

“Not Feeling Seen”: A Feminist Analysis of Clinical Training Experiences of Transgender and Gender Expansive Students

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Abstract

There is little known about the clinical supervision experiences of transgender, nonbinary, and gender expansive (TNG) graduate students, despite supervision being a central part of the training experience for health service psychologists. In this study, we used reflexive thematic analysis informed by

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intersectional feminist perspectives to analyze the clinical training experiences of fourteen TNG graduate students in counseling psychology. Analysis yielded seven themes and two subthemes, which are discussed along with representative quotes: gender bias, power analysis, non-prioritization of trainee needs, evaluating safety with power holders, personal is political, balancing visibility and authenticity, and coalition building. Results reveal the importance of supervisors being proactive in their exploration of their own gender, the role of power in supervision, and creating an inclusive space to explore professional identity. Implications for advocating for social change to support TNG trainees in the context of hierarchical clinical training systems are offered.

Keywords

feminist supervision, clinical supervision, graduate students, intersectional feminism, reflexive thematic analysis

Significance of the Scholarship to the Public

The purpose of this study was to understand the training experiences of transgender, nonbinary, and gender expansive (TNG) students in counseling psychology graduate programs through an intersectional feminist lens. Findings can be applied to clinical supervision and clinical training environments to support positive and affirming training experiences for TNG graduate students.

Transgender, nonbinary, and gender expansive (TNG) students in clinical training must navigate complex, overlapping systems of supportive and oppressive dynamics as they pursue graduate training in psychology (Matsumoto et al., 2023). For example, during practicum and internship, TNG graduate students are likely to face *transmisia* (deliberate hostility, stigmatization, or harm toward TNG populations) and *heteronormative expectations* (stigmatization toward sexual minority groups) at their clinical sites, which are stressors that are additive to those already inherent in clinical training. Such additive stressors could include training at a site that centers binary assumptions to TNG mental healthcare (e.g., there are only two-genders; Dickey & Singh, 2017) or feeling a need to minimize their identities to avoid experiencing judgment or being negatively labeled by those in positions of power (Hashtparti et al., 2023). Although supervision provides the experiential foundation for psychologists-in-training (Falender & Shafranske, 2004),

research on the experiences of TNG graduate students in supervision is limited, and there is a pressing need to expand the clinical knowledge base surrounding psychological training for TNG students and other marginalized student populations (Knutson et al., 2022). Given the increasingly politicized nature of TNG identity in the United States, and the multi-systemic nature of clinical training and supervision, feminist theory provides a helpful frame for unpacking and addressing the experiences of TNG graduate students in clinical training at clinics and other clinical training facilities across the United States. (Enns, 2004).

Situating Clinical Training in Counseling Psychology

Across counseling psychology master's and doctoral training programs, students are required to complete supervised clinical training experiences where they work directly with clients to develop their skills and demonstrate competence in skills, knowledge, attitudes, and qualities that are core to the profession (American Psychological Association [APA], 2015). The structure of the training varies by program and level. Doctoral students in health service psychology programs (clinical, counseling, and school) are required to complete part-time practicum placements early on in their training, and after demonstrating that they have met the appropriate competencies and milestones, apply for a predoctoral internship. In master's programs in counseling psychology, students complete an abbreviated practicum placement and intensive master's internship, which operates similarly to the doctoral practicum, in that students complete their clinical training part-time as they work to meet the required competencies of their program (e.g., classes, assistantships, dissertation). Graduate students may be drawn to counseling psychology programs for the emphasis on multiculturally inclusive, systems-oriented, and holistic approaches to healing (Society of Counseling Psychology, 2025), but may face challenges with the culture at external clinical training sites (Hashtpari et al., 2023). In this manuscript, we focus on the clinical training experiences of TNG counseling psychology graduate students who are fully embedded in their training program (e.g., taking classes, conducting research) while completing a supervised clinical practicum, as experiences may differ on internship.

Throughout their clinical training, TNG graduate students navigate different practicum sites, each with their own policies, procedures, organizational climates, hierarchies, and constructions of power. Across these settings, TNG trainees may experience a variety of stressors in clinical training, including gendered policies about professional attire that are rooted in the gender binary (Goldberg et al., 2019), chronic misgendering (Whitley et al., 2022) from

clinical supervisors or clients, or generally disempowering training environments (Terepka et al., 2022). Ideally, clinical supervision consists of a collaborative and strength-based relationship with a supervisor who ensures quality care for diverse clients while supporting graduate students in navigating their responsibilities and working towards their expected competencies (APA, 2014). Supervision has been described as a cornerstone in preparing psychology graduate students to provide high-quality psychological services (Falender et al., 2004), and is defined as:

A distinct professional practice employing a collaborative relationship that has both facilitative and evaluative components, that extends over time, which has the goals of enhancing the professional competence and science-informed practice of the supervisee, monitoring the quality of services provided, protecting the public, and providing a gatekeeping function for entry into the profession (APA, 2014).

Supervision can also play an important role in socializing TNG students to the profession, including solidifying and understanding how to live out professional values. In counseling psychology training programs, which are the focus of the present paper, core values include a holistic and contextual worldview, a developmental and strength-based focus, and a social justice orientation (Council of Counseling Psychology Training Programs, n.d), along with commitments to liberation, decolonization, and anti-racist praxis (Singh, 2020). These core values are increasingly infused throughout counseling psychology clinical training experiences, but they may be enacted with varying levels of effectiveness across external practicum sites.

Recent research suggests that counseling supervisors who demonstrate greater multicultural awareness and cultural humility contribute to more positive supervision experiences for underrepresented supervisees. For instance, BIPOC trainees who rate their White supervisors highly in these areas have reported experiencing stronger supervisory alliances, higher satisfaction with supervision, and greater willingness to disclose difficult clinical issues in supervision (Wilcox et al., 2023). Each of these essential training outcomes underscores the necessity for supervisors to foreground multicultural competencies in supervision to facilitate effective, inclusive, and ethical professional growth.

Still, as noted by Bernard and Goodyear (2019), “field supervisors often lag behind supervisees in multicultural awareness and knowledge” (p. 139) and may not have received training in how to best work with gender diversity in therapy and training contexts, which may present challenges for TNG supervisees (e.g., lack of trans-affirmative supervision; dickey & Singh, 2017),

although diversity competence has been described as “inseparable” from competence in supervision (APA, 2014).

Feminist Theory and Clinical Dynamics

Feminist therapy emerged in the late 1960s in response to the prevalent sexism and misogyny that women experienced in the mental healthcare system and, since its origin, has aimed to center experiences of those living at the margins (Brown, 2018). At its origin, feminist therapy was limited to largely focusing on the experiences of White women (Enns, 2004). Occurring alongside the second wave of feminism in the United States, feminists worked to highlight that there were no differences between men and women, as a way to challenge unequal treatment by sex (Brown, 2018). In the late 1970s and early 1980s, there was a shift away from this perspective to one that framed cisgender women’s interpersonal skills as different and biologically-based, and better-suited for particular roles than those of cisgender men (Brown, 2018). Both strategies aimed at challenging the unequal treatment of women in society erased the experiences of TNG people, reinforced an essentialist and binary understanding of gender, and conflated sex with gender (Brown, 2018). Along with erasure, there were also overt attempts to challenge the existence of TNG people through “lesbian feminist perspectives” and to label gender affirming care as a “human rights violation” (i.e., Jeffreys, 1997). We provide this context to draw attention to the ways that feminist ideologies have been used to harm TNG communities (e.g., Trans Exclusionary Radical Feminists), although feminist psychology has continued to evolve to better incorporate gender diversity.

