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# Investigating gender affirmative approaches to counselling: Learning from counsellors in the profession and reflecting on implications for Graduate Counselling Programs

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## Investigating Gender Affirmative Approaches to Counselling

### **Abstract**

Transgender and gender non-conforming individuals often report experiencing several obstacles with accessing mental health services prepared to meet their needs. This current study used a case study methodology to explore the subjective experiences of three therapists working with the transgender population using gender affirmative counselling approaches. Thematic analysis revealed four themes: (1) inadequate training and independent learning, (2) the damaging impact of inadequate training, (3) foundational baseline knowledge, and (4) core embodied practices. The results of this study provide the perspective of therapists with experience practicing gender affirmative therapy and can be used inform professional training programs to better prepare mental health professional to work with this population.

*Keywords:* mental health, transgender, gender affirmative care, gender affirmative counselling, psychotherapy, transgender studies

## Investigating Gender Affirmative Approaches to Counselling

### **Summary for Lay Audience**

Transgender and gender nonconforming people often have negative experiences while accessing mental health care. Previous research has shown that therapists describe receiving little or no training during their university program to work with transgender and gender nonconforming clients. The goal of this research project was to learn from therapists with experience working with transgender and gender nonconforming clients using a gender affirmative approach to counselling. Overall, this study conducted interviews with three therapists and found a total of four common themes. These themes include therapists receiving minimal training on gender affirmative counselling, the limited training has a negative impact on transgender individuals, important knowledge to have about gender affirmative counselling, and common practices related to gender affirmative counselling. This study helped gain a better understanding of gender affirmative approaches to counselling which can be used to inform training to better prepare therapists to work with transgender and gender nonconforming clients.

### **Acknowledgements**

I would like to express my appreciation to the transgender and gender nonbinary individuals who have paved the way for me to exist today. This thesis is dedicated to all individuals who have been treated unfairly and faced discrimination when receiving mental health services.

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# Investigating Gender Affirmative Approaches to Counselling

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## **Chapter 1: Introduction and Literature Review**

### **Transgender Identity**

The term transgender and gender non-conforming individuals refers to people whose gender identity does not align with the sex and gender they were assigned at birth (American Psychological Association, 2015). The transgender and gender non-conforming community comprises a diverse group of individuals who experience and express their gender identity in various ways. The language surrounding gender identity continues to evolve, and the growing multitude of terms can be both personal and unique, including but not limited to gender variant, gender diverse, gender independent, gender creative, gender non-binary, and gender fluid. These current terms are significantly less pathologizing than language used throughout history such as transsexuals, gender misorientation, and sissy boy syndrome. This evolution of terminology reflects a paradigm shift proposed by Pyne (2014) away from gender disorder to gender diversity, treatment to affirmation, and pathologization to pride. In other words, this shift reflects a significant change in how individuals who challenge cisgender norms are regarded and treated. Despite this progress, some popular terminology currently used still reinforces cisgenderist language and assumptions. For example, the terminology “gender variant” assumes that being cisgender is the only natural gender identity and any other identity is a deviation from the norm. In attempt to use less pathologizing language, the terms transgender and gender non-conforming will be used throughout this study.

As of 2018, an estimated 75,000 Canadians (0.24%) aged 15 and older identified as transgender; defined as anyone whose reported sex at birth differs from their current gender identity (Statistics Canada, 2020). However, obtaining an accurate estimate remains challenging as stigma and discrimination against the transgender community impact many transgender and

gender non-conforming individuals' decision to disclose their gender identity (Friley & Venetis, 2021). Despite this, over the last decade estimates of the transgender population continue to increase, which may be a result of individuals feeling increasingly comfortable and safer to disclose their gender identity (Meerwijk & Sevelius, 2017). With growing transgender visibility and acceptance, it is anticipated that future population estimates will continue to increase across North America (Flores et al., 2016).

### **Experiences of Discrimination and Stigma: Understanding the difference between transphobia and cisgenderism**

The transgender and gender non-conforming population challenge oppressive cultural norms that insist on confining individuals to dichotomous categories of male and female based on biological sex. As a result, the experience of cisgenderism and transphobia are common occurrences in the daily lives of transgender and gender non-conforming individuals. Cisgenderism refers to the individual, social, and systemic attitudes, practices, and ideology that denies, pathologizes, and delegitimizes self-designated gender identities based on the assumption that individuals with self-designated gender identities are inferior ( ). Cisgenderism creates an inherent system of power and privilege by endorsing the belief that cisgender identities are to be valued while constructing transgender identities as an “effect to be explained” (Ansara & Hegarty, 2012). Transphobia is an adverse reaction to and discrimination against individuals who do not conform to normative gendered expression (Tebbe et al., 2014). Ultimately, the term transphobia captures individual attitudes but fails to address the underlying systemic ideology that enforces prejudice and discrimination. The term cisgenderism reflects a shift in language used to accurately address and engage with the systemic inequities transgender and gender nonconforming individuals are forced to navigate (Ansara & Hegarty, 2012).



The systemic oppression, social stigma, and discrimination transgender individuals face challenge multiple aspects of their lives (Hatchel et al., 2019; Kattari et al., 2021; Pedro et al., 2019; Puckett et al., 2018). As a stigmatized minority group, the transgender population is significantly more likely to experience various forms of discrimination and victimization during their lifetime (Flores et al., 2021; Langenderfer-Margruder et al., 2016; Moran et al., 2018). For example, one study found that 78% of transgender individuals reported harassment at school, 90% experienced employment discrimination or harassment, 53% experienced verbal harassment in public settings, and 19% reported being refused care at a health care setting (Grant et al., 2011). These experiences of discrimination and harassment are exhibited through a range of behaviours including denial of existence, verbal and physical abuse, sexual violence, and even murder (Kattari & Hasche, 2016; Norris & Orchowski, 2020; Statistics Canada, 2020). Experiences of discrimination and victimization are not isolated to any specific form of interpersonal relationship as these instances have been reported to be perpetrated by peers, coworkers, strangers, intimate partners, and family members (Langenderfer-Margruder et al., 2016; White Hughto et al., 2017; Whitton et al., 2019).

Instances of transphobia are not always expressed through aggressive acts and are also evident through forms of institutionalized oppression. For example, transgender and gender non-conforming individuals may experience having to navigate barriers while accessing healthcare/mental healthcare, limited or inaccurate portrayal within the media, limited representation in academia, pathologization of transgender people in clinical practice, unsafe public environments such as inaccessible washrooms, gatekeeping of transgender affirming services, and being limited to identify within the gender binary (Benson, 2013; Capous-Desyllas & Barron, 2017; Mizock & Lundquist, 2016; Morris et al., 2020). It is crucial to recognize the

heterogeneity of transgender communities as each unique intersectional identity may encounter distinct experiences of victimization and discrimination. Stigma associated with gender identity may be compounded by several intersecting factors including race, ethnicity, sexual orientation, age, ability, citizenship, homelessness, employment, and socioeconomic status. Ultimately, transgender and gender non-conforming individuals belonging to multiple marginalized groups may experience increased vulnerability towards victimization (Matsuzaka & Koch, 2018; Momen & Dilks, 2020; Staples & Fuller, 2021).

Transgender and gender nonconforming individuals may be particularly vulnerable to mental health concerns due to the stress associated with stigmatization, discrimination, and victimization. Research consistently suggests that transgender and gender non-conforming individuals are at increased risk for mental health outcomes including addiction, anxiety, low self-esteem, and depression (Bouman et al., 2017; Christian et al., 2018; Haas et al., 2014; Reisner et al., 2015). Additionally, it has been reported that transgender and gender non-conforming youth aged 14-18 in Canada experience high rates of self-injurious behaviors (74.9%) and suicide attempts (65%) (Veale et al., 2017). Overall, the consistent exposure to stigmatization, oppression, and victimization that transgender and gender non-conforming individuals are forced to encounter contribute towards adverse mental health outcomes (Clements-Nolle et al., 2006; Haas et al., 2014; Zeluf et al., 2018). As a result, to cope with the stress associated with the social stigma and victimization, transgender individuals may seek support in mental health services and counselling.

### **Transgender Experiences in Therapy**

The transgender and gender non-conforming people seek counseling for various reasons. Many of the concerns that transgender individuals seek counselling for are similar to the reasons

cisgender people seek therapy and are unrelated to gender identity. For example, transgender individuals may seek therapy for reasons including general mental health, interpersonal relationships concerns, everyday life stressors, experiences related to grief and loss, and personal growth (Benson, 2013; Budge, 2013). Transgender clients seeking mental health services may also need support for concerns unique to their personal gender identity experience. Specifically, these concerns may include coping with the stress or mental health outcomes associated with oppression and victimization, exploring their gender identity, support during the gender-affirming process, family rejection and adjustment, and feelings of social isolation (Benson, 2013). However, it is important to recognize that each transgender experience is unique, and clients can present in counselling with concerns both related and unrelated to gender identity.

Historically, transgender and gender non-conforming individuals have been pathologized by mental health professionals and overall, encountered negative experiences when seeking therapy. A large body of research and psychological literature focuses on pathologizing transgender bodies and treatment that's aimed towards "fixing" gender diversity (Raj, 2002; Sennott; 2010). In the 1980's, with increased attention to transgender individuals the American Psychiatric Association's Diagnostic and Statistical Manual (DSM-III) introduced the diagnosis of "transsexualism" (American Psychiatric Association, 1980). In 1994, the DSM-IV was released, and the diagnosis of "transsexualism" was replaced with gender identity disorder (GID) (American Psychiatric Association, 1994). Both the DSM-III and DSM-IV pathologized transgender identity by considering the gender identity itself to be a psychiatric diagnosis. The latest version of the DSM, the DSM-5, replaced the diagnosis of GID with the new diagnosis of gender dysphoria (GD) (American Psychiatric Association, 2013). This updated diagnosis attempts to focus on the distress related to the discrimination surrounding transgender identities

instead of transgender identities themselves. The diagnosis of GD attempts to be less stigmatizing by acknowledging that gender variance and gender non-conformity is not inherently pathological (American Psychiatric Association, 2013). Instead, the diagnosis of GD recognizes that the distress experienced by transgender and gender non-conforming individuals is not inherent to the individual but rather a result of discrimination, harassment, and oppression.

Despite the movement towards depathologization, transgender individuals seeking therapy still encounter several challenges (Mizock & Lunquist, 2016). Common themes concerning the problems transgender individuals encounter while seeking therapy have been well document and include: use of inappropriate language, feeling pathologized and invalidated, therapists acting as gatekeepers and controlling access to gender affirmative resources, limited knowledge and relying on clients to provide education on gender identity issues, therapist overlooking presenting concerns and focusing on gender, therapist avoiding the topic of gender altogether, and the use of outdated information (Anzani et al., 2019; Benson, 2013; Brown et al., 2020; Elder, 2016; Mizock & Lunquist, 2016; Morris et al., 2020). These experiences are harmful and can result in transgender individuals either avoiding therapy in the future or purposely only seeking out therapists who have experience working with transgender people (Benson, 2013; James et al., 2016). Despite this, few studies have sought to determine the amount of knowledge and training therapists have concerning gender identity issues. However, the available research indicates that therapists feel unprepared to work with this population and points towards improving education regarding counselling transgender and gender non-conforming individuals (Couture, 2016; O'Hara et al., 2013; Whitman & Han, 2017).

