

**Let me explain: The Burden of Cultural Education on Transgender and Gender-Diverse
Individuals in Counselling**

By

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Abstract

The burden of cultural education is a microaggression that is commonly experienced by transgender and gender-diverse individuals in the counselling space. However, research surrounding this topic often lacks specificity as to what the burden of cultural education is and fails to categorize how it affects transgender and gender-diverse individuals. The literature review in this capstone addresses the guiding questions: “What is the effect of the burden of cultural education on transgender and gender-diverse individuals in counselling?” This review answers this question by synthesizing relevant scholarly articles, conducting a thematic analysis, and providing recommendations for practitioners looking to work with transgender and gender-diverse individuals from a transfeminist lens. Themes of the burden of cultural education, the risk of further microaggressions, counsellor identity, the therapeutic alliance, intersectionality, and counsellor education are identified and evaluated through an ethical and critical analysis. This review shows that the burden of cultural education has several negative effects on transgender and gender-diverse individuals in counselling. The author recommends ways that practitioners seeking to work with transgender and gender-diverse individuals can mitigate the burden of cultural education and concludes with recommendations for future research and a reflective statement.

Keywords: *transgender, gender-diverse, microaggressions, transfeminism, cisnormativity, intersectionality, the burden of cultural education, cultural competency*

Table of Contents

Acknowledgements.....	2
Abstract.....	3
Table of Contents	4
Chapter One: Introduction	6
Research Problem Statement	7
Rationale/Justification.....	7
Significance of Research.....	9
Theoretical Framework.....	11
Definition of Terms.....	13
Researcher’s Reflexivity and Positionality.....	14
Capstone Project Overview.....	16
Chapter Two: Methods of Literature Search.....	17
Search Strategy	17
Inclusion/Exclusion Criteria	18
Methodology.....	18
Evaluation of Significant Studies Reviewed.....	19
Challenges Encountered During the Literature Search Process	19
Limitations in Research	20
<i>Sampling Issues</i>	20
<i>Intersectionality</i>	21
<i>Scarcity</i>	21
Chapter Three: Literature Review.....	23
Chapter Overview	23
The Burden of Cultural Education.....	23
<i>Invalidating Treatment</i>	24
<i>Wasting Time in Session</i>	26
Risk of Further Microaggressions.....	27
<i>Rigidity</i>	28
<i>Under-identification</i>	29
<i>Overidentification</i>	29
Counsellor Identity.....	30
<i>Advocacy</i>	32
The Therapeutic Alliance	32
<i>Cultural Humility</i>	34
Intersectionality.....	35

Counsellor Education.....	36
Ethical Considerations and Guidelines	38
<i>Informed Consent</i>	38
<i>Confidentiality</i>	39
<i>Fairness and Vulnerability in Research</i>	40
<i>Conflicts of Interest</i>	41
Findings.....	42
<i>Deconstruction of Systemic Beliefs</i>	43
<i>Challenging Cisnormativity to Enact Change</i>	44
<i>Integration of Education and Intersectionality</i>	45
<i>Relevance of Findings</i>	47
Conclusion	47
Chapter Four: Application to Clinical Practice.....	49
Applications for Practitioners	49
<i>Awareness and Management of Microaggressions</i>	49
<i>Continuing Education</i>	50
Cultural Considerations	51
<i>Exploring Intersectionality</i>	51
<i>Willingness to Advocate</i>	52
Contributions to Scientific Knowledge.....	53
Recommendations for Clinical Practice.....	53
<i>The Gender-Affirmative Lifespan Approach (GALA)</i>	54
Chapter 5: Recommendations and Conclusion.....	56
The Burden of Cultural Education.....	56
Risk of Further Microaggressions and Counsellor Identity.....	57
The Therapeutic Alliance and Intersectionality	57
Counsellor Education.....	58
Ethical Review	58
Summary of Findings.....	59
Key Takeaways	60
Future Research Questions	60
Recommendations for Future Research	61
Reflections on Learning.....	62
References.....	64
Appendix.....	72

The Burden of Cultural Education on Transgender and Gender-Diverse People in Counselling

Chapter One: Introduction

The lives of transgender and gender-diverse (TGD) individuals have been increasingly politicized, scrutinized, and challenged in recent years, with the Federal Bureau of Investigation (FBI) hate crime data explorer showing anti-TGD hate crimes steadily rising in the United States since 2015 with significant peaks in the last three years (FBI, 2024). Likewise, anti-TGD hate crimes in Canada have doubled since 2020 and are steadily rising (Government of Canada, 2025). The increase in hatred experienced by TGD individuals is also showcased in significantly higher levels of stress, homelessness, addiction, anxiety, depression, and suicidality compared to the general population and increases their need for mental health care (Addiction Center, 2024; James et al., 2016; The Trevor Project, 2021a; The Trevor Project, 2021b; Veale et al., 2017).

Despite the increased need for mental health care, queer-identifying individuals often experience microaggressions in the counselling space, facing adverse effects on the formation of the therapeutic alliance by leaving clients feeling powerless, invalidated, and misunderstood (Shelton & Delgado-Romero, 2013). One such microaggression is “the burden of cultural education,” a phenomenon that is not clearly defined in the research but is broadly described by participants as being forced to explain aspects of their identity due to a lack of competence displayed by their practitioner (Berke et al., 2016; Compton & Morgan, 2022; Dickey & Singh, 2020; Ito et al., 2024; Mackie et al., 2023; Schmidt et al., 2024; Schofield et al., 2023). Chapter one will explore the research problem, justification for the research, significance of the research, define key terms, and conclude with a positionality statement from the writer. This capstone will examine the burden of cultural education and how it affects TGD individuals in counselling.

Research Problem Statement

In examining systemic forms of oppression and how the field of psychology may perpetuate these systems, there is a gap in understanding regarding the specific ways that certain microaggressions burden TGD people in counselling that, if left unexamined, could lead to negative experiences in counselling for TGD individuals. While cultural competency and clinician knowledge are predictors of positive outcomes in counselling, there is a lack of clarity regarding how the burden of cultural education placed on the client influences these outcomes for TGD individuals (Schmidt et al., 2024; Ullrich, 2019). This is further muddled when phenomena, such as the burden of cultural education, lack unified terms or definitions used to reference them in literature (Pederson, 2020). When unexamined, a lack of clarity about the burden of cultural education can lead to worse outcomes for TGD individuals in counselling by creating fractures in the therapeutic relationship, increasing the experiencing of microaggressions, and eroding trust (Compton & Morgan, 2022; Ito et al., 2024; Mackie et al., 2023). The research question for this paper is, “What are the effects of the burden of cultural education when counselling transgender and gender-diverse individuals?” This review aims to fill gaps regarding verbiage surrounding the burden of cultural education and how the phenomenon influences the counselling experience for TGD individuals.

Rationale/Justification

Cultural competency is an evolving and essential aspect of effective and ethical counselling. While there is no singular definition for cultural competency, the American Psychological Association ([APA], 2025) defines it as “the ability to collaborate effectively with individuals from different cultures in personal and professional settings. This usually involves a recognition of the diversity both between and within cultures, a capacity for cultural self-

assessment, and a willingness to adapt personal behaviours and practices” (para. 2). This definition highlights the need for counsellors to demonstrate flexibility in their approach to practice, a willingness to learn, and an ability to critically self-reflect on their own cultural experiences and biases. However, willingness to learn and collaborate does not mean that counsellors should rely on their clients to teach them about their cultures, but rather speaks to the ethical duty of practitioners to educate themselves. A failure to demonstrate this ability can lead to breakdowns of understanding, safety, and trust in the counselling space (Compton & Morgan, 2022; Mackie et al., 2023; Schofield et al., 2023).

APA (2023) defines microaggressions as “commonly occurring, brief, verbal or nonverbal, behavioural, and environmental indignities that communicate derogatory attitudes or notions toward a different other” (para. 1). Microaggressions are experienced by over 97% of TGD people throughout their lifetime and lead to adverse mental health outcomes such as increased emotional exhaustion, stress, anxiety, depression, suicidal ideation and attempts, and decreased quality of life (Kimber et al., 2024). Likewise, Shelton and Delgado-Romero (2013) found that queer-identifying individuals often experience microaggressions, such as overidentification, under-identification, stereotyping, cisnormative bias, the burden of cultural education, and rigidity, in the counselling process. These microaggressions had a negative effect on the therapeutic relationship and led clients to refrain from disclosing issues surrounding their queer identities (Bettergarcia & Israel, 2018; Mackie et al., 2023; Shelton & Delgado-Romero, 2013). Schilt and Westbrook (2009) conceptualize cisnormativity as the expectation that all bodies and people identify with their assigned gender at birth, with those who do not being labelled as abnormal or deviant. Cisnormativity is socially reinforced and can influence the biases of both TGD individuals and their counsellors, resulting in microaggressions (Compton &

Morgan, 2022). There is a gap in the literature regarding the burden of cultural education, a microaggression where clients are forced to explain aspects of their identity due to a lack of competence displayed by their counsellor (Berke et al., 2016; Compton & Morgan, 2022; Dickey & Singh, 2020; Ito et al., 2024; Mackie et al., 2023; Schmidt et al., 2024; Schofield et al., 2023). This microaggression is not explicitly defined or thoroughly explored in the research, which makes it challenging to identify, navigate, and eliminate in the counselling space despite being commonly reported by TGD individuals.

Significance of Research

Legislation targeting the rights of TGD individuals has increased in recent years, with 857 anti-TGD bills proposed in the United States in 2025 so far (as of April 20, 2025) compared to just 143 proposed bills in 2021 (Trans Legislation Tracker, 2025). Some Canadian provinces are following suit, with Alberta and Saskatchewan passing legislation that requires parental consent for TGD youth to update their names and pronouns at school, places limits on education about gender identity, bans the use of puberty blockers for individuals TGD youth under the age of 16 specifically, and limits membership of TGD individuals to women's sports teams (Jeffrey, 2024; Yousif, 2023). A 2024 United States national survey examining the mental health of queer young people found that 90% of queer individuals reported recent politics had a negative influence on their wellbeing (The Trevor Project, 2024). Likewise, 45% of TGD youth reported considering moving to a different state due to anti-TGD legislation. Unfortunately, a survey examining this information has not yet been conducted in Canada. The laws and policies affecting TGD people change day by day. This review will explore the importance of clinicians staying educated about new and relevant issues for TGD individuals instead of forcing their clients to keep them up to date. Likewise, it will highlight ways in which counsellors can better

themselves and their relationships with their TGD clients by having informed socio-political and identity-based conversations.

Due to the continual challenges faced by TGD people in both Canada and the United States, it becomes increasingly likely that clinicians will come across TGD clients. The 2015 U.S. transgender survey, the largest survey ever conducted examining transgender experiences in North America, found that 58% of transgender people reported accessing mental health services compared to just 3% of the general population (James et al., 2016). This means that clinicians must proactively take steps to ensure their practice is inclusive for TGD individuals. This review will act as another piece of literature building upon the foundation of TGD research that expands upon what culturally competent counselling for TGD people looks like.

