

STUDENTS BELIEFS ABOUT SAME SEX COUPLES AND FAMILY THERAPY

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Students Beliefs about Same Sex Couples and Family Therapy

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ABSTRACT

The purpose of this study was to analyze student therapist's level of agreement with the American Association for Marriage and Family Therapy's (AAMFT) formal statements concerning lesbian, gay, and bisexual (LGB) persons and families; specifically, it examined student's level of agreement with the AAMFT's definition of Marriage/Couple and Family Therapy (CFT), and the AAMFT's formal statement concerning same sex couples. This was explored via the participant's qualitative and quantitative answers. The study used an existing data set consisting of 248 participants; 62.6% were enrolled in a masters program and 36.8% were enrolled in a PhD CFT program. Participant's quantitative responses indicated that a large majority of participants agreed with the statements, and were in support of the AAMFT inviting same sex couples to receive therapeutic services. However, the qualitative responses also indicated that some participants disagreed with the statements, and did not hold accepting beliefs towards LGB persons and families.

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DEDICATIONS

I would like to thank my family for always supporting me, and pushing me to better myself; I would not have been able to complete this without their ongoing support and love. I would also like to thank my mom for showing me the true meaning of dedication and sacrifice.

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CHAPTER ONE. INTRODUCTION

Scholars are in agreement that all couple and family therapists (CFTs) will have clients who identify as lesbian, gay or bisexual (LGB); however, many CFT scholars question the preparedness of therapists to appropriately work with gay, lesbian and bisexual clients (Clarke & Serovich, 1997; Long, 1996). For example, Doherty and Simmons (1996) report that over half of the CFTs in their study felt unprepared to work with LGB clients. Additionally, many student therapists report little to no inclusion of LGB topics into their training program, (Anhalt, Morris, Scotti & Cohen, 2003; Dillon, Worthington, Savoy, Rooney, Becker-Schuttle, & Guerra, 2004; Israel & Hackett, 2004; Phillips & Fisher, 1998; Rock, Stone Carlson & McGeorge, 2010). This overall lack of preparation and training is problematic given that the American Association for Marriage and Family Therapy (AAMFT) has specifically invited LGB clients to seek out the services of CFTs, and identified itself as an open and inclusive organization for LGB individuals and families (AAMFT, 2005a; AAMFT, 2005b).

Specifically, in 2005, the AAMFT made a series of statements concerning the organization's formal stance on gay and lesbian couples and families. In particular, in the AAMFT's "Position Statement on Couples and Families," states:

All couples who willingly commit themselves to each other, and their children, have a right to expect equal support and benefits in civil society. Thus, we affirm the right of all committed couples and their families to legally equal benefits, protection, and responsibility. (AAMFT, 2005a)

In a subsequent statement entitled, "What is Marriage and Family Therapy," the AAMFT specifically invited same sex couples to,

Engage with marriage and family therapists for relational development and problem solving within their cultural context,” and declared itself, “an open and inclusive profession and organization” (AAMFT, 2005b).

These statements were created in response to a report created by the AAMFT Task Force on Couples and Families that sought to clarify the AAMFT’s position regarding same sex couples and relationships. In particular, the statements were created to,

...Reaffirm a nondiscrimination clause in its code of ethics, publicly acknowledged that sexual orientation is not a disorder...and publicly affirmed the right of all committed couples and their families to legally equal benefits, protection, and responsibility,” (Rock, Carlson, & McGeorge, 2010).

The Commission for Accreditation for Marriage and Family Therapy Education (COAMFTE) has also called training programs to prepare students to work with LGB clients (AAMFT Accreditation Standards, 2005). In particular, the COAMFTE requires that programs foster a “respect for cultural diversity” including sexual orientation and that the programs establish benchmarks to demonstrate competence in preparing their students to work with diverse clients (American Association for Marriage and Family Therapy Accreditation Standards, 2005). The positions adopted by the AAMFT and COAMFTE would appear to communicate that CFTs are prepared or competent to work with LGB populations. However, the existing literature on this topic would argue that CFTs do not feel prepared to work with LGB clients and that students are not receiving the level of training that they need to develop competence in working with LGB clients (Godfrey, Haddock, Fisher & Lund, 2006; Green 2003; Long & Serovich, 2003; Rock, et al., 2010). Additionally, there appears to be no data that supports whether or not the

members of the AAMFT themselves agree with its policies affirming same sex couples and relationships. Given that research has shown that affirming beliefs are associated with LGB clinical competency, (Rock, et al., 2010) it would seem important to know whether students are supportive of the AAMFT policies that are affirming of same sex relationships. Given that the AAMFT is the governing body of the field of CFT, and creates or sets Therefore, the purpose of this study is to determine CFT students' level of agreement with the policies and statements that the AAMFT has released in regards to their definition of Marriage and Family Therapy, and their formal position on same sex couples.

CHAPTER TWO. LITERATURE REVIEW

CFT scholars appear to be in agreement that there is an overall lack of training on LGB topics in CFT programs (Godfrey, et al., 2006; Green, 1996; Long, 1996; Long & Serovich, 2003; Phillips & Fischer, 1998; Rock et al., 2010). The following section will review the state of training on LGB topics in CFT programs and the relationship between the beliefs that therapists hold about sexual orientation and competent therapy with LGB clients.

State of Training in CFT Programs

The CFT literature clearly highlights the need for CFT programs to better prepare students to work with LGB clients (Godfrey, Haddock, Fisher & Lund, 2006; Green, 1996; Long, 1996; Long & Serovich, 2003; Phillips & Fischer, 1998; Rock et al., 2010). In particular, scholars have argued that programs have failed to provide students with the adequate knowledge and skills necessary to provide competent therapy to LGB clients (Godfrey, Haddock, Fisher & Lund, 2006; Green 2003; Long & Serovich, 2003; Rock et al., 2010). Additionally, the literature highlights the need for CFT training programs to focus specifically on teaching students to practice therapy from a LGB affirmative perspective (Rock et al., 2010).

While there is little research on this topic, the research that does exist supports the arguments from scholars that students are unprepared to work with LGB clients. For example, Doherty and Simmons (1996) found that almost half of those surveyed did not feel competent in working with LGB clients. Furthermore, 35% of CFT students in the Green, Murphy, Blumer & Palmanteer (2009) study, report receiving no formal training on working with GLB persons, and just over 50% report that LGB topics were not discussed during supervision. Another study found that over 60% of CFT students report

receiving no training on LGB affirmative therapy practices (Rock et al., 2010). Similarly, Anhalt, Morris, Scotti, & Cohen (2003) found that less than 10% of all courses incorporated LGB topics and those that did spent very little time addressing actual issues within sexual orientation.

