PREPARING COUNSELORS TO MEET THE NEEDS OF TRANSGENDER CLIENTS

A Dissertation

Presented to the Faculty of

Antioch University Seattle

In partial fulfillment for the degree of

DOCTOR OF PHILOSOPHY

by

Kristy Carangi

ORCID Scholar No. 0009-0002-0361-4908

September 2023

PREPARING COUNSELORS TO MEET THE NEEDS OF TRANSGENDER CLIENTS

This dissertation, by Kristy Carangi, has
been approved by the committee members signed below
who recommend that it be accepted by the faculty of
Antioch University Seattle
in partial fulfillment of requirements for the degree of

DOCTOR OF PHILOSOPHY

Dissertation Committee:

Stephanie Thorson-Olesen, PhD, Chairperson

Colin Ward, PhD

Angela Goethel, EdD

ABSTRACT

PREPARING COUNSELORS TO MEET THE NEEDS OF TRANSGENDER CLIENTS

Kristy Carangi

Antioch University Seattle

Seattle, WA

This exploratory quantitative study tests the effectiveness of a three-hour Transgender Training Intervention for increasing the gender identity competence of counselors and counselors-in-training. Participants (N = 4) were recruited online and completed the 20-item Counselor Competence Gender Identity Survey (CCGIS) before and after the virtual training intervention. Data were analyzed using descriptive statistics. Results indicated that mean total CCGIS scores increased from 127.0 in the pretest to 138.75 in the posttest, a 9.25% increase. The largest gains were made on the Gaining Knowledge/Skills to Counsel Gender Diverse Individuals subscale (CCGIS-KS). Mean scores on the CCGIS-KS increased from 24.25 in the pretest to 32.0 in the posttest, a 31.96% increase. The study provides evidence that specialized training can increase the ability of counseling professionals to meet the needs of transgender clients. Counselors should seek such opportunities to better serve this highly marginalized population. This dissertation is available in open access at AURA (https://aura.antioch.edu) and OhioLINK ETD Center (https://etd.ohiolink.edu).

Keywords: transgender, gender identity, transgender counseling, counselor education, counselor supervision, multicultural counseling

Dedication

This work is dedicated to the memory of Layleen Xtravaganza Polanco.

Acknowledgments

My success in this endeavor would not have been possible without the caring support of Dr. Stephanie Thorson-Oleson, Dr. Colin Ward, Dr. Angela Goethel, Dr. Najla Hrustanovic, Shannan Engel, Dr. Alisha Guthrey, Dr. Laura Smestad, Chase Torbergson, Dr. Stella Kerl-McClain, and Raina Hassan.

Table of Contents

List of Tables

CHAPTER I: INTRODUCTION

Statement of the Problem

The existence of transgender and gender expansive (TGE) people has been documented across a wide range of historical and contemporary cultures separated by time, geography, and ethnicity (American Psychological Association, 2015). Gender variance occurs in humans at a higher rate than can be attributable to random chance (Serano, 2007). Thus, TGE people are assumed to represent a natural variation of human development, probably rooted in the prenatal period (Rudacille, 2005). Western healing practitioners' interest in TGE people is evident in the literature dating back at least 100 years. In the early 20th century, Magnus Hirschfield (1868–1935), a gay German physician and early advocate for sexual minorities, coined the term *transsexual* to describe individuals who desire and undergo a *transition* from one sex to another (Mancini, 2010). He provided psychological and medical services to TGE people at his *Institute for Sex Research* in Berlin until it was destroyed by the Third Reich (Mancini, 2010). His friend and colleague Harry Benjamin (1885–1986) pioneered the mental health treatment of TGE people and the process of transition in the United States (Meyerowitz, 2002). The World Professional Association for Transgender Health (WPATH), formerly known as the Harry Benjamin International Gender Dysphoria Association, has published international standards of care for TGE people since the 1970s based on Benjamin's early work and evolving considerations (Devor, 2021). Regarding mental health, the WPATH (2012) *Standards of Care* recommends that counselors working with TGE people be knowledgeable about gender expansive identities and expressions, the assessment and treatment of gender dysphoria, and develop cultural competence to facilitate their work.

Transgender people experience pervasive stigma, prejudice, and discrimination in the United States, contributing to substantial disparities in physical health, mental health, and overall quality of life (Salpietro et al., 2019). Discrimination occurs at the interpersonal, institutional, and systemic levels, often leaving TGE people with little recourse (Nadal et al., 2014). Adverse job outcomes (e.g., not being hired, being fired, or being denied a promotion) and workplace mistreatment are especially common. Consequently, the unemployment rate for TGE people is more than twice the national average (Grant et al., 2011). In addition to career discrimination, over 86% report experiencing sexual and physical assault, school bullying and harassment, homelessness, relationship losses, and denial of medical services related to being TGE (McCullough et al., 2017). It is important to note that these quality-of-life disparities do not stem from being TGE *per se*, but rather are the ramifications of the injustices inflicted upon TGE people by the wider societal context (Riley et al., 2011). Indeed, much of the TGE experience is shaped by the reactions of others (Galupo et al., 2014).

A combination of gender dysphoria, transition-related requirements, and minority stress leads to TGE people utilizing counseling at higher rates than cisgender people (Shipherd et al., 2010). Most, however, report negative experiences in counseling because of a lack of provider knowledge of TGE issues and expressions of bias by counselors (McCullough et al., 2017). Counselors often err in stigmatizing TGE identities, overemphasizing clients' TGE identities when other issues are more relevant, and deemphasizing clients' TGE identities when they are more salient (Mizock & Lundquist, 2016). Research indicates that while those who come out as lesbian, gay, bisexual, or queer report an increase in positive outcomes, TGE people, in contrast, report an increased likelihood of experiencing discrimination after disclosing their status to

providers (Salpietro et al., 2019). Discriminatory experiences, as well as knowledge of the discriminatory experiences of others, act as barriers between TGE people and counseling (Morgan & Stevens, 2012).

Apart from struggles directly tied to gender, TGE people often present for counseling seeking treatment for similar mental health challenges experienced by cisgender clients, such as depression, anxiety, and substance abuse (Shipherd et al., 2010). Additionally, gender identity issues can arise at any point in the life span, meaning that clients who initially came to therapy for other reasons may develop TGE identities necessitating clinical focus (Lev, 2004). Certain diagnoses, such as eating disorders and autism spectrum disorders, co-occur more often than by random chance with gender dysphoria, suggesting that even specialists in apparently unrelated subfields have an increased chance of treating a TGE client (Strang et al., 2018). Thus, according to Carroll and Gilroy (2002), there is a high likelihood that all counselors will encounter at least one TGE client in their careers.

The American Psychological Association (2015) maintains that TGE people constitute a population with unique needs not covered in standard training. Most mental health professionals have never received training on sex and gender identity, and many clinicians who work with TGE clients have never received formal training on gender identity outside of a diagnostic framework (Benson, 2013). Counselors themselves may or may not realize they lack sufficient expertise to treat TGE clients in a culturally competent manner (Shipherd et al., 2010). Unfortunately, providers with limited training or experience can cause further harm to members of this already marginalized and oppressed group (American Psychological Association, 2015). Although the American Counseling Association (ACA; 2010) has published competencies for

working with transgender clients, the organization notes that such documents cannot be relied upon in place of professional training.

This study sought to address the gap in training for professional counselors regarding TGE issues. Literature from the last two decades has largely focused on the barriers TGE people face when seeking effective mental health services (Shipherd et al., 2010). Counselors' relatively low gender identity competence has been identified as a significant factor in the negative experiences of TGE counseling clients (Riley et al., 2011). This research could extend the literature by evaluating the impact of a Transgender Training Intervention on the gender identity competence of counselors and counselors-in-training. Further, it could be a framework that extends to other disciplines, such as psychology in the future.

Theoretical or Conceptual Framework

The theoretical framework of progressive education was originally considered the foundational orientation for this study (Dewey, 1897). According to progressive education theory, action precedes reason, and effective learning is experiential—by first *doing* and then reflecting on what was done. Education is a process of living and, therefore, should be relevant to the lived experiences of students. Progressive education was developed in response to the "transmission model" of traditional education. Traditional education centers the teacher's role as the keeper and arbiter of truth, which trains students to accept authority and reinforces conformist thinking (McAuliffe & Eriksen, 2011). Within the framework of progressive education, the teacher functions as a facilitator whose role is to promote cooperative learning via interactive discussions among students. The Transgender Training Intervention used in this study incorporated the principles of progressive education by facilitating an active process of learning,

being discussion-oriented, relevant to the lived experiences of the students, and utilizing reflection as a necessary component of learning (Dewey, 1897). In further conceptualizing a theoretical framework for the purpose of research, a social justice approach was identified.

Social justice research addresses disparities in power, resources, prestige, and suffering among people and individuals (Charmaz, 2011). It explicitly works toward the eradication of oppression, and the fostering of a society in which the rights, liberties, and dignity of people are maintained regardless of affiliation with marginalized groups or circumstances (Jost & Kay, 2010). This study sought to advance the cause of social justice for TGE people by reducing the likelihood they will encounter prejudice, discrimination, or incompetence when enacting help-seeking behaviors with professional counselors. The intended impact is to improve the lives of individual TGE counseling clients and the welfare of the broader TGE community in society.

Statement of Purpose

The purpose of this quantitative study was to test the effectiveness of a Transgender Training Intervention for increasing the gender identity competence of counselors and counselors-in-training. Identifying ways to enhance the capacity of counselors to meet the needs of their transgender clients could help to address the competency gap that currently precludes them from consistently doing so. The independent variable Transgender Training Intervention was a three-hour continuing education course designed to familiarize participants with the basic principles of transgender affirming counseling. The dependent variable, gender identity competence, was defined as the ability of a counselor or counselor-in-training to effectively work with TGE people.

Research Questions

ResQ1: Does a Transgender Training Intervention increase the gender identity competence of counselors?

Significance of the Study

Transgender people have a right to access providers with the competence necessary to support them (Riley et al., 2011). Previous research has established that TGE clients do not believe counselors are well-informed about TGE issues and clinical concerns (Benson, 2013). Additionally, TGE clients resent the burden of educating their counselors about their needs and disapprove of counselors with a narrow/limited understanding of gender (Mizock & Lundquist, 2016). Counseling processes benefit when clinicians understand the matrices of adversity TGE people face (Nadal et al., 2012). Counseling students themselves express the desire for greater exposure to TGE issues (O'Hara et al., 2013). Currently, counselors must rely on their own personal experiences, personal learning including from their clients, consultation, and supervision to meet the needs of TGE people (Salpietro et al., 2019). Barriers to treatment for this minority group can be reduced if providers are given the opportunity to increase their gender identity competence (Carroll & Gilroy, 2002).

This study examined the effectiveness of a Transgender Training Intervention in improving the gender identity competence of counselors and counselors-in-training. It has significance for counselor educators, counselors, counselors-in-training, and TGE clients. The Transgender Training Intervention could be used as a tool by counselor educators to improve the gender identity competence of counselors and counselors-in-training, with the ultimate goal of positively impacting the well-being of TGE clients/people.

Definition of Terms and Operationalized Constructs

Transgender and gender expansive (TGE) people are those who experience a discordance between their gender identity and their assigned biological sex as determined by physical characteristics at birth. The TGE descriptor encompasses a variety of identities, including but not limited to *transgender, transsexual, gender-variant, genderqueer, two-spirit,* and *nonbinary* (Salpietro et al., 2019). Gender or gender identity is defined as one's sense of oneself as a man/boy, woman/girl, both, or neither, and the associated thoughts, feelings, and behaviors according to cultural conceptions of masculinity and femininity (Singh et al., 2010). Cisgender refers to those whose gendered sense of self aligns with their assigned biological sex in terms of heteronormative formulations of sex and gender (Singh et al., 2010).

Counselor-in-training is defined as a counseling student enrolled in a graduate program accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) who has begun a practicum or internship. A counselor is defined as a pre-or post-licensure graduate of a counseling program who is currently in counseling practice with clients. A transgender client is defined as anyone who holds a TGE identity who is seeking counseling services. Gender identity competence is defined as the ability of a counselor or counselor-in-training to effectively work with transgender clients (Simons et al., 2022). Transgender Training Intervention is defined as a three-hour continuing education course designed to familiarize participants with the basic principles of transgender affirmative counseling.

Assumptions and Limitations

Assumptions of this research included that instructional learning affects counseling performance and that counselors are motivated to increase their gender identity competence. A foreseen limitation of this study was that it is a pre-experimental design utilizing one, non-random group of subjects and is exploratory in nature. This study provides a starting point for formalized training on TGE clients.

CHAPTER II: LITERATURE REVIEW

Introduction to the Literature Review

This literature review first considers what is meant by a social justice theoretical orientation. Then, TGE people are examined as a unique group by highlighting their exceptional biopsychosocial experiences. Next, the intersection of counseling and people with TGE identities is investigated. Finally, scholarship on training and interventions is explored. Keywords searched include counseling transgender clients, transgender counselor training, transgender counselor education, transgender counseling experiences, origins of transsexualism, transgender identity development, progressive education, counselor education, social justice theory, social justice research, transgender training intervention, and counseling transgender training intervention.