The minority stress model, as defined by Meyer (2003), references both external stressors (e.g., microaggressions) and internal stressors (e.g., internalized transphobia) as additional stressors experienced by minorities in day-to-day life. While this model was originally developed for sexual minorities, it was later adapted for TGD individuals by expanding upon the social stigma experiential stressors such as discrimination, victimization, harassment, and maltreatment felt as a result of living in a culture that perpetuates cisnormativity (Pellicane & Ciesla, 2022; Cancela et al., 2024). External (distal) stressors, expectations of rejection, internalized transphobia, and concealment are significantly associated with increased depression, suicidal ideation, suicide attempts, and lower quality of life (Pellicane & Ciesla, 2022). These stressors have caused many TGD people to have negative experiences in counselling due to their counsellor's lack of cultural competency, the perpetuation of cisnormativity, and the experience of microaggressions (Mackie et al., 2023; Schofield et al., 2023; Ito et al., 2024).

The experience of external stressors within the counselling space means it is critically important for practitioners to understand how potential microaggressions can occur and learn to avoid them. Completing this review will increase understanding of what the burden of cultural education is, how it occurs, how it affects TGD clients, and how practitioners can avoid it. Finally, coining terms facilitates clarity in scientific communication, increases awareness of certain phenomena across research, and fosters the development of new research exploring it (Pederson, 2020). Exploring the burden of cultural education will enable counsellors to identify it better when working with TGD clients, reading research, and conducting future research.

Theoretical Framework

Feminist theory is a philosophical positioning that falls under the umbrella of critical theory (Arinder, 2020). Early feminist writings from Wollstonecraft (1792) challenged the idea that women existed to serve men and proposed equal opportunities in education, work, and politics. These challenges began to unravel the status quo, positing women as lesser at many points in history. Debates regarding first-wave feminism came to a head when Stanton (1848) wrote the *Declaration of Sentiments* at the Seneca Falls Convention in New York, which asserts that women are endowed with the same rights, liberties, and pursuits of happiness as men. It continues to argue that women are actively oppressed by the government and patriarchal society, and kick-started the women's suffrage movement in the United States. More modern, second and third-wave feminist writings focus on the civil rights movement, the gendered division of labour in the household, the raising of empowered young women, and the inclusion of queer women and women of colour (Baumgardner & Richards, 2000). Finally, a decentralized fourth-wave of feminism has begun using social media to focus on rape culture, sexual harassment, affirmative action, and the inclusion of TGD individuals (Brunell & Burkett, 2025). Transfeminism, or trans-

inclusive feminism, is a fourth-wave extension of feminist theory that views transgender liberation as intrinsically linked to the liberation of all women and beyond (Koyama, 2003).

Transfeminism is founded on principles of feminist theory and three unique principles (Koyama, 2003; Sennott & Smith, 2011). The first principle states that hierarchy of authentic, lived experience for women does not exist, to privilege one type of womanhood or femaleness over another is inherently anti-feminist and serves to oppress women who do not meet arbitrary cultural standards of womanhood. Principle two notes that no one individual, group, or type of woman can define what it means to be a woman and principle three highlights that most TGD individuals have had lived experience as a girl or woman and have suffered the direct repercussions of socially condoned misogyny and systemic gender-based oppression. Each principle serves to challenge ideologies that gatekeep womanhood behind oppressive cultural norms that disregard a spectrum of both unique and shared experiences (Sennott & Smith, 2011).

In psychology, feminist theory is often integrated into care as a method of examining the social and cultural discrimination present in one's life (Brown, 2018). This type of care is not just for cis-gender women but is effective in challenging the inequality and systemic oppression faced by men and queer individuals as well (Koyama, 2003). Conceptualizing the struggles of TGD individuals from a feminist lens illuminates patterns of oppression affecting TGD people and, more specifically, the ways in which the field of psychology can work towards a more culturally competent version of care. The field of psychology itself is not immune to the bounds of inequality and can work in conjunction with the dominant culture to perpetuate the pathologization of systemic oppression. Feminist theory aims to provide a lens that challenges the way counsellors interact with marginalized groups, offering more inclusive perspectives. The focus on intersectionality and the systemic nature of oppression in feminist therapy is

complementary to how minority stress theory conceptualizes suffering among marginalized groups. Transfeminism bridges this gap more directly by confronting cisnormative ideas about what makes somebody a “real” man or woman and challenging institutionalized beliefs about sex, gender, and identity (Koyama, 2003). Likewise, it examines how social stereotypes and gender norms uphold values of misogyny that require both transgender and cisgender people to “prove” aspects of their identity (Galpin et al., 2023). A transfeminist perspective can examine how the burden of cultural education serves as a systemic way of oppressing TGD individuals by creating a rift between themselves and their counsellor, taking therapeutic time away from the client, and exposing the client to microaggressions based on a lack of cultural understanding (Sennott & Smith, 2011). Ethical practitioners must be willing to educate themselves and deconstruct their cisnormative bias to minimize the burden placed upon clients and seek actionable ways in which the field of psychology needs to shift to better meet the needs of TGD individuals.

Definition of Terms

Transgender: An umbrella term for persons whose gender identity, gender expression or behaviour does not conform to that typically associated with the sex to which they were assigned at birth (APA, 2024, para. 1).

Gender-Diverse: An umbrella term for persons whose gender identity, gender expression or behaviour does not conform to that typically associated with the sex to which they were assigned at birth, that is specifically inclusive of individuals whose gender identity falls outside of the male/female gender binary (APA, 2024).

Gender-Identity: Refers to a person's internal sense of being male, female or something else; gender expression refers to the way a person communicates gender identity to others through behaviour, clothing, hairstyles, voice, or body characteristics (APA, 2024).

Queer: An umbrella term for people who do not identify as heterosexual or cisgender (APA, 2022).

Cultural Competency: The ability to collaborate effectively with individuals from different cultures in personal and professional settings. This usually involves a recognition of the diversity both between and within cultures, a capacity for cultural self-assessment, and a willingness to adapt personal behaviours and practices (APA, 2025, para. 2).

Cisnormativity: The expectation that all bodies and people identify with their assigned gender at birth, with those who do not being labelled as abnormal or deviant (Schilt & Westbrook, 2009).

Microaggressions: Commonly occurring, brief, verbal or nonverbal, behavioural, and environmental indignities that communicate derogatory attitudes or notions toward a different other (APA, 2023, para. 1).

Intersectionality: How a person's social locations or positions can interact to create unique disadvantages and unjust treatment (Crenshaw, 1991). For example, a Black transgender person will experience different life challenges compared to someone who is White and transgender or a Black person who identifies as male and was born male.

Researcher's Reflexivity and Positionality

As both a transgender person and a counsellor who works primarily with 2SLGBTQIA+ populations, I have connections to this topic on a personal, academic, and professional level. I

was motivated towards this study as it increases knowledge surrounding best practices for TGD people and helps contextualize a negative phenomenon that many TGD individuals, including myself, have faced in counselling. Being at the forefront of knowledge regarding best practices for TGD people gives me a personal sense of meaning and purpose as I feel active in enacting important change. Likewise, synthesizing relevant articles both gives me confidence in my ability to apply what I have learned to my everyday life and contextualizes my own experiences from a place of validity and affirmation.

As a counsellor who sees mainly TGD clients, research surrounding best practices for TGD individuals and ways to effectively foster the therapeutic alliance directly enhances my ability to interact with clients. It also outlines important ways that other clinicians can adjust their practice to accommodate TGD clients. Despite being a new clinician, I am often looked to as an “expert” regarding TGD issues. Having resources to point other clinicians to takes the burden off my plate and allows allied clinicians to educate themselves on some of the common issues impeding the therapeutic alliance with TGD clients.

My intersecting identities drive my motivation towards exploring this topic, as it has the potential to have a positive influence in each of these areas. I acknowledge that being closely identified with the topic could lead to bias. Likewise, I recognize my bias in approaching a topic like this from a feminist, minority stress, and gender-affirming lens. These frameworks are concurrent with what I believe offers the most comprehensive view of TGD issues and what is most aligned with current ethical care and best practices for TGD individuals. Having experienced the phenomenon being explored, I could be biased towards seeking out articles that confirm my own experience. In recognizing these biases, I have managed them from a perspective of objectivity that maintains the quality of the review, and the methodology seen in

chapter two addresses this further. This was done using a process of reflexivity that included a reflexive journal for recording decision-making processes and reflections, discussion of the research with peers, and reflections on how my positionality influenced the review (Palaganas et al., 2017).

Capstone Project Overview

Chapter one provided a look at current struggles for TGD people generally and in the counselling space, while providing a rationale and theoretical lens for the review. In Chapter two, I discuss the review process for this capstone. Chapter three will include the literature review, in which I analyze and discuss themes present in the literature. Thematic analysis is used to explore the burden of cultural education and its effect on TGD individuals. In Chapter four, I discuss how this analysis can be effectively applied to clinical practice. Chapter five concludes with a summary of the review, the problem addressed, and recommendations for future research.

Chapter Two: Methods of Literature Search

Chapter two will discuss the literature search process for this capstone. This process includes search parameters, databases used, an evaluation of significant research, challenges encountered during the literature search process, limitations to the studies reviewed, and selection criteria. The methodological areas of this review are explored to facilitate communication and contextualization of the review process.

Search Strategy

The research in this review was conducted using databases and websites that were either publicly available or accessible to students. Online databases such as PsycInfo, PsycArticles, Google Scholar, and the Psychology and Behavioural Sciences collection were used to ensure a wide array of free-to-access, peer-reviewed sources. Searches were conducted for articles published between 2019 and 2025 to provide a comprehensive review on the topic.

Relevant terms used in the literature search include *transgender*, *gender-diverse*, *microaggressions*, *experiences in therapy/counselling*, *2SLGBTQIA+*, and *cultural competency*. Additional qualifiers included words such as *therapeutic relationship*, *therapeutic alliance*, *minority stress*, *feminist*, *queer theory*, *cultural humility*, *intersectionality*, and *therapist identity*. These qualifiers helped flesh out existing themes with articles that match the theoretical underpinning of the review. Boolean operators “AND” or “OR” were used to search for different combinations of terms. Articles found near the beginning of the literature search process had their citation pages used to locate other relevant articles. After articles were determined to be on topic, through a reading of the abstract, research question, results, and discussion, they were then evaluated for inclusion or exclusion based on the following criteria.

Inclusion/Exclusion Criteria

Articles were required to have been peer-reviewed and published between 2016 and 2025, with the majority (10) being published between 2020 and 2025 (Creswell & Creswell, 2018). Further inclusion criteria include articles focused on TGD experiences in therapy, how microaggressions in counselling connect to these experiences, how to better address the needs of TGD individuals in counselling, and how to foster more positive counselling outcomes with TGD individuals. Articles chosen were required to utilize quantitative, qualitative, or mixed methods, and researchers must have been examining humans without the use of artificial intelligence.

Some of the studies included in the review spoke to the experiences of queer people in counselling as opposed to just TGD individuals (Berke et al., 2016; Ito et al., 2024). However, studies focusing on just the experiences of sexual minorities were excluded. Articles that were not published in English, were not peer-reviewed, contained obvious conflicts of interest, and did not provide information on methodology, sampling practice, or sample size were also excluded. Finally, articles were evaluated based on their theoretical orientation and positionality in relation to TGD issues. The Canadian Psychological Association's (CPA) official position on TGD care is that TGD-affirming care is the most effective and ethical form of care (CPA, 2024). Thus, articles that did not come from a TGD-affirming perspective were excluded.

