

**Australian mental health professionals' competencies
for working with trans clients: A comparative study**

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Abstract

Growing numbers of trans people require access to mental health services, however previous research suggests that many trans clients have negative experiences with mental health professionals. This paper reports on an Australian survey of 304 counsellors, mental health nurses, psychiatrists, psychologists, and social workers with regard to their clinical knowledge, comfort, and confidence in working with trans clients. The findings suggest that training and previous experience in working with trans clients are related to increased levels of accurate clinical knowledge and confidence; that psychiatrists had the lowest levels of accurate knowledge; that female participants had higher levels of accurate knowledge than did male participants; that counsellors had the highest levels of confidence, and that there was a negative relationship between religiosity and comfort in working with trans clients. The paper concludes by advocating for the development of more nuanced measures to assess the attitudes and skillsets of mental health professionals in regards to working with trans clients, and the need for further upskilling of the Australian mental health workforce.

Keywords

Transgender; Mental health professionals; Competencies; Training, Knowledge

Introduction

Across the world, trans people (referring here, following Riggs & Bartholomaeus, 2015, to people whose gender differs from that normatively expected of their assigned sex) are increasingly accessing mental health services. Yet previous research suggests that many trans people have negative experiences with mental health care providers (e.g., del Pozo de Bolger, Jones, Dunstan, & Lykins, 2014; Ellis, Bailey, & MacNeil, 2015; McNeil, Bailey, Ellis, Morton, & Regan, 2012; Riggs, Coleman, & Due, 2014). Specifically, trans people have reported that some professionals may lack experience or skills for working with trans clients (Ellis, et al., 2015; Sperber, Landers, & Lawrence, 2005), and may lack knowledge and sensitivity about trans-specific issues (Ellis, et al., 2015; Hunt, 2014; Jones, del Pozo de Bolger, Dune, Lykins, & Hawkins, 2015; Pitts, Couch, Croy, Mitchell, & Mulcare, 2009; Shipherd, Green, & Abramovitz, 2010). As a result, trans people have reported needing to educate mental health professionals about trans issues (del Pozo de Bolger, et al., 2014; McNeil, et al., 2012). Negative experiences such as those outlined above are concerning, given research suggests that previous negative experiences with mental health services, or knowing someone who has had a negative experience, are barriers to accessing services (Shipherd, et al., 2010).

This issue of trans people's negative experiences with mental health professionals is significant given the fact that mental healthcare professionals may be the first people with whom some trans people discuss their gender (Hunt, 2014). As such, it is critical that mental health professionals are adequately equipped to work with trans clients, have positive attitudes towards trans people, and are capable and willing to provide

support. In order to achieve increased competency across the mental health professions, however, it is important to first understand what skills and competencies mental health professionals currently hold with regard to working with trans clients. As such, the present paper reports on an exploratory survey conducted in Australia which sought to identify variables that offer predictive value for understanding the capacity of mental health professionals to work with trans clients. The paper concludes by emphasising the need for the continued upskilling of mental health professionals so as to better meet the needs of trans clients, with an overview of current best practice guidelines provided.

Previous Research

Competencies for working with trans clients

Very few studies have assessed mental health professionals' competencies for working with trans clients specifically (as opposed to studies that have examined competencies for working with lesbian, gay, bisexual, and transgender people grouped together).

Existing studies that have specifically focused on competencies for working with trans clients (or which have identified distinct findings with regards to trans clients) have all been conducted in the US, and have recruited a diverse range of professional cohorts.

Included in this diversity are a survey of 87 counselling students focused on preparedness for working with trans people (O'Hara, Dispenza, Brack & Blood, 2013), a survey of 384 clinical psychologists in regards to their competencies for working with lesbian, gay, bisexual, and transgender people (Johnson & Federman, 2014), and a survey of 173 Master of Social Work students examining phobias, attitudes, and

competence in relation to lesbian, gay, bisexual, and transgender populations (Logie, Bridge & Bridge, 2007).

