THE GOOD, THE BAD, AND THE UGLY: SUPERVISING TRANS COUNSELORS IN TRAINING

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The Supervisory Committee certifies that this ***disquisition*** complies with North Dakota State University's regulations and meets the accepted standards for the degree of

DOCTOR OF PHILOSOPHY

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ABSTRACT

Clinical supervisors should be culturally competent working with transgender counselors in training, but currently minimal research exists regarding trans counselors. The current study explores the experiences of five trans counselors or counselors in training who received clinical supervision. Qualitative data was collected by a single semi-structured interview with each participant, who self-identified as a trans counselor who received supervision within the preceding five years. An Interpretative Phenomenological Analysis was used to understand participants' interpretation of their experience, which was then interpreted by the researcher. Findings revealed four super-ordinate themes: Competent Supervision, Incompetent or Harmful Supervision, Power and Privilege Dynamics, and Supervisor Competencies Needed, plus two sub-themes related to supervisee experiences in clinical supervision. Findings suggested clinical supervisors displayed widely varying levels of competency when working with trans supervisees, and participants identified several suggestions for supervisors to increase competency with this population. More research is needed to better understand the full extent of supervisor competency working with trans supervisees.

Keywords: Trans, transgender, clinical supervision, competence, trans supervisee

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DEDICATION

To transphobia – my inspiration for this entire dissertation.

Sometimes saltiness and a fiery passion to fight back is the best kind of motivation.

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INTRODUCTION

Clinical supervision, or supervision is an essential and required component of counselor education programs, professional training, and often licensure (Bernard & Goodyear, 2014). Clinical supervision is a process where a more senior counselor monitors a more junior counselor's clinical work (Bernard & Goodyear, 2014) in order to "develop, enhance, monitor, and when necessary, remediate professional functioning" (Allan et al., 2017, p. 231). Counselors require supervision: (a) while in a counselor education program, e.g., practicum or internship, (b) when entering the counseling field and working toward licensure, (c) when learning a new specialized skill or practice, or (d) when working with a more specialized population or concern with which the counselor is unfamiliar, e.g., eating disorders (Bernard & Goodyear, 2014). Clinical supervisors are often required to meet a certain minimum education level or credential, depending on the state where they supervise (Henderson et al., 2015). Individuals who receive clinical supervision as part of their academic, licensure, or continuing education requirements are referred to as either counselors-in-training or supervisees.

The goal of supervision is to help counselors in training develop their knowledge and skills to become quality, ethical, competent practitioners in the field (Bernard & Goodyear, 2014). In most cases, clinical supervisors are licensed clinical counselors or related mental health professionals (e.g. social workers, psychologist, marriage and family therapists) who have met minimum requirements for independent licensure and have obtained advanced knowledge through continuing education or graduate school (Bernard & Goodyear, 2014; Henderson et al., 2015).

One requirement for clinical supervisors is competency around multicultural issues. Transgender individuals make up a unique multicultural group. The term transgender is an

adjective "describing a person whose gender identity does not match their designated sex at birth or…an umbrella term for both binary (male/female) and nonbinary (genderqueer) identities whose gender identity and designated sex at birth are incongruent" (Ginicola, Smith, et al., 2017, p. 367). This includes individuals who are transgender, e.g., individuals designated male at birth who identify as women (male-to-female, or MTF) or individuals designated female at birth who identify as male (female-to-male, or FTM). It can also include individuals who are gender variant. Gender variant is a term used to describe people who identify outside of the male/female gender binary, including but not limited to individuals who identify as genderqueer, gender fluid, gender nonconforming, agender, nonbinary, femme, butch, Two Spirit, and third sex (Ginicola, Smith, et al., 2017; Lev, 2004). Although individuals whose gender identity falls under the umbrella term "trans" likely have as much variation within their community as they do between multicultural communities – particularly when accounting for intersecting identities – it is helpful to create a context for understanding some of the commonly occurring challenges that face trans individuals.

In addition to licensure and competency requirements, clinical supervisors are expected to uphold ethical competencies. Professional organizations within the field of counseling formally address the need for clinical supervisor multicultural competency in several ways. The American Counseling Association (ACA) Code of Ethics (2014) integrated the necessity of cultural considerations and competency throughout the majority of sections (Standards A.2.c, A.10.e, A.10.f, A.11.a, B.1.a, B.5.b, C.2.a, C.5, E.5.b, E.8, E. 9, F.2.b, F.7.c, F.11, F.11.b, F.11.c, H.2.a, and H.5.d). The Code of Ethics specifically addressed supervision by stating "counseling clinical supervisors are aware of and address the role of multiculturalism/diversity in the clinical supervisory relationship" (Standard F.2.b; p. 13). Similarly, the Association for Counselor

Education and Supervision (ACES; 2011) created the Best Practices in Clinical Supervision. Guideline 6 is devoted to diversity considerations and aligns with the ACA Code of Ethics, stating clinical supervisors "[recognize] that all supervision is multicultural supervision and infuses multicultural considerations into his/her approach to supervision" (2011, p. 8). Furthermore, Guideline 6.a.iii. specifically identified gender as a cultural factor. Finally, the Council for Accreditation of Counseling and Related Education Programs (CACREP; 2015), which provides specific programmatic guidance to all accredited master's- and Ph.D.-level counselor education programs, addressed and infused cultural competency into various areas. For example, it directed programs to provide master's-level curriculum focused on social and cultural diversity. CACREP also directed Ph.D. programs to provide education to students about "culturally relevant strategies for conducting clinical supervision" (p. 35). These organizations were in alignment on their instruction for clinical supervisors to obtain and maintain multicultural competency.

Multicultural competency considerations have overwhelmingly focused on race or ethnicity (Bernard & Goodyear, 2014). However, gender minorities such as trans (e.g., transgender, nonbinary, gender nonconforming, or gender variant) individuals form a multicultural group with distinct needs (Brammer & Ginicola, 2017). The American Counseling Association considered gender minority issues district enough to address through a separate publication, the Competencies for Counseling with Transgender Clients (ALGBTIC Transgender Committee, 2010); however, no such document existed providing guidelines for supervising trans counselors in training. In fact, there was scant existing research addressing supervising trans supervisees. The most relevant counseling literature focused on trans individuals centers on providing competent counseling to trans clients (see Carroll et al., 2002; Kirk & Belovics, 2008;

Salpietro et al., 2019). The most relevant supervision literature focused almost exclusively on supervisees who are sexual minorities, e.g., lesbian, gay, and bisexual trainees (see Allan et al., 2017; Burkard et al., 2009; Gatmon et al., 2001; Halpert & Pfaller, 2001). This literature emphasized disparities between clinical supervisor and sexual minority supervisee perceptions of and satisfaction with the supervision experience (Allan et al., 2017; Gatmon et al., 2001). Burkard et al. (2009) highlighted how affirming versus non-affirming supervision could have a profound impact on supervisee experiences in supervision and could ultimately affect their development and learning as a counselor. Even the literature that did address gender in some capacity was not adequately inclusive. For example, Gatmon (2001) included gender as a variable in their study, but they used binary categories, e.g., men or women, for the demographics. As a result, they did not allow for trans people to identify themselves outside this binary and may have invalidated any trans or gender nonconforming people who wanted to participate in the study.

Despite trans issues being identified as a unique and necessary competency, there was also minimal research related to working with trans clients. There was a notable gap in existing literature addressing the supervision of trans counselors. The purpose of this study was to begin to address that gap by exploring and interpreting the experiences of trans counselors or supervisees who have received clinical supervision.

This qualitative study used interpretative phenomenological analysis (IPA) to explore how trans counselors and supervisees experience clinical supervision. Participants were counselors who received supervision related to training or licensure within the past five years. Five participants completed semi-structured interviews. This researcher followed IPA protocols to interpret participants' experiences by first studying each individual's transcribed interview to

identify themes related to their distinct experiences, and later considered all interviews collectively to identify super-ordinate themes. This researcher then presented their experiences in a way that both discusses how participant experiences converge while simultaneously recognizing where individual experiences diverged.

Problem Statement

Supervision is a required component for counselors in training while in graduate programs and while obtaining licensure (Bernard & Goodyear, 2014). Clinical supervisors are required to be multiculturally competent (American Counseling Association, 2014; Association for Counselor Education and Supervision, 2011). Trans individuals are considered a unique multicultural group (ALGBTIC Transgender Committee, 2010), and there was insufficient research addressing the supervision of trans counselors in training. Research around sexual minorities, a distinctly different but parallel minority group, indicated clinical supervisors are not consistently displaying competence or are not being perceived as competent (see Allan et al., 2017; Burkard et al., 2009; Gatmon et al., 2001; Harbin et al., 2008). The lack of research with trans individuals combined with gaps in competency with other members of the lesbian, gay bisexual, queer, intersex, and asexual (LGBQIA+) community suggested clinical supervisors may lack adequate training and guidance for working effectively with gender minorities.

Need for Study

The specific number of mental health providers who identify as trans was unknown, however, trans mental health practitioners exist (Blumer & Barbachano, 2008). Unfortunately, there was scant research about trans counselors. Trans individuals were often unhelpfully grouped together into a category of lesbian, gay, bisexual, transgender, queer, and other (LGBTQIA+) individuals, despite transgender referring to gender identity and expression, and

LGBQ+ referring to sexual orientation. Research referring to the "LGBT" population often included only participants who are lesbian, gay, or bisexual, but did not include trans participants. Counseling research mirrored this pattern – research about "LGBT" counselors was almost exclusively focused on counselors who are sexual minorities.

The implications of this study were highly relevant to practicing counselors, counselor educators, and clinical supervisors. Scant research existed describing the experiences of trans counselor supervisees. This study will begin to bridge this gap in the current knowledge base of supervision. The most relevant existing research addressed supervising sexual minority supervisees, and it provided additional support for the necessity of this study. Researchers have highlighted clinical supervisors' lack of competency around multicultural issues, particularly sexual orientation.

Purpose of the Study

The purpose of this study was both academic and practical. This study contributed vital information to the existing body of knowledge of supervision in order to address a largely unstudied area of counselor supervision. Trans issues were coming to the forefront as advocacy efforts succeed in raising trans voices in many areas of U.S. society (e.g., Bostock v. Clayton County, GA, 2020; Macy v. Department of Justice, 2012; Human Rights Campaign, 2020); However, there was a lack of research about the experiences of counseling supervisees who are trans. Through this study, trans supervisees and trans counselors had ownership of their voices and experiences during clinical supervision. In turn, these voices spoke directly regarding the extent to which they perceived they were receiving competent supervision. The competency level of supervisors was addressed, and recommendations were made regarding how trans counseling supervisees may be better served by counseling supervisors. Additionally, this study

provided practical information for practicing counselors, clinical supervisors, and counselor educators to increase the competency of current and future clinical supervisors who may supervise trans counselors in training. As discussed previously, clinical supervisors are required to achieve and maintain multicultural competence, therefore this study provided essential knowledge to the counseling field in hopes of increasing the quality of supervision trans counseling supervisees receive.

Significance of Study

The purpose of supervision is to create counselors who are knowledgeable and competent working with a wide variety of clients, presenting concerns, and who may potentially act as clinical supervisors to future supervisees (Bernard & Goodyear, 2014; Borders et al., 2014). The reputation of the counseling profession rests on the consistency and competency of clinical supervisors who act as the gatekeepers of the counseling profession. Many states did not require specific education or certification to become a clinical supervisor; rather, they may require a minimum number of continuing education hours about supervision (Henderson et al., 2015). Therefore, it was difficult to ascertain the consistency of supervisors' training or whether they were achieving a minimum competence for working with trans supervisees. This study offered desperately needed insight into trans counselors' experiences with clinical supervision. It illuminated potential strengths and limitations of clinical supervisors' knowledge, skills, and competency providing clinical supervision to trans supervisees. This study provided valuable information about the extent to which trans counseling supervisees perceived their clinical supervisors are meeting minimum competency requirements.

Research Questions

The primary research question in this study was "How do trans counselors or supervisees experience clinical supervision?" The researcher used a semi-structured interview process to allow for some flexibility in addressing information that arises during the interview. Secondary questions that arose based on the interviews and identified themes included: how competent are clinical supervisors in addressing trans supervisees' needs, and what competencies do clinical supervisors working with trans supervisees need?

Overview

In chapter one, the need for the study was outlined. Chapter two will review relevant literature outlining relevant background information about trans individuals, how the minority stress model applies to trans experiences, background about supervision, and an overview of research related to trans supervision experiences. Finally, chapter 3 will explain the methodology and detailed research design of the study.

Definition of Major Terms

Cisnormativity **–** This is the assumption that all people are cisgender, with their gender identity matching their sex assigned at birth. There is often an implicit assumption that a cisgender identity natural, normal, and somehow superior to trans people or trans identities (Ginicola, Smith, et al., 2017).

Gender binary – The gender binary is the "classification of gender and sex into only two separate categories, masculine and feminine, indicating that these are distinct and opposite ways of being" (Ginicola, Smith, et al., 2017, p. 362). The gender binary is generally considered rigid and does not accommodate the wide range of gender identities in the world.

Gender confirmation surgery – Gender confirmation surgery (GCS), sometimes called gender affirming surgery, refers to "surgical procedures that modify a person's body to reflect that person's gender identity" (Ginicola, Smith, et al., 2017, p. 362). GCS my include any number of surgical procedures such as "top" or "bottom" surgeries, tracheal shaving, or facial feminization surgeries. GCS was previously referred to as "sex reassignment surgery," which is considered a problematic and less affirming term.

Gender Expression – the way an individual externally expresses or presents their gender, e.g., language, clothing, mannerisms, or hairstyle (Ginicola, Smith, et al., 2017)

Gender Identity **–** Gender is a social construct, and gender identity is "a person's self-concept of their gender (regardless of their biological sex)" (Lev, 2004, p. 397). Lev further asserts that in many cultures it is assumed that one's gender correlates with their physiology. Although this is true for most individuals, some individuals experience a gender identity that conflicts with their physiology or sex assigned at birth.

Intersex – This term is sometimes confused with transgender. A person whose "sex development in utero differs from the expected sex presentation at birth, resulting inn ambiguous or both male and female chromosomes, hormones, internal/external sexual organs, and/or secondary sexual characteristics" (Ginicola, Smith, et al., 2017, p. 364).

Misgendering –Misgendering occurs when one's social or gender identity is invalidated by others, such as by using pronouns different from one's preferred pronouns (Lev, 2004; McLemore, 2015). This can be particularly harmful because humans have a "motivation to be understood by others and to receive evaluations consistent with one's own self-views" (McLemore, 2015, p. 52).

Nonbinary – Nonbinary is an umbrella term for a handful of gender identities "including (but not limited to): (a) an individual whose gender identity falls between or outside male and female identities, (b) an individual who can experience being a man or a woman at separate times, or (c) an individual who does not experience having a gender identity or rejects having a gender identity" (Matsuno & Budge, 2017, pp. 116–117).

Out – disclosing one's gender identity to others. Commonly referred to as "coming out" or "being out" (Ginicola, Smith, et al., 2017).

Passing **–** A trans person who is able to be "perceived and/or accepted as their gender identity" (Ginicola, Smith, et al., 2017, p. 366). Not all trans persons seek to pass, as this implies a desire to fit into a gender binary of man/woman (Lev, 2004).

Preferred Pronouns – Individuals may have preferred pronouns, which are the pronouns they feel matching their gender identity. Some people use traditionally masculine pronouns (hi/him/his) or feminine pronouns (she/her/hers), but others, particularly those who identify outside of the gender binary, may use pronouns such as they/them/theirs or ze/hir/hirs (Lev, 2004; Matsuno & Budge, 2017).

Sex Assigned at Birth **–** This is sometimes referred to as assigned sex, natal sex, or biological sex. It is "the physiological makeup of a human being [which includes]…genetic, hormonal, morphological, chromosomal, gonadal, biochemical, and anatomic determinants that impact the physiology of the body and the sexual differentiation of the brain" (Lev, 2004, p. 80). Each person is assigned a sex at birth – either male or female; however, one's gender identity may or may not align with this assigned sex.

Transitioning – Transitioning is an important concept for many trans persons. It refers to "any systematic change of one gender expression to another" (Kort, 2018, p. 332), and it is

important to highlight that transition does not always involve medical changes. Rather, it may involve psychological, legal, physical, social, or even spiritual changes or shifts one experiences as they accept their gender identity (Lev, 2004).

Transphobia – Transphobia is "emotional repulsion, hate, discrimination, and aggressions directed at individuals who are gender nonconforming and those whose gender and sex are unclear" (Chang & Chang, p. 217).

LITERATURE REVIEW

Introduction

Transgender, or trans is an umbrella term including all individuals whose sex assigned at birth does not match their gender (Ginicola, Smith, et al., 2017; Kort, 2018; Lev, 2004). Trans individuals have existed throughout human history. Lev (2004) highlighted that many world cultures have recognized gender variance, stating that "[in] diverse forms and representations, perceived through the socially constructed lenses of distinct cultures and eras, gender and sex variance have always existed" (p. 55). Lev proceeded to describe several cultures where gender diversity was common. For example, Greek and Roman traditions included cross-dressing, and mythologies involved gods and goddesses who were intersex, changed genders, or cross-dressed. Additionally, it was not uncommon for Romans – particularly royals – presented or identified as a gender other than their assigned sex. Native American cultures have historically recognized multiple gender identities including "Two-Spirited" individuals, which refers to individuals assigned male or female at birth who embody both male and female spirits. Indian culture and spiritual traditions also identify gender variance in multiple ways. Hinduism highlights that "all persons contain within themselves both male and female principles" (p. 61), and stories of gods and goddesses behaving outside of gender norms supports this. Additionally, Lev described Hijras, or individuals in Indian culture who were recognized as a third gender. Hijras are assigned male at birth or people born intersex who adopt traditionally feminized appearances and behaviors, and who often identify as women. Lev further outlined evidence of cross-dressing and "passing" men and women in both North America and Europe in the eighteenth century. Matsuno and Budge (2017) identified more recent examples of non-binary genders, including "Chuckchi within Siberia, Bakla within the Philippines,…and Quariwarmi within Peru" (p. 117).

The extent to which these nonbinary gender identities were socially accepted, and in some cases even revered, varied by time period and culture.

Estimations of the number of trans individuals in the United States vary due to the potential vulnerability of identifying one's self as trans and challenges with consistent inclusion criteria (Crissman et al., 2017; Flores et al., 2016; Lev, 2004). It is estimated trans and gender-variant individuals account for approximately 0.36-0.95% of the U.S. population (Crissman et al., 2017; Flores et al., 2016). The Diagnostic and Statistical Manual of Psychiatric Disorders (DSM; American Psychiatric Association, 2013) estimated approximately 0.005%-0.014% of individuals assigned male at birth and 0.002%-0.003% of individuals assigned female at birth meet criteria for gender dysphoria. Flores et al. (2016) estimated approximately 0.36-0.95% of American adults identify as transgender i.e., male to female, female to male, or gender non-conforming. Crissman et al. (2017) estimated approximately 0.53% of American adults identified as transgender. However, researchers noted it is difficult to accurately measure the trans population for two reasons: the secretive nature of those who remain partially or fully "closeted" over concerns about shame and social stigma and the complex nature around language and categorization (Crissman et al., 2017; Flores et al., 2016; Lev, 2004). Carroll et al. (2002) cautioned that there are significant variations in estimates based on varying inclusion criteria. Researchers in the United States have not come to a clear consensus on which individuals are included in "transgender" surveys. Inclusion and exclusion criteria for surveys in the United States may be based on the DSM 5 diagnostic criteria for gender dysphoria (American Psychiatric Association, 2013), or may specify whether someone has received gender confirming surgery, has used hormones, can "pass" as their identified gender, or whether they have ever received any kind of services or medical interventions. Additionally, it is unclear if surveys

include individuals who identify as trans but do not experience gender dysphoria (Lynne Carroll & Gilroy, 2002).

Currently there is research focused on working with sexual minority supervisees and clients, and there is research on working with trans counseling clients; however, there is scarce research on working with trans supervisees. Despite the lack of research, clinical supervisors are expected to be competent regarding the unique background and needs of trans counselors in training. From a broad context, clinical supervisors are expected to be multiculturally competent around a "full range of cultural factors, including race, ethnicity, gender, sexual orientation, socioeconomic status, privilege, ability status, family characteristics and dynamics, country of origin, language, historical processes (e.g., history, migration), worldview, spirituality and religion, and values" (Association for Counselor Education and Supervision, 2011, p. 9). The American Counseling Association (2014) defines multicultural competence as "counselors' cultural and diversity awareness and knowledge about self and others, and how this awareness and knowledge are applied effectively in practice" (p. 20). To emphasize competency working with trans people specifically, the Association of Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC) Transgender Committee (2010) created the *American Counseling Association Competence for Counseling with Transgender Clients* to address the unique needs of the trans population by outlining very specific competencies regarding working with trans clients. Although it may be argued that competency working with trans clients may be comparable to working with trans supervisees, ALGBTIC does not provide specific direction regarding working with trans supervisees.

Lack of attention to trans supervision appears to be a theme throughout the existing literature. Researchers and professional associations address working with sexual minority

supervisees and working with trans clients, but there is a distinct gap in the research regarding the needs of trans supervisees. Research around sexual minority supervisees indicates clinical supervisors are not always displaying competency or consistently meeting sexual minority supervisees' expectations or needs (Allan et al., 2017; Burkard et al., 2009; Gatmon et al., 2001). Furthermore, there was negligible research regarding clinical supervisors' experiences or level of competency working specifically with trans supervisees, despite gender being identified as a specific cultural variable in the ACA Code of Ethics (American Counseling Association, 2014). Due to this lack of research on trans supervision, later pieces of this literature review will draw parallels from lesbian, gay, bisexual, queer, and additional sexual minority (LGBQ+) supervision research because sexual minorities experience similar minority stressors as transgender individuals (Hendricks & Testa, 2012).

The absence of research on transgender supervision is concerning. This chapter will provide an overview of transgender individuals and the importance of language used in discussions about transgender issues. Next, the minority stress model will be applied to trans individuals in order to provide a framework for conceptualizing the unique societal and systemic challenges trans individuals face. In order to begin conceptualizing trans supervisee needs and clinical supervisor competence, this researcher will explore three adjacent areas. First, the purpose and role of clinical supervision will be more thoroughly discussed. Next, this researcher will explore existing research about supervising sexual minorities, e.g., lesbian, gay, bisexual supervisees, since this group is the most closely related to trans community in terms of type of minority stress experienced (Lev, 2004; Meyer, 2003). Finally, counselor competency with trans clients will be discussed, as several supervision skills parallel counseling skills (Bernard & Goodyear, 2014).

