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An Examination of School Psychologists' Exposure To and Preparedness To Support Transgender Students in Schools

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AN EXAMINATION OF SCHOOL PSYCHOLOGISTS' EXPOSURE TO AND PREPAREDNESS TO SUPPORT TRANSGENDER STUDENTS IN SCHOOLS

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ABSTRACT

The purpose of this study was to examine school psychologists' professional practice in relation to transgender youth. The frequency with which school psychologists engage in the professional guidelines outlined by the National Association of School Psychologists (NASP) in their position statement: "Safe Schools for Transgender and Gender Diverse Students" was explored as well as school psychologists' feelings of preparedness to complete these duties. Results indicate rural practitioners and school psychologists in elementary and middle schools feel the least prepared to implement the NASP best practices for serving transgender students. School psychologists working in non-rural and high school settings with more training and professional experience report the strongest feelings of preparedness to support this population. Overall, professional experience predicted more frequent engagement with the NASP practices when compared to any of the other exposure variables examined. Implications for training and practice are discussed.

CHAPTER ONE

INTRODUCTION

The terms transgender and gender nonconforming describe individuals whose gender identity differs from the sex they were assigned at birth (National Association of School Psychologists, 2014). In K-12 schools, transgender students make up a relatively small segment of the student population, with several studies placing the percentage between 1.3 and 3.2 (Wilson, Coper, Kastanis, & Nezhad, 2014; Almeida, Johnson, Corliss, Molnar & Azreal, 2009; Shields, Cohen, Glassman, Whitaker, Franks, & Bertolini, 2012). However, despite only representing 1.3 – 3.2% of school aged youth, transgender students are more likely to be referred to a school psychologist due to victimization or bullying, suicidal ideation or attempts, nonsuicidal self-injury, social anxiety, and depression (National Association of School Psychologists, 2014).

Indeed, these students are disproportionately impacted by behavioral difficulties and negative mental health outcomes including dramatically elevated rates of anxiety, depression, and suicidality (Olson, Durwood, DeMeules, & McLaughlin, 2016; Connolly, Zervos, Barone, Johnson, & Joseph, 2016). Several researchers have suggested that these elevated rates of psychopathology are likely the result of years of prejudice, discrimination, stigma, and general rejection by people in their social environments, including their families (Kosciw, Greytak, Palmer, & Boesen, 2014; Olson et al., 2016; Grant, Flynn, Odlaug, & Schreiber, 2011; Reisner et al., 2016; Toomey, Ryan, Diaz, Card, & Russell, 2011).

Research indicates adverse school experiences can lead to long-term negative mental health outcomes for transgender students. Toomey et al. (2011) demonstrated that while gender nonconformity alone had no direct effect on these outcomes, the victimization experienced at school associated with gender nonconformity had a lasting impact and put these children at risk for negative mental health outcomes in adulthood. Additionally, gender diverse children are at higher risk of physical, emotional, and sexual abuse and are at higher risk of posttraumatic stress disorder (PTSD) in adulthood (Roberts, Rosario, Corliss, Koenen, & Austin, 2012).

With regard to other school-based variables, the 2013 GLSEN National School Climate survey revealed transgender and gender nonconforming students faced the most hostile school climates when compared to other LGB and cisgender students (Kosciw et al., 2014). For example, three quarters (75.1%) of transgender students surveyed felt unsafe at school because of their gender expression, and 55% felt unsafe based on their gender identity (compared to less than a third of cisgender males and females) (Kosciw et al., 2014). In particular, transgender students were more likely than all other students to avoid gender-segregated spaces including bathrooms and locker rooms (Kosciw et al., 2014). Additionally, nearly half (42.2%) of the transgender students surveyed had been personally prevented from using their preferred name, and 59.2% of transgender student had been required to use the bathroom or locker room of their legal sex (Kosciw et al., 2014).

As outlined above, transgender students' experiences in school can significantly impact their behavioral and mental health outcomes. As professionals specializing in behavior and mental health, school psychologists can play an important role in supporting transgender youth. Indeed, all psychologists are directly called on by their professional organizations to work

effectively with and to advocate for transgender people. However, many psychologists admit they are unfamiliar with transgender topics. A 2009 report of the APA Task Force on Gender Identity and Gender Variance revealed only 27% of the psychologists surveyed reported that they "feel sufficiently familiar with transgender issues." In other words, nearly three-quarters of the psychologists surveyed felt they needed to learn more about transgender topics. This finding is not surprising as many educators report that transgender issues are underrepresented in university training programs and in professional development (Savage, Prout, & Chard, 2004).

However, despite historically being underrepresented in training programs and professional development, research indicates school personnel are beginning to address this knowledge gap. Results from a recent (2016) survey of school psychologists found that previous education and training on LGBT topics was associated with greater knowledge regarding LGBT students and increased willingness to engage in social activity regarding LGBT needs (Arora, Kelly & Goldstein, 2016). This finding is promising. Nevertheless, this study also highlights one of the fundamental problems that occurs when research is conducted with LGBT youth: students with different sexual orientations (lesbian, gay, bisexual, etc.) are classified under the same domain as students with different gender identities and expressions.

This classification is important because Israel and colleagues (2008) have found important differences between the therapeutic needs of transgender people and those of LGB people in the perceptions of both clients and providers (Israel, Gorcheva, Burnes, & Walther, 2008; Israel, Walther, Gorcheva, & Perry, 2011). According to the APA (2015), some researchers have suggested that psychologists and psychology students may mistakenly believe they have obtained adequate knowledge and awareness about transgender people through

trainings focused on LGB populations (Harper & Schneider, 2003). Nadal and colleagues (2010, 2012) have suggested that the absence of distinct, accurate information about transgender populations in psychology training perpetuates misunderstanding and marginalization of transgender people by psychologists (Nadal, Rivera, & Corpus, 2010; Nadal, Skolnik, & Wong, 2012).

Along with being underrepresented in training programs and professional development, transgender topics are also underrepresented in school psychological journals. To study this problem, Graybill and Proctor (2016) analyzed eight school support personnel journals across the disciplines of school counseling, school nursing, school psychology, and school social work for LGBT content published between 2000 and 2014. In total, the authors determined there were 16 articles focused on LGBT issues in the Journal of School Psychology and School Psychology Review, comprising between 0.5% and 3% (respectively) of the published content in each of the journals between 2000 and 2014 (Graybill & Proctor, 2016). It is important to note that the researchers' analysis was done by searching for LGBT content. Thus, these data suggest even fewer articles have been published in the predominant school psychological journals on transgender topics alone (separate from LGB issues).

As outlined above, there is very little research on school psychologists' exposure to transgender people and topics as well as their feelings of preparedness to fulfill the professional guidelines outlined by NASP. The professional practices (i.e., the professional activities school psychologists engage in regularly as part of their jobs) related to transgender youth have also not yet been studied. The proposed study examined several aspects of school psychologists' professional practice in relation to transgender youth. Specifically, school psychologists'

exposure to this population through training, professional practice, and personal familiarity was explored. Additionally, the frequency with which school psychologists engage in the professional activities outlined by NASP was examined as well as their feelings of preparedness to complete these duties.

In order to examine these topics, the following research questions were developed:

1. To what extent are school psychologists exposed to transgender people and topics through training, professional experience (i.e., counseling and assessment), and personal familiarity?
2. How prepared do school psychologists feel to engage in the professional guidelines outlined by NASP?
3. To what extent do school psychologists engage in the professional guidelines outlined by NASP?
4. What is the relationship between training, experience, and personal familiarity (i.e., exposure) and feelings of preparedness to engage in the professional guidelines outlined by NASP?
5. What is the relationship between training, experience, and personal familiarity (i.e., exposure) and the frequency with which respondents engage in the professional guidelines outlined by NASP?
6. What is the relationship between respondents' feelings of preparedness to engage in the NASP guidelines and the frequency with which they do so?
7. Does prior exposure, via training, professional experience, or personal familiarity, predict current engagement in advocacy for transgender students?

8. Does prior exposure, via training, professional experience, or personal familiarity, predict current engagement in seeking additional training on transgender topics?
9. Does prior exposure, via training, professional experience, or personal familiarity, predict current engagement in consultation related to transgender students?
10. Does prior exposure, via training, professional experience, or personal familiarity, predict current engagement in protection of transgender students?
11. Does prior exposure, via training, professional experience, or personal familiarity, predict current engagement in counseling with transgender students?

CHAPTER TWO

REVIEW OF THE LITERATURE

This chapter reviews existing literature in order to provide context for the proposed study. Specifically, the first section of this chapter outlines commonly used terminology and population estimates of transgender youth. The following section examines specific mental health outcomes experienced by transgender youth and the associated risk and protective factors related to these outcomes. The final section describes the professional guidelines for working with transgender people as outlined by NASP.

Terminology

There are many terms used by transgender people to describe themselves and their communities (Makadon, 2008). However, there is a wide difference of opinion regarding the best terms to use when discussing transgender people and topics. Indeed, there is no universally-accepted definition of the word "transgender." Some scholars have suggested this is because there lacks a common agreement among groups regarding who falls under the "transgender" umbrella (Makadon, 2008). There is also uncertainty around terminology because some individuals find the word "transgender" to be an inaccurate descriptor of themselves or their gender identity (Makadon, 2008). Terminology confusion also exists because terms that were widely accepted just 15 years ago are now obsolete or even considered highly offensive (Makadon, 2008).

To address some of the confusion around terminology, the Gay and Lesbian Alliance against Defamation (GLAAD) frequently updates an online glossary (i.e., the Media Reference

Guide) outlining appropriate terminology related to transgender people and topics. GLAAD's Media Reference Guide is intended to be used by journalists reporting for mainstream media outlets and by creators in entertainment media who want to tell LGBTQ people's stories fairly and accurately (GLAAD, 2016). The most recent updates to the reference guide were made in October, 2016 (GLAAD, 2016).

The following terminology list was developed utilizing the GLAAD Media Reference Guide and contains some of the relevant terminology that will be used throughout this proposal. It is important to note that all transgender people may not identify with these terms or definitions. It is also important to acknowledge that many transgender people change the way they describe themselves over time and that relevant terminology will also change over time. Given these understandings, every attempt was made to ensure that the below terms were as accurate and as up-to-date as possible.

- Sex: The classification of a person as male or female. At birth, infants are assigned a sex, usually based on the appearance of their external anatomy (GLAAD, 2016). A person's sex, however, is actually a combination of bodily characteristics including: chromosomes, hormones, internal and external reproductive organs, and secondary sex characteristics (GLAAD, 2016).
- Gender Identity: A person's internal, deeply held sense of their gender. For transgender people, their own internal gender identity does not match the sex they were assigned at birth. Unlike gender expression (defined below) gender identity is not visible to others (GLAAD, 2016).

- Gender Expression: External manifestations of gender, expressed through a person's name, pronouns, clothing, haircut, behavior, voice, and/or body characteristics (GLAAD, 2016). Society identifies these cues as masculine and feminine, although what is considered masculine or feminine changes over time and varies by culture (GLAAD, 2016).
- Sexual Orientation: Describes a person's enduring physical, romantic, and/or emotional attraction to another person (GLAAD, 2016). Gender identity and sexual orientation are not the same. Transgender people may be straight, lesbian, gay, bisexual, or queer (GLAAD, 2016).
- Transgender: An umbrella term for people whose gender identity and/or gender expression differs from what is typically associated with the sex they were assigned at birth (GLAAD, 2016). People under the transgender umbrella may describe themselves using one or more of a wide variety of terms (some of those terms are defined below, see gender non-conforming/non-binary/gender queer) (GLAAD, 2016).
- Cisgender: A term used by some to describe people who are not transgender. "Cis-" is a Latin prefix meaning "on the same side as," and is therefore an antonym of "trans" (GLAAD, 2016).
- Gender Non-Conforming: A term used to describe some people whose gender expression is different from conventional expectations of masculinity and femininity. Please note that not all gender non-conforming people identify as transgender; nor are all transgender people gender non-conforming (GLAAD, 2016). Many transgender

men and women have gender expressions that are conventionally masculine or feminine. The term is not a synonym for transgender and should only be used if someone self-identifies as gender non-conforming (GLAAD, 2016).

- Non-binary and/or genderqueer: Terms used by some people who experience their gender identity and/or gender expression as falling outside the categories of man and woman (GLAAD, 2016). They may define their gender as falling somewhere in between man and woman, or they may define it as wholly different from these terms. The term is not a synonym for transgender and should only be used if someone self-identifies as non-binary and/or genderqueer (GLAAD, 2016).
- Transition: Altering one's birth sex is not a one-step procedure; it is a complex process that occurs over a long period of time (GLAAD, 2016). Transition can include some or all of the following personal, medical, and legal steps: telling one's family, friends, and co-workers; using a different name and new pronouns; dressing differently; changing one's name and/or sex on legal documents; hormone therapy; and possibly (though not always) one or more types of surgery (GLAAD, 2016). The exact steps involved in transition vary from person to person and the phrase "sex change" should be avoided (GLAAD, 2016).
- Sex Reassignment Surgery (SRS): SRS can also be referred to as Gender Confirmation Surgery (GCS) (GLAAD, 2016). Refers to doctor-supervised surgical interventions, and is only one part of transition (see transition above) (GLAAD, 2016).

- Gender Dysphoria: In 2013, the American Psychiatric Association released the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) which replaced the outdated entry "Gender Identity Disorder" with Gender Dysphoria, and changed the criteria for diagnosis (GLAAD, 2016). The necessity of a psychiatric diagnosis remains controversial. Some transgender advocates believe the inclusion of Gender Dysphoria in the DSM is necessary in order to advocate for health insurance that covers the medically necessary treatment recommended for transgender people (GLAAD, 2016).

Population Estimates

Current population estimates of transgender and gender nonconforming adults have ranged from 0.5% to 3% (Meier & Labuski, 2013). Population estimates for school-aged transgender youth are difficult to identify because transgender status alone is not yet uniformly included on most national or statewide probability samples (Wilson et al., 2014). However, some studies do provide population estimates that range between 1.3 and 3.2% of school-aged youth (Wilson et al., 2014).

In 2009, the Boston Youth Survey (BYS) was administered to students attending the Boston city school district. A single item approach was used to assess transgender status (Almeida et al., 2009). Results from the BYS report indicated that 1.7% of youth (ages 13-19) identified as transgender (Almeida et al., 2009). In 2011, the Youth Risk Behavior Survey (YRBS) was administered to 2,730 students (grades 6-8) across all 22 public middles schools in San Francisco. Results from this survey indicated 1.3% of middle school students identify as transgender (Shields et al., 2012). In a 2012 and a 2013 pilot study utilizing a nationally

representative online survey, Greytak (2013) found that 1.3% of youth identified as transgender in 2012 and 3.2% of youth identified as transgender in 2013 (Wilson et al., 2014).

Mental Health Concerns

As outlined above, transgender students make up a relatively small segment of the student population. However, despite only representing 1.3 – 3.2% school aged youth, transgender students are more likely to be referred to a school psychologist due to victimization or bullying, suicidal ideation or attempts, nonsuicidal self-injury, social anxiety, and depression (National Association of School Psychologists, 2014). Indeed, these students are disproportionately impacted by negative mental health outcomes and report dramatically elevated rates of anxiety, depression, and suicidality (Connolly et al., 2016; Olson et al., 2016). Several researchers have suggested that these elevated rates of psychopathology are likely the result of years of prejudice, discrimination, stigma, and general rejection by people in their social environments, including their families (Kosciw et al., 2014; Olson et al., 2016; Grant et al., 2011; Reisner et al., 2016; Toomey et al., 2010). The subsequent sections outline additional research pertaining to specific mental health concerns and the associated risk and protective factors related to these outcomes.

Suicide/Self Harm

Of the many mental health challenges faced by transgender youth, suicidality and self-harm are arguably the most concerning. In a (2011) survey by the National Gay and Lesbian Task Force and the National Center for Transgender Equality, a staggering 41% of transgender respondents reported attempting suicide compared to 1.6% of the general population (Grant et al., 2011). Rates of suicide attempts were even higher for individuals who were harassed/bullied

in school (51%), were the victim of physical assault (61%), or were the victim of sexual assault (64%) (Grant et al., 2011).

In their comprehensive review of the literature on the mental health of transgender youth, Connolly et al. (2016) examined several studies that demonstrated transgender youth experience higher rates of suicidality and self-harm when compared to cisgender youth. For example, a study conducted by Clark et al. (2014) demonstrated transgender students had higher rates of attempted suicide in the past 12 months when compared to cisgender students (19.8% vs. 4.1%) and higher rates of self-harm when compared to cisgender students (45.5% vs. 23.4%) (Clark et al., 2014). According to Clark et al., one in five transgender high school students surveyed had attempted suicide in the previous 12 months. Additionally, more than half of the transgender students surveyed were afraid someone at school would hurt or bother them, and nearly one in five reported experiencing bullying at school on a weekly (or more frequent) basis.

Reisner and colleagues (2015) conducted a retrospective cohort study of electronic health record data from 180 transgender patients aged 12 - 29 years seen between 2002 and 2011 at a Boston-based community health center. According to the health record data collected, the researchers determined that transgender youth, when compared to cisgender youth, reported significantly higher rates of suicidal ideation (56% vs. 20%), suicide attempts (31% vs. 11%), and self-harm without lethal intent (30% vs. 8%) (Reisner et al., 2015).

In a study conducted by Clements-Nolle, Marx, and Katz (2006), one third (32%) of 515 transgender survey respondents reported at least one suicide attempt. Clements-Nolle and colleagues found that a history of attempted suicide was significantly higher among transgender individuals who were white compared to people of color (38% vs. 29%), less than 25 years of

age (47% vs. 30%), recently unemployed (37% vs. 28%), and those who had been incarcerated in the past six months (38% vs. 25%). Attempted suicide was also significantly associated with depression (40% vs. 20%), a low self-esteem score (mean score = 30 vs. 33), a history of alcohol or drug treatment (50% vs. 25%), forced sex or rape (41% vs. 19%), gender discrimination (42% vs. 16%), verbal gender victimization (34% vs. 21%), and physical gender victimization (49% vs. 23%) (Clements-Nolle et al., 2006).

Depression

Transgender youth, when compared to cisgender youth, are also more likely to report depressive symptoms. For example, according to the previously mentioned study by Clark et al. (2014), approximately 41.3% of transgender high school students reported significant depressive symptoms compared to 11.8% cisgender students (Clark et al., 2014). Additionally, Olson and colleagues (2015) conducted a study with 96 individuals ages 12-24 seeking treatment at a transgender youth clinic in Los Angeles. Results from this study indicated that 20% of transgender participants had Beck Depression Inventory scores in the moderate to extreme range. These scores were substantially higher than the general population of youth aged 12-17 years and young adults aged 18-24 years, with estimated rates of 6.7% and 10.9%, respectively (Olson et al., 2015).

Several retrospective chart analyses have also been conducted to better understand the rate and prevalence of depression among youth who are transgender. For example, after examining historical records from a community mental health clinical in Boston, Reisner and colleagues (2015) concluded that transgender youth had a higher probability of having a physician-endorsed diagnosis of depression when compared to cisgender youth (50.6% vs.

20.6%). Holt and colleagues (2016) also completed a retrospective chart review of 218 youth ages 5-17 presenting to a gender clinic in London. From these data, which included referral letters, clinical notes, and clinician reports, the authors determined that 45.7% of youth from the clinic had a low mood/depression (Holt, Skagerberg, & Dunsford, 2016). In this study, the most commonly reported difficulties were bullying, low mood/depression, and self-harming. Finally, Chen, Fuqua, and Eugster (2016) completed a retrospective chart review of 38 youth ages 11-17 referred for gender dysphoria to endocrinology clinic in Indianapolis. From the 38 charts examined, the researchers determined that 31.6% of the transgender youth also had a separate diagnosis of depression.

Post-Traumatic Stress Disorder

People who are transgender are also at greater risk for developing posttraumatic stress disorder. Reisner and colleagues (2016) completed a study with 452 transgender and gender nonconforming individuals, ages 18 to 75 years (mean age = 32.7) in order to learn more about their discrimination experiences and reasons attributed to discrimination. The authors also wanted to identify whether gender affirmation processes (i.e., social or medical gender transitioning) were associated with increased discrimination experiences and to evaluate whether discrimination experiences were associated with elevated PTSD symptoms (Reisner et al., 2016).

Reisner et al. (2016) reported that the most frequently described reasons for discrimination were: gender identity and/or expression (83.2%), how masculine/feminine one appeared (78.6%), sexual orientation (68.0%), and sex (assigned sex at birth; 56.8%). Results indicated that a higher everyday discrimination score, a greater number of attributed reasons for discrimination, childhood abuse, intimate partner violence, social gender transition (living full-

time in one's identified gender), high visual gender nonconformity, unstable housing, past-week depression, and past-12-month drug use were each significantly associated with higher PTSD scores among transgender participants (Reisner et al., 2016).

Substance Abuse

Within the transgender population, elevated rates of substance abuse have also been documented in the literature. In a sample of 292 transgender females between the ages of 16-24, Rowe, Santos, McFarland, and Wilson (2015) determined that substance abuse was significant among participants and was associated with increased negative health outcomes. The researchers utilized multivariable regression models to examine the relationship between substance use, posttraumatic stress disorder (PTSD), current psychological distress, gender-related discrimination, and parental drug or alcohol problems (PDAP) (Rowe et al., 2015).

Results indicated that 69% of transgender female youth reported recent drug use (Rowe et al., 2015). Data also revealed that participants with a diagnosis of PTSD and those who had experienced gender-related discrimination had increased odds of using drugs. Participants who were currently experiencing psychological distress and had parental drug or alcohol problems had increased odds of using multiple "heavy" drugs. Additionally, results also indicated that approximately one third of the participants reported using drugs in conjunction with sexual intercourse (Rowe et al., 2015). This finding is of particular importance because the use of drugs or alcohol before or during sex has been associated with an increased risk of HIV infection. The authors hypothesized that this finding may, in part, provide an explanation for the extremely high prevalence of HIV among transwomen (Rowe et al., 2015).

Eating Disorders

In a comprehensive study of 218 children and adolescents referred to a London-based gender identity clinic (mean age = 14 years, range = 5 – 17 years), Holt and et al. (2016) reported that 13.3% of transgender patients endorsed "eating difficulties." In 2015, Diemer et al. used data from the American College Health Association National College Health Assessment II to assess the prevalence of eating disorders among transgender students. In total, surveys were completed by 289,024 students from 233 U.S. universities, which is the largest number of transgender participants ever to be surveyed about eating disorders (Diemer et al., 2015). Based on this data, Diemer and colleagues determined that transgender students had increased rates of eating disorder diagnoses compared to cisgender heterosexual women (15.8% vs. 1.85%), past-month diet pill use (13.5% vs. 4.29%), and past-month vomiting or laxative use (15.1% vs. 3.71%).

Risk Factors

As outlined above, transgender youth struggle with serious mental health concerns at much higher rates than cisgender youth. Evidence in the literature has demonstrated a relationship between mental health difficulties and specific risk factors related to discrimination, harassment, victimization, negative peer interactions, and environmental variables in school. In analyzing these outcomes and their implications for school psychologists, it is useful to consider these risk factors in order to identify areas of need. The following section outlines some of the risk factors facing transgender youth in schools.

Harassment and Victimization

Results from a (2011) survey of 6,450 transgender and gender non-conforming individuals, conducted by the National Gay and Lesbian Task Force and the National Center for

Transgender Equality, revealed startling rates of discrimination among transgender individuals. In the national sample of 6,450 respondents, of those who indicated that they had expressed a transgender identity or gender non-conformity in grades K-12, 78% reported experiencing harassment in school, 35% reported experiencing physical assault, and 12% reported experiencing sexual violence (Grant et al., 2011). Among this group, the reported harassment was so severe that it led to almost one-sixth (15%) of respondents leaving school in K-12 settings or in higher education (Grant et al., 2011). Respondents who had been harassed and abused by peers or teachers in K-12 settings showed dramatically worse health and other outcomes than those who did not experience such abuse (Grant et al., 2011).

From the same (2011) survey, of the 233 respondents from Illinois, those who indicated that they had expressed a transgender identity or gender non-conformity in grades K-12 also reported alarming rates of harassment (80%), physical assault (33%) and sexual violence (12%) (Grant et al., 2011). Harassment was so severe that it led 10% to leave a school in K-12 settings or leave higher education (Grant et al., 2011).

Peer Relationships

Negative peer relationships have been found to adversely impact many aspects of a child's social emotional functioning. With regard to transgender students, several studies have demonstrated that these children often have difficulties developing positive relationships with peers. Cohen-Kettenis and colleagues (2003) first established a correlation between behavior problems and negative peer relationships in their 2003 study of 488 transgender children (ages 3 through 12). Data was collected utilizing the Child Behavior Checklist (CBCL), which was completed by one of the child's parents. Results indicated that, on average, the children in the

sample obtained clinical range scores in both social competence and behavior problems (Cohen-Kettenis et al., 2003). A multiple regression analysis showed that poor peer relations was the strongest predictor of behavior problems. Results indicated that transgender male children had more negative peer relations than did transgender female children (Cohen-Kettenis et al., 2003).

Zucker and colleagues (2012) completed a follow up study of 434 transgender youth (mean age females = 16.42 years, mean age males = 16.28 years) referred to a gender identity clinic in Canada. On the Child Behavior Checklist (CBCL) (completed by parents), compared with "non-referred" girls, transgender girls had 3.64 times as many behavior problems; compared with "non-referred" boys, transgender boys had 3.94 times as many behavior problems. On the Youth Self-Report (YSR) (a self-report measure completed by the child), the findings indicated a pattern that was similar to that of the parent-endorsed CBCL ratings. Compared to "non-referred" girls, transgender girls had 1.41 times as many behavior problems; compared with "non-referred" boys, transgender boys had 1.73 times as many behavior problems (Zucker et al., 2012). Item 25 on the CBCL ("doesn't get along with other kids") accounted for 22% of the variance in clinical status (Zucker et al., 2012). The authors concluded that "atypical gender behavior" was likely the cause of some apparent problems within peer relationships among transgender youth (Zucker et al., 2012).

School Climate

The 2013 GLSEN National School Climate survey also revealed that transgender and gender nonconforming students face the most hostile school climates when compared to other LGB students (Kosciw et al., 2014). For example, three quarters (75.1%) of transgender students surveyed felt unsafe at school because of their gender expression, and 55% felt unsafe based on

their gender identity (compared to less than a third of cisgender males and females) (Kosciw et al., 2014).

In particular, transgender students were more likely than all other students to avoid gender-segregated spaces including bathrooms and locker rooms (Kosciw et al., 2014). Additionally, nearly half (42.2%) of the transgender students surveyed had been personally prevented from using their preferred name, and 59.2% of transgender student had been required to use the bathroom or locker room of their legal sex (Kosciw et al., 2014).

Protective Factors

In order to properly advocate for and support transgender students, school psychologists must understand both the risk and protective factors related to positive and negative mental health outcomes for this population. The studies outlined above highlight some of the key risks and mental health outcomes facing transgender youth. The subsequent section examines variables that buffer or mitigate these risks. Understanding these mitigating factors is crucial to providing services and interventions for these students.

Familial Support

A 2015 study found that socially transitioned transgender children who were supported in their gender identity by their families had normative levels of depression and only minimal elevations in anxiety (Olson et al., 2015). The purpose of the study was to examine the rates of internalizing difficulties in a sample of 73 transgender children from three to 12 years (mean age = 7.7 years) whose transgender identity was affirmed and supported by family members. Results indicated that the socially transitioned (i.e., transgender children who openly identified as the gender “opposite” their natal sex at school, home, and in public) children in the sample showed

typical rates of depression and only slightly elevated rates of anxiety symptoms compared with population averages (Olson et al., 2015). When compared to two control groups (i.e., their own siblings and a group of age and gender-matched controls), the children in the sample did not differ on both the anxiety and depression measures. Furthermore, transgender children supported in their identities had internalizing symptoms that were well below even the "preclinical" range (Olson et al., 2015). These findings suggest that elevated psychopathology is not inevitable within this group and that familial support can play a very important role in the health and well-being of these children (Olson et al., 2015).

A 2013 study by Simons, Schrager, Clark, Belzer, and Olson also demonstrated that parental support was significantly associated with higher life satisfaction, lower perceived burden of being transgender, and fewer depressive symptoms. The sample included 66 transgender adolescents and young adults between 12 and 24 years (Mean age = 19.06) who were referred to a Trans youth clinic in Los Angeles over a one year period. Results showed that parental support was significantly associated with many positive outcomes for transgender youth (i.e., higher life satisfaction, lower perceived burden, and fewer depressive symptoms). Conversely, greater depressive symptoms were associated with greater perceived burden and lower life satisfaction (Simons et al., 2013).

Community Belongingness

Barr, Budge, and Adelson (2016) examined transgender community belongingness and its relationship to the strength of a person's transgender identity and personal well-being. The study's sample included 571 transgender adults (n = 209 transgender women, n = 217 transgender men, n = 145 non-binary individuals, mean age = 30.72). Data was collected via an

online survey assessing transgender community belongingness, strength of transgender identity (defined as the extent to which a person self-categorizes their identity as transgender and the extent to which they believe their gender transition to be important to their self-definition), and well-being (using measures of self-esteem, satisfaction with life, and psychological well-being). Results demonstrated that transgender community belongingness was an important construct in the mental health of transgender people (Barr et al., 2016). Specifically, community belongingness was significantly related to the strength of one's transgender identity, and well-being was significantly related to transgender community belongingness. Thus, participants who felt strongly connected to the transgender community were found to have a stronger sense of identity, higher self-esteem, higher satisfaction with life, and increased psychological well-being (Barr, Budge &Adelson, 2016).

Singh, Hayes, and Watson (2011) completed a qualitative study with 21 transgender participants (Mean age = 34) to learn more about resiliency and coping within the transgender community. A consistent theme that emerged from these qualitative interviews was the importance of supportive communities. The authors wrote that these varied communities provided participants with encouragement when they felt overwhelmed by some of the challenges in their lives. It is also important to note that these communities were not always specifically geared towards transgender people. The participants in the study shared that a variety of communities (i.e., performance, religious, feminist, LGBT, racial, or ethnic groups) were central to their development as transgender people and were a source of their resilience (Singh et al., 2011).

Gay Straight Alliance Involvement

For school-aged transgender youth, involvement in a Gay Straight Alliance (GSA) can also play a key role in mitigating some negative mental health outcomes. A GSA provides students with a safe place to talk and learn about gender identity, gender expression, and sexual orientation, and provides students with opportunities to obtain accurate information and resources about these topics (Murphy, 2012). Group members can obtain or provide emotional support to peers who may be undergoing difficult circumstances, such as bullying, harassment, or parental rejection (Poteat, Sinclair, DiGiovanni, Koenig, & Russell, 2013). GSAs are also valuable as they provide settings for youth to engage in social activities and can provide students with opportunities to develop initiatives that address inequalities in schools (Poteat et al., 2013).

Many studies examining the effectiveness of GSAs have been completed with a broad sample of participants extending beyond transgender youth to incorporate lesbian, gay, and bisexual youth. Findings across these studies and reports were consistent in their support for the effectiveness of GSAs. For example, results of GLSEN's 2011 National School Climate Survey indicated that LGBT students who were members of a GSA experienced less victimization related to their sexual orientation and gender expression. These students also reported a greater sense of connectedness to their school community than LGBT students who were not GSA members.

Poteat and colleagues (2013) examined the health benefits of participating in a GSA in a sample of LGBT students across multiple schools. Results indicated that students who were members of GSAs felt safer and had a greater sense of belonging. Furthermore, students who were members of a GSA were less likely to smoke, have sex with casual partners, or attempt

suicide (Poteat et al., 2013). Murphy (2012) also analyzed the effectiveness of GSAs in sample of LGBT students across multiple schools. The results indicated that LGBT students in schools with a GSA felt safer, and less victimized. LGBT students who participated in a GSA were also less likely to report missing school due to safety concerns and more likely to report that they intended on completing post-secondary education. Finally, students who were involved in their school's GSA also felt more accepted within their school communities (Murphy, 2012).

Professional Guidelines

The previous section describes some of the ways in which supportive communities and schools, as well as positive relationships with adults, can mitigate some of the potential risk factors faced by transgender youth. School-based mental health professionals can play a key role in supporting these students. The National Association of School Psychologists (NASP), the American Counseling Association (ACA), and the American Psychological Association (APA) have published guidelines for psychological practice when working with transgender individuals. The position statement published by NASP and the guidelines published by the APA and ACA have several similarities. All three organizations argue the need for examining and minimizing one's own bias, working at a systems-level to address structural barriers, promoting change through research and public policy, modeling acceptance and respect, and finally, continuing education and training on issues of gender identity and gender expression as foundational components of affirmative psychological practice. As the proposed study focuses on school psychologists, greater emphasis was placed on examining the NASP guidelines. A more in-depth description of the NASP guidelines is included below.

NASP Guidelines

In 2014, the National Association of School Psychologists published a position statement on safe schools for transgender and gender diverse students. In this statement, the authors outlined the needs of transgender students in schools, considerations for parents, physicians, and schools, a glossary of relevant terms, and the role of the school psychologist. The authors describe the following responsibilities as necessary for school psychologists when working with transgender youth (National Association of School Psychologists, 2014):

- Advocating for gender neutral spaces and helping establish safe zones for transgender students.
- Seeking additional training or supervision as needed regarding issues affecting transgender and gender diverse people.
- Modeling acceptance and respect.
- Providing staff training to increase awareness regarding transgender issues in the schools.
- Responding to bullying, intimidation, and other harassment, whether perpetrated by students or staff.
- Minimizing bias by using phrasing and pronouns that are not gender specific and by avoiding gender stereotypes.
- Providing counseling and attending to the social emotional needs of transgender and gender diverse students in school.
- Acquiring and roving information on community agencies that provide services and supports to the transgender community.

- Supporting or contributing to research regarding best practices for integrating transgender and gender diverse students in school.

The authors also include the relevant ethical school psychological standards that pertain to providing services to transgender individuals. The ethical standards include Standard I.2.6 (i.e., respecting the privacy of students' gender identity or transgender status), Standard II.1.2 (i.e., pursuing knowledge to understand diverse students), and Principle I.3 (i.e., promoting fairness and justice) (National Association of School Psychologists, 2014).

CHAPTER THREE

METHOD

Participants

In order to determine the minimum number of participants needed to detect an effect size of 0.30 for both a two-tailed t-test and an ANOVA, a power analysis was conducted utilizing the statistical software program, G-Power. To detect an effect at 0.30 using a two-tailed t-test with a 95% confidence interval, 111 participants were needed. To detect an effect at 0.30 using a two-tailed ANOVA with a 95% confidence interval, results from the power analysis indicated 215 participants were needed.

In total, 235 practicing school psychologists completed the survey. Of the respondents who provided demographic information, 85.5% were female and 11.5% were male (see Table 1). The majority of the respondents identified as heterosexual/straight (93.8%). With regard to age, just over half of the sample (54.3%) indicated they were between the ages of 25 and 35. The next largest group (19.5%) indicated they were between the ages of 36 and 45. The mean age of the respondents was 37.92 years. The majority of the respondents (89.2%) identified as white/ Caucasian while the other 10.8% of the respondents identified as Hispanic, African American/ Black, Asian/Pacific Islander, American Indian/Alaskan Native, or multiple ethnicities. Forty-three percent (42.9%) of the respondents indicated they had been in practice for 0 to 5 years. More than half of the respondents indicated they had been in practice for 6 to 15 years (n = 64, 28.3%) or more than 15 years (n = 65, 28.8%). With regard to the highest degree obtained, the

majority of the respondents held Specialist-level degrees (68.6%). Sixty-two percent (61.9%) of the respondents indicated that they work in suburban settings, while 21.2% indicated that they work in urban and 16.8% work in rural in environments. Finally, the majority of the respondents (65%) indicated they primarily worked with students in pre-k through 8th grade. Twenty-six (25.7%) percent of respondents indicated that they work with high school aged youth. Please refer to Table 1 for all demographic data.

Instruments

A cross-sectional survey design in the form of a self-administered online questionnaire was used (see Appendix A). The survey itself was digitized utilizing SurveyMonkey (Survey Monkey Inc., California, USA, www.surveymonkey.com). Survey methodology appropriately addresses the research questions because it allows for the collection of data describing beliefs, attitudes, and characteristics of specific groups of people (Babbie, 1990). Further, this method is useful for determining relationships between variables as well as for generalizing to the population from which a sample is obtained. This particular survey was constructed by modifying one pre-existing scale and creating additional questions based on the NASP professional guidelines.

Table 1. Demographics

Characteristic	M	n	% of Sample
Gender			
Male	--	200	11.5%
Female	--	26	88.5%
Sexual Orientation			
Heterosexual/Straight	--	211	93.8%
Homosexual	--	3	1.3%
Bisexual	--	9	4%
Prefer not to Answer	--	2	.9%
Age Range	37.92		
25-35	--	120	54.3%
36-45	--	43	19.5%
46-55	--	35	15.8%
56-70	--	23	10.4%
Race/Ethnicity			
American Indian/Native Alaskan	--	1	.4%
Asian/Pacific Islander	--	2	.9%
Black or African American	--	5	2.2%
Hispanic	--	12	5.4%
Multiple Ethnicity	--	4	1.8%
White or Caucasian	--	199	89.2%
Highest Degree Obtained			
Doctoral Degree (PhD, EdD, PsyD)	--	39	17.3%
Specialist Degree (EdS, SSP, CAGS)	--	155	68.6%
Master's Degree (MA, MS, MEd)	--	32	14.2%
Length of Years in Practice			
0-5 years	--	97	42.9%
6-15 years	--	64	28.3%
More than 15 years	--	65	28.8%
School District Location			
Urban	--	48	21.2%
Suburban	--	140	61.9%
Rural	--	38	16.8%
Grade Level			
Pre-K – 8th Grade	--	147	65%
High School (9-12) & Transition	--	58	25.7%
Pre-K – 12th Grade	--	21	9.3%

The survey questions were created to allow for direct comparisons among participants' responses, as well further insight into the key variables under investigation (Babbie, 1990). The variables under investigation were: (1) exposure (2) preparedness and (3) frequency. In total, the final version of the survey utilized in this study was comprised of three different scales. The first scale, outlined in detail below, was adapted from the Training, Experience, and Familiarity Questionnaire (TEFQ; see Appendix B) and focused on respondents' exposure to transgender issues, specifically participants' training, professional practices, and personal familiarity with people who are transgender and transgender topics.

