

Understanding Competence: Queer and Trans Affirmative Counselling in Canada

**by
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Abstract

Despite human rights protections and growing social acceptance, discrimination against queer and trans people persists in Canada. Without guidance from Canadian counselling associations and governing bodies regarding competent and affirmative counselling practice with queer and trans clients, counsellors may inadvertently perpetuate discrimination in counselling interactions. This study utilized a constructivist grounded theory method to answer the following research questions: 1. How do queer and trans persons receiving counselling services in Canada, perceive affirming (helping) or non-affirming (hindering) experiences in counselling?; and 2. How closely do these perceptions align with current guidelines and research on queer and trans affirmative counselling practice? Through an iterative analysis process, the counselling experiences of a diverse sample of ten participants resulted in findings that stand as valuable exemplars for competent and affirmative practice. These findings can contribute to the development of client-informed professional practice guidelines.

Keywords: counselling competence; queer and trans clients; client perspectives; queer and trans affirmative

Dedication

This thesis is dedicated to all queer and trans individuals and their allies actively resisting oppression and celebrating the beauty and joy of our communities.

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Chapter 1.

Introduction

1.1. Canadian Contexts

Despite human rights protections and reported rates of social acceptance (Equaldex, n.d.-b), discrimination against queer and trans individuals and communities persists in Canada (Government of Canada, 2023b). It is settler colonialism and the construction of Canada as a nation-state that planted the seeds for this discrimination (Tran, 2022). Having a basic understanding of the Canadian State's nation-building endeavours and its distinct national identity can help counsellors bring their social positioning, and that of their clients, into focus. Canada is a settler colonial state founded in colonial violence, displacement, and the attempted cultural genocide of First Nations, Métis, and Inuit (Indigenous) peoples (Truth and Reconciliation Commission of Canada [TRC], 2015). It was also founded in legislated heterosexuality. Cannon (1998) describes "how configurations of racist, sexist and heterosexist knowledges were manifested in the process(es) of colonization" (p. 2). For example, the building of the Canadian State was mobilized through heteronormative and racist expectations of White European men and women populating the country (Thobani, 2007). Heterosexuality was also legislated via the 1869 Indian Act (Hinge, 1985), which required Indigenous persons to engage in "the Euro-Christian institution of heterosexual marriage" to obtain "Indian' status and rights" (Cannon, 1998, p. 10). Residential schools, Canadian laws, government, and societal pressure all aimed to force the assimilation of Indigenous peoples into Canadian settler colonial societies (TRC, 2015).

Canada's efforts to destroy Indigenous cultures and sovereignty have had negative intergenerational impacts (TRC, 2015). Yet, Indigenous peoples have survived; represent a fast-growing, diverse population (Statistics Canada, 2022); and are actively working to help their cultures thrive (Centre for First Nations Governance, n.d.; Indian Residential School Survivors' Society, n.d.; Native Women's Association of Canada, n.d.; Supporting Indigenous Language Revitalization, n.d.). Members of Indigenous communities across Canada are using terms for gender and sexuality from their ancestral languages as an act of resistance to settler colonialism (BigEagle, 2023).

Robinson describes how, “Indigenous gender systems contribute to survivance and to psychological decolonization” (2020, p. 1687). Given how settler colonialism has profoundly shaped dominant discourses around gender and sexuality in Canada, counsellors in Canada have an ethical responsibility to understand their social positioning in relation to colonialism (Canadian Counselling and Psychotherapy Association [CCPA], 2020, Standard I2. Reflection on self) and how this can impact counselling interactions.

After the attempted cultural genocide of Indigenous peoples, the Canadian State entered another phase in its nation-building by attempting to rebrand itself as culturally diverse and inclusive. The first Trudeau government created an official multicultural mandate (Bannerji, 2000) “to organize the relations between ethnic groups and the bureaucratic and administrative apparatuses of the state” (Ng, 1995, p. 46). Bannerji (2000) describes how the Canadian “core community is synthesized into a national “we”, and it decides on the terms of multiculturalism and the degree to which multicultural others should be tolerated or accommodated. This “we” is an essentialized version of a colonial European turned into Canadian” (p. 551). Within this official multiculturalism, “others,” such as Indigenous peoples and racially marginalized immigrants “are targets for either assimilation or tolerance” (Bannerji, 2000, p. 551). The Canadian State continues to uncritically promote its official multiculturalism (Government of Canada, 2024), furthering its colonial ideals (Thobani, 2018). Simultaneously, there has been recent record-breaking population growth in Canada due mainly to temporary immigrants (e.g., those on work or study permits; Sivakumar, 2023; Statistics Canada, 2023). Newcomers have also immigrated to Canada through a resettlement program for LGBTQI+ individuals who experience persecution in their country of origin due to their sexual orientation, gender identity/expression, and sex characteristics (Government of Canada, 2023d). Prime Minister Justin Trudeau proclaims, “Canada’s global reputation as an open and compassionate society” (Prime Minister of Canada, 2022, para. 5). Yet, Canada is still “strongly influenced by the white, Anglo-Saxon, Protestant heritage of the settler-colonial government” (Card & Hepburn, 2022, p. 3). This is reflected in the ongoing unequal treatment and racism experienced by BIPOC persons (M. T. Williams et al., 2022). Racism persists in queer and trans communities as well. Queer and trans individuals who are also racially marginalized, are negatively impacted by White privilege

(McIntosh, 1989), racism, and marginalization (Banfield, 2024; CBC News, 2021; Fiola & Ruprai, 2019).

Along with foundational knowledge of Canada's national identity, counsellors should also understand the sociopolitical landscape for queer and trans persons. Many positive advances for queer and trans people over the last few decades were set into motion by Toronto Gay Action's 1971 We Demand protest in Ottawa and the supporting protest in Vancouver, which highlighted ongoing systemic discrimination despite the 1969 decriminalization of homosexuality (Chenier, 2017). During the Ottawa protest, Toronto Gay Action presented a list of 10 demands, including removing laws targeting queer people from Canada's Criminal Code, "4. Amendments to the Immigration Act, 1952, which barred 'homosexuals' from entering Canada or applying as immigrants or permanent residents"; "9. The right of gays, lesbians and bisexuals to serve in the armed forces"; and "10. Amendments to human rights laws" for equality for GLB people (The ArQuives, n.d.). Many of these demands were not met until the 1990s; for example, the prohibition of discrimination based on sexual orientation (Bill C-33, 1996), the Supreme Court ruling allowing queer and trans refugees to apply for refugee status as a "social group" in Canada (*Canada (Attorney General) v. Ward*, 1993), and the end of the ban for LG people in the military by the federal court (*Veterans Affairs Canada, 2024, sec. Discharged members fight back*). This societal transformation occurred through the tireless work of activists, allies and organizations, and the pursuit of legal justice by individuals (Irving & Raj, 2014; Smith, 2015; Warner, 2002). Recent examples include a federal ban on conversion therapy (Bill C-4, 2021), coverage for gender-affirming surgery (TransHealthCare, 2022), and the prohibition of discrimination based on gender identity and expression in the Canadian Human Rights Act and Criminal Code (Bill C-16, 2016).

Unfortunately, human rights protections and reported rates of social acceptance while important, have not resolved differential treatment and health inequities for queer and trans people. Queer and trans people continue to face overt and "subtle" forms of discrimination (Ontario Human Rights Commission [OHRC], n.d.-a). For example, there was a 64% increase in hate crimes based on sexual orientation from 2019 to 2021 (Moreau, 2022). Statistics Canada's 2018 survey data indicated that more sexual minority respondents (those who identify other than heterosexual) experienced physical or sexual assault compared to heterosexual respondents (Jaffray, 2020). Public displays

of anti-queer and trans hatred are occurring in Canada as well, such as the recent demonstrations against SOGI curricula in K-12 schools (ARC Foundation, n.d.; CBC News, 2023). The strategy of weaponizing public policy against queer and trans people in the US (Peele, 2023) is also gaining traction in Canada. Children's rights in New Brunswick and Saskatchewan have been jeopardized with new policies requiring parental consent for those under 16 years of age to use their chosen pronouns and names at school (Department of Education and Early Childhood Development, 2023; Bill 137, 2023; Taylor, 2023). Conservatives voted in policy changes to ban gender-affirming medical care for children and to prohibit transgender and gender non-conforming people from accessing spaces designated for women; e.g., correctional facilities, restrooms, and shelters (Tasker, 2023). Particularly nefarious forms of anti-queer and trans discrimination are sexual orientation and gender identity/expression change efforts (SOGIECE), including conversion therapy. "Conversion therapy ... is a harmful, fraudulent and scientifically discredited form of treatment which falls into a broader categorization of 'SOGIECE'" and "refers to organized, sustained efforts" (Community-Based Research Centre [CBRC], 2020, sec. The problem). While conversion therapy is now illegal in Canada (Phillips & Walker, 2022; Stober, 2021), "SOGIECE [, which] includes any direction or advice that intentionally delays or impedes self-acceptance of someone's gender identity or sexual orientation," (CBRC, 2020, sec. The problem) continues in more elusive ways (Egale, n.d.-c; Fraser, 2023). SOGIECE, including conversion therapy, have been a significant concern in Canada. In the 2019 Trans PULSE Canada survey, out of 2,033 trans and non-binary respondents, 11% reported experiencing conversion therapy (2019). An analysis of the 2019-20 Sex Now survey (CBRC, 2020) of sexual and gender minority men, found that out of 9,214 respondents, 21% had experienced SOGICE efforts, with 10% having experienced conversion therapy (Salway et al., 2021). A survey of 3,261 LGBTQI2+ adults in Québec found that 26.4% of all respondents and 47.1% of trans respondents had experienced SOGIECE (Blais et al., 2022). The impact of SOGIECE on survivors is devastating and can include shame, anxiety, depression, isolation, self-loathing, and suicidal ideation (CBRC, 2022; Salway et al., 2020). As the preceding paragraphs demonstrate, queer and trans communities and their allies have persevered against oppression through continuous activism and striving for legal rights (Irving & Raj, 2014; Smith, 2015; Warner, 2002). Yet discrimination continues to persist. To avoid perpetuating this discrimination in the therapeutic environment, counsellors should have a holistic understanding of the

sociopolitical landscape for their queer and trans clients, and where their social positioning is situated within it.

The discipline of counselling in Canada represents another context for therapeutic practice. Counselling in Canada is in a gradual state of transformation, with inconsistent regulation despite associations' longstanding efforts (Epstein et al., 1997; CCPA, n.d.-b). Whereas in the US, each state requires independent counsellors to be licensed (American Counseling Association [ACA], n.d.), only six Canadian provinces have adopted regulation for counselling therapy or psychotherapy (CCPA, n.d.-b). Unregulated provinces and territories rely on professional counselling associations to guide their members, like the Canadian Counselling and Psychotherapy Association (CCPA) or the BC Association of Clinical Counsellors (BCACC). These associations are self-regulated, voluntary (Federation of Associations for Counselling Therapists in BC [FACTBC], n.d.-a), and provide their own code of ethics, practice standards, and guidelines (BCACC, 2023a; CCPA, 2020, 2021).

The lack of regulation in some provinces and territories creates a precarious and dangerous situation for clients (FACTBC, n.d.b; Federation of Associations for Counselling Therapists in Manitoba [FACT-Manitoba], n.d.). These provinces and territories lack mandated requirements for entry-to-practice and ongoing competency standards, designated title protection, professional liability insurance, and/or formal complaint processes. Without designated title protection, anyone can assume the title of counsellor or psychotherapist. While professional associations have a required certification or registration process that includes criteria for professional training and the adoption of a code of ethics (for example, see BCACC, 2023b; CCPA, n.d.-a), membership is voluntary. This means counsellors may choose not to join and could be working without any guidance or accountability for ethical practice (FACTBC, n.d.b; Weir, 2023). In one high-profile case, a therapist registered with the BCACC engaged in a long-term romantic relationship with her client and avoided discipline by leaving the association when they opened an investigation (Lindsay, 2019). This highlights a particularly crucial aspect of regulation: protection for clients from serious professional misconduct. For clients at risk of discrimination, having a mechanism for justice is crucial. In regulated provinces, governing bodies could prioritize competent and ethical practice with marginalized populations like queer and trans communities through

relevant entry-to-practice requirements and ongoing competency standards (as suggested by Knoppers, 2021).

1.2. Research Positionality

I was initially drawn to the topic of counselling competence with queer and trans clients through my own search for guidance. As a counsellor in training, I was eager to find practice recommendations to help guide my beginning work. For one, I knew that competent practice is an ethical responsibility for professional counsellors in Canada (CCPA, 2020). I also felt a responsibility given the health disparities for queer and trans people and the harms caused by mental health disciplines in the pathologization of queer and trans identities and expressions (Ault & Brzuzy, 2009; Drescher, 2015; Margolin, 2023; Mills, 2021). My search for guidance from Canadian counselling and psychological associations and governing bodies yielded minimal results. One exception is the inclusion of Alderson's (2016) *Counselling Queer Clients in Canada* chapter in the CCPA handbook (Gazzola et al., 2016). In this chapter, Alderson (2016) provides a solid foundational introduction to considerations for counselling practice with queer and trans clients. The chapter covers much ground, describing aspects of queer and trans identities and experiences; social and political contexts (e.g., human rights, discrimination, health disparities); ethical factors for counselling practice; and clients' presenting issues. Alderson's chapter is a helpful primer that could be built upon in future CCPA handbook editions. A revised chapter could benefit from updated terminology and considerations, especially regarding trans clients; inclusion of current research; a more expansive view of gender identity and sexual/affectional orientation, and relationship possibilities; and intersectional considerations.

To continue my search for guidance, I jumped into a warren of Canadian and American standards, practice guidelines, ethics, and empirical and theoretical literature. Familiarizing oneself with the literature is an academic component of developing competence, but it can be laborious within the queer and trans landscape where policies, laws, and empirical foci are changing at a fast pace. If I felt bewildered as a queer and trans counsellor in training dedicated to building competence with queer and trans clients, what might it be like for those for whom this is a secondary consideration? This thesis was motivated out of a desire to help make queer and trans affirmative

counselling practice recommendations more accessible and relevant for counsellors in Canada.

While journaling during the study design phase, I began to realize how deeply personal this thesis topic is for me. I grew up in a small city in Western BC in the 1990s where ridicule, hate speech, and threats of violence were common when any deviations from White, hetero, cisgender, neurotypical, able-bodied norms were made visible. I navigated this terrain as a trans, queer, neurodivergent, sexual abuse survivor. Learning to survive, heal, and eventually thrive through complex and developmental trauma has taken many years and therapy hours. I had to reckon not only with the personal and interpersonal impacts of trauma but also repeated harassment, queer and trans discrimination, sexual assault, gaslighting, sexual orientation and gender identity/expression change efforts, ableism, and threats of death, rape, and assault throughout my adult years. These experiences have required me to get creative with survival strategies. Among these is concealing my sexual orientation, gender identity, trauma experiences, and neurodivergence at different points in my life.

The challenges I faced are the direct result of the harmful actions of others and systemic barriers, not inherent difficulties or deficits of my identities. Remembering that queer and trans identities are not flawed, deficient, or diseased might sound obvious, but anti-LGBTQ+ ideologies persist given Canada's pervasive hetero- and cis-normativity. My decision to conceal did not originate from self-hatred, but a way to survive by blending in with "normative" society. This was a survival strategy as it reduced the likelihood of discrimination and abuse. In early adulthood, I decided to live and present as a heterosexual woman. Simultaneously I was intentionally learning social norms and expectations to mask my cognitive differences. The fact that I was eventually "accepted" into normative communities was significantly facilitated by my White privilege and able body. This "acceptance" helped me navigate into post-secondary education, out of poverty, and into secure employment. Many aspects of my quality of life (e.g., exposure to abuse, financial security, education) improved considerably. Yet, concealment and masking came at a high cost. While it helped me in material and quantifiable ways, it also required me to live incongruently with my true self. This has led to a sustained personal reckoning where I slowly am learning about my authentic self; pulling back the veneer initially required to live in an ableist, transphobic and heterosexist society, to allow myself to be as I am.

Deciding how much of my personal connection, through my identities and experiences, to bring into this research required very careful consideration. Ultimately, I decided to use the privilege that I have as a White, middle-class, able-bodied person to contribute to the work others have done in breaking stigma by speaking about their own experiences in their research. I was inspired and bolstered by a sense of intellectual community with queer and trans scholars, authors, and activists who use their identities and experiences to guide their work (for example, Anneliese Singh, n.d.; Devon Price, n.d.; Dr. Sharalyn Jordan, n.d.; Hannah Kia, n.d.; Margaret Robinson, n.d.; Masha Gessen, n.d.; Sean Saifa Wall, n.d.). As these authors demonstrate, there is power and vulnerability in writing from one's own lived experiences. This thesis is not autoethnographic, yet it has personal resonance as a person who has experienced counselling that is affirming and non-affirming of many of my identities and experiences. Not only did my identities and experiences catalyze this project, they also influenced many of the decisions I made from start to finish. Accordingly, I reflexively share some of these in Chapter 3: Methods.

1.3. Problem

Despite growing social acceptance and human rights protections, queer and trans people in Canada experience systemic and interpersonal forms of discrimination (CBC News, 2023; Chen, n.d.; Moreau, 2022) and health inequities (Abramovich et al., 2020; Kinitz et al., 2021; Salway et al., 2022). Theories of minority stress (Brooks, 1981; Meyer, 1995, 2003, 2015) and intersectionality (P. H. Collins, 1990, 1993; P. H. Collins et al., 2021; Crenshaw, 1989, 1991) contribute to an understanding of negative mental health outcomes and health disparities for queer and trans people. There is a dearth of current, rigorous, empirically- and community-supported guidance informing queer and trans competent and ethical counselling practice in Canada. Without this guidance, counsellors could harm queer and trans clients through the perpetuation of systemic discrimination. Beyond avoiding harm, the lowest standard, counsellors should strive to provide the highest standard of affirming and competent care to their queer and trans clients. Accordingly, there is a need for Canadian professional practice guidelines for counselling with queer and trans clients. These guidelines should align with Canadian codes of ethics and standards of practice; be informed by a critical analysis of colonialism and systemic discrimination and their impacts; include guideline statements

for queer and trans newcomers; and nuances related to the Canadian counselling discipline.

1.4. Rationale

This study addresses several gaps in the literature regarding counselling competence with queer and trans clients. First, there is limited research exploring queer and trans clients' experiences of counselling in Canada (Baskerville et al., 2017; Bauche, 2004; Daley, 2010; Eady et al., 2011; Ferlatte et al., 2019; Frank & Fisher, 1999; Harris, 2003; Iacono et al., 2022; S. Kahn et al., 2018; Keating et al., 2021; Knoppers, 2021; Lyons et al., 2015; O'Neill, 2002; Ravinthiran, 2018; Ross et al., 2007, 2018; Wrightson, 2019). Of these, less than half included a detailed focus on what clients found helpful and unhelpful in counselling interactions (Bauche, 2004; Eady et al., 2011; Frank & Fisher, 1999; Harris, 2003; Knoppers, 2021; O'Neill, 2002; Wrightson, 2019). Second many studies conducted in Canada do not explicitly articulate its national context and relevant considerations for counselling practice. Lastly, in the limited research articulating clients' experiences in counselling, only one (Knoppers, 2021) specifically addressed the need for professional practice guidelines but did not explicitly focus on the development of these guidelines. Canadian professional practice guidelines for queer and trans clients informed by Canadian research are an ethical imperative. Clients' perceptions of queer and trans affirmative counselling, interpreted in relation to current guidelines and research will generate valuable exemplars for competent and affirmative practice. This research is needed to help guide counsellors and their associations and governing bodies in developing client-informed guidelines.

1.5. Purpose

The purpose of this study is to gain a deeper understanding of what queer and trans persons receiving counselling services in Canada have found affirming (helping) and non-affirming (hindering) in counselling, and what was not present in their experiences that could have been affirming. It also aims to analyze participants' experiences in relation to existing guidelines and research on counselling with queer and trans clients.

1.6. Research Questions

This thesis is grounded in two research questions:

1. How do queer and trans persons receiving counselling services in Canada, perceive affirming (helping) or non-affirming (hindering) experiences in counselling?
2. How closely do these perceptions align with current guidelines and research on queer and trans affirmative counselling practice?

Chapter 2.

Literature Review

2.1. Introduction

Canada is viewed as one of the countries with the most social acceptance of queer and trans people (Flores, 2021; Equaldex, n.d.-a). This is based on measures such as the status of human rights, protection from discrimination, marriage legalization, and public opinion. Despite these accolades, queer and trans people in Canada continue to experience discrimination (Government of Canada, 2023b). Discrimination is compounded and differential for those who also hold other marginalized identities (Government of Canada, 2023a, 2023c). What implications does this have for counsellors in Canada? This literature review explores how and why this discrimination occurs, and necessary considerations to ensure counselling practice with queer and trans persons is healing and helpful, not harmful. In providing empirical support and examples, I draw as much as possible on sources from Canada.

Before diving into the literature review, I will first speak to the terminology used throughout this thesis. For terminology related to gender identity/expression and sexual or romantic orientation, I am often using terms similarly to how they are described in Qmunity's *Queer Glossary* (2022) and Egale's 2SLGBTQI Terms and definitions (n.d.-a). For example, I use the terms queer and trans as an umbrella term for any and all identities that can fall under the 2S/LGBTQIA+ initials. Queer is a reclaimed hate term so I use it reflexively with that in mind. I am using trans as an umbrella term to include trans as an identity as well as other gender identities that do not align with the gender a person was assigned at birth such as genderqueer, genderfluid, non-binary, etc. While queer is sometimes used to encompass all identities within 2S/LGBTQIA+, I am including "and trans" to emphasize the inclusion of trans identities and experiences in this thesis.

Another important consideration concerns how I am using terminology related to race and ethnicity. First, the capitalization of identity labels related to race and ethnicity is an area of debate (Daniszewski, 2020; Mohatarem, 2020; National Institutes of Health, 2024; Nguyễn & Pendleton, 2020). For this thesis I am capitalizing all identity labels for

groups based on race and ethnicity (for example, Black, Indigenous, Asian, White), which aligns with American Psychological Association (APA; 2022) style and recognizes that these labels are proper nouns with sociopolitical contexts (Nguyễn & Pendleton, 2020).

Second, the use of broad terms to categorize individuals and groups based on race or ethnicity has also been debated. The term Black Peoples, Indigenous Peoples, and People(s) of Colour (and variations of this term, often written as BIPOC), has been critiqued for masking differences in experiences and histories (Student Learning Commons, 2023), for example by “amalgamat[ing] distinct experiences of racism and colonialism” (McGuire, 2023, para. 4). Ajele (2021) highlights how the term BIPOC includes “a not so subtle restructuring of the term ‘coloured people,’ which is a racial slur” (sec. Enter BIPOC). Instead, there is a call to describe individuals by their chosen identifiers (Loprespub, 2022; McGuire, 2023). Where a more general term is needed, racialized or racialized people, have been recommended with the view that these position race as socially constructed (Ajele, 2021; McGuire, 2023; OHRC, n.d.-b). Yet, using the term racialized to signify individuals or groups who do not identify as White, has been problematized (Loprespub, 2022) for confusing race and racism and obscuring how “whiteness and the privileges afforded to it are also racialized” (Tewelde, 2020, para. 18). With all of this in mind, I am using the term racially marginalized to refer to individuals and groups who face racism (Tewelde, 2020). I use racially marginalized with the understanding that Whiteness is “a set of locations that are historically, socially, politically, and culturally produced and, moreover, are intrinsically linked to unfolding relations of domination” (Frankenberg, 1993, p. 6) and that it “accords White people protective health benefits as the beneficiaries of racial capitalism” (Black et al., 2023, para. 5).

Reflexivity in how I am using terms extends to the fact that queer-, race-, and ethnicity-related terminology is changing and adapting all the time, and any is up for challenge. For theoretical terms (for example, minority stress or intersectionality), I use in-text descriptions. For accuracy, I aim to use the terminology from the documents or organizations I am citing, where possible.

I will begin with an exploration of the theoretical frameworks that inform this thesis. This is followed by considerations for competence with queer and trans clients in

counselling, including an exploration of affirmative and critical queer scholarship-informed perspectives, and Canadian literature on queer and trans clients' counselling experiences. The review concludes with an analysis of professional practice guidelines and competencies created by the APA and the ACA.

2.2. Theoretical Framework

2.2.1. Essentialism, Social Constructionism, and Queerness

The literature on competent counselling practice with queer and trans clients is split between two opposing worldviews: essentialism and social constructionism. Each take contrasting views on the nature of reality and human experience (DeLamater & Hyde, 1998). As these concepts sculpt our perceptions of gender and sexuality, they are helpful for counsellors to understand. From an essentialist view, traits like gender identity are “fundamental attributes that are conceived as internal, persistent, and generally separate from the on-going experience of interaction with the daily sociopolitical contexts of one’s life” (Bohan, 1997, p. 33). Essentialism argues that these traits are located within a person but could originate biologically and/or through the processes of socialization (Bohan, 1997). Within this perspective, identifiers for gender identity or sexual orientation (e.g., lesbian, gay, bisexual, trans, queer), may differ depending on generational or cultural contexts, but the characteristics and traits linked to those represented by these identifiers remain the same (Sánchez & Pankey, 2017).

By contrast, social constructionism views all knowledge, including self-knowledge, as created through discourse and interactions within social, cultural, and historical contexts (Gergen, 1985, 1994). Gergen conceptualizes knowledge construction processes as “the result of an active, cooperative enterprise of persons in relationship” (1985, p. 267). He argues that the moment we try to articulate what we experience or know to be true, we step into the realm of language (Gergen, 1994). From this view, social understandings or constructs, “[are] not fundamentally dependent on the empirical validity of the perspective in question, but on the vicissitudes of social processes (e.g., communication, negotiation, conflict, rhetoric)” (Gergen, 1985, p. 268). Conceptions of gender identity and sexual orientation through the lens of social constructionism are attempts to understand human experiences. Bohan (1997) describes how, “gender from this [social constructionist] understanding, is the meaning

we have agreed to impute to a particular class of transactions between individuals and environmental contexts” (p.39). These transactions are enmeshed within social, cultural, and political processes. As such, they are subject to influence by dominant discourses like those favouring heteronormativity (Sánchez & Pankey, 2017), and cisnormativity.

Briefly, a note on social constructionism and social constructivism. Especially in more recent literature, these constructs are often used interchangeably (Gergen & Gergen, 2008; Restivo & Croissant, 2008). This is largely owing to their similar view that human understanding is constructed through social interactions and processes. Both challenge the perspective of ultimate truths that can be discovered or known (Gergen, 1994). Despite these similarities, social constructionism and social constructivism are distinct concepts. A key difference between the two is how constructivism “traces knowledge claims primarily to intrinsic processes within the individual” (Gergen, 1994, p. 68). In other words, it takes a Western, individual worldview by focusing on “the individual’s psychological construction of the experiential world,” (Gergen, 1994, p. 67). By contrast, social constructionism is wholly relational. It views “terms for both world and mind [as] constituents of discursive practices ... thus themselves socially contested and negotiated” (Gergen, 1994, p. 68). Instead, social constructionism “traces the sources of human action to relationships and the very understanding of ‘individual functioning’ to communal interchange” (Gergen, 1994, p. 68).

This thesis was developed within the framework of social constructionism and navigates tensions between essentialist and social constructionist beliefs of gender and sexuality. The former resonates in the minority stress theory literature, codes of ethics, and guidelines reviewed. For example, writing on minority stress may focus on identification with queer identities as salient to the level of stress and protective factors a person experiences (Meyer, 2015). Similarly, documents like professional guidelines may hold an individualistic worldview, emphasizing an individual’s identities, experiences, rights, and freedoms. Yet, intersectionality theory and critical queer scholarship lean towards social constructionism in how they view identities (to varied extents) as relationally constructed, and expose underlining power structures (Carlson, 1998; P. H. Collins, 1993; Gergen, 1994; Watson, 2005). As counsellors embark on the lifelong journey of developing competence in working with queer and trans clients, it is important for them to have a working knowledge of essentialist and constructionist worldviews. This understanding can help counsellors apply a more critical perspective to

the information they encounter and help them recognize biases and assumptions related to gender and sexuality that both they and their clients might have.

2.2.2. Minority Stress Theory: Understanding Health Inequities

Minority stress theory is a framework for explaining the specific stress that queer and trans people experience and how that stress contributes to negative health outcomes. Originally developed by Virginia Brooks (1981), minority stress theory takes the view that certain social identities have a “culturally sanctioned, categorically ascribed inferior status” (p. 84), that makes marginalized persons vulnerable to adverse experiences outside of their control. From this perspective, it is the marginalization of certain social identities, for example, those based on race, ethnicity, gender, sexual orientation, ability, and class, that precipitates and mediates the stress that persons with these identities experience (Brooks, 1981; Meyer, 1995, 2003). Minority stress theory challenges the medical model by arguing that the root of minority stress and negative health outcomes for queer and trans people is structural discrimination, not psychopathology. Structural discrimination is described as “institutional discrimination based upon norms, rules, regulations, procedures and defined positions that determine access to resources, and also a broader cultural discrimination based upon widely shared social paradigms and related systems of categorization that both constructs and devalues the ‘other’” (Burns, 2008, p. 152).

Meyer (2003) describes the minority stress that queer people experience as occurring along a continuum. At one end are distal or external stressors, like microaggressions, harassment, and violence. At the other end are proximal stressors, sometimes described as internal experiences that may result from persistent distal stressors (K. M. Collins & Levitt, 2021). Examples of proximal stressors include “internalized homophobia and internalized transphobia, expectations of rejection and discrimination, or felt stigma, and concealment of sexual and gender identity” (Meyer, 2015, p. 210).

It is important to keep in mind, that by describing experiences as internal or external, minority stress theory takes an essentialist stance. From a social constructionist view, however, distal and proximal stressors are both relational. The interpersonal and relational aspects of distal stressors might seem more obvious at first.

Yet, proximal stressors are also relational, as the way a person thinks about and comes to understand and embody their experiences is co-constructed through language and action within social and cultural contexts (Gergen, 2009). Studies using Canadian data to examine health disparities for queer and trans communities, reveal how the effects of distal and proximal stressors are profound and intricately connected. For example, sexual minorities experience higher instances of preventable deaths than heterosexuals (Salway et al., 2022). Compared to hetero and/or cisgender persons, disparities in suicidal ideation/attempts and mental health conditions have also been found in studies comparing rates for sexual minorities (Hottes et al., 2016; Pakula et al., 2016; Salway et al., 2019), gender minorities (Abramovich et al., 2020), and both (Slemon et al., 2022; Steele et al., 2017).

Meyer's (2003) visual depiction of the model shows how mental health outcomes are determined by a combination of distal and proximal stressors mediated by resilience, support, and coping. The inclusion of these mediators gives minority stress theory a strengths focus by pointing to protective factors that can lessen the impact of minority stress (Meyer, 2015). These protective factors are explored in section 2.2.4 Protective Factors Against Minority Stress. Minority stress theory is useful for counsellors as it helps us understand the complex interplay of risks (stressors) and protective factors (mediators) on health outcomes for queer and trans clients in hetero- and cis-normative societies. Counselling and psychological associations including the APA (2015a; 2021), ACA (Burnes et al., 2010; Harper et al., 2013), and the Canadian Psychological Association (2022) have taken up minority stress theory when addressing clients' mental health needs and concerns.

2.2.3. Intersectionality Framework to Deepen our Knowledge of Minority Stress

Integrating minority stress and intersectionality theories helps us understand the interplay of stressors and protective factors for queer and trans people who are also marginalized in other ways. For example, those who are also racially marginalized, identify as disabled or are living in poverty. The term 'intersectionality' was coined by Crenshaw (1991) as a way of understanding how "race and gender intersect in shaping structural, political, and representational aspects of violence against women of color" (p. 1244). Intersectionality is founded on critical race theory, race- and gender-informed

legal theory, and the work of Black feminist scholars like Collins (1990), Davis (1983), and hooks (1982). Collins (1993), examining the intersections of gender, race, and class argues that “each one of us derives varying amounts of penalty and privilege from the multiple systems of oppression that frame our lives” (p. 26). Systems of oppression include the “institutional, the symbolic, and the individual” (P. H. Collins, 1993, p. 29). Since we are enmeshed in these systems, “we are each responsible for making ... choices concerning which elements of race, class and gender oppression we will accept and which we will work to change” (P. H. Collins, 1993, p. 42). A key aspect of intersectionality is how it conceptualizes discrimination as multiple and compounded for those with more than one marginalized identity or social location. This results in unique experiences of oppression and stigma for those who are multiply marginalized (for example, see Balsam et al., 2011; Bowleg et al., 2003; E. O. J. Lee & Brotman, 2011; and the citations in the next paragraph). Intersectionality also challenges the notion that discrimination based on race, gender identity, sexual orientation, class, etc., are discrete and single issues (Crenshaw, 1989).

Intersectionality has become a prominent framework in queer and trans-related research aimed at being more inclusive and responsive to the diversity in identities, experiences and social locations held by queer and trans people. In Canada, scholarship has looked at the impact of gender identity/expression and sexual orientation on mental health within the intersections of race (W. J. E. Lee, 2009; C. C. Williams et al., 2017), disability (Pilling et al., 2017), migration experiences (Haghiri-Vijeh & Clark, 2022; Jordan, 2010), class (Kia et al., 2021), religion (Beagan & Hattie, 2015), and parenthood (Pyne et al., 2015). This work reveals how mental health inequities and experiences of discrimination are not uniform across queer communities. For example, findings from Williams and colleagues’ (2017) quantitative study suggest that “lower income and intersections of race with other marginalised identities are associated with more depression and unmet need for mental healthcare” (p. 1139). When counsellors integrate theories of minority stress and intersectionality into their practice, they are better positioned to understand how queer and trans people may be differentially impacted by minority stress depending on their identities and social locations (McConnell et al., 2018; Tang et al., 2020).

2.2.4. Protective Factors Against Minority Stress

The theories of intersectionality and minority stress help us understand not only the impacts of oppression but also the unique protective factors of marginalized persons. Minority stress theory conceptualizes the buffering capabilities of protective factors like resilience, support, and coping on negative health outcomes (Meyer, 2003, 2015). Thus far, the empirical literature on interventions has largely focused on lessening minority stress and increasing coping at the individual level (Chaudoir et al., 2017). In their systematic review, Chaudoir and colleagues (2017) noticed that many individual-level interventions used education to lessen minority stress. This approach aimed to foster empathy and recognition of one's biases, while challenging stereotypes (Chaudoir et al., 2017). Interventions that sought to increase individual-level coping used adaptations of therapeutic modalities specifically for working with clients who identify as sexual minorities. An example developed in Canada is Ross and others' (2007) CBT group program for LGBT clients experiencing depression.

Resilience is another protective factor against minority stress featured in the literature. Definitions and understandings of resilience vary, but there is a clear delineation between "normative" (Kia et al., 2023) and critical resilience. Normative resilience focuses on the personal responsibility of marginalized persons and communities to adapt to the adversity they face. Absent are considerations of the impact of privilege and oppression in navigating challenges (Cretney, 2014). Normative notions of resilience that emphasize an individual's responsibility for their own well-being have been linked to neoliberalism (Bottrell, 2013; Gill & Orgad, 2018). Examples of normative resilience yielded from qualitative studies include a sense of optimism, luck, and genetic predisposition (Peel et al., 2023); "social connections; self-care; interests and hobbies; and professional help" (Dickinson & Adams, 2014, p. 120). By contrast, critical resilience prioritizes contributing to societal transformation. Referencing a critique of normative resilience by DeVerteuil and Golubchikov (2016), Kia and colleagues (2023) describe critical resilience as that which "(1) foreground alternatives to the dominant social order, (2) are actively produced and deployed among individuals and collectives affected by adversity, and (3) function as precursors to resistance and structural transformation" (p. 2). A familiar example of critical resilience is queer resistance through scholarship. In fact, many of the scholars cited in this review are writing from personal experience. This evokes Hil Malatino's (2022) conception of resilience as "a communal alchemical

mutation of pain into possibility” (p. 123). We can also look to community activism and self-advocacy, as forms of critical resilience, with current/recent examples including MindMapBC (n.d.); Trans PULSE Canada (n.d.); Qmunity: BC’s Queer, Trans, and Two-Spirit Resource Centre (n.d.); Rainbow Refugee (n.d.); and Egale (n.d.-b). As Malatino describes, “the transmission of anger between bodies in the form of the collectivization and sharing of a sense of rage ... can be crucial to survival” (2022, p. 115).

Coping, resilience, and support are protective, but have a few serious limitations. The first is a limitation in the research, as studies tend to focus on normative resilience. Emphasizing individual responsibility or capacity for protective factors against minority stress is essentialist and rooted in Western modernist cultures’ emphasis on the individual (Beck & Beck-Gernsheim, 2002; Karpowitz & Patterson, 2023) and neoliberalist pressures (Bottrell, 2013; Gill & Orgad, 2018). How queer and trans people develop resilience can differ culturally (Gray et al., 2015; Shilo et al., 2015). Further, an overfocus on the individual’s responsibility to overcome the complex web of minority stress makes invisible the systems of oppression and can be pathologizing (Meyer, 2015). On the other hand, community-based protective factors can also have limitations. For one, affirming, resilient communities may not be accessible (Meyer, 2015). Accessibility here could refer to living in a rural rather than an urban environment (Cohn & Hastings, 2010), or lateral violence (e.g., racism) within and across queer and trans communities (Han, 2009; Kelly et al., 2020). Additionally, the implied requirement of identifying as a queer or trans person to access resilience within communities (Meyer, 2015) assumes that there is a universal understanding of what being a queer or trans person is and that individuals should work towards disclosing this to others. As constructs like gender identity and sexual orientation exist within social, cultural, and political contexts, conceptions of gender and sexuality can differ greatly across cultures. For example, in some cultures, sexual and spiritual identities, or gender identity and sexual orientation are closely linked (Penniston & Chivers, 2020). The notion of “coming out” or disclosing one’s identities as a natural and expected part of being queer or trans is also culturally situated. As Rust (2003) describes, conceptions of what forms a person’s identity are anchored in cultural understandings. In some societies identity might be linked to the type of role they take with their partners (regardless of gender) or their familial roles. For these reasons, counsellors should understand how dominant

notions of gender identity and sexual orientation in Canada stem from a Western and essentialist perspective and may not align with clients' experiences or knowing.

2.3. Understanding Counselling Competence With Queer and Trans Clients

Given the devastating impacts of minority stress and intersecting systems of oppression, intentionally working towards counselling competence with queer and trans clients is essential. Still, the landscape of counselling in Canada is not conducive to supporting the development of competent, queer and trans affirmative counselling. Inconsistency in regulation, requirements for entry-to-practice and competency standards, title protection, and formal complaint processes put clients at risk. To add another layer of complexity, Canada's inhabitants including counsellors, are steeped in hetero- and cis-normativity. Mental health disciplines, particularly psychiatry and the Diagnostic and Statistical Manual of Mental Disorders (DSM), but also psychology and psychotherapy, have a long history of harming queer and trans people through pathologization (Drescher, 2015; Margolin, 2023; Mills, 2021; Riggs et al., 2019; Robertson, 2004). If counsellors are not vigilant to how discrimination can manifest in the counselling space, we could inadvertently harm our clients. In studies focusing on the experiences of queer and trans clients receiving counselling in Canada, participants described discrimination by counsellors through invalidation (Daley, 2010) and dismissal (Eady et al., 2011; Wrightson, 2019) of their SOGIE, anti-LGBTQ comments (Keating et al., 2021), bias (Knoppers, 2021), and sexual harassment (Ross et al., 2018).

While not harming clients (nonmaleficence) is an ethical principle for professional counsellors (CCPA, 2020), this is truly the lowest bar counsellors should strive for. Instead, how might counsellors work towards the highest standard of affirming and competent practice with their queer and trans clients? An important first step is beginning to conceptualize for oneself what competence might look like. In the following section, I review two dominant viewpoints emerging from the literature: affirmative approaches and critical queer scholarship-informed perspectives.

