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Walden University

College of Counselor Education & Supervision

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Bréanné Thomas

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Walden University
2021

Abstract

Experiences of Counselors Providing Therapy to Transgender Veterans

by

Bréanné Thomas

MS, Walden University, 2015

BS, University of Missouri-Columbia, 2009

Dissertation submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Counselor Education and Supervision

Walden University

February 2021

Abstract

This research study question focused on licensed mental health counselors' experiences when providing therapy to transgender veterans. The purpose of this qualitative research study was to gain insight into the experiences of counselors providing treatment to transgender veteran clients to improve the retainability of transgender veterans seeking mental health care. This study used the research design of hermeneutics to analyze and interpret data gained from in-person interviews. The study sample included eight licensed professional counselors (LPC) who actively see clients and have seen transgender veteran clients. Interviews were recorded, reviewed by the researcher, transcribed using a transcription service; NVivo software and Microsoft Word were used to identify meaning units and create narrative summaries. The study results revealed LPCs have limited training and experiences with the transgender veteran population and minimal knowledge about vocabulary or terms that negatively influence rapport. Additional results showed that military culture and gender expression influenced how counselors approached therapy and gained rapport with transgender veteran clients. The participants identified ongoing training and use of community resources to overcome the limitations of experience and education treating transgender veterans. The experiences faced by mental health counselors are an area of research that leads to social change by identifying more effective and affirming approaches to serve the transgender veteran population better and educate counselors.

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Dedication

I dedicate my dissertation work to my family of both biological and created origin.

To my father Walker D. Thomas, who I promised to complete this journey but passed before he could see me complete this journey. Although he is not here in person, he continues to be my guiding force towards success and humility. To my mother Brenda A. Stewart, who continues to push me even after years of not being sure exactly what her youngest daughter does for a living or in academia. To TreShaunda Mull, who I have recruited as a sister with an unending supply of support and quips. I could not have survived this journey as sane as I have without your support and ability to pick up the phone no matter the time or day or situation. To my sister, Dayatra Smith, and friend, Jasmine Clayton, who were my cheer squad even when I did know I needed one. Finally, to each transgender veteran: know your voices are heard and valued.

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Chapter 1: Introduction to the Study

Introduction

Transgender veterans have a high prevalence of mental health and substance abuse disorders and higher suicide rates compared to the general population (Carmel & Erickson-Schroth, 2016; Chen et al., 2017; Cruz, 2014; Lehavot, Simpson, & Shipherd, 2016). There is minimal public representation of transgender active duty service members because admitting their existence within the United States military is grounds for discharge from active duty (Carmel & Erickson-Schroth, 2016; Chen et al., 2017; Cruz, 2014; Lehavot et al., 2016). Minimal representation of licensed mental health counselors is also evident due to being the smallest population of mental health services veterans in the VA system (Barstow, 2010; Chen et al., 2017; Lutwak et al., 2014). This research is important to gain insight into mental health counselors' experiences to identify potential barriers to care and insight into the application of ethical and competent care to this population.

This chapter includes background information about relevant and available literature about the transgender veteran population as well as the history of this subgroup in the military and their reception of services in mental health clinics. My research problem and purpose statement are also included in this chapter. The research question and theoretical framework of hermeneutics that drove my research is found in this chapter. Finally, I provide definitions, assumptions, limitations, and delimitations of the study.

Background of the Study

While relevant and timely literature is available about the experiences and shortcomings of mental health services from the perspective of transgender veteran clients, literature from the perspective of mental health counselors is significantly limited (Carmel & Erickson-Schroth, 2016; Chen et al., 2017; Cruz, 2014; Dispenza & O'Hara, 2016; Kanamori & Cornelius-White, 2017; Lutwak et al., 2014; O'Hara, Dispenza, Brack, & Blood, 2013). Previous research identified personal experiences with transgender individuals as the primary factor in perceived competence. Perceived competence includes increased acceptance, competence, and use of affirming practices with transgender clients (O'Hara et al., 2013).

Benson (2013) conducted a qualitative feminist-informed phenomenological research study to understand better transgender mental health clients' lived experiences. The article included an in-depth literature review of research articles published within 10 years of the study about the development of gender identity disorder a term that is no longer used in the Diagnostic Statistical Manual of Mental Disorders (DSM) (Benson, 2013). The information included in the article examined the benefits of using affirming practices with transgender clients (Benson, 2013).

Bethea and McCollum (2013) conducted a qualitative research study with seven participants to better understand their experiences as they began to live in a manner congruent with their identified gender. Although research was available about the experiences of individuals that identify as transgender individuals coming out, Bethea and McCollum focused on this phenomenon from a social construct and systems theory

perspective. The perspective from Bethea and McCullum's research assessed social changes and reactions to participants living their truth as their identified gender instead of their gender given at birth.

Burdge (2014) conducted a qualitative research study focusing on the lived experience of transgenderism. Burdge intended to lessen the gap in research related to individuals who identify as transgender with mental health issues. The themes Burge noted included the intimate connections of self, others, and a larger purpose. The results of the study and published article contributed to a new area of research that highlighted the importance and value of identifying as transgender.

Dispenza and O'Hara (2016) published research about cultural competence by conducting a quantitative research study during a multi-cultural conference to assess the competencies of psychologists and mental health professionals. Dispenza and O'Hara found that mental health professionals who identified as sexual minorities reported a higher level of competence in treating transgender clients. The results of the study by Dispenza and O'Hara is valuable in identifying the significance experience has on competence.

Kanamori and Cornelius-White (2017) noted a lack of available research focusing on counselors or counseling students and their attitudes towards transgender individuals. The transgender attitudes and beliefs scale was developed by Kanamori and Cornelius-White in prior research to assess beliefs and attitudes towards transgender individuals. Researchers were able to apply the transgender attitudes and beliefs scale to measure belief and multicultural competence to identify counselors' attitudes and beliefs towards

individuals who identify as transgender. Kanamori and Cornelius-White, research results revealed counselors to have positive attitudes and more specifically female counselors were more likely than males to have positive attitudes towards transgender individuals.

Nadal, Skolnik, and Wong (2012) conducted a qualitative research study about the microaggressions endured by individuals identifying as transgender and the actions by counselors to mitigate these issues. The article included an extensive literature review of research published within 10 years about terminology and previous clinical diagnoses found in the medical and mental health fields. Additionally, the literature review included definitions, implications, and concerns associated with transgender microaggressions.

O'Hara et al. (2013) conducted a mixed method research study with counseling students from an urban university. The purpose of the research was to assess for a statistically significant difference between the beginning and advanced counseling students' comfort working with transgender clients. Researchers found personal interactions with transgender individuals had a positive impact on the beliefs and comfort compared to training.

My study is needed to provide insight into the experiences of LPCs working with transgender veterans. Research about the transgender veteran population is minimal; even more so is the available research specific to LPCs providing services to transgender veterans (Barstow, 2010; Lutwak et al., 2014; Ramirez & Sterzing, 2017). My research was needed to provide foundational information and insight about the experiences of LPCs while working with transgender veterans.

Problem Statement

Individuals who identify on the transgender spectrum present a higher prevalence of mental health issues, substance abuse, minimal social support, and higher rates of suicide as compared to the general population (Carmel & Erickson-Schroth, 2016; Chen et al., 2017; Cruz, 2014; Lehavot et al., 2016). Additional hurdles exist for transgender veterans as a result of the distress caused by the necessity to hide being transgender for fear of military reprisal (Chen et al., 2017; Dispenza & O'Hara, 2016; Ramirez & Sterzing, 2017). Transgender individuals experience fear of discrimination, cultural incompetence, and prejudice when seeking treatment, which further exacerbates present mental health symptoms (Carmel & Erickson-Schroth, 2016; Chen et al., 2017; Dispenza & O'Hara, 2016; Ramirez & Sterzing, 2017; Tabaac, Perrin, & Benotsch, 2017).

Mental health counselors are the smallest and newest population of clinicians and was previously prohibited to provide services within the Veterans Affairs (VA) clinics or receive referrals from the VA, which treats the largest number of transgender veterans (Barstow, 2010). Due to the small population of LPCs present in the VA system or referrals in the community, there is limited information about their experiences treating transgender veterans (Barstow, 2010). Without available research from the perspective of the clinical counselor, there exists limited of available research about the unique needs and barriers faced by the transgender veteran community (Lutwak et al., 2014; Ramirez & Sterzing, 2017). Without available literature, counselors are limited in ethically treating the transgender veteran population as multicultural competence is a concern due to minimal experiences by counselors (American Counseling Association (ACA), 2014;

Chen et al., 2017; Lutwak et al., 2014). Limitations in available research results in minimal guidance in choice of technique or treatment strategies for LPCs to effectively treat the transgender veteran population.

Experience is the primary source to improve competence, and due to limited experiences with treating the transgender veteran population, LPCs lack the training and experience to competently treat this population (Kanamori & Cornelius-White, 2017; O'Hara et al., 2013). The appropriate strategies or best practices are not discerned when the experiences of the counselors are not known which limits the ability to identify areas needing improvement. Obtaining rich information from the perspective of counselors was vital to contribute to relevant and timely literature about the counselors who treat the transgender veteran population (Carmel & Erickson-Schroth, 2016; Chen et al., 2017). This research was vital as a foundation or milestone for future researchers to build upon. The information gained from the experiences of counselors provides a voice for this group of clinicians and display credence to the overall value of counselors. Documenting the experiences of LPCs will enable future research to thoroughly explore experiences of counselors working with transgender veterans.

Purpose of the Study

The purpose of this qualitative hermeneutic study was to understand the experiences of mental health counselors who provide care to transgender veteran clients (Bowe & Sloan, 2014; Heidegger, 1926/1962). Previous studies sought to explore the experiences of the transgender population receiving mental health and medical care; however, these studies were from the perspective of the clients and not mental health

counselors (Chen et al., 2017; Cruz, 2014; Dispenza & O'Hara, 2016; Kanamori & Cornelius-White, 2017; O'Hara et al., 2013). Mental health counselors bear an ethical obligation to provide care that is nonbiased, culturally competent, avoids harming the client, and does not impose personal beliefs on clients (ACA, 2014; Cruz, 2014). One way to overcome the barriers to care while providing ethical and competent mental health care to transgender veterans is to gain insight into the experiences of mental health counselors, who only within the past decade have started to have access to transgender veteran clients (Barstow, 2010; Chen et al., 2017; Lutwak et al., 2014). Further insight into the experiences of mental health counselors contributes to available relevant literature about experiences, perceived deficits, and practices used when working with transgender veteran clients (Weir & Piquette, 2018). A hermeneutic approach discerns meaning and significance from the details shared by mental health counselors aiding in interpreting and discerning meaning from these experiences (Heidegger, 1926/1962).

Research Questions

What are the experiences of licensed mental health counselors when working with transgender veterans?

Theoretical Foundation

Phenomenology is the philosophical approach that values the subjective experiences and perspectives of participants related to a specific phenomenon (Husserl, 1913/2017). Edmund Husserl identified as the founder of phenomenology, began with the concept of meaning behind human experiences of events and things. Husserl theorized humans discern meaning from experience. When the theory of meaning is applied to

phenomena, the lived experience of the human explains and derives meaning from or assigns meaning to the phenomena. Husserl identified different humans share the meaning of phenomena while maintaining different events or experiences of the same phenomena. For example, a table is something that could mean shelter for one person and a space to place things to another person, with the meaning being based on lived experience. In this example, the meaning of a table is the result of interpreting experiences to apply meaning. Per Husserl, phenomenology requires bracketing, or the absence of judgment or facts and focus on the lived experiences of the person. Phenomenology from Husserl's standpoint describes the phenomenon without acknowledgment of the experience of the researcher or the influence of experience to describe or devise meaning of the phenomenon (Husserl, 1913/2017).

Martin Heidegger (1926/1962) took an interpretive standpoint to phenomenological hermeneutics which includes the concept of being. Heidegger saw the concept of being as being-in-the-world, a part of the world, and deriving meaning or interpreting experience. Heidegger held the belief that bracketing was not possible due to the fact a human being only exists in relation to others, things, or the world. Human being encompasses the interaction which assigns meaning to phenomena and is an action not a thing, and human being is the interaction that influences meaning through interactions (Heidegger, 1926/1962). Overall, hermeneutics is the method of assigning language to phenomena in order to cultivate shared meaning (Heidegger, 1926/1962).

Heidegger identified the hermeneutic circle as a means of describing and interpreting the parts and whole of context (Heidegger, 1926/1962). The hermeneutic

circle encompasses the belief of the researcher with the researcher being a part of the phenomenon (Heidegger, 1926/1962). The phenomenological approach of hermeneutics allowed me to include my experiences about the phenomenon to develop interview questions (Appendix C) and follow up questions. The use of hermeneutics also ensured my personal beliefs were not transferred while interpreting the experiences shared by participants, but to present the information in a way that includes my knowledge and experience of being within the research (Gadamer, 1960/2004; Heidegger, 1926/1962).

Nature of the Study

For my qualitative research study, a phenomenological hermeneutic approach focused on the phenomenon of the experience of LPCs who have worked with transgender veterans to discover meaning and significance of the counselor experience of working with transgender veterans. Hermeneutics includes the researcher and identifies the positionality of the researcher and the experiences the researcher brings to the interpretation of data (Heidegger, 1926/1962). As a mental health counselor with experience working with transgender veteran clients, hermeneutic approach allowed me to integrate my past professional experiences to the development of the study. Data collection occurred through semi-structured interviews of approximately eight participants, with saturation occurring with this number of participants who were licensed mental health counselors and actively seeing clients (Mason, 2010; Patton, 2015). I conducted follow-up interviews to fill in gaps and gain clarification and more in-depth information. Data analysis included using the hermeneutic circle to illustrate the concepts described by participants, into parts and interpreting how these parts contributed to the

whole of the research study. I transcribed the recorded interviews, reviewed the interviews for themes, and applied these themes to meaning and interpretation of the experience described by participants (Heidegger, 1926/1962).

Definitions

Cisgender: a person who lives as the gender in which they were born (Nadal, 2013; O'Hara et al., 2013).

Gender identity: the gender an individual identifies as independent of birth sex (Nadal, 2013; Nadal et al., 2012; O'Hara et al., 2013).

Gender binary: the belief that there are only male and female genders (Nadal, 2013; Nadal et al., 2012).

Gender expression: how individuals express gender roles (Nadal, 2013; Nadal et al., 2012; O'Hara et al., 2013).

Heteronormativity: the world belief that being heterosexual is the normal and appropriate sexual orientation for all (Nadal, 2013).

Transsexuals: those who are medically transitioning into their believed gender (Nadal, 2013; O'Hara et al., 2013).

Veteran: a person who has been discharged or retired from the United States military (Chen et al., 2017; Cruz, 2014).

Assumptions

Assumptions associated with my research included the participants positive experiences working with transgender veterans. In this context, positive experiences included the ability to provide competent and judgment-free or non-biased care to the

transgender veteran population. I also assumed that the experiences of participants included working with clients who were open about their identity and willing to address concerns that were not always related to their gender identity. These assumptions were critical to the meaning of the study as the purpose of the study was to gain insight into the experiences of LPCs working with transgender veterans. The assumption that transgender veterans are open about their gender identity directly informed my research, especially if clients were not open about their gender identity LPCs were not provided the opportunity to use techniques and approaches specific transgender competent care. In the event participants have not had the opportunities to participate in providing competent care to transgender veterans the answers to interview questions and subsequent data results showed that participants answered in the negative to interview questions.

Scope and Delimitations

The transgender veteran community has unique barriers to care when seeking medical and mental health services (Chen et al., 2017; Cruz, 2014; Dispenza & O'Hara, 2016). Individuals who identify on the transgender spectrum have high prevalence of mental health concerns, substance abuse, being disowned by family of origin, minimal social support, and higher rates of suicide (Bockting, Miner, Swinburne Romine, Hamilton, & Coleman, 2013; Chen et al., 2017; Cruz, 2014). In addition to the hurdles that drive transgender individuals not to seek help is the fear of discrimination, cultural incompetence, and prejudice (Bockting et al., 2013; Chen et al., 2017; Dispenza & O'Hara, 2016; Tabaac et al., 2017). My research explored the experiences of LPCs

working with transgender veterans to gain insight into methods in which competent and ethical care was or was not provided to the transgender population.

