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CLINICAL PSYCHOLOGY STUDENTS' PERCEIVED TRAINING IN WORKING WITH
TRANSGENDER CLIENTS: AN EXPLORATORY STUDY

A DOCTORAL PAPER

PRESENTED TO THE FACULTY OF THE
GRADUATE SCHOOL OF PROFESSIONAL PSYCHOLOGY
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IN PARTIAL FULFILLMENT
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DOCTOR OF PSYCHOLOGY

BY

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Literature Review

Literature on appropriate psychological care for the transgender population has been sparse (American Psychological Association [APA], 2009; Carroll, Gilroy, & Ryan, 2002; Israel, Gorcheva, Walther, Sulzner, & Cohen, 2008; Korell & Lorah, 2007; Maguen, Shipherd, Harris, & Welch, 2007; Walker & Prince, 2010). Historically, the focus of research has been on medical care for transgender individuals, and this literature has tended to pathologize the population (APA, 2009). More recently, individuals who identify as transgender have been included under the umbrella of lesbian, gay, bisexual, and transgender (LGBT) studies, where their unique needs are often overlooked or ignored (APA, 2009; Carroll et al., 2002; Israel, et al., 2008; Korell & Lorah, 2007; Maguen, et al., 2007). However, in recent years there has been increased interest and redirection towards the importance of understanding how to serve the mental health needs of transgender clients in a positive and affirming manner. Recent health care reforms in some states have outlawed transgender exclusions previously allowed in most health care plans, leading to more available coverage for transgender-identified individuals (Goodwin, 2014; Johnson, 2014). These changes will likely lead to an increase in transgender-identified people seeking services. Studies looking at the lesbian, gay, and bisexual (LGB) population have shown that clinicians and graduate-level psychology students express a lack of confidence in working with sexual minorities (Rutherford, McIntyre, Daley, & Ross, 2012; Sherry, Whilde, & Patton, 2005). An October 2014 review of the literature did not reveal any studies that have looked specifically at the competence and training levels of clinicians working with transgender populations. Though Sue, Arrendo, and McDavis described multicultural competency guidelines in 1992, there have only recently been transgender-specific suggestions for competencies (Singh & Burnes, 2010). It is unknown to what extent these guidelines are being used to assist in training transgender-

competent clinicians in graduate psychology programs. Though more recent evidence has begun to highlight the importance of clinician competency in working with this unique population's needs, no studies have examined the perceived training needs of graduate students in the field.

People who identify as transgender experience a variety of unique stressors and life circumstances that may lead them to seek mental health care. This population is diagnosed with mental health conditions more often than the non-transgender population, with increased rates of anxiety, depression, eating disorders, and substance abuse problems (Carroll et al., 2002; Clements-Nolle et al., 2001; Cochran, Peavy, & Robohm, 2007; Cole, Denny, Eyler, & Samons, 2000). They are also more likely to experience physical, sexual, verbal, and emotional abuse in a society that has persistently discriminated against gender-nonconforming individuals (Carroll & Gilroy, 2002; Carroll et al., 2002; Clements-Noelle et al., 2011; Israel et al., 2008; Korell & Lorah, 2007; Newfield, Hart, Dibble, & Kohler, 2006). Legal protections have not yet been universally established or recognized to protect people who identify as transgender from blatant discrimination in the workplace or from being targeted as victims of violent crimes. In 2008, The National Center for Gender Equality sampled 6,450 transgender-identified people, and 71% reported hiding signs of their gender transition in order to avoid workplace bias. In the same study, 47% of individuals endorsed having had adverse job outcomes due to their gender identity. Additionally, between 61% and 64% of gender-nonconforming participants reported having been the victim of physical and/or sexual assault. (Grant et al., 2011). This lack of protection often leads to fear of being open about gender variance, which adds to already significant stress levels (Grant et al., 2011; Singh et al., 2010; Singh & Burnes, 2010). This 2011 survey of transgender and gender-nonconforming participants found that 41% of respondents had attempted suicide at least once (Grant et al., 2011). Other studies have found suicide attempt

rates ranging from 26% to 43% in LGBT populations (APA, 2009; Clements-Nolle, Marx, Guzman & Katz, 2001; Rutherford, et al., 2012). These numbers are in stark contrast to the general population's suicide attempt rate of approximately 1.6% (Grant et al., 2011).

