Graduate School Training of Effective Counselors of Transgender Clients: An Exploratory Study

Sara Bender
Central Washington University

Past research indicates that individuals within the transgender community are prone to anxiety, depression, substance abuse, and suicidal ideation, yet many of its members have not sought counseling services secondary to their concerns regarding professionals’ competencies as well as the profession’s past efforts to regulate the transition process. The purpose of this exploratory study was to determine CACREP programs’ efforts to address transgender issues within their counselor education curriculum. The results indicate that while issues affecting those within the transgender community are addressed in many CACREP programs, time allocated to doing so remains limited. Implications and suggestions for future actions are discussed.

Keywords: counselor education, transgender, CACREP

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The acronym LGBT refers, collectively, to those identifying themselves lesbian, gay, bisexual, or transgender. While accuracy in prevalence estimates may be compromised due to rates of outness, current statistics indicate that approximately 3.5% of the United States population identifies as a part of the LGBT community (The Williams Institute, 2013). Previous literature indicates that members of this community are especially vulnerable to oppression, stigmatization, and discrimination based on their gender and/or sexual orientation (Nadal, Skolnik, & Wong, 2012; Watson & Miller, 2012). Traditionally, the greater majority of the country’s population has rejected members of the LGBT community. People outside of this community often use religious beliefs, scientific hypotheses, and personal philosophy to justify their prejudicial behaviors towards those within it. The consequences of such discrimination are pervasive, affecting an individual’s social standing, professional endeavors, interpersonal relationships, and intrapersonal functioning (Nadal, Skolnik, & Wong, 2012). At times, the discrimination is so extreme that it has led to a number of deaths, either via violence or suicide (Baker & Garcia, 2012; Herman, Haas, & Rodgers, 2014; NCAVP, 2013).
Despite antigay rhetoric often espoused by certain members of society, as well as historical discriminatory practices in workplace and social environments, members of the LGBT community have fought for increased legal rights and protections. Same-sex sexual activity, for example, was made legal across the nation in 2003 (Paoli Itaborahy, 2014). In 2011, it became legal to serve in the military while openly gay (HR 2965, 2010). Also, in 2015, same-sex marriage became legal across the country and same sex-adoption also became legal in all states except Mississippi (Liptak, 2015). Additionally, overt discrimination against a person for his or her sexual orientation within the federal civilian workforce was made illegal in 1998 (Executive Order No. 13087, 1998); and in 2012, discrimination in employment or healthcare insurance coverage based on gender identity was also made unlawful (Geidner, 2012). In another effort to protect the welfare and safety of those who identify as a part of the LGBT community, President Barack Obama signed the Matthew Shepard and James Byrd, Jr. Hate Crimes Prevention Act in 2009, expanding the 1969 federal hate-crime law to include crimes based on the victim's actual or perceived gender or sexual orientation (The Matthew Shepard and James Byrd Jr. Hate Prevention Act, 2009). While the growth in rights and protections for members of the LGBT community as a whole is notable, much work remains to be done (Nadal, 2013).

One concern voiced by many is the fact that members of the various subgroups that comprise the LGBT community (e.g., those who are lesbian, gay, bisexual, or transgender) have qualitatively different medical, developmental, and social needs. Thus, activists lobbying for political and social improvement for the LGBT community as a whole, in itself, may perpetuate additional oppression between these subgroups by perpetuating the misperception that members within these groups are equivalent in their needs and priorities (Greene, 2000). With this in mind, issues of sexuality and gender identity should be viewed as separate, but complementary domains of development within research efforts, as well as within the context of advocacy efforts and medical and mental health treatment. Additionally, it is imperative to note the rich diversity between each subgroup included in this community as well as individual differences within them. For example, research indicates that the needs of those who identify as bisexual are qualitatively different than those of gays or lesbians (Institute of Medicine, 2011). Similarly, those who identify as transgender maintain notably different priorities than those who identify as gay, lesbian, or bisexual. Even within the subgroup of the transgender community, needs vary greatly amongst those of this population, as those who fit under this umbrella term differ in their developmental stages and presentation, with some desiring sexual reassignment surgery while others identifying as bigendered or undgendered (Carroll & Gilroy, 2002; National Institute of Mental Health, 2011).