Scholarly literature points out that not only are LGB topics consistently absent from CFT training, but that heterosexual biases exist within the foundational CFT theories and interventions (Clark & Serovich, 1997; Godfrey et al., 2006; Long & Serovich, 2003; Rock et al., 2010). Spaulding (1999) defines heterosexual bias as a form of social control in which values, roles, expectations, and institutions normalize heterosexuality and ignore homosexuality. Heterosexual bias within CFT programs is particularly concerning since research has shown that a key component of learning to practice affirmative and helpful therapy with LGB clients is exploration of one's own heterosexual biases, homophobic, and heterosexist beliefs (Bepko & Johnson, 2000; Bernstein, 2000; Godfrey et al., 2006; Long & Lindsey, 2004; Matthews, 2007; McCann, 2001).

Importance of Affirming Beliefs

The limited research that is available thus far shows the importance of therapists holding affirmative beliefs about LGB persons (Garnets, Hancock, Cochran, Goodchilds & Peplar, 1991; Israel & Hackett, 2004). LGB clients have reported low levels of satisfaction with therapy due to wrongful assumptions (e.g., assuming that all clients are heterosexual or that all of the problems that LGB client faces are related to their sexual orientation), lack of therapist knowledge about LGB topics, and discounting the influence of homophobia/internalized homophobia on the therapy process (Rudolph, 1988). One of

the reasons affirmative beliefs are important is because biased assumptions held by the therapist that reinforce negative social messages “can lead to misdiagnosis and other potential harm to the client if the real problem is not addressed because the therapist wrongly focuses on sexual orientation” (Brown, 1996). In addition to causing potential harm to LGB clients, research has also shown that non-affirming beliefs (i.e., homophobia) are associated with lower levels of clinical competency when working with LGB clients (Henke et al., 2009). Additionally, LGB persons are under heightened stress due to homophobia within society, and thus, are more likely to need to receive CFT services due to the increased daily stress (Meyer, 2003). Therefore, it seems that an essential component of preparing students to work with LGB clients involves helping them develop positive and affirming beliefs towards LGB individuals and relationships. Additionally, therapists who hold affirmative beliefs are better equipped to help LGB individuals and families deal with the additional stress caused by oppression and heterosexism (Matthews, 2007).

Research has shown that the amount of training that student therapists receive on LGB topics can directly affect their abilities to provide competent therapy with LGB clients (Bieschke, McClanahan, Tozer, Grzegorek, Park, 2000; Israel & Hackett, 2004; Rock et al., 2010). For example, Israel and Hackett (2004) surveyed 161 masters level students, and found that formal training on LGB topics and self-exploration was associated with higher levels of affirming beliefs about LGB persons/clients. Additionally, Rock et al., (2010) found, in a survey of 190 graduate students, that the level of LGB affirmative training predicted the level of self-reported clinical competency in working with LGB persons. Failing to provide LGB specific training to CFT students

essentially means that LGB clients are, “at the mercy of the therapist’s own struggles, prejudices, and intolerance” (McCann, 2001, p. 80).

Importance of Affirming Policies

Research has shown that LGB clients have reported negative experiences related to homophobia while in therapy (Liddle, 1996). LGB persons have reported feeling that mental health services were less helpful when compared to their heterosexual counterparts (Lucksted 2004). Additionally, Lucksted (2004) found that LGB persons have reported feeling unsafe in public mental health settings. These findings are concerning considering that the prejudice and stigma that LGB persons are exposed to increase their likelihood for receiving mental health services throughout their life (D’Augelli & Hershberger, 1993). One way to provide better mental health services to individuals (which includes LGB persons) is through creating and critically viewing LGB affirmative policy and services (Israel, Walther, Gortcheva & Perry, 2011).

Research has indicated the important role that policies play in creating supporting and affirmative environments for LGB persons (Fassinger, 1991; Russell, McGuire, Lee & Larriva, 2008). For instance, work environments that have anti-discrimination policies were related to higher job satisfaction from LGB persons (Day & Schoenrade, 2000). Additionally, GLSEN’s 2005 National School Climate Survey found that, “the best policy to protect LGB students from bullying and harassment is one that specifically mentions these categories.” The study goes onto further state that having a harassment policy that specifically names LGB person/sexual orientation is associated with students feeling more safe (95% of students feeling safe with policy, vs. 83% feeling safe without the policy), and report fewer instances of harassment/negative verbal remarks within their

school. (From Teasing to Torment: School Climate in America-A National Report on School Bullying, <http://www.glsen.org/cgi-bin/iowa/all/library/record/1859.html>).

Research also indicates that LGB affirmative policies also have a positive influence on their employee's ability to work competently with LGB clients. For example, Israel et al., (2011) found a connection between the implementation of LGB affirmative policies in a mental health agency and therapist's ability to work positively with LGB clients. Additionally, Matthews, Selvidge, and Fischer (2011), in their study of the impact of LGB affirmative agency policy, found that the overall affirmative environment of a clinical agency is predictive of therapist competence working with LGB clients. Given the influence that affirmative policies have on therapists ability to provide competent services to LGB clients, mental health agencies have a responsibility to deliberately create affirmative environments and policies that support therapist competence in working with LGB clients (Fassinger, 1991; King & Cortina, 2010).

In regard to clinical training, recent research has also found a connection between the overall affirmative environment of clinical training programs and students ability to provide competent therapy to LGB clients (Carlson, McGeorge, & Toomey, in press). For example, Carlson, McGeorge, and Toomey (in press) found that a positive association between the overall affirmative environment of family therapy programs and students' reported clinical competency working with LGB clients. In fact, this association was stronger than the association between LGB affirmative classroom content and reported therapy competency.

Research Questions

Given that the literature suggests that holding positive and affirming beliefs about LGB persons and relationships is central to the practice of competent therapy with LGB clients and given that the AAMFT has developed official policy statements supporting LGB individuals and relationships, the purpose of this study is to determine the level of agreement that CFT students have regarding the official statements adopted by the AAMFT regarding sexual orientation. Additionally, this study will explore the qualitative responses of CFT students in order to develop a deeper understanding of their beliefs about LGB persons and relationships.

CHAPTER THREE. METHODS

Participants

This study used data from a larger, preexisting study (Carlson et al., in press). Participants in the larger study were masters and doctoral level graduate students enrolled in COAMFTE accredited CFT programs. Surveys were sent out to all directors of accredited CFT programs, and then forwarded on to students. Surveys were also distributed to CFT students during an AAMFT conference in October 2007. A total of 248 students participated in the study.