Transgender individuals have also historically experienced pervasive discrimination in the medical community, which may be due to poor training or ignorance among health care providers (Grant et al., 2011). This discrimination can be displayed through rude interactions, harassment, or even outright denial of health care services (APA, 2009; Carroll & Gilroy, 2002; Grant et al., 2011; Israel, 2004). Chronic stress from living in a discriminatory environment may be a major factor contributing to both mental and physical issues in the LGBT population as a whole (Pettinato, 2012).

Transgender individuals often seek the services of mental health providers to receive psychological support for constant stress related to societal discrimination (APA, 2009; Burgess, Lee, Tran, & van Ryn, 2007; Korell & Lorah, 2007; Meyer, 2007; Rachlin, 2002). The World Professional Association for Transgender Health's (WPATH) *Standards of Care* (Coleman et al., 2011), which are highly regarded evidence-based guidelines for gender-nonconforming health care treatment, recommend that transgender-identified people obtain psychotherapy to improve quality of life. The *Standards of Care (SOC)* also outline the need for a transitioning person to be assessed by a competent mental health professional in order to obtain hormones from a physician or to be referred for genital surgery. The requirements for clinical competency within the SOC include the ability for the treating clinician to assess and diagnose any co-occurring mental health concerns, and the ability to distinguish these from gender based dysphoria, to be knowledgeable about gender dysphoria and current treatment protocols, and to recognize gender nonconforming expressions and identity development. (Coleman et al., 2011).

Perhaps in part due to the recommendations for psychotherapy outlined in WPATH's *Standards of Care*, the number of transgender individuals seeking mental health services has risen in recent years (Singh et al., 2010; Zucker, Bradley, Owen-Anderson, Kibblewith, & Cantor, 2008). It is highly likely that each clinician will treat at least one transgender individual during their career, and clinicians are even more likely to work with family members of transgender-identified people (APA, 2009; Ettner, 1999; Korell & Lorah, 2007). Gender-nonconforming individuals can certainly benefit from psychotherapy, especially with the goal of helping them live more comfortably within their gender identity (APA 2009; Coleman, et al., 2011, Fraser, 2009). The greatest outcomes from psychotherapy have been found when the clinician is competent and knowledgeable about gender identity topics (Coleman et al., 2011; Fraser, 2009). However, the number of clinicians reporting expertise in working with gender-nonconforming individuals has not yet risen to meet the increased needs of this population (Carroll & Gilroy, 2002; Rachlin, 2002; Rutherford et al., 2012; Singh et al., 2010). As reported by the APA Task Force on Gender Identity, only about 25% of clinicians state that they are "sufficiently familiar" with transgender topics. This 25% may even be an overestimation of the general clinician population due to the tendency for people more interested in the topic to respond to a survey request (APA, 2009). As a result of the scarcity of transgender providers, many transgender people have had to obtain services from clinicians who are not educated about gender-nonconforming issues. Some transgender individuals have even reported needing to "educate" their therapists about transgender issues during sessions (Carroll et al., 2002; Grant et al., 2011; Rachlin, 2002; Singh et al., 2010). In a 2002 survey of psychotherapy experiences, transgender therapy clients rated their mental health providers' lack of knowledge about

transgender issues as the most common factor related to harmful therapy outcomes (Rachlin, 2002).