Transgender Mental Health in Context

Past research indicates that members of the LGBT population, as a whole, are more prone to a number of mental health issues, including anxiety, depression, and substance abuse (King, et al., 2008). Accordingly, people who identify as lesbian, gay, or bisexual tend to access counseling services more frequently than those whom identify as heterosexual (Cochran, Sullivan, & Mays, 2003; Razzano, Cook, Hamilton, Hughes &
Mathes, 2006), yet those whom identify as transgender do not. While much is known about the mental health needs of those who identify as part of the gay, lesbian, and bisexual communities, little is still known about those who identify as transgender (Institute of Medicine, 2011). Current data suggests that there are currently approximately 700,000 transgender individuals residing in the United States (Gates, & Newport, 2013; The Williams Institute, 2013). Members of this subpopulation are especially vulnerable to overt discrimination (Nadal, 2013). For example, despite the implementation of several anti-discrimination laws, a survey conducted in 2011 revealed that over 60 percent of those polled who identified themselves as members of the transgender community reported having been discriminated against in the workplace, which often resulted in bullying, loss of employment, or even assault (Grant, Mottet, Tanis, Harrison, Herman, & Keisling, 2011). Another survey reported that transgender individuals are two times more likely to be unemployed or homeless and four times more likely to live in poverty than those in the general population (Turnbull, 2013). Given the notable social stressors placed on those belonging to the transgender community, one would expect its members to endorse a variety of mental health symptoms. In fact, available surveys suggest that many members of this population do experience emotional and psychological distress, with approximately 33-41% of individuals who identify as transgender likely to attempt suicide (Grant et al., 2011; Turnbull, 2013), which far exceeds the suicidal risk rate of the general population at 11.6 % (NIMH, 2015).

Despite the gravity of suicide risk for the transgender individual, there is a paucity of research on identifying the mental health needs of this subpopulation of the LGBT community (Institute of Medicine, 2011). Further, Cole and Meyer (1998) suggested that most of the available knowledge regarding this population might also be compromised, as it is primarily based on observations of individuals in crisis rather than on a more representative sample of the transgender population. Despite the noted concerns about the validity and generalization of available data as reflecting the ‘typical’ experience of those who identify as transgender, the general trends identified from available research indicate that members of this population often suffer considerable distress, warranting mental health treatment. Bocking and his colleagues (2013) studied 1,093 transgender adults and found that 44% reported symptoms of clinical depression; 33% reported anxiety symptoms; and 27.5% reported symptoms of somatization. Additionally, they also endorsed high levels of experienced stigmatization, which led to increased psychological distress. Similarly, Couch, Pitts, Croy, Mulcare, and Mitchell (2007) found that approximately 36.2% of transgender respondents surveyed likely qualified for a diagnosis of major depressive disorder. More detailed analyses revealed that over 60% of those sampled who reported having been victims of overt prejudice related to their gender identity, met the criteria for a clinical diagnosis. In line with these results, Boza and Perry (2014) also found that of the 255 transgender respondents surveyed, 59.3% met the diagnostic criteria of a depressive disorder. They, too, examined the influence of transgender-related victimization on symptoms and found a positive relationship between victimization and depressive symptoms. There are a number of additional studies, as well, that demonstrate poorer levels of mental health among transgender individuals compared to the overall population, and a negative correlation between victimization of transgender discrimination and mental health functioning (Bockting, Miner, Swinburne Romine, Hamilton, & Coleman, 2013; delPozo
de Bolger, Jones, Dunstan, & Lykins, 2014; McNeil, Bailey, Ellis, Morton, & Regan, 2012; Riggs & Due, 2014; Treharne, 2011).

Although the available research suggests that many people who identify as transgender are likely in need of mental health treatment, they are often hesitant to access quality mental health care. This reluctance is often due to perceived and/or actual discriminatory practices by mental health professionals. It may also be related to a suspicion of mental health professionals, which is rooted in the counseling field’s history of misunderstanding of sexuality and gender identity, as well as its efforts to regulate the transition process and the practice of reparative therapy (Carroll & Gilroy, 2002; Hadelman, 2014, Mc Neil, et al., 2012). Many members of the transgender community voice ongoing concerns regarding mental health professionals’ cultural sensitivity and competence to address their unique needs (Nadal, Davidoff, Davis, & Wong, 2014; Nadal, Skolnik, & Wong, 2012).