Methodology

Thematic analysis is used to convey the findings of the literature review. A literature review is an overview of other previously published works on a particular topic. Thematic analysis is a method of qualitative research that involves examining data to identify common

ideas and patterns (Caulfield, 2024). This is often broken down into six steps: familiarisation, coding, generating themes, reviewing themes, defining and naming themes, and writing up. These steps are implemented to help researchers create themes that are free of bias, reflect the nature of the data, and are useful in making an accurate interpretation of the data. Thematic analysis was done from a feminist lens that promotes affirming styles of care and best ethical practices.

Evaluation of Significant Studies Reviewed

Due to the lack of specificity surrounding what the burden of cultural education is, articles had their relevance evaluated based on participant or researcher reporting of microaggressions that include experiences like “educational burdening,” “being required to explain aspects of their identity”, “invalidation due to lack of counsellor knowledge,” or “wasting time in session explaining aspects of identity” (Berke et al., 2016; Compton & Morgan, 2022; Dickey & Singh, 2020; Ito et al., 2024; Mackie et al., 2023; Schmidt et al., 2024; Schofield et al., 2023). These themes both addressed what the burden of cultural education is and created connections between the burden of cultural education and experiences in counselling. In the use of studies that speak to the experiences of queer people in counselling, I was mindful of the inclusion of TGD individuals under the queer umbrella and often accentuated responses made by TGD people in particular.

Challenges Encountered During the Literature Search Process

Due to a lack of a centralized term referring to “the burden of cultural education,” it was difficult to reliably find articles that included information about it. Many articles included information about microaggressions generally or highlighted information about microaggressions

other than the burden of cultural education. While studies surrounding the experiences of TGD individuals have become more common in recent years, finding studies with information about this population was still difficult. Many articles spoke to the experiences of queer individuals as a whole or spoke to the experiences of sexual minorities specifically. Lastly, many relevant articles were hidden behind a paywall. While the City University Library was able to procure access to some of these articles, others remained inaccessible.

Limitations in Research

Sampling Issues

Due to the low number of transgender people worldwide, many articles have sample sizes that are smaller than would be reflected in a high-quality quantitative study. This means that nearly every study was qualitative and had sample sizes that may not fully reflect the experiences of TGD people. Bettergarcia and Israel (2018) was the only study that used quantitative methods. In order to mitigate sampling difficulties they also used a broad definition of “transgender-spectrum” and virtual accessibility. Convenience sampling was also often used for the purpose of recruiting more participants. This can result in a sample that is biased or unrepresentative of the general TGD population. Some studies mitigated the sample size problem by sampling from the queer community generally; however, this methodology speaks to the issues faced by TGD individuals less specifically. Likewise, every article but one (Ulrich, 2019) is written or conducted from a North American, European, or Australian perspective. This may limit the generalizability of the data to countries located within South America, Africa, or Asia.

While every article reviewed included gender-diverse individuals as a part of its discussion, gender-diverse individuals were significantly underrepresented in six of the twelve

articles reviewed. Despite the experiences of transgender individuals being largely generalizable to gender-diverse individuals, gender-diverse people can face additional stressors and worse mental health outcomes when contesting the gender binary (Kimber et al., 2024). It is important to consider the unique experiences of gender-diverse individuals to get a holistic view of TGD mental health and the varying issues the community faces.

Intersectionality

Intersectionality is a key part of understanding the experiences of TGD individuals, as intersecting identities can have significant impacts on mental health outcomes and experiences in counselling (Ito et al., 2024; The Trevor Project, 2024). Unfortunately, less than half (5) of the articles reviewed speak to intersectionality outside of their “limitations” section. This is reflective of the relative newness of most TGD-related articles. Researchers are focusing heavily on addressing the issues of TGD people generally to create a knowledge base that can be built upon. The ongoing creation of this knowledge base means that intersecting identities are rarely thoroughly examined. The issue of incorporating intersectionality also connects to the sampling issues, as finding individuals with specific intersecting identities in an already small population is extremely challenging. Despite this, intersectionality is a vital aspect of culturally competent counselling and informs how counsellors interact with their TGD clients.

Scarcity

As TGD issues have just recently come into the limelight, there are very few longitudinal studies examining counselling outcomes and experiences for TGD individuals. Current research largely speaks to the counselling experiences of TGD right now. Few articles exist examining how these experiences affect TGD individuals over time or how the experiences of TGD people

may be changing. Some articles speak to the ability of counsellors to repair rifts in the counselling space caused by microaggressions over time (Mackie et al., 2023; Schmidt et al., 2024). However, these studies do not demonstrate this on a longitudinal scale but rather rely on anecdotes provided by TGD individuals and counsellors who had experienced this repair. TGD research and knowledge would benefit from an increase in longitudinal studies demonstrating benefits or changes over time.

Chapter Three: Literature Review

Chapter Overview

In this literature review, I explore a multitude of factors that seek to answer the guiding question: “What are the effects of the burden of cultural education when counselling transgender and gender-diverse individuals?” This chapter presents the findings of my review, based on the analysis and synthesis of 12 articles (Appendix) related to the research topic. This literature review includes a thematic analysis of key themes and subthemes that highlight the burden of cultural education and how it affects TGD clients in counselling. Themes include (a) the burden of cultural education, (b) the risk of further microaggressions, (c) counsellor identity, (d) the therapeutic alliance, (e) intersectionality, and (f) counsellor education. Thematic analysis of these themes will provide key insight into what the burden of cultural education is and the ways it affects TGD individuals in counselling. The chapter will conclude with a summary of findings and a discussion of ethics on 10 of the articles reviewed.

The Burden of Cultural Education

Research surrounding the experiences of TGD individuals in counselling has found that TGD individuals are at risk of experiencing several microaggressions in the counselling space (Berke et al., 2016; Compton & Morgan, 2022; Dickey & Singh, 2020; Ito et al., 2024; Kimber et al., 2024; Mackie et al., 2023; Schmidt et al., 2024; Schofield et al., 2023). These microaggressions lead to poorer therapeutic outcomes, lower quality of life, and ruptures in the therapeutic alliance. The burden of cultural education is a type of microaggression that is not clearly defined but is described by participants in several research articles highlighting TGD experiences in counselling (Berke et al., 2016; Compton & Morgan, 2022; Dickey & Singh,

2020; Ito et al., 2024; Mackie et al., 2023; Schmidt et al., 2024; Schofield et al., 2023). Broadly, the phenomenon is described by participants as being required to explain aspects of their identity to their counsellor to mitigate the counsellor's lack of culturally sensitive knowledge and receive appropriate support. In a study about the impact of microaggressions on TGD individuals, "educational burdening" is referenced as "therapists depending on clients to educate them on transgender or non-binary related issues," but is not further defined or explored (Kimber et al., 2024, p. 9). According to the research, TGD clients reported they were required to explain basic TGD terminology, what TGD identity is, common sociocultural understandings and treatment of TGD people, discriminatory policies, internalized transphobia, and intersectionality to their counsellors in ways that made them feel invalidated, unsafe, and unheard (Berke et al., 2016; Compton & Morgan, 2022; Dickey & Singh, 2020; Ito et al., 2024; Mackie et al., 2023; Schmidt et al., 2024; Schofield et al., 2023). These explanations each place burdens on the client to educate their practitioner on issues and experiences that contextualize their care, despite counsellors having an ethical responsibility to educate themselves. This means that the burden of cultural education can be understood to involve the negative consequences experienced by an individual as a result of having to explain the terminology, cultural norms, social attitudes, discriminatory policies, intersectionality, and internal struggles of their culture to their practitioner.

Invalidating Treatment

TGD clients reported feeling frustrated, invalidated, and misunderstood when they had to explain what transgender identity is, cultural norms, social attitudes, and basic terminology to their counsellors (Compton & Morgan, 2022; Ito et al., 2024; Mackie et al., 2023; Schofield et al., 2023). Counsellors lacking in cultural competency may rely on the client's ability to

effectively educate them, which assigns their clients additional emotional and psychological labour while opening them up to bias. TGD clients have reported being invalidated when they were required to justify themselves to their practitioner and described cases where they had to explain what a binder is, explain what being non-binary means, or were misgendered by their counsellors (Compton & Morgan, 2022; Ito et al., 2024; Mackie et al., 2023). Feelings of invalidation were amplified when counsellors were unaware of options for starting a medical transition or were unable to have conversations about the effects of starting (Ito et al., 2024). Many cases of invalidation were experienced when counsellors had not challenged their values, beliefs, and attitudes relating to TGD individuals (Compton & Morgan, 2022; Ito et al., 2024; Mackie et al., 2023; Schofield et al., 2023; Warner, 2022). TGD individuals reported counsellors initially taking non-affirming and invalidating approaches to care because they were uneducated about TGD issues and let their biases inform their responses (Compton & Morgan, 2022; Ito et al., 2024; Mackie et al., 2023; Schofield et al., 2023). For example, Compton and Morgan (2022) noted a case where a counsellor questioned their client's transgender status after it was explained to them because the client "played with gender-neutral toys as a child" (p. 238).

When working with TGD individuals, counsellors must consider the types of questions they are asking and the implications their statements make to avoid invalidating their clients and causing ruptures in the therapeutic relationship. Questions asked by clinicians who are uneducated or have rigid views about transition, like "Have you had surgery?" as opposed to "What are your transition goals?" invalidate the client's potential transition goals and place a burden on them to educate the counsellor on what those goals can or may look like (Dickey & Singh, 2020). Likewise, Berke et al. (2016) found that TGD individuals who believed their counsellors were uneducated regarding queer issues were less likely to feel comfortable being

vulnerable and speaking about those issues. Due to the current political climate surrounding TGD individuals, political ignorance or neutrality can also be perceived as invalidating towards TGD people, as it provides implicit credence to the idea that the policies implemented in North America are valid or come down to a matter of opinion (Rowland & Cornell, 2021). Conversely, TGD clients reported feeling affirmed, connected, validated, and relieved when counsellors had appropriate pre-existing knowledge of the TGD community or demonstrated a willingness to thoroughly educate themselves on the topic (Compton & Morgan, 2022; Mackie et al., 2023; Schofield et al., 2023). This relief came from both individuals within the queer community and those who were not that made an effort to be active within the community and demonstrate approaches to care that align with affirming transfeminist principles (Compton & Morgan, 2022). In some cases, participants described foundational knowledge of issues faced by TGD individuals as necessary to non-prejudicial care based on prior negative experiences with counsellors who were uneducated (Schofield et al., 2023). Finally, TGD folks reported an increased sense of safety, trust, and nuance in conversation as a result of their counsellor's pre-existing knowledge of queer issues (Berke et al., 2016; Ito et al., 2024).