The sample for this study consisted only those participants who responded to the two qualitative questions. A total of 44 participants responded to either question resulting in a total of 57 responses. Participants were primarily female (61.4%), White (79.5%), and heterosexual (84.1%). The majority of the participants were Master's students (69.5%), and enrolled in a secular institution (79.6%). Participants ranged in age from 21 to 61, with the mean age of 30.91. Just over half of the participants (54.5%) reported having worked with at least one LGB client.

Procedures

Potential participants received a notification via email that invited them to participate in the study. The email also included a link that connected participants to a website that directed them to complete a survey and demographic questionnaire. After the initial email, three reminder emails were sent once a week for three consecutive weeks. The study was also distributed to students at a conference of the AAMFT. This study was approved by an Institutional Review Board at North Dakota State University.

Measures

Participants were asked to indicate their level of agreement with two items related to the official statements of the AAMFT regarding sexual orientation and same-sex relationships. In particular, the measure for this proposed study were two Liker scale questions, with two corresponding open-ended sections. Both items used a six-point Liker scale ranging from strongly disagree (1) to strongly agree (6). The first item asked participants to indicate their level of agreement with the AAMFT's official statement that clarifies the types of relationships that should be included in any definition of marriage and family therapy. The second item asked participants to indicate their level of agreement with the AAMFT's official position on same-sex relationships and the rights of same-sex couples. Each of the questions was followed by an open-ended comment section to allow for participants to elaborate on their responses (See Appendix One).

Data Analysis

Means will be calculated in order to determine the participants' level of agreement with the two official statements of the AAMFT regarding sexual orientation. The participants' rationales for their positions on each of these statements will be analyzed using qualitative thematic analysis. Thematic analysis is a process of identifying, analyzing and reporting themes, or recurring patterns that occur across qualitative data (Braun & Clarke, 2006). A link between data and possible themes are created through the actual process of analysis, which first begins by creating a coding system that allows researchers to log the consistency with which something appears in the data. Since the researchers initially create the possibility of a theme within their own hypothesis, it is important that multiple persons check and agree upon both the coding

system, and frequency at which coded items appear within the data. The frequency at which the information appears, as well as the researchers own thoughts on the data, creates main themes and sub-themes within the data (Braun et al., 2006; Ryan & Bernard, 2003).

For the purpose of this study, the following processes were used to determine the themes and sub-themes within the data. First, I read through the transcripts in their entirety without looking for themes or making any annotations in order to become familiar with the data. Next, I read through transcripts a second time, highlighting significant phrases relevant to the research question. Then, I read through the transcripts a third time, making notes in the margins forming links or connections between highlighted phrases. Finally, I read through the transcripts a fourth time, grouping notes and phrases into larger themes. Through this process of reading and re-reading the data, themes were formed through the identification of commonly used statements and ideas. In order to ensure trustworthiness of the data, my thesis advisor also reviewed and identified themes; after reviewing both sets of themes, they were found to be congruent.

CHAPTER FOUR. RESULTS

Research Question One: Participants' Level of Agreement with AAFMT Statements

Research question one sought to uncover participant's level of agreement with the 2005 AAMFT statements (Appendix One). The first question asked participants to rate their level of agreement with the AAMFT's definition of Marriage and Family Therapy, which specifically states the AAMFT's definition of Marriage and Family Therapy, and also invites LGB persons to receive services, stating that the AAMFT, "invites members of heterosexual, same-sex, culturally similar, intercultural/interracial and other forms of family composition to engage with marriage and family therapists (AAMFT, 2005a; Appendix One). Of the 44 participants who answered the two questions, 72.7% agreed or strongly agreed with the AAMFT's definition of Marriage and Family Therapy, indicating that a majority agreed with the definition of marriage as being inclusive of same sex couples. The second question asked participants to rate their level of agreement with the AAMFT's 2005 statement supporting equal rights and legal benefits for same-sex couples; specifically, the statement describes the AAMFT's formal stance on same sex couples, stating, "we affirm the right of all committed couples and their families to legally equal benefits, protection, and responsibility," (AAMFT 2005b; Appendix One). Of the 44 participants that answered the question, 43.2% strongly agreed with this statement, while 34.1% disagreed. Based on these findings, it appears that while a majority of participants agree that same sex couples should be among the clients that CFT's serve, they are less likely to agree that same sex couples should be granted equal rights within society.

Research Question Two: Qualitative Exploration of Participants' Level of Agreement with AAMFT Statements

Research question two sought to uncover student's level of agreement with the definition of Marriage and Family Therapy that was released by the AAMFT in 2005 (Appendix One), and the AAMFT's official stance on same sex relationships (Appendix One). In addition to being asked to rate their level of agreement with the statements, participant were given the opportunity to expand on their answers qualitatively. Interestingly, although many of the participants appeared to have at least some level of agreement with the 2005 AAMFT statement, many of the responses yielded what appeared to be disagreement with the statements inclusion of affirmative language. This analysis of the qualitative data given by participants yielded several themes. Each theme represents a commonly seen statement/idea within the data, and is discussed in relation to how it may have influenced their level of agreement with the AAMFT definition of Marriage and Family Therapy; since many of the themes appeared to reoccur throughout both questions, the data was combined and questions are not separated.

Showing Support for LGB Persons

One theme that emerged within the data was that of support for LGB persons with statements such as, "Yay! Go AAMFT in leading the way against homophobia and for justice for all families," (participant 27). This theme represents positive or affirmative statements, and revealed two sub-themes: Support for gay marriage and civil unions, and calling the AAMFT to more clearly show support for LGB persons. It is also important to note that participants who wrote statements that wrote in support of LGB persons tended

have shorter responses than those who were writing responses that were not in support of LGB persons/couples/families.

Support For Gay Marriage and Civil Unions

One sub-theme that was identified within the larger theme of support for LGB persons was that of stating support and affirmation of LGB marriages and civil unions. For example, one participant wrote, “I support marriage to LGB couples, not only civil unions”, (participant 57). Another participant went further in their explanation stating, “I agree because I believe people ought to have the opportunity to include anyone they want on their health insurance policies, or ought to be able to give the right to make health decisions to anyone they deem fit, or bequeath their estate to anyone they wish,”(participant 91). Still other participant had comments such as, “I am for full marriage rights for same-sex partners rather than 'civil unions' but all-in-all I strongly agree with the message,” (participant 83), and, “I am pro same-sex marriage rights, and I'm proud to live in the only state that recognizes such unions. I only hope it stays that way in MA and spreads to other states as well,” (participant 173). Other participants further explained their thoughts, with statements such as, “The statement avoids using the term "marriage" which I believe is ultimately a religious institution. If necessary I would prefer that governments get out of the marriage "business" altogether, rather than making moral judgments about who can or cannot marry,” (participant 91), and, “I disagree with AAMFT's stance on supporting current public policy. Individuals who identify as LGB most certainly have the right to LEGAL MARRIAGE just like straight couples,” (participant 133). This theme represents participants views that same sex couples deserve

equal access to legally marry. This finding appears to support the AAMFT's position that all couples deserve legal equal benefits.

