data-driven paper, the theoretical approach and hypothetical case study will provide financial therapists, mental health practitioners, and financial professionals tangible takeaways to best serve their transgender and GNC clients.

LITERATURE REVIEW

To implement the Inclusive Financial Well-being Empowerment Model (IFEWEM; Jorgensen, 2020), the authors propose that practitioners must understand foundational skills to have a supportive relationship with their transgender and GNC clients. The selected literature will review the lexicon associated with gender identity, the historical and present-day experiences of discrimination and prejudice, the financial experiences of transgender and GNC clients, and present best practices developed for building relationships with transgender and GNC individuals.

Understanding the Lexicon

"Gender identity is a component of gender that describes a person's psychological sense of their gender" (American Psychological Association, 2022). Often gender identity is described as cisgender or transgender. The term cisgender refers to individuals who see an alignment with their gender and the sex assigned to them at birth. Transgender is an umbrella term for individuals whose gender differs from the sex assigned to them at birth. Transgender could refer to individuals whose gender is "transgender, trans male, trans female, gender-queer, and non-binary people (as well as anyone's identity that differs from the traditional cultural male-female binary)" (Hibbert et al., 2020, p. 116). Although some individuals may feel like they belong to a specific gender category (e.g., transgender, cisgender, trans female), others may resist a single category (e.g., non-binary, genderqueer) (Stryker, 2017).

Gender expression is another important term for practitioners to understand. Gender expression is the external representation of gender through one's use of clothing, affect, behavior, and speech (Davies & Hoskin, 2021). A person's expression of gender may not align with their sex, but they do not consider themselves transgender; a current term is gender

non-conforming. As aforementioned, there are many different terms a person may use to describe their gender identity, the APA bias-free language resource provides an excellent overview of terminology (American Psychological Association, 2022).

Inclusivity is recognizing the richness and depth of individual experiences and how self-identification and gender expression are unique to the individual. For simplicity, expressions that fall in the transgender identity spectrum will be represented herein as transgender, while terms reflecting the non-binary identity spectrum will be referred to as gender non-conforming. This term, gender non-conforming, includes people who prefer other terms to define their identity (e.g., bigender, gender-fluid, trans, two-gender, gender expansive; GLAAD, n.d.; Fiani & Han, 2019).

Discrimination and Prejudice

Transgender and gender non-conforming (GNC) people experience high levels of stress brought on by pervasive discrimination and harassment (James et al., 2016). This discrimination and harassment is called trans prejudice. This mistreatment affects mental health and leads to high cases of anxiety and depression (Winter et al., 2016). Trans prejudice affects other aspects of life, including school and work. According to the US transgender survey (USTS), 17% of transgender youth left a K-12 school because of discrimination or fear, and 16% of transgender college students dropped out for the same reasons (James et al., 2016). Dropping out of school may reduce exposure to formal financial education programs available in school. Further, 44% of transgender and GNC youth experience some form of family rejection and may not receive informal financial education at home (James et al., 2016) and thus may not receive financial socialization from their families and their cisgender peers (Gudmunson & Danes, 2011).

Dropping out of school also has other impacts on transgender and GNC people. The US Bureau of Labor Statistics (2020) reported a correlation between educational attainment, higher median earnings, and lower unemployment rates. Nearly 30% of transgender and GNC people reported experiencing job loss, being denied a promotion, or harassment at work because of their gender identity, which contributes to higher levels of unemployment (James et al., 2016).

Along with educational and professional hurdles, Meyer et al. (2017) found more transgender than cisgender people lacking healthcare coverage, that insurance plans often did not support gender-affirming care, and that transgender and cisgender people do not have a healthcare provider even though the Affordable Care Act bans discrimination based on gender identity (US Department of Health & Human Services, 2016). Singh (2013) found that simple adjustments, such as access to healthcare and financial resources, were essential to improving resiliency and quality of life.

