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Preparedness to Counsel Transgender College Students: Perceptions of College Mental
Health Clinicians

A dissertation submitted in partial fulfillment
of the requirements for the degree of
Doctor of Philosophy in Counselor Education

by

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Abstract

The purpose of this study was to assess the perceived preparedness levels of college mental health clinicians to counsel transgender college students. Multicultural counseling competency is required of professional counselors and transgender individuals are considered to be part of the multicultural population. A survey was completed by college mental health counselors ($N = 84$) from across the United States. The results showed a moderate amount of preparedness overall with no significant differences based on years of counseling experience nor graduation from a CACREP accredited program. Results did show the participants believed they do have a professional duty to be knowledgeable about gender identity issues. The majority of counselors surveyed spent between zero and five hours a week providing either individual or group counseling to transgender students, or providing consultation and collaboration on transgender student issues. Approximately two-thirds of the counselors surveyed used a trans-affirmative therapy model which is accepting and validating of all experiences of gender. Implications presented by this study include improving educational and training resources for counselor educators through additional quantitative and qualitative research into transgender counseling competencies. Additionally, providing professional development workshops for practicing professional counselors to build their knowledge and awareness of mental health issues in the transgender population will lead to increases in counselor self-efficacy.

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Dedication

This dissertation is dedicated to my family, especially my children, nieces, and nephews. I hope you will follow your dreams wherever they may lead you. With hard work and a belief in yourself know that you can achieve all that you want.

Table of Contents

CHAPTER ONE: INTRODUCTION	1
Statement of the Problem	2
Background of the Study	2
Rationale	2
Purpose of the Study	3
Research Questions	3
Significance of Study	4
Definition of Terms	5
Summary	6
CHAPTER TWO: REVIEW OF LITERATURE	7
Multicultural Counseling Competencies in Counselor Education	7
History	7
American Counseling Association	8
Counselor Self-Awareness	9
Client Worldview	9
Counseling Relationship	10
Counseling and Advocacy Interventions	10
Council for Accreditation of Counseling and Related Programs	10
Competencies for Counseling with Transgender Clients	12
Human Growth and Development	12
Social and Cultural Foundations	12
Helping Relationships	13
Group Work	13
Professional Orientation	14
Career and Lifestyle Development Competencies	14
Appraisal	14
Research	15
Gender Dysphoria	15
Trans-affirmative Counseling Practices	16
Trans-affirming Cognitive Behavioral Therapy (TA-CBT)	17
Person-Centered Therapy	18
Assessments of Readiness for Medical Treatment	18
Terminology	19
Transgender	19
Genderqueer	19
Transsexual	20
Male-to-female	20
Female-to-male	20
Cisgender	20
Human Development Theories	21
Sigmund Freud	21
Erik Erikson	22
Transgender Identity Development Theory	22
College Mental Health Services	24

Student Pathology	24
Counseling Center Websites	25
Transgender Students	25
Patient Records	26
Interdisciplinary Approach	27
Issues Affecting Transgender Individuals	27
Substance Abuse	27
Non-Suicidal Self-Injury	28
Suicide	28
Marginalization/Stigma/Violence	29
Parental Support	30
Campus Climate Research	30
Campus Support Structures	30
LGBTQ Campus Centers	31
Summary	33
CHAPTER THREE: METHODOLOGY	34
Research Design	34
General Research Questions	34
Participants	35
Sampling Procedures	35
Data Collection	36
Instrument	37
Variable List	38
Statistical Treatment	41
Summary	41
CHAPTER FOUR: RESULTS.....	42
Demographic Descriptive Statistics.....	42
Results of Research Questions.....	46
Summary.....	50
CHAPTER FIVE: SUMMARY, CONCLUSIONS, IMPLICATIONS.....	51
Summary of the Study.....	51
Statement of the Problem.....	51
Statement of the Procedures.....	52
Specific Research Questions.....	52
Conclusions.....	53
Implications.....	55
Limitations.....	57
Suggested Further Research.....	58
Summary.....	59
REFERENCES.....	60
APPENDICES.....	65
APPENDIX A: ELECTRONIC CONTACT CORRESPONDENCE.....	66
APPENDIX B: INFORMED CONSENT.....	70
APPENDIX C: SURVEY.....	73
APPENDIX D: HUMAN SUBJECTS APPROVAL	79

CHAPTER ONE: INTRODUCTION

Statement of the Problem

The topic of transgender counseling competency in counselors is a relatively new area of exploration for counselor education. While societal attitudes towards LGBTQ individuals have changed significantly over the years, counselors in some states can decide not to counsel members of this population if they feel it goes against their religious or moral beliefs (DeMillo, 2016). This can lead to a lack of access to mental healthcare for transgender individuals (DeMillo, 2016). College students who are members of the LGBTQ population have been shown to have an increased risk of suicide over the general student population (Russell, Campen, Hoefle, and Boor, 2011). One of the top three risk factors associated with college students considering suicide is being a member of the LGBTQ population (Russell et al., 2011). Although multicultural counseling competency has been studied and included in counselor education training over the past 30 years, few studies have been conducted to determine the amount of knowledge college mental health clinicians have about transgender issues, to what extent they feel prepared to counsel with this student population, nor to what degree their counseling practices are affirmative towards gender-nonconforming individuals.

An area that requires further investigation is the level of preparedness that college mental health clinicians have in relation to counseling with transgender individuals. This study is a survey of college mental health clinicians across the country to determine their amount of knowledge about issues which are unique to transgender individuals, use of counseling strategies, and willingness to counsel. The study will serve to gain insight into the current use of transgender counseling competencies as well as provide a frame of reference in which to develop curriculum in graduate counseling programs and professional development.

Background of the Study

Counseling with multicultural clients, including individuals who identify as transgender, is a competency which the American Counseling Association (ACA) has required in their code of ethics (ACA, 2015). This means that licensed counselors are ethically required to counsel with transgender individuals (ACA, 2015). However, legally, some states do not require that counselors work with individuals that they are not comfortable with due to religious or moral reasons (DeMillo, 2016). This disconnect of counseling ethics versus the legal system is problematic for counselor educators who are training counselors to be both competent to work with diverse individuals and to follow the code of ethics. It is also problematic for counseling directors and administrators who are charged with creating policies and procedures for their counseling staff to follow.

On many college campuses there has been a response of student affairs professionals and administrators to better serve the LGBTQ student population due to the increasing numbers of students who self-identify as being a member (Rankin, Weber, Blumenfeld, & Frazer, 2010). Due to the increasing mental health needs of the general college student population, there has been increasing attention paid to how colleges effectively work with students who come to school with a wide range of mental health concerns (Russell, Van Campen, Hoefle, & Boor, 2011).

Rationale

A review of the literature provides information on multicultural counseling competencies, issues which affect transgender individuals, trans-affirmative counseling practices, campus climate research, human development theories, gender dysphoria, college mental health services, and terminology. A gap in the literature was found when searching for research which

specifically addressed the preparedness level of college mental health clinicians to counsel with transgender college students. To address this gap I decided to focus my research on assessing the preparedness level of clinicians from across the country. I gathered data in order to get a baseline for what clinicians thought their skill level was and also what their attitude was towards counseling with transgender students. Different variables included were clinician education level, gender, race, program track, institution size, licensure status, length of counseling experience, and willingness to obtain training in transgender issues.

Purpose of the Study

The purpose of this research study was to survey college mental health clinicians to determine their knowledge of transgender counseling techniques and specific transgender issues. The information gained from this study will allow counselor educators to identify missing components in teaching and research that need to be included in counselor training curriculum. The results of this study will benefit any professional counselor who works with transgender individuals including, school counselors, college mental health clinicians, clinical mental health clinicians, and rehabilitation counselors. Counseling directors of agencies and schools may use this information to identify the areas of knowledge that are well-known and areas of knowledge that need to be improved upon. Specific professional development training can be built which addresses the topics which counselors need to have additional training in to be effective while counseling transgender individuals.

Research Questions

This study answers these specific questions:

1. What is the perceived level of preparedness of college mental health clinicians in the area of counseling with transgender college students?

- Does this differ by:
 - a) Years of experience
 - b) Graduating from programs accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) versus non-CACREP accredited programs
- 2. To what extent are college mental health clinicians performing duties focused on serving students who identify as transgender?
- 3. Do college mental health clinicians perceive themselves as having a professional duty to be knowledgeable about gender identity issues?
- 4. Do college mental health clinicians use a specific therapy model which they believe is a trans-affirmative model?

Significance of the Study

This study is important for several reasons. Within the counselor education literature there is a need for information on the current state of transgender counseling competency among counselors. There is also a need for information to assess the current state of willingness of counselors to work with transgender individuals. Because research has shown that being a member of the LGBTQ population increases the risk of suicide for college students, it makes sense to do research to find out how prepared college mental health clinicians think they are to serve the transgender population (Russell et al., 2011). The results of this study will shed light on areas where counselors feel unprepared. Steps can be taken to improve the education of counselors-in-training and also to have continuing education programs be created which addresses the knowledge gaps for counselors currently working in the field.

Definitions of Terms

This study involved many key terms which the researcher uses throughout. Some of the terms are common and the reader has likely heard of them, whereas other terms may be new. In an effort to reduce confusion around terms used I will provide definitions of key terms used. Other terms used in the study during the literature review and methods section will be defined as they are used.

- Sex: This refers to biological sex. Males and females are biologically distinguished from one another by genitalia, chromosomes, and hormonal characteristics (Human Rights Campaign [HRC], 2016).
- Gender: The socially constructed views of feminine and masculine behavior within individual cultural groups (HRC, 2016).
- Gender Identity: One's internal sense of their gender. Gender identity is not visible to others (Gay and Lesbian Alliance Against Defamation [GLAAD], 2016).
- Gender Expression: The way an individual chooses to express their gender identity to the outside world. These expressions can be seen through dress, name, pronoun use, body characteristics, voice, and behaviors (GLAAD, 2016).
- Transgender: This is an umbrella term used for individuals whose gender identity or gender expression are different from the gender they were assigned at birth (GLAAD, 2016). Further defining of this term is included in the next chapter.
- LGBTQ: This is an acronym which stands for lesbian, gay, bisexual, transgender, and queer or questioning. Because the intent of this study is not to comprehensively look at the field of sexual orientation and gender identification, the researcher has decided to use

the term LGBTQ when referring to the larger marginalized group of which transgender individuals are commonly put with.

- Gender Roles: The set of behaviors, attitudes, and other characteristics normally associated with masculinity and femininity within a given culture. Also defined as socially constructed expectations imposed based on biological sex (HRC, 2016).
- Gender Conformity: When gender identity, gender expression, and biological sex fit the social norms (HRC, 2016). An example of this would be a biological female who self-identifies as a female and behaves in ways which are traditionally feminine.

Chapter Summary

In summary, multicultural counseling competency for licensed counselors has been an expectation in the United States. There is a knowledge gap as to the level of preparedness of college mental health clinicians to counsel transgender students. This chapter has provided a brief overview of the significance of the study, the purpose of the study, the research questions, as well as definitions of common terms used. This study will survey college mental health clinicians to determine their knowledge of transgender counseling competencies, their attitudes towards counseling with transgender individuals, and to what extent in their daily work they are currently working with transgender individuals. The information gained from this study will provide new information regarding counselor training, further research needs, and professional development. The next chapter will review the existing literature at length.

CHAPTER TWO: REVIEW OF LITERATURE

In this section, a review of the research literature pertaining to the mental health needs of transgender individuals on college campuses is presented. In order to be knowledgeable and increase counselor comfort level it is important to review the history of diagnoses for transgender individuals and what the current psychological views are regarding the transitioning process. The history of multicultural counseling, along with recommended competencies among licensed counselors is also explored. A review of the literature regarding influential constructs and factors that affect the experience of transgender college students is discussed. The constructs and factors presented are: (a) multicultural counseling competencies in counselor education; (b) transgender counseling competencies; (c) gender dysphoria (d) trans-affirmative counseling practices; (e) terminology; (f) human development theories; (g) college mental health services; (h) common issues affecting the transgender population; and (i) campus climate research.

Multicultural Counseling Competencies in Counselor Education

Transgender individuals are considered to be a minority within this country (Association of Lesbian, Gay, Bisexual, and Transgender Issues in Counseling [ALGBTQIC], 2009). Counselors who follow the ACA code of ethics should work towards becoming multiculturally competent so they can effectively work with individuals who come from minority backgrounds (ACA, 2015). The following literature was reviewed to assess the reasoning behind the push towards counselors being competent to counsel individuals from a minority background.

