Best Practices for Working with Clients who Identify as Transgender in Outdoor Behavioral Healthcare

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Abstract

Research suggests that simply identifying an individual as transgender does not necessarily indicate the existence of other mental health concerns. However, many transgender adolescents experience significant psychosocial and mental health concerns, which are likely due to the challenges faced by youth with nonconforming gender identity and expression. Though issues related to gender identity are rarely the primary reason why individuals seek mental health treatment, it is important for mental health practitioners to possess some knowledge of the issues affecting the transgender community to provide effective treatment. This paper examines the clinical needs of youth who identify as transgender, and best practices for working with transgender clients in Outdoor Behavioral Healthcare. Recommendations for best practices include ensuring that clinicians and other staff members are adequately educated on issues related to gender identity, examining bias on a personal and institutional level, taking corrective action to create more trans-affirming environments, and promoting client self-determination and voice before and during treatment. In addition, more research on the topic of transgender clients in mental health treatment, and specifically in OBH programs, is needed to better inform clinical practice.

Keywords: Transgender, LGBTQ+, outdoor behavioral healthcare, wilderness therapy, social justice

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In the United States an estimated 0.7% of youth ages 13-17, or approximately 150,000 youth, identify as transgender (Herman, Flores, Brown, Wilson & Conron, 2017). A recent study also estimated that 0.7% of young adults ages 18-24, 0.6% of adults ages 25-64, and 0.6% of adults ages 65 and older identify as transgender, making the U.S. youth and young adult populations the largest percentages of transgender individuals in the world (Herman et al., 2017). As defined by the National Association of Social Work (2009), transgender is:

> "An umbrella term that describes people whose gender identity or gender expression differs from expectations associated with the sex assigned to them at birth. This term may include pre-operative transsexuals, post-operative transsexuals, non-operative transsexuals, cross-dressers, androgynous people, gender benders, drag kings, and drag queens. Transgender people may be heterosexual, bisexual, gay, lesbian, or asexual" (NASW, 2009, p. 32).

Research suggests that simply identifying an individual as transgender does not necessarily indicate the existence of other mental health concerns. However, many transgender adolescents experience significant psychosocial and mental health concerns, which are likely due to the challenges faced by youth with nonconforming gender identity and expression (Benson, 2013). Psychosocial concerns for transgender youth include family rejection, peer rejection, harassment, trauma, abuse, inadequate housing, legal problems, lack of financial support, and educational problems (APA Task Force, 2008).

Though issues related to gender identity are rarely the only reason why transgender individuals seek mental health treatment, it is important for mental health practitioners to possess knowledge of the issues affecting the transgender community to provide effective treatment. As such, this paper seeks to provide a review of the literature on the mental health needs of youth and young adults who identify as transgender, along with best practices for working with clients who identify as transgender in Outdoor Behavioral Healthcare (OBH). A clinical example is provided to illuminate one client's experiences being transgender in an OBH program and is aligned with the literature in order to make recommendations for ethical and effective practice.

Mental Health Concerns among Youth Who Identify as Transgender

There is evidence to suggest that transgender youth and young adults are at an increased risk of mental health concerns such as depression, anxiety, and suicidal ideation and/or attempt, as compared to their cisgender counterparts

(Reisner et al., 2015). In fact, research suggests that almost 1 out of 3 youth who identify as transgender have clinical depression and have attempted suicide (Olsen, Durwood, DeMeules, & McLaughlin, 2016). Youth also struggle with body image and how others see their bodies (Diemer, Grant, Munn-Chernoff, Patterson, & Duncan, 2015), have an overrepresentation of eating disorders (Diemer et al., 2015), and are at an increased risk of non-suicide self-harm (Arcelus, Claes, Witcomb, Marshall & Bouman, 2016). Youth who identify as transgender experience high levels of stigma across their environments including denial of access to medical and mental health treatment, homophobia and oppression, which all impact their mental health (Hope, Mocarski, Bautista, & Holt, 2016; Johnson, Singh & Gonzalez, 2014).

LGBTQ+ children and youth experience greater risk for abuse, violence, harassment, school sanctions, and various forms of discrimination than their heterosexual counterparts (Himmelstein & Brückner, 2010). With the lack of support at home, the routine stigmatization, and bullying and rejection at school, youth who identify as transgender can experience serious academic difficulties and drop out of school (Kaltiala-Heino, Bergman, Työläjärvi, & Frisén, 2018). Clark et al. (2014) found that transgender-identifying adolescents had 4.5-fold increased odds of being bullied and were approximately twice as likely to report being afraid for their personal safety, being in a serious physical fight, and being hit or otherwise harmed by others, compared with their cisgender-identifying peers. Grossman and D'Augelli (2009), in their focus group research, found that the most important transgender youths' concerns were safety issues related to being potential victims of violence including sexual harassment, the disclosure of their transgender status or that information being disclosed by others (Grossman & D'Augelli, 2009). Although they have come to rely on avoidance coping skills and seeking supportive others as their main coping mechanisms, the lack of competent mental health services to assist them reflects, in their view, their marginality and unimportance to society (Grossman & D'Augelli, 2009).