These existing studies suggest that mental health professionals and students are less informed of trans issues than they are of lesbian, gay, and bisexual issues (Johnson & Federman, 2014), and displayed higher levels of discriminatory attitudes toward trans and bisexual populations than toward lesbian or gay populations (Logie, Bridge, & Bridge, 2007). Participants in previous research widely report having had little or no university training about working with trans people, with one study finding that 83.6% had experienced only a single class or lesson (Johnson & Federman, 2014), and another study arguing that counsellor programs do not adequately equip students for working with trans clients (O'Hara, Dispenza, Brack & Blood, 2013).

In terms of competencies, one study of clinical psychologists found that only 6.6% of respondents strongly agreed that they felt competent to work with trans clients (Johnson & Federman, 2014). Competency scores amongst a counselling student sample were positively related to knowing someone who was trans and being exposed to gender diversity and trans issues (O'Hara, Dispenza, Brack & Blood, 2013). However, in this sample competency scores were not associated with how long participants had been studying counselling or if they had completed a supervised practicum.

Attitudes towards trans people

Previous studies, again almost all conducted in the US, have found largely positive attitudes towards trans people amongst mental health professionals. For example, a

survey of 246 school psychologists reported overall highly positive attitudes towards trans students, with 83.7% of respondents either willing or very willing to address the needs of trans students in schools (Bowers, Lewandowski, Savage, & Woitaszewski, 2015). Another survey found that a sample of 88 mental health professional and trainee respondents reported low levels of transphobia and genderism (Willoughby et al., 2011), as did a study of 64 mental health professionals (Cochran, 2013). Similarly, a survey of 138 masters and doctoral student counsellors and counselling psychologists found very low levels of anti-trans attitudes (Nisley, 2010). However, another survey of 66 mental health counsellors found that overall only 26% had positive attitudes towards trans people (Rehbein, 2012).

Attitudes towards trans people have generally been found to be more positive for those who have had experience working with trans clients and/or have participated in training focused on trans clients. For example, Bowers et al.'s (2015) survey of school psychologists found that those with more experience working with trans students were more comfortable addressing their needs. Bowers et al. also found that participants with more training about trans issues and the needs of trans clients were also more likely to have positive attitudes towards trans students. Similarly, a study of psychiatrists conducted by Ali, Fleisher and Erickson (2016) and a study of counselling professionals conducted by Claman (2005) found that having previously worked with trans clients predicted more positive attitudes. Conversely, a study of masters and doctoral student counsellors and counselling psychologists found greater expression of anti-trans attitudes amongst those who had less training and experience with trans clients (Nisley, 2010). However, Rehbein's (2012) study of 66 mental health counsellors found that exposure to trans people such as meeting a trans person, having trans clients,

or participating in training about trans issues were not significantly associated with attitudes. About half (48%) of this sample had experience working with a trans client, with 30% of these holding a neutral or negative attitude towards trans people.

Some studies have found differences within samples based on particular demographic characteristics. Both Bowers et al.'s (2015) study of school psychologists and Ali et al.'s (2016) study of psychiatrists found that women were more likely to have positive attitudes towards trans students than were men. Relatedly, Nisley's (2010) study of masters and doctoral student counsellors and counselling psychologists found men expressed higher levels of anti-trans attitudes than did women. Conversely, a study of masters and doctoral students enrolled in counselling and clinical therapy courses found that men did not have more rigid attitudes than women in regards to working with trans people (Goldstein, 2014).

In terms of religion, Rehbein (2012) found that Christian status and political leanings significantly influenced attitudes. The mental health counsellors in this study who were Christian were 32 times more likely to have negative attitudes than those who were not Christian. Republicans were 16 times more likely to have negative attitudes than Democrats. Conversely, an Australian study with clinicians from a variety of mental health-related backgrounds found that religion did not make a statistically significant contribution to attitudes towards trans people (Sion, 2014).