### **Gender Affirming Therapy Approaches**

Unfortunately, little research exists concerning positive therapeutic experiences among the transgender and gender nonconforming community. It is evident that a therapeutic approach is needed to provide transgender and gender nonconforming individuals with appropriate, supportive, and effective therapy. Gender affirming counselling has recently emerged as an approach to effectively provide therapy to transgender and gender nonconforming clients.

As approaches to working with the transgender and gender non-conforming community continue to develop and become well established, research recommendations are highly variable. The literature surrounding how therapy with transgender and gender nonconforming clients materializes in practice provides certain therapeutic modality recommendations. Throughout the literature there is a clear emphasis on adopting a client-centered approach when working with trans and gender nonconforming clients (Ali, 2014; Ansara, 2010; Chang et al., 2018; Lev, 2004; Raj, 2002). Specifically, clients should be situated as the expert of their own life and their voice and choices should be honoured throughout the entire therapeutic process. Additional therapeutic modalities mentioned throughout the literature include narrative therapy (Chang et al., 2018; Raj, 2002), family systems frameworks (Chang et al., 2018; Raj, 2008), feminist therapy modalities (Chang et al., 2018; Sennott & Smith, 2011), and group therapy (Chang et al., 2018; Raj, 2002, 2007, 2008). A transgender affirming approach to therapy recognizes that clients may benefit from a range of frameworks and should integrate multiple therapeutic modalities into practice (Chang et al., 2018). However, it is important to remember that often clients are the best judge of which modalities will be effective for them (Ansara, 2010). Counsellors should consider the cultural assumptions of a talk psychotherapy model and be prepared to provide culturally responsive approaches that fit client needs. For example, there is a small yet growing body of

research focusing on the use of expressive therapy modalities with transgender and gender nonconforming clients including drama therapy, art therapy, dance therapy, and music therapy (Hanan & Hill, 2012; Silverstone, 2008; Whitehead-Pleaux et al., 2012).

It is evident that there is a variety of therapeutic modalities that have been suggested to be effective when working with transgender and gender nonconforming clients. In terms of guidelines for the therapeutic process, there are consistent recommendations throughout the research that are considered essential aspects of effective gender affirming counselling. An informed approach includes adopting a transgender affirmative or transpositive therapeutic model as the overall treatment framework (Ali, 2014; Raj, 2002; Singh & Dickey, 2017). Singh & Dickey (2017) defined transgender and gender nonconforming (TGNC) affirmative counselling and practices as “counselling that is culturally relevant and responsive to TGNC clients and their multiple social identities, addresses the influence of social inequities on the lives of TGNC clients, enhances TGNC client resilience and coping, advocates to reduce systemic barriers to TGNC mental and physical health, and leverages TGNC client strengths”. Within the body of literature, reoccurring recommendations are consistently being raised that align with the indicated definition. These recommendations include: engaging in self-reflection concerning one’s own privileges and gender identity, respecting clients self-determination, correct usage of pronouns, consideration of language and use of current terminology, having an understanding of the diversity of gender and heterogeneity of transgender identities, placing an emphasis on resilience, developing an understanding of the historical and political landscape of gender identity, engagement in advocacy, and creating safe and affirming environments for clients (Anzani et al., 2019; Benson, 2013; Chang et al., 2016; Elder, 2016; Mizock & Lundquist, 2016; Raj, 2002; Sennott & Smith, 2011).

Overall, there is a clear consensus across the research that suggests therapists need to self-reflect and to be self-aware of their own privilege and gender identity, have an understanding of how discrimination impacts mental health and well-being, recognize the institutional barriers that oppress transgender and gender nonconforming people, and engage in advocacy (Ali, 2014; Ansara, 2010; Benson, 2013, Chang et al., 2016, Raj, 2002, Sennot & Smith, 2011). Alternatively, Ansara (2010) provides valuable insight into counselling individuals with self-designated gender identities by highlighting the inadequacies of current practices rather than proposing a single blanket method or guidelines. Through sharing clinical anecdotes, Ansara stresses the importance of acknowledging clients as individuals with a diverse number of identities, experiences, and perspectives rather than a collective part of a homogenous group. He highlights the significance of challenging cisgenderism that is embedded into normative counselling ideologies and practices. Ansara emphasizes that it is possible to work within the system while refusing to adopt its pathologizing, dismissive, and normalizing discourse. For example, Ansara (2010) shares an experience of when he decided to relocate his practice to ensure the safety, privacy, and comfortability of his clients. Therapeutic work involves challenging broader institutional and social systems which perpetuate cisgenderism and oppression and transcending above it.

The available recommendations provide descriptions of necessary components of the therapeutic process while working with transgender and gender non-conforming clients. However, there is a scarce amount of research providing insight into the current state and application of gender affirmative approaches to counselling from clinicians in the field. Ali's (2014) qualitative research project focused on the subjective experiences of therapists providing transpositive therapy and the emerging training recommendations. Through inviting the

perspectives of clinicians in the field, dominant themes surrounding how transpositivity materializes in practice were revealed including: person-centred positionality, informed not knowing, engaging in advocacy, navigating tensions, and intersubjectivity. The findings from Ali (2014) align with the recommendations found throughout the literature and provide support for improving the education in professional training programs.

Alternatively, there is a growing amount of literature and resources surrounding an affirmative approach to working with and supporting children's and youth's gender identity and expression (Brill & Pepper, 2008; Ehrensaft, 2012; Keo-Meier & Ehrensaft, 2018; Pyne, 2014). Specifically, mental health professionals are developing and advocating for an intervention model that views childhood gender identity variance as part of human diversity instead of a disorder (Pyne, 2014; Ehrensaft, 2012; 2016). An affirming approach grounded in support rather than prevention is reflected in the terminology used for gender nonconforming children. To capture the diverse possibilities of gender expression and experiences, Pyne (2014) recommends the term "gender independent" children whereas Ehrensaft (2012) proposes "gender creative". The terms "gender independent" and "gender creative" aim to reduce parental anxiety surrounding gender nonconformity by including a character trait in the term that parents value in their children.

A significant amount of research addresses the role and impact of parental support in the overall mental health and wellbeing of transgender and gender nonconforming youth (Grossman et al., 2021; Hale et al., 2021; Johson et al., 2020; Ryan et al., 2010; Roberts et al., 2012; Simons et al., 2013; Travers et al., 2012). An Ontario study found that when transgender adolescents had family support, they were more likely to report positive mental health outcomes and the likelihood of suicide attempts dropped by 93% (Travers et al., 2012). As a result, focus on



incorporating the family as support has become a main component of an affirming approach to working with transgender and gender nonconforming children and youth. Ehrensaft (2012) proposes “true gender self-therapy” the overall goal of which is to help children build gender resilience and explore their gender identity while recognizing social barriers that work against their true expression. Gender nonconforming children are accompanied with family who are tasked with supporting their child to be their true authentic self while ensuring that their child is also safe. Barriers often stop children from being able to express their true gender self and they are forced to present a false gender self to accommodate societal expectations. In true gender self-therapy, it is the therapist’s job to explore potential plans that will be gender enhancing instead of diminishing.

Most recently, *The Gender Affirmative Model: An Interdisciplinary Approach to Supporting Transgender and Gender Expansive Children* (Keo-Meier & Ehrensaft, 2018) was produced by professionals across disciplines with experience working with and advocating for transgender children and their families. This book provides a guide for effective practice with prepubertal transgender children and their families following the Gender Affirmative Model (GAM). The GAM focuses on promoting gender health, defined as an individual’s freedom to explore and live in the gender that feels most comfortable and accurate to them without rejection or restrictions. There are five theoretical foundations that informs GAM including (a) gender identity and expression is not pathological, (b) gender identities and expression are diverse and vary across cultures, (c) gender is a product of biology, development, socialization, culture, and context, (d) gender is not binary, and has the potential to change over time, and (e) any pathology and adverse mental health outcomes is often the result of such as cisgenderism and heterosexism. Overall, this book serves as a valuable resource aimed at increasing the cultural competence of

mental health professionals working with transgender and gender nonconforming children and their families.

Within *The Gender Affirmative Model: An Interdisciplinary Approach to Supporting Transgender and Gender Expansive Children*, each chapter serves as an individual learning module for psychological, social, and community concerns (Keo-Meier & Ehrensaft, 2018). A particular chapter in the book discusses using a multidimensional family approach (MDFA) when working with transgender and gender nonconforming children and youth (Malpas et al., 2018). The gender affirmative model and more specifically, a MDFA emphasizes the involvement of not only the client but also their family and the community. The MDFA meets a family's needs where they are, while focusing on gender affirmation and resilience building. When supporting transgender and gender nonconforming children and youth, resilience building occurs at an individual, family, and community-based level. Examples of resilience building for both individual and social ecological levels include developing coping skills for managing social minority stress, fostering positive parent-child attachment patterns, encouraging positive teacher influences, increasing social support and peer relationships, and promoting opportunities for success. The GAM considers the minority stress that frequently impacts transgender and gender nonconforming children and their families and focuses on building resilience to help families overcome adversity.

## **Conclusion**

Despite the limited amount of available literature in this area, it is clear more research is required to gain a necessary understanding concerning how to provide positive counselling experiences to the transgender and gender non-conforming community. The purpose of this research is to gain an understanding from counsellors in the field on how gender affirming therapy materializes in

practice. The aim is to establish a set of recommendations that can be used to inform curriculum in graduate counselling programs that will aid in preparing therapists to feel confident in their ability to work with the transgender and gender nonconforming population.

## Chapter 2: Theoretical Framework

### Transgender Studies

Historically, academic discourse concerning transgender experiences has been primarily situated in the field of abnormal psychology. As a result, a large body of literature focuses on the pathologization, objectification, and medicalization of transgender communities. This approach of academic inquiry has neglected transgender voices and positioned transgender individuals as objects of study. This type of research has had both stigmatizing and marginalizing consequences for transgender communities and are examples of epistemological violence. *Epistemological violence* has been defined as “the interpretation of social-scientific data on the *Other* and is produced when empirical data are interpreted as showing the inferiority of or problematizes the other, even when data allow for equally viable alternative interpretations” (Teo, 2010, p.295). Scientific claims of transgender and gender nonconforming individuals being inherently “disordered” rather than addressing the distress associated with experiences of discrimination and victimization are examples of epistemological violence found throughout research. Representing a shift in academic inquiry, trans-activists and scholars have begun to challenge these oppressive discourses and practices while engaging in trans-affirmative scholarship.