Counselor responsibility. A lack of empirical research concerning the unique mental health needs of those who identify as transgender does not relieve counselors from the responsibility of being competent to serve members of that community. Ettner (1999) indicated that most counselors will work with at least one person who identifies as transgender in his or her career. The American Counseling Association (2014) and similar professional organizations. call upon practitioners to be multi-culturally competent professionals, meaning that they are prepared to effectively work with those of varying cultural and ethnic backgrounds, including those related to sexual and gender identity (Sue, Arrendondo, & McDavis, 1992). In the context of sexual and gender identity competency, counselors are called upon to be aware of their own worldviews, to be knowledgeable of how these views may vary from their clients, and to develop and retain the skills necessary to work with such diverse perspectives (Holcomb-McCoy & Myers, 1999).

Counselor preparation. Many professionals suggest that increased regulation and supervision of counseling programs’ curricula should facilitate the production of competent and skilled professionals. Perhaps the most respected accrediting body within the field of counseling is the Council for the Accreditation of Counseling and Related Education Programs (CACREP). Originally created in 1981, CACREP grants accreditation to graduate programs in clinical mental health counseling, school counseling, and career counseling across the country (CACREP, 2014). The organization developed a series of program standards that must be addressed for a program to receive the designation of CACREP-accreditation. One of these core standards is cultural competency. Thus, all programs with CACREP accreditation are assumed to prepare their counselor trainees with the ability to provide effective counseling services to those of minority populations, including the transgender community. It should also be noted that the American Counseling Association also drafted a series of competencies designated for counseling with transgender clients (ALGBTIC, 2009). These competencies align with the CACREP standards and highlight the importance of utilizing a wellness, resilience, and strength-based approach.

Counselor education programs continually make progress toward producing LGBT competent counselors (Sherry, Whled, & Patton, 2005) and in affirming the presence of sexual minorities (Beals, 2007). Notwithstanding such progress, the literature suggests that many counseling students graduate from their programs still feeling underprepared to meet
the needs of the LGBT population (Farmer, 2011; Graham, 2009; Dillon, Worthington, Savoy, Rooney, Becker-Schutte, & Guarra, 2004; Troutman & Packer-Williams, 2014). Indeed, it seems that counselors’ perceived level of self-competency regarding their ability to effectively counsel those of the LGBT community, and in particular, those who identify as transgender, is directly related to their limited previous exposure to this population (Graham, 2009; Lynch, Bruhn, & Henriksen, 2013). Often, the only experience many counseling students have with transgender issues comes directly from their graduate programs (Graham, 2009). Thus, a concerted effort must be made by counseling programs to ensure that students receive such experiences. Carroll and Gilroy (2002) indicated that an effective trans-affirmative curriculum includes opportunities for self-exploration and a thorough introduction to the transgender community. Specifically, they call for an explicit examination of the historical and sociopolitical influences that mold students’ view about their own sexuality and gender identity. Further, an introduction to the transgender community is also warranted and may be facilitated via the use of films, accessing Internet resources, panel discussions, and guest speakers, among other strategies (Carroll & Gilroy, 2002; Farmer, 2011). Such exposure may heighten counselor consciousness to the rich diversity among transgender individuals as well as highlight the strength and resilience of the transgender community as a whole.

Graham, Carney, and Kluck (2012) pointed to the complexity involved in achieving cultural competence in working with those considered to be sexual minorities. Using an online survey of 234 graduate counseling education and counseling psychology students, researchers found that while many respondents endorsed a relatively high rate of competency in awareness and knowledge of issues related to sexual and gender minorities, they reported far less skill competency in working with the LGBT population. This suggests that in addition to improving counseling students’ levels of awareness, a more deliberate effort to develop their skills in working with those of sexual and gender minorities is warranted. Farmer (2011) states that the most effective way to increase such skills is via experiential exercises. Carroll and Gilroy (2002) further specified that instruction in a variety of counseling techniques, especially the client-centered approach, the constructivist approach, and the narrative approach, is necessary to ensure counselor competency in working with those within the transgender community. Further, an extensive knowledge of depressive and anxiety disorders, as well as substance abuse, should also be provided, as these diagnoses are very prevalent among those transgender individuals who seek counseling services. Finally, skills in referral and consultation must also be refined in order for counselors to be able to make sound judgments regarding the scope of their expertise so that quality mental health services may be rendered (e.g., to know when and how to seek consultation and/or make a referral to a more qualified professional) (ALGBTIC, 2009).

