

CONSTRUCTION AND VALIDATION OF A “COUNSELOR
KNOWLEDGE OF AND ATTITUDES TOWARD TRANSGENDER
ISSUES” SCALE

A Thesis

Presented in Partial Fulfillment of the Requirements for
the Degree Master of Arts in the
Graduate School of The Ohio State University

By

Erica E. Claman, B.S.

* * * *

The Ohio State University
2005

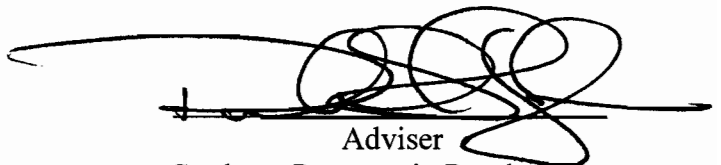
Master’s Examination Committee:

Dr. Pamela S. Highlen, Adviser

Dr. Louise A. Douce

Dr. Robert F. Rodgers

Approved By



Adviser

Graduate Program in Psychology

ABSTRACT

To date there has been no empirical exploration of current levels of counselor competence in working with transgender clients. Using a framework of multicultural competency, this study sought to explore the current levels of knowledge counselors possess about transgender issues as well as the factors that influence counselor attitudes toward transgender clients. This study describes the development and validation of two scales to assess counselors' knowledge of and attitudes toward transgender clients: Counselor Knowledge about Transgender Issues Scale (Knowledge Scale) and the Counselor Attitudes toward Transgender Issues Scale (Attitudes Scale). An initial 17-item Knowledge Scale, and 14-item Attitude Scale were administered to 65 counseling professionals. After revision the Knowledge Scale yielded a coefficient alpha of .75 and the Attitude Scale yielded a coefficient alpha of .73. Correlations between the scales were examined, as were predictors of knowledge and attitudes. Exposure to transgender issues through client contact seemed to be a predictor of counselors' knowledge, and client contact, reading and trainings seemed to predict counselors' attitudes.

Dedicated to Anne, whose courage inspired me to help this world become a better place
for transgender people.

ACKNOWLEDGMENTS

I wish to thank my advisor and mentor, Pam Highlen. Her immeasurable support has nurtured me through this process, and her patient guidance has made it significantly less scary and painful than it could have been.

I am very grateful to Brett Beemyn for supporting me through the beginning stages of this process. Developing items for my scales would have been much more difficult without Brett's wisdom and practicality.

I thank Louise Douce, Jim Hodnett, Karen Taylor, Nichole Wood-Barcalow and Bobbie Celeste for their kind work in helping me find a sample.

I would also like to express my gratitude to Nancy Betz and my two favorite Hollys (Kozee and Chalk) for their kind help with the statistical aspects of this project.

I thank my parents, Nancy and Lewis Claman, and my brother Daniel for supporting me through this process in countless ways. There is no way that I could have gotten as far as I have without their love and support.

Finally, I would like to thank the wonderful people in my program: Jason, Chad, Casey, Melissa, Danice, Holly, Jen, Tiffany, Veronica O., Courtney, Derek, Amanda, Veronica L., Heather, Regina, Sarah, PJ, and Tamara. Thanks to all of you for providing a sounding board during the start of this project and support throughout it. I am ever thankful for your love, kindness and support.

VITA

July 11, 1980.....Born – Columbus, Ohio

2003.....B.S. Psychology, with honors and distinction
B.A. Speech and Hearing Science
The Ohio State University.

2003-2005.....Graduate Administrative Associate,
The Ohio State University.

2005- present.....Graduate Teaching Associate,
The Ohio State University.

FIELDS OF STUDY

Major Field: Psychology

Concentration: Counseling

TABLE OF CONTENTS

Abstract.....	ii
Dedication.....	iii
Acknowledgments.....	iv
Vita.....	v
List of Tables.....	ix

Chapters	Page
1. Introduction.....	1
2. Literature Review.....	5
2.1 Transgender Identity and Identity Formation.....	5
2.2 Current Diagnostic and Treatment Protocol.....	8
2.3 Psychotherapeutic Competency with Transgender Clients.....	11
2.4 Purpose.....	14
2.5 Hypotheses.....	15
3. Method.....	17
3.1 Scale Development.....	17
3.2 Participants.....	19
3.3 Instruments.....	20
3.3.1 Demographic Questionnaire.....	20

3.3.2. Counselor Attitudes Toward Transgender Issues Scale.....	20
3.3.3 Counselor Knowledge About Transgender Issues Scale.....	21
3.3.4 Marlowe-Crowne Social Desirability Scale.....	22
3.4 Procedures.....	22
3.5 Analysis of Data.....	23
4. Results.....	25
4.1 Reliability Analysis.....	25
4.1.1 Reliability Analysis of Attitude Scale.....	25
4.1.2 Reliability Analysis of Knowledge Scale.....	28
4.2 Preliminary Analysis.....	28
4.3 Descriptive Statistics.....	31
4.4 Mean Comparison Analysis.....	33
4.5 Regression Analysis.....	33
5. Discussion.....	35
5.1 Implications.....	38
5.2 Limitations.....	43
5.3 Future Directions.....	45
List of References.....	47
Appendix A: Counselor Attitudes Toward Transgender Issues Scale.....	49
Appendix B: Counselor Knowledge About Transgender Issues Scale.....	51
Appendix C: Marlowe-Crowne Social Desirability Scale.....	53
Appendix D: Demographic Questionnaire.....	55

Appendix E: E-mail Used to Recruit Sample.....	57
Appendix F: Participant Information Page.....	59
Appendix G: Informed Consent Page.....	62
Appendix K: Debriefing Statement.....	64

LIST OF TABLES

Table	Page
1. Item-total correlations and coefficient alphas when items removed for the original 14-item Attitudes Scale	27
2. Item-total correlations and coefficient alphas when items removed for the original 17-item Knowledge Scale.....	29
3. Correlations between the Attitudes Scale, Knowledge Scale, Marlowe-Crowne Social Desirability Scale, and number of exposure experiences.....	31

CHAPTER 1

INTRODUCTION

The inclusion of transgender issues in the multicultural movement of counseling psychology has been minimal, both in areas of research and training. Although much research focused on gay, lesbian and bisexual concerns purports to include transgender issues, it is often only nominally so. Similarly, graduate training programs are largely remiss in addressing the unique concerns of transgender clients (Cole, Eyeler, Denney & Sammons, 2000).

The term “transgender” describes a multitude of identities and forms of self-expression that transgress established gender categories. “Transgender” includes transsexuals (individuals who identify with a gender different from that which is biologically assigned). Transsexual individuals may or may not opt to pursue surgical or hormonal interventions to change their physical appearance. Also included in the “transgender” category are cross dressers (individuals who prefer to dress in clothing traditionally worn by the opposite gender; this term is preferred to “transvestites”). Additionally, drag kings and drag queens fall within the category of “transgender” (Beemyn, 2003).

Although these specific conceptualizations of gender variance are modern, the challenge of gender norms has existed across many different cultures and time periods. However, current political activism and awareness have resulted in an emergent consciousness surrounding transgender issues. Consequently, there is an increasing visibility of individuals who transgress traditional notions of gender. This increasing awareness of transgender issues has important implications for the field of counseling psychology (Carroll & Gilroy, 2002).

Psychotherapy plays a complex role in growth and self-exploration for many transgender clients. Individuals may seek therapy for a variety of reasons, ranging from a personal desire to grow and explore their gender identity to a more formal assessment required to obtain surgical or hormonal treatment. Additionally, therapists may encounter transgender clients with a wide range of expressions of gender identity (Rachlin, 2002). It is surmised that all mental health practitioners will encounter at least one transgender client in the course of their professional careers (Ettner, 1999).

Traditional counseling approaches for clients presenting with gender concerns have pathologized expressions of gender that deviate from social norms (Carroll & Gilroy, 2002). Such approaches may follow the medical model and view deviant gender expression as a problem that needs to be “cured.” In less extreme cases, mental health professionals may erroneously encourage transgender clients to become comfortable with their biologically assigned gender.

Therapists may counsel clients to prematurely “come out” to others as the opposite gender, and perhaps alter their appearance, in order to conform to the gender

binary (Gagné & Tewksbury, 1997). Conversely, other mental health professionals may thwart the attempts of transgender clients to pursue surgical or hormonal interventions because they feel the clients will not fulfill the physical expectations of the opposite gender. These misguided approaches may stem from a multitude of misconceptions about transgender identities or a general ignorance about the care of transgender individuals (Ettner, 1999).

Given the complexity of the social, medical and psychological issues surrounding gender identity there exist many challenges for mental health practitioners working with transgender clients. In order to be maximally effective counselors for transgender clients it is necessary to possess a broad knowledge and understanding of the various facets of transgender identity and the issues transgender clients face. Furthermore effective therapists should have an awareness of their own attitudes and emotional and cognitive responses toward transgender clients (Carroll & Gilroy, 2002; Sue & Sue, 2003).

Because of the dearth of psychological research concerning transgender issues, there remains much to be explored about every facet of the transgender experience. Given the often crucial role psychotherapy plays in the lives of many transgender individuals, the experience of transgender clients in psychotherapy and the competency of mental health practitioners in handling transgender issues is one area of research that merits further exploration. The few studies that have been done on this subject have focused on the needs of transgender individuals in psychotherapy (Rachlin, 2002) and on the necessity for counselors working with transgender clients to demonstrate multicultural competence (Carroll & Gilroy, 2002).

