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The Provision of Therapeutic Intervention to The Transgender

Community in The UK

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“Transgender, putting the T back into Therapy”.

Transgender people and their rights have come a long way through history to the present day, they have been challenged by society and have experienced a lot of hate and negativity, and the medical research and procedures being carried out are getting more advanced every day. This Literature review will look at what therapeutic interventions are available in the United Kingdom for transgender people, this will be done by reviewing what literature has been carried out in this area in the past 10 years in terms of the experience/availability of transgender people accessing therapy, this will lead on to a critique of each piece of literature. Themes will then be identified which will then flow into an evaluation of the literature/available research in order to outline any gaps in knowledge. The question will then be revisited so as to provide any further recommendations for the research which will then be deduced into an elaborate conclusion.

This topic was chosen due to being stationed at a volunteer placement as a counsellor that receives transgender clients, hearing the complexities experienced by transgender people there was an interest to find out if there was therapy available in the UK that would naturally go alongside the medical treatment. In this there was other questions such as if there was a core theoretical model used to treat transgender people and if it was available on the NHS. All these events stem from a long lasting interest in transgender history and their rights which stems from the stonewall riots and the secret LGBT parties/ events that members of the LGBTQ+ community would attend in order to have a safe place to go where they could embrace their identity without fear of judgement from society.

“What Therapeutic Interventions are available for transgender people living in the UK?”.

In a literature review carried out by (Hunt, 2014, p. 288-296) on Transgender experiences of therapy in the United Kingdom. It provided 3 studies that started with a

survey on Transgender people's reasons for seeking therapy which were predominantly for Depression and issues with gender identity, it then lead onto the second study consisting of semi-structured interviews with transgender people based on the idea of unhelpful/helpful therapeutic situations aimed at factors such as the counsellor focusing on the client's needs, the counsellor affirming the client's gender etc... The third study semi-structured interviews were carried out in a small sample to provide a more qualitative method of enquiry which was focused on Transgender people's experience of therapy with the topic being gender identity. In the study it was found that the key to a good therapeutic outcome was based on a good therapeutic relationship, gender affirmation by the therapist and therapist awareness of Transgender people/issues. Without these factors it was found that there would be a limited therapeutic outcome, all studies were carried out via LGBT community based locations such as centres.

(Pink Therapy, 2019) is an independent organisation that was founded by Counsellor Dominic Davies in (1997), it specialises in the LGBT community and provides specialist training for counsellors and supervisors in order to increase awareness to groups such as Transgender people. On further investigation into the literature it was found that the organisation provides a directory whereby transgender people can access a shortlist of people who have experience/training of working with transgender people.

An article was published in (Therapy Today, 2017) which discussed the revised version of the Memorandum of Understanding (MoU) where in the previous version talked about the boycotting of conversion practices being carried out by counselling practitioners, however in the previous version the MoU did not recognise Gender identity under the umbrella of protection. The revised piece now includes gender identity in the text, reading

further into the article it was found that there have been reports of some practitioners succumbing to their own personal prejudices and beliefs which in turn impact negatively on the experience of the transgender client's. In discussion regarding the MoU the (British Association for Counselling and psychotherapy, 2017) move that counsellor's/Psychotherapist's to educate and train themselves in the awareness of client's who have issues with their gender identity and/or are transgender.

In a newspaper article written by (The Guardian, 2019) the topic was related to transgender people and their issues with the National Health Service (NHS) namely the General practitioners (GP's). In the article it was detailed that people who were having issues with their gender identity were being refused initial hormone treatment by their GP's which in most cases caused psychological distress due to the lack of communication between the patients and the Gender Identity Clinic who the GP's refer the patients to before prescribing hormones, the lack of communication is due to the backlog of referrals waiting to be seen by specialists often with very little communication in between. New legislation is under construction that allows a multidisciplinary approach to transgender clients which tackles the physical and mental factors transgender people face such as voice coaching/therapy but also psychological services such as counselling provided by local services.