Beginning in the 1990s and early 2000s, third-wave feminist movements became more inclusive around race, gender, and sexuality, and critiqued the past exclusion of transgender women, queer women, and women of color. By centering the perspectives of women of color and considering the promise of feminist therapy to understand experiences of oppression, the feminist movement grew to integrate multicultural, intersectional, and liberation lenses (Bryant-Davis & Moore-Lobban, 2019). This coincided with the rise of multicultural counseling, which was championed by Dr. Derald Wing Sue and co-conspirators in the Society of Counseling Psychology (Division 17) and the Society for the Psychological Study of Culture, Race, and Ethnicity (Division 45; Sue et al., 1998). As such, multicultural-feminist and anti-oppressive practices were increasingly integrated with critical theories (e.g., intersectional, critical race, queer) and social justice-oriented practice, particularly in counseling psychology.

An intersectional feminist therapy orientation has been used to critique gender socialization and gender oppression, and work towards gender-liberation (dickey & Singh, 2017). Building on third-wave feminist movements, an intersectional feminist therapy approach offers a nonpathologizing stance to explore gender identity with TNG clients, while acknowledging the ongoing oppression and pathologization of gender through the Diagnostic and Statistical Manual (i.e., gender dysphoria; dickey & Singh, 2017; Sennott, 2010). Interrogating systems of oppression, such as the current bills restricting access to gender affirming healthcare across the United States (American Civil Liberties Union [ACLU], 2025), may be an important area of social advocacy for feminist therapists at the systemic level, and could be explored at the client level as a possible empowerment-focused intervention (Enns, 2004). Feminist-therapy theorists argue that therapy is not value-free, offering a helpful framework for therapists to reflect on their own positionality and values surrounding human rights and gender affirming care, and consider the potential impact of these values on their clients and supervisees. Supervisors may find feminist theory and praxis as helpful frameworks to interrogate and talk about power within the therapy room as it relates to their intersecting privileged and oppressed identities (e.g., gender power), and explore how this may be impacting the supervisory relationship with their TNG supervisees (Dalton et al., 2021).

Intersectional Feminist Supervision and Clinical Training

Feminist supervision practices and behaviors are particularly relevant to improving the training experiences of TNG graduate students. Notably, there are many parallels between feminist supervision practices (i.e., collaborative relationships, power analysis, diversity and social context, feminist advocacy and activism; Szymanski, 2003), feminist supervision processes (e.g., exploration of social constructs, impact of social forces on concerns in therapy, exploration of supervisee worldview; Porter, 1995), and the *APA Guidelines for Clinical Supervision in Health Service Psychology*, which further highlights the ways that feminist-multicultural practice has informed diversity and supervisory competence (APA, 2014). Feminist supervision “embodies the feminist principles of therapy including the analyses of power, boundaries, and hierarchy... an examination of the relationship of language to the social construction of gender... and lifelong self-examination and professional development” (Porter & Vasquez, 1997, p. 161). Much of the literature focused on the general training experiences of TNG graduate students describes “repeated misgendering” (Hashtpari et al., 2023, p. 242) across relationships and settings (Goldberg et al., 2019; Matsuno, 2019). With its explicit focus on

also addressing gender in the supervisory relationship, a feminist supervisory lens may be a way to support supervisors in initiating such conversations (i.e., deconstructing gender within the supervision dyad; Dalton et al., 2021).

If clinical training sites have failed to commit to ongoing growth regarding gender diversity and trans-affirmative practice, TNG students may feel pressure to educate their cisgender supervisors about their own TNG identity or about TNG identities more broadly, which has been described as burdening (Matsuno et al., 2022; Mizock & Lundquist, 2016). This was the case among a group of transgender, nonbinary, and gender expansive predoctoral interns completing their internship at a Veterans Affairs clinic, who felt there was a lack of support from their supervisors in exploring their identity in the context of their clinical work (Hashtpari et al., 2023). A lack of support surrounding professional identity in supervision may be especially distressing to trainees who are working in a setting where they are also experiencing discrimination. Although a feminist supervisory approach has been useful in empowering graduate students to engage in critical discussions of gender, integrate a socio-contextual lens, and work with nonbinary clients in a more authentic manner (Heitz & Rappaport, 2023), a feminist supervisory lens has not been explored with TNG trainees.

The Current Study

The present study was part of a larger project focused on recruiting and retaining TNG people in counseling psychology, with an emphasis on both structural and individual level changes that promote affirmative training experiences (Matsuno et al., 2023). Authors of this manuscript worked together through a year-long special task group created by Dr. Anneliese Singh during their term as President of the Society of Counseling Psychology. The special task group focused on both research and resource development to improve training experiences and reduce harm for TNG graduate students in counseling psychology programs (Singh, 2020). Their longstanding commitment to gender-liberatory practice has made major contributions to advancing multicultural training (e.g., Singh, 2020) and trans-affirmative mental health care (e.g., dickey & Singh, 2017), and served to energize this research team during a sociopolitical context where TNG people are losing rights and experiencing significant harm (Price et al., 2021).

Feminist theory offered a helpful framework to understand the clinical training experiences of TNG students in their local contexts (e.g., clinical training sites), relationships (e.g., supervisory relationship), while attending to the impact of the sociopolitical context (Enns, 2004), which at the time of data collection and presently is dominated by transmisia. In this manuscript, our

coding and process were informed by feminist standpoints (Crawford & Marecek, 1989; Harding, 2001), intersectional (Crenshaw, 1989) epistemologies, and social change axiology. This theoretical lens aligned with our aims of illustrating the ways systems of clinical training and supervision can oppress TNG graduate students, as power is socially situated and gender influences knowledge. Additionally, a feminist intersectional lens helps to understand gender in the context of intersecting forms of oppression and privilege. Specifically, we adopted the perspective that TNG students know how to create a more socially just and gender liberationist clinical training experience given their social locations, yet their perspectives have been largely absent from clinical supervision and training literature. As such, we sought to answer the research question: How do TNG counseling psychology graduate students experience clinical training within their clinical placements and training programs?

Method

The current study presents the results of an analysis of novel data collected as part of a larger study on the general experiences of TNG graduate students in counseling psychology (Matsuno et al., 2023). Data were collected in Winter 2020 before the Centers for Disease Control and Prevention declared COVID-19 a pandemic, leading to widespread shutdowns and the shift to remote learning in higher education. Data collection also occurred during Trump's first presidential term, in which TNG people were erased and oppressed, which is important context as we enter a second term at the time of writing. We received approval to conduct this research from the institutional research board (IRB) at Southern Illinois University Carbondale.

Participants

Participants were recruited via social media (e.g., Facebook, Instagram) and email listservs (e.g., Society of Counseling Psychology listserv) beginning in January 2020 using a purposive sampling approach. To be included in this study, participants had to identify as transgender, nonbinary, or gender expansive (under the TNG umbrella), be over 18 years of age or older, and attend a counseling psychology graduate program in the United States. Exclusion criteria included identifying as cisgender, being under 18, living outside of the United States, and enrollment in a graduate psychology program other than counseling psychology. Four participants who completed the initial screener did not participate in the qualitative interview due to ineligibility ($n = 2$; i.e., enrolled in a clinical psychology program) or lack of response ($n = 2$;

i.e., incomplete screener, no response to email). For this study, we also removed two participants from the larger study as they did not have clinical experiences to discuss at the time of the interview.