Finally in regards to demographic characteristics, age was found to be a factor in one study, with more respondents over the age of 43 reporting that they did not understand the difference between sex and gender as compared to participants aged 42 and under

(Cochran, 2013), although another study found no significant correlation between age and attitudes towards trans people (Sion, 2014).

While previous studies have examined a range of mental health professionals, little attention has been paid to potential differences in competencies and attitudes between particular cohorts of mental health professionals. This gap has occurred either because studies have involved only one professional cohort, or because responses from different professions are analysed together as one group. An exception to this is a study from over 30 years ago conducted by Franzini and Casinelli (1986), who surveyed clinical psychologists and psychiatrists along with urologists, General Practitioners, and obstetrician-gynaecologists. This study found that clinical psychologists held the most liberal views about trans people, whilst General Practitioners held the most conservative views.

Research Questions

Given the disparities in previous research in terms of whether key variables such as gender, age, religiosity, training, and experience working with trans clients actually predict competency and attitudes, it was not possible to narrowly define potential research questions. Instead, a broad survey was developed to identify any potential relationships between the demographic variables identified in previous research (i.e., age, gender, religiosity, and experience and training in working with trans people), other variables identified by the authors, and measures of clinical knowledge, attitudes, and confidence in working with trans people amongst a diverse sample of Australian mental health professionals.

Methods

Participants

Recent figures suggest that there are 25,800 qualified social workers in Australia, 20,000 registered psychologists, 19,048 nurses who work primarily in mental health settings, 17,100 qualified counsellors, and 2,900 registered psychiatrists (AIHW, 2013; DEEWR, 2013). Despite these large potential population sizes, response rates were relatively low. A total of 304 people completed the survey, of whom 31.6% were mental health nurses, 24% were psychologists, 20.4% were counsellors, 16.1% were social workers, and 7.9% were psychiatrists. In terms of practice settings, the sample worked in either community health (36.5%), medical practice (24.7%), private practice (19.7%), education (9.2%), child and family services (5.6%), or correction services (4.3%). The majority of the sample (68.8%) worked primarily with adults. The remaining participants worked either primarily with children/adolescents (13.5%) or equally with both adults and children/adolescents (17.8%). On average participants had been practicing as a mental health professional for 13.53 years ($SD=11.11$).

The majority of the sample (78.3%) were female. Whilst the survey was open to cisgender, trans, or gender diverse professionals, all of the participants were cisgender. Almost two thirds of the sample lived in either South Australia (31.6%) or New South Wales (27%). The remainder of the sample lived in Queensland (16.8%), Victoria (15.8%), Western Australia (3.6%) or the Australian Capital Territory (3%). The average age of participants was 44.64 years ($SD=11.85$).

Materials

The survey included 20 questions, compiled by the authors. The first five questions were demographic, asking about gender, age, profession, state of residence, religiosity, and if the participant was cisgender, trans, or gender diverse. The following four questions were education and mental health practice related. The following seven questions asked about experience and training specific to working with or otherwise knowing trans people. The remaining three questions were as follows.

An adapted version of the *Counselor Attitude Toward Transgender Scale* (CATTS) (Rehbein, 2012) was included, which uses a 10-point Likert scale to assess responses to 20 items. Adaptations to the CATTS primarily involved substituting the word 'people' for the word 'individuals'. Two items were changed entirely because their meaning was unclear. "Offices should display both heterosexual and LGBTQ books and pamphlets" was changed to "All mental health services should provide materials that are inclusive of transgender people". "Transgender individuals must choose to live as male or female in order to lead healthy and productive lives" was changed to "Transgender people should live as their natal assigned sex".