Questions from the second scale were developed to assess the frequency with which respondents engage in the professional guidelines outlined by NASP and their feelings of preparedness to fulfill these responsibilities. To assess this construct, questions were developed based on the NASP position statement on transgender and gender diverse youth. These questions are outlined in greater detail below. The third scale was a series of items related to participants' demographic characteristics. The structure of the survey is discussed in greater detail in the following section.

Survey Structure

Respondents accessed the survey by clicking on a hyperlink within the body of an email or online post. The recruitment notices are located in Appendix C-H of this dissertation. Once respondents accessed the survey, they were brought to an introductory page providing them with a brief description of the survey. On this page, respondents were also provided with a description of all consent procedures (see Appendix A), including risks and benefits of participating in the project, as well as any other requirements as determined by the Institutional Review Board.

Following these procedures, respondents were asked if they consent to participate in the survey. Clicking yes indicated that participants had read all consent procedures and agreed to participate in the study. Of the 247 participants who responded to this question, two skipped this item; therefore, these two respondents were excluded from the sample.

Following the informed consent procedures, respondents were asked if they were currently practicing as school psychologists. If the participants responded 'yes,' they were able to proceed to the remainder of the survey. If the participant responded 'no,' skip logic was utilized to route the participant to the end of the survey. Of the 247 participants who responded to this question, 10 indicated they were not practicing school psychologists. These 10 respondents were routed to the end of the survey and did not participate in the study.

After consenting to participate in the survey, respondents moved to a section focused on training, experience, and familiarity with people who are transgender as well as transgender topics. This section of the survey was created using the Training, Experience, and Familiarity Questionnaire (TEFQ; see Appendix B) (please note: permission was granted from the scale's creator before any changes were implemented). The TEFQ is a seven-question self-report measure developed by Emily Nisley, Ph.D. (2010). In developing this scale, Nisley adapted Tomko's (2008) scale titled the Training and Experience Questionnaire (TEQ). The original TEQ, developed by Tomko, consisted of 14-questions relating to participants' perceived level of pre- and post-Doctoral training and experience in multiculturalism and aging issues. Participants were asked to rate the extent of their pre-Doctoral training (i.e., coursework, practica, and internship), and post-Doctoral clinical experience, including workshops, conferences, and post-Doctoral fellowships as well as direct client contact with racially/ethnically diverse clients and

older adults. Participants were asked, for example, on a scale of 1 to 7, with 1 representing 'none' and 7 representing 'very extensive,' *'Please rate the extent of your post-Doctoral experience in assessment with older adults.'* Internal consistency estimates reported by Tomko (2008) were $\alpha = 0.87$ for training and $\alpha = 0.90$ for post-Doctoral experience.

Nisley (2010) altered Tomko's (2008) scale to create the Training, Experience, and Familiarity Questionnaire (TEFQ) by asking counseling psychologists to indicate their level training and experience regarding transgender clients. Nisley (2010) also changed pre- and post-Doctoral training and experience to graduate and post-graduate training to be relevant to Master's-level as well as Doctoral-level counselors. For six of the scale items, respondents rated the extent of their graduate and post-graduate training and clinical experience (including counseling and assessment) regarding transgender issues and clients on a 7-point scale from 1 (*None*) to 7 (*Very Extensive*). For the seventh item, respondents selected a point along another 7-point scale from 1 (*0%)* to 7 (*more than 25%*), with a middle point of 4 (*11-15%*) to approximate the percentage of their client caseload to date which has consisted of transgender individuals. Internal consistency estimates reported by Nisley (2010) for the seven-item scale were $\alpha = 0.88$.

Nisley (2010) also added two additional questions to assess respondents' familiarity with transgender people and topics. However, the two additional items were not scored and were not included in the internal consistency estimate provided above. In the additional questions, respondents were asked to indicate the extent of their personal familiarity with transgender individuals (e.g., friends, family members, colleagues) using a 7-point scale from 1 (*Not at all personally familiar with transgender individuals*) to 7 (*Very familiar, e.g., you identify as transgender and/or have a close relationship with one more transgender individuals*) (Nisley,

2010). The last item on the scale assessed respondents' beliefs about why people are transgender asking participants to indicate what they think caused people to be transgender. Response options included (a) biological causes (e.g., genetics, prenatal hormone levels), (b) psychosocial causes (e.g., early childhood experiences, other social forces), (c) a combination of biological and psychosocial causes, (d) unsure, and (e) other (please specify) (Nisley, 2010).

For the purposes of this study, participants completed a slightly modified version of the TEFQ (see Appendix A). These modifications were made to better fit terminology used by school psychologists as the scale was originally created for counseling psychologists. Specifically, "transgender individuals" was changed to "transgender students."

Following completion of the exposure section of the survey, participants responded to a series of questions focused on the frequency with which they engage in the professional guidelines outlined by NASP as well as their feelings of preparedness to fulfill these responsibilities (see Appendix A). The position statement published by NASP lists several responsibilities of school psychologists' when serving students who are transgender in school. Some of these responsibilities include, modeling acceptance and respect, providing staff training, providing counseling and social-emotional support, and responding to bullying. Thus, participants were asked, on a scale of 1 to 7, the frequency with which they engage in specific activities. For example, participants utilized a 7-point scale to respond to the following question: "In your role as a school psychologist, please indicate the frequency with which, if at all, you advocate for gender neutral spaces for students who are transgender." The response options included: Never, Very Infrequently, Infrequently, Occasionally, Frequently, Very Frequently, and Not Applicable. After responding to the frequency question, participants responded to a

similarly structured preparedness question. For example, participants were asked, on a scale of 1 to 6, with 1 representing 'Not at all prepared' and 6 representing 'Very Prepared, "Please indicate the extent to which you feel prepared to advocate for gender neutral spaces for students who are transgender."

After completing the preparedness section of the survey, all participants were asked to provide demographic information (see Appendix A). The demographic information included age, self-identified race/ethnicity, gender, sexual orientation, type of degree obtained (e.g., M.Ed., M.A., EdS, PhD, EdD, etc.), location of school (e.g., urban, rural, suburban), type of school (e.g., K-8, high school, etc.), and number of years in the field. After completing all of the sections outlined above, the participants accessed a page with concluding information (see Appendix A). In this section, the respondents were thanked for their participation and the researcher's contact information was made available again. There was an additional opportunity for participants to provide their contact information to be entered into a drawing to win a $50 Amazon gift card.

Procedure

Pilot

The survey described above was piloted with a sample of five school psychologists to assess for understanding and readability. Minimal changes were made to the survey as a result of the feedback provided by the pilot study participants. For example, additional definitions were provided for some of the key terms included in the survey (i.e., gender neutral spaces, etc.). Other items were minimally changed or shortened to increase clarity and readability. Finally, certain items were bolded to call attention to minor differences between questions.

Recruitment

Prior to recruiting participants, the study was submitted for approval by Loyola University Chicago's Institutional Review Board. Once IRB approval was obtained, participants in this study were recruited utilizing the following methods: online using email addresses collected from publicly-available school district websites, via the researcher's professional networks and snowball sampling, and online via private school psychology Facebook groups. The Illinois State Board of Education (ISBE) maintains a publicly-available spreadsheet of all schools located in Illinois. There are currently 4,809 schools listed on the spreadsheet. Utilizing an online random sampling tool (https://randomizer.org), 480 schools were randomly selected to participate in the study (i.e., 10% of schools in Illinois). Following random selection, each of the school's websites was searched for the school psychologist's email contact information. From the 480 schools selected, 384 email addresses were obtained. Two emails were sent the to the 384 psychologists in the sample (see Appendix F and Appendix G) in which all participants were blind copied in order to keep contact information confidential.

Participants were also recruited by leveraging the researcher's professional networks and via snowball sampling. Emails were sent to 103 school psychologists in the researcher's professional networks (i.e., from graduate school or professional training experiences). These emails included wording that asked respondents to forward the survey to their colleagues in the field. All participants were blind copied on the emails to protect the respondents' confidentiality. The email recruitment notices are located in Appendices C, D, and E. The survey link was also posted in school psychology groups on Facebook after permission was received from the group administrators (when needed). When Facebook groups were private, the survey link was posted

by a member of the Facebook group. Additional participants may have been recruited via snowball sampling as the post included wording that asked respondents to forward the survey to their colleagues in the field. The Facebook recruitment post is located in Appendix H.

In the emails or Facebook messages, participants were provided with a brief description of the project and a hyperlink to the survey. Participants accessed the survey by clicking on the hyperlink in the body of the email or online post. Upon opening the survey link, participants were presented with informed consent and information about survey procedures. Participants were informed that the survey was entirely anonymous unless they provided their email address in order to receive a summary of survey results or to enter the drawing.

Over the course of 11 weeks, beginning on the date the survey opened (December 8, 2017), one to two follow-up notices were sent to the participants who were contacted via email with reminders to complete the survey. The survey closed after 11 weeks on February 23, 2018. No IP addresses were collected by the survey platform in order to protect the confidentiality and anonymity of the respondents. Only the email addresses of the participants who wished to receive survey results or enter the drawing were stored. Upon completion of the project, the list of email addresses collected from publicly-available school district websites in Illinois was destroyed. The $50 Amazon gift car was disbursed on March 5, 2018, and the list of individuals who provided their email addresses to enter the drawing was destroyed.

Data Analysis

Upon closing the survey, raw data was downloaded from SurveyMonkey into a Microsoft Excel spreadsheet. After deleting unnecessary columns in the dataset, the spreadsheet was uploaded to SPSS Statistics Version 23.0. Prior to completing any data analyses in SPSS, the

data was cleaned. As part of the data cleaning process, variable names were changed and simplified and other appropriate were recoded and collapsed into new variables. Both descriptive and inferential statistics were utilized to analyze survey data. Descriptive statistics provided means, modes, standard deviations, range, frequencies, and correlations. Inferential statistics (i.e., multiple regression) were utilized to identify factors that significantly predict the provision of services to transgender students. Please refer to Table 2 below for an outline of the research questions and method of analysis used.

Table 2. Research Questions and Analyses

Research Question	Analyses
1. To what extent are school psychologists exposed to transgender people and topics through training, professional experience (i.e., counseling and assessment), and personal familiarity?	Descriptive Statistics
2. How prepared do school psychologists feel to engage in the professional guidelines outlined by NASP?	Descriptive Statistics
3. To what extent do school psychologists engage in the professional guidelines outlined by NASP?	Descriptive Statistics
4. What is the relationship between training, experience, and personal familiarity (i.e., exposure) and feelings of preparedness to engage in the professional guidelines outlined by NASP?	Spearman
5. What is the relationship between training, experience, and personal familiarity (i.e., exposure) and the frequency with which respondents engage in the professional guidelines outlined by NASP?	Spearman
6. What is the relationship between respondents' feelings of preparedness to engage in the NASP guidelines and the frequency with which they do so?	Spearman
7. Does prior exposure, via training, professional experience, or personal familiarity, predict current engagement in advocacy for transgender students?	Linear Regression
8. Does prior exposure, via training, professional experience, or personal familiarity, predict current engagement in seeking additional training on transgender topics?	Linear Regression
9. Does prior exposure, via training, professional experience, or personal familiarity, predict current engagement in consultation related to transgender students?	Linear Regression
10. Does prior exposure, via training, professional experience, or personal familiarity, predict current engagement in protection of transgender students?	Linear Regression
11. Does prior exposure, via training, professional experience, or personal familiarity, predict current engagement in counseling with transgender students?	Linear Regression

CHAPTER FOUR

RESULTS

The purpose of this study was to examine school psychologists' professional practice in relation to transgender youth. Specifically, school psychologists' exposure to this population through training, professional practice, and personal familiarity was explored. The frequency with which school psychologists engage in the professional activities outlined by NASP was examined as well as their feelings of preparedness to complete these duties. Additionally, correlations between exposure and preparedness, exposure and frequency, as well as frequency and preparedness were also examined. Finally, the extent to which prior training predicts current engagement in advocacy, additional training, consultation, protection of transgender students, and counseling was also explored.

Research Question #1

The first research question was as follows: To what extent are school psychologists exposed to transgender people and topics through training, professional experience (i.e., counseling and assessment), and personal familiarity?

Training

To assess respondents' training related to transgender people and topics, several aspects of training were examined. Those aspects of training included: the extent to which transgender topics were covered in graduate coursework, the extent to which there were opportunities to counsel transgender students during internship or practica, the extent to which there were

opportunities to assess transgender students during internship or practica, the extent to which respondents participated in trainings/workshops during graduate school in which transgender topics were the main focus, and the extent to which respondents have participated in trainings/ workshops as a practicing school psychologist in which transgender topics were the main focus. See Table 3 below for all training data.

Table 3. Level of Training

	n	% of Sample
Graduate Coursework		
Never Covered	86	36.6%
Rarely Covered	97	41.3%
Occasionally – Extensively Covered	52	22.1%
Counseling (Internship/Practica)		
Some Counseling Experience	60	25.5%
No Counseling Experience	175	74.5%
Assessment (Internship/Practica)		
Some Assessment Experience	31	13.2%
No Assessment Experience	204	86.8%
Graduate School Workshop/Training		
Yes (i.e., did attend 1 or more)	64	27.2%
No (i.e., did not attend)	171	72.8%
Professional Workshop/Training		
Yes (i.e., did attend 1 or more)	134	57%
No (i.e., did not attend)	101	43%
Total Training Score		
0 (i.e., No Training Opportunities)	29	12.3%
1 (i.e., 1 Training Opportunity)	84	35.7%
2 (i.e., 2 Training Opportunities)	53	22.6%
3 (i.e., 3 Training Opportunities)	44	18.7%
4 (i.e., 4 Training Opportunities)	15	6.4%
5 (i.e., 5 or more Training Opportunities)	10	4.3%

Graduate coursework. With regard to graduate coursework, respondents were offered five response options: Never Covered (i.e., transgender topics were never covered in my courses), Rarely Covered (i.e., transgender topics were covered in one or two of my courses), Occasionally Covered (i.e., transgender topics were covered in less than half of my courses), Covered (i.e., transgender topics were covered in roughly half of my courses), Extensively Covered (i.e., transgender topics were covered in more than half of my courses), Very Extensively Covered (i.e., transgender topics were covered in almost all of my courses). Coursework was defined for the participants as: "Graduate coursework includes lectures, discussions, activities, and assignments that were required within the context of your graduate courses." Due to the spread of the data, responses were collapsed into three categories: Never Covered (n = 86, 36.6%), Rarely Covered (n = 97, 41.3%), and Occasionally to Extensively Covered (n = 52, 22.1%) (see Table 3).

Respondents who indicated that transgender topics were covered occasionally to extensively in their graduate school courses were more likely to be younger, between the ages of 25 and 35 and in the early stages of their career (i.e., between 0 to 5 years of experience), with doctoral or specialist's level degrees. Additional demographic characteristics are included in Table 5 below but are not described above because the percentages were proportionally similar across all categories. Please note that the percentages represent the relative proportion for each group.

Table 4. Graduate Coursework by Demographic (% of Sample)

	Never Covered	Rarely Covered	Occasionally to Extensively Covered
Gender			
Male	46.2%	34.6%	23%
Female	35%	42%	19.2%
Sexual Orientation			
Heterosexual	36%	41.7%	22.3%
Homosexual	66.7%	0.0%	33.3%
Bisexual	22.2%	55.6%	22.2%
Prefer not to Answer	100%	0.0%	0.0%
Age Range			
25-35	15%	46.7%	38.3%
36-45	55.8%	39.5%	4.7%
46-55	65.7%	31.4%	2.9%
56-70	56.5%	34.8%	8.7%
Race/Ethnicity			
American Indian	0.0%	100%	0.0%
Asian/Pacific Islander	0.0%	50%	50%
Black/African American	60%	40%	0.0%
Hispanic	25%	66.7%	8.3%
Multiple Ethnicity	25%	50%	25%
White or Caucasian	37.2%	38.7%	24.1%
Highest Degree Obtained			
Doctoral Degree	25.6%	53.8%	20.5%
Specialist Degree	34.2%	39.4%	26.5%
Master's Degree	59.4%	34.4%	6.3%
Length of Years in Practice			
0-5 years	9.3%	46.4%	44.3%
6-15 years	46.9%	45.3%	7.8%
More than 15 years	66.2%	29.2%	4.6%
School District Location			
Urban	33.3%	43.8%	22.9%
Suburban	35%	42.1%	22.9%
Rural	44.7%	34.2%	21.1%
Grade Level			
Pre-K – 8th Grade	36.1%	40.8%	23.1%
High School/Transition	34.5%	43.1%	22.4%
Pre-K – 12th Grade	42.9%	38.1%	19%

Counseling (internship/practicum). Regarding counseling experiences as an intern or practicum student, respondents were given the following response options: No Experience (i.e., I had no opportunities to counsel transgender students during my practica or internship), Limited (i.e., I had 1 or 2 opportunities to counsel transgender students during my practica or internship), Somewhat Limited (i.e., I had between 3 - 5 opportunities to counsel transgender students during my practica or internship), Somewhat Extensive (i.e., I had between 6 - 9 opportunities to counsel transgender students during my practica or internship), Extensive (i.e., I had 10 or more opportunities to counsel transgender students during my practica or internship). Due to the spread of the data, responses were collapsed into two categories: Some Counseling Experience (n = 60, 25.5%) and No Counseling Experience (n = 175, 74.5%) (see Table 3).

Participants who indicated they had some counseling experience with transgender students during internship/practica tended to be in the early stages of their career (i.e., between 0 and 5 years of experience). With regard to age, the youngest (i.e., 25-35) and oldest respondents (i.e., 56-75) reported having more opportunities to counsel transgender students during their internship/practica than did respondents in other age categories. Participants currently working in high schools and urban settings reported more counseling opportunities during their internship/ practica than those currently working in suburban (31.3% vs. 25.7%) or rural (31.3% vs. 18.4%) settings (see Table 5). Additional demographic characteristics are included in Table 5 but are not described above because the percentages were similar across categories. Please note that the percentages represent the relative proportion for each group.

Table 5. Counseling (Internship/Practica) by Demographic (% of Sample)

	Some Experience	No Experience
Gender		
Male	26.9%	73.1%
Female	25.5%	74.5%
Sexual Orientation		
Heterosexual	27%	73%
Homosexual	0.0%	100%
Bisexual	11.1%	88.9%
Prefer not to Answer	0.0%	100%
Age Range		
25-35	36.7%	63.3%
36-45	4.7%	95.3%
46-55	11.4%	88.6%
56-70	34.8%	65.2%
Race/Ethnicity		
American Indian	0.0%	100%
Asian/Pacific Islander	0.0%	100%
Black/African American	80%	20%
Hispanic	58.3%	41.7%
Multiple Ethnicity	75%	25%
White or Caucasian	21.6%	78.4%
Highest Degree Obtained		
Doctoral Degree	33.3%	66.7%
Specialist Degree	26.5%	73.5%
Master's Degree	12.5%	87.5%
Length of Years in Practice		
0-5 years	42.3%	57.7%
6-15 years	10.9%	89.1%
More than 15 years	15.4%	84.6%
School District Location		
Urban	31.3%	68.8%
Suburban	25.7%	74.3%
Rural	18.4%	81.6%
Grade Level		
Pre-K – 8th Grade	22.4%	77.6%
High School/Transition	36.2%	63.8%
Pre-K – 12th Grade	19%	81%

Assessment (internship/practicum). With regard to assessment experiences as an intern or practicum student, respondents were given the following response options: No Experience (i.e., I had no opportunities to assess transgender students during my practica or internship), Limited (i.e., I had 1 or 2 opportunities to assess transgender students during my practica or internship), Somewhat Limited (i.e., I had between 3 - 5 opportunities to assess transgender students during my practica or internship), Somewhat Extensive (i.e., I had between 6 - 9 opportunities to assess transgender students during my practica or internship), Extensive (i.e., I had 10 or more opportunities to assess transgender students during my practica or internship). Due to the spread of the data, responses were collapsed into two categories: Some Assessment Experience (n = 31, 13.2%) and No Assessment Experience (n = 204, 86.8%) (see Table 3).

Of the individuals who indicated they had some assessment experience with transgender students as an intern or practicum student, the majority were early career professionals with 0 to 5 years' experience in the field (see Table 6). Again, with regard to age, the youngest (i.e., those between 25 and 35) and oldest respondents (i.e., those between 56 and 75) reported more opportunities to assess transgender students during their internship/practica than did respondents in other age categories. Respondents currently working in high school settings reported having more opportunities to assess transgender students during internship/practica than those currently working in different settings. Additional demographic characteristics are included in Table 6 below but are not described in detail above because the percentages were proportionally similar across all categories. Please note that the percentages represent the relative proportion for each group.

Table 6. Assessment (Internship/Practica) by Demographic (% of Sample)

	Some Experience	No Experience
Gender		
Male	11.5%	88.5%
Female	13%	87%
Sexual Orientation		
Heterosexual	13.3%	86.7%
Homosexual	0.0%	100%
Bisexual	11.1%	88.9%
Prefer not to Answer	0.0%	100%
Age Range		
25-35	18.3%	81.7%
36-45	4.7%	95.3%
46-55	3.4%	97.1%
56-70	17.4%	82.6%
Race/Ethnicity		
American Indian	0.0%	100%
Asian/Pacific Islander	50%	50%
Black/African American	40%	60%
Hispanic	33.3%	66.7%
Multiple Ethnicity	25%	75%
White or Caucasian	10.6%	89.4%
Highest Degree Obtained		
Doctoral Degree	17.9%	82.1%
Specialist Degree	12.9%	87.1%
Master's Degree	6.3%	93.8%
Length of Years in Practice		
0-5 years	20.6%	79.4%
6-15 years	7.8%	92.2%
More than 15 years	6.2%	93.8%
School District Location		
Urban	14.6%	85.4%
Suburban	13.6%	86.4%
Rural	7.9%	92.1%
Grade Level		
Pre-K – 8th Grade	11.6%	88.4%
High School/Transition	19%	81%
Pre-K – 12th Grade	4.8%	95.2%

Graduate school workshops/trainings. Respondents were asked two different sets of questions regarding workshops and trainings. First, participants were asked if they had attended a workshop/training in which transgender topics were the MAIN focus in graduate school. Nearly three quarters of respondents (72.8%) indicated they had not attended a training or workshop focused specifically on transgender topics in graduate school (see Table 3). Of the one quarter of respondents (n = 64, 27.2%) who indicated they had attended a training focused on transgender topics in graduate school, 43 (70.5%) were early-career professionals with 0 to 5 years' experience in the field. Respondents between the ages of 25 and 35 were also more likely to report attending a training during graduate school than participants in other categories (see Table 7). Additionally, as shown in Table 7 below, practitioners holding Specialist-level degrees were more likely to indicate they had attended a training focused on transgender topics in graduate school than those holding Doctoral degrees (31.6% vs. 23.1%) or Master's degrees (31.6% vs. 9.4%) (see Table 7). Additional demographic characteristics are included in Table 7 below but are not described above because the percentages were proportionally similar across all categories. Please note that the percentages represent the relative proportion for each group.

Table 7. Graduate School Workshops/Trainings by Demographic (% of Sample)

	Yes (i.e., did attend)	No (i.e., did *not* attend)
Gender		
Male	19.2%	80.8%
Female	28%	72%
Sexual Orientation		
Heterosexual	24.2%	75.8%
Homosexual	33.3%	66.7%
Bisexual	88.9%	11.1%
Prefer not to Answer	0.0%	100%
Age Range		
25-35	38.3%	61.7%
36-45	18.6%	81.4%
46-55	11.4%	88.6%
56-70	13%	87%
Race/Ethnicity		
American Indian	0.0%	100%
Asian/Pacific Islander	0.0%	100%
Black/African American	20%	80%
Hispanic	25%	75%
Multiple Ethnicity	50%	50%
White or Caucasian	27.1%	72.9%
Highest Degree Obtained		
Doctoral Degree	23.1%	76.9%
Specialist Degree	31.6%	68.4%
Master's Degree	9.4%	90.6%
Length of Years in Practice		
0-5 years	44.3%	55.7%
6-15 years	18.8%	81.3%
More than 15 years	9.2%	90.8%
School District Location		
Urban	31.3%	68.8%
Suburban	29.3%	70.7%
Rural	13.2%	86.8%
Grade Level		
Pre-K – 8th Grade	27.2%	72.8%
High School/Transition	31%	69%
Pre-K – 12th Grade	14.3%	85.7%

Professional workshops/trainings. Participants were also asked if they had attended a workshop/training, in a professional capacity (as a practicing school psychologist), in which transgender topics were the MAIN focus. Many more participants indicated they had attended a training as a practicing school psychologist than when in graduate school (57% vs. 27.2%) (see Table 3). As shown in Table 8 below, participants with more years of experience in the field were more likely to indicate that they had attended a training specifically focused on transgender topics in a professional capacity as practicing school psychologist.

Additionally, older respondents and those with more than 15 years of experience were more likely to report attending a professional training than early career professionals (66.2% vs. 42.3%) (see Table 8). Participants with 6 to 15 years of experience were also more likely to report attending a professional training than respondents with 0 to 5 years of experience (64.1% vs. 42.3%) (see Table 8). These results suggest early career professionals (i.e., those with 0 to 5 years of experience) are more likely to report attending trainings during graduate school, whereas, seasoned practitioners are more likely to report attending trainings on transgender topics post-graduate school in a professional capacity. Furthermore, respondents currently working in high school settings were more likely to report having attended a professional training when compared to those working in different settings (see Table 8). Additional demographic characteristics are included in Table 8 below but are not described in detail above because the percentages were proportionally similar across all categories. Please note that the percentages represent the relative proportion for each group.

Table 8. Professional Workshops/Trainings by Demographic (% of Sample)

	Yes (i.e., did attend)	No (i.e., did *not* attend)
Gender		
Male	65.4%	34.6%
Female	54%	46%
Sexual Orientation		
Heterosexual	54%	46%
Homosexual	33.3%	66.7%
Bisexual	88.9%	11.1%
Prefer not to Answer	50%	50%
Age Range		
25-35	47.5%	52.5%
36-45	58.1%	41.9%
46-55	71.4%	28.6%
56-70	69.6%	30.4%
Race/Ethnicity		
American Indian	0.0%	100%
Asian/Pacific Islander	50%	50%
Black/African American	100%	0.0%
Hispanic	41.7%	58.3%
Multiple Ethnicity	50%	50%
White or Caucasian	55.3%	44.7%
Highest Degree Obtained		
Doctoral Degree	56.4%	43.6%
Specialist Degree	54.2%	45.8%
Master's Degree	59.4%	40.6%
Length of Years in Practice		
0-5 years	42.3%	57.7%
6-15 years	64.1%	35.9%
More than 15 years	66.2%	33.8%
School District Location		
Urban	60.4%	39.6%
Suburban	55%	45%
Rural	50%	50%
Grade Level		
Pre-K – 8th Grade	49%	51%
High School/Transition	74.1%	25.9%
Pre-K – 12th Grade	47.6%	52.4%

Total training score. After items related to coursework, counseling, assessment, and workshops/trainings were analyzed, each participants' responses were tallied to create an individual training score. Participants who indicated they had no training opportunities (via coursework, counseling during internship/practica, assessment during internship/practica, workshops/trainings in graduate school, or professional workshops/trainings) were given a score of zero. Participants who indicated they had obtained training through one of the areas covered (via coursework, counseling in internship/practica, assessment during internship/practica, workshops/trainings in graduate school, or professional workshops/trainings) were given a score of one. Those with experience in two areas were given a score of 2, those with experience in three of the areas were given a score of 3, and those with 4 experience in four of the areas were given a score of five. Finally, respondents who indicated they had exposure to transgender people and topics through all five areas (via coursework, counseling in internship/practica, assessment during internship/practica, workshops/trainings in graduate school, and professional workshops/trainings) were given a score of 5.

The majority of the sample (77%) indicated they had 1-3 training opportunities related to transgender people and topics during and/or after graduate training (see Table 3). Of the individuals who indicated they had no training opportunities, 51.7% were respondents with more than 15 years of experience in the field. Individuals who indicated they had exposure to transgender people and topics through all five training areas were most often early career professionals (see Table 9). Participants with higher training scores were also more likely to hold a Doctoral or Specialist's level degree (see Table 9). As shown in Table 9 below, respondents currently working in rural settings were more likely than those currently work in suburban

(21.1% vs. 12.1%) or urban (21.1% vs. 13.8%) settings to obtain a training score of zero (i.e., no reported training experiences). Additional demographic characteristics are included in Table 9 below but are not described in detail above because the percentages were proportionally similar across all categories. Please note that the percentages represent the relative proportion for each group.

Professional Experiences in Current Practice

To assess respondents' current practice and professional experience related to transgender people, two areas of professional practice were explored: counseling and assessment. See Table 10 below for all professional experience data.

Counseling experience in current practice. Regarding professional counseling experiences, respondents were given the following response options: No Experience (i.e., I have had no opportunities to counsel transgender students), Limited (i.e., I have had 1 or 2 opportunities to counsel transgender students), Somewhat Limited (i.e., I have had between 3 - 5 opportunities to counsel transgender students), Somewhat Extensive (i.e., I have had between 6 - 9 opportunities to counsel transgender students), Extensive (i.e., I have had 10 or more opportunities to counsel transgender students). Due to the spread of the data, responses were collapsed into two fairly equal categories: Some Counseling Experience (n = 114, 48.5%) and No Counseling Experience (n = 121, 51.5%) (see Table 10).

Table 9. Total Training Score by Demographic (% of Sample)

	Score: 0	Score: 1	Score: 2	Score: 3	Score: 4	Score: 5
Gender						
Male	11.5%	34.6%	26.9%	23.1%	3.8%	0.0%
Female	13%	35.5%	22%	18.5%	6.5%	4.5%
Sexual Orientation						
Heterosexual	12.8%	36.5%	22.7%	17.5%	6.6%	3.8%
Homosexual	33.3%	33.3%	33.3%	0.0%	0.0%	0.0%
Bisexual	0.0%	11.1%	22.2%	55.6%	0.0%	11.1%
Prefer not to Answer	50%	50%	0.0%	0.0%	0.0%	0.0%
Age Range						
25-35	5.8%	26.7%	27.5%	25%	8.3%	6.7%
36-45	20.9%	44.2%	23.3%	11.6%	0.0%	0.0%
46-55	11.4%	62.9%	8.6%	17.1%	0.0%	0.0%
56-70	26.1%	26.1%	17.4%	8.7%	17.4%	4.3%
Race/Ethnicity						
American Indian	0.0%	100%	0.0%	0.0%	0.0%	0.0%
Asian/Pacific Islander	0.0%	50%	0.0%	50%	0.0%	0.0%
Black/African American	0.0%	20%	20%	20%	40%	0.0%
Hispanic	16.7%	16.7%	16.7%	33.3%	8.3%	8.3%
Multiple Ethnicity	0.0%	0.0%	50%	25%	25%	0.0%
White or Caucasian	13.1%	22.6%	22.6%	18.1%	4.5%	4.0%
Highest Degree Obtained						
Doctoral Degree	5.1%	33.3%	28.2%	20.5%	7.7%	5.1%
Specialist Degree	12.9%	32.9%	23.2%	20%	6.5%	4.5%
Master's Degree	21.9%	50%	12.5%	12.5%	3.1%	0.0%
Length of Years in Practice						
0-5 years	3.1%	25.8%	27.8%	25.8%	9.3%	8.2%
6-15 years	17.2%	37.5%	23.4%	20.3%	1.6%	0.0%
More than 15 years	23.1%	47.7%	13.8%	7.7%	6.2%	1.5%
School District Location						
Urban	8.3%	37.5%	18.8%	20.8%	8.3%	6.3%
Suburban	12.1%	33.6%	25%	18.6%	7.1%	3.6%
Rural	21.1%	39.5%	18.4%	18.4%	0.0%	2.6%
Grade Level						
Pre-K – 8th Grade	15%	36.7%	21.1%	19.7%	4.1%	3.4%
High School/Transition	3.4%	31%	29.3%	17.2%	12.1%	6.9%
Pre-K – 12th Grade	23.8%	38.1%	14.3%	19%	4.8%	0.0%

Table 10. Level of Professional Experience

	n	% of Sample
Professional Counseling		
Some Counseling Experience	114	48.5%
No Counseling Experience	121	51.5%
Professional Assessment		
Some Assessment Experience	85	36.6%
No Assessment Experience	147	63.4%
Total Experience Score		
0 (i.e., No Experience)	107	45.5%
1 (i.e., Experience w/ one area)	58	24.7%
2 (i.e., Experience w/ both areas)	70	29.8%

As shown in Table 11 below, early career professionals (i.e., those with 0 to 5 years' experience) were more likely to report having no experience counseling transgender students than professionals with 6 to 15 years' experience (58.8% vs. 43.8%) or more than 15 years of experience (58.8% vs. 49.2%). Rural participants were also more likely to report having no experience counseling transgender students than professionals working in suburban (63.2% vs. 48.6%) or urban (63.2% vs. 52.1%) settings.

Finally, respondents who indicated they worked with students in grades pre-k through 8th grade or across all grades (pre-k through 12th) were much more likely to report have no counseling experience with transgender students than participants primarily working with high school aged youth. Specifically, 84.5% of respondents working in a high school setting reported having some experience counseling transgender youth compared to 36.1% of participants working with children in grades pre-k through 8th and 33.3% of participants working with children across all grades (pre-k through 12th) (see Table 11). Additional demographic

characteristics are included in Table 11 below but are not described in detail above because the percentages were proportionally similar across all categories. Please note that the percentages represent the relative proportion for each group.

Assessment experience in current practice. Regarding professional assessment experiences, respondents were given the following response options: No Experience (i.e., I have had no opportunities to assess transgender students), Limited (i.e., I have had 1 or 2 opportunities to assess transgender students), Somewhat Limited (i.e., I have had between 3 - 5 opportunities to assess transgender students), Somewhat Extensive (i.e., I have had between 6 - 9 opportunities to assess transgender students), Extensive (i.e., I have had 10 or more opportunities to assess transgender students). Due to the spread of the data, responses were collapsed into two categories: Some Assessment Experience (n = 85, 36.6%) and No Assessment Experience (n = 147, 63.4%) (see Table 10).

As with counseling, professionals with more years of experience in the field were more likely to report having professional assessment experiences with transgender students. Specifically, early career professionals (i.e., those with 0 to 5 years' experience) were more likely to report having no experience assessing transgender students when compared to professionals with 6 to 15 years' experience (78.1% vs. 49.2%) or more than 15 years of experience (78.1% vs. 56.3%). Respondents with 6 to 15 years of experience reported having the most experience with assessing transgender students (see Table 12).

Table 11. Counseling Experience in Current Practice by Demographic (% of Sample)

	Some Experience	No Experience
Gender		
Male	53.8%	46.2%
Female	47.5%	52.5%
Sexual Orientation		
Heterosexual	48.3%	51.7%
Homosexual	33.3%	66.7%
Bisexual	55.6%	44.4%
Prefer not to Answer	50%	50%
Age Range		
25-35	45.8%	54.2%
36-45	48.8%	51.2%
46-55	51.4%	48.6%
56-70	52.5%	47.8%
Race/Ethnicity		
American Indian	100%	0.0%
Asian/Pacific Islander	0.0%	100%
Black/African American	100%	0.0%
Hispanic	66.7%	33.3%
Multiple Ethnicity	75%	25%
White or Caucasian	45.2%	54.8%
Highest Degree Obtained		
Doctoral Degree	61.5%	38.5%
Specialist Degree	46.5%	53.5%
Master's Degree	40.6%	59.4%
Length of Years in Practice		
0-5 years	41.2%	58.8%
6-15 years	56.3%	43.8%
More than 15 years	50.8%	49.2%
School District Location		
Urban	47.9%	52.1%
Suburban	51.4%	48.6%
Rural	36.8%	63.2%
Grade Level		
Pre-K – 8th Grade	36.1%	63.9%
High School/Transition	84.5%	15.5%
Pre-K – 12th Grade	33.3%	66.7%

Again, as with counseling experience, rural participants were more likely to report having no experience assessing transgender students when compared to suburban (75.7% vs. 61.2%) and urban (75.7% vs. 61.7%) respondents (see Table 12). In continuing with the results obtained for professional counseling experiences, participants working with high school aged youth were much more likely to report having some professional assessment experiences with transgender youth. Specifically, 66.7% of high school respondents reported having some assessment experience compared to 26.2% of participants working in elementary or middle schools and 23.8% of participants working across all grades (see Table 12). Additional demographic characteristics are included in Table 12 below but are not described in detail above because the percentages were proportionally similar across all categories. Please note that the percentages represent the relative proportion for each group.

Total experience score. After items regarding counseling and assessment were analyzed, each participants' responses were tallied to create an individual experience score. Participants who indicated they had no professional opportunities to work with transgender youth (via counseling or assessment) were given a score of zero. Participants who indicated they had professional experience in one of the areas covered (either with counseling or assessment) were given a score of one. Respondents who indicated they had professional experience with both of the areas of covered (counseling and assessment) were given a score of 2.

Table 12. Assessment Experience in Current Practice by Demographic (% of Sample)

	Some Experience	No Experience
Gender		
Male	43.5%	56.5%
Female	35.5%	64.5%
Sexual Orientation		
Heterosexual	36.5%	63.5%
Homosexual	0.0%	100%
Bisexual	44.4%	55.6%
Prefer not to Answer	50%	50%
Age Range		
25-35	28.6%	71.4%
36-45	56.1%	43.9%
46-55	34.3%	65.7%
56-70	47.8%	52.2%
Race/Ethnicity		
American Indian	100%	0.0%
Asian/Pacific Islander	50%	50%
Black/African American	60%	40%
Hispanic	41.7%	58.3%
Multiple Ethnicity	75%	25%
White or Caucasian	33.7%	66.3%
Highest Degree Obtained		
Doctoral Degree	46.2%	53.8%
Specialist Degree	33.6%	66.4%
Master's Degree	37.5%	62.5%
Length of Years in Practice		
0-5 years	21.9%	78.1%
6-15 years	50.8%	49.2%
More than 15 years	43.8%	56.3%
School District Location	38.3%	61.7%
Urban	38.8%	61.2%
Suburban	24.3%	75.7%
Rural		
Grade Level		
Pre-K – 8th Grade	28.6%	71.4%
High School/Transition	56.1%	43.9%
Pre-K – 12th Grade	34.3%	65.7%

As shown in Table 10, just under one fourth of the sample (24.7%) indicated they had experience in one of the areas covered (i.e., either with counseling or assessing transgender youth). Nearly thirty percent (29.8%) of the sample indicated they had experience both with counseling and assessing transgender youth. However, many respondents (45.5%) indicated they had no professional experience with counseling or assessing transgender youth (see Table 10).