As previously stated, mental health counselors are ethically obligated to provide care that is nonbiased, culturally competent, avoids harming the client, and does not impose personal beliefs on clients (ACA, 2014; Cruz, 2014). The counselor population is the smallest population of mental health professionals with access to transgender veteran clients and the least represented in research (Berstow, 2010). I sought to assess the barriers of care for transgender veterans through learning about the experiences of licensed mental health counselors working with the transgender veteran population. The information gained from my research provides a voice to a minimalized population and serves as a foundation for future research.

I used convenience and snowball sampling methods to recruit participants for the semi-structured recorded interviews for data collection (Etikan, Musa, & Alkassim, 2016). Participants were licensed and active mental health counselors serving the veteran population in various settings. There were no exclusions on the therapeutic approach used by the mental health counselor or the diagnoses of the client. Mason (2010) completed a literature review of PhD qualitative research articles to identify the number of participants recruited for sample populations to obtain data saturation. Based on research studies using a similar research design, topics, approaches, and the information provided by Mason (2010), the sample size for my research study was approximately eight participants, which allowed for saturation to occur. Although eight participants made up the sample size, there was a concern for transferability of the research results.

Transferability occurs when the results of research is applicable to other areas, situations, or times (Patton, 2015; Ravitch & Carl, 2016). The potential for transferability within my research is applicable to other licensed mental health counselors working with transgender veteran clients; however, the area I recruited from included the largest military installation in the country and within the geographical location included a VA that employs the highest number of LPCs in the United States. Due to this recruitment site having a high number of LPCs transferability is decreased in other locations as experiences of LPCs could be vastly different. Another component influencing transferability is the location of the recruitment site which is in central Texas which may influence the experiences of the participants. Transferability is one of many potential limitations to my study.

Limitations

Limitations include purposive participant recruitment, exclusion of educators and non-licensed personnel, and the role of the researcher. Recruiting participants occurred with colleagues and word of mouth of individual who worked in both the outpatient and residential programs where licensed mental health counselors work. Recruiting colleagues limited the number of participants as I did not include participants with whom I had a social relationship which further contributes to the limitation of sample size. To mitigate the concern of recruiting only colleagues, I used snowballing method to recruit participants from community mental health settings. Additionally, being in the role of researcher versus colleague or coworker may interfere with the perception of this research. For example, participants may assume this research is work-related and not a

part of the researcher's academic requirements. To address this concern, I ensured participants read the informed consent, verbally agreed prior to starting interviews, and were debriefed. The recruitment location is a limitation as it is in the Bible Belt area of Texas meaning this area has very traditional views on gender and sexuality and feed into bias of which counselors may or may not be aware.

Significance of the Study

This study is significant by contributing to positive social change reflective of Walden University's mission to educate and encourage open dialogue about the transgender veteran population (Walden University, 2015). Also, the dissemination of results could increase awareness of the professional and ethical experiences of counselors and the transgender veteran community to inspire advocacy for change. Moreover, the results can address the current gap in literature specific to the topic of counselors' experiences working with transgender veterans (Kark, Preser, Zion_Waldoks, 2016; Thibodeaux, Perrin, & Benotsch, 2015; Walden University, 2015). The information gleaned from this study could positively contribute to further research and in the future the development or augmentation to training guidance for mental health professionals working with the veteran population in various areas of their career.

Summary and Transition

In Chapter 1, I provided a short synopsis of the available background literature about the experiences of mental health providers servicing transgender veterans. The literature in this chapter included both qualitative and quantitative research about the ethical and competent practices of mental health providers working with transgender

veterans. The literature highlighted a lapse in research specific to licensed mental health counselors treating transgender veterans. This introduction chapter included barriers to care such as availability of services to transgender veterans, lack of representation of the transgender veteran population, and the high prevalence for mental health and substance abuse disorders and suicide rates.

The problem statement included the information about the distress experienced by transgender veterans associated with the necessity to hide their true selves to serve their country as well to assimilate in a heteronormative military system. The purpose of this study was to gain insight into and derive meaning from the experiences of mental health counselors working with transgender veterans using hermeneutics as a theoretical framework. This chapter also included background information about the development of hermeneutics as a theoretical framework and its application to my research. This chapter included the nature of the study which provided information about the purposive recruitment methods for participants, the use of hermeneutics to analyze and derive meaning from research, and the inclusion and exclusions of participants. I included definitions of terms specific to my research topic as well as assumptions to include having positive and ethically competent experiences by mental health counselors working with transgender veterans. The scope and delimitations found in this chapter included the recruitment methods, and transferability concerns such as recruitment of participants. The limitations of my research included the limited number of participants and the role of the researcher in collecting data through semi-structured interviews as well as the researcher recruiting coworkers and colleagues. Finally, my research contributes to timely and

relevant research as well as to social change by contributing to advocacy for the marginalized population of transgender veterans. The next chapter will provide a more in-depth literature review of the following concepts: history of lesbian, gay, bisexual, and transgender (LGBT) history, LGBT history in the military, safety issues, transgender identity, competence, current practices, and the application of hermeneutics in my research.

Chapter 2: Literature Review

Individuals who identify on the transgender spectrum present a higher prevalence of mental health issues, substance abuse, minimal social support, and higher rates of suicide as compared to the general population (Carmel & Erickson-Schroth, 2016; Chen et al., 2017; Cruz, 2014). The purpose of this qualitative research study was to use hermeneutics to gain insight into the experiences of LPCs working with transgender veterans. My research study provided information from the perspective of the counselor as opposed to the experiences of the transgender clients in which much prior research focuses on (Chen et al., 2017; Cruz, 2014; Dispenza & O’Hara, 2016; Kanamori & Cornelius-White, 2017; O’Hara et al., 2013). Prior research included information about the experiences of transgender clients receiving mental health care from counselors, social workers, and psychologists but did not address the viewpoint of the mental health professional (Chen et al., 2017; Cruz, 2014; Dispenza & O’Hara, 2016; Kanamori & Cornelius-White, 2017; O’Hara et al., 2013). In this chapter I include previous research with the following topics: transgender identity history, safety concerns, Don’t Ask Don’t Tell (DADT) policy, the competence of mental health professionals in treating transgender clients, minority stress, and services available through the VA which is the primary source of medical and mental health services available to the transgender veteran population.

Literature Search Strategy

The Walden University library and Google Scholar website were the primary resources I used to search for academic journal articles using keywords. I found peer

reviewed academic journal articles within the following databases: Education Resources Information Center (ERIC) Medline, PsychInfo, PsychArticle, and Taylor and Francis Online. The following keywords were used in PsychInfo and PsychArticle: *discrimination; gender identity; licensed counselor; licensed mental health counselor; medical providers; mental health; mental health providers; military veteran; psychologist; sexual identity; sexual orientation; sexuality and mental health; transgender veteran;* and *veterans affairs*. The same keywords in addition to synonyms were searched for in Google Scholar to increase access to current and more diverse content. The additional keywords searched included *transvet; two-spirit; cisgender; homosexual cross dresser, queer, gender bender,* and *drag queens/kings.* Also, books and policy were used within my literature search to research historical information about theory and methodology, VA policies, and United Stated military laws, standards, and policies.

Theoretical Foundation

Hermeneutics is a theory that focuses on interpretation and meaning with multiple applications in philosophy, religions, and methodologies (Heidegger, 1926/1962; Husserl, 1913/2017). The culmination of shared understanding, interpreting meaning as a result of language development, and dialog creates the hermeneutic spiral (Heidegger, 1926/1962; Paterson & Higgs, 2005). The hermeneutic spiral is the description and meaning of an experience or phenomenon that moves the researcher between the parts and whole for interpretation and application of meaning (Paterson & Higgs, 2005). The hermeneutic circle incorporates the interpretation of parts of the phenomenon or meaning of being in

relation the meaning of the whole phenomenon (Paterson & Higgs, 2005). The understanding that the parts of the whole relate to one another and the movement between these two include the assumed meaning (Heidegger, 1926/1962; Husserl, 1913/2017; Paterson & Higgs, 2005). This assumed meaning is interpreted by the researcher, and with each cycling between the parts and whole, further understanding or meaning of the phenomenon is cultivated (Paterson & Higgs, 2005). In relation to my research, the hermeneutic spiral was used to assess for personal biases of the researcher and participants as related to prejudgment and incompetence related to experiences working with transgender veterans.

Hermeneutics as described by Gadamer is an ongoing process required for researchers to acknowledge personal bias within context of interpreting meaning (Paterson & Higgs, 2005) Additionally, Gadamer introduced fusion of horizon which meshes past, present, and future together to overcome the gap between horizons (Paterson & Higgs, 2005). In my research, the past horizon is previous research as identified in the literature review and the present horizon is the information gained from interviewing participants. The future horizon in my research includes a more in-depth and rich understanding of the experiences of LPCs counseling transgender veterans.

Literature Review

History of Transgender Identity

Prior to introducing information about my qualitative research study about LPCs providing mental health services to transgender veteran clients, it is essential to review the literature of historical evolution of the of the oppressed LGBT population (Allsep,

2013; Nadal, Skolnik, & Wong, 2012; Tabaac et al., 2017). Sexual minorities and gender non-conforming persons are found throughout history with various statuses and positions held within their communities (Taylor, 2013). The adoption of the umbrella label of LGBT has evolved throughout history, influencing cultures in both positive and negative ways (Taylor, 2013). Evidence of same-sex relationships and third genders span thousands of years, which highlights the acceptance as well as fear of such gender identities and sexualities (Taylor, 2013). Historically, indigenous tribes in multiple countries accepted same-sex couples as commonplace while in other parts of the world, substantiated allegations of same-sex activities resulted in physical punishment and castration (Taylor, 2013). One way of integrating oneself into societal norms included men dressing as women in theatre presentations, as women were not allowed to participate (Howard, 1988). Other activities by historical male royalty include the sexual exploitation of young men while currently, this behavior translates as an immoral, illegal, and vile practice (Howard, 1988). During the last several hundred years, the LGBT community found it necessary to hide their sexual preferences and gender identity to live within society (Taylor, 2013). The necessity to hide one's true self is evident within current practices in the military which has used mental health deficits as evidence to exclude the LGBT community from actively serving their country (Allsep, 2013).

Current Perspectives on Transgender Identity

Bethea and McCollum (2013) conducted a qualitative research study with seven individuals to gain a better understanding of what occurs when transgender individuals come out as their true selves. Most research seeks answers to research questions

involving experiences of transgender individuals and not the perspective of the clinicians providing services (Bethea & McCollum, 2013; Nadal, 2013). While research is available about the experiences of individuals that identify as transgender coming out, Bethea and McCollum focused on this phenomenon from a social construct and systems theory perspective. In concordance with systems theory, the environment and community are affected by and effect those within the environment (Bethea & McCollum, 2013). Therefore, systems theory, as applied to the reaction and acceptance of the transgender community, results in the behaviors of those within and out of the transgender community (Bethea & McCollum, 2013; Nadal, 2013). Those within an environment that view transgender identity as bad or immoral will influence their environment which increases the discrimination and challenges faced by the transgender community. The transgender community faces unique challenges to include oppression, lack of legal protections, and confusion by others about gender identity (O'Hara et al., 2013). The environment in which transgender individuals traverse influences their ability to present as themselves, especially with the existence of safety concerns (Bethea & McCollum, 2013; O'Hara et al., 2013; Nadal, 2013; Weir & Piquette, 2018). The experiences of transgender clients influence the development of identity, perception of being accepted, as well as the need to be cognizant of their environment to maintain safety (Bethea & McCullum, 2013; Weir & Piquette, 2018).

Unique Safety Issues for Transgender Population

The meaning of safety is different for transgender individuals as compared to the general population and veteran populations as their safety is threatened simply by being

in an environment of people who disagree and/or do not understand (Johnson & Federman, 2014; Lehavot et al., 2016; Meyer, 2003; Weir & Piquette, 2018). Weir and Piquette (2018) found approximately 37% of individuals who identified as transgender endured physical abuse as a result of expression of a gender identity that differed from the gender identity based on the sex they were born. Safety concerns related to violence is not reserved for adults; school children physically attack, bully, and harass students who do not participate in heteronormative behaviors (Weir & Piquette, 2018). The discriminatory and violent practices found within schools lead transgender students to have more unexcused absences, increased substance use, and suicidal behaviors (Weir & Piquette, 2018).

Within the LGBT community, transgender individuals endure more abuse compared to individuals that identify as lesbian, gay, and bisexual (LGB), and transgender individuals of color have the highest rate of sexual and physical abuse (Blosnich et al., 2013; Chen et al., 2017; Cruz, 2014; Meyer, 2003; Weir & Piquette, 2018). Transwomen and trans people of color experience higher rates of sexual assault (Blosnich et al., 2013; Chen et al., 2017; Cruz, 2014; Meyer, 2003; Weir & Piquette, 2018). Verbal abuse is the most common form of abuse within the transgender community with over 50% of individuals of the transgender community reporting experiencing verbal abuse (Weir & Piquette, 2018).

Progression of Transgender Discrimination and Acceptance in the Military

To explore the progression or lack of progression within the United States accepting transgender service members, it is important to first discuss the role of the

hypermasculinity culture in the military (Allsep, 2013; Hale, 2011). The systemic policy changes for those who identify as LGB is also important to note as these changes directly reflect the military perspective towards sexual minorities (Allsep, 2013; Brown & Bruce, 2016). This information further contributes to understanding the insufficient mental healthcare treatment received by sexual minority and gender nonconforming service members and veterans (Nadal et al., 2012; O'Hara et al., 2013; Shrader et al., 2017).

The foundation of military culture is the expression of masculinity (Allsep, 2013; Hale, 2011). Military culture exacerbates mental health concerns for individuals who have yet to self-identify as gay or transgender as a means to convey masculinity and attempt to conform to social norms (Johnson, & Federman, 2013; Lytle, Vaughan, Rodriguez, & Shmerler, 2014; Pitoňák, 2017; Taylor, 2013). Due to the masculine military culture, transgender or sexual minorities must hide or ignore who they are, which further contributes to mental distress of being on guard, effectively ensuring there are no displays of perceived gay or transgender behaviors (Allsep, 2013; Hale, 2011; Johnson, & Federman, 2013; Pitoňák, 2017). The idea of masculinity in the military is a long-held tradition that includes being the first defense of war and the maintenance of lifelong camaraderie with fellow service members (Hale, 2011; Knapp, 2008). The hypermasculinity found in the military has historically been a safe haven for many transgender individuals to either ignore or try to change their beliefs related to gender identity or hide behind traditional gender expectations to avoid scrutiny and improve safety (Hale, 2011; Pitoňák, 2017).

The struggle for equal rights for the LGBT community is documented in the historical policies and mental health diagnoses that prohibited homosexuals, which is a historic and now dated term for the gay population, from serving in the armed forces (Allsep, 2013; Knapp, 2008; Ramirez & Sterzing, 2017). World War II marked the introduction of prohibiting homosexuals from military service, and prior to the classification of homosexuality as a mental disorder, commanders of military units could retain homosexual military members based on military need (Knapp, 2008). The justification of prohibiting homosexuals in the military included the belief that the historical legal stance against homosexuals in the military was valid, homosexuals would collapse unit cohesion, security risks due to high-risk behaviors, and high moral and military disciple standards would not be met (Knapp, 2008; Lutwak et al., 2014). It was not until later that valid information and research revealed these pervious truths to be unfounded and discriminatory (Knapp, 2008; Lutwak et al., 2014).

The field of psychology perpetrated the long tradition of prejudice and discrimination towards the LGBT community (Allsep, 2013; Brown & Bruce, 2016; Pitoňák, 2017; Ramirez & Sterzing, 2017). Homosexuality was considered a mental health illness until 1973, when the diagnosis was removed from the DSM (Allsep, 2013; Pitoňák, 2017). However, the LGBT population continues to be subjected to discriminatory practices, particularly by the military (Allsep, 2013; Knapp, 2008; Kerrigan, 2012; Lytle et al., 2014).