Heavily influenced by the scholarship of Foucault (1980) and Butler (1990), queer theory emerged as a field of study focused on examining and deconstructing oppressive power relations and dominant norms related to the legitimization of heterosexuality. In particular, queer theory seeks to challenge heteronormativity and rigid sexual and gender identity binaries. However, queer theory has been criticized for being primarily a theory about sexuality, prioritizing cisgender voices, and neglecting to account for the lived experiences of transgender individuals (Namaste, 2000). For example, Kaufmann’s (2010) application of queer theory to examine the

narrative construction of a transgender individual's gender is an example of epistemological violence. This instance of violence is illustrated by Kaufmann (2010) describing her participant crying after reading the completed study which examined the narrative construction of her gender through a queer lens and saying, "you have taken away the identity I have worked all my life to build... who am I if you take this away". This statement ultimately captures the harm caused to her participant who felt stripped of their identity. Kaufmann (2010) prioritizing a queer theory framework and emphasis on emancipating gender from heteronormativity resulted in failing to account for the participants embodiment as a gendered subject. Overall, it is crucial to consider the limits of queer theory in terms of its ability to adequately address the embodied experiences of transgender lives.

Trans Studies emerged in response to the erasure of transgender lives from academic discourse and was conceived as a space for generating knowledge about transgender individual's experiences that both fosters an understanding of their embodied/lived experiences as well as providing tools for making sense of the oppressive systems which produce trans marginalization and oppressive practices which mark trans people as "other". Transgender studies is an interdisciplinary field aimed at developing an epistemology that accounts for the everyday lived experiences of transgender individuals and their communities. Queer studies and transgender studies are two distinct fields despite their similar focus on deconstructing oppressive power relations and convoluted histories. As Stryker (2004) explains:

"The field of transgender studies has taken shape over the past decade in the shadow of queer theory. Sometimes it has claimed its place in the queer family and offered an in-house critique, and sometimes it has angrily spurned its lineage and set out to take a home of its own. Either way, transgender studies is following its own trajectory and has

the potential to address emerging problems in the critical study of gender and sexuality, identity, embodiment, and desire in ways that gay, lesbian, and queer studies have not always successfully managed.”

Transgender studies is concerned with the representation of and everyday material realities of transgender individuals and their embodied experiences that have otherwise been overlooked. According to Namaste (2000), the epistemological violence of erasure is illustrated by transgender individuals being treated as an object of inquiry or being dismissed in research altogether. Transgender studies examine how normative discourse and practices contribute to the erasure of transgender subjectivities. In addition, transgender studies focuses on the broader contexts and systems that maintain systemic inequality based on gender identity and limit forms of embodiment.

Namaste (2000) details how various fields of discipline have taken an objectivist approach when conducting research with transgender communities. Such an objectivist approach to research is limited in terms of the questions being researched, the methods being used, the relevance of the research, the attention given to the homogeneity of the population, and the implications of the findings. Language frequently used throughout social science research reflects an objectivist approach and fails to adequately capture the social conditions and everyday lives of transgender subjects. Namaste (2000) argues that an objectivist approach to scientific inquiry is produced for scholarship and not for the members of the communities being researched. Throughout her work, she exposes the narrow focus of scholarship which ultimately misrepresents the complexity of the day to day lives of transgender individuals.

Namaste (2000) proposes a theory of erasure that considers the social, institutional, and cultural contexts that impact transgender lives. Namaste refers to three mutually reinforcing

process of erasure including: (1) transgender and gender nonconforming individuals being reduced to and represented as rhetorical figures, (2) the presence of discriminatory policies and practices which perpetuate the denial of transgender existence, and (3) the act of outright nullifying transgender and gender nonconforming identities, rendering the embodiment of such identities impossible. These processes of erasure interact, reinforce, and maintain one another. The impact of erasure has been deeply consequential and marginalizing for transgender and gender nonconforming communities. Theorizing erasure aims to expose and validate the everyday aspects and existence of transgender and gender nonconforming individuals (Namaste, 2000).

In response to transgender erasure, Stryker (2006) draws on Foucault's (1980) concept of "subjugated knowledge" and calls for the de-subjugation of masked and marginalized or unofficial forms of knowledge regarding gender. Foucault's (1980) describes subjugated knowledge as being compromised of erudite knowledge and disqualified knowledges. Erudite knowledge refers to blocks of historical knowledge that were present but have been masked by formal systemizations which have denied the knowledge that is generated from lived and embodied experience of individuals who are not members of the dominant social group in society. These sorts of disqualified knowledges have been explicitly disqualified as inadequate, considered insufficiently elaborated, and are located low on the hierarchy. Ultimately, subjugated knowledge is knowledge that is being excluded from dominant discourse. Allowing space for subjugated voices and lived experiences to emerge is central to examining and exposing the systems of power that function to govern, silence, and erase bodies and subjectivities.

De-subjugating knowledge is essential to challenging the erasure, pathologization, and misrepresentation of transgender lives. Stryker (2006) highlights the importance of de-

subjugated knowledge as a central component of transgender studies. Subjugated knowledge in relation to transgender lives include knowledge buried in ethnographies, legal transcripts, and psychiatric patient files as well as the knowledge transgender individuals have about their own bodies and experiences. Historically, transgender voices have been excluded from the knowledge construction about their own lives. As Stryker (2006) describes:

“What Foucault describes as “a whole series of knowledges that have been disqualified as nonconceptual knowledges, as insufficiently elaborated knowledges, naïve knowledges, hierarchically inferior knowledges, knowledges that are below the required level of erudition or scientificity,” is precisely the kind of knowledge that transgender people, whether academically trained or not, have of their own embodied experience, and of their relationship to the discourses and institutions that act upon and through them”.

Transgender studies draw upon the interplay of historical and disqualified knowledge to give voice to transgender lives. The voices of transgender subjectivities have been silenced to maintain oppressive power relations and discursive practices. However, these voices hold legitimate knowledge that need and deserve to be heard.



### Chapter 3: Methods

#### Introduction

This present study used a qualitative research methodology to examine the experiences of therapists working with the transgender population using gender affirmative counselling approaches. According to Patton (2002), qualitative methodology should be used when the intent of a study is to gain a detailed and in-depth understanding of a topic. A major advantage of qualitative methodology compared to quantitative methodology is its ability to produce an in-depth and detailed understanding of experiences. Patton (2002) describes this difference as:

Qualitative methods facilitate study of issues in depth and detail. Approaching fieldwork without being constrained by predetermined categories of analysis contributes to the depth, openness, and detail of qualitative inquiry. Quantitative methods, on the other hand, require the use of standardized measures so that the varying perspectives and experiences of people can be fit into a limited number of predetermined response categories to which numbers are assigned. (p.14)

Qualitative methodology was the most suitable approach for this study because the goal of this research project was to understand and give meaning to each participant's experience in relation to gender affirming counselling. Additionally, Creswell (2007) suggests using a qualitative approach when we want to empower individuals to "share their stories, hear their voices, and minimize the power relationships that often exist between researcher and participant in a study". Thus, the aforementioned goals further support the use of qualitative methodology as the research objective was to give voice to the experience of therapists working from a gender affirmative approach to counselling.

A phenomenological case study approach was used to gain an understanding of how gender affirmative counselling approaches materialize in practice from professionals in the field. Patton (2002) describes phenomenology as a qualitative research method that aims at gaining a deeper understanding of the nature or meaning of individuals lived experiences regarding an identified phenomenon. Phenomenological research focuses on understanding the essence and meaning of a human experience by collecting data from individuals with lived experience of a particular phenomenon of interest (Creswell, 2007; Patton, 2002). A phenomenological approach combined with a case study method allowed for in-depth exploration and understanding of the lived experience of therapists working from a gender affirmative approach to counselling. A multiple case study approach was used to guide data collection and analysis. Cases are units of analysis and can be any identified individual(s), group, organization, program, culture, or anything that can be defined as a “specific, unique, bounded system” (Creswell, 2007; Patton, 2002). For this study, the units of analysis are individuals, specifically three therapists who practice gender affirmative counselling. A case study approach was well suited for this study because it allows for an in-depth exploration of complex real-life phenomenon (Yin, 2003; 2014). According to Yin (2003), case studies are used to explore and describe phenomenon within real life contexts and can be useful when *how* and *why* answers are being posed. The research questions that guide this study ask *how* gender affirmative counselling approaches materialize in practice and *how* these experiences can be used to inform curriculum in professional graduate programs. As such, a phenomenological a case study approach was chosen for the present study to gain an in-depth and holistic understanding of the phenomenon under study, gender affirmative counselling.

## **Interviews**

For this phenomenological case study, interviews were used as the source of data. Interviews are a widely used approach of inquiry for qualitative research and an important source of information in case studies (Yin, 2003). According to Patton (2002), in phenomenological research, “one must undertake in-depth interviews with people who have directly experienced the phenomenon of interest; that is, they have “lived experience” as opposed to second-hand experience”. For this study, interviews were conducted with three therapists focusing on deep exploration of their subjective experiences practicing gender affirmative counselling approaches and how these experiences can inform graduate education programs.

According to Patton (2002), there are three different approaches to collecting qualitative data through interviews: (1) the informal conversational interview, (2) the general interview guide approach (semi-structured), and (3) the standardized open-ended interview. The current study utilized a semi-structured interview format guided by an interview protocol (see Appendix B). Using a semi-structured approach provided structure to pursue information regarding the phenomena of interest while still giving space for participants to express insight that may have been overlooked in the questions (Patton, 200). Additionally, a semi-structured approach helped maximize the limited time available during the interviews to gain in depth understanding on gender affirmative counselling.

## **Recruitment**

After gaining ethical approval from the University of Western Ontario’s research ethics board (NMREB), recruitment began. Potential participants were sent a recruitment letter (See Appendix C) using publicly available contact information. Participants were recruited using a purposeful, criteria-based sampling approach. Purposeful sampling provided the opportunity to

select information rich cases that offered in depth understanding and insights relevant to the phenomenon under study (Patton, 2002). Specifically, participants were recruited by screening professionals listed on publicly accessible psychotherapy websites who identified as using a “trans-affirmative” or “gender affirming approach” to counselling. Thus, as standard in phenomenological methodology, all participants have experienced the same phenomenon under study, providing a trans-affirmative or gender affirming approach to counselling.

### **Participants**

The current study conducted interviews with three counsellors ( $n = 3$ ) with experience providing therapy to transgender individuals using a gender affirmative approach. According to Patton (2002), “there are no rules for sample size in qualitative inquiry” and instead suggests sample size depends on a few considerations such as the purpose of inquiry, what will be useful, what will have credibility, the available time and resources, and the trade-off between depth and breath. Despite a small sample size limiting generalizability, it provided the opportunity to gain an in-depth understanding of the phenomenon under study. Thus, considering the intent of this project as well as the limited time and resources available for a master’s thesis, depth of information was chosen over breadth of information. Overall, this small sample size allowed for rich and detailed interviews to be conducted and helped produce an in-depth understanding of the participants experience providing gender affirming counselling approaches.