AAMFT should be Clearer in Directly Supporting LGB Rights

The second sub-theme that emerged within the larger theme, was that of participants expressing their desire to see the AAMFT more clearly support LGB persons, with statements such as, "Although AAMFT says "same-sex," they also include reference to "other forms of family composition." Perhaps, they could have specifically included reference to LGB individuals, couples, or families," (participant 11). Another participant shared, "I think AAMFT should take a stand and explicitly state that the organization affirms not only the rights for all committed couples to have "legally equal benefits, protection, and responsibility" but also the right to marry," (participant 144). This theme, although small, points towards an understanding that some therapists do believe that the AAMFT should be more inclusive of LGB persons.

Statements Should be Inclusive of More Diverse Family Forms

Another theme that emerged was participants expressing that they felt the statements could have been more inclusive. This theme represents participant's desire to see specific persons and communities named within a definition, to broaden its inclusivity. Two sub-themes emerged: Family should be defined broadly, and the statements should specifically name and include poly relationships.

Definition of Family is Broad

The first sub-theme that emerged was participants stating that they felt the statements could have gone further to define and include all forms of families. For example, one participant shared, "This seems inclusive of coupling forms, but potentially

ignores families in which there is no primary partner for a parent,” (participant 86).

Another participant simply stated, “Families come in all forms,” (participant 186). This theme points towards an understanding that although the AAMFT has made steps towards inclusiveness, that there could still be further attempts to broaden the definition of family within the field of CFT.

Expanding Definition to Include Poly Families

Another sub-theme that emerged within the data was participants expressing that they felt the statement should have clearly and specifically included polyamorous couples. For example, one participant stated, “I think the definition should be expanded to include polyamory in both genders...I think the definition should be expanded. The phrase 'couples' discriminates against those who practice polyamory,” (participant 20).

Another participant went onto further explain their thoughts, stating,

I believe that the statement here is prejudicial for couples, discounting that many people engage in multiple intimate relationships concurrently in the form of open marriages or polyamorous groups and these forms of relationships are equally as valid as the next and should be recognized as normal and healthy and included in this type of statement (participant 60).

Still another participant shared, “I believe that by emphasizing "couples" this definition excludes polyamorous relationships,” (participant 158). This theme brings up an interesting point that recognition has increased towards polyamorous relationships in recent years, and thus, persons who identify as polyamorous also deserve to have their relationships specifically recognized.

Definition of Family Within MFT

Another theme that emerged within participant's responses was participants incorporating their thoughts on how family should be defined within the field of CFT. This theme represents participant's thoughts both on how they view family, as well as how they feel the organizational name of the AAMFT reflects their definition of family. Two sub-themes emerged: Appeals to traditional family within CFT, and appeals to expanding the definition of family within CFT.

Appeal to Traditional Family Within MFT

The first sub-theme within the larger theme of defining family within CFT was participants sharing their thoughts around the definition of family within CFT and how they feel that definition coincides with the current professional title of CFT. One participant shared, "By accepting more "civil unions" and "committed couples", we allow for more chaos. There is everything right in the AAMFT as a profession seeking to provide the best in Marriage and Family Therapy," (participant 163). Another shared, "I am vehemently against the rumor that there is a possibility that the title of LMFT could be changed to LCFT (Licensed Couple and Family Therapy)," (participant 194). This theme represents those who feel that the definition of family has been expanded too far, and that the professional title of CFT should not be changed.

Appeal to Expanding the Definition of Family Within MFT

The second sub-theme that emerged within the larger theme, was that of participants sharing that they feel the definition of family should be broadened within the field of CFT, and that the professional title should also be changed to reflect such. Some participants had short responses such as, "I wish we were 'Couples and Family

Therapists’,” (participant 46), and “I wish it was just called "Family Therapy"!”

(participant 143). Another participant shared,

In making the last to statements, AAMFT, in my opinion is inappropriately named. The term "marriage" indicates or implies that those couples we see in therapy should be married or that all couples are married. A more appropriate term would be the use of the word "couples" which would be all inclusive of intimate, interpersonal relationship and regardless of sexual orientation or cohabitation. Presently, homosexuals [sic] are not permitted to marry in our society, or at least as recognized by law. Therefore the use of the word "marriage" may speak more loudly to some than to others (participant 28).

Still another responded with, “If gay marriage remains illegal and if cohabitation continues to be a growing trend, I would like the profession to evolve to CFT (Couples and Family Therapy),” (participant 196). This theme represents a desire by some to see the definition of Marriage and Family Therapy broadened due to the need to be inclusive and inviting to all families/persons/couples.

Misunderstanding/Misuse of Research

The third theme, misunderstanding/misusing research, was one of the largest and most reoccurring themes within the data. This theme represents participant responses that used research within their response. Interestingly, all of the participants that mentioned research appeared to use incorrect or outdated research, and only used research in reference to beliefs that did not affirm LGB persons and couples.

Uninformed Myth-Based Knowledge

The first sub-theme within the larger theme of misusing research was one of the most prevalent themes within the data, and contains participant's use of myth-based knowledge. This theme represents participants who used myth-based knowledge as research to support their non-affirming perspective. Participants had statements such as,

Pro-GLBT researchers do research saying it is in-born and not a choice to be homosexual. Anti-GLBT researchers do research with results that people in homosexual relationships cannot have long-term, lasting, monogamous relationships. Which unfortunately jades me to much of the research...My impression is that people saying it is not a choice base that on research about people that were homosexual, in autopsies, had some different brain structures. Who knows whether the lifestyle affected the brain structure or if there were other extraneous variables. I know my beliefs. I am not ashamed of them. I wish that people pushing the GLBT agenda would not be so close-minded as to think that my values are invalid or out-dated. If a gay or lesbian couple wanted MFT from me, I would share with them the principles for good, loving, strong, committed relationships that are true for everyone. I would not mask my views but let them know up front my biases (participant 26).

Other participants had thoughts such as,

What happened to encouraging MFTs to help youth questioning their gender identity by educating parents and grandparents, or a concerned aunt or uncle, or a mentor on how to encourage the youth in gender growth? I am greatly disturbed that my profession is glossing over the entire gender development piece by

thinking that encouraging GLBT, along with encouraging therapists to accept this and get more training, will solve the dilemma...(participant 163).