History

The need for a multicultural counseling movement was exposed in the 1950s and 1960s during the civil rights movement (Parham & Clauss-Ehlers, 2016). During this time diversity associations in the psychology and counseling professions were created to educate and inform

students and practitioners on how the profession should better serve the needs of individuals from diverse backgrounds. The Association of Multicultural Counseling and Development (AMCD) was originally named The Association of Non-White Concerns (ANWC) when the organization was started in 1972 (Parham & Clauss-Ehlers, 2016). It was developed from the American Personnel and Guidance Association (APGA), which was later renamed the American Counseling Association (ACA) (Parham & Clauss-Ehlers, 2016). The AMCD was created due to “perceived APGA organizational insensitivities toward ethnic minority members’ needs, issues, and concerns (Parham & Clauss-Ehlers, 2016, p. 7). Due to the need to be more inclusive to different populations of diverse and marginalized individuals, in 1985 the ANWC was renamed AMCD, which still stands in 2016 (Parham & Clauss-Ehlers, 2016).

It is important for current counselors to know the history of movements within their profession and the creation of multicultural associations in the 1950s-1960s is one which cannot be overlooked for licensed counselors and counselors-in-training. Parham and Clauss-Ehlers (2016) wrote;

the reflective, thoughtful, strategic, and intentional push by pioneering forefather and foremother psychologists and other mental health professionals to use scholarship, teaching, consultation, service, and training venues to correct wholesale inequity and denial of access to basic rights relative to housing, jobs, schooling, and healthcare represented posturing that was nothing short of brave, courageous, resolute, and fearless. (p. 4)

American Counseling Association

There is not a one-size-fits-all approach to working with clients. Clients from diverse racial, ethnic, religious, gender, ability, sexual orientation, and socioeconomic backgrounds have had lived experiences that may differ from the lived experience of the counselor they are working with. Those who are marginalized in the United States have disparities in mental health care as well as access to sufficient housing, transportation, and medical health care (Rogers &

O'Bryon, 2014). On July 20, 2015, the ACA endorsed Multicultural and Social Justice Counseling Competencies (MSJCC), which members are expected to follow. The MSJCC consists of a framework that is inclusive of the intersection of identities and dynamics for both the client and the counselor (ACA, 2015). The dynamics of power, privilege, and oppression from the client and the counselor backgrounds are a focus point that must be examined for the counseling relationship to be sound (ACA, 2015). The domains which must be reviewed by the counselor to ensure competency are: (a) counselor self-awareness; (b) client worldview; (c) counseling relationship; and (d) counseling and advocacy interventions (ACA, 2015).

Counselor self-awareness. When the counselor has a thorough understanding of her attitudes, beliefs, personal background, and counseling skills it can be said she has self-awareness (ACA, 2015). An example of counselor self-awareness for myself is knowing that I grew up in a racially homogeneous town in Indiana where all the people were Anglo-American. It was not until I went to college that I first spoke to people from a different racial background. I need to be aware that for the first 18 years of my life my only experiences with African-Americans, Latinos, and Asian-Americans came from watching the media. I want to be mindful that I come from an Anglo-centric point of view and I need to take opportunities to widen my cultural worldview.

Client worldview. Knowing about how the client has experienced his world and how his experience colors his own thoughts, feelings, and behaviors is what client worldview refers to (ACA, 2015). An example of a hypothetical client who would have a different worldview than mine is a client who is a 70 year old married African-American male who was raised in the Deep South and lives below the poverty line. This individual lived during a time of legal segregation

and discrimination against African-Americans. I need to take the time to learn about his worldview and experiences while I am counseling with this client.

Counseling relationship. The strength of the counseling relationship is the most important component to positive client outcomes (Carkhuff, 2008; Jones-Smith, 2016; Rogers, 2000). Counselors need to understand how the client and counselor privileged and marginalized statuses influence the counseling relationship (ACA, 2015). Using the previous example, I would want to show the client warmth, respect, and unconditional positive regard to build the relationship. Since the counselor is in a position of power in the relationship, I would want to bring up the differences in race, age, and area of upbringing. If the client has had negative experiences in the past by people who look like me, it is important bring that into the present moment because it can have an effect on the counseling relationship.

Counseling and advocacy interventions. Multicultural competent counselors use counseling and advocacy interventions to “intervene with, and on behalf, of clients at the intrapersonal, interpersonal, institutional, community, public policy, and international/global levels (ACA, 2015, p. 11). Still using the previous client example, if the client lives in an area of town which public transportation used to go through, but now due to city budgetary shifts no longer does, this is an advocacy area that I could try to assist with. From a social justice perspective, if public transportation is vital to my client’s ability to get to appointments, buy groceries, and get to work, I would want to work to initiate positive social change which will help him and others.

Council for Accreditation of Counseling and Related Programs

The Council for Accreditation of Counseling and Related Programs (CACREP) is the recognized accrediting body for master and doctoral counseling programs. Programs that are

accredited by CACREP have met rigorous and comprehensive coursework requirements. The intent of these requirements is to comprehensively educate counselors-in-training in the foundations, techniques, and theories they need to know before they provide mental health services. Programs that are accredited must meet several standards including faculty education and workload, program content, practicum experiences, institutional settings, student selection and advising, instructional support, and self-evaluation (CACREP, 2016).

All CACREP accredited counselor education programs must have eight common core areas taught which cover the foundational knowledge that entry level counselors should have (CACREP, 2016). Counseling with diverse populations and being aware of cultural differences are educational areas that programs are required to teach their students (CACREP, 2016). Having the ability to work with individuals who identify as transgender fall under the social and cultural diversity core area of knowledge. The social and cultural diversity core area of knowledge include the following; (a) multicultural and pluralistic characteristics within and among diverse groups nationally and internationally, (b) theories and models of multicultural counseling, cultural identity development, and social justice and advocacy, (c) multicultural counseling competencies, (d) the impact of heritage, attitudes, beliefs, understandings, and acculturative experiences on an individual's views of others, (e) the effects of power and privilege for counselors and clients, (f) help-seeking behaviors of diverse clients, (g) the impact of spiritual beliefs on clients' and counselors' worldviews, and (h) strategies for identifying and eliminating barriers, prejudices, and processes of intentional and unintentional oppression and discrimination (CACREP, 2016).

Competencies for Counseling with Transgender Clients

The Association of Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTQIC) (2009) Transgender Committee authored suggested competencies for counseling transgender clients which are meant for licensed professional counselors to follow. In order to demonstrate cultural competence to counsel with transgender individuals, counselors need to be familiar with eight competency areas (ALGBTQIC, 2009). Below a condensed summary of the competencies is given and the areas where counselors need to have transgender-specific knowledge is focused on.

Human Growth and Development

Competent counselors are knowledgeable about current lifespan development theories and bring an awareness of the gender-normative assumptions which are in the theories (ALGBTQIC, 2009). Counselors affirm that all individuals can live fully “functioning and emotionally healthy lives throughout their lifespan while embracing the full spectrum of gender identity expression, gender presentation, and gender diversity beyond the male-female binary” (ALGBTQIC, 2009, p. 4). It is important for counselors to have an understanding that social determinants of health, such as race, education, and socioeconomic status, effect the course of development of transgender identities (ALGBTQIC, 2009). Also counselors must,

recognize that the normative developmental tasks of many transgender individuals may be complicated or compromised by one’s self identity and/or sexuality confusion, anxiety and depression, suicidal ideation and behavior, non-suicidal self-injury, substance abuse, academic failure, homelessness, internalized homophobia, STD/HIV infection, addiction, and other mental health. (ALGBTQIC, 2009, p. 5)

Social and Cultural Foundations

Culturally competent counselors have an understanding of the importance of using appropriate language (e.g. correct names and pronouns) and have a willingness to use language

which is least restrictive in terms of gender (ALGBTQIC, 2009). Counselors also need to have an awareness of how “transprejudice and transphobia pervade the social and cultural foundations of many institutions and traditions and fosters negative attitudes, high incidence of violence/hate crimes, and overt hostility toward transgender people,” (ALGBTQIC, 2009, p. 6). Along with awareness of transphobia, counselors must understand the intersection of the multiple identity statuses that an individual has (e.g. race, socioeconomic class, ability level, religion) (ALGBTQIC, 2009).

Helping Relationships

Competent counselors will understand that attempts to change the gender identity or sexual orientation of a transgender client are not empirically supported and may be detrimental (ALGBTQIC, 2009). Counselors must have an awareness that gender-related concerns may not be the primary issues that brings the individual to counseling. If gender identity concerns are in fact the reason for coming to counseling, then the counselor must discuss during the initial visit his/her training and expertise, along with the informed consent and what will happen if the counselor needs to seek supervision or consultation (ALGBTQIC, 2009).

Group Work

Competent group counselors establish a nonjudgmental stance on gender identity expressions for all group members (ALGBTQIC, 2009). Counselors may need to educate group members that conversion therapies, which some mental health professionals may still practice, are not supported by research (ALGBTQIC, 2009). When selecting and screening group members, the competent counselor has an awareness of diversity issues and is sensitive to how group dynamics may play out (ALGBTQIC, 2009).

Professional Orientation

The history of heterosexism and gender bias in the *Diagnostic and Statistical Manual (DSM)* is important history for all licensed counselors to know (ALGBTQIC, 2009). “For instance, counselors should have knowledge that homosexuality was previously categorized as a mental disorder and that currently Gender Identity Disorder remains in the *DSM*” (ALGBTQIC, 2009, p. 8). Counselors should acknowledge the gatekeeping role and power that they have had in transgender clients accessing medical interventions (ALGBTQIC, 2009). Professional development opportunities to receive continuing education into gender identity issues is important as is seeking consultation or supervision if the personal biases of the counselor may impede the client-therapist relationship or treatment outcomes (ALGBTQIC, 2009).

Career and Lifestyle Development Competencies

Competent counselors will acknowledge how workplace discrimination may affect transgender individuals and how this may affect other areas of life (e.g. self-esteem, finances) (ALGBTQIC, 2009). Counselors will challenge occupational stereotypes that restrict decision-making of their transgender clients (ALGBTQIC, 2009). Also counselors will be knowledgeable about the state and/ or national labor protections (or lack of) for individuals who are gender non-conforming (ALGBTQIC, 2009). When appropriate counselors may act as consultants for employers on gender identity issues and ways to make workplace changes, such as gender neutral restrooms or staff education (ALGBTQIC, 2009).

Appraisal

According to ALGBTQIC (2009), the approach that culturally competent counselors must take include being sensitive to the,

ongoing debate regarding Gender Identity ‘Disorder’ being listed as a medical condition in the current edition of the DSM and being willing to communicate to transgender

individuals the position the helping professional takes, and to have open and honest discussions about how this may affect the work you do together. (p. 11)

Counselors must determine the reason for counseling services at the initial visit and understand that gender identity and expression may vary from one individual to the next (ALGBTQIC, 2009). Supervision and consultation are tools which need to be utilized to help counselors when necessary, especially when providing approval for transgender individuals to obtain medical treatments (ALGBTQIC, 2009).

Research

Competent counselors will be aware of research regarding the wellbeing of transgender individuals as well as have knowledge of the gaps in current research (ALGBTQIC, 2009). Critically consuming research to enhance counseling knowledge and techniques is an important step in becoming competent as well as conducting research into transgender issues (ALGBTQIC, 2009). Lastly making transgender-focused research accessible to a wide audience, including the transgender community, mental health professionals, and academics (ALGBTQIC, 2009).

In order to be knowledgeable and increase counselor comfort level it is important to review the history of diagnoses for transgender individuals and what the current psychological views are regarding the transitioning process.

Gender Dysphoria

Before the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V)* (American Psychiatric Association [APA], 2013) was released, some activists argued that the gender identity disorder (GID), which was in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition Text Revised (DSM-IV TR)* (APA, 2000), should be removed as was the case of homosexuality in 1973 (Drescher, 2010). A diagnosis of a GID may bring distress to individuals when they feel there is nothing wrong with them. Other activists believed GID

should remain because of the fear of transgender individuals' inability to gain access to medical and surgical interventions if the official diagnosis vanished (Drescher, 2010).

