
“It’s about Human Connection”: Transgender Community Wisdom to Inform Practice « Tout est une question de contact humain » : La sagesse de la communauté transgenre pour guider la pratique

Mateo Huezo
Sandra Collins
Athabasca University

ABSTRACT

Therapists in Canada are expected to address mental health disparities, but they receive little education or institutional support for ethical practices with transgender (or trans) clients. Across the literature, authors have highlighted the importance of connecting with trans communities for trans-affirmative care. However, with a general lack of information about these communities, professionals are not set up for success. In this paper, we describe a community-based participatory research study with 12 participants, designed to look at the challenges, strengths, and characteristics of transgender communities in Alberta. We discuss the implications of this work towards anti-oppressive, trans-centred research and care.

RÉSUMÉ

On s’attend à ce que les thérapeutes au Canada soient sensibilisés aux disparités en matière de santé mentale, toutefois ils reçoivent peu de formation ou d’appui institutionnel quant aux pratiques déontologiques à adopter avec les clients transgenres (ou trans). Dans la littérature, les auteurs ont souligné l’importance d’entrer en contact avec les communautés trans pour dispenser des soins fondés sur la discrimination positive à l’égard des personnes transgenres. Cependant, en raison du manque général d’information sur ces communautés, les professionnels ne sont pas outillés pour obtenir des résultats concluants. Dans cet article, nous décrivons une étude de recherche participative communautaire auprès de 12 participants qui visait à examiner les défis, les forces et les caractéristiques des communautés transgenres en Alberta. Nous analysons les répercussions de cette étude sur la mise en œuvre de recherches et de soins anti-oppressifs centrés sur les transgenres.

In 2012, the Mental Health Commission of Canada (MHCC) mobilized a strategy for practitioners across the country to minimize barriers to care for traditionally marginalized populations. Although this strategy had a section for gender and sexual orientation, what was addressed about gender in its pages had to do with differences between men and women only. There was no mention of gender diversity, aside from its addition to sexual orientation in the acronym “LGBT” (lesbian, gay, bisexual, transgender) (MHCC, 2012). What, then, is required of mental health professionals to promote and achieve healthy outcomes for clients of diverse genders?

As an identity label the word *transgender*, or *trans* for short, is used to describe those who do not identify with the gender assigned to them at birth (Enke, 2012b).

The equivalent term for those who continue to identify with the gender they were assigned at birth is *cisgender* (Enke, 2012b). Canada's dominant social culture is based on the idea that nobody could be transgender, or that everyone is cisgender. This is called the discourse of *cisnormativity* (Bauer et al., 2009; Butler, 1990; Muñoz, 2012). Perhaps because of this, Canadian mental health systems from the level of policy and law down to direct services do not meet the needs of transgender people (Bauer et al., 2009; Mule & Smith, 2014; Veltman & Chaimowitz, 2014). The research and literature that informs our practice can be biased against trans people (Ansara & Hegarty, 2012; Vance et al., 2010; Vipond, 2015). Much of it also comes from outside of Canada (Bauer et al., 2009; Fraser, 2009; Ontario Public Health Association, OPHA, 2003). When trans-affirmative research does appear, it is rarely incorporated into therapist education, regulations, or guiding literature (Bauer et al., 2009; Mule & Smith, 2014; O'Hara, Dispenza, Brack, & Blood, 2013). The result is a mental health system not equipped to meet the needs of transgender clients (Bauer et al., 2009; Mule & Smith, 2014; OPHA, 2003). The present study not only investigates how to alleviate potential harm to trans clients in a mental health system not originally designed with them in mind, but to model what collaborative trans-centred research might look like.

Although understanding gaps and barriers in mental health is important, it is also worth stopping to explore what trans-affirmative care would look like according to recent mental health literature in Canada and the United States. The basic premise of *affirmative practice* is that all cultural identities are equally valid, and the lived experiences of members of nondominant populations differ from, but are not better or less than, those of dominant groups. Affirmative practice requires counsellors to forefront clients' cultural experiences in the various contexts of their lives and to take an active stance to counteract oppression (Singh & Dickey, 2017; Singh & Moss, 2016; Victor & Nel, 2016). It goes beyond a strengths and resiliency focus to communicate to clients their inherent worth, empower their sense of agency and self-efficacy, and assume the position of an ally. Allyship is expressed through culturally-responsive language and approaches to understanding client problems, and a collaborative approach to socially just change processes (Singh & Dickey, 2017; Victor & Nel, 2016).

Specifically, in the interest of trans-affirmative practice, Lev (2009) argued that a non-pathologizing attitude towards trans identities is required for inclusive care. Others have contended that therapists cannot rely on general multicultural competence alone but must have trans-specific knowledge to navigate relevant narratives and supports (Benson, 2013; Redfern & Sinclair, 2014). The culture-infused counselling model (Arthur & Collins, 2015a, 2015b) attempts to bridge *etic* (cross-cultural) and *emic* (culture-specific) approaches by utilizing the working alliance between counsellor and client as a space to focus on meaning-making related to cultural identities and social locations. It is also important to understand that intersecting issues and cultural identities can feed into the complexity of issues trans people might face (Grant et al., 2011; Lombardi, 2010). Across articles, authors have consistently pointed to the need for transcultural

competency training, and attempted to outline what cultural knowledge might be needed. This was framed to alleviate the prevalent lack of knowledgeable trans service providers (Ali, Fleisher, & Erickson, 2016; O'Hara et al., 2013; Safer et al., 2016). However cultural knowledge about trans communities in Canada, or more specifically in Alberta, is sparse.

Much of the trans-affirmative literature has encouraged connecting to trans communities as an invaluable step towards culturally-relevant care (Barr, Budge, & Adelson, 2016; Breslow et al., 2015; Pflum, Testa, Balsam, Goldblum, & Bongar, 2015). Because of this, it has also been recommended that service providers develop competencies for connecting to and working with trans groups and communities (Riggle, Rostosky, McCants, & Pascale-Hague, 2011). Indeed, a consensus across studies seemed to be that agencies and therapists must be visible allies or known within trans communities, to communicate safety to potential clients (Benson, 2013; Bess & Stabb, 2009; Simeonov, Steele, Anderson, & Ross, 2015).

Why would community-connecting be such an important aspect of care? Many academic writers have hypothesized that, especially for those with few social resources, group-level resilience can enhance well-being and provide a protective factor against the effects of oppression (Barr et al., 2016; Breslow et al., 2015; Pflum et al., 2015). Indeed, Riggle et al., (2011) suggested that identification with gender and sexual minority communities can have a reciprocal effect of increasing self-acceptance, self-understanding, and the confidence to challenge social norms.

Here, then, is the crux of the problem: It is important for counsellors to be able to connect with trans communities in emancipatory ways but there is little available information about how to engage these communities in Canada. For example, none of the recent major Canadian guidelines for transgender care examine knowledge or skills for working at the level of groups or communities (Cactus Health, 2011; Canadian Professional Association for Transgender Health, 2009; Coleman et al., 2011; Rainbow Health Ontario, 2012; Sherbourne Health Centre, 2015). As mentioned above, the available research, literature, education, and structural supports for trans-affirmative care are variable. It is difficult to say whether providers, who often report feeling they do not have enough knowledge to work with trans people (O'Hara et al., 2013; White et al., 2015), would be able to critically assess and use these resources in the best interests of trans clients.

Without structural supports in mental health training and institutions, counsellors are left prone to providing inadequate services, be it through omission, erasure of trans experiences, or misinformation about trans issues in health. In the person-to-person counselling relationship, holding hostile attitudes and discourses towards nondominant genders can expose clients to negative experiences, reactive distress, and internalized self-hatred (Bauer & Scheim, 2015; Hendricks & Testa, 2012). Practitioners who have not critically analyzed the dominant discourses in our society risk unintentionally oppressing trans people (Arthur & Collins, 2015b; Paré, 2013).