2.3.1. Affirmative Approaches

The APA and ACA call on mental health service providers to adopt a queer and trans affirmative therapeutic approach to counteract the harmful effects of minority stress (APA, 2015a, 2021; Burnes et al., 2010; Harper et al., 2013). A non-pathologizing, affirmative therapy was first conceptualized by Malyon (1985) to counter “the traditional goal of psychotherapy with homosexual males [of] ... conversion (to heterosexuality)” (p. 62). In Malyon’s (1985) approach, gay “sexual and affectional capacities ... are to be valued and facilitated” (p. 62). This early affirmative approach aimed to “provide corrective experiences to ameliorate the consequences of biased socialization,” specifically its impact on a person’s development (Malyon, 1985, p. 62). Ensuing scholarship produced an expanded view of queer and trans affirmative therapy as a framework that can be applied to many different therapeutic approaches. The APA guidelines (2015, 2021) and ACA competencies (2010, 2013) link recommendations for queer and trans affirmative practice to the scholarship. Some examples of affirmative integrations include trauma-informed (Ellis, 2020; Levenson et al., 2023), person-centred (Knutson & Koch, 2022), emotion-focused (Westmacott & Edmondstone, 2020), cognitive behavioural therapy (Austin & Craig, 2015; Ouellette et al., 2023), and mindfulness (Iacono, 2019).

Despite its popularity, there is not a universal definition of a queer and trans affirmative approach. Many scholars have attempted to understand and define the parameters of queer and trans affirmative practice (some recent examples include Boroughs et al., 2015; Broadway-Horner & Kar, 2022; Chang et al., 2018; Grzanka & Miles, 2016; Moradi & Budge, 2018; Pachankis, 2018; Pachankis & Safren, 2019; Proujansky & Pachankis, 2014; A. Singh et al., 2017). Several general themes that have emerged through qualitative studies and the analyses of existing research are explored here. One perspective is a framework of affirmative therapy as a set of principles for practice with universal applicability to clients. Ultimately, counsellors may not know if a client identifies as queer (Matthews, 2007). Also, queer clients may seek counselling for reasons unrelated to their SOGIE or may not bring it up until later (Budge et al., 2013). The onus then is on all counsellors, not just “specialists” or queer and trans counsellors, to have the competency to work with queer and trans clients (Campbell & Arkles, 2017). Gleaning from theoretical scholarship, Moradi and Budge (2018) propose the following responsibilities for queer affirmative therapists:

(a) counteracting anti-LGBQ+ therapist attitudes and enacting LGBQ+ affirmative attitudes, (b) acquiring accurate knowledge about LGBQ+ people's experiences and their heterogeneity, (c) calibrating integration of accurate knowledge about LGBQ+ people's experiences and their heterogeneity into therapeutic actions, and (d) engaging in and affirming challenges to power inequities. (p. 2030)

Speaking for the ACA, Singh and Gonzalez (2017) provide additional general themes for working with lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQQ) clients. These include celebrating and validating clients' sexual orientation and gender identity; actively working to counteract the effects of hetero- and cis-normative ideologies; opposing SOGIECE; developing familiarity with LGBTQQ-related common terminology, strengths, challenges, and matters of social justice; and working towards competence in interventions for LGBTQQ clients. These themes echo Sue and others' (1982; Sue & Sue, 2015) categorization of culturally competent therapists, which include (a) beliefs and attitudes: awareness of one's own culture(s) and related values, biases, and attitudes; (b) knowledge: Understanding diverse clients' experiences, perspectives, and needs; and how various systems (legal, social, political, etc.) affect them; and (c) skills: utilizing culturally congruent interventions and societal interventions (e.g., social justice work). Tervalon and Murray-García's (1998) concept of cultural humility challenges understandings of competence as "an easily demonstrable mastery of a finite body of knowledge" (p. 118). Counsellors using cultural humility are reflexive, sensitive to power dynamics in the therapeutic relationship, client-centered, and collaborative (Summers & Nelson, 2022).

Cultural humility also requires counsellors to understand the unique strengths and challenges of their clients related to their identities and social locations (Summers & Nelson, 2022). Given the multiplicity of social locations, and experiences, how can we possibly begin to understand competency? Singh and others (2017) give us some suggestions for counselling with trans/gender-variant people of colour. These include validating clients' past "negative or traumatic experiences" in health care, challenging one's own "rescue needs/fantasies," (Singh et al., 2017, p. 52), being aware of power differentials and their effect on trust, being trauma-informed, integrating an exploration of "resilience ... to identify how best to navigate and challenge oppression experiences" (Singh et al., 2017, p. 54), and facilitating community building, advocacy, and activism. An intersectional understanding also includes knowing the salience of sexual orientation and gender identity for clients, and the oppression and protective factors they

experience. For example, Hagai and others' (2020) interpretative phenomenological analysis with an ethnically and age-diverse participant sample, found that BIPOC LGBTQ participants generally viewed their identities as intersectional, "mutually constituted by their racial and/or gender identities" (p. 980). By contrast, White LGBTQ participants tended to foreground their sexual identities. Younger participants tended to have a more fluid perspective on sexual orientation than older participants; and BIPOC participants tended to engage in social justice efforts more so than White participants (Hagai et al., 2020).

2.3.2. Perspectives From Critical Queer Scholarship

Critical queer scholarship works to deconstruct how we think about identities like those related to gender and sexuality. Here deconstruction concerns sexual orientation and gender identity constructs (e.g., identity labels, traits, and behaviours), and their underlining power structures (Carlson, 1998). Carlson (1998) describes how sexual identity politics adopts the hegemonic "same-other binary" by fighting for acceptance by and assimilation into, mainstream society (p.100). One essentialist strategy towards this aim is by understanding human experience through categories and labels of identity, intrinsic to the self. Not only can this obscure difference within identity labels, but it can also reinforce heteronormative notions of what is healthy and good. By reducing the vastness of human experience to identity labels and categories, a person's potentiality for change can be constrained (Carroll & Gilroy, 2001). This constraint is seen as a means of control within a hetero- and cis- normative culture. The types of essentialist assumptions that critical queer scholarship aims to deconstruct are reflected in queer empirical literature that presents queer identities as inherent and unchanging.

By confronting and deconstructing heterosexism and other ideological hegemonies, critical queer scholarship seeks societal transformation (Minton, 1997). In this endeavour, it adopts many ideas from social constructionism. First, it queers notions of sexual orientation and gender identity by illuminating how they are created in a relational context through discourse (Gergen, 1994; Watson, 2005). Second, it employs social constructionist strategies to actualize societal transformation. For example, the deconstruction of dominant ideas, the expansion of whose voices are heard, and "reconstruction, wherein new realities and practices are fashioned for cultural transformation" (Gergen, 1994, p. 63). Queer identity politics as informed by critical

queer scholarship, “proudly and defiantly [assert] the right and even importance of being different” (Carlson, 1998, p. 94).

2.3.3. Drawing From Affirmative Approaches and Critical Queer Scholarship

Sexual and queer identity politics are often pitted against one another (another binary!). An integrative approach may be more fruitful in improving the situation for queer and trans counselling clients in Canada. Sexual identity politics have been pivotal in bringing queer and trans people together in activism and advocating for human rights (Tremblay, 2015). As Carlson (1998) points out, “there is a time and a place to affirm collective solidarity through the strategic use of identity categories” (p. 95). Applying the lens of critical queer scholarship to how queer and trans affirmative literature emphasizes identity, allows for a more discerning evaluation of recommended approaches. Critical queer scholarship reveals how identity is constructed in discourse (Watson, 2005). Further, it problematizes identify labels (e.g., LGBTQ) by “viewing them as (at least in part) regulatory mechanisms of the dominant culture” (Carlson, 1998, p. 97). Through this lens, essentialist notions in queer and trans affirmative therapy become visible; for example, the affirmation of presumed intrinsic traits, and characteristics (Bohan, 1997; Sánchez & Pankey, 2017). Fassinger (2017) warns that social identities are created as a form of human categorization, where the categories created are “temporally, historically, and culturally bound” (p. 21). By celebrating difference and making it visible, critical queer scholarship opens the possibility for new lines of thought. In this way, critical queer scholarship offers a possibility of transformation for all people, while identity-focused guidance offers practical strategies that can help improve queer and trans people’s quality of life.

2.3.4. Literature on Queer and Trans Clients’ Experiences of Counselling in Canada

There is a small but growing body of literature documenting queer and trans clients’ experiences of counselling interactions in Canada. To find these articles, I searched combinations of key terms in two databases (APA PsycInfo and the Education Resources Information Center [ERIC]), Simon Fraser University’s Summit research repository, and library catalogue. To be included in this review, articles needed to be

empirical, primarily focused on queer and trans clients' experiences of mental health practice in Canada and written in English. Table 2.1 contains a summary of all studies reviewed ($N = 17$). Through close reading, I identified six main themes and 17 sub-themes pertaining to recommendations for counselling practice stemming from clients' experiences. These themes are shown in Table 2.2. I included a theme if at least three studies provided recommendations that fell within the theme. In the following paragraphs, I hone in on a few of the themes and subthemes across the studies.

Table 2.1. Summary of studies reviewed (N = 17)

	Author	Title	Method	Sample	Location	Type	Date
1	Baskerville et al.	LGBTQ youth and young adult perspectives on a culturally tailored group smoking cessation program	Qualitative	N = 204 LGBTQ persons, ages 16-29	Toronto, ON	Peer-reviewed article	2017
2	Bauche, J.	The experiences of gay men in counselling	Qualitative, phenomenology	N = 8 gay males, ages 21-50	Calgary, AB	MSc thesis	2004
3	Daley, A.	Being recognized, accepted, and affirmed: Self-disclosure of lesbian/queer sexuality within psychiatric and mental health service settings	Qualitative constructivist grounded theory	N = 22 LQ women, ages 20-58 and N = 10 mental health service providers, ages 31-60	Not specified	Peer-reviewed article	2010
4	Eady et al.	Bisexual people's experiences with mental health services: A qualitative investigation	Qualitative, phenomenology	N = 55 bisexual people, ages 16-69	ON	Peer-reviewed article	2011
5	Ferlatte et al.	Perceived barriers to mental health services among Canadian sexual and gender minorities with depression and at risk of suicide	Quantitative	N = 2778 sexual and gender minorities, ages 18-50+	Canada	Peer-reviewed article	2019
6	Frank & Fisher	Searching for support and community: Experiences in a gay men's psychoeducational group	Qualitative	N = 10 gay men, ages not reported	Halifax, NS	Peer-reviewed article	1999
7	Harris, G.E.	The experiences of gay men living with HIV/AIDS who have attended participatory programs and received individual counselling	Qualitative, transcendental phenomenology, community-based research	N = 12 gay men, ages 27-56	Calgary, AB	MSc thesis	2003
8	Iacono et al.	A qualitative study of the LGBTQ+ youth affirmative mindfulness program for sexual and gender minority youth	Qualitative, grounded theory	N = 30 sexual and gender minority youth, ages 16-29	Canada	Peer-reviewed article	2022
9	Kahn et al.	Facilitating mental health support for LGBT forced migrants: A qualitative inquiry	Qualitative, thematic analysis	N = 7 LGBT migrants, ages 22-40, and 22 service providers, ages 26-51	Canada	Peer-reviewed article	2018
10	Keating et al.	LGBTQ + people's experiences of barriers and welcoming factors when accessing and attending intervention for psychological trauma	Quantitative	N = 161 LGBTQ persons, ages 18-72	ON	Peer-reviewed article	2021

	Author	Title	Method	Sample	Location	Type	Date
11	Knoppers, T.	It's hard to be a diamond in a rhinestone world: Counselling needs and experiences of nonbinary clients	Critical qualitative	N = 8 nonbinary persons, ages teen-late 30s	Vancouver, BC	MA thesis	2021
12	Lyons et al.	A qualitative study of transgender individuals' experiences in residential addiction treatment settings: Stigma and inclusivity	Qualitative, participatory	N = 34 transgender persons, ages 27-47	Vancouver, BC	Peer-reviewed article	2015
13	O'Neill, B.	"We... didn't connect at all ...": The Experiences of a gay client	Qualitative, case study	N = 1 gay man, age 35	Canada	Peer-reviewed article	2002
14	Ravinthiran, J.	Understanding the intersecting identities of Asian immigrant LGBTQ+ youth and young adults and their needs in mental health and social support services	Qualitative, thematic analysis	N = 10 LGBTQ+ youth, ages 19-25	Montréal, QC	MSc thesis	2018
15	Ross et al.	Can talking about oppression reduce depression? Modified CBT group treatment for LGBT people with depression	Quantitative	N = 23 LGBT persons, ages 22-71	Toronto, ON	Peer-reviewed article	2007
16	Ross et al.	In spite of the system: A qualitatively-driven mixed methods analysis of the mental health services experiences of LGBTQ people living in poverty in Ontario, Canada	Qualitatively-driven mixed methods	N = 700+ women and/or trans people, survey respondents, mean ages: 34.7-42.2, and 12 LBTQ interviewees, ages 22-53	ON	Peer-reviewed article	2018
17	Wrightson, C.	A qualitative study of the counselling experiences of sexual minorities	Qualitative, phenomenology	N = 11 LGBTQ persons, ages 19-33	Calgary, AB	MEd thesis	2019

Note: "Canada" indicates that participants were located across Canada or cities/provinces were not stated. Date = date published.

Table 2.2. Summary of themes that emerged from the studies

Main themes	Sub-themes
Approaches and frameworks for practice	Affirmative, non-pathologizing, intersectionality, social justice, client-centered, specific interventions
Competence development	Knowledge, skills
Counsellor education, training	Identity, intersectionality
Barriers to access	Promoting queer services, counsellor identity and diversity, agency/counsellor policies
Service provision	Integrated/connected services, programming
Language	Verbal communications, text-based communications

To date there is a strong emphasis in the literature on the types of stances counsellors should take when working with queer and trans clients. These stances include queer and trans affirmative (Bauche, 2004; Iacono et al., 2022; Kahn et al., 2018; Keating et al., 2021; Knoppers, 2021), intersectional (Iacono et al., 2022; Kahn et al., 2018; Ravinthiran, 2018; Ross et al., 2018), and social justice-oriented (Kahn et al., 2018; Knoppers, 2021; Wrightson, 2019). Several studies also explicitly stated or implied the need for counsellors to be trauma-informed (Iacono et al., 2022; Kahn et al., 2018; Keating et al., 2021; Knoppers, 2021). To address the multifaceted needs of clients, several scholars recommended an integration of these stances. For example, Iacono and others (2022) suggested an affirmative, intersectional, and trauma-informed approach for their *LGBTQ+ Youth Affirmative Mindfulness Program*, given clients' experiences of intersecting oppressions and complex trauma. They recommended facilitators prioritize clients' safety while celebrating and validating their identities and experiences, and contextualizing clients' challenges within an intersectional understanding of minority stress (Iacono et al., 2022). Knoppers (2021) described how their non-binary participants "prefer[red] [counsellors'] personal values and frameworks be meaningfully inclusive and affirmative of genders and sexual diversity" (p. 79). Similar to Iacono and others (2022), Knoppers (2021) noted the impact of complex trauma in the lives of their non-binary participants. They emphasized the importance of a gender-affirmative, social justice, and trauma-informed approach, viewing "trauma healing as an inter-relational process that must include social change" (Knoppers, 2021, p. 102). Kahn and colleagues (2018) described how their LGBT forced migrant participants "presented with symptoms consistent with posttraumatic stress disorder" (p. 319). The authors recommended counsellors take an LGBT-affirmative approach that includes an understanding of clients' intersecting identities and experiences while acting as "client

advocates, acting to dismantle oppression at the systemic level” (Kahn et al., 2018, p. 323). The inclusion of intersectionality within many of these recommendations suggests the growing recognition that queer and trans clients are diverse and not part of a monolithic community of the same experiences and needs. The reporting of trauma for queer and trans client participants also emphasizes the necessity for counsellors to be taking a trauma-informed approach to ensure their clients’ safety, as well as social justice actions to reduce clients’ experiences of minority stress and trauma.

Another theme throughout the studies is the recommendation for mental health service providers to engage in training and education beyond their graduate programs to prepare to work with queer clients (Bauche, 2004; Eady et al., 2011; Kahn et al., 2018; Keating et al., 2021; Knoppers, 2021; Lyons et al., 2015; Ravinthiran, 2018; Wrightson, 2019). While this recommendation resounded across the studies, there was a lack of consensus as to where responsibility for this training and education should land. For example, Bauche (2004) and Eady et al. (2011) placed responsibility on providers. By contrast, Keating et al. (2021), Lyons et al. (2015), and Wrightson (2019) placed responsibility on agencies to require this training for the providers they employ. Wrightson (2019) suggested agencies prohibit counsellors from using “the term ‘queer-friendly’ or similar terms in their advertisements, websites, et cetera” before they have received training in working with LGBTQ clients (p. 150). Knoppers (2021) raised a crucial argument in this regard: “The fact that best practice resources are already out there, yet so many therapists are unprepared to meaningfully engage with people occupying structurally marginalized social locations, raises questions of practical incentives for counsellors on the ground to learn best practices” (p. 103). In this vein, Knoppers (2021) suggested that regulation of the Canadian counselling discipline is needed to ensure counsellors engage in continuing education and provide the best services possible for their non-binary clients.

Across the literature, scholars also highlighted mental health services agencies’ responsibility to queer and trans clients. Studies recommended agencies hire counsellors who share similar identities and social locations as their clients (Eady et al., 2011; Knoppers, 2021, Lyons et al., 2015), and ensure counsellor diversity (Ravinthiran, 2018). For example, in responding to transgender participants’ experiences of discrimination and fear of stigma in residential addiction treatment, Lyons and others (2015) suggested agencies consider a multifaceted approach including employing staff

that are transgender. Several studies suggested that counselling agencies and mental health services providers promote their counsellors' experience working with queer clients (Bauche, 2004; Eady et al., 2011; Keating et al., 2021). For example, bisexual participants in Eady and others' (2011) study endured negative experiences including judgment, dismissal, pathologization, and intrusive or excessive questions with providers (Eady et al., 2011). The authors suggested, "providers can advertise if they are prepared and willing to work with bisexual clients" (p. 385). The inclusion of "prepared" here is important, to ensure that providers are not advertising services they are not equipped to deliver on. Studies also recommended agencies enact non-discrimination policies for queer and trans clients (Keating et al., 2021; Lyons et al., 2015; Ravinthiran, 2018). To demonstrate commitment to these policies, it was also suggested that they be published where clients could see them (Keating et al., 2021; Ravinthiran, 2018). Ravinthiran (2018) recommended agencies signal that they are "aware of and committed to aiding those with novel struggles at the intersections of various identities" (p. 75). This recommendation suggests that visibility and representation are important, especially for multiply marginalized clients such as those who are racially marginalized, as their experiences may be made invisible by racism and White normativity in queer communities (Ravinthiran, 2018).

While these studies comprise a substantial body of work, only seven included a detailed focus on what clients found helpful and unhelpful in counselling interactions (Bauche, 2004; Eady et al., 2011; Frank & Fisher, 1999; Harris, 2003; Knoppers, 2021; O'Neill, 2002; Wrightson, 2019). Qualitative studies that center clients' experiences in counselling can prove "valuable in providing an understanding of what works, adding to the debate regarding specific vs. nonspecific factors and how change is effected" (Hodgetts & Wright, 2007, p. 161). For example, Alessi and others (2019) found a correlation between LGBQ clients' perceptions of affirmative therapy and positive mental health. They also found a correlation between the effect of the therapist and client working relationship on clients' perceptions of affirmative therapy and positive mental health. However, it is worth noting that clients' experiences of discrimination may lower their standards of what they perceive as affirming. This was reflected in Anzani and others' (2019) study of transgender clients' experiences of affirming therapy, where a theme of lack of microaggressions emerged as an affirming experience. In any case, "understanding the potential range and forms of client experience is an important

component of therapeutic skill and can be assumed to lead to greater understanding of particular clients and to more effective interventions” (Elliott, 2008, p. 239). For these reasons, additional research explicitly focusing on queer and trans clients’ experiences of counselling in Canada is needed.

2.4. Navigating Guidance for Practice

Competence in providing ethical and affirmative counselling for queer and trans clients is imperative and complex. As demonstrated by the preceding sections, there are many different views on counselling competence. Where do counsellors start? To navigate the difficult terrain of professional practice, counsellors can refer to codes of ethics, standards of practice, and guidelines. Each of these documents differs in scope, intention, and use, though the terminology is often used interchangeably. Associations and regulatory bodies typically produce unique ethics, standards, and guidelines for their members to follow. For example, the CCPA (2020) encourages its counsellors to refer to the CCPA code of ethics (2020) and standards of practice (2021). It is also suggested that counsellors refer to documents produced outside of their professional bodies like empirical and theoretical literature and guidelines (CCPA, 2020). This review focuses on professional practice guidelines and competencies, which provide general recommendations for counsellor conduct and methods when working with clients (APA, 2015a; APA, 2021; Burnes et al., 2010; Harper et al., 2013). The recommendations of professional practice guidelines are designed to assist counsellors in their practice “with regards to particular roles, populations, or settings” (APA, 2015b, p. 823). Since they are informed by current scholarship, they are meant to “reflect consensus within the field” (APA, 2015b, p. 823) and present counsellors with a solid foundation from which to continue building competence. Guidelines are also designed to help counsellors contribute to the “development of the profession” (APA, 2015b, p. 824). It is worth noting that professional practice guidelines and competencies (guidelines/competencies) are distinct from clinical practice guidelines, which offer suggestions regarding clinical interventions (APA, 2015b). Since the focus of this thesis is on building a foundational level of competence, I am not reviewing clinical practice guidelines here.

2.4.1. Guidelines for Counselling With Queer and Trans Clients

Guidelines/competencies developed for professional practice with queer and trans clients (e.g., APA, 2015a, 2021, Burnes et al., 2010; Harper et al., 2013) are an excellent introduction and quick reference to foundational expectations of competence. These documents are brief, concise, aligned with an ethical code and standards of practice, and founded on the most up-to-date literature. Whereas codes of ethics provide general principles and value statements, guidelines often contain actionable recommendations (APA, 2015b).

Canadian counselling and psychotherapy associations and governing bodies have notably not yet released guidelines/competencies for practice with queer and trans clients. Much of the recommendations for practice and guidance documents come from the United States (US). Without clear guidance from associations and governing bodies within Canada, counsellors might use guidelines produced in the US (e.g., APA, 2015a, 2021, Burnes et al., 2010; Harper et al., 2013). A significant concern with counsellors depending on guidelines developed in the US is that these documents were not created within a Canadian context, nor in alignment with Canadian ethics and standards of practice. However, given what is at stake for queer and trans clients with counsellor incompetency, not building competency while waiting for Canadian counselling associations and governing bodies to provide guidance is also not viable.

2.4.2. American Counseling Association Competencies and American Psychological Association Guidelines

In this section I review the APA Guidelines for Psychological Practice With Transgender and Gender Nonconforming People (APA TGNC; 2015), the APA Guidelines for Psychological Practice with Sexual Minority Persons (APA SM; 2021), the ACA Competencies for Counseling with Transgender Clients (ACA TC; Burnes et al., 2010), and the Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling [ALGBTIC] Competencies for Counseling with Lesbian, Gay, Bisexual, Queer, Questioning, Intersex, and Ally Individuals (ACA LGBQQIA; Harper et al., 2013). I focus on these guidelines/competencies for several reasons. Both associations have a long-standing and well-established focus on competent and affirmative practice with queer and trans clients facilitated by their dedicated societies: the ACA's Society for

Sexual, Affectional, Intersex, and Gender Expansive Identities (SAIGE, formerly known as ALGBTIC) and the APA's Division 44 Society for the Psychology of Sexual Orientation and Gender Diversity (APA Division 44, 2023; SAIGE, n.d.). The guidelines/competencies released by these associations are informed by relevant theoretical and empirical research current at the time of the documents' production. The development of each document was overseen by an identified task force or committee and required an intensive review process. Both sets of guidelines/competencies are explicitly linked to their corresponding association's codes of ethics and standards of practice (ACA, 2005; APA, 2010, 2017). They are intended as foundational for building competence. However, they can guide continued professional growth and are relevant for experienced providers as well. Lastly, the recommendations they contain were designed to help psychologists (APA), professionally trained counsellors (ACA), and related professionals (both) work competently with queer and trans populations.

I begin with a brief description of the guidelines/competencies. A side-by-side comparison of the headings, groups, and domains is provided in Table 2.3. Despite differing years of publication, both guidelines are founded on theories of minority stress and intersectionality; strengths, resilience, and multicultural counselling approaches; and social justice advocacy. With the acknowledgement of sexual orientation and gender as constructs, the APA guidelines also seem influenced by critical queer scholarship, though this is not explicitly stated as a framework. The guidelines also include "should" statements that sound like recommendations, whereas the competencies use present-tense verbs (e.g., recognize, help, refrain), which sound more like action statements.

Table 2.3. Comparison of Guidelines and Competencies

APA Guidelines for Psychological Practice With Sexual Minority Persons (2021)	Guidelines for Psychological Practice With Transgender and Gender Nonconforming People (2015)	ALGBTIC Competencies for Counseling With Lesbian, Gay, Bisexual, Queer, Questioning, Intersex, and Ally Individuals (2013)	ACA Competencies for Counseling With Transgender Clients (2010)
Foundational Knowledge and Awareness Guidelines 1–4	Foundational Knowledge and Awareness Guidelines 1–4	I. Introduction	A. Human Growth and Development Competencies A. 1–12
Impact of Stigma, Discrimination, and Sexual Minority Stress Guidelines 5–8	Stigma, Discrimination, and Barriers to Care Guidelines 5–7	II. Competencies for Counseling Lesbian, Gay, Bisexual, Queer, and Questioning Individuals	B. Social and Cultural Foundations Competencies B. 1–12
Relationships and Family Guidelines 9–12	Life Span Development Guidelines 8–9	A. Human Growth and Development Competencies A. 1–19	C. Helping Relationships Competencies C. 1–11
Education and Vocational Issues Guidelines 13–14	Assessment, Therapy, and Intervention Guidelines 10–14	B. Social and Cultural Diversity Competencies B. 1–12	D. Group Work Competencies D. 1–16
Professional Education, Training, and Research Guidelines 15–16	Research, Education, and Training Guidelines 15–16	C. Helping Relationships Competencies C. 1–18	E. Professional Orientation Competencies E. 1–12
		D. Group Work Competencies D. 1–21	F. Career and Lifestyle Development Competencies [sic] Competencies F. 1–12
		E. Professional Orientation and Ethical Practice Competencies E. 1–13	G. Appraisal Competencies G. 1–17
		F. Career and Lifestyle Development Competencies F. 1–12	H. Research Competencies H. 1–11
		G. Assessment Competencies G. 1–16	

APA Guidelines for Psychological Practice With Sexual Minority Persons (2021)	Guidelines for Psychological Practice With Transgender and Gender Nonconforming People (2015)	ALGBTIC Competencies for Counseling With Lesbian, Gay, Bisexual, Queer, Questioning, Intersex, and Ally Individuals (2013)	ACA Competencies for Counseling With Transgender Clients (2010)
		H. Research and Program Evaluation Competencies H. 1–9	
		III. Allies	
		Section I - Counselors who are Allies	
		Awareness Competencies I. 1	
		Knowledge Competencies I. 2–4	
		Supporting Individuals' Decisions About Coming out Competencies I. 5–8	
		Facilitate Supportive Environments Competencies I. 9–23	
		Section II – Competencies for Counseling Allies Competencies I. 23 [sic]–38	
		IV Intersex	
		J. Competencies for Counseling People who are Intersex	
		Competencies for Working With People who are Intersex Competencies J. 1–19	

Note: The information in this table is drawn from each respective document: APA SM (2021), APA TGNC (2015a), ACA LGBQQIA (Harper et al., 2013), and ACA TC (Burnes et al., 2010).

Through a close reading of the guidelines/competencies (APA, 2015a, 2021; Burnes et al., 2010; Harper et al., 2013), I identified overarching themes and aims. The APA SM (2021) recommend an ongoing commitment to build competence related to sexual minority persons, with additional education, training, consultation, and supervision from professionals competent in this area. Promoting inclusivity via language used, and taking a non-pathologizing, affirmative approach nuanced by cultural contexts is also endorsed. Psychologists are encouraged to build awareness of and challenge, their own biases, values, privilege, and assumptions around sexual orientation, gender identity, and expression. The use of intersectionality theory is recommended as a lens through which to understand sexual minority identities. This includes an understanding of the impact of systemic factors, discrimination, and stigma on sexual minority persons, including health disparities. At the same time, it is recommended psychologists should understand protective factors and the strengths related to being a sexual minority person. Understanding the diversity and complexity of relationships, families, and sexual health for sexual minority persons is also viewed as important. Psychologists are recommended to understand sexual minority persons' educational and career-related concerns. Lastly, the guidelines condemn SOGIECE and encourage psychologists to commit to advocacy and social justice at individual, community, and institutional levels.

While the APA TGNC (2010) share certain themes with the APA SM (2021), they also include many distinctive factors. Here I focus on some of the differences. For one, the APA TGNC (2010) recommend that psychologists gain the knowledge and skills needed to provide trans affirmative services. They view trans affirmative care as requiring a non-binary conception of gender, and an awareness that sexual orientation, gender identity and expression are distinct yet connected concepts that intersect with a person's other cultural identities. An evidence-based, collaborative, and interdisciplinary approach is recommended, including working with other professionals to help clients meet their needs. Psychologists are recommended to understand how their attitudes, values, and biases related to gender identity and expression impact TGNC persons, their families, and communities. Psychologists are encouraged to recognize the impact of discrimination, stigma, and systemic barriers on TGNC persons and communities, and their responsibility in contributing to social change that helps improve TGNC persons' overall health and well-being. Lastly, the APA TGNC (2010) call attention to the link

between life outcomes for TGNC people and access to social support and trans affirmative care.

The ACA LGBQQIA (Harper et al., 2013) competencies differ from the APA guidelines in many ways including that their separate sections for recommendations in working with LGBQQ allies (including allied counsellors and clients), and intersex individuals. The authors acknowledge that while those who identify as intersex or ally have some shared experiences and concerns with LGBQQ individuals, there are also many distinctions, hence the need for separate sections dedicated to these identities. Neither the APA SM (2021) nor the APA TGNC (2015a) guidelines include recommendations for intersex persons and/or allies. The LGBQQ section, also includes a focused section for group counselling. Another difference is the ACA LGBQQIA's (Harper et al., 2013) consideration of LGBQQ persons' development and the impacts therein of stigma and intersecting identities. They explicitly endorse a collaborative and client-centered (specifically for intersex persons) approach. They remind counsellors that theories, assessments, and research have not been normed for LGBTQIA persons. They point to the harms caused to LGBQQ people by counsellors and that this could result in distrust. Some elements specific to counsellors working with allies include consideration of allies' own coming out processes; experiences of oppression; and opportunities to develop and utilize their strengths and privileges as allies to support LGBTQIA communities. There are also themes specific to counsellors working with intersex clients, including characteristics, experiences, and diversity for those who identify as intersex; the delineation of a concealment-centered model (pathologizing) vs. a patient-centered model (affirmative and non-pathologizing); and specific considerations when engaging in allyship, interdisciplinary collaboration, and advocacy.

The ACA TC (Burnes et al., 2010) share many similarities with the ACA LGBQQIA (Harper et al., 2013). To avoid redundancy, I highlight differences in the former from the other guidelines/competencies mentioned thus far. First, the ACA TC (Burnes et al., 2010) describe gender identity disclosure as a complicated and possibly lifelong process. Counsellors are recommended to regularly evaluate the quality of the services they provide, given that there is a lack of empirically supported trans-specific approaches. Unlike the APA TGNC (2015a) guidelines, the ACA TC (Burnes et al., 2010) include a focus on career and workplace considerations for transgender people. They also emphasize power dynamics inherent in the counselling relationship, and

specifically when it comes to accessing gender-affirming treatment. Lastly, counsellors are directed to be up to date on related theoretical and empirical literature but to review it critically, given possible limitations in study design and foci.

While these guidelines/competencies are thorough and most definitely provide guidance in developing competency, they have several limitations, especially for counsellors working with clients in Canada. This is because US guidelines do not align with Canadian codes of ethics and standards of practice. They lack a focus on Indigeneity and decolonization and are not informed by critical analyses of colonialism, systemic racism, class, and ableism in Canada. They do not incorporate a critical view of Canada's nation-building projects and their impact on the legal system and policies. They lack guideline statements for immigrant, refugee, and international student populations living in Canada. They also do not include nuances related to the Canadian counselling discipline, such as inconsistent regulation. Besides these limitations for practice in Canada, the ACA competencies and APA TGNC guidelines are due for revision. A trait of APA guidelines is that they must include a proposed expiration that cannot exceed 10 years. Guidelines concerning emerging or quickly developing areas may have a shorter expiration date (APA, 2015b). That is the case for the APA TGNC (2015a) guidelines which expired in 2022. Keeping guidance documents up to date is important as the landscape of queer mental health is constantly in flux. While the ACA competencies do not have a specified expiration, the TC competencies "require periodic evaluation and revision to reflect current theory, research, practice, and counseling frameworks" (2010, p. 140). Perhaps relatedly, a final limitation is that these documents tend to uncritically take an essentialist perspective through the emphasis on personal identity without explicit acknowledgement or discussion that this is a specific worldview. This could be remedied by including consideration of social constructionist, relational, and non-Western understandings regarding gender and sexuality.

2.5. Chapter Conclusion

In this literature review, I described the theoretical frameworks of social constructionism, minority stress theory, and intersectionality theory in support of my use of these frameworks within this thesis. This thesis was built within a social constructionist framework. Yet, it holds tension between the contrasting essentialist and social constructionist views of gender and sexuality. It is important for counsellors to

understand how these worldviews fundamentally shape perceptions of gender and sexuality (Bohan, 1997; DeLamater & Hyde, 1998; Gergen, 1985, 1994; Sánchez & Pankey, 2017). Tensions of essentialist and social constructionist ways of understanding gender and sexuality can unfold in counsellors' and clients' perceptions. These tensions also feature in the empirical and theoretical literature, including theories of minority stress and intersectionality. An integrative approach to using theories of minority stress and intersectionality in counselling practice can sensitize counsellors to nuances in the relationship between stressors and protective factors on health outcomes for queer and trans clients depending on their other marginalized identities and social locations (Bowleg et al., 2003; Brooks, 1981; McConnell et al., 2018; Meyer, 1995, 2003).

Counsellors should work towards providing the highest quality counselling for their queer and trans clients, otherwise, they could perpetuate discrimination (for example, see Knoppers, 2021; Ross et al., 2018; Wrightson, 2019). The literature on counselling competence with queer and trans clients points to affirmative approaches and critical queer scholarship-informed perspectives. The ACA (Burnes et al., 2010; Harper et al., 2013) and APA (2015a, 2021) endorse an affirmative approach, yet there is no consensus in the literature on what such an approach entails. Critical queer scholarship deconstructs gender and sexuality concepts to reveal the power structures that support them (Carlson, 1998) and works towards positive societal change by challenging dominant ideologies (Minton, 1997). Again, counsellors can navigate this tension by taking an integrative approach, applying the critical lens of critical queer scholarship to queer and trans affirmative literature. Benefits of this theoretical integration include a relational view of identity (Watson, 2005), culturally situating identity labels (Carlson, 1998), exposing worldviews in therapeutic approaches, highlighting and celebrating differences between people, adopting practical strategies, and supporting social transformation. There is a growing body of research on queer and trans people's counselling experiences in Canada. Yet, few of these studies include a detailed focus on what clients found helpful and unhelpful in counselling (see section 2.3.4). Qualitative studies can give nuanced insight into what clients find helpful and why (Hodgetts & Wright, 2007). This insight can help counsellors build their skills (Elliott, 2008). Accordingly, further studies focusing on queer and trans clients' counselling experiences in Canada are needed.

Professional practice guidelines/competencies can be especially helpful in guiding therapeutic practice with queer and trans clients as they are often concise, in alignment with codes of ethics and standards of practice, empirically- and community-supported, situated within critical frameworks, and provide actionable recommendations (for example, APA, 2015a; APA, 2021; Burnes et al., 2010; Harper et al., 2013). In the absence of guidance from Canadian counselling and psychotherapy associations and governing bodies, counsellors in Canada might use American guidelines/competencies like those produced by the APA (2015a, 2021) and ACA (Burnes et al., 2010; Harper et al., 2013). These are limited for counselling practice in Canada since they lack consideration of Indigeneity and decolonization, systemic oppression, queer and trans newcomers, and nuances related to the counselling discipline in Canada. The present study addresses a gap in the literature on what queer and trans clients in Canada find affirming (helpful) and non-affirming (hindering) in counselling interactions. Filling this gap is important in terms of providing exemplars for competent and affirmative practice, and supporting the development of client-informed guidelines by Canadian counselling associations and governing bodies.

Chapter 3.

Methods

Thus far, this thesis has illustrated how discrimination persists for queer and trans people in Canada despite improvements in social acceptance and human rights protections. Counsellors can better understand negative mental health outcomes and health disparities for their queer and trans clients by integrating theories of minority stress (Brooks, 1981; Meyer, 1995, 2003, 2015) and intersectionality (P. H. Collins, 1990, 1993; P. H. Collins et al., 2021; Crenshaw, 1989, 1991) into their practice. Since counsellors do not have access to up-to-date, rigorous, research- and community-supported guidance for competent and ethical counselling with queer and trans clients in Canada, they could harm their clients by inadvertently reinforcing systemic discrimination. Beyond avoiding harming their clients, counsellors should aim for the highest quality of affirming and competent care. This study addresses multiple gaps in the literature. As I describe in section 2.3.4, relatively few studies examine queer and trans clients' counselling experiences in Canada. Less than half of the 17 studies I reviewed focus on what clients found helpful and unhelpful in counselling, most do not address how Canada's sociopolitical context could be relevant to counselling practice, and only one (Knoppers, 2021) directly tackled the need for professional practice guidelines but did not focus on the development of these guidelines. Queer and trans clients' perceptions of affirmative counselling, interpreted in relation to existing guidelines and research provide significant and helpful examples of competent and affirmative practice. This research is needed to support the development of client-informed professional practice guidelines.

In conducting this study, I sought to address two research questions: 1. How do queer and trans persons receiving counselling services in Canada, perceive affirming (helping) or non-affirming (hindering) experiences in counselling? 2. How closely do these perceptions align with current guidelines and research on queer and trans affirmative counselling practice? To answer these questions, I used a constructivist grounded theory method. In this chapter, I discuss all aspects of this study including its design, my positionality as a researcher, the participant sample and recruitment, data generation and analysis, study rigour, and ethical considerations.

3.1. Study Design

3.1.1. Choosing a Qualitative Method

This study is situated within a strong and established tradition of qualitative research within the discipline of counselling in Canada (Lalande, 2004; Young & Lalande, 2011). I chose a qualitative method for this study because it suited my study problem (see section 1.3 Problem) and purpose. The latter being: 1) To gain a deeper understanding of what queer and trans persons receiving counselling services in Canada have found affirming (helping) and non-affirming (hindering) in counselling, and what was not present in their experiences that could have been affirming; and 2) To analyze participants' experiences in relation to existing guidelines and research on counselling with queer and trans clients. Another reason I selected a qualitative approach, is that it allowed me to explore the counselling context for queer and trans clients in a rigorous and layered way, center participants' voices, and invite participant collaboration in the study process (Creswell, 2013). Lastly, a qualitative approach would allow me to address the counselling context and construct a theory for that not yet sufficiently addressed in theory (Creswell, 2013); for example, affirming and non-affirming counselling interactions for queer and trans people in Canada. Denzin and Lincoln (2018) describe "qualitative research [as] a situated activity that locates the observer in the world," and "consists of a set of interpretive, material practices that make the world visible" (p. 10). By conducting a qualitative study, I could use an interpretive approach to explore participants' meaning-making as concerns the research problem (Creswell, 2013). Studies related to the discipline of counselling are well suited to a qualitative approach, "given the emphasis on action, with its focus on understanding intentions, goals, and meaning" (Young & Lalande, 2011, p. 253).