### **Procedure**

Information collected through one-on-one, semi-structured interviews was the only source of data used for the present study. Participants were recruited by screening professionals listed on publicly accessible psychotherapy websites who identified as using either a “trans affirmative” or “gender-affirming” approach to psychotherapy. Individuals who expressed

interest in the study were provided with a letter of information and consent form (Appendix D) detailing the nature of the study, the risks/benefits of participating, and their rights as a participant. Each interview was approximately 60 minutes in length. Interviews were based on a prepared set of questions used to guide the discussion. Situating the participant as the expert and building rapport with each participant were considered important aspects of maintaining a comfortable space for participants to share their experience. Follow up questions were asked for clarification and elaboration. With the consent of each participant, interviews were audio recorded and later transcribed to keep accurate records of the discussions that occurred. At the end of each interview, participants were debriefed (see Appendix E), given the opportunity to ask any questions, and given methods for contacting the researcher if they have any further comments or questions.

### **Analysis**

The video transcriptions were the raw data for this study and each individual interview was presented as a distinct case. Derived from each interview, an in-depth case study was written about each therapist. Each case study is organized in the structure the interview was conducted in. Each therapist's case study is represented by a pseudonym to protect their privacy. Each case study is represented individually and then followed by a cross case analysis devoted to identifying themes across cases. Each theme will be presented and followed by a discussion of the findings in light of the relevant literature.

A cross-case analysis was conducted using thematic analysis consistent with the guidelines outlined by Braun and Clarke (2006). These guidelines consist of six phases: (1) becoming familiar with the data, (2) generating initial codes, (3) searching for themes, (4) reviewing the themes, (5) naming and defining the themes, and (6) writing the report. *Table 1*

provides a description of the six phases of thematic analysis. Braun and Clarke (2006) outline many advantages of using thematic analysis that are relevant to the current study such as its flexibility, its ability to highlight similarities and differences, its potential to generate unanticipated insights, and its usefulness in producing a qualitative analysis suited to inform policy development.

**Table 1**

*Phases of Thematic Analysis*

| Phase                                   | Description  |
|---|--|
| 1. Familiarizing yourself with the data | Immersing oneself in the data collected, transcribing data, reading, and rereading the data  |
| 2. Generating initial codes             | Production of initial list of codes, code interesting features of the data into meaningful groups, coding for as many potential patterns as possible |
| 3. Searching for themes                 | Sorting all codes into potential themes, gathering all data relevant to each potential theme, creating thematic map as a visual representation       |
| 4. Reviewing themes                     | Refinement of themes, ensuring there is sufficient data to support each theme, collapsing similar themes   |

- |                               |   |
|-------------------------------|---|
| 5. Defining the naming themes | Identify the story each theme tells; consider the name each theme will be given in the final analysis               |
| 6. Producing the report       | Final analysis of the themes, writing the report, write up should provide sufficient evidence to support each theme |

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*Note.* Phases of thematic analysis guidelines according to Braun and Clarke (2006)

## **Conclusion**

In this chapter, I outlined the qualitative phenomenological case study methodology used for this study. Therapists ( $n=3$ ) participated in semi-structured interviews concerning their experiencing providing gender affirmative approaches to counselling and their recommendations for graduate counselling programs. Interview transcripts were used to create three case studies. Each case was analyzed individually in accordance with the current literature and was followed by a cross-case analysis to identify similarities across all three cases.

## Chapter 4: Case Studies

### Introduction

A report on the three case studies is presented in this chapter. Each case study is organized and reported using the following headings: Professional background, Source of knowledge, Transgender affirmative approach, Subjective experience, and Recommendations. Each case study is represented individually and then will be followed by a cross case analysis in Chapter 5 which is devoted to a discussion of the findings in light of the relevant literature.

### Case I: Emerson

#### *Professional background*

Emerson is a Registered Social Worker with the Ontario College of Social Workers and Social Service Workers. She completed her education in the United States and has now been practicing for 18 years. Emerson has experience providing psychotherapy to children, youth, and adults and has experience working in community agencies, the schoolboard, and private practice. Emerson describes herself as a “cisgender straight individual that landed in this work” and has supported many transgender and gender nonconforming clients over the course of her career.

#### *Source of Knowledge*

During Emerson’s training in 2002-2004, the education and discussions on LGBTQ+ topics revolved around sexuality and did not include gender. She is grateful for the knowledge she gained during her formal training regarding anti-oppressive principles, advocacy, and clinical foundations as it has guided her work. Emerson further explains, “what I sit with in the room is what I learned in my clinical courses where it’s all about meet where the clients at, don’t have judgements, stop assuming you know where a session or path is going, don’t control things, you can plan but to a point and then like how to develop a proper treatment plan, things like that. I



think that's still what I'm using". In terms of knowledge directly related to gender affirming care, Emerson engaged in her own independent learning. For Emerson, this included reading relevant reports and consulting with professionals in the community.

### *Transgender Affirmative Approach*

When conceptualizing gender affirmative care, Emerson draws on Diane Ehrensaft's research and writing. Emerson describes a person-centered approach that follows the lead of the client and affirms them with who they are and where they are at. She emphasizes that affirmative care does not mean you should never ask questions. Emerson explains, "when I think of trans affirmative care, you affirm someone's identity, but you still help them understand themselves to a much deeper level and we can still help them process it to understand their whole self".

Additionally, Emerson believes it is important to look at gender affirmative care through a developmental context lens. Emerson discussed supporting her younger clients by affirming their gender identity but still asking questions and helping them gain a clear understanding of all parts of their identity. She shares her approach to gender affirmative therapy "is not just about me affirming them but also so they can learn to affirm themselves".

Emerson also believes that there are more basic "no brainer" components to demonstrating an affirmative approach to counselling. For example, Emerson discussed using client pronouns correctly, following the clients lead, being aware of the language being used, and keeping up to date with relevant knowledge. Additionally, Emerson asserted, "if you really believe in affirmative care, I think that not every person that questions their gender in their life or transitions requires therapy because if they aren't in distress or not experiencing any mental health issues then you don't need to work with them". Emerson highlighted the importance of

not assuming transgender clients are accessing therapy for concerns related to their gender identity.

### *Subjective Experience*

At the start of her career, Emerson did not plan on becoming so involved in working with this population. She shares she “literally fell into it” and worked hard to develop a connection with the community and other professionals in the field. Emerson recalls attending meetings with other community professionals and asking a lot of questions. At the beginning, Emerson describes feeling like an “outsider” and gaining the respect of other community professionals took a few years. She mentions that at the time, there weren’t many straight and cisgender individuals involved in LGBTQ+ work and it took time to show that she wanted to help and wasn’t “working against anyone”. When considering her experience in terms of earning the “approval” of other community professionals, Emerson shares “I served my clients well, so I think that’s actually how I earned a lot of respect and the reality is people knew who I was because I asked a lot of questions, put myself out there, and I really did whatever I could”. Emerson understands why she was initially questioned as she recognizes that these communities have experienced a lot of oppression from outsiders. She shares that some of the professionals in the community who gave her the hardest time are now some of her closest friends and colleagues.

Emerson shared some of her experiences working with transgender and gender nonconforming clients. She described having clients referred to her from therapists who “don’t do the gender piece”. Emerson recalls a client who was referred to her explaining, “I worked with this therapist for three years and then I told him that I’m questioning my gender and he said I don’t do that, you need to see someone else”. She explains how this is not an unfamiliar

experience and how damaging of a message this is for transgender clients. Emerson believes this reluctance to work with transgender clients is connected to politics and inadequate training. She further explains how the referrals she receives from other clinicians seem to stem from fear of making a mistake rather than rejection of pronouns or gender identity in general. She expressed concern that therapists terminating therapeutic relationships when clients discuss gender identity is sending a message to client's that a part of their identity is "too much to handle". Additionally, she considers how clinicians fear of making a mistake regarding gender identity, is often resulting in an unnecessary referral. She further states, "it's like if someone needs specialized OCD treatment for example, they really just need specialized OCD treatment like does it matter what their gender is? Don't mess up their name and pronouns and treat their OCD". Emerson emphasized her frustration towards the politics surrounding gender affirming care and believes the focus should be on the person in distress.

### *Recommendations*

Emerson recommended that professional programs need to go back to the basics and focus on "fueling students with very strong clinical skills". She emphasizes that you do not need to be an "expert" to work with transgender and gender nonconforming clients. She further explains that she believes training programs should focus on "empowering really good clinicians who can use their clinical skills to work with any client". Emerson mentions that focusing on empathizing with her clients, trying to understand her client's worldview, and putting her client first have all been essential components in working with clients who have different cultural identities than herself.

Emerson believes it would be helpful for professional programs to educate students on the history behind gender care in Canada and the pathologizing of transgender individuals in

psychology and clinical practice. Along with this, Emerson encourages students to become familiar with relevant rights, policies, and legislations. Further, for students who are interested in “specializing” with this population, Emerson believes it would be helpful to have some understanding of the medical landscape to best support clients choosing to medically transition. Students should be familiar with the WPATH guidelines and relevant standards of practice. Additionally, Emerson mentions that having resource connections with doctors who provide gender affirming care is an important network to build.

## **Case II: Riley**

### *Professional background*

Riley is a Registered Psychotherapist (Qualifying) who obtained their Masters degree in Counselling Psychology in Canada. Riley has been working fulltime as a psychotherapist for a just over a year now and has experience working in both community agencies as well as private practice. Riley identifies as a transgender woman and throughout her different roles has focused on her passion of working with clients from marginalized groups, including LGBTQ+ individuals.

### *Sources of Knowledge*

When identifying the sources of her knowledge on transgender and gender affirmative care, Riley considered both “formal” and “informal” avenues. The academic program that Riley attended did not provide any “formal” training on working with transgender and gender nonconforming clients in a therapy space. Riley has done independent research around therapeutic approaches used with transgender clients for her undergraduate and master’s theses. She considers these research projects as the “more formal” academic piece of her knowledge as

she has consumed various relevant academic theories, articles, case studies, and clinical textbooks.

Riley also engages in self-direct learning by consuming material related to transgender and gender nonconforming individual's experiences through reading and social media. On social media, Riley follows different transgender and gender nonconforming individual's experiences. She emphasized following a variety of transgender individuals whether she can relate to their experience or not. She shared that by keeping an open-mind and diversifying the media she consumes; she learns things that she may have otherwise never considered. Additionally, Riley discussed how she learns from her clients as they let her into their world and share their unique and personal experiences.

#### *Transgender Affirmative Approach*

Riley describes transgender affirmative counselling as being a humanistic and feminist kind of approach that allows space for the client to define who they are while recognizing the larger power structures that inevitably play a role. Riley emphasizes the importance of creating a space that enhances client agency by situating the client as the expert of their own lives. By integrating both a humanistic and feminist approach, Riley empowers her clients to define who they are while being aware of the broader social context that impacts their agency. Riley focuses on being affirming while being cautious to not impose her own experience on the client.

Riley highlights the importance of using a client centered approach to let your client take the lead and avoid making assumptions. Riley explains "there is no cookie cutter method in terms of how people approach gender identity" and she does not assume a transgender or gender nonconforming client is in therapy for gender related concerns. Riley lets her clients self-determine if and how gender identity plays a role in their therapy sessions. In addition, she

describes self-disclosure of her transgender identity as a powerful tool that can help towards building trust in the therapeutic alliance. Riley acknowledges the advantages she has as a transgender woman in terms of how her transgender clients relate to her but emphasizes remaining cautious to not project her lived experience or beliefs about transitioning onto clients.