Theoretical Orientation

The Transgender Training Intervention used in this study was developed according to the principles of social justice theory. Research undertaken with a social justice theoretical orientation prioritizes the elimination of arbitrary suffering and oppression based on group membership (Jost & Kay, 2010). For example, Amodeo et al. (2015) explored the relationship between adult attachment and internalized transphobia. The sample included 25 transgender women and 23 transgender men. Participants completed the Attachment Style Questionnaire and the Transgender Identity Survey. A cluster analysis, t-test, and multiple regression analysis revealed that insecure attachment was associated with higher levels of shame, stigma, and self-loathing in relation to being transgender. Those with insecure attachment were especially concerned with “passing” as their identified sex and keeping their transgender status hidden from

others. Thus, the authors concluded that the burden of transphobia and internalized shame can be reduced through therapy by fostering secure attachment in TGE clients (Amodeo et al., 2015).

In a thematically similar study, Vadevelu and Arunberkfa (2023) investigated the effects of familial acceptance or rejection on the ability of TGE adolescents and young adults to cope with larger societal transphobia in Thailand. The sample included 30 transgender boys and girls between the ages of 15 and 25 who participated in semi-structured phenomenological interviews. Results indicated that negative family reactions to their TGE identities were associated with developing emotional difficulties and prompted participants to pursue negative, self-destructive coping mechanisms. Further, those who faced marginalization rather than acceptance from their families were highly motivated to physically separate from them (e.g., move to another province), cutting off what should have been their primary support system and rendering them more vulnerable to abuse and exploitation. The study advocated greater social support for TGE young people from their families to facilitate their positive integration into society (Vadevelu & Arunberkfa, 2023).

After learning more about aspects of transgender adolescence, we now turn to the adult experience. Ozturk and Tatli (2016) sought to understand the nature of workplace discrimination faced by TGE employees in business organizations to recommend effective solutions. The sample of their qualitative study included five transgender women, six transgender men, and three genderqueer people. Two transgender men were in “deep stealth,” meaning that no one currently in their lives (except the researchers) knew they were TGE. In-depth interviews lasted approximately one hour, and data were analyzed using open coding. Findings highlighted workplace transitions as a key flashpoint for discrimination, especially in gender-segregated

industries. Workplaces frequently had no effective procedures to properly accommodate employees embarking on social, legal, and medical transition processes. Instead, their typical reaction was to move to eliminate or contain perceived gender non-conformance. It was recommended that human resource managers be educated on issues of gender identity diversity and that organizations face external pressures for equal protection compliance through the enactment of workplace anti-discrimination legislation (Ozturk & Tatli, 2016).

The preceding studies used a social justice research orientation to produce new knowledge that could be used to reduce the systemic suffering of TGE people. They generated salient recommendations to address disparities. This study sought to do the same by providing initial evidence of an effective way to improve the gender identity competence of counselors and counselors-in-training.

Review of Research Literature and Synthesis of the Research Findings

In a broad sense, scholarship regarding TGE people's psychological functioning and clinical needs is relatively limited, though it has increased since the turn of the millennium (Shipherd et al., 2010). Even when research and articles purport to examine LGBT issues, these tend to focus on sexual orientation rather than gender identity (Balsam et al., 2013). Common areas of inquiry include the TGE developmental experience, the experiences of TGE people in counseling, and cisgender counselors' perspectives on TGE clients.

Biological Underpinnings and Emergence of Gender Dysphoria

Compared to the fields of counseling and psychology, a relatively large body of work exists in the biomedical science literature concerning the etiology of gender dysphoria and concordant TGE identities, especially transsexualism. While no singular biological cause has

been found, research suggests that the desire to be another sex is rooted in biological mechanisms rather than environmental factors such as parenting or socialization (Smith et al., 2015). During pregnancy, an interplay of genes and sex hormones are responsible for the sexual differentiation of the genitals in the first two months, while the sexual differentiation of organizing brain structures occurs much later, in the second half (Bao & Swaab, 2011). Transsexualism and other TGE identities are believed to result from the rare cases in which these independent processes develop in discrepant directions (Bao & Swaab, 2011).

Indicators of this discrepancy abound in the neuroanatomical literature, especially in brain areas known to be sexually dimorphic. Krujiver et al. (2000) conducted a postmortem study to investigate the sexually dimorphic qualities of the hypothalamus, a structure implicated in sexual behavior and nonsexual but sex-characteristic behaviors such as maternal nurturing. The sample included 42 brains of patients obtained at autopsy (9 heterosexual-cisgender men, 9 homosexual cisgender men, 10 heterosexual cisgender women, 7 transsexual women, 3 cisgender men with sex hormone disorders, 3 cisgender women with sex hormone disorders, and 1 transsexual man). The study was notable for utilizing the first known collected sample of a transsexual man's brain. Results showed that in all cases and regardless of sexual orientation, those who identified as men had roughly twice the number of somatostatin (SOM) neurons in the central subdivision of the bed nucleus of the stria terminalis (BSTc). Specifically, the SOM neurons of the transsexual women were clearly in the female range, and the SOM neurons of the transsexual man were clearly in the male range. History of hormonal treatment and adulthood hormone level variations did not influence the BSTc neuron numbers (Krujiver et al., 2000).

Similarly, Garcia-Falgueras and Swaab (2008) did a postmortem analysis of 42 brains (14 male controls, 11 female controls, 10 treated transsexual women, 1 untreated transsexual woman, 5 castrated men, and 1 transsexual man) intending to further study the sexual dimorphism of hypothalamic structures. The transsexual man's brain and two of the castrated men's brains had also been part of the sample used by Krujiver et al. (2000). Results of the study indicated that the volume and number of neurons of the third interstitial nucleus of the anterior hypothalamus (INAH3) of the transsexual women were in the female control range. The transsexual man was in the male control range. The castrated men were shown to be in an intermediate range between the male and female controls, suggesting that adulthood hormonal levels did not account for the complete reversals observed in the transsexual subjects. The study concluded that the hypothalamus is connected in some complex way to one's subjectively experienced gender identity, and it proposed that the differences in hypothalamic structures in transsexual patients were markers of atypical sexual differentiation in early brain development (Garcia-Falgueras & Swaab, 2008).

While BSTc and IANH3 are two structures consistently shown to be sexually dimorphic and sex-reversed in TGE identity (Smith et al., 2015; Zhou et al., 1995), analysis of other brain areas invites more nuanced interpretation. Rametti et al. (2011b) found the white matter microstructure patterns of pre-treatment transsexual women to be an intermediary between the male and female control ranges, while the white matter of pre-treatment transsexual men (2011a) was closer to that of male controls who shared their gender identity. In contrast, Luders et al. (2012) found cortical thickness to be feminized (i.e., increased thickness, closer to female controls) in transsexual women but not masculinized (i.e., decreased thickness closer to male

controls) in transsexual men. In an analysis of regional gray matter differences between transsexuals and cisgender controls, Simon et al. (2013) found that the TGE people largely shared structural characteristics with those of their assigned sex, except in four areas of the temporal and parietal lobes involved in bodily self-awareness, where they exhibited sex-reversed patterns.

In terms of functional neuroimaging, it has been demonstrated since the 1960s that TGE people exhibit atypical activation patterns in electroencephalography (EEG) tests (Grasser et al., 1989; Hoenig & Kenna, 1979; Wålinder, 1965). Unfortunately, many of these early studies are plagued by methodological issues, such as not controlling for significant comorbidities. More recently, using positron emission tomography (PET) Kranz et al. (2014) found hemispheric serotonin diffusion patterns in transsexual women to be similar to female controls in areas related to aversive and reward-related decision-making, but different from both male and female controls in areas involved in voluntary motor movement.

Berglund et al. (2008) used PET to measure activation patterns of heterosexual transsexual women, heterosexual cisgender women, and heterosexual cisgender men while they smelled human sex steroids known to provoke differential hypothalamic reactions in males and females. The transsexual women's activation patterns were much closer to those of the cisgender women than the cisgender men. The researchers connected their findings to previous work on BSTc and INAH3 (Garcia-Falgueras & Swaab, 2008; Krujiver et al., 2000; Zhou et al., 1995), inferring that the sex atypical hypothalamic activation in transsexual women may be related to sex atypical volume and neuron numbers in these areas. Unfortunately, BSTc and INAH3 are

structures so small that they can only be directly studied via postmortem dissection, meaning this inference could not be directly tested (Berglund et al., 2008).

Burke et al. (2014) replicated this study but with gender dysphoric prepubescent children and pubescent adolescents, as well as cisgender controls of both groups. Expected sex differences were observed in the activation patterns of both pre-and pubescent cisgender participants. The gender dysphoric prepubescent boys also exhibited activation patterns expected of their assigned sex while the girls' patterns were dissimilar from both cisgender girls and boys. However, the gender dysphoric pubescent adolescents displayed activation patterns more similar to their desired sex. This study and its findings are notable for a number of reasons. First, it is one of few works utilizing neuroimaging data gathered from gender dysphoric children. Second, none of the participants had received any hormonal treatment, suggesting that the results vis-à-vis the gender dysphoric adolescents were attributable to initial differences in organizational neural pathways rather than external influences. Third, it lends some explanatory power to the reports by TGE people that their dysphoria substantially increased during puberty. Indeed, the study strongly implicates puberty as a major developmental step in the physiological manifestation of emerging TGE identity (Burke et al., 2014).

Overall, the research supports the idea that the experience of gender dysphoria has biological underpinnings. These findings indicate that the brains of TGE people are neither completely assigned sex-typical nor completely assigned sex atypical. Certain structures and functions appear feminized in trans women, while the same or even different structures and functions appear masculinized in trans men. The precise mechanisms of how these observable differences translate into the experience of gender dysphoria and/or TGE identity remain opaque.

There is no physiological test to determine if someone is TGE. Instead, gender identity and gender dysphoria are viewed and assessed primarily through the lenses of psychology and mental health. Literature relevant to the psychological development of TGE people is reviewed in the following section.

Psychological Development

Morgan and Stevens (2012) conducted a qualitative study to illuminate for health professionals the inner worlds and identity development processes of transgender people. The study used a postmodern feminist theoretical orientation. Participants included six transgender women recruited through word of mouth, purposive sampling for semi-structured, in-depth interviews pertaining to their transgender identity development. Interviews were tape-recorded, transcribed, and analyzed using the NVIVO software for qualitative research. A three-step narrative analysis approach was used to examine the data. The first step involved reading and rereading the transcriptions to gain familiarity with the participants. In step two, narrative summaries were written for each, relaying significant life details and descriptions. In step three, the stories told by each participant were identified and analyzed with NVIVO. Stories were defined as having a beginning, middle, and end, and that conveyed the temporal ordering of life events and also explained or gave meaning to those events. The final analysis of the stories included searching for similarities and differences, agreements and contradictions, positive and negative experiences, and larger themes. Findings indicated a similar pattern of life experiences reflected in three distinct stages: an early childhood sense of mind-body dissonance, a period of conformity and/or compromise, followed by the transition. A sense of difference marked early childhood, along with experimentations with femininity (e.g., trying on dresses) and the longing

to be a girl. Individuals were often met with reproach or sanction for these experiences. Following childhood and upon entering puberty, participants entered a stage of denying, negotiating, or biding time to manage conflicting feelings. The length of the second stage is variable and highly dependent on life circumstances. Finally, participants would reach a breaking point, or circumstances changed to allow them to crystallize their transgender identity and pursue transition. This catalyst to transition can occur during any life stage. The recognizable process described by participants appears to be developmental and occurs in predictable stages. It indicates a normative and non-pathological model of transgender identity development (Morgan & Stevens, 2012).

Levitt and Ippolito (2014) used a grounded theory analysis to better understand the identity development process of TGE people. The snowball sample (N = 17) included adults holding a variety of transgender identities (10 trans men, 5 trans women, and 2 nonbinary) recruited online and through the personal contacts of the researchers. Semi-structured interviews were conducted to ascertain how the transgender identities of the participants developed. Results were sorted into three clusters of meaning and a single core category. In the first cluster, participants reported developing an early sense of being "damaged goods" (Levitt & Ippolito, 2014, p. 1735). They recalled confusion at being treated by adults as their assigned sex and did not know how to interpret being judged and ostracized by peers for behaving in ways that came naturally to them. These experiences fostered feelings of isolation, self-hatred directed toward their perceived gender dysfunction, and the association of the gaze of others with danger and rejection. In the second cluster, gaining awareness of transgender narratives expanded participants' possibilities for self-exploration. In addition to discovering what it means to be

transgender, participants reported finding spaces where they could experiment with gender in affirming ways, whether LGBT groups or aesthetic subcultures such as goth communities in which nontraditional gender presentations are accepted. And in the third cluster, transgender identity formation was seen as an ongoing process balancing authenticity, necessity, and material constraints. Desires for physical transition were mediated by social context (e.g., threats to safety) and financial considerations. The core category identified was metaphorical in nature, referring to learning to see multiple colors in a monochromatic world. Participants' developmental process involved coming to terms with the extant sex-essentialist gender binary and recognizing that they themselves were not reflected in it. The racial makeup of the sample was considered both a strength and limitation, as it was more diverse than much other psychological research (with Black, White, and Biracial participants) but did not contain Hispanic, Native American, or Asian American Pacific Islander perspectives (Levitt & Ippolito, 2014).

