A Client Centered Approach to Working with LGBTQI Individuals

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Client Centered and LBGTQI

- Participants will explain the major problems that affect members of the LGBTQI community.
- Participants will describe what it means to be gender variant.
- Participants will assess if individuals fit the criteria for a Gender Dysphoria Diagnosis in DSM-V.
- Participants will be able to explain why Client Centered Therapies are a good fit when working with this population.
- Participants will apply Client Centered principles in therapy with LGBTQI individuals.

The LGBTQI Community

Terms

- Cis-gender: A "match" between assigned gender and felt gender.
- Cross-Dresser/Transvestite: Someone who occasionally wears clothing that is typical of another gender. Cross-Dressers do not necessarily wish to change genders.
- Drag King/Queen: Wearing the clothing of another gender, sometimes in an exaggerated or stereotypical way. People use the terms Drag King and Drag Queen when performing gender as parody, entertainment, or art.
- Female to Male: Used to identify a person assigned female at birth who identifies as male or masculine, or lives as a man.
- Gender: A social construct based on emotional and psychological characteristics that classify someone as feminine, masculine, androgynous, or other.
- Gender Binary: The exclusive categories of male and female.
- Genderqueer/Gender Fluid: Used when someone feels they do not fit on the spectrum of trans but identifies their gender on the continuum between or outside of the gender binary.
- Intersex: Term used for people born with a reproductive or sexual anatomy that does not fit the typical definitions of male or female.
- Male to Female: Used to identify a person assigned male at birth who identifies as female or feminine, or lives as a woman.
- Passing: The process by which a trans persons gender identity is perceived by others in a way that is consistent with their experience of their gender identity.
- Transgender: Those who transgress social gender norms. Often used as an umbrella term to encompass transsexuals, genderqueers, cross-dressers, and gender non-conformists.
- Transsexual: People who are severely uncomfortable with the mismatch of their assigned and felt genders and are working towards living as their felt gender. Transsexuals often take steps in order to bring their assigned gender into alignment with their felt gender (surgery, hormone injections, etc.).

Using These Terms

- It is important in practice you use the terms your client is most comfortable with.
- If you begin working with someone who is transgender or gender nonconforming ask them what pronouns and proper names they prefer to be called.
- Some clients may not identify as male or female so in your reports and case notes try to avoid using those pronouns and use the client's name.
Examples

- This is What Trans Looks Like
- Being Intersex
- Being Genderqueer
- Media Portrayals
- Orange is the New Black
- Uses a transgender actress to portray a trans character
- Trans characters have been traditionally portrayed by cis-gender actors and actresses
  - Jared Leto (Dallas Buyer's Club)
  - Jeffrey Tambor (Transparent)
  - Felicity Huffman (Transamerica)
  - Kathleen Turner (Friends)
  - Eddie Redmayne (The Danish Girl)

Sociological Problems Faced

- Discrimination
- Employment, education, housing, health care
- Also being discriminated against in interpersonal relationships and often times by family members
- Stigma
- Social exclusion
- Economic alienation
- Homelessness, especially among LGBTQI youths
- Violence perpetrated against transpersons and other non-binary individuals; bullying, abuse, persecution
- High rates of violent crime and murder against homosexuals and transgenders

Psychological Problems Faced

- Internalized transphobia
- Results from internalizing negative messages based on society's expectations of what is considered normal
- Increased rates of depression and anxiety compared to the total population
- Higher risk of suicide
- Decreased sense of social support from family and loved ones
- Higher risk for mental distress because of experiences of discrimination
- Psychological effects of trauma
- Violence perpetrated against the individual or a close friend within the LGBTQI community could be very traumatic

Statistics

- In the first 10 months of 2011, 225 transgender people were killed
- Transgender women accounted for 44% of gay and transgender murder victims in 2009 though they only account for 9% of the LGBT population
- 14% of transgender people report being a victim of rape
- 73% of transgender youth report being harassed
- Over 50% of transgender people have reported being violently assaulted
- According to a 2011 report, 19% of transgenders in the US reported being denied medical care due to their transgender or non-conforming status
- 64% of transgender people report suicidal feelings as a result of transphobic violence or traumatic instances

List of Trans Individuals Honored on Trans Remembrance Day (International List, 2016)

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Year of Death</th>
<th>Cause of Death</th>
<th>Location</th>
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<tr>
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<td>1999</td>
<td>Beaten to death</td>
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<td>India Nascimento</td>
<td>29 years old</td>
<td>2011</td>
<td>27 stab wounds</td>
<td>Unidentified</td>
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<td>Paulinha Robaina</td>
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<td>C.N. Alves de Matos Jr</td>
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<td>Mercedes Williamson</td>
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<td>Christine Littleton</td>
<td>37 years old</td>
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</tbody>
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Other Sociological Problems

- Higher High School drop-out rates for teenagers
- Inappropriate use of pronouns and inappropriate personal questions
- These questions are usually about the person's physical gender and sexual orientation
- Job discrimination
- Marriage equality

- In 1999 a court in Texas invalidated a seven-year marriage between Christine Littleton, a transgender woman, and her deceased husband. The case arose when Mr. Littleton brought a wrongful death suit seeking damages for her husband's death as a result of alleged medical negligence. Rather than ruling on the merits of Mr. Littleton's suit, the court held that a person's legal sex is genetically fixed at birth and that Mr. Littleton should be deemed to be legally male, despite his female anatomy and appearance, and despite the fact that she had lived as a woman for most of her adult life. As a result of that decision, Mr. Littleton was denied all of the rights afforded to a legal spouse—only for the right to bring a wrongful death suit, but the right to innovate inheritance (or inheritance without a will), to obtain her deceased husband's Social Security and retirement benefits, and many others as well.
No trans individuals have ever been arrested for sexual misconduct in bathrooms but three US lawmakers have been.

North Carolina House Bill 2

- "House Bill 2 declares that state law overrides all local ordinances concerning wages, employment and public accommodations ... the law now bars local municipalities from creating their own rules prohibiting discrimination in public places based on sexual orientation and gender identity. Though North Carolina does have a statewide nondiscrimination law, it does not include specific protections for LGBTQ people.

- The law also directs all public schools, government agencies and public college campuses to require that multiple-occupancy bathrooms and changing facilities, such as locker rooms, be designated for use only by people based on their "biological sex" stated on their birth certificate. Transgender people can use the bathrooms and changing facilities that correspond to their gender identity only if they get the biological sex on their birth certificate changed. Under the law, public institutions can still offer single-occupancy facilities."

Microaggressions

"everyday verbal, nonverbal, and environmental slights, snubs, or insults, whether intentional or unintentional, which communicate hostile, derogatory, or negative messages to target persons based solely upon their marginalized group membership"

Ridiculous Propaganda

(There has only ever been one reported case, in Canada, of an individual cross dressing to perpetrate sexual or physical violence in a restroom in 35 years)

Protective Factors

- Social & Family Support
  - Gay Straight Alliance
  - Parents, Families, and Friends of Lesbians and Gays (PFLAG)
  - Human Rights Campaign
  - It Gets Better Project
- Low Internalized Homophobia or Transphobia
- Realistic expectations of acceptance and rejection
- Contact with other individuals in the LGBTQI community
- Religiosity
Success Stories

Athletes
- Chris Mosier: First openly trans person to compete on an USA Olympic team
- Renee Richards: Allowed to play in the US Open as a woman after legislation was passed that established transsexuals are legally accepted in their new identity after reassignment surgery
- Kye Allums: First openly transgender athlete in NCAA Division I
- Caitlyn Jenner: All of her Olympic records were amended to reflect her felt identity
- Lana Lawless: Sued to have the “female at birth” rule removed from the LPGA rules so she could compete
- Fallon Fox: First openly transgender mixed martial arts fighter

Success Stories Continued

Competitors
- Jenna Talackova: First openly transgender candidate to compete in Miss Universe Canada in 2012, after initially being rejected because of her gender status
- Writers/Composers
  - Lana & Lilly Wachowski: Trans siblings who worked on the Matrix franchise, and film adaptations for V for Vendetta and Cloud Atlas
  - Janet Mock: Author of Redefining Realness
  - Chaz Bono: Writer and LGBTQ activist
  - Kate Bornstein: Author of the transgender manifesto Gender Outlaw
  - Wendy Carlos: Composed the soundtrack for A Clockwork Orange, The Shining, and Tron

Families continued

- One famous family, Brad Pitt and Angelina Jolie, have gained a lot of attention from the media because one of their biologically female children identifies with the masculine gender and wishes to be called John. Angelina and Brad have been very accepting and supportive allowing John to wear the clothes he wants and to style his hair how he sees fit
- The media however has been just terrible, attempting to shame the couple for the acceptance of their child’s masculine identity and claiming this parenting style is harmful for the child

Role of Families

- One transgender writer, Chris Edwards, believes that more prominent Transgender success stories would breed more supportive and accepting families.
- Parental and familial support is crucial in developing a healthy sense of gender identity
- Non-binary and non-cis gender identification should not be seen as unhealthy and should be treated with respect, love, and support.
- “The role of coping within the family unit was related to making meaning of gender within the family and accepting the youth's gender identity” (Budge, Adelson & Howard, 2013, pg. 546)
- Too often families who do not understand the struggles of their trans children will kick them out of the house, disown their children, or shame them
- Transgender individuals often perceive that they receive less social support from their family members than their non transgender siblings (Budge, Adelson & Howard, 2013)
  - Lulah Alcorn

DSM V: Gender Dysphoria

An incongruence between experienced/expressed gender and assigned gender, of at least 6 months, manifested as two of the following symptoms
- Incongruence between experienced gender and primary and/or secondary sex characteristics
- Strong desire to be rid of one’s primary/secondary sex characteristics
- Strong desire for the primary/secondary sex characteristics of the other gender
- Strong desire to be the other gender
- Strong desire to be treated as the other gender
- Conviction that one has the typical feelings and reactions of the other gender
- The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning

(American Psychiatric Association, 2013)
Why Gender Dysphoria is Important

- The change from Gender Identity Disorder in DSM-IV to Gender Dysphoria in DSM-V was meant to lessen the stigma associated with the diagnosis.
- “It is a clinical term used to describe the symptoms of excessive pain, agitation, restless, and malaise that gender-variant people seeking therapy often express” (Moleiro & Pinto, 2015, pg. 3).
- The diagnosis is only given to individuals who are severely distressed by the incongruence they feel between their expressed and assigned genders.
- Not all trans people have gender dysphoria.
- The addition of the specifier concerning transition status is another important aspect of the diagnosis.
  - The specifier ensures treatment access to those undergoing hormone therapy treatments, getting related surgeries, or seeking psychotherapy during their transition.
  - Insurance helps pay for medical procedures relating to transitioning if the person is diagnosed with gender dysphoria.

Client Centered Therapy

Overview

- Developed by Carl Rogers
- Uses a positive view of individuals
- Way of being
- Emphasizes understanding and caring
- Necessary conditions for therapeutic change
  - Client must be anxious or incongruent
  - Client must be in contact with the therapist
  - Therapist
    - Genuine
    - Accepting
    - Offer unconditional care
    - Empathic

History

- Interested in Four Elements of Relational Therapy (1938)
  - Emphasis on the quality of the Therapeutic relationship
  - Focus on enabling clients to “experience and realize” their own attitudes
  - Acceptance of clients
  - Clarification of client’s feelings and acceptance of the client
- Roger’s basic elements
  - A sympathetic, understanding, respect for the client
  - An understanding of the self and of the client

Basic Concepts

- Actualizing Tendency
- Self
- Ideal Self
- Self-Actualization
- Congruence
- Incongruence
- Psychological Adjustment
- Psychological Maladjustment
Basic Concepts
- Actualizing Tendency
  - Roger (1959)
    - "The inherent tendency of the organism to develop all its capacities in ways which serve to maintain or enhance the organism"
  - It is a natural function for people to move toward differentiation, growth, wholeness, integration, etc.
  - Foundation for client-centered psychotherapy

Phenomenology and the ‘Self’
- Our ‘Self’ is fluid and changing.
  - "An organized consistent gestalt, constantly in the process of forming and reforming". (Rogers 1959: p201).
  - Dynamically changing, reflecting the actualizing tendency.
- The Self:
  - Who we are at a given moment.
  - Influenced by the factors that shape perception.
  - Guided by our ‘actualizing tendency’.
  - "The Self may ... reflect the past, but it is not constrained by it; it is always possible for a new pattern to emerge...".

The Organism and the 'Actualizing Tendency'
- We have physical needs arising from the biological nature of our being.
- "The actualizing tendency reflects (our) desire to grow, to develop and to enhance (our) capacities".
- An intrinsic part of our/all life.
- Capacity to guide and direct our behaviour “in to ways that foster growth and happiness”.

Phenomenology and the ‘Self’
- "Rogers referred to an individual’s unique perception of the world as their phenomenal field".
- "We live by a perceptual map which is never reality itself".
- Our perceptions of external reality are what shapes our lives.
- The most significant influence on how we act in our phenomenal field is our sense of self.

The Ideal Self, Congruence and Incongruence
- ‘Self’ and ‘Ideal Self’:
  - "... who we would like to be, and the goals and aspirations we have for our lives".
  - The ‘Ideal Self’ can be similar to the real ‘Self’ or radically different.
  - If they are similar, a person experiences a sense of ‘congruence’ or integration.
  - If they are dissimilar a person experiences a sense of incongruence, contradictions and a mismatch / anxiety.
Basic Concepts

- **Congruence**
  - State in which the person's self-concept and experiences (thoughts, feelings, and behaviors) are in harmony
- **Incongruence**
  - A state of discrepancy between a person's thoughts, feelings or actions and the way they see themselves

Incongruence

- Gap between the real self and the ideal self “the I am” and the “I should”
- The greater the gap, the more incongruity
- The more incongruity, the more suffering
- Incongruity is what Rogers means by neurosis
  - Being out of synch with your self

Psychological Adjustment

- The concept of self is congruent and integrated, which allows experiences to be assimilated on a symbolic level into the gestalt of the self-structure

Psychological Maladjustment

- The person denies or distorts in awareness, significant experiences, which creates an incongruence between self and experience

Defenses

- When you are in a situation where there is an incongruity between your image of yourself and your immediate experience of yourself, you are in a threatening situation.
- Example: You have been taught to feel unworthy if you do not get all A’s and yet you are not really that a “all A student”, then situations such as test are going to bring that incongruity to light-test will be very threatening.
- Threatening situation cause anxiety. Anxiety is a signal indicating that there is trouble ahead, that you should avoid the situation. We tend to psychologically avoid situation by using defenses.

- Roger’s ideas of defenses=Similar to Freud’s except that Rogers considers everything from a perceptual point of view (memories and impulses are thought of as perceptions)
- Roger’s proposed two defenses:
  - **Denial**
    - Block out threatening situation
    - Keeping a memory or impulse out of your awareness refuse to perceive it (a person never picks up test so he does not have to face poor grades)
  - **Perceptual Distortion**
    - Reinterpreting the situation so that it appears less threatening (similar to Freud’s rationalization) (student that is threatened by tests and grades may blame the professor)

- Every time a person uses a defense, he/she put a greater distance between the real and ideal self
- They become ever more incongruous, and find themselves in more and more threatening situations, develop greater and greater levels of anxiety, and use more and more defenses.... It becomes a vicious cycle that the person eventually is unable to get out of, at least on their own
Defenses

Psychosis

- As per Rogers (partial explanation)
  - Psychosis occurs when a person’s defenses are overwhelmed, and their sense of self becomes ‘shattered’ into little disconnected pieces. His behavior likewise has little consistency to it. We see him as having ‘psychotic breaks’ – episodes of bizarre behavior. His words may make little sense. His emotions may be inappropriate. He may lose the ability to differentiate self and non-self, and become disoriented and passive.

Basic Concepts Relating to Fully Functioning Person

- Experience
  - Everything that is going on within the person at any moment which is or could be brought into awareness.
- Openness to Experience
  - Ability to take in information from within or from the external environment without defensiveness

Basic Concepts Relating to Personality Development

- Positive Regard
- Unconditional Positive Regard
- Positive Self-regard
- Unconditional Self-Regard

Basic Concepts

- Conditions of Worth
- Locus of Evaluation
- Organismic Valuing Process (organisms know what is good for them: evolution has provided us with the senses, the tastes, the discrimination we need: we are hungry, we find food not just any food, but food that tastes good. Food that tastes bad is likely to be spoiled, rotten, unhealthy)
- Internal Frame of Reference
- External Frame of Reference
- Empathy

Personality Development

- Development is influenced by the nature and quality of social interaction.
- “Positive regard”:
  - Positive social contacts may provide a feeling of belonging, being valued and loved.
  - Any form of attention is ‘positive regard’.
  - Positive regard is so important, we may ignore other aspects of the Self in order to obtain it.
  - Has an ‘evolutionary’ quality? We need social approval.

(Glassman and Hadad 2004: p263.)
Personality Development
• "Conditions of worth":
  • Obtaining ‘positive regard’ is a measure of ‘self worth’, and can become an end in itself.
  • ‘Conditions of worth’ are often created externally by others (e.g. parents).
  • Introjecting the values of others into our ‘ideal’ sense of self can involve a distancing from who we really are.
  • "When pleasing others becomes more important than one's own actualizing tendency, then healthy growth is threatened."
  (Glassman and Hadad 2004: p263).

Personality Development
• Conditional and Unconditional Positive Regard:
  • UPR is an acceptance and caring extended because we are human.
    - Regard for the person may be unconditional – while acceptance of actions may still be conditional.
  • CPR is extended for meeting certain standards of behaviour.
    - Creates a ‘mixed message’ where acceptable behaviour is confused with an acceptable self.
  (Glassman and Hadad 2004: p264 / 5).

Conditions for Growth?
• What fosters or creates ‘congruence’?
  • Unconditional positive regard, openness and empathy.
  • Unconditional positive regard:
    - "accepting each person has value without reference to what they do or don’t do, this other individual as a separate person having worth in his own right.
    - UPR allows the individual to develop a sense of self through their own actualizing tendency, perceptions and experiences.
  • Openness (or congruence):
    - "…a person freely expressing their own sense of self, rather than playing a role or hiding behind a façade”.
    - Rogers believed that openness also created increasing self-awareness.
  • Empathy:
    - The ability to understand another person’s feelings, perceptions and points of view.
  (Glassman and Hadad 2004: p265).

Conditions for Growth?
• The three conditions of growth will tend to be experienced together.
  • The conditions for growth are intended to allow a person to evaluate their own experiences based on their actualizing tendency.
  • The conditions are a ‘continuum’ – we try to express them. It is the act of trying that is important.
  (Glassman and Hadad 2004: p266 / 7).

Dynamics of Rogers Core Conditions
• Rogers: Core Conditions for Growth
  - "One way of assisting the individual to move towards openness to experience is through a relationship in which he is prized as a separate person,
  - in which the experiencing going on within him is empathically understood and valued,
  - and in which he is given the freedom to experience his own feelings and those of others without being threatened in doing so”.
  (Rogers 1967: p24).
The Outcome?
“The Fully Functioning Person”
• The ‘ideal’ of growth is to be the fully functioning person.
• Congruence produces a confidence and self-esteem that allows us an openness to experience our world and feelings. Trusting our ability to deal with the world, we can experience spontaneity, self-direction and compassion.

(Glassman and Hadad 2004: p268).

The “Fully Functioning Person”
• Openness to experience.
• Existential Living (living in the here and now).
• Organismic Trusting.
• Experiential freedom (free choices when choices are available to us).
• Creativity.

The ‘Mature Person’
• Being ‘real’. Being ‘who one is’. Expressing one’s feelings honestly.
• Self-direction. Pride and confidence in one’s life choices.
• Valuing one’s self and feelings positively.
• Focusing on life as a process rather than a goal.
• Valuing openness – relationships – other people.
• Glassman and Hadad (2004: p270)

Evaluating Rogers’ Theories?
• Phrased broadly and generally.
• Hard to measure or create means of evaluation (except via inter-subjective agreement).
• Questionable whether we can define ‘ideal development’.
• Cross-cultural studies would suggest the model of self might be inconsistent.

(Evaluating Rogers’ Theories?)
• There is a ‘one size fits all’ quality to the theory? The same conditions work for all? Do they?
• Taken as ‘defined’ or ‘dogma’ by his followers for many years. Only now being further developed.
• A ‘turning point’ in psychology in his (Rogers’) focus on phenomenology.

Evaluating Rogers’ Theories?
• A positive and constructive view of humanity. A hopeful ‘face value’ that has been and is inspiring to many.
• Provided the first focus in therapy away from ‘techniques’ and ‘professional power’ towards the quality of relationship.
• Has been built on in developments of Positive Psychology.
• Voted repeatedly (American Psychological Association) as the most influential psychotherapist in the field.
A Measure of Carl Rogers

“In my early professionals years I was asking the question: How can I treat, or cure, or change this person? Now I would phrase the question in this way: How can I provide a relationship which this person may use for his own personal growth?

I have gradually come to one negative conclusion about the good life. It seems to me that the good life is not any fixed state. It is not, in my estimation, a state of virtue, or contentment, or nirvana, or happiness. It is not a condition in which the individual is adjusted or fulfilled or actualized. To use psychological terms, it is not a state of drive-reduction, or tension-reduction, or homeostasis. The good life is a process, not a state of being.

It is a direction not a destination.’

From On Becoming a Person, 1961

Summary

* “Man does not simply have the characteristics of a machine; he is not simply a being in the grip of unconscious motives; he is a person in the process of creating himself, a person who creates meaning in life, a person who embodies a dimension of subjective freedom”
* “He is a figure who, though he may be alone in a vastly complex universe, and though he may be part of that universe and its destiny, is also able to live dimensions of his life which are not fully or adequately contained in a description of his conditioning or unconscious.”
  * Rogers 1964: p129

Using Client Centered Therapy with the LGBTQI Community

Gate Keeper Myth

* Individuals who are distressed by the incongruence they feel may see psychologists as “gate keepers” or as people who grant or take away their access to insurance assisted surgery
* They may present in a way that seems artificial because they want to say the “right thing” to get the diagnosis, they may also appear guarded because they do not want to say the wrong thing
  * “Trans people may feel the need to express a personal narrative consistent with what they believe the clinicians’ expectations to be, for accessing hormonal or surgical treatments” (Molerio & Pinto, 2015, pg. 4)
* Some people may come to therapy in order to obtain insurance for surgery but others may just come for therapy, not everyone is headed down the path to transition

Previous Treatments

* LGBTQI individuals report for psychotherapy at higher rates than non-LGBTQI individuals
* They may have had experiences with therapists that left a bad impression of what therapy is and what therapists do
* LGBTQI individuals are at higher risk for ineffective or harmful therapies
  * Some professionals still believe in the “merits” of conversion therapy
  * Older individuals in the LGBTQI community may have painful memories of other treatments
  * A story from the 1960s: “She underwent electric shock treatment virtually every day for two weeks. The clinician had pasted a photo of her face onto female catalogue models and administered a painful shock to her arms as she looked at each of them. Tired of pain and feeling no better, she eventually resorted to telling him she no longer thought she was a woman, and was promptly told to go and get married in order to seal the cure” (Livingstone, 2008, pg. 142)
“In a person-centered approach to therapy the confused, tentative, and almost incoherent thinking of an individual who knows he has been evaluated as abnormal is really respected by being deemed well worth understanding” (Livingstone, 2008, pg. 138)

A Client Centered Approach
- Providing unconditional positive regard, congruence, and empathy
- Adopting the client’s perspective
- Encouraging the client’s locus of evaluation
- Emphasizing the client’s notion of self-concept
- Believing in the client’s capacity for growth
- Ensuring the growth process is directed by the client
- (Lemoire & Chen, 2005)

Unconditional Positive, Congruence, & Empathy
- The client is given the opportunity to be honest about their identity and/or sexual orientation
- They can start to form a relationship that is not founded on barriers and lies.
- The therapist conveys a sense of hope to the client that they will experience this acceptance and empathy in other important relationships in their life (Lemoire & Chen, 2005).

Adopting the Client’s Perspective
- It is important to think about what the client perceives as their reality
- How your client processes information may be greatly influenced by how they grew up dealing with stigmatization, and internalized homophobia or transphobia
- Look at the important relationships in the client’s life and see how the client talks about family members and the level of support as perceived by the client

Emphasizing the Client’s Notion of Self-Concept
- Client centered therapy offers the client an environment and opportunity to work on positive self-regard and improve upon their self-esteem
- This environment also encourages a higher degree of self-exploration
- “The counseling process highlights and strengthens a positive sense of self by allowing the client the firsthand experience of self-exploration and self-understanding” (Lemoire & Chen, 2005, pg. 149)

Encouraging the Client’s Locus of Evaluation
- As self-esteem increases client’s may start to shift the basis of their values and standards from others to themselves
- This would change their locus of evaluation from external to internal
- Client’s would begin to see that the standards and values they set for themselves are more important than the values and standards determined by others
- “The individual must be helped to work out his own value system with minimal imposition of the value system of the therapist” (Livingstone, 2008, pg. 140)
Believing in the Client’s Capacity for Growth

* Client Centered Therapy posits that people are intrinsically oriented towards growth and self-enhancement
* “Believing in the client's capacity for and tendency toward self-growth, the counselor functions as the constructive facilitator who accompanies the client in initiating a personal journey toward more self-awareness, self-confidence, and self-pride” (Lemoire & Chen, 2005, pg. 150)

Meet the Client Where They Are

* Some individuals who are gender non-conforming or transgender may seek therapy for reasons completely unrelated to gender identity.
* These individuals may be comfortable with their gender identity but are having other problems with anxiety, depression, or lack of social support.
* Listen to your clients, find out what brought them to treatment and keep the focus of therapy on what they want to work on.
* Even if you are interested in talking about their gender identity or expression it is up to the client whether or not they want to discuss it with you.

Ensuring the Growth Process is Directed By the Client

* The client will decide what he or she wants to work on in therapy
* The client is an expert on their own experience and feelings and should be given the freedom to direct the course of treatment however they see fit
* If a topic is too painful for your client to discuss there is no reason to bring it up in session until the client is ready to talk about it
* “It is not appropriate for the counselor to decide the most important issues to be discussed” (Lemoire & Chen, 2005, pg. 150)

Compensating for Limitations

* Provide explicit identity validation and reassurance to the client
* The Client Centered approach usually avoids the use of reassurance and aims to help guide the client through their feelings.
* With this population in particular it is important to validate the client’s identity and normalize their experience

Identity & Sexuality Disclosures

* Talk about risk assessment in the context of disclosing sexuality or gender identity to others
* Some clients may not have “come out” to important people in their life and may wish to do so during the course of therapy
* Clients may not fully understand the positive and negative consequences that are associated with disclosures of this nature

Community Support

* Provide resources so clients can find groups or communities of their peers to socialize with
* “Becoming acquainted with gay and lesbian people is the most effective means for developing a positive attitude toward acceptance. Such exposure normalizes the [individuals] identity and experiences and dispels myths and stereotypes…” (Lemoire & Chen, 2005, pg. 153)
* As the therapist you will also provide a warm and supportive environment of acceptance but by engaging in a social group for LGBTQI individuals your client can hear and see success stories of acceptance firsthand from other members of their community
The Case of Eliza

*Eliza is a 21-year-old, European-American transgender woman (assigned male at birth, but identifies as a woman) who is a college student and presents with concerns of stress regarding family conflict and misunderstanding about her gender identity. She saw a previous mental health practitioner for three years in another state who supported her in accessing hormones and breast augmentation. She reports using her financial aid checks to access necessary hormonal and surgical treatments because her insurance did not cover these procedures. Eliza has been disconnected from her family throughout her transition because of their refusal to accept her as their daughter or to use correct female pronouns. Eliza states that she would like to reconnect with her family, who are now open to discussing her gender with her.* (Cornish et al. 2010, pg. 429)

Advocacy

* Be able to ask, understand, and explore the terms and pronouns that best fit the client's lived experience
* Be a good ally
* Look over paperwork and remove gender binary categories and provide a space for a person to write their own gender experience (Traditional Forms Gender: M/C/F More Inclusive Forms Gender: ________ )
* Provide workshops or lectures for professionals in order to reduce stigma
* Collaborate with local organizations to start initiatives to improve trans and intersex quality of life
* Provide training for all staff about affirmative treatment for transgender and intersex people
* Develop resources in the community for transgender support
* Provide training for all staff about affirmative treatment for gender dysphoria
* Think about antidualist policies for your state and identify ways to include gender identity in places it has been omitted
* Organize a letter writing campaign to insurance companies to cover medical benefits for sex reassignment surgery. Write letters to medical organizations to outline the importance of delaying unnecessary genital reconstructive surgery for intersex infants

Skills

* Affirm Eliza's gender identity and recognize her resilience
* Adopt Eliza's perspective
* Think about the impact on her familial relationships
* Provide unconditional positive regard
* Acknowledge and support Eliza's congruence
* Help build Eliza's self-esteem
* Recognize and encourage the development of Eliza's locus of evaluation
* Provide community resources for Eliza to utilize as well

Quotes about Gender

* "Becoming fully alive to one's internal sense of gender and external feelings of sexual attraction is essential to living an authentic life via the union of body and mind" (McKenzie, 2010, pg. 99)
* "All of us, therapists, gender scholars, and others should respect all people and, insofar as possible, facilitate the individualized, yet always socially influenced and contextualized choices they believe will increase their happiness." (Gardiner, 2013, pg. 124)

References

* Cornish, J., Schreier, B., Nadkarni, Henderson Metzger, & Rodolfa. (2010). "Eliza is a 21-year-old, European-American transgender woman (assigned male at birth, but identifies as a woman) who is a college student and presents with concerns of stress regarding family conflict and misunderstanding about her gender identity. She saw a previous mental health practitioner for three years in another state who supported her in accessing hormones and breast augmentation. She reports using her financial aid checks to access necessary hormonal and surgical treatments because her insurance did not cover these procedures. Eliza has been disconnected from her family throughout her transition because of their refusal to accept her as their daughter or to use correct female pronouns. Eliza states that she would like to reconnect with her family, who are now open to discussing her gender with her." (Cornish et al. 2010, pg. 429)

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