The final sample included 14 TNG graduate students enrolled in counseling psychology programs who had started clinical placements at the time of the interview. Specifically, participants spoke about experiences from their PhD practicum placements and master's level internships as part of this study. At the time of data collection, no participants had started a predoctoral internship. Nine were enrolled in counseling psychology PhD programs, and five were enrolled in counseling psychology master's programs. Participants' ages ranged from 23–37 years old, with a mean of 30.5 ($SD = 3.89$). Participants identified their gender as trans man ($n = 3$), genderqueer ($n = 3$), nonbinary ($n = 2$), nonbinary and transmasculine ($n = 2$), transgender and nonbinary ($n = 2$), nonbinary and gender nonconforming ($n = 1$), and gender diverse ($n = 1$). Most participants endorsed a queer sexual orientation ($n = 5$), while others noted they were pansexual ($n = 4$), gay ($n = 2$), asexual ($n = 2$), and graysexual, pansexual, and asexual ($n = 1$). Regarding their racial identities, the majority of the sample was White ($n = 8$), while six participants reported a racial minority identity.

Although we grouped participants of racial minority groups under Black, Indigenous, and People of Color (BIPOC) in both the manuscript and table, we did collect the specific racial identities of participants and considered these labels when conducting the analysis. Similarly, we asked participants to share identities that were important to them, and many shared their disability status, religious affiliation, socioeconomic status, year in program, and region of their program. These identities were important to understand when coding participant transcripts, but they were intentionally not reported as we have taken steps to protect participants' anonymity, given the possibility of being identified as a TNG trainee and their vulnerability as trainees. [Table 1](#) includes detailed information that participants approved sharing in a publication.

Researcher Reflexivity

At the start of our work together, our research team consisted of counseling psychologists or counseling psychology trainees committed to the liberation of TNG people. We hold a variety of social identities; half of our team is TNG, and three-quarters are people of color (POC). Most of us are sexual minorities (e.g., queer/gay/lesbian) and one is heterosexual. Three members of the team have lived experience as a TNG supervisee, and two members have experience conducting clinical supervision. At the time of data analysis and

Table 1. Participant Demographics

Pseudonym	Pronouns	Program	Age	Race	Gender ID	Sexual orientation
Angelique	He/him	Master's	Mid 20s	BIPOC	Trans man	Asexual
Baldwin	They/ them, he/him	Master's	Late 20s	BIPOC	Nonbinary, transmasculine	Pansexual
Lukas	They/ them, he/him	PhD	Late 20s	White	Transmasculine, nonbinary	Queer
Cambridge	They/ them, she/her	PhD	Early 20s	White	Nonbinary	Queer
Essence	They/them	Master's	Late 20s	BIPOC	Trans, nonbinary	Pansexual
Ferris	They/them	PhD	Mid 30s	White	Nonbinary, transgender	Pansexual
George	He/him	PhD	Late 20s	White	Trans man	Pansexual
Jae	They/them	PhD	Mid 20s	BIPOC	Nonbinary	Asexual
P	They/ them, he/him	Master's	Mid 20s	White	Genderqueer, genderfluid, nonbinary, demiguy, trans	Graysexual, pansexual, asexual
Papi	They/them	Master's	Late 20s	White	Genderqueer, trans, nonbinary	Queer
Rad	She/they	PhD	Late 30s	White	Genderqueer	Queer
Siren	They/them	PhD	Early 20s	BIPOC	Nonbinary, gender non-conforming	Queer
Sky	They/them	PhD	Mid 20s	White	Gender diverse	Gay
Tommy	He/him	PhD	Mid 20s	BIPOC	Trans man	Gay

Note. Gender identifications (IDs) and sexual orientations represent the labels written in by participants. Pseudonyms were chosen by participants to ensure their pseudonym felt affirming of their gender. Specific racial/ethnic identities and age are not revealed to protect anonymity. BIPOC = Black, Indigenous, and people of color.

manuscript writing, our team consisted of four assistant or associate professors, one postdoctoral fellow, and one doctoral student. We approached the present study with an awareness of the limited scholarship on supervising TNG graduate students in clinical settings, as many of us have received

requests for resources and practice recommendations through our various roles (e.g., students, leaders in professional service, academics).

Throughout the process of conducting this study, we had several conversations that were relevant to our own identities and experiences. We reflected on our involvement and connection to the field of counseling psychology and how that informed our motivations for doing this work. As largely TNG and/or lesbian, gay, or bisexual (LGB) people who completed training in counseling psychology, we discussed our own experiences with mentorship and support in our programs, and how this impacted our expectations about what we would hear from participants. While conducting the interviews, we used a shared document to communicate our thoughts, feelings, and reactions to the participants that we interviewed. Often, our team noted moments of strong connection and empathy with our participants, and named feeling pulled to support participants who expressed a need for mentorship or connection to community. There were several times when interviewers reflected feelings of surprise about the training experiences that were described (e.g., more positive than expected), anger or frustration about mistreatment of participants, and countertransference.

In the present study, data collection and transcript auditing were equally split among the first, third, fourth, and fifth authors. The first two authors took the lead on data analysis, the first author wrote the introduction and methods sections, the second author wrote the results, the third author audited themes and wrote the discussion, while authors four through six provided support in writing the manuscript. In preparing for analysis, the first two authors discussed our positionality, experiences working with TNG graduate students, and how this informed our interest in this work. Both co-authors hold several privileged identities (e.g., cisgender professors), which was important to discuss as we approached the analysis. We discussed the possibility that we could misinterpret data and stories given our own lived experiences as White, cisgender people. We expected that TNG trainees would share stories of discrimination and oppression in clinical training environments, and that they would report more challenges than support at our clinical placements, given our personal experiences of knowing TNG trainees. Given our prior work experiences, we also wanted to be mindful not to overlook supervisory relationships, practices, and resources that trainees felt were beneficial to them. Greater detail on how we managed these perspectives is included in the data analysis section.

A key moment in our analysis for this study was organizing our approach to analysis through an intersectional feminist lens (Porter, 1995; Szymanski, 2003). After completing our open coding phase, the first three authors met to discuss codes and preliminary themes and found ourselves drawing on a

feminist-multicultural orientation to understand the gendered experiences of TNG graduate students. Specifically, we reflected on the role of power in clinical training and how experiences varied for trainees based on the sociopolitical context and the training systems. Given the challenging experiences related to gender and gender oppression described by participants, we reflected on the ways a feminist-multicultural approach was useful for us in broaching identity-related conversations with supervisees. Additional detail is described in our analysis section.