The authors of the *DSM-V* (2013) tried to simplify the diagnosis, first by stating the difference between biological sex and gender. Biological sex indicates reproductive capacity of individuals such as "sex chromosomes, gonads, sex hormones, and non-ambiguous internal and external genital" (APA, 2013, p. 451). Due to some individuals' being born with a combination of male and female sex indicators, known as intersex, the term gender arose because of the need of individuals to have a gender because of society's expectations (APA, 2013). Gender assignment refers to the original assignment of an infant after birth and gender reassignment refers to a legal change of gender (APA, 2013). The authors define gender identity as,

a category of social identity and refers to an individual's identification as male, female, or, occasionally, some category other than male or female. Gender dysphoria as a general descriptive term refers to an individual's affective/cognitive discontent with the assigned gender but is more specifically defined when used as a diagnostic category. (APA, 2013, p. 451)

When used as a diagnostic category, gender dysphoria refers to the feelings individuals may have if they feel incongruent with the gender they are assigned or the gender they express (APA, 2013). The APA (2013) identified the following challenges associated with gender dysphoria and other atypical expressions of gender, which have a negative effect on transgender individuals,

high levels of stigmatization, discrimination, and victimization, leading to negative self-concept, increased rates of mental disorder comorbidity, school dropout, and economic marginalization, including unemployment, with attendant social and mental health risks, especially in individuals from resource-poor family backgrounds. (American Psychiatric Association, 2013, p. 458)

Trans-affirmative Counseling Practices

Counselors who work with transgender individuals have found success when interventions have been empirically supported and trans-affirming (Collazo, Austin, & Craig,

2013; Haas, Eliason, Mays, Mathy, Cochran, D'Augelli, & Clayton, 2011). Trans-affirming counseling approaches are those which accept all experiences of gender and reject the male-female gender binary “because it is viewed as a marginalizing construction of gender, privileging some while oppressing others” (Austin & Craig, 2015, p. 31). Austin and Craig (2015) report that trans-affirmative counselors create a safe place for clients to explore their experience of gender and recognize the social and cultural barriers that transgender individuals face.

Researchers have noted a disconnect between the guiding principles that professional mental health organizations recommend (American Counseling Association, 2010; American Psychological Association, Task Force on Gender Identity and Gender Variance, 2009; National Association of Social Workers, 2008) and the current counseling practices with transgender clients (Barker & Wylie, 2008; Bess & Stabb, 2009). Research indicates that transgender clients have had negative experiences with therapists who did not feel comfortable working with individuals outside of the gender binary (Bess & Stabb, 2009; Logie, Bridge, & Bridge, 2007).

Trans-Affirming Cognitive Behavioral Therapy (TA-CBT)

Cognitive Behavioral Therapy (CBT) is a widely accepted evidence-based therapy for treating mental health issues such as depression, anxiety, and suicidal ideation (Jones-Smith, 2016; Compton, March, Brent, Albano, Weersing, & Curry, 2004; Hofman & Smits, 2008; Stanley, Brown, Brent, Wells, Poling, Curry, Hughes, 2009). Adapting CBT interventions for use with transgender clients by addressing the stressors which are experienced specifically by transgender individuals has been effective (Craig, Austin, & Alessi, 2012; Duarté-Vélez, Bernal, & Bonilla, 2010). By recognizing and modifying problematic ways of thinking, TA-CBT can focus on changing behaviors (Austin & Craig, 2015). Austin and Craig (2015) give an example of how TA-CBT can be utilized:

Being transgender in a transphobic society can negatively affect thoughts and beliefs about oneself and in turn cause feelings of low self-worth, anxiety, and depression. Acknowledging and challenging one's negative thoughts about being transgender in a safe and supportive environment may decrease transphobic thoughts and feelings. TA-CBT helps facilitate the recognition of the effect that certain thoughts (e.g., "I am worthless," "I don't deserve happiness") have on emotions (e.g., angry, despairing, hopeless) and eventually behavior (e.g., engaging in unprotected sex, using drugs, withdrawing from the world). (p. 25)

Person-Centered Therapy

Lemoire and Chen (2005) wrote that person-centered therapy has been shown to be beneficial to working with LGBTQ individuals, especially during the coming out process. The therapy, founded by Carl Rogers, is based on the therapist having unconditional positive regard for the client, empathy, and congruence (Lemoire & Chen, 2005). The qualities of person-centered therapy allow LGBTQ individuals to feel secure in the client-therapist relationship which helps the client to feel comfortable to explore their sexual orientation and gender identity (Lemoire & Chen, 2005). Person-centered therapy has an emphasis on empathy and with members of the LGBTQ community being targeted for harassment, alienation, and isolation from loved ones, the empathy that the therapist has for the client is crucial for the client to feel supported during counseling (Lemoire & Chen, 2005).

Assessments of Readiness for Medical Treatment

Mental health practitioners have had the responsibility of gatekeeper for referrals for medical and surgical treatments of transgender individuals (Lev, 2009). The World Professional Association for Transgender Health (WPATH) is an international multidisciplinary organization which publishes the recognized standards of care for transgender individuals (WPATH, 2012). The goal of WPATH is to provide clinical guidance for healthcare professionals when they have transgender patients (WPATH, 2012). Lev (2009) made several recommendations to WPATH regarding the role of mental health practitioners in assessing eligibility and readiness for medical

treatment. Lev's (2009) recommendations included, clearer definitions for the professional qualifications of those specializing in working with gender-variant people, increased focus on the families and occupational environments of transgender people, guidelines for psychosocial assessment and referral letters to physicians, a broader view of gender issues throughout the lifecycle, and revisiting the need for two letters for surgical assessment.

Terminology

Transgender

Using the correct terminology when referring to individuals is a sign of respect. The term *transgender* can mean different things depending on who is using it. Lists of gender terms are increasingly being created as non-gender conforming identities become more in the public eye. Transgender, often used as an umbrella term, refers to a person who goes beyond the limits of society's rules and concepts of gender. People can be transgender due to their self-expression, identity or personal history (Genderqueer Identities, 2016).

Genderqueer

If an individual refers to oneself as genderqueer this could mean a number of things. The individual is usually on a gender spectrum and may not present as either fully male or fully female. This gender identity is not in a male-female binary and the identity can change as gender expression is more fluid than stagnant (Donatone & Rachlin, 2013). Donatone and Rachlin (2013) provided an example of an individual who could be classified as genderqueer in their discussion of "a student we know takes estrogen and uses female pronouns, but also sports a full beard. She wants her body to reflect her identity, which requires both male and female expression" (p. 202).

Transsexual

Many people confuse the terms *transgender* and *transsexual*. Transsexual individuals do not necessarily challenge traditional gender roles, however they want their body to reflect their affirmed gender, which is different than the gender they were assigned at birth (Donatone & Rachlin, 2013). Due to wanting their body to reflect their affirmed gender, medical options such as hormones and surgeries may be used to help change their body to reflect the gender they feel they are (Donatone & Rachlin, 2013).

Male-to-female. Individuals who identify as male-to-female (MTF) transgender are those who were born male and have affirmed themselves as females. (Donatone & Rachlin, 2013). Male-to-female individuals use female pronouns and may or may not dress in a more feminine way. Individuals who are MTF reported knowing from a very young age that they were female, even though the world saw them as males. Young boys who are effeminate have a hard time during their school years. In the United States boys are taught to act tough and to downplay their emotions. Boys learn from an early age what acting like a boy means.

Female-to-male. Individuals who identify as female-to-male (FTM) transgender are those who were born female and have affirmed themselves as males (Donatone & Rachlin, 2013). FTM individuals use male pronouns and may or may not dress in a more masculine way. Due to society's more lenient views of girls who are more masculine (i.e., tomboys), females do not have as much trouble at a young age fitting in as compared to boys who display effeminate features.

Cisgender

Someone who identifies as the same gender he or she was assigned at birth is referred to as cisgender (Queerdictionary, 2011). The majority of the individuals that most counselors will

see are typically cisgender. Since people who are cisgender are the majority of the population, oftentimes they will not think about their own gender label. Identifying as the gender one was assigned at birth can be viewed in a similar way as how many white people experience white privilege. White people do not easily recognize white privilege, unless someone teaches them. Similarly someone who is cisgender may not recognize the cisgender privilege which occurs in society, because they have never had to deal with not being in the majority.

Human Development Theories

Understanding the path of human development has been an ongoing study taken on by many psychologists, physicians, counselors, and philosophers throughout history. There are a variety of viewpoints to use when studying human development, including: physical development, psychological development, social/personality development, moral development, racial identity development, and gender identity development, to name a few.

Sigmund Freud

Freud is widely accepted as the forefather of psychological development as he created a psychoanalytic theory which had a profound effect on the field of psychology. In Freud's psychoanalytic theory he suggests stages of psychosexual development which all individuals go through during childhood (Feldman, 2011). The stages are tied to biology and pleasure, in which individuals go through stages at certain ages and if they do not get successfully through a stage they remain stuck, psychologically speaking, in that stage (Feldman, 2011). When an individual is stuck they will have psychological issues which affect their ability to function and will cause them distress. Freud's stages of psychosexual development include, (a) oral, (b) anal, (c) phallic, (d) latency, and (e) genital (Feldman, 2011).

Erik Erikson

Erikson created stages of psychosocial development, still accepted to this day, which focuses on social interaction with other people, as opposed to Freud's internal focus (Feldman, 2011). Erikson's theory suggests eight stages which individuals go through from birth until late adulthood. The stages include, (a) trust vs. mistrust, (b) autonomy vs. shame and doubt, (c) initiative vs. guilt, (d) industry vs. inferiority, (e) identity vs. role diffusion, (f) intimacy vs. isolation, (g) generativity vs. stagnation, and (h) ego-integrity vs despair (Feldman, 2011).

Transgender Identity Development Theory

Bockting and Coleman (2007) have adopted the coming-out process for LGB individuals to explain the process of transgender identity development. The model is made up of stages which are not necessarily linear. Bockting and Coleman (2007) lay out a model of development which consists of stages in which individuals have tasks. The first stage consists of an individual struggling with feeling different which then leads to the second stage of the individual acknowledging this by coming out to self and to others (Bockting & Coleman, 2007). Stages three and four include exploration of community resources, experiments with gender expression, and intimacy (Bockting & Coleman, 2007). In the fourth stage as the individual establishes intimacy in their new identity, sexual orientation may or may not be redefined (Bockting & Coleman, 2007). The last phase is identity integration when the individual has a deeper level of acceptance and may grief over the lost time and opportunities (Bockting & Coleman, 2007). Similar to this model is a model created by Beemyn and Rankin (2011) which suggests transgender individuals go through different phases and progress from feelings of "confusion, guilt, and shame to self-acceptance and a sense of wholeness" (p. 115).

Researchers have noted children at a young age will label themselves as boys or girls, and some children will correct others if they refer to them as a gender they do not agree with (Boskey, 2014). Parents may recognize cross-gender identities at a young age and many wonder if it is just a stage (Boskey, 2014). Drummond, Bradley, Peterson-Badali, and Zucker (2008) studied 25 girls over an average of 14 years to see if an initial diagnosis of gender identity disorder would persist. Only 12% of the girls maintained a gender identity diagnosis upon adulthood (Drummond et al., 2008). However, while the majority did not maintain a gender identity disorder diagnosis upon adulthood, many of these women did report a bisexual or homosexual orientation either in fantasy or in practice (Drummond et al., 2008). Another study of 77 children seen at a gender identity clinic found that 20% of boys and 50% of girls remained gender dysphoric after puberty (Wallien & Cohen-Kettenis, 2008).

Bess and Stabb (2009) studied the therapeutic alliance and satisfaction between transgender clients and therapists. Their research findings included descriptions of seven participants' transgender identity development processes. The participants interviewed closely followed Lev's (2004) transgender emergence model. The first stage of this model was awareness of something different, even though the participants were not sure exactly what was different, they all felt like something was not as it should be (Bess & Stabb, 2009). The second stage of the model was the seeking of help from others (Lev, 2004). In the research study the participants had all sought assistance from other transgender people in the form of support groups (Bess & Stabb, 2009). Coming out and disclosure was the third stage of Lev's (2004) model which the participants had experienced. The fourth stage was the exploration of their gender identities and the decision as to what label fit best for them (Bess & Stabb, 2009). Lev's (2004) fifth stage, related to body transitions and modifications, was a part of the participants'

experiences as they had all struggled with making themselves more comfortable in their own bodies (Bess & Stabb, 2009). The sixth and final stage of the transgender emergence model (Luv, 2004) was integration. Becoming fully integrated after transition occurred was an issue the participants were working on with their therapists (Bess & Stabb, 2009).

Understanding transgender identity development is important for counselors so they can better understand where in the developmental process clients may be when they begin working together. On college campuses students may be at any of the six stages that Lev described. In the next section I review literature specific to college mental health services.

College Mental Health Services

Colleges and universities are more than institutions where learning takes place. They are institutions where many students live, eat, socialize, and continue in their physical and social development. Colleges try to serve the whole student by having supportive student services which help the student to maintain their physical and mental health. The majority of residential colleges have mental health services available to students which assist students who are experiencing a variety of mental health concerns including anxiety, depression, grief, and body image issues to name a few.