All the arguments justifying the act of prohibiting individuals identifying as LGB from serving in the military were unfounded, and currently, homosexuals are effectively

completing military obligations with the same merit as their heterosexual counterparts (Elders, Brown, Coleman, Kolditz, & Steinman, 2015; Knapp, 2008; Lutwak et al., 2014). Although the DSM changed the stance on homosexuality being a mental health disorder, the verbiage in military policy prohibiting homosexuals due to mental illness was not redacted until over 30 years later (Knapp, 2008).

Role of DADT Towards LGBT Equality in the Military

Changes to policy began in 1993 with the DADT policy, which dictated that members serving in the military were not to be asked if they were homosexual, and they were not to answer the question if asked (Goldbach & Castro, 2016; Knapp, 2008). However, DADT did not consider the members who identify as transgender (Kerrigan, 2012). In theory and practice, this was an ineffective policy that continued to disparage the LGB military population and limited civil rights (Goldbach & Castro, 2016; Knapp, 2008). Although the intention of DADT policy was published to prevent the ability to asking about sexual orientation, in fact, the limited scope of the policy meant military superiors were still allowed to charge members with being homosexual if behaviors of homosexuality were directly witnessed (Knapp, 2008). This means if a supervisor suspected the behaviors of a subordinate were homosexual in nature, the member could be charged with behaviors unfit for the military and discharged from service.

Essentially, any member of the armed forces could still be charged with identifying as LGB as a result of the subjective understanding of perceived homosexual behaviors. The DADT policy proved a hindrance to changing the negative cultural views towards the LGB community as LGB services members were obligated to hide their

identity to serve their country (Allsep, 2013; Goldbach & Castro, 2016, Hale, 2011). In 2011, DADT was repealed, and LGB service members could serve openly in the military (Allsep, 2013; Goldbach & Castro, 2016; Kerrigan, 2012), but policy change did not equate to cultural change. The DADT and its repeal was a positive sign of progression towards righting discriminatory practices, however shifting the aggressive cultural stance on the LGBT population continues to be a hurdle especially with current policies that continue the transgender ban in the military (Alessi, Dillon, & Kim, 2015).

The topic of the LGBT community and the military is very relevant in today's current military through very recent policy changes (Leonard, 2019; Office of the Secretary of Defense Press Operations, 2016). Over the past 10 years, the United States military has carried out policy changes that allow LGBT members to serve in the military (Allsep, 2013; Goldbach & Castro, 2016; Knapp, 2008). Only 5 years prior was policy changed to allow members who identified as gay or homosexual to serve in the armed forces without reprisal (Allsep, 2013). Even with the proposed changes and introduction of training plans, there is no current policy that acknowledges how to recruit medical and mental health professionals trained in working with the LGBT community (Allsep, 2013; Coon et al., 2018; Goldbach & Castro, 2016; Knapp, 2008; Leonard, 2019; Office of the Secretary of Defense Press Operations, 2016). There is no information or guidance about the oversight in working with transgender military members or veterans and how this would lead to inadequate access to appropriate care or even to inappropriate treatment to service members and veterans (Allsep, 2013; Coon et al., 2018; Goldbach & Castro, 2016; Leonard, 2019; Nadal et al., 2012; O'Hara et al., 2013). Despite some positive

progression towards restoring the rights of these service members, recent policy changes, first lifting the transgender ban and most recently reinstating the ban, exposed continued distress of the government and military for LGBT active-duty members and veterans (Leonard, 2019).

Current Military Policy Related to Transgender Service Members

Guidelines continue to be unclear about including transgender service members to serve in the military (Allsep, 2013; Brown & Bruce, 2016; Knapp, 2008; Leonard, 2019; Office of the Secretary of Defense Press Operations, 2016). Recent legislation first repealed the transgender ban then later reinstated the ban was based on previously debunked beliefs of negative influences due to the inclusion of transgender clients (Allsep, 2013; Brown & Bruce, 2016; Goldbach & Castro, 2016; Knapp, 2008). Current military members are in a precarious position especially if transgender service members revealed their true selves during the removal of the ban on transgender individuals serving in the military (Leonard, 2019). Current legislation has several different court judgments ruling the ban of transgender service members as illegal or unethical; however, the confusion resulting from conflicting legislation has increased fear and anxiety for both active-duty service members and military veterans (Leonard, 2019). The current political climate is important to current research as the changes to military policy influences individuals who will be discharged due to following previous law and these individuals presenting to VA services (Leonard, 2019; Ramirez & Sterzing, 2017). The lack of positive change in the military culture, advocacy on behalf of the LGBT military community, and political practices continue to inhibit individuals who identify as LGBT

from serving in the military without reprisal and receiving competent care (Chen et al., 2017; Kauth et al., 2016; Lutwak et al., 2014; Shipherd et al., 2012).

Transgender Services at Veterans Affairs

Lutwak et al. (2014), Kauth et al. (2016), and Shipherd et al. (2012) noted a higher prevalence of gender dysphoria in the veteran population compared to the general population. This disparity may be related to the hypermasculine culture within the military used by individuals who identify as transgender to continue to appear to adhere to social norms (Allsep, 2013; Kauth et al., 2016; Knapp, 2008; Lutwak et al., 2014; Shipherd et al., 2012). With the military and veteran populations having a higher number of transgender individuals coupled with the discriminating and exclusion policies LPCs have limited experience working with transgender veterans (Alessi et al., 2015; Chen et al., 2017; Lutwak et al., 2014; Shipherd et al., 2012). There is a lack of medical publications outlining methods of overcoming the identified barriers of lack of training, negative experiences by veterans, continuity of care, and preventative care specifically within the organization of the VA tasked with treating the veteran population (Chen et al., 2017; Kauth et al., 2016; Lutwak et al., 2014; Nadal, 2013; Shipherd et al., 2012). Challenges faced by the transgender population include medical and mental health concerns of difficulty forming relationships, increased risk of heart disease, substance abuse, and unhealthy diet (Burdge, 2014; Carmel & Erickson-Schroth, 2016; Chen et al., 2017; Cruz, 2014; Weir & Piquette, 2018).

As a result of the rising number of transgender veterans, the Veterans Health Administration (VHA) system has policies nationally about the treatment services

available to the transgender population (Blosnich et al., 2013; Kauth et al., 2016). It is important to note that the VA and the military have different governing bodies; thus, different policies related to treating transgender veterans (Blosnich et al., 2013; Kauth et al., 2016). The VA has instituted policies that require equal rights and access to services for all veterans to include transgender veterans (Blosnich et al., 2013). The intention of policy change was to positively influence the services received; however there continue to be concerns related to discrimination, harassment and barriers to care (Blosnich et al., 2013; Chen et al., 2017; Cruz, 2014).

Transgender veterans have greater access to mental health care compared to the general population as a result of the VHA directive *Providing Health Care for Transgender and Intersex Veterans* (2013) which increased the awareness for the need of mental health and medical services to treat transgender veterans (Blosnich et al., 2013). The VHA directive established a blanket policy making the standards for treating transgender veterans nationwide (Blosnich et al., 2013; Kauth et al., 2016). The VHA directive created the policy for treating transgender vets in any stage of transition without exclusion of appearance, hormone use, or surgery; however, to receive services transgender veterans must have a gender dysphoria diagnosis (Blosnich et al., 2013; Howe, 2016; Kauth et al., 2016). While the VA does not provide sexual reassignment surgery, it will provide physical and mental health follow-ups after surgery (Blosnich et al., 2013; Shipherd et al., 2012).

The VA services available to transgender clients specific to transitioning includes mental health group and individual therapy, hormone replacement therapy, prosthetics,

speech pathology, and physical exams (Blosnich et al., 2013; Shipherd et al., 2012; Chen et al., 2017; Kauth et al., 2016). Mental health counselors are one of many different professionals with whom the transgender veteran community interacts as a result of direct VA clinicians or through community referrals, making each encounter important to encourage help-seeking behaviors (Carmel & Erickson-Schroth, 2016; Elders et al., 2015; Kauth et al., 2016). Additionally, the availability of services varies per VA, and there is no standardized list or policy of requirements offered by the VA to transgender veterans (Blosnich et al., 2013; Kauth et al., 2016; Ramirez & Sterzing, 2017). To add to the lack of standardization in VA policy to include barriers to VA care included lack of information about eligibility to use VA services and cost of services (Chen et al., 2017; Shipherd et al., 2012). Medical and mental health professionals may treat transgender veterans without using affirming practices or competence to ethically treat transgender veterans, which upholds the standard of providing healthcare but negates the intentions of implemented policy (Bettergarcia & Israel, 2018; Blosnich et al., 2013; Chen et al., 2017; Cruz, 2014; Kauth, Barrera, & Latini, 2018).

Minority Stress Specific to Transgender Veterans

Social stigma-specific to the transgender veteran population includes fear of loss of disability pay, harassment, discrimination, and identification as a military veteran (Carmel & Erickson-Schroth, 2016; Chen et al., 2017; Lytle et al., 2014; Shipherd et al., 2012). The added stress for transgender veterans, beginning while in the military associated with maintaining physical safety, military identity, and job security by hiding their identity as transgender, results in increased stress referred to as minority stress

(Goldbach & Castro, 2016; Lytle et al., 2014; Meyer, 2003; Pitoňák, 2017; Taylor, 2013). Minority stress occurs when individuals who are a part of a minority group encounter deficits in social support, socioeconomic status, communal pressures, and other societal norms or expectations not practiced by the minority group (Chen et al., 2017; Lytle et al., 2014; Pitoňák, 2017; Taylor, 2013). Minority stress negatively influences the health of the individual through increased substance use, emotional regulation deficits, depression, uncontrollable anxiety, anger, and reactionary behaviors, further exacerbating life struggles of the transgender community (Pitoňák, 2017). Minority stress also contributes to the high rates of physical and mental health concerns as well as higher rates of homelessness and incarceration (Chen et al., 2017; Taylor, 2013).

There are different types of stress processes within minority stress which include distal and proximal (Chen et al., 2017; Pitoňák, 2017). Distal stress processes occur or are the result of stigma or prejudice which includes discrimination, rejection, and violence (Chen et al., 2017; Pitoňák, 2017). Specific to transgender individuals' distal processes incorporates the heteronormative assumption that non-heterosexual individuals are at a disadvantage and a more vulnerable population (Pitoňák, 2017). Distal stressors are not intrinsic of the individual and originate from external social structure (Chen et al., 2017; Pitoňák, 2017). Non-heterosexual or perceived non-heterosexual military members are more apt to experience distal stress as a result of victimization, harassment, and discrimination, distress associated with hiding their identity (Pitoňák, 2017). The result of victimization and violence includes the use of substances leading to substance abuse,

further contributing to the mental health needs of the transgender veteran population (Chen et al., 2017; Pitoňák, 2017).

The stress endured by sexual minorities, due to their societal structure and heteronormative expectations, lead to the development of internal stressors and negative perceptions (Chen et al., 2017; Pitoňák, 2017). Proximal stress occurs within the individual and manifests as a result of personal experiences and interactions within their environment which occurs after distal stresses (Chen et al., 2017; Pitoňák, 2017). Internal homophobia occurs following distal stressors and includes applying heteronormative social constructs to themselves resulting in self-stigmatization (Pitoňák, 2017). Both proximal and distal stress within minority stress contributes to the development of negative self-image, anxiety, hypervigilance, substance use, and other maladaptive reactions to concealment that negatively influence mental health (Chen et al., 2017; Pitoňák, 2017). Awareness of minority stress and the development of mental health disorders provide additional credence to the need for experienced and competent licensed mental health counselors to provide services to transgender veterans (Chen et al., 2017; Pitoňák, 2017).

Competence of Medical and Mental Health Staff

There has been a shift from cultural competence with a focus on ethnic and racial differences, towards the inclusion of sexual minorities and gender non-conforming as culturally significant (ACA, 2010; Chen et al., 2017; Cruz, 2014; Howe, 2016; Kauth, 2014; Lutwak et al., 2014). The inclusion of sexual minorities and gender non-conforming populations within cultural competence influence the education and training

of ethical clinical practices (Kanamori & Cornelius-White, 2017; O'Hara et al., 2013; Taylor, 2013). Until recently, very few if any counseling or ethical courses included sexual minorities or gender nonconforming populations in academic study (ACA, 2010; Dispenza & O'Hara, 2016; Kanamori & Cornelius-White, 2017; O'Hara et al., 2013;). Due to the lack of education, training, and experience, mental health counselors were ill-equipped to provide competent services to gender nonconforming and sexual minorities (Crowe & Averett, 2015; Kanamori & Cornelius-White, 2017; O'Hara et al., 2013). The lack of knowledge translates specifically to concern about the level of competence of mental health providers and the limited ability to provide ethically sound and competent clinical care to transgender veterans (Chen et al., 2017; Howe, 2016; Kauth, 2014; Rosentel et al., 2016).

The availability of standards of care for transgender individuals is readily available through different sources to include Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling, ACA, Council for Accreditation of Counseling and Related Educational Programs (CACREP), and VA directives, but a gap of available research literature focusing on transgender culture and clients continues (ACA, 2010; Bethea & McCullum, 2013; Nadal, 2013; Nadal et al., 2012; O'Hara et al., 2013). The competencies developed by ACA and CACREP are intended to complement the training of mental health counselors and is designed in a way they complement the CACREP standards as this is the minimal training and education standards for mental health counselors (ACA, 2010; CACREP, 2016). The ALGBTIC competencies were adopted by the ACA and are broken up into eight categories reflective of CACREP standards (ACA,

2010). The eight categories include human growth and development, social and cultural foundations, helping relationships, group work, professional orientation, career and lifestyle development, appraisal, and research (ACA, 2010). Academic training is only one effective means of educating mental health professionals to work with transgender clients ethically and competently (ACA, 2010; CACREP, 2016; Dispenza & O'Hara, 2016; Kanamori & Cornelius-White, 2017; O'Hara et al., 2013).

O'Hara et al. (2013) found that personal interactions with transgender individuals had a positive impact on the beliefs and comfort of clinicians working with transgender clients as compared to training alone. Additionally, mental health professionals who identified as a sexual minority reported a higher level of competence in treating transgender clients (O'Hara et al., 2013). Personal interactions and identification as individuals who identify as transgender is the main source of comfort and confidence to treat the transgender population (Dispenza & O'Hara, 2016). The minimal training received by mental health professionals and potential ethical concerns contribute to intrusions of personal values and biases when treating transgender clients (Crowe & Averett, 2015; Johnson & Federman, 2014; Kanamori & Cornelius-White, 2017; Lutwak et al., 2014; Shrader et al., 2017). The limitations of licensed mental health counselors' competence with working with transgender veterans are due to being prohibited from working within or receiving referrals from the VA until the last 10 years (Barstow, 2010).

Experiences and Competencies of Mental Health Counselors at the VA

The guidelines determining the competence of mental health and medical personnel is limited and subjective (Howe, 2016; Kanamori & Cornelius-White, 2017). In

response to the limitations of competent providers to treat transgender clients, the VA has established postdoctoral fellowship opportunities, but these opportunities are for psychologists and medication providers only which excludes social workers, and licensed counselors (Chen et al., 2017; Howe, 2016).

Not all transgender clients seek services for transitioning specifically, and it is vital for clinicians to be aware that transgender individuals have similar presenting concerns as the general population (Burdge, 2014; Chen et al., 2017; Howe, 2016; Kauth et al., 2016; Lutwak et al., 2014; Nadal, 2013; Shipherd et al., 2012). However, the coping skills and available resources and support is not the same when comparing transgender and cisgender veteran populations (Chen et al., 2017; Howe, 2016; Kauth et al., 2016; Lutwak et al., 2014; Nadal, 2013; Shipherd et al., 2012).

