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**SELF-PERCEIVED COMPETENCE WITH LESBIAN, GAY, AND BISEXUAL
CLIENTS: A QUALITATIVE STUDY WITH HETEROSEXUAL EARLY-
CAREER PSYCHOLOGISTS AND ADVANCED TRAINEES**

A Dissertation in

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by

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ABSTRACT

The field of psychology is generally—though not uniformly—LGB-affirmative. Yet many trainees enter doctoral programs with LGB-negative beliefs based on strong religious convictions and/or cultural traditions. This study used the qualitative research methodology of grounded theory (Glaser, 1992) to explore the doctoral LGB-training experiences of 29 heterosexual early-career psychologists and advanced psychology trainees who did not hold LGB-affirmative views upon entering their graduate programs. Some participants had developed LGB-affirmative values while in their programs and some had not, but all considered themselves currently competent to work with LGB clients. The goal of this research was to develop a substantive theory of how our participants engaged with LGB training in their programs, and how they believed they gained competence with LGB clients.

The core category that emerged in our study was *Dissonance*. When participants entered doctoral training, they experienced cognitive dissonance provoked by the differences between their own LGB beliefs and those of others. Participants adopted distinct strategies to reduce their dissonance and adapt to their programs: *Assimilation*, *Separation*, and *Integration*. Participants who used the Assimilation strategy typically rapidly adopted LGB-affirmative beliefs. Conversely, participants who used the Separation strategy held to their own LGB-negative beliefs and dismissed the affirmative values of psychology and people in their programs. Participants who used the Integration strategy, however, were continually engaged in a process of examining their own values and attempting to resolve their dissonance, which was the most successful strategy for developing competence with LGB clients.

Participants said that exposure to and positive, meaningful contact with LGB people allowed them to develop increasing comfort with and empathy for LGB people, which participants cited as the most important factors for increasing their competence with LGB clients. Frequently cited barriers to LGB competence were discomfort, anxiety and avoidance of LGB material, particularly LGB relationships and sexuality and LGB clients' own conflicts regarding religion and sexual orientation. Participants without LGB-affirmative values particularly struggled with these issues, and evaluated themselves as less competent when confronted with them. However, some non-affirmative participants used their religious beliefs to connect with their LGB clients' humanity and to develop empathy for them, thereby increasing their competence.

We found that conservatively religious participants felt unwelcome in secular programs, and believed their religious identities were stigmatized. They did not discuss their religious and LGB values with faculty for fear of negative evaluation. Some participants did discuss their values conflicts in clinical supervision, which they cited as the most helpful aspect of their LGB training.

LGB training must address LGB awareness, knowledge, and skills. In addition, programs must attend more to assisting trainees in resolving conflicts between their personal LGB values and their professional roles with LGB clients. We agree with the position of the Counseling Psychology Model Training Values Statement Addressing Diversity (CCPTP, ACCTA, & SCP, 2009), which stated that training programs cannot mandate trainees' beliefs, but can require trainees to learn to provide competent services to minority populations. Our participants' experiences made clear that resolving values conflicts is an essential task in developing competence in working with LGB clients.

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Chapter One

INTRODUCTION

Psychology, like all sciences, influences and is influenced by the social and political zeitgeist. Psychology's treatment of lesbian, gay, and bisexual people is a case in point: Before the 1960's, popular opinion in the United States and other countries held that homosexuality was the result of disease or depraved character, and that homosexual behavior was a sin and a crime. Mirroring society's views, mainstream psychology classified homosexuality as a mental illness, and it was accepted as standard treatment practice to attempt to change homosexual or bisexual orientation to heterosexual (Bieschke, McClanahan, Tozer, Grzegorek, & Park, 2000). But in the 1950's and 1960's, in the wake of the civil rights and feminist movements, lesbian, gay, and bisexual (LGB)¹ people began to make themselves visible and organize politically to gain equal rights (Rothblum, 2000).

At the same time, Dr. Evelyn Hooker conducted the groundbreaking studies demonstrating that gay men were no more likely to experience mental illness than heterosexual men (Hooker, 1957, 1958). Hooker argued that her studies showed nothing inherently pathological about homosexuality (Hooker, 1959). Spurred by Hooker's and others' research (e.g., Kinsey, Pomeroy, & Martin, 1948; Kinsey, Pomeroy, Martin, & Gebhard, 1953; Siegelman, 1972), as well as the growing influence of LGB people and groups, the American Psychiatric Association removed homosexuality from its *Diagnostic and Statistical Manual of Mental Disorders* (DSM) in 1973—an event that

¹ I utilized the following acronyms in the thesis: (a) for lesbian, gay, and bisexual, LGB; (b) for lesbian and gay, LG; and (c) for lesbian, gay, bisexual, and transgender, LGBT. I used the acronym appropriate to the population included in any given study or document I referenced.

prompted Garnets to remark, “I went to bed sick and woke up healthy!” (Garnets, 2007, p. *xii*). The American Psychological Association (APA) followed suit in 1975 by declaring they no longer considered homosexuality a mental illness (Conger, 1975).

One might well ask what has happened since then; did psychology and LGB people live happily ever after? It could be argued that the relationship has been varied and complex. A current review of the LGB empirical research literature reveals that psychologists generally self-report LGB-affirmative attitudes, but much evidence indicates that psychologists’ homophobia, heterosexism, and stereotyping negatively affect their clinical judgments and psychotherapy behaviors with LGB clients (Bieschke et al., 2000; Bieschke, Paul, & Blasko, 2007). Despite this state of affairs, LGB people utilize therapy at a higher rate than heterosexual people (Cochran, Sullivan, & Mays, 2003; Liddle, 2006).

In the past 15 years psychology has witnessed an explosion of literature on LGB-affirmative therapy (e.g., Bieschke, Croteau, Lark, & Vandiver, 2004; Croteau, Bieschke, Phillips, Lark, Fisher, & Eberz, 1998; Croteau, Lark, Lidderdale, & Chung, 2004; Fassinger, 1991a, 1991b). The National Council of Schools and Programs in Professional Psychology and many researchers have issued models of diversity competencies for training (NCSPPP, 2007, 2008; Peterson, Peterson, Abrams, Stricker, & Ducheny, 2010; Roysircar, Dobbins, & Malloy, 2010) and guidelines for psychotherapy with LGB clients (APA, Division 44/Committee on Lesbian, Gay, and Bisexual Concerns Joint Task Force, 2000). At the same time, research on conversion therapy has experienced a revitalization (e.g., Nicolosi, Byrd, & Potts, 2000). Bieschke and colleagues (2007) concluded that a

wide variety of approaches to LGB clients exists in the profession, such that LGB clients “enter into therapeutic situations uncertain of the reception they will receive” (p. 312).

Moreover, myriad evidence demonstrates that LGB training in graduate psychology and counseling programs is insufficient for preparing trainees to work with LGB clients (e.g., Murphy, Rawlings, & Howe, 2002; Phillips & Fischer, 1998; Sherry, Whilde, & Patton, 2005). Very few studies have attempted to determine what model of LGB training would be most effective in this endeavor (see Israel & Hackett, 2004, for an exception). It is at least clear that current LGB training varies widely in amount, content, and quality by program and type of program (Phillips & Fischer, 1998; Sherry et al., 2005). A pressing problem for trainers of graduate psychology students is that there is little research to guide their LGB training efforts. Another thorny issue is the lack of consensus regarding preferred outcomes of LGB training; the field has not agreed upon what constitutes LGB counseling competence or LGB-affirmative counseling.

Fortunately, researchers have begun to empirically define and elucidate LGB counseling competence in the forms of multidimensional scales (Bidell, 2005; Dillon & Worthington, 2003) and comprehensive, multidimensional models (Israel et al., 2003). Several researchers have also delineated their conceptions of LGB counseling competence (Fassinger & Sperber Richie, 1997) and LGB-affirmative therapy (e.g., Bieschke et al., 2004; Bieschke, Perez, & Debord, 2007a; Buhrke & Douce, 1991; Fassinger, 1991b; Phillips, 2000). It is problematic, however, that researchers often use the terms LGB counseling competence and LGB-affirmative counseling interchangeably, or at least with substantial—yet nebulous degree of—overlap (e.g., Fassinger, 1991b; Israel et al., 2003). Perhaps this conflation of terms reflects the fact that research models

are moving further toward LGB-affirmation in their conceptualizations of the aptitudes and tools psychologists must possess to work competently with LGB clients. For example, some authors contend that holding LGB-affirmative beliefs is an essential component of LGB counseling competence (Fassinger, 1991b; Fassinger & Sperber-Richie, 1997; Israel et al., 2003; Morrow, 2003).

At the same time, counselor trainers are finding that their roles require them to navigate a complex cultural milieu of differing attitudes and values held by students in training. Mintz, Jackson, Neville, Illfelder-Kaye, Winterowd, & Loewy (2009) describe an event that occurred in a training program in which several trainees stated they would strongly prefer not to work with LGB clients due to the trainees' religious beliefs. This event sparked a discussion among training directors of counseling psychology programs and pre-doctoral internship programs at university counseling centers that eventually resulted in the articulation of a Values Statement that broke new ground by addressing the intersection of cultural values and professional competence in the field in a complex way; the Values Statement provided guidelines for trainers on how to assist trainees in resolving clashes between their values and their abilities to work competently with diverse clients.

The Counseling Psychology Model Training Values Statement Addressing Diversity (CCPTP, ACCTA, & SCP, 2009) acknowledged the tension inherent in trainers' attempts to be equally respectful of all culturally derived trainee values while teaching trainees to perform the culturally competent behaviors expected in the profession. The Values Statement recognized that training programs cannot mandate that trainees hold certain beliefs because that position would be counter to the principle of

individual freedom of thought and would also demonstrate cultural disrespect. The Values Statement took the stance that training programs can, however, require trainees to engage in competent counseling behaviors with minority clients and to refrain from discriminating against them. In assisting trainees in developing competence with minority clients, training programs can require trainees to examine how their beliefs, if biased against socially stigmatized and disadvantaged groups, may affect their treatment behaviors and outcomes with diverse clients. Thus, the task for trainers is to assist trainees in achieving a resolution of their beliefs that will allow them to treat clients in a fair, unbiased, competent manner.

The Values Statement articulated a model, aspirational stance for training programs to adopt that will undoubtedly prove helpful in training. Much work remains to be done by researchers, however, in assisting trainers by articulating the meaning of LGB counseling competence and identifying training methods that are effective in helping trainees achieve competence with LGB clients. It would be helpful for trainers to understand more about the processes by which trainees incorporate LGB training and experience with LGB clients and increase their LGB counseling competence, but no study has explored these processes in depth. In the current study I used the qualitative methodology of grounded theory (Charmaz, 2006; Fassinger, 2005; Glaser, 1992; Strauss & Corbin, 1998) to explore the developmental, cognitive, emotional, and social processes trainees went through on their way to self-perceived competence with LGB clients.

The use of grounded theory methodology (Charmaz, 2006; Fassinger, 2005; Glaser, 1992; Strauss & Corbin, 1998) was particularly appropriate for my research endeavor for several reasons: Multiple scholars (e.g., Bieschke et al., 2000; Fassinger,

2005; Morrow, 2003) have recommended qualitative research methods as ideal for investigating areas about which little is known, because the methods are capable of generating the substantive theories necessary to provide incipient fields—like LGB psychology—with a base from which hypotheses can be generated and empirically tested. Bieschke and colleagues (2000) pointed out that LGB research in general has not been programmatic and theory-driven; their observation is consistent with Phillips and colleagues' (2003) finding that only half the existing LGB studies in counseling journals were based in a clear theoretical framework. Among qualitative methodologies, grounded theory is particularly well suited to theory development, because “its ultimate aim is to produce innovative theory that is ‘grounded’ in data collected from participants on the basis of the complexities of their lived experiences in a social context” (Fassinger, 2005, p. 157).

In addition, several researchers have recommended qualitative methodology as ideal for investigating issues pertinent to oppressed, marginalized populations (e.g., Bieschke et al., 2000; Fassinger, 2005; Morrow, 2003). Because the psychology literature in general is based in Caucasian, male, heterosexual worldviews (Phillips & Fischer, 1998), the lives and perspectives of multicultural populations, including LGB people, are largely missing from our research base. The extensive individual interviews conducted in qualitative research are an integral part of the final research product, which creates the opportunity for researchers to provide in-depth, complex accounts of the concerns and issues that affect the lives of typically disenfranchised people (Ponterotto, 2005).

In conclusion, although the field of psychology is moving further toward an LGB-affirmative perspective, trainers continue to encounter complex situations with trainees in

which their personal values are in conflict with their abilities to engage in culturally sensitive professional behaviors. The field is in need of a clear model for LGB training that addresses the complexity of the task of honoring all culturally derived beliefs while teaching trainees to engage in unbiased, competent practice with LGB clients—indeed, with all clients. The field’s current understanding of LGB competence and affirmation, however, is lacking in depth, specificity, and complexity (Bieschke et al., 2004; Bieschke et al., 2007; Bieschke, Perez, & DeBord, 2007b). Bieschke and colleagues observed that “work on fleshing out the meaning and definition of [these constructs] has only just begun. We believe that understanding affirmation [and competence], from the perspectives of clients as well as therapists, is essential and that both quantitative and qualitative studies focused on increasing our understanding of [these constructs] are needed” (p. 310).

For my study, I recruited early career psychologists and advanced clinical and counseling psychology trainees who, before their graduate training, did not identify as LGB-competent psychotherapists or as LGB-affirmative in general, but who currently considered themselves LGB-competent (and either did or did not currently think of themselves as LGB-affirmative). I elucidated participants’ current understanding of what it meant to them to be LGB-competent, and explored to what extent holding LGB-affirmative values was included in their characterizations of competence. Further, I investigated the experiences participants found helpful in their growth toward self-perceived LGB competence. After coding and analyzing interview data using grounded theory methodology, I formed a theoretical conceptualization of how my participants believed they developed LGB counseling competence, incorporating the developmental,

emotional, social, and cognitive processes they experienced along the way. Ultimately, my goal was to produce a study that would contribute to improving the effectiveness of LGB counselor training models.

Chapter Two

REVIEW OF THE LITERATURE

“The past is never dead. It’s not even past.” William Faulkner’s words (1951, p. 83) are especially apt in the case of LGB history. As I describe the fraught progress of LGB people in society and in psychology—from living as “an invisible minority” (Fassinger, 1991b, p. 157) or if thought of, judged as diseased, to becoming a politically empowered group many psychologists affirm and advocate for—I am aware of how far we’ve come as well as how far we have still to travel. The American people today have a hodgepodge of feelings about LGB people, making it possible for two women to legally marry in Massachusetts while a fifteen-year-old boy is murdered in California for giving his male classmate a Valentine card. Although psychologists’ attitudes toward LGB people are generally more positive than the general public’s (Bieschke et al., 2000), the public’s ambivalence is represented among psychologists as well (Kilgore, Sideman, Amin, Baca, & Bohanske, 2005). Consequently, a wide variety of LGB therapy approaches exists in the psychological community, from attempts to convert LGB orientations to heterosexual (e.g., Yarhouse, 1998) to the celebratory endeavor of seeking “the creative enhancement of the identities of LGB people” (Morrow, 2000, p. 137).

Psychology has constructed many identities for LGB individuals through the years, including sexual degenerate (Krafft-Ebing, 1894), invert (Ellis, H., 1915), developmentally arrested (Freud, 1951), neurotic or psychotic (Ellis, A., 1962), homosexual (Conger, 1975), “purple menace” (Socarides, 1997, as cited in Tozer & McClanahan, 1999, p. 725), and finally and most affirmatively, women and men who are lesbian, gay, or bisexual (APA, 1991; Perez et al., 2000). Each incarnation of LGB

people in psychology still exists in our research base and echoes in our discourse. Because the current study sought to understand how doctoral trainees develop counseling competence with LGB clients, it is helpful to understand more thoroughly where they may begin. Therefore, I devoted the next section to describing the history of psychology and LGB issues, focusing on recommendations by the American Psychological Association for LGB training and practice. In the remainder of the literature review, I discussed the current state of LGB research, counselor training, and practice. In doing so, I demonstrated the need for the current study and discussed the contribution it makes to the counselor training literature.

Psychology and Lesbian, Gay, and Bisexual Issues

The Association of Lesbian and Gay Psychologists was organized in 1973 by a group of lesbian and gay psychologists within the American Psychological Association (APA) in order to advocate for inclusion and fairness for LG people in research, training, and practice (Rothblum, 2000). When the APA took the strong stance in 1975 that homosexuality was not pathological, they took the additional step of exhorting psychologists to “take the lead in removing the stigma of mental illness that has long been associated with homosexual orientation” (Conger, 1975, p. 633). Furthermore, the APA established in ethics codes (APA, 1974, 1981) and policy statements (e.g., Conger, 1975) that psychologists were expected to refrain from discriminating against LG clients.

Recognizing that practice was slow to evolve to the standard the new APA policies set—as evidenced by mounting research indicating that psychologists’ biases were affecting clinical judgment, research language and content, and treatment progress with LG clients (e.g., Garfinkle & Morin, 1978)—the APA formed the Committee on

Lesbian and Gay Concerns in 1980 to address issues of heterosexual bias in the profession (Rothblum, 2000). In 1984 the Committee formed the Task Force on Bias in Psychotherapy with Lesbians and Gay Men to comprehensively evaluate the state of psychologists' attitudes toward and practice with lesbian and gay clients, and make recommendations to the APA for LG-relevant training and practice (Garnets et al., 1991).

The Task Force on Bias surveyed 2,544 APA members (Garnets et al., 1991) and discovered that the quality of services provided to LG clients varied to a great extent; psychotherapy practice ranged from biased, inappropriate, and/or inadequate to exemplary. Garnets and colleagues found that 58% of responding psychologists were aware of biased events in psychotherapy with lesbian women and gay men. In examining these critical events, Garnets and colleagues identified 17 themes reflecting inadequate, biased, and/or inappropriate practice and 14 themes describing exemplary practice in the following categories: Assessment, intervention, identity, relationships, family, and therapist expertise and education.

Examples of undesirable practice included psychologists' (a) believing that homosexuality is a personality disorder or otherwise "sick," (b) attributing problems to sexual orientation, (c) not recognizing the impact of internalized homophobia, (d) assuming heterosexuality or discounting the validity of LG orientations, (e) assuring clients they were accepting of LG identity but continuing to frame it as the problem, (f) attempting to change LG clients' sexual orientation without consent, (g) communicating derogatory feelings and beliefs about homosexuality upon a client's coming out (e.g., saying "If you have a uterus, don't you think you should use it?"), expressing "astonishment and disgust," or saying, "I don't care, I have a client who is into dogs";

Garnets et al., 1991, p. 976), (h) abandoning clients after their disclosure of a same-sex orientation, (i) holding ill-informed or stereotypical beliefs about LG orientations, such as thinking being LG is just a phase, just sexual, or just possible for an adult, (j) minimizing fears of familial and societal consequences for coming out based on ignorance of societal homophobia, (k) not taking LG relationships seriously, (l) treating LG relationships as if they are identical to heterosexual relationships, (m) assuming LG clients cannot be good parents, (n) dismissing the effects of societal prejudice on LG parents and their children, and (o) knowing nothing about being LG and relying on clients for information.

Garnets and colleagues (1991) also found that psychologists were engaged in exemplary practice with LG clients, and provided the following examples: Psychologists (a) treated LG clients' orientations with gravity and respect, (b) recognized the problems caused by societal prejudice and discrimination, (c) did not assume LG orientation was relevant to clients' presenting problems, (d) recognized the cumulative effects on LG racial and ethnic minorities of dealing with multiple stigmatized identities, (e) helped clients overcome internalized homophobia, (f) recognized the limits of their LG knowledge/attitudes, talked about that in therapy with LG clients, and sought consultation/training or accomplished appropriate referrals, (g) did not attempt to change LG clients' sexual orientations "without strong evidence that this [was] the appropriate course of action and that change [was] desired by the client" (p. 969), (h) supported the integration of a positive LG sexual identity, (i) understood the diversity of LG relationships and supported relationships' centrality; (j) understood the importance of "extended and alternative families" (p. 969), (k) recognized the problems created for LG families by societal prejudice and discrimination, (l) were aware that families of origin

needed education and support and gave it when appropriate, and (m) provided information about LG community resources.

Garnets and colleagues (1991) also examined the training and education provided by psychologists. The authors identified the following examples of biased training practices: (a) a psychologist remarked, during an intern's case presentation, "This guy is a faggot—don't you have any reaction to that?" (p. 968) and (b) a psychologist required a clinical psychology doctoral student to go into aversion therapy with a professor to change his sexual orientation or be dismissed from the program. In addition, Garnets et al. noted the following exemplary training practices: Psychologists (a) provided LG-appropriate training to psychology trainees, (b) corrected misinformation and confronted bias among trainees and colleagues, and (c) changed institutional practices (such as intake forms at a university counseling center) to be more inclusive of LG clients.

Garnets and colleagues (1991) expressed disappointment and alarm that their survey uncovered a great deal of psychologist behavior that did not align with the APA's standard of unbiased practice. On this basis the authors argued that APA guidelines for psychotherapy with LG clients were sorely needed. The authors said they hoped their results would provide helpful examples of what to do and what not to do when providing therapy to LG clients. The authors also recommended that their results serve as "a starting point for the development of educational materials and model curricula for graduate and professional training" (p. 970). Garnets and colleagues emphasized the importance of psychologists' utilizing the growing LG research literature, and encouraged more research on (a) what constitutes biased as well as non-discriminatory

practice, and (b) the processes psychologists undergo to confront their biases and achieve the goal of providing LG-affirmative therapy.

Several things are notable about Garnets and colleagues' (1991) study: First, it is striking that the study was not accomplished until 1991 (considering that the APA officially de-pathologized homosexuality in 1975), and only after the successive formations of various societies, committees, and task forces. The current author is reminded of Louise Douce's reaction article in a special issue on lesbian, gay, and bisexual affirmative training in *The Counseling Psychologist*, "Can a Cutting Edge Last Twenty-Five Years?" (Douce, 1998, p. 777). It is evident that the APA too long relied on fairly simplistic anti-discrimination statements in codes of ethics and policy statements (e.g., APA, 1974, 1981; Conger, 1975) to guide psychologists in practice with LGB clients and in training students on LGB issues rather than generating empirical data to help create a substantial, multidimensional base of LGB therapy and training guidelines, counselor competencies, and resources.

It is also interesting that Garnets and colleagues (1991) did not explicate how they determined what constituted exemplary practice versus biased practice; it is left to the reader to assume that they categorized critical events according to the consensus of Task Force members as to what they thought was biased and what was exemplary. For example, the reader will note that Garnets and colleagues listed conversion therapy, when "appropriate" and "desired by the client," as an exemplary practice (p. 969). Certainly today conversion therapy would never be characterized as exemplary (see the 1997 APA policy statement strongly criticizing conversion therapy, to be subsequently discussed), and it is curious that even then the Task Force on Bias could conclude that there were any

circumstances under which it could be viewed as such, given its lack of empirical support and built-in heterosexist assumption that a heterosexual orientation is preferable to an LGB orientation. Another limitation of the study is that because the authors gathered anecdotal information on critical events in therapy that were known to respondents, there is no way to know at what rate biased practice versus exemplary practice (or anything in between) occurred. More positively, however, Garnets and colleagues' specific incident-level reporting of critical events in therapy helps the reader to get a deeper, more humanized sense of what is occurring in LGB persons' therapy, more so than would a report containing percentages of psychologists holding negative versus positive LGB attitudes and approaches.

Nine years would intervene before the Task Force's research (Garnets et al., 1991) came to fruition in the form of the APA-authored "Guidelines for Psychotherapy with Lesbian, Gay, and Bisexual Clients" (APA, Division 44/Committee on Lesbian, Gay, and Bisexual Concerns Joint Task Force, 2000). In the meantime, other battles ensued: The American Psychiatric Association had initially retained ego-dystonic homosexuality as a diagnosis in the *Diagnostic and Statistical Manual of Mental Disorders-III* (1980); LGB-affirmative psychologists (e.g., Silverstein, 1977), however, argued that ego-dystonic homosexuality was tantamount to internalized homophobia and that the diagnosis incorrectly located the problem with LGB persons and not, more accurately, in a homophobic society. The American Psychiatric Association removed the diagnosis in 1984.

Soon thereafter, the debate about conversion therapy reached fever pitch. LGB-affirmative psychologists became increasingly forceful in their arguments against

conversion therapy, condemning it as unsound science, unethical, and discriminatory and urging the APA to ban its use (e.g., Davison, 1976, 1991; Haldeman, 1994). Although an APA resolution that would have banned conversion therapy as unethical was defeated in 1995, the APA eventually passed the Resolution on Appropriate Therapeutic Responses to Sexual Orientation (APA, 1997), which criticized conversion therapy on several grounds: That (a) a “cure” was not indicated in the absence of a disease, (b) it was discriminatory, (c) it was unproven as effective, (d) concerns existed that clients were not being given the opportunity to grant fully informed consent and that youth were being forced into the therapy, and (e) it portrayed LGB people as mentally ill, therefore perpetuating societal homophobia and discrimination against LGB people.

Several psychologists involved in the conversion therapy field protested the APA’s resolution in a Wall Street Journal editorial entitled “Don’t Forsake Homosexuals Who Want Help” (Socarides, Kaufman, Nicolosi, Satinover, & Fitzgibbons, 1997). To the contrary, LGB-affirmative researchers (e.g., Tozer & McClanahan, 1999) criticized the resolution for not going far enough, because it did not ban conversion therapy outright and stopped just short of calling it unethical. The October 1997 issue of the *APA Monitor* reported that Garnets, chair of the panel responsible for the resolution, stated that conversion therapy was not banned because researchers had yet to demonstrate beyond doubt that it is harmful (Tozer & McClanahan, 1999).

Finally, in 2000—based on the recommendations of the Garnets and colleagues (1991) Task Force on Bias in Psychotherapy with Lesbians and Gay Men—the American Psychological Association published the “Guidelines for Psychotherapy with Lesbian,

Gay, and Bisexual Clients,”² citing the need for “better education and training of mental health practitioners in this area” (APA, Division 44/Committee on Lesbian, Gay, and Bisexual Concerns Joint Task Force, 2000, p. 1440). The APA stated that the guidelines were aspirational rather than mandatory (as are all guidelines issued by the APA). The APA provided recommendations for psychologists in four areas: (a) attitudes, (b) relationships and families, (c) diversity, and (d) education.

The attitudinal guidelines (APA, Division 44/Committee on Lesbian, Gay, and Bisexual Concerns Joint Task Force, 2000) stated the following: Psychologists should (a) recognize that LGB orientations do not reflect mental illness; (b) reflect on their attitudes because unexamined prejudices can impede the assessment and treatment of LGB clients; (b) be informed about how stigmatization affects LGB clients’ mental health; and (c) acknowledge that prejudice affects the client and the therapeutic process. The guidelines on relationships and families included the following: Psychologists strive to (a) know about and respect LGB relationships; (b) understand the struggles of LGB parents; (c) recognize that LGB families include relatives not recognized by law or related by biology; and (d) understand the effect an LGB orientation can have on the family of origin and the LGB person’s relationship with the family. The diversity guidelines stated that psychologists should (a) acknowledge issues related to multiple identities and cultural norms; (b) recognize the special challenges faced by bisexual people; (c) understand the special risks affecting LGB youth; (d) be aware of generational issues and challenges affecting older LGB adults; and (e) recognize special problems experienced

² The reader will note that bisexual clients seem to have been tacked on as an afterthought, even though bisexual issues were not examined in the Task Force study (Garnets et al., 1991).

by LGB people with disabilities. The final category, education, recommended that psychologists (a) provide education and training on LGB issues; (b) seek training, supervision, consultation, and continuing education; and finally, (c) become familiar with LGB resources.

It is noteworthy that 12 of the 13 guidelines (APA, Division 44/Committee on Lesbian, Gay, and Bisexual Concerns Joint Task Force, 2000) in the categories dealing with psychotherapy (attitudes, relationships and families, and diversity) list areas of knowledge that psychologists should possess or work to obtain; the one exception is the guideline advising psychologists to engage in exploration of their LGB attitudes and to recognize how their biases may affect their treatment of LGB clients. The guidelines that address training ask psychologists to seek and to provide LGB training, presumably utilizing the realms of knowledge outlined in the previously listed guidelines. In this author's opinion, what is missing from the guidelines on training is explicit instruction on how to facilitate the development of unbiased attitudes and skills that would, together with accurate information on LGB issues, enable psychologists to competently counsel LGB clients.

I now turn to empirical research on LGB issues within psychology. I provide an overview of research developments in the field as a whole, and follow with a discussion of the research's implications for LGB counselor training.

Empirical Research on Lesbian, Gay, and Bisexual Issues

A sea change has occurred in the last four decades in mainstream LGB psychological research. Before the early 1970's, the psychological literature on LGB issues was mostly theoretical and espoused the view that LGB orientations were

pathological, recommending conversion therapy as the logical course of action (Bieschke et al., 2000). In the 1970's, researchers began to integrate the evidence (and the APA's new stance) that LGB orientations were non-pathological, but the literature was still rife with heterosexism. For example, many articles focused on discovering the cause of LGB orientations, with the implicit message that this information would help prevent their development; many articles reported that LGB people were psychologically maladjusted compared with heterosexuals, attributing their problems to their sexual orientation rather than societal oppression (Morin, 1977). Research on LGB issues represented a minute percentage of the psychological literature at large (Morin, 1977).

A few hardy souls followed Hooker into research from an LGB-affirmative perspective. Cass (1979, 1983, 1984) developed a theory and a stage model of identity development for lesbian and gay people that are still influential today. Overall in the literature, Watters (1986) found that heterosexist bias decreased markedly between 1979 and 1983, though not much interest was shown in reducing heterosexist attitudes, and LGB research still represented a miniscule portion of the overall research output of the psychological community, conditions that persisted through the late 1980's (Atkinson & Hackett, 1988).

A few studies provided LGB content analysis of research literature in various mental health disciplines beginning in the 1990's: Clark and Serovich (1997) examined 13,217 articles in 17 marriage and family therapy journals published between 1975 and 1995, and found that LGB content was included in 77 of the articles (.006%). Also, Van Voorhis and Wagner (2002) found that lesbian and gay content was addressed in 3.92 % of articles published in the four most prominent social work journals between 1988 and

1997; the majority of the articles framed LG people as the problem, and two thirds of the articles focused on HIV/AIDS. In addition, Lee and Crawford (2007) analyzed published research in psychology at large from 1975 to 2001 for content related to lesbian and bisexual women; they found that non-heterosexual people were represented in less than 1% of research, and LB women were included significantly less often than gay men.

In addition, Bieschke and colleagues (2000, 2007), writing respectively for the *Handbook of Counseling and Psychotherapy with Lesbian, Gay, and Bisexual Clients* (Perez et al., 2000) and the *Handbook of Counseling and Psychotherapy with Lesbian, Gay, Bisexual, and Transgender Clients* (Bieschke et al., 2007a), provided comprehensive overviews of significant developments and trends in empirical LGB research beginning in the 1990's. Bieschke and colleagues (2000, 2007) examined empirical research on LGB clients' experiences in therapy, mental health professionals' attitudes toward LGB people, and conversion therapy, which I reviewed in the following sections.

Lesbian, Gay, and Bisexual Clients' Experiences in Therapy

Bieschke and colleagues (2000, 2007) reported findings on LGB clients' use of therapy, therapist preferences, and therapy outcome. Several studies have found that LGB people utilize therapy at a higher rate than heterosexual people (e.g., Cochran, Sullivan, & Mays, 2003; Liddle, 2006), and some scholars have proposed a minority stress model to explain this phenomenon (Cochran, 2001; Cochran et al., 2003): Cochran and colleagues (2003) uncovered higher rates of stress-related mental health problems among LG people than among heterosexual people, and theorized that the burden of societal stigma, internalized homophobia, and small and large doses of daily discrimination—as

well as the absence of privileges afforded to heterosexuals, like legal marriage—contributed to this finding.

Mixed results have been found in the literature for client-therapist match on gender, race, and ethnicity. For example, Coleman, Wampold, and Casali (1995) found through a meta-analysis of literature on client-therapist match that ethnic minorities generally preferred ethnically similar counselors to Caucasian counselors, but findings of the included studies were inconsistent and it was unclear whether match related to quality of counseling outcome. To the contrary, Beutler, Clarkin, Crago, and Bergan (1991) found that client-counselor similarity on ethnicity, gender, and native language predicted successful treatment. Furthermore, Beutler (1989) concluded that client-therapist match—on gender and ethnicity, but even more importantly, on attitudes, beliefs, and personal values—was the strongest predictor of therapy outcome.

The literature on client-therapist match for LGB clients is largely in agreement with the preceding literature. In general, LGB clients were found to prefer therapists of the same sex (which held true more for lesbians than gay men) and sexual orientation (Bieschke et al., 2000, 2007). Also, LGB clients perceived female therapists—both LB and heterosexual—as more helpful than heterosexual male therapists. Therapist competence, however, was ultimately more important to LGB clients than therapist sexual orientation or gender (Saulnier, 2002), though there is often some de facto overlap between LGB competence and LGB orientation because LGB therapists may possess more knowledge of the LGB community than heterosexual therapists.

The literature's consensus is that LGB clients generally find therapy helpful (Bieschke et al., 2000, 2007). Therapists' use of non-heterosexist language and

familiarity with LGB culture were found to positively influence helpfulness. Liddle (1996) tested Garnets and colleagues' (1991) decisions about what represented inadequate versus exemplary LGB therapy practices against the actual opinions of LGB clients who were or had been in therapy. She found that LGB clients were 6 to 12 times more likely to rate their therapists as helpful if therapists used Garnets and colleagues' exemplary practices than if they did not. To the contrary, LGB clients were four times more likely to rate their therapists as unhelpful if therapists used Garnets and colleagues' inadequate practices. Consequently, Liddle's study provided Garnets and colleagues' recommendations—and thus the APA guidelines based upon them—with empirical content validity.

Although LGB clients rate therapy as helpful in general, this finding may obscure the finer points of their experiences. Three qualitative studies (Lebolt, 1999; Hunt et al., 2006; Mair & Izzard, 2001) helped limn the complexities of LGB clients' experiences in therapy. Although participants in all three studies reported that therapy was generally helpful, some gay men felt a lack of safety in discussing sexual experiences with their therapists and felt limited comfort in exploring other sexual orientation issues in depth (Mair & Izzard, 2001). To the contrary, another sample of gay men (Lebolt, 1999) expressed satisfaction with their therapists' support for their gay identities. Hunt et al. (2006) discovered that some lesbians with disabilities thought that therapy could have been more helpful if their therapists had been more familiar with both lesbian and disability culture. Hunt and colleagues' sample of lesbian women experienced discrimination by counselors and office staff persons and heterosexism by their therapists, some of whom assumed they were heterosexual. Some were uncomfortable

coming out to their therapists. Finally, some of the lesbian clients were dissatisfied with the level at which they had to advocate for themselves in therapy due to their therapists' lack of expertise on LGB issues.

Bieschke and colleagues (2000, 2007) pointed out several methodological flaws in the previously reviewed studies. The authors cited concerns about small samples, overuse of snowball samples resulting in non-diverse sample pools, the lack of data on bisexual people, the use of study-original, non-psychometrically vetted measures, and lack of sufficient description of methodology. Bieschke and colleagues also noted, however, that there was an increase in quality, quantity, and methodological rigor in the studies overall from the first edition of the *Handbook* (Perez et al., 2000) to the second (Bieschke et al., 2007a).

Psychologists' Attitudes toward Lesbian, Gay, and Bisexual Clients

An LGB client's experience in therapy can be profoundly affected by his or her therapist's attitudes toward LGB people and issues. Counselors' LGB attitudes have been shown to influence their counseling beliefs and behaviors; for example, Dillon and Worthington (2003) showed that therapists' self-efficacy in counseling LGB clients was associated with more positive attitudes toward LGB clients. Counselors' LGB attitudes, therefore, can have indirect and direct effects on therapy outcome with LGB clients.

Bieschke et al. (2000, 2007) conducted two exhaustive reviews of the literature on counselor attitudes toward LGB clients. The authors gathered ample evidence that the vast majority of currently practicing counselors and counselor trainees profess to be affirmative of LGB clients (e.g., 94% of trainees in Phillips and Fischer's 1998 study reported LGB-affirmative attitudes), and that self-reported attitudes of counselors toward

LGB persons are more positive than those held by the general public. In contrast, however, Bieschke and colleagues marshaled research demonstrating that counselors' self-reported affirmative attitudes are often at odds with their behaviors with LGB clients in several ways. In the following paragraphs, I detail findings regarding biases in counselors' attitudes toward, assessments of, and counseling behaviors with LGB clients, including stereotyping, information processing difficulties, errors in clinical judgments, homophobia-based discomfort and avoidance, implicit bias, and heterosexist attitudes.

Bieschke et al. (2000, 2007) detailed studies describing counselors' stereotypical beliefs about LG people: Davison and Wilson (1973) and Garfinkle and Morin (1978) found that counselors believed that LG clients were less psychologically healthy, less virtuous, more anxious, less powerful, and less "gender-appropriate" than heterosexual clients. The authors noted that counselors' stereotypical beliefs about LG people were comparable to LG stereotypes predominant in society; also, the authors remarked that many of the counselors' stereotypes seemed to derive from their beliefs about what is appropriate and inappropriate behavior for men and women (which could be construed as sex-role stereotypes)³.

Furthermore, counselors' stereotyping of LG clients has been found to be related to the number of errors they make when processing client information: Casas, Brady, and Ponterotto (1983) found that counselors were better able to recall LG-stereotype-

³ Many scholars have theorized that the origin of homophobia lies in sexism; i.e., those who hold to one component of sexism, complementary gender differentiation, prescribe traditionally complementary sex roles dictating the mating of men and women because each sex is thought to possess characteristics that complete the other (Glick & Fiske, 1996). Consequently, "same-sex partner choices also become a form of gender transgression in their defiance" of "socially prescribed norms and expectations about gendered behavior," rendering all LGB people, as well as transgender people, "gender-transgressive sexual minorities" (Fassinger & Arsenau, 2007, p. 27-28).

congruent information about LG clients than LG-stereotype-incongruent information. Casas and colleagues' results could be seen as illustrative of the operation of confirmatory bias, the tendency to look for, notice, and remember information that fits with pre-existing expectations. Using this interpretation, counselors were better at remembering LG-stereotype-congruent information about LG clients because the information fit their own preconceived stereotypical notions about LG people.

Counselors' information processing abilities in general have also been found to suffer when they are working with LG clients (as compared to heterosexual clients). Casas and colleagues (1983) found that counselors made more recall errors when processing information about LG clients than when processing information about heterosexual clients. Similarly, Gelso, Fassinger, Gomez, and Latts (1995) showed that female counselors' recall errors with lesbian clients were increased over their errors with heterosexual female clients.

Not surprisingly, considering the findings discussed in the previous paragraphs, psychologists and counselors have also been observed to differ in clinical judgments based on sexual orientation. Eubanks-Carter and Goldfried (2006) discovered that therapists were more likely to diagnose a male client with borderline personality disorder when they perceived him as gay or bisexual than when they viewed him as heterosexual. In addition, Bowers and Bieschke (2005) found that male psychologists perceived bisexual clients as significantly more likely to cause harm to or threaten someone else than heterosexual clients. Furthermore, Blasko, Winek, and Bieschke (2007) showed that therapists' assessments of identical domestic violence vignettes (varied only by the sexual orientation of the couple) differed by the sexual orientation of the couple;

therapists were more likely to identify both the victim and the perpetrator as victims in the same-sex scenario than in the heterosexual scenario, and were more likely to attribute a more even balance of power to same-sex couples versus heterosexual couples regardless of the actual relationship dynamic. Consistent with earlier findings, Blasko and colleagues' study suggests that therapists' gender role stereotypes can have a detrimental effect on their clinical judgments about what is occurring in a same-sex couple.

Additionally, Crawford, McLeod, Zamboni, and Jordan (1999) presented a sample of 388 practicing psychologists with a vignette describing a couple seeking to adopt a child; the descriptions of the couples were identical except for their sexual orientation and the gender of the child. Crawford et al. asked the psychologists to rate each couple's characteristics on a list of nine items, and then give a final recommendation about whether the couple should be permitted to adopt the child. Crawford and colleagues found that psychologists expressed positive attitudes overall about parenting by gay men and lesbian women, in the sense that psychologists' "mean ratings of the gay and lesbian couples were well on the positive side of the Likert scale for each item" (p. 397). Also, psychologists were sensitive to the bias LG parents are likely to face, as evidenced by the psychologists' greater concern that LG parents receive social support (compared with their concern for heterosexual parents). The authors also found, however, that psychologists were significantly less likely to recommend the adoption of a female child by gay and lesbian couples than they were to recommend the adoption of a child by a heterosexual couple. Another significant finding was that psychologists' belief that homosexuality is a choice was the variable that was most predictive of a recommendation that a child not be adopted by a gay or lesbian couple. In sum, though psychologists

expressed positive attitudes toward LG parenting overall, their biases still resulted in a different and more negative clinical judgment for LG parents versus heterosexual parents.

In addition, Mohr, Israel, and Sedlacek (2001), in the first known study to focus exclusively on bisexual issues in counseling, demonstrated that negative attitudes toward bisexuality increased the rate at which counselor trainees assessed a bisexual client as possessing low-level psychosocial functioning and bisexual stereotype-related difficulties. Trainees also rated bisexual clients as more likely to have stereotype-related difficulties when trainees did not believe that bisexuality is an enduring and valid sexual orientation.

Counselors' homophobia has been shown to affect their counseling behaviors and feelings with clients. Hayes and Gelso (1993) found that male counselors' homophobia predicted discomfort with and behavioral avoidance of gay male clients, and that male counselors experienced more discomfort with HIV-positive than HIV-negative clients. Similarly, Gelso and colleagues (1995) discovered that greater homophobia was related to counselors' approach and avoidance behaviors toward clients. Furthermore, Hayes and Erkis (2000) showed that higher therapist homophobia was associated with the following attitudes toward a gay male client: (a) less empathy, (b) less willingness to treat, (c) attribution of less client responsibility for solving his problems, (d) lower assessment of functioning, and (e) attribution of blame to the client for his problems.

Counselors' homophobia and bias toward LGB people have typically been assessed by self-report instruments; by definition, self-report measures assess explicit bias, or bias that is within an individual's awareness. Boysen and Vogel (2008), however, were the first to examine counselors' anti-LG implicit bias, or bias that is outside an

individual's awareness. Boysen and Vogel administered the LG version of the Implicit Association Test (IAT; Greenwald, McGhee, & Schwartz, 1998), a measure of subtle, automatic emotional and cognitive bias, to 105 graduate counselor trainees. The authors reported that counselors evidenced a significant level of anti-LG implicit bias.

(Counselors also demonstrated significant levels of implicit bias against African-Americans). In addition, the trainees took the Cross-Cultural Counseling Inventory-Revised (CCCI-R; LaFromboise, Coleman, & Hernandez, A., 1991), a self-report measure of multicultural counseling competence (MCC). The authors found that in general trainees self-reported high levels of MCC, and trainees with more multicultural training reported higher MCC than trainees with less multicultural training. Trainees' levels of anti-LG implicit bias, however, did not vary with level of multicultural training. These results confirmed the authors' hypothesis that trainees would report high levels of MCC but would also possess high levels of anti-LG implicit bias that would not vary with training; the authors argue that self-report instruments are limited in assessing counselors' more subtle, automatic biases, and tests of implicit bias can provide information to trainees and trainers that is unavailable by self report.

A limitation of Boysen and Vogel's (2008) study is that the CCCI-R does not directly assess counselor competence with LG clients; it measures counselor competence with racial and ethnic minorities. Therefore, it is unlikely that the CCCI-R can be used to measure LG counselor competence. Another limitation of the study is that the IAT has shown low test-retest reliability. Some have criticized the IAT on the basis of its low reliability and have also questioned whether the IAT actually measures bias (Brendl, Markman, & Messner, 2001). The IAT has shown promise, however, in that it has been

demonstrated to predict behavioral measures of bias, including (a) observers' ratings of individuals' friendliness toward members of groups against whom they have shown implicit bias, (b) avoidance of members of groups against whom they have shown implicit bias (e.g., sitting farther away), (c) perceiving hostility more quickly in members of groups against whom they have shown implicit bias, and (d) interpersonal ratings of individuals made by members of groups against whom those individuals showed implicit bias (Boysen & Vogel, 2008). In sum, though counselors have been reported in one study to possess significant levels of anti-LG implicit bias, this result should be interpreted with caution in the absence of further research.

In addition to stereotyping, information processing difficulties, errors in clinical judgment, homophobia-based discomfort and avoidance, and implicit bias, there is evidence of heterosexist attitudes among counselors. Rudolph (1989) reported that although counselors were abstractly affirmative of LGB clients, they were negative toward concrete discussions of erotic attraction. Glenn and Russell (1986) found that counselors assumed clients to be heterosexual. Satcher and Leggett (2007) found that a sample of school counselors in the southeastern United States expressed generally positive attitudes toward gay and lesbian people as measured by the Homonegativity Scale (HS; Morrison, Parriag, & Morrison, 1999), an assessment of "prejudice against gay and lesbian people based on moralistic or traditional objections to homosexuality" (Satcher & Leggett, 2007, p. 11). In contrast, the school counselors expressed "slight negativity" (Satcher & Leggett, p. 12) toward lesbian and gay people on the Modern Homonegativity Scale (MHS; Morrison & Morrison, 2002), a measurement designed to assess more subtle prejudice as well as to assess negativity about social justice issues as

they pertain to lesbian and gay people (such as an unwillingness to grant them equal civil and legal rights).

Additionally, Miller, Miller, and Stull (2007) assessed the cultural bias demonstrated by counselor education faculty utilizing the Survey of Cultural Attitudes and Behaviors (SCAB; Miller & Miller, 1997, as cited in Miller et al., 2007). The SCAB measures three dimensions of cultural bias, including attitudes, behaviors, and perceptions of institutional support for fair cultural policies. The authors found that counselor educators evidenced significantly more (moderate-level) bias based on sexual orientation than they did based on race or gender (low-level bias). The authors concluded that counselor educators have been less successful at providing non-heterosexual academic environments than they have anti-racist and anti-sexist environments (though they note that no cultural category proved free of counselor educator bias).

In the most recent snapshot of psychologists' attitudes and therapeutic approaches toward LGB people, Kilgore et al. (2005) surveyed 437 doctoral-level licensed psychologists who were APA members. The authors constructed their own survey of attitudes and therapeutic approaches for their study, which consisted of a 15-item closed-ended questionnaire. Kilgore and colleagues (2005) observed psychologists' attitudes and therapeutic approaches toward LGB clients to be more positive than they were found to be in the past; the authors found that 92.4% of respondents thought that "an active GLB lifestyle-identity" (p. 397) is acceptable (vs. only 79% of clinical psychologists surveyed by Jordan and Deluty in 1995); 3% viewed it as somewhat acceptable, and 2% thought it was unacceptable. The authors discovered that 81% of responding psychologists held the view that an LGB "lifestyle-identity is not a disorder at all" (p. 397; vs. only 26% of

clinical psychologists in the Jordan and Deluty study). Thirteen percent of respondents claimed a neutral stance on the question of whether LGB identities reflect pathology, and 6% said they believed that a person with an LGB orientation has a disorder (4% termed it a psychosexual disorder, 1% a personality disorder, and 1% a mental disorder). In addition, the authors found that 58% of responding psychologists utilized a gay-affirmative theoretical approach with LGB clients (vs. only 5% of psychologists surveyed by Garnets et al. in 1991); 32% adopted a neutral approach, and 10% reported their approach as “other.”

Several studies have focused on demographic counselor variables—mostly gender—that affect attitudes toward LG people. The documentation of differences between male and female counselors’ LGB attitudes has been a consistent finding in the literature. In sum, female counselors overall espouse more LGB-affirmative and less negative attitudes than male counselors, and female counselors are perceived by clients as more affirmative than male counselors. For example, in Bowers and Bieschke’s (2005) study, male psychologists perceived LGB clients as more likely to cause physical harm than heterosexual clients, whereas female psychologists did not. In addition, Kilgore et al. (2005) found that being male was the therapist characteristic most likely to be associated with negative attitudes and approaches toward LGB clients, including holding non-accepting and pathological views of LGB people, not using LGB affirmative therapeutic approaches, and being supportive of conversion therapy. Kilgore et al. found that female psychologists could be characterized overall as LGB-affirmative, with 67% of them taking an affirmative therapeutic approach versus only 46% of male psychologists, and

that male psychologists overall were more neutral, with 63.5% of them taking a neutral approach versus only 21% of female psychologists.

Kilgore et al. (2005) also found differences among psychologists in the amount of formal LGB training and training in LGB-affirmative therapy they had received, in terms of gender, sexual orientation, and age: 10% of male psychologists had received formal LGB training; in contrast, 19% of female psychologists had. About 33% of LGB psychologists reported having received LGB-affirmative training, whereas only 13% of heterosexual therapists had. Thirty-two percent of 30 to 39-year-old respondents had received LGB-affirmative training, but only 9% of 60 to 69-year-olds had received the training.

No studies have been done with counselors to delve into possible reasons for the observed gender differences in LGB attitudes. One recent study (Ratcliff, Lassiter, Markman, & Snyder, 2006) of a sample of men and women from the general population, however, investigated possible antecedents of men's and women's different responses to gay men and lesbian women, and found that women's intrinsic desire to react to LG people without prejudice was higher than men's, and that this desire partially mediated the association between LG attitudes and gender.

Fewer studies have investigated the effects of other counselor variables on LGB attitudes. Rainey and Trusty (2007) used the Attitudes toward Lesbians and Gay Men Scale (ATLG; Herek, 1988) to assess master's-level counselor trainees' attitudes toward gay men and lesbians. Notably, the authors employed a measurement of social desirability as well; their calculations showed that trainees responded in straightforward manner. Consistent with previous studies, the authors found that in general trainees

evidenced moderately low levels of homonegativity. The authors noted three factors that moderately predicted more negative trainee attitudes toward LG people: (a) negative past contact with LG people, (b) higher religiosity, and (c) political conservatism.

Furthermore, Satcher and Leggett's (2007) results were consistent with Rainey and Trusty's (2007): The authors discovered that school counselors expressed more homonegative attitudes when they did not have a gay or lesbian friend, had not participated in LGB counselor training, and had not worked with an LGB client.

Additionally, the authors reported that homonegative attitudes were directly proportional to frequency of church attendance and political conservatism in their sample of school counselors.

Finally, Bieschke and Matthews (1996) conducted a study that went beyond assessing counselor variables' effect on LGB attitudes; their study investigated the impact of several counselor variables (including gender, sexual orientation, type of degree program, ethnicity, beliefs about diversity, and homophobia) on counselors' culturally affirmative behaviors toward all clients, including LGB clients. Culturally affirmative behaviors were defined as, for example, using non-heterosexist language, taking a client's culture into account when discussing the region in which he or she is considering working, and collaborating with clients to identify LGB-affirmative work environments. Bieschke and Matthews found that career counselors who (a) identified as LGB and (b) defined diversity as inclusive of a wide variety of populations were more likely to engage in culturally affirmative behaviors with all clients, including LGB clients. Bieschke and Matthews also uncovered another notable finding that is one of the first to tap environmental effects on counselors' LGB attitudes and behaviors: A lack of

heterosexism in the organizational climate was also observed to increase the degree to which career counselors engaged in culturally affirmative behaviors with all clients. This finding indicates that it is important for those who train counselors to look beyond the classroom and the consulting room for ways to influence trainees' development toward becoming LGB-competent counselors.

Methodological critique of the attitudinal literature.

The literature on counselor attitudes toward LGB clients does have methodological problems: Each study measured counselor attitudes in different ways, some using psychometrically proven measures, some using original measures not psychometrically vetted, and some using simple surveys, rendering comparison across studies difficult. Attitudinal measures used may be subject to ceiling effects and may not be sensitive or multidimensional enough to capture the complexities of counselors' attitudes toward LGB clients. The studies relied heavily on analogue designs at the expense of more naturalistic, observational designs. Qualitative designs were missing from the attitudinal literature. Only two studies took social desirability into account. More positively, the sample pools were heterogeneous, including trainees and professionals from different mental health fields, which permits comparisons between fields. Also, studies tended to measure attitudes with several scales rather than one, allowing comparisons between what different scales measure and avoiding mono-method bias.

The literature is just beginning to see studies that examine relationships between attitudes, counselor variables, and counselor behavior. Notably, the counselor variables heretofore studied have been demographic (e.g., gender, political beliefs); no studies have

yet investigated the relationship between counselors' LGB attitudes and psychological variables. Another weakness in the attitudinal literature is the primary use of self-report instruments in assessing attitudes. The utilization of observational, behavioral, and implicit measures would provide information not available by self-report; for instance, more research with the IAT is warranted, and it would also be interesting to have clients, clinical supervisors, counselor trainers, and fellow trainees provide their perceptions of the LGB attitudes of trainees in analogue or actual counseling situations. Finally, qualitative examinations of the development counselors undergo as they work to acquire more affirmative attitudes toward LGB clients would provide a deeper look into the cognitive, emotional and behavioral factors involved in this process.

Summary of the attitudinal literature.

In sum, though counselors generally self-report LGB-affirmative attitudes, there is much evidence that their homophobia, heterosexism, and stereotyping affect their clinical judgments and counseling behaviors with LGB clients. It is clear that as studies grow beyond simple self-reporting of attitudes to assessing a broad range of LGB-relevant beliefs, feelings, and behaviors using a diversity of methodologies, information will continue to come to light about the complex interplay between counselors' emotional and attitudinal biases, stereotyping, and counseling behaviors with LGB clients.