Early career professionals, with 0 to 5 years of experience, were more likely to obtain an experience score of zero (i.e., no professional experiences). Participants with 6 to 15 years of experience were most likely to obtain an experience score of 2 when compared to school psychologists with 0 to 5 years of experience (40.6% vs. 28.4%) or those with 15+ years of experience (40.6% vs. 33.8%). Rural respondents were more likely to obtain an experience score of zero when compared to suburban (57.9% vs. 43.65) or urban (57.9% vs. 43.8%) participants (see Table 13). Again, respondents holding Doctoral degrees and those working with high-school aged youth were most likely to obtain an experience score of 2. Specifically, 60.3% of high school respondents obtained an experience score of 2 compared to 19% of participants working in elementary or middle schools and 19% of respondents working across all grades (pre-k through 12th) (see Table 13). Additional demographic characteristics are included in Table 13 below but are not described in detail above because the percentages were proportionally similar across all categories. The percentages represent the relative proportion for each group.

Table 13. Total Professional Experience Score by Demographic (% of Sample)

	Score: 0	Score: 1	Score: 2
Gender			
Male	42.3%	23.1%	34.6%
Female	46.5%	24.5%	29%
Sexual Orientation			
Heterosexual	46%	24.2%	29.9%
Homosexual	66.7%	33.3%	0.0%
Bisexual	33.3%	33.3%	33.3%
Prefer not to Answer	50%	0.0%	50%
Age Range			
25-35	50.8%	25%	24.2%
36-45	37.2%	23.2%	39.5%
46-55	45.7%	22.9%	31.4%
56-70	39.1%	21.7%	39.1%
Race/Ethnicity			
American Indian	0.0%	0.0%	100%
Asian/Pacific Islander	50%	50%	0.0%
Black/African American	0.0%	40%	60%
Hispanic	33.3%	25%	41.7%
Multiple Ethnicity	25%	0.0%	75%
White or Caucasian	48.7%	24.6%	26.6%
Highest Degree Obtained			
Doctoral Degree	35.9%	20.5%	43.6%
Specialist Degree	48.4%	24.5%	27.1%
Master's Degree	46.9%	28.1%	25%
Length of Years in Practice			
0-5 years	57.7%	22.7%	19.6%
6-15 years	34.4%	25%	40.6%
More than 15 years	40%	26.2%	33.8%
School District Location			
Urban	43.8%	27.1%	29.2%
Suburban	43.6%	23.6%	32.9%
Rural	57.9%	23.7%	18.4%
Grade Level			
Pre-K – 8th Grade	57.8%	23.1%	19%
High School/Transition	10.3%	29.3%	60.3%
Pre-K – 12th Grade	61.9%	19%	19%

**Percentages represent the relative proportion from each group.

Personal Familiarity

Participants' personal familiarity with transgender people was assessed via one question on the survey. Respondents were given the following response options to indicate their personal familiarity with transgender people: Not at all Personally Familiar, Somewhat Familiar (i.e., I know one or more transgender individuals but do not have close relationships with them), or Very Familiar (i.e., I identify as transgender and/or I have a close relationship with one or more transgender individuals). During data analysis, not at all personally familiar was coded as 1, somewhat familiar was coded as 2, and very familiar was coded as 3.

Overall, the majority of the sample (i.e., 62.1% of the respondents) indicated they were somewhat familiar with transgender people indicating that they know one or more transgender individuals but do not have close relationships with them (see Table 14). Twenty-seven percent (27.2%) of the sample indicated that they are not at all personally familiar with transgender individuals. As shown in Table 14 below, an additional 10.6% of respondents reported they were very familiar with transgender people indicating that they have close relationships with one or more transgender individuals or identify as transgender. See Table 14 for personal familiarity data.

Table 14. Personal Familiarity with Transgender People

	n	% of Sample
Level of Familiarity		
Not at all Personally Familiar	64	27.2%
Somewhat Familiar	146	62.1%
Very Familiar	25	10.6%

As shown in Table 15 below, younger (i.e., ages 25-35) and early career participants (i.e., those with zero to five years of experience) were more likely to report being somewhat familiar with transgender people when compared to respondents with more experience. Specifically, 70.1% of early-career school participants reported being somewhat familiar with transgender people compared to 64.1% of respondents with 6-15 years' experience and 47.7% of respondents with 15+ years' experience (see Table 15).

Interestingly, however, respondents who reported being very familiar with transgender people were more likely to be older (i.e., between the ages of 56 and 70) and have 15+ years in the field. Specifically, 13.8% of participants with 15+ years' experience reported being very familiar with transgender people compared to 8.2% of early career professionals (see Table 15). Respondents between the ages of 46 and 55 represented the largest relative percentage of people who reported no personal familiarity with transgender individuals. Specifically, 37.1% of participants aged 46 to 55 reported no personal familiarity compared to 22.5% of participants aged 25-35, 32.6% of people aged 36 to 45, and 26.1% of people aged 56 to 70. Along with being between the age of 46 and 55, respondents with no personal familiarity also tended to have more than 15 years of experience in the field (see Table 15). Additional demographic characteristics are included in Table 15 below but are not described in detail above because the percentages were proportionally similar across all categories. Please note that the percentages represent the relative proportion for each group.

Table 15. Level of Familiarity by Demographic (% of Sample)

	Not at all Familiar	Somewhat Familiar	Very Familiar
Gender			
Male	15.4%	61.5%	23.1%
Female	29%	62%	9%
Sexual Orientation			
Heterosexual	28.4%	62.1%	9.5%
Homosexual	33.3%	66.7%	0.0%
Bisexual	0.0%	55.6%	44.4%
Prefer not to Answer	50%	50%	0.0%
Age Range			
25-35	22.5%	67.5%	10%
36-45	32.6%	60.5%	7%
46-55	37.1%	51.4%	11.4%
56-70	26.1%	52.2%	21.7%
Race/Ethnicity			
American Indian	0.0%	100%	0.0%
Asian/Pacific Islander	0.0%	100%	0.0%
Black/African American	40%	40%	20%
Hispanic	8.3%	91.7%	0.0%
Multiple Ethnicity	0.0%	50%	50%
White or Caucasian	29.1%	60.3%	10.6%
Highest Degree Obtained			
Doctoral Degree	35.9%	53.8%	10.3%
Specialist Degree	23.9%	66.5%	9.7%
Master's Degree	34.4%	50%	15.6%
Length of Years in Practice			
0-5 years	21.6%	70.1%	8.2%
6-15 years	25%	64.1%	10.9%
More than 15 years	38.5%	47.7%	13.8%
School District Location			
Urban	22.9%	68.8%	8.3%
Suburban	29.3%	58.6%	12.1%
Rural	26.3%	65.8%	7.9%
Grade Level			
Pre-K – 8th Grade	31.3%	58.5%	10.2%
High School/Transition	20.7%	67.2%	12.1%
Pre-K – 12th Grade	19%	71.4%	9.5%

Summary of key findings from exposure data. In conclusion, the following differences were observed across the key exposure variables (i.e., training, experience, and personal familiarity). With regard to training in graduate school, younger early-career respondents were more likely to report having these training opportunities in graduate school, in comparison to older more seasoned participants. However, with regard to training after graduate school, older more seasoned participants were more likely to report having these experiences. Regarding professional experience, younger early-career respondents and those currently working rural, K-8, or K-12 settings reported having the least experience. Older more seasoned participants, who currently work in urban or suburban high schools reported having the most experience. Lastly, with regard to personal familiarity, younger and early career participants were more likely to report being somewhat familiar with transgender people when compared to respondents with more experience. However, respondents who reported being very familiar with transgender people were more likely to be older and have 15+ years in the field.

Research Question #2

The second research question was as follows: How prepared do school psychologists feel to engage in the professional guidelines outlined by NASP? Again, the areas of professional practice that were assessed corresponded directly with the guideline that the National Association of School Psychologists (NASP) outlined in their position statement: "Safe Schools for Transgender and Gender Diverse Students." The areas of professional practice included: advocating for gender neutral space, seeking additional training, engaging in professional consultation, modeling acceptance for transgender students, modeling respect for transgender students, providing staff trainings, responding to harassment from other students, responding to

harassment from staff, using gender neutral phrasing, using gender neutral pronouns, providing counseling, and connecting transgender students to outside agencies.

All questions were structured the same way. For example, participants utilized a 6-point scale to respond to the following question: "Please indicate the extent to which, if at all, you feel prepared to advocate for gender neutral spaces for students who are transgender." The response options included: Not at all Prepared, Unprepared, Somewhat Unprepared, Somewhat Prepared, Prepared, and Very Prepared. Due to the spread of the data, the six response categories were collapsed into four categories: Not at all Prepared/Unprepared, Somewhat Unprepared, Somewhat Prepared, and Prepared/Very Prepared. The areas of practice outlined by NASP were examined individually but were also then arranged into five categories based on the NASP standards: advocacy, additional training, consultation, protection, and counseling. See Table 16 below for all preparedness data.

Advocacy for Transgender Students

According to the National Association of School Psychologists (NASP), advocacy involves supporting and modeling policies and practices that result in the best outcomes for students. NASP identifies three main types of advocacy: individual advocacy on behalf of specific students, professional advocacy to improve practice at the building and district levels, and legislative advocacy at the local, state and national levels to influence policy and legislation that shape practice. The following section was created specifically to capture the domains of practice related to serving transgender youth that fall within the category of advocacy as defined by NASP. These practices were organized this way in order to provide a frame of reference to interpret this data more holistically. The NASP best practices that were included within the

advocacy category were: advocating for gender neutral spaces, modeling acceptance and respect for transgender students, facilitating staff trainings, using gender neutral phrases and pronouns, and referring transgender students to outside agencies for supports. Discussion of each individual practice is included below.

Table 16. Preparedness Data

Area of Professional Practice	n	% of Sample
Advocacy for Transgender Students		
Gender Neutral Spaces		
Not at all Prepared/Unprepared	35	15.1%
Somewhat Unprepared	44	19%
Somewhat Prepared	79	34.1%
Prepared/Very Prepared	74	31.9%
Modeling Acceptance		
Not at all Prepared/Unprepared	12	5.2%
Somewhat Unprepared	12	5.2%
Somewhat Prepared	57	24.6%
Prepared/Very Prepared	151	65.1%
Modeling Respect		
Not at all Prepared/Unprepared	7	3%
Somewhat Unprepared	10	4.2%
Somewhat Prepared	51	22%
Prepared/Very Prepared	164	70.7%
Staff Trainings		
Not at all Prepared/Unprepared	76	33%
Somewhat Unprepared	57	24.8%
Somewhat Prepared	67	29.1%
Prepared/Very Prepared	30	13%
Phrasing		
Not at all Prepared/Unprepared	9	4%
Somewhat Unprepared	37	16.3%
Somewhat Prepared	84	37%
Prepared/Very Prepared	97	42.7%
Pronouns		
Not at all Prepared/Unprepared	29	12.8%
Somewhat Unprepared	42	18.6%
Somewhat Prepared	77	34.1%

Prepared/Very Prepared	78	34.5%
Outside Agencies		
Not at all Prepared/Unprepared	88	38.9%
Somewhat Unprepared	38	16.8%
Somewhat Prepared	63	27.9%
Prepared/Very Prepared	37	16.4%
Seeking Out Additional Training		
Not at all Prepared/Unprepared	18	7.7%
Somewhat Unprepared	28	12%
Somewhat Prepared	70	30%
Prepared/Very Prepared	117	50.2%
Consultation Related to Transgender Topics		
Not at all Prepared/Unprepared	35	15%
Somewhat Unprepared	36	15.5%
Somewhat Prepared	92	39.5%
Prepared/Very Prepared	70	30.5%
Protection of Transgender Students		
Responding to Harassment (Students)		
Not at all Prepared/Unprepared	33	14.4%
Somewhat Unprepared	37	16.2%
Somewhat Prepared	86	37.6%
Prepared/Very Prepared	73	31.9%
Responding to Harassment (Staff)		
Not at all Prepared/Unprepared	39	17%
Somewhat Unprepared	42	18.3%
Somewhat Prepared	76	33.2%
Prepared/Very Prepared	72	31.4%
Counseling Transgender Students		
Not at all Prepared/Unprepared	55	24.2%
Somewhat Unprepared	55	24.2%
Somewhat Prepared	62	27.3%
Prepared/Very Prepared	55	24.2%

Gender neutral spaces. Respondents were asked the extent to which they feel prepared to advocate for gender neutral spaces. Gender neutral spaces were defined for the participants as: "spaces that are inclusive of all genders and are not specifically designated for one gender or another. Examples might include bathrooms or locker rooms." Approximately one third of the

sample (31.9%) indicated they were prepared or very prepared to advocate for gender neutral spaces. Conversely, an additional one third of respondents (34.1%) indicated they felt not at all prepared to somewhat unprepared to advocate for gender neutral spaces (see Table 16).

When compared with respondents in elementary/middle school (43.1% vs. 26.5%) or those in K-12 settings (43.1% vs. 23.8%), participants working in high schools represented the largest relative proportion of individuals who felt prepared/very prepared (see Table 17). Individuals working across all grades (K-12) represented the largest relative proportion of respondents who felt unprepared/not at all prepared when compared to high school (23.8% vs. 10.3%) and elementary/middle participants (23.8% vs. 16.3%) (see Table 17). Further analysis revealed respondents working across all grades (K-12) were most common in rural settings.

Thus, it follows that rural participants represented the largest relative proportion of practitioners who endorsed being unprepared/not at all prepared to engage in this activity when compared to participants in urban (23.7% vs. 12.5%) and suburban (23.7% vs. 14.3%) settings. Urban and suburban respondents reported being the most prepared to engage in this practice (see Table 17). Additional demographic characteristics are included in Table 17 below but are not described in detail above because the percentages were proportionally similar across all categories. Please note that the percentages represent the relative proportion for each group.

Table 17. Preparedness to Advocate for Gender Neutral Spaces (% of Sample)

	Unprepared	Somewhat Unprepared	Somewhat Prepared	Prepared
Gender				
Male	11.5%	11.5%	38.5%	38.5%
Female	16%	20%	34.5%	29.5%
Sexual Orientation				
Heterosexual	16.6%	19.4%	34.1%	29.9%
Homosexual	0.0%	33.3%	66.7%	0.0%
Bisexual	0.0%	11.1%	44.4%	44.4%
Prefer not to Answer	0.0%	0.0%	0.0%	100%
Age Range				
25-35	15%	20.8%	33.3%	30.8%
36-45	16.3%	16.3%	37.2%	30.2%
46-55	17.1%	11.4%	37.1%	34.3%
56-70	13%	26.1%	34.8%	26.1%
Race/Ethnicity				
American Indian	0.0%	0.0%	100%	0.0%
Asian/Pacific Islander	50%	50%	0.0%	0.0%
Black/African American	40%	0.0%	40%	20%
Hispanic	25%	8.3%	41.7%	25%
Multiple Ethnicity	0.0%	25%	50%	25%
White or Caucasian	14.6%	19.6%	34.2%	31.7%
Highest Degree Obtained				
Doctoral Degree	15.4%	10.3%	43.6%	30.8%
Specialist Degree	15.5%	20%	34.2%	30.3%
Master's Degree	15.6%	25%	28.1%	31.3%
Length of Years in Practice				
0-5 years	13.4%	18.6%	36.1%	32%
6-15 years	18.8%	20.3%	32.8%	28.1%
More than 15 years	15.4%	18.5%	35.4%	30.8%
School District Location				
Urban	12.5%	18.8%	33.3%	35.4%
Suburban	14.3%	19.3%	33.6%	32.9%
Rural	23.7%	18.4%	42.1%	15.8%
Grade Level				
Pre-K – 8th Grade	16.3%	21.1%	36.1%	26.5%
High School/Transition	10.3%	17.2%	29.3%	43.1%
Pre-K – 12th Grade	23.8%	9.5%	42.9%	23.8%

Modeling acceptance. Respondents were asked the extent to which they feel prepared to model acceptance for transgender students. Nearly ninety percent of the sample (89.7%) indicated that they feel somewhat prepared to very prepared to model acceptance for transgender students. Only a very small portion or participants indicated that they feel somewhat unprepared (n=12, 5.2%) or unprepared/not at all prepared (n=12, 5.25%) (see Table 16). Of the 24 (10.4%) respondents who indicated they feel between somewhat unprepared and not at all prepared, 20 were practitioners working in elementary/middle school settings, representing the largest relative proportion of respondents who feel unprepared to model acceptance for transgender youth (see Table 18).

With regard to geographical breakdown, participants currently working in urban settings felt the most prepared to model acceptance for transgender students when compared to those in suburban (70.8% vs. 65.7%) and rural environments (70.8% vs. 50%) (see Table 18). Rural school respondents endorsed feeling the least prepared to model acceptance for transgender students. Additional demographic characteristics are included in Table 18 below but are not described in detail above because the percentages were proportionally similar across all categories. Please note that the percentages represent the relative proportion for each group.

Table 18. Preparedness to Model Acceptance (% of Sample)

	Unprepared	Somewhat Unprepared	Somewhat Prepared	Very Prepared
Gender				
Male	15.4%	3.8%	19.2%	61.5%
Female	4%	5.5%	26%	64.5%
Sexual Orientation				
Heterosexual	5.7%	5.2%	26.5%	62.6%
Homosexual	0.0%	0.0%	0.0%	100%
Bisexual	0.0%	11.1%	0.0%	88.9%
Prefer not to Answer	0.0%	0.0%	50%	50%
Age Range				
25-35	3.3%	4.2%	27.5%	65%
36-45	7%	7%	25.6%	60.5%
46-55	5.7%	5.7%	14.3%	74.3%
56-70	13%	4.3%	26.1%	56.5%
Race/Ethnicity				
American Indian	0.0%	0.0%	100%	0.0%
Asian/Pacific Islander	0.0%	0.0%	50%	50%
Black/African American	0.0%	0.0%	60%	40%
Hispanic	0.0%	8.3%	41.7%	50%
Multiple Ethnicity	0.0%	0.0%	25%	75%
White or Caucasian	6%	5.5%	22.1%	66.3%
Highest Degree Obtained				
Doctoral Degree	5.1%	2.6%	25.6%	66.7%
Specialist Degree	5.2%	5.8%	25.8%	63.2%
Master's Degree	6.3%	6.3%	21.9%	65.6%
Length of Years in Practice				
0-5 years	4.1%	4.1%	25.8%	66%
6-15 years	4.7%	7.8%	26.6%	60.9%
More than 15 years	7.7%	4.6%	23.1%	64.6%
School District Location				
Urban	4.2%	2.1%	22.9%	70.8%
Suburban	5.0%	6.4%	22.9%	65.7%
Rural	7.9%	5.3%	36.8%	50%
Grade Level				
Pre-K – 8th Grade	6.8%	6.8%	23.8%	62.6%
High School/Transition	1.7%	1.7%	25.9%	70.7%
Pre-K – 12th Grade	4.8%	4.8%	33.3%	57.1%

Modeling respect. Respondents were asked the extent to which they feel prepared to model respect for transgender students. Seventy percent (70.7%) of the sample indicated they feel prepared/very prepared to model respect for transgender students (see Table 16). As with many of the other best practices described above, high school respondents represented the largest proportion of practitioners who felt prepared/very prepared to model respect for transgender students when compared to K-8 participants (77.6% vs. 66.7%) and K-12 participants (77.6% vs. 71.4%) (see Table 19). Respondents in elementary/middle schools reported feeling the least prepared to model respect for transgender students.

With regard to geographical breakdown, participants currently working in suburban and urban settings felt the most prepared to model respect for transgender students when compared to those rural environments. Rural respondents endorsed feeling the least prepared to model respect for transgender students when compared to urban (5.3% vs. 2.1%) and suburban participants (5.3% vs. 2.9%) (see Table 19).

As shown in Table 19 below, respondents holding Doctoral degrees reported feeling the most prepared to model respect for transgender students. Participants between the ages of 56 and 70 and those holding Master's degrees reported feeling the least prepared to model respect for transgender students. Additional demographic characteristics are included in Table 19 below but are not described above because the percentages were similar across all categories. Please note that the percentages represent the relative proportion for each group.

Table 19. Preparedness to Model Respect (% of Sample)

	Unprepared	Somewhat Unprepared	Somewhat Prepared	Prepared
Gender				
Male	3.8%	7.7%	11.5%	76.9%
Female	3%	4%	24%	69%
Sexual Orientation				
Heterosexual	3.3%	4.7%	23.2%	68.7%
Homosexual	0.0%	0.0%	0.0%	100%
Bisexual	0.0%	0.0%	11.1%	88.9%
Prefer not to Answer	0.0%	0.0%	50%	50%
Age Range				
25-35	1.7%	3.3%	24.2%	70.8%
36-45	2.3%	7%	25.6%	65.1%
46-55	2.9%	2.9%	17.1%	77.1%
56-70	8.7%	8.7%	17.4%	65.2%
Race/Ethnicity				
American Indian	0.0%	0.0%	100%	0.0%
Asian/Pacific Islander	0.0%	0.0%	50%	50%
Black/African American	0.0%	0.0%	40%	60%
Hispanic	0.0%	8.3%	41.7%	50%
Multiple Ethnicity	0.0%	0.0%	50%	50%
White or Caucasian	3.5%	4.5%	19.1%	72.9%
Highest Degree Obtained				
Doctoral Degree	2.6%	0.0%	17.9%	79.5%
Specialist Degree	2.6%	5.8%	24.5%	67.1%
Master's Degree	6.3%	3.1%	18.8%	71.9%
Length of Years in Practice				
0-5 years	3.1%	2.1%	20.6%	74.2%
6-15 years	1.6%	7.8%	28.1%	62.5%
More than 15 years	4.6%	4.6%	20%	70.8%
School District Location				
Urban	2.1%	2.1%	25%	70.8%
Suburban	2.9%	5%	17.9%	74.3%
Rural	5.3%	5.3%	36.8%	52.6%
Grade Level				
Pre-K – 8th Grade	4.1%	6.1%	23.1%	66.7%
High School/Transition	0.0%	0.0%	22.4%	77.6%
Pre-K – 12th Grade	4.8%	4.8%	19%	71.4%

Staff trainings. Respondents were asked the extent to which they feel prepared to facilitate staff trainings on transgender topics. More than half of the sample (57.8%) felt somewhat unprepared to not at all prepared to facilitate a staff training at their school related to transgender topics (see Table 16). Older respondents with more experience reported feeling the most prepared to engaged in this activity. For example, practitioners with more than 15 years of experience reported feeling the most prepared to facilitate a staff training when compared to early career respondents (15.4% vs. 9.3%) and respondents with 6 to 15 years of experience (15.4% vs. 14.1%) (see Table 20).

Participants holding Doctoral degrees and working in high school settings represented the largest relative proportion of practitioners who feel prepared/very prepared to facilitate a staff training on transgender topics. For example, high school practitioners endorsed being more prepared when compared to participants in K-8 (22.4% vs. 7.5%) or K-12 settings (22.4% vs. 19%) (see Table 20). Additionally, practitioners currently working in rural settings reported feeling the most prepared to facilitate staff trainings on transgender topics when compared to their suburban and urban counterparts (see Table 20). Additional demographic characteristics are included in Table 20 below but are not described above because the percentages were proportionally similar across all categories. The percentages listed in Table 20 represent the relative proportion for each group.

Table 20. Preparedness to Facilitate Staff Trainings (% of Sample)

	Unprepared	Somewhat Unprepared	Somewhat Prepared	Very Prepared
Gender				
Male	34.6%	23.1%	30.8%	11.5%
Female	33.5%	25%	29%	12.5%
Sexual Orientation				
Heterosexual	34.1%	26.1%	28.4%	11.4%
Homosexual	66.7%	0.0%	33.3%	0.0%
Bisexual	11.1%	11.1%	44.4%	33.3%
Prefer not to Answer	50%	0.0%	0.0%	50%
Age Range				
25-35	30%	30.8%	30%	9.2%
36-45	32.6%	20.9%	30.2%	16.3%
46-55	25.7%	17.1%	37.1%	20%
56-70	52.2%	17.4%	17.4%	13%
Race/Ethnicity				
American Indian	100%	0.0%	0.0%	0.0%
Asian/Pacific Islander	100%	0.0%	0.0%	0.0%
Black/African American	40%	40%	0.0%	20%
Hispanic	33.3%	33.3%	8.3%	25%
Multiple Ethnicity	0.0%	25%	50%	25%
White or Caucasian	32.2%	24.6%	31.7%	11.6%
Highest Degree Obtained				
Doctoral Degree	28.2%	33.3%	20.5%	17.9%
Specialist Degree	33.5%	22.6%	32.9%	11%
Master's Degree	40.6%	25%	21.9%	12.5%
Length of Years in Practice				
0-5 years	28.9%	28.9%	33%	9.3%
6-15 years	31.3%	29.7%	25%	14.1%
More than 15 years	43.1%	13.8%	27.7%	15.4%
School District Location				
Urban	25%	29.2%	35.4%	10.4%
Suburban	35%	22.9%	29.3%	12.9%
Rural	39.5%	26.3%	21.1%	13.2%
Grade Level				
Pre-K – 8th Grade	37.4%	25.9%	29.3%	7.5%
High School/Transition	20.7%	24.1%	32.8%	22.4%
Pre-K – 12th Grade	42.9%	19%	19%	19%

Gender neutral phrasing. Respondents were asked the extent to which they feel prepared to utilize gender neutral phrasing. Eighty percent (79.7%) of participants indicated they feel somewhat prepared to very prepared to use gender neutral phrasing, such as saying "hi folks" instead of "hi guys" (see Table 16). As shown in Table 21 below, participants in suburban settings represented the largest relative proportion of practitioners who feel prepared to use gender neutral phrasing when compared to those in urban (44.6% vs. 39.6%) and rural settings (44.6% vs. 36.8%). Respondents working across all grades (i.e., K-12) reported feeling the most prepared to use gender neutral phrasing when compared to elementary/middle school practitioners (57.1% vs. 41.8%) and high school practitioners (57.1% vs. 37.9%). High school participants reported feeling the least prepared to use gender neutral phrasing.

Early career respondents (i.e., those with 0-5 years of experience) reported feeling the most prepared to use gender neutral phrasing when compared to practitioners with 6-15 years of experience (48.5% vs. 33.3%) or those with 15+ years of experience (48.5% vs. 41.5%) (see Table 21). Additionally, respondents holding Specialist's degrees represented the largest relative proportion of participants who indicated they feel prepared/very prepared use gender neutral phrasing, compared to respondents holding Master's degrees, who represented the largest proportion of respondents who endorsed feeling unprepared/not at all prepared to use gender neutral phrasing. Additionally, practitioners currently working in suburban and urban settings reported feeling the most prepared to facilitate staff trainings on transgender topics when compared to their rural counterparts (see Table 21). Additional demographic characteristics are included in Table 21 below but are not described above because the percentages were

proportionally similar across all categories. Please note that the percentages represent the relative proportion for each group.

Table 21. Preparedness to Use Gender Neutral Phrasing (% of Sample)

	Unprepared	Somewhat Unprepared	Somewhat Prepared	Very Prepared
Gender				
Male	3.8%	15.4%	38.5%	42.3%
Female	4%	16.6%	37.2%	42.2%
Sexual Orientation				
Heterosexual	4.3%	16.2%	37.1%	42.4%
Homosexual	0.0%	0.0%	66.7%	33.3%
Bisexual	0.0%	22.2%	33.3%	44.4%
Prefer not to Answer	0.0%	0.0%	50%	50%
Age Range				
25-35	2.5%	14.2%	37.5%	45.8%
36-45	4.7%	32.6%	32.6%	30.2%
46-55	2.9%	11.8%	41.2%	44.1%
56-70	13%	8.7%	39.1%	39.1%
Race/Ethnicity				
American Indian	0.0%	0.0%	100%	0.0%
Asian/Pacific Islander	0.0%	0.0%	50%	50%
Black/African American	20%	20%	20%	40%
Hispanic	8.3%	16.7%	33.3%	41.7%
Multiple Ethnicity	0.0%	25%	25%	50%
White or Caucasian	3.5%	16.7%	38.4%	41.4%
Highest Degree Obtained				
Doctoral Degree	5.1%	30.8%	28.2%	35.9%
Specialist Degree	3.2%	14.3%	37%	45.5%
Master's Degree	6.3%	9.4%	50%	34.4%
Length of Years in Practice				
0-5 years	3.1%	9.3%	39.2%	48.5%
6-15 years	1.6%	28.6%	36.5%	33.3%
More than 15 years	7.7%	15.4%	35.4%	41.5%
School District Location				
Urban	6.3%	12.5%	41.7%	39.6%
Suburban	2.9%	15.1%	37.4%	44.6%
Rural	5.3%	26.3%	31.6%	36.8%
Grade Level				
Pre-K – 8th Grade	3.4%	18.5%	36.3%	41.8%
High School/Transition	5.2%	13.8%	43.1%	37.9%
Pre-K – 12th Grade	4.8%	9.5%	28.6%	57.1%

Gender neutral pronouns. Respondents were asked the extent to which they feel prepared to use gender neutral pronouns. Nearly seventy percent (68.6%) of respondents indicated they feel somewhat prepared to very prepared to use gender neutral pronouns (see Table 16). With regard to geographical breakdown, participants in suburban settings represented the largest relative proportion of practitioners who feel prepared to use gender neutral pronouns when compared to those in urban (36.4% vs. 32.6%) and rural settings (36.4% vs. 28.9%) (see Table 22). Urban respondents reported feeling the least prepared to engage in this activity.

As shown below in Table 22, respondents working across all grades (i.e., K-12) reported feeling the most prepared to use gender neutral pronouns when compared to elementary/middle school participants (42.9% vs. 35.2%) and high school participants (42.9% vs. 29.3%). Elementary/middle school respondents reported feeling the least prepared to use gender neutral pronouns. Younger participants (i.e., those between the ages of 25 and 35) reported feeling the most prepared to engage in this activity, along with early career respondents (i.e., those with 0-5 years of experience) who also reported feeling the most prepared to use gender neutral pronouns when compared to respondents with 6-15 years of experience (40.6% vs. 28.6%) or those with 15+ years of experience (40.6% vs. 30.8%). Additional demographic characteristics are included in Table 22 below but are not described above because the percentages were proportionally similar across all categories. Please note that the percentages represent the relative proportion for each group.

Table 22. Preparedness to Use Gender Neutral Pronouns (% of Sample)

	Unprepared	Somewhat Unprepared	Somewhat Prepared	Prepared
Gender				
Male	4%	12%	60%	24%
Female	14.1%	19.6%	30.7%	35.7%
Sexual Orientation				
Heterosexual	13.9%	18.7%	33%	34.4%
Homosexual	0.0%	33.3%	66.7%	0.0%
Bisexual	0.0%	22.2%	22.2%	55.6%
Prefer not to Answer	0.0%	0.0%	100%	0.0%
Age Range				
25-35	10.9%	17.6%	34.5%	37%
36-45	16.7%	28.6%	23.8%	31%
46-55	14.3%	14.3%	37.1%	34.3%
56-70	17.4%	13%	43.5%	26.1%
Race/Ethnicity				
American Indian	0.0%	0.0%	100%	0.0%
Asian/Pacific Islander	0.0%	50%	50%	0.0%
Black/African American	0.0%	0.0%	60%	40%
Hispanic	25%	8.3%	33.3%	33.3%
Multiple Ethnicity	0.0%	50%	0.0%	50%
White or Caucasian	13.2%	18.8%	34%	34%
Highest Degree Obtained				
Doctoral Degree	17.9%	12.8%	41%	28.2%
Specialist Degree	12.4%	21.6%	30.1%	35.9%
Master's Degree	9.4%	12.5%	43.8%	34.4%
Length of Years in Practice				
0-5 years	10.4%	16.7%	32.3%	40.6%
6-15 years	12.7%	27%	31.7%	28.6%
More than 15 years	16.9%	13.8%	38.5%	30.8%
School District Location				
Urban	15.2%	15.2%	37%	32.6%
Suburban	12.1%	17.1%	34.3%	36.4%
Rural	13.2%	28.9%	28.9%	28.9%
Grade Level				
Pre-K – 8th Grade	15.2%	17.2%	32.4%	35.2%
High School/Transition	6.9%	22.4%	41.4%	29.3%
Pre-K – 12th Grade	14.3%	19%	23.8%	42.9%

Outside agencies. Respondents were asked the extent to which they feel prepared to refer transgender students to outside agencies for services and supports. The majority of the sample (55.7%) indicated they feel somewhat unprepared to not at all prepared to connect transgender students to outside agencies for supports and services (see Table 16). Over half of rural respondents (55.3%) indicated they feel unprepared/not at all prepared to engage in this activity when compared to 37.9% of suburban participants and 29.2% of urban participants. Suburban respondents reported feeling the most prepared when compared to urban (17.9% vs. 16.7%) and rural school participants (17.9% vs. 10.5%) (see Table 23).

As shown in Table 23 below, respondents working across all grades (i.e., K-12) reported feeling the least prepared to connect transgender students to outside agencies in comparison to K-8 (57.1% vs. 39.5%) and high school participants (57.1% vs. 31%). High school respondents reported feeling the most prepared when compared to K-8 (27.6% vs. 12.2%) and K-12 school psychologists (27.6% vs. 14.3%).

Early career respondents (i.e., those with 0-5 years of experience) reported feeling the least prepared to refer students to outside agencies compared to participants with 6 to 15 years of experience (41.2% vs. 34.4%) and those with 15+ years of experience (41.2% vs. 40%) (see Table 23). Nearly a quarter of all seasoned professionals (i.e. 15+ years of experience) who responded to this question reported feeling prepared/very prepared to connect transgender students to outside agencies in comparison to 10.3% of early career professionals and 17.2% of participants with 6 to 15 years of experience (see Table 23). Additional demographic characteristics are included in Table 23 below but are not described in detail above because the

percentages were proportionally similar across all categories. Please note that the percentages represent the relative proportion for each group.

Table 23. Preparedness to Connect Students to Outside Agencies (% of Sample)

	Unprepared	Somewhat Unprepared	Somewhat Prepared	Very Prepared
Gender				
Male	38.5%	11.5%	34.6%	15.4%
Female	39%	17.5%	27%	16.5%
Sexual Orientation				
Heterosexual	39.8%	17.5%	27.5%	15.2%
Homosexual	33.3%	33.3%	33.3%	0.0%
Bisexual	22.2%	0.0%	33.3%	44.4%
Prefer not to Answer	50%	0.0%	0.0%	50%
Age Range				
25-35	40%	19.2%	30%	10.8%
36-45	44.2%	14%	32.6%	9.3%
46-55	31.4%	17.1%	20%	31.4%
56-70	30.4%	8.7%	26.1%	34.8%
Race/Ethnicity				
American Indian	100%	0.0%	0.0%	0.0%
Asian/Pacific Islander	50%	0.0%	50%	0.0%
Black/African American	40%	20%	40%	0.0%
Hispanic	41.7%	8.3%	25%	25%
Multiple Ethnicity	0.0%	25%	25%	50%
White or Caucasian	39.2%	17.1%	27.6%	16.1%
Highest Degree Obtained				
Doctoral Degree	30.8%	25.6%	17.9%	25.6%
Specialist Degree	41.3%	16.1%	29.7%	12.9%
Master's Degree	37.5%	9.4%	31.3%	21.9%
Length of Years in Practice				
0-5 years	41.2%	19.6%	28.9%	10.3%
6-15 years	34.4%	17.2%	31.3%	17.2%
More than 15 years	40%	12.3%	23.1%	24.6%
School District Location				
Urban	29.2%	18.8%	35.4%	16.7%
Suburban	37.9%	17.1%	27.1%	17.9%
Rural	55.3%	13.2%	21.1%	10.5%
Grade Level				
Pre-K – 8th Grade	39.5%	20.4%	27.9%	12.2%
High School/Transition	31%	12.1%	29.3%	27.6%
Pre-K – 12th Grade	57.1%	4.8%	23.8%	14.3%

Seeking Out Additional Training

Respondents were asked the extent to which they feel prepared to seek out additional training on transgender topics. With regard to additional training, 50.2% of the sample indicated they feel very prepared to obtain additional training (see Table 16). As shown in Table 24 below, respondents with 15+ years of experience represented the largest relative proportion of school psychologists who felt prepared/very prepared to obtain additional training when compared to early career participants (58.5% vs. 42.3%) and those with 6-15 years of experience (58.5% vs. 50%).

Again, respondents working primarily with high school aged youth were more likely to report being prepared/very prepared to engage in this practice when compared to participants working across all grades (67.2% vs. 44.9%) and middle/elementary respondents (67.2% vs. 28.6%) (see Table 24). Rural respondents represented the largest portion of practitioners who felt not at all prepared/unprepared to seek additional training on these topics when compared to urban (13.2% vs. 4.2%) and suburban school participants (13.2% vs. 7.9%). Conversely, urban respondents reported feeling the most prepared when compared to suburban (56.3% vs. 51.4%) and urban participants (56.3% vs. 31.6%) (see Table 24). Additional demographic characteristics are included in Table 24 below but are not described in detail above because the percentages were proportionally similar across all categories. Please note that the percentages represent the relative proportion for each group.