Student Pathology

Research of college counseling centers has shown there is growing complexity of college students with a marked increase in student pathology (Gallagher, 2012). Over 90% of college counseling center directors reported an upward trend of serious mental health issues being seen in their centers, along with an uptick in the number of students who have already been prescribed psychiatric medication by the time they first arrive on campus (Gallagher, 2012). Suicide is an area of concern for college counseling centers as center directors reported on a national survey

published in the *Journal of College Student Psychotherapy* (Gallagher, 2012). The survey indicated 133 suicides by college students who had attended the directors' respective colleges (Gallagher, 2012). Furthermore, 87% of those who had committed suicide had not sought help through their campus counseling center (Gallagher, 2012).

Counseling Center Websites

Wright and McKinley (2011) completed a content analysis of 203 college counseling center websites to examine the information offered to students who may be looking for LGBTQ counseling services. The results indicated less than one third of websites advertised LGBTQ friendly individual counseling services and less than 11% mentioned group counseling (Wright & McKinley, 2011). Fewer than 6% had brochures on LGBTQ resources (Wright & McKinley, 2011).

While counseling center directors are recognizing how important their center websites are to the notification of students of the counseling services and resources they have access to, the research shows the majority of websites do not promote LGBTQ services as something that is easily accessible (Wright & McKinley, 2011). Wright and McKinley (2011) believed the importance of accessibility of counseling centers is because "the social, institutional, and psychological difficulties LGBTQ students face during their college years are well documented, as are the negative mental health consequences that often arise as a result of these difficulties" (p. 144).

Transgender Students

Across the United States there is an increase in the number of college students who identify as transgender (Donatone & Rachlin, 2013). When these students seek mental health services on campus they need to feel confident that the professionals who are working with them

have some knowledge of gender diversity issues. Donatone and Rachlin (2013) provided a template for intake and initial assessment which counseling centers could review in order to better assess the needs of transgender clients. Their resource covers topics such as “gender history, coming out, self-injury, suicide, sexual orientation, binding, transition trajectories, options for gender expression, issues with diagnosis and recordkeeping, and interdisciplinary approaches to treatment” (p. 200). Other specific items on the template include:

- What is your preferred gender pronoun (PGP)?
- Do you have a preferred name?
- How do you describe your gender or gender identity?
- How did you choose the name...?
- Are you out to the people in your life?
- What exactly have you told your parents?
- Have you attended any conferences or support groups?
- Do you have a desire for gender affirming medical care such as hormones or surgeries?
- Are you binding your breasts?
- Are you experiencing any adverse effects from the binder such as pain, rash, or difficulty breathing? (Donatone and Rachlin, 2013, p. 209)

Patient Records

Patient records and preferred names create a records challenge when college mental health centers provide services. An Electronic Medical Records Taskforce formed by the World Professional Association for Transgender Health (WPATH, 2016) has been working on a records system, which takes into consideration that not every patient may be cisgender. Some patients

who have transitioned from one gender to the other may not want people to know about their prior gender identity. This becomes complicated when there may be medical issues that may be relevant to their gender status (Donatone & Rachlin, 2013).

Interdisciplinary Approach

Using an interdisciplinary approach when counseling transgender students is perhaps the most comprehensive method (Donatone & Rachlin, 2013). Other student service areas that may need to be coordinated are housing and medical services. Questions that student services may need to consider include,

- Do students feel safe in the residence hall room they have been assigned to?
- Are they able to use a restroom and shower facility that they feel comfortable in?
- Are they seeking information on how to access hormones?

The counselor may be in a position to help the student with these issues. If the counselor does not have training on gender identity issues, which is common, then a team could be created where there is a primary counselor and then a secondary counselor who has in-depth knowledge of gender identity issues (Donatone & Rachlin, 2013).

Issues Affecting Transgender Individuals

Substance Abuse

While substance abuse on college campuses is somewhat expected, research indicates that LGBTQ students use substances at a higher rate than their non-LGBTQ peers (Hughes & Eliason, 2002; Jordan, 2000; Stevens, 2012). LGBTQ individuals may use substances for the same reasons that gender conforming college student population use substances. However, self-medicating to cope with issues related to being a gender non-conforming college student, gender dysphoria, internalized homophobia, or fears about self-expression are common reasons for the

increased substance abuse (Donatone & Rachlin, 2013). Moreover, in some cases transgender persons use substances before and after gender affirming treatment. Donatone and Rachlin (2013) report, “even though they experience reduced gender dysphoria with the treatment, they may continue in their substance abuse” (p. 206).

Non-Suicidal Self-Injury

A rise in non-suicidal self-injury (NSSI) has been noted by experts in health care (Dickey, Reisner, & Juntunen, 2015). Non-suicidal self-injury can be defined as hurting oneself physically without the intent to commit suicide (Dickey et al., 2015). Prevalent techniques of NSSI include cutting, burning, scratching, pulling out body hair, hitting, and interfering with wound healing (Dickey et al., 2015). In 2009, Dickey, Reisner, and Juntunen (2015) conducted an online study in which 773 transgender and gender non-conforming individuals were surveyed to find out their history with non-suicidal self-injury. The results showed that “41.9% of the participants had a lifelong history of non-suicidal self-injury” (Dickey et al., 2015, p. 3). The researchers also noted that “when considering gender, genderqueer individuals reported the highest lifetime prevalence of NSSI (51.6%) followed by FTMs (45.5%), other (nonbinary) participants (42.6%), and MTF individuals with the lowest prevalence (34.0%)” (Dickey et al., 2015 p. 3).

Suicide

Gender non-conforming students have a higher rate of suicide as compared to gender conforming students (Donatone & Rachlin, 2013; Russell, Van Campen, Hoefle, and Boor, 2011; Haas, Eliason, Mays, Mathy, Cochran, D’Augelli, 2011). In the program, “It Gets Better” (Savage, 2016), adult LGBTQ individuals share their stories on YouTube with the hope that young people who are struggling with gender identity issues or sexual orientation issues, and

also victimization, will see examples of people who have faced similar experiences and have been successful. Many transgender students do not necessarily have an increase in pathology as compared to their heterosexual or gay counterparts, however they have indicated they have psychological distress over a lack of social and family support (Donatone & Rachlin, 2013). Through having access to educational and social support, even by short YouTube videos, the hope is the students feel more informed and more supported (Savage, 2016).

Marginalization/Stigma/Violence

Transgender individuals experience violence at a higher rate than cisgender individuals (Beemyn, 2011; Grossman & D'Augelli, 2007; Mizock & Lewis, 2008). Marginalization of the transgender community continues even with the increasing media attention on the experience of transgender celebrities such as Caitlyn Jenner and Laverne Cox. Students in high schools and colleges are not immune to violent acts and the stigma of being seen as not normal by the larger population sticks with students as they enter college (Rankin et al., 2010). Research from the National Transgender Discrimination Survey (Grant, Mattet, Tanis, Harrison, Herman, & Keisling, 2010) indicate the following statistics:

Nearly one fifth of transgender individuals experience homelessness as a result of their transgender status and 53% have been verbally harassed in a public place. Moreover, 19% of transgender individuals have been denied medical care because of their transgender identity. Youth that express a transgender identity or gender nonconformity during grades K-12 experience alarming rates of harassment (78%), physical assault (35%), and sexual violence (12%) (p. 22).

The Minority Stress Model is used as a partial explanation for the increased risk for mental health issues of marginalized populations (Meyer, 2003). This model comes from the Minority Stress Theory, (Marshal, Dietz, Friedman, Stall, Smith, McGinley, Thoma, Murray, D'Augelli, & Brent, 2011). According to this theory members of sexual and gender minority

groups experience chronic stress resulting in part from prejudicial encounters (Meyer, 2003). There is a constant conflict between the minority member's internal self and the expectations of the society the person lives in (Austin & Craig, 2015). For transgender individuals who live openly outside of the gender binary, the microaggressions and transphobic discrimination can lead to chronic stress which negatively affects mental health (Austin & Craig, 2015). For those transgender individuals who are not openly living outside of the gender binary, they too experience chronic stress and also internalized stigmatization from not truly meeting the expectation of the culture they live in (Austin & Craig, 2015).

Parental Support

Parental support has an effect on mental health and transgender youth have an increased need for support. In a study done at an urban hospital, transgender youth between the ages of 12-24 who were seen in the hospital were given assessments to determine their levels of depression, quality of life, and parental support (Simons et al., 2013). "Parental support was significantly associated with higher life satisfaction, lower perceived burden of being transgender, and fewer depressive symptoms" (Simons et al., 2013, p. 791). The researchers concluded that healthcare providers should focus on creating interventions for parents so they can feel more supported and educated on how to best support their children. This should have a positive effect on the mental health outcomes of transgender youth.

Campus Climate Research

Campus Support Structures

Campus policies and procedures can be extremely helpful to all students. Campus climate plays an important role in establishing supportive spaces for LGBTQ students to develop personally and academically (Haas et al., 2011). Haas et al. (2011) reported that through

interdisciplinary campus wide supports, including student affairs divisions, mental health centers, and faculty members, a positive and welcoming climate can be created at higher education institutions. Developing friendships and fostering a sense of community can be better supported by student affairs professionals helping LGBTQ students find other LGBTQ and allied students (Haas et al., 2011).

Many universities have put effort into establishing professional staff support for LGBTQ students. Research shows, “according to the Consortium of Higher Education LGBTQ Resource Professionals 2009 Annual Report, more than 150 campuses in 40 states now have professional staff to serve the LGBTQ campus community” (Haas et al., 2011, p. 151). Services that are typically provided by these offices include, discussion groups, referrals, information sharing, reading rooms, libraries, newsletters, and crisis intervention (Haas et al., 2011). Some campuses have made attempts to make on-campus housing more LGBTQ friendly by having gender-neutral housing options, providing a matching program, which pairs LGBTQ friendly students together, and by providing restroom and shower options that are either single occupancy or gender neutral (Rankin, Weber, Blumenfeld, & Frazer, 2010).

LGBTQ Campus Centers

Struggles for transgender students may ensue even when there is a LGBTQ campus center. Marine and Nicolazzo (2014) researched the level of transgender inclusion in programming and services at LGBTQ campus centers. They contacted 145 centers whose staff were members of the Consortium of Higher Education LGBTQ Resource Professionals (Marine & Nicolazzo, 2014). Of the 145 they contacted, only 19 responded to their survey (Marine & Nicolazzo, 2014).

The results indicated four areas where the transgender students' needs are not prioritized as highly as LGB students. The first area discussed was naming. In the majority of the centers the name of the center was inclusive of the "T," however not in all cases, and in about a third of the centers only added a T within the last 1-10 years (Marine & Nicolazzo, 2014). Programming was the second area discussed. Most of the transgender programming was to educate non-transgender individuals about transgender issues, instead of being programming specifically to benefit transgender students (Marine & Nicolazzo, 2014). The third theme that arose was the lack of inclusive hiring of transgender individuals as being a part of the centers' missions. Only two of the 19 centers responded that they see staffing as a form of transgender advocacy and inclusion (Marine & Nicolazzo, 2014).

The fourth finding was in activism and advocacy. The researchers felt that while the centers were fairly strong in their support of connecting students to needed resources, the systemic issues of campus-wide climate were not addressed and campus-wide activism was not thoroughly reported. By not turning a focus on campus-wide inclusion issues, the LGBTQ centers could be seen as an "accommodation for a select population (e.g., students, faculty, and staff who identify as LGBTQ) rather than a source of advocacy" (Marine & Nicolazzo, 2014, p. 274). Kivel (2007) wrote about "buffer zones," which can be created by organizations to give outward display of inclusion while not systematically making changes, which lead to more overall equality of groups. LGBTQ campus centers could be seen as being a buffer zone that allow higher education officials to make their respective colleges appear more inclusive and welcoming to marginalized LGBTQ student, faculty, and staff members.

Chapter Summary

After conducting a thorough review of the literature related to the following constructs; issues which affect transgender individuals, counseling competencies, campus climate research, gender dysphoria, terminology, college counseling centers, trans-affirmative counseling practices, and human development theories, the researcher found ample evidence of how important it is for transgender college students to have access to supportive, knowledgeable counseling services. Furthermore, an exploration of the preparation level of current college mental health clinicians is called for to find the baseline for what clinicians know about counseling with transgender individuals and what is mostly unknown at this point. This literature provided a rationale and support for the researcher to move forward with the study.

