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WORKING WITH TRANSGENDER AND GENDER- NONCONFORMING PEOPLE

Recommendations for counsellors

By Cindy E. Donald

Abstract

Transgender and gender-nonconforming people experience more psychological distress, including suicidal ideation and attempts, than their peers, and they are more likely to be diagnosed with a mental health disorder. However, they are less likely to seek mental health support due to a fear of discrimination. To meet the growing mental health needs of transgender and gender-nonconforming people, counsellors need to be aware of how their practice can impact the client, as well as the specific mental health challenges they face. Through reviewing research by mental health professionals and surveys hosted by transgender and gender-nonconforming allies, an investigation was conducted into what transgender and gender-nonconforming people experience and how to adapt your practice to serve this community better. The result of this review was a set of guidelines for counsellors to ensure they provide competent and inclusive care for people who identify as transgender and gender nonconforming.

Introduction

Over the years there has been an increase in social tolerance, and transgender and gender-nonconforming (TGNC) people are becoming more visible with their numbers increasing; but along with rising numbers comes a need for competent mental health care. In basic terms, according to the American Psychological Association (2015), TGNC people identify as not being fully aligned with the gender assigned to them at birth. This essay will attempt to assist counsellors who intend to, or currently, work with TGNC people

by making recommendations for how to interact and build effective counselling relationships from the commencement of the relationship.

This work will also guide counsellors in how to ensure they remain non-judgemental, gender-affirming and empathetic. It also encourages remembering that many TGNC people do not have a wide range of supports available to them, and counsellors have the opportunity to be that support for them (Yarborough, 2018). There are three main areas in which counsellors can develop to ensure they provide competent care for TGNC people, namely, educating themselves on what being transgender and gender nonconforming is, embedding inclusion into all of your practices, and understanding the unique mental health issues relating to being a TGNC person.

The need for guidelines in counselling transgender and gender-nonconforming people

In 2009, the American Psychological Association (2015) found that less than 30 per cent



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of mental health professionals were familiar with the needs of TGNC people, and that this lack of knowledge could cause further harm, leading to a recommendation that guidelines be created for working with TGNC people. Strauss et al. (2017) found that TGNC young people experience mental health issues at higher rates than older TGNC people or cisgender young people. Strauss et al. (2017) learned, in their study of TGNC individuals aged 14 to 25, that 74.6 per cent of respondents had been diagnosed with depression, 72.2 per cent had been diagnosed with an anxiety disorder, 79.7 per cent had self-harmed, and 48.1 per cent had attempted suicide at some point. Strauss et al. (2017) also found that while mental health issues were common among TGNC people, they were mainly caused by external factors, such as

discrimination and micro-stressors.

Yarborough (2018) believes that the mental health challenges faced by TGNC people today is largely due to growing up gender-diverse in a cisgender world, and TGNC people need TGNC-competent counsellors because their care is specific. TGNC young people present with mental health issues that coincide with puberty, with psychological distress more likely in younger age; this is alongside 43.9 per cent of parents realising their children are TGNC from ages 13 to 18 (Strauss et al., 2017). Another consideration in caring for TGNC people is that 70.2 per cent help other TGNC people going through similar issues as themselves; this is causing them more stress and leading to their mental health declining, resulting in a real need for competent mental health support for TGNC people.

Counsellor education into gender identity and gender expression

Many TGNC people's experience with mainstream health services has been a refusal or reluctance to treat, and transphobic treatment paradigms such as pathologising their TGNC status as a symptom of mental illness or, in the case of young people especially, calling it a 'phase' (Rosenstreich, 2013). Smith et al. (2014) revealed TGNC people had better mental health care experiences when the provider was knowledgeable about TGNC-specific issues, as well as the dynamic spectrum of gender identities. Rosenstreich (2013) found TGNC people felt they needed to educate the health professional on what TGNC is before being able to receive adequate health care, which placed a burden on their already-compromised psyche.



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Counsellors also tended to focus on their client's gender identity as a way of explaining their mental health symptoms instead of trying to find the root cause (Rosenstreich, 2013).