Language

In order to effectively discuss the trans community's history and experiences, research related to trans people, and associated information, there must first be an understanding of the language being used. Language is an essential and at times contentious aspect of discussing gender identity. Those who identify outside of the gender binary, e.g., man and woman, have historically been repressed by language that does not adequately represent their identity or experiences, and at times has actively negated their experiences (Lev, 2004). Furthermore, language around gender identity is constantly evolving and changing. Lev (2004) accurately stated "words are created within a sociocultural matrix and must be understood contextually as well as phenomenologically" (p. 56).

This researcher will use terms that are currently widely used and accepted as affirming. The researcher will use the term "trans" in this study as an umbrella term to include all individuals whose sex assigned at birth does not match their gender, including but not limited to individuals who are trans men, trans women, gender nonconforming, genderqueer, gender variant, gender fluid (Ginicola, Smith, et al., 2017; Kort, 2018; Lev, 2004). This aligns with the Association of Gay, Lesbian, and Bisexual Issues in Counseling (ALGBTIC) Transgender Committee's (2010) recommendation to use the broadest, least restrictive language. The researcher also acknowledged there are many ways to discuss and describe gender identities, and there is much more specific language available some individuals prefer and use to describe their identities. The terms in this research are not necessarily the "right" terms, and as language evolves, there may be other terms that are much better suited or more affirming. The language in this study is the researcher's best attempt to be gender-affirming with current terms and their existing connotations and denotations.

In order to understand the many terms used this research, this researcher will explore language and definitions and clarify essential differences in terminology. Specifically, it is important to delineate the difference between one's designated sex, sexual orientation, and gender identity. This is particularly important because these concepts are often blended when using acronyms such as LGBTQIA+, which refers to lesbian, gay, bisexual, transgender, queer, intersex, asexual, and other genders/sexual orientations within the wide spectrum.

Sex is most often thought of as two distinct categories – male and female. In the United States, all humans are assigned a sex a birth based on the presence or absence of certain primary sex characteristics, particularly one's external genitalia (Salpietro et al., 2019). This assigned sex, sometimes expressed as designated sex or biological sex, may also refer to "genetic, hormonal, morphological, biochemical, and anatomical determinates that impact physiology of the body and sexual differentiation of the brain" (Lev, 2004, p. 398). However, up to 2% of the population is defined as intersex, or not easily classified as male or female due to ambiguous or multiple physical sex characteristics at birth (Lev, 2004).

While sex is generally based on biology, gender identity is a socially defined construct that may vary from one culture to another. For many societies, there is an expectation that men and women will look, behave, and present in specific ways based on their assigned sex, and any behavior or presentation outside of those expectations is considered deviant (Lev, 2004). When one's biological sex and gender identity align, the person's gender identity is referred to as cisgender (Ginicola, Smith, et al., 2017). When one's biological sex and gender do not align, the person may identify as transgender or gender variant (Kort, 2018; Lev, 2004; Salpietro et al., 2019). In the United States, when this incongruence between gender identity and physical sexual

characteristics causes marked distress, it is referred to as gender dysphoria (American Psychiatric Association, 2013).

Sexual orientation is a concept that may be confused with gender identity, or at times there may be confluence with the two concepts. For example, the common acronym "LGBTQ+" encompasses sexual orientation identity (i.e., lesbian, gay, bisexual, queer/questioning, asexual) and gender identity (transgender). Trans individuals are often included in studies that focus primarily on minority sexual orientations, and many "LGBT" studies do not include or discuss trans people at all (American Psychological Association, 2015). Sexual orientation refers to "the self-perception of the direction of sexual desire…[describing] sexual preference and emotional attraction" (Lev, 2004, p. 399). Sexual orientation is experienced and labelled based on an individual's gender and the gender(s) to which they are attracted. Like cisgender individuals, trans individuals experience sexual orientation on a continuum. Examples include attraction to others of the same-sex (lesbian or gay), different-sex (heterosexual), multiple genders (bisexual or pansexual), or may have no sexual desire toward others (asexual). For example, a male-to-female trans woman (born male, but transitioned to a woman) may be attracted to trans or cisgender women, thereby identifying as a lesbian. Alternately, she may be attracted only to trans or cisgender men, thereby identifying as heterosexual.

The Minority Stress Model as a Framework for Trans Stress

In order to explore trans individuals' experiences in supervision, it is essential to start with a framework for understanding trans experiences in general. Meyer's (2003) Minority Stress Model provides such a framework to start building essential knowledge and understanding about the unique experiences of trans individuals. Meyer created the minority stress model to provide a conceptual framework for understanding unique stressors – above and beyond daily

stressors – faced by lesbian, gay, or bisexual individuals that are directly related to their minority status. No such model exists to conceptualize trans experiences; however, sexual minorities' experiences can be used as a general framework to understand trans experiences due to several similarities between these groups. For example, both gender and sexual minorities experience individualized and systemic forms of oppression, discrimination, and even violence based on their minority status (Hendricks & Testa, 2012). Furthermore, the *ACA Competencies for Counseling with Transgender Clients* (ALGBTIC Transgender Committee, 2010) also references the minority stress model as a foundational framework for their definitions of competent counseling with trans clients. This researcher will discuss how the Minority Stress Model applies to LGB individuals and then examine parallels that apply to trans individuals.

Minority stress was first defined as "a state intervening between the sequential antecedent stressors of culturally sanctioned, categorically ascribed inferior status, social prejudice and discrimination, the impact of these environmental forces of psychological well-being, and consequent readjustment or adaptation" (Brooks, 1981, p. 107, as quoted in Alessi, 2014, p. 49). Meyer (2003) amended this to define minority stress as "excess stress to which individuals from stigmatized social categories are exposed as a result of their social, often a minority, position" (p. 675). Additionally, Meyer outlined four specific types of stressors occurring on a continuum from distal to proximal in nature: (a) chronic and acute prejudice and discrimination, (b) heightened vigilance or anticipation of discrimination, (c) internalized homophobia, and (d) concealing one's identity as a sexual minority. This researcher will discuss how each of these stressors applies to sexual minority individuals and then examine similarities or differences in how they apply to trans individuals.

Prejudice and Discrimination

First, Meyer's asserts sexual minorities experience external events of prejudice and discrimination that may occur on a continuum from individual level to societal level and may be either overt or subtle. These events may include microaggressions in everyday interactions, blatant homophobic remarks from strangers, threats of violence, or even systemic barriers such as inability to join a partner's health insurance.

Similarly, trans individuals are also at heightened risk for experiencing prejudice, discrimination, microaggressions, transprejudice, and transphobia. (Hendricks & Testa, 2012). Transphobia refers to "negative attitudes regarding transgender individuals expressed through fear, aversion, anger, intolerance, and/or discomfort" (Ginicola, Smith, et al., 2017, p. 368). Trans persons may receive transphobic or threatening remarks as a direct result of their gender presentation. Transphobia may also be systemic or subtle. For example, trans individuals may have difficulty accessing routine medical care, such as birth control, OBGYN services, and mental health care due to providers holding biases against trans individuals (Reisner & Hughto, 2019). They also may have difficulty receiving medical care related to transitioning, such as being denied a referral for hormone therapy or gender confirmation surgery or receiving sub-par medical care (Ginicola, Filmore, Smith, et al., 2017; Lev, 2004), or they may experience discrimination while seeking health care (Reisner & Hughto, 2019). From a macro-level perspective, the lack of research around trans persons is itself a form of discrimination as it can lead to a decreased quality of physical or mental health care (Ginicola, Filmore, Smith, et al., 2017).

One type of microaggression trans individuals face regularly is misgendering, or referring to someone with a gender-based pronoun that does not match their identified gender (Lev, 2004).

McLemore (2015) studied the frequency and effects of trans persons being misgendered. Over 30% of participants reported being misgendered "often" and nearly 35% reported feeling "very stigmatized" when being misgendered. Furthermore, feeling stigmatized when misgendered was associated with negative affect, lower evaluation of appearance, and lower identity strength and identity congruence.

Vigilance of Prejudice and Discrimination

The second aspect of minority stress identified by Meyer (2003) involves the expectation and anticipation of experiencing the external prejudice and discrimination events. Individuals who are sexual minorities are likely to remain vigilant of potentially harmful events and dangers, and this required vigilance creates an additional layer of stress (Alessi, 2014; Lev, 2004; Meyer, 2003). Dangers may include experiences such as rejection, bias, or even physical or psychological harm. For example, rejection may include family members severing relational ties with trans individuals who come out. Bias could include trans individuals being denied an apartment rental, job, or bank loan due to being trans. The risk for physical harm is greater for trans individuals to increased risk of violence against trans persons (James et al., 2016). Psychological harm may include trans individuals being at increased risk for a number of mental health concerns such as depression, anxiety, or suicidality due to living with ongoing minority stress (Hendricks & Testa, 2012; Meyer, 2003). More concretely, an individual may be fearful and vigilant of harassment or violence when showing affection to a same-sex partner in public. The expectation of rejection or violence may cause a person who is a sexual minority to hide their identity or change their behavior in order to feel safer; hiding aspects of one's identity due to fear creates a high level of internal stress (Lev, 2004).

Trans persons must also remain vigilant of safety issues due to the anticipation or expectation of possibly experiencing discrimination or even violence from others who are transphobic (Hendricks & Testa, 2012). For example, a trans man may fear physical violence when using the men's restroom due to the risk of being perceived as "not belonging." Family members may reject trans individuals when they come out, resulting in the individual feeling forced to choose between an authentic gender presentation and maintaining familial relationships. Trans persons, particularly trans women and trans women of color are at particularly elevated risk for experiencing violence and even homicide (Chang & Chung, 2015). James et al.'s (2016) U.S. Transgender Survey research supported these increased concerns. They found that in the year prior 14% of respondents experienced unequal treatment, 46% experienced verbal harassment, and 9% experienced physical attack due to their gender identity or expression. Overall, trans persons are at increased risk to experience violence and fatal violence as a result of their gender identity or expression, and according to the Human Rights Campaign (2020).

Furthermore, Matsuno and Budge (2017) highlighted the extent to which U.S. society is gendered, and the many challenges a trans person may face while navigating the world. They reported

> most societal infrastructures, including most languages, bathrooms, and clothing stores, are designed for those who identify within the gender binary. Therefore, [trans or nonbinary] individuals must navigate a world that has little allotment for their identity, making daily acts such as using the bathroom or completing paperwork challenging (p. 118).

For many trans people daily life requires them to navigate numerous different gendered systems. Paying attention to and making decisions around gendered systems requires a heightened level of awareness, attention, and stress.

Internalized Transphobia

The third category of minority stress focuses on internalized homophobia, or the internalization of society's negative attitudes and beliefs about sexual minorities (Ginicola, Filmore, & Smith, 2017; Meyer, 2003). Sexual minorities are raised in a culture and society where they are taught implicitly or explicitly that their identity is undesirable or less-than because it is outside of the idealized norm (e.g., heterosexuality). Over time, these societal beliefs become internalized, and the result may be negative feelings toward one's self or toward others who are sexual minorities.

For trans individuals, the equivalent of these harmful internalized beliefs is internalized transphobia. Trans persons' self-blame and low self-esteem can result in a dangerous sense of self-hatred, which may correlate with increased risk of mental health problems including suicidality (Ginicola, Filmore, Smith, et al., 2017; Hendricks & Testa, 2012). Trans persons can also develop an unhelpful sense of transnormativity, which Bradford and Syed (2019) explained "structures transgender identities into a hierarchy of legitimacy which privileges some trans identities and marginalizes others" (p. 307). Essentially, transnormativity is a type of internalized homophobia that causes trans persons to discriminate against other trans persons whose identities they deem more or less legitimate. For example, a trans woman who can "pass," or is consistently perceived as the gender she presents, may hold biased and negative views against a nonbinary trans person for not trying to conform to the gender binary. This, in turn, creates added layers of minority stress even within the trans community.

Concealing Identity

The final category of minority stress focuses on concealing one's identity. Due to the previous stressors identified, sexual minorities must be consistently aware of concealing their identity or considering how, when, or if to reveal their identity (or "come out") to others (Goodrich & Ginicola, 2017; Meyer, 2003). Coming out is a lifelong process that occurs many times in many contexts of one's life. It involves revealing one's identity to individuals and groups such as family, friends, workplaces, or religious community. Goodrich and Ginicola (2017) asserted that coming out is a personal decision that is often based on one's identity development, anticipated costs and benefits, and perceived social and emotional safety. Additionally, they highlighted benefits and risks of coming out. Benefits included "self-integration, self-growth, and empowerment" (p. 65), and the primary risk was social rejection as it could have serious consequences including alienation from loved ones or sources of emotional supports, physical harm, loss of employment or financial support which could lead to homelessness, depression, or even suicidal ideation.

Trans individuals face similar challenges around revealing or concealing identity (Goodrich & Ginicola, 2017), although there is a scarcity of research specifically focused on trans persons experiences with coming out. Based on the existing research around trans experiences, it is clear that trans persons experience very similar concerns around rejection, safety, and discrimination in their lifetime due to their gender identities (Alessi, 2014; Alessi et al., 2019; Brammer & Ginicola, 2017; Hendricks & Testa, 2012; Tebbe & Moradi, 2016). Trans persons experience the stress of deciding whether to come out on a nearly daily basis. They must assess relational and environmental safety and decide the extent to which they will conceal or reveal their identity in different environments. If one's identity were revealed in an unsafe

situation it could potentially lead to psychological or physical pain. Like sexual minority persons, trans persons must maintain an awareness of where, to whom, or in what social contexts they are "out." Additionally, they must manage the stress around constantly "coming out" to different people or groups in their lives, particularly in the early stages of transgender emergence (Lev, 2004).

In summary, the minority stress model outlines how sexual minorities experience specific stressors above and beyond daily stressors that are a direct result of their minority status. These stressors can be applied to the experiences of trans persons due to their status as a gender minority. Minority stressors are categorized as prejudice and discrimination, heightened vigilance due to threat of prejudice and discrimination, internalized transphobia, and concealing or revealing one's identity. These stressors cause trans persons to adapt to a perpetual state of stress.

Based on this application of the minority stress model, minority gender identities fall under the umbrella of multicultural considerations to which clinical supervisors must attend. To obtain and maintain competency working with trans counselors in training, clinical supervisors should understand factors that impact privilege and oppression (Association for Counselor Education and Supervision, 2011; Borders et al., 2014). The next section will explore psychosocial and systemic issues, which are inherently related to minority stress in terms of privilege and oppression that impact people who are trans.

Conceptualizing Trans Experiences Using the Minority Stress Model

As mentioned previously, part of required competency for clinical supervisors working with trans supervisees involves understanding the complex biopsychosocial issues impacting trans persons (ALGBTIC Transgender Committee, 2010). In order to be knowledgeable about

the challenges trans individuals face within the context of the minority stress model, it is essential to have at least a cursory knowledge of the specific stressors and challenges trans individuals experience. There are innumerable factors that could be explored in relation to trans experiences and minority stress, such as the role of other intersecting identities; however, the scope of this literature review is necessarily limited. This researcher will discuss some of the more salient aspects of trans experiences, specifically focusing on barriers and areas of oppression as they relate to the minority stress model. I will explore the prevalence of trans mental health concerns, the historically complex and negative relationship between gender minorities and the mental health field, safety concerns and victimization of trans persons, employment inequality, and education experiences of trans persons.

Mental Health

Trans individuals experience mental health concerns at a notably higher rate than the general population. James et al. (2016) found that 39% of trans persons in their study had reported experiencing serious psychological distress within the past 30 days, which is more than seven times higher than the general U.S. population (5%). It has been argued that the mental health of trans persons may be directly correlated with and caused by minority stress factors (Hendricks & Testa, 2012). Trying and failing to adapt to living in a continuous state of minority stress can result in increased risk for pathology and mental health concerns (Alessi, 2014; Ginicola, Filmore, Smith, et al., 2017; Lev, 2004; Meyer, 2003).

Trans individuals may present in counseling with an exhaustive list of symptoms that can be and often are pathologized; however, they may be related to living under intense minority stress. Trans individuals may seek counseling for any number of concerns including but not limited to anxiety, depression, suicidal ideation, alcohol and other substance abuse, interpersonal

violence (L. Carroll et al., 2002; Ginicola, Filmore, Smith, et al., 2017; Kort, 2018; Lev, 2004), obsessive compulsive disorder, disordered eating, mania, sleep disorders (Lev, 2004), as well as challenges with self-esteem and functioning in work or school (L. Carroll et al., 2002). Trans individuals may also seek to address gender-related concerns, such as internalized transphobia, identity development and stages of coming out, losing heterosexual privilege (e.g., a trans female loses male privilege), grief related to loss of relationships with loved ones (Kort, 2018), experiences or fear of social rejection (Salpietro et al., 2019), or dealing with social isolation resulting from rejection or loss of connection (Hendricks & Testa, 2012). Unfortunately, trans individuals are more likely to receive pathological labels with negative connotations such as "demanding, manipulative, controlling, coercive, and paranoid…immature and egocentric" (Lev, 2004, p. 189). Receiving inaccurate labels and diagnoses could lead to unhelpful or even harmful treatment. For example, Lev asserted if a trans individual has a depressed mood due to internalized homophobia or distress related to gender dysphoria, these issues could be addressed and potentially alleviated in counseling. Alternately, if the person is diagnosed with a depressive disorder, they may simply receive medication with no acknowledgement of the source of their depressed mood.

Suicidality is a significant mental health concern for trans individuals, particularly due to the increased risk of social isolation and social rejection by family, friends, or other sources of support (Hendricks & Testa, 2012). Research consistently indicates trans persons are at higher risk for suicide attempts than the general public. Grant et al. (2011) and James et al. (2016) confirmed this disparity, finding 40% to 41% of trans people had attempted suicide at some point in their lifetime. This was almost nine times higher than the general U.S. population's rate for lifetime prevalence of attempted suicide (4.6%). Additionally, James et al. (2016) found 7% of

trans respondents had "attempted suicide in the past year—nearly twelve times the rate in the U.S. population (0.6%)" (p. 10).

Several researchers have found correlations between trans mental health and experiences of minority stress. For example, Goldblum et al. (2012) found a correlation between suicidality and experiencing gender-based hostility or insensitivity. They examined data from the Virginia Transgender Health Initiative Survey, which explored trans persons' experiences of gender-based hostility or insensitivity in high school. They discovered 44% of trans high schoolers experienced gender-based victimization and 28.5% had made at least one suicide attempt. Of those who had made a suicide attempt, 39% reported making three or more suicide attempts. Ginicola, Filmore, Smith et al. (2017) highlighted the severity of suicidal ideation within the trans community. They reported trans individuals are at highest risk within the LGBTQIA+ population with 38-65% experiencing suicidal ideation, and approximately 32% attempting suicide.

Ginicola, Filmore, Smith et al. (2017) also identified several factors that negatively influence trans mental health, which appear to directly correlate with the minority stress model. They specifically identified that microagressions and lack of societal acceptance are experiences of prejudice. They also reported that internalized transphobia is a significant factor for trans mental health as it negatively impacts one's self-esteem and ability to engage with others authentically. Finally, they asserted concealing or revealing one's identity is a constant factor when considering if one will be accepted or rejected by society, culture, or even one's family and friends.

Unfortunately, despite the heightened risk for mental health problems, trans persons may have difficulty finding competently trained, trans-affirmative providers (Reisner & Hughto,

2019). Although Kanamori and Cornelius-White (2017) reported most counselors have an overall positive attitude toward trans people, Salpietro et al.'s (2019) research indicated counselors "lack essential training and knowledge needed in order to effectively work with trans* clients, often leading to initial distrust of the counselor and their ability to provide competent services" (p. 211).

Higher rates of mental health concerns and difficulty finding competent counselors suggest an increasing need for counselor training and competence in this area. If trans clients are struggling to find a competent counselor, it is conceivable that a trans counselor in training may struggle to find a competent clinical supervisor. Furthermore, counselors in training may be struggling with their mental health during training based on the gender and minority stress.

Mental Health Diagnosis

LGBTQIA+ individuals had a historically contentious relationship with the mental health field due to a long history of pathologizing sexual orientation and gender (Brammer & Ginicola, 2017; Kort, 2018; Lev, 2004). For example, homosexuality was given the pathologizing and stigmatizing diagnostic term "sexual deviation" in the first and second editions of the Diagnostic and Statistical Manual of Mental Disorders (DSM; American Psychiatric Association, 1952, 1968). The term "sexual deviation" was removed from the third edition of the DSM in 1973, but "ego dystonic homosexuality" and "sexual orientation disturbance" were retained in order to allow practitioners to engage clients in the now-unethical practice of conversion therapy (American Psychiatric Association, 1980; Moleiro & Pinto, 2015). Homosexuality was not completely removed from the DSM until 1987 when the revised third edition was released (American Psychiatric Association, 1987).

History of Diagnosis and Pathologizing Trans Identities

Gender identity has received a similar stigmatizing, pathologizing treatment from the American Psychiatric Association via the DSM. The first diagnostic term related to gender was "transsexualism," which appeared in the DSM-III in 1980 (American Psychiatric Association, 1980). In 1994, the DSM-IV changed the term "transsexualism" to "gender identity disorder" in an effort to decrease stigma associated with the diagnosis, with minor changes to diagnostic criteria (American Psychiatric Association, 1994; Drescher, 2010; Moleiro & Pinto, 2015). In the fifth edition of the DSM, gender identity disorder was replaced with gender dysphoria in order to focus on the distress related to gender rather than pathologizing individual gender identities (American Psychiatric Association, 2013; Drescher, 2010; Moleiro & Pinto, 2015). Outside of the United States, trans identities are viewed differently. For example, the World Health Organization (WHO) removed transgender from its list of mental health disorders in 2019 in an effort to eliminate the pathologizing of trans individuals (Mohan, 2019).

Not all mental health practitioners followed the same path of pathologizing trans individuals. Harry Benjamin, a physician, was a key figure in trans care and treatment as early as the 1960's. He is credited with promoting the use of the term "transsexual," and he was one of the early physicians who treated gender incongruence as a biological disorder rather than a psychiatric disorder (Drescher, 2010; Lev, 2004). Benjamin also pioneered the use of hormones to treatment of trans individuals (Drescher, 2010). In 1979 he established the Harry Benjamin International Gender Dysphoria Association, which would later become the World Professional Association for Transgender Health, the organization that created the transgender standards of care (Drescher, 2010; World Professional Association for Transgender Health [WPATH], 2012).

Current Role of Diagnosis

Trans individuals seeking mental health or medical care related to their gender identity often receive a diagnosis of gender dysphoria. The DSM-5 defined gender dysphoria as an overarching diagnosis referring to "the distress that may accompany the incongruence between one's experienced or expressed gender and one's assigned gender" (American Psychiatric Association, 2013, p. 451). It presents different criteria are introduced for children versus adolescents and adults. Gender dysphoria in children is categorized by a strong desire or preference to be a gender different from one's assigned gender, including a preference for fantasy play, clothing, playmates, and toys of a different gender, and a strong dislike of one's sexual anatomy and/or secondary sex characteristics lasting at least six months. The DSM-5 differentiated criteria for gender dysphoria in adolescents and adults includes "a marked incongruence between one's experienced/expressed gender and primary and/or secondary characteristics (or in young adolescents, the anticipated secondary sex characteristics)" (American Psychiatric Association, 2013, p. 452). This typically includes a strong desire or preference for primary/secondary sex characteristics of a different gender, a desire to present and be treated as another gender and feeling as if one has typical emotions of another gender.