### *Subjective Experience*

Riley shares that many of her transgender clients have sought her out because she is a transgender woman herself. She considered ways her identity has been advantageous while practicing with transgender clients in terms of how her clients relate to her. She explains how for some clients, her identity makes them feel safe and how connecting over similar experiences can be extremely powerful. She further describes how many of her transgender clients have felt very isolated and how she has used limited self-disclosure as a tool to help clients feel seen and connected. Other times, Riley explains having to be careful to not project her own experiences and attitude towards transitioning onto her clients. She refers to the idea of being a “fellow traveler and not the expert” in a client’s life. Riley encourages self-reflection, addressing feelings of transference and countertransference, and seeking supervision when needed.

Riley shared that approximately 50% of her transgender client’s access therapy to address concerns related to gender identity. Whereas the other half are clients who happen to be transgender but are seeking support for reasons unrelated to their gender identity. With these clients, Riley mentions that gender identity often still comes up in conversation, but it is not the “key” piece the client wants to focus on. For example, Riley shares “if we are working on depression, trauma, or relationship issues what are the odds that we unfortunately live in a transphobic society and these concerns are somehow isolated away from their transgender identity?”. Riley considers how a transgender identity may predispose clients to minority stress

and related vulnerabilities but allows the client to decide how much they'd like to involve their gender identity.

Riley described two situations which occur in terms of having clients referred to her by other clinicians. The first situation is one in which a client is questioning their gender and would like more support in terms of exploring their gender identity, the transitioning process, and community resources. Riley recognizes how some therapists may still feel like they don't have enough knowledge on the topic to best support these clients at the time and believes these referrals can be appropriate at times. In other circumstances, she has clients referred to her who happen to be transgender but are working through complex mental health concerns. She further explains:

I had somebody with really complex trauma, BPD, and really challenging concerns who was referred to me by a therapist who had 25 years with trauma experience and when they came to me, we were working on the traumas.... like to me, they'd be better with the initial expert trauma therapist. However, since gender identity was brought up that psychotherapist thought that person needed me who was more knowledgeable in that area.

In these situations, Riley finds these referrals to not be in the best interest of the client. Riley discusses how inadequate education on working with transgender clients leads to fear rooted in transphobic stereotypes. For example, she considers how the fear of misgendering a client could stem from the stereotype of a transgender person who "flies off the handle" because you misgender them or use the wrong pronouns. From her experience, these types of therapeutic ruptures can also be very healing if you are genuine in how you repair them. Riley reflects on how approaching this type of rupture by saying "thank you for correcting me, I messed up and I

will do better” can be very meaningful for some clients who have never had someone in their life willing to hold themselves accountable for this mistake.

### *Recommendations*

Given the limited timeframe available to teach the entire curriculum, Riley considered ways graduate programs can provide students with a “baseline level” of knowledge regarding working with transgender and gender nonconforming clients. Riley believes for students to have a baseline level of understanding; they should be aware of transphobia and the power structures that play a role in transgender individuals’ day to day lives. She references the minority stress model and having an understanding of how these stressors impact the mental health and daily experiences of transgender individuals, similar to other minority groups. Additionally, Riley talked about coming from a “do no harm perspective” and having a firm understanding of common microaggressions transgender clients encounter in a therapy setting. Instead of focusing on increasing the time spent on the topic, Riley shifts her perspective to consider how we can *maximize* the time available.

### **Participant III: Logan**

#### *Professional background*

Logan graduated with a graduate degree from a Counselling Psychology program in Canada and is registered as a psychotherapist with the College of Registered Psychotherapists of Ontario. Logan has been practicing for four years now and has experience working in post-secondary education, community, and private practice. Logan identifies as being part of the LGBTQAI community and has experience supporting LGBTQAI folks including transgender and gender nonconforming clients.

#### *Source of Knowledge*



When considering how the professional program he attended prepared him to work with transgender and gender nonconforming clients, Logan refers to the “soft skills” he was taught. He further explains the “soft skills” taught in professional programs such as being empathetic, open-mindedness, being person centered, and empathetic have all been helpful when working with this population. However, Logan discusses how these skills are core pieces when working with all clients and not just trans and gender nonconforming clients. Logan explained how he could not remember any part of his education focusing specifically on working with transgender clients. For example, Logan could only recall a single one-hour seminar that focused on gender and the topic was paired with sexuality. Additionally, Logan explained how the speaker was from an organization who worked with the population but not in a psychotherapeutic sense. Although informative, Logan expressed he felt as though this seminar did not help him build skills directly relevant to the counselling space.

When exploring the sources of his knowledge, Logan mentions how he previously held off on taking transgender clients while he took some time to seek more education. He explained how he didn’t want his clients to have to teach him while he was supporting them during session. For Logan, he gained a lot of knowledge about working with transgender and gender nonconforming clients from the Rainbow Health organization. Logan describes the information he obtained from the Rainbow Health Organization to be very tangible and his “more formal source of knowledge” about working with transgender clients. Additionally, Logan consults with his business partner who also has a good understanding of and experience with transgender and gender affirming care.

*Transgender Affirmative Approach*

Logan described a transgender affirmative approach as being “person-centred at its core to figure out how the person identifies, what’s important to them, and then how you work within that”. For Logan, a transgender or gender affirmative approach begins before even meeting potential clients. He further explains that using this approach has shifted his entire practice especially when considering many logistical components. In this regard, pronouns and language are a basic but vital piece in demonstrating a transgender affirmative approach. He described demonstrating a transgender affirmative approach in everyday practice by sharing “I use folks for everything now, I use they as default if they didn’t present their pronouns at the start because I want to be more inclusive with the language I use”. Additionally, Logan discussed using a booking software system that has a spot for clients to specify their pronouns and engaging with this information during their first session. Logan emphasizes embodying a non-judgemental and inclusive attitude and focuses on ways to make everyday practice a safe place for all clients.

Logan describes a transgender affirmative approach as creating a safe space for clients to feel heard and seen. For Logan, part of this involves being mindful of the way he presents in session. In this regard, Logan presents as his authentic self while considering the amount of space he takes up during session. Additionally, Logan strives to learn more terminology that is commonly used amongst the transgender community. He further explains that understanding the language that may come up during session “is going to be very validating for clients to say something and for you to know what they mean and have an understanding rather than them having to explain it”. A deep dive into the language regularly used in transgender communities can help avoid transgender clients having to teach you during session which can feel quite “othering”.

*Subjective Experience*

Logan shares that a majority of the transgender clients he has worked with haven't wanted to focus their sessions on gender related concerns. Logan has specialized training and experience working with clients who have attention disorders, as a result many of his clients have ADHD and just happen to be transgender or gender nonconforming. With every client, Logan will go over their pronouns and invite the client to describe what their priorities and goals are for therapy. If he notices a piece may be related to their gender identity or gender expression, he may say something along the lines of "I wonder if these connect" but ultimately allows the client to decide whether they want to explore that path. He further explains, "I guess it is a weird balance between identifying like this could be a big part of your experience, I invite you to speak about it but also, who am I as someone who hasn't lived your life to tell you what we are going to talk about and tell you what you need to work on".

Logan shared his experience regarding working with clients who have been denied care by other clinicians. He shared:

"the folks I tend to work with will say, "I want to work on ADHD and I'm also trans just by the way"... then like they are being declined by people who may specialize in ADHD but say this other part of you is something I have so little training on that I need to reject you... that does make sense to me, at least give them the option".

He discusses how in these situations, formally under CRPO standards these therapists have done nothing wrong because it's considered "outside of their scope" but Logan believes it's discriminatory, a microaggression, and bordering a human rights concern. When consulting with new clients, Logan speaks open and honest about his background and work experience. While Logan is happy and comfortable with providing gender affirmative counselling, he does not

consider himself an “expert”. Similar to all clients, there may be another therapist who is a “better fit” for them depending on a number of factors. With that in mind, Logan is transparent about his experience working with transgender clients to help them make an informed decision about whether they want to work with him or seek out another therapist. For example, if a client is looking for support with the transitioning process, he may say something similar to, “I have some experience working with that, but I am not considered “the go to therapist for this” so we can have a consult and see how that feels for you”. If clients choose to seek out another therapist, Logan is happy to help them with that process. Logan acknowledges the privileged position he is in in terms of working in private practice as his clients are more likely to be able to pay for therapy elsewhere if needed. Logan further explained that clients accessing therapy at a community agency may not be able to receive services elsewhere and are limited in terms of options.

### *Recommendations*

Logan recommended that graduate programs should include both theoretical and practical components to adequately prepare students to work with transgender and gender nonconforming clients. Logan mentioned having an understanding of gender as a construct, gender, sex, and sexuality as distinct constructs, and the heterogeneity of gender and transgender communities as all important theoretical pieces to be aware of and build on. Additionally, Logan encourages graduate programs to include practical components for students to practice therapeutic skills that promote transgender and gender affirmation with peers. He further explains a practical component will be helpful “to actually figure out what the language is, what you can notice, and the microaggressions that are going to come up so you can notice them and then work on correcting and addressing those for your own internal dialogue”. He expressed that both