Wasting Time in Session

The burden of cultural education being placed on the client means that time is being taken away from work that could be done in session, as the client is forced to spend time educating the counsellor instead of receiving care. TGD clients have noted a lack of relational depth in sessions due to the significant periods of time spent educating their practitioners (Schofield et al., 2023). This lack of depth minimizes the experiences of TGD people in the counselling space and places the learning needs of the counsellor above the needs of their clients. Likewise, Ito et al. (2024) found that some TGD individuals have reported choosing to omit

telling their counsellor about aspects of their identity because they fear it will derail and devalue the session. Questions such as “What does nonbinary mean?” or “What does trans mean?” were identified by clients as questions that required them to give basic definitional answers as opposed to creating space to genuinely explore their identity. This was seen by clients as a waste of time as these conversations failed to explore nuanced aspects of the client’s identity and instead focused on defining broad terms that a culturally competent counsellor should be aware of (Ito et al., 2024). TGD individuals also reported feeling frustrated by the amount of time wasted in sessions that were dedicated to explaining terminology, which thereby resulted in a disconnect with the counsellor and slowed progress in sessions (Mackie et al., 2023). When TGD clients learned their therapist was knowledgeable regarding TGD issues, they reported feeling surprised, affirmed, and appreciative that they did not have to waste time explaining (Ito et al., 2024; Mackie et al., 2023; Schofield et al., 2023). Feelings of surprise and appreciation represent the preexisting negative beliefs some TGD people hold about counselling as a whole and their expectations of experiencing the burden of cultural education (Ito et al., 2024).

Risk of Further Microaggressions

Lack of knowledge or experience in working with TGD clients is associated with the presence of microaggressions (Compton & Morgan, 2022; Ito et al., 2024; Kimber et al., 2024; Warner, 2022). Warner (2022) speaks to the learned and unconscious nature of negative beliefs, values, and attitudes the counsellor may hold towards queer people. An inability to challenge these values, or unawareness of their existence, puts the client at risk of having the counsellor impose their culturally insensitive values onto them. Particularly, when a client experiences the burden of cultural education, the practitioners’ neglect actively puts the client at risk of counsellor bias as they process new information for the first time (Compton & Morgan, 2022).

This processing of new information is an added layer of vulnerability for TGD individuals as they may worry about being understood, being interpreted correctly, counsellor bias, overt microaggressions, and subconscious microaggressions. TGD clients have reported several common microaggressions as a result of undereducated or biased counsellors (Kimber et al., 2024). Identity-based microaggressions enacted against TGD individuals are associated with lower quality of life, stress, anxiety, depression, emotional exhaustion, substance abuse, and suicidal ideation.

Rigidity

TGD clients reported counsellor rigidity as one of the most common microaggressions they face in the counselling setting (Compton & Morgan, 2022; Ito et al., 2024; Kimber et al., 2024). Approximately 45% of TGD individuals reported microaggressions based on rigid beliefs about the gender binary at the hands of a healthcare professional (Kimber et al., 2024). Compton and Morgan (2022) describe counsellor rigidity as a counsellor's tendency to put clients "into boxes" based on their cisnormative notions of gender. As a result of counsellor rigidity, some TGD clients reported counsellors conceptualizing their gender identity as something to be "fixed" or moved closer to cisnormativity. Likewise, some TGD individuals reported their counsellors having ideas regarding "right" and "wrong" ways to approach their transition (Compton & Morgan, 2022). Both cases were especially prevalent in non-binary clients who reported being validated based on their desire to medically transition or not. Finally, TGD individuals reported that counsellors' conceptions of "right" and "wrong" ways to transition led to instances where clients were told they were "doing it for attention" (Ito et al., 2024). When clients experience the burden of cultural education, rigidity in beliefs can influence the

interpretation of the information being shared before counsellors have a chance to challenge these beliefs.

Under-identification

Under-identification or being “gender blind” is described by Compton and Morgan (2022) as a counsellor’s tendency to minimize gender-based issues due to a lack of knowledge or discomfort. TGD individuals reported instances in counselling where aspects of gender were avoided, never brought up, or minimized by their counsellors (Berke et al., 2016; Compton & Morgan, 2022; Ito et al., 2024). These instances lead to clients being unheard, misinterpreted, and invalidated in their experiences. Counsellors who have not taken steps to properly educate themselves about TGD issues risk under-identifying gender-based issues to the detriment of their clients.

Overidentification

Overidentification or being “gender blinded” is described by Compton and Morgan (2022) in situations where the counsellor excessively focuses on gender and neglects other aspects of the client’s identity. Clients may therefore feel unheard and be seen as one-dimensional. Overidentification is explored in several studies as one of the most common and frustrating aspects of attempting to seek support from a therapist who places the burden of cultural education on the client (Dickey & Singh, 2020; Compton & Morgan, 2022; Ito et al., 2024; Kimber et al., 2024; Schmidt et al., 2024). TGD clients reported instances where their counsellors ignored symptoms of anxiety and PTSD, instead choosing to focus on both gender and sexual identity exclusively (Compton & Morgan, 2022). Likewise, Ito et al. (2024) found that clients reported certain aspects of their identity being prioritized over others; in particular,

aspects of the client's race and ethnicity were sometimes minimized compared to gender. Dickey and Singh (2022) and Schmidt et al. (2024) discussed overidentification as a risk for counsellors assuming they "get it" while not having engaged with the practice of cultural learning and unlearning necessary to properly integrate TDG identity into one's practice. This overidentification can also occur in TGD clinicians who overidentify with their journey and wrongly apply that to the client. When TGD clients experience the burden of cultural education, counsellors may overcorrect to appear culturally competent or like good allies (Dickey & Singh, 2020; Compton & Morgan, 2022; Schmidt et al., 2024).

Counsellor Identity

TGD individuals have reported that counsellor identity plays a role in the types of counsellors they are willing to see and in mitigating harm experienced by counsellors' lack of education and cultural sensitivity. (Berke et al., 2016; Compton & Morgan, 2022; Ito et al., 2024; Schofield et al., 2023). TGD individuals reported that identity disclosures from their counsellor increased the depth of their relationship and increased trust that the counsellor understood their issues (Schofield et al., 2023). Likewise, Berke et al. (2016) found that TGD individuals often expressed a desire to "match" with their therapist in some regard. This was not exclusive to gender identity and included facets like sexual orientation, life stages, and ideological perspective. This match reportedly increased TGD clients' sense of safety and feelings of being understood by their therapist. Ito et al. (2024) echoed these findings, with participants citing that counsellor matches in identity, such as gender or race, allowed them to "let their guard down" and "discuss goals more in-depth" due to the common terminology and understanding. This allowed for more complex topics to be explored earlier in treatment and mitigated the burden of cultural education. Finally, Compton and Morgan (2022) found that some TGD individuals

reported seeking queer-identifying therapists because they better understood the impacts of social oppression and were better equipped to validate those experiences. However, this experience was not universal, and some TGD individuals reported experiencing the burden of cultural education when interacting with gay or lesbian practitioners who did not understand TGD issues.

While many studies found there was a clear desire for some degree of identity-based "match" with counsellors, others reported that cisgender or "mismatched" counsellors were also able to effectively provide care (Berke et al., 2016; Compton & Morgan, 2022; Mackie et al., 2023; Schofield et al., 2023). Berke et al. (2016) found that some TGD individuals reported that matching in ideological perspective, such as the integration of transfeminist principles, was sufficient for creating a safe space and avoiding the burden of cultural education. Likewise, multiple studies found that counsellors who did not share identity aspects with TGD clients were able to mitigate the burden of cultural education by demonstrating cultural competency and taking responsibility for educating themselves (Compton & Morgan, 2022; Mackie et al., 2023; Schmidt et al., 2024). Unfortunately, fear and negative experiences with the burden of cultural education mean that many TGD clients believe they must choose counsellors carefully. The selection process is made more challenging as some counsellors will add pride flags to their websites or highlight openness in working with gender-related issues in a way that is performative as opposed to a method of displaying cultural competency (Compton & Morgan, 2022). While many TGD individuals find it helpful to be able to connect with their counsellor on an aspect of belief or identity, counsellors who can effectively attend to their ethical obligations to mitigate their gaps in knowledge regarding support for TGD individuals will be able to foster stronger relationships with their clients (Compton & Morgan, 2022; Mackie et al., 2023; Schmidt et al., 2024).

Advocacy

TGD individuals have reported that advocacy, both in and out of sessions, can signal safety, engagement with queer rights issues, and lessen the burden of cultural education (Compton & Morgan, 2022; Dickey & Singh, 2020; Mackie et al., 2023; Rowland & Cornell, 2021). Reported acts of advocacy include (a) recognition of cisnormativity in the counselling space, (b) asking for pronouns on intake forms, (c) getting pronouns right, (d) displaying pride materials on the counsellor's website, (e) referrals to queer support groups, (f) help navigating bureaucracy in accessing hormone replacement therapy and legal name or gender marker changes, (g) advocating for use of one's preferred name in counselling, medical, and school settings, (h) attending TGD related protests or pride events, and (i) actively challenging social norms placed upon TGD individuals (Compton & Morgan, 2022; Dickey & Singh, 2020; Mackie et al., 2023). Rowland and Cornell (2021) speak to the inherently political nature of working with TGD individuals and how advocacy is steeped in political implications. Counsellors implicitly "pick a side" when choosing whether to interact with the policies being levied against TGD individuals in North America. Refusing to engage with political content both places the burden of cultural education on the client and creates a space in which the client knows the counsellor is unwilling to advocate or learn about their struggles (Compton & Morgan, 2022; Rowland & Cornell, 2021). Both in and out of the counselling space, advocacy is a key aspect of building trust, understanding, and safety amongst TGD clients as a means of lessening the burden of cultural education.

The Therapeutic Alliance

Cultural familiarity and lessening of the burden of education contribute to an empathetic understanding of the client (Ullrich, 2022). This empathetic understanding is foundational to

building a strong therapeutic alliance. Compton and Morgan (2022) found that TGD individuals reported support and empathy as key factors in forming the therapeutic alliance. This positive alliance predicted better outcomes in counselling and was, in part, moderated by counsellor expertise, knowledge, advocacy, and the burden of cultural education. Several studies have found that TGD individuals report the therapeutic alliance as one of the most important aspects of counselling (Bettergarcia & Israel, 2018; Dickey & Singh, 2020; Compton & Morgan, 2022; Ito et al., 2024; Mackie et al., 2023; Schmidt et al., 2024). Bettergarcia and Israel (2018) found that when counselling incorporated appropriate attention to cultural knowledge and was affirming in nature, TGD participants reported developing a stronger therapeutic alliance with their counsellor. Likewise, TGD individuals perceived their counsellors as less trustworthy, less of an expert, and less likable when they were uneducated about TGD issues and provided non-affirming care. Mackie et al. (2023) echoed these findings, with TGD students reporting that the therapeutic relationship defined the trust and safety they felt with their counsellor. Counsellors who did not appropriately attend to their position of power and spoke down to clients or presented themselves as experts while displaying rigidity in their beliefs about TGD people created ruptures in the therapeutic alliance that led to individuals feeling patronized and harassed.

Counsellor identity also plays an implicit role in the formation of the therapeutic alliance. Ito et al. (2024) found that individuals who had an identity “match” with their counsellor were able to form a resilient therapeutic alliance more quickly due to the confidence that their counsellor would have the ability and skills to navigate their cultural issues. This may be a result of prior experiences of the burden of cultural education and disenfranchisement at the hands of healthcare providers (Dickey & Singh, 2020). TGD individuals are often “on guard” when

dealing with health care providers due to systemic and cisnormative barriers being unaccommodating of their lived experience. This justified “guardedness” can hamper the formation of the therapeutic alliance but highlights the importance of education, cultural competency, and advocacy in breaking down barriers. Finally, Schmidt et al. (2024) spoke to the active nature of cultivating the therapeutic alliance. This cultivation requires active attention, respect, communication, and flexibility. The therapeutic alliance is not infallible once formed, nor is it something unmendable when broken. Active cultural reflection, listening, and proactivity in learning help maintain this alliance from the perspective of lessening the burden of cultural education.