To date there has been no empirical exploration of current levels of counselor competence in working with transgender clients, more specifically in the areas of counselor knowledge and attitudes. Accordingly, the purpose of the present study is to develop and validate an instrument for measuring counselors' knowledge of and attitudes toward transgender clients. Using a framework of multicultural competency, this study seeks to explore the current levels of knowledge counselors possess about transgender issues as well as the factors that influence counselor attitudes toward transgender clients.

CHAPTER 2

LITERATURE REVIEW

While copious literature exists on gay, lesbian, and bisexual concerns, very little research has been devoted to specific transgender issues, particularly in the area of psychotherapy and counselor competency. Most of the transgender research that does exist is very broad in scope, with little continuity from study to study with regard to theory and methodology.

This section will review the extant literature on transgender issues, specifically on the topics of transgender identity and identity formation, current diagnostic and treatment protocol, and therapist competency with transgender clients. This review will present the current status of transgender issues in the counseling professions, and thereby elucidate the conceptual and methodological underpinnings of the current study.

2.1 *Transgender Identity and Identity Formation*

In order to best understand therapist competency in working with transgender clients, it is first important to define and describe the components of the transgender identity, and to understand some of the complexities of identity formation. For the purposes of this study, “transgender” will be defined as an umbrella term for individuals whose self-identification transgresses established gender categories of male and female.

This term includes transsexuals, individuals whose internal sense of gender differs from their biological sex. Transsexuals may or may not pursue medical or hormonal treatment in order to change their outward appearance to match their internal identity. Also included in the category of transgender are cross dressers, individuals who, for a wide variety of reasons, dress in clothing typically worn by the opposite gender. Additionally drag queens and drag kings, individuals who, for the purpose of entertainment dress as the other gender, are considered transgender. Finally, included are gender queers, individuals who may not identify as male or female, as they feel their gender transcends the gender binary (Beemyn, 2003; Lev, 2004).

Given the multitude of identities encompassed by “transgender,” it is impossible to develop a monolithic model of identity formation that would be appropriate for all transgender individuals. In two different studies Gagné, Tewksbury, and McGaughey (1997) examined the social pressures that influence transgender identity formation and Gagné, and Tewksbury (1998) explored the coming-out experiences of transgender individuals. These studies sought to explore the social context in which transgender individuals resist the normative expectations of sex and gender. Moreover, the purpose of these studies was to examine the ways in which transgender people challenge the assumption that gender is associated with sex while simultaneously reinforcing gender as an institution. Semi-structured, in-depth interviews were conducted with 65 masculine-to-feminine individuals from various identities within the transgender spectrum. The sample included 27 pre-operative individuals, 10 post-operative individuals, 4 non-operative individuals, and 24 cross-dressers, and was conducted over a one-year period.

Findings indicated that among the participants, social pressures to conform to the gender binary were experienced as desires for relationship maintenance and self-preservation. Both studies identified the paradox that, in coming out as the opposite gender, transgender individuals reinforce and reify the very binary system of gender they hope to change. This conceptualization of the struggle experienced by transgender individuals is helpful in understanding the power dynamics of gender, and challenging the traditional notions of sex and gender (Gagné, Tewksbury, & McGaughey, 1997; Gagné & Tewksbury, 1998).

Much of the research on the identities and experiences of transgender individuals has been done through case studies of individuals. In a chapter entitled *Gender Variance and Formation of the Self*, Ettner (1999) explored the similarities between experiences of identity formation among transgender individuals. Using a case study of a male to female transsexual as an example, she identified common struggles that most transgender individuals face in their development, finding three themes of hiding, guilt and shame. Hiding describes transgender individuals' rejection of their true feelings of gender difference because of the need for acceptance and the desire to appear "normal." Because of these forces, many transgender individuals may deny their feelings of difference, and often assume traditional gender roles to hide these feelings. Guilt arises from the perceived notion of hurting others by being different, and shame is the affective manifestation of that guilt (Ettner, 1999). The shame and guilt that many transgender individuals experience is often at the core of their psychological distress (Schaefer & Wheeler, 1995).

Although little research exists on transgender identity and its formation, it is clear that transgender individuals comprise a complex group of individuals who have unique needs. Much of the psychic distress for transgender individuals seems to stem from societal pressures to conform to the gender binary. In developing competency for working with transgender individuals, it is paramount for counseling professionals to be aware of both the individual factors and societal context that influences transgender identity formation and the distress that many transgender individuals experience (Rachlin, 2001; Gagne & Tewksbury, 1998; Lev, 2004, Ettner, 1999).

2.2 Current Diagnostic and Treatment Protocol

Understanding both the internal and external experiences of the transgender individual should shape how therapists work with transgender clients. Further, it is important for therapists to be aware of the current diagnostic and treatment methodologies that are in place for working with transgender clients. There are two systems in place that guide the diagnosis and treatment of transgender clients: the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) diagnosis of Gender Identity Disorder (GID), and the Harry Benjamin International Gender Dysphoria Association's Standards of Care (SOC) (Lev, 2004). Both serve as guidelines for therapists working with transgender individuals, and both have been criticized for a number of reasons, including their adherence to the medical model and their lack of sensitivity to the many and varied needs of the transgender client. This will be reviewed in the present section.

Beemyn (2003) offered a brief history of the inclusion of gender identity disorder in DSM. The American Psychiatric Association first included Gender Identity Disorder in 1980 to the third edition of the DSM (APA, 1980). Some of the diagnostic features of GID changed in the DSM-IV (APA, 1994). Diagnostic features of GID include a “strong and persistent cross-gender identification,” evidence of persistent discomfort about one’s assigned sex, or a sense of inappropriateness in the gender role of that sex,” and “evidence of clearly significant distress or impairment in social, occupational, or other important areas of functioning” (APA, 2000 p. 580-582).

The existence of GID is a point of contention within the transgender community, as well as within the mental health professions (Ettner, 1999). Many individuals oppose the inclusion of GID in the DSM-IV, as, by virtue of its inclusion as a disorder, it serves to stigmatize and pathologize transgender people (Israel and Tarver 1997). Another criticism of the diagnosis is its focus only on transsexuals or those who have “a stated desire to be the other sex” (APA, 2000, p. 581). This excludes those transsexuals who do not wish to transition, or other transgender individuals, such as cross-dressers or gender queers. Others criticize the diagnosis for its inherent perpetuation of the gender binary (Lev, 2004). Despite the differing opinions on GID, the fact is that it does currently exist as a diagnosis, and for those transgender individuals who are seeking medical assistance, it is the “admission ticket” to hormonal or surgical treatment. Without meeting the criteria of GID, transgender individuals are often not eligible for such treatments. This regulation of medical assistance is codified by the SOC (Rachlin, 2003).

The SOC was drafted by the Harry Benjamin Gender Dysphoria Association in an attempt to address the issue of treatment and care of transgender clients in the areas of mental health and medicine. This document, which has been revised five times since its inception in 1979, delineates detailed guidelines for medical and mental health professionals working with transgender clients. The SOC focuses primarily on surgical and hormonal treatment of transgender individuals. These standards mandate psychological treatment for transgender individuals seeking medical services, requiring that physicians receive letters from mental health professionals that include a psychosocial assessment, a description of psychotherapeutic treatment and support of the client's ability to make decisions regarding gender transition (Meyer III et al., 2001).

Because the standards necessitate psychotherapy for transgender people who wish to transition, it is important for mental health professionals to be equipped to provide adequate care. The SOC describes the potential role of the therapist in working with transgender clients to clarify options, facilitate transition, improve relationships, provide information about resources, provide support for the family, and advocate and educate in the workplace (Meyer III et al., 2001). Clearly, this role requires a high level of expertise (Rachlin, 2003). Unfortunately, because of their essential role in the transitioning process, some practitioners have taken advantage of the role as “gatekeepers” to control the access of medical care and financially exploit transgender clients (Ettner, 1999).

As with GID, the SOC have been also criticized because they are so narrow in focus, and they tend to pathologize transgender individuals (Israel & Tarver, 1997). They provide guidelines only for transsexuals who wish to medically transition. In response to

these criticisms a number of books have been written that seek to provide background information and formal recommendations for professionals working with transgender individuals (Israel & Tarver, 1997; Ettner, 1999, Lev, 2004). These books offer guidelines concerning psychological, hormonal, surgical and social support of transgender individuals. Unlike the SOC, which is focused primarily on transsexuals, these guide books addresses the needs of transsexuals (both those who desire medical interventions and those who do not), cross dressers, intersex individuals, drag kings and drag queens. Additionally the books include issues of transgender youth, victimized individuals, incarcerated individuals, and those who are socioeconomically disadvantaged.

While some transgender people may seek mental health services only in order to obtain the letters requisite for treatment, many transgender clients pursue therapy to address other issues related to personal growth and exploration (Rachlin, 2003). It is important for therapists to be competent in working with both transgender clients who wish to explore issues relating to identity, and those whose issues are independent of their gender identity. The next section will review the literature on such competencies.

2.3 Psychotherapeutic Competency with Transgender Clients

There is one study and two papers that specifically address the topic of transgender issues in psychotherapy (Rachlin, 2002; Carroll & Gilroy, 2002; Mallon, 1999). Additionally, a chapter in Israel and Tarver (1997), and a chapter in Ettner (1999) focus specifically on recommendations for counselors working with transgender clients. The first study, conducted by Rachlin (2002) examined the experiences of transgender

individuals in psychotherapy across a variety of treatment settings. Treatment experience was measured using a survey designed for this study, which focused on reasons for seeking mental health services, expectations of psychotherapists, perceived therapist competence, and treatment outcome. Participants were 70 female-to-male, and 23 male-to-female individuals at a Transgender conference in Baltimore, Maryland.