As society progresses so does the number of people willing to come out as trans (American Psychological Association [APA], 2009). Without understanding what

local trans communities are like or how they function it can be difficult to apply theory into community-based mental health practice. If this is the case, mental health professionals today are faced with increasing demands for inclusive care, without adequate supports to provide it. There is also an increased link being made in the multicultural and social justice literature between the health of communities and the health of individuals and society as a whole (Ginsberg & Sinacore, 2015; Ratts & Pedersen, 2014; Sinacore et al., 2011), which further reinforces the need to examine knowledge at the community level. It is, therefore, imperative that transgender community issues be brought into the dialogues affecting mental health. The gaps in the existing mental health literature were the impetus for The Trans Community Says (TCS) Project.

THE TRANS COMMUNITY SAYS PROJECT

The Trans Community Says (TCS) Project was meant to explore from within the experiences of transgender communities in Alberta, Canada. It was designed to answer the question: *From a trans perspective, what are the characteristics, strengths, and challenges of transgender communities in Alberta?* The Project represents one of the first community-based academic examples of trans-led research about trans individuals in the province.

I, Mateo Huezo, am presenting this paper to disseminate considerations for community mental health practice highlighted by the TCS Project. It is important to note that my background affected the research relationships established in this study. I am a transgender person. This offered a unique opportunity for accessing a depth of knowledge coming from a trans-centred perspective. My position as both an insider to trans communities and a bridge to wider research and academic audiences came with common small-community ethical risks such as the potential for boundary crossings or violations between the research team and participants (Travers et al., 2013). To navigate the ethics of working within small trans communities, I wove several ethical checks into the design of the study, starting with an anti-oppressive framework (see below), a three-part accountability structure to the research team, rigorous recruitment and data analysis methods, and continued responsiveness to community member input. Sandra Collins, second author, was positioned outside of interactions with trans communities to provide supervision, guidance, and make connections to broader multicultural, affirmative practice, and social justice principles. The study was approved by the Athabasca University Research Ethics Board. The following sections give an overview of the framework and design of this work.

Anti-Oppressive Framework

The underlying philosophy for the TCS Project came from anti-oppression and trans feminism. Anti-oppression was made a priority in this work in direct response to traditionally oppressive research and writing when it comes to trans issues (Ansara & Hegarty, 2012; Bauer et al., 2009; Serano, 2016). Anti-oppression

in research means centring minority narratives apart from dominant discourses (Daley & MacDonnell, 2011). Trans feminism facilitated this centring of trans voices as it offers a strengths-based philosophy that uses the lenses of gender minorities as points of departure for knowledge creation (Enke, 2012a; Muñoz, 2012; Stryker & Bettcher, 2016).

Based on the anti-oppressive intent and community-focused aspect of this project, I chose a community-based participatory research (CBPR) design. In Canada, CBPR studies are encouraged as a collaborative way to create knowledge and effect change with diverse populations, including trans individuals (Canadian Institutes of Health Research [CIHR], Natural Sciences and Engineering Research Council of Canada [NSERC], & Social Sciences and Humanities Research Council of Canada [SSHRC], 2014; Heinz & MacFarlane, 2013; Travers et al., 2013).

Although every CBPR study is unique to each community's needs (Stover, 2015), all CBPR approaches require three common steps. The first step is to establish community research partnerships to gain respectful access to the population of study (Blumenthal, 2011; Smith, Bratini, Chambers, Jensen, & Romero, 2010; Travers et al., 2013). The second step is to co-construct rules and structures for decision-making between community member co-researchers and the research team (Smith et al., 2010; Travers et al., 2013; Viswanathan et al., 2004). The final step is to actively refine the structure of the study in response to the needs and decisions made by researchers and community member co-researchers (Smith et al., 2010; Travers et al., 2013). The main avenue for observing these steps in the current study was through the advisory panel, described below.

The Research Team

The research team for this project included a supervisory committee, an advisory panel, and myself (Mateo Huezo, Principal Investigator). The supervisory committee, made up of counselling psychology professors, evaluated the academic application of research methods in the study. The advisory panel, made up of transgender community members from Edmonton and Calgary, Alberta, ensured that the study remained accountable first to the trans communities contributing to and affected by this research. This three-part structure to the research team supported quality control and ethical conduct throughout the study. For example, members of the advisory panel and supervisory committee evaluated the themes generated through data analysis.

STUDY METHODS

Recruitment

Snowball sampling. Finding participants representative of the diversity within a community can be a challenge in CBPR (Blumenthal, 2011; Travers et al., 2013). Added to this difficulty is the tendency for trans people to be a hidden population, which can hinder access for researchers (OPHA, 2003). To allay this challenge I used snowball sampling, which has been hailed by some for its utility

with trans communities (Bauer et al., 2010; OPHA, 2003). I began snowball sampling with a purposive selection of trans-specific groups and services in Edmonton and Calgary. I distributed online and poster advertisements to these service providers. Advertisements contained invitations to potential participants to contact me for “a study by and for local trans communities.” I also encouraged respondents who contacted me to tell other potential participants about the study (Bauer et al., 2010; Dilshad & Latif, 2013; Viswanathan et al., 2004). To track potential selection biases in the personal network(s) of respondents, I recorded how community members had heard of the study (Bauer et al., 2010; Huezo, 2017). No two respondents reported hearing of the study from the same individual, though several came from common trans support groups.

Enrollment. Respondents who contacted me were scheduled for an intake interview. Regardless of whether they were enrolled or not, all respondents were given a transgender resource list to ensure those contacting the study knew of permanent supports in Alberta. Those who were able to join the study assumed one of two roles based on their preferences and eligibility: participants who would contribute to the study data and advisory panel members who would oversee the research project. Eligibility criteria for study participants are given below. Advisory panel members met all the study participant criteria, as well as the additional criterion of having worked or volunteered in a helping role with trans communities.

Eligibility criteria. To qualify for the study, participants were members of a transgender community in Edmonton or Calgary. They were the age of majority in Alberta. They reported the capability of giving their consent, as well as the ability to participate in focus groups and surveys. To share recent community knowledge, they had to have associated with other trans people within the last six months before intake. In accordance with Truscott and Crook (2013), my personal friends, co-workers, and clients were excluded from the study. Sandra Collins did not meet participants. Project research funds were available to accommodate any accessibility needs.

Demographics. Table 1 shows the demographic characteristics 12 participants shared about themselves in their surveys (see Data Collection below). This is the information participants disclosed about their ages, genders, ethnocultural identities, and the time they had been part of, or the time they had spent in, trans communities. Because of the small sample size and the qualitative nature of this study, these demographics serve to illuminate where the background knowledge, shared in this study, came from. They are not meant to be representative of the population demographics of the Edmonton or Calgary trans communities. Self-determination of identity and gender were important premises in this work; therefore, quotes are provided in Table 1 to further clarify how some participants filled out their demographic surveys.

As shown in Table 1, 12 people participated in the study. The Edmonton group was slightly older, with an average age of approximately 39 years, compared to the Calgary group where the average age came to about 32. The Edmonton group

had spent an average of six years out in their local trans communities, longer than the mean of three years reported in the Calgary group. However, there was a wide range in both groups for age and amount of time members had been with their trans communities. Both groups reported predominantly White or Caucasian heritage. In the Edmonton group, participants identified on a spectrum across man/male, woman/female, and *nonbinary* (outside a male/female binary). The Calgary group indicated male and female gender identities. See the Future Directions section for potential implications of these findings.