The survey then included an adapted version of the *Attitudes Towards Transgender Individuals Scale* (ATTIS) (Walch, Ngamake, Francisco, Stitt, & Shingler, 2012), which uses a 5-point Likert scale to assess responses to 20 items. Adaptations to the scale primarily involved substituting the word 'people' for 'individuals' (so for example, "Transgender people should not be allowed to work with children" rather than "Transgender individuals should not be allowed to work with children"). Two items

were changed entirely as the wording was considered to be unclear. The item “All transgender bars should be closed down” was changed to “Transgender people should not be allowed in public spaces”. The item “Transgendered individuals should not be allowed to cross dress in public” was changed to “Transgender people should not be allowed to present as their preferred gender in public”.

Finally, the survey included a measure designed by the authors to assess confidence in working with trans clients. This measure – the *Confidence in Working with Trans Clients Measure* (CWTCM) – included six items assessed via a 5-point Likert scale. Each of the six items assesses confidence in working in a different area related to trans clients: with adults, children, adolescents, parents, partners, and extended family and friends. For example, “I feel confident in providing a mental health service to transgender adults”.

Design and Procedure

The survey design was non-experimental, between-subjects, intended as a scoping study given the lack of Australian research on the topic, as outlined previously. Given the aim of the research was to explore potential relationships between the survey questions, of the 20 questions outlined above (i.e., including the CATTs, the ATTIS, and the CWTCM), many were used as both independent and dependent variables, as is shown in the results presented below.

Following ethics approval from the Flinders University Social and Behavioural Research Ethics Committee (Project Number 6494), participants were recruited primarily through advertisements placed in newsletters of the peak mental health professional

bodies in Australia. Specifically, advertisements were placed in the Australian Psychological Society's *InPsych Bulletin*, the Australian Medical Association's *Australian Medicine*, the Australian Association of Social Workers' *E-Bulletin*, the Australian Counselling Association's *eNewsletter*, and the Australian College of Mental Health Nurses' *eNewsletter*. Advertisements came out in either September or October 2014, depending on the production schedule of each publication. These publications were considered by the authors to be the most likely medium through which to access the largest number of potential participants per profession. To supplement print advertising, information about the survey was also posted to the Facebook and Twitter accounts of each professional organisation, as available.

The survey was open from July 2014 to April 2015, and administered via SurveyMonkey. All respondents gave their informed consent to complete the survey by reading an information screen and selecting 'yes' to consent to proceed. On average participants took 12 minutes to complete the survey

Analytic Approach

Data were exported from SurveyMonkey into SPSS 21.0. A total of 390 people started the survey, however of these 86 did not complete the CATTs and ATTIS, rendering these data unusable. Of the 304 remaining participants, once entered into SPSS the negatively scored items on the CATTs and ATTIS were reversed. Summed scores for the CATTs, ATTIS and CWTCM were calculated.

The summed CATTS was not statistically significantly related to any of the other variables. A factor analysis using a Varimax (orthogonal) rotation identified a three-factor solution, with one of these factors including the seven questions in the CATTS that specifically focus on mental health practice (the other two factors included a mix of items that presented no logically coherent factor). This one factor is utilised in the analysis presented below, and is referred to as 'clinical knowledge for working with trans clients' (given the items included pertain to knowledge about best practice approaches to working with trans clients). Example items include "Transgender clients' presenting issues always centre around or are linked to their gender expression", "All mental health professionals should receive mandatory training in working with transgender people", and "Using an incorrect pronoun when working with a transgender client is an acceptable mistake". This factor displayed high reliability, $\alpha = .89$. Higher scores indicate more accurate clinical knowledge about trans clients. The minimum possible score for this factor was 10, and the maximum 70.

Similar to the CATTS, the summed ATTIS was not statistically significantly related to any of the other variables. A factor analysis was again conducted with a Varimax (orthogonal) rotation. A three-factor solution was identified, however two of these factors included items that did not logically cohere. The one factor that did present a coherent set of items included six items that focused on comfort in interacting with trans people. Comfort-related items included "I would feel comfortable working closely with a transgender person", "I would feel comfortable if I learned that my neighbour was a transgender person", and "I would feel comfortable if I learned that my best friend was transgender". For the purposes of the analysis presented below this one factor, referred to as 'comfort in interacting with trans people', is utilised. This factor displayed

high reliability, $\alpha = .93$. Higher scores equate to higher levels of reported comfort. The minimum possible score for this factor was 6, and the maximum 30.