Research on Conversion Therapy

This section will be brief because the topic is not as germane to my study as others, but it is important to document that there has been a resurgence of interest in, practice of, and research on conversion therapy in the last decade, in what can perhaps be understood as a backlash to the growing strength of the LGB-affirmative therapy

movement and increasing visibility of LGB people in the culture at large. Bieschke and colleagues commented, “We must admit to being surprised by what appears to be an explosion of literature focused on conversion therapy” in the last seven years (Bieschke et al., 2007, p. 301). Bieschke and colleagues noted that, like historical studies, the new literature is almost exclusively non-empirical; however, there have been a few studies that have empirically examined LGB clients’ conversion therapy outcomes. The authors detailed myriad methodological weaknesses in the empirical conversion therapy studies (e.g., Nicolosi, Byrd, & Potts, 2000), to such an extent that their conclusions are extremely suspect and therefore not very useful.

Bieschke and colleagues (2007) extracted four themes from the conversion therapy literature: (a) qualitative data indicated that LGB people who undergo conversion therapy experience immense desire to change as well as intense struggle in the attempt; (b) religious beliefs were the main motivation for entering conversion therapy; (c) though sexual orientation change was defined differently across studies, a small minority of extremely dedicated clients seem to have experienced some kind of change; however, the change appears to have been not in their sexual orientations but their sexual behaviors; and (d) the majority of conversion therapy clients reported that the therapy caused them harm rather than provided them help.

Implications of the Empirical Research on LGB Issues for Counselor Training

The implications of the foregoing research for counselor training are manifold. Bieschke and colleagues (2007) gathered a critical mass of research indicating that conversion therapy does cause harm in a majority of cases. Although the APA strongly encouraged psychologists to consider the ethical ramifications of providing conversion

therapy, the APA did not explicitly ban the practice because researchers had not yet provided evidence that it causes clients harm (Tozer & McClanahan, 1999). It would appear that the question of whether conversion therapy causes harm has now been settled.

Moreover, it is clear that psychologists' attainment of LGB counseling competence is foremost in importance for clients' therapy experience and outcome (e.g., Saulnier, 2002). In addition, some authors argue that psychologists must hold LGB-affirmative attitudes—and make those views explicit with LGB clients—in order to be effective with LGB individuals (e.g., Lebolt, 1999; Mair & Izzard, 2001). The literature shows, however, that psychologists' attitudes toward LGB clients are far from consistently positive. Bieschke and colleagues stated, “Training focused on competence with LGB clients must include self-examination of one’s biases as well as one’s skills” (2007, p. 311).

In order to become competent with LGB clients, psychologists also must possess a thorough knowledge of LGB issues. On the basis of the previously reviewed research findings, however, Bieschke and colleagues (2007) argued that professional counselors', psychologists', and trainees' current understanding of LGB issues is shallow and incomplete. Bieschke and colleagues stated, “We believe that in order for mental health professionals to be truly affirmative, more than a superficial understanding of LGB issues is necessary” (2007, p. 311). I now turn to studies that tell us more about the scope and effectiveness of the LGB training that is currently occurring in graduate training programs in counseling psychology, clinical psychology, and counselor education.

Current Scope of Lesbian, Gay, and Bisexual Counselor Training

Myriad evidence demonstrates that graduate training in LGB issues is insufficient (Bieschke et al., 1998; Buhrke, 1989a; Casas et al., 1983; Croteau, Bieschke, Phillips, & Lark, 1998; Lark & Croteau, 1998; Phillips & Fischer, 1998; Pilkington & Cantor, 1996). I examined the most recent articles available that comprehensively reviewed the state of graduate training on LGB issues, from the perspectives of counseling and clinical psychology doctoral students (Phillips & Fischer, 1998), practicing psychologists (Murphy et al., 2002), and training directors of APA-accredited clinical and counseling psychology Ph.D. programs (Sherry et al., 2005).

Phillips and Fischer (1998) studied the LGB training experiences of 69 counseling and 38 clinical psychology doctoral students in their last year before internship. Ninety-four percent of trainees reported affirmative attitudes toward LGB people as measured by the Index of Homophobia (IHP; Hudson & Ricketts, 1980). Regarding formal training experiences, trainees said that LG content was present in an average of three courses they'd taken; bisexual content was not as prevalent. Only 15% of trainees had the opportunity to take a course on LGB issues, although 50% took a multicultural course that integrated LGB content. Very little to no LGB content was included in readings, didactic presentations, in practicum, or on comprehensive exams. Fifty percent of trainees said they had been asked to examine their heterosexist biases in a course and in practicum. A third of trainees said their program had a faculty member with expertise in LGB issues; a third also said their program had an openly LGB faculty member. Only 25% of trainees' practicum supervisors were experts in LGB issues. Notably, a "vast majority" (p. 725) of trainees said they did not feel prepared to work with LG clients

(even more said the same of bisexual clients), although many trainees were aware of having counseled LGB clients (the overall modal number of LGB clients seen per trainee was 1.2).

Phillips and Fischer (1998) reported the following differences in counseling and clinical psychology doctoral programs: Counseling psychology trainees were significantly more likely to (a) have LGB content in their courses, (b) report they were competent to work with LG clients, (c) have LGB material on comprehensive exams, (d) have taken a multicultural course integrating LGB content, (e) have been asked to examine their heterosexist biases, (f) have required reading on LGB issues, and (g) seek out LGB information outside their programs.

Several significant relationships emerged between variables studied by Phillips and Fischer (1998): More formal training was associated with greater examination of heterosexist bias. More formal training was associated with having LGB-expert faculty and supervisors, but not with having openly LGB faculty members. Lastly, attitudes were not associated with faculty/supervisor variables, training variables, or perceived preparedness to engage in therapy with LGB clients. Trainees with more homophobic attitudes, however, were less likely to seek out LGB information outside their programs. Two other variables predicted significant unique variance for feeling less prepared to work with gay male clients: (a) Trainees' own LGB status (interestingly), and (b) having less experience working with gay male clients.

Importantly for the current study, trainees who had undergone more formal training said they felt more prepared to work with LGB clients (Phillips & Fischer, 1998). Formal training was the only variable to account for significant unique variance in all

components (L, G, and B) of trainees' perceived preparation to work with clients. Other predictors accounted for significant unique variance above and beyond formal training in one or two components of preparation to work with clients: (a) examination of heterosexist bias in courses, (b) contact with LGB faculty and clients, and (c) being LGB oneself. Finally and intriguingly, trainees who had an LGB-expert clinical supervisor perceived themselves as less prepared to work with gay and bisexual clients than trainees who did not. This result is arguably consistent with Israel and Hackett's (2004) unexpected finding that trainees' having explored their LGB attitudes was related to their reporting more negative attitudes: Perhaps the more trainees learn about LGB issues, the more they realize they don't know.

Murphy and colleagues (2002) surveyed a national sample of 125 practicing psychologists, asking them to evaluate the education, training, and experience they had related to LGB clients. The types of LGB training the psychologists had (in decreasing order of frequency) were reviewing research (64%), receiving supervision (46%), attending continuing education workshops (46%), going to presentations (36%), and reading books (32%). Only 10% attended graduate schools offering a course on LGB issues; 5% of those stated they took the course. Twenty-two percent of psychologists said their training programs offered seminars or similar types of LGB training; 14% reported that their internship or postdoctoral training did so. Evidently not all seminars were mandatory, because a small minority of psychologists did not take advantage of those training opportunities. Lastly, 18% cited other kinds of LGB training, including peer supervision, consultation, learning from clients and friends, and their own LGB experiences. The authors computed a formalized training score ranging from 1 to 6

(higher numbers indicate more training); the mean training score for the sample was 1.40. Murphy and colleagues (2002) also noted that psychologists with higher training scores were more likely to have a greater number of LGB clients on their caseloads.

Murphy and colleagues (2002) also solicited psychologists' opinions about what types of LGB training they thought they could benefit from. Psychologists expressed moderate interest in all 20 listed subject areas; they expressed the most interest in learning about coming out, HIV/AIDS, alienation from family of origin, support network development, relationship problems, internalized homonegativity, LGB family issues (custody, child care, and adoption), sexual fluidity, domestic violence, body image, self-worth, sexual problems, and recovery from sexual assault, abuse, or anti-gay violence.

Sherry and colleagues (2005) undertook a survey of 104 training directors of APA-accredited clinical and counseling psychology Ph.D. programs in order to determine the extent to which their programs included LGB issues in their training models. The authors found that of the 67.6% of programs that required a multicultural course and the 61% of programs with an additional advanced course in multicultural issues, 71% of programs addressed LGB issues in their multicultural courses. Training directors reported that their students were exposed to LGB clients in practicum in 89.5% of programs, and LGB issues were addressed in practicum and supervision in 94.3% of programs. Eighty-eight percent of programs indicated that they had at least one visible, openly LGB faculty, student, or staff member; eighty-eight percent of programs reported that their university housed an active LGB student organization.

Sherry and colleagues (2005) also reported, however, that only 17.1% of programs included LGB counseling competencies in formal student evaluation

procedures, with only 2.9% of those programs using paper-and-pencil LGB competence measures. Also, only 21% of programs incorporated LGB content in courses other than the multicultural course. Thirty percent of training directors, however, indicated that their programs provided exemplary training on LGB issues.

Sherry and colleagues (2005) also found several statistically significant differences between clinical and counseling programs with regard to the inclusion of LGB issues in graduate training: Significantly more counseling than clinical programs (a) required a multicultural course, (b) incorporated LGB issues in their multicultural course, (c) actively mentored students in LGB research, and (d) covered LGB issues in comprehensive examinations. The authors hypothesized that counseling psychology's emphasis on contextual development rather than psychopathology may enable counseling training programs to focus more on LGB issues, and pointed out that counseling psychologists have traditionally been leaders in addressing LGB issues in counselor training.

Sherry and colleagues (2005) drew attention to problems in the current training environment: (a) there is a dearth of research on LGB issues and it may be difficult for educators to know what LGB material to incorporate into training, and (b) programs are currently overtaxed with the demand to include ever more diverse and additional course requirements. I concur with the authors' suggestion that, in this environment, it is even more important for faculty to examine *how* LGB content is being incorporated than *what* is included in order to ensure that LGB issues are being integrated most effectively and thoroughly. The authors stated that a wide range of future methodologically diverse

research is needed to answer the question of how LGB issues can be most effectively integrated in counselor training.

Moreover, there is evidence that faculty and supervisors who are expected to provide LGB training may need more training themselves. Graduate trainees have been found to perceive their graduate faculty and clinical supervisors as less knowledgeable about LGB issues than they themselves are: Buhrke (1989a), in a study of female trainees' experiences with LG training in counseling psychology programs, found that female trainees believed they were more familiar with lesbian and gay issues than graduate faculty. Likewise, Phillips and Fischer (1998) found that trainees viewed their supervisors and faculty as lacking in LGB knowledge and said that they often had to initiate discussions about LGB issues themselves to ensure they were addressed. In addition, one study found that trainees perceived that heterosexism and homophobia existed in the cultures of their training programs (Pilkington & Cantor, 1996). Trainees cited instances of biased comments by professors and supervisors, course material that described LGB orientations as pathological, and faculty's negative responses to students who wanted to engage in LGB research, ranging from a lack of support to expressions of frank dissuasion and derision.

In summary, the literature on the scope of training provided to doctoral students in psychology indicates that LGB training is obviously, regrettably inadequate overall (Kilgore et al., 2005; Murphy et al., 2002; Phillips & Fischer, 1998; Sherry et al., 2005), and varies widely by program and type of program, with counseling psychology Ph.D. programs and clinical psychology Psy.D. programs providing much more LGB training

than clinical psychology Ph.D. programs, a consistent finding in studies addressing the topic (Phillips & Fischer, 1998; Sherry et al., 2005).

In some cases studies asked similar questions, and so comparison of their results is possible: Phillips and Fischer found that 94% of trainees self-reported LGB-affirmative attitudes. Similarly, Kilgore et al. (2005) reported that 92.4% of their sample of practicing psychologists said that “an active GLB lifestyle-identity” (Kilgore et al., p. 397) is acceptable; however, of that same sample, only 81% said that having an LGB identity “is not a disorder at all” (p. 397)—13% were neutral on the question, and 6% said that a person with an LGB orientation has a disorder. Moreover, there are undoubtedly interpretive differences between the terms “affirmative” and “acceptable”; perhaps the better comparison is the 94%-affirmative rate for trainees (Phillips & Fischer) and the 81% of psychologists who said being LGB is “not a disorder at all” (Kilgore et al., p. 397). With this interpretation, it appears that the Phillips and Fischer study found more positive attitudes, which may reflect a generational difference given that Phillips and Fischer studied trainees whereas Kilgore et al. examined a cross-section of practicing psychologists.

The different ways researchers measured formal training do not lend themselves easily to direct comparison, but it appears safe to say that LGB training has improved over the years, based on trainees’ and training directors’ reporting greater amounts of formal LGB training in current training programs than practicing psychologists reported they had in the past. Fifty percent of Phillips and Fischer’s (1998) trainees had LGB content in the multicultural course, and also in an average of two other courses; 15% had a stand-alone LGB course. Sherry et al.’s (2005) training directors said that 53% of

programs covered LGB issues in multicultural courses, and 21% covered LGB issues in courses other than the multicultural course. In contrast, only 22% of Murphy et al.'s (2002) psychologists reported that LGB content was offered in their programs in seminars and similar types of training (it is unclear whether "seminars" means formal class seminars or special training events), and only 10% of programs offered a stand-alone LGB course; lastly, only 13% of Kilgore's (2005) heterosexual psychologists had any formal LGB training (compared with 33% of LGB psychologists with formal LGB training).

Some of the authors' findings are more discrepant and thus harder to make sense of; for example, Phillips and Fischer's (1998) trainees said they had little to no LGB content in practicum, but 94% of Sherry and colleagues' (2005) training directors said that LGB issues were addressed in practicum and supervision. Perhaps this finding reflects different interpretations of what is meant by "addressed," or perhaps there was that much of a change in seven years (though a change from little to none to 94% seems unlikely). In addition, 33% of trainees said they knew of openly LGB faculty (similar to the 20% of psychologists saying the same in a survey by Allison, Crawford, Echemendia, Robinson, & Knepp, 1994), whereas 88% of training directors said there were openly LGB faculty in their programs. One can only hope for such progress in seven years! Perhaps more faculty have felt safe to come out; it may also be the case that openly LGB faculty are being hired at a greater rate. Or perhaps training directors are more in the know about faculty's sexual identities than trainees are; on the other hand, there does not seem to be another way to interpret "openly LGB."

Recent evidence indicates that trainees currently feel more competent to counsel LGB clients than they did in the past. (Here I include pertinent results from two studies not yet mentioned, Dillon and Worthington, 2003, and Bidell, 2003. I review them fully in a subsequent section of the proposal.) The vast majority of trainees in Phillips and Fischer's (1998) study reported not feeling prepared to counsel LGB clients; similarly, 64.5% of Allison et al.'s (1994) psychologists said they did not currently feel competent to counsel LGB clients. To the contrary, trainees in Dillon and Worthington's (2003) study said they felt confident in their abilities to counsel LGB clients (trainees' mean LGB counseling self-efficacy score through five studies was 4.37 on a scale of 1 to 6, with 1 = not at all confident and 6 = highly confident). Professional psychologists reported even higher LGB counseling self-efficacy than trainees, with a score of 4.78. In addition, Bidell's (2005) sample of graduate counseling trainees, faculty, and supervisors reported that they felt competent to work with LGB clients (the average score for the sample was 4.64 on a scale of 1 to 7, with higher scores indicating greater LGB counseling competence). Though we cannot infer that the increase in LGB training caused the improvement in counselors' perceptions of their LGB competence and self-efficacy, it is intriguing that the two developments parallel each other in time.

Phillips and Fischer (1998) did provide preliminary evidence that LGB training can work; trainees who had more formal LGB training reported feeling more prepared to work with LGB clients than trainees with less. In addition, LGB counseling competence (Bidell, 2005) and LGB counseling self-efficacy (Dillon & Worthington, 2003) scores were found to increase with level of training. It is not possible to determine, however, whether those improvements were due to training outcomes, experience with clients,

personal experiences, maturation, or a host of other factors. We still have little evidence directly supporting the efficacy of LGB training—or identifying possible mechanisms of change during LGB training—as the following section illustrates. I now review and critique the few studies that have examined the effectiveness of specific LGB training efforts in graduate programs.

Effectiveness of Extant Lesbian, Gay, and Bisexual Counselor Training

Few researchers have empirically examined the effectiveness of existing LGB training programs for psychologists, psychology trainees, and other mental health professionals and trainees. Following is an examination of those who have done so (Dillon, Worthington, Savoy, Rooney, Becker-Shutte, & Guerra, 2004; Finkel, Storaasli, Bandele, & Schafer, 2003; Israel & Hackett, 2004; Pearson, 2003; Rudolph, 1989; Stanley, 2003). This section describes their contributions in some detail because they provide the only empirical evidence available (in widely published peer-reviewed journals) with which to assess the effectiveness of LGB training. I must also point out that three of the studies (Finkel et al., 2003; Pearson, 2003; Stanley, 2003) are not particularly methodologically strong, are narrow in scope, and are somewhat marginal to counseling and clinical psychology; I decided to include them, however, due to the dearth of literature in the area. The studies are described in chronological order to give the reader an idea about how this line of research has progressed (or not) through time.

Rudolph's 1989 report represents the first published study to empirically evaluate the effectiveness of lesbian- and gay-focused training on mental health practitioners' attitudes toward and counseling effectiveness for lesbian and gay clients. The training consisted of a 3-day, 20-hour multi-modal workshop conducted by four experts in the

field of LG counseling (two of whom were openly gay), attended by 21 mental health professionals and trainees. The first half of the workshop consisted of the didactic presentation of information on LG issues, including the prevalence of homosexuality, homophobia, psychology's history of the treatment of LG people (including the pathologizing of and attempts to convert LG people to heterosexuality), AIDS, and the struggles of LG people with others, their environments, and their counselors. The second half of the workshop encompassed material on LG-affirmative counseling, and included a didactic presentation on the difference between "homosexual, bisexual, and heterosexual orientations" (p. 68), identity and coming-out models, and general recommendations for therapy; film excerpts; small-group discussion; and role plays of case studies with trainees playing the roles of the LG clients and experienced LG affirmative counselors playing the counselors.

Rudolph (1989) used two self-report inventories to measure attitudes toward LG persons, the Index of Attitudes toward Homosexuals (IAH; Hudson & Ricketts, 1980, cited in Rudolph, 1989) and the Homosexuality Attitude Scale (HAS, Milham, San Miguel, & Kellog, 1976, cited in Rudolph, 1989), which use Likert-type scales and are described as possessing good psychometric properties. Rudolph also utilized a quasi-behavioral outcome measure, a procedure termed Gay/Lesbian Counseling Effectiveness (CEM), in which trainees responded therapeutically in writing to LG clients in distress on audiotapes. The trainees' CEM responses were rated by two expert LG-affirmative counselors as to their level of bias, willingness to positively collaborate, and general counseling effectiveness; the raters achieved 84% inter-rater reliability. Rudolph tested the workshop trainees and the comparison group on outcome measures immediately

before and after the workshop, as well as eight weeks later (attitude measures by mail, CEM in person). Due to the lack of eight-week follow-up response from trainees and comparison group members, however, no data is available for eight-week follow-up scores on the CEM. In addition, CEM data were further attenuated by the fact that CEM data from seven trainees (five treatment, two comparison) were “unusable” (p. 83).

Rudolph’s (1989) study’s results were as follows: (a) there were no significant differences on outcome measures between the treatment and comparison groups at pretest; (b) as predicted, the treatment group’s immediate post-test scores indicated they had significantly improved in both attitudes toward and counseling effectiveness with LG clients, whereas the comparison group’s scores showed no significant differences between pre- and immediate post-test scores; (c) for the attitude measures, the treatment group’s immediate post-test gains were maintained at eight-week follow-up, whereas the comparison group’s scores were not significantly different from immediate post-test to follow-up; and (d) significant interaction effects were observed for pre-test/post-test scores on all three outcome measures (that is, trainees’ baseline attitude and skill level co-varied with their outcome attitude and skill level).

Rudolph (1989) noted, in conclusion, that his “study represents the most thorough investigation of changing homosexual attitudes to date” (p. 84), a contention with which I agree. This study has several methodological strengths which are especially notable for its time: (a) the presence of a control group, (b) the usage of attitudinal and behavioral measures for counselor change, (c) the usage of self-report and observational measures for counselor change, and (d) the completion of follow-up measures to test for the durability of treatment effects. Rudolph concluded that his results support the efficacy of

the LG training workshop in positively modifying mental health practitioners' attitudes toward and counseling effectiveness with LG people, a position with which I largely agree; the study did have several limitations that require the application of caution in interpreting the strength of the results.

The study's limitations include the following: The CEM data is quasi-behavioral and may not represent the actual counseling behavior that trainees would evince in vivo with LG clients; at best it can be considered to represent, as Rudolph (1989) stated, "a predisposition to action" (p. 84). In addition, the fact that five of the 21 treatment group members had unusable CEM data rendered the overall CEM results less convincing. Other problems include Rudolph's small sample size of 21 trainees and the quasi-experimental design of the study. Further, another limitation is the non-equivalence of the treatment and comparison samples: Rudolph recruited the treatment sample differently than the comparison sample (the treatment sample were voluntary trainees in an LG workshop who were recruited personally and by mail, and the comparison sample were recruited from graduate classes in counselor education).

The lack of sample equivalence brings up two issues: (a) possible demand characteristics for the treatment sample in that they may have been predisposed to attend a workshop on LG issues, and (b) differences between the treatment and control groups, in that the treatment sample included professionals and trainees and the comparison sample included trainees only. Furthermore, because the comparison group received no treatment rather than an alternate treatment it is impossible to state which part of the workshop was responsible for what part of the change seen on the outcome measures. In addition, the study would have benefited from having additional follow-up data in order

to determine whether the change seen endured beyond eight weeks. Finally, other concerns about the study perhaps partially reflect the time period in which it was accomplished: (a) the described workshop utilized outdated and pathologizing materials such as Woodman and Lenna's (1982, cited in Rudolph, 1989) stage model of homosexual identity formation, in which the four stages are denial, identity confusion, bargaining, and depression, (b) bisexual individuals were included in only a cursory fashion, and (c) the term "homosexual" rather than lesbian or gay was used. Overall, however, Rudolph's study represents an advance over previous attempts (e.g., Schneider & Tremble, 1986) to evaluate LGB counselor training and provides encouraging results about the efficacy of training for improving both counselors' attitudes toward and counseling skill with LGB clients.

The next three studies to be examined were published in 2003. Finkel and colleagues (2003) evaluated the effectiveness of two 2-hour training seminars on LGB issues for doctoral students in professional psychology; Pearson (2003) looked at the effectiveness of a 2.5-hour seminar for graduate counselor education trainees; and Stanley (2003) reported on a community outreach project for lesbian, gay, bisexual, transgender, and questioning youth undertaken collaboratively by community psychology graduate students and LGBTQ youth affiliated with an urban LGBT community center. These three studies are not methodologically strong, and so I merely summarized their findings in the following paragraphs.

Finkel and colleagues (2003) reported on the effects of an LGBT training seminar called the Safe Zone Project, which consisted of two 2-hour training sessions (one per semester) provided by a psychology faculty member and a student who were

trained and experienced in LGBT issues. Trainees were 66 graduate students and two administrative assistants. The training sessions included didactic information and experiential activities designed to raise trainees' awareness of LGB culture, issues, and affective experiences, and to encourage trainees to advocate for LGB issues. Finkel and colleagues measured the effects of the training in terms of changes in homophobia (measured by the Riddle Homophobia Scale) and LGBT-affirmative behavioral change (measured by the number of independently completed advocacy activities between the two training sessions). Nearly 87% of trainees completed two or more of their three planned LGBT-affirmative activities; only 2% completed none of them. Differences in LGBT attitudes pre-session 1 and post-session 2 were not statistically significant.

Pearson (2003) described a 2.5-hour seminar on counseling sexual minority clients that was "designed to increase understanding of the common internal and external struggles experienced by LGB individuals" (p. 292). Trainees were ten community counseling master's students enrolled in a general counseling class. Trainees completed pre- and post-course surveys rating their knowledge about, interest in, and attitude toward each topic covered in the entire course of which the training seminar was a part. Pre-post differences in LGB knowledge, interest and attitudes were not statistically significant.

Stanley (2003) reported on a community outreach project for lesbian, gay, bisexual, transgender, and questioning youth undertaken collaboratively by community psychology graduate trainees and LGBTQ youth affiliated with an urban LGBT community center. Stanley interviewed 5 trainees and 5 youth participants after project completion. Stanley analyzed the interviews for themes, and the following themes emerged from trainees' interviews: (a) Trainees were able to engage in the practical

application of course material, which helped them contextualize and retain that knowledge; (b) trainees experienced and were educated about their own internalized and externalized homophobia; (c) trainees confronted their own stereotypes about LGBT sexuality and were educated about the multidimensionality and range of sexual orientation and identity; (d) trainees learned about struggles uniquely faced by LGBTQ youth, such as rejection from family and alienation from the adult LGBT community; and (e) trainees learned from LGBTQ youth about what mental health providers can do to help them seek and feel comfortable in treatment, such as not assuming that problems stem from LGBTQ orientation, not being afraid to ask questions respectfully, not stereotyping, examining their own biases, and seeking supervision and consultation.

Stanley (2003) enumerated the following themes from the youths' interviews: (a) Youth were able to gain novel and transferable skills, such as collaborating with a group, planning and implementing a project, learning from role models, and attending to the needs of the Center and the community as well as their own needs; and (b) youth experienced divisions and conflict within the LGBTQ community and between them and the trainees arising from differences in gender, class, race, ethnicity, sexual orientation, and gender identity, such as stereotypical divisions of labor between men and women, and devaluing of and discrimination against transgender individuals.

The next study reviewed (Israel & Hackett, 2004) represents an advance over previous studies in that it compares the effects of two types of LGB counselor training, information-based and attitude-based interventions. Israel and Hackett's study participants were 161 graduate trainees (150 were master's level counseling and social work trainees at a public university, and 11 were graduate counselor trainees at a private

university), 93% of whom were heterosexual. The authors hypothesized that (a) furnishing LGB-relevant information would result in higher trainee knowledge about LGB issues than not furnishing information, (b) engaging in LGB-relevant attitude exploration would produce more positive trainee attitudes toward LGB people than not engaging in said exploration, and (c) combined information and attitude training would interact to produce the greatest positive change on both trainee attitudes and knowledge. The study comprised four training conditions, (a) information only, (b) attitude exploration only, (c) combined, and (d) control. Each training session was 2.5 hours in length, with an average of 3.5 trainees attending (the authors conducted 36 workshops, 9 per condition).

Israel and Hackett's (2004) training included "didactic and interactive teaching methods" (p. 43) in each condition. The control group was provided with training on counseling women. Each treatment condition training session began with an experiential exercise in which trainees were presented with several LGB-focused statements and were asked to move to a different corner of the room indicating their agreement, disagreement, or indecision about each of the statements. The statements were factual in the information-only condition, opinion in the attitude-only condition, and both in the combined condition. Next, trainers presented scripted lectures: In the information-only condition, they included information about sexual identity development and therapeutic issues; in the attitude-exploration-only condition, they included "stories that demonstrated violent and discriminatory consequences of homophobia" (p. 184); the combined condition included both. Each treatment-condition training included a video focused appropriately for each condition (the provision of factual information, a guided

imagery exercise about what it would be like to be heterosexual in a gay world, or both). The final segment included case studies in which clients were questioning their sexual orientation; during the discussion trainees were asked to, depending on treatment condition, (a) apply the information they had learned, (b) discuss feelings about the client, or (c) both.

Israel and Hackett (2004) used several measures in their study: (a) the Homophobia Scale (Bouton et al., 1987, cited in Israel & Hackett, 2004), a seven-item self-report Likert-type scale that assesses attitudes about homosexuality, was used as a covariate and as a measure of pre-treatment equivalence between groups on LGB attitudes; (b) the Attitudes toward Lesbians and Gay Men Scale (ATLG; Herek, 1988), a 20-item self-report Likert-type scale that “measures the cognitive dimension of condemnation tolerance toward lesbians and gay men” (p.182), was used as a post-treatment attitude measure; (c) the Index of Homophobia (IHP; Hudson & Ricketts, 1980, cited in Israel & Hackett, 2004), a 25-item self-report Likert-type scale that assesses discomfort with contact with lesbians and gay men (an affective attitude dimension), was used as a post-treatment measure; and (d) the Knowledge about Lesbian, Gay, and Bisexual Issues Scale (KLGB; Israel & Hackett, 2004), a 20-item self-report Likert-type scale designed by the authors for this study—which measures trainee knowledge of information that prominent LGB researchers (e.g., Burke & Douce, 1991) recommended as essential for counseling LGB clients—was used as a post-treatment measure. All measures were reported to have good psychometric properties.

Israel and Hackett (2004) found that the information-based training increased trainees’ LGB knowledge level (measured by KLGB scores) as compared to the control

group, consistent with their hypothesis (the effect size was medium). The authors also found, contrary to their hypothesis, that trainees exposed to attitude-based training had significantly more negative LGB cognitive attitudes (measured by ATLG scores) than trainees in the control group, though the effect size was small. There were no other significant main or interaction effects.

Israel and Hackett's 2004 study had several methodological strengths that represent advances over previous studies. The authors' four-condition study design—with a control group—allowed them to isolate effects produced by different types of LGB training (information, attitudes, or both). The authors had a sample size of 161, increasing the study's statistical power to detect reliable results. The authors used measures with good psychometric properties. The researchers provided their seven facilitators with extensive training in how to conduct the treatments uniformly, and evaluated trainers' adherence to the treatment protocol and competence in delivering it from three different perspectives: The trainees, the trainers themselves, and raters who reviewed audiotapes of each trainer's sessions (trainers were found to be consistent). The authors checked the four participant groups for pretreatment equality on Homophobia Scale scores (groups were not significantly different). The authors computed effect sizes for the two significant main effects they found, allowing readers to assess the strength of the effects.

Israel and Hackett's 2004 study also had a few limitations. The treatment may have been lacking in power, because the training sessions were only 2.5 hours in length. The lack of available measures prevented the authors from estimating social desirability effects and attitudes toward bisexuality. The authors made some modifications to their measures that may have affected their psychometric properties. The trainees and the

group of trainers were primarily female, heterosexual, and Caucasian, which may limit the results' generalizability. Finally, their study yielded only one significant result that is easily interpretable: Providing information about LGB people to trainees increases their knowledge about LGB people. The other significant result, that exploring LGB attitudes resulted in more negative attitudes, is not as readily interpretable because it ran counter to the authors' hypothesis, and thus its meaning is open to speculation. Israel and Hackett speculated that exploring attitudes increased negative attitudes, or (more likely, they stated) that "trainees in the attitude-exploration conditions were challenged to reassess their actual feelings about LGB individuals" (p. 188). Bieschke and colleagues (2007) posited that perhaps after becoming comfortable with the trainers the trainees felt freer to disclose their true attitudes.

The final study reviewed in this section is somewhat similar to and informed the conceptualization of the current study. Dillon and colleagues (2004) undertook a qualitative study of their research team's process of confronting their own heterosexist biases and working to develop LGB-affirmative attitudes, feelings, and behaviors. In doing so, they hoped to illuminate for counselor trainers what processes are most effective in developing LGB-affirmative attitudes and behaviors in counselor trainees. Dillon and colleagues (2004) recruited ten master's counseling trainees to join three coordinators (one faculty member and two graduate trainees) in making up the research team. The group included one Asian/Pacific Islander, ten European-Americans, and two Latinos; all were heterosexual (as were all but one author of the study, who was a gay faculty member who served as an auditor). The research team met for two hours weekly throughout one academic year to undergo seminar- and group discussion-format training

on LGB issues. At the end of the year, each of the 10 master's counseling trainees completed a narrative of his or her experiences on the team, responding to four open-ended focus questions created by the lead coordinator, which were as follows: (a) What was your original motivation for participating in research concerning sexual diversity? (b) What are your attitudes and beliefs regarding the determinants of sexual identity/orientation, specifically your own? (c) What are your attitudes and beliefs regarding the development of LGB-affirmative beliefs, emotions, and behaviors, specifically your own? and (d) What were the critical events that impacted your personal and professional development?

Dillon and colleagues (2004) used the methodology of consensual qualitative research (CQR; Hill, Thompson, & Williams, 1997) to analyze their data. Dillon and colleagues' results showed that trainees were motivated to participate by a desire to more effectively counsel LGB clients. Trainees reported that the safe and supportive atmosphere of the research team was essential to their learning. Trainees became aware of their self-consciousness that others might perceive them as lesbian or gay, and this led to more awareness of their own homophobia and heterosexism. Trainees also became aware of their erroneous and incomplete preconceptions about sexual identity development. In addition, trainees experienced cognitive and affective learning (including standout critical events) that contributed to their sociopolitical awareness, self-awareness, and awareness of LGB people and their experiences. The overall result of the experience for trainees was growth toward LGB-affirmativeness and active commitment to continued self-exploration and professional development.

Dillon and colleagues' (2004) data are encouraging in that the data clearly show trainees' movement over time toward the development of more accurate and complex funds of information about and ways of thinking about LGB issues and people. In addition, trainees were given an opportunity to fully explore the affective realm of their reactions to LGB people, challenge and deconstruct stereotypes, and reflect deeply on their own sexual identity development, which informed their ways of thinking about LGB people's sexual identities as well. Lastly, trainees were able to explore how they could apply their learning process to becoming more LGB-competent and affirmative counselors.

Dillon and colleagues' 2004 study does have limitations; by its nature as a qualitative study, its results are not readily generalizable to other training situations. In addition, the fact that the trainees self-selected to join the research team may have indicated that they were more motivated than a typical trainee to develop LGB affirmative attitudes, which would recommend caution in interpreting the very positive results (the current study sought to address this limitation by specifically recruiting trainees who did not begin their training with LGB-affirmative attitudes or LGB counseling competence, but who acquired self-perceived LGB counseling competence during graduate training). Finally, other factors could attenuate and further limit the generalizability of the results: (a) demand characteristics, (b) trainees' specific cultural and gender identities, (c) the lack of other data sources to add to the results, and (d) the lack of measurement of trainees' attitudes, knowledge, and skills before the training. It would have been interesting if the authors had interviewed trainees both before and after

their training experience in order to gain an in-depth look at the qualitative differences in their responses over time.

Methodological Critique of LGB Training Effectiveness Studies

The six studies reviewed in this section reflected, for the most part, the general lack of methodological sophistication currently present in this line of research, with important exceptions (Israel & Hackett, 2004; Dillon et al., 2004). Most studies evidenced one or more of the following methodological flaws: (a) used only descriptive statistics rather than inferential statistics, (b) lacked predictive hypotheses, (c) included no follow-up testing, (d) had mono-method bias in outcome assessment, (e) lacked a control or comparison group, (f) used measures that were imprecise, lacked specificity and depth, and lacked good psychometric properties, (g) suffered from a distinct lack of treatment power in terms of time and scope, (h) had small sample sizes, and (f) had a lack of sample equivalence. Especially important to highlight is the fact that all the studies had confounds related to demand characteristics. All measures utilized could be subject to social desirability effects, as none of them account for social desirability; this is potentially important because, unlike the general population, counselors are motivated to express unbiased attitudes toward LGB people (Bieschke et al., 2000, 2007). Also, all measures used could be subject to ceiling effects, which is possibly relevant because counselors also differ from the general population in that they tend to self-report positive attitudes toward LGB people (Bieschke et al., 2000, 2007).

General Concerns about the LGB Training Described in the Effectiveness Studies

It is this writer's opinion that subtle bias against LGB people was demonstrated by the content and process of the various training sessions; it appears that the way the

information was presented and the fashion in which the activities were conducted assumed that the consumers of the training were uniformly heterosexual, which did not allow for the fact that LGB people are represented among psychology trainees as well as other mental health trainees. For example, although the Finkel et al. study (2003) was—to its credit—the only study reviewed in this section to acknowledge the need for better understanding of LGBT colleagues as well as clients, the training provided did not reflect this perspective; for instance, the trainers had trainees play the role of a gay man or lesbian woman in an experiential activity, assuming that each participant would be role-playing rather than speaking from personal experience.

The fact that these training methods are used is not surprising, because they are suggested in the literature; for example, Phillips (2000) suggests a clinical training exercise in which LGB-identified “guests” are brought into practicum so that they can role-play an LGB client with the practicum supervisor acting as the (presumably heterosexual) psychologist who is modeling affirmative therapy techniques for the practicum students. In this author’s opinion, there are at least two better alternatives: (a) to have trainees or supervisory staff who identify as LGB role-play both the client and the therapist; or even better, (b) to have trainees and staff of all sexual identities role-play both parts and have a group discussion about what affirmative and non-affirmative therapeutic interventions they observed. Furthermore, the oft-mentioned training suggestion that students be “exposed to” LGB people and that trainers should bring them in as “guest speakers” maintains the presumption that all members of the training community are heterosexual.

Finally, I suggest that faculty consider the message they send when, for example, they teach their classes themselves during every session except the one class period when LGB issues are discussed, and they invite an LGB guest lecturer to teach during that period. It is this author's opinion that such practices perpetuate heterosexism by sending the message that only LGB people are responsible for LGB issues and that they do not fall under the expected purview of "regular" class material taught by the professor. It may be easier for trainees to dismiss such material as unserious if it is presented in this way. A better alternative would be that professors teach LGB content relevant to class material themselves, perhaps in collaboration with educators who are LGB-identified. Moreover, if trainers continue to frame class discussions and training activities in a heterosexist manner, the perception of LGB persons in the psychology community will inevitably remain that of "other."

Summary and Implications of the LGB Training Effectiveness Studies for Further Research

What have we learned from the previous studies? Overall, the studies provide an illuminating in-depth description of some examples of LGB counselor training currently taking place in graduate programs (though the training described in these studies is not, of course, representative of the state of the field). It is clear that LGB counselor training across programs varies widely in amount, content, and quality and takes place in widely varying contexts. The studies reviewed above tended not to address how trainers determined what content to include in their training activities, but in general it is clear that training content is not drawn from a solid research base, perhaps because trainers do

not fully utilize existing research—and also because a comprehensive research base does not yet exist.

More to the point, what have we learned from the previous studies about the effectiveness of LGB training? Finkel et al. (2003) reported attitude and behavioral changes that were neither statistically significant nor verifiable. Likewise, Pearson (2003) was unable to report statistically significant improvements in LGB knowledge, attitudes, and interest. Stanley used a qualitative method of her own devising and thus her results do not seem particularly compelling. Rudolph, however, did calculate statistically significant improvements in trainees' attitudes toward and potential for counseling effectiveness with LG clients that were maintained at eight-week follow-up; unfortunately, the methodological problems with his study—including a small sample size, poor sample equivalence, and missing data—attenuate confidence in the results.

The two studies that did provide valuable information are Dillon et al. (2004) and Israel and Hackett (2004). The result we can place the most stock in from Israel and Hackett's study is that providing LGB information produced significantly higher LGB knowledge among trainees who were provided the information (as compared to a control group). It may seem fairly obvious that providing information would increase trainees' fund of information, and so this result may not seem particularly earth shattering. It does show, however, that trainees did not already know the information provided. The most intriguing result from their study was that trainees who underwent attitude-based LGB training reported significantly more negative LGB attitudes than those of a control group's; this finding is not readily interpretable because it ran counter to the authors' hypothesis, but it seems likely that the act of examining their attitudes led trainees to

report more negative, yet more accurate, attitudes; or perhaps trainees grew comfortable enough over time to report their real attitudes. Another interesting result from the authors' study is what they did not find: The authors thought that attitude exploration would improve attitudes, giving information would improve knowledge, and that the combination of both would interact to produce the greatest positive change on both attitudes and knowledge; because of the unexpected opposite result for attitudes, however, this did not occur. And so the major purpose of their study, to isolate mechanisms of change, did not come to fruition (with the exception of support for the information-knowledge link).

Dillon et al.'s (2004) in-depth qualitative look at the process trainees engaged in to explore LGB issues and examine their heterosexist biases clearly illustrated trainees' growth over time toward becoming LGB allies and affirmative counselors. Dillon and colleagues undoubtedly painted the richest picture available of what is possible for trainee growth in the area of LGB training. The authors' very positive results, however, occurred in a specialized setting that is far from being typical of what trainees are exposed to. The trainees in the authors' study self-selected to join the LGB research team, and so that probably indicates that they had more positive attitudes about and interest in LGB issues than typical trainees. Also, we know from previously reviewed studies (Kilgore et al., 2005; Murphy et al., 2002; Phillips & Fischer, 1998; Sherry et al., 2005) that trainees with more interest in LGB issues seek out LGB training and that those with little interest and/or negative attitudes can avoid most LGB training because of the lack of consistency in its implementation. Consequently, the trainees who most need LGB training are the least likely to receive it. Graduate training programs clearly have an

interest in all their trainees' graduating with a minimum level of competence to counsel LGB clients.

On a related note, researchers have not yet examined the relationship between trainees' beginning level of LGB attitudes (homophobic, heterosexist, affirmative) and their LGB training outcomes (in terms of LGB attitudes, competence, and/or affirmation). Does where trainees end up depend on where they start? Or can a trainee "come a long way," perhaps all the way from advocating conversion therapy to marching in a pride parade? In order to partially address this gap in the literature, the current study interviewed trainees who were not LGB-affirmative at the start of training but who were able to develop self-perceived LGB counseling competence, in order to investigate the processes they underwent and to identify the training that was most helpful to them.

In summary, researchers have not yet examined many aspects of LGB counselor training. Israel and Hackett (2004) and Dillon et al. (2004) were the only studies to investigate possible mechanisms of change responsible for counselors' improved LGB attitudes and knowledge; Israel and Hackett, however, did not look beyond knowledge and attitudes to the development of LGB counseling competence, which is thought to encompass attitudes, knowledge, and skills. Dillon et al. focused on trainees' development as LGB-affirmative counselors and allies, but did not specifically address what constitutes competence and affirmation. Furthermore, Dillon et al. examined the development of trainees with a preexisting desire to become LGB-affirmative, and did not address how trainees who begin training without interest in becoming LGB-affirmative can become LGB-competent. The current study sought to assist in redressing those gaps in the existing research.

Competence and Affirmation as LGB Training Outcomes: Definitional Problems

No clear consensus exists in the literature regarding the bar training programs should set for desirable outcomes of LGB training. Researchers generally agree that attaining LGB counseling competence is necessary for trainees (Bieschke et al., 2000; Bieschke et al. 2007; Fassinger & Sperber Richie, 1997), but there is no standard definition of what is meant by LGB counseling competence. Many researchers include holding affirmative attitudes in their descriptions of counselor competence, but this creates a double definitional snafu: We do not have an operational definition of LGB-affirmative counseling either. Are LGB counseling competence and LGB-affirmative counseling synonymous? Is affirmation a subset of competence, or vice versa? Is the existence of affirmative beliefs even necessary for the achievement of LGB counseling competence? We have no clear answers as yet. Another question scarcely addressed in the literature is how—by what mechanisms—counselor training helps counselors increase their LGB counseling competence. Next, I turn to the work of researchers who have attempted to provide the field with definitions and multidimensional models of LGB counseling competence.

Models and scales conceptualizing lesbian, gay, and bisexual counseling competence.

Israel and colleagues (2003) were the first researchers to use an empirical technique, a modified Delphi method, to plumb the collective wisdom and experience of LGB experts to develop a comprehensive set of LGB counseling competencies. Israel et al. appropriated the knowledge-attitudes-skills domains of many extant multicultural counseling competencies models to structure their LGB competencies. Israel and colleagues gathered two groups of experts: (a) professionals who had at least one

publication on LGB counseling or counselor training, and (b) LGB-identified people who had been in psychotherapy at some point in their lives. The two groups of experts identified 274 competencies for the LGB knowledge domain, 120 for attitudes, and 146 for skills. Israel et al. identified an additional 120 competency suggestions in the professional literature, which they added to the experts' responses for a total of 660 competency suggestions. Israel et al.'s research team then worked to winnow the responses into categories and to rank the competencies according to the experts' view of their importance. Ultimately Israel et al. created 33 knowledge, 23 attitudes, and 32 skill competencies that were rated as "helpful" to "very important" by the LGB experts.

I list, verbatim, the top-ranked 30% of Israel and colleagues' (2003) LGB counseling competencies in each domain: Competent counselors must have knowledge about (a) discrimination, oppression, and prejudice, (b) homophobia, biphobia, and heterosexism, (c) mental health issues affecting LGB individuals, (d) developmental/lifespan issues, (e) hate crimes, oppression, and violence, (f) LGB identity development, (g) heterosexist bias in psychology and counseling theories, (h) ethical issues, (i) community resources available, (j) the diversity of experiences in the coming out process, and (k) same-sex sexual behavior.

The following attitudes are essential for LGB-competent counselors (Israel et al., 2003): (a) do not feel homosexuality is wrong, evil, or should be changed, (b) non-homophobic attitude, (c) acceptance of same-sex intimacy as a healthy lifestyle, (d) not assuming sexual orientation is relevant to client's problems, (e) openness/non-judgmental/accepting/tolerant attitude, (f) affirming attitude that goes beyond tolerance, (g) acceptance and willingness to discuss diverse sexual practices, (h) respectfulness of

differences within the LGB community, and (i) self-knowledge/awareness regarding homophobia, sexuality.

The skills Israel et al. (2003) found to be most important in LGB-competent counseling were these: (a) be sensitive to ethical issues, like confidentiality, (b) talk about and listen to all aspects of LGB clients' lives, (c) help client with coming-out process, (d) use non-biased/affirming techniques, (e) be clear about setting appropriate boundaries (i.e., sexual), (f) interview/assess take history without heterosexist bias, (g) create safe environment/do not assume client is heterosexual, (h) conceptualize how sexual orientation interacts with presenting issue/not assume that sexual orientation is treatment focus, (i) help client with identity development, (j) use general counseling skills, and (k) identify and work with heterosexism and homophobia.

Israel et al. (2003) noted that LGB-identified experts and professional LGB-experts differed somewhat as groups in how important they found various competencies to be, which illustrates the importance of bringing multiple perspectives into such a process; in this case, the perspectives of the “perceiver” as well as the “target” are essential in defining competencies, especially because the “targets” of LGB counseling are a historically and currently oppressed group. Israel et al. pointed out that the sheer number of—as well as the complexity of—the 88 competencies indicates that the current level of inclusion of LGB issues in graduate training is inadequate. Because most training programs incorporate LGB issues only as a small component of multicultural/diversity courses (Murphy et al., 2002; Phillips & Fischer, 1998; Sherry et al., 2005), trainees are not given enough time to integrate all the necessary material. I agree with Israel et al.'s

conclusion that graduate programs should provide specialized LGB training in both coursework and practica.

Dillon and Worthington used empirical methods to create a scale to measure counselors' self-efficacy in engaging in affirmative LGB counseling, the Lesbian, Gay, and Bisexual Affirmative Counseling Self-Efficacy Inventory (LGB-CSI; 2003). The authors noted that although some researchers have described "counselor competencies or affirmative practices" (p. 235) with LGB clients, none has yet created an instrument to measure LGB counseling competencies or affirmative behaviors. Dillon and Worthington stated that counselors' self-efficacy beliefs have been shown to influence counselor performance, anxiety, and self-evaluations of counseling performance, which led them to utilize the concept of self-efficacy (from social cognitive theory, which served as the theoretical foundation for their work) for their scale.

In order to develop their scale items, Dillon and Worthington (2003) searched the literature for conceptualizations of LGB-affirmative counseling; the authors also "carefully [investigated] the competencies related to LGB-affirmative counseling underscored by related theory, research, and clinical experience" (p. 237), including conceptualizations of LGB competence, LGB affirmativeness, and the APA guidelines for therapy with LGB clients (2000). The authors conducted five studies with the LGB-CSI; construct, convergent, discriminant, and content validity were well established. Despite possessing high internal consistency, low test-retest reliability was observed over a two-week period (scores were higher on the second administration). It could be that counselors' LGB self-efficacy increased just by taking the test the first time, or perhaps an event occurred in the interim that increased counselors' LGB self-efficacy.

Dillon and Worthington's (2003) factor analysis of the initial pool of 64 items (eventually reduced to 32 items) resulted in five dimensions: Counselor confidence in (a) using LGB knowledge, (b) engaging in advocacy, (c) staying aware of attitudes toward sexual identity development, including one's own and others', (d) conceptualizing basic and pertinent issues of an LGB client, and (e) creating a working alliance with an LGB client.

Examples of Dillon and Worthington's (2003) knowledge items include "directly apply my knowledge of the coming out process" and "directly apply sexual orientation/identity development theory" (p. 239). Items in the advocacy skills domain are "refer LGB clients to affirmative legal and social supports" and "provide a client with city, state, federal, and institutional ordinances and laws concerning civil rights of LGB individuals" (p. 239). Examples of awareness items include "recognize my real feelings versus idealized feelings in an effort to be more genuine and empathic" and "recognize when my own potential heterosexist biases may suggest the need to refer to another counselor" (p. 239). Items in the assessment domain are "assess for post-traumatic stress felt by LGB victims of hate crimes based on their sexual orientations/identities" and "complete and assessment for a potentially abusive same-sex relationship in an LGB-affirmative manner" (p. 239). Lastly, examples of relationship domain items are "establish an atmosphere of mutual trust and affirmation when working with LGB clients" and "establish a safe space for LGB couples to explore parenting" (p. 239).

Dillon and Worthington (2003) reported that LGB-CSI scores moderately correlated with two measures of homophobia, which indicated that the two constructs are separate but related. As the authors predicted, more positive LGB attitudes were

associated with more LGB counseling self-efficacy. The authors tested for effects of social desirability on LGB-CSI responding, and found that they were generally low, with the exception of the awareness domain. Dillon and Worthington concluded that future research is needed to examine the relationship between counselors' LGB counseling self-efficacy, the display of LGB-competent counseling behavior, and counseling outcomes.

Bidell (2005) also authored an empirically derived scale, but his instrument attempted to directly measure LGB counselor competencies. The scale is known as The Sexual Orientation Counselor Competency Scale (SOCCS), and it sought to expand the paradigm of multicultural counseling competence to LGB counseling competence. Bidell defined LGB counseling competence as “the attitude, knowledge, and skill competencies that counselors need to provide ethical, affirmative, and competent services to LGB clients” (p. 268).

Bidell (2005) constructed the SOCCS using a rational-empirical approach; he reviewed the LGB and multicultural research literature to generate an initial pool of 100 items measuring knowledge, attitudes, and skill components, which he eventually reduced to 42 items. Bidell performed a factor analysis that yielded a three-factor solution corresponding to the knowledge, attitudes, and skill domains. Bidell reported very good reliability and criterion, convergent, and divergent validity.

Examples of the SOCCS's (Bidell, 2005) items measuring LGB counseling knowledge include: (a) “I feel that sexual orientation differences between counselor and client may serve as an initial barrier to effective counseling of LGB individuals”, (b) “Being born a heterosexual person in this society carries with it certain advantages”, and (c) “Heterosexist and prejudicial concepts have permeated the mental health professions”

(p. 274). Items measuring the attitudes domain include these: (a) “The lifestyle of an LGB client is unnatural or immoral”, (b) “Personally, I think homosexuality is a mental disorder or a sin and it can be treated through counseling or spiritual help”, and (c) “I believe that LGB couples don’t need special rights (domestic partner benefits, or the right to marry) because that would undermine normal and traditional family values” (p. 273). Skills domain items include (a) “I have experience counseling bisexual (male or female) clients”, (b) “I have received adequate clinical training and supervision to counsel LGB clients”, and (c) “I check up on my LGB counseling skills by monitoring my functioning/competency via consultation, supervision, and continuing education” (p. 273).

Bidell (2005) reported that the SOCCS displayed strong correlational and predictive relationships with counselors’ scores on measures of multicultural counseling competence, which indicated that the two domains of counseling competence are related. In addition, Bidell noted that the sample of graduate counselor trainees he used to validate the SOCCS displayed skill competencies that were over 30% lower than their knowledge competencies and over 50% lower than their attitudes competencies; this result indicated that graduate training appears to be less successful with helping counselors develop competent LGB skills than acquiring competent LGB attitudes and knowledge. A limitation of the SOCCS is that it did not account for social desirability in responding. Bidell recommended that the SOCCS not be used to evaluate the counseling performance of individual students, but he suggested that it be used in LGB training needs assessment and research on the effect of LGB training interventions. Finally, further research is needed to assess whether counselors’ SOCCS scores are capable of

predicting their LGB counseling outcomes, LGB clients' experiences in therapy, or supervisors' assessments of their LGB counseling competence.

Israel and colleagues' LGB counseling competence model (2003) and Dillon and Worthington's (2003) and Bidell's (2005) scales measuring, respectively, LGB counseling self-efficacy and LGB counseling competence represented the only existing attempts to empirically derive models and measures of LGB counseling competence and LGB counseling self-efficacy. In addition, the fact that all three utilized the domains of LGB knowledge, attitudes and skills—and that there was considerable content overlap in these areas between Israel and colleagues' competencies and the two scales—advances the field toward converging on agreement about what LGB counseling competence is.

The two scales (Bidell, 2005; Dillon & Worthington, 2003) could be useful tools in assessing the impact of training interventions to increase LGB counseling competence, thus providing empirical data on what types of training interventions are most effective. Overall, however, it is the opinion of this author that Israel and colleagues' (2003) model of LGB counseling competence could prove the most useful in guiding the graduate training curriculum on LGB counseling. Its excellent level of specificity, depth, clarity, and multidimensionality is the most elaborated, complex conceptualization to date concerning LGB counseling competence. Another highly desirable aspect of Israel et al.'s model is its inclusion of the voices of LGB-identified clients in its development; it is my opinion that this provides it with a uniquely valid perspective on LGB counseling competence.

I agree with Israel and Selvidge (2003) in their opinion that although scales measuring LGB counseling competence are useful for research, “paper-and-pencil

measures of counselor competence [...] are limited in their ability to fully capture the counselors' development of competence, particularly regarding counselor skills" (p. 93).