Data Collection

Focus groups. The primary source of data used to answer the research questions came from focus group sessions. Focus groups are a method common to CBPR research in which researchers schedule a semi-structured group interview to collect data from several participants at once (Bergold & Thomas, 2012; Then, Rankin, & Ali, 2014; Viswanathan et al., 2004). What was especially important about focus groups for this study was that they provided an immersive group space for participants to engage with their communities while talking about those communities (Barr et al., 2016; Breslow et al., 2015; Pflum et al., 2015). The guiding questions used for the focus groups were: (a) how would you describe your local trans community, (b) what are the strengths of your community, (c) what are some of the challenges and areas for improvement in your community, and (d) how would you describe your local trans culture?

Because context is important to facilitating group discussions, data collection sessions were held within spaces where existing trans groups already met (Dilshad & Latif, 2013; Doody, Slevin, & Taggart, 2013). Each group was booked for 3 hours with time in the beginning, middle, and end for space-setting, questions or

Table 1
Sample Demographics

Demographic	Edmonton	Calgary
Average age	38.6 Range 20–61	31.8 Range 18–54
Gender		
Man/Male	2	1
Nonbinary	1, 1 (“trans masculine nonbinary”)	
Woman/Female	3	3, 1 (“trans female”)
Average time out	5.9 Range <1–16 years	3.1 Range 0.5–12 years
Ethnic identity	4 “White/Caucasian” 1 “Ukrainian” 1 “French-Ukrainian” 1 “French-English”	4 “White/Caucasian” 1 “Canadian”

concerns, and a small mid-session break. Name and pronoun cards, snacks, and water were provided. Participants were reimbursed the equivalent of two transit fares for their travel. The actual time for the focus group discussion was two hours per group, with 20 minutes afterwards for filling out surveys.

Surveys. There were two parts to the surveys in this study. Part 1 was a blank “additional focus group thoughts” page (hereafter referred to as *thoughts pages*); participants were invited to use it to organize or add thoughts they chose not to voice in the focus group discussion. The surveys were opened to this page and set in front of participants at the beginning of their focus group session. Part 2 was the demographic survey, which was meant to provide contextual information for the narratives told in focus groups. Five short-answer questions solicited participant’s age, gender identity, ethnic identities, approximate time since they first considered themselves a part of the trans community, and any other information they felt important to contextualizing what they’d shared in the group. I asked participants to fill out as much demographic information as they were comfortable sharing.

Data Analysis

Qualitative data in this study were analyzed using a thematic framework analysis (FA) (Ward, 2011, 2012, 2013; Ward, Furber, Tierney, & Swallow, 2013). The FA aimed to analyze the community knowledge represented in focus group conversation transcripts and survey thoughts pages by pulling out topical themes. The steps in the process used are given below.

1. *Transcription.* I scanned all surveys and uploaded all audio content to NVivo Pro qualitative analysis software. I transcribed the data into text.
2. *Familiarization.* I read through each transcript and performed preliminary word frequency counts to familiarize myself with the data.
3. *Coding.* I began to code and organize a framework of themes I saw in the data.
4. *Preliminary framework.* I hypothesized a thematic framework.
5. *Intercoder agreement.* I then explained the FA process to the advisory panel and gave them each a sample of the data. Advisory panel members were instructed to familiarize themselves with the transcripts, then code the data and compare the themes they’d seen with my hypothesized framework.
6. *Final framework.* I met with the advisory panel to review the hypothesized framework and their suggested changes. We established an agreed-upon framework. I applied the revised framework to the data and made edits as necessary.
7. *Charting.* I organized all theme groups, subthemes, definitions, and examples into a thematic framework chart.
8. *Evaluation.* I brought the charted framework to the advisory panel and my supervisor for evaluation. We agreed upon final edits to the framework.
9. *Member-checking.* I invited participants to a member-checking evaluation of the final framework. One participant attended. She suggested no edits to the final framework.

RESULTS

The themes we identified in the data were sorted into five groups: *extra-community challenges*, *extra-community strengths*, *intra-community challenges*, *intra-community strengths*, and *trans culture*. These themes and their subthemes are briefly presented in Tables 2 through 6 below. A more thorough exploration of the themes is available through an open source e-book created from this research for consumption by trans communities and their allies (see Huevo, 2017).

The first two theme groups, extra-community challenges and extra-community strengths, represent trans issues that occur in spaces outside of trans communities. *Extra-community challenges* were defined as “There are challenges in approaching trans communities from outside them, and challenges between trans and cis societies.” This theme group was frequently identified and made up 22.2% of the total coded data. Table 2 contains the FA chart for the coding theme extra-community

Table 2
Thematic Chart: Extra-Community Challenges

Subtheme	Subtheme definition	Example
Inclusivity in LGBT+ cultures	The inclusion of trans people within queer communities can vary.	One Calgary member told another: <i>“For something that you said ... Of how the online [community] is uh very I guess willingly diverse. I find that ... Most LGBT-whatever communities are ... The exact opposite.”</i>
Inaccessible knowledge	Research and knowledge about trans issues can be inaccurate, irrelevant, surface-level, or inaccessible. It may not be tailored for trans consumption, but for cis consumption.	<i>“A lot of [information] is American, which is frustrating to me.”</i>
Inaccessible needs and services	Trans people face social and systemic barriers to accessing basic needs and services.	<i>“We’ve got to convince somebody who’s teaching our future doctors, psychologists, psychiatrists, whoever what they need to learn so that they can accommodate us.”</i>
Inaccessible community	The trans community can be difficult to find or access.	<i>“I found the online community fairly easily ... But then I found finding the face-to-face community has been a lot more difficult.”</i>
Oppression and discrimination	Trans people face erasure, stereotypes, assumptions, or misconceptions about their identities. This oppression is enacted through sex/genital essentialism, gender policing, exclusion, rejection, or fetishization. This oppression is centred in transphobia and cishnormativity.	<i>“I get the stares, the giggles, the laughs ... The comments. And it’s an every. Day. Occurrence. Even if someone doesn’t say anything ... People just will continuously stare at you.”</i>
Safety concerns	Trans people fear threats to their physical, social, and mental safety in cisgender society.	<i>“I don’t feel 100% safe from the time I walk out my door.”</i>

challenges. This chart consists of definitions and examples for each subtheme in the theme cluster. Each theme chart is presented separately due to the size of the final coding chart. The six subthemes reported in Table 2 suggest that trans persons and communities continue to be marginalized within society as a whole because of dominant discourses and social norms that support both the erasure and oppression of trans people in the mainstream culture. This also spills over into research and affects knowledge about trans communities.

Extra-community strengths were the least common theme group, contributing to 5.6% of what was coded in study data. The definition of this theme was: There are positives and strengths in the relationship between trans and cisgender societies. Table 3 contains the FA chart for the coding theme Extra-Community Strengths and its associated subthemes. When participants mentioned extra-community strengths, they often described themselves as “lucky” or said they were “surprised.” Thus, positives between trans and cis societies may be manifesting, but are not yet the expected norm.

The next three theme groups represent knowledge about the internal workings of transgender communities. The first of these themes was intra-community challenges, defined as “Participants face difficulties within their local trans communities.” This code came up 20.2% of the time in the coded study data. Table 4 gives an overview of the various difficulties community members noted in their communities, which related heavily to extra-community challenges (see Figure 1 below).