Research studies established that higher rates of psychiatric disorders exist in the transgender community than in the general population and are mirrored in the rates of transgender and cisgender veterans within the general veteran population (Johnson & Federman, 2014; Shipherd et al., 2012). The need for additional training to provide adequate care to the transgender community has been highlighted without significant response (Chen et al., 2017; Johnson & Federman, 2013). The VA has used teleconferences and computer-based trainings to compensate for the lapse during academic and occupational training (Department of VA, 2010; Johnson & Federman, 2013; Kauth et al., 2016; Rosentel et al., 2016; Shrader et al., 2017). Johnson and Federman (2014) conducted a quantitative research study focusing specifically on psychologists working in the VHA who provided mental health services to veterans. The

results of this study reflected previous research which concluded psychologists have minimal training and experiences working with transgender clients (Johnson & Federman, 2014; Kauth, 2014; Lutwak et al., 2014; Meyer, 2003; O'Hara et al., 2013). It is important to note younger clinicians have more affirming approaches to clinical treatment but continue to lack the training to competently and ethically work with the transgender population as well as there is no required training for clinicians who receive referrals from the VA (Johnson & Federman, 2014; O'Hara et al., 2013). Although all psychologists noted limited LGBT specific training, most conveyed a high competence level to work with this group (Johnson & Federman, 2014). Self-report is subjective, and current research only reflects the population of psychologists working in the VA (Chen et al., 2017; Goldbach & Castro, 2016; Shipherd et al., 2012; Shrader et al., 2017; Taylor, 2013). The experiences of LGBT veterans receiving VA or community services highlight the lack of available information about the experiences and competencies of LPCs working with transgender veterans (Chen et al., 2017; Blosnich et al., 2013; Burdge, 2014; Coon et al., 2018; Elders et al., 2015; Goldbach & Castro, 2016; Johnson & Federman, 2014; Kauth et al., 2018; Lutwak et al., 2014; Ramirez & Sterzing, 2017; Rosentel et al., 2016; Shipherd et al., 2012; Taylor, 2013).

The experiences of transgender veterans receiving mental health care has been a primary focus in research while transgender veterans continue to feel unwelcome in the VA system and seek referrals to the community to receive services (Chen et al., 2017; Elders et al., 2015; Goldbach & Castro, 2016; Johnson & Federman, 2014; Kauth et al., 2018; Lutwak et al., 2014; Ramirez & Sterzing, 2017; Rosentel et al., 2016; Shipherd et

al., 2012; Taylor, 2013). More specifically, transgender men felt they were not welcomed and reported fewer positive experiences as compared to other cisgender and female transgender veterans (Shipherd et al., 2012; Taylor, 2013). The interactions with clinical personnel have a direct influence of the perceived competence and acceptance of transgender veterans (Dispenza & O'Hara, 2016; Elders et al., 2015; Goldbach & Castro, 2016; Johnson & Federman, 2014; O'Hara et al., 2013). Competence in providing ethical and culturally competent care occurs as a direct result of licensed mental health counselors' interactions with transgender veterans (Barstow, 2010; Dispenza & O'Hara, 2016; Elders et al., 2015; Goldbach & Castro, 2016; Johnson & Federman, 2014; Kanamori & Cornelius-White, 2017; O'Hara et al., 2013).

Intentions of Research Results

Psychologists, social workers, and most recently LPCs continue to have a relevant role in social change (Hargrove & Williams, 2014). Psychologists and social workers are plentiful within the VA system and are in the unique position to research, implement affirming practices with LGBT clients, and influence policy (Brown & Bruce, 2016). However, there is minimal research conducted by LPCs as researchers or includes them as participants (Carmel & Erickson-Schroth, 2016; Chen et al., 2017; Cruz, 2014; Dispenza & O'Hara, 2016; Kanamori & Cornelius-White, 2017; Lutwak et al., 2014; O'Hara et al., 2013). Research has shown that positive perception of mental health is one method armed forces members overcome stigma and seek mental health treatment (Brown & Bruce, 2016; Leppma, et al., 2016).

Research has helped change military policies regarding LGBT members openly serving in the military (Department of Veterans Affairs, 2013; Department of Veterans Affairs, 2010); research can also influence ethical practices by LPCs who receive referrals from or work in the VA system. The valuable information gleaned from my research will provide a voice to a population of clinicians previously ignored, in turn providing insight into how the LPCs influence the system of providing ethically competent care. This population of licensed mental health counselors will share experiences specific to both working with transgender clients and the significant influence of military culture with treating transgender veterans.

The military has its own culture and language, which is an important factor when identifying the role of the mental health clinicians in addressing the needs for the unique transgender veteran population (Chen et al., 2017; Hale, 2011; Knapp, 2008; Leppma, et al., 2016). Research was a vital tool to combat the regulations that diminish the rights and access to care for transgender veterans (Department of Veterans Affairs, 2013; Department of Veterans Affairs, 2010). This research study seeks to use a phenomenological qualitative research approach driven by hermeneutic theory to gain further insight into the experiences of licensed mental health counselors working with transgender veterans.

Summary and Conclusions

The major themes found within literature correspond primarily with the experiences of LGB veterans and psychologists and social workers (Chen et al., 2017; Goldbach & Castro, 2016; Shipherd et al., 2012; Shrader et al., 2017; Taylor, 2013). The

literature provides a historical review of the changes within military policy and standards; however, there is limited information available about these changes specific to transgender veterans (Allsep, 2013; Johnson, & Federman, 2013; Kerrigan, 2012; Knapp, 2008; Lytle, Vaughan, Rodriguez, & Shmerler, 2014; Pitoňák, 2017; Taylor, 2013). The continued discrimination and segregation of transgender individuals from active-duty military service as well as competent care as veterans is also noted in the literature (Johnson, & Federman, 2013; Lytle et al., 2014; Pitoňák, 2017; Taylor, 2013). During my literature review I was unable to find any published articles that focused on the experiences of licensed mental health counselors working with transgender veteran clients (Chen et al., 2017; Blosnich et al., 2013; Burdge, 2014; Coon et al., 2018; Elders et al., 2015; Goldbach & Castro, 2016; Johnson & Federman, 2014; Kauth et al., 2018; Lutwak et al., 2014; Ramirez & Sterzing, 2017; Rosentel et al., 2016; Shipherd et al., 2012; Taylor, 2013). A result of this gap in literature led me to choose hermeneutics as the driving theory to analyze research data as it allows for cycling interpretations of data (Husserl, 1913/2017). Additionally, individual interviews will be conducted with participants who will be recruited using purposeful sampling methods.

Chapter 3: Research Method

The purpose of this qualitative hermeneutic study was to understand the experience of mental health counselors who provide care to transgender veteran clients (Bowe & Sloan, 2014; Heidegger, 1926/1962). Previous studies addressed the experiences of the transgender population receiving mental health and medical care; however, these studies were from the perspective of the clients and not mental health counselors (Chen et al., 2017; Cruz, 2014; Dispenza & O'Hara, 2016; Kanamori & Cornelius-White, 2017; O'Hara et al., 2013). Mental health counselors bear the ethical obligation to provide care that is nonbiased, culturally competent, avoids harming the client, and does not impose personal beliefs on clients (ACA, 2014; Cruz, 2014). One way to overcome the barriers to care while providing ethical and competent mental health care to transgender veterans is to gain insight into the experiences of mental health counselors' work with transgender veteran clients (Barstow, 2010; Chen et al., 2017; Lutwak et al., 2014). Further insight into the experiences of mental health counselors contributes to literature that provides insight about experiences, perceived deficits, and practices used when working with transgender veteran clients (Weir & Piquette, 2018). A hermeneutic approach was used to discern meaning and significance from the details shared by mental health counselors which aid in interpreting and discerning meaning from these experiences (Heidegger, 1926/1962).

In this section, I include information about methodology, instruments, data collection and analysis, as well as ethical procedures I used for the qualitative research using phenomenological hermeneutics. Qualitative researchers seek trustworthiness,

which ensures that data collection methods, analysis of data, and interpretation of results reflect the descriptions and experiences expressed by participants (Ravitch & Carl, 2016; Williams & Morrow, 2009). I will provide information about how a qualitative research study is trustworthy, including credibility, transferability, confirmability, and dependability (Ravitch & Carl, 2016). Finally, I present information about methods of data collection and analysis, which begins before participants are involved with answering questionnaires or interview questions and continue throughout the study (Patton, 2015; Smith & Firth 2011). Data collection and analysis begins with the development of the research question, design, and method (Smith & Firth 2011).

Research Design and Rationale

Research Question

What are the experiences of licensed mental health counselors when working with transgender veterans?

Research Rationale

The research methodology and design were qualitative and hermeneutic phenomenology. Qualitative research designs are used to gain insight and meaning from a phenomenon (Patton, 2015; Ravitch & Carl, 2016). Using a qualitative design was best for my dissertation to gain answers, insight, and meaning from the research question.

Research Tradition

Hermeneutics allows the researcher to apply subjective experiences and insights to gain further understanding of the phenomenon. Hermeneutics is grounded in phenomenology, which means there is a specific phenomenon with the intention of

analyzing and identifying different ways in which the researcher can interpret the meaning of the phenomenon (Heidegger, 1926/1962; Paterson & Higgs, 2005). Phenomenology includes a less involved approach by the researcher as compared to hermeneutics, which requires the interpretation and continued assessment of data and analysis by the researcher to discern more in-depth meaning (Heidegger, 1926/1962; Patton, 2015). Within hermeneutics theory, humans can apply meaning to objects and events and, as the researcher, I filtered my experiences, biases, and perspectives through data assessment and analysis to identify meaning (Heidegger, 1926/1962; Paterson & Higgs, 2005).

Role of the Researcher

The strength of using hermeneutics for my dissertation was the inclusion of the researcher's subjective experiences to discern meaning about the researched phenomenon. Hermeneutics encourages discovery and involvement of the researcher; therefore, I incorporated my experiences as a mental health counselor into the research process as well as adapted my personal beliefs and insights as a way to contribute to meaning of the phenomenon (Burdge, 2014; Heidegger, 1926/1962; Paterson & Higgs, 2005). Hermeneutics requires immersion within the phenomenon, and in this way, I applied cultural, political, military experiences, and personal experiences to further immerse myself within my identified research phenomenon. There are drawbacks to the direct involvement of the researcher, which include positionality and interpreting data incorrectly, which affects the trustworthiness of the results (Ravitch & Carl, 2016). Another limitation is the experience of the researcher to have the ability to incorporate

self-discovery while conducting research intending to have trustworthy results (Heidegger, 1926/1962; Patton, 2015; Ravitch & Carl, 2016).

Positionality

As a heterosexual cisgender researcher, my knowledge about the transgender community is dependent on personal interactions and research. Due to my role as an ally and not an individual that identifies as transgender, my personal views were synonymous with the gender-conforming mental health counselors who are research participants. Also, not being transgender and not having experiences specific to the transgender population could influenced the development of the research questions for the study.

As a mental health therapist my theoretical orientation is Cognitive Behavioral Therapy (CBT) which is a structured therapeutic approach that can be brief, evidenced-based, and an effective treatment modality (Beck, 1995). CBT includes self-assessment of clients' cognitive processes to discern distortive thinking and maladaptive behaviors (Beck, 1995). I integrate CBT techniques, Prolonged Exposure, and solution focused therapies to treat veterans with various mental health disorders many of which relate to trauma, depression, and anxiety. Also, I am the primary clinician focusing on the appropriate referral process and ethical treatment of transgender veterans seeking to start transition through therapy or starting hormone replacement therapy.

Additionally, ethical expectations of providing ethical and competent care to clients may influenced results from participants (ACA, 2014). The gatekeeping role expected from counselors as an ethical standard (ACA, 2014) was a concern which may result in research participants not answering truthfully to avoid the perception of bias or

incompetence to others (ACA, 2014). To overcome this concern, I included in the informed consent and clarify confidentiality which includes keeping the responses of participants confidential and the method of destroying data per requirements 5 years following the conclusion of the research study. The recruitment of research participants included recruitment of coworkers and ensuring that I have no relationship other than professional with participants were vital to trustworthy and credible data and research results (Ravitch & Carl, 2016). Overcoming these limitations included me gaining experience and applying meaning to the phenomenon using the hermeneutics as well as the inclusion of an outside party or peer to review different steps of the research process and data to decrease bias.

Methodology

Participant Selection Logic

I used convenience and snowball sampling to recruit participants for the semi-structured audio recorded interviews for data collection (Etikan, Musa, & Alkassim, 2016). The participants were LPCs who are active as mental health counselors serving the transgender veteran population. Mental health counselors working as educators and marriage and family counselors were excluded. There were no exclusions on the therapeutic approach used by the mental health counselor or the diagnoses of the client. Mason (2010) completed a literature review of PhD qualitative research articles to identify the number of participants recruited for sample populations to obtain data saturation. Based on research studies using a similar research design, topics, approaches (Benson, 2013; Bethea & McCollum, 2013; Burdge, 2014; Chen et al., 2017), the

information provided by Mason, and my limited experiences as a researcher, the sample size for my research study included eight participants to achieve data saturation. Research participants were recruited using CESNET Listserv, Central Texas American Counseling Association Listserv, and Psychology Today ads. Additionally, I was presented the opportunity to participate in my research study at local LPC meetings and encouraged snowballing method to recruit participants in the local area.

Instrumentation

In qualitative research, the researcher is the primary instrument to gather data through interviews (Ravitch & Carl, 2016; Saldaña, 2016). As the researcher, I collected data by using the Zoom platform to conduct and record semi-structured interviews, and each interview recording was encrypted and password protected (Zoom, 2020). I directly interacted with the interviewee, clarified questions for the interviewee, and asked additional questions to collect in-depth and detailed information (Saldaña, 2016).

Data collection included semi-structured interviews with the introduction of the interview to include definition of a transgender veteran and clarification that the participant has worked with transgender veterans. Prior to starting the interview, I ensured each participant understood the limits of confidentially, how their information were used, and their agreement to record the interview as well as to stop the interview at any time. I provided informed consent to participants with my email address, information to report grievances, and information securing data. Included in the instructions was information for follow up interviews for further clarification. Participants were informed that the initial interview will last between 30-60 minutes and follow up interviews will

last no longer than 30 minutes. Participants were debriefed prior to leaving the interviews as well as provided brief summaries of the interviews and resulting themes.

Procedures for Recruitment, Participation, and Data Collection

I used purposive and snowball sampling to recruit participants from the central Texas area and also recruited through providing information about the study to colleague at the VA who presented my information during an LPC meeting and provided my contact information for those interested in ting in the study. For those who emailed me, I followed up by providing the study flyer, invitation, and interview time request. I provided flyers to local mental health clinics and colleagues to disseminate to other LPCs in the community.

Data Analysis Plan

The researcher is considered the instrument in qualitative methods (Patton, 2015). To begin interpretation and analysis using hermeneutics, it is important to discern the medium and data collection method for text to be interpreted (Packer & Addison, 1989). In my research. I wanted to use face-to-face interviews, but due to the COVID-19 pandemic, all interviews were completed through the Zoom platform. I used Rev, a transcription service, to type the voice recorded interviews into Word documents. I reviewed the transcripts for accuracy while listening to the original recorded transcripts. I made changes as needed to ensure the transcript accurately reflected the recorded interview. Following the successful accumulation of data, I used the hermeneutic circle to gain further perspective and interpretation of the data and the phenomenon (Gadamer, 1960/2004; Packer & Addison, 1989). The hermeneutic circle does not have a dedicated

starting point, and as a result, when entering the hermeneutic circle, it is vital to be aware of and dismiss preconceived notions and misconceptions to be successful (Packer & Addison, 1989).

Using the hermeneutic circle, understanding the data or phenomenon occurs as a result of parts of a whole influencing the whole, and the whole influences the parts (Gadamer, 1960/2004; Packer & Addison, 1989). Within the hermeneutic circle, understanding cannot occur without the parts or without the whole, and interpretation only occurs with understanding of both the parts and whole (Gadamer, 1960/2004; Packer & Addison, 1989). Interpretation and understanding as a result of the hermeneutic circle in research incorporates the context and experiences of the researcher (Packer & Addison, 1989). For instance, the parts of my research were the interviews and the data obtained and as a result of the information shared from participants. The whole was the phenomenon of the experiences of counselors working with transgender veterans expressed within identified themes and narrative, which cannot exist without the parts of information expressed by participants. Additionally, the context in which the researcher interprets the information gained from participants is influenced by the experiences of the researcher (Gadamer, 1960/2004; Packer & Addison, 1989; Paterson & Higgs, 2005). While conducting research there was a potential shift in the researcher's understanding as a result of knowledge gained from interviews both of which describe the parts and the whole of the phenomenon being researched.