In terms of services provided by healthcare organisations the (National Health Service, 2013) set up a service known as the Gender Identity Development Service (GIDS) which is aimed at helping children and young people who are experiencing Gender dysphoria or issues related to their gender identity. It provides a comprehensive multidisciplinary method of treatment which includes medical practitioners, therapeutic interventions provided by

family counsellors and other psychological specialists such as psychiatrists and social workers. According to (The Guardian, 2019) GIDS is the only service within the NHS to provide this level of treatment and comes from backlash aimed at the NHS labelling them as “Transphobic”. The controversy comes from new political groups championing transgender rights who are putting increasing amounts of pressure on the NHS.

In a report written by (Hudson-Sharp, 2016) the topic of discussion was inequality in relation to the lives of people who are part of the LGBT community. In the report transgender people were mentioned whereby it detailed that when attempting to access psychological services such as counselling they are being met with prejudice and discrimination on the part of the service provider, the factors that usually cause this are the service providers hetero-normative attitudes which in turn takes away the gender affirmation required by a vast amount of transgender people in order to feel heard and accepted.

The (World Professional Association for Transgender Health, 2012) sets out guidelines which were published in an article. In the article there are standards of care which need to be met by healthcare providers in order to make the patients feel comfortable and understood, one of the sections describes psychological/therapeutic interventions that are necessary when dealing with transgender people such as family therapy which provides the space for the patient to explore their gender identity whilst helping family members come to terms with their loved ones identity.

The (National Health Service, 2008) wrote a piece of literature that set out guidance for healthcare professionals who were dealing with patients with Gender Dysphoria, in the guidance there were details on the medical aspects of treatment such as hormone therapy

and reassignment surgery, however it also set out psychological interventions which were dominantly provided by specialist psychiatrists who were familiar with working with Transgender people, further into the guide there was a section where other therapeutic interventions were vaguely mentioned meaning there were mentions of family therapy/ couple's therapy but the therapeutic framework was not specified, instead there was more of an attitude or way of being required which was to be non-judgmental and be affirmative to the client's gender, which when looking into therapeutic approaches seems to align with a humanistic/holistic way of working.

The (Royal College of Psychiatrists, 2013) released a paper which provides guidelines aimed at promoting good practice for professionals working with Gender Dysphoria, within the text it cites counselling and psychotherapy in which it communicates the imperative of therapeutic interventions in the clients journey with their treatment. It further details that any therapeutic interventions provided to people with gender dysphoria should have the goal of helping the client explore their gender identity; however no strict definitive therapeutic approaches are listed within the paper leaving a gap in knowledge.

An organisation known as (Gendercare, 2019) specialises in giving transgender people access to medical related healthcare and also consists of specialist psychological professionals. When reading into what they provide in terms of treatment they specify that they offer counselling as part of the treatment. Counselling is provided either alongside treatment or alone, there are specific people who run each aspect of Gendercare ranging from doctors to psychiatrists.

There is an online based service called (Pride Counseling, 2019) that can provide specialist counsellors/Psychotherapist's who are trained in working with transgender people.

Charity Based organisations such as (LGBT Cymru, 2019) provide a counselling service that specialises in dealing with issues met by those in the LGBT community, this includes transgender people, the service takes a humanistic approach to therapy which is done in order to provide a safe space where people can feel listened to and accepted.

In a Journal written by (Allen, 2017, p. 27-36) a study was conducted which focused on what approaches worked for clinicians delivering therapeutic interventions to transgender people, in this study different therapists were used such as family and narrative therapists. It was found that when using narrative therapy with a transgender client it helped the client unfold their story which brought out the oppression they suffered within their journey. A different therapist using family therapy with a feminist approach to treat a transgender client found that using the feminist approach helped bring an understanding of what women go through in terms of inequality and further helped the client explore their identity. When conducting this study the mission was to present a piece of literature that explores the approaches that can work with transgender clients rather than focusing on what is expected of the therapist.