Procedure

Data Collection. In preparing for interviews, our team utilized a feminist approach to online interviewing by attending to power relations (i.e., socially constructed hierarchies related to social identities which are maintained during interviews where the researcher is positioned as expert) between interviewers and participants (Linabary & Hamel, 2017). Participants completed an initial screener to ensure that they met criteria for participation and consented to an online interview. We integrated strategies to actively acknowledge and disrupt power hierarchies in the study, given the hierarchical nature of research and knowledge production (Harding, 2004). As such, participants were able to choose their interviewer to minimize potential risks and negative impact on their careers as a TNG trainee, which was important given the power structures within the field of counseling psychology and graduate programs. As a team, we reflected on the possible risks of disclosing challenges in a counseling psychology program to a colleague or student who might work closely with colleagues in the program being discussed. To be transparent with potential participants, we articulated the names, positionality, and affiliation of all researchers on the team in study materials. Aligned with our commitment to reflexivity (detailed in our reflexivity section) and attention to power as feminist researchers, we disclosed the social locations of the interviewers, so that participants could select interviewers with shared identities and lived experiences if this made them feel more comfortable sharing (for example, queer and trans people of color, or QTPOC), and/or prioritize interviewers who they did not overlap with professionally or personally. Given the goal of understanding the experiences of counseling psychology graduate students, we also reflected on the very small number of TNG graduate students in counseling psychology, and the impact this has on their comfort in disclosing challenges if they worried their identity would be inadvertently revealed to the dominant group (e.g., faculty supervisors in counseling psychology) during the research process (also detailed in Matsuno et al., 2023). With these reflections in mind, we took steps to protect

participant identity by assigning each participant a pseudonym, only disclosing approximate age, and not presenting the city and state of their graduate program.

All semi-structured interviews were completed in winter 2020 before the initial COVID-19 pandemic lockdown. The higher education landscape and clinical training settings were greatly impacted by the lockdown, but this context is outside of the study's focus. Online interviews ranged from 35 to 70 minutes and were held using interviewers' institutional Zoom accounts. Interviews were focused on experiences and challenges in their program overall, along with challenges or stressors experienced in their clinical practicum settings (see full interview protocol attached in [Supplemental Materials](#)). In the overall interviews, participants were also asked to share the strengths of their programs and the supports they recommended other programs integrate into clinical training. Participants were compensated \$20 for their time. We audited and deidentified the transcripts automatically generated by Zoom before analyzing the relevant sections extracted from the transcript.

Data Extraction. For this manuscript, we extracted data from experiences that occurred in the clinical space, which included practicum training, clinical agency, and clinical supervision experiences. We consulted with the *Journal Article Reporting Standards Qualitative Guidelines* to guide our decision-making around whether to present all data together or to divide this large qualitative study into publishable sections (Levitt et al., 2018). In writing the first manuscript from the study (Matsuno et al., 2023), our team noted that although data related to clinical training impacted their overall training experiences, these did not always reflect the overall culture of the training program. For example, TNG graduate students may be completing the majority of their training in a setting that is affirming and supportive of them as a TNG student, yet once they enter a practicum training site, they may be exposed to an organizational culture that is more hostile and unsupportive to them. As such, we made the decision to extract all data focused on clinical training and clinical supervision experiences as a distinct focus from the overall training experiences due to the "richness of the data and challenges in meaningfully representing" the work (Levitt et al., 2018, p. 30); these data were not previously analyzed, were not included in the first manuscript, and have not been published.

We opted to use this manuscript to engage in a more comprehensive discussion of the clinical training environment and the ways that the supervisory relationship and system impact TNG graduate students. Extracting clinical data provided the opportunity to present findings in a "context-

dependent” manner (Levitt et al., 2017, p. 5), as graduate students work across multiple contexts (i.e., academic, research, clinical), each with overlapping and interrelated relationships (i.e., professor-student; research supervisor-research assistant; clinical supervisor-trainee; university practicum supervisor-site supervisor-trainee). Presenting data together would lose the nuance and specificity needed to understand the experiences across systems and relationships. Fourteen out of the sixteen participants from the larger study could speak to specific clinical training experiences in a manner that was unique from the data and experiences that were included in study one. As the focus of this project was exploratory in nature, we hoped this study could provide an introduction to the supervision and clinical training experiences of TNG graduate students and took steps to determine that we had adequate data to complete the analysis, which are detailed below (Levitt et al., 2018).

Methodological Integrity and Trustworthiness. We strengthened fidelity by obtaining a rich understanding of the clinical training experiences of TNG graduate students in counseling psychology. We collected data from a diverse pool of counseling psychology participants who had engaged in doctoral practicum or master’s internship clinical training experiences, and were able to shed light on the phenomenon we were interested in understanding (Levitt et al., 2018). Participants were asked explicitly to speak about their experiences with clinical work and clinical training as a TNG graduate student, and whether or not they experienced challenges stemming from their clinical training experiences. Interviewers probed into interviewee responses to better understand the ways trainees were understanding experiences and challenges in light of their TNG identity (e.g., “And so then how do you think that relates to your clinical work? Or how do you weave that in?”). Additionally, participants also spoke about experiences focused on clinical training experiences in other parts of the interview (e.g., discussing general experience in their programs, advising experiences with faculty), even when not prompted specifically to reflect on clinical training. Responses from these data were all extracted from fourteen participants to understand their clinical training experiences and highlighted variation within the phenomenon we sought to understand.

We took steps to manage our perspectives to improve fidelity (Levitt et al., 2021) in this study, including asking open-ended, nonleading questions, asking participants if there was anything else that we should be asking them to understand their training experiences, and how the interviewer’s identities impacted their comfort in sharing their experiences. Participants denied feeling uncomfortable during the interview, perhaps because they were able to select their interviewer, and reported finding the process to be “transparent”

and “step-by-step.” In some cases, participants reported it felt helpful to be able to speak with an interviewer with shared identities and experiences (e.g., as a QTPOC graduate student). During the data collection and data analysis stage, we acknowledged our perspectives through memoing, research team conversations, and have worked to report the ways we managed assumptions in detail. Finally, we were open to the ways that theoretical perspectives could be used to sharpen our analysis, which we applied in our iterative, analytic process (Levitt et al., 2021).

Data Analysis. The first two authors analyzed the data using a neo-positivist form of reflexive thematic analysis (Braun & Clarke, 2023), which reflected our realist ontology and was informed by our feminist standpoint epistemology (Harding, 2001). As such, we attended to rigor in qualitative methods (Levitt et al., 2021) and have elected to present our results alongside the number of participants who endorsed each theme and subtheme. Reflexive thematic analysis (RTA) offers a flexible way to identify patterns across the dataset through six phases, which we followed iteratively and will detail below, yet made some adaptations to meet our analytic needs. Specifically, we integrated a codebook approach to RTA, which is a departure from Braun & Clarke’s (2023) approach, but it allowed us to collaboratively apply feminist psychotherapy (Brown, 2018) and feminist clinical supervision (Szymanski, 2003) principles to our initial codes, while attending to personal reflexivity throughout the process.

In line with an RTA approach, the coding team engaged in a recursive process by familiarizing themselves with the data (Braun & Clarke, 2021) and then engaged in open coding. Initially we discussed organizing our codes as they came up in each relationship or setting, such as in supervision, at the clinical agency, with clients, etc., but found it was impossible to separate from intersectional identity experiences (of supervisee, supervisor, and client) including related to gender, and the sociopolitical context of the site (see Brown, 2018). As we began to analyze the data and formulate codes, the lens of feminist theory informed our attention to the hierarchical, somewhat ecological nature of clinical training that: centers trainees who are navigating interpersonal relationships and power dynamics as the focus of evaluation; takes place within geographically distinctive training programs and clinical sites with social norms and expectations that shape interactions with and between clients, colleagues, and supervisors; and interacts with larger sociocultural contexts and systems (Brown, 2018; Szymanski, 2003).

In consultation with our auditor, the third author, we refined our themes to capture rich observations from a feminist lens, including recoding some data to better align with this theoretical perspective. Authors one and two reflected

on the ways that the post-audit themes were more aligned with best practices as a feminist supervisor than with a more simplified frame that siloes data into broad categories of trainee needs or challenges, which may be more aligned with a typical thematic analysis method. We reviewed key concepts of feminist theory to inform the process of naming and generating the final themes and subthemes, and to help us articulate the tension that trainees were illustrating. In other words, our neo-positivist approach to RTA was shaped by key feminist themes surrounding the dynamic and the interwoven nature of power, culture, and identity at the same time that we worked to adapt and expand our feminist lens to capture the nuanced experiences and values of our participants.