The DSM diagnosis "gender dysphoria" is currently one of the most common diagnoses used by medical and mental health professionals in the United States to provide a diagnostic justification for trans individuals who seek medical or mental health care related to gender. Worldwide, providers may diagnose using the DSM's "gender dysphoria" or the World Health Organization's ICD-10 Classification of Mental and Behavioral Disorders the International Classification of Diseases term "transsexualism" which falls under the "gender identity disorders" category (Drescher, 2010; World Health Organization, 2019). Mental health providers

use these diagnoses to justify trans persons' use of therapy to health maintenance organizations, e.g., medical insurance, so that such treatment may be covered. This diagnosis was also often a requirement for trans persons who are seeking medical care related to gender identity, such as hormone therapy or gender-confirming surgeries (WPATH, 2012).

The stigma around trans identities in the medical and mental health communities has slowly decreased over time due to intentional attempts to change language and decrease pathologizing of gender variance (WPATH, 2012). For example, the term "transgender" is not used as for medical or diagnostic purposes in any diagnostic manual (Drescher, 2010). The World Professional Association for Transgender Health (WPATH) has explicitly stated "the expression of gender characteristics, including identities, that are not stereotypically associated with one's assigned sex at birth is a common and culturally diverse human phenomenon [that] should not be judged as inherently pathological or negative" (WPATH Board of Directors, 2010).

For many trans individuals, a diagnosis of gender dysphoria is required in order to seek or obtain medical or mental health care related to their gender and/or transitioning (WPATH, 2012). This diagnosis often comes from mental health providers, placing mental health professionals in a gatekeeper role where they act as the barrier between trans individuals and additional services. Gatekeeping was initially meant to protect people with gender dysphoria from making a decision to make permanent changes to their body without adequate knowledge of risks and outcomes (Lev, 2004). Unfortunately, gatekeeping has become more of a barrier to trans individuals receiving care. Trans persons are often required to receive formal diagnosis or documentation from a mental health provider (such as a counselor, psychologist, or psychiatrist) to be referred to a medical provider for hormones, surgical consultation, or gender confirming surgery

(Brammer & Ginicola, 2017; Lev, 2004; WPATH, 2012). Some providers may be operating from a place of bias and unintentionally become a barrier. Researchers found counselors may hold heteronormative biases, carry internalized negative societal biases, or may unintentionally impose their personal values on clients without being aware of doing so (Pachankis & Goldfried, 2004; Troutman & Packer-Williams, 2014). This may become evident in counseling through assumptions about the client's gender and pronouns, using non-affirming language in paperwork or in sessions, e.g., only allowing clients to choose "male" or "female" demographics, or unnecessarily and inappropriately focusing on gender identity as a primary concern.

Coming up against bias is particularly problematic for individuals outside of the gender binary who seek medical treatment for gender dysphoria (Reisner & Hughto, 2019). Some trans persons prefer to present outside of gender binary, some are limited in the extent to which they can change their presentation due to employment or partner pressures, and still others prefer to be able to shift their gender presentation from day to day (Lev, 2004). Lev explained it is relatively straightforward to seek hormonal or surgical treatment to transition to the "opposite" sex; however, it is extremely difficult to change one's body outside of this binary. Lev illuminated that individuals who are nonbinary/gender-variant are likely to be rejected for medical changes that are nonbinary due to professionals viewing this as uncertainty or inconsistency about one's trans identity.

Historically, trans people have had to navigate stressful and at times invalidating systems in order to receive mental health treatment needed. Trans identities were met with harmful pathologizing until relatively recently, which created additional stress when seeking care. Although attitudes within the mental health field are shifting, there is still concern about biased health care treatment and provider incompetence working with trans individuals.

Physical Health and Medical Care

Trans persons have experienced significant disparities in healthcare access and treatment (James et al., 2016; Reisner & Hughto, 2019), which directly relates to minority stress factors of discrimination, vigilance due to expectation of discrimination, and decisions around concealing or revealing one's trans identity (Hendricks & Testa, 2012; Meyer, 2003). The National Transgender Discrimination Survey by Grant et al. (2011) involved 6,540 participants from all U.S. states and several territories who identified as transgender or gender non-conforming. They found 28% of participants postponed medical care due to experiences of discrimination, and participants who were known by health providers to be trans were at increased risk of experiencing discrimination. Additionally, 28% of participants reported experiencing some type of harassment in a medical setting. Half of respondents indicated they had to provide education to their provider about their gender identity, and nearly one in five (19%) of respondents indicated they had been refused medical care due to identifying as trans.

A study by Resiner and Hughto (2019) supported these findings. They studied the healthcare experiences of 452 trans individuals in Massachusetts who identified as either binary or non-binary. They observed that 25.6% of respondents reported experiencing some type of discrimination while seeking care in a medical setting. Many individuals also reported postponing receiving medical services, including 23.2% delaying preventative services, 19.2% postponing care when sick or injured, and 10.6% delaying care which resulted in the need to use emergency medical services. Furthermore, the researchers revealed 29.4% of respondents reported having to provide education to their doctor about their trans identity in order to obtain adequate medical care.

The U.S. Transgender Survey by James et al. (2016) indicated similar results regarding discrimination experienced or anticipated by trans persons and also shed light on financial challenges faced by trans persons seeking health care. The survey included 27,715 participants representing all fifty states and some U.S. territories. They found one-third (33%) of respondents postponed or did not seek medical attention due to inability to pay. Their respondents also indicated problems with insurance. One fourth reported issues with insurance covering their care, such as denial for covering either gender transition-related services or even routine care. Twenty five percent of individuals who sought hormone therapy received an insurance denial. Furthermore, they found over half (55%) of trans persons seeking approval for a gender confirmation-related surgery were denied.

In addition to disparities in access and treatment, trans persons and certain sub-populations of the trans community are at higher risk for certain health conditions, such as certain diseases or other physical health dangers (Grant et al., 2011; James et al., 2016). For example, trans persons reported HIV infections at five times the rate of the general U.S. population (Grant et al., 2011; James et al., 2016). Trans persons are at heightened risk for substance use and abuse in order to self-medicate or cope with stressors related to discrimination, fear, or internalized transphobia (Lev, 2004). More than one in four trans persons reported using alcohol or drugs to specifically cope with gender-related discrimination or mistreatment (Grant et al., 2011). Trans persons are also at high risk for physical assault, abuse, sexual assault, and intimate partner violence (Ginicola, Filmore, Smith, et al., 2017).

The research shows trans population is at risk for certain health concerns. It is not uncommon for trans people experience discrimination, mistreatment, or incompetent care by the medical community, which in turn results in delaying or avoiding healthcare treatment. The

consequences of these negative experiences are serious. Trans persons are not receiving care or in some cases receiving inadequate care by healthcare providers who are not knowledgeable, affirming, or helpful. If trans supervisees are unable to obtain adequate, affirming, and competent healthcare, may impact their ability to be engaged in supervision. For example, not receiving care could affect the supervisees' ability to consistently work or attend supervision. Additionally, if supervisees hold negative stigma about the healthcare system based on their own experiences, it could impact how or when they refer clients to medical providers for supplemental mental health care.

Violence and Safety

Transgender individuals face very real safety concerns in their personal and/or social lives due to societal rejection of transgender or gender-variant identities or gender expressions, e.g., how one displays or presents their gender. James et al. (2016) found 46% of transgender individuals in the U.S. reported experiencing verbal harassment and 9% reported being physically attacked within the past year due to gender identity or expression. They also found trans individuals are at higher risk for sexual assault, with nearly half (47%) of participants reporting being sexually assaulted in their lifetime and 10% reporting a sexual assault within the past year.

Trans individuals are at heightened risk for violence in many contexts and settings. In Grant et al.'s (2011) study 16% of respondents who had been to jail or prison reported being physically assaulted and 15% reported being sexually assaulted. Over half of trans individuals (54%) reported experiencing some kind of intimate partner violence in their lifetime, compared to just 18% of the general U.S. population (James et al., 2016). Trans employees face workplace safety concerns, as James et al. (2016) found 15% of respondents experienced harassment, sexual

assault, or physical assault at their workplaces. Grant et al.'s (2011) National Transgender Discrimination Survey found a much higher percentage – half of all participants (50%) – indicated they had been harassed by someone at work, and nearly all (90%) of the participants "reported experiencing harassment or mistreatment on the job or took actions to avoid it" (p. 51). Grant et al. (2011) also found 7% of respondents reported experiencing physical violence and 6% reported experiencing a sexual assault at their place of employment.

This is a small cross-section of research related to violence experienced by trans persons. Due to the limited scope of this study, it cannot account for the variability of trans experiences based on intersecting identities, but it is important to acknowledge these differences exist. Violence and safety concerns are clearly a concern for a majority of trans individuals at some point in their lives. Within a minority stress framework, one can understand how fear and anticipation of safety concerns adds a considerable level of stress above and beyond daily stressors non-minority persons feel.

Employment and Income Inequality

In addition to safety concerns, trans individuals are at heightened risk for unemployment, under-employment, and income inequality due to minority stress factors. Despite laws aimed at eliminating discriminatory practices, discrimination remains a particularly significant force in employment settings, and it can have extremely negative impacts for trans people. In order to understand this inequality, it is important to understand existing laws that protect trans employees, workplace discrimination, and underemployment.

Laws Protecting Trans Employees

Political and legal issues have long affected trans individuals in the United States, primarily through oppressing or denying their concerns, but more recently offering some

protections within the workplace. The Civil Rights Act enacted in 1964 started the process of increasing equality by prohibiting "discrimination or segregation on the ground of race, color, religion, or national origin" in "places of public accommodation" (Civil Rights Act of 1964, p. 243). Rights regarding one's sex were only addressed in Title VII of the Civil Rights Act, included language prohibiting employment discrimination based on one's sex. This language was primarily focused on protecting cisgender women who were in or entering the workforce. Gender identity protections were not addressed until the court case of Macy v. Department of Justice, Equal Employment Opportunity Commission [EEOC] (2012). In this landmark decision, the EEOC determined that discriminating against an employee who identifies as trans falls under sex discrimination and therefore violates Title VII. The EEOC also made determinations that it is harmful and discriminatory to refuse to use or to misuse a trans employee's preferred name and pronouns (Jameson v. U.S. Postal Service, 2013), it is discriminatory for an agency not to revise their records when an employee changes their gender identity (Complainant v. Department of Veterans Affairs, 2014), and it is discriminatory to restrict trans person's access to restrooms that align with their gender identity (Lusardi v. Department of the Army, 2015). The U.S. Supreme Court has also upheld these protections. In 2020 the U.S. Supreme Court determined that a trans woman could not be fired based on her gender identity because gender was protected by Title VII of the 1964 Civil Rights Act (Bostock v. Clayton County, GA, 590 U.S. ___, 2020). Currently the U.S. Equal Employment Opportunity Commission clearly outlines prohibitions on discrimination based on sexual orientation, gender identity, and gender presentation (U.S. Equal Employment Opportunity Commission, 2014).

Workplace Discrimination

Despite the EEOC and Supreme Court issuing legal protections, trans employees face high levels of workplace discrimination, harassment, and bias. James et al. (2016) completed the largest investigation of transgender American experiences to date, surveying more than 27,000 trans Americans. They found disheartening statistics around transgender Americans' employment experiences: 16% of respondents had lost a job due to gender identity or expression, 19% had been denied a promotion or not hired for the same reasons, and 23% of employed transgender individuals reported experiencing workplace mistreatment based on gender identity within the past year. James et al. (2016) summarized that 30% of respondents reported being overlooked for promotion, mistreated, or terminated due to gender identity within the past year. Ultimately, they found 77% of their respondents who were employed in the past year had decided to take "steps to avoid mistreatment in the workplace, such as hiding or delaying their gender transition or quitting their job" (p. 13).

Unemployment

This workplace discrimination can lead to several significant problems for trans individuals, such as difficulty finding or maintaining employment or underemployment. Many employers have an equal employment opportunity statements that includes gender as a protected class; however, in practice, this may not be the case.

As mentioned previously, nearly all of the trans participants (90%) in Grant et al.'s (2011) study reported experiencing some type of harassment or mistreatment at their workplace, and one in six respondents (16%) in James et al.'s (2016) study had lost a job due to their trans identity or presentation. As a result, trans people may be hesitant when seeking employment due to past negative experiences or experiences of rejection (Kirk & Belovics, 2008). Collectively,

these experiences of bias can have significant and negative consequences for trans persons. James et al. (2016) reported two-thirds (67%) of their participants "who held or applied for a job in the past year reported that they were fired or forced to resign from a job, not hired for a job that they applied for, and/or denied a promotion" (p. 150). These discriminatory experiences may result in under-employment or income inequality. Grant et al. (2011) asserted trans individuals were more likely to have completed a college or graduate degree (47%, versus 27% of the general population); however, trans individuals were "4-5 times more likely to have a household income of less than $10,000/year at each educational category, including college graduates" (p. 33).

Education

In addition to experiencing discrimination, bias, and violence in workplaces, trans persons are at heightened risk for similar experiences in educational settings. It is important for clinical supervisors to be aware of the challenges trans persons face in higher education as these experiences may have been directly relevant to their professional learning and growth.

According to Grant, et al. (2011) trans students in primary school (kindergarten through 12th grade) in the U.S. face challenges related to harassment and violence. They further reported several concerning statistics about trans students: 78% of trans persons in their study had experienced harassment, 31% experienced harassment by teachers or staff, 35% experienced physical assault, and 12% experienced sexual violence. James et al.'s (2016) study revealed similar findings, with "more than three-quarters (77%) of respondents who were out or perceived as transgender in K–12 had one or more negative experiences, such as being verbally harassed, prohibited from dressing according to their gender identity, or physically or sexually assaulted" (p 131).

Higher education experiences such as college, graduate school, or technical school follow similar patterns. Grant et al. (2011) discovered 35% of trans students in higher education experienced harassment or bullying, with 5% reporting physical assault and 3% reporting sexual assault. They also found instances of discrimination based on gender, with one in five (20%) participants reporting they were not allowed to live in housing that matched their gender. James et al. (2016) revealed similar results with 24% of trans individuals reporting experiences of verbal, physical, or sexual harassment. Ultimately, James et al. found one in six students dropped out of college or equivalent schooling due to harassment.

This level of harassment occurred despite Title IX of the Education Amendments Act of 1972 (2018) , a Federal civil rights law, which states education programs or activities that receive federal funding cannot discriminate based on sex. In 2016, during the Obama Administration, the Department of Education (U.S. DOE) Office for Civil Rights and the Department of Justice (U.S. DOJ) Civil Rights Division issued a "Dear Colleague" letter to provide guidance on interpreting how Title IX protection applies to trans persons (U.S. Department of Justice & U.S. Department of Education, 2016). The letter provided best practice instructions, such as to using trans persons preferred pronouns and names and allowing individuals to access to restrooms that match one's identified gender. Unfortunately, in 2017 the letter was rescinded by the next administration, and it is unclear how trans students' rights may be affected in the future.

Summary

Due to the limited scope of this study, it is impossible to adequately identify and explore all factors related to trans experiences. Ultimately, the factors discussed here – mental health, health care, violence, employment, and education – provide an adequate overview of the types of

barriers trans persons face in areas of daily life. Cumulatively, these experiences highlight the presence of minatory stress in trans people's daily lives. Additionally, it affirms that trans people are a unique multicultural group with distinct needs. Consequently, clinical supervisors of trans supervisees should have knowledge of these experiences and barriers in order to provide effective supervision.

Counselor Supervision

Clinical supervision is an essential component of counselor training and development. Bernard and Goodyear (2014) defined supervision as, "an intervention provided by a more senior member of a profession to a more junior colleague or colleagues who typically (but not always) are members of that same profession" (p. 9). Clinical supervisors have many roles including teachers, mentors, consultants and, when necessary, gatekeepers who remediate or remove potential counselors who cannot adequately perform the duties of the profession (Association for Counselor Education and Supervision, 2011; Bernard & Goodyear, 2014).

Supervision may occur at multiple points in counselor development, including practicum, internship, pre-licensure, and throughout one's professional career. For example, master's-level supervisees in CACREP-accredited programs must complete a 100-hour supervised practicum experience and a minimum 600-hour supervised internship experience where they are supervised by a counselor education faculty member, a doctoral student clinical supervisor who is closely supervised by a counselor education faculty member, or an approved licensed site clinical supervisor (Council for Accreditation of Counseling and Related Educational Programs, 2015). Supervision requirements for provisional and higher-level licensure are state-dependent. Henderson et al. (2015) completed an analysis of each state's licensure and clinical supervisory requirements. They found that counselors in training may be supervised by Licensed

Professional Counselors, Licensed Clinical Social Workers, Licensed Marriage and Family Therapists, Licensed Psychologists, or other mental health professionals each state identified as appropriate clinical supervisors. They indicated some states required supervised experience lasting a specific period of time ranging from one to four years; other states required a specific number of supervised clinical hours, with the most common number of clinical hours being 3,000 supervised hours (Henderson et al., 2015).

The counseling field recognizes clinical supervision as "a separate specialty, requiring specialized training and credentialing and warranting focused attention from counselor educators, administrators, accreditation bodies, and licensure boards" (Borders et al., 2014, p. 27). However, Henderson et al. (2015) found significant variations in state-by-state requirements for clinical supervisors' level of formal training, education, or post-licensure experience, which ranged from no specified minimal training to requiring a doctorate. in a counseling related field and a doctoral-level supervision course.

Supervision is an integral and arguably significant part of counselor development that occurs over a period of years as supervisees grow into competent professionals. As such, clinical supervisor competence is essential in the creation of competent counselors.

Competency with Multicultural Supervisees

In order to encourage the growth and development of multiculturally competent counselors, clinical supervisors must display competency working with all variety of multicultural groups. This requirement is discussed by several professional organizations within the field of counseling, which address ethical considerations, counselor education coursework, and supervision.

The American Counseling Association's Code of Ethics (ACA; 2014) defined multicultural competency as "counselors' cultural and diversity awareness and knowledge about self and others, and how this awareness and knowledge are applied effectively in practice with clients and client groups" (p. 20). Multicultural competence is addressed in five of the nine ethical categories. The code also identified it as a core professional value, stating it involves "honoring diversity and embracing a multicultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts" (p. 3). The code also directly addresses multicultural competence and issues in supervision in two ways. First, Standard F.2.b. addresses all clinical supervisors in general, stating clinical supervisors must be "aware of and address the role of multiculturalism/ diversity in the clinical supervisory relationship" (p. 13). Second, Standard F.11.c. addresses clinical supervisors in the counselor education field, stating they must, "actively infuse multicultural/diversity competency in their training and supervision practices" and "actively train students to gain awareness, knowledge, and skills in the competencies of multicultural practice" (p. 15).

The Council for Accreditation of Counseling and Related Educational Programs (2015) addressed the importance of teaching multicultural competence by addressing it through a specific standard on social and cultural diversity. They direct programs to create program objectives that "reflect current knowledge and projected needs concerning counseling practice in a multicultural and pluralistic society" (2015, p. 9). Additionally, social and cultural diversity is a required curriculum area, and "culturally relevant strategies" are a required component in seven of eight required curriculum areas.

Finally, the Association for Counselor Education and Supervision's (ACES; 2011) created a document outlining the best practices in supervision. It details the importance of

multicultural competence in supervision several times and clearly states, "the clinical supervisor recognizes that all supervision is multicultural supervision and infuses multicultural considerations into his/her approach to supervision" (p. 8).

Despite the emphasis on multicultural competence, there remains a gap in the literature regarding supervising trans counselors in training. No document exists providing guidance for how to effectively or ethically provide culturally competent supervision to members of the trans community. The lack of literature may be dangerous, as harmful supervision practices – even those that are unintentionally harmful – can have significant effects.

Harmful Supervision

There are distinct dangers of clinical supervisors providing subpar services to supervisees. A study by Ellis et al. (2014) delineated between minimally adequate supervision, inadequate supervision, and harmful supervision. They identified minimally adequate supervision as meeting minimal legal and ethical criteria for supervising the clinical work of a counselor in training. They differentiated this from inadequate supervision, which occurs when "the clinical supervisor is unable, or unwilling, to meet the criteria for minimally adequate supervision, to enhance the professional functioning of the supervisee, to monitor the quality of the professional services offered to the supervisee's clients, or to serve as a gatekeeper to the profession" (Ellis et al., 2014, p. 439). Ellis (2017) further defined harmful supervision practices as "inappropriate actions or inactions" which "result in psychological, emotional, and/or physical harm or trauma to the supervisee" (p. 440), regardless of whether the supervisee defined the supervision as harmful. Commonalities across research on harmful supervision highlighted abuse of power, discrimination, public shame, abuse, or threats (McNamara et al., 2017), and also included microaggressions and homophobic behavior (Ellis, 2017).

McNamara et al. (2017) identified themes of narratives written by supervisees who experienced harmful supervision. The authors found frequent reports of supervisees feeling traumatized, anxious, depressed, ashamed, and isolated. Some feared repercussions of sharing their feelings about their experiences due to clinical supervisors holding considerable power as gatekeepers into the profession. Others experienced physical or mental health problems as a result of the harmful supervision experience. Additionally, the authors noted some supervisees internalized the blame for the harmful situation, feeling that their failures were the cause of their negative experiences. They reported some supervisees appeared to internalize these experiences to the point of questioning if they had the ability to succeed in their respective mental health field. Notably, McNamara et al. (2017) reported "such feelings appear to linger long after the harmful supervision experience ended" (p. 128).

Unfortunately, subpar supervision appears to be quite prevalent. Ellis et al.'s (2014) study found 93% of the supervisees in their sample reported receiving inadequate supervision, and 35.3% reported receiving harmful supervision. Of those receiving harmful supervision, 67.4% reported the harmful experiences were ongoing rather than single incidents. Additionally, the majority (62.8%) did not report their harmful experiences.

Despite required and recommended competencies and the evidence of significant negative impacts of harmful supervision, research indicates clinical supervisors are not consistently providing culturally sensitive supervision. Bernard and Goodyear (2014) noted "the development of clinical supervisors' multicultural competence has received much less attention than has the development of that of trainees" (p. 107). Furthermore, they asserted most multicultural supervision research and information focused on race and ethnicity but has not

adequately addressed gender as a multicultural variable. Due to this gap in our knowledge, more research is needed to understand the experiences of trans supervisees.