In addition, homophobia and heterosexism negatively affect transgender identity and can be exacerbated in the family system; however, parental acceptance during adolescence can have a strong effect in protecting against negative outcomes for lesbian, gay, bisexual and transgender (LGBT) young adults (Travers, Bauer, Pyne, & Bradley, 2012). In fact, transgender youth who are supported in their gender identity and social transition have been shown to have normative levels of depression and anxiety, supporting the idea that mental health disorders are not inevitable within this population (Olson et al., 2016).

Outdoor Behavioral Healthcare

Youth who identify as transgender who receive mental health treatment face unique challenges and it is important for providers to understand how best to work with this population without further stigmatizing them. One type of mental health treatment for youth, Outdoor Behavioral Health or OBH, is currently seeing a rise in youth clients who identify as transgender (Brown & Cheyette, 2019); however, no literature yet identifies how to work with this population in this unique setting. OBH has emerged as a viable mental health treatment modality for youth experiencing a range of emotional and behavioral difficulties and diagnoses (Russell, 2003) and is part of the larger field of adventure therapy, which focuses on the intentional use of adventure activities by licensed clinicians to promote clinical change (Gass, Gillis, & Russell, 2012). Clients who attend OBH programs typically live outside on expedition, in small groups of 8-10 participants, with two field guides who are responsible for the supervision of the group. Each week, the clinical teams for the program go out into the field for a couple of days and meet with participants for counseling sessions. For adolescent clients, weekly family sessions are conducted either on the phone or online through a video conference, and typically the family travels at least once during the program to attend a face-to-face family session with the clinician and the youth (Tucker, Widmer, Faddis, Randolph, & Gass, 2016). Parents often send youth to OBH as their last option when traditional therapeutic options in the community have failed (Tucker, Bettman, Norton, & Comart, 2015).

Research has shown that youth who participate in OBH report significant improvements post-treatment (Bettmann, Gillis, Speelman, Parry & Case, 2016), changes which last six to twelve months post-treatment (DeMille et al., 2018; Tucker et al., 2018). Despite the growing research supporting the effectiveness of OBH, very little discussion in OBH has focused on gender and none have discussed transgender considerations (Karoff, Tucker, Norton, Gass & Foerster, 2019; Rothblum, Cole & Tallman, 2014). However, gender has been a topic of concern in outdoor education and adventure therapy, as women have historically been underrepresented (Mitten, Gray, Allen-Craig, Loeffler, & Carpenter, 2018; Warren, 2005). Warren, Roberts, Bruenig, and Alvarez (2014) highlight the need for outdoor adventure programs to critically evaluate the ways they perpetuate systemic oppression and to incorporate training and research that addresses specific steps toward more socially just programming. As OBH works to emphasize inclusivity and diversity, specific attention must be paid to the voices and experiences of transgender individuals who participate in OBH programs.

BEST PRACTICES WITH TRANSGENDER CLIENTS

Trans-Affirming Therapy

Since no literature has specifically looked at considerations for transgender youth in OBH, research from the larger mental health field must be used to guide this discussion. There is an existing framework for addressing the unique challenges this population faces, as well as recommendations for providers geared toward facilitating trans-affirming therapy. Themes in the literature include the need for all forms of gender identity and exploration to be affirmed rather than pathologized (Bess & Stabb, 2009; Burnes et al., 2010; Carroll, Gilroy, & Ryan, 2002; Collazo, Austin, & Craig, 2013; Holman & Goldberg, 2006; Katz-Wise et al., 2017). It is important for mental health providers to examine biases and acknowledge the oppression and stigma that affect the experiences of transgender individuals in mental treatment (Ansara & Hegarty, 2012; Benson, 2013; Burnes et al., 2010; Carroll et al., 2002; Collazo et al., 2013; Willging, Salvador, & Kano, 2006). Furthermore, it is important for mental health professionals to possess knowledge of transgender issues so they may adequately offer information and resources to clients (Benson, 2013; Bess & Stabb, 2009; Burnes et al., 2010; Carroll et al., 2002; Hellman & Klein, 2004; Lev, 2004).