Table 24. Preparedness to Seek Additional Training (% of Sample)

	Unprepared	Somewhat Unprepared	Somewhat Prepared	Prepared
Gender				
Male	11.5%	7.7%	23.1%	57.7%
Female	7.5%	12.5%	32%	48%
Sexual Orientation				
Heterosexual	8.5%	12.3%	31.8%	47.4%
Homosexual	0.0%	0.0%	0.0%	100%
Bisexual	0.0%	11.1%	22.2%	66.7%
Prefer not to Answer	0.0%	0.0%	50%	50%
Age Range				
25-35	6.7%	15%	35.8%	42.5%
36-45	9.3%	9.3%	32.6%	48.8%
46-55	8.6%	5.7%	8.6%	77.1%
56-70	8.7%	13%	30.4%	47.8%
Race/Ethnicity				
American Indian	0.0%	0.0%	0.0%	100%
Asian/Pacific Islander	0.0%	0.0%	50%	50%
Black/African American	20%	0.0%	20%	60%
Hispanic	16.7%	0.0%	33.3%	50%
Multiple Ethnicity	0.0%	0.0%	50%	50%
White or Caucasian	7.5%	13.6%	29.6%	49.2%
Highest Degree Obtained				
Doctoral Degree	2.6%	5.1%	38.5%	53.8%
Specialist Degree	9%	13.5%	28.4%	49%
Master's Degree	9.4%	12.5%	34.4%	43.8%
Length of Years in Practice				
0-5 years	8.2%	13.4%	36.1%	42.3%
6-15 years	7.8%	12.5%	29.7%	50%
More than 15 years	7.7%	9.2%	24.6%	58.5%
School District Location				
Urban	4.2%	10.4%	29.2%	56.3%
Suburban	7.9%	11.4%	29.3%	51.4%
Rural	13.2%	15.8%	39.5%	31.6%
Grade Level				
Pre-K – 8th Grade	8.8%	14.3%	32%	44.9%
High School/Transition	1.7%	5.2%	25.9%	67.2%
Pre-K – 12th Grade	19%	14.3%	38.1%	28.6%

Consultation Related to Transgender Topics

Respondents were asked the extent to which they feel prepared to consult with colleagues on issues related to transgender students. More than half of the sample (70%) indicated they felt between somewhat prepared and very prepared to engage in consultation with colleagues around transgender topics (see Table 16). As shown in Table 25 below, the largest relative percentage of respondents who indicated they were prepared/very prepared to consult with colleagues around transgender topics were those with more years of experience, currently working in high schools. For example, high school respondents endorsed feeling more prepared when compared to elementary/middle school (37.9% vs. 23.8%) and K-12 participants (37.9% vs. 33.3%).

With regard to geographical breakdown, respondents currently working in urban settings felt the most prepared to engage in professional consultation when compared to those in suburban (33.3% vs. 29.3%) and rural environments (33.3% vs. 18.4%) (see Table 25). Rural participants endorsed feeling the least prepared to engage in professional consultation with colleagues around transgender topics. Older participants and those with more years of experience in the field reported feeling much more prepared to consult with colleagues on transgender topics than did early career professionals. Specifically, 58.5% of respondents with more than 15 years of experience felt either prepared or very prepared to consult with colleagues, compared to 42.3% of early career participants. Additional demographic characteristics are included in Table 25 below but are not described in detail above because the percentages were proportionally similar across all categories. Please note that the percentages represent the relative proportion for each group.

Table 25. Preparedness to Engage in Consultation (% of Sample)

	Unprepared	Somewhat Unprepared	Somewhat Prepared	Prepared
Gender				
Male	19.2%	7.7%	30.8%	42.3%
Female	15%	16.5%	42%	26.5%
Sexual Orientation				
Heterosexual	15.6%	16.6%	41.7%	26.1%
Homosexual	0.0%	0.0%	33.3%	66.7%
Bisexual	11.1%	0.0%	33.3%	55.6%
Prefer not to Answer	50%	0.0%	0.0%	50%
Age Range				
25-35	6.7%	15%	35.8%	42.5%
36-45	9.3%	9.3%	32.6%	48.8%
46-55	8.6%	5.7%	8.6%	77.1%
56-70	8.7%	13%	30.4%	47.8%
Race/Ethnicity				
American Indian	0.0%	0.0%	0.0%	100%
Asian/Pacific Islander	0.0%	0.0%	50%	50%
Black/African American	20%	0.0%	20%	60%
Hispanic	16.7%	0.0%	33.3%	50%
Multiple Ethnicity	0.0%	0.0%	50%	50%
White or Caucasian	7.5%	13.6%	29.6%	49.2%
Highest Degree Obtained				
Doctoral Degree	2.6%	5.1%	38.5%	53.8%
Specialist Degree	9%	13.5%	28.4%	49%
Master's Degree	9.4%	12.5%	34.4%	43.8%
Length of Years in Practice				
0-5 years	8.2%	13.4%	36.1%	42.3%
6-15 years	7.8%	12.5%	29.7%	50%
More than 15 years	7.7%	9.2%	24.6%	58.5%
School District Location				
Urban	4.2%	10.4%	29.2%	56.3%
Suburban	7.9%	11.4%	29.3%	51.4%
Rural	13.2%	15.8%	39.5%	31.6%
Grade Level				
Pre-K – 8th Grade	8.8%	14.3%	32%	44.9%
High School/Transition	1.7%	5.2%	25.9%	67.2%
Pre-K – 12th Grade	19%	14.3%	38.1%	28.6%

Protection of Transgender Students

The NASP guidelines for school psychologists on serving transgender youth include the practice of responding to harassment directed towards transgender youth when perpetrated by both students and staff. In the present study, these two categories (i.e., responding to harassment from students and responding to harassment from staff) were included under the umbrella term of protection for transgender students in order to provide a frame for interpreting these practices together. These practices were clustered together to allow for a more holistic interpretation of the data. The practices are discussed individually at greater length below.

Responding to harassment from students. Respondents were asked the extent to which they feel prepared to respond to the harassment of transgender students when perpetrated by other students. Seventy percent (69.5%) of the sample indicated they feel between somewhat prepared and very prepared to respond to harassment directed towards transgender students when perpetrated by other students (see Table 16). Respondents working in elementary/middle school settings reported being the least prepared to respond to harassment when compared to those in K-12 (17.7% vs. 14.3%) and high school environments (17.7% vs. 6.9%). High school participants reported being the most prepared to complete this activity when compared to K-8 (39.7% vs. 27.2%) and K-12 respondents (39.7% vs. 38.1%) (see Table 26).

Table 26. Preparedness to Respond to Harassment from Students (% of Sample)

	Unprepared	Somewhat Unprepared	Somewhat Prepared	Prepared
Gender				
Male	15.4%	11.5%	38.5%	34.6%
Female	14.5%	17%	37.5%	31%
Sexual Orientation				
Heterosexual	15.6%	16.6%	37.4%	30.3%
Homosexual	0.0%	33.3%	33.3%	33.3%
Bisexual	0.0%	11.1%	44.4%	44.4%
Prefer not to Answer	0.0%	0.0%	50%	50%
Age Range				
25-35	13.3%	18.3%	39.2%	29.2%
36-45	14%	18.6%	41.9%	25.6%
46-55	11.4%	20%	22.9%	45.7%
56-70	26.1%	0.0%	34.8%	39.1%
Race/Ethnicity				
American Indian	0.0%	100%	0.0%	0.0%
Asian/Pacific Islander	0.0%	0.0%	100%	0.0%
Black/African American	20%	20%	40%	20%
Hispanic	16.7%	25%	25%	33.3%
Multiple Ethnicity	0.0%	0.0%	50%	50%
White or Caucasian	15.1%	15.6%	37.2%	32.2%
Highest Degree Obtained				
Doctoral Degree	5.1%	20.5%	38.5%	35.9%
Specialist Degree	15.5%	15.5%	38.1%	31%
Master's Degree	21.9%	15.6%	34.4%	28.1%
Length of Years in Practice				
0-5 years	15.5%	14.4%	40.2%	29.9%
6-15 years	10.9%	23.4%	37.5%	28.1%
More than 15 years	16.9%	12.3%	33.8%	36.9%
School District Location				
Urban	14.6%	10.4%	45.8%	29.2%
Suburban	15%	17.9%	31.4%	35.7%
Rural	13.2%	18.4%	50%	18.4%
Grade Level				
Pre-K – 8th Grade	17.7%	19.7%	35.4%	27.2%
High School/Transition	6.9%	6.9%	46.6%	39.7%
Pre-K – 12th Grade	14.3%	19%	28.6%	38.1%

As shown in Table 26, respondents with more than 15 years of experience reported feeling the most prepared to respond to harassment from other students when compared to participants with 0 to 5 years of experience (36.9% vs. 29.9%) and participants with 6 to 15 years of experience (36.9% vs. 28.1%). Additional demographic characteristics are included in Table 26 but are not described in detail above because the percentages were proportionally similar across all categories. The percentages represent the relative proportion for each group.

Responding to harassment from staff. Respondents were asked the extent to which they feel prepared to respond to the harassment of transgender students when perpetrated by staff. Sixty-five percent of the sample (64.6%) reported feeling somewhat prepared to very prepared to respond to harassment directed towards transgender students when perpetrated by staff members (see Table 16). As with many of the categories outlined above, rural respondents indicated that they feel the least prepared to respond to harassment from staff when compared to urban (18.4% vs. 14.6%) and suburban participants (18.4% vs. 17.9%). In comparison to urban (33.6% vs. 31.3%) and rural respondents (33.6% vs. 18.4%), suburban participants felt the most prepared to respond to harassment from staff (see Table 27).

Again, high school respondents reported feeling most prepared to complete this activity in comparison to K-8 (36.2% vs. 27.9%) and K-12 participants (36.2% vs. 33.3%). Conversely, K-8 respondents represented the largest proportion of school psychologists who feel unprepared/not at all prepared to address harassment from staff when compared to high school (19.7% vs. 12.1%) and K-12 respondents (19.7% vs. 14.3%) (see Table 27).

Table 27. Preparedness to Respond to Harassment from Staff (% of Sample)

	Unprepared	Somewhat Unprepared	Somewhat Prepared	Prepared
Gender				
Male	11.5%	19.2%	38.5%	30.8%
Female	18%	18.5%	33%	30.5%
Sexual Orientation				
Heterosexual	18.5%	18.5%	34.1%	28.9%
Homosexual	0.0%	0.0%	66.7%	33.3%
Bisexual	0.0%	33.3%	0.0%	66.7%
Prefer not to Answer	0.0%	0.0%	100%	0.0%
Age Range				
25-35	20.8%	19.2%	33.3%	26.7%
36-45	14%	18.6%	44.2%	23.3%
46-55	11.4%	20%	22.9%	45.7%
56-70	17.4%	13%	30.4%	39.1%
Race/Ethnicity				
American Indian	0.0%	100%	0.0%	0.0%
Asian/Pacific Islander	50%	50%	0.0%	0.0%
Black/African American	20%	0.0%	60%	20%
Hispanic	25%	25%	25%	25%
Multiple Ethnicity	0.0%	25%	25%	50%
White or Caucasian	17.1%	18.1%	33.7%	31.2%
Highest Degree Obtained				
Doctoral Degree	12.8%	20.5%	25.6%	41%
Specialist Degree	16.8%	20%	37.4%	25.8%
Master's Degree	25%	9.4%	25%	40.6%
Length of Years in Practice				
0-5 years	22.7%	16.5%	34%	26.8%
6-15 years	12.5%	25%	35.9%	26.6%
More than 15 years	13.8%	15.4%	30.8%	40%
School District Location				
Urban	14.6%	14.6%	39.6%	31.3%
Suburban	17.9%	19.3%	29.3%	33.6%
Rural	18.4%	21.1%	42.1%	18.4%
Grade Level				
Pre-K – 8th Grade	19.7%	18.4%	34%	27.9%
High School/Transition	12.1%	19%	32.8%	36.2%
Pre-K – 12th Grade	14.3%	19%	33.3%	33.3%

As shown in Table 27, participants with 0 to 5 years of experience reported being the least prepared to respond to harassment from staff compared to respondents with 15+ years of experience, who reported being the most prepared. Additionally, respondents currently holding Doctoral degrees reported feeling the most prepared to respond to harassment from staff (see Table 27). Additional demographic characteristics are included in Table 27 but are not described in detail above because the percentages were proportionally similar across all categories. Please note that the percentages represent the relative proportion for each group.

Counseling Transgender Students

Respondents were asked the extent to which they feel prepared to counsel transgender students. Just over half of the sample (51.5%) felt somewhat prepared to very prepared to counsel transgender students (see Table 16). Of the respondents who indicated they feel unprepared/not at all prepared to counsel transgender students, the largest relative proportion was comprised of rural respondents when compared to urban (31.6% vs. 22.9%) and suburban participants (31.6% vs. 22.9%). Urban participants represented the largest relative proportion of respondents who feel prepared/very prepared when compared to suburban (29.2% vs. 25%) and rural practitioners (29.2% vs. 15.8%).

As shown in Table 28 below, seasoned practitioners with more than 15 years of experience reported feeling the most prepared to counsel transgender students when compared to early-career respondents (32.3% vs. 17.5%) and respondents with 6 to 15 years of experience (32.3% s. 26.6%). Conversely, participants with 6 o 15 years of experience reported feeling the least prepared when compared to respondents with 0 to 5 years of experience (29.7% vs. 20.6%) and those with 15+ years of experience (29.7% vs. 24.6%).

Table 28. Preparedness to Counsel Transgender Students (% of Sample)

	Unprepared	Somewhat Unprepared	Somewhat Prepared	Prepared
Gender				
Male	19.2%	23.1%	23.1%	34.6%
Female	25%	24%	28%	23%
Sexual Orientation				
Heterosexual	24.6%	24.6%	27.5%	23.2%
Homosexual	0.0%	66.7%	33.3%	0.0%
Bisexual	22.2%	0.0%	22.2%	55.6%
Prefer not to Answer	50%	0.0%	0.0%	50%
Age Range				
25-35	24.2%	26.7%	30%	19.2%
36-45	25.6%	27.9%	23.3%	23.3%
46-55	20%	17.1%	22.9%	40%
56-70	26.1%	13%	30.4%	30.4%
Race/Ethnicity				
American Indian	0.0%	100%	0.0%	0.0%
Asian/Pacific Islander	50%	50%	0.0%	0.0%
Black/African American	0.0%	20%	40%	40%
Hispanic	16.7%	25%	25%	33.3%
Multiple Ethnicity	0.0%	0.0%	25%	75%
White or Caucasian	25.1%	24.1%	27.6%	23.1%
Highest Degree Obtained				
Doctoral Degree	17.9%	30.8%	20.5%	30.8%
Specialist Degree	25.2%	22.6%	27.7%	24.5%
Master's Degree	28.1%	21.9%	34.4%	15.6%
Length of Years in Practice				
0-5 years	20.6%	28.9%	33%	17.5%
6-15 years	29.7%	25%	18.8%	26.6%
More than 15 years	24.6%	15.4%	27.7%	32.3%
School District Location				
Urban	22.9%	20.8%	27.1%	29.2%
Suburban	22.9%	25.7%	26.4%	25%
Rural	31.6%	21.1%	31.6%	15.8%
Grade Level				
Pre-K – 8th Grade	30.6%	25.2%	26.5%	17.7%
High School/Transition	8.6%	20.7%	31%	39.7%
Pre-K – 12th Grade	23.8%	23.8%	23.8%	28.6%

Again, respondents working in high school settings reported feeling the most prepared to counsel transgender students in comparison to K-8 participants (39.7% vs. 17.7%) and K-12 participants (39.7% vs. 28.6%) (see Table 28). Conversely, respondents working in elementary/middle schools reported being the least prepared to counsel transgender students. Of the 55 respondents who indicated they feel unprepared/not at all prepared, 81.8% were comprised of K-8 practitioners. Participants holding Doctoral degrees endorsed feeling more prepared than respondents with Master's or Specialist-level degrees. Participants with Master's degrees reported feeling the least prepared (see Table 28). Additional demographic characteristics are included in Table 28 below but are not described in detail above because the percentages were proportionally similar across all categories. Please note that the percentages represent the relative proportion for each group.

Research Question #3

The third research question was as follows: To what extent do school psychologists engage in the professional guidelines outlined by NASP? The areas of professional practice that were assessed corresponded directly with the guideline that the National Association of School Psychologists (NASP) outlined in their position statement: "Safe Schools for Transgender and Gender Diverse Students." The areas of professional practice included: advocating for gender neutral space, seeking additional training, engaging in professional consultation, modeling acceptance for transgender students, modeling respect for transgender students, providing staff trainings, responding to harassment from other students, responding to harassment from staff, using gender neutral phrasing, using gender neutral pronouns, providing counseling, and connecting transgender students to outside agencies.

All questions were structured the same way. Participants utilized a 7-point scale to respond to the following question: “In your role as a school psychologist, please indicate the frequency with which, if at all, you advocate for gender neutral spaces for students who are transgender.” The response options included: Never, Very Infrequently, Infrequently, Occasionally, Frequently, Very Frequently, and Not Applicable. Due to the spread of the data, the seven response categories were collapsed into five categories: Never, Very Infrequently/ Infrequently, Occasionally, Frequently/Very Frequently, and Not Applicable. Topics were examined individually but were also arranged into five areas of practice based on the NASP standards: advocacy, additional training, consultation, protection, and counseling. See Table 29 below for all frequency data.

Advocacy for Transgender Students

Gender neutral spaces. Respondents were asked to indicate the frequency with which they advocate for gender neutral spaces for students who are transgender. Gender neutral spaces were defined for the participants as: “spaces that are inclusive of all genders and are not specifically designated for one gender or another. Examples might include bathrooms or locker rooms.” With regard to the frequency with which respondents advocate for these spaces, more than half of the sample (55%) indicated they never to infrequently engage in this practice. An additional 9.8% of participants indicated that advocating for gender neutral spaces was not applicable to their role as school psychologist (see Table 29).

Table 29. Frequency Data

Area of Professional Practice	n	% of Sample
Advocacy for Transgender Students		
Gender Neutral Spaces		
Never	54	23.2%
Very Infrequently/Infrequently	74	31.8%
Occasionally	44	18.9%
Frequently/Very Frequently	38	16.3%
Not Applicable	23	9.8%
Modeling Acceptance		
Never	11	4.8%
Very Infrequently/Infrequently	26	11.3%
Occasionally	36	15.6%
Frequently/Very Frequently	132	57.1%
Not Applicable	26	11.3%
Modeling Respect		
Never	11	4.7%
Very Infrequently/Infrequently	27	11.6%
Occasionally	29	12.5%
Frequently/Very Frequently	133	57.3%
Not Applicable	32	13.8%
Staff Trainings		
Never	149	65.1%
Very Infrequently/Infrequently	52	22.7%
Occasionally	12	5.2%
Frequently/Very Frequently	5	2.2%
Not Applicable	11	4.8%
Phrasing		
Never	12	5.3%
Very Infrequently/Infrequently	51	22.4%
Occasionally	81	35.5%
Frequently/Very Frequently	79	34.6%
Not Applicable	5	2.2%
Pronouns		
Never	20	8.8%
Very Infrequently/Infrequently	86	37.7%
Occasionally	65	28.5%
Frequently/Very Frequently	55	24.1%
Not Applicable	2	0.9%

Outside Agencies	113	50%
Never	50	22.1%
Very Infrequently/Infrequently	23	10.2%
Occasionally	6	2.7%
Frequently/Very Frequently	34	15
Not Applicable		
Seeking Out Additional Training		
Never	24	10.3%
Very Infrequently/Infrequently	82	35.3%
Occasionally	92	39.7%
Frequently/Very Frequently	33	14.2%
Not Applicable	1	0.4%
Consultation Related to Transgender Topics		
Never	46	19.9%
Very Infrequently/Infrequently	84	36.4%
Occasionally	78	33.8%
Frequently/Very Frequently	19	8.2%
Not Applicable	4	1.7%
Protection of Transgender Students		
Responding to Harassment (Students)		
Never	87	38%
Very Infrequently/Infrequently	67	29.3%
Occasionally	23	10%
Frequently/Very Frequently	10	4.4%
Not Applicable	42	18.3%
Responding to Harassment (Staff)		
Never	128	55.9%
Very Infrequently/Infrequently	41	17.9%
Occasionally	13	5.7%
Frequently/Very Frequently	3	1.3%
Not Applicable	44	19.2%
Counseling Transgender Students		
Never	109	48%
Very Infrequently/Infrequently	60	26.4%
Occasionally	26	11.5%
Frequently/Very Frequently	10	4.4%
Not Applicable	22	9.7%

As shown in Table 30 below, rural participants engaged in this practice the least when compared to suburban (39.5% vs. 28.6%) and urban (39.5% vs. 31.31%) respondents. However, 12.9% of suburban respondents indicated advocating for gender neutral spaces was not applicable to their role as school psychologist compared to 7.9% of rural participants and 4.2% of urban participants.

Respondents working in high schools most often reported engaging in this practice. Specifically, 27.6% of high school participants indicated that they frequently to very frequently advocate for gender neutral spaces compared to 13.6% of respondents working in pre-k through 8th grade settings or 0% of participants working across all grades (pre-k through 12th). Respondents working across all grades were more likely to report never engaging in this practice when compared to high school participants (42.9% vs. 12.1%) or elementary/middle school participants (42.9% vs. 25.9%) (see Table 30).

As shown in Table 30 below, respondents between the ages of 36 to 45 with 6 to 15 years of experience represented the largest relative percentage of people who reported frequently to very frequently advocating for gender neutral spaces. Additionally, participants holding Doctoral degrees represented the largest relative proportion of respondents who occasionally to very frequently advocate for gender neutral spaces. Additional demographic characteristics are included in Table 30 below but are not described in detail above because the percentages were proportionally similar across all categories. Please note that the percentages represent the relative proportion for each group.

Table 30. Frequency of Advocating for Gender Neutral Spaces (% of Sample)

	Never	Infrequently	Occasionally	Frequently	N/A
Gender					
Male	19.2%	30.8%	15.4%	26.9%	7.7%
Female	24.5%	31%	19.5%	14.5%	10.5%
Sexual Orientation					
Heterosexual	24.6%	30.8%	19%	16.1%	9.5%
Homosexual	33.3%	33.3%	0.0%	0.0%	33.3%
Bisexual	11.1%	33.3%	22.2%	22.2%	11.1%
Prefer not to Answer	0.0%	0.0%	50%	0.0%	50%
Age Range					
25-35	20.8%	33.3%	20.8%	13.3%	11.7%
36-45	30.2%	23.3%	16.3%	25.6%	4.7%
46-55	20%	31.4%	20%	14.3%	14.3%
56-70	34.8%	30.4%	17.4%	13%	4.3%
Race/Ethnicity					
American Indian	100%	0.0%	0.0%	0.0%	0.0%
Asian/Pacific Islander	50%	0.0%	0.0%	0.0%	50%
Black/African American	40%	20%	40%	0.0%	0.0%
Hispanic	16.7%	25%	33.3%	16.7%	8.3%
Multiple Ethnicity	25%	50%	0.0%	25%	0.0%
White or Caucasian	23.6%	32.2%	18.1%	16.1%	10.1%
Highest Degree Obtained					
Doctoral Degree	20.5%	25.6%	28.2%	17.9%	7.7%
Specialist Degree	23.9%	32.9%	15.5%	16.8%	11%
Master's Degree	28.1%	28.1%	25%	9.4%	9.4%
Length of Years in Practice					
0-5 years	19.6%	36.1%	18.6%	14.4%	11.3%
6-15 years	26.6%	26.6%	20.3%	17.2%	9.4%
More than 15 years	27.7%	27.7%	18.5%	16.9%	9.2%
School District Location					
Urban	25%	31.3%	22.9%	16.7%	4.2%
Suburban	22.1%	28.6%	18.6%	17.9%	12.9%
Rural	28.9%	39.5%	15.8%	7.9%	7.9%
Grade Level					
Pre-K – 8th Grade	25.9%	31.3%	15%	13.6%	14.3%
High School/Transition	12.1%	25.9%	32.8%	27.6%	1.7%
Pre-K – 12th Grade	42.9%	42.9%	9.5%	0.0%	4.8%

Modeling acceptance. Respondents were asked to indicate the frequency with which they model acceptance for students who are transgender. As shown in Table 29, more than half of the sample (57.1%) indicated that they frequently to very frequently model acceptance for transgender students. Eleven percent (11.3%) of respondents indicated that modelling acceptance for transgender students was not applicable to their role as school psychologist. With regard to the geographical breakdown, participants working in urban settings were more likely than those in rural (62.5% vs. 56.8%) and suburban (62.5% vs. 54.3%) settings to report frequently/very frequently modeling acceptance for transgender students (see Table 31). Across all geographical regions, suburban respondents represented the largest relative proportion of practitioners who indicated that they never model acceptance for transgender students.

As shown in Table 31 below, older respondents between the ages of 56 and 70 with more than 15 years of experience represented the largest relative proportion of participants who indicated that they never model acceptance for transgender students. Conversely, respondents with 6 to 15 years of experience represented the largest relative proportion of participants who indicated that they frequently/to very frequently model acceptance for transgender students.

Again, when compared to elementary/middle respondents (48.6%) and participants working across all grades (47.6%), high school respondents (79.3%) represented the largest percentage of participants who frequently to very frequently model acceptance for transgender students. Additionally, respondents holding Doctoral degrees represented the largest relative proportion of practitioners who occasionally to very frequently model acceptance for transgender students, compared to respondents holding Master's degrees, who represented the largest proportion of participants who never to infrequently model acceptance for transgender students

(see Table 31). Additional demographic characteristics are included in Table 31 below but are not described in detail above because the percentages were proportionally similar across all categories. Please note that the percentages represent the relative proportion for each group.

Modeling respect. Respondents were asked to indicate the frequency with which they model respect for students who are transgender. As shown in Table 29, more than half of the sample (57.3%) indicated that they frequently to very frequently model respect for transgender students. However, a significant number of respondents indicated modeling respect for transgender students was not applicable to their role as school psychologist (n=32, 13.8%). Approximately 11% (n=27) participants indicated that they very infrequently to infrequently model respect for transgender students.

As with many of the other best practices described above, high school respondents were more likely to indicate that they frequently to very frequently model respect for transgender youth when compared to elementary/middle school participants (84.5% vs. 46.3%) and those working across all grades (84.5% vs. 52.4%) (see Table 32). Of the 13.8% of respondents who indicated modeling respect for transgender youth was not applicable to their role as school psychologist, 87.5% were participants working in elementary/middle school. Furthermore, 80% of the respondents who indicated they very infrequently to infrequently model respect for transgender students also identified as elementary/middle school psychologists (n=21).

Table 31. Frequency of Modeling Acceptance (% of Sample)

	Never	Infrequently	Occasionally	Frequently	N/A
Gender					
Male	3.8%	19.2%	11.5%	57.7%	7.7%
Female	5%	10.1%	16.6%	56.3%	12.1%
Sexual Orientation					
Heterosexual	5.2%	11.4%	16.2%	55.7%	11.4%
Homosexual	0.0%	33.3%	0.0%	66.7%	0.0%
Bisexual	0.0%	0.0%	22.2%	66.7%	11.1%
Prefer not to Answer	0.0%	0.0%	0.0%	50%	50%
Age Range					
25-35	3.3%	9.2%	19.2%	55.8%	12.5%
36-45	7%	16.3%	14%	53.5%	9.3%
46-55	2.9%	5.7%	14.3%	62.9%	14.3%
56-70	9.1%	22.7%	4.5%	59.1%	4.5%
Race/Ethnicity					
American Indian	0.0%	0.0%	100%	0.0%	0.0%
Asian/Pacific Islander	0.0%	0.0%	0.0%	50%	50%
Black/African American	0.0%	20%	40%	40%	0.0%
Hispanic	8.3%	0.0%	8.3%	83.3%	0.0%
Multiple Ethnicity	0.0%	0.0%	25%	75%	0.0%
White or Caucasian	5.1%	12.1%	15.7%	55.1%	12.1%
Highest Degree Obtained					
Doctoral Degree	20.5%	25.6%	28.2%	17.9%	7.7%
Specialist Degree	23.9%	32.9%	15.5%	16.8%	11%
Master's Degree	28.1%	28.1%	25%	9.4%	9.4%
Length of Years in Practice					
0-5 years	19.6%	36.1%	18.6%	14.4%	11.3%
6-15 years	26.6%	26.6%	20.3%	17.2%	9.4%
More than 15 years	27.7%	27.7%	18.5%	16.9%	9.2%
School District Location					
Urban	25%	31.3%	22.9%	16.7%	4.2%
Suburban	22.1%	28.6%	18.6%	17.9%	12.9%
Rural	28.9%	39.5%	15.8%	7.9%	7.9%
Grade Level					
Pre-K – 8th Grade	25.9%	31.3%	15%	13.6%	14.3%
High School/Transition	12.1%	25.9%	32.8%	27.6%	1.7%
Pre-K – 12th Grade	42.9%	42.9%	9.5%	0.0%	4.8%

As shown in Table 32, respondents holding Doctoral degrees represented the largest relative proportion of practitioners who occasionally to very frequently model respect for transgender students. Additionally, participants working in urban settings with 6 to 15 years of experience were more likely to endorse increased engagement with this practice. Additional demographic characteristics are included in Table 32 below but are not described above because the percentages were proportionally similar across all categories. Please note that the percentages represent the relative proportion for each group.

Staff trainings. Respondents were asked to indicate the frequency with which they facilitate staff trainings on transgender topics. With regard to facilitating staff trainings, the majority of respondents indicated that they never engage in this activity (n=149, 65.1%) (see Table 29). Five percent of the sample (n=12) indicated they occasionally facilitate staff trainings and 2% (n=5) indicated they frequently to very frequently facilitate staff trainings.

Table 32. Frequency of Modeling Respect (% of Sample)

	Never	Infrequently	Occasionally	Frequently	N/A
Gender					
Male	3.8%	15.4%	3.8%	69.2%	7.7%
Female	5%	11%	14%	55%	15%
Sexual Orientation					
Heterosexual	5.2%	11.8%	13.3%	55.5%	14.2%
Homosexual	0.0%	33.3%	0.0%	66.7%	0.0%
Bisexual	0.0%	0.0%	11.1%	77.8%	11.1%
Prefer not to Answer	0.0%	0.0%	0.0%	50%	50%
Age Range					
25-35	4.2%	9.2%	15%	55.8%	15.8%
36-45	4.7%	20.9%	9.3%	55.8%	9.3%
46-55	2.9%	8.6%	8.6%	62.9%	17.1%
56-70	8.7%	13%	13%	56.5%	8.7%
Race/Ethnicity					
American Indian	0.0%	0.0%	0.0%	0.0%	100%
Asian/Pacific Islander	0.0%	0.0%	0.0%	50%	50%
Black/African American	0.0%	0.0%	60%	40%	0.0%
Hispanic	0.0%	16.7%	0.0%	83.3%	0.0%
Multiple Ethnicity	0.0%	0.0%	25%	75%	0.0%
White or Caucasian	5.5%	12.1%	12.6%	55.3%	14.6%
Highest Degree Obtained					
Doctoral Degree	2.6%	7.7%	15.4%	64.1%	10.3%
Specialist Degree	5.2%	12.9%	11.6%	54.8%	15.5%
Master's Degree	6.3%	9.4%	15.6%	56.3%	12.5%
Length of Years in Practice					
0-5 years	6.2%	9.3%	16.5%	53.6%	14.4%
6-15 years	0.0%	14.1%	9.4%	60.9%	15.6%
More than 15 years	7.7%	12.3%	10.8%	56.9%	12.3%
School District Location					
Urban	0.0%	10.4%	18.8%	62.5%	8.3%
Suburban	5.7%	12.1%	12.1%	55%	15%
Rural	7.9%	10.5%	7.9%	55.3%	18.4%
Grade Level					
Pre-K – 8th Grade	5.4%	14.3%	15%	46.3%	19%
High School/Transition	0.0%	5.2%	8.6%	84.5%	1.7%
Pre-K – 12th Grade	14.3%	9.5%	9.5%	52.4%	14.3%

Those very frequently to frequently engaging in this activity were most likely to be respondents working in suburban high schools. As shown in Table 33, an additional 4.8% of the sample indicated that completing staff trainings was not applicable to their role as school psychologist. Of this group, 81.8% were participants working in elementary/middle. Respondents with more years of experience (i.e., 6+) reported engaging in this activity more frequently than did early career professionals (i.e., those with 0-5 years of experience) (see Table 33). Additionally, older respondents (i.e., those over the age of 46) reported engaging in this activity with more frequency than did younger participants. Demographic characteristics are included in Table 33 below but are not described in detail above because the percentages were proportionally similar across all categories. Please note that the percentages represent the relative proportion for each group.

Gender neutral phrasing. Respondents were asked to indicate the frequency with which they intentionally use phrasing or words that are not gender specific. The following example was provided for participants: "saying Hi Folks instead of Hi Guys." As shown in Table 29, thirty-five percent of the sample (n=79, 34.6%) indicated that the frequently to very frequently use gender neutral phrasing. An additional 35% of respondents (n=81, 35.5%) indicated that they occasionally use gender neutral phrasing. Conversely, 22.4% of the sample indicated that they very infrequently to infrequently use gender neutral phrasing.

Table 33. Frequency of Facilitating Staff Trainings (% of Sample)

	Never	Infrequently	Occasionally	Frequently	N/A
Gender					
Male	69.2%	23.1%	3.8%	3.8%	0.0%
Female	65.3%	22.6%	5%	1.5%	5.5%
Sexual Orientation					
Heterosexual	66.2%	24.3%	3.8%	1.4%	4.3%
Homosexual	100%	0.0%	0.0%	0.0%	0.0%
Bisexual	55.6%	0.0%	22.2%	11.1%	11.1%
Prefer not to Answer	0.0%	0.0%	50%	0.0%	50%
Age Range					
25-35	67.5%	23.3%	4.2%	0.8%	4.2%
36-45	60.5%	30.2%	7%	0.0%	2.3%
46-55	65.7%	17.1%	5.7%	2.9%	8.6%
56-70	65.2%	17.4%	4.3%	8.7%	4.3%
Race/Ethnicity					
American Indian	100%	0.0%	0.0%	0.0%	0.0%
Asian/Pacific Islander	100%	0.0%	0.0%	0.0%	0.0%
Black/African American	80%	20%	0.0%	0.0%	0.0%
Hispanic	50%	33.3%	16.7%	0.0%	0.0%
Multiple Ethnicity	50%	25%	0.0%	25%	0.0%
White or Caucasian	66.8%	22.1%	4.5%	1.5%	5.0%
Highest Degree Obtained					
Doctoral Degree	76.3%	10.5%	5.3%	5.3%	2.6%
Specialist Degree	63.9%	25.2%	3.9%	1.3%	5.8%
Master's Degree	62.5%	25%	9.4%	0.0%	3.1%
Length of Years in Practice					
0-5 years	69.1%	21.6%	5.2%	0.0%	4.1%
6-15 years	62.5%	28.1%	4.7%	1.6%	3.1%
More than 15 years	64.1%	18.8%	4.7%	4.7%	7.8%
School District Location					
Urban	70.8%	22.9%	4.2%	0.0%	2.1%
Suburban	68.6%	18.6%	5.7%	2.9%	4.3%
Rural	48.6%	37.8%	2.7%	0.0%	10.8%
Grade Level					
Pre-K – 8th Grade	69.9%	19.2%	4.1%	0.7%	6.2%
High School/Transition	55.2%	32.8%	6.9%	5.2%	0.0%
Pre-K – 12th Grade	66.7%	19%	4.8%	0.0%	9.5%

Respondents working across all grades (K-12) represented the largest relative percentage of participants who indicated that they use gender neutral phrasing frequently to very frequently when compared to those working in high school (42.9% vs. 32.8%) and K-8 settings (42.9% vs. 34.7%) (see Table 34). Respondents with 0 to 5 years of experience represented the largest relative percentage of participants who engage in this practice frequently and those with 6 to 15 years of experience represented the largest relative percentage of participants who engage in this practice infrequently.

As shown in Table 34 below, urban respondents represented the largest relative percentage of participants who engage in this practice frequently. Additionally, participants holding Specialist's degrees represented the largest relative proportion of respondents who frequently to very frequently use gender neutral phrasing, compared to respondents holding Doctoral degrees, who represented the largest proportion of individuals who very infrequently to infrequently use gender neutral phrasing. Additional demographic characteristics are included in Table 34 below but are not described in detail above because the percentages were proportionally similar across all categories. Please note that the percentages represent the relative proportion for each group.

Table 34. Frequency of Using Gender Neutral Phrasing (% of Sample)

	Never	Infrequently	Occasionally	Frequently	N/A
Gender					
Male	11.5%	26.9%	38.5%	23.1%	0.0%
Female	4.5%	22%	34.5%	36.5%	2.5%
Sexual Orientation					
Heterosexual	5.7%	22.7%	34.6%	34.6%	2.4%
Homosexual	0.0%	0.0%	66.7%	33.3%	0.0%
Bisexual	0.0%	11.1%	44.4%	44.4%	0.0%
Prefer not to Answer	0.0%	50%	0.0%	50%	0.0%
Age Range					
25-35	4.2%	23.3%	28.3%	40.8%	3.3%
36-45	2.3%	27.9%	48.8%	20.9%	0.0%
46-55	8.6%	17.1%	40%	34.3%	0.0%
56-70	13%	21.7%	34.8%	26.1%	4.3%
Race/Ethnicity					
American Indian	0.0%	100%	0.0%	0.0%	0.0%
Asian/Pacific Islander	0.0%	50%	0.0%	50%	0.0%
Black/African American	20%	0.0%	60%	20%	0.0%
Hispanic	8.3%	50%	8.3%	33.3%	0.0%
Multiple Ethnicity	0.0%	50%	25%	25%	0.0%
White or Caucasian	5%	20.6%	37.2%	34.7%	2.5%
Highest Degree Obtained					
Doctoral Degree	7.7%	38.5%	33.3%	20.5%	0.0%
Specialist Degree	3.9%	19.4%	33.5%	40.6%	2.6%
Master's Degree	9.4%	18.8%	43.8%	25%	3.1%
Length of Years in Practice					
0-5 years	5.2%	25.8%	28.9%	40.2%	0.0%
6-15 years	1.6%	28.1%	31.3%	32.8%	6.3%
More than 15 years	9.2%	12.3%	47.7%	29.2%	1.5%
School District Location					
Urban	4.2%	16.7%	39.6%	37.5%	2.1%
Suburban	6.4%	23.6%	33.6%	35%	1.4%
Rural	2.6%	26.3%	34.2%	31.6%	5.3%
Grade Level					
Pre-K – 8th Grade	5.4%	24.5%	32.7%	34.7%	2.7%
High School/Transition	3.4%	20.7%	43.1%	32.8%	0.0%
Pre-K – 12th Grade	9.5%	14.3%	28.6%	42.9%	4.8%

Gender neutral pronouns. Respondents were asked the extent to which they intentionally use pronouns that are not gender specific. As shown in Table 29, approximately one quarter of the sample (n=55, 24.1%) indicated that they frequently use gender neutral pronouns. A larger portion of the sample (n=86, 37.7%) indicated that they infrequently use gender neutral pronouns. An additional 28.5% of the sample indicated they occasionally use gender neutral pronouns.