Results

Consistent with a feminist theoretical approach, all codes are situated within a prevailing culture of gender-based marginalization and power dynamics. However, some codes are more proximal to the individual participant (e.g., personal, interpersonal) and others are more distal (institutional, systemic). Interrelated codes provide a robust picture of TNG clinical training experiences at the time of the interview. Throughout the results, we have introduced key terms in feminist supervision in *italics* to support readers with ongoing reflection on how to apply these findings in their own clinical work. Analyses yielded seven primary themes and two subthemes (Table 2). Subthemes were nested under some primary themes to further classify and describe clinical phenomena that were discussed by trainees. Trainee (i.e., participant) quotes that accompany each code were thoroughly deidentified, and stripped of verbal filler.

Gender Bias and Gender Erasure: “Paying Lip Service to Pronouns”

TNG trainees ($n = 7$) in this study, reported both experiencing and fearing gender-based oppression at their clinical sites. Trainees identified behaviors and attitudes from clinic leadership, supervisors, colleagues, and clients that indicated prejudice against them based on their gender (*lack of attention to cissexism and how these forces impact therapy/supervision*; Porter, 1995). For example, some trainees noted that staff members at their clinical sites had a tendency to overly focus on gender or to discuss gender-based topics to a conspicuous degree. Cambridge experienced this, overhearing supervisors and coworkers discussing their cases: “So like they’ll be talking about certain clients that they have. And one of them was talking about a teen client who is trans, and they said something that was, I wouldn’t say purposely offensive,

Table 2. Primary Themes, Subthemes, and Theme Descriptions

Themes and subthemes	Description	n (%)
Gender Bias and Gender Erasure: "Paying lip service to pronouns"	Behaviors and attitudes from clinic leadership, supervisors, colleagues, and clients that indicated prejudice against participants based on their gender or dismissed their gender-related needs and concerns.	7 (44)
Power Analysis: "Considering the power dynamic"	Challenges navigating power imbalances, specifically tension related to participant's status as a trainee.	2 (13)
Non-Prioritization of Trainee Needs: "Infrastructure just isn't really there"	Focus on recruiting TNG trainees at clinical sites without changing clinic systems to provide support for TNG trainees once they arrive at the site. Allocation of environmental resources (e.g., money, time, space) at a clinic indicated non-prioritization of TNG trainees.	9 (67)
Evaluating Safety with Power Holders: "How do I make sure my supervisor is trans friendly?"	Engagement in near-constant process of assessing the potential dangers at a participant's current clinical placement and at future clinical sites.	7 (44)
Personal is Political: "It's part of where we live"	Impact of local (e.g., city, state) and broader (e.g., national, international) political, religious, and cultural dynamics on participants' decisions and freedoms.	6 (38)
Balancing Visibility and Authenticity: "To disclose or not to disclose"	Risks associated with participants being open about their identities and experiences.	12 (75)
Coalition Building: "Someone cleared a path"	The process participants used to find, connect with, and build gender-affirming and supportive communities within practicum sites.	9 (56)
<i>Positive practice</i>	Positive behaviors and attitudes exhibited by others at a participant's clinic that created space for inclusion and empowerment of TNG trainees at a personal level.	8 (50)
<i>Advocacy</i>	Advocacy efforts that participants were involved in leading or that support participants gained from groups of advocates.	5 (31)

Note. Number of Unique Participants = number of participants who were captured by each code, TNG = trans, nonbinary, and gender expansive. Subtheme titles were italicized.

but pretty ignorant.” As they were not out at their site, Cambridge noted an internal response of “Ughhhh if only you knew” at being caught in this uncomfortable situation. Others shared experiences of outright gender-based discrimination and marginalization from clients toward them. Lukas reported:

I had my first overt transphobic client who literally walked out of a session when I introduced myself with my pronouns. She said, “I don’t want a counselor who’s going to be confused about something so fundamental,” and she left.

This worry about how clients or supervisors would react to their TNG identity was commonly expressed by trainees (inattention to *supervisee experiences of oppression or privilege*; Porter, 1995). Trainees who were out as TNG described times they felt their TNG identity was being used to invalidate their clinical skills or performance. Papi reported receiving messages from their supervisor that they would not be able to effectively work with their trans client: “Your transness is a wound, and because of your wounding around gender, it’s hard for you to help someone else’s wound around gender.” Another trainee reflected on a largely negative final evaluation, which was linked to their gender transition and inability to fully “show up” emotionally at their clinical site. Trainees described these experiences as pathologizing, victimizing, and noted feeling small and incapable.

This theme also manifested through gender erasure, where clinic leadership, supervisors, or peers were dismissive of their gender-related needs, concerns, or even of their identity. Much of the erasure described by trainees ($n = 8$) resulted from ignorance on the part of clinic staff, but trainees felt that little was being done to address the knowledge gap. George shared, “I had one supervisor that said something a bit microaggressive and I can tell just from the way she said it that it was over her head, like she didn’t even realize the implications of what she had said.” This erasure also manifested through a hesitance or lack of understanding of how to address and integrate TNG trainees’ identities into clinical supervision. As noted by Lukas, “training is hard because I feel like they don’t know what to do with me in terms of supervisors... We don’t talk about identity stuff in the room.” This resulted in trainees feeling like they were not able to be themselves or effectively utilize supervision, reporting a lack of guidance through talking about identity with supervisors or clients, which resulted in things being “left unsaid.” Trainees described this as exhausting and feeling as if there was no space for them at their training site as a TNG clinician.

Power Analysis: “Considering the Power Dynamic”

Two participants discussed challenges navigating power imbalances (*addressing differences in power*; Szymanski, 2003), specifically reflecting on the tension with

their status as trainees. For example, they talked about having to wrestle with whether or not to push back against faulty guidance from a supervisor in order to get their needs met. Essence reflected on this dynamic as it related to practicum evaluations, as they felt some of the information about their identities and experiences was overly personal and inappropriate to include, but “because [my supervisor] was in a position of power where she’s reading me my review, I didn’t feel like I was able to speak up in that moment.” Trainees stated that they felt as if the responsibility to correct unjust imbalances in power was placed on them. Even when they were ultimately rewarded or positively reinforced for pushing back on guidance from clinic leadership, they were frustrated by the prevailing sense that identifying and unmasking injustice was almost entirely left to them. They also reflected on the potential repercussions if their resistance to power was not taken well by a given site. One trainee also noted they were especially conscious of the power differential with clients as a result of feeling frustrated in situations when they were disempowered, which led them to consider their power when navigating outness with clients (e.g., mindful of potential impact on the client when sharing their gender identity). Sky shared,

I think I’m very cautious about power dynamics. I’m being evaluated not only by my supervisor, but all the staff that worked there... and so I’m just wary of how... I’m very confident and also very transparent and I don’t beat around the bush and so I know that I can be perceived as intimidating and arrogant and off-putting. So there’s a lot of things to navigate when it comes to correction [of a supervisor]... my professional identity or potential career options or opportunities.

Through these experiences, trainees’ reactions appear to suggest that supervisors did not provide a helpful model of *accountability in the use of power* (Szymanski, 2003).