Intra-community strengths were the most popular thematic cluster that participants brought up, making up 35.7% of codes in the data. This theme group

Table 3
Thematic Chart: Extra-Community Strengths

Subtheme	Subtheme definition	Example
Positive and improving relations	Trans people are experiencing better treatment outside their communities than they've come to expect.	<i>“There’s more of us, you know. It’s pretty open now, that I don’t feel so much like an outsider. And I don’t feel the pressure to be cis-looking or stealth.”</i>
Improving services and protection	Trans people are experiencing improved social rights, services, and protections.	<i>“Our political system is moving ahead, and we’re getting all these openings. So we can go see a psychiatrist, and we can go get reassignment surgery, and we can go get all this stuff. But the problem with that is ... it takes too long.”</i>
Increased visibility	Trans stories and people are more visible locally, in the media, and in larger social discussions.	<i>“I know that there’s people who are learning about these things for the first time. With the advent of a lot of recent events, celebrities coming out and new rights being gained in various countries.”</i>
Improving access to knowledge	The information and literature available about trans experience is improving.	<i>“AHS has just hired a dedicated person to develop that guideline provincially, permanently, for the first time ... It’s never happened before ... I never thought I’d see that in my lifetime.”</i>

also had the most subthemes and was defined as “Trans communities have positive characteristics and offer benefits to their members.” The various offerings of trans communities in this group are shown in Table 5. As mentioned in the introduction, community-connecting is a highly valued aspect of trans-affirmative care. This theme group, and the next, provide some insights into how communities support positive mental health and recovery.

The last theme group was trans culture, defined as “Trans communities have many traits that may be neither challenge nor strength, but nonetheless characterize them.” This grouping contains what participants shared of their knowledge about the underlying attitudes and discourses, ways of relating,

Table 4
Thematic Chart: Intra-Community Challenges

Subtheme	Subtheme definition	Example
Mental health as a barrier	Trans community members face challenges in their personal and social lives due to mental health factors such as anxiety, distress, and tested mental resilience.	<i>“I think what happens a lot of the time in vulnerable communities, like the trans community, is people aren’t getting the mental health care that they need. So it front-loads every support group with having to deal with supporting people’s mental health.”</i>
Minority stress as a barrier	Navigating the world as a gender minority introduces stress and trans-specific challenges to one’s life.	<i>“I’m constantly on display. Do I really want to get all dressed up and go another event? Honestly no I don’t.”</i>
Divided ideologies	There is ideological division in trans communities about what the community is, who should be a part of it, how it should function, or what the prevailing attitudes or beliefs in the community should be.	<i>“There’s no common agreement on stuff. And ... There is, of course, a divide between my own personal life and folks who have transitioned ... You don’t have to transition to be trans.”</i>
Guardedness and self-seclusion	Trans communities can seem closed off, resentful of outsiders, and resistant to change.	<i>“Trans community spaces ... Or even just LGBT+ spaces are definitely much more closed off and not as outgoing as maybe other spaces or other clubs might be for whatever purpose they have.”</i>
Translated oppressions and lateral violence	Social hierarchies and systems of oppression seen in larger society, such as sexism and racism, actively play out in trans community interactions.	<i>“It’s our society that’s inbred [prejudice] into us, right? ... The thing is, when in the trans community we’re so small that it stands out.”</i>
Leaving others behind	There is an expectation of person-to-person community and support between trans people. Some people within the community are seen as not meeting this expectation.	<i>“There are going to be people who feel that they should be at the top and you should listen to them all the time ... they focus more on the activism than on the person-to-person interaction.”</i>
Needs outstrip resources	The demand for help from trans people and communities outweighs the available people and services addressing those needs.	<i>“I think there’s expectations and trauma that are piled on the community by the community ... Because the services are so scarce.”</i>

Table 5
Thematic Chart: Intra-Community Strengths

Subtheme	Subtheme definition	Example
Informal socialization and leisure	Trans communities can offer leisure, engagement, and social opportunities.	<i>"I think the trans community to me can be support groups and formalized things. But it can also be someone who I, like, have a friendship with outside of the fact that we may both be transgender. But when something comes up. . . there's a resource there."</i>
Knowledge resource	Trans communities can offer knowledge and learning.	<i>"I'm mostly just here for learning as much as I can."</i>
Diversity and inclusivity	Trans communities are made up of people from diverse backgrounds, belief systems, and demographics. Communities show openness to this diversity.	When speaking of the diverse people in trans communities, an Edmonton member said: <i>"Everybody plays nice."</i>
Trans sovereignty	Trans communities are separate from other groups and have their own norms.	<i>"If you take the whole LGBTQ. . . And then we take the T out. . . we become a subgroup."</i>
Advocacy	Some trans people take action to address community challenges and needs.	<i>"There seems to be a lot of initiatives starting to pop up."</i>
Mental health support	Trans people and communities can be accessed for mental health and wellness support.	<i>"You almost need that community to be able to be comfortable enough to go out in public to access that community."</i>
Safety net	Trans communities can offer a safe base to come to or return to from outside these communities.	A Calgary member described the use of community for <i>"giving you the space and the time to discover yourself and meet people who will help you through that process."</i>
Evolving community	Trans communities are adapting to changes in larger society, as well as evolving to accommodate their own members.	<i>"I genuinely believe like a community that ceases to evolve— So ceases to have all of the problems and fractures and arguments that we are always having—Becomes a dictatorship. If you all believe the same thing and there's no evolution, then you're not a community anymore."</i>
Shared experience	Meeting other trans people and stories offers normalization or a sense of shared experience for trans people.	<i>"Having that connection and community is super important. And we're social animals and we require that."</i>
Individual strengths and positives	Trans people bring individual fortitudes and successes to their lives separate from the help that communities offer them.	<i>"We are all motivated in this room, right? Because otherwise, we wouldn't be here."</i>
Community positives	Trans communities have facilitated positive change and successes in recent years.	<i>"We've already separated 18+ with the youth. Uh for size reasons. . . I think we're more than willing, and strong enough as a community. If there [are] enough of us. . . We can uh develop more programs to assist each other."</i>

methods of communication, and traditions impacting their local communities. This theme group accounts for 16.3% of coded data and offers insight into the functions within trans communities that can inform respectful cross-cultural collaborations.

The themes were heavily interrelated, and none occurred in full isolation from the others. At different points in each of the Calgary and Edmonton focus groups, a participant described the specific interactions between themes and subthemes in the conversation that affected individual and community wellness, and was affirmed by other participants. For example, a Calgary participant noted:

Often, we are in a community of like walking wounded. Do you know what I mean? Where everyone is like trying to figure their own stuff out, and then also trying to help other people, and then putting their-their... kind of hang-ups and trauma on other people by accident... I think there's expectations and trauma that are piled on the community by the community... Because the services are so scarce.

A depiction of this interaction between themes is shown in Figure 1. It provides a visual representation of the process participants described by which themes and subthemes in this study interact to affect personal and community wellness. External challenges coupled with personal factors, they said, impacted individual wellness. Trans people in distress might then turn to their communities

Table 6
Thematic Chart: Trans Culture

Subtheme	Subtheme definition	Example
Trans communication	There are trans-specific communication tools: Etiquette, language, concepts, and humour.	The Edmonton group laughed when one participant was talking about inaccessible knowledge and joked: <i>"[I was] being like hey do you know about Canadian stuff? No? Okay um sweet."</i>
Social discourses	There are dominant narratives, attitudes, beliefs, expectations, and ideologies guiding or impacting trans people.	A Calgary participant gave an example of how some cis people might think trans identities are <i>"fluid and can be moulded to be something else."</i>
Different cultural manifestations	Specific trans cultures differ across groups and mediums of communication.	<i>"I think that [online communication has] changed sort of the way communities meet."</i>
Mentorship	Interactional styles in the community often take the shape of mentorship, with mentors and mentees inhabiting different roles.	<i>"If I didn't have people in my life that have been like, out and transitioning and stuff; I probably wouldn't be out."</i>
Formal events	Trans-centred events have an importance, impact, and function for the community.	<i>"Things like [youth camp] and the trans clinic are things that the people that I know could really use them."</i>

for support. The tools these communities enlist to offer a cultural healing space are listed in the intra-community strengths and trans culture theme clusters. But communities might also be hindered in their supportive role by internal community challenges, such as translated trauma, oppression, and lateral violence between community members. This process is further discussed below in the discussion about filling service gaps.