As shown in Table 35 below, participants working in elementary/middle schools represented the largest relative proportion of practitioners who infrequently to very infrequently use gender neutral pronouns when compared to high school respondents (42.2% vs. 29.3%) and respondents working across all grades (42.2% vs. 33.3%). Participants with 0 to 5 years of experience were more likely to report frequently using gender neutral pronouns when compared to respondents with 6 to 15 years of experience (26.8% vs. 23.4%) and participants with 15+ years of experience (26.8%vs. 20%). Additionally, suburban respondents represented the largest relative proportion of participants who frequently to very frequently use gender neutral pronouns, compared to urban respondents who represented the largest proportion of individuals who very infrequently to infrequently use gender neutral pronouns (see Table 35).

Table 35. Frequency of Using Gender Neutral Pronouns (% of Sample)

	Never	Infrequently	Occasionally	Frequently	N/A
Gender					
Male	15.4%	26.9%	42.3%	15.4%	0.0%
Female	8%	39.5%	26.5%	25%	1%
Sexual Orientation					
Heterosexual	9.5%	39.3%	28%	22.7%	0.5%
Homosexual	0.0%	33.3%	33.3%	33.3%	0.0%
Bisexual	0.0%	22.2%	22.2%	55.6%	50%
Prefer not to Answer	0.0%	0.0%	50%	0.0%	0.0%
Age Range					
25-35	7.5%	30.8%	33.3%	27.5%	0.8%
36-45	14%	46.5%	23.3%	16.3%	0.0%
46-55	8.6%	51.4%	25.7%	14.3%	0.0%
56-70	8.7%	39.1%	21.7%	30.4%	0.0%
Race/Ethnicity					
American Indian	0.0%	100%	0.0%	0.0%	0.0%
Asian/Pacific Islander	0.0%	50%	0.0%	50%	0.0%
Black/African American	0.0%	40%	40%	20%	0.0%
Hispanic	16.7%	33.3%	25%	25%	0.0%
Multiple Ethnicity	0.0%	50%	25%	25%	0.0%
White or Caucasian	9%	38.2%	28.6%	23.6%	0.5%
Highest Degree Obtained					
Doctoral Degree	7.7%	48.7%	25.6%	17.9%	0.0%
Specialist Degree	9.7%	33.5%	30.3%	25.2%	1.3%
Master's Degree	6.3%	46.9%	21.9%	25%	0.0%
Length of Years in Practice					
0-5 years	9.3%	29.9%	34%	26.8%	0.0%
6-15 years	7.8%	46.9%	20.3%	23.4%	1.6%
More than 15 years	9.2%	41.5%	27.7%	20%	1.5%
School District Location					
Urban	10.4%	45.8%	20.8%	22.9%	0.0%
Suburban	9.3%	34.3%	32.1%	24.3%	0.0%
Rural	5.3%	42.1%	23.7%	23.7%	5.3%
Grade Level					
Pre-K – 8th Grade	9.5%	42.2%	23.1%	24.5%	0.7%
High School/Transition	6.9%	29.3%	39.7%	24.1%	0.0%
Pre-K – 12th Grade	9.5%	33.3%	33.3%	19%	4.8%

As shown in Table 35, respondents holding Specialist's degrees represented the largest relative proportion of participants who frequently to very frequently use gender neutral pronouns, compared to respondents holding Doctoral degrees, who represented the largest proportion of individuals who very infrequently to infrequently use gender neutral pronouns. Additional demographic characteristics are included in Table 35 below but are not described in detail above because the percentages were proportionally similar across all categories. Please note that the percentages represent the relative proportion for each group.

Outside agencies. Respondents were asked to indicate the frequency with which they refer transgender students to outside agencies for services and supports. As shown in Table 29, half of the sample (n = 113) indicated that they never connect transgender students to outside agencies. Of this group, rural respondents working across all grades (K-12th) represented the largest relative percentage of participants who never connect transgender students to outside agencies. Fifteen percent of the sample (n=34) indicated that connecting transgender students to outside agencies was not relevant to their role as school psychologist. Of this group, respondents working in elementary/middle schools and urban settings represented the largest relative proportion of participants who indicated this practice was not applicable to their role (see Table 36).

Table 36. Frequency of Connecting Transgender Students to Outside Agencies (% of Sample)

	Never	Infrequently	Occasionally	Frequently	N/A
Gender					
Male	53.8%	23.1%	15.4%	0.0%	7.7%
Female	49.5%	22%	9.5%	3%	16%
Sexual Orientation					
Heterosexual	52.1%	22.3%	9.0%	2.8%	13.7%
Homosexual	33.3%	33.3%	0.0%	0.0%	33.3%
Bisexual	11.1%	22.2%	33.3%	0.0%	33.3%
Prefer not to Answer	0.0%	0.0%	50%	0.0%	50%
Age Range					
25-35	53.3%	17.5%	9.2%	3.3%	16.7%
36-45	34.9%	39.5%	9.3%	0.0%	16.3%
46-55	60%	14.3%	14.3%	0.0%	11.4%
56-70	47.8%	13%	13%	4.3%	8.7%
Race/Ethnicity					
American Indian	0.0%	0.0%	0.0%	0.0%	100%
Asian/Pacific Islander	100%	0.0%	0.0%	0.0%	0.0%
Black/African American	40%	60%	0.0%	0.0%	0.0%
Hispanic	50%	0.0%	41.7%	8.3%	0.0%
Multiple Ethnicity	25%	50%	25%	0.0%	0.0%
White or Caucasian	50.8%	22.1%	8.5%	2.5%	16.1%
Highest Degree Obtained					
Doctoral Degree	7.7%	48.7%	25.6%	17.9%	0.0%
Specialist Degree	9.7%	33.5%	30.3%	25.2%	1.3%
Master's Degree	6.3%	46.9%	21.9%	25%	0.0%
Length of Years in Practice					
0-5 years	9.3%	29.9%	34%	26.8%	0.0%
6-15 years	7.8%	46.9%	20.3%	23.4%	1.6%
More than 15 years	9.2%	41.5%	27.7%	20%	1.5%
School District Location					
Urban	10.4%	45.8%	20.8%	22.9%	0.0%
Suburban	9.3%	34.3%	32.1%	24.3%	0.0%
Rural	5.3%	42.1%	23.7%	23.7%	5.3%
Grade Level					
Pre-K – 8th Grade	9.5%	42.2%	23.1%	24.5%	0.7%
High School/Transition	6.9%	29.3%	39.7%	24.1%	0.0%
Pre-K – 12th Grade	9.5%	33.3%	33.3%	19%	4.8%

A small portion of the sample indicated that they occasionally (10.2%) or frequently (2.7%) connect transgender students to outside agencies (see Table 36). Participants working in high school settings were more likely to engage in this activity when compared to respondents working in elementary/middle schools or those working across all grades. Additional demographic characteristics are included in Table 36 but are not described in detail above because the percentages were proportionally similar across all categories. Please note that the percentages represent the relative proportion for each group.

Total advocacy score. An advocacy score was created by tallying the frequency with which participants engaged in the advocacy practices outlined above (i.e., advocating for gender neutral spaces, modeling respect and acceptance, facilitating staff trainings, utilizing gender neutral phrasing and pronouns, and connecting students to outside agencies). Responses of "Never" and "Not Applicable" were coded as zero, responses of "very infrequently/infrequently" were coded as 1, a response of "occasionally" was coded as 2, and responses of frequently/very frequently were coded as "3." Because there were seven advocacy categories in total, participants could obtain an advocacy score between 0 and 21 ($M = 9.74$, $SD = 4.8$). In order to analyze the total advocacy scores by demographic characteristics, scores between 0 and 6 were then recoded as 1, scores between 7 and 13 were recoded as 2, and scores between 14 and 21 were recoded as 3.

Overall, 23.4% (n=55) of the sample obtained a total advocacy score of 1, indicating they scored between 0 and 6 points on the advocacy scale. An additional 52.8% (n=124) of the sample obtained a total advocacy score of 2, indicating they scored between 7 and 13 points on the advocacy scale. Lastly, an additional 23.8% (n=56) obtained a score of 3, indicating they scored

between 14 and 21 points on the advocacy scale. Table 37 below outlines the specific breakdown of scores based on demographic characteristics. Please note that the percentages represent the relative proportion for each group.

As outlined in Table 37, participants working in high school settings were most likely to obtain the highest advocacy scores when compared to respondents working in elementary, middle, or K-12 schools. Additionally, participants working in urban and suburban environments were more likely than those working in rural environments to obtain an advocacy score of 3, indicating they engage in advocacy practices with the most frequency. Respondents with more than six years of experience also represented the largest relative proportion of people who obtained an advocacy score of 3, in comparison to respondents with 0 to 5 years of experience.

Table 37. Total Advocacy Score (% of Sample)

	Score: 1 (0-6)	Score: 2 (7-13)	Score: 3(14-21)
Gender			
Male	19.2%	50%	30.8%
Female	23.5%	53%	23.5%
Sexual Orientation			
Heterosexual	23.2%	52.6%	24.2%
Homosexual	33.3%	66.7%	0.0%
Bisexual	11.1%	55.6%	33.3%
Prefer not to Answer	50%	0.0%	50%
Age Range			
25-35	19.2%	55.8%	25%
36-45	30.2%	44.2%	25.6%
46-55	22.9%	57.1%	20%
56-70	26.1%	52.2%	21.7%
Race/Ethnicity			
American Indian	100%	0.0%	0.0%
Asian/Pacific Islander	50%	50%	0.0%
Black/African American	0.0%	80%	20%
Hispanic	8.3%	41.7%	50%
Multiple Ethnicity	0.0%	75%	25%
White or Caucasian	24.1%	55.3%	22.6%
Highest Degree Obtained			
Doctoral Degree	20.5%	56.4%	23.1%
Specialist Degree	23.2%	52.3%	24.5%
Master's Degree	25%	50%	25%
Length of Years in Practice			
0-5 years	20.6%	57.7%	21.6%
6-15 years	21.9%	50%	28.1%
More than 15 years	27.7%	47.7%	24.6%
School District Location			
Urban	14.6%	60.4%	25%
Suburban	25.7%	48.6%	25.7%
Rural	23.7%	57.9%	18.4%
Grade Level			
Pre-K – 8th Grade	29.3%	53.1%	17.7%
High School/Transition	5.2%	50%	44.8%
Pre-K – 12th Grade	28.6%	57.1%	14.3%

Seeking Out Additional Training

Respondents were asked to indicate the frequency with which they seek out additional training on transgender topics. As shown in Table 29, nearly half of the sample (45.6%) indicated that they never to infrequently seek additional training on issues impacting students who are transgender. Roughly forty percent (39.7%) of the sample indicated that they occasionally seek additional training and less than 1% respondents indicated additional training was not applicable to their role as school psychologist.

Again, respondents working primarily with high school aged youth were most likely to report frequently/very infrequently engaging in this practice when compared to participants working across all grades (22.4% vs. 9.5%) and middle/elementary school participants (22.4% vs. 9.6%) (see Table 38). With regard to age and years in the field, respondents between the ages of 56 and 70 with more than 15 years of experiences represented the largest relative percentage of participants who reported frequently to very frequently seeking additional training on issues impacting students who are transgender (see Table 38). Additional demographic characteristics are included in Table 38 below but are not described in detail above because the percentages were proportionally similar across all categories. Please note that the percentages represent the relative proportion for each group.

Table 38. Frequency of Seeking Out Additional Training (% of Sample)

	Never	Infrequently	Occasionally	Frequently	N/A
Gender					
Male	7.7%	42.3%	38.5%	11.5%	0.0%
Female	11.1%	34.7%	40.7%	13.1%	0.5%
Sexual Orientation					
Heterosexual	11.4%	35.7%	41.4%	11%	0.5%
Homosexual	0.0%	66.7%	33.3%	0.0%	0.0%
Bisexual	0.0%	22.2%	33.3%	44.4%	0.0%
Prefer not to Answer	0.0%	50%	0.0%	50%	0.0%
Age Range					
25-35	6.7%	45%	35%	12.5%	0.8%
36-45	16.3%	32.6%	44.2%	7%	0.0%
46-55	11.4%	17.1%	54.3%	17.1%	0.0%
56-70	18.2%	18.2%	45.5%	18.2%	0.0%
Race/Ethnicity					
American Indian	0.0%	100%	0.0%	0.0%	0.0%
Asian/Pacific Islander	0.0%	50%	50%	0.0%	0.0%
Black/African American	0.0%	40%	40%	20%	0.0%
Hispanic	16.7%	25%	33.3%	25%	0.0%
Multiple Ethnicity	0.0%	25%	25%	50%	0.0%
White or Caucasian	11.1%	35.4%	41.4%	11.6%	0.5%
Highest Degree Obtained					
Doctoral Degree	2.6%	35.9%	46.2%	12.8%	2.6%
Specialist Degree	11.6%	38.1%	38.1%	12.3%	0.0%
Master's Degree	16.1%	22.6%	45.2%	16.1%	0.0%
Length of Years in Practice					
0-5 years	9.3%	41.2%	36.1%	12.4%	1%
6-15 years	9.4%	42.2%	39.1%	9.4%	0.0%
More than 15 years	14.1%	20.3%	48.4%	17.2%	0.0%
School District Location					
Urban	8.3%	33.3%	45.8%	12.5%	0.0%
Suburban	12.1%	33.6%	39.3%	15%	0.0%
Rural	8.1%	45.9%	37.8%	5.4%	2.7%
Grade Level					
Pre-K – 8th Grade	13%	38.4%	38.4%	9.6%	0.7%
High School/Transition	1.7%	24.1%	51.7%	22.4%	0.0%
Pre-K – 12th Grade	19%	47.6%	23.8%	9.5%	0.0%

Consultation Related to Transgender Topics

Respondents were asked to indicate the frequency with which they consult with colleagues on transgender topics. As shown in Table 29, more than half (56.3%) of the sample reported never to infrequently engaging in professional consultation around transgender topics. Thirty-four percent (33.8%) of respondents indicated that they occasionally engage in professional consultation related to these topics while only 8.2% of the sample indicated that they frequently to very frequently engage in this activity.

Of those occasionally engaging in professional consultation related to transgender topics, 50% were participants working in high school settings. High school respondents also represented the largest relative percentage of participants who indicated they frequently to very frequently engage in professional consultation related to transgender topics when compared to middle/ elementary participants (20.7% vs. 4.1%) and respondents working across all grades (20.7% vs. 0%) (see Table 39). Middle/elementary school participants (25.3% vs. 3.4%) and respondents working across all grades (35% vs. 3.4%), in comparison to high school respondents, also represented the larger proportion of participants who indicated that they never engage in professional consultation related to these topics (see Table 39).

Table 39. Frequency of Engaging in Consultation (% of Sample)

	Never	Infrequently	Occasionally	Frequently	N/A
Gender					
Male	15.4%	30.8%	46.2%	7.7%	0.0%
Female	21.2%	36.4%	32.3%	8.1%	2%
Sexual Orientation					
Heterosexual	20.6%	35.9%	34%	8.1%	1.4%
Homosexual	33.3%	33.3%	33.3%	0.0%	0.0%
Bisexual	11.1%	33.3%	33.3%	11.1%	11.1%
Prefer not to Answer	50%	0.0%	50%	0.0%	0.0%
Age Range					
25-35	22.7%	33.6%	33.6%	7.6%	2.5%
36-45	25.6%	25.6%	44.2%	4.7%	0.0%
46-55	5.7%	54.3%	25.7	11.4%	2.9%
56-70	17.4%	39.1%	34.8%	8.7%	0.0%
Race/Ethnicity					
American Indian	100%	0.0%	0.0%	0.0%	0.0%
Asian/Pacific Islander	0.0%	50%	50%	0.0%	0.0%
Black/African American	20%	40%	20%	20%	0.0%
Hispanic	16.7%	41.7%	25%	16.7%	0.0%
Multiple Ethnicity	0.0%	0.0%	75%	25%	0.0%
White or Caucasian	20.7%	36.4%	33.8%	7.1%	2%
Highest Degree Obtained					
Doctoral Degree	18.4%	39.5%	31.6%	10.5%	0.0%
Specialist Degree	22.7%	35.1%	31.2%	8.4%	2.6%
Master's Degree	12.5%	34.4%	50%	3.1%	0.0%
Length of Years in Practice					
0-5 years	24%	33.3%	32.3%	7.3%	3.1%
6-15 years	18.8%	32.8%	39.1%	7.8%	1.6%
More than 15 years	17.2%	42.2%	31.3%	9.4%	0.0%
School District Location					
Urban	8.3%	45.8%	35.4%	8.3%	2.1%
Suburban	23.6%	30%	35.7%	8.6%	2.1%
Rural	25%	44.4%	25%	5.6%	0.0%
Grade Level					
Pre-K – 8th Grade	25.3%	40.4%	28.1%	4.1%	2.1%
High School/Transition	3.4%	25.9%	50%	20.7%	0.0%
Pre-K – 12th Grade	35%	30%	30%	0.0%	5%

As shown in Table 39, urban and rural respondents represented the largest proportion of participants who never to infrequently engage in consultation with their colleagues around transgender topics. Suburban respondents represented the largest proportion of participants who occasionally to very frequently engage in consultation with their colleagues around transgender topics. Additional demographic characteristics are included in Table 39 below but are not described in detail above because the percentages were proportionally similar across all categories. Please note that the percentages represent the relative proportion for each group.

Protection of Transgender Students

Responding to harassment from other students. Respondents were asked to indicate the frequency with which they respond to the harassment of transgender students when perpetrated by other students. As shown in Table 29, many of the respondents indicated they never respond to harassment of transgender students when perpetrated by other students (n=87, 38%) and additional 18.3% of participants (n=42) indicated that responding to harassment from students was not applicable to their role as school psychologist. Only 4.4% of the sample indicated they frequently to very frequently engage in this activity while an additional 10% indicated they occasionally respond to harassment from students.

Again, when compared to elementary/middle school participants (10.3% vs. 1.4%) and participants working across all grades (10.3% vs. 4.8%), respondents working in high school settings represented the largest percentage of participants who frequently to very frequently respond to harassment from other students (see Table 40). Of the 42 respondents who indicated responding to harassment from other students was not applicable to their role, 34 responses (81%) were from elementary/middle school participants. Additionally, respondents with 15 or

more years of experience represented the largest relative proportion of participants who indicated that they frequently to very frequently respond to harassment directed towards transgender students when perpetrated by other students (see Table 40). Additional demographic characteristics are included in Table 40 below but are not described in detail above because the percentages were proportionally similar across all categories. Please note that the percentages represent the relative proportion for each group.

Responding to harassment from staff. Respondents were asked to indicate the frequency with which they respond to the harassment of transgender students when perpetrated by staff. As with harassment perpetrated by students, the majority of respondents (55.9%) indicated that they never respond to harassment perpetrated by staff members (see Table 29). An additional 19.2% indicated that responding to harassment from staff members was not applicable to their role as school psychologist. A very small percentage of the sample (n=3, 1.3%) indicated that they frequently to very frequently respond to harassment perpetrated by staff members.

Table 40. Frequency of Responding to Harassment from Students (% of Sample)

	Never	Infrequently	Occasionally	Frequently	N/A
Gender					
Male	30.8%	34.6%	3.8%	11.5%	19.2%
Female	39%	28.5%	11%	3%	18.5%
Sexual Orientation					
Heterosexual	39.3%	29.9%	9%	3.8%	18%
Homosexual	33.3%	0.0%	33.3%	33.3%	0.0%
Bisexual	11.1%	22.2%	33.3%	0.0%	33.3%
Prefer not to Answer	0.0%	50%	0.0%	0.0%	50%
Age Range					
25-35	37.5%	28.3%	10.8%	3.3%	20%
36-45	30.2%	41.9%	4.7%	4.7%	18.6%
46-55	48.6%	17.1%	8.6%	8.6%	17.1%
56-70	34.8%	34.8%	17.4%	0.0%	13%
Race/Ethnicity					
American Indian	0.0%	0.0%	0.0%	0.0%	100%
Asian/Pacific Islander	0.0%	50%	0.0%	0.0%	50%
Black/African American	60%	0.0%	40%	0.0%	0.0%
Hispanic	50%	25%	8.3%	8.3%	8.3%
Multiple Ethnicity	0.0%	50%	25%	25%	0.0%
White or Caucasian	37.7%	30.2%	9.5%	3.5%	19.1%
Highest Degree Obtained					
Doctoral Degree	41%	23.1%	10.3%	5.1%	20.5%
Specialist Degree	35.5%	30.3%	10.3%	3.9%	20%
Master's Degree	46.9%	31.3%	9.4%	3.1%	9.4%
Length of Years in Practice					
0-5 years	39.2%	25.8%	12.4%	3.1%	19.6%
6-15 years	34.4%	37.5%	1.6%	3.1%	23.4%
More than 15 years	40%	26.2%	15.4%	6.2%	12.3%
School District Location					
Urban	37.5%	31.3%	8.3%	4.2%	18.8%
Suburban	36.4%	29.3%	13.6%	2.9%	17.9%
Rural	44.7%	26.3%	0.0%	7.9%	21.1%
Grade Level					
Pre-K – 8th Grade	43.5%	23.8%	8.2%	1.4%	23.1%
High School/Transition	17.2%	46.6%	17.2%	10.3%	8.6%
Pre-K – 12th Grade	57.1%	19%	4.8%	4.8%	14.3%

As shown in Table 41, respondents working in high school settings were least likely to report never engaging in this practice when compared to elementary/middle school psychologists (58.5% vs. 44.8% and school psychologists working across all grades (71.4% vs. 44.8%). Older participants and respondents holding Doctoral degrees represented the largest relative proportion of participants who frequently respond to harassment from staff, compared to respondents holding Master's degrees, who represented the largest proportion of individuals who never to infrequently respond to harassment from staff (see Table 41). Furthermore, participants currently working in urban settings represented the largest proportion of participants who frequently engage in this activity. Additional demographic characteristics are included in Table 41 below but are not described in detail above because the percentages were proportionally similar across all categories. Please note that the percentages represent the relative proportion for each group.

Table 41. Frequency of Responding to Harassment from Staff (% of Sample)

	Never	Infrequently	Occasionally	Frequently	N/A
Gender					
Male	57.7%	23.1%	0.0%	0.0%	19.2%
Female	56%	16.5%	6.5%	1.5%	19.5%
Sexual Orientation					
Heterosexual	58.8%	17.1%	4.7%	0.9%	18.5%
Homosexual	33.3%	0.0%	0.0%	33.3%	33.3%
Bisexual	11.1%	22.2%	33.3%	0.0%	33.3%
Prefer not to Answer	0.0%	50%	0.0%	0.0%	50%
Age Range					
25-35	51.7%	21.7%	5%	0.8%	20.8%
36-45	60.5%	11.6%	4.7%	0.0%	23.3%
46-55	62.9%	14.3%	2.9%	2.9%	17.1%
56-70	60.9%	13%	13%	4.3%	8.7%
Race/Ethnicity					
American Indian	0.0%	0.0%	0.0%	0.0%	100%
Asian/Pacific Islander	0.0%	0.0%	50%	0.0%	50%
Black/African American	60%	20%	20%	0.0%	0.0%
Hispanic	41.7%	41.7%	8.3%	0.0%	8.3%
Multiple Ethnicity	50%	0.0%	25%	0.0%	25%
White or Caucasian	57.8%	16.6%	4.5%	1.5%	19.6%
Highest Degree Obtained					
Doctoral Degree	51.3%	10.3%	7.7%	5.1%	25.6%
Specialist Degree	54.8%	18.7%	5.8%	0.0%	20.6%
Master's Degree	68.8%	18.8%	3.1%	3.1%	6.3%
Length of Years in Practice					
0-5 years	53.6%	18.6%	6.2%	1%	20.6%
6-15 years	51.6%	18.8%	4.7%	1.6%	23.4%
More than 15 years	64.6%	13.8%	6.2%	1.5%	13.8%
School District Location					
Urban	50%	20.8%	8.3%	2.1%	18.8%
Suburban	56.4%	17.1%	5.7%	0.7%	20%
Rural	63.2%	13.2%	2.6%	2.6%	18.4%
Grade Level					
Pre-K – 8th Grade	58.5%	12.9%	2.7%	1.4%	24.5%
High School/Transition	44.8%	29.3%	13.8%	1.7%	10.3%
Pre-K – 12th Grade	71.4%	14.3%	4.8%	0.0%	9.5%

Total protection score. A protection score was created by tallying the frequency with which participants engaged in the protection practices outlined above (i.e., responding to harassment from students and responding to harassment from staff). Responses of "Never" and "Not Applicable" were coded as zero, responses of "very infrequently/infrequently" were coded as 1, a response of "occasionally" was coded as 2, and responses of frequently/very frequently were coded as "3." Because there were two protection categories in total, participants could obtain a protection score between 0 and 6 (M = .995, SD = 1.2). In order to analyze the total protection scores by demographic characteristics, scores of 0 and 1 were then recoded as 1, scores of 2 and 3 were recoded as 2, and scores of 4, 5, and 6 were recoded as 3.

Overall, 72.3% (n=170) of the sample obtained a total protection score of 1, indicating they scored between 0 and 1 points on the protection scale. An additional 21.7% (n=51) of the sample obtained a total protection score of 2, indicating they scored between 2 and 3 points on the protection scale. Lastly, an additional 6% (n=14) obtained a protection score of 3, indicating they scored between 4 and 6 points on the protection scale. Table 42 below outlines the specific breakdown of scores based on demographic characteristics. Please note that the percentages represent the relative proportion for each group.

Table 42. Total Protection Score by Demographic (% of Sample)

	Score: 1 (0-1)	Score: 2 (2-3)	Score: 3 (4-6)
Gender			
Male	73.1%	11.5%	15.4%
Female	72%	23.5%	4.5%
Sexual Orientation			
Heterosexual	73.5%	21.3%	5.2%
Homosexual	33.3%	66.7%	0.0%
Bisexual	55.6%	22.2%	22.2%
Prefer not to Answer	50%	50%	0.0%
Age Range			
25-35	73.3%	21.7%	5.0%
36-45	65.1%	32.6%	2.3%
46-55	77.1%	14.3%	8.6%
56-70	69.6%	17.4%	13%
Race/Ethnicity			
American Indian	100%	0.0%	0.0%
Asian/Pacific Islander	100%	0.0%	0.0%
Black/African American	60%	40.0%	0.0%
Hispanic	58.3%	6.0%	16.7%
Multiple Ethnicity	50%	25%	25%
White or Caucasian	72.9%	22.1%	5%
Highest Degree Obtained			
Doctoral Degree	69.2%	25.6%	5.1%
Specialist Degree	74.2%	20%	5.8%
Master's Degree	65.6%	28.1%	28.1%
Length of Years in Practice			
0-5 years	74.2%	21.6%	4.1%
6-15 years	71.9%	25%	3.1%
More than 15 years	69.2%	20%	10.8%
School District Location			
Urban	72.9%	22.9%	4.2%
Suburban	70.7%	23.6%	5.7%
Rural	76.3%	15.8%	7.9%
Grade Level			
Pre-K – 8th Grade	79.6%	17%	3.4%
High School/Transition	50%	37.9%	12.1%
Pre-K – 12th Grade	81%	14.3%	4.8%

As outlined in Table 42 above, participants working in high school settings were most likely to obtain the highest protection scores when compared to respondents working in elementary, middle, or K-12 schools. Respondents with more than 15 years of experience also represented the largest relative proportion of people who obtained an advocacy score of 3, in comparison to respondents with 0 to 5 years of experience or 6-15 years of experience. Similarly, respondents with a Master's degree were much more likely to obtain protection scores of 3 in comparison to participants holding doctoral or specialist's degrees. In contrast to some of the other findings outlined in this section of the study, respondents working in rural environments represented the largest relative proportion of individuals to obtain a protection score of 3.

Counseling Transgender Students

Respondents were asked to indicate the frequency with which they counsel students who are transgender. With regard to counseling transgender students, nearly half of the sample (48%) indicated that they never engage in this practice (see Table 29). A quarter of the sample (26.4%) indicated that they infrequently counsel transgender students, compared to a much smaller percentage of the sample (4.4%) that indicated they frequently/very frequently counsel transgender students. Of those surveyed, 9.7% indicated that counseling transgender students was not applicable to their role as school psychologist.

Although nearly half of the sample indicated they never or infrequently counsel transgender students, the respondents who did report counseling transgender students tended to have more years of experience (i.e., 6-15 or 15+ years) and work in high school settings (see Table 43). Of the 108 participants who indicated they never counsel transgender students, 85 (78.7%) were elementary/middle school psychologists. Nearly ten percent of the sample (9.7%)

indicated counseling transgender students was not applicable to their role as school psychologists. Among the practitioners who said counseling was not applicable, 90.9% were participants working in elementary/middle school settings.

As shown in Table 43, rural respondents represented the largest relative proportion of participants who never counsel transgender students compared to suburban respondents who represented the largest relative proportion of participants who frequently counsel transgender students. Additional demographic characteristics are included in Table 43 below but are not described in detail above because the percentages were proportionally similar across all categories. Please note that the percentages represent the relative proportion for each group.

Research Question #4

The fourth research question was as follows: What is the relationship between training, experience, and personal familiarity (i.e., exposure) and feelings of preparedness to engage in the professional guidelines outlined by NASP? In order to examine this question, respondents were asked a series of questions about their training, professional experiences, and personal familiarity with transgender people. The questions on training were related to graduate coursework, counseling during internship/practica, assessment during internship/practica, trainings/workshops during graduate school, and professional trainings/workshops. The questions on professional experiences were related to counseling and assessment. Lastly, there was one question related to familiarity which asked respondents to provide their personal familiarity with transgender people on a 3-point scale.

Table 43. Frequency of Counseling Transgender Students (% of Sample)

	Never	Infrequently	Occasionally	Frequently	N/A
Gender					
Male	50%	23.1%	15.4%	11.5%	0.0%
Female	47.5%	27%	11%	3.5%	11%
Sexual Orientation					
Heterosexual	49.8%	26.1%	11.8%	4.3%	8.1%
Homosexual	33.3%	33.3%	0.0%	0.0%	33.3%
Bisexual	11.1%	44.4%	11.1%	0.0%	33.3%
Prefer not to Answer	0.0%	0.0%	0.0%	50%	50%
Age Range					
25-35	50.8%	26.7%	8.3%	3.3%	10.8%
36-45	44.2%	25.6%	18.6%	4.7%	7%
46-55	48.6%	31.4%	2.9%	8.6%	8.6%
56-70	43.5%	17.4%	26.1%	4.3%	8.7%
Race/Ethnicity					
American Indian	0.0%	100%	0.0%	0.0%	0.0%
Asian/Pacific Islander	100%	0.0%	0.0%	0.0%	0.0%
Black/African American	20%	60%	20%	0.0%	0.0%
Hispanic	41.7%	33.3%	8.3%	16.7%	0.0%
Multiple Ethnicity	25%	0.0%	50%	25%	0.0%
White or Caucasian	49.2%	25.6%	11.1%	3.5%	10.6%
Highest Degree Obtained					
Doctoral Degree	33.3%	35.9%	20.5%	2.6%	7.7%
Specialist Degree	51%	25.2%	7.1%	5.8%	11%
Master's Degree	50%	21.9%	21.9%	0.0%	6.3%
Length of Years in Practice					
0-5 years	54.6%	24.7%	8.2%	2.1%	10.3%
6-15 years	48.4%	25%	14.1%	4.7%	7.8%
More than 15 years	36.9%	30.8%	13.8%	7.7%	10.8%
School District Location					
Urban	43.8%	22.9%	20.8%	2.1%	10.4%
Suburban	47.9%	27.9%	10%	5.7%	8.6%
Rural	52.6%	26.3%	5.3%	2.6%	13.2%
Grade Level					
Pre-K – 8th Grade	57.8%	20.4%	5.4%	2.7%	13.6%
High School/Transition	17.2%	44.8%	27.6%	10.3%	0.0%
Pre-K – 12th Grade	61.9%	19%	9.5%	0.0%	9.5%

To better understand school psychologists' overall training, each participants' responses were tallied to create an individual training score. Participants who indicated they had no training opportunities (via coursework, counseling during internship/practica, assessment during internship/practica, workshops/trainings in graduate school, or professional workshops/trainings) were given a score of zero. Participants who indicated they had obtained training through one of the areas covered (via coursework, counseling in internship/practica, assessment during internship/practica, workshops/trainings in graduate school, or professional workshops/trainings) were given a score of one. Those with experience in two areas were given a score of 2, those with experience in three of the areas were given a score of 3, and those with 4 experience in four of the areas were given a score of five. Finally, respondents who indicated they had exposure to transgender people and topics through all five areas (via coursework, counseling in internship/practica, assessment during internship/practica, workshops/trainings in graduate school, and professional workshops/trainings) were given a score of 5. Thus, overall training was transformed into an ordinal variable (i.e., training score) utilizing a 6-point scale (0-5).

To better understand school psychologists' overall professional experience, each participants' responses were tallied to create an individual experience score. Participants who indicated they had no professional opportunities to work with transgender youth (via counseling or assessment) were given a score of zero. Participants who indicated they had professional experience in one of the areas covered (either with counseling or assessment) were given a score of one. Respondents who indicated they had professional experience with both of the areas of covered (counseling and assessment) were given a score of 2. Thus, overall experience was transformed into an ordinal variable (i.e., experience score) utilizing a 3-point scale (0-2).

Participants' personal familiarity with transgender people was assessed via one question on the survey. Respondents were given the following response options to indicate their personal familiarity with transgender people: Not at all Personally Familiar, Somewhat Familiar (i.e., I know one or more transgender individuals but do not have close relationships with them), or Very Familiar (i.e., I identify as transgender and/or I have a close relationship with one or more transgender individuals). During data analysis, not at all personally familiar was coded as 1, somewhat familiar was coded as 2, and very familiar was coded as 3. Thus, personal familiarity was transformed into an ordinal variable utilizing a 3-point scale (1-3).

As shown in Table 44 below, a series of Spearman rank-order correlations were conducted in order to determine if there were any significant relationships between: (1) participants' total training score and feelings of preparedness to engage in NASP guidelines, (2) participants' total experience score and feelings of preparedness to engage in NASP guidelines, and (3) participants' level of personal familiarity and feelings of preparedness to engage in NASP guidelines.

Gender neutral spaces. Participants were asked the extent to which they feel prepared to advocate for gender neutral spaces for students who are transgender. A Spearman's rank-order correlation was run to determine the relationship between the participants' total training score and reported feelings of preparedness to advocate for gender neutral spaces. As shown in Table 44, there was a small, positive correlation between total training and feelings of preparedness to advocate for gender neutral spaces, which was statistically significant (r_s (232) = .224, p = .001) (see Table 44). These results suggest an increase in training was weakly associated with

increased feelings of preparedness to advocate for gender neutral spaces for students who are transgender.

Table 44. Correlations Among Feelings of Preparedness and Key Exposure Variables

	Training	Professional Experience	Personal Familiarity
Advocacy			
Gender Neutral Spaces	.224**	.157*	.179*
Modeling Acceptance	.208**		.184**
Modeling Respect	.152**		.140*
Staff Trainings	.298**	.197**	.183**
Phrasing	.139*		.133*
Pronouns	.154*		.148*
Outside Agencies	.243**	.238**	.218*
Additional Training	.156*	.158*	.148*
Consultation	.266**	.229**	.238**
Protection			
Harassment (Students)	.264**	.242**	.141*
Harassment (Staff)	.222**	.180**	.156*
Counseling	.334**	.392**	.260**

**significant at the 0.01 level (2-tailed); *significant at the 0.05 level (2-tailed)

Advocacy for Transgender Students

As shown in Table 44, a Spearman's rank-order correlation was also utilized to determine the relationship between the participants' total experience score and reported feelings of preparedness to advocate for gender neutral spaces. There was a small, positive correlation between total experience and feelings of preparedness to advocate for gender neutral spaces, which was statistically significant (r_s (232) = .157, p = .016). These results suggest an increase in professional experience was weakly associated with increased feelings of preparedness to advocate for gender neutral spaces for students who are transgender.

Finally, a Spearman's rank-order correlation was utilized again to assess the relationship between the participants' personal familiarity with transgender people and reported feelings of preparedness to advocate for gender neutral spaces. There was a small, positive correlation between personal familiarity and feelings of preparedness to advocate for gender neutral spaces, which was statistically significant (r_s (232) = .179, p = .006) (see Table 44). These results suggest an increase in personal familiarity was weakly associated with increased feelings of preparedness to advocate for gender neutral spaces for students who are transgender.

Modeling acceptance. Participants were asked the extent to which they feel prepared to model acceptance for students who are transgender. A Spearman's rank-order correlation was run to determine the relationship between the participants' total training score and reported feelings of preparedness to model acceptance. There was a small, positive correlation between total training and feelings of preparedness to model acceptance, which was statistically significant (r_s (232) = .208, p = .001) (see Table 44). These results suggest an increase in training was weakly associated with increased feelings of preparedness to model acceptance for students who are transgender.

As shown in Table 44, a Spearman's rank-order correlation was also run to assess the relationship between participants' total experience score and reported feelings of preparedness to model acceptance for transgender students. There was a weak positive correlation between experience and reported feelings of preparedness to model acceptance, r_s (232) = .209, p = .209. The relationship between participants' total experience score and reported feelings of preparedness to model acceptance for transgender students was not statistically significant and should not be interpreted.

Finally, a Spearman's rank-order correlation was utilized again to assess the relationship between the participants' personal familiarity with transgender people and reported feelings of preparedness to model acceptance. There was a small, positive correlation between personal familiarity and feelings of preparedness to model acceptance, which was statistically significant (r_s (232) = .184, p = .005) (see Table 44). These results suggest an increase in personal familiarity was weakly associated with increased feelings of preparedness to model acceptance for students who are transgender.