Clearly, it is important for clinicians to be trained and supervised in providing effective mental health treatment to this unique population. Graduate programs are the first opportunity for clinicians to receive training in competency with diverse populations. Several studies have shown that students in graduate programs express little confidence in their ability to treat LGB clients, though no studies have specifically examined students' or practicing clinicians' competency levels with transgender topics (Ettner, 1999; Rutherford et al., 2012; Rutter, Leech, Anderson, & Saunders, 2010; Sherry, Whilde, & Patton, 2005). Many authors have suggested that the low levels of reported competence and comfort in treating sexual- and gender-nonconforming clients are due to the lack of LGBT-focused training in graduate programs (Carroll & Gilroy, 2002; Cole et al., 2000; Rutherford et al., 2012; Rutter et al., 2010). Graduate training programs in the United States often establish training guidelines based on the APA's competency requirements, partially in order to obtain or continue accreditation (Biaggio, Orchard, Larson, Petrino, & Mihara, 2003). In the past two decades, there has been some focus on establishing LGB training competence guidelines in APA-accredited schools (Sherry et al., 2005). However, transgender-specific training was largely ignored until 2005, when the APA assembled a task force to answer questions about training recommendations and guidelines to improve care for the transgender population (APA, 2009). The APA's Task Force on Gender Identity recommendations were released in 2009, and emphasized the importance of establishing transgender-specific competency guidelines for clinicians and students (APA, 2009).

The establishment of competency guidelines for transgender populations has not been immediate or definitive. Indeed, the psychological community has only relatively recently begun

to establish guidelines for multicultural competencies in clinical work. In 1992, Sue et al. published the first standards for clinical work, training, and research with multicultural clients. They noted that multicultural training had not been effectively established in graduate programs, which left clinicians with little practical knowledge and experience in working with diverse populations. Sue et al.'s guidelines outlined the importance of awareness and understanding of the clinician's own heritage, inherent prejudices, and self as a racial/cultural being. They also emphasized the importance of awareness, education, and sensitivity to others' diverse backgrounds as a replacement for the historical tendency for health care providers to pathologize and label other cultures as deviant or unhealthy. Though the original guidelines focused primarily on competencies for racial and ethnic minorities, Sue et al.'s work was an important stepping-stone for the creation of future competencies for work with gender-nonconforming minorities, and an invaluable introduction to the necessity of positive and affirming approaches to minority individuals (Carroll & Gilroy, 2002; Carroll et al., 2002). In 2002, Carroll et al. adapted Sue et al.'s competencies to create guidelines for students being trained to work with transgender clients. They stressed the importance of awareness of all facets of the population's worldview, including (but not limited to) the language of gender, historical oppression of the transgender community, and trans-specific medical needs. Knowledge and training in these areas were suggested to assist the student in adopting a "trans-positive" approach to therapy. In 2009, the Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling drew from multicultural, social justice, and feminist theories to create updated competencies for counseling transgender clients (Burnes, et al., 2009). The American Counseling Association (ACA) quickly endorsed these competencies. Like Carroll et al.'s guidelines, the ACA's competencies also focused on trans-affirming language, knowledge, and empathy, based partly

on Sue et al.'s and Carroll and Gilroy's models of multicultural competencies. In 2010, Singh et al. published their recommendations for competencies for graduate students training to counsel transgender and intersex people. This version utilized the core-competency model, which illustrates competency goals across three levels of professional development (Fouad et al., 2009) and describes knowledge, skills, values, and attitudes specific to working with transgender and intersex persons for each level of development in graduate training (Singh et al., 2010).

While the new advances in competency standards for work with transgender individuals represent a positive step for clinical care, it is still unknown whether they are used in graduate-level training programs (Singh et al., 2010). With the increased demand for competent mental health services for transgender clients, it is increasingly important that graduate-level students be exposed to adequate training opportunities in order to meet basic competency levels for working with gender-nonconforming individuals. Research examining students' perceived competence and training experiences focused on treating transgender individuals will be an important starting point to determining the adequacy of current training guidelines in graduate clinical and counseling programs. An understanding of graduate students' perceptions of training and supervision experiences can lead to recommendations for gender-competent training in graduate programs.