The steps to data analysis are as follows:

1) I reviewed the transcripts while listening to the original recording to assess for errors as well as assess voice tone and speech patterns to gain an overall perspective. Listening to the interviews provided additional preceptive needed when interpreting the data.
2) I then reviewed the transcripts to assess for meaning specific to the phenomenon. Specific meanings were sentences, tones, verbiage use, or lack of information in response to a question. Each question and answer were separated into a Microsoft Word document to allow me to focus on one question and the responses of interviewees at a time.
3) I reviewed each answer to discern meaning units specific to the research topic (Rennie, 2012). I input each transcript within NVivo software to assess for additional meaning units (Woods, Paulus, Atkins, & Macklin., 2015). Meaning units included quotes passages and responses from participants that are specific to the research phenomenon (Rennie, 2012).
4) Following the first analysis of the interview data, completed follow up interviews with each participant to fill in gaps and clarify information specific to their experiences. During these follow up interviews participants were provided narratives of their previous interviews and provide further clarification if necessary. After follow up interviews, again reviewed the answers to each question in both the original interviews and follow up interviews and identify meaning units.

5) I applied further contextual meaning to the meaning units to discern themes as a result of gaining further insight into the responses of participants (Rennie, 2012). Discerning themes are reflective of the researcher's interpretation of the information and not quotes or direct verbiage from participants. Participants may use various words to describe a similar perspective; however, it is for the researcher to identify themes based on different expressions of related subject matter.
6) I then took a break from reviewing the data to allow for the assessment of data and personal perceptions, which included continued reflection on the data and identify particular similarities or resonating topics (Gadamer, 1960/2004).
7) After taking a break from actively reviewing data, I started at the first interview, listen, and review the transcripts again. Reviewing the interviews from the beginning allowed me to assess for further insight or varying interpretations resulting from the knowledge gained from analyzing previous interviews.
8) I used a word document to compile under each question the similarities, themes, and interpretations as a result of reviewing the data. These similarities and themes were identified first by direct quotes and short passages from the responses from participant responses.
9) Following the compilation of quotes and passages, I then organized the data into a narrative that highlights the experiences and meanings of the experiences described by participants. I presented the descriptions and themes

in a manner that is representative of a generalized description and meaning of the phenomenon that is also reflective of answering the research question.

Issues of Trustworthiness

As opposed to identifying statistical significance and validity sought in quantitative studies; qualitative studies seek trustworthy results to gain insight into the individual experiences of participants related to a specific topic or phenomenon (Ravitch & Carl, 2016). Trustworthiness ensures that data collection methods, analysis of data, and interpretation of results reflect the descriptions and experiences expressed by participants (Ravitch & Carl, 2016; Williams & Morrow, 2009). For a qualitative research study to be trustworthy, it must have credibility, transferability, confirmability, and dependability (Ravitch & Carl, 2016).

Credibility

Credibility is the first aspect of trustworthiness that is established in qualitative research (Ravitch & Carl, 2016). Creditability includes measuring what is intended (Ravitch & Carl, 2016) and in my research study credibility was achieved through the interview questions relating to the research question. The interview questions specific to my dissertation reflect the research methodology which included questions that address participants’ experiences with transgender veteran clients, challenges, and ethical concerns.

Transferability

Transferability corresponds with external validity found in quantitative research and is the ability for study results to be relevant and measurable to a population outside of

the specific research study participants (Shenton, 2004). Transferability was evident in my dissertation by interviewing multiple participants who are mental health counselors to gain in-depth and rich data from interviews and transcripts to further the understanding of the phenomenon. Transferability was also a factor during data synthesizing which identifies potential biases as well as identification similar themes expressed by participants (Ravitch & Carl, 2016).

Dependability

Dependability established consistent research results and the ability for the replication of these research results (Ravitch & Carl, 2016). Dependability was evident in my dissertation by asking different participants the same questions which allows for the identification of similar themes during data analysis. The interview questions lend to the consistency required for dependability. However, the diverse backgrounds of the participants contribute to reproducing research results in the future as participants will have various experiences and cultural backgrounds.

Confirmability

Conformability ensures the research results presented are accurate and true in doing so confirmability occurs when steps are taken to reduce or prevent researcher bias (Ravitch & Carl, 2016). Confirmability was observed using peer debriefs and self-assessment throughout the research process. Within my research study to achieve validity through conformity included reviews and revisions of my work by myself and my dissertation committee. Additionally, I provided a summary of results received from the participants' interviews and allow them to clarify further during follow-up interviews.

Ethical Procedures

Institutional Review Board approval is a requirement prior to conducting research for academic institutions (Endicott, 2010; Leisey, 2008). It is important to note the limitations of the Institutional Review Board (IRB) related to qualitative research study designs. Qualitative research studies do not involve the collection of measurable data or measurable results which contribute to the limitations of the IRB to accurately identify risks and benefits of qualitative research (Leisey, 2008; Opsal et al., 2015). With the limitations associated with the IRB and qualitative research studies, potential concerns for my dissertation research includes confidentiality, population, and recruitment.

Concerns associated with approval of my research study by the IRB were within the use of informed consent and maintaining confidentiality when using a transcription service (Leisey, 2008; Opsal et al., 2015; Rudestam & Newton, 2015). Due to my research study being an interview with a nonvulnerable population there were minimal risks to the participant. The primary ethical concern was associated with confidentiality including how the transcription service and researcher will use, store, and destroy confidential information obtained from interviews. Data was stored on a password protected computer within a password protected document for storage and transport. The data will be deleted 5 years after the completion of the research study. I used a service that has a secure and ethical process of storing and destroying information after transcription will mitigate confidentiality concerns.

Another consideration was sharing informed consent within semi-structured interviews for data collection. In qualitative research the informed consent may occur at

various times during an interview and participants may ask different questions associated with the consent, confidentiality or other aspects of the research process (Leisey, 2008; Opsal et al., 2015). Researchers conducting qualitative studies using a semi-structured format are unable to guess or assume the questions participants have during the interview which makes it difficult for the IRB to adequately discern risk or benefit (Leisey, 2008; Opsal et al., 2015). To mitigate the identified concerns associated with IRB limitations of qualitative research I used clear and concise verbiage when completing the application. Another method of overcoming IRB concerns is to provide additional detail about the legitimacy and necessity of research methods as well as an oral board to verbally discuss the benefits and risks of the research (Opsal et al., 2015).

Summary

The IRB is used to limit the risks and ensure the safety of research participants there are limitations as outlined in this section (Endicott, 2010; Leisey, 2008; Opsal et al., 2015). Within this chapter I identified purposive as my sampling method and the intention of recruiting from the Central Texas area. Additionally, I included the ethical concerns associated with my chosen recruitment method as well as the inclusion and exclusion criteria for research participants. I included information about how I used hermeneutics as a framework to immerse myself in the collected data and use this experience to analyze data using a hands-on coding method.

Chapter 4: Results

Introduction

The purpose of this qualitative hermeneutic study was to understand better the experiences of mental health counselors who provide therapeutic care to transgender veteran clients. The research question was as follows: What are the experiences of licensed mental health counselors when working with transgender veterans? I sought to identify challenges experienced by counselors and ways to advocate for better care for clients. As a result of gaining information about experiences and advocacy, this information could improve mental health counselors' competency and training with regards to working with transgender veterans. This chapter includes the setting, demographic information, data collection and analysis, evidence of trustworthiness, and results of my study.

Setting

Due to COVID-19 restrictions, I used Zoom to conduct all eight semi-structured interviews. It was essential to ensure that the platform used to conduct interviews was safe (Williams, Chaturvedi, & Chakravarthy, 2020). In recent months, Zoom updated its HIPAA compliance in response to safety concerns related to data breaches (Williams et al., 2020). At the time of the interviews, Zoom was a HIPAA compliant resource that encrypted and required passcodes and/or waiting rooms as additional safety measures (Zoom, 2020). In addition to the safety benefits, I used the Zoom platform because it offered video and voice conferencing, allowing the interviewer and interviewee to see and speak to each other, improving the interview's comfort and flow.

All eight interviews occurred in private offices, either at the interviewee's workplace or their home office, to minimize distraction and interruptions during the interviews. Two of the eight interviews were audio only at the participants' request to avoid bandwidth and connectivity concerns using video for the interviews. During an interview, one participant paused the interview to take a phone call from her doctor. No other interruptions occurred during any of the interviews, and the one interruption for the participant to answer the telephone did not distract from the interview.

Demographics

I interviewed eight participants: six women and two men between the ages of 20 and 60, who were fully licensed mental health counselors with at least two experiences counseling transgender veterans. At the time of the study, all but one of the female participants resided and worked in the central Texas area, and all but one currently worked in either residential or outpatient mental health. One participant lived and worked in Leavenworth, Kansas, and worked in suicide prevention but previously worked and resided in central Texas. Four of the eight participants, three women, and one man, had experience working with transgender veteran clients in residential and outpatient mental health settings. Two female participants had experience working with transgender veterans in private practice settings.

I gave each participant pseudo gender male or female names as appropriate with their other demographic information by name: John is a Black man in his late 50s who currently works in outpatient mental health services in central Texas. Tina is a Black woman in her mid-30s who recently transitioned from residential treatment to outpatient

mental health clinic services in central Texas. Brad is a Black man in his mid to late 30s who primarily works in a residential treatment setting, but due to COVID spent seven months working in an outpatient mental health clinic in both settings in central Texas. Karen is a White woman in her mid-50s currently working as a suicide prevention coordinator and the only participant who worked outside of central Texas but worked in an outpatient mental health clinic for 3 years. Nicole is a Black woman in her late 40s who primarily works in outpatient mental health but has a history of counseling transgender clients in prisons and private practice in central Texas. Kate is a White woman in her late 30s that works in an outpatient mental health clinic. Amy is a White woman in her mid-30s who works in an outpatient mental health clinic in central Texas. Jane is a White woman in her early 50s who works in an outpatient mental health clinic with additional counseling in religious services in central Texas.

Data Collection

The interviewer is the instrument in qualitative studies (Patton, 2015), and data collection methods are essential in the use of hermeneutics to analyze data (Packer & Addison, 1989). Thus, I began data collection by sending invitations (See Appendix A) and flyers (See Appendix B) via email to colleagues who met the research criteria. The colleagues I emailed resided in the local central Texas area, who also distributed the information to others who met the study criteria (Etikan, Musa, & Alkassim, 2016). Additionally, I received consent to post on the CESNET listserv, and I posted an invitation to this listserv. When I received interest via email from a potential participant, I ensured they met the study's criteria and then emailed the consent for their review and

agreement to continue participating in the study. After each participant agreed to participate, I asked via email their availability and agreement to conduct interviews via Zoom with the link provided on the interview day.

Eight individuals agreed to participate, and I conducted 60-minute initial interviews and 15-minute follow-up interviews scheduled to last 30 minutes, but none of the follow-up interviews lasted beyond 15 minutes with each participant. I completed both the initial and follow-up interviews and recordings through the Zoom teleconference platform. I started the initial interviews by asking questions about informed consent and any questions before beginning the recording; no participant had questions. I used the first 20 to 30 minutes to ask semi-structured interview questions, then 15 min to ask questions that came up as a result of the participants' responses. I used the last minutes of interviews to ask if participants had any questions. Although the interviews to last 60 minutes total, many participants were able to provide rich answers in less time, resulting in most of the interviews lasting between 30 and 45 minutes and the follow-up interviews lasting between 5 and 15 minutes.

After my first interview, I reframed how I asked the question about perspective versus experience, as the participants felt they answered the question. Following the first interview, I had to clarify the question to include military experience as a factor in transgender veteran clients' experiences and how this influenced their interactions. I used my military experiences and interactions with transgender servicemembers not to allow this to impact how I formulated the question. In subsequent interviews, I asked about the military's influence on mental health counselors' experiences working with transgender

veterans. I obtained a richer response as some of the participants were veterans and provided another layer of perspective from the information gained from the question.

After each interview, the Zoom platform downloaded both the audio and video recordings to the cloud; however, I only downloaded the audio files for review (Zoom, 2020). After retrieving this data from the website, I saved the audio files to an encrypted hard drive with each file password protected and used pseudo names to replace the participants' names for confidentiality. I uploaded files to Rev, a transcription service that encrypts files in both Rev and exporting data (Rev, 2020). Information is stored on encrypted servers until deleted by the user (Rev, 2020).

Data Analysis

Following transcription, I listened to the audio recording while reviewing the transcript and made corrections in the transcription (Patton, 2015). I listened to the audio files in their entirety and individually read transcripts to begin filtering my experience for interpretation purposes and identifying the hermeneutic circle (Gadamer, 1960/2004; Packer & Addison, 1989; Paterson & Higgs, 2005). After listening to the audio files for transcription purposes, I again listened to the audio files in their entirety and read the entire corrected transcripts to understand better the data and how participants answered each question (Gadamer, 1960/2004; Packer & Addison, 1989; Paterson & Higgs, 2005). I then took time away from the data to assess personal preconceived biases and shift my focus from collecting information to analyze it (Gadamer, 1960/2004).

I then used the NVivo data analysis application to import the transcribed interviews for coding and analysis purposes. NVivo is a software application that

simplifies coding and organizing data (Woods, Paulus, Atkins, & Macklin, 2015). I reviewed each transcript for familiarity and to ensure transcript information was accurate to the audio transcript (Ravitch & Carl, 2016). I used an inductive approach to identify repeated words and descriptions in all transcripts (Ravitch & Carl, 2016). By identifying the terms and descriptions within each transcript, then comparing them across all data collected from transcripts was analyzed by the hermeneutic circle of looking at each transcript's parts and how they related to the whole of all transcripts (Gadamer, 1960/2004; Packer & Addison, 1989; Paterson & Higgs, 2005). Each transcript's parts connect each interview, then each interview was a part of the entire data set of all transcripts and the participants' overall described experiences. I used the hermeneutic circle to understand better each transcript's aspects of the whole or the overarching themes derived from the data (Gadamer, 1960/2004; Packer & Addison, 1989; Paterson & Higgs, 2005).

After identifying codes manually, I then used auto coding in the NVivo software for the first interview transcript to assess for additional nodes later to be developed as meaning units (Woods et al., 2015). Following the auto coding, I reviewed each code and the corresponding sentences word by word applied to each code and discarded codes that were not appropriate to the information about the described experience (Woods et al., 2015). I then used these meaning units as a guide to review the remaining transcripts and identify additional meaning units resulting from this review. I recorded the meaning units I identified and reviewed all transcripts within NVivo for a second time to ensure the identified meaning units were appropriate.

After compiling and analyzing the data through NVivo, I had 66 nodes organized in the software accompanied by references. Using NVivo and additional review of the data, these nodes organized into five themes: training in the therapeutic need of transgender veterans; limited experience with working transgender veterans or the transgender community; military culturally influence on the reception of therapy and approaches of counselors; external expression through dress or mannerisms of gender identity; terms/language used to communicate an understanding of transgender veteran community; two subthemes therapeutic setting influencing approaches and interactions with transgender veteran clients, and open-mindedness as an asset in gaining rapport. As evidenced by the repetition of themes across participants, I determined that I reached saturation. I then used NVivo to sort the themes into folders and placed the appropriate nodes and supporting descriptions into each folder.