Modeling respect. Participants were asked the extent to which they feel prepared to model respect for students who are transgender. A Spearman's rank-order correlation was run to determine the relationship between the participants' total training score and reported feelings of preparedness to model respect. There was a small, positive correlation between total training and feelings of preparedness to model respect, which was statistically significant (r_s (232) = .208, p = .001) (see Table 44). These results suggest an increase in training was weakly associated with increased feelings of preparedness to model respect for students who are transgender.

As shown in Table 44, a Spearman's rank-order correlation was also run to assess the relationship between participants' total experience score and reported feelings of preparedness to model respect for transgender students. There was a weak positive correlation between experience and reported feelings of preparedness to model respect, $r_s(232) = .209$, p = .209. The relationship between participants' total experience score and reported feelings of preparedness to model respect for transgender students was not statistically significant and should not be interpreted.

Finally, a Spearman's rank-order correlation was utilized again to assess the relationship between the participants' personal familiarity with transgender people and reported feelings of preparedness to model respect. There was a small, positive correlation between personal familiarity and feelings of preparedness to model respect, which was statistically significant (r_s (232) = .184, p = .005) (see Table 44). These results suggest an increase in personal familiarity was weakly associated with increased feelings of preparedness to model respect for students who are transgender.

Staff training. Participants were asked the extent to which they feel prepared to conduct staff trainings on transgender topics. A Spearman's rank-order correlation was run to determine the relationship between the participants' total training score and reported feelings of preparedness to conduct staff trainings on transgender topics. There was a small, positive correlation between total training and feelings of preparedness to conduct staff trainings, which was statistically significant (r_s (230) = .298, p = .000) (see Table 44). These results suggest an increase in training was weakly associated with increased feelings of preparedness to conduct staff trainings on transgender topics.

As shown in Table 44, a Spearman's rank-order correlation was also utilized to determine the relationship between the participants' total experience score and reported feelings of preparedness to conduct staff trainings on transgender topics. There was a small, positive correlation between total experience and feelings of preparedness to conduct staff trainings, which was statistically significant (r_s (230) = .197, p = .003). These results suggest an increase in professional experience was weakly associated with increased feelings of preparedness to conduct staff trainings.

Finally, a Spearman's rank-order correlation was utilized again to assess the relationship between the participants' personal familiarity with transgender people and reported feelings of preparedness to conduct staff trainings. There was a small, positive correlation between personal familiarity and feelings of preparedness to conduct staff trainings, which was statistically significant (r_s (230) = .183, p = .005). These results suggest an increase in personal familiarity was weakly associated with increased feelings of preparedness to conduct staff trainings on transgender topics.

Gender neutral phrasing. Participants were asked the extent to which they feel prepared to use gender neutral words and phrases. A Spearman's rank-order correlation was run to determine the relationship between the participants' total training score and reported feelings of preparedness to use gender neutral words and phrases. There was a small, positive correlation between total training and feelings of preparedness to use gender neutral words and phrases, which was statistically significant (r_s (227) = .139, p = .037) (see Table 44). These results suggest an increase in training was weakly associated with increased feelings of preparedness to use gender neutral words and phrases.

As shown in Table 44, a Spearman's rank-order correlation was also run to assess the relationship between participants' total experience score and reported feelings of preparedness to use gender neutral words and phrases. There was a weak positive correlation between experience and reported feelings of preparedness to use gender neutral words and phrases, $r_s(227) = .106$, p = .113. The relationship between participants' total experience score and reported feelings of preparedness to use gender neutral words and phrases was not statistically significant and should not be interpreted.

Finally, a Spearman's rank-order correlation was utilized again to assess the relationship between the participants' personal familiarity with transgender people and reported feelings of preparedness to use gender neutral words and phrases. There was a small, positive correlation between personal familiarity and feelings of preparedness to use gender neutral words and phrases, which was statistically significant (r_s (227) = .133, p = .045) (see Table 44). These results suggest an increase in personal familiarity was weakly associated with increased feelings of preparedness to use gender neutral words and phrases.

Gender neutral pronouns. Participants were asked the extent to which they feel prepared to use gender neutral pronouns. A Spearman's rank-order correlation was run to determine the relationship between the participants' total training score and reported feelings of preparedness to use gender neutral pronouns. There was a small, positive correlation between total training and feelings of preparedness to use gender neutral pronouns, which was statistically significant (r_s (226) = .154, p = .021) (see Table 44). These results suggest an increase in training was weakly associated with increased feelings of preparedness to use gender neutral pronouns.

As shown in Table 44, a Spearman's rank-order correlation was also run to assess the relationship between participants' total experience score and reported feelings of preparedness to use gender neutral pronouns. There was a very weak positive correlation between experience and reported feelings of preparedness to use gender neutral pronouns, r_s (226) = .089, p = .184. The relationship between participants' total experience score and reported feelings of preparedness to use gender neutral pronouns was not statistically significant and should not be interpreted.

Finally, a Spearman's rank-order correlation was utilized again to assess the relationship between the participants' personal familiarity with transgender people and reported feelings of preparedness to use gender neutral pronouns. There was a small, positive correlation between personal familiarity and feelings of preparedness to use gender neutral pronouns, which was statistically significant (r_s (226) = .148, p = .026) (see Table 44). These results suggest an increase in personal familiarity was weakly associated with increased feelings of preparedness to use gender neutral pronouns.

Outside agencies. Participants were asked the extent to which they feel prepared to connect transgender students to outside agencies for services and supports. A Spearman's rank-order correlation was run to determine the relationship between the participants' total training score and reported feelings of preparedness to connect transgender students to outside agencies. There was a small, positive correlation between total training and feelings of preparedness to connect transgender students to outside agencies, which was statistically significant (r_s (226) = .243, p = .000) (see Table 44). These results suggest an increase in training was weakly associated with increased feelings of preparedness to connect transgender students to outside agencies for services and supports.

As shown in Table 44, a Spearman's rank-order correlation was also utilized to determine the relationship between the participants' total experience score and reported feelings of preparedness to connect transgender students to outside agencies. There was a small, positive correlation between total experience and feelings of preparedness to connect transgender students to outside agencies, which was statistically significant (r_s (226) = .238, p = .000). These results suggest an increase in professional experience was weakly associated with increased

feelings of preparedness to connect transgender students to outside agencies for services and supports.

Finally, a Spearman's rank-order correlation was utilized again to assess the relationship between the participants' personal familiarity with transgender people and reported feelings of preparedness to connect transgender students to outside agencies. There was a small, positive correlation between personal familiarity and feelings of preparedness to connect transgender students to outside agencies, which was statistically significant (r_s (226) = .218, p = .001) (see Table 44). These results suggest an increase in personal familiarity was weakly associated with increased feelings of preparedness to connect transgender students to outside agencies for services and supports.

Seeking Out Additional Training

Participants were asked the extent to which they feel prepared to seek additional training related to transgender topics. A Spearman's rank-order correlation was run to determine the relationship between the participants' total training score and reported feelings of preparedness to seek additional training. There was a small, positive correlation between total training and feelings of preparedness to seek additional training, which was statistically significant (r_s (233) = .156, p = .017) (see Table 44). These results suggest an increase in training was weakly associated with increased feelings of preparedness to seek additional training related to transgender topics.

As shown in Table 44, a Spearman's rank-order correlation was also utilized to determine the relationship between the participants' total experience score and reported feelings of preparedness to seek additional training. There was a small, positive correlation between total

experience and feelings of preparedness to seek additional training, which was statistically significant (r_s (233) = .158, p = .015). These results suggest an increase in professional experience was weakly associated with increased feelings of preparedness to seek additional training related to transgender topics.

Finally, a Spearman's rank-order correlation was utilized again to assess the relationship between the participants' personal familiarity with transgender people and reported feelings of preparedness to seek additional training. There was a small, positive correlation between personal familiarity and feelings of preparedness to seek additional training, which was statistically significant (r_s (233) = .148, p = .024) (see Table 44). These results suggest an increase in personal familiarity was weakly associated with increased feelings of preparedness to seek additional training related to transgender topics.

Consultation Related to Transgender Topics

Participants were asked the extent to which they feel prepared to engage in professional consultation with colleagues related to transgender students and topics. A Spearman's rank-order correlation was run to determine the relationship between the participants' total training score and reported feelings of preparedness to engage in professional consultation. There was a small, positive correlation between total training and feelings of preparedness to engage in professional consultation, which was statistically significant (r_s (233) = .266, p = .000) (see Table 44). These results suggest an increase in training was weakly associated with increased feelings of preparedness to engage in professional consultation with colleagues related to transgender students and topics.

As shown in Table 44, a Spearman's rank-order correlation was also utilized to determine the relationship between the participants' total experience score and reported feelings of preparedness to engage in professional consultation. There was a small, positive correlation between total experience and feelings of preparedness to engage in professional consultation, which was statistically significant (r_s (233) = .229, p = .000). These results suggest an increase in professional experience was weakly associated with increased feelings of preparedness to engage in professional consultation with colleagues related to transgender students and topics.

Finally, a Spearman's rank-order correlation was utilized again to assess the relationship between the participants' personal familiarity with transgender people and reported feelings of preparedness to engage in professional consultation. There was a small, positive correlation between personal familiarity and feelings of preparedness to engage in professional consultation, which was statistically significant (r_s (233) = .239, p = .000) (see Table 44). These results suggest an increase in personal familiarity was weakly associated with increased feelings of preparedness to engage in professional consultation with colleagues related to transgender students and topics.

Protection of Transgender Students

Responding to harassment from other students. Participants were asked the extent to which they feel prepared to respond to harassment of transgender students when perpetrated by other students. A Spearman's rank-order correlation was run to determine the relationship between the participants' total training score and reported feelings of preparedness to respond to harassment of transgender students. There was a small, positive correlation between total training and feelings of preparedness to respond to harassment from students, which was statistically

significant (r_s (229) = .264, p = .000) (see Table 44). These results suggest an increase in training was weakly associated with increased feelings of preparedness to respond to harassment of transgender students when perpetrated by other students.

As shown in Table 44, a Spearman's rank-order correlation was also utilized to determine the relationship between the participants' total experience score and reported feelings of preparedness to respond to harassment from students. There was a small, positive correlation between total experience and feelings of preparedness to respond to harassment from students, which was statistically significant (r_s (229) = .242, p = .000) (see Table 44). These results suggest an increase in professional experience was weakly associated with increased feelings of preparedness to respond to harassment of transgender students when perpetrated by other students.

Finally, a Spearman's rank-order correlation was utilized again to assess the relationship between the participants' personal familiarity with transgender people and reported feelings of preparedness to harassment from students. There was a small, positive correlation between personal familiarity and feelings of preparedness to respond to harassment from students, which was statistically significant (r_s (229) = .141, p = .033) (see Table 44). These results suggest an increase in personal familiarity was weakly associated with increased feelings of preparedness to respond to harassment of transgender students when perpetrated by other students.

Responding to harassment from staff. Participants were asked the extent to which they feel prepared to respond to harassment of transgender students when perpetrated by staff members. A Spearman's rank-order correlation was run to determine the relationship between the participants' total training score and reported feelings of preparedness to respond to harassment

from staff. There was a small, positive correlation between total training and feelings of preparedness to respond to harassment from staff, which was statistically significant (r_s (229) = .222, p = .001) (see Table 44). These results suggest an increase in training was weakly associated with increased feelings of preparedness to respond to harassment of transgender students when perpetrated by staff members.

As shown in Table 44, a Spearman's rank-order correlation was also utilized to determine the relationship between the participants' total experience score and reported feelings of preparedness to respond to harassment from staff. There was a small, positive correlation between total experience and feelings of preparedness to respond to harassment from staff, which was statistically significant (r_s (229) = .180, p = .006). These results suggest an increase in professional experience was weakly associated with increased feelings of preparedness to respond to harassment of transgender students when perpetrated by staff members.

Finally, a Spearman's rank-order correlation was utilized again to assess the relationship between the participants' personal familiarity with transgender people and reported feelings of preparedness to harassment from staff. There was a small, positive correlation between personal familiarity and feelings of preparedness to respond to harassment from staff, which was statistically significant (r_s (229) = .156, p = .018) (see Table 44). These results suggest an increase in personal familiarity was weakly associated with increased feelings of preparedness to respond to harassment of transgender students when perpetrated by staff members.

Counseling with Transgender Students

Participants were asked the extent to which they feel prepared to counsel transgender students. A Spearman's rank-order correlation was run to determine the relationship between the

participants' total training score and reported feelings of preparedness to counsel transgender students. There was a moderate, positive correlation between total training and feelings of preparedness to counsel transgender students, which was statistically significant (r_s (227) = .334, p = .000) (see Table 44). These results suggest an increase in training was moderately associated with increased feelings of preparedness to counsel transgender students.

As shown in Table 44, a Spearman's rank-order correlation was also utilized to determine the relationship between the participants' total experience score and reported feelings of preparedness to counsel transgender students. There was a moderate, positive correlation between total experience and feelings of preparedness to counsel transgender students, which was statistically significant (r_s (227) = .392, p = .000). These results suggest an increase in professional experience was moderately associated with increased feelings of preparedness to counsel transgender students.

Finally, a Spearman's rank-order correlation was utilized again to assess the relationship between the participants' personal familiarity with transgender people and reported feelings of preparedness to counsel transgender students. There was a small, positive correlation between personal familiarity and feelings of preparedness to counsel transgender students, which was statistically significant (r_s (227) = .260, p = .000) (see Table 44). These results suggest an increase in personal familiarity was weakly associated with increased feelings of preparedness to counsel transgender students.

Research Question #5

The fifth research question was as follows: What is the relationship between training, experience, and personal familiarity (i.e., exposure) and the frequency with which respondents

engage in the professional guidelines outlined by NASP? As shown in Table 45 below, a series of Spearman rank-order correlations were conducted in order to determine if there were any significant relationships between: (1) participants' total training score and the frequency with which they engage in the NASP practices, (2) participants' total experience score and the frequency with which they engage in the NASP practices, and (3) participants' level of personal familiarity with transgender people and the frequency with which they engage in the NASP practices. Please note a detailed explanation on how the total training, experience, and personal familiarity scores were calculated was provided earlier in this document (see Research Question #4).

In order to appropriately determine the correlation between the exposure variables under investigation (i.e., training, experience, and personal familiarity) and respondents' frequency of engagement with the NASP practices, the response categories of "Never" and "Not Applicable," from the frequency questions, were collapsed in to one category. This change was made in order to reflect the fact that both responses indicate no engagement with the NASP practice, despite having potentially different underlying meanings. Therefore, responses of "Never" and "Not Applicable" were coded as zero, responses of "Very Infrequently" and "Infrequently" were coded as 1, a response of "Occasionally" was coded as 2, and responses of "Frequently" and "Very Frequently" were coded as 3. The reader will note that the response categories of "Never" and "Not Applicable" were described separately when descriptive information was reported earlier in the document (see Research Question #3). Table 45 below outlines the correlations between frequency of engagement and the key exposure variables. Further discussion of each individual area of practice is included in the subsequent pages of this document.

Table 45. Correlations Among Frequency of Engagement and Key Exposure Variables

	Training	Professional Experience	Personal Familiarity
Advocacy			
Total Advocacy Score	.321**	.542**	.223**
Gender Neutral Spaces	.258**	.457**	.166*
Modeling Acceptance	.235**	.415**	.204**
Modeling Respect	.269**	.462**	.214**
Staff Trainings	.288**	.430**	.178**
Phrasing		.165*	
Pronouns	.183**	.175**	.178**
Outside Agencies	.330**	.635**	
Additional Training	.343**	.430**	.232**
Consultation	.276**	.518**	.173**
Protection			
Total Protection Score	.319**	.575**	.159*
Harassment (Students)	.284**	.539**	.139*
Harassment (Staff)	.247**	.365**	.178**
Counseling	.287**	.745**	.158*

**significant at the 0.01 level (2-tailed); *significant at the 0.05 level (2-tailed)

Advocacy for Transgender Students

Gender neutral spaces. Participants were asked to indicate the extent to which they advocate for gender neutral spaces for students who are transgender. A Spearman's rank-order correlation was run to determine the relationship between the participants' total training score and the extent which participants advocate for gender neutral spaces, as reported by the respondent via the frequency survey questions. As shown in Table 45, there was a small, positive correlation between total training and reported frequency of engagement with this practice, which was statistically significant (r_s (233) = .258, p = .000) (see Table 45). These results suggest an increase in training was weakly associated with increased advocacy for gender neutral spaces.

As shown in Table 45, a Spearman's rank-order correlation was also utilized to determine the relationship between the participants' total experience score and the extent which participants advocate for gender neutral spaces, as reported by the respondent via the frequency survey questions. There was a moderate, positive correlation between total experience and reported frequency of engagement with this practice, which was statistically significant (r_s (233) = .457, p = .000). These results suggest an increase in professional experience was moderately associated with increased advocacy for gender neutral spaces.

Finally, a Spearman's rank-order correlation was utilized again to assess the relationship between the participants' personal familiarity with transgender people and the extent which participants advocate for gender neutral spaces, as reported by the respondent via the frequency survey questions. There was a small, positive correlation between personal familiarity and reported frequency of engagement with this practice, which was statistically significant (r_s (232) = .166, p = .011) (see Table 45). These results suggest an increase in personal familiarity was weakly associated with increased advocacy for gender neutral spaces.

Modeling acceptance. Participants were asked to indicate the extent to which they model acceptance for students who are transgender. A Spearman's rank-order correlation was run to determine the relationship between the participants' total training score and the extent which participants model acceptance for transgender students, as reported by the respondent via the frequency survey questions. As shown in Table 45, there was a small, positive correlation between total training and reported frequency of engagement with this practice, which was statistically significant (r_s (231) = .235, p = .000) (see Table 45). These results suggest an

increase in training was weakly associated with increased modeling of acceptance for transgender students.

As shown in Table 45, a Spearman's rank-order correlation was also utilized to determine the relationship between the participants' total experience score and the extent which participants model acceptance for transgender students, as reported by the respondent via the frequency survey questions. There was a moderate, positive correlation between total experience and reported frequency of engagement with this practice, which was statistically significant (r_s (231) = .415, p = .000). These results suggest an increase in professional experience was moderately associated with increased modeling of acceptance for transgender students.

Finally, a Spearman's rank-order correlation was utilized again to assess the relationship between the participants' personal familiarity with transgender people and the extent which participants model acceptance for transgender students, as reported by the respondent via the frequency survey questions. There was a small, positive correlation between personal familiarity and reported frequency of engagement with this practice, which was statistically significant (r_s (231) = .204, p = .002) (see Table 45). These results suggest an increase in personal familiarity was weakly associated with increased modeling of acceptance for transgender students.

Modeling respect. Participants were asked to indicate the extent to which they model respect for students who are transgender. A Spearman's rank-order correlation was run to determine the relationship between the participants' total training score and the extent which participants model acceptance for transgender students, as reported by the respondent via the frequency survey questions. As shown in Table 45, there was a small, positive correlation between total training and reported frequency of engagement with this practice, which was

statistically significant (r_s (232) = .269, p = .000) (see Table 45). These results suggest an increase in training was weakly associated with increased modeling of respect for transgender students.

As shown in Table 45, a Spearman's rank-order correlation was also utilized to determine the relationship between the participants' total experience score and the extent which participants model respect for transgender students, as reported by the respondent via the frequency survey questions. There was a moderate, positive correlation between total experience and reported frequency of engagement with this practice, which was statistically significant (r_s (232) = .462, p = .000). These results suggest an increase in professional experience was moderately associated with increased modeling of respect for transgender students.

Finally, a Spearman's rank-order correlation was utilized again to assess the relationship between the participants' personal familiarity with transgender people and the extent which participants model respect for transgender students, as reported by the respondent via the frequency survey questions. There was a small, positive correlation between personal familiarity and reported frequency of engagement with this practice, which was statistically significant (r_s (232) = .214, p = .002) (see Table 45). These results suggest an increase in personal familiarity was weakly associated with increased modeling of respect for transgender students.

Staff training. Participants were asked to indicate the extent to which they facilitate staff trainings on transgender topics. A Spearman's rank-order correlation was run to determine the relationship between the participants' total training score and the extent which participants facilitate staff trainings, as reported by the respondent via the frequency survey questions. As shown in Table 45, there was a small, positive correlation between total training and reported

frequency of engagement with this practice, which was statistically significant (r_s (229) = .288, p = .000) (see Table 45). These results suggest an increase in training was weakly associated with increased facilitation of staff trainings related to transgender topics.

As shown in Table 45, a Spearman's rank-order correlation was also utilized to determine the relationship between the participants' total experience score and the extent which participants facilitate staff trainings related to transgender topics, as reported by the respondent via the frequency survey questions. There was a moderate, positive correlation between total experience and reported frequency of engagement with this practice, which was statistically significant (r_s (229) = .430, p = .000). These results suggest an increase in professional experience was moderately associated with increased facilitation of staff trainings.

Finally, a Spearman's rank-order correlation was utilized again to assess the relationship between the participants' personal familiarity with transgender people and the extent which participants facilitate trainings related to transgender topics, as reported by the respondent via the frequency survey questions. There was a small, positive correlation between personal familiarity and reported frequency of engagement with this practice, which was statistically significant (r_s (229) = .178, p = .007) (see Table 45). These results suggest an increase in personal familiarity was weakly associated with increased facilitation of staff trainings.

Gender neutral phrasing. Participants were asked to indicate the extent to which they utilize gender neutral phrasing. A Spearman's rank-order correlation was run to determine the relationship between the participants' total training score and the extent which participants utilize gender neutral phrasing, as reported by the respondent via the frequency survey questions. As shown in Table 45, there was a very weak, positive correlation between total training and

reported frequency of engagement with this practice (r_s (228) = .113, p = .090) (see Table 45). These results were not statistically significant and should not be interpreted.

As shown in Table 45, a Spearman's rank-order correlation was also utilized to determine the relationship between the participants' total experience score and the extent which participants utilize gender neutral phrasing, as reported by the respondent via the frequency survey questions. There was a small, positive correlation between total experience and reported frequency of engagement with this practice, which was statistically significant (r_s (28) = .165, p = .012). These results suggest an increase in professional experience was weakly associated with increased usage of gender neutral phrasing.

Finally, a Spearman's rank-order correlation was utilized again to assess the relationship between the participants' personal familiarity with transgender people and the extent which participants utilize gender neutral phrasing, as reported by the respondent via the frequency survey questions. These results were not statistically significant and should not be interpreted (r_s (232) = .071, p = .284).

Gender neutral pronouns. Participants were asked to indicate the extent to which they utilize gender neutral pronouns. A Spearman's rank-order correlation was run to determine the relationship between the participants' total training score and the extent which participants utilize gender neutral pronouns, as reported by the respondent via the frequency survey questions. As shown in Table 45, there was a small, positive correlation between total training and reported frequency of engagement with this practice, which was statistically significant (r_s (228) = .183, p = .005) (see Table 45). These results suggest an increase in training was weakly associated with increased usage of gender neutral pronouns.

As shown in Table 45, a Spearman's rank-order correlation was also utilized to determine the relationship between the participants' total experience score and the extent which participants utilize gender neutral pronouns, as reported by the respondent via the frequency survey questions. There was a moderate, positive correlation between total experience and reported frequency of engagement with this practice, which was statistically significant (r_s (228) = .175, p = .008). These results suggest an increase in professional experience was moderately associated with increased usage of gender neutral pronouns.

Finally, a Spearman's rank-order correlation was utilized again to assess the relationship between the participants' personal familiarity with transgender people and the extent which participants utilize gender neutral pronouns, as reported by the respondent via the frequency survey questions. There was a small, positive correlation between personal familiarity and reported frequency of engagement with this practice, which was statistically significant (r_s (228) = .178, p = .007) (see Table 45). These results suggest an increase in personal familiarity was weakly associated with increased usage of gender neutral pronouns.

Outside agencies. Participants were asked to indicate the extent to which they connect transgender students to outside agencies. A Spearman's rank-order correlation was run to determine the relationship between the participants' total training score and the extent which participants connect transgender students to outside agencies, as reported by the respondent via the frequency survey questions. As shown in Table 45, there was a small, positive correlation between total training and reported frequency of engagement with this practice, which was statistically significant (r_s (226) = .330, p = .000) (see Table 45). These results suggest an

increase in training was weakly associated with increased connecting of transgender students to outside agencies.

As shown in Table 45, a Spearman's rank-order correlation was also utilized to determine the relationship between the participants' total experience score and the extent which participants connect transgender students to outside agencies, as reported by the respondent via the frequency survey questions. There was a moderate to strong, (positive) correlation between total experience and reported frequency of engagement with this practice, which was statistically significant (r_s *(*233) = .635, p = .000). These results suggest an increase in professional experience was moderately to strongly associated with increased connecting of transgender students to outside agencies.

Finally, a Spearman's rank-order correlation was utilized again to assess the relationship between the participants' personal familiarity with transgender people and the extent which participants connect transgender students to outside agencies, as reported by the respondent via the frequency survey questions. There was a very weak, positive correlation between personal familiarity and reported frequency of engagement with this practice (r_s *(*226) = .105, p = .011) (see Table 45). These results were not statistically significant and should not be interpreted.

Total advocacy score. An advocacy score was created by tallying the frequency with which participants engaged in the advocacy practices outlined above (i.e., advocating for gender neutral spaces, modeling respect and acceptance, facilitating staff trainings, utilizing gender neutral phrasing and pronouns, and connecting students to outside agencies). Responses of "Never" and "Not Applicable" were coded as zero, responses of "very infrequently/infrequently" were coded as 1, a response of "occasionally" was coded as 2, and responses of frequently/very

frequently were coded as "3." Because there were seven advocacy categories in total, participants could obtain an advocacy score between 0 and 21 (M = 9.74, SD = 4.8).

A Spearman's rank-order correlation was run to determine the relationship between participants' total training score and their obtained advocacy score. There was a small, positive correlation between total training and overall advocacy, which was statistically significant (r_s *(*235) = .321, p = .000) (see Table 45). These results suggest an increase in training was weakly associated with increased overall advocacy.

As shown in Table 45, a Spearman's rank-order correlation was also utilized to determine the relationship between the participants' total experience score and their obtained advocacy score. There was a moderate, positive correlation between total experience and overall advocacy, which was statistically significant (r_s *(*235) = .542, p = .000). These results suggest an increase in professional experience was moderately associated with increased overall advocacy.

Finally, a Spearman's rank-order correlation was utilized again to assess the relationship between the participants' personal familiarity with transgender people and the frequency with which respondents advocate from transgender students. There was a small, positive correlation between personal familiarity and overall advocacy, which was statistically significant (r_s *(*235) = .223, p = .001) (see Table 45). These results suggest an increase in personal familiarity was weakly associated with increased overall advocacy.

Seeking Out Additional Training

Participants were asked to indicate the extent to which they seek additional training related to transgender topics. A Spearman's rank-order correlation was run to determine the relationship between the participants' total training score and the extent which participants seek

additional training related to transgender topics, as reported by the respondent via the frequency survey questions. As shown in Table 45, there was a small, positive correlation between total training and reported frequency of engagement with this practice, which was statistically significant (r_s (232) = .343, p = .000) (see Table 45). These results suggest an increase in training was weakly associated with increased seeking of additional training related to transgender topics.

As shown in Table 45, a Spearman's rank-order correlation was also utilized to determine the relationship between the participants' total experience score and the extent which participants seek additional training related to transgender topics, as reported by the respondent via the frequency survey questions. There was a moderate, positive correlation between total experience and reported frequency of engagement with this practice, which was statistically significant (r_s (232) = .430, p = .000). These results suggest an increase in professional experience was moderately associated with increased seeking of additional training related to transgender topics.

Finally, a Spearman's rank-order correlation was utilized again to assess the relationship between the participants' personal familiarity with transgender people and the extent which participants seek additional training related to transgender topics, as reported by the respondent via the frequency survey questions. There was a small, positive correlation between personal familiarity and reported frequency of engagement with this practice, which was statistically significant (r_s (232) = .232, p = .000) (see Table 45). These results suggest an increase in personal familiarity was weakly associated with increased seeking of additional training related to transgender topics.

Consultation Related to Transgender Topics

Participants were asked to indicate the extent to which they consult with colleagues regarding transgender students and topics. A Spearman's rank-order correlation was run to determine the relationship between the participants' total training score and the extent which participants consult with colleagues regarding transgender students and topics, as reported by the respondent via the frequency survey questions. As shown in Table 45, there was a small, positive correlation between total training and reported frequency of engagement with this practice, which was statistically significant (r_s (231) = .276, p = .000) (see Table 45). These results suggest an increase in training was weakly associated with increased consultation with colleagues regarding transgender students and topics.

As shown in Table 45, a Spearman's rank-order correlation was also utilized to determine the relationship between the participants' total experience score and the extent which participants consult with colleagues regarding transgender students and topics, as reported by the respondent via the frequency survey questions. There was a moderate, positive correlation between total experience and reported frequency of engagement with this practice, which was statistically significant (r_s (231) = .518, p = .000). These results suggest an increase in professional experience was moderately associated with increased consultation with colleagues regarding transgender students and topics.

Finally, a Spearman's rank-order correlation was utilized again to assess the relationship between the participants' personal familiarity with transgender people and the extent which participants consult with colleagues regarding transgender students and topics, as reported by the respondent via the frequency survey questions. There was a small, positive correlation between

personal familiarity and reported frequency of engagement with this practice, which was statistically significant (r_s (231) = .173, p = .008) (see Table 45). These results suggest an increase in personal familiarity was weakly associated with increased consultation with colleagues regarding transgender students and topics.

Protection of Transgender Students

Responding to harassment from other students. Participants were asked to indicate the extent to which they respond to harassment of transgender students by other students. A Spearman's rank-order correlation was run to determine the relationship between the participants' total training score and the extent which participants respond to harassment of transgender students by other students, as reported by the respondent via the frequency survey questions. As shown in Table 45, there was a small, positive correlation between total training and reported frequency of engagement with this practice, which was statistically significant (r_s (229) = .284, p = .000) (see Table 45). These results suggest an increase in personal familiarity was weakly associated with an increased response to harassment of transgender students when perpetrated by other students.

As shown in Table 45, a Spearman's rank-order correlation was also utilized to determine the relationship between the participants' total experience score and the extent which participants respond to harassment of transgender students by other students, as reported by the respondent via the frequency survey questions. There was a moderate, positive correlation between total experience and reported frequency of engagement with this practice, which was statistically significant (r_s (229) = .539, p = .000). These results suggest an increase in personal familiarity

was weakly associated with an increased response to harassment of transgender students when perpetrated by other students.

Finally, a Spearman's rank-order correlation was utilized again to assess the relationship between the participants' personal familiarity with transgender people and the extent which participants respond to harassment of transgender students by other students, as reported by the respondent via the frequency survey questions. There was a small, positive correlation between personal familiarity and reported frequency of engagement with this practice, which was statistically significant (r_s (229) = .139, p = .036) (see Table 45). These results suggest an increase in personal familiarity was weakly associated with an increased response to harassment of transgender students when perpetrated by other students.

Responding to harassment from staff. Participants were asked to indicate the extent to which they respond to harassment of transgender students by staff. A Spearman's rank-order correlation was run to determine the relationship between the participants' total training score and the extent which participants respond to harassment of transgender students by staff, as reported by the respondent via the frequency survey questions. As shown in Table 45, there was a small, positive correlation between total training and reported frequency of engagement with this practice, which was statistically significant (r_s (229) = .247, p = .000) (see Table 45). These results suggest an increase in personal familiarity was weakly associated with an increased response to harassment of transgender students when perpetrated by staff.

As shown in Table 45, a Spearman's rank-order correlation was also utilized to determine the relationship between the participants' total experience score and the extent which participants respond to harassment of transgender students by staff, as reported by the respondent via the

frequency survey questions. There was a moderate, positive correlation between total experience and reported frequency of engagement with this practice, which was statistically significant (r_s (229) = .365, p = .000). These results suggest an increase in personal familiarity was weakly associated with an increased response to harassment of transgender students when perpetrated by staff.

Finally, a Spearman's rank-order correlation was utilized again to assess the relationship between the participants' personal familiarity with transgender people and the extent which participants respond to harassment of transgender students by staff, as reported by the respondent via the frequency survey questions. There was a small, positive correlation between personal familiarity and reported frequency of engagement with this practice, which was statistically significant (r_s (229) = .178, p = .007) (see Table 45). These results suggest an increase in personal familiarity was weakly associated with an increased response to harassment of transgender students when perpetrated by staff.

Total protection score. A protection score was created by tallying the frequency with which participants engaged in the protection practices outlined above (i.e., responding to harassment from students and responding to harassment from staff). Responses of "Never" and "Not Applicable" were coded as zero, responses of "very infrequently/infrequently" were coded as 1, a response of "occasionally" was coded as 2, and responses of frequently/very frequently were coded as "3." Because there were two protection categories in total, participants could obtain a protection score between 0 and 6 (M = .995, SD = 1.2).

A Spearman's rank-order correlation was run to determine the relationship between participants' total training score and their obtained protection score. There was a small, positive

correlation between total training and overall protection of transgender students, which was statistically significant (r_s (235) = .319, p = .000) (see Table 45). These results suggest an increase in training was weakly associated with increased overall protection of transgender students.

As shown in Table 45, a Spearman's rank-order correlation was also utilized to determine the relationship between the participants' total experience score and their obtained protection score. There was a moderate, positive correlation between total experience and overall advocacy, which was statistically significant (r_s (235) = .575, p = .000). These results suggest an increase in professional experience was moderately associated with increased protection of transgender students.

Finally, a Spearman's rank-order correlation was utilized again to assess the relationship between the participants' personal familiarity with transgender people and the frequency with which respondents protect transgender students. There was a small, positive correlation between personal familiarity and overall advocacy, which was statistically significant (r_s (235) = .159, p = .015) (see Table 45). These results suggest an increase in personal familiarity was weakly associated with increased protection of transgender students.

Counseling with Transgender Students

Participants were asked to indicate the extent to which they counsel students who are transgender. A Spearman's rank-order correlation was run to determine the relationship between the participants' total training score and the extent which participants counsel transgender students, as reported by the respondent via the frequency survey questions. As shown in Table 45, there was a small, positive correlation between total training and reported frequency of

engagement with this practice, which was statistically significant (r_s (227) = .287, p = .000) (see Table 45). These results suggest an increase in training was weakly associated with increased engagement in counseling students who are transgender.

As shown in Table 45, a Spearman's rank-order correlation was also utilized to determine the relationship between the participants' total experience score and the extent which participants counsel transgender students, as reported by the respondent via the frequency survey questions. There was a strong, positive correlation between total experience and reported frequency of engagement with this practice, which was statistically significant (r_s (227) = .745, p = .000). These results suggest an increase in professional experience was strongly associated with increased engagement in counseling students who are transgender.

Finally, a Spearman's rank-order correlation was utilized again to assess the relationship between the participants' personal familiarity with transgender people and the extent which participants counsel transgender students, as reported by the respondent via the frequency survey questions. There was a small, positive correlation between personal familiarity and reported frequency of engagement with this practice, which was statistically significant (r_s (227) = .158, p = .017) (see Table 45). These results suggest an increase in personal familiarity was weakly associated with increased engagement in counseling students who are transgender.

Research Question #6

The sixth research question was as follows: What is the relationship between respondents' feelings of preparedness to engage in the NASP guidelines and the frequency with which they do so? A series of Spearman rank-order correlations were conducted in order to determine if there were any significant relationships between participants reported frequency of

engaging in the NASP guidelines and feelings of preparedness to do. The results are organized below based on the specific areas of practice outlined by NASP. See Table 46 for all correlational data.

Table 46. Correlations among Feelings of Preparedness and Frequency of Engagement

	Correlation between Preparedness & Frequency
Advocacy	
Gender Neutral Spaces	.436**
Modeling Acceptance	.257**
Modeling Respect	.319**
Staff Trainings	.414**
Phrasing	.530**
Pronouns	.613**
Outside Agencies	.411**
Additional Training	.402**
Consultation	.410**
Protection	
Harassment (Students)	.313**
Harassment (Staff)	.202**
Counseling	.523**

**significant at the 0.01 level (2-tailed)

Advocacy for Transgender Students

Gender neutral spaces. Participants were asked the frequency and extent to which they feel prepared to advocate for gender neutral spaces for students who are transgender. A Spearman's rank-order correlation was utilized to determine the relationship between the frequency with which participants advocate for gender neutral spaces and their feelings of preparedness to complete this activity. There was a moderate, positive correlation between the two variables (i.e., reported frequency and feelings of preparedness), which was statistically significant at 0.01 (r_s (232) = .436, p = .000) (see Table 46). These results suggest increased

reported frequency of completing this professional practice correlated moderately with increased feelings of preparedness.

Modeling acceptance. Participants were asked the frequency and extent to which they feel prepared to model acceptance for transgender students. A Spearman's rank-order correlation was utilized to determine the relationship between the frequency with which participants' model acceptance for transgender students and their feelings of preparedness to complete this activity. Results indicated there was a small, positive correlation between the two variables (i.e., reported frequency and feelings of preparedness), which was statistically significant at 0.01 (r_s (231) = .257, p = .000) (see Table 46). The data suggests increased reported frequency of completing this professional practice is correlated weakly with increased feelings of preparedness.

Modeling respect. Participants were asked the frequency and extent to which they feel prepared to model respect for transgender students. A Spearman's rank-order correlation was utilized to determine the relationship between the frequency with which participants' model respect for transgender students and their feelings of preparedness to complete this activity. Results indicated there was a moderate, positive correlation between the two variables (i.e., reported frequency and feelings of preparedness), which was statistically significant at 0.01 (r_s (232) = .319, p = .000) (see Table 46). The data suggests increased reported frequency of completing this professional practice is correlated moderately with increased feelings of preparedness.

Staff trainings. Participants were asked the frequency and extent to which they feel prepared to conduct staff trainings on transgender topics. A Spearman's rank-order correlation was utilized to determine the relationship between the frequency with which participants conduct

staff trainings and their feelings of preparedness to complete this activity. Results indicated there was a moderate, positive correlation between the two variables (i.e., reported frequency and feelings of preparedness), which was statistically significant at 0.01 (r_s (229) = .414, p = .000) (see Table 46). The data suggests increased reported frequency of completing this professional practice is correlated moderately with increased feelings of preparedness.