Using a similar methodology but in a very different cultural context, Yaghoubirad et al. (2023) conducted a grounded theory analysis with Iranian trans women seeking to understand their identity development experiences. The sample included fourteen trans women born and raised in Iran at various stages of transition who participated in in-depth, semi-structured interviews. The core category established by the grounded theory analysis was that of having a Confusing Gender Identity. Most participants reported a sense of ambivalence about their gender emerging in early childhood. They felt socially dissonant with boys and men and were frequently rejected or humiliated by male peers due to their feminine characteristics. Some coped by embracing the companionship of female friends and sisters, while others attempted to

consciously adopt more masculine traits and presentation for safety. All participants reported puberty as the most distressing period of their lives, as they possessed no framework with which to understand their internal conflicts. Many came to be socially insecure, lacking relationships, filled with self-devaluation, and with little hope for the future. It was concluded that social intolerance toward gender diversity played a significant role in these psychological challenges (Yaghoubirad et al., 2023).

A theme running through these studies is the impact cultural disdain for expressions of gender diversity has on the development of TGE people. Participants consistently reported childhood confusion at being treated negatively for simply being themselves. The following section will more thoroughly examine how sociocultural factors profoundly shape TGE lives.

Sociocultural

Friendships are especially important for TGE people, who frequently are rejected by their biological family (Galupo et al., 2014). In light of this, Galupo et al. (2014) performed a qualitative study to examine the impact of TGE identity disclosure on friendships. Participants (N = 536) self-identified as transgender or gender-variant and were recruited online via transgender listservs, message boards, and support communities with a link to the open-ended-response survey. The sample was 40% trans male, 34% trans female, 23% nonbinary, and 3% unspecified. Data analysis centered on responses to a single question: “How did your friends respond to you coming out as transgender? Please describe.” Several coding and thematic analysis rounds revealed five themes, each with two subthemes. These included affirmative responses (supporting/accepting and positive experience), negative responses (negative experience and physical violence), variation of responses (mixture of responses and it

was a process), impact on friendship status (lost friends/became distant and gained a friend/strengthened relationship), and friends' emotional response (unsurprised/indifferent and happy for me). The diversity in experiences supported the notion that transgender identity/status disclosure is unique to each individual and difficult to predict. Much of the complexity comes from the many different stages of life at which trans people may share their identities with friends. Finally, as friends frequently play the role of family in the lives of trans people, these were considered high-stakes disclosures. Limitations include that the study did not analyze responses by gender identity, and those who do not participate in online transgender spaces were not part of the sample (Galupo et al., 2014).

Nadal et al. (2012) conducted a qualitative study to identify the types of microaggressions experienced by TGE people. Transgender participants (N = 9) were recruited through outreach to local LGBT organizations. Three were transgender men, and six were transgender women. The guiding research questions were about the types of microaggressions transgender people experience, reactions, and microaggressions based on identity or presentation. Two focus groups using semi-structured interview questions were conducted with the participants, who completed demographic questionnaires. Twelve types of microaggressions emerged from the study. These were: 1) use of transphobic or misgendering terminology, 2) assumption of universal trans experience, 3) exoticization, 4) discomfort/disapproval of transgender experience, 5) endorsement of gender-normative or binary culture/behaviors, 6) denial of the existence of transphobia, 7) assumption of sexual pathology or abnormality, 8) physical threat or harassment, 9) denial of individual transphobia, 10) denial of bodily privacy, 11) familial microaggressions, and 12) systemic and environmental microaggressions. Multiple participants supported each

category. Participants reported a range of emotional reactions to these microaggressions (e.g., anger, disappointment, feeling belittled) and indicated that the microaggressions compromised their ability to have relationships with others. Systemic and environmental microaggressions (e.g., anti-trans laws, healthcare, ID, criminal justice, restrooms) negatively impacted participants' quality of life. Transgender women were more often subjected to microaggressions with sexual themes/overtones. It was recommended that humanistic and strengths-based approaches may help to promote a positive sense of self in TGE clients. Limitations include the small sample size and lack of non-binary participants who may experience different microaggressions (Nadal et al., 2012).

In one of the most extensive studies of TGE people ever performed, Grant et al. (2011) conducted a national survey to understand better the lived experiences of transgender people in the United States. The snowball sample (N = 6,456) included participants from all 50 states, Washington, D.C., Puerto Rico, Guam, and the U.S. Virgin Islands. Respondents completed a 70-item survey, and the data were analyzed quantitatively. Results revealed significant findings across many domains of daily life. Seventy-nine percent of respondents reported harassment in K-12 educational settings, including from teachers, and 35% reported being physically assaulted in these settings. The sample had an unemployment rate double the national average, and 90% experienced harassment, mistreatment, or discrimination in employment settings related to their gender. Nineteen percent reported experiencing homelessness at some point because they were TGE. Fifty-five percent of these respondents who attempted to access a homeless shelter were harassed by shelter staff or residents, 29% were turned away outright, and 22% were sexually assaulted by staff or other residents. Two percent of the sample were homeless, a rate double that

of the general population. Fifty-three percent of the participants had been verbally harassed in places of public accommodation such as retail stores, hotels, transit, and government agency buildings. Twenty-two percent had been denied equal treatment by a government agency, and only 21% had successfully updated their identity documents. Twenty-two percent of respondents reported being harassed by police. In medical settings, 50% of the sample had been required to teach their doctors about TGE care, and 19% had been outright denied medical services. Fifty-seven percent of the sample had experienced significant family rejection. The study yielded important insights into the effects of cumulative discrimination. Sixty-three percent of the sample had experienced what the researchers termed Serious Acts of Discrimination based on their TGE status: lost job, eviction, school harassment severe enough to catalyze a drop-out, teacher bullying, physical or sexual assault due to bias, homelessness, loss of relationship with partner or child, denial of medical services, and incarceration related to their gender. Twenty-three percent of the sample reported Catastrophic Levels of Discrimination, defined as experiencing three or more serious acts. This group had the worst mental and physical health outcomes and the greatest difficulty achieving economic and relational stability. It was concluded that it is a matter of social and legal convention in the United States for TGE people to be ridiculed, discriminated against, and abused. This abuse pervades the foundational institutions of life, including the family, schools, the workplace, healthcare settings, the public sphere, and government bureaucracy, leaving TGE people to encounter injustice at every turn. Limitations of this study are its non-probability sample and that the research team did not analyze the data regarding demographic subgroups such as race or various TGE identity labels (Grant et al., 2011).

Avrech et al. (2016) examined differences in occupational performance history scales between transgender and cisgender women and the relation of these scales to health and life satisfaction. Participants included 22 transgender women and 22 cisgender women. The transgender women were recruited first, through advertisements in transgender community spaces and snowball sampling. Then, cisgender women were recruited through community advertisements. Cisgender women were selected for the sample based on matched pairing with transgender women participants in terms of age, income, relationship status, parenthood, and education. Exclusion criteria included physiological or mental illnesses based on self-report. Participants completed a demographic questionnaire, the Occupational Performance History Interview (identity, competence, and setting scales), the Short Form Health Survey Questionnaire, and the Satisfaction with Life Scale. Data were analyzed with SPSS using a two-way ANOVA. The cisgender women scored higher than the transgender women on occupational performance history. Occupational performance history predicted health and life satisfaction. Gender identity group membership also predicted life satisfaction, with transgender women scoring lower. The study supports the role of occupational therapy in improving the lives of transgender women as well as the importance of reducing occupational injustice. Limitations include the small sample size and the fact that the transgender women were in different stages of transition (Avrech et al., 2016).

The socio-cultural dynamics described here undoubtedly psychologically impact the TGE people who experience them. Nadal et al. (2014) sought to understand this impact by examining TGE people's emotional, behavioral, and cognitive reactions to gender identity microaggressions in their daily lives. The sample (N = 9) included three trans men and six trans women

participating in focus groups. The study employed secondary, directed content analysis of the qualitative dataset originally used by Nadal et al. (2012). Statements were coded into three categories of emotional, behavioral, and cognitive responses to microaggressions. Results saw distinct themes emerge within each category. Emotional responses were thematically organized into anger, betrayal, distress, hopelessness, exhaustion, and feeling invalidated and/or misunderstood. Cognitive reactions ranged from rationalizing others' behavior to feeling caught in a double bind, being vigilant and concerned with self-preservation, and cultivating resilience. Behavioral reactions included confrontation, indirect confrontation, and, most frequently, passive coping, primarily through avoidance. Participants were negatively affected by any and all microaggressions. However, their reactions varied based on the source. Microaggressions from intimate partners were the most wounding, e.g., when a significant other is embarrassed by one's TGE identity. These instances led to internalized feelings of alienation and self-blame in participants. Coping was easier when microaggressions came from strangers or passersby. When microaggressions came from medical or mental health providers, however, participants were inclined to avoid those settings in the future. Limitations of the study include its small sample size and lack of representation of nonbinary identities. The authors called for mental health educators and supervisors to better prepare their students for working with TGE clients, specifically regarding preventing microaggressive behaviors in session, so that the profession may better serve this population (Nadal et al., 2014).

TGE Experiences in Counseling

Morris et al. (2020) performed a qualitative study to investigate the nature of microaggressions enacted by therapists toward their transgender clients. Participants included 91

transgender or gender diverse adults recruited through online LGBTQ spaces such as Reddit (78%). Being a current therapy client or attending therapy within the past five years was an inclusion criterion. Participants completed an online survey with open-ended questions about their demographics and experiences in therapy. Reflexive thematic analysis was used to analyze the data. Four themes relating to microaggressions in therapy emerged. The first was a Lack of Respect for Client Identity (ranging from an air of disapproval to disparaging remarks). The second was Lack of Competency (unfamiliar with the concept of gender identity). The third was the Saliency of Identity (overemphasis and underemphasis). Furthermore, the fourth was Gatekeeping (diagnosis, letters, and denial of care). A limitation of the study was that despite soliciting descriptions of subtle slights and microaggressions in therapy, responses included instances of overt aggression and hostility (Morris et al., 2020).

Anzani et al. (2019) sought to better understand TGE people's help-seeking experiences by investigating positive microaffirmations in their therapeutic relationships. In contrast to microaggressions, microaffirmations were defined as small, subtle incidents that validate an individual's worthiness and/or effectively acknowledge their identity in a positive way. The sample included 64 transgender adults recruited from online TGE spaces. Participants completed an open-ended qualitative survey in which they were asked about subtle positive messages from a therapist that made them feel supported. Data were analyzed using thematic analysis, revealing four overarching themes. The first theme was an *absence of microaggressions*. Participants had been so primed by life experience to expect negative treatment that the absence of negative responses was perceived as affirmatively positive treatment. The second theme was *acknowledging cisnormativity*. Participants felt affirmed when therapists demonstrated their

understanding that their clients lived in a societal context that routinely marginalizes and devalues them. The third theme was *disrupting cisnormativity*. Beyond acknowledgment, participants were supported when therapists took a more active role in challenging cisnormative conventions, such as by encouraging exploration of the client's gender and/or normalizing their experiences. The fourth theme was *seeing authentic gender*. Participants felt affirmed when therapists subtly communicated the validity and authenticity of their gender, such as by using the correct name and pronouns without prompting or spectacle. A limitation of the study was its inclusion of only participants who currently identify as TGE, without perspectives of those in the early process of gender exploration or questioning (Anzani et al., 2019).

Another qualitative study highlights the experiences of TGE people in therapy (Benson, 2013). Three trans men and four trans women (N = 7) were recruited via purposive and snowball sampling for in-depth feminist phenomenological interviews. Interviews were conducted at locations convenient to participants. Inductive thematic analysis was used to interpret data. The interviews revealed four themes. The first theme was *purposes for seeking therapy*, which included two subthemes: gender identity and quality of life. The other themes were *problems in current practice, therapist reputation,* and *trans affirmative therapy*. Participants did not believe therapists were well-informed about transgender issues. Instead, they learned of trans affirmative therapists through word-of-mouth referrals, and therapy was experienced as helpful when therapists validated and celebrated participants' identities. Limitations of the study included a lack of racial diversity, limited sample size, no nonbinary participants, and all participants were connected to a support group. The study supports that therapists should be better educated about transgender experiences and clinical concerns (Benson, 2013).

McCullough et al. (2017) similarly assessed the counseling experiences of TGE people through in-depth phenomenological interviews. Their racially diverse sample of 13 TGE participants included 12 trans men and one nonbinary person, each of whom reported previous counseling experience. Data collection consisted of qualitative interviews lasting 40 minutes on average conducted via telephone. Findings revealed four main themes. The first involved the *mental health provider selection process*. Participants considered the demographics (e.g., race, sexual orientation, and TGE status) of the therapist when seeking a counselor. They also filtered potential candidates by testing their reactions to certain statements and information. The second theme was *trans affirmative approach*. All participants reported some trans affirmative counseling experiences in which they felt cared for, supported, and understood. This sense of affirmation was primarily facilitated when counselors used language that demonstrated knowledge of LGBT topics and concerns and when counselors engaged in advocacy. The third theme was *trans negative approach*. All participants described some instances in which counselors lacked necessary knowledge, invalidated their experiences as TGE people, or were otherwise insensitive to the realities of their lives. The fourth theme was *support systems beyond counseling*. While a few engaged in counseling to procure requisite letters of recommendation for medical transition procedures, most of the sample participants sought counseling services for reasons unrelated to their gender. They reported seeking support around their TGE identities through channels besides therapy, such as LGBT groups or other community affiliation. The study was limited by the exclusion of trans feminine people in its sample (McCullough et al., 2017).