Israel and Selvidge suggested that portfolios would be a more thorough, accurate, and complex method of assessing trainees' LGB counseling competence. Israel and colleagues' (2003) LGB counseling competencies would provide an excellent guide for trainees in developing such portfolios. In sum, Israel and colleagues, as well as Bidell and Dillon and Worthington, have begun to answer the call to advance the non-heterosexist counterdiscourse in the counseling professions to a new level of complexity and depth.

Positions on what constitutes LGB counseling competence and affirmation.

What is LGB counseling competence? I reviewed the empirical answers provided by Israel and colleagues (2003), Bidell (2005), and Dillon and Worthington (2003). What is LGB-affirmative counseling? Tozer and McClanahan defined LGB-affirmative counseling as "therapy that celebrates and advocates the authenticity and integrity of lesbian, gay, and bisexual persons and their relationships" (1999, p. 734). Morrow (2000) defined an LGB-affirmative counselor as one who treats LGB sexual identities and issues as central rather than marginal in importance, and does not approach LGB identities and issues utilizing the heterosexist paradigm of society and the counseling professions as a whole. Does a counselor need to be "affirmative" to be "competent"? Morrow (1998) approached the conundrum of how affirmative attitudes relate to LGB counseling competencies with her question, "How do attitudes and competence interrelate?" (p. 799). Dillon and Worthington (2003) reported finding a moderate correlation between counselors' homophobia scores and their LGB counseling self-efficacy scores, which indicated some overlap between the two constructs. Morrow stated that clearly non-

homophobic attitudes and comfort with LGB clients do not automatically translate to competence. Morrow did not, however, address the opposite proposition of whether competence can exist in the absence of affirmative attitudes. Morrow's position seems to be that affirmative attitudes are necessary but not sufficient for competence—specialized LGB knowledge and counseling skills are also essential components of LGB counseling competence. Many other authors have contributed their perspectives on what LGB counseling competence and affirmation are; following are their positions.

The National Council of Schools and Programs in Professional Psychology (NCSPP) issued an education and training model for professional psychology programs in 2007. It had seven competency developmental achievement levels (DAL's), the fourth of which addressed diversity, which included sexual minorities. The diversity competencies used the knowledge/skills/awareness paradigm frequently utilized in the multicultural literature. Like the Values Statement (CCPTP, ACCTA, & SCP, 2009), the NCSPP model emphasized that “attention to social and cultural values influencing the profession, as well as the development of awareness of individual and cultural differences and values within the practitioner, [should be] interwoven across all stages of training” (NCSPP, 2007, p. 25). Also, similar to the Values Statement, the NCSPP model urged attention to (a) awareness of bias, (b) issues of power, oppression and privilege, (b) commitment to social justice, and (c) providing culturally competent services. The NCSPP model also emphasized that trainees learn to critique psychological theory, research, and practice from a multicultural perspective, and that trainees develop the ability to use multicultural knowledge, awareness, and skills in ethical decision-making.

The diversity section of the NCSPP model (2007) was a general conceptualization

meant to apply to all dimensions of diversity (including but not limited to age, disability and health, ethnicity, gender, language, national origin, race, religion and spirituality, sexual orientation, and social economic status). Specifically divergent issues of different minority groups, including LGB people, were not addressed in the model. The model mentioned the importance of being aware of the intersection of multiple identities, but did not address what should be done if multiple identities and their accompanying values were to clash. It cannot be determined from the model whether or not the authors believed a psychologist must be LGB-affirmative to be competent; the model stated the following: “Competency in diversity requires an affirmation of the richness of human differences, ideas, and beliefs” (NCSPP, 2007, p. 24). The model, however, did not address the difficulty of affirming different values if some minority groups’ values do not affirm other groups’. The model did, however, recommend that psychologists and trainees engage in ongoing self-reflection about multiple identities and their own biases throughout their careers, and recommended that psychologists be aware of their limits in culturally competent service delivery.

Buhrke and Douce (1991) emphasized the absolute importance of ethical stances of non-discrimination and avoiding bias in diagnosis, conceptualization, and therapy when working with LG clients. Though they did not put it this way, it could be construed that their view of LG competent counseling, at minimum, involves refraining from bias and discrimination. They advocated, however, that training programs adopt a perspective of counseling that is LG-affirmative. The authors viewed it as the responsibility of training programs to provide knowledge and skills relevant to minority populations in general and LG populations specifically. The authors stated, “An absolutely necessary

component [of training is] the opportunity to explore one's own attitudes, beliefs, and values toward gay and lesbian people and the existence of bisexual, same-gender attraction within oneself, regardless of stated sexual orientation" (p. 225).

Buhrke and Douce (1991) recognized that there will be inevitable value conflicts between students coming from different cultural perspectives, and they recommended that trainers provide a safe, non-judgmental environment in which students are encouraged to examine themselves and their values and how those beliefs might affect their counseling competence with LG clients. The authors recommended that trainers counter LG myths with facts, model the attitude that LG sexual identities are normative, and attend to making the training environment LG-affirmative. Further, the authors stated that helping trainees who hold fundamentalist Christian beliefs "understand their responsibility to the full range of human diversity and clarify professional limits and boundaries can assist in many value struggles" (p. 226). Buhrke and Douce concluded that trainers have "an ethical and moral obligation to address lesbian and gay issues in an affirmative manner" (p. 231). It is clear that the authors expected training programs to be affirmative, but they did not specify that trainees must be. Their stated position required only the exploration of attitudes and not necessarily a prescribed attitudinal outcome for trainees. Buhrke and Douce did not offer, however, a comprehensive definition of LGB counseling competence.

Betz (1991) stated that training programs must incorporate, at a minimum, policies mandating non-discrimination and non-pathologizing of LG people. May we construe that she believed meeting this minimum standard confers LG counseling competence on trainees? It is not actually clear. She recommended, however, that the

optimal stance for training programs would be working to create environments that value diversity, acknowledge oppression, and recognize that counseling LG people takes special knowledge, attitudes, and skills. In addition, Betz stated that counseling psychologists have a professional responsibility to examine and attempt to deal with homophobia and ignorance in themselves and to help trainees do the same. Betz's position seems identical to Buhrke and Douce's (1991): Training programs should be affirmative, but trainees are not required to adopt affirmative values—rather, they are expected to explore their values. Again, Betz did not offer a definition of competence.

Fassinger (1991b) framed the issues of LGB competence and affirmation within a historical perspective of LGB issues in psychology (and counseling psychology). She stated that in general psychology has been challenged to move beyond neutrality on social issues to adopting positions of advocacy and social justice for oppressed people. Concomitantly, psychology has been exhorted to move beyond individual perspectives of psychopathology and recognize that minority individuals' problems often stem from oppressive environments. She stated that counseling psychology has made it part of the specialty's identity to meet these two challenges. Fassinger maintained that because of pervasive societal heterosexism and homophobia, neutral approaches to counseling LG people—that is, approaches that are not explicitly affirming of their LG identities—constitute a “null environment” that perpetuates societal oppression, maintains the attitudinal status quo, and ultimately results in discrimination against LGB clients. Fassinger stated that adopting an LG-affirmative approach does not have to contradict the stance of therapeutic neutrality that many counseling psychologists hold as central to

their theoretical orientations. Fassinger concluded that it is counseling psychologists' responsibility to provide affirmative therapy to lesbian and gay clients.

Fassinger and Sperber Richie (1997) advocated for the full inclusion of LGB issues in multicultural training and for LGB counseling competencies in multicultural counseling competencies (MCC). The authors focused particularly on the importance of trainees' developing counseling competence with LGB clients (as well as all minority clients); the authors did, however, include LGB-affirmative counseling perspectives, attitudes, and skills within their recommendations for training for increasing LGB counseling competence.

Fassinger and Sperber Richie (1997) outlined their conceptualization of LGB counseling competence in the three domains of knowledge, attitudes, and skills. The authors' competencies in the knowledge domain included possessing information about (a) the social, political, and legal obstacles LGB people encounter daily, (b) "the debilitating role that internalized oppression plays in mental health and adaptive functioning" (p. 96), (c) the fact that clients who are first coming out usually have feelings of "depression, frustration, self-hatred, and fear about being lesbian or gay" (p. 96), and thus may be misdiagnosed with Axis I or II disorders, and (d) the fact that existing counseling theories are heterosexist and need to be adapted before they are applied to LGB clients.

Fassinger and Sperber Richie (1997) described their concerns with counselors' current LGB attitudes: (a) both heterosexual and LGB trainers and trainees have been subjected to pervasive societal heterosexism that has inculcated in them often unconscious homonegative feelings and beliefs, such as the belief that heterosexuality is

the only legitimate or normal orientation, and that same-sex orientations are either phases, pathological, or not as acceptable as heterosexual orientations, (b) trainers and trainees are very likely to hold homonegative stereotypes that are not only inaccurate but can act to circumscribe LGB clients' options in therapy, (c) trainers and trainees may have discomfort with LGB sexuality that may result in their either giving sexual issues short shrift or becoming overly focused on them, and (d) trainers and trainees may be defensive about their possible inadequacy to work with LGB clients and not be willing to refer clients to other practitioners and resources. The authors stated that trainees must begin their development toward multicultural—including LGB—counseling competence with a thorough self-examination of where they stand with LGB attitudes. The authors also stated that counselor trainers must examine themselves and their programs as well so that they will be able to facilitate self-awareness in trainees. The authors stated, “It is important that MCC training incorporate experiential models that focus on the process of becoming multiculturally competent, including an emphasis on self-knowledge, interpersonal relationships, and worldviews” (p. 98).

Fassinger and Sperber Richie (1997) outlined the following competencies for counseling skills: (a) the ability to actively address LGB clients' concerns that stem from societal oppression, internalized homonegativity, invisibility, and isolation, (b) the ability to proactively go about helping LGB clients surmount internalized homonegativity and advance their sexual identity development, (c) the ability to be comfortable in a wide variety of roles, such as educator and advocate, (d) the ability to use a diversity of therapeutic techniques, such as Gestalt empty chair and role-playing, and (e) to be familiar with helpful LGB community resources. Finally, the authors stated, “The most

important qualities that trainees must develop are therapeutic flexibility and the courage to try innovative, non-traditional approaches to client problems” (p. 101).

Fassinger and Sperber Richie (1997) urged counselor trainers to facilitate trainees’ integration of complex perspectives about the many permutations of culture and identity they encounter in themselves and their clients, rather than thinking in simplistic, categorized ways (e.g., having separate sets of competencies for each group). Finally, the authors emphasized the danger of impaired professional functioning in programs and trainees that do not attend to multicultural issues; they stated that training programs have “an ethical imperative to ensure that all of our students have done the necessary work that will enable them to be effective counselors for clients positioned in varying cultural locations” (p. 102).

It is noteworthy that Fassinger and Sperber Richie (1997) did not dictate that counselor trainees must adopt specific attitudes in order to achieve LGB counseling competence. They did, however, strongly take issue with a number of biased attitudes and state that those attitudes are likely to diminish counselors’ therapeutic effectiveness with LGB clients; furthermore, the authors asserted that counselors’ biased attitudes could result in harm to LGB clients. The authors advocated that training programs require trainees to take on their attitudes in a complex way and learn about how they could affect their therapy with LGB clients. I conclude, however, from the way the authors framed their discussion, that they envisioned trainees’ acquisition of LGB-affirmative attitudes as one means to the end of attaining LGB counseling competence.

Phillips and Fischer (1998) outlined their position as follows: “Just as generalist training does not automatically result in multiculturally competent or sensitive therapists

because it is traditionally grounded in Caucasian, middle-class, male worldviews, generalist training will not result in LGB-affirmative therapists as it is usually provided from a heterosexual/heterosexist worldview” (p. 713). Like Fassinger and Sperber Richie (1997), Phillips and Fischer stated that therapists’ unchallenged biases can harm LGB clients. The authors stated that their current review of training suggested that LGB counselor training, especially counselors’ explorations of their biases, helps trainees feel more prepared to work with LGB clients. Phillips (2000) stated, “Effective training in LGB issues involves providing an LGB-affirmative training environment to students, educating students about the lives of LGB people, enhancing students’ awareness of the impact of heterosexism on themselves and others, teaching them developmentally appropriate clinical skills for working with LGB clients, and offering LGB-affirmative research training” (Phillips, 2000, p. 353). In sum, the authors (Phillips & Fischer; Phillips) did not specify definitions or models of what is meant by LGB counselor competence or how it relates to LGB-affirmative perspectives. It is clear that the authors equated “effective” LGB training with LGB-affirmative training; again, however, this does not necessarily mean that they mandated affirmative attitudes for trainees.

Bieschke and colleagues began their introduction to the second edition of the *Handbook of Counseling and Psychotherapy with Lesbian, Gay, Bisexual, and Transgender Clients* with the question, “What does it mean to be affirmative of lesbian, gay, bisexual, and transgender (LGBT) clients?” (2007b). The authors remarked that although the APA has encouraged psychologists to adopt an LGB-affirmative perspective (APA, Division 44/Committee on Lesbian, Gay, and Bisexual Concerns Joint Task Force, 2000), there is scant research available to guide psychologists in developing the

knowledge, attitudes, and skills that comprise a meaningful, complex LGB-affirmative approach to working with clients. The *Handbook*, the authors stated, is their complex answer to what LGB-affirmative therapy is; among other things, it is “contextual, developmental, and culturally sensitive” (p. 7). Bieschke et al. acknowledged that significant challenges attend the effort to advocate for LGB-affirmative therapy in the midst of a diverse cultural milieu while also honoring the divergent values that exist therein. The authors advocated that psychologists and trainees engage in honest dialogues about value conflicts and try to generate creative solutions that ensure all are treated fairly and each person’s values are respected.

All of the above authors (except the authors of the NCSPP model, which did not address the subject directly) seemingly advocated for an affirmative perspective in LGB counselor training. There is, however, a tension in the field—felt especially since the advent of the multicultural movement—between being equally respectful of all culturally derived values and attempting to resolve differences that stem from clashes in those values. Recently, a team of psychologists chaired by Dr. Kathleen Bieschke addressed this problem by articulating the Counseling Psychology Model Training Values Statement Addressing Diversity (CCPTP, ACCTA, & SCP, 2009).

Mintz and Bieschke (2009) characterized the Values Statement as possessing overarching principles that value diversity and a social justice perspective. The authors explained that the Values Statement deliberately avoids endorsing certain values over others, because doing so would perpetuate the polarization of debate and stifle dialogue. Conversely, the Values Statement was an attempt to provide a model to guide counseling psychology professionals and trainees in resolving value conflicts both within themselves

and between themselves and others that may have an effect on their abilities to perform the duties associated with being a competent, skilled counseling psychologist. In this way, the Values Statement is akin to an ethical decision-making model. The Values Statement took a clear stance on what is expected of trainees and professionals in their interactions with people different from themselves, especially people from oppressed and marginalized groups. The Values Statement required trainees to examine values they hold that discriminate against and marginalize members of oppressed groups, and to resolve those values so that they do not interfere with trainees' capacities to perform as competent counseling psychologists-in-training.

Mintz and Bieschke (2009) recognized that training programs cannot require counselors in training to adopt certain beliefs, as that would interfere with their individual rights and be culturally disrespectful. Training programs can, however, require trainees to engage in specific behaviors that approximate counseling competence with minority populations and that do not discriminate against them. In so doing, training programs can require trainees to examine their beliefs and how they affect clients, and to reach a resolution of their beliefs that ensures their competent and unbiased treatment of all clients.

Rationale for the Current Study

Research shows that most psychologists generally self-report LGB-affirmative attitudes, but much evidence indicates that psychologists who profess to hold affirmative beliefs nevertheless evidence homonegativity and stereotyping that influence their clinical judgments and psychotherapy behaviors with LGB clients, negatively affecting therapy outcome (Bieschke et al., 2000, 2007). The literature, however, has documented

the presence of a significant minority of psychologists who hold beliefs that LGB orientations are mental disorders, despite APA's stance (1973) that LGB orientations are not reflective of psychopathology. Kilgore et al. (2005) found that 19% of psychologists believed LGB orientations were somewhat indicative of psychological disorders, and 6% believed that LGB orientations are wholly indicative of mental disorders. Kilgore et al. documented that 10% of psychologists used approaches with LGB clients that characterized LGB orientations as pathology. Furthermore, research shows that a significant minority of psychologists persist in practicing conversion therapy despite APA's strongly discouraging the practice (Gonsiorek, 2004), and that an explosion of literature on conversion therapy has occurred over the last decade (e.g., Jones & Yarhouse, 2009; Nicolosi, Byrd, & Potts, 2000; Spitzer, 2003).

To provide an example of what such biased and discriminatory practice looks like, Garnets et al. (1991) gathered evidence of events of biased practice with LGB clients, including the following: (a) psychologists characterized clients' orientations as "sick," (b) attributed clients' problems to their sexual orientations, (c) attempted to change clients' sexual orientations without their consent, (d) communicated derogatory feelings and beliefs about homosexuality upon a client's coming out (e.g., saying "If you have a uterus, don't you think you should use it?", expressing "astonishment and disgust," or saying, "I don't care, I have a client who is into dogs"), and (e) abandoned clients after their disclosure of an LGB orientation.

We know that trainees with LGB attitudes similar to those described above still enter psychology doctoral programs. For example, Mintz and Bieschke (2009) documented an incident in a doctoral counseling psychology training program in which

several trainees said they would not counsel LGB clients due to the trainees' religious beliefs. The Values Statement (CCPTP, ACCTA, & SCP, 2009) proposed a model for assisting trainees in resolving value conflicts so that they may competently treat LGB and other minority clients. Nothing is empirically known, however, about the experiences of trainees who enter doctoral programs with LGB-negative beliefs, or whether and how they develop competence with LGB clients. The current study provided in-depth information about the experiences of trainees who entered their programs with LGB-negative beliefs, including how they approached LGB training, whether and how they modified their beliefs, and how they believed they achieved LGB counseling competence.

The foregoing research on bias in counselor attitudes and behavior toward LGB clients, the paucity of LGB content in training programs, and counselors' relative lack of preparation to counsel LGB clients demonstrated the need for the development of LGB training models that inform the quantity, content, and process of LGB counselor training. The current study's participants' perspectives could be utilized to aid in the development of such training models. In addition, there is a need for researchers and counselor trainers to have operational definitions and multidimensional models of LGB counseling competence and LGB-affirmative psychotherapy in order to guide research and training. I explored with my participants what those terms have come to mean to them to contribute to a more complete understanding of competence and affirmation.

Many researchers have advocated for more methodological diversity in the exploration of the important questions of our time, especially in areas relevant to oppressed and marginalized people (Gelso, 1979, 1984; Morrow & Smith, 2000;

Polkinghorne, 1984, 1991a, 1991b). Indeed, the use of the qualitative research method grounded theory (Charmaz, 2006; Fassinger, 2005; Glaser, 1992; Strauss & Corbin, 1998) in the current study proved useful in charting the unexplored territory of the complex cognitive, emotional, behavioral, and social processes participants went through as they undertook LGB training in their programs and worked toward developing LGB counseling competence.

Conclusion

Bieschke and colleagues (2004) employed the concept of the dominant discourse to illustrate the way heterosexist values lie at the foundation of our society and the counseling professions. A dominant discourse comprises the underlying attitudes and assumptions that shape our social interaction and each individual's construction of meaning. Our heterosexist dominant discourse privileges heterosexuality and heterosexual institutions, defining them as superior to and more "normal" than LGB orientations and institutions. In doing so, the dominant discourse marginalizes and devalues LGB people and perspectives. Bieschke and colleagues analyzed the narratives of the LGB-related experiences of 18 LGB and heterosexual clinicians, researchers, and scholars within counseling and counseling psychology (Croteau et al., 2004) to uncover the ways heterosexism is operative in our training programs and community as a whole, and to identify ways to create a more evolved counterdiscourse that is more effective in advancing equality for LGB and allied clients and professionals in the counseling professions.

Bieschke and colleagues (2004) found that the dominant discourse is complicit in perpetuating heterosexism in counseling in three primary ways: (a) with overt

homonegativity, (b) by elusive homonegativity/heterosexism, and (c) through silence. Furthermore, Bieschke and colleagues (2004) critiqued the current anti-heterosexist counterdiscourse as shallow and oversimplified, and thus not as effective as it needs to be in helping to achieve equity for LGB and allied clients, students and professionals in the counseling professions. The authors asserted that attempts to be LGB-affirmative often begin and end with the platitude “It’s okay to be gay” (p. 198), which does little to unravel the behemoth web of heterosexist beliefs and institutions in our society and within the counseling professions.

Through the current study I endeavored to deepen the anti-heterosexist counterdiscourse by providing a voice for LGB issues from the perspectives of heterosexual trainees and early career psychologists. I asked them to speak in depth about their experiences in relationships with their LGB clients and about the developmental processes they underwent as they worked to develop LGB counseling competence. Although there is some extant research about LGB clients’ experiences with their heterosexual counselors (reviewed in Bieschke et al., 2000 and Bieschke et al., 2007), there had not been a study devoted to describing heterosexual trainees’ and psychologists’ experiences with LGB clients and in LGB-focused counselor training. My goal was to conduct a study that would contribute to the dialogue that many scholars (e.g., Bieschke et al. 2004) emphasized is essential for challenging the heterosexist dominant discourse in the counseling professions.

Chapter Three

RESEARCH DESIGN AND METHODS

Researchers have begun to empirically define and elucidate the concepts of lesbian, gay, and bisexual counseling competence (Bidell, 2005; 2003; Israel et al., 2003; Dillon & Worthington, 2003) and to delineate their conceptualizations of LGB-affirmative therapy (e.g., Bieschke et al., 2004; Bieschke et al., 2007a; Buhrke & Douce, 1991; Fassinger, 1991b; Phillips, 2000). However, the processes by which psychology trainees incorporate information about, training on, and experience with LGB clients—and increase their LGB counseling competence—have not been explored in depth. Furthermore, the field has not agreed upon complex definitions and models of counselor competence and affirmation with LGB clients.

Rationale for the Use of Grounded Theory Methodology in the Current Study

Qualitative research methods are ideal for investigating areas about which little is known (Bieschke et al., 2000; Fassinger, 2005; Morrow, 2003; Phillips, 2003), like the processes and concepts described above. Bieschke and colleagues (1998) advised that qualitative methods are especially appropriate for the study of LGB psychology because the field is in its infancy and many of its central phenomena have yet to be explored in depth. For the same reason, LGB research is ripe with opportunities for making original, important contributions to the literature. In addition, Bieschke and colleagues noted that sampling issues (which tend to present problems in LGB research) are less of a concern with qualitative methods.

The use of qualitative methods is also preferable when substantial theory development is needed in the area of interest (Bieschke et al., 2000; Fassinger, 2005;

Morrow, 2003; Phillips, 2003). The inductive methods utilized in grounded theory are particularly useful for generating theory about an unexplored phenomenon (Charmaz, 2006; Fassinger, 2005; Glaser, 1992; Strauss & Corbin, 1998), which is the first step in the process of scientific inquiry and enables the completion of the further tasks of hypothesis conceptualization, theory testing, and theory modification. Among qualitative methodologies, grounded theory is particularly well suited to theory development, because “its ultimate aim is to produce innovative theory that is ‘grounded’ in data collected from participants on the basis of the complexities of their lived experiences in a social context” (Fassinger, 2005, p. 157).

In addition, the grounded theory approach is especially fitting for studying counselor training because of its ability to address the integration of theory and practice (Fassinger, 2005). The grounded theory method of inquiry has much in common with clinical work in that both enterprises involve the use of inductive reasoning in developing theory. Because grounded theory was created as a method of developing “experience-near theory regarding important social contexts” from the narratives of the lived experiences of individuals, “it integrates theory and practice in ways that few other approaches can boast, constituting a methodological exemplar of the scientist-practitioner model” (Fassinger, 2005, p. 165).

Furthermore, researchers have specifically called for the use of qualitative methods in studying variables related to LGB counselor training. Phillips and Fischer pointed out the need for research that examines what kind of LGB training is most effective in increasing trainees’ LGB counseling competence, and stated, “A qualitative methodology might provide insight into the subtleties of training experiences in LGB

issues that a quantitative study might not uncover” (1998, p. 731). Likewise, Israel and Hackett (2004) recommended that future research “study counselors’ development qualitatively” (p. 189) in order to more deeply understand the processes counselors go through while successfully improving their LGB knowledge, attitudes, and skills.

Moreover, qualitative methodology is particularly suitable for investigating issues pertinent to oppressed, marginalized populations, like LGB people (e.g., Bieschke et al., 2000; Fassinger, 2005; Morrow, 2003). Qualitative methods have been undervalued and underused in psychology, but are experiencing a resurgence as more researchers seek alternative research paradigms to study multicultural and LGB issues (Ponterotto, 2005). Morrow (2003) proposed that the dearth of LGB research in the literature could partially be due to researchers’ almost exclusive use of quantitative and post-positivist research paradigms. Morrow echoed the African-American lesbian feminist poet Audre Lorde in asking: “Can the master’s tools ever dismantle the master’s house?” (p. 70). She recommended that LGB researchers employ “alternative paradigms and qualitative research methods” (p. 74) in order to address the marginalization of LGB issues. Morrow specifically recommended the use of the grounded theory method for building conceptual models of LGB training, research, and practice.

Finally, Fassinger (2005) asserted, “If grounded theory is integrated further with a critical paradigm focused on oppression and power, it comes closer than any other approach—quantitative or qualitative—to exemplifying a scientist-practice-advocacy model of professionalism in counseling psychology” (p. 165). In that spirit, my study adds information to the literature that will empower counselor trainers and trainees to

challenge the heterosexist dominant discourse of the profession and help move LGB issues from the margins to the center of counselor training (Morrow, 1998).

Grounded Theory Methodology in the Current Study

In the following sections of this chapter, I described the grounded theory method in detail and discussed how the components of this approach were utilized in my study. I discussed how my participants were identified, the procedures I followed in recruiting and interviewing participants, and the instruments I used. Throughout, I discussed the process of situating the members of the research team as qualitative researchers in relation to the study. An important part of the grounded theory method is including a description of the researchers in relation to the research and undertaking a thorough examination of their expectations and biases and how they will continually reflect on how their biases may be affecting the data (Creswell, 1998). I detailed the data analysis methods in grounded theory research, including open coding, axial coding, and selective coding. Throughout the chapter, I described how I implemented the procedures relevant to evaluation criteria for grounded theory in order to ensure the trustworthiness, rigor and quality of my study. In conclusion, I summarized the foregoing considerations and their implications for the current study.

Identifying Study Participants

Selection Procedures

Criterion Sampling and Selection Criteria

Grounded theory research employs participant selection methods that maximize the richness of the information researchers can glean by targeting participants who can offer the most informed description of the phenomena under investigation. Having

participants meet certain criteria to be included in the study is referred to in grounded theory as *criterion sampling* (Polkinghorne, 2005). I targeted my participant selection in several specific ways, detailed in the following paragraphs.

I interviewed early career psychologists (ECP's), defined as within five years of receiving the doctoral degree, and advanced clinical and counseling psychology trainees, defined as being in at least their third year of doctoral studies. I chose to interview ECP's and advanced trainees because they had the most current information available on the state of LGB training in the field. I planned to include 25 to 30 participants in my study, based on recommendations from Morse and Field (1995), who advised that qualitative researchers conduct 30 to 50 interviews, Creswell (1998), who called for 20 to 30 participants, and Stern (1985), who contended that about 20 participants would suffice for a doctoral dissertation. I interviewed 30 participants, but I determined after interviewing one participant that he was just beyond the definitional criteria for early career psychologists, and so he is not included in the study; the recording equipment malfunctioned during the interview of another participant, but I preserved her demographic information and wrote a detailed research memo following her interview, and so she is included in the final sample, consisting of 29 participants.

I chose to include in my sample only participants who identified as heterosexual, because it is likely that the processes heterosexuals undergo in incorporating information about LGB people and issues are very different from the processes LGB individuals go through. For example, psychologists or trainees who identify as LGB are likely to have spent a much longer time dealing with LGB issues than heterosexuals, and in much more depth as well. Research shows that although being an LGB counselor does not

automatically translate to being an LGB-competent counselor—and that it presents its own set of complexities, such as multiple relationship concerns, the possibility of over-identification with LGB clients (Morrow, 2000), and internalized homophobia and heterosexism (Kashubeck-West, Szymanski, & Meyer, 2008)—LGB therapists are generally found to seek out more training about LGB issues (Kilgore et al., 2005), to feel more prepared to work with LGB clients (Phillips & Fischer, 1998), and to be found more helpful by LGB clients (Bieschke, McClanahan, et al, 2000; Bieschke et al., 2007). Furthermore, I was most interested in studying how a therapist who holds a majority, privileged identity learns to work with a client who holds a minority, stigmatized identity about which negative stereotypes abound and little accurate information is known—especially since heterosexual therapists comprise the majority of mental health providers available to LGB clients. In conclusion, it could be argued that an LGB therapist’s developing competence to work with clients who identify with a group that the therapist also intimately identifies with is a fundamentally different process than a heterosexual therapist’s learning to work with clients whom the therapist may, at least at first, see as “other” (Fassinger & Sperber Richie, 1997).

In addition, my selection criteria specified that participants began their graduate training not identifying themselves as LGB-competent or as LGB-affirmative in general, but now do consider themselves to be LGB-competent counselors. My aim with this criterion, in part, was to attempt to explore the effectiveness of counselor training on LGB counseling competence; if I had interviewed trainees who attained LGB-affirmative perspectives before graduate school, counselor training may have represented a less influential part of their development than for trainees who did not hold LGB-affirmative

perspectives before they began graduate training. (Of course, my participants had multiple interpersonal and other experiences while they were in graduate training that interacted with their training experiences to influence their views and skills.) In addition, I deliberately refrained from requiring that my participants now identify as LGB-affirmative, in the hope that I would be able to interview participants with a diversity of views about what it takes to be an LGB-competent counselor; i.e., whether one must be affirmative to be competent (see my original recruitment notice, Appendix A).

I wanted to obtain a sample that was representative of the entire field as to type of psychology training program. Hence, I recruited from every APA-accredited clinical Ph.D. psychology program, clinical psychology Psy.D. program, and counseling psychology Ph.D. program in the US and Canada. I also recruited from every APA-accredited pre-doctoral internship and postdoctoral training site (APA-accredited and not) in varied settings in the US and Canada, including university counseling centers, Veterans' Administration hospitals, public and private psychiatric hospitals, community mental health centers, academic departments, prisons, and so on. The literature states that counseling psychology and clinical psychology Psy.D. programs generally outpace clinical psychology Ph.D. programs in the amount and quality of their LGB training (Phillips & Fischer, 1998; Sherry et al., 2005), but this difference does not apply to every program, and I wanted to hear more about programs that do not fit this mold (which I did, as is evident in the results chapters).

The literature calls for researchers to strive to achieve more diversity in their sample pools, especially when studying LGB issues (Bieschke et al., 2007; Buhrke et al., 1992; Morrow, 2003; Phillips et al., 2003). I wanted a cross-section of advanced trainees

and ECP's who represented several areas of diversity, including geographical, racial, ethnic, gender, religious, and age range. Because men are quite underrepresented of late in counseling and clinical psychology, I wanted to ensure that my sample was at least one third male. It was important to have men well-represented in our sample, in part, because the research findings reviewed previously indicated that male psychologists are typically more neutral in their approach to LGB clients, whereas female psychologists are more LGB-affirmative on the whole (Kilgore et al., 2005).

Participant sample characteristics.

Our final sample of 29 participants was made up of 14 ECP's (48%) and 15 advanced trainees (52%). They ranged in age from 24 to 40, with an average age of 30. Sixteen participants were from counseling psychology Ph.D. programs (55%), 7 from clinical psychology Psy.D. programs (24%), 4 from clinical psychology Ph.D. programs (14%), and 2 from combined Ph.D. programs (7%). Our sample included 19 women (66%) and 10 men (34%). Our participants comprised 20 Caucasians (69%), 5 Asian-Americans (17%), 2 African-Americans, one with Hispanic ethnicity (7%), and 2 Latino/as (7%). Twenty-six participants had Christian backgrounds, one was Jewish and Buddhist, and two were not religious growing up.

We generally met our diversity goals for the participant sample with respect to type of program, number of trainees vs. ECP's, race, ethnicity, religion, geographical region, and age, and we met our goal of having males comprise at least one third of the sample. More detailed information about participant demographics is available in Tables 3.1 through 3.4 (see Table 3.1 for pseudonyms and ages, Table 3.2 for race, ethnicity, sex, and geographical information, Table 3.3 for educational and work status, and Table

3.4 for religious and family backgrounds and accompanying LGB views). I documented demographic information in separate tables to protect participants' confidentiality.

Theoretical Sampling

I employed the grounded theory technique *theoretical sampling* (Charmaz, 2006; Fassinger, 2005; Glaser, 1992; Strauss & Corbin, 1998), which is continually adjusting the selection of participants in order to (a) add diverse viewpoints to those already represented in the sample, and (b) aid the research team in illuminating the emerging theory. From the beginning I consciously recruited and selected participants who were diverse in race, ethnicity, age, sex, religion, and type of training program; I did so through the end, concomitantly with data analysis. We began employing theoretical sampling specifically to aid theory development after we had analyzed 8 interviews and developed an initial theoretical conceptualization of that data, as described below.

The following are the ways I employed theoretical sampling to aid my theory development: We had a very good response to our recruitment statement when I began interviewing, and so I interviewed a few participants who had slight movement in competence and/or affirmation, for example, going from somewhat to very affirmative and/or slightly effective to effective. Also, in the very beginning I interviewed one participant who started and ended "very affirmative," because I thought that would add to the diversity of experiences in my sample. It soon became clear, however, that we learned more about the effect of LGB training from hearing the stories of participants who (a) reported a great deal of movement in competence and/or affirmation during their programs, and (b) started out with more negative LGB attitudes. Hence, we refocused on interviewing only participants who described themselves in one of those ways. In the

final sample all our participants except one reported less than fully affirmative attitudes upon entering their graduate programs. In addition, we added two participants late in the interviewing period specifically because we needed more participants who represented diversity in religion, current approach to LGB issues, and LGB attitudes.

Furthermore, we were very interested in recruiting participants who said they were competent but not affirmative, and so we developed a second recruitment notice targeting only them (see Appendix B), after which we increased their numbers in the study. It was part of the intent of the study to find out how their perspectives differed from those of participants who perceived themselves as competent and affirmative. It was difficult to recruit participants who currently held LGB-negative attitudes but considered themselves competent (perhaps because they were more reluctant to talk about their attitudes, a reasonable conclusion based on our data) and obtaining them took persistent effort.

The intent of theoretical sampling is also, in part, to push researchers to challenge initial theoretical perspectives on the data and expand the limits of the data—and researchers' thinking about the data—as far as possible (Fassinger, 2005; Polkinghorne, 2005). In this way, the technique of theoretical sampling illustrates well one of the fundamental tenets of grounded theory: Researchers engage in an iterative process, constantly moving between tasks of conceptualization, data collection, data analysis, and theory development until the data are saturated (that is, the data repeat what is already known rather than providing new and/or conflicting material) and until researchers are able to articulate an original grounded theory (Fassinger, 2005). Indeed, we did experience data saturation as we reached the end of the interviewing and analysis process.

The research team's consensus that we had reached saturation informed our decision to end at 30 interviews. It was also near the end that we formulated a conceptualization that we were satisfied was a substantive theory that encompassed all participants' experiences (rather than a list of categories or a partial theoretical conceptualization).

Procedures

Situating the Researchers in Relation to the Study

It is standard in qualitative research in general and in grounded theory in particular that researchers explicate their stances vis-à-vis the research, including discussing assumptions and subjectivities pertinent to the phenomena under investigation; this is referred to in grounded theory as “bracketing” biases (Creswell, 2007; Morrow, 2007). Morrow suggested that researchers write an initial statement of biases and assumptions, a “researcher-as-instrument” or self-reflective statement (2005, p. 250), which serves a dual purpose: (a) to inform readers about researchers' backgrounds and relationships to the research as well as their biases and expectations about possible findings, and (b) to hold researchers to the qualitative standard of *reflexivity* (defined as a method that takes account of itself; i.e., it considers the effects of researchers' personalities and presence on the data). Continual engagement in reflexivity throughout the research process assists researchers in managing biases so that they do not unduly influence the data analysis.

I am a lesbian, Caucasian woman in my early forties. I grew up in a small town in a rural area of North Mississippi. My fellow Mississippians were socially and politically conservative, and there was a great deal of racism, sexism, and homophobia present in our community; my family was no exception. My mother is a homemaker and my father,

though now retired, owned and ran a lumber company. I am the oldest of four (I have three brothers, one of whom is also gay). I grew up middle class, but financial circumstances in my family changed after I completed my undergraduate degree and we are now of upper-middle class socioeconomic status. I grew up attending the United Methodist Church faithfully with my extended family. I was a Christian growing up, but I experienced a conflict between what I thought were the tenets of my faith and my emerging lesbian identity in my late teens. Now I no longer see a conflict between being a Christian and being LGB, and I do believe in God and value some aspects of Christianity, like the Social Commission, the expectation that people work for the good of others. I also value other religions and respect the very human desire to seek God and meaning through religion.

My personal history has included pain and loss associated with others' responses to my being a lesbian, mostly to do with discord between my parents and myself, but also regarding living in a society in which I and many of my loved ones experience regular homonegativity and discrimination from individuals, groups, and legal and social institutions. Consequently, I knew I would need to work to remain continually aware of my emotional reactions and behaviors toward participants during interviews—especially when they were discussing homonegative views, feelings, and behaviors—which my training as a therapist helped me do. I deliberately took a stance toward my participants that is similar to that I take with clients: I worked to understand their stories from their perspectives, which for me was the mechanism that allowed me to have empathy for them even as they were expressing LGB-negative affect and views and discussing behavior with LGB clients that I viewed as less than competent. I found that I tended to

identify with the LGB clients in participants' narratives, and so it was especially important for me to keep my focus on facilitating participants' telling their stories and actively empathizing with them. In doing so in the moment, it became less about my feelings and more about understanding them and their processes. It also helped to remember that even if participants were at different points in their journeys with LGB issues than I am, I continue to struggle with my own bias as part of a lifelong journey.

I had negative emotional reactions toward participants who were very LGB-negative at times. My pattern was to be very focused on participants during interviews, to register my feelings but let them pass and maintain a neutral stance, and then allow my feelings to come to the forefront after interviews. After interviews with two male participants I felt annoyance and anger (respectively), and after interviewing two female participants I felt sad. I tended to react negatively to affective homonegativity that was derisive, dismissive, sarcastic, or that expressed emotional antipathy or disgust. I noticed that I did not react negatively to participants if that particular type of homonegativity was not present, even if participants were recounting LGB-negative beliefs. I actually reacted positively emotionally to participants who expressed LGB-negative beliefs but nevertheless conveyed empathy, understanding, and sensitivity about LGB clients and issues. I had very positive feelings toward participants who described transformative experiences in which they moved from being very LGB-negative to affirmative. I was joyful after those interviews, feeling like I'd shared their experiences with them. I noted my reactions after each interview to make sure to remember what to watch for in attenuating bias in subsequent data analysis (a description of that process follows in subsequent sections).

In general I had very positive feelings toward all my participants because they were willing to help me and to engage LGB issues with me, which started me out in every interview feeling thankful and wanting to help them feel comfortable and understood. I was very appreciative that they were willing to enter very personal and sometimes vulnerable dialogues with me about their lives, families, friends, feelings, and work. They let me into intimate and sometimes painful experiences and feelings, and I felt gratitude and respect for that. I think those positive feelings went a long way toward helping me hold a steady, curious, neutral, empathic stance.

In beginning this research, my doctoral thesis advisor Dr. Kathleen Bieschke and I noted our biases and assumptions with respect to LGB issues in general and LGB training issues in particular. Dr. Bieschke and I shared a common interest in how counselor trainees acquire LGB counseling competence and what that construct entailed. We wanted to hear the stories of trainees who began with LGB-negative beliefs and through training ended up affirmative—we were very interested in exactly how that happened for participants. A burning question for us was whether we would be able to recruit participants who described themselves as competent but not affirmative; we wanted to know whether that was possible.

In the beginning I was very much in doubt about whether a psychologist could be competent to counsel LGB clients if he or she believed being LGB was wrong or a sin. I could not imagine being able to trust my female, heterosexual psychologist enough to engage in the emotionally intimate work we have done if I were aware she held religious views that denigrated my lesbian identity. It was hard for me to imagine competence from a psychologist who believed that being LGB was a propensity toward sinful,

disordered, undesirable behavior rather than what I understand it to be, a core component of identity. My intellectual principles upheld individual freedom of thought, and I believed in psychologists' abilities to manage difficult situations, but things started to feel complicated for me when I thought about an LGB client sitting vulnerably in the room with a psychologist who thinks being LGB is wrong and who by virtue of his or her role has the power advantage.

Where I had doubt, Dr. Bieschke had hope. In her capacity as a counselor trainer, she knew that many trainees enter programs with beliefs that do not affirm the validity of LGB orientations. She said that if we tell trainees what to believe, we will end up with a generation of liars. She much preferred that trainees feel safe to disclose their biases and be encouraged to work with them so that they did not harm clients. She had witnessed situations in her classes in which the non-judgmental environment she provided enabled trainees to be open about their beliefs and really wrestle with them with the help of others, rather than shutting down, shutting up, and doing what they liked after graduation. In addition, because of Dr. Bieschke's strong identity as an LGB ally and LGB-affirmative researcher, trainer, and psychologist, she cannot abide the idea of graduating psychologists who are not competent with LGB clients, and she knew that many trainees do not leave their programs having attained LGB-affirmative beliefs. Therefore, she hoped we would find it is possible for a psychologist to be competent without necessarily being affirmative.

Although I was more skeptical than Dr. Bieschke about that possibility, the values I most believe in prompted me to have that hope as well. Helping people who are different to talk with and understand one another is difficult but is perhaps the most

important task we have if we want to be able to resolve the conflicts that currently plague our families, communities, and nations. I agreed with the overarching Values Statement principles that training programs cannot tell trainees what to think and believe, but that they can require trainees to treat their clients competently, without harm or discrimination, and with respect. In so doing, training programs can require trainees to examine any biased beliefs they hold, especially with regard to oppressed and marginalized groups, and to resolve those values in such a way that trainees are able to provide competent services. This position was tenable for me because it upholds individual freedom of thought as well as the imperative that psychologists treat clients in a fair, unbiased manner, and it also recognizes that attitudes and beliefs influence behavior and thus must be taken into account and dealt with.

Furthermore, Dr. Bieschke challenged me about whether I thought I would be competent to counsel a client who lived in a way I profoundly disagree with, such as a husband who held fundamentalist beliefs that dictated his subjugation of his wife and children. I answered that I might not be the best therapist for him but that I would be capable of using supervision and consultation to manage my reactions toward the client and provide him competent therapy. I thought the Values Statement and the rest of our training gave us tools sophisticated enough to manage and balance such complex situations, just as we would an ethical dilemma in which two equally important principles were in conflict. And ultimately I thought it preferable for people to be engaged in dialogue; if they are not, there is little hope for increased understanding and change.

Therefore, we engaged in the processes built into grounded theory research to continually bracket our biases, remain reflexive about them, and manage their effect on

the data. Dr. Bieschke and I attended to these issues in weekly meetings. In addition, we formed a research team to assist in coding and analyzing interview data. Fassinger (2005) argued that using a team approach to data analysis strengthens the rigor of the research, because diverse perspectives are represented and there are increased opportunities to manage bias. Hence, we recruited team members who brought diverse identities, strengths and perspectives to bear on the data. In the beginning of the team's work, we had group discussions about our backgrounds, feelings, and beliefs about LGB issues. Morrow (2005) stated that having researchers make their implicit assumptions known to themselves and other team members is part of a continual process of reflecting on and mitigating the effect of the team's biases on the data analysis.

For the first year, the team consisted of Dr. Bieschke, myself, Rachel, a bisexual Latina advanced counseling psychology doctoral student, and Mark, a heterosexual Caucasian male first-year doctoral student. Rachel brought valuable perspectives about the marginalization of bisexual people in both the heterosexual and LGB communities, and she was also very attuned to issues of culture, including race, ethnicity, and religion. Mark brought helpful perspectives about religion and about being a heterosexual trainee himself engaged in developing competence with LGB clients. Mark and Rachel were both very knowledgeable about religion, Christianity in particular. Rachel was very knowledgeable about LGB issues.

I included Mark's summary of his biases and his evolving thought processes over time in his own words:

I struggled with the value conflict between what my religion (Christianity) told me to think about LGB individuals (i.e., that they are living in sin), with my personal belief that sexual orientation is not a choice (e.g., I do not believe that I had any control in me being a heterosexual or being attracted solely to

females). Initially, I reconciled this value conflict with the "it's not a choice," argument (i.e., it's "okay" to be LGB, because they were born with that sexual orientation), but later on, came to believe that regardless of whether or not sexual orientation can be chosen, LGB individuals, and their lifestyle (e.g., having same-sex relationships) is not sinful. I believe that my overly critical lens in evaluating the narratives was largely influenced by my own insecurity regarding this issue (i.e., worrying that I was not as accepting towards LGB individuals as I wanted to be). I feel this was operationalized by me "rejecting" or being critical of the responses of others as a means of "rejecting" or being critical of the parts that I saw in myself, that I didn't like (i.e., not being completely accepting of LGB individuals).

In the beginning, we noticed that the team was very critical of participants; we discussed all the ways in which participants failed to meet our personal standards of affirmation and competence.⁴ We spent time pointing out biased language, beliefs, and behavior. Rachel and Mark were more critical, Dr. Bieschke was less so, and I usually fell in the middle. We tended to begin with a discussion of our reactions to participants before we moved to discussing what their narratives meant, what the important themes were, and what our emerging theoretical conceptualizations were. Over time we moved to a more balanced way of viewing participants and the data as a whole. Rachel reflected that perhaps reactions toward participants were influenced by different team members' current sexual identity development. Dr. Bieschke was instrumental in keeping us focused on the bigger picture of the theory that was emerging and the training issues that were paramount. She was also instrumental in balancing criticalness of participants with pointing out their positive attributes and growth over time.

The second iteration of the team the next year was Dr. Bieschke, myself, and Eanah, an African-American heterosexual female first-year counseling psychology

⁴ Our process seemed strikingly similar to that described by Dr. Eve Adams and her research team, who also conducted a qualitative study of trainees with LGB-negative beliefs. In a presentation of their preliminary results at APA (2009), Dr. Adams's team said they tended to focus more on negatively biased participant material than positive attributes and evidence of growth. They took steps to correct their bias, as did we.

doctoral student. In addition, Rachel spanned both teams for one semester. Eanah brought valuable perspectives about Christianity, the African-American community, and especially African-American Christian churches and her experience of their views of LGB people. I included Eanah's summary of her biases and evolving thought processes over time in her own words:

At the start of joining the research team, I did not see myself as having much tolerance or sympathy for the individuals [Anna was] interviewing. As we went on with the study, and I heard the depth of their stories and experiences, I began to see them as whole people, and also began to see similarities between them and people in my own circle (for example my church). I was able to understand and sympathize with what the interviewees were going through, especially those who were feeling disconnected from God.

By the second year of data analysis we had formed an initial theoretical conceptualization, and we were more conversant with the experiences of participants and the issues and conflicts attendant to them. We continued to discuss issues of attenuating bias in analyzing interview data, but we generally worked more toward developing a substantive theory that encompassed all participants' narratives. I discussed the specific functions of the team in an upcoming section of this chapter.

Recruitment

From various sources, including the APA and APPIC websites, I obtained email addresses for training directors of every APA-accredited counseling psychology Ph.D. program, clinical psychology Ph.D. program, clinical psychology Psy.D. program, and pre-doctoral psychology internship. I also obtained the email addresses for the training directors of every postdoctoral training site listed on the APPIC website as well as sites I found through web searches (both APA-accredited and not). I sent my recruitment notice (see Appendix A) to the training directors of every APA-accredited clinical and

counseling psychology program in the US and Canada, every APA-accredited pre-doctoral internship site in the US and Canada, and every postdoctoral training site I could identify in the US and Canada (both APA-accredited and not). I asked training directors to email the recruitment notice to the advanced trainees in their programs and graduates of their programs who were ECP's. I got a good response from training directors; about a third of them personally emailed me back and said they were happy to help and had sent my recruitment notice along, for which I thanked them.

In addition, I posted my recruitment notice on several listserves, including the APA listserves of Division 12 (clinical psychology), Division 17 (counseling psychology), Division 44 (LGBT concerns), the LGBTI section of Division 17, the listserv for early career psychologists, and the Central PA Psychological Association. I also emailed everyone in the field I knew personally and asked them to forward my recruitment notice to any advanced trainees and ECP's they knew. My personal contacts were very helpful in recruiting participants; for participants, it is possible that being referred to the study by someone they knew personally helped them feel more comfortable with me and with the sensitive nature of the research. My personal contacts also helped with posting the recruitment notice to various listserves, including ones that reached diverse populations, for example, a listserv for Latina psychologists.

As the research team moved forward with the analysis, I focused my recruiting efforts on finding participants who believed they were competent but did not hold LGB-affirmative beliefs. When we decided to craft another recruitment notice to target those participants, I sent that notice to all the contacts described above. The recruitment and interviewing period lasted about a year, and so although they had already received a

recruitment notice from me, there was an interval of about 7 months before they received the revised notice. I also focused on recruiting from Christian integration programs and programs at religious schools. I sent both notices to every faculty member at those programs who was involved in training students and/or had an interest in LGB issues. In addition, I recruited people personally at the APA and AGPA conferences, following an IRB-approved script for directly recruiting participants by phone and in person (see Appendix C). I attended a program at AGPA on respectful dialogues between the LGBT and religious communities, and made personal contacts with several people there who had discussed value conflicts during the session, asking them to consider participating, which proved fruitful. Lastly, I asked my participants to forward my recruitment notice to any advanced trainees and ECP's of their acquaintance, which proved useful as well. Recruiting in such a broad fashion allowed me to achieve a sample that better reflected the entire field rather than a sample in which counseling psychology students would likely have been over-represented (like university counseling center internships, as I had originally planned).

My recruitment statements directed potential participants to the study website on PsychData, and also gave them the choice to contact me directly by phone or email to ask questions about the study. No one contacted me directly; all participants indicated their interest in the study on the website. Once there, they first read and electronically signed the implied consent form (see Appendix D) and completed a demographic questionnaire (see Appendix E). They were given the chance to opt out at every stage of the process. They were instructed to print copies of the informed consent for their records. Lastly, they provided their first names and their email addresses so I could contact them.

I determined whether potential participants were eligible for the study by reviewing their demographic questionnaires. Then in consultation with Dr. Bieschke, I decided whether the combination of their demographics, views, and competence made them desirable candidates to interview at that particular time in the study. A total of 101 people signed up for the study on PsychData, many of whom were not eligible due to various factors (LGB sexual orientation, not an advanced trainee or ECP, began their graduate programs with very affirmative views, etc.). I emailed everyone who was ineligible or I decided not to interview, explained why I would not be interviewing them, and said that if they still wished to help with the study, they could forward my recruitment notice to anyone who might be eligible. I emailed eligible participants I wanted to interview to set up a time for the interview. I kept a record of the date and content of each communication with potential and engaged participants in the study.

If at any point in the study a participant did not respond to two emails of any nature (i.e., attempting to set up interview times), I sent him or her an email asking whether there was still a desire to participate in the study. I indicated that I would consider a non-response to the email as an instruction to me that he or she no longer wished to participate in the study. It did occur that some potential participants did not respond after repeated emails, but some did reinitiate contact after a second or final email.

Interview Procedures

Preliminary Conversation with Participants

At the agreed-upon date and time, I called each participant to conduct the interview. (I conducted every interview by phone except one, which I did in person.)

Before beginning the interview, I ensured that participants understood informed consent: (a) I asked if I could record the interview, (b) I reminded them that everything they told me was confidential, (c) I reiterated the purpose of the interview, and (d) asked if they had any questions (which I answered if they did). I then began the qualitative interview, described in the *Instruments* section to follow.

Post-Interview Conversation with Participants

After completing each interview, I asked the participant if he or she would be willing to have two follow-up contacts with me. I explained that in the first follow-up contact, I would send a summary of our interview by email and ask the participant to give me feedback about whether I accurately captured his or her point of view. If the participant consented to that, I explained that the second follow-up contact would entail my emailing them a summary of my near-final results, and I would like to have feedback about whether the participant thought his or her experiences were accurately reflected in the summary. All participants agreed to both follow-up contacts. I told them that if they had additional questions or comments about the interview or other study procedures at any time, to feel free to contact me by phone or email.

I chose a code name for each participant as one way of protecting confidentiality. I recorded code names along with participants' real names in a master participant list that only I saw (if need be, Dr. Bieschke and/or the IRB would have access to it per the rules of the IRB and informed consent). I kept interview data on a digital voice recorder and backed up the data on my laptop computer, which I kept secured in a locked desk in my locked apartment when they were not on my person.

Grounded Theory Procedures Following Interviews

Memo-Writing and Auditing

Grounded theory specifies that researchers engage in *memo-writing*, i.e., documenting research meetings' content and noting emerging theoretical ideas (commonly called *research memos*), and *auditing*, i.e., documenting analytic decisions so as to monitor them for bias (Fassinger, 2005). Writing research memos allows the researcher to document her reactions, decisions, thoughts, and conceptualizations about each task completed during the research process (Charmaz, 2006). Auditing allows researchers to remain reflexive in their thinking and fair in their procedures, and also to document the emergence of conceptual and theoretical ideas. Auditing occurs in two ways: (a) peer debriefing, and (b) inquiry auditing (Lincoln & Guba, 1985). Peer debriefing involves "checking and interrogating the researcher's coding, categorizing, propertizing and dimensionalizing, and theorizing" (Fassinger, 2005, p. 163) and ensures that all of these remain grounded in the data. Inquiry auditing evaluates the processes of the study as well as the eventual product, the grounded theory, in order to monitor whether the study has utilized proper procedures. Peer debriefing occurred in research team meetings, and inquiry auditing occurred mostly in individual meetings with Dr. Bieschke.