Nonprioritization of Trainee Needs: “Infrastructure Just Isn’t Really There”

Trainees expressed a sense that, even when sites actively recruited them or expressed a value for gender diversity, there were systemic markers indicating otherwise. Specifically, trainees ($n = 9$) talked about two ways the allocation of environmental resources (e.g., money, time, space) indicated a nonprioritization of TNG trainees. For Rad, this contributed to feeling pressured to improve infrastructure in a health center, yet ambivalence due to their status as a trainee:

I’m sure there’s a lot of red tape to move through. Um, and I sometimes give myself a hard time cause I’m like, ah, why haven’t I been more involved? Um, to change things,

but I also have like, um, just let myself off the hook because I'm like trying to just get through this doc program and I'm like, Oh, maybe I'll do something when I leave.

In some cases, clinical staff failed to direct time, energy, and effort into supporting and appropriately responding to the needs of trainees (lack of *feminist advocacy*; Szymanski, 2003). For example, TNG trainees expressed a need for support as they prepared to apply for practica or predoctoral internship applications (e.g., disclosure of TNG identity in application materials), but their sites were not prepared to focus time, effort, and energy toward that end. Angelique asked their practicum coordinator if they should use their legal or preferred name, and struggled to get clarity, "So she was like, I just put your preferred name in there and hope for the best (laughter)." Others spoke about the stated desire to be more knowledgeable and inclusive about working with TNG clients and trainees, but noted this was not always followed by action. The culture of the site also informed bathroom signage, the types of specialization tracks offered, and whether or not the site was demonstrating a commitment to change through ongoing growth. For instance, Sky completed a placement at a rape crisis center, and reported challenges with *exclusionary feminist perspectives* (Brown, 2018):

That organization is premised upon this grassroots second wave feminist rhetoric and empowerment model. And that's all dandy, but if you're stuck in that binary vision, and your feminism isn't intersectional then one, I don't care about it. And two, that poses a lot of issues for people who don't fit the White woman feminism model. (Sky)

In such cases, resources had not been invested to create infrastructure (e.g., facilities, curricula, policy changes) necessary to support TNG trainees, and those trainees had to fall back on the existing infrastructure, even when it did not meet their unique needs.

Evaluating Safety with Power Holders: "How Do I Make Sure My Supervisor is Trans Friendly?"

Trainees ($n = 7$) talked about engaging in a near-constant process of assessing the potential dangers at their current clinical placement and at potential future clinical sites. This included hypervigilance about how they would be read in terms of gender, what to say in applications, and whether or not this would be a "queer or trans-friendly" organization (failure to *facilitate discussion of discrimination*; Degges-White et al., 2013). They noted that the process of evaluation was tiring and additive to other stressors and fears experienced by

supervisees. As noted by George, “the fact that I have to think about that is, you know, it’s not a problem with my program, but it’s a problem with being a grad student while trans.” One common example was a widely held fear of bias among trainees that caused them to scan for, preemptively avoid, and reflect on any bias directed toward them by supervisors, colleagues, clients, and others (*essentialist views about gender*; Brown, 2018). This was particularly salient when applying to off-campus practicum placements. Specifically, trainees noted that the on-campus ones felt “less threatening,” as the university was familiar to them or where programs had more influence. Talking about applying for advanced practicum sites, Jae reflected, “This semester was the first time I’ve had to apply outside of the university and so I was a little more, like, “how do I know if the place that I’m applying to is queer friendly or trans friendly?” Trainees evaluated personal safety in a variety of ways, including “protecting [themselves]” by not applying to those sites” (George), while others felt that they “should learn to navigate those spaces” despite being “afraid” (Jae). In some cases, trainees entered a placement with “trepidation,” but once they arrived, they felt their worries were “unfounded” and more about a site’s inability to signal that they were explicitly welcoming to TNG graduate students.

Personal is Political: “It’s Part of Where we Live”

Trainees ($n = 6$) discussed ways that local (e.g., city, county, state) and broader (e.g., national, international) political, religious, and cultural dynamics impacted their decisions and freedoms (*attention to sociocultural factors*; Porter, 1995). As noted by Sky, “field placement sites are a direct, I think, reflection of the geography and social political milieu in which the university and those sites are embedded or located.” Trainees in more religious or politically conservative areas of the United States expressed awareness that their current and prospective clinical sites likely reflected some of the same values and morals espoused by politicians, religious leaders, and others, described by one trainee as being “part of where we live” (Lukas). They stated that they were constrained or limited in their choices of clinical sites. They additionally noted these limitations were related to the site’s openly stated cultural or political stances, because once they started, they were “at the mercy of the site” and their program could only do so much. Discussing the interplay between their local area and their experience at their practicum site, Cambridge shared,

One of the prac sites I go to, I drive by a house, it’s maybe a hundred feet away from the [clinical training] site and there’s a big sign [in front of the house] that says,

“Sinners Repent.” It was a sign that whomever lives there put out when gay marriage was legalized.

Trainees reflected that the local environment also contributed to clients holding entrenched beliefs about gender norms or feeling unable to be themselves, which impacted their work. One trainee was happy to notice that “deeply Christian folks were really careful to use [their] pronouns,” which was a pleasant surprise in this context. Overall, trainees were interested in discussing how the local environment impacted the training context and was related to interactions at their clinical placement (*importance of exploring supervisee experiences of privilege and oppression and how it impacts client care*; Porter, 1995).

Balancing Visibility and Authenticity: “To Disclose or not to Disclose?”

The majority of trainees ($n = 12$) identified risks associated with being open about their identities and experiences. Data provided information about the considerable energy and emotion tied to decisions about disclosure and control over information about themselves for trainees. Specifically, trainees talked about declining to disclose their identities in an effort to protect themselves and their sites from emotional, reputational, and even physical harm. They acknowledged that some areas of the United States (i.e., states with anti-LGBTQ+ policies) are dangerous places for trans and nonbinary people. Some trainees based their decisions on the fact that they had been hurt or negatively impacted at clinical and other sites in the past. Cambridge shared,

I just totally kept it quiet there [clinical site] because I’m going to be there for a year. Just in case the stuff at school went poorly, and it did go poorly, I don’t want to make this another site that I have to go to twice a week and go through extra [difficult stuff].

This trainee also noted they were out as queer, but were hesitant to disclose their nonbinary identity; this discomfort in disclosing “transness,” specifically, was shared by others. Trainees discussed “self-censoring” their gender expression on days they were seeing clients, noticing that they were second-guessing what to wear and if it would be considered “too bold” (*developing an authentic feminist therapy identity*; Juntunen et al., 1994). Further, they did not know where to get support and feedback around these topics.

As trainees made decisions about whether to share their identities and experiences with others, they remained thoughtful and reflective (*explored*

how worldview impacts work with clients; Porter, 1995). They reported experiencing a wide range of emotions (e.g., sadness, regret, apprehension) each time they worked through the process (weighed costs and benefits, prepared for fallout, and so on). Whereas concealment relates to the specific decision to disclose one's gender at a specific point or points in time, the navigating disclosure theme describes the process leading up to and surrounding a decision about whether to conceal their identity or not. Essence reflected,

I haven't explicitly shared my pronouns. I wear a they/them pin to work sometimes... [but] gender norms are pretty solidified in some of my kids' minds... [I'm] hearing that narrative being fed to them by their parents. So yeah, I've largely stayed in the closet for the most part. I'll just find little opportunities to just talk about them [my pronouns]

In considering disclosure, trainees noted the process of weighing "to disclose or not to disclose" in their work with clients or during interviews, which often varied based on their clients' identities. Children and adolescent clients were named by several trainees as clients who were generally more accepting, and also as a population where it "hurt less" if there was a negative response, as there was an acknowledgement that they were still "learning and growing" in contrast with adult clients.