Other participants had responses such as, “The homosexual individuals that I have counseled have experienced tremendous abuse. The abuse has been in each homosexual or questioning person I have counseled which has led me to believe that all homosexuals have been abused...” (participant 26), and, “There is no reason to believe that there is absolutely no difference in a two-parent home verses a single-parent home, or that there is no difference between a opposite-sex parent home or a same-sex parent home when it comes to the nurturing and raising of children,” (participant 187). This theme is particularly alarming since many of the participants within this theme not only held anti-gay beliefs, but it appears that they also believe that these beliefs are supported by current LGB research. Quite the opposite, research has found that LGB couples are not more dysfunctional in their lives/relationships, and in fact have found that LGB persons are more likely to report being more equalitarian in the division of labor within their relationship, and also report more “equal balances of power” within their relationships (Peplau & Fingerhut, 2007). This points towards an understanding that many participants appeared to be unaware of current and scholarly literature, and, that research supports the notion that LGB persons/couples are just as happy and satisfied both within their personal lives, as well as in romantic relationships (Peplau & Chochran, 1980, in Peplau & Fingerhug, 2007).

LGB Persons/Relationships Destroy Foundations of Society

The second sub-theme within the larger theme of misunderstanding and misusing research represents participant’s comments that used incorrect research to support their

view, that LGB persons are harmful to society. Participants had comments such as, “Live-in couples creates more societal havoc and this arrangement has become the trial period, with so many disappointments and disillusionments,” (participant 163), and, “Based on the etiology of sexual orientation, any position that is inclusive of non-heterosexual coupling tears down the foundations of society...” (participant 164). Still others had comments such as, “...research has shown that family structure and relational stability has a significant effect upon the foundations of our society...to pretend otherwise for political or social-justice purposes is detrimental to providing services which will actually help individuals in dynamic relational systems,” (participant 9). Just as in the previous theme, it appears that many of the participants are holding beliefs about same sex couples that are not only untrue, but that research supports their point of view. In addition to this theme being a myth within the larger population (that LGB families and couples are less stable than their heterosexual counterparts), this theme is also harder to dispel due to the fact that most gay and lesbian couples cannot legally marry within their state of residence. However, the literature that does exist surrounding the longevity of same sex couples supports the notion that LGB couples are just as likely to remain together when compared to their heterosexual counter parts. For example, one study found that LGB couples who were joined through civil unions were no more likely to break up than their heterosexual counterparts who were joined through marriage (Balsam, Beauchaine, Rothblum, & Solomon, 2008).

Appeals to Traditional Values

Another prevalent theme within the data was that of participants using statements that appeal to traditional family values and norms. This theme represents participant’s

arguments that non-traditional families harm both traditional society and family structure. Three sub-themes emerged: Protecting traditional families, protecting children, and anti-gay marriage.

Protecting Traditional Families

One sub-theme that emerged within the larger theme of traditional values was that of protecting traditional families. This theme represents participants who shared that they feel that traditional families are being encroached upon by expanding definitions of family. Participants had thoughts such as,

While I respect civil unions as being better than no commitment, society still retains the right to state what kinds of relationships are morally unacceptable...I continue to challenge myself in my beliefs; yet I come back to my value of marriage between a man and a woman (there are only two varieties and they were created for a perfect fit) (participant 151).

Still another stated, “This goes a bit too far. This cheapens the value of the traditional family on a global level,” (participant 110). Many participants who discussed traditional families within their responses often referenced or appeared to be influenced by religious beliefs, and thus, many of the participants within this theme appeared to adhere to Western viewpoints on traditional families. This viewpoint is skewed in the sense that it does not take into consideration current research that when compared to heterosexual couples, LGB couples are “remarkably similar” when compared on domains such as love, satisfaction, and relationship adjustment (Peplau & Fingerhut, 2007). Furthermore, Kurdek (2005) found that, “despite external differences in how gay, lesbian and heterosexual couples are constituted the relationships of gay and lesbian partners appear

to work in much the same way as the relationships of heterosexual partners,” (Kurdek, 2005 in Peplau & Fingerhut, 2007).

Protecting Children from LGB Persons

The second sub-theme that appeared within the larger theme of protecting traditional family values was that of protecting children. This theme represents participants who feel that LGB persons should not be allowed to become parents, and that children who have LGB parents fare worse than those with heterosexual parent(s).

Participants had responses such as,

I do not believe LGB couples should have the right to adopt children. Children should be raised by both a father and a mother to achieve good emotional stability. To allow otherwise would not be in the best interest of the child and would deny the child the right to a father and a mother--it would be unethical and immoral. I know this is not "politically correct" but research supports it and it is my moral conviction. I do not want the AAMFT to expand the legal rights of civil unions--particularly for adoption. I would be opposed to that, (participant 151).

Another participant shared,

If the statement pertained strictly to couples, I would agree. Couples have a right to engage in the forms of relationships they so desire. When it comes to families there are ideals which are most healthy for the raising and psycho-emotional and social nurturing of children, (participant 167).

Still other participants went into great detail about their beliefs about LGB persons adopting children or becoming parents. For example, one participant stated,

When it comes to supporting policies that would affect solely the relationships of consenting adults, I can see where there should be pause to discriminate. When it comes to influencing policies that would support equally any relationship where there are also children involved, it is quite another issue... There will always be non-ideal circumstances, and there should be policies in place to support those circumstances, such as domestic partner benefits, or helps for single-parent homes, but policies should always favor and encourage the ideal... When it comes to families there are ideals, which are most healthy for the raising and psycho-emotional and social nurturing of children. To speak as if there is no difference between households, generally speaking, led by same-sex, single-parent, or opposite-sex parents is an error of rational and good judgment...”

(participant 187).

Just as in previous themes, many participants within this theme were not only holding what appears to be anti-gay beliefs, but they also believe that these beliefs are supported by current LGB research. However, current research says just the opposite in that not only do LGB families spend more time planning for the arrival of children (through a variety of outlets, such as adoption, surrogate parents, etc.), but that LGB couples are more likely to have equal divisions of labor when caring for the children (Peplau & Fingerhut 2007), and that when compared to heterosexual parents, LGB parents showed no major differences in parenting style, nor did they report any more problems with parenting than did their heterosexual counterparts (Harris & Turner, 1986).

Anti Gay Marriage

Another sub-theme that emerged within this theme was participants expressing their disagreement with LGB persons having equal rights, such as that of the “traditional value” of marriage. This theme represents persons who feel the traditional value of marriage should not be extended to LGB persons. One participant stated, “I do not believe in civil unions or same sex marriages (personally),” (participant 38). While another shared, “I do not support same-sex marriage,” (participant 145). This theme, although small, represents an over theme within the data that many participants appeared to feel that LGB persons should not be given full equal rights, such as limiting their right to legal marriage.