Evidence of Trustworthiness

Trustworthiness indicates that the data collected via participants' experiences reflects the data collection methods, how the data were analyzed, and how the interpretations are sound (Ravitch & Carl, 2016; Williams & Morrow, 2009). Creditability starts the trustworthiness process and ensures data are measured as intended, and I achieved this through the interview questions relating to the research question guiding the study (Ravitch & Carl, 2016; Saldaña, 2016; Williams & Morrow, 2009). Also, dependability is a part of trustworthiness, which was established in my study by the process being consistent across interviews with participants to include during follow up interviews that provided a summary of the first interview and asked if they had anything

to add (Ravitch & Carl, 2016; Saldaña, 2016; Williams & Morrow, 2009). The follow-up interviews provided the participant with a summary and a member check-in and reflected the dependability evidenced by the experiences and data gathered for analysis (Ravitch & Carl, 2016; Saldaña, 2016; Williams & Morrow, 2009).

Another aspect of trustworthiness is the ability for the results and interpretation to transfer from the sample population of the research study to the general population (Ravitch & Carl, 2016; Saldaña, 2016; Williams & Morrow, 2009). The variety of the ages, ethnicities, and gender varied of the participants allowed for transferability (Ravitch & Carl, 2016; Saldaña, 2016; Williams & Morrow, 2009). Confirmability was observed through direct quotes from interview transcripts to discern themes helping to ensure the information was accurate and without researcher bias (Ravitch & Carl, 2016; Saldaña, 2016; Williams & Morrow, 2009).

Results

After analyzing the meaning units and comprehensive data for themes, I was able to identify five themes. I then compiled the themes and data into a narrative describing each theme, including the quotes derived from interviews. I will present the themes, narratives, and quotes that support my research question regarding the lived experiences of mental health counselors when working with transgender veterans.

Theme 1: Limited Experience With Working With Transgender Veterans or the Transgender Community

This theme stemmed from the research question that explored the experiences of licensed mental health counselors when working with transgender veterans. Experience is one of

the primary sources to improve competency while working with transgender veterans (Kanamori & Cornelius-White, 2017; O'Hara et al., 2013). However, due to a lack of structured academic training and limited access to the transgender population, many counselors are forced to rely on personal therapeutic approaches and personal experiences to guide their treatment of transgender clients (Kanamori & Cornelius-White, 2017; O'Hara et al., 2013). Participants had similar experiences of the influence personal experiences had on their approaches to working with a population they had minimal direct experience.

John:

> "Well, not trying to be facetious, but being that I am a minority male in America, my perception on them (transgender veterans) has not changed outside of [them] being people. One of my things [is] I don't like labels, and I worked hard to see people as who they are regardless of their skin code since I grew up being labeled as a young black male in the sixties and training in the therapeutic need of transgender veterans ties [in]. So no in the community, nothing in my communication with them or other people, and registering them has changed."

Amy:

> "No, I have always been really open; my parents taught me to be very open-minded. So, it does not matter to me how you identify or who you are. If you have an issue and you need to talk to someone about it, that is what I am here for. So it does not affect my process."

Jane:

> “Not really, because I am very open-minded; you can say I understood how that could be confusing for them. And so, it was not a negative factor or anything that would be a problem. It is just something that I am somewhat aware of.”

Karen:

> “Very limited. I can tell you the one veteran that I had told me, he was transgender, and I’m saying he because he’s born male and identify as a female sometimes is the way that I can explain that because he told me that. To be polite because I do not know that much about, uh, you know, counseling, uh, transgender patients.”

Specifically, to transgender veterans, mental health counselors had limited access to the VA due to policies that prohibited the hiring of counselors, which minimized their access to the highest population of transgender veteran clients (Alessi et al., 2015; Chen et al., 2017; Lutwak et al., 2014; Shipherd et al., 2012). In this study, experience in the subthemes of limited experience is therapeutic setting influences approaches and interactions with transgender veteran clients and open-mindedness as an asset in gaining rapport.

Kate:

> “I will say it has been an interesting experience. I have not done a lot of extensive treatment with people (veterans) who are transgender. I have done some intakes and have worked briefly with people who identify as transgender. It makes me very aware of how I am because, yeah, it made me very conscious about how I

view identity and how I address gender in the context of someone's mental health."

Tina:

"The experience I have had has been pretty minimal. I've had two clients at the VA one I had more experience, have more opportunity to work with about two or three, probably about two or three months. The other individual was in a residential setting. The other setting was in outpatient mental health clinic. And that was very minimal. I only saw her maybe twice. And so, the experience that I had was more in the residential setting."

Brad:

"I have worked with them more so now on the backend, not detailed in the outpatient treatment. So, in residential again, we oftentimes have veterans who were born in assigned male genders and identify as another. The outpatient aspect I am thinking about currently is a person she identifies as trans but has not gone beyond identifying it with providers and starting to identify it with her herself."

Theme 2: Military Cultural Influence on the Reception of Therapy and Approaches of Counselors

Military culture is unique to the experiences and, subsequently, the approaches towards therapy experienced by transgender veterans (Allsep, 2013; Hale, 2011). The belief that asking for help is a weakness is prevalent in military culture. Many transgender veterans seeking help were traumatized due to VA employees' harmful and inappropriate treatment (Allsep, 2013; Chen et al., 2016; Hale, 2011). The hypermasculinity in military

culture guides the decision for many individuals who fear being transgender to find a means to reaffirm societal gender norms (Johnson, & Federman, 2013; Lytle, Vaughan, Rodriguez, & Shmerler, 2014; Pitoňák, 2017; Taylor, 2013).

John:

> "There could be some for a gung-ho all-American male [military]. And dealing with someone different from they are may use the term homophobia."

Kate:

> "I'm conscious about how open they could be and also understanding the extra layer and make me think in particular about the sort of the timing of their transition because there's a lot of times going to be repercussions at a certain time they're actively in the military."

The upholding of hypermasculinity within the military leads to a higher number of transgender veterans seeking help related to their gender identity, and mental health diagnoses received as a result of the military experiences (Allsep, 2013; Hale, 2011; Johnson, & Federman, 2013; Pitoňák, 2017). The population of licensed mental health counselors interviewed will share experiences specific to working with transgender clients and the significant influence of military culture on treating transgender veterans.

Tina:

> "I am not a veteran, so this is an outsider looking in, but the military can sometimes be very black and white. Sometimes, the military is pretty strict, and it's stiff, so it takes a while for the military to evolve for different things. The aspect of the veteran culture makes it difficult. I mean, you've got other soldiers

> there with you the whole point of the military, to have that, like one sound one mind and very uniform, it doesn't just fall into that uniformity. So culturally, that is another form of them being an outsider."

Jane:

> "When I sat down and saw her story, he was a Navy Seal, and she was very well educated, very skilled, and did so well in the military. And yet, when she came into civil service, she found herself in an all-male work environment. And the harassment got to the point of forcing her out of her job, but I had an opportunity to work with her, and she worked with me quite well. We got along great. I did everything I could to assist them, but that was the eye-opener for me of just how bad that can get."

Brad:

> "What is my belief system I think that would be probably the biggest barrier then I think we're also introducing, especially within the military culture is I now have to try and align a belief system around a person who identifies as being transgender with this overall hyper-masculine more GI Joe identity and can the two of them be congruent or are they again, is it okay from the incongruent."

Military culture plays a large role in seeking help and transgender veterans' openness to the mental health staff (Allsep, 2013; Hale, 2011; Pitoňák, 2017). Mental health counselors are to build rapport with new clients; they expect to find ways to reach transgender veterans who have been unjustly persecuted and required to use secrecy as a means of survival.

Theme 3: External Expression Through Dress or Mannerisms of Gender Identity

The expression of societal gender norms, especially an expression of masculinity, is an expectation within the military (Allsep, 2013; Hale, 2011; Pitoňák, 2017). The expression of a gender different from birth gender creates an unsafe environment for transgender individuals in the military (Bethea & McCollum, 2013; O'Hara et al., 2013; Nadal, 2013; Weir & Piquette, 2018). This fear of gender expression continues as transgender veterans fear expressing their gender identity due to safety concerns or fear of judgment (Bethea & McCollum, 2013; Chen et al., 2016; O'Hara et al., 2013; Nadal, 2013). In this study, participants shared their experiences with transgender veteran clients based on gender identity and expression and how this influenced their therapeutic approach. Here is how some of the study participants shared their experiences with transgender veteran clients' expression of gender identity:

John:

> "I just cannot put them (transgender veterans) in the box and automatically have a figment in my mind of how they want to be. There were some who fully dressed as a female, and there were some who did not want to dress as a female. They were feminine, but they did not want to dress as a female. So, their perspectives were different. It just allowed me to accept the message of whoever walks in the door."

Kate:

> "I am describing it as transgender is when an individual identifies with a gender they were not assigned, or that was that is different than the sexual identity of

> birth. If someone were born with like males X, chromosomes, and identifies as a woman, they would be considered transgender if their true gender identity is the opposite."

Karen:

> "He (a transgender veteran client) said it is easy to put on feminine clothing and look more feminine. He was early twenties and, and, and pretty slender. And he even showed me some pictures of him, dressed in feminine clothing and such. And I was like, wow, those are you. You make a very pretty woman."

Tina:

> "I know the residential setting's biggest thing was this individual actually on hormones. When leadership found out she was on hormones, it was like she has got to go. It has made me question, well, what if she wasn't on hormones? And she identified as transgender, how would that work?"

Brad:

> "When I include clinicians, including the larger being the nursing staff and getting what can be allowed as far as a certain clothing, certain behaviors, or presentations, and if people who are identifying as not CIS gender male, they are causing all kinds, of chaos, for everyone else. We will then see them starting to dress more consistently with more of the female gender and identity."

The discomfort or fear of expressing gender identity negatively influences counselors' ability to assess the overall concerns of transgender veteran clients as they are not aware of the additional mental health concerns that accompany this population (Allsep, 2013;

Hale, 2011; Johnson, & Federman, 2013; Pitoňák, 2017). The awareness of counselors of the unique barriers to care faced by transgender veteran clients increases the clinician's ability to provide affirming therapy (Johnson, & Federman, 2013; Pitoňák, 2017).

Theme 4: Terms/Language Used to Communicate an Understanding of the Transgender Veteran Community

The use of correct or updated verbiage within the transgender veteran community is dependent on the generational changes and can vary (Allsep, 2013; Knapp, 2008; Nadal et al., 2012; Ramirez & Sterzing, 2017).). The terms found in the military's legal guidance included homosexuals being prohibited from the military and acts of sodomy being grounds for dishonorable discharge from military service (Allsep, 2013; Knapp, 2008; Ramirez & Sterzing, 2017). The generational changes in verbiage and language used to describe and persecute transgender individuals in found in both military and civilian literature (Allsep, 2013; Knapp, 2008; Nadal et al., 2012; Ramirez & Sterzing, 2017). In this study, participants shared experiences about the changing terms and interactions with transgender veterans.

Kate:

> "When they served, what generation they served, and how that could have influenced identity? Were they able to live their truth within or without the military and how we, as therapists and counselors, have many questions. Questions that we have to ask or be able to empathize it shifts how we put ourselves in their shoes, to ask appropriate questions and then go into it, assuming

that they had some terrible experiences. I think that makes me extra conscious about how I am responding and what I mean."

Brad:

"Working with youth was different. I would say the biggest issue was the terminology. I have found that I am still part of the millennial generation, but the earlier part of the millennial generation and earlier was what they (transgender clients) call themselves. More so use terms like queer, but the later generation of our generation and beyond was more of a derogatory term, and it has been more of a concept to try and retake and repossess that term. Along with other terminologies that I have not always heard of, I recognized that there is still a basic level of thought processes and thoughts, beliefs, as far as just the vocabulary, because the vocabulary alone makes a difference."

John:

"I would say the one that I can recall the most. It begins with an understanding of where they (transgender clients) wanted to be, where they wanted to go. What is it they wanted? So, I will just say I have miseducation about a few things and how to say them."

Kate:

"With the person I have worked with longer-term, the nonbinary person, I have noticed that it becomes more and more comfortable over time and as much more of a dialogue. Yeah. Sometimes in the initial intakes, as a Christian identifies as cisgender, it is something different, and so I want to be open to their experiences."

Amy:

> "Getting him (transgender veteran client) to accept that fact, that they are going to be people out there like that. And you have to either distance yourself or explain what, how it is and get them to understand, or just recreate your environment. Sometimes that in itself is hard to get them to understand that they continue to be negative."

Counselors' terminology directly impacts rapport building and the perception of affirming practices towards transgender veteran clients (Johnson & Federman, 2014; Nadal et al., 2012; O'Hara et al., 2013). Participants identified the importance of being competent in the changing terminology used in the transgender veteran community and the value the terminology's comfort and use have on rapport building.

Theme 5: Training in the Therapeutic Need of Transgender Veterans

Training occurs in many different ways through structured academic courses, continued education credits offered through employment, or autonomously finding training/workshops to continue education in the counseling field (Johnson & Federman, 2014; Kanamori & Cornelius-White, 2017; O'Hara et al., 2013). There are few accredited courses about providing therapy to the transgender community and no training specific to working with transgender veteran clients (Kanamori & Cornelius-White, 2017; O'Hara et al., 2013). Training limitations force mental health therapists to find other ways to gain training and identify areas needing improvement to discern the type of training that would be beneficial (Kark et al., 2016; Thibodeaux et al., 2015). In this study,

participants were able to identify their struggles with a lack of training and identified training as one way to advocate and improve competency for mental health counselors.

John:

> "The best way to advocate is through knowledge and book knowledge but exposing yourself to learn from transgender [clients]; you never get an understanding just through a book. Whereas you get an understanding talking to an actual human being. Like me, trying to learn Spanish from a book, but never talked to anybody who spoke Spanish. It is not until you are exposed and get to see and get to know a person."

Kate:

> "Working with veteran transgenders (clients) made me extra aware of the institutional hurdles they're running into, which is different from before, prior to working with college students. I was made more aware of the larger institutional issues and just how much complete resilience to get through that and how to navigate that system."

Brad:

> "There is an aspect of consultation that can be provided, but there is still a basic level of thought process as thoughts and beliefs, as far as just the vocabulary. And even that, again, makes a change as a part of it is the origin. The difference between preferred pronouns versus asking what are your pronouns? That mentorship or consultation process, I am open to providing that additional support to other clinicians, but there's still a basic level of political knowledge that they

need. And that normalization of transgender veterans comes with service members being able to identify that they're transgender in the military. They can continue in that transition, or even just continuing to receive care once they leave."

Karen:

"Making sure that the resources are easily accessible so when I'm giving information to veterans with regard to, what groups are available because they might not tell me that, they have issues, any type of transgender issues, being able to mention it. Just making sure that that's part of the conversation because they may feel inhibited to ask."

Kate:

"Creating better access to like counseling groups that are supportive of transgender people. Making sure that every clinic has a group like that so that the individual knows there is a place that they can go to and belong and that there are other people who have had shared experiences. To have access to specific services to them—having training days with access to information to treat transgender veterans."

Tina:

"As a local recovery coordinator to show, there's some things that I could get with other people within our community and make sure that we offer some type of trainings that staff members would be more apt to attend, such as training days or semi-annual training days. I know we mentioned that again this year, touching on

> that topic, and somebody was like, well, we did it last year. Well, we might need to do it every year. You know people become more comfortable with experience. And then that knowledge on what to expect, I think, helps out a lot."

Nicole:

> "I think that we need to make sure that counselors are well-rounded and make it okay for counselors to come to other people and come to another counselor for help if there is something that we need. I think that we may be afraid to reach out if there is something that we are not trained to do. So, advocating for counselors and understanding that for some counselors, this is new."
>
> "We need to open up more educational opportunities that address these types of issues. We have addressed anger; we have addressed anxiety; we have addressed depression to the moon and back; we need to start addressing things that are not common in society. We need to start addressing things that are coming in. We do not address transgender. We do not address eating disorders. We do not address any of these things. That is new, that is, in the population. Now, this is a different generation than it was 10 years ago, 20 years ago. So, we need to start addressing putting those types of training into play instead of continually going on over the same."

Based on the participants' responses in this study, there is a need for and a lack of access to training. This lack highlights the gap of acknowledging the need for training representing the current veteran mental health population to include training on working with transgender veterans. Finding resources in the community to gain access to

additional resources from various sources is another way to gain access to valuable information.