When looking at the literature review by (Hunt, 2014, p. 288-296) it provided a good insight into how some transgender people experience therapy, it opened up the struggle that is faced by transgender people in terms of how the way the therapist conducts themselves impacts on their experience. It also revealed that the approach of the therapist does not necessarily predict the outcome but is more focused on the therapists own values

and beliefs. Although the literature review provided helpful insight it had some shortcomings such as it was the only literature review based in the United Kingdom that could be obtained which would have benefitted from being quantitative to make it have more relevance and substance. The review also left out what therapeutic approaches were used in the study which could have helped towards building an evidence base as to what approaches work better with transgender clients. The method of collecting data was qualitative which was good for practice based evidence, however if there was to be further investigation a qualitative approach may lead to groundbreaking work.

Pink therapy as an organisation provides therapy to transgender people that is backed by extensive training in receiving and understanding people with Gender dysphoria, Dominic Davies the founder of this organisation has spent years studying the LGBT community and has been adding to it ever since which is why there is the ability to provide training, this shares a trend with the literature review above as it does not specifically mention what type of therapy is used within the organisation but rather focuses on how the therapist conducts themselves.

In the article written by (The Guardian, 2017) it was seen that the rights of transgender people have been updated by protecting them under the umbrella of the memorandum of understanding, which in turn has been taken on by large governing bodies such as the BACP, wherein they put forward that practitioners under this umbrella are not permitted to engage in conversion activities when in practice as it is seen as malpractice and a breach of their human rights. It has also been put forward that counselling practitioners are to carry out self education in order to have a general understanding of transgender issues whilst also allowing the therapist to reflect on any of their own prejudices that may prevent them from

working competently with this client group. Although this is very helpful in the care of transgender people the BACP seems to aim the message at individual practitioners which does not outline if there are any specific approaches that show trends that work with transgender people.

This was backed up in a report done by (Hudson-Sharp, 2016) whereby the inequalities faced by the transgender community were researched and discussed, in which the findings showed that when transgender people try to access services such as counselling they are met with discrimination on the part of the service providers due to the hetero-normative attitudes instilled in their values and beliefs, this also carries a lack of understanding/affirmation of the service users identity.

In another article by (The Guardian, 2019) it was seen that access to services and treatment for transgender people was being impeded by the medical model, this was due to lack of education on the general practitioners part and the referrals to the gender identity clinic in which time psychological distress was experienced by the patients due to the long waiting lists and lack of communication. Future legislation is due to come into place which provides a multi-faceted way of working which allows professionals such as counsellors and psychiatrists to play a role in the treatment of transgender people. Once again there is not mention of what type of intervention would be used.

The (National Health service, 2013) set up the GIDS service which provides crucial developmental treatment and interventions which are used for children and young people with gender dysphoria, within the framework of treatment there are therapeutic interventions available such as family counsellors, which given the client group is children and young people it is understandable as there could be issues faced by family members

who are trying to come to terms with their loved ones journey. This is groundbreaking work, however it does not cover adult services which is a huge factor in transgender society and was only put into force as a result of significant backlash from the public due to the lack of services provided by the NHS.

To follow this the article published by (World Professional Association for Transgender Health, 2012) sets out standards to be met by professionals that deal with the issues faced by transgender people, in which family therapy is listed in their literature as it is seen to help the family system come to terms with their loved one's journey into their gender identity. This is a good piece of information as it shows therapy is relevant to the treatment of transgender people; however when reading this article it was found that the amount of information on therapeutic interventions used was scarce and looked very insignificant in comparison to the medical aspects of gender dysphoria.

The piece of literature that The (National Health Service, 2008) set out was similar to the above in the sense that it too set out a specification of how to work with transgender people and what is expected of the professionals that work with them, in reading this it was found that there was a significant amount of information regarding the role medical professionals play in the treatment of transgender people which in itself is very important due to the medical procedures usually related to this client group. There was also information regarding the use of psychiatrists in the treatment, then in a very small paragraph it detailed other therapeutic interventions that can be provided which were vague and non-specific, the dominant requirements of the therapist be that of whatever approach is that they were affirmative and supportive of the clients gender identity, which

leads to the thought of counselling not being provided by the NHS in this case but more of a case of signposting the clients to the relevant LGBT friendly community based centres.

The (Royal College of Psychiatrists, 2013) similarly to a lot of the other articles and pieces of writing sets out a protocol that professionals are to follow when working with transgender people, within this unlike other literature cited above the imperative of the use of therapeutic interventions is stressed by this organisation showing that it plays a key role. This is positive however the credibility seems to slip when there is once again no mention of what type of therapy is to be used, but rather again stressing the importance of the qualities of the individual practitioner.