Supervising Trans Supervisees

Supervising supervisees who have minority identities involves unique considerations. As mentioned previously, there is a notable absence of research related to clinical supervisor competency working with supervisees who identify as trans. This scarcity of literature in this area is problematic when attempting to describe the current state of trans supervisee experiences and clinical supervisor competence with this population. It is important to develop a cursory understanding of trans supervisee needs and clinical supervisor competence working with trans supervisees. This researcher will outline literature in two areas that may highlight transferrable skills or parallel experiences. First, the researcher will outline literature about clinical supervisor competency with sexual minorities. Due to both sexual minorities and gender minorities sharing commonalities in terms of minority stress, it is possible there are parallels between clinical supervisor competency with lesbian, gay, and bisexual (LGB) and trans supervisees. Next, I will explore existing research related to competency working with trans clients in counseling, as some of the skills for working affirmingly with trans clients may be transferrable to working affirmatively with trans supervisees.

Clinical Supervisor Competency with Sexual Minorities

Just as the minority stress model for sexual minorities provided a framework for understanding trans minority stress, exploring clinical supervisor competency with sexual minorities can provide a general framework for potentially understanding trans supervisee experiences. Fortunately, there was research, albeit limited, focused on sexual minority supervision, exploring both clinical supervisor and supervisee experiences.

A groundbreaking study by Gatmon et al. (2001) explored the presence and frequency of discussions about specific cultural variables in supervision, including sexual orientation, ethnicity, and gender. They found that only 12.5% of supervisees reported having discussions about sexual orientation in supervision, and the supervisees reported having to initiate these conversations over half (55%) of the time. Gender as a cultural variable was discussed in 37.9% of clinical supervisory relationships with supervisees reporting initiating these discussions 30.2% of the time. Additionally, the authors discovered supervisees indicated higher satisfaction with supervision when discussions about cultural variables were taking place. Unfortunately, the authors did not discuss the type of gender discussions taking place. Based on the authors' use of binary gender options when collecting participant demographic information, it may be assumed they did not specifically address issues related to trans participants.

A study by Burkard et al. (2009) looked specifically at affirming and non-affirming events lesbian, gay, or bisexual (LGB) supervisees experienced in supervision. They identified affirming supervision experiences such as clinical supervisors showing clear support of LGB supervisees and clients, avoiding pathologizing LGB concerns, showing cultural awareness, and knowledge of developmental identity concerns. Alternately, non-affirming supervision experiences included clinical supervisors displaying lack of awareness, knowledge, or responsiveness to LGB issues, displaying bias or oppressive behavior toward LGB supervisees and clients, and pathologizing LGB issues. Additionally, the researchers proposed not all non-affirming supervision is obvious, but instead, "may be neutral…and/or it may involve intentional or unintentional bias" (p. 177).

Researchers have highlighted the disparity between what clinical supervisors perceive they are providing versus what supervisees report experiencing. Allan et al. (2017) studied

clinical supervisor and sexual minority supervisee perceptions of supervision. They found clinical supervisors tended to believe they were adequately addressing sexual orientation in supervision, whereas supervisees perceived it was "somewhat" being addressed. Gatmon et al. (2001) explored how clinical supervisors and supervisees perceived discussions around sexual orientation. Supervisees reported having to initiate conversations around sexual orientation more than half of the time, despite clinical supervisors believing they were adequately addressing these conversations.

Collectively, these experiences had a significant impact on clinical supervision. Sexual minority supervisees experiencing affirming supervision reported increased confidence working with LGB clients, increased self-disclosure in supervision, a desire to emulate the clinical supervisor's style (Burkard, et al., 2009), as well as a positive, validating, trusting, open relationship with their clinical supervisor (Gatmon, 2001). The effects of non-affirming supervision on supervisees aligns with McNamara et al.'s (2017) findings on harmful supervision and includes: disrupted clinical supervisory relationship, feeling fearful, angry, or distressed, lack of safety and trust, decreased self-disclosure, and withdrawing from the relationship (Gatmon, 2001). Additionally, supervisees reported feeling fearful or uncertain about challenging clinical supervisors' views due to power dynamics inherent in clinical supervisory relationship, such as fear of dismissal or poor evaluation.

Existing research indicated that although clinical supervisors may believe they are adequately competent working with multicultural supervisees, there is considerable room for improvement. By intentionally increasing affirming supervision practices, clinical supervisors can significantly improve the experiences, growth, and satisfaction of sexual minority supervisees.

Although this research provides a potential framework for beginning to understand supervision experiences of trans individuals, it is problematic to assume LGB experiences are applicable or identical to trans experiences. For example, although both of these multicultural groups experience minority stress, it is clear, as discussed previously, that they experience minority stress in notably different ways (Hendricks & Testa, 2012; Meyer, 2003). In order to add further understanding to this framework, it is helpful to explore trans experiences through the research that is available: how trans clients experience counseling.

Competency in Counseling Trans Clients

A counselor working competently with sexual minority clients shares similarities with a clinical supervisor working with a sexual minority supervisee. In both instances, competence involves being actively affirming through validation, acceptance, and normalizing client or supervisee sexuality, having knowledge or training related to sexual minority issues, and engaging in a warm, caring, and trusting relationship with the counselor or clinical supervisor (see Gatmon et al., 2001; Israel et al., 2008).

If counseling and supervising sexual minorities are analogous, it can be inferred that counseling trans clients is comparable to working with trans supervisees. Ellis et al. (2014) provides a link between harmful supervision and harmful counseling, stating "the deleterious effects of harmful supervision on supervisees may parallel the detrimental effects of harmful therapy to clients" (p. 436). I will explore the research around competently providing counseling to trans clients before explaining further why additional research is needed.

Competently counseling trans clients involves awareness, knowledge, skills, and action (Ginicola, Filmore, & Smith, 2017). Awareness specifically refers to self-awareness. The clinician must be cognizant of and actively challenge their own attitudes and beliefs toward trans

persons, including preconceived ideas about gender, heteronormative biases (Salpietro et al., 2019), internalized transphobia, countertransference, and microaggressions (Kort, 2018), heterosexism and heterosexist privilege (ALGBTIC Transgender Committee, 2010; Kort, 2018). Additionally, counselors should be aware of intersectionality of identities and related power or oppression associated with those identities. L. Carroll et al. (2002) further asserted counselors "should recognize that they may not only have a role in alleviating the emotional distress of clients who challenge the binary system but may also be responsible for contributing to or exacerbating it" (p. 133). Being part of an oppressive system – mental health care – requires counselors to maintain a humble not-knowing stance with trans clients and to acknowledge that mistakes are inevitable (Salpietro et al., 2019). Furthermore, counselors must understand their role as a gatekeeper because the counselor's diagnosis and clinical judgment stands between a client and the client's access to medical treatments (Lev, 2004). This is a considerable amount of power, and it requires careful navigation to develop an authentic therapeutic relationship with a client when this power differential exists.

Clinicians must also have adequate knowledge of trans culture and issues. Kort (2018) asserted that simply displaying affirming behavior is not adequate; counselors must also be informed. He emphasized, "to be uninformed is a form of prejudice and a microaggression by omission" (p. 21). Knowledge in several areas is important and appears to align with the previous discussion about conceptualizing trans experiences using the minority stress model. First, it is essential for clinicians to understand the complex history between trans community and mental health care. As outlined previously, trans persons have had their gender identities unhelpfully and painfully pathologized by the mental health field (see Moleiro & Pinto, 2015). Even still, trans individuals may struggle to find competent and affirming mental health care

(Brammer & Ginicola, 2017; Salpietro et al., 2019). As a result, trans persons may be hesitant to seek help or may distrust mental health practitioners. It is important for clinicians to be aware of this barrier to trans people seeking help.

Relatedly, counselors should have an understanding of the minority stress model in order to actively assess trans clients for stress or trauma related to minority stress factors (Hendricks & Testa, 2012). As discussed earlier, the minority stress model provides a framework for understanding and acknowledging systemic sources of oppression or privilege, and chronic or acute forms of bias, prejudice, or discrimination (ALGBTIC Transgender Committee, 2010; Blumer & Barbachano, 2008; Meyer, 2003). This may also include maintaining adequate knowledge of policies and laws that directly affect trans persons (Blumer & Barbachano, 2008).

It is also essential for counselors to have adequate knowledge of the language around trans identities and care, including terminology, slang, and definitions (ALGBTIC Transgender Committee, 2010; Blumer & Barbachano, 2008; Kort, 2018). Maintaining up to date knowledge of appropriate language allows counselors to remain respectful while avoiding outdated or offensive language. Using inclusive language also helps clinicians portray openness in subtle ways, such as leaving blank space for clients to write in their gender identity or sexual orientation.

Finally, clinicians should have specific knowledge related to trans issues. This includes knowledge about the transitioning medically or socially, issues related to coming out, basic information about certain medical procedures or decisions (Blumer & Barbachano, 2008; Salpietro et al., 2019), information about medical providers who are affirming, legal issues related to changing one's name or sex on official documents (Salpietro et al., 2019), and knowledge about local, regional, and national support groups (Kort, 2018).

Knowledge and awareness are rendered ineffective without sufficient skills to act. Skills may focus on one's ability to be and remain introspective. Clinicians require skills to continually learn, reflect, and develop in ways that increase their awareness in ways mentioned previously. Skills may also be relevant to working with a client. Clinicians must know how to create a warm, affirming environment and how to build a therapeutic rapport, which can be particularly challenging with trans clients who may be hesitant about mental health services (Association for Counselor Education and Supervision, 2011; Bernard & Goodyear, 2014; Salpietro et al., 2019).It also requires skill and clinical judgment to accurately assess clients' intersecting identities, areas of privilege or oppression (Ginicola, Filmore, & Smith, 2017). Attending to power dynamics can be challenging, but also essential for creating a safe environment (Lev, 2004). Clinicians must also have the skills to accurately conceptualize client's concerns through a holistic lens by considering developmental and biopsychosocial factors (ALGBTIC Transgender Committee, 2010).

Finally, trans-affirming clinicians must be willing to engage in action, which refers to proactivity, advocacy, and actively affirming trans people (ALGBTIC Transgender Committee, 2010; Brammer & Ginicola, 2017; Kort, 2018; Salpietro et al., 2019). Kort (2018) suggested actively broaching discussions about gender with clients rather than avoiding them or waiting for clients to broach the subject. Salpietro et al. (2019) suggested active affirmation may be direct or indirect. Direct affirming behavior includes using affirming language and behavior, providing appropriate education, discussions at intake, or asking for and using a client's preferred pronouns (ALGBTIC Transgender Committee, 2010; Salpietro et al., 2019). Indirect forms of affirmation may include advertising as LGBTQ-affirming or using affirming language in client intake

paperwork. Action may also involve actively increasing one's self-awareness through advocacy, continuing education, or direct involvement in one's local LGBTQIA+ community.

Conclusion

Trans individuals are part of a unique multicultural group with their own distinct physical or mental health needs, experiences of oppression, and barriers (Brammer & Ginicola, 2017; Hendricks & Testa, 2012). This researcher outlined how the minority stress model can be applied to trans experiences and explored several areas where minority stress becomes salient for trans people, such as in mental health care, physical health care, employment, and education. The role of clinical supervision within the field of counseling was discussed, as well as the requirement for clinical supervisors to be multiculturally competent. This researcher reiterated the lack of existing research about supervising trans counselors in training. Finally, the researcher explored possible factors related to trans supervision experiences based on sexual minority supervisee experiences and trans counseling experiences; However, this still leaves a significant gap in the literature. How do trans supervisees experience clinical supervision? An outline of possible contributing factors was composed based on existing research in potentially comparable areas. Ultimately, the experiences of trans supervisees are unknown and need to be researched.

METHODOLOGY

Research Design

This study used an interpretative phenomenological analysis (IPA) design with a feminist theory paradigm to explore how trans supervisees experienced clinical supervision. There was a distinct lack of literature about providing clinical supervision to trans supervisees from either the clinical supervisor or supervisee perspectives. Consequently, it was essential to begin to understand trans supervisee experiences from an individual level in order to understand current supervision being provided and to begin to inform competency standards. Trans individuals are part of an underrepresented and often oppressed group; therefore, it was important to provide participants with ample time and space to share their lived experiences in a way that empowered their voices. Due to the lack of foundational research, the sensitive nature of the topic, and emphasis on trans supervisees and trans counselors maintaining ownership of their voices and experiences, an IPA research design was the most appropriate way to examine this topic.

Interpretative Phenomenological Analysis Defined

Interpretative phenomenological analysis (IPA) is a specific kind of qualitative phenomenological research that seeks to explore and describe how individuals understand the significant experiences in their lives (Smith et al., 2009). It focuses on integrating several aspects of phenomenology resulting in a research method that seeks to understand things as they are, while also recognizing interpretation is unavoidable (Miller et al., 2018). Pietkiewicz and Smith (2014) described IPA as "descriptive because it is concerned with how things appear and letting things speak for themselves, and interpretative because it recognizes there is no such thing as an uninterpreted phenomenon" (p. 8). Phenomenology typically views interpretation as undesirable, whereas IPA sees it as unavoidable and even necessary (Smith et al., 2009).

IPA was founded on three primary theoretical foundations: phenomenology, idiography, and hermeneutics (Smith et al., 2009). Phenomenology is concerned with understanding the lived human experience through reflexivity, or intentionally shifting focus to deeply exploring one's perceptions of their own lived experiences (Hays & Singh, 2012; Smith et al., 2009). Phenomenological researchers seek to "[approach] a phenomenon with a fresh perspective, as if viewing it for the first time, through the eyes of participants who have direct, immediate experience with it" (Hays & Singh, 2012, p. 50). Researchers collect these participant experiences, compare and contrast them, and ultimately try to create a cohesive written description of an experience (Hays & Singh, 2012).

Unlike phenomenology, which seeks to highlight, analyze, and generalize similarities across all participants, the concept of idiography involves creating detailed case studies for each participant and exploring areas of convergence and divergence (Smith et al., 2009). Idiography focuses on studying the particular as opposed to studying generalities (Smith et al., 2009). Each participant's unique experience is equally valued even if it does not align with general themes and similarities found in other participant experiences (Miller et al., 2018; Smith et al., 2009).

Finally, IPA was informed by hermeneutics, which is a theory of interpretation that assumes humans will always attempt to make sense or meaning of their experiences (Miller et al., 2018; Smith et al., 2009). Furthermore, researchers are expected to "move back and forth between parts of a text and the whole text to gain understanding" (Hays & Singh, 2012, p. 56). Hermeneutics assumes that interpretation is essential and is based on the cultural context of both the researcher and the participant (Hays & Singh, 2012). Consequently, IPA research focuses on a double-hermeneutic: participants provide an interpretation of their own experiences, and the

researcher then attempts to make sense of or interpret the participant's interpretation (Miller et al., 2018; Smith et al., 2009).

Feminist Theory as a Research Paradigm

It is necessary to provide a brief overview of feminist theory before discussing how a feminist paradigm applies to this research study. Feminism is a large, complex theory that provides a specific lens through which to view and understand the imbalance of power in the world (Brown, 2018). Its ultimate goals are to "end the social dominance of women and [support] gender equality in social, political, and economic arenas" (Swirsky & Angelone, 2016, p. 445). Feminism emphasizes gender as a source of power or oppression while also attending to other oppressive forces that may influence resilience or distress in people's lives (Brown, 2018).

Feminists work to increase equality among genders, expand awareness of gender inequality and discrimination, and advance women's freedom and opportunities in all areas of life (Brown, 2018; Swirsky & Angelone, 2016). Feminist theory is inclusive because it emphasizes the concept of intersectionality; that is, a concept of viewing women through a more comprehensive, multicultural lens (Quiros & Berger, 2015). Intersectionality considers individual's experiences and oppression not only based on their gender, but also other factors that may be a source of either privilege or oppression (Brown, 2018; Quiros & Berger, 2015). These factors include but are not limited to race, ethnicity, socioeconomic status, ability, age, marital status, or education level. Postmodern feminism in particular created space to consider oppressed genders outside of cisgender women, such as transmen, transwomen, or nonbinary individuals (Tong, 2007).

Feminist theory as a research paradigm is part of the social constructivist school of thought because it supports the belief that there is not one objective universal truth but rather

"multiple contextual perspectives and subjective voices that can label truth in scientific pursuit" (Hays & Singh, 2012, p. 41). Feminist theory assumes reality is subjective and affected by oppressive forces including but not limited to sexism, heterosexism, ableism, and racism.

This research study aligned with feminist theory in several ways. First, this study focused on the unique, subjective experiences of participants. There was no hypothesis, but rather a respectful curiosity and desire to empower participants to share their stories to the extent they choose and in a way that makes sense to them. Second, approaching this research through a feminist lens highlighted the importance of attending to power dynamics (Brown, 2018; Hays & Singh, 2012). There was an inherent power imbalance between researcher and participant. This imbalance was addressed in order to create a safe and empowered space for the participant to share their story. The researcher assumed the participant was an expert on their own life and experiences. Furthermore, it was important for the researcher to be constantly aware of power dynamics, particularly of ways that the researcher may have been exerting subtle influence with that power. Third, the researcher hoped to explore participant experiences through a feminist lens in order to identify possible sources of power or oppression within clinical supervision.

Current Study

Feminist theory and IPA are complimentary in multiple ways. Both focus on the importance of individuals sharing their own experiences. Brown (2018) stated feminist theory "strives to shift privilege to the voice, knowing, and experiences of people," which aligns with IPA's focus on thoughtfully interviewing, analyzing, and revealing individual experiences (Smith et al., 2009). Additionally, IPA strives to highlight all participant experiences – similar or dissimilar – whereas other forms of phenomenology may focus only on commonalities among participants (Hays & Singh, 2012; Smith et al., 2009). This allows the full range of participant

voice to be heard more clearly without losing or discounting pieces that may not align with larger themes.

Both IPA and feminist theory also assume individual experiences are subjective, unique, and influenced significantly by oppressive forces (Brown, 2018; Smith et al., 2009). In order to analyze participant data, this researcher used feminist theory as a framework to understand, remain aware of, and explore the myriad of powerful forces that may surround the participants' and the researcher's own intersecting identities.

Feminist theory was relevant to both primary topics of this research – gender and supervision. Feminist theory applies to all aspects of one's identity, but it particularly focuses on concerns related to gender, such as sexism, the influence of patriarchy, and intersecting identities (Brown, 2016, 2018). It also highlights the problematic nature of a binary gender system, and how power and oppression take root in these systems. Brown (2018) asserted "when gender is rigidly defined, a person may lose power in any or all" of the domains where one holds personal power (Brown, 2018, p. 69). IPA will allow the researcher to obtain the necessary depth of information needed to understand individual experiences of trans individuals, and feminist theory constructs will provide a framework to conceptualize their experiences.

Feminist theory also applied to supervision because supervision is inherently unbalanced in terms of power, with a clinical supervisor holding more power than supervisee (Brown, 2016). According to feminist theory oppressive forces may be exhibited in the form of power and control, particularly in relationships (Brown, 2018). Clinical supervision can be viewed as a complex relationship with considerable power differences, and from a macro-view, it is a potential system of oppression. When supervisees in this study identified concerns related to

power and/or oppression, a feminist theory lens provided a platform to begin discussing ways to decrease the level of oppression experienced by supervisees.

Ultimately, feminist theory and an IPA design created a space for participants to discuss and reflect on their experiences which, based on other literature around trans individuals (see (Salpietro et al., 2019), could involve oppression, empowerment, intersecting identities, and power dynamics related to their gender identity within the context of clinical supervision.

Purpose of Study

The purpose of this interpretive phenomenological analysis study was to obtain a deeper understanding of trans supervisees' experiences in supervision. Specifically, it addressed the primary question: How do trans counselors or trans supervisees experience clinical supervision? This study used semi-structured interviews, which allowed the researcher to ask participants additional questions based on the information they disclosed (Hays & Singh, 2012). Furthermore, this allowed the researcher to honor the variability of participant experiences and explore them thoroughly. See Appendix D for a list of interview questions.

Participants

The study used non-random, purposeful sampling to recruit participants based on the following inclusion criteria: (a) age 18 or older, (b) self-identify as trans (e.g., transgender MTF or FTM, gender-variant, gender nonconforming, nonbinary, agender, etc.), (c) were enrolled in or graduated from a counselor education program with a master's or doctoral degree at the time of the study, (d) received supervision within the past five years as part of training related to graduate degree (e.g., practicum, internship) or a licensure process, and (e) received supervision from a counselor educator or a licensed mental health professional.

This type of purposeful sampling combined with a small sample size resulted in a generally homogenous sample. In IPA, some level of participant homogeneity is desirable in order to effectively compare participant experiences and analyze "the pattern of convergence or divergence which arises" (Smith et al., 2009, p. 50). Generalizability of the results is limited due to the small sample size, but use of thick descriptions, e.g., participant voice, and rich contextual analysis provides a cautious transferability.

The researcher recruited participants through three primary means: referral, trans-affirmative groups, and snowballing. A recruitment script was used (see Appendix B). Recruitment through referral included seeking referrals from other professionals who use counselor and counselor education Listserv's including the Counselor Education and Supervision (CES-NET) list-serv. The researcher contacted professionals within their professional network (e.g., peers, counselors, counselor educators, graduate students, etc.) by email and social media, or by phone. The researcher requested individuals share the research invitation with other individuals in their professional network who may have been eligible to participate. The researcher also recruited through trans-affirmative social media groups and groups comprised of counselors or mental health professionals, including Facebook and LinkedIn. Finally, snowballing or snowball sampling was used to recruit by asking participants to refer other potential participants.

Potential participants were asked to contact the researcher via email if they were interested in participating. Potential participants were be screened for interest and eligibility based on the abovementioned inclusion criteria. Individuals who chose to participate scheduled a one-on-one, one-time interview. Interviews took place virtually by Zoom.

There is no prescribed number of research participants for IPA studies. Smith, et al. (2009) note that it may be more problematic to have too many participants rather than too few in IPA studies. This research included five participant interviews, which was sufficient to provide "sufficient cases for the development of meaningful points of similarity and difference between participants, but not so many that one is in danger of being overwhelmed by the amount of data generated" (Smith et al., 2009, p. 51).

Researcher Reflexivity Statement

Researcher reflexivity, or bracketing, involves the researcher setting aside their knowledge, assumptions, biases, or preconceptions about the research topic (Hays & Singh, 2012). The nature of qualitative research is to gain a deeper understanding of the experiences of others. It is impossible and undesirable to analyze qualitative data with complete objectivity. Therefore, the lens of the researcher is a necessary and valued component of qualitative research. As such, my personal experiences with sexual orientation, counselor identity development, and supervision are salient when considering the subject matter, data, and analysis that takes place.

The researcher was a 35-year-old Caucasian cisgender female who was in her fourth and final year of a Ph.D. program in Counselor Education and Supervision. The researcher identified as part of the LGBTQIA+ community. Her sexual orientation as queer, and she was in a heterosexual marriage. She was at a level of complete disclosure within her academic, professional, and personal settings regarding her sexual minority status. The researcher was aware of her insider and outsider statuses in relation to this area of study.