Research memos and audits are also very important tools in evaluating the study for rigor, trustworthiness, and overall value, in that they trace the process of the researcher's thinking throughout the study, making reasons for decisions as transparent as possible to an evaluator of the research. In addition, writing research memos allows the researcher to begin to explore ideas for data themes and categories, note questions to

explore in further interviews and data analysis, and highlight discrepancies in the data in order to challenge the researcher's current conceptualizations and allow her to modify her theory development (Charmaz, 2006).

Following each interview, I noted my initial reactions and thoughts about the participant and the interview. In addition, I wrote a research memo for every research team meeting, which I typically began during the meeting and then fleshed out later. The research memos documented the team's reactions to participants, important themes identified, and emerging theoretical conceptualizations. The research team memos were a valuable record that allowed me to track the evolution of our thinking, our changing feelings and biases about the research and how we dealt with those, and the development of the theory over time. I also wrote several research memos documenting my own evolving thinking, feelings and biases, and thoughts about analytical decision making during the process of interviewing, analyzing, and writing.

Transcription and Initial Treatment of Interview Data

Many qualitative researchers maintain that there is no substitute for transcribing one's own data, arguing that in doing so the researcher becomes immersed in her data, thus developing a unique relationship with it (Morrow, 2003). In evaluating what research activities would most merit my time, however (especially because I am an untrained typist), I decided that transcribing is last on the list and I therefore had a professional transcriptionist transcribe digital recordings of my interviews with participants. In an effort to reach a compromise between Morrow's standard of data immersion and the virtue of timely completion of the study, however, I listened to recordings of the majority of interviews and checked participants' words against the

transcriptionist's manuscripts, making necessary corrections. The quality of the transcription was generally high, and so about two thirds of the way through I determined in consultation with Dr. Bieschke that I no longer needed to check every interview recording against the transcript.

Instruments

Demographic Questionnaire

I was informed by the literature about what demographic variables may affect counselors' attitudes and behaviors with LGB clients, and I also consulted with my doctoral committee about what demographic information to gather and how to choose and word specific racial and ethnic categories. I collected demographic information from participants in the following categories (see Appendix E): (a) educational status, including type of training program, type of degree held or being worked toward, and where participants were in the process (i.e., whether they were advanced trainees or ECP's), (b) age, (c) sex and gender identity, (d) race and ethnicity, (e) sexual orientation, and (f) geographical location. In consultation with my doctoral committee, I determined that I would not ask about socio-economic status, religious affiliation, political affiliation, and relationship/marital/family status on the demographic form, but rather during interviews.

I included four questions on the demographic form to assess participants' self-perceived competence with LGB clients and their personal beliefs about LGB relationships. They answered by rating themselves on two Likert-type scales: For competence, they rated themselves from ineffective (1) to very effective (5) at two time points, the day they entered their doctoral programs and currently; and for beliefs, they

rated themselves from very LGB-affirmative (1) to very LGB-negative (7) at both time points. Information from the demographic form allowed me to determine whether participants were eligible and whether I wanted to include them in the study.

Qualitative Interview

The core task of conducting interviews in grounded theory research is to not get in the way, allowing the story to emerge from the participant's point of view without undue influence from the interviewer (Glaser, 1992; Strauss & Corbin, 1998). Consequently, I asked mostly open-ended questions. As participants spoke, I responded with minimal probes focused on process (e.g., asking for further elaboration) rather than content (e.g., paraphrasing; Fassinger, 2005). The style of interviewing in grounded theory parallels clinical interviewing in that the researcher establishes rapport and trust with the participant and is respectful, interested, and flexible; thus, clinical skills are very useful in grounded theory interviews (Fassinger, 2005). Research and clinical interviewing differ, however, in their central purpose: Clinicians focus on assisting clients with problems, whereas researchers focus on information gathering.

Moreover, Fassinger (2005) articulated a tension in the grounded theory researcher's position vis-à-vis participants between the need to gather data and the desire to respond personally and helpfully (i.e., therapeutically) to participants if they experience painful emotional reactions or unplanned personal disclosures during interviews. Fassinger referred to this as the need to negotiate "the ethics of involvement and the ethics of detachment" (p. 159). She addressed this issue when it arose by explaining to participants that she would like to continue the interview if they are able, and that afterwards they will return to and discuss the troubling issue and she will make

sure they are aware of helpful resources. No participant became so emotionally upset during the interview that we needed to discuss resources for them afterwards, but several participants did experience painful, vulnerable emotions and all made personal disclosures, which it was clear called for empathic responses on my part. I worked to help participants feel heard and understood during the process, attempting to help make it a positive experience for them. I received feedback from most of the participants that they experienced the interview positively and that they appreciated the chance to think through and have a dialogue about their personal journeys with LGB issues over time. No participant said his or her experience of the interview was negative.

Strauss and Corbin (1998) suggested that researchers begin with very general questions and “funnel” to more specific questions that institute more structure as the interview progresses. I used their general-to-specific technique, and I consulted with Dr. Bieschke and my doctoral committee about what questions to ask, beginning even more broadly than I initially planned at my committee’s suggestion (see a list of interview questions in Appendix F).

Several authors recommended that a qualitative researcher pilot test the interview with at least two people from the target population so that the interview can be modified to enable it to address the most important questions in the time allotted (Fassinger, 2005; Constantine & Sue, 2007). I pilot tested my qualitative interview with the two student members of my research team; Mark responded from his perspective as a heterosexual trainee, and Rachel role-played a heterosexual trainee. In addition, I continued to refine both the interview and my interviewing skills during the beginning phase of data collection, with the input of Dr. Bieschke and my research team.

I began interviews by asking participants about their backgrounds with LGB people and issues. I asked about their personal beliefs about LGB people/issues when they entered their master's and/or doctoral programs and the basis for their beliefs. I inquired about participants' LGB training in their doctoral programs (and in master's programs if applicable). I asked participants to tell me about their journeys in their programs with LGB issues from the beginning. I inquired in detail with participants about how they thought they developed competence with LGB clients, and what most helped and hindered them in that process. I asked participants to trace their movement over time with their LGB values. Finally, I spent time talking with participants about the crucial question of how they thought their personal LGB values affected their competence with LGB clients. Please see Appendix F for a complete list of interview questions.

Data Analysis

Grounded theory data analysis consists of three types of coding procedures, open, axial, and selective coding (Charmaz, 2006; Fassinger, 2005; Glaser, 1992; Strauss & Corbin, 1998). It is important to note, however, that in grounded theory each type of coding is done simultaneously in a method of *constant comparison* (Fassinger, 2005, p. 157). Constant comparison involves an iterative process of comparing new data to previous data in an effort to find similarities and differences between participants' perspectives and within each participant's narrative. I described the research procedures of the team and how we accomplished each coding type in the following sections.

Research Team Procedures and Analysis

The research team met regularly, usually weekly; we typically analyzed two transcripts per meeting, but a few times we did as few as one and as many as three,

depending on availability of participant data and my progress. I sent transcripts of interviews to the team several days in advance. Team members read each transcript before weekly meetings, and noted their thoughts on the transcripts, often highlighting quotes they thought were especially relevant. Team members gave their transcripts with their comments to me after each team meeting. During the meeting's discussion I began a research memo documenting the team's analysis of the day's interviews that I would later flesh out. After meetings I wrote summaries of each interview the team analyzed, and at the end of each summary added a research memo dealing specifically with the team's thoughts about that particular participant. Periodically the team had "theoretical meetings" in which we examined several interview summaries/research memos (4 to 8 at a time, which I sent to the team several days in advance) and discussed our current theoretical conceptualization based on our thoughts about what the new group of participants added to the theory. I wrote research memos summarizing each theoretical meeting, which were useful in furthering our theoretical conceptualization. The team gave me feedback about my interview summaries, research memos, and theoretical meeting research memos as to their accuracy and comprehensiveness. Toward the end of the analysis every team meeting became a theoretical meeting as we reached data saturation; we had less new information to add and so we focused more on elaborating and verifying the theory.

Open Coding

The initial task in grounded theory data analysis is open coding (Charmaz, 2006; Fassinger, 2005; Glaser, 1992; Strauss & Corbin, 1998). The main question being answered in open coding is "What are the themes of this participant's narrative?" Open

coding began individually as each of us read and notated transcripts, and continued as we came to a consensus during team meetings about the essence of each person's story and the most important themes therein. Open coding also included the "interrogation" of concepts and themes for alternate meanings (Fassinger, 2005); we often discussed several possible meanings of aspects of participants' narratives. As we continued open coding of each transcript, we observed strong themes emerging across interviews. As we discussed each new participant, we talked about how his or her story did or did not fit with the themes and categories we had already observed. Thus, we continually identified new categories and reformed the content of all categories. We also considered the "coherence and explanatory capacity" (Fassinger, 2005, p. 160) of the themes and categories.

Axial Coding

The second task in grounded theory analysis is axial coding (Charmaz, 2006; Fassinger, 2005; Glaser, 1992; Strauss & Corbin, 1998). One key question being answered in axial coding is, "What are the underlying themes across participants' interviews, and how are they similar and different?" Another key task we accomplished through axial coding was determining which themes were stronger and more pervasive than others, and which were more minor. Axial coding involved thinking about the relationships between categories, interrogating categories for similarities and differences, and grouping categories within more general key categories that encompassed groups of themes. The more participants we had, the more axial coding we could do because we had more material for comparison. The constant comparison method of axial coding allowed us to accomplish three different types of tasks: (a) we determined what themes fit into what categories, (b) we continually compared new data to existing categories,

challenging the categories with discrepant data and re-forming them and their relationships as needed, and (c) we arranged categories in relationship to one another and began to see where each category fit into the emerging theory. When we reached saturation—the point at which no new information emerged with more interviews—we knew data collection could cease. At this point the categories were complex enough to fully encompass each variation in participants' experiences.

Selective Coding

The final step of data analysis in grounded theory is selective coding (Charmaz, 2006; Fassinger, 2005; Glaser, 1992; Strauss & Corbin, 1998), which preferably results in the creation of a substantive grounded theory (although some grounded theory studies have stopped with the production of a list of categories). The key question being asked in selective coding is “What is our theory of what is going on here overall, and what is driving the process?” To accomplish selective coding, researchers must be able to “explain who, what, when, where, why, how, and with what consequences an event occurs” and to describe how categories are “systematically interrelated through statements of relationship” (Strauss & Corbin, 1998, p. 22). At this stage we began to integrate relevant research literature to contextualize and give more shape to the emerging theory.

Using selective coding, we generated one core category that subsumed all the other categories and integrated the data into “an explanatory whole” (Strauss & Corbin, 1998, p. 146). Initially we had an idea about a theme that might be the core category, but it emerged that it fit better as a vitally important theme that cut across categories. Eventually we arrived at a core category—a process variable—that was the underlying

motivator for participants' behavior and was successful at explaining participants' movement through the different categories of experience. I then wrote a core narrative about the most important themes of the data, tying in all the categories and elucidating their relationships to the core narrative (Fassinger, 2005). The core narrative became chapter 4, the overview of the thesis results.

The core narrative was the first written articulation of the grounded theory. Once I had the core narrative, I went back to the data and compared the core narrative with each original participant narrative to make sure that their stories were captured fully. I also integrated participant and auditor feedback at this stage, the process of which I described in the next two subsections. As I began to explicate the grounded theory in full in the results chapters of the thesis, Dr. Bieschke gave me feedback on several drafts of the chapters so that my articulation of the theory grew clearer, more accurate, better organized, and more comprehensive. I went back to the interview data several times in between drafts to interrogate and verify the exposition of the theory. In addition, I compared the theory to relevant research literature and utilized the literature in reporting the results in order to contextualize the theory for the reader. At the end of this process, I articulated the grounded theory in the results chapters of the thesis, providing an explanation rather than just a description of the phenomena under investigation.

Divergent approaches to axial and selective coding in the grounded theory literature.

A controversy has arisen in the grounded theory literature around the processes of axial and selective coding. The two originators of the grounded theory method, Glaser and Strauss (1967), diverged in their approaches to axial and selective coding when Strauss and Corbin (1998) published very detailed, structured methods for axial and

selective coding. Glaser (1992) criticized the new methods as imposing too much structure on the theory-generation process, stating that the new method seemed to “force” the data into categories and the categories into theory rather than allowing theory to emerge from the ground of the data. Strauss and Corbin’s intent seems to have been to make the grounded theory method clearer, more structured, and more accessible to a greater number of researchers.

Glaser, however, argued that in order to use the grounded theory method, researchers must possess what is referred to in grounded theory as *theoretical sensitivity*, a researcher quality that includes a high degree of interpersonal insight, a good ability to conceptualize in a complex fashion, and the ability to maintain a reflexive stance toward the data. Glaser argued that Strauss and Corbin were attempting to substitute their structured methods for researcher theoretical sensitivity, but in doing so were ensuring that the grounded theory method would no longer be the inductive process it was intended to be and would result in a rigid, predetermined product rather than an authentic grounded theory.

Several researchers, including Cutcliffe (2000) and Rennie (2000), have argued for an approach that approximates some kind of middle ground. Fassinger advises that Strauss and Corbin’s structured method may be useful to consider because it will stimulate the researcher’s critical thinking about the way she generates categories and formulates theory, but she states that perhaps strictly following their method may impose too much pre-conceived structure on the emergent theory. Originally, I planned to follow those authors’ advice and adopt a middle-ground stance, allowing Strauss and Corbin’s detailed method to stimulate and expand my thinking rather than strictly following the

steps of their model. It emerged, however, that Glaser's method, which relied more on the theoretical sensitivity of the researchers and less on detailed, structured methods for coding, was a better fit for our team. The choice of Glaser's method was also influenced by a grounded theory training workshop I attended that was facilitated by researchers from Glaser's school; I found that the workshop helped me much better understand exactly what each type of coding entailed, and I developed a better sense of the analysis process as a whole.

Participant Checks

As the team was engaged in the latter stages of analysis, I initiated the first of two participant checks (Creswell, 1998), one of the methods of ensuring the quality, trustworthiness, and rigor of a grounded theory study. In particular, participant checks allowed me to attenuate the effects of my biases by comparing what I included in the summaries with the participants' feedback, and then modify the data accordingly. I emailed participants summaries of their interviews, asking them to email me feedback on whether I had accurately captured their stories. Twenty-two participants gave me feedback on the summaries of their interviews. All participants said I accurately captured their experiences, and at most made minor wording changes. In fact, the summaries had been so accurate per participants' feedback that I did not write summaries for the last four participants I interviewed; I asked them to give me feedback on their interview transcripts instead (to which they made only minor changes and/or clarifications).

The second participant check was accomplished as follows: After I wrote the core narrative (the near-final summary of my results) and revised it per Dr. Bieschke's feedback, I emailed the core narrative to the 22 participants who had responded to my

first feedback request. Twelve of them responded with feedback. This participant check was particularly valuable, because a few participants pointed out a place in the summary where I did not make clear that an important theme differed for different groups of participants (specifically, participants who attended religious programs vs. secular programs). In response to their feedback, I clarified the summary as to how the two groups of participants differed vis-à-vis this theme. With the exception of that needed clarification, the 12 participants who provided feedback said that I captured their experiences accurately.

Auditor Feedback

I also sent the near-final summary of the results to my external auditor, Dr. Parrish Paul. Parrish holds a Ph.D. in counseling psychology from Penn State and is an accomplished qualitative researcher; he has authored or co-authored 7 qualitative studies, including his dissertation, a grounded theory study entitled “Gay Identity Development as a Process of Meaning-Making Development” (Paul, 2008). Parrish is a Caucasian gay man in his early 40’s. I consulted with Parrish during the conceptualization of the study, but he was not involved in the data analysis. Parrish gave me valuable feedback about the core narrative from an objective perspective. He said the summary was very clear overall. He assisted me in improving the organization of the material in the second section of the summary. He also gave me feedback about passages that needed elaboration or clarification so that they would be clearer to a first-time reader. In addition, he provided a critique that allowed me to slightly adjust my theoretical model to make it clearer that all categories of experience influenced all others. Finally, he assisted me with minor wording changes.

Summary of the Data Analysis

To summarize the analysis process, all open coding was accomplished by the team as a whole, and the team also engaged in axial and selective coding. We identified themes from each participant's interview, and we then grouped themes into categories that we observed across interviews. We used inductive reasoning to form theoretical ideas from themes and categories, and gradually a theoretical conceptualization emerged. Dr. Bieschke and I furthered the theoretical conceptualization in our individual meetings, and we brought our thinking back to the team, where we continued to develop the theory. We continually modified and verified our theory until we had incorporated all new information from interviews and reached data saturation. At that point we were able to articulate an original grounded theory that proposed relationships between constructs and revealed what we observed was the nature of and the underlying motivations for participants' movement over time (Charmaz, 2006; Fassinger, 2005). As I began to write, I incorporated feedback from Dr. Bieschke, my participants, and my auditor, and I revisited the data for more selective coding, allowing me to modify the presentation of the theory to more fully and accurately encompass all participants' experiences.

Evaluation Criteria for Grounded Theory

The main task for us as a grounded theory research team was to build theoretical conceptualizations that emerged from the ground of the data rather than our own biases and assumptions (Charmaz, 2006; Creswell, 1998; Fassinger, 2005; Glaser, 1992; Straus & Corbin, 1998). Creswell (1998) asserted that continual verification of the use of rigorous procedures and the obviating of bias are so much built in to the grounded theory method that if a researcher carefully follows the method, the study's quality,

trustworthiness, and rigor will be assured. There are, however, more specific criteria against which the quality of a grounded theory study can be judged. Morrow (2005) characterized trustworthiness as the organizing principle around which a qualitative study is evaluated. Trustworthiness can be verified through evaluating the study for “credibility/authenticity, transferability, dependability/auditability, and confirmability” (Fassinger, 2005, p. 163).

Creswell (1998) recommended that in order to ensure the quality, trustworthiness, and rigor of a grounded theory study, researchers engage in at least two of the following eight procedures (all of which we adhered to): (a) we wrote a statement of researcher bias at the outset and continually monitored bias through memo-writing and auditing throughout the study; (b) we evidenced immersion in and persistent, careful observation of the data (demonstrated in my description of our analysis procedures); (c) we engaged in triangulation of data sources: Data were reviewed and evaluated by the research team, Dr. Bieschke, myself, my participants, and my auditor, and relevant research literature and theory were incorporated into our final grounded theory; (d) we engaged in peer review or debriefing in the research team; (e) we attended to continual incorporation of disconfirming evidence into the categories and theories, as is evident in my description of the analysis procedures; (f) we did two participant checks; (g) I included rich and thick description of participants’ narratives and phenomena in the results chapters; and (h) we did an external audit with an accomplished qualitative researcher, a white gay male outside the research team; I consulted with him several times about study procedures, and he provided feedback on the summary of the near-final results.

Conclusion

In this chapter I detailed how we utilized the grounded theory method to examine counselor trainees' development of self-perceived LGB counseling competence and to explore the meaning of LGB counseling competence, including whether it must coincide with LGB-affirmative values. I demonstrated that the grounded theory method is very well suited to the investigation of these processes and concepts due to its ability to explore relatively unknown territory and formulate substantial theory about the phenomena at hand. The grounded theory method was recommended by several researchers as ideal for bringing attention to issues pertinent to marginalized and oppressed populations, including LGB people. We thoroughly followed the procedures outlined in the chapter, and believed we met our goal of articulating an innovative, original, significant grounded theory that shed light on how trainees believe they became LGB-competent psychologists. Ultimately, we sought to make a contribution to the counselor training literature about the meaning, process, content and experience of the attainment of self-perceived LGB counseling competence.

Table 3.1

Participant Demographic Information: Pseudonyms and Ages

Pseudonym	Age
Kim	24
Leigh	24
Paige	25
Amy	26
Hal	26
Lily	26
Liz	26
Ellen	27
Jane	27
Maria	27
Nick	27
Erica	28
Mia	28
Sam	28
Grace	29
Sylvie	29
Keith	31
Paul	31
Amanda	32
Evan	32
Jeanne	33
John	33
Eva	35
Brian	36
Peter	37
Rick	37
Zoe	37
Sophie	38
Rose	40

Table 3.2

Participant Demographic Information: Race (Self-Defined), Ethnicity (Self-Defined), Sex, and Geographical Location

<i>Race</i>	<i>Ethnicity</i>	n	% of total
African American/Black	Hispanic	1	3.5
African American/Black	Non-Hispanic	1	3.5
Asian American/Pacific Islander	Non-Hispanic	3	10
Asian American/Pacific Islander	Chinese-American	1	3.5
European American/White	Caucasian	1	3.5
European American/White	German-American	1	3.5
European American/White	Non-Hispanic	19	65.5
Hispanic	Hispanic	1	3.5
Latino	Hispanic	1	3.5
<i>Sex</i>		n	% of total
female		19	65.5
male		10	34.5
<i>US State of Residence</i>		n	% of total
Alabama		1	3.5
California		3	10
Colorado		1	3.5
Connecticut		1	3.5
Delaware		1	3.5
Florida		1	3.5
Illinois		2	7
Iowa		1	3.5
Massachusetts		1	3.5
Minnesota		1	3.5
Missouri		1	3.5
Nevada		2	7
New Jersey		2	7
Ohio		3	10
Pennsylvania		1	3.5
Rhode Island		1	3.5
Tennessee		1	3.5
Texas		1	3.5
Utah		1	3.5
Virginia		3	10

Table 3.3

Participant Demographic Information: Educational/Work Status, Doctoral Program and Degree (granted or in progress), Pre-Doctoral Master's Program and Degree

<i>Educational/Work Status</i>	n	% of Total
Advanced Trainee	15	52
Early Career Professional	14	48
<i>Doctoral Program and Degree</i>	n	% of Total
Clinical Psychology Ph.D.	4	14
Clinical Psychology Psy.D.	7	24
Combined Program Ph.D.	2	7
Counseling Psychology Ph.D.	16	55
<i>Obtained Master's Degree Before Entering Doctoral Program</i>	n	% of Total
Yes	11	38
No	18	62
<i>Pre-Doctoral Master's Program and Degree</i>	n	% of Total with Pre-Doctoral Master's Degrees*
Career Counseling M.A.	3	27
Career Counseling M.S.	1	9
Community Psychology M.A.	2	18
Community Psychology M.Ed.	1	9
Community Psychology M.S.	1	9
Counseling Psychology M.A.	1	9
Human Development and Family Studies M.F.T.	1	9
Rehabilitation Counseling M.S.	1	9

*Percentage does not total 100% due to rounding of decimal points.

Table 3.4

Participants' Religious and Family Backgrounds and Accompanying LGB Views

<i>Religious or Non-Religious Background</i>	<i>Participant's Experience of Religion's Views of LGB People</i>	<i>Family's Views of LGB People</i>
Atheist	N/A	Neutral
Buddhist, converted to evangelical Christianity	Buddhism: Neutral Christianity: Negative	Negative
Buddhist, converted to evangelical Christianity	Buddhism: Neutral Christianity: Negative	Neutral
Catholic	Negative	Negative
Catholic	Negative	Negative
Catholic	Negative	Negative
Catholic	Negative	Negative
Catholic	Negative	Negative
Catholic	Negative	Negative
Catholic*	Neutral	Neutral
Evangelical or Fundamentalist Christian	Negative	Negative
Evangelical or Fundamentalist Christian	Negative	Negative
Evangelical or Fundamentalist Christian	Negative	Negative
Evangelical or Fundamentalist Christian	Negative	Negative
Evangelical or Fundamentalist Christian	Negative	Negative
Evangelical or Fundamentalist Christian	Negative	Negative
Evangelical or Fundamentalist Christian	Negative	Negative
Evangelical or Fundamentalist Christian	Negative	Negative
Jewish, became Buddhist also*	Judaism: Neutral Buddhism: Neutral	Affirmative
Mormon	Negative	Negative
Mormon	Negative	Negative
Not Religious	N/A	Neutral
Protestant	Negative	Negative
Protestant	Negative	Negative
Protestant	Negative	Negative
Protestant	Negative	Negative
Protestant	Negative	Negative
Protestant*	Negative	Negative
Protestant*	Affirmative	Affirmative

*somewhat religious (the remainder of the religious participants were strongly religious)

Chapter Four

FINDINGS

The current study examined the journeys toward self-perceived LGB psychotherapy competence taken by 29 heterosexual early-career psychologists and advanced psychology trainees who met the following criteria: (a) they indicated they did not hold fully affirmative views of LGB relationships upon entering their graduate programs⁵ (see Table 4.1), and (b) they currently considered themselves competent to work with LGB clients—whether or not they currently held LGB-affirmative views (see Table 4.2). The goal of this research was to develop a substantive theory of how psychology trainees who begin their programs without fully LGB-affirmative views engage with LGB training and LGB clients in their graduate programs, and how these and other experiences facilitate their abilities to work more effectively with LGB clients. In this chapter, I present an overview of the research findings and describe the theory that I, together with my research team, developed from the ground of the participant data. In chapters 5 through 8, I explicate each component of the theory in greater detail, utilizing participants' voices in elucidating the grounded theory.

Overview

Using grounded theory (GT) coding methods, we identified themes and categories of participants' narratives, capturing both the process and content of their experiences. In grounded theory research, the *core category* is the most pervasive phenomenon observed throughout participants' narratives. Identifying the core category helps researchers integrate participants' narratives into an “explanatory whole” (Strauss & Corbin, 1998, p.

⁵ I interviewed one participant who held fully affirmative views of LGB people/issues when she began her graduate program.

146) and understand the process underlying the participants' movement over time. In my study the core category that emerged was *Dissonance*. As participants moved through their lives and their training, they had experiences of cognitive dissonance between their own LGB beliefs and those of other people and environments, including their graduate programs. Participants also encountered new personal experiences with LGB people that proved dissonant with their existing ways of understanding LGB issues. It was participants' desire to resolve their dissonance that motivated them to engage with and adapt to their environments, and this resulted in their evolving in their views, behaviors, and abilities.

Through GT analysis and synthesis of themes and categories, we developed a *core narrative* (Glaser, 1992) that encapsulates the experiences of all 29 participants as comprehensively as possible. The core narrative is divided into four main categories of participant experience. The first category is entitled *Dominant Discourses: Participants' Backgrounds and Values*; it describes how participants developed initial views of LGB people/issues as a function of their familial, cultural, religious, and social experiences as well as their personal psychology. The second category, *The LGB Cultures of Psychology and Participants' Programs*, describes participants' experiences as they encountered the ways LGB issues are treated in the field of psychology and in participants' specific doctoral programs.

The third category is called *Trainees' Adaptation Strategies*, and it describes the various strategies participants used to respond to their doctoral training in the context of their own values, backgrounds, and experiences. The fourth category, *Dynamic LGB Competence*, describes the outcome of the preceding experiences, namely, how

participants currently approach LGB issues professionally, and how they developed self-perceived competence to work with LGB clients.

Over time we also developed a theoretical model to parsimoniously illustrate how participants moved through their dissonance experiences within and between each category of experience. We continually revised both the core narrative and the theoretical model to reflect our understanding of the data at the time, based on the participants we had at the time. The final theoretical model is represented in Figure 4.1. The four categories of participant experience are represented by ovals in the diagram; the ovals are connected with two-way arrows that illustrate how each category reciprocally influences adjacent categories of participant experience. The core category is represented by a superordinate category, *Dissonance*, which illustrates how dissonance permeated all categories of participant experience. Dissonance is represented by an oval situated above the category ovals, connected to each of them by arrows, illustrating the function of dissonance as a powerful motivator for movement within and between categories of experience. The model is not linear: Participants continually cycled through the categories of experience represented in the model, and each constellation of experiences influenced the others in a dynamic manner (as shown by the bi-directional arrows connecting each category of participant experience to every other category).

Because we found that dissonance permeated all categories of participant experience, in this overview chapter (as well as the subsequent results chapters) I approached the description of dissonance in a both/and manner: I provided a separate section describing dissonance within each category, but because the experience of

dissonance was so pervasive and thus inseparable from participants' narratives, I also weaved in descriptions of dissonance throughout the text.

Dominant Discourses: Participants' Backgrounds and Values

This category elucidates how participants developed the personal views of LGB people and issues that they held upon entering their doctoral programs. Reflected in this category is the fact that a predominantly negative discourse surrounds LGB issues in our society. Indeed, all but five of our 29 participants reported that their backgrounds were characterized by pervasive homonegativity, which emanated from several sources: Families, peers, educational environments, cultural traditions, and religious beliefs, practices, and communities. Our participants' backgrounds, however, were not characterized by uniform homonegativity; they had a range of experiences as to how negative, mixed, neutral, and positive their influences were and from which sources the varying messages and experiences came. Furthermore, participants often received mixed and contradictory messages from the same sources. The vast majority of participants indicated that their religious communities viewed LGB relationships as sin, and this message was reinforced by their families, peers, and educational systems. The religious view of LGB relationships as sin seemed to go hand in hand with the cultural view that LGB orientations were morally wrong, disordered, a choice, and primarily concerning sexual behavior rather than individual and group identity.

We observed several categories of and distinctions between homonegative messages. Messages differed in degree of negativity and in whether they were explicit or implicit. Messages were also distinguished by the absence or presence of emotional antipathy toward LGB people. In the first case, participants held intellectual views that

being LGB was wrong, was a sin, and/or was inferior to heterosexuality, but did not express antipathy toward LGB people. In the second case, many participants reported a history of experiencing more visceral, emotional prejudice toward LGB people characterized by dislike and disgust and often accompanied by abusive language toward or ostracism of LGB people. Participants said they based their homonegative views on religious beliefs; some of those who did so said they were taught to “love the sinner, hate the sin” and saw this as incompatible with the expression of antipathy toward LGB people, but others simultaneously expressed both homonegative attitudes/beliefs and emotional antipathy. A strong theme throughout participants’ narratives was that the messages participants received reinforced one another in a recursive fashion.

In addition, heterosexual privilege was a prominent feature of participants’ backgrounds. About a third of participants said they knew of no openly LGB people growing up, and they assumed everyone was heterosexual. Likewise, many participants never thought much about the existence and experiences of LGB people. Finally, the messages participants received about LGB people were made up in large part by negative stereotypes, and participants tended to view LGB people in those terms initially. All the messages participants heard and experiences they had interacted in a non-linear way with participants’ own psychology to produce their LGB views.

Dissonance Experiences Before Doctoral Programs

Many participants had experiences before entering their doctoral programs that created dissonance between participants’ dominant discourse-influenced views and their actual experience with LGB people. Participants’ dissonance was most often precipitated by contact with family members or friends who disclosed their LGB identities. The

quality of contact with LGB people participants had—as well as how they responded to that contact—was a vitally important theme and one of the most influential factors in shaping participants’ emerging views. Generally, the more frequent, meaningful, and positive the contact and the more open participants were to engaging in it, the more participants questioned their stereotypes and biases regarding LGB people. Likewise, some participants’ LGB views became somewhat less negative before they reached their doctoral programs. Other participants, however, did not have interactions with LGB people, or if they did, their interactions did not motivate them to change their views.

The LGB Cultures of Psychology and Participants’ Programs

The culture of psychology as a field is largely LGB-affirmative, and participants were generally aware of that no matter what type of program they attended. We found that programs themselves differed as to whether they espoused an affirmative, neutral/null, mixed, or negative view of LGB people. Approaches to LGB issues in individual programs were influenced by many factors, including type of program, geographical location, and religious or non-religious affiliation—but an important caveat is that none of those factors reliably predicted any single program’s LGB culture.

Many programs strongly and explicitly advocated an LGB-affirmative approach toward LGB people and issues. Typically, these programs provided more LGB training than others, but that was not always the case; some participants said that though their programs took an LGB-affirmative stance, LGB training and supervision were lacking. Some programs did not have a view on LGB issues that was discernable to participants; these neutral/null programs typically offered little to no LGB training. Some programs had faculty members that espoused very different views on and approaches toward LGB

clients and issues; participants seemed to characterize their messages as mixed and their training as plentiful to sparse. Finally, and rarely, some programs took the stance that LGB orientations were not as desirable as heterosexual ones, and this stance was usually correlated with an explicitly religious focus of training and/or a religious mission of the university itself. Religious programs, however, differed in the sensitivity, empathy and complexity with which they approached LGB issues.

Dissonance Experiences in Doctoral Programs

Participants' experiences entering programs were dependent on their own values as well as the way their programs addressed LGB issues. The most common event in our data was that of LGB-negative participants entering LGB-affirmative doctoral programs and experiencing a great deal of dissonance and conflict between their own values and the values of their programs. These participants tended to have more dissonance in programs with LGB training that they could not avoid, whether because it was mandatory or because it was infused throughout the curriculum. Students with LGB-negative perspectives entering null or negative doctoral programs experienced less dissonance between their views and that of their programs, but because they were aware that their views put them at odds with the views of the profession, they experienced substantial dissonance as they formed their professional identities and considered opportunities for future careers. In addition, participants experienced more dissonance in programs where they did not feel safe to express divergent LGB views, as well as in programs that did not effectively assist them in addressing their value conflicts. In the following section, I address how participants adapted to their programs' LGB cultures and attempted to resolve their dissonance.

Trainees' Adaptation Strategies

Trainees took many different tacks to try to reduce their dissonance and adapt to the cultures of their training programs. We identified three main ways trainees adapted to the culture of psychology and that of their programs: (a) *Assimilation*, (b) *Separation*, and (c) *Integration*.⁶ The Assimilation strategy consists of abandoning one's own values and incorporating the values of others. For example, it was a common occurrence in our data for LGB-negative participants entering LGB-affirmative programs to abandon their values and assimilate their programs' LGB-affirmative values. Participants who used the Assimilation strategy seemed to minimize their dissonance by very quickly taking on the LGB-affirmative values of their programs without a long or difficult struggle between their own values and the values of their programs. It appeared that participants who modified their values in this way often held both their initial and eventual values with less conviction and depth than participants using the other two strategies; the values of participants using the Assimilation strategy seemed to be influenced more by environmental factors rather than their own cognitive and emotional processes.

The second strategy, Separation, is characterized by holding to one's own values and choosing not to affiliate with the values of others, including those of doctoral programs. For example, it was also a common event in our data for LGB-negative participants entering LGB-affirmative programs to retain their values and choose not to incorporate the values of their programs and of psychology. Participants choosing the

⁶ The research team identified these distinct adaptation strategies during data analysis, but we are indebted to the Ethical Acculturation Model (EAM; Handelsman, Gottlieb, & Knapp, 2005) for giving us the language to entitle the categories we observed. The EAM also included a fourth strategy, Marginalization (not identifying with one's own values of origin or the values of the profession), which we did not find represented in our data (but is important to mention here). I described the EAM and its connection to the current study in Chapter 7 and the discussion section of the thesis.

Separation strategy tended to avoid LGB training if possible and if not, to avoid expressing their views. Similarly, they avoided seeing LGB clients if possible, and if not, they avoided addressing LGB material with clients. Participants who used the Separation strategy often held religious or cultural LGB-negative views that were rigid and inflexible. Often, participants started their programs using the Separation approach and gradually began using the Integration strategy, which I discuss next.

The Integration strategy is that of attempting to reconcile one's own values with the values of others, including those of doctoral programs. The majority of our participants used this strategy. In contrast to the Separation strategy, the cardinal characteristic of the Integration strategy is engagement: Participants were continually engaged in a sometimes painful, sometimes enjoyable process of examining their own values and talking with others about their views. In contrast to those using the Assimilation strategy, participants using the Integration strategy typically deeply held their initial cultural and religious values, and the new value systems they eventually forged were achieved by serious, complex examination of themselves and integration of their principles and their experiences.

The Integration strategy unfolded in two main ways for participants: Many participants who started with LGB-negative views and entered LGB-affirmative programs underwent a global value shift that included not only fully integrating LGB-affirmative perspectives but also forming different views on race, gender, socio-economic status, religion, and so on. These participants typically reported increasing flexibility and adaptability in their belief systems. For these participants, their shifting LGB values were only one part of a worldview shift that was motivated by experiences within and outside

their programs. Thus, these participants were able to fully integrate their own emerging values with the affirmative values of their programs.

Other participants used the Integration strategy in that they continually examined their own LGB views and engaged in dialogue about LGB-affirmative perspectives, but did not adopt fully LGB-affirmative views, typically because they were motivated to retain religious views that they experienced as incompatible with LGB-affirmation (for example, the view that LGB relationships are sinful). Although their religious views were a barrier to full LGB-affirmation, some of these participants reported that their religious values were the main factor in helping them adapt to their programs' LGB-affirmative perspectives; for example, they said they chose to emphasize the values of love, acceptance, caring, and non-judgment inherent to their religious values when engaging with LGB people and issues. Thus, these participants were able to bring the two perspectives closer together without disavowing parts of their cultures of origin that were meaningful to them. Rather than fully integrating their values with the values of their programs, these participants described learning to live in the dissonance their value conflicts created.

Dissonance in Training Programs

Some programs made trainees' cultural adaptation easier by providing a safe place to do the work; most, however, were unable to provide trainees with the tools they needed to process their experiences, struggle with value conflicts, and reconcile their views. A frequent event for participants was experiencing secular training programs' inability to discuss religion and spirituality and help them take on the conflicts between their religious views and their professional roles with LGB clients. A strong theme we

observed was that, without exception, participants with LGB-negative religious views in LGB-affirmative programs reported feeling unsafe to openly discuss their value conflicts with faculty for fear of negative evaluation. Many of these participants reported feeling unwelcome in their programs and in psychology as a field, and felt that their religious identities were stigmatized. Even though these participants could not discuss their value conflicts with faculty, they often did so with clinical supervisors, colleagues, peers, friends, and family members. These participants said that these discussions, as well as experience with LGB clients, assisted them in resolving value conflicts whereas formal LGB training in their programs did not. To the contrary, participants in religious programs reported that they felt safe having open discussions about their value conflicts in their programs, which they described as very helpful in allowing them to take on LGB issues and address their value conflicts in a complex way.

All participants experienced dissonance when their LGB values were different from others they were engaged with in various contexts. Participants from LGB-negative backgrounds who later developed affirmative views often described experiencing conflict with their families, friends, religious institutions, and home communities as their views changed; they often experienced pain and loss associated with these experiences. To the contrary, participants who retained LGB-negative views experienced conflict with psychology as a field. Finally, participants who placed their views somewhere along the affirmative-to-negative continuum often described feeling caught between two worlds, being uncomfortable expressing their views both in their home communities and in their programs.

Dynamic LGB Competence

Based on all the foregoing experiences, participants self-evaluated their current competence to work with LGB clients in general, as well as discussing their self-perceived competence to work with different populations and different presenting problems within the LGB community. Although type of adaptation strategy affected participants' outcomes, it was only one among several other factors that interacted to influence participants' self-perceived competence with LGB clients.

Most participants cited developing relationships with LGB friends, family members, peers, colleagues, supervisors, and clients as vital to their developing competence with LGB clients. Participants said that this contact gave them more knowledge about the LGB community and increased their comfort in engaging with LGB issues and people. Typically, the closer, more meaningful, and more positive the contact the more it motivated participants to reevaluate their LGB-negative values. Whether or not participants modified their values, contact with LGB people typically challenged their stereotypes, prompted them to have dialogue about their views, and provided them with knowledge of, comfort with, and sensitivity to LGB people. Developing increasing comfort interacting with LGB people was the most frequently cited factor that participants believed helped them improve their psychotherapy skills with LGB clients.

It was evident from our data that LGB-affirmation is not a unidimensional construct but a complex one; participants often had different views toward lesbian women, gay men, and bisexual people. A strong theme throughout our data was that many participants were less affirmative of, held more stereotypes about, and had less knowledge about bisexual people than lesbian women and gay men. Participants often

had less experience with bisexual people personally and professionally, and there was much less training about bisexual issues in doctoral programs than there was about lesbian women and gay men.

For those participants who moved toward LGB-affirmation in their own personal values while in their programs, it appeared there was a dynamic interplay between participants' increasingly affirmative attitudes and their willingness to seek out more LGB training, deeply process their own biases and evaluate their knowledge and skills, and work more frequently with LGB clients. For example, participants who became fully affirmative often discussed expanding their skills with LGB clients so that they became comfortable also taking on advocacy roles. These participants typically described their affirmative value shifts as the mechanism through which they provided empathy and positive regard to their LGB clients, which they described as enhancing their effectiveness.

Many participants who did not currently hold LGB-affirmative views also described developing empathy for their LGB clients as essential in allowing them to work competently. Many of these participants said that connecting with their LGB clients' common humanity was the mechanism through which they developed empathy, which they believed enhanced their effectiveness. In addition, many of these participants said that to be effective they needed to refrain from imposing their values on their clients, to refrain from judging them, and to respect their clients' value systems as just as valid for their clients as participants' values were for themselves.

Participants using the Integration strategy overall tended to develop more LGB knowledge, awareness, and skill due to their greater engagement with LGB people and

issues and their own continued processing of their dissonance. To the contrary, participants using the Separation strategy were less able to process their own value conflicts and often avoided LGB training and working with LGB clients, thus acquiring less knowledge, awareness, and skill than trainees who were able to engage in meaningful exploration and training. For those who used the Assimilation strategy, it often became apparent upon experience with LGB clients that accepting affirmative views at face value alone was not sufficient for building competence; knowledge of the LGB community, deeper processing of biases, and working on skill development in supervision were needed.

Dissonance in Developing Competence

Participants often reported dissonance experiences associated with developing self-perceived psychotherapy competence with LGB clients. Some participants said their actual experience working with LGB clients gave them a better understanding of their own competence than training/exploration, and if they felt less competent upon actual experience, this created dissonance and sometimes motivated participants to seek supervision and training. Almost all participants cited having more experience with LGB clients and having helpful clinical supervision as essential factors for building their competence.

For participants who considered themselves competent but not affirmative, the answer to whether or not they felt competent with LGB clients would be, "It depends." These participants often reported experiencing value conflicts when working with LGB clients, and they wondered whether they should work with certain clients or refer them. Some of these participants reported a great deal of anxiety about working with LGB

clients as well as talking about their work in supervision. Participants who did not hold LGB-affirmative values often said they felt competent working with LGB clients when sexual identity issues were not at the forefront of clients' presenting problems. Likewise, many of these participants characterized themselves as less effective when working with LGB relationship or sexual issues. Some of these participants said that their programs emphasized that they had an ethical responsibility to refer clients if they were not able to deliver competent services and/or if their own values were interfering with clients' treatment; participants who were confident that they would be helped in supervision to make determinations about when to refer LGB clients felt less anxious about working with them.

Regardless of individual participants' self-assessments of competence or their LGB values, many of them emphasized that LGB competence, like multicultural competence, is always in process and attaining an endpoint is not really feasible. Thus, for almost all participants, living in and with their dissonance and continuing to enhance their LGB knowledge, awareness, and skills was an ongoing process, and created a dynamic LGB competence that was ever evolving.

Grounding the Data in the Literature

Grounded theorists make it a practice to consult relevant literature as they go through the process of data analysis, with the goal of enhancing their theoretical sensitivity and continually locating their data in the literature (Glaser, 1992; Glaser & Strauss, 1967). Indeed, during the analysis process we discovered literature that was invaluable in helping us shape our theoretical conceptualizations, chiefly the Ethical Acculturation Model (EAM; Handelsman, Gottlieb, & Knapp, 2005). In fact, it is

essential that the reader be informed about the EAM before reading the results, because we used the model as a framework for Chapter 7 (Trainees' Adaptation Strategies).

Therefore, we made the decision to refer to selected literature in the results chapters of the thesis. We found that reporting the results simultaneously with their relationships to relevant literature enhanced their meaning and richness and allowed the reader to locate the results in the LGB counselor training literature.

Table 4.1

Participants' Self-Rated Personal Beliefs Regarding LGB Relationships

	Before Entering Graduate Programs	Currently
Very Negative	5	
Somewhat Negative	8	2
Slightly Negative	6	2
Neutral	2	1
Slightly Affirmative	3	2
Somewhat Affirmative	4	6
Very Affirmative	1	16

Table 4.2

Participants' Self-Rated Effectiveness with LGB Clients

	Before Entering Graduate Programs	Currently
Ineffective	8	
Somewhat Ineffective	13	
Slightly Effective	5	3
Somewhat Effective	3	10
Effective		14
Very Effective		2

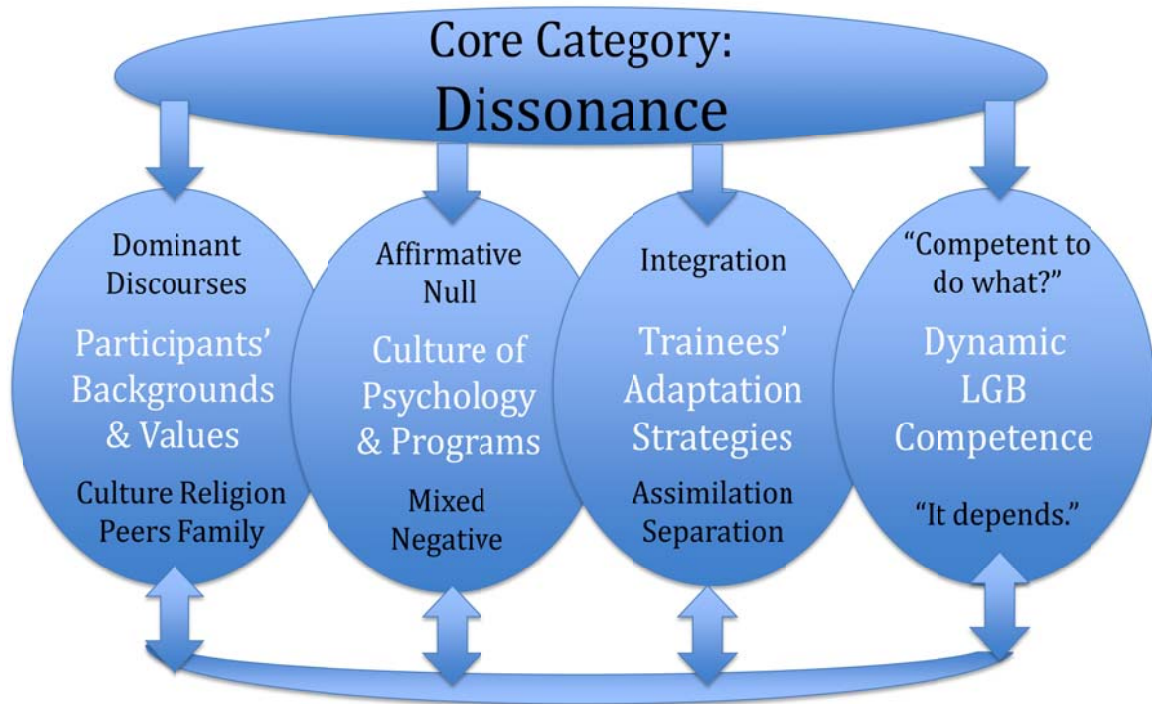


Figure 4.1. Theoretical Model Illustrating the Grounded Theory

Chapter Five

DOMINANT DISCOURSES: PARTICIPANTS' BACKGROUNDS AND VALUES

In the literature review of this thesis, I asserted that a heterosexist dominant discourse exists in our society, privileging heterosexuality and defining it as superior to and more “normal” than LGB orientations, thereby marginalizing and devaluing LGB people (Bieschke et al., 2004; Robinson, 1999). Our participants’ descriptions of their backgrounds with LGB issues demonstrate this to be both unavoidably true and also much more complicated than that. Especially because we recruited participants who began their doctoral programs with LGB-negative views, one might expect that they all came from environments that uniformly denigrated LGB people. In fact, however, many participants experienced multi-layered and sometimes contradictory messages. In these contradictions we began to see dissonance emerge. Participants filtered these messages through their own experiences with LGB people as well as their own ways of making meaning and managing dissonance, and thus developed the views of LGB people and issues that they brought to their doctoral programs.

In the first section of this chapter, I describe participants’ backgrounds with LGB issues and the messages they heard growing up that formed their initial views of LGB people. In the second section of the chapter, I outline overarching LGB themes evident in the messages. In the final section of the chapter, I describe how participants came to the LGB views they held upon entering their doctoral programs.

Sources of Messages about LGB People

Participants experienced messages about LGB people from several sources. The vast majority of participants’ religious institutions, families, peers, and cultural

environments put forward homonegative messages, although they were riddled with inconsistencies. The messages largely adhered to a central narrative: Being LGB is a sin, is unnatural, is a choice, and can be changed through religious counseling and/or prayer. Implicit and explicit messages from different sources hung together around this narrative and strongly reinforced one another in a recursive fashion. A quote from Sam well illustrates this phenomenon:

Early on I knew that everyone in this world is straight, and there are just, like, these really weird people in this world who aren't straight; and through church influences I knew that those people were going to hell. And if I ever ran into those people I guess I kind of had two options. One would be to try to convert them to straight because that's what God wants from me, and then the other one would be to totally like not affiliate, or like ignore them, because I don't want to get caught up in their sin. My father's raising is those people are bad and like "of the circus," meaning like freaks or really bizarre. And then my mom comes from a Christian place, and then so she wants to show me like, you know, her view of 25 different places in the Bible where it says it's wrong. So now I like have an emotional feeling that it's wrong and a Biblical backing that it's wrong, and that's a stronger force for me.

Religious and Familial Backgrounds

For context, it is important to note that 27 of our 29 participants came from religious backgrounds, mostly Christian (see Table 3.4). Of the 27 participants from religious backgrounds, 23 described themselves as strongly religious growing up; some participants and/or their families had been involved in ministry at some point in their lives, and many had attended religious schools and colleges. Most strongly religious participants described religion similarly to Hal—as a central, “organizing factor” in their lives.

LGB messages from most (22 of 29) participants' religious institutions and families were somewhat to very negative. Families' messages were couched mostly in religious terms, but not wholly. Examples of very negative messages are as follows: Rose

said, “In my growing up I was taught that, uh, being gay was a sin, abomination. Um, I almost got the message that it was the worst thing you could do.” Paul said, “I was very much indoctrinated with the view that being gay was really wrong and reprehensible, also that being gay was a choice.” Amy remembered,

My family would quote Bible phrases and say things like, um, you know, “This is not the way God wants things to be, we’re not designed this way, it’s not natural.” It was more like biological-based and then also they would throw in the sin part, too, and that the Bible specifically states it is a sin so therefore it should not be done.

Several participants heard the somewhat less negative message that they were to “love the sinner, hate the sin.” For example, Amanda related this:

The predominant message was one of “love the sinner, hate the sin” kind of an idea, where it wasn’t that you couldn’t accept someone who was gay, but it was a clear acknowledgement that, um, living out a gay lifestyle was something unacceptable. Um, it was immoral. Sinful.

To the contrary, three participants with religious backgrounds heard LGB-affirmative or neutral messages from their religious institutions and families. For example, Maria said, “The teaching of my church was to be accepting of them and, um, like there is no problem with, you know, even them having a relationship or coming to worship services or anything like that.” Maria’s family’s message mirrored that of her church: “The messages I got were as long as other people don’t hurt other people, it’s okay what they’re doing, and the LGBT issues were private and not hurting anybody so it was fine and we should let them be.” The two participants who did not come from religious backgrounds heard affirmative or neutral messages from their families.

Many participants heard contradictory and/or mixed messages from their families. An example is provided by Paul:

My mother, who was very much a staunch traditional Catholic, um, her brother, my uncle, was openly gay and he had lived with his partner for 20-plus years in California. I think my mom was challenged with kind of this paradox in that she was told one thing and certainly her brother's experience was another. She said, "So yes, being gay is wrong, but, you know, that's not the case for my brother because he's in a committed relationship; and yes, the Catholic church says this, but, you know, my brother is the exception."

Keith described his family's views this way:

Now from my parents I got kind of mixed messages, on the one hand that that was not acceptable, that it was tantamount to a sin. But on the other hand that it wasn't okay to look down on somebody else just because they were different. Um, so kind of a mixture of tolerance and, um, I guess disdain.

Cultural Backgrounds

Many participants were aware of LGB messages specifically emanating from their cultural backgrounds. Participants gave examples of influences relating to many cultural factors, including race, ethnicity, geographical region, type of community (rural or urban), gender, and socio-economic status. Participants also described cultures within cultures, such as groups of athletes, who held specific LGB attitudes. Caucasian participants were less likely than participants of color to identify (or recognize) specific LGB attitudes as deriving from their racial and ethnic groups; an exception was Grace, who came from a predominantly Caucasian, affluent suburban community, and said that her household was "very liberal but it's also very 'WASPY,' and you're sort of generally accepting about things but you certainly don't talk about them."

Participants of color were more likely to identify LGB messages coming from their racial and ethnic cultural groups. For example, Kim, who identifies as Asian-American, said,

Even though it was never explicitly taught in the Asian-American culture, it was basically a very negative attitude toward LGBT individuals. I mean I never knew of any Asian-American individuals who were gay, lesbian or bisexual, um,

and...it was very hush-hush. You just kind of get a sense that it's not something that you should talk about... [and] if a family member had a child who was gay or lesbian they wouldn't want anyone else to know.

Eva, who identifies as Latina, described gender norms in Hispanic culture that influenced the expression of LGB identity and relationships: "Culture and gender went hand in hand. Women are not supposed to be strong. Men are meant to go ahead and date and experiment whereas women are taught to stay quiet [and not] show too much sexual knowledge." Also, Eva said that Latino boys were allowed more open self-expression, and so they were able to be very outgoing and to use humor to gain acceptance, whereas this was less of an option for Latina girls. In Eva's experience these factors made it easier for Latino boys and men to come out, whereas it was more difficult for Latina girls and women.

Eva said that the Latino/a values of collectivism and loyalty to family cut both ways for LGB people. She explained that families remained very loyal to their LGB members who were closeted, but not necessarily to those who came out, which was viewed as flouting the expectation of adherence to collective values. Eva said, "Famil[ies] will say to people who try to come out, 'Don't tell anyone, just keep it in the family.' Sometimes the family...gets angry [at the child] for being out. And so at that point they have to separate."