3.1.2. The Journey to Constructivist Grounded Theory

Initially, I embarked on this study intending to use the enhanced critical incident technique (ECIT). ECIT's main purpose is to identify critical incidents, "factual happenings, qualities or attributes" that help or hinder a person's experience of a particular situation (Butterfield et al., 2005, p. 480). This aligned with my aim of capturing the complexities of queer and trans clients' perceptions of affirming or non-affirming experiences in counselling. ECIT also queries things not present in participants'

experiences that they think could have been affirming (wish list items; Butterfield et al., 2009). This encouraged participants to imagine better possibilities and opened transformative potential via awarenesses and recommendations for counsellors. A second rationale for using ECIT was its usefulness in developing theory (Woolsey, 1986). There is limited research focused on what queer and trans clients have found helpful and unhelpful in receiving counselling services in Canada. ECIT elicits rich, detailed, and nuanced participant stories “but compiles it systematically” (Barrett-Wallis & Goodwill, 2020, p. 761). This systematic method, along with step-by-step, flexible instructions for researchers (Butterfield et al., 2009; Flanagan, 1954; Woolsey, 1986), was also alluring to me as a first-time researcher and neurodivergent person who values structure. Lastly, ECIT has a specific approach to analyzing and presenting data that distills rich participant stories down into neatly packaged categories. I initially chose this approach to enhance the clarity of communication of the study’s findings with counsellors and with the hope of contributing to future guideline development. Previous studies have utilized the ECIT in a similar fashion, for example, to provide guidance to counsellors in reducing attrition of men in counselling (Springer & Bedi, 2021), to contribute to shaping educational policies (Chou et al., 2015), and to guide the operation of a youth development program aimed at gang prevention (Barrett-Wallis & Goodwill, 2020).

While ECIT offered many benefits, its post-positivist worldview proved too constraining for the aims of this study. For one, the extraction of general categories from nuanced information can flatten diversity across participants. It can also shift focus from the systemic, sociocultural, and political implications of understanding queer person’s counselling experiences. I attempted to mediate this by taking advantage of ECIT’s flexible ontology and axiology and applying a critical ontology to it (McDaniel et al., 2020). However, ECIT’s post-positivist epistemology, most rigidly seen in the independent judge’s review and expert feedback credibility check, conflicted with the critical frameworks important to this study (McDaniel et al., 2020). These conflicts were identified in conversation with my supervisory committee and a researcher experienced with ECIT.

To attend to these conflicts, after conducting five interviews, I switched to Charmaz’s (2014) constructivist grounded theory (CGT) research method. CGT’s interpretation and representation processes are congruent with my study’s aims. CGT is

a more recent evolution of Glaser and Strauss' (1967) grounded theory. Glaser and Strauss (1967) designed grounded theory as a systematic qualitative method for creating "abstract theoretical explanations of social processes" from data (Charmaz, 2014, p. 7). The theory created through this method is "grounded" in the data it analyzes (Charmaz, 2014). "Grounded theory" therefore refers to the theory it produces and its approach to analysis (Charmaz, 2008). Glaser and Strauss' (1967) grounded theory challenged the dominant quantitative approaches of the time, as one of the first systematic qualitative methods (Charmaz, 2014). The original grounded theory used a postpositivist ontology and critical realist view of a knowable, external reality (Annells, 1996). Its epistemology was also postpositivist, lacking researcher reflexivity and "[suggesting] that the method is independent of the researcher" (Annells, 1996, p. 386).

Grounded theory has several distinguishing features that set it apart from other methods (Charmaz, 2014). Data are collected and analyzed at the same time and iteratively. The researcher "analyze[s] for actions and process rather than themes and structure" (Charmaz, 2014, p. 15). Data is compared against other data to deepen the analysis. The researcher creates categories directly from the data analysis, not by applying external theories to the data. The aim is to construct a theory that explains what is occurring within the data. The researcher uses theoretical sampling to make emerging categories more robust and complex.

Though this study did not initially start out with CGT, it was ultimately the method best suited for the study purpose. CGT is an excellent method for applied fields like counselling psychology, as it creates a contextualized view of social processes (Charmaz et al., 2018). The resulting processes can present fresh and unexpected insights that can then be taken up as effective practices. An example is Mizock and Lundquist's (2016) finding that trans clients in counselling may have "negative experiences of gatekeeping when performed in an overly permissive manner" (p. 152), as this was perceived by clients as lacking in care. CGT lends itself to social justice aims through "interpretive analyses of how structural inequality is played out in individuals' meanings and actions and how individual agency and actions affect larger social structures" (Charmaz et al., 2018, p. 411). CGT follows grounded theory's guidelines for conducting a study (described above) but challenges post-positivism by calling attention to researcher and participant "subjectivity and the researcher's involvement in the construction and interpretation of data" (Charmaz, 2014, p. 14); incorporating researcher

“reflexivity; ... sensitizing concepts such as inequality, privilege, equity, and oppression; and ... remain[ing] alert to variation and difference” (Charmaz et al., 2018, p. 412). Though constructivist by name, CGT aligns with recent forms of social constructionism that emphasize the relationality of knowledge construction (Charmaz, 2008, 2014). Accordingly, I complement CGT in this study with the critical frameworks of social constructionism, minority stress, and intersectionality. These were used in various ways throughout the study design, implementation, and reporting stages (described in later sections of this chapter). These frameworks were important considering the systemic, sociocultural, and political implications of understanding queer and trans clients’ counselling experiences.

3.1.3. Applying Critical Frameworks: Social Constructionism, Minority Stress, and Intersectionality

In this section, I describe how the integrated critical frameworks of social constructionism, minority stress, and intersectionality helped this study consider the systemic, sociocultural, and political implications of understanding queer person’s counselling experiences. Here I provide a rationale for the use of these frameworks. The details of how they are incorporated into the study design and actualization are provided in later sections.

Social constructionism (see section 2.2.1 Essentialism, Social Constructionism, and Queerness) is important to this study as it expands the conception of identity beyond individual experience to the relational. Since social constructionism’s primary concerns are epistemological, specifically how knowledge comes to be, it does not take an ontological perspective (Andrews, 2012) or stance on “the nature of reality and being” (Ponterotto, 2005, p. 127). For Gergen (1994), when we try to describe our experiences, we enter the realm of language. The language we use to understand ourselves and others is culturally situated. For example, the essentialist emphasis on individual responsibility to protect oneself from minority stress stems from Western modernist cultures (Beck & Beck-Gernsheim, 2002; Karpowitz & Patterson, 2023) and more recently, neoliberalism (Bottrell, 2013; Gill & Orgad, 2018). From this perspective, notions of sexual orientation and gender identity are relational because the language we use to try to understand our experiences of them is tied to our social, cultural, and political contexts.

Social constructionism influenced to varying degrees how I collected, analyzed, and presented the data. Taking a relational view of gender and sexuality is important to this study in terms of accommodating a range of views and experiences of gender and sexuality beyond those dominant in the West (for example, seeing SOGI as inherent, fixed traits) (Bohan, 1997; Sánchez & Pankey, 2017). Social constructionism also encourages researcher subjectivity and critical reflexivity, which I would argue is important to any research endeavour and relevant here given my proximity to the topic. Lastly, it supports societal transformation through the deconstruction of assumptions and the inclusion of diverse viewpoints beyond the dominant ones (Gergen, 1994).

Theories of minority stress and intersectionality were used as a framework in this study as they provide an understanding of the interplay of stressors and protective factors on health outcomes for queer and trans people who may also be marginalized in other ways. Minority stress theory describes how the health of queer and trans people is affected by distal or external stressors such as discrimination, rejection, and violence, and proximal or internal stressors such as internalized discrimination and stigma, and the mediation of protective factors like resilience, support, and coping (Brooks, 1981; Meyer, 1995, 2003, 2015). The distinction between external and internal experiences sits within an essentialist view. Through a social constructionist lens, however, distal and proximal stressors occur relationally; even our mind, thoughts, and emotions are co-constructed through language and action in relation to others (Gergen, 2009). In this study, I used minority stress through a social constructionist lens to keep me alert to the relational aspects and impacts of affirming and non-affirming counselling experiences for participants.

Intersectionality theory reveals how discrimination and mental health inequities are not uniform across queer and trans communities. This theory strengthens the relational perspective I used for this thesis by making visible differences between participants and their experiences, based on their intersectional social positions (Warner et al., 2016). My use of intersectionality theory within a social constructionist epistemology required me to stay reflexive on how my social positioning and that of the study participants influenced how I conducted the interviews and interpreted and represented participants' experiences. For example, intersectionality theory sensitized me to the differential impact of affirming and non-affirming counselling experiences for

participants with more than one marginalized identity (Crenshaw, 1989; for example, see Hagai et al., 2020; Kia et al., 2021).

3.1.4. Considerations for Research With Queer and Trans Participants

In designing and implementing this study, I wanted to ensure that I was adhering to best practices for research focused on queer and trans-related topics, gender, and sexuality. In making decisions around recruitment, sampling, data generating, interpretation, and reporting, I consulted journal articles and standards of care offering guidance on research with queer and trans participants (DeBlaere et al., 2010; Griffith et al., 2017; Meyer & Wilson, 2009; Moradi et al., 2009; Nelson, 2020; Pollitt et al., 2018), or more generally focused on social justice and intersectionality (Abrams et al., 2020; Baird, 2021; R. Fassinger & Morrow, 2013). I also carefully read through the methods sections of reports on studies included in the literature review. This reading informed many of the decisions I made in the design and implementation of this study, described throughout this chapter. Here I will highlight a few examples. I identified my social positioning to participants to help locate myself in the research and in our interviews. I used open-ended questions in the interviews to generate participants' own language and descriptions of their identities, social locations, and counselling experiences. I also aimed to accentuate complexity, difference, heterogeneity, and tensions in reporting by centering participants' voices as much as possible, while protecting their confidentiality. I engaged in reflexive practices throughout the study design and implementation, including journalling, memoing, and discussions with my thesis supervisor, peers, and experienced researchers. Lastly, I used member-checking to engage participants in the interpretation of their experiences. I also incorporated their feedback into how I represented the information they shared. As will be discussed in section 3.7 Ethics, even with this knowledge, errors and slips occurred. Fortunately, my reflexive practice helped me catch and repair these. A tool I found especially useful is the Centre for Gender & Sexual Health Equity (CGSHE, n.d.) *Gender and Sex in Methods and Measures Research Equity Toolkit*, shared by a participant. I referred to the toolkit in making decisions on how I am reporting participants' demographic data.

3.2. Researcher Positionality

CGT views the role of the researcher not as a supposed neutral, objective observer, but as an active, value-laden player in the research project. This means that researchers bring their knowledge, assumptions, cultural understandings, and social locations into a study; as do their participants (Charmaz, 2014). Accordingly, researchers must be reflexive. This “includes examining how the researcher’s interests, positions, and assumptions influenced his or her [or their] inquiry. A reflexive stance informs how the researcher conducts his or her [or their] research, relates to the research participants, and represents them in written reports” (Charmaz, 2014, p. 344). As someone coming into this study with close personal proximity to the topic, I engaged in reflexive practice throughout all phases of the study. This included journalling and memoing, which is an intrinsic part of CGT. I also consulted with my thesis supervisor and other researchers during the study design to inquire how they navigated researching a topic that had personal significance to them. There were various ways that my experiences of multiple marginalizations and community or insider knowledge were helpful in the research. For example, participants opened up to me quickly, sharing deeply personal experiences including those that were positive, transformative, painful, and vulnerable. In many interviews, participants signalled that they saw me as a community member, sometimes by saying that directly, other times more implicitly in their use of obscure or specific community terminology, or through words like “we” or “us.” While I was careful to come from a place of cultural humility in our interviews, having multiple marginalizations and community or insider knowledge helped keep me attuned and sensitive to intricacies of participants’ experiences such as those related to the impacts of cis-, hetero-, mono-normativity and ableism, experiences of validation and invalidation, affirmation, and euphoria. Throughout various sections of this chapter, I describe how researcher positionality factored into specific elements of the study and how I navigated challenges.

3.3. Participant Sample and Recruitment

3.3.1. Recruitment and Selection

After receiving ethics approval from my institution (Appendix A), I commenced participant recruitment by emailing the study poster to counselling agencies in BC that provide counselling for queer and trans clients. After a couple of weeks of minimal response, I made several revisions to the recruitment process (Appendix B), including adding convenience and community-based recruitment. I also revised the email scripts to make them more succinct and replaced a wordy participant recruitment letter with a poster (Appendix C). For all recruitment material, I disclosed that myself and the principal investigator, my thesis supervisor Dr. Sharalyn Jordan, both identify as queer and that Dr. Jordan's research is focused on LGBTQI mental health. Within days of implementing these changes, I received inquiries from new prospective participants. For convenience recruitment, I emailed the recruitment poster to people in my personal and professional networks with the request that they forward it to any potential participants they might know. For community-based recruitment, I distributed the recruitment poster to community-based locations (e.g., businesses, organizations, institutions) where potential participants might see it. The recruitment poster briefly described what was required to participate and included a link for the eligibility survey (Appendix D) and instructions to complete this survey if they would like to participate in the study. To be eligible for the study, participants were required to meet the following inclusion criteria: (a) be 19 years or older; (b) identify as Two-Spirit, lesbian, gay, bisexual, transgender (trans), queer, questioning, intersex, asexual, or another gender identity and/or sexual/romantic orientation not specifically covered by 2S/LGBTQ+; (c) be currently receiving counselling services in Canada or have within the past one (1) year; and (d) give consent to participate. Eligible potential participants were asked to enter their email addresses on an automatically generated survey page. After submitting their email, potential participants were redirected to another page and asked to distribute the "Poster for Potential Participants" to people in their social networks that they think may be interested in the study. After receiving the potential participants' email addresses, I emailed them a PDF of the consent form (Appendix E and F) and included timeframes to schedule our interview. I purposefully sent the consent form by email to start building rapport and to give participants time to review it before the interview.

Midway through the interviewing process, I amended the recruitment to explicitly include purposive and theoretical sampling (this amendment also included other changes, noted in Appendix G). I initiated this as I noticed the participant sample was skewing toward White participants, which conflicted with the aims of ensuring a heterogeneous sample. After the amendment was made I replied with the following to prospective participants: “At this time we are looking for potential participants who identify as Black, Indigenous or People of Colour to ensure diverse voices and experiences are heard in this study.” While I did not screen out prospective participants’ race or ethnicity, using this email reply encouraged prospective White participants to make space for those who identified as racially marginalized.

3.3.2. Participant Profiles

To ensure participants’ confidentiality, I am presenting the bulk of their demographic information in aggregate. Participant demographic information linked to their pseudonyms is shown in Table 3.1. A total of 10 participants engaged in this study. Their ages ranged from 20 to 45 and all lived in BC. In terms of highest level of education completed, four had completed a master’s degree, one was in a master’s program, one had completed an undergraduate degree, three had completed some aspects of undergraduate studies, and one had completed high school. Two participants reported a personal annual income of \$10,000 a year or less, two between \$10,000 to \$20,000 a year, one less than \$25,000, two between \$35,000 and \$40,000, two \$60,000 or more, and one \$130,000. Participants’ race or ethnicity, pronouns, and gender identities are described in the above table. When asked which languages they were fluent in, all participants ($N = 10$) stated English. Three participants were fluent in two languages and two were fluent in three. In sharing their immigration history, eight stated that they were born in Canada (with one moving to another country and back), one immigrated to Canada in early childhood, and another identified as an international student. Six participants identified their sex assigned at birth as female and four as male. None of the participants identified as intersex. Participants identified their sexual and/or romantic orientation along a spectrum of demisexual, pansexual ($n = 1$); polyamorous, pansexual ($n = 1$); queer demisexual ($n = 1$); queer lesbian ($n = 1$); lesbian, queer ($n = 1$); queer ($n = 3$); queer? ($n = 1$); and bisexual ($n = 1$). When asked if they identify with any disabilities, four did not; and six identified with one or more of the following: chronic

anxiety, chronic depression, ADHD, self-diagnosed autism, mental health, chronic illness, autism, CPTSD, anxiety, undiagnosed ADHD, nerve and musculoskeletal disorder, recovery from vaginoplasty. Participants identified with the following religions or faiths: none ($n = 3$), spiritual ($n = 1$); Judaism, Buddhism ($n = 1$); Jewish ($n = 1$); spiritual, agnostic ($n = 1$); Pagan, Wiccan, Wicca Paganism ($n = 1$); agnostic ($n = 1$); and Sikh ($n = 1$). Nine of the participants did not have children and one did. When asked about their relationship status, participants shared that they were single ($n = 2$), in relationship anarchy ($n = 1$), married ($n = 3$), partnered ($n = 2$), in a relationship ($n = 1$), and solo poly ($n = 1$). They described their relationship type as relationship anarchy ($n = 2$), monogamous ($n = 3$), non-monogamous ($n = 2$), ethical non-monogamy ($n = 1$), poly ($n = 1$), and not in a relationship ($n = 1$). When asked if there was anything else about themselves that they thought was significant to their experiences in counselling, they stated being poor ($n = 1$), neuro atypical ($n = 1$), neurodivergent ($n = 1$), a student ($n = 1$), a chronic user of substances ($n = 1$); living with ADHD ($n = 2$), anxiety ($n = 1$); working in a mental health field ($n = 1$); working in community support ($n = 1$); having an academic background that contributes to “intellectualiz[ing] [self] out of talk therapy” ($n = 1$); and living in rural settings ($n = 1$). Lastly, while I did not ask participants if they had experienced trauma, throughout our interviews 7 disclosed that they had experienced trauma. Of these, 3 specified that this occurred in childhood.

Table 3.1. Participant Demographic Information Linked to Their Pseudonyms

Pseudonym	Age	Race/ethnicity	Gender identity	Pronouns
Alice	30-34	Middle Eastern and Western European	Female-ish	She/they
Aman	20-25	South Asian	Non-binary, queer	He/they
Charlotte	41-45	White settler, Western European ancestry	Woman of transsexual medical history with some non-binary awareness and fluidity	She/they
Grace	30-34	White, Eastern and Western European	Trans woman	She/her
Lan	35-40	White settler	Gender fluid, genderqueer	They/them
Leah	20-25	Not disclosed	Cisgender woman	She/her
Reeve	35-40	White, mixed, settler, some Indigenous ancestry	Non-binary, genderqueer	They/them
Sailor	20-25	Mixed-West Asian	Trans masc	He/they
Sam	20-25	Half Caucasian and half Southeast Asian	Trans man	He/him
Sue-Donem	30-34	White	Trans non-binary woman; trans masc woman	She/her

*Note: The labels for race/ethnicity, gender identity, and pronouns are in participants' own words, except where the wording could have been identifiable. In these cases, I adapted participants' wording to be more general, for example using a broader, more regional label for race/ethnicity to protect a participant's identity.

Participants also shared demographic information related to counselling. Over the past year, nine participants had received individual counselling (as opposed to couples or family counselling, for example; one participant did not respond to this question). Nine out of 10 participants were currently receiving counselling services. In response to an awkwardly phrased question, "I attended counselling for reasons related to my gender identity/expression or sexual/romantic orientation?" with preset responses (see Appendix H), participants responded it's complicated (n = 1), no (n = 1), not the primary purpose (n = 1), neither agree nor disagree (n = 1), slightly agree (n = 1), somewhat agree (n = 1), strongly agree (n = 3), and one did not respond. Participants described how their counsellor(s) used the following titles: licensed clinical social worker (n = 1), counsellor (n = 4), registered clinical counsellor (n = 4), therapist (n = 1), and psychologist (n = 1). When asked how their counsellor identified their gender, responses ranged from cis women (n = 2), cisgender (n = 1), gender fluid (n = 1), cis man (n = 1), woman? (n = 1), non-binary (n = 4), queer (n = 1), and unknown (n = 1). When asked how their counsellor identified their sexual and/or romantic orientation, responses ranged from unknown (n = 7), queer (n = 2), straight (n = 2); and queer, lesbian (n = 1).

3.4. Data Generating: Interviews

Data generating for this study consisted of interviews with ten participants from September 2023 to January 2024. Interviews were semi-structured and audio-recorded, lasting on average one hour and 45 minutes. Interview location was based on participant preference, with nine opting for Zoom and one in-person at a Simon Fraser University campus. After conducting five interviews, I switched to a CGT method (see section 3.1.2. The Journey to Constructivist Grounded Theory). The approach I describe below mapped onto CGT, where the data generating method is shaped by the study's research questions and purpose, interviewing is common, and the use of a guide is recommended (Charmaz, 2014). Before each interview, I introduced myself and the research and gave participants an opportunity to ask questions or express concerns. I reminded them to only share what they felt comfortable sharing during the interview, and that they could skip questions, pause, or reschedule the interview, or withdraw from the study if needed. In introducing myself I shared my positioning as a researcher. This included sharing that I identify as a trans non-binary; queer; neurodivergent; White Dutch Canadian person; who is a counsellor in training and student lead on this study, for my thesis for a Master of Arts in Counselling Psychology. The decision to share these details and to invite participants to share their social or cultural identities at the start of the interview was influenced by intersectionality theory. Identifying social positioning helps situate myself and participants within systems of oppression. It also makes space to identify power discrepancies that exist between us because of our different positionings and roles in this study.

I let participants know I would be taking notes of important things during the interview so that I could circle back to points that came up if needed. Participants were given the option to review the notes with me at the end of the interview if they wished, but none took me up on this. I offered participants a sheet with mental health support resources (Appendix I) and gave them another opportunity to ask questions. Next, I confirmed they were ok with starting the recording and beginning the consent process. Before proceeding with the interview, I obtained participants' informed consent and asked them to confirm the pseudonym they would like to use for the study and related publications. After conducting five interviews, I amended the consent form and interview guide (Appendix F), including removing the requirement for participants to provide legal

names as part of the consent process (see 3.7 Ethics), revising the process of obtaining consent to be more conversational and less interrogation-like, while still meeting the objective of obtaining informed consent.

To conduct the interviews, I followed a semi-structured interview guide (Appendix H) that explored counselling experiences. The interview began with contextual questions designed to provide context to participants' experiences and help prepare them for questions specific to their experiences. Next, I asked about participants' past affirming, non-affirming experiences, and wish list items or things missing in their counselling experiences that could have been affirming. I then asked open-ended questions that were initially exploring the relevancy of recommendations in counselling guidelines on affirmative counselling practice for queer and trans clients, to the participants and their experiences. Later I revised these to be theoretical sampling questions (see section 3.5.4 Theoretical Sampling). Next, I asked participants demographic questions, to learn more about their social locations and identities that may have influenced their experiences in counselling. Most of these questions were open-ended so that participants could answer in the way that felt most true to them. These questions were fairly comprehensive to ascertain participants' intersectional social positioning. However, participants were encouraged to only share what they felt comfortable sharing and were given the option to skip any and all questions that they wished. I also asked counselling-related demographic-type questions to further contextualize participants' experiences. The interview concluded with "If you could imagine a brighter or more joy-filled future for queer people related to mental health, what would it look like?" This question was adapted from the first participant's suggestion as a means of ending the interviews in a hopeful way.

Even with the semi-structured interview guide, the interview was a relational, collaborative process. I took a participant-centered approach, staying curious and open, following participants' lead, engaging in ongoing consent, and offering the opportunity for them to skip any questions they did not wish to answer, take a break, or give feedback. This aligns with CGT's intensive interviewing which allows researchers to hone in on the nuances of participants' experiences. The goal of intensive interviewing is to "understand the research participant's language, meanings and actions, emotions and body language," "eliciting each participant's interpretation of his or her experience at the time the interview takes place" (Charmaz, 2014, p. 58). Throughout the interviews, I used

structured prompts and follow-up questions to help explore the impact, meaning, and outcome of the experiences for participants in as much detail as possible (Butterfield et al., 2009; Charmaz, 2014). I also used unscripted questions and prompts to follow participants' meaning-making, clarify what I had heard, and help deepen their responses. I kept an intersectional focus by listening for how participants' intersecting identities may have been relevant to their experiences in counselling and asking follow-up questions to learn more about this. Within a participant-centered approach, I always ventured tentatively and carefully when asking participants follow-up questions, reminding them to only share what they wished to. Intersectionality also became relevant in how I listened for experiences of intersecting discrimination and reflected my openness to discussing these things through active listening, reflections, and queries. I did this to both learn more about these experiences and to signal to the participant that I was receptive to hearing about these topics, especially when participants' identities and social locations contrasted with my own.

After asking all the interview questions, I began wrapping up the interview by thanking the participant and checking in on how they were doing. I then described the next steps for the study: I would send them an email with their data analysis including sections of their transcript that might be published. In that email, I would also schedule with them their second interview should they decide to participate in that. I also reminded participants that their direct quotations, along with their chosen pseudonym may be included in my thesis publication, and any subsequent publications or presentations. I also asked participants for their permission to link their demographic information to their quotes to provide context; what short tag line they might like with their quotes (if I were to use one; I ended up using a table instead); and whether there was any demographic information they would not like linked to their quotes. A few participants did request that certain demographic information not be linked to their quotes as it could be identifying, given their intersections. After noting the participants' responses to the above, I gave them another opportunity to ask questions or share concerns, then provided them with the honorarium to honour their participation in this study.

3.4.1. Data Organization

After concluding each interview, I created a transcription from the audio file, identifying it by the participant's chosen pseudonym¹ and a number. I then listened to the interview audio files twice, correcting the transcripts to ensure accuracy with the participants' words. Once the transcription was fully prepared, I reviewed it and redacted identifying information. I then imported all interview transcripts into NVivo software for organization and analysis.

3.5. Data Analysis

CGT entails a systematic and exciting analytic process that requires researchers to become fully immersed in the data. To engage in this process, I utilized Charmaz's (2014) instructions as a roadmap. The steps outlined below are drawn from this roadmap.

3.5.1. Initial Coding

I began data analysis in November 2023 amid interviewing. One of the outcomes of intensive interviewing is that it elicits rich data. For initial coding, I stepped into this rich data, through line-by-line coding. This entailed creating a code for every sentence in participants' interviews. In CGT coding words and phrases embody action, typically using gerunds or words ending in "ing." "Initial codes are provisional, comparative, and grounded in the data" (Charmaz, 2014, p. 117). Through grounding in the data, the codes focus on participants' words and actions in a way that captures possibilities rather than aiming for 100% accuracy. In line-by-line coding, the researcher is trying to explain what they are noticing in the data. Charmaz (2014) suggests the following approaches, which I found helped me quickly move beneath the surface of participants' words to their meanings:

- Breaking the data up into their component parts or properties
- Defining the actions on which they rest
- Looking for tacit assumption

¹ In the case of Sue-Donem, I had forgotten to ask which pseudonym she would like to use. After following up without response, I opted for Sue-Donem as a non-identifying option.

- Explicating implicit actions and meanings
- Crystallizing the significance of the points
- Comparing data with data
- Identifying gaps in the data. (P. 125)

Examples from two of the participant interviews illustrate the first two approaches. An example of “breaking the data up into their component parts or properties” (Charmaz, 2014, p. 125) is “learning intersections from counsellor,” my initial code for Sam’s quote, “And I was like, wow, I didn't know those had anything to do with each other.” An example of “defining the actions on which they rest” (Charmaz, 2014, p. 125) are “counsellor holding space” and “counsellor facilitating self-challenge,” the initial codes I created for Charlotte’s quote when she is describing how her counsellor was not “intervening at times or pointing me in a particular direction or challenging me per se, they're more creating a space where I challenge myself.”

During the initial coding phase, I used the sensitizing concepts of minority stress and intersectionality as guidance. Rather than imposing these theories onto the data, I used them as a magnifying glass to better recognize the nuances and depth in participants’ experiences of harmful discrimination and healing connection. Because coding in CGT is provisional, I held onto the codes lightly and stayed open and vigilant to the possibility of being surprised by what I was noticing in the data. This involved being alert both to my own assumptions and those of participants that came through in how they described their experiences. The comparative method is a helpful tool in this vein. This entails “compar[ing] data with data to find similarities and differences” both within and across interviews (Charmaz, 2014, p. 132). During this process, I made notes in my methodological journal and in memos, about my impressions of what I was noticing in the data. In my initial coding, I also included in vivo codes, which consist of using participants’ verbatim wording in the code. I followed Charmaz’s (2014) suggestion of using in vivo codes sparingly and found them most helpful as a means of “us[ing] research participants’ terms as codes to uncover their meanings and understand their emergent actions” (p. 134)

Charmaz (2014) describes focused coding as usually straightforward and quick, but I found all aspects of coding for the first few interviews very laborious due to how generative it was. Notes from my methodological journal documented how I had nearly

400 initial codes for the first three interviews. Even at the focused coding level, I had a range between 130–240 across all 10 interviews. As I grew more familiar with the data and the codes, coding became easier. My sense is that it might take completion of more than one CGT for the process to become smooth.

3.5.2. Focused Coding

Focused coding is a second phase in the analytic process where the researcher “uses the most significant or frequent initial codes to sort, synthesize, integrate, and organize large amounts of data” (Charmaz, 2014, p. 113). To accomplish focused coding, I carefully reviewed my initial codes, deciding which initial codes might best capture what was happening across pieces of data. In some cases, I focus-coded the initial codes. While coding I interpreted the meanings I was drawing from participants’ experiences and the initial codes. Like initial coding, in focused coding, I went below the surface to what I was noticing occurring implicitly in participants’ experiences and how they were interpreting these experiences. In focused coding, the researcher compares codes with codes to “determine the adequacy and conceptual strength of [the] initial codes” and hone in on the ones “that have greater analytic power” (Charmaz, 2014, p. 140). During this process, I made tentative decisions about what codes earned the status of focused code. Often this involved comparing focused codes within and across interviews and coding focused codes as well.

By engaging in this process, I began to notice that certain focused codes seemed to tell the story of the data. In these cases, I tentatively made these focused codes into categories. In some cases, I made these decisions because the code repeated within and across interviews. In other cases, a particular focused code seemed to capture something unique that complicated what I was noticing in other codes. I adapted a few participant quotes, “they centered consent” (Lan), “deconstructing normativity” (Lan), “gender projection” (Lan), “learning off my back” (Charlotte), and “ethical curiosity” (Charlotte), into modified in vivo focused codes because of their analytic weight: centering consent, decentering normativity, projecting normativity, learning off clients’ backs, and using curiosity ethically or unethically. Learning off clients’ backs and using curiosity ethically or unethically are theoretical codes, as they connect to external theory (Charmaz, 2014). For example, Charlotte was referencing Lucie Fielding’s (2022) seminar *Ethical Curiosity with Trans and Non-Binary Clients* and Everett and others’

(2013) “Not on our backs: Supporting Counsellors in Navigating the Ethics of Multiple Relationships Within Queer, Two Spirit, and/or Trans Communities.” Because I did not want to impose external theory on the analysis, I held off deepening my exploration of this theory until after completing the analysis. This is a suggestion by Charmaz (2014), who states “If extant concepts are not integral for understanding your data, they do not have a place in your codes or your later analysis. The best approach is for you to define what is happening in your data first” (p. 159). The theory is interpreted in relation to the study findings in Chapter 5: Discussion.

3.5.3. Categories and Processes

One of the last phases in developing a CGT is creating categories. Categories are like higher-level focused codes that “explicate ideas, events, or processes in [the] data” (Charmaz, 2014, p. 189). My experience of creating categories from codes is that it is similar to zooming out from the detail of the trees to see the forest of meaning. Because categories are created through the comparative method, “compar[ing] data, incidents, contexts, and categories,” categories stay close to the data while still explaining complex processes across the data (Charmaz, 2014, p.191). I started creating tentative categories as soon as I had completed focused coding for four interviews. To help understand the categories and their relationships to one another, I used concept mapping. These are somewhat similar to Clarke and others’ (2018) messy situational and relational maps. The messy mapping I completed on paper (not included here), and the more refined concept mapping I created in PowerPoint. Figures 3.1.–3.4 capture the deepening of my analysis. The final concept maps for my CGT are presented in Chapter 4. Findings.

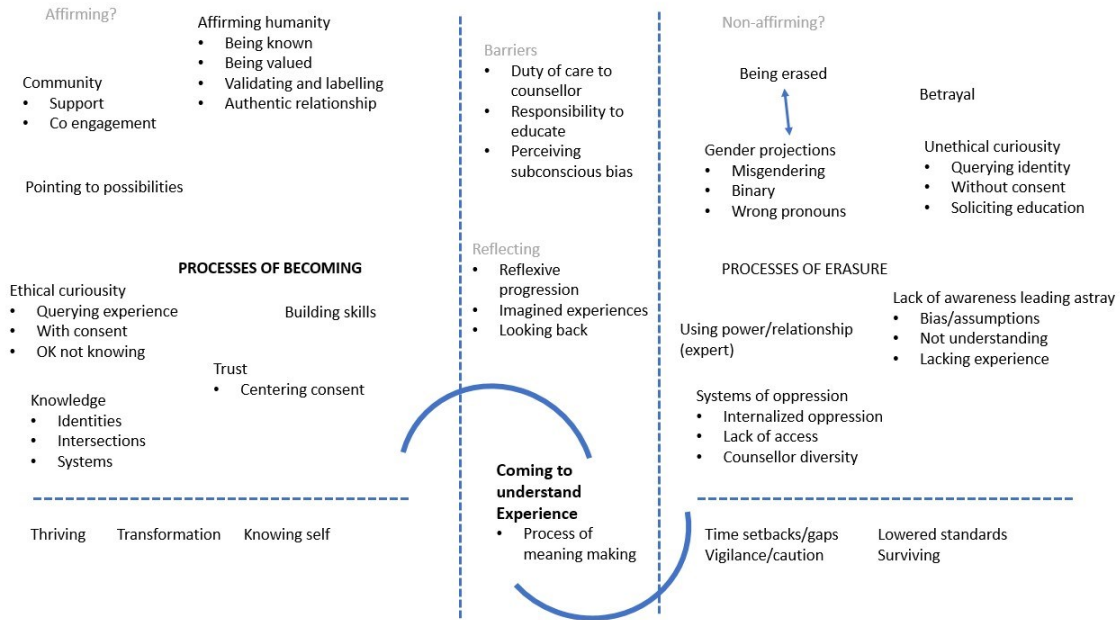


Figure 3.1. Concept Map: January 23, 2024

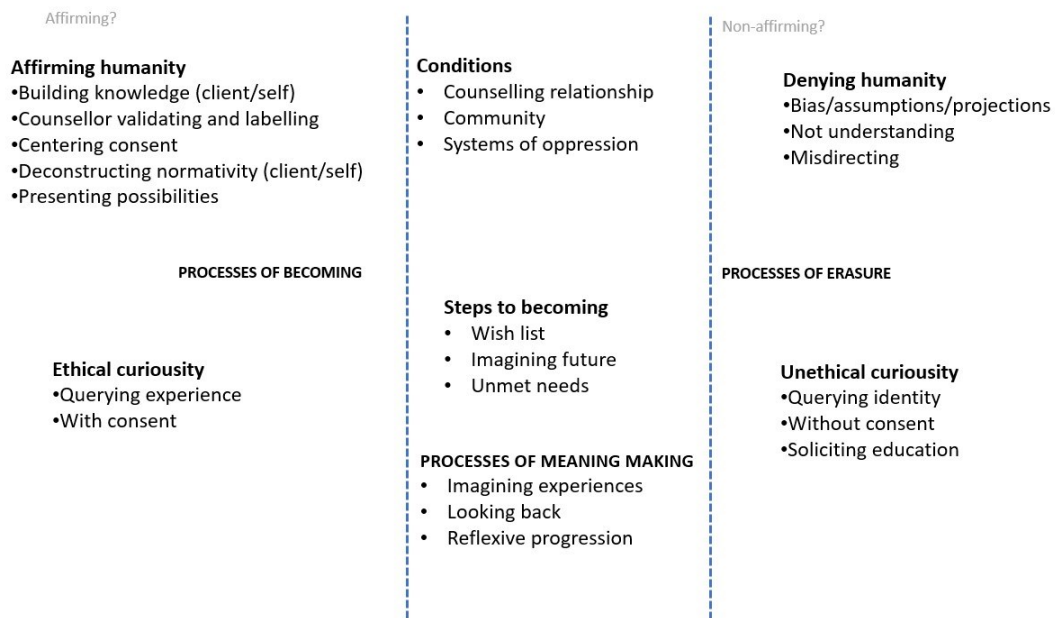


Figure 3.2. Concept Map: February 5, 2024

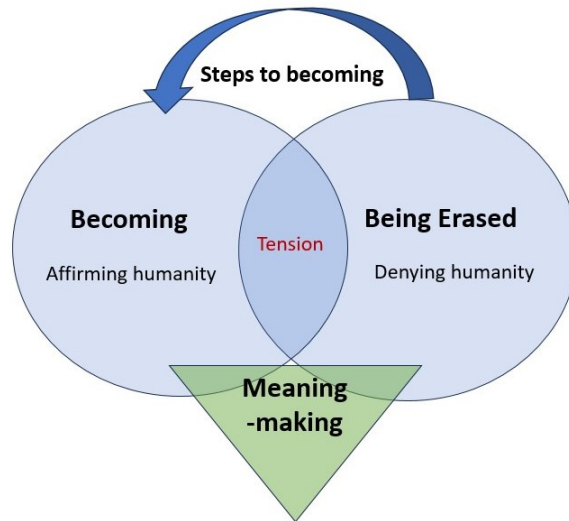


Figure 3.3. Concept Map: February 26, 2024

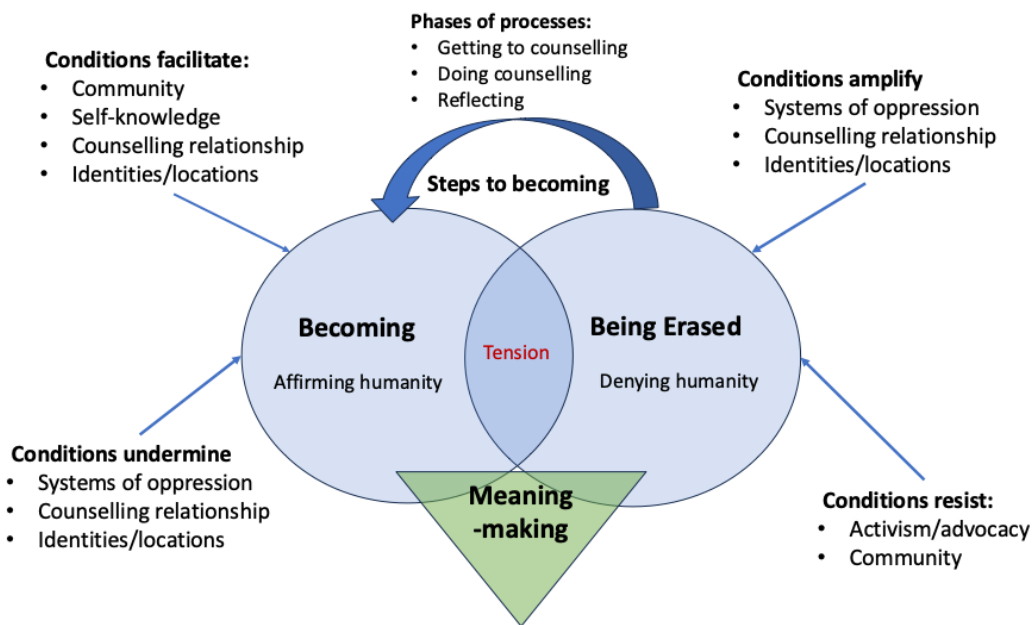


Figure 3.4. Concept Map: February 26, 2024

Charmaz (2014) suggests using memos to “raise [codes] to conceptual categories for your developing analytic framework – give them conceptual definition and analytical treatment” (p. 189). I used memos to describe to myself (and my supervisor) what processes the categories were capturing, what their characteristics were, how they compared or contrasted with other categories, what meanings they held for participants, what I imagined their boundaries to be, and what questions I still had about them. Working through my observations, interpretations, excitements, frustrations, and

questions in this way, gave me clues to the shape of my analysis. In this study, I opted to use the language of “processes” to describe the categories; for example, processes of actualizing and erasure. Categories seemed too static and firm for what I was seeing in the data. Processes evoke action, temporality, and tension.