Cultural Humility

Schmidt et al. (2024) introduce the concept of cultural humility in relation to TGD clients. The study defines cultural humility as a lifelong motivation to learn from others, critical self-examination of cultural awareness, interpersonal respect, developing mutual partnerships that address power imbalances, and an other-oriented stance open to new cultural information. This definition reflects the idea that cultural competence is an active process that requires dedicated work on the part of the therapist to be truly effective in creating a strong therapeutic alliance. Likewise, Schmidt et al. (2024) posit that ruptures in the therapeutic relationship are natural and that cultural humility reflects how counsellors mend them. Counsellors demonstrating the ability to recognize their own biases, seek consultation, educate themselves, and acknowledge mistakes, allowed them to mend ruptures in the therapeutic relationship while positioning themselves for more effective and culturally competent care (Compton & Morgan, 2022; Mackie et al., 2023; Schmidt et al., 2024). This process is done without placing the burden of cultural education on the client.

Dickey and Singh (2020) and Ullrich (2022) reinforce the idea that ruptures in the therapeutic alliance are bound to happen when navigating complex issues with clients, including cases where the burden of cultural education is assigned to the client. However, embodying cultural humility and educating oneself about the kinds of questions to ask displays empathetic attunement with the client and strengthens the therapeutic alliance (Dickey & Singh, 2020). Ullrich (2022) focuses on cultural humility as a willingness to have conversations that may seem strange from one's cultural perspective and a willingness to educate oneself on these topics to contextualize the client's presenting problems. Navigating these conversations from an educated, transfeminist, cultural lens gives the client space to express themselves authentically and builds the therapeutic alliance from a place of mutual and empathetic understanding. This conceptualization of cultural humility highlights the importance of being willing to let the client's authentic self guide sessions while also being cognizant of minimizing the burden of cultural education to foster a strong therapeutic alliance.

Intersectionality

Rowland and Cornell (2021) addressed how the field of psychology tends to conceptualize client problems from a personal and internal lens. This conflicts with the reality that marginalized individuals, especially those with intersecting identities, often face a tremendous amount of external stress. Rowland and Cornell (2021) argue that this social nature of suffering cannot be extracted from care. Due to this social aspect of caretaking center stage, attention to intersectionality becomes a key and necessary factor in culturally competent care (Ito et al., 2024). While this capstone has focused on TGD issues in lessening the burden of cultural education, many TGD clients have several intersecting identities that will inform and contextualize their care. Counsellors demonstrating an understanding of these identities is vital

for effective advocacy, breaking down systemic barriers, and being flexible in approach when different identity factors interact or are highlighted in the counselling space (Dickey & Singh, 2020; Ito et al., 2024). Dickey and Singh (2020) argued that awareness of intersectionality alone is not enough to mitigate the burden of cultural education, but that informed care must be accompanied by a willingness to participate in social justice activities. Intersectional advocacy increases firsthand knowledge regarding the diverse array of issues TGD individuals face and increases feelings of trust and safety in the therapeutic relationship (Compton & Morgan, 2022; Dickey & Singh, 2020; Ito et al., 2024).

Berke et al. (2016) speak to how, for example, the experiences of a wealthy transgender woman will likely differ greatly from the experiences of a transgender woman of low socio-economic status. Differences in ability to access psychologists, psychiatrists, affirming doctors, lawyers, and gender-affirming care mean that transition goals and outcomes can differ greatly from person to person. This intersecting identity must be acknowledged in the counselling relationship because it greatly contextualizes the client's struggles. Failure to acknowledge and adapt to intersecting identities can cause ruptures in the therapeutic relationship and place the burden of cultural education on the client as they are required to educate their counsellor about how these identities interact and why they are relevant (Berke et al., 2016; Ito et al., 2024).

Counsellor Education

Seven of twelve articles mention increased education surrounding TGD issues, both during post-secondary programs and in continuing education, as necessary to lessen the burden of cultural education and other microaggressions on clients (Berke et al., 2016; Bettergarcia & Israel, 2018; Ito et al., 2024; Kimber et al., 2024; Mackie et al., 2023; Schmidt et al., 2024; Warner, 2022). Warner (2022) posits that post-secondary programs for mental health

professionals do not have sufficiently integrated classes focusing on queer issues which creates an ethical dilemma for counsellors. Counsellors may be put in a position to choose between doing significant continuing education to work with queer individuals, choosing to not work with them, or choosing to see them despite a lack of education. This lowers access to effective counselling services for queer individuals and opens them up to experiencing microaggressions like the burden of cultural education at the hands of uneducated counsellors (Warner, 2022).

Bettergarcia and Israel (2018) recommend post-secondary education surrounding what is and is not affirming practice as a means of combating microaggressions. If counsellors are unaware of how gender-related terms, like "transsexual" or "cross-dresser", have evolved they are more likely to use them in a way that is unaffirming and force their clients to explain the meaning and harm done by these terms. Mackie et al. (2023) and Berke et al. (2016) advocate for both formal and informal forms of education as a means of lessening the burden of cultural education. Informal forms of education include interacting with non-scholarly sources, TGD organizations, TGD pop culture, and TGD media as a means of familiarizing oneself with the terminology and culture. This creates a more effective and holistic form of cultural education than solely leaning on formal avenues for education. Kimber et al. (2024) recommend that tertiary education for counsellors should include information about minority stress theory and how systemic oppression affects TGD individuals to mitigate the prevalence of microaggressions. Likewise, they recommend guidance from professional workshops or consultation on how to mend the therapeutic relationship after a microaggression as part of continued education. Ito et al. (2024) speak to the necessity of intersectionality as a factor of post-secondary queer education programs to help identify and challenge systemic barriers and counsellors' internal biases. Finally, Schmidt et al. (2024) highlight the importance of

consultation and continued cultural humility as they seek education regarding TGD issues. This reflexivity allows counsellors to be proactive in challenging their cisnormativity and to think critically about the clinical applications of information they are being taught.

Ethical Considerations and Guidelines

Ethics are a key aspect of responsible counselling practice and research. I have analyzed 10 of the articles used in this review for ethical adherence and considerations made. This analysis was guided by documents created by two governing bodies in the field of psychology. These documents include *the Canadian Code of Ethics for Psychologists fourth edition* by the Canadian Psychological Association (Canadian Psychological Association [CPA], 2017) and the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* by the Canadian Institutes of Health Research [CIHR], Natural Sciences and Engineering Research Council of Canada [NSERC], & Social Sciences and Humanities Research Council of Canada [SSHRC] (CIHR, NSERC, & SSHRC, 2018). Both documents share ethical considerations for informed consent, confidentiality, fairness and vulnerability in research, and conflicts of interest. These considerations will inform the discussion about the 10 articles analyzed.

Informed Consent

Principle I: Respect for the Dignity of Persons and People in the CPA's (2017) code of ethics and *Chapter 3: The Consent Process* in the Tri-Council Policy Statement (CIHR, NSERC, & SSHRC, 2018) highlight the importance of obtaining consent from participants that is informed (e.g., includes information about the risks and benefits of the research), rescindable at any time, and is uncoerced. Four of the ten articles explicitly speak to informed consent as a part of the research process (Berke et al., 2016; Bettergarcia & Israel, 2018; Mackie et al., 2023;

Schofield et al., 2023). Schofield et al. (2023) was the only article that went beyond stating informed consent was obtained and specified the right to withdraw as a part of the informed consent process. Other authors either specified that informed consent was not required for their type of article (Dickey & Singh, 2020; Kimber et al., 2024) or made no mention of informed consent (Compton & Morgan, 2022; Ito et al., 2024; Rowland & Cornell, 2021; Warner, 2022).

Article 3.7A of the Tri-Council Policy Statement states that the informed consent process may be altered in instances where the research involves no more than minimal risk to the participants or it would make the research impossible, given the design, to carry one (CIHR, NSERC, & SSHRC, 2018). Journal articles focusing on creating a systematic review or articles without participants are likely to fall under these exceptions. As nine of ten studies indicated some form of university committee approval, with Rowland and Cornell (2021) being the only exception, confidence that ethical procedures regarding informed consent were followed may be increased. However, the lack of detail outlined in several articles leaves the reader making assumptions about the procedures followed. Concerns could also be raised about the lack of clarity regarding articles that did not discuss obtaining university committee approval or informed consent (Rowland & Cornell, 2021). While it seemed most articles align with ethical duties regarding informed consent, additional clarity would have enhanced the ability to ethically analyze these articles.

Confidentiality

Ethical duties concerning confidentiality are discussed in CPA's (2017) *Principle I: Respect for the Dignity of Persons and People* and *Chapter 5: Privacy and Confidentiality* in the Tri-Council Policy Statement (CIHR, NSERC, & SSHRC, 2018). These principles speak to both the researcher's obligations to protect participant information and data and the counsellor's

duties to take steps toward protecting client information. Concerningly, only three of ten articles mention confidentiality explicitly (Berke et al., 2016; Dickey & Singh, 2020; Mackie et al., 2023). Mackie et al. (2023) and Berke et al. (2016) speak to the importance of confidentiality due to the sensitive nature of gender-based care and making confidentiality procedures exceedingly clear even during intake, especially when working with kids. Dickey and Singh (2020) highlight the small size of many TGD communities and implore counsellors working in those communities to tread carefully, as there will likely be overlap in clients and community spaces.

Principle III: Integrity in Relationships of CPA's (2017) code of ethics warns about the potential confidentiality risks associated with dual relationships and asks counsellors to weigh the risks and benefits when working within small communities. Despite not explicitly mentioning confidentiality in relation to research, all relevant studies (8) changed or removed participant names and identifying data to uphold standards of confidentiality. Once again, while most articles seem in alignment with ethical standards of confidentiality, and in some cases expand upon its relevance with TGD individuals in counselling scenarios, more explicit discussions would enhance the ethical rigour of these articles.

Fairness and Vulnerability in Research

Principle I: Respect for the Dignity of Persons and People in the CPA's (2017) code of ethics and *Chapter 4: Fairness and Equity in Research Participation* in the Tri-Council Policy Statement (CIHR, NSERC, & SSHRC, 2018) speak to fairness and vulnerability in research. Specifically, they highlight the equal distribution of benefits for vulnerable groups in research, communication of results that cannot be misinterpreted or misused against those in vulnerable groups, and duties of non-discrimination towards individuals in research based on sex or gender.

While none of the studies explicitly mention ethical duties of fairness towards vulnerable populations in research, due to the nature of the subject matter, none of the articles discriminate against participants based on TGD status, as that is critical to the articles themselves. Likewise, articles do not discriminate against TGD participants based on male, female, non-binary, or other types of gender presentation, nor are they categorized by sex at birth.