Rick also described intersecting cultures that influenced his views. He said,

I come from an African-American family with multiracial heritage, and...from sort of the cultural space that I'm coming from...it was incredibly, uh, homophobic and heterosexist... There were a lot of hyper-masculine environments. I played football so you sort of had the, the football team culture...And so really the explicit and implicit messages were very um, negative, very macho.

Erica, who is Caucasian, described Southern culture as a source of LGB-negative views, as did every other participant who grew up in the South. She said,

I was raised in the Deep South. Um, so the messages that I got, I think, about homosexuality growing up was that, you know, this was terrible sin. You know, homosexuals are...doing something that's contrary to God's will. Um, and not only that...they should be condemned, and even a sense of, you know, like the gay and lesbian movement and the politically active members, that was kind of threatening to, um, Christian beliefs and morality.

Messages from Peers

Most participants said their peers growing up held LGB-negative views overall, though a few participants were aware of peers who were tolerant, accepting, or affirmative. All participants said they witnessed anti-LGB teasing and harassment, and a few said they participated in it. Participants described verbal abuse and ostracism that sometimes had tragic consequences; two participants had schoolmates who they believed committed suicide because they were perceived to be gay and were ill-treated by peers.

Almost all participants said that the word gay was used as an all-purpose condemnation for people and things, referring not only to sexual orientation but also to anything considered objectionable. For example, Zoe said, "Calling something gay was one of the sort of ultimate insults that you would hear a lot, like it was the worst thing you could possibly be."

A few participants described sports as an environment notable for LGB-negative views. For example, Nick said, "Later in middle school I started running track. And yeah there was definitely a, um, the messages...I mean nothing was explicit where it's like gay people are wrong, but it was, you know, don't be gay." This example, among others, illustrates how strongly interrelated LGB attitudes and messages were across cultural

groups, and also how strongly they reinforced one another, a strong theme we observed in participants' backgrounds.

A few participants' peers had more accepting attitudes; these participants tended to come from more urban areas. For example, Keith said being LGB was "considered socially acceptable at school." He said most of his fellow high school students were "pretty comfortable with it," and that "it seemed like it was mostly the conservative or the religious people that had a problem with it." Also, Mia said her high school boyfriend "was always very affirming and had a lot of friends who were LGBT."

Overarching Themes in LGB Messages

In this section I will describe three main, interrelated themes that recurred in all or most participants' accounts of the messages they heard growing up: (a) distinct categories of homonegative messages, (b) heterosexism, heterosexual privilege, and LGB invisibility, and (c) the expression of stereotypes.

Distinct Categories of Homonegative Messages

Today, the umbrella word used by many scholars to contain the world of negative views, feelings and actions toward LGB people is homonegativity (Hudson & Ricketts, 1980). Traditionally, the term homophobia (Weinberg, 1972) was used to describe negative affect and attitudes toward LGB people. Different definitions of the term homophobia exist in the literature and popular usage: The Oxford College Dictionary defines the term as "an extreme and irrational aversion to homosexuality and homosexual people" (2007, p. 651); the definition in the Oxford American Dictionary is slightly different: "An extreme and irrational hatred or fear of homosexuality and homosexuals" (2008, p. 390). The term homophobia, however, has fallen out of favor due to its

imprecision and its implication that anti-LGB prejudice is based on fear (Herek, 1984); indeed, research indicates that not all people high in homonegative attitudes display a physiological fear response to LGB material (Shields & Harriman, 1984). The term has also been criticized in that it implies anti-LGB prejudice is an individual clinical syndrome like other clinical phobias, and clearly the phenomenon does not fit the clinical definition of a phobia. Furthermore, the use of the term minimizes the role of social, religious, and political ideologies and entities in perpetuating anti-LGB prejudice (Herek, 1984).

The term heterosexism describes the view that heterosexuality is superior to LGB identities, and has been usefully employed to emphasize the roles society and culture play in the transmission of anti-LGB attitudes as well as the institutional discrimination LGB people experience (Herek, 1990). The term heterosexism, however, does not capture the phenomenon of individual affective and attitudinal hostility toward LGB people. The term homonegativity is useful as a global term that subsumes all anti-LGB affect, cognition, and behavior; but because of its general nature it is less useful in specifically describing more virulent anti-LGB prejudice characterized by hateful emotion, derogatory words, and harmful actions. All three constructs—homophobia, heterosexism, and homonegativity—have been used in the psychology literature over the years, and have been operationalized empirically and discussed theoretically in varying ways (as is evident in the literature review of the thesis).

If homonegativity were a pie, there would be a lot of ways to slice it. Our data was useful in clarifying specific types of homonegative messages, which we found differed in several ways: (a) in degree of negativity, (b) whether messages were explicit

or implicit—or to use the language of Bieschke and colleagues (2004), overt or elusive—and (c) in the presence or absence of emotional antipathy toward LGB people. In speaking about the latter distinction, we saw that some homonegative views were characterized by intellectual beliefs (religious or otherwise) that LGB orientations were wrong and/or were a sin, but emotional antipathy toward LGB people was not expressed. Heterosexist beliefs fell into this category. Other homonegative sentiments were characterized by a more visceral, emotional antipathy toward LGB people, and were often accompanied by derogatory language, expressions of disgust, and negative behavior toward LGB people (like teasing, harassment, and ostracizing). Peter was aware of this distinction and explained it well. He said,

I grew up in a small rural home, um, went to a conservative evangelical church. Uh, messages around anything that was not heterosexuality and sex within the confines of marriage were absolutely negative. Um, and that was in church. Um, my family [used] different language at different times, anywhere from...homosexuals are sinful, to much more, uh, mean and derogatory language...As I lived and grew up, [I] used all of that language, from the religious sin language to very derogatory negative language.

Some participants, however, believed that antipathy toward LGB people was not compatible with their religious doctrine instructing the faithful to love one another; hence, they tended to couch their beliefs in the familiar “love the sinner, hate the sin” language. For example, Hal said, “The attitude was...this act isn’t right but we need to really love these people or care for these people and not have, like, unwelcoming attitudes toward people who are gay.” Most participants received all of the above types of messages, and they tended to have the effect of reinforcing one another, despite sometimes being internally inconsistent.

Heterosexism, Heterosexual Privilege, and LGB Invisibility

We found that heterosexism, heterosexual privilege, and LGB invisibility were interrelated phenomena that played important parts in all participants' narratives. Some participants were able to look back on their growing up and identify the heterosexism in their environments, whether or not they named it as such. For example, Ellen said, "You know I think that I didn't think too much about it. I assumed that I was heterosexual and I assumed that my friends and everyone that I knew was heterosexual." Similarly, Zoe related, "I think the LGB issues, along with racial issues as well, just weren't talked about. It was sort of like racial blindness, but it was sort of LGB blindness almost." Paul was able to name the privilege in his background and connect it to LGB invisibility:

I grew up in a very sheltered and privileged environment and was surrounded with people, um, who were kind of like me... So when you have that kind of biased perspective, you just assume, well, there's no gay people here. You don't see them; out of sight, out of mind.

The power of the dominant discourse was such that even if participants had relatives or friends who were LGB, that was not acknowledged at all, viewed as an anomaly, or not seen as relevant to participants' lives. For example, Zoe's mother had a close friend who was gay, but it did not translate for Zoe that others might be LGB as well. She said,

He seemed sort of an exception, especially since he's, he, you never would have known he was gay had you known him. I mean he was really kind, almost in other ways, pretty straight laced. He didn't fit the stereotypes so I wouldn't, if he fit the stereotype I might have been on the lookout a little bit more, you know, in my, in my daily life at school and stuff.

Similarly, Leigh said, "My family didn't know any, um, lesbians or gays. The only time that I knew them were I have like friends who have, like one friend has an aunt and one friend has a, um, sister who is." Cognitive processes like these participants' may be

explained by the social psychological construct of exceptionalism (Dovidio et al., 2004): When people encounter individuals who do not fit their pre-existing stereotypes of a certain group, those individuals are perceived as exceptions and the perceivers' original group stereotypes remain intact.

LGB Stereotypes

It was evident from participants' narratives that LGB stereotypes made up a large part of the information they were given about LGB people, and that they tended to see LGB people in those terms at least at first. One stereotype some participants mentioned was that they viewed LGB relationships solely in terms of sexual behavior; for example, Sam said,

I viewed it in a very narrow, narrow tunnel of, um, this is wrong because of they're sleeping together. Like a male and a male or a female and a female cannot sleep together. And that's what constituted a lesbian or gay relationship for me, the fact that they were sleeping together.

Several participants viewed gay men as feminine and lesbians as masculine, and used terms with negative connotations to express this. For example, Keith said,

There were a couple of people [in high school] that were, um, outwardly gay, even flaming and proud of it...I felt pretty uncomfortable around the people who were flaming...The tone of voice that they used, how they walked, how they held their hands, the expressiveness in their voice...almost a sing-songy tone of voice. Some female, a lot of gender stereotypical traits.

Some participants were aware of their stereotypical views growing up. For example, Grace said she had a "superficial, stereotypical" understanding of LGB people. She said, "I had a somewhat skewed sense of, like, lesbians tend to be athletic." Grace's best friend's uncle was gay, and she describes him now as "very stereotypical," but said that growing up, those stereotypes for her were synonymous with LGB orientations—"I think I just sort of thought, like, oh, ok, he was gay, or whatever." Grace said, "I think I

had more of, like, caricatures almost, than, like, a sense of them as like...an identity, you know.”

Some participants expressed the stereotype that sexual abuse could be instrumental in the development of an LGB orientation. For example, Erica believed a close female friend might have developed an attraction to women because she was sexually abused as a child. She said,

There is some research evidence that, um, people are more likely to have been sexually abused if they identify as gay or lesbian. That may be part of what, you know, creates this propensity towards that. I'm not sure. I can't say with 100% certainty.

Hal also mentioned that he knew of research he said supported the view that sexual abuse is associated with developing an LGB orientation. Leigh did a clinical practicum at a child advocacy center where children who had suffered abuse and their families were seen for services. Of the LGB or questioning clients she saw, she said, “It just seemed like, you know, people who were questioning—mostly questioning, these are, you know, our children and adolescents—were questioning because of that. It's just an interesting connection.”

Stereotypes of bisexual people were especially notable in most participants' narratives; they existed even when participants did not express stereotypical views of lesbian and gay people. Among the bisexual stereotypes were the following: (a) bisexual people are promiscuous and have multiple partners simultaneously, (b) they are “expanding their options,” (c) they are “greedy,” (d) they are “confused,” (e) they are really gay or lesbian but don't want to say so because they fear marginalization, and (f) having relationships with bisexual people is harmful to both LG and heterosexual people,

because bisexuals are likely to leave the relationship for a partner of the other sex. For example, John said,

Somebody who's bisexual, to me, is just, you know, somewhat of a cop out and somewhat just that I think they just like to have sex a lot. I don't know. Like they can't really choose. I don't know. It doesn't seem as legitimate a categorization to me in some ways. [...] It's somewhat trendy on a college campus to say oh, I'm bisexual.

The most pervasive stereotype expressed by participants, however, was that bisexuality is not a legitimate sexual orientation, but a phase of exploration leading to a stable heterosexual or LG orientation. For example, one of John's cohort members in his doctoral program identified as bisexual, but he did not accept her self-identification. He said, "I would say she actually is a heterosexual female who occasionally, you know, to be crazy might say she wanted to sleep with another female. I don't think she's truly bisexual. She typically dates men."

A vitally important theme we observed was that all the messages participants heard and experiences they had interacted in a complex way with participants' own psychology to produce their LGB views upon reaching their doctoral programs. I now turn to a description of this dynamic process.

Participants' LGB Contact and its Effect, or Lack of Effect, on Their Views of LGB

People

In this section I describe three interactive phenomena: (a) participants' contact with LGB people growing up, (b) how they processed that contact, and (c) whether or not it shifted their views of LGB people. All participants' initial views of LGB people reflected their backgrounds, most of which were homonegative (see Tables 3.4 and 4.1). Some participants, however, shifted their views of LGB people at some point (or points)

before their graduate programs; other participants did not. I have chosen to describe participants' LGB contact and their views of LGB people in an integrated way chiefly for this reason: The quality of participants' LGB contact growing up—and the way they responded to the contact—was the most important factor (but not the only factor) contributing to whether participants experienced dissonance and shifted their views somewhat before reaching their graduate programs.

Allport's contact hypothesis (1954) stated that prejudice against minority groups may be reduced if members of majority and minority groups engage in interpersonal contact—only, however, if certain optimal conditions are met. Allport and other social psychologists (e.g., Brewer, 1996) found that simply getting people together did not reduce prejudice; in fact, it sometimes solidified prejudice: “Every superficial contact we make with an out-group member could...strengthen the adverse associations that we have” (Allport, 1954, p. 264). Dixon, Durrheim, and Tredoux (2005) named some of the “optimal conditions” for prejudice-reducing contact enumerated in the social psychology literature: Contact should (a) be regular and frequent, (b) have similar numbers of in-group and out-group people, (c) have real potential for forming friendships, (d) involve different social settings, (e) be non-competitive, (f) be thought important by members involved, (g) be between members of equal social status, (h) include out-group members who are non-stereotypical, (i) require members to cooperate to reach a common goal, (j) be given the stamp of approval by those in institutional and social authority, (k) be devoid of anxiety and other negative emotions, (l) involve personal material, and (m) be with members considered to be representative of the groups involved.

Dixon et al. (2005) pointed out that these conditions sound more like utopia than real life; members of different groups often experience conflict and negative emotion when they come into contact. Indeed, in our data, we found that all LGB contact was not created equal. The main ways participants' LGB contact differed in our data were these: (a) amount and frequency, (b) degree of personal closeness, (c) degree of meaning, and (d) positive or negative valence.

Dixon et al. (2005) also noted that individual variables and constructions of meaning were not addressed in the contact hypothesis. Certainly in our data we observed that participants themselves shaped the degree and quality of their LGB contact. For example, some participants avoided contact with LGB people, whereas others were more open to it. Furthermore, some participants had contact with LGB people but avoided discussing LGB topics with them, including their personal lives and relationships; others were more willing to do so. Participants differed in their responses to contact with LGB people: Some participants experienced cognitive dissonance in response to LGB contact—particularly if it was positive, frequent, and meaningful—because their new experiences did not fit with their negative views. In contrast, other participants were confused by positive LGB contact; still others were dismissive of it or viewed it as an exception. For participants who did experience dissonance, it sometimes resulted in their views becoming less negative, and sometimes did not. The way participants processed these experiences was crucial to their outcome.

Eleven of our 29 participants knew no openly LGB people until college or later. Some participants knew LGB people in their childhoods and teen years, and these LGB people were often relatives. Gay uncles and brothers recurred throughout our data; in

fact, four participants had gay uncles themselves, and three participants had close friends or family members with gay uncles; two participants had gay brothers (20% of participants had a gay uncle or brother). In the following two sections I describe experiences that were somewhat change-inducing for participants and experiences that were not. Our participants held a range of LGB views upon reaching their graduate programs; all but one characterized their views as less than very affirmative (see Table 4.1).

Change-Inducing Dissonance

Contact with LGB people that was most likely to create dissonance resulting in participants' decreasing the negativity of their LGB views was typically described as close, frequent, meaningful, and positive. For example, Liz described herself as very LGB-negative when she entered college, and she had a dissonance experience upon meeting a friend who was gay. She said, "He seemed perfectly normal and I liked him, and he's a great person and he's gay, so it competed with what I thought a bit, that these people were sinful people." She added, "I was really surprised that my idea about gay people was totally wrong, apparently." Liz said this and other friendships with LGB people shifted her views from very to slightly negative when she entered her doctoral program; she still held the view that being LGB was a sin. Zoe said she was neutral when she entered college, where she had her first gay friend (which she credits with shifting her views to somewhat affirmative upon reaching her doctoral program). She described her experiences this way:

Because he was such a wonderful person, it...built up in me nothing but an initially positive viewpoint of LGB people...I thought it was just a new world and I just really loved them a lot, and they were just really cool, open, loving

people... What I encountered specifically was just nothing but tolerance and affection in that community.

Themes related to the participants themselves and their environments were as important as the quality of their LGB contact was. Themes that were shared by several participants who had dissonance experiences that produced positive change were the following: (a) having exposure to LGB people that challenged stereotypes, (b) developing empathy for one or more LGB people, (c) seeing LGB people as human beings like themselves, (d) engaging in meaningful conversations with LGB people about their experience being LGB, (e) having at least one example of an important other with affirmative views or who treated LGB people kindly, (f) having the ability to independently question their views, (g) having some flexibility or openness in their views, and (h) being engaged in a process of evolving beliefs on a larger scale, not only about LGB issues but about race, gender, religion, and social mores.

Amy's dissonance story provides a good example of almost all of the above themes. Amy shifted from very negative to slightly affirmative upon reaching her doctoral program. Amy's gay uncle was "black-sheeped" by her extended family because of their religious views, which was "conflicting" and "confusing" for her. She nevertheless had a close relationship with him. In high school and college she began to question her religious views, saying, "Do I really believe this stuff?" She said, "Having my own relationships with people who are gay and lesbian, I think that's where a lot of my views started to change." Amy and her LGB friends discussed what it was like for them to be LGB in high school. She described conflict with her extended family when they expressed anti-gay views; she said, "And it would affect me because I would hear kind of the stress [LGB people] were going through trying to get out and live this lifestyle

and try to be accepted.” Also, Amy had an example in her mother of someone who treated LGBT people kindly. Amy said,

My mom’s a very religious woman too, however one of her closest friends is [a transgender person] who...had a lot of financial difficulties, so I remember my mom actually letting him live in the house...a good few months to help him get on his feet. So I see that as my mom, like even though she may not always agree with things, she...just does what’s right, you know, and if a friend needs you, you help them.

A few participants had dissonance experiences that did not involve close relationships with LGB people, but were characterized by internal and social processes. For instance, Kim reacted negatively to the homonegative views expressed by her church in college, and began to reevaluate her religious beliefs. She said, “There are so many other key things about love and compassion that for me...took priority over these other teachings.” She had no close relationships with LGB people, but she said, “I had some exposure to that community and I think that helped [me to] see them as real people...their sexual orientation is very natural. It’s who they are just like it is for anybody else.” In addition, Keith said he had exposure to LGB peers at school that felt non-threatening and increased his comfort level. He was teased at school, and he was able to develop empathy for LGB peers by connecting their experiences of being ill-treated with his. Also, many of Keith’s peers were LGB-affirmative, providing an example for him.

Non-Change-Inducing LGB Contact

To the contrary, participants who had contact with LGB people that was distant, infrequent, superficial, neutral, or negative did not experience dissonance resulting in positive change. For example, Brian knew only one LGB person before his doctoral program, his sister’s friend, with whom he had little, neutral contact. In addition, John “knew one or two people in town who were openly gay; his cousin was “in the closet.”

John said, "I wouldn't say I was friends with anyone who was openly gay." Ellen and Eva also described having superficial, somewhat negative contact with LGB people in high school and college.

Several participants described contact with LGB people that served to strengthen or reaffirm their negative views. These experiences involved a lack of personal contact between participants and the LGB people involved, and a pronounced sense of the LGB people as a different, denigrated out-group. For instance, Evan attended pageants put on by transgender people, which were prevalent in his culture. He said, "People had fun with it." The people were accepted in their roles as performers but not as equals. He described the group as "somewhat accepted but also looked down upon." The name of the group was used as a slur to denigrate in-group members. Similarly, when Ellen was in college she and her friends sometimes went to drag shows at a gay bar in a neighboring town. She said, "It was like you went there and were exposed to a different culture, but we went back and thought, 'Those people are odd...it was kind of like we were looking at these people, we were outsiders looking at them.'"

Likewise, two participants described being in college classes where panels of LGB people came to speak. Hal said,

I think I had, um, probably at a gut level a negative reaction to...there's two gay people...People asked like what do you do like when you're intimate or when you're having sex, and...at a gut level I had kind of a, I don't know if I'd call it an aversion, or maybe that's not the way it should be.

Hal said it was "different" but did not make "a huge impact." Also, Sam said he had a strong memory of an LGB panel coming to speak to his class. He said,

That was really my first experience of people being like really explicit about their lifestyle and about like being attracted to the same sex...I remember like walking out of there and...just slandering the heck out of their lifestyle...I guess it told

me, wow, all these different teachings that I've learned throughout my life are actually true, like a confirmation, like everyone who has told me about this stuff is, is right on.

Again, themes related to the participants and their environments were equally important. Themes that were shared by several participants who had LGB contact that did not result in dissonance and positive change were as follows: (a) families refused to acknowledge that family members were LGB or discuss anything about their relational lives, (b) there was a social/religious norm of ostracizing LGB people not only from church but from families, (c) LGB family members were seen as an exception, (d) participants heard uniform, rigid homonegative messages from all sources and did not know anyone with affirmative views, (e) families perceived LGB members to cause harm and pain, (f) participants adhered rigidly to LGB-negative views, especially religious views, (g) participants did not go through a process of independently questioning views in several realms, and (h) participants knew LGB people who had gone through conversion therapy and were now married to opposite-sex spouses.

Several participants had close relationships with LGB family members or friends that caused them to question their beliefs, but resulted in confusion instead of change-inducing dissonance due to the factors listed above. For example, Amanda had a close friend in college who came out. She cared about him a great deal and had a hard time reconciling what she had been taught with her positive feelings for him. This caused her to wrestle with her beliefs; she thought, "I love my friend but I'm supposed to hate what he does? It just doesn't make sense." Amanda described this as an ongoing struggle that was unresolved for many years. Likewise, Rose made LGB friends at her workplace after college. She said,

They're normal people. They're not like some, you know, wicked, evil, mean, whatever I was taught. So I started to get really confused... Why should we hate them and vilify them? That doesn't make sense. I was really conflicted 'cause I was still in an evangelical church that continued to reinforce that it is wrong, and people can change, and there's this ministry that helps them become heterosexual, and oh, by the way, it's successful.

Likewise, Paul was somewhat close to his gay uncle, who was treated as an exception by his family. Paul said, "His sexual orientation was never a focus of conversation. His partner would not come with him, you know, visiting us, or see us when we would go." Sophie described her experience with her gay uncle this way:

In my home it was like never really talked about, you know, so even though I have an uncle who, um, actually died possibly from, you know, AIDS complications... Still never talked about growing up... For the last year and a half of his life we weren't, you know, we were long distance. Before that we were always close... He was like a second dad to us... we got to know all of his partners. Like he'd have partners that he lived with, you know, so they were pretty serious. And they were like our second uncles... And even now the only people who will, you know, talk about it... so my mom won't talk about it but my dad will. But my mom won't and my grandma won't.

In this section I described the starkly different experiences participants had with LGB people growing up and in college and their varying responses to their experiences. It is clear that a complex combination of personal and environmental factors interacted to result in the views participants had when they reached their doctoral programs.

Conclusion

In this chapter I described participants' LGB backgrounds, important LGB themes, and experiences of contact with LGB people, and how those factors influenced participants' emerging LGB views. In the next two chapters, I describe participants' experiences upon entering their graduate programs and the different ways they adapted to their training and social environments.

Chapter Six

THE LGB CULTURES OF PSYCHOLOGY AND PARTICIPANTS' PROGRAMS

As I described in the literature review of the thesis, the culture of psychology has evolved a great deal with regard to LGB issues. APA has come forward with ethical codes that make clear that psychologists are expected to refrain from discriminating against LGB clients (APA, 1974, 1981) and resolutions that urge psychologists to “take the lead in removing the stigma of mental illness that has long been associated with homosexual orientation” (Conger, 1975, p. 633) and strongly criticize conversion therapy (APA, 1997). Guidelines for psychotherapy with lesbian, gay, and bisexual clients were published, directing psychologists to recognize that LGB orientations do not reflect mental illness, acknowledge that anti-LGB prejudice affects LGB clients and the therapeutic process, and to reflect on their attitudes because unexamined prejudices can impede the assessment and treatment of LGB clients (APA, Division 44/Committee on Lesbian, Gay, and Bisexual Concerns Joint Task Force, 2000).

In addition, researchers have developed empirical models of LGB counseling competency that include LGB affirmation as a component of competence: Israel and colleagues' model (2003) includes the following attitudinal competencies: Psychologists do not feel homosexuality is wrong, evil, or should be changed, and do have affirming attitudes that go beyond tolerance. Bidell's scale (2005) measuring LGB counseling competence includes the following items measuring attitudes (reverse scored): “The lifestyle of an LGB client is unnatural or immoral,” and “Personally, I think homosexuality is a mental disorder or a sin and it can be treated through counseling or spiritual help.”

Despite the increasingly LGB-affirmative milieu of psychology as a field, we found that programs' particular cultures around LGB values differed a great deal: Some programs took an explicitly LGB-affirmative stance; the cultures of some programs were best described as neutral or null; some programs transmitted dissonant or mixed messages on LGB values; and a few programs had an LGB-negative atmosphere. Furthermore, we found that our participants were able to discern and report what the atmospheres of their programs on LGB-values were. In our study, 17 participants attended LGB-affirmative programs, five attended null programs, four characterized their programs as mixed, and three attended programs that took a negative view toward LGB issues (all with a religious affiliation).

In addition, we found that participants' doctoral programs' LGB training varied from nonexistent to plentiful; in this our data was in accord with the literature (Phillips & Fischer, 1998; Sherry et al., 2005). Some programs centralized LGB issues as an aspect of diversity, discussed LGB issues in one or more multicultural classes, and infused LGB content throughout the curriculum. Sometimes, these programs offered a class devoted to LGB psychology, which was usually an elective but was sometimes mandatory. These programs carefully attended to LGB issues in the academic and clinical training domains. Other programs had minimal LGB training; minimal training consisted of touching on LGB issues in a multicultural class but not treating LGB issues with as much weight as other aspects of diversity. Participants from these programs often said they got the most LGB training in their clinical supervision if and when they had an LGB client. Other programs offered no LGB training; typically, these programs did not offer a multicultural

class. In these programs' clinical training as well, participants said that LGB issues were likely to be ignored or not considered relevant.

We found that LGB training varied by type of psychology doctoral program in a way that was largely in agreement with the literature (Phillips & Fischer, 1998; Sherry et al., 2005), with important exceptions. Typically, counseling psychology Ph.D. programs and clinical psychology Psy.D. programs offered more LGB training than clinical psychology Ph.D. programs. Counseling psychology and clinical Psy.D. programs were, on the whole, more explicitly LGB-affirmative than clinical Ph.D. programs, which tended to be neutral/null, with some interesting exceptions.

Generally, strongly LGB-affirmative programs provided more LGB training than null, mixed, or negative programs, but affirmative programs nonetheless varied a great deal in the type, amount, and quality of training. Neutral or null programs typically offered little to no LGB training. Mixed programs had faculty members that espoused very different views on and approaches to LGB clients and issues; the training they offered was equally varied—different participants characterized it as ample to sparse.

Programs that integrated psychology training with Christianity and programs existing at universities with strongly religious missions were largely LGB-negative, in that they took the stance that heterosexual orientations are preferable to LGB orientations, which they considered incompatible with Christianity. The training at these institutions, however, was interestingly diverse: Some programs took on LGB topics quite a bit, albeit from a non-affirmative perspective; some programs' stances actually were more neutral than negative and provided a great deal of training focused on how to work with clients who were experiencing same-sex attraction that they found

incompatible with their religion; and some religious programs addressed the subject very little. In the following sections, I describe participants' experiences in LGB training in their doctoral programs.

Affirmative Programs

Almost all affirmative programs were reported to require at least one multicultural class in which LGB issues were addressed. Many participants in affirmative programs reported that LGB issues and multicultural issues in general were infused throughout the curriculum. Many affirmative programs offered a class solely devoted to LGB issues, which was sometimes mandatory but usually elective. Some affirmative programs had sequences of as many as three multicultural classes, some focusing solely on LGB issues. Participants attending affirmative programs were much less likely to be able to avoid LGB training than participants in other programs.

The most common event in our sample was an LGB-negative participant's entering an LGB-affirmative doctoral program and experiencing a great deal of conflict between his or her own values and the values of the program. Most of these participants thought their programs were almost dogmatically LGB-affirmative, and that expressing other views was not tolerated. Participants struggled a great deal in their programs. They perceived that not only their programs but also the field of psychology at large were unwelcoming to divergent LGB views and to them. For example, Amanda said,

There was a very overt message...almost like this message of you can't really be a psychologist and not be affirming ...[Faculty gave the message that] this is the way, this is the only way...it was very scary. It was threatening...And so it's kind of ironic that it's almost as strong a message as what I was raised to believe, just from a different perspective.

We observed a theme so common that it approached a second core category in its importance: Every single person we interviewed who entered affirmative programs with LGB-negative views did not discuss them with faculty for fear of negative evaluation; they said they felt unsafe to do so. These participants felt enormous fear and isolation. They feared harming LGB clients and classmates, being judged, being ostracized, and even being dismissed from their programs. For example, Paige, who attended a counseling psychology program said,

The field is so LGB affirmative it was like I would be ostracized if I mentioned anything...it's a fear of offending someone else especially in our profession because there are a number of people in our program that are LGB...It's really difficult to admit what your values are...It's almost like feeling like you don't fit in the profession either.

When Brian entered his counseling psychology doctoral program he had still not had "much exposure to homosexual relationships." When he learned that some of the other students were openly LGB, "I was a bit anxious, um, because I didn't know how to deal with the conflict." He added,

I struggled with how I could be affirmative and hold my Christian values, and thought about what the conflicts were...I felt like I would be judged because I, I would be perceived as being judgmental...I was afraid that I would be kicked out of the program if people found out that I was a fundamentalist Christian.

Brian said that a psychologist who identified as a lesbian came to speak to his first-year practicum. He said,

One thing that stuck with me...was that she didn't think if someone held [the Christian value that same-sex sexual contact is a sin] they would be able to effectively treat an LGBT client...and I think that made me more frightened...so I can't treat LGBT clients or I'll be doing them a disservice.

When discussing whether she felt safe to openly discuss her LGB views in her counseling psychology program, Ellen said,

I think that's the double message. In one sense they say it's okay to talk about and explore and to use supervision and small class discussions to discuss these things. But in another sense when...you don't have open affirming values you're looked upon in a very negative way...And I am acting as a supervisor right now and I know that it's true. We say to our first year practicum students...you can have whatever beliefs you do have...But then when we go back to supervision of supervision we say, like, oh my goodness, this person is so closed, this person really has very strong anti-, you know, [beliefs].

A recurrent theme for participants with LGB-negative views entering affirmative programs was that they thought so much about the conflict between their views and those espoused by their programs, and how anxious, defensive, and/or angry they felt about that, that they spent a lot of time having to manage that and it seemed they focused less on the content of training. I further discuss the ways participants adapted to and responded to training in the next chapter.

Religious participants who attended secular programs, especially affirmative programs, said they did not think their religious values were respected in their programs and in psychology as a field. They felt unwelcome in their programs, and felt their Christian values were not accepted. Many participants even felt as if their Christian identities were stigmatized by their programs and the field at large. For example, Paige said, "I think that's one of the things I really struggled with...It's like counseling psychology really does value certain things more than others. You know we say we value diversity...but is my own religious diversity being valued?" In addition, Brian said, "I would imagine that everyone, or a lot of people, would have a detector that could detect that I'm a fundamentalist Christian and I'm judgmental, and I would be, um, judged or distanced by others who are affirmative."

Sophie attended a counseling psychology program. She was known to be a conservative Christian by the faculty and students, and often felt her religious identity

was stigmatized. She described being constantly aware of this, especially when multicultural issues were discussed. She said, “I did start to have to learn to be a little bit more on the defensive of like, ‘You know that I’m a really open person,’ and trying to make sure that that was really clear.”

John experienced the atmosphere of his clinical psychology postdoc as dogmatic on LGB issues. He had a seminar experience in which he expressed a view of an LGB vignette that was counter to that of the other students. He said,

It’s interesting that the, uh, kind of the mantra is, you know, you need to be as open and accepting of other people’s views as possible, unless you disagree with it, then you can’t accept it at all. [laughs] Only accept it if you kind of are in a very narrow band of belief.

LGB-negative participants said that affirmative programs felt too unsafe for them to be able to discuss their divergent LGB views. They perceived many things their programs did that created unsafe atmospheres: (a) people were dismissive and shaming of LGB-negative views, (b) programs implied or explicitly stated that LGB-affirmative attitudes were the only acceptable attitudes, (c) programs did not discuss the fact that students might come in with religious values that were in conflict with LGB-affirmative values, but instead expected that everyone was affirmative, and (d) showed a lack of understanding of and inability to address students’ religious values and the value conflicts that arose for students.

Not all LGB-negative participants who came into affirmative programs felt so much opprobrium for and silencing of divergent views. Some of these participants said their programs felt safe to openly express divergent LGB views. These participants named several things their programs did that made their atmospheres safer: (a) LGB-negative views were met with neutral comments that encouraged students to explore their

views, (b) it was acknowledged that value conflicts existed and that not everyone was LGB-affirmative, (c) religion and spirituality were discussed more often and with greater respect and sophistication, (d) participants did not feel pushed to adopt LGB-affirmative values, (e) programs focused more on participants' learning to provide competent care to LGB clients than they focused on attitude change, and (f) programs emphasized that if students thought their values were getting in the way of providing competent care, they should seek supervision, and if the conflict could not be resolved, they had the ethical obligation to refer the client. For example, Rick described an experience in his clinical psychology Ph.D. program during a multicultural class in which LGB issues were being discussed:

I remember having a conversation with my professor where I said I'm having a hard time here [with LGB issues]. She just acknowledged that that was a sticking point for me. So I do think [in] our program there was a political message that was there. It was very clear, uh, that it was a program that was to the left and was very progressive. And yet at the same time, somehow within that I personally didn't feel like I was being attacked, and that somehow people were giving me the space to work it out and to confront it.

Likewise, Peter described his experience in his counseling psychology program:

It was never explicitly stated you must be pro-LGBTQ to be a counselor, but it was, it was talked about in terms of you have an ethical responsibility to, uh, provide competent care. If you do not feel you can do that, then you need to be honest about that. We'll work through that in supervision and consultation. You need to also make sure that you provide care in some way to, say, a lesbian who comes to you for service. If you can't do it then you need to provide resources where she could get care. So I, that worked for me because that didn't tell me that I should be ashamed of myself or my viewpoints. It gave me time to, to think through the implications of my history, the implications of my new profession, and just process it on my own and with others.

Null Programs

Participants who attended null programs reported that their programs did not espouse a view of LGB issues, either affirmative or negative—in fact, they most often

reported that LGB issues were not discussed at all. Participants in null programs reported that they had no openly LGB faculty and that no one was engaged in research on LGB issues. Participants who attended programs characterized as null reported that they had little to no LGB training. LGB issues were in no way infused throughout the curriculum, as was often reported by participants who attended affirmative programs. No null program offered a class specifically on LGB issues.

For example, Amy attended a clinical psychology Ph.D. program she described as null with respect to LGB values. She said LGB issues were covered in six or seven comps articles, and the program brought in speakers once a year that addressed LGB topics. Amy said she did not remember what she learned from her LGB comps articles, but she remembered an exercise a speaker led the group through, closing their eyes and imagining what it would be like to have HIV. In addition, Zoe and John attended null clinical psychology Ph.D. programs; neither of them could remember having any LGB training.

Many participants who attended null programs said that if LGB issues were discussed, the conversation was student-driven. For example, Amy said a lot of discussion about LGB topics went on among students in her program, but if LGB issues came up in her academic training it was because a student initiated the discussion. Likewise, if participants in null programs wanted LGB training, they had to seek it outside their programs. For instance, Grace, who attended a null clinical psychology Psy.D. program, had a “wretched” multicultural class that did not address LGB issues. Grace was able to go outside her program to secure a practicum at a community mental health center for LGBT adults, and she also advocated for herself to gain her adviser’s

support in doing a dissertation on psychologists' attitudes about various stigmatized groups, including LGB people.

Participants who attended null programs reported that multicultural issues in general were marginalized in their programs. Many of these participants reported not having a multicultural class or that their multicultural class was optional. If null programs did require multicultural classes, participants reported that there were other factors that communicated to them that multicultural issues were not taken seriously in their programs. For example, participants often reported that multicultural classes were not taught by core faculty members, but rather by adjunct or affiliate faculty. In addition, multicultural issues were not discussed in other classes. Many participants reported that if they had a multicultural class, it did not address LGB issues. If the multicultural class did address LGB issues, that typically occurred during only one class period.

For example, Paul said his counseling psychology program was inadequate for preparing him to work with LGB clients. He said, "I have recollections of professors saying, 'Well, you'll get exposed to [LGB issues] in your multicultural counseling class.' And then, you know, you don't." He did not remember conflicts between people on LGB issues "because they frankly weren't discussed." He described his program as "LGB-
apathetic...I don't think they were disaffirming. I don't think they were affirming. I just think they, I just think there was nobody who took leadership on that issue." There were openly LGB students in his program, but "I think it was, you know, kind of like my dad's approach. It was kind of like, well, let's just not talk about it."

Also, many participants in null programs said that clinical supervision was the place they received LGB training (if they did), in response to having an LGB clients.

Clinical supervisors, however, differed in how much they addressed LGB issues when participants had LGB clients. For example, Paul said he had “great LGB clinical supervision,” and Amy and Grace said they did address LGB issues in clinical supervision if they saw LGB clients. Some participants reported, however, that their supervisors did not see LGB issues as relevant to LGB clients’ treatment. For example, Zoe had one LGB client during her program, a bisexual woman, and she reported that she and her supervisor did not discuss LGB issues as relevant to the client’s treatment. In contrast, John had many LGB clients during his clinical training, especially at a practicum site for clients with HIV/AIDS, but LGB issues were not discussed by his supervisors as relevant to clients’ treatment.

Mixed Programs

In contrast to participants in null programs, participants who attended mixed programs reported they did receive LGB messages from their programs, but the messages differed depending on which professor participants were interacting with. Several participants said different professors had very strong views about LGB issues that they were open about, both affirmative and negative. For example, Eva, Hal and Sam said they had professors in their programs who were affirmative, but each had at least one professor known for his or her anti-LGB views that the professors based on their religious beliefs. Sylvie, to the contrary, said that her program was mostly affirmative, but added, “There are a lot of biases within the faculty that are not talked about or addressed the way that we as students are asked to address them.”

In some mixed programs, participants were aware of what seemed to be tension among the faculty about how to approach LGB issues. For example, Sam said his

program was “very affirmative by some professors and in some parts of the program, and very non-affirmative in other parts of the program.” Sam said some of his professors took the more exclusive view of multiculturalism, that it encompassed only race and ethnicity, and others took a more inclusive view, counting LGB issues, gender, religion, etc. as part of multiculturalism. Sam’s experience with the professors who took the exclusive view of multiculturalism was that “it wasn’t okay to bring any LGBT talk to them because that was avoiding the issue [of race].” In addition, Sam said that the approach to LGB issues taken in any particular class depended on the professor’s personal views. In one of his multicultural classes, “One [student] actually said, ‘I think it’s my job as a counselor to tell the client that they’re going to hell because that’s my job like from a Christian identity.’” Sam added, “The professor talked about the Bible like 50% of the time and we all knew exactly where he stood.” Sam said he and others in the class felt uncomfortable that their peer’s statement went unchallenged, but they felt uncomfortable doing so for fear of that professor’s disapproval.

Some participants in mixed programs said they knew it was possible to be anti-LGB and be in psychology because of the existence of their anti-LGB professors. Still, they were aware their LGB-negative views put them at odds with the profession at large and avoided expressing their views openly in their programs. For example, Hal said LGB issues were “kind of like a hot topic issue and that most people probably had much more liberal beliefs than [he] did about it.” He continued, “If I expressed that, you know, I thought homosexuality was a sin, um, that would come across badly.” His parents, both Christian therapists, warned him to “be careful of what you say.”

LGB-Negative Programs

All programs in this category were Christian integration programs or programs at universities with a strong religious mission. In a way, however, LGB-negative is a misnomer for the programs in this category. The programs all espouse a Christian belief that being LGB is a sin and is less desirable than being heterosexual, but they approach the issue in vastly different ways, and some programs handle it with much more empathy, equanimity, and sensitivity than others. The complexity and variety of the ways LGB issues are handled in these programs becomes evident in this and the next chapter.

Evan attended a counseling psychology program at a conservative Christian university. When he entered his program, he said he had very LGB-negative values. Even though his university was committed to conservative Christianity, the professors in his program arranged for the students to also be exposed to training from an LGB-affirmative perspective and to have encounters with LGB people. Evan remembered that the ethical principle “do no harm” was emphasized in his LGB training. Evan described the perspective his training program brought to clinical work with LGB clients:

Definitely not out to...change people or place judgment as far as any right or wrong, whether it's [a conservative Christian] client or not...For someone who wants to adhere first and foremost to the teachings of the church, it's a very humbling place because...what that could mean for some people is...they would choose to live a life without marriage, without romantic partners...We were taught to work with the client from where they were at rather than try to move them any particular direction.

Erica attended a clinical psychology Psy.D. program that integrates psychology training with a conservative Christian perspective. She said she was very LGB-negative upon entering her doctoral program. She said she had had a great deal of LGB training from the perspective of her program. Erica described her training this way:

We have done some study of the cultural mores of [Biblical times] to be more aware of sexuality in the Bible per se, and not just homosexuality...And as a group we've also done a lot of work that has allowed me to hear the stories of some of the people that struggle, uh, that have been rejected by their church family...I've viewed a lot of therapy...and we've done a lot of research. My dissertation is on [issues relevant to sexual minorities]...One of the big things [I've studied] is sexual identity...making this big space for people to...say I'm a person who struggles with attraction to the same sex, as opposed to I'm gay...For some Christians, they see their religious identity as more central. I mean, they pursue celibacy, they may pursue change of orientation therapy...Having respect for people's views on this issue and allowing them to work out for themselves where they lie throughout the spectrum.

Rose also attended a clinical psychology Psy.D. Christian integration program.

Rose said in some parts of her program LGB issues were not addressed at all, and in other contexts students and professors were able to have quite open conversations about LGB issues and Christian values, and they were given information from both LGB-affirmative and conservative Christian perspectives. Rose described her training as follows:

So first I want to say that the faculty were all very personally supportive of, um, sexual minorities...However, the university as a whole is not...When it comes to the classroom, in my human sexuality class we never talked about, um, sexual minorities at all...[But in my] advanced human development [class], the professor had us read a couple articles about, um, gay and lesbians. One was written by um Peter Gomes...he goes through the Biblical passages that supposedly um say that homosexuality is an abhorrence and abomination and all that, and he gives different interpretations of them...We had a full class discussion and...people came from all different perspectives on it...We had several classes that were specifically integration of Christian beliefs and values and ethics, and an attempt was made to try to resolve the conflict between psychology, APA, and evangelical Christianity. I think they did a good job of really trying, showing us the sticking points.

As Rose, Erica, and Evan described, their training was very different even though their different programs and/or universities all claimed a Christian identity.

A key theme throughout our data was that it was safer for students to openly discuss LGB issues from all points of view in religious programs than it was in secular programs in general, whether they were affirmative, mixed, or null. Rose emphasized the

consequences of this openness for her (she entered her Christian integration program very LGB-negative and emerged very LGB-affirmative):

I firmly believe that if...I didn't have the opportunity to really struggle with the two viewpoints, if I had just gone to a secular university which would have said, gay affirmative and that's it, I wouldn't have been able to really integrate and really transform my attitudes, values and thinking...You can't sit in a secular classroom and say...I really believe that gays and lesbians are, you know, awful. You can't say that. In my class, they do...And then the other students say, well, I believe differently.

To the contrary, religious participants in secular programs did not openly discuss their religious beliefs or conflicts with LGB issues with faculty (the only exceptions were participants' private conversations with the aforementioned anti-LGB conservative Christian faculty). Religious participants most often felt their beliefs were denigrated and their identities were stereotyped as bigoted. In addition, religious participants said that there was little discussion in secular programs about religion and spirituality, and what little there was tended to be unsophisticated and unhelpful. Hal summed it up this way: "I don't think the secular psychology programs are great at understanding people like religious counselors and their beliefs." He said,

I was at a counseling conference and...they did a talk on graduate students' experiences with LGBT issues in their program and how they changed...Three people got up and they basically said the same thing. They were like, "I was raised really conservative and then I got to my program and I met a gay person and this is how I changed my views"...That's not going to help these issues...You're talking to people who really, the Bible is what they look to for their guidance for their life, and you're not going to be able to say just, "Oh, here's someone who's gay and is nice and is a good person"...So it just seemed kind of shallow and so I was a little frustrated with it.

Conclusion

In general throughout this chapter, it is evident that knowing the type of program or knowing whether or not it is Christian in orientation will not tell you how LGB issues

are actually treated in training. In the following chapter, I describe how the participants adapted to their programs' LGB cultures and responded to the LGB training, or lack thereof, therein.

Chapter Seven

TRAINEES' ADAPTATION STRATEGIES

In this chapter, I discuss how participants responded to the LGB cultures and training in their programs and in psychology as a field. Almost all participants experienced a culture clash as they entered their programs; how jarring the clash was depended in part on how divergent participants' values were from the values of their particular programs and psychology at large. As participants experienced value conflicts around LGB issues, this created dissonance that demanded adaptive movement. We observed that participants adopted quite different strategies to decrease their dissonance and to navigate their training programs.

As we analyzed the data, we identified three main strategies participants used to adapt to their programs: (a) some participants engaged with LGB issues, adopted the LGB values of their programs, and discarded the views they came in with; (b) some participants avoided engagement with LGB issues, were not influenced by the values of their programs, and held strongly to their original views; and (c) some participants engaged with LGB issues and found intersections between their own values and the values of their programs, thereby forming a new value system that retained important parts of their own values and also incorporated new information and values from their programs.

During our analysis Dr. Bieschke discovered literature that she thought was quite relevant to the phenomena we were observing in our study; she shared it with me and I agreed. The Ethical Acculturation Model (EAM; Handelsman, Gottlieb, & Knapp, 2005) offered a theory of how psychology trainees develop professional identities as ethical

psychologists through their training. The authors stated, “Psychology [...] represents a discrete culture with its own traditions, values, and methods of implementing its ethical principles” (Handelsman et al., 2005, p. 59). Trainees come into programs with their own ideas about what is right and wrong, and must learn via their training to incorporate the ethical standards expected in psychology, which may be quite different from their value traditions.

The EAM conceptualized this process of adaptation as an acculturation process. Handelsman and colleagues used Berry’s model of acculturation (Berry, 1980, 2003; Berry & Sam, 1997, cited in Handelsman et al., 2005) to illustrate the different ways trainees may adapt to their new cultures. Berry’s model of acculturation included two dimensions: (a) *cultural maintenance*, or how strongly trainees identify with their cultures of origin and want to retain their values, and (b) *contact and participation*, or how strongly trainees identify with their new cultures and wish to incorporate new values and traditions. Where trainees fall on the two dimensions leads to four possible adaptation strategies (see Figure 7.1): (a) Trainees who identify strongly with the culture of psychology but weakly with their own cultures of origin use the *Assimilation* acculturation strategy: They adopt the values of psychology and abandon the values of their cultures of origin; (b) trainees who identify strongly with their cultures of origin but weakly with the values of psychology use the *Separation* acculturation strategy: They retain the values of their own cultures and do not incorporate psychology’s values; (c) trainees who identify strongly with both their own cultures of origin and the culture of psychology use the *Integration* strategy: They retain important values from their traditions but also incorporate psychology’s values; and (d) trainees who do not strongly

identify with the values of their cultures of origin or of psychology use the *Marginalization* strategy; they do not hold strongly to any value system.

Handelsman et al. (2005) stated that “acculturation is a dynamic process” (p. 60): Trainees are engaged in a continuous process of adaptation and may choose different strategies at various points in their training. The authors also stated that many external and internal factors influence which strategy a trainee chooses at any given time, including the characteristics of both the trainee’s own culture and the cultures of his or her program and of psychology at large. Factors that may influence adaptation styles are the following: (a) how accepting programs are of trainees’ values, (b) how open trainees’ value systems are to incorporating new ideas, (c) trainees’ personal characteristics, such as coping styles, anxiety levels, and other personality variables, and (d) how voluntary the acculturation process feels to trainees. Another important factor that influences trainees’ adaptation is *cultural distance* (Berry & Sam, 1997, cited in Handelsman et al., 2005), or how dissimilar the values of the two cultures are. Clearly, the more psychology’s values diverge from trainees’ beginning values, the more dissonant and difficult the adaptation process will be.

Handelsman and colleagues stated, “The culture of psychology is larger than ethics, and an acculturation model could be used more broadly than we attempt here” (2005, p. 59). We found that their acculturation model fit the processes we observed in our data in two main ways: (a) we conceptualized the process trainees went through in their programs as one of coming in with one culture and having to adapt to another, and (b) the adaptation strategies we observed in our participants closely mapped on to the

adaptation strategies described by the EAM.⁷ Thus, we found the EAM useful in helping us elaborate our conceptualization of the processes we had observed and in giving us the language to entitle the categories we had identified.

In the following sections, I grouped participants by adaptation strategy, first describing Assimilation, then Separation, and finally, Integration. For each group, I described (a) dissonance experiences upon entering programs, (b) struggles with values conflicts, and (c) implementation of adaptation strategy. I gave examples from participants' narratives throughout the text. It is important to note that participants did not sort easily into categories; most participants employed different strategies at different times (hence, the reader will note that some of the same participants appear in more than one group). The driver of participants' attempts to adapt was, again, the desire to resolve the dissonance provoked by the conflicts between their values and those of their programs.

As described in the EAM (Handelsman et al., 2005), trainees enter programs as cultural beings with their own values of origin. Trainees who adopt the Integration and Assimilation adaptation styles allow their new cultures to shape not only their professional identities but also their personal value systems; likewise (for Integrationists), their personal value systems interactively influence their professional identities.

Indeed, our participants using the Assimilation and Integration strategies (all but one participant eventually adopted one of those strategies) experienced a dissonance-driven adaptation process that influenced not only who they were in the context of their

⁷ There was one exception: None of our participants evidenced the Marginalization strategy, in which trainees identify neither with their ethical values of their cultures of origin nor the values of the profession. Handelsman et al. (2005) remarked that an extreme example of someone who used this strategy would be a psychopath. Therefore, it makes sense that we did not identify anyone who fit this category among our psychology trainees and ECP's.

training programs, but also who they were as individuals in their personal lives. Trainees experienced an interactive process of change in which they were continually influenced by experiences within and outside of their programs; how they reacted to those experiences was crucial to their outcome. In this chapter, I not only described how participants adapted inside their programs, but also how their personal value systems changed (or did not change) and the consequences for their personal lives. Of course, participants' adaptation processes influenced their professional work with clients as well; I described participants' development of self-perceived competence with LGB clients in the next chapter.

Assimilation Strategy

Participants using the Assimilation strategy (5 in our sample) abandoned the LGB values they initially held and adopted the values of their programs and/or psychology as a whole. We observed that this happened in two main ways: First, participants who held LGB-negative views based on strong religious conviction entered LGB-affirmative programs and experienced a great deal of dissonance between their religious views and the affirmative views of their programs. They questioned their own religious values and LGB-affirmative perspectives, and struggled with whether they could reconcile the two. Ultimately, they felt unable to make their views work in the context of their training, and so they gave up their values and assimilated their programs' LGB-affirmative values. This strategy typically involved a great deal of anxiety, struggle, and ultimately, loss. These participants, even in adopting the views of their programs, felt isolated and unsupported because they felt their programs failed to accept who they were, and in a sense they abandoned themselves as well.

The following two participant examples illustrate this version of the Assimilation strategy. Mia emphasized that Christianity was a central part of her identity, but she felt guilty about her religiously-derived LGB views because she wanted to be affirmative of LGB clients, and she felt anxiety about being evaluated as an incompetent counselor because of her program's affirmative message. She initially attempted to address her values conflict in clinical supervision (using the Integration strategy); she described an incident with a clinical supervisor in which he responded to her emotional values struggle by telling her about LGB research. Mia said,

I also had developed some negative feelings in my counseling program that people didn't talk about religion, spirituality, and they didn't value it. And I think because I had felt not as supported as I felt like I should have been with sharing what I was struggling with [in supervision], I felt like I had to do it on my own in my program.

Mia was also afraid because she heard about two students purportedly being dismissed from a related program because they said they could not work with LGB clients due to their religious beliefs. Mia's religious paradigm held that being LGB was a sin and a choice, and there was no flexibility in this view. Mia said, "The idea of having different interpretations is absurd." Mia said she was passionate about counseling and was very motivated to learn to be a good counselor. Because Mia was unable to find a way to integrate her religious views with the values of her program, she abandoned the Integration strategy and embraced Assimilation; she said, "I just kind of cut out Christianity" and adopted LGB-affirmative views. She said, "It's been hard because I do feel like there's such a big piece still missing." Mia said her doctoral training failed to help with her struggle with her own values and LGB issues:

I knew all the information...It wasn't about what I knew, what I was supposed to do, or how to be affirming, or what the research was, or the struggles that LGB

individuals face in a heterosexual society. [That] wasn't going to help me personally with figuring out what I was going to do to integrate my religion and spirituality with being an LGBT affirming counselor...No one could give me anything, and no one could help me with it.

Ellen too adopted LGB-affirmative views because she felt she had little choice but to do so in her affirmative program. Ellen was aware that she adopted LGB-affirmative values as a result of the dissonance she felt due to the distance between her LGB views and the affirmative atmosphere of her program, and her desire to fit in to the program. She said, "I think that the consequences [of our program's affirmative stance were] that everyone abandoned their own beliefs and moved to more affirming beliefs too quickly. Maybe they kind of put a façade on that they have more open beliefs than they do." I asked Ellen if she had put on a façade, and she said, "Maybe. I think that maybe you start saying the language...like talking the talk before you really think through it and come to those conclusions on your own." Ellen indicated she thought her program's expectation that students be LGB-affirmative might preempt further exploration of students' conflicted feelings on the issue. Also, Ellen said she had moved away from her religion somewhat in her personal life because she could not reconcile her religious beliefs with her adoption of more affirmative views, which she experienced as a loss.