Financial Health of Transgender and Gender Non-Conforming Individuals

Although the financial health of transgender and GNC individuals is an understudied topic (Reisner et al., 2016), there is a burgeoning literature that reveals the ways that

transgender and GNC communities experience economic hardship (e.g., Bailey, 2014, Mizock & Hopwood, 2018; Rehr & Regan, 2022). Several contributing factors explain why transgender and GNC communities have poor financial health, including issues related to discrimination in the workplace, medical costs, legal costs, and family cutoffs (Mizock & Hopwood, 2018). Transgender and GNC people face discrimination in the workplace at a higher rate than cisgender people, which can result in adverse financial outcomes related to unemployment, lower income levels, and housing problems (see Mizock & Hopwood, 2018 for a review).

In terms of medical costs, several vital factors affect transgender and GNC individuals. First, gender-affirming treatments are often expensive and not reimbursable through insurance (Meier & Labuski, 2013; Mizock & Hopwood, 2018). Scholars have also noted that "the lack of access to transgender-related and competent care can increase health disparities and risks associated with transphobia and minority stress" (Mizock & Hopwood, 2018, p. 66). Legal costs are yet another financial strain that transgender and GNC people face. Legal costs commonly arise when seeking legal gender identification (Mizock & Hopwood, 2018). Another contributing factor is the emotional and financial cutoff many transgender and gender-diverse individuals experience from their parents (Brennan et al., 2021). Recently Rehr and Regan (2021) looked at the financial health of TGNC college students and found that family non-support was related to financial strain among trans-spectrum students.

Best Practices

We adapted the following suggestions from "Tips for Allies of Transgender People" from GLAAD's website (GLAAD, 2021) to generate a list of best practices. This list is not exhaustive but should be seen as a baseline for inclusive practices.

First, practitioners should not ask about transgender or GNC status but should ask for pronouns. Instead, practitioners should identify that they are allies by using one's pronoun throughout the introduction. For example, I might say, "My name is Goldie. My pronouns are she/her. It is nice to meet you, Bob! What are your pronouns?" Also, list your pronouns on email signatures and other places as appropriate. Having a place for pronouns on intake paperwork and a place for clients to include their personal name and legal name (or previous legal name) is also a best practice. These simple changes normalize the process of sharing pronouns. However, it is essential not to use the phrase *preferred* pronoun as it implies their gender identity is a choice, and while it might be debated that identity is a choice, it is seen as distasteful to use *preferred*. Furthermore, it would be helpful to have a section for partners that is also gender neutral (e.g., "client 1" and "client 2"). Inclusivity on intake questionnaires, presentations, and how you address clients is vital to many people, not just the TGNC population (e.g., Liang & Shepherd, 2020).

Practitioners also must be conscious of their physical facility. For example, ensure you have a gender-neutral restroom for clients. If one is not close by, let clients know where the nearest gender-neutral restroom is or affirm they are welcome to use any restroom of their choosing. A lack of safe restroom access has been linked to medical issues such as kidney and urinary tract infections (Herman, 2013).

Last, be affirming with names, as a legal name may differ from the lived or chosen name. Legal names are the names appearing on an official government-issued document. A lived name, sometimes also called a preferred name, is a personal name used instead of a legal name. Legal documents may not only differ, but the gender may not match either. As stated, having these legal documents changed to the lived or personal name is costly and time-consuming. For example, a study found that many participants reported that their form of identification often did not include their lived/personal name or gender (only 11% of respondents' IDs had their personal name and gender listed; James et al., 2016). Next, we present a theoretical framework for how mental health and financial practitioners can create an inclusive and supportive relationship with their transgender and GNC clients.

THEORY and INTERVENTION

The Inclusive Financial Well-being Empowerment Model (IFWEM; Jorgensen, 2020) emphasizes *access*, *action*, and *affect*, to purposely recognize and affirm the importance of identity. IFWEM was developed to address intersectionality and improve financial efficacy in racial minorities and underrepresented groups, including transgender and GNC people (Lurtz & Komarow, 2021). IFWEM considers financial wellness, social inclusion, and intersectionality to focus on the financial empowerment surrounding one's identity (Jorgensen, 2020). Identity-affirming is the view that people know who they are and should live in a way that makes them most comfortable (Craven, 2021). Although not limited to gender, identity affirming provides space for expressing one's gender in an exploratory way without any specific end goal (Chen et al., 2016). Affirming gender identity may look different to each individual, but the importance of using the IFWEM model is that it makes purposeful space for individual expression.