Veltman and Chaimowitz (2014) indicated some professional mental health organisations felt that the inclusion of gender dysphoria within the *Diagnostic and statistical manual of mental disorders*, fifth edition (DSM-5) pathologises transgender identities, while others thought it should remain so that TGNC people can access the necessary medical interventions. Rosenstreich (2013) found, because

TGNC people were considered to have a psychological disorder and a diagnosis was a requirement to access medical interventions, it caused a lot of stress for TGNC people. To be able to change gender on legal documentation, TGNC people are required to have medical interventions; however, counsellors need to be aware that not all TGNC people want to have invasive medical interventions to affirm their identity – they are content with being able to express themselves as the gender they align with (Rosenstreich, 2013).

Counselling TGNC people is, in some ways, no different to

counselling others, especially in terms of building trust and showing empathy; however, many TGNC people have been rejected or experienced negative societal judgements, so counsellors need to ensure they provide a safe, non-judgmental environment so effective therapy can occur (LGBTI Health Alliance, 2014). The counsellor's role will be to assist the TGNC person in developing stories and scripts for living that validate their experiences and identities, differing from common cisgender narratives, and will involve working with the conflict of distress and resilience which is common among TGNC people (National LGBTI Health Alliance, 2014).

Yarborough (2018) found that being TGNC creates thoughts, emotions and experiences that are not common to most counsellors. Your initial evaluation will communicate to the TGNC client your level of knowledge, comfort and competence with TGNC concerns (Yarborough, 2018). The role of the counsellor working with TGNC people will not be to encourage or discourage transition, but to help them identify what they want out of life and how their decisions regarding transitioning will impact their life goals (Yarborough, 2018). Part of that process will be helping the TGNC client to tolerate the anxiety that unfolds as they make their decision and ensure that all interventions are made through a gender-diverse lens (Yarborough, 2018). Counselling TGNC people may require you to be more explicit about your empathy and support

Counsellors need to ensure the environment in which they see clients helps them feel comfortable immediately, especially as many TGNC people are used to judgement and may be reticent to self-disclose early on, so the visibility of gender-affirming posters and resources is recommended

for your client; however, the counsellor needs to be mindful of interpersonal dynamics and potential transference (National LGBTI Health Alliance, 2014).

Embedding inclusion into everyday practices

Counsellors play a critical role in empowering and validating TGNC people and increasing positive life outcomes for them (APA, 2015). This means counsellors need to start building an effective therapeutic relationship with their client from their first interaction with the counsellor and the office environment. The Psychotherapy and Counselling Federation of Australia Code of Ethics (PACFA, 2017) states counsellors need to “respect diversity by being competent to work with clients if they come from diverse groups or have special needs”. Smith et al. (2014) ascertained that 23 per cent of TGNC young people were made to feel uncomfortable or angry because of questions they were asked by counsellors, especially relating to confidentiality, consent and autonomy, highlighting the need for ongoing counsellor development.

Counsellors need to ensure the environment in which they see clients helps them feel comfortable immediately, especially as many TGNC people are used to judgement and may be reticent to self-disclose early on, so the visibility of gender-affirming posters and resources is recommended (National LGBTI Health Alliance, 2014). The availability of gender-inclusive bathrooms contributes to an environment of inclusion (Torres et al., 2015).

Yarborough (2018) advised ensuring client documentation was not built on gender stereotypes and included processes which could record name and gender changes readily. Documentation used as a screening instrument should be specifically designed to incorporate appropriate questions pertinent to TGNC people; however, non-disclosure due to confidentiality fears should be taken into account as it may impair the reliability or validity of the instrument (Adelson et al., 2016).

Torres et al. (2015) stressed the importance of counsellors addressing clients by their preferred name and pronouns to ensure culturally competent care. National LGBTI Health Alliance (2014) reminds counsellors that TGNC people label themselves in many different ways and it is critical to honour the

client’s wishes, as a cisgender lens may lead to a misunderstanding of the specific client’s expression of their gender identity.