The second way we saw the Assimilation strategy work was for participants who held LGB-negative views that were mainly based on cultural homonegativity and not on strongly held religious conviction; although these participants described religion as an influence on their views, it seemed that their views were more bound in a specific social/cultural context than based on beliefs or principles. Thus, when these participants entered LGB-affirmative programs, they quickly abandoned their LGB-negative views in favor of the views espoused in their new social, cultural, and professional contexts. This

particular version of the Assimilation strategy was typically not accompanied by distress and struggle; dissonance was present, but it seemed to be minimized by participants' rapid value shifts. It seemed that these participants' original values were not held too strongly, and likewise, their newly assimilated affirmative values tended to be tenuous and based on others' views rather than their own convictions.

Participants using this version of the Assimilation strategy described their changing views as a result of the influence of others' views, mostly LGB cohort members and their affirmative programs' faculty members. For example, when Jeanne entered her doctoral program, one of her cohort was an openly gay man (the first openly LGB person she had met) and he became a close friend. Jeanne said she had a comfortable transition to having a close gay friend and did not have any conflicts, religious or otherwise, about it or about what she learned in her program. She shifted her views to very affirmative very quickly upon arriving. She said,

I think that the message from my doctoral program was that this, like, idea of LGB, um, the idea that it was a positive, that diverse views and diverse values and experiences were a positive. And I think that was very different and new, but not necessarily problematic either. It was sort of like okay, you know, that makes sense.

Also, Leigh adopted the LGB-affirmative views of her program fairly easily. She said,

I think I'm affirmative now... I think that a lot of that has been just exposure... I mean I've never been like against it but... when I don't know about things I don't make a decision... my views are I mean now as a result of the interactions that I've had, which have all been positive.

The Assimilation strategy is like a palimpsest, a manuscript that has been erased and written over, but upon which traces of the original writing remain. For example, Ellen said early in the interview that she had decided that acting on same-sex feelings was not a sin, but later said she was not sure: "I guess I would say that's more true than

false, but it's not 100%."

Separation Strategy

When LGB-negative trainees using the Separation strategy entered LGB-affirmative programs, they experienced dissonance provoked by the distance between their own values and those of their programs; however, they identified more strongly with their own values than the values of psychology, and thus were motivated to retain their values and avoid being influenced by the cultures of their programs and psychology. The way these participants chose to reduce their dissonance was to avoid conflict by not expressing their LGB views in their programs. The majority of our participants (24) began their programs using the Separation strategy but later adopted another strategy, some much more quickly than others; one participant used the Separation strategy throughout his program.

By far the main reason participants gave for hiding their views was that they feared negative evaluation. For instance, Brian struggled internally with the conflict between his LGB views and the affirmative views of his program, but did not discuss it with anyone in his program during his first year for fear of being judged or dismissed from the program. He said, "I wouldn't deny anything or lie about anything, but I wouldn't initiate or share...I felt like I had a strong need to hide my Christian faith."

Likewise, Nick said,

I'm careful with what I say in classes...It took me a while to come out, so to speak, about being a Christian. And really not for faculty. My advisor is a Christian also so it's easier to talk to her, but even then I'm very censored in what I say. And I do feel a pressure sometimes to, that I am affirming, LGBT affirming...I think what I feel is the need to hide my conflict and my...spiritual and religious beliefs.

Hal did not openly discuss his LGB views or his religion during his entire time in his program. He said, “You want to be careful about how you come across because you don’t want to say something that, um, will come back to haunt you later on.”

Eva kept her LGB and religious views to herself for 3 years. She said, “Somehow I was able to manage the interaction with people who identified [as LGB] and I wouldn’t show the conflict.” She also feared negative evaluation, and in addition was sensitive to issues of competition in her program. She said, “It’s like, stay quiet, it’s better... than offending... Nobody wanted to talk about it because we were afraid of also looking incompetent. Because it was competition, you know? Because of doing well and excelling, we shouldn’t show this part.”

Participants also used the Separation strategy because they feared their opportunities in psychology as a field would be more limited if their LGB-negative views were known. For example, John held to his views but kept them to himself. He said,

And to be honest, you know, I haven’t overtly expressed anything just cause I would be a little worried that I would, you know, become black-balled in the department if it became known I had a specific view... You’re always very aware in grad school that you’re very dependent upon people to get the... letters of recommendation and job offers... Somebody can really ruin your career by just the allegation that you, you know, were not politically correct about some topic.

Likewise, Hal said, “I remember, you know, when I was interviewing for graduate school at various places I was very aware and controlled, you know, to not really talk about it.”

Brian too worried about “how it might indirectly affect [him],” such as when he applied for graduate assistantships and internships.

Participants using the Separation strategy sometimes did so because they wanted to avoid conflict in relationships. For example, Hal said he was reluctant to take on LGB issues because they are “so divisive.” He said, “If I wasn’t passionate about an issue

there's no reason for me to give a comment on a divisive issue that's going to make a lot of people mad at me." Brian also avoided discussing LGB issues at first partly for fear of conflict with LGB classmates. In addition, some participants avoided talking about their LGB-negative views because they did not want to hurt LGB peers or experience problems in their relationships. For example, Hal said, "I think if I were gay and someone came into my class and said, 'I think homosexuality is a sin,' I'd have a negative reaction toward them and that would probably be pretty persistent." Hal said he would worry "more [about] hurting relationships with classmates, or maybe having people form an opinion of you that maybe isn't accurate based on something you said."

Participants who used the Separation strategy either avoided or dismissed the LGB training in their programs. No participant using the Separation strategy chose to engage in LGB training that was not mandatory. For example, John took his program's elective multicultural class, but only because he thought he might need it for licensure. John dismissed the material taught in the class; he said it was not empirically driven and lacked substance. Also, Brian described avoiding dealing with LGB issues in his academic work: "In my ethics class, [my professor] mentioned, 'Oh, maybe a hot topic would be LGBT clients,' and...everything just seemed like I wasn't able, it would be too much for me, [and] I didn't [at] that time."

In addition, many of these participants were skeptical of mainstream psychological literature on conversion therapy, and viewed it (as well as APA's stance regarding conversion therapy) as politically biased toward an LGB-affirmative perspective and thus inaccurate. For example, Hal, Erica, John, Evan and Sophie based their beliefs about conversion therapy on literature written from a Christian perspective

that viewed change in sexual orientation as more possible than mainstream literature contends.

An important marker of participants using the Separation strategy was rigid, inflexible LGB views, usually religious but also cultural/social. For example, John said, “I still personally believe that, you know, from a religious standpoint homosexuality is a sin.” Also, Brian described himself as a fundamentalist Christian who based his LGB views on Biblical scripture. In addition, Erica said, “I rely on the Bible for what I believe. I’m very much tied to scripture, and so I think scripture is very clear about [LGB relationships], that it’s not in accordance with what God wants.” Hal also said he believed the Bible to be inerrant and clear in characterizing LGB relationships as sinful. He continued,

I mean, I have certain beliefs that I believe pretty strongly, and so just having a friend who is gay isn’t going to make me change my beliefs, but if someone can show me that you can interpret the Bible this way...and also the psychological evidence shows this, that [would be] more convincing to me.

The Separation strategy is like a stone tablet; what is written remains and nothing new is allowed to mark it. In null or negative programs, participants did not have to put much effort into enacting this strategy, because there was not much LGB training or what existed was optional and easy to avoid. John, for example, was able to stick with the Separation strategy throughout his program, which was LGB-null and had no LGB training. In affirmative programs, however, participants found it harder to successfully get through with this strategy, and these participants typically eventually adopted some form of the Integration strategy. For example, the Separation strategy Brian used during his first year in his program was unsuccessful at reducing his dissonance enough for him to feel comfortable in his affirmative program. He described continually being very

anxious about the issue and praying about it often. Brian's continuing dissonance eventually led him to adopt the Integration strategy.

Some participants using the Separation strategy who had not been vocal about their non-affirmative views in their programs described being more expressive of them in professional contexts after graduation. For example, John described recently speaking up about his LGB views for the first time in a professional context. He said that now that he has graduated, others' possibly negative views of him have less power to keep him from career opportunities. He said, "There comes a point in your professional career where you're kind of, I guess going to say what you want to say anyway, regardless of the consequences to some extent."

Integration Strategy

Regardless of their beginning strategies, the majority of our participants (22 of 29) eventually adopted the Integration strategy. Hence, this section is somewhat lengthier than the previous two sections, and I utilized subheadings to aid organization. Trainees using the Integration strategy engaged with LGB issues and attempted to reconcile their LGB values with those of their programs, or if not to reconcile them, to learn to live in the dissonance their value conflicts created.

The cardinal characteristic of the Integration strategy is engagement: In contrast to participants using the Separation strategy, participants using the Integration strategy were continually engaged in attempting to resolve their dissonance, sometimes for periods of years. In contrast to those using the Assimilation strategy, participants using the Integration strategy typically deeply held their initial cultural and religious values.

Likewise, any value shifts participants using the Integration strategy made were based on serious, complex examinations of their value systems and of themselves.

Dissonance during Doctoral Programs

Participants using the Integration strategy often experienced pronounced and ongoing dissonance between their views and those of their programs as they struggled to reconcile their values with the demands of their new roles. Many were encountering LGB-affirmative views for the first time. For example, Liz said,

I remember being kind of conflicted...like all these people, maybe they're just really liberal or not religious...I was kind of confused because these are like really smart professors and they seemed to be really accepting...I think I felt more embarrassed that maybe I had missed something...like maybe...the small town I was from in [the South]...wasn't up to speed...my other cohort members seemed to be right on board, you know, very diversity-savvy, and so I was kind of like, okay, I guess this is the milieu of this place... I probably had some opposing views when I started but I would not have spoken up about those.

Exposure to and Contact with LGB People

Contact with LGB colleagues, professors, supervisors, clients, cohort members and friends was the most frequently cited driver of dissonance for participants using the Integration strategy—indeed, for all participants. For example, Rose said, “It was completely uncomfortable ‘cause I’m like, ‘Oh, gays, I’m supposed to not like these people.’” And yet meaningful, positive contact with openly LGB people had a profound effect on many participants using the Integration strategy, challenging their stereotypes and causing them to question their views. For example, Paul said,

I'd say a large part of the transformation was just...meeting people who are gay, who are out, and realizing that they're not the types of people that they were painted to be...They had the same hopes and dreams, they wanted to have the same loving relationships, they wanted kids, just like me. They weren't like aliens with four heads...there was a very powerful moment where I kind of realized that...everything that I had learned up to that point was pretty inadequate, pretty ill-informed.

Many participants using the Integration strategy described developing close relationships with LGB cohort members and friends who were a source of ongoing positive experiences that competed with participants' LGB-negative views. For example, Peter said,

I began meeting gay people who were out, and [I] became, actually, very close friends with...gay and lesbian people [who were] other counseling students...And that, I would say, really pulled a brick out of the dam...Those relationships I think just really transformed things for me...They were...smart. They were funny. I enjoyed being around them. I was challenged by them. They were open...they were engaged, like I always was engaged. They were asking questions about life...I had a huge respect for that. They were kind; they were jerks. Human.

Integration Inside and Outside Doctoral Programs

The Integration strategy did not look the same for all participants who used it. One main way participants differed was that some attempted Integration on their own or with people outside their programs, whereas others engaged in training and supervision in their programs in order to help them resolve their values conflicts.

Integration Outside Formal Training

Participants who attempted Integration only outside their programs could be conceptualized as simultaneously using the Separation strategy in the sense that they did not vocally engage in *contact and participation* (EAM, Handlesman, 2005) with LGB training in their programs, and they had high *cultural maintenance* (they were strongly motivated to retain their values of origin). They did, however, process their values conflicts internally and with friends and family members, and they were motivated to do so mainly because of the dissonance they experienced in their programs. The overriding reason participants cited for attempting Integration on their own was feeling unsafe to openly discuss their values conflicts with faculty for fear of negative evaluation. For

example, Hal, who started his program using the Separation strategy but moved to using this form of the Integration strategy, said,

They did a training on LGBT issues... basically it was like... it's a disenfranchised group and we need to be extra supportive because of that... I was kind of like... "I don't know what I believe about this, I don't know if I really can be extra supportive." And I didn't feel super safe saying that. So I kind of worked it out on my own.

Likewise, Peter said,

A lot of it has been personal work, 'cause I don't... generally think in our profession that it's safe to have these conversations. I think our profession says we need to be affirming, we need to be anti-racist. And so what that does is that creates a gulf between those who have worked through the stuff and those who are willing to but don't know the steps... If you don't know where you stand, or if you're willing to consider alternatives, that can be... scary just from a personal standpoint. Tell somebody who has an opinion one way or another, and if they're not okay with you being unsure, you could be in big trouble.

Often, participants reported relying on people other than program faculty to help them resolve their values conflicts, usually partners, friends, families, and peers. For example, Amanda said she experienced so much dissonance due to conflict between her program's affirmative stance and her religion that she considered leaving her program: "I thought, 'Man, I'm not sure if I'm going to be able to make it through this,' ... it was questioning some very core beliefs that were very much tied to my religious identity." She said she would not have been able to continue without the support and engagement of her cohort and close friends:

I had people around me, a small group of women with whom I felt very comfortable talking about these things and they were just really very supportive. It happened that these women had very different positions about these things than I did so they were more in line with the program than I was, but they understood my struggle as best they could and they were very empathic and gave me a lot of space to talk about it.

Integration in Formal Training

All participants using the Integration strategy said they had experiences in doctoral training that caused them to feel dissonance, but they much less often reported they had experiences in training that helped them resolve their dissonance. Some participants did have experiences in training that helped them resolve their values conflicts; helpful experiences occurred in these settings, in decreasing order of frequency per participants' report: (a) clinical supervision, (b) class experiences, and (c) research training. Participants said training was helpful when it provided a safe, non-judgmental, empathic environment for them to explore their values conflicts and gain LGB knowledge, awareness, and skills.

Almost all participants repeatedly cited individual supervision as the environment where they felt most comfortable discussing values conflicts; often it was the only place in their programs they were able to do so. For example, Brian had an experience with a supervisor that made him feel safe to discuss his conflict for the first time, thus helping him shift from using the Separation strategy to using Integration:

She asked if there are certain clients that I feel more challenged by, and then I shared about how hard I'd been struggling with [LGB issues], and I felt very relieved after my meeting with her because she...empathized with it rather than saying, "Okay, you're wrong, and you can't continue." She wasn't judgmental...I felt like she understood.

Typically, participants described formal classes as the setting in which they felt least comfortable voicing their values conflicts; in classes, they felt exposed and worried about offending not only professors but also peers, and they had fewer opportunities to gauge reactions and manage relationships. There were, however, exceptions that proved very beneficial for some participants using the Integration strategy; in these classes,

participants said they felt safe to make mistakes, and could share without fear of being shamed, stigmatized, and dismissed. For instance, Sam said,

Dr. Doe creates a very safe [classroom] environment for this kind of conversation...to this day I'm thankful for that environment because I was able to be homophobic and say these kinds of comments that are in my mind, and we were able to really look at them and challenge them in a professional way.

Also, participants said that classes were helpful when they were supported as well as challenged, given space to work through their conflicts, not attacked for their beliefs, and not pushed to adopt affirmative views. For example, Sam described a class experience that exemplified these qualities; he described it as the only formal training experience in which he was given the opportunity to take on LGB issues, and it transformed his LGB awareness and knowledge:

That semester...was much more powerful, and I did a lot of work integrating being okay with different orientations...half the class was either lesbian or gay...It was a very diverse group... I exposed myself to the culture a lot more...In that course I was required to do two different assignments [that] had more power on me than I wanted. One of them was to expose myself to the population by going to a setting, and so what I chose to do was go to a gay bar...I went in there the first time, and I...was still at the place where this is really weird and these people—this is a really mean word—would be like freaks...I was very distant and like hid in the corner... And by the time I was done with that class...I was going to that gay bar and just like integrating myself with the culture, dancing with guys, dancing with women, shooting pool with whoever wanted to play.

Sam's class was an exception for secular programs. A recurrent theme in our data was that participants in religious programs felt much safer to express divergent LGB views, and thus they were able to openly discuss values conflicts in classes much more than participants in secular programs. Rose described a class in her Christian integration program in which she was able to gain LGB knowledge and begin to think critically about her beliefs:

The pivotal moment for me was my first year actually, in advanced human development. And the professor had us read a couple articles about gays and lesbians. One was written by Peter Gomes...the spots in there where he goes through the Biblical passages that supposedly say that homosexuality is an abhorrence and abomination and all that, and he gives different interpretations of them...it got me thinking, like, “Well, wait a minute, you know, maybe there is an alternative.”

We had several classes that were specifically integration of Christian beliefs and values and ethics, and an attempt was made to try to resolve the conflict between APA and evangelical Christianity. I think they did a good job of really trying, showing us the sticking points...The more I learned about psychology, the human mind, the brain, all the research on what it is to be human, the more I realized that Christianity is just this old archaic myth that we’ve all believed, and because I was raised with it I just bought it, but...there’s so much of it that does not jibe with reality, with the research on human beings and science.

Integration With and Without Incorporating Fully LGB-Affirmative Views

Another main difference in the way the Integration strategy unfolded for participants was in whether or not they made a shift to holding fully LGB-affirmative values.

Integration Incorporating Fully LGB-Affirmative Views

Many participants using the Integration strategy (13 of 22 in this category) were motivated to shift their values to incorporate LGB-affirmative views. Most of these participants experienced a worldview shift that not only incorporated LGB-affirmative views, but also different views on other issues, typically race, ethnicity, gender, and religion. Many of these participants said LGB and multicultural training helped them understand that they had been part of a system that oppressed LGB people and other minorities, and they no longer wanted to do so. For example, Amanda said,

I gained more knowledge [about] larger social structures [and] a heterosexist dominant discourse that pervades our society...Did I want to continue to be someone who blindly adopts the role of the oppressor, or do I want to be someone who tries to fight for justice and tries to work toward a society that is fair to everyone and doesn’t penalize people for the color of their skin or their gender or their sexual orientation.

Many of these participants specifically struggled with religious beliefs with excluded LGB people and others. For example, Rose said,

[At first] it was just more of an internal struggle and confusion than the beginnings of shifting away from evangelical Christianity. I think most of it revolved around polarization—we're right and everybody else is wrong, and excluding all kinds of different people. It just didn't feel good. It never felt right. So it wasn't just, you know, gay and lesbian. It was all kinds of people that were excluded.

These participants typically reported being able to shift their belief systems through increasing flexibility and adaptability. They described an ongoing process of evolving beliefs that rendered them more open to experiences with LGB people and dialogues about beliefs. For example, Sam said,

I think...my personality became much more open and flexible...so I started having the room to talk about it with [my lesbian friend and cohort member]...I started going to this place...where cognitively I was okay and emotionally it wasn't okay. So like I had...this real ambivalence inside of me...and I had to work that out...What wasn't okay was getting on the religious roots. And my religious roots had started weakening and like dissipating slowly.... I [was] taking risks with my belief system.

Participants also reported that an increasing ability to think critically about their beliefs allowed them to make global value shifts. For example, Liz said,

The real shift I guess is learning to really examine my own beliefs and values and desires rather than blindly believing what I had been taught...The Baptist church I had gone to felt...patriarchal and very negative and exclusive and it started to seem a little silly to me as I met people with different views...Like the way I viewed responsibility or trust or accepting diverse people, you know, lesbian, gay, bisexual people who fall into this group that I was taught, you know, they had something wrong with them or were living in sin. But then as I gained in my own relationships with the lesbians and gay people that I knew, it didn't fit. Like I didn't internally feel anything negative toward these people...I was just open to learning from our relationships.

In addition, many members of this group of participants described personal openness as crucial to their abilities to respond to their experiences and undergo worldview shifts. For example, Amanda said,

I have consistently gotten feedback from my peers over the years about how open I was... As strongly as I had my beliefs about religion and sexuality before I entered graduate school, I think I didn't want to bail on the process and I wanted to see what I could get out of it. So that required me to be open and to take in challenging information, and I think I maintained that position of openness throughout my training, even when it became very difficult.

Some of these participants were able to modify their religious beliefs so that they could reconcile them with LGB affirmation. For instance, Keith said, "Well, tolerance for other people eventually became a foundational principle of my faith." Kim said she began to see that despite the church's anti-LGB teachings, "There are so many other key things about love and compassion that for me...took priority over these other teachings...Regardless of whether this is God's plan or not, it's love and that's also part of God's plan." Many of these participants cited having models of affirmative churches and people of faith as important to their being able to integrate affirmation with their religious beliefs. For example, Peter said,

It was this entire process of social justice related to race, gender, sexuality, sexual identity, privilege, economic justice around the world, and I think that's part of what the Episcopal Church helped highlight for me was their commitment to social justice...It exposed me more to that, gave me permission to care more about that, and then I was like I care more about this than fighting about who's gay and what's going where.

Other participants found that their worldview shifts prompted them to no longer hold to their religious beliefs. For example, Paul said,

I've left the Catholic Church and I consider myself agnostic more than anything else these days. So I think because of that, you know, I feel even more free to kind of come up with my own beliefs rather than having to adhere to a particular

religious view with predetermined opinions and beliefs about how I should or should not feel about [LGB] issues.

Almost all members of this group described being LGB allies and advocates as important parts of their identities. For example, Peter described wearing a “Gay? Fine by me,” T-shirt on Gay Pride Day and volunteering to help with his counseling center’s LGB outreach. Also, Paul described voicing support for same-sex marriage to a neighbor who disagreed. He said, “I feel like I have a responsibility to be active but also to call out prejudice and discrimination via, you know, conversations with people.”

Integration Without Incorporating Fully LGB-Affirmative Views

In contrast, another group of participants (9 of 22) used the Integration strategy in that they continually examined their own LGB views and engaged in dialogue about LGB issues, but did not develop fully LGB-affirmative views. These participants said they experienced a great deal of conflict between their religious values and LGB affirmation, typically because they held specific religious views that characterized LGB relationships as sinful.

Some members of this group of participants, typically those in affirmative programs, questioned their religious beliefs to see if they could accommodate LGB affirmation, and concluded they could not. For example, Hal said he experienced conflict between his religious beliefs and the research evidence that LGB orientations are not associated with pathology; however, he said, “I believe the Bible to be true...and ...the easiest interpretation of the scriptures in my view on homosexuality is that it is a negative and is a sin.” In addition, when Brian was attempting to resolve his values conflicts, he spoke to a Christian minister with LGB-affirmative beliefs. Ultimately Brian did not feel comfortable adopting a similar perspective. Brian said,

What he shared is that sometimes people are very focused on what's wrong and right, and they have a list of sins. And his view...of what faith is will hang more on their relationship with God...And so I think definitely that stuck with me, but I don't think...I feel totally comfortable giving up...what I see in the Bible, what is mentioned as being a sin...It's hard. If I totally don't have that, it would, for me...not only in relation to that, beyond sex, but other things, like...what should I do, I think it would be really, there are no guidelines.

On the contrary, other members of this group did not attempt to adapt their religious views to accommodate LGB-affirmative perspectives. Most of these participants were embedded in highly religious contexts in which everyone around them shared the same faith, which permeated every aspect of their lives; in addition, their faiths were fundamentalist or evangelical in nature.

Although their religious views were a barrier to full LGB-affirmation, some of these participants reported that their religious values were the main factor in helping them adapt to their programs' LGB-affirmative perspectives and to relate to LGB people in a positive way; for example, they said they chose to emphasize the values of love, acceptance, caring, and non-judgment inherent to their religious values when engaging with LGB people and issues. For example, Lily said her Christian beliefs helped her to adopt a stance that did not single LGB people out for judgment:

[My church had] a discussion about, um, homosexuality, and something that just stuck with me is that in God's view, homosexuality is a type of disobedience, but we as human beings, we're disobedient in so many ways...whereas people can take that and almost run with it and persecute people who, um, who practice same-sex, like, um, practices, whereas we all have things that we disobey God about.

Brian related an experience in his program that allowed him to emphasize love over his belief that LGB relationships are sinful. He said an LGB-affirmation statement was passed around in one of his classes:

So I was like, okay, should I sign...it was very hard...One morning I was praying

about it...and what stood out for me was love is the most important thing...rather than what's right or what's wrong...it's indicating that we support the people, but it didn't say...whether you're saying it's a sin or not, and [so] it sounded fine...It was a hard decision. I felt peace after I made the decision, but also, there were other thoughts coming into my mind, like, okay, what does my signing mean...is it more about that I'm too afraid to come out to others about my Christian faith...or is it about my relationship with [my LGB classmate] and how much I like him [and the fact that he is] a close friend that I would support? And also [I thought], am I a hypocrite? Is it valid to say that I am a Christian and have these values, but also want to be affirmative?

As Brian's story makes clear, participants who retained religious views that LGB relationships were sinful experienced ongoing dissonance in various contexts in their programs. Nevertheless, at times these participants were able to bring their personal beliefs and affirmative perspectives closer without giving up their religious beliefs. Rather than fully integrating their values with the values of their programs, these participants described their process as learning to live in the dissonance their values conflicts created.

Ongoing Dissonance for Participants Using the Integration Strategy

Finally, another main way in which participants using the Integration strategy differed was in how much dissonance they experienced on an ongoing basis in the attempt to adapt to their programs. Participants who experienced more ongoing dissonance than others evidenced the following: (a) much greater cultural distance between their cultures of origin and the cultures of their programs and of psychology, (b) rigidly holding to their cultures of origin, and (c) avoiding contact and participation in their new cultures and thus attempting the Integration strategy largely on their own.

Professionally, some of the more important dissonance-laden domains included the following: (a) continuing struggles with values clashes between participants' internal belief systems and the cultures of programs and psychology, (b) ongoing conflict related

to difficulty gaining support for the adaptation process in programs, often related to programs' difficulty helping participants process value conflicts especially related to religion, and (c) experiences with clients in which participants worked on increasing their competence but experienced value clashes (I addressed professional issues more fully in the previous and the next chapter).

Personally, sources of dissonance for participants were interpersonal and intrapersonal. Participants reported conflict with families, friends, communities and religious institutions. Also, participants reported experiencing uncomfortable internal struggles with their own beliefs about religious issues, LGB issues and worldviews in general. In the next section, I described the personal consequences of participants' developing value systems.

Consequences of Changing or Static Value Systems

Participants experienced personal costs and benefits related to the value systems they adopted. Most participants whose beliefs became more affirmative described conflict with family members, friends, and communities caused by reactions to their shifting values. Even participants who did not change their fundamental beliefs said they had difficulty talking with their families and friends about their work engaging with LGB issues, because they received and/or feared negative reactions.

Most participants experienced a great deal of conflict with their families when they moved toward value systems that deemphasized religion and increased the value of the culture of psychology, including LGB-affirmative and scientific perspectives. For example, Rose said,

I told them I was getting my doctorate in psychology. And my mom especially was just horrified by it, and thought I was on my way to hell...they're very

involved in my life...we just don't talk about Christianity, and we don't talk about psychology...I left [my husband]... I can't do the marriage anymore, I can't do the Christian thing anymore... the difference between the two was great, and it's like my only choice was to go with what seemed most right, and psychology seemed most right. Walking away from Christianity seemed right. Walking away from my Christian husband who was extremely controlling and, I feel like, epitomized everything I hated about Christianity, that there's a right and wrong, and he was the only one who knows how to do it right, and everything I did was wrong.

Cultural and familial issues interacted to result in conflict with families, as Kim described:

Within the Asian culture there's a big emphasis on respect for elders and tradition...I am expected to give more respect to my parents and aunts and uncles than they are in speaking to me...I think a good example of that is, especially with my mother, when she ended [a discussion about LGB issues] with saying, "Well, you should just listen to me." ...And that's frustrating.

A strong, recurrent theme throughout participants' narratives was a sense of loss about either losing their faiths or reducing the role of religion in their lives. This held true whether participants gave up religion to fit in with psychology (as some of the Assimilation strategists did), whether they were still in process with their views, or whether they had arrived at a value system that no longer included religion through a thorough process of self-driven, principled decision-making. For example, Sam said,

And then, this is a sad piece about it, but [I developed LGB-affirmative values by] reducing the emphasis of religion in my life...It was a really big loss, and comforting. I guess a big loss and at the same time relieving because I didn't live with so much guilt.

As Sam said, participants experienced both loss and rewards due to their change processes. For example, Rose said,

It was funny because it was hard in a way, but it was also really exciting and wonderful...it was very freeing.... it was like ah, you know, I get to choose, and what I'm choosing is what makes the most sense and seems right, and I feel more relaxed in a way, even though there were those moments like, oh my God, what if

I'm wrong, I'm going to hell. But then I'd be like okay, but it makes more sense in a way.

Sam said his values shift and the multicultural skills he'd learned in his program helped him not only improve his relationships with LGB friends, but also friends from other groups and his own family members:

[There was] a gain where I started accepting my [lesbian] friend. Like her name is Cassie. So I started accepting Cassie as a full human being.... my relationship with my father has gotten a lot stronger since I started to be able to accept black people and lesbian and gay people.... now when I started looking at my life and accepting other groups that are different from me, he also classified as a person who's different than me.

In addition, whether participants' work or school setting was religious or secular was often a source of dissonance, depending on (a) the match between participants' views and their current and desired settings, and (b) whether they desired to move between religious and secular settings. Participants in religious settings whose views did not move toward LGB affirmation felt comfortable with their views in their immediate context, but were aware their views put them at odds with psychology as a field. If they planned careers in Christian schools and workplaces, the disconnect between their views and the field's presented less of a conflict—and for some, less motivation to take on the conflict.

On the other hand, some participants who attended or worked at religious programs/universities wanted to expand their options to include secular school and work settings. These participants had a diversity of LGB views, but they often feared being stereotyped as anti-LGB bigots by those in secular environments. For example, Rose said,

I was applying for a job at a [secular] university counseling center, and they take one look at where I went to school, and they're like, "Forget it, cause she's going to be...bigoted and homophobic."... If I get the chance to actually talk with them I can dispel their stereotype, but sometimes...you don't even get the interview.

In addition, Sophie went to a religious school for her undergraduate degree and attended a secular doctoral program. When she was applying for internship, she didn't get as many interviews as her peers, and wondered if sites ruled her out based on her undergraduate university. She asked her training director about it:

[And] he read through my statement on multicultural, [and] he said it seems like it's pretty good but you didn't...address the religious issues specifically and how you [do not allow your beliefs to] impact in a negative way your work with [LGB] clients. He said because you didn't do that specifically in your essay you're going to have to really make sure in these few interviews that you...talk about it...And so I'm feeling kind of, you know, like this is a blemish on my record and I didn't know to explain it away... It made me realize...people could discriminate based on where I went to college.

Although Sophie's training director advised her to address the conflict in interviews, Sophie did not get specific training in her program on how to do so. She said, "I got the same training that everybody else did, but it wasn't individualized enough probably for me to really flesh out my own experience of being religious and being in this profession, and working with the LGBT issues." Sophie felt unsure about how to approach the conflict, and worried about receiving negative responses, and so she did not initiate discussion about it in interviews.

In contrast, Brian, who attended a secular doctoral program, chose to discuss the conflict between his religious values and LGB affirmation during internship interviews when he was asked if there were clients who stretched his value system. By this time Brian had begun to address the issue somewhat openly in his program, with faculty, supervisors, and peers. Of his decision to discuss the conflict, he said,

In my gut, I felt like if I avoided it I would be so anxious and not be myself. I would just be...so mechanic, just off center, and that would even be harder for me... The [interviewer] appreciated my openly sharing about my challenge and struggle. And in the end I got matched at [that site].

Participants currently at religious programs or universities whose views were LGB-affirmative experienced a great deal of conflict as well. For example, Rose introduced educational LGB material in a human sexuality class she taught, and a student sent emails to administrators attempting to have her fired. Rose said her department was supportive, but she had to back off somewhat from what she wanted to present and felt angry and upset about that. Rose resolved the conflict by presenting the university's position on sexuality, APA's position on the guidelines for LGB psychotherapy, and then "kind of putting it on them...saying, 'How are you going to reconcile these things and treat LGB clients effectively and ethically?'"

Regardless of setting, some participants attempting to reconcile two disparate LGB paradigms felt caught between two worlds, uncomfortable talking about their views in both social and professional contexts. For example, Brian said he had difficulty sharing his exploration of LGB issues with his family, because he feared they would think he was straying from his faith. He said, "And of course, at work it would be hard for me to share my Christian faith. So I felt very lonely." Brian had a gay colleague he described as currently the most important support for him in dealing with his ongoing values conflicts. He said,

I have open conversations with [him] about my religious faith versus LGBT issues, where we differ on that. It's not easy, but it's been very powerful. He is a very, very close friend and [he is very] open to talking about it, and sometimes he'll say, 'Just say it, it's a sin,' or 'You don't have to sugarcoat or filter something.' ...I think by having [him] I feel like there's more of a common ground to talk about my experiences or my struggles, or different views in terms of this issue, LGBT and Christians.

Different Emotional Responses to the Adaptation Process

Most participants using the Integration strategy found that repeatedly experiencing dissonance and undergoing a prolonged change process was painful and difficult. Some participants described the process as agonizing. For example, Eva had no choice but to work with an advisor on LGB issues because no one else was available:

And so then as I started to get more involved, after I decided to stick to the research and the advisor...I started to develop positive attitudes...but it was so hard. I was very ambivalent [and] confused...[I would] go to church and question God and say, "Why'd you put me in this situation?"...And so, you know, there wasn't a response. And I said, "Well then, this must be what you want me to do.".... I said finally it's like I surrendered.

To the contrary, a few participants found the process enjoyable. Paul was one of that group, and described his experience as follows:

When someone points out a blind spot...I have never been someone who is dismissive of that...So when I had experiences and I realized what my blind spots were, that was fun, I enjoyed that. I felt like I was wearing a pair of dirty sunglasses, I guess is the best way to put it...and every experience I had I felt like they kind of cleaned up a little part of the glasses so I was able to see outside of that side a little better.

Consequences of Amount of Ongoing Dissonance

Using GT coding methods, I divided participants using the Integration strategy into two groups based on how much ongoing dissonance they experienced in the following domains: (a) clashes between beliefs and psychology at large, (b) clashes between beliefs and current program or workplace, (c) degree of comfort with LGB beliefs, (d) degree of comfort with religious beliefs, (e) conflict with family, friends, communities, etc., (f) degree of support for the adaptation process in program or workplace, and (g) degree of values conflicts experienced working with clients. I found that participants using the Integration strategy divided easily into two groups, those with

a high degree of ongoing dissonance in multiple categories (13 participants) and those with a low to medium amount of ongoing dissonance (9 participants). I observed the following differences between the two groups: Every participant in the low to medium dissonance group characterized their current LGB views as “very affirmative,” the highest possible self-rating, and had either become less religious or had been able to flexibly modify religious beliefs. Conversely, participants in the high dissonance group were split on their current LGB values: Five participants were currently affirmative, and all five had modified or reduced their religious beliefs. On the other hand, eight participants were not currently affirmative, and this group was characterized by firmly held, conservative religious beliefs that were non-negotiable. These results seemed to indicate that it is not religiosity in general, but conservative or non-modifiable religious beliefs that presented the greatest barrier to affirmation.

Based on these results, one could argue that participants in the low-to-medium dissonance group had fewer barriers to affirmation, and so that is why they were all able to shift their values. Conversely, it was harder for participants in the high dissonance group to shift their values because in addition to holding firm religious beliefs, they also tended to have very conservative families and other environments that reinforced homonegative beliefs. So it was especially notable that many participants in the high dissonance group persisted on their paths to affirmation even in the face of considerable conflict on many fronts. For example, Eva worked on LGB issues in her program and slowly developed affirmative views, but did not tell her family for two years. When she did tell them,

They said, “You cannot do that work.” And they said, “Get out of it.” And I said, “You know, why? I am reading a lot, and you know, you guys may be wrong.

You shouldn't think that way."...They were either ignoring me or trying to debate with me...It was a choice to continue believing how they had taught me or to continue in the path that I was in. And finally...what I realized is that as a psychologist...why go into this field if I can't be LGB friendly? That's what it came down to, really picking between affirmative for my profession's sake, or going by what my family wants...because I thought that having these attitudes was very unethical.

It is significant that one could not predict based on participants' backgrounds what their current values were; many participants who were currently the most affirmative started with the most conservative of values and environments. The key to whether their value systems changed lay in the personal and environmental factors that allowed them to flexibly adapt to their new roles as psychologists-in-training. For the five participants in the high dissonance group who developed affirmation despite high ongoing conflict, it seemed that it was their deep commitment to resolving personal and professional conflicts that allowed them to persist on a path that was often steep and lonely. In addition, all five participants evidenced strong abilities to independently determine personal principles on the basis of their own intellectual processes rather than influence from social contexts. Several participants in this group emphasized that they made deliberate choices to become LGB allies, based on their evolving personal value systems and what they were personally convinced they needed to do to become ethical psychologists.

Adaptation as a Gradual Process

Participants using the Integration strategy did not describe having a sole epiphany after which everything changed for them; most participants said their change process was gradual, punctuated by epiphanies large and small. In addition, participants' value changes were typically driven by an interactive array of factors, rather than one. Many

participants described their processes as similar to Paul's:

It happened more over time. That first year was more of an awakening...as each year passed I was able to get more knowledgeable and to feel more comfortable...I was able to have a network of friends...to go out [with] and do things I don't think normally I would have done...Some of my friends were gay and wanted to meet some of their friends [at the gay bar] and I would have never done anything like that in college...My friends were very supportive in providing me opportunities to kind of get exposed to different sexual minorities, [and] they really helped kind of solidify just how big my blind spots were...The religious piece happened more in that third year...[Then] when my brother came out...that was kind of like a final push, like, "Yeah, I'm completely GLBT affirmative at this point, and there's no doubt in my mind anymore."

Conclusion

In this chapter I described participants' personal value shifts motivated by dissonance within and outside their graduate programs. It is interesting to compare the value shifts some participants made before entering their programs with the value shifts participants made while in their programs. Many participants who had every opportunity to make value shifts before entering their programs (i.e., experiencing positive, meaningful contact with LGB people) did not do so, but did upon entering their programs. It seems that even if participants did not engage actively in LGB training or described it as less than useful, being in training provided an impetus for participants to examine and sometimes shift their values. One reason training provided motivation for participants to shift is that many programs, especially affirmative programs, were successful at demonstrating to participants that LGB issues and people were relevant to their lives and their work, even if they did not think so before.

Participants' value shifts were also influenced by the specific adaptation strategies they used. If Assimilation is a palimpsest and Separation a stone tablet, Integration is a tapestry in which participants continually wove in new threads and discarded some older

ones and burnished others. It is useful to think of the strategies participants used as the conduits to accessing LGB knowledge, awareness, and skills (Dillon & Worthington, 2003; Israel et al., 2003). In the next chapter I describe the consequences of participants' experiences for their work with LGB clients.

Identification with Personal Ethics of Origin

		Low	High
Identification With Psychology Ethics	Low	Marginalization	Separation
	High	Assimilation	Integration

Figure 7.1. Berry's Acculturation Model (Berry, 1980, 2009; Berry & Sam, 1997, as cited in Handelsman et al., 2005) applied to ethical identity

Chapter Eight

DYNAMIC LGB COMPETENCE

In this chapter I discuss participants' self-perceived competence with LGB clients. I describe how participants thought they increased their competence and what they found helpful in that endeavor; in addition, I outline participants' accounts of their ongoing challenges in working with LGB clients. Also, in the last section of the chapter I discuss the interaction of participants' personal LGB beliefs and their therapeutic approaches. Throughout the chapter the reader will note that a major theme of our study was the overlapping, interactive nature of the ways participants' experiences, environments, and personal characteristics combined to result in their approaches with LGB clients.

Developing Self-Perceived Competence with LGB Clients

Before the interview I asked participants to rate themselves on their effectiveness with LGB clients on a Likert scale from ineffective to very effective at two time points: (a) before they entered their graduate programs, and (b) now (see Table 4.2). Most participants said they started in the ineffective range; some participants reported they were slightly effective or somewhat effective when they began. As required by our study recruitment criteria, all our participants said they had developed some degree of competence with LGB clients.

What was much more interesting was when we began to talk about what competence meant to them in the interviews. Participants evidenced diverse views of what it meant to be competent with LGB clients. Also, it was clear that participants' abilities to reflect on their competence were in flux. Some participants had thought a

great deal about the questions I asked them; other participants had reflected much less, if at all, on the issues at hand. Many participants seemed to revise their views of how competent they actually were in the course of the interviews, often deciding they were less competent than their initial self-ratings indicated (similarly, Israel and Hackett, 2004, found that trainees reported more negative LGB attitudes after training than before). As such, *Dynamic LGB Competence* is an apt name for this category of participant experience, because participants' actual and perceived levels of competence were continually evolving based on their experiences and their responses to experiences. One of those experiences was the interview, which many participants said prompted them to think through these issues carefully and motivated them to do further work in the area.

In the following sections I grouped participants by adaptation strategy, outlining how participants using each strategy described how they developed self-perceived competence with LGB clients as well as their ongoing areas of dissonance and conflict in their work. I compared them by grouping them by adaptation strategy for two reasons: (a) Handelsman et al. (2005) theorized that different adaptation strategies result in varying degrees of success in the acculturation process, and (b) we observed that participants' adaptation strategies had consequences for them in how they were able to work through their dissonance and develop self-perceived competence.

I hasten to add an important caveat here: Although type of adaptation strategy affected participants' outcomes, it was only one among several other factors that interacted to influence participants' self-perceived competence with LGB clients. Researchers have conceptualized LGB competence as a multidimensional construct made up of knowledge, awareness and skills (Bidell, 2005; 2003; Dillon & Worthington, 2003;

Israel et al., 2003). Therefore, for each participant group (Assimilation, Separation, and Integration) I reported how participants said they increased their competence in each of the three domains (knowledge, awareness, and skills). Following that, I included a description of ongoing areas of dissonance in developing competence for each group of participants.

Assimilation Strategy

All five participants in the Assimilation category described their developing competence in terms of LGB knowledge, awareness, and skills, indicating that they were familiar with the paradigm for multicultural counseling competence. I described each domain in turn in the following sections.

Self-Perceived Development of Competence

Knowledge.

Participants using the Assimilation strategy described their knowledge of LGB issues as derived primarily from LGB people they knew or met in their programs, frequently LGB cohort members, but also other colleagues, professors, and clients. Like the gay uncle, the gay cohort member was ubiquitous in our data. For example, Jeanne became close to a cohort member who was a gay man. She said,

This was the first time I had a very close friend who was openly gay, which was really different. And a person that, you know, had discussions about his relationships and was open to talking about things and that I felt safe enough to ask things with. And also, there was a professor that had come onto the faculty who was openly gay and I had classes with him and also worked for him at one point. And, um, I think that my [knowledge] just grew tremendously at that point.

Furthermore, some of these participants emphasized that learning about the unique experiences of LGB clients, including experiences of discrimination and oppression, was important for their competence. For instance, Leigh said that having her

first gay client had allowed her to “gain a lot more understanding of the societal implications of being a Latino gay male where...it’s not acceptable for him to walk down the street holding his boyfriend’s hand...which is something he struggles with a lot.”

In addition, the four Assimilation participants who attended explicitly LGB-affirmative programs described their programs’ LGB training as instrumental in increasing their LGB knowledge. Participants also said their programs’ affirmative values influenced their personal values and their approaches to LGB clients and issues. Ellen said her program "really [tries] to emphasize multicultural competency.” Leigh said her program had “a big stance on diversity.” She continued,

So I feel like in my training I’ve had quite a bit on it, and through the other exposures I’ve had even more opportunity to understand more about it and about clients and...the different things that they may be dealing with and how different things may impact them differently. So I think that my program has been helpful.

In contrast, Zoe attended a null program with no LGB training, and she said her program did not address building LGB knowledge.

Another theme for the knowledge domain in the Assimilation group was gaining knowledge through reading research articles. For example, Ellen said,

In my third year I took a diversity class with a very good professor...He had some articles about normative heterosexuality, about sexual identity development, about sexual orientation, and I really think that those articles, those discussions helped me to understand kind of much more about sexual orientation as an aspect of diversity.

Participants identified ways gaining knowledge improved their work with clients. For example, Jeanne said having LGB knowledge allowed her to recognize when LGB issues were of concern to clients:

I started to then also see [LGB] clients...and that was something that...was a presenting concern. Now...I guess we can wonder which came first, was it that no

one else had the presenting concern before...or was it that I wasn't...informed of it so it didn't get talked about.

Also, Ellen described how her work had improved from the time she saw her first LGB client, mostly from gaining knowledge about LGB people's life experiences. Her first client was a lesbian who had to live separately from her partner "because the partner's job was something that did not allow homosexual individuals." Ellen said the client's personality issues seemed most salient and they did not talk about "sexual orientation issues per se." Ellen said she would do things differently with this client now; she would conceptualize her as a victim of anti-LGB oppression and talk with the client about how it affected her and how to cope with the situation.

In addition, Leigh's first LGB client was an adolescent Latino gay male, and so she read literature and did research related to the population, which she described as increasing her comfort and decreasing her anxiety:

I'm actually writing a paper [on] the importance of empowerment and community involvement for gay Latino youth. And in a way it's like I'm doing this to kind of help me be able to help my client...There's some literature on...gay youth and...minorities on ways that they can connect with the community and feel more of a support. So that's just another way of educating myself. You know, [I] feel like I'm more competent to help them...[when I] have more knowledge.

Awareness.

Personal experience with others was also the main theme in awareness development for this group. Participants using the Assimilation strategy became aware of biases and stereotypes through personal contact with LGB people who did not fit their stereotypes, many of them cohort members, professors, and colleagues. For example, Ellen said there were two instances in which she assumed that people in her program were heterosexual but then found out they were LGB; also, Ellen thought her advisor was

gay when she started her program because his research was in the area of gay men and HIV, but learned later he was heterosexual. She said,

So I think that at some point it kind of dawned on me...that sometimes your immediate impressions are incorrect, [and I learned that], okay, well, there is no stereotype of a gay person, there is no stereotype of a straight person.

In addition, a main Awareness theme cited by participants using the Assimilation strategy was that getting to know LGB people personally allowed them to see LGB people as fully human beings. For example, Ellen said,

As we were talking in our classes about diversity issues, they were talking about the importance of making contact and seeing people not as a category but as a person, and I think that although I was mistaken, seeing...my advisor as a gay man was really, you know it was non-threatening, it wasn't like he was coming on to me or anything like that. It was very comfortable. I was able to get to know someone and kind of hear about the struggles of...gay people...and it was almost like I was able to kind of see in a three-dimensional way...it was much more of a personal connection...I mean I really enjoyed my academic advisor when I thought he was gay and I really enjoyed his personality, his dedication, and so I started seeing him as a person.

Another theme for the Assimilation group was having more positive feelings about different populations in the LGB community when they had more positive personal experiences with that particular group. This fit with their strategy of taking on the views of people they knew but not necessarily generalizing the knowledge. For example, Zoe had very close gay male friends but had had negative experiences with friends who identified as lesbian (a friend who distanced from her after coming out) and bisexual (boyfriends who broke up with her and later identified as bisexual). She thought this affected her feelings about the different groups:

[With gay men], it has been a positive experience because they...sometimes act in a feminine way that I can kind of relate to and have a lot of fun with. With some of the more stereotypical lesbian women, I have a harder time identifying with them because some of them have taken on a more masculine role... [Also], dealing with what sometimes comes off as sexual confusion has not been as

positive an experience for me...[that] sent confusing messages to me as to whether they wanted to be with me.

In addition to having different feelings about different communities, participants using Assimilation also held more stereotypes about members of communities they had less or no experience with. For example, Leigh said she had known only two lesbian couples, both of whom she thought had “intense, dysfunctional relationships,” and so she thought she held that stereotype of lesbian relationships. Also, like most of our participants, Leigh held more stereotypes about bisexual people than lesbian and gay people:

My one girlfriend said she was bisexual before she said she was a lesbian and my client said he was bisexual before he said he was gay...so I guess I view it as on par with like, or not on par but related to questioning...I think that there's a big difference in like the stability of it. I mean if I met someone who was bisexual [and] stable...I think it would be helpful for me and it would be very interesting to see how that is different from...people who are...unsure and going back and forth.

Some participants using Assimilation, however, said that their training had assisted them in learning how to identify and think critically about their biases. For example, Leigh said,

As a result of my training I think I became very aware of any biases that I have or even just how to identify them, you know, like if a thought comes up...I'm, like, well...can you generalize that or is that necessarily true...So I think that my training has helped me to kind of critically look at things like that, which I wasn't really able to do before, or didn't know how to do before I guess.

Skills.

Participants using Assimilation identified several skills they thought were important for enhancing their effectiveness with LGB clients, outlined below. Similarly to their citing LGB contact as instrumental for knowledge and awareness, Assimilation participants cited having exposure to LGB people in general and gaining more experience

with and learning from LGB clients in particular as the main mechanisms through which they were able to develop their skills.

Most participants using Assimilation said learning to connect empathically with LGB clients increased their effectiveness. For example, Mia thought her experience of discrimination and oppression as a racial and ethnic minority was a pathway for developing empathy for LGB clients: “I think it’s because I really can empathize with their experience of being marginalized and being not accepted.”

Also, participants cited decreasing anxiety/gaining comfort and lack of avoidance as essential for competence. Zoe characterized those skills as the beginning of basic competence: “[It’s] having the comfort level and skills to address the issue and to not allow there to be an elephant sitting in the room.” For most participants using the Assimilation strategy, this skill began with acknowledging the importance of and responding positively to a client’s coming out. For example, Leigh said noting a gay client’s identity disclosure and inviting him to discuss it further were essential for effectiveness:

When he told me he was gay I said, “Oh, you know, I’m really glad you told me that.” Like it was the end of the session and I was like, “Let’s talk more about that next week because I want to hear...about your experiences.”...I think if I had been like, “Oh, okay,” then he would have been like, “Well, I shouldn’t have told her.”

These participants also emphasized that being non-judgmental/setting aside one’s own values was important for competence. Zoe added those skills to her conceptualization of competence after some reflection during the interview. Similarly, Leigh said, “You can have your values and your own opinions, but when you’re in a therapy session...if you can’t check that at the door, then you need to refer elsewhere

because you're not...able to...properly treat that client.”

Jeanne identified all of the above skills as important for competence, and she added the following to the list: Not making assumptions, showing respect, and being genuine. She said her training program had helped her develop skills with LGB clients:

That's definitely from diversity training, not making assumptions...it's definitely my supervision and getting more experience and talking about these issues. I think part of it is...respect, empathy, genuineness, positive regard, kindness, skills with clients, without having too much of an agenda, maybe makes me more open.

Ongoing Dissonance and Limits of Competence for Participants using the Assimilation Strategy

Participants cited several areas of dissonance and ongoing development for them in working with LGB clients, related to (a) lack of LGB training and experience, and (b) unresolved values conflicts. First, participants cited anxiety and avoidance as problematic for their work. For example, Zoe discussed her work with a bisexual client:

I used the term bisexual once with her and she got very touchy about it. Um, we didn't go down that road again at all, didn't deal with her sexual issues at all after that....I remember just being confused as to how I was supposed to deal with her, how to approach the issues.

Zoe said that perhaps she had tiptoed around the issue and then shut down. She said, “I guess it's something I've never been quite sure how to ask.” Zoe acknowledged that her training had not prepared her to deal with “those awkward therapy situations very well.” She said she knew she avoided dealing with the situation with her client, and it led to the early termination of the relationship. In addition, Zoe described a similar situation with another client in which she failed to address the client's coming out, but Zoe was unsure of why the client did not return for the next session.

Assimilation participants also described working with clients who were

experiencing a clash between their sexual orientation and their religious values as an area in which they felt more dissonance about their work and sometimes felt less competent. For example, Jeanne said, “It was hard to listen to them have those views and be in that pain of not being able to reconcile that. And me feeling like I just want to, you know, say, ‘Well, it’s okay.’” Also, Ellen discussed not feeling as competent to work with clients who were struggling with accepting their sexual orientation due to her conflict between religion and LGB affirmation, the resolution of which she described as currently “on the back burner.” Finally, Mia said,

I haven’t worked with any clients [who were] struggling between religion and their sexual orientation. I think that would be [more difficult]. I don’t know what I would do with that...That’s the one area...I would feel like, “Well, I haven’t figured it out for myself so how am I supposed to help you with that?”...I wouldn’t say that I’ve reached competence in that way.

Conclusion for Participants Using the Assimilation Strategy

The five participants in the Assimilation category seemed to have initially adopted their views from the views of others, and were in the process of thinking them through more deeply and integrating them into their own value systems. At times they seemed to speak about their values as not their own, but as those of their reference groups: The four Assimilation participants who came from affirmative programs described their views and approaches as those of their programs; the one participant who came from a null program described her views as based on her positive experiences with gay men, but her views were based on those relationships alone and they did not generalize to a comprehensive view of LGB issues and populations in general.

In fact, two participants, Zoe and Ellen, directly confirmed in the interview that they had not previously deeply examined the issues we discussed, and said that

participating in the interview prompted them to think through the issues more thoroughly. In addition, they said that thinking through the issues during the interview caused them to reevaluate their level of competence. For example, Ellen rated herself “somewhat effective” previously but thought “slightly effective” might be a better characterization. She said she thought she needed more experience and exploration to acquire more competence. She said, “I mean you’re asking me questions and I think they’re wonderful questions, but I don’t think that I think about them too much, you know, outside of the time that you and I are spending.”

Similarly, Zoe said, “The conversation kind of forces me to [think] deeply about the question.” As she thought through the question of what she needed for competence, Zoe wondered whether being LGB affects every aspect of a client’s life. Zoe was ambivalent about whether she could stick to her self-rating of “slightly effective” with LGB clients. She said,

I had experience with two patients. I don’t know. I don’t even know if I would call myself slightly effective. I guess I have more of an awareness of how I could be doing things different with them that I could apply if I had another patient. So maybe having these few awkward experiences with a couple of patients has increased my awareness. So maybe I could [keep] my self-rating...If I had clients in the future I would definitely seek out, you know, expertise, peer supervision, whatever in those cases...if I felt that I, I was still struggling with the same issues.