Using IFWEM, the mental health and financial practitioner working with the transgender or GNC client would first focus on *access* to information they may have missed or was previously inaccessible—basic financial literacy. USTS (2016) reported that 25% of their sample of TGNC respondents had received a bachelor's degree and 13% had an advanced degree, so an assessment of financial literacy may be needed to determine the need and scope of any financial education efforts to make up for any lack of access in their earlier educational landscape. Once the client has a basic understanding of financial literacy, the practitioner can focus on *access* to institutions that may have previously been out of reach or intimidating to the client because of fear of trans prejudice. Access to health insurance through work or help navigating the healthcare exchange, banking services, legal documents and identification that reflect lived names, establishing or repairing credit, and stable housing are essential first steps for financial inclusion. Financial inclusion is foundational for building financial well-being. According to USTS, legal name changes can cost anywhere from \$100 to \$2,000, and 35% of people who wanted a legal name change could not afford it (James et al., 2016). For many clients, affirming and legalizing the lived name may be the first step in feeling personally empowered. A multi-state study found that the process of legal gender affirmation was significantly associated with lowered depression, anxiety, psychiatric distress, and upsetting responses to gender-based mistreatment (Restar et al., 2020).

The mental health or financial practitioner will work with the client to establish financial goals. As previously mentioned, healthcare access may be a significant source of intimidation for the client, and it may be logical to start on this topic first. The practitioners need to understand what is meant by healthcare access for trans individuals and baseline knowledge of gender-affirming care. If the client does not receive healthcare coverage from an employer, the practitioner may need to help guide the client through seeking health insurance on the exchange. Some clients may want to seek elective procedures as well. Not all transgender and GNC people desire to change their bodies but being able to afford gender-affirming medical therapies or surgeries is extremely important to the quality of life for some, and few procedures are covered under health insurance policies. Thus, these elective procedures require saving and budgeting. Furthermore, given the healthcare complexities and choices, practitioners should become familiar with what is meant by healthcare access for trans individuals and what is meant by gender-affirming care.

It is important to help clients establish goals, whatever they may be, and create a budget to meet them. Very few TGNC individuals have retirement plans; therefore, planning for retirement should be addressed (Hersch, 2016). Research is not conclusive regarding why TGNC individuals lack retirement plans. Regardless, affirming their hopes and dreams is vital to building client/practitioner trust. Planning for the future and establishing financial goals are steps toward empowerment.

Once the client has accessed needed services (e.g., financial, legal, mental health, and healthcare resources), it is time to take *action*. The action step involves verbs. Financial professionals will work with the client to put financial literacy and goals into motion. Together, the financial professional and the client might create a budget, sign up for health care, research other insurance products, open accounts, establish an emergency fund, and meet with other professionals (attorneys, if needed). This step might also include creating a vision board or other therapeutic interventions. There would also need to be a follow-up to see how the client is doing on their action steps.

The last stage is the most critical to empowerment: *affect*. Affect is where the practitioner works with the client to develop financial self-efficacy and empowerment. Self-efficacy is "the extent to which individuals perceive themselves to be in control of their lives and future outcomes" (Kuhnen & Melzer, 2018 p. 2843). One way to gauge self-efficacy is to see how the client perceives the results of their action steps. The practitioner needs to listen to how the client speaks about their progress. Kuhnen and Melzer (2017) also suggest that "it is possible that by helping people believe more in their capacity to influence the future, they will take action and achieve better financial outcomes" (p. 2867).

CASE ILLUSTRATION USING IFWEM

Farid is a single, 23 years old Pakistani American who uses the pronouns he/him/his. His lived name is also his legal name. He completed a degree in Fashion Merchandising at a midwestern college and moved to Los Angeles (LA) to work as a professional make-up artist. After six months, his money was gone, and he was forced "home" to Texas. A self-professed "spoiled girl," Farid comes from a wealthy Muslim family but was disowned after disclosing

that he is gender non-conforming. At the college he attended in the Midwest, he suffered harassment and threats of violence for his gender expression.