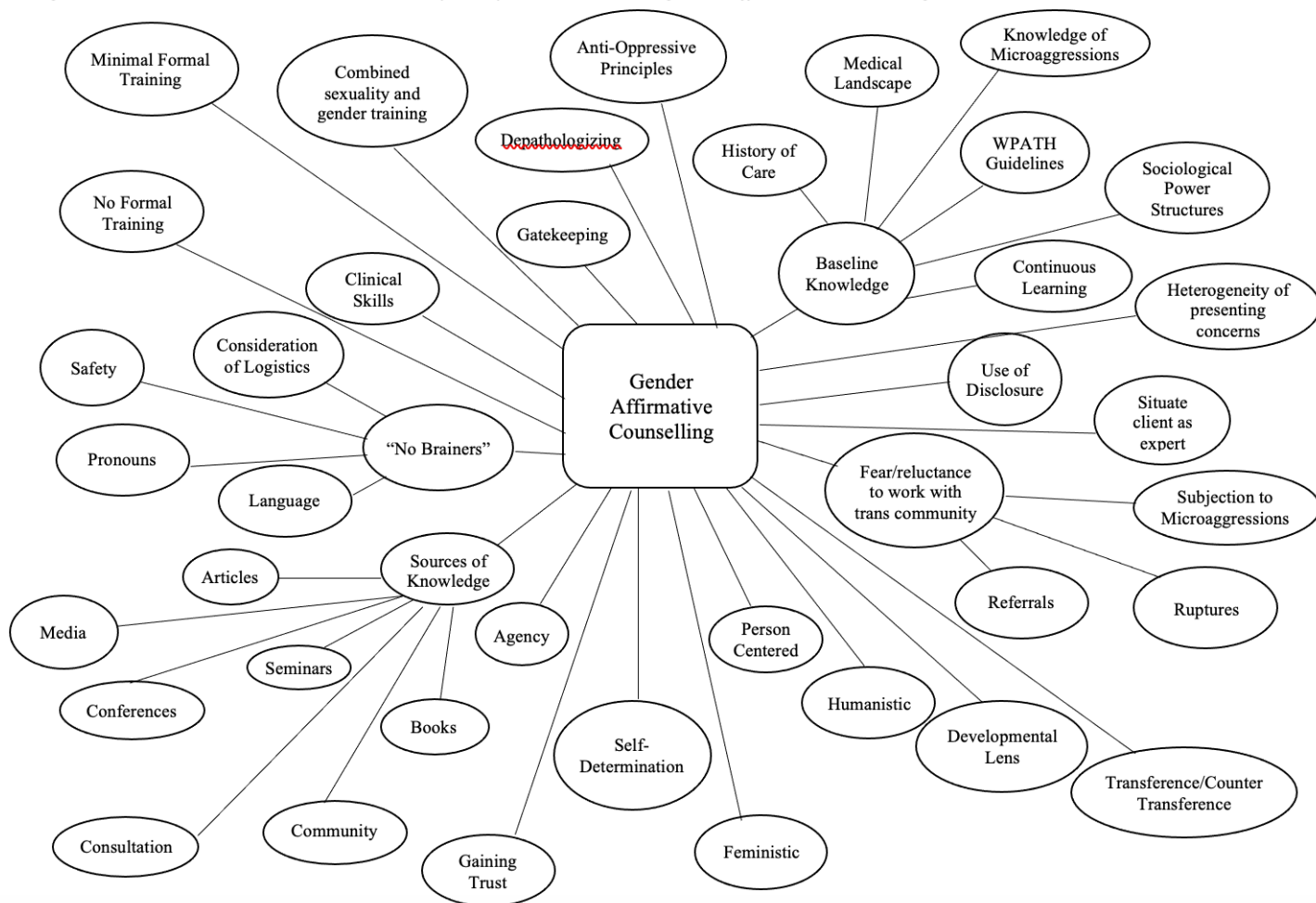
components should encourage students to engage in critical self-reflection regarding gender and one's own personal biases.

### Chapter 5: Cross Case Analysis

#### Introduction

This cross-case analysis focuses on the similarities found between the three cases presented in the previous chapter. The therapists interviewed provided detailed descriptions of their experiences providing a gender affirmative approach to counselling. During thematic analysis, the interviews were coded using MaxQDA and a total of 42 codes were derived from the 3 interview transcripts (see Figure 1). While reviewing the codes, four main themes were identified. These themes include inadequate training and independent learning, the damaging impact of inadequate training, foundational baseline knowledge, and core embodied practices. In

Figure 1. Subs and sub-codes used to examine participant interviews on gender affirmative counselling.



this chapter, each main theme will be presented and followed by a discussion in relation to the current relevant literature.

### **Inadequate Training and Independent learning**

All three of the therapists who participated in this study shared their experience of receiving nonexistent or limited training on gender affirmative approaches to counselling in their professional training programs. This finding is not surprising as research consistently reports that therapists describe receiving minimal training regarding working with transgender and gender nonconforming individuals (Chang et al., 2018; Couture, 2016; O'Hara et al., 2013; Stryker et al., 2022; Whitman & Han, 2017). Emerson completed her training in 2002-2004 where sexuality was discussed but the topic of gender identity was never mentioned. It should be noted that during this time, transgender and gender non-conforming identities were still heavily pathologized in the DSM-IV which was not remedied until 2013 with the DSM-5. With that in mind, both Riley and Logan completed their education within the last 5 years and expressed receiving minimal training on working with transgender clients. Furthermore, they indicated that their training on gender identity was provided during a combined 2SLGBTQ+ seminar. Training on gender identity is frequently conflated with sexual orientation training, often overlooking transgender specific information and perpetuating erasure among transgender communities (Bauer et al., 2009; Zappa, 2017). Overall, Riley and Logan described feeling unsatisfied with the training provided on gender identity as it mainly focused on respecting pronouns. While education on respecting pronouns is a critical aspect of gender affirmation, they described this training as “basic” and left them both wanting and needing more.

All three therapists spoke to seeking further education on their own to fill the gap in their knowledge and better serve their transgender and gender non-conforming clients. Logan shared

how because of this knowledge gap, at one point he decided to take time off from taking on transgender clients to gain more education in the area. He described “I didn’t want my clients to have to be a teacher while I was supporting them”. Transgender and gender non-conforming clients having to educate their therapists is not an uncommon experience (Mizock & Lundquist, 2016; Rosati et al., 2022). Mizock & Lundquist (2016) refer to this common experience as education burdening; a therapy misstep stemming from a lack of psychotherapists trained in gender affirmative care. The dynamic of placing the burden of education on transgender clients reflects the erasure of transgender subjectivities in academic discourse and practices. The impact of transgender erasure is illustrated by untrained therapists and the negative experiences transgender and gender nonconforming individuals frequently report in therapy. Given the elevated risk of mental health outcomes for transgender and gender nonconforming individuals (Bouman et al., 2017; Christian et al., 2018; Haas et al., 2014; Reisner et al., 2015), the lack of training given to therapists to work with this population is a reckless and unethical decision.

The common experience of education burdening for transgender clients is indicative of gaps in therapists training programs. Broader structural, institutional, and social contexts may serve as barriers preventing transgender and gender nonconforming individuals from receiving proper physical and mental health care. Bauer et al. (2009) developed a theoretical framework outlining how broader institutional contexts may perpetuate cisgenderism and contribute to the processes of transgender erasure. Bauer et al. (2009) identified two main domains of erasure which mutually reinforce one another; informational and institutional erasure. Informational erasure refers to the lack of knowledge regarding transgender people that occurs in research, studies, curriculum, and textbooks. Institutional erasure happens through an insufficient or absence of policies that accommodate transgender identities. In the context of this study, the



findings illustrate how informational erasure contributed to the participants knowledge deficit on gender affirmative approaches to therapy. This erasure of transgender and gender nonconforming identities from curriculum reflects the priorities and inherent biases of policy makers and educators currently functioning within a cisnormative system.

All three participants identified gaining knowledge and training through a combination of resources including conferences, books, seminars, articles, consultation, and experiences within the community. Therapists relying on these avenues for independent learning have been commonly reported throughout the literature (Ali, 2014; Chang et al., 2014; Stryker et al., 2022). Not only did all therapists discuss independent learning, but all participants also mentioned the necessity of engaging in continuous learning. Ongoing education is central to one's growth as a therapist as well as a crucial way of staying current with terminology, trends, political climate, and available resources. Emerson summarized this by sharing "remember the learning doesn't stop after grad school. If I were to base my training from 2002-2004 on 2022, then I'll be super out of date". Overall, all therapists called for professional programs to improve their gender affirmative training and emphasized the importance of continuing learning as a working professional.

### **The Damaging Impact of Inadequate Training**

As previously discussed, all participants reported receiving minimal or no training on gender affirmative therapy during their education. The findings of this study suggest the impact of receiving minimal training on gender affirmative therapy unfolds in various ways.

Identifying as a transgender woman herself, Riley contributed a unique perspective by sharing both her experience as a student and a psychotherapist. Recall, Riley indicated that her professional training program provided minimal training on gender identity and gender

affirmative therapy. As a result, Riley shared how she became the “go to” person to bring up transgender topics as well as answer questions from a transgender femme perspective.

Transgender students educating their peers about gender identity has been frequently reported throughout the literature (Austin et al., 2016; Craig et al., 2017; Horton, 2020; Horton, 2023). Austin et al. (2016) found that the lack of education on gender identity and transgender topics taught frequently lead transgender students to feel responsible to initiate conversations on the topic and educate their peers. Overall, this deficit in training places the burden of education on the back of marginalized students. Exclusion from school curriculum perpetuates transgender erasure and sends the message that transgender identities are inferior or “othered”.

Another similarity between all three case studies were the participants receiving referrals from other therapists for transgender clients. Specifically, all participants described working with clients who had developed a therapeutic relationship with another therapist, only to be referred to someone else when gender identity was brought up. While some of these referrals may be well intended, the message they are sending is quite “othering”. The participants spoke specifically about clients receiving therapy for a nongender related concern but when gender identity was touched on, the client became “out of the therapist’s scope of practice”. This message is perpetuating the idea that gender identity is inherently disordered and requires a “specialist” to provide care. Not to mention, if a transgender client has chosen to work with a specific therapist because they have experience working with clients with similar concerns, then the referral may be a disservice. For example, Riley described working with a client with complex trauma who was referred to her by a therapist who had 25 years’ experience working with trauma. Ultimately, the client’s transgender identity was unrelated to their presenting concerns however she was referred away from the care she required because of her gender identity. This is an

example of gender inflation, a common psychotherapy misstep where psychotherapists have a heightened focus on gender, exaggerating the role of gender identity in an individual's mental health experience (Mizock & Lundquist, 2016). Mizock & Lundquist (2016) discuss how gender inflation leads clients to feel as though they are not being viewed as a whole person and results in transgender client's needs being unmet in psychotherapy. All three therapists discussed how they believe that a majority of these referrals seem to stem from a lack of education and a fear of making a mistake rather than blatant transphobia. Regardless of the intent behind it, all three cases discuss how this practice is discriminatory and not always in the best interest of clients.

The experience of transgender clients getting "passed around" has been reported in literature regarding transgender individuals accessing health care (Bauer et al., 2009).

These experiences reflect how academic curriculum continues to remain cisnormative, leaving transgender and gender nonconforming identities nearly invisible. Recall Namaste (2002) theory of erasure which discusses transgender individuals being reduced to rhetorical figures which renders the presence of transgender individuals as unthinkable as a process of erasure. The lack of education on gender affirmative therapy and the high number of referrals reinforces the perception that transgender individuals are rare and creates a false perception of limited need. However, the reality is there is a need for gender affirmative therapy and care, but the invisibility of transgender lives is a product of academic erasure illustrated by minimal curriculum at best.

### **Foundational Baseline Knowledge**

All three participants emphasized the importance of professional graduate programs including education and training on gender affirmative therapy. In their interviews, each therapist considered aspects of their education and knowledge that informed their therapeutic practice with transgender clients. Each participant suggested specific knowledge for professional graduate

programs to include in their training that would be helpful in preparing students and future clinicians in using a gender affirmative approach. While each therapist provided their own unique perspective in terms of curriculum recommendations, there was an undeniable consensus of providing therapists with a foundation of knowledge to build from.

Drawing on the case studies, each participant called for curriculum on gender affirmative approaches to include foundational knowledge for therapists to provide culturally competent care. While some of their recommendations differ in terms of particular subject matter, they all agreed that providing students with baseline knowledge on transgender experiences is a crucial aspect of preparing therapists to provide gender affirmative care. Overall, participants discussed needing a baseline level of understanding in areas such as the history of gender care in Canada, the larger sociological power structures that impact transgender lives, common microaggressions transgender individuals encounter, and the medical landscape. It should be noted, all three therapists mentioned the three former recommendations while opinions about needing an understanding of the medical landscape differed. Specifically, both Emerson and Logan mentioned having a baseline understanding of the medical options and processes but acknowledged advanced training is unneeded. Whereas Riley described understanding the medical landscape as unnecessary and needing none or very little knowledge in this area. Riley further explained that she views this knowledge as analogous to any other type of treatment or medication a client may be using, which a therapist may not always know a lot about. Overall, the three participants agreed these four areas would be important components of training to consider when providing future therapists with a baseline foundation of knowledge that can be used to inform their practice with transgender clients.