Finally, the CWTCM displayed high reliability, $\alpha = .97$. Higher scores on the measure indicate higher levels of confidence. The minimum possible score for this measure was 6, and the maximum 30.

Results

Notably, a number of the survey questions were not statistically significantly related to either one another or any of the other questions. Specifically, bivariate correlations, t-tests, or ANOVAs, when utilised as applicable to explore the relationships between age, practice context, length of time practicing, state of residence, primary client population, level of education, awareness and application of the DSM5 criteria for 'gender dysphoria', both practice experience and training in working with families of trans clients, and any of the other variables, did not identify statistically significant findings.

Those variables that did offer predictive value are presented below, grouped in four sections focused on the relationships between 1) experience and training in working with trans people and the variables to which these were statistically related, 2) the clinical knowledge factor derived from the CATTS and the variables to which this was statistically related, 3) the comfort factor derived from the ATTIS and the variables to which this was statistically related, and 4) the CWTCM and the variables to which this

was statistically related. Descriptive statistics are also included in these sections as appropriate.

Experience and Training in Working with Trans People

Of the sample overall, 64.5% had worked with an adult trans client before, but only 18.8% had worked with a child or adolescent trans client. Only a quarter of the sample (25.3%) had undertaken previous training in working with trans clients.

Male participants were more likely to have worked with trans clients than were female participants, $\chi^2 (2, 304) = 6.135, p < .05$. Conversely, male participants were less likely to have undertaken training in regards to working with trans clients than were female participants, $\chi^2 (2, 304) = 4.502, p < .05$. Of the professional groups, mental health nurses and psychiatrists were more likely to have worked with trans clients than were counsellors, psychologists, or social workers, $\chi^2 (4, 304) = 14.705, p < .01$. There were no significant differences in terms of professional group and training specific to working with trans clients.

Clinical Knowledge for Working with Trans Clients

The average score for clinical knowledge was 48.35 ($SD=9.38$), meaning that in general the sample had a reasonable degree of accurate clinical knowledge pertaining to trans clients.

A one-way between groups ANOVA was conducted to determine whether clinical knowledge about mental health practice with trans clients differed between professions. A statistically significant difference emerged, $F(4, 218) = 5.501, p < .001$. Post hoc comparisons using the Bonferroni test indicated that the mean score for psychiatrist participants was lower than the mean scores for counsellors ($p < .001$), psychologists ($p < .05$), and social workers ($p < .01$). Psychiatrists reported statistically lower levels of accurate clinical knowledge than all of the other professions bar mental health nurses. Scores for each cohort are presented in Table 1.

[INSERT TABLE 1 ABOUT HERE]

Participants who had worked with a trans client previously reported higher levels of accurate clinical knowledge about trans people ($M=53.23, SD=7.89$) than did participants who had not previously worked with a trans client ($M=45.34, SD=9.95$), $t=2.927, p < .01, d = 0.87$. Participants who had previously undertaken training in working with trans clients reported higher levels of accurate clinical knowledge about working with trans people ($M=54.53, SD=8.11$) than did participants who had not ($M=46.66, SD=9.60$), $t=2.229, p < .05, d = 0.88$. Female participants reported higher levels of accurate clinical knowledge in working with trans clients ($M=49.06, SD=8.51$) than did male participants ($M=42.20, SD=7.21$), $t=3.616, p < .001, d = 0.86$.

Comfort in Interacting with Trans People

The average score for comfort in interacting with trans people was 28.27 ($SD = 2.90$), meaning that in general the sample felt very comfortable interacting with trans people.