The AAMFT Has Become Too Liberal/Politically Correct

Another prevalent theme that emerged within the data was that of participants sharing that they felt the AAMFT has become too liberal or politically correct. This theme represents participants feeling that the AAMFT has undergone a shift in its views of traditional family values. For example, one participant shared,

...my belief system will enter into all of my therapeutic relationships but will always include respect for all persons regardless of whether they are sleeping with someone of the same/different/or no gender. I think the AAMFT goes too far to the left socially and will alienate therapists who take their faith seriously and work from that foundation...I don't think AAMFT has any business supporting public policy decisions other than those which protect the profession...

(participant 9).

Other participants had responses such as, “Once again, change in terminology is creeping in, now in AAMFT's definition. I entered the MFT profession with my values and beliefs; in this case the belief challenged is that "we invite...same sex families..." (participant 169). Another participant shared,

Its problematic when organizations like APA or AAMFT get involved in the political arena. There is the danger of abandoning good science and research when these organizations become politically correct lobbying institutions...If the AAMFT is going to become a lobbying organization for social policy it should with good integrity favor policies that favor relationships and family situations that are most ideal for the nurturing of children (participant 163).

This theme represents participants who felt that the AAMFT should not challenge them in their beliefs, which is alarming considering the AAMFT's Code of Ethics sets guidelines for therapists to provide competent and safe therapeutic services, which would entail holding positive beliefs about LGB persons.

Perceived Reverse Discrimination

Thematic analysis of the data also revealed the theme of participants stating that they felt discriminated against in being non-affirmative to LGB persons/couples. This theme represents persons who feel discriminated against in holding discriminatory beliefs. Participants had responses such as, “I see it as prejudice when people consider me homophobic because I consider homosexuality sinful...I am not ashamed of them. I wish that people pushing for a GLBT agenda would not be so close-minded as to think that my values are invalid or out-dated,” (participant 26). Others had comments such as, “reverse discrimination on those who hold such lifestyles to be inherently wrong,” (participant

174), and, “I already feel marginalized because of my beliefs and am not sure how long I will remain a member of the organization,” (participant 9). This theme points towards an understanding that not only did some participants hold anti-gay beliefs, but that they also believe that these being asked to assess these beliefs is discrimination. In actuality, research has shown that LGB persons are the actual victims of discrimination on a daily basis, with one study finding that 74% of LGB persons surveyed reported being discriminated against solely due to their sexual orientation (Kaiser Family Foundation, 2001). Furthermore, heterosexual bias (which was previously discussed within the paper) promotes a form of social control in which values, roles, expectations, and institutions normalize heterosexuality and ignore homosexuality (Spaulding, 1999); since heterosexual bias is so wide spread within society, and promotes viewing heterosexual persons as normal and LGB persons as dysfunctional, it can often be difficult for persons who hold anti-gay beliefs to use critical thinking to examine their viewpoints, and thus, many anti-gay beliefs go unchallenged.

Therapist’s Right to be Anti-Gay

Another theme to emerge was that of participants stating that they feel therapists should be able to hold individual beliefs, even if they are non-affirmative. This theme represents participants who stated that they hold non-affirmative beliefs, but also hold beliefs that this should not be challenged by outside parties. For example, one participant stated, “I won’t be politically involved against my personal beliefs,” (participant 38). Another participant stated, “If someone disagrees based on religious affiliation or personal opinion, it is not right for a board to enforce these opinions,” (participant 181).

Just as in the previous theme, it appears that some participants believe that therapists should have the right to hold and express anti-gay beliefs.

Providing Competent Therapy is Possible While Holding Anti-Gay Beliefs

Another theme that emerged within the thematic analysis was that of participants referencing how they felt their level of affirmativeness affected their overall relationship with clients. Interestingly, all of the participant statements that stated they did not feel homophobic, many used offensive, contradictory and homophobic language within their statement. Two sub-themes emerged within this larger topic: I'm not homophobic, but..., and refusals to see LGB clients.

I'm Not Homophobic, but

This sub-theme contains participant's responses that appeared to use contradictory statements about their acceptance of LGB persons. It represents participants who self-identify as non-homophobic, but also use offensive language and phrases within their statement. For example, one participant stated, "I have had several rich relationships with homosexuals. Homophobia used to mean that you were scared to be in contact with homosexuals and/or you thought that you might turn gay by being in contact with them.... Now, if you simply disagree with the lifestyle, you are homophobic...If a gay or lesbian couple wanted MFT from me, I would share with them principles for good, loving, strong, committed relationships that are true for everyone. I would not try to mask my views, but would let them know up front my biases," (participant 26). Other participants had responses such as, and, "I do not want the AAMFT to expand the legal rights of civil unions--particularly for adoption. I would be opposed to that....Nevertheless, everybody, regardless of sexual orientation, should be treated with

dignity and respect and love, and should be entitled to the same basic services in society, such as healthcare and education....therapy should be open to anybody of any background or persuasion. We want to help any person, regardless of whether we agree with that person's lifestyle,” (participant 151). Still other participants said, “ I am committed to serving families and providing the best care for each client. Whether or not I agree with their life-style choice is not the issue. I would welcome GLBT clients because I would want to provide them with proper care and help them develop healthy relationships,” (participant 182), and, “I believe that individuals regardless of their orientation should feel comfortable in seeking our services. I am indifferent to the fact of same sex couples having legal equal benefits, with the exception of marriage,” (participant 194). Although, all of the themes that emerged within the data are important, this sub-theme points towards an understanding that many therapists do not self identify as homophobic, but appear to be using homophobic beliefs as therapists.

Refusal to See LGB Clients

Another sub-theme that emerged within the larger theme was that of participants expressing that they would refuse to see LGB clients based solely on the client’s sexual orientation. For example, one participant commented, “I would not invite a homosexual couple to therapy with me because it makes me feel uncomfortable and sad,” (participant 24). Just as in the previously discussed sub-theme, this sub-theme is alarming simply because it calls into question the way in which therapists are treating LGB clients.

CHAPTER FIVE. DISCUSSION

This section includes a discussion of the results broken into five sections: 1) Discussion of the quantitative and qualitative findings, 2) implications for affirmative training 3) limitations of the study, 4) directions for future research, 4) conclusion.

Quantitative Findings

Research question one sought to look at the quantitative level of agreement with the definition of Marriage and Family Therapy that was released by the AAMFT in 2005 (Appendix One), and the AAMFT's official stance on same sex relationships (Appendix One). Although, many important findings were yielded, perhaps the most significant was the level of agreement; overwhelmingly, participants agreed to somewhat agreed with the statements; meaning, that a large majority of participants reported having supportive views of LGB persons, relationships, and welcome LGB persons to receive appropriate and ethical therapeutic services. This finding is perhaps the most important of all the findings, since it points towards an understanding that many therapists are supportive and have at least some level of knowledge/understanding of LGB persons and families.