Five of ten articles noted using forms of reflexivity (e.g., reflective journals, consultations with experts, reflexive accounts) to account for research bias and to allow researchers to analyze data in a way that honoured the vulnerable nature of the client population (Berke et al., 2016; Compton & Morgan, 2022; Ito et al., 2024; Mackie et al., 2023; Schofield et al., 2023). Finally, determining the equal distribution of benefits for vulnerable populations is a subjective measure. As a transgender person working in the field of counselling psychology, I believe that each article analyzed presents more benefits than risks for the TGD population as research was conducted in a way that respects a wide variety of TGD identities and results were communicated in a way that advocates for ethical, culturally competent, and affirming care for TGD individuals with little room for harmful interpretation by readers. This is in alignment with CPA's (2024) official positionality on gender-affirming care as effective and ethical when working with TGD individuals as opposed to unethical methodologies such as conversion therapy. Each article could benefit from increased discussion regarding the importance of reflexivity and affirming care; however, due to the nature of the articles, some may argue that additional discussion is redundant.

Conflicts of Interest

Principle III: Integrity in Relationships in CPA's code of ethics (2017) and *Chapter 7: Conflicts of Interest* Tri-Council Policy Statement (CIHR, NSERC, & SSHRC, 2018) outline

ethical duties that counsellors and researchers abide by to avoid conflicts of interest. Conflicts can arise when benefits to counsellors, researchers, or organizations take priority over benefits to the well-being of the public. This can occur in cases when researchers or counsellors have unexamined biases, professional loyalties to organizations, educational institutions, or equities, and/or competing institutional requirements (CPA, 2017; CIHR, NSERC, & SSHRC, 2018).

Six of ten articles include a disclosure statement indicating that there are no conflicts of interest present (Compton & Morgan, 2022; Ito et al., 2024; Kimber et al., 2024; Mackie et al., 2023; Rowland & Cornell, 2021; Schofield et al., 2023). Further investigation did not reveal a clear conflict of interest within any of the 10 articles analyzed, despite four missing disclosure statements. However, researchers in each of the 10 articles were either a part of the queer community, were self-described “TGD allies”, or had a degree of professional interest in gender-based studies. While these identities are not clear conflicts of interest, they accentuate the importance of disclosure statements to confirm that the research was not conducted with a conflict of interest.

Findings

Feminist and transfeminist lenses highlight how interpersonal and systemic cisnormative beliefs uphold the burden of cultural education and contribute to gender-based oppression (Galpin et al., 2023; Koyama, 2003; Sennott & Smith, 2011). Likewise, they offer critiques of how practitioners can foster a system of marginalization by avoiding TGD clients, pathologizing TGD individuals, or offering harmful, non-affirming care. The results of this review will be evaluated and interpreted based on feminist and transfeminist principles and critiques.

Deconstruction of Systemic Beliefs

Research showed that the burden of cultural education can be placed upon TGD individuals when their counsellors require their clients to explain basic TGD terminology, what TGD identity is, common sociocultural understandings and treatment of TGD people, discriminatory policies, internalized transphobia, affirming care, and intersectionality to them (Berke et al., 2016; Compton & Morgan, 2022; Dickey & Singh, 2020; Ito et al., 2024; Mackie et al., 2023; Schmidt et al., 2024; Schofield et al., 2023). TGD individuals being expected to give their counsellors these explanations led to feelings of frustration, invalidation, discrimination, and misunderstanding in the counselling space. Likewise, it led to a lower sense of safety, trust, empathy, and authenticity when speaking to their counsellor and actively wasted TGD clients' time (Ito et al., 2024; Mackie et al., 2023; Schofield et al., 2023). From a feminist lens, these findings demonstrate that it is not enough for counsellors to just familiarize themselves with proper terminology. Practitioners must then contextualize their understanding of the terminology by actively working to challenge dominant cultural beliefs through critical self-reflection to offer culturally competent care. The deconstruction of internalized beliefs is a key part of enacting systemic change and offering non-discriminatory care that promotes trust, authenticity, empathy, and safety. The burden of cultural education risks requiring TGD individuals to prompt critical self-reflection in their counsellors and become active in the process of deconstruction, which can further marginalize the client. A thorough understanding of TGD culture, terminology, and care, as well as a willingness to participate in critical self-reflection as a part of culturally competent counselling, decreases the likelihood of requiring the client to educate their counsellor and invalidating their lived experience when they are already in a vulnerable position as marginalized clients. Additionally, forcing TGD individuals to educate counsellors about policies influencing

their lives, and why they are negatively impactful, places clients in the position of justifying their suffering as they must sway their counsellor away from political neutrality to have an authentic conversation about the effects of these policies. Many pieces of feminist literature cite positions of neutrality as ineffective when working with marginalized individuals, as taking a neutral perspective toward systemic suffering can signify a lack of critical reflection, advocacy, and engagement (Brown, 2018; Rowland & Cornell, 2021; Sennott & Smith, 2011). Counsellors run the risk of further alienating and invalidating clients when they avoid political conversations about the cultural issues TGD individuals face.

Challenging Cisnormativity to Enact Change

The burden of cultural education and a lack of counsellor knowledge were often followed by an increase in other microaggressions such as rigidity, overidentification, and under-identification as clinicians struggled to parse new information while navigating their personal biases (Compton & Morgan, 2022; Ito et al., 2024; Kimber et al., 2024; Warner, 2022). This finding continues to highlight the importance of clinicians challenging their implicit personal beliefs and biases about both the dominant and TGD culture, as a failure to do so displays a distinct lack of cultural competency and furthers the systemic oppression of TGD people at the hands of care providers. Many TGD individuals found that having some degree of identity-based “match” with their counsellor led to an increased sense of safety, trust, and depth in therapeutic conversations (Berke et al., 2016; Compton & Morgan, 2022; Ito et al., 2024; Schofield et al., 2023). The desire for identity-based matches was often due to TGD individuals believing and experiencing that those who shared aspects of their identity were more likely to have challenged cisnormative cultural narratives in the counselling space and educated themselves. From a transfeminist lens, these experiences expose a need for clinicians who do not share aspects of

their identity with their TGD clients to ensure they display cultural humility, seek education, and challenge their relationship to cisnormativity to break down systemic barriers for their clients. The data supported this idea, showing multiple instances in which “non-matching” counsellors were able to demonstrate cultural competency and an ability to minimize the burden of cultural education to earn safety and trust in the relationship (Berke et al., 2016; Compton & Morgan, 2022; Mackie et al., 2023; Schofield et al., 2023). Recognizing how counsellors who do not share aspects of their identity with their clients can still provide affirming, effective, and culturally competent care is a crucial step in enacting systemic change for TGD individuals seeking counselling. Likewise, the positive reactions TGD individuals had towards counsellors who challenged cultural norms further solidify transfeminist ideas that lessening the burden of cultural education increases accessibility and decreases discrimination in counselling (Sennott & Smith, 2011). Advocacy was also noted as a key factor in building trust when working with TGD individuals, as engagement with advocacy often decreased the burden of cultural education (Compton & Morgan, 2022; Dickey & Singh, 2020; Mackie et al., 2023). Counsellors are in a position of power and must use their privilege to advocate for individuals who belong to marginalized populations by breaking down cultural barriers for TGD care. This can include holding themselves accountable, holding others in the field accountable, providing resources, and using their professional voices to achieve systemic change.

Integration of Education and Intersectionality

Navigating the burden of cultural education from a place of empathic understanding and cultural humility led to a more resilient therapeutic alliance, which TGD individuals identified as one of the most important factors in effective counselling (Bettergarcia & Israel, 2018; Dickey & Singh, 2020; Compton & Morgan, 2022; Ito et al., 2024; Mackie et al., 2023; Schmidt et al.,

2024). This was further bolstered by a counsellor's ability to integrate intersectional identities into the counselling space and honour a holistic approach to TGD care (Dickey & Singh, 2020; Ito et al., 2024). Intersectionality is a pillar of transfeminism that contextualizes gender-based discrimination and exposes how dominant cultural norms oppress marginalized groups in many different facets of life (Koyama, 2003). An approach to counselling that does not integrate intersectional perspectives contributes to the continued marginalization of the client by failing to offer care in a way that respects the unique cultural dynamics each client faces. Additionally, ignoring intersectionality increases the burden of cultural education and further oppresses TGD clients navigating multiple marginalized identities in counselling. Of the articles reviewed, intersectionality was a largely underexplored topic. The lack of intersectional context exposed a need for researchers to more effectively include intersectional perspectives to increase the quality and relevance of their studies. Lastly, researchers identified both formal and informal forms of education, such as enhanced post-secondary classes, consultation with experts, interaction with TGD organizations, pop culture, and cultural reflexivity, as methods of enhancing counsellor knowledge to lessen the burden of cultural education and building strong therapeutic relationships with TGD clients (Berke et al., 2016; Bettergarcia & Israel, 2018; Ito et al., 2024; Kimber et al., 2024; Mackie et al., 2023; Schmidt et al., 2024; Warner, 2022). Engaging with informal forms of education is especially relevant when challenging the pathologization of TGD individuals in healthcare professions, navigating personal biases as a result of pathologization, and creating a practice that is both affirming and inclusive of the vast diversity within the community.

Relevance of Findings

These findings are relevant to any counsellor working with TGD individuals as they demonstrate how the burden of cultural education negatively impacts TGD clients by invalidating their experiences, wasting time in sessions, increasing the prevalence of microaggressions, worsening the relationship with their practitioners, creating systemic barriers that impede access to culturally competent care, and by upholding cisnormative cultural narratives that actively work to continue oppressing and marginalizing them. The findings also highlight ways to mitigate those effects, through education, cultural humility, advocacy, personal reflection, and the challenging of dominant cultural norms, to form strong therapeutic relationships with your TGD clients as a culturally competent counsellor. Finally, defining and exploring “the burden of cultural education” allows for the phenomenon to be studied in more depth and for future research to be consolidated around a shared understanding of this term.

Conclusion

In this chapter, I explored current research about the nature of the burden of cultural education and its effects on TGD individuals in counselling. It has focused on defining the burden of cultural education based on TGD participant experiences, exploring the effects of the burden of cultural education, connecting the burden of cultural education to the prevalence of other common microaggressions experienced by TGD folks, highlighting how the burden of cultural education and advocacy influence queer client preferences in counsellor identity, identifying the therapeutic alliance an aspect of therapy that can suffer due to the burden of cultural education, acknowledging intersectionality as a key factor in lessening the burden of cultural education on TGD individuals, and defining how formal and informal education can be used to combat the burden of cultural education. When conceptualizing these findings from

feminist and transfeminist perspectives, I underscored how the burden of cultural education is interconnected with dominant cultural norms, internalized beliefs, and counsellor biases that can contribute to the continued marginalization of TGD individuals by making care unsafe, inaccessible, and oppressive. The interpretation of this review will serve as a basis for the discussion, applications, and recommendations outlined in the following chapters while providing actionable steps and context for how counsellors can offer culturally competent care that lessens the burden of cultural education.

Chapter Four: Application to Clinical Practice

The purpose of the literature review was to examine the burden of cultural education and how it affects TGD clients in counselling. In this chapter, I discuss ways in which the literature review findings can be applied to clinical practice for practitioners. I also examine how these findings contribute to scientific knowledge. Lastly, I explore how these findings impact TGD people in society and intersect with culture and diversity.