A one-way between groups ANOVA did not identify any statistically significant differences in terms of comfort levels between the professions.

There was a modest positive correlation between comfort in interacting with trans people and clinical knowledge about working with trans people, $r = .237, p < .001$. Those who had higher levels of clinical knowledge were more comfortable interacting with trans people. There was a modest negative correlation between comfort in interacting with trans people and degree of religiosity, $r = -.255, p < .01$. Those who were more religious were less comfortable interacting with trans people.

Confidence in Working with Trans Clients

The average score for confidence was 21.72 ($SD=7.34$), meaning that in general the sample was relatively confident in working with trans clients.

A one-way between groups ANOVA was conducted to determine whether confidence in working with trans clients differed between professions. A statistically significant difference emerged, $F(4, 153) = 3.995, p < .01$. Post hoc comparisons using the Bonferroni test indicated that the mean score for counsellor participants was significantly higher than the mean scores for mental health nurses ($p < .01$), psychologists ($p < .05$), and social workers ($p < .05$). Counsellors reported statistically higher levels of confidence than all of the other professions bar psychiatrists. Scores for each cohort are presented in Table 2.

[INSERT TABLE 2 ABOUT HERE]

Participants who had met a trans person outside their role as a mental health professional reported more confidence in working with trans clients ($M=22.80$, $SD=7.26$) than did participants who had not met a trans person outside their role ($M=17.32$, $SD=5.98$), $t=3.88$, $p < .001$, $d = 0.82$. Participants who had previously undertaken training in working with trans clients reported greater confidence in working with trans people ($M=25.08$, $SD=5.62$) than did participants who had not ($M=20.30$, $SD=7.54$), $t=3.904$, $p < .001$, $d = 0.71$. Participants who had previously worked with a trans client reported greater confidence in working with trans clients ($M=22.91$, $SD=7.25$) than did participants who had not ($M=17.51$, $SD=7.08$), $t=2.792$, $p < .01$, $d = 0.75$.

There was a moderate positive correlation between clinical knowledge and confidence in working with trans clients, $r = .312$, $p < .001$. Those who had higher levels of clinical knowledge were more confident in working with trans clients.

Discussion

Non-significant findings from both the CATTs and ATTIS mean that comparisons with previous research in this regard are somewhat limited. The factor derived from the attitudinal measure did, however, provide information about comfort in working with trans clients.. These findings echo those of Bowers et al. (2015), who found that greater experience in working with trans clients was predicted of higher levels of comfort. The

finding of a negative relationship between comfort and religiosity echoes to a degree the findings of Rehbein (2012), who found that identifying as Christian was associated with negative attitudes towards trans people. The present study, however, did not disaggregate religiosity by religious affiliation.

The measure of clinical knowledge derived from the CATTS indicated that being female, having undertaken training, and having worked previously with trans clients all predicted higher levels of accurate clinical knowledge. These findings are notable in regards to the CATTS itself, and Rehbein's (2012) development of it. Specifically, Rehbein did not find statistically significant relationships between the CATTS and the predictor variables of training and having worked with trans clients. It could be suggested that this was because the CATTS included both attitudinal and knowledge items, and that the significant findings in the present study highlight the importance of disaggregating the two.

It is also of note that psychiatrists reported lower levels of clinical knowledge than did other professional cohorts. This is important given psychiatrists (and mental health nurses) were more likely to have worked with trans clients than any of the other cohorts, thus suggesting the importance of ongoing training for psychiatrists. This suggestion, however, requires an important clarification, namely that in the sample overall men were less likely to have undertaken training, but more likely to have worked with trans clients. A Chi Square test indicated that psychiatrist participants were more likely than would be expected in an even distribution to be male than female (though this finding only approached significance $p = .07$). The potential issue at stake, then, might be the gender differences in the professions, and how this relates to

particular professions engaging in more or less training and thus having more or less clinical knowledge. In other words, professions where there are more males who have less training specific to working with trans clients might have lower levels of clinical knowledge than professions with more females who have more training.