Results from this study indicated that many of the participants had undergone psychotherapy earlier in life for issues relating to personal growth, and later in life for issues more strictly related to gender. Participants sought therapists who had experience in transgender and gender-related work. Provider experience in these areas was associated with a higher number of positive changes, high satisfaction with progress and personal growth. Participants indicated preference for those therapists who are flexible in their approach and respectful of the client's gender identity (Rachlin, 2002).

In a 1999 paper Mallon identified seven key "sources" of knowledge that practitioners working with transgender clients should draw from in order to be maximally competent and effective. These include practice wisdom from professional colleagues and clients, personal experiences, knowledge of professional literature, knowledge of history and current events, understanding of research issues that inform practice, knowledge of theoretical and conceptual analyses, and information that is provided by the case itself. In his article, Mallon (1999) asserts that cultivating a knowledge base to prepare practitioners is essential and should be integrated into training in meaningful and conscientious ways.

Further pointing to the need for counselors to demonstrate a knowledge and respect of transgender identities is a paper by Carroll and Gilroy (2002) that explores counselor preparation in handling transgender issues. Due to the traditional approaches to counseling that have pathologized transgender people, convinced them to come out prematurely, or have been predicated on inaccurate information, the authors call for therapists who are competent in working with transgender clients. They advocate a “more aggressive approach to counselor training” (p.234). The authors proposed that the multicultural counseling competencies, as defined by Sue and Sue (1992, 1999) could be used as standards in addressing the attitudes, knowledge and skills that are necessary for counselors working with transgender clients (Carroll & Gilroy, 2002).

According to the framework developed by Sue and Sue (1992), multiculturally competent counseling professionals should be aware of their own biases, assumptions, values and biases. Furthermore, they should strive to understand the worldview of the culturally different client and from this understanding develop appropriate intervention strategies (Sue & Sue, 1992). Within this framework of multicultural competence, attitudes can be defined as “possible negative emotional and cognitive responses toward culturally different clients” (Carroll & Gilroy 2002, p. 234). In terms of their work with transgender clients, multiculturally competent counselors should understand their own affective response to transgender issues and be able to challenge their notions of the gender binary (Carroll & Gilroy, 2002).

Multiculturally competent counselors should also have a specific knowledge and understanding of the particular group they are working with (Sue & Sue, 1992). In terms

of work with transgender clients, knowledge includes including understanding the life experiences of their transgender clients as well as the diversity that exists within the transgender community. Multiculturally knowledgeable counselors should have an understanding of the social and political forces that work in opposition to their transgender clients. Moreover, it is imperative for counselors to have a sense of the historical and current roles the mental health profession has played in the lives of many transgender individuals (Carroll & Gilroy, 2002; Sue & Sue, 1992; Rachlin, 2003).

The clinical skills of multicultural competent counselors are defined as “appropriate, relevant, and sensitive skills when working with culturally different clients” (Carroll & Gilroy, 2002, p. 238; Sue & Sue, 2003). The development of clinical skills is crucial in establishing a working alliance with transgender clients. Such skills include listening, empathy and providing a safe space. Furthermore, it is important for counselors to be adept at referral and consultation with medical personnel in regards to hormonal or surgical treatment for their clients.

2.4 *Purpose*

A review of the extant literature on transgender attitudes reveals a paucity of research on most transgender issues. Research on the experiences of transgender individuals in counseling is sparse, but it illustrates the multifaceted nature and intricacies of transgender identities, as well as the internal and social variables that operate on transgender identity formation. Understanding these variables and the current diagnostic and treatment protocol is important for counselors working with transgender clients, however, it is only one dimension of counselor competency. Defining counselor

competency in working with transgender clients may be accomplished through a framework of multicultural competency. This competency would necessitate counselors who are both knowledgeable and open-minded about transgender issues. Thus, measuring the constructs of knowledge and attitudes seems a necessary step in examining counselor competency in working with transgender clients.

To date, no studies have empirically examined counselor competencies in working with transgender clients. Accordingly, the purpose of this study was twofold. The first and primary goal was to begin a process of developing psychometrically sound instruments to measure counselors' knowledge of transgender issues and their attitudes toward transgender clients. The second was to assess counselors' current levels of awareness of transgender issues, the nature of their attitudes toward these issues, and the correlates and predictors of knowledge and attitudes by way of initial validation of these instruments.

2.5 *Hypotheses*

This study involved the construction of two scales; one to measure counselors' attitudes about transgender issues, and one to measure counselors' knowledge about transgender issues. Additionally it examined what factors correlate with knowledge and attitudes. Thus, the hypotheses of this study were as follows:

1. It was hypothesized that the Counselor Knowledge about Transgender Issues Scale (Knowledge Scale) and the Counselor Attitudes Toward Transgender Issues Scale (Attitude Scale) would show high internal consistency reliability.

2. It was hypothesized that scores on both the Knowledge Scale and the Attitude Scale would have a normal distribution of responses.
3. Given the assumption that knowledge and attitudes are related but distinct concepts, it was hypothesized that there would be a moderate to strong correlation between Knowledge Scale scores and Attitude Scale scores.
4. No significant relationship was hypothesized between either the Knowledge or Attitude Scale and the Marlowe-Crowne Social Desirability Scale.
5. Given that transgender issues are distinct from gay, lesbian, and bisexual issues, it was hypothesized that there would be no significant group differences in scores on either the Knowledge or Attitude Scale between heterosexual and nonheterosexual individuals.
6. A significant relationship was hypothesized between the Knowledge Scale and the overall number of exposure experiences with transgender issues (seeing a transgender client, reading literature on transgender issues, attending a transgender training). Similarly, a significant relationship was hypothesized between the Attitude Scale and the overall number of exposure experiences.

CHAPTER 3

METHOD

3.1 *Scale Development*

Development of the Knowledge and Attitude Scales comprised the first part of the present study. The Knowledge Scale was designed to assess the knowledge of counseling professionals about transgender issues. Knowledge was conceptually defined as an awareness of transgender identities, the unique cultural experiences of transgender individuals, the diversity that exists within the transgender community, and the historical and current roles the mental health profession has played in the lives of many transgender individuals. Items for the scale were generated to reflect this conceptual definition.

The Attitude Scale was designed to assess both positive and negative attitudes of counseling professions toward transgender clients. The construct of attitudes was conceptually defined as positive and negative cognitive or emotional responses toward transgender people and issues. Items for this scale were generated to reflect this operational definition.

In order to generate items that reflected a broad range of knowledge and opinions, multiple sources of information were used. First, a focus group of two transgender individuals (one self-identified as a male-to-female transsexual, and the other

as genderqueer, ages 22 and 39, respectively) met to discuss some of the common issues faced by the transgender community, including misconceptions about the transgender community, common stereotypes and discrimination they have encountered, and specific issues transgender people face in accessing health and mental health services. The content of the discourse was largely anecdotal, from participants' and their friends' personal experiences.

A review of the literature on transgender issues comprised a second source of information used in developing the items for the two scales. This review included articles from peer-reviewed journals, websites with frequently asked questions and common myths and misconceptions about transgender individuals, and books about working with transgender clients. Additionally, it included DSM-IV diagnostic criteria, the Harry Benjamin Standards of Care. Together, these resources provided a broad spectrum of information about transgender issues, including facts, common misconceptions, and prevalent attitudes.

An initial set of 32 items (17 for the knowledge scale, and 15 for the attitudes scales) and construct definitions were distributed to six expert raters in the areas of psychology or transgender issues (Appendices A and B). Two gay, European American males (ages 24 and 29), one lesbian, European American female (age 22), one bisexual European American transgender individual (age 39), one heterosexual African American male (age 28), and one heterosexual Latina female (age 24) served as raters. Of these individuals, three had expertise in psychological measurement, multiculturalism, and counseling psychology, and three had expertise in gay, lesbian, bisexual and transgender

issues. Raters were asked to evaluate each item on its clarity and relevance to the constructs of either knowledge or attitudes using a Likert-type scale of *not at all clear* (1) to *very clear* (5) and *not at all relevant* (1) to *very relevant* (5). In some cases raters gave qualitative feedback in addition to their quantitative ratings. Items with a mean rating less than 4 were either rewritten or deleted.

3.2 *Participants*

Participants were practicing counseling professionals (35 counseling psychologists (53.8 %), 21 clinical psychologists (32.3%), 3 psychiatrists (4.6%), 2 marriage and family therapists (3.1%), and 4 social workers (6.2%)) at college and university counseling centers, community counseling centers, private practices, hospitals, outpatient clinics, and correctional facilities in 23 states throughout the country, and Canada. Thirteen participants were from the Northeast (20%); 21 were from the Midwest (32.2%); 12 were from the South (18.4%); 18 were from the West (27.6%), and 1 was from Canada (1.5%). The primary criterion for participation was completion of formal training programs (i.e., on or beyond internship).

Participants were recruited via email (Appendix E). Sixty-seven individuals responded to the questionnaires. Of these, two were incomplete. The remaining 65 participants (16 men, 49 women, and one transgender-identifying individual, 33 identified as heterosexual (50.8%), 8 identified as gay (12.3%), 11 identified as lesbian (16.9%), 11 identified as bisexual (16.9%), and 2 identified as queer (3.1%); participants' ages ranged from 25 to 67 years old, ($M=39.00$, $SD=10.44$) comprised the data set used for analysis.