There is a significant amount of research finding that therapists report feeling unprepared to work with transgender clients which is negatively impacting transgender client's therapeutic experiences (Ansara, 2010; Benson, 2013; Mizock & Lunquist, 2016). Recall how the erasure of transgender visibility and gender affirmative curriculum is resulting in transgender individuals educating others about their existence and lived experiences (Austin et al., 2016; Craig et al., 2017; Horton, 2020; Horton, 2023). Rosati et al. (2022) found that this burden of education has resulted in transgender clients feeling like their therapy sessions are a training opportunity or case study for their therapist. This experience closely parallels the pervasive practice of objectifying transgender lives to serve research and scholarship rather than transgender individuals and communities (Namaste, 2000). While the introduction of trans studies has begun challenging this oppressive and objectifying approach to academic inquiry, transgender individuals are still experiencing being positioned as objects of inquiry in the therapy space. Therapists without a baseline understanding of transgender experiences who are positioning transgender clients as objects of inquiry in the therapeutic space are reinforcing systems of oppression and perpetuating harm against trans individuals. Ultimately, this positionality serves the needs of the therapist at the expense of transgender client's therapeutic experience. Overall, erasure of transgender lives manifests in the absence of gender affirmative curriculum and continues to reinforce the marginalization and objectification of transgender individuals.

Including curriculum regarding transgender experiences and gender affirmative care is an active way to resist erasure at a systemic level (Namaste, 2000). The intent behind providing therapists with a foundation of baseline knowledge on transgender experiences is to combat erasure by reducing the education burden and increasing trans visibility. All three participants were specific in mentioning that a therapist does not need to be an expert in gender identity to

provide gender affirmative therapy. Rather, having a baseline understanding provides therapists with a foundation to foster a position of informed not knowing. This perspective aligns with Ansara's (2010) suggestion of embodying a modest position concerning one's own "expertise" to situate the client as the expert of their own life. By relying on one's own baseline knowledge and adopting a position of informed not knowing, the therapist provides space for the client to give meaning to their own life while relieving them from the education burden. Creating an environment where transgender clients do not have to explain concepts, terminology, and ideas can promote a sense of visibility transgender clients have otherwise had to advocate for themselves. This objective aligns well with previous research that suggests transgender clients seek out and value therapists who understand relevant concepts and experiences (Benson, 2013). Overall, providing therapists with a baseline understanding is mutually beneficial as therapists gain education and feel prepared while transgender clients receive the visibility and therapeutic experience they deserve.

### **Core Embodied Practices**

As discussed above, a baseline foundation of knowledge concerning transgender identity and experiences can be used to inform practice. In addition to acquiring baseline knowledge, all three therapists spoke of core embodied practices that constitute their everyday approach to counselling. The practices that were described throughout the three interviews include therapists use of correct pronouns, awareness and sensitivity of language used, effort to ensuring clients safety, commitment to earning clients trust, and creating an inclusive environment reflected in office space, online platforms, and client intake forms. All three therapists referred to these as "basic" core practices of a gender affirmative approach that should be used for all clients, not just transgender clients. Specifically, the therapists described shifting their entire practice and

fully embracing these practices for all clients, not just transgender clients. Overall, these practices are important aspects of creating an inclusive and safe environment, the core of gender affirmative approaches to therapy.

Many of the core embodied practices described relate to increasing the visibility of transgender lives in a place where they have been otherwise discriminated against and neglected. Specifically, the recommendations previously listed speak to creating a safe, inclusive, and sensitive clinical environment. Recall Namastes (2000) theory of erasure which considers the discriminatory policies and practices that perpetuate the invisibility of transgender individuals. In a therapeutic setting, exclusionary policies and practices are apparent in gender binary intake forms, washrooms, and the lack of representation in reading material, resources, and display posters. As a result, several of the core embodied practices relate to combating institutional erasure. This form of institutional erasure functions in a cisnormative system; assuming clients will be cisgender and lacking consideration of transgender individuals (Bauer et al. 2009). Ultimately, this form of erasure impacts the quality-of-care transgender individuals are receiving when accessing mental health services.

## **Chapter 6: Conclusion and Implications**

Over the last two decades, research on gender affirmative counselling has emerged as a therapeutic approach to psychotherapy with transgender and gender nonconforming clients. However, transgender and gender nonconforming clients continue to report negative and discriminatory experiences in psychotherapy (Ansara, 2010; Benson, 2013; Mizock & Lunquist, 2016). Despite the growing body of gender affirmative literature, therapists describe feeling unprepared and receiving insufficient training regarding working with the transgender population during their graduate counselling programs (Couture, 2016; Ohara et al., 2013; Whitman & Han, 2017). The present study sought to gain an in-depth understanding of the subjective experiences of therapists practicing gender affirmative counselling approaches and how these experiences can be used to inform curriculum. This chapter will provide a brief summary of the study and key findings, outline the implications, and recommend directions for future research.

### **Summary of Study**

The current study used qualitative methodology to explore the subjective experiences of therapists working with the transgender population using a gender affirmative approach to counselling. Exploration of this topic is needed as research has consistently reported therapists feeling unprepared to provide gender affirmative counselling and transgender individuals describe negative experiences in therapy (Ansara, 2010; Benson, 2013; Mizock & Lunquist, 2016). For the present study, three therapists were interviewed, and interview transcripts were used to develop in depth case studies for each participant's subjective experience. A cross case analysis was conducted to identify similarities and differences between cases and relate findings to current literature and theory. Overall, the current study provided an in depth understanding of



therapist's subjective experiences with gender affirmative counselling and findings were discussed in relation to informing curriculum for professional graduate programs.

### ***Key Findings***

Three case studies were presented offering an in-depth understanding of each therapist's subjective experiences providing gender affirmative approaches to counselling. The themes that emerged include inadequate training and independent learning, the damaging impact of inadequate training, foundational baseline knowledge, and core embodied practices. Each theme was discussed in relation to the current available literature and theoretical framework.

Consistent with previous research (Chang et al., 2018; Couture, 2016; O'Hara et al., 2013; Stryker et al., 2022; Whitman & Han, 2017) each therapist reported minimal to no training on gender identity and gender affirmative approaches to counselling. The training provided in two of the three therapists professional training programs consisted primarily of education on respecting pronouns. All the therapists spoke about seeking additional education independently through avenues such as conferences, seminars, articles, books, consultation, and community involvement. The findings were significant in that they highlight the gap in current counselling programs regarding the provision of the trans-informed knowledge and understanding that are needed to support trans people and specifically a trans affirmative approach to counselling practice. This curricular knowledge is vital and necessary to avoid the burden for education falling on the shoulders of the individual trans student.

The gap in training related to trans-informed knowledge is ultimately having a negative impact on transgender individuals and communities. Specifically, all three therapists described the occurrence of unnecessary referrals with transgender clients when gender identity becomes part of the conversation. Although some of these referrals may be in the best interest of the

client, at times these referrals can result in transgender clients missing out on specialized treatment for specific non gender related concerns. Ultimately, this practice is discriminatory and reflects the need for improved curriculum on transgender-informed knowledge and gender affirmative care.

While it is clear that research suggests a need for professional graduate programs to include training on gender affirmative approaches, the specific content has remained unclear. Results from the present study suggest a need to provide therapists with foundational baseline knowledge rather than equipping them with “specialized knowledge”. Specifically, all three therapists spoke about providing therapists with a baseline understanding of the history of gender care in Canada, the larger sociological power structures that impact transgender lives, common microaggressions transgender individuals encounter, and the medical landscape. Overall, having foundational baseline knowledge to lean on allows therapists to adopt a stance of informed not knowing and position the client as the expert of their own life.

The last key finding of the present study relates to core embodied practices of gender affirmative approaches to counselling. All three therapists discussed key components of their everyday practice. The core embodied practices that were identified include therapists use of correct pronouns, awareness and sensitivity of language used, effort to ensuring clients safety, commitment to earning clients trust, and creating an inclusive environment reflected in office space, online platforms, and client intake forms. This finding is significant as it speaks to combating institutional erasure by considering transgender lives when developing policies and practices within a therapeutic setting.

## **Implications**

The findings from this study suggest curriculum reform in counselling graduate programs related to the training provided on gender affirming therapy. This finding aligns with previous research suggesting therapists feel unprepared to work with transgender clients, pointing towards a need to improve curriculum. Research has found that students in graduate counselling programs most commonly learn about gender identity in a multicultural counselling course (Frank & Cannon, 2010; Heather, 2017). While a multicultural course is an essential part of developing cultural competence and humility, these courses have the difficult task of covering a vast amount of content. With that in mind, the logical next step would be for graduate counselling programs to evaluate their current curriculum addressing transgender related content to maximize the amount of learning opportunities for the allocated time. This study has shown that education on pronouns is not enough and highlights the need to provide students with a foundation of baseline knowledge that can be used to inform gender affirmative practice. A baseline understanding in combination with solid clinical skills serves as a foundation to inform gender affirmative practice.

This recommendation relates to moving away from needing expert level knowledge to adequately provide gender affirmative care and rather needing baseline knowledge to build off of. Based on this study's findings, four pillars of knowledge are recommended to be included in curriculum: (1) an understanding of the larger sociological power structures that impact transgender lives, (2) the history of gender care in Canada, (3) common microaggressions transgender individuals encounter, and (4) the medical landscape. Similar models have been used with the intent of increasing the cultural competence of mental health workers supporting transgender children and their families (Keo-Meier & Ehrensaft, 2018). Specifically, Keo-Meier

& Ehrensaft, 2018) Gender Affirmative Model (GAM) proposes 5 theoretical foundations that can be used to guide gender affirmative practice with transgender children and their families.

### **Limitations and Future Research**

The present study is limited in generalizability due to its small sample size of 3 participants, which allowed for in-depth case studies to be developed. Each case study was developed based on the subjective self-reports of each participant. Additionally, findings from this study represent the experiences of therapists who obtained their education and are currently practice in Ontario, Canada. As this area of research continues to grow, directions for future research are endless. This topic could be built on by including student perspectives and expanding on the number of therapists interviewed. Additionally, approaching this topic from the opposite perspective by including the voice of transgender clients would be valuable information to obtain. Understanding what information transgender clients believe is important for their therapists to know would be valuable information to consider when developing curriculum. Research in this area has heavily focused on the experiences of therapist and clinicians and it is important to remember that transgender voices have been neglected throughout academic inquiry. Continuing to include the voices of transgender therapists and the perspective of transgender clients is of utmost importance.