Participants using the Assimilation strategy often cited learning from others as important for their knowledge, awareness, and skills. Some Assimilation participants said that it was more difficult for them when others did not provide clear answers; For example, Mia said,

I remember at the time like sitting in classes kind of waiting, like I wanted an answer...and I, I, I kind of just like wished [my advisor] would just give it to me. And I remember just being very confused about her response...She just asked a bunch more questions and explored more things, and...it didn’t really go

anywhere...I remember feeling really disappointed, like okay, so the answer is there's no answer.

Assimilation participants cited direct experience with LGB clients as their preferred method of enhancing their skills. For some Assimilation participants, seeing LGB clients for the first time was a prime motivator for them to think through their value conflicts for themselves and to develop more LGB knowledge, awareness, and skills.

Separation Strategy

As previously discussed, 24 of our 29 participants began their programs using the Separation strategy, and all except one adopted another strategy at some point during their programs (22 took on the Integration strategy, and 2 adopted Assimilation). A strong theme throughout our data was that the point at which participants typically began to abandon Separation was when they began seeing LGB clients. Many of this group of participants described the immediacy of their personal experience with LGB clients as provoking much more dissonance for them than academic training, and so they became much more emotionally motivated to address LGB issues and confront values conflicts. In addition, it was harder for them to avoid LGB issues in the therapy setting than it was in classes. For example, Paige said,

I think that it's easier just to blend in...especially early on in the program, like when you don't have any clients yet or, you know, you're just talking very broadly about values in general and not specifically about the specific values you have. So it was kind of easier to just coast along because there really wasn't any stimulus to talk about it and any, like, environments.

In addition, participants were motivated by the desire to be perceived as competent by their supervisors, as well as the personal desire to learn to be better counselors. Furthermore, participants had a strong preference for discussing LGB issues and value conflicts with individual supervisors as opposed to in other settings; they found

individual supervision to be both the safest and most helpful context for taking the issues on. This confluence of factors made the onset of their work with LGB clients a watershed for many former Separatists in terms of beginning to gain knowledge, awareness, and skills through the Integration strategy.

When some participants using the Separation strategy began their programs, they privately thought perhaps they should not see LGB clients due to their values conflicts.

For example, Paige said,

The question would come up, you know, are there any clients that you absolutely could not work with. And I think early in my training I'd be like, I don't think I would be able to work with homosexuals or bisexuals...because...values either like get in the way or I didn't want to work with them and have my values impact them negatively.

Although some participants felt they would rather not see LGB clients, none of them refused to do so. Nevertheless, some participants said they actively avoided working with LGB clients if possible. Eva described her way of avoiding seeing LGB clients:

I think I may even have told the director that I didn't have the training...I may have referred to another therapist...It was almost like we tried to not make it a big deal, like, "You know what, well, I don't think that I have the training, or I think this person would be better with [another therapist]. Like if I could see a commonality with other therapists for that client, I would say, "Look, they have this in common."

Many participants said avoiding LGB clients was easy to do because they were often referred to therapists who requested them, mainly LGB trainees; in fact, participants who did not request LGB clients were unlikely to get them in many cases. For example, Evan said he had had only a few LGB clients during his program, on internship, and at his work setting. He said, "I remember on internship we'd say, 'I'd like more multicultural clients.'... I haven't...said I'd like to see more [LGB clients]...I totally haven't been aggressive in building up my competence and confidence working with this clientele by

building my caseload.” Likewise, Sam said,

I never got referred an LGB client [before internship] and I didn’t seek one out. I, I could have easily said to my supervisor, “Hey, I want some experience with...this population.” And I knew I wasn’t going to do that. So I, I was kind of like that grateful person who says, “Ah, I don’t get a chance to work with that person.”

Avoiding seeing LGB clients was easier in some programs than others. In affirmative programs, LGB issues were on the radar much more not only in classes but also individual supervision, and supervisors would sometimes engage participants on LGB issues even if they did not have LGB clients. Thus, participants using the Separation strategy had much more anxiety in affirmative programs, as Brian described: “I was very anxious, I would say. When I got assignments, the first thing I would want to figure out was whether they were LGBT clients.” The fact that the Separation strategy was less effective at allowing participants in affirmative programs to reduce their dissonance than it was for participants in other programs motivated participants in affirmative programs to adopt other adaptation strategies sooner than participants in other programs.

Self-Perceived Development of Competence

Participants used the Separation strategy as a way to reduce the dissonance caused by their values conflicts, as was the case for each strategy. But because the Separation strategy was characterized by so much avoidance, developing competence with LGB clients was not participants’ primary concern. Participants using the Separation strategy seemed to take one of two approaches to developing competence with LGB clients: (a) to engage in LGB training and supervision in a “hands-off” manner, or, rarely, (b) to maintain that no special skills for working with LGB clients were needed over and above general psychotherapy skills.

Knowledge.

Participants using the Separation strategy did not actively seek out LGB knowledge. For example, Lily said,

If people are talking about it I just tend to listen because I feel like working with LGB clients is so not within my scope of competency sometimes that I would like to hear from people who specialize in it or who have particular interest in it, um, kind of like getting more clinical skills in that way.

Lily's description of her passive approach to LGB training was characteristic of participants using the Separation strategy. While participants were using the strategy, they did not identify specific LGB knowledge that was meaningful to them in increasing competence with LGB clients. Furthermore, John, the only participant who used the Separation strategy throughout his program, said he did not think LGB competency required special knowledge, awareness, or skills over and above general competency. He said, "Stressors are stressors for anybody. A lot of times they're the same things regardless of if the person's homosexual or heterosexual. So I don't think I would change my treatment for depression if the person happened to be homosexual."

Awareness.

Some participants using the Separation strategy were generally aware of their stereotypes toward LGB people, and sometimes their stereotypes were debunked through experience. For example, John worked at an HIV clinic and said he was "very surprised at the percentage of the heavy cases [they] were seeing that weren't gay males." In addition, some participants were aware of the tendency to be negatively biased toward LGB clients and thought about avoiding that. For instance, John said he was aware that he was "falling into this kind of false association where [he was] just assuming that every

gay or lesbian client [he saw] has got a personality disorder,” and he did not want to form that sort of “illusory correlation.”

Participants using the Separation strategy emphasized that they separated their personal values from their work with clients, thus not allowing their biases to affect clients. For example, John said he did not see a conflict between holding LGB-negative values and competently treating LGB clients, because his values had never become an issue. John said he would consider referring a client if his values did interfere with a client’s treatment.

Skills.

For some participants the Separation strategy consisted of outright avoidance of LGB issues. For example, John said, “I would never openly ask the client if they were, you know, gay or lesbian.” Sometimes, however, the Separation strategy was employed in subtler, more elusive ways. For example, some participants said they were not motivated to seek out training to deepen their LGB knowledge, awareness, and skills because they did not specialize in LGB issues; these participants often followed that assertion by discussing the option of referring LGB clients. For example, Lily said,

I don’t really specialize in LGBT issues in particular...what we were taught as beginning practitioners was that...if you feel like you have something would impede your work with a client because your value systems are just that different, and you feel like you wouldn’t be able to help the person in a beneficent way or that the client’s welfare was the highest priority for you, then it would be appropriate to either discuss it with a supervisor and see what could be done or just, um, refer the client to another clinician.

Participants using the Separation strategy seemed to view the option to refer as a sort of “escape valve” if they became too uncomfortable, although they addressed it as an ethical decision. The subtle difference in the way those using the Separation strategy (as opposed

to other participants) discussed referral was that none reported being strongly motivated to seek out supervision, consultation, or training to attempt to address therapeutic issues before thinking of referral, as other participants did. In other words, participants using the Separation strategy seemed content to stay where they were in terms of skills and use the referral option rather than stretch themselves in training and try to solve the problems. Unfortunately, participants using the Separation strategy usually did not report being challenged to consider LGB issues. For example, John said none of his supervisors ever brought up LGB issues or values with him during his year at the HIV clinic.

In addition, many participants using the Separation strategy said they felt comfortable seeing LGB clients when LGB issues were not part of the presenting problem. In relation, participants often emphasized that if LGB issues were not at the forefront of clients' presenting problems, they were not relevant to the work. It seemed that participants often minimized the extent to which LGB issues related to clients' concerns. For example, when Eva could not avoid being assigned LGB clients, she avoided addressing LGB issues with clients:

I think it wasn't the presenting issue, or at least...I tried to make it not the presenting issue. I didn't explore them very well...It was an oversight on my end. I preferred not to talk about it...I didn't want to bring up anything that showed my discomfort and lack of knowledge.

The aforementioned therapeutic behaviors were skills for participants using the Separation strategy in the sense that they were strategies they used to manage their therapeutic relationships with LGB clients while attempting to reduce their dissonance. Some participants using the Separation strategy, however, did identify skills (in the more traditional sense of the word) that they said were important for competence. The main skills cited by participants using the Separation strategy were developing comfort with

LGB clients and reducing judgment. For example, John said gaining exposure to and developing increasing comfort with LGB people helped him become more competent with LGB clients:

I [am] more open to...working with people that are gay or lesbian...I just think that's kind of an exposure thing...I don't mean...true acceptance, but that you can have your beliefs and I can have mine, and I don't hate you for it...I can let you be and you let me be. I think I learned...that you're not always going to agree with somebody's life choices, and you can step away from that and still do whatever your job is...You learn as a clinician to kind of not make personal judgments.

Ongoing Dissonance and Limits of Competence for Participants using the Separation Strategy

Separation was not a strategy that lent itself well to self-reflection; the strategy was almost completely successful for some participants at drastically reducing dissonance. In fact, John, the only participant currently using the Separation strategy, was also one of only two participants identifying themselves as currently “very effective” with LGB clients.

To the contrary, many participants who formerly used the Separation strategy identified myriad problems with the approach. For example, participants said that during the time they employed the Separation strategy they did not address clients' problems, their biases stayed in place, and they did not develop strong therapeutic alliances with clients, who often left therapy prematurely. Participants said they learned they could not separate their own values and biases from reactions they had with clients. For example, Eva said,

I felt uncomfortable talking about sex topics with them...I blinked my eyes a lot. I got red several times...there were signs of facial or physical expressions that gave it away that I was nervous...I remember my, my, the homophobia, you know. With my first patients, I remember being very uncomfortable. Um, I have to admit

like there was some discomfort about touch, and I think it has to be related also to HIV perhaps...but at that time I was still getting educated.

Conclusion for Participants Using the Separation Strategy

Participants using the Separation strategy dealt with their biases by trying to cut off from them during therapy with LGB clients, but this resulted in their being cut off from clients as well, because these participants avoided exploring LGB material with clients. This dynamic was most notable when participants using the strategy ignored clients' coming out or failed to understand the relevance of LGB issues for their clients.

Ultimately, despite its name, trainees and ECP's could not enact the Separation strategy alone. Separation in dealing with LGB issues and clients existed on systemic levels in the educational and work environments participants were in. In contexts in which the Separation strategy was not supported, participants overwhelmingly adopted another approach to LGB clients.

Integration Strategy

As I stated previously, 22 of our 29 participants eventually began employing some version of the Integration strategy and were using the Integration strategy at the time of the interview. Some participants used the Integration approach in a more comprehensive way than others, in that they were engaged in LGB contact and participation in various realms, including with their supervisors, faculty, friends, family, and clients. Others employed the Integration strategy with some Separation elements, in that they did not discuss their efforts to resolve their values conflicts in their programs, but did so internally and/or with family and friends. Often, participants were motivated to move to using the Integration strategy because they were beginning to see LGB clients and they wanted to be perceived as competent counselors. In addition, many participants had

begun to care more about LGB issues because they had developed close relationships with LGB people, and so they were more motivated to wrestle with values conflicts and to reduce LGB bias. In general, participants using the Integration strategy spoke about their acquisition of LGB knowledge, skills, and awareness in a very engaged, complex way that also interacted with the ongoing development of their own value systems.

Self-Perceived Development of Competence

Knowledge.

Participants using the Integration strategy cited the knowledge domain as essential in helping them develop competence. These participants talked about their development of knowledge as an engaged, interactive process that included compiling and synthesizing information from several sources and experiences, such as reading literature, doing research, learning from LGB people, immersing themselves in LGB cultures, being on LGB listserves, and engaging in class and other training experiences. A typical occurrence for participants using the Integration strategy was being spurred by experiences with LGB friends or clients to educate themselves by reading literature.

Like participants who used the Assimilation strategy, those who used Integration said they learned a great deal from personal relationships with LGB people, including friends, family, and peers. Participants said that becoming knowledgeable about LGB cultures and the issues LGB people face in their daily lives enhanced their effectiveness with LGB clients. For example, Paul said,

Certainly my brother coming out was a pretty profound experience for me...I have someone that I trusted that I could ask questions [of], and he actually helped provide a lot of insight that being heterosexual you don't think about...like why gay couples can't engage in PDA in public, or...if my brother's partner ever gets into a car accident and goes into a coma that my brother might have some restricted access to him, or...having to...sign a will to insure that if anything happens to

either of them they won't have to fight the courts to get access to financial benefits. Those kinds of things that you just take...for granted.

Participants using the Integration strategy, however, spoke more than other participants about the importance of LGB research literature in increasing their competence. For some, reading research and gaining information was the main driver of their value shifts, even more so than relationships with LGB people. This was the case for Eva, who began work on an LGB research team when she still had very negative LGB views:

What happened is that I started reading. I mean, I was obviously forced to read those articles. I thought, wow, there was so much about religion and homophobia...This is everything that I—it talks about me. You know, all the different stages that allies go through and...why people feel homophobic. It gave me so many answers. It started opening my eyes and really just saying to me, you have a choice about whether to believe all the things that religion has taught us and that family has taught us.

Many of these participants spoke about the importance of going to the literature when determining how to best assist LGB clients. Many participants consulted the literature on their own, but many did so at the suggestion of clinical supervisors. Many participants said gaining knowledge about the different stages of the coming out process and models of sexual identity development helped them understand more fully how individual LGB clients were currently experiencing their lives. For example, when Rose began seeing LGB clients, she said, "I started reading more material on...the issues that sexual minorities face that...can be different than somebody who's heterosexual. I read the *Gay and Lesbian Self-Esteem Book*, getting really familiar with the different models of sexual identity formation."

Most participants using the Integration strategy said that learning more about anti-LGB discrimination and oppression helped them to better understand the reality of what

their clients experienced daily, as well as to develop ways to assist their clients in coping with oppression. For example, Paul said, “You [need to] be responsive to the...ways that they might be experiencing not just open prejudices and discrimination, but also...microaggressions toward GLBT folks.” In addition, learning about discrimination and oppression helped participants more fully appreciate their own privilege, which increased their empathy for their clients and their capacity for connecting with them. For example, Sylvie said,

[I need to be aware] of the climate that this person is living in and the hatred and the oppression that exists in the world and really like reminding myself of that all the time. Like I don't have to deal with it or see it if I don't want to, but this person doesn't have a choice, and so if I don't enter the room with that awareness, that can be detrimental.

In addition, participants using the Integration strategy emphasized that they needed to be sensitive not only to between group differences, but also to within group differences. Participants using the Integration strategy said that they had learned that clients differed in how salient their sexual identities were to them in the context of their overall identity. Also, participants said it was important for them to be aware that LGB issues might or might not be part of the presenting problem, depending on the client. For example, Kim said, “I think there's got to be a lot of judgment in distinguishing...what cultural issues might be factoring in, because...the fact that this client is gay or lesbian may have very little to do with what their presenting problem is.”

Several participants using the Integration strategy said that for them, developing affirmative attitudes had not been sufficient for competence; they emphasized that gaining knowledge about LGB cultures and the issues LGB clients bring to therapy was crucial for them in effectively assisting clients. Peter made this point well:

There is a vast gulf between willingness to learn and openness and compassion, versus actual knowledge...like knowing that there is such a thing as using gender-neutral language...Can you...physically voice it in a way that sounds natural...like this is actually yours and not just what some professor told you you're supposed to say...I do that through listserves, friendships, supervision. Most of it's my own personal journey, reading articles. Just, you know, educating myself...I would say that I am 100% motivated to do this, regardless of what anybody else does.

Awareness.

Participants using the Integration strategy were very thoughtful in discussing how their training and other experiences had increased their awareness of their own LGB biases and stereotypes. Their training and experience in this domain accomplished three very important tasks: (a) made them aware of what biases they held and how they manifested in their thoughts, feelings, and behaviors with clients, (b) challenged their views and sometimes helped them modify their views, and (c) helped them learn to manage their biases while working with clients.

Discomfort with LGB people and LGB topics were central themes for participants using Integration in the Awareness domain. Almost all participants said their training and their exposure to LGB people helped them become aware of their discomfort and how it manifested with clients. Participants identified gaining comfort with LGB clients as one of the most important factors for increasing their effectiveness. Participants recognized that their discomfort, even if it was manifested non-verbally, was discernable to clients and could contribute to their feeling hurt and rejected. Sophie, for example, characterized her discomfort as something she needed to reduce in order to be effective with clients; doing so helped her to respond to clients empathically and to move deeper into material clients wanted to explore rather than avoiding it. She said,

I think I was sensitive to, you know, guys kissing...feeling like, "Oh, I feel really uncomfortable and I really wish you wouldn't do that in front of me." Whereas if it was a guy and girl I wouldn't feel that way, you know...And it's a negative in the sense that I'd rather [clients] not be too explicit about how you, you know, your sexual orientation. We could talk about it but we couldn't, don't act on it.

Discomfort with LGB people was most often associated with participants' preoccupation with sexual material in relation to LGB clients. Many participants said it was not only helpful for them to become more comfortable with sexual material, but also to avoid focusing too much on the sexual element of LGB people's lives and identities because that could lead to biased behavior with clients. For example, Nick said,

I feel like it's my duty to be aware that I do have these sort of implicit biases and socialization...that color the way that I hear things that they say...[with] one of my first couples who were gay, [I was] always feeling like...are we going to eventually talk about sex? And really being aware of, well, that's a part of who they are but that may or may not have anything to do with what we're talking about.

These participants also discussed becoming aware of and debunking stereotypes through training and exposure to LGB people. For example, Keith said he confronted the following biases in training that included experiential activities and interacting with a panel of LGB speakers:

[That] gay people act a certain way or that they're always flaming or that they always dress in extravagant dress, or that I can tell just by looking at somebody what their sexual orientation is going to be...For the most part I debunked the stereotypes and came to think about those stereotypes as a stage of identity development. I came to see the people who were flaming as embracing of their sexual orientation to the exclusion of others before they really internalized it.

Participants cited personal relationships with LGB people, especially friends, as instrumental in helping them reduce their discomfort and debunk their stereotypes. For example, Peter said, "Being around my friends and their partners and having them be expressive, and feeling my discomfort, and thinking through that, and knowing that that's

not what I wanted, and just doing that personal work.” Also, Sam said, “If I gave you one thing it would be exposure to people who are lesbian and gay.” But Sam emphasized that reducing his discomfort took “more than just exposure...[it was] connection, combined with them being willing to share their experience.” In addition, Hal said,

One big thing is that there was a student in my year who was gay, and we became pretty close friends and he knew I was a Christian and we were able to talk about those things. And not that he changed my mind or that anyone changed really in what they believed, but I think that increased my comfort with the issues just because, you know, it wasn't something in the distance, it was more tangible.

Participants repeatedly emphasized that it was not only important for them to reduce negative feelings, but also to increase positive feelings toward LGB people; participants who took on affirmative values described positive, close, meaningful experiences with LGB people as instrumental in their shifts. For example, Kim said, “I think after I got into the program, you know, the positives just added up...It's no longer just not condemning, it's actually seeing the great things that are there, and you know, supporting their lives and values and choices.” Participants who did not incorporate affirmative values also cited positive experiences with LGB people as important, but they characterized those experiences as helpful in allowing them to gain comfort rather than in shifting their values.

Importantly, personal relationships with LGB people provided not only the opportunity but also the motivation for participants to confront and reduce their biases. These relationships helped participants to see that LGB issues were relevant to them personally and professionally, and motivated them to begin to care about LGB issues. For example, Kim said, “One of our classmates is part of that community, and really, you

know, we want to understand that community professionally, but then also personally because we have that connection.”

Participants using the Integration strategy said that supervision was helpful when it was a safe place for them to explore their biases and values conflicts. For example, Sylvie said, “[My supervisor] was very helpful in providing me with space whenever personal struggles came up, whenever I noticed myself having judgments, to be very open and honest with her, and not feel judged by her.” Participants using the Integration strategy also cited class experiences as helpful in gaining awareness and in exploring their values and what impact their values had on their approach with LGB clients. For example, Paige wrestled with whether she would be able to work with LGB clients due to her values conflicts. She said,

In my diversity class it came up again...is it even appropriate to say that you would never work with a client?...The professor was really good at playing like the devil’s advocate, but in a non-judgmental way, just throwing out different ways to look at things to just make you think...But one of the things that came up was that’s what people used to say for African Americans, and that just really struck me...is it really fair to say I can’t work with this person because of aspects of who they are. So in that class I think I really started exploring more where those messages and values came from.

Erica also said that she began her program thinking she could not work with LGB clients due to her religious beliefs. She said interacting with LGB people through research had allowed her to feel more comfortable with the idea of working with LGB people, and also recognize how her biases could harm her relationships with LGB clients:

[Doing research] has allowed me to hear the stories of some of the people...that have been rejected by their church family, that have been hurt by Christians, that have been, you know, held apart as a special class of bad people...I think in the past [seeing LGB clients] would have been somewhat difficult for me because I was still carrying a lot of that baggage unbeknownst to me, what I had learned growing up, and so that tended to color my view...Because of all that I’ve learned

in this area, I have a lot more passion and ability to work with folks without having biases or prejudices, you know, that would inhibit our relationship.

In summary, participants using the Integration strategy overwhelmingly recognized that becoming aware of how their biases could harm their relationships with clients and working to ameliorate their biases were crucial tasks for their developing competence. Sylvie summed it up this way:

I think the self-awareness piece is huge...I am providing a safe space for somebody to talk where they can be themselves...my biases and my judgments are in the room whether or not I invited them there. And if I don't stress awareness of them or talk about them in supervision, it can be really detrimental.

Skills.

The approaches participants using the Integration strategy took to developing skills with LGB clients were similar to the ways they gained knowledge and awareness; they were continually engaged in the process of learning to work more effectively with clients, while simultaneously working through conflicts in their own value systems. The main skills cited by participants using the Integration strategy as important for competence with LGB clients were similar to those cited by other participants, but they discussed their skill development in a way that was at once more complex and more personal than other participants. For example, they discussed their LGB knowledge, awareness, and skills development and the development of their personal LGB value systems as overlapping and integrated phenomena.

All participants using the Integration strategy cited conveying their comfort with LGB topics to their LGB clients as crucial for working competently with them. Participants identified increasing and conveying comfort as one mechanism by which they reduced their anxiety and avoidance in therapy; they said it was important for them

to convey a lack of anxiety about LGB material and to directly approach LGB topics in order to develop effective working relationships with their clients. For example, Peter said,

[Competence] means sitting down with a client and being able to ask them [questions about relationships] in the same voice tone I would ask a straight client, to address issues of sexuality and sexual identity...in a way that doesn't say I'm uncomfortable... To be able to say, "Oh, are you romantically involved, is that a man or a woman?" And not only in the initial conversation, but in an ongoing manner. If a gay man...describes to me having an intimate time with his partner...I don't get the willies. I'm like, "Oh, you had a great time together, cool." And I've had to do a lot of work to get there.

Most participants using the Integration strategy emphasized that developing and demonstrating empathy for their clients—not just in general but also in relation to their experiences as LGB people—was central in importance for developing competence. Several participants said that developing empathy for their clients' common humanity allowed them to transcend values conflicts and connect more deeply with their clients, thereby forming stronger therapeutic alliances. For example, Sophie said,

I'm really starting to empathize with all the struggle of prejudice and the struggle of finding partners, feeling alone, feeling left out... all this switching that they have to do... that's really what I click with is the narrative, you know. I always just click with the narrative.

It was notable that participants using the Integration strategy talked less about putting their own values aside in the room with clients than other participants did. Many participants using the Integration strategy discussed being aware that they could not separate their own values from who they were with clients, and furthermore, it was crucial for them to remain aware of how their values might affect clients. This applied to affirmative participants, because they emphasized that no matter how affirmative their values were they needed to work on dealing with their biases in an ongoing way; but it

applied more profoundly to participants who had not developed affirmative values.

Participants using the Integration strategy who retained fundamentalist or conservative religious views were faced with trying to reconcile the following two seemingly irreconcilable paradigms for understanding LGB people: Their religious LGB paradigm viewed being LGB as a sin, a choice, a behavior, and something that could and should be changed. On the other hand, the LGB paradigm many of them encountered in affirmative programs held that being LGB was not a behavior but a central aspect of individual identity akin to race and gender, not a choice, not a disorder, and something that was acceptable and did not need to be and could not be changed.

A few participants with conservative religious views who used the Integration strategy were able to be truly pluralistic in that they were able to cognitively hold both paradigms at once; they described personally holding to their own religious values, including seeing being LGB as a sin, but they worked with LGB clients from an affirmative perspective. Lily described this ability as being “bicultural.” She said, “I feel like I’ve kind of been able to be bicultural in that way, that I can hold onto my Christian values, but I can also work with therapy clients who are LGB.” Participants who were able to be “bicultural” cited several central skills for holding onto that stance: (a) working in a client-centered way, (b) avoiding imposing their values on clients, (c) avoiding judging their clients, (d) working empathically and sensitively with LGB issues, and (d) respecting clients’ value systems as just as valid for them as participants’ value systems were for themselves. Sophie provided this example of how working in a very client-centered way allowed her to reduce her anxiety about imposing her beliefs and to be with her clients no matter where they were with LGB issues:

Once I've been able to find this place of being with my client where they're at, then I feel like enormous amounts of liberty to just not have to worry. Early on in my training I worried, I didn't want to force my beliefs on anybody...I worried that somehow my bias that [my religion] is the morally superior thing would come through. And then I just was able to let go of that...and then I'm just in your space helping you figure out what you want, what you feel, and what your experience is and honoring that in the most honest way possible, where nothing is on the table and nothing is off the table. You put it on the table or you take it off the table.

Why would you want to cheat anybody out of their own process of figuring out... what they're all about?...So it seems when you let go and let them do the hard work, you're there with them in support of any way that they're wanting to know themselves better.

Conversely, most participants with conservative religious values who used the Integration strategy were less pluralistic in that they did not feel comfortable embracing an affirmative paradigm in addition to their own value system; they worked with LGB clients in a neutral way that did not affirm nor denigrate clients' LGB identities. They emphasized that they refrained from judging their clients because that was not their job as counselors. For example, Brian said, "I think it's not my place to say what is right or what is wrong because I'm not the person who decides that." Similarly, Hal said,

I think one part of it is realizing that I'm a counselor, I'm not a pastor... and so it's not really my role to dictate my clients' morality. That's not part of my job...Clients are going to be doing all sorts of things that I wouldn't agree with and that I wouldn't choose to do myself, but that doesn't mean I can't help them with their issues.

All participants using the Integration strategy said having experience with LGB clients was very important in allowing them to enhance their skills. Many participants said that personal experience with clients brought home to them that LGB training was not "just some academic exercise," and they were able to connect more profoundly to their LGB clients' humanity through experience. For example, Peter said, "One of the best things that has happened for me is that I've been able to affirm through my

experience that LGB people are just like everybody else.” Similarly, Paul said, “I think as I began my practicum experience working with the LGBT folks in sessions, they seemed the same whatever presenting issues they had...I’m not endorsing a sexual orientation blind approach, but, you know, they were just people.”

Participants using the Integration strategy also emphasized the importance of supervision and training in helping them enhance their skills with LGB clients. For example, Rose attended a doctoral program without LGB training, but she had LGB training during internship. She said, “I mean, it was wonderful. It’s like finally, you know, I get my hands on some actual practical guidelines and wisdom and experiences and what kinds of issues they face and how to be an effective therapist.” Several participants described the feedback they got in supervision about how they were coming across to clients as invaluable in helping them learn to remain aware of their own feelings as well as to empathize and take clients’ perspectives. For example, Paul said,

I had excellent supervisors who really forced me to address issues of diversity and really pushed me, when I was working with clients who were different from me, you know, “What was that like for you,” doing a lot of self-reflection...also “What do you think it must be like for this client to kind of have that experience,” just teaching me, you know, appropriate levels of empathy and also perspective shifting.

Participants using the Integration strategy also described LGB training as a motivator to learn about LGB issues and take on their values conflicts. Most participants had had LGB contact before their doctoral programs, but many thought LGB issues were not relevant to them and they had no reason to care about them. LGB training served the function of bringing home to participants the reasons LGB people and issues were relevant to them as psychologists-in-training, so that LGB issues were no longer distant but personal. For example, Nick said, “Being in graduate school ... there’s something

about just feeling like now I'm really...paying attention to things that matter and before I'd never really had that sense [about LGB issues].”

In summary, participants were affected by their LGB training whether they actively engaged in it or not. For participants using the Integration strategy, training was a motivator to struggle with values conflicts and to think about how they were going to work competently with clients. Sophie summed it up this way:

Training really does help...because it helps expose you, and then if you're an empathetic person, then probably more so than class work or even having friends who are gay but having clients who are gay, then like my empathy radar is really activated and I want to understand you, you know.

Ongoing Dissonance and Limits of Competence for Participants using the Integration Strategy

Participants using the Integration strategy cited several areas of concern for them in their ongoing work with LGB clients. Participants discussed the importance of being aware not to practice outside their boundaries of competence. Several participants said their programs emphasized that they had an ethical obligation to refer clients if they could not competently counsel them. Unlike participants using the Separation strategy, participants using the Integration strategy took this as a serious ethical mandate and struggled with referral decisions, obtaining supervision and consultation when they had difficulty with clients, rather than using referral as an “out.” Still, for participants using the Integration strategy who had strong dissonance and continuing value conflicts, it seemed to increase their feelings of security in their programs if they knew that referral would be an acceptable option and that they would be assisted in making determinations about when to refer.

Several participants said they continued to struggle with anxiety and avoidance

due to discomfort discussing relationship and sexual issues. For example, Brian said,

I think [it is important to be] aware of my limits. I had a gay client [for whom] one of his main concerns was anxiety around...having sex with um other men...and I felt like I wasn't able to be effective in just focusing on improving his sexual relationship...So that was one client that I eventually referred...to someone else who had specialties in that area.

Several participants using this strategy felt less competent with different populations in the LGB community than others; they typically felt less competent with bisexual clients than lesbian women and gay men, usually due to stereotypes, lack of information, and lack of training. For example, Amy said,

I don't know how well I would work with someone who was bisexual. I don't think I've handled all of my stereotypes that I have about people who have a bisexual lifestyle and so because of that I don't think it would be appropriate for me to work with someone who is bisexual.

Most participants using the Integration strategy said they thought they needed more experience with LGB clients in order to increase their competence. For example, Paige said,

Another aspect of being competent is having the experience with actual clients...where I have some good supervision so I could really process some of those reactions and feelings as I have them. And I think I would have to work on my knowledge base a little bit more as well. I've [gone] to talks...but it's not something that stays in my head, I think mainly because I haven't been working with clients. For me when I work with clients those things become a lot more salient to me...so I'm able to do something with them rather than just reading about them in this article or something like that...I think for me it's more just still that uncomfortableness with it, and honestly that's not going to go away until I get [more] clients.

In addition, several participants continued to struggle with internal values conflicts that they thought negatively affected their work with LGB clients. For example, Brian said, "My stance is I don't go around telling people...this is wrong...but I can't say that I'll encourage people to do it either...sometimes I feel like I try to be value

free...and I give no direction...or the challenges they need.” Also, some participants struggled in working with LGB issues because they wondered if doing so meant they were endorsing LGB identities even though this went against their own values. For example, Evan said,

If someone presents with this...or any issue, frankly, very contrary to my value system, and I’m working with them on this, does that mean I’m espousing it? Am I being, you know, not authentic to myself and ingenuine? And does that mean now I’m doing the opposite of what I believe? [I have] these concerns about what does it mean for me to help someone with homosexual issues or, um, lesbian, gay, bisexual issues.

Finally, several participants using the Integration strategy said it was harder for them to work with clients who were struggling to reconcile their sexual orientation with their religion. Participants said they felt more anxiety about working with clients with those value conflicts because they mirrored their own conflicts and caused countertransference. For example, Hal said he would have trouble maintaining his neutral stance if a client came in struggling with Christian values and sexual orientation. He described feeling pulled to give a Christian client more information about “both sides” (i.e., liberal vs. conservative Christian theology, arguments against vs. in support of conversion therapy) rather than remaining more client-directed. He said,

My biggest challenge right now would be that I don’t really know what the right thing to do is [from a Christian perspective]... You can accept your gay identity, you can try to change, you can choose to be celibate. And I think it’s good to talk through each of those because each of them have, um, positive things and consequences as well.

Conclusion for Participants Using the Integration Strategy

Participants using the Integration strategy attempted a more difficult task than participants who adopted the Separation or Assimilation strategies. Rather than dismissing their programs’ values or uncritically accepting them, they struggled to forge

new value systems that were consistent with their own principles as well as the values of their chosen profession. Unlike participants using the Separation and Assimilation strategies, participants using the Integration strategy were willing to stay in a process that involved tolerating ongoing conflict and dissonance in many realms. Participants experienced this process as both painful and rewarding. Many participants said it helped them to tolerate ongoing dissonance when they became more open, flexible, and adaptable. For example, Amanda said,

I grew to have a more healthy respect for living in the gray...I realized that I couldn't live in a world that was so diverse and so unique and not have a healthy tolerance for ambiguity, and certainly being able to tolerate ambiguity in therapy... As I allowed myself to be open...I really started to fall in love with the beauty that was around me.

Interaction of Personal Beliefs and Therapeutic Approaches

A major theme for almost all participants was that there was a relation between their personal LGB beliefs and their therapeutic approaches (see Table 8.1). For Table 8.1, I divided participants into two groups by personal LGB beliefs. The 16 participants in the *Affirmative* group characterized their views as *very LGB-affirmative*, the highest possible self-rating. The 13 participants in the *Non-Affirmative* group characterized their views as *somewhat affirmative* to *somewhat negative*. It is important to emphasize that although the participants in the Affirmative group said they were very affirmative, they discussed ongoing struggles with biases, stereotypes, and heterosexism during interviews, particularly regarding bisexual people. Our results strongly demonstrated that affirmation is a complex, multidimensional construct, and more importantly, affirmation—like competence—is a process, not a destination. Thus, participants cannot be sorted into two

perfect dichotomous categories. Table 8.1, however, is useful for purposes of comparison between participants with more and less affirmative views.

All 16 participants in the Affirmative group used an approach to therapy that actively affirmed the validity and dignity of clients' LGB identities and relationships. Many of these participants said that openly affirming clients' LGB identities helped work against the oppression clients experienced day to day, and that if they did not provide affirmation, therapy would be a null environment that would be tantamount to continuing oppression of LGB clients. For example, Sylvie said, "There's just so much hatred out there and so I think I work really hard to like create a [safe] space for people...I'm trying to counteract society's grossness, you know."

All Affirmative group participants said they let their clients know directly or indirectly that they personally held LGB-affirmative beliefs. Most participants said they communicated affirmation indirectly by demonstrating comfort with, openness to, and knowledge of LGB issues, and by going more deeply into LGB issues to show clients they understood how important their LGB identities and relationships were to them. Many Affirmative participants also displayed items in their offices that let clients know they were affirmative, like Safe Zone stickers. Also, some participants said they told clients directly that they were affirmative in order to help clients develop safety and trust in the therapeutic relationship. For example, Maria described working with a client who had been sent to conversion therapy by his parents. She said, "The first thing he told me was that he was not gay." When he was still clearly struggling with talking about his experiences in the third session, Maria told him she held LGB-affirmative beliefs. She said, "That was essential. I never could have gotten anywhere if I hadn't said that. I'm

not sure if he would have trusted me...I think he was so terrified, it was not even something he could ... acknowledge [before].”

Furthermore, many participants in the Affirmative group said they considered LGB advocacy an important part of their professional roles. They described validating their clients’ experiences of oppression and discrimination. They also recounted advocating for their clients by going with them to various offices on campus to obtain help and resources. Also, some described advocating for LGB clients in group therapy. For example, Keith facilitated a group for adolescent males in which one member was an openly gay male:

There were some people that were uncomfortable and liked to make fun of this person... Basically I affirmed that being gay is a natural part of human variation and not a choice and kind of went to bat for him...The thing that really nipped it in the bud was when I pointed out...that people who are the most outspoken against GLBT issues might themselves be questioning and the kids latched on to that.

Three participants in the Non-Affirmative group used an affirmative approach to therapy with LGB clients. Two of those participants had LGB-negative personal views, but had adapted to their affirmative programs using the Assimilation strategy, and their affirmative approaches to therapy were part of their assimilation to their programs. The other non-affirmative participant who used an affirmative approach had LGB-neutral views; Nick described himself as “agnostic” on whether being LGB was a sin. However, he found it important to use an affirmative approach to therapy with LGB clients because he had learned a great deal in his affirmative program about the negative effects of oppression on LGB people. When asked what an affirmative approach meant to him, he said, “Just their right to be...that they have the right to be who they are...And they don’t have to worry about me feeling like they are wrong or dissonant or bad.”

On the contrary, 7 of the 13 participants in the Non-Affirmative group described their approaches to LGB clients as neutral. Most of these participants described not being comfortable using an affirmative approach because that contradicted their personal values; a few of these participants said they did not possess enough LGB knowledge and skills to use an affirmative approach. These participants took an approach that neither affirmed nor denigrated LGB clients' identities and relationships. Participants without sufficient knowledge and skills often avoided LGB material because they did not know how to address it. Participants who used neutral approaches due to values conflicts, however, did so for different reasons: Many avoided LGB topics because of their discomfort with them. Some participants, however, avoided LGB material because they did not want to feel complicit in encouraging clients to have LGB relationships, which they considered wrong. Many of these participants said they were aware their approaches were counter to the explicitly LGB-affirmative approaches most common in mainstream psychology. For example, Hal said,

I think probably most secular psychologists... would probably frown on that...APA says that, you know, homosexuality is biologically based and we know that homosexuality is not changeable and that conversion therapy is harmful and if someone comes in like that...they are under kind of religious oppression and you need to be gay affirmative, period...I probably don't agree with that.

When asked whether they would use an affirmative approach if a client's goal was to incorporate a healthy LGB identity, some non-affirmative participants who used a neutral approach said they would consider it, but that it would be difficult. For example, Evan was accustomed to working in a neutral way in a religious setting with clients who identified as struggling with same-sex attraction, but he now worked in a secular environment. He said, "I haven't...worked with a client with this issue...coming out and

embracing it. That's definitely a growth edge for me... Well, I guess [I could] maybe help... I'd like to believe I could help... if that's what they were looking for." Erica was also in a religious environment in which most of the work centered on helping clients who wanted to manage their same-sex attraction and avoid same-sex relationships.

During the interview she said she had no experience working with clients who wanted to incorporate positive LGB identities, and would likely choose not to work with those clients. She said, "I think in terms of dealing with that particular issue, um, it's a gray area for me." She considered this after the interview and sent an email saying the following:

I've been thinking today about your question of whether or not I could provide gay-affirmative therapy. I think that depends on what that means. My approach in this area of dealing with someone who had struggled through and decided that gay or lesbian best fit them, I would want to help them have the healthiest relationships possible, and to accept themselves and deal with their family with this issue. I guess that would qualify as affirmative therapy. When I think gay affirmative therapy, I tend to think of people encouraging an individual who comes into their office to "come out," even if that person expresses doubts or concerns about what that would mean to him or her or conflicts with other aspects of their identity. If that is gay affirmative therapy, I could never do that.

Finally, two of the 13 participants in the Non-Affirmative group took therapeutic approaches that were best described as client-centered. They said that they would stay closely with clients and help them with whatever their desired outcomes were. These participants said they would work affirmatively with clients who wanted to work on accepting their LGB identities, but would work in a neutral way with clients who were struggling with their identities. They said they would not provide conversion therapy, but would work with clients to help them manage their same-sex attraction and avoid LGB relationships if that is what clients desired. Also, these participants said they would refer clients to conversion therapy if clients asked for those referrals.

Not only did participants' values drive their therapeutic approaches, but they also influenced their attitudes about the roles of the environment and biology in the development of sexual identity, and concomitantly, conversion therapy. Participants in the Non-Affirmative group tended to believe there was some choice involved in being LGB, even though many of them acknowledged that there were likely biological factors that influenced the development of LGB orientations. A few participants with the most negative LGB attitudes said that whether LGB orientations were biologically influenced was irrelevant to deciding whether they were moral. These participants compared having an LGB orientation to pedophilia, alcoholism and drug addiction, which they said also had biological underpinnings. For example, John said, "My feeling is there's still, there's always a choice aspect to it. There are brain differences in people who are pedophiles, too... I don't think that makes the behavior right in any way." Similarly, Erica said,

There's some aspect of [an LGB] person, whether it's their genes, whether it's the hormones in the womb, that orients them towards [same-sex attraction], just like there may be a propensity toward alcoholism... But at the same time, just like an alcoholic... you're choosing whether or not to engage in these behaviors, despite what you may feel.

Following from their views about the development of sexual orientation, participants in the Non-Affirmative group viewed conversion therapy positively or were undecided about it; none was against conversion therapy. Four of the 13 LGB-negative participants said they would definitely refer to conversion therapy, six were undecided about whether they would do so, and three would not refer to conversion therapy because that would be counter to the principles of their LGB-affirmative programs or workplaces. Many of these participants were skeptical of APA's stance discouraging the use of conversion therapy, viewing it as politically motivated. These participants thought that

conversion therapy was possibly more efficacious than mainstream psychological literature indicated, a belief based on either reading Christian conversion therapy literature or personally knowing people who had undergone conversion therapy and were now living as heterosexuals. For example, Sophie said,

I think [Christian conversion therapy] research is kind of frowned on and yet, you know, from self report, qualitative studies, people who have seemed like they're not drinking the Kool-Aid if you will, clearly believe in it [and say], "This really worked for me."... If there are clients that are being helped...I would think that they should have the option of having that.

To the contrary, participants in the Affirmative group denounced conversion therapy as unethical or said they would not refer to conversion therapy. Also, Affirmative participants tended to believe that being LGB was not a choice. Many Affirmative participants said that LGB people they knew had told them they did not experience their LGB orientations as a choice but as a discovery, and these participants said they believed that to be true. Many of these participants also said that reading research indicating that biological factors were influential in sexual orientation development helped their views become more affirmative. A few participants whose views were the most profoundly affirmative, however, said that whether being LGB was a choice or not did not enter into their decisions to be affirmative. For example, Amanda said,

It doesn't really matter. It's not about whether it's biological or not, or if it's a choice or not. Like, for me, ultimately it's about the fact that...I don't feel comfortable believing in some value...in which people are discriminated against...that doesn't work for me...it's just unconscionable to me that we choose to discriminate against people based on who they choose to partner with or who they love.

Conclusion

Although many participants incorporated techniques to ameliorate their biases in working with LGB clients, our results made clear that participants' values highly influenced their therapeutic behaviors and approaches. I discuss implications of the results in the next chapter.

Table 8.1

Participants' Personal LGB Values and Therapeutic Approaches

<i>Affirmative Participants</i>	<i>Personal LGB Values</i>	<i>Therapeutic Approach</i>
Amanda	Affirmative	Affirmative*
Eva	Affirmative	Affirmative
Grace	Affirmative	Affirmative
Jane	Affirmative	Affirmative
Jeanne	Affirmative	Affirmative
Keith	Affirmative	Affirmative
Kim	Affirmative	Affirmative
Liz	Affirmative	Affirmative
Maria	Affirmative	Affirmative
Mia	Affirmative	Affirmative
Paul	Affirmative	Affirmative
Peter	Affirmative	Affirmative
Rick	Affirmative	Affirmative
Rose	Affirmative	Affirmative
Sam	Affirmative	Affirmative
Sylvie	Affirmative	Affirmative
<i>Non-Affirmative Participants</i>	<i>Personal LGB Values</i>	<i>Therapeutic Approach</i>
Amy	Affirmative of GL/negative toward bisexual clients	Affirmative of GL/does not work with bisexual clients
Brian	Negative	Neutral*
Ellen	Negative	Affirmative
Erica	Negative	Neutral
Evan	Negative	Neutral
Hal	Negative	Neutral
John	Negative	Neutral
Leigh	Neutral	Neutral
Lily	Negative	Client-Centered*
Nick	Neutral	Affirmative
Paige	Negative	Affirmative
Sophie	Negative	Client-Centered
Zoe	Neutral	Neutral

**Affirmative approach: Actively affirms validity and dignity of clients' LGB identities and relationships*

**Neutral approach: Refrains from affirming or denigrating clients' LGB identities and relationships*

**Client-Centered approach: Stays with clients' desired outcomes, whether that is affirmation of LGB identities and relationships, a struggle to avoid LGB relationships, or referral to conversion therapy*

Chapter Nine

DISCUSSION OF THE FINDINGS

In this chapter, I summarize the findings of my research and contextualize them in the existing literature. Next, I review the study's strengths and limitations. Finally, I discuss the current study's implications for training, practice, and research.

Summary of the Research Findings

The current research explored the journeys toward self-perceived LGB psychotherapy competence taken by 29 heterosexual early-career psychologists and advanced psychology trainees who indicated they did not hold affirmative views of LGB relationships upon entering their graduate programs, but currently considered themselves competent to work with LGB clients. Sixteen participants described their current views as LGB-affirmative, and 13 participants said their views were currently not affirmative. The goal of this research was to develop a substantive theory of how our participants engaged with LGB training and LGB clients in their graduate programs, and how these and other experiences facilitated their abilities to work more effectively with LGB clients.

The core category that emerged in our study was *Dissonance*. When participants entered their graduate training, they had experiences of cognitive dissonance provoked by the differences between their own LGB beliefs and those of other people and environments, including their graduate programs. It was participants' desire to resolve their dissonance that motivated them to engage with and adapt to their environments, and this resulted in their evolving in their views and behaviors.

We developed a theoretical model that encapsulated the experiences of all 29 participants; it is divided into four main categories. The first category is entitled

Dominant Discourses: Participants' Backgrounds and Values. We found that participants' familial, cultural, religious, and social environments were characterized by pervasive, but not uniform, homonegativity; participants often received contradictory and mixed messages from the same and varying sources. Nevertheless, the vast majority of participants received strong messages that being LGB is a sin, is unnatural, and is a choice. Messages from all sources reinforced one another in a recursive fashion. Participants' own beliefs reflected these views to some degree upon reaching their graduate programs; participants expressed historical and current homonegative views and stereotypical beliefs about LGB people during interviews.

The second category, *The LGB Cultures of Psychology and Participants' Programs*, described participants' experiences as they entered their doctoral programs. The culture of psychology as a field is largely LGB-affirmative, but we found that programs themselves differed as to whether they espoused an affirmative, neutral/null, mixed, or negative view of LGB people. In addition, programs varied widely in the quality and amount of LGB training they offered. Typically, affirmative programs offered more LGB training than other programs.

The most common event in our data was that of LGB-negative participants entering affirmative programs and struggling a great deal with values conflicts. These participants found their programs unable to help them resolve the conflicts between their religious values and their programs' LGB-affirmative values. In addition, some of these participants believed their religious identities were stigmatized. An overwhelming theme in our data was that all participants who were not LGB-affirmative and who attended any

type of secular doctoral program (affirmative or null) said that they did not feel safe to discuss their religious and LGB values with faculty for fear of negative evaluation.

The third category is called *Trainees' Adaptation Strategies*, and it described the various strategies participants used to reduce their dissonance and adapt to their doctoral programs; the strategies are entitled *Assimilation*, *Separation*, and *Integration*. Almost all participants experienced a great deal of dissonance provoked by the conflict between their LGB-negative views and the affirmative views of people in their programs; participants also experienced dissonance when they had positive experiences with LGB people that competed with their negative views. Participants who used the Assimilation strategy typically rapidly adopted LGB-affirmative beliefs in response to their dissonance and abandoned their own beliefs, but it seemed that neither their initial nor adopted values were based on thorough examination and deep conviction. Conversely, participants who used the Separation strategy held to their own LGB-negative beliefs and dismissed the affirmative values of psychology and people in their programs. These participants did not discuss their beliefs in their programs, and avoided engaging in any interaction that might challenge their beliefs.

Participants who used the Integration strategy, however, were continually engaged in a process of examining their own values and attempting to resolve their dissonance. Some of these participants discussed their values conflicts with supervisors and peers in their programs, but some struggled with conflicts only internally or with people outside their programs. In addition, some participants who used the Integration strategy forged a new value system that included LGB-affirmation. These participants were able to modify and/or reconcile their religious beliefs with LGB-affirmation, or they

became less religious as one component of their overall value system shift. Other participants who used the Integration strategy, however, did not become LGB-affirmative, typically due to their desire to hold to religious beliefs that being LGB is a sin. Some of these participants were able to use their religious values of love and acceptance to interact positively with LGB people despite their more negative LGB beliefs.

The fourth category, *Dynamic LGB Competence*, described the outcome of the preceding experiences, namely, how participants developed self-perceived competence to work with LGB clients. If dissonance was the core category that emerged in our study, exposure was the leitmotif. Almost all of our participants said that exposure to LGB people was the most important factor in helping them enhance their overall competence with LGB clients, and this theme cut across all domains of competence—knowledge, awareness, and skills. Typically, the closer, more meaningful, and more positive the contact, the more it provoked dissonance for participants and motivated them to reevaluate their LGB-negative values. Whether or not participants modified their values, contact with LGB people typically challenged their stereotypes and provided them with knowledge of, comfort with, and sensitivity to LGB people. Developing increasing comfort interacting with LGB people was the most frequently cited factor that participants believed helped them improve their psychotherapy skills with LGB clients. In addition, almost all participants cited having more experience with LGB clients, developing empathy for them, and having helpful clinical supervision as essential factors for building their competence.

For those participants who moved toward LGB-affirmation in their own personal values while in their programs, there was a dynamic interplay between participants' increasingly affirmative attitudes and their willingness to seek out more LGB training, deeply process their own biases and evaluate their knowledge and skills, and work more frequently with LGB clients. These participants typically described their affirmative value shifts as the mechanism through which they provided empathy and positive regard to their LGB clients. In addition, these participants took affirmative approaches to therapy with LGB people and often said that being LGB allies and advocates were important parts of their professional identities.

Many participants who did not currently hold LGB-affirmative views also described developing empathy for their LGB clients as essential in allowing them to work competently. Many of these participants said that connecting with their LGB clients' common humanity was the mechanism through which they developed empathy, which they believed enhanced their effectiveness. In addition, many of these participants said that to be effective they needed to refrain from imposing their values on their clients, to refrain from judging them, and to respect their clients' value systems as just as valid for their clients as participants' values were for themselves. These participants were more likely to describe their approaches toward therapy with LGB clients as neutral. To the contrary, a few participants who held the religious view that being LGB is a sin also used an affirmative approach to therapy with some LGB clients. These "bicultural" participants were able to be truly pluralistic in that they were able to hold to their religious views and also interact with LGB clients from an affirmative perspective.

Participants using the Integration strategy overall tended to develop more LGB knowledge, awareness, and skills than other participants due to their greater engagement with LGB people and issues as well as their own continued work on reconciling values conflicts. Participants who used the Integration strategy described becoming less rigid in their beliefs. These participants said that increasing their openness, flexibility, and cognitive complexity was helpful in resolving their values conflicts. To the contrary, participants using the Separation strategy avoided processing their values conflicts in their programs, and their biases remained static. In addition, these participants often avoided LGB training and working with LGB clients, thus acquiring less knowledge, awareness, and skills than other participants. Participants who used the Assimilation strategy often experienced dissonance when they began working with LGB clients, and found that accepting affirmative views at face value alone was not sufficient for building competence; knowledge of the LGB community, deeper processing of biases, and working on skill development in supervision were needed.

Participants who considered themselves competent but not affirmative experienced the most ongoing dissonance of all participants as they attempted to resolve values conflicts and competently counsel clients. Often, the answer to whether or not these participants felt competent with LGB clients was, "It depends." These participants often said they felt competent working with LGB clients when sexual identity issues, LGB relationship problems, and sexual issues were not at the forefront of clients' presenting problems. Some of these participants said that their programs emphasized that they had an ethical responsibility to refer clients if they were not able to deliver

competent services and/or if their own values were interfering with clients' treatment, and that helped them feel more secure in their programs.

Regardless of individual participants' self-assessments of competence or their LGB values, many of them emphasized that LGB competence is always in process and attaining an endpoint is not really feasible. Thus, for almost all participants, living in and with their dissonance and continuing to enhance their LGB knowledge, awareness, and skills was an ongoing process.

Contextualizing the Findings in the Literature: Convergences

The findings of the current study are in agreement with the literature in several ways, which I detail in this section of the chapter. Following that, I discuss the ways in which our results diverge from existing literature.

LGB Attitudes

The literature shows that many psychologists and trainees hold homonegative beliefs and stereotypes regarding LGB people (Bieschke et al., 2000, 2007); indeed, our participants had a variety of strongly held historical and current homonegative beliefs and stereotypes. This finding was undoubtedly so strong because we sought participants with LGB-negative beliefs. In particular, our participants held more stereotypes and negative beliefs about bisexual people than gay men and lesbian women; the literature also indicated that psychologists and trainees are particularly biased against bisexual people, and that their biases affected clinical judgments (Mohr, Israel, & Sedlacek, 2001; Mohr, Weiner, Chopp, & Wong, 2009).