A lack of quality mental health treatment where transgender individuals may receive care from compassionate and competent professionals not only compromises their individual wellbeings, but also contributes to pervasive oppression against the group as a whole. This, in turn, may facilitate additional implicit discriminatory practices, which may result in transgender individuals’ reluctance to seek treatment when needed (Rutherford, McIntryre, Daley, & Ross, 2012). Therefore, it is important to determine current counseling training programs’ efforts in educating pre-service counselors to effectively
serve members of the transgender community and to elucidate any warranted curriculum changes.

**Research gaps.** The current breadth and depth of transgender-related curricula across CACREP programs is unknown. The purpose of this exploratory study was to examine counseling programs’ efforts to explicitly address the unique mental health needs of transgender individuals in the context of their curriculum. Given the previous research indicating that many emerging professionals only gain experience with transgender issues if exposed to them within the context of their graduate programs, researchers sought to specifically determine the scope of coverage provided to these topics within CACREP programs. The results of this study would highlight current strengths and deficiencies in program curriculum and inform counselor educators and independent practitioners alike of areas warranting expansion, especially insofar as enhancement of counselor skill-building in culturally competent service provision is concerned. The information gleaned from this investigation could be used to improve counselor training in transgender cultural competency. This, in turn, may aid in an increase of effective mental health services to the transgender community by educating counselors and building skill efficiency in addressing those needs.

**Method**

**Respondents**

Given that students enrolled in CACREP programs were likely to have only limited insight into programmatic priorities, intended curriculum coverage, and the contributing factors to these circumstances, CACREP liaisons were selected to serve as the respondents in this study. During the winter of 2015, an email was sent to all CACREP liaisons on record requesting information regarding their counseling program’s curriculum content. Specifically, each liaison was invited to complete a brief online survey that requested information regarding the degree to which transgender issues were incorporated into program curriculum, the manner in which this was done, and influences affecting such practices. All CACREP liaisons were invited to participate, regardless of their program’s level or specialty, as every program’s information was thought to be significant, given that each produces professionals likely to work with the population of interest (e.g., the transgender population) in the future.

**Data Collection**

At the time of the study, 633 counseling programs across 263 institutions nationwide were CACREP-accredited (CACREP, 2015). Typically, the same liaison represented multiple programs within a singular academic organization. An email was sent to all liaisons on record per the CACREP website (www.CACREP.org), which briefly explained the purpose of the study and provided a link to the survey. System servers returned four email invitations. It is assumed that those email addresses either did not accept email from external parties, or represented individuals no longer working at the identified institution. Two additional emails were received from individuals on the original list, indicating that
they no longer served as their institution’s CACREP liaison and that they had forwarded the invitation to the person currently serving that role.

At the end of one month, a little less than one third \( (n = 79) \) of the identified potential respondents completed the survey. Researchers sent a follow-up invitation requesting that remaining liaisons consider completing the survey at that time. At the end of a three-month period, a total of 124 program liaisons \( (47\%) \) from educational institutions across the country had responded. Ninety-four of the respondents indicated that their primary CACREP program was a Master’s level program; whereas 6% identified themselves as liaisons to a doctoral program, specifically. A number of respondents did not complete the survey in whole, and researchers omitted responses with missing data from the final analysis. Consequently, only data from 23% of the identified CACREP liaisons was included and analyzed.

**Survey Instrument**

The 13-item questionnaire was designed to be completed in 5 minutes. Three of the 13 items served to collect demographic information, including the level of program described in the participant’s responses, the state in which the program described is based, and whether or not the institution in which the program is based maintains student organizations such as GLAAD. The remaining 12 items were designed to assess the rate and depth of the curriculum coverage of LGBT and transgender mental health topics covered in the participant’s designated program, students’ likely familiarity with transgender-affirmative language, as well as the respondents’ perceptions regarding how these topics may fit into the CACREP standards. The primary objective of the instrument was to determine how much time is typically allocated for the coverage of transgender issues within a CACREP program. Secondary objectives included identifying methods in which such issues are presented to students, and which factors contributed to the scope of coverage identified.