The researcher chose this area of study due to academic, professional, and personal experiences. The researcher completed a pilot study on the experiences of sexual minority supervisee experiences during a qualitative research course in 2019. One participant in the study

identified as genderqueer and highlighted their struggles in supervision as not only a sexual minority, but also as a gender minority. Professionally the researcher worked as a licensed professional clinical counselor for a private practice that specifically advertises as LGBTQ+-affirming. Approximately one-third of the researcher's client case load were individuals who identified as transgender, gender non-confirming, or genderqueer. Working with trans clients had increased the researcher's knowledge, awareness, and concern about issues specifically facing trans individuals. Finally, the researcher had personal experiences both as a supervisee with a minority status, as well as a supervisor of counselors-in-training who identified as minorities. The researcher received clinical supervision at multiple points throughout their professional training, including as a master's student, pre-licensure, post-licensure, and as a doctoral student. Personal experiences being supervised were primarily positive, but some clinical supervision involved incompetent supervisor behavior, such as microaggressions and lack of knowledge about LGBTQ+ issues. The researcher maintained an awareness of these experiences while acting as a supervisor for master's-level practicum and internship students in order to create a more positive experience for minority supervisees. Collectively, these experiences combined with the lack of research around trans supervisees resulted in the researcher's interest in this topic.

The researcher's primary assumption underlying this research endeavor was that trans supervisees likely experienced both affirming and non-affirming behavior from supervisors, and that non-affirming supervision experiences were potentially very harmful and discouraging to trans supervisees. The researcher acknowledged that many supervisors likely use microaggressions or non-affirming behavior at some point, and they are likely unaware of such transgressions and have good intentions based on their existing level of knowledge. Alternately,

supervisors are responsible for maintaining awareness of and addressing gaps in their supervisory knowledge.

Having a close connection to the topic being studied posed both benefits and risks. As a member of the LGBTQIA+ community, the researcher anticipated building rapport and trust more quickly with participants. Based on personal and professional experiences, the researcher had insider knowledge regarding more subtle forms of prejudice trans individuals may experience. Due the researcher's own experiences with both positive and challenging supervision, they had a general framework for understanding the supervision experiences of others. As a licensed professional clinical counselor, the researcher had skills to develop rapport, remain attuned to emotions, listen critically, remain curious, ask non-leading questions, and maintain an awareness of self and other during the interview process. Finally, the researcher's knowledge as a clinical supervisor was useful for guiding the interviews in order to focus on a more detailed understanding of participants' clinical supervision experiences.

Alternately, the researcher remained aware of any potential bias due to their own experiences. They were intentional about maintaining an open mind about the experiences of others while effectively bracketing, or setting aside, their own experiences. They aimed to maintain curiosity without drawing premature conclusions.

Ultimately, the researcher's goals with this study included: (1) contributing vital information to the existing body of knowledge of supervision in order to address a largely unstudied area of counselor supervision; (2) Giving trans supervisees and trans counselors-in-training ownership of their voices and experiences during clinical supervision; (3) Exploring the competency level of supervisors; (4) Making recommendations regarding how trans counseling supervisees may be better served by counseling supervisors.

Procedures

IRB Approval

This researcher secured Institutional Review Board (IRB) approval through the North Dakota State University (NDSU) IRB office (see Appendix A). This study was exempt from requiring full IRB approval due to the limited involvement of participants and minimal risk to participants. The primary risk to participants was be self-identification of their trans identity; however, participants were fully informed of risks and confidentiality procedures prior to participation in interviews (see Appendix C). Additionally, the informed consent contained a signature waiver, which increased privacy and eliminated a physical paper trail. Recruitment and data collection continued until an adequate number of participants was obtained. This process was completed within one month.

Data Collection Plan

Data was collected through individual interviews using a semi-structured interview process, which involves using "a protocol as a guide and starting point for the interview" (Hays & Singh, 2012, p. 431). Semi-structured interviews allowed for flexibility to attend to potentially important information that may arise during individual interviews. Participants completed one interview, with interviews ranging from approximately 45-75 minutes. The researcher used field notes throughout the process to document observations, thoughts, questions, or other information pertinent to the research process or data. Additionally, participant contact sheets were used after each interview to immediately document important information such as researcher impressions, possible themes, questions, or incongruences in participant statements. Identifying information was not included on the participant contact sheets.

Confidentiality and Safety

Data was collected through virtual interviews on Zoom. The researcher complete onlined interviews in a private office space to maintain confidentiality and used a secure internet connection. Participants were given instructions indicating how they could maintain their own privacy during online interviews, e.g., using a private space, using a noise machine to muffle voices, and using secure internet connection. Interviews were audio and video recorded using the researcher's private computer and cell phone, which both have password protection and were only accessible to the researcher. No participant information was including in any paper documentation, field notes, or other participant contact sheets.

Data Analysis

The researcher analyzed the data using Smith et al.'s (2009) IPA analysis method as a guide. Per this guide, the researcher created the reflexivity statement – discussed previously – to bracket, or identify and set aside, any personal biases or expectations about the research subject. After data was collected, each recorded interview was transcribed verbatim. Each participant's interview was fully analyzed as a case study. This involved the researcher immersing herself in the participant's experience by reading and re-reading the transcript. The researcher strived to maintain an open mind while making several types of initial notes, including a) descriptive notes focused on content, b) linguistic notes to identify metaphors, types of language, tone, nonverbals such as pauses or laughter, or repetition, c) conceptual notes focusing on interpretation and additional questions that may arise based on the overall message of the client, and d) deconstructive notes, which focused on very specific sentences or sections in order to better understand the participants' statements both in and out of context.

Once each interview was analyzed as a case study, the researcher analyzed themes from all participant interviews collectively to identify emergent themes and patterns across all cases. These themes were developed by shifting toward working more with initials notes and exploratory comments. Using the hermeneutic circle process, the researcher maintained an awareness of how "the part is interpreted in relation to the whole; the whole is interpreted in relation to the parts" (Smith et al., 2009, p. 92). This was followed by a broader search for connections across the case's themes by analyzing how the themes were connected or fit together. The researcher also noted how cases diverged, specifically in how each participant interpreted their experiences of the broader themes.

Trustworthiness and Credibility

Trustworthiness is an essential component of conducting quality, ethical research. It refers to, "the truthfulness of your findings and conclusions based on a maximum opportunity to hear participant voices in a particular context" (Hays & Singh, 2012, p. 193). Strategies to increase trustworthiness in this study included researcher reflexivity, a research team, field notes, and thick description.

Researcher reflexivity, or bracketing, is an essential component of qualitative research that involves the researcher engaging in a self-reflective process to identify and set aside knowledge, biases, assumptions, or preconceptions (Hays & Singh, 2012). It is a way to increase trustworthiness by acknowledging and using subjectivity in qualitative research as opposed to allowing subjectivity to skew research. In this study, the researcher provided a reflexivity statement where the researcher reflected on their personal experiences, such as their identities as a counselor, counselor educator doctoral candidate, clinical supervisor, and a sexual minority.

Field notes or memos were documented each time the researcher interacted with data in order to reflect on and document reactions and thoughts. The researcher also maintained notes taken during and immediately after each interview to document impressions and reactions.

Another way to increase trustworthiness is through use of a research team (Hays & Singh, 2012). Some members of the researcher's dissertation committee acted as a research team by engaging in peer debriefing, reviewing data, and provided continual feedback and challenge during data analysis. Research dependability increases when the research team agrees on study findings.

Finally, this researcher used thick description to increase trustworthiness. Providing thick description involves providing ample information, particularly participant quotes within context to sufficiently describe the phenomenon being studied (Hays & Singh, 2012). Use of thick description also supports the feminist theory framework of this study by prioritizing the substantial use of participant voices when presenting results.

Priori Limitations

Naturally, there were limitations to this study. Some was not evident until after data analysis was completed; However, there were identifiable limitations prior to collecting data. As with any interpretative phenomenological analysis research, the researcher anticipated it would be difficult to represent an adequate number of diverse viewpoints to allow for generalizability. This was ultimately not a significant concern because IPA research does not strive to be generalizable; Rather, as Smith et al. (2009) explained, "claims of an IPA analysis are always tentative and analysis is subjective. At the same time that subjectivity is dialogical, systematic and rigorous in its application and the results of it are available for the reader to check subsequently" (p. 80). Studying a novel topic adds to the challenge of generalizability. There is

no existing research to which it may be compared. Therefore, more research will be needed before one may begin to form a clearer picture of generalizable data.

The population for this study will likely be homogeneous, which is both a limitation and a strength. A homogeneous population increases the likelihood of accurately comparing and contrasting participant experiences and exploring how certain variables may impact differences. Alternately, a homogeneous population is a disadvantage because it decreases the (albeit limited) generalizability of the results to all trans supervisee experiences. For example, there are countless ways for one to identify their gender, and it was impossible to include voices from all gender perspectives in this study. Using the term "trans" allowed for a very wide range of individuals to potentially participate, including but not limited to individuals who identify as trans men (FTM), trans women (MTF), nonbinary, agender, Two-Spirit, gender variant, or gender nonconforming. Participants included in this study self-identified as nonbinary, trans nonbinary, trans masculine, trans feminine, and trans man (FTM). Relatedly, it was impossible to adequately explore or address the complexity of all intersecting identities, or intersectionality. Intersectionality refers to one's many aspects of identity that combine in unique ways to create either privilege or oppression. Intersecting identities include things such as sexual orientation, race, ability, ethnicity, socioeconomic status, etc. Although many aspects of identity will be identified and explored in the context of the study, it will not be possible to explore all facets of each participants' identity. Even within the trans community individuals may have considerably different experiences of acceptance or oppression.

Summary

Due to the lack of existing research on trans supervisees, this study used interpretative phenomenological analysis (IPA) to explore how trans counselors and supervisees interpreted

their supervision experiences. Using the double-hermeneutic basis of IPA, the researcher used a feminist paradigm to interpret participants' interpretation of their own experiences and appropriately attended to forces such as power, privilege, and oppression. The overarching goal of this study was to obtain a deeper understanding of these experiences with the intention of improving trans supervisee experiences and highlighting areas where clinical supervisors could improve multicultural competency.

RESULTS

Introduction

The purpose of this study was to allow trans supervisees and trans counselors to have ownership of their voices and experiences during clinical supervision. These voices spoke directly regarding the extent to which they perceived they were receiving competent supervision. Currently there is a lack of research regarding the experiences of trans supervisees, and this study aimed to contribute vital information to the existing body of knowledge of counselor supervision.

Research Question

The primary research question in this study was "How do trans counselors or trans counselors-in-training experience clinical supervision?" The researcher used a semi-structured interview process to allow for flexibility in addressing information that arose during the interview. For example, at times the researcher asked additional questions such as, "Can you give me an example of that?" or, "Can you tell me more about that?" This allowed for the researcher to explore participant experiences in greater depth.

Participants

The study used non-random, purposeful sampling to recruit a small sample size of fairly homogenous participants. As an Interpretative Phenomenological Analysis (IPA) research design, this was desirable in order to effectively compare participant experiences and analyze "the pattern of convergence or divergence which arises" (Smith et al., 2009, p. 50). All participants were over age 18, self-identified as trans (e.g., transgender MTF or FTM, gender-variant, gender nonconforming, nonbinary, agender, etc.), were enrolled in or graduated from a counselor education program with a master's or doctoral degree, received supervision within the last five years as part of training related to graduate degree, and received supervision from a

counselor educator or a licensed mental health professional. The researcher recruited participants through snowball sampling, directly emailing the invitation to eight licensed counselors or counselor educators within the researcher's professional network, and posting the research invitation in two trans-affirmative Facebook groups, two Facebook groups for trans and queer counselors, on LinkedIn, and on the Counselor Education and Supervision (CES-NET) Listserv. Ultimately three individuals responded through Facebook, five through CES-NET, and one was referred by a participant. The three individuals responding from Facebook and one of the individuals from CES-NET were not enrolled or graduated from Counselor Education and Supervision programs and therefore did not meet inclusion criteria. As a result, four participants included in the study came from the CES-NET invitation and one through snowball sampling. Five participants was sufficient for conducting meaningful analysis of convergence and divergence between participants (Smith et al., 2009).

Due to the sensitive nature of gender identity and concerns about maintaining privacy for a relatively small group of individuals, in-depth demographic information will not be provided. For example, two participants indicated they were the only trans people of whom they were aware in their programs or internship sites, despite being in moderate to large metropolitan areas. Pseudonyms were used to protect the privacy of participants.

Procedures and Findings

Procedures

To prepare to collect data for this IPA study the researcher defined the research objectives, identified the research question, obtained IRB approval, and recruited participants. Data was collected through semi-structured individual interviews (see Appendix D for interview questions). Participants were interviewed virtually with interviews lasting between 40-75

minutes. Interviews were audio and video recorded. Prior to data analysis, each interview was transcribed. All recordings and transcripts were stored a password protected computer.

Data Analysis

The researcher analyzed the data using Smith et al.'s (2009) IPA analysis method: (a) transcribed the first participant's recorded interview; (b) listened to the recorded interview at least two times while reading along with the transcript; (c) read and re-read the first participant's interview; (d) while reading and reviewing, made initial notes, exploratory comments, and descriptive, linguistic, conceptual, or deconstructive notes where applicable; (e) identified emergent themes by exploring the transcript and analysis notes; (f) repeated these steps for each of the five participant interviews; and lastly (g) analyzed themes from all participant interviews collectively to identify emergent themes and patterns across all cases.

Results

This researcher was interested in obtaining a deeper understanding of trans supervisees' experiences in supervision. Specifically, to address the research question: How do trans counselors or trans counselors-in-training experience clinical supervision? Four super-ordinate themes arose from the data analysis: (a) competent supervision, (b) incompetent or harmful supervision, (c) power and privilege dynamics, and (d) need for competent supervision. According to Smith et al. (2009), "A super-ordinate theme is a construct which usually applies to each participant within a corpus, but which can be manifest in different ways within the cases" (p. 166). First, the researcher will describe participants' individual themes and identify how they relate to the super-ordinate themes. Next, each super-ordinate theme will be discussed in greater detail, including how participant responses converged or diverged.

Table 1

Individual Themes and Super-Ordinate Themes

Participant	Individual Themes	Super-Ordinate Themes
Sydney	Competent Supervision	Competent Supervision
	Incompetent Supervision	Incompetent or Harmful Supervision
	Reactions to Incompetent Supervision	Need for Competent Supervision
	Effect of Being a Trans Supervisee	Power and Privilege Dynamics
Eve	Competent Supervision	Competent Supervision
	Incompetent Supervision	Incompetent or Harmful Supervision
	Minority Stress	Power and Privilege Dynamics
	Supervisor Awareness Needed	Need for Competent Supervision
Andy	Competent Supervision	Competent Supervision
		Need for Competent Supervision
	Incompetent Supervision	Incompetent or Harmful Supervision
	Effects of Incompetent Supervision	
	Other Factors Impacting Supervision	Power and Privilege Dynamics
Jase	Competent Supervision	Competent Supervision
	Coping with Minority Stress	Power and Privilege Dynamics
	Incompetent Supervision	Incompetent or Harmful Supervision
		Need for Competent Supervision
Mason	Competent Supervision	Competent Supervision
	Incompetent Supervision	Incompetent or Harmful Supervision
		Need for Competent Supervision
	Coping	Power and Privilege Dynamics
	Stressors	

Note: Table depicts individual themes identified and their connection to the super-ordinate themes identified across all participants.

Sydney

The first participant, Sydney was in their late-20's and self-identified as white, nonbinary, and uses they/them/theirs pronouns. Sydney completed a master's degree in counseling and a Ph.D. in Counselor Education and Supervision. They have been "out" since after completing their Ph.D. They worked as a counselor educator at the time of interview.

Sydney discussed supervision experiences with faculty supervisors at the master's and Ph.D. levels, as well as post-graduation. Most of Sydney's experiences focused on individual and group supervision with practitioners in the field as they worked toward their licensure.

The analysis of Sydney's interview highlighted four themes: (a) competent supervision, (b) incompetent supervision, (c) reactions to incompetent supervision, and (d) effects of being a trans supervisee. The first two themes directly correlated with super-ordinate themes Competent Supervision and Incompetent or Harmful Supervision, respectively. The remaining themes supported aspects of other super-ordinate themes. Overall, Sydney highlighted a comparable number of positive and negative supervision experiences.

Sydney's experiences with competent supervision primarily focused on one supervisor whom they found helpful, supportive, affirming, and willing to display humility around trans topics. Despite generally describing this supervisor as competent, Sydney also acknowledged the supervisor could have been more educated around trans issues. For example, Sydney noted, "even though he's not the most knowledgeable person in the world, he's definitely, you know, always doing research and trying his best." Sydney's experiences with incompetent supervision ranged from irritating and unhelpful to outright harmful. Sydney discussed situations where they had to correct supervisors who expressed incorrect or prejudiced information about trans people. For example, Sydney's supervisor accused them of "sexualizing students" when Sydney discussed supporting a seven-year-old trans student who wanted to socially transition, e.g., use a different name, pronouns, and wear clothing typically associated with a different gender. In response, Sydney had to advocate for the student and educate the supervisor about trans identity development and the process of socially transitioning. Sydney recalled pushing back and stating:

> No, you're wrong. And this isn't sexual in nature. And a seven-year-old is not having top surgery, they're just changing their hair and their clothes…and maybe their name. That's really all a social transition is the way you are presenting your gender. And then if you want to change your name and your pronouns. But it's not like, especially at seven, you're not taking puberty blockers, you're not doing anything medical to your body. And I just…remember feeling very angry and a little bit invalidated with that particular supervisor.

Sydney also discussed being sexually harassed by a supervisor who was Sydney's boss and held a position of power on the licensure board. Sydney's third theme, reactions to incompetent supervision, also tied to the super-ordinate theme of incompetent or harmful supervision. Sydney expressed feelings of frustration or anger in response to incompetent supervision, as well as negative feelings toward supervisors. They also acknowledged how difficult it was to regulate their emotions during supervision when supervisors were behaving incompetently. Sydney also expressed empathy for supervisors who lacked competency:

> I would say all of them, every single negative experience, the people doing them did not have bad intentions. And…that's almost doubly hurtful. I know…[supervisors were] not actively trying to say, "How can I harm people…?" These are people who would identify as liberal, and who would identify as [pro] trans rights and [they are] totally being unaware of the harm they're causing.

Sydney's final theme focused on the effects of being a trans supervisee, which later supported the super-ordinate theme of Power and Privilege Dynamics. Sydney described their acute awareness of how inadequately LGBTQ+ issues were discussed in their supervision during graduate school and beyond. As a result, Sydney described a feeling of obligation to educate

supervisors about trans issues in order to feel understood. Furthermore, Sydney identified the considerable emotional labor required to provide that education repeatedly. Sydney also recalled coming out to their supervisor, particularly describing feelings of fear about the potentially damaging impacts if their supervisor was not affirming.

Eve

The second participant, Eve was in her early 30's and self-identified as a white, trans-feminine, and uses she/her/hers pronouns. Eve completed a master's degree in counseling and was in the process of completing her Ph.D. in Counselor Education and Supervision. She started to transition during her master's program and has been fully "out" since starting her Ph.D. program. Eve was a full-time student at the time of the interview.

The analysis of Eve's interview resulted in four themes: (a) competent supervision, (b) incompetent supervision, (c) minority stress, and (d) supervisor awareness needed. The first two themes directly correlated with super-ordinate themes Competent Supervision and Incompetent or Harmful Supervision, respectively. The remaining themes supported aspects of other super-ordinate themes. Overall, Eve identified more negative, non-affirming supervision experiences. Eve also identified having a trauma history related to her gender identity that she felt significantly impacted her supervision experiences. 'There was some times where I felt like my, my trauma history wasn't taken as seriously as it could have been…And I felt like, then again, the onus was put on me…" Eve also acknowledged having to educate her supervisors about her trauma experiences: "it's like a twofold sort of thing where I had to first recognize my trauma and how to communicate it before [supervisors could attend to it]. So I feel like my supervisors now are much better at attending to my needs, but a large part of that is because I can explain it.

The extent to which supervisors were able to acknowledge and address her trauma was directly correlated with her sense of being affirmed.

Eve's experiences of competent supervision involved supervisors who were very aware of power, privilege, and trans issues in general. She noted it was "incredibly helpful when my supervisors [were] taking time to listen to me, to my experiences, and trying to think through how to stop their oppressive behaviors." Additionally, Eve's competent supervisors were willing to acknowledge mistakes, learn, and engage in difficult conversations to better understand Eve.

Minority stress was the third theme for Eve due to experiences that correlated with minority stress factors. She experienced prejudice and discrimination from supervisors, maintained heightened vigilance in supervision due to fear of experiencing discrimination or oppression from a supervisor, and internalized transphobia. For instance, Eve acknowledged expecting a negative reaction to her gender identity: "when I broached my trans identity, nine times out of ten with a cis*[gender]* person I'm going to be met with a microaggression. Like, that's just going to happen. And oftentimes I get dysregulated…"

Eve's final theme, supervisor awareness needed, stemmed from her multiple statements about supervisors needing to be more aware of trans issues and systems of oppression. Specifically, she asserted the need for supervisors to be aware of how they may be contributing to oppression. She asserted supervisors must understand "that the gender binary is an oppressive social structure that really oppresses trans and nonbinary people, and that they reinforce it unintentionally." This theme supported the super-ordinate theme "Need for Affirming Supervision."

Andy

The third participant, Andy was in his early 40's and self-identified as white, trans-masculine, and uses he/him/his pronouns. He has been "out" for nearly ten years. Andy had just graduated with his master's degree in counseling. At the time of the interview, Andy worked as a counselor with the LGBTQ+ population.

The analysis of Andy's interview resulted in four themes: (a) competent supervision, (b) incompetent supervision, (c) effects of incompetent supervision, and (d) other factors impacting supervision. The first two themes directly correlated with super-ordinate themes Competent Supervision and Incompetent or Harmful Supervision, respectively. Andy's theme, competent supervision, also supported the super-ordinate theme Need for Competent Supervision. His third theme directly supported a super-ordinate sub-theme, and the final theme supported the super-ordinate theme Power and Privilege Dynamics. Overall, Andy reported having primarily positive supervision experiences, but he shared considerably more negative supervision experiences than positive. His experiences appeared to fall to one end of the competency spectrum or the other – either very positive and affirming, or very negative and harmful. Additionally, his positive or negative experiences occurred with both faculty and community supervisors.