3.5.4. Theoretical Sampling

A gift of the CGT iterative process is that it allows for theoretical sampling to strengthen the categories. Theoretical sampling is a systematic process that “involves starting with data, constructing tentative ideas about the data, and then examining these ideas through further empirical inquiry” (Charmaz, 2014, p. 199). In this study, theoretical sampling involved purposive recruitment to ensure diverse participant voices and experiences were heard. It also included bringing in new questions into subsequent interviews in an attempt at “collecting pertinent data to elaborate and refine categories in your emerging theory” (Charmaz, 2014, p. 192). I did this in some of the main interviews and in the member-checking, second interviews as well. Examples of interview questions I used for theoretical sampling include:

1. Can you recall a counselling experience where it felt like fundamental parts of who you are were not recognized or believed? E.g., identities, intersections, experiences.
2. Have you had a counselling experience where it felt like the counsellor (or other, person at the desk, etc.), projected an idea of your gender or other aspect of who you are onto you?
3. Can you remember a time when you felt that your entire self was affirmed by a counsellor?

3.6. Study Rigour and Quality

I took several steps to ensure rigour and quality for this study. Before switching to CGT, I was following Butterfield and colleagues’ (2009) nine credibility checks for ECIT. Since many of the ECIT credibility checks stem from a post-positivist epistemology, for example, review by an independent judge and expert feedback (McDaniel et al., 2020), I only retained the credibility checks that fell within the social constructionist framework of CGT: Audio recording interviews, interview fidelity, and participant member-checking. The additional measures I took to ensure rigour were inspired by CGT.

3.6.1. Methodological Journal

I used a methodological journal through all phases of the study (from design to publication). This journal became an important part of this study. It acted as a tool for reflexivity (Charmaz, 2014), a place where I could document my assumptions, wonderings, action plans, and learnings. The journal also provided an important document of the decisions I made throughout the study and why. Many of my journal entries became memos. I found that having a space to messy write allowed me to explore ideas without constraining or self-editing. Alongside the methodological journal, I also used concept mapping, and a study timeline (noting steps taken and dates) and engaged in reverse outlining. Reverse outlining of my memos and early thesis writing helped me flesh out and finetune the categories and processes that would make up my CGT. Eventually, I created a process outline that I used iteratively with memo writing to solidify my ideas.

3.6.2. Memos

Memo writing is a cornerstone of CGT (Charmaz, 2014) and was an extremely important aspect of synthesizing my ideas. I started writing memos as soon as I started coding. The early memos were rough and fragmented, a space where I could explore early ideas in a more systematic way than journaling. I organized memos by names like “coding,” “category,” “process” (i.e. study process), and “writing.” I inventoried these in a project memo list and as the memos became more advanced, I combined some and deleted others. By the end of the study, I had written over 80 memos. Some of these comprised sections of my thesis. Not only did memos help me with the writing process, they also deepened my analysis. Memos provided a space where I could bring the categories and processes to life; compare data, codes, categories, processes, and memos; and hold myself accountable to the decisions I made along the way.

3.6.3. Recording Interviews

All interviews were recorded to ensure I was capturing the details of participants' experiences while being present and focused during the interviews. For the in-person interview, I used an audio recorder, and for the online interviews, I recorded in Zoom. Unfortunately, Zoom automatically records video. While it has the option to provide an

audio-only file, there is no way to turn off the video recording feature. To navigate this, I obtained consent from Zoom participants to record video, with the understanding that I would be saving and working from the audio file only. During the interviews I also took notes of important details participants shared, to help me remember during the interview and so that we could circle back to these if needed.

3.6.4. Interview Fidelity

For this check, the principal investigator and my thesis supervisor, Dr. Sharalyn Jordan intermittently listened to recordings to ensure that I followed protocols, did not prompt the participants' responses, and followed the interview guide. Dr. Jordan also listened for whether the questions I was asking were following participants' meaning-making. I also reviewed my own recordings and noted areas of future focus or follow-up in my methodological journal.

3.6.5. Saturation

In CGT, participant recruitment and interviewing continue until the researcher stops finding additional elements to their categories; and patterns and relationships within and across categories are explained (Charmaz, 2014). Because this study contains a diverse sample of participants describing the nuances of their often intersectional counselling experiences, it does not seem accurate to proclaim absolute theoretical saturation. For example, it is likely that my theory could deepen or become more complex with even greater diversity in participant sampling. A more precise claim is that this study has reached saturation enough, given that I thoroughly engaged in the CGT steps and raised my categories "to an abstract and general level while preserving their specific connections to the data" (Charmaz, 2014, p. 214).

3.6.6. Participant Member Checking

After completing the analysis to the point of having defined processes, I arranged for a second interview with participants. To begin, I emailed all participants a summary of the analysis from the interviews completed to date, and sections of their first interview

transcript that might be published (see templates in Appendix J and K²). In the email, I asked the participant to reply to schedule their second interview. A total of six participants participated in the second interview. Several participants did not reply even after I sent a follow-up email with a deadline to respond. Prior to presenting the study findings at a conference, I reached out to participants I had not yet heard from to let them I would be presenting the findings and to remind them of the withdrawal deadline. I heard from one of these participants who confirmed that they were on board with moving forward to publication. For the remaining three participants, I assumed that the participant agreed with the analysis and did not see the need for revisions.

All second interviews were conducted by Zoom based on participants' preferences. This interview used a semi-structured interview guide (Appendix L). During the second interview I gained participants' feedback on the interview transcript sections that might be published, and the categories from the analysis, asked follow-up questions including questions for theoretical sampling, and answered participants' questions. At the end of the interview, I gave participants the study honorarium.

During the second interviews, several of the participants requested minor changes to ensure the information published was not identifiable. I took notes during these interviews and four of the participants took me up on my offer of reviewing my notes. For four of these interviews, I incorporated participants' responses into further analysis as part of the theoretical sampling process. In these cases, along with my notes, I also sent over transcript sections from the second interview so that participants could review, approve, or make changes. At the end of member-checking, all six participants interviewed approved of the analysis and transcript sections.

3.6.7. Pragmatic Validity Checks

On May 31, 2024, I presented the deidentified findings of this study publicly for the first time at the CCPA 2024 conference on Prince Edward Island (Vanderveen, 2024). Leading up to the conference, I practiced the presentation with several peers who are also students in a master's level counselling psychology program, and my supervisor. After each practice run, I received feedback on the presentation and study

² Appendix J is the revised version used after a participant alerted me to an error in the demographic table. See section 3.7.2 Ethical Considerations.

findings. This helped me prepare for the conference and strengthen the analysis and representation of findings.

The purpose of the conference presentation was to conduct a pragmatic validity check to ascertain whether study findings are useful for counsellors. Approximately 40 attendees were present, most of whom were practicing counsellors and members of the CCPA. The presentation was 80 minutes in duration and structured as a lecture with small group discussions. To gather attendee feedback, I paused the presentation after each sub-process (except for tensions of actualizing and centering normativity, due to time constraints) and directed the audience to engage in small group discussions for three to five minutes. Examples of discussion prompts include: Based on what you've heard, what responsibilities does this create for you? What are some new insights that you have? These discussions were lively with engagement in each group. Following the discussions, I invited one or two representatives from the discussion groups to report back. As the findings portion of the presentation went a bit over time, about eight minutes near the end of the presentation time, I asked attendees if they would like to engage in a big group discussion/question portion instead of me relating the findings to guidelines and research, and discussing study strengths and limitations. Attendees showed preference for a big group discussion and so we concluded with that. Discussion prompts included, are these study findings relevant to you and your practice? Describe. What is your top takeaway(s)? What would you like to learn more about/build skills in? Attendees also provided feedback on an ad hoc basis during informal discussions following the presentation. Attendee feedback is discussed in Chapter 5: Discussion.

As a second pragmatic validity check, I sent my deidentified findings chapter to an independent reviewer to gain their feedback. Nikki Lee Bellehumeur, MCP, RCC, is a professional counsellor who takes an integrative-existentialist perspective rooted in a relational approach that draws from somatic attachment psychotherapy (SAP) to create a collaborative space that facilitates insight, acceptance, and possibility. Their main areas of focus are 2SLGBTQ+, non-monogamous relationship styles, and kink/BDSM. In addition to general feedback (e.g., overall coherence of the ideas presented, flow), I requested specific feedback from a counselling lens:

Counselling lens feedback. For example, based on what you've read,

- Are these study findings relevant to you and your practice? Describe.

- What are your top takeaway(s), new insights, or awarenesses?
- What responsibilities does this create for you?
- What are some things you can do?

After they finished reading the findings chapter, Bellehumeur, Dr. Jordan, and I met to discuss their feedback. Bellehumeur shared how the findings were incredibly relevant for them and gave feedback on each of the processes and sub-processes. This is discussed in detail in section 5.2.2 Independent Reviewer Feedback.

3.7. Ethics

3.7.1. Research Ethics Approval

This study received ethics approval through the Simon Fraser University Research Ethics Board (Appendix A). After initial approval was given, I submitted three amendments for changes made to the study design and implementation (Appendices B, G, M). Making changes to the study design is an anticipated part of a CGT study (Charmaz, 2014). Two additional contributing factors to the revisions I made to the study along the way are lack of experience (i.e. learning and fine-tuning while doing) and neurodivergence. With regard to the latter, I had trouble interpreting some of the vague research ethics guidelines. This resulted in not understanding what these looked like in practice and compensating by taking a rigid approach to err on the side of caution. As a result, the initial consenting process involved asking back-to-back questions that may have read like an interrogation. I also asked for participants' legal names initially, thinking this might be a requirement from my institution. After noticing how the procedural approach to both consent and legal name request was negatively impacting our initial rapport-building, I consulted with my supervisor and amended both of these to be more conversational. This new approach fit better with my communication style and aim to connect interpersonally and set participants at ease. Having gone through this process, I think student researchers of all neurotypes at my institution could benefit from more written guidance from our REB regarding expectations and flexibility.

3.7.2. Ethical Considerations

Throughout the study design and implementation, I navigated ethical considerations. A first consideration was in how much of my personal information to disclose to participants. Social constructionism, intersectionality theory, and the CCPA code of ethics (2020) informed my decision in this regard. The ethical standards A12. Diversity Responsiveness and B9. Respecting Inclusivity, Diversity, Difference and Intersectionality, both require researcher self-reflexivity concerning one's social identities. I shared similar identities and social locations with many of the participants, but there were also many points of cultural divergence, specifically around ethnicity, socioeconomic status, and roles in this study. To conduct this research ethically required me to remain vigilant of my assumptions and values to ensure I did not inadvertently either over-identify with participants or perpetrate microaggressions against them. To help achieve this I took a participant-centered approach to interviewing. This meant checking in often, asking unscripted follow-up questions tentatively, and reaffirming consent throughout. I also used counselling skills to track the participant's verbal and non-verbal communications to see if they showed any signs of discomfort or activation. Another important aspect to this was giving the participants the option to skip any questions they did not wish to answer and to answer questions, including demographic questions, in their own words.

A second ethical consideration regarded dual relationships. One of the participants I recruited through my professional networks was a peer. Our status as peers meant that we possessed similar levels of power to one another in our professional relationship, even though I held power in the research process. We also interacted in a professional setting and could do so again in the future. When I had identified them as a potential participant for the study, I discussed this with my supervisor. A main consideration is that I could be interacting with this person outside of the research setting. My supervisor and I discussed how I would navigate that. We also discussed whether it could be possible that I would be in a supervisory or gatekeeping role for this potential participant, and that was not the case. Prior to engaging in the consent process, the potential participant and I discussed whether this could cause a conflict of interest. Neither I nor the potential participant could identify any conflicts of interest that would prohibit them from participating, such as me being in a supervisory or hiring role with them, and so we proceeded.

A final ethical consideration occurred when I included a proofreading error in the demographic table I sent to participants as part of member-checking. Within the demographic table, I used the label “sex” when I meant to list this as “sex assigned at birth” to reflect the question asked during the interview. While unintentional, this error/typo resulted in a non-affirming and distressing experience for one of the participants. This participant brought the error to my attention and graciously called me in on it. The participant also connected me with the CGSHE (n.d.) *Gender and Sex in Methods and Measures Research Equity Toolkit*.

I had sent the table with the error to a total of five participants, including the one who reached out. Once I knew of the error, I took several steps of action. This included reaching out to my supervisor to let them know, emailing to apologize to the participant who contacted me, and emailing the other impacted participants. In the emails, I described the error, apologized, and detailed the next steps I would be taking:

- Following up with participants to whom I have sent their transcript and analysis to acknowledge and apologize for my mistake and provide their updated demographic table.
- Ensuring the corrections are in place for the remaining participants.
- Reviewing the CGSHE (n.d.) *Gender and Sex in Methods and Measures Research Equity Toolkit* as a reference point for how I am reporting on demographic data in publication (and for study design for future research projects).

After connecting with the participant who had reached out to me, we were able to repair the rupture through dialogue, and they expressed that the situation was resolved to their satisfaction. Another participant let me know that they appreciated the transparency and that it was OK. A third participant was in touch later. Unfortunately, two of the affected participants were the only persons I did not hear back from at all when reaching out regarding member checking. While I do not know for certain, it is possible that my error impacted the two participants to the extent that they could not or decided not to proceed with the second interview. As a final step, I reached out to the SFU research ethics office to request that they link the toolkit (CGSHE, n.d.) as a resource for researchers on their website. I have also forwarded the toolkit to my colleagues who are conducting research.

Sharing the details of this error and its impact on the study participants is an important aspect of reflexive practice. I hope that my transparency can be a helpful reminder to other researchers of the necessity to carefully review all materials sent to participants. And, that sharing similar identities with participants does not exempt a researcher from inadvertently contributing to a non-affirming experience.

3.8. Chapter Conclusion

This study used CGT (Charmaz, 2014) to answer two research questions: How do queer and trans persons receiving counselling services in Canada, perceive affirming (helping) or non-affirming (hindering) experiences in counselling? How closely do these perceptions align with current guidelines and research on queer and trans affirmative counselling practice? In the next chapter, I present the findings of this study, conceptualized as *Supporting Actualizing for Queer and Trans Clients in Counselling*.

Chapter 4.

Findings

4.1. Supporting Actualizing for Queer and Trans Clients in Counselling

When queer and trans people seek counselling, they experience counselling interactions that can nurture actualizing, contribute to erasure, or both simultaneously. Participants shared examples of actualizing and erasure processes throughout all phases of counselling, from early on in the formation of the therapeutic relationship, through to the working and closing phases. In our interviews, participants articulated how they experienced actualizing and erasure in counselling as they reflected on the meaning of their counselling experiences. Since participants were recounting their past counselling experiences, their meaning-making entailed looking back with increased knowledge and experience, which allowed for keen insights into how their counsellors supported or hindered them. Their experiences illustrate types of actions and approaches counsellors can take to help facilitate actualizing and those they should avoid or use with caution and the knowledge that they can contribute to erasure.

The core processes of actualizing and erasure occur in dialectic tension with each other (see Figure 4.1). This means they can sometimes occur at the same time, with the same counsellor. Participants shared counselling experiences that highlight this tension, including those that were simultaneously affirming and non-affirming, aversive responses to affirmation in counselling, and lowered standards of competent and affirming care due to repeated erasure experiences. At the end of each of the subsections within 4.2. Processes of Actualizing, I present recommendations constructed from participants' reflections of unmet needs in their counselling interactions and things they imagined might contribute to a brighter or more joy-filled future for queer people related to mental health.

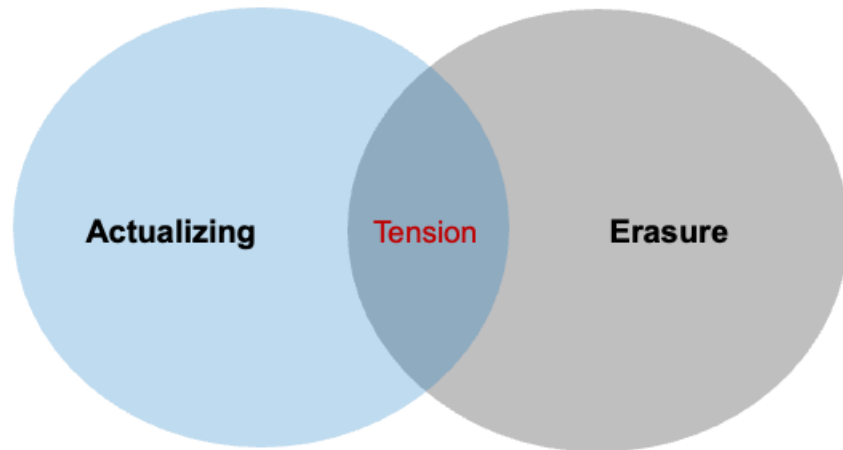


Figure 4.1. Core Processes of Actualizing and Erasure

There are many dimensions to how clients arrive to counselling, including their help-seeking reasons, how they access counselling, and the qualities they look for in counsellors. Participants described a plethora of help-seeking reasons. Three participants shared that they sought counselling specifically for reasons related to their gender identity/expression or sexual and/or romantic orientation, two shared that this was not a reason for them pursuing counselling, and the remainder fell somewhere in between. Participants' help-seeking reasons included support for trauma; depression; anxiety; general mental health concerns; bullying; work-, family-, and relationship-related issues; and other personal concerns. Participants also pursued counselling for reasons related to their identities, including for support for coming out as queer or trans, pursuing medical and/or social transition, and experiences of discrimination.

Clients access counselling in many ways. Participants accessed counselling at different points in their educational careers, including in high school and in post-secondary. The ways that they connected with individual counsellors also varied, for example, through publicly funded programs, private practice, and the Employee and Family Assistance Programs at their work. Half of the participants reported being very selective of who they chose as counsellors, and several had connected with counsellors by word of mouth. Those who were very selective described accruing this level of caution due to previous non-affirming experiences. All participants had received individual counselling services, and some had received couples and family counselling. Lastly, most participants had long histories in counselling, with several receiving counselling services for over two decades.

Clients may seek counsellors with certain attributes. Among the participants of this study, two looked for counsellors who identified as people of colour, four looked for counsellors who identified as queer or trans, and two for counsellors with specific therapeutic modalities. Several participants described how it was difficult to find counsellors who shared their identities, specifically those who identified as queer or trans people of colour, or as trans femme. Additionally, participants disclosed that they had worked with counsellors who identified as non-binary ($n = 4$), gender fluid ($n = 1$), and cisgender ($n = 3$). Many participants did not know their counsellors' sexual or romantic orientation ($n = 7$), however, in some cases, participants' counsellors identified as queer ($n = 1$), queer/lesbian ($n = 1$), and heterosexual ($n = 1$). One participant specified they worked with a counsellor who was both queer and Jewish. Several participants did not initially know their counsellors' gender or sexual orientation but retrieved this information online during our interviews. In these cases, counsellors disclosed their identities publicly through their counselling practice website.

4.2. Processes of Actualizing

Queer and trans clients can experience actualizing as an unfolding process over time. Several participants used a "journey" metaphor, describing, for example, a journey of healing, or of understanding their gender identity. I chose the word actualizing, as participants characterized the meaning of their affirming counselling experiences with terms like "expand" or "expansion" or "transformative;" "metamorphosize;" "grew into;" and "get to be" or "helping me to express" or "solidify" "who I am." As illustrated by participants' experiences, counsellors can play a significant role in clients' actualizing journeys, either by facilitating or impeding.

Counsellors can facilitate actualizing in counselling through establishing an authentic connection, affirming humanity, and decentering normativity (see Figure 4.2). During our interviews, participants generally described interactions that facilitated actualizing through experiences that they considered affirming. Drawing from participants' experiences, I describe actualizing for queer and trans clients as coming to know and embody their authentic self, and experiencing a sense of growth and expansion, or transformation, both in their self-understanding and in relation to others. Participants' experiences of actualizing are included throughout the following sections. In

section 5.1.2 Relationality and Actualizing, I discuss participants' experiences of actualizing in relation to Rogers' (1961, 1980) theory of actualizing.

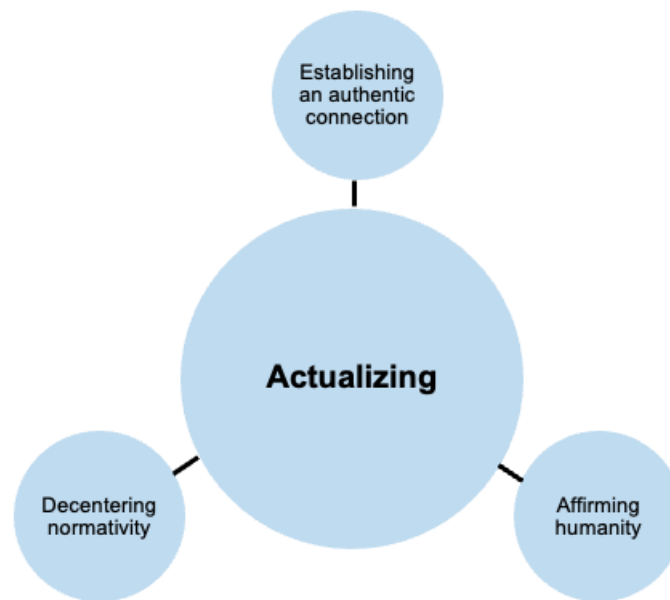


Figure 4.2. Actualizing Sub-Processes

4.2.1. Establishing an Authentic Connection

As participants shared counselling experiences that they perceived as affirming, they described ways that their counsellors established an authentic connection with them (see Figure 4.3). The first, being present and holding space, is a basic foundational element of any therapeutic relationship. It is especially important for queer and trans clients experiencing stigma and discrimination, who may be distrustful of counsellors due to repeated negative experiences. Counsellors were being present and holding space when they listened carefully, reflected understanding, and let clients set the pace and direction in session. Alice described how through her counsellor's listening skills and patience, "they didn't seem to have an agenda for our sessions, and they were just good at letting me kind of lead and trusting that I knew where we were going." The counsellor's approach supported rapport building and "helped me dive into stuff that maybe I wouldn't have been so comfortable diving into that early in our sessions together if I didn't feel like there was that rapport, that attunement." For Alice, an attuned and open presence helped build trust that went both ways. Alice expressed how "having similar shared identities helps with the affirming bit": "I have a shared queer identity with

the counsellor that I work with ... we're both raised in this world as women and so understand the oppression that women face and experience on the day-to-day.” Aman reflected on experiences from his first therapeutic relationship in Canada. They had carefully selected a counsellor and went into their first session hopeful:

I actively look for a counsellor who shares some sort of background, social, cultural background with me, which is not entirely the same but kind of similar. The counsellor still gets that. So, in terms of that South Asian identity, I think I feel validated.

In addition to verbally reflecting that she understood, “my counsellor’s body language and ... the gestures ... making me feel that yeah, that you are on board with me. You kinda understand what I'm actually saying, actively listening to me.” Because Aman felt validated in his experiences, “the impact is that I can see this person again.” For Alice and Aman, sharing similar identities as their counsellor was a condition that contributed to actualizing via establishing an authentic connection.

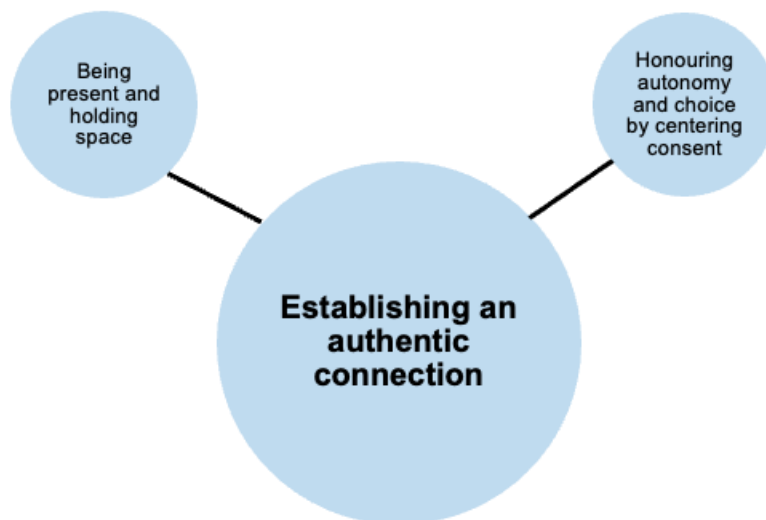


Figure 4.3. Establishing an Authentic Connection

When counsellors were present and holding space in session, they helped create a sense of safety where clients felt heard. For Sailor: “There was a lot of trust just immediately there that I didn't have with everyone else I knew because she was giving me space in a way that I hadn't had it before and that's really necessary for feeling heard.” Clients also felt heard when they did not have to defend or explain themselves. Lan shared, “I do most of the speech in the session. I don't need to justify what I've said. I don't need to explain it. I get to just say the story and have that be the story.” Charlotte

described how their counsellor helped them push themselves outside of their comfort zone on their own terms by not “intervening at times or pointing me in a particular direction or challenging me per se, they're more creating a space where I challenge myself.” Grace noticed how her counsellor curated a safer environment within the counselling office that helped her settle into the counselling process:

She had plants in her office. Everywhere I looked there were different calendars with a multitude of queer events and [queer resource centre] events written on them. So already the visual signifiers, just in the room, it was like, OK, you are in a safer place, away from a binary of choices. Which already put me at ease because I was forcing myself into making a choice of A or B. And just the scenario that I was immediately put in, not to mention the questions that she asked, immediately reminded me that it wasn't accepted or rejected. It was, “Tell me about yourself. I'll help you with any questions you have.”

Counsellors established an authentic connection when they honoured their clients' autonomy and choice by centering consent in all interactions. Centering consent is an adaptation of Lan's quote: “They centered consent.” Lan described how their counsellor began their work by inviting collaboration on how they would proceed: “They came in and said, ‘Hey, you might have an idea of what you want. I have some ideas of what we could do. How do you want to negotiate a shared space?’” Lan's counsellor invited collaboration and believed their responses consistently and from the beginning: “That's sort of how they set the frame for our initial conversations and then they just built the trust that they were going to do that again and again and again.” Sailor and Alice's counsellors centered consent by guiding them on how to obtain consent from themselves. Sailor: “We could take things slow when I needed to. She was pretty constant about checking in with my body and with me checking in with my body.” Alice: “[My counsellor was] really good at checking in with me and my nervous system and seeing what was actually helpful and what would be too dysregulating.” By guiding clients to gauge their own readiness or willingness to proceed, counsellors signalled that the clients were in control of what was occurring in session. Centering consent and guiding clients in asking themselves for consent is especially important for clients like Alice and Sailor who have experienced trauma in childhood. Alice gave an example of what their counsellor might say: “Before you talk about this, I noticed there's some hesitancy. Why don't you just check in with yourself if this is the right time to talk about it.” Sailor shared additional qualities that helped build a sense of safety in session: “You need to know that your feelings matter, and that if you're feeling overwhelmed or unsafe

or uncomfortable, you're able to stop or take a breath.” Centering consent with queer and trans clients throughout the therapeutic process is important to creating and maintaining a safe and trusting relationship, in which clients can learn to trust themselves and their counsellors. Despite the importance of centering consent, only five of the participants described experiences in which their counsellors explicitly and consistently centered consent. Reeve reflected on the rarity of this: “I can’t really think of a counsellor that has done that before or since. It was like consent was in every interaction, every exchange.”

Clients were profoundly impacted when counsellors established an authentic connection. Reeve’s counsellor trusted in their “intrinsic strength” and conveyed a deep understanding of them that felt true.

The biggest thing they can do because they know my history and really took the time to understand where I’m coming from, is to say something like “I know maybe this is trite but I really believe that you are going to be ok, that you’re going to get through this, because I know you. I know you.” It’s (laughs) more than just “I’ve studied you.” It doesn’t feel like a platitude.

Reeve’s response suggests that their counsellor’s understanding and belief in their strength helped Reeve come to know themselves more authentically through increased self-trust: “It made me feel like I would inevitably go through lots of things in life but that I was gonna come out the other side.” Experiencing safety and feeling trust in someone was a profound experience for Sailor: “Learning that other people can be safe. That’s a huge, meaningful part of therapy. A lot of people go to therapy, and they’ve never experienced a safe relationship before.”

Within an authentic connection, counsellors took time to build a sense of safety and earn their clients’ trust. Alice described the process of disclosing aspects of her experience that held shame.

I had been working with her probably months, if not a year at this point before I was able to talk about this stuff. ... having that foundation of trust and good rapport building helped me kind of be able to talk about this, which then allowed her to kind of affirm my experiences.

Alice’s counsellor always centered consent in their interactions, which over time helped deepen their sense of authenticity: “I have more confidence in myself in knowing myself, but also trusting myself, which isn’t necessarily something I would have said was a

strong quality before working with them.” By creating and maintaining an authentic connection, participants came to know and embody their authentic themselves. Lan summarized:

It just seems so basic. And it's both basic and complicated. But the core of the thing that I'm trying to describe is this is someone who lets me be the way that I am. (Pause) Why that would not be true everywhere, I don't know (laughs). But here we are.

Participants' experiences illustrate how establishing an authentic connection with queer and trans clients can be powerful and transformative. Next, they share recommendations for establishing an authentic connection.

Participants' Recommendations for Establishing an Authentic Connection

Clinical Recommendations for Centering Consent

When clients look back on their prior counselling interactions, increased knowledge and experience can provide insight into what counsellors might have missed to adequately support them. From this vantage point, participants provided recommendations for how counsellors could honour clients' autonomy and choice by centering consent. Reeve highlighted the importance of counsellors understanding financial barriers to access and focusing on consent-based relationship-building.

This person in front of you may have coverage for four sessions. And you don't necessarily want to be like “We're going to solve all your problems in four sessions.” So that's like make the time count but don't rush it. You know? Really refrain from reaching diagnosis solution because that's not going to be effective. I think, thinking really carefully about how to form a relationship with a client is really important, and consent. Asking for it. Making it clear that the person can say no.

Leah illustrated how counsellors could signal acceptance and understanding of the possible importance of identity to a client without expectation.

The background in which [the counsellor] operate[s] is one of “I respect who you are as a person and I acknowledge this and if you want to talk about it, great, let's talk about it. But if you don't want to talk about it and you want to talk about something entirely different,” like I did for most of my therapy, “then also great.”

Reeve and Leah's recommendations address the inherent power discrepancy between counsellors and their clients. Clients may not know that their input in counselling

interactions is welcome, valued, and respected unless counsellors are explicit about this. Relatedly, Alice's suggestion speaks to the importance of counsellor vulnerability in establishing an authentic relationship with their clients.

If you genuinely don't know about something, just be open and honest with that rather than pretending to know or understand the nuances of something. Because that will help me trust you more. ... you don't have to get it right 100% of the time, but if you're honest with me that you're just not getting it, then I feel like me explaining myself is less of a tedious thing. Because you've been willing to be vulnerable with me of "I don't actually know what that means." Or "I'm not sure I understand that dynamic," which allows me to elaborate on it in a way that is well to me this is the experience.

As described throughout this section, counsellors can establish an authentic relationship with their clients by being present and holding space, and honouring autonomy and choice by centering consent. These are important throughout all phases of counselling, but especially in the initial formation of the therapeutic alliance.

4.2.2. Affirming Humanity

Counsellors can affirm their clients' humanity by engaging with and responding to aspects of their identities, social locations, and experiences in specific ways (see Figure 4.4). Participants described how counsellors who shared their queer or trans identities implemented community knowledge. Charlotte:

They don't make assumptions and yet also there are things that can be relatively unspoken that I can make reference to in terms of the experience of being misgendered or a microaggression. Or I can even mention particular TERF-aligned agencies within the West Coast social services sector and not have to explain a lengthy bunch of qualifiers as to why, for example, I wouldn't refer a client to that organization or comparing something to [the rape crisis centre], ... they know what I'm talking about.

Sue-Donem shared a similar experience.

A lot of the things I say I don't have to explain, folks [queer or trans counsellors] will understand the implications of me coming to a session and be like "Oh, my parents keep misgendering me" and instead of it being like "Why does that disappoint you?" or whatever, it's a very easy, "Oh that sucks." 'Cause it does. And just being able to assume "Yes this sucks" and then starting to process it instead of having to do basically psychoeducation.

In these examples, counsellors held community knowledge as insiders to queer and trans communities. In other words, for Charlotte and Sue-Donem, sharing similar identities as their counsellor was a condition that contributed to actualizing through affirming humanity. By contrast, Reeve’s counsellor held community knowledge despite being outside of queer and trans communities in terms of their own social locations.

They had done a lot of work with people from many different backgrounds including backgrounds that were similar to mine. They had done a lot of academic study. ... There was a really good, high-level understanding of identity and community often from having worked really, really closely with people who shared aspects of my identity. ... Having been in community with them. But also really being interested in the specific.

For Reeve, the fact that their counsellor “didn’t share any aspects of my identity” was especially impactful: “It really helped me see that it was possible for people outside my own community to understand, accept, embrace and that it not be an exercise in political propriety.” Reeve’s experiences highlight how shared identities can contribute to actualizing for some clients but is not necessarily critical. There are instances when a counsellor affirming humanity without a shared identity could be especially powerful for the client. Whether community insiders or outsiders, counsellors who implemented community knowledge understood the oppression-related challenges their clients faced without clients needing to explain or justify.

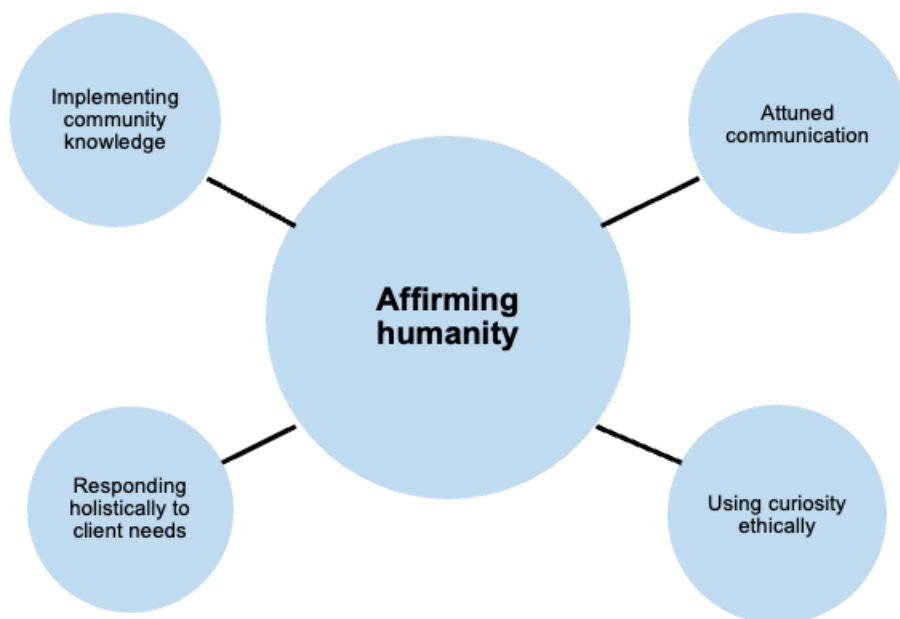


Figure 4.4. Affirming Humanity

Counsellors affirmed clients' humanity through attuned communication that mirrored their clients' language. Reeve shared, "In the seven years that I've known this person and have known them in all kinds of therapeutic contexts ... I can't recall a single occasion where they misgendered me." Counsellors were not simply parroting what they heard but conveying a deeper knowledge of the impact of language. Lan trusted that their counsellor would not misgender their siblings in discussion: "When I say sibling [my counsellor] knows I mean sibling and there's nothing that needs to happen apart from that, and you don't need to fill in your gender idea on to the story." Most of the counsellors Alice worked with "don't typically gender my partner until I've already gendered them in those sessions." Reeve shared a similar experience: "[My counsellor was] very invested in mirroring the language that I used. I would describe my wife, they would describe my wife. A lot of straight people, a lot of cis people when I say wife, they say partner. And that irks me to no end (laughs)." Reeve's example emphasizes the importance of listening carefully and using the words clients use. Defaulting to gender-neutral language could be invalidating if this is not the language clients use to describe themselves or their loved ones. For Leah, attuned communication meant "I didn't have to explain myself ... I was in a relationship, and this was the person's gender and name and that was that." Leah shared how this allowed the counselling work to proceed: "The pronoun thing was also really helpful because it was just like she just picked up on it and she's like 'OK, got it' and absorbed everything that means, and now we can continue."

Counsellors' curiosity can be both affirming and non-affirming for clients. Participants shared how their counsellor's curiosity contributed to actualizing when used ethically. Using curiosity ethically is an adaptation of an in vivo code from Charlotte's interview, when she referred to Lucie Fielding's (2022) seminar *Ethical Curiosity with Trans and Non-Binary Clients*. When counsellors used curiosity ethically, they grounded their questions in a foundation of knowledge (e.g., academic study, community knowledge) and queried their clients' experiences not identities. Reeve's counsellor "had done a lot of academic study. But it was very much like 'I understand there are a variety of trans experiences, can you tell me what this particular thing is like for you?'" This question invites nuance of the client's experience while signaling a baseline understanding. Reeve's counsellor also located themselves in their questions:

Prefac[ing] a lot of the things that they said with a comment about their own identity, you know? To say, "Well I'm a," describe their identity, and then

say “so I can never understand exactly what this is like for you. Can you tell me a bit about what this specific thing is like?” But not in a sort of like, “What is a trans?” (laughs) way.

Lan echoed this: “If I say I'm non-binary, one way that non-normativity can show up is by a counsellor being curious about that. ‘So how does it sit with you? What does it mean to you?’” In these examples, counsellors were informed about trans or non-binary gender identities and related experiences but did not make assumptions about their clients’ unique experiences. They also did not assume they had a right to know more about their clients’ experiences. Lan shared, “There could be conversation, there could be discussion here, but also there doesn't have to be. And ultimately the counsellor doesn't have to know.” Reeve and Lan’s responses show how ethical curiosity is inextricably linked to centering consent. Participants’ experiences of unethical curiosity explored later in this chapter, demonstrate why counsellors should ensure their curiosity is not voyeuristic, judgmental, or soliciting education from clients. The significance of ethical and unethical curiosity for trans clients is explored in the discussion chapter of this thesis.

Lastly, counsellors affirmed clients’ humanity by responding holistically to their needs. Reeve’s counsellor helped support them when they came out as trans and were experiencing “deep turmoil” at their family’s response.

It was this counsellor that suggested we meet with my parents and my wife and my brother, and it was also this counsellor who suggested that my parents be connected with another counsellor who would work with them separately before they came to this session. So this was all really supported and organized by this one counsellor. I don’t know what I would have done if they hadn’t set that up. I don’t know what I would have done. I don’t know how I would have made it through that time. I really just don’t know.

Reeve’s counsellor understood the need for a systems approach to supporting their client. This entailed supporting Reeve individually while facilitating family counselling in a way that honoured their therapeutic alliance with Reeve first and foremost. Reeve perceived this as “a really nuanced understanding of professional boundaries and relationships.” There was a lot at stake for Reeve in their counsellor’s holistic response: “I guess I wouldn’t go so far as to say it was lifesaving, but it certainly allowed me to get through what would have been a really hard time no matter how I had navigated it.”

Reeve shared how working with this counsellor allowed them to progressively be more authentic both in their self-understanding and in relation to others.

Over a period of seven years, I went from not really being out to myself, my family, my friends, my wider community, the world, at work, to strangers, to being able to in most contexts assert and identify who I am.

The actualizing process in counselling can be transformative for clients. Reeve shared how their counselling interactions “allowed me to feel like I could keep doing that, keep going. And not just eke out a survival-based existence, but really thrive and have things that I love and value, and lean on my strengths.”

A counsellor may also meet a need that the client is not aware of at the time. Grace described how her counsellor’s question, “How or why do you identify as a trans woman?” while initially shocking, gave her space to explore her identity. Leah saw her counsellor intermittently across five years before referring her to a counsellor that shared her Jewish and queer identities to better meet her needs. Both experiences are explored in section 4.4. Tensions of Actualizing and Erasure, as simultaneously affirming and non-affirming.

Participants’ Recommendations for Affirming Humanity

Clinical Recommendations for Signaling an Affirming Stance

As participants recalled their counselling experiences, they provided recommendations for how counsellors could affirm their clients’ humanity. This included creating safer counselling environments for queer and trans clients by signaling an affirming stance. Sam suggested counsellors “include their pronouns in their introduction or I don’t know, a name tag or something.” He explained, “if everyone starts doing it then it makes it a safer place for trans people. It makes me feel a bit safer.” Leah suggested that counsellors non-verbally communicate creating a safer space for queer and trans clients through “accountable space” and “I stand up against antisemitism” stickers, and pride flags: “I think for people who aren’t comfortable or are still exploring sexual orientation or gender identity, having that as just a signal of if you want to talk about this, it’s something that you can talk about.” Charlotte suggested counsellors strongly consider the work they are committing to when they signal allyship through “safer space stickers or a rainbow flag”: “If you’re making that claim but then you can’t back it up, then it erodes trust in you, or a space or a service.” Charlotte suggested an alternative:

It could be more subtle like the types of books on someone[’s] shelf, or a framed poster on the wall that has some significance to my community. ... it could show me that they have a relationship to my community and someone who’s a leader in that community helped them choose something that was a good pick in that context. But that speaks to that relationship, that they’ve done the work to engage people with lived experience in their practice.