Mizock and Lundquist (2016) investigated the specific issues leading to negative experiences in counseling for transgender people. The sample included 45 trans people recruited at a large transgender health conference in the Northeast. There were 21 transgender women/MTFs, 17 transgender men/FTMs, and seven genderqueer people. Semi-structured interviews lasting approximately one hour were conducted over the phone or in person at a university research center. Data were analyzed using a grounded theory approach. The findings indicated that counselors often overemphasize transgender issues when clients need to focus on other things, underemphasize transgender issues when they are salient, and stigmatize transgender identities. Additionally, transgender clients resented the burden of educating their counselors about needs and disapproved of counselors with a narrow/limited understanding of gender. The study supports the idea that counseling students require more training and education on issues of gender identity so that they can effectively treat transgender clients ethically and sensitively (Mizock & Lundquist, 2016).

Shipherd et al. (2010) conducted a quantitative study examining barriers to counseling utilization for TGE people. Their sample included 160 transgender people holding a variety of TGE identities. Participants completed a demographic questionnaire, the psychological health portion of the Short Form-12 Survey of perceived health, and the Services Utilization Barriers Scale (SUBS). The SUBS instrument was created for the study by combining various aspects of other valid measures. Findings indicated that half of the sample (52%) currently had levels of psychological distress necessitating services but were not receiving them and did not intend to seek them. Prohibitive cost and fear of stigma were the main barriers to counseling utilization. Fear of stigma was based on previous negative experiences in therapy, knowledge of the

negative counseling experiences of other TGE people, and knowledge of generalized transphobia in society. It was suggested that increasing counselors' gender identity competence would decrease TGE people's negative experiences in therapy and therefore decrease barriers to counseling services for this group. A limitation of the study was the racial homogeneity of the sample, which was 92% White (Shipherd et al., 2010).

Counselors and TGE People

Transgender clients' counseling experiences are undoubtedly shaped by how counselors view TGE people. Nisley (2010) assessed the attitudes of counseling professionals toward TGE people and clients in a quantitative study using a national convenience sample of 138 counseling psychologists. Participants were asked to complete a demographic questionnaire, assess a fictional transgender client using the Global Assessment of Functioning Scale, and offer their perceptions using the Adjective Check List. They also completed the Genderism and Transphobia Scale and the Multicultural Counseling Knowledge and Awareness Scale (MCKAS). Results showed low levels of anti-transgender bias in the sample. However, being a man, having less personal familiarity with TGE people, having less gender identity competence training, and having lower self-reported multicultural competence were associated with greater anti-transgender bias. Greater anti-transgender attitudes predicted more unfavorable perceptions of the fictional transgender client. The study's analog design may limit its generalizability to training and practice scenarios. Still, the finding that gender identity competence training negatively correlates with anti-transgender attitudes is noteworthy (Nisley, 2010).

Willoughby et al. (2010) similarly used the Genderism and Transphobia scale to measure anti-transgender attitudes among mental health professionals and trainees. Their national

convenience sample consisted of 88 mental health practitioners (75% enrolled in a doctoral program, 15% completed a doctoral program, 5% completed a master's program, 3% enrolled in a master's program, 2% did not report). Findings indicated that factual knowledge of TGE identity and previous coursework in gender and sexuality were negatively correlated with anti-transgender attitudes. Interestingly, generalized multicultural counseling coursework was not associated with lower levels of anti-transgender bias. This suggests that specific instruction related to gender identity is required to improve attitudes toward TGE people and clients (Willoughby et al., 2010).

Kanamori and Cornelius-White (2017) also investigated counselors' and counseling students' attitudes toward TGE people. The sample included 95 counselors (60%) and counseling students (40%) recruited online. Participants completed a demographic questionnaire, the Transgender Attitudes and Beliefs Scale, and the MCKAS. Results generally echoed those of Nisley (2010) and Willoughby et al. (2010). The sample showed largely positive views of TGE people. Women and those personally familiar with TGE people had more positive views than men and those unfamiliar. Neither general multicultural counseling training nor the level of maturation through a master's program predicted views of TGE people, suggesting that current graduate studies do not adequately address gender identity competence (Kanamori & Cornelius-White, 2017).

Salpietro et al. (2019) examined the positive, negative, educational, training, and therapeutic experiences of cisgender counselors working with transgender clients. The study was conducted from a queer theory paradigm and employed a transcendental, phenomenological approach. The purposive sample of 12 participants was all cisgender, licensed professional

counselors who had worked with at least one transgender client. Individual semi-structured interviews lasting approximately 60 minutes were used to collect data. Findings revealed four broad themes: *challenges in treatment*, *counseling learning experience*, *essential knowledge*, and *counselor skills*. Treatment challenges included societal challenges, family system challenges, healthcare challenges, superficial training, and client distrust of the counselor. The counselors' learning experiences included personal experiences, self-awareness, supervision, consultation, and self-directed learning. Respondents indicated their view of essential knowledge for treating transgender clients included gender competency, the process of transition, and available resources for clients. Important work skills involved developing the therapeutic alliance, person-centered practice, advocacy, affirmative interventions, working with family systems, and broaching difficult topics. The study supports the idea that counseling curriculums do not include the specialized knowledge necessary to ethically and effectively treat transgender clients (Salpietro et al., 2019).

In a mixed methods study with a similar focus, O'Hara et al. (2013) sought to investigate the strengths and weaknesses of counselors' preparedness to work with transgender clients. Volunteer participants (N = 87) were recruited in graduate counseling classes at a large urban university in the southeast. Phase One of the research included administering a demographic questionnaire and the Gender Identity Counselor Competency Scale. In Phase Two, seven participants were recruited for two focus groups to elucidate the educative experiences that had contributed to their understanding of transgender counseling. Findings in Phase One indicated that neither demographic characteristics nor program advancement status (i.e., beginning or nearing completion) was significantly related to transgender competence. Having a personal

relationship with a transgender person was the only factor related to competence. Findings in Phase Two pointed to five relevant themes: *terminology*, *sources of information*, *approaches to working with transgender people*, *counseling student characteristics*, and r*ecommendations*. Participants noted considerable confusion around terminology and language conventions when discussing transgender topics. Sources of information mainly included media and/or direct interactions with transgender people. Students all felt hesitant and incompetent to work with transgender people initially, but through learning (including in the Phase Two focus groups) were able to emotionally connect with concerns of safety, marginalization, and fear. Personal characteristics that contributed to transgender understanding were awareness of binary and coercive processes of gender socialization, and a sense of responsibility to know more to treat transgender clients effectively. Participants recommended that counselor training include focus groups, small group discussions, and formal classroom time devoted to transgender topics. The study indicates counseling student desire and needs for additional exposure to transgender issues. Additionally, it makes the case that transgender people within counseling programs strengthen those programs by increasing the transgender competence of the cisgender people around them. Finally, it highlights the gender socialization process in relation to the transgender experience (O'Hara et al., 2013).

Training and Interventions

The majority of research studies that could be identified pertaining to transgender training interventions test their efficacy in the biomedical fields. For example, Rosa-Vega et al. (2021) examined the effectiveness of a three-hour continuing education course in improving the ability of pharmacists to provide care for TGE patients. The sample included 68 pharmacists in

Granada. The study used a quasi-experimental, one-group pretest-posttest design, with an original instrument developed and validated by the researchers. The instrument assessed knowledge of the foundations of gender-affirming care, health disparities and the specific needs of TGE patients, and hormone treatments for TGE patients. The educational intervention was divided into three one-hour units: Transgender Patient Care Introduction, General Health Issues of Transgender Patients, and Gender-Affirming Hormone Therapy. The posttest was administered immediately after the intervention. Mean scores increased from 52.15% in the pretest to 72.89% ($p < 0.001$) in the posttest, demonstrating significant improvement in the sample. The largest gains were found in the knowledge of hormone treatments, with scores in this area increasing from 45.06% in the pretest to 70.28% ($p < 0.001$) in the posttest (Rosa-Vega et al., 2021).

Directly intervening in a healthcare setting, Lelutiu-Weinberger et al. (2016) evaluated the implementation of a pilot program designed to improve transgender competency among the medical staff of an urban outpatient clinic in New York. The goal of the training was to increase provider knowledge of TGE health needs and to increase positive attitudes toward TGE people. The study used a quasi-experimental, one-group pretest-posttest design. The sample included 35 medical staff who participated in the program. The program consisted of two 2-hour training sessions, with the first session focused on introducing TGE people and topics and the second focused on more specialized medical knowledge. The authors adapted two measures of medical provider knowledge and attitudes toward LGB patients for TGE issues and concerns. The posttest measure was administered three months after the training. Posttest scores indicated significant decreases in negative attitudes toward TGE patients, increases in awareness of

transphobic practices, and increases in perceived readiness to serve TGE patients (Lelutiu-Weinberger et al., 2016).

Hughto and Clark (2019) evaluated another pilot program for transgender health training, designed specifically for correctional healthcare providers. The sample included 22 healthcare providers who worked in correctional facilities. The training intervention consisted of a one-hour session divided into four 15-minute modules. The first module involved basic TGE definitions and terminology. The second module dealt with anti-transgender stigma as a barrier to care. The third module featured an interactive role-play component designed to improve providers' ability to communicate with TGE patients effectively. The fourth module involved special considerations for taking the medical histories of TGE patients. A posttest survey was administered immediately after the intervention. Findings indicated that participants felt the intervention improved their ability to provide affirming care to TGE patients and recommended it be provided to others (Hughto & Clark, 2019).

In the mental health domain, one qualitative study was identified assessing the impact of an intervention to increase the gender identity competence of clinical psychology students in New Zealand. Hayward and Treharne (2022) conducted three focus groups involving eight clinical psychology students and three transgender community members. The content of the focus groups was analyzed using thematic analysis, revealing three themes. The first theme described the student participants' desire to learn more in order to confidently and competently support TGE clients. The second theme described how the student participants felt the focus group with transgender community members had increased their knowledge of TGE issues and concerns. The third theme involved the student participants' belief that transgender community

members should be invited into the classroom during instruction on gender identity issues. The study's qualitative design precludes any inferences as to how much was learned by the student participants; however, the themes echo previous findings that counseling students desire to increase their gender identity competence and that personal contact with TGE people increases provider knowledge and attitudes (Hayward & Treharne, 2022). This is a helpful context for developing a training intervention for clinical mental health counselors.

Rationale

Numerous authors have recommended additional training and educational opportunities for counselors and counselors-in-training to increase their gender identity competence (Benson, 2013; Carroll & Gilroy, 2002; Kanamori & Cornelius-White, 2017; Mizock & Lundquist, 2016; Morris et al., 2020; Nadal et al., 2014; O'Hara et al., 2013; Salpietro et al., 2019; Shipherd et al., 2010). Accordingly, this study examined the effectiveness of such a training opportunity. The findings could also contribute to the literature regarding how counselors-in-training and counselors can be better prepared to meet the needs of TGE clients.

CHAPTER III: METHOD

Introduction to the Method

This exploratory research study investigated whether a Transgender Training Intervention increased the gender identity competence of counselors and counselors-in-training through a quantitative methodology. Quantitative research utilizes numerical values to represent data (Heppner et al., 2016). The gender identity competence of participants was represented by numerical scores on a previously validated instrument (O'Hara et al., 2013).

Study Design

More specifically, this study utilized a one-group pretest-posttest design. This quantitative, pre-experimental design is diagrammed as follows: O_1 X O_2 (Heppner et al., 2016). In this design, a pretest measure is recorded (O_1), an intervention is administered (X), and then a posttest measure is made (O_2). One-group pretest-posttest research improves the interpretability of results relative to a one-group posttest-only design. Without an available control group, however, observed changes may be attributable to unrelated events, statistical regression toward the mean, or maturation among participants (Heppner et al., 2016).

Study Context and Intervention

The study was conducted via Zoom, an online synchronous video conference application. A three-hour continuing education Transgender Training Intervention designed specifically for this study was administered in this setting. The Intervention was split into three roughly equal time blocks with a 10-minute break after the first and second, resulting in two hours and forty minutes of active class. There were three key desired learning outcomes. The first was basic knowledge of TGE vocabulary and increased competence in discussing gender identity issues in

counseling. The second was increased awareness of historical and sociocultural dynamics that contribute to a decreased quality of life for TGE people, and barriers to effective treatment. The third was an understanding of the transition process and the role of counselors in the transition process. Each learning outcome was addressed during an hour block.

Participants

Eligible participants were counselors-in-training enrolled in CACREP programs and pre- or post-licensure counselors who have graduated from a counseling program. Counselors-in-training who have not begun practicum or internship were not eligible to participate. Counselors must have been in practice with clients to be eligible to participate. These restrictions placed on the participant pool were justified because the content of the Transgender Training Intervention and the construct of gender identity competence in counseling were most relevant to active practitioners (Heppner et al., 2016). Further, prospective participants who could not commit to attendance for the entire three-hour intervention were not eligible.