General Narrative

The population interviewed in this study identified several different experiences that were reflective of similar themes. Participants' experiences were that their limited interactions with transgender veterans caused them to depend on personal experiences to treat transgender veteran clients effectively. Additionally, military culture influences the approaches used by LPCs with clients and how clients respond to therapy as a whole. Specific to transgender veteran clients, the conflict between the hypermasculine culture and their gender identity creates another barrier to care for them.

The concept of gender expression was also a unique barrier shared by LPCs who participated in the study. The fluidity of gender expression led LPCs to be unsure of which approach to use or where to start therapy. They were unsure where the transgender veteran client was in their transition or if they needed to focus on transition. There was a spectrum of experiences shared during interviews that spanned the client's uncertainty as to if or how to express their gender. This lack of definitive gender expression made gaining rapport and traction within therapy initially difficult.

Additionally, participants identified the use of language and terms as a barrier, and they were not aware of appropriate terminology, or the client used antiquated verbiage. The use of appropriate language and terms directly influenced rapport building and trust in the therapeutic relationship. The lack of familiarity of language and term use relates to the lack of training or limited access to training by LPCs to improve their

competence in providing therapy to transgender veteran clients. Participants identified the gap in access to educational resources or training to improve competency and positively influence therapeutic approaches. Finally, ways to overcome the lack of training identified by participants included yearly training for mental health clinics as a whole, access to mentors within workspaces with more experience, and petitioning the community to gather more resources.

General Summary

Every experience is unique as described by the participants in this study; however, the similarities found in participants' descriptions of experiences allow for generalizing to the general population of counselors providing treatment to transgender veterans. Based on the data, counselors treating transgender veteran clients have limited academic or structured education, causing them to use personal approaches based on experiences. Counseling transgender veterans also include counselors falling behind on the terminology or vocabulary used for this population, which negatively influences rapport building without outside educational resources. Given the multiple similarities among all the participants' experiences of treating transgender clients and that the phenomenon of counselors treating transgender veterans' experiences would likely generalize well to other counselors in other mental health settings treating transgender veterans.

Summary

The transgender veteran community has unique hurdles to care, made more evident by the participants' described experiences in this study. The lack of training and

experience leaves mental health counselors void and behind when identifying affirming and competent practices while working with transgender veterans. Mental health counselors must rely on personal experiences instead of evidence-based therapies to approach and treat transgender veterans. In this study, participants identified a lack of training, competency in terminology specific to the transgender community, and changes in an approach based on the expression of gender identity displayed by clients. In the next chapter, I will include discussions of my findings, the limitations of the current study, recommendations for future studies, and implications derived from my research study.

Chapter 5: Discussion, Conclusion, and Recommendations

Introduction

The purpose of this qualitative hermeneutic study was to understand the experiences of mental health counselors who provide care to transgender veteran clients. Understanding mental health counselors' experiences will help overcome barriers to care to provide ethical and informed mental health care to transgender veterans. Additionally, insight into mental health counselors' experiences contributes to literature about experiences, perceived deficits, and practices used when working with transgender veteran clients. The findings in this study provided evidence of the experience limitations and lack of available training perceived by mental health counselors treating transgender veterans and the impact their experiences have on the quality of care delivered. In this chapter, I discuss my findings, my study's limitations, and recommendations and implications.

Interpretations of the Findings

The hermeneutic phenomenological framework influenced interpreting the findings, including personal experiences and expectations (Gadamer, 1960/2004; Packer & Addison, 1989; Paterson & Higgs, 2005). Also, the hermeneutic circle had an impact on the interpretation of the results by identifying the role the pieces, being the individual experiences of the participants had on the whole, being the interpretation and identification of meaning units and themes (Gadamer, 1960/2004; Packer & Addison, 1989; Paterson & Higgs, 2005). Through analysis of the participants' described experiences, I contributed to similar studies' findings (Gadamer, 1960/2004; Packer &

Addison, 1989; Paterson & Higgs, 2005). Kanamori and Cornelius-White (2017) and O’Hara et al. (2013) noted experience as one of the primary sources of gaining competence when providing mental health care to transgender clients. I identified this in my study, as most participants had limited experience interacting with the transgender community and even less with working with transgender veteran clients (Chen et al., 2016; Kanamori & Cornelius-White, 2017; O’Hara et al., 2013).

Participants’ responses highlighted the first theme of limited experience working with transgender veterans or the transgender community. Participants also expressed the need to rely on personal approaches such as open-mindedness to gain rapport while working with transgender clients with limited experience. Although not directly with transgender veterans, the need to connect personal experiences was one-way participants perceived competence to work with this population. Another subtheme identified within the overall theme of limited experience included the therapeutic setting interactions with transgender veterans. Participants identified the different needs required to provide care to transgender veterans in a residential setting competently. Due to limited experiences, participants working in residential settings were unfamiliar with the restrictions of actively transitioning transgender veterans. The restrictions involving gender expression and the visible expression of being the opposite gender influenced the type of care available for transgender veterans.

Another factor identified in this study was the participants’ approach based on the external expression through dress or mannerisms of gender identity of transgender veteran clients. The expression of a gender opposite from that at birth creates an unsafe

environment and fear of judgment for transgender veterans, creating an unwillingness to share their gender identity with LPCs (Alessi et al., 2015; Allsep, 2013; Chen et al., 2016; Hale, 2011). Participants in this study identified that transgender veteran clients were not forthcoming with their gender identity in initial therapy sessions. Only after the rapport building did they share this aspect of their presenting concerns. Many participants described an evasiveness or personal confusion during sessions transgender veteran clients identified as the opposite gender than their expressed gender through dress or mannerisms. Additionally, participants identified the difficulty of gaining rapport with transgender veterans directly influenced the willingness to engage in services by the clients. Transgender veterans are unwilling to express their gender identity and avoid help-seeking behaviors due to discomfort, fear of judgment, or perception of not being veterans (Alessi et al., 2015; Allsep, 2013; Chen et al., 2016; Hale, 2011).

Another aspect identified in this study, as described by the participants, was the influence of military culture on how transgender received therapy also the approaches of LPCs. Some participants identified the effect their military experiences had on their understanding of transgender veterans. The influence of the idea of weakness and military guidance limited transgender members’ acceptance in and out of the military (Pitoňák, 2017; Ramirez & Sterzing, 2017; Taylor, 2013). The United States military has a higher number of individuals who identify as transgender than the general population (Allsep, 2013; Hale, 2011; Johnson, & Federman, 2013; Pitoňák, 2017). Allsep (2013) and Hale (2011) noted this disparity is related to the military’s masculinity and heteronormative culture. Participants described how military culture and its lack of

acceptance of the transgender community encourages mistrust and fear of judgment. Participants who served in the military described instances where they interacted with transgender individuals who refused to express their identity. Also, participants who served in the military shared their perception of the lack of transgender individuals not being in the military. The participants who did not serve in the military noted the influence military culture had on clients' investment in therapy and the clients' self-description of being transgender.

The participants in this study described terms and language used to communicate an understanding of the transgender veteran community to be varied but an essential part of gaining rapport and expressing competence. The terminology used to describe the transgender community in the military and the general population varies based on the clients' generational differences (Allsep, 2013; Knapp, 2008; Nadal et al., 2012; Ramirez & Sterzing, 2017). Participants shared feeling out of date with the terms they used to describe the transgender veteran community, which either led to difficulty gaining rapport or the clients educating the counselors on appropriate terms. Participants described how language influenced their perception of competence and translated into the counselors' level of understanding of transgender veteran culture.

Also, participants' lack of competence resulted from a lack of training in the academic sector and available opportunities for continued education to best work with the transgender veteran community. Within the veteran community, access to training and knowledge specific to transgender mental health does not exist, creating a larger gap in avenues available for LPCs to learn how best to serve this population (Allsep, 2013;

Coon et al., 2018; Goldbach & Castro, 2016; Knapp, 2008; Leonard, 2019; Office of the Secretary of Defense Press Operations, 2016). Participants shared that most of their training to provide therapy to transgender veterans occurred while working on the job. Participants expressed that additional training and a change in how education about transgender veterans within the mental health field leads to improved retention and increased comfort to effectively treat transgender veteran clients. Lastly, participants described mentorship, community outreach, and clinic in-services as ways to introduce training to LPCs.

Finally, my own *Dasein* or being was affected and reinforced my perceptions of how counselors interact with transgender veterans, resulting in a stronger phenomenological connection and sense of validation with fellow counselors. Preconceived knowledge was that the participant who agreed to engage in this research would share similar conceptions of the phenomena. An unexpected revision of understanding occurred in that counselors' willingness to advocate for others with very different being-in world experiences. Counselors without training or education did not allow this to negatively impact their authentic engagement with a population living a very different being in the world experience. All participants have no control over new patients scheduled for them; thus, they must assess and treat others as they present, including transgender veterans. They actualized these experiences by drawing on their own personal experiences with others living a vastly different being in the world to engage with transgender veterans meaningfully. For all participants, this was the first time they participated in research and experienced providing subjective data versus

gathering information from clients changed their conceptions of research and expanded their understanding about the value of research to clinical practices.

Limitations of the Study

This study's primary limitation was the small sample size, a frequent occurrence within qualitative research (Mason, 2010). The sample size of eight participants and reaching saturation through similar descriptions and experiences of the study participants and resulting themes met the criteria of phenomenological research (Mason, 2010). The focus of phenomenology research is not the raw data but the participants' experiences; thus, the transferability of the research results was a limitation (Ravitch & Carl, 2016; Saldaña, 2016; Williams & Morrow, 2009). The gender of the participants being six females and two males was also a limitation in the research results' transferability.

Another limitation was the area recruiting occurred and the clinical locations of participants. The sample was recruit from central Texas, which includes the largest Army base in the country, increasing transgender veterans' percentage. Also, central Texas is in the bible belt, a conservative area that may influence transgender veterans' reluctance to express their gender identity. The experiences of LPCs in more liberal areas may have more interactions with transgender veterans due to increased comfort with expressing gender identity. All my participants have also worked in outpatient clinic settings, but only two experienced working with transgender veteran clients in a residential setting. The participants' limited experiences in residential treatment settings may influence their overall perception of transgender veterans' experiences.

Furthermore, my role as the researcher was a limitation as I am an LPC with extensive experience compared to all the study participants. As a result of my experiences, it was vital to include personal experiences and knowledge while collecting and analyzing data (Gadamer, 1960/2004; Packer & Addison, 1989; Paterson & Higgs, 2005).

Recommendations

In this study, I sought to bridge the gap of the available information of the experiences LPCs had counseling transgender veterans. This study shows LPCs are aware of their inability to access training and limited experiences specific to the transgender veteran population. This study highlighted the lack of experience LPCs have with transgender veterans and the growing need for training and experience working with transgender veterans. Making a follow-up study that focuses on the experiences of LPCs in different geographical locations, clinical settings, and more diverse participants will provide a more thorough perspective of the phenomenon. Additional study specific to the transgender veteran population will highlight this population's unique needs to increase the retention of mental health services.

Implications

Overall, this research study's recommendations highlight the benefits of improving training and education for LPCs to treat transgender veteran clients. The inclusion of this research study as literature to bridge the gap of lack of information and competence for LPCs is useful to inform and advocate for better training opportunities. In

addition, the implications of this study can improve the reception by transgender veteran clients of their counselors and improve their willingness to seek mental health services.

Many transgender veterans do not seek therapy due to fears of judgment or lack of competence by their counselors. The barriers to mental health care within the veteran community multiplies within the transgender veteran community, limiting the active help-seeking behaviors needed to serve this population. The implications of this study were to improve training, competence, and experience to serve this population better. Additionally, this research study can inform the training practices of organizations such as the VA hospitals and clinics that serve the largest transgender population (Allsep, 2013; Hale, 2011; Johnson, & Federman, 2013; Pitoňák, 2017).

Finally, the implications of this research, as evidenced by the themes noted, included the benefits of changing the perspective, and improving understanding of the transgender veteran population will improve the overall health and availability of services. Using a hermeneutic phenological framework allowed me to gather detailed descriptions from participants and discern valuable themes that are beneficial for future studies (Ravitch & Carl, 2016; Saldaña, 2016). Future studies will capture changing trends in the LPC community, working with transgender veteran clients.

Conclusion

The experiences of LPCs working with transgender veteran clients are limited, which contributes to the lack of competence counselors have while serving this unique population (Kanamori & Cornelius-White, 2017; O’Hara et al., 2013). The lack of access to academic education and training limits exposure of LPCs to this population and

contributes to the barriers to care and help-seeking behaviors of transgender veterans (Barstow, 2010; Chen et al., 2017; Lutwak et al., 2014). Increasing training, experience, and competence of LPCs will improve the comfort of LPCs, providing mental health care, and the willingness to receive care by transgender veterans. With improved competence and experience of LPCs will positively enhance the lives of transgender veterans.

References

Alessi, E. J., Dillon, F. R., & Kim, H. M. (2015). Determinants of lesbian and gay affirmative practice among heterosexual therapists. *Psychotherapy, 52*(3), 298-307. DOI:10.1037/a0038580

Allsep, L. M. (2013). The myth of the warrior: Martial masculinity and the end of don't ask, don't tell. *Journal of Homosexuality, 60*(2-3), 381-400. DOI:10.1080/00918369.2013.744928

American Counseling Association. (2010). Competencies for counseling with transgender clients. *LGBT Issues in Counseling, 4*(3), 135-159. DOI:10.1080/15538605.2010.524839

American Counseling Association. (2014). *ACA code of ethics.* Author.

Barstow, S. (2010). *Department of Veterans Affairs recognizes licensed professional mental health counselors!* https://www.counseling.org/news/updates/by-year/2010/2010/10/04/department-of-veterans-affairs-recognizes-licensed-professional-mental-health-counselors!

Beck, J. S. (1995). *Cognitive therapy: Basics and beyond* (2nd ed.). Guilford Press.

Benson, K. E. (2013). Seeking support: Transgender client experiences with mental health services. *Journal of Feminist Family Therapy, 25*(1), 17-40. DOI:10.1080/08952833.2013.755081

Bethea, M. S., & McCollum, E. E. (2013). The disclosure experiences of male-to-female transgender individuals: A systems theory perspective. *Journal of Couple & Relationship Therapy, 12*(2), 89-112. DOI:10.1080/15332691.2013.779094

Bettergarcia, J. N., & Israel, T. (2018). Therapist reactions to transgender identity exploration: Effects on the therapeutic relationship in an analogue study. *Psychology of Sexual Orientation and Gender Diversity, 5*(4), 423-431. DOI:10.1037/sgd0000288

Blosnich, J. R., Brown, G. R., Shipherd, PhD, J. C., Kauth, M., Piegari, R. I., & Bossarte, R. M. (2013). Prevalence of gender identity disorder and suicide risk among transgender veterans utilizing veterans health administration care. *American Journal of Public Health, 103*(10), e27-e32. DOI:10.2105/ajph.2013.301507

Bockting, W. O., Miner, M. H., Swinburne Romine, R. E., Hamilton, A., & Coleman, E. (2013). Stigma, mental health, and resilience in an online sample of the US transgender population. *American Journal of Public Health, 103*(5), 943-951. DOI:10.2105/ajph.2013.301241

Bowe, B. & Sloan, A. (2014). Phenomenology and hermeneutic phenomenology: The philosophy, the methodologies, and using hermeneutic phenomenology to investigate lecturers' experiences of curriculum design. *Quality and Quantity, 48,* 1291-1303. DOI:10.1007/s11135-013-9835-3

Brown, N. B., & Bruce, S. E. (2016). Stigma, career worry, and mental illness symptomatology: Factors influencing treatment-seeking for Operation Enduring Freedom and Operation Iraqi Freedom soldiers and veterans. *Psychological Trauma: Theory, Research, Practice, and Policy, 8*(3), 276-283. DOI:10.1037/tra0000082

Burdge, B. J. (2014). Being true, whole, and strong: A phenomenology of transgenderism as a valued life experience. *Journal of Gay & Lesbian Social Services, 26*(3), 355-382. DOI:10.1080/10538720.2014.926232

Carmel, T. C., & Erickson-Schroth, L. (2016). Mental health and the transgender population. *Journal of Psychosocial Nursing and Mental Health Services, 54*(12), 44-48. DOI:10.3928/02793695-20161208-09

Chen, J. A., Granato, H., Shipherd, J. C., Simpson, T., & Lehavot, K. (2017). A qualitative analysis of transgender veterans' lived experiences. *Psychology of Sexual Orientation and Gender Diversity, 4*(1), 63-74. DOI:10.1037/sgd0000217

Coon, D., Neira, P. M., & Lau, B. D. (2018). Threats to United States fully reviewed and strategic plan for integration of transgender military members into the armed forces. *American Journal of Public Health, 108*(7), 892-894. DOI:10.2105/ajph.2018.304454

Council for Accreditation of Counseling and Related Educational Programs (CACREP). (2016). *2016 CACREP Standards*. DOI:10.4135/9781412963978.n2

Crowe, A., & Averett, P. (2015). Attitudes of mental health professionals toward mental illness: A deeper understanding. *Journal of Mental Health Counseling, 37*(1), 47-62. DOI:10.17744/mehc.37.1.l23251h783703q2v

Cruz, T. M. (2014). Assessing access to care for transgender and gender nonconforming people: A consideration of diversity in combating discrimination. *Social Science & Medicine, 110*, 65-73. DOI:10.1016/j.socscimed.2014.03.032

Department of Defense. (2013). *Directive: Defense suicide prevention program*. Retrieved from: http://www.dtic.mil/whs/directives/corres/pdf/649014p.pdf

Department of Veterans Affairs. (2010). *Employment development.* (VA Directive 5015). Washington DC: Government Publishing Office.