CHAPTER III: METHODOLOGY

Research Design

The research study had a cross-sectional survey design. A cross-sectional design is one in which data is collected a defined time (Young, 2010). This type of research design is useful for exploring trends within populations (Young, 2010). Young (2010) wrote that cross-sectional survey designs provide researchers with information such as current skills levels, attitudes, and/or behaviors of participants. The survey items were developed using recommended guidelines from the literature. An electronic questionnaire was used due to the following benefits Young (2010) identified; reduced cost, ease and speed of administration, the ability to provide anonymity, and the ability to access large samples. The research questions were developed based on a review of what is currently known in the literature and what is unknown.

General Research Questions

1. What is the perceived level of preparedness of college mental health clinicians in the area of counseling with transgender college students?
 - Does this differ by:
 - a) Years of experience
 - b) Graduating from programs accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) versus non-CACREP accredited programs
2. To what extent are college mental health clinicians performing duties focused on serving students who identify as transgender?
3. Do college mental health clinicians perceive themselves as having a professional duty to be knowledgeable about gender identity issues?

4. Do college mental health clinicians use a specific therapy model which they believe is a trans-affirmative model?

Participants

A total of 87 college mental health clinicians began the questionnaire and 84 ($N = 84$) completed the 29 survey questions. The researcher put the request for participation on a counseling education listserv which had over 3,000 members from across the United States. In the emailed request to participate only those clinicians who worked as college mental health clinicians were asked to take the survey. Participants were informed that participation was voluntary and they could withdraw at any time with no consequences (see recruitment letter-Appendix A). The researcher requested the American College Counseling Association add the request for participation to their member listserv also which had 1,567 members. The final sample consisted of 84 ($N = 84$) college mental health clinicians. Of the 84 college mental health clinicians, 16 (19%) were male, 67 (79.8%) were female, and one (1.2%) identified as other. Seventy-two participants were Caucasian/White (85.7%), six were African-American (7.1%), two were Asian-American (2.4%), one was Hispanic/Latino (1.2%), and three (3.6%) identified as other. A more detailed description of demographics is available in chapter four.

Sampling Procedures

The purpose of this study was to determine how prepared current college mental health clinicians were to counsel transgender college students. A survey was designed by the researcher to obtain this information. The survey items used were based on a review of the literature to ensure content validity. Experts such as counselor educators and licensed professional counselors provided information as to additional items which would be useful to have in the questionnaire. After writing the questionnaire, a pilot study was conducted with a sample of four

licensed professional counselors. The intent of the pilot study was to test out the format and questions in the electronic survey for readability, content, flow, and length of time to complete the survey. Once feedback was given the researcher edited questions and changed the format of items. Based on the recommendations the final form of the survey was entered into an online survey software program.

Institutional Review Board (IRB) procedures were followed and an informed consent letter was created for the participants. The informed consent letter included; (a) title of the study, (b) researcher contact information, (c) compliance officer contact information, (d) the purpose of the research, (e) the description of the research, (f) an explanation of risks and benefits, (g) statements that participation in the study was voluntary and all participants had the right to withdraw, (h) confidentiality statement indicating that all responses would be kept on a password protected computer with no personally identifiable information, (i) compensation statement indicating that no compensation would be associated with participating in this study, and (j) that completing the survey is informed consent with no additional signature needed.

In addition to the informed consent form, additional items were sent to the IRB for approval for the study. These items were an email letter of introduction, an email letter to participate with link to survey, and an email letter to non-respondents. All these letters can be found in Appendix A.

Data Collection

Once IRB approval to conduct the study was obtained (found in Appendix D), an email was sent to a counselor education listserv which has over 3,000 members who work in the counseling profession. The email had the link to the online survey. And second request was emailed after ten days had past which served as a reminder/thank you email. After an additional

week had passed a third, and final request was sent to the counseling listserv encouraging more participants to complete the survey. In addition, a separate email request for participation was sent to a listserv which 1,567 members of the American College Counseling Association subscribe to.

Once the survey was closed, the researcher downloaded all electronic survey submissions and created a codebook for all questions and variables in the survey. The survey answers were then transferred to a spreadsheet file for the data to be analyzed by the researcher. The researcher reviewed answers to the survey for each participant and discarded surveys with incomplete responses in which the data was needed to analyze the research questions.

A sample size of 84 participants was considered an adequate sample size. Invitations to participate in the study were sent to a listserv which had a total of 3,000 members in the counseling profession. The request for participation was only for those who worked as college mental health clinicians. The researcher was unsure how many college mental health clinicians were listserv members, so the response rate is unclear. Also unclear is the response rate from the request for participation which was sent to the American College Counseling Association listserv.

Instrument

The final survey contained four subscales that included; *Clinical Interviewing and Assessment Skills*, *Counseling Ethics*, *Personal and Community Awareness*, and *Education on Transgender Issues*. These four subscales combined to make up an overall survey of *Total Preparedness*. Cronbach's alpha (α) was calculated for this sample and the results indicated the entire survey had an internal consistency of $\alpha = .95$, with *Clinical Interviewing and Assessment Skills* $\alpha = .80$, *Counseling Ethics* $\alpha = .75$, *Personal and Community Awareness* $\alpha = .86$, and

Education on Transgender Issues $\alpha = .88$. To obtain demographic information about the participants, questions were on the survey which pertained to: gender, age group, ethnicity, education level, CACREP accreditation, program track, licensure/certification, length of work experience, institution size and institution type. Additionally, the study assessed the mental health clinicians' personally rated perception of their preparedness to counsel transgender individuals. Mental health clinicians were asked if they used a specific therapy they believed was a trans-affirmative model and if they did which one was used. Also if they did not use a theory which was a trans-affirmative model they were asked to explain why they chose not to. The survey asked questions as to how many hours the participants spent in a typical week performing individual counseling, group counseling, and consultation and collaboration. Additionally, questions were on the survey to capture the current amount of time the clinicians were working directly with transgender students through individual and/or group counseling, or indirectly through consultation and collaboration. The survey was constructed to help determine the training needs for clinical mental health clinicians related to counseling transgender individuals. The final survey questions are found in Appendix C.

Variable List

Variables in this survey included demographic and survey instrument variables. Demographic variables were those taken from the demographic information section of the survey: gender, age group, ethnicity, education level, program track, licensure/certification, CACREP accreditation, years as a mental health clinician, size of institution, and institution type. The following is how each variable was coded. Variables such as gender, age group, ethnicity, and education level were assigned number values. Gender was coded as male = 1, female = 2, transgender = 3, and other = 4. Age group was coded as 1 = under 30 years of age, 2 = 31 to 40

years of age, 3 = 41 to 50 years of age, and 4 = 51 years of age or older. Ethnicity was coded as 1 = African American, 2 = Asian, 3 = Caucasian, 4 = Hispanic/Latino, 5 = Multi-Racial, 6 = Native American, and 7 = other. Education level was coded as 1 = Bachelor's degree, 2 = Master's degree, 3 = Education Specialist (Ed.S.), 4 = Ed.D., 5 = Ph.D., and 6 = Psy.D. CACREP accreditation was coded as 1 = yes and 2 = no. Program track was coded as 1 = School Counseling, 2 = Clinical Mental Health Counseling, 3 = Community/Agency Counseling, 4 = Marriage and Family Counseling, 5 = Substance Abuse Counseling, 6 = College Counseling, 7 = Psychology, 8 = Social Work, and 9 = Other. Licensure/certification was coded as 1 = State Professional Counselor License (LPC), 2 = National Certified Counselor Certification (NCC), 3 = Licensed Clinical Social Worker (LCSW), 4 = Licensed Psychologist, 5 = other, 6 = LPC, NCC, and other, 7 = LPC and other, 8 = LPC and NCC, 9 = Licensed Psychologist and other, 10 = LPC, NCC, and LCSW, and 11 = LPC, NCC, LCSW, Licensed Psychologist, and other. Participants were able to select all of the licenses/certifications held.

The number of years of work experience as a mental health clinician was coded as 1 = first year, 2 = one to three years, 3 = four to 10 years, 4 = 10 to 15 years, 5 = 16 to 20 years, and 6 = more than 20 years. The size of the college where the counseling center is housed was coded as 1 = large (more than 15,000 students), 2 = medium (between 5,000 and 14,999 students), and 3 = small (under 5,000 students). The type of institution was coded as 1 = four year public, 2 = four year private, non-profit, 3 = four year private, for-profit, 4 = two year public, 5 = two year private, non-profit, 6 = two year private, for-profit. The variable for duty to be knowledgeable about gender identity issues was coded as 1 = yes, 2 = no, and 3 = undecided. The variable number of hours spent performing individual counseling was coded as 1 = 31 to 40 hours, 2 = 21 to 30 hours, 3 = 11 to 20, and 4 = zero to 10 hours. The variable number of hours spent

performing group counseling was coded as 1 = zero to five, 2 = six to 10, 3 = 11 to 20, and 4 = 21 to 30+. The number of hours spent providing consultation and collaboration was coded as 1 = zero to five, 2 = six to 10, 3 = 11 to 20, 4 = 21 to 30 plus. The number of hours spent providing individual counseling to transgender students was coded as 1 = zero to five, 2 = six to 10, 3 = 11 to 20, 4 = 21 to 30 plus. The number of hours spent providing group counseling to transgender students was coded as 1 = zero to five, 2 = six to 10, 3 = 11 to 20, 4 = 21 to 30 plus.

Additionally, the number of hours spent providing consultation and collaboration on topics focused on transgender students was coded as 1 = zero to five, 2 = six to 10, 3 = 11 to 20, 4 = 21 to 30 plus.

Variables focused on education and professional development were also coded. The number of counseling courses focused on LGBTQ population and mental health was coded as 1 = zero courses, 2 = one to two courses, 3 = three to four courses, and 4 = five or more courses. The number of counseling courses focused on primarily the transgender population and mental health was coded as 1 = zero courses, 2 = one to two courses, 3 = three to four courses, 4 = five or more courses. The number of professional development trainings attended in the last two years, which were focused on transgender issues, were coded as 1 = zero, 2 = one to two, 3 = three to four, and 4 = more than five. The willingness to attend trainings on the topic of transgender individuals was coded as 1 = yes, 2 = no, and 3 = undecided.

Survey variables were those obtained from the total and scale scores on the *Preparedness for Counseling Transgender Students* survey. Variables from the survey included each item response coded with the participants' responses. The following are the response choices and coding. The response choices and coding were 0 = not prepared, 1 = less prepared than average, 2 = average preparedness, and 3 = better prepared than average. The four sub-areas were *Clinical*

Interviewing and Assessment Skills, Counseling Ethics, Personal and Community Awareness, and Education on Transgender Issues. The *Total Preparedness* score was a result of the sum of the scores on these four subscales.

Statistical Treatment

All data were entered into a spreadsheet and analyzed using SPSS. Measures of central tendency (mean, median, mode) were used to report the descriptive statistics of the sample. The majority of the research questions were analyzed using descriptive statistics, analysis of variance ANOVA, and an independent samples *t*-test. All tests were analyzed using a significance level of $p < .05$. Cronbach's coefficient alpha (α) was used to calculate internal consistency for the four sub-areas and the total scale of the survey.

Chapter Summary

This chapter specified information regarding the methodology and research design of the current study. General research questions were identified. Detailed description of the sampling, procedures, and data collection methods were also described for future replication. The chapter concluded with a description of the statistical treatment of the variables.

CHAPTER IV: RESULTS

The following chapter covers the statistics used to evaluate the results. The first section reports the demographic descriptive statistics of the sample. The second section reports results from the research questions outlined in chapter three. The final section is a brief summary of the findings in this study.

Demographic Descriptive Statistics

The total sample size in this study consisted of 84 ($N=84$) college mental health counselors. Of the 84 counselors, 16 (19%) were male, 67 (79.8%) were female, and one (1.2%) self-identified as gender queer. Of these counselors, six (7.1%) were under 30, 30 (35.7%) were in the age range of 31 to 40, 20 (23.8%) were in the age range of 41-50, and 28 (33.3%) were 50 or older. In this sample the self-identified ethnicity of the counselors was 72 (85.7%) Caucasian/White, six (7.1%) African-American, two (2.4%) Asian-American, one (1.2%) Hispanic/Latino, and three (3.6%) other. Table 4.1 shows demographic characteristics of the participants.