**Results**

**Prevalence**

The purpose of the study was to determine the amount of time spent on transgender issues within CACREP curriculum. No efforts were made to connect the amount of training received with subsequent clinical abilities. Given the exploratory nature of this study, only descriptive statistics were calculated to determine the prevalence of LGBT and transgender-specific content in CACREP counseling programs across the country. Only completed surveys \( (n = 61) \) were used in the final statistical analysis of the data. Per liaisons’ reports, 93.44% of the programs surveyed include transgender cultural components in their program curricula. Across programs examined, an average of 11.50 clock hours, or actual hours spent in class, were dedicated to LGBT-specific materials throughout the duration of the counseling program with an average of 5.22 clock hours spent addressing transgender issues specifically. Of those programs that reported directly addressing transgender content \( (n = 57) \), 12.28% indicated such material is introduced to
students via required courses, and 12.28% indicated this information is provided via elective courses. An additional 75.44% indicated that transgender content is interspersed throughout their curriculum. Respondents were also asked what courses within their curriculum concentrated on educating counseling students regarding issues related to those of the transgender population (see Table 1).

Approach

Of those graduate programs that reported directly addressing transgender-related issues in the context of their curriculum, many indicated that they used multiple approaches to present this material to students. Eighty-six percent of the liaisons surveyed indicated transgender content was usually presented via lectures by instructors; 56% stated that students typically received instruction by guest lecturers; 41% reported that students learned about transgender topics secondary to direct exposure to members of the population via guest lectures and service learning opportunities; and 10% indicated they did not know how this information was presented to students.

Content

Specific content of transgender topics within the curriculum was also examined. Over 50% of the reporting CACREP liaisons indicated that their programs tend to address issues affecting the oppression of transgender people, such as the effects of gender labeling, the difference between sex and gender, and the impact of cissexism and heterosexism (see Table 2). Less attention in these programs is spent on addressing the historical context of transgender mental health or the prevalent medical and mental health needs of the members of this population. Additionally, a reduced amount of attention is also given to current transgender research, as well as factors contributing to transgender prejudice outside of heterosexist attitudes (see Table 2).

Factors impacting the presentation of transgender content were also evaluated. Liaisons endorsed a myriad of contributing factors affecting the ability to address transgender issues extensively within the context of their programs. Among those surveyed, fifty-two percent of respondents indicated that the topic of transgender issues was not addressed in more detail due to time constraints within their programs. Thirty-five percent of those polled indicated that a lack of faculty experience is a major contributing factor to the limited coverage of transgender issues. Other circumstances that influenced transgender content coverage in counselor education programs included: a lack of student interest (16%), a lack of faculty interest (22%), a lack of scholarly sources (6.25%), and the topic being contrary to the institution’s mission (2%). Additionally, 36% of liaisons surveyed indicated that other unspecified factors affect the coverage of transgender topics within their curriculum.

To better understand how CACREP-accreditation influences the inclusion of transgender topics in programs’ curriculum, liaisons were asked to identify which core CACREP areas applied to transgender topics. A majority of those surveyed (90%) suggested that issues pertaining to the transgender population would likely be best
cosystems under “Social and Cultural Foundations”.

Seventy-one percent of liaisons indicated that this subject might likely be categorized under the core area of ‘Human Growth and Development’. Fifty-percent of liaisons indicated that transgender topics would be appropriately categorized under ‘Helping Relationships’ or ‘Career and Lifestyle Development’. Core areas such as Group Work (24%), Professional Orientation (37%), Appraisal (31.25%), and Research (35.5%) were identified as less applicable. It should be noted, however, that most respondents selected several responses for this survey item, thus suggesting that they believed transgender issues could likely be classified across several core areas.

Discussion

Researchers, advocates, and educators alike have advocated for increased integration of LGBT issues in counselor education curriculum (Avera, Zholu, Speelin, Ingram, & Prado, 2015; Burnes et al., 2010; Carroll, 2001; Dillon, et al., 2004; Lynch et al., 2013; Matthews, 2005;). Past research indicates that particular attention to these issues is necessary, as members of the LGBT community are prone to mental health issues at greater rates than those who identify as heterosexual secondary to questions of identity, social stressors, and victimization, amongst other factors (Institute of Medicine, 2011). Transgender individuals are particularly vulnerable to mental health distress given that they are often the victims of prejudice because of both their sexuality and gender identification. Despite efforts to better integrate LGBT content into counselor education curriculum, the results of the current study suggest that formalized training regarding transgender issues among pre-service counselors remains limited. These findings are in line with past research, which suggests a dearth of competent counselor training in LGBT issues (Bidell, 2014 a; Bidell, 2014 b; Case & Meier, 2014; Edwards, Robertson, Smith, & O’Brien, 2014; McGeorge & Carlson, 2014; Whitman & Bidell, M.P, 2014).