DISCUSSION

The TCS Project aimed to fill a gap in the recent academic literature about transgender communities in Alberta. What made the project unique was its focus on trans knowledge from an insider's perspective. Many of the findings in this

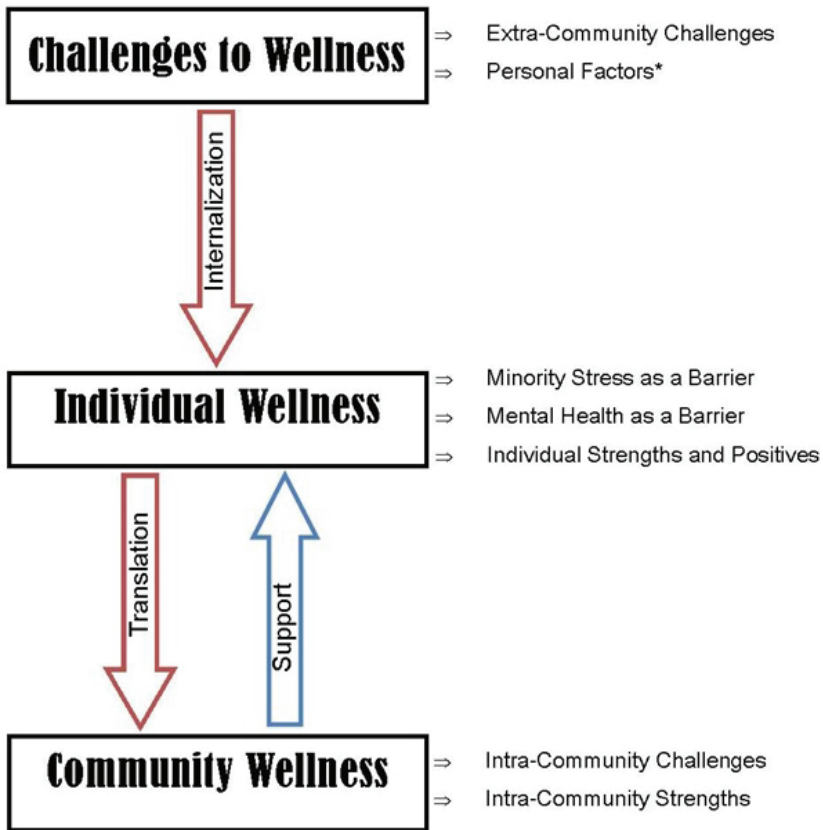


Figure 1. Interactions between themes and subthemes that impact individual and community wellness. *Starred items are not separate themes or subthemes in the data.

study, particularly those falling under the Intra-Community and Trans Culture theme groupings, represent transcultural knowledge that has rarely been asked about or systematically researched. Rarer still is an account of trans-led trans research. In the following subsections, we discuss possible implications that might be drawn from this study to inform practice and further research.

Social Justice Practice with Trans Communities

Although this project was not a community needs assessment, needs frequently arose in the focus group conversations and surveys (Tables 2 and 4, respectively). This speaks to the magnitude of disparities trans people face in Alberta. It is not surprising that one of the main undercurrents of the extra-community challenges theme was the ongoing interpersonal, organizational, and systemic oppression of trans persons and communities, given the current literature on social injustice and inequities trans people experience (Bauer & Scheim, 2015; Grant et al., 2011; Safer et al., 2016). Some of the outcomes replicated findings from previous studies but in an Albertan context. For example, other researchers have described the community needs and barriers to wellbeing that, in this study, fell under the umbrella group extra-community challenges (see, for example, Bauer et al., 2009; Grant et al., 2011; Heinz & MacFarlane, 2013). These findings indicate that it is imperative that social justice work continues in the areas of increasing accessible knowledge, services, and protections for trans people. Advocacy work can also be focused on challenging discriminatory attitudes and promoting inclusivity (Rempel, 2017).

The challenges trans people face are complemented by extra-community strengths (Table 3). Not only are the rights and inclusivity of trans experiences and communities improving in Alberta, but trans people in this study saw some favourable shifts in social dynamics as well. Other authors have also posited the benefits of increasing activism, visibility, and positive relations between trans and cis people (APA, 2009; Benson, 2013; Veltman & Chaimowitz, 2014). Social justice work, then, can seek to make the most of this momentum towards better relationships between cisgender and transgender societies.

Filling service gaps. The intra-community strengths theme in Table 5 can serve as a preliminary list of the resources trans people have used to facilitate mental and social support for their communities. The need for intra-community supports may be in response to the historically tense relationship between trans people and the mental health system (Ansara & Hegarty, 2012; Bauer et al., 2009; Mule & Smith, 2014). Problems arise when these same communities lack the resources to meet the level of need presented, and when they struggle with Intra-Community Challenges (Table 4). For example, when dominant discourses related to sexism or racism are adopted into trans communities this can create barriers to support for some community members (e.g., trans people of colour) more than others. The extra-community challenges theme group and the subtheme translated oppressions and lateral violence point to the social challenges exacerbating trans community problems in Alberta (Tables 2 and 4). Figure 1 provides a visual of

how minority stress can impact group member and whole-community wellness. These challenges highlight vital points for trauma-informed activism and support within the community. Addressing the intra-community challenges theme and promoting social justice within these communities can minimize intra-community harms and equalize the benefits members gain from their local communities.

Allies, not saviours. Both the Edmonton and Calgary groups in this study voiced a sense of community sovereignty (see Trans Sovereignty in Table 5); therefore, professionals may have an opportunity to support this agenda by offering their services to collaborate with grassroots support networks that have already begun within trans communities. Just as important as knowing the challenges that must be addressed in these communities is recognizing the various positives participants shared in the intra-community strengths theme (Table 5), such as the emphases on advocacy, diversity, and inclusivity in these communities. Many before me have stressed the benefits of encouraging community capacities and sovereignty (Hale, 1997; Muñoz, 2012; Simeonov et al., 2015; Trans PULSE Project, n.d.; Travers et al., 2013). Trans communities have shown resilience and resourcefulness in creating community-led supports for their members. If these gains are providing benefit to these members, helpers might do well to support the sustainability of trans-led initiatives by collaborating with them.

Culturally Responsive Counselling with Trans Communities

Cultural humility and reflexivity. As I mentioned in the introduction, counsellors in Canada are expected to attend to social barriers and provide culturally-relevant care (Audet, 2016; Arthur & Collins, 2016). An important starting point for counsellors is to grapple with their privilege and to attend to how cisnormativity and transphobia may play out overtly or covertly in counselling and psychotherapy (Collins & Arthur, 2018; Singh & Dickey, 2017). The findings in this study, particularly the intra-community and trans culture theme clusters (Tables 4 through 6), can be used to help counsellors better understand trans communities and the interpersonal dynamics within them. If the idea of being an ally not a saviour (see above section) is translated into the therapeutic alliance, this means that counsellors must take measures to equalize power in therapeutic contexts and value the input of trans people as knowledge-holders.

