

*Research in Psychotherapy: Psychopathology, Process and Outcome*

**Trans in treatment: a mixed-method systematic review on the psychotherapeutic experiences of transgender and gender diverse people**

*Transgender people's experiences of psychotherapy*

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*doi: 10.4081/ripppo.2025.834*

**SUPPLEMENTARY MATERIAL**

**Supplementary Table 1.** Main characteristics of the included studies.

Author(s), year	Country	Study design	Sample size and characteristics	[Age range] Mean (SD)	Outcome measures (quantitative studies) / Focus (qualitative studies)	Key themes identified (qualitative studies)
1) Artime <i>et al.</i> (2023)	United States	Retrospective cohort study	2685 sexual and gender minority individuals	[N.R.] 37.73(15.08)	Trauma exposure and treatment experiences Barriers to treatment Microaggressions Treatment satisfaction	N.A.
2) Anzani <i>et al.</i> (2019)	Australia, Brazil, Canada, England, Finland, France, Germany, the Netherlands, Scotland, United States	Mixed (quantitative and qualitative)	64 transgender adults	[18–65] 30.73(12.10)	Gender-related microaffirmations during therapy	1) Absence of microaggressions 2) Acknowledging cisnormativity 3) Disrupting cisnormativity 4) Seeing authentic gender
3) Applegarth & Nuttall (2016)	United Kingdom	Qualitative	6 transgender adults	[~30–50]	Experiences of talking therapy	1) A fearful time 2) Importance of the relationship with the therapist 3) Becoming comfortable with one's personal gender 4) Moving beyond therapy
4) Arora <i>et al.</i> (2022)	United States	Qualitative	12 QTBIPOC individuals (among whom 6 identified as TNB)	[19–26] 22.33	Experiences of therapy	1) An optimal therapy experience is contingent on the intentional dismantling of systemic oppression in therapy
5) Benson (2013)	United States	Qualitative	7 transgender individuals	[24–57] 39.85(14.62)	Experiences of therapy	1) Motivations to seek therapy 2) Problems in current practice 3) Therapist reputation 4) Transgender affirmative therapy
6) Bess & Stabb (2009)	United States	Qualitative	7 transgender individuals	[19–60] 46.29	Therapeutic alliance and satisfaction with psychotherapy	N.R.

7)	Bockting <i>et al.</i> (2004)	United States	Mixed (quantitative and qualitative)	180 transgender patients	[>18] N.R.	Patient satisfaction with trans-specific care	N.R.
8)	Elder (2015)	United States	Qualitative	10 TGNC individuals	[60–83]	Subjective experiences in psychotherapy	1) Experiences in psychotherapy 2) Life experiences 3) Recommendations for TGNC clients and providers
9)	Goldberg <i>et al.</i> (2019)	United States	Mixed (quantitative and qualitative)	506 TNB university students	[N.R.] 22.39(5.57)	Mental health and healthcare experiences	1) Attributions surrounding endorsed mental health difficulties 2) Experiences with therapists 3) Experiences with healthcare providers 4) Perceptions of misgendering and trans-insensitive treatment by therapists and healthcare providers
10)	Hunt (2014)	United Kingdom	Mixed (quantitative and qualitative)	74 transgender individuals	[16–70]	Experiences of seeking and receiving counseling or psychotherapy	N.R.
11)	Keating <i>et al.</i> (2021)	Canada	Quantitative	161 LGBTQ+ individuals	[18–72] 29	Experiences of mental health services	N.R.
12)	Mackie <i>et al.</i> (2023)	Australia	Qualitative	11 transgender individuals	[12–17] 15.8(1.60)	Experiences with school counseling	1) Transgender youth 2) Role of the therapeutic relationship 3) The counseling space 4) The school environment
13)	McCullough <i>et al.</i> (2017)	United States	Qualitative	13 TGNC individuals	[21–54] 35	Counseling experiences	1) Selection of a mental healthcare professional 2) The transaffirmative approach 3) The transnegative approach 4) Support systems beyond counseling
14)	Mizock & Lundquist (2016)	United States	Qualitative	45 TGNC individuals	[21–71] 46(16.5)	Missteps perceived in psychotherapy	1) Education burdening 2) Gender inflation 3) Gender narrowing 4) Gender avoidance 5) Gender generalizing 6) Gender repairing

						7) Gender pathologizing 8) Gatekeeping
15) Morris <i>et al.</i> (2020)	United States	Qualitative	91 TGD adults	[18–62] 27.99(9.83)	Microaggressions perceived by mental healthcare providers	1) Lack of respect for client identity 2) Lack of competency 3) Saliency of identity 4) Gatekeeping
16) Puckett <i>et al.</i> (2023)	United States	Qualitative	107 TNB individuals	[19–66] 33.79(12.50)	Therapy experiences	1) Facilitating coping via bearing witness to clients' internal experiences and implementing other therapeutic interventions 2) Moving beyond individual by integrating identity, systems, and contexts 3) Feeling disconnected and misunderstood
17) Rachlin (2002)	United States	Quantitative, cross-sectional	93 transgender individuals	[17–57] 37	Experiences in psychotherapy Reasons for seeking therapy Outcomes of therapy Perceived provider experience with gender issues Gatekeeping	N.A.
18) Rosati <i>et al.</i> (2022)	Italy	Qualitative	25 non-binary individuals	[19–35] 27.44(4.31)	Experiences of therapeutic relationships	1) The self of the psychotherapist 2) The practice of the psychotherapist 3) The therapeutic relationship
19) Schofield <i>et al.</i> (2024)	United Kingdom	Qualitative	5 transgender individuals	N.R.	Experiences of therapeutic relationships	1) Professional characteristics of the counselor 2) Personal characteristics of the counselor 3) Growth in self-awareness
20) Strauss <i>et al.</i> (2021)	Australia	Mixed (quantitative and qualitative)	859 TGD individuals	[14–25] 19.37(3.15)	Experiences of accessing mental health services	N.R.