3.3 *Instruments*

Four instruments were administered in the following fixed order: a demographic questionnaire, the Counselor Attitudes Toward Transgender Clients Scale, the Counselor Knowledge About Transgender Clients Scale, and the Marlowe-Crowne Social Desirability Scale. This order was chosen in order to reduce the chances that the knowledge items would influence participants' responses to the attitude items. The Marlowe-Crowne was given last as this assessment was less crucial to the purpose of the study. Data collected from participants who did not complete this measure because of fatigue effects could still be used for most analyses.

3.3.1 *Demographic Questionnaire*

A brief questionnaire was administered to all participants to collect data on gender, age, and sexual orientation. Additionally, data were collected on participants' current state of residence, type of training program, year of training program completion, and the settings in which they practice. Furthermore, participants were asked their experience with transgender issues (Appendix D).

3.3.2 *Counselor Attitudes Toward Transgender Issues Scale*

Counselor attitudes toward transgender clients were measured using the Counselor Attitudes Toward Transgender Issues Scale (Attitudes Scale), a new 14-item scale assessing the attitudes of counseling professionals as the positive and negative cognitive and emotional responses toward transgender clients and issues. Each item has a 5-point Likert-type response scale from *strongly disagree* (1) to *strongly agree* (5).

Of the 14 items, seven represented negative attitudes, and seven represented positive attitudes. The seven negatively-worded items were reverse scored. Lower scores indicate more negative attitudes toward transgender clients, and higher scores more positive attitudes. A sample item that represented a negative attitude is, “The concerns of transgender clients do not warrant special attention.” A sample item that represented a positive attitude is, “As a mental health professional, it is important for me to be familiar with the issues that transgender people face” (Appendix A).

Initial internal consistency reliability analyses yielded a coefficient alpha of .65. After deleting four items the coefficient alpha was increased to .73. The resultant 10-item scale was used for subsequent data analysis.

3.3.3 *Counselor Knowledge About Transgender Issues Scale*

The Counselor Knowledge About Transgender Issues Scale (Knowledge Scale) is a new 17-item scale assessing counselors’ knowledge about transgender issues as awareness of the following: terminology, transgender identities, the unique cultural experiences of transgender individuals, the diversity that exists within the transgender community, and the historical and current roles the mental health profession has played in the lives of many transgender individuals. Each item had a *true / false / don’t know* response continuum.

Of the 17 items, 13 were false and 4 were true. The items were scored such that the correct response was worth one point, and the incorrect response or the “don’t know” response were worth zero points. Accordingly, high scores on the Knowledge Scale indicate greater knowledge about transgender issues and low scores less knowledge. A

sample item with a correct response of true is, “Transgender is an umbrella term that includes transsexuals, cross-dressers, and those who identify as gender queer.” A sample item with a correct response of false is “Transgender people who were born female, but identify as male are rare” (Appendix B).

Initial internal consistency reliability analysis produced an coefficient alpha of .40. Deletion of three items increased the coefficient alpha to .75. The remaining 14-item scale was used for data analysis.

3.3.4 *Marlowe-Crowne Social Desirability Scale*

The Marlowe-Crowne Social Desirability Scale (M-CS; 1960) measures the extent to which one wishes to present the self favorably, whether or not it is accurate. It contains 33 items with a dichotomized choice of response (true-false). Scores range from 0-33 with higher scores indicating greater need for approval. A sample item is, “I am always careful about my manner of dress.” Internal consistency alphas have ranged from .73 to .88, and adequate construct validity has been reported (Appendix C).

3.4 *Procedures*

All measures were administered via an online survey program. E-mails with information about the study and a link to the survey website were sent to counseling center staff across the country. The e-mails also encouraged participants to forward the study to other counseling professionals (Appendix E).

Upon entering the website, participants were presented with further information about the study, including the purpose of the study, criteria for participant eligibility, benefits and disadvantages of participation, and contact information (Appendix F). This

information was followed by an informed consent form (Appendix G). Participants who indicated consent were directed to the survey, and completed the questionnaires as described above. The survey program was designed to allow participants to leave the website and return where they left off so that individuals could have the choice of completing the questionnaires in more than one sitting.

After completing the measures, participants were directed to a debriefing page that described the purpose of the study and listed resources should they have any questions or concerns (Appendix H).

3.5 *Analysis of Data*

Data analysis began with computation of coefficient alphas for both the Attitudes Scale and the Knowledge Scale in order to determine the internal consistency of each instrument, and were provided above. Once maximal coefficient alphas were determined, analyses on the scales with the corresponding items deleted were performed.

A correlation matrix for the Attitude Scale, Knowledge Scale and MCSDS was calculated. Additionally, Quantile-Quantile Plots of the total scores for the Knowledge Scale and Attitude scales were computed in order to determine the distribution of responses.

Due to the relatively uneven sample sizes for male and female participants, training area of participants, and current practice settings for participants, a *t*-test was conducted only for determining differences in responses between the heterosexual and non-heterosexual participants.

Regression analyses were performed to predict scores on the Attitude Scale and Knowledge scale based on participants training experiences. Additionally, correlations between total scores on the Knowledge and Attitude Scales, participant age and training experiences were computed.

CHAPTER 4

RESULTS

4.1 *Reliability Analysis*

In order to maximize the internal consistency reliability for both the Attitude Scale and the Knowledge Scale, coefficient alphas were calculated for items on both scales. Tables 1 and 2 show the results of these analyses.

4.1.1 *Reliability Analysis of Attitude Scale*

An internal consistency reliability analysis of the original 14-item Attitude Scale revealed a coefficient alpha of .65. In order to increase the internal consistency of the scale, two items were removed (“The concerns of transgender clients do not warrant special attention,” and “Individuals should control their gender expression to conform to societal expectations of male and female”) yielding an internal consistency alpha of .68. Subsequently two additional items were removed (“I agree with the inclusion of Gender Identity Disorder as a diagnosis in the Diagnostic and Statistical Manual of Mental Disorders,” and “Individuals have control over their gender identity”). An internal consistency alpha of .73 was found for the 10 remaining items. This 10-item scale was used for data analysis (Table 1).

Item	Corrected Item -Total Correlation	Cronbach's Alpha if item Deleted
I would feel comfortable working with a transgender client who presents with concerns unrelated to identity	.356	.629
I agree with the inclusion of Gender Identity Disorder as a diagnosis in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)	.239	.641
I would feel comfortable giving a psychological evaluation to a transgender client seeking sex reassignment surgery	.269	.642
The concerns of transgender clients do not warrant special attention	.047	.678
It just isn't possible for transsexuals to live normal, healthy lives as the gender they prefer	.286	.639
I would feel comfortable working with clients whose primary concern is their transgender identity	.503	.599
Gender Identity Disorder is a condition that can be treated with appropriate therapy	.402	.618
Counseling should be focused on helping transgender clients cope with personal conflicts about their behavior and societal pressures	.250	.639
Individuals have control over their gender identity	.185	.658

Continued

Table 1: Item-total correlations and coefficient alphas when items removed for the original 14-item Attitudes Scale.

Table 1 Continued

Individuals should control their gender expression to conform to societal expectations of male and female	.160	.657
I feel I am equipped to handle the needs of transgender clients	.507	.594
Transgender clients have many of the same issues as non-transgender clients	.305	.632
Transgender clients need help feeling comfortable with their birth gender	.264	.642

4.1.2 *Reliability of Analysis of Knowledge Scale*

An initial Kuder-Richardson-20 (KR-20) internal consistency alpha for the original 17-item Knowledge Scale was calculated to be .70. Three items were deleted (“Transsexuals have undergone hormonal or surgical treatment to alter their appearance,” “A cross-dresser is a transsexual who dresses in clothing of the opposite sex,” and “Transvestism is a mental disorder in the DSM-IV”) to increase the alpha to .75. The resultant 14-item scale was used for subsequent data analysis. (Table 2)

4.2 *Preliminary Analyses*

In order to assess for the validity of the data, Q-Q plots were run on both Counselor Attitudes Toward Transgender Clients Scale (Attitudes Scale), and Counselor Knowledge of Transgender Issues Scale (Knowledge Scale). These analyses indicated a normal distribution of data on both measures; however, the Knowledge Scale was significantly negatively skewed (skew statistic= -1.074, $SE=.297$).

A correlation analysis of the Marlowe-Crowne Social Desirability Scale (MCSDS), the Knowledge Scale, and the Attitude Scale was conducted (see Table 3). As hypothesized, Pearson r correlations indicated that both scales were not significantly related to socially desirable responding, for Attitude Scale, $r = -.09$, for, Knowledge Scale, $r = -.09$. These findings suggest that social desirability did not significantly impact the participants’ responses to the measures. These findings provide evidence for the discriminant validity of both scales.