Community-connecting. The *intra-community strengths* and trans culture theme groups in this study give a first-person account of what kinds of dynamics benefit community members (Tables 5 and 6, respectively). This is in line with the idea (mentioned in the introduction of this paper) that connecting to communities is seen as important to culturally-relevant mental health interventions. Indeed, some researchers have hypothesized ways that group belonging within nondominant sexual and gender groups can offer benefits (Breslow et al., 2015; Riggle et al., 2011). For counsellors, knowing what trans communities offer can better justify and inform facilitating community connection when it is relevant to care planning. Participants in this project said that trans communities are important and also difficult to access (see Inaccessible community, Table 2). Therefore, it would be prudent for

professionals to proactively form trans community partnerships to address the needs of future clients (Benson, 2013; Bess & Stabb, 2009; Vance et al., 2010).

Limitations

This study may exist in a relative dearth of knowledge about trans communities in Alberta, but it is not meant to be the definitive answer as to what these communities are like. Qualitative research is not meant to be generalized; it is intended to humanize our understandings (Creswell, 2013). This project was created to give a person-centred account of the meanings and experiences some people have within their specific trans communities. This, in turn, can be used to better inform the choices professionals make when approaching these communities or facilitating community support for clients. It is important to note that the findings in this study were dependent on what community members chose to share. It is also important to note that the risk of researcher influence was ever-present and continually monitored through supervision, community member feedback, and self-reflective journal practice. For cisgender researchers and practitioners looking to transfer trans feminist methods from this study to further research, adaptations might be needed to ensure trans voice remains central to continued research efforts.

Future Directions

Some questions arose through this study that could inform future research. What would trans communities of colour have to say about their local trans communities in Alberta? What would nonbinary people in Calgary have to say? The scope of this project focused on the two major cities in the province; another avenue for inquiry might look at the rural experience of trans people in Alberta. I hope that not only the findings but also the design of studies like the TCS Project can help highlight the importance of anti-oppressive, trans-centred work. In the next subsections, I provide some ways this study can inform future research with such intentions.

Inclusivity. As shown in Table 1, the groups in this study were predominantly White or Caucasian. There was also no apparent nonbinary representation in the Calgary focus group. Though it is possible this turnout was happenstance, it might also point to useful insights for future work with trans communities in Alberta. Perhaps dominant ethnocultural groups are better able or willing to join projects like the TCS Project. It may also be that the words *trans* and *transgender* meant different things to potential participants who saw advertisements in Calgary versus Edmonton. If this is the case, it is worth exploring how to invite people from diverse genders and backgrounds into this type of research.

It is conceivable that explicitly naming and inviting subgroups in the trans community would better indicate that all are welcome. In this study, I was transparent with participants that this project was meant to be trans-led from the recruitment phase onward. My disclosure of in-group membership as a nonbinary person of colour may have indicated safety to potential participants from minority

ethnocultural or non-binary groups. I attempted to approach participants and advisory panel members in ways that were sensitive to the barriers they could be facing and appreciative of the labour they were undertaking. For example, I chose focus group spaces that were already used by transgender groups in each city. Similar considerations could facilitate anti-oppressive community connections with trans people who are multiple minorities.

Trans-centred research. This study offers an example of how anti-oppressive and trans-feminist approaches to research can be justified and implicated in study designs. I am not the first in Canada to use CBPR as an anti-oppressive approach to trans research (see, for example, Heinz & MacFarlane, 2013; OPHA, 2003; Trans PULSE Project, n.d.). However, the TCS Project confirmed the utility of CBPR and trans feminist research in an Albertan context.

In this study, my role as a researcher bringing academic expertise into the trans community did not negate the value and importance of community members as knowledge-holders. Community members in this study provided the feedback that having a platform from which to regulate the research affecting us was important (see also Inaccessible knowledge, Table 2, and Trans sovereignty, Table 5). This active centring of nondominant voices and collaboration is the core tenet of anti-oppressive and trans feminist research. I hope that many of the strategies for power-sharing and community capacity building used in this study can be adapted to trans projects with cisgender researchers. Although having researchers holding dual perspectives as both the nondominant group of study and the researcher can pose boundary challenges, supporting researchers from diverse and marginalized groups, where possible, helps mitigate prejudice, build community capacity, and facilitate anti-oppressive work (George, Duran, & Norris, 2014; Smith et al., 2010; Travers et al., 2013). Trans people deserve the benefit of the same types of anti-oppressive and empowering research endeavours upheld as the standard for working with other nondominant cultural groups (CIHR et al., 2014; Daley & MacDonnell, 2011).

References

- Ali, N., Fleisher, W., & Erickson, J. (2016). Psychiatrists' and psychiatry residents' attitudes toward transgender people. *Academic Psychiatry, 40*, 268–273. <https://doi.org/10.1007/s40596-015-0308-y>
- American Psychological Association, Task Force on Gender Identity and Gender Variance. (2009). *Report of the task force on gender identity and gender variance*. Washington, DC: Author. Retrieved from <https://www.apa.org>
- Ansara, Y. G., & Hegarty, P. (2012). Cisgenderism in psychology: Pathologising and misgendering children from 1999 to 2008. *Psychology & Sexuality, 3*, 137–160. <https://doi.org/10.1080/19419899.2011.576696>
- Arthur, N., & Collins, S. (2015a). Culture-infused counselling and psychotherapy. In L. Martin, B. Shepard, & R. Lehr (Eds.), *Canadian counselling and psychotherapy experience: Ethics-based issues and cases* (pp. 277–303). Ottawa, ON: Canadian Counselling and Psychotherapy Association.
- Arthur, N., & Collins, S. (2015b). Multicultural counselling, education, and supervision. In A. Sinacore & F. Ginsberg (Eds.), *Canadian counselling and counselling psychology in the 21st century* (pp. 42–67). Montreal, QC: McGill-Queens University Press.