TGD, transgender and gender diverse; TGNC, transgender and gender non-conforming; TNB, transgender and non-binary; QTBIPOC, queer and/or trans Black people, Indigenous people, and other people of color; N.R., not reported; N.A., not applicable.



<b>Mackie <i>et al.</i>, 2023</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Good
<b>McCullough <i>et al.</i>, 2017</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Good
<b>Mizock &amp; Lundquist, 2016</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Good
<b>Morris <i>et al.</i>, 2020</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Good
<b>Puckett <i>et al.</i>, 2023</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Good
<b>Rosati <i>et al.</i>, 2022</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Good
<b>Schofield <i>et al.</i>, 2024</b>	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No	Yes	Yes	Fair
<b>Strauss <i>et al.</i>, 2021</b>	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No	Yes	Yes	Fair

### **Criteria for the quality assessment of qualitative studies.**

- 1) *Research question:* Clear statement of, and rationale for, research question/aims/purposes
- 2) *Literature review:* Study thoroughly contextualized by existing literature
- 3) *Research design rationale:* Method/design apparent, and consistent with research intent
- 4) *Data collection strategy:* Data collection strategy apparent and appropriate
- 5) *Sampling method:* Sample and sampling method appropriate
- 6) *Analytic approach:* Analytic approach appropriate and made explicit
- 7) *Context description:* Context described and taken account of in interpretation
- 8) *Audit trail:* Clear audit trail given and sufficient discussion of research processes
- 9) *Interpretation support:* Data used to support interpretation
- 10) *Researcher reflexivity:* Researcher reflexivity and influence demonstrated
- 11) *Ethical dimensions:* Demonstration of sensitivity to ethical concerns
- 12) *Relevance and transferability:* Relevance and transferability clearly outlined

**Supplementary Table 3.** Quality assessment of quantitative studies.

<i><b>Author(s)</b></i>	<i>1) Research question</i>	<i>2) Study population</i>	<i>3) Rate of eligible persons</i>	<i>4) Same population and eligibility</i>	<i>5) Sample size justification</i>	<i>6) Exposure prior to outcome</i>	<i>7) Sufficient timeframe</i>	<i>8) Levels of exposure</i>	<i>9) Exposure measures</i>	<i>10) Repeated exposure</i>	<i>11) Outcome measures</i>	<i>12) Blinding of outcome assessors</i>	<i>13) Follow-up rate</i>	<i>14) Statistical analyses</i>	<i>Quality rating</i>
<b>Artime et al., 2023</b>	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Not applicable	Yes	Yes	Not applicable	Yes	Good
<b>Anzani et al., 2019</b>	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Not applicable	Yes	Yes	Not applicable	Yes	Good
<b>Bockting et al., 2004</b>	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Not applicable	Yes	Yes	Not applicable	Yes	Good
<b>Goldberg et al., 2019</b>	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Not applicable	Yes	Yes	Not applicable	Yes	Good
<b>Hunt, 2014</b>	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Not applicable	Yes	Yes	Not applicable	Yes	Good



<b>Rachlin, 2002</b>	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Not applicable	Yes	Yes	Not applicable	Yes	Good
<b>Strauss <i>et al.</i>, 2021</b>	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Not applicable	Yes	Yes	Not applicable	Yes	Good

### **Criteria for the quality assessment of quantitative studies.**

- 1) *Research question*: Was the research question or objective in this paper clearly stated?
- 2) *Study population*: Was the study population clearly specified and defined?
- 3) *Rate of eligible persons*: Was the participation rate of eligible persons at least 50%?
- 4) *Same population and eligibility*: Were all the subjects selected or recruited from the same or similar populations (including the same time period)? Were inclusion and exclusion criteria for being in the study prespecified and applied uniformly to all participants?
- 5) *Sample size justification*: Was a sample size justification, power description, or variance and effect estimates provided?
- 6) *Exposure prior to outcome*: For the analyses in this paper, were the exposure(s) of interest measured prior to the outcome(s) being measured?
- 7) *Sufficient timeframe*: Was the timeframe sufficient so that one could reasonably expect to see an association between exposure and outcome if it existed?
- 8) *Levels of exposure*: For exposures that can vary in amount or level, did the study examine different levels of the exposure as related to the outcome (e.g., categories of exposure, or exposure measured as continuous variable)?
- 9) *Exposure measures*: Were the exposure measures (independent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?
- 10) *Repeated exposure*: Was the exposure(s) assessed more than once over time?
- 11) *Outcome measures*: Were the outcome measures (dependent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?
- 12) *Blinding of outcome assessors*: Were the outcome assessors blinded to the exposure status of participants?
- 13) *Followup rate*: Was loss to follow-up after baseline 20% or less?
- 14) *Statistical analyses*: Were key potential confounding variables measured and adjusted statistically for their impact on the relationship between exposure(s) and outcome(s)?