Convenience sampling strategies were used to recruit participants. Participants were recruited through email, social media websites, interpersonal communication, and listservs. Eligible participants responding to recruitment strategies were introduced to the informed consent form to decide on participation. If they elected to participate, they completed an online questionnaire via SurveyMonkey, a website that facilitates the execution of electronic surveys. The questionnaire included demographic information, the current level of education in counseling, and a history of education/training around TGE issues. The number of participants was capped at 25 to preserve the feasibility of discussion-based learning. If there were more than 25 eligible respondents, study participants would be randomly selected from the available

participant pool. Because of the interactive and social nature of the Intervention, participation in the study was not anonymous, but data collected remained confidential.

Data Sources

Demographic questions assessing gender, racial identity, age, education level, program CACREP status, and years in the counseling field were the first source of data. Notably, the gender demographic item was structured in a way that did not force participants to disclose transgender status.

O'Hara et al. (2013) originally developed the 29-item Gender Identity Counselor Competency Scale (GICCS) for a study investigating the preparedness of counselors-in-training to work with transgender clients. This was done by adapting an existing instrument, the Sexual Orientation Counselor Competency Scale (SOCCS; Bidell, 2005), with that author's permission, because no other measure of gender identity competence for counselors existed. The wording of items was changed from pertaining to sexual orientation and working with LGB clients to focusing on gender identity and working with transgender clients. For example, one item on the SOCCS originally stated, "I have received adequate clinical training and supervision to counsel lesbian, gay, and bisexual (LGB) clients," and was adapted on the GICSS to read, "I have received adequate clinical training and supervision to counsel transgender clients." The instrument asks participants to respond to each item on a seven-point Likert scale (1 = *not at all true*, 7 = *totally true*) and includes three subscales for awareness, knowledge, and skills (O'Hara et al., 2013).

The GICCS was adapted from a valid and reliable measure. The Cronbach's alpha for the overall SOCCS was 0.90, the awareness subscale was 0.88, the knowledge subscale was 0.76,

and the skills subscale was 0.91 (Bidell, 2005). Test-retest reliability over a one-week period was investigated, and the correlation coefficient for the overall SOCCS was 0.84, the awareness subscale was 0.85, the knowledge subscale was 0.84, and the skills subscale was 0.83. Criterion validity was established by evaluating the effects of respondent education level and sexual orientation on scores. Convergent validity was established by comparing each subscale to other instruments previously shown to be valid and reliable (Bidell, 2005).

Cor (2016) subsequently conducted a validation study of the GICCS. After exploratory factor analysis, two items were removed ("Being born a non-transgender person in this society carries with it certain advantages" and "I feel that gender identity differences between counselor and client may serve as an initial barrier to effective counseling of transgender individuals") to create the Gender Identity Counseling Competency Scale – Revised (GICCS-R). The three factors of awareness, knowledge, and skills remained. The GICCS-R showed high internal consistency, and differences existed among participant scores based on levels of education. Hierarchical regression analysis revealed that education, training/workshop attendance, and interaction with TGE people were significant predictors of gender identity competence (Cor, 2016).

Simons et al. (2022) changed the item wording to refer to *gender diverse* rather than *transgender* individuals and further refined the factor structure of the GICCS. Two additional items were removed ("Gender diverse counselees receive 'less preferred' forms of counseling treatment than non-gender diverse counselees" and "I have done a counseling role-play as either the counselee or counselor involving a gender diverse issue") to create the 25-item Counselor Competence Gender Identity Scale (CCGIS). The CCGIS contains four subscales:

self-awareness of bias (CCGIS-B), gaining knowledge/skills to counsel gender diverse clients (CCGIS-KS), awareness of barriers to gender diverse practice (CCGIS-AB), and professional exposure to gender diverse clients (CCGIS-PE). The Cronbach's alpha for the overall CCGIS was 0.86, the CCGIS-B was 0.88, the CCGIS-KS was 0.83, the CCGIS-AB was 0.70, and the CCGIS-PE was 0.75. Three validity assessments were performed. First, intercorrelations between the subscales were calculated. The bias subscale had very low correlations (0.11–0.15) with the other subscales, while the other three subscales were moderately correlated (0.39–0.64). This supports validity because individuals scoring high on the bias subscale would be expected to score lower on the other subscales. The second validity assessment compared CCGIS to the School Counselor Gender Minority Advocacy Competence Scale (SCGMACS; Simons, 2019). A regression model showed that the CCGIS significantly predicted SCGMACS ratings. Finally, the CCGIS was shown to differentiate groups by regional practice. Counselors from the American East, Midwest, and West reported less bias than those in the South. Counselors from the American West scored higher on knowledge/skills than those in the South. Additionally, counselors from the West and Midwest reported overall scores significantly higher (i.e., greater gender identity competence) than those in the South (Simons et al., 2022).

The CCGIS was completed by participants before and immediately after the conclusion of the Transgender Training Intervention. As described above, the CCGIS is a 25-item instrument with seven-point Likert ratings for each (1 = *not at all true*, 7 = *totally true*). Possible scores range from 25 to 175, with 100 being the midpoint cutoff. Scores above 100 indicate more effective counseling of TGE clients and scores below 100 indicate less effective counseling of TGE clients. There are four subscales. The ten-item CCGIS-B measures one's values around and

beliefs about the life choices of TGE people. Scores range from 10 to 70 with a midpoint cutoff of 40. All CCGIS-B items are reverse-scored when determining the total. Scores above 40 on CCGIS-B indicate less bias toward TGE people while scores below 40 indicate more bias. The six-item CCGIS-KS measures the degree to which one has gained knowledge and skills necessary to effectively counsel TGE clients. Scores range from 6 to 42 with a midpoint cutoff of 24. Scores above 24 on CCGIS-KS indicate greater knowledge and skills for counseling TGE clients while scores below 24 indicate less. One item in the CCGIS-KS is reverse-scored when calculating the total for the subscale. The five item CCGIS-AB measures awareness of the obstacles counselors encounter when attempting TGE-affirming practice. Scores range from 5 to 35 with a midpoint cutoff of 20. Scores higher than 20 on CCGIS-AB indicate more awareness of barriers to TGE-affirming practice, while scores lower than 20 indicate less. The four-item CCGIS-PE measures the degree to which one has worked with TGE clients. Scores range from 4 to 28 with a midpoint cutoff of 16. Scores above 16 on CCGIS-PE indicate more exposure to TGE clients, while scores below 16 indicate less. Simons et al. (2022) have advised that the CCGIS may be used widely and for free.

Program evaluation is a vital tool useful for ensuring an intervention is achieving its intended goals (Barrio Minton & Lenz, 2019). Three program evaluation items appended to the post-test were the last data source. Participants were asked to rate their level of agreement with three statements on a five-point scale (*Strongly Disagree, Disagree, Unsure, Agree, Strongly Agree*). The first program evaluation item was, “This training was helpful.” The second was, “This training was informative.” The third was, “I would recommend this training to others.”

Data Collection

All data collection and Intervention administration occurred electronically. Eligible recruited participants were provided with informed consent materials. They completed an online questionnaire to collect demographic data and assess the current level of counseling education. Participants subsequently completed an online version of the CCGIS. As a group, they met synchronously online for a three-hour continuing education course (i.e., a Transgender Training Intervention) facilitated by the principal researcher. The post-test occurred at the end of the training. The post-test also included three additional program evaluation questions.

Survey responses were stored in the SurveyMonkey database within a password-protected account. Data was not printed. Only the principal researcher and dissertation mentor had access to the data. Data will be deleted after five years. This research was conducted for educational reasons and with the aim of producing new knowledge. Findings may be published for the public and/or presented at academic and professional conferences.

Data Analysis

Data analysis was conducted using Excel, a licensed data organization program developed and maintained by Microsoft. Excel is designed for creating and managing spreadsheets, and also contains functionality for calculating descriptive statistics (Microsoft, 2023). The mean values for individual items, subscales, and instrument totals were calculated to investigate whether post-test CCGIS scores improved relative to pre-test scores following the Intervention. The mean is a measure of central tendency ideally suited for data assumed to be normally distributed, as it utilizes all available information (Gliner et al., 2016). To calculate the mean, the sum of the individual or raw scores in the sample is divided by the number of entries

or observations in the sample (Gliner et al, 2016). Assessing average or mean-based change was deemed appropriate for the pre-experimental research design. Assessing individual-based change would be more appropriate for a single-subject research design. The percentage change of mean total and subscale scores were also calculated to improve interpretability. Percentage change represents the relative change between an initial value and a final one (Quantitative Skills Center, 2023). To calculate percentage change, the difference between the initial value and the final value is divided by the initial value and then multiplied by 100 (Quantitative Skills Center, 2023).

Ethical Considerations

The research plan was approved by the Institutional Review Board (IRB). The ACA (2014) maintains a list of ethical standards that must be observed when conducting counseling research. Section G.1.e. describes the researcher's responsibility to take reasonable precautions to avoid causing harm to participants (ACA, 2014). Participants were advised that critical interrogation of values around sex and gender may elicit strong emotional reactions. Section G.2.b. addresses student participation in research (ACA, 2014). The principal researcher maintained a dual role as adjunct faculty in a master's counseling program. Participants who might also have been students in the same program were advised that the decision to take part in the study would not affect their academic standing. Finally, section G.4.d. requires that the researcher protect the identities of participants when reporting research results (ACA, 2014). Therefore, the identities of participants did not and will not appear in any publication or presentation relating to the research.

CHAPTER IV: RESULTS

Demographic Information

The sample (N = 4) for this exploratory research study was 75% woman/girl (cisgender or transgender) and 25% nonbinary or genderqueer (cisgender or transgender). It was 75% White and 25% Hispanic or Latino. Fifty percent were aged 18–29, and 50% were aged 30–39. Fifty percent had completed their bachelor's degree and were in a counseling program, while 50% had completed their master's degree in counseling. Fifty percent had been in the counseling profession for less than 1 year, 25% had been in the profession for 1–3 years, and 25% had been in the profession for 3–5 years.

Factual Reporting of the Project Results

The research question asked if a Transgender Training Intervention increased the gender identity competence of counselors. Gender identity competence was measured using the Counseling Competence Gender Identity Scale (CCGIS) before and after administration of the Intervention in a one-group pretest-posttest design. Possible scores on the CCGIS ranged from 25.0 to 175.0. The mean CCGIS score was 127.0 in the pretest and increased to 138.75 in the posttest following the Intervention, a 9.25% increase. Scores also increased within each of the four subscales of the CCGIS. The increase was most pronounced in the Gaining Knowledge/Skills to Counsel Gender Diverse Individuals subscale, where the mean increased by 31.96% from 24.25 to 32.0. Results from each of the subscales are shown in the following sections.

Self-Awareness of Bias

The self-awareness of bias subscale (CCGIS-B) assesses values around the life choices of TGE people. On each individual item, a higher score indicates more bias toward TGE people, and a lower score indicates less bias. Items are then reverse-scored when calculating the total score for the CCGIS-B, whereby a higher score indicates less bias toward TGE people, and a lower score indicates more bias. Table 4.1 shows the data from the CCGIS-B with truncated versions of each item. Overall, there were low levels of bias in the pretest mean scores of the sample. Bias then decreased to nearly the lowest levels detectable by the instrument in the posttest. The individual item mean score of the CCGIS-B decreased from 1.23 in the pretest to 1.08 in the posttest. The largest decreases were in Item 1 (*Personally, I think being gender diverse is a mental disorder or a sin and can be treated through counseling or spiritual help.*) and Item 7 (*It would be best if my clients viewed a non-gender diverse lifestyle as ideal.*), both of which decreased by a mean of 0.5 points on the scale. There was a slight increase on Item 8 (*I believe that gender diverse individuals will benefit most from counseling with a non-gender diverse counselor who endorses conventional values and norms.*), which increased from a mean of 1.0 to 1.25 points. After reverse-scoring, the CCGIS-B mean total scores increased 2.21% from 67.75 in the pretest to 69.25 in the posttest, approaching the maximum mean score for the subscale, which again indicates less bias toward TGE people.

Table 4.1

Self-Awareness of Bias

Question	Pretest Mean	Posttest Mean
1. **Mental disorder or sin**	1.5	1.0
2. **Couples don't need special rights**	1.0	1.0
3. **Lifestyle unnatural**	1.25	1.0
4. **"Love sinner but hate sin."**	1.0	1.0
5. **Accept conformity to traditional gender**	1.25	1.25
6. **Must be discreet around children**	1.25	1.0
7. **Non-gender diverse lifestyle ideal**	1.75	1.25
8. **Counselor endorses conventional values**	1.0	1.25
9. **Relationships not as strong**	1.0	1.0
10. **Should be highly discreet**	1.25	1.0
CCGIS-B Total (Reverse-scored)	67.75	69.25
CCGIS-B Individual Items	1.23	1.08

Gaining Knowledge/Skills to Counsel Gender Diverse Individuals

The Gaining Knowledge/Skills to Counsel Gender Diverse Individuals subscale (CCGIS-KS) assesses knowledge and skills gained that are necessary to effectively treat TGE clients. For most individual items, a higher score indicates more competence, and a lower score indicates less competence. On Item 16, however, a higher score indicates less competence, and a lower score indicates more competence. Item 16 is reverse-scored when calculating the total for the subscale. Table 4.2 shows the data from the CCGIS-KS with truncated versions of each item.