Applications for Practitioners

It can be difficult for practitioners to tackle the idea of cultural competency without concrete examples of what that looks like (Berke et al., 2016; Bettergarcia & Israel, 2018; Dickey & Singh, 2020; Schmidt et al., 2024; Schofield et al., 2023). The findings of this literature review illuminate ways in which these practitioners can ensure they are practicing culturally competent care with their TGD clients. Counsellors who are hoping to work with TGD clients can apply this information to their practice to lessen the burden of cultural education and build stronger relationships with their clients (Berke et al., 2016; Bettergarcia & Israel, 2018; Compton & Morgan, 2022; Dickey & Singh, 2020; Ito et al., 2024; Kimber et al., 2024; Mackie et al., 2023; Schmidt et al., 2024; Schofield et al., 2023).

Awareness and Management of Microaggressions

Education and awareness regarding what microaggressions are, when they show up, and how they affect individuals can be an important factor in decreasing their prevalence (Compton & Morgan, 2022; Kimber et al., 2024; Schmidt et al., 2024; Warner, 2022; Yoshikawa & Sims, 2023). Likewise, heightened awareness of microaggressions has been shown to increase personal accountability and the likelihood that microaggressions are called out in the moment (Yoshikawa

& Sims, 2023). This awareness must be accompanied by a commitment to self-reflection, allyship, and a willingness to have potentially uncomfortable conversations (Compton & Morgan, 2022; Kimber et al., 2024; Schmidt et al., 2024). By engaging with the contents of this review from a perspective of cultural humility, practitioners can increase their awareness about what the burden of cultural education is, how it can affect their clients, and steps they can take to mitigate it. Additionally, this information can be used to ethically advocate for TGD individuals in counselling and call out other practitioners who are placing the burden of cultural education on their clients.

Continuing Education

Several articles mention graduate programs as being insufficient in teaching students about TGD issues (Berke et al., 2016; Bettergarcia & Israel, 2018; Ito et al., 2024; Kimber et al., 2024; Mackie et al., 2023; Schmidt et al., 2024; Warner, 2022). Therefore, it is important for practitioners who want to work with TGD clients to participate in forms of continuing education to ensure they are offering knowledgeable and culturally competent care. While TGD clients showed a preference for clinicians who matched their identity, this preference was offset by counsellors who demonstrated advocacy, cultural competence, and a willingness to educate themselves regarding TGD issues (Compton & Morgan, 2022; Ito et al., 2024; Mackie et al., 2023; Schmidt et al., 2024). Both formal (e.g., workshops focused on working with TGD individuals) and non-formal (e.g., interacting with TGD pop culture, advocacy organizations, and/or media) forms of education are crucial in increasing a counsellor's understanding of TGD issues and can contribute to a lessening of the burden of cultural education (Berke et al., 2016; Mackie et al., 2023). Finally, reflexivity and cultural humility are key parts of culturally competent care and lessening the burden of cultural education as they require practitioners to

challenge their cisnormative beliefs about the world (Schmidt et al., 2024). This practice encourages practitioners to seek continuing education from a place of humility and to reflect upon the things they are learning from a perspective of growth.

Cultural Considerations

Exploring Intersectionality

In-depth conversations about intersectionality are omitted from many research articles and graduate school programs. Despite this, intersectionality directly informs a client's lived experience and can highlight important aspects of a client's presenting problems (Berke et al., 2016; Dickey & Singh, 2020; Ito et al., 2024). Practitioners must be willing to show cultural humility in educating themselves about how intersecting identities can influence their clients' goals and direction in counselling. Likewise, counsellors need to be willing and able to have nuanced conversations about how intersectionality influences the client's life. This genuine openness can help combat microaggressions that TGD individuals often face in counselling, such as rigidity, the burden of cultural education, overidentification, and underidentification (Berke et al., 2016; Compton & Morgan, 2022; Dickey & Singh, 2020; Ito et al., 2024). For example, it may seem very affirming to encourage each one of your TGD clients to "come out" to their family and friends and pursue hormone replacement therapy. However, depending on aspects of the client's intersecting identities like socio-economic status, race, ethnicity, religion, sexuality, location, and/or education, the process of coming out can be extremely dangerous, emotionally demanding, and may not be feasible or desired at the moment (Berke et al., 2016). Likewise, access to hormone replacement therapy relies on access to an affirming doctor and a degree of financial stability, and can have huge implications regarding a client's personal life as physical changes become more likely to "out" them. Each person's journey and goals regarding their

gender identity are going to be different; being both flexible in exploring that journey while considering important intersectional elements is key in providing care that is culturally competent and lessens the burden of cultural education.

Willingness to Advocate

Due to the current socio-political standing of TGD individuals, practitioners are in a position to advocate for their clients. This can include having conversations that respect the political nature of TGD suffering, being visible at pro-TGD rallies or events, displaying pride materials on websites and in offices, recognition of cisnormativity in the counselling space, asking for pronouns on intake forms and getting them right, referrals to queer support groups, assistance navigating bureaucracy in accessing hormone replacement therapy and legal name or gender marker changes, and actively challenging social norms placed upon TGD individuals (Compton & Morgan, 2022; Dickey & Singh, 2020; Mackie et al., 2023). Counsellors who are having conversations that are political or challenging social norms must take steps to deconstruct their internalized cultural narratives and ideas of cisnormativity to remain culturally competent and avoid microaggressions (Dickey & Singh, 2020; Ito et al., 2024). Many of these small acts of advocacy, such as pronouns on intake forms and pride materials on websites, are immediately implementable by practitioners and indicate safety in the counselling space. Practitioners who want to work with TGD clients must take action to ease the socio-cultural suffering of their clients by using their positions of privilege and authority to advocate for the rights of their clients. Actions towards advocacy actively lessen the burden of cultural education by allowing counsellors to stay up to date on socio-political issues being faced by TGD individuals and use their position of power to be a part of change (Compton & Morgan, 2022; Rowland & Cornell, 2021). A failure to advocate for TGD clients creates an unethical and exploitative dynamic in

which counsellors profit from their TGD clients while perpetuating a cultural system that worsens their mental health.

Contributions to Scientific Knowledge

This review fills an important gap in the literature by exploring what the burden of cultural education is and concisely synthesizing how it affects TGD individuals in the counselling space. Coining terms is an important part of scientific discovery as it contributes to the furthering of scientific knowledge about the phenomenon, adds clarity and precision to conversations about the phenomenon, and raises awareness about the existence of the phenomenon in practice (Pederson, 2020). This opens the door for research about how the burden of cultural education uniquely influences other minoritized groups and enables the burden of cultural education to be explored across differing articles from a place of shared language. Likewise, synthesizing the effects of the burden of cultural education on TGD individuals provides a body of work that researchers and clinicians can use to help understand the unique needs of the TGD population. This gives actionable insights into how practitioners can adjust their practice to reflect the needs of TGD individuals such as integration of advocacy, intersectionality, personal reflexivity, and affirming care (Compton & Morgan, 2022; Dickey & Singh, 2020; Mackie et al., 2023, Warner, 2022). Likewise, it illuminates avenues for future research that makes use of longitudinal or quantitative methods (Bailey et al., 2023).

Recommendations for Clinical Practice

Frameworks for working with TGD individuals must be gender affirming, address systemic issues, and highlight the need for practitioners to demonstrate knowledge of TGD issues to mitigate the burden of cultural education. Likewise, these frameworks must promote

cultural competency through a nuanced discussion of both positive and negative aspects of transitioning that respect the intersectionality of the client. The Gender-Affirming Lifespan Approach (GALA) meets these need.

The Gender-Affirmative Lifespan Approach (GALA)

GALA is a therapeutic framework that is designed to promote positive mental health outcomes for TGD individuals of all ages (Rider et al., 2019; Spencer et al., 2021). GALA has five core components that create the philosophical foundations of the framework. These five core components are developing gender literacy, building resiliency, moving beyond the binary, exploring positive sexuality, and facilitating empowering connections toward medical interventions (if desired) (Rider et al., 2019; Spencer et al., 2021). Developing gender literacy includes psychoeducation about how sex assigned at birth, gender expression, gender identity, and sexual orientation differ from one another while remaining interconnected (Spencer et al., 2021). Likewise, it includes learning to identify socio-cultural oppressors present in the lives of TGD individuals. Building resiliency focuses on learning to deal with the inevitably challenging situations TGD individuals will face in their lives and overcoming adversity. This is often done with the help of social support groups focused on TGD issues. Moving beyond the binary highlights the need to break down socially upheld standards of the gender binary to depathologize a wide range of healthy gender identities and expressions. Expressions of sexuality are often contextualized by one's gender identity, and research surrounding TGD individuals often focuses on negative sexual outcomes (Rider et al., 2019; Spencer et al., 2021). Exploration of positive sexuality highlights a need to develop positive relationships with sexuality and sexual expression for TGD clients. Lastly, facilitating empowering connections toward medical interventions speaks to the need for clinicians to be knowledgeable about gender-

affirming medical care. Knowledgeable counsellors must demonstrate an ability to break down barriers for TGD clients through conversations about what affirming medical care is, different ways it can look, how to navigate resulting emotional changes, and have the skill to refer for medical interventions if needed.

GALA promotes a culturally competent approach to TGD care by offering an affirming framework that includes nuanced conversation about the positives and negatives of the TGD experience, respects the intersectionality of the client, and places a heavy emphasis on practitioner knowledge. Likewise, GALA has dedicated research exploring its applicability with both transgender and gender-diverse clients (Rider et al., 2019; Spencer et al., 2021). This means that the framework can be adjusted to respect the unique experiences and outcomes of gender-diverse individuals. The correct implementation of GALA would decrease the burden of cultural education on the client, as it requires counsellors to be knowledgeable on a diverse array of TGD issues to facilitate important conversations for TGD individuals.

Chapter 5: Recommendations and Conclusion

In this capstone, I explore the burden of cultural education and its effect on TGD individuals in counselling using the guiding question, “*What are the effects of the burden of cultural education when counselling transgender and gender-diverse individuals?*” TGD individuals are incredibly politicized and discriminated against in today’s world, making culturally competent care exceptionally important (Compton & Morgan, 2022; Jeffrey, 2024; Yousif, 2023). Despite this, TGD people often face microaggressions at the hands of both the public and healthcare professionals (Mackie et al., 2023; Schofield et al., 2023; Ito et al., 2024). Prior research on the topic did not have a unified term for the microaggression, “the burden of cultural education,” and often spoke about its effects on TGD people in ways that lacked scientific clarity or precision. Thus, it was necessary for me to synthesize what the burden of cultural education is based on conceptualizations provided in current research articles and explore the many ways it can affect TGD people in the counselling space. A review of relevant articles relating to microaggressions and the experiences of TGD people in counselling from a feminist and transfeminist lens revealed several themes that answered the guiding question. These themes include the burden of cultural education, the risk of further microaggressions, counsellor identity, the therapeutic alliance, intersectionality, and counsellor education.

The Burden of Cultural Education

The first theme, the burden of cultural education, yields subthemes of invalidating treatment and wasting time in sessions. This theme focuses on defining the burden of cultural education as “the burden placed upon an individual when they are required to explain the terminology, cultural norms, social attitudes, discriminatory policies, intersectionality, and internal struggles of their culture to their practitioner” based on a synthesis of reported

experiences of the microaggression. Likewise, subthemes delve into TGD client experiences of the burden of cultural education and how these experiences left clients feeling invalidated, unsafe, lacking depth, unaffirmed, and like they were wasting time in sessions (Ito et al., 2024; Mackie et al., 2023; Schofield et al., 2023).