Clinical Recommendations for Using Curiosity Ethically

Participants also had recommendations for how counsellors could use curiosity ethically. Alice suggested counsellors: “Ask questions that tell me that they have done some of that reading or that they’ve at least looked at some of the literature or maybe have personal experience with it. Just based on how the questions are framed.” Sam provided examples of questions a counsellor could use with ethical curiosity to help a client explore their trans identity: “When you imagine yourself as, I guess being a trans man, how do you feel? Does it feel good? Or if you imagine a life as a trans man, how does that feel to you?” For Sam, these questions

Would help with ... solidifying one’s identity and their queerness. Especially if you’re asking yourself this question. ... it would make you feel like you made your own identity. You’re figuring out yourself instead of going along with what somebody else says or who you should be.

Lan gave examples of how counsellors could use curiosity ethically while centering consent.

Having the understanding that it could land as invalidation to bring curiosity, and doing the communicative work to say or to ask “Is it relevant for us to talk more about how that plays out for you? Is that part of what you want to bring up in therapy? Is it relevant for me to know more about what that’s like for you [?]” ... It’s basic consent.

Clinical Recommendations for Responding Holistically to Client Needs

Lastly, participants gave recommendations for how counsellors could respond holistically to client needs. Aman emphasized the importance of providing clients with community resources: “When you think you are not familiar enough with the queer people or this community then maybe you should try directing people to the resources. That kind of shows to me that the counsellor is putting in efforts.” They described how this would be “helpful for community-building and for someone who has just moved to this country who doesn’t know anything about themselves.” Aman shared how when he

immigrated to Canada it would have been helpful to learn about the different ways to build connections with other queer people.

I see that community organizations—now I kinda know a lot that you can go to. ... I wish someone would have told me, someone would have guided me. ... Even if you're not building relationship, I think the idea of oh there are similar people there, there are more people. And even as an exposure, those community organizations is so important that people just don't exist under the category of gay or lesbian.

Several participants spoke to the importance of counsellors being networked with other counsellors or other community resources. Charlotte explained:

A provider shouldn't see themselves as the only resource in a person's path, but part of a larger network of a community of practice. Those adjunct services like community support being just as critical as somebody who has letters behind their name, in an individual client's process, and so the necessity of being familiar with those resources and linking people up with that community of care.

Alice and Leah envisioned a network of queer and trans counsellors or those with a track record of providing safer services for queer and trans clients. Alice described how “a database of queer counsellors” could help “queer folks to know that they're going to go into those therapeutic relationships with some level of understanding.” Leah suggested counsellors, “find and operate within a network of other safe people and safe providers. ... It makes me think of how important advocacy is and how important advocacy is as part of counselling work.” These imaginings bring to mind the existing MindMapBC (n.d.), a service created in collaboration with community organizations that provide services to queer and trans communities in BC.

Participants' experiences and recommendations show how counsellors can affirm their clients' humanity through implementing community knowledge, attuned communication, using curiosity ethically, and responding holistically to client needs. These are important through all phases of the counselling relationship and are linked to decentering normativity.

4.2.3. Decentering Normativity

Participants described how their counsellors helped them decenter normativity in counselling interactions (see Figure 4.5). Decentering normativity is an adaptation of the

term “deconstructing normativity” that Lan used in our interview. Counsellors decentered normativity by critically examining stigmatizing social norms in the counselling space. This helped clients begin to understand their sense of self and their experiences in relation to larger contexts. Sailor’s earlier sessions with his counsellor “focused on realizing that I’m not a White person and that I am experiencing racism every once in a while.” Their counsellor validated their experiences and expressed her opposition to racism through her emotional responses: “It was me seeing that she was distressed at how I was treating myself and that she was able to articulate why she was distressed because it was these big systemic issues that weren’t my fault that we can name.” Sailor’s experiences of actualizing reflect a sense of growth and expansion, including a new understanding of himself in community.

If that hadn’t happened, it would have been me continuing to internalize and self-blame. So, it was an extremely caring act for someone to clue me in that I can receive support. And I can claim parts of my identity that I hadn’t been told I could claim before. It’s very caring. It’s very connected. It’s very like, oh, I’m not alone in the world, I exist.

When Sailor’s counsellor helped them critically examine White normativity as someone who is racially marginalized, the impact was transformative: “Now I have these words to understand and identify myself and my experience and ... I can get more support for this. I can get recognition for this; I can claim this as a part of my experience.” His experiences of actualizing also reflect a new understanding of himself in relation to community: “[I] was doing a lot of research on a lot of anti-racist movements. Learning where my place in the BIPOC community was. Learning to use my voice to advocate for myself, but to also advocate for others.” Alice’s counsellor helped her explore an aspect of her sexuality that carried shame by taking a sex-positive approach.

I was going in for this idea of what is “normal?” Normal sexual desire, or behaviour, or interests. And she was really good at trying to unpack that there is no deviant sexual desires or pursuits as long as everyone’s consenting and everyone’s an adult and can actually consent to those types of things, obviously.

Not only did the counsellor authentically accept and validate Alice’s sexuality, she responded to the adverse effects of stigmatizing social norms of sexuality. Alice shared how this experience led to “a reduced sense of shame And so kind of opening the door that it was OK to talk about those things.” Trust was a condition that contributed to decentering normativity as it took Alice many months and a trusting therapeutic

relationship to share their experiences. Her counsellor's responses helped her come to know and accept herself more deeply: "It meant I'm not a bad or weird or deviant person. ... it helped me kind of accept myself and these interests more and then recognize there's nothing wrong with me, I'm not a flawed or broken person." By fostering Alice's understanding of their sexual interests, their counsellor helped lessen the impact of sexual stigma: "It actually helped me take on a better perspective of it's society (laughs). Society is what's kind of flawed and broken and not actually conducive to people's well-being versus oh I'm not good enough for whatever society we live in." Lan's counsellor held this understanding by providing a space where they could critically discuss cis-normativity.

If I come into therapy with a topic that's for example, my mother-in-law having a bunch of gender-related expectations, we can talk about that with the known understanding that those are irrelevant to me, but still part of the problem that I'm bringing.

Supporting clients in this way requires community knowledge of the subtle and varied ways individuals are impacted, as well as a social justice orientation aimed at ending this oppression.

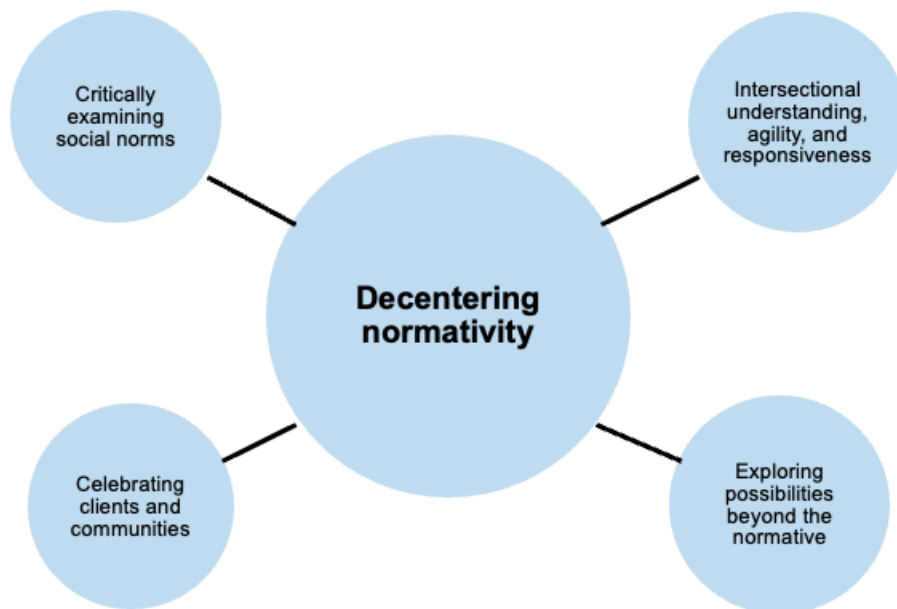


Figure 4.5. Decentering Normativity

Counsellors decentered normativity by having intersectional understanding, agility, and responsiveness. They demonstrated agility in how they were able to apply

their intersectional understanding within counselling interactions to respond to the needs of their clients. Participants shared how this approach contributed to a deeper, more nuanced, and fulsome self-understanding. Sam's counsellor helped him see how the different parts of his identity and experiences "encompass me as a whole."

They seemed to be at least more educated in intersectionality and how my queerness would impact, for example trauma from family growing up and how current social experiences would impact my queerness, and how this would impact all these different aspects of my daily life and my identity.

His counsellor's intersectional understanding, agility, and responsiveness helped deepen Sam's sense of self: "[My counsellor was] able to connect to all different parts of my identity and how they interact with each other, impacted each other. And I was like, wow, I didn't know those had anything to do with each other." For Alice, her counsellor not fixating on one element of her identity, her sexuality, helped her feel fully understood and authentically known.

It felt I was being seen for who I actually am versus what I'm interested in and so I was being seen as my entire person, and different aspects of myself, rather than having a focus on what I might have considered degenerate behaviours or interests.

Sue-Donem shared the impact of working with counsellors who understood her intersections.

As trans stuff, polyamory stuff, asexual stuff comes up, having counsellors who have acknowledged like "that makes sense this is hard for you, you have ADHD or you have an anxiety disorder" or whatever, being able to kind of tie the connections, connect the things in a way that kind of made sense of the whole person instead of siloing it was very affirming.

When her counsellor responded to the intersectionality of her experience, Sue-Donem gained context on the intensity and severity of her distress and began to understand herself in a new way.

Having that counsellor who was very neurodiverse literate really helped me because a lot of what I was going through in terms of my gender-related turmoil related to how my brain processes information as someone with ADHD and without that lens to it, it just felt like I was a chaotic person who was dysfunctioning because transition is stressful and it's too stressful for me because that on its own is too much.

Lan's counsellor had also "done their own work, they've done their own gender journey," and consequently, was able to hold an understanding of Lan's identity: "I don't feel like I'm interacting with the construct of my gender when I'm talking to my therapist." When I asked Lan what they thought was an outcome in working with their counsellor in this way, they paused before replying.

The outcome of working with someone who can hold my identity well, is I actually then do the work that I came to counselling to do (laughs). It doesn't become about calibrating safety or calibrating trust. If we're able to do that I don't need to be filtering stories, I can just say the experience and then we work with the experience. It sounds so basic, but then we actually do counselling instead of doing identity negotiation.

In these examples, counsellors understood the salience of different aspects of their clients' identities and experiences to the counselling interactions. They decentered normativity by approaching clients holistically and not over-focusing on certain aspects at the expense of others.

Lastly, counsellors demonstrated intersectional understanding, agility, and responsiveness through skillfully utilizing the impact of their own social locations on their clients. Counsellors provided a path through unknown territory during clients' early identity exploration through disclosure. In the following experiences, counsellor and client sharing similar identities was a condition that contributed to actualizing through decentering normativity. When Grace's counsellor disclosed her gender identity, it helped Grace start exploring her own identities in counselling: "The reason that I fully opened up and trusted her is because she told me that she was trans, and I remember being absolutely blown away by her kindness and generosity and openness even before she had told me." The counsellor used her disclosure to connect over shared experiences.

She's like "Well, I don't tell most of my clients this, but I'm trans and I was lucky enough to have someone who, it wasn't asked the right questions, it was asked questions in the right way to help me through things." And I'm pretty sure that's the moment I started crying, which I didn't think I'd been able to do for years.

Grace's experience suggests actualizing as a transformation of how she related to others: "[My counsellor's disclosure] made me realize that there was a huge width and breadth of people's experiences and that I didn't realize how much of my own

assumptions I was putting on other people.” As a result, Grace was encouraged to seek further counselling support: “Since I had this amazing person open up to me to help create that trusting bond, I think it changed my perception of clinical counsellors as a whole.” Sue-Donem and Sam’s counsellors drew on their own and others’ first-hand experiences in counselling interactions to help their clients more easily navigate their own situations. Sue-Donem shared how her counsellor was, “really good with the neurodiversity and transness and would reflect their own experiences, but also the experiences of other clients they had. And I think doing that also really normalized ... a lot of the things that I was going through.” Sue-Donem described another example:

Having a counsellor to reflect on maybe a time where being poly was difficult for them based on their partners and of course being vague about it but still reflecting, “This is how I communicated with my multiple partners when I was feeling overwhelmed” or something. It validated my experiences, made me feel less alone, but also provided me with an example of how I could handle the situation.

Sam’s queer and trans counsellor drew on their own and others’ experiences in session to help explore the topic of medical transition and navigate his “uncertainties about starting hormones or doing surgery.”

[My counsellor] would start with I guess the facts of “These are definitely permanent; these are definitely not” type of thing and they would talk about maybe other people’s general experiences. ... And they might also talk about their own experiences, ‘cause they also had done hormones and top surgery. So, it’s like oh you get it, you know? If they were not trans, then it might just be very I guess clinical.

Not only did these counselling interactions help Sam gain confidence early in his transition process, they also helped him come to know and embody his authentic self: “[My counsellor] really helped I guess guide me especially in my transition. In my first few years of adulthood. I feel more, yeah solid in my identity and especially related to transness.” This included finding independence with his family by learning “how to stay both as a separate person from my family, but also still connected to them in a sense.” Sam described the solidifying of his sense of identity as “more I guess confident and sure of who I am and what I want to do. I’m out about in the world, I don’t know, less anxious and less self-conscious than I was before.” Charlotte expressed a similar conceptualization of their experiences of actualizing when reflecting on the impact of their non-binary counsellor approaching them with compassion and understanding.

Being seen for who you are and also having representation in the world of people like you or have similar experiences, those two things can be incredibly freeing. And especially in terms of a gender transition, social-relational transition, being seen for who you truly are can allow you to kind of release into that process in a way where there isn't as much shame present, or you just finally are given—feel like you're given permission to step into your wholeness.

In counselling interactions, counsellors also helped clients decenter normativity by facilitating exploration of possibilities beyond normative standards or ideals. Alice described how their counsellor helped them realize that their previous relationship was not heterosexual, even though others perceived it this way.

It was almost, I guess eye-opening and validating in that we're not heterosexual people, right? And so, the assumption that we're in a heterosexual relationship, it never fit with me. But it was like well that's what everyone has always called us. And we're a man and a woman therefore, that must be the case.

That others would assume Alice and her partner were heterosexual based on each's gender identity reflects heterosexism, specifically bisexual- or pansexual- invisibility (Hayfield, 2020), since neither Alice nor her partner identified as heterosexual. By challenging heteronormativity, Alice's counsellor helped them expand their sense of self beyond normative labels or perceptions that did not fit: "It was nice to have that idea challenged because it allowed me to kind of step back and be like oh, you're right that doesn't actually resonate with me." Grace's counsellor gently challenged binary notions of gender, which like Alice, helped broaden Grace's conception of what was possible for herself.

Saying I see you're here to talk about these sorts of things, let's start talking and that was sort of how she approached it. I was expecting her to be holding a checklist and it's like, OK, you want breasts? OK, that's one point for trans woman. Oh OK, you're not sure about your penis? OK, we'll put that in the middle section. So that's what I was expecting. So, when she opened up with that statement or with that question ["how or why do you identify as a trans woman?"] I think it just shocked me out of that belief that I was pigeonholing myself into one category or another.

Not only did counsellors help clients see what is possible beyond a normative lens, they also celebrated clients as individuals and members of powerful communities. Lan described the acceptance their counsellor conveyed: "It's both 'You can be this way

and also this is a really super way to be.” Grace shared an example from her work with her queer and non-binary counsellor:

It was more about I think reconfirming my own identity as a queer person ... despite the fact that not every topic every time revolves around my identity as a queer person. I've never felt that I've been in more of a safe space. They really hold that space. Yeah, it's an honoured space where they hold my identity, my identity as a queer person, and that's the baseline. So anything extra from there already feels amazing.

Alice's counsellor decentered mono-normativity by “highlighting how society's expectations of how a romantic partner should be somebody's everything ... isn't necessarily reasonable. ... really acknowledging that within our society, our monogamous normatives don't actually make a lot of sense.” The counsellor celebrated poly and non-monogamous relationships by highlighting their strengths.

There's more freedom to choose what we want out of relationships or what we get out of relationships rather than being expected that one person will hold all of our needs and be able to support us all of the time. So kind of a fanning out of our support systems and how that can be really helpful for people to be able to reach out to different partners or to different support people during different instances.

Leah's counsellor, who shares her Jewish and queer identities, was able to see into her painful experiences and highlight strength.

We've been talking a lot about what it feels like to be Jewish right now ... especially what it feels like to be Jewish right now within the queer community and have been able to pull out resilience and strength that has come from navigating what is a really isolating and unsafe feeling experience.

For Leah, a condition of her counsellor understanding her experiences and seeing her resilience and strength came from her sharing her Jewish and queer identities: “I don't know that she would have been able to see that if she wasn't Jewish, and I don't know if she would have been able to see that if she wasn't queer. It's the combination of the two things.”

Part of the hurt comes from the fact that other people seem to downplay or not recognize what's happening in the queer community right now to Jewish people. Either aren't taking it seriously, saying it's not happening. ... I think part of her being able to see that is because she is also in this community.

Through nuanced, intersectional knowledge and experience, counsellors recognized and reflected the strength and value of their clients and their clients' communities. In so doing, they helped their clients more deeply know aspects of themselves and their experiences, both in their self-understanding and in relation to others, including their counsellor.

Participants' Recommendations for Decentering Normativity

Clinical Recommendations for Counsellors Decentering Normativity for Themselves

In looking back over their counselling experiences, participants provided recommendations for how counsellors could decenter normativity in the counselling space. Participants recommended that counsellors decenter normativity for themselves before working with clients. Sailor suggested that working through "internalized transphobia and structural binary gender oppressions" "needs to be done in your own therapy room, not in your client's therapy room." Grace recommended that professionals, including counsellors, "be open to the possibility of encountering a person whose gender identity, any sort of identity is different from any you've ever experienced." For Lan:

The common trend of things that haven't worked for me and have worked for me is if you have a loud idea of who people are and how identity and relationship works, we're going to have a whole bunch of fuck ups in counselling. And if you have spent time and care looking at what you understood normalcy to be and figuring out how to hold it lightly, or ideally, not hold it at all in the way that it influences a counselling relationship, that's a major, major difference for me.

Lan highlighted how "If you design your service for the people you don't think are common it benefits everyone."

If you have five people who are cis, straight humans and you think you know what gender and sexuality mean to them, you're wrong. You're wrong five times out of five times (laughing). It's just going to be better for everyone that you're not bringing your idea of how someone is into the room.

Clinical Recommendations for Intersectional Understanding, Agility, and Responsiveness

Participants also provided recommendations for counsellors in having intersectional understanding, agility, and responsiveness. Alice suggested counsellors

[have] a general knowledge of these different identities, or group memberships, right? So I'm not talking to someone who's like "What is polyamory?" (laughs) And you obviously don't have to know everything about all the types of relationships and all that but being able to have a general knowledge that you can then expand on.

Leah wished that counsellors explicitly disclosed their allyship: "A lot of anti-oppressive counsellors will name what they're talking about. I think that's really helpful. I wish antisemitism was included, though it never is. But that just makes me think of what is needed, that explicitness." Alice suggested counsellors invite their clients to share important parts of themselves to gain "a better picture of what or who they're working with."

Just asking at the start of session, "Hey I know people hold a lot of different identities. Are there any that feel really valuable or important to you that you'd like me to know?" ... Just having the option, I think would be nice. Because I also get that people probably don't want to unpack all that if it does feel irrelevant to whatever they've come to counselling for.

Several participants recommended counsellors skillfully utilize the impact of their social locations on their clients. Charlotte suggested:

Like we both did at the beginning of this call, locating ourselves in terms of our identities, what communities we're a part of, how that implicates us in other struggles, and the point in time. You need to tell me about who you are, what you've worked on in terms of the privilege you hold, you need to at least be able to allude to some of that, or I don't know how to work with you.

Grace wished "that more counsellors would be willing to share parts of their own identity. That's just because of my experiences I have found that someone opening up to me makes it more likely that I will open up to them." Reeve wished that "counsellors never talked about their other clients." They explained that "It's really inappropriate from an ethical perspective. I also think that comparing your current client to other clients or to themselves." Reeve's recommendation, when taken alongside Sam and Sue-Donem's positive experiences of counsellors providing examples from other clients (see section 4.2.3 Decentering Normativity), highlights the importance of centering consent and responding holistically to client needs. In other words, participant experiences demonstrate how something that contributes to actualizing for one client will not necessarily have the same effect for another.

Recommendations for Counsellor Diversity

Participants also wished for more queer-identifying service providers. Charlotte: “More representation of people from our community within provider roles, like counsellors, nurses, doctors, other medical professions, psychologists.” She imagined the impact of this: “Potentially in individual experiences, just a whole lot of stress being taken out of an encounter that could otherwise be really scary for someone. Or the ability to drop into resourcing and enough trust a lot quicker?” This is not to say that counsellors who do not identify as queer or trans cannot support their clients in actualizing. Sam expressed, “A counsellor shouldn't have to be queer to be able to be accommodating and understanding of I guess, queer experiences. They might not have their own real-life experience, but they can allow conversation about it and have an understanding about it.” Participants with multiple marginalized identities like Aman, Sailor, and Sue-Donem expressed how difficult it is to find counsellors who can support them across their intersections. Sailor shared:

It's really hard to find therapists who are not straight and cis who are also a person of colour because those intersecting barriers are just alive and well in the therapy community. ... I think it does exclude specific voices and I feel like it could possibly never even have to come up because the people of colour there are not queer and the people who are queer are not people of colour so who's there to advocate for the queer people of colour in those spaces? ... It really feels like it's one or the other in the therapy space.

Sue-Donem wished for “queer and trans-literate counsellors that also have a lot of experience with harm reduction” and a trans femme counsellor who could help her navigate experiences of trans misogyny in trans communities.

It seems like a lot of trans knowledge is kind of folk knowledge that's just distributed verbally. So having ... in this ideal world a trans femme elder almost as a counsellor to pass on that cultural knowledge, that historical knowledge, the coping skills that's worked for that theoretical her. ... I think it would make the recommendations far more tailored if we had that kind of shared experience.

Recommendations for Positive Societal Change

In imagining a brighter or more joy-filled future for queer people related to mental health, participants gave recommendations of how individuals, including counsellors, could take responsibility for positive societal change. Aman offered, “The idea of “Oh everyone is equal”: No people are not same. People are different. ... the important thing

is recognizing and then celebrating those differences.” Sailor and Leah imagined what this could look like in counselling interactions. Leah suggested, “At the core of it, people need to lead with empathy. Maybe that’s what counsellors can do: Teach empathy. ... help people tap into their empathy. Tap into your empathy by tapping into your own emotions.” Sailor shared,

It would be really fun to talk about possible different futures. What a safe space could look like. What a fun space could look like. What a familial space could look like. What a community space could look like, what a learning space could look like. Yeah, talking about different possible futures and practicing imagination and getting to experience joy in that way, when we don’t always get to experience it in the present.

Through participant experiences, the preceding section illustrates actions and approaches counsellors can take to support their queer and trans clients’ actualizing. As participants shared, the healing and transformation that can occur through the processes of actualizing in counselling is deeply meaningful. Counsellors working to support their clients’ actualizing can refer to participant experiences and recommendations to guide their work. The final section of this chapter explores the processes of erasure, with actions and approaches counsellors should avoid or use cautiously with the knowledge that they could be harmful to queer and trans clients.

4.3. Processes of Erasure

Like actualizing, queer and trans clients can experience erasure as an unfolding process over time. I chose the word erasure to frame these experiences, as participants characterized the meaning of their non-affirming counselling experiences with terms like “don’t exist,” “invalidate me,” and “not see me.” Participants’ experiences demonstrate how counsellors can contribute to clients’ erasure in counselling and the serious implications of doing so, whether intentionally or not.

Counsellors can contribute to erasure in counselling through working at odds, denying humanity, and centering normativity (see Figure 4.6). As participants shared their counselling experiences, they typically described interactions that contributed to erasure through experiences they perceived as non-affirming. Conditions that contributed to participants’ erasure included betrayal of trust and counsellors’ identities. Queer and trans clients can experience erasure in their self-understanding and

in relation to others, including as a delayed process of coming to know and embody their authentic selves, identity foreclosure (APA, 2023), being made invisible, and delaying building connections with community. Participants' experiences of erasure are included throughout the following sections.

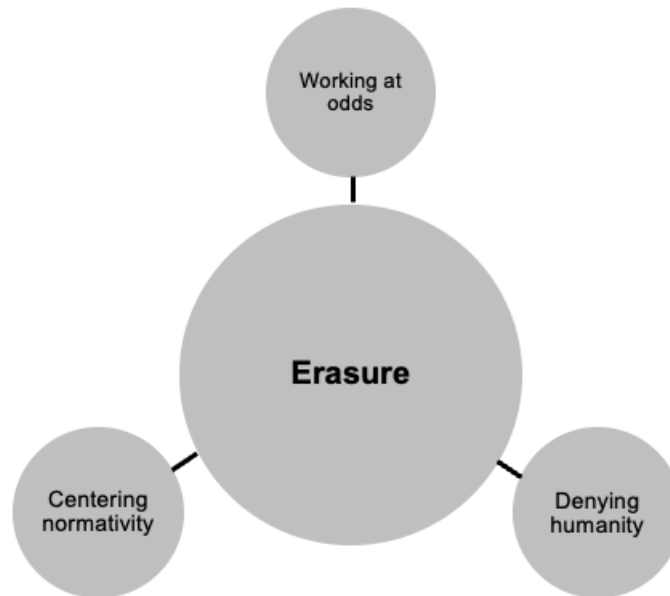


Figure 4.6. Erasure Sub-Processes

4.3.1. Working at Odds

Counsellors worked at odds by exaggerating their competence in counselling queer and trans clients, dishonouring their autonomy and choice, and learning off clients' backs (see Figure 4.7). Participants described how the search for a counsellor is made more onerous by counsellors exaggerating their competence in working with queer and trans clients. Sue-Donem expressed skepticism of claims of queer and trans competence:

I think just the amount of counsellors [omitted] who say they are LGBTQ competent but maybe they just had a couple of clients that are like that. There's no way to know that that is true or that they have successfully supported a trans person. ... they checked this is something that they're interested in doing. I have no proof they have done it. So let's roll the dice, I guess.

Grace noticed a discrepancy between how counsellors advertised themselves online and the support they were prepared to offer.

When I was shopping around for private counsellors, it's sort of like finding hashtag buzzwords on Facebook or Instagram. ... It's like "I discuss LGBTQ issues." ... I encountered counsellors who I said hey, here's my issues, here's what I want to talk about. And they're like, "That's not my specialty. I don't deal with that." And I was like but it's on your bio (laughs) it says you do.

She had a similar experience seeking counselling support at her post-secondary institution: "[In the mental health office,] it looked like [a] pride parade threw up on their walls. There was pride flags, there was, "We are an ally" stickers, there were rainbow everything, everywhere." Despite signaling allyship, the counsellors were not prepared to help Grace explore her identity.

[My "male, self-identified" counsellor] was like, "Well, [gender identity is] not my specialty or any of the others so we can help you in peripheral ways that we think might help lead you down a road of self-discovery." And I found out that what they meant by that was to take acting classes.

These examples suggest that before claiming an ability to work effectively with queer and trans clients, counsellors should fully understand the implications of conveying proficiency in this area. Further, they should be prepared to back up these claims with the support they provide.

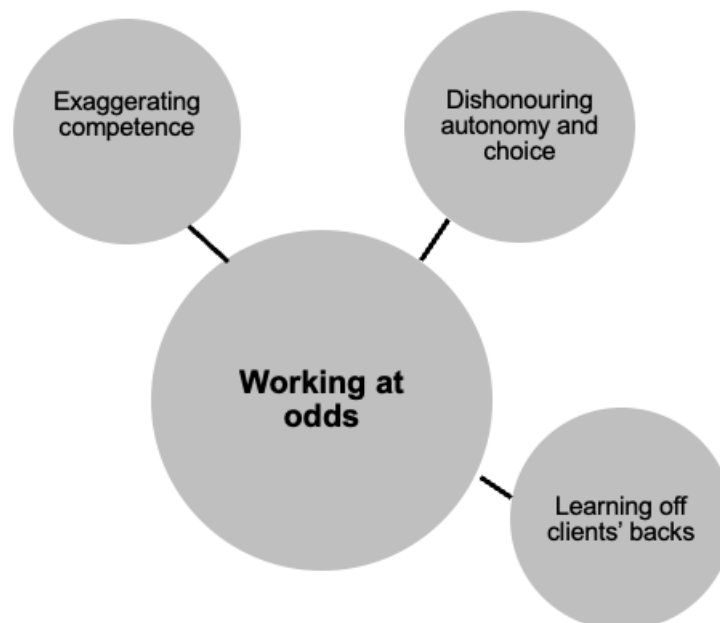


Figure 4.7. Working at Odds

Counsellors dishonoured clients' autonomy and choice by positioning themselves as experts. Charlotte had an invalidating experience with psychologists while pursuing a readiness assessment for gender-affirming surgery.

- I thought she was going to use an EMDR trauma release method to work with some of my trauma. And I remember going to one of our latter sessions in a series and thinking we were going to do EMDR and her kind of being like, "Well, we're not going to do that today." And then it was kind of like, well, why not? It was like, "Cause there's nothing to work on." ... "You don't have something that needs to be resolved. That's evident to me."

By dismissing Charlotte's trauma, the counsellor may have contributed to a delay in Charlotte coming to more fully know herself and their experiences. It took her some time before she was ready to return to continue pursuing the assessment: "[I] didn't work with that provider for a while, and then maybe a year later I went back. And I think maybe that's the point in time I got a referral letter." Similarly, when Grace sought counselling support in high school, her counsellors overlooked her "lack of a concrete self-identity." Instead, her counsellors, who primarily identified as men, took an expert stance by assuming to understand her experiences and what might help: "More often than not, they seemed to already have their mind made up of what your problems were, why you were there, and what they were gonna do to help you past it." This approach led Grace to disengage: "As soon as I realized ... that that was the angle that they were taking, I immediately shut down. ... I guess I would classify that as a microaggression on their part, even if it wasn't an intentional one." There is a long history of mental health professionals harming queer and trans clients by making their identities and experiences invisible through an expert approach (Drescher, 2015; Mills, 2021). Lan pointed to this erasure when they explained their distrust of a top-down approach.

The construct of expertise and the construct of professionalism is automatically suspicious to me because I think it's taught people to invalidate me and see me as— to not see me at all. To believe that whoever comes in isn't going to be me or be like me. And so, the more someone leads with that idea that they already know, the less trust I have.

Counsellors worked at odds by learning off clients' backs. This is another adapted quote from Charlotte ("learning off my back"), citing Everett and others (2013). Charlotte described what learning off clients' backs could look like when they shared how their cisgender and heterosexual counsellor disrupted their counselling work by soliciting education on the impact of trans oppression.

Me making a reference to something and them not knowing about it and it feeling to me the kind of thing I might explain in my public education work, or just lacking in depth of understanding of maybe ... how I might experience safety or lack of safety in a particular setting, and having to kind of add qualifiers or explain why I didn't go to an event or I ended up taking issue with someone that was a known perpetrator of harm there, and explaining why I had a particular response, or why I won't work with certain organizations or individuals.

These are things the counsellor may have known if they had trans community knowledge. The counsellor's lack of understanding not only put Charlotte in a position of having to justify her response but also obscured the discrimination she faced.

Counsellors were also learning off clients' backs by soliciting education regarding aspects of their identities. Alice's counsellor solicited education implicitly by assuming she was in a monogamous relationship. This resulted in Alice "hav[ing] to explain all these pieces and all these aspects especially [because] we're in relationship counselling." When Sue-Donem's counsellor lacked an understanding of polyamory, Sue-Donem was then in the position of educating her counsellor and justifying the structure of her relationships.

When I mentioned I dated multiple people and all that kind of stuff, it seemed like that was very confusing to her and I had to kind of explain no, I date multiple people, they all know about each other, it's very consent-based ... it's like I was defending it to my parents, you know? Of like, no, this is healthy and supportive. It's fine.

Like Charlotte, the counsellors' lack of community knowledge disrupted Alice and Sue-Donem's therapeutic process as they were now having to explain aspects of their experiences not salient to their focus in counselling. Assuming clients are in monogamous relationships contributes to the invisibility of other relationship configurations (e.g., polyamory, non-monogamy). Learning off clients' backs stands in contrast to ethical curiosity (see section 4.2.2 Affirming Humanity), wherein counsellors ground questions in knowledge based on academic study or community knowledge, and query clients' experiences. Reeve emphasized this distinction:

There's a real difference between saying "Oh I don't know anything about non-binary people, tell me about that" and then you are being in this terrible position of having to educate your counsellor. Versus a counsellor who says "Oh OK, I don't know very much about this ... particularly idiosyncratic aspect of your experience. I'm interested to hear whatever you would like to share about it.

4.3.2. Denying Humanity

Counsellors denied clients' humanity by deferring to a lack of community knowledge, using curiosity unethically, and overlooking their responsibilities to their clients (see Figure 4.8). Counsellors deferred to a lack of community knowledge without commitment to building that knowledge. Sue-Donem's counsellor was explicit about not being able to adequately support her: "At one point she did say something along the lines of "This is out of my area of expertise," when I was just talking about experiences of being trans." Deferring to lack of competence and not taking the action needed to adequately support clients can put their well-being at risk. Sue-Donem shared:

I appreciated the self-awareness in that moment, but at the same time, why are we still working together? ... It seemed like it was— like she was flying a plane that I'm on and she's like "Oh, I don't know how to do this," but we're still flying the plane. Like land it, land it somewhere and find someone who knows how to fly the plane.

Alex: Right, there's a lot at stake with that. ...

Sue-Donem: Yeah, yeah, it was a vulnerable time, so it felt bad to fuck around in terms of my mental health regimen.

Grace had a similar experience with counsellors at her post-secondary institution.

I had quite a few [counsellors] ... tell me that they couldn't discuss hormones because they knew nothing about it, and instead of going out and learning something about it so that the next time we talked about it, they would be a little more informed, they would just say it's not my expertise and then leave it at that.

Deferring to lack of knowledge and not taking steps to build on one's knowledge expresses a lack of commitment to supporting queer and trans clients. In both examples, clients shared vulnerable parts of themselves in the hopes of being supported and were dismissed. The counsellors' dismissal signaled that the experiences and concerns of queer and trans clients are lesser than and contributed to their invisibility in a normative society. Grace described how her counsellor's response also delayed her exploration of her gender identity:

I tried to open myself up to them and instead, I got shut down every time, which probably led me to believe that that part of my self-identity wasn't

worth exploring, or at least wasn't worth exploring in relation to negative self-talk or negative self-image.

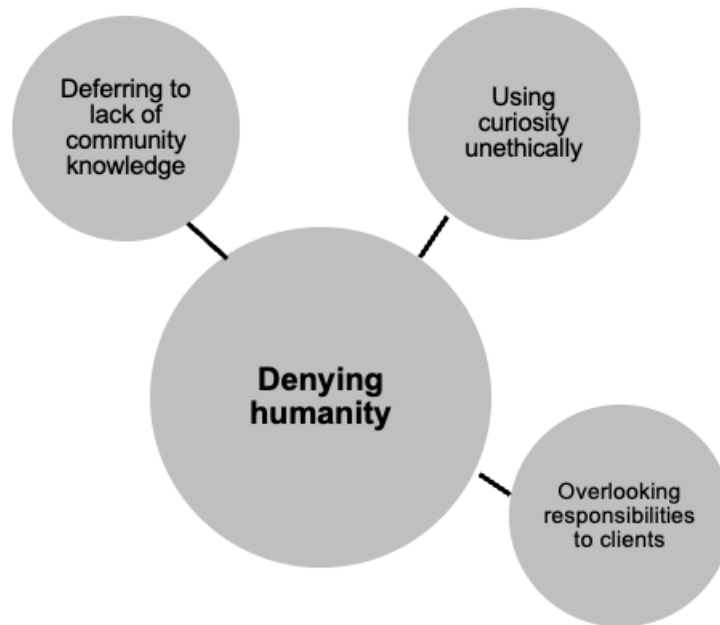


Figure 4.8. Denying Humanity

Counsellors used curiosity unethically to compensate for a lack of community knowledge. Unethical curiosity is connected to learning off clients' backs and includes curiosity that is judgmental, focused on clients' identities over their experience, and pursued without consent. Sue-Donem's counsellors implicitly expressed judgmental curiosity when they queried her identity.

A lot of what was going on was figuring out why I was trans or why I was questioning my gender instead of just accepting that there's probably some gender stuff going on here, let's understand it. It felt more like scrutiny for a cause, rather than trying to understand what it is.

In not supporting Sue-Donem's exploration of her gender identity, her counsellors may have delayed her process of coming to understand herself and her experiences. Also, by focusing their attention on a cause for transness, they took a pathologizing stance (see section 4.3.3 Centering Normativity). Lan's counsellor focused on an aspect of what they shared that was not relevant to their counselling, their sibling's gender identity: "I'll refer to my sibling as my sibling, which is correct and then the counsellor will follow up by being like, 'Is this a brother or a sister?'" Lan gave an example of what this could look like:

My counsellor inquired about my sibling's gender at three or four different points, and I think now we're fencing. (laughs) Suddenly we're in a fight, we're against one another, where you're trying to inquire and I'm like there's nothing to inquire about, please stop. But all of that is happening below a verbal level.

In this example, the counsellor is trying to understand Lan's sibling within a binary framework that does not apply to their sibling or to Lan. By repeatedly pressing for information not relevant to their therapeutic work, the counsellor not only disrupted Lan's therapeutic process but also revealed their unchecked assumptions and violated Lan's autonomy. This created an unsafe counselling environment by denying Lan's humanity as a gender fluid, genderqueer person, and making their experiences invisible: "Now I don't trust anything she's going to say about this, because who knows what assumptions she's drawing on that are not conscious and not part of the open conversation we're having." Lan's counsellor imposed their own idea of the problem that they brought to counselling. By not working collaboratively or being attuned to what was salient for Lan, the counsellor pulled the focus onto themselves, causing Lan significant "cognitive and emotional labour:"

There's a lot of consideration and unpacking of is it acceptable, is it reasonable to kind of paint the entire session and also our longer history now with the colour of this experience of non-affirmation? And for me also then questioning to what degree do I want to bring this up? ... To what degree do I want to continue to extend trust and conversation in this counselling relationship? And for me, I hold all of those considerations (laughs), I think them through by myself, when maybe ideally I would bring them to my counsellor (laughs) and say these are the issues that I'm sitting with.

Lan's experience suggests that betrayal of trust was a condition that contributed to erasure through denying humanity: "I did three more sessions with the person in which something like this happened every time, and then I just stopped going."

Counsellors denied humanity by overlooking their responsibility to their clients. Participants who did not receive support from their counsellors as teenagers reflected on the counsellor's responsibility as the adult in the counselling relationship. When Sam and Grace's counsellors did not support them in exploring their emerging queerness, they internalized the message that queerness was insignificant. Sam shared:

I think it's the whole dynamic of me being a child at the time and them being an adult really impacted a lot of it. It's like oh if they're ignoring it, that must

mean that it's not important, type of thing. So, I think in a way it kind of made me ignore my own identity for a while. ... Yeah, kind of delayed a lot of self-realizations and stuff.

Grace's counsellors were influenced by her parents' involvement.

Because my mom [worked in education], she called my counsellors and told them that I was buying rainbow hairspray, and to discourage me away from exploring a new identity. ... my parents, who [both worked in education], thought that it would be better for me to focus on my academics rather than learning more about myself. So, they had a direct impact on what my counsellors were saying.