Item	Corrected Item -Total Correlation	Cronbach's Alpha if item Deleted
Most transgender people identify as lesbians or gay men	.373	.680
A transgender woman is an individual whose assigned (birth) gender is male, but who identifies as female	.434	.674
Most individuals who cross-dress derive erotic pleasure from doing so	.309	.687
Transsexuals have undergone surgical or hormonal treatment to alter their appearance	.139	.706
Transgender is a term that includes transsexuals, cross-dressers, and those that identify as gender-queer	.284	.691
There are professional guidelines for practitioners working with transgender clients	.385	.678
Transgender identity tends to arise from severe internalized homophobia	.449	.692
FtM is proper terminology for a transsexual who identifies as female	.530	.660
Transgender people who were born female, but identify as male are rare	.187	.702
Most transgender individuals seek gender reassignment surgery	.406	.676
Transgender legal rights relating to housing, public accommodation, and employment are protected in the majority of states	.485	.678
A cross-dresser is a transsexual who dresses in clothing of the opposite sex	.112	.709
Transgender people are not fully accepted in the gay, lesbian and bisexual community	.317	.687

Continued

Table 2: Item-total correlations and coefficient alphas, items removed for original 17-item Knowledge Scale.

Table 2 Continued

Gender Dysphoria is the proper DSM-IV diagnosis for individuals struggling with issues of gender identity	.299	.689
The terms “gay,” “lesbian,” “bisexual”, and “transgender” all describe various sexual orientations	.331	.685
Transvestism is a mental disorder the DSM-IV	-.079	.733
Variations in gender identity and expression is a modern phenomenon	.433	.221

4.3 *Descriptive Statistics*

The descriptive findings (means and standard deviations) for the key variables are summarized in Table 3. The mean for the Attitude Scale was 4.15 out of a possible 5, and the standard deviation was .42. Total scores on the Attitude Scale ranged from 3.0 to 4.90. Although the scores were normally distributed, the entire distribution was shifted positively, indicating that participants tended to have very positive attitudes, as measured by this scale.

The mean for the Knowledge Scale was 10.1 out of a possible 14, and the standard deviation was 2.82. Total scores on the Knowledge Scale ranged from 0 out of 14 to 14 out of 14. This finding seems to suggest that participants tended to have high levels of knowledge, as measured by this scale.

Table 4 shows the intercorrelation matrix for Knowledge Scale, Attitude Scale, MCSDS, and the number of transgender-related experiences. The correlation between knowledge and attitudes was nonsignificant ($r = -.08$), which suggests that there is no relationship between participants' knowledge about transgender issues, and their attitudes toward transgender clients. The correlation between knowledge and number of experiences was nonsignificant ($r = .09$), however, a significant correlation between attitudes and number of experiences occurred ($r = .65, p < .01$).

Measures/Subscales	1	2	3	4
1. Attitudes Scale	-	-.078	-.092	.646**
2. Knowledge Scale		-	-.089	.088
3. MCSDS			-	-
4. Experiences				-

** p < .01, two-tailed.

Table 3: Correlations between the Attitudes Scale, Knowledge Scale, Marlowe-Crowne Social Desirability Scale, and number of exposure experiences.

4.4 *Mean Comparison Analysis*

Table 2 shows the *t*-test analyses comparing Knowledge and Attitude scores of heterosexuals ($N=33$) and nonheterosexual (gay, lesbian, bisexual, and transgender; $N=32$) participants. These *t*-tests indicated no significant differences between heterosexual and nonheterosexual participants in Knowledge Scale scores ($t= 2.43$), or Attitude Scale scores ($t= 2.40$).

Because of the unequal sample sizes between groups, no other mean comparison analyses were performed on these data.

4.5 *Regression Analyses*

Multiple linear regression analyses were performed to examine what exposure experiences (i.e., seeing transgender clients, participating in training or presentations on transgender issues, reading books or articles) predicted knowledge of and attitudes toward transgender individuals. Training on transgender issues, and reading transgender literature did not appear to significantly predict counselor knowledge ($F(3,61) = 1.14, p = ns; t= -.343, p = ns; t= -.535, p = ns$). However, seeing transgender clients appeared to be a marginally statistically significant predictor of knowledge ($t= 1.83, p < .1$).

Regression results for the Attitude Scale indicated that the three exposure variables accounted for 43% of the variance on the Attitude Scale ($F(3,61) = 13.26, p < .01$). Of these variables, seeing transgender clients, and reading transgender literature appeared to significantly predict counselor attitudes ($t= 2.71, p < .01; t= 2.97 p < .01$).

Training on transgender issues appeared to be a marginally significant predictor of counselor attitudes ($t = 1.74, p < .1$).

CHAPTER 5

DISCUSSION

The purpose of the present study was twofold. The first and primary goal was to begin a process of developing psychometrically sound instruments to measure counselors' knowledge of transgender issues and their attitudes toward transgender clients. The second was, by way of initial validation of these instruments, to assess counselors' current levels of awareness of transgender issues and the nature of their attitudes toward these issues.

Initial psychometric analyses suggest that both the Attitude Scale and the Knowledge Scale are reliable and valid measures. Both scales exhibited moderate estimates of internal consistency reliability. Additionally, the distributions for both scales provided adequate evidence for their validity. A correlational analysis revealed no significant relationship between the Knowledge or Attitude Scales and the Marlowe-Crowne Social Desirability Scale, implying that participants did not respond to the scales in a way that deliberately presented them in a socially desirable manner. This indicated discriminant validity for the scales with the measure of social desirability.

Contrary to what was hypothesized, no relationship was found between counselors' attitudes toward transgender issues and their knowledge about transgender

issues. A possible explanation for this result may be related to the significant role of multiculturalism within the counseling professions. Attitudes may be more positive because these fields encourage a general open and nonjudgmental approach to clients of different backgrounds (Sue & Sue 1999), transgender clients being no exception. However, despite an open and positive attitude toward transgender issues, there may be few training opportunities through which counselors are able to gain knowledge on transgender issues (Carroll & Gilroy, 2002). This discrepancy may account for the higher attitude levels than knowledge levels that were found in this study.

The relationship between the amount and nature of exposure to transgender issues and counselors' levels of attitudes and knowledge was of particular interest in this study. More specifically, this study examined whether seeing transgender clients, attending trainings about transgender issues, and reading books or articles about transgender issues would significantly be associated with counselors' overall knowledge and attitudes about transgender issues. It was hypothesized that a greater amount of exposure to transgender issues would correlate with higher scores on the knowledge scale and endorsement of more positive attitudes. The first of these hypotheses was not supported: the correlation between knowledge and amount of exposure was not significant. In other words, more exposure to transgender issues through readings, trainings, or seeing transgender clients was not related to increased knowledge. This is contrary to what was predicted; it would be a logical assumption that greater exposure to transgender issues would increase one's knowledge. It is possible that the experience options provided on the survey were not an accurate reflection of where participants acquired their knowledge on transgender issues.

Perhaps there were other sources of exposure to transgender issues, such as having a transgender friend or family member, or working in a transgender-friendly environment, that were not included in the options provided.

However, as predicted, a significant correlation occurred between attitudes and amount of exposure, such that, as participants' exposure to transgender issues increased, so too did their positive attitudes. Although it is impossible to know the direction of this relationship, it is intuitive that the more exposure counseling professionals have to transgender issues, the more they would be aware of their judgments, misconceptions, and emotional reactions to these issues. For some counselors, such awareness may lead to attempts to correct and combat these biases, leading to more positive attitudes.

However, these hypotheses remain to be empirically tested.

A multiple linear regression was run to examine which specific exposure experiences predicted counselor attitudes. Findings suggested that seeing transgender clients and reading literature on transgender issues were both significant predictors of more positive attitudes toward transgender clients, accounting for 43% of the overall variance. Attending training on transgender issues predicted counselors' attitudes, but to a lesser degree than the other experiences. These findings indicate that increased exposure to transgender issues are related to positive effects on counselors' attitudes. The implications of this finding will be discussed as the individual predictors are explored.

Further examination of these predictors of positive attitudes would be remiss without revisiting the fact that, while there was a variation in participants' attitudes, there

was a restricted range of response, such that no attitude was endorsed that was lower than the middle point of the scale. Thus, even the least positive attitudes that were endorsed were still above what could be considered a negative attitude. Still, it is clear that, even within this small range, there are factors that seem to predict more positive responding.

Specific exposure predictors of participants' knowledge about transgender issues were also examined. The results of the regression indicated that seeing transgender clients was the only predictor of higher scores on the Knowledge Scale. Interestingly, reading literature and attending trainings on transgender issues did not predict greater knowledge.

5.1 *Implications*

The data collected for the psychometric analysis of the Attitude and Knowledge Scales provides some preliminary information about counselors' attitudes toward and knowledge of transgender issues. Given that no prior studies have looked at the focal constructs of this study, there is no opportunity to examine the convergent or divergent validity of the scales or the results thereof. Because of the exploratory nature and consequent limitations of the scales, data from these analyses should be interpreted with some degree of caution.

The notion that seeing transgender clients positively influences counselors' feelings and opinions about transgender issues is rather intuitive. As counselors work with transgender clients and learn about their issues and experiences and the environmental contexts in which they live on a very personal and intimate level, it seems

likely that they would come to a fuller understanding of the transgender experience, and accordingly adopt more positive attitudes about transgender issues. Moreover, some of the items on the Attitude Scale reflect comfort about working with transgender clients (e.g. I would feel comfortable working with a transgender client whose primary concern is their transgender identity); this comfort would likely increase with greater experience working with transgender clients.

The finding that exposure to transgender clients tends to predict more positive attitudes may have important implications for training. While, optimally every counseling trainee would have the opportunity to work directly with at least one transgender client, it is unlikely that this would be logistically possible. Given the seeming complexity of transgender cases, trainees might not be given as many opportunities to see transgender clients. However, it seems that, when appropriate, providing opportunities for trainees to work with transgender clients may help to increase positive attitudes. Additionally, offering trainee opportunities to attend presentations of transgender client cases may be another way to help trainees develop more positive attitudes toward transgender issues.