Method

Participants

The sample of this study included 207 doctoral students in clinical psychology programs; 11 surveys were partially completed, and 196 were fully completed. Of these surveys, two were discarded because students were not enrolled in doctoral-level clinical psychology programs at the time of the study. Of the remaining 205 students, 15% were between 18 and 24 years old,

78.3% were between 25 and 34, and 5.9% were 35 or older. The sample consisted largely of students in clinical psychology Psy.D. programs (66.8%), with the remainder enrolled in clinical psychology Ph.D. programs (29.3%). Participants were in different years of their doctoral program: 20 were first years (9.8%), 34 were second years (16.6%), 29 were third years (14.1%), 42 were fourth years (20.5%), and 73 were fifth years or beyond (35.6%). Of the total sample, 138 students reported having a master's degree (67.8%) and 67 reported having a bachelor's degree (32.2%). Participants were from at least 35 unique APA-accredited doctoral programs; four participants did not report the name of their program.

Procedures

Following approval from the University of Denver Institutional Review Board, an email was sent to APA-accredited clinical psychology doctoral program representatives (i.e., directors of clinical training, directors of doctoral training, or similar faculty representatives). The email described the purpose of the survey and included a link to forward to doctoral students. Sites that were not APA-accredited were not included in the study. Several programs did not respond to emails, and at least three program representatives actively declined to forward the surveys to their students.

In the introductory email, students were asked to complete a brief survey on their experiences with transgender clinical topics in their current graduate program. They were given the option of enrolling in a lottery for \$25 gift cards to an online store regardless of participation in the survey.

Measures

As there were no available measures previously utilized to examine this topic, the author developed the survey based on clinical experience, relevant literature, and input from doctoral-

level students as well as practicing clinicians. The survey included a consent form, demographic questions, and questions regarding participants' experience of training (including quantity of workshops attended, classes taken outside of their doctoral programs, and other experiences that were designed to teach about clinical care with this population), in addition to supervision devoted to working with transgender clients. The study included 10 quantitative questions, though optional comment areas were provided throughout the survey to allow the participants additional space for qualitative comments. Participants were asked about their experience with their current program's supervision and training, their personal beliefs about transgender clients, their perspectives on the adequacy of training in these topics, their knowledge of resources for transgender clients, and their desire to work with clients identifying as transgender either now or in the future. Questions regarding experience with training and supervision in the doctoral program were presented with the option to include the number of hours of training and supervision, the required or available coursework in LGBT issues, and number of transgender clients treated. Questions regarding students' perceptions of their competence in working with transgender clients were presented using a forced choice method. For instance, students were asked if they believed their programs offered adequate training and supervision for working with transgender clients. Students responded to an item on a 4-point Likert scale (1= *not at all true*, 4= *true*, with a *not applicable* option as well). Students were asked to rate their knowledge of transgender resources and standards of care using the same Likert scale options. For example, students were asked if they were knowledgeable about the WPATH *Standards of Care*. The majority of questions were formatted in a similar manner, with options throughout for the student to include additional comments if desired. Although the number of comments was insufficient to conduct a formal qualitative analysis, relevant comments will be highlighted below.

Data Analysis

As this paper was exploratory in nature, descriptive statistics were used to analyze the results using the Statistical Program for Social Sciences (SPSS). The frequencies and ranges were calculated for each survey item.

Results

Coursework at Current Program

Of the participants, 60.5% reported that there were no LGBT-specific courses offered in their current degree program, 27.3% stated that there was at least one course offered, and 8.3% were unsure. A total of 15.6% of participants in programs offering an LGBT course believed that it was required for graduation. Several participants commented that LGBT topics were discussed in other overarching diversity coursework, though many also noted that this coverage felt inadequate. The vast majority of participants (90.3%) stated that their program did not offer a course specifically devoted to education on transgender issues. Many of the remaining participants (9.3%) stated that they were unsure if one was offered; 44.4% reported that their program did not have a full course on transgender issues, but did offer a course that spent at least one full class on transgender issues. The majority of respondents (86.8%) indicated that their programs mentioned transgender clinical training at some point, even if less than one class was spent on the topic. In the space for optional comments, many participants mentioned that they were unsure of the extent of education on the topic in their programs, but believed transgender issues were at least mentioned during other coursework.