Gender neutral phrasing. Participants were asked the frequency and extent to which they feel prepared to use gender neutral words and phrases. A Spearman's rank-order correlation was utilized to determine the relationship between the frequency with which participants use gender neutral words and phrases and their feelings of preparedness to complete this activity. Results indicated there was a strong, positive correlation between the two variables (i.e., reported frequency and feelings of preparedness), which was statistically significant at 0.01 (r_s (227) = .530, p = .000) (see Table 46). The data suggests increased reported frequency of completing this professional practice is correlated strongly with increased feelings of preparedness.

Gender neutral pronouns. Participants were asked the frequency and extent to which they feel prepared to use gender neutral pronouns. A Spearman's rank-order correlation was utilized to determine the relationship between the frequency with which participants use gender neutral pronouns and their feelings of preparedness to complete this activity. Results indicated there was a strong, positive correlation between the two variables (i.e., reported frequency and feelings of preparedness), which was statistically significant at 0.01 (r_s (228) = .613, p = .000) (see Table 46). The data suggests increased reported frequency of completing this professional practice is correlated strongly with increased feelings of preparedness.

Outside agencies. Participants were asked the frequency and extent to which they feel prepared to connect transgender students to outside agencies for supports and services. A Spearman's rank-order correlation was utilized to determine the relationship between the frequency with which participants connect transgender students to outside agencies and their feelings of preparedness to complete this activity. Results indicated there was a strong, positive correlation between the two variables (i.e., reported frequency and feelings of preparedness), which was statistically significant at 0.01 (r_s (226) = .411, p = .000) (see Table 46). The data suggests increased reported frequency of completing this professional practice is correlated strongly with increased feelings of preparedness.

Seeking Out Additional Training

Participants were asked the frequency and extent to which they feel prepared to seek additional training related to transgender people and topics. A Spearman's rank-order correlation was utilized to determine the relationship between the frequency with which participants seek additional training and their feelings of preparedness to complete this activity. There was a moderate, positive correlation between the two variables (i.e., reported frequency and feelings of preparedness), which was statistically significant at 0.01 (r_s (232) = .402, p = .000) (see Table 46). These results suggest increased reported frequency of completing this professional practice correlated moderately with increased feelings of preparedness.

Consultation Related to Transgender Topics

Participants were asked the frequency and extent to which they feel prepared to consult with colleagues related to transgender topics. A Spearman's rank-order correlation was utilized to determine the relationship between the frequency with which participants consult with

colleagues regarding transgender topics and their feelings of preparedness to complete this activity. Results indicated there was a moderate, positive correlation between the two variables (i.e., reported frequency and feelings of preparedness), which was statistically significant at 0.01 (r_s (231) = .410, p = .000) (see Table 46). The data suggests increased reported frequency of completing this professional practice is correlated moderately with increased feelings of preparedness.

Protection of Transgender Students

Responding to harassment from other students. Participants were asked the frequency and extent to which they feel prepared to respond to harassment of transgender students when perpetrated by other students. A Spearman's rank-order correlation was utilized to determine the relationship between the frequency with which participants respond to harassment from students and their feelings of preparedness to complete this activity. Results indicated there was a moderate, positive correlation between the two variables (i.e., reported frequency and feelings of preparedness), which was statistically significant at 0.01 (r_s (229) = .313, p = .000) (see Table 46). The data suggests increased reported frequency of completing this professional practice is correlated moderately with increased feelings of preparedness.

Responding to harassment from staff. Participants were asked the frequency and extent to which they feel prepared to respond to harassment of transgender students when perpetrated by staff members. A Spearman's rank-order correlation was utilized to determine the relationship between the frequency with which participants respond to harassment from staff members and their feelings of preparedness to complete this activity. Results indicated there was a small, positive correlation between the two variables (i.e., reported frequency and feelings of

preparedness), which was statistically significant at 0.01 (r_s (229) = .313, p = .000) (see Table 46). The data suggests increased reported frequency of completing this professional practice is correlated weakly with increased feelings of preparedness.

Counseling with Transgender Students

Participants were asked the frequency and extent to which they feel prepared to counsel transgender students. A Spearman's rank-order correlation was utilized to determine the relationship between the frequency with which participants' counsel transgender students and their feelings of preparedness to complete this activity. Results indicated there was a moderate, positive correlation between the two variables (i.e., reported frequency and feelings of preparedness), which was statistically significant at 0.01 (r_s (227) = .523, p = .000) (see Table 46). The data suggests increased reported frequency of completing this professional practice is correlated moderately with increased feelings of preparedness.

Research Question #7

The seventh research question was as follows: Does prior exposure, via training, professional experience, or personal familiarity, predict current engagement in advocacy for transgender students? As shown in Table 45, there were small to moderate, positive correlations between the key exposure variables (i.e., training, professional experience, and personal familiarity) and the frequency with which participants advocate for transgender youth. To determine if these correlations were strong enough to be predictive, a multiple linear regression was calculated to predict advocacy for transgender students (i.e., advocacy score) based on total training (i.e., graduate coursework, counseling/assessment during internship/practica, and

workshops/conferences), professional experience (i.e., counseling and assessment in current practice), and personal familiarity.

A step-wise method was utilized to determine the effectiveness of each of the models. The following assumptions were also checked when completing this analysis. To check for normality, a histogram was created. An analysis of the histogram revealed that the standardized residuals were distributed normally (i.e., the histogram was symmetrical and approximately bell shaped), thereby meeting the assumption of normality. Homoscedasticity and linearity assumptions were examined by plotting ZRESID against ZPRED to create a scatterplot with the standardized variables. The points on the scatter plot did not form in to a funnel or curve shape, thereby meeting the assumptions of homoscedasticity and linearity. To assess for multicollinearity, a collinearity diagnostic was run utilizing the VIF values. The VIF values were averaged together to equal 1.087. As the average was not substantially greater than 1, it was determined the assumption of multicollinearity had been met. A Durbin-Watson statistic was run to assess the assumption of independent errors. The reported value was 2.051, thereby meeting the assumption of independent errors because the value was greater than one and less than three.

All three key exposure variables were specified (i.e., training, exposure, and personal familiarity). However, in utilizing a step-wise method, SPSS determines the variables that significantly contribute to predicting the dependent variable, in this case, overall advocacy for transgender students, and excludes the variables that do not significantly contribute to predict the dependent variable. Therefore, key exposure variables were excluded from the regression models if they did not significantly contribute to predicting overall advocacy for transgender students.

On the first step, participants' professional experience score was entered into the model. A significant regression equation was found for Model 1 ($F(1,233) = 89.704$, $p < .000$), with an R^2 of .278. Based on analysis of the R^2 value, which designates the amount of variance in advocacy (DV) that can be accounted for by professional experience (IV), 27.8% of the variance in advocacy can be accounted for based on professional experience. The Adjusted R^2 value refers to how well the model fits to outside populations (i.e., external validity). The Adjusted R^2 value for the model was .275 or 27.5%, meaning that transferring the model to an outside population would account for 27.5% of the variance, a reduction of .003% from the sample R Square.

On the second step, training was added to the equation along with professional experience to create Model 2. A significant regression equation was also found for Model 2 ($F(2,232) = 49.637$, $p < .000$), with an R^2 of .300. Based on analysis of the R^2 value, which designates the amount of variance in advocacy (DV) that can be accounted for by professional experience and training (IVs), 30% of the variance in advocacy can be accounted for based on professional experience and training. The Adjusted R^2 value refers to how well the model fits to outside populations (i.e., external validity). The Adjusted R^2 value for the model was .294 or 29.4%, meaning that transferring the model to an outside population would account for 29.4% of the variance, a reduction of .006% from the sample R Square (see Table 47).

On the third step, personal familiarity was added to the equation along with training and professional experience to create Model 3. A significant regression equation was also found for Model 3 ($F(3,231) = 34.817$, $p < .000$), with an R^2 of .311. Based on analysis of the R^2 value, which designates the amount of variance in advocacy (DV) that can be accounted for by professional experience, training, and personal familiarity (IVs), 31.1% of the variance in

advocacy can be accounted for based on all three exposure variables. The Adjusted R^2 value refers to how well the model fits to outside populations (i.e., external validity). The Adjusted R^2 value for the model was .302 or 30.2%, meaning that transferring the model to an outside population would account for 30.2% of the variance, a reduction of .009% from the sample R Square (see Table 47).

The positive standardized beta values for professional experience (.459), training (.133), and personal familiarity (.112) indicate there is a positive relationship between the key exposure variables and overall advocacy. The contribution of all the standardized betas is as follows: professional experience (B=2.576, β=.459, t=7.810, p=.000); training (B=.497, β= .133, t=2.230, p=.027); and personal familiarity (B=.909, β=.112, t=1.981, p=.049). The full predictor model is as follows: Advocacy = 4.993 + $2.576_{(\text{Professional Experience})}$ + $.459_{(\text{Training})}$ + $.909_{(\text{Personal Familiarity})}$ (see Table 47).

Table 47. Stepwise Regression Analysis of Key Exposure Variables on Overall Advocacy

Variable	*B*	β	t	p	R^2	Adjusted R^2
Model 1						
Professional Experience	2.959	.527	9.471	.000	.278	.275
Model 2						
Professional Experience	2.643	.471	8.006	.000	.300	.294
Prior Training	.588	.158	2.681	.008		
Model 3						
Professional Experience	2.576	.459	7.810	.000	.311	.302
Prior Training	.497	.133	2.230	.027		
Personal Familiarity	.909	.112	1.981	.049		

Research Question #8

The eighth research question was as follows: Does prior exposure, via training, professional experience, or personal familiarity, predict current engagement in seeking additional training on transgender topics? As shown in Table 45, there were small to moderate, positive correlations between the key exposure variables (i.e., training, professional experience, and personal familiarity) and the frequency with which participants seek additional training related to transgender topics. To determine if these correlations were strong enough to be predictive, a multiple linear regression was calculated to predict frequency of seeking additional training based on total training (i.e., graduate coursework, counseling/assessment during internship/ practica, and workshops/conferences), professional experience (i.e., counseling and assessment in current practice), and personal familiarity.

A step-wise method was utilized to determine the effectiveness of each of the models. The following assumptions were also checked when completing this analysis. To check for normality, a histogram was created. An analysis of the histogram revealed that the standardized residuals were distributed normally (i.e., the histogram was symmetrical and approximately bell shaped), thereby meeting the assumption of normality. Homoscedasticity and linearity assumptions were examined by plotting ZRESID against ZPRED to create a scatterplot with the standardized variables. The points on the scatter plot did not form in to a funnel or curve shape, thereby meeting the assumptions of homoscedasticity and linearity. To assess for multicollinearity, a collinearity diagnostic was run utilizing the VIF values. The VIF values were averaged together to equal 1.087. As the average was not substantially greater than 1, it was determined the assumption of multicollinearity had been met. A Durbin-Watson statistic was run

to assess the assumption of independent errors. The reported value was 2.126, thereby meeting the assumption of independent errors because the value was greater than one and less than three.

All three key exposure variables were specified (i.e., training, exposure, and personal familiarity). However, in utilizing a step-wise method, SPSS determines the variables that significantly contribute to predicting the dependent variable, in this case, seeking additional training, and excludes the variables that do not significantly contribute to predict the dependent variable. Therefore, key exposure variables were excluded from the regression models if they did not significantly contribute to predicting additional training.

On the first step, participants' professional experience score was entered into the model. A significant regression equation was found for Model 1 ($F(1,233) = 51.111$, $p < .000$), with an R^2 of .180. Based on analysis of the R^2 value, which designates the amount of variance in seeking additional training (DV) that can be accounted for by professional experience (IV), 18% of the variance in seeking additional training can be accounted for based on professional experience. The Adjusted R^2 value refers to how well the model fits to outside populations (i.e., external validity). The Adjusted R^2 value for the model was .176 or 17.6%, meaning that transferring the model to an outside population would account for 17.6% of the variance, a reduction of .004% from the sample R Square.

On the second step, prior training was added to the equation along with professional experience to create Model 2. A significant regression equation was also found for Model 2 ($F(2,232) = 33.533$, $p < .000$), with an R^2 of .224. Based on analysis of the R^2 value, which designates the amount of variance in seeking additional training (DV) that can be accounted for by professional experience and prior training (IVs), 22.4% of the variance in seeking additional

training can be accounted for based on professional experience and prior training. The Adjusted R^2 value refers to how well the model fits to outside populations (i.e., external validity). The Adjusted R^2 value for the model was .218 or 21.8%, meaning that transferring the model to an outside population would account for 21.8% of the variance, a reduction of .006% from the sample R Square (see Table 48).

On the third step, personal familiarity was added to the equation along with prior training and professional experience to create Model 3. A significant regression equation was also found for Model 3 ($F(3,231) = 24.974$, $p < .000$), with an R^2 of .245. Based on analysis of the R^2 value, which designates the amount of variance in seeking additional training (DV) that can be accounted for by professional experience, training, and personal familiarity (IVs), 24.5% of the variance in seeking additional training can be accounted for based on all three exposure variables. The Adjusted R^2 value refers to how well the model fits to outside populations (i.e., external validity). The Adjusted R^2 value for the model was .235 or 23.5%, meaning that transferring the model to an outside population would account for 23.5% of the variance, a reduction of .01% from the sample R Square (see Table 48).

The positive standardized beta values for professional experience (.328), training (.193), and personal familiarity (.149) indicate there is a positive relationship between the key exposure variables and seeking additional training. The contribution of all the standardized betas is as follows: professional experience (B=.336, β=.328, t=5.326, p=.000); training (B=.131, β= .193, t=3.085, p=.002); and personal familiarity (B=.221, β=.149, t=2.514, p=.013). The full predictor model is as follows: Seeking Additional Training = $.623 + .336_{(\text{Professional Experience})} + .131_{(\text{Training})} + .221_{(\text{Personal Familiarity})}$ (see Table 48).

Table 48**.** Stepwise Regression Analysis of Key Exposure Variables on Additional Training

Variable	*B*	β	t	p	R^2	Adjusted R^2
Model 1						
Professional Experience	.435	.424	7.149	.000	.180	.176
Model 2						
Professional Experience	.352	.344	5.551	.000	.224	.218
Prior Training	.154	.225	3.642	.000		
Model 3						
Professional Experience	.336	.328	5.326	.000	.245	.235
Prior Training	.131	.193	3.085	.002		
Personal Familiarity	.221	.149	2.514	.013		

Research Question #9

The ninth research question was as follows: Does prior exposure, via training, professional experience, or personal familiarity, predict current engagement in consultation related to transgender students? As shown in Table 45, there were small to moderate, positive correlations between the key exposure variables (i.e., training, professional experience, and personal familiarity) and current engagement in consultation related to transgender topics. To determine if these correlations were strong enough to be predictive, a multiple linear regression was calculated to predict current engagement in consultation based on total training (i.e., graduate coursework, counseling/assessment during internship/practica, and workshops/ conferences), professional experience (i.e., counseling and assessment in current practice), and personal familiarity.

A step-wise method was utilized to determine the effectiveness of each of the models. The following assumptions were also checked when completing this analysis. To check for normality, a histogram was created. An analysis of the histogram revealed that the standardized

residuals were distributed normally (i.e., the histogram was symmetrical and approximately bell shaped), thereby meeting the assumption of normality. Homoscedasticity and linearity assumptions were examined by plotting ZRESID against ZPRED to create a scatterplot with the standardized variables. The points on the scatter plot did not form in to a funnel or curve shape, thereby meeting the assumptions of homoscedasticity and linearity. To assess for multicollinearity, a collinearity diagnostic was run utilizing the VIF value, which equaled 1.03. As the average was not substantially greater than 1, it was determined the assumption of multicollinearity had been met. A Durbin-Watson statistic was run to assess the assumption of independent errors. The reported value was 1.776, thereby meeting the assumption of independent errors because the value was greater than one and less than three.

All three key exposure variables were specified (i.e., training, exposure, and personal familiarity). However, in utilizing a step-wise method, SPSS determines the variables that significantly contribute to predicting the dependent variable, in this case, current engagement in consultation related to transgender topics, and excludes the variables that do not significantly contribute to predicting the dependent variable. Therefore, key exposure variables were excluded from the regression models if they did not significantly contribute to predicting additional training.

On the first step, participants' professional experience scores were entered into the model. A significant regression equation was found for Model 1 ($F(1,233) = 8.876$, $p < .003$), with an R^2 of .037. Based on analysis of the R^2 value, which designates the amount of variance in consultation (DV) that can be accounted for by professional experience (IV), 3.7% of the variance in current engagement with consultation can be accounted for based on professional

experience. The Adjusted R^2 value refers to how well the model fits to outside populations (i.e., external validity). The Adjusted R^2 value for the model was .033 or 3.3%, meaning that transferring the model to an outside population would account for 3.3% of the variance, a reduction of .004% from the sample R Square. Training and personal familiarity were excluded from the model because they did not significantly contribute to predicting participants' current engagement in consultation (see Table 49).

The standardized beta value for professional experience (.192) indicates there is a positive relationship between professional experience and current engagement in consultation. The standardized beta for professional experience is as follows: (B=.204, β=.192, t=2.979, p=.003). The full predictor model is as follows: Engagement in Consultation = 1.703 + $.204_{(\text{Professional Experience})}$ (see Table 49).

Table 49. Stepwise Regression Analysis of Key Exposure Variables on Consultation

Variable	*B*	β	t	p	R^2	Adjusted R^2
Model 1						
Professional Experience	.204	.192	2.979	.003	.037	.033

Research Question #10

The tenth research question was as follows: Does prior exposure, via training, professional experience, or personal familiarity, predict current engagement in protection of transgender students? As shown in Table 45, there were small to moderate, positive correlations between the key exposure variables (i.e., training, professional experience, and personal familiarity) and protection of transgender students. To determine if these correlations were strong enough to be predictive, a multiple linear regression was calculated to predict protection

of transgender students based on total training (i.e., graduate coursework, counseling/assessment during internship/practica, and workshops/conferences), professional experience (i.e., counseling and assessment in current practice), and personal familiarity.

A step-wise method was utilized to determine the effectiveness of each of the models. The following assumptions were also checked when completing this analysis. To check for normality, a histogram was created. An analysis of the histogram revealed that the standardized residuals were distributed normally (i.e., the histogram was symmetrical and approximately bell shaped), thereby meeting the assumption of normality. Homoscedasticity and linearity assumptions were examined by plotting ZRESID against ZPRED to create a scatterplot with the standardized variables. The points on the scatter plot did not form in to a funnel or curve shape, thereby meeting the assumptions of homoscedasticity and linearity. To assess for multicollinearity, a collinearity diagnostic was run utilizing the VIF values. The VIF values were averaged together to equal 1.146. As the average was not substantially greater than 1, it was determined the assumption of multicollinearity had been met. A Durbin-Watson statistic was run to assess the assumption of independent errors. The reported value was 2.085, thereby meeting the assumption of independent errors because the value was greater than one and less than three.

All three key exposure variables were specified (i.e., training, exposure, and personal familiarity). However, in utilizing a step-wise method, SPSS determines the variables that significantly contribute to predicting the dependent variable, in this case, protection of transgender students, and excludes the variables that do not significantly contribute to predict the dependent variable. Therefore, key exposure variables were excluded from the regression models if they did not significantly contribute to predicting additional training.

On the first step, participants' professional experience score was entered into the model. A significant regression equation was found for Model 1 ($F(1,233) = 86.910$, $p < .000$), with an R^2 of .272. Based on analysis of the R^2 value, which designates the amount of variance in protection of transgender students (DV) that can be accounted for by professional experience (IV), 27.2% of the variance in protection can be accounted for based on professional experience. The Adjusted R^2 value refers to how well the model fits to outside populations (i.e., external validity). The Adjusted R^2 value for the model was .269 or 26.9%, meaning that transferring the model to an outside population would account for 26.9% of the variance, a reduction of .003% from the sample R Square (see Table 50).

On the second step, prior training was added to the equation along with professional experience to create Model 2. A significant regression equation was also found for Model 2 ($F(2,232) = 45.572$, $p < .000$), with an R^2 of .291. Based on analysis of the R^2 value, which designates the amount of variance in protection (DV) that can be accounted for by professional experience and prior training (IVs), 29.1% of the variance in seeking additional training can be accounted for based on professional experience and prior training. The Adjusted R^2 value refers to how well the model fits to outside populations (i.e., external validity). The Adjusted R^2 value for the model was .285 or 28.5%, meaning that transferring the model to an outside population would account for 28.5% of the variance, a reduction of .006% from the sample R Square. Personal familiarity was excluded from the model because it did not significantly contribute to predicting participants' protection of transgender students (see Table 50).

The positive standardized beta values for professional experience (.708) and training (.149) indicate there is a positive relationship between two of the key exposure variables and

protection of transgender students. The contribution of all the standardized betas is as follows: professional experience (*B*=.708, β=.468, *t*=7.912, *p*=.000); and training (*B*=.149, β= .148, *t*=2.504, *p*=.013). The full predictor model is as follows: Seeking Additional Training = .126 + $.708_{(\text{Professional Experience})}$ + $.149_{(\text{Training}))}$ (see Table 50).

Table 50. Stepwise Regression Analysis of Key Exposure Variables on Protection

Variable	*B*	β	t	p	R^2	Adjusted R^2
Model 1						
Professional Experience	.788	.521	9.323	.000	.272	.269
Model 2						
Professional Experience	.708	.468	7.912	.000	.291	.285
Prior Training	.149	.148	2.504	.013		

Research Question #11

The eleventh research question was as follows: Does prior exposure, via training, professional experience, or personal familiarity, predict current engagement in counseling with transgender students? As shown in Table 45, there were small to moderate, positive correlations between the key exposure variables (i.e., training, professional experience, and personal familiarity) and current engagement with counseling. To determine if these correlations were strong enough to be predictive, a multiple linear regression was calculated to predict current engagement in counseling based on total training (i.e., graduate coursework, counseling/assessment during internship/practica, and workshops/conferences), professional experience (i.e., counseling and assessment in current practice), and personal familiarity.

A step-wise method was utilized to determine the effectiveness of each of the models. The following assumptions were also checked when completing this analysis. To check for

normality, a histogram was created. An analysis of the histogram revealed that the standardized residuals were distributed normally (i.e., the histogram was symmetrical and approximately bell shaped), thereby meeting the assumption of normality. Homoscedasticity and linearity assumptions were examined by plotting ZRESID against ZPRED to create a scatterplot with the standardized variables. The points on the scatter plot did not form in to a funnel or curve shape, thereby meeting the assumptions of homoscedasticity and linearity. To assess for multicollinearity, a collinearity diagnostic was run utilizing the VIF value, which was 1.035. As the average was not substantially greater than 1, it was determined the assumption of multicollinearity had been met. A Durbin-Watson statistic was run to assess the assumption of independent errors. The reported value was 2.073, thereby meeting the assumption of independent errors because the value was greater than one and less than three.

All three key exposure variables were specified (i.e., training, exposure, and personal familiarity). However, in utilizing a step-wise method, SPSS determines the variables that significantly contribute to predicting the dependent variable, in this case, current engagement in counseling or transgender students, and excludes the variables that do not significantly contribute to predict the dependent variable. Therefore, key exposure variables were excluded from the regression models if they did not significantly contribute to predicting additional training.

On the first step, participants' professional experience scores were entered into the model. A significant regression equation was found for Model 1 ($F(1,233) = 170.819$, $p < .000$), with an R^2 of .423. Based on analysis of the R^2 value, which designates the amount of variance in counseling engagement (DV) that can be accounted for by professional experience (IV), 42.3% of the variance in counseling engagement can be accounted for based on professional experience.

The Adjusted R^2 value refers to how well the model fits to outside populations (i.e., external validity). The Adjusted R^2 value for the model was .421 or 42.1%, meaning that transferring the model to an outside population would account for 42.1% of the variance, a reduction of .002% from the sample R Square (see Table 51). Training and personal familiarity was excluded from the model because they did not significantly contribute to predicting participants' current engagement in counseling with transgender students.

The positive standardized beta value for professional experience (.650) indicates there is a positive relationship between professional experience and current engagement in counseling. The contribution of the standardized betas for professional experience is as follows: (B=.645, β=.650, t=13.070, p=.000). The full predictor model is as follows: Seeking Additional Training = .061 + $.645_{(\text{Professional Experience}))}$ (see Table 51).

Table 51. Stepwise Regression Analysis of Key Exposure Variables on Counseling

Variable	*B*	β	t	p	R^2	Adjusted R^2
Model 1						
Professional Experience	.645	.650	13.070	.000	.423	.421

CHAPTER FIVE

DISCUSSION

Exposure

One of the primary aims of this study was to determine the extent to which respondents were exposed to transgender people and topics through training, professional experience, and personal familiarity. Participants' level of exposure differed across key demographic variables based on the area of exposure under investigation. Each of the key exposure variables under investigation, including training, professional experience, and personal familiarity, is considered below.

Training

Age and experience. The first key exposure variable that was examined was training. To summarize, participants' overall training score was comprised of five areas: (1) the extent to which transgender topics were covered in graduate coursework, (2) counseling opportunities during internship/practica, (3) assessment opportunities during internship/practica, (4) trainings/workshops in graduate school, and (5) professional trainings as a practicing school psychologists. To that end, four of the five items that comprised participants' overall training score were based on training from graduate school, whereas only one item was based on a professional, post-graduate training opportunity.

When the four of five graduate school training opportunities are examined closely, the data reveals early career respondents (i.e., those with between 0 and 5 years of experience

between the ages of 25 and 35) represent the largest proportion of participants who indicated that they engaged in all or almost all of the graduate training opportunities related to transgender people and topics (i.e., coursework, counseling, assessment, and workshops during graduate school). Conversely, the data indicates more seasoned professionals (i.e., those with more than 6 years of experience over the age of 46) represented the largest proportion of participants who had no or very few training opportunities during graduate school. However, when the last area of training was examined, which involves a post-graduate training opportunity as a practicing school psychologist, the age and experience outcomes are opposite. With regard to this item, seasoned professionals with more years of experience, between the ages of 46 and 70, represented the largest proportion of respondents who have attended a training on transgender topics in their current practice. Conversely, early career professionals (i.e., those with between 0 and 5 years of experience between the ages of 25 and 35) represented the largest proportion of participants who have not attended a professional training on transgender topics in their current practice. Similarly, when asked about the frequency with which they seek out additional training on transgender topics, respondents with more years of experience (i.e., 15+) who were over the age of 46, represented the largest proportion of people who frequently to very frequently engage in this practice.

These findings suggest early career professionals (i.e., those with 0 to 5 years of experience) are more likely to report attending trainings during graduate school, whereas, seasoned practitioners are more likely to report attending trainings on transgender topics post-graduate school in a professional capacity. This finding is consistent with prior research conducted by Johnson and Federman (2014). In their 2014 study of clinical psychologists, the

researchers found that younger psychologists reported having more graduate training on LGBT topics than their older counterparts. However, the latter group, with more time in the field, had more overall lifetime training. Accordingly, respondents in the present study also demonstrated this divide, indicating older respondents, with no access to graduate school training opportunities on transgender topics, demonstrated increased engagement in training after graduate school than their younger counterparts.

School district location. Across all areas of training (i.e., graduate coursework, counseling opportunities during internship/practica, assessment opportunities during internship/practica, trainings/workshops in graduate school, and professional trainings as a practicing school psychologists), respondents currently working in rural areas represented the largest proportion of people who indicated they had no or very few training opportunities related to transgender people and topics when compared to participants currently working in urban and suburban environments. In further examining the geographical breakdown, participants currently working in urban settings reported having the most overall training opportunities. Urban and suburban respondents were also more likely to indicate that they frequently to very frequently seek out additional training on transgender topics when compared to rural participants. Based on these findings, it is hypothesized that practitioners working in urban settings have more opportunities for training due to the programs and institutions that are available in their immediate surrounding environment when compared to rural respondents. Research supports this hypothesis. For example, a 2012 survey of 132 university administrators from medical colleges across the USA and Canada revealed 32% of the institutions surveyed had some LGBT competency training available (Khalili, Leung & Diamant, 2015). Interestingly, the authors

found that found that the likelihood of having comprehensive LGBT-competency training increased among participating institutions if there was an identified LGBT health center in the same area. For example, Fenway Health is an LGBT health center located in Boston that provides many trainings locally to public service institutions. The Mazzoni Center, located in Philadelphia, has an education department that provides LGBT and transgender-specific training for health care providers. Accordingly, institutions from these geographical areas indicated they had received more training on LGBT topics. Findings from the current study suggest practitioners currently working in urban and suburban environments have had more opportunities for training on transgender topics than those working rural environments. In accordance with the Khalili, Leung, and Diamant (2015) study, these findings suggest there are more LGBT health centers in urban and suburban environments that can provide trainings to school and mental health practitioners in the area.

Similarly, research conducted by Johnson and Federman (2014) also support these findings. In their study of 384 clinical psychologists, the researchers determined geography significantly impacted respondents' willingness to seek additional training on LGBT topics. Specifically, Johnson and Federman demonstrated that psychologists practicing in more progressive areas of the country (i.e., areas that consistently vote democratic in presidential elections) were likely to report being interested in obtaining additional training on LGBT topics than their counterparts working in conservative regions of the county. This finding is relevant to the current study because progressive geographical regions tend to cluster in urban environments, as demonstrated in Lichter, Scala and Johnson's (2017) analysis of voting patterns across urban and rural settings. Correspondingly, the current study demonstrated that

respondents working in urban and suburban environments tended to have more training than those working in rural environments.

Type of setting. Respondents working in high school settings represented the largest proportion of participants with an overall training score of four or five (i.e., indicating they had some experience with almost all or all of the areas of training (i.e., graduate coursework, counseling opportunities during internship/practica, assessment opportunities during internship/practica, trainings/workshops in graduate school, and professional trainings as a practicing school psychologists). Furthermore, respondents who are currently working in high schools also represented the largest proportion of respondents who frequently to very frequently seek out additional training related to transgender people and topics. In comparison, participants working with younger students (i.e., elementary or middle school students) or across all grades, represented the largest proportion of respondents with very few or no training opportunities.

These results suggest that the type of setting a practitioner works in dictates the type and amount of training he or she seeks. Accordingly, it is important to turn to the literature on transgender identity development when considering differences in training and practice among respondents working in elementary, middle, or high school settings. For example, a 2012 study conducted by Boston's Children Hospital indicated the mean age of presentation for gender non-conforming students is 14.8 years, which would be during a child's freshman or sophomore year of high school (Spack et al., 2012). Consequently, many transgender students begin showing signs of gender non-conformity in high school. The literature on transgender adolescents also indicates that gender non-conformity is accompanied with increased mental health, social, and behavioral difficulties for this population. For example, a 2016 study found that as transgender

students' gender non-conformity became more apparent, social stigma increased along with rates of bullying and victimization (Olson et al., 2016). Consequently, research also indicates increased social stigma, bullying, and victimization contribute to elevated rates of anxiety, depression, and substance use among transgender adolescents. Furthermore, a 2016 study revealed, of transgender adolescents who reported attempting suicide, 17.5 years was the mean age of first attempt (Reisner et al., 2016), which would correspond with a student's junior or senior year of high school. Accordingly, data from the 2012 study conducted by Spack et al. indicated that transgender adolescents with more complex clinical presentations require additional mental health supports in school.

Taken together, the literature outlined above indicates transgender adolescents present with more signs of gender non-conformity in high school resulting in increased victimization and mental health difficulties during this development period. These difficulties result in the need for increased mental health supports and likely greater contact with mental health practitioners in the school environment (e.g., a school psychologist). Therefore, this research provides a potential explanation as to why participants working in high schools reported having more exposure to transgender students than respondents working in K-8 settings, per the current study. Accordingly, it appears that practitioners working with students in grades 9 through 12 have more professional exposure to this population of students because, in part, many more emotional and behavioral difficulties begin to present for transgender students in high school. Therefore, as the need for services in grades 9 through 12 increases, it is likely that practitioners working in high school settings seek additional training to appropriately meet the need.

Professional Experience in Current Practice

Age and experience. The second key exposure variable that was examined was professional experience. To summarize, participants' overall experience score was comprised of two areas: (1) counseling and (2) assessment. Across both categories, respondents who were older with more years of experience obtained higher experience scores than participants between the ages of 25 and 35 with 0 to 5 years of experience. Similarly, older respondents with more years of experience in the field were more likely to report frequently to very frequently engaging in counseling with transgender students. In comparison, early career professionals (i.e., those with 0 to 5 years of experience between the ages of 25 and 35) were the most likely to report never engaging in counseling with transgender students. This finding contrasts training data, which indicated that, overall, early career professionals had more training on transgender people and topics in graduate school. However, this is consistent with the training result outlined above that indicated older, more seasoned professionals were more likely to seek out training opportunities on transgender topics in their current professional practice.

School district location. As with the training outcomes described above, rural participants reported having the fewest professional experiences of working with transgender students. In comparison, urban and suburban practitioners represented the largest proportion of practitioners who obtained an experience score of two, indicating that they have experience both with counseling and assessing transgender students.

This finding is problematic because the research on this topic indicates mental health difficulties are often exacerbated for LGBT people living in rural areas (Willging, Salvador & Kano, 2006). A 2006 study by Willging, Salvador, and Kano, sheds light on some of the

difficulties faced by the LGBT population in rural environments. The authors indicated that in rural settings, mental health care resources are often insufficient for the general population and virtually nonexistent for LGBT people. Along with insufficient resources, geographical isolation, lack of insurance, and confidentiality concerns are common barriers to care for LGBT people in rural areas. These same barriers exist within in schools. Research indicates school psychologists in rural settings are responsible for more special education evaluations than practitioners in urban and suburban settings (Curtis, Hunley & Grier, 2002). Furthermore, the literature reveals that school psychologists in rural settings are responsible for serving more students, as indicated by their student-to-school psychologist ratios. In their 2002 study, Curtis, Grier, and Hunley found that school psychologists with lower student ratios, typically those in urban and suburban environments, could participate in more activities that were not related to special education, including more prevention and intervention oriented services. The authors found that a lower ratio allowed school psychologists to make choices about engagement in preferred professional practice in comparison to rural school psychologists who had fewer choices regarding their professional practices due to the sizes of their caseloads and evaluation responsibilities. Regarding the findings from the present study, it is likely that rural school psychologists have the least exposure to transgender students due to these systemic barriers, including a lack of resources and geographical isolation, which are problems faced by many mental health providers in rural environments.

Type of setting. As with prior training, respondents currently working in high school settings reported having the most experience (via counseling and assessment) with transgender students. Conversely, those working in elementary, middle, or K-12 settings reported having the

least experience working with this population. Again, as with prior training, it is important to consider the literature on transgender identity development. Transgender adolescents are most likely to show signs of gender non-conformity in high school which can lead to significant emotional, behavioral, and social difficulties (Olsen et al., 2016). Thus, it is likely school psychologists working in these settings are more apt to cross paths with transgender students because mental health concerns may present at a higher rate during adolescence.

Personal Familiarity

The third exposure variable under investigation was personal familiarity. The least amount of time is spent discussing this variable because it proved to be the weakest predictor of engagement in the NASP guidelines across all categories. However, it is important to note that younger (i.e., ages 25-35) and early career participants (i.e., those with 0 to 5 years of experience) were more likely to report being somewhat familiar with transgender people when compared to respondents with more experience. Interestingly, however, respondents who reported being very familiar with transgender people were more likely to be older (i.e., between the ages of 56 and 70) and have 15+ years in the field. Respondents between the ages of 46 and 55 represented the largest relative percentage of people who reported no personal familiarity with transgender individuals. Other differences in personal familiarity were distributed proportionally across demographic characteristics.

The Impact of Exposure on Preparedness

The second aim of this study was to determine the extent to which respondents felt prepared to complete the guidelines outlined by NASP as well as the impact of exposure on participants' feelings of preparedness to complete these activities.

Advocacy

The first area of practice that was examined was respondents' overall advocacy for transgender students. Advocacy for transgender students was comprised of seven different areas of practice: modeling acceptance, modeling respect, advocating for gender neutral spaces, facilitating staff trainings, connecting students to outside agencies, utilizing gender neutral phrasing, and using gender neutral pronouns. There were several unique splits in the data when demographic characteristics were examined more closely across all seven areas.

First, regarding age and level of experience, respondents in the early stages of their career (i.e., those with 0 to 5 years of experience between the ages of 25 and 35) reported being the most prepared to advocate for gender neutral spaces, model acceptance and respect, and utilize gender neutral phrasing and pronouns. With regard to the remaining to advocacy practices (i.e., connecting students to outside agencies and facilitating staff trainings), older respondents with more experience represented the largest relative proportion of participants who felt prepared or very prepared to complete these activities. In considering the nature of these practices, it can be argued that the first five require less experience and can be conducted in a school setting even if the practitioner is a newer employee without much social capital or knowledge of the school and surrounding community. This, therefore, could be one explanation as to why younger, early-career professionals, feel more prepared to engage in these practices. Conversely, the remaining two advocacy practices (i.e., connecting students to outside agencies and facilitating staff trainings), require both some social capital within the school setting and knowledge of the surrounding community. Accordingly, this could explain why seasoned professionals, with more years of experience, feel more prepared to engage in these activities.

Respondents working in urban and suburban settings reported feeling the most prepared to complete these activities across all seven advocacy categories. As previously discussed, respondents working in rural settings reported having the least amount of exposure to transgender students through both training and professional experience. Correlational data indicated there was a strong, positive relationship between frequency of engagement in the NASP practices and feelings of preparedness to do so. Frequency data also revealed participants working in rural settings reported engaging in these practices the least. Accordingly, it is likely rural respondents feel unprepared to engage in the advocacy activities outlined by NASP because they have fewer opportunities to do so.

As with many of the areas that have already been discussed, respondents working in high school settings endorsed feeling the most prepared across five of the seven advocacy categories. These areas included: facilitating staff trainings, modeling acceptance and respect, connecting transgender students to outside agencies, and advocating for gender neutral spaces. In considering the nature of these activities, many require direct contact with transgender students in order to complete them. As previously mentioned, respondents in high school settings reported having more direct contact with transgender students via counseling and assessment than did participants in elementary, middle, or K-12 settings. However, with regard to using gender neutral pronouns and phrasing, participants in elementary, middle, K-12 settings reported feeling more prepared. It follows that completing these activities requires less direct contact with transgender students. This could provide one explanation as to why participants in these settings – with the least amount of exposure via professional experience – feel the most prepared to fulfill these duties.