There is a great need for therapy that is trans-affirming, rather than simply tolerant of or indifferent to individuals who identify as transgender (Hope et al., 2016). In several studies that included perspectives of transgender clients, researchers concluded that it is essential for the clinician to possess prior knowledge of transgender risk and protective factors, current language, options for different approaches to transition and their associated pros and cons, and resources for additional support (Benson, 2013; Bess & Stabb, 2009; Collazo et al., 2013). Too often, transgender clients are in a position of having to educate their clinicians who often have little to no knowledge of relevant issues (Hope et al., 2016). Collazo et al. (2013) highlight the need for clinical professionals to seek training and collect resources to be able to offer clients useful information and psychoeducation. Staff training is equally important (Hellman & Klein, 2004). Holman and Goldberg (2006) emphasize the ethical responsibility of mental health professionals to proactively seek knowledge of the most up-to-date considerations for this population and to be prepared to disperse relevant resources to clients. Additionally, possessing knowledge of and being able to educate clients on the history of the transgender community can be a way for clinicians to facilitate identity development and affirmation for transgender clients who have previously felt isolated and unseen (Carroll et al., 2002).

BEST PRACTICES WITH TRANSGENDER CLIENTS

In addition to possessing relevant knowledge, mental health professionals are also ethically obligated to examine the ways in which personal and institutional biases affect their work with clients with clients who identify as transgender (Benson, 2013; Hope et al., 2016). It is essential that clinicians acknowledge and work to prevent assumptions based on society's dominant narratives related to gender identity, such as the prevalent need to fit into a gender classification that is rooted in a binary, rather than expansive, perception (Bess & Stabb, 2009). The American Counseling Association's set of competencies for working with transgender clients includes an emphasis on recognizing bias and advocating actively, challenging stereotypes, and engaging in critical discussions within the field of mental health to routinely examine the ethics and best practices for working with transgender people (Burnes et al., 2010). Trans-affirming therapy must extend beyond the clinician's office and include advocacy in the broader community; clinicians must address their own internally held biases and work to change discriminatory practices in their workplaces and communities (Willging et al., 2006).

Trans-affirming therapy involves encouraging clients to explore gender identity by facilitating a safe and nurturing therapy environment in which all forms of gender identity and expression are welcomed (Hope et al., 2016). Clinicians are encouraged to shift away from the gatekeeper role and toward the role of supportive advocate (Collazo et al., 2013). Bess and Stabb (2009) emphasize the importance of therapy that focuses on facilitating wholeness and integration rather than on attempting to eliminate some pathological problem.

For adolescents, it is important to create a therapy environment where positive development of competence, confidence, and social connection are the focus of treatment (Holman & Goldberg, 2006). Because transgender youth are often in a more fluid position of questioning their gender identity, it is recommended that clinicians encourage exploration with a variety of forms of expression, terminology, and disclosure (Holman & Goldberg, 2006). Clinicians should avoid thinking in absolutes and putting pressure on clients to choose one binary gender or come out publicly before having adequate time to explore, weigh the pros and cons, and gather information (Katz-Wise et al., 2017). Understanding how best to support these youth is imperative in mental health treatment.

Implications for Practice in OBH with Transgender Clients

Based on these recommendations, it seems clear that clients who identify as transgender in OBH can benefit from having the opportunity to work with clinicians who are educated in relevant issues and who can help them navigate

and explore their emerging identities (Hope et al., 2016). It is essential for providers to be attuned to trans-specific considerations in OBH, such as the need for flexibility in policies related to dividing participants into single-gender groups (Hope et al., 2016) preferred pronouns and logistics that may need attention due to the biological needs of the clients. Living, eating and traveling together in the wilderness provide opportunities for youth to gain a better awareness of themselves, gain meaningful connections with peers, and improve their own relationships with themselves; however, for transgender clients, there is also the risk of further stigma if client voice is not supported and the group environment is not safe from oppression and bullying. Hence, the following recommendations are offered for any mental health provider who wants to follow best practices when working with clients who identify as transgender in OBH programs:

1. Promote client self-determination (Gass et al., 2012). This includes avoiding assumptions about clients' identities and welcoming all forms of gender identity and expression (Holman & Goldberg, 2006). Consulting with clients about group placement when groups are divided by gender can be an essential factor in helping clients find a sense of belonging in OBH programs.
2. Maintain knowledge of gender identity variations, experiences, and different options for transition (Benson, 2013; Bess & Stabb, 2009; Collazo et al., 2013). Possessing this knowledge will reduce the incidence of putting clients in the position of having to educate the program staff.
3. Maintain knowledge of risk and protective factors specific to transgender youth and young adults and focus on group norms that promote and protect youth who identify as transgender.
4. Promote parental involvement (parental education programs, educate on how essential parental support is, parent support groups) (Travers et al., 2012); however, do not assume that transgender youth are receiving supports at home. Indeed, research shows that parental responses at home could be the root cause of many adverse health and well-being outcomes (Travers et al., 2012).
5. In working with the transgender population, it is crucial to collaborate with multidisciplinary teams so that youth have access to appropriate integrated care and feel affirmed in their search for potential medical interventions.
6. Foster program-wide awareness of bias and institutionalized oppression and how those biases affect treatment (Hope et al., 2016; Willging et al., 2006). Use destigmatizing language in all paperwork and interactions,

including using clients' preferred names and pronouns and allowing a broad range of options for gender identity (Hope et al., 2016).

7. Build and maintain knowledge of local, state, and federal laws affecting transgender individuals, and be aware of trans-affirming resources and trans-affirming employers with non-discrimination policies (Hope et al., 2016). In OBH, trans-affirming resources will likely include options for aftercare for youth who leave OBH and go to another program afterwards.
8. When possible, support the transgender community through advocacy and attendance at relevant community events (Hope et al., 2016). In OBH, this form of support may allow programs to maintain up-to-date knowledge of local and national issues affecting the transgender community and to have greater visibility as proponents of social justice.
9. OBH providers should co-create action steps with youth returning to their normal settings following OBH, as well as provide community resources to assist transgender youth and their families, especially including suicide crisis lines (Johnson et al., 2014). Trans-inclusive youth programs that provide trans youth with a safe and confidential space to access professional and peer supports are crucial in helping to decrease feelings of depression and the despair that precedes suicidal ideation and attempts. (Travers et al., 2012).
10. There is a potential for higher burnout and turnover when staff are asked to deal with more challenges (Marchand, 2008). Supervisors must be attuned to staff well-being and support staff through training, emotional support, and time-off.

Highlighting the Client's Voice: Dylan's Story

To highlight how OBH programs can engage in trans-affirming practices, one client's treatment experience is described. As with any marginalized group, the importance of client voice is key to understanding their perspectives, educating others about their experience and is the basis for good clinical treatment (Cooper, Norcross, Raymond-Barker, & Hogan, 2019).

The Institutional Review Board for Human Subjects approval from the authors' institution was given in order to conduct this interview and a pseudonym was used to protect the client's confidentiality. We chose to highlight one client's experience in an OBH program to begin to create space for client voice and increase the presence of feedback-informed treatment (FIT) in OBH. Though FIT is usually considered an approach that uses a client's feedback to inform their

individual treatment, this client's testimony may provide feedback that can inform the larger field of OBH (Tartakovsky, 2018).

Dylan is a 17-year-old individual who identifies as "not way on the masculine side but very much in the masculine zone of the spectrum". He describes his gender identity as having evolved over time, and he has become more non-binary since he enrolled in an OBH program. Overall, Dylan's wilderness experience was a positive and affirming one where he experienced a sense of belonging. He attributed much of his success in the program to being accepted for who he was. In his words:

> Being put into a boys' group was I think singlehandedly the best thing wilderness did for me … I'm still alive because of wilderness … I would not have survived this long without having been in a boys' group and having felt that, you know, in that group, no one had to question me. No one had to be like, 'oh are you a boy or are you a girl', it was just, everyone in the group was a boy, and it was, beyond words.

Dylan was referred to OBH treatment after experiencing depression, suicidal ideation, self-harming behaviors, and symptoms of Post-Traumatic Stress Disorder. He described his relationships with his parents as being distant and conflictual prior to his wilderness experience. Although being transgender played a role in his therapy sessions in the OBH program, Dylan's reasons for being in treatment were unrelated to his gender identity: "Going to wilderness had nothing to do with me being trans … someone with brown hair doesn't go to wilderness because they have brown hair. That's just also something that's a part of them".

Dylan described his treatment with an OBH clinician as being more beneficial than previous experiences of therapy: "He accepted me for who I am, and he didn't try to dictate that. He didn't try to tell me what to feel or who to be … he was the first therapist I've really opened up to". When asked how his clinician created a trans-affirming environment, Dylan stated, "It's not specifically that he was … doing anything to create a trans-affirming environment. He was just creating a people-affirming environment … he was really nice, and he never questioned me". Similarly, Dylan described the field staff as providing a safe environment for all participants by facilitating respectful conversations and being sure to step in whenever the conversation in the group looked like it might be heading in the direction of targeting specific individuals or groups:

> They used the right pronouns … there was never in my 99 days … no one said any trans insults … No one said anything to make me feel like I

> didn't belong there, or like I didn't belong on this Earth, um, which, you know, a lot of people outside of wilderness say stuff like that, and so, in the entire three months that I was there, I didn't get a single, you know, insult or anything like that.