Several students chose to comment on the questions above. One student wrote the following:

This seems to be treated as a 'need to know' issue in our training program. We have a class that focuses on diversity, but students choose the topic that they want to present on

in this class, so if no one chooses transgender issues (as happened when I took the course), we don't even spend a full presentation time on the topic.

Another commented:

I feel that part of our clinical training should be the exploration of the experiences of others, and this is a big one for me that is rarely discussed. I don't want to be caught by surprise when I do have a transgender client. I am willing to put in the time to research the issue and community resources on my own, but I also think LGBT issues warrant their own course, at the very least.

Yet another respondent observed, “My program takes a principle driven stance towards diversity - training in terms of broad principles so you know how to work with anyone at a basic level and know how to identify further resources as needed.”

Supervision

Of 195 respondents, 139 (71%) stated they had not received any formal supervision in transgender clinical work. Of the remaining 56 participants, 62.5% reported receiving between 1 and 5 total hours of supervision in transgender clinical work; 19.6% received between 11 and 15 hours; and 1% (two participants) received 41 or more hours.

When asked to rate the statement, “I receive competent supervision for working with transgender clients,” 195 participants responded. Of the responses, 11 (5.6%) participants reported that this was *true*, 18 (8.8%) selected *mostly true*, 38 (19.5%) selected *somewhat true*, 65 (33.3%) selected *not at all true*, and 63 (30.7%) selected *not applicable*.

Training

When asked about formal training (e.g., workshops, conferences, and courses outside of their doctoral programs) in clinical work with transgender clients, 102 participants (49.8%)

reported having had no training outside of coursework and supervision. Of the 95 participants who had received training, 73 had between 1 and 5 hours of training (76.8%), 11 participants had between 6 and 10 hours of training (11.6%), and the remaining 11 had more than 11 hours of training (11.6%).

Number of Transgender Clients

Of the 182 participants who completed this question, 132 reported having had zero transgender clients (64.4%), 25 reported one transgender client (12.2%), 13 reported two transgender clients (6.4%), four reported three transgender clients (2.0%), two reported four transgender clients (1.0%), and six reported five or more transgender clients (3.0%). The range of transgender-identified clients seen by participants was between 0 and 25.

Beliefs About Degree Program

There were 195 completed responses to the question of, “I believe that my degree program offers adequate training and supervision to become competent in working with transgender clients.” Of these, six respondents selected *true* (3.1%), 18 selected *mostly true* (9.2%), 99 selected *somewhat true* (48.3%), 69 selected *not at all true* (33.7%), and the remaining three selected *not applicable*.

Knowledge of Resources

From 195 responses to the item, “I am aware of specific resources that transgender clients may need for hormone therapy, surgery, hair removal, speech therapy, etc.,” 16 participants reported that the statement was *true* (8.2%), 28 selected *mostly true* (14.4%), 73 selected *somewhat true* (35.8%), and 76 selected *not at all true* (39.0%).

The same number of participants ($n = 195$) responded to the question on knowledge about *WPATH Standards of Care* related to work with transgender clients. The majority (79.0%)

reported that they were not at all aware of WPATH's *Standards of Care*. Six participants (3.1%) reported that they were knowledgeable about these standards. Two (1.0%) reported they were student members of WPATH; 23 stated they were not members (11.0%), but were familiar with WPATH. The remaining 170 participants (82.9%) reported they were not members, nor were they familiar with WPATH.

Personal Beliefs and Identification

Of 195 participants, 84 (43.1%) reported they know people who identify as transgender in their personal lives. An equal number of participants stated they do not know transgender-identified people. The remaining 27 (13.8%) were unsure if they personally know any transgender-identified people.

Of the participants, 195 responded to the item, "I am not comfortable providing counseling to transgender clients due to personal values and beliefs." Six selected that the statement was *true* (3.1%), five selected *mostly true* (2.6%), 18 selected *somewhat true* (9.2%), and 166 (85.1%) selected *not at all true*.