Her counsellors encouraged her to focus first on her academics, not her identity, which “taught me as a kid that those specific wants and desires were already second class, were worse. I was told by people I thought I trusted, I was just told to ignore that part of myself.” As a result of these counselling interactions, Grace and Sam both experienced erasure as identity foreclosure: “premature commitment to an identity: the unquestioning acceptance by individuals (usually adolescents) of the role, values, and goals that others (e.g., parents, close friends, teachers, athletic coaches) have chosen for them” (APA, 2023). Leah's high school counsellor did not adequately address their dual relationship as members of a small Jewish community.

The dual relationships were not something that were ever talked about in the counselling. I felt like that would have been really helpful to have talked about and I feel like it wasn't even addressed ... it would have been really helpful to address ... an identity piece or a shared identity, shared community piece.

This lack of transparency created distrust and prolonged Leah's exploration of gender identity.

I was starting to think about sexuality and kind of question that for myself. Only now thinking back do I realize that, but that would never have even crossed my mind as something safe to talk about in therapy with this person because I'm like you know my parents. I didn't understand how confidentiality worked; I was in high school.

Leah's experience demonstrates how those in multiply marginalized communities may be especially susceptible to challenges related to dual relationships. Leah stopped seeing her counsellor because she “ended up just feeling very uncomfortable with the dual relationship piece, which I also think is borderline– mm it's ethically grey.” She did not seek counselling again for two years: “It's so daunting to find a new counsellor, you

just look online and there's hundreds of people. And how do you know who's a good fit? And I knew what I was looking for.”

In each of these examples, participants entrusted their counsellors with a vulnerable part of themselves. By lacking community knowledge, using unethical curiosity, and overlooking their responsibilities, counsellors betrayed their clients' trust and contributed to their erasure. When a client's trust is betrayed by their counsellor, this can lead to an increased distrust of therapy as a whole. Lan:

I had three units of hard shit happening and counselling adds another one, now I have four units of hard shit, and I can't bring it up in counselling 'cause one of the four units is from counselling (laughs) and then I kind of leave counselling now with four units of hard stuff and the knowledge that counselling isn't a place where I bring that to reduce.

4.3.3. Centering Normativity

Counsellors centered normativity in the counselling space by projecting normativity; lacking intersectional understanding, agility, and responsiveness; and pathologizing their clients (see Figure 4.9). Projecting normativity is an adaptation of the term “gender projection” that Lan used to describe the “subconscious stuff that goes along with someone else's internal idea of what my gender is gonna be.”

A lot of people look at me and clock my like soft face as femme-y. And sometimes my vocal tone as well, and they'll assume a she/her pronoun, and then they'll also assume a whole bunch of other stuff that goes with that pronoun, in terms of behaviour, and life aspiration, and relationship role, and even the type of relationships that I would form in my life.

Participants shared how their counsellors projected normativity onto them through misgendering or misorienting. Lan experienced this with the receptionist at a counselling agency.

I was like, “Hi, I'm calling to set up a relationship counselling appointment for myself and my partner,” and the person on the telephone responded with the question “What is your husband's name?” Which for me is like the pit of my stomach immediately drops. And mechanically, what I think had to happen there is this person on the telephone hears my voice 'cause that's the only context that they can have about who I am and what my relationship is like. I think they think they clocked my vocal register, assigned me a binary gender, assigned me a sexuality, and also assigned

me a relationship structure without ever (laughs) thinking that maybe none of that would apply to me.

Lan booked a session at the agency but entered the first session on edge. They reflected on how if that occurred again, they would not book with the agency: "I don't want to be entering a counselling space with that type of experience in the foreground. So, another time it's not worth it to me to extend the possibility that other interactions don't go that way. One is enough now." Lan described how they experienced erasure as being made invisible by the receptionist.

The number of layers at which who I am just literally isn't at all in the mind of that other person is so (halting laugh) evident. It lands as you just don't know that I— you don't think I'm real. You think you know who's real so much so that you feel (halting laugh) pretty confident saying this *wild* set of assumptions out loud. I don't exist for you.

While this erasure occurred outside of the counselling relationship, it caused Lan to enter the first session cautiously: "I was much more vigilant than I might have been about the therapist's behaviour in the initial session. Really scrutinizing for what the therapist's lens might be." Experiences like Lan's resonated in other participants' stories. Reeve's counsellor misgendered them in a moment of unawareness.

I had a counsellor recently who referred to me as an adult woman. And that was the last time I went to see the counsellor. 'Cause I had to correct it. They didn't realize that they'd done it. They were just motormouthing about something, "You're an adult woman" and I was like sorry what? And then they were like "Oh. Oh sorry, sorry, sorry." And then carried on. I'm not going back there (laughs). I'm not going back there.

Alice's counsellor made assumptions about them and their partner in couples counselling: "Well there's a man and a woman here therefore they are in a heterosexual relationship and probably monogamous, whereas both my partner and I were queer." Whether intentional or not, when a counsellor misgenders or misorients their client they contribute to their client's erasure as a queer or trans person by assuming they are cisgender or heterosexual.

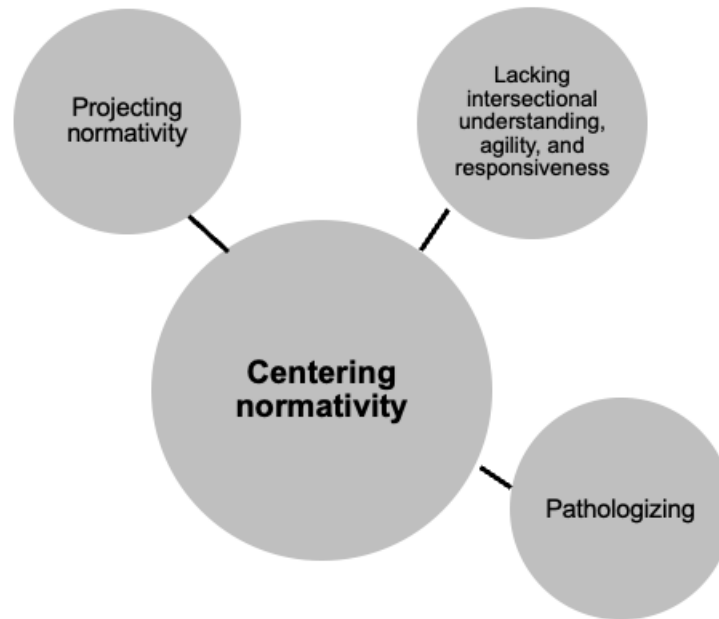


Figure 4.9. Centering Normativity

Counsellors centered normativity by lacking intersectional understanding, agility, and responsiveness. Sam shared how previous counsellors did not recognize the salience of queerness or neurodivergence to his presenting concerns. He was in high school when he first pursued counselling.

I just remember mentioning that I was queer. I guess I wanted to talk more about it. And they didn't again give a negative response or anything, but it was just more like, "Oh OK, anyway." Like put that aside, kind of and let's talk about the real issues of depression, anxiety, other things.

While some counsellors might perceive a neutral response to be normalizing, Sam's example shows that it can be silencing. "Seeing their, I guess lack of reaction pretty much. I was just like oh, OK, never mind. I guess I'll also push this aside in my brain." Whether intentionally or not, the counsellor denied Sam's exploration of queerness in counselling, which contributed to his erasure via identity foreclosure (APA, 2023): "In a sense it also made me ignore my own queerness for myself. It made me think yeah, that's not important, it doesn't have a big impact on anything, it's whatever."

At the time I didn't really think it impacted me that much. But again, looking back on it, it's always different ... if I was affirmed more, I feel like I could have figured out my identity sooner. Maybe figured out that I was trans sooner. Or maybe if I did figure out that I was trans sooner or all my queerness sooner that I might have been less depressed or had less anxiety issues that they focused so much more on fixing.

Sam's counsellors had similar responses to his autism: "There hasn't really been any counsellor I've seen that has been very educated about autism specifically and how it impacts literally every little thing I do in my life." He reflected on how autism connected to his transness: "Being autistic and having a different perspective on gender roles and not understanding social contexts and expectations and all these things kind of impacted the way I perceive both my gender identity and just gender in general." By lacking intersectional understanding, agility, and responsiveness, his counsellors were unable to support him.

Pretty much all the counsellors I've mentioned autism to have been asking me to lead the way about it. ... basically training me to support myself I guess, when I'm seeking support from someone else. And a lot of times I have to educate them about it.

When counsellors struggled with their clients' intersections, clients took note. Charlotte, who has a child, was in a "hetero-looking relationship," on the edge of social transition, and exploring polyamory when they were seeing a queer counsellor.

Both of those awarenesses were stirring in me and needing to be resolved and be supported. I remember this interaction with this counsellor where she must have asked me, kind of like, "Do you think this is about your gender or your sexuality?" And I think I clearly was like both. I'm dealing with both. And I think there was a lot of doubt. I think the gender transition piece was the most probably unexpected ultimately for that person, but it was the most obvious for me. And then the thing that ... was even newer to me, was being non-monogamous and realizing that I had that capacity within my own heart. That was the newest learning that I was trying to put words to and find support around. But simultaneously I desperately needed to transition socially and later medically. And the provider wasn't well situated to support me with either.

Sue-Donem's counsellor also did not know how to adequately support her across her intersections.

It was like, yeah, I'm a trans person who has [a] complicated relationship with my family and cannabis and neurodiversity and disability. It just overwhelms the shit out of her and was just like, "OK, here's some places you could look into, in the meantime, have you tried mindfulness?" It was bad.

The counsellors' responses to Sue-Donem and Charlotte seem to communicate that their clients' intersections and thus the clients themselves, are "too much." For Charlotte, these counselling experiences contributed to her erasure by delaying her process of

coming to know herself. Left unsupported, Sue-Donem “did kind of check out a little bit and stop trying” and “the stuff that I was going through was just a bit harder (sighs) than it needed to be because I didn't get that correct support.” When Aman was struggling with loneliness and worries about their future, their counsellor, with whom Aman shares a “social, cultural background”, discussed SOGI concealment as an approach she knew other queer South Asian individuals to take.

The counsellor was telling me about experiences of many people that they know they exist, but I didn't, who have some kind of agreements with their partners that they have this as a partner outside or something. And I was like hm, that does not sit right with me. Are you telling me this is the life I'm gonna have? Being married or something? But I know what she meant. But at the same time, I do not wanna hear this 'cause I'm already spiralling.

Aman was not fully comfortable with this discussion but could understand the cultural context his counsellor was referring to: “She was talking about how it actually looks like in the community. It does exist. Not that she was saying that “you should go for it” but at the same time ... I don't know.” They articulated the tension between their counsellor's affirming understandings of cultural aspects of their ethnicity and the non-affirming absence of such understanding of queerness.

I don't know how much does she actually resonate with this or understand. For sure I love the part of being South Asian that I'm able to relate to. But I'm like how about the other side that sounds a little—something. ... I'm just thinking, maybe I should try out a POC slash queer counsellor and see if there's a difference in what kind of ways we understand things.

In the meantime, Aman is “not that consistent with my counselling. Which could be I am a procrastinator. ... Or which could be that I'm trying to take a gap or ... would there be another side where I'd be actively more consistent with someone?”

Counsellors centered normativity in the counselling space by pathologizing their clients. Participants shared stories of how their counsellors' biases and misunderstandings of their identities led to pathologization. In their first session, Alice's counsellor discouraged her from exploring polyamory.

This was at a time when I was just thinking about poly-type relationships that like, “Yeah, that might interest you, but you're not equipped for it. You have to be securely attached. And you have to be really well-rounded to have that type of relationship. And you're just not capable,” is basically the messaging of that.

This interaction is pathologizing because the counsellor communicated that Alice inherently lacks what is “required” for polyamory: “Very obviously her own biases were coming into play about this. And so it felt very much like ‘This is my professional opinion versus your lived experience opinion.’ ... like her opinion was more important than my lived experience.” Rather than support Alice in relationship exploration, the counsellor positioned themselves as a polyamory expert, assuming to know who is most suited for it and concluding that Alice is not such an individual. After this interaction, Alice did not return to this counsellor and felt “quite angry. ... almost in the sense of how dare she?” While Alice eventually connected with a counsellor who celebrated poly and non-monogamous relationships, this pathologizing experience could have contributed to their erasure by delaying their process of coming to know this aspect of themselves.

Counsellors were pathologizing when they were unable to critically examine and understand normativity and its impact on their clients. Participants shared how their counsellors misdirected them towards disorders when they tried to explore their emerging gender identities in counselling. Sailor's counsellor mistook their gender dysphoria for dissociative identity disorder.

She wasn't being trans about it. She wasn't being gender about it. It was very like, “OK, there are some parts of you that are not matching some other parts of you, and they're very shocking and you feel like you don't have control over them. Yeah, she just kind of directed me in the wrong direction I think for understanding these parts of myself because she wasn't informed on the trans experience and what dysphoria is like and ... compulsive, performative heterosexuality and cisnormativity.

Looking back with increased knowledge and experience, Sailor could see how his dissociation, gender dysphoria, and distress worsened with these counselling experiences.

I was just using dissociation to cope a lot with all the dysphoria I was feeling. So of course the dysphoria got worse because I was being unaffirmed when I was looking for affirmation that I'm allowed to want a different voice and it's actually OK if I don't want to be with White cis men. And there's a reason why I might feel compelled to be romantic or sexual with them.

Later, after “speaking to trans healthcare workers,” Sailor learned “that my experience is actually a fairly common one among trans mascs, where you push really far on the

femme side to try and find gender that feels right.” They identified what the counsellor missed:

It's a shame that it wasn't affirmed that if I don't recognize the sound of my voice, maybe my voice is supposed to sound different Maybe I'm supposed to talk differently. Maybe I'm not– what would my voice sound like would be a great question for therapist to ask. (laughs)

When Sailor's counsellor attributed his suffering to a disorder, the impact was devastating: “I was like, I'm broken. Oh, no. I can never get fixed. I'm always going to have no idea what's going on in my brain.” These interactions were pathologizing because the counsellor characterized Sailor's emerging sense of transness as unhealthy and disordered. Even though the counselling center at Grace's post-secondary institution promoted allyship with rainbows and pride imagery, the counsellors she interacted with there were not attuned to her need to explore her gender identity.

The answers to I feel like I don't belong inside my own body, the first question was “Have you been diagnosed with schizophrenia or a more severe disorder or disease?” it felt like I got shut down in a slightly more nuanced way than my high school counsellors had done. They definitely had more flags and bumper stickers than my high school counsellors, but it very much felt like a oh this is just the same rebuff answer that I got X many years prior.

By centering cis-normativity, Sailor and Grace's counsellors contributed to their erasure by making their trans identities invisible and influencing their identity foreclosure. In both experiences, betrayal of trust was a condition that contributed to their erasure.

Counsellors also pathologized clients by positioning their identities as the issue, not the societal response of discrimination and harm. Reeve's counsellor through an Employee and Family Assistance Program, took a cognitive and diagnostic approach that overlooked their intersections and experiences of oppression.

They just weren't curious. They weren't interested. They didn't really care who I was. They seemed to feel like every person could be– their problems could be reduced to difficulties in framing. They did not have any analysis around systems of oppression far as I could tell ... There was maybe 10 minutes where I described why I had come to counselling. And within 10 minutes there was diagnosis and solution.

Reeve described how they felt worse after the session than when they started: “I just wasn't seen. There was no interest in seeing me as a human being. ... It's about the

problem, it doesn't have anything to do with you. You're just a human shell of problems." After this experience, Reeve "never went back. I was kind of horrified. And the conclusion was very much like "your problems are your fault." And so I went away feeling just bad about myself. And mad." It took years before they were able to go back into counselling. "At the time I couldn't afford [counselling] and so EFAP was my only option that I could reasonably afford. And so it was EFAP or nothing? I was like, OK nothing. Nothing."

Grace's high school counsellors focused on transness as the "issue" to dissuade her gender exploration.

There was only one trans person in my entire high school in all of the years that I was there. And they were completely ostracized by the entire community, by their entire family, and they became sort of this cautionary tale for the wrong reasons. Even amongst counsellors, they're like, "Hey, you don't wanna turn out like [name omitted] because you know his grandparents cut him off." And it was like you are correct, I don't want to become like [name omitted] because of the consequences that she suffered. Not I don't want to become her because being a trans person is wrong.

Grace's counsellors' use of another trans student as a "cautionary tale," meant that the possibilities of her own trans identity did not exist. This contributed to her erasure through identity foreclosure.

It was like being trans in the future isn't a possibility because you will lose everything. And no kid wants to be like oh fuck I don't want to lose my parents or anybody. So that's just not even something I'll consider.

When counsellors centered normativity, they erased their clients' full existence. As Charlotte stated,

If a counsellor doesn't have the breadth of understanding of what's even possible, or the gendered possibilities that an individual person could embody, then it's just a really limited container that they're holding you in, when you're trying to metamorphosize— when the necessity to metamorphosize is present. A counselling relationship should be anything should be possible.

In the previous section, participants generously shared painful and troubling experiences of erasure in counselling. These act as examples of actions and approaches counsellors should avoid or use cautiously as they can contribute to the erasure of queer and trans clients. Many participants experienced disruption to their

therapeutic process and gaps in counselling support with erasure. Seven disclosed leaving their counsellor after one or more experiences that they perceived as non-affirming. However, counsellors should also be mindful of the dialectic tension between actualizing and erasure, and the imperfect nature of actualizing in counselling.

4.4. Tensions of Actualizing and Erasure

Queer and trans clients experienced a dynamic tension between actualizing and erasure. Participants described this tension through experiences that were simultaneously affirming and non-affirming, aversive responses to affirmation, and lowered standards of competent counselling (see Figure 4.10). Participants also shared tensions related to shared identities. While I asked participants separately to describe counselling experiences they perceived as affirming and non-affirming, they sometimes provided experiences contributing to both actualizing and erasure with the same counsellor. Leah and Grace's experiences illustrate how a counsellor's attempt to meet a need their client is unaware of could be perceived as at least partially non-affirming. When Grace's counsellor asked her "How or why do you identify as a trans woman?" the experience was initially shocking but opened up space for her to explore her identity.

I went in with 100 questions at the front of my mind ... if someone had sat down and said "So, you're a trans woman. How can I help you?" I think that might have felt less confrontational but overall is a less productive way of going about asking someone who called the helpline asking- what does it mean to be trans? And I'm sure that's what was on my file. Was like this person is quite clearly questioning. Maybe give them an open space instead of pigeonholing them as "I'm a trans woman."

Grace shared how she came to understand the affirming impact of her counsellor's question over time.

The more time that passes continually I realized that she was helping me to express who I was at the time and who I am, rather than saying, "OK, so you're here as a trans woman," and assuming why I was there.

Through openness and inviting exploration, Grace's counsellor "held an empty space to grow and then once I grew into that space, it was always warm and welcoming and affirming care." After working together across five years, Leah's counsellor referred her to a Jewish and queer counsellor to better meet her needs.

I felt really grateful for the work that we were able to do together, and I think I was feeling very at the time unsafe kind of around anyone who wasn't Jewish. Especially in sharing my experiences. And feeling like it's hard to trust people and I think for her, what she had— regardless of I guess what her personal opinions are, had said that maybe I would feel more comfortable seeing someone who is Jewish.

Leah described how the counsellor handled this situation with care and priority for her support:

She left me feeling like this is what I feel would be best for you. And not so much like I can't deal with this. ... She was very much like “This is for you to feel more safe and more comfortable and not anything— not because of how I feel.”

The tension that resonates in Leah's example highlights the complexities and mixed feelings that can arise when counsellors refer a client to another counsellor. Despite thinking that her counsellor's decision to refer her to a queer and Jewish counsellor “ended up being the right thing for my own process or my own healing,” the experience was “both affirming and non-affirming.”

There is still a part of me that is like oh, I wonder if she felt that this was out of her competence. Or if she felt like it was no longer comfortable for her. ... But there wasn't anything that she said or did that made me feel that way.

Leah considered that this “wondering of mine has more to do with my distrust of social justice communities [of which her counsellor is a part] than anything necessarily that my counsellor did or said.”

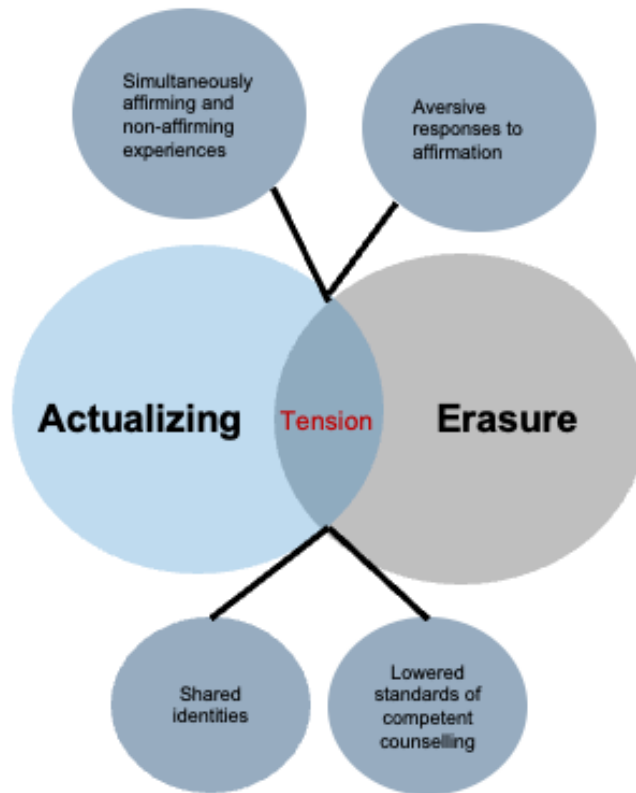


Figure 4.10. Tensions of Actualizing and Erasure

Participants also described how counsellors who shared some of their identities were able to meet some but not all of their needs in counselling. With his queer and trans affirming counsellor, Sam felt that his needs were met regarding his gender identity but not autism.

I would bring it up pretty frequently and we would talk about it and do a little back and forth about how it's impacted me, but I wish there was more deeper exploration of it again. ... I can tell there was a genuine attempt, but there was a limit just because I think they didn't have a deep understanding of autism.

Aman experienced validation that his counsellor understood cultural aspects related to his South Asian ethnicity but noticed a lack of discussion about his queerness.

In terms of my gender or sexual orientation, I have felt a– I think it's a neutral point. I didn't feel this way, like oh yeah affirmed but I didn't feel non-affirmed either but it's midway. Like “Oh yeah,” just there. There's not much conversation around that, which I get 'cause I think– not, I think, I know (laughs) my counsellor is not from LGBT community.

Aman also expressed concern when their counsellor offered concealment of sexual orientation as an option: “Maybe the reason I just keep going is that I'm just focusing on the other topic.” This experience is explored in detail in section 4.3.3 Centering Normativity.

Clients can have experiences that contribute to erasure and facilitate actualizing with the same counsellor across time, as counsellor knowledge-building is an ongoing process. Charlotte shared how their queer counsellor did not provide adequate support with beginning their social and medical transition or exploring polyamory (this experience is described in 4.3.3 Centering Normativity). When Charlotte returned years later “for my daughter and where there were insinuations that I wasn't a fit parent because of my gender transition,” she found that the counsellor had grown in her knowledge.

Ultimately the counsellor being like "There's nothing wrong with your child. Yeah of course, she can come back if she needs to connect, but she's not struggling because– if anything, she's seeing you step more fully– There was some affirmation from this provider I think ultimately, where it was like she had faith in the types of resources I was tapping into and that I was coming more into my wholeness, by this point, years later.

The dialectic tension between actualizing and erasure is important for counsellors to be aware of and track. A risk of affirmation for clients is potential aversive responses to being fully seen for the first time. Sailor's counsellor helped them recognize earlier experiences of racism and childhood abuse while showing them how to “listen to my body and pay attention to myself.” He described the profound feelings that came with increased self-awareness and self-knowing:

It's always a very weird or shocking experience being affirmed for the first time because there's a deep, deep pain that gets released that you might not have been aware is a part of you, so it's like you're meeting this part of yourself for the first time in a way. ... the expansion feeling is huge because you're like, whoa, I didn't know I was this big. I didn't know I held these many feelings. I didn't know I could step into that part of myself. But then it's also scary because you're like, who is–what is this? How do I deal with these feelings and where do I go from here? ... It's initially shocking and scary, but it also empowers you at the same time. ... I had more footing for understanding myself and having compassion for myself.

Not only was their counsellor seeing them, but these counselling interactions helped Sailor see themselves in a more nuanced and expansive way for the first time. Newly aware of his pain, counselling ended before he could be supported through it.

It made me feel really vulnerable, 'cause I was all of a sudden feeling all this pain. I was all of a sudden aware of all this pain. I didn't really know what to do with it and unfortunately, therapy got cut off after 4 sessions and I was just left with all that, which was really bad timing because it was (laughs) the pandemic. I think if we had been able to keep working together and I could have eased into some empowerment feelings it would have been really good, but it was unfortunately just a lot of things brought up and then I didn't really know, I didn't have the skills to deal with them.

When I asked Lan how they were impacted by experiences with their counsellor that they perceived as affirming, they described a challenge.

It's actually kind of strange. I noticed that what I'm used to is a lot of non-affirmation that sort of adds up over time and then I decide to just fade away from therapy (laughs). Strangely the thing that is impacting me about this is I have to figure out how to stay in therapy because I don't have a reason to leave it before I actually deal with what brought me there. Part of it I think is living with the dissonance.

This dissonance was fueled by compounding experiences of working at odds, denying humanity, and centering normativity.

My expectation of non-affirming behaviour gets violated every time I talk to this person, so there's something impactful about just not having to deal with a lot of gendered expectation, the sort of the freedom that I experience in counselling that I want to take to other places in my life. So, it's a little bit of the problem that we're working on.

Through establishing an authentic connection, affirming humanity, and decentering normativity, Lan's counsellor helped them experience a transformative sense of freedom.

Repeated experiences of erasure in counselling could lower a client's standards of competent counselling. Sue-Donem shared how when she left a counsellor who she repeatedly had non-affirming experiences with (described in section 4.3.2 Denying Humanity), she noticed in subsequent counselling that it had "muddled what I came to expect from competent mental healthcare." Sue-Donem described, "Because I think I'd forgotten what good mental health support felt like, the more intense and negative experiences I had with the following counsellor, it was hard for me to recognize that no, this isn't good for me either." Clients may also remember an experience as more affirming than it was. Through interviewing, the study itself impacted how Sailor understood what they experienced. Charmaz (2014) describes this as reflexive

progression. Sailor realized he was exaggerating an experience to be more affirming than it was “because I needed it to be affirming at the time.”

When you asked me what was an affirming thing, I kind of used my imagination a little bit because there was hesitation with her. And there was confusion, I think. And maybe some discomfort for her trying to accommodate my gender. I guess I was thinking, oh yeah, it would have been, it was nice that she used my pronouns, and it would have been nicer (laughs) if she had done it in a more confident way I got the sense from her that she thought it might be trauma-related, honestly.

As explored in the preceding section, counsellors’ disclosure and sharing of their and others’ experiences helped clients explore their identities and navigate struggles. However, clients can also experience challenges with sharing identities with their counsellor. Aman described, “A small thought that I might have had in the past”:

I personally not being comfortable with my parents and talking about things and someone very similar, I'm like hm I don't know if I can talk about this. ... And even if the counsellor is kind of open but I— this is how I think as a client that, hm I don't know.

Aman eventually realized:

I would love to have that familiarity, because then that is how I can see that yes, if things that were missing out and my relationship with my parents, I do want to see that, I do want to believe that there are others that do exist that can actually listen to you.

Leah experienced difficulties navigating dual relationships with her counsellor.

[My counsellor] was someone that my parents knew from the Jewish community. ... even though it was helpful that it was someone in the same community as me who had shared identity as me. I found it pretty uncomfortable to know that she knows my parents It was too close.

This experience resulted in Leah being cautious before entering her current therapeutic relationship.

The first thing before I booked a session with this new counsellor, I texted my mom to be like, do you know this person? She was like “No, I have no idea who that is. Why?” And I'm like, great, she's going to be my counsellor now. ... I needed to have that separation I didn't want that dynamic hanging over the counselling again.

There may also be a risk when counsellors who share identities and experiences with their clients connect to their experiences before clients fully understand these aspects of themselves. For Grace:

I still felt a little guarded because here I was, at the time thought I was a straightish, White man. (Laughs) Sorry, I can't not laugh at that. I was so wrong (laughs). But she came out and just before the end of our second session, she said, "You know, I not to presume too much, but I know the sort of struggle you're going through." And in my mind, I got really defensive. Because I'm like well but do you, are our experiences the same?

This interaction led to Grace's counsellor disclosing her own identity as trans, which helped Grace feel more comfortable and open up. Reeve had experiences that they perceived as non-affirming with a counsellor "who shared many aspects of my identity" and took an expert position based on their own experiences:

They made suggestions based on things that they had done. At one point they made a suggestion about hormones and there just wasn't anywhere to go with the suggestion, because the suggestion was framed in a kind of "Well this is working for me." And I was like great, I'm glad that's working for you (laughs).

By refocusing the counselling interaction on themselves, the counsellor made Reeve and their experiences invisible: "I just felt like they were also not really seeing me." Reeve teased out the details of what went wrong in their counselling interactions:

Some of it was that when you share aspects of that person's identity, you can, this counsellor in particular, can be less curious about the specifics, more likely to flatten the differences, and less likely to form a personal connection because they think they know your experience because they've had experiences that are similar.

"The problem was not narcissism. I think it was again, like a real lack of interest. Interest in the specificity of my experience." These participants' experiences demonstrate how sharing identities and experiences with queer and trans clients is not sufficient to supporting their actualizing.

Understanding the processes of actualizing and erasure, including the tension between them, can help counsellors to best tailor their services to promoting actualizing in their clients.

4.5. Chapter Conclusion

While counsellors work towards the actions and approaches that can support the actualizing of queer and trans clients in counselling, they should consider how to signal to potential clients that they are doing this work. As illustrated by participants' experiences of erasure, many queer and trans clients may be cautious in help-seeking after compounding negative experiences. In Charlotte's case,

I have [had] primarily unaffirming experiences with counsellors of one sort or another for a span of at least 20 years or more. And it's only been ultimately in the last couple of years even where I've found a really affirming experience with a counsellor.

Lan shared a similar reflection that also speaks to the inequitable treatment of queer and trans clients in counselling.

It's occurring to me for the first time that probably there are a bunch of people in the world who only have counselling happen in counselling (laughs). I don't know why I'm surprised by that, but probably there are a bunch of people who go to counselling and like they just do counselling (laughs). I don't think that's most of what I've been doing in counselling rooms.

While experiences of erasure harmed clients in many profound ways, participants' experiences of actualizing in counselling show how they persisted in their journeys.

Charlotte shared:

There was a lot of years of still being in the ugly duckling phase and trying to figure myself out and not getting access to the kinds of resources I needed, but ultimately finding my way. But you know, there's some pain in my transition taking as long as it did.

Chapter 5.

Discussion

The literature review of this thesis outlined the need for additional research focused on what queer and trans clients have found helpful and unhelpful in counselling experiences in Canada. The entrenchment of hetero- and cis-normativity in Canada means that counsellors could unintentionally harm their queer and trans clients through discrimination unless they are actively working towards the highest standard of competent and affirmative counselling practice. Current, rigorous, empirically- and community-supported guidance from Canadian counselling and psychotherapy associations and governing bodies is needed to support counsellors in this endeavour. This study aimed to answer two research questions: 1. How do queer and trans persons receiving counselling services in Canada, perceive affirming (helping) or non-affirming (hindering) experiences in counselling? 2. How closely do these perceptions align with current guidelines and research on queer and trans affirmative counselling practice? I addressed these questions using Charmaz's (2014) CGT research method. With CGT, I engaged in in-depth interviewing, in which participants shared detailed accounts of their affirming and non-affirming counselling experiences. I then analyzed these for actions, meanings, and assumptions and compared data within and across the interviews (Charmaz, 2014). Through a hands-on, laborious, and reflexive coding and analysis process, I constructed processes that captured the actions, temporality, and tensions I observed in the data. At various stages I engaged in measures to ensure rigour and quality of the study, including journalling, memoing, participant member-checking, presenting the findings at a counselling conference, and receiving feedback from a counsellor experienced working with queer and trans clients.

In the preceding chapter, I presented the study findings conceptualized as *Supporting Actualizing for Queer and Trans Clients in Counselling*. Participants shared how they experienced counselling interactions that nurtured actualizing, contributed to erasure, and sometimes both at the same time. Their experiences stand as examples of counselling approaches and actions that can facilitate actualizing and those that can contribute to erasure. Counsellors facilitated actualizing in counselling through establishing an authentic connection, affirming humanity, and decentering normativity

(see Figure 4.2). Conversely, they contributed to erasure in counselling through working at odds, denying humanity, and centering normativity (see Figure 4.6). Participants also experienced a dynamic tension between actualizing and erasure that they described through simultaneously affirming and non-affirming experiences, aversive responses to affirmation, and lowered standards of competent counselling (see Figure 4.10). Lastly, participants shared recommendations for how counsellors could establish an authentic connection, affirm humanity, and decenter normativity. In this chapter, I compare the study findings with other Canadian studies, discuss the relevance of findings for counsellors, compare the findings with ACA competencies, reflect on the study strengths and limitations, and the impact of the study on myself, and discuss recommendations moving forward.

5.1. Comparing Findings With the Literature

In this section, I compare key aspects of the study's findings—Honouring autonomy and choice: Centering consent; using curiosity ethically; and utilizing the impact of their own social locations on their clients—with relevant literature. This study illustrates how continuously centering consent with queer and trans clients can contribute to a sense of safety in the therapeutic relationship, where clients can build trust in themselves and their counsellors. Yet, as indicated by a counsellor during the CCPA presentation, a counsellor's use of some level of expertise, for example, training, knowledge, and skill, is important (Vanderveen, 2024). In practice, there could be tension between centering consent and counsellors' expertise. While the 17 studies I reviewed for the literature review (see section 2.3.4) provided recommendations related to establishing an authentic connection, the significance of consent was not explicitly explored in any of the studies reviewed. However, tensions between honouring clients' autonomy and choice, and counsellors' use of expertise do reverberate. Through the experiences of non-binary clients, Knoppers (2021) illustrated the value of counsellors respecting their clients' autonomy and self-determination. Some of their participants also sought counsellors for their expertise (Knoppers, 2021). Harris (2003) interpreted gay participants' desire for a counsellor who had a level of expertise and professional confidence, while "maintain[ing] an egalitarian relationship" (p. 107). Harris (2003) likened this to "a person-centred perspective, in which the counsellor is the expert of the processes of counselling and the client is the expert of himself (Rogers)" (P. 108).

Wrightson (2019) shared a similar finding through a theme focusing on the exchange of knowledge between a client and their counsellor. Wrightson (2019) described how this exchange could be balanced or skewed.

Centering consent is especially important with trans clients who may be negatively impacted by counsellor bias (Knoppers, 2021) or feel distrust towards mental health providers, because of their historical role as gatekeepers to gender-affirming medical care (Benson, 2013). “Most [Canadian] provinces and territories require documented ‘gender dysphoria’ for gender-affirming treatment, including access to hormones and any type of gender-affirming procedure” (Mertz, 2022, para. 8). While not all trans people pursue gender-affirming medical care, two of the participants in this study disclosed going through this gatekeeping process when it required official gender dysphoria diagnosis by a psychiatrist or psychologist.

How might counsellors strike a balance, influencing aspects of counselling interactions while respecting clients’ autonomy and choice? When viewed holistically, this study’s findings reflect a stance of cultural humility (Tervalon & Murray-García, 1998). Cultural humility, as developed by Tervalon & Murray-García within the context of physician training (1998), is evidenced in counsellors intentionally being reflective and client-centered to mitigate the power discrepancies of counsellor and client as much as possible. Cultural humility calls on counsellors to take a client-centered approach, not only listening carefully but creating an environment where clients can open up (Tervalon & Murray-García, 1998). From this approach, counsellors are actively not taking an expert stance, instead viewing clients as the experts of their experience, with the “potential to be a capable and full partner in the therapeutic alliance” (Tervalon & Murray-García, 1998, p. 121). Only two studies reviewed make mention of cultural humility. Knoppers (2021) draws on cultural humility in their endorsement of subcultural fluency, when working with nonbinary clients. Ravinthiran (2018) recommended engagement in cultural humility for providers (including those in mental health) working with Asian immigrant LGBTQ+ youth and young adults. Findings from the present study show that counsellors should strive for at least a base-level knowledge about their client’s identities and experiences, while also maintaining humility. Counsellors who took an expert stance while also demonstrating insufficient knowledge, contributed to erasure by, for example, pathologizing transness (trying to understand a root cause), demonstrating ignorance of non-binary identities (insisting on binary gender), and

dismissing trauma. Some counsellors also demonstrated a lack of basic knowledge of important aspects of participants' lives such as transness, polyamory, and autism. A call for base-level knowledge specific to clients' identities and experiences emanated from many of the studies reviewed (Bauche, 2004; Eady et al., 2011; Harris, 2003; Iacono et al., Keating et al., 2021).

The counselling experiences of participants in this study show how a counsellor's curiosity can facilitate actualizing when used ethically and fuel erasure when used unethically. None of the studies I reviewed explicitly focused on the ethics of counsellors asking clients questions. However, bisexual participants in Eady et al's (2011) study shared the negative impact of counsellors "asking intrusive or excessive questions" (p. 382). For these participants, intrusive or excessive questions could be those that went beyond what a counsellor needed to know and those that solicited education (Eady et al., 2011). Similar to the present study, Eady et al's (2011) participants appreciated when counsellors queried their experiences. They also highlighted a tension in querying clients' identities, which could be a positive experience for some participants when done respectfully, or a negative experience when not salient to their help-seeking reasons.

In this study, the sub-processes of using curiosity ethically and unethically were introduced by Charlotte, when they referred to Fielding's seminar *Ethical Curiosity with Trans and Non-Binary Clients* (2022). Fielding (2021) coined the term ethical curiosity as a conceptual framework comprised of "three fundamental principles: dismantling entitlement, seeking permission, and treating the client in the room" (p. 46). She describes the incessant curiosity experienced by trans and non-binary people surrounding our sexualities and genitals. Fielding (2021) urges professionals (including therapists) who work with gender expansive folk to begin dismantling our entitlement to know by interrogating our curiosity through the "guiding question, 'Who is this for?'" (p. 53). This includes counsellors somatically and reflexively checking in with themselves as they notice curiosity arising and challenging the urge to put clients in a position of educating counsellors on the topics they are bringing into session. In participants' experiences, counsellors' entitlement to know could be reflected in counsellors pursuing their curiosity without consent and learning off clients' backs. Participants described experiences of unethical curiosity as judgemental and when it was focused on their identities over their experiences, could be pathologizing. In seeking permission, Fielding (2021) suggests professionals "continuously and rigorously seek consent" throughout

the therapeutic work, including by helping clients seek permission from themselves (p. 62). This aligns with the study's findings that counsellors used curiosity ethically when they did not assume they had a right to know, and centered consent. Centering consent for participants included counsellors guiding them in obtaining consent from themselves. Lastly, Fielding (2021) recommends professionals treat the client in the room by seeing clients as whole people, focusing on their presenting concerns, and not overfocusing on their identities. Similarly, the study found that when counsellors used curiosity ethically, they queried clients' experiences, not their identities.

The present study also highlighted tensions in the impact of counsellors' identities and social locations on their clients. Of the studies reviewed, several spoke of the benefits of counsellors sharing identities with their clients. In Knoppers' (2021) study, participants shared how a counsellor being an insider to non-binary communities could result in having insider knowledge. In Ross and others' (2007) study of a CBT group program for LGBT clients experiencing depression, 95.5% of the participants reported that it was significant to have therapists who identified as LGBT. Four participants in Ravinthiran's (2018) study highlighted the importance of working with a mental health professional who shared their race or ethnicity, and one participant wanted to work with professionals who identified as LGBTQ+ people of colour. In these cases, participants expressed how sharing identities could positively contribute to the professional relationship and lead to a deeper understanding of the needs of clients. Participants in the present study described how their counsellors' disclosures of their identities and experiences helped create a sense of comfort and guide exploration of clients' identities. Participants also appreciated learning from their counsellors' similar experiences. A contribution of this study is the inclusion of challenges that can occur when clients share identities with their counsellors. These challenges included discomfort due to too much familiarity, dual relationships, counsellors connecting with a client's identity before the client is ready, and lack of curiosity due to assumptions of sameness on the part of the counsellor. Fielding (2021) also highlighted tensions in shared identities, including multiple relationships, and assuming shared or similar experiences.