Furthermore, the higher level of agreement is interesting considering that it contradicts much of what the qualitative data yielded. This brings up the point that many of the "negative" responses towards LGB persons who chose to respond to the qualitative questions often appeared to simply be expressing the individual's beliefs about LGB persons, and were not representative of the overall sample. Many of the participants who responded with longer or more detailed responses represent persons who feel strongly about the topic, and skew the appearance of how many participants actually disagreed with, or felt negatively about the statements. Thus, it is important to note that this study focused on participant's disagreement with the statements not because they were in the

majority, but because they raise crucial questions about what constitutes ethical and safe training and practice of therapeutic services. It is important to examine these statements as they represent the beliefs of a portion of therapist within the AAMFT.

Qualitative Findings

Research question two sought to explore student's qualitative responses to their level of agreement with the definition of Marriage and Family Therapy that was released by the AAMFT in 2005 (Appendix One), and the AAMFT's official stance on same sex relationships (Appendix One). Although, thematic analysis revealed many important findings, this discussion will focus on two particular findings that appeared across themes: (1) contradiction between therapists' beliefs and therapists perceived level of competency and (2) misrepresentation of research and facts regarding traditional family relationships.

One major finding within the research was the apparent incongruence between participants who hold negative or prejudicial beliefs about LGB individuals and their reported ability to provide competent therapy with LGB clients. It was common for participants to report, on the one hand, that they did not approve of LGB persons or relationships, while on the other hand, report feeling quite competent in their ability to work with LGB clients. For example, one participant 182 stated:

I am committed to serving families and providing the best care for each client.

Whether or not I agree with their life-style choice is not the issue. I would welcome GLBT clients because I would want to provide them with proper care and help them develop healthy relationships.

This statement, and others like it, is problematic because it lacks the awareness of the influence that therapists' personal values and beliefs have a direct impact on their clinical work.

Another reason that this belief is problematic is that it implies that training programs may not be teaching their students even the most basic component of competent therapy with LGB clients; which is that therapists cannot hold negative or prejudicial beliefs about an entire population and still expect to provide adequate services to that population. Furthermore, this contradictory belief may go against values of non-discrimination that are inherent in the AAMFT Code of Ethics and position statements regarding sexual orientation and same sex relationships. For example, the AAMFT's Code of Ethics states that therapists cannot discriminate based on a client's sexual orientation (AAMFT, 2012). It would seem that holding prejudicial views about an aspect of a client's identity, and disclosing this prejudice to that client in therapy would constitute discrimination.

Furthermore, perhaps even more problematic is the belief expressed among the participants that it is acceptable, and even good practice, for therapists to disclose to a LGB client that they hold anti-gay beliefs. For example one such participant stated, "Knowing that my belief system may potentially clash with my clients', I believe in being up front and honest so that the clients can make the decision of whether or not to trust me as their therapist... (participant 118). Another example of a participant that believes it is ethical to disclose discriminatory beliefs stated,

I wish that people pushing the GLBT agenda would not be so close-minded as to think that my values are invalid or out-dated. If a gay or lesbian couple wanted

MFT from me, I would share with them the principles for good, loving, strong, committed relationships that are true for everyone. I would not mask my views but let them know up front my biases (participant 26).

This belief is problematic because it insinuates that it is healthy and ethical for therapists to disclose negative beliefs. Previous research has shown just the opposite, for example, one study found that LGB clients who receive services from therapists who hold anti-gay beliefs are more likely to be misdiagnosed and report negative experiences, as well as reporting that their therapists assumed that their sexual orientation was the “cause” of needing therapeutic services (Brown, 1996). Still another study found that LGB clients report feeling more fears (such as therapists being untrustworthy and having a lack of understanding of LGB culture) around receiving therapeutic services when compared to their heterosexual counterparts (Alexander, 1998); furthermore, LGB clients report that the most helpful services are provided by therapists who have knowledge and competency in LGB culture, and understand the effects of societal and internalized homophobia (Liddle, 1996). Given these previous findings, it appears extremely problematic that some therapists believe that disclosing their anti-gay or negative beliefs is ethical and actually constitutes good practice.

Another finding that seems important to discuss is that many of the participants appeared to have a misunderstanding or lack of knowledge about what constitutes scholarly or current research pertaining to LGB persons and families. This is problematic because not only are participants practicing while holding anti-gay beliefs, but their lack of understanding of current research is informing them that their beliefs are rooted in fact. Many participants appeared to rely on outdated research that states that is not only anti-

gay, but positively skewed towards heterosexual values and ideals. For example, many participants appeared to believe that research still supports the notion that children raised by heterosexual parents fare better when compared to children raised by LGB parents. A good example of this misuse of research can be seen in this quote,

Pro-GLBT researchers do research saying it is in-born and not a choice to be homosexual. Anti-GLBT researchers do research with results that people in homosexual relationships cannot have long-term, lasting, monogamous relationships. Which unfortunately jades me to much of the research. My impression is that people saying it is not a choice base that on research about people that were homosexual, in autopsies, had some different brain structures. Who knows whether the lifestyle affected the brain structure or if there were other extraneous variables. I know my beliefs. I am not ashamed of them. ...research has shown that family structure and relational stability has a significant effect upon the foundations of our society...to pretend otherwise for political or social-justice purposes is detrimental to providing services which will actually help individuals in dynamic relational systems, (participant 26).

The prevalence of such statements is alarming not only because it indicates that therapists are providing therapeutic services while having these beliefs, but also because these beliefs are being misrepresented as facts. Additionally, this raises the question as to the type of training that students receive about current research related to positive aspects of LGB relationships.

Implications for Affirmative Training

The findings of this study point towards an understanding that there is a disconnect between the necessity of training programs providing affirmative/competent training curriculum that would allow therapists to ethically and competently work with LGB clients, and the actual level of training that students are receiving in regards to working with LGB persons and families. This paper, along with other scholarly research, has identified several key components to training students to work effectively with LGB persons.

The qualitative data within this study revealed there appears to be little to no guidance within training programs to aid students in learning about and understanding both their own homophobia, as well as the internalized homophobia that LGB clients are living with. This is concerning since previous research has shown the importance of exploring these factors. For example, Godfrey et al., (2006), in a Delphi study of experts in LGBT training, found that the two most important components of training CFT students to work affirmatively with LGB clients are to teach them about the concepts of internalized and institutional homophobia, as well as guiding them to an awareness of their own heterosexual biases. The importance of these concepts are further supported by research that shows that student self-exploration and critical analysis of their heterosexual biases and privileges is vital in teaching CFT students to work affirmatively with LGB clients (Lidderdale, 2002; Carlson, McGeorge, & Toomey, Inpress; Rock et al. 2010). The exploration of heterosexual biases has also been shown to be associated with clinical competency when working with LGB clients (Henke, Carlson & McGeorge, 2009; Rock et al., 2010).