Trends noted in the context of this study are not dissimilar to those noted in other fields. In a recent survey of medical students, for example, 70% of respondents classified the LGBT curricula content of their medical programs as either ‘fair’, ‘poor’ or ‘very poor’ suggesting that explicit instruction of LGBT issues is lacking in undergraduate and postgraduate medical training (Obedian et al., 2011; Rutheford, McIntyre, Daley, & Ross, 2012). Similarly, studies conducted by Murphy, Rawlings, and Howe (2002), as well as Sherry et al. (2005) indicate that psychology students report graduating from their programs feeling underprepared to meet the needs of those within the LGBT population. Collectively, these findings suggest a lack of preparation across the helping professions to meet the medical and mental health needs of those identifying as transgender.

The Institute of Medicine (2011) acknowledges that research concerning members of the LGBT population is limited at best. It further recognizes that there is a disparity in the research regarding the members of the factions within this umbrella group with more research focusing on gay men and lesbians than on those whom identify as bisexual or transgender. Despite the disproportionate trends noted in the research available, national health surveys clearly indicate that members of the transgender community may be especially prone to a number of mental health conditions, including: depression, anxiety,
and substance abuse (Bocking et al., 2013, Carroll & Gilroy, 2002). It is with this in mind, that the Institute of Medicine (2011) and National Institute of Mental Health (2011) acknowledge an urgent need for researchers, emerging professionals, and established clinicians alike to better understand the mental health needs unique to the transgender community. Additionally, skill building in response to these specific needs is not only a matter of ensuring ethical treatment, but should also be considered a basic professional practice.

The results from the current study indicate that the amount of time spent on transgender issues within counselor education programs remains restricted. Despite these conditions, programs’ direct approach to social justice issues pertaining to the transgender population in the content of their curriculum is notable. Specifically, liaisons endorsed an emphasis on differentiating between sex and gender, recognizing the impact of gender labeling and addressing issues such as heterosexism, cissexism, trans-prejudice, all of which are issues that directly perpetuate instances of discrimination and oppression of trans-gendered individuals. The results of this study also confirm an emphasis on trans-affirmative language and practices within counselor education programs. As suggested by Bieschke and Matthews (1996), such efforts emphasize moving beyond mere acceptance and reducing harm to an attitude that more explicitly expresses a valuing and validation of those of the transgender community. Thus, the results from this study seem to align with previous research, which suggests that those counselor education programs that attend to issues of gender and sexuality are progressing in their production of more -LGBT competent counselors (Sherry, Whiled, & Patton, 2005). This aside, the results of the current study also suggest that while there are increased efforts to address concepts of social justice as they relate to the transgender population, there is room for much improvement within counselor education curriculum to identify the specific and unique medical and mental health needs of those whom are part of this community. Given the ongoing unfamiliarity with transgender concerns within counselor education programs, there remains a lack in the explicit cultivation of skills to meet those needs as well, which may compromise the clinical care of those among the transgender population and also perpetuate the on-going hesitancy of members within this community to seek counseling services.

Study limitations. There are several limitations to this study. First, only program liaisons were recruited to participate in this study. While such individuals are typically knowledgeable of program goals and objectives, it is possible that their knowledge regarding class activities and specific content is limited. Second, self-reporting measures always allow room for personal bias. It is possible that the respondents who participated in this study may have under- or over-reported their programs’ efforts to attend to transgender issues. Similarly, it is possible that the individual respondents’ perspective regarding the reasoning for the inclusion or exclusion of some transgender subjects from the materials is not reflective of actual programmatic motivations. Additionally, not all CACREP liaisons completed the survey in its entirety, as requested. While cases involving incomplete data were omitted from final analysis to better reflect accurate trends in CACREP programs, it is impossible to predict how the information from other institutions would have affected the results. Additionally, while the results of this study provide some insight into the rates of CACREP programs’ coverage pertaining to transgender issues, no conclusions regarding
the effects of this coverage on emerging counselors’ subsequent skills or care may be made based on the data collected. Additional studies will need to examine the relationship between time spent in the classroom addressing transgender issues and subsequent competence in this area of practice.