Interest Level

In response to the statement, "I am interested in providing services to transgender clients in my current degree program," 66 participants (33.8% of 195) reported this was *true*, 40 (20.5%) selected *mostly true*, 71 (36.4%) selected *somewhat true*, and 14 (7.2%) selected *not at all true*. Slightly more students reported that they wanted to provide services to transgender clients in the future: 68 stated this was *true* (34.9%), 47 selected *mostly true* (24.1%), 67 selected *somewhat true* (34.4%), and 12 selected *not at all true* (6.2%). Several students chose to comment after this question. One participant commented, "I'm as interested in working with transgender clients as I am with non-transgender clients." One shared the following: "I have

neither a strong desire to work with transgender clients nor a strong desire not to. I want to work with the clients that come through the door.” Another student stated, “I do have some knowledge based on my identity within the LGBT population, but did not gain this knowledge through my schooling.”

Discussion

Results of this study indicate that students enrolled in APA-accredited clinical psychology doctoral programs believe their programs are not offering adequate training for providing clinical care to transgender-identified clients. Though there were not enough comments to conduct a qualitative analysis, several participants chose to use the optional comment space to voice their feedback on training. The majority of these responses indicated that students felt their programs were not adequately integrating transgender specific training into their curricula or practica. Additionally, the majority of students taking this survey indicated their programs did not offer a general LGBT course, much less one specifically devoted to transgender issues. While there are no specific guidelines introduced by the APA to indicate the appropriate level of training on these topics, the APA’s 2009 Task Force on Gender Identity and Gender Variance recommended that gender identity topics be represented in all aspects of graduate school training, including coursework and practica (APA, 2009). The argument often presented, which was also reflected by participants’ comments on this survey, was that gender identity and transgender-specific topics were not plentiful enough to require specific training about this population. However, it was noted that approximately 25% of participants, across various years of graduate school training, reported having seen at least one client who identified as transgender. Many more transgender clients may avoid obtaining services at sites that are not known to provide competent care for their needs, which is likely to reduce the number of

transgender clients seen by students, even though they are in need of services. The majority (71.7%) of respondents reported having had no supervision in transgender issues, and those who had reported 5 hours or less. Additionally, almost half of the respondents denied having any training on transgender issues. For those receiving training, the majority reported fewer than 5-hours. If the WPATH *Standards of Care* are the most widely used and effective standard of clinical practice available (Coleman, 2009), one might expect students seeing a transgender-identifying client to be at least aware of their existence. However, only 3.1% of participants described themselves as knowledgeable about WPATH at all. In addition, only 8.2% believed themselves to be knowledgeable about specific resources for transgender clients. Considering the increased mental health care needs of this population around presenting symptomology, suicide attempts, and other concerns, the lack of competent clinicians in the field is startling (Carroll et al., 2002; Clements-Nolle et al., 2001; Cochran, Peavy, & Robohm, 2007; Cole, Denny, Eyler, & Samons, 2000).

Another common theme in participants' comments was that programs' overall multicultural training was adequate enough to generalize to transgender and gender-nonconforming clients. While multicultural training is certainly necessary and useful for practicing clinicians, it may be unrealistic to think that general cultural-awareness training is adequate to understand the unique and ever-changing physical and emotional needs of a transgender-identified client (Mathy, 2009). While every student does not need the same level of training on transgender treatment, the field is missing a model of minimum competency for working with this population. Further research and recommendations for education and practice will be especially useful in outlining competencies and training minimums for students.