5.1.1. Relationality and the Therapeutic Alliance

The study findings stress the necessity and significance of relationality in the therapeutic alliance to queer and trans clients' actualizing. An important contribution of

this study is how it describes subtleties in counsellors' actions and approaches that can rupture or strengthen the therapeutic alliance. Many of the actions and approaches that supported participants' actualizing evoke Rogers' (1957/2007) core conditions, which for the counsellor include being authentic in the therapeutic relationship, "experiencing unconditional positive regard" for the client, and "an accurate, empathic understanding of the client's awareness of his own experience" (p. 243). The findings deepen an understanding of the core conditions (Rogers, 1957/2007), by pointing to how the impacts of sociocultural factors such as cis-, hetero-, White normativity and counsellors' lack of reflexivity around this can create deep ruptures in the therapeutic relationship. Counsellors can enact harmful normativities in various ways when they are working at odds, denying humanity, and centering normativity in the counselling space. This study highlights additional important factors for counsellors to consider in terms of the therapeutic alliance. For example, the inclusion of participants' non-affirming counselling experiences in high school can help raise counsellors' awareness not only of compounding experiences for queer and trans clients but that some of these experiences may have occurred during formative times of their identity exploration. Another consideration for the therapeutic alliance emphasized by this study are potential benefits and challenges of counsellors sharing identities with their clients. Many participants found sharing identity and community with their counsellors helpful, but this could contribute to erasure in some experiences as well. Dual or multiple relationships could pose a challenge, for example. Everett and others (2013) explore multiple relationships, an aspect of relationality for LGBT2SQ counsellors working with queer and trans clients. The authors propose ethical guidelines to help counsellors navigate multiple relationships. They quote Tomm (2002) in describing positive aspects of multiple relationships, which include to "serve to open space for increased connectedness, more sharing, greater honesty, more personal integrity, more responsibility, more social integration, more complete healing, and more egalitarian human interaction" (p. 22).

Rogers envisioned his descriptions of person-centered therapy to be a process not a series of procedures to be mechanistically applied (1995). Similarly, the value and challenge of this study's findings is how they invite counsellors to think about and notice how actualizing and erasure can coincide. Differences in participants' experiences and perceptions of what they found affirming and non-affirming, further emphasize the need

for a collaborative, relational, consent-focused approach. A particular contribution of this study is how its findings provide exemplars for some of the issues counsellors grapple with. For example, there has been much debate around the effectiveness of counsellor self-disclosure in therapeutic interactions (Henretty et al., 2014; Hill et al., 2018; Johnsen & Ding, 2023; J. Kahn, 2021). The ACA LGBQQ competencies recommend counsellors “use self-disclosure about the counselor’s own affectional orientation and gender identity/expression judiciously and only when it is for the LGBQQ individual’s benefit” (Harper et al., 2013, p. 12, C. 6). My findings highlight possible tensions regarding queer and trans counsellors’ disclosures to their clients and provide helpful examples of how counsellors might navigate these tensions (see also, Audet, 2011, though not focused on queer and trans clients).

5.1.2. Relationality and Actualizing

The study findings evoke a second aspect of Rogers’ (1961, 1980) theorizing: persons’ movement towards an actualizing tendency. Participants’ describing of their affirming counselling experiences with terms like expand or expansion or transformative; metamorphosize; grew into; and get to be or helping me express or solidify who I am, resonate with Rogers’ (1961, 1980) theory of actualizing. In Rogers’ (1961) conceptualization, within a secure therapeutic relationship, clients can experience a process whereby they experience their “potential self” (p. 75), come to genuinely like that self, gain a “full and undistorted awareness of [their] experiencing” (p. 101), discovering themselves in their experience, and trusting in that self. Rogers (1980) saw the “actualizing tendency [as] a characteristic of organic life” (p. 118) and believed “that each human being has a directional tendency toward wholeness, toward actualization of his or her potentialities” (p. 124). Rogers (1980) saw the actualizing tendency as one of “the foundation blocks of the person-centered approach” (p. 118). Importantly, he (1961) also described tensions in actualizing:

This exploration [“for the reality of self”] becomes even more disturbing when they find themselves involved in removing the false faces which they had not known were false faces. ... To remove a mask which you had thought was part of your real self can be a deeply disturbing experience, yet when there is freedom to think and feel and be, the individual moves toward such a goal. (p. 105)

Participants' experiences of aversive responses to affirmation and lowered standards of competent counselling provide counsellors with examples of what this tension might be like for their clients. The findings also extend actualizing beyond processes of self-discovery, to that of relationality. Here I propose queering actualizing, an adaptation of Rogers' construct. Through deeply relational processes of establishing an authentic connection, affirming humanity, and decentering normativity, counsellors and clients can deconstruct normativity and collaboratively construct new possibilities and experiences for clients that can be expansive, transformative, and metamorphosing. Crowter (2022) argues that "discourses that do not also cover the final stage of Rogers (1959) Theory of Personality by highlighting experiences of gender euphoria serve to reinforce the medical model's narrative that being trans is disordered and a source of distress" (p. 304). Relatedly, Moreno-López (2018) reimagined the individual-focus of Rogers' actualizing tendency to also include an interactional aspect that "take[s] into account the influence of socio-economic, cultural, political, religious and environmental conditions on human development, along with interpersonal relationships" (p. 95). This study builds off this reworking of actualizing. The findings illustrate that by decentering normativity for themselves and helping queer and trans clients to do the same, counsellors are engaging in a form of social justice that can be both personally and relationally transformative.

5.2. Relevance of Findings for Counsellors

5.2.1. Counsellor Feedback During CCPA 2024 Annual Conference

To ascertain the relevance of the study's findings for professional counsellors, I gave a presentation at the CCPA 2024 Annual Conference (Vanderveen, 2024). During and after the presentation, attendees provided feedback on new awarenesses and insights; responsibilities; and actions the study findings created for them. In the realm of establishing an authentic connection, counsellors reflected on the importance of going back to counselling "basics" with their queer and trans clients. One attendee described how they noticed sometimes coming from a place of expertise. With this new awareness, they identified a responsibility of leaning into foundational counselling skills like empathic listening. Another attendee expected actualizing recommendations to focus on new techniques. They expressed that it was a significant reminder to return to active listening

and relationship-building pieces. Many attendees seemed to appreciate the simplicity of leaning into foundational counselling skills with their clients. They also reflected the accessibility of this for them as practitioners as these are skills they already possess.

Several counsellors identified the importance of centering consent. For one attendee, this entailed first understanding what safety means for their client. From there they would respect the client's need for safety by holding space for it. Another attendee expressed a new awareness of the place for counsellor authenticity and vulnerability to understanding. They described an action they could take of asking their client if they are "getting it right" in terms of understanding what the client is expressing and responding to the correct aspect of the client's experience. Interestingly, this aligns with a recommendation from Alice included in this thesis (see Participant Recommendations for Establishing an Authentic Connection) but not included in the presentation due to time constraints. Alice recommended counsellors be vulnerable in establishing an authentic client relationship by being "open and honest" when they "genuinely don't know about something." Lastly, a counsellor who provides training to students reflected that it was helpful to be reminded that if a counsellor feels a lack of competence with queer and trans clients, to lean into ongoing consent and ethical curiosity.

Another major area for counsellor learning was within affirming humanity. Several counsellors gained a new awareness of the importance of using their clients' own language, rather than defaulting to gender-neutral terms. One counsellor reflected how they had previously used gender-neutral terminology with a client who identified as trans and used binary pronouns. After hearing participants' experiences, they began considering their use of neutral terms more carefully. Moving forward, they planned to use the pronouns their client used. One counsellor gave an example from their own experience of using a reclaimed hate term with their client's permission after noticing that was the term they used to describe themselves. Counsellors also expressed new awareness of the tensions of curiosity and asking clients questions. One attendee appreciated the reminder of using caution with their curiosity. They disclosed noticing being curious with trans clients in session. From hearing participants' experiences, they gained insight into the importance of checking in with themselves in these moments to see if their curiosity was for their benefit or their client's.

Lastly, counsellors reflected learning within working at odds by not taking an expert stance. One attendee expressed the importance for counsellors to understand biases they may have gained through experience and to not make assumptions based on interactions they have had with other queer and trans clients. Another attendee reflected a new awareness that counsellors sharing identities with clients could bring them too close to the issues their clients present. They pointed to the responsibility of counsellors to do their own personal work (for example, engaging in personal therapy) to ensure they are not assuming sameness in their clients' experiences to their own.

Counsellors provided additional feedback that gives insight into what could be helpful in their development of competence in working with queer and trans clients. One attendee appreciated that the findings were grounded in participants' experiences and voices, rather than a detached checklist of recommendations or themes. Counsellors also raised several uncertainties and questions. Two that I am bringing forward here would be helpful to take into consideration in the development of professional practice guidelines. One counsellor wondered how establishing an authentic connection could be accomplished in a short-term model, especially with Indigenous clients who have survived residential schools and those experiencing intergenerational trauma. Another counsellor wondered about how to navigate tensions in the notion of expertise. They pointed to the importance of acknowledging and utilizing one's role as a trained counsellor with knowledge and skill, but not using one's expertise in a way that harms clients. They gave an example of a trans client who wants to continue working with them due to a strong therapeutic connection and rapport, but feeling out of their depth and not fully competent in supporting this client. Lastly, counsellors reflected on being reminded of the importance of approaching competence from a place of cultural humility.

Counsellors gave consistent feedback that the findings were relevant to their counselling practice. They also expressed interest in receiving further information and training. Several attendees requested to read the completed thesis once ready. Others expressed interest in the presentation being made into a training course for building competence. A representative from the CCPA expressed the possibility of the CCPA developing materials to support members' learning. Overall, interest in this topic at the conference was enthusiastic and thoughtful. Counsellors showed favour for a multi-pronged approach to the development of their competence; for example, attending similar presentations, reading academic works, and engaging in a training course.

Professional practice guidelines can play an important role in this multi-pronged approach by “describ[ing] the possible risks associated with various courses of action and offer[ing] specific direction for achieving good solutions” (Bush, 2019, p. 1152).

5.2.2. Independent Reviewer Feedback

As a further step in determining the relevance of the study's findings for professional counsellors, I sent my deidentified findings chapter to a professional counsellor experienced in working with queer and trans clients. Nikki Lee Bellehumeur, MCP, RCC gave feedback on their impressions of the study findings in a meeting with Dr. Jordan and I. Here I describe a few of the main themes in their feedback. First, in participants' experiences that contributed to actualizing in counselling, Bellehumeur identified how counsellors seemed to be working from phenomenological, existential, humanistic, and somatic approaches to counselling. From this approach, counsellors worked holistically, focusing not only on clients' words but also on their affect, pausing as needed, and facilitating clients' checking in somatically with themselves. In this two-person way of working, counsellors are also observing their own inner experience, which Bellehumeur conceptualized as “one eye in, one eye out.” Counsellors positioned clients as experts of their experience, travelling alongside, and guiding clients through their thoughts, feelings, and meaning-making. Bellehumeur noticed the occurrence of relational attachment repair in participants' experiences, wherein clients experience safety within themselves and learn that others can be safe by experiencing safety in relationship with the counsellor.

A major takeaway of the findings for Bellehumeur was the ongoing nature of consent throughout therapeutic interactions across the processes. This could include the counsellor checking in with a client about whether they wanted to keep talking about a particular topic or asking if they understood correctly. Bellehumeur connected consent to a somatic approach, whereby counsellors facilitate clients connecting with their inner wisdom, and their system communicates what they need. In this bottom-up approach, the counsellor is in pace with the client, pauses as needed to check in with what is happening with them somatically, and guides clients in connecting with their senses and emotions, instead of rationalizing their experiences. Bellehumeur expressed how the study's findings validated their own therapeutic approach. They described how a bottom-up approach is important in working with queer and trans clients because it

involves ongoing consent, not imposing an agenda onto the client, centering the client's experiences, and staying with them in their experiences. This approach aligns with participants' perceptions of what was important and connecting for them in their experiences. Related to helping clients gain consent from themselves, Bellehumeur took a perspective regarding decentering normativity that I had not previously considered. They noticed how counsellors helped their clients explore alternatives in their experiences by "interrupting incoherent narratives." Bellehumeur described this as a "right hemispheric approach," and cited the example of Sailor's counsellor helping them understand their experiences of discrimination as someone who is racially marginalized. To challenge incoherent narratives, counsellors help clients explore whether what they are experiencing feels true or makes sense for them, and to help them imagine where they fit into what they are experiencing. Bellehumeur described how decentering normativity is about being responsive, intersectional, holistic, and placing responsibility for harm where it is due.

As we discussed the processes of erasure, Bellehumeur described how a somatic approach also entails counsellors checking in with themselves in session. For example, counsellors should check in with themselves about why they are asking questions and whether their curiosity is therapeutic. They should also notice what they are experiencing if and when a rupture occurs in the therapeutic relationship. This reflects a two-person, relational approach in which counsellors stay attuned to clients in the moment and are responsive to doing relationship repair as ruptures happen. Bellehumeur's process includes apologizing to the client when they make a mistake, and skillfully, appropriately, and carefully disclosing to clients their own affect and any reactivity they are experiencing, followed by a check-in with how the client is feeling. Bellehumeur described how this can mirror interactions outside of the therapeutic space, supporting the client's desire for relational repair, and facilitating an opportunity for them to experience that. This sits in stark contrast with participants' experiences of their counsellor overlooking their responsibilities to their clients, and not discussing or helping to navigate dual relationships. Bellehumeur noted the helpfulness in counsellors somatically checking in with themselves in terms of avoiding centering normativity, for example by projecting normativity. Specifically, counsellors could be tracking themselves, holding space, trying to be a blank slate, and following clients' lead. Lastly, Bellehumeur noticed hopelessness in a participant's story of pathologization and

reflected how their own baseline is to instill hope and do no harm. As part of this practice, they check in with themselves and re-emphasized the need for counsellors to track themselves and their clients as fundamental aspects of therapeutic work.

Bellehumeur appreciated the focus on tensions between actualizing and erasure. Of usefulness and importance was the finding on tensions or erasure fuelled by counsellors bringing in others' experiences or referring to other clients. They reflected how hearing from participants on this could help counsellors consider how they might approach it in their own practice. Related is a more general consideration of what is helpful or unhelpful disclosure in therapy. Bellehumeur highlighted a duality illustrated by participants' experiences, of the helpfulness of counsellors disclosing their identity. A key element of this being helpful is again, in the centering of consent and the counsellor not taking an expert stance. Yet, this can be ambiguous when considered from an ethical standpoint. Bellehumeur shared their own approach, which is to give a baseline identity disclosure to all clients and then check in to see how it was for clients to hear this. A tension highlighted by Bellehumeur is between following the client's lead in session while not going off track. For them, this involves keeping hold of themes and checking in on how they connect. Bellehumeur described this as containment both relationally and within the therapeutic work; that counselling is occurring within a container. They also acknowledged that some clients might specifically request coaching, a more directive approach. However, an important facet is that clients are giving ongoing consent to work in this way. Bellehumeur highlighted how it is especially important for clients with marginalized identities to have control over what is occurring in therapeutic interactions.

Near the end of our discussion, I asked Bellehumeur if any aspects of the findings surprised them. They shared that they were impressed with the sophistication, richness and awareness in their feedback. They felt it was brave, important, and vulnerable, and felt gratitude for this feedback as this is not the type of feedback they would ask for or receive from their clients. They were also surprised at the number of harmful experiences participants experienced in their younger years. Especially for participants who described non-affirming experiences with counsellors in high school, Bellehumeur noted how vulnerable participants were at this time and how these experiences interrupted their process. I was moved by Bellehumeur's description of this as a "heart drop moment," where they felt for and with participants in these experiences. I had a similar response as participants shared these experiences, thinking of the trust

they extended to the counsellors for support and how this trust was broken. It also foregrounds participants' tenacity, courage, and perhaps the hope and belief in the power of counselling for healing.

5.3. Comparing Findings With ACA Competencies

This study's findings draw attention to the importance of supporting actualizing for queer and trans clients by establishing an authentic connection, affirming humanity, and decentering normativity. Here I hone in on one aspect from each of these that point to areas of possible tension when working with queer and trans clients: Honouring autonomy and choice: Centering consent; using curiosity ethically; and utilizing the impact of their own social locations on their clients. These considerations complement the ALGBTIC Competencies for Counseling with Lesbian, Gay, Bisexual, Queer, Questioning, Intersex, and Ally Individuals (ACA LGBQQIA; Harper et al., 2013) and ACA Competencies for Counselling with Transgender Clients (ACA TC; Burnes et al., 2010). I focus on these competencies as they were developed specifically for counselling practice.

The present study highlights the necessity for centering consent in all interactions to maintain rapport and trust in the therapeutic relationship. Participants shared how their counsellors invited collaboration, guided them in gauging their own readiness or willingness to proceed in counselling interactions, and signaled clients were in control of what was occurring. These are important examples of how counsellors can center consent to help create and maintain a safe and trusting relationship. Both ACA competencies address how queer and trans clients may have a mistrust of counsellors due to the role that helping professions have played in perpetuating discrimination against them (e.g., Burnes et al., 2010, C. 8, E. 1, E. 2, E. 8; Harper et al., 2013, C. 15, E. 8, H. 1). This echoes literature outlining the harms previously caused by mental health disciplines in the pathologization of queer and trans identities and expressions (Ault & Brzuzy, 2009; Drescher, 2015; Margolin, 2023; Mills, 2021). The ACA LGBQQIA take as their aim, "to provide a framework for creating safe, supportive, and caring relationships with LGBQIQA individuals, groups, and communities that foster self-acceptance and personal, social, emotional, and relational development" (Harper et al., 2013, p. 2). Yet, neither set of competencies explicitly states the importance of ongoing consent within the therapeutic relationship. There is an emphasis on working collaboratively with

individual (Harper et al., 2013, E. 2) and group (Harper et al., 2013, D. 13 and D16) clients in the LGBQQIA competencies. However, collaboration is only mentioned briefly in the ACA TC, with regards to body modifications (Burnes et al., 2010, G. 10) and “employ[ing] a collaborative assessment approach when possible” (p. 151, G. 11).

It could be argued that these omissions may be because the competencies are meant to be foundational and applicable to various theoretical orientations, rather than clinical guidelines promoting particular interventions. However, being explicit about consent is aligned with cultural humility (Tervalon & Murray-García, 1998), as well as the social justice, feminist, and multicultural counselling frameworks that the competencies were built upon. Given that establishing (and maintaining) an authentic connection in part through centering consent is a foundational element in supporting actualizing for queer and trans clients in counselling, future Canadian professional practice guidelines could greatly benefit clients by guiding counsellors in how to do this.

This study demonstrates how counsellors’ curiosity can be both affirming and non-affirming for queer and trans clients. Participants shared how their counsellors used curiosity ethically when they grounded questions in a foundation of knowledge (e.g., academic study, community knowledge), queried their clients’ experiences not identities, and did not assume they had a right to know about their clients’ experiences. The ACA competencies suggest counsellors understand how the discipline of counselling has previously been “insensitive, inattentive, uninformed, and inadequately trained and supervised” in working with queer and trans clients (Burnes et al., 2010, p. 146, C. 8; Harper et al., 2013, p. 13, C. 15). The use of unethical curiosity is not named here but could factor into the descriptors used for this lack of competence. Surprisingly, the use of counsellor curiosity or queries is not explicitly mentioned in either set of competencies. The LGBQQIA competencies (Harper et al., 2013) recommend counsellors gain knowledge relevant to LGBTQIQA clients’ identities and experiences (e.g., G. 1). Counsellors are encouraged to “seek out the perspectives and personal narratives of LGBQQ individuals and communities” (p. 20, G. 9) and “educate themselves on current issues affecting LGBTQIQ individuals and communities, [in part] through conversations with LGBTQIQ individuals and communities” (Harper et al., 2013, p. 22, I. 2). The spectre of curiosity reverberates in these competencies, however, the ACA does not give guidance here on whether or how counsellors should use curiosity and queries to learn more about their clients’ identities and experiences. Participants’ experiences

speak to how closely ethical curiosity is linked to centering consent, and how counsellors' unethical use of curiosity could violate clients' autonomy, be pathologizing, and possibly delay exploration of their identities. Future Canadian professional practice guidelines could include recommendations for how counsellors might navigate the tensions of curiosity in counselling interactions, or at the least alert them to the fact that this tension could be present.

This study demonstrates the importance of counsellors having intersectional understanding, agility, and responsiveness when working with queer and trans clients. Participants shared how counsellors positively utilized the impact of their own social locations in counselling interactions by guiding clients' identity exploration through disclosure. However, for some participants, shared identities with their counsellors could be a point of tension. Both sets of competencies emphasize the importance of counsellors having knowledge and skills related to clients' intersecting identities (Burnes et al., 2010; Harper et al., 2013). They also recommend counsellors understand that their own identities could impact counselling interactions and the counselling relationship (e.g., Burnes et al., 2010, C. 2, D. 14; Harper et al., 2013, D. 4, I. 1). The LGBQQQIA competencies alert counsellors to the possibilities of multiple relationships due to small community sizes (Harper et al., 2013, C. 9, D. 12, E. 13). Lastly, they recommend counsellors "use self-disclosure about the[ir] ... own affectional orientation and gender identity/expression judiciously and only when it is for the LGBQQ individual's benefit" (Harper et al., 2013, p. 12, C. 6). However, with all this essential focus on intersections, the relevance of counsellors' identities, and a brief mention of disclosure, the competencies do not describe how counsellors could use the impact of their social locations in counselling interactions. The competencies also do not describe why counsellors should use disclosure judiciously or how they could ascertain if this would be for the client's benefit. Participants' experiences demonstrate how disclosure and counsellors' utilization of their identities and experiences (and that of other clients) could be transformative and help clients come to know and embody their authentic selves. Their experiences also illustrate how this is not the case for all clients. Future Canadian professional practice guidelines could point to tensions of counsellors sharing identities with their clients. They could also provide recommendations for how counsellors might gauge whether this is salient for their clients.

5.4. Reflexivity

5.4.1. Study Strengths

This thesis has several strengths, which offer a contribution to the literature. Regarding the method, one of these strengths concerns the relative diversity of the participants and the various points at which they collaborated in the study process. At the beginning of the interview, I located myself and invited participants to share their social or cultural identities that were important to them (Appendix H). This invitation and the use of open-ended demographic questions allowed participants to describe themselves in their own words and on their own terms (Lowik et al., 2022). 60% of the participants engaged in the interpretation of their experiences through member-checking. Discussing the interpretation with participants as well as aspects of their interviews that might be published, was important to ensure I was not inadvertently including information that could be identifiable for them or that they did not feel comfortable having published. It also gave them a chance to give input on whether the categories I had created at that stage captured their experiences and the meanings for them. It was important to me to know that participants continued giving their consent on an ongoing basis all the way up to publication.

Another strength of the research method is how I rigorously followed the steps of CGT (Charmaz, 2014) and added additional validation checks to enhance the quality and rigour of the study. This resulted in a process-oriented perspective on counselling with queer and trans clients, that embodies exemplars for practice. CGT helped me construct clear processes for understanding the complexities, nuances, and tensions in queer and trans affirming counselling. The use of minority stress and intersectionality theory as sensitizing concepts were important to interpretation as they facilitated my noticing subtleties in participants' experiences that I could then compare across the findings and follow up on in theoretical sampling. Of particular significance is how this study highlighted the existence of a dialectic tension between actualizing and erasure that can exist within counselling interactions at any given moment. This is a particularly fine detail within counselling interactions that offers a significant contribution to the literature.

Another major strength of this study is the construction of exemplars for practice based on an interpretation of the impact and meaning participants attribute to their counselling experiences. By staying close to the data, coding for action, and capturing possibilities, I was able to notice aspects of participants' experiences that I might not have seen if I were coding for descriptive themes (Charmaz, 2014). Participants' engagement in member-checking gave further opportunity to ensure I captured their experiences and meanings in a way that seemed true for them. Counsellors who attended my presentation at the CCPA conference (Vanderveen, 2024), expressed that they appreciated hearing directly from participants' experiences in this way. Counsellors also shared that they could benefit from these exemplars being included in training materials and guidance documents produced by counselling associations.

5.4.2. Study Limitations

This thesis has several limitations. First, the composition of the study team and thesis supervisory committee is racially homogenous, with myself, my thesis supervisor and committee member identifying as White people with European ancestry. My Whiteness could have created barriers to what participants were able to share of their experiences with me. To address this, I took several steps in the interview process to help create a safer space for participants who held identities and social locations different from my own, including racially marginalized participants. These steps are described in detail in section 3.4. Data Generating: Interviews. To summarize, I shared some of my identities and social locations so participants could better understand how I might experience privilege and oppression and to signal that I hold an understanding of intersectionality. I asked open-ended questions to encourage participants to share their experiences on their own terms and used unscripted questions to follow their meaning-making. I listened for relevance of participants' intersecting identities to their experiences and tentatively asked follow-up questions. Lastly, I listened for participants' experiences of intersecting discrimination and reflected my openness to discuss this. On the other hand, shared identities and experiences with participants (e.g., being queer and trans, neurodivergent), could have led to assumptions or interpretations on my part that reflected my own experiences. CGT is helpful in mitigating these concerns in the way that it requires analysis to stay close to the data. The design and implementation of my interviewing approach to be participant-centered and through the lenses of

intersectionality theory also could have helped address this. Lastly, I endeavoured to highlight tensions, heterogeneity, complexity, and difference within and across participants' experiences by centering their voices as much as possible in the reporting stages.

A second limitation is that this is the first study I have conducted and I encountered some setbacks. For example, after completing 5 interviews, I changed research methods from ECIT to CGT. This occurred in conversation with my supervisory committee and is described in the study design chapter. While the switch to CGT was incredibly advantageous to the outcome of the study, it required significant time spent learning and implementing a new method. Another setback occurred when I included a proofreading error in the demographic table I sent to participants as part of member-checking, which caused a participant distress. Not only did I create a non-affirming experience for a participant, the antithesis of what this study was intended to do, it may have resulted in two participants not getting in touch for member-checking. I may never know for sure.

A third limitation exists in the participant sample. While the participant sample is relatively diverse in terms of gender identity, sexual orientation, race/ethnicity, and age, there are voices and experiences notably absent in this study. For example, none of the participants identified as Black, Two Spirit, Intersex, or above the age of 45. Participants were recruited through convenience, community-based, and purposive recruitment methods. I attribute my lack of professional connection within communities for the difficulty I encountered in recruiting participants with these identities and social locations.

5.4.3. Researcher's Reflections: Study Impact on the Researcher

I was deeply impacted throughout the process of conducting this study, mainly in the realm of connection and sense of community. My experiences resemble actualizing in terms of coming to know and embody my authentic self and going through transformation. In the beginning stages of the study, I began connecting with other queer researchers, some who offered advice and mentorship. At a conference, I connected with a neurodivergent and queer researcher, and they helped me realize my own neurodivergence. This prompted me to include this identity in my researcher positionality

disclosure to participants. Nearly a year after learning of my neurodivergence, I was diagnosed with autism spectrum disorder. When presenting the study findings at the CCPA conference (Vanderveen, 2024), I disclosed my neurodivergence and access needs while presenting; for example, moving and using sensory tools. Following the presentation, several counsellor attendees expressed gratitude for my disclosure of neurodivergence. They described how this authenticity, transparency, and vulnerability, helped them connect with the material. Interviewing queer and trans participants and hearing about their experiences, led to a sense of community connection that I have not felt in quite some time. I also learned many things from the participants' experiences and the study findings that I will take with me into professional counselling practice. For example, I gained a greater depth in understanding about lateral violence in queer and trans communities. This came from learning about Sue-Donem's experiences of trans misogyny and Leah's experiences of feeling unsafe and isolated in queer communities, as a person who identifies as Jewish. Racism in queer and trans communities, and in the counselling discipline echoed in Sailor and Aman's need to see a counsellor who also identifies as a person of colour and finding it very difficult to get connected with a counsellor who identifies as a queer person of colour. From Sam, I learned about how autism can shape how a person understands their gender identity. From Reeve, I learned that cis het counsellors can also provide queer and trans affirming counselling that facilitates actualizing. All of these learnings I have and will continue to take with me and consider as I sit with my own clients in the counselling space.

5.5. Recommendations

This thesis stands as a preliminary contribution to the formation of Canadian professional practice guidelines for counselling with queer and trans clients. It aimed to contribute to the limited research exploring queer and trans clients' experiences of counselling in Canada. There is still a paucity of research focused on particular identities, experiences, and communities for queer and trans clients. Specifically, research explicitly focusing on the experiences of counselling in Canada from clients who are racially marginalized, disabled and/or neurodivergent, or identifying outside the gender binary is needed. As identities and experiences are often conflated or flattened within the use of the 2S/LGBTQIA+ acronym or queer and trans umbrellas, researchers are encouraged to state participants' identities, in their own terms, and with informed

consent. Another recommendation is for researchers recruiting participants from queer and trans communities to carefully review the CGSHE (n.d.) toolkit before study design. This toolkit provides a concise yet detailed starting point for carefully considering different decision-making steps when designing and implementing a study.

Eight of the ten study participants identified with some aspect of neurodivergence; for example, ADHD, or autism. In some cases, participants disclosed this aspect when asked if they have a disability, while others shared it as being significant to their counselling experiences, but did not consider it a disability. To understand the impact of participants' intersections on their experiences, it is important to ask specific demographic questions. However, giving participants the option to give their own responses, rather than forcing preset responses is needed to capture how individuals identify. More Canadian studies on the intersections of neurodivergence, disability, and queer- and transness; and the experiences of queer and trans people in counselling are recommended.

Canadian professional practice guidelines should be developed in alignment with Canadian codes of ethics and standards of practice and reflect distinctions of the Canadian counselling discipline. They should focus on Indigeneity and decolonization, and be informed by critical analyses of colonialism, systemic racism, classism, and ableism in Canada. Guidelines should incorporate a critical view of Canada's nation-building projects and their impact on the legal system and policies. The inclusion of guideline statements for immigrant and international student populations living in Canada is also important. The CCPA reflects an ethos of diversity, social justice, and intersectionality in its codes of ethics (2020) and standards of practice (2021). As a nationwide counselling association with a large counsellor membership, it is well-positioned to develop professional practice guidelines for counselling with queer and trans clients. In the meantime, and alongside guideline development, Canada's counselling associations should provide resources for their members to develop competency working with queer and trans clients. Professional practice guidelines are not sufficient on their own in any case. Providing members with a roadmap for reading, training, community engagement, etc. would go a long way. Participants also recommended the development of a network of queer and trans counsellors and this is something that could be facilitated by associations, ideally across associations.

Chapter 6.

Conclusion

The study set out to gain a deeper understanding of what queer and trans persons receiving counselling services in Canada have found affirming (helping) and non-affirming (hindering) in counselling, and what was not present in their experiences that could have been affirming. It also aimed to analyze participants' experiences in relation to existing guidelines and research on counselling with queer and trans clients. The critical frameworks of social constructionism, minority stress, and intersectionality were used throughout all aspects of this study as a means of considering queer and trans clients experiences in counselling. This study used constructivist grounded theory for its interpretation and representation processes. In analyzing the data, I constructed a theory of supporting actualizing for queer and trans clients in counselling, to understand what was occurring in the data. Participants' experiences illustrate actions and approaches counsellors can take to help facilitate actualizing and those that should be avoided or used with caution as they can contribute to erasure. Counsellors can facilitate actualizing in counselling through establishing an authentic connection, affirming humanity, and decentering normativity. They can contribute to erasure in counselling through working at odds, denying humanity, and centering normativity. This study contributes to the literature by addressing a gap in research on queer and trans clients' experiences of counselling in Canada, including a detailed focus on what clients found helpful and unhelpful in counselling interactions, and explicitly articulating Canada's national context and relevant considerations for counselling practice. This thesis advocates for the development of Canadian professional practice guidelines for queer and trans clients informed by Canadian research.

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Appendix A.

Research Ethics Approval



Minimal Risk Approval – Delegated

Study Number: [REDACTED]

Study Title: Affirming and Non-Affirming Counselling Experiences of 2SLGBTQIA+ Adults in Canada

Approval Date: August 15, 2023

Expiration Date: August 15, 2024

Principal Investigator: Sharalyn Jordan

SFU Position: Faculty

Faculty/Department: Education

Student Lead: Alex Vanderveen

SFU Collaborator(s): N/A

Research Personnel: N/A

External Collaborator(s): N/A

Funder: N/A

Funding Title: N/A

Funding Number: N/A

Document(s) Approved in this Application:

Consent Form, version 2.0 dated July 27, 2023

Email with Consent Form, version 2.0 dated June 11, 2023

Interview Guide, version 3.0 dated July 27, 2023

Letter for Counselling Organizations, version 2.0 dated June 11, 2023

Letter for Potential Participants, version 3.0 dated July 27, 2023

Mental Health Resources, version 2.0 dated June 11, 2023

Summary of Research Email, version 2.0 dated June 11, 2023

Email to Expert, version 1.0 dated June 11, 2023

Email to Independent Judge (Placing CIs and WL Items), version 1.0 dated June 11, 2023

Email to Independent Judge (Extraction), version 1.0 dated June 11, 2023

Discussion Notes Email, version 1.0 dated June 11, 2023

Second Interview Guide, version 1.0 dated June 11, 2023

Member Checking Follow-up Email, version 2.0 dated July 27, 2023

Email with Letter for Potential Participants, version 1.0 dated June 11, 2023

Eligibility Survey, version 1.0 dated June 11, 2023

Member Checking Email, version 3.0 dated July 27, 2023

Research Team Members TCPS 2 CORE Tutorial Certificates:

Sharalyn Jordan, dated May 25, 2023

Alex Vanderveen, dated May 15, 2022

The application for ethical review and the document(s) listed above have been reviewed and the procedures were found to be acceptable on ethical grounds for research involving human participants.



The approval for this Study expires on the **Expiration Date. An Annual Renewal must be completed every year prior to the Expiration Date. Failure to submit an Annual Renewal will lead to your study being suspended and potentially terminated.** The Board reviews and may amend decisions or subsequent amendments made independently by the authorized delegated reviewer at its regular monthly meeting.

This letter is your official ethics approval documentation for this project. Please keep this document for reference purposes.

This study has been approved by an authorized delegated reviewer.

Appendix B.

Research Ethics Amendment August 2023



Amendment Approval - Delegated

Study Number: [REDACTED]

Study Title: Affirming and Non-Affirming Counselling Experiences of 2SLGBTQIA+ Adults in Canada

Approval Date: August 29, 2023

Principal Investigator: Sharalyn Jordan

Faculty/Department: Education

Expiration Date: August 15, 2024

SFU Position: Faculty

Student Lead: Alex Vanderveen

SFU Collaborator(s): N/A

Research Personnel: N/A

External Collaborator(s): N/A

Funder: N/A

Funding Title: N/A

Funding Number: N/A

Document(s) Approved in this Amendment:

Consent Form, version 4.0 dated August 23, 2023

Interview Guide, version 4.0 dated August 23, 2023

Letter for Counselling Organizations, version 4.0 dated August 23, 2023

Letter for Potential Participants, version 4.0 dated August 23, 2023

Second Interview Guide, version 2.0 dated August 23, 2023

Member Checking Follow-up Email, version 3.0 dated August 23, 2023

Member Checking Email, version 4.0 dated August 23, 2023

The amendment(s) for ethical review and the document(s) listed above have been reviewed and the procedures were found to be acceptable on ethical grounds for research involving human participants.

Please note that approval of the amendment(s) does not change the expiry date on the current SFU REB approval of this study. The approval for this study expires on the **Expiration Date**. **An Annual Renewal must be completed every year prior to the Expiration Date. Failure to submit an Annual Renewal will lead to your study being suspended and potentially terminated.**

This letter is your official Amendment Approval documentation for this project. Please keep this document for reference purposes.

The amendment to this study has been approved by an authorized delegated reviewer.

Appendix C.

Study Poster



SIMON FRASER
UNIVERSITY

Study number: XXXXXXXX | Version: 2.0 | Date: November 27, 2023

Participants needed for study: Affirming and Non-Affirming Counselling Experiences of 2SLGBTQIA+ Adults in Canada

Study purpose:

- To gain a deeper understanding of what 2SLGBTQIA+ persons receiving counselling services in Canada have found affirming (helping) and non-affirming (hindering) in counselling, and what was not present in their experiences that could have been affirming.
- To analyze participants' experiences in relation to existing guidelines and research on counselling with 2SLGBTQIA+ clients.

The researchers identify as part of the 2SLGBTQIA+ community. The principal investigator's research is focused on LGBTQI mental health.

If you are 19 years or older, identify as 2SLGBTQIA+¹, and are currently receiving counselling services in Canada or have within the past 1 year, we would like to hear about your experiences!

Participation may take approximately 2.5 – 3 hours and includes:

1. First interview (audio or video-recorded): You are asked about what you have found affirming and non-affirming in counselling, things not present in your counselling experiences that you think could have been affirming, and questions to learn more about you and your experiences (approximately 1.5 – 2 hours). You will receive a \$25 honorarium.
2. The opportunity to review a summary of the analysis to date, and sections of your interview transcript that might be published (approximately 15 minutes).
3. Second interview (audio or video-recorded): To gain your feedback, ask any follow-up questions, and answer any questions you might have (approximately 45–60 minutes). You will receive a \$25 honorarium.

If you would like to participate, please complete the eligibility survey (2-5 minutes):

URL: XXXXXXXX

QR code: XXXX

Please contact me, Alex Vanderveen (they/them), if you have any questions: XXXX

¹ Two-Spirit, lesbian, gay, bisexual, transgender (trans), queer, questioning, intersex, asexual, or another gender identity and/or sexual/romantic orientation not specifically covered by 2SLGBTQIA+

Appendix D.

Eligibility Survey

Eligibility Survey: Affirming and Non-Affirming Counselling Experiences of 2SLGBTQIA+ Adults in Canada

Eligibility Survey

Study number: [REDACTED]

Version: 2.0

Date: September 11, 2023

Please complete this 2-5 minute survey, which will help us determine your eligibility for the study Affirming and Non-Affirming Counselling Experiences of 2SLGBTQIA+ Adults in Canada.

The eligibility survey is used for screening purposes only and does not ask you for any identifying information. Information you submit will be deleted once your eligibility is determined.

If eligible, you will be redirected to a new survey page where you will be asked to enter your email address so that Alex Vanderveen, a member of the research team, can contact you.

Your email address will be kept in a password protected folder in SFU's secure, online file hosting platform Microsoft OneDrive. Only the research team, Alex Vanderveen and Dr. Sharalyn Jordan, will have access to it.

Study purpose

To gain a deeper understanding of what 2SLGBTQIA+ persons receiving counselling services in Canada have found affirming and non-affirming in counselling, and what was not present in their experiences that could have been affirming. To analyze participants' experiences in relation to existing guidelines on counselling with 2SLGBTQIA+ clients.

To participate, you must:

- be 19 years or older;
- identify as Two-Spirit, lesbian, gay, bisexual, transgender (trans), queer, questioning, intersex, asexual, or another gender identity and/or sexual/romantic orientation not specifically covered by 2SLGBTQIA+;
- be currently receiving counselling services in Canada or have within the past one (1) year; and
- give consent to participate

Survey Questions

* Are you 19 years of age or older?

- Yes
- No
- Prefer not to say

* Do you identify as Two-Spirit, lesbian, gay, bisexual, transgender (trans), queer, questioning, intersex, asexual, or another gender identity and/or sexual/romantic orientation not specifically covered by 2SLGBTQIA+?

- Yes
- No
- Prefer not to say

* Are you currently receiving counselling services in Canada, or have within the past 1 year?

- Yes
- No
- Prefer not to say
- None of the above

Eligibility Survey: Affirming and Non-Affirming Counselling Experiences of
2SLGBTQIA+ Adults in Canada

You are eligible to participate in this study.