Andy's experiences of competent supervision focused on feeling heard, seen, and understood. He also noted competent supervisors were supportive and helped him address gender-related issues that arose. For example, when Andy's peer made discriminatory statements toward Andy, he spoke to a supervisor who responded with support: "[the supervisor] says, 'I'm sorry, you know, this should have never happened. This is completely wrong. What do you want me to do?'" Andy's experiences of incompetent supervision were notably harmful. One of Andy's supervisors gave him a negative evaluation and recommended he should not pass his internship experience. Andy recalled feeling blindsided and frustrated: "I was just like, here we

are again. Somebody is trying to sabotage me. And I didn't feel supported as a trans counselor." Andy identified effects of incompetent supervision, including negative feelings about supervisors, questioning how trans-affirming the field of counseling is, and feeling defeated. Finally, Andy discussed other factors that impacted his supervision experiences. Specifically, Andy discussed feeling obligated to educate supervisors about trans issues and feeling frustration toward academia as a system of oppression. Andy expressed feelings of frustration when he tried to make a formal complaint against a harmful supervisor but found academia as a system appeared to protect that supervisor.

Jase

The fourth participant, Jase was in his mid-20's. Jase self-identified a white, trans masculine, and used he/him/his pronouns. Jase has been "out" for three years, since prior to starting his master's program. At the time of the interview, Jase was completing his final semester in a counseling master's program.

The analysis of Jase's interview resulted in three themes: (a) competent supervision, (b) incompetent supervision, and (c) coping with minority stress. Jase discussed his supervisory experiences in overall positive terms, and he appeared to minimize negative experiences. Jase's first theme, competent supervision, focused on feeling supported, affirmed, and respected by supervisors, and seeing evidence that supervisors valued discussions about LGBTQ+ issues. Jase also discussed rapport as an important aspect of competent supervisors, noting that the better he knew a supervisor the more authentic he was able to be: "So my professional supervisor now, I'm very close with her. So if I have a different opinion I'll share it with her, because…we've developed a friendship over time, too. Because I've known her for the five years." Jase's second theme, incompetent supervision, connected to two super-ordinate themes:

Incompetent or Harmful Supervision and Need for Competent Supervision. Jase's experiences of incompetent supervision primarily stemmed from one community supervisor who, in a different role, knew Jase pre-transition. Jase discussed feeling disrespected due to the supervisor continuing to misgender him in person and in other contexts for years after Jase transitioned: "I've had people tell me that when he's referencing me, sometimes he will use she/her pronouns, and they will correct him. And he's…just kind of so nonchalant about it."

Jase's third theme, coping with minority stress, related directly to the super-ordinate theme Power and Privilege Dynamics. Jase experienced minority stress in several ways, but most notably he was vigilant about potential experiences of discrimination or prejudice. For example, he avoided challenging supervisors: "I felt like I couldn't say *anything* [emphasis added] unless I knew it was exactly right." He also acknowledged fear of engaging in conflict: "I would not feel comfortable saying 'boo' to her…"

To cope with this stress, Jase was very careful about navigating supervisory relationships and revealing his authentic self. Jase's appeared hesitant to trust supervisors due to their positions of power. Jase acknowledged often censoring himself and attempting to manage his image in supervisory relationships. For example, Jase feared imperfection and discussed how he avoided potential criticism: "I felt like I couldn't say *anything* [emphasis added] unless I knew it was exactly right." Notably, Jase acknowledged that because he was able to "pass" as a male, he was not out to all of his supervisors and did not have discussions about his trans identity with most.

Mason

The fifth participant, Mason, was in their early 40's. Mason identified as white, trans nonbinary, and uses they/them/theirs pronouns. Mason identified as queer for approximately ten

years before coming out as trans nonbinary one year ago. Mason completed a master's degree in counseling and was in the process of completing their Ph.D. in Counselor Education and Supervision. Mason was a full-time student at the time of the interview, and they also taught counseling courses as an adjunct.

The analysis of Mason's interview resulted in four themes: (a) competent supervision, (b) incompetent supervision, (c) coping, and (d) stressors. Mason's discussed a wide range of supervisors including faculty supervisors, community supervisors, and doctoral students who provided supervision when Mason was a master's-level student. Mason also referenced their experiences of providing supervision to other less experienced students. Overall, Mason acknowledged having a mix of positive and negative supervision experiences.

Mason's experiences of competent supervision connected to the super-ordinate theme of Competent Supervision. Mason's competent supervisors were affirming and supportive when they came out as nonbinary, used correct pronouns, and understood trans experiences. Mason was the only participant who reported the experience of having a queer supervisor. They discussed the significantly positive impact this had on their learning, growth, and general experience in supervision: "In that space I was able to fully be myself, and I think that [having a queer supervisor] is not an inconsequential piece of that." Mason's experiences of incompetent supervision aligned with the super-ordinate themes Incompetent or Harmful Supervision and Need for Competent Supervision. Mason's experiences of incompetent supervision included supervisors displaying microaggressions, inauthenticity, making incorrect and harmful statements about trans clients, and generally lacking knowledge about trans persons and trans issues. Mason discussed how these experiences were detrimental and asserted the need to rectify these shortcomings in order to make sure trans individuals receive competent and affirming

supervision. Mason also identified stressors and ways they coped with stressors, which both connected to the super-ordinate theme Power and Privilege Dynamics. Mason identified common stressors they encountered in supervision such as deciding when and how to come out, broaching conversations about gender identity or power, and having to educate supervisors on trans issues so that they could effectively work together. Mason discussed their experiences of educating supervisors: "[I] think I've reflected a lot on my experience of how much emotional labor I was doing and feeling obligated to do along the way." They also discussed the stress of choosing not to educate others: "When you decide you're just not going to fight that fight there's a relief but there's also a guilt that comes along with that." Mason acknowledged coping with this stress in ways that were effective but not always ideal. First, they acknowledged actively avoiding conflict with supervisors in order to preserve the working relationship: "I'm pretty good at avoiding conflict. I'm pretty…maybe to pathological degree. I'm pretty good at heading that off and managing it before it gets to that point." Mason also avoided speaking up when a supervisor made discriminatory remarks about trans people due to uncertainty about the emotional safety of the relationship. When Mason did try to have discussions about social justice or advocacy, they were not always heard: "I get the 'Yes, Mason, we'll talk about social justice in a minute. Like, just be patient' kind of stuff a lot. Because I bring things into the conversation that I think other people don't."

Ultimately each participants' individual themes supported one or more of the four super-ordinate themes: (a) competent supervision, (b) incompetent or harmful supervision, (c) power and privilege dynamics, and (d) need for competent supervision. Although each participant had experiences related to each super-ordinate theme, their experiences were unique. It is important

to explore each of these super-ordinate themes in detail while also examining how participant experiences converged or diverged.

Super-Ordinate Theme One: Competent Supervision

The first super-ordinate theme identified was competent supervision. Within the context of this study and trans supervision, competent supervision was defined as supervisor knowledge, awareness, actions, overt statements, attitudes, or overall experiences the participants found positive, helpful, and trans-affirming. One sub-theme emerged from these experiences: positive impacts of competent supervision.

All participants identified competent supervision experiences. Sydney had several supervisors in graduate school and as a professional. Most of their examples of competent supervision focused on feeling supported and affirmed by their current group supervisor, who is a counselor in the community. For example, Sydney was nervous to come out to their supervisor as nonbinary and feared the supervisor would be unable or unwilling to use Sydney's pronouns and chosen name. Sydney reported feeling relieved after coming out when the supervisor responded in a supportive manner and openly acknowledged his lack of understanding and experience working with nonbinary individuals:

> [The supervisor said] '…I don't know anyone who uses they/them pronouns, and I don't know that much *about* [emphasis added] it. Can we…talk about that a little bit more? How do I…use that in a sentence? What does all this mean?'

Sydney also made multiple references to this supervisor lacking knowledge about trans issues but also noted it was helpful that he was open to learning about them. Sydney made positive statements about their supervisor overall, such as "even though [he] isn't the most educated, I do…like his style as far as being competent."

Eve's competent supervision experiences centered around supervisors who had an affirming attitude and took helpful actions to attend to her gender-related trauma history. Eve shared stories about trauma she experienced related to her gender in her family of origin, in a previous career, and in her everyday life. For example, she disclosed:

> …there was a period of my life for about a year where…everywhere I went I was going to be visually harassed…because I was visibly trans. And a lot of times there would be very real threats to my life too. Like, just walking around, if I was walking alone, who's to say that I'm not going to get threatened, or followed, or yelled at, or catcalled?

Eve noted this past trauma impacted her experience of counseling and supervision, particularly when she was having increased feelings of gender dysphoria. Eve recalled having a faculty/supervisor in her doctoral program who attended to this trauma history in an affirming and helpful way. She explained:

> …once I told [my supervisor] that it was trauma, she was like, 'Okay, I'm going to use trauma informed care right away.' She didn't think that I was using that word lightly. And when I said that [at times supervision or seeing clients] was triggering – she was not surprised when I [described] my experiences with panic attacks afterwards or my experiences with dissociation. She just didn't question it, and she attended to that emotional meaning within me. And she didn't shy away from it, from the supervision experience.

Most of Jase's experiences of competent supervision occurred with faculty members in his program who were providing supervision during practicum or internship. Jase's experiences of competent supervision focused on his supervisors' behaviors and attitudes that created an

affirming environment. For example, Jase found it impactful when his supervisors broached gender identities and sexual orientations without prompting:

> Inclusivity was very important in supervision, even though we didn't have anyone in class that said, 'I identify as gay or bi' or anything like that. But they made sure that that was an important topic to discuss when working with diverse clients…I feel like sometimes the topic is forced if someone says like 'Oh I identify as this [identity].'…But no one had that as a topic of discussion, and they still brought that up and made sure it was an important piece of supervision.

Andy reflected on his expectations for what supervision would entail, which paralleled the operational definition of competent supervision used in this study, "I was under the understanding [that supervision would include] support, providing resources, answering questions. You know, being a guide for the person that's learning. And, you know [exploring counselor identity]. And helping them get to that place." He compared his expectations to what he experienced, and he found that some supervisors lived up to these expectations. He specifically noted that competent supervisors displayed trans-affirming attitudes, and he found that with supportive supervisors he, "really felt *heard* [emphasis added] all the time. You know…they listened…for understanding."

Mason also identified having supervisors with varying levels of competency, but they reported experiencing competent supervisor behaviors and attitudes. For example, Mason discussed an impactful moment when they felt affirmed by a supervisor shortly after coming out. Mason's supervisor referred to them in third-person in an email exchange with another individual, and the supervisor used Mason's correct pronouns. Mason discussed the impact that had on them:

> I *printed* [emphasis added] that email…it sounds like something so small, but it was just so affirming. And then I've seen [that supervisor] correct people on pronouns as well, which is really great, and *that* [emphasis added] really stands out to me.

Mason was also the only participant to discuss the experience of having a queer supervisor, and they identified how that supervisor was affirming in specific ways. First, Mason acknowledged feeling surprised by how different the experience was, "For some reason I thought that wasn't going to be much of a difference, but then I found it to be quite a difference." They discussed the sense of having shared worldview due to their shared backgrounds

Mason described how the queer supervisor was competent in terms of knowledge and awareness of LGBTQ+ issues:

> I felt like there was like an instant rapport there…I think I found myself not having to explain feelings of being 'othered' or feelings of being isolated or not connecting…[we didn't] have to always use heterosexual relationships as a model for everything…[or] add on 'Oh also queer relationships exist.'

Mason further explained the supervisory relationship was "so much more fluid and more resonant" and they experienced, "a shared sensibility and…a shared perspective…And I felt like her advocacy was genuine." Overall, Mason described the experience as, a special situation and something that I really, really cherished and…[where] I felt I grew the most."

All participants identified experiences of competent supervision, and most went on to discuss how these experiences positively impacted them.

Positive Impacts of Competent Supervision

In addition to affirming behavior, all participants identified positive impacts they experienced as a result of competent supervision. Positive impacts were defined as participants'

positive reactions or feelings toward supervisors or supervision, participants' feelings of relational safety, and the benefits participants identified as stemming from supervision. Most participants described their overall supervision experiences as positive. Sydney discussed how competent supervision experiences impacted their sense of relational safety and satisfaction with supervision. They discussed feeling comfortable, supported, and safe sharing in supervision as a result of having a competent supervisor. For example, when discussing their group supervisor, whom they had identified as competent, Sydney explained, "I think that in our group we have a safe enough environment where I can be vulnerable and I can share some sometimes personal experiences if it's relevant." Sydney gave an example of willingness to be vulnerable with her supervisor, "If I had a personal issue, I would be comfortable talking to him about it, and that did happen once…and he was really, really supportive."

Eve also discussed feeling an increased sense of safety when working with her supervisors who were affirming and competent. She discussed positive feelings and comfort with vulnerability specifically with the supervisors who were willing to seek out their own education about trans issues, "if they do the work to figure out the basics on their own, then, that also really helps me become more vulnerable and talk about the nuances of my experience too."

Jase highlighted his observation that competent supervisors independently initiated discussions about inclusivity and multicultural identities. As a result, Jase was more willing to be open and vulnerable with his supervisors. For example, he stated "I know with all three of my supervisors I would have felt comfortable talking about whatever in regards to being trans, any struggles I had." He also identified feeling safe showing vulnerability by asking questions or acknowledging mistakes during supervision:

> I didn't feel like [my supervisors were gonna [*sic*] jump down my throat. They were gonna [*sic*] walk through it with me and know that I was in the learning stages of becoming a clinician, and that I wasn't going to do everything perfectly.

Jase also identified personal and professional growth as a benefit of competent supervision, noting, "I felt like I could grow significantly."

Andy benefitted from competent supervision through feelings of growth and increased confidence. For example, when Andy's supervisors were supportive and affirming, he, "felt confident and free, and really motivated to continue to explore…myself *and* my [professional identity] at the same time." Furthermore, Andy reported a competent supervision experience instilled renewed confidence and hope after Andy was targeted by a transphobic supervisor who tried to have him removed from his master's program: "It was amazing, and I felt like, wow, I could *really* succeed in this. And [my competent supervisor] even said '…you could help [the LGBTQ+] population and be very successful at it.'" Andy credited this supervisor with helping to change his fears that the counseling field may not be trans-affirming.

Mason also discussed the positive benefits of affirming supervisors, particularly with supervisors to whom they were out as trans nonbinary. Mason identified an increased ability to be vulnerable in terms of being authentic and present, particularly when contrasting competent experiences with incompetent experiences. For example, when discussing their positive experience with a queer supervisor, Mason stated they were able to be "really fully present in those [supervision] sessions in ways that I don't think I've ever been in supervision before," and they compared the impact of competent supervision to counseling, "[good supervision is] like when you have like a great relationship with a therapist as a client, and you can just, in that space, be just *you* [emphasis added]. There's no pretense." Mason also discussed viewing their

supervisors' behavior as helpful and consciously attempting to emulate their behavior when Mason was learning to become a supervisor, "[they] made just incredible impressions to the point that I model a lot of my supervision after them."

Super-Ordinate Theme Two: Incompetent or Harmful Supervision

While the first theme and sub-theme centered around experiences and impacts of competent supervision respectively, the second theme shifted to participants' experiences of incompetent or harmful supervision. Incompetent or harmful supervision was defined as supervisor behaviors and attitudes that were non-affirming, ignorant, unhelpful, negative, or psychologically harmful. It included microaggressions, transphobia, invalidation, prejudice, and discrimination. Often incompetent or harmful supervision involved a blend of several of these behaviors, and individual differences made it difficult to decipher specific sub-themes, e.g., identifying precisely when an incompetent behavior crosses a line and becomes emotionally or relationally harmful. One sub-theme emerged: reactions to incompetent supervision. All participants discussed incompetent or harmful supervision experiences and reactions to incompetent or harmful supervision.

Incompetent or harmful supervision encompassed a wide spectrum of supervisor behaviors or attitudes with varying levels of severity. Most participants identified experiences ranging from mildly irritating to genuinely harmful, e.g., causing emotional distress, harm to the supervisory relationship, or trauma. One of Sydney's supervisors – whom they generally described as competent – also displayed incompetence or harm at times. Sydney identified that supervisor's ignorance was unhelpful and put pressure on LGBT supervisees, stating,

> I feel [the supervisor is] a safe person who just is not educated *enough* [emphasis added] on LGBT issues, the community. If something comes up, you know, he'll defer to myself

or someone else in our group who specializes working with the LGBT community…for more information."

Sydney further clarified, "I think sometimes he might just be unaware." For example, Sydney recalled an incident where a peer in group supervision was consistently misgendering their client. Sydney expressed hesitance to confront and correct the peer and stated it would have been helpful if the supervisor was, "a little bit more directive and active when someone in the group does something that is not only inaccurate, but potentially harmful." Sydney explained, "I wish it was the supervisor who had spoken up initially to say, like, 'You're misgendering him,' um, and to like have a bit of a conversation about that."

Sydney also reported experiencing microaggressions from supervisors, such as strongly discouraging Sydney from adding their pronouns to their email signature and refusing to change Sydney's name to their preferred name on their email address after they came out. Another supervisor expressed transphobic beliefs, such as holding rigid, traditional views of gender roles and a belief in a gender binary, "she…had the mindset that these are what the genders mean, there's like two biological sexes, they're wired differently." This became a source of frustration for Sydney over time.

One of Sydney's most harmful supervision experiences involved sexual harassment from their primary supervisor who was also their employer. Sydney discussed feeling "uncomfortable" with the situation and feeling uncertain about how to address it. When Sydney did finally find the courage to discuss the situation with a secondary supervisor, they were met with a response that was invalidating and emotionally harmful to both Sydney and to their supervisory relationship:

> [The secondary supervisor suggested] 'Well, do you think that it was just your perception that he was flirting with you? And maybe he wasn't, and you were just taking it that way because he has like a lot of *power* [emphasis added], and people can be like really *enamored* [emphasis added] by that.'… [he was] basically just saying that I had a crush [on the supervisor who was sexually harassing me]… I felt terrible leaving his office.

The situation ultimately led to harm caused by two different supervisors.

Andy's experiences of incompetent or harmful supervision followed a similar variability of low to high intensity. Andy's supervisors displayed ignorance through their lack of knowledge or experiences with trans individuals. For example, Andy would try to provide education to his supervisors about his experiences as a trans man or trans experiences in general, but he found his supervisors were, "affirming but less knowledgeable, and not *really* [emphasis added] keen on learning anymore." Furthermore, Andy was disappointed when he learned his internship supervisors did not have "any real experience in working with the LGBTQ community."

Andy also experienced unhelpful supervision that later became more clearly harmful. The unhelpful behavior stemmed from the supervisor being under-active in supervision. For example, Andy struggled to get feedback or support from the supervisor, "I would ask questions, I would get *no* [emphasis added] feedback. I would look for support. I got no support. It was just 'You're doing fine.'" The supervisor's behavior took a harmful turn when Andy discovered the supervisor's tendency to discriminate against students who were "weak links," such as international students or sexual or gender minorities. Andy explained, "she tries to break you down. And for me, it was being trans was part of that." This supervisory relationship culminated in a harmful experience for Andy when she unexpectedly gave him very negative feedback for reasons he did not understand:

> And then it hits. It is the last week or two. All of a sudden, she's like 'Oh no. If this was at the beginning of the semester, [you wouldn't] pass [practicum]'…you're about to get kicked out of the program.'…I was *losing my shit* [emphasis added] because I'm just like, what's going on?

The experience was sufficiently harmful that Andy contemplating leaving the field, "I almost quit the program because of it. Because I'm like, well if this is the way it's going to be in counseling, I don't want to be a counselor."

Alternately, Eve's experiences of incompetent or harmful supervision primarily focused on invalidation and supervisor ignorance in the form of supervisors misgendering her. For instance, she explained, "…my supervisor would use the wrong pronouns with me, and I could have advocated for myself, but that wouldn't have done any good because I knew he wouldn't have seen me anyway." Furthermore, this type of incompetent supervision was emotionally harmful for Eve. For example, she explained that when her supervisors "slipped" and used the wrong pronouns, it was:

> *…way* [emphasis added] worse than people that intentionally use the wrong pronouns, because if I can tell that it's intentional it's easier for me to externalize. When people slip, then I'm thinking, oh, they're not seeing me. Is there something I can do to change?

These "slips" tended to activate Eve's feelings of gender dysphoria because it reinforced her fears that she could not pass as a woman.

Jase reported the fewest and least intense experiences with incompetent or harmful supervision, but his experiences still aligned with other participant experiences. Jase described a supervisor who was ignorant and lacked knowledge about basic language around gender identity. For example, Jase was advocating to add clients' gender identities to their intake notes. When

Jase used the world “cisgender” his supervisor interjected because he, “didn't even know what cisgender meant.” Jase also experienced microaggressions from a supervisor who, as mentioned previously, continued to misgender Jase when he was not present, despite Jase being out for three years.

Finally, Mason’s experiences of incompetent or harmful supervision included ignorance, unhelpful behavior, and harmful microaggressions. Mason worked with many supervisors during their time as a master’s and Ph.D. student, and they described being able to sense when a supervisor was ignorant or lacking adequate depth of knowledge about trans identities: “I can *tell* [emphasis added] sometimes… [a supervisor knows trans identity] exists, but you're not really sure exactly what it is and how you're conceptualizing it.” Mason also described supervisors who were unhelpful in terms of not providing adequate support or not being present, describing them as “hands off” or “absentee.” Mason also discussed frustration when supervisors described themselves as advocates but did not engage in advocacy. For example, Mason stated, “There's been some opportunities for [supervisors] to show up and demonstrate that their ally credentials are legitimate, and they have not done so… [T]here's been some situations [where] that really was lip service.”

Mason also described a group supervision situation that involved a supervisor expressing harmful attitudes about trans individuals by pathologizing a trans client. Mason’s peer was discussing a client who had expressed a desire to use they/them pronouns, and:

> [The supervisor] said, ‘Are we sure that this person wants to use they/them pronouns…? Do we know that they're not schizophrenic? Do we know that this isn't because they have multiple personalities?’ And one of my colleagues walked out of the group supervision…It was a really tough day.

Mason described later described unsuccessful attempts to repair this relationship by trying to discuss this situation with the supervisor: “we did talk about it, but…honestly I gave up trying to talk to her about it, because it was bringing up a lot of emotions for *her* [emphasis added].”

Overall, supervisee experiences of incompetent supervision varied but fit into this super-ordinate theme. However, a sub-theme emerged: Reactions to Incompetent Supervision.

Reactions to Incompetent or Harmful Supervision

Reactions to Incompetent Supervision included supervisee behaviors or emotional responses that occurred in response to incompetent supervision experiences. This included negative feelings supervisees experienced as a result of incompetent supervision and behaviors supervisees used to protect themselves from emotional harm that stemmed from incompetent supervision.