Table 4.1
Demographic Characteristics of Participants

<i>Characteristic</i>	<i>n</i>	<i>%</i>
Sex		
Male	16	19
Female	67	79.80
Other	1	1.20
Age (years)		
Under 30	6	7.10
31 to 40	30	35.70
41 to 50	20	23.80
50 or older	28	33.30
Ethnicity		
Caucasian/White	72	85.70
African-American	6	7.10
Asian-American	2	2.40

Table 4.1 Continued
Demographic Characteristics of Participants

<i>Characteristic</i>	<i>n</i>	<i>%</i>
Ethnicity		
Hispanic/Latino	1	1.20
Other	3	3.60
Highest degree earned		
Master's	53	63.10
Specialist	1	1.20
Ed.D.	2	2.40
Ph.D.	21	25.00
Psy.D.	7	8.30
Graduated from CACREP program		
Yes	46	54.80
No	38	45.20
Degree program track		
School Counseling	2	2.40
Clinical Mental Health Counseling	23	27.40
Community/Agency Counseling	13	15.50
Marriage and Family Counseling	5	6.00
College Counseling	2	2.40
Psychology	25	29.80
Social Work	9	10.71
Other	5	6.00
Licenses/Certifications		
Licensed Professional Counselor (LPC)	23	27.40
National Certified Counselor (NCC)	2	2.40
Licensed Clinical Social Worker (LCSW)	9	10.70
Licensed Psychologist	22	26.20
Other	2	2.40
LPC, NCC, and Other	1	1.20
LPC and Other	3	3.60
LPC and NCC	20	23.80
LPC, NCC, and LCSW	1	1.20
LPC, NCC, LCSW, Psych., and Other	1	1.20
Years of Counseling Experience		
1 to 3 years	5	6.00
4 to 10 years	39	46.40
11 to 15 years	7	8.30
16 to 20 years	15	17.90
More than 20 years	18	21.40
Size of institution		
Large (more than 15,000 students)	27	32.10
Medium (5,000 to 14,999 students)	29	34.50

Table 4.1 Continued
Demographic Characteristics of Participants

<i>Characteristic</i>	<i>n</i>	<i>%</i>
Small (under 5,000 students)	28	33.30
Type of institution		
4 year public	47	56.00
4 year private, non-profit	23	27.40
4 year private, for-profit	6	7.10
2 year public	8	9.50

In this study, the Total Perceived Preparedness scores for the 84 participants who answered all of the questions were $M = 62.71$, $SD = 14.43$, with a minimum score of 26, and a maximum score of 87. The possible scores could have fallen between zero and 87. The score of 62.71 shows a moderate level of perceived preparedness. The counselors were asked to rate themselves on a scale of zero to 10 on how prepared they were to counsel with transgender students. The self-rated preparation scores from the counselors were $M = 6.29$, $SD = 2.17$. The self-rated score of 6.29 shows a moderate level of perceived preparedness. The counselors were asked if they thought it was the duty of mental health clinicians to be knowledgeable of gender identity issues in their clients. Of the respondents, 83 (98.80%) replied *yes* and 1 (1.20%) was *undecided*. The college counselors were asked if they used a specific therapy model they believed was trans-affirming and 66.70% indicated *yes*, whereas 33.30% indicated *no*. The therapy models which were listed as being trans-affirming included; Cognitive Behavioral Therapy (CBT), Person-Centered/Humanistic, Postmodern Psychology, Integrative, Acceptance and Commitment Therapy (ACT), Adlerian, Feminist, Queer Theory, Relational Cultural Theory, and Narrative. The reasons given for not using a trans-affirming model included; not being aware of a trans-affirming model, lack of training, transgender issues not being an issue at their college, and a belief that that use of a specific model was not important.

The participants were asked to list the number of hours spent in a typical week performing individual counseling to students who were transgender and the results included; 79 (94%) spent zero to five hours and five (6%) spent six to 10 hours. The number of hours that are typically spent providing group counseling to students who are transgender included; 83 (98.80%) spent zero to five hours and one (1.20%) spent six to 10 hours. The reported number of hours each week typically spent in consultation and collaboration on topics focused on transgender students (with peers, faculty, staff, and administrators) were between zero to five for 81 (96.40%) of the respondents and between six to 10 for three (3.60%) of the respondents.

To better understand the education and professional development of the participants, they were asked questions pertaining to coursework or seminars taken which related to LGBTQ+ and transgender specific content. The participants reported the number of counseling courses taken which focused on the LGBTQ+ population and mental health included; 38 (45.20%) had not had any, 33 (39.30%) reported one to two, six (7.10%) reported three to four, and seven (8.30%) reported five or more. The reported number of counseling courses taken which focused primarily on the transgender population and mental health included 65 (77.40%) had not had any, 16 (19%) had taken between one to two, two (2.40%) had taken between three and four, and one (1.20%) had taken five or more. Additionally, the participants were asked the number of professional development sessions (i.e. conference sessions and workshops) they had completed in the last two years on the topic of transgender individuals. The results indicated 11 (13.10%) had attended zero sessions, 41 (48.80%) had attended between one to two sessions, 22 (26.20%) had attended three to four sessions, and 10 (11.90) had attended five or more. The question as to whether they would attend a training on the topic of counseling with transgender individuals if it

was offered was asked and the results were; 75 (89.30%) answered *yes*, one (1.20%) answered *no*, and eight (9.50) were *undecided*.

Results of Research Questions

Research Question 1: What is the perceived level of preparedness of college mental health clinicians in the area of counseling transgender college students?

Does this differ by:

- a) Years of Experience?*
- b) Graduating from programs accredited by CACREP versus non-CACREP accredited programs?*

As stated earlier the overall results of this survey was $M = 62.71$, $SD = 14.43$ To find out how the scores differed based on years of counseling experience, a one-way analysis of variance (ANOVA), between-subjects design, was used. This analysis failed to reveal a significant difference in total preparedness when looking at years of counseling experience, $F(4, 79) = .96$, $p > .05$. The sample means and standard deviations are shown in Table 4.2. Table 4.3 shows an ANOVA summary for number of years of experience.

Table 4.2
Means and Standard Deviations for Years of Experience on Total Preparedness

<i>Years Experience</i>	<i>n</i>	<i>M</i>	<i>SD</i>
1 to 3 Years	5	73.20	16.56
4 to 10 Years	39	63.38	10.48
11 to 15 Years	7	58.57	20.53
16 to 20 Years	15	59.93	19.70
More than 20 Years	18	62.28	14.26

Note. $N = 84$

Table 4.3

ANOVA Summary Table for Investigating the Relationship Between Years of Experience and Total Preparedness

<i>Source</i>	<i>df</i>	<i>SS</i>	<i>MS</i>	<i>F</i>	<i>Sig.</i>
Between Groups	4	806.85	201.71	.96	.43

Table 4.3 Continued

<i>Source</i>	<i>df</i>	<i>SS</i>	<i>MS</i>	<i>F</i>	<i>Sig.</i>
Within Groups	79	16692.29	211.30		
Total	83	17499.14			

Note. *N* = 84

Part two of the first research question looked at the differences in how participants scored on the survey and discovered if there was a significant difference between those who graduated from CACREP accredited programs and non-CACREP accredited programs. To analyze the data an independent samples *t*- test was used. The analysis failed to show a significance difference in total preparedness scores between participants who graduated from CACREP accredited programs and non-CACREP accredited programs with, $t(82) = .77, p > .05$. The sample means and standard deviations are shown in Table 4.4.

Table 4.4

Means and Standard Deviations for Program Accreditation and Total Preparedness

<i>Program Accreditation</i>	<i>n</i>	<i>M</i>	<i>SD</i>
CACREP			
Yes	46	63.83	14.68
No	38	61.37	14.40

Note. *N* = 84

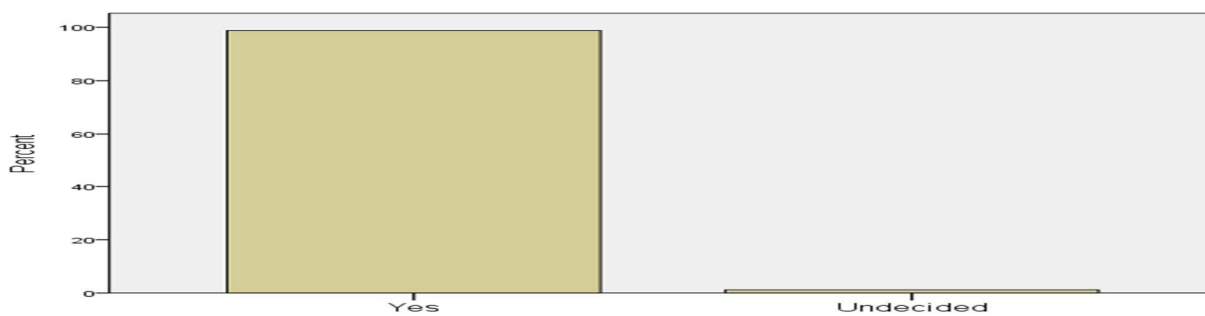
Research Question 2: To what extent are college mental health clinicians performing duties focused on serving students who identify as transgender?

The questionnaire asked participants how much time they spent providing direct counseling services to transgender students through individual counseling and group counseling. Participants were asked how much time they spent performing consultation and/or collaboration services on transgender student issues. The data revealed 79 (94%) spent between zero to five hours a week providing individual counseling to transgender students and five (6%) spent between six to 10 hours. In regards to group counseling, 83 (98.8%) spent zero to five hours and one (1.2%) spent between six to 10 hours. The data showed that 81 (96.4%) spent between zero and five hours providing consultation and three (3.6%) spent six to 10 hours.

Research Question #3: Do college mental health clinicians perceive themselves as having a professional duty to be knowledgeable about gender identity issues?

The results of this question overwhelming show that the participants surveyed indeed perceive themselves as having a professional duty to be knowledgeable about gender identity issues. Figure 4.1 show the results that 83 (98.8%) of participants answered yes and one (1.2%) answered as undecided.

Figure 4.1
Do College Mental Health Clinicians have a Duty to be Knowledgeable on Gender Identity Issues?

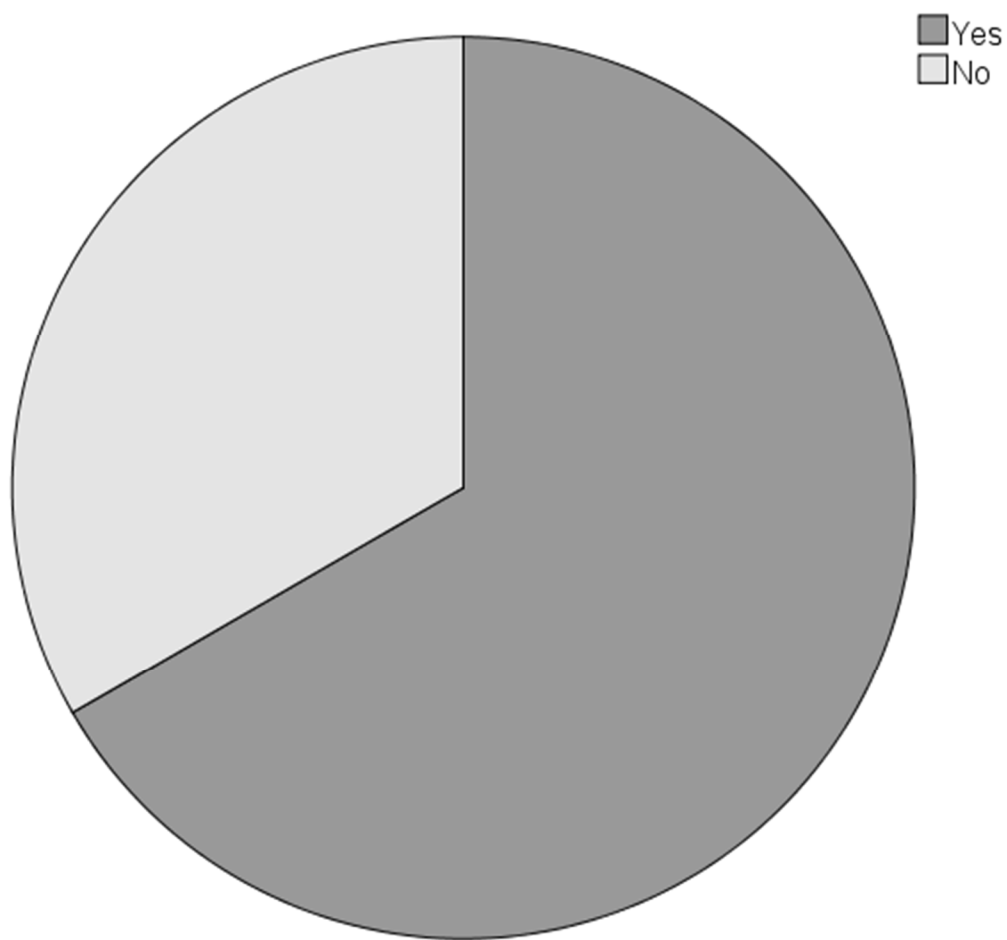


Research Question #4: Do college mental health clinicians use a specific therapy model which they believe is a trans-affirmative model?