Coalition Building: Someone "Cleared a Path"

Despite the worries, obstacles, and disappointments they faced, trainees talked about finding, connecting with, and building affirming and supportive communities within their practicum sites. The coalition building theme yielded two subthemes: positive practice and advocacy. Trainees framed some of their community building insights as recommendations for other sites to follow.

Positive Practice: "Corrective Emotional Experiences". Trainees ($n = 8$) talked about positive behaviors and attitudes exhibited by others that created space for inclusion and empowerment of TNG trainees at an interpersonal level. Even when a training site was not entirely affirming, trainees were sometimes able to find a supervisor, colleague, or even a client who understood and affirmed their gender identity and validated their experiences. This was the case for Ferris, who stated, "he [my supervisor] really understood. That felt very affirming and very helpful. So even though I was dealing with clients misgendering me and trying to figure out how to navigate that... that made me feel like it was a lot better situation." Trainees talked about the lasting positive

and protective impacts of encounters with affirming people at their sites. Some of these positive interactions were described as corrective experiences or reminders that people with power and privilege are not always transphobic (*modeling respect and fairness for supervisees*; Degges-White et al., 2013). George shared,

I was able to bring it [my concern] back to her [my supervisor] the next session and she was super accepting of the feedback and we were able to move on quickly. It didn't become a big point of conflict. So really good in terms of trans acceptance.

Specific to supervision, trainees spoke with appreciation for supervisors who have been able to create a space to talk about gender and clinical practice, without overfocusing on it (*exploration of gender as a social construct*; Porter, 1995). This included creating a space for trainees to share concerns, modeling how to talk through possible outcomes, and ultimately being respectful of trainees' choices. Jae was one trainee who felt that supervisors "have been really supportive and willing to talk about... my concerns about that [client] even though... they're largely cis and straight."

Trainees were quick to appreciate those who advocated for TNG graduate students and recognize the positive impacts left by prior TNG graduate students (*social action and collective perspectives*; Porter, 1995). This appreciation was shared by Papi, who noted, "I really feel these days whenever I walk into a space, someone has gotten there just ahead of me and cleared a path." Finally, trainees reflected on the importance of being around other queer and trans people, training at queer-specific practicum sites, and working with 'out' colleagues or supervisors.

Advocacy: "Pushing for Change, While Acknowledging Change is Slow". Trainees ($n = 5$) also shared about advocacy efforts they were involved in leading or support they gained from groups of advocates. In some cases, colleagues or fellow students led the charge to identify inclusive bathrooms or discontinue biased practices. Trainees shared that advocacy was more than an isolated or performative action, but rather marked a sustained willingness to push back against power to bring about needed change (*feminist advocacy*; Szymanski, 2003). Efforts to include diversity policies, inclusive bathrooms, and prominently display pride flags also constituted environments of advocacy (*need for social action*; Porter, 1995). Rad shared a positive experience at a counseling center, "just their explicit infusion in their mission statement of gender expression and gender identity and having nongender-specific bathrooms available to folks."

Trainees also explicitly identified the need for supervision training specifically focused on working with TNG supervisees in clinical training settings, particularly considering how gender dynamics or hierarchies “[manifest] in the supervision dyad.” Recommendations included standard trainings that are required for faculty and clinical staff, while also naming the importance of incorporating such information into doctoral training curricula, particularly given the increased likelihood of supervising TNG trainees in the future. Kyle stressed the importance of this,

And I think supervision is the next place where we really need to focus because it affects so many topics like gender affects and underlies and underscores your experience in so many ways, even if you’re discussing transference with a client, are you going to talk to your cis supervisor about your transference as genders involved? Maybe not.

Trainees’ call to action for the field presented with suggestions for advocacy within programs, counseling psychology as a field, and in the supervision and training competencies, which can inform advocacy for supervisors and supervisors-in-training.

Discussion

The findings from this study provide important insights into the gendered experiences that TNG counseling psychology trainees face when completing their clinical training. Recently, there has been a greater focus on the experiences of TNG clients and providing TNG affirmative therapy (see [dickey & Puckett, 2023](#)). Still, there remains a dearth of research on the experiences of TNG psychology trainees and, consequently, a lack of knowledge and resources on how to provide positive training experiences for them. We extend our previous work on the general experiences of TNG counseling psychology graduate students ([Matsuno et al., 2023](#)) to explore the experiences of TNG trainees in clinical training settings.

Our analysis generated several important findings. First, TNG trainees experienced an added layer of stress when choosing and applying to clinical placements and internship sites by having to evaluate whether they would be safe and supported at each site. At their sites, TNG trainees struggled to navigate power differentials and assess their safety. Although an intersectional feminist lens can be a helpful tool for talking about power and working to share power with trainees, such conversations appeared to be a challenge for supervisors, which impacted trainee disclosure ([McKibben et al., 2019](#)). Similar to the experiences of psychology trainees of color ([Jendrusina &](#)

Martinez, 2019), TNG trainees feared being negatively evaluated due to anti-TNG bias from clinical supervisors or staff. This often acted as a barrier to receiving adequate training, as it negatively impacted their ability to be authentic and vulnerable. TNG trainees often felt unable to speak about their identities in supervision, which created a sense of layered harm, in which the supervision was harmful/inadequate and trainees lost opportunities to deepen their clinical skills and to better understand themselves in supervision. Further, participants noted that they were hesitant to advocate for their needs, which also negatively impacted their ability to learn and fully embrace their training experience.

As part of evaluating their safety within various power structures, most participants discussed the stress of deciding whether or not to disclose their TNG identity. This mirrors previous literature that highlights the stress of navigating disclosure and hypervigilance related to safety among TNG people (Rostosky et al., 2022), particularly among nonbinary people (Matsuno et al., 2022). This theme may have been more prevalent within our sample as the vast majority of our participants were nonbinary and used they/them pronouns, and were White. Not only did participants share that they experienced these unique challenges, TNG trainees felt that their supervisors were unprepared and appeared unmotivated to support them as TNG therapists in training. Similar to the experiences of TNG graduate students more broadly (Goldberg et al., 2019; Knutson et al., 2022), some participants felt tokenized when clinical sites advertised that they were “LGBTQ friendly” and yet, were not proactive or receptive to making changes to support TNG trainees and clients (e.g., updating policies and procedures; training front desk staff on language; Hashtpari et al., 2023).

Limitations and Directions for Future Research

Although our study begins to shed light on the experiences of TNG clinical trainees, there are limitations of our study and several areas for further research. First, our sample was skewed toward being predominantly White, nonbinary, and transmasculine. Future research should consider focusing on understanding the experiences of TNG trainees who face multiple forms of oppression (e.g., racism, transmisogyny, etc.). Given this was a secondary study prompted by the data collected from a larger study on the experiences of TNG counseling psychology students more broadly, we did not ask specific questions related to experiences in supervision or probe for more detailed information about experiences of clinical training. More research is needed to fully understand the experiences of TNG trainees in clinical supervision, such as case studies similar to Heitz and Rappaport (2023) or qualitative or mixed

methods studies specifically focused on supervision. Relatedly, these data were collected prior to the COVID-19 pandemic, which drastically impacted clinical training experiences, particularly for trainees from historically marginalized backgrounds (Palitsky et al., 2022), yet this was not explored in the present manuscript. Our findings need to be interpreted with caution, as the pandemic created both challenges and opportunities in clinical training and supervision, including the need for increased flexibility of trainees, increased use of telehealth and telesupervision, and changing competency evaluations (Bell et al., 2020). Future research could consider the ways that cissexism impacts trainees who are engaged in supervisory relationships using telehealth, and the ways that trainees resist harm when navigating gender dynamics in virtual spaces.