All participants identified behavioral or emotional reactions to incompetent supervision, although the type and intensity of reactions varied. Sydney acknowledged feelings that arose in reaction to their collective incompetent supervision experiences, such as “resentment” and anger toward their doctoral program. Sydney also expressed concern about not only authentically expressing their feelings when incompetent supervision occurs, but also protecting themselves emotionally by regulating those feelings. For example, they described an instance when they became emotionally activated in supervision:

> I might have an emotionally charged reaction [in supervision]…and that did happen once where I got really pissy, and I was just like, ‘You know, this is not okay.’… And I did have a very emotionally charged reaction. And then later I feel like I have to apologize for the reaction I had because… I didn't need to say it in the *way* that I said it.

Sydney struggled between wanting to be authentic and express their reactions when incompetent supervision occurred, but they also had difficulty balancing emotional energy.

Andy also reacted to incompetent supervision with feelings of anger. For example, Andy described having a positive supervision experience with faculty member immediately following a harmful supervision experience with a faculty member. He was shocked when he compared the two and stated "it…made me pissed that I had the [negative] experience that I did and that was *okay* [emphasis added], that was *allowed* [emphasis added]." That incompetent supervision experience also sparked feelings of pessimism and vigilance for Andy. He used these feelings to remain emotionally ready for any future negative experiences: "Every class after that [negative supervision experience] I was always [thinking] when's this professor going to screw me over?" Andy also took action to improve his own emotional health by seeking therapy as a direct result of his supervision experiences.

Eve endorsed heightened emotions in reaction to incompetent supervision. In fact, she endorsed having a physiological stress reaction when simply recalling and discussing incompetent supervision during the interview, "[I feel] lot of anxiety. Like, I'm sweating right now, and I feel kind of like sick to my stomach." Eve acknowledged reacting to incompetent supervision by withdrawing and "hiding things" from her supervisor due to feeling "unsafe." Additionally, due to incompetent supervision triggering trauma responses, Eve was using "strategic dissociation" to cope with difficult emotions.

Jase reported the fewest negative supervision experiences, and consequently identified the fewest reactions to incompetent supervision. His reaction to incompetent supervision was to become more observant and evaluative of future supervisors' behaviors and attitudes. He specifically reported observing supervisors' language to get a sense of their affirmativeness or

competence based on the acronym used to describe the LGBTQ+ population, “I'm like okay, I know where your [level of] knowledge is.”

Mason discussed protecting themselves emotionally through self-censoring. They described their tendency to over-think their behavior, even in supervision settings that were affirming:

> There is still an undercurrent of ‘Watch what you say, hold back. Don't say this. If you say this [about gender], you're gonna [*sic*] have to explain it. And you don't even know how to explain it to yourself, so how are you gonna [*sic*] explain it to these bewildered people? So just don't explain it, and just sort of don't mention it.’ You…make those kind of split-second calculations.

Most participants identified negative feelings toward their supervisor or the supervision process overall.

Super-Ordinate Theme Three: Power and Privilege Dynamics

Power and Privilege Dynamics in the context of trans supervision experiences was defined as participants’ awareness of power or privilege relative to supervision, their experiences that directly or indirectly highlighted power or privilege disparities in supervisory relationships, and/or efforts to navigate these dynamics.

All participants discussed the presence of power and privilege dynamics in supervision. Sydney made several references to feeling acutely aware of their powerlessness in different situations. For example, Sydney discussed a conflict with a faculty supervisor who believed in traditional gender roles and expressed heteronormative attitudes in group supervision. Sydney and their peers were aware of the power differential and had to determine how to avoid “a power struggle, ‘cause [*sic*] then she takes it out on our papers and on our work. And that really sucks.

[The group of supervisees decided] we were just gonna [*sic*]…close our mouths…and just get through the semester." Sydney learned it was necessary to navigate these power dynamics through avoidance, "None of us agreed with what [the supervisor] was saying. But we also weren't about to fail her class. So, we just kind of learned this is the response we should give, and don't get into a power struggle."

Sydney also came up against power and privilege dynamics when they were experiencing sexual harassment from a supervisor. Sydney decided to ignore the behavior for a long time, "because this is not only my employer, but this is someone who has like control over my license." Sydney described an awareness that their supervisor held several privileged statuses as a white, cisgender male who held a position of power in the counseling community. As a result, they did not feel they could challenge that person's power or privilege:

> I didn't make a formal complaint because…I feel like if it came to the court of law, or court of public opinion, or whatever, there's not much tangible stuff to go off of. So I decided it would be in my best interest to just not work for him anymore and try to politely leave that relationship and then just go on with my life. Which was what I decided to do.

Sydney's awareness of their relative lack of power even impacted their decision-making process about coming out with certain supervisors. They were concerned about how supervisors' reactions to Sydney coming out could negatively impact Sydney's professional goals. Sydney acknowledged "a lot of fear" about coming out, "[It] was a really scary thing to do professionally…[and] personally…and then making that decision, do I do this in a professional setting? Do I just like ride this out 'til [*sic*] I'm licensed?"

Eve's experiences around power and privilege differed slightly from Sydney's. Eve was aware of power and privilege through many discussions that arose regularly in her supervision. For example, Eve specifically discussed addressing these dynamics with two faculty supervisors who were Black women:

> …we were negotiating the white privilege that I had and how that was going to impact the supervision session, and also their cis[gender] privilege. And, to an extent, neither of us have hegemonic understandings of what womanhood is, [but] in very, *very* different ways.

Eve and her supervisors took "time and space to talk outright about what it was like to sit with each other" which ultimately led to "some hard and productive conversations." Eve felt her discussions with supervisors around power and privilege were typically helpful, but sometimes occurred too frequently, and at other times too seldom. For example, she discussed feeling that power and privilege may have been over-emphasized in some supervision relationships or meetings, "sometimes negotiating power was the focus of supervision instead of…going through specific clinical work, like my skills, and things like that." Alternately, Eve noticed her internship site did not adequately address power and privilege dynamics. She explained, "I don't think that it was a norm that everyone talked about power and privilege and in supervision…Which I think is very problematic, especially with the [LGBTQ+] population that we're serving."

Andy experienced a power differential with one supervisor who targeted him for his trans identity and attempted to have him removed from the counseling program. Andy recalled the faculty supervisor comparing group supervision to a dystopian novel about competition for scarce resources. When Andy's practicum class of six supervisees suddenly decreased to three,

he asked, "'Where are the other people? They just kind of disappeared.' [The supervisor] was like, 'Oh, it's like the Hunger Games in here - if you just don't cut it, you're out.'" Andy also discussed awareness of his powerlessness in this supervisory relationship. When she confronted him about not passing practicum and informed him that she planned to advocate to have him removed from the program, Andy sought support and guidance from other faculty, the department head, and even the university ombudsman. Ultimately, Andy became acutely aware of his powerlessness:

> It didn't matter who I talked to about it, nobody would say anything. They'd listen to me, but they would never *say* [emphasis added] anything because of…dynamics of the way the university is set up…that power play and hierarchy is not helpful.

Ultimately, this led to Andy feeling disillusioned and unsupported by faculty in his program the academic system overall.

Jase acknowledged a heightened awareness of the power differential in supervision, and he primarily highlighted his strong desire avoid power struggles and conflict. For example, he explained that if he became aware that his view would conflict with a supervisor's, he would, "just either try and avoid the conversation as a whole or agree with what their viewpoint is once they give their statements as to why that's their viewpoint. Even if I still don't agree with it." Part of Jase's motivation for avoiding conflict appeared to be image management:

> I want to look good to supervisors, you know? I want to be someone that they talk highly about, because that's how you work your way up… [and] in order to do that I feel like you have to be a bitch sometimes and just do what they want.

Jase acknowledged his supervisors gave him feedback that he needed to increase his assertiveness skills in other settings, but he received conflicting messages about when to own his

power and speak up, "[My supervisors] see the importance of me having an opinion, but when…it benefits them, they don't really want me to have an opinion." This led to confusion about supervisors' expectations for Jase, "…even if I was confrontational, I wouldn't be able to find a balance as to what they expected me to be in regards to level of confrontation."

Mason also identified a tendency to avoid conflict in order to prevent the discomfort of power struggles with supervisors. Mason discussed a conflict with a supervisor who made harmful, pathologizing statements about nonbinary individuals during a group supervision. Mason had not yet come out, and they described the experience of hearing their supervisor speak negatively about a nonbinary client: I wasn't out at that point, so I wasn't able to say [to the supervisor] 'Well, you're talking about *me* [emphasis added]. You're talking about that person [who] is like me.'" Mason later unsuccessfully tried to address their concerns with the supervisor, who was not receptive to Mason's feedback. Mason regretted their inability to repair the relationship but acknowledged, "I was having to protect myself and I was just doing the best I could in that situation."

In addition to that specific situation, Mason spoke more generally about their perceptions of being a trans supervisee. Mason discussed the privilege they noticed their cisgender peers held, and how Mason experienced unequal treatment in supervision. Mason felt supervisors covertly implied:

> 'If you want full experience in this space, then [you as a supervisee have] got to do some work to earn your space in this class, or to earn your seat in this supervision. And once you do all that, then we can treat you like a full person, but you have to do this other thing first.'

The “work” Mason referred to was educating others about trans identities. In fact, all participants discussed multiple instances of feeling obligated to educate their supervisor(s) and peers. Educating others falls under the umbrella of power and privilege dynamics because someone in a marginalized or unempowered position, e.g., a trans supervisee is put in a position of responsibility for educating someone who holds power, e.g., a supervisor, about their trans identity.

Sydney regularly educated their supervisors but also expressed incongruent feelings about the experiences, “…I think it's kind of a double-edged sword where it's nice to feel like you have this knowledge that you can help educate people with, but then you think to yourself, well what if I wasn't there?” Sydney felt compelled to provide education due to fear that if they did not, their supervisor(s) or peers would provide incompetent care to trans clients. The lack of competence working with trans clients highlighted the marginalization of trans individuals in Sydney’s supervision group. Furthermore, educating others was burdensome for Sydney. They described it as “emotionally taxing” and “freaking exhausting” to educate others.

Eve acknowledged a sense of acceptance about being expected to educate her supervisors, “That has always been my experience with a cis[gender] supervisor…I'm just going to have to tell you about my experience [as a trans woman].” Eve also admitted she does not always “have the energy to constantly do that.” This put her in a difficult position to decide whether it is more important to conserve energy or to feel understood by a supervisor.

Andy echoed similar experiences with consistently feeling obligated to educate peers and supervisors in each of his supervision settings. He also expressed ambivalence due to the burden of educating, “I enjoy educating people… there needs to be more educating. But the fact that I'm doing it almost all the time…with the whole department at every level is exhausting.”

Mason discussed their thought process when they considered coming out in supervision. They acknowledged the burden of having to educate others to simply be acknowledged as their authentic selves. Mason noted this burden:

> made me hesitate to come out to some people…because I know how much work it's going to be on my part… Just to get to a place where I'm…just *seen* [emphasis added] would require so much effort, so much emotional labor on my part that I just avoid it.

Jase was the only participant who spoke positively about educating his supervisors. Jase discussed one example of this in his group supervision class when he was able to educate his supervisor about how to treat a trans client. He noted, "That was nice. Because like I said, I feel like I don't know anything compared to professors…who've been in the field for X amount of years versus me."

Power and privilege dynamics were very salient for all supervisees, particularly examples of supervisees placed in position to educate people in positions of power. These experiences, in addition to the other two preceding super-ordinate themes, appeared to inform participants' conceptualizations regarding the need for competent supervision.

Super-Ordinate Theme Four: Need for Competent Supervision

Participants were asked how they would define competent supervision with trans supervisees. All five participants discussed different facets of what they felt supervisors needed to do or know in order to be competent. The Need for Competent Supervision was defined by specific statements about supervisor attitudes, behaviors, or knowledge that were needed to increase their overall competency and their ability to demonstrate that competence to supervisees.

Sydney reflected on their supervision experiences and asserted that supervisors should not rely on their trans supervisees to provide "baseline" education, because supervisees, "don't have the emotional capacity to do that most of the time." They asserted, "asking for a direction" was acceptable, "But not expecting me to do your education for you…[supervisors should realize] it's not my job to make you competent in transitions and nonbinary people." Sydney also discussed how a competent supervisor would intervene if harmful behavior occurs:

> …in a group setting, [supervisors should] be willing to intervene. If someone does say something that's harmful, it shouldn't be up to me, or up to any other trans person to call it out... [because] it's really vulnerable for me... So I think just having that willingness to sometimes be more active and more directive and to interrupt something while it's happening to protect the trans people in the group.

Intervening would, in turn, require supervisors to have knowledge about trans issues and awareness of potentially harmful behavior, but may result in trans supervisees feeling protected or safe.

Andy also identified a need for supervisors to increase their knowledge and awareness of trans issues. He observed that with his supervisors, "There was *very* [emphasis added] little, if *any* [emphasis added] work that was done…to understand trans community or even the LGBQ community. It was really disappointing." He suggested supervisors could increase their competent if they, "do some research and [gain] understanding of…what it's like to be trans…and ask questions for clarification and get to know…the ramifications that come with being trans, positive and negative."

Jase's recommendations for supervisors to increase competency were focused on how supervisors' knowledge could impact client care. He asserted supervisors should increase their

basic knowledge of terms around gender identity and "know that [client gender identity is] something that's important…. because that can impact someone's treatment." Jase also suggested supervisors share their pronouns when introducing themselves because it shows "they understand what pronouns are and respect your identified pronouns [which is] a huge sign for me that someone was competent."

Eve's experiences of both competent and incompetent supervision led her to suggest supervisors should not only be knowledgeable about how, "the gender binary is an oppressive social structure that really oppresses trans and nonbinary people," but also they should have a level of "self-reflection" and awareness that allows them to realize "that they reinforce it unintentionally."

Finally, Mason shared a somewhat unique perspective because they not only experienced supervision, but they also have been in the supervisor role as part of their doctoral program. Like the other four participants, Mason asserted supervisors must be knowledgeable; however, Mason stressed the importance of supervisors educating themselves versus expecting trans supervisees to provide the education:

> …supervisors, therapists, all those of us with the power seat have to do education ourselves. We have to get ourselves educated to use the emotional labor that's already been done in the trans community. It's out there. There are lots of trans and nonbinary people that have given their time and their energy to educating. And [we need] to treat this as the same way that we're hopefully starting to treat approaching race, or approaching ethnicity, or social class. …[we need to have] some foundational knowledge about these identities

Additionally, Mason highlighted the importance of supervisors maintaining openness to broaching and discussing dynamics of power and oppression with supervisees. Mason stated:

> I think supervision is a space where we *should* [emphasis added] be talking about power, we *should* [emphasis added] be talking about identity. I think supervisors *should* [emphasis added] be bringing it up with *every* [emphasis added] supervisee. You know, what are your identities? How are your identities intersecting with your clients' identities? What power structures are being imitated in the room that you're not even aware of?

Ultimately, Mason emphasized that if supervisors are "going to talk the talk, [they] need to walk the walk" in terms of embracing "gender identities and gender expression across the entire spectrum."

Summary

This study examined the experiences of trans counselors and counselors in training who received clinical supervision. Interpretative Phenomenological Analysis (IPA) was used to explore the research question: How do trans counselors or trans counselors-in-training experience clinical supervision? The study included five participants who self-identified as trans and had received supervision within the last five years. Participants were from various areas around United States. Each participant was interviewed using a semi-structured interview process. Interviews were analyzed first as individual case studies, and four themes were identified for each individual. These individual themes were then analyzed collectively to identify super-ordinate themes across all cases. The researcher identified four super-ordinate themes: (1) Competent Supervision, (2) Incompetent or Harmful Supervision, (3) Power and Privilege Dynamics, and (4) Need for Competent Supervision.

Competent Supervision encompassed supervisor knowledge, awareness, actions, overt statements, attitudes, or overall experiences the participants found positive, helpful, and trans-affirming. One sub-theme surfaced from these experiences: positive impacts of competent supervision. Next, Incompetent or Harmful Supervision included supervisor behaviors and attitudes that were non-affirming, ignorant, unhelpful, negative, or even harmful. One sub-theme arose these experiences: reactions to incompetent supervision. The third theme, Power and Privilege Dynamics focused on participants' awareness or experiences of power or privilege relative to supervision, and their efforts to navigate these dynamics. Finally, Supervisor Competencies Needed highlighted statements about supervisor attitudes, behaviors, or knowledge that were needed to increase their overall competency and their ability to demonstrate that competence to supervisees.

Chapter five provides a discussion of extant research, limitations, trustworthiness and generalizability of the findings, as well as implications for counseling practice, counselor education, and counselor education research.

DISCUSSION

Introduction

The purpose of this study was to examine the experiences of trans counselors and counselors in training who received clinical supervision. Chapter One outlined the purpose and need for this study. Chapter Two explored relevant existing literature about trans individuals and highlighted the lack of research about trans counselors or counselors in training. Next, the researcher outlined the research methodology and procedures used in this study in Chapter Three. Interpretative Phenomenological Analysis (IPA) was used to explore the research question: How do trans counselors or trans counselors-in-training experience clinical supervision? Five participants were interviewed. Interviews were analyzed first as individual case studies, and four themes were identified for each individual. Individual themes were then analyzed collectively to identify super-ordinate themes across all cases.

Discussion of Findings

The findings discussed are presented within the context of the research question: How do trans counselors or trans counselors-in-training experience clinical supervision? The researcher identified four super-ordinate themes across all cases: The researcher identified four super-ordinate themes: (1) Competent Supervision, (2) Incompetent Supervision, (3) Power and Privilege Dynamics, and (4) Supervisor Competencies Needed. As mentioned in Chapter Two, due to the lack of existing research on this topic and the parallels between experiences of sexual minorities and gender minorities, supporting research is based on the experiences of either supervisees who identify as sexual minorities or counseling clients who identify as trans.

Theme One: Competent Supervision

Competent supervision experiences encompassed supervisor knowledge, awareness, actions, overt statements, attitudes, or overall experiences the participants found positive, helpful, and trans-affirming. With a few exceptions, most supervision experiences labelled competent focused basic, although important competencies. For example, supervisors were labeled "competent" if they used supervisees' correct pronouns in person or with others, initiated discussions about LGBTQ+ issues, and actively listened to supervisees.

Participant experiences of competent supervision fell far below the multicultural competency recommendations by Borders, et al.'s (2014) Best Practices in Clinical Supervision. For example, supervisors identified as competent did not always initiate conversations about how gender identity impacted supervision or counseling, several were not sufficiently knowledgeable about trans issues, and most lacked awareness of their insufficient knowledge.

In fact, the participants appeared to maintain quite low expectations for supervisor competency. Several participants spoke positively about their supervisors while also noting – often in the same sentence – their supervisors' shortcomings or incompetent behavior. Furthermore, participants tended to minimize instances when "competent" supervisors displayed incompetent behavior. This supports the assertion that trans supervisees may have low expectations for their supervisors. One possible explanation is trans supervisees regularly experienced minority stressors such as rejection, prejudice, invalidation, and discrimination in other areas of their lives (Hendricks & Testa, 2012; Meyer, 2003). As a result of these frequent negative experiences, neutral or minimally competent supervisor behavior may appear above-average by comparison. Regardless of trans supervisee standards, there were positive impacts resulting from competent supervision.

Positive impacts of competent supervision were defined as participants' positive reactions or feelings toward supervisors or supervision, participants' feelings of relational safety, and the benefits participants identified as stemming from supervision. These impacts included supervisees feeling comfortable being themselves, willingness to seek out supervision, feeling supported and affirmed, feeling trust and safety in supervision, and experiencing personal and professional growth. These findings align with those identified in a study by Burkard et al. (2009), which explored affirming or non-affirming supervision experiences and their impacts with lesbian, gay, and bisexual (LGB) supervisees.

Competent supervision also allowed supervisees to let their guards down, feel safe, and be more present in supervision. Furthermore, it allowed them to relax as they could decrease feelings of vigilance related to expecting prejudice (Hendricks & Testa, 2012; Meyer, 2003). It is also notable that participants reported learning more and experiencing more personal growth from competent, affirming supervisors (Burkard et al., 2009).

The next theme, Incompetent Supervision offered a helpful contrast to competent supervision, and their distinct differences provide clarity for both themes.

Theme Two: Incompetent or Harmful Supervision

Incompetent or harmful supervision was defined as supervisor behaviors and attitudes that were non-affirming, ignorant, unhelpful, negative, or even harmful. It included microaggressions, transphobia, invalidation, prejudice, and discrimination. Ellis, et al. (2014) defined incompetent supervision as, "ineffective supervision that does not traumatize or harm the supervisee" (p. 436). Alternately, harmful supervision results "in psychological, emotional, and/or physical harm or trauma to the supervisee" (McNamara et al., 2017, p. 435) and may include unethical behavior, abuse of power, or may cause the supervisee significant emotional

turmoil or harm (McNamara et al., 2017). All harmful supervision is incompetent, but not all incompetent supervision is harmful. Within the context of this study, it was nearly impossible to delineate between incompetent and harmful supervision, as many participants identified experiencing both within the same encounters. Additionally, experiences that a cisgender supervisee might label "incompetent" might be very harmful to a trans supervisee. For example, supervisors may engage in microaggressions such as teaching about gender only binary terms. A cisgender supervisee would simply learn inaccurate information, whereas a trans supervisee may feel unsafe, invalidated, or marginalized. Although the line between incompetent and harmful supervision is at times unclear, participants in this study identified supervisor behavior that clearly caused emotional harm, such as supervisor sexual harassment, unethical behavior, abuse of power, and causing fear of retaliation (McNamara et al., 2017), misgendering (McLemore, 2015), invalidation, heteronormative or transphobic remarks, and pathologizing trans individuals (Hendricks & Testa, 2012), and microaggressions (Hendricks & Testa, 2012; Nadal et al., 2012).

All five participants identified supervisor behaviors or attitudes that were potentially harmful to the participants' professional growth, feelings of safety, identity, emotional health, or potentially even to clients. Collectively, participants' incompetent or harmful supervision experiences far outweighed competent supervision experiences.

Participants often discussed incompetent supervision experiences casually, describing them more like irritations rather than serious concerns about supervision quality. It's possible that trans supervisees may maintain quite low expectations of supervisors. This may be attributed to two minority stress factors: the expectation of stressful events and internalized transphobia. Incompetent supervision is a stressful event, and participants may be used to anticipating and experiencing stressful events due to their minority status (Hendricks & Testa, 2012). As a result,

incompetent supervision as simply another example of a negative experience. Additionally, internalized transphobia may be a factor due to trans supervisees holding a negative self-image; they could believe they deserve the incompetent treatment (Hendricks & Testa, 2012).

Supervisors displayed incompetence or harm through attitudes, behaviors, lack of knowledge or awareness, being under-active, and incongruence between words and behavior. Some supervisors were consistently incompetent or harmful, while others were described as incompetent or harmful at least some of the time. Supervisors consistently appeared to lack knowledge about trans experiences and issues, which is supported by existing literature about counselors' knowledge of trans client issues (Israel et al., 2008) and non-affirming supervision experiences of LGB supervisees (Burkard et al., 2009). Additionally, supervisors lacked insight into how their lack of knowledge negatively impacted their supervisees. This unawareness resulted in supervisors failing to notice or act when other supervisees or supervisors engaged in incompetent or harmful behavior.