LGB Attitudes and Psychotherapy Competence

Furthermore, our results indicated that participants' LGB attitudes had the potential to negatively affect their competence with LGB clients. For example, discomfort with LGB clients was a major barrier to competence for many of our participants, and discomfort was particularly pronounced when participants held LGB-negative values. Participants were most uncomfortable with LGB clients when discussing relationship or sexual issues, and participants cited discomfort with these issues as a main contributor to their unhelpful anxiety and avoidance behaviors in therapy. This finding was in accord with Gelso et al. (1995), who found that greater homophobia was related to counselors' approach and avoidance behaviors toward lesbian clients, and Hayes and Gelso (1993), who found that male counselors' homophobia predicted discomfort with and behavioral avoidance of gay male clients. Research on gay male clients' perspectives also supported our results: Mair & Izzard (2001) found that some gay men felt a lack of safety in discussing sexual experiences with their therapists, and also felt limited comfort in exploring other sexual orientation issues in depth.

Finally, our results on the relation between participants' attitudes and therapeutic behaviors aligned with Hayes and Erkis's (2000) findings that higher therapist homophobia was associated with less empathy for and less willingness to treat a gay male client. Some of our participants with more LGB-negative beliefs discussed being less willing to treat LGB clients; indeed, many actively avoided doing so. Also, empathy was so frequently cited by our participants as a pathway to both developing affirmative beliefs and enhancing competence that it is reasonable to conclude that a lack of empathy is associated with more negative beliefs and also with less competence.

In addition, our results concurred with the literature in suggesting a relation between LGB attitudes and counseling self-efficacy. For example, Dillon and Worthington (2003) showed that therapists' positive attitudes toward LGB clients were associated with more self-efficacy in counseling LGB clients. In our data, participants with more affirmative attitudes experienced fewer values conflicts in working with LGB clients and thus felt more competent with the general population of LGB clients than participants with LGB-negative views. Participants with LGB negative views were more likely to discuss limitations of competence with LGB clients, especially in specific situations (for example, discussing relationship or sexual problems) and with certain populations (such as bisexual clients). Participants using the Separation strategy, however, proved to be an exception to that rule: They felt competent with LGB clients even when they held negative views. A possible explanation for this finding is that the Separation strategy was successful at keeping dissonance at bay for these participants, and so they experienced fewer values conflicts than participants who were actively struggling with their conflicts.

Conversely, participants with more negative beliefs who used the Integration strategy experienced so much dissonance that their energy was often devoted to managing their conflicts during therapy rather than improving their effectiveness with clients. Simply having to navigate so much conflict on a regular basis caused less affirmative participants to feel less secure about their work with LGB clients in general, as well as in several specific situations. For example, participants with less affirmative beliefs experienced more value conflicts when working with LGB clients with sexual identity issues, relationship problems, and sexual issues. Similarly, Rudolph (1989)

reported that counselors were negative toward concrete discussions of erotic attraction, and Mair and Izzard (2001) found that some gay men felt a lack of safety in discussing sexual experiences and sexual orientation issues with their therapists.

Finally, our data aligned with Phillips and Fischer's (1998) findings that trainees with more homophobic attitudes were less likely to seek out LGB training. Our results strongly indicated that trainees' values influenced how much LGB training they chose to engage in as well as how they responded to it. Participants using the Separation strategy avoided LGB training if possible, and if not, they did not engage actively in training. Conversely, participants using the Integration strategy who were becoming more affirmative in their beliefs sought out LGB training and engaged more actively in it; these participants experienced a dynamic interplay between their increasingly affirmative attitudes and their development of competence. Participants using the Integration strategy whose beliefs were less affirmative, however, took a middle road; they avoided LGB training that was not mandatory, and did not verbally engage in formal LGB training. They were motivated by training, however, to wrestle with their values conflicts internally and with peers, friends, and family members. Moreover, Satcher and Leggett's (2007) findings that counselors expressed more homonegative attitudes when they had not participated in LGB training possibly indicated that training reduced the negativity of counselors' attitudes, or their findings could mean that counselors who chose to engage in LGB training were more affirmative in the first place. Indeed, most of the LGB training our participants engaged in was not mandatory but elective.

LGB Attitudes and Approaches to Psychotherapy with LGB Clients

We found that our participants took different (affirmative, neutral, or client-centered) approaches toward psychotherapy with LGB clients, and that their approaches were largely influenced by their own values (although we observed a few important exceptions to that rule, namely, a few participants who held the religious value that being LGB is a sin but worked affirmatively with some LGB clients). Similarly, Kilgore et al. (2005) found that many psychologists held affirmative values and used affirmative approaches, but some psychologists characterized their LGB views as neutral or negative and utilized neutral or negative (i.e., conversion therapy) approaches toward LGB clients. No participant in our study used a negative approach in that no one provided conversion therapy, but participants with LGB-negative beliefs were more likely to condone conversion therapy, refer to conversion therapy, or be undecided about conversion therapy than participants with LGB-affirmative beliefs, who would not consider referring to conversion therapy and/or denounced conversion therapy as unethical.

LGB Attitudes and LGB Contact and Exposure

Many researchers have found, as we did, that positive exposure to/contact with LGB people is the most important factor responsible for increasing counselors' positive attitudes toward the population (e.g., Kiselica, Maben, & Locke, 1999; Satcher & Leggett, 2007). For example, the counselor trainees in Satcher and Leggett's (2007) study expressed more homonegative attitudes when they did not have a gay or lesbian friend and had not worked with an LGB client. In addition, counselor trainees reported more homonegative attitudes when they had negative past contact with LGB people (Rainey & Trusty, 2007). Furthermore, researchers have found that contact with LGB-affirmative

environments in addition to LGB individuals is important for increasing positive attitudes. For example, Bieschke and Matthews (1996) found that a lack of heterosexism in the organizational climate was observed to increase the degree to which career counselors engaged in culturally affirmative behaviors with all clients. Similarly, our participants who encountered LGB-affirmative training programs were more likely to be motivated to examine their biases and take on their values conflicts, which for some, resulted in a shift toward affirmative values.

In addition, our participants cited positive contact with/exposure to LGB people as one of the main factors that helped them improve their effectiveness with LGB clients. Similarly, trainees in Phillips and Fischer's study (1998) reported that having contact with LGB faculty and clients helped them feel more prepared to work with LGB clients.

LGB Training

Amount and Quality of LGB Training

The literature shows that graduate training in LGB issues is insufficient (Bieschke et al., 1998; Buhrke, 1989a; Casas et al., 1983; Croteau, Bieschke, Phillips, & Lark, 1998; Lark & Croteau, 1998; Phillips & Fischer, 1998; Pilkington & Cantor, 1996) and varies widely in amount, content, and quality by program and type of program (Murphy et al., 2002; Phillips & Fischer, 1998; Sherry et al., 2005). Our results were largely in agreement with the literature, although it is important to emphasize that we cannot draw conclusions about LGB training in the field in general from our data because we did not have a representative sample of participants. We can, however, conclude from our participants' reports that the LGB training in their particular doctoral programs varied greatly in amount and quality. The most thorough training described by participants

included the infusion of LGB issues throughout the curriculum and their inclusion in one or more multicultural classes; in addition, some participants had taken classes devoted solely to LGB issues. Conversely, the least LGB training described by participants was none. Mostly, our participants' academic LGB training consisted of LGB issues being addressed in one class in a multicultural course and in occasional seminars.

Our participants who attended clinical psychology Psy.D. and counseling psychology Ph.D. programs generally reported that their LGB training was more extensive than that of participants in clinical psychology Ph.D. programs, which is consistent with the literature (Phillips & Fischer, 1998; Sherry et al., 2005), but there were many exceptions to that rule. Also, participants in affirmative programs typically described having more LGB training than those in null programs, but the training in affirmative programs varied widely. Finally, participants in programs with a religious focus had quite varied LGB training in both tone and quantity, and they described their faculty as representing a gamut of LGB views, from quietly supportive to practicing conversion therapy.

Our participants said they received the most LGB training in clinical supervision; similarly, Murphy et al. (2002) found that supervision was the second most frequently cited source of LGB training by psychologists in their study. The most frequently cited source of LGB training in Murphy and colleagues' study was reviewing research; for our participants, reading research was important as well. Most participants found the knowledge gained by reading research literature helpful with LGB clients; for a few participants, gaining knowledge from literature was the main driver of their changing views and approaches, even more than exposure to LGB people.

Efficacy of LGB Training in Enhancing Competence

The literature on the efficacy of LGB training is generally methodologically weak. In the past few years, however, researchers have utilized empirical methods more frequently and studies have improved in methodological rigor. For example, two studies (Grove, 2009; Rutter, Estrada, Ferguson, & Diggs, 2008) used the recently developed Sexual Orientation Counselor Competence scale (SOCCS; Bidell, 2005) to measure the effects of LGB training on counselor trainees' LGB knowledge, awareness, and skills. The results of the two studies were impressively convergent: Trainees improved their SOCCS knowledge and skills scores, but their awareness scores either decreased (Grove, 2009) or stayed the same (Rutter et al., 2008). These results added support to the findings of Israel and Hackett (2004) that LGB training increased trainees' LGB knowledge, but decreased trainees' reported levels of awareness. Israel and Hackett (2004) and Grove (2009) were in agreement in their hypotheses that lower awareness scores post-training reflected trainees' deeper understanding and more accurate reporting of their LGB attitudes.⁸

Our results were consistent with these authors' in that many of our participants reevaluated their self-ratings of competence and affirmation during the interview, concluding that they were not as competent (and in some cases, as affirmative) as they previously indicated. This occurrence was most marked for participants who used the Assimilation strategy, which reflects the fact that those participants had not thought through LGB issues as thoroughly as other participants. Some participants who used the

⁸ To the contrary, Rutter et al. (2008) speculated that trainees' static awareness scores in their study were due to an already high level of trainee awareness, which they posited was due to their training program's "efforts toward inclusion and diversity and the positive impact on awareness due to the active presence of a self-identified gay faculty member" (2008, p. 118).

Integration strategy, however, were also motivated to reevaluate their competence and views on the basis of the interview dialogue.

Another way in which the findings of Israel and Hackett (2004), Grove (2009), and Rutter et al. (2008) were in accord with our results was that their participants benefited more from the knowledge and skills components of training than training designed to address awareness. Our participants too found gaining knowledge very helpful, and they said it improved their skills with LGB clients. Participants in secular programs, however, found academic training ineffective for helping them take on the complexities of their LGB attitudes, their religious beliefs, and the values conflicts associated with them. Several reasons for the ineffectiveness of formal LGB training in the awareness realm were cited by our participants: (a) Participants were unwilling to openly discuss their values conflicts for fear of negative evaluation, (b) participants perceived their programs as unable or unwilling to address religion in a complex way, and (c) participants believed that their religious identities were denigrated and stigmatized.

Other research on the helpfulness of LGB training indicated that trainees who engaged in formal LGB training felt more prepared to work with LGB clients (Phillips & Fischer, 1998), increased their LGB counseling competence (Bidell, 2005), and improved their LGB counseling self-efficacy (Dillon & Worthington, 2003). These results are largely in accord with the findings of the current study. Almost all of our participants found some value in LGB training in the knowledge and skills realms, although some participants—specifically, those with value conflicts between their religious beliefs and LGB affirmation—found certain aspects of training unhelpful (i.e., training designed to

address awareness of attitudes, as described above).

On the other hand, participants who were motivated by dissonance experiences to reform their value systems to include LGB affirmation often said that awareness training—specifically, learning about the societal and systemic bases of their homonegative beliefs and how their behavior had contributed to the oppression experienced by LGB people—motivated them to question their biases and incorporate more LGB-affirmative beliefs. In addition, many participants said that clinical supervision was useful to them in helping them openly discuss their values conflicts and biases and assess how their beliefs were affecting clients through verbal and non-verbal behavior; for example, several participants said that clinical supervision helped them monitor themselves so that they did not impose their beliefs on clients.

The Interrelated Processes of Examining Values and Developing LGB Competence in Two Qualitative Studies as Compared with the Current Study

In this section I compare the current study's results with those of two qualitative studies, Dillon et al. (2004) and Borgman (2009). Dillon et al. examined the results of their research team's effort to confront their own heterosexist biases and develop LGB-affirmative attitudes, feelings, and behaviors. Borgman interviewed 11 heterosexual psychologists who experienced conflict between their Christian beliefs and their beliefs about LGB people, and who, over time, came to identify as Christians and as LGB allies. Dillon et al.'s study is a story of fairly affirmative trainees confronting their biases and becoming much more fully affirmative, and Borgman's study is a story of trainees with significant conflicts between religious beliefs and LGB affirmation struggling to resolve

those conflicts and becoming affirmative. As such, Borgman's participants were more similar than Dillon et al.'s to most of the current study's participants.

Comparing our results with Dillon et al. (2004) and Borgman (2009) illustrates how trainees with religious conflicts experience LGB training very differently than trainees without so much conflict around religion. Borgman's religiously conflicted participants and our participants experienced profound dissonance and struggled greatly with value conflicts; for Dillon et al.'s participants, the training process was much less dissonance-laden. The respective descriptions demonstrated how much space religious conflicts take up when trainees with those conflicts encounter LGB clients: Religiously conflicted participants focused mostly on working with their own beliefs, and concentrated less on developing competence with LGB clients, whereas participants without religious conflicts devoted much more thought and energy to developing competence. I argue that this finding reflects the reality of how difficult it is to continually struggle with conflicts between personal beliefs and professional activities. In addition, I believe this finding provides evidence that psychologists' values cannot be separated from the process of developing competence with LGB clients. Our findings provide support for the premise of the Values Statement (CCPTP, ACCTA & SCP, 2009) that trainees must examine their values so that they can develop an understanding of how their biases may harm clients and develop ways to attenuate any harm that may result from their biases. I further argue that this finding demonstrates the need for training programs to develop better ways of assisting trainees in resolving values conflicts, which our participants made clear they were not helped to do in their training.

Contextualizing the Findings in the Literature: Divergences

As the foregoing results and literature made clear, there is a relation between LGB psychotherapy competence and psychologists' personal LGB values. Unexamined biases have the potential to harm LGB clients, and therapists' personal values do affect their approaches to therapy with LGB clients. Given these factors, I argue that trainers have responded by focusing LGB training approaches on attempting to “un-bias” trainees, rendering their personal beliefs more affirmative. Furthermore, the existing empirical models and scales delineating LGB counseling competency include LGB affirmation as a component of competence: For example, Israel and colleagues' model of LGB counseling competence (2003) includes the following attitudinal competencies: Psychologists “do not feel homosexuality is wrong, evil, or should be changed,” and “do have affirming attitudes that go beyond tolerance.” Bidell's scale (2005) measuring LGB counseling competence includes the following items measuring competent attitudes (reverse scored): “The lifestyle of an LGB client is unnatural or immoral,” and “Personally, I think homosexuality is a mental disorder or a sin and it can be treated through counseling or spiritual help.”

Several of the participants in the current study, however, did not meet those standards of attitudinal competence—they held the personal religious belief that being LGB is a sin—but they evaluated themselves as competent with LGB clients under many circumstances. Of course, we have no way of knowing whether or not their actual counseling behavior with LGB clients is competent by any objective standard, but it is important information that our participants believed they were competent with LGB

clients. Our participants also provided important information in telling us how they work with LGB clients in the context of their values.

In the beginning of our study, we asked ourselves the following question: “Is affirmation necessary for competence?” We found that there is no yes-or-no, one-size-fits-all answer—the answer is, “It depends.” It depends on many factors, including the particular therapist, the individual client, the presenting problems, the interaction between the two people, and characteristics of the setting as well, including whether or not there is competent supervision and/or consultation available. We interpret our data as revealing that it is easier to be competent if one is affirmative: (a) fewer values conflicts intrude, (b) affirmative counselors are more comfortable discussing relationship and sexual issues, (c) affirmative counselors are more comfortable providing advocacy, and (d) it is possible that affirmative counselors need fewer skills in order to build the therapeutic alliance. In addition, it may be that if a counselor has not developed sufficient knowledge, awareness, and skills, possessing affirmative values alone may render him or her less likely to do harm than a counselor with neither skills nor affirmative values.

Nevertheless, we interpret our data to suggest that some participants without personally LGB-affirmative values may be able to work competently with LGB clients in certain circumstances, with many “It depends” caveats. Non-affirmative participants said they were least comfortable working with relationship issues, sexual issues, and issues of sexual orientation (including resolving conflicts between religion and sexual orientation), and so non-affirmative participants could possibly, for example, work competently with LGB clients in short-term therapy focused on issues not related to sexual orientation. A problematic reality for that scenario is, of course, that sexual orientation can affect every

aspect of a client's life, and our results indicated that non-affirmative counselors might be more likely to avoid aspects of clients' issues that were related to sexual orientation. Our results made clear that non-affirmative counselors have trouble with a broad range of LGB issues; in general, we expect that it would be more difficult for non-affirmative counselors to work with any issue related to sexual orientation, not just sexual/relationship issues and religious conflicts, as our participants cited. Other issues that might be difficult for non-affirmative counselors to work with could be helping clients overcome internalized homonegativity, work on LGB identity development, and effectively cope with discrimination and oppression.

We did find that a very few participants who held the personal religious value that being LGB is a sin were comfortable working with LGB clients on a broad range of LGB issues. We found that these participants held the following superordinate values: (a) they respected clients' rights to self-determination, (b) they practiced the principle, "First, do no harm," and (c) they had the ability to be truly pluralistic in that they respected clients' values as just as valid for them as participants' values were for themselves, which one of our participants called being "bicultural." We believe our data showed that participants who held those values did not impose their beliefs on clients. Furthermore, these participants had a sufficient amount of LGB knowledge; they had done the work of reading research and becoming conversant with LGB issues. They had engaged in LGB training, examined their biases, and discussed how to avoid harming clients. They did not talk in terms of shelving their values—it was important for them to remain aware of their reactions in the room with clients so that they could work to attenuate the effect of their biases on clients. They monitored their anxiety and avoidance so as to minimize their

effect on being able to take on issues deeply with clients. Ultimately, they were able to personally hold to their own beliefs while doing what was best for their clients from their clients' perspectives.

Furthermore, we think our data revealed the mechanisms by which this very small group of participants was able to work competently: Most importantly, they were able to develop a great deal of empathy for their clients, which was the pathway to several crucial skills: (a) developing comfort with clients, (b) showing respect, (c) demonstrating unconditional positive regard, and (d) not imposing their beliefs on clients. These participants worked in radically client-centered ways; they evidenced an ability to immerse themselves in the assumptive worlds of their clients.

These few participants lived in continual dissonance due to their willingness to allow themselves to develop deep empathic connections with people with value systems deeply divergent from their own. Openness to the emotional experience of others can be threatening to one's own value system and cause pain and questioning, which is likely one of the main reasons participants using the Separation strategy avoided such openness. Participants in the small group under discussion could not avoid questioning how their value systems and the institutions in which they were involved were complicit in the oppression of LGB people; but their value systems, chiefly their religions, were crucial to their identities. Ultimately, however, they were committed to their identities as competent, ethical psychologists, and so they continued to engage in their work with LGB clients using the most integrative of Integration strategies. As Sophie said, they might "hide" on occasion when they felt stigmatized on the basis of their religions, but they came back to the table.

Having discussed the fact that our data suggested it is possible to be competent without being affirmative, we contend that there is a floor of minimal competence that includes not affirmation in the sense of celebrating LGB identities, but a lack of the particular type of visceral homonegativity that includes disgust, aversion, and emotional antipathy. For example, we argue that members of the very small group of non-affirmative participants who worked with LGB clients affirmatively were able to divest themselves of visceral homonegativity; they did so by developing empathy for their clients and connecting with their humanness, even as they continued to hold the belief that being LGB is a sin. Indeed, as I interviewed the members of this small group, I observed that they did not evidence visceral homonegativity; on the contrary, these participants evidenced a great deal of empathy for and sensitivity to their LGB clients and to LGB issues in general.

The majority of non-affirmative participants who were not in that small group also cited developing empathy and comfort with LGB people as critical for their competence. We observed, however, that when they were called upon to directly address LGB issues like relationships and sexuality, they were less comfortable and exhibited more anxiety and avoidance. It is possible that working with LGB relationships and sexuality more directly triggered homonegative feelings for these non-affirmative participants. We argue that shedding visceral homonegativity is essential for working competently with LGB clients in any circumstance, even if a psychologist is working in short-term therapy with issues unrelated to sexual orientation. As we observed in our data, we believe a distinction can be drawn between visceral homonegativity toward LGB clients and the religious belief that LGB relationships are sinful, which does not have to

include emotional antipathy toward or aversion to LGB people. No definition of competence can include LGB attitudes that cause a counselor's skin to crawl in the room with an LGB client. If a counselor is white-knuckling the chair in disgust, he or she cannot be minimally competent under any circumstance with an LGB client. It is difficult to imagine how counselors who evidence visceral homonegativity could effectively establish productive working alliances with clients; clients would very likely sense counselors' aversion. As Nick said, "I think for me it boils down to, does the non-affirming belief hurt?" We argue that the non-affirming belief hurts when it blocks a counselor from connecting with the humanity of an LGB client and prevents a counselor from developing empathy for the client.

Furthermore, we argue that part of being competent with LGB clients is developing a full awareness of the limits and boundaries of one's competence. It is a fundamental ethical principle not to practice beyond one's boundaries of competence (APA Ethics Code, Standard 2.01, 2002). We argue that trainees who graduate from doctoral psychology programs should possess enough competence with LGB clients to work initially with any LGB client who comes to them; trainees (and psychologists) cannot simply refuse to work with LGB clients across the board; such a stance is tantamount to discrimination, which is clearly counter to the APA's ethical principles; for example, Ethical Standard 3.01 (APA, 2002) stated, "Psychologists do not engage in unfair discrimination based on [...] sexual orientation" (p. 1064). In addition, psychologists often work with clients for some time before clients disclose an LGB orientation. Abandoning clients on the basis of a disclosure of LGB status is unethical; Ethical Standard 10.10 (APA, 2002) made clear that termination of therapy should occur

only when termination is in the best interest of the client. Therefore, we advocate that trainees and psychologists possess enough competence to help LGB clients who arrive in their offices, and then if it becomes clear the client is not receiving adequate services, psychologists and trainees need to have the skills to execute a sensitive referral in which they make clear to clients that they are not being rejected on the basis of their sexual orientation, but because the clinician does not have the necessary competence to provide them with the best care.

In summary, we think our data suggested that it is possible to be competent without being affirmative, although it is a much harder task and requires counselors to remain aware of how their homonegative beliefs could be manifesting in their therapeutic relationships with LGB clients. Many of our affirmative participants also held this view.

For example, Kim said,

[If you were not affirmative,] I think you would have to be very mindful of whether your beliefs are affecting your behavior in any way...I guess it depends on how negative their attitudes are too...and even if your beliefs aren't coming out in what you say and what you do, you have to wonder if they come out in non-verbal behavior at all and that can be perceived by clients too and that can affect the relationship and the therapeutic environment. I think there are just a lot of challenges. It's possible, but I think it is tough.

Strengths and Limitations of the Current Study

The current study has several strengths: As a grounded theory study, it provided a rich, complex picture of the experiences of trainees who enter graduate programs with less than fully affirmative beliefs. In addition, the study offered data on the LGB training and therapy approaches of a distinct cohort of early-career professionals and advanced trainees; thus, the data provided is the most current possible on the state of the field with regard to LGB training and practice. The current study helps to fill a gap in the literature

about how trainees with less than fully affirmative beliefs negotiate the LGB training in their programs and do or do not develop self-perceived competence with LGB clients. We learned from our results that most trainees with values conflicts are not discussing them with faculty for fear of negative evaluation; therefore, the study shed light on the fact that a significant portion of trainees are struggling with values conflicts largely in silence, without programs' involvement. Training programs could potentially be very helpful to trainees in assisting them with resolving values conflicts, but they are unable to do so due to the current atmosphere, which trainees believe is unsafe.

Another strength of the current study is the complex picture it offers of how participants with LGB-negative beliefs worked with LGB clients. The qualitative nature of the study allowed us to uncover the many "it depends" competency contingencies inherent in treating LGB clients while holding negative beliefs. We agree with Israel and Selvidge (2003) in their contention that although scales measuring LGB counseling competence are useful for research, "paper-and-pencil measures of counselor competence [...] are limited in their ability to fully capture the counselors' development of competence, particularly regarding counselor skills" (p. 93). Indeed, scales of LGB competence could not provide us with the complex picture the current study provided of the many caveats to competence that LGB-negative participants provided; we learned that it is more difficult for those participants to treat clients who wish to discuss certain presenting problems, such as relationship or sexual issues or conflicts between religious beliefs and sexual orientation. We also learned that participants varied in their competence with different populations within the LGB community; it is problematic that current scales and models treat LGB attitudes as a unidimensional construct, because

trainees often have divergent feelings about and experiences with different groups within the LGB community. Specifically, more attention should be given to developing awareness, knowledge, and skills with bisexual clients, because our results indicated participants had more negative attitudes about, less experience with, and more negative stereotypes of bisexual people.

As is true of all qualitative studies, it is a limitation of the current study that we cannot readily generalize the results to the population of advanced psychology trainees and ECP's at large. In addition, we were dependent upon participants' self-perceptions of their competence; we had no objective information about how competent they actually were with LGB clients. Thus, we offer our recommendations for training and practice with this recognition and the caution it calls for. It is the case, however, that most of the literature measuring LGB competence is dependent on counselors' self-report perceptions of themselves, albeit in the form of filling out scales rather than answering interview questions, as they did in the current study. This brings me to the current study's implications for training, practice, and research, which I outline in the following sections.

Implications of the Current Study for Training and Practice

In light of the current data, we wonder whether it is reasonable to mandate that counselors must hold affirmative attitudes in order to be considered competent with LGB clients, as the existing models and scales of competence do (e.g., Israel et al., 2003, Bidell, 2005) and as several researchers call for (e.g., Fassinger & Sperber Richie, 1997). Furthermore, aside from whether it is possible to be competent without being affirmative, there are other important considerations for trainers: Training programs cannot require trainees to adopt certain beliefs and to shed others, or they risk lawsuits based on the

infringement of trainees' freedom of speech and religion. Indeed, Christian counselors in counselor education programs have recently brought two such lawsuits, and there is every reason to believe that trend will continue (Jaschik, July 28, 2010). We argue that it is not beliefs themselves, but behaviors with clients that are the most critical to determining competence.

In light of our data as well as the complexities of the current training environment, we recommend that trainers focus less on attitude change and more on assisting trainees in developing the LGB knowledge, awareness, and skills necessary to competently counsel LGB clients. We argue that training programs should be giving this message to trainees: "*Given* what you believe, how are you going to be competent with LGB clients?" We suggest that many conversations about values have devolved into arguing about beliefs—which is an argument no one can win. If our conversations become mired in arguments about beliefs, we often completely preempt addressing the question of how counselors with homonegative beliefs can learn to competently counsel LGB clients. To be clear, we are in no way advocating that a discussion about values and beliefs be swept under the rug; to the contrary, we urge training programs to take on discussions of LGB values and how they may affect clients in a way that is (a) more accepting and less dismissing and shaming of trainees who hold religiously-derived LGB-negative beliefs, and (b) more sophisticated in assisting trainees who do hold those religious beliefs to develop the skills to counsel LGB clients competently. We know from our data that such complex discussions are not currently occurring in our participants' training programs, at least, the secular programs (there is some irony in the fact that more open discussions about religious and LGB values conflicts are occurring in religious

programs than secular programs). In order for trainees to be able to openly discuss their values conflicts, however, trainers must provide a safe training environment in which all beliefs and all people are respected equally.

We do have tools to guide us in this endeavor; the field has begun to take on the issue of how to honor all trainees' culturally derived values while teaching them to perform the culturally competent behavior expected in the profession. As I discussed in the literature review, the Counseling Psychology Model Training Values Statement Addressing Diversity (CCPTP, ACCTA, & SCP, 2009) provided a model to guide psychologists and trainees in resolving value conflicts that could potentially affect their competence with minority clients. The Values Statement recognized that training programs cannot require trainees to adopt certain beliefs, as that would interfere with their individual rights and be culturally disrespectful. Training programs can, however, require trainees to engage in specific culturally competent behaviors with minority populations and to refrain from discriminating against them. In so doing, training programs can require trainees to examine their beliefs and how they affect clients, and to reach a resolution of their beliefs that ensures their competent and unbiased treatment of all clients.

There is evidence that the field is shifting to a more nuanced, complex view of LGB issues and encouraging psychologists to address values conflicts. The recent APA Report on Appropriate Therapeutic Responses to Sexual Orientation (2009) acknowledged the distress some individuals experienced due to conflict between their same-sex attraction and their religious beliefs, and recognized that some of these individuals prioritized their religious identities over their sexual orientations. The Report

discouraged conversion therapy, but advocated that psychologists take a client-centered approach in which they work collaboratively to achieve outcomes that work for individual clients, which could include accepting LGB identities or prioritizing conservative religious beliefs and embracing celibacy.

We believe that Buhrke and Douce (1991) were quite prescient in anticipating the current training environment, and were equally wise in their recommendations for trainers: Burke and Douce emphasized the absolute importance of ethical stances of non-discrimination and avoiding bias in diagnosis, conceptualization, and therapy when working with sexual minority clients. The authors viewed it as the responsibility of training programs to provide knowledge and skills relevant to minority populations in general and sexual minority populations specifically.

Buhrke and Douce (1991) recognized that values conflicts between students coming from different cultural perspectives will inevitably arise. Presaging the Values Statement, the authors added, “An absolutely necessary component [of training is] the opportunity to explore one’s own attitudes, beliefs, and values toward gay and lesbian people” (1991; p. 225). The authors stated that helping trainees who hold fundamentalist Christian beliefs “understand their responsibility to the full range of human diversity and clarify[ing] professional limits and boundaries can assist in many value struggles” (p. 226). The authors recommended that trainers provide a safe, non-judgmental environment in which students are encouraged to examine themselves and their values and how those beliefs might affect their counseling competence with sexual minority clients. Furthermore, Burke and Douce advocated that the training environment be affirmative of LGB people. The authors recommended that trainers affirmatively counter myths with

facts and model the attitude that LGB sexual identities are normative. Buhrke and Douce concluded that trainers have “an ethical and moral obligation to address lesbian and gay issues in an affirmative manner” (p. 231).

We agree with Burke and Douce that the training environment should be LGB affirmative; further, we recommend that the training environment be affirmative of and welcoming of all people regardless of their beliefs, as long as they do not engage in harmful, discriminatory behavior. We learned from the current study’s results that many trainees are not exposed to LGB issues during their programs, and thus whether or not they develop LGB competence is entirely up to them. The finding that participants were influenced by their existing LGB values to engage with or avoid LGB training is particularly important for trainers to consider when planning the curriculum. If there is little LGB training, or if it is mainly elective, it will continue to be possible for trainees who wish to avoid LGB training to do so. Therefore, trainees who are most in need of LGB training would continue to be the least likely to receive it.

Training programs have an obligation not to leave LGB competence to chance; they must expose trainees to LGB people and issues, give them the opportunity to work through values conflicts, and assist them in developing competence with LGB clients. Bieschke and colleagues (2004) spoke of silence as a weapon and a haven: Silence about sexual orientation is used as a weapon to enforce heterosexual dominance; and silence is used as a haven to allow people to escape from discussing LGB issues. Training programs cannot ethically allow such silences to continue.

Implications of the Current Study for Research

The current study brings to light several important findings that are ripe for further research. It would be highly desirable to know whether the self-perceptions of the participants who held LGB-negative religious beliefs but believed they could competently counsel LGB clients were in fact valid. In order to learn this, however, the field must incorporate more advanced methods of studying LGB competence than most studies currently utilize. For example, I believe we are most in need of psychotherapy process and outcome studies that use multiple methods to measure both counselor competence and client outcome. We recommend that the field utilize multiple methods of measuring counselors' LGB competence, including self-report instruments, observational scales (supervisor and peer report), and perhaps most importantly, perceptions of and outcomes of LGB clients themselves.

We believe the current study made important contributions to forming a theoretical conceptualization of how trainees develop competence with LGB clients, and every aspect of our findings could be empirically tested. Specifically, because most participants strongly believed they developed comfort with and empathy for LGB clients through contact and exposure to LGB people, and that comfort and empathy were main pathways to competence, these propositions strongly call for empirical testing. In addition, we uncovered many personal variables that participants thought helped them develop competence, including cognitive flexibility and complexity, as well as the ability to develop empathy; such counselor variables could be tested to ascertain how much they contribute to competence. Also, our findings that participants' discomfort with LGB people led to anxiety and avoidance with clients, together with the findings of Hayes and

Gelso (1993), Gelso and colleagues (1995), and Hayes and Erkis (2000) that counselors' homonegativity was related to their approach and avoidance behaviors with clients, made a strong case for the examination of counselor anxiety and avoidance as contributors to client outcome. This could be most fruitfully examined through psychotherapy process and outcome studies; it would be interesting to use the Structural Analysis of Social Behavior (SASB; Benjamin, 1986, 1994) to code interpersonal patterns of counselor avoidance in therapy and to determine whether there is a link to client outcome. In addition, anxiety and avoidance are central variables in the measurement of countertransference (Mohr, Gelso, & Hill, 2005) and adult attachment (Brennan, Clark, & Shaver, 1998), and so it would be illuminating to examine whether there is a link between counselors' countertransference behaviors and adult attachment styles and their counseling behaviors and outcomes with LGB clients.

Finally, included in our sample were participants who encountered LGB training, worked through their values conflicts, and went on to develop affirmation; also in our sample were participants who were unable to reconcile LGB-affirmation with their existing belief systems. Why did certain people develop affirmation and others did not? Our data indicated those who did not develop affirmation were barred from doing so by firmly held religious beliefs that being LGB is a sin. It would be fascinating to have more information, however, about the personal, familial, environmental, and training characteristics of both groups to try to determine other important factors that contribute to whether or not counselors make value shifts.

Conclusion

Bieschke and colleagues (2004) critiqued the current anti-heterosexist counterdiscourse in the counseling professions as shallow and oversimplified, and thus ineffective in transforming the counseling professions to achieve true equity for LGB clients, students and professionals. The authors asserted that attempts to be LGB-affirmative often begin and end with the platitude “It’s okay to be gay” (2004, p. 198). We assert that psychology as a field has adopted the Assimilation strategy with respect to LGB affirmation. We have traveled from a highly LGB-negative past to a sometimes dogmatically and simplistically LGB-affirmative present, without taking the necessary steps in between to truly integrate an understanding of ourselves and our field’s relationship to LGB issues. Our results demonstrated that some training programs are doing very well with exposing students to LGB people and affirmative values, which for most students may be enough; where training programs fall short is in failing to help conservatively religious students resolve values conflicts. We call for the incorporation of the Integration strategy (Handelsman et al., 2005) not only on an individual level but also for the field as a whole. We must develop norms and safety around taking on divergent values in counselor training, or else we will continue to fail to address trainees’ struggles with values conflicts, and we will continue to leave to chance whether or not some trainees develop competence with LGB clients.

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Appendix A

Original Recruitment Notice

Seeking volunteers to participate in a research study on working with lesbian, gay, and bisexual clients

If you began your graduate psychology training with mixed or negative views toward same-sex relationships, and you currently think you work effectively with LGB clients, I would like to talk with you about your experience in training.

Your participation would involve completing a 1.5-hour interview over the phone. If you choose, you may also participate in one to two follow-up contacts in which you would provide your feedback on (1) a written summary of our interview and (2) the near-final results of the study. All participants will be compensated \$10 for their time. All interview information will be kept strictly confidential.

I would like to interview heterosexual (a) advanced trainees in doctoral clinical or counseling psychology programs (in the 2nd year of doctoral study and beyond) and (b) psychologists early in their careers (up to 5 years post-graduation). Participants must be 18 years of age or older to be eligible to participate in this research that is being conducted at Penn State.

If you are interested in participating in the study, please go to my website at <http://www.psychdata.com/default.asp>. Once there, enter survey # 127093.

If you'd like to contact me directly to ask questions about the study, please email me, Anna Dendy, at akd124@psu.edu. Dr. Kathleen Bieschke is supervising this study; if you have questions or concerns about the study, you may contact her at kbieschke@psu.edu. This study has been approved by the Penn State Social Science Institutional Review Board (IRB# 29600).

Thank you for your interest!

Appendix B
Second Recruitment Notice

Seeking volunteers to participate in a research study on working with LGB clients

If you believe you work effectively with lesbian, gay, and bisexual clients, but would say you do not personally hold LGB-affirmative values, I would like to talk with you about your experience in graduate training, your work with clients, and how you reconciled any value conflicts you experienced.

Your participation would involve completing a 1.5-hour interview over the phone.

All information you share will be strictly confidential. If you choose, you may also participate in one to two follow-up contacts in which you would provide your feedback on (1) a written summary of our interview and (2) the near-final results of the study. All participants will be compensated \$10 for their time.

I would like to interview heterosexual (a) advanced trainees in doctoral clinical or counseling psychology programs (in the 3rd year of doctoral study and beyond) and (b) psychologists early in their careers (up to 5 years post-graduation). Participants must be 18 years of age or older to be eligible to participate in this research that is being conducted at Penn State.

If you are interested in participating in the study, please go to my website at

<http://www.psychdata.com/default.asp>

Once there, enter survey # 127093.

If you'd like to contact me directly to ask questions about the study, please email me, Anna Dendy, at akd124@psu.edu. Dr. Kathleen Bieschke is supervising this study; if you have questions or concerns about the study, you may contact her at kbieschke@psu.edu. This study has been approved by the Penn State Social Science Institutional Review Board (IRB# 29600).

Thank you for your interest!

Appendix C
Verbal Recruitment Script

I'm seeking research volunteers for my dissertation, which I am doing as part of the requirements for the Ph.D. in counseling psychology at Penn State. I'm doing a qualitative study that will look at the relationship between psychologists' personal values about same sex relationships and their professional work with LGB clients. Each participant will be compensated \$10.00 for his or her participation in the study.

I'd like to interview people who meet these inclusion criteria: (a) They are advanced psychology trainees (those in their 3rd year and beyond) or psychologists early in their careers (five years post-graduation), (b) they are heterosexual, and (c) they believe they can work effectively with LGB clients. I'd like to explore whether people think it is necessary to hold LGB-affirmative beliefs in order to provide competent services to LGB clients. I'd be especially interested in talking with people who began their training programs with mixed or negative views toward same sex relationships. I would like to know whether, as they progress, they found that their personal values changed at all, or whether they were able to learn to work effectively with LGB clients while maintaining mixed or negative personal values toward same sex relationships.

Participants will be asked to complete an implied consent and demographic form, and then a 1.5-hour interview over the phone. In addition, if participants choose, they may participate in one to two follow-up contacts in which they would provide feedback on, first, a written summary of our interview, and, second, the near-final results of the study.

Participants are free to participate in the interview only without doing the follow-up contacts. They may participate in only one and not both follow-up contacts. They can terminate participation at any time.

If you are interested in participating in the study, please give me your email address and I will send you my recruitment email with the web address of the study website on PsychData. You would go to the study website to initiate your participation. If you know of anyone who might be interested in participating, and you think it would be appropriate, I will send you my recruitment email and you can forward it to him or her. All participant information will be kept strictly confidential.

I, Anna Dendy, am responsible for the research project. If you have questions about the study, you may ask me now or contact me anytime at akd124@psu.edu or (443) 791-2323. Thank you!

Appendix D
Implied Consent Form

Implied Consent Form for Social Science Research

The Pennsylvania State University

Title of Project: Journeys toward Effective Work with Lesbian, Gay, and Bisexual Clients: A Qualitative Study with Heterosexual Psychologists and Psychologists in Training

Principal Investigator: Anna K. Dendy
327 CEDAR Building
The Pennsylvania State University
University Park, PA 16802

Advisor: Dr. Kathleen J. Bieschke
327 CEDAR Building
The Pennsylvania State University
University Park, PA 16801

1. Purpose of the Study: The purpose of this research is threefold: (a) to explore the relationship between personal beliefs about LGB issues and the development of effectiveness with LGB clients, (b) to learn which training and other experiences were helpful in increasing effectiveness with LGB clients, and (c) to examine participants' views on what constitutes competence with LGB clients. Approximately 35 participants will be involved in the study. Participants will be compensated \$10.00 for their participation.

2. Procedures to be followed: Agreeing to the terms in this consent form constitutes your implied consent to participate in this study. You must be 18 years of age or older to consent to participate in this study. At the end of this consent form, you will be given the choice to opt out of the study if you do not agree to the terms outlined herein (you would then be directed away from the study website). If you do agree, you will be directed to the next screen, a brief demographic questionnaire. After I receive notification that you have completed the consent and demographic forms, I will determine whether you are eligible for the study. If you are not eligible, I will contact you to explain why and you will not be asked to participate further. If you are eligible for the study, I will contact you to set up a time for a 1.5-hour qualitative interview (which will likely take place over the phone, though it may be in person if it is most convenient for you).

In the interview, you will be asked about your experience of your LGB training in your graduate program and how you think about the process through which you learned to work effectively with LGB clients. You will also be asked to discuss your personal beliefs about LGB issues and how you think your beliefs influenced and/or interacted with your learning to work effectively with LGB clients. I may also ask additional questions about how you work with LGB issues in your professional role. The interview will be audiotaped, and the confidentiality of all interview materials will be strictly safeguarded.

After we complete the interview, I will confirm the address you provided to me to which I will send your \$10.00 compensation. You will receive your compensation shortly after we complete the interview. In addition, I will ask you if you would be willing to have up to two follow-up contacts with me. Each follow-up contact would take no longer than 20-45 minutes of your time. The purpose of the first follow-up contact would be for you to review an emailed summary of our interview and offer your feedback on it. This contact would occur within 2 months of our interview. The purpose of the second follow-up contact would be for you to review the near-final results of the study. This contact would occur within 7 months of our interview. You would provide your feedback by mail, email, or over the phone, whatever is most convenient. You are free to participate in the interview phase of the study only. Your \$10.00 compensation is not contingent on your participation in one or both follow-up contacts. You may terminate your participation in the study at any time.

3. Discomfort and Risk: The potential for discomfort and risk during study participation is considered minimal. You will choose what you want to share in the interview and on the questionnaire. Although in any interview situation it is possible that the discussion could touch upon areas that you find uncomfortable, this is not the intent or goal of the study and you are free to decline to answer any question at any time, or to choose to end your participation entirely at any time.

4. Benefits: You may benefit from the experience of the interview in that you will have the opportunity to explore your thoughts and feelings related to your graduate training on LGB issues and your development of the ability to work effectively with LGB clients. You will also benefit from the \$10.00 compensation offered to each participant. The potential benefits to society are the possibilities that the information you provide will improve LGB training offered in graduate programs and ultimately improve the quality of services LGB clients receive.

5. Duration/Time: The implied consent and demographic questionnaire will take approximately 10-15 minutes to complete. The interview will last 1.5 hours. Each follow-up contact will take 20-45 minutes. The interviews and follow-up questions/feedback will be completed by May 2010.

6. Statement of Confidentiality: Your participation in this research is strictly confidential. The data will be stored and secured at my home in a locked file cabinet, and no other person will have a key to that file cabinet. All computerized information will be password protected; however, the confidentiality of the computerized information you provide will be kept to the degree permitted by the technology used. No guarantees can be made regarding the interception of data sent via the Internet by any third parties.

In addition to myself, a transcriptionist, my thesis advisor, and two research team members will have limited access to the data after your identifying information has been removed; they will see only code numbers and pseudonyms and will not be able to connect you to the information you provide. Penn State's Office for Research Protections, the Social Science Institutional Review Board, and the Office for Human Research Protections in the Department of Health and Human Services may review records related

to this project. In the event of a publication or presentation resulting from the research, no identifying information will be shared. All audiotapes will be destroyed by 2012.

7. Right to Ask Questions: It is your prerogative to ask questions about the research. Contact me, Anna Dendy, at (443) 791-2323 or akd124@psu.edu, or my research advisor, Dr. Kathleen Bieschke, at (814) 865-3296 or kbieschke@psu.edu with questions. You may also call Dr. Bieschke if you have complaints or concerns about the research. If you have questions about your rights as a research participant, you may contact Penn State University's Office for Research Protections at (814) 865-1775. You may also call this number if you think this study has harmed you.

8. Voluntary Participation: You will be participating in the research on a voluntary basis. You may end your participation at any time. You may decline to answer any questions you choose. Refusal to take part in or withdrawing from this study will involve no penalty or loss of benefits you would otherwise receive.

If you agree to take part in this study, and you agree to the information detailed above, please click "Continue" below and you will be directed to a brief demographic survey. If you do not wish to participate, please do not click "Continue" (instead, redirect or close your browser to be directed away from the study website). Completion and submission of this consent form and the demographic survey (as well as participation in the interview) are considered your implied consent to participate in this study. Please print this form for your records before checking "Continue" below and going on to the next screen.

This informed consent form was reviewed and approved by the Social Science Institutional Review Board (IRB# 29600 Doc. # 1) at The Pennsylvania State University on 12/18/2008. It will expire on 10/21/2009. (A. Seisler).

Continue

Appendix E
Demographic Questionnaire

Demographic Information

1. What type of graduate program did you or do you now attend?
 - _____ clinical psychology
 - _____ counseling psychology
 - _____ school psychology

2. What degree do you have or are working toward?
 - _____ Ph.D.
 - _____ Psy.D.
 - _____ Ed. D.
 - _____ other (specify _____)

3. What month and year did you enter your doctoral program? _____

4. What month and year did you graduate (if applicable)? _____

5. Did you obtain a master's degree in a mental health field before entering your doctoral program? _____ Yes _____ No

6. If you did obtain a master's degree in a mental health field before entering your doctoral program, please specify type of program:
 - art therapy _____
 - biobehavioral health _____
 - career counseling _____
 - clinical psychology _____
 - college counseling _____
 - community psychology _____
 - counseling psychology _____
 - counseling _____
 - counselor education _____
 - educational psychology _____
 - human development and family studies _____
 - marriage and family therapy _____
 - mental health _____
 - music therapy _____
 - pastoral counseling _____
 - rehabilitation counseling _____
 - school psychology _____
 - social work _____
 - sport psychology _____
 - student personnel _____
 - substance abuse counseling _____
 - vocational psychology _____
 - Other (please specify) _____

7. If you did obtain a master's degree in a mental health field before entering your doctoral program, please specify:
- (a) degree earned
- M.A. _____
- M. Ed. _____
- M. S. _____
- M. S. W. _____
- Other (please specify): _____
- (b) year of graduation _____
8. What is your age? _____
9. What is your sex?
- Male _____
- Female _____
- Other (please specify): _____
10. What is your gender identity?
- Male _____
- Female _____
- Male to Female (MTF) _____
- Female to Male (FTM) _____
- Other (please specify): _____
11. What is your race?
- African American/Black _____
- Asian American _____
- European American/White _____
- Native American _____
- Other (please specify) _____
12. What is your ethnicity?
- Hispanic/Latina/Latino _____
- Non-Hispanic/Latina/Latino _____
- Other (please specify) _____
13. What is your sexual orientation?
- Bisexual _____
- Gay _____
- Heterosexual _____
- Lesbian _____
- Other (please specify): _____
14. In what country do you live currently? _____

15. In what US state or territory do you live currently? _____
16. In retrospect, how effective were you in providing services to LGB clients on the day you entered your doctoral program (or your master's program if you obtained a master's in a mental health field before entering your doctoral program)?
 Ineffective _____
 Somewhat ineffective _____
 Slightly effective _____
 Somewhat effective _____
 Very effective _____
17. How effective are you today in working with lesbian, gay, and bisexual clients?
 Ineffective _____
 Somewhat ineffective _____
 Slightly effective _____
 Somewhat effective _____
 Very effective _____
18. In retrospect, how would you characterize your personal beliefs regarding LGB relationships on the day you entered your doctoral program (or your master's program if you obtained a master's in a mental health field before entering your doctoral program)?
 Very LGB-affirmative _____
 Somewhat LGB-affirmative _____
 Slightly LGB affirmative _____
 Neutral _____
 Slightly negative toward LGB relationships _____
 Somewhat negative toward LGB relationships _____
 Very negative toward LGB relationships _____
19. How would you characterize your personal beliefs regarding LGB orientations today?
 Very LGB-affirmative _____
 Somewhat LGB-affirmative _____
 Slightly LGB affirmative _____
 Neutral _____
 Slightly negative toward LGB relationships _____
 Somewhat negative toward LGB relationships _____
 Very negative toward LGB relationships _____

Thank you for completing the consent form and demographic information. Next, please provide your contact information so that I may get in touch with you to set a time for the qualitative interview. Please be assured that all the information you provide will be kept strictly confidential.

First name (or pseudonym if you prefer): _____

Email address: _____

Appendix F
Interview Questions

Interview Questions

- What messages did you hear about LGB people growing up from family, friends, at school, and at your place of worship, if you went to one?
- What was your particular religious affiliation growing up? (asked if applicable)
- How do you identify racially and ethnically?
- How were the LGB messages coming from different sources similar and different?
- How did the messages you heard influence your own beliefs?
- Did you know anyone growing up who was LGB?
- If so, what were your interactions like with them, and how did they affect you?
- Did your LGB values change over time before you entered your master's or doctoral program? If so, how and why did that happen?
- What were your personal beliefs about LGB people/issues when you entered your master's and/or doctoral program?
- What experiences did you have while you were in your doctoral program that were particularly influential for you with LGB issues?
- What were your social and professional experiences with LGB colleagues, faculty, friends, and family members?
- In what contexts did you talk about LGB issues and with whom?
- What was the atmosphere around LGB issues in your program?
- Were you aware of explicit messages about how faculty approached LGB issues and whether students were expected to hold certain beliefs and take specific approaches toward LGB issues?

- What academic LGB training did you have, and what were those experiences like?
- What were your reactions to LGB training?
- What helped and/or hindered you in LGB training in developing effectiveness with LGB clients?
- Did you talk about your beliefs and the value conflicts you experienced in formal training?
- What did you learn about LGB issues in training and outside of training, and how did it affect the progression of your thinking about LGB issues?
- Were you challenged to confront your own LGB biases and stereotypes? If so, where and with whom did this happen?
- What is your personal theory about the development of sexual identity, and how do you see biological and environmental issues as related to that development?
- Has your theory of sexual identity development changed over time, and if so, (a) why, and (b) did that influence your personal beliefs and values about LGB issues?
- What value conflicts did you encounter during LGB training?
- What was your response to being in conflict, and how did you attempt to resolve your conflicts?
- Did you talk to anyone about your conflicts?
- What were your experiences working with LGB clients like?
- What was your supervision like when you were seeing LGB clients?

- What was helpful and/or hindering in clinical training for your developing effectiveness with LGB clients?
- Did you talk about your beliefs and the value conflicts you experienced in clinical training?
- How do you think you developed competence with LGB clients?
- What most helped and hindered you in developing competence with LGB clients?
- What does it mean to you to be competent with LGB clients?
- How do you think your personal LGB values affect your competence with LGB clients?
- Do you think your values influence your verbal and non-verbal therapeutic behaviors, feelings, and thoughts in the room with clients?
- Do you think you need to hold affirmative values in order to be competent with LGB clients?
- What struggles do you have in working with LGB clients, and what are the boundaries of your competence?
- Does your competence vary with different clients, different contexts, and different presenting problems?
- What are your continuing struggles with value conflicts?
- How are you in the process of dealing with value conflicts, and what have you found most and least helpful in resolving value conflicts?
- What has been your movement over time with your LGB values?
- What inspired and allowed you to change your LGB values (for those who did)?

- What do you think it is about yourself that allowed you to make this values shift as opposed to others who did not (for those who did)?
- What have you learned about yourself during this process?
- What effects has this process had on your life, including your relationships with your family, friends, colleagues, etc.?
- Did your shifting LGB beliefs affect your value system as a whole, and vice versa?
- What do you envision for your future development in working with LGB clients?

VITA

Anna K. Dendy

EDUCATION

The Pennsylvania State University, University Park, PA

Ph.D. in counseling psychology (APA-approved), December 2010

The University of Mississippi, Oxford, MS

M.Ed. in educational psychology, community counseling emphasis, May 1998

B.A. in psychology, minor in voice, August 1992

RECENT EMPLOYMENT

Counseling and Psychological Services, Purdue University

Postdoctoral Resident in Psychology, August 2010 – present

Counseling and Psychological Services, Pennsylvania State University

Associate Staff Therapist, August 2006 – May 2010

Pre-Doctoral Intern in Psychology, August 2005 – 2006

PUBLICATIONS

Bieschke, K. J., & Dendy, A. K. (in press). Applying the Ethical Acculturation Model to attaining competence to work with clients who identify as sexual minorities.

Professional Psychology: Research and Practice.

Skowron, E. A. & Dendy, A. K. (2004). Differentiation of self and attachment in adulthood:

Relational correlates of effortful control. *Contemporary Family Therapy: An International Journal*, 26, 337-357.

SELECTED PRESENTATIONS

Dendy, A. K., & Bieschke, K. J. (2010, August). *How Do We Know When a Trainee is*

Competent to Work with Lesbian, Gay, and Bisexual Clients? Must a Trainee be LGB-

Affirmative to be LGB-Competent? Roundtable Symposium presented to the annual convention of the American Psychological Association, San Diego, California.

Dendy, A. K., Bieschke, K. J., Wix, R. A., Patishnock, M. F., & Brown, E. M. (2010, August).

Competence with Lesbian, Gay, and Bisexual Clients: Qualitative Data from Early Career

Professionals and Psychology Trainees. Poster presented to the annual convention of the American Psychological Association, San Diego, California.

Bieschke, K. J., & Dendy, A. K. (2010, April). *Using the Ethical Acculturation Model as a*

Framework for Attaining Competence to Work with Clients who Identify as Sexual Minorities.

Grand Rounds Clinical Practice and Research Presentation, The Penn State Consortium (The Department of Psychology, College of the Liberal Arts; the Programs in Counseling Psychology and School Psychology, College of Education; and the Counseling and Psychological Services Internship Center), State College, Pennsylvania.

SELECTED HONORS

Graduate Student Conference Travel Award, Pennsylvania State University, Summer 2010

Malyon-Smith Award, Society for the Psychological Study of Lesbian, Gay, and Transgender

Issues (Division 44) of the American Psychological Association, Spring 2009

Student Research Initiation Grant, Penn State Alumni Society, Spring 2009

Rose Drexel Award in Education, Pennsylvania State University, Spring 2002