As indicated by participants, the sociopolitical climate is inseparable from the clinical training environment, and competent supervisors will be knowledgeable about its impact on trainees and clients (APA, 2014). Given the onslaught of anti-trans legislation in recent years and the second term of a Trump presidency (ACLU, 2025; Price et al., 2021), future research must continue to explore the sociopolitical climate's impact on clinical training experiences for TNG trainees in particular, as there are likely new concerns given restrictions around gender affirming healthcare, diversity, equity, and inclusion (DEI) in university settings, and gender markers. Finally, trainees highlighted trainings for supervisors as an important area for future interventions aimed at supporting more TNG-affirming training sites and supervisory relationships.

Implications for Intersectional Feminist Clinical Supervision

Our study offers information that improves clinical supervision for TNG trainees. First, supervisors should strive to be responsive to gender identity and gender dynamics, meaning they should consider the influence or impact as part of their conceptualization, treatment, and interactions with clients and trainees. Most participants felt their supervisors did not understand their unique needs and experiences and often enacted gender-related biases that hurt the supervisory relationship. Similar to microaggressions enacted by cisgender therapists towards TNG clients (Mizock & Lundquist, 2016), cisgender supervisors tended to either avoid discussing gender dynamics altogether or overfocus on their supervisee's TNG identity. Both implied a discomfort and underlying bias towards TNG people, which left TNG supervisees with the responsibility and burden to discuss their TNG identity and related experiences with their supervisors (Hashtpari et al., 2023). An important area of supervision competence includes competence in diversity, and

taking reasonable steps to educate themselves when faced with diversity dimensions that are outside their knowledge and skills (APA, 2014). This includes an understanding of the intersections of these diversity dimensions, along with individual differences (APA, 2014).

Given that participants noted worrying about power dynamics in supervision, a gender liberationist feminist clinical supervision approach may be useful for working with TNG trainees. Terepka et al. (2022) articulated the ways power dynamics manifest across systems of supervision and clinical training and encouraged the use of an ecological and intersectional approach to empower supervisees, which could be integrated with an intersectional feminist lens. Supervisors should thoughtfully interrogate power differentials within the supervisory dyad (e.g., supervisor awareness of own identities), examine the larger training context (e.g., program and site), and consider past training experiences and social context of supervisees. Aligned with a feminist supervision approach, clinical supervisors (especially cisgender supervisors) can openly discuss their social identities and power differentials early in the supervision process to build transparency and trust (Watkins et al., 2019). Broaching in a strategy to name and explore cultural differences between supervisors and supervisees (Jones et al., 2019) that may be a particularly important part of building trust for cisgender supervisors working with TNG supervisees, and aligns with current professional competencies for supervision (APA, 2014). Supervisors should also use collaborative approaches that address TNG trainees' fears of being negatively evaluated due to their TNG identity and promote self-advocacy and open communication (Arczynski & Morrow, 2017).

Supervisors can strive to embody cultural humility by having a stance of openness to feedback, taking accountability for microaggressions or gaps in their competency, and committing to continual learning and growth alongside their supervisees (Dalton et al., 2021). Additionally, our findings highlight the need for intersectional and strengths-based approaches to supervision, such as the queer people of color (QPOC) resilience-based model of supervision (Singh & Chun, 2010), the TGNC-affirmative supervision framework (Burnes et al., 2017), or an anti-oppressive counseling framework (Brown, 2019). Supervisors may also find it useful to integrate preexisting tools in their feminist supervisory practice, such as the transfeminist qualitative assessment tool (Sennott, 2010) the empirical framework on how to work with power from a feminist multicultural perspective, which identifies specific strategies supervisors can use (Arczynski & Morrow, 2017), and case examples of LGBTQ+-affirming approaches to supervision, which reference additional exercises and affirmative actions (Hagler, 2020).

Finally, when working with TNG trainees, advocacy may be an important role for supervisors. From a feminist supervisory lens, this includes not only

advocating for TNG trainees but also modeling empowerment while respecting trainee autonomy (Porter & Vasquez, 1997; Szymanski, 2003). Aligned with this approach, our findings highlight that it may be helpful to check in with TNG supervisees about whether they would like to participate in or lead advocacy efforts without placing the burden of advocacy on them. By checking in with TNG supervisees, supervisors can honor the expertise and knowledge of TNG trainees and empower them to participate in meaningful advocacy efforts, while also acknowledging that advocacy can be tiring and burdensome. TNG trainees may be newer to advocacy efforts, making it important for supervisors to model how to engage in social change in a clinical setting, infuse teaching and empowerment into the supervisory relationship, and support trainees in developing critical consciousness. Regardless, supervisors should be proactive in creating a TNG-affirmative environment for both TNG colleagues and trainees, as well as TNG clients. Resources related to TNG affirmative therapy (dickey & Puckett, 2023) and supporting TNG students (Knutson et al., 2022; Maroney et al., 2019; Matsuno et al., 2022, 2023) are likely applicable to clinical training environments.

Implications for Counseling Psychology Training Programs

Graduate programs should also be prepared to support TNG graduate students who face mistreatment and unsatisfactory supervision at their clinical placements. For example, graduate programs can engage in vetting processes that evaluate how affirming and inclusive each clinical placement is with regards to working with TNG trainees (e.g., Does the site have gender-inclusive restrooms? Has the site worked with TNG trainees in the past? Have staff members been trained in TNG affirming practices?). Additionally, programs may wish to suggest or require clinical sites to receive training in multiculturalism, social justice, and an anti-oppressive approach to clinical work before allowing counseling psychology students to return to a site that is not up-to-date in their knowledge in these areas. Training directors as well as graduate program administrators should be prepared to advocate for TNG trainees when they experience discrimination or otherwise unjust treatment at their clinical sites (e.g., a supervisor who refuses to use their pronouns). This could include providing feedback to clinical supervisors and staff or, in some cases, helping TNG students switch to a more affirming site while monitoring safety issues and openness to change at each site. It may help for graduate programs to have a process in place for supporting TNG students who face anti-trans stigma in their clinical sites and inform TNG students about what they can do if they feel they are being treated unfairly due to their gender identity or other marginalized identities.

Conclusion

TNG counseling psychology trainees face unique challenges in their clinical training compared to their cisgender peers. Many TNG trainees perceive their clinical training sites and supervisors as unprepared to support their needs. As a result, TNG trainees felt isolated, stressed, and unsupported in their growth as TNG clinicians. This qualitative study sheds light on these experiences and also provides information on what can help TNG trainees feel supported at their clinical sites. This study is positioned as a call for more attention to the supervision and clinical training experiences of TNG counseling psychology students and promotes more gender liberatory practices within these settings. Feminist supervision approaches may help address some of the challenges reported by TNG trainees, and we hope future research and clinical publications will demonstrate how these can be applied to supervision with TNG trainees.

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We have no known conflict of interest to disclose.

Supplemental Material

Supplemental material for this article is available online.

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