When reading through what the organisation (Gendercare, 2019) did for transgender people in terms of therapy it was found that they have different specialists for different areas of transgender enquiry such as surgery or medical based interventions, looking further into what they offer as an organisation it could be seen that counselling was provided as part of their treatment, which once again did not specify what type of counselling they provide which is disappointing , however like a lot of other organisations and pieces of research they emphasise that they are affirming and understanding. They also provide a private route for transgender people who may have been on a waiting list for a long period of time due to a lack of education from medical professionals such as general practitioners who cause a great number of referrals leading to a backlog of clients waiting to be seen.

In terms of organisations that provide counselling strictly (Pride Cymru, 2019) sets out a gateway to therapy for transgender people by providing specialist therapy delivered by counsellors who have had training and experience with transgender clients, this is done by providing a specification form requiring the clients gender identity so they can be put

straight through to an appropriate practitioner. This is a very useful service, however they provide telephone counselling which to some people may be beneficial, however others may prefer to be seen face to face by a counsellor, also the specification of what therapeutic approaches are used by the therapists is non-existent which does not help towards building an evidence base for working with transgender people.

A similar service to this is the (LGBT Cymru Helpline, 2019) who are a charity based organisation that provide specialised therapy to transgender people in the UK, this is done by delivering training as well as only taking on volunteer counsellors who are able to work with transgender clients. In terms of therapeutic approaches the focus is more on how the counsellor is as a person in terms of open mindedness as opposed to individual prejudices so the therapeutic frame may vary, which in itself could benefit clients as one form of therapy will not suffice in treating all clients. This organisation could be beneficial to transgender clients; however the service is free or very reasonable in price which could result in a backlog of clients.

An American Journal was included in this review due to the lack of UK based research, in this piece of work carried out by (Allen, 2017, p. 27-36) it displayed something which almost none of the other researchers/organisations listed above did, which was to focus less on the importance of the practitioner which in itself is important but in this case the focus was on the ability of different types of therapeutic approaches to work with transgender people. In this case the approaches that were used were family/feminist and narrative which have specific ways of working, however it was displayed in the study that the use of narrative therapy helped some client open up their journey and explore the oppression they felt. With the family/feminist therapy there were no radical ideals but rather there came an

understanding of the discrimination women experience which could help transgender women explore and appreciate their femininity. The study was qualitative in its method of enquiry so only a small sample was used in the investigation, however in this case it was highly effective in what it achieved and actually explored the potential of different approaches.

When looking at all the pieces of research there were a number of trends one of which was most significant would be that there was a large amount of responsibility placed on the medical model as there are many different aspects to consider when receiving someone who has gender dysphoria. Most of these aspects are of a medical nature such as gender reassignment surgery and hormone therapy as well as different cosmetic procedures which some transgender people may require such as facial reconstruction or decreasing their Adam's Apple in other cases. This being said there are a lot of improvements that could be made such as giving therapists and psychological professionals a bigger role in the journey of transgender people. This could be done by providing counselling to transgender people placed on waiting lists for the gender identity clinic as from the research above the long waiting time can have a huge impact on the mental wellbeing of some transgender people which in turn adds more pressure to the NHS.

Another clear trend is that although professionals and organisations did provide counselling in the UK there seemed to be no set therapeutic approach such as cognitive behavioural therapy which is usually the go to type of therapy for the main health professions such as the NHS.

A trend that counters the one above is that although there was no set therapeutic approach there was a required way of being from the therapist which was to be understanding, have

empathy and accept the clients gender without judgment brought on by individual prejudice. This was a requirement of the BACP as stated previously.

Another trend that came up was that in order to receive transgender clients the practitioner should have a good understanding of the world of transgender people and is required to have undertaken training in relation to this client group.

In terms of what places offered therapeutic interventions in the UK the organisations were mostly third sector, private or charity based such as the LGBT Cymru Helpline and counselling service. The other pieces of research were more relaxed in their use of therapy, it seemed to be more of an afterthought.