Supervisor lack of knowledge – or lack of awareness regarding insufficient knowledge– about trans issues was prevalent in most participant narratives. This lack of knowledge may stem from counselor education programs inadequately preparing counselors to be multiculturally competent, specifically with the LGBTQ+ population (Lynne Carroll & Gilroy, 2002; Troutman & Packer-Williams, 2014). Existing literature questions the adequacy of multicultural training in counselor education (Bidell, 2014; Troutman & Packer-Williams, 2014) and advocates for more intensive training in this area (Bidell, 2013).

Supervisee reactions to incompetent supervision included supervisee behaviors or emotional responses that occurred in response to incompetent supervision experiences, such as negative feelings and behaviors supervisees used to protect themselves from emotional harm that

stemmed from incompetent or harmful supervision. These impacts included supervisees feeling unsafe in supervision, concern about client welfare, and negative feelings toward their supervisor or supervision as a process. There is a lack of research on trans supervisee experiences, but some of these negative impacts align with trans clients' negative experiences in counseling. For example, Israel, et al. (2008) found trans clients reported feeling unsafe or uncomfortable, decreased disclosure, and diminished therapeutic relationship with the counselor. Furthermore, the negative impacts are supported by Ellis, et al.'s (2014) research about harmful supervision, which asserted that "the deleterious effects of harmful supervision on supervisees may parallel the detrimental effects of harmful therapy to clients" (p. 436). It is essential to highlight that supervisees, unlike counseling clients, often do not have the privilege of discontinuing supervision once harm has been done. Depending on when the supervision is occurring, e.g., during a graduate program or post-graduation while seeking licensure, this may leave trans supervisees with limited options. During a graduate program, the supervisee may have to choose between enduring the incompetent/harmful supervision or leaving their program. While seeking licensure, the supervisee may be forced to find a new supervisor, which can be difficult and potentially costly. Both situations could also involve the third super-ordinate theme, power and privilege dynamics.

Super-Ordinate Theme Three: Power and Privilege Dynamics

Power and Privilege Dynamics in the context of trans supervision experiences was defined as participants' awareness of power or privilege forces or disparities in supervision. Power and privilege are closely tied to minority stress factors (Hendricks & Testa, 2012; Meyer, 2003). Specifically, individuals who are part of a marginalized group experience a distinct lack of power and are more likely to experience oppression (Brown, 2018).

Power and privilege dynamics are essential factors to address in supervision because, "power is embedded in the supervision relationship" (Hernández & McDowell, 2010, p. 32). Therefore, supervisors should be directly addressing power dynamics in supervision (Borders et al., 2014). If supervisors are not aware of or attending to power and privilege dynamics in supervision, then trans supervisees are not getting adequate training in understanding complex power dynamics present not only in supervision, but also in the counseling they provide to clients. Furthermore, if supervisors do not discuss power, privilege, or oppression, it may erode supervisees' sense of relational safety (Hernández & McDowell, 2010). Most participants described this lack of relational safety in terms of feeling powerless in supervision, heightened vigilance of safety during supervision, or feeling obligated to educate supervisors about their transness. These impacts aligned with Burkard, et al.'s (2009) findings about non-affirming supervision events LGB supervisees experienced.

Vigilance of prejudice and discrimination described behavior or internal processes supervisees used to protect themselves from potential emotional harm (Hendricks & Testa, 2012). This included awareness of signs that indicated a supervisors' level of trans-affirmativeness and an internal narrative for decision-making. One such decision involved supervisee decisions to come out, or reveal or conceal their identities (Hendricks & Testa, 2012; Meyer, 2003) and decisions about broaching conversations about gender. It was clear trans supervisees felt pressure and obligation to broach their gender identity in supervision and provide education to supervisors. Although no research exists about broaching trans identities in supervision, research on broaching sexual orientation in supervision suggested that supervisors believed they were sufficiently addressing sexual orientation in supervision, whereas LGB supervisees felt it was only somewhat being addressed (Allan et al., 2017).

The overall sense of obligation and necessity to educate others about trans issues, e.g., trans history, sociopolitical factors, resources, etc., was a significant characteristic of power and privilege dynamics discussed by all participants. This lack of supervisor knowledge and education is at odds with supervision competency guidelines, which assert supervisors are responsible to obtain and maintain education with multicultural supervisees, including those who are trans (Borders et al., 2014). It also conflicts with guidance for competently working with trans counseling clients, which also holds supervisors accountable for maintaining awareness and seeking education (ALGBTIC Transgender Committee, 2010; Salpietro et al., 2019). Ultimately, this began to outline a missing area of supervisor competency.

Theme Four: Supervisor Competencies Needed

Participants were asked what they believed multiculturally competent supervision with trans supervisees should look like. All five participants offered different perspectives regarding what supervisors needed to do or know in order to be competent. The Need for Competent Supervision was defined by statements about specific supervisor attitudes, behaviors, or knowledge that were needed to increase their overall competency and their ability to demonstrate that competence to supervisees.

All participants identified competencies supervisors needed to work effectively and ethically with trans supervisees, such as supervisors educating themselves on trans issues, displaying actively affirming behavior, and openness to having discussions about gender. These competencies align with Blumer and Barbachano's (2008) recommended competencies in their literature review regarding counselors or supervisors working with trans counselors in training. Furthermore, the competencies align with several of the counselor competencies for working with trans clients outlined by Salpietro, et al. (2019).

There is currently no specific document addressing minimum supervisor competency with trans supervisees, however the ALGBTIC Transgender Committee's "Competencies for Counseling with Transgender Clients" (2010) provides a clear outline of minimum competencies for counselors who work with trans clients. Furthermore, supervisor multicultural competencies are addressed by the American Counseling Association's (ACA) Code of Ethics (2014) and Borders et al.'s (2014) "Best Practices in Clinical Supervision." From a broad perspective, the ACA Code of Ethics (American Counseling Association, 2014) directly addressed multicultural competence – which includes trans individuals – by identifying "honoring diversity and embracing a multicultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts" (p. 12) as both a core professional value and a required supervisory competence (Section F.2.b.) More specifically related to supervision, the Best Practices in Clinical Supervision (Borders et al., 2014) addresses several the competencies participants discussed. Supervisors should be aware of their competence with multicultural, e.g., trans supervisees and should be educated about the trans population (Sections 5.c.v., 6.a.vii., 7.b., 7.b.i, 7.b.iv., 11.a.vi., 11.a.x., 11.d., and 11.d.ix.). Supervisors should be actively affirming by creating a safe environment (Section 4.b.) and supervisory relationship (Section 5.a.), and openly addressing power and privilege dynamics (Sections 5.c.ii., 6.a..v., and 11.d.i.). Finally, supervisors should be willing to broach difficult conversations about diversity and cultural differences with supervisees (Sections 1.c.v., 5.c., 6.a.i., and 6.a.vi.).

Finally, the need for supervisor to educate themselves suggests there may be a deficit in Counselor Education programs, despite CACREP's (2015) requirements that programs adequately educate about "social and cultural diversity" (p 10). This also aligns with Salpietro, et al.'s (2019) research where counselors reported a lack of gender identity training in their

graduate programs. Likewise, Troutman and Packer-Williams (2014) identified this lack of competence and provided suggestions regarding how Counselor Education programs could move beyond CACREP minimum standards to increase counselor competence with lesbian, gay, bisexual, and trans clients.

Limitations

There are several limitations to this study that must be acknowledged, including sample size, inclusion criteria, multicultural considerations, and generalizability. The researcher used Interpretative Phenomenological Analysis (IPA), which by definition requires a small, relatively homogenous sample (Smith et al., 2009). The inclusion criteria were created specifically to obtain a homogenous sample. Within the sample there was variability in gender identities, but not all trans identities were represented. Additionally, there was minimal variability in terms of intersecting identities, such as race, ethnicity, ability status, etc. The sample size, limited gender identities represented, and lack of intersecting participant identities may limit the transferability of these results to other populations, including individuals with gender identities not represented and individuals with other intersecting identities not represented, e.g., race, ethnicity, ability status, etc.

Furthermore, participants in this study discussed supervisors who were from varying backgrounds, including various levels of education, types of licensure, and some were faculty members in counselor education programs whereas others were practitioners in the community. Demographic information about supervisors was not collected. Again, these factors may limit the transferability of results due to the variability of supervisor characteristics.

It is notable that the results of IPA studies are not meant to create generalizable results (Smith et al., 2009). Consequently, the purpose of this study was not to create a comprehensive

understanding of the supervision experiences of trans counselors in training. Rather, the purpose was to begin to explore a previously unexplored topic with a sensitive population.

Ultimately, it is important for the readers of this study to carefully consider the limitations of this study when discussing the findings.

Implications and Future Research

The purpose of this study was to examine the experiences of trans counselors and counselors in training who received clinical supervision. This study explored a previously unexplored area of multicultural supervision. Although the transferability of this research is limited by nature of using an Interpretative Phenomenological Analysis (IPA), the results offer helpful implications for counseling and supervising practice, counselor education, and implication for future research.

Implications for Counselors and Supervisors

This study was about supervision, but it inarguably also applies directly to counselors. Clinical supervisors are advanced practitioners in the field of counseling. If, as these findings suggested, clinical supervisors are displaying varying levels of competency working with trans supervisees, it may be inferred that counselors may also have varying levels of competency working with trans individuals. This study suggests that counselors at all levels of education and experience may need to carefully and honestly re-examine their competency with trans issues. More training may be needed in the form of continuing education or other education opportunities for counselors and supervisors.

Implications for Counselor Education and Supervision

It is essential to explore how Counselor Education and Supervision (CES) programs are addressing trans competency in their programs. Although social and cultural foundations are

addressed in all accredited CES programs (Council for Accreditation of Counseling and Related Educational Programs, 2015), all multicultural groups are not addressed or not addressed equally. Currently there is insufficient research about the extent to which Counselor Education programs are educating students about trans issues (Bidell, 2013; L. Carroll et al., 2002). Troutman and Packer-Williams (2014) explored ways counselor education programs could increase LGBT competency. The researchers identified the need for explicit training standards around sexual and gender minorities. They also recommended that educators should integrate LGBT issues into all courses, not just multicultural courses. Furthermore, they proposed assessing student competency through formal or informal means to address the lack of education and knowledge about sexual and gender minorities. Counselor education programs should expand their focus on trans issues in order to increase students' knowledge, awareness, and competence with trans individuals.

To effectively measure and assess competency, a clear list of competencies is needed for supervisors of trans counselors in training. Currently no such competencies exist; However, this researcher strongly recommends clinical supervisors of trans counselors in training adhere to the Best Practices in Clinical Supervision from Borders et al. (2014). Supervisors should take particular care to attend to the recommendations related to multicultural, e.g., trans supervisees. Furthermore, this researcher recommends borrowing from the American Counseling Association's Competencies for Counseling with Transgender Clients (ALGBTIC Transgender Committee, 2010). The findings in this study highlighted the importance of basic competency with trans issues. It also displayed the connection between competency with trans clients and competency with trans supervisees. This suggests that basic competency with trans individuals,

e.g., affirming language or awareness of historical oppression, may be directly relevant to working competently with trans counselors in training.

Implications for Future Counselor Education Research

There is a desperate need for more research about trans individuals, and specifically about supervising trans counselors-in-training. There is a distinct lack of research on trans supervision, and this study begins to identify some of the ways supervisors are effective, ineffective, or even harmful. More information is needed in order to continue exploring trans supervisee experiences and to provide increased transferability of results. Additionally, research is needed to understand several other related factors, such as the extent to which supervisors feel competent working with trans supervisees, and how supervisors could become more competent. Research is also needed to support the creation of supervisory competencies for working with trans supervisees as well as assessments that could measure supervisor competency in this area.

Conclusion and Summary

Trans individuals are a unique multicultural group that requires specific competency. Supervisors are required to be multiculturally competent, but there was a distinct lack of standards or research addressing the experiences of trans counselors or counselors-in-training who received supervision. The purpose of this study was to address the question: How do trans counselors or trans counselors-in-training experience clinical supervision? Interpretative Phenomenological Analysis (IPA) was used to explore the supervision experiences of five participants both individually and collectively. The findings of this study identified four themes including competent supervision, incompetent or harmful supervision, power and privilege dynamics, and need for supervisor competence. Two sub-themes related to supervisee experiences were also identified. The results of this study suggest counselors, supervisors, and

counselor educators examine their level of competency around trans issues. More research and research methodologies (e.g., qualitative or quantitative research) is warranted to more deeply explore and ultimately improve the experiences of trans counselors and counselors-in-training.

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APPENDIX A. IRB APPROVAL

NDSU NORTH DAKOTA STATE UNIVERSITY

01/22/2021

Dr. Jodi Leigh Tangen
School of Education

Re: IRB Determination of Exempt Human Subjects Research:
Protocol #IRB0003402, "Clinical Supervision Experiences of Trans Counselors: An Interpretative Phenomenological Analysis"

NDSU Co-investigator(s) and research team:

- Jodi Leigh Tangen
- Megan Tarryn Degenstein

Approval Date: 01/22/2021
Expiration Date: 01/21/2024
Study site(s): All research will be conducted virtually by video. I will complete online interviews in a private office space to maintain confidentiality, and I will use a private internet connection. Participants will be given instructions indicating how they can maintain their own privacy during online interviews, e.g., using a private space, using a noise machine to muffle voices, and using secure internet connection.
Funding Agency:
The above referenced human subjects research project has been determined exempt (category 2) in accordance with federal regulations (Code of Federal Regulations, Title 45, Part 46, ***Protection of Human Subjects***).

Please also note the following:

- The study must be conducted as described in the approved protocol.
- Changes to this protocol must be approved prior to initiating, unless the changes are necessary to eliminate an immediate hazard to subjects.
- Promptly report adverse events, unanticipated problems involving risks to subjects or others, or protocol deviations related to this project.

Thank you for your cooperation with NDSU IRB procedures. Best wishes for a successful study.

NDSU has an approved FederalWide Assurance with the Department of Health and Human Services: FWA00002439.

RESEARCH INTEGRITY AND COMPLIANCE
NDSU Dept 4000 | PO Box 6050 | Fargo ND 58108-6050 | ndsu.research@ndsu.edu
Shipping Address: Research 1, 1735 NDSU Research Park Drive, Fargo ND 58102

APPENDIX B. RECRUITMENT SCRIPT

Title of Research Study:
Clinical Supervision Experiences of Trans Counselors: An Interpretative Phenomenological Analysis

Greetings! My name is Megan Degenstein, and I am a Ph.D. candidate in Counselor Education & Supervision at North Dakota State University (NDSU). I am conducting a research project to better understand the clinical supervision experiences of transgender and/or gender-variant counselors and counselors in training. It is my hope that with this research we can learn more about how trans counselors experience clinical supervision as students, pre-licensure counselors, or counselors in the field. Additionally, I hope to this information can help to improve the field of counselor supervision.

You are invited to this research project if you:

(a) are age 18 or older,
(b) self-identify as trans (e.g., transgender MTF or FTM, gender-variant, gender nonconforming, nonbinary, agender, etc.),
(c) are currently enrolled in or graduated from a counselor education program with a master's or doctoral degree,
(d) received clinical supervision within the last five years as part of training related to graduate degree (e.g., practicum, internship) or a licensure process, and
(e) received clinical supervision from a counselor educator or a licensed mental health professional.

You may find it interesting and thought provoking to participate in the interview. If, however, you feel uncomfortable in any way during the interview session, you have the right to decline to answer any question(s), or to end the interview.

It should take about 60-90 minutes to complete the interview. I will ask you about your experiences as a supervisee, your clinical supervisor(s), and your reactions to clinical supervision. The interview will be recorded (audio and video), and recordings will be kept on a password-protected device until the end of the study. All research records that identify you will be kept private, and no identifying information will be used in the study.

If you would like to participate in this study, or if you have any questions about the study, please contact me at 701-219-9108 or megan.degenstein@ndsu.edu. You may also contact my advisor Dr. Jodi Tangen at (701) 231-7676 or Jodi.Tangen@ndsu.edu.

You have rights as a research participant. If you have questions about your rights or complaints about this research, you may talk to the researcher or contact the NDSU Human Research

Protection Program at 701.231.8995, toll-free at 1-855-800-6717, by email at ndsu.irb@ndsu.edu, or by mail at: NDSU HRPP Office, NDSU Dept. 4000, P.O. Box 6050, Fargo, ND 58108-6050.

Thank you for your taking part in this research. If you wish to receive a copy of the results, please contact the primary researcher (megan.degenstein@ndsu.edu).

Thank you,

Megan Degenstein, LPCC, NCC, CCMHC
Doctoral Candidate
North Dakota State University
Counselor Education & Supervision
megan.degenstein@ndsu.edu | 701-219-9108

APPENDIX C. INFORMED CONSENT

Counselor Education & Supervision
1919 N University Drive, Suite C117
NDSU Dept 2625 PO Box 6050
Fargo, ND 58108-6050
701-231-7202

Clinical Supervision Experiences of Trans Counselors:
An Interpretative Phenomenological Analysis
This study is being conducted by:
Megan Degenstein | 701.219.9108 | Megan.Degenstein@ndsu.edu
Dr. Jodi Tangen | 701.231.7676 | Jodi.Tangen@ndsu.edu

Key Information about this study:

This consent form is designed to inform you about the study in which you are being asked to participate. Here you will find a brief summary about the study; however you can find more detailed information later on in the form.

- This study involves interviewing trans counselors and counselors-in-training in order to learn about their experiences receiving clinical supervision.
- You must self-identify as trans, which includes but is not limited to transgender, trans FTM, MTF, gender variant, nonbinary, gender nonconforming, etc.
- There are minimal risks associated with this study. The primary risk involves possible emotional discomfort related to what you choose to share about your supervision experience(s).
- There is no monetary compensation for this study.
- Your information will remain confidential and will be in the control of the Primary Investigator and/or Co-Investigator at all times. Any names or other identifying information will be changed in order to maintain your confidentiality in the research.

Why am I being asked to take part in this study?

You are being asked to participate in this study because you: 1) identify as trans, and 2) are currently enrolled in or graduated from a counselor education program with a master's or doctoral degree, 3) received clinical supervision within the last five years as part of training related to graduate degree (e.g., practicum, internship) or a licensure process, and (e) received the clinical supervision from a counselor educator or other licensed mental health professional.

What will I be asked to do?

You will be asked to participate in a one-time interview. You will be asked to share your experiences and feelings about clinical supervision you received as part of your clinical training (e.g., practicum, internship, pre-licensure, and/or post-licensure). Follow-up and clarifying questions will be asked to more clearly understand your experiences in greater depth. You may be contacted after the interview if any additional questions or clarifications arise.

Where is the study going to take place, and how long will it take?
The interview will take place via video or, if video is not available, via phone. The interviewer will maintain privacy and confidentiality by conducting the interview from a private location where interviews cannot be overheard. You are encouraged to maintain you own privacy by completing the interview in a quiet location where others may not overhear the interview.

What are the risks and discomforts?
You may experience emotional discomfort related to what you choose to share about your supervision experience. You must voluntarily choose to identify yourself as trans. You can choose to end your participation in the study at any time without repercussions if you have a concern about these risks/discomforts.
It is not possible to identify all potential risks in research; however, reasonable safeguards have been taken to minimize known risks. If new findings develop during the course of the research which may change your willingness to participate, we will tell you about these findings.

What are the expected benefits of this research?
Individual Benefits: You will have the opportunity to share your experiences as a supervisee, and to contribute to potential improvements in supervisory training.
Societal Benefits: This research will contribute to the overall body of knowledge regarding culturally competent counselor supervision with trans supervisees.

Do I have to take part in this study?
Your participation in this research is your choice. If you decide to participate in the study, you may change your mind and stop participating at any time without penalty or loss of benefits to which you are already entitled.

Will it cost me anything to participate?
No, there is not monetary cost to participation. The only potential cost involves your time.

What are the alternatives to being in this study?
Instead of being in this research, you may choose not to participate.

Who will have access to my information?
Only the primary investigator and the co-researcher will have access to your identifying information. When interviews are transcribed, pseudonyms will be used and identifying information will be changed.
The researchers have a strong commitment to the ethical standards of the IRB to keep the information you share confidential. ***The law states that there are two exceptions to this general rule:***

1) in instances where there is imminent danger of serious harm to yourself or others, the researcher may reveal that information to prevent harm;
2) in cases involving physical and/or sexual abuse of children or endangered adults, the researcher must report such abuse.

Can my participation in the study end early?
You can voluntarily choose to end your participation in the study at any time.

Will I receive any compensation for participating in the study?
There is no compensation for participating in this study.

What if I have questions?
Before you decide whether you'd like to participate in this study, please ask any questions that come to mind now. Later, if you have questions about the study, you can contact Megan Degenstein at 701.219.9108 or megan.degenstein@ndsu.edu, or Dr. Jodi Tangen at 701-231.7676 or Jodi.Tangen@ndsu.edu.

What are my rights as a research participant?
You have rights as a research participant. All research with human participants is reviewed by a committee called the *Institutional Review Board (IRB)* which works to protect your rights and welfare. If you have questions about your rights, an unresolved question, a concern or complaint about this research you may contact the IRB office at 701.231.8995, toll-free at 855-800-6717 or via email (ndsu.irb@ndsu.edu).

Documentation of Informed Consent:
You are freely making a decision whether to be in this research study. Signing this form means that

1. you have read and understood this consent form
2. you have had your questions answered, and
3. you have decided to be in the study.

You will be given a copy of this consent form via email to keep for your records.

Your verbal agreement and voluntary choice to participate in this study will indicate your consent to the information contained in this document.

APPENDIX D. INTERVIEW QUESTIONS

Interview Guide

Research Question: How do trans counselors or supervisees experience clinical supervision?

Interview Questions:

1. Tell me about yourself (age, pronouns, gender identity, where you attended college, etc.)
2. Tell me about all the supervision you've received.
    a. Prompt: who, when, where, for what purpose.
3. What were your perceptions of your supervisor(s)?
    a. Prompt: What feelings or emotional responses arise for you when you recall your supervision experiences?
4. What specific experiences or pivotal moments stand out in your supervision experience?
5. How do you feel your gender identity influenced your experiences in supervision (if applicable)?
6. Prior to starting supervision, what were your expectations of how your gender identity would be addressed in supervision?
    a. How was your gender identity addressed in supervision (if it was)?
7. If applicable, tell me about a time you experienced conflict with a supervisor.
8. How would you define multiculturally competent supervision for supervisees who are trans or who have the same gender identity as you?
    a. Prompt: What, if anything, should supervisors consider when working with supervisees who are trans or [GENDER ID]?
    b. Prompt: How competent do you feel your supervisor(s) was (were)?
9. Is there anything that I did not ask about that you'd like to share or talk about?