Although reading literature on transgender issues is an indirect or vicarious exposure, it seemed also predict more positive attitudes toward transgender clients. It is possible that, through reading counselors are able to gain specific knowledge on issues that may allow them to be more comfortable working with transgender clients. Additionally, assuming that counselors were reading accurate and positive information, such literature may have allowed them to debunk some of their misconceptions and

misgivings about transgender clients. It is always possible, however, that the participants who indicated that they had read literature about transgender issues did so because they had more interest and acceptance of transgender issues in the first place.

The implications of this finding for counselor training are clear. Providing reading resources, such as guides for working with transgender clients, literature about the theory behind gender identity, and biographical or autobiographical readings about transgender people in training programs, may help to positively influence attitudes toward transgender clients. These reading options may be especially important for training programs with fewer opportunities to work directly with transgender clients.

An interesting finding was the fact that attending or participating in training about transgender issues was only a marginally significant predictor of positive responding on the Attitude Scale. Although there is indeed an effect, one might expect that training would be a stronger predictor of positive attitudes. Because of the lack of specificity about the nature of the trainings, it is difficult to understand why this might be. It is possible that the trainings the participants had attended were not as effective as they could have been in helping counselors feel positive about working with transgender clients. Alternatively, trainings may have been mandatory, and some participants may not have been as open to changing their attitudes toward transgender issues, irrespective of the content of the trainings.

Because of the grouping that often occurs of transgender concerns with gay, lesbian and bisexual concerns, it is common for trainings purportedly to address concerns for all identities, but omit specific information about transgender issues. This is an

unfortunate phenomenon, given the fact that concerns relating to gender identity are likely much different from those relating to sexual orientation. It will be important to develop training opportunities specifically about the concerns of transgender clients. It seems as if such opportunities would help counselors to develop positive attitudes toward transgender clients.

The specific exposure predictors of knowledge were also examined. The finding that exposure to transgender clients predicts greater knowledge is intuitive, as seeing transgender clients would seem to be a rich source of information about transgender issues. Many of the items on the Knowledge Scale addressed transgender identities, common myths and misconceptions about the transgender community, and the current model that is in place to work with clients who wish to obtain the requisite criteria to qualify for sex reassignment surgery. It would make sense then, that counselors who have worked with transgender clients would be able to gain accurate knowledge in all of these areas. Counselors who have had transgender clients may have had opportunities to get accurate, first-hand information about specific aspects of their clients' identity and the transgender community. Moreover, they might have had experience navigating the current system that gives transgender clients access to surgeries and other medical treatments. This finding further points to the need for training opportunities involving direct or indirect work with transgender clients.

Contrary to predictions, readings and trainings did not appear to equip counselors with the knowledge necessary to correctly respond to the items of the Knowledge Scale. It is possible that the knowledge that was tested for in the Knowledge Scale may span

areas that inaccurate or incomprehensive readings or training might not cover. Many of the items developed for this scale were developed based on the conversation from a focus group with individuals who identified as transgender. Much of the information gathered from the focus group was from the experiences of the group members. Although this was indeed a valid and accurate source of knowledge, perhaps it is a type of knowledge not included in the literature and the trainings that participants attended. It is common for trainings to mainly focus on the definitions of transgender identities and the DSM-IV classifications of Gender Identity Disorder, at times to the exclusion of practical knowledge about working with transgender clients.

Although it is important for counseling professionals to be aware of definitions and classifications, that is only part of the scope of knowledge defined by Sue et al. (1992), who, in their conceptualization of knowledge, include life-experience, cultural heritage, the effects of being different on identity formation, and discriminatory institutional practices. These are all areas that may have been reflected in the items on the Knowledge Scale, but that could not be adequately addressed in readings or trainings.

It is clear that there is a need to identify more comprehensive reading resources, and to develop more encompassing educational trainings about transgender issues in order to help increase opportunities for counseling professionals to acquire knowledge about transgender issues. Readings and trainings should address many areas of knowledge, including definitions and information about transgender identities, the political climate for transgender individuals, extant discriminatory practices against transgender individuals, the current infrastructure in place that controls access for

medications and surgeries that allow transgender people to transition, the DSM-IV criteria for Gender Identity Disorder, and the controversy that surrounds that diagnosis. Having accurate knowledge about a wide range of transgender issues is essential for helping counselors become maximally effective and competent in working with transgender clients.

5.2 *Limitations*

Many of the limitations of this study stemmed from the preliminary nature of this research. The limitations that will be discussed include possible sample size, self-selection bias, self-report, and possible biases in developing and interpreting the items for the scales.

This study was somewhat limited by a relatively small sample size of 65. Of these, a disproportionate number of participants identified as gay, lesbian or bisexual, and nearly *half* of the sample were counseling psychologists. Thus the sample was likely not representative of counseling professionals on the whole.

Responses on both the Knowledge Scale, and the Attitude Scale indicated that, overall, the participants had much knowledge and positive attitudes about transgender issues. Although these trends toward more positive responding may be indicative of a general positive trend among counseling professionals toward transgender issues, it is necessary to interpret these findings cautiously. One important consideration is the response bias of the sample. Of the 65 participants who completed the measures, nearly half the sample (49.2%) identified as gay, lesbian, bisexual or queer. This is indeed an overrepresentation of nonheterosexuals compared to the general U.S. population, even by

the most liberal of estimates. Comparing the responses between heterosexuals and nonheterosexuals on both measures revealed no significant differences in the responses of the two groups. This may suggest that counselors' knowledge and attitudes about transgender issues is independent of their sexual orientation. Alternatively, it may further indicate a self-selection of the participants, such that most participants (heterosexual and nonheterosexual) who chose to respond to this study did so out of interest in the topic of transgender issues and counseling. Conversely, those who held negative views of transgender people, or those who know little about transgender issues, may have opted not to participate in this study.

Future studies might reduce this bias by increasing the sample size, and ensuring that the scales are completed by a more representative sample on the dimensions of gender, sexual orientation, and professional affiliation. This might involve implementing recruitment techniques other than e-mail, such as letters, or internet postings.

Because this study relied on participants' self-report, the truthfulness of the responses is not guaranteed. This limitation may be compounded by the fact that the surveys were completed through the internet. Online data collection may be limited by the type of people who would tend to reply to internet surveys (Schmidt, 1997).

Although there appeared to be a wide range of participant locations and ages, the fact that the survey was online may have prevented it from being available to everyone.

Additionally, the conditions under which the participants completed the survey were not controlled.

Another possible limitation had to do with the construction of the items for the Knowledge Scale and Attitude Scale. In developing the scale items attempts were made to create items that were accurate, free of bias, and representative of the constructs they were measuring. However, it must be noted that, in light of the controversial nature of transgender issues within the definition of multiculturalism and within society at large, it was impossible to create items that objectively met these criteria. Defining that which construes a positive attitude versus a negative attitude, and selecting that which is important knowledge for counselors to have are processes that are inherently subjective and subject to bias. A number of measures were taken to safeguard against such potential biases. For instance, multiple sources were used in constructing the items for both scales, including scholarly journals, feminist literature, and a transgender focus group. Additionally, all items were reviewed by expert judges to ensure that they were not ostensibly flawed or biased in any way.

5.3 Future Directions

While reliability statistics for both scales revealed adequate internal consistency reliability, future revision of the items may be needed in order to increase the internal consistency of the scales. This may require rewording, eliminating, or adding new items. Once the reliability and validity are increased, an exploratory and confirmatory factor analysis should be performed on the scales. Identification of different factors would be necessary in order to use these scales to identify specific areas of growth for counseling professionals. The revised scales could be used as tools to assess various dimensions of counselor competency in working with transgender clients.

Competency in working with any cross-cultural group requires counselors who possess “specific knowledge and information about the particular group they are working with” as well as an awareness of “their negative emotional reactions” toward and stereotypes and preconceived notions of culturally different groups (Sue & Sue, 1992). Although sparse, research on the experiences of transgender individuals in counseling points to the need for counselors who are both knowledgeable and open-minded about transgender issues (Carroll and Gilroy, 2002; Mallon, 1999; Rachlin, 2002). Thus, measuring the constructs of knowledge and attitudes seems to be a necessary step in examining counselor competency in working with transgender clients. Use of the Attitudes and Knowledge Scale may help to increase the understanding of the patterns of biases, misconceptions, and misinformation that some counselors might have, and the factors that protect against them. Understanding these trends may elucidate how counseling professionals can be best prepared to competently serve the needs of transgender clients.