This research question looked at the use of specific therapy models believed to be trans-affirmative by the counselors. Figure 4.2 displays the results which showed 56 (66.7%) of participants indicated they did use a trans-affirmative model, whereas 28 (33.3%) did not use a trans-affirmative model.

Figure 4.2

Do you use a Trans-Affirmative Therapy Model?



For the participants who answered yes to using a trans-affirmative model, some listed the therapy models they used which they believed was trans-affirmative. The therapy models listed included; Person-Centered, CBT, Adlerian, Intersectional Feminist, Queer Theory, Relational, Narrative, Humanistic, Existential, Acceptance and Commitment Therapy (ACT), Eclectic, Postmodern Psychology, Interpersonal Psychology, and Strengths-Based Approach.

For the participants who answered no to using a trans-affirmative model, many of them listed the reasons for not using one. The reasons included; lack of training in models which are considered trans-affirmative, not finding a specific model of therapy necessary for counseling, and not needing to work with transgender students because at this time the issue has not come up at their college campus.

Summary

The purpose of this study was to determine how prepared current college mental health clinicians were to counsel transgender college students. This chapter reported the results of the *Preparedness for Counseling Transgender Students* survey which was sent to college mental health clinicians. This study did not find significant differences in preparedness based on years of counseling experience, nor on graduating from a CACREP accredited program. This study showed that the majority of counselors are spending between zero to five hours providing individual counseling and group counseling to transgender students and between zero to five hours providing consultation and collaboration on transgender student issues. The majority of counselors do believe they have a professional duty to be knowledgeable about gender identity issues. Also the majority (66.7%) of counselors believe they use a trans-affirmative therapy model.

CHAPTER V: SUMMARY, CONCLUSIONS, AND IMPLICATIONS

Introduction

This chapter is broken into three sections. The first section reviews why the study was conducted and looks at the statement of the problem, the procedures of the study, and the research questions. The second section looks at conclusions drawn from the results of the study as well as implications. The third section looks at limitations of the study, ideas for future research, and a final summary.

Summary of the Study

A survey was sent to college mental health clinicians across the country to assess the preparedness levels to counsel with transgender college students. Demographic information was obtained which included their years of counseling experience, whether or not their program was CACREP accredited, their self-rated preparedness scores, the number of courses taken which focused on LGBTQ issues and mental health, and the time spent counseling with transgender students.

Statement of the Problem

The ACA requires counselors to be competent in counseling with multicultural populations (ACA, 2015). The transgender population is a multicultural population which is getting more attention primarily because some states have passed laws allowing counselors to refuse to counsel clients who identify as LGBTQ (DeMillo, 2016). Counselor educators have been required to teach counselors-in-training competencies to work with multicultural populations, including those in the LGBTQ population. On many college campuses there has been a response of student affairs professionals and administrators to better serve the LGBTQ student population due to the increasing numbers of students who self-identify as being a

member (Rankin, Weber, Blumenfeld, & Frazer, 2010). College students who are members of the LGBTQ population have been shown to have an increased risk of suicide over the general student population (Russell, Campen, Hoefle, and Boor, 2011). There have not been studies completed up to this point which look specifically at the preparedness levels of college mental health clinicians in counseling with transgender students.

Statement of the Procedures

An electronic survey was developed to collect information on the preparedness levels of college mental health clinicians. The survey questions were based on a review of the literature as to what counselors need to know in order to professionally counsel transgender individuals. The survey was piloted with licensed professional counselors and was revised based on expert recommendations. Eighty-four ($N = 84$) college mental health clinicians voluntarily participated in the research study. A request for participation was initially sent out in June 2016 and a follow up request was sent out in July 2016. Participants completed electronic surveys that included questions on demographics, education, training, years of counseling experience, size of institution, type of institution, accreditation status of graduate program, licensure status, program track, use of trans-affirmative therapy models, self-rated preparedness scale, time spent counseling with transgender students, and assessment of current knowledge. Data was gathered and analyzed using statistical analysis. The following is a summary of the research questions.

Research Questions

1. What is the perceived level of preparedness of college mental health clinicians in the area of counseling with transgender college students?

Does this differ by:

a) Years of experience

- b) Graduating from programs accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) versus non-CACREP accredited programs
2. To what extent are college mental health clinicians performing duties focused on serving students who identify as transgender?
 3. Do college mental health clinicians perceive themselves as having a professional duty to be knowledgeable about gender identity issues?
 4. Do college mental health clinicians use a specific therapy model which they believe is a trans-affirmative model?

Conclusions

Research Question 1: What is the perceived level of preparedness of college mental health clinicians in the area of counseling with transgender college students?

Does this differ by:

- a) *Years of experience*
- b) *Graduating from programs accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) versus non-CACREP accredited programs*

The overall results of this survey on preparedness level was $M = 62.71$, $SD = 14.43$. The minimum score was a 26 and the maximum score was 87. The highest score possible on the survey was 87. The analysis failed to show a significant difference in preparedness levels when looking at years of counseling experience. The years of experience in the survey varied widely from one year to more than 20 years. Transgender counseling competency is a relatively new competency which has recently been brought to the attention of counselors and counselor educators as a necessary skill for ethical counselors to have. Due to transgender counseling competency being a newer area of study, there is a scarcity in research and evidence-based

practice which counselors can look to for guidance. The counselors were asked to rate themselves on a scale of zero to 10 on how prepared they thought they were to counsel with transgender students. The self-rated preparation scores from the counselors were $M = 6.29$, $SD = 2.17$. This was on a scale of zero to 10.

The second part of this research question looks at the preparedness levels of counselors who graduated from CACREP accredited programs versus those from non-CACREP programs. Again there was not a significant difference in preparedness levels between the two groups. There are no specific requirements regarding transgender counseling competency in counselor education in the CACREP standards (CACREP, 2016). Counseling with diverse populations and being aware of cultural differences are educational areas that programs are required to teach their students (CACREP, 2016). Having the ability to work with individuals who identify as transgender fall under the social and cultural diversity core area of knowledge.

Research Question 2: To what extent are college mental health clinicians performing duties focused on serving students who identify as transgender?

Specifically, the question looked at how much time each week was spent providing individual and group counseling to transgender students and providing consultation and collaboration on transgender student issues. The data revealed the majority (94%) spent between zero to five hours a week providing individual counseling to transgender students and the minority (6%) spent between six to 10 hours. In regards to group counseling, the majority (98.8%) spent zero to five hours and only one (1.2%) spent between six to 10 hours. The data showed that 81 counselors (96.4%) spent between zero and five hours providing consultation and three (3.6%) spent six to 10 hours. The data reveals that most college mental health clinicians surveyed spend very little time directly working with transgender student issues.

Research Question 3: Do college mental health clinicians perceive themselves as having a professional duty to be knowledgeable about gender identity issues?

The data revealed the majority ($n = 83$) of college mental health clinicians surveyed believe they have a professional duty to be knowledgeable about gender identity issues. Only one ($n = 1$) indicated being undecided on the issue. The overwhelming percentage of clinicians who believe it is important to be knowledgeable about gender identity issues is consistent with gender identity issues gaining attention on college campuses (Rankin, Weber, Blumenfeld, & Frazer, 2010).

Research Question 4: Do college mental health clinicians use a specific therapy model which they believe is a trans-affirmative model?

A trans-affirmative practice refers to a non-pathologizing approach to clinical practice that accepts and validates all experiences of gender (Austin & Crain, 2015, p. 21). This definition was given to the participants with research question four. The participants were asked if they used a specific therapy model they believed was a trans-affirmative model. The results showed 56 (66.7%) of participants indicated they did use a trans-affirmative model, whereas 28 (33.3%) did not use a trans-affirmative model. Examples of the models they used included; Person-Centered, CBT, Adlerian, Intersectional Feminist, Queer Theory, Relational, Narrative, Humanistic, Existential, Acceptance and Commitment Therapy (ACT), Eclectic, Postmodern Psychology, Interpersonal Psychology, and Strengths-Based Approach. For those participants who did not use a trans-affirmative therapy model, some gave reasons such as; lack of training, not adhering to a specific therapy model, and not having transgender students on their college campus.

Implications

There are several implications for the counseling profession based on the results of this study. One implication of these results is the overwhelming majority of college mental health counselors surveyed believe they need to be more prepared to counsel with transgender individuals. Even with the low amount of time spent currently serving this population, the counselors believed it was imperative that they have sufficient knowledge to adequately counsel a student who falls out of the male-female gender binary. Counselors who work on college campuses have additional duties to be knowledgeable of the campus climate and the campus supports which exist to assist students to smoothly adjust to college. These supports include campus housing, student affairs organizations, faculty, and the college counseling center. If there is a lack of campus support, then college mental health clinicians need to be knowledgeable about off-campus resources, such as trans-friendly medical providers and LGBTQ support groups.

A second implication is that counselor educators need to be aware of the transgender population and include in their curriculum adequate resources so their students can be more knowledgeable about the transgender population and mental health issues which they may encounter. Counselor educators need to pass on knowledge about issues which affect transgender individuals at a higher rate as compared to the cisgender population. These issues include discrimination, substance abuse, violence, non-suicidal self-injury (such as cutting, burning, scratching), and suicide (Donatone & Rachlin, 2013; Russell, et al., 2011; Dickey et al., 2015). Also counselors need to be aware that many transgender individuals experience a lack of parental and familial support due to their families not accepting them (Simons et al., 2013).

A third implication is to build the awareness of practicing counselors that the therapy model they use is likely one that falls into the trans-affirmative category, that being a clinical approach which accepts and validates all experiences of gender. Thirty-three percent of the survey participants indicated they did not use a specific trans-affirmative theory. However, some of these participants indicated in writing that while they did not use a trans-affirmative theory, mainly due to lack of training, they did use Humanistic, ACT, Feminist, Person-Centered, and Strengths-Based Approaches instead. These theories, along with others, were also used by the counselors who insisted the theory they use was trans-affirming. The disconnect with this question is due to the counselors who answered negatively not being knowledgeable with what a trans-affirmative theory can look like. As counselor educators teach counselors-in-training about counseling theories, they need to know that theories can be used with many different populations including transgender individuals. Ongoing professional development training for practicing counselors should assist them to see that the theory they use can be one which is affirming to all experiences of gender.

Limitations

This study had limitations which I will summarize. Firstly, the sample size of 84 makes the study not generalizable to the population of college mental health clinicians. The timing of the study, June 2016 to July 2016, resulted in decreased participants as the researcher received notice from several college mental health clinicians that they were on vacation after the initial request for participation. If the timing of the survey happened during the academic school year, the researcher believes more counselors would have responded. Another limitation of the study was the questions relating to time spent counseling transgender students individually, in groups, and providing consultation and collaboration on transgender student issues. The least amount of

time option the participants could choose from was between zero and five hours. Almost all of the participants chose this option, which could mean that almost all of the participants spent zero hours, one, two, three, four, or five hours a week. So the results do not provide us with good information because the majority of participants could be spending zero hours counseling with transgender students or they could be spending five hours counseling with transgender students each week. Each of those options paint a very different picture. With this knowledge, the questions would have given better information if the hour breakdown was; zero, one to two, and three to five, or if the participant would have been asked to write in the amount of time spent weekly. Another limitation of the study is that it was a self-report survey. The participants may have interpreted the questions in different ways and therefore could have answered the questions differently. For example, when asked if the theory they used was trans-affirmative, different participants cited the same theory, some indicating it was not trans-affirmative and others indicating it was.

Suggested Further Research

Based on the results of this study there are areas for future research. There is opportunity for research in counselor education, professional counseling practice, and college campus mental health services. The following are some research suggestions.

Counselor educators and professional counselors could benefit from additional research into evidence-based counseling practices used with transgender individuals of all ages. Producing quantitative and qualitative research which studies the counseling theories and techniques which work well with transgender individuals, and sharing those results with both counselors-in-training and professional counselors will assist in the increase of transgender counseling competency. Further qualitative research into the experiences of transgender college

students on campuses can help college mental health clinicians increase their knowledge of the challenges that these students may be having. For professional counselors, experimental research designs, with pre and post-tests, could be created in connection with professional development workshops which focus on transgender counseling competencies. The tests could show growth in knowledge and awareness and could help increase the self-efficacy of the counselors.