When looking at the strengths of this research it can be seen that there are places that provide therapeutic intervention in the UK, dominantly these places are charity based organisations or specialist organisations which are good as they have been founded by people who have a passion for the delivery of competent and sufficient services to the transgender community.

Another positive aspect seen within the review is that there is an awareness that is being built which is slowly making its way to the main healthcare providers such as the NHS. In this it can be seen that the government is starting to recognise the need for a multidisciplinary approach to treating transgender people whereby there is a collaborative relationship between those who are aligned with the medical model and those who follow a therapeutic model.

The treatment of transgender people under the BACP is now recognised under the prevention of the use of conversion therapies by counselling practitioners which will help reduce the normalisation of the use of these types of medieval interventions.

Although there was a limited amount of research it was found that the rights of people in the LGBT community were being considered and written about which hopefully will increase general awareness within this client group.

There are a number of shortcomings discovered when writing this review, then main limitation was that there are a very limited amount of published and peer reviewed pieces of research regarding what therapeutic interventions are available in the UK for transgender people, this has limited the amount of comparison that could have been carried out had there been more research papers, this is why there are a mixture of articles and organisations that provide the service set out by the research question. Because of this an American article was used in order to display the use of different therapeutic approaches in treating transgender people.

Due to there being such a big placement put on the medical side of the transgender client group the therapeutic side of transgender people's wellbeing seems to be placed on the backburner, meaning there is no set in stone position for therapy in the healthcare sector and although therapy is provided by charity based organisations places such as the NHS are where the key research is carried out in order to establish a way of working with transgender people which as a result would normalise the care of this client group.

Another limit of the literature review was the inability to pinpoint a core therapeutic model in working with transgender people, meaning one frame that seemed to work for a

lot of transgender people, in most cases such as with addiction or anxiety/depression there are usually go to approaches that are used for those client groups. With this client group the dominant theme was how the therapist presented themselves which sounded in most cases like how a person centred therapist would conduct themselves, with non-judgement empathy and congruence.

When research was carried out the studies were mostly qualitative in their framework which made the evidence less substantial.

Due to the lack of research done in the past 10 years it has made it harder to answer the research question, which at the same time has opened up different inquiries within the review such as is there a core therapeutic approach that can be used to treat transgender people and if it is the type of therapy that matters or the individual therapist.

In answer to the research question which is what therapeutic interventions are available for transgender people living in the UK? The answer would be that the interventions available are dominantly based in charity or third sector organisations and are not equipt with a core theoretical model but are trained in the awareness of transgender people and have experienced practitioners of varying theoretical approaches who provide an accepting and understanding environment that embraces the journey of transgender people/ people with gender dysphoria. There are therapeutic interventions available in main healthcare providers such as the NHS which are not specified in their approach and are overshadowed by the medical model but are provided. There is very limited research on this area based in the UK which makes it harder to establish an evidence based way of treating transgender people.

Further recommendations for this area of research would be to look towards countries that have a more advanced stance on caring for transgender people so as to establish an evidence base to work from. The National Health Service is under increasing stress and would benefit from investing in mental health awareness especially that of transgender people, this could help alleviate the stress being put on the medical model. Whilst on the subject of the medical model there could be significant benefit had from training general practitioners in transgender awareness as the first step of seeking help they have may be in a Doctor's surgery in front of a GP. There also needs to be an awareness of what gender Dysphoria is and how it can affect people's mental health.

To conclude on this literature review it can be seen that there are therapeutic interventions available in the UK for transgender people of which are mostly based in charity/ third sector organisations. There is very limited data/research out there regarding availability of therapy or the place of therapy for transgender people, which in turn makes it harder for people to access sufficient mental health services in this client group. To combat this there must be more funding placed in the research of this client group as there is an ever increasing awareness of the rights/treatment of members of the LGBTQ+ community that seems to be surpassing the research being carried out on it. It can be seen that there is incredible work being done in the medical model regarding surgery and hormone therapy which is helping a lot of people, however with transgender people and gender dysphoria there could be a lot of underlying issues which could be collaboratively tackled with the use of Counsellors/Psychotherapists.

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