LIST OF REFERENCES

- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders (4th edition-text revised)*. Washington, D.C.: Author.
- Beemyn, B. Serving the needs of transgender college students. (2003). *Journal of Gay and Lesbian Studies in Education*, 1(1), 33-50.
- Caroll, L.& Gilroy, P. (2002). Transgender issues in counselor preparation. *Counselor Education & Supervision*, 41, 233-242.
- Cole, S.S; Denny D.; Eyler, A. E.; Sammons, S.L. (2000) Issues of transgender. In T. Szuchman & F. Muscarella (Eds.), *Psychological perspectives in human sexuality* (pp. 149-195). New York: Wiley.
- Docter, R. & Fleming, J. (2001). Measures of transgender behavior. *Archives of Sexual Behavior*, 30(3), 255-271
- Ettner, R. (1999) *Gender loving care: A guide to counseling gender-variant clients*. New York: W.W. Norton & Co.
- Gagné, P.& Tewksbury, R. (1998). Conformity pressures and gender resistance among transgendered individuals. *Social Problems*, 45(1), 81-101.
- Gagné, P., Tewksbury, R. & McGaughey, D. (1997). Coming out and crossing over: Identity formation and proclamation in a transgender community. *Gender and Society*, 11(4), 478-508.
- Israel, G. and Tarver, E. (Eds.) (1997). *Transgender care*. Philadelphia: Temple University Press.
- Lev, A. I. (2004). *Transgender emergence*. New York: Harworth Clinical Practice Press.
- Mallon, G.P. (1999). Knowledge for practice with transgendered persons. *Social Services with Transgendered Youth* 10, 1-18

- Meyer III, W. (Chairperson), Blockting, W., Cohen-Kettenis, P., Coleman, E., DiCeglie D., Devor, H., Gooren, L., Hage, J., Kirk, S., Kuiper, B., Laub, D., Lawrence, A., Menard, Y., Patton, J., Schaefer, L., Webb, A., and Wheeler, C. (2001) *The Standards of Care for Gender Identity Disorders—Sixth Version*.
- Nuttbrock, L.& Rosenblum, A. (2002) Transgender Identity Affirmation and Mental Health. *The International Journal of Transgenderism* 6(4).
- Rachlin, K.. (2002). Transgender Individuals' Experiences of Psychotherapy. *The International Journal of Transgenderism* 6(1).
- Schaefer L. C. & Wheeler C.C. (2004). Guilt in cross-gender identity conditions: Presentation and treatment. *Psychotherapy* 8(1-2), 117-127.
- Sue, D.W.; Arrendondo, P. (1992). Multicultural Counseling Competencies and Standards: A Call to the Profession. *Journal of Counseling and Development*, 40(4), 477-487.
- Sue, D.W; Sue D. (2003). *Counseling the Culturally Different: Theory and practice* (4th ed.), New York: Wiley.

APPENDIX A

COUNSELOR ATTITUDES TOWARD TRANSGENDER ISSUES SCALE

(14-ITEM ORIGINAL VERSION)

The following items are concerned with your attitudes toward certain statements. Please indicate the extent to which you agree or disagree with each item below by using the rating scale provided.

Strongly Disagree Disagree Unsure Agree Strongly Agree

I would feel comfortable working with a transgender client who presents with concerns unrelated to identity

I agree with the inclusion of Gender Identity Disorder as a diagnosis in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) (R)

I would feel comfortable giving a psychological evaluation to a transgender client seeking sex reassignment surgery

The concerns of transgender clients do not warrant special attention (R)

It just isn't possible for transsexuals to live normal, healthy lives as the gender they prefer (R)

I would feel comfortable working with clients whose primary concern is their transgender identity

Gender Identity Disorder is a condition that can be treated with appropriate therapy (R)

Counseling should be focused on helping transgender clients cope with personal conflicts about their behavior and societal pressures

Individuals have control over their gender identity (R)

As a mental health professional, it is important for me to be familiar with the issues that transgender people face

Individuals should control their gender expression to conform to societal expectations of male and female (R)

I feel I am equipped to handle the needs of transgender clients

Transgender clients have many of the same issues as non-transgender clients

Transgender clients need help feeling comfortable with their birth gender (R)

(R) = Reversed score item

APPENDIX B

COUNSELOR KNOWLEDGE ABOUT TRANSGENDER ISSUES SCALE

(ORIGINAL 17-ITEM VERSION)

Please read each of the following items and decide whether you think the statement is true or false

Most transgender people identify as lesbians or gay men (F)

A transgender woman is an individual whose assigned (birth) gender is male, but who identifies as female (T)

Most individuals who cross-dress derive erotic pleasure from doing so (F)

Transsexuals have undergone surgical or hormonal treatment to alter their appearance (F)

Transgender is a term that includes transsexuals, cross-dressers, and those that identify as gender-queer (T)

There are professional guidelines for practitioners working with transgender clients (T)

Transgender identity tends to arise from severe internalized homophobia (F)

FtM is proper terminology for a transsexual who identifies as female (F)

Transgender people who were born female, but identify as male are rare (F)

Most transgender individuals seek gender reassignment surgery (F)

Transgender legal rights relating to housing, public accommodation, and employment are protected in the majority of states (F)

A cross-dresser is a transsexual who dresses in clothing of the opposite sex (F)

Transgender people are not fully accepted in the gay, lesbian and bisexual community (T)

Gender Dysphoria is the proper DSM-IV diagnosis for individuals struggling with issues of gender identity (F)

The terms "gay," "lesbian," "bisexual", and "transgender" all describe various sexual orientations (F)

Variations in gender identity and expression is a modern phenomenon (F)

Transvestism is a mental disorder the DSM-IV (F)

T= true item

F= false item

APPENDIX C

MARLOWE-CROWNE SOCIAL DESIRABILITY SCALE

Listed below are statements concerning your attitudes, traits, and tendencies. Read each item and decide whether the statement is true or false as it pertains to you.

1. Before voting I thoroughly investigate the qualifications of all the candidates.
2. I never hesitate to go out of my way to help someone in trouble.
3. It is sometimes hard for me to go on with my work if I am not encouraged. (R)
4. I have never intensely disliked anyone.
5. On occasion I have had doubts about my ability to succeed in life. (R)
6. I sometimes feel resentful when I don't get my way. (R)
7. I am always careful about my manner of dress.
8. My table manners at home are as good as when I eat out in a restaurant.
9. If I could get into a movie without paying and be sure I was not seen, I would probably do it. (R)
10. On a few occasions, I have given up doing something because I thought too little of my ability. (R)
11. I like to gossip at times. (R)
12. There have been times when I felt like rebelling against people in authority even though I knew they were right. (R)
13. No matter who I'm talking to, I'm always a good listener.
14. I can remember "playing sick" to get out of something. (R)
15. There have been occasions when I took advantage of someone. (R)
16. I'm always willing to admit it when I make a mistake.
17. I always try to practice what I preach.
18. I don't find it particularly difficult to get along with loud-mouthed, obnoxious people.
19. I sometimes try to get even, rather than forgive and forget. (R)
20. When I don't know something I don't at all mind admitting it. (R)
21. I am always courteous, even to people who are disagreeable.
22. At times I have really insisted on having things my own way. (R)
23. There have been occasions when I felt like smashing things. (R)
24. I would never think of letting someone else be punished for my wrongdoings.
25. I never resent being asked to return a favor.
26. I have never been irked when people expressed ideas very different from my own.
27. I never make a long trip without checking the safety of my car.
28. There have been times when I was quite jealous of the good fortune of others. (R)
29. I have almost never felt the urge to tell someone off.
30. I am sometimes irritated by people who ask favors of me. (R)
31. I have never felt that I was punished without cause.
32. I sometimes think when people have a misfortune they only got what they deserved. (R)
33. I have never deliberately said something that hurt someone's feelings.

(R) = Reverse scored items

APPENDIX D

DEMOGRAPHIC QUESTIONNAIRE

- 1. What is your gender?**
 - Male
 - Female
 - Transgender

- 2. What is your age?**

- 3. What is your sexual orientation?**
 - Heterosexual
 - Gay
 - Lesbian
 - Bisexual
 - Other (please specify)

- 4. In what state do you currently live?**

- 5. In what specific area is your professional training?**
 - Counseling Psychology
 - Clinical Psychology
 - Social Work
 - Psychiatry
 - Counselor Education
 - Other (please specify)

- 6. In what year did you complete your training program in counseling?**

- 7. In what setting or settings do you currently practice?**
 - College or University Counseling Center
 - Community Counseling Center
 - Private practice
 - Hospital
 - Other (please specify)

- 8. Please indicate your experience with transgender issues**
 - I have seen a transgender client(s)
 - I have participated in a training or presentation on transgender issues
 - I have read books or articles on transgender issues
 - I really have not had experiences with transgender issues
 - Other (please specify)

APPENDIX E

E-MAIL TO RECRUIT PARTICIPANTS

Dear Potential Participant,

My name is Erica Claman, and I am currently a graduate student in the department of Psychology at the Ohio State University. My advisor at OSU is Dr. Pamela Highlen. I am conducting a study investigating the perspectives of counseling professionals on transgender issues.

I would really appreciate it if you could help me with my research by participating in this study. Your participation would entail filling out various questionnaires online. The time you might spend on this study would be between 20-30 minutes.

If you are a practicing counseling professional (clinical psychologist, counseling psychologist, clinical social worker, or psychiatrist) and you have completed a training program in their field, or are in the process of completing an internship, I invite you to participate in this study. Your participation will be invaluable in better understanding transgender issues in the world of counseling.

Please understand that all the information you provide in this study will be kept confidential, and no identifying information will be requested from you.

In order to participate in my study, please follow the link below. Thank you so much for your time and effort. Please let me know if you have any questions or concerns.

<http://www.surveymonkey.com/xxx>

If you know anyone who may be interested in participating, please forward this email. Thank you so much!!!

Sincerely,

Erica Claman

Pamela Highlen

APPENDIX F
PARTICIPANT INFORMATION PAGE

Thank you for your interest in this study. Before beginning, I would like to provide you with some information regarding this study. Please read this carefully.

What is the purpose of this study?

The following study focuses on exploring counselors' attitudes toward transgender clients. The purpose of the study is to explore the perspectives of counseling professionals on transgender issues.