Risk of Further Microaggressions and Counsellor Identity

The risk of further microaggressions highlights how the burden of cultural education and a lack of clinician knowledge can result in an increased presence of microaggressions in counselling (Compton & Morgan, 2022; Ito et al., 2024; Kimber et al., 2024). Subthemes of rigidity, overidentification, and under-identification explore the kinds of microaggressions that can result from a lack of clinician knowledge. Counsellor identity is the third theme. This theme explores TGD individuals' reported preferences for counsellor identity and yields a subtheme highlighting advocacy. TGD folks reported that the burden of cultural education was lessened and that they felt increased safety exploring identity-based topics in depth when they “matched” with a counsellor based on identity (Berke et al., 2016; Compton & Morgan, 2022; Ito et al., 2024; Schofield et al., 2023). This effect was mitigated when counsellors demonstrated willingness to educate themselves regarding TGD issues and took dedicated steps towards being visible and vocal in spaces that advocated for the well-being of TGD clients.

The Therapeutic Alliance and Intersectionality

Exploring the way the burden of cultural education negatively influences the formation of the therapeutic alliance with TGD clients highlighted the fourth theme, the therapeutic alliance. This was explored by synthesizing how TGD individuals perceive their counsellors as less likeable, less competent, less of an expert, and less affirming when they experience the burden of

cultural education (Bettergarcia & Israel, 2018; Mackie et al., 2023; Schmidt et al., 2024). The subtheme of cultural humility underscores how counsellors who demonstrate cultural humility can repair fractures in the therapeutic alliance by educating themselves, critically examining their beliefs, and being empathetically attuned to the client's needs (Dickey & Singh, 2020; Schmidt et al., 2024). The fifth theme, intersectionality, examines how intersecting identities inform culturally competent care with TGD clients. Counsellor awareness about how intersectionality informs TGD issues plays a key role in determining what care looks like and lessens the burden of cultural education (Dickey & Singh, 2020; Ito et al., 2024). Additionally, this theme further solidifies the idea that counsellors should be active in social justice to address the burden of cultural education.

Counsellor Education

Education speaks to the need for stronger graduate programs and continuing education practices to mitigate the burden of cultural education as a sixth theme. Both formal and informal methods of education help counsellors explore their own biases, learn relevant terminology, explore mending ruptures in the therapeutic alliance, interact with modern theories conceptualizing TGD issues, and interact with TGD popular culture and media (Berke et al., 2016; Mackie et al., 2023; Warner, 2022). Through a dedicated effort towards continued education, practitioners can lessen the burden of cultural education and practice culturally competent care with TGD individuals.

Ethical Review

A review of the 10 analyzed articles (Appendix) revealed that while each article appears to be in ethical alignment with duties of informed consent and confidentiality, many articles do

not discuss these duties explicitly and leave additional transparency to be desired. Despite this, the articles show a strong commitment to ethical duties of fairness and vulnerability in research by reporting results from an affirming lens, with many articles highlighting the use of reflexivity exercises to reduce researcher bias. Finally, articles do not report any conflicts of interest and do not present any concerning factors.

Summary of Findings

The literature review highlights what the burden of cultural education is and how the burden of cultural education affects TGD individuals in the counselling space. Aspiring practitioners can use this information to inform the importance of continuing education in lessening the burden of cultural education, methods for educating themselves about TGD issues, their awareness of microaggressions and how to call them out, the importance and relevance of integrating intersectionality into care, and ways in which counsellors can effectively advocate for their clients (Berke et al., 2016; Bettergarcia & Israel, 2018; Compton & Morgan, 2022; Dickey & Singh, 2020; Ito et al., 2024; Kimber et al., 2024; Mackie et al., 2023; Rowland & Cornell, 2021; Schmidt et al., 2024; Schofield et al., 2023; Warner, 2022). Each of these recommendations can help mitigate the burden of cultural education, decrease marginalization, work to break down systemic cultural barriers and help aspiring practitioners form more resilient relationships with their TGD clients. Additionally, this review contributes to scientific knowledge by coining the term “the burden of cultural education” and providing a body of work that both practitioners and researchers can use to better understand the unique needs of the TGD population (Pederson, 2020). Lastly, GALA is recommended as an effective framework for working with TGD individuals due to its inclusion of nuanced conversation about the positives and negatives of the TGD experience, heavy emphasis on practitioner knowledge, respect for the

intersectionality of the client, and ability to be uniquely used with both transgender and gender-diverse clients respectively (Rider et al., 2019; Spencer et al., 2021).

Key Takeaways

The burden of cultural education is a microaggression that negatively affects TGD individuals in counselling by invalidating their experiences, wasting time in sessions, increasing the prevalence of microaggressions, worsening the relationship with their practitioners, creating systemic barriers that impede access to culturally competent care, and by upholding cisnormative cultural narratives that actively work to continue oppressing and marginalizing them (Berke et al., 2016; Bettergarcia & Israel, 2018; Compton & Morgan, 2022; Dickey & Singh, 2020; Ito et al., 2024; Kimber et al., 2024; Mackie et al., 2023; Rowland & Cornell, 2021; Schmidt et al., 2024; Schofield et al., 2023; Ullrich, 2022). Education, advocacy, cultural humility, and the integration of principles of intersectionality can help clinicians mitigate the effects of the burden of cultural education, demonstrate cultural competency, and form resilient relationships with their clients (Berke et al., 2016; Compton & Morgan, 2022; Dickey & Singh, 2020; Ito et al., 2024; Rowland & Cornell, 2021; Schmidt et al., 2024; Schofield et al., 2023; Warner, 2022). Overall, this capstone highlights a gap in literature relating to microaggressions, further solidification of what the burden of cultural education is, and how these things affect TGD people in counselling, while contributing to a growing body of literature relating to culturally competent care for TGD clients.

Future Research Questions

Due to a lack of shared terminology regarding the burden of cultural education, many articles reference the phenomenon passively or use descriptions of participant experiences to reference it.

This means that articles do not focus solely on the burden of cultural education, nor do they cohesively add to the knowledge base surrounding it. I recommend that future articles focus specifically on the burden of cultural education to understand its effects, commonality, and how to better mitigate it empirically. Therefore, I recommend the following research questions:

1. How often do TGD individuals experience the burden of cultural education from health care practitioners?
2. In what ways do TGD individuals experience the burden of cultural education in a counselling setting?

Question one proposes a way to better understand the commonality of the burden of cultural education empirically. Current studies rely on qualitative accounts that explore the unique experiences of certain TGD individuals; however, these findings cannot necessarily be generalized to the broader TGD population. Question two allows researchers to directly explore how TGD individuals experience the burden of cultural education in the counselling setting.

While this literature review explores a variety of ways TGD individuals experience the burden of cultural education in counselling, a study dedicated to the exploration of this topic would provide a more comprehensive view of the phenomenon, as it would be the focus of study.

Recommendations for Future Research

I recommend that future researchers begin implementing quantitative and longitudinal methods into their studies. Very few studies relating to TGD issues implement quantitative measures, meaning that results are often not generalizable to the general population of TGD folks. Only one of the twelve studies reviewed used a qualitative methodology (Bettermarcia & Israel, 2018). This study used a virtually simulated counselling session to test the reactions of

TGD participants to affirming or non-affirming therapy in an isolated environment. Future studies focusing on TGD microaggressions could adopt a similar methodology to directly test the impact of both the presence and the absence of specific microaggressions. Zero of the twelve articles reviewed were longitudinal studies, which means that examining the effectiveness of interventions over time and identifying causal relationships becomes challenging. Longitudinal studies focusing on TGD individuals have suffered in the past from low sample sizes and inconsistent collection of gender data (Bailey et al., 2023). Future longitudinal studies should be designed with gender in mind, including the collection of gender data at multiple timepoints to capture the spectrum of TGD experiences. Likewise, inclusivity of gender-diverse identities can increase sample size, reduce attrition, and increase diversity in longitudinal studies. Lastly, only four of the twelve articles reviewed adequately address the topic of intersectionality (Berke et al., 2016; Compton & Morgan, 2022; Dickey & Singh, 2020; Ito et al., 2024). I recommend that future articles include dedicated consideration and sections discussing the impacts of intersectionality, as it can greatly influence their results.

Reflections on Learning

Throughout the process of researching for and writing this literature review, I have learned about the importance of critically reflecting upon what I read. The ability to connect themes read from paper to paper gave me a more holistic understanding of the topic as compared to reading one paper or thinking about each paper in isolation. I have been privileged to explore a topic that is close to my heart and expand my knowledge of both the microaggressions I have faced in my life and how I can improve upon my ability to mitigate microaggressions when seeing clients of my own. I am very happy to be able to use the information gathered in this capstone to more effectively advocate for a population that is so underserved. Finally, this review

tested me in a lot of ways. I am proud of the work I have put forward and the demonstration of dedication that went into finishing this project.

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Appendix

Author(s)	Date of Publication	Title
Katie Schofield, Alan Dunnett, & Lynne Gabriel	2023	Let me be me: Investigating transgender clients' experiences of their therapeutic relationship with their counsellor
Christa K. Schmidt, Jay N. Bettergarcia, Em Matsuno, & M. Paz Galupo	2024	Cultural Humility With Transgender and Gender Diverse Clients
lore m. dickey & Anneliese A. Singh	2020	Evidence-Based Relationship Variables: Working With Trans and Gender Nonbinary Clients
Helen Rowland & William F. Cornell	2021	Gender Identity, Queer Theory, and Working With the Sociopolitical in Counseling and Psychotherapy: Why There Is No Such Thing As Neutral
Danielle S. Berke, Jessica L. Maples-Keller, & Patricia Richards	2016	LGBTQ Perceptions of Psychotherapy: A Consensual Qualitative Analysis
Sakura Ito, Laura K. Jans, Eve A. Rosenfeld, Jenny Shen, Ellora Vilkin, Adam Gonzalez, & Dina Vivian	2024	Mental Healthcare Experiences and Preferences Among Lesbian, Gay, Bisexual, Transgender, and/or Queer/People of Color: A Scoping Review of Qualitative Research and Recommendations for Provider Training
Emily Compton & Gareth Morgan	2022	The Experiences of Psychological Therapy Amongst People Who Identify as Transgender or Gender Non-

		Conforming: A Systematic Review of Qualitative Research
Bethany Kimber, Melissa Oxlad & Louise Twyford	2024	The impact of microaggressions on the mental health of trans and gender-diverse people: A scoping review
Rachel Warner	2022	The Need for Queer Education in Graduate Psychotherapy Programs
Grace Mackie, Lefteris Patlamazoglou, & Karen Lambert	2023	The Experiences of Australian Transgender Young People in School Counseling: An Interpretative Phenomenological Analysis
Jay N. Bettergarcia & Tania Israel	2018	Therapist Reactions to Transgender Identity Exploration: Effects on the Therapeutic Relationship in an Analogue Study
Helen E. Ullrich	2022	Culture, Empathy, and the Therapeutic Alliance