Accounting for the reverse-scoring of Item 16, the individual item mean of the CCGIS-KS increased from 4.04 in the pretest to 5.33 in the posttest, a change of 1.29 points. The largest change was in Item 16 (*Currently, I do not have the skills or training to do a case presentation or consultation if my counselee were gender diverse.*), which decreased by a mean of 2.25 points on the scale. The second largest change was in Item 15 (*I have been to in-services, conference sessions, or workshops, which focused on gender diverse issues in counseling.*), which increased by a mean of 2.0 points. There was a slight decrease in Item 14 (*I check up on my gender diverse counseling skills by monitoring my functioning/competency via consultation, supervision, and continuing education.*), which decreased by a mean of 0.25 points on the scale. The CCGIS-KS mean total scores increased 31.96% from 24.25 in the pretest to 32.0 in the posttest.

Table 4.2

Gaining Knowledge/Skills to Counsel Gender Diverse Individuals

Question	Pretest Mean	Posttest Mean
11. **Received adequate training**	3.25	4.5
12. **Feel competent and qualified**	3.5	5.0
13. **Feel competent to assess**	3.75	4.75
14. **Monitor my competency**	5.75	5.5
15. **In-services, conference sessions, or workshops**	3.75	5.75
16. **Do not have skills to do a case presentation (Reverse-scored in the total)**	3.75	1.5
CCGIS-KS Total	24.25	32.0
CCGIS-KS Individual Items (Item 16 reversed)	4.04	5.33

Awareness of Barriers to Gender Diverse Practice

The Awareness of Barriers to Gender Diverse Practice subscale (CCGIS-AB) assesses counselor familiarity with obstacles to TGE-affirming practice. On each individual item, a higher score indicates more awareness of barriers to TGE-affirming counseling, and a lower score indicates less awareness. Table 4.3 shows the data from the CCGIS-AB with truncated versions of each item. The individual item mean score increased from 5.55 in the pretest to 5.95 in the posttest. The largest increase was in Item 17 (*I am aware that counselors frequently impose their values concerning gender identity or expression upon gender diverse counselees.*), which increased by a mean of 0.75 points on the scale. The second largest increases were in Item 18 (*Prejudicial concepts and fear of gender diversity have permeated the counseling field.*) and Item 20 (*I am aware some research indicates that gender diverse counselees are more likely to be diagnosed with mental illnesses than are non-gender diverse counselees.*), each of which increased by a mean of 0.5 points. The CCGIS-AB mean total scores increased 7.21% from 27.75 on the pretest to 29.75 on the posttest.

Table 4.3

Awareness of Barriers to Gender Diverse Practice

Question	Pretest Mean	Posttest Mean
17. **Counselors frequently impose values**	5.5	6.25
18. **Prejudicial concepts permeated counseling**	5.0	5.5
19. **Institutional barriers inhibit seeking counseling**	6.0	6.25
20. **Counselees more likely to be diagnosed**	5.5	6.0
21. **Different issues impacting men versus women**	5.75	5.75
CCGIS-AB Total	27.75	29.75
CCGIS-AB Individual Items	5.55	5.95

Professional Exposure to Gender Diverse Individuals

The Professional Exposure to Gender Diverse Individuals subscale (CCGIS-PE) assesses the degree to which one has worked with TGE people. On each individual item, a higher score indicates more experience working with TGE people, and a lower score indicates less experience. Table 4.4 shows the data from the CCGIS-PE with truncated versions of each item. Overall, the sample had little professional experience with TGE people. The individual item mean score increased from 1.81 in the pretest to 1.94 in the posttest. The largest increase was in Item 25 (*I have experience counseling gender diverse couples.*), which increased by a mean of 0.50 points on the scale. There was a slight decrease in Item 24 (I have experience counseling female-to-male gender diverse counselees.), which decreased by a mean of 0.25 points on the scale. The CCGIS-PE mean total scores increased 6.9% from 7.25 in the pretest to 7.75 in the posttest.

Table 4.4

Professional Exposure to Gender Diverse Individuals

Question	Pretest Mean	Posttest Mean
22. **Experience counseling sexual minority**	3.5	3.5
23. **Experience counseling male-to-female**	1.0	1.25
24. **Experience counseling female-to-male**	1.5	1.25
25. **Experience counseling couples**	1.25	1.75
CCGIS-PE Total	7.25	7.75
CCGIS-PE Individual Items	1.81	1.94

Program Evaluation

On whether the training was helpful, 75% of participants indicated Agree and 25% indicated Unsure. On whether the training was informative, 100% of participants selected Agree. On whether they would recommend the training to others, 75% of participants indicated Agree, and 25% indicated Unsure. The results of the program evaluation questions are summarized in Table 4.5.

Table 4.5

Program Evaluation

	Strongly disagree	Disagree	Unsure	Agree	Strongly Agree
This training was helpful	0.00% 0	0.00% 0	25.00% 1	75.00% 3	0.00% 0
This training was informative	0.00% 0	0.00% 0	0.00% 0	100.00 4	0.00% 0
I would recommend this training	0.00% 0	0.00% 0	25.00% 1	75.00% 3	0.00% 0

CHAPTER V: CONCLUSIONS

Interpretation of Data

The purpose of this exploratory study was to investigate the effectiveness of a Transgender Training Intervention for improving the gender identity competence of counselors and counselors-in-training. Gender identity competence was operationalized and measured quantitatively using the Counselor Competence Gender Identity Scale (CCGIS), a previously validated instrument (Simons et al., 2022). The Transgender Training Intervention was a three-hour continuing education course addressing three learning objectives: basic familiarity with TGE people and concepts, awareness of discriminatory barriers toward TGE people in society and in counseling, and increased knowledge of the process of transition and the role of counselors in that process. Participants completed the CCGIS during registration and immediately after the Intervention.

Results from the study showed that the Intervention increased the overall gender identity competence of participants by 9.25%. The mean total score on the CCGIS increased from 127.0 in the pretest to 138.75 in the posttest. Scores also increased on each of the four subscales of the instrument. The largest increase was on the Gaining Knowledge/Skills to Counsel Gender Diverse Individuals subscale, for which mean scores increased 31.96% from 24.25 in the pretest to 32.0 in the posttest. Additionally, responses to program evaluation questions indicated that 75% of participants agree the Intervention was helpful, 100% agree it was informative, and 75% agree they would recommend it to others.

Theory and Research

This exploratory quantitative pre-experimental study was informed by progressive education theory and performed using a social justice theoretical orientation. Social justice research aims to promote a more equitable distribution of power, resources, prestige, and dignity in society (Charmaz, 2011). It is especially concerned with alleviating prejudice, discrimination, and suffering based on arbitrary group membership (Jost & Kay, 2010). The American Counseling Association (ACA; 2014) regards social justice advocacy as a core value of the counseling profession. Counseling professionals are tasked with acting intentionally on behalf of marginalized group members to affect social change within systems and institutions (Swan & Ceballos, 2020). Both progressive education and social justice theory seek to increase the agency that people have in their learning as well as in addressing life injustices. The same was true for this study. By increasing the competence of counselors in their understanding and support of TGE individuals, the agency and competency of TGE individuals themselves may also be increased.

Regarding TGE clients specifically, ACA (2010) implores counseling professionals to understand that anti-transgender bias pervades the social, cultural, and legal foundations of many institutions and traditions, including the field. Historically, inadequately trained researchers and practitioners in counseling and other helping professions have compounded the discrimination and suffering of TGE people through insensitivity, inattentiveness, and ignorance. For that reason, ACA (2010) stresses the importance of educating professionals, students, and supervisees about TGE issues, and encourages development of opportunities to enhance attitudes, knowledge, and skills necessary to work with TGE clients. This study engaged directly with both

of these concerns and addressed social justice advocacy for TGE people on multiple levels of an organization. Most obviously, the research serves as an exploratory initial step toward systematizing the education of counseling professionals about TGE needs. It expands the limited existing research base in the counseling literature relevant to an oppressed minority population. Throughout the course of the research process—during preparation and execution—informal advocacy took place as counselor educators and administrators were exposed to TGE issues in counseling. And social justice advocacy through education and professional development *was itself the intervention of the study*. Not only was the research aligned with a social justice theoretical orientation, but its methodology was inherently an act of socially just reform. Participants, who were current and future counselors, were provided with an opportunity to increase their gender identity competence so they may better meet the needs of transgender clients. According to the results, they did. Total CCGIS scores increased after the Intervention. The following sections will discuss the results from each of the four subscales.

Self-Awareness of Bias

Pretest mean scores on the Self-Awareness of Bias subscale (CCGIS-B) revealed very low levels of anti-transgender bias in the sample. Prior research has shown that counselors and counselors-in-training as a group largely hold positive views of TGE people (Kanamori & Cornelius-White, 2017; Nisley, 2010; Salpietro et al., 2019; Willoughby et al., 2010). Gender may also be a relevant factor. It has been demonstrated that women hold more positive views of TGE people than men (Kanamori & Cornelius-White, 2017; Nisley, 2010), and the sample was 75% women/girls. Following the Intervention, bias as measured by the CCGIS-B decreased to near-indetectable levels. The decrease was most marked around the belief that TGE identity is a

mental disorder or sin, and whether cisgender identities should be viewed as ideal. Much like this dissertation, the Intervention contained information about the etiology of TGE identities, situating them as a natural consequence of underlying organic mechanisms. Such information may have worked to dispel for participants the belief that holding a TGE identity constitutes any moral failing or questionable choice. This is consistent with previous studies, which found gender identity competence training (Lelutiu-Weinberger et al., 2016; Nisley, 2010) and factual knowledge of TGE identities (Willoughby et al., 2010) to both be negatively correlated with anti-transgender bias.

Gaining Knowledge/Skills to Counsel Gender Diverse Individuals

Scores markedly increased on the Gaining Knowledge/Skills to Counsel Gender Diverse Individuals subscale (CCGIS-KS). A large increase in the mean score of Item 15 (*I have been to in-services, conference sessions, or workshops, which focused on gender diverse issues in counseling.*) is unsurprising, given that the Transgender Training Intervention essentially constituted a workshop focused on gender-diverse issues in counseling. Beyond that, however, participants reported increased perceived readiness to serve TGE clients in various ways. They felt better trained to counsel TGE clients, and much more equipped to engage in proper consultation regarding TGE issues. They also reported an increase in subjectively felt competence in the clinical assessment and treatment of TGE people. These results reflect outcomes from other similar studies. Albeit in different professional domains, Hughto and Clark (2019) and Lelutiu-Weinberger et al. (2016) found that training interventions substantially increased providers' comfort, confidence, and competence in meeting the needs of transgender clients. These findings are highly encouraging, as they demonstrate that specific instruction in

the clinical care of TGE clients can lead to practitioners' increased willingness and ability to provide that care.

Awareness of Barriers to Gender-Diverse Practice

The score increases on the Awareness of Barriers to Gender Diverse Practice subscale (CCGIS-AB) echoed results from Lelutiu-Weinberger et al. (2016), who found that transgender training increased medical staff's cognizance of transphobic healthcare practices. Relative to the pretest, posttest scores indicate a growing awareness of hostility to gender diversity in the counseling field and how counselors err in their treatment of TGE clients. During the Intervention, participants were asked to reflect on how they reacted to perceived gender nonconformity in others. Their reflection was then tied to how, in various ways, TGE clients may perceive and receive their reactions. The effects of this exercise are perhaps seen in the posttest mean score increase on Item 17 (*I am aware that counselors frequently impose their values concerning gender identity or expression upon gender diverse counselees.*), the largest for the subscale. There was no change on Item 21 (*There are different psychological/social issues impacting gender diverse men versus gender diverse women.*), the only item outside of the CCGIS-B that remained the same. While the Intervention contained information on the unique transition-related needs of transgender women and men, differential psychological and social challenges were not addressed. For example, because in a patriarchal system, expressions of femininity by perceived males are sanctioned more harshly than expressions of masculinity by perceived females due to misogyny, transgender women tend to encounter higher levels of discrimination and physical violence—a phenomenon referred to as transmisogyny (Serano, 2007). This is something that could be included in future iterations of the training.

Professional Exposure to Gender Diverse Individuals

The increases on the Professional Exposure to Gender Diverse Individuals subscale (CCGIS-PE) are difficult to interpret. These items deal explicitly with having provided counseling to TGE people (e.g., *I have experience counseling gender diverse couples*.), and there were no direct counseling experiences or role-playing exercises in the Intervention. After completing the pretest, participants may have felt more comfortable taking on TGE clients during the registration period in anticipation of receiving training. Participants may have conflated discussions of case vignettes with professional exposure to actual clients. Results on the CCGIS-PE could also be attributable to history unrelated to the Transgender Training Intervention. Nevertheless, in the future, the Intervention could be modified to include role-playing exercises to expand its efficacy.