He is fearful of living in Texas. This fear has manifested into anxiety and depression, which are being treated with medication. He felt more accepted in LA as if he could be his most authentic self. He has been in traditional therapy to work through the family issues but was referred to a financial therapy practice because he is motivated to improve his financial situation so he can move back to LA and stay. He did not seem confident in his ability to take charge of his financial situation and confessed that he had not learned anything about money growing up. The lack of confidence and the emotional and family-related issues make Farid a good candidate for the IFWEM.

Farid and the financial therapist are acquainted with their name and pronoun introductions and reasons for seeking financial therapy. Following this brief introduction, the financial therapist begins explaining the financial counseling and therapy process, the intake paperwork, and directing Farid to restrooms as needed. The financial therapist should establish trust by affirming their name and pronouns and be mindful not to overemphasize their gender identity, as it is only a part of their identity. There is no need to have a continued focus on their gender instead of getting to know them as a fully multidimensional client.

Once the initial connection is established, the financial therapist and Farid work together to discuss his current financial situation (income, debt, assets, money beliefs, and values). This stage aims to explore Farid's access to financial literacy. Huston (2010) was one of the first to recognize that financial literacy is not just about knowing the answers to financial questions. Huston (2010) found that financial literacy also includes an examination of a person's subjective financial ability (e.g., financial self-efficacy) and that other influences, such as cultural and familial influences, impact the application of financial literacy. Thus, the practitioner also asked Farid what it would feel like to be in control of his finances and living his best life in LA. The practitioner wanted to establish a baseline for what financial empowerment looks and feels like to Farid. Some generalized money questions were asked, and the practitioner could explore the degree of financial literacy required. The practitioner also wanted to examine Farid's financial self-efficacy using a measure such as the financial self-efficacy scale created by Lown (2011).

After discussing some basics like credit and budgeting, the practitioner noted that Farid had never checked his credit score. The *action* for that particular session was checking the credit report. They found some concerning results. This action led to additional educational materials (homework) around improving credit scores and the importance of paying bills on time. Some of the measures will lead to more education (access) which may lead to new action steps. Helping a client move toward their goals will help build financial self-efficacy. The following action they took was creating a budget, for now, one that put money towards debts but also saved some for the move back to LA.

With time, it became clear that Farid understood his financial situation and was excited about moving to LA. At this point, the practitioner encouraged him to act on creating a plan for the move and a budget for living in LA. They discussed tax preparation, planning

to be self-employed as a professional make-up artist, alternative employment strategies, and curbing his shopping "habit." Farid felt confident in his new knowledge and was making good choices, but he was still fearful of leaving the relationship with the practitioner. This stage encompasses the *affect* stage in which the practitioner is focused on Farid's confidence and optimism moving forward. The practitioner let Farid know that even though he was moving on, the practitioner would still be available for questions and would work to find a practitioner in LA who was supportive of GNC clients if Farid would like to continue to meet with someone. That was a source of comfort to Farid. Farid is still working and saving and plans to move to LA next year.

CONCLUSION

Although not an empirical data-driven paper, the theoretical approach and hypothetical case study will provide financial therapists, mental health practitioners, and financial professionals tangible takeaways on best serving their transgender and GNC clients. It is a limitation that this paper does not have empirical data to evaluate the efficacy of this theoretical approach. More research is needed to learn the best practices for supporting transgender and GNC clients. However, the authors hope that this article opens the door for more research in the financial therapy arena on how to connect with and support transgender and GNC clients. While the needs of the transgender and GNC population may differ from individual to individual, practitioners must provide a safe environment and supportive financial advice. This population has experienced and continues to experience challenging, sometimes traumatic, life and financial circumstances – which need to be met with compassion and respect for individuality. Members of the transgender and GNC community deserve the same courtesy we offer other clients: empathetic financial services and a practitioner who wants to understand their unique needs. This level of care is codified in most practitioners' code of ethics.

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