In terms of confidence, both experience in working with trans clients and training related to working with trans clients were predictors of confidence. Given confidence in service provision is likely to be related to the quality of service provided, it would appear important that mental health professionals are both provided with opportunities for ongoing training, and opportunities to work with trans clients where possible (albeit with supervision as required, based on existing skills and experience). It is notable, however, that gender was not a significant predictor of confidence, although professional cohort was (with counsellors reporting the highest levels of confidence). Whilst the latter is unsurprising (given likely differences in access to training along with clinical perceptions of trans people between the cohorts), the former is somewhat surprising, though is likely explained by the relative imbalance of male as compared to female participants (though importantly, this imbalance reflects the much higher proportions of women within all of the mental health professions other than psychiatry, in which men predominate. See DEEWR, 2013).

In terms of limitations, whilst both the overall sample and individual cohorts were large enough to undertake statistical testing, the overall sample was skewed by the fact that the majority of participants were female, and the majority of participants had previously worked with trans clients. Whilst the first form of skew is perhaps understandable (given the point made above about gender differences in the

professions), the skew towards participants who had worked with trans clients potentially played a significant role in producing the findings. It is understandable that an interested and engaged sample would complete a survey focused on a specific population of interest to them, however future research would do well to explore ways of recruiting participants who have not previously worked with, or undertaken training related to, trans clients. This may require moving beyond advertising in professional publications (which may attract more engaged or scholarly participants), and might instead involve undertaking face-to-face recruitment at professional training days or other outlets where professionals who are not otherwise engaged with the science of their profession may be accessed. This may help identify additional gaps in the Australian mental health workforce that require subsequent attention in terms of training.

To a certain degree the research was also limited by the measures utilised. Both the CATTS and the ATTIS produced non-significant findings in their original forms. This may be because the latter is rather blunt in the wording of its items, and the former includes both attitudinal and knowledge items. The issue of measures focusing on attitudes towards trans people being too blunt has also been raised by Ali et al. (2016), whose participants suggested that the *Genderism and Transphobia Scale* (Hill & Willoughby, 2005) uses “unnecessarily inflammatory language” (p. 271). Concerns about the *Genderism and Transphobia Scale* led Riggs, Webber and Fell (2012) to adapt the scale in ways similar to the adaptations applied to the CATTS and ATTIS in the present study, producing factors that were argued to be relevant to the Australian context. These issues related to the measurement of attitudes and competencies in regards to trans people require ongoing examination in future research.

As noted above, the findings reported in this paper indicate the importance of training for mental health clinicians who may already, or may in the future, work with trans clients. Given that such clients have frequently reported dissatisfaction with the service they receive from mental health professionals (del Pozo de Bolger, et al., 2014; Ellis, et al., 2015; McNeil, et al., 2012; Riggs, Coleman, & Due, 2014; Smith, Jones, Ward, Dixon, Mitchell, & Hillier, 2014), and given that many trans people require such services both for psychological support and for assessment in order to access hormones and/or surgery, it is important that professionals are adequately equipped with the necessary knowledge to provide competent services. Australian research (e.g. Riggs, Ansara, & Treharne, 2015; Riggs, Coleman, & Due, 2014) has suggested that meeting the needs of trans clients can only be guaranteed if mental health professionals understand the broader discriminatory social contexts in which trans people live, and if mental health professionals, member organisations, and registering bodies are committed to ensuring that clinical practice provides a space free from the enactment of such discrimination by professionals themselves.

To this end, we now provide a brief overview of existing competency guidelines and skill sets for mental health professionals working with trans clients, which are likely to be useful to enhance competencies and attitudes. These sources tend to come from psychological organisations, where guidelines for working with trans clients appear to be given more attention than in other mental health fields. A brief overview of some of the key themes is given here in order to provide suggestions for what training may entail for mental health professionals when working with trans clients.