Summary

Overall the results from the survey showed the counselors have a medium amount of preparedness to counsel with transgender students. No differences were noted based on years of counseling experience, nor on whether the counselor graduated from a CACREP accredited program or one that was not CACREP accredited. The majority of college mental health clinicians surveyed are spending between zero to five hours a week either providing counseling to transgender students or consultation and collaboration on transgender issues. The majority of the counselors surveyed feel it is their professional duty to be knowledgeable about gender identity issues. Approximately two-thirds of the participants indicated they used a therapy model which they consider to be a trans-affirmative model. This study had implications for counselor educators and for professional development and training for practicing professional counselors.

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APPENDICES

APPENDIX A: ELECTRONIC CONTACT CORRESPONDENCE

Email Letter of Introduction/Pre-contact/Invitation to Participate

My name is Valerie Couture and I am a doctoral student in counselor education and supervision at the University of Arkansas. I am conducting my dissertation study, under the supervision of my dissertation advisor Dr. Kristin Higgins, on the preparedness of mental health clinicians to counsel transgender individuals. To do this, I am asking college mental health clinicians like you to complete an online survey about how prepared you feel to counsel transgender college students at your institution. This study has been approved by the University of Arkansas Institutional Review Board, # 16-06-783.

Your responses to this survey are very important and will be helpful in advancing the profession of counseling and counselor education. This will be a short survey and should take no more than 15 minutes to complete. I will be emailing a link to the survey on June 6, 2016.

Your participation in this survey is entirely voluntary. All information will be kept confidential to the extent allowed by law and University policy. No personally identifiable information will be associated with your responses. Should you have any further questions or comments, please feel free to contact me by email at xxx@uark.edu or telephone (XXX) XXX-XXXX, or Dr. Kristin Higgins by email at xxxx@uark.edu or telephone at (XXX) XXX-XXX. Thank you for your time and consideration.

Valerie Couture

Ph.D. Candidate

University of Arkansas

Email Letter to Participate With Link to Survey

My name is Valerie Couture and I am a doctoral student in counselor education and supervision at the University of Arkansas. I am writing to ask for your participation in an online survey that I am conducting on the preparedness of mental health clinicians to counsel transgender college students. To do this, I am asking mental health clinicians like you to complete an online survey about how prepared you feel to counsel transgender college students at your institution.

Your responses to this survey are very important and will be helpful in advancing the profession of counseling and counselor education. This will be a short survey and should take no more than 15 minutes to complete. Please click on the link below to go to the survey website (or copy and paste the survey link into your Internet browser). Survey link: _____

Your participation in this survey is entirely voluntary. All information will be kept confidential to the extent allowed by law and University policy. No personally identifiable information will be associated with your responses. Should you have any further questions or comments, please feel free to contact me by email at xxxx@uark.edu or telephone (XXX) XXX-XXXX, or Dr. Kristin Higgins by email at xxxx@uark.edu or telephone at (XXX) XXX-XXXX. Thank you for your time and consideration.

Valerie Couture

Ph.D. Candidate

University of Arkansas

Email Letter to Nonrespondents

This time of the school year is very busy for mental health clinicians and I understand how valuable your time is. I am hoping that you may be able to give about 15 minutes of your time to help collect important information for the mental health counseling profession by completing a short survey. If you have already completed the survey, I really appreciate your participation. If you have not yet responded, I would like to urge you to complete the survey. I plan to close the survey next week, so I wanted to email everyone who has not responded to make sure you had a chance to participate.

Please click on the link below to go to the survey website (or copy and paste the survey link into your Internet browser). Survey link: _____

Thank you in advance for completing the survey. Your responses are very important. It is only through mental health clinicians like you that we can provide information that can advance the profession.

Sincerely,

Valerie Couture

Ph.D. Candidate

University of Arkansas

APPENDIX B INFORMED CONSENT

Informed Consent

Title of Study:

Preparedness to Counsel Transgender Clients: Perceptions of College Mental Health Clinicians

Researchers:

Valerie Couture, M.Ed., Doctoral Candidate
University of Arkansas
Counselor education Program
121 Graduate Education Building
Fayetteville, AR 72701

Compliance Officer:

Ro Windwalker, Compliance Coordinator Institutional Review Board
University of Arkansas
Research Compliance
210 Administration Building
Fayetteville, AR 72701

Purpose of Research:

The purpose of this study is to survey college mental health clinicians to determine their knowledge of transgender counseling practices, their comfort level in counseling transgender college students, and their awareness of issues which affect transgender individuals.

Description:

You are being asked to participate in a research study of mental health clinicians' perceived preparedness to counsel transgender college students.

This study is being conducted by a doctoral candidate, Valerie Couture, M.Ed., under the faculty supervision of Kristin Higgins, Ph.D., at the University of Arkansas, Fayetteville.

You will be asked to complete an online survey. The survey should take less than 15 minutes to complete. Questions will include details about your school's demographics, your educational background and training, and your perception of your knowledge and preparedness to counsel transgender college students.

Risks and Benefits:

There are no risks associated with participating in this study. Potential benefits to participants include helping researchers learn more about what mental health clinicians may know about transgender counseling practices and their perceived ability to effectively counsel transgender individuals.

Voluntary Participation:

Your participation in this study is completely voluntary. There will be no penalty to you if you decide not to complete the survey.

Right to Withdraw:

You are free to decide to withdraw from the study at any time before completing the survey. There will be no penalty should you decide not to complete the survey.

Confidentiality:

All information will be kept confidential to the extent allowed by law and University policy. No personally identifiable information will be associated with your responses. The results will be kept on a computer that is password protected and will only be accessed by the principal investigators of the study.

Compensation:

There is no compensation associated with participation in this study.

Contact Information:

If you have any questions about this research study you may contact the University's IRB Coordinator, Ro Windwalker, 109 MLKG Building, 479-575-2208, irb@uark.edu.

Implied Consent:

I have read the description and understand potential risks and benefits involved. I understand that my participation is completely voluntary and that I may decide not to complete the survey. The act of you completing and submitting the completed survey implies your consent to participant in this research study.

APPENDIX C: SURVEY

Mental Health Clinician Preparedness to Counsel Transgender Students Survey

Demographic Information

Gender:

Male Female Other (Please Specify) _____

What is your age group?

Under 30
31 to 40
41 to 50
51 or older

What is your ethnicity?

African American Asian Caucasian Hispanic/Latino Multi-Racial Asian Native American
Other (Please Specify) _____

What is the highest degree that you possess?

Bachelor's Master's Ed.D. Ph.D. Psy.D.

Was the master's level program that you graduated from CACREP accredited?

Yes No

What program track did you graduate from?

School Counseling Clinical Mental Health Counseling Community/Agency Counseling
Marriage and Family Counseling Substance Abuse Counseling College Counseling
Psychology Social Work

Please indicate any certifications that you currently have:

State Professional Counselor License
National Certified Counselor Certification (NCC)
Licensed Clinical Social Worker
Licensed Psychologist
Other (Please Specify) _____

How long have you been a mental health clinician? (choose one)

First year
1 to 3 years
4 to 10 years
10-15 years
16-20 years
More than 20 years

Your institution's size is:

Large (more than 15,000 students)

Medium (5,000-14,999 students)

Small (under 5,000 students)

Your institution's type is:

4 year public

4 year private, non-profit

4 year private, for-profit

2 year public

2 year private, non-profit

2 year private, for-profit

Definitions:

Transgender is an umbrella term inclusive of any individual whose gender identity or gender expression differs from the gender they were assigned at birth (GLAAD, 2016).

Trans-affirmative practice refers to a nonpathologizing approach to clinical practice that accepts and validates all experiences of gender (Austin & Craig, 2015, p. 21).

In your opinion, is it a mental health clinician's duty to be knowledgeable of gender identity issues in their clients?

Yes No Undecided

Do you use a specific therapy model which you believe is a trans-affirmative model?

If yes, which one? _____

If no, why not? _____

Is there a school-wide effort to have inclusive mental health services for transgender students?

Please list the number of hours that you spend performing the following duties per week in general:

Individual Counseling

Group Counseling

Collaboration and Consultation (with peers, administrators, student affairs staff, faculty, etc.)

Paperwork

Assessments

Other (specify duty and time) _____

Current Implementation

Please list the number of hours that you spend performing the following duties per week that are focused on serving students who are transgender.

Group counseling
 Individual counseling
 Collaboration and Consultation (with peers, administrators, student affairs staff, faculty, etc.)
 Other (specify duty and time) _____

To what extent do you feel prepared to counsel transgender individuals as a part of your mental health clinician position?

Not at all 0 1 2 3 4 5 6 7 8 9 10 well prepared

Education and Professional Development

List the number of transgender-centered counseling courses you have completed in your educational program(s):

Bachelors ___ Masters ___ Doctoral ___ Post-Doctoral ___

Please list the number of professional development sessions you have completed on the topic of transgender individuals in the last two years (examples include workshops or conference sessions).

If workshops, trainings, or conferences were offered on the topic of transgender individuals, would you attend?

Yes No Undecided Not interested

Mental Health Clinician Preparedness to Counsel Transgender Students Survey

Preparedness for Counseling Transgender Students

Knowledge or Awareness	Not Prepared	Less Prepared than average	Average Preparedness	Better prepared than average
Ability to explain transgender using appropriate terms				
Ability to explain the differences of biological sex, gender identity, and sexual orientation				
Awareness of resources outside of the college which are supportive of transgender individuals				
Awareness of the rates of suicidal ideation and attempts in the transgender population				

Knowledge of transgender affirming language				
Awareness that transgender individuals can have any sexual orientation				
Awareness of rates of homelessness for transgender individuals				
Knowledge of American Counseling Association (ACA) Code of Ethics				
Can help individuals have a better understanding of gender identity as a societal construct				
Competent in counseling micro skills				
Ability to do a clinical intake interview with transgender individuals				
Competent in communicating in a professional manner with transgender individuals				
Knowledge of where to access gender-neutral intake forms				
Knowledge of policies/procedures for transgender individuals to do a name change				
Ability to have unconditional positive regard for transgender individuals				
Awareness of rates of substance abuse for transgender individuals				
Awareness of transgender discrimination in society.				
Ability to accurately assess own worldview				
Ability to understand own attitudes, beliefs, and personal background				
Knowledge of privileged and marginalized statuses in society				
Understand how the client and counselor privileged and marginalized statuses influence the counseling relationship				
Understand how to confer a diagnosis of gender dysphoria				
Knowledge of transgender individuals being a multicultural population				
Knowledge of ACA endorsed multicultural and social justice counseling competencies				

Knowledge of ACA endorsed competencies for counseling with transgender individuals				
Awareness of rates of violence/stigma/marginalization towards transgender individuals				
Awareness of campus climate towards transgender individuals				
Awareness of campus resources for transgender individuals				
Knowledge of local medical providers which are transgender-friendly				
Knowledge of resources from the World Professional Association of Transgender Health (WPATH)				
Awareness of medical interventions clients may be interested in discussing (e.g., hormone therapy, gender confirmation top or bottom surgeries)				
Knowledge of gender identity development models				

APPENDIX D: HUMAN SUBJECTS APPROVAL



June 6, 2016

MEMORANDUM

TO: Valerie Couture
Kristin Higgins

FROM: Ro Windwalker
IRB Coordinator

RE: New Protocol Approval

IRB Protocol #: 16-06-783

Protocol Title: *Preparedness to Counsel Transgender Clients: Perceptions of College Mental Health Clinicians*

Review Type: EXEMPT EXPEDITED FULL IRB

Approved Project Period: Start Date: 06/06/2016 Expiration Date: 06/05/2017

Your protocol has been approved by the IRB. Protocols are approved for a maximum period of one year. If you wish to continue the project past the approved project period (see above), you must submit a request, using the form *Continuing Review for IRB Approved Projects*, prior to the expiration date. This form is available from the IRB Coordinator or on the Research Compliance website (<https://vpred.uark.edu/units/rscp/index.php>). As a courtesy, you will be sent a reminder two months in advance of that date. However, failure to receive a reminder does not negate your obligation to make the request in sufficient time for review and approval. Federal regulations prohibit retroactive approval of continuation. Failure to receive approval to continue the project prior to the expiration date will result in Termination of the protocol approval. The IRB Coordinator can give you guidance on submission times.

This protocol has been approved for 1,000 participants. If you wish to make *any* modifications in the approved protocol, including enrolling more than this number, you must seek approval *prior to* implementing those changes. All modifications should be requested in writing (email is acceptable) and must provide sufficient detail to assess the impact of the change.

If you have questions or need any assistance from the IRB, please contact me at 109 MLKG Building, 5-2208, or irb@uark.edu.