If you would like to participate, please enter your email address in the field below.

Alex Vanderveen, a member of the research team, will email you to schedule your interview and will include a copy of the study consent form for you to review. Participants give verbal consent at the start of the first interview.

Email address:

Confidentiality

Your email address:

- Will be kept in a password protected folder in SFU's secure, online file hosting platform Microsoft OneDrive.
- Will only be accessible to the study's research team: Alex Vanderveen and Dr. Sharalyn Jordan.
- Will not be linked to the responses you submitted in the eligibility survey.

If you have any questions, you are welcome to contact a member of the research team:

Alex Vanderveen, student, Master of Arts in Counselling Psychology, Faculty of Education, SFU - [REDACTED]

Dr. Sharalyn Jordan, Supervisor, Faculty of Education, SFU - [REDACTED]

Appendix E.

Consent Form Original



Ethics application number: XXXXXXXX

Version: 5.0

Date: September 11, 2023

Consent Form

Study Title: Affirming and Non-Affirming Counselling Experiences of 2SLGBTQIA+ Adults in Canada

You are invited to take part in this study because we want to learn about Two-Spirit, lesbian, gay, bisexual, transgender (trans), queer, questioning, intersex, asexual+ (2SLGBTQIA+) people's experiences receiving counselling services in Canada.

Study Team: Dr. Sharalyn Jordan – Supervisor; Alex Vanderveen – MA student in Counselling Psychology

Study Purpose

To gain a deeper understanding of what 2SLGBTQIA+ persons receiving counselling services in Canada have found affirming (helping) and non-affirming (hindering) in counselling, and what was not present in their experiences that could have been affirming. To analyze participants' experiences in relation to existing guidelines and research on counselling with 2SLGBTQIA+ clients.

Study Context

There is limited research explicitly focusing on 2SLBTQIA+ clients' experiences of counselling in Canada. This research is needed to guide counsellors and their associations in developing client-informed guidelines for affirmative and competent practice with 2SLGBTQIA+ clients in Canada.

Study Requirements

This study includes three parts and may take approximately 2.5 to 3 hours in total.

1. First interview: Either audio-recorded in-person at an SFU campus most convenient to you, in a private study room; or video-recorded online by Zoom, depending on your preference (approximately 1.5 to 2 hours). You will be asked what you have found affirming and non-affirming in counselling, things that were not present in your counselling experiences but that you think could have been affirming, and questions to learn more about your social locations, identities, and experiences that can help contextualize your experiences in counselling. After completion of the first interview, you will receive a \$25 honorarium.

2. Following the interview, you will be sent an email asking you to review the analysis of your interview and sections of your interview transcript that might be published (approximately 15 minutes).
3. Second interview (phone or online by Zoom): To gain your feedback on the analysis of your interview, ask any follow-up questions from the first interview analysis, and answer any questions you might have (approximately 30 minutes). After completion of the second interview, you will receive a \$15 honorarium.

For in-person interviews, the research team will abide by the latest provincial health guidelines in relation to the COVID-19 pandemic.

Please note that as part of the data analysis process for this study, some parts of interview transcripts will be reviewed by another graduate student, under the supervision of Dr. Sharalyn Jordan to assess whether the analysis has been conducted appropriately.

Withdrawal

Participation in this study is completely voluntary, meaning it is your choice if you would like to participate. You may also withdraw from the study at any time until the point of publication. Choosing not to participate or withdrawing will not impact your access to education or services at SFU. If you choose to withdraw from the study, all data collected about you will be destroyed.

You can withdraw by emailing Alex at XXXX or their supervisor Dr. Sharalyn Jordan at XXXX. However, you will not be able to withdraw your data once the results have been published.

Confidentiality

Interviews conducted online are hosted by Zoom, a US company. Any data you provide on Zoom may be transmitted and stored in countries outside of Canada, as well as in Canada. It is important to remember that privacy laws vary in different countries and may not be the same as in Canada. SFU describes privacy and security with Zoom, here: <https://www.sfu.ca/information-systems/services/zoom/privacy-and-security.html>

SFU Zoom does not permit an audio-only recording. While it has the option to record audio as a separate file, it always also records video by default. The interviewer is only using audio files for interview transcription. This means that once the interview is complete, the interviewer will securely delete the video file. They will then save the audio file to OneDrive and use it for interview transcription.

For video recorded interviews conducted online by Zoom, the interviewer will use cloud recording. All Cloud recordings are stored in SFU Zoom's online Canadian data centre. Passcode protection is enforced for all shared cloud recordings. Cloud recordings stored in the Zoom cloud will be deleted by the interviewer after they have transferred them to OneDrive (see next paragraph).

All interview audio recordings, whether conducted in person or by Zoom; signed consent forms; participant email addresses; and phone numbers (collected prior to the second interview) will be stored to SFU's secure, online file hosting platform Microsoft OneDrive.

They will be kept in a password protected folder in OneDrive, that only the research team has access to.

All data uploaded to OneDrive at SFU are stored within Canada and protected under the BC Freedom of Information and Protection of Privacy Act (FIPPA). OneDrive at SFU is protected by the enterprise-level security from Microsoft. Through OneDrive, data access to files and folders is limited to the user account; and the data is encrypted in transit and at rest.

The interview audio recordings will be transcribed and all identifying information (such as your name, the city you live in, and your country of origin) will be redacted. You will also choose a pseudonym to be used in reports to ensure your privacy. A list which links your name to your chosen pseudonym will be kept until completion of the research project and will then be destroyed.

Limits to Confidentiality

Your right to privacy and confidentiality is paramount to us. As this research is being conducted within a graduate level counselling psychology program, the limits of confidentiality for professional counsellors apply. I am required to take steps to prevent future harm if you disclose any of the following:

- Harm or risk of harm to a minor or a dependent adult (e.g., sexual/physical abuse) by an identifiable person
- Concern that you may seriously and imminently harm yourself (e.g., suicide)
- Concern that you may seriously and imminently harm someone else that you identify (e.g., homicide or sexual assault)
- Serious professional misconduct* by an identifiable mental health professional

If you choose to disclose any of the above, we will discuss any necessary steps to be taken with you. Steps may include you or I contacting emergency services (in the case of imminent risk of suicide, Ministry of Child and Family services (to protect a minor or dependent adult) or relevant professional association in the case of professional misconduct by a mental health professional.

*Serious professional misconduct in this context refers to actions by an identifiable professional that would be considered illegal and directly harmful the context of their professional duties and responsibilities to their clients.

For example, the B.C. Association of Clinical Counsellors code of ethics describes how Registered Clinical Counsellors "may have complaints made against them [in cases of] ... (a) charges of violating Federal criminal law, (b) charges of injury suffered at the hands of the RCC under malpractice or tort (civil) law, or (c) a violation of BCACC ethics and standards subject to disciplinary procedures as defined by the profession and consistent with the law" (p. 1-2). Similar mandatory reporting standards are described by the Canadian Counselling and Psychological Association and Canadian Psychological Association in their codes of ethics.

Use of Data

The information you provide will be used to better understand 2SLGBTQIA+ people's

experiences receiving counselling services in Canada. The information will be analyzed for common themes. As mentioned, names and other identifying information will be omitted to protect your privacy, but direct quotations of yours may be included. Some of the demographic information you provide may be linked to your quotes for context.

The findings of this study will be published in a Master's thesis. The thesis is expected to be successfully defended and accepted at the library by August 31, 2024. Alex also intends to publish findings from this research in journal articles, in interviews and public presentations (e.g. conference presentations, guest lectures, workshops, etc.). Subsequent publication may entail further analyses of the data, and therefore the data will be kept for seven years after the successful thesis defense.

Upon completion of the project, all participants will receive a one-page summary of the research findings via email. The research team will retain your email address to do this, and your email address and phone number will be deleted from our records when the summary has been sent to you.

Potential Risks

The potential risks of participating in this study are minimal. No questions are intended to bring up uncomfortable emotions, though sharing your experiences in counselling may bring up stressful memories for some participants. If you become emotionally distressed during an interview, you will be given the option to pause the interview (for a few minutes or the interview could be rescheduled for later), and you will be reminded of the option to withdraw from the study.

Before starting the interview, the interviewer will give you a handout with mental health support resources, if you feel that you need mental health support or services.

Potential Benefits

There are no direct benefits to individual participants. However, some participants may find that sharing their affirming and non-affirming experiences in counselling, including things that were not present in their counselling experiences but that would have been affirming may provide an opportunity for reflection. Some participants may value knowing they are contributing to research that may be used to better understand counselling competence with 2SLGBTQIA+ clients in Canada.

Study Honorarium

After completing the first interview, you will receive a \$25 honorarium either as cash (if the interview was in-person) or by e-transfer (if the interview was by Zoom). After completion of the second interview, you will receive a \$15 honorarium by e-transfer.

Contact Information

You are welcome to ask questions before, during, or after your participation in this research. You can contact Alex at XXXX or Dr. Sharalyn Jordan at XXXX with any questions or concerns you may have.

Complaints

If you have any concerns about your rights as a research participant and/or your experiences while participating in this study, please contact the Director, SFU Office of Research Ethics at XXXX XXXX.

Consent

If you would like to participate in this research, you will need to give audio-recorded (if in-person) or video-recorded (if online by Zoom) , verbal consent to the following at the start of the interview:

- Confirm your legal name
- You have been given sufficient time to read and understand the information about participating in this study.
- You understand the limits to confidentiality.
- You have been given sufficient time and opportunity to ask questions about this study, and you are satisfied with the answers to your questions.
- You agree to have your interview audio-recorded (if in-person) or video-recorded (if online by Zoom).
- You agree to the use of your direct quotations and the demographic information that you provide in publications including a Master's thesis, journal articles, interviews, and public presentations like conference presentations, guest lectures, workshops, etc.
- You agree that data from this study will be kept for seven years after the successful thesis defense.
- You understand you are able to withdraw from the study at any time until the point of publication, without having to provide a reason and without any consequences.
- You understand that you will not be able to withdraw your data once the results have been published.

By consenting, you do not waive any rights to legal recourse in the event of research-related harm.

Note: This consent form was adapted from *Into the Inferno: Counsellor Competency in Firefighter Culture* (p. 99, Appendix D), by M. Kingston, 2023, Simon Fraser University. Copyright 2023 by Mariah Kingston. Adapted with permission.

Appendix F.

Consent Form Revised



Ethics application number: XXXXXXXXX

Version: 6.0

Date: November 27, 2023

Consent Form

Study Title: Affirming and Non-Affirming Counselling Experiences of 2SLGBTQIA+ Adults in Canada

You are invited to take part in this study because we want to learn about Two-Spirit, lesbian, gay, bisexual, transgender (trans), queer, questioning, intersex, asexual+ (2SLGBTQIA+) people's experiences receiving counselling services in Canada.

Study Team: Dr. Sharalyn Jordan – Supervisor; Alex Vanderveen – MA student in Counselling Psychology

Study Purpose

To gain a deeper understanding of what 2SLGBTQIA+ persons receiving counselling services in Canada have found affirming (helping) and non-affirming (hindering) in counselling, and what was not present in their experiences that could have been affirming. To analyze participants' experiences in relation to existing guidelines and research on counselling with 2SLGBTQIA+ clients.

Study Context

There is limited research explicitly focusing on 2SLGBTQIA+ clients' experiences of counselling in Canada. This research is needed to guide counsellors and their associations in developing client-informed guidelines for affirmative and competent practice with 2SLGBTQIA+ clients in Canada.

Study Requirements

This study includes three parts and may take approximately 2.5 to 3 hours in total.

1. First interview: Either audio-recorded in-person at an SFU campus most convenient to you, in a private study room; or video-recorded online by Zoom, depending on your preference (approximately 1.5 to 2 hours). You will be asked what you have found affirming and non-affirming in counselling, things that were not present in your counselling experiences but that you think could have been affirming, and questions to learn more about your social locations, identities, and experiences that can help contextualize your experiences in counselling. After completion of the first interview, you will receive a \$25 honorarium.

2. Following the interview, you will be sent an email asking you to review a summary of the analysis from the interviews completed to date and sections of your interview transcript that might be published (approximately 15 minutes).
3. Second interview: Either audio-recorded in-person at an SFU campus most convenient to you, in a private study room, or by phone; or video-recorded online by Zoom, depending on your preference. The purpose of this interview is to gain your feedback on the summary of the analysis and sections of your interview transcript, ask any follow-up or new questions from the first interview analysis, and answer any questions you might have (approximately 45-60 minutes). After completion of the second interview, you will receive a \$25 honorarium.

For in-person interviews, the research team will abide by the latest provincial health guidelines in relation to the COVID-19 pandemic.

To improve and assess the quality of analysis, some examples of analysis that have been anonymized will be shared with an independent reviewer. The interview analysis will not contain your identifying information. The independent researcher will be under the supervision of Dr Sharalyn Jordan.

Withdrawal

Participation in this study is completely voluntary, meaning it is your choice if you would like to participate. You may also withdraw from the study at any time until the point of publication. Choosing not to participate or withdrawing will not impact your access to education or services at SFU. If you choose to withdraw from the study, all data collected about you will be destroyed.

You can withdraw by emailing Alex at XXXX or their supervisor Dr. Sharalyn Jordan at XXXX. However, you will not be able to withdraw your data once the results have been published.

Confidentiality

Interviews conducted online are hosted by Zoom, a US company. Any data you provide on Zoom may be transmitted and stored in countries outside of Canada, as well as in Canada. It is important to remember that privacy laws vary in different countries and may not be the same as in Canada. SFU describes privacy and security with Zoom, here: <https://www.sfu.ca/information-systems/services/zoom/privacy-and-security.html>

SFU Zoom does not permit an audio-only recording. While it has the option to record audio as a separate file, it always also records video by default. The interviewer is only using audio files for interview transcription. This means that once the interview is complete, the interviewer will securely delete the video file. They will then save the audio file to OneDrive and use it for interview transcription.

For video recorded interviews conducted online by Zoom, the interviewer will use cloud recording. All Cloud recordings are stored in SFU Zoom's online Canadian data centre. Passcode protection is enforced for all shared cloud recordings. Cloud recordings stored in the Zoom cloud will be deleted by the interviewer after they have transferred them to OneDrive (see next paragraph).

All interview audio recordings, whether conducted in person or by Zoom; signed consent

forms; participant email addresses; and phone numbers (collected prior to the second interview) will be stored to SFU's secure, online file hosting platform Microsoft OneDrive. They will be kept in a password protected folder in OneDrive, that only the research team has access to.

All data uploaded to OneDrive at SFU are stored within Canada and protected under the BC Freedom of Information and Protection of Privacy Act (FIPPA). OneDrive at SFU is protected by the enterprise-level security from Microsoft. Through OneDrive, data access to files and folders is limited to the user account; and the data is encrypted in transit and at rest.

The interview audio recordings will be transcribed and all identifying information (such as your name, the city you live in, and your country of origin) will be redacted. You will also choose a pseudonym to be used in reports to ensure your privacy. A list which links your name to your chosen pseudonym will be kept until completion of the research project and will then be destroyed.

Limits to Confidentiality

Your right to privacy and confidentiality is paramount to us. As this research is being conducted within a graduate level counselling psychology program, the limits of confidentiality for professional counsellors apply. I am required to take steps to prevent future harm if you disclose any of the following:

- Harm or risk of harm to a minor or a dependent adult (e.g., sexual/physical abuse) by an identifiable person
- Concern that you may seriously and imminently harm yourself (e.g., suicide)
- Concern that you may seriously and imminently harm someone else that you identify (e.g., homicide or sexual assault)
- Serious professional misconduct* by an identifiable mental health professional

If you choose to disclose any of the above, we will discuss any necessary steps to be taken with you. Steps may include you or I contacting emergency services (in the case of imminent risk of suicide, Ministry of Child and Family services (to protect a minor or dependent adult) or relevant professional association in the case of professional misconduct by a mental health professional.

*Serious professional misconduct in this context refers to actions by an identifiable professional that would be considered illegal and directly harmful the context of their professional duties and responsibilities to their clients.

For example, the B.C, Association of Clinical Counsellors code of ethics describes how Registered Clinical Counsellors "may have complaints made against them [in cases of] ... (a) charges of violating Federal criminal law, (b) charges of injury suffered at the hands of the RCC under malpractice or tort (civil) law, or (c) a violation of BCACC ethics and standards subject to disciplinary procedures as defined by the profession and consistent with the law" (p. 1-2). Similar mandatory reporting standards are described by the Canadian Counselling and Psychological Association and Canadian Psychological Association in their codes of ethics.

Use of Data

The information you provide will be used to better understand 2SLGBTQIA+ people's experiences receiving counselling services in Canada. The information will be analyzed for common themes. As mentioned, names and other identifying information will be omitted to protect your privacy, but direct quotations of yours may be included. Some of the demographic information you provide may be linked to your quotes for context.

The findings of this study will be published in a Master's thesis. The thesis is expected to be successfully defended and accepted at the library by August 31, 2024. Alex also intends to publish findings from this research in journal articles, in interviews and public presentations (e.g. conference presentations, guest lectures, workshops, etc.). Subsequent publication may entail further analyses of the data, and therefore the data will be kept for seven years after the successful thesis defense.

Upon completion of the project, all participants will receive a one-page summary of the research findings via email. The research team will retain your email address to do this, and your email address and phone number will be deleted from our records when the summary has been sent to you.

Potential Risks

The potential risks of participating in this study are minimal. No questions are intended to bring up uncomfortable emotions, though sharing your experiences in counselling may bring up stressful memories for some participants. If you become emotionally distressed during an interview, you will be given the option to pause the interview (for a few minutes or the interview could be rescheduled for later), and you will be reminded of the option to withdraw from the study.

Before starting the interview, the interviewer will give you a handout with mental health support resources, if you feel that you need mental health support or services.

Potential Benefits

There are no direct benefits to individual participants. However, some participants may find that sharing their affirming and non-affirming experiences in counselling, including things that were not present in their counselling experiences but that would have been affirming may provide an opportunity for reflection. Some participants may value knowing they are contributing to research that may be used to better understand counselling competence with 2SLGBTQIA+ clients in Canada.

Study Honorarium

After completing the first interview, you will receive a \$25 honorarium. After completing the second interview, you will receive a \$25 honorarium. Honoraria are paid as cash (if the interview was in-person) or by e-transfer (if the interview was by Zoom).

Contact Information

You are welcome to ask questions before, during, or after your participation in this research. You can contact Alex at XXXX or Dr. Sharalyn Jordan at XXXX with any questions or concerns you may have.

Complaints

If you have any concerns about your rights as a research participant and/or your

experiences while participating in this study, please contact the Director, SFU Office of Research Ethics at XXXX XXXX.

Consent

If you would like to participate in this research, you will need to give audio-recorded (if in-person) or video-recorded (if online by Zoom), verbal consent to the following at the start of the interview:

- Confirm your name
- You have been given sufficient time to read and understand the information about participating in this study.
- You understand the limits to confidentiality.
- You have been given sufficient time and opportunity to ask questions about this study, and you are satisfied with the answers to your questions.
- You agree to have your interview audio-recorded (if in-person) or video-recorded (if online by Zoom).
- You agree to the use of your direct quotations and the demographic information that you provide in publications including a Master's thesis, journal articles, interviews, and public presentations like conference presentations, guest lectures, workshops, etc.
- You agree that data from this study will be kept for seven years after the successful thesis defense.
- You understand you are able to withdraw from the study at any time until the point of publication, without having to provide a reason and without any consequences.
- You understand that you will not be able to withdraw your data once the results have been published.

By consenting, you do not waive any rights to legal recourse in the event of research-related harm.

Note: This consent form was adapted from *Into the Inferno: Counsellor Competency in Firefighter Culture* (p. 99, Appendix D), by M. Kingston, 2023, Simon Fraser University. Copyright 2023 by Mariah Kingston. Adapted with permission.

Appendix G.

Research Ethics Amendment November 2023



Amendment Approval - Delegated

Study Number: [REDACTED]

Study Title: Affirming and Non-Affirming Counselling Experiences of 2SLGBTQIA+ Adults in Canada

Approval Date: November 30, 2023

Expiration Date: August 15, 2024

Principal Investigator: Sharalyn Jordan

SFU Position: Faculty

Faculty/Department: Education

Student Lead: Alex Vanderveen

SFU Collaborator(s): N/A

Research Personnel: N/A

External Collaborator(s): N/A

Funder: N/A

Funding Title: N/A

Funding Number: N/A

Document(s) Approved in this Amendment:

Consent Form, version 6.0 dated November 27, 2023

Interview Guide, version 6.0 dated November 27, 2023

Email for Counselling Organizations, version 2.0 dated November 27, 2023

Recruitment Poster, version 2.0 dated November 27, 2023

Second Interview Guide, version 4.0 dated November 27, 2023

Member Checking Follow-up Email, version 5.0 dated November 27, 2023

Email with Poster, version 2.0 dated November 27, 2023

Member Checking Email, version 6.0 dated November 27, 2023

Email for Convenience Sampling, version 2.0 dated November 27, 2023

Email to Independent Reviewer, version 1.0 dated November 27, 2023

The amendment(s) for ethical review and the document(s) listed above have been reviewed and the procedures were found to be acceptable on ethical grounds for research involving human participants.

Please note that approval of the amendment(s) does not change the expiry date on the current SFU REB approval of this study. The approval for this study expires on the **Expiration Date**. **An Annual Renewal must be completed every year prior to the Expiration Date. Failure to submit an Annual Renewal will lead to your study being suspended and potentially terminated.**

This letter is your official Amendment Approval documentation for this project. Please keep this document for reference purposes.

The amendment to this study has been approved by an authorized delegated reviewer.

Appendix H.

Interview Guide



Ethics application number: XXXXXXXX

Version: 6.0

Date: November 27, 2023

Interview Guide

Study title: Affirming and Non-Affirming Counselling Experiences of 2SLGBTQIA+ Adults in Canada

Participant pseudonym: _____ **Date:** _____

Interview start and end time: _____

[This is a semi-structured interview and intended as a guide. The interviewer may ask unscripted follow-up questions/prompts, vary the sequence of questions, or omit questions to more closely follow focus of the participant and stay within scheduled time.]

Prompts for the interviewer:

Introduction: Introduce yourself, ensure participant comfort, and open space for questions/concerns.

Study: Briefly describe the study and its purpose.

Researcher positionality: Describe aspects of your identities and social locations relevant to the study.

Interview Outline:

Describe interview format/plan and remind participant:

- To only share what they feel comfortable sharing.
- They can skip questions or come back to questions if needed.
- Sharing counselling experiences may bring up stressful memories.
- They can pause the interview for a few minutes, or reschedule, if needed.
- They can choose to withdraw from the study at any time.

Resources and Interview Readiness:

- Provide a mental health resources handout.
- Give participant another opportunity to ask questions.
- Ensure their readiness to continue.

- Questions/concerns?
- Ask participant permission to start recording to obtain their verbal consent. If yes, proceed.

Obtaining Consent

We are now going to start the consent process. I emailed a copy of the consent form a little while back and I brought a copy with me today as well.

To get us started, please state your name.

Have you read and understood the consent form?

Do you have any questions or concerns about anything that is on there?

The “consent” section of the form describes the conditions for participation in this study. Do you consent to participate in the study under the conditions described in the consent form?

Thank you for consenting to participate in this study. Before we start the interview, please confirm the pseudonym you would like to use for the study and any related publications.

Interview

1. Contextual Questions

- a. Tell me a bit about your social/cultural identities that you hold that are important to you. (Probe: E.g., gender, sexual or romantic orientation, race, ethnicity, level of ability, religion, etc.)
- b. What were the main reasons for you pursuing counselling?

2. Critical Incident Component

Now we are going to focus on what counselling has been like for you. Please think back over the counselling services you have received.

Affirming Experiences

- a. Have you ever been able to access counselling that you perceive as affirming? Tell me about your experience in as much detail as possible.

Probes

How did you access this counsellor?

What do you remember about your initial sessions?

Are there particular moments that stand out to you as affirming about this counselling experience?

Follow-up Questions and Reflections

Affirming experience and what it means to participant	Importance	Example
<i>It sounds like this counsellor ... how did that impact you?</i>	<i>I can hear how this experience ... Can you reflect on how that mattered to you?</i>	<i>What led up to it? What occurred? What was the outcome?</i>

Non-Affirming Experiences

- a. Have you experienced counselling that you perceive as non-affirming? Tell me about your experience in as much detail as possible.

Probes:

How did you access this counsellor?

What do you remember about your initial sessions?

Are there particular moments that stand out to you as non-affirming about this counselling experience?

Non-affirming experience and what it means to participant	Importance	Example
<i>It sounds like this counsellor ... how did that impact you?</i>	<i>I can hear how this experience ... Can you reflect on how that mattered to you?</i>	<i>What led up to it? What occurred? What was the outcome?</i>

Wish List

- a. We've talked about your experiences in counselling that were affirming [name them], and experiences that were non-affirming [name them]. If you could imagine anything that was not present in your counselling experiences but that you think could or would have been affirming, what would it be? (Probe: What else might be affirming to you in counselling that you did not experience?)

Wish list item & what it means to participant	Importance	Example
<i>What do you mean by ...?</i>	<i>How would it be affirming? Tell me what it is about ... that you would find affirming</i>	<i>In what circumstances might this be helpful? How would you know if this has occurred?</i>

Questions Related to Professional Practice Guidelines

- a. Counselling guidelines on affirmative counselling practice for 2SLGBTQIA+ clients say that counsellors should understand the positive aspects of identifying as 2SLGBTQIA+ and the ways that individuals and communities are resilient and resistant to stigma and oppression. Is this relevant to you and your experiences? Describe.
- b. Counselling guidelines on affirmative counselling practice also say recommend that counsellors understand the impact of systemic barriers, discrimination and stigma on their clients and commit to advocacy and social justice outside of the counselling relationship. Are these relevant to you and your experiences? Describe.
- c. Lastly, counselling guidelines also say that counsellors should understand how clients' identities, like those related to race, ethnicity, class, level of ability intersect with those related to gender and sexuality, as this can affect a person's experiences of privilege and oppression. Is this relevant to you and your experiences? Describe.

3. Demographic questions

Prompts for interviewer:

- I am interested in how your social locations and identities may influence your experience of counselling. Let me know if I miss anything important.

- Only share what you feel comfortable sharing. You can skip any questions.
- I will note your responses and we can review them together if you would like.

1. How old are you?
2. What province or territory do you live in?
3. What is the highest level of education you have completed?
4. What is your personal annual income?
5. How do you identify your race/ethnicity?
6. Which languages are you fluent in?
7. What is your immigration history?
8. How do you identify your gender?
9. What was the sex you were assigned at birth?
10. Do you identify as intersex?
11. How do you identify your sexual/romantic orientation?
12. Do you identify with any disabilities? If yes, how do you identify?
13. Do you identify with any religion or faith? If yes, how do you identify?
14. Do you have children?
15. What is your relationship status?
16. What type of relationship(s) are you in? E.g., monogamous, non-monogamous, polyamorous, relationship anarchy, etc.
17. Is there anything else about who you are that you think has been significant to your experiences in counselling?

Counselling-related questions

18. What type of counselling are you receiving, or have you received over the past year? E.g., individual, group, couples/family, etc.
19. Are you currently receiving counselling services?
 - if no, when did you last attend counselling?
20. Please select the response that most reflects your experience: I attended counselling for reasons related to my gender identity/expression or

sexual/romantic orientation?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

21. What professional title did your counsellor use? E.g., counsellor, counselling psychologist, psychologist, therapist, etc.

22. If you know, how did your counsellor identify their gender?

23. If you know, how did your counsellor identify their sexual/romantic orientation?

Closing

Prompts for interviewer:

- Thank participant and check in on how they are doing.
- Describe next steps: Emailing summary of analysis and sections of their interview for their review; scheduling second interview.
- Is it ok with you if I link your demographic information to your quotes to provide context?
- If I were going to give a short tag line with your quotes, what would you like included?
- Is there any demographic information that you would not like linked to your quotes?
- Do you have any questions or concerns before we end the interview?
- Thank participant again and give them the \$25 honorarium.

Notes:

This interview guide is an adaptation of Butterfield and others' (2009, Appendix A, p. 279-281) Sample Interview Guide: "Doing Well" Strategies Being Used.

The Questions Related to Professional Practice Guidelines were informed by the APA Guidelines for Psychological Practice with Sexual Minority Persons (2021); APA Guidelines for Psychological Practice With Transgender and Gender Nonconforming People (2015); ACA Competencies for Counseling With Transgender Clients (Burnes et al., 2010); and ALGBTIC Competencies for Counseling With Lesbian, Gay, Bisexual, Queer, Questioning, Intersex, and Ally Individuals (Harper et al., 2013).

Appendix I.

Mental Health Support Resources



Study number: XXXXXXXX

Version: 2.0

Date: June 11, 2023

Mental Health Resources

If you feel that you need mental health support or services at any time, please consider contacting one of the following resources:

Emergency If you are in an emergency and need fire/ambulance/police, dial 911

BC-wide support

- Crisis Centre of BC: Immediate access to confidential support 24/7/365
<https://crisiscentre.bc.ca/get-help/>
 - 1-800-SUICIDE (784-2433)
 - Mental Health Support Line: 310-6789
- Explore resources offered by Qmunity – BC's Queer, Trans, and Two-Spirit Resource Centre: <https://qmunity.ca/get-support/> or 1-800-566-1170
- Find a registered counsellor at: <https://bc-counsellors.org/counsellors/>

Canada-wide

- If you are in immediate crisis or have suicide-related concerns, contact the Canadian Mental Health Association at
 - 1-833-456-4566 toll free (In QC: 1-866-277-3553), 24/7
 - or talksuicide.ca
- Trans Lifeline - peer support phone service run by trans people for trans and questioning peers <https://translifeline.org/>
 - 1-877-330-6366 (Canada number)

Note: This mental health resources handout form was adapted from *Into the Inferno: Counsellor Competency in Firefighter Culture* (p. 107, Appendix G), by M. Kingston, 2023, Simon Fraser University. Copyright 2023 by Mariah Kingston. Adapted with permission.

Appendix J.

Analysis Template

Summary of interpretation and analysis to date

Below are the main process and sub-process themes interpreted from all of the interviews to date. I included all [#] pages, but please don't feel like you have to read the whole thing.

Requested action: Please review the sections highlighted in yellow. We can discuss these and anything else you see as important in our second interview.

Please note that these are preliminary ideas and may continue to evolve and change prior to publication. I have included examples of your quotations that could be used, but other quotations from your interview may be used as well. Quotations have been edited for readability (e.g., removing filler words like 'uh,' 'um,' 'like,' 'you know'; false starts, repeated words).

1. **Main process theme: Becoming** is a dynamic state for queer clients (hereafter referred to as clients) in counselling that can be fostered by specific types of positive/affirming interactions with counsellors, including: establishing an authentic connection, affirming humanity, and building a foundation for actualizing.

a. **Sub-process theme: Establishing an authentic connection** is facilitated by counsellors being present and holding space (e.g., listening carefully, conveying understanding), using curiosity ethically, and centering consent in all of their interactions.

Examples

b. **Sub-process theme: Affirming humanity** involves counsellors engaging with and responding to aspects of their clients' social locations and experiences, including queerness. This includes applying relevant knowledge, skills, and experience; seeing the whole person; and responding to client needs.

Examples

c. **Sub-process theme: Building foundation for actualizing** involves counsellors helping clients critically examine social expectations and ideologies (e.g., hetero/cis-normativity, racism), presenting possibilities, and supporting exploration.

Examples

d. **Sub-process theme: Actualizing** results in clients being authentic (in counselling and socially), advocating for self and others, and experiencing personal transformation (i.e., an expanding sense of self).

Examples

e. **Condition for Becoming: *Maintaining a trusting counselling relationship*** supported becoming when counsellors established an authentic connection, led with ethics, and took time to build trust.

Examples

f. **Condition for Becoming: *Counsellor identities and experiences*** supported becoming when counsellors located themselves and their work, and drew upon their first-hand experiences (in some cases, lived experiences) to help support their clients.

Examples

2. **Main process theme: *Being erased*** is a dynamic state for clients that can be fuelled by specific types of negative/non-affirming interactions with counsellors, including: constraining actualization, denying humanity, and working at odds.

a. Sub-process theme: *Constraining actualization* involves counsellors denying exploration of clients' identities, pathologizing clients' identities or experiences, and limiting possibilities.

Examples

b. Sub-process theme: *Denying humanity* occurred when counsellors lacked relevant knowledge, skills, and experience; made assumptions, held biases; and missed clients' needs.

Examples

c. Sub-process theme: *Working at odds* occurred when counsellors dishonoured their clients' autonomy and choice, lacked awareness of client experience in session, and solicited education.

Examples

d. Sub-process theme: *Erasure* resulted in disruption to clients' therapeutic progress (e.g., client focusing on counsellor's needs), impeding help-seeking (e.g., taking gaps in counselling), and delaying actualization (e.g., directing away from queer identity/experiences).

Examples

e. **Condition for Being Erased: *Betraying trust*** occurred as a result of counsellors' engagement in the sub-processes of being erased.

Examples

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3. **Tensions between becoming and being erased** emerged in participants' telling of their counselling experiences. These are conceptualized within the following three categories.

a. **Simultaneously affirming and non-affirming experiences** were described by participants as experiences contributing to both becoming and being erased, with the same counsellor.

Examples

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b. **Risks of affirmation:** For clients - aversive responses to being fully seen for the first time. For counsellors – clients potentially outgrowing their counsellors after healing and growth.

Examples

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c. **Negative experiences lowering standards**

Examples

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4. **Steps to becoming** are participant recommendations for counsellors that emerged by identifying unmet needs, wish list items (things not present in counselling experiences that could have been affirming), and imagining a queer-joy filled future for mental health.

Examples

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5. **Meaning-making** includes how participants came to understand their experiences by looking back with increased knowledge and experience, comparing and contrasting their past experiences, and coming to realizations through dialogue with others (including the interviewer).

a. **Looking back with increased knowledge and experience**

Examples

--

b. **Comparing and contrasting past experiences**

Examples

--

c. **Realizing in dialogue**

Examples

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Appendix K.

Revised Transcript Template

Part 1: Demographic information

Requested action: Please let me know if you would like to change or exclude any of the information that will be linked to your quotes or presented in aggregate.

Note 1: I adapted some of the “linked” information below to be more general to protect your identity, but can make changes as requested.

Note 2: Other personal information that you shared may be referenced in your direct quotes. See part 2 below for steps taken to remove identifiable information.

Demographic information that may be linked to your pseudonym and quotes in publication:

- Pseudonym:
- Age:
- Race/ethnicity:
- Gender identity:
- Pronouns:
- Other:
- Demographic information of your counsellors (e.g., gender, approach)
- **Note:** Other personal information that you shared may be referenced in your direct quotes. See part 2 below for steps taken to remove identifiable information.

Demographic information in the table will be presented in publication, in aggregate (with the exception of the info listed above). This information consists of your responses to the demographic questions, except for “counsellor’s counselling approach” and “trauma,” which may have been gleaned from your responses to other interview questions, if applicable.

Example of how information may be presented in aggregate: “Participants ages ranged from X to X. Participants identified across a range of gender identities including ... and sexual and romantic orientations including X number of participants were assigned female at birth and X assigned male at birth. X number of participants described having experienced trauma. Etc.”

[Participant pseudonym]	Demographic information
Age	
Personal annual income	
Attended counselling for reasons related to my gender identity/expression or sexual/romantic orientation	
Children	
Counsellor’s counselling approaches	
Counsellor gender identity, if known	
Counsellor sexual, romantic orientation, if known	

Counsellor professional title	
Currently receiving counselling services	
Disabilities	
Highest level of education completed	
Fluent languages	
Gender identity	
Immigration history	
Intersex	
Anything else about who you are that has been significant to your experiences in counselling?	
Pronouns	
Province, territory	
Race, ethnicity	
Relationship status	
Relationship type	
Religion, faith	
Sex assigned at birth	
Sexual and/or romantic orientation	
Trauma	
Type of counselling over past year	

Part 2 Interview transcript

In the interview transcript below, I have included everything that you shared that could be part of the data interpretation and analysis, and that I may draw on for publication. I would like to provide you with this and offer you some time to reflect on what you felt was important to share in the interview. I have removed information that I thought might be identifiable, indicated by “[omitted or a generic placeholder].” Please note that quotations will be edited for readability (e.g., removing filler words like ‘uh,’ ‘um,’ ‘like,’ ‘you know’; false starts, repeated words).

Requested action: If you notice any information that might be identifiable to you, please let me know.

Appendix L.

Second Interview Guide



Ethics application number: XXXXXXXXX

Version: 4.0

Date: November 27, 2023

Second Interview Guide

Study title: Affirming and Non-Affirming Counselling Experiences of 2SLGBTQIA+ Adults in Canada

Participant pseudonym: _____ **Date:** _____

Interview start and end time: _____

Prompts for the interviewer:

Introduction: Introduce yourself, ensure participant comfort, and open space for questions/concerns.

Interview Outline/Purpose:

- Describe purpose of second interview.
- Interview is recorded and I will take notes.
- If participant would like, I can email the notes to them so they can review, and approve or revise.
- Remind participant to only share what they feel comfortable sharing.
- Ensure their readiness to continue.
- Questions/concerns?
- Ask permission to begin recording and commence the interview.

Interview

1. Getting input on the interview transcript sections that might be published

- a. Is there any information they would like omitted? (e.g., any remaining information that might be identifying)
- b. Questions or comments?

2. Input on demographic information linked and aggregate.

3. Obtaining feedback on the categories

- a. Do the categories capture your experience and the meaning of the experience for you?
- b. Are there any experiences in the categories that do not appear to fit from your perspective?
- c. If so, where do you think they belong?
- d. Is anything missing?
- e. Do you have any other comments or questions?

3. Follow-up or new questions that arose during analysis of first interview

4. Additional questions for theoretical sampling

Closing

Prompts for interviewer:

- Thank participant and check in on how they are doing.
- I will e-transfer you the \$25 honorarium once we end the interview.
- Would you like me to email my notes to you for to review?
 - If yes: let participant know I will email the notes after the interview.
- Do you have any questions or concerns before we end the interview?
- Thank you again, take care.

Note: This interview guide is an adaptation of Butterfield and others' (2009, p. 276–277) crosschecking instructions.

Appendix M.

Research Ethics Amendment September 2023



Amendment Approval - Delegated

Study Number: [REDACTED]

Study Title: Affirming and Non-Affirming Counselling Experiences of 2SLGBTQIA+ Adults in Canada

Approval Date: September 22, 2023

Expiration Date: August 15, 2024

Principal Investigator: Sharalyn Jordan

SFU Position: Faculty

Faculty/Department: Education

Student Lead: Alex Vanderveen

SFU Collaborator(s): N/A

Research Personnel: N/A

External Collaborator(s): N/A

Funder: N/A

Funding Title: N/A

Funding Number: N/A

Document(s) Approved in this Amendment:

Consent Form, version 5.0 dated September 11, 2023
Email with Consent Form, version 3.0 dated September 11, 2023
Interview Guide, version 5.0 dated September 11, 2023
Email for Counselling Organizations, version 1.0 dated September 11, 2023
Recruitment Poster, version 1.0 dated September 11, 2023
Email to Expert, version 2.0 dated September 11, 2023
Email to Independent Judge, version 2.0 dated September 11, 2023
Second Interview Guide, version 3.0 dated September 11, 2023
Member Checking Follow-up Email, version 4.0 dated September 11, 2023
Email with Poster, version 1.0 dated September 11, 2023
Eligibility Survey, version 2.0 submitted September 16, 2023
Member Checking Email, version 5.0 dated September 11, 2023
Email for Convenience Sampling, version 1.0 dated September 11, 2023

The amendment(s) for ethical review and the document(s) listed above have been reviewed and the procedures were found to be acceptable on ethical grounds for research involving human participants.

Please note that approval of the amendment(s) does not change the expiry date on the current SFU REB approval of this study. The approval for this study expires on the **Expiration Date**. **An Annual Renewal must be completed every year prior to the Expiration Date. Failure to submit an Annual Renewal will lead to your study being suspended and potentially terminated.**

This letter is your official Amendment Approval documentation for this project. Please keep this document for reference purposes.

The amendment to this study has been approved by an authorized delegated reviewer.