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## Appendix A



**Date:** 9 August 2022

**To:** Prof. Wayne Martino

**Project ID:** 121178

**Study Title:** Investigating gender affirmative approaches to counselling: Learning from counsellors in the profession and reflecting on implications for Graduate Counselling Programs

**Short Title:** Investigating gender affirmative approaches to counselling

**Application Type:** NMREB Initial Application

**Review Type:** Delegated

**Full Board Reporting Date:** 09/Sept/2022

**Date Approval Issued:** 09/Aug/2022 12:28

**REB Approval Expiry Date:** 09/Aug/2023

Dear Prof. Wayne Martino

The Western University Non-Medical Research Ethics Board (NMREB) has reviewed and approved the WREM application form for the above mentioned study, as of the date noted above. NMREB approval for this study remains valid until the expiry date noted above, conditional to timely submission and acceptance of NMREB Continuing Ethics Review.

This research study is to be conducted by the investigator noted above. **All other required institutional approvals and mandated training must also be obtained prior to the conduct of the study.**

**Documents Approved:**

| Document Name                            | Document Type         | Document Date | Document Version |
|--|-----------------------|---------------|------------------|
| Interview Protocol - clean               | Interview Guide       | 20/Jul/2022   | 2                |
| Debriefing Form - clean                  | Debriefing document   | 20/Jul/2022   | 2                |
| Recruitment Letter - clean               | Recruitment Materials | 20/Jul/2022   | 2                |
| Letter of Information and Consent- clean | Verbal Consent/Assent | 01/Aug/2022   | 3                |

No deviations from, or changes to the protocol should be initiated without prior written approval from the NMREB, except when necessary to eliminate immediate hazard(s) to study participants or when the change(s) involves only administrative or logistical aspects of the trial.

The Western University NMREB operates in compliance with the Tri-Council Policy Statement Ethical Conduct for Research Involving Humans (TCPS2), the Ontario Personal Health Information Protection Act (PHIPA, 2004), and the applicable laws and regulations of Ontario. Members of the NMREB who are named as Investigators in research studies do not participate in discussions related to, nor vote on such studies when they are presented to the REB. The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00000941.

Please do not hesitate to contact us if you have any questions.

Sincerely,

Ms. Zoë Levi, Research Ethics Officer on behalf of Dr. Randal Graham, NMREB Chair

**Note:** This correspondence includes an electronic signature (validation and approval via an online system that is compliant with all regulations).

**Appendix B**



**Project Title:** Investigating gender affirmative approaches to counselling: Learning from counsellors in the profession and reflecting on implications for Graduate Counselling Programs

**Interview Protocol**

- Anticipated length (~ 60 minutes)

**Demographic questions**

- Could you please provide a bit of background about yourself and experience as a psychotherapist?

Professional background and education:

\_\_\_\_\_

City where you practice:

\_\_\_\_\_

Current Employment Setting:

\_\_\_\_\_

Area of interest/specialty:

\_\_\_\_\_

Years practicing psychotherapy:

\_\_\_\_\_

Age

\_\_\_\_\_

Gender

\_\_\_\_\_

**Interview Questions**



1. Could you please talk about what you understand about a trans affirmative approach to counselling? What does it entail exactly? How would you describe it?
2. Can you describe your experience working with transgender and gender nonconforming clients using a gender affirmative approach?
3. What is the source of your knowledge about this approach?
4. To what extent did your education prepare you to effectively work with transgender and gender nonconforming clients?
  - Based on your experience working with transgender and gender nonconforming clients, what would you recommend to therapists in training?
  - Based on your experience working with transgender and gender nonconforming clients, what do you think programs should focus on including in preparing therapists in training to work with this population?



## Appendix C

### **Study on Psychotherapists' Experiences with Gender Affirmative Approaches to Counselling**

Jason Brown, Ph.D & Wayne Martino, Ph.D

Principal Investigators

1137 Western Road, London, ON, N5P0C3

We are writing to request your participation in a study that we, Wayne Martino and Jason Brown are conducting. We have received your email address from a publicly accessible website indicating your experience using a transgender/gender affirmative approach to counselling. We are recruiting participants for a single telephone or zoom interview that is anticipated to take 60 minutes in length. The purpose of the study is to develop an understanding of how gender affirmative counselling approaches materialize in practice and how this can be used to inform education in professional graduate programs. The overall goal is to establish a set of recommendations that can be used to inform curriculum in graduate counselling programs that will aid in preparing therapists to feel confident in their ability to work with the transgender and gender nonconforming population.

If you are interested and agree, you would be asked to participate in a telephone interview or zoom interview at a mutually agreeable time to discuss the topic of gender affirmative approaches to counselling. Questions will be provided in advance of the interview.

For more information about this study or to participate for this study, please contact: Thomas Pigeau

Thank you,  
Wayne Martino, Pd.D



## Appendix D

### Letter of Information and Consent

**Project Title: Investigating gender affirmative approaches to counselling: Learning from counsellors in the profession and reflecting on implications for Graduate Counselling Programs**

#### **Principal Investigator**

Dr. Wayne Martino  
1137 Western Road, London, ON, N5P0C3

#### **Additional Research Staff**

Dr. Jason Brown

#### **Invitation to Participate**

You were drawn from public registries for mental health practitioners in Ontario and are being invited to participate in this research study about gender affirmative psychotherapy. You are being invited to participate because you are a mental health practitioner in Ontario who identifies as using a transgender/gender affirmative approach to counselling.

#### **Why is this study being done?**

The purpose of the study is to develop an understanding of how gender affirmative counselling approaches materialize in practice and how this can be used to inform education in professional graduate programs.

#### **How long will you be in this study?**

It is anticipated that you will participate in a single telephone or zoom interview that is approximately 60 minutes in length.

#### **What are the study procedures?**

If you agree to participate in this study, together we would set a mutually agreeable date and time with the Research Assistant. Interviews can be conducted over the telephone or zoom. The letter of information and interview questions will be sent to you via email before the date of the interview.

On the day of the interview, you will have the opportunity to ask any questions regarding the study. If you choose to give consent to be interviewed and recorded, the interview will

commence. If you choose to conduct the interview over zoom, the recording captures both audio as well as video. Only the audio data will be kept for transcription purposes and the video portion will be destroyed immediately following the interview. A telephone interview will only allow for the collection of audio data.

You may choose not to answer any of the questions.

Participant quotes will be used in reports and publications. Quotes will be de-identified and identified only by pseudonym. Permission to use de-identified direct quotes if required for participation.

### **What are the risks and harms of participating in this study?**

There are no known or anticipated risks or harm associated with participating in this study.

### **What are the benefits of participating in this study?**

The possible benefit to you may be having the opportunity to have your experience shared and reflected in research about gender affirmative approaches to psychotherapy. The possible benefit to society may be increased wellbeing for transgender and gender nonconforming individuals receiving psychotherapy services through therapists feeling prepared to provide effective psychotherapy to this population.

### **Can participants choose to leave the study?**

If you decide to withdraw from the study, you have the right to request (e.g., by phone, via email) withdrawal of information collected about you. If you wish to have your information removed, please let the researcher know and your information will be destroyed from our records. Once the study has been published, we will not be able to withdraw your information.

### **How will participants' information be kept confidential?**

Zoom recordings will be located on a local computer located in London, Ontario that is used for the interview. They will not be uploaded to zoom's cloud-based recording system.

Deidentified interview data using pseudonyms will be collected and electronically transmitted by members of the research team, who may be working remotely. Your data will be stored in a secure environment on Office 365 that only the research team will have access to. Once the recording has been transcribed, the interview portion of recording will be deleted.

Researchers will ask participants for demographic information and responses to open ended questions. Only the audio recordings (not video if interview is conducted via zoom) will be retained for the purpose of transcription. Only the Principal Investigators and Research Assistant will have access to any of the study data.

The research will keep all audio files and text files from the study in a secure and confidential location for 7 years. Audio files will be stored on the Principal Investigator's encrypted hard drive and text files will be retained in password-protected Word files. A master list linking your name, pseudonym, and contact information will be kept separate from your study file. If the results are published your name will not be used.

Delegated institutional representatives of Western University and its Non-Medical Research Ethics Board may require access to your study-related records to monitor the conduct of the research in accordance with regulatory requirements.

Teleconferencing/videoconferencing technology has some privacy and security risks. It is possible that information could be intercepted by unauthorized people (hacked) or otherwise shared by accident. This risk can't be eliminated. We want to make you aware of this.

All participants will be identified only by pseudonym. Participants will be asked demographic information which could potentially identify them. This risk can't be completely eliminated, and we want to make you aware of this.

It is important to note that a record of your participation must remain with the study, and as such, the researchers may not be able to destroy your signed letter of information and consent, or your name on the master list. However, any data may be withdrawn upon your request.

### **Are participants compensated to be in this study?**

You will not be compensated for your participation in this research.

### **What are the rights of participants?**

Your participation in this study is voluntary. You may decide not to be in this study. Even if you consent to participate you have the right to not answer individual questions or to withdraw from the study at any time. If you choose not to participate or to leave the study at any time it will have no effect on your professional or employment status. You do not waive any legal right by consenting to this study.

### **Whom do participants contact for questions?**

If you have any questions about this research study please contact Wayne Martino, Principal Investigator, Jason Brown, Co-Principal Investigator, or Thomas Pigeau, Research Assistant.

If you have any questions about your rights as a research participant or the conduct of this study, you may contact The Office of Human Research Ethics, (519) 661-3036, 1-844-720-9816. This office oversees the ethical conduct of research studies and is not part of the study team. Everything that you discuss will be kept confidential.

**Project Title: Investigating gender affirmative approaches to counselling: Learning from counsellors in the profession and reflecting on implications for Graduate Counselling Programs**

**Principal Investigator**

Dr. Wayne Martino

1137 Western Road, London, ON, N5P0C3

**Additional Research Staff**

Dr. Jason Brown

Participant name: \_\_\_\_\_

Researchers Signature: \_\_\_\_\_

Have you read the Letter of information and had the nature of the research explained to you?

Have all your questions been answered?

Do you agree to participate?

\_\_\_\_\_  
Yes

\_\_\_\_\_  
No

I consent to the use of de-identified quotes obtained during the study in the dissemination of this research.

\_\_\_\_\_  
Yes

\_\_\_\_\_  
No

I agree to be video and audio-recorded in this research.

\_\_\_\_\_  
Yes

\_\_\_\_\_  
No

I agree only to being audio-recorded in this research.

\_\_\_\_\_  
Yes

\_\_\_\_\_  
No

**Appendix E**



## DEBRIEFING FORM

**Project Title:** Investigating gender affirmative approaches to counselling: Learning from counsellors in the profession and reflecting on implications for Graduate Counselling Programs

**Principal Investigators:** Jason Brown, University of Western Ontario, & Wayne Martino, University of Western Ontario.

Thank you for your participation in this study. Your time and insight are greatly appreciated. The purpose of the study is to develop an understanding of how gender affirmative counselling approaches materialize in practice and how this can be used to inform education in professional graduate programs.

Once interviews are complete, the data will be analyzed and summarized.

A summary of the results will be available to all interested participants by the spring of 2023. If you are interested in receiving a copy of results, please send an email to Thomas Pigeau.

**Once again, thank you for your participation!**