He summed up his experience of this affirming environment with a powerful comment: "My group was probably the safest place I've ever been".

Dylan offered a few specific recommendations for OBH programs to follow in promoting the well-being of transgender clients. He stressed the importance of letting clients have a voice in the decision about which group they should join upon admission to the program. Dylan also suggested that programs incorporate policies that allow for greater fluidity in gender identity and expression, either by allowing clients to switch groups if they start to feel that they would be more comfortable in the other gender group, or by shifting the structure to include non-binary groups as an option for clients who would experience a greater sense of belonging and acceptance in a group that would not require them to identify as male or female.

Dylan also stressed the importance of a program's ability to promote acceptance and awareness. When Dylan's parents were choosing which program to send him to, they chose the program that would allow him to be in the boys' group. Unfortunately, they were not given the same option when it came to applying for aftercare in a therapeutic boarding school. Dylan reported that of all the schools his parents applied to while he was getting ready to transition out of the wilderness, none would accept him because he was transgender. After being in the safe and affirming environment of the OBH program, Dylan stated that he would have been devastated to be treated as a girl in a boarding school: "Therapy's not going to help you if it's constantly telling you that you aren't real, that you aren't valid".

> To promote acceptance and trans-affirming environments, Dylan encouraged educating the staff, and not just, you know, if you have a trans kid in one group, don't just educate the staff when they go to that group. Educate all the staff. Because you never know if you have a trans kid in one of the other groups and they just don't realize that that's what they're feeling.

Dylan reported that, while educating people about transgender issues is part of his life, it was not a major factor of his OBH experience. He attributed this disparity to his perception that the OBH program was already effectively educating its staff on relevant issues, thereby allowing Dylan to describe his

unique experience of being transgender, rather than having to be a token spokesperson for the whole transgender community.

In Dylan's experience, being affirmed in his gender identity was the most important part of his wilderness experience. In sharing his story, he continually stressed the huge role that acceptance and affirmation had on his ability to experience growth while enrolled in the program:

> I think wilderness, um, was one of the hardest things that I've ever done. But, I just imagine how much harder it would have been if I was in a girls' group. You know, I don't think it would have helped me then, because every day, I would have been waking up thinking about how I was in the wrong group. And I would have, I would have been devastated.

He further stated:

> [My program] accepted me as a trans person. It wasn't just [my clinician], it wasn't just a staff person, you know, the entire thing accepted me as a trans person, and that, was like, this entire company saying yes you are a real person and you should be here even if there are people saying that you shouldn't. And it was just life-changing.

Conclusion

Dylan's experience highlights the need for OBH programs to critically evaluate their policies affecting clients who identify as transgender. In his perspective, he was fortunate to be able to attend a program that had already put effort toward considering and accommodating the unique needs of transgender participants; however, not all programs are practicing at the same level of ethical standards. As ethical standards for trans-affirming mental health treatment continue to evolve, it will be important for OBH programs to adopt, maintain, and stay current regarding recommended best practices.

Likewise, Dylan's experience highlights the need for OBH programs to focus on inclusion and acceptance as important therapeutic variables. Inclusion and acceptance are important for all clients in therapeutic settings but are especially true for youth who identify as transgender. If transgender youth can experience OBH as an accepting space, it may give them a reference point for what a positive peer community can look like. This may be the first time that youth who identify as transgender may have experienced this level of acceptance, which can create a context of hope for these courageous young people. Wagaman et al.'s (2019) research affirms this, stating that "connection to a trans-affirming

community has been most commonly identified as a protective factor and a resilience strategy for TGE (transgender and gender expansive) youth" (p. 47). The implications of feeling connected to an accepting community can create a sense of belonging and enhance well-being for transgender youth (Wagaman et al., 2019).

Advocacy implications from this study include the importance of including transgender youth in the process of both research and program planning using participatory action research (Johnson et al., 2014). This type of research can bridge the gap between research and practice and provides a more comprehensive understanding of the challenges faced by transgender youth and may also raise important considerations for best practices with transgender clients in OBH (Gonzalez & McNulty, 2010).

More research on the topic of transgender clients in mental health treatment and specifically in OBH programs, is needed. This paper was limited in its scope, with only one client's perspective; however, given that transgender clients are participating in OBH programs, their voices need to be heard if OBH is to develop adequate, informed responses to their unique strengths and needs.

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