What will this study involve?

This study contains a few questionnaires that ask a variety of questions regarding transgender issues and attitudes toward transgender clients. Additionally you will be asked to provide some demographic information, such as age, sexual orientation, race and credentials. Please note that your name in no way will be attached to the information you provide. Overall, the study contains approximately 50 items to respond to, which altogether should take around 15 to 25 minutes of your time.

Who can participate in this study?

This study is designed only for **counseling professionals** (clinical psychologists, counseling psychologists, clinical social workers, and psychiatrists) who have completed a training program in their field, or who are in the process of completing an internship. If you are not a counseling professional, please do not complete this study.

What are possible disadvantages of taking part in this study?

Given that this study will take about 15 to 25 minutes of your time, you may find this inconvenient. Please take this into account before beginning, and choose a convenient time for yourself to complete it if you wish to do so. Also this study may ask some questions that you find personal, or may make you feel uncomfortable. If this happens, you can simply leave any question blank if you do not wish to answer it. Furthermore, you can end the study at any time simply by closing your web browser.

What are the possible benefits of taking part in this study?

The main benefits of participating in this study lie in the contribution you would make towards further understanding transgender issues within the counseling professions. There are likely no direct benefits you would receive.

Will my taking part in this study be kept confidential?

Yes. This study will not request any identifying information from you, such as your name or address. Therefore, your responses are anonymous.

What if I am interested in the results of this study?

You may contact the researchers for this study, listed at the bottom of this page, for more information.

Who has reviewed this study?

The procedures for this study have been reviewed by the Behavioral and Social Sciences Institutional Review Board at The Ohio State University.

Thank you. If you have any other questions, you may contact:

Dr. Pam Highlen

highlen.1@osu.edu
614-292-5308

Erica Claman

464 C Ohio Union
1739 N. High Street
Columbus, Ohio 43210
claman.3@osu.edu
614-457-5413

Office of Responsible Research Practices (ORRP)

Phone: 614-688-8457
Address:
The Ohio State University
Third Floor Research Foundation Building
1960 Kenny Road
Columbus, Ohio
43210-1063

To continue with this study, you will be presented with a brief informed consent form, which describes that you understand several points discussed in this information. To go to the informed consent form and continue with this study, please click here: ____.

APPENDIX G
INFORMED CONSENT

By clicking to continue, I indicate that I understand the procedures involved in this study.

I am aware that I have the right to ask questions and receive answers related to this study by contacting the investigators: Dr. Pam Highlen, (614) 292-5308; Erica Claman claman.3@osu.edu, (614) 457-5413. Furthermore, if I have questions about my rights as a research participant, I can call the Office of Research Risks Protection at (614) 688-4792.

I am aware that I have the right to refuse to participate and may withdraw at any time without any penalty, simply by closing my web browser. Furthermore, I know I do not have to answer any question that I do not wish to, and can merely skip such questions. I understand that my participation is voluntary.

Click here to indicate your consent and continue with this study: ____

APPENDIX H
DEBRIEFING STATEMENT

Transgender Issues in Counseling

The study you just participated in focused on some of the attitudes counseling professionals have about working with transgender clients. Very little research to date has explored this specific issue and transgender issues are not always addressed in preparing counselors for practice. Yet, it is surmised that all mental health practitioners will encounter at least one transgender client in the course of their professional careers (Ettner, 1999). Thus we feel that understanding the current attitudes toward transgender issues is very important.

One of the premises of the study is that ones' attitudes are likely related to their level of knowledge. Accordingly, some of the questions presented dealt with facts about transgender people and the transgender community. In line with increasing the education on transgender issues, we feel it is important to provide you with the correct answers to these questions, as well as brief explanations for each. Additionally, at the end of this section we will provide a number of resources that you may wish to further explore. We hope you find this information helpful in increasing your awareness of these issues.

Please feel free to ask any questions about the study or the concepts presented. If you have any questions or want to hear about the results, you can contact the Principal Investigator, Dr. Pam Highlen, at 614-292-5308 or highlen.1@osu.edu; or the Co-Investigator, Erica Claman, at 614-457-5413 or claman.3@osu.edu.

Thank you very much for your participation.

Correct Answers to Transgender Questions

1. Most transgender people identify as lesbians or gay men
False. Transgender is a matter of gender identity (how people perceive their own gender), whereas “lesbian” and “gay” are terms that describe sexual orientation (the focus of people’s attractions). Transgender people may identify as gay, lesbian, bisexual or straight, but this is independent of their transgender identity.
2. A transgender woman is an individual whose assigned (birth) gender is male, but who identifies as female
True. It is correct to refer to people based on the gender with which they identify. If someone identifies as a woman, it is correct to refer to her as a woman, regardless of what gender she was born.
3. Individuals who cross-dress derive erotic pleasure from doing so

False. There are multiple reasons people cross-dress. A small fraction are entertainers, some are young people demonstrating rebellion. A few cross-dress as a sexual fetish while others cross-dress to be outrageous. But the overwhelming majority of cross-dressers do so for as a form of self-expression.

4. Transsexuals have undergone surgical or hormonal treatment to alter their appearance

False. By definition, a transsexual is an individual who identifies with a gender different from their biological gender. Transsexual individuals may or may not opt to pursue surgical or hormonal interventions to change their physical appearance.

5. Transgender is an umbrella term that includes transsexuals, cross-dressers, and those that identify as gender-queer.

True. The term “transgender” describes a multitude of identities and forms of self-expression that transgress established gender categories. “Transgender” includes transsexuals (individuals who identify with a gender different from that which is biologically assigned), cross-dressers (individuals who prefer to dress in clothing traditionally worn by the opposite gender; this term is preferred to “transvestite”, as well as drag kings and drag queens.

6. There is a resource that provides professional guidelines for working with transgender clients

True. The Standards of Care for Gender Identity Disorders (SOC), drafted by the Harry Benjamin Gender Dysphoria Association, delineates detailed guidelines for medical and mental health professionals working with transgender clients, and focuses primarily on surgical and hormonal treatment of transgender individuals.

7. Transgender identity tends to arise from severe internalized homophobia

False. This misconception stems from the idea that people who do not wish to be identified as gay alter their gender so they can act on their attractions without being “gay.” This simply is not the case. Once again, the notions of sexual orientation and gender identity, are quite separate (see item #1).

8. FtM is proper terminology for someone who identifies as female

False. FtM is a common abbreviation of “female to male,” which describes an individual who was born as a female, but identifies as a male.

9. Transgender people who were born female, but identify as male are rare

False. This is a common misconception, perhaps due to the fact that transgender men may be more visible than transgender women. It is estimated that there are approximately equal numbers of transgender women and

transgender men.

10. Most transgender individuals seek gender reassignment surgery

False. While some transsexuals take hormones, have electrolysis (for transgender women), or mastectomies (for transgender men), and undergo genital reconstruction surgeries, others choose only some of these procedures, because of the tremendous cost of the surgeries, the mixed results, and lack of access to medical care in general. Other transgender people decide not to alter their bodies permanently, but seek to express their gender identities in other ways, such as through cross-dressing.

11. Transgender legal rights relating to housing, public accommodation, and employment are protected in the majority of states

False. The legal and political rights of transgender people are quite limited, and vary from state to state, city to city, and among institutions. Currently, only four states ban discrimination based on gender identity or expression in housing, public accommodation and employment: California, Minnesota, New Mexico, and Rhode Island.

12. A cross-dresser is a transsexual who dresses in clothing of the opposite sex

False. The distinction here is between transsexual and cross-dresser. Cross-dressers do not necessarily identify with the opposite gender, and their cross-gendered expression is typically limited to attire. Transsexuals *do* identify with a gender different from that which is biologically assigned, and would not consider dressing in clothing appropriate to that gender as cross-dressing.

13. Transgender people are not fully accepted in the gay, lesbian and bisexual community

True. Although transgender issues are often included with gay, lesbian, and bisexual issues, the political, developmental, legal and medical needs and concerns of transgender people are not always the same as those of gay, lesbian and bisexual people. Although, transgender issues are becoming increasingly included in the gay, lesbian, and bisexual community, there is still not necessarily full acceptance.

14. Gender Dysphoria is the proper DSM-IV diagnosis for individuals struggling with issues of gender identity

False. The DSM-IV uses the term “Gender Identity Disorder” (GID) to describe a condition where a person does not identify with the gender to which they are biologically assigned. GID requires 5 diagnostic criteria. This diagnosis is very controversial, as it pathologizes transgender identities. For more information please visit: <http://www.mhsanctuary.com/gender/dsm.htm>

15. The terms “gay,” “lesbian,” “bisexual”, and “transgender” all describe various sexual orientations

False. While it is indeed true that the terms “gay”, “lesbian”, and “bisexual” do describe various sexual orientations, transgender is not a sexual orientation, rather it is a gender identity (see item #1)

16. Variations in gender identity and expression have occurred throughout history
True. Although the specific conceptualizations of gender variance we use are modern, the challenge of gender norms has existed across many different cultures and time periods.
17. Transvestism is a mental disorder the DSM-IV
False. Transvestism (an older and less accepted term for cross-dressing) is not a DSM-IV diagnosis. Modern psychology accepts that cross-dressing is an expression of personality that is as immutable as left-handedness. If a cross-dresser is not in "significant clinical distress" due to the cross dressing, then s/he is not considered mentally disordered according to the American Psychiatric Association