Limitations and Recommendations

While adequate for an initial exploratory study, the small sample size precluded data analysis using inferential statistics. The small sample size also limited the generalizability of the findings. The gender composition of the sample meant that no data were gathered on the responsiveness of men in the counseling field to gender identity competence training. Finally, the age range of the sample was entirely under 40, lacking perspectives from more chronologically mature participants.

Future research could include a more robust study of the Transgender Training Intervention, with a sample appropriately large enough for more discerning statistical analysis. Issues with the sample size could be corrected by offering inducements for participation. For example, the Intervention could be registered to provide the accrual of continuing education units

required periodically by state licensing boards. As described previously, the Intervention procedures could be revised to address the differential social and cultural challenges faced by TGE women and men. It could also be revised to include an experiential role-play component. Future research could identify specific skills needed by clinicians and investigate ways to enhance counselors' competence in applying those skills with TGE individuals. The addition of a qualitative questionnaire could yield rich descriptive data on the learning process around gender identity competence. Finally, future research could examine gender identity competence training in different cultural contexts that hold a broader, more expansive and accepting view toward gender diversity.

Conclusions

Transgender and gender expansive clients have unique experiences and clinical needs not addressed in standard counseling training. They are frequently unable to receive support or are further harmed by attitudinally and technically unprepared counselors. While counselors and counselors-in-training are motivated to possess the competence necessary to meet the needs of TGE clients, there are limited means to facilitate their doing so. This study provided empirical support for the notion that a comprehensive yet relatively brief Transgender Training Intervention can increase the gender identity competence of those in the counseling field. This modality was especially effective for providing learners with knowledge and skills they previously lacked. Indeed, the ACA Code of Ethics (2014) section C.2.a. calls on counselors to gain the knowledge, awareness, skills, sensitivity, and dispositions pertinent to work with diverse client populations. Beyond just counseling practice, this has implications for counselor education and supervision as well. Section 2.D.2.a of the CACREP (2015) standards calls on educators to

address strategies for the elimination of barriers, prejudices, discrimination, and oppression in their teaching and supervisory work. Counseling programs should strive to incorporate thematically similar educational units into their core curriculum and ensure educators and supervisors themselves work to increase their gender identity competence. If direct training is unavailable, counselors-in-training should seek opportunities to educate themselves on the needs of TGE clients in counseling, such as by reviewing the ACA Competencies for Counseling Transgender Clients (2010). With these steps taken, graduates will exit more prepared to work effectively with a chronically misunderstood and oppressed minority population and TGE clients will benefit from all of our work together.

References

American Counseling Association. (2010). American Counseling Association competencies for counseling with transgender clients. *Journal of LGBT Issues in Counseling*, *4*(3–4), 135–159. https://doi.org/10.1080/15538605.2010.524839

American Counseling Association. (2014). *2014 ACA code of ethics.* https://www.counseling.org/resources/aca-code-of-ethics.pdf

American Psychological Association. (2015). Guidelines for psychological practice with transgender and gender nonconforming people. *American Psychologist*, *70*(9), 832–864. https://www.doi.org/10.1037/a0039906

Amodeo, A. L., Vitelli, R., Scandurra, C., Picariello, S., & Valerio, P. (2015). Adult attachment and transgender identity in the Italian context: Clinical implications and suggestions for further research. *International Journal of Transgenderism, 16*(1), 49–61. https://www.doi.org/10.1080/15532739.2015.1022680

Anzani, A., Morris, E. R., & Galupo, M. P. (2019). From absence of microaggressions to seeing authentic gender: Transgender clients' experiences with microaffirmations in therapy. *Journal of LGBT Issues in Counseling, 13*(4), 258–275. https://www.doi.org/10.1080/15538605.2019.1662359

Avrech Bar, M., Jarus, T., Wada, M., Rechtman, L., & Noy, E. (2016). Male-to-female transitions: Implications for occupational performance, health, and life satisfaction. *Canadian Journal of Occupational Therapy, 83*(2), 72–82. https://www.doi.org/10.1177/0008417416635346

Balsam, K. F., Beadnell, B., & Molina, Y. (2013). The Daily Heterosexist Experiences Questionnaire: Measuring minority stress among lesbian, gay, bisexual, and transgender adults. *Measurement and Evaluation in Counseling and Development, 46*(1), 3–25. https://www.doi.org/10.1177/0748175612449743

Bao, A. M., & Swaab, D. F. (2011). Sexual differentiation of the human brain: Relation to gender identity, sexual orientation, and neuropsychiatric disorders. *Frontiers in Neuroendocrinology, 32*(2), 214–226. https://www.doi.org/10.1016/j.yfrne.2011.02.007

Barrio Minton, C. A., & Lenz, A. S. (2019). *Practical approaches to applied research and program evaluation for helping professionals.* Routledge. https://doi.org/10.4324/9781315108933

Benson, K. E. (2013). Seeking support: Transgender client experiences with mental health services. *Journal of Feminist Family Therapy, 25*(1), 17–40. https://doi.org/10.1080/08952833.2013.755081

Berglund, H., Lindström, P., Dhejne-Helmy, C., & Savic, I. (2008). Male-to-female transsexuals show sex-atypical hypothalamus activation when smelling odorous steroids. *Cerebral Cortex, 18*(8), 1900–1908. https://www.doi.org/10.1093/cercor/bhm216

Bidell, M. P. (2005). The sexual orientation counselor competency scale: Assessing attitudes, skills, and knowledge of counselors working with lesbian, gay, and bisexual clients. *Counselor Education and Supervision*, *44*(4), 267–279. https://doi.org/10.1002/j.1556-6978.2005.tb01755.x

Burke, S. M., Cohen-Kettenis, P. T., Veltman, D. J., Klink, D. T., & Bakker, J. (2014). Hypothalamic response to the chemo-signal androstadienone in gender dysphoric children and adolescents. *Frontiers in Endocrinology, 5*(60), 1–10. https://www.doi.org/10.3389/fendo.2014.00060

Carroll, L., & Gilroy, P. J. (2002). Transgender issues in counselor preparation. *Counselor Education and Supervision, 41*(3), 233–242. https://doi.org/10.1002/j.1556-6978.2002.tb01286.x

Charmaz, K. (2011). Grounded theory methods in social justice research. In N. K. Denzin & Y. S. Lincoln (Eds.), *The SAGE handbook of qualitative research* (pp. 359–380). Sage.

Cor, D. N. (2016). *Gender identity counselor competency scale: A validation study* (Publication No. 10076470) [Doctoral dissertation, George Washington University]. ProQuest.

Council for Accreditation of Counseling and Related Educational Programs. (2015). *2016 CACREP standards.* https://www.cacrep.org/for-programs/2016-cacrep-standards/

Devor, A. (2021). *History of the association.* World Professional Association for Transgender Health. https://www.wpath.org/about/history

Dewey, J. (1897). *My pedagogic creed*. E. L. Kellogg & Co. https://quod.lib.umich.edu/m/moa/aet9744.0001.001/11

Galupo, M. P., Krum, T. E., Hagen, D. B., Gonzalez, K. A., & Bauerband, L. A. (2014). Disclosure of transgender identity and status in the context of friendship. *Journal of LGBT Issues in Counseling, 8*(1), 25–42. https://www.doi.org/10.1080/15538605.2014.853638

Garcia-Falgueras, A., & Swaab, D. F. (2008). A sex difference in the hypothalamic uncinate nucleus: Relationship to gender identity. *Brain, 131*(12), 3132–3146. https://www.doi.org/10.1093/brain/awn276

Gliner, J. A., Morgan, G. A., & Leech, N. L. (2016). *Research methods in applied settings: An integrated approach to design and analysis* (3rd ed.). Routledge. https://doi.org/10.4324/9781315723082

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.* National Center for Transgender Equality and National Gay and Lesbian Taskforce. https://www.thetaskforce.org/resources/injustice-every-turn-report-national-transgender-discrimination-survey/

Grasser, T., Keidel, M., & Kockott, M. K. (1989). Frequency analytic EEG study on the topic of temporal function disorders in transsexuality. *Zeitschrift für Elektroenzephalographie, Elektromyographie und Verwandte Gebiete, 20*(2), 117–120.

Hayward, M., & Treharne, G. J. (2022). Clinical psychology students' perspectives on involving transgender community members in teaching activities within their training in Aotearoa New Zealand. *Psychology of Sexual Orientation and Gender Diversity, 9*(3), 309–320. https://www.doi.org/10.1037/sgd0000468

Heppner, P. P., Wampold, B. E., Owen, J., Thomson, B., & Wang, K. T. (2016). *Research design in counseling* (4th ed.). Cengage Learning.

Hoenig, J., & Kenna, J. C. (1979). EEG abnormalities and transsexualism. *The British Journal of Psychiatry, 134*(3), 293–300. https://www.doi.org/10.1192/bjp.134.3.293

Hughto, J. M. W., & Clark, K. A. (2019). Designing a transgender health training for correctional health care providers: A feasibility study. *The Prison Journal, 99*(3), 329–342. https://www.doi.org/10.1177/0032885519837237

Jost, J. T., & Kay, A. C. (2010). Social justice: History, theory, and research. In S. T. Fiske, D. T. Gilbert, & G. Lindzey (Eds.), *Handbook of social psychology* (pp. 1122–1165). Wiley. https://www.doi.org/10.1002/9780470561119.socpsy002030

Kanamori, Y., & Cornelius-White, J. H. D. (2017). Counselors' and counseling students' attitudes toward transgender persons. *Journal of LGBT Issues in Counseling, 11*(1), 36–51. https://www.doi.org/10.1080/15538605.2017.1273163

Kranz, G. S., Hahn, A., Baldinger, P., Haeusler, D., Philippe, C., Kaufman, U., & Lanzenberger, R. (2014). Cerebral serotonin asymmetry in females, males, and male-to-female transsexuals measured by PET in vivo. *Brain Structure and Function, 219*(1), 171–183. https://doi.org/10.1007/s00429-012-0492-4

Krujiver, F. P., Zhou, J. N., Pool, C. W., Hofman, M. A., Gooren, L. J., & Swaab, D. F. (2000). Male-to-female transsexuals have female neuron numbers in a limbic nucleus. *The Journal of Clinical Endocrinology and Metabolism, 85*(5), 2034–2041. https://www.doi.org/0.1210/jcem.85.5.6564

Lelutiu-Weinberger, C., Pollard-Thomas, P., Pagano, W., Levitt, N., Lopez, E. I., Golub, S. A., & Radix, A. E. (2016). Implementation and evaluation of a pilot training to improve transgender competency among medical staff in an urban clinic. *Transgender Health, 1*(1), 45–53. https://www.doi.org/10.1089/trgh.2015.0009

Lev, A. I. (2004). *Transgender emergence: Therapeutic guidelines for working with gender-variant people and their families.* Haworth Clinical Practice Press.

Levitt, H. M., & Ippolito, M. R. (2014). Being transgender: The experience of transgender identity development. *Journal of Homosexuality, 61*(12), 1727–1758. https://www.doi.org/10.1080/00918369.2014.951262

Luders, E., Sánchez, F. J., Tosun, D., Shattuck, D. W., Gaser, C., Vilain, E., & Toga, A. W. (2012). Increased cortical thickness in male-to-female transsexualism. *Journal of Behavioral and Brain Science, 2*(3), 357–362. https://www.doi.org/10.4236/jbbs.2012.23040

Mancini, E. (2010). *Magnus Hirschfield and the quest for sexual freedom: A history of the first international sexual freedom movement.* Palgrave Macmillan. https://doi.org/10.1057/9780230114395

McAuliffe, G. J., & Eriksen, K. (Eds.). (2011). *Handbook of counselor preparation: Constructivist, developmental, and experiential approaches.* SAGE.

McCullough, R., Dispenza, F., Parker, L. K., Viehl, C. J., Chang, C. Y., & Murphy, T. M. (2017). The counseling experiences of transgender and gender nonconforming clients. *Journal of Counseling & Development, 95*(4), 423–434. https://doi.org/10.1002/jcad.12157

Meyerowitz, J. (2002). *How sex changed: A history of transsexuality in the United States.* Harvard University Press.

Microsoft. (2023). *Excel*[Computer software]. https://www.microsoft.com/en-us/microsoft-365/excel

Mizock, L., & Lundquist, C. (2016). Missteps in psychotherapy with transgender clients: Promoting gender sensitivity in counseling and psychological practice. *Psychology of Sexual Orientation and Gender Diversity, 3*(2), 148–155. https://doi.org/10.1037/sgd0000177

Morgan, S. W., & Stevens, P. E. (2012). Transgender identity development as represented by a group of transgendered adults. *Issues in Mental Health Nursing, 33*(5), 301–308. https://www.doi.org/10.3109/01612840.2011.653657

Morris, E. R., Lindley, L., & Galupo, M. P. (2020). "Better issues to focus on": Transgender microaggressions as ethical violations in therapy. *The Counseling Psychologist, 48*(6), 883–915. https://doi.org/10.1177/0011000020924391

Nadal, K. L., Davidoff, K. C., Davis, L. S., & Wong, Y. (2014). Emotional, behavioral, and cognitive reactions to microaggressions: Transgender perspectives. *Psychology of Sexual Orientation and Gender Diversity, 1*(1), 72–81. https://www.doi.org/10.1037/sgd0000011

Nadal, K. L., Skolnik, A., & Wong, Y. (2012). Interpersonal and systemic microaggressions toward transgender people: Implications for counseling. *Journal of LGBT Issues in Counseling, 6*(1), 55–82. https://www.doi.org/10.1080/15538605.2012.648583

Nisley, E. A. (2010). *Counseling professionals' attitudes toward transgender people and responses to transgender clients* [Unpublished doctoral dissertation]. Western Michigan University.