Another important finding within the data, is that many of the participants appeared to be confused as to what constitutes factual and current LGB research. An important component of LGB affirmative training involves the need for CFT programs to integrate current/affirmative research on LGB topics (such as adoption, gay parenting, and reparative therapy) throughout the curriculum and clinical supervision (Rock et al., 2010). Exploring these concepts is important due to the overarching influence of heterosexual privilege, which automatically extends some rights to heterosexual individuals (such as the right to adopt a child), while systematically denying it to LGB persons simply because of their sexual orientation (McGeorge & Carlson, 2011); thus, many students may not be aware of that the reason LGB persons are denied the right have to children in some states is not due to their ability to parent, but due to the institutional homophobia that exists within society. Reparative therapy (therapy that aids clients in “changing” their sexual orientation from LGB to heterosexual) must also be specifically addressed due to the overwhelming evidence that it is not effective and is potentially harmful; “In short, there is clear evidence that reparative therapy does not work, and some significant evidence that it is also harmful to LGBT people (The Lies and Dangers of Reparative Therapy, Retrieved from <http://www.hrc.org/resources/entry/the-lies-and-dangers-of-reparative-therapy>).

Additionally, programs need to incorporate LGB topics throughout curriculum. For example, Godfrey et al., (2006) argue that LGB topics should be taught from a systematic perspective by continuously incorporating LGB materials into all aspects of coursework. Additionally, Long and Serovich (2003) propose addressing LGB issues within the classroom by incorporating readings that deal with issues of sexual orientation

across all classes (not just sexuality courses), incorporating LGB identified speakers, and showing LGB affirmative films. The aforementioned studies suggest that if programs incorporated current LGB topics and research within their curriculum, than therapists may stand a better chance of knowing how to identify current and legitimate LGB research.

Finally, many of the participants who had negative responses within the qualitative data appeared to be unaware of the effects of systematic homophobia, and the ways in which it affects the overall perception of the importance of LGB persons and families. One way to discourage this is through training programs taking an overall affirmative stance in their policies and practices as a program. For example, Long and Serovich (2003) recommend that programs have policies against the use of homophobic language and planned protocol to deal with students who hold discriminatory beliefs regarding LGB persons. They also recommend that all program supervisors (not just program faculty) have knowledge and experience working with LGB persons. Scholars also argue that program have a responsibility to ensure that their students be given the opportunity to work directly with LGB clients and become involved in the LGB community through friendship or membership in organizations (Long & Serovich, 2003; Green & Bobele, 1994). The recommendation that programs offer students opportunities to engage with the LGB community is important as research indicates that increased contact with LGB persons is related to both more positive attitudes toward LGB persons as well as lower levels of homophobia (Green & Bobele, 1994).

Limitations

While this study yielded important findings in regards to therapists level of agreement with both the AAMFT's definition of Marriage and Family Therapy, as well as the organizations stance on same sex couples, it is important to note that there are limitations. One of the most important limitations to consider is the potential role that selection bias might have played within participant responses. It is possible that participants who have a specific interest (i.e., a level of disagreement with LGB persons being included within the statements) were more likely to give a qualitative answer. This might also explain the disconnect between the quantitative and qualitative findings.

Direction for Future Research

It would be important for future research to continue to explore the link between affirmative beliefs and attitudes, and their connection to therapist's ability to provide competent services to LGB persons. This could be accomplished through further qualitative studies that look specifically at the disconnect between what therapists consider affirmative vs. non-affirmative behaviors, and how those behaviors directly influence the experiences that LGB persons have while receiving therapeutic services. Such a study could be used as a basis for creating a competency measure that can aid therapists in deciphering how their values and beliefs influence their potential for providing ethical and competent services. Furthermore, it might help training facilities to incorporate LGB materials into their course materials to increase student's awareness between the link of affirmative beliefs and ethical services.

Conclusion

This study sought to explore participant's quantitative and qualitative level of agreement with the 2005 AAMFT statements that addressed the definition of Marriage and Family Therapy, as well as the AAMFT's view on same sex relationships. The results of this study suggests that not only did many of the participants appear to hold anti-gay beliefs and use misinformation about LGB persons, but that they did not recognize that the information they were using was misinformed and homophobic in nature. Furthermore, many of the responses indicated that many of the participants saw the inclusion of LGB persons within CFT as harmful, and an attack on traditional family values; not as a route to expanding CFT to become more inclusive and welcoming to all families. Finally, none of the participants (even those that had positive, affirmative responses) addressed the ethical concerns that arise in thinking that therapist can hold anti-gay beliefs and still provide competent services to LGB persons.

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APPENDIX

1. In defining marriage and family therapy the board of the American Association for Marriage and Family Therapy (AAMFT) adopted the following position in its 2005 statement entitled “What is Marriage and Family Therapy?:

“We assert the value and positive impact of stable, long-term, emotionally enriching relationships. We believe that society is better off when social groupings are created that allow for and support these qualities. We recognize that all family forms have inherent strengths and challenges. As marriage and family therapists we focus our study and skills on how individuals in our society couple – choosing partners and establishing households – and form family groups. We invite members of heterosexual, same-sex, culturally similar, intercultural/interracial and other forms of family composition to engage with marriage and family therapists for relational development and problem solving within their cultural contexts. We welcome all who would seek out our services in order to build strength and health in their lives, relationships, and in society.”

Please indicate the degree to which you agree with the AAMFT’s definition of marriage and family therapy.

1 2 3 4 5 6

Strongly Disagree Disagree Slightly Disagree Somewhat Agree Agree Strongly Agree

Comments:

2. In October 2005, the board of the AAMFT adopted a position on same sex relationships. Please read the following position statement released by the AAMFT.

“Concurrently, as opportunities arise, AAMFT will support public policy initiatives that strengthen marriages, couples, civil unions, and families through the provision of technical assistance. AAMFT believes that all couples who willingly commit themselves to each other, and their children, have a right to expect equal support and benefits in civil society. Thus, we affirm the right of all committed couples and their families to legally equal benefits, protection, and responsibility” (AAMFT, 2005 Report from the Board on Relationships, Health, and Marriage, emphasis added).

Using the scale below, please indicate the degree to which you agree with the stance the AAMFT has taken.

1	2	3	4	5	6
Strongly Disagree	Disagree	Slightly Disagree	Somewhat Agree	Agree	Strongly Agree