In considering the correlational data that was collected for this study, there were only small (i.e., between .1 and .4), positive correlations between the key exposure variables (i.e., training, professional experience, and personal familiarity) and feelings of preparedness to complete the advocacy practices outlined by NASP. These findings suggest exposure to transgender people and topics is very weakly associated with feelings of preparedness to advocate for transgender students. Conversely, correlational data indicated there was a moderate, positive correlation between participants' feelings of preparedness and the frequency with which they engaged in the advocacy activities described above. Therefore, participants' overall feelings of preparedness appeared to be more strongly related to frequency of engagement rather than training or personal familiarity.

Seeking Additional Training, Consultation, Protection, and Counseling

The characteristics of the respondents who felt prepared or very prepared to complete the remaining practices outlined by NASP (i.e., seeking additional training, consultation, protection of transgender students, and counseling) were represented similarly across the participants. Namely, respondents working in suburban and urban settings with more than 6 years of experience reported feeling the most prepared to complete these activities. Additionally, participants working in high school settings, with students in grades 9 through 12, also reported feeling the most prepared to engage in these practices. Several potential explanations for these findings have been discussed above, including increased access to training resources and facilities in urban/suburban areas, a higher level of need among transgender adolescents resulting in more direct contact with this population in high school, and a greater ability to engage in

intervention and prevention practices based on smaller caseload sizes (i.e., which are more typical among urban and suburban practitioners than school psychologists in rural areas).

It is important to note there were only small (i.e., between .1 and .4), positive correlations between the key exposure variables (i.e., training, professional experience, and personal familiarity) and feelings of preparedness to complete these activities. These findings suggest exposure to transgender people and topics is very weakly associated with feelings of preparedness to seek additional training, consult with colleagues on transgender topics, protect transgender students from harm, and counsel students who are transgender.

Conversely, correlational data indicated there was a moderate, positive correlation between participants' feelings of preparedness and the frequency with which they engaged in the four areas of practice outlined above. Once again, frequency of engagement in these practices appeared to be more strongly related to participants' overall feelings of preparedness than were the key exposure variables under investigation. These findings were consistent with the findings of a 2013 study conducted by O'Hara, Dispenza, Brack, and Blood. In this study of counseling psychologists, the researchers found that when respondents reported greater exposure to gender diversity and transgender concerns through professional their professional practice, they were more likely to evaluate their perceptions of competence and understanding in positive terms.

The Impact of Exposure on Frequency of Engagement

The final aim of this study was to determine the extent to which respondents engage in the guidelines outlined by NASP as well as the impact of exposure on the frequency with which participants complete these activities. Again, the characteristics of the respondents who engaged

in the activities outlined by NASP with the most frequency were similar across categories and have been discussed at length throughout this document.

Advocacy

Overall advocacy for transgender students was assessed by creating an advocacy score for each respondent. As with many of the practices outlined above, participants with more than 6 years of experience in field and those working in high school settings reported engaging in the NASP advocacy practices with the most frequency. Additionally, participants working in urban and suburban environments reported engaging the advocacy practices with more frequency than respondents working in rural environments. There were small to moderate correlations between the key exposure variables and current engagement in advocacy for transgender students. Multiple regression analyses were conducted in order to predict current engagement in advocacy for transgender youth based on exposure to transgender people and topics via training, professional experience, and personal familiarity. Professional experience alone had the greatest impact on participants' overall advocacy for transgender students. Specifically, 27.8% of the variance in advocacy engagement was accounted for by differences in professional experience among participants. Adding prior training to the model accounted for an additional 2.2% of the variance, totaling 30%. Finally, adding personal familiarity to the model accounted for only an additional 1% of the variance, totaling 31%. Taken together, overall exposure to transgender people and topics (via all three exposure variables) accounted for 31% of the variance in advocacy for transgender youth. This result indicates one third of the difference in responses across respondents can be attributed to training, professional experience, and personal

familiarity, which represents a significant finding. However, professional experience alone made the most significant impact on participants' engagement with these practices.

Seeking Additional Training

As previously described above, older participants with more than 15 years of experience in field and those working in high school settings reported seeking out additional training with the most frequency. Additionally, participants working in urban and suburban environments reported seeking additional training with more frequency than respondents working in rural environments.

There were small to moderate correlations between the key exposure variables and current engagement in seeking additional training. Multiple regression analyses were conducted in order to predict current engagement in seeking additional training based on exposure to transgender people and topics via training, professional experience, and personal familiarity. Professional experience alone had the greatest impact on the frequency with which participants sought additional training. Specifically, 18% of the variance in additional training engagement was accounted for by differences in professional experience among participants. Adding prior training to the model accounted for an additional 3.8% of the variance, totaling 21.8%. Finally, adding personal familiarity to the model accounted for only an additional 2.7% of the variance, totaling 24.5%. Taken together, overall exposure to transgender people and topics (via all three exposure variables) accounted for 24.5% of the variance in seeking additional training among participants. This result indicates that one quarter of the difference in responses across respondents can be attributed to training, professional experience, and personal familiarity,

which represents a significant finding. However, as with advocacy, professional experience alone made the most significant impact on participants' engagement with this practice.

Consultation

Like many of the areas of practice described previously, older participants with more than 15 years of experience in field and those working in high school settings reported consulting with colleagues related to transgender topics with the most frequency. Additionally, participants working in urban and suburban environments reported consulting on transgender topics with more frequency than respondents working in rural environments. There were small to moderate correlations between the key exposure variables and current engagement in consultation. Multiple regression analyses were conducted in order to predict current engagement in consultation based on exposure to transgender people and topics via training, professional experience, and personal familiarity. Prior training and personal familiarity were excluded from the model because these variables did not significantly predict the frequency with which participants engaged in consultation related to transgender topics. Professional experience alone had the greatest impact. However, correlational data for consultation was considerably weaker when compared to all of the other NASP practice areas. Specifically, results from the regression analyses indicate 3.7% of the variance in consultation engagement was accounted for by differences in professional experience among participants. This result indicates that only 3% of the difference in responses across respondents can be attributed to professional experience, which represents only a small portion of the dataset. Therefore, while professional experience did impact participants' engagement in consultation, the effect was marginal and the relationship between the two variables was weak.

Protection of Transgender Students

Protection of transgender students was assessed by creating a protection score for each respondent. As with many of the practices outlined above, older participants with more than 15 years of experience in field and those working in high school settings reported protecting transgender students from harm with the most frequency. Additionally, participants working in urban and suburban environments reported engaging these practices with more frequency than respondents working in rural environments.

There were small to moderate correlations between the key exposure variables and current engagement in protection of transgender students. Multiple regression analyses were conducted in order to predict current engagement in protection practices based on exposure to transgender people via training, professional experience, and personal familiarity. Again, professional experience alone had the greatest impact on participants' overall protection of transgender students. Specifically, 27.2% of the variance in protection was accounted for by differences in professional experience among participants. Adding prior training to the model accounted for an additional 1.9% of the variance, totaling 29.1%. Personal familiarity was excluded from the model because it did not significant predict participants' engagement in protection practices. Taken together, professional experience and prior training accounted for 29.1% of the variance in advocacy for transgender youth. This result indicates that one third of the difference in responses across respondents can be attributed to training and professional experience, which represents a significant finding. However, as with the other variables described above, professional experience alone made the most significant impact on participants' engagement with these practices.

Counseling

As with all of the practices described above, older participants with more than 15 years of experience in field and those working in high school settings reported engaging in counseling with transgender students with the most frequency. Additionally, participants working in urban and suburban environments reported counseling transgender students with more frequency than respondents working in rural environments. There were small to moderate correlations between the key exposure variables and current engagement in counseling. Multiple regression analyses were conducted in order to predict current engagement in counseling based on exposure to transgender people and topics via training, professional experience, and personal familiarity. Prior training and personal familiarity were excluded from the model because they did not significant predict the frequency with which participants engaged in counseling. Professional experience alone had the greatest impact. Specifically, results from the regression analyses were strong, indicating that 42.3% of the variance in counseling engagement was accounted for by differences in professional experience among participants. This result indicates that one half of the difference in responses across respondents can be attributed to professional experience, which represents a significant finding.

Research related to exposure and frequency of engagement is limited and significantly outdated. For example, studies conducted in the early 1980's found that, among school psychology practitioners, pre-service training was not strongly related to the amount of time spent in various professional activities (Hughes & Clark, 1981; Meacham & Peckham, 1978). Additionally, a 1992 study conducted by Costenbader, Swartz, and Petrix indicated school psychologists' pre-service training in consultation was unrelated to the amount of time

participants spent consulting in their professional practice. However, while this research supports the findings from the current study, additional relevant, updated research needs to be conducted to better understand the relationship between training and experience on professional practice.

Conclusion

In summary, the strongest predictor of engagement in the guidelines outlined by NASP for supporting transgender students was exposure to this population through professional experience. The impact of professional experience significantly exceeded the impact of prior training and personal familiarity across all of the NASP practices. Individuals with more exposure through professional experience were more likely to advocate for transgender students with increased frequency, protect transgender students from harassment with increased frequency, seek additional training with increased frequency, and consult with colleagues related to transgender topics with increased frequency, and counsel transgender students with increased frequency. Furthermore, there was a moderate, positive correlation between the frequency with which participants engaged in the NASP guidelines and their feelings of preparedness to do so. These findings suggest participants with more exposure to this population through professional experience, not only engage in the NASP guidelines with increased frequency but also feel more prepared to do so. Overall, participants with more professional experience related to transgender students tended to be those who had more years of experience in the field and those who work in high schools primarily located in urban or suburban environments. Participants with the least amount of experience working with transgender students tended to be early career professionals and participants working in elementary, middle, or K-12 schools, primarily located in rural environments.

The literature on this topic supports these findings. Specifically, research indicates there may be developmental and systemic barriers to working with transgender youth in rural settings or in elementary and middle schools (Willging et al., 2006). Specifically, school psychologists working in rural environments often have large caseloads. In these settings, special education related activities, such as completing initial evaluations or re-evaluations, dominate the majority of practitioners' time, leaving very little room for prevention and intervention activities. Conversely, the student-to-school-psychologist ratios in urban and suburban settings are typically smaller, leaving more room for practitioners to engage in practices like the ones described by NASP for supporting transgender youth. Furthermore, there are systemic barriers associated with rural settings that frequently impact mental health service delivery for transgender people. Some of these barriers include, a lack of resources, geographical isolation, lack of insurance, and confidentiality concerns.

As previously described above, there are also developmental factors when considering school psychologists' exposure to transgender students via professional experience. For example, the mean age of presentation for gender non-conforming students is 14.8 years, which would be during a child's freshman or sophomore year of high school. Consequently, many transgender students begin showing signs of gender non-conformity in high school. The literature suggests that as transgender students' gender non-conformity becomes more apparent, social stigma increases along with rates of bullying and victimization (Olsen et al., 2016). Accordingly, increased social stigma, bullying, and victimization contribute to elevated rates of anxiety, depression, and substance use among transgender adolescents. Therefore, it is likely practitioners working with students in grades 9-12 have more exposure to this population

because many more social, emotional, and behavioral difficulties begin to present for transgender students in high school (Reisner et al., 2016).

Future Directions

Future research should focus on strategies for increasing engagement in the NASP practices among early career professionals and practitioners working in elementary school, middle school, K-12, and rural settings. As this topic is explored further, future researchers might consider strategies for overcoming the developmental and systemic barriers in these settings that likely contribute to a lack of experience in working with transgender youth. Specifically, researchers might want to study these barriers in order to better understand the context that makes engaging in the NASP practices more difficult in these settings. Furthermore, researchers should also consider studying attitudes towards transgender people and beliefs about this population, which was excluded from this study, but might also impact the frequency with which practitioners engage in these guidelines. Future research should also focus on assessing the multicultural competency of the practitioners engaging in the guidelines outlined by NASP.

In addition to the areas of study outlined above, future research should employ different methodologies to study school psychologists' work with transgender youth. Specifically, qualitative measures would provide a more nuanced understanding of school psychologists' current practice related to transgender students. Qualitative interviews could be utilized to compliment the present study by asking more specific questions related to training and professional experience, as well as the barriers faced by practitioners related to supporting transgender students in schools.

Limitations

Although every attempt was made to recruit a diverse sample of school psychologists, the majority of the participants in this study were white, heterosexual, females with specialist's level degrees. Thus, the sample in this survey may not accurately reflect the perspectives of school psychologists with diverse backgrounds and differences in sexual orientation, race/ethnicity, and type of degree. Future research on this topic should expand upon the current sample in order to gain a more inclusive and complete understanding of school psychologists' professional practice related to transgender youth.

Additionally, the survey utilized in this research was created specifically for the present study. While the survey was piloted in a small sample of school psychologists and developed utilizing an evidence-based theoretical framework, the psychometrics of this survey have not been assessed. Therefore, if future research is to be conducted utilizing this tool, researchers would benefit from evaluating the validity and reliability of this survey.

APPENDIXA

SURVEY

[Page 1]

Hello!

You are being asked to participate in a research study conducted by Natalie Meier-LaDuke for her dissertation. You received this email because your contact information is available through national and local school psychology associations or publicly available school/district websites, or followed a link posted on a social media platform.

Please read this page carefully before deciding whether to participate in this study. You may contact Natalie Meier-LaDuke, at nmeier@luc.edu, or her dissertation chair, Dr. Markeda Newell, at mnewell2@luc.edu, if you have any questions regarding the study. For questions regarding your rights as a research participant, please contact the Loyola University Chicago Office of Research Services at (773) 508-2689.

Purpose
The purpose of this study is to better understand school psychologists' exposure to and perceived preparedness to work with transgender youth.

Procedure
This project has received approval of the Loyola University Institute Review Board, and your participation in this survey is entirely voluntary. If you agree to be in the study, you will be asked to answer a variety of questions about your experience with transgender topics. If you do not want to answer some questions, you may skip them. If you want to stop the survey, you may exit at any time by clicking the "X" in the upper right-hand corner of each page.

Risks/Benefits
There are no foreseeable risks involved in participating in this research beyond those experienced in everyday use of the Internet. There are no direct benefits to you from participation, but your participation may provide a better understanding of school psychologists' experiences of working with youth who are transgender.

Compensation
You will be offered the opportunity to enter into a drawing for a $50 Amazon gift card following your completion of the survey. More information about this opportunity will be provided at the end of the survey. If you do not choose to provide your email address, your survey will be entirely anonymous.

Confidentiality
Your responses on this survey will be securely stored electronically and will remain anonymous. No IP addresses will be collected. Your email address will only be collected if you choose to provide it in order to enter the drawing for a $50 Amazon gift card.

By indicating yes to the item below, you indicate that you have read the information provided,

have had an opportunity to ask questions, and agree to participate in this research study.

1. Do you agree to voluntary participate in this study by completing the following survey?

[ ] Yes, I agree to participate.
[ ] No, I decline to participate.

[Page 2]

2. Are you a practicing school psychologist?

[ ] Yes
[ ] No

[Page 3]

The following questions were designed to learn more about your graduate and post-graduate training and clinical experiences related to transgender topics and people. You will also be asked about your personal familiarity with transgender people.

[Page 4]

3. Choose an answer below that best describes the extent to which transgender topics and people were covered in your **GRADUATE COURSEWORK*.**

*Graduate coursework includes lectures, discussions, activities, and assignments that were required within the context of your graduate courses.

[ ] Never Covered (i.e., transgender topics were never covered in my courses)

[ ] Rarely Covered (i.e., transgender topics were covered in one or two of my courses)

[ ] Occasionally Covered (i.e., transgender topics were covered in less than half of my courses)

[ ] Covered (i.e., transgender topics were covered in roughly half of my courses)

[ ] Extensively Covered (i.e., transgender topics were covered in more than half of my courses)

[ ] Very Extensively Covered (i.e., transgender topics were covered in **almost all** of my courses)

[Page 5]

4. Choose an answer below that best describes your COUNSELING experiences with transgender students during your GRADUATE practica and internship training.

[ ] No Experience (i.e., I had no opportunities to counsel transgender students during my practica or internship).

[ ] Limited (i.e., I had 1 or 2 opportunities to counsel transgender students during my practica or internship).

[ ] Somewhat Limited (i.e., I had between 3 - 5 opportunities to counsel transgender students during my practica or internship).

[ ] Somewhat Extensive (i.e., I had between 6 - 9 opportunities to counsel transgender students during my practica or internship).

[ ] Extensive (i.e., I had 10 or more opportunities to counsel transgender students during my practica or internship).

[Page 6]

5. Choose an answer below that best describes your ASSESSMENT experiences with transgender students during your GRADUATE practica and internship training.

[ ] No Experience (i.e., I had no opportunities to assess transgender students during my practica or internship).

[ ] Limited (i.e., I had 1 or 2 opportunities to assess transgender students during my practica or internship).

[ ] Somewhat Limited (i.e., I had between 3 - 5 opportunities to assess transgender students during my practica or internship).

[ ] Somewhat Extensive (i.e., I had between 6 - 9 opportunities to assess transgender students during my practica or internship).

[ ] Extensive (i.e., I had 10 or more opportunities to assess transgender students during my practica or internship).

[Page 7]

6. As a graduate student, did you attend any additional trainings (i.e., presentations, workshops, or conferences) in which transgender topics or people were the MAIN focus?

[ ] Yes
[ ] No
[ ] If yes, how many:

[Page 8]

7. Choose an answer below that best describes your COUNSELING experiences with transgender students as a practicing school psychologist.

[ ] No Experience (i.e., I had no opportunities to counsel transgender).

[ ] Limited (i.e., I had 1 or 2 opportunities to counsel transgender students).

[ ] Somewhat Limited (i.e., I had between 3 - 5 opportunities to counsel transgender students).

[ ] Somewhat Extensive (i.e., I had between 6 - 9 opportunities to counsel transgender students).

[ ] Extensive (i.e., I had 10 or more opportunities to counsel transgender students).

[Page 9]

8. Choose an answer below that best describes your ASSESSMENT experiences with transgender students as practicing school psychologist.

[ ] No Experience (i.e., I had no opportunities to assess transgender students).

[ ] Limited (i.e., I had 1 or 2 opportunities to assess transgender students).

[ ] Somewhat Limited (i.e., I had between 3 - 5 opportunities to assess transgender students).

[ ] Somewhat Extensive (i.e., I had between 6 - 9 opportunities to assess transgender students).

[ ] Extensive (i.e., I had 10 or more opportunities to assess transgender students).

[Page 10]

9. As a practicing school psychologist, have you attended trainings (i.e., presentations, workshops, or conferences) in which transgender topics or people were the MAIN focus?

[ ] Yes
[ ] No
[ ] If yes, how many:

[Page 11]

10. Choose an answer below that best describes your personal familiarity with transgender individuals (e.g., friends, family members, colleagues, acquaintances).

[ ] Not at all personally familiar

[ ] Somewhat familiar (i.e., I know one or more transgender individuals but do not have close relationships with them)

[ ] Very familiar (i.e., I identify as transgender and/or I have a close relationship with one or more transgender individuals

[Page 12]

The National Association of School Psychologists (NASP) has outlined guidelines for professional practice when working with students who are transgender and gender diverse. However, research indicates many school psychologists feel unprepared to fulfill some of these tasks. The following questions were designed to learn more about the frequency and extent to which you feel prepared to engage in the activities outlined by NASP. When completing the following items, select the response that best describes your feelings of preparedness to address these topics.

[Page 13]

11. In your role as a school psychologist, please indicate the frequency with which, if at all, you advocate for gender neutral spaces* for students who are transgender.

*Gender neutral spaces refers to spaces that are inclusive of all genders and are not specifically designated for one gender or another. Examples might include bathrooms or locker rooms.

[ ] Never

[ ] Very Infrequently

[ ] Infrequently

[ ] Occasionally

[ ] Frequently

[ ] Very Frequently

[ ] Not Applicable

12. Please indicate the extent to which, if at all, you feel prepared to advocate for gender neutral spaces for students who are transgender.

[ ] Not at all Prepared

[ ] Unprepared

[ ] Somewhat Unprepared

[ ] Somewhat Prepared

[ ] Prepared

[ ] Very Prepared

[Page 14]

13. In your role as a school psychologist, please indicate the frequency with which, if at all, you seek additional training on issues impacting students who are transgender.

[ ] Never

[ ] Very Infrequently

[ ] Infrequently

[ ] Occasionally

[ ] Frequently

[ ] Very Frequently

[ ] Not Applicable

14. Please indicate the extent to which, if at all, you feel prepared to seek additional training on issues impacting students who are transgender.

[ ] Not at all Prepared

[ ] Unprepared

[ ] Somewhat Unprepared

[ ] Somewhat Prepared

[ ] Prepared

[ ] Very Prepared

[Page 15]

15. In your role as a school psychologist, please indicate the frequency with which, if at all, you engage in professional consultation about topics related to students who are transgender.

[ ] Never

[ ] Very Infrequently

[ ] Infrequently

[ ] Occasionally

[ ] Frequently

[ ] Very Frequently

[ ] Not Applicable

16. Please indicate the extent to which, if at all, you feel prepared to engage in professional consultation about topics related to students who are transgender.

[ ] Not at all Prepared

[ ] Unprepared

[ ] Somewhat Unprepared

[ ] Somewhat Prepared

[ ] Prepared

[ ] Very Prepared

[Page 16]

17. In your role as a school psychologist, please indicate the frequency with which, if at all, you model acceptance for students who are transgender.

[ ] Never

[ ] Very Infrequently

[ ] Infrequently

[ ] Occasionally

[ ] Frequently

[ ] Very Frequently

[ ] Not Applicable

18. Please indicate the extent to which, if at all, you feel prepared to model acceptance for students who are transgender.

[ ] Not at all Prepared

[ ] Unprepared

[ ] Somewhat Unprepared

[ ] Somewhat Prepared

[ ] Prepared

[ ] Very Prepared

[Page 17]

19. In your role as a school psychologist, please indicate the frequency with which, if at all, you model respect for students who are transgender.
[ ] Never

[ ] Very Infrequently

[ ] Infrequently

[ ] Occasionally

[ ] Frequently

[ ] Very Frequently

[ ] Not Applicable

20. Please indicate the extent to which, if at all, you feel prepared to model respect for students who are transgender.

[ ] Not at all Prepared

[ ] Unprepared

[ ] Somewhat Unprepared

[ ] Somewhat Prepared

[ ] Prepared

[ ] Very Prepared

[Page 18]

21. In your role as a school psychologist, please indicate the frequency with which, if at all, you provide staff trainings to increase awareness about transgender issues in the schools.

[ ] Never

[ ] Very Infrequently

[ ] Infrequently

[ ] Occasionally

[ ] Frequently

[ ] Very Frequently

[ ] Not Applicable

22. Please indicate the extent to which, if at all, you feel prepared to provide staff trainings to increase awareness about transgender issues in the schools.

[ ] Not at all Prepared

[ ] Unprepared

[ ] Somewhat Unprepared

[ ] Somewhat Prepared

[ ] Prepared

[ ] Very Prepared

[Page 19]

23. In your role as a school psychologist, please indicate the frequency with which, if at all, you respond to harassment aimed at students who are transgender when perpetrated by other students.

[ ] Never

[ ] Very Infrequently

[ ] Infrequently

[ ] Occasionally

[ ] Frequently

[ ] Very Frequently

[ ] Not Applicable

24. Please indicate the extent to which, if at all, you feel prepared to respond to harassment aimed at students who are transgender when perpetrated by other students.

[ ] Not at all Prepared

[ ] Unprepared

[ ] Somewhat Unprepared

[ ] Somewhat Prepared

[ ] Prepared

[ ] Very Prepared

[Page 20]

25. In your role as a school psychologist, please indicate the frequency with which, if at all, you respond to harassment aimed at students who are transgender when perpetrated by staff members.

[ ] Never

[ ] Very Infrequently

[ ] Infrequently

[ ] Occasionally

[ ] Frequently

[ ] Very Frequently

[ ] Not Applicable

26. Please indicate the extent to which, if at all, you feel prepared to respond to harassment aimed at students who are transgender when perpetrated by staff members.

[ ] Not at all Prepared

[ ] Unprepared

[ ] Somewhat Unprepared

[ ] Somewhat Prepared

[ ] Prepared

[ ] Very Prepared
[Page 21]

27. In your role as a school psychologist, please indicate the frequency with which, if at all, you intentionally use phrasing or words that are not gender specific (i.e., saying "Hi Folks" instead of "Hi Guys").

[ ] Never

[ ] Very Infrequently

[ ] Infrequently

[ ] Occasionally

[ ] Frequently

[ ] Very Frequently

[ ] Not Applicable

28. Please indicate the extent to which, if at all, you feel prepared to intentionally use phrasing or words that are not gender specific.

[ ] Not at all Prepared

[ ] Unprepared

[ ] Somewhat Unprepared

[ ] Somewhat Prepared

[ ] Prepared

[ ] Very Prepared

[Page 22]

29. In your role as a school psychologist, please indicate the frequency with which, if at all, you intentionally use pronouns that are not gender specific.

[ ] Never

[ ] Very Infrequently

[ ] Infrequently

[ ] Occasionally

[ ] Frequently

[ ] Very Frequently

[ ] Not Applicable

30. Please indicate the extent to which, if at all, you feel prepared to intentionally use pronouns that are not gender specific.

[ ] Not at all Prepared

[ ] Unprepared

[ ] Somewhat Unprepared

[ ] Somewhat Prepared

[ ] Prepared

[ ] Very Prepared

[Page 23]

31. In your role as a school psychologist, please indicate the frequency with which, if at all, you provide counseling to students who are transgender.

[ ] Never

[ ] Very Infrequently

[ ] Infrequently

[ ] Occasionally

[ ] Frequently

[ ] Very Frequently

[ ] Not Applicable

32. Please indicate the extent to which, if at all, you feel prepared to provide counseling to students who are transgender.

[ ] Not at all Prepared

[ ] Unprepared

[ ] Somewhat Unprepared

[ ] Somewhat Prepared

[ ] Prepared

[ ] Very Prepared

[Page 24]

33. In your role as a school psychologist, please indicate the frequency with which, if at all, you connect transgender students to outside agencies that deliver services and supports to the transgender community.

[ ] Never

[ ] Very Infrequently

[ ] Infrequently

[ ] Occasionally

[ ] Frequently

[ ] Very Frequently

[ ] Not Applicable

34. Please indicate the extent to which, if at all, you feel prepared to connect transgender students to outside agencies that deliver services and supports to the transgender community.

[ ] Not at all Prepared

[ ] Unprepared

[ ] Somewhat Unprepared

[ ] Somewhat Prepared

[ ] Prepared

[ ] Very Prepared

[Page 25]

35. What is your gender?

[ ] Female

[ ] Male

[ ] Other (please specify)

36. Do you consider yourself to be transgender?

[ ] Yes

[ ] No

[Page 26]

37. Do you consider yourself to be:

[ ] Heterosexual or straight

[ ] Homosexual

[ ] Bisexual

[ ] Prefer not to answer

[ ] Other (please specify)

[Page 27]

38. What is your age?

[Page 28]

39. Which race/ethnicity best describes you? (Please choose only one).

[ ] American Indian or Alaskan Native

[ ] Asian / Pacific Islander

[ ] Black or African American

[ ] Hispanic

[ ] White / Caucasian

[ ] Multiple ethnicity / Other (please specify)

[Page 29]

40. How long have you been practicing as a school psychologist?

[ ] 0-5 years

[ ] 6-10 years

[ ] 11-15 years

[ ] More than 15 years

[Page 30]

41. Please indicate the highest graduate degree you have obtained:

[ ] Master's Degree (M.A., M.S., M.Ed.)

[ ] Specialist Degree (Ed.S., SSP, CAS/CAGS)

[ ] Doctoral Degree (Ph.D., Ed.D, Psy.D.)

[ ] Other (please specify)

[Page 31]

42. Where is your school district located?

[ ] Urban

[ ] Rural

[ ] Suburban
[Page 32]

If you would like to be entered into a drawing to win an Amazon gift card, please type your email address in the box below. If you do not provide your email address your survey will be completely confidential.

[Page 33]

Thank you for spending time to complete the survey! Your participation will provide a better understanding of school psychologists' experiences of working with youth who are transgender. If you have any questions, please feel free to contact the researcher, Natalie Meier-LaDuke, at nmeier@luc.edu.

APPENDIX B

QUESTIONNAIRE

Training, Experience, and Familiarity Questionnaire

The following questionnaire is designed to assess to your graduate and post-graduate training and clinical experience regarding transgender issues and clients. It also inquires about your personal familiarity with transgender people and your beliefs about why some people are transgender. Please refer to the definitions and information regarding transgender individuals provided above when responding to the items.

Click to mark the response that best fits your experience using the scale included below each item:

1. Please rate the extent of your GRADUATE COURSEWORK on transgender issues and working with transgender individuals.

° 1	° 2	° 3	° 4	° 5	° 6	° 7
None						Very Extensive

2. Please rate the extent of your GRADUATE practica and internship training in COUNSELING and/or PSYCHOTHERAPY with transgender individuals.

° 1	° 2	° 3	° 4	° 5	° 6	° 7
None						Very Extensive

3. Please rate the extent of your GRADUATE practica and internship training in ASSESSMENT with transgender individuals.

° 1	° 2	° 3	° 4	° 5	° 6	° 7
None						Very Extensive

4. Please rate the extent of your POST-GRADUATE TRAINING in transgender issues and working with transgender individuals (e.g., workshops, conferences, post-doctoral fellowships, etc.).

° 1	° 2	° 3	° 4	° 5	° 6	° 7
None						Very Extensive

5. Please rate the extent of your POST-GRADUATE experience in COUNSELING and/or PSYCHOTHERAPY with transgender individuals.

° 1	° 2	° 3	° 4	° 5	° 6	° 7
None						Very Extensive

6. Please rate the extent of your POST-GRADUATE experience in ASSESSMENT with transgender individuals.

° 1	° 2	° 3	° 4	° 5	° 6	° 7
None						Very Extensive

7. Approximately what percentage of your client caseload to date has consisted of transgender individuals?

° 1	° 2	° 3	° 4	° 5	° 6	° 7
0%	1-5%	6-10%	11-15%	16-20%	21-25%	more than 25%

8. Please rate the extent of your personal familiarity with transgender individuals (e.g., friends, family members, colleagues, acquaintances)

° 1 Not at all personally familiar with transgender individuals
° 2
° 3
° 4 Somewhat familiar (e.g., you know one or more transgender individuals, but do not have close relationships with them)
° 5
° 6
° 7 Very familiar (e.g., you identify as transgender and/or you have a close relationship with one or more transgender individuals)

9. What do you think causes some people to be transgender?

- ° Biological causes (e.g., genetics, prenatal hormone levels)
- ° Psychosocial causes (e.g., early childhood experiences, other social forces)
- ° A combination of biological and psychosocial causes
- ° Unsure
- ° Other (Please specify)

[ ]

APPENDIX C

LETTER TO SCHOOL PSYCHOLOGISTS

Dear School Psychologist,

School psychologists can play an important role in advocating for students who are transgender is schools. Although this is an important and timely issue, very little research has been conducted regarding the experiences of school psychologists and their work with students who are transgender. Natalie Meier-LaDuke, a school psychology Doctoral student at Loyola University Chicago, seeks to understand school psychologists' training and experience with transgender topics and the ways in which this exposure impacts one's preparedness to work with youth who are transgender.

If you are interested in providing information on this topic, please complete the anonymous survey listed below. The survey should take approximately 15 minutes to complete and your participation is invaluable! Upon completion of the survey, you will have the opportunity to enter a raffle for a $50 Amazon gift card.

If you would be willing to forward this survey to your colleagues who might also be interested in the topic, it would be greatly appreciated. Thank you for your time and consideration!

Link to Survey

For any questions or concerns, please reach out to nmeier@luc.edu.

APPENDIX D

FIRST REMINDER LETTER TO SCHOOL PSYCHOLOGISTS

Dear School Psychologist,

This is a reminder to complete the survey below. If you have already completed the survey, thank you so much for your time and support.

School psychologists can play an important role in advocating for students who are transgender is schools. Although this is an important and timely issue, very little research has been conducted regarding the experiences of school psychologists and their work with students who are transgender. Natalie Meier-LaDuke, a school psychology Doctoral student at Loyola University Chicago, seeks to understand school psychologists' training and experience with transgender topics and the ways in which this exposure impacts one's competency and preparedness to work with youth who are transgender.

If you are interested in providing information on this topic, please complete the anonymous survey listed below. The survey should take approximately 15 minutes to complete and your participation is invaluable! Upon completion of the survey, you will have the opportunity to enter a raffle for a $50 Amazon gift card.

If you would be willing to forward this survey to your colleagues who might also be interested in the topic, it would be greatly appreciated. Thank you for your time and consideration!

Link to Survey

APPENDIX E

SECOND REMINDER LETTER TO SCHOOL PSYCHOLOGISTS

Dear School Psychologist,

This is the final reminder to complete the survey below. The survey will close on XX/XX/XXXX. If you have already completed the survey, thank you so much for your time and support.

School psychologists can play an important role in advocating for students who are transgender is schools. Although this is an important and timely issue, very little research has been conducted regarding the experiences of school psychologists and their work with students who are transgender. Natalie Meier-LaDuke, a school psychology Doctoral student at Loyola University Chicago, seeks to understand school psychologists' training and experience with transgender topics and the ways in which this exposure impacts one's competency and preparedness to work with youth who are transgender.

If you are interested in providing information on this topic, please complete the anonymous survey listed below. The survey should take approximately 15 minutes to complete and your participation is invaluable! Upon completion of the survey, you will have the opportunity to enter a raffle for a $50 Amazon gift card.

If you would be willing to forward this survey to your colleagues who might also be interested in the topic, it would be greatly appreciated. Thank you for your time and consideration!

Link to Survey

For any questions or concerns, please reach out to nmeier@luc.edu.

APPENDIX F

LETTER FOR ONLINE SURVEY

Dear School Psychologist,

You were contacted for this study because your email address was listed as publicly-available on your school district's website.

School psychologists can play an important role in advocating for students who are transgender in schools. Although this is an important and timely issue, very little research has been conducted regarding the experiences of school psychologists and their work with students who are transgender. Natalie Meier-LaDuke, a school psychology Doctoral student at Loyola University Chicago, seeks to understand school psychologists' training and experience with transgender topics and the ways in which this exposure impacts one's preparedness to work with youth who are transgender.

If you are interested in providing information on this topic, please complete the anonymous survey listed below. The survey should take approximately **5-7 minutes** to complete and your participation is invaluable! Upon completion of the survey, you will have the opportunity to enter a raffle for a $50 Amazon gift card.

If you would be willing to forward this survey to your colleagues who might also be interested in the topic, it would be greatly appreciated.

Link to Survey:

https://www.surveymonkey.com/r/JPFRKJF

For any questions or concerns, please reach out to nmeier@luc.edu.
Thank you for your time and consideration!

Natalie Meier-LaDuke
Doctoral Candidate in School Psychology
Loyola University Chicago
nmeier@luc.edu

APPENDIX G

REMINDER LETTER FOR ONLINE SURVEY

Dear School Psychologist,

Recently, you may have received an email from me requesting your participation in an online survey related to your experiences of working with transgender youth in schools. **This email is to notify you of the upcoming close date of the survey. On Friday, February 23, 2018, the survey link will expire. Please access and complete the survey prior to this date if you would like to participate in the study.**

School psychologists can play an important role in advocating for students who are transgender in schools. Although this is an important and timely issue, very little research has been conducted regarding the experiences of school psychologists and their work with students who are transgender. I seek to understand school psychologists' training and experience with transgender topics and the ways in which this exposure impacts one's preparedness to work with youth who are transgender.

You were contacted for this study because your email address was listed as publicly-available on your school district's website. If you are interested in providing information on this topic, please complete the anonymous survey listed below. The survey should take approximately **5-7 minutes** to complete and your participation is invaluable! Upon completion of the survey, you will have the opportunity to enter a raffle for a $50 Amazon gift card.

Link to Survey:

https://www.surveymonkey.com/r/JPFRKJF

For any questions or concerns, please reach out to nmeier@luc.edu.

Thank you for your time and consideration!

Natalie Meier-LaDuke
Doctoral Candidate in School Psychology
Loyola University Chicago
nmeier@luc.edu

APPENDIX H

FACEBOOK POST

School psychologists can play an important role in advocating for students who are transgender in schools. Although this is an important and timely issue, very little research has been conducted regarding the experiences of school psychologists and their work with students who are transgender. Natalie Meier-LaDuke, a school psychology Doctoral student at Loyola University Chicago, seeks to understand school psychologists' training and experience with transgender topics and the ways in which this exposure impacts one's preparedness to work with youth who are transgender. The survey should take approximately 20 minutes to complete and your participation is invaluable! Upon completion of the survey, you will have the opportunity to enter a raffle for a $50 Amazon gift card.

https://www.surveymonkey.com/r/JPFRKJF

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VITA

Natalie Meier LaDuke was born and raised in Peru, Illinois. Before attending Loyola University Chicago, she attended DePaul University, in Chicago, where she earned a Bachelor of Arts in Psychology and Communication Studies, with Highest Distinction, in 2011. While at Loyola, Natalie was elected President of the Loyola Association of School Psychologists, and served on several committees and research teams. Her research is focused primarily on supporting marginalized youth in schools including homeless students and adolescents who identify as LGBTQ. Currently, Natalie is a school psychologist in Illinois. She lives in Chicago, Illinois.

DISSERTATION APPROVAL SHEET

The dissertation submitted by Natalie Meier LaDuke has been read and approved by the following committee:

Markeda Newell, Ph.D., Director
Associate Professor and Program Chair, School Psychology
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Lynne Golomb, Ed.D.
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The final copies have been examined by the director of the dissertation and the signature that appears below verifies the fact that any necessary changes have been incorporated, and that the dissertation is now given final approval by the committee with reference to content and form.

The dissertation is therefore accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy.

_____ _____

Date Director's Signature