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*(3), 236–256. https://doi.org/10.1080/15538605.2013.812929

Ozturk, M. B., & Tatli, A. (2016). Gender identity inclusion in the workplace: Broadening diversity management research and practice through the case of transgender employees in the UK. *The International Journal of Human Resource Management, 27*(8), 781–802. https://www.doi.org/10.1080/09585192.2015.1042902

Quantitative Skills Center. (2023, July). *Percentage change and percentage point change: A primer*. Reed College. https://www.reed.edu/academic_support/pdfs/qskills/percent.pdf

Rametti, G., Carillo, B., Gomez-Gil, E., Junque, C., Segovia, S., Gomez, A., & Guillamon, A. (2011a). White matter microstructure in female to male transsexuals before cross-sex hormonal treatment: A diffusion tensor imaging study. *Journal of Psychiatric Research, 45*(2), 199–204. https://www.doi.org/10.1016/j.jpsychires.2010.05.006

Rametti, G., Carrilo, B., Gómez-Gil, E., Junque, C., Zubiarre-Elorza, L., Segovia, S., Gomez, A., & Guillamon, A. (2011b). The microstructure of white matter in male to female transsexuals before cross-sex hormonal treatment: A DTI study. *Journal of Psychiatric Research, 45*(7), 949–954. https://www.doi.org/10.1016/j.jpsychires.2010.11.007

Riley, E. A., Wong, W. T. K., & Sitharthan, G. (2011). Counseling support for the forgotten transgender community. *Journal of Gay & Lesbian Social Services, 23*(3), 395–410. https://doi.org/10.1080/10538720.2011.590779

Rosa-Vega, J., Rodríguez-Ochoa, A., Hernández-Agosto, J., Quinones, D. S., Cabrera-Candelaria, D., Rodríguez-Díaz, C. E., & Melin, K. (2021). Educational intervention to improve pharmacist knowledge to provide care for transgender patients. *Pharmacy Practice (Granada), 18*(4), 1–8. https://www.doi.org/10.18549/pharmpract.2020.4.2061

Rudacille, D. (2005). *The riddle of gender: Science, activism, and transgender rights.* Pantheon.

Salpietro, L., Ausloos, C., & Clark, M. (2019). Cisgender professional counselors' experiences with trans clients. *Journal of LGBT Issues in Counseling, 13*(3), 198–215. https://doi.org/10.1080/15538605.2019.1627975

Serano, J. (2007). *Whipping girl: A transsexual woman on sexism and the scapegoating of femininity.* Seal Press.

Shipherd, J. C., Green, K. E., & Abramovitz, S. (2010). Transgender clients: Identifying and minimizing barriers to mental health treatment. *Journal of Gay & Lesbian Mental Health, 14*(2), 94–108. https://doi.org/10.1080/19359701003622875

Simon, L., Kozak, L. R., Simon, V., Czobor, P., Unoka, Z., Szabó, A., & Csukly, G. (2013). Regional grey matter structure differences between transsexuals and healthy controls: A voxel based morphometry study. *PLoS ONE, 8*(12), e83947. https://www.doi.org/10.1371/journal.pone.0083947

Simons, J. D. (2019). School counselor transgender intersex advocacy competency scale: Construction and validation. *Professional School Counseling, 23*(1), 2156759X1987390. https://doi.org/10.1177/2156759X19873902

Simons, J. D., Bahr, M. W., Ramdas, S. M. (2022). Counselor Competence Gender Identity Scale: Measuring bias, knowledge, and skills among school counselors. *Professional School Counseling, 26*(1), 1–15. https://doi.org/10.1177/2156759X221110790

Singh, A. A., Boyd, C. J., & Whitman, J. S. (2010). Counseling competency with transgender and intersex persons. In J. Cornish, L. Nadkarni, B. Schrier, Henderson Metzger, L., & E. Rodolfa (Eds.), *Handbook of multicultural counseling competencies* (pp. 415–442). Wiley.

Smith, E. S., Junger, J., Derntl, B., & Habel, U. (2015). The transsexual brain: A review of findings on the neural basis of transsexualism. *Neuroscience and Biobehavioral Reviews, 59*(1), 251–266. https://www.doi.org/10.1016/j.neubiorev.2015.09.008

Strang, J. F., Meagher, H., Kenworthy, L., de Vries, A. L. C., Menvielle, E., Leibowitz, S., Janssen, A., Cohen-Kettenis, P., Shumer, D. E., Edward-Leeper, L., Pleak, R. R., Spack, N., Karasic, D. H., Schreier, H., Balleur, A., Tishelman, A., Ehrensaft, D., Rodnan, L., Kuschner, E. S., . . . Anthony, L. G. (2018). Initial clinical guidelines for co-occurring autism spectrum disorder and gender dysphoria or incongruence in adolescents. *Journal of Clinical Child & Adolescent Psychology, 47*(1), 105–115. https://www.doi.org/10.1080/15374416.2016.1228462

Swan, A. M., & Ceballos, P. (2020). Person-centered conceptualization of multiculturalism and social justice in counseling. *Person-Centered and Experiential Psychotherapies, 19*(2), 154–167. https://www.doi.org/10.1080/14779757.2020.1717981

Vadevelu, K., & Arunberkfa, N. (2023). Emotion and problem focused coping by transgender adolescents and young adults with family social support and exclusion: A case study in southern Thailand. *Journal of Gay & Lesbian Social Services, 35*(1), 92–112. https://www.doi.org/10.1080/10538720.2022.2049945

Wålinder, J. (1965). Transvestism, definition and evidence in favor of occasional derivation from cerebral dysfunction. *International Journal of Neuropsychiatry, 1*(6), 567–573.

Willoughby, B. L. B., Hill, D. B., Gonzalez, C. A., Lacorazza, A., Macapagal, R. A., Barton, M. E., & Doty, N. D. (2010). Who hates gender outlaws? A multisite and multinational evaluation of the Genderism and Transphobia Scale. *International Journal of Transgenderism, 12*(4), 254–271. https://www.doi.org/10.1080/15532739.2010.550821

World Professional Association for Transgender Health. (2012). *Standards of care for the health of transsexual, transgender, and gender nonconforming people* (7th ed.). https://www.wpath.org/publications/soc

Yaghoubirad, M., Azadfallah, P., Farahani, H., & Cameron, C. A. (2023). Talking with Iranian trans women: Their experiences and identity development. *Journal of Gay and Lesbian Mental Health, 27*(1), 59–84. https://www.doi.org/10.1080/19359705.2021.1923607

Zhou, J. N., Hofman, M. A., Gooren, L. J. G., & Swaab, D. F. (1995). A sex difference in the human brain and its relationship to transsexuality. *Nature, 378*, 68–70. https://www.doi.org/10.1038/378068a0

APPENDIX A: PARTICIPANT RECRUITMENT

Social Media Post:

Please consider participating in a training and research study on *Preparing Counselors to Meet the Needs of Transgender Clients*. This involves a 3-hour training and a pre-and post-survey. In order to participate, you must be a counselor-in-training (in practicum or internship) OR a counselor in practice. The training is on Sunday, June 18th from 4-7pm PST (6-9pm CST) via Zoom. You may follow this link for more information about the training and research, and to register:

Participant Recruitment Email:

You are invited to participate in a research study for Kristy Carangi. This project is part of the PhD in Counselor Education and Supervision at Antioch University. The purpose of this project is to *Prepare Counselors to Meet the Needs of Transgender Clients.* You were selected as a possible participant because you are a counselor-in-training (in practicum or internship) OR a counselor in practice. This involves a 3-hour training and a pre-and post-survey. The training is on Sunday, June 18th from 4-7pmPST (6-9pmCST) via Zoom.

If you are interested in participating, please follow this link:

Thank you for your time and consideration!

Registration Confirmation:

You are registered to attend a training entitled, *Preparing Counselors to Meet the Needs of Transgender Clients*. This training is offered as part of a research study that includes a pre and post-survey. By completing the informed consent form, you have also been selected to participate in this study/training. Here is the information for the 3-hour training:

Date: Sunday, June 18th

Time: 4-7pmPST (6-9pmCST)

Join Zoom Meeting:

Meeting ID:

If you are unable to attend, please let the presenter know as soon as possible.

Alternate social media post:

Attention Counselors: *Free* Training via Zoom entitled, *Preparing Counselors to Meet the Needs of Transgender Clients*. This involves a 3-hour training and a pre-and post-survey. In order to participate, you must be a counselor-in-training (in practicum or internship) OR a counselor in practice. The training is on Sunday, June 18th from 4-7pmPST (6-9pmCST) via Zoom. You may follow this link for more information about the training and research, and to register:

APPENDIX B: INFORMED CONSENT

Kristy Carangi - Dissertation Informed Consent & Pre-Test

Informed Consent

RESEARCH STUDY CONSENT FORM:
You are invited to participate in a research study conducted by Kristy Carangi, a Doctoral student at Antioch University. This form describes the study to help you determine if you are comfortable participating.

CRITERIA FOR PARTICIPATION:
You are invited to participate if you meet the following criteria:

- adult, over the age of 18,
- counselor-in-training enrolled in a CACREP program in practicum or internship, **OR**
- pre-or post-licensure counselor that graduated from a CACREP counseling program

If you do not meet these criteria, thank you for your interest. You do not have to proceed further. You may simply close your browser window.

If you do meet these criteria, please continue reading the informed consent form for more information and to participate.

STUDY OVERVIEW AND PROCEDURE:
The purpose of this study is to explore the use of training in meeting the needs of transgender clients. You will be asked to:

- complete a demographic questionnaire and survey,
- register for and participate in a 3-hour Zoom training, and
- complete a post-training survey.

This includes an approximate time commitment of 3.5 hours from start to finish (including the training).

RISKS AND BENEFITS OF PARTICIPATION:
No study is completely risk-free. However, we do not anticipate that you will be harmed or distressed during this study. You may stop being in the study at any time if you become uncomfortable. Occasionally, people who participate in counseling research find that they would like to seek out mental health care and/or support. For more information, you may want to contact the National Alliance on Mental Illness (NAMI) at: 1800-950-NAMI (6263).

You should also be aware that there is a small possibility that unauthorized parties could view responses because it is an online survey (e.g. computer hackers because your responses are being entered and stored on a web server).

In terms of benefits, you will receive training to meet the needs of transgender clients.

DATA PRIVACY:
Only your email address will be requested for the purpose of registration for the training. IP address collection is otherwise turned off and your name will not be requested. Aggregate data will be shared upon conclusion of the study.

YOUR RIGHTS AS A PARTICIPANT:
Your participation in this study is voluntary. You can decide not to be in the study at any time and can simply close the browser window. Only completed surveys will be utilized for data analysis. In addition, it is important for you to know that your decision to participate or not to participate will not affect your relations with Antioch University in any way.

CONTACT INFORMATION:

This study has been approved by the Antioch University Institutional Review Board (IRB). If you have ethical concerns about this study or your treatment as a participant, you may contact the chair of the IRB the faculty advisor or the researcher.

IRB Chair: Melissa Kennedy, PhD

Faculty Advisor: Dr. Stephanie Thorson-Olesen

Researcher: Kristy Carangi

If you have any questions about or do not understand something in this form, please contact the primary researcher for additional information. Do not click "next" unless the researcher has answered your questions and you decide that you want to be part of this study.

CONSENT TO PARTICIPATION:

By clicking "next" you agree to the following statements:

- I have read this form, and I have been able to ask questions about this study.
- I have not given up any of my legal rights as a research participant.
- I fit the criteria to participate in this study.
- I voluntarily agree to be in this study.
- I will save a copy of this consent information for records.

APPENDIX C: CITI TRAINING

CITI PROGRAM

Completion Date 16-May-2023
Expiration Date 16-May-2026
Record ID 5590391 1

This is to certify that:

Kristen Carangi

Not valid for renewal of certification through CME.

Has completed the following CITI Program course:

Human Participants in Research
(Curriculum Group)
AU Seattle - Human Participants in Research
(Course Learner Group)
1 - Basic Course
(Stage)

Under requirements set by:

Antioch University

CITI
Collaborative Institutional Training Initiative
101 NE 3rd Avenue, Suite 320
Fort Lauderdale, FL 33301 US
www.citiprogram.org

Verify at www.citiprogram.org/verify/?wf1af13b6-0d02-4891-883a-5f06cdd6ba95-55903911

APPENDIX D: TRANSGENDER TRAINING INTERVENTION TOPIC OVERVIEW

1. Agenda
2. Introduction
3. Terminology
4. Historical perspectives
5. Unique biopsychosocial experiences
6. Counseling experiences
7. In-session strategies
8. Out of session strategies
9. Interdisciplinary concerns
10. Transition overview
11. Social transition
12. Legal transition
13. Medical transition
14. Letter writing
15. Outgoing reflections