Smith et al. (2014) found a mental health professional’s lack of knowledge sometimes caused them to ask questions that may be deemed inappropriate, curious or dismissive. National LGBTI Health Alliance (2014) encourages counsellors to take the lead from their clients concerning what transitioning means for them, and promotes direct conversations with your client to understand the nuances of the many terms used interchangeably by TGNC people.

Rosenstreich (2013) views inclusive practice to be multidimensional and that it should encompass all areas of mental health business, including human resources, approaches, tools, organisational structure, marketing, evaluation and resources. Only once a counsellor embeds true inclusive practices into all areas of their professional life will they be adept at providing inclusive therapeutic care for TGNC clients.

Understanding unique transgender mental health issues

Rosenstreich (2013) found that in Australia 20 per cent of TGNC people had suicidal ideation and 50 per cent had attempted suicide, meaning that they have the highest rate of suicidality in Australia of any sector. Counsellors working with TGNC people need to be aware of this to ensure they are assessing TGNC clients and implementing safety plans as necessary;

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however, suicide attempts by TGNC people are normally made before they engage in any form of treatment, either medical or psychological, for their gender identity (Rosenstreich, 2013).

Another challenge facing TGNC people is their own internalised transphobia from being socialised in the same environment as their peers, as well as a lack of visible, positive role models for them to aspire (Rosenstreich, 2013). High rates of discrimination, threats of physical violence, homelessness, substance abuse and eating disorders are prevalent among TGNC people, especially young people, and the fear of being involuntarily 'outed' causes ongoing psychological stress (Rosenstreich, 2013). TGNC people may be unaware of how this chronic low-level stress may contribute to their overall mental and physical health until the stress is removed (National

LGBTI Health Alliance, 2014).

Counsellors need to understand how a client's gender identity relates to their cultural identity, as not all clients' experiences will be the same (APA, 2015). TGNC people's lived experiences and identities within certain ethnic communities in Australia can impact not just the individual but also their entire extended family (National LGBTI Health Alliance, 2014). An understanding of the developmental needs of children and teens will also inform the care your client receives, because not all TGNC children and adolescents will continue to identify as TGNC as adults (APA, 2015). However, careful consideration needs to be made in how you counsel young people, as you do not want to dismiss their feelings. With increased societal understanding

in some communities about TGNC people, the desire to 'come out' at an earlier age can have both positive and negative effects, by building a resilient identity in the wake of peer bullying or abuse (National LGBTI Health Alliance, 2014). Families play a large role in TGNC people's wellbeing, and counsellors may need to play a role in helping families navigate their new relationship with their TGNC family member (Torres et al., 2015).

Counsellors who work with TGNC people should familiarise themselves with how hormone therapy will change their client's appearance and moods, as they should be mindful not to over-pathologise small behavioural or emotional changes (Yarborough, 2018). Part of counselling TGNC people is understanding that the process they undergo to transition can be arduous and expensive,

so their clients may feel frustrated and disappointed (McCann, 2014). Counsellors who can provide information or resources on the practical matters of transitioning will be seen as an ally of the TGNC community (National LGBTI Health Alliance, 2014).

Conclusion

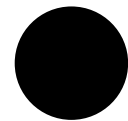
In conclusion, if a counsellor does not feel able to provide informed, competent and compassionate mental health care for TGNC people, they need to have enough self-awareness to refer the client to a practitioner who can, because the most important consideration for counsellors is to do no harm. National LGBTI Health Alliance (2014) asks mental health practitioners to remember that gender is only one part of a person life, regardless of how they present to you, and that you should look at the person as a whole and not just focus on their gender identity. It is more important for counsellors to show their knowledge and understanding of TGNC issues than for them to identify as TGNC themselves.

Smith et al. (2014) found when a counsellor admitted they were out of their depth and needed to refer their client on to someone else, the TGNC person felt more respected and acknowledged. A lack of understanding and education of mental health practitioners was hypothesised by Torres et al. (2015) to lead to a lack of competent practitioners within the TGNC space, as they were concerned with being sued if a client changed

their mind about transitioning later. If a counsellor would like to begin working with TGNC people, then having an experienced supervisor and ongoing education into TGNC issues, challenges and latest research, as well as constant self-reflection, will ensure success for their clients and themselves. ■

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