Broadly speaking, mental health professional organisations have voiced opposition to discrimination against trans people. This includes public and private discrimination based on actual or perceived gender identity or expression, including legal discrimination and its impact upon trans people's lives (ALGBTIC, 2009; Association of American Medical Colleges, 2014). Some organisations have also advocated for public and private health insurance to cover medical treatment, including gender transition (American Psychiatric Association, 2012; Anton, 2009; Association of American Medical Colleges, 2014; Coleman et al., 2011).

When working with trans clients, guidelines advise professionals to provide appropriate, non-discriminatory treatment (Anton, 2009) and work in an affirmative manner (ALGBTIC, 2009; Association of American Medical Colleges, 2014; British Psychological Society, 2012; Coleman, et al., 2011). This includes using the preferred language of the client, such as in relation to pronouns and name (ALGBTIC, 2009; Association of American Medical Colleges, 2014; British Psychological Society, 2012; Coleman, et al., 2011). In addition, professionals are advised to be sensitive to ethical issues and challenges relating to providing multiple psychological services, such as both treatment/care and 'gatekeeping' (Australian Psychological Society, 2013). Finally, there is a stated need to provide culturally sensitive services to clients from differing cultural backgrounds and of differing sexual orientations (ALGBTIC, 2009; Association of American Medical Colleges, 2014; Australian Psychological Society, 2013).

Sufficient clinical knowledge about trans issues and working with trans clients is also recommended by some organisations. At its most basic, it is advised that professionals be aware that being trans is not indicative of a mental disorder (British Psychological

Society, 2012), despite the diagnosis 'Gender Dysphoria' appearing in the DSM5.

Professionals are advised to understand the current socio-political context (ALGBTIC,2009) and how this informs their own attitudes about trans issues, as well as how this context may more generally place clients at risk (British Psychological Society, 2012). It is also recommended that professionals be knowledgeable about the diversity of trans clients' identities and experiences, and avoid assumptions about their clients' decisions about medical interventions, including that they may or may not choose particular surgeries (Australian Psychological Society, 2013).

Training related to working with trans clients has also been advocated for (ALGBTIC, 2009; Association of American Medical Colleges, 2014; British Psychological Society, 2012; Coleman, et al., 2011). In order to enhance their competencies, it is suggested that professionals consult trans and gender diverse individuals and organisations/peak bodies (Australian Psychological Society, 2013) along with other professionals who are competent in working with trans clients (ALGBTIC,2009). Professionals are also advised to engage with research about trans people and issues. This includes being aware of the limitations of such research in terms of a predominant focus on distress, stigma, and interventions that enhance transition, as well as recognising that the convenience samples used may differ from their own clients' experiences and needs (ALGBTIC, 2009; Australian Psychological Society, 2013). It is also recommended that professionals are knowledgeable about research explaining causes, types, and dysphoria, but that many trans people and organisations view this literature as perpetuating stigma and discrimination, such as the diagnosis of Gender Dysphoria (Australian Psychological Society, 2013).

In conclusion, the above guidelines and skillsets are likely to be useful as part of ongoing training and development for mental health professionals to enhance their competencies for working with trans clients. As the findings detailed in the present paper highlight, there is a general need for Australian mental health professionals to improve their knowledge and confidence in order to better meet the needs of trans clients.

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Table 1. *Clinical Knowledge for Working with Trans Clients by Cohort*

Cohort	Mean	Standard Deviation
Counsellors	50.92	8.76
Social Workers	49.92	9.58
Psychologists	47.73	8.06
Mental Health Nurses	47.65	8.38
Psychiatrists	41.00	15.16

Table 2. *Confidence in Working with Trans Clients by Cohort*

Cohort	Mean	Standard Deviation
Counsellors	26.21	4.97
Social Workers	19.66	6.94
Psychologists	20.80	6.36
Mental Health Nurses	20.35	7.80
Psychiatrists	22.80	9.04