Dispenza, F., & O'Hara, C. (2016). Correlates of transgender and gender nonconforming counseling competencies among psychologists and mental health practitioners. *Psychology of Sexual Orientation and Gender Diversity, 3*(2), 156-164. DOI:10.1037/sgd0000151

Elders, M. J., Brown, G. R., Coleman, E., Kolditz, T. A., & Steinman, A. M. (2015). Medical aspects of transgender military service. *Armed Forces & Society, 41*(2), 199-220. DOI:10.1177/0095327x14545625

Etikan, I., Musa, S. A., & Alkassim, R. S. (2016). Comparison of convenience sampling and purposive sampling. *American Journal of Theoretical and Applied Statistics, 5*(1), 1. DOI:10.11648/j.ajtas.20160501.11

Gadamer, H. G. (2004). Truth and method (Weinsheimer, J. & Marhshall, D. G. , Trans.). London, UK: Continuum. (Original work published 1960).

Goldbach, J. T., & Castro, C. A. (2016). Lesbian, gay, bisexual, and transgender (LGBT) service members: Life after don't ask, don't tell. *Current Psychiatry Reports, 18*(6). DOI:10.100f7/s11920-016-0695-0

Hale, H. C. (2011). The Role of Practice in the Development of Military Masculinities. Gender, Work & Organization, 19(6), 699–722. DOI:10.1111/j.1468-0432.2010.00542.x

Hargrove, S., & Williams, D. (2014). *Psychology's contribution to the development of the 1964 Civil Rights Act.* Retrieved from http://www.apa.org/pi/oema/resources/communique/2014/08-09/civil-rights-act.aspx

Heidegger, M., (1962). *Being and time.* (Macquarrie, J., & Robinson, E. Trans). Malden, MA: Blackwell. (Original work published 1926).

Howard, J. E. (1988). Crossdressing, the theatre, and gender struggle in early modern England. Shakespeare *Quarterly, 39*(4), 418. DOI:10.2307/2870706

Howe, E. (2016). Ethics and transgender service members, dependents, and retirees. *Military Medicine, 181*(3), 193-194. DOI: 10.7205/milmed-d-15-00527

Husserl, E. (2017). *Ideas: General introduction to pure phenomenology.* (Gibson, W. R.G. Trans). London: George Allen & Unwin LTD. (Original work published 1913).

Johnson, L., & Federman, E. J. (2014). Training, experience, and attitudes of VA psychologists regarding LGBT issues: Relation to practice and competence. *Psychology of Sexual Orientation and Gender Diversity, 1*(1), 10-18. DOI:10.1037/sgd0000019

Kanamori, Y. & Cornelius-White, J.H. (2017). Counselors' and counseling students' attitudes toward transgender persons. *Journal of LGBT Issues in Counseling, 11*(1), 36-51. DOI: 10.1080/15538605.2017.1273163

Kark, R., Preser, R., & Zion-Waldoks, T. (2016). From a politics of dilemmas to a politics of paradoxes. *Journal of Management Education, 40*(3), 293-320. DOI:10.1177/1052562916634375

Kauth, M. R. (2014). Transgender veterans are inadequately understood by health care providers. *Military Medicine, 179*(5), 483-485. DOI:10.7205/milmed-d-14-00001

Kauth, M. R., Barrera, T. L., & Latini, D. M. (2018). Lesbian, gay, and transgender veterans' experiences in the Veterans Health Administration: Positive signs and room for improvement. *Psychological Services, 16*(2), 346-351. DOI:10.1037/ser0000232

Kauth, M. R., Shipherd, J. C., Lindsay, J., Blosnich, J. R., Brown, G. R., & Jones, K. T. (2016). Transgender veterans and the Veterans Health Administration: 2006-2013. *American Journal of Public Health, 104*(4), 532-534. DOI:10.1089/trgh.2016.0006

Knapp, D. E. (2008). Ready or not? Homosexuality, unit cohesion, and military readiness. *Employee Responsibilities and Rights Journal, 20*(4), 227-247. DOI:10.1007/s10672-008-9089-8

Lehavot, K., Simpson, T. L., & Shipherd, J. C. (2016). Factors associated with suicidality among a national sample of transgender veterans. *Suicide and Life-Threatening Behavior, 46*(5), 507-524. DOI:10.1111/sltb.12233

Leisey, M. (2008). Qualitative Inquiry and the IRB. *Qualitative Social Work: Research and Practice, 7*(4), 415-426. DOI:10.1177/1473325008097138

Leonard, A. S. (2019). Trump administration urges supreme court to let transgender military ban go into effect. *LGBT Law Notes, 1-4.* Retrieved from https://ezp.waldenulibrary.org/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=edo&AN=134211554&site=eds-live&scope=site

Leppma, M., Taylor, J. M., Spero, R. A., Leonard, J. M., Foster, M. N., & Daniels, J. A. (2016). Working with veterans and military families: An assessment of professional competencies. Professional Psychology: *Research and Practice, 47*(1), 84-92. DOI:10.1037/pro0000059

Lutwak, N., Byne, W., Erickson-Schroth, L., Keig, Z., Shipherd, J. C., Mattocks, K. M., & Kauth, M. R. (2014). Transgender veterans are inadequately understood by health care providers. *Military Medicine, 179*(5), 483-485. DOI:10.7205/milmed-d-14-00001

Lutwak, N., Byne, W., Erickson-Schroth, L., Keig, Z., Shipherd, J. C., Mattocks, K. M., & Lytle, M. C., Vaughan, M. D., Rodriguez, E. M., & Shmerler, D. L. (2014). Working with LGBT individuals: Incorporating positive psychology into training and practice. *Psychology of Sexual Orientation and Gender Diversity, 1*(4), 335-347. DOI:10.1037/sgd0000064

Mason, M. (2010). Sample Size and Saturation in PhD Studies Using Qualitative Interviews. *Forum: Qualitative Social Research, 11*(3), 1. DOI:10.17169/fqs-11.3.1428

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin, 129*(5), 674–697. DOI:10.1037/0033-2909.129.5.674

Nadal, K. L. (2013). Gender identity microaggressions: Experiences of transgender and gender nonconforming people. *In That's so gay! Microaggressions and the lesbian, gay, bisexual, and transgender community*, 80–107. DOI: 10.1037/14093-005

Nadal, K. L., Skolnik, A., & Wong, Y. (2012). Interpersonal and systemic microaggressions toward transgender people: Implications for counseling. *Journal of LGBT Issues in Counseling, 6*(1), 55-82. DOI:10.1080/15538605.2012.648583

National Board for Certified Counselors. (n.d.). *Tricare.* Retrieved from https://www.nbcc.org/govtaffairs/tricare

O'Hara, C., Dispenza, F., Brack, G., & Blood, R. A. (2013). The preparedness of counselors in training to work with transgender clients: A mixed methods investigation. *Journal of LGBT Issues in Counseling, 7*(3), 236-256. DOI:10.1080/15538605.2013.812929

Office of the Secretary of Defense Press Operations. (2016). *Carter announces policy for transgender service members.* Retrieved from http://www.afcent.af.mil/News/ArticleDisplay/tabid/4779/Article/821968/carter-announces-policy-for-transgender-service-members.aspx

Opsal, T., Wolgemuth, J., Cross, J., Kaanta, T., Dickmann, E., Colomer, S., & Erdil-Moody, Z. (2015). “There are no known benefits . . .”. *Qualitative Health Research, 26*(8), 1137-1150. DOI:10.1177/1049732315580109

Packer, M. J., & Addison, R. B. (1989). *Entering the circle: Hermeneutic investigation in psychology*. Albany, NY: SUNY Press.

Paterson, M., & Higgs, J. (2005). Using Hermeneutics as a Qualitative Research Approach in Professional Practice. *The Qualitative Report, 10*(2), 339-357. Retrieved from https://nsuworks.nova.edu/tqr/vol10/iss2/9

Patton, M. Q. (2015). *Qualitative research & evaluation methods: Integrating theory and practice* (4th ed.). Thousand Oaks, CA: Sage.

Pitoňák, M. (2017). Mental health in non-heterosexuals: Minority stress theory and related explanation frameworks review. *Mental Health & Prevention, 5*, 63-73. DOI:10.1016/j.mhp.2016.10.002

Ramirez, M. H., & Sterzing, P. R. (2017). Coming out in camouflage: A queer theory perspective on the strength, resilience, and resistance of lesbian, gay, bisexual, and transgender service members and veterans. *Journal of Gay & Lesbian Social Services, 29*(1), 68-86. DOI:10.1080/10538720.2016.1263983

Ravitch, S. M., & Carl, N. M. (2016). *Qualitative research: Bridging the conceptual, theoretical, and methodological*. Thousand Oaks, CA: Sage.

Rennie, D. L. (2012). Qualitative research as methodical hermeneutics. *Psychological Methods*, *17*(3), 385-398. DOI:10.1037/a0029250

Rev. (2020). *Security and privacy at Rev.* Retrieved from https://www.rev.com/security

Rosentel, K., Hill, B. J., Lu, C., & Barnett, J. T. (2016). Transgender veterans and the Veterans Health Administration: Exploring the experiences of transgender veterans in the Veterans Affairs Healthcare System. *Transgender Health, 1*(1), 108-116. DOI:10.1089/trgh.2016.0006

Rudestam, K. E., & Newton, R. R. (2015). *Surviving your dissertation: A comprehensive guide to content and process*. Thousand Oaks, CA: SAGE Publications.

Saldaña, J. (2016). *The coding manual for qualitative researchers* (3rd ed.). Thousand Oaks, CA: Sage

Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information, 22*(2), 63-75. DOI:10.3233/efi-2004-22201

Sherman, M. D., Kauth, M. R., Ridener, L., Shipherd, J. C., Bratkovich, K., & Beaulieu, G. (2014). An empirical investigation of challenges and recommendations for welcoming sexual and gender minority veterans into VA care. *Professional Psychology: Research and Practice, 45*(6), 433-442. DOI:10.1037/a0034826

Shipherd, J. C., Mizock, L., Maguen, S., & Green, K. E. (2012). Male-to-female transgender veterans and VA health care utilization. *International Journal of Sexual Health, 24*(1), 78-87. DOI:10.1080/19317611.2011.639440

Shrader, A., Casero, K., Casper, B., Kelley, M., Lewis, L., & Calohan, J. (2017). Military lesbian, gay, bisexual, and transgender (LGBT) awareness training for health care providers within the military health system. *Journal of the American Psychiatric Nurses Association, 23*(6), 385-392. DOI:10.1177/1078390317711768

Tabaac, A., Perrin, P. B., & Benotsch, E. G. (2017). Discrimination, mental health, and body image among transgender and gender-non-binary individuals: Constructing a multiple mediational path model. *Journal of Gay & Lesbian Social Services, 30*(1), 1-16. DOI:10.1080/10538720.2017.1408514

Taylor, E. T. (2013). Transmen's health care experiences: Ethical social work practice beyond the binary. *Journal of Gay & Lesbian Social Services, 25*(1), 102-120. DOI:10.1080/10538720.2013.750575

Thibodeaux, J. (2015). Production as social change: Policy sociology as a public good. *Sociological Spectrum, 36*(3), 183-190. DOI:10.1080/02732173.2015.1102666

Walden University. (2015). *Social change*. Retrieved from https://www.waldenu.edu/about/social-change

Weir, C., & Piquette, N. (2018). Counselling transgender individuals: Issues and considerations. *Canadian Psychology/Psychologie Canadienne, 59*(3), 252-261. DOI:10.1037/cap0000129

Williams, C. M., Chaturvedi, R., & Chakravarthy, K. (2020). Cybersecurity risks in a pandemic. *Journal of Medical Internet Research*, *22*(9). DOI:10.2196/23692

Williams, E. N., & Morrow, S. L. (2009). Achieving trustworthiness in qualitative research: A pan-paradigmatic perspective. *Psychotherapy Research*, *19*(4-5), 576-582. DOI:10.1080/10503300802702113

Woods, M., Paulus, T., Atkins, D.P., & Macklin, R. (2015). *Advancing qualitative researcher using qualitative data analysis software (QDAS)? Reviewing potential*

versus practice in published studies using ATLAS.ti and NVivo, 1995-2013. Social Science Computer Review. DOI:10.1177/0894439315596311

Zoom. (2020). *Zoom for telehealth*. Retrieved from https://zoom.us/healthcare

Appendix A: Research Flyer

Research Flyer

Looking for licensed professional counselors (LPC) who have counseled transgender veterans to share their experiences.

There is a larger population of individuals who identify as transgender in the military as compared to the general population.

There are many different research studies and articles available that describe the experiences of transgender veterans but not from the perspective of the counselors who conduct counseling.

This research intends to provide insight into the experiences of LPCs to further relevant and available research, contribute to ethical clinical practices, and provide a platform for future research.

Participants will be asked to participate in two separate interviews. One interview to gather information lasting approximately an hour and second follow up interview lasting approximately 30 min to clarify data.

Eligibility: Licensed Professional Counselors

Actively practicing and seeing clients

Have in the past or currently provided counseling to transgender veterans

Appendix B: Research Invitation

Research Invitation
Invitation to participate in a research project on the experiences of counseling transgender veterans

Sir/Ma'am,

My name is Bre Thomas and I am a PhD student in the Counselor Supervision and Education program at Walden University.

I am writing to you today to invite you to participate in a study entitled "Experiences of Licensed Mental Health Counselors Providing Therapy to Transgender Veterans". This study aims to provide insight into the experiences of LPCs to further relevant and available research, contribute to ethical clinical practices, and provide a platform for future research.

This study involves one 60 minute interview and a 30min follow up interview both of which will take place in a mutually convenient and safe location to include virtual meeting via Zoom.

You will have the right to end your participation in the study at any time, for any reason. If you choose to withdraw, all the information you have provided will be destroyed.

No monetary compensation will be provided for your time.

All research data, including audio-recordings and any notes will be password protected. All notes will be maintained electronically and data will only be accessible by the researcher and research committee.

If you would like to participate in this research project, or have any questions, please contact me.

Sincerely,

Bréanné Thomas

Appendix C: Interview Questions

Interview Questions

How do you describe the term transgender?

Tell me about your experience counseling transgender veterans?

Has this experience influenced your interaction with transgender veterans?

Tell me how?

Is your perspective different towards the transgender veteran community after having work with transgender veteran clients?

Tell me more about your perspective.

What are some concerns or challenges associated with counseling transgender veterans?

In what ways can you advocate for counselors and transgender veterans?

I appreciate that you took the time to be interviewed for my research study. Do you have any questions for me?