Clinical Implications

The clinical implications of minimal or nonexistent training in transgender issues are tremendous. As noted, most clinicians will see at least one transgender-identified client in practice (APA, 2009; Ettner, 1999; Korell & Lorah, 2007). Many will see more than this, especially as health care reform has already begun to increase access for those previously unable to afford mental health care services. At the time of this writing, six states and the District of Columbia have heeded the recommendations of the American Medical Association, the American Psychiatric Association, and WPATH by requiring that private insurance provide equal health care for gender services (Molloy, 2014). Additionally, Medicare has recently stated that they will also require equal access to transgender-specific medical care (Rabin, 2014). With these changes, more gender nonconforming and transgender individuals will be able to have their physical and mental health needs covered by insurance. Some clinicians and agencies have already been met with an unprecedented demand for specialized services and referrals for adults and children with gender-based needs (Dr. R. St. Claire, personal communication, April 14th, 2015). If the lack of training reflected in this survey is accurate, few clinicians will be competent to meet those needs, and those who are not may turn away clients, need to seek additional supervision and training, or feel pressured to treat outside their areas of competency in order to retain or attract clients. To prevent a gap in services—whereby a newfound ability to pay for services results in the number of transgender people seeking treatment exceeding the number of clinicians qualified to provide it—graduate schools will need to adjust their educational curricula to meet these needs.

Limitations

This study used a nonrandomized, noncontrolled survey method to recruit participants. Nonrandom samples may lead to selection bias (Winship & Mare, 1992). In this study, students particularly interested in clinical work with transgender-identified individuals may have been more likely to complete the survey, leading to an overrepresentation of students with more experience or training than the general population. Conversely, students with strong feelings about their programs' training environments (including, potentially, strongly negative feelings about their programs' lack of focus in this area) may have been more likely to complete the survey. Additionally, as certain program representatives declined to forward the survey, some students were not given the opportunity to participate. This may indicate a self-selection bias of the programs represented. As such, participants may not have been representative of the entire population of clinical psychology doctoral students, and results should be interpreted with caution. Additionally, the study relied on self-report methods. Student in earlier years of training may have not yet been exposed to the available resources provided by their programs on transgender issues. Alternatively, these early career students may have assumed that resources and training would become available as they progressed in their programs, an assumption that may not have been accurate. Therefore, participants may have responded inaccurately to certain items on the survey.

Future Research & Training Implications

It is recommended that future studies be completed on this topic. Specifically, further information should be gathered on the clinical training and supervision experiences of clinicians. Studies with large, random samples would increase the generalizability of findings and further understanding on the current training environment in APA-accredited doctoral programs. It is

also recommended that future studies examine the impact of general multicultural training versus topic-specific training on students' competency when presented with a gender-nonconforming client. As this study showed approximately 15% of respondents who noted some value-driven discomfort about treating transgender identified clients, future studies to identify the factors that drive this discomfort (e.g., religious beliefs, lack of exposure to the topic) would be beneficial. This research would be invaluable in helping to provide recommendations to training programs.

Finally, doctoral programs themselves are encouraged to examine their training protocol to determine if they are meeting the needs of this population and their students. It is recommended that training programs examine the WPATH Standards of Care in detail to effectively determine if they offer the training, coursework, and supervision required for initial competency with the transgender population (See Appendix for link to WPATH SOC). While there are a relatively low percentage of transgender clients currently being seen by students in doctoral programs, this should not be assumed to eliminate the need for increased level of training in these schools. Instead, as transgender clients are more likely to seek out specialized and competent care for their unique needs, programs would be wise to assume that these clients may avoid training programs due to a lack of perceived competency by students. As training quality increases in these programs, it is likely that clients will become aware of this increased competency, and will seek out clinical care from students who are currently in these programs, or licensed clinicians who have graduated from these schools. Initial recommendations for these program changes include requiring, at the minimum, a LGBT specific required course for each student. This course should allow enough time to adequately cover the competencies required for clinical work with the transgender population, and provide resources (such as WPATH, Division 44 of the APA, workshop opportunities) for students who would like to increase their ability to

work with transgender needs. Finally, competent and specialized supervisors with advanced experience working with gender topics should be sought out by programs and made available to all students who express an interest, or who are actively working with a client who identifies as transgender.

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Appendix

Link to access WPATH Standards of Care, version 7:

http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1351&pk_association_webpage=3926