**Contributions of the study.** Despite the identified limitations, there are several strengths associated with this study as well. While it is true that due to the descriptive nature of this study, only a summary of counselor education programs’ curriculum is provided; this appears to be the first study to examine CACREP programs’ efforts to address trans-specific issues in detail. The data collected offers some insight into CACREP counselor education programs’ practices, which may serve as the foundation for program planners’ consideration of how their pedagogical actions may or may not align with their intended priorities pertaining to the inclusion of sexual and gender minorities into the discussion cultural and social diversity. Future researchers should seek a more thorough understanding of what is actually taught regarding topics relating to the transgender community. Specifically, researchers should likely assess the content of assigned textbooks, syllabi, and other course materials to better understand the scope and depth of transgender issues topic coverage are addressed in CACREP courses. Additionally, future researchers may also want to look at the longitudinal impact of CACREP coverage regarding transgender topics within counseling programs and their graduates’ subsequent skills and ability to effectively serve members of that community.

Troutman and Packer-Williams (2014) suggest that CACREP accreditation may have little to do with graduate counseling programs’ focus on training students to develop the competencies needed to serve those within the LGBT community. They suggest that while the 2009 CACREP standards explicitly address the impact of sexual orientation and gender identity in its definition of social and cultural diversity, the concepts of multiculturalism and social and cultural diversity, as they pertain to sexual and gender issues, have become somewhat diluted over time (Troutman & Packer-Williams, 2014). Additionally, Troutman and Packer-Williams (2014) suggest the failure to include gender identity/expression and sexual orientation in its definition of ‘cultural context’ in the first drafts of the 2016 CACREP standards allows members of these minority populations to be ignored and for heterosexist perspectives to be perpetuated. While the results of this study are unable to confirm such assertions, the data does seem to suggest that additional guidelines and competencies pertaining to transgender issues should be developed to guide CACREP programs’ ability to adequately prepare pre-service counselors to effectively serve members of the transgender population. Future researchers should evaluate the influence of such topics on specific competencies.

Regardless of type of accreditation, it is the responsibility of counselor educators to ensure that their students enter the professional world adequately prepared to competently and ethically serve all individuals, including those who identify as transgender. A failure to provide students with such a foundation not only compromises client safety, but also allows for the perpetuation of additional oppression. The current study offers liaisons’ perspectives of curriculum content and, thus, should be acknowledged as only providing a general overview of CACREP programs’ content. Future researchers should further explore CACREP programs’ efforts to address transgender issues from the perspective of the student as well as from the perspective of the faculty.
References


Table 1
Courses within CACREP Curriculum in which Transgender Topics are Addressed

<table>
<thead>
<tr>
<th>Course Title</th>
<th># of Programs that Address Transgender Topics</th>
<th>this Course</th>
</tr>
</thead>
<tbody>
<tr>
<td>Career</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Clinical Treatment of Internalized Oppression</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>College Student Environment</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Counseling LGBT Populations</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Couple/Family Counseling</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Ethics/Professional Issues</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Foundations to Counseling</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Gender and Sexual Orientation</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Human Development</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Human Sexuality</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>Multicultural counseling</td>
<td>49</td>
<td></td>
</tr>
<tr>
<td>Practicum/Internship</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Psychodiagnosics and Treatment Planning</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Psychopathology</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Psychosocial Adaptation</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Sex therapy</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Techniques and Skills</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

*Note: Program liaisons supplied the names of their courses, rather than selecting the same from a preestablished list.*
Table 2
*Frequency in which Transgender Topics are covered within CACREP Courses*

<table>
<thead>
<tr>
<th>Topic Covered</th>
<th>Affirmative</th>
<th>Did Not Know</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current research pertaining to the mental health needs of those whom identify as a part of the transgender population</td>
<td>40</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>Difference between sex and gender</td>
<td>52</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Historical context of mental health diagnosis and treatment of those identified as being a member of the transgender population</td>
<td>44</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Impact of gender labeling</td>
<td>54</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Transgender-affirmative Language</td>
<td>38</td>
<td>9</td>
<td>14</td>
</tr>
<tr>
<td>Unique medical needs of those identifying as part of the transgender population</td>
<td>28</td>
<td>17</td>
<td>16</td>
</tr>
<tr>
<td>Unique mental health needs of those identifying as part of the transgender population</td>
<td>51</td>
<td>6</td>
<td>4</td>
</tr>
</tbody>
</table>

Note: N = 61