- Arthur, N., & Collins, S. (2016). Multicultural counselling in the Canadian context. In N. Gazzola, M. Buchanan, O. Sutherland, & S. Nuttgens (Eds.), *Handbook of counselling and psychotherapy in Canada* (pp. 73–93). Ottawa, ON: Canadian Counselling and Psychotherapy Association.
- Audet, C. (2016). Social justice and advocacy in a Canadian context. In N. Gazzola, M. Buchanan, O. Sutherland, & S. Nuttgens (Eds.), *Handbook of counselling and psychotherapy in Canada* (pp. 95–122). Ottawa, ON: Canadian Counselling and Psychotherapy Association.
- Barr, S. M., Budge, S. L., & Adelson, J. L. (2016). Transgender community belongingness as a mediator between strength of transgender identity and well-being. *Journal of Counseling Psychology, 63*, 87–97. <https://doi.org/10.1037/cou0000127>
- Bauer, G. R., Boyce, M., Coleman, T., Khobzi, N., Travers, R., Pyne, J., & Scanlon, K. (2010). *Lessons learned from respondent-driven sampling implementation: Trans PULSE* [PowerPoint slides]. Retrieved from <http://transpulseproject.ca/>
- Bauer, G. R., Hammond, R., Travers, R., Kaay, M., Hohenadel, K. M., & Boyce, M. (2009). “I don’t think this is theoretical; this is our lives”: How erasure impacts health care for transgender people. *Journal of the Association of Nurses in AIDS Care, 20*, 348–361. <https://doi.org/10.1016/j.jana.2009.07.004>
- Bauer, G. R., & Scheim, A. I. (2015). *Transgender people in Ontario, Canada: Statistics to inform human rights policy*. London, ON. Retrieved from <http://transpulseproject.ca/>
- Benson, K. E. (2013). Seeking support: Transgender client experiences with mental health services. *Journal of Feminist Family Therapy, 25*, 17–40. <https://doi.org/10.1080/08952833.2013.755081>
- Bergold, J., & Thomas, S. (2012). Participatory research methods: A methodological approach in motion. *Forum Qualitative Sozialforschung, 13*(1), Art. 30. Retrieved from <http://www.qualitative-research.net/>
- Bess, J. A., & Stabb, S. D. (2009). The experiences of transgendered persons in psychotherapy: Voices and recommendations. *Journal of Mental Health Counselling, 31*, 264–282. <https://doi.org/10.17744/mehc.31.3.f624154681133w50>
- Blumenthal, D. S. (2011). Is community-based participatory research possible? *American Journal of Preventative Medicine, 40*, 386–389. <https://doi.org/10.1016/j.amepre.2010.11.011>
- Breslow, A. S., Brewster, M. E., Velez, B. L., Wong, S., Geiger, E., & Soderstrom, B. (2015). Resilience and collective action: Exploring buffers against minority stress for transgender individuals. *Psychology of Sexual Orientation and Gender Diversity, 2*, 253–265. <https://doi.org/10.1037/sgd0000117>
- Butler, J. (1990). *Gender trouble*. New York, NY: Routledge.
- Cactus Health. (2011). *Taking charge: A handbook for health care & social service providers working with trans people*. Montreal, QC: Author. Retrieved from <http://www.catie.ca/>
- Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council of Canada. (2014). *Tri-council policy statement: Ethical conduct for research involving humans*. Ottawa, ON: Interagency Secretariat on Research Ethics. Retrieved from <http://www.pre.ethics.gc.ca/>
- Canadian Professional Association for Transgender Health. (2009). *Position statement: Standards of care*. Retrieved from <http://www.cpath.ca/>
- Coleman, E., Bockting, W., Botzer, M., Cohen-Kettensi, P., DeCuypere, G., Feldman, J., ... Zucker, K. (2011). Standards of care for the health of transsexual, transgender, and gender non-conforming people, version 7. *International Journal of Transgenderism, 13*, 165–232. <https://doi.org/10.1080/15532739.2011.700873>
- Collins, S., & Arthur, N. (2018). Challenging conversations: Deepening personal and professional commitment to culture-infused and socially just counselling processes. In D. Paré & C. Audet (Eds.), *Social justice and counseling* (pp. 29–41). New York, NY: Routledge.
- Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches* (3rd ed.). Thousand Oaks, CA: Sage.
- Daley, A. E., & MacDonnell, J. A. (2011). Gender, sexuality and the discursive representation of access and equity in health services literature: Implications for LGBT communities. *International Journal for Equity in Health, 10*(40). Retrieved from <http://equityhealth.biomedcentral.com/>

- Dilshad, R. M., & Latif, M. I. (2013). Focus group interview as a tool for qualitative research: An analysis. *Pakistan Journal of Social Sciences*, 33, 191–198. Retrieved from <http://www.bzu.edu.pk/PJSS/>
- Doody, O., Slevin, E., & Taggart, L. (2013). Focus group interviews in nursing research: Part 1. *British Journal of Nursing*, 22, 16–19. <https://doi.org/10.12968/bjon.2013.22.1.16>
- Enke, A. (2012a). Introduction. In A. Enke (Ed.), *Transfeminist perspectives: In and beyond transgender and gender studies* (pp. 1–15). Philadelphia, PA: Temple University Press.
- Enke, A. (2012b). Note on terms and concepts. In A. Enke (Ed.), *Transfeminist perspectives: In and beyond transgender and gender studies* (pp. 16–20). Philadelphia, PA: Temple University Press.
- Fraser, L. (2009). Psychotherapy in the World Professional Association for Transgender Health's Standards of Care: Background and recommendations. *International Journal of Transgenderism*, 11, 110–126. <https://doi.org/10.1080/15532730903008057>
- George, S., Duran, N., & Norris, K. (2014). A systematic review of barriers and facilitators to minority research participation among African Americans, Latinos, Asian Americans, and Pacific Islanders. *American Journal of Public Health*, 104(2), e16–e31. <https://doi.org/10.2105/AJPH.2013.301706>
- Ginsberg, F., & Sinacore, A. L. (2015). Articulating a social justice agenda for Canadian counselling and counselling psychology. In A. Sinacore & F. Ginsberg (Eds.), *Canadian counselling and counselling psychology in the 21st century* (pp. 254–272). Montreal, QC: McGill-Queens University Press.
- Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2011). *Injustice at every turn: A report of the National Transgender Discrimination Survey*. Retrieved from <http://www.thetaskforce.org/>
- Hale, J. (1997). Suggested rules for non-transsexuals writing about transsexuals, transsexuality, transsexualism, or trans _____. Retrieved from <https://sandystone.com/hale.rules.html>
- Heinz, M., & MacFarlane, D. (2013). Island lives: A trans community needs assessment for Vancouver Island. *SAGE Open*, 1–13. <https://doi.org/10.1177/2158244013503836>
- Hendricks, M. L., & Testa, R. J. (2012). A conceptual framework for clinical work with transgender and gender nonconforming clients: An adaptation of the minority stress model. *Professional Psychology: Research and Practice*, 43, 460–467. <https://doi.org/10.1037/a0029597>
- Huezo, M. (2017). *The trans community says...* Retrieved from <https://transcommunitysays.pressbooks.com/>
- Lev, A. I. (2009). The ten tasks of the mental health provider: Recommendations for revision of the World Professional Association for Transgender Health's Standards of Care. *International Journal of Transgenderism*, 11, 74–99. <https://doi.org/10.1080/15532730903008032>
- Lombardi, E. (2010). Transgender health: A review and guidance for future research—Proceedings from the summer institute at the Center for Research on Health and Sexual Orientation, University of Pittsburgh. *International Journal of Transgenderism*, 12, 211–229. <https://doi.org/10.1080/15532739.2010.544232>
- Mental Health Commission of Canada. (2012). *Changing directions, changing lives: The mental health strategy for Canada*. Calgary, AB: Author. Retrieved from https://www.mentalhealthcommission.ca/sites/default/files/MHStrategy_StrategyText_ENG_0_1.pdf
- Mule, N. J., & Smith, M. (2014). Invisible populations: LGBTQ people and federal health policy in Canada. *Canadian Public Administration*, 57, 234–255. <https://doi.org/10.1111/capa.12066>
- Muñoz, V. (2012). Gender/sovereignty. In A. Enke (Ed.), *Transfeminist perspectives in and beyond transgender and gender studies* (pp. 23–33). Philadelphia, PA: Temple University Press.
- O'Hara, C., Dispenza, F., Brack, G., & Blood, R. A. C. (2013). The preparedness of counselors in training to work with transgender clients: A mixed methods investigation. *Journal of LGBT Issues in Counseling*, 7, 236–256. <https://doi.org/10.1080/15538605.2013.812929>
- Ontario Public Health Association. (2003). *Trans health project*. Retrieved from <http://www.opha.on.ca/>
- Paré, D. A. (2013). *The practice of collaborative counseling & psychotherapy: Developing skills in culturally mindful helping*. Thousand Oaks, CA: Sage.

- Pflum, S., Testa, R., Balsam, K., Goldblum, P., & Bongar, B. (2015). Social support, trans community connectedness, and mental health symptoms among transgender and gender nonconforming adults. *Psychology of Sexual Orientation and Gender Diversity*, 2, 281–286. <https://doi.org/10.1037/sgd0000122>
- Rainbow Health Ontario. (2012). *LGBTQ mental health*. Retrieved from <http://www.rainbowhealthontario.ca/>
- Ratts, M. J., & Pedersen, P. B. (2014). Preface. In M. J. Ratts & P. B. Pedersen (Eds.), *Counseling for multiculturalism and social justice: Integration, theory, and application* (4th ed., pp. ix–xiii). Alexandria, VA: American Counseling Association.
- Redfern, J. S., & Sinclair, B. (2014). Improving health care encounters and communication with transgender patients. *Journal of Communication in Healthcare*, 7, 25–40. <https://doi.org/10.1179/1753807614Y.00000000045>
- Rempel, S. (2017). *Advocacy in practice: Creating a culture of social change in the human services*. Don Mills, ON: Oxford University Press.
- Riggle, E. D. B., Rostosky, S. S., McCants, L. E., & Pascale-Hague, D. (2011). The positive aspects of a transgender self-identification. *Psychology & Sexuality*, 2, 147–158. <https://doi.org/10.1080/19419899.2010.534490>
- Safer, J. D., Coleman, E., Feldman, J., Garofalo, R., Hembree, W., Radix, A., & Sevelius, J. (2016). Barriers to healthcare for transgender individuals. *Current Opinion in Endocrinology & Diabetes and Obesity*, 23, 168–171. <https://doi.org/10.1097/MED.0000000000000227>
- Serano, J. (2016). Psychology, sexualisation, and trans-invalidations. In J. Serano (Ed.), *Outspoken: A decade of transgender activism and trans feminism* (pp. 302–308). Oakland, CA: Switch Hitter Press.
- Simeonov, D., Steele, L. S., Anderson, S., & Ross, L. E. (2015). Perceived satisfaction with mental health services in the lesbian, gay, bisexual, transgender, and transsexual communities in Ontario, Canada: An internet-based survey. *Canadian Journal of Community Mental Health*, 34(1), 31–44. <https://dx.doi.org/10.7870/cjcmh-2014-037>
- Sinacore, A. L., Borgen, W. A., Daniluk, J., Kassan, A., Long, B. C., & Nicol, J. (2011). Canadian counselling psychologists' contributions to applied psychology. *Canadian Psychology*, 52, 276–288. <https://doi.org/10.1037/a0025549>
- Smith, L., Bratini, L., Chambers, D. A., Jensen, R. V., & Romero, L. (2010). Between idealism and reality: Meeting the challenges of participatory action research. *Action Research*, 8, 407–425. <https://doi.org/10.1177/1476750310366043>
- Sherbourne Health Centre. (2015). *Guidelines and protocols for hormone therapy and primary health care for trans clients*. Toronto, ON: Author. Retrieved from <http://sherbourne.on.ca/wp-content/uploads/2014/02/Guidelines-and-Protocols-for-Comprehensive-Primary-Care-for-Trans-Clients-2015.pdf>
- Singh, A. A., & Dickey, L. M. (2017). Introduction. In A. Singh & L. M. Dickey (Eds.), *Affirmative counseling and psychological practice with transgender and gender nonconforming clients* (pp. 3–18). Washington, DC: American Psychological Association. <https://doi.org/10.1037/14957-001>
- Singh, A. A., & Moss, L. (2016). Using relational-cultural theory in LGBTQQQ counseling: Addressing heterosexism and enhancing relational competencies. *Journal of Counseling and Development*, 94, 398–404. <https://doi.org/10.1002/jcad.12098>
- Stover, C. M. (2015). Community based participatory research: The application and lessons learned from a study with LGB college students. *Journal of Health Disparities Research and Practice*, 8(4), 55–70. Retrieved from <http://digitalscholarship.unlv.edu/jhdrp/>
- Stryker, S., & Bettcher, T. M. (2016). Introduction: Trans/feminisms. *Transgender Studies Quarterly*, 3, 5–14. <http://www.dx.doi.org/10.1215/23289252-3334127TSQ>
- Then, K. L., Rankin, J. A., & Ali, E. (2014). Focus group research: What is it and how can it be used? *Canadian Journal of Cardiovascular Nursing*, 24(1), 16–22. Retrieved from <https://www.researchgate.net/>
- Trans PULSE Project. (n.d.). *Project history*. Retrieved from <http://transpulseproject.ca/about-us/project-history/>

- Travers, R., Pyne, J., Bauer, G., Munro, L., Giambrone, B., Hammond, R., & Scanlon, K. (2013). "Community control" in CBPR: Challenges experienced and questions raised from the Trans PULSE project. *Action Research, 11*, 403–422. <https://doi.org/10.1177/1476750313507093>
- Truscott, D., & Crook, K. H. (2013). *Ethics for the practice of psychology in Canada: Revised and expanded edition*. Edmonton, AB: University of Alberta Press.
- Vance, S. R., Cohen-Kettenis, P. T., Drescher, J., Meyer-Bahlburg, H. F. L., Pfafflin, F., & Zucker, K. (2010). Opinions about the DSM gender identity disorder diagnosis: Results from an international survey administered to organizations concerned with the welfare of transgender people. *International Journal of Transgenderism, 12*, 1–14. <https://doi.org/10.1080/15532731003749087>
- Veltman, A., & Chaimowitz, G. (2014). Mental health care for people who identify as lesbian, gay, bisexual, transgender, and (or) queer. *Canadian Journal of Psychiatry, 59*(11), 1–8. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4244881/>
- Victor, C. J., & Nel, J. A. (2016). Lesbian, gay, and bisexual clients' experience with counselling and psychotherapy in South Africa: Implications for affirmative practice. *South African Journal of Psychology, 3*, 351–363. <https://doi.org/10.1177/0081246315620774>
- Vipond, E. (2015). Resisting transnormativity: Challenging the medicalization and regulation of trans bodies. *Theory in Action, 8*(2), 21–44. <https://doi.org/10.3798/tia.1937-0237.15008>
- Viswanathan, M., Ammerman, A., Eng, E., Gartlehner, G., Lohr, K. N., Griffith, D., ... Whitener, L. (2004). *Community-based participatory research: Assessing the evidence*. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK11852/>
- Ward, D. (2011). The infection control education needs of nursing students: An interview study with students and mentors. *Nurse Education Today, 31*, 819–824. <https://doi.org/10.1016/j.nedt.2010.12.017>
- Ward, D. (2012). Attitudes towards the infection prevention and control nurse: An interview study. *Journal of Nursing Management, 20*, 648–658. <https://doi.org/10.1111/j.1365-2834.2012.01354.x>
- Ward, D. J. (2013). The barriers and motivators to learning infection control in clinical placements: Interviews with midwifery students. *Nurse Education Today, 33*, 486–491. <https://doi.org/10.1016/j.nedt.2012.05.024>
- Ward, D. J., Furber, C., Tierney, S., & Swallow, V. (2013). Using framework analysis in nursing research: A worked example. *Journal of Advanced Nursing, 69*, 2423–2431. <https://doi.org/10.1111/jan.12127>
- White, W., Brenman, S., Paradis, E., Goldsmith, E. S., Lunn, M. R., Obedin-Maliver, J., ... Garcia, G. (2015). Lesbian, gay, bisexual, and transgender patient care: Medical students' preparedness and comfort. *Teaching and Learning in Medicine: An International Journal, 27*, 254–263. <https://doi.org/10.1080/10401334.2015.1044656>

About the Authors

Mateo Huevo is a registered provisional psychologist who focuses his work on research, teaching, and practice for trans-specific and affirmative care. He is also a professor teaching in postgraduate mental health and addictions.

Sandra Collins is a psychologist and a professor of counselling psychology at Athabasca University who focuses her research and teaching on multicultural counselling, social justice, LGBTTQI and women's issues, and counsellor education.

This research was supported by awards from the Social Sciences and Humanities Research Council of Canada, The Alberta Human Rights Commission, Athabasca University, as well as research grants from the Alberta Public Interest Research Group and Athabasca University.

Address correspondence to Mateo Huevo, Alberta Health Services